

# The Social Work Health Check

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# WHAT is the Social Work Health Check?

The HCPC Standards for Employers of social workers states: 'all employers should complete, review and publish an annual health check or audit to assess whether the practice conditions and working environment of the social work workforce are safe, effective, caring, responsive and well-led.'



# WHY do the Social Work Health Check?

The health check and development tool is an important barometer of workflow and barriers to effective practice. Doing it annually allows employers to track progress as they work on implementing the Standards and good practice. It also means that problems can be picked up and addressed in a timely fashion rather than becoming entrenched and creating a negative culture.

The tool can be used as part of an employer's retention and recruitment strategy because it means social workers feel that they are listened to and that the employer is pro-active in tackling the issues that affect them at the front-line.

It is also a way of enabling employers to provide a well led professional environment as well as enabling social work professionals to maintain their professionalism and to practice more effectively.

The health check also supports openness and accountability by providing a regular snapshot to the organisation's leaders about workflow and organisational issues.

# HOW do we do the Social Work Health Check?

The Social Work Task Force originally devised the Health Check as a series of 39 Steps now grouped into the 8 HCPC Standards for Employers

- 1 **Clear Social Work Accountability Framework**  
Employers should have in place a clear social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners.
- 2 **Effective Workforce Planning**  
Employers should use effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.
- 3 **Safe Workloads and Case Allocation**  
Employers should ensure social workers have safe and manageable workloads.
- 4 **Managing Risks and Resources**  
Employers should ensure that social workers can do their jobs safely and have the practical tools and resources they need to practice effectively. Assess risks and take action to minimise and prevent them.
- 5 **Effective and Appropriate Supervision**  
Employers should ensure that social workers have regular and appropriate social work supervision.
- 6 **Continuing Professional Development**  
Employers should provide opportunities for effective continuing professional development, as well as access to research and-relevant knowledge.
- 7 **Professional Registration**  
Employers should ensure social workers can maintain their professional registration.
- 8 **Effective Partnerships**  
Employers should establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development.

# The 39 Steps – Section 1

Effective workload management	
1	How many unfilled posts are there in the team?
2	How many posts are being covered by agency/temporary staff?
3	How many posts are there where the post-holder is on long-term absence eg sick leave, maternity leave?
4	What is the level of staff turnover?
5	How many cases does each FTE hold?
6	How many hours are staff working on average a week?
7	What levels of TOIL and annual leave are still to be taken?
8	How often is supervision taking place – is this in line with organisational policy?
9	Have staff been able to attend the CPD opportunities planned in their appraisals or development reviews – how often is training cancelled or re-arranged?
10	What additional responsibilities are team members undertaking, for example supervising a student on placement, mentoring another team member, doing research?

Management reports  
or workforce data

Practitioner reporting

Combination  
of both



# The 39 Steps – Section 2

Proactive workflow management	
11	How many cases are currently unallocated?
12	How many cases are being re-referred?
13	Are there changes throughout the year in workflow (peaks and troughs)?
14	How are unallocated cases risk assessed?
15	What is the escalation process for unallocated cases and alerts to senior managers?
16	How many cases are currently allocated to a) team members b) the team manager c) the duty team?
17	Are there delays in the transfer of cases between teams?
18	How often are workers required to cancel meetings with people who use services and other professionals in an average week due to re-prioritisation of work?
19	What specific blocks to workflow need to be considered eg efficiency of commissioned services, relationships with other agencies, transfer between teams and services?
20	Is the most efficient use of skills being made within the team and wider service - are social workers undertaking tasks for which their skills are primarily required or could they be done more effectively by someone with different skills eg an administrator, paraprofessional or other professional group?

# The 39 Steps – Section 3 + 5

## Having the right tools to do the job

21	Do staff have access to the right equipment – for example, mobile working and IT access?
22	Do staff have access to the right professional services to support case work– translators, legal advice etc?
23	Do staff have access to the right resources, for example research or library facilities?
24	Do staff have appropriate office space, for example, desk, office chair, access to quiet space?

## Effective service delivery

35	Findings from compliments / comments and complaints
36	Feedback from service users
37	Feedback from stakeholders / other professionals
38	Staff survey results
39	Exit interview analysis



# The 39 Steps – Section 4

## A healthy workplace

25	Is there a system in place to monitor frequency and quality of supervision in order to ensure effective practice is supported?
26	Is there a 360° appraisal in place?
27	Is there an employee welfare system in place and are staff aware of how they access it?
28	How often do team meetings take place?
29	Are staff able to contribute to the agenda?
30	Are senior managers accessible/ visible in the service?
31	How are stress levels monitored on an individual and service basis?
32	Is there a whistle-blowing process and are staff aware of what this is?
33	Are there processes in place to ensure staff welfare eg risk assessments of roles and activities, and call-back/monitoring processes to ensure safety whilst working away from the office base including out of hours?
34	What are the sickness levels in the team/service and what is the pattern over time?



# AFTER the Social Work Health Check

It is recommended that Directors and Assistant Directors of social work and social care, use the health check in one-to-ones with Principal Social Workers to promote a well-led and effective service.

The health check process itself is usually a positive one for staff, giving them the chance to air issues and be listened to.

However, following up on what comes out of the health check is even more important.

A clear agreed action plan –regularly monitored and reported back to staff – is crucial.

“It’s important to look at the things you can do almost instantly, like an audit of printers and IT; stuff that can make people’s lives much easier very quickly. You must not underestimate how important these things can be to people.”

# NEXT STEPS

Steering Group?

Target Date?

Survey Monkey?

LGA Deadline is in November

# Preparing for the Social Work Health Check

1. Agree a joint steering group to oversee the health check process across all social work teams, which could include partners, principal social workers, practitioners and trade union representatives.
2. Agree how the results will be published – to include social work staff and elected members/trustees/board members.
3. Develop a communications strategy for explaining and reassuring social workers about what the health check is for and how it will be used. Given assurances that anything said in discussions will not be used in any way against individuals but only to inform what extra support is needed.
4. Identify and scope the sources of information needed to complete the work – this will include:
  - NMDS data
  - Performance data e.g. service response times, workflow, complaints
  - Qualitative data e.g. quality of supervision, stress, caseloads, TOIL
5. Identify resources in terms of HR, systems and IT support needed to collect the required data. Technical guidelines will be needed covering areas such as:
  - A common date or period for data capture
  - A common definition of a case, for example where families or siblings are involved
  - How the result will be analysed on an aggregated basis
6. Decide the scope: in view of close working relationships and work organisation, many organisations have extended the health check to non-social work qualified practitioners who may be contributing to casework.
7. All team members will need to be given advanced notice and time to prepare for team discussions, focus groups etc.
8. Consider whether peer or independent facilitation of sessions with social workers could be helpful