



## **Not waving but drowning Paperwork and pressure in adult social work services**

### **Introduction**

There has recently been an intense focus on the role of social work in protecting vulnerable children – but UNISON believes it is equally important to look at social work services for adults. Keeping adults who find themselves vulnerable safe and well is vitally important to society. And in the real world there are not neat and clear dividing lines between children and adults.

We also believe that it is time to re-affirm and champion the importance of social work with adults in the face of the considerable uncertainty which is coming out of processes for delivering self-directed support – direct payments, personal budgets and the like. These developments raise profound questions around safeguarding and risk assessment. And they come at a time when the gap between the level of need for social care support and available funding is rapidly widening.

Finally UNISON is acutely aware that in mental health, social workers are shouldering an increasingly complex set of legal and practice responsibilities, while the interface with the health service can be fraught.

UNISON wanted to gather the views of people working at the front-line in social work providing services to adults – about the pressures and barriers they face in their working lives and what they feel needs to be done to improve things.

In all 4 UK administrations work is underway to examine the need for reforms in social work. We believe that it is vitally important that the voices of social work teams who work at the front-line are fully reflected in these debates. To that end, we quote extensively from what members have been telling us in their own words.

### **About the survey**

The survey was carried out during April and May 2009 and was distributed via UNISON branches, UNISON social care contacts and via the UNISON website. We received a total of **267 responses**, mainly from social workers and team managers working within a wide range of settings and client groups including mental health, learning disabilities, physical disabilities, sensory impairment, older people. Whilst the survey was anonymous we asked respondents to tell us the region they work in so we could monitor the geographical spread. Responses have been received from a wide range of local authorities and Trusts within every English region and from Scotland and Wales and Northern Ireland (see Appendix)

In this report we use extensive quotes from respondents – we do this because we believe it is vitally important that the voices of front-line practitioners are heard in the current debate about the future of social work.

## SECTION A: SURVEY FINDINGS

### Views on how well social work services for adults are resourced

Nearly two thirds of respondents believe that social work services for adults are now worse resourced than they were five years ago. Only 1 in 10 believe the resource position has improved.

<b><i>Compared with five years ago are social work services for adults better or worse resourced?</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Better	30	11%
Same	64	24%
Worse	169	64%
	<b>263</b>	

\*of those answering this question, may not add up to 100% due to rounding

*“We do not work in a needs-led service – due to financial constraints etc we end up being told what the person has to have rather than what they need/want.”*

### Views on systems and procedures for safeguarding adults

Some 62% of respondents believe that systems and procedures for safeguarding adults have improved over the last five years. However there is a strong view among respondents that the way personalisation policies are being implemented through cash for care schemes, risks reversing this trend. Many believe this will bring a rise in adult protection cases (see Section B below).

<b><i>Overall do you agree that systems and procedures for safeguarding adults have improved in the past five years?</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Strongly Agree	8	3%
Agree	144	59%
Neutral	49	20%
Disagree	34	14%
Strongly Disagree	8	3%
	<b>243</b>	

\*of those answering this question, may not add up to 100% due to rounding

*“Safeguarding protection appears to be reduced for Direct Payment/Individual Budget service users to help guarantee it success. This raises concerns for me for the service users in coming year. I feel we are storing up potential horror stories for the front pages of the newspapers by ignoring this now.”*

*“In Wales, the Assembly Government has agreed to see how the roll-out of the personalised budgets works in England before committing to developing a similar strategy... We also believe we have implemented the No Secrets/In Safe Hands guidance better than in England so are providing a better safeguarding role.”*

## **Views on time available to spend with individual service users**

Two thirds of respondents feel the time they have available to spend with each service user is not sufficient to meet their needs. Nearly a quarter feel that the time available is very insufficient.

<b><i>Is the time you are able to spend with individual service users sufficient to meet their needs?</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Amplly sufficient	5	2%
Just about sufficient	67	25%
Insufficient	134	50%
Very insufficient	60	23%
	<b>266</b>	

\*of those answering this question, may not add up to 100% due to rounding

*“All in all there is far more written work to be completed, more cases to follow through and much more expected of social workers and assistant care managers. This coupled with safeguarding alerts which in our team can be as many as 10-15 each week to be investigated, recorded, case conferences to be arranged and reports to be written...How can we give a good service when we're always rushing?”*

*“The Social Work profession is losing its ability to work directly with people and form good relationships... At present, there is about 85% paperwork and rare contact with service users and carers.”*

## **Views about time spent on paperwork**

An overwhelming 96% of respondents believe that too much of their time is spent on paperwork.

<b><i>Do you believe that the amount of time you spend on paperwork is...</i></b>		
	<b>Number</b>	<b>Proportion*</b>
About right?	9	3%
Too little?	1	1%
Too much?	258	96%
	<b>268</b>	

\*of those answering this question, may not add up to 100% due to rounding

*“Every hour face to face time I spend with a service user seems to generate about 3 or 4 hours paperwork whose main point seems to be to produce performance indicators.”*

*“80% of my time is admin tasks and 20% is actually seeing the clients. I feel it is just a matter of time before the 'wheel comes off'... In our department 70% of admin workers have left and not been replaced. Is it Best Value to pay a qualified social worker to input data on to computer systems?”*

## **Views on the impact of performance targets**

Three quarters of respondents believe that current performance targets have a negative impact on outcomes for service users.

<b><i>What overall effect do you think current performance targets have on outcomes for service users?</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Positive	9	3%
Neutral	63	24%
Negative	193	73%
	<b>265</b>	

\*of those answering this question, may not add up to 100% due to rounding

*“We seem to employ a large number of people whose sole purpose is to think of creative ways of appearing to meet performance targets at lowest cost. Centrally set targets seem largely unrelated to any qualitative measure of positive outcomes for service users.”*

*“Managers are driven to reach P's because of pressure by higher management to obtain the highest STAR RATING. No account is taken of the QUALITY OF CONTACT and work we undertake with our clients.”*

## **Views on the effectiveness of joint working with the NHS**

Only a third of respondents believe that joint working with the NHS is effective in their area. A third are neutral about the issue while a third rate joint working as ineffective. A significant number of respondents are employed by or seconded to an NHS employer. They report real structural difficulties such as remote management,

marginalisation of social work and incompatibility of IT systems requiring duplication of paperwork.

<b><i>In your area how effective is joint working with the NHS...</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Very effective?	14	5%
Effective?	80	30%
Neutral?	83	31%
Ineffective?	75	28%
Very ineffective?	13	5%
<b>265</b>		

\*of those answering this question, may not add up to 100% due to rounding

*“Partnership working is difficult due to lack of funding/resources from both sides in social care and health. Field workers are only concerned about people getting a service to meet their needs. People die waiting for a decision on who funds.”*

*“There is a disparity in staffing levels within my service with health dominating management positions and very few social workers in each multi-disciplinary team...Social workers are isolated from the local authority despite being employed by it.”*

## **Vacancy rates on social work teams**

Three out of five respondents are working in teams where over 10% of social work posts are vacant. Over a quarter report a vacancy rate on their team of over 20%. One in ten are in teams with over 30% of posts vacant.

<b><i>On average what is your current staff vacancy rate (social work posts not filled by permanent staff)?</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Below 10%	99	39%
10-20%	82	33%
20-30%	45	18%
30-40%	13	5%
Above 40%	13	5%
<b>252</b>		

\*of those answering this question, may not add up to 100% due to rounding

*“I was running 50% down for a whole year. Staff not then able to deliver best practice however much they tried because of the volume of new work. In these situations it is very difficult to avoid crisis management which is not time or cost efficient.”*

*“Social work jobs are being 'lost' and not replaced or are increasingly taking longer for managers to readvertise and fill the post. In our team alone 2 social*

*workers have left and their posts have not been filled. Another social worker left 10 months ago (July 2008) and their post has still not been advertised... Not replacing workers is applying more pressure on already stretched social workers."*

## **Views on average caseloads**

Some 86% of respondents report that average caseloads for social workers in their team have increased over the last five years.

<b><i>In the last five years do you think average workloads for social workers in your team have...</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Fallen?	8	3%
Stayed the same?	29	11%
Increased?	223	86%
	<b>260</b>	

\*of those answering this question, may not add up to 100% due to rounding

*"Workers have huge case loads and in some teams have the dual role of social worker/care manager. This leads to continual pressure and stress on workers."*

## **Views on access to adequate professional supervision**

A quarter of respondents describe access to professional supervision within their teams as inadequate or poor. Only a third of respondents say supervision in their team is good. A further third say it is adequate while one in ten are neutral on the issue.

<b><i>Is access to professional supervision for social workers in your team...</i></b>		
	<b>Number</b>	<b>Proportion*</b>
Good?	90	34%
Adequate?	82	31%
Neutral?	28	11%
Inadequate?	35	13%
Poor?	29	11%
	<b>264</b>	

\*of those answering this question, may not add up to 100% due to rounding

*"I have supervision on average about once every 6 months and it is of poor quality and little or no time spent on personal development or training needs."*

*"I supervise all social care staff and they all receive 4 to 6 weekly clinical and professional supervision. I've not had professional supervision in 18 months."*

*“While the social workers have good supervision from the social work management team, the seniors do not currently have any professional supervision as there is no-one suitable, available & willing to do it within the Trust.”*

## **Views on impact of direct payments/personal budgets roll-out**

*“Social workers...are key to supporting self-assessments, understanding people’s aspirations and ensuring they have access to personalised support Self-assessment was widely viewed as a misleading term, and in practice it was found that self-assessment entailed intensive support from care managers...it was more demanding of staff time and skills than traditional professional assessment.”*

**CSCI, The state of social care in England 2007-08**

Respondents were asked to give their views on the likely impact of their employer’s approach to rolling out direct payments or personal budgets. The most widely cited outcomes are that it will lead to fewer social work posts; with de-skilling and decreased job satisfaction for social workers – on the one hand. On the other hand greater empowerment for service users is also frequently cited. However this is tempered by fears that this might not apply to some service users – particularly those lacking capacity, family support or other resources. A worsening in the quality of services available locally is also a frequently-cited fear.

### ***Do you believe your employer’s approach to rolling out direct payments and/or personal budgets will lead to:***

	<b>Proportion</b>
Fewer social work posts?	17%
De-skilling of social work?	15%
Greater empowerment for service users?	15%
Decreased job satisfaction for social workers?	14%
Worse access to quality care service in the area?	14%
<i>Other*</i>	7%
Re-skilling of social work?	6%
Less empowerment for service users?	4%
Better access to quality care services in the area?	3%
Improved job satisfaction for social workers?	2%
More social work posts?	1%

*\* Among those who selected ‘other’ an increase in adult protection/safeguarding cases was the most frequently cited impact*

## **SECTION B: WHAT IS REALLY GOING ON WITH 'PERSONALISATION'?**

We wanted to find out what is really happening on the ground from a social work point of view with the roll-out of personalisation schemes. So we gave respondents the opportunity to comment on this in detail.

### **Ten key themes emerged:**

#### **1. Positive potential for some, however...**

Many respondents believe that there is positive potential within this policy and that it is based on good principles. It can work well for some people. When it does, involvement in the process is professionally rewarding. That said, almost all positive comments end with a 'but...' or 'however...' These relate to deep unease about a 'one-size fits all' roll-out, cost issues, lack of safeguards, loss of services, additional workload pressures, and loss of social work jobs in favour of cheaper alternatives.

*"Individualised budgets/personalised budgets are a great idea in theory and will enable our clients to choose services specifically aimed at their needs. However...."*

*"In summary, I think personal budgets (if done correctly) will lead to improved job satisfaction, re-skilling of social work, better access to quality care services and crucially greater empowerment for service users. However..."*

#### **2. Resources and cost cutting**

There is alarm that the positive principles of personalisation are being lost as roll-out takes place within the current cash-strapped funding environment. Social workers fear that service users will be let down, and that more pressure and responsibility will be placed on families.

Those with some experience of the new systems believe that they require additional time and input from social workers to function properly, but are being introduced at a time when staffing levels are being cut, or at least failing to keep pace with rising demand and demographic trends.

*"Personal budgets will/may not be adequate to meet assessed needs (ie not enough money to purchase the correct level of care)."*

*"The government promotion of direct payments and individual budgets is sold as a more empowering alternative for service users. However the reality is that it is just another way for both government and local authorities to cut services and the responsibility of care falling back on families and carers."*

*“I believe there are some positives to be gained from the Individual Budgets, especially for the service user, such as greater autonomy and empowerment. I do not necessarily believe it will deskill social workers but I believe there is a hope that the service will save money and time with these budgets, which would be untrue.”*

*“I think it is a natural progression, however input from social workers into the personal budget system will double up the time needed from social workers initially. This will slow progress down as social workers are already working to or beyond capacity.”*

### **3. One size does not fit all**

There is a strong sense among respondents that authorities are implementing a ‘one-size-fits-all’ approach to personalisation, driven by performance targets which only measure crude numbers signed up to a direct payment or personal budget. Respondents do not feel that this is real personalisation because the focus is on process rather than outcomes. It often relies on telling people who have said they do not want direct payments or a personal budget that this new approach will be ‘better for them’.

*“Direct Payments have been around in this area for several years. Personal Budgets are not yet up and running, but their introduction seems similar, in that there will be immediate pressure to offer it as a ‘first option’, and pressure to ensure it is taken up by service users and their families. This is often not the most appropriate solution, and simply adds to the stress already being experienced by people. People usually just want a quick and simple solution to meet their immediate and pressing need, not take on responsibility for sorting it out themselves. This is an excellent option for people, but it needs to remain just that: an option amongst several; not the only one available to them.”*

*“If the purpose is for them to be person centred, how can my authority be setting a target for provision as it should be dependent on the personal need.”*

*“In my opinion it is still a one size fits all service with little consideration for the REAL needs of the elderly and the quality of service remains very inadequate and unreliable.”*

*“The majority of older adults I have talked to about direct payments do not want to know about them as they just want care sorted for them. This will surely be the same for self directed support though I do agree with person-centred approaches fully. However the few direct payments I have are very successful but rely on very good family members to sort out all the paperwork, insurance, tax etc.”*

#### **4. Quality and availability of local care and support**

With personal budgets or direct payments current arrangements for providing care will be replaced by thousands of individual seeking to buy a service with possibly inadequate budgets. Many respondents believe this could have a detrimental impact on the quality and availability of services in their area. They are seeing greater privatisation, the deficiencies of the market, and closures of community facilities.

*“I am of the opinion there will be worse provision of care. Our day centre has already been told to be geared to a narrow government agenda of trying to move people on into jobs and education. This is ok, but people who used the centre for respite have nowhere to go. Choice will be shaped by what there is on offer and what is worth putting on offer and this will not be informed by what some people want or even need.”*

*“I worry that the closure of specific services designed to meet peoples identified needs are not being replaced in the community by the third sector or by ordinary community resources and that social care and health are investing in a solution that is not manageable or reviewable and that this does not fit with the recovery models that we aim for.”*

*“In reality many service users do not even want to hear about this because it is not just the money that that they are after but it is the social support that they want. Reducing the needs just to cash in hand payment is an indication that more thought needs to go into personalisation.”*

#### **5. Safeguarding**

Set alongside greater empowerment for some service users is a widespread consensus that the way personalisation is being implemented will lead to an increase in safeguarding cases. This is mainly through the impact of fewer vetting checks, a greater reliance on the market, moves to a more casualised and unregulated care workforce, and abusers' ability to target people with ready cash.

*“As we have seen in other areas the market doesn't offer more stable services and often costs more. Ultimately this will lead to an increase in potential safeguarding adults cases because the market is less regulated.”*

*“Safeguarding vulnerable adults cases will increase due to the vulnerability of our client group being open to exploitation if they have their own money to meet their care needs.”*

#### **6. Bureaucracy, paperwork and workload**

Many respondents say that implementation of personalisation schemes in their area is leading to an increase in bureaucracy and paperwork rather than a freeing up from it. Some of this may be linked to the change process itself and the need

for more resources and longer timescales to introduce the right training and systems. But any underlying increase in paperwork and bureaucracy is a cause for concern.

*“My colleagues and I have been inundated with new paperwork for the personal budgets. It has taken training events and revising of the current paperwork to get agreement on how the forms should be completed and recorded.”*

*“Individual Budgets is in a state of flux and constant changes to procedures and paperwork causes confusion amongst workers and seniors, resulting in unnecessary redoing of paperwork and frustration! There is a lot of unnecessary duplication of work and form filling because various information needs to be sent to different departments.”*

*“The pilot scheme indicated increased work for social workers on simple cases to try to generate any budget to meet needs...Social work morale is low as simple cases are made complex which puts pressure on the workload. This would indicate the need for more social workers to reduce pressure. Social workers are looking forward to a new process if things are sorted out so systems flow better.”*

## **7. Loss of social work jobs**

Flowing directly from the concerns about under-resourcing outlined above, comments from respondents indicate that many authorities are embarking on restructuring with a view to saving money on staffing. Respondents report that many authorities are moving to reduce the number of qualified social workers they employ and replace them with ‘cheaper’ staff such as ‘support workers’. Some respondents commented that while they are aware of this trend their authority has not gone down this road – yet –however they fear that this may come.

*“Staff are being deskilled – already our authority is cutting jobs both for social workers and in-house care assistants and specialisms – physical disabilities and older people’s teams are being combined.”*

*“There will be a care finding service and it will be staffed by unqualified workers. It shows how society values older people – children’s services would not be allowed to treat their service users this way.”*

*“The new system devalues the role of the skilled practitioner who through their interventions can hold a family together. Brokers who are not trained social workers are more likely to miss the key dynamics.”*

*“Personalisation may just become a process rather than a choice for service users if not enough time is given to training re culture change and creative working within budgets.”*

*“The Director in XXXXXX is saying that there is no need for qualified social workers to work with older people, that we are an unnecessary expense*

*and that social work assistants who earn less can cover the work required. No thought of DOLS [Deprivation of Liberty Safeguards] or Safeguarding. He thinks we only assess and provide services, no family work etc.”*

## **8. Changing social work role**

There has been much debate about what personalisation will mean for the social work role. Proponents have argued that it will liberate social workers from box-ticking assessment and mark a return to a more facilitative and empowering way of working. Even if this is true in principle, the potential will be circumscribed if authorities go down the road of cutting social work posts, as outlined above. Few respondents are sure where all this is taking the social work role but many believe it could lessen contact with service users and make social work a more ‘policing role’. Some think it could restrict social work input to complex and/or safeguarding cases.

*“I can see unqualified workers doing personalisation and Social Workers will be doing Safeguarding.”*

*“Social Workers have been trained in the statutory sector to be very specific about what care is provided on a care plan. Social Workers will need to re think this when just providing someone with money to sort out care for themselves. This will be particularly difficult when working with substance mis-users who will not prioritise their care needs over their habit. Social Work is likely to become more of a policing role.”*

*“This may end in most of the lower end work not requiring social work input. This will not I feel result in a reduction in staff caseloads but an increase in the complexity of cases held, increasing worker stress levels. This is already the case over the last 5 years and can only increase further in the future. More social work posts will be needed to deal with this work.”*

*“Social work is about supporting / advocating / protecting those in need. The argument is that social work is an agency of the state and therefore not independent. Consequently, armies of other advocates/ agencies are developed to address the impartiality needed. Are we therefore responsible? OR NOT? What is our role? Is it about our ability to make objective assessments? When we have done so, should we then pursue via private sector services and handover responsibilities to them? We are aware of the chronic, abusive nature of a lot of care, i.e. not provided or inadequately so. Who polices that?”*

## **9. Complexity and uncertainty**

There is still a great deal of uncertainty and complexity surrounding lines of accountability and responsibility. Social workers remain unsure about where the boundaries of their accountability and responsibility lie, and with the current

'blame culture' that prevails in social work this is uncomfortable and undermines professional confidence.

*“Direct payments and personal budgets are very positive developments BUT need adequate, well thought-out structures in place to provide the different levels of support needed by recipients, and much clearer statements about areas of responsibility (ie recipient, local authority social worker, local authority finance team, contracted advice services) ... Social workers expect to deal with challenging and complex situations...but they do not expect government initiatives (which sound great) and their employers' application of this (+TARGETS!!!) to make their lives much harder and taken up with sorting out messes that could/should have been avoided. This is not social work!”*

*“I work in a mental health unit where there are concerns over a person's capacity to manage payments (e.g if dementia); volatility to changes (so reassessment and crisis can change the needs); and the potential for clients to spend moneys on risk taking activities (eg. substance misuse). Issues of who has the final say (we have been told the client decides with the self assessment tool); who is responsible for provision and for the extra support, particularly if it goes wrong, need to be addressed.”*

## **10. Training**

Some respondents specifically mentioned lack of training and information as impeding progress in their area.

*“We have received no training on personal budgets and the information given regarding direct payments constantly changes.”*

*“There is a clear lack of training in assessment and review of direct payments... There is a difficulty in reviewing when the only feedback is from the service user themselves and often the Personal Assistant is their partner.”*

## **SECTION C: UNISON's 10 point plan to improve adult social work services**

Based on the responses to this survey and consultation with our social work activists, UNISON has developed a 10 point plan for adult social work services:

### **1. PLANNED PROGRAMME OF INVESTMENT**

Covering safeguarding and preventative services so that more staff can be employed, with better pay and working conditions, better support systems and the right tools to do the job

### **2. CLEAR POLITICAL COMMITMENT TO STRENGTHEN THE ROLE OF SOCIAL WORK IN ADULT SERVICES INCLUDING THE PERSONALISATION AGENDA**

Clear statements through Government policy and regulation channels about the central importance of social work in care and support of adults, and commitment to halting the development of 'social work on the cheap'

*"Directors should actively champion the value of social work's professional contribution to meeting service user's desired outcomes. They should resist the temptation to replace social work posts with cheaper, unqualified staff. They should recognise that as the older population increases, so will the amount of complex, high risk work eg dementia, adult protection, carer stress. Reductions in the qualified workforce now will eventually lead to more care disasters in future, and this damage to the skill level of the workforce will take years to undo."*

*"Local older peoples Social Work teams need to be a lot more vocal about the complex work that is completed in the teams. Older people have always been the poor relation compared with children's work but lives can depend on an assessment made for older people as well as children."*

### **3. URGENT ACTION PLAN TO FILL VACANCIES**

Including:

- revival of on-the-job schemes which fund assistants, care managers and others to gain their social work qualification.
- employer 'guarantee' of good working conditions covering caseload, working hours, tackling stress, health and safety, counselling and support, training and development, pay progression, good office accommodation and IT kit.
- 'bank' staffing pools run and owned by groups of local authorities to provide reliable and cost-effective relief staff cover.

*"Support existing review and assessment support officers who have got the HNC to go on to social work degree therefore keeping experienced staff and using their skills to their full potential."*

*"We need a system of social work cover when we have vacancies from a pool of social workers who know the local authority systems."*

### **4. MORE SOCIAL WORKERS AND SUPPORT STAFF BASED ON OPTIMUM STAFFING MODELS**

Which can assess the right staffing numbers and skill mix against local population numbers and needs. The staffing model should include all in social work teams

including skilled administrators. Extra capacity is needed in teams for support, mentoring and development activities and for staff to have enough time to work directly with service users

*“We are not understaffed in terms of vacancies and most teams have the correct number of staff according to the structure, however this needs to be looked at and teams made larger to accommodate the higher number of service users that have increased with the ageing population and current economic pressures.”*

## **5. CULL OF BUREAUCRACY AND PERFORMANCE TARGETS, MORE CONTACT WITH SERVICE USERS**

Through:

- A root and branch zero-based review of all bureaucracy, and consideration of measures used to cut red tape in schools.
- Overhaul of performance indicators which skew priorities.
- Investment in skilled and well-rewarded administrators.
- Agreed targets for reversing the current 80% paperwork–20%-contact split so 80% is spent on people not paperwork.
- Overhaul of defective IT case recording systems.
- Devolved budgets so practitioners can sign off small expenditure.

*“Ensure that the service user has 1 social worker throughout their need – even if they go into hospital – thus not passing cases from team to team because of protocols/procedure”*

*“Our admin staff are undergoing a further review and social workers/ managers etc feel their views are not being considered. As a union we are involved with discussions but there appears to be a general lack of understanding and under-estimation from Management of the importance that adequate Admin support has in the overall social care system.”*

*“As professionals we have legal powers of removal and yet need managerial input to arrange a meals on wheel service! What statement does this make about how we value the people that we serve?”*

## **6. NATIONAL STANDARDS ON ACCEPTABLE CASELOADS**

With adjustments for types and complexity of cases and other work demands, enforced through the inspection process and regularly audited by the council or Trust leadership, with sanctions against employers who breach the Code of Practice for Social Care Employers

*“UNISON should campaign on workload/caseload...and to get rid of performance management through targets. Workers should have much more involvement in how cases are allocated and work well with a small number of cases.”*

## **7. BETTER SUPPORT AND MORE REFLECTIVE PRACTICE**

Consistent, high quality supervision that is both supportive and challenging, focuses on the needs of the worker, not the organisation’s performance indicators and builds in time for reflection and mentoring

## **8. BETTER PAY AND CAREER STRUCTURES**

To reward expertise and experience in practice rather than exit to management and to redress the devaluing of social work compared with pay in other professions

*“We want to be valued – 25+years qualified and receiving £25,000 as a senior social worker. Newly appointed workers in health without nursing or social work professional qualifications start on my salary in health roles.”*

*“In my area a restructure has removed the role of senior practitioner in adult services. There is no career progression except into management or a transfer to children’s and lifelong learning. This has led to a lot of experienced workers moving on. Qualified and experienced staff do not feel valued and those that remain are often exploited as someone has to undertake the complex work and vulnerable adult cases. The department should re-introduce this role and reward skilled staff. Government support and recognition would also help.”*

## **9. REVIEW OF THE POSITION OF SOCIAL WORK IN HEALTH SETTINGS**

With a view to:

- Removing structural barriers to effective joint working.
- Strengthening the status and representation of social work at all levels within NHS organisations.
- Creating a true partnership of equals.

*“Improved co-operation and joined up working with NHS services. The lack of co-ordination causes substantial gaps in service provision and can make it very difficult to support service users in accessing appropriate services. Local authority management need to develop better strategic links with PCTs to facilitate this.”*

*“Representation of Social Care at Board level within the Trust to ensure social care issues are given sufficient priority...”*

*“Integrate social services and health computer systems so that social workers in mental health teams don’t have to input assessments on both.”*

## **10. CHANGE OF MANAGEMENT CULTURE**

Rooting out bullying and ‘blame culture’ in favour of an enabling and supportive management based on professional respect. Giving staff more involvement, consultation and say in policy and practice development

*“More and more social workers are being reduced to tears and subjected to stress because of bullying.”*

*“The local authority could demonstrate their respect for individual workers by treating them with more respect and not bullying staff – staff would have better morale and feel their work was valued.”*

*“Improved communication to prevent rumours taking hold; management (senior) actively involving staff in the changes from the beginning and giving us a proper voice.”*

## Appendix

### Regional breakdown of responses (where specified)

Northern Ireland	2%
Eastern	4%
Scotland	4%
Wales	5%
East Midlands	7%
London	7%
South East	8%
South West	9%
Northern	9%
West Midlands	13%
North West	14%
Yorkshire and Humberside	18%