

# **Social Work Task Force**

## **Social Workers' Workload Survey**

### **Messages from the Frontline**

Findings from the 2009 Survey and  
Interviews with Senior Managers

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The Social Work Task Force is an expert group, jointly appointed by the Secretaries of State for Health, and Children, Schools and Families, to advise the Government on social work reform

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# Executive Summary

## Findings from a survey of social workers in 2009

### Sample

- **This research** comprised 1153 social workers working in Children Service Departments [63 percent], Departments for Adult Services [25 percent], departments that have merged the both sectors [two percent] and the Private, Voluntary and Independent (PVI) sector [ten percent]. Each kept a time diary for a week.
- Respondents described themselves as social workers (71 percent) senior social workers / practitioners (13 percent) and managers (12 percent),
- Nearly half (42 percent) had more than 11 years experience; 19 percent had between one and three years, and just two percent had under one year's experience.

### Workload

#### Cases

- There are difficulties in measuring workload in terms of number of cases which social workers 'carry' These relate to different definitions of a case [ in some areas a family constitutes a 'case' while in other areas each child in a family would constitute a 'case'], the complexity of cases and specific responsibilities which social workers carry in addition to cases.
- The number of cases held varied considerably. Most respondents had fewer than 20 active cases; 26 percent had fewer than 10 but seven percent had more than 30 cases.
- Excluding those at the extremes these caseloads were consistency in spread across children's and adults services but a higher proportion of those in DASSs were carrying more than 20 cases.
- Over two fifths of respondents [43 percent] reported that their caseloads were influenced by factors around staffing such as sickness, leave, training and the restricted caseloads held by newly qualified social workers.
- Managers in some children's services carried no cases (or very few) but in others they were reporting high caseloads and appeared to be holding otherwise unallocated cases.
- Interviews with directors and other senior managers (undertaken as part of this research) reported few examples of workload management systems being used, but 42 percent of those working in CSDs and 50 percent of those in adult services said there was some form of a system. It seemed that a range of decision making processes was being interpreted as a system, such as the judgement of managers, rather than a more formal system.
- The overwhelming majority of senior managers in children and adult services did not believe that a case weighting or scoring process could work. Instead, they consider good workload management depended on the judgement of the frontline manager, their ability to manage risk and complexity, and their understanding of current workloads through supervision.

## **Hours worked in the week under investigation**

- About half of social workers [49 percent] worked more than their contracted hours. Some work considerably more than their contracted hours: nine percent worked over nine additional hours per week.
- Nearly a third [29 percent] worked the exact number of hours that they were contracted to work.
- Twelve percent worked fewer hours than the contracted hours that week, usually because of sickness or leave.
- Seven percent worked some time at the weekend\* - and for those that did the average was 12 hours.

\* Only four respondents [0.3 percent] were working in any form of out of hours duty team

- Over a third [35 percent] worked at least one hour before 8.30am or after 7.30pm.

## **How social workers spent their time**

### **Direct contact and other client related activities**

- Social workers spent 26 percent of their working time on direct contact with clients
- They spent 34 percent of their time on other case related work in their agencies - 22 percent of which was spent recording case related work and 13 percent on inter agency work on behalf of clients
- In total social workers they spent 73 percent of working time on client related work
- These figures were consistent across the statutory sector but the total contact time was slightly less in the PVI sector, as a result of less time being spent on recording.
- In terms of the different roles of respondents on average the following groups spent different amounts of time on client related work::
  - 75 percent of social workers' time
  - 73 percent of senior social workers' / senior practitioners' time
  - 70 percent of managers' time in adult services
  - 49 percent of managers' time in CSDs.

Those who were engaged in child protection work: 26 percent of their time was spent on direct contact with clients / 73 percent client related

Those working with LAC and care leavers: 26 percent of their time was spent on direct contact with clients / 74 percent client related

Those working with foster carers: 25 percent of their time was spent on direct contact with clients / 67 percent client related

Those working with adults with mental health problems, learning difficulties and substance misuse problems spent 28 percent of time spent on direct contact with clients / 74 percent client related

Those working with older people: 25 percent of their time was spent on direct contact with clients / 72 percent client related

### **Other activities**

- In addition, just one percent of time was spent on non-client related inter agency work and 26 percent on sundry activities. The main sundry activities were general agency activities, lunch and training.

### **Recording**

- Over four fifths of those answering the question [83 percent - and 73 percent of whole sample] used electronic recording systems.
- Whether they did or did not, they spent a similar amount of time on direct contact and client- related work but those with electronic recording systems spent more time recording [23 percent of their time compared with 18 percent of non-user time]
- In all settings more time was spent on recording where there was an electronic system.

### **Supervision**

- Directors and senior managers confirmed the existence of policies which dictated the frequency of supervision which was usually said to be every four weeks and more frequently for newly qualified staff.
- Just under two thirds of respondents [63 percent] said they received supervision at least every four weeks, with just over one on ten reporting it happened more frequently.
- The majority of respondents [79 percent] believe that the frequency of their supervision is adequate and are positive about the supervision they receive but even those who are positive, as well as those who were dissatisfied, reported problems with prioritisation, sickness and vacancies.
- However, one in four front line social workers in CSDs and over a third in DASSs, as well as one in four managers in both CSDs and DASSs, were not receiving supervision at least every four weeks.

- There was a general satisfaction with the form which supervision was taking. Senior managers recognized that supervision had changed over the years to become far more focussed on case management but there were social workers, particularly those with more experience, who regretted the fact that their supervision was dominated by case management, action planning and targets and they were more likely to be amongst the group calling for a process which included the opportunity to reflect, develop, learn and unburden.
- A great deal of informal and semi-formal supervision, including peer supervision, was taking place and this was rated very highly.

### **Social workers' motivations and sources of support**

- The main reason why respondents had become social workers was to help others. They stayed because of enjoyment, commitment, interest, colleagues and a belief that they were making a difference to people's lives.
- They reported gaining enjoyment from the satisfaction and personal reward which they received as well from working with specific client groups, the privilege of being in a trusted position, the variety and challenge of the work, the support received from colleagues and, for some, the autonomy which their job provided.
- There was a minority who said they wanted to leave because they were under stress and / or beginning to believe that their caseloads meant they could not do the job to the standard they wished. They had stayed because of enjoyment, commitment, interest, colleagues and a belief that they were making a difference to people's lives.
- Far more said they would consider leaving if referral rates continued to rise, their caseloads increased, the support they received diminished, and the control which they believe they have over their working lives is reduced. In addition, one in seven would cease practicing if a client came to any harm, even if not as a result of their action or inaction.
- They felt supported when good management, good supervision, good initial and post qualifying training, a supportive team / colleagues providing advice, expertise and emotional support, and effective administrative back up were in place, as well as getting support from their family / partner.

### **What would make most difference?**

Social workers were asked to identify a single factor which would improve their professional lives. The following are ranked according to the number of mentions:

- Amongst those in children's services the main one was to 'abandon ICS' - similar comments were made from those working in adult services in relation to their electronic recording systems, too a lesser extent and certainly with less passion
- Smaller caseloads
- Improved IT
- Improved post-qualifying training
- Fewer targets

- Abandon hot desk policies
- More experienced social workers in teams
- More administrative support
- Availability of clinical (or similar) supervision
- Better salaries / more resources/ clear career progression routes
- The end of the media's negative portrayal of social workers.

### **Job satisfaction**

- Participants in the survey were asked to say if they were satisfied with their jobs. Overall 62 percent were satisfied, with 15 percent of this group claiming to be very satisfied. A further 17 percent were neither satisfied nor dissatisfied, with ten percent saying they were dissatisfied, three percent of whom were very dissatisfied. [Information was not available for 11 percent.]
- Overall satisfaction was higher in adult services than in children's services but while three quarters of managers in CSDs were either satisfied or very satisfied only half of managers in adult services were; this was reversed for front line workers where 70 percent of those in adult services were satisfied compared with 56 percent of those in children's services.
- Those who were satisfied were spending 70 percent of their time on client related work while those who were dissatisfied were spending 78 percent of their time on this work. The time spent in direct contact with clients was very similar but those who were dissatisfied were spending considerably longer on recording.

<p><b>Findings from interviews with directors and senior managers in adults and children's services</b></p>
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### **Interviews**

Interviews were conducted with senior officers in all a range of agencies. The questions were designed to cover:

- the agency background
- workload matters
- supervision
- recruitment and retention of social workers
- messages for the Task Force.

## Key findings

- **Staffing levels:** The number of social workers and social care workers employed by adult and children's services varied considerably when compared with their population statistics.
- **Recruitment and retention of social workers:** Fewer recruitment and retention problems were reported in adult services while those in children's services reported difficulties around:
  - a) recruiting experienced social workers
  - b) problems in the future emerging from the retirement of large numbers of social workers now aged 50 years and older
  - c) the varying profile of experience in different sectors.

Many reported offering various forms of incentives to recruit and retain social workers as well as discussion of the advantages and disadvantages of recruiting social workers from overseas. There were also numerous demands for national pay and conditions.

- **Administrative support:** There were variations in the number and use of administrative staff providing support for social workers. Only two senior managers in children's services reported having administrative support at the level they judged to be adequate. The highest level of concern was among those working in departments where this support had been contracted out to an external provider.
- **Agency social workers:** While there was a greater use of agency staff in children's services than in adults services, there was variation within children's departments. One CSD used none while in two CSDs 50 percent of posts were filled by agency workers. The three children's services departments making greatest use of agency staff were in areas of high deprivation.
- **Concerns were expressed about the variation in the quality** of agency workers and the impact on retention when social workers were attracted by the rates of pay as well as a few reports of what was seen to be unethical practices on the part of some agencies, including 'poaching' and failure to vet. Most adult services did not use agency staff and some had a very low turnover of social work staff.
- **Banks or reserves of social workers:** Some adult services had in-house "banks" or "reserves" of social workers who could be called on to cover sickness or vacancies. There were fewer references to 'banks' of available social workers in children's services, although in most cases neither adult or children's services recruited staff to cover long term sickness or maternity but hoped existing staff would cover for this.
- **Roles in adult services:** In light of the policy of personalization, most senior managers in adult services were uncertain about whether the current levels of demand for social workers would be maintained. Some predicted that social workers would continue to be required in relation to :
  - safeguarding, as adult protection cases might increase, especially financial abuse.

- dealing with complaints about failures to meet needs and amounts awarded under a Resource Allocation System
- acting as gatekeepers, negotiating, signing off or agreeing support plans.
- **Roles in children's services:** Senior managers in children's services described social work tasks in terms of statutory responsibilities set out in legislation and guidance. It was not unusual for workers who were not qualified social workers to take responsibility for more complex work with children defined as "in need". While they may be managed by a qualified social worker, they were, in effect, the allocated worker for these children. Senior managers were concerned about this but feared that otherwise the work would not be picked up
- **Prevention:** The term had far more currency in children's services but even there it came a poor second to management of risk, although there were a few positive examples of agencies using social workers in preventative work which were reported as being very effective. The barriers to preventative work were defined as the demands made on social workers by statutory work and the failure of other agencies to respond to or even understand their role within the spectrum of interventions.
- **Student Placements:** There was a commitment to providing placements for social work students in all areas but in children's services, in particular, there were references to how these added to pressures on staff and to the importance of increased engagement between higher education institutions and employers.
- **Grow your own schemes for the secondment or sponsorship of trainee social workers** were viewed more positively by adult services **although** there was a general recognition that while they contributed to the retention of staff, when the seconded students were at college or university there were additional pressures placed on their colleagues to manage their cases.
- **Readiness to practice:** There was a greater range of views in adult services about the readiness for practice of newly qualified social workers while far more concerns about quality of courses and their graduates were expressed by senior staff in children's services. These interviewees commented on the fact that it was possible for NQSWs not to have experienced a statutory placement in children's services nor to have had adequate preparation to be able to cope even with intensive supervision with the complexity of many of the cases referred to CSDs. More requests were made by these interviewees for a postgraduate level qualification and for fewer, but higher quality, awarding institutions. The majority of those in CSDs wanted a separate training route or very early specialisation for social workers intending to work with children, young people and families.

**Section A - Background**

# Chapter 1 - Context and Methodology

## 1.1 Context

In 2009 the Children's Secretary and the Health Secretary announced the creation of a Social Work Task Force both to help improve both the profession's quality and status and to boost recruitment and retention. The Task Force was asked to look at all of the factors that impact on frontline social work practice and to conduct a survey of workloads and pressures facing social workers. It was decided that this should be supplemented by interviews with senior managers in the agencies where the survey would be conducted. Researchers from Children's Workforce Development Council (CWDC) and from the Social Care Workforce Research Unit (SCWRU) at King's College London have undertaken this work on behalf of the Task Force. Tom McInnes of the New Policy Institute has supported the analysis of data emerging from the diary / questionnaire exercise. It was decided that the most appropriate methodology to adopt to collect data on social workers' workload would be to adopt an approach which focused on the completion of a diary over a week and, within that, to capture activities for each half hour of a working day. This involved constructing a time-log diary in which social workers would record the time spent on various activities. The intention was to gather statistical and detailed data that could be used to determine how social workers allocated their time across competing tasks and demands.

## 1.2 Overview of earlier social work time use studies

### 1.2.1 Diary exercises

The use of time diaries in which workers record their activities over a specified period of time is a long established technique designed to measure what social workers do (Carver and Edwards, 1972; Connor and Tibbit, 1988; Wilson, 1993; Weinberg *et al.*, 2003; Jacobs *et al.*, 2006). Generally, workers are asked to use a preselected list from which to record at set intervals the amount of time spent on a particular activity. The periods covered by the diary can range from a single day to several weeks. Where the time needed to complete the diary is thought to impose too great an additional burden on participants, workers may instead be asked to provide estimates of how they have spent their time (Levin and Webb, 1997; Ward *et al.*, 2008; Holmes *et al.*, 2009). This latter approach does, of course, lead to some reductions in the accuracy of the information provided. Holmes and Munro (2010) have also gathered information on case loads, supervision, training and support along with time use activity data by way of surveys, although this work focused exclusively on intake and referral teams and involved a relatively small sample. Where possible, time diary data can be optimised by integrating it with information on caseloads, for example, information on numbers and complexity (Connor and Tibbit, 1988; von Abendorff *et al.*, 1994; Challis *et al.*, 2007).

Problems with time diaries are well known: the period selected may be atypical; staff may draw their own conclusions about the study and adjust their entries accordingly; there are problems of accuracy and co-operation may be limited if they perceive the exercise to be either pointless or threatening (Wilson, 1993). Multi-tasking is thought to present particular challenges in that, where workers are undertaking more than one activity at the same time (for instance, making a telephone call while calling up case records on the computer), they may be unsure how this should be recorded (Stevens, 2008). Nevertheless, time diaries have the potential to offer a consistent approach to quantifying social work activities across different settings and with differing client groups (Stevens, 2008), as long as sufficient attention is paid to ensuring that account is taken of factors likely to explain differences in results, such as caseload size and mix (Weinberg *et al.*, 2003) or agency objectives and funding (Fein and Staff, 1992).

Nevertheless, in comparing results from previous research with those presented in this study, it is important to recognise that the evidence base on social workers' use of time remains limited. In particular, the majority of published studies are based upon data collected from teams working with adults at the time of the community care reforms in the early to mid 1990s (Wilson, 1993; von Abendorff *et al.*, 1994; Levin and Webb, 1997) and were directly addressed at examining the evolving role of care managers, especially those working with older people and older people with mental health problems. This probably reflects the longstanding history of budgetary constraints in this area. Account also needs to be taken of differences in sampling, research design, and the way in which researchers have categorised different types of activity (Webb and Levin, 2000; Weinberg *et al.*, 2003). Such caveats should not prevent the process of identifying similarities and differences; rather, they mean that care is needed to ensure that comparisons are valid.

### **1.2.2 Direct client contact**

Social workers spend a comparatively small proportion of their working time on direct client contact and it is a poor indicator of social work input (Curtis, 2007). This is mainly because the sorts of complex work undertaken by social workers, such as arranging packages of care or preparing court reports, are likely to involve considerable amounts of time liaising with other agencies. When compared with social workers, nurses, other health professionals and unqualified staff such as family support workers or assistant care managers all spend more time on direct client contact (Wilson, 1993; von Abendorff *et al.*, 1994; Levin and Webb, 1997; Curtis, 2007).

While some studies have reported that social workers perceive that time spent on direct work has reduced (Rachman, 1995; Postle, 2002), it is perhaps worth noting that over 30 years ago Goldberg and Fruin (1976) commented that while in the:

*...recent past, a large proportion of social workers could hope to be involved in direct service or counselling contact with their clients, they now have to take on new roles as managers allocating resources, as enablers to social work aides, volunteers, neighbourhood groups, and as community workers thinking in terms of at risk groups, rather than individual clients.[p 7]*

The baseline study from which all subsequent UK-based research has generally been compared was undertaken by Carver and Edwards (1972) using a stratified 10 percent sample of local authorities and voluntary organisations 'acting as agents of the [local] authority' in England and Wales. An impressive 88 percent of eligible 'social services officers' (n=572), of whom around 60 percent were social workers, completed a time diary over a two week period. The authors concluded that about 30 percent of officers' time was spent on 'case contact time', broken down into discussion with clients (19 percent), discussion with others concerned, such as friends or relatives or anyone 'professionally or officially connected with some work or service affecting the client's health or welfare' (six percent), telephone interviews (four percent) and travel with clients (two percent). At 28 percent, case contact time was slightly lower among social workers working with children.

Similar results were obtained by Connor and Tibbit (1988) in their study of 17 hospital social workers in six hospitals in Scotland in which diary information was supplemented by observational work. They found that about a third of social workers' time was spent in direct work with clients. This also included work with their families. Differences were found between social workers attached to 'geriatric' (sic) and paediatric units, with social workers working with older people spending more time on direct work (39 percent) compared with the 29 percent spent by social workers on paediatric units. Social workers in paediatric units were also more likely to spend more time with parents than with children. When both types of unit

were combined into a 'high staffed' and 'low staffed' category, it was noted that social workers in the 'high staffed units' were able to spend more time on case related work, including attending meetings and case conferences, than social workers in the 'low staffed' units who were often reliant on *ad hoc* informal discussions for information.

Three studies, all undertaken at similar times and all concerned with the introduction of care management arrangements in services for adults in the 1990s, concluded that social workers spent around a fifth of their time on direct contact with clients. Levin and Webb (1997), in a study of locality and hospital social work teams working with adults in three English local authorities, collected information from 285 community care workers in locality and hospital based teams, of whom 150 were social workers. The social workers estimated that they spent twenty percent of their time on *face-to-face* client contact. As can be seen, this is similar to the proportion of time spent on 'discussion with clients' reported earlier by Carver and Edwards (1972) who also included telephone interviews, travel with clients, and contact with others in their case contact time category. This proportion was also identical to the estimate given by Lewis and Glennerster (1996) who studied care managers in five local authorities in different parts of England. Based on interviews with 85 hospital social workers and 31 managers, Rachman (1995) also reported estimates that 20 percent of time was spent on direct contact but noted that social workers were now less likely to spend time on counselling or providing emotional support. By contrast, Connor and Tibbit (1988) suggested that a large proportion of social workers' time in their study had been spent counselling older people about future care options or on supporting bereaved parents or parents of seriously ill children. A fourth study, based on data collected in 1999 from 60 care managers in seven social work teams and the only one to use a time diary approach (Weinberg *et al.*, 2003), found that care managers spent 18 percent of their time on direct work with people using services and six percent of their time on work with carers.

This study was replicated in 2000 (Jacobs *et al.*, 2006) with similar results. Strikingly, care managers in mental health teams spent slightly more time on direct contact with service users but it was noted how little time any of the care managers spent on direct contact with carers.

### **1.2.3 Other activities**

As has been pointed out elsewhere (Levin and Webb, 1997; Weinberg *et al.*, 2003; Jacobs *et al.*, 2006; Challis *et al.*, 2007), research into how social workers spend their time indicates that the proportion of time social workers spend in direct face to face work with clients has remained broadly unchanged. There appear to have been greater changes in the other activities that social workers undertake, although it must also be acknowledged that there is also greater variation in the way that these types of work have been categorised by researchers.

Changing technologies have also played a role in contributing to change. Carver and Edwards (1972) reported that just over a quarter of social workers' time was spent on 'desk jobs'. This was broken down into dictation, either to administrative staff or a machine (eight percent of their total time on 'desk jobs'), writing and typing records (52 percent of time on 'desk jobs') and other office jobs, including answering the telephone (39 percent of time on 'desk jobs'). However, the social workers in Levin and Webb's study (1997) spent an average of four and a quarter hours during their last working day on administrative tasks, including using the telephone and a computer, meaning that this accounted for almost half their working time. Strikingly, in their study, it was only the information and advice workers who spent a significant amount of time using a computer - 82 minutes compared with an average of 14 minutes for social workers and 34 minutes for team managers. By contrast, work undertaken more recently has suggested that social workers now spend around 80 percent of their time on paperwork (Community Care, 2006) or computers (White *et al.*, 2009a),

although in the latter study this was an estimation based on self-report and detailed observation<sup>1</sup>. The increasing role of information and communication technologies (ICT) in social work - particularly the use of the electronic Common Assessment Framework (CAF) (Pithouse *et al.*, 2009; White *et al.*, 2009b) and the Integrated Children's System (Cleaver *et al.*, 2008) - in services for children has been the subject of much debate (Garrett, 2005; Parton, 2009; Broadhurst *et al.*, 2009). A Community Care survey also reported that respondents estimated that they spent sixty percent of their time on administration (Community Care, 2006). So at the time when the research for the Social Work Task Force - reported in the following sections - was being undertaken the figure of 80 percent had been widely accepted as the 'norm' for those working in statutory children's services.

Some of their disquiet with this situation may be attributed to perceived difficulties with IT systems and the amount of information that was required (Holmes *et al.*, 2009; Pithouse *et al.*, 2009; Broadhurst *et al.*, 2009) and some to associating such systems with a managerialist agenda and reductions in professional autonomy (Parton, 2009). Other explanations for the increases in the amount of time spent on administration are the existence of 'panels' responsible for making decisions about what support will be offered to service users and their families and the need for social workers to prepare information to assist the panel in reaching decisions (Holmes *et al.*, 2009).

What is not clear from the work on the implementation of ICT in social care services for children and adults is whether they have had an impact on the amount of face to face discussions with colleagues and other professionals. Connor and Tibbit (1988) reported that hospital social workers spent almost a fifth of their working time in informal contacts with other social workers and other professionals. Levin and Webb (1997) also suggested that social workers spent almost a fifth of their day in face to face contact with professionals with team managers spending even more of their time this way.

A useful way of distinguishing between different types of administrative activity is to consider how much of this is client-related and how much is generated by practices within the agency. A series of studies (Connor and Tibbit, 1988; von Abendorff *et al.*, 1994; Weinberg *et al.*, 2003) have suggested that around three quarters of social workers' time is spent on activities *directly* related to clients. As well as direct contact with clients, these activities also include work undertaken on behalf of the client, such as attending meetings and case conferences, consulting with other professionals, and arranging services. The remainder of their time was spent on indirect activities, such as attending team meetings. However, the nature of these direct activities may have changed. The advent of care management in services for adults is associated with *increases* in the time spent on assessment and *decreases* in time spent on monitoring or review (Weinberg *et al.*, 2003; Jacobs *et al.*, 2006; Challis *et al.*, 2007). Where care management policies were associated with targeting resources on those deemed to be in greatest need (Challis *et al.*, 2007), especially in services for older people (Jacobs *et al.*, 2006), this was associated with increases in the amount of time spent on 'paperwork' or on 'social services procedures', such as reading minutes or departmental documents.

However, it is important to note that Holmes and colleagues (2009) use a different definition of direct and indirect work in which travel and contact with other professionals are recorded as indirect work. This, in part, explains why participants in their study estimated that around 80-90 percent of their time was spent on 'indirect work'. They also point to the difficulties in distinguishing administrative work that needs to be completed by professionals and activities from that could be undertaken by other less qualified staff, a point made earlier by Orme (1995) in her study of probation services undertaken at a time when probation was still seen as a social work service. She pointed out that much of it was the thought and consultation

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<sup>1</sup> Although the findings of a shadowing study which has been conducted with some of those who responded to this survey in both CSDs and DASSs is confirming the reported figures in Chapter 3 of this report.

that went into the process which was time consuming, not the mechanics of producing a written document.

#### **1.2.4 Working hours**

A final area that should be considered when looking at previous research on how social workers spend their time is the actual amount of hours worked. Here strong contrasts emerge. Participants in Carver and Edwards (1972) study worked, on average, 39.7 hours per week, an average of two hours over their contractual hours. Strikingly, working additional hours was most frequent among senior staff. Since then, a considerable literature has emerged on the process of work intensification across the economy as a whole (Burchell *et al.*, 1999) and the increase in people working additional unpaid hours (Carvel, 2009). Holmes and colleagues (2009) found that managers and practitioners in their study of social workers in Children's Services worked an average of 10 hours overtime per week and that it was not always possible to reclaim this as time off in lieu (TOIL).

### **1.3 Methodology**

The limitations and challenges of a diary exercise were recognised. Give the limited life-time of the Social Work Task Force the exercise had to be completed within a short time scale to allow the results to inform its work and recommendations. Diaries provide the opportunity to collect a great deal of information on the day to day tasks which are undertaken and the balance of time devoted to each. They do, however, depend on commitment and engagement and their accuracy depends on the assiduousness of those completing them. Completion could have proved to be an irritant for those who are already under pressure and the researchers recognised that requests to complete a diary might not always be welcome. The hope was that given the profile which had been given to the Social Work Task Force and the fact that the results from the exercise would inform its work social workers would be more motivated to complete.

The first step in designing the instrument was to review other diary exercises which had been conducted alongside the literature which has emerged on the topic. It is worth noting that as well as previous studies described above the methodological text written by Alaszewski (2006) was particularly helpful in describing the range of approaches which have been taken to diary exercises in general, while the work which has emerged from the American Humane Association was useful in providing information on workload studies conducted in social welfare agencies the US [see [http://www.childwelfare.gov/systemwide/workforce/retention/studies\\_reports.cfm](http://www.childwelfare.gov/systemwide/workforce/retention/studies_reports.cfm)].

The team then attempted to devise a list which classified the tasks to be included in the log and which would be relevant for social workers in a range of settings and working with different client groups. Throughout the process the researchers were conscious that the criticisms which social workers were levelling against the electronic recording systems could also be targeted at this methodology:

The problem for those charged with the task of deciding how to monitor practice is that social work has only a limited shared knowledge base to provide a rationale for determining which aspects of social work are actually significant and should be recorded. [Munro, 2004 p 1085]

Nevertheless there was an imperative to obtain data on areas where none existed. Broad classifications were then sub-divided into specific tasks with the intention of helping the respondents record their time. One of the major drawbacks was that it was impossible to capture multi-tasking accurately because only one activity can be coded for each time slot [see Tooman and Fluke, 2002]. While not a perfect solution it was decided to ask respondents to code the main activity which they undertook in each half hour period. A

questionnaire was also devised to collect background data on respondents, alongside their views on issues relevant to their work and profession. This list and the questionnaire were then shared by email and in face to face discussions with practitioners, researchers and social work academics. In the light of this feedback the list was redrafted and shared with a panel of practitioners. The diary exercise and questionnaire were then piloted in two children's service departments and two departments of adult social services. [Diary instrument / questionnaire and categories are contained in Appendix A]

The agencies had to be approached and recruited to take part and the exercise completed between March and June 2009. All communications had to be over the telephone. Face to face contact and explanations would have probably led to a higher number of respondents but as this was not possible considerable time was devoted to supporting the link officers in every participating agency and subsequently sending regular reminders which could be distributed to those who were completing diaries. Although we asked that as many, and if possible all, social workers in the agency should be asked to complete the diary it was obvious that, as anticipated, this did not happen. Some agencies did a great deal to encourage all their social workers to take part; others selected various teams to do so, sometimes because they were not under-staffed or subject to other pressures. Perry and Murphy (2008) point out how issues of feasibility inevitably influence the design of this type of study. In order to try to off-set the impact of selection where it occurred it was recognised that the sample had to be as large as possible and spread over as many agencies as possible. [Further details of the sample are set out below in para 1.5.]

While those completing the diary / questionnaire were able to complete anonymously they could provide their contact details for subsequent follow up. In the future the researchers may contact individuals who have given them permission to do so to explore some of the issues in greater detail. A small number have already participated in a shadowing exercise which will be reported in the future.

Agencies were asked to choose one of two weeks during which the diary would be completed; these were the weeks beginning 11 or 18 May 2009. Where an agency was undergoing an inspection during that time or where there had been a delay in reaching an agreement to take part the exercise was completed in the week beginning 1 June.

The data from the diary / questionnaire instrument were entered into SPSS. The diary data were subsequently exported to Excel for analysis, while the quantitative questionnaire data were analysed using SPSS. The qualitative comments were analysed using a simplified version of the framework analysis described below.

In addition to the diary / questionnaire exercise interviews were conducted with senior officers in all co-operating agencies. The instrument was designed to cover:

- background on agency
- workload issues
- supervision
- recruitment and retention of social workers.

Each interview was conducted over the telephone, took approximately one hour and was recorded with the permission of those interviewed<sup>1</sup> The transcripts were analysed using a framework developed by Ritchie and Spencer (1994)<sup>2</sup>.

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<sup>1</sup> One respondent requested that the interview was not recorded and notes were made during the interview

## 1.4 Ethical approval

The project was approved by the Star Chamber Committee within the Department for Children's Schools and Families [DCSF] and by the Association of Directors of Children's Services and the Association of Directors of Adult Social Services. Project documentation was submitted for ethical approval prior to data collection to the King's College University of London Geography, Gerontology and SCWRU Research Ethics Panel. This study took place before the launch of the Social Care Research Ethics Committee.

## 1.5 Sample

In March 2009 30 local authorities were sampled with the intention of approaching the directors of both children's service and adult services for permission for these departments to take part in the workload survey and associated work. In order not to increase burden on those taking part the sampling frame excluded any authority which was in special measures or subject to an intervention. The six authorities contributing to the 'deep dive' investigations conducted by the Task Force were also excluded from the sampling frame, both to reduce burden and to increase the number of authorities contributing information.

By stratifying the sampling process the sample contained representatives from all nine English regions. Across and, where possible, within the regions metropolitan, non-metropolitan and unitary authorities were represented, as well as four London authorities. There was also an element of purposeful sampling in order to include two authorities which had reunited children's services and adult services under one director. This sample was then shared with colleagues in the DCSF and the Department of Health to check that none of the authorities were experiencing significant problems of which the researchers were unaware. At this point it emerged that one authority was about to become subject to an intervention so another authority of the same type and in the same region was sampled.

The Chair of the Social Work Task Force wrote to the directors of adult and children's in the 28 areas with separate departments and to the directors in the two areas where the services were provided by one department. These letters were followed up by a telephone call from members of the Research Team. There was a very high level of co-operation and the final sample is set out in Table 1.1.

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<sup>2</sup> It is a matrix based analytic method which allows a systematic and transparent analysis ensuring transparency, validity and reliability in interpreting findings. It is dependent on the researcher becoming familiar with the data through reading the material to establish themes and concepts.

**Table 1.1**

<b>Type of authority</b>	<b>Number approached</b>	<b>Number agreeing to participate</b>
Adult Services	28	23
Children's Services	28	27
Authorities where one director is responsible for children's and adult services:	2	2
<b>Total</b>	58	52

The intention was also to involve social workers in non-statutory settings. The Chair of the Task Force wrote to nine agencies in the private, voluntary and independent sector. While a large fostering agency and a major children's voluntary organisation agreed to circulate the survey to their social workers it was not possible to engage any agencies working with adults, despite considerable effort to do so. The National Association of Guardians Ad Litem and Reporting Officers [NAGALRO] sent the survey to its members and British Association of Social Workers also distributed it to their members who were registered as 'independent'.

## **1.6 Reporting**

All those participating in this study were assured of confidentiality. In this report we have tried to protect the anonymity of respondents by changing some names and job titles. We offered assurances to social workers responding to the survey that they would not be identified and their responses were posted to the SCWRU. We had information that a minority of social workers in one CSD had been told to return their surveys to a manager who would then forward them to the research team. It was thought that this did pose the risk that using such an approach (which was contrary to the agreed route) could influence the integrity of the data. The returns from this group were reluctantly withdrawn from the overall analysis.

**Section B - Findings from the workload survey**

## Chapter 2 - Background on respondents and their views on key issues

### Survey sample

Throughout this section the number and percentage of respondents and non-respondents to specific questions are reported. It is important to recognise that while all those in the statutory sector were employed by CSDs, DASS or joint departments they could be working in other settings.<sup>2</sup>

### 2.1 Age

Of the 1153 respondents the majority (n = 1048 / 91 percent) provided details of their age (see Table 2.1).

**Table 2.1 - Age of respondents**

Age	CSDs	DASS	Joint	PVI	Not information on setting	Total
20-24	19	6	3	1		29 [2%]
25-29	81	22	0	15		118 [10%]
30-34	88	27	3	6	1	125 [11%]
35-39	77	36	5	8		126 [11%]
40-44	79	34	6	9		128 [11%]
45-49	103	51	1	20		175 [15%]
50-54	103	45	5	25		178 [16%]
55-59	67	26	2	14		109 [10%]
60-65	34	19	1	4		58 [5%]
Over 65	0	2	0	0		2 [0.2%] <sup>3</sup>
Age not provided	74	16	0	7	8	105 [9%]
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

It appears that the age spread of the sample was fairly even across the bands. Although it is not possible to generalise to any other population it is worth noting that in this sample approximately a third of those in both CSDs and DASSs who gave their age were 50 years old or older, and while one in six of those in CSDs were under 30 years of age in DASS this was one in nine.

<sup>2</sup> Of the 725 employed by CSDs 66 were part of a health related team; and of the 284 in DASSs 10 said they were in health settings.

<sup>3</sup> Excluded from sum

## 2.2 Gender

Over 90 percent of respondents [n=1043 /91percent] provided details on their gender (Table 2.2). Where gender was known over three quarters were female.

**Table 2.2 - Gender of respondents**

Gender	CSDs	DASS	Joint	PVI	Not information on setting	Total
Female	525	199	24	79	1	828 [72%]
Male	128	71	2	23		224 [19%]
No information on gender	72	14	-	7	8	101 [9%]
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## 2.3 Ethnicity

Again over 90 percent of respondents [1057 / 91 percent] provided details of their ethnicity. The overwhelming majority [83 percent] were White, four percent described themselves as Black or Black British, two percent as Asian or Asian British and two percent as 'mixed'. Table 2.3 contains details of the distribution of respondents by ethnicity across the various settings.

**Table 2.3 - Ethnicity of respondents**

Ethnicity	CSDs	DASS	Joint	PVI	Not information on setting	Total
White	584	252	25	91	1	953 [83%]
Black or Black British	41	8	-	2		51 [4%]
Asian or Asian British	15	7	1	2	-	25 [2%]
Mixed	16	4	-	6		26 [2%]
Other	1	0	-	1		2 [0.2%] <sup>4</sup>
No information	68	13	-	7	8	96 [9%]
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## 2.4 Comparison of survey sample with other workforce data

The socio-demographic characteristics of respondents to the workload survey were broadly similar to other published data on the social work workforce. Figures 1 and 2 compare the age distribution of respondents working in Children's and Adult Services with the latest published data from the Local Authority Workforce Intelligence Group (LAWIG) (2007a, 2007b). These surveys are sent to all local authorities in England and in 2006 they achieved response rates of 59 percent in Children's Services and 66 percent in Adults. Unfortunately they do not report data on social workers' gender and ethnicity. Although analysis of the UK

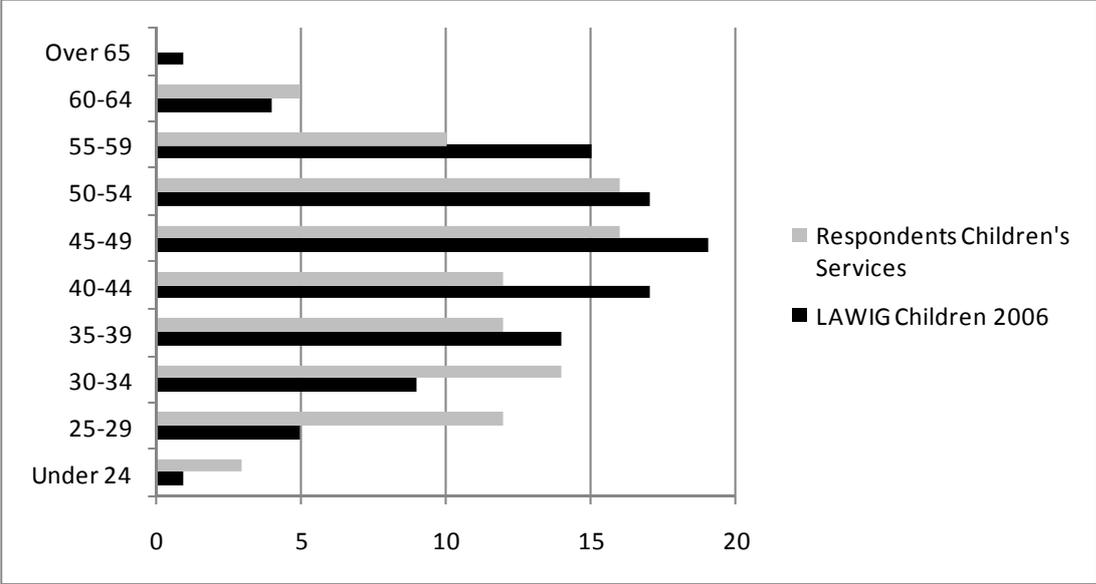
<sup>4</sup> Excluded from sum

voluntary sector paid workforce has been undertaken (Clark, 2007), these include workers in non social work posts and so are of limited relevance for our purposes here.

**Age**

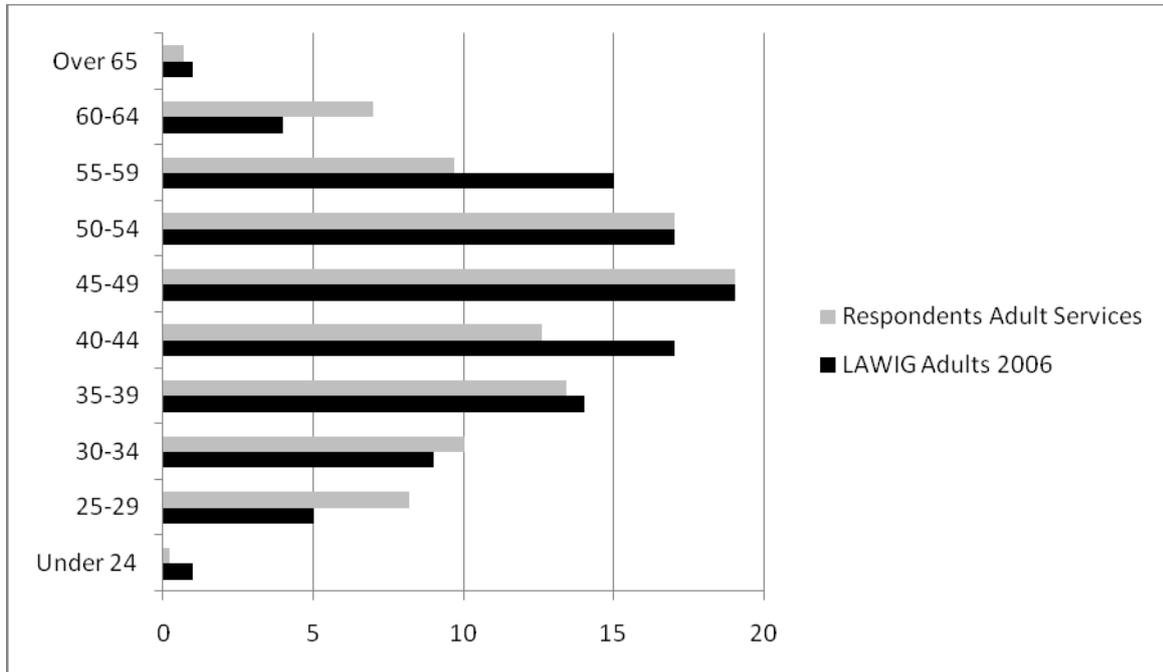
Figures 1 and 2 show that the age distribution of respondents to the workload survey broadly mirrors those reported by LAWIG, with a concentration of workers in the older age groups (Manthorpe and Moriarty, 2009). The proportions of workers in each age group are broadly similar to those reported by LAWIG within a 5-10 percent range. The key difference is that the workload survey had proportionally more respondents in the under 35 years age group. The most likely explanation for this is the time difference between when these data were collected. The LAWIG surveys were undertaken in 2006. However, one of the effects of the new degree (Evaluation of Social Work Degree Qualification in England Team, 2008) is an increase in younger graduates. This means that we would expect to see a slightly younger age profile among social workers from data collected in 2009 when compared with 2006.

**Figure 1 - Age distribution of respondents working in Children’s Services compared with Local Authority Workforce Intelligence Group 2006 Children’s, Young People’s and Families’ Social Care Workforce Survey Data on field social workers**



Source: LAWIG (Table 4: Age Distribution of Staff, Local Authority Workforce Intelligence Group, 2007b)

**Figure 2 - Age distribution of respondents working in Adult Services compared with Local Authority Workforce Intelligence Group 2006 Adults' Social Care Workforce Survey on field social work staff**



Source: LAWIG (Table 4: Age Distribution of Staff, Local Authority Workforce Intelligence Group, 2007a)

### **Gender**

The gendered nature of social work is well known (Balloch *et al.*, 1999; McLean, 2003; Christie, 2006) and this was reflected in the gender distribution of respondents to the workload survey where women outnumbered men by three to one. Using data from the Labour Force Survey, a quarterly sample survey of households living at private addresses in Great Britain, Eborall and Griffiths (2008) suggested that around 80 percent of social workers were women, slightly higher than the proportion reported here but the difference is not so large as to suggest that the gender distribution of respondents is likely to be statistically significantly different from the social work workforce as a whole or the workforce within the participating authorities.

### **Ethnicity**

Ninety percent of those respondents providing information on their ethnicity were white. Of these, 88 percent of those working in Children's Services were white compared with 93 percent of respondents working in Adult Services. This reflects the pattern presented by Eborall and Griffiths (2008) who reported that 77 percent of children's social workers were white compared with 88 percent of those employed in adult services. One probable explanation for the slightly higher proportion of white respondents among the workload survey respondents is that the geographical distribution of Britain's ethnic minority population is uneven (Office for National Statistics, 2002), with higher proportions living in London, central England and the North West. As mentioned earlier, sampling was purposeful and included two large county councils and authorities in rural areas in order to achieve variety in both in organisation type and the type of population they served. This, in turn, is likely to have meant that the workforce population in the sampled authorities is likely to be less ethnically diverse than that found nationally. Another explanation could possibly lie in the high percentage (nine percent) of respondents not providing details of their ethnicity.

Taken as a whole, the picture presented above suggests that, notwithstanding the fact that there is no reliable recently collected national published data on the social work workforce as yet, the socio-demographic characteristics of participants seem to resemble those reported elsewhere and there is no reason to think they differ substantially from the population of social workers employed in the participating authorities as a whole.

## 2.5 Current job description and setting

Respondents were asked to provide details of their current job title. Only four percent [n= 43] failed to provide this information. Not surprisingly there was a range of job titles provided and some attempt to categorise them for ease of access has been made and recorded in Table 2.4. Table 2.5 records whether respondents worked with children or adults as their main client group and Table 2.6 the type of agency where they worked.

**Table 2.4 - Job descriptions of respondents**

Role	Number	Responsibilities	
Manager	137 [12%]	96 working with children 41 working with adults (inc 1 in hospital)	
Senior social worker or similar	155 [13%]	128 working with children 27 working with adults	
Social worker	818 [71%]	581 working with children 233 working with adults 4 Not clear	Includes 10 Independent Reporting Officers; 2 hospital based; 1 agency worker Includes 15 hospital based; 10 in mental health and 1 agency worker
No information	43 [4%]		
<b>Total</b>	<b>1153</b>		

**Table 2.5 - Client groups served by respondents**

Client group	Number
Children	840 [73%]
Adults	304 [26%]
No information	9 [1%]
<b>Total</b>	<b>1153</b>

**Table 2.6 - Agencies where respondents based**

Agency	Number
Children's Service Dept	725[63%] <sup>5</sup>
Department of Adult Services	284 [[25%] <sup>6</sup>
Joint department	26 [2%]
Children's voluntary agency	30 [[3%]
Independent fostering agency	70 [6%]
Independent social worker (children)	9 [<1%]
No information	9 [<1%]
<b>Total</b>	<b>1153</b>

<sup>5</sup> 66 (nine percent of 725) worked with health colleagues in some form of formal or informal team

<sup>6</sup> Nine (three percent of 284) worked with health colleagues in some form of formal or informal team

## 2.6 Professional social work qualifications

Ninety two percent of respondents [n=1061] provided details of their professional qualification in social work. These are recorded in Table 2.7. Although the majority held a Diploma in Social Work (DipSW) qualification, one in seven had qualified through the degree route introduced in the early part of this decade. Table 2.8 then sets how these qualification routes are spread across different settings. Over two thirds of those respondents who had qualified through the degree route were based in CSDs. Over half of respondents in both agencies held a DipSW and a slightly higher proportion of those in DASSs held a CQSW (Certificate of Qualification in Social Work) (26 percent / 20 percent). These small differences would seem to reflect the slightly older age profile of those working in DASS.

**Table 2.7 - Social work qualification held by respondents**

Qualification <sup>7</sup>	Number
Diploma in social work – alongside either Dip HE, BA/BSc or MA / MSc or PgDip	598 [52%]
Certificate of Qualification in Social Work	210 [18%]
Certificate in Social Services	38 [3%]
Undergraduate or Postgraduate degree qualification recognised by GSCC	195 [17%]
Any other UK social work qualification recognised by GSCC	4 [0.3%] <sup>8</sup>
Any other non-UK social work qualification recognised by the GSCC	16 [1%] <sup>9</sup>
No information provided	92 [8%]
<b>Total</b>	<b>1153</b>

Over four-fifths of respondents [83 percent] had qualified in England; four percent had done so in another country of the UK. A small percentage had qualified overseas but, as noted above, some of these subsequently acquired a UK qualification. Forty three respondents - including the 25 who had first qualified outside the UK - had some experience of practicing overseas; most had done so for five years or less but 17 had done so for longer than this with one respondent having practiced outside the UK for 30 years.

<sup>7</sup> Qualifications have been summarised in this way to allow comparisons with other analyses.

<sup>8</sup> Excluded from sum

<sup>9</sup> 25 respondents had a non UK social work qualification but nine of these had also obtained a UK qualification and were included in the numbers above

**Table 2.8 - Social work qualification held by respondents by setting**

Qualification	CSDs	DASS	Joint	PVI	Not information on setting	Total
Diploma in social work - alongside either Dip HE, BA / BSc or MA / MSc or PgDip	369	147	19	62	1	598 [52%]
Certificate of Qualification in Social Work	125	66	0	19		210 [18%]
Certificate in Social Services	14	18	1	5		38 [3%]
Undergraduate or Postgraduate degree qualification recognised by GSCC	132	42	6	15		195 [17%]
Any other UK social work qualification recognised by GSCC	4	0	0	0		4 [0.3%] <sup>10</sup>
Any other non-UK social work qualification recognised by the GSCC	13	1	0	2		16 [1%]
No information	68	10	0	6	8	92 [8%]
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

The majority of respondents (1038 /90 percent) provided details of when they had qualified [Table 2.9]. While five of the respondents had qualified in 1969 or before (with one having qualified before 1965), half had qualified since 2000, with a quarter having done so in the last four years. There was no difference in the time since qualification when compared across settings.

**Table 2.9 - Date of qualification**

Years	Number	
Pre 1965	1	0.4%
1965-69	4	
1970 -74	19 [2%]	
1975-79	30 [3%]	
1980-84	61 [5%]	
1985-89	101 [9%]	
1990-94	105 [9%]	
1995-99	149 [12%]	
2000-04	271 [24%]	
2005 Onwards	297 [26%]	
No information	115 [10%]	
<b>Total</b>	<b>1153</b>	

<sup>10</sup> Excluded from sum

Eight percent had obtained a 'top up' degree; 32 percent had a post qualification award; 27 percent had other undergraduate or post-graduate degrees and six percent held a recognised diploma of some sort. The differences between those working in the different settings were insignificant.

## 2.7 Other professional qualifications

One in five [n = 220] respondents provided details of other professional qualifications which they held. These are recorded in Table 2.10

**Table 2.10 - Other professional qualifications held by respondents**

Professional qualification	Number	Working with
In education	<b>40</b> [includes 1 with occupational therapy qualification; 1 with Level 4-6 NVQ qualification in early years, social or health care; and 9 with other professional qualification]	<b>28</b> working with children and <b>12</b> with adults
In nursing	<b>11</b> [includes 2 with Level 4-6 NVQ qualification in early years, social or health care and 1 with another professional qualification]	<b>7</b> working with children and <b>4</b> with adults
In occupational therapy or other profession allied to medicine	<b>4</b> [includes 1 with educational qualification and 1 with another professional qualification]	<b>3</b> working with children and <b>1</b> with adults
Level 4-6 NVQ qualification in early years, social or health care	<b>42</b> [includes 1 with educational qualification and 2 with a nursing qualification and 9 with another professional qualification]	<b>33</b> working with children and <b>9</b> with adults
Any other professional qualification	<b>123</b>	<b>103</b> working with children and <b>20</b> with adults

Over half of all respondents had followed another career or profession at some point in their lives [Table 2.11] even if it did not require a formal qualification.

**Table 2.11 - Number of respondents who have followed other careers**

Other career	CSD	DASS	Joint	PVI	No information	Total
Yes	372	165	13	60	1	611
No	239	92	11	38	-	380
No information	114	27	2	11	8	162
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

About half of those who provided information on their other careers referenced some form of social care or youth work, but as the data in Table 1.8 would indicate the most usual other routes into social work had been through nursing or other health work, followed by early years work or teaching. However, there was a wide range of other careers which had been followed including in accountancy, banking, engineering, academia and entertainment / leisure. Many had also been involved in volunteering.

## 2.8 Social work experience

Ninety percent of respondents [n= 1034] provided details of the number of years they had practiced as social workers [Table 2.12]. Twenty one percent of respondents had practiced for three years or less; 36 percent had done so for between four and ten years; 19 percent for between 11 and 20 years and 14 percent for over 20 years, including six percent who had over 25 years experience. There were no significant differences between the proportions of staff with less than three or less than six years between CSDs and DASSs; similarly there was no difference in the proportion of those with more than 16 years of experience between the two sectors.

**Table 2.12 - Years in practice as social workers of respondents**

Under 1 year	1-3 years	4-6 years	7-10 years	11-15 years	16-20 years	21-25 years	25 + years	No details	Total
26	216	207	212	106	108	88	71	119	1153
2%	19%	18%	19%	9%	9%	8%	6%	10%	100%

Eighty seven percent of respondents provided details on their work with children and / or adults. Overall 15 percent had experience of working with both, while 53 percent had only worked with children and 21 percent had worked only with adults.

## 2.9 Time in present job

Nine out of ten respondents [90 percent] provided details of how long they had been in their present post. [Table 2.13].

**Table 2.13 - Time in present job**

Under 1 year	1-3 years	4-6 years	7-10 years	11-15 years	16-20 years	21-25 years	25 + years	No details	Total
48	474	275	135	51	33	12	9	114	1153
4%	41%	24%	12%	4%	3%	1%	1%	10%	100%

Four percent had been in post for less than a year, half of whom were newly qualified social workers. But by comparing the time for which social workers had been qualified with the time in their present post it is possible to determine a considerable churn in those early years.

## 2.10 Working pattern and hours

Ninety-one percent of respondents [n = 1047] provided details of the number of days and hours which they worked each week [Table 2.14 and 2.15].

**Table 2.14 - Number of days worked each week by respondents**

Days each week	No of respondents	
1	5	1%
2 > 3	34	3%
3 > 4	86	7%
4 > 5	98	8%
5* A small proportion of whom worked part time over five days.	824 31 of these work equivalent of 10 days over nine days.	72%
No information	106	9%
<b>Total</b>	<b>1153</b>	

**Table 2.15 - Number of hours worked each week by respondents**

<b>No of hours worked each week</b>	<b>No of respondents</b>	
Up to 15	8	1%
16-20	65	6%
21-25	51	4%
26-30	79	7%
31-34	15	1%
35-38	805	69%
39-40	7	1%
Over 40	5	1%
No information	118	10%
<b>Total</b>	<b>1153</b>	<b>100%</b>

The majority of respondents [1035] provided details of their working hours; about one in five worked part-time.

**Table 2.16 - Full and part time working amongst respondents**

<b>Full / part time</b>	<b>No of respondents</b>	
Part-time	218	19%
Full-time	817	71%
No information	118	10%
<b>Total</b>	<b>1153</b>	<b>100%</b>

This is similar to the national figure of 75 percent reported by Eborall and Griffiths (2008) and is consistent with earlier work (Balloch *et al.*, 1999) contrasting social workers with other social care occupations where the prevalence of part time working is much higher.

## 2.11 Client groups

Respondents were asked to provide details of the three main client groups with whom they worked from a list of client groups provided. Ninety-two percent of respondents provided these details. Further details and tables are contained in Appendix B.

**Table 2.17- Client groups of social workers working with children and young people**

Area of work	Number / percentage of the 840 [73% of total] respondents who worked with children / young people *	Overall percentage of all respondents **
Looked after children	498 = 59% of those working with children and yp	44% [504]
Child protection	420 = 50% of those working with children and yp	37% [428]
Family support and prevention	326 = 38% of those working with children and yp	29% [334]
Foster carers	194 = 23% of those working with children and yp	17% [199]
Special Educational Needs (SEN)	142 = 17% of those working with children and yp	12% [145]
Children with complex health needs	122 = 15% of those working with children and yp	11% [126]
Those leaving care	82 = 10% of those working with children and yp	8% [88]
CAMHS (child and adolescent mental health services)	68 = 8% of those working with children and yp	6% [73]
Children and Young People - seeking asylum / refugees	49 = 6% of those working with children and yp	4% [50]
Most common area where both adult ↓ and children's social workers engaged		
Transition work around young adults with complex needs	39 = 5% of those working with children and yp	5% [61]
Most common area where both adult ↑ and children's social workers engaged		
Young carers	35 = 4% of those working with children and yp	3% [36]
Young people's substance misuse services	25 = 3% of those working with children and yp	2% [25]

\* Very small numbers (from one to eight) of those saying they worked with adults said they worked with these groups.

\*\* As respondents could indicate up to three areas of work these percentages will not sum to 100.

Respondents working with children and young people were most likely to be working with:

1. looked after children / young people
2. children and young people in need of protection
3. family support and prevention.

Although the responses on respondents' areas of work grouped around those who said they worked with children / young people or adults there were some exceptions. Overall there were more of those who worked with children and young people reporting that they worked with an adult group in some way but there were, of course, more respondents from that sector.

**Table 2.18 - Client groups of social workers working with adults**

<b>Area of work</b>	<b>Number / percentage of the 304 [27% of total] respondents who worked with adults* **</b>	<b>Overall percentage of all respondents **</b>
Older people	177 = <b>58%</b> of those working with adults	<b>17%</b> [195]
Older people with mental health problems (including dementia)	127 = <b>42%</b> of those working with adults	<b>12%</b> [137]
Carers	111 = <b>37%</b> of those working with adults	<b>12%</b> [142]
Adults with physical disabilities	98 = <b>32%</b> of those working with adults	<b>10%</b> [111]
Adults with learning difficulties / disabilities	74 = <b>24%</b> of those working with adults	<b>8%</b> [90]
Palliative care / people with complex health needs	68 = <b>22%</b> of those working with adults	<b>7%</b> [80]
Adults with mental health problems	66 = <b>22%</b> of those working with adults	<b>7%</b> [85]
Adults with sensory impairment	38 = <b>13%</b> of those working with adults	<b>4%</b> [43]
Adult substance misuse services	18 = <b>6%</b> of those working with adults	<b>2%</b> [23]

\* Small numbers of those saying they worked with children and young people said they worked with these groups.

\*\* As respondents could indicate up to three areas of work these percentages will not sum to 100.

Respondents working with adults were most likely to be working with:

1. older people
2. older people with mental health / dementia problems
3. carers.

## **2.12 Caseloads**

### **a) Number of active cases**

There is no conclusive evidence which links caseload size to practice and outcomes (Tittle, 2002). Although there may be theoretical limits and case profiles set by some agencies a caseload of 12 may not become far more demanding than one twice that size depending on complexity and risk, both of which may be highly volatile. Nevertheless it was deemed to be appropriate to collect details of caseloads and respondents were given the opportunity to comment on the number which they recorded. The research team recognised that there was no ideal approach to this within a quantitative survey and so were grateful for those who acknowledged the problem but who nevertheless pointed out the complexity of their work and cases, and the additional time factors which may attach to particular cases or location

**Table 2.19 - Number of active cases held by respondents**

Of the 1153 respondents 973 [84%] provided details of the number of cases which they were carrying.

No. of cases	CSD	DASS	Joint	PVI	No information	Total
0	32	12	-	5	-	49
5 or fewer	42	11	1	10	-	64
6-10	115	47	6	24	-	192
11-15	158	55	4	31	1	249
16-20	99	66	6	11	-	182
21-25	60	33	1	3	-	97
26-30	27	18	1	3	-	49
31-40	26	11	3	2	-	42
41-50	8	3	-	2	-	13
51-60	3	-	-	2	-	5
61-100	11	3	-	1	-	15
Over 100	14	-	-	1	-	15
No information	130	25	3	14	8	180
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

**Table 2.20 - Number of active cases held by those working in CSDs**

No. cases	0	Up to 5	6-10	11-15	16-20	21-25	26-30	31-40	41-50	51-60	61-100	>100	No info
No. respondents	32	42	115	158	99	60	27	26	8	3	11	14	130
%	4%	6%	16%	22%	14%	8%	4%	3%	1%	<1%	2%	2%	18%
	4%	22%	36%	12%									18%

**Table 2.21 - Number of active cases held by those working in DASSs**

No. cases	0	Up to 5	6-10	11-15	16-20	21-25	26-30	31-40	41-50	51-60	61-100	>100	No info
No. respondents	12	11	47	55	66	32	18	11	3	-	3	1	25
%	4%	4%	17%	19%	23%	12%	6%	4%	1%	-	1%	-	9%
	4%	21%	42%	18%									9%

Overall managers were more likely to have fewer cases with 47 percent of managers - adults and children - holding 10 or fewer active cases. This compares with 37 percent of senior practitioners and 28 percent of social workers<sup>11</sup>. The majority of respondents reporting that they had no cases were managers and senior practitioners. However a number of these said that because of staff shortages and in an attempt to relieve the pressures on social workers they were responsible for processing new referrals, completing initial assessments, making duty visits, overseeing or taking responsibility for unallocated cases, in addition to their usual roles and responsibilities:

<sup>11</sup> Respondents with less than five years' experience since qualification were less likely to have under 10 cases and also less likely to have over 30 cases.

*As an Operations Manager I do not hold any cases but I do see myself as responsible for all the cases within my team i.e. if anything went wrong on a case I believe, as the manager, I am accountable. There are currently 200 open cases in my team and as an intake team we receive about 155 referrals a month. You are talking of cases as if they are all the same and clearly they are not. My team currently have 37 children subject to protection plans and another six looked after cases .... There are then maybe ten active child protection investigations and up to 100 CIN (children in need) cases.*

But of the 36 respondents in CSDs carrying over 40 cases 22 were managers, many of whom said they were holding cases after an assessment and prior to allocation for an intervention. In adult services only one manager said he was carrying over 40 cases but it was an extreme example. He said he had about 1000 cases which were all in receipt of a service from the Directorate. However, over 400 either had an allocated worker or were awaiting one and were managed day to day by the screening / duty desk. The others did not have an active allocated worker and if they did not make contact first they would be contacted in due course for the annual review of their needs. Cases were prioritised according to risk and complexity but sometimes their complexity meant that other cases could not be allocated immediately and critical needs were then dealt with by the duty team. This manager was not alone in commenting on an increasing volume in cases regarding safeguarding issues in relation to adults which had to be dealt with immediately.

Respondents were asked for further information on the definition of what constituted a case, although only a minority did so. This does make it difficult to interpret these data accurately. In some CSDs, for example, a case was defined as a family, however many children were within that family; in other agencies each child was identified as a case. So, for example, one respondent was responsible for eight cases which comprised eight families with a total of 17 children; in another area this would have been reported as 17 cases. There were those who gave a very high number of cases where this did represent families and so the number of children for whom they were responsible could be three or more times that number. And when the number of families was over 25 the number of children could be very high. Some respondents also made their own decision as to what constituted a case as in this report:

*[The agency] counts a case as a family and I am responsible for 13 families but given single child records and each child's needs being different it equates to 32 cases. I see this as 32 active open cases which include eight child protection cases, five care proceedings and six looked after cases.*

In adult services there were agencies operating models of care management which meant that social workers held few cases but most of the work involved assessment, review and commissioning. So while some respondents recorded all these as cases others did not. Social workers based in hospitals took referrals as cases but the pace and turnover of cases meant they carried few at any one time; this tended to change on a daily basis, depending on who was referred from the wards. These social workers said there were weeks when few were referred and others when far more would be. Even when the cases were handed over to other services the most complex were monitored for four to six weeks. As a consequence workloads varied considerably from week to week.

It was very common for those in adult services to say that unallocated cases were dealt with by duty teams. In one case, due to severe staff shortages, there were over 200 cases being held by a duty team without a care manager, including the cases of three staff members who were on sick leave but where their clients needed on-going input.

A number of respondents in all settings referred to the work which they regularly picked up in relation to former clients which did result in a case being reactivated.

With very few exceptions those who worked part-time were carrying proportionately fewer cases, as were those newly qualified social workers with protected caseloads and most of those who were being supported by their agency to study for an additional higher qualification. However there was a significant minority who were working full time and carrying fewer than ten cases. The reasons for these situations sometimes became apparent in the additional information which was provided. Social workers who were responsible for foster care and support usually recorded a relatively small number of cases but they were often also recruiting and assessing foster parents in addition to these. The same was also true for those responsible for recruiting, assessing, training and supervising carers of disabled children. Other explanations for apparently low caseloads included those who were providing a high level of supervision or mentoring for colleagues and some who were returning to their agency after a period of illness or after a secondment.

As expected the limitations of collecting numerical data on caseloads were not lost on respondents who provided comments about the nature of their cases:

*Some cases are more complex than others, so looking at the number of cases is not an adequate measure of workload - it is important to look at the mix of different cases.*

And, alongside complexity, goes context, which is also difficult to cover adequately in a survey such as this but which is well illustrated by the observations of these social workers from adult services:

*In my limited experience I have found that it is not about numbers but complexity.... Often there is not short cut to good practice. Clients need to feel comfortable with their worker to give information and history. It is important to help and assist people make the correct decisions.*

*I work with very complex cases. Several service users have forensic needs. Many of the people I work with have additional needs or severely challenging behaviours and are subject to sections of the Mental Health Act. I often have to write specialist reports, including reports to the Ministry of Justice over one conditionally discharged service user, as well as complete Mental Health Review Tribunal reports and much else.*

This reflects one of the difficulties in a survey of this type which is not accompanied by parallel qualitative work. However, complexity was also addressed in relation to workload management and is covered in the following section. It is also important to recognise the dynamic nature of many cases which may quickly escalate from being straightforward to complex and occasionally take the reverse route.

## **b) Inactive cases**

Inactive cases are those that social workers will not be working with unless something happens to require a response, but they may include cases where clients would potentially benefit from an intervention or more attention if thresholds for intervention were lower and / or resources were available. It is more likely that if a case is at this level it will be closed within a period of time and a proportion of inactive cases may reflect the stage they were at in working towards closure.

Of the 1153 respondents only two thirds [66 percent] answered the question on inactive cases. The majority of these respondents did not carry any inactive cases. However just over one in five respondents in CSDs and PVI sector and one in four in DASSs were carrying inactive cases, albeit usually a small number [Table 2.22]. It would be necessary to conduct further investigation of their nature to be able to put any context around these data.

**Table 2.22 - Number of inactive cases held by respondents**

No. of cases	CSD	DASS	Joint	PVI	No information	Total
0	298	132	10	59	1	500
5 or fewer	110	41	6	21	-	178
6-10	21	10	1	-	-	32
11-15	9	6	-	-	-	15
16-20	6	7	-	1	-	14
21-25	4	2	-	-	-	6
26-30	4	3	-	2	-	9
31-40	2	4	-	-	-	6
41-50	1	-	-	-	-	1
51-60	-	-	-	-	-	-
61-100	2	2	-	-	-	4
No information	268	77	9	26	8	388
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

**c) Policy or systems for determining the size, number and complexity of caseloads**

Respondents were asked if there were policies or systems in place to deal with the size, number and complexity of cases. Eighty eight percent [1012] answered this question [Table 2.23].

**Table 2.23 - Policy or systems on caseloads in place in respondents' agencies**

Caseload management	CSD	DASS	Joint	PVI	No information	Total
Yes	301	141	10	43	1	496
No	192	73	8	39	-	312
Do not know	133	50	5	16	-	204
No information	99	20	3	11	8	141
	725	284	26	109	9	1153

Forty two percent of those in CSDs and 50 percent of those in adult services said that such a system was in place which is much higher than would be expected from the responses from the directors / senior officers interviewed (see Section C). There was little consistency in the responses from the same agency whether in the statutory or PVI sectors, so either there was not a shared understanding of what the question meant or informal or accepted norms in operation at agency or team levels were interpreted differently. It is also of interest that nearly one in five respondents [18 percent] did not know if a policy or system was in place. When the accompanying qualitative comments were analysed it was evident that a range of factors was interpreted as *having a workload management system in place*. Very few references were made to systems which were in place, although more examples (albeit a small number), emerged from those working in DASSs:

*We have a complexity matrix which identifies cases as simple, moderate, complex and different time values are allocated to each case.*

*We have a county-wide workload management system although we allocate according to individual capacity and experience.*

However there were more references to a points or weighting system in CSDs, but they were often qualified by comments on how they were not being implemented at all or only in part, and how the 'base number' fluctuated according to demand:

*The system says that as a full time worker my caseload should not exceed 42 points. However I am currently carrying 51 points and it has been as much as 56 points.*

*Caseload weighting is supposed to be completed in supervision, to determine what work you still have to do and what work you can take on however it often indicates that you have space to take when you are already overloaded - but even when it indicates that you are overloaded you are still allocated cases. My managers often opt not to use it, preferring instead to establish caseload size, complexity and mix through discussion.*

Such discussions with line managers were far more commonly cited. The majority of responses focused on systems which were based around management of their caseloads in supervision or intermediate contacts. Overall many respondents were very positive about the way in which their managers allocated work, taking existing caseloads and complexity into account. Managers provided details of how they attempted to balance the demand to respond against caseloads, complexity and experience. In some cases this proved extremely difficult:

*No cases are left unallocated and at times of staff shortage Team Leaders may be allocated cases in order to ensure that work is actively completed and that children and families receive an appropriate service. Additionally this may happen if staff leave suddenly or become long-term sick and there are no workers to manage a case and there is a need for consistency and continuity. Finally Team Leaders may manage cases where there are major, complex and contentious issues. Any allocations of cases for workers are also decided alongside a workload management system that looks at workload against available hours and identifies space for new cases. Where possible the manager will balance workers caseloads although the needs of the service are prioritised.*

Social workers working in specialist settings such as on hospital wards were usually expected to take cases as they arose:

*As I work in a hospital team we are not able to stack cases, therefore everything that comes in has to be allocated to a worker. We split this in terms of wards and not complexity or number.*

It was evident that there were respondents who considered that they were carrying too many cases even if they appreciated that there was little that could be done to address the difficulties which faced their agencies. But buried in some responses were details which were concerning. These two examples drawn from children's services were not the only examples of how balancing caseloads could lead to dangerous practice:

*The policy is to discuss and agree weekly between team leaders which team the cases should be held in. It is then up to the team leader to allocate. All child protection, looked after children and legal work is immediately allocated regardless of workers' capacity but a number of Children in need cases are held in my name as team leader with the duty team providing reactive response. Workers always hold work in excess of their real capacity .... Also on occasion the number of cases held in name only by me as a team leader becomes too high for me to safely know whether those cases can remain in my name or need allocating properly.*

*A matrix exists ...that determines what can be handled by differently qualified staff. All LAC have a registered social worker. However many caseloads are high and appropriately qualified staff may be named but the actual work could be completed by a different member of staff (not a qualified social worker).*

Frontline staff and managers who were operating such systems made the link between managing high caseloads which contained complex cases and stress and sickness levels which they believed were the result. The linkage was extended to a higher occurrence of unsafe practice and a failure to learn lessons from the problems which had been identified from high profile cases.

**d) Influence of staffing issues on caseloads**

Eight-eight percent of respondents commented on whether staffing issues such as colleagues' long term sick leave and unfilled vacancies impacted on their caseloads with nearly half of these believing that they did.

**Table 2.24 - Influence of staffing issues on caseloads**

<b>Influence of staffing issues</b>	<b>CSD</b>	<b>DASS</b>	<b>Joint</b>	<b>PVI</b>	<b>No information</b>	<b>Total</b>
Yes	302	122	14	48	1	487
No	316	133	11	53	-	513
No information	107	29	1	8	8	153
	725	284	26	109	9	1153

In most cases it meant that respondents had had to pick up, or at least monitor, cases when someone was off sick or on leave. Sometimes consideration had been given to their capacity to do so but not all respondents said this happened. Sickness levels obviously varied with comments focusing on excessively high levels in some teams and virtually no absences in others. A small number of newly qualified social workers (NQSWS) reported that they should have had protected caseloads but staff shortages and policies which forbade the use of temporary or agency staff meant that, in their opinion, they were carrying normal to high caseloads. In addition there was rarely back fill for colleagues attending training courses or who were on maternity leave, all of which placed additional burdens on those at work, as did policies to leave posts unfilled:

*The structure of the team has changed so the number of social workers has been reduced and the number of admin workers increased. At the same time caseloads have gone up and whilst managers deny that there are unfilled vacancies it is clear to us struggling with caseloads that are too large that we need more social workers to spread the load.*

A linked and recurring issue was the impact of the number of newly qualified and inexperienced social workers based in some teams. Not only were NQSWS usually expected to carry a reduced caseload which, despite comments of a few recorded above, most said they were, their lack of experience meant that longer serving colleagues not only carried more cases but were allocated those with a higher level of risk and / or complexity.

**2.13 Use of electronic recording systems**

Respondents were asked if their agencies were using the Integrated Children's System (ICS) or other electronic Document and Record system (eDRMs) such as IDOX or SWIFT. Twelve percent of the sample did not respond. Overall three quarters of those that did were using an electronic recording system, with a much higher proportion (four out of five) of those in the statutory system doing so than their PVI equivalents where only one in four did so.

**Table 2.25 - Use of electronic recording systems in respondents' agencies**

Use of ERS	CSD	DASS	Joint	PVI	No information	Total
Yes	574	226	25	20	1	846
No	59	31	-	79	-	169
No information	92	27	1	10	8	138
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

Respondents in services for both children and adults recognised the importance of good recording but with a few exceptions thought that the present systems with which they worked had not been adequately developed and were not fit for purpose. There were technical problems both in terms of the capacity of particular software packages to cope and with the interface with the IT structures in place. So time was being lost when systems crashed and work could not be retrieved which then had to be re-entered. It was also suggested that as the systems were not designed for specific purposes too much time was spent addressing the deficits. Respondents provided many examples which illustrated why they were frustrated and it is only possible to report a limited number. These social workers in DASSs wrote:

*The system is newly introduced and not fit for purpose. It has increased the amount of paperwork and is not ideally suited to the work we do. If we make a mistake which is inevitable we have to go through our own IT team who have to go back to the software designers to remove the error, as this is time consuming and frustrating. It is likely that from listening to some of my colleagues they are seriously considering looking for alternative employment.*

*It is very repetitive and it is as if you have to accommodate the system rather than it helping you. I understand the need for and benefit of accurate recording but not the need to record the same thing numerous times in slightly different wording. I fail to see how competing an assessment and then regurgitating it to commission services is helpful either to the client or myself. There is a need for a more effective and efficient system.*

Similar, and even stronger, complaints emanated from those working in CSDs. Duplication of effort, the inefficiency and inappropriateness of systems, the time which they consumed and the time then taken away from other tasks, as well as the fact that reports which were produced for families were not fit for purpose, ran through all the comments which were submitted. Again it is only possible to provide a flavour of what was written:

*ICS is an outrage of time consuming, repetitive complexity. The amount of space provided here to comment implies you don't really want to know or understand the depth and dangerousness of this system. It should be scrapped entirely. It is impossible to use speedily. It does not have family friendly forms. Social workers should refuse to use it. We have hardly any time with clients or see the clients and risk disciplinary action for poor case recording.*

*We have only been introduced into this system over the last 6 months. While the system has some positives in day to day recording etc, it is very time consuming and we have major problems in getting spell checkers to work. While we understand this issues of individual records for some of the forms this can make a considerable impact on workers time to fulfil active work with service users. The LAC Reports and the Child Protection Meeting forms are particularly cumbersome and wasteful of paper and resources, especially where there are more than one child who is subject of a meeting. In our team a recent conference involving a family of nine children for nine Core Assessments to read before the meeting could even begin. Much of the reports are*

*meaningless to other agencies and more importantly to service users. Additionally the search for identifying children's needs first while appropriate means that there is no space on the form for analysis and risk assessment. There is too much of a tick box ethos and this does not protect children. We need social workers who are creative, reflective and analytical and who can make judgements about risk, not automatons who can fill in forms correctly. Recording is of major importance but it needs to be balanced by the ability to communicate with people.*

There was also the plea from those in both sectors for guidance to be provided on what a social worker needed to complete and what could be inputted by administrative staff, which is illustrated by this comment from someone working in a CSD:

*We spend a large proportion of our time working recording data. We spend large part of our day using a computer to record information about assessments. We are constantly being told we are not completing this correctly and then need to return and make the changes. It is important that the time allocated to this work is taken away from social work staff and enables them to actually spend the time working with the service users.*

## 2.14. Supervision

### 2.14.1 Policy on supervision

Four out of five respondents said that their employer had a policy on supervision, with the others usually not knowing if one existed. In most cases there were just one or two in each agency who were unsure but in four CSDs approximately one in four responding social workers did not know if a policy was in place.

### 2.14.2 Frequency of supervision

Respondents were asked to provide information on the frequency with which they received supervision and 89 percent (n= 1026) did so. Their responses are recorded in Tables 2.26 and 2.27.

**Table 2.26 - Frequency of supervision received by respondents**

Frequency	Number
Weekly	16 [1%]
Fortnightly	85 [7%]
Four weekly	622 [54%]
Other	303 [27%]
No information	127 [11%]
<b>Total</b>	<b>1153</b>

**Table 2.27 - Frequency of supervision received by respondents according to sector**

	CSD	DASS	Joint	PVI	No information	Total
Weekly	8	4	1	3	-	16
Fortnightly	67	13	4	1	-	85
Four weekly	384	149	16	72	1	622
Other	182	95	5	21	-	303
No information	84	23	0	12	8	127
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

Just under two thirds of respondents [63 percent] said they received supervision at least every four weeks, with just over one on ten saying it happened more frequently. The figure was just slightly lower in statutory adult services [58 percent] and higher across the PVI sector [70 percent], although the response from those in the independent sector [already a small number of respondents] was very unclear. When the data were further explored it emerged that one in four front line social workers in CSDs and over a third [37 percent] in DASSs were not receiving supervision every four weeks. It is also concerning that one in four managers in both CSDs and DASSs were not receiving supervision at least every four weeks. Unfortunately very few managers commented on why this was the case, although some said it varied according to their own managers' workloads. As an example one manager recorded that over the past year his supervision had happened between every eight and sixteen weeks.

In some teams, especially in adult services, it seemed to be the norm that supervision happened less regularly than every four weeks. However it was a social worker working in a CSDs who wrote:

*Personally I believe the management group has for years been in crisis, due to social work vacancy rates, inadequate staffing, inadequate skill levels in management. This means staff are reactive rather than proactive, have no time to plan or reflect and ill thought out plans are implemented. Chaos is the best way to describe it with managers often off sick due to stress, leaving workers to fend for themselves. Informal supervision is also difficult to get as other managers are overstretched with their doors closed and 'do not disturb' signs up so team members have to rely on each other.*  
[Social worker in CSD]

Nevertheless the majority of respondents [79 percent] believed that the frequency of their supervision was adequate, with hardly any differences between the sectors. When dissatisfactions occurred they were not always related to a failure to access regular supervision, but rather that the supervision failed to meet the demands which arose from particular roles:

*As a lone worker I see my manager twice a month - once in supervision and once in a team meeting - as we are on different sites. Our telephone contact is minimal. Given the nature of my work which is palliative care I feel this is an inadequate support system which provides insufficient psychological support.* [Social worker in DASS]

*We only have a team manager for three days each week. As she is looking after a multi-disciplinary team she is not able to keep up with developments in social care which leaves me feeling vulnerable, inadequate, at risk and undeveloped.*  
[Social worker in DASS]

There were managers, particularly in CSDs, who were said to be operating a flexible or open door approach which meant that social workers were then able to consult with managers on specific cases as the need arose. In general social workers found this was supportive and it was referred to positively by some as 'constant supervision'. It was also evident across all sectors that whether or not respondents were satisfied with the supervision they received a great deal of informal and semi-formal group and peer supervision was happening which was rated very highly. It was apparent that social workers provided a great deal of professional and emotional support for one another which made it more difficult for those who operated outside a team or as part of a multi-professional team.

There were particular problems when managers left or were on long term sick leave and their colleagues had to absorb their workload and responsibilities. There were also many reports of arrangements being cancelled at the last minute. Not surprisingly this became particularly acute where gaps of six or more weeks between supervisions were routinely occurring and these then became much longer if there was a crisis, because of a failure of some managers to prioritise supervision as in these cases:

*I am supposed to receive supervision once every six weeks. My previous supervisor tended to keep to this as near as she could. Since this time last year I now have does not always keep to this time and I have only had three supervision sessions. I myself have had to cancel or rearrange supervision but the alternative date has always been a lot longer than I would have preferred. [DASS social worker]*

*It is supposed to be monthly but the last scheduled session was cancelled as my supervisor had to meet a couple of parents from my caseload at short notice and no other time has been scheduled.<sup>12</sup> [CSD social worker]*

*At times it is necessary to prioritise other matters as when there is a serious child protection case and a strategy meeting with the police needs to be conducted but the social worker implementing the child protection inquiry must not be forgotten. [CSD social worker]*

### **2.14.3 Additional comments on of supervision**

Social workers were asked to provide additional comments on their experience of supervision and many reiterated their belief that good supervision made a difference to their practice, effectiveness and functioning and without it there was a real danger of unsafe practice. Again the majority were generally positive about the supervision which they currently received. At best these experiences were described as being supportive, open, effective and challenging, as was the case for this social worker:

*It is a very good experience. My manager's style differs drastically from mine. I consider myself more creative and imaginative in my style of work than my manager but supervision is a mutually beneficial experience since she encourages me to ensure I am working in line with correct procedures and policies which I might otherwise loose track of.*

But, for these and other social workers this had not always been their experience:

*It has varied over time and has been dependent on the organisation and the individual manager. My current experience is of good solid supervision which has challenged my practice and enabled my development. My current supervisor is supportive and recognises my strengths and my weaknesses and gives me space to work to my best. In previous positions outside this authority I have had some awful experiences with supervision where it has been very oppressive ...and without any understanding of the complexity of the cases being discussed.*

*Here it is good - prioritised and effective. Whilst training to be a social worker it was hit and miss., not always prioritised ...in one placement it was excellent and in another appalling, leaving me vulnerable, demoralised and doubting my place in social work.*

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<sup>12</sup> This was comment was made seven weeks after the last supervision

Only a few of the negative comments seemed to reflect a personality clash between supervisor and supervisee. Far more criticism was reserved for the dominant model of supervision which was judged to have shifted over the years from one which emphasised reflection, personal development, and support to one where case discussion and action planning dominated. It was said to be driven by a target culture where managers had to deliver results, but was seen by some respondents to be inappropriate in light of the nature of the work which they undertook. A few experienced social workers working in child protection contrasted the complex, risky work of safeguarding children which, in their opinion, had to be supported by a supervisory process which allowed the social worker to reflect, develop, learn and unburden with their current experience of supervision aligned to case and risk management. At various points in their careers they had experience of supervision that had been more 'therapeutic'. Each said this had contributed to their own well-being and ability to cope with stress because it gave them the opportunity to discuss and explore their own uncertainties and fears. They regretted that this model had gone 'out of fashion', maybe because it was associated with more intensive work with families over longer periods than was now the norm. One newly qualified social worker seemed to support this by observing that:

*What is reflective practice? It was not actually mentioned once on my course. We don't get it yet there are social workers in my team who see it as the gold standard but one that has disappeared.*

There were managers who were said to provide the necessary level of emotional support and professional development, but there was a significant minority in all settings who felt they were missing out on this. On one level it was said to lead to a failure to recognise or acknowledge the extent to which working in a stressful environment impacted on social workers and contributed to stress related illnesses. On another level the move from a model based on professional learning and development to one dominated by managerialism was said to lead to a missed opportunities to learn from cases - rather than tick their milestones - and develop more analytical and critical professionals.

## **2.15 Professional Development**

### **2.15.1 Participation on internal and external training**

Respondents were asked to say if they had had the opportunity to undertake any education or training through their employment in the past two years to which 81 percent (N = 936) answered positively. Seventy percent had accessed internal training and 38 percent had attended external training. Just over a third of respondents [35 percent] had attended both external and internal training during this period, while 17 percent had not attended either. [Responses were not available from 10 percent of the sample.] The proportion of those in CSDs having had internal and external training during this time was slightly higher than those who had done so in DASSs but this difference was not statistically significant. In PVIs four fifths of the 109 respondents had attended internal training and just over two fifths had been on external training.<sup>13</sup> The details of some specific training where details were specifically requested are recorded in Table 2.28. The proportion of those who had attended accredited PQ training was reasonably consistent across CSDs and DASS [28 percent and 30 percent], although it was slightly higher for those who had qualified since 2004.

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<sup>13</sup> The number of respondents from joint departments was too low to include in the analysis although nearly everyone had attended internal training and just under half of the 26 had attended external training.

Perhaps surprisingly, given the extent of engagement in training, very few provided further details of the training. Those that did recorded various management training, courses on legislation, child / vulnerable people protection and supervision, as well as training for specific clients groups and IT and participation in training as part of the NQSW pilot programme. Less surprisingly were the comments about the difficulties which respondents faced in finding time to attend training (even in their own time) and sometimes to find the support from their agencies for external courses, although there were more positive comments about the training and support provided by their employers.

**Table 2.28 - Specific training being accessed by respondents**

<b>Training</b>	<b>CSD [n = 725]</b>	<b>DASS [n=284]</b>	<b>Joint [n=26]</b>	<b>PVI [n=109]</b>	<b>Total [1153]</b>
Accredited PQ	203	86	5	13	307
Undergraduate degree	18	11	-	1	30
Post graduate degree	24	14	-	3	41
Professional doctorate	3	1	-	-	4

## 2.15.2 Professional development provision

A list of possible opportunities for professional development was provided and respondents were asked to say if any were offered by their employer [Table 2.29].

**Table 2.29 - Professional development offered to respondents**

Training	CSD [n = 725]	DASS [n=284]	Joint [n=26]	PVI [n=109]	Yes	No / no info
Professional/ academic journal subs	196	74	4	38	312 [27%]	841
Journal clubs	12	11	-	4	27 [2%]	1126
Attendance at conferences	412	143	9	78	642 [56%]	511
Presenting at conferences	98	34	2	23	157 [14%]	996
Access to Higher and Further Education (HEI and FE)	211	83	7	25	326 [28%]	827
Case discussion forums	239	107	6	53	405 [35%]	748
Good practice forums	198	93	3	44	338 [29%]	815
Study time	318	139	9	39	505 [44%]	648
Group supervision	198	93	3	44	338 [29%]	815
Designated reflective practice opportunities.	150	64	3	43	260 [23%]	893

The offer was similar across CSDs and DASSs, with conference attendance being mentioned more by those in the former and study time and group supervision by those in the latter. While it is important to remember that the PVI respondents formed a small group [n=109] and it would be dangerous to attach too much importance to the differences which were thrown up, with exception of access to HEIs / FE and provision of study times, a higher proportion of those from independent fostering agency and the children's voluntary agency said they accessed the other professional development opportunities. One in five working in

the statutory agencies and just over one in four in PVI sector said that they had some time each month which they could spend on work-related study or research.

## 2.16 Employment satisfaction

### 2.16.1 Why respondents became and remained social workers

The overwhelming reason why respondents said they had become social workers was to help others. Sometimes they had been motivated by their own experiences and sometimes by the contact which they had had with social workers, but they described in different ways their desire to support and work towards a more equal society. Some respondents had previously worked in social care or another caring profession and had seen it as a natural progression.<sup>14</sup> Only a handful of responses referred to entry for other reasons such as not knowing what to do or needing a career that fitted with being a parent.

When respondents indicated why they had stayed in social work most framed their replies in terms of enjoyment, commitment, interest and a belief that they were making a difference to people's lives. A significant proportion also referred to supportive colleagues<sup>15</sup> and to the advantage of working in an environment which they felt was aligned to their core beliefs and values, even if they felt they were facing increasingly difficult challenges:

*I still believe that although social work has moved away from many of its ideals and has to some extent been co-opted into the neo liberal, managerialist agenda, that it is worth staying and fighting for a better kind of social work.*

There was a minority who said they wanted to leave, usually because they were under stress and / or beginning to believe that their caseloads meant they could not do the job to the standard they wished. But the present job and financial climate, combined with family and mortgage commitments, seemed to make any move less likely.

The majority were, nevertheless, at various points on a 'positive spectrum' and even though a few said they were looking forward to retirement not all were doing so:

*I sometimes ask myself this question but here I am aged nearly 61 and possibly enjoying the job more than I did previously. I am working towards my Social Work Degree and in this context my brain is active. I have had to try and master the computer which has not been easy given that I am not at all technologically gifted. After all these years my salary is now much more respectful and rewarding. I am also tutoring a final year student at this time and often feel pressured to keep to deadlines for reports. In this context I still feel levels of anxiety but manage my levels of stress much more appropriately these days. I have gained confidence in myself and in so doing have been able to advise and assist other workers. This job does have many downsides but I actually feel fortunate to be employed doing what I do. It has taught me a great deal about myself. In turn I have been able to use my life skills and work experience.*

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<sup>14</sup> Other studies have also found that the desire to help others is a primary motivation for becoming and remaining in social work - see, for example, Alwon and Reitz (2000) and Denton, *et al.*, (2001)

<sup>15</sup> As Collins (2008) points out earlier studies have all identified the importance of both support from colleagues and the role of buddy systems and peer mentors.

### **2.16.2 What was enjoyed**

A very small number of respondents said that there was nothing which they were enjoying about being a social worker. There was however a high level of agreement across the sectors in the responses received as to what was enjoyable and these fell into six areas:

- the satisfaction and personal reward gained from working with and helping people
- the enjoyment of working with specific client groups such as disabled children or the elderly
- the privilege of being in a trusted position
- the variety and challenge of the work
- the support received from colleagues
- [for some] the autonomy.

### **2.16.3 What helps in current job**

Once again there was a high level of agreement across the sectors on the factors that were identified as what helped them in their present position. These were:

- good management support
- good supervision
- good initial and post qualifying training
- a supportive team / colleagues providing advice, expertise and emotional support
- excellent administrative support
- supportive family / partner.

### **2.16.4 The single thing that would help do the job better**

Amongst respondents working in CSDs the one thing which was identified more than any other as having the potential to make their jobs better would be to abandon the current ICS systems. Many of those in DASSs also wanted to see more efficient electronic recording systems introduced to improve their working conditions. After that issue the factors which were identified by the most respondents - in this order - were:

- smaller caseloads
- improved IT
- improved PQ training
- fewer targets
- abandonment of hot desk policies
- more experienced social workers in teams

- more administrative support
- availability of clinical supervision
- better salaries / more resources/ clear career progression routes which recognise experience
- the end of the media’s negative portrayal of social workers
- a shift in government statements to the massive amount that is achieved and away from what may not have worked well.

### 2.16.5 Policy and practice in relation to work/life balance

Three quarters of respondents answered the question exploring whether their agencies had policies and practice in relation to work / life balance. Half of the whole sample said that these were in place, with a quarter saying they did not exist and a very small number of respondents who were not sure. The percentage knowing that such a policy existed was very slightly higher in adult statutory services than in children’s but it would be safer to state that it was generally consistent across all sectors.

### 2.17 Employment aspirations

Forty two percent of respondents said that there was a job which they wanted next within social work. For the majority this would involve a promotion to a managerial position or to a senior practitioner role, but a significant minority [19 percent of the whole sample] wanted to move into a different setting and five percent wanted to move into counselling or therapeutic work. The most commonly sought route by children’s social workers was out of child protection work and into fostering and adoption work. A few adult social workers said they would like to work with children and families but lacked the confidence to do so because so much had changed since they had worked in that area.

Respondents were also asked if they had applied for any jobs outside social work within the previous six months and 89 percent [n =1025] answered the question. So, given that information was missing for 11 percent, 83 percent had not applied for anything outside social work and the remaining six percent had applied for one or more such posts [Table 2.30]. The proportion was very similar across CSDs and DASSs.

**Table 2.30 - Applications for posts outside social work made by respondents over previous six months**

<b>Applications</b>	<b>Number</b>
None	958 [83%]
one	25 [2%]
Two or three	36 [3%]
More than three	6 [<1%]
No information	128 [11%]
<b>Total</b>	<b>1153</b>

### 2.18. Factors which would lead social workers to cease to practice

Over three quarters of respondents described factors which would lead them to consider ceasing to practice. There were issues which emerged more than any others in the replies from those working in both CSDs and DASSs. These focused on heightened stress as a result of high referral rates, high caseloads, low support and further limitations on the control which they had over their working life. The way the comments were worded implied that the

conditions which would precipitate their departure often already existed and that either other factors were providing a positive counter-balance or, at least at present, the negatives were manageable:

*I've turned a blind eye because I enjoy working with my colleagues.*  
 {Social worker in CSD}

*If it continues to impact on home life I'll consider leaving.* [Social worker in DASS]

The majority of those who mentioned that they would consider leaving if their workload increased were struggling to some extent with their present work but felt that they were still effective practitioners. This was the case even though some thought the demands made on them impacted adversely on the service which they offered clients and if this became more evident and / or risky they would choose not to continue to practice. One in seven comments reflected the reality that social workers live with the possibility that clients could suffer harm - not necessarily as a result of their action or inaction - and if this were to happen these respondents thought they would cease practicing immediately.

**2.19 Job satisfaction**

Respondents were asked to specify how satisfied they were with their current job and then to provide supplementary comments. Eighty nine percent [1028] of respondents indicated their response on a scale of very satisfied through to very dissatisfied [Table 2.31 and Table 2.32]. It is important to recognise the limitations of such a global question to measure satisfaction, alongside the fact that levels of job satisfaction, motivation and commitment to work are likely to vary both between individuals and within individuals over periods of time **and** that satisfaction measures have a tendency for positive skewness. Overall 62 percent of respondents said they were either very satisfied or satisfied with their job; 10 percent were very dissatisfied or dissatisfied and 17 percent were neither satisfied nor dissatisfied and 11 percent did not provide any information.

**Table 2.31 - Satisfaction with current job**

Satisfaction	Number /Percentage
Very satisfied	177 / 15%
Satisfied	538 / 47%
Neither satisfied or dissatisfied	198 / 17%
Dissatisfied	81 / 7%
Very dissatisfied	34 / 3%
No information	125 / 11%
<b>Total</b>	<b>1153</b>

**Table 2.32 - Satisfaction with current job by setting**

Satisfaction	CSD	DASS	Joint*	PVI	No information	Total
Very satisfied	95 [13%]	44 [16%]	4	33 [30%]	1	177 [15%]
Satisfied	334 [46%]	145 [51%]	16	42 [39%]	1	538 [47%]
Neither satisfied or dissatisfied	136 [19%]	43 [15%]	3	16 [15%]	-	198 [17%]
Dissatisfied	52 [7%]	20 [7%]	1	8 [7%]	-	81 [7%]
Very dissatisfied	21 [3%]	11 [4%]	-	2 [2%]	-	34 [3%]
No information	87 [12%]	21 [7%]	2	8 [7%]	7	125 [11%]
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

\* Numbers too small for percentages

Within the statutory sector the level of satisfaction was higher in adult services than in children's services, but there was no correlation between satisfaction levels and size of caseloads. In CSDs 59 percent were either very satisfied or satisfied with their job [13 percent were very satisfied and 46 percent were satisfied] compared with 67 percent in DASSs [where 16 percent were very satisfied and 51 percent were satisfied]. In joint departments three quarters of respondents were either very satisfied or satisfied.<sup>16</sup> The satisfaction level of those working in the PVI sector was slightly higher - 69 percent - than that of those in DASS. If these figures are explored further some other differences begin to emerge. While three quarters of managers in CSDs were either satisfied or very satisfied only half of managers in adult services were, although two-thirds of senior practitioners in both sectors were. The picture was however reversed when the views of those describing themselves as front line or field social workers were examined. Although 70 percent of those in adult services were satisfied or very satisfied it fell to 56 percent of those in children's services<sup>17</sup>.

In a survey of a range of occupational groups in the UK social work emerged in the top twenty as far as those occupations with high job satisfaction (Rose, 2003). Collins (2008) refers to a study (Jones, 2001) which showed that statutory social workers derive satisfaction from their actual work with users, compared with the stress which results from government and agency policy and practices. He also draws on the conclusions from a number of studies which have shown *that social workers have a high commitment to their work, are motivated by contact with service users and feel they can make a real difference to people's lives* (p1175-76). All these factors have been reflected in the contributions of many social workers to this survey. Many of those who declared that they were satisfied or even very satisfied went on to comment about the negative aspects of their jobs. There were very few contributions which were entirely positive; some also indicated that their rating would inevitably vary according to whether or not they felt they were coping. So while there were

<sup>16</sup> The numbers responding from joint departments were too small to use as a percentage.

<sup>17</sup> There is contradictory evidence on the relationship between social workers' job satisfaction and working with particular client groups - see Collins (2008)

statements about the satisfaction which they gained both from their work and from working alongside supportive and talented colleagues, these respondents often had the same concerns as those expressed by those who said they were dissatisfied. Most commonly these focused on electronic recording, caseloads, paperwork, lack of managerial and administrative support, the absence of adequate remuneration, training, career paths and autonomy, and negative public perceptions of social work.

# Chapter 3 - The Workload Survey Results

## 3.1 About the diary

Each participant in the survey filled out a diary recording their activities over the working day in half hour segments. Each half hour was assigned by respondents to one of 40 codes according to the activity that took the majority of that time. [The questionnaire and categories are contained in Appendix A]

These 40 activity codes can be broadly grouped into six areas. It is possible to group three of these into the broader category of **client related work**:

- Direct contact with the client
- Inter agency work
- Case related work

The remaining three categories are not directly client related:

- Other agency work,
- Other inter agency
- Other sundry

Respondents were asked to fill out the diary for every half hour period for one week, from midnight to midnight each day. Obviously, the majority of this time was not working time.

## 3.2 Hours worked

Respondents were asked to say how many hours they were employed for each week but they were also asked to give the number of hours they actually worked in the 'diary week'. Table 3.1 gives details of how these two figures compared and Table 3.2 breaks this down according to the sector where they worked.

**Table 3.1 - Hours worked compared with hours employed - across sample**

Less than employed hours	Same	1-3 hours more	3-5 hours more	6-8 hours more	9-12 hours more	13-15 hours more	15-20 hours more	21-25 hours more	26-30 hours more	More than 30 hours	No info	Total
138 / 12%	332 / 29%	214 / 19%	113 / 10%	119 / 10%	59 / 5%	28 / 2%	21 / 2%	9	1	5	114 / 10%	1153
									1%			

Information was available for 90 percent of respondents. Twelve percent worked fewer hours than the employed hours, usually because of sickness or leave and 29 percent worked the hours they were contracted. However, 49 percent of the whole sample worked more than their contracted hours, some considerably more - nine percent working over nine additional hours each week. The majority of those working long hours said that this was an average week.<sup>16</sup>

Over 50 percent of those in CSDs were working additional hours and 12 percent were working more than nine additional hours a week; 40 percent in DASSs were working additional hours and five percent worked more than nine additional hours. Nearly two-thirds of respondents in the PVI sector (particularly those in the fostering agency) were working additional hours, with 18 percent working over nine additional hours.

**Table 3.2 - Hours worked compared with hours employed by sector\***

Hours	CSD	DASS	Joint	PVI	No information	Total
Less than employed hours	79 / 11%	41/15%	4 **	14/13%	0	138
Same	195 /27%	103 / 36%	10**	23/21%	1	332
1-3 hours more	131/18%	62/22%	2**	19/17%	1	214
3-5 hours more	76/10%	21/ 7%	2**	12/11%	0	113
6-8 hours more	85/12%	18/6%	4**	13/12%	1	119
9-12 hours more	42/6%	9/3%	3**	5/4%	-	59
13-15 hours more	22/3%	4	-	2/2%	-	28
15-20 hours more	13/2%		-	8/7%	-	21
21-25 hours more	5	2%	-	4/4%	-	9
26-30 hours more	1	1%	-	-	-	1
More than 30 hours	2	1	1*	1/1%	-	5
No info	74/10%	25/9%	-	9/8%	6	114
<b>Total</b>	725/[100%]	284/[100%]	26	109/[100%]	9	1153

\* Percentages are of the sector not total

\*\* Numbers too small to provide a percentage for sector

Eighty three [seven percent] respondents worked some time at the weekend for an average of 12 hours each and over a third of respondents [408 / 35 percent] worked at least one hour before 8.30am or after 7.30pm on one of the days in the survey week. However, only four respondents were working in any form of out of hours duty team.

<sup>16</sup> It is worth noting that some respondents worked as many as 75 hours. A sample of these cases has been examined in detail and they do seem plausible - someone spending their weekend filling out court reports, and someone doing a considerable amount of travelling.

### 3.3 Time spent on activities in broad categories

The analysis below shows the time spent in each activity group as a proportion of total time worked. Total time worked is defined as time for which a response was entered into the diary. Table 3.3 looks at the proportion of recorded time each respondent spent on the six broad categories of activity:

- Direct client contact
- Case related work time with their own agency
- Inter agency work [client related]
- Other agency work
- Other inter agency work (non client related)
- Other sundry work.

The full breakdown of what came under these headings is contained in the Appendix B. The percentage figure is total time all respondents spent on an activity as a proportion of the total time they recorded. Combining the figures for direct contact, case-related inter agency work, case-related recording and case-related work in their own agencies gives a sub total for client-related work, shown in the grey boxes in Table 3.3.

**Table 3.3 - Proportion of time spent in broad categories**

Activities	Child	Adult	Joint	PVI	No information	Overall time
<b>Client related</b>						
Direct contact	26%	25%	26%	26%	20%	26%
Case related recording	22%	23%	28%	14%	32%	22%
Case related work in own agency	12%	10%	15%	13%	7%	12%
Inter agency work [case related]	12%	14%	11%	13%	15%	13%
<b>Sub total of client-related work</b>	<b>72%</b>	<b>72%</b>	<b>80%</b>	<b>66%</b>	<b>74%</b>	<b>73%</b>
Other inter agency	1%	2%	1%	1%	2%	1%
Other sundry	26%	25%	18%	32%	25%	26%
<b>Total responses</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

Overall direct contact with clients accounted for around one quarter of working time [26 percent of the total]; case related recording accounted for over a fifth of time (22 percent); case related work in the social workers' agencies [12 percent] **and** with other agencies [13 percent] took up a further twenty five percent of time. This meant that just under three-quarters - 73 percent - of the working time of social workers was spent on client related work.

These figures were consistent across the statutory sector, with those in joint departments appearing to spend slightly more on these activities. In joint departments respondents had spent more or less the same time as those in CSDs and DASSs on direct contact with clients and inter-agency work related to clients but more time on completing core assessments *and* slightly more on case-related discussions in their agency<sup>18</sup>. Respondents from the two most deprived authorities spent more time on direct contact than those from less deprived areas. However this must be treated with some caution as the numbers responding in both areas were small.

In the PVI sector while the amount of time spent on three of these areas was comparable with those in the statutory sector respondents had spent considerably less time on recording. This pattern is reflected in the data on sundry activities. Those in CSDs and DASSs spent a similar amount of time - about a quarter of their working week - on sundry activities. Those in joint departments spent less than one fifth of their time on them, with slightly less time being spent in training, lunch and 'other' tasks but because the number of respondents from these agencies was so small too much importance should not be placed on this difference without further investigation. However, the number of social workers in the PVI was larger than that of the joint departments and they had spent nearer to a third of their time on sundry activities, with the difference being accounted for by slightly higher amount of time in training and supervising non-social work colleagues, but much higher proportion of time devoted to general agency activities such as service development and reading agency documentation. This time seems to have been available because they were spending less time than their statutory colleagues on recording.

### 3.4 Client group analysis

#### 3.4.1 Child protection and family support

The survey allowed respondents to name up to three client groups with whom they worked. The tables that follow look at a selection of these client groups. Some client groups are merged where the overlap is substantial. Those client groups where the number of social workers was very small have not been covered in this analysis.

Table 3.4 looks at respondents who worked either in child protection or family support where there was a significant overlap in the numbers working in both areas.

**Table 3.4 - Time spent in broad categories by social workers in child protection or family support**

Activities	Child	Joint *	PVI *	Overall time
<b>Client related</b>				
Direct contact	27%	29%	20%	26%
Case related recording	23%	30%	15%	22%
Case related work in own agency	13%	17%	11%	13%
Inter agency work [case related]	12%	7%	16%	12%
<b>Sub total for client related</b>	<b>75%</b>	<b>83%</b>	<b>62%</b>	<b>73%</b>
Other inter agency	1%	1%	1%	1%
Other sundry	24%	16%	37%	25%
<b>Number of respondents</b>	<b>436</b>	<b>10</b>	<b>33</b>	<b>479</b>

\* The numbers in these categories would normally be considered too small to apply percentages and they are only provided for consistency

<sup>18</sup> But the number of respondents in Joint departments was too small to generalise from this figure.

A total of 479 respondents worked in either child protection or family support. The majority were, not surprisingly, based in CSDs and joint departments; a third of those in PVI sector were also engaged in this work<sup>19</sup>. The distribution of their time was very similar to the average across all groups shown in Table 3.3. Around a quarter of time was spent on direct contact and around three quarters in some form of client related activity<sup>20</sup>.

**3.4.2 Looked after children and care leavers**

In total 512 respondents worked with either looked after children or care leavers, the majority of whom worked in local authorities, but 12 percent were from independent organisations<sup>21</sup>. Again, the distribution of time spent was similar to the overall total in Table 3.3. A quarter of time was spent in direct contact with clients, and around three quarters of all time was spent on client related activity. This proportion was slightly lower for social workers working in the PVI sector for reasons related to recording explored in section 3.3[Table 3.5].

**Table 3.5 - Time spent in broad categories by social workers working with care leavers or looked after children**

Activities	Child	Joint*	PVI *	Overall time
<b>Client related</b>				
Direct contact	26%	23%	26%	26%
Case related recording	22%	27%	15%	21%
Case related work in own agency	13%	19%	14%	14%
Inter agency work [case related]	13%	12%	14%	13%
<b>Sub total for client related</b>	<b>74%</b>	<b>81%</b>	<b>69%</b>	<b>74%</b>
Other inter agency	1%	0%	1%	1%
Other sundry	25%	18%	30%	26%
<b>Number of respondents</b>	<b>443</b>	<b>6</b>	<b>63</b>	<b>512</b>

\* The numbers in these categories would normally be considered too small to apply percentages and they are only provided for consistency

**3.4.3 Foster carers**

In total 194 respondents worked with foster carers<sup>22</sup>. The majority were based in CSDs or PVI sector. The distribution of time spent on client related activities is lower than the overall figure of 73 percent [see Table 3.6].

19.. A small number of those in DASSs said they were involved in this work *in some way* but are excluded from the Table 3.4

20. Again, those in the PVI spend less time on case related work and more on other sundry work for the reasons outlined in section 3.3

<sup>21</sup> A few of those in DASSs said they had some involvement with these groups but number was so small that they have been excluded from the analysis.

<sup>22</sup> Table 3.6 records 193 as there was just one respondent in a joint department so it would be inappropriate to attempt any analysis - as it would be with the small number in DASSs who said they had *some* involvement.

**Table 3. 6 - Time spent in broad categories by social workers working with foster carers**

Activities	Child	PVI *	Overall time
<b>Client related</b>			
Direct contact	24%	26%	25%
Case related recording	19%	14%	18%
Case related work in own agency	13%	15%	14%
Inter agency work [case related]	10%	13%	11%
<b>Sub total for client related</b>	<b>66%</b>	<b>68%</b>	<b>67%</b>
Other inter agency	1%	1%	1%
Other sundry	33%	31%	32%
<b>Number of respondents</b>	<b>136</b>	<b>57</b>	<b>193</b>

\* The numbers in these categories would normally be considered too small to apply percentages and they are only provided for consistency

### 3.4.4 Adults with mental health problems, learning disabilities or substance misuse problems

Not surprisingly, the majority of those working with this group were social workers based in DASSs and joint departments [80 percent /114 of 143]. Although a fifth were based CSDs or the PVI sector [Table 3.7] it is more sensible to look at the proportion of time spent working with these client groups by those in DASSs where the proportion was 73 percent which is identical to the overall total figure in Table 3.3.

**Table 3.7 - Time spent in broad categories by social workers working with adults with mental health problems, learning disabilities/difficulties or substance misuse problems**

Activities	Child*	Adult	Joint*	PVI *	Overall time
<b>Client related</b>					
Direct contact	39%	26%	25%	24%	28%
Case related recording	18%	22%	23%	18%	21%
Case related work in own agency	11%	10%	14%	6%	10%
Inter agency work [case related]	13%	15%	11%	8%	15%
<b>Sub total for client related</b>	<b>81%</b>	<b>73%</b>	<b>73%</b>	<b>56%</b>	<b>74%</b>
Other inter agency	1%	2%	2%	6%	2%
Other sundry	18%	24%	26%	38%	24%
<b>Number of respondents</b>	<b>23</b>	<b>106</b>	<b>8</b>	<b>6</b>	<b>143</b>

\* The numbers in these categories would normally be considered too small to apply percentages and they are only provided for consistency

### 3.4.5 Older people

Once again it was not a surprise that the majority of respondents [91 percent /191 of 210]<sup>23</sup> were working in DASSs or joint departments. The amount of time spent on client related activities was, at 72 percent, similar to the overall total shown earlier. [See Table 3.8]

**Table 3. 8 - Time spent in broad categories by social workers working with older people**

Activities	Child *	Adult	Joint *	Overall time
<b>Client related</b>				
Direct contact	28%	25%	24%	25%
Case related recording	18%	25%	28%	24%
Case related work in own agency	13%	10%	14%	10%
Inter agency work [case related]	11%	13%	13%	13%
<b>Sub total for client related</b>	<b>70%</b>	<b>73%</b>	<b>79%</b>	<b>72%</b>
Other inter agency	1%	2%	2%	2%
Other sundry	29%	25%	18%	25%
<b>Number of respondents</b>	<b>19</b>	<b>176</b>	<b>15</b>	<b>210</b>

\* The numbers in these categories would normally be considered too small to apply percentages and they are only provided for consistency

### 3.5 Contracted hours

The next table [Table 3.9] sets out the analysis of the split between the number of hours the respondents were contracted to work. This is not the same as the numbers they did work in the survey week, but is intended to give a view of any possible difference between part time and full time employees.

**Table 3.9 - Time spent in broad categories by number of contracted hours**

Activities	Contracted hours			Overall time
	20 hours or fewer	20+ hours	No answer/ unclear	
<b>Client related</b>				
Direct contact	26%	26%	25%	26%
Case related recording	19%	22%	22%	22%
Case related work in own agency	12%	12%	13%	12%
Inter agency work [case related]	14%	13%	12%	13%
<b>Sub total for client related</b>	<b>71%</b>	<b>73%</b>	<b>72%</b>	<b>73%</b>
Other inter agency	4%	1%	1%	1%
Other sundry	25%	26%	27%	26%
<b>Number of respondents</b>	<b>73</b>	<b>962</b>	<b>118</b>	<b>1153</b>

<sup>23</sup> One social worker in the PVI sector said s/he did some work with older people but has been excluded from this analysis

It is known that the vast majority of respondents (83 percent / 962 of 1153) were contracted to work over 20 hours; the actual percentage would be much higher as information was not available from 10 percent of respondents. As far as the distribution of working time spent on different activities was concerned there was very little difference between those working over 20 hours and those working under 20 hours.

### 3.6 Caseload

The survey contained questions on the number of active cases held by each respondent. The Table 3.10 looks at the distribution of time spent across activities according to the number of clients.

**Table 3.10 - Time spent in broad categories by number of active cases**

Activities	Number of cases					Overall time
	10 or under	11-20	20-30	Over 30	No information	
<b>Client related</b>						
Direct contact	24%	28%	28%	22%	25%	26%
Case related recording	19%	23%	25%	23%	19%	22%
Case related work in own agency	13%	11%	10%	14%	13%	12%
Inter agency work [case related]	12%	14%	12%	14%	13%	13%
Sub total for client related	68%	76%	75%	73%	70%	73%
Other inter agency	2%	1%	2%	1%	1%	1%
Other sundry	30%	23%	23%	26%	29%	26%
Number of respondents	301	433	146	84	189	1153

Most respondents had fewer than 20 active cases; 26 percent had fewer than 10 and seven percent had more than 30 cases. Those who had fewer than 10 cases actually spent less time on client related activity than those who had more cases (68 percent of their time compared with 76 percent of time for those with 11-20 cases)<sup>24</sup>. Conversely, they spent more time on Other Sundry activities (30 percent compared with 23 percent for those with 11-20 cases). This is not surprising as some of those with smaller caseloads will be working part-time and as such the element of general agency work might be expected to be a higher proportion because some meetings and training, for example, will be the same or similar whether someone works full or part time. Others with small caseloads will have managerial responsibilities and again the element of general agency tasks would be greater. Managers were more likely to have fewer cases, with 47 percent of managers - adults or children - reporting ten or fewer active cases. This compares with 37 percent of senior practitioners and 28 percent of social workers. However 30 percent of children’s managers had over 30 active cases. This is a surprising finding, possibly reflective of a misunderstanding of what the question meant or more likely that they were referring to cases they were holding or responsible for in some way.

<sup>24</sup> More of those working fewer than 20 hours in DASS had 10 or fewer active cases than those working in CSDs, but the numbers were too small to be confident that this reflected anything other than a chance occurrence although it would make an interesting subject for further investigation.

### 3.7 Time spent in broad categories by different types of respondents

Respondents who defined themselves as social workers (rather than managers or senior practitioners / social workers) spent the most time on client related work. Seventy six percent of their time was spent in this way, compared with 70 percent of managers in adult services, 49 percent of managers in children's services and 72 percent of senior practitioners or senior social workers. Managers in children's services spend correspondingly more time in the "other sundry" category - 47 percent compared with 23 percent for social workers and 25 percent for senior practitioners. Further analysis showed that much of this time - 20 percent of total time - was spent on general agency activities such as team meetings, developing new services and reading departmental reports. This was not as obviously true of managers in adult services. Whilst they did spend a smaller proportion of their time on client related activities than those who defined themselves as social workers, the difference (70 percent compared with 76 percent) is not as pronounced. Those defining themselves as social workers formed the largest group of respondents (776 of 1151), and were spending just slightly more than the overall average for time spent on client related activities. [See Table 3.11]

**Table 3.11 - Time spent in broad categories by different types of respondents**

	Manager adult	Manager children	Senior practitioner / senior social worker	Social worker	Others inc null response	Grand Total
<b>Client related</b>						
Direct contact	20%	12%	29%	28%	25%	26%
Case related recording	16%	10%	19%	24%	22%	22%
Case related work in own agency	15%	16%	12%	11%	13%	12%
Inter agency work [case related]	19%	11%	12%	13%	13%	13%
<b>Total client related</b>	<b>70%</b>	<b>49%</b>	<b>72%</b>	<b>76%</b>	<b>73%</b>	<b>73%</b>
Other inter agency	1%	3%	1%	1%	2%	1%
Other sundry	29%	47%	25%	23%	24%	26%
Respondents	40	96	155	776	84	1151

### 3.8 Electronic recording systems

The survey asked respondents if they used one of a range of electronic recording systems. Table 3.12 sets out the time spent in different activities by whether or not such a system is used.

**Table 3.12 - Time spent in broad categories by whether or not respondent uses electronic recording system**

Activities	Use of electronic recording systems			Overall time
	Yes	No	No information	
<b>Client related</b>				
Direct contact	26%	25%	27%	26%
Case related recording	23%	18%	21%	22%
Case related work in own agency	11%	13%	14%	12%
Inter agency work [case related]	13%	15%	12%	13%
<b>Sub total for client related</b>	<b>73%</b>	<b>71%</b>	<b>74%</b>	<b>73%</b>
Other inter agency	1%	1%	1%	1%
Other sundry	26%	28%	24%	26%
Number of respondents	846	169	138	1153

Most respondents [846] did use some form of electronic recording system [73 percent of the total and 83 percent of those who answered the question]. The distribution of time spent was similar between those who did and did not use such a system, with 73 percent of time of those with a system being spent on client related activities and 71 percent of time for those without such a system. Within this there was a small difference in the proportion of time spent on case related recording work, as those with a recording system spent 23 percent of their time in this activity compared to 18 percent of time for those without a system.

Table 3.13 looks at child, adult, joint and PVI social workers separately. It excludes those who did not answer the question [n=138].

**Table 3.13 - Time spent in broad categories by whether or not respondent uses electronic recording system and type of social worker**

	Child		Adult		Joint		PVI		No information		Total
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
<b>Use of electronic recording system</b>											
<b>Client related</b>											
Direct contact	26%	24%	25%	26%	27%	-	24%	26%	27%	-	26%
Case related recording	22%	20%	24%	20%	28%	-	16%	14%	14%	-	22%
Case related work in own agency	12%	13%	9%	13%	16%	-	11%	14%	7%	-	12%
Inter agency work [case related]	12%	14%	14%	19%	11%	-	14%	14%	3%	-	13%
<b>Sub total for client related</b>	<b>72%</b>	<b>71%</b>	<b>72%</b>	<b>78%</b>	<b>82%</b>	<b>-</b>	<b>65%</b>	<b>68%</b>	<b>51%</b>	<b>-</b>	<b>73%</b>
Other inter agency	1%	1%	2%	1%	1%	-	1%	1%	4%	-	1%
Other sundry	26%	28%	26%	20%	18%	-	33%	31%	46%	-	26%
<b>Number of respondents</b>	<b>574</b>	<b>59</b>	<b>226</b>	<b>31</b>	<b>25</b>	<b>-</b>	<b>20</b>	<b>79</b>	<b>1</b>	<b>-</b>	<b>1015</b>

The vast majority of child and adult social workers did use an electronic recording system. The majority of social workers in the PVI sector did not use one and account for 47 percent of all those who said they did not use such a system. [As noted in section 3.3 those in the PVI were spending less time recording and they are also least likely group to have access to an electronic system.]

Among children’s social workers and adult social workers there is little difference in the distribution of time according to whether or not they use an electronic recording system<sup>25</sup>. In all settings more time was spent on recording where there was an electronic system but as the numbers not using one was usually small the significance is in indicating the need for further investigation.

**3.9 Job satisfaction and activities**

Table 3.14 records the data for the whole sample and whether they were satisfied or not with their jobs.

**Table 3.14 - Time spent in broad categories by job satisfaction**

Activities	Satisfied	Dissatisfied	Neither or no answer	Overall time
<b>Client related</b>				
Direct contact	26%	26%	27%	26%
Case related recording	21%	26%	22%	22%
Case related work in own agency	12%	12%	13%	12%
Inter agency work [case related]	13%	13%	13%	13%
<b>Sub total for client related</b>	<b>72%</b>	<b>77%</b>	<b>75%</b>	<b>73%</b>
Other inter agency	1%	1%	1%	1%
Other sundry	27%	22%	24%	26%
<b>Number of respondents</b>	<b>715</b>	<b>115</b>	<b>323</b>	<b>1153</b>

As reported above most respondents (715 of 1153, 62 percent of all respondents, 70 percent of those who expressed a preference) said they were satisfied with their job. More people either did not answer the question or could not decide than said they were dissatisfied. It seems, though, that those who were satisfied with their jobs spent less time on client related activity than those who were dissatisfied (72 percent compared with 77 percent). This difference was made up by a larger proportion of time doing other sundry tasks (27 percent compared with 22 percent). On average, children’s managers were most satisfied and adult managers the least satisfied [Table 3.15]; although almost two thirds of adult managers said they were satisfied or very satisfied with their jobs.

**Table 3.15 - Job type and job satisfaction**

	Manager adult	Manager children	Senior prac / senior social worker	Social worker	Total
Dissatisfied	22%	10%	10%	11%	11%
Satisfied	64%	77%	73%	68%	69%
Neither	14%	13%	17%	22%	20%

<sup>25</sup> With the exception of those in adult services not using an electronic system who were spending more time on client related work than was the case elsewhere but the number is very small and should not be given too much importance.

The next table [Table 3.16] looks at those in CSDs only. There were not enough social workers from other groups expressing dissatisfaction to carry out meaningful analysis. Those who were satisfied spent 70 percent of their time on client related work while those who were dissatisfied spent 78 percent of their time on it. The 'dissatisfied' group spent slightly more time on direct contact but considerably longer on case related recording, most of which would be electronic.

**Table 3.16 - Respondents working in CSDs: time spent in broad categories by job satisfaction**

Activities	Satisfied	Dissatisfied	Neither or no answer	Overall time
<b>Client related</b>				
Direct contact	25%	27%	28%	26%
Case related recording	21%	27%	23%	23%
Case related work in own agency	12%	12%	13%	12%
Inter agency work [case related]	12%	12%	13%	12%
<b>Sub total for client related</b>	<b>70%</b>	<b>78%</b>	<b>77%</b>	<b>73%</b>
Other inter agency	1%	1%	1%	1%
Other sundry	28%	20%	24%	26%
Number of respondents	429	73	223	725

**Summary of key findings**

- Just under half of the sample [49 percent] worked more than their contracted hours. Twelve percent worked fewer than the employed hours, usually because of sickness or leave and 29 percent worked the hours they were contracted.
- Eighty three [seven percent] respondents worked some time at the weekend for an average of 12 hours.
- Overall social workers spend nearly three-quarters of their time on client related activities; overall direct contact with clients accounted for around one quarter of working time
- Those in the statutory sector spent more time on case related activities but not more time in direct contact with clients which was consistent across statutory and PVI sectors.
- Those in PVI sector spent considerably less time on activities around recording and more time on general agency activities.
- Sixty two percent of all respondents said they were satisfied with their job.

**Section C and Section D** are based on interviews with directors or senior managers in 27 Children's Service Departments, 23 Adult Service Departments and both 'joint' departments. Most of the interviews in CSDs were conducted with senior officers nominated by directors of CSDs.

The interviews provided the opportunity to explore these issues in more detail. The outcomes of these discussions are reported below. Sometimes it is appropriate to report the findings from informants from adult and children's departments separately and sometimes they sit easily together. It is important to recognise that while a common interview schedule was used for all the interviews the different nature of the work in the two sectors sometimes means that some issues attracted more comment from one sector than another.

In addition senior officers in the large children's voluntary organisation and the large fostering agency were interviewed. Their views have been analysed separately and reported at relevant parts of this section in text boxes.

## **Section C - Views of senior managers on social work staffing and practice issues**

## **Chapter 4 - Staffing**

### **4.1 Staff in post**

Data were collected on numbers of social workers, social care staff and administrative staff. Figures were made available by the majority of departments in both sectors.

#### **4.1.1 Social workers**

##### **4.1.1a Social workers in adult services**

In adult services the number of qualified social workers employed varied from 31<sup>26</sup> in a small unitary authority with a population of under 190,000 to 348 in a large county council. In some authorities the social work establishment included social workers working in NHS settings, and in other areas, the social work establishment counts care managers (a minority, typically 10-20 percent, of whom might not be social work qualified).

##### **4.1.1b Social workers in children's services**

Numbers of social workers employed in CSDs also varied considerably, usually, but not inevitably, reflecting population size. In CSDs the number of social workers varied from 44 employed in a unitary authority with a population of fewer than 140,000 to 688 social workers in another large county council with a population in excess of one and a half million. In the small unitary employing 31 social workers in the adult services a further 100 were employed in the CSD. In the other small unitary [employing 44 social workers] the DASS did not agree to take part which makes any comparison impossible and although the county council CSD did take part the respondent could not provide the data.<sup>27</sup>

##### **4.1.1c Use of agency social workers in adult services**

The number of agency social workers varied considerably. Most adult services in this study did not use them at all; and in the few instances where they were engaged the extent to which they did ranged from 'never or rarely' to a few who were using up to 14 at any one time.<sup>28</sup>

##### **4.1.1d Use of agency social workers in children's services**

Directors of adult services also thought that their counterparts in children's services were taking on more agency social workers than they were in adult services, which proved to be the case. There were, of course, exceptions. One CSD in a medium sized county council area employing 85 social workers was not using any agency workers. The Director admitted that although they were beginning to find it difficult to recruit very experienced social workers it was seen to be a good authority to work for and recruitment was generally not a problem. Three CSDs had two percent of their social work posts filled by agency staff and one had three percent; all four said that the number had been much higher a few years earlier and that the reduced use had come about as a result of successful recruitment and retention policies.

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<sup>26</sup> These figures include agency workers who are qualified social workers filling established posts.

<sup>27</sup> A report on numbers of social workers employed in all the authorities in the study and an analysis of ratios / reference to indices of deprivation is contained in Appendix D

<sup>28</sup> This was in relation to social workers. Directors reported that providers of social care in residential settings, for example, would likely be using far higher numbers.

Table 4.1 sets out the usage in the 20 CSDs where these data were provided and for the children’s section of the two joint authorities.

**Table 4.1 - Use of agency social workers**

No of CSDs	Percentage of social worker posts filled by agency workers
1	0
3	2%
3	Between 7% and 10%
4	Between 11% and 15%
3	Between 20% and 25%
3	Between 26 and 30%
1	33%
2	53%
<b>Children’s section of joint departments</b>	
1	7%
1	11%

The two departments where over a half of the established social work posts were filled by agency workers are amongst the most severely deprived authorities in England; similarly the department where one third of the posts were so filled is in an area with a high level of deprivation and pockets of severe deprivation. There were authorities which also had high deprivation scores not employing agency workers at anything approaching this level, so obviously a number of other factors coalesced around the issue.

**4.1.2 Staff supporting social workers**

The intention was to collect details of the number of staff supporting social workers in carrying out their duties whether this was within the community, hospitals, or in any other setting and who would work under the supervision of a qualified social worker. All departments in both the adult and children’s sectors employed such staff. Titles and roles such as community care assistants, social welfare officers, service advisers, care coordinators, community care workers, family support workers and child care workers were amongst those which were mentioned. There was considerable variation between and within adult and children’s departments.

**4.1.2a Social care staff in adult services**

In general the proportion of these staff to social workers was slightly higher in adult departments. In one it was at a 1.5: 1 ratio and in another 1.2:1 ratio (i.e. over one social care worker for each social worker). Elsewhere five departments making data available reported just under a 1:1 ratio, so slightly more social workers were employed than social care staff, although there were departments employing two social workers for every support worker and two reported that seven social workers were employed for every support worker.

**4.1.2b Social care staff in children’s services**

In children’s services there appeared to be a lower ratio of social care workers to social workers. Three authorities approached a matched number of social care workers to social workers [0.9, 0.8 and 0.7 respectively of a social care worker to each social worker]. Four departments employed support workers in around a 1:2 ratio to social workers, in three it was one to every three social worker, in seven one to very five and in the remaining three providing details it was one to every ten social workers. In the children’s sections of the two joint departments the proportions were in the region of one social care worker for every two social workers.

Two of the three departments employing the lowest proportion of social care staff to social workers were the two inner London boroughs.<sup>29</sup> One of these was also one of the departments identified in Table 3.1 where over half of social worker posts were filled by agency workers.

#### **4.1.3 Administrative support**

These data were not as readily available as those reported above. It is important to treat what is presented here with some caution. The way administrative support was provided differed enormously and sometimes it was difficult for the informants to pin down or deconstruct large systems to be able to provide this information. Many made an attempt to do so and so they are presented but with a health warning. Table 3.2 summarises what was available in an attempt to make the data more accessible and illustrate the range of answers in relation to support which was provided.

##### **4.1.3a Administrative support for social workers in adult departments**

Less than half of those interviewed were able to provide accurate information on the administrative support available to social workers. They were usually conscious of the growing unpopularity of posts that were classed as administration and in one area referred to administrative staff as 'access support officers'. Interviewees generally distinguished between administrative support workers for social work teams and staff working in customer care services who might be dealing with initial enquiries. The tasks which they undertook varied as did the systems around the allocation of administrative time. Activities undertaken by administrative workers included responding to referrals, data entry, managing spread sheets, managing sickness returns, collating information resources, dealing with expenses and mileage claims, taking and circulating minutes of case conferences, providing information on budgets and team performance, message taking, information collection, practical but responsible tasks such as taking the keys to a person's property, electronic filing and so on. There was a perception that administrative workers could be used effectively in the day to day running of electronic systems for client records but much was said about the limits of current electronic systems in care management. Directors recognised the difficulty for social workers of operating these systems and some voiced particular frustration with the lack of common systems with the NHS. Words such as 'absolutely awful' were applied to their IT systems by a minority of respondents. In two departments situated in county councils the figures indicated that there were more administrative staff than social workers and two located in unitary authorities had the next highest allocations with 0.7 and 0.5 administrative posts for every social worker. The remaining five, for whom data were available had a support worker for between every five to ten social workers. [See Table 4.2] Social workers also had variable access to IT support.

##### **4.1.3b Administrative support for social workers in children's departments**

As in DASSs few interviewees in CSDs were able to provide precise data on administrative support as they had done on the other groups but having said that two thirds managed to provide what they considered to be accurate or good estimates of the position. The amount of support varied considerably; in one department it worked out at just over a 1:1 ratio whereas elsewhere it varied from one administration (admin) worker to every ten social workers up to 0.8 admin workers for every social worker. [For full details see Table 4.2.]

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<sup>29</sup> It is not possible to compare the adult and children's services in these two London boroughs as the adult services did not agree to participate.

**Table 4.2 - Proportion of administrative time per social worker**

Proportion per social worker / number of agencies											
	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	>1
<b>DASS</b>	1	3	-	-	1	-	1	-	-	1	2
<b>CSD</b>	3	2	3	3	2	1	-	1	-	-	1
<b>Children's section of joint depts.</b>	1	-	-	-	-	-	1	-	-	-	-

## **4.2 Discussion of staffing issues which emerged in the interviews**

### **4.2.1 Use of agency staff**

#### **4.2.1a In adult departments**

As noted above, adult services were using fewer temporary or agency staff than were children's services. Two main explanations were offered for this lack of need to employ agency social workers. One was their ability to be able to cover for vacancies or sudden staff shortages through the flexibility of their Human Resources (HR) departments which allowed staff to move between teams, or to call on experienced former social workers if they were available. The other reason, in some departments, was said to be the low or even non-existent turnover of staff which allowed any vacancies that did arise to be covered by other staff, including over holidays and the seasonal peaks and troughs. This might be accomplished, for example, by extending the hours of a part-time worker or offering a person a short term or temporary contract (for example, to someone who had recently retired). There were respondents who mentioned their reluctance to fill temporary vacancies by offering overtime to permanent staff because this might place existing staff under pressure. There were also those who viewed the expense of agency workers as prohibitive. Some departments had an in-house 'bank' of social workers who could be called on to cover long term sick or vacancies. When they did recruit agency staff it was through a preferred provider of agency workers that had been contracted by the local council.

Those areas hiring agency staff reported doing this to keep important services running; to undertake specific pieces of work, to maintain staffing while a service or section is being reorganised, to meet specific performance targets, or while staff might be on extended training. One director talked of the length of time it was currently taking before someone who had been offered a post could take it up because of checking procedures.

#### **4.2.1b In children's departments**

The absence of a reserve of social workers from which departments could recruit meant that some children's departments had no alternative but to turn to agencies. In many departments agency staff were viewed as a short term way of managing vacancies when they arose and as a way of matching workload demand with social work supply, often being deployed in the areas where there was the greatest pressure. As in adult services, agency staff were often recruited through arrangements for employing temporary staff across the local authority's preferred supplier list, that may have an exclusive arrangement with one or more recruitment or temporary employment agencies. There were reports of what was said to be unscrupulous behaviour on the part of some agencies. In three instances this had allegedly involved 'poaching' permanent staff by offering high salaries and incentives to work in neighbouring authorities. It was recognised that very little could be done to stop this happening but the concern was that it encouraged a mentality that if work got particularly difficult there were

jobs to be had elsewhere. There were also complaints about the failure of some agencies to vet all those they take on to their books. One head of service in a department based in large county council said he had had:

*...four situations, including a falsified reference that an agency had not taken up, where people have been dismissed from other authorities, and the agencies ...well they said they had not been aware but I just think it's anybody, at any cost, really to make money.*

Whatever use was made of agency workers the feedback from those interviewed was consistent - the cost of agency workers was fairly significant and the quality was variable. While there was a great deal of concern that agencies could recruit and deploy newly qualified social workers, it is worth noting that agency workers were also being employed as senior managers, team managers and independent reviewing officers.

The rate of pay which agency staff received meant that it attracted experienced social workers. There were comments about the perceived negative impact which the employment of agency staff had on culture of the organisation, as well as on commitment to and ownership of work. While permanent staff may need an agency worker to cover work, they did not like the idea of an agency worker being paid more to do the same task nor the instability and uncertainty engendered by the knowledge that they could leave at any time. One department had been able to appoint a number of agency workers into new permanent posts and the head of service commented on how the team's morale had gone up. While it was not always possible to create permanent positions, various strategies were being adopted by departments and across regions as a way of addressing the 'stranglehold' which they felt agencies had over them. One group of neighbouring authorities had set a limit to the daily rate which they were prepared to pay agency staff in an attempt to stop an outflow of staff and the intense competition which had developed. But the agreement was jeopardised when the largest employing department withdrew.

Some authorities had employed agency staff until recently when they had been able to reduce the number as a result of the success of recruitment and retention policies that included offering incentives. Sometimes the improvement had been quite slow because delays and anomalies had aggravated situations and culminated in intense discussions over appropriate use of public money. In one case there had been 27 vacancies six months earlier across the authority. The job evaluation process had been very slow and as a result social workers had not been attracted into the authority. After much persuasion, the elected members had established pay grades for social workers which were said to be at a competitive level. Two recruitment rounds followed and as a result it has reduced the number of agency workers employed.

But there were authorities that acknowledged that they would not survive without agency workers. In two departments agency staff filled over half the social work established posts and another department had to pay bed and breakfast costs for agency staff to work in a particular area of the county. Some of those interviewed said the situation had become considerably worse in the first six months of 2009, possibly as a result of what was termed the *Haringey factor*, where they had experienced great difficulty in recruiting into frontline safeguarding and support teams. One authority had had no agency staff at the end of 2008 but, when faced with sharp increase in the number of referrals after the media coverage of the baby 'P' case, senior managers had assessed their capacity to meet demand and reached agreement to fund additional agency posts. They were immediately able to increase capacity in assessment teams so as to maintain manageable caseloads for existing staff. Subsequently there was a full review of capacity and resources and as a result an agreement to create nine additional social worker posts on a permanent basis.

#### **4.2.2 Covering maternity leave and long term sickness.**

In most areas both adult and children's services did not recruit staff to cover maternity leave and long-term sickness. It was usually up heads of services to make sure that they had capacity to respond to demand within existing resources, only recruiting if there were specific demands or difficulties. In the majority of cases it was a question of redistributing work, because their budgets were already paying for the maternity and sickness entitlement:

*We've got quite a lot of maternity leave at the moment. For example, our child protection co-ordinator has gone on maternity leave and we couldn't possibly not cover that so we cover that full time, but what we do is monitor that obviously looking at the bottom line of the budget, so it has to kind of get swept up in where there are bits of other vacancy delays, if that makes sense? [Head of Children's Safeguarding and Specialist Services, small unitary]*

It was widely recognised that the absence of budgets to provide cover increased the pressure placed on teams. It was noted above that agency staff were often used to enable departments to match demand with social work supply which could be knocked off balance by maternity leave and long term sickness. While most of those interviewed saw this as an appropriate use of agency staff few would be able to get approval to recruit in these circumstances - although sometimes this would be waived if the number on either type of leave reached specific levels.

One of those interviewed had, however, picked up on how schools in the same local authority dealt with the same problem:

*I was in a school and the staff were talking about maternity leave. And it was just something interesting that the schools were saying - they actually have a scheme that they can pay into so that if somebody's off, they have this sort of pot of money, if you like, um, that they can... they can take out to cover. [Principle Operations Manager in a CSD in a large county council]*

As a senior manager in the department which had responsibility for social workers and teachers he intended to explore the possibility of extending the scheme to cover both sectors.

#### **4.2.3 Use of administrative staff**

##### **4.2.3a In adult services**

Administrative support in adult services is a mix of support for individual teams and support at 'head office'. Directors saw it as a social worker's task to input information or data electronically, though they recognised that for some social workers this is easier than others and ineptitude or inexperience in this area could result in a high rate of errors. They generally distinguished between administrative support workers for social work teams and staff working in customer care services who might be dealing with initial enquiries.

##### **4.2.3b In children's services**

Again there were different organisational approaches to how administrative services were organised. In some authorities they are managed centrally rather than by social care. The feedback was that the more control that teams had over the allocation of how administrative staff were deployed the higher the satisfaction, although the amount of support which was available was obviously a factor. There were respondents who were hoping to relieve social workers of administrative tasks and who were being frustrated by the lack of control over staffing and by the threats of cuts:

*Efficiency savings is what comes back generally speaking around that. This is a whole Council review of admin functions that's caused this. It's not just focused on social work, but we have taken a disproportionate hit in my judgement.*

In a few areas all the administrative support had been out-sourced which was causing some disquiet. The impression was that, because of the different values of the employers, these arrangements did not produce the same commitment to the role and despite service level agreements they did not consider that they received the service they would build themselves if they managed this directly.

Whether centrally or locally managed many respondents reported management reviews, which had seemed to assume that backroom office posts could be removed without any impact on the frontline services. Another complication was, of course, the introduction of the Integrated Children's System (ICS) which is discussed in more detail in para 3.2.4b. Fundamental difficulties with ICS as a system were identified in nearly every interview, alongside the extra layer of burden caused by its technical implementation.

#### **4.2.4 Role differentiation and tasks - social worker, support or social care staff and administrative staff**

All the interviews explored the tasks undertaken by social workers, as well as those which other social care and administrative staff would perform. The discussions were obviously conducted within the perimeters of the fact that the title "social worker" is protected<sup>30</sup> and allows only those who are properly qualified and registered to describe themselves as social workers.

##### **4.2.4a In adult services**

In adult services, not surprisingly, the transformation of social care through personalisation, especially self-directed support, was a major issue for participants. Most were uncertain about for how long current care management arrangements would continue and whether the current levels of demand for social workers would be maintained. Some predicted that the need for social workers would remain, especially in the area of safeguarding, as adult protection cases might well increase, especially financial abuse. This would require more investigations, dealing with high levels of conflict, legal proceedings and risk management. Social workers would also be dealing with complaints about needs not being met, and about the amount awarded to individuals under their Resource Allocation Scheme (RAS). They would be needed to act as gatekeepers and would have to negotiate, sign off or agree support plans.

Directors were asked to identify the key differences between the work of social workers and the work of social care staff. Most said that the role were distinguishable by the level of complexity of the case taken on by the two types of staff. However, Directors acknowledged that there could be some overlap of role and that things might not always be clear cut. Cases, it was acknowledged, did not always remain at the same level of complexity, but could change rapidly.

Non-qualified staff were likely to be engaged in low level reviews, cases that are 'fairly standard', dealing with new referrals, or care management and review. They could be the 'gofers'. They needed to know when they were getting out of their depth. Although unqualified as social workers staff may have NVQs and relevant experience; they may also be in the process of being considered for secondment to qualifying course. In some areas, senior management has been thinking about fresh roles that might be undertaken by such staff in the new world of the personalisation agenda.

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<sup>30</sup> Originating in Care Standards Act 2000

By contrast, social workers were, for example, characterised as often working with vulnerable people requiring an assessment, particularly where there were mental health problems or risk issues. The social work post holder was characterised as the one who was legally accountable. In some authorities, social workers are the staff responsible for cases where there are safeguarding concerns, or where there is funding through continuing care arrangements (high level, possibly palliative), or where a situation was stressful and rapidly changing. However, the complexities of integrated services in many areas meant that in some areas most social workers were working in mental health services, while unqualified staff managed the social care for the other adult groups. Most directors noted that safeguarding investigations were rising in importance and that dealing with such cases was generally the responsibility of social workers.

Some directors reported that the allocation of cases between qualified and unqualified staff was made through a formal decision pathway, a form of triage or grading, whereby social workers were responsible for complex cases or those presenting more risk. In some of these authorities there were formal job evaluation processes underpinning this; with job descriptions and different staff grading. The skill mix may vary; leading to slightly more unqualified staff working in older people's services and learning disabilities services, whereas mental health work was often carried out by social workers alone.

However, other directors reported a more fluid arrangement whereby unqualified workers made the first contact with a new user or customer, but with support from senior practitioners, or there was co-working.

Essentially the difference relates to two main areas; the level of risk and the amount of complexity, with social workers being responsible for cases where there was greater complexity and higher risk. No interviewee reported problems with these arrangements, formal and more fluid, in their areas.

#### **4.2.4b In children's services**

This was one of the areas where the feedback from informants in children's services was far more expansive than that from their counterparts in adult services. There has been a great deal of discussion and support for about ways of working that allow social workers to spend more time with children and families and less time on other tasks.<sup>31</sup>

All those interviewed in CSDs described the social worker's tasks in terms of their statutory responsibilities set out in legislation and guidance. The tasks required decision making and autonomy on the part of the social worker. Those most commonly identified were to determine and assess the risk, lead child protection enquiries, co-ordinate child protection or children in need plans and ensure their implementation, and assume the role of key worker in core groups. In contrast, support or social care staff were said to receive more direction and to have less autonomy. The tasks which were undertaken did vary and they were described as being involved in a range of activities the most common of which were to:

- contribute to assessments
- contribute to the implementation of effective plans to make sure children were safe and their needs met
- provide help and advice on parenting arrangements, for example, undertaking parenting programmes under the guidance of the social worker

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<sup>31</sup> For example the Remodelling Social Work Delivery Pilot Programme (see <http://www.cwdcouncil.org.uk/social-work/remodelling>)

- transport children to and from contact arrangements and supervise contact
- take responsibility for working with looked after children who were in stable placements and progressing well.

The tasks were dictated by the nature of teams, but they were also influenced by the skills and competencies which the workers brought and, to some extent, by whether or not they were intending to train as social workers in the future. It was clear that for many respondents that these workers were divided into those seen to have the potential and desire to become social workers and those who would not take that route. Those who were recruited specifically as trainees would be expected to become increasingly involved in the type of work that they would do as qualified social workers. It was also frequently pointed out that while these workers were not qualified social workers they often brought skills from other professions and work environments which contributed to the support which was available to children and families.

So, for the most part, the focus of the support or social care task was on supporting problem solving or difficult interventions, not assuming responsibility for the plan or the work. In about half the interviews it was specifically stated that they would work with low level neglect cases, although it was not easy to understand exactly where the line might be drawn between these and more serious cases. However it was evident that in these and other departments it was not unusual for unqualified workers to take responsibility for more complex work in relation to children defined as *in need*. In such instances they were managed by qualified social workers but they were, in effect, the allocated workers for those children. Some senior managers who were interviewed were concerned about the level of responsibility and judgement which was expected of them, but feared that the work would otherwise not be picked up. However an assistant director in a county authority reported that the agency was:

*...looking at those cases coming under the umbrella of a qualified social worker. In reality, it might actually be the community care worker who is best placed to deliver some of the work. As long as cases are being reviewed and assessments are being done properly, and analysed properly, the delivery of the intervention needs to be matched to who has got the skills and the best relationship with that family to deliver that intervention.*

Echoing views from elsewhere, this person went on to say:

*But you could have an unqualified worker who's doing the majority of the day-to-day work with that family. It would be under the direct supervision of a qualified social worker. What makes the system safer is making sure that you've got a clear accountable structure for making sure that things are getting done, and getting done properly and the person who actually delivers that work or parts of that work doesn't always have to be a qualified social worker but it should be supervised by a social worker.*

The subject of administrative support for social workers was also explored with interviewees. Their responses focused on the actual staffing provision and on the tasks undertaken, including support which was provided to frontline workers, as well as to specific activities such as the looked-after children's reviews and other statutory reviews, as well as to Local Safeguarding Children's Boards (LSCBs). Only two interviewees reported having administrative support which provided the required level of service they judged to be needed. In recent years administrative support in many of these areas had been subject to cuts and staff had been redeployed or made redundant. The rationale had been that it was possible to remove these posts without any impact on frontline services. Over two thirds of those interviewed in CSDs had experienced these cutbacks and were concerned about the

inherent danger of removing a significant resource from frontline practitioners. In some areas specialised units, rather than social care, had then been introduced to manage administrative staff. The highest level concern of all was amongst those working in departments where administrative support had been contracted out or outsourced. Although this had been done to make efficiency savings, interviewees in authorities where this had happened, such as this head of children's social care in a unitary authority, did not think it provided the level and quality of support which social workers required:

*...we know that our front line admin people are actually very important in maintaining relationships between service users and the service. Social workers are not always there, but the admin staff who know the service users can often answer queries, they can often redirect, they can advise at a level of when someone's going to be back or be able to say that someone will deal with that tomorrow. And I think we'll end up with a much more functional reception, and telephone response which will inevitably push responsibility for clearing up some relatively minor queries, back to the social workers. I've already had, just this morning, the experience of ringing up one of the units, one of my units and the clerk there or the person answering the phone, having to have my name spelt to her; she had no idea who I was.*

While there was unanimity that good administrative support was needed to free social workers to do social work and, in the long term, that would be more efficient, only two of those interviewed thought this could be provided by centralised team. The majority did not think it was either efficient or made financial sense. The shift to social workers having access to computers and the subsequent introduction of ICS had created an impression that such support had become unnecessary. As a result there were tasks such as filing, copying and taking minutes which needed to be done but which now fell more often to social workers.

Some areas did not allow anyone other than a social worker to enter data into the system; however more departments had shifted their position on this as a way of easing the burden on social workers. One assistant director had bid for additional money to create 'super administrative posts' to support social workers around their use of the electronic recording system. In her experience social workers often struggled with IT problems when an administrator could solve it quickly because they were generally more IT literate and competent. However she was not alone in trying to determine what social workers actually needed to enter and what could safely be dealt with elsewhere. Case files were described as key to recording the stories that will help identify risk and pick out patterns of abuse, concern, and need. Social work skills were needed to record these stories in a coherent way that made sense and allowed conclusions to be drawn. But recording had to be balanced by the extent to which their contact with children and young people could be jeopardised when it is known that spending time with a child reduced the risk to him or her:

*I think one of the things that's obviously happened with ICS is there's been a movement in the other direction. The expectation had been that it would become a contemporaneous practice-based system and our policy was to try to get social workers to own the system by inputting. But quite frankly, the ICS has proved such a difficult process to implement, that we are now going to go back to having it largely inputted by admin staff. [Senior manager, County Council]*

*The responsibility for making sure the records are up to date rest with the social worker, it's their record. How they actually get the information out of their brain and on to a screen, there's a variety of different ways of doing it and it doesn't necessarily mean that the social worker has to sit at the computer and type it in. With digital dictation systems you can dictate it anywhere, send it down the line by plugging it in to your computer, and a typist in somewhere 30 miles away can type it into the machine and send it back, you check it, authorise it, and it's done. You don't have to sit at a*

*computer all day all you have to do is to make sure is that the templates the person has to type into are available to the person who's typing it. Now that's something we'll be looking at here because that will free up some social work time.*  
[Assistant director, County Council]

The overwhelming majority of those interviewed were convinced that administrative support should be office-based and provided by staff that knew clients, knew how to handle phone calls, took a significant role in entering data into electronic case records, made a judgement about urgency and were the repository of the information that was held within a team. The concern was that with so much churn in teams, combined with the move to call centres and outsourcing in many areas, this information was not held by either the managers, or often by the social workers:

*I think that's an absolutely fundamental piece of support that we need to be able to offer to our social workers. And it's becoming eroded because of the political and philosophical beliefs about what organisations should look like.*  
[Assistant director, London borough]

In summary those interviewed wanted to be able to separate out the social work role from most of the administrative and practical tasks. This would require administrators and well trained family or parenting support workers to work with parents and children on practical tasks, with a vision for social workers where they were able to apply their skills and experience where it would have most effect, which is on analysis, assessment and direct work with children, young people and families.

## **Views from the voluntary and private sectors**

### **Social workers and other professionals**

- **Children's voluntary organisation:** Social workers and other professionals work alongside each other in various combinations in projects. There is a range of project workers who are not qualified social workers, who undertake a variety of roles in terms of supporting fostering placements and working in family support contexts. Social workers undertake the more complex assessments - defined at levels 3 or 4 work whereas level 2 work - and some less risky level 3 work - would potentially be undertaken by unqualified staff with the support of more senior qualified social work practitioners or by managers. Many managers are qualified social workers, but there is an increasingly diverse workforce with members of staff from health and education. The view was that there was a higher proportion of social work qualified staff in local authorities due to the assessment intake function and the on-going assessment of need which requires a high level of professional competence. This voluntary organisation is commissioned by local authorities to provide services but assessments have been made elsewhere. The interviewee explained that this meant that their staff had more one to one contact with clients and more opportunity for reflective practice.
- **Fostering agency:** The social worker has the case work responsibility for support to the carer and the placement and ensuring that we work to the care plan for the young person, while the support worker works alongside the social worker to make sure that placement sticks.

### **Key issues from preceding discussion**

- Further exploration is required of the tasks which social care and administrative workers are currently undertaking in CSDs
- There is a need to look with a more creative eye on what is a social worker task within ICS and which tasks which should be given to administrative staff
- Clarification and guidance are needed on appropriate role and training for:
  - i) social care staff
  - ii) administrative staff

specifically in relation to providing support to more complex cases.

## **Chapter 5 - Practice Issues**

### **5.1 Duty arrangements**

#### **5.1a In adult services**

Access to adult social care services is through a variety of local authority wide contact points, with titles such as customer access or customer service points. In most areas these first points of contact are not staffed by social workers but if an enquiry suggests that social work assessment or intervention is necessary then authorities have in place access or intake teams (also known as duty teams), based in the local area or authority wide. Again the first contact might be a service advisor, or similar role, backed up by community care staff (or similar) or social workers. Senior practitioners might be sited in such teams and there will usually be a team manager, though not necessarily on site.

In adult services there was a variety of patterns of contact with adult services outside normal office hours, although some first contact services might be open late and at weekends. Directors noted that emergency services did not offer the full range of services but were there for crises. In some authorities adults and children's services shared the same emergency contact arrangements for example:

- in one area, one team covering adults and children services comprised six senior practitioners, two team managers, one service manager and 11 information and advice officers all of whom were part of a rota. This meant that all social workers were required to do a stint annually;
- in another area, permanent staff made up the emergency duty team.

In others these arrangements were separate. Some multi-authority arrangements were described, where a single emergency duty team covered two or three local authorities, with one authority acting as a provider managing and staffing teams and the others purchasing the service. Mental health services might also have their own emergency arrangements enabling them to fulfil their legislative requirements. A few authorities shared such services with neighbouring authorities for economies of scale; some of these might formerly have been part of the same local government administrative area.

#### **5.1b In children's services**

CSDs operated a range of duty systems in the day time, sometimes operating different arrangements in different geographical areas of the same department. The most common model was a referral and assessment team which focused on moving the work through to other service areas as quickly as possible. In some areas the response for disabled children with high-level disability and complex needs was integrated with the NHS and this combined service then took their own referrals at whatever hour.

Some departments had operated call centres which dealt with referrals for some time and these all were run in slightly different ways. In one department, for example, calls came into a contact centre, where trained contact centre staff recorded the information, but they would also be taking calls about many aspects of the authority's work. There were two dedicated call centre workers, who work specifically on CSD tasks; they put the information onto ICS so it is then passed electronically to a duty manager and a duty social worker who then make any further calls if additional details were needed. Other departments were moving towards such a system, but a few had abandoned their systems because they were not seen to be an appropriate interface for dealing with cases potentially carrying high levels of risk. They were also said to create unnecessary work:

*We used to have a call centre so everything just came in on the phone, typed onto the system, launched to the team. There were some dedicated workers within it, central advice and duty team. Social workers were wasting quite a lot of time tracking the referrer, clarifying the information, progressing it to assessment because of timescale. By the time they'd actually spoken to the people they need to, they are actually doing quite a lot of empty assessments that weren't going anywhere.*  
*[Senior manager, unitary authority]<sup>32</sup>*

Many authorities had one out of hours duty team which covered children and adult services, sometimes serving more than one authority. Very few problems were raised in relation to these arrangements, except for one large but rural area where the assistant director said:

*We have to have the most experienced social workers in that position. They have to be experienced in dealing with child protection and adult protection and all the emergency type stuff, and be mental health qualified,. We are a big council geographically but with a small population, so we tend to have one social worker on duty and they do have to be a master of everything. And I think that's going to be increasingly hard to cover that service with that level of expertise.*

Although out of hours teams were small elsewhere that was the smallest one reported. Two CSDs were however planning to abandon such joint arrangements in favour of dedicated children's out of hours provision. The intention was to provide a more joined up approach across the various teams working with children, young people and families to continue what they said had started with the creation of CSDs and was being carried forward by the policies of the DCSF. One assistant director explained what was going to happen:

*I've got to be careful not to reshape something which I'm going to have to change in the future But the Think Family approach that's coming through from DCSF, which I'm very supportive of what I'm wanting to do - to offer up emergency cover when it's required for high risk emergency cases. But offer it up in conjunction with our community support team, which helps keep kids out of the looked-after system and does the support work in the evenings and, you know, helps parents at weekends by putting on activities with young people. And joining those two different systems up to create almost like a.... an out-of-hours service, as opposed to an emergency duty service, which I think is a bit old hat.*

## **5.2 Performance management and appraisal systems**

Most informants across all the interviews reported having both a performance management and appraisal system. The precise arrangements varied, with some apparently similar systems having different names and some systems that appear to be similar turning out to have fundamental differences. A minority reported systems of performance related pay but there were some instances of this including an 'annual staff awards system.' and performance related pay for all workers at Band 5 (senior practitioner) or above. The following quotes illustrate these differences:

*The performance management system works on a personal development review system based on individuals which follows into teams and then into the service. We don't have performance related pay because that is far too complex but our performance needs and our training and development are all linked together. The appraisal scheme is largely self appraisal which allows staff to stand back and look at what they are doing and to think about it.*

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<sup>32</sup> See also Baginsky (2008)

*Everyone has annual objectives. There is performance related pay down to team manager level.*

In some authorities, directors reported that authority wide performance objectives were cascaded through managers' and social workers' individual objectives established through appraisals. Others reported that team but not individual objectives were integrated in this way.

### **5.3 Supervision of social workers**

#### **5.3.1 Supervision in adult services**

All the directors reported that there were supervisory policies in place. The content of supervision policies was similar, if differently, labelled:

*(We have) a supervision policy covering case oversight and personal learning and development. [Director, joint authority]*

*It's called 'supervision guidance, not policy as guidance is more comprehensive than policy. Includes details on 'rules of engagement' - frequency of supervision, what is covered, the responsibility of individuals and managers. Most appeals are lost on processes not outcomes so it is important to have these 'rules' spelled out. [Assistant Director, large county council]*

Supervision policies were monitored in all departments and were largely regarded as effective. For example, one director described:

*We have a central corporate reporting system whereby when the session has taken place the systems told that so it can throw out and does throw out regular you know reports not about teams but sections - the numbers of one to ones have been done and appraisals of people. [Director, unitary authority]*

Supervision was normally on an individual basis but some also reported holding it on a group basis. In most cases it was policy that social workers were seen every four to six weeks on a one to one basis with their manager. The content generally covered caseload, practice, and personal development, but could also cover matters such as administration - sickness, mileage, annual leave. For some these were regarded as a little too formulaic and overbearing:

*We have a supervision policy and we have a Policy and Procedures Group that monitors the working of this, that is made up of team managers, we have recently revised out policy and procedures in supervision - in fact they are often looked at - we think perhaps that the forms are getting rather large, that they talk a lot about contact and review and outcomes and we are hoping that we can get these a bit more streamlined and standardised. [Director, London borough]*

Most managers described systems for auditing the frequency and the standard of supervision. Some also referred to establishing or sustaining a culture of supervision, often through supervision of successive levels of management focusing on managers' supervision practice.

Examples of monitoring included:

- a sampling exercise that takes place which is part of the wider quality assurance framework, to make sure supervision is happening, and to have a look at the quality of the record.
- an assessment and quality assurance framework process covering frequency of supervision and quality of supervision,

However, another respondent noted that certain informal forms of quality control were equally important:

*A lot of supervision in social care is informal. And I think particular from a team perspective that's where a lot of the valuable work is done [Director, city council]*

Awards such as *Investor in People* which might, for example, entail the taking of a random sample of staff from across the organisation, were external verifiers of processes such as supervision. Similarly staff surveys might enquire if there is sufficient and regular support from line managers. Some directors considered that these moves had been recent and in response to social workers in the past feeling that they did not receive enough feedback about their performance. To remedy this one director reported undertaking coaching and mentoring training for the top 100 managers in the organisation and cascading that down the organisation.

Of the minority that did not have substantial formal monitoring systems in place most were aware that these would be needed in future.

*We were asked that by Care Quality Commission (CQC) yesterday and they are going to have a look at supervision... We don't do an audit of it and perhaps it's something we need to do. I think that we were just relying on the overall standards of service. There is not a specific process which maintains the standard. We want to train people and get them up to a level. [Director, unitary authority]*

Directors outlined the ways in which team managers are trained in supervision. These included specific training modules on supervision which accompanied human resource-related training on dealing with grievances, induction, and tackling difficult issues. In some authorities these training initiatives were accompanied by accessible information such as an electronic management toolkit which covers setting objectives, monitoring and supervision, advice and guidance. Some managers were also able to attend supervision courses that covered such matters in more depth in some authorities.

### **5.3.2 Supervision in children's services**

Despite the reports that many social workers in CSDs were not receiving an adequate level of professional supervision all those interviewed confirmed the existence of policies which dictated the frequency of supervision - usually four weeks and more frequently for newly qualified staff - and provided training for managers in how this should be conducted. The quality of supervision was usually monitored through the supervision process itself, so the expectation was that the management supervisor would check the supervision of their supervisees. Nevertheless about a third of respondents admitted that much depended on the time, training and ability of managers:

*I think supervision is an area in terms of whether our first line managers have the capacity to deliver the supervision they want to. I think that's the big question.  
[Assistant director, London borough]*

There was a recognition that supervision has changed over the years, in that it has become far more focused on case management although first line managers would often struggle to absorb all the information that was needed about these cases in order to anticipate risk and provide the guidance and direction that they need. In the opinion of the assistant director just quoted this was as a consequence of the high level of cases and the inexperience of the social workers they supervised:

*...when I supervised social workers, and getting them to describe their visit, and then to describe how they felt about this particular difficult visit, and how they did not know what was happening. And if you reflect back in terms of Haringey, if that reflected supervision had been happening ... I mean who knows what might have happened? But it's the stuff that is painful and difficult and challenges people, and it takes time and trust in order to be able to get there.*

There was also some disagreement about the form which supervision should take. A small minority thought that the emphasis should be on monitoring caseloads and meeting targets, while the majority stressed the need for it also to provide the opportunity for reflection, challenge and psychological / emotional support.

As far as monitoring was concerned most respondents said that supervision was linked to the performance management and appraisal system, and that they also audited supervision files to make sure that that supervision was being recorded appropriately. But there was some agreement that it was much harder to monitor the quality of supervision because it was often dependent on reports from individuals.

While training on supervision was in place across departments this was usually generic. In one interview details were given of consultations on cross agency approaches to supervision, with a view to agreeing a children's trust interagency supervision protocol supported by training that would have a greater emphasis on reflective practice, coaching, and developing staff.

## **5.4 Workload management and case allocation**

### **5.4.1 Workload management in adult services**

The majority of directors reported that there was not a formal workload system in place. Some had tried such a system but found it did not work. This approach was fairly typical:

*There is not a formal workload system in this authority, it has been tried but it was found bureaucratic and so it was left to die. We have close team management and we count cases by grades but these are all very complex and quite a lot of it is difficult to measure so we just make sure that people are doing a similar amount of case work, broadly it is based on demography, we have put in for extra posts, for example, as we have predicted that there are greater numbers of older people. Much depends upon different services and different user groups and the demand at the time'. [Director, London borough]*

This does not mean that there were no systems in place, more that allocation was done by managers (usually team managers, occasionally with another title such as practice manager) at local levels:

*The team managers allocate cases on the basis of clear prioritisation and FACs.  
[Fair Access to Care] [Director, London borough]*

Directors were asked if there were systems in place to match work load demand to social work supply, but few reported that this was the case:

*No there isn't but I don't think we would need one. I mentioned before, if anything we have too many social workers for our requirements, we never find ourselves in a position let's say x number of cases and we have only two social workers, this never happens. [Director, unitary authority]*

Views such as these generally stemmed from areas with no staff shortages:

*In terms of social work... the amount of incoming work is broadly equivalent to the amount of capacity in the system, ... I think we would be looking to get to a more systemised approach to that. But the people I spoke to said that wouldn't work because everyone's so different, so we've got that piece of work to do. But in terms of social work, I think we've got that cracked. I think we've got the right resources. If there are ups and downs, we can manage it across teams.  
[Senior manager, county council]*

However, a minority of directors reported using electronic systems such as Care First to manage workflow, as well as the status and progress of each case. This gave team managers access to information about the work implications of cases held by social workers:

*We use a system called Care First - for workflows, so all of the details will be logged on there. On a daily basis assistant team managers in each team will look at the prioritisation and the allocation etc. of all of the tasks on that sort of basis, and it's all tracked using an electronic social care records system. Interestingly, those teams who've got the highest volume work it better, I guess because they need it to manage the volume, so the older people's team, for example, are very well disciplined in that, and in many of the other teams it still works reasonably. We know if we've got waiting lists, where they are, what size they are, we get the exception reports out etc, and it tends to mean that work isn't hidden for want of a better way of describing things, and it's all managed in the main system. Now, don't get me wrong, we all have our wobbles from time to time, but by and large, it's a reasonably effective arrangement for managing that throughput of work. [Director, London borough]*

Such systems provided basic information; decisions about workload allocation remain with the team manager.

Other directors talked of the use of the SWIFT system to identify unallocated cases and to ensure that work was not 'hidden', though one pointed out the demands of such electronic systems: 'The transaction time that is needed to feed the beast is enormous.' One director spoke of introducing a specific workload management tool which had a 'complexity matrix' which allows for a decreasing amount of time needed since action has been taken. Here managers have had an input into the system so it was not designed to 'assist in prioritising work, not dictating it'. This system allows for some case weighting. In the main, the directors explained that workload management tended to be the role of team managers who were familiar with their staff and their capacity. Much also depended on the type of work, for example, the different demands on social workers conducting mental health assessments compared to more routine assessments for low level services. Those that had used formal workload systems and rejected them explained why this had happened:

*I think we've kind of used workload demand over time to match our social work supplied with. But I mean, teams are generally expected to manage that workload and to be honest, they do it. Their inability to do that is rare. If it does occur, we can obviously move resources about, flexibly. But, in terms of cases being prioritised, we use the usual format need, risk assessment eligibility and so on. .*  
[Director, unitary authority]

*There isn't a formal work load management system and there isn't a particular issue around pressure of work, we don't have any waiting lists and we don't have any long times for people to get a service.* [Director, metropolitan borough]

#### **5.4.2 Workload management in children's services<sup>33</sup>**

As in adult services very few CSDs were operating anything which they would describe as a workload management system. In four out of five cases managers were said to allocate cases on a demand and supply basis by prioritising according to the severity of each particular case. Service managers then looked at trends and deployed staff accordingly on an individual basis. If there were any concerns about the allocation then the expectation was that they would be escalated to a principal manager in their service area. As a result all those interviewed who were operating in this way said child protection cases would always be prioritised and allocated, but over half of those interviewed mentioned the pressures which then fell on frontline workers to make this happen. This lead officer in a large county council was far from being alone in expressing the concerns and anxiety she felt as a result:

*We need to get the political understanding of the conditions that our workers exist in. I'm very conscious as a senior manager that I, to some extent, and I use my words carefully, I do exploit my workers, and I build upon the fact that a lot of the people who come into social work don't expect to work 9 to 5 and will often go the extra mile. And part of my balancing act, as a senior manager over the last few years, has been how far I can push that in order to achieve what we need to achieve and ensure that children are safe? And how much do I need to exercise my duty of care in terms of not pushing it any more?*

Only one interviewee gave any details of a point system which was in use right across the children's section of a joint department:

*We have a points system that is operated across all teams in our division. It's a very simple system and it's based on time. We get 200 points for a week's work and each day then equates to 40 points. This is a very simplified version of it but you know that's how it's done. So half of a day's work is 20 points and a quarter of a day's work is 10 points. Now the caseload should show 200 points if they are up to speed and all the rest of it. So therefore, if they are 270 points, I know things are not good. If they're 170, I'm running down the corridor.*  
[Senior manager, joint authority]

In small number of authorities a reasonably systematic examination had taken place of systems being used elsewhere. The respondents who had been involved rated one or two of these and were considering adopting one or other of them in the future. However, in two areas there was far more interest in the introduction of a national system so long as it was based on evidence drawn from contemporary practice and devised by experienced practitioners.

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<sup>33</sup>. Research is inconclusive on the effect of caseload size on practice and outcomes for children. Tittle (2002) claims that while this may lead to worker job dissatisfaction and burnout, the impact of caseload size on outcomes for children remains uncertain. Tittle argues that the literature points to the importance of the type of case activity rather than caseload size. Formulae for case weighting have been created, but there is little research to indicate their success in creating more positive outcomes for children.

The overwhelming majority did not believe that there was a case weighting or scoring process which could work, instead they considered workload management depended on the judgement of the front line manager, who had to decide if a case required an immediate response or if it could wait. A number of respondents had used or examined various systems and had not been impressed nor did they believe that there was one system that was capable of operating across the complexities involved in children in care, children in need, and children with a child protection plan. They placed far more trust in an understanding on the part of managers who knew their workers and continually looked at caseloads to pick up issues that were developing into something more complex. They believed that allocation was far more about making a judgement and managing complexity than the application of a system. They would have agreed with this assistant director who believed that a system based purely on statistics of number of cases was worthless without an understanding of the intensity, seriousness and complexity of the cases:

*The profession will suffer in terms of the quality of the work produced because the focus changes away from going around to a family to assess risk, explore what needs to happen, explore how to effect some sort of change. It becomes too much of a mechanical process, a tick in the box and say well I've done my statutory visit, so actually that's the thing that makes the difference. And it's not. The thing that makes the difference is what you're doing when you're with that family.  
[Assistant director, large county authority]*

In his review of child protection services in England in March 2009, just prior to the interviews being conducted, Lord Laming had called for national guidelines on the caseloads of social workers. Some respondents had done work on systems based on awarding points, and had found that they tended to work better with some teams, such as a leaving care teams or looked after children teams, than other frontline teams. They also believed that they were time consuming and that managers did not have the resources to operate a very detailed point based workload management system:

*Within the assessment teams one of the problems that can arise is that there can be a bit of a bottleneck between assessment and care management if the transfers aren't working at the rate that they need to. There's one team where I think the average caseload is twenty and there's another team where the average caseload is four and in the second of those teams they've completed far more assessments than in the first. [Is a case defined as a child or as a family?] if you ask a social worker how many cases they've got they will probably give you both answers.  
[Head of Children and Young People's Social Care in a department in a metropolitan authority]*

However, while these respondents did not want to implement anything which could be termed a workload management system some gave details of centralised performance management systems which were designed to monitor social work vacancies and levels of work. In one case this involved a traffic light system to determine levels of work at district and team levels which could lead to cases being shifted across teams and across districts to reduce pressure.

The 'systems' in place across these CSDs were characterised by a reliance on cases being allocated according to who was available to cover the initial assessment with the expectation that the team manager would review the caseload issue in supervision and that they had an overview of capacity. However the manager would not necessarily have the means to be able to assess accurately the workload of every team member at any one time. These two assistant directors wanted to retain this element of judgement:

*So that if you are a duty manager and you don't line manage and supervise Fred Bloggs, you will be allocating a piece of work on the basis that it has to be allocated. To go in to look at the detail of what everybody working has got is just too cumbersome on the unhelpful system that we have got, so people just don't do it. But obviously in supervision a team manager would say, well I am going to have to move some of this work because you have got too much on, or give you some more because you have not got enough. When it moves from reception and assessment services and into the children's services team, obviously that is much clearer then because a team manager may have say seven qualified social workers in their team and they will have a kind of much more user-friendly system on the framework that shows them who has got what number of cases and the team manager will know what those cases are in terms of their weighting. [Assistant director metropolitan area]*

*As far as I'm concerned allocation, and this is the view here, of cases is an art, not a science, and it's down to the first line manager knowing the weaknesses and the strengths of their team, who's got what capacity, who's capable of taking what, who can, which worker can take somebody even though they are stretched, which worker would fall over if you gave them something else to do. [Assistant director unitary authority]*

So, in the majority of CSDs, judgement was based on a manager's understanding of a social worker's skills and experience, and some understanding of their current workload. There were a few references to how the process was supported by the information available through ICS, but far more to its dependence on regular supervision and scrutiny. The majority view was that some form of quota system could not be implemented but guidance would be welcomed.

There were those who thought that regular supervision and scrutiny of caseloads might work in theory but in practice it was not always that easy because of the volume and unpredictability of work which came into teams. Even though caseloads were monitored, agencies were not able to access additional staff when demand increased. They also recognised that no case load management system would be, or could be, as definitive as they wanted it to be. But they saw the advantage in establishing a system where work was allocated according to the available capacity because they would then, at least theoretically, be able to command the resources in order to fill any gap. In the past many authorities were said to have shied away from such a system because it was potentially extremely expensive of staff and resources but one head of service explained the system which operated in his unitary authority and this is set out in Fig 5.1.

## Figure 5.1

We say a social worker's got 37 hours a week - we forget the fact that some work 60 hours a week. There's a national standard somewhere\* which states that something like 21 hours will be available for direct work, taking out their holidays, supervision time, their time to go to training, their time for all those things and it leaves them 21 hours. Well we upped that to 25 because we can't afford that. So we estimate 25 hours will be available for direct work out of a 37 hour week and this includes recording, travelling time, so anything infrastructure wise, training and holidays but not sickness - sickness is not built into it. So then we work out what we have to cover - we have got 800 children in need and we've got 150 kids on the register and we've got 279 kids looked-after and we multiply the activity in relation to those groups of kids by the numbers. And then we arrive at the theoretical number of social workers we need to do that level of activity. If it goes up and down by about 5 percent, we don't do anything about it. If it goes up by 20 percent then have to reassess how many social workers we need. Then we review whether we have got the hours right. So for a child in need, we allocate a certain amount of hours. And we might not have that quite right sometimes we've been overly optimistic and.... Manager's judgement is used to allocate the cases according to complexity. But they try and stick within the 15 to 20. But we do have this kind of complexity workload rating thing.

\* Not known to research team

Although he was critical of the complexity rating tool, this system had allowed him to argue successfully for more social workers. In his opinion it led to social workers paying too much attention to points and there was the danger that targets were set with a view to being easier to achieve rather than the ones designed to improve outcomes for children and young people:

*...because I think one of the most important things is the trust between the staff and the managers. And I need them to have a culture where they don't have to rely on formula. If you've got social workers who are ticking boxes and filling in, you know, things, they're not thinking and they're not feeling and they're not judging.*

In a few cases the rationale for wanting to adopt a more systematic approach was based on a desire to be seen to be fair. This seemed to be about making sure that a similar process was in place across an authority to determine the maximum number of cases that one team could safely manage. One CSD had recently piloted a workload weighting system that was also being trialled in an adjacent authority. The managers and staff had liked it because they felt it gave them a framework and although they recognised that it was not particularly sophisticated, or even that accurate, they thought it would provide a better overview in a large authority where workloads were not transparent and where there had been operational problems over allocating work. This was more about ensuring that there was a consistent process to determine the maximum number of cases that that one team could safely manage.

## 5.5 Integrated Children's System (ICS) in CSDs

It was envisaged that the ICS would enable a consistent approach to case-based information gathering, case planning, case aggregation and case reviews. But the reality had not delivered on this potential. At the time of the interviews the first report from the SWTF<sup>34</sup> had already been published which promised that one of the first priorities would be to carry out a

<sup>34</sup> <http://www.dcsf.gov.uk/swtf/downloads/090505%20Taskforce%20LETTER%20WITH%20ANNEXES.pdf>

review of the effectiveness of the ICS. In view of the time which was available for these interviews it was therefore decided not to explore the issue of ICS in any detail. However, as it was a major issue in CSDs, it emerged at different parts of the interviews and it is fair to reflect the views and opinions which were expressed. The interviewees described how they had struggled to establish ICS and were concerned that their complaints had been interpreted as social workers being technologically-inept. Although a range of different systems was being used they were described as being too prescriptive, having been designed without appropriate input from the field.

## **5.6 Processes in place to ensure that service users were seen**

### **5.6.1 In adult services**

Most directors recognised the ways in which people using services were 'seen' according to the level of support they were receiving and the levels of risk involved. At its most basic:

*Signposting is what we do by phone telling people how to get into touch with services which might be useful to them and we also have a lot of information available to people that they can use electronically. [Director, metropolitan borough]*

However, people who were eligible for services would be seen for the purposes of assessment, care planning, monitoring and review. The same respondent commented that:

*People do get seen if they are users of social care packages and in our authority we are very keen that we must also see people's carers because they are so important*

In situations of risk, such as adult safeguarding, then the level of contact may be appropriately higher:

*The heads of service have to sign off all of our safeguarding work, so if that person hasn't been seen I would expect that to become clear in the sign off process, and for them then to do something about that. The team managers, service managers, will be supervising as the case study goes through the process but I don't think the procedures specifically say you must see the person who is the subject of the investigation but I really can't conceive of any situation where that wouldn't be the case. [Director, unitary authority]*

Aspects of this scrutiny are checked on by a range of systems. As examples, two interviewees reported:

*Monthly supervision covers caseload and what has been done. Have two sets of audit - shorter audit for 10 percent of case files and more intensive safeguarding audit which looks at what is done in more detail. [Director, London borough]*

*A file audit system [exists] for monitoring Quality Assurance. Sessional workers - usually with a social work background - audit a sample of files and 'read between the lines'. [Senior manager, unitary authority]*

### **5.6.2 In children's services**

A number of those interviewed emphasised the importance of seeing and spending time with a child as the best indicator of a reduced risk to that child. Alongside descriptions of the formal processes in place these senior managers stressed the importance of being very clear about expectations and constantly reminding, monitoring, and checking compliance.

As far as recording a contact at initial assessment stage was concerned every department had a process in place that meant it was captured in the ICS - or similar system. For longer term cases where children were either subject to a child protection plan or looked after, the contact was followed through in supervision and on-going case recording, as well by Independent Reviewing Officers, in case conferences, and through children in care reviews. It was also common for managers to undertake case file audits and in some departments quality assurance auditing officers undertook separate audits.

## **5.7 Processes in place to ensure feedback on the quality of service**

### **5.7.1 In adult services**

Most directors provided accounts of the involvement of people using services and carers in quality assurance mechanisms. One reported:

*A very strong scheme of user evaluation of services in this authority; people get consulted about their reviews and if they are unable to participate in these to the fullest sense we involve third parties such as relatives and family. We engage a service user led organisation into our statutory monitoring processes - they also undertake some mystery shopper processes and we have a very flexible partnership with them, all of this can be developed. User surveys are done very frequently and we do try to get more quality assurance details from people about how the system itself is operating.  
[Director, metropolitan borough]*

In respect of social work practice from an audit perspective, another director reported on aspects of the authority's procedures:

*We have a practice quality audit system whereby randomly a number of files per team are selected per month to be reviewed electronically...I think the challenge, of course, is that people get busy and it's the easy thing to drop, so what you need is a central team to make sure it happens. So there is that kind of delicate balance, you know, if you're swamped and somebody says, 'Well, have you reviewed that case yet?' and you haven't, then somebody should be following it up and chasing you.  
[Senior manager, county council]*

For some authorities, this work was combined with NHS partners:

*We survey over 2,000 service users who have direct services in residential or domiciliary care, so it's not just in assessment and care management review but it's also their views when they've got a managed service and what's going on out there, and we've got a whole quality monitoring team which actually does that on my behalf, it's a commissioned service. And we share a lot of that information with our PCT, we have an information sharing meeting where we meet with the PCT, CQC, environmental health, trading standards, Assessment care management, self-employed, and that's seen as an element of good practice by the CQC.  
[Deputy director, large county council]*

Additional practices related to quality assurance included the monitoring of 'complaints and compliments' and the promulgation of a 'robust' whistle blowing policy.

### 5.7.2 In children's services

In most CSDs there were established means of obtaining feedback from children and young people, as well as from parents, through various representative bodies and / or independent reviewing officers, children's rights officers and specialist services, as well as by their participation in meetings at various levels. A typical example of these processes is set out in Figure 5.2.

In addition there were various reports of how complaint processes and responses were monitored and reported to elected members. It was evident that a range of processes was used regularly, although in a few areas interviewees admitted that they were used inconsistently and needed further development. There were also examples of consultation exercises which had taken place on specific events, such as in this authority where:

*...there was a whole range of consultation exercises on Aiming High for Disabled Children with workshops and groups and newsletters and a parent partnership organisation. We did something similar with our family support system. So when there's need to look at something we do it in collaboration with whoever needs to be involved.  
[Assistant Director, unitary authority]*

**Figure 5.2**

- A survey of parents subjected to the child protection (CP) process, after the point when their child(ren) is no longer subject to a CP Plan CPP)
- Children subject to a CPP plan are invited to give feedback on the CP process
- Quarterly contract monitoring which includes sample interviews with service users.
- Review of the quality and delivery of services for young people
- Routine feedback from parents and children following looked after reviews
- Parents and children who attend family group conferences are invited to give their views,
- A range of consultation exercises with users of children's social care, whenever there is a service review or a service development.

There was similar consistency within and between departments on how they collected feedback from other agencies. The main channels were through multi-agency organisations, such as partners within children's trusts, safeguarding boards and other partnering arrangements, as well as through independent reviewing units. Just under half of those interviewed mentioned multi-agency case file audits where a selection of cases were checked for quality, and three-quarters referring to feedback from quality and performance groups of safeguarding boards. One in four also mentioned some form of survey either across agencies or within one specific service, such as schools.

## 5.8 Review systems

Patterns of review varied according to levels of need and risk, as this account of the system in one DASS indicates:

*A case will be reviewed as per client need, so should circumstances change, and obviously a client contacts the team they will all go through a formal review. If they everything seems to be moving the way we expect it to be moving then they will have their formal review as per the statutory requirement and what happens is on a regular, like a monthly basis, our SWIFT colleagues will identify as well with the team like a triangulation again who are coming up for review and then they will be allocated as per complexity throughout that caseload, you know throughout the joint community teams. [Director, unitary authority]*

However, the pattern of reviews might alter according to the types of services being received. For example, in some areas there are separate teams for the reviews of people funded by the local authority resident in care homes. Most informants described the composition of review teams as being mixed as this example shows:

*We do have a reviewing officer in an independent team but many of those are not qualified social workers but they are managed by a qualified social worker and a senior practitioner. They run it on the Adult Services wide basis covering older people, physical disabilities and learning disabilities although not mental health, and they also do the reviewing of people who are placed out of area. [Service manager, metropolitan borough]*

## 5.9 Closing cases

### 5.9.1 In adult services

In adult services, the closing of a case often occurs when the person using services died; however, some individuals may be using reablement or rehabilitation services where their condition then improved. As one director noted:

*We do run a closure form system for this but, of course, many of them might be back in touch as the years pass by. [Director, metropolitan borough]*

Formal processes were described:

*It's done through the Care First system and there's a signing off, closure summaries and signing off - in the normal sort of way that you would expect. [Director, London borough]*

One director contrasted this approach with former social work practice where it was difficult to 'close' a case:

*When I was a social worker then people, social workers would deliberately hold on to cases, as they were - dead souls - say I couldn't take that new case on because I have got all of these, so I think you will never stop that entirely but I think people are wise to that.*

Nonetheless, aspects of professional discretion could remain:

*We had a situation where team managers had to close down every case. We now have a differentiated approach to that. There are certain criteria where what we expect is that the social worker can close the case. But we expect the social worker senior to be notified of this. And we expect the team manager to audit the review cases to check that those decisions have been made appropriately. This is a balance between heavy bureaucratisation and risk aversion and actually building in sufficient safeguards, but not that I'm expecting a team manager to close every case and obviously for adults, particularly for older people, there is often one ending but.. [Director, county council]*

### 5.9.2 In children's services

All the interviewees said that a managers' sign off would be required before a case could be closed. While the details of the actual process of obtaining this consent varied across departments they were linked by the imperative to make sure that cases were closed safely. In some the case file was taken into supervision with the team manager, who would conduct a case audit before closing the case on the electronic system and, where appropriate, identify the lead professional who would continue to monitor the case. In other areas it was the social worker who held case accountability who was expected to complete a closure summary.

#### **View from the voluntary and private sectors**

##### **Duty arrangements**

- **Children's voluntary organisation:** A review is under way of out of hours arrangements because the current arrangements have evolved and the organisation needs to make sure that workers are clearer about who they can contact rather than being given a range of options and the arrangements have to be appropriate for practice. In some services managers are paid to be on call because of the nature of the work they are doing. A senior management team is available to staff outside working hours to provide management guidance, consultation and support.

- **Fostering agency:** All carers have access to a specially trained 24/7 duty team.

##### **Performance management and appraisal systems**

- **Children's voluntary organisation:** Annual appraisal, monthly supervision, and quarterly performance reviews for senior managers inform workforce development plan: in the voluntary sector because can't carry people who aren't delivering or we can carry them for shorter periods, so we have to be more robust and I think our environment is less risk averse in terms of that than it was certainly when I was working in the public sector.

- **Fostering agency:** Every member of staff has a mid-year review followed by a full year review. The agency is just about to introduce a performance related pay scheme.

##### **Supervision**

- **Children's voluntary organisation:** The purpose of supervision was said to be to manage timeliness and duration of involvement, explore impact of engagement with the family and identify any issues around liaison with partner agencies.

- **Fostering agency:** Supervision is recorded on a spreadsheet and monitored by HR section and quality assurance section.

### **Workload management and case allocation**

• **Children's voluntary organisation:** The interviewee had not come across a workload management system that was effective. Workload and caseload management were delegated to the manager of each service - and assistant director - to establish the allocation of worker's time and size of caseloads. The intention was to achieve flexibility and a mix of the intensity of cases determined also by levels of qualifications and experience. The main difference was said to be that statutory services had to manage whatever came through the door.

• **Fostering agency:** The agency does not have a workload management system but does have a benchmarking system based on the payment received for each placement based on estimated time required from social workers, teachers, therapists and support workers.

### **Feedback from clients**

• **Children's voluntary organisation:** One of the key performance indicators in the organisation is to evidence the engagement of families and young people in the way services are developed. There is a **participation** officer who supports services in developing their practice around the engagement of children, young people and parents in the ongoing evaluation of the organisation's work and development. The officer also monitors services in relation to a range of issues including safeguarding and also to support.

• **Fostering agency:** Children, young people and carers are routinely reviewed and invited to comment about the service that they have received. Each area nominates representatives who feed up into a foster carers' forum that meets at board level.

### **Key issues from preceding discussion**

- There is a need for evidence of what forms of supervision are most effective and how frequently they should take place.
- There are many 'natural experiments' taking place but little evidence to confirm what form of supervision works best for whom and in what context.
- The advent of Newly Qualified Social Worker programmes is just one of the opportunities available to consider the impact and effectiveness of supervision over time.
- The GSCC Employers' Code of Practice in social care may set out a framework for enforceable expectations.
- Those offering supervision need to be provided with the time and the tools to do the job, and to have indications of what is best practice while a rigorous evidence base is developed.

## Chapter 6 - Scope for preventative work

### Introduction

Prevention and early intervention are central parts of current policies relating to children, young people and families in particular, but they also have a currency in adult services. The hope is that they will prevent the development or escalation of problems.

### 6.1 The scope for preventative work in adult services

Many directors who were interviewed commented that much depended on how prevention was defined. Most made reference to government policies on prevention and the different levels that this could involve. They contrasted this with the high levels of eligibility operating for social care services. In adult services, many enquiries are managed by initial contacts with the local authority where council staff or staff acting on their behalf in the voluntary sector will establish the nature of the enquiry and signpost people to the relevant sources of support:

*But preventative I think they would see a lot of what they do as preventative if by preventative we mean prevention or the admission into a care home - or loss of independence. You know it depends what you are trying to prevent. .*  
[Director, unitary authority]

*We've got preventative work in terms of trying to prevent people going to residential nursing care and again, packages of care to actually help to ensure that that prevention happens is clearly something that social workers get involved with. It can sort of mean a number of different things. Certainly, in a sense that whatever stage and whatever level of vulnerability people have, social workers are engaged in preventing the next worst outcome.*  
[Director, large county council]

Directors spoke of the system of social care where there is a need to ration services but attempts are made to seek to delay or reduce the pace at which people need more support. In some areas this type of work was conducted with NHS colleagues where efforts to rehabilitate people (reablement) may be undertaken:

*I think our [multidisciplinary] complex care teams, to be honest, where we've got the bulk of our social work staff, are very much around trying to shift the balance from dealing with reaction, which is what I call facts work, the reaction - i.e. you come to me and you need some help with prevention. There's quite a lot of good practice going on there, I think. [Senior manager, rural district council]*

Most directors recognised that the scope to undertake prevention was limited to and linked this to limited resources:

*We'd probably all like to be able to do more preventative stuff, but if resources are tight then we have to concentrate on the statutory stuff.*  
[Director, London borough]

Recent investments in services such as telecare and falls prevention programmes may include social workers but directors reported that these staff were not always central to this work. This director was unusual in pointing to the central involvement of social workers in preventative work; in most other areas this was being conducted by the voluntary sector, often funded by local authorities, but in organisations where social workers were not traditionally employed:

*With our OT colleagues and our re-ablement workers, [it's about] making sure they're engaged in a four week assessment period so that it's not just left to the providers of that service but the social worker is then fully engaged in the process throughout... And also how [social workers] inform the commissioning process, either through local commissioning plans or through the strategic commissioning, so I think they've got a key role to play in whatever business model we have, but at the same time how they inform the decisions we make around where we invest our money and taking that knowledge and ability.  
[Deputy director, large county council]*

Most directors reported that qualified social workers were deployed in cases that relied on their capacity to undertake work that was complex and demanding and that priority had to be given to statutory work.

## **6.2 The scope for preventative work in children's services**

Prevention and early intervention are fundamental to current policies relating to children, young people and families in the hope that they might prevent the development or escalation of problems. The concepts align with the application of thresholds; the Assessment Framework and the work developed by Hardiker and colleagues (see Hardiker *et al.*, 1991). This social development model of a preventative hierarchy, which sets out need and the services to meet that need at a number of levels, demonstrates how services provided at an early stage prevent the need for more complex services at a later stage. It focuses on the idea of early identification of needs and preventative support and allows for families or children / young people to receive services at the level appropriate to their needs. As these needs change so do the nature and level of their services provided in order to reduce risk and develop those protective factors associated with the problems. It was, therefore, impossible to explore the issue of prevention without getting some idea of how thresholds were operating across these departments.

### **6.2.1 Thresholds in children's services**

Every local authority has to make a decision on shape and size of service provision along with a decision on entitlement to that provision. Resources are targeted at those in greatest need which means that decisions about limiting the availability of help to some people have to be made. As a result there is considerable variation between authorities across the country in relation to shape and quantity of services that each local authority has decided to fund.

In responding to questions around the existence of thresholds all respondents referred to a model based on four levels of need which form the dimensions of the National Assessment Framework (Department of Health 2000) which, in turn is based on work developed by Hardiker and colleagues (see Hardiker *et al.*, 1991). Hardiker's matrix identifies the different levels and needs which can be used to manage demand and determine levels of intervention and which are there to assist practitioners identify the level of need of a child and which services could assist in meeting the needs. [Fig 6.1]

**Figure 6.1 - Threshold model**

The thresholds model identifies four levels of need:

<b>Level 1</b>	Children with no additional needs
<b>Level 2</b>	Children with additional needs requiring a single agency response
<b>Level 3</b>	Children with additional needs requiring a multi-agency response
<b>Level 4</b>	Children with complex or acute needs

Progress through the levels reflects a passage from universal provision (level 1) through greater intervention as the level of need increases and reflects a movement from the duty to *promote welfare* towards the duty to safeguard.

Most of those interviewed said that social workers would be operating at the top end of level 3 and at level 4, although there one in five of those interviewed said that they would only be at level 4.

The term threshold was said to have become much more of an issue since authorities had become integrated children and young people’s services. In most interviews there were references to written policies that had various titles such as threshold or entitlement and which set out the circumstances in which a referral would be made to children’s social care, reflecting what is set down in the Children Act 1989. Most respondents said that they were operating a system where the local Children’s Trust and the Safeguarding Board had approved a set of thresholds, linked to the CAF process, which was available to all agencies. In some areas this had accelerated attempts to establish levels of need and service response across the range of children’s services and, in theory, was seen to fit with their intentions to be or become CAF led authorities. But it was not usually that easy to achieve as it tended to expose issues and ways of operating which had previously never been made explicit

Even though there was a shared belief amongst those interviewed that if decisions were being made against a set of criteria these should be shared with partner agencies, it was not proving easy to achieve consistency around the application of thresholds. Sometimes this appeared to be linked to a failure to get them embedded into interagency procedures which were still heavily focussed on child protection. With few exceptions respondents said that work with other agencies had improved, however there was a perception that there was a continuing lack of clarity around what it was that people thought social care should and could do:

*I think they (thresholds) are embryonic, as they have been introduced relatively recently. We have had a couple of conferences around thresholds and whenever you get half a dozen children’s professionals in the room and start talking about thresholds, you come up with a different answer. [Assistant director, unitary authority]*

In particular, there were repeated concerns about what were viewed as the unrealistic, and often misconceived, expectations which schools and health services continued to have of social workers, specifically that children’s social care did not do enough and did not get involved early enough. This in turn had sometimes led to fractious and unhelpful relationships, sometimes at authority level and sometimes at more local level. The goal was obviously to get the most appropriate service to children, young people and families and the division between child protection and broader child welfare provision, combined with the attendant pressures and crisis, was see as unhelpful:

*We should be looking at what and who can best work with this child or young person to achieve a good outcome for them. If that is social care then we should forget whether there is a threshold or not. If the view is that the health visitor or the school or somebody could do another piece of work and that that would help the child much more appropriately - try to get duty workers to think in this way and talk about it and talk people through it. [Assistant director, county council authority]*

Alongside policies on thresholds various structures had also been introduced in an effort to achieve greater consistency within agencies. In two authorities a decision on the response to be made was taken in a central unit where a practice manager reviewed the issue, risk and any history. So when offices took a referral, instead of making the decision about intervention, it was passed to these units to decide if it met the threshold for an initial assessment or whether it went straight through as a child protection enquiry.

There was a minority who thought that making thresholds more explicit had not helped because it had actually engendered even more dissatisfaction because partner agencies recognised how unlikely they were to get a social worker involved even if they considered it to be an essential step:

*There is a threshold of need document and partners hate it. This is about trying to get consistent thresholds but I think our thresholds are too high to be absolutely frank. Working with partners has not improved over the last six or seven years and CAFs have not helped - other agencies, particularly schools, where most are being done, feel burdened. [Director, children and adult department]*

One of those in this minority was a director who believed that until the department had a staffing level which meant the management of risk was not the key driver, documents setting out thresholds were not 'worth the paper they are written on'.

There were clear links through to social workers' workload. It did not appear sensible, nor was it possible, to lower the bar and bring more children and young people into the system, when it was not possible to provide them with a good quality service. Yet the greater use of CAFs was focusing the debate. As is clear in other parts of this report, referral rates had gone up by in many CSDs in the early months of 2009, but even before that it had been difficult or impossible to allocate all child in need cases because of the volume of work arising from child protection and children in care. It was difficult, if not impossible, for most of those interviewed to see how the social work role as currently constituted could be redefined from one which predominantly concentrated on making sure children were not harmed to one which was mainly concerned with promoting the welfare of vulnerable children.

As well as describing the systems that were in place and the way in which thresholds were handled, many of the respondents believed that the issue was one which was still subject to some confusion and obfuscation. They called for further exploration, discussion and even national guidance on specific areas. These included the number of open cases which a social worker should carry and the number of social workers which should be in place per head of population, as well as how these meshed together.

### **6.2.2 Prevention and early intervention in practice**

In asking those interviewed if social workers undertook any work which could be described as preventative it was left to respondents to interpret and define what was meant by the term. The researchers recognised the 'prevention' and 'early intervention' are ill defined and sometimes used inter-changeably. They cover a range of activities where other professionals may take action, alongside social workers or on their own. If those interviewed pressed for a definition 'prevention' was taken to be those activities to stop a problem arising in the first

place, while 'early intervention' was intended to stop an existing problem developing further. Thus the distinction between the two terms related to the stage of problem development, rather than age of the child or length of time the child has been known to a particular agency.

It is obvious that with few exceptions the problems experienced by children and young people can not be solved by one professional or one agency. As noted above in the section on thresholds most respondents agreed that all agencies had made some progress on working together. About two thirds of respondents said that social workers were engaged in 'preventative' work; in all cases it involved a minority of staff and ranged from intensive interventions through to the provision of advice to other professionals. Those interviewed recognised the need for preventive social work skills and interventions, as well as the frustrations felt by social workers that they did not use the skills for which they were trained. But the actual work was being challenged by the need to deploy nearly all their resources into child protection and high level statutory work.

There were, however, examples of multi-disciplinary and multi-professional pilots and projects which were supported by social care staff with varying amount of input from social workers. There were also examples of locality teams and similar where social work professionals were embedded and several authorities were planning to involve social workers more intensively in specific projects in an effort to try to reduce the number of child protection referrals and investigations. In other areas social workers had been placed in universal settings - children's centres, schools and health centres - supporting partner agencies to deliver intensive support services to particular groups, such as young children with severe behaviour problems and young people with complex needs, in order to maintain them in stable placements or to reduce the likelihood that they will enter care. The purpose of these placements was two-fold: to make sure that the most appropriate services were provided and to try to ensure that social workers were positioned to identify any emerging safeguarding issues. Unqualified staff were also working in these settings - as they were in authorities who said that they did not have the resources to allow this type of work to be undertaken by social workers - and if the level of statutory work continued to escalate social workers would have be pulled back.

The most positive reaction to social workers engaging in preventative work or in early interventions was in relation to work which went beyond providing supervision or engaging in arms-length discussions. The level of enthusiasm was in direct proportion to the level of engagement of social workers. One assistant director in a large county council authority was following the progress of a small team comprising social workers, children centre staff, health visitor staff, social work assistants, and education welfare officers based in a very deprived area. The number of children in this area who were subject to child protection plans and who were looked-after was beginning to fall while in other parts of the same authority the numbers were continuing to rise. This stood in sharp contrast to the response of the assistant director in a CSD in a unitary authority reported in Fig 6.2. In this authority the social work input in relation to prevention was limited to providing advice and other agencies and professionals were expected to take the lead on anything defined as preventative. He was not alone in wondering if and when the beneficial aspects of newly established provision in the community would lead to a reduction in pressures on social work rather than creating additional ones.

## Figure 6.2 - Challenges of addressing preventative work in children's services

...a lot of the preventative services we have in schools may be supervised by a social worker or a senior practitioner, but effectively the work falls to social work assistants. ....so much of our commitment around our preventative strategy has been trying to develop services through children's centres. But actually, what tends to happen with children's centres is, once they're opened, rather than act themselves and preventing work coming in our direction, they actually generate work for us and they generate work for a couple of reasons. I mean firstly, because they put vulnerable communities under much more scrutiny, and will be picking up work that otherwise wouldn't come to our notice. But secondly is they do tend to be much more risk averse. So when they identify something that is when they identify something that worries them, even though Every Child Matters (ECM) and things like CAF should be supporting them to take responsibility for managing that effectively and not escalating it, they invariably escalate them because they're quite risk averse. And unfortunately, with things like the Baby P case make non-social work professionals, including teachers and early years workers very, very risk averse. And so, since ECM, certainly in the last three years, our referrals have actually gone up by about 40 percent and of those probably about two thirds of them are inappropriate. So a lot of our front line social work assistant time is getting tied down with doing initial assessments that don't lead anywhere.

Those who said their social workers were not doing any preventative work were not necessarily opposed to it happening in the future but believed that professional expertise had to be applied to those with the highest level of identified risk. Ironically a few respondents thought that the *Every Child Matters* agenda, with an emphasis on prevention, had actually increased the burden on statutory services. They had expected this in the short term when the children's centres and other services were new, but they were continuing to generate work for the statutory sector. The same assistant director whose statement is reported in Figure 6.2 above suggested that this was because:

*...they have put vulnerable communities under much more scrutiny, and will be picking up work that otherwise wouldn't come to our notice. But, secondly, is they do tend to be much more risk averse. So when they identify something that worries them, even though things like CAF should be supporting them to take responsibility for managing that effectively and not escalating it, the whole issue around identifying the children with additional needs and expecting those professionals to deal with them has not happened. They invariably escalate them because they're quite risk averse. It is not in the short term now - but whether it is a middle-term or a long-term problem ...I think the jury's still out on that*

In the course of the discussions around prevention two other issues emerged. A third of those interviewed linked the discussion to recruitment and retention of social workers and to the skills base of their professionals. They were not surprised that experienced social workers had been tempted to join other agencies, such as those in the voluntary sector, which had expanded as a result of an increased emphasis on, and funding for, preventative work. This added to the pressures both on less experienced staff who had to deal with additional child protection work and on managers to make sure work was allocated:

*It is the sort of concern that I would have as a head of service. The more that jobs are created in dedicated early intervention and prevention services, where social work skills could be used and make them attractive to employers, the more difficult it is going to be for social care to recruit and retain social workers to do what they need to which is child protection. [Head of service, metropolitan authority]*

There were also those who did not believe anything would change until cultures within and between services in their localities shifted, problems around information sharing were solved and measurable progress made on bringing the children's workforce together. This was also seen to link to the issue explored above in seeking greater clarity on the social worker's role in children's services and what social workers should be expected to do.

### **Key issues from preceding discussion**

- It is still difficult to establish an appropriate level of family support because of continued emphasis on child protection activity by local authorities.
- Over the past twenty years there has been research and policies designed to refocus work towards family support, and away from a narrower child protection focus. This would mean making services available earlier, but has implications for how the social work role and task are defined
- Greater clarity is needed on the desired outcomes from preventive activities in work with children and families in order to identify the most appropriate way of using social workers' skills in relation to specific groups of children and families.
- The thresholds that different authorities have in terms of picking up cases require further investigation and exploration.
- Managers in CSDs are faced with interpreting guidance and procedures and judging whether a case requires a response, but the decision is influenced by available resources.
- The system is based on the assumption that some types of referrals carry less risk than others and it is possible to be able to judge risk at an early stage. The statutory social work task has become one of managing risk and assessing entitlement to resources.
- When other professionals assess their vulnerability following reports of high profile cases where children have been harmed the number of referrals increases and social workers are then under mounting pressure which further restricts their ability to act.

**Section D - Views of senior managers on training, recruitment and retention of social workers**

## Chapter 7 - Entry into the profession

### 7.1 Provision of practice learning opportunities (placements) for student social workers

All of those who were interviewed said they were under increasing pressure to provide placements. Since 2003 students social workers have been a required to complete 200 days in the field as compared with the previous requirement of approximately 130 days. As a result all those interviewed in adult and children's services were facing an increased demand for placements, compounded by higher levels of recruitment on to courses.

#### 7.1.1 In adult services

All those interviewed in adult services provided practice learning opportunities for social work students. These arrangements were usually either made by the universities and colleges concerned, although in some cases the local authority had a role in planning and managing student placements within their authority, monitoring the opportunities offered, for example. This director explained the form that this might take, a model that seemed similar to that of a student unit:

*Yes we do have placements, we have a practice learning co-ordinator within our authority and we do much of the practice placement work ourselves around organisation. We are part of an alliance of local authorities and this helps us with our workforce development overall. We have especially good links with [X] college.  
[Director, metropolitan borough]*

The ability to provide placements depended on staff being willing to act as practice assessors / educators. A few directors reported problems with this but where there were difficulties in supply then authorities made use of 'long arm' or independent practice educators. Regardless of whether there was a student unit or similar, most authorities had a specific member of staff to co-ordinate practice placements. The extent of this involvement could be considerable:

*We offer places to students from (two universities). There is a practice learning consultant to support placements. The Social Care Practice Board (joint Children and Adults) has oversight. All care services teams take at least two placements per year. In 2007-2008, we provided 262 practice learning day in Children's services for internal Grow Your Own (GYO) students and 164 days in Adults. For external students, we provided 924 days in children's services and 1044 days for adults.  
[Director, London borough]*

Directors also spoke of their authorities' involvement in supporting the placements of students studying through the Open University and the way in which secondment of such students was positive for recruitment. While many highlighted the potential to recruit new social workers through the provision of placements, some commented further on this as part of their responsibility to the profession:

*We over achieve our practice learning opportunities and we feel very passionately that we should be able to provide placements. They bring all sorts of manner of advantages for teams, they improve the profession generally. We have to put our money where our mouth is, we have a standing placement unit with our learning and development team and we also use a lot of long arm practice supervisors.  
[Service manager, metropolitan borough]*

### 7.1.2 In children's services

As in the discussions with those in adult services all of those interviewed were in departments which provided placements for a number of universities and colleges, although two thirds said they would like to provide more but it would not be possible under present circumstances. There was a clear commitment to support the development of the next generation of social workers, but they had the immediate concern of making sure cases were covered and existing staff were not put under additional pressures. At the same time as the increase in demand for placements many CSDs were under pressures resulting from staff shortages and / or operational issues which, in turn, meant universities and colleges struggled to find placements. As a result of the increased demand for placements, some students were being placed in agencies and settings where no qualified social workers were employed and a small proportion of NQSWs were graduating without having 'worked' in a statutory agency. It was not unusual for those interviewed to admit that when these NQSWs were then employed they were expected to assume a full caseload in statutory agencies including child protection responsibilities.

There were many references to the belief that a good experience while on placement made a significant impact on students' choice of employer. Many of them recognised the irony of their own position in wanting NQSWs who had experienced a statutory placement in a CSD and in using final placements as an important recruitment route, while imposing restrictions on the number of placements they could offer. Nevertheless it was clear that some senior managers, such as the assistant director quoted below, had deployed considerable resources into supporting practice placements as a short and long term recruitment strategy:

*We try to give the students as much support and input as we do the trainees (seconded staff undertaking professional training) when they are on placement with us, for the simple reason that if they have a good experience with us they will come back and apply for a job. That is what we need. So we are particularly good at taking students.*  
[Assistant Director in a Department in a unitary authority]

The quality of the practice teacher was seen to be crucial. They were said to be usually very experienced social workers, with higher caseloads and undertaking the more demanding work. The challenge was clearly to achieve a balance between providing fewer placements supported by highly skilled staff or more placements where quality of supervision and mentoring would not be so high. Many reported that their practice assessors/teachers had undertaken appropriate training but, as they tended to be experienced staff who were hardest to retain, this expertise was often at a premium. When this was combined with increasing work pressures it meant that practice assessors / teachers did not always have the necessary time to devote to supporting a student's learning. Various models for addressing this problem were provided. Some departments had specific posts that provided a degree of oversight across the area, supporting practice assessors / teachers and organising various events, such as learning sets and seminars. (See Fig 7.1)

## Figure 7.1 - Role of a Practice Learning Coordinator

Where a Practice Learning Coordinator role existed, it typically covered:

- support for regional and local practice learning and post-qualifications forums to discuss and develop student placements, practice assessor education and support post qualifying awards for qualified social workers
- the provision of a link role with universities/colleges including regarding student interviews, panels and reviews of social work education
- the creation and nurturing of new placements in statutory and PVI sector
- training and encouraging new practice assessors/teachers
- support and advice on good practice around student placements and responding to concerns.

In other areas the workforce learning and development teams were providing support although sometimes it was described as being too *ad hoc* and dependent on individuals. Many of those interviewed wanted to see the introduction of practice units which, they believed, would begin to address demand for quality placements, while providing well resourced and staffed practice experiences. Some also expressed their uncertainty about what was happening in relation to Learning Resource Centres.

A few of those interviewed pointed to the predictions of the Practice Learning Taskforce on the increased number of placements that would be required to meet demand and had not ensued. They hoped that the Social Work Task Force would be more effective in addressing this longstanding problem<sup>35</sup>. Far more - over two thirds - of respondents pointed out that it would not be possible to achieve an effective link between what happened on courses and the realities of practice without fully engaging employers as partners. They thought that this would also mean a greater engagement of university and college staff in placements than was currently the case - an activity which appeared to many to have taken a lower priority than it had previously. Not only did they think this would reduce their criticism that courses content was not tuned to the needs of the field, but it would also enable practice assessors/teachers to access developments in theory and research. One senior manager went further and thought that without a serious upskilling of practice assessors/teachers it would not be possible to achieve reflective practitioners, who were able to take what they had learned, apply it and embed it in their practice.

### 7.2 Grow your own schemes

The term 'grow your own schemes' [GYO] refers to activity that can be broadly divided into secondments and traineeships (sponsorships) offered by local authorities and other agencies. It is part of the long tradition in social work of training social care workers (see Harris, Manthorpe and Hussein 2008) but their use may be declining.

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<sup>35</sup> See Topss England/ Taskforce (2004) The Future of the Practice Learning Taskforce. Consultation Paper. Topps: Leeds.

### 7.2.1 In adult services

Different pictures emerged about adult services' use of GYO social work training schemes of sponsorship or secondment. These seemed to depend on a number of factors. First, traditional workforce development patterns had left a legacy of schemes which some felt demonstrated their commitment to the profession, although this was tempered with concerns about costs and the time needed to organise such a scheme:

*We enable some of our staff to be seconded onto social work training programmes and we retain these, it is quite expensive - we have to pay for back fill but it does demonstrate our commitment to learning although it can be quite disruptive and quite time consuming and of course expensive.  
[Director, metropolitan borough]*

Further GYO schemes were thought to be unnecessary in areas where recruitment was not seen as an issue. The link between GYO schemes and an authority's ability to recruit sufficient social workers was made by some of those interviewed:

*It is not necessary: I imagine you would find those schemes still in operation in authorities that have difficulty in recruiting but maybe not in others where that was not the case. [Director, county council]*

*In adult services one of the disadvantages was that actually, because we've got such low turnover, it's a struggle to find people a job (when they qualify).  
[Director, county council]*

Some ascribed the decline in social work sponsorship to doubts over the need for so many social workers in adult services with the growth of personal budgets or self-directed support.

Varying advantages and disadvantages of GYO schemes were identified. The advantages included:

- the high calibre of the GYO graduates and their commitment to organisations
- the fact that authorities were offering a diverse range of opportunities and demonstrated a high level of investment in staff.
- the extent of the engagement with universities and colleges in terms of academic learning and links with placement opportunities. One director said it allowed them to maintain their influence.

These directors saw many of the advantages:

*Recently, we had four people who had gone through the qualification route while they worked for the department and it was just fantastic. Absolutely fantastic. Those people have been supported through our workforce development unit. They've got their qualification. One had started off as a cook. She'd gone through and got her social work qualification, working with people with learning difficulties. It's just wonderful. It's something that we haven't cut back on. If we don't invest in our staff then we've had it, anyway. You need them to rally round in the more difficult times when the budget - it's actually a false economy.  
[Director, unitary authority]*

I think growing your own and contributing to the process of the training done with social workers is crucial, not only in terms of making sure that we all contribute professionally to this venture. Secondly, to attract good people to the organisation. [Director, county council]

The disadvantages which were mentioned included:

- GYO schemes are expensive
- the impact of seconding staff on other members of teams.

Alternatives to GYO schemes included 'golden hellos'. A GYO scheme was estimated to cost £80,000. As one director commented that it would be cheaper to give somebody a retainer of £5,000 a year than to pay this amount.

### 7.2.1 In children's services

All but two respondents in CSDs had experience of seconding staff to courses where they would qualify as social workers, although two had now stopped doing so. In one case the reasons for moving away from GYO were traced to limited funding and the fact that while the scheme had been important when there had been a recruitment crisis this had now eased so the imperative to use this route had disappeared. In the other case the scheme had not been judged to produce the quality of worker which was required and interest had shifted to offering trainee bursaries for 'bright' graduates so long as funding to do so was available.

There were a small number of interviewees who said that there had been mistakes in the past over selection of their existing staff for training and in their experience those who had qualified through this route tended not to have the same academic and intellectual skills as those recruited through an open process. While they were usually regarded as competent people it was sometimes said or implied that too many of those on the schemes were not regarded as high fliers or capable of undertaking the more complex tasks or moving on to managerial roles. There were others who were not necessarily critical but recognised that using the scheme meant that they did not get enough 'new blood' into the department which, potentially, could be a disadvantage.

But the majority of those interviewed were still using secondments for unqualified staff, although about half of these said that they had reduced the number on such a scheme, either because of insufficient resources or restructuring. The advantages were defined in terms of recruitment and retention:

*So that, the major advantage of that is a relationship can be built early, you're getting people back from training who already know some of the basics of the authority, they understand the IT systems, they relationships with people, they'll have done placements within different parts of the authority, so they've already got relationships with people across the agency and outside.[Assistant director, metropolitan area]*

*We know those are our better people. We know that they have probably worked for us a couple of years anyway, they are resilient, they know the job and they're usually local people so they will stay with us. So in terms of investment, I mean it's a huge investment, but actually we know that they'll stay with us. Retention is better. [Lead officer for Children's Social Care, large county council]*

It was relatively easy to recruit local, unqualified staff. Because they had roots in the area they were less likely to move and not surprisingly it was a preferable route to a student loan for someone with mortgage and family. When they recruited recent graduates they were unknown quantities whereas they knew the skills of those seconded and did not have to spend so long on their induction; nor did the people concerned need time to get to know the area. In some rural areas it was also seen as a way of increasing the qualified workforce when it had been difficult to attract outsiders; in areas where there were many alternative sources of employment it was viewed as a way of instilling a sense of loyalty which could contribute to a more stable workforce.

One department had reintroduced a scheme having abandoned it in favour of a bursary scheme a few years earlier. The drop out rate on courses and in the first year of practice had led to this rethink and the development of a range of routes which they supported. It had also led to the development of closer working relationships with local courses in an attempt to provide the most appropriate support for students and newly qualified social workers at the times when they needed - it in an attempt to avoid attrition - and to make the course more responsive to the skills the department required.

The only disadvantages identified by nearly everyone were the costs involved and that it was a long-term solution which did not address immediate shortfalls in staffing. The schemes actually created pressures in the short term because staff were released, usually without any replacement cover.

### **7.3 Views on readiness for practice - the quality of social work qualifying education**

The interviews moved to explore respondents' views on how prepared they considered newly qualified social workers (NQSWS) were for practice. It was clearly the issue which engendered the most discussion and passion, particularly in CSDs.

#### **7.3.1 From those in adult services**

The interviews revealed three separate viewpoints on the quality of the preparation for professional practice which social work students received. First there those directors who were very positive, second those whose views were mixed - the largest group - and, third, a group whose views were negative. We report these in turn. Some directors acknowledged that they had limited direct experience from which to comment:

*Sitting [high] up in the Civic Centre, I'm a little removed from such things these days.  
[Director, London borough]*

*I haven't seen very many newly qualified staff recently to really know and because we have very few vacancies we have very few new people coming in.  
[Director, unitary authority]*

One director thought that the higher vacancy rates in children's social work meant that adult services had greater chance to be more selective and reject all but the best NQSWS. Another considered that sometimes the expectations of NQSWS could vary according in different employers:

*We try to give them what support we can, I don't think we would just sort of throw people in at the deep end but the pressures are probably different around councils. You would probably find councils in urban areas, you know, [who] would have more challenges. [Director, county council]*

At the same time, others pointed out that it was important to recognise that qualifying programmes should not, in the words of one person, be 'factories':

*It's always been my view about training that... if someone comes off the course fully prepared and equipped for work, I would be astounded. I think there's always something about orienting yourself to work...I don't think it's a matter of the course sometimes. I think it's a matter for the individual and where they're at in their approach. But I always have a view that the courses are slightly detached from reality, but maybe they need to be. [Senior manager, unitary authority]*

Examples of those whose viewpoints were positive included:

*I had an email from an ex director who has been acting as a mentor/coach on a post qualifying course for a number of adult social workers...who were on the degree course on the part time route and they got firsts. He emailed me to say he wanted me to know what a fantastic group of staff I've got. [Director, County Council]*

*By and large, I'm quite impressed by the intake and the uptake we get in social care, given that I think you must be very brave, I think, to choose a career in social work [laughs] given the current publicity. I think it's extraordinary that we still get people. [Senior manager, unitary authority]*

Others had views that were more mixed:

*To be honest I am too far away to say. The feedback I have is that it is very hit and miss, you know what people will say there are some absolutely brilliant people coming off courses and there are some people coming off courses that you really wouldn't want to let loose on the public. [Director, unitary authority]*

Those who were more negative were anxious to convey the underlying complexities behind their views. An important issue was the extent to which realistic demands were made of NQSWs:

*What I do know is that frontline managers would say that actually they still need quite a lot of development and training in the first two years to get to a required standard - of course people vary in their capacity and ability and so that's always a variable. I think it's fair to say that you wouldn't expect somebody with under two years experience and good quality training and experience to be competent in all the domains. I'm not sure whether that's a critique or not. You could say, 'well, doesn't that apply to most professions?' [Director, County Council]*

On the whole, their concerns fell into two categories. Firstly, there were those whose concerns were that programme content needed to match developments taking place in adult social care which were sometimes linked to the reduced level of partnership working in providing social work education:

*I think the bit that we need to improve on is the partnership between employers and university providers. As soon as they took it away from the partnership approach back into just university providers being commissioned without any requirement to be in a partnership with an employer, you lost the connection with the employer. Therefore I think they're out of date....you're not really preparing people for the new adults [world] in social care.*

*'I think that particularly in the ways of individualised services, social work training is going to have to change substantially. I'm not sure anybody has grasped that yet because what we are talking about social work in quite a different way. And really far less risk aware than they are at the moment. ... Much more of a broker role. [Deputy director, large county council]*

The second view was that not all graduates had acquired sufficient experience before they began qualifying education and that the practice learning experiences they had received were insufficient for working in a statutory environment:

*Going back to what I just said our experience is patchy, sometimes students have not really done a social work statutory placement or even much in social care and so although they will have general skills and some aptitude it is very hard for them to come in and work immediately as an experienced social worker. I had a lot of experience before I started my social work training but nowadays there are quite a number who are coming just from school. I would like to see greater emphasis on previous experience in selection, I think yes there is room for some school leavers but I think these are rare and exceptional. I would like to see more emphasis on experience than on academic qualifications. I think it is really important that people have a real grounding in this type of work, we are not doing them a favour by taking them into something that they are not ready for. [Director, metropolitan borough]*

For this reason, students who had completed practice placements within the authority or those who had been on 'grow your own' schemes tended to be viewed more favourably:

*I think the ones that come through the kind of learning on the job route [are good]. It's the ones that come straight from university. Some of the situations out there are really quite tough. [Director, unitary authority]*

*If they've had placements with us we know we're getting a known quantity, because we know what they've got when they've been on placement with us, which we think is based on a good dose of reality. [Director, metropolitan borough]*

Unlike the views of many respondents from the children's sector nobody expressed the need for specialised training at qualifying level. In the opinion of this director and many others this was seen as something for NQSW schemes and post qualifying education more generally:

*I know we're into this business of specialist training and we're in danger if we're not careful of splitting Adults and Children's and their families again, which is the most gormless thing ever... and I mean, I know it's in terms of some of the comments that are coming back from people, and we have to make sure that we include adults as well. [Director, metropolitan borough]*

### **7.3.2 From those in children's services**

While there were some areas of overlap between the views expressed in CSDs with those reported above, there were also some quite sharp differences.

Those who were interviewed also acknowledged that the degree was a basic qualifying programme and that their expectations should reflect that fact, even though many believed that the demands which they placed on NQSWs were not necessarily in line with this. Notwithstanding this admission, only two interviewees thought that the current training path into social work was an adequate preparation for children's social work and as a result NQSWs

were generally judged not to be ready to embark on practice.<sup>36</sup> Overall they wanted practitioners who were, or who had the potential to become, competent and self-aware, able to practice safely applying critical judgement and possessing analytical and interpersonal skills. Most respondents said they found too few NQSWs who lived up to their expectations.

Before exploring the concerns of the majority it is only fair to set out the views of the two lone voices, one of these is quoted below. They said they had perceived an improvement in the quality of NQSWs compared with many of those who had come off DipSW courses in the first half of this decade. One of the two claimed to be delighted with the calibre of the NQSWs recruited, but he was the only one to be so positive. They were both optimistic that it would be possible to sustain and accelerate improvements which they associated with the introduction of the degree - and which they thought would be supported by the work of the Social Work Task Force and the Children, Schools and Families Select Committee (July 2009):

*There was a period, when I wondered whether we were employing people who simply couldn't read or write; it became quite worrying. I think now, my impression is that we've got over that hump and maybe we are now getting - slowly - a better standard. Perhaps the sorts of things that people who now become social workers might otherwise have gone to do are not as available. Maybe we shall benefit from the fact that there are not so many vacancies in teaching these days, are there?  
[Assistant director, county council authority]*

The majority, however, did not identify one cause for what they perceived to be wrong nor did they suggest one solution. Neither did those interviewed think they were identifying new problems. Rather there were numerous references to previous debates which had taken place previously such as when the Diploma of Social Work (DipSW) had been introduced and around the many child death inquiries which had attracted public attention. The difficulties which would be encountered in addressing the problems were not minimised. The nature of social work with children and families was said to have intensified and required good social work skills. At the same time the amount of bureaucracy and record keeping had also increased. It was evident from these interviews that social work was not seen to be common sense; rather it was about being able to analyse situations and people, assess needs, determine how to address those needs, and then explaining that to clients and other professionals.

There was a consensus amongst interviewees that they did want NQSWs to understand the context of current practice and be able to synthesise and analyse information, write reports and complete assessments. They also wanted NQSWs to have an understanding of child development, to have been introduced to some therapeutic approaches and to be able to communicate with children and young people. In their experience these skills were absent in too many of those they employed - sometimes because of individuals' abilities (or lack thereof), more often because they found out that these issues had not been covered or absorbed sufficiently on their courses.

In addition they said that too often they found NQSWs who lacked knowledge of key legislation, current policy and reports, and who had limited ability to cope with the daily roles and responsibilities of their work, such as record keeping, assessment, analysis, principles of information sharing and communication with partners, and case management. They were encountering NQSWs and students, even from those courses which they regarded as being amongst the best in the country, who complained of the gap between what they were being taught and what they were experiencing on placement and in practice. One director of child

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<sup>36</sup> Blewitt and Tunstill (2008) found that the self-selected sample of *service managers* they interviewed had expressed 'overall' satisfaction with the degree.

protection in a London borough compiled a list of where she felt NQSWs were failing (see Figure 7.2). It captured the areas mentioned by many - although so many areas were not usually identified by one individual - but she said as well as addressing these deficits every student should have to complete a placement in a children in need or in a referral or assessment team before qualifying to work in a CSD. As with many others she did not expect NQSWs to emerge from courses as experienced practitioners but she did expect them to be fit for practice and ready to embark on a professional trajectory.

### Figure 7.2 - One view on NQSWs

- They are unclear about the statutory social work role and have unrealistic expectations about what statutory social work is and what can be achieved.
- They have very little or no child development knowledge.
- They are not familiar with the practical application of the assessment framework.
- They lack skills in talking to children, dealing with conflict, case management.
- They show insufficient 'spirit of enquiry' and respectful disbelief, and are far too ready to accept what people tell them as truth.
- They have very few analytical skills which allow them to manage risk, furthermore they do not distinguish fact from opinion which limits their ability to weigh up information and make professional judgements.
- They want to be given the answers to everything and find 'uncertainty' difficult to manage.
- There is a considerable variation in the quality of their recording, including basic written skills (spelling, grammar) and giving evidence (social workers should be graduates).
- They appear to have insufficient learning about common errors from any assessment.

The issue was particularly relevant for those (a small minority) CSDs where fifty percent or more of their social workers had qualified in the past two years. The three-year degree course, introduced in 2003, had attracted younger candidates with, not surprisingly, little life or work experience. Age was seen to be an issue only in terms of two factors - the nature of caseloads and an individual's resilience to deal with the emotional and psychological impact of the work. Although a number of those interviewed had embarked on their careers when they had been in their early twenties, the difference was described in terms of the nature of the caseloads which they had carried which may well have been lighter in number and complexity. Where they had carried high risk cases they had been supported by teams of experienced social workers. They considered that they had been allowed the time and support to develop their skills whereas now too many NQSWs were expected to deal only with complex child protection cases in teams made up of very inexperienced social workers. It was suggested in a few interviews that courses and / or agencies needed to do much more to help all social workers, including NQSWs, manage stress.

However, the concerns of the majority were overwhelming and focussed on the level of responsibility which some NQSWs had to assume because of the pressures under which CSDs operated. There was more concern about the selection and eligibility criteria being applied by some courses. It was linked to a fear that CSDs were paying the price for the pressure on universities and colleges to widen access. Despite the fact that social work was now a graduate profession there were many criticisms of the apparent low entry requirements for some courses. The LGA had recently produced a report<sup>37</sup> where it was claimed that 'almost half of students entering social work degree programmes with A levels in 2006/7 had fewer than 240 UCAS points (3 grade Cs or equivalent)'.<sup>38</sup> This report was quoted very frequently as evidence of standards which were considered to be too low and contributed to the perceived lower status of social work. Similarly the LGA had reported that there was only a two percent failure rate on courses which caused serious unease, particularly when linked with an increasing recognition by higher education of prior experience and practice and the encouragement of those without traditional backgrounds and qualifications<sup>39</sup>. There was a level of despondency about a perceived failure to have achieved any real improvement, sometimes evidenced by reports of experiences of having sat on recruitment panels:

*My managers are involved in the recruitment at local university and came back disheartened at the quality of the applicants - they are often academically very poor and they have very little life experience. Part of becoming a degree profession has meant that the profile of people going on to that has been much younger and without the right experience and, more important than anything, the resilience needed to sustain what they need to face going into social work.  
[Assistant director, unitary authority]*

One in four of those interviewed commented on how they had encountered a reluctance on the part of some courses to fail students, even to the extent of challenging and over-ruling the judgement of practice teachers.

For some there was an additional concern that greater inclusivity and the need to recruit higher numbers on to courses had perhaps led to some courses failing to explore the match between candidates' values and belief systems and those of the profession. They were tempted to attribute instances where students on placement and recently qualified social workers had expressed racist or homophobic views to a failure of some courses to challenge such views or even to provide the opportunity to explore the profession's value base.

Two out of every three respondents explicitly stated that they wanted to see greater importance paid to raising the standard of new professionals than to recruiting increasing numbers of social workers, some of whom were seen to be a risk to children and colleagues.

A quarter of all those interviewed wanted the bar raised to make the professional qualification equivalent to a master's degree, and then only awarded by fewer universities, even though they realised this would have immediate consequences on recruitment. Far more - over half of those interviewed - wanted to see some form of national curriculum for the social work degree to be introduced in an attempt to achieve greater consistency across courses, so long as it was demanding and now diluted to accommodate low expectations. They wanted to attract the most academically able candidates at the same time as reshaping the face of

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<sup>37</sup> Local Government Association (2009)

<sup>38</sup> Various proportions were attached to the UCAS points by respondents so the actual proportion was checked when writing this report. In comparison, more than three quarters of entrants to teaching and nursing degree had more than 240 points.

<sup>39</sup> The pass rate was only 62 percent. Of the remaining 38 percent of students, some had to resubmit work or had deferred a year, while 11 percent had left the course. Fewer than two percent were said to have failed.

training. There were many comments on the complexity of social work, and how intellectually, theoretically and emotionally demanding the work was and, as a consequence, without intellectual, physical and emotional reserves to draw on too many NQSWs struggled to survive.

Only a small minority, such as this assistant director in a CSD in a large county council, thought that the theoretical aspect was given too much importance and wanted students to graduate able to undertake key tasks:

*I recently described it as, it's like teaching the principles of hydraulics to someone when you actually want them to drive a truck .They have come across all sort of theories but you say to people 'Have you actually ever been, had, in a role session, where you give evidence in court?' 'No, not on the course, I've never heard of it.' One of the things we do here with people is we make sure that when people are first going to give evidence for the first time we take them through what it's going to be like, making sure they know how they're going to handle themselves, what they do and what they say. But most courses don't do that sort of thing.*

Most regretted the fact that social work was increasingly seen as a 'practical' job rather than a respected profession and the shift endangered the preparation of professionals able to engage in reflection and analysis.

The concerns about the calibre of NQSWs and their ability to meet these challenges, as well as about the current training paths into social work, led three-quarters of those interviewed to be firmly of the opinion that too many newly qualified social workers were not ready to embark on practice. While their views on courses were diverse and complex, a major concern was that even on those courses judged to be of a high quality the links between knowledge, skills, values and their application and interplay were not being made and, as a result, students failed to transfer what they had learnt into their practice.

There was, however, an element of realism amongst those interviewed who recognised that the debate about linking practice and theory was far from either being a new one or from being resolved. In addition there were widespread concerns that the tutors in universities and colleges had been trained in and practiced social work in a very different policy context - this is an issue which is explored below. However, not all the blame for this was laid at the door of universities and colleges. The issues around placements have been covered in an earlier section of this report but they are worth summarising at this point. Students are required to have 200 placement days, which reduced the time which they spend at university or college but also placed additional responsibility on agencies. For this and other reasons there was a shortage of statutory placements which were supported by experienced practice teachers / assessors. This contributed to the problem in a profession where those interviewed believed that there is little that can prepare someone for doing good frontline social work, other than doing it:

*The theoretical learning is essential but unless you've got a solid base in actually knocking on doors and seeing ragged children, and talking to them, and dealing with aggressive people you're not going to be able to do it.  
[Head of Children's Social Care, unitary authority]*

The shortage of placements was often linked to what they saw as a failure by courses to prepare students to be ready to deal with the challenges thrown up by safeguarding:

*I just cut my teeth operationally in child protection enquiry teams. Safeguarding is very much embedded into my practice, but you could be a student and end up with a couple of very weak placements and no statutory placement - what good is that? [Director, county council authority]*

Many of those interviewed had qualified as social workers many years ago and just over half of the cohort touched on or explored in more depth the following issues. They reflected that on the courses which they had attended which they thought had been academically demanding and which had prepared them to make complex assessments and judgements. In their experience even those courses considered to be at the top of the pecking order did not provide the same rigorous training as they had received. It was suggested that a reason for this was the move towards a competency based training model, which had crept in over time, alongside the introduction of regulatory curriculum frameworks for national occupational standards and the growth of managerialism, which had shifted the ground away from a more demanding approach emphasising education, training and research. One director detected some irony that this had happened when they were being urged by Government to base practice on evidence from research of what works. As a result of the shift they believed they were encountering fewer new professionals who were able to analyse and reflect on their practice at a high enough level and practice within a context of uncertainty and ambiguity.

Interviewees thought that there were probably too many people teaching on courses who were out of touch with current practice, although it was also recognised that practice assessors / teachers and supervisors could also become out of touch with theory. Interviewees stressed the importance of practice-teachers using theory and being confident to do so. The involvement of practitioners both in courses and in providing seminars (and similar) during placements helped to make a link between practice and theory and between social work education and training and practice:

*You have to have a focus on teaching people how to write a court report and how to write a core assessment. Learning about Freud is important but actually, you know, his theory of sublimation doesn't necessarily come into it when you're dealing with an angry man on a doorstep, who's just beaten in his partner or something. And.... and I think some of those practical skills, some of that reality based training is needed to equip our workforce a bit better in terms of moving them into employment. That is our responsibility as well as the academics!  
[Director, London borough]*

*There has got to be a stronger link with the realities of the work. Two of us used to go into two local universities to do a day on child protection investigation. I always got the feedback that it was the best day the social worker students had had all year...it was entirely practice based. We gave them a vignette to work on in a group, 'Come up with some ideas of what you think the assessment is, where you're going', and when they got to a certain point we upped the anti on them, and during the course of the day that one case got more and more difficult. But they learnt how to deal with the things that were going to come through your door. They don't do that on courses routinely. Or if they are, the NQSWs are telling me they are not. But I qualified, God help me, 1977, and in all that time people have been saying that, so please let us get on with it!  
[Assistant director, county council]*

In exploring the issues around preparedness for practice two thirds of those interviewed spontaneously raised the issue of whether it was appropriate to continue to train social workers to work in both the adult and children's sectors. Where it was not raised spontaneously their views were canvassed in order to get the views of the whole sample on an issue which was clearly high on a number of people's agenda. Overall the majority - two-thirds - of those interviewed wanted to see a separate route for those going into CSDs while

the rest wanted to retain the generic pathway, leaving open the option of specialisation after qualification. Those in the latter group did not think it was appropriate to train social workers to work with one client group when policy, and sometimes settings, had moved to an inter-professional and integrated approach; nor did they think it wise to separate children from the family context and an understanding of problems which might be labelled as 'adult' related.

There was a range of reasons why others thought differently, but they hinged on the gap which was created by the requirement for universities and colleges to deliver a generic social work degree, and the expectations of employers for NQSWs to be equipped with the knowledge and skills to manage complex and challenging work in specific sectors. Most social workers now worked in either child or adult services but such major shifts had not been reflected to any great extent in training. These interviewees reflected on their own experiences:

*The fact that training is still generic is an issue. There is more work needed with students around specifics to actually prepare them, especially around court, legal, child protection. I think the two strands - adults' and children's work - are now so far apart I actually don't think there's any point pretending you can have one training route. I was trained as a generic social worker but I do not recognise adult social care now as anything approaching what I was trained to do. I think children's social care is now just so specialised and I think adults is. I think they're as different as chalk and cheese.  
[Head of service, county council authority]*

*Because I was a director of social services and I do interim work I've managed adult services as well. The last time I managed an adult service I decided never to do it again - the job is entirely different and would consider it a risk!  
[Interim director, county council authority]*

Everybody recognised that all social workers needed an understanding of mental health and drug and alcohol dependency but those who advocated specialisation did not think this should dictate the training route, querying why it was not possible to prepare students to work with children, young people and their families. While they agreed that there were values and skills that were applicable at all levels and settings of social work, some respondents pointed out genericism had entered the profession as a way of focusing on those concepts and values which all social workers need and not as a way of training all social workers to work with all client groups. One assistant director went so far as to link an eclectic approach with what, in his words, he called a 'a *dumbing down*' of the profession. Others pointed to the fact that social workers operate in a context of multi-agency practice and needed to be a specialist in an area to contribute effectively. A few others thought that if the same time was available to train social workers as was available to train doctors then later specialisation would become an option. In its absence it had become an imperative to differentiate training paths' current structures as there was not enough time on course to deal with the complexities of the issues involved.

The only reservation expressed by those who wanted to see this early specialisation was in relation to the age of those who embarked on courses at undergraduate level who could be making this decision at 18 or 19 years of age. But even where opinion differed there was a shared recognition that the best model of training acknowledged the generic elements that were needed, while providing knowledge and skills relevant to specific client groups, and a match between the last placement and the focus of the ensuing job.

A few respondents linked the debate to past failures both to work out what social work was, despite the plethora of definitions which have emerged over the years, and to define a knowledge base or even agree over what should be in it. Some pointed to the considerable variation across departments in universities and colleges about what was needed and how it

should be achieved. One immediate demand was for the *Requirements for Social Work Training*, which had been devised at the beginning of the decade and were now seen to be out of step with practice, to be revised in consultation with the field.

There was recognition that as senior managers and leaders they had a significant part to play in creating the rounded professionals that they sought to employ. They recognised that they had a responsibility to provide good induction, supervision and support and provided examples of how they were going about this. They were also in agreement that employers' expectations of NQSWs were often unrealistic and that as a minimum some form of assessed probationary period - most agreed one year, some would have preferred it to be two - was needed prior to being allowed to register, during which time NQSWs would receive support, regular and frequent supervision and training. It was, however, evident that the extent to which they could succeed was challenged by the pressures they themselves were under. In areas which were not suffering from recruitment and retention problems and where referral rates and resource constraints were less intense the levels of optimism were greater:

*And we need to have a probationary period - by that I mean a period when caseloads are restricted, supervision is high and mistakes can be made without too much damage being caused. We try to limit caseloads in the first year. We try to provide the right level of supervision and oversight. But it can be quite costly and challenging if most of our new recruits are newly qualified people.*  
*[Head of children's social care, unitary authority]*

One light at the end of the tunnel was seen to be the NQSW pilot project of which most of those interviewed were a part. While there were complaints that the resources were not sufficient to meet the level of support required it was widely welcomed. It was seen as contributing to making NQSWs feel supported. Despite the complaints this had allowed for reduced caseloads and protected time, providing the opportunity for them to develop their skills further within the a protected atmosphere provided by a qualified experienced mentor working alongside them for a minimum of 12 months.

## View from the voluntary and private sectors

### Newly qualified social workers

- **Children's voluntary organisation:** The quality of NQSWs was considered to be very variable. One possible reason which was proposed was that social work training has been orientated around people's value base without sufficient attention to assessment and communication skills, particularly in relation to report writing and communicating with hard to reach families.
- **Fostering agency:** The agency does employ NQSWs; but an overwhelming majority of staff are highly experienced and knowledgeable with many years working in a local authority. The respondent did, however, identify a deficit in the way in which NQSWs were prepared in relation to child development, and understanding risk, nor did they consider that universities and colleges prepared them for the element of risk involved in visiting some families or to understand child protection.

The majority of those interviewed in both adult and children's services reported elements of support for newly qualified social workers. These included:

- a starter pack and supervision for newly qualified social workers
- specific new funding from Skills for Care
- a member of staff with responsibility for supporting NQSWs
- an induction policy
- more frequent supervision
- a buddying system

### Key issues from preceding discussion

There were calls to re-examine the role of the practice-teacher specialism but overall to increase the dialogue, contact and shared activities between practitioners, practice-teachers and tutors. Key issues to address appeared to be:

- to explore the gap in the perception of what is needed for of social work practice and the educational provision on courses and in the first year of work and increase the dialogue, contact and shared activities between practitioners, practice-teachers and tutors.
- to achieve greater clarity about the competencies which are needed on graduating from a course **and** after one year of supported practice.
- to address the perceived lack of confidence that both the university and college and placement components of social work courses are sufficiently preparing students to work in CSDs.

While social workers require generic knowledge and an understanding of *adult problems* there was a majority feeling amongst those senior officers interviewed in CSDs that this was not necessarily achieved by completing a generic degree. This was not the case among those from adult services. There was perhaps some further contradiction in perceptions, particularly amongst those working in CSDs, who identified the need for courses to include increased theoretical knowledge and intellectual rigour to enable NQSWs to accept and work with uncertainty while at the same time wanting courses to be more practically focused.

## Chapter 8 - Training of qualified staff

### 8.1 Training for first line managers

#### 8.1.1 In adult services

In most authorities, there is some form of specific training for first line managers, which often covered generic management skills such as leadership and development, often in corporate schemes. In some authorities, social workers and senior practitioners were offered training in order that they would not be overwhelmed when newly appointed:

*There's been a whole programme of work around self-directed support and managers and their role and responsibilities in that, so the corporate approach to leadership, there is ongoing specific training we would do like budget management, resource management, so there's a whole programme of work for our first line managers and at the same time I have a vertical slice, I have the senior practitioners, team managers, service managers, senior managers together on four compulsory development days to say where we're doing an appreciative enquiry approach, really understanding the questions we need to ask ourselves, how we then develop those skills and abilities rather than, and, you know, that's all part of their CPD requirements.  
[Deputy director, large county council]*

However, in some authorities training for first line managers was felt to be more *ad hoc*, with limited special training beyond corporate schemes:

*I think what I was struck by when I... because I'm the workforce leader, my problem is that I don't get to speak to frontline practitioners enough, so you make an assumption that all these things are available and that it's all nice and hunky dory. And when you test out, I was struck by how dependent we were on the skills of a few people who seemed to have developed it themselves, and the good relationships that are formed. And that bothers me, in many respects, really. It only takes that support not to be there, then individuals will struggle and organisations will struggle. [Senior manager, county council]*

#### 8.1.2 In children's services

Although most of those interviewed were offering some training for first line managers the feedback was that this was a neglected and under-resourced area. First line managers had numerous, complex and, at times, competing roles but they were the first port of call for frontline workers, and so played a crucial role in protecting both children and staff. They were considered to be the people who needed most input in terms of training to be a manager but who rarely had their needs addressed sufficiently. When there were vacancies for first line managers they tended to be filled by people judged to have been good social workers. One interviewee stated that in their authority there was a requirement for a specific number of practice years post-qualification, in this case five, before anyone could assume managerial responsibilities. It is possible that others had a similar requirement and did not state it.

New managers were usually offered a menu of *ad hoc* courses on areas which were thought to be relevant usually including supervision and line management skills, as well as covering specific issues such as managing thresholds and management in child protection practice.

One of the many who thought far too little had been done in the past was currently working with two universities to develop a bespoke leadership programme for first line practice managers covering issues relating to how to manage volume and workloads and provide effective supervision within the context of very busy and demanding work environments. The hope was that it would allow first line managers, particularly in the assessment and safeguarding services, to feel more confident and move away from 'fire fighting':

*They find themselves as practice managers sitting in front of our computer screens, reading assessments and authorising them electronically and that's taking up a significant amount of their time. We want our practice managers to be our leaders... And if we want them to be able to do that, we shall have to set the environment properly for them to actually engage in that sort of work. [Director, county authority]*

In another authority the solution was seen to lie in leaning sets which:

*...are tailored to the specific things that they need such as supervision and performance management, as well as working with risk, because as social workers they have to work with risk. Now they are first line managers and they are dealing with a risk to children, risk to their social workers' wellbeing, and risk too to the council's reputation. [Assistant director, London borough]*

In an attempt to test the potential of those who thought they might want to be managers a scheme had been running in one department for four years which allowed people to go on a placement in another part of the authority and work alongside a team manager. This approach enabled anyone who decided they wanted to be a manager to identify their training needs before applying for a managerial post. The internal training then focused on their development as leaders, including the practical skills required and the development of their emotional intelligence.

Elsewhere one respondent had developed a framework for training first line and second line managers, but then did not have the capacity to implement it and could not afford to buy in external providers:

*... but it is my highest priority because we will never have decent practice if we don't have decent first line managers. [Assistant Director, county council]*

While there was a widespread acknowledgement that management programmes alone were insufficient, a minority of respondents had given a great deal of thought to what was needed. Training programmes would have to be mandatory, to counter poor take-up either because of workplace pressures or because of lack of commitment. They would also require support and commitment through the leadership and example set by senior managers and HR departments within a context of an embedded culture of learning and development:

*It is difficult for first line managers to be committed to their own learning and development, if they are getting conflicting messages from senior management about the priority of immediate performance targets. This goes back to the points made earlier about an embedded culture of learning. [Director, metropolitan authority]*

## **8.2 Continuing Professional Development (CPD)**

At the present time there is a UK-wide framework of post qualifying education and training for the continuing professional development for social workers. The requirements for registration for a 'licence to practice' and for CPD are contained in the 'Post Registration Training and Learning' [PRTL] (GSCC 2006). The only requirement in relation to CPD is to show evidence of 15 days or 90 hours PRTL over three years

### 8.2.1 In adult services

Arrangements for CDP appear to be made within local authorities or in combination with neighbouring authorities. Being part of consortia was a common way to achieve economies of scale when buying in training. There appeared to be wide differences in training arrangements in the authorities. At one end of the spectrum were authorities where these were allocated considerable resources and priority:

*(We have a) full time training team; a Training Panel; we are members of Making Research Count; we do PQ awards - currently have staff doing all these; a post entry training scheme for managers to take management qualifications outside PQ framework; an AMHPs [Approved Mental Health Professionals] training programme; 'Enabling others' [for practice assessors]; access to... Good Practice Forums... Staff coming to this authority think there is a "good range" of CPD options'. [Director, London borough]*

These departments usually had their own large in house training provision:

*We are mainly in-house. We've got a pretty large development service. That doesn't mean to say we don't commission externally where we need to. My own view is that, that has served us well, actually. There is a great temptation, particularly when budgets are tight. They will outsource and then just have a budget. And then, because it's just a budget and it's got staff attached to it, it's easier to cut. I think that having a robust and a really good learning development team is quite crucial. And, in fact, when we have had inspections and reviews, our Learning and Development team have always come out well, in the past. Its contribution has been well regarded by practitioners. [Director, county council]*

At the other end of the spectrum were authorities where provision was largely outsourced; with one director reporting that all the learning and development work was now outsourced to one contracted provider. Others were also looking to reduce their direct provision:

*I think we've got a reasonable-sized in-house team, but we're trying to reduce that and procure more outside; that's the strategy. Again, there's a learning development website where people can see the standard sets of options available, but we also have the option to bespoke particular things should we need them. [Senior manager, county council]*

A few had a mixture of both, with some noting the continuing relevance of adult social workers knowing about child safeguarding and the need for training to reflect this.

Training was part of professional development or appraisal and rested on both statutory (GSCC) requirements and needs identified through the annual appraisal process and a six monthly review. Responding to these needs was for some directors a way of meeting their responsibilities as an employer and for professionals a key part of showing that they were compliant or competent and being supported to be compliant with professional requirements. Within adult services, some identified a growing need for more training on safeguarding.

Post qualification frameworks were usually linked to the local university or college. Continuing professional development was generally in place for line managers, and continuing professional development was in place for social workers who wanted practice enhancements. As noted elsewhere in this report, the implications of the transformation of adult social care were currently being considered:

*I mean, that isn't about individuals choosing to develop their skills. That's about everybody being equipped for the future. So, obviously, we have to think about not just equipping people in terms of the practical skills we might need, particularly in relation to new operating procedures like support planning, or resource allocation systems, or self-assessment questionnaires. They're the sort of systems issues. It's a huge undertaking that we're planning around culture change, so you might say that, again, isn't about individuals who may choose to think they might want to change their culture of how they approach the resource, we have to do it for the whole workforce.  
[Senior manager, unitary authority]*

### **8.2.2 In children's services**

It was evident from the interviews in CSDs that there was a commitment to creating a confident and competent graduate profession where CPD and an aptitude for conducting and using research in practice were essential components. Just over half of those interviewed mentioned the need for a structured framework around CPD which tied in with a competency framework that would enable social workers to progress on to specific areas of work, although they thought this would remain an aspiration until workloads fell and more experienced social workers were retained.

The interviews uncovered some variations in practice across CSDs. The majority were obviously committed to offering good CPD that was both delivered internally and externally. Social workers had training profiles and plans and the processes were in place to monitor requests and developed need through supervision and appraisals. Teams produced training needs analyses which fed into a team's business plans and the training departments so they knew what training to commission. Details were provided on some very specific progression routes through levels of training attached to levels of expected practice. In one department, as in others, an annual plan (Figure 8.1) was in place:

#### **Figure 8.1 - An example of a local authority's training plan**

- Social workers are provided with information about the PQ training options each year. Trainer attends PQ briefing in May where four universities give presentations about courses they offer.
- Application process starts; social workers must get approval from their line, team and operation manager before their application can be considered.
- If social workers wish to undertake the full Specialist Award they are interviewed to ensure they are prepared for the workload and course. Staff can sign up for single modules if they prefer.
- All social workers who apply for courses must sign a learning agreement in order to get the funding, if applications exceed the funding the senior management team decide who attends the course (this has not happened yet).
- PQ briefings are held for managers to inform them of the Higher Specialist Awards on offer e.g. Leadership and Management. If interested they apply and are interviewed.
- The authority only provides funding up to the PG Diploma level, workers are able to apply for funding to continue to MA level once they get to that stage.

### Other training areas

- A set of internal core skill courses are in place for all new staff ensuring they know, understand and follow core policies and procedures.
- Internal courses/workshops are run to develop practical skills and evidence based practice
- Local Safeguarding Children's Board provide topic based training with multi-agency participation
- Affiliation to the Making Research Count group to access tailored local and regional training
- Practice Development officers provide team, group and individual professional development
- External training budget funds particular attendance courses as required

However, in about a third of CSDs, there did not appear to be any consistency or structure in selection and identification of courses. Although a number of interviewees said their processes were under review there was a degree of uncertainty about what was expected of them as well as a need for guidance, if accompanied by the resources for implementation.

Concerns were raised about what actually constitutes CPD courses and the absence of any form of accreditation to determine the quality of what contributes towards the 90 hours required. The discussions on CPD included references to short courses and lectures in academic and non-academic settings, post-graduate courses, independent study (including e-training and e-learning courses), workshops, seminars and conferences. But even where clear plans were in place and participation was said to be good, both the numbers going on courses leading to PQ awards and attending in-service training have been affected by workload pressures which have led people to withdraw from courses at the last minute. As a result of the difficulties around recruiting and arranging backfill, those going on training knew they may be putting additional pressures on colleagues. In some areas this was said to be leading to a reduction in what was offered. The lack of consistency and the difficulties in freeing social workers to attend led some interviewees to question the purpose of CPD and to explore where responsibility lay. Social workers were seen to have a responsibility for their own professional development, but they also had a more immediate responsibility to clients:

*And updating your skills through training and research may seem slightly less attractive when you're overworked, with no cover for a heavy caseload if you're away from work.  
[Assistant director in a London borough]*

However, as a consequence of issues such as rapid changes in the way departments operated and the call for evidence based practice, coupled with the proliferation of training providers, national guidance was requested by over half of those interviewed. A similar proportion commented on the inadequacy of the existing requirement by the GSCC. Their concerns linked to what they had previously said about the quality of preparation received prior to qualification, as well as their confusion about the quality and status of existing CPD courses. This made it very difficult for employers to establish professional expectations and be assured of the quality of the CPD undertaken, as well as for social workers to take responsibility for monitoring and improving their continuing education. For CPD to contribute

to improved practice, employers and social workers needed to understand how particular CPD could contribute to higher levels of competence and confidence. A third of those interviewed were clear that if social work was going to maintain the status of a profession there had to be a link between CPD and the complexity of work which could be undertaken with specific groups. This vision was, however, again threatened in the short term by staff shortages and the need to provide a service to clients.

### **View from the voluntary and private sectors**

#### **Training**

- **Children's voluntary organisation:** There is a range of training on management skills in terms of processes, recruitment, retention, disciplinary actions, complaints, and capability. There are also regular regional meetings for managers.
- **Fostering agency:** There is a programme of training which includes induction and on-going training which social workers are expected to access.

### **Key issues from preceding discussion**

- Should there be a clear statement of the responsibilities of employers in respect of CPD for social workers?
- How could a comprehensive system of CPD linked to professional development and seniority ensure that appropriately advanced skills are available to deal with the most complex cases? This would require social workers to achieve a level of competence before progressing through a career scale.
- Could there be greater clarity over what constitutes CPD, which might be addressed by a definition of what constitutes CPD?
- How can employers and social workers be assured over the quality of CPD provision and could this be helped by the provision of guidance for employers and social workers to use in assessing a) providers of continuing education; and b) CPD provision?

## Chapter 9 - Recruitment and retention

The debate around the recruitment and retention of social work has arisen from the difficulties which some authorities face in securing and keeping enough social workers in front line practice and management to meet demand. It has been fuelled by the extent to which agency staff have then been deployed to fill the gap, in some areas and in some sectors, and by concerns that a significant proportion of the workforce are nearing retirement.

### 9.1 In adult services

Many of those interviewed working in adult services commented that they were often not recruiting as many social workers as in the past or as in children's services, and that the skill mix between registered and unregistered staff will no doubt shift further in the future, which has implications for the discussion above on the roles of those working in social care. Reported vacancy and turnover rates generally ranged from about five to ten percent. A clear majority of directors considered that they had seen improvements in recruitment and retention compared with the past:

*Recruitment was very bad in the past - had video interviews with overseas social workers and went to US on recruitment drives, hired consultants and went to job fairs. [Senior manager, unitary authority]*

While vacancies existed, they were rarely considered to be problematic:

*Although things can occasionally blip and we have an occasional short fall; the reasons for that are a combination of our geography in that we are quite located in one small area and people don't want to travel. We also know that the council has a good reputation locally and is a good employer. Adult services are okay for social work staff and that is generally the case in our local region, things may be different in children. [Director, metropolitan borough]*

Where problems existed they tended to be concentrated in certain teams, most often in mental health and hospital social work. Reputation was seen as an important way of attracting and retaining staff:

*I think we are fairly well organised and high performing and we have a good reputation so I think you find that people sort of come and they stay and we have plenty of examples of people who have gone away and come back again and quite a lot of stability I think organisationally and you know that helps really. The council is run well, it's quite business like and at the same time it tries to value its staff and we have a good organisational development programme and get quite a lot of feedback in staff surveys around working generally etc. And, in many ways, you get that across partnerships as well saying it is probably quite a supportive environment to practice social work in relative to quite a lot of other areas and I think there is quite a number of factors which might contribute to that. [Director, county council]*

Pay and conditions in neighbouring authorities were also seen as important factors affecting vacancy rates and turnover:

*We don't have too much problem with recruitment - this is a nice place to live. It is not boring, and it has some very nice residential areas, we are very convenient to places of interest but we have suffered perhaps from different comparisons with other local authorities. Our staff here probably get less holiday leave than some other local authorities. [Senior manager, metropolitan borough]*

*[Neighbouring county] is a much bigger area. They've got a much bigger budget and they pay social workers more money.[Director, unitary authority]*

Interestingly, some directors spoke of the disadvantage of very low turnover of social workers in terms of the long term sustainability of the workforce. One commented:

*I've got team managers and I've got the same crew that I've had since 2003. Now, that's really good, isn't it? But equally, it's really bad, because they are not going onwards and upwards. They have made decisions and said, we are happy doing what we are doing. There are challenges along the road and what have you. There is a real issue about succession planning. I'm close to 60. My first manager for adult care is over that (as are other colleagues) If we all keeled over tomorrow, how on earth are we going to manage? I think that there is a worry that quality of the senior managers, the future leaders... When my senior manager retires at the end of this year, I will have a real challenge replacing them. [Director, unitary authority]*

Exit interviews are often undertaken or offered when staff left as part of normal HR policies but, in part because they were usually optional, the take up was reported to be variable. Approaches varied, from interviews undertaken before notice was formally handed in to postal surveys:

*We've invented a 'no quits' policy so if a person is thinking of leaving we talk to them about why - for example, about their salary, and this is better than an exit interview after the event. [Director, London borough]*

*Yes we do some exit interviews they are all done automatically by post with people to ask them why they are leaving and so on and they are pretty basic things. I do try and push for face to face interviews to actually get more information out of people on occasion but often it is about retirement. [Director, metropolitan borough]*

Neither was the value of exit interviews always clear:

*You tend to find that most interviews are fairly bland, so there is a question over how sort of helpful they are. And then you will get the odd interview which does give more direct feedback but the ones I have seen and you know and other managers will probably say the same, the issue that is being raised had already been raised there was already a dialogue about it going on and the exit interview didn't necessarily add a lot so I think there is a big question mark over the effectiveness of exit interviews but we do have them. [Director, county council]*

In addition to retirement it appeared that most people leave for reasons of promotion but if there appear to be a group of resignations then directors reported that they might investigate the cause. One noted that if staff were unhappy it was usually because of poor management and how a good manager set the tone' of the team.

## 9.2 In children's services

The recruitment and retention of social workers were seen as critical to the quality of the services which CSDs are able to offer. All those interviewed had experienced recruitment and retention difficulties to some extent over recent years. At the time of the interviews nationally one in ten social worker posts were unfilled<sup>40</sup>. The situation did differ around the country, but only two authorities said they did not have a problem at all at the present time. Elsewhere the problems were sometimes confined to specific areas where demand was created by concentrations of populations with additional needs, or they were more widespread and associated with the problems of getting staff to apply for posts in areas which were more inaccessible, or where there was competition from neighbouring authorities:

*I have got many key operational areas and recruitment is far more difficult in some than in others. And it depends on distance, perceptions and how close they are to London boroughs who pay more.  
[Assistant director in a department in a large county council authority]*

Although the problem was said to have eased with the training of more social workers through the new degree they were still coping with a national shortage of experienced social workers able to bring their wisdom to bear on complex cases and nurture the next generation of social workers. The increased number of new or inexperienced staff members created its own threat to retention in the shape of the additional burden for managers and experienced staff in providing closer supervision of cases. Retention was coming to be regarded as an even greater problem nationally than recruitment. In some areas the introduction of the Senior Social Work Practitioner role had helped to attract experienced staff from other authorities, but in most cases career progression was through a managerial rather than practice route. The problem at middle management level was compounded by the fact that a significant level of responsibility was not matched by a similar increase in salary:

*...you kind of start to stand on your own a bit and a lot of people think, 'Oh, do I really want to do that?' And particularly probably when we're offering £4,000-£5,000 difference between that and a team manager, a lot of extra personal responsibility goes with that, so that's where we struggle more to recruit, we do not capture the experienced staff. [Director of a 'joint' authority]*

In addition, interviewees recognised that the problem of the 'missing experienced worker' was set to intensify as the large numbers who had entered social work in the 1970s retired. Very real concerns were expressed about the ability to replace this experienced workforce over the next decade.

It was not just numbers in place that were seen to be crucial but also the profile of the staff. Several authorities interviewed said that while they appeared to be well staffed on paper, both in terms of the number of establishment posts and also in terms of turnover and vacancies at any one time, there were still problems in frontline services. So while their fostering and adoption teams, for example, were fully staffed with the most experienced staff, frontline child protection teams had a high proportion of young inexperienced workers. This was then compounded by rapid turnover as a result of stress and the fact that as they were predominantly female, many went on maternity leave:

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<sup>40</sup> Local Government Association (2009)

*And they then think it was quite exciting doing some of that stuff where you were actually out until 8 o'clock in the evening without commitments, but they don't want to come back to it. So they wait for a vacancy in something like fostering and adoption. [Assistant director, county council]*

This assistant director pointed out the potential for this to be divisive because frontline staff were working extremely hard:

*Some of them have not got a clue what they are doing because they are so inexperienced, and they get things wrong sometimes. Suppose, for example, they had to accommodate a child and then you get people in the fostering service being highly critical of them because they have not done everything according to the book, and the social workers, or child protection social workers feel dreadful then because they have been criticised by their colleagues .... And I say, sometimes, well if you were working with a lot less experienced people within your team and managing vacancies, you might struggle as well. But I can't think of any other organisation where we would have let that come about.... we have the most inexperienced people doing the most complex tasks on the frontline. That just can't be right... we sort of feel like we are powerless to do anything about it at times.*

Most respondents were in departments that had set up or developed schemes such as 'golden hellos' and 'golden handcuffs', retention bonuses and other incentives such as relocation allowances, lease cars, and rent-buy schemes. One assistant director said:

*You name it, we offer it and it's better than our neighbours because it has to be.*

There were mixed views on whether these initiatives had an impact on vacancy or turnover rates in the middle to long term. Some authorities had abandoned such schemes because they had promoted competition between authorities, a situation which was judged to be counter-productive. Instead, they were redirecting their efforts to make sure that once they recruited staff they held on to them by improved working conditions and, whenever possible, enhanced salaries. When a large authority faced increasing competition from its many neighbouring authorities one selling point it deployed was to point out to potential recruits and their existing staff that because of the size of the authority there were always vacancies (other opportunities) which meant they could stay in the authority and practice in different environments and in different teams. In this way social workers were able to take a break from frontline child protection work and return at a later date so as not to lose their experience and expertise. This potential flexibility went alongside various incentive schemes and awards introduced to reflect the value placed on social workers at all levels and in all settings. Another authority, faced with competition for social workers from its neighbours, paid considerably more than one adjacent authority where, it was said, social workers had very low caseloads, were very well protected and very well resourced. But they also received lower salaries because the authority was able to recruit very easily. However, having gained experience in a very supportive setting, some social workers then chose to join the interviewee's authority and immediately received a £10,000 salary increase with a consequential increase in workload, and without having to move home.

About a third of those interviewed had recruited social workers from overseas in order to meet the shortfall in experienced social workers. Although they were seen as part of the solution they required a longer induction period, as they were not familiar with procedures in England, and they often required on-going support in relation to child protection and court work. In some cases time was also needed to address the dominant cultural and philosophical stance towards social work which they brought with them. There were a number of examples provided from around the country, similar to the one reported by this senior manager:

*One of the differences, you know, it's a classic American model that places the obligations on the individual to change and the professional is there to help the individual change. Whereas in the United Kingdom there's much more of a recognition that the capacity of the individual to change is actually inhibited by their social environment, the political context and all the rest of it. Well just an example, I was talking with her and she'd been working with a family where the child had a disability, and the mum was at home being a full-time carer. And she found it really hard to believe that this mother wasn't out working because she queried whether the mother could possibly expect the state to support her. And that wasn't an unusual attitude. [Assistant Director, large county council]*

Some of those interviewed had also become very familiar with higher education systems and the content of social work degree courses overseas. A few had taken advice on the quality of courses and in these cases those recruited from the courses which had been recommended were regarded very highly and considered to be more capable than most UK-qualified candidates. While they needed the assistance in understanding the systems they came with good knowledge of social work theories and skills, especially in analysis and report writing skills which were consistently said to be weak in too many 'home grown' social workers.

Generally, most of those recruited from Australia, New Zealand and the US were not thought to be planning to stay in the England for more than a few years at most. Interviewees, such as this head of service in a large county council authority, accepted this as a reality and maintained a regular recruitment cycle:

*...people have tended to stay for a couple of years, and what they've liked is the proximity to Europe and the opportunity to work, but it is not a lifestyle change.*

This meant that there was quite an investment for limited return. In contrast when an assistant director in a London borough with a high proportion of their population originating in the Indian subcontinent had recruited from India the social workers concerned had seen it as a lifestyle changes:

*So we've had staff who have come, who've experienced difficulties initially, as they must do, but have made that transition and have stayed and are permanent features of the workforce.*

Future challenges were identified. In most interviews there were references to social workers being under increased pressure as a result of an upsurge in the number of referrals following the Baby P case and / or the impact on service users of the recession<sup>41</sup>. There were reports of some social workers leaving the profession because of unmanageable caseloads, poor pay and working conditions. The negative media portrayal of social workers was thought to have aggravated the situation leading to a further lack of respect from society and verbal, as well as physical, abuse. The real concern was that social workers would become (further) demoralised and potential recruits would be discouraged from choosing a social work career. In the long term part of the answer was seen to lie in *flying the flag for social work* by ensuring a no-blame culture and a supportive environment. But a solution to the issues raised by this director, working in an authority without any recruitment or retention issues, is more difficult to find:

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<sup>41</sup> Figures released by Department for Children, Schools and Families in Sept 2010 showed that the number of children becoming subjects of protection plans in England rose from 34,000 in the year ending 31 March 2008 to 37,900 in 2009.

*I don't think the conditions of service are anything significantly different from anywhere else. I think we are seen as a good authority to work for...It's also not an inner city ...it's a large, rural shire county. If you look at something like the indicator for number of children with a child protection plan, and I've just worked in [named an authority] where that figure was something like about 70 per 10,000 of the population, here it's round 18 to 19. I don't know what the answer is to the level of stress which some social workers have to carry because that is what their populations throw up.*

Exit interviews were in place in all but two authorities, although it was up to the individuals as to whether they took up the option. But only a handful of departments were systematically examining their content as part of the strategy to establish why people left their jobs. Those that did found the content very helpful in determining what improvements were required, the staff issues that were being raised, and in informing policies around recruitment and retention specifically and workforce development more generally.

### **View from the voluntary and private sectors**

#### **Recruitment and retention**

**Children's voluntary organisation:** Recruitment and retention are not major problems but beginning to encounter difficulties in recruiting experienced social work managers: People tend to make quite a positive choice about working for us and i think they make that choice sometimes because they want to feel that the work that they're doing has a beginning middle and end rather than cover a lot of bases not particularly well.

In part this may be because the salary is not as good as that paid in the statutory sector but there are indications that there are fewer people willing to assume management positions. Organisation does support staff to train as social workers in a services where there is a particular demand for social workers, but in a family support service which might have a social work manager but is primarily staffed by unqualified staff their training would not be supported because it 's not essential to have social workers in that service.

**Fostering agency;** No significant recruitment and retention issues exist in the agency, other than a slight challenge in recruiting in the south east which is said to be as a result of the opportunities available for social workers in that region.

### **Key issues from preceding discussion**

Areas for further exploration include the need to:

- address the fact that salaries in child welfare agencies are lower than in comparable professions
- establish how to respond to concerns about workforce safety that have increased, as has the poor image of child welfare in general.
- address the negative impact of emerging single status arrangements for local authorities in the Region
- explore how best to manage the absence of or uneven access to a progressive career structures so not all Social Workers feel that they need to move into management and away from frontline practice.
- determine the best ways in which extra administrative staff could be deployed to relieve administrative burdens on social workers.

**Section E - Key messages and reflections**

## Chapter 10 - Key messages for Task Force implementation

All those interviewed were asked if there were any key messages – whether from areas which had been covered in the interviews or from elsewhere - which they wished to convey to the work of the Social Work Task Force.

### 10.1 From adult services

- The quality of electronic information systems and the importance of addressing the difficulties of integrating these with those operating in the NHS.
- The uncertainty engendered by projected likely expenditure cuts in social care as a result of the recession and the reduction in public funding. There were particular concerns about how to protect high risk areas in view of the existence of area based grants
- The extent to which the changes to adult social care under personalisation would impact on the workforce as social workers see (or fear) some tasks which they have undertaken in the past being undertaken by others.
- In a time of uncertainty the role of leadership - from directors, policymakers, and local and national politicians - was thought to be vitally important.
- The Task Force was seen to have a key role in determining a strategy to counteract some of the negative publicity around social work and social workers.

### 10.2 From children's services

- The development of procedures that allow shared decision making must be in place to privilege collective responsibility over personal / professional vulnerability.
- A recognition that the level of complexity of cases and of processes is rising quickly and demands a much higher level of skill and experience than previously required.
- The need to re-examine the nature of performance indicators used to measure social work and to recommend the development of qualitative rather than quantitative measures.
- As the gap between social workers' pay and the average earnings of all other professionals has steadily widened, in order to recruit and retain the best candidates to social work programmes two steps were said to be needed:
  - i) the career and pay structures of the profession must be addressed, perhaps mirroring those of NHS professionals, from basic grade social worker through to consultant social worker
  - ii) remuneration must reflect the complexity and importance of the decisions taken by social workers.
- There is a need to address the issues of poor pay, conditions and lack of resources, as well as to define the ways in which social work is a profession. This was seen to be more important than finding one organisation to represent social workers.

- The future of social work needs to be accompanied by recognition that there different areas will require different levels of resourcing because of the level of deprivation in those areas.
- Consideration should be given to how best to ensure that the social workers receive support in terms of supervision and access to therapeutic or clinical advice / support. Any recommendations about supervision and caseloads will need to be accompanied by resources because CSDs will not be able to implement changes to caseloads, training and support within current available resources
- Guidance is needed on how to assess the number of social workers needed to avoid decisions being made at a corporate level which are then vulnerable to cost-saving decisions.

### **10.3 And from the PVI sector**

- As most authorities do not recognize time employed in the voluntary sector for the purpose of length of service, consideration should be given to how best to address the disincentive to move back from third sector organisations to local authorities.

## Chapter 11 - Reflections

A stable and highly skilled workforce is essential both to the achievement of the best outcomes for people using services and their families and the implementation of Government policies. The research reported in earlier sections was conducted to inform the work of the Social Work Task Force. The Secretary of State for Children, Schools and Families spoke on behalf of his counterpart in the Department of Health when he informed the House of Commons that:

*The Social Work Taskforce will undertake a nuts and bolts review of frontline social work practice and make recommendations for immediate improvements to practice and training as well as long-term change in social work. It will report to both the Secretary of State for Children, Schools and Families and to the Secretary of State for Health.<sup>42</sup>*

The Social Work Task Force has now reported and its work was informed by the data contained in this report. So it is important to reflect on how they might inform the implementation of the Task Force's recommendations. Many of the issues which emerged from the research could usefully contribute to the discourse and inform broader professional policy and debates. At the same time all this is happening against a background of the challenges facing the profession which include the recruitment and retention of experienced staff, funding limitations, and a lack of research-based knowledge on how specific patterns of work relate to outcomes. It is not possible to explore all these in this section. Rather the attempt here is to expand on some of the most challenging areas for the profession, specifically the well-being of social workers, training, and the realities of practice.

One of the key areas is the debate on what constitutes social work, fuelled by studies which have found that social workers have not always been able to describe what they do or explain the decisions they have made [see, for example, Goldberg and Warburton, 1978]. In its interim report the Social Work Task Force commented on the lack of clarity about the social work role<sup>43</sup>. Despite the effort which has been applied to defining the social work task Cree (2003) has written that it 'is almost impossible to find a simple definition of social work with which everyone is likely to agree' (p3), yet until that is achieved some of the dilemmas identified through this report will remain. Many of the issues which emerged from the research could usefully contribute to the discourse. It is not possible to explore all these in this section. Rather the attempt here is to expand on some of the most challenging areas for the profession, specifically the well-being of social workers, training, and the realities of practice.

The interviews with directors and senior managers in both adult and children's services unearthed anxieties amongst the majority about the initial training of social workers. Based on their experiences of both students on placement and the newly qualified staff whom they (or their managers) appointed they were concerned about the failure to align what was taught on initial training courses with the realities of contemporary practice. This was sometimes attributed to the failure of higher education and employers to have formed effective partnerships and sometimes to the fact that some lecturers had not, in their opinion, practised for many years. However, there was an obvious conflict between concerns about newly qualified workers and their reports about provision of practice placements. All those interviewed offered some practice placements so either these placements were not providing the experiences they needed or they were offering so few that many students would struggle to get the desired statutory experience. In some cases it was said that the placement offer had to be balanced against the strains which it would put on the staff best able to provide

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<sup>42</sup> Hansard 26 January 2009

<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090126/wmstext/90126m0001.htm>

<sup>43</sup> Published July 2009 <http://www.dcsf.gov.uk/swtf/>

good placement experiences but who were already working under extreme pressure. There were also underlying concerns that far too little was expected of those applying to become social workers in terms of prior experience and anecdotal reports that some higher education institutions were prepared to lower their selection criteria in order to attract the funding that went alongside increased student numbers. Despite the fact that work on the new degree indicated that universities and colleges were generally raising the threshold for applicants (see Evaluation of Social Work Degree Qualification in England Team 2008) many in higher education face the dilemma of some local employers wanting them to provide graduates in the context where social work may not have attracted the best applicants in terms of academic qualifications. There is a certain irony in the fact that many of those interviewed highlighted the value of new social workers who had experience in this area of work, which is what they wanted, but also recognised that these were often the candidates with the least academic profiles. Nevertheless there was not the enthusiasm amongst employers for the social work degree in its present form which had been reported by others (see Blewitt and Tunstill, 2008)

However, while those who were based in adult services appeared reasonably content with the generic training route, the majority of those interviewed in children's services wanted to see a far greater degree of specialisation, either in terms of specific children's social work courses or very early differentiated pathways through the degree. This is, of course, not a new debate. Many have commented that social work qualifications have often focused on children and families and very little on adults. The introduction of generic courses - if this is what they are termed - followed the establishment of the unified social services departments in 1970. The Seebohm report (1968) had justified it in these terms:

*...the divisions between the different methods of social work are as artificial as the difference between various forms of casework and that in his daily work the social worker needs all these methods to enable him to respond appropriately to social problems which involve individual, family, group and community aspects [ para 560].*

Professor Olive Stevenson (2005) has explained generic social work as resting on 'the assumption that social work has a common basis, in which values, knowledge and skills can be applied to a range of situations' (p 570). This common basis did not however translate into a common curriculum. Stevenson has explored the challenges which have beset social work over the past 40 years which in her view have derailed the vision which surrounded the birth of genericism and she has, more recently, commented on the value of linking work on neglect across sectors (Stevenson, 2007). In retrospect it would seem that one of the major deficits was the absence of agreement on how to train this new breed of social worker. Many of the *new* generic courses emerged from former child care, mental health or community work courses with very little variation in the curricula offered. Although there were attempts to develop generic curricula, mainly in the US<sup>44</sup>, there has never been an agreed coherent curriculum in this country. May be this was because social workers and employers have struggled to achieve a professional identity or agree on what should constitute its body of knowledge.

If history were to repeat itself it may have been surmised that the views of those seeking increased specialisation had been given additional impetus as a result of two developments. One being the structural divide introduced in most authorities between adult and children's services in the early years of the new century, and the other being the reconceptualisation of elements of NHS activity as the responsibility of local government that could be undertaken by care managers (not social workers). However, these were not the explanations which was offered. Instead those interviewees in children's services who advocated the introduction of separate routes referred to the increasing complexity of the cases which their social workers

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<sup>44</sup> See, for example, Towle (1953).

were handling and wanted to see them adequately prepared to meet the demands made of them. This preparation was located within the context of a preparation which would enable social workers to address the problems which now beset children and their families. There was little spoken about the ways in which such children and families are located in communities and in intergenerational families, with whom relationships may be fractured. Indeed, there was little said about the ways in which problems arising for children often cast long shadows over their adult lives for example through abuse and neglect. However, there were different views from adult services and in the context of an ageing society and a society where personalisation looks set to change elements of work with children and families there may be some greater convergence.

Another area of concern is that of the continuing professional development of social workers. There has been a framework for post qualification programmes for qualified social workers in place since 1998 with a new framework being agreed in January 2005. Social workers must renew their registration with the General Social Care Council every three years and to do so must provide evidence of having completed 90 hours of post-registration training and learning, which includes a range of activities, including attendance at courses and conferences. Across all respondents only one third had completed any further PQ training during their careers, mostly being in children's services and in mental health work. The neglect of investment in the training of the adult social work workforce is only recently being recognised. There is also the expectation that all newly-qualified social workers should achieve a specialist-level post-qualifying award in their first two years of practice and, as shown, the proportion was higher for those who had qualified more recently.

Evidence-based practice has been the focus of much interest over the past decade in social work specifically to promote the use of proven effective interventions in social work practice. This requires social workers to engage in research and evaluations which determine what is effective as well as to spend time exploring the literature where effective practice is reported; it also requires their employers to be able to release their time and to promote research activity (as in the NHS). The launch of the NIHR School for Social Care Research (covering adult social care practice) is a small step to acknowledging the value of improving the evidence base for adult social care. Pressures such as lack of time and competing demands have been identified as challenges to social workers' ability to understand and apply research<sup>45</sup> but this is only one part of the picture. Any response to the demand for evidence-based and evidence-informed practice would also appear to be at risk judged by the time which many respondents to this survey were able to devote them.

Clarity of role is an important facet of any professional status and could contribute to professional and individual health and wellbeing of social workers. We noted in this report the considerable uncertainties surrounding the continued existence of social workers in adult services (a fact commented on in the Task Force final report). There has long been concern about high levels of stress and emotional exhaustion experienced by social workers and for adult social workers these concerns may increase if redundancies are brought in. Both external contexts and internal contexts contribute to recruitment and retention problems within the social work profession (Eborall and Garmeson, 2001). If these are joined by fears about the future of adult social work, they may be joined by even greater losses of experienced staff. In this study social workers in both adult and children's services reported high workloads and challenging working conditions but at the same time recorded what might be interpreted as reasonable levels of job satisfaction. This is in line with other research that has examined social workers' job satisfaction and found high levels of emotional exhaustion side by side with strong job satisfaction [see Collins, 2008; Stalker et al., 2007]. Indeed these elements are also to be found in the motivations of student social workers (Stevens et al., 2010; CWDC, 2009) and newly qualified social workers (CWDC, 2008). Several studies

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<sup>45</sup> See, for example, Barratt (2003) and Hughes et al. (2000)

have suggested that there are factors such as finding reward in helping others, having a commitment to children's and vulnerable people's welfare and believing that it is possible to 'make a difference' [McLean and Andrew, 2000; Eborall and Garmeson, 2001; Huxley *et al.*, 2005] that contribute to job satisfaction ratings and help to reduce the impact of high caseloads and emotionally draining experiences. Again these factors were all reported by respondents in this study as were the benefits gained from having some autonomy over their work.

The value placed on autonomy is an important finding in light of the increasing regulation and accountability of professional practice in social work. Pearson and Moomaw (2005), for example, found that as teachers gained more curriculum autonomy on-the-job stress actually decreased. Pottage and Huxley (1996) argued that when social workers were able to act autonomously in their direct practice with clients it acted as a counter-agent to burnout. Felton (1998) has demonstrated how health care workers became more vulnerable to burn out and work related stress if they have little control over how they organise or execute their work and instead are 'micro-managed'. He quotes Hartman's (1991) conclusion that, in such situations, social workers 'do not have an opportunity to be effective, to be a cause, to make things happen'. This is in direct opposition to the reason why many said they entered the profession - that was to make a difference (see also Stevens *et al.*, 2010). Despite difficulties which they faced and the negative media coverage which dismayed so many of them in their research, a high proportion enjoyed their jobs. This surely provides a good basis for further consolidation. However if their professionalism is further eroded it may be difficult to sustain the altruism which led many to enter the profession:

*When the reality of their work situation becomes clear, they find that caseloads are great and that the demands and goals of the institution employing them are not in parallel with their perceived objectives. [Felton, 1998, p 242]*

This study has confirmed the findings of previous research<sup>46</sup> which emphasised the importance of being able to access support from line managers / supervisors and from peers and colleagues. In his work on job satisfaction and coping mechanisms, Collins [2008] argued that support is one of the most important factors which contribute to social workers' ability to be to cope, while Wilson *et al* [2009] found that managers played a key role in supporting the effectiveness of staff. In fact the role of managers is pivotal to a number of the problems raised throughout the report, not least their ability to cultivate positive and supportive work environments which should then lead to improved performance and reduced staff turnover<sup>47</sup>. There are, indeed, a number of studies which suggest that employees view supportive supervision as the reason why they are able to cope and stay in the job<sup>48</sup>. Yet this would imply the need for a form of supervision which contains elements of continuing professional development, education and personal support. However, in recent times there has been a clear emphasis on the form of supervision which privileges case management over something akin to Kadushin's model of supervision<sup>49</sup> which encompasses administration, education and support. It is a model which would allow time for reflection or guidance in dealing with difficult client situations and which, it would seem, would be more likely to contribute to a social worker's well being. This suggests that the development of supervisory skills, and the provision of professional development and support for supervisors themselves would form part of an effective retention strategy. It has been suggested that supervisors' workloads might be even more critical for supervisors, in order that they have sufficient time for those they supervise<sup>50</sup>. In our study there were respondents who reported that they were not receiving regular supervision because of the pressures on their managers.

<sup>46</sup> See, for example, Bradley and Sutherland (1995), Thompson *et al.* (1996) and Smith and Nursten (1998)

<sup>47</sup> See Glisson and Hemmelgarn, 1998; Glisson, 2002; Nissly *et al.*, 2005; Tham, 2006

<sup>48</sup> See for example Bernatovicz, 1997; Cicero-Reese and Black, 1998; Ellett, 1995; Vinokur-Kaplan, 1995).

<sup>49</sup> Kadushin, (1992)

<sup>50</sup> See Child Welfare League of America (2005)

In some professions supervision is a distinct and separate activity from line management and supervisors have no other working relationship with the supervised so it is possible to focus on reflection (see Hawkins and Shohet, 2007). As Sully (2009) has written;

*Supervision needs to be more than solely the description of events, there needs to be exploration and analysis as well as “commitment to action”<sup>51</sup> (p 12).*

Although there were many references by social workers in their replies to the questionnaire to the support which they gained from colleagues and from peer supervision, the message was that this was usually happening in an informal or semi-formal way. Peer supervision is usually interpreted as groups of professionals coming together to provide feedback and encourage self-directed learning and evaluation (see Benshoff, 1992 and Schreiber and Frank, 1983) and often linked to the concept of learning organisations (see various contributions in Gould and Baldwin, 2008). Barreta-Herman (1993) has advocated group supervision for experienced practitioners as a way of developing their skills and knowledge and addressing any feelings of professional isolation. Collings and Murray (1996) also found that supervision was a major source of support when it took account of the supervisee's needs as well as those of the organisation. While there is an established and growing literature on the various approaches to social work supervision - and on their effectiveness and deficits - there appears to be a lack of clarity or agreement on the role of supervision within the social work profession. While there is a need for both administrative review and something akin to a clinical process it is still not clear how the balance and form of delivery are best achieved. It would be an appropriate response to the stories and feelings expressed by the respondents to this survey to take this forward whilst bearing in mind the conclusion reached by Karvinen-Niinikoski (2008):

*Looking at the challenges of today, one may feel tempted to turn back to the solid traditional psychodynamic core of supervision, supporting individual practitioners in their daily stress and in coping with the emotional burdens. However, the speed of change, the ‘super-complexity’ and uncertainty of our age may cause both conceptual and emotional insecurity. Reflexive supervision can be qualitatively different compared with its antecedents, and by being able to grasp complexity, uncertainty and the dynamics of ongoing change, can help in coping with the anxiety these can generate (p 39).*

Other studies have also found some of the more negative issues that emerged in this study - heavy workloads and caseloads, the absence of clear routes for career progression, frequent re-organisations and policy changes, inadequate or non-existent supervision, unsupportive managers and colleagues and a perception that they were at risk of being condemned for a failure on the part of a family, other professional or the system<sup>52</sup>. All of these have the potential to have a negative impact on emotional well-being and resilience, as well as on the satisfaction gained from the job.

Further research is also needed to determine the extent and consequences of any such impact. It would also be extremely interesting to investigate the consequences of employing agency staff, at possibly higher rates of pay than the social workers in statutory agencies whom they work alongside, in terms of job satisfaction as well as recruitment and retention. Recent work on agency staff in adult services has pointed to the decline in the use of agency social workers (Cornes *et al.*, 2009) but they remain in many children's social work posts, with some authorities being unable to operate without them.

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<sup>51</sup> Quote from Boud *et. al.* 1985.

<sup>52</sup> See, for example, Nelson-Gardell and Harris (2003); Ellett, Ellis, Westbrook, and Dews (2007) Morrison (1992)

The findings indicated that there were considerable variations between the children service departments involved in the study in relation to the number of social workers employed per head of population (0 -18 year olds) **and** in the relationship with the inferred level of demand in terms of levels of deprivation. There may also be some relationship then with the roles with social workers carry out in different authorities. Without a further targeted investigation into this area in both children's and adult services it is difficult to draw further conclusions from the available data.

The diary exercise found that on average social workers were spending three-quarters of their time on work directly related to their clients<sup>53</sup>. This is in line with other studies<sup>54</sup> such as Connor and Tibbit, 1988; von Abendorff *et al.*, 1994; Weinberg *et al.*, 2003 which have suggested that around three quarters of social workers' time is spent on activities *directly* related to clients. Where care management policies were associated with targeting resources on those deemed to be in greatest need (Challis *et al.*, 2007), especially in services for older people (Jacobs *et al.*, 2006), this was also associated with increases in the amount of time spent on 'paperwork' or on 'social services procedures', such as consulting reports, minutes or departmental documents. In early 2006, the magazine *Community Care*<sup>55</sup> reported their survey of 2,200 social care professionals. More than half said they were spending at least 60 percent of their time on administrative work (this is obviously much broader than recording) as opposed to direct client contact. More than one-fifth spend at least 80 percent of their time on paperwork (loosely defined) and only 15 percent spend less than 40 percent of their time on what was termed administration. Comparisons are difficult because of the different methodologies employed and the different approach to defining tasks, but given that the time social workers spend in direct face to face work with clients has remained broadly unchanged there does appear to have been greater changes in the other activities that social workers undertake.

The use of electronic information systems by social workers to access, retrieve and document information has been well-researched in the US and elsewhere<sup>56</sup>, as have the challenges. The studies have examined the complexities involved in developing such systems and the necessary training which must be in place to make them work efficiently, if this is possible. In addition there has been widespread concern about the impact on workloads of maintaining electronic records. However, the workload survey reported here did not confirm the extent to which recording was dominating the lives of social workers reported elsewhere. Much larger proportions of time dedicated to recording have emerged from other studies conducted in this country; although none collected data as intensively over a set period of time as was the case in this study (see Section 1.2.3). When the data were explored specifically to determine if any individuals were reporting excessive amounts of time on recording only three individuals appeared to be doing so. In each case they seemed to have set aside a day for this purpose and their level of recording over the rest of the week was minimal. Nevertheless, it was evident from the diary exercise and the accompanying questionnaire that recording was impacting on the time which social workers spent on other things. So, for example, when social workers in the PVI sector were spending approximately the same amount of time on client related work except for the fact that they spent significantly less time on recording, that time was freed for other sundry non-client activities, which included time for professional development and training as well as more general team and agency activities. We have no knowledge, of course, about the impact of possibly less

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<sup>53</sup> This covered direct contact, case-related inter agency work, case-related recording and case related work in their own agencies

<sup>54</sup> Such as Connor and Tibbit (1988); von Abendorff *et al.*, (1994); Weinberg *et al.*, (2003)

<sup>55</sup> *Community Care* 20 Jan 2006 <http://www.communitycare.co.uk/Articles/2006/01/20/52465/Too-much-paperwork-say-staff.htm> accessed 2 December 2009

<sup>56</sup> See, for example, various workload surveys conducted in USA, details of some appear on American Humane's website - [http://www.americanhumane.org/protecting-children/research\\_evaluation/workload/](http://www.americanhumane.org/protecting-children/research_evaluation/workload/) Accessed 2 December 2009

recording and of course few social workers in the PVI sector were engaged in work where recording was central such as being 'on duty' or in emergency duty teams out of hours.

Burton and van den Broek (2009) argue that using social workers for standardised data input fails to maximise their expertise; so while the professional input is essential it is not necessary for social workers to be involved in every aspect of recording. Attention now should focus on the recording which must and should be done by a social worker and what could safely be undertaken by administrative and other support staff in a timely manner. This might free time which could be directed to increased contact and communication with families and children or other groups and, based on the results of this survey, contribute to a more satisfied workforce. It would also be useful to arrive at a shared definition of terms such as direct and indirect work and to listen to the message from those contributing to this study - as well as to views expressed in earlier work - to distinguish those tasks which must be completed by a social worker and those that should be undertaken by support and administrative staff.

Burton and van den Broek (ibid) espouse the belief that social workers should be involved in the design and application of the technology, as well as being provided with appropriate on-going training. They go on to quote and applaud Sapey's (1997) contention that:

*. . . unless social workers do become involved in the ways in which new technologies are used within organisations, they will fail to influence its impact on their clients and may further fail to control the way in which computers affect the nature of social work itself in the future (p. 803).*

The difficulties which have surrounded the introduction of ICS and other electronic systems may have been avoided, or at least minimised, if Sapey's warning had been heeded. The fact that the Social Work Task Force has prioritised addressing and correcting these difficulties has provided another opportunity to engage with social workers on this issue. However there is another far broader and more profound issue which needs to be considered.

Schwartz et al (2008) are critical of the social welfare automated information systems which are in use in the US, which are similar to the ones deployed in this country and are also condemned by staff as being time consuming and of limited value in improving outcomes for clients. The criticisms made by Schwartz and his colleagues focus on the failure of social workers to be provided with the advanced technology and diagnostic tool and programmes which are available to other professionals. Their criticism questions the validity of and reliance on current clinical risk assessment models and they argue that more attention should be paid to more sophisticated analytical approaches:

*There is mounting concern and debate about the apparently growing digital divide. The social work profession and the social welfare field need to be just as concerned about the technological divide that appears to be underway when compared with the developments in other professions. While the implications of this are some what unclear, they certainly cannot bode well for the future of the social work profession [p 226]*

The role of support staff and administrative staff in general deserves further consideration. There was considerable diversity between departments in their approaches to the number, role and structures around both other social care and administrative staff. The interviews with directors and senior managers show variation in the proportions of non-professionally qualified workers across authorities. While they were usually clear on the differences in tasks which each would undertake they were less clear on what was a good balance between the two and on the effect of placing an experienced worker at the first point of contact. In adult

services, unqualified workers were more likely to be undertaking reviews, but there must then be questions over whether this is the best approach in terms of workload management and reducing burnout. In light of the growing move to self-directed support in adult services (personalisation), the role of reviews may continue to be a task for non-professionals. It was also surprising that none of the interviews contained a reference to the new roles which have emerged in recent years, especially early years professionals and those with foundation degrees in health and social care. Their experience and skills would seem to position them for posts in social care initially and, in the longer term, qualification as social workers.

The social work role in contributing to prevention in both adult and children's services was not clear. There were particular concerns that social workers in CSDs were only spending a relatively small amount of time on preventative work because their skills were needed to deal with crises. It may be time either to redefine responsibilities for investigation and follow up in relation to child protection - removing the responsibility from social workers and so free them up to use their skills to work with families - or to decide that they should only work with those most at risk. While there is evidence to support the fact that early intervention can impact on long-term outcomes, there is also evidence that as a result of the policies and initiatives aligned to *Every Child Matters* other professionals are beginning to play a more significant role in preventative work. In the interviews with senior managers which accompanied the workload survey some thought that the involvement of other professions in safeguarding and promoting the welfare of children had actually increased the pressures on social workers; as other professionals became more attuned to the potential problems then the number of referrals to statutory services had increased. In another study which was conducted for the Social Work Task Force the views of non-social work professionals on social work and social workers were canvassed (Baginsky, forthcoming). There were some messages from that work which will be difficult for the social work profession to hear, particularly the reports of continuing difficulties in contacting and working with social workers. But it was apparent that, even though other professionals were generally accepting of their role in safeguarding and promoting the welfare of children, they were more confident when guided and supported by a social worker. Those multiagency groupings with a social worker embedded or closely aligned appeared to be far more confident to make decisions and to intervene where appropriate. In the long term a commitment to such an approach could lead to an easing of pressure on social workers in children's services. The workload survey showed that while social workers were working with other professionals in relation to their clients other forms of interagency working, including networking and meetings, were almost absent. These types of contacts, however, have the potential to contribute to establishing trust and building the foundations for future partnerships (see Baginsky, 2008). They have also been related to improved working environment and to retention (Knepper and Barton, 1997-98) but they are being jeopardised by the pressures under which social workers are operating.

Workforce and workload planning are vital components in delivering quality social work services. As far as workforce planning was concerned, at a macro level there were significant differences in the number of full-time equivalent social work post in CSDs even where the population figures and levels of deprivation were very similar<sup>57</sup>. Detailed data on vacancy levels were not collected but sometimes this was offered and occasionally even when low vacancy rates were reported further investigation uncovered high numbers of agency rather than permanent staff. The age distribution of the sample was consistent with other research (see Section 2.4) highlighting the high proportion of social workers heading towards retirement. However, the effect of the increased numbers undertaking and recently graduated from the new social work degree means that the age distribution is uneven, with peaks at either end. It is possible that retention may be an even greater problem nationally than recruitment. While further investigation is needed into any patterns around those exiting

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<sup>57</sup> A similar analysis in relation to adult services was not possible but it would be useful to accumulate the necessary data in the future to allow this to take place.

and rejoining the profession the data suggest a need for retention strategies aimed at experienced social workers in their thirties and forties.

In relation to workload planning the time diaries and director / senior manager interviews show how unsophisticated and variable this is which makes it hard to make comparisons across sectors, specialisms and organisations. This is not to deny that there are difficult and complex issues involved which need to be addressed. It is almost impossible to predict workflow and this is compounded by variables such as the complexity of cases, experience of workers, resilience of clients and their carers, as well as arrangements for emergency and additional support. There were accounts of attempts to initiate or pilot workload management systems but with little success. This means that there is still no clarity over what is appropriate for an experienced social worker operating in a child protection team compared with, for example, an inexperienced worker in a looked after children team. Indeed, there was no clarity over what constituted a case and definitions varied across authorities. Additional workloads were dealt with on a very short term basis and planning for maternity and sickness leave was not very well developed which must have contributed to workers working above their contracted hours. There have been studies which have reported contradictory evidence on the association between lower workload and retention; while some have noted it others have not<sup>58</sup>. However in the most recent US national workforce survey of child welfare agencies (Cyphers, et al., 2005), administrators ranked heavy workload as the most significant issue as far as preventable turnover was concerned. At the very least it is vital that social workers have caseloads that reflect their experience and skills, and that they are given the time to meet the issues arising from their cases. One step towards this is to ensure that supervision is provided regularly and by those with the necessary training, experience and support to provide guidance on cases, as well as on prioritisation, and then be able to intervene to adjust caseloads when necessary. There is evidence that supervisor support and availability of resources directly affect workload management<sup>59</sup>. Ruch (2008) has noted that as well as offering support, the supervisor is able to connect individuals and teams to the wider organization, and play a key role in achieving clarity over tasks, establishing appropriate workloads and securing resources.

The research findings which have been reported emerged from work commissioned to inform the Social Work Task Force but they also make a contribution to issues discussed in this section and to other social work debates. It is important to recognise that this was the most comprehensive diary exercise conducted with social workers in this country. The findings generated from the analysis of the diaries have provided the first systematic examination of how social workers use their time. Yet for the reasons examined in the report there are provisos regarding the representativeness of data which leads to the recommendation that the exercise should be repeated with an instrument which is redesigned to reflect lessons from this survey and with a larger negotiated sample, along the lines of the Teachers' Workload Survey<sup>60</sup>. The Office for Standards in Education [Ofsted] is now conducting annual surveys of social workers working with children in the statutory, voluntary and community sectors.<sup>61</sup> The data will only be available to the relevant authority and relevant Ofsted inspectors. Workloads will form just one part of a wide ranging exploration of factors relevant to the profession and it is unlikely to provide the level of detail to inform national or local decisions. Whilst conscious of the demands which a regular workload survey would make it is important that reliable and robust workload data are available for social workers in all settings. Similarly, there is an extensive literature on work satisfaction in a variety of occupational settings, and a number of research instruments have been developed with a

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<sup>58</sup> While Child Welfare League of America [CWLA] (2001) and Winefield and Barlow (1995) found an association Dickinson and Perry (2003) did not.

<sup>59</sup> See Juby and Scannapieco, (2007)

<sup>60</sup> <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR159.pdf>

<sup>61</sup> See Ofsted (2009)

view to measuring morale and well-being in employment. It is important that any study which is subsequently planned takes account of that work in order to explore the issue of satisfaction alongside workload issues.

This study has also indicated the need for more quantitative research on social work and practice issues. There is a place for both quantitative and qualitative research, and indeed for the application of more mixed methodologies. There has been much valuable qualitative work conducted on these areas. It is evident that certain insights may not emerge as a result of the application of quantitative research methods and neither can quantitative research present experience in the way that competent qualitative researchers are able to do. What qualitative research is unable to do, however, is to quantify or measure phenomena and the dearth of reliable quantifiable data on so many key issues needs to be addressed. The strength of well-executed quantitative research lies in the exactitude, transparency and rigour of its findings and the possibilities which it offers for replication and comparison. There is an urgent need for quantitative research, based on in objective and systematic methods and analysis, to identify facts and numbers which relate to key issues both in social work and about social workers. Without these data evidence based practice and decision making at every level will not be as informed as it should be and the social work profession will be the poorer.

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## Appendix A - Diary and questionnaire instrument

May 2009

Dear social worker,

As you will know a Task Force has been set up by Government to consider ways in which social work can be improved. The Task Force will base its conclusions and recommendations on research and evidence.

Amongst its many duties the Task Force needs to establish answers to a range of questions including the scope and nature of social workers' workloads, how priorities are set, the allocation processes and supervision. After examining existing evidence and consulting with a number of key informants it has become clear that a data collection exercise is required and this will take place within a number of authorities and other agencies which have been randomly selected to take account of various factors such as their size, location and client focus.

The Joint DCSF / DoH Social Work Unit is supporting the Task Force over this and, in turn, staff from the Unit are working with colleagues from the Social Care Workforce Research Unit at King's College, University of London.

We feel that the best way to approach this is to ask social workers themselves to tell us more about the type of activities that they are carrying out over their working week. The Director of your service has responded positively to a request from Moira Gibb, Chair of the Task Force, to contribute to this exercise. We are aware that we are asking you to complete more paperwork when one of the major demands on your time is said to be existing administrative tasks. However unless we have a better understanding of your workloads it will be difficult to make recommendations. The questionnaire section will also enable us to learn more about current social practice, motivations, facilitators and challenges.

A diary / questionnaire is attached below. There is a separate document containing the diary categories to be coded on to the diary. There is no easy way to summarise multiple activities into one box but we need something comparable across settings which is short and easy to complete. So please do not agonise about which code to enter - just attempt to be as accurate as is possible. If you were engaged in two activities in any one half hour we would ask that you use your judgement to identify the main one. There are no right or wrong answers. We are also aware that crises occur and plans get disrupted. If you miss a day and can not recall what you were doing please do not let this stop you returning the form.

Your reply will be treated in the strictest confidence and will only be seen by members of the research team (at which point the back sheet with any contact details will have been removed). If you have any queries or wish to discuss anything please contact me at [mary.baginsky@cwdcouncil.org.uk](mailto:mary.baginsky@cwdcouncil.org.uk)\* or a researcher in the Social Care Workforce Research Unit at King's College, University of London, on [scwru@kcl.ac.uk](mailto:scwru@kcl.ac.uk). At the end of your working week would you please return the completed document either as an email attachment to [scwru@kcl.ac.uk](mailto:scwru@kcl.ac.uk) or a hard copy to FREEPOST, SCWRU (all in capitals and this really will get there).

Once again we can not emphasis enough how grateful we are for your help with this.

Mary Baginsky  
Joint Social Work Unit, DCSF and DoH.  
Jo Moriarty  
Research Fellow, Social Care Workforce Research Unit, King's College, University of London.

*\*Head of Research at CWDC and on secondment to the Social Work Unit.*

**Authority / Agency:**

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Week beginning:  11th May  18th May

Please insert the appropriate code to reflect the tasks which you undertook for each half hour of your working day/ night.

*Please see attached document for codes.*

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
8.30							
9.00							
9.30							
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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0.30							
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1.30							
2.00							
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4.00							
4.30							
5.00							
5.30							
6.00							
6.30							
7.00							
7.30							
8.00							

Which days of the week are you contracted to work?

*Please tick in box under each day worked.*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Number of hours contracted to work in a week and number of hours actually worked this week?

*If you work on a fortnightly rota or similar please calculate on a weekly basis for this response.*

Number of hours <b>contracted to work</b> in a week	
Number of hours <b>actually worked</b> in this week	

Was this an average week?  Yes  No

*If 'no', please explain.*

--

# Questionnaire for all social workers completing the diary exercise

## 1. Age

Into which age group do you fall?

<input checked="" type="checkbox"/> 20-24 years	<input type="checkbox"/> 25-29 years	<input type="checkbox"/> 30-34 years	<input type="checkbox"/> 35-39 years
<input type="checkbox"/> 40-44 years	<input type="checkbox"/> 45-49 years	<input type="checkbox"/> 50-54 years	<input type="checkbox"/> 55-59 years
<input type="checkbox"/> 60-65 years	<input type="checkbox"/> Over 65 years	<input type="checkbox"/> Prefer not to say	

## 2. Gender

Are you?

Male  Female

## 3. Ethnicity

Please tick the box that best describes your ethnic background.

<p><b>A. White</b></p> <p><input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish traveller</p> <p><input type="checkbox"/> Any other White background</p> <p><i>Please provide details.</i></p>	<p><b>B. Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed / multiple heritage background</p> <p><i>Please provide details.</i></p>	<p><b>C. Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p> <p><i>Please provide details.</i></p>
<p><b>D. Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black/ African/ Caribbean background</p> <p><i>Please provide details.</i></p>	<p><b>E. Other ethnic group</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group</p> <p><i>Please provide details.</i></p>	

#### 4. Qualifications

a) Which of the following professional qualifications do you hold?

*Please tick all that apply.*

- Diploma in Social Work (DipSW), alongside either a DipHE, BA / BSc or MA / MSc or PgDip)
- Certificate of Qualification in Social Work (CQSW)
- Certificate in Social Services (CSS)
- Undergraduate or Postgraduate degree qualification in Social Work (BA, BSc, MA, PgDip) recognised by one of the UK Care Councils
- Any other UK social work qualification recognised by the GSCC as eligible for inclusion on the part of the Social Care Register for social workers
- Any other non-UK social work qualification recognised by the GSCC as eligible for inclusion on the part of the Social Care Register for social workers
- Teaching or education professional qualification (e.g. B Ed, PGCE)
- Registered nurse qualification (e.g. RN, RGN)
- Professional qualification in occupational therapy or other profession allied to medicine
- Level 4, Level 5 or Level NVQ qualification in early years, social or health care
- Any other professional qualification

*Please provide details.*

b) In addition to any qualifications listed above, please indicate if you have any of the following educational or academic qualifications.

*Please tick all that apply.*

- 'Top up' degree or postgraduate professional qualification in social work
- Post qualifying award in social work
- Other undergraduate or postgraduate degree in subject other than social work

*Please provide details.*

- Other recognised diploma e.g. diploma in counselling recognised by the British Association for Counselling and Psychotherapy (BACP)

*Please provide details.*

c) Please state the country where you qualified as a social worker.

- England
- Wales
- Scotland
- Northern Ireland
- Other

*Please provide details.*

d) In which year did you qualify as a social worker?

***If you qualified in the UK please go to Question 5.***

e) If you qualified as a social worker outside the UK, please give the number of years you practised social work **outside** the UK.

f) If you qualified as a social worker outside the UK, please give the year in which you began practising social work in the UK.

## **5. Social work experience**

a) Altogether, for how many years have you practised as a qualified social worker?

Please provide any additional information which you consider explains or clarifies the above figure.

b) Of these, how many years have you worked primarily in direct children's social care **in total**?

*If you have never worked in children's social care write '0'.*

Please provide any additional information which you consider explains or clarifies the above figure.

c) Of these, how many years have you worked primarily in direct adult social care **in total**?

*If you have never worked in adult social care write '0'.*

Please provide any additional information which you consider explains or clarifies the above figure.

## 6. Current employment

a) What is your job title?

b) How many years have you been employed in this post?

c) How many hours are you contracted to work in this post?

Number per week	
Number per fortnight	

d) Over how many days do you work?

Number per week	
Number per fortnight	

## 7. Client groups

With which client groups do you **mainly** work?

Please select **up to three**.

<input type="checkbox"/> Child protection	<input type="checkbox"/> Transitions (young adults with complex needs)
<input type="checkbox"/> 'Looked after' children	<input type="checkbox"/> Adults with physical disabilities (18-65)
<input type="checkbox"/> Care leavers	<input type="checkbox"/> Adults with sensory impairments (18-65)
<input type="checkbox"/> Family support / prevention	<input type="checkbox"/> Adults with mental health problems (18-65)
<input type="checkbox"/> Child and adolescent mental health	<input type="checkbox"/> Adults with a learning difficulty / disability (18-65)
<input type="checkbox"/> Children with special educational needs	<input type="checkbox"/> Adults substance misuse service
<input type="checkbox"/> Children with complex health needs	<input type="checkbox"/> Older people
<input checked="" type="checkbox"/> Young carers	<input type="checkbox"/> Older people with mental health problems (including dementia)
<input type="checkbox"/> Young people's substance misuse service	<input type="checkbox"/> Carers
<input type="checkbox"/> Asylum seekers / refugees	<input type="checkbox"/> Palliative care / people with complex health needs
<input type="checkbox"/> Foster carers	<input type="checkbox"/> Other

Please provide details.

## 8. Team or setting

a) In what type of team or other setting / agency do you work?

<input type="checkbox"/> Statutory local authority adult services	<input type="checkbox"/> Joint (e.g. with NHS or housing) <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Both
<input type="checkbox"/> Statutory local authority children's services	<input type="checkbox"/> Private sector <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Both
<input type="checkbox"/> Statutory local authority services - joint children's and adult services	<input type="checkbox"/> Voluntary / third sector <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Both
<input type="checkbox"/> NHS <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Both	<input type="checkbox"/> Independent <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Both
<input type="checkbox"/> Other <i>Please provide details.</i>	

b) How many of the following members of staff are in your team or setting?

<b>Social workers</b>	<b>Care managers</b>	<b>Trainee social workers</b>	<b>Other (<i>please describe</i>)</b>

*Please add any explanatory comment.*

--

## 9. Caseload

a) How many active cases are you actively responsible for at the moment?

b) For how many cases, if any, are you responsible which are not currently active?

*We are aware that there may be some lack of consistency over the definition of a 'case' so if you want to provide an explanation please do so.*

c) Does your team have a policy or system for determining the size, mix and complexity of your caseload?

Yes  No  Don't know

*Please comment on your response.*

d) Is the current size of your caseload influenced by any staffing issues (e.g. unfilled vacancies or long term sickness)?

Yes  No

Please write in any other information about caseload/ case mix/ weighting/ types of issues that you would like to add?

## 10. Recording systems

Is your agency using the Integrated Children's System (ICS) or other Electronic Document and Records Management system (eDRMS) (e.g. IDOX or SWIFT) or not?

Yes  No

If **yes** do you have any observations you wish to make about their usage, including suggested improvements or any other IT issues?

## 11. Other professions

Have you had other careers / professions?

*Please include details of other work in social care field.*

Yes  No

*If **yes** please provide details.*

## 12. Supervision

a) How often do you receive supervision?

- Weekly  
 Fortnightly  
 Four weekly  
 Other

*Please provide details.*

b) Do you consider this to be adequate?

Yes  No

c) Does your organisation have a policy in place for supervision?

Yes  No  Don't know

d) What types of supervision / support are available?

*Please give details.*

e) Please provide any other comment on your experiences of supervision.

### **13. Professional development**

a) Have you had the opportunity to undertake any formal education or training as part of your employment in the past two years?

Yes  No

*If **yes** please tick all that apply.*

- Internal staff development activity / course
  - External staff development activity / course
  - Accredited PQ programme
  - Undergraduate degree
  - Post graduate degree
  - Professional doctorate
  - Other

*Please provide details.*

b) Does your organisation provide any of the following?

*Please tick all that apply.*

	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
Professional/ academic journal subscriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving papers at conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to external education e.g. in HEIs or FE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case discussion forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good practice forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated reflective practice opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please provide details.</i>			

c) Are you able to spend some time each month on personal study/ research about your work?

Yes  No

*If **yes** please provide details of average number of hours each month.*

#### **14. Employment satisfaction**

a) Why did you become a social worker?

b) What reasons have kept you in the social work profession?

c) What do you enjoy about working as a social worker?

d) Are there things which help you to do your current job?

e) Is there a single thing which would help you to do your current job better?

Yes  No

*If **yes** please explain.*

f) Does your organisation have policy and practice in place to support work life balance.

Yes  No

*If **yes** please give details.*

### 15. Employment aspirations

a) Is there a job that you would next like to have in social work?

Yes  No

*If **yes** please provide details.*

b) How many jobs outside social work have you applied for within the last six months?

*If none, write in '0'*

c) Are there any factors which would make you consider ceasing to practise as a social worker?

### 16. Job satisfaction

Overall, how satisfied are you with your current job?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Please provide any additional comments which you wish to make.

**Contact details**

This sheet will be detached from the responses given above to maintain absolute confidentiality.

We **may** wish to contact you to explore some of these areas in greater detail. If you are happy to be contacted please provide the following information:

Name:

Preferred form of initial contact:

- Email
- Telephone
- Either

I may be contacted via this email address/ telephone number:

If there are specific times when you would prefer to receive a telephone call please give details:

## Draft diary instrument for social workers

<b>Activity type</b>	<b>Activity category</b>	<b>Code</b>
<b>Direct contact with clients (D)</b>	Assessment - face-to-face	<b>D1</b>
	Assessment related work - telephone	<b>D2</b>
	Planned visit	<b>D3</b>
	Joint visit with another social worker	<b>D4</b>
	Joint visit with another agency representative / professional	<b>D5</b>
	Therapeutic intervention / group work	<b>D6</b>
	Accompanying client to meetings / forums (including court attendances, interviews with police, lawyers, housing)	<b>D7</b>
	Duty work - face-to-face	<b>D8</b>
	Duty work - telephone	<b>D9</b>
	Other face-to-face work	<b>D10</b>
	Other telephone contact	<b>D11</b>
	Time spent travelling to and from meetings with child / young person / family	<b>D12</b>
<b>Own agency discussion related to cases (OA)</b>	Formal meetings e.g. LAC reviews, case conferences, professionals' meetings, matching panels, resource panels, core group meetings, panels, reviews	<b>OA1</b>
	Collecting and assessing information, checking records	<b>OA2</b>
	Consultation on cases with managers and other colleagues in own agency	<b>OA3</b>
	Case supervision from line manager	<b>OA4</b>
	Time spent travelling to and from meetings in own agency	<b>OA5</b>
<b>Inter-agency work related to cases (IA)</b>	Telephone calls / emailing / other electronic communication across agencies	<b>IA1</b>
	Negotiating and commissioning services / arranging packages of care / support	<b>IA2</b>
	Inter-agency / multi-professional contacts and meetings	<b>IA3</b>
	Time spent travelling to and from meetings	<b>IA4</b>

<b>Activity type</b>	<b>Activity category</b>	<b>Code</b>
<b>Case related preparation, recording and report writing (R)</b>	Time spent recording following direct contact with client	<b>R1</b>
	Time spent completing initial assessment forms (including Common Assessment Framework forms (Children / YP only))	<b>R2</b>
	Time spent completing core / main assessments	<b>R3</b>
	Time spent completing other statutory paperwork (CPA, LAC and similar)	<b>R4</b>
	Time spent completing court reports	<b>R5</b>
	Time spent completing other referral forms	<b>R6</b>
	Time spent recording following case related meetings, supervision and other consultations with colleagues	<b>R7</b>
<b>Other inter-agency activities (Not directly client related) (OIA)</b>	Multi-agency meetings and networking not covered in section IA above	<b>OIA1</b>
	Time spent travelling to and from other inter-agency activities	<b>OIA2</b>
<b>Other / Sundry (S)</b>	Supervision in relation to personal and professional development (not directly case related - see OA4)	<b>S1</b>
	Supervision of social worker colleagues	<b>S2</b>
	Supervision of non-social work colleagues	<b>S3</b>
	Practice education / assessing of students	<b>S4</b>
	Recording in relation to targets	<b>S5</b>
	Training and induction of self and others	<b>S6</b>
	General agency activities - e.g. team meetings, reading departmental documents, developing new services/ changing existing services, dealing with general letters, e-mails and phone calls not related to cases, filing, faxing, photocopying, etc.	<b>S7</b>
	Time spent travelling to other meetings / events (not case-related)	<b>S8</b>
	Lunch/ breaks	<b>S9</b>
	Other	<b>S10</b>

## Appendix B - Additional details on client groups

### Looked after children<sup>62</sup>

Three-fifths of those in CSDs and in the PVI sector were working with looked after children. A smaller proportion of respondents in the joint departments were doing so alongside a small number of those in adult services. (see footnote 5)

Table B.1

Working with looked after children	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	427	5	5	66	1	504
<b>No</b>	233	269	21	38		561
<b>No info</b>	65	10	-	5	8	88
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

### Children and young people in need of protection (see footnote 5)

Just over half of those working in CSDs and 'joint departments' were working with children and young people in need of protection, as were a third of those in the PVI sector.<sup>63</sup>

Table B.2

Working in child protection	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	379	5	10	34	-	428
<b>No</b>	281	269	16	70	1	637
<b>No info</b>	65	10	-	5	8	88
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

### Family support / prevention

Just over two fifths of CSD respondent and one in six of those said that they were engaged in family support and / or preventative work

Table B.3

Working in family support and prevention	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	302	7	7	18	-	334
<b>No</b>	357	267	19	86	1	730
<b>No info</b>	66	10	-	5	8	89
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

<sup>62</sup> A very small number of those in adult services and other settings also said they worked with this group.

<sup>63</sup> A very small number of those in adult services and other settings also said they worked with this group.

## Foster carers

Just under one in five of respondents [n= 132] in CSDs identified foster carers as a client group with whom they worked.

**Table B.4**

Working with foster carers	CSD	DASS	Joint	PVI	No information	Total
Yes	133	4	1	60	1	199
No	526	270	25	43	-	864
No info	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Children with special educational needs

One in six of those in CSDs said they worked with children with special educational needs.

**Table B.5**

Working with SEN	CSD	DASS	Joint	PVI	No information	Total
Yes	125	3	-	17	-	145
No	534	271	26	87	1	919
No info	66	10	-	5	8	89
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Children with complex health needs

One in six of those in CSDs said they worked with children with complex health needs.

**Table B.6**

Working with children with complex health needs	CSD	DASS	Joint	PVI	No information	Total
Yes	114	4	-	8	-	126
No	545	270	26	96	1	938
No info	66	10	-	5	8	89
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Those leaving care

Just under one in ten of those working in CSD and one in eight of those in the PVI sector worked with those leaving care.

**Table B.7**

Working with those leaving care	CSD	DASS	Joint	PVI	No information	Total
Yes	66	6	1	14	1	88
No	593	268	25	90	-	976
No info	66	10	-	5	8	89
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with child and adolescent mental health services (CAMHS)

One in eight respondents in CSDs worked with CAMHS

Table B.8

Working with CAMHS	CSD	DASS	Joint	PVI	No information	Total
Yes	59	5	1	8	-	73
No	601	269	25	96	1	992
No info	65	10	-	5	8	88
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Children and young people who are refugees or seeking asylum

Six percent of those in CSDs [n = 40] were working with children and young people who are refugees or seeking asylum

Table B.9

Working with children and young people who are refugees or seeking asylum	CSD	DASS	Joint	PVI	No information	Total
Yes	42	1	1	6	-	50
No	619	273	25	98	1	1016
No info	64	10	-	5	8	87
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Young carers

A very small number of those in CSDs (one in 25 respondents) said they worked with young carers.

Table B.10

Working with young carers	CSD	DASS	Joint	PVI	No information	Total
Yes	29	1	1	5	-	36
No	630	273	25	99	1	1028
No info	66	10	-	5	8	89
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Young people's substance misuse service

Only two percent (or one in 40 respondents) of those in CSDs worked with young people's substance misuse services.

Table B.11

Working with young people's substance misuse service	CSD	DASS	Joint	PVI	No information	Total
Yes	20	0	1	4	-	25
No	641	274	25	100	1	1048
No info	64	10	-	5	8	80
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Older people

Table B.12

Working with older people	CSD	DASS	Joint	PVI	No information	Total
Yes	17	162	15	1	-	195
No	641	112	11	102	1	867
No info	67	10	-	6	8	91
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Older people with mental health problems

Table B.13

Working with older people with mental health problems	CSD	DASS	Joint	PVI	No information	Total
Yes	15	59	6	5	-	85
No	644	215	20	98	1	978
No info	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Carers

Table B.14

Working with carers	CSD	DASS	Joint	PVI	No information	Total
Yes	24	101	11	7	-	143
No	635	173	15	96	1	920
No info	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with adults with physical disabilities

Table B.15

Working with adults with physical disabilities	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	10	89	8	4	-	111
<b>No</b>	649	185	18	99	1	952
<b>No info</b>	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with adults with learning difficulties / disabilities

Table B.16

Working with adults with learning difficulties / disabilities	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	13	66	7	4	-	90
<b>No</b>	646	208	19	99	1	973
<b>No info</b>	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with palliative care/ people with complex health needs

Table B.17

Working with palliative care/ complex health needs	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	12	59	10	-	-	81
<b>No</b>	647	215	16	103	1	981
<b>No info</b>	66	11	-	6	8	91
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with adults with mental health problems

Table B.18

Working with adults with mental health problems	CSD	DASS	Joint	PVI	No information	Total
<b>Yes</b>	15	59	6	5	-	85
<b>No</b>	644	215	20	98	1	978
<b>No info</b>	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with adults with sensory impairment

Table B.19

<b>Working with adults with sensory impairment</b>	<b>CSD</b>	<b>DASS</b>	<b>Joint</b>	<b>PVI</b>	<b>No information</b>	<b>Total</b>
<b>Yes</b>	5	32	6	-	-	43
<b>No</b>	654	242	20	103	1	1020
<b>No info</b>	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Working with adult substance misuse services

Table B.20

<b>Working with adult substance misuse services</b>	<b>CSD</b>	<b>DASS</b>	<b>Joint</b>	<b>PVI</b>	<b>No information</b>	<b>Total</b>
<b>Yes</b>	4	15	3	1	-	23
<b>No</b>	655	259	23	102	1	1040
<b>No info</b>	66	10	-	6	8	90
<b>Total</b>	<b>725</b>	<b>284</b>	<b>26</b>	<b>109</b>	<b>9</b>	<b>1153</b>

## Appendix C - Proportion of time spent in sub categories

**Table C1**

Broad category

Broad category		Child	Adult	Both	Non LA	No info	AI	
1.	Direct contact	Assessment - face-to-face	3%	5%	5%	2%	0%	3%
		Assessment related work - telephone	1%	2%	3%	1%	0%	1%
		Planned visit	6%	4%	3%	6%	5%	5%
		Joint visit with another social worker	1%	0%	0%	0%	0%	1%
		Joint visit with another agency representative / professional	1%	1%	1%	1%	1%	1%
		Therapeutic intervention / group work	0%	0%	0%	1%	0%	0%
		Accompanying client to meetings/ forums [including court attendances, interviews with police, lawyers, housing]	1%	0%	2%	0%	0%	1%
		Duty work - face-to-face	1%	1%	1%	0%	3%	1%
		Duty work - telephone	3%	4%	2%	3%	2%	4%
		Other face to face work	1%	1%	1%	3%	0%	1%
		Other telephone contact	3%	3%	4%	3%	1%	3%
		Time spent travelling to and from meetings with child / young person / family	5%	3%	4%	6%	8%	5%
		Formal meetings e.g. LAC reviews, case conferences, professionals' meetings, matching panels, resource panels, core group meetings, panels, reviews	5%	2%	7%	5%	4%	5%
		Collecting and assessing information, checking records	3%	4%	5%	3%	2%	3%
2.	Own agency	Consultation on cases with managers and other colleagues in own agency	2%	2%	2%	2%	0%	2%
		Case supervision from line manager	1%	1%	1%	1%	0%	1%
		Time spent travelling to and from meetings in own agency	1%	0%	1%	3%	0%	1%
		Telephone calls / emailing /other electronic communication across agencies	7%	7%	6%	7%	7%	7%
		Negotiating and commissioning services / arranging packages of care / support	1%	2%	2%	1%	0%	1%
3.	Inter agency	Inter-agency / multi-professional contacts and meetings	2%	3%	1%	2%	0%	3%
		Time spent travelling to and from meetings	2%	2%	2%	3%	7%	2%

		Time spent recording following direct contact with client	8%	9%	8%	7%	9%	8%
		Time spent completing initial assessment forms (including Common Assessment Framework forms (Children / YP only)?'	2%	1%	2%	0%	0%	1%
4.	Case related	Time spent completing core /main assessments	3%	7%	11%	2%	15%	4%
		Time spent completing other statutory paperwork (CPA, LAC and similar)	4%	3%	3%	2%	3%	4%
		Time spent completing court reports	2%	1%	1%	0%	2%	1%
		Time spent completing other referral forms	1%	1%	1%	0%	1%	1%
		Time spent recording following case related meetings, supervision and other consultations with colleagues.	3%	2%	2%	2%	2%	2%
	Other inter agency	Multi-agency meetings and networking not covered in section IA above	1%	1%	0%	1%	0%	1%
		Time spent travelling to and from other inter-agency activities	0%	0%	0%	1%	0%	0%
		Supervision in relation to personal and professional development (not directly case related - see OA4)	1%	0%	1%	1%	0%	1%
		Supervision of social worker colleagues	1%	1%	1%	1%	0%	1%
		Supervision of non-social work colleagues	0%	0%	0%	2%	0%	0%
		Practice education / assessing of students	1%	1%	0%	1%	2%	1%
		Recording in relation to targets	1%	1%	1%	1%	1%	1%
	Other sundry	Training and induction of self and others	4%	3%	2%	5%	9%	4%
		General agency activities - e.g. team meetings, reading departmental documents, developing new services / changing existing services, dealing with general letters, e-mails and phone calls no	8%	7%	7%	11%	5%	8%
		Time spent travelling to other meetings / events (not case-related)	1%	1%	1%	1%	0%	1%
		Lunch / breaks	5%	6%	4%	4%	3%	5%
		Other	4%	3%	2%	5%	6%	4%

## Appendix D - Details of number of statutory social workers and provision per child / young person and deprivation ranking

CSD descriptor	Ratio of social worker to number of children and young people		Ranking of social workers to children and young people	Ranking in order of deprivation ranking [figure in brackets is ranking on Child Well-being Index (CWI) <sup>64</sup>
	Number of social workers A	B	C	D
A - metropolitan borough / unitary	92	1:593	9	6 (13)*
B - London borough	Numbers not available			
C - county council / two tier	110	1:1019	21	12 (15)
D - city / unitary authority	90	1:827	18	9 (10)
E - county council / two tier	129	1:1279	22	15 (20) *
F - non-metropolitan / unitary authority	86	1:1791	23	23 (22)
F - London borough	110.6	1:680	12	10 (11)
G - county council / two tier	Numbers not available			
H - London borough	105	1:513	4	17 (12)
I - London borough	211	1:181	1	2 (2)
J - county council / two tier	501.3	1:692	13	16 (19)
K - city / metropolitan authority	225	1:792	16	13 (7)
L - city / unitary authority	137	1:566	7	4 (4)
M - county council / two tier	85	1:1800	24	20 (23)
N - city / metropolitan authority	120	1:517	5	5 (3)
O - county council / two tier	Numbers not available			
P - county council / unitary	80	1:866	17	14 (16)
Q - county council / two tier	Numbers not available			

<sup>64</sup> The Child Well-being Index (CWI) represents the first attempt to create a small area index exclusively for children in England. Unlike the Index of Multiple Deprivation (IMD), the CWI was restricted by the availability of data as many datasets are not disaggregated by age group. Data on children are largely collected through surveys which are not robust enough to be broken down to small area level.

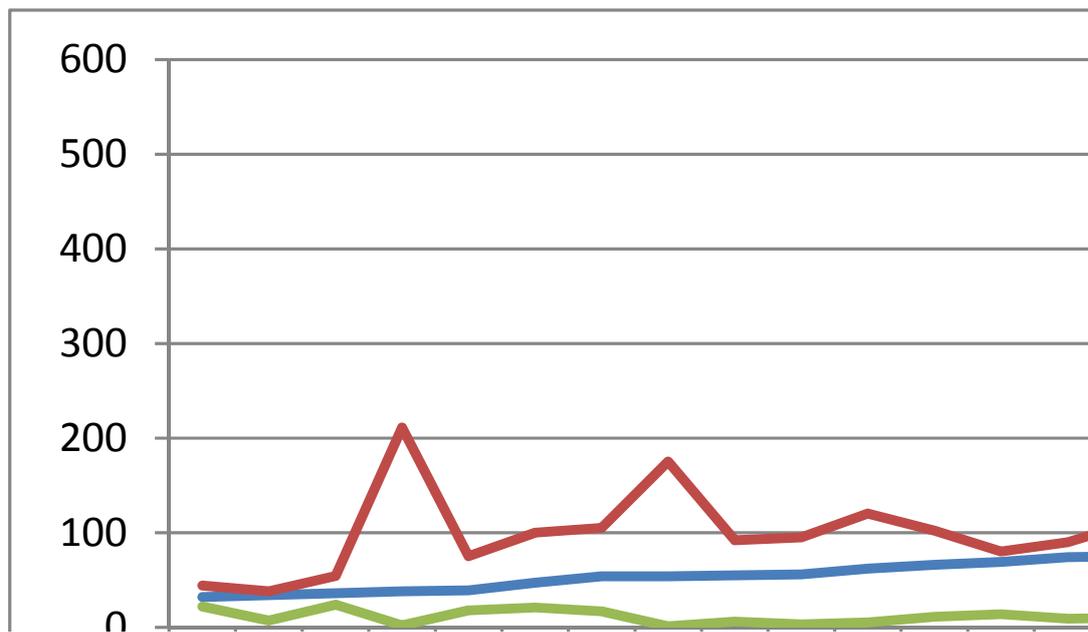
R - unitary	44	1:723	14	22 (18)
			20	7 (8)
S - unitary	38	1:887		
T - metropolitan borough	95	1:586	8	3 (5)
U - metropolitan borough	102	1:645	10	11 (14)
V - unitary	75	1:519	6	18 (9)
W - borough / unitary	100	1:469	3	21 (17)
X - London borough	175	1:310	2	1 (1)
Y - metropolitan borough		<b>Numbers not available</b>		
Z - county council / two tier	144	1:865	19	19 (21)
AA - borough / unitary	54	1:671	11	24 (24)
BB - metropolitan borough	104	1:736	15	8 (6)

When the number of social workers employed in each of the 29 areas was compared with the 0-19 population it was possible to arrive at a figure indicating how many social workers per head of this population were employed. The figure varied considerably from a figure of one social worker for every 181 individual [in that age group] to one social worker for every 1,800 individuals [in that age group]. Each of the areas was then ranked according to its position on the Index of Multiple Deprivation<sup>65</sup>. It is important to recognise that the rating in column D reflects an authority's rating in this sample and not its place in the Index. The actual placement in the index has not been provided in order to retain the anonymity of the authorities. Because it was only possible to take account of the ranking rather than actual place it means that the analysis is not able to take account of the extent of the distance between areas in the deprivation index. However, except for those with the lowest deprivation rating, the difference between the rankings of most authorities in the sample was 10 or fewer points. The rankings are also affected by those areas for which data are not available.

Despite these health warnings it was still a useful exercise to plot the ratio of social worker to children / young people against the deprivation place in (Appendix D. Fig 1).

<sup>65</sup> The Index of Multiple Deprivation combines a number of indicators into a single deprivation score for each small area in England.

**Figure 1 - Relationship between number of children’s social workers and characteristics of the population**



It emerged that:

- 1) authorities I and X are the most deprived areas in the sample and they do employ the most social workers (X also has the highest number of agency workers in the sample - see para 3.1.1d)
- 2) of the 24 CSDs providing data for the analysis half [n = 12] their placement in the ranking of social worker to children and young people and their ranking in the deprivation column was of a similar order; this means that there was not more than three points difference between the two rankings. So, for example, in authority J the social work ratio placed the authority in 13<sup>th</sup> place and the deprivation rating placed them in 16<sup>th</sup> place; in authority N the ranking was five for both. This would indicate some relationship between the number of social workers employed and the level of demand being made on the service.
- 3) in the other 12 areas the rankings exceeded a three point difference. In some instances despite a reasonably low level of deprivation there was a comparatively high ratio of social workers to clients [for example London borough H and unitaries V and W]. Elsewhere in areas such as unitaries S and AA and city S the reverse was the case and the deprivation rating far exceeded that of the social work to client ratio.

The limitation on this exercise has been noted above but this has been an initial step to explore an area which has so far received little attention. It would now be very interesting to collect national data and explore if these differences are apparent at that level. Neither has it been possible to:

1. explore the ratios which exist in super-output areas where the levels of deprivation may be high and skew an authority’s overall ratings.
2. take account of the Child Well-being Index.

This is something which a dedicated project could and should explore.

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