



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
THURSDAY, 8 FEBRUARY 2018*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Board held on the 11 January 2018
(Pages 3 - 4)
4. To receive the Forward Work Programme 17/18 (Pages 5 - 8)

To receive the Report of the Head of Commissioning and Support Services
5. Social Services, Health and Housing Adult Social Care Staff Survey 2017 (Pages 9 - 68)

To receive the Reports of the Director of Social Services, Health and Housing
6. Update on the Looked After Children Strategy (Pages 69 - 84)
7. Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended).

8. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

To receive the Private Reports of the Director of Social Services, Health and Housing (Exempt Under Paragraphs 12 and 13)

9. A Supportive Review of the Community Mental Health Teams and Associated Primary Care Psychiatric Liaison Services by Abertawe bro Morgannwg University Health Board and Neath Port Talbot County Borough Council (*Pages 85 - 146*)
10. Manager's Report, Hillside Secure Children's Home (*Pages 147 - 160*)
11. The Children's Home (Wales) Regulations 2002 (*Pages 161 - 308*)

S.Phillips
Chief Executive

Civic Centre
Port Talbot

1 February 2018

Cabinet Board Members:

Councillors: A.R.Lockyer and P.D.Richards

Notes:

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise Democratic Services staff.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

EXECUTIVE DECISION RECORD

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

11 JANUARY 2018

Cabinet Members:

Councillors: A.R.Lockyer and P.D.Richards (Chairperson)

Officers in Attendance:

A.Jarrett, J.Hodges and J.Woodman-Ralph

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Cllr.P.D.Richards be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD HELD ON THE 2 NOVEMBER AND THE 30 NOVEMBER 2017**

Noted by Committee

3. **FORWARD WORK PROGRAMME 17/18**

Noted by Committee

4. **SOCIAL SERVICES, HEALTH AND HOUSING DIRECTORATE BUSINESS PLAN 17/19**

Members were supportive of the addition to the recommendations as below proposed by the Scrutiny Committee held prior to this meeting.

Decision:

That approval be granted for the Strategic Business Plan for Adult and Children's Services as detailed in Appendix 1 to the circulated report with

the addition that the Strategic Business Plan for Adult and Children's Services be made available to the general public for comment.

Reason for Decision:

In order to meet the requirements of the Performance Management Framework.

Implementation of Decision:

The decision will be implemented after the three day call in period.

5. **WESTERN BAY YOUTH JUSTICE AND EARLY INTERVENTION SERVICE (WBYJ AND EIS) QUARTERS ONE AND TWO 2017-2018 DATA REPORT**

Decision:

That the report be noted.

CHAIRPERSON

Social Care, Health and Wellbeing Cabinet Committee

2017/2018 FORWARD WORK PLAN (DRAFT)

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
8 MAR 18	Quarter 3 Performance Report (17/18)	Monitor	Quarterly	David Harding/Shawn Davies
	Supporting People Programme Grant Contracts 17/18	Decision	Annual	Angela Thomas/Gareth Evans
	Participation and Engagement Report	Information	Topical	A.Jarrett
	Carers Information & Consultation Strategy Annual Progress Report	Information	Annual	A.Jarrett
	Western Bay Area Plan (Social Services & Wellbeing Act)	Decision	Annual	Nicola Trotman
	Delivery Plan – Learning Disabilities	Monitoring	Topical	Ian Oliver
	Charging Update	Information	Annual	Andrew Jarrett/ Geoff Powell

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
5th April 18	Asset Based Approach – Detail and Update	Information	Topical	A.Jarrett
	Hillside Fees and Charges Report	Decision	Annual	A.Jarrett
	Hillside Education Provision Contract	Decision	Annual	A.Jarrett
	Hillside Secure Centre Placement Fees 18/19	Information	Annual	A.Jarrett
	Delivery Plan – Mental Health	Monitoring	Topical	Ian Oliver

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation	Contact Officer/ Head of Service
<u>26 APR</u>	<u>POSTPONED</u>			

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**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH AND WELLBEING COMMITTEE**

**REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT
SERVICES**

A. THOMAS

8 February 2018

Matter for Information

Wards Affected: All

**SOCIAL SERVICES, HEALTH & HOUSING –
ADULT SOCIAL CARE STAFF SURVEY 2017**

Purpose of the Report

- a. To present the findings of the 2017 survey of the Adult Social Care and Business Support workforce.

Executive Summary

1. The report provides Members with information regarding the Adult Social Care Staff Survey that took place during June 2017 namely: -
 - a. Key themes and outcomes emanating from the survey
 - b. Actions taken to address any recommendations

Background

2. The Interim Head of Children and Young People Services and Adult Services along with the Head of Commissioning and Support Services wanted to capture information relating to staff retention and morale in Adult Services and highlight any factors which might have influenced these.

For consistency purposes, the survey template used was a like for like version of that used in Children & Young Peoples Services.

A self-completion questionnaire was made available via Objective, the Council's online consultation portal for input by staff. Where staff had limited access to IT (Reablement), paper copies were made available.

The survey started on Tuesday 2nd May and closed on Thursday 22nd June 2017.

A total of approximately 320 questionnaires were eligible for completion. A total of 150 completed or partially completed responses in total were received (46.8%).

A report of the findings of the survey and a copy of the questionnaire can be found in **Appendix A**.

A summary of progress against the actions can be found in **Appendix B**.

Financial Impact

3. After consideration, this is not applicable.

Equality Impact assessment

4. After consideration, this is not applicable.

Workforce Impacts

5. Sustaining a sufficient, quality workforce is fundamental to the effective delivery of the Adult Social Care workforce. The survey offers an important opportunity for the voices of staff working within the service to be captured and considered as part of continuous improvement

Legal Impacts

6. The Council has statutory duties to deliver effective social services functions. Sustaining the workforce is fundamental to the discharge of these legal duties.

Risk Management

7. After consideration, this is not applicable.

Consultation

8. No requirement to consult.

Recommendations

9. That Members note the report.

Reasons for Proposed Decision

N/A

Implementation of Decision

N/A

Appendices

10. Appendices listed as follows:

a) Appendix A – Adult Services Staff Questionnaire Final Report July 2017

b) Appendix B - Progress report for Cabinet re: Adult Staff Survey

List of Background Papers

11. None

Officer Contact

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Adult Services Staff Questionnaire

Final Report

July 2017

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- 1.0 Introduction
- 2.0 Questionnaire objectives
- 3.0 Methodology
- 4.0 Responses
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- Appendix 2 - Responses broken down by staff group/category
- Appendix 3 - Linear Responses – 3 biggest pressures
- Appendix 4 - Linear Responses – 3 biggest positives
- Appendix 5 – Linear Responses – Additional Comments

1.0 Introduction

1.1 The first annual Adult Services staff survey has taken place. It offers information about the direction of travel in relation to staff retention and morale issues within the service.

2.0 Questionnaire objectives

The objectives of this questionnaire were to capture information relating to staff retention and morale in Adult Services and highlight any factors which might have influenced these.

2.1 The purpose of the 2017 survey was:

- To provide a picture of staff opinions to help us improve workforce issues and ultimately the service

3.0 Methodology

3.1 A self-completion questionnaire was made available via Objective, the Council's online consultation portal.

3.2 In order to maintain its impartiality, ownership of the questionnaire sits with Human Resources and Corporate Strategy and Equalities.

3.3 The link to complete the online survey was emailed to Adult Services staff and cascaded to teams via Principal Officers (POs) and Team managers.

Appendix A

3.4 Staff were asked to complete and submit the questionnaire electronically and were guaranteed anonymity. An option for respondents to include their name and contact information was given for those who wished to speak in confidence to someone about their answers to the survey or any of the issues raised in it.

3.5 Hard copies of the questionnaire were made available to front-line staff that did not have access to work computers.

3.6 The Questionnaire

3.6.1 The questionnaire (see Appendix 1) contains a number of sections covering the following areas:

Section 1 – Overall satisfaction & morale

Section 2 – The Council

Section 3 – My Team

Section 4 – Training and Development

Section 5 – Pay, Benefits and Recognition

Section 6 – Work Environment & Support

Section 7 – Communications within the service

Section 8 – Reflections, positive and negative

Section 9 – Space for additional comments

3.6.2 For most of the questions respondents were given a statement and asked to indicate whether they strongly agreed, agreed, disagreed, strongly disagreed or if they felt the question was not applicable or did not wish to answer.

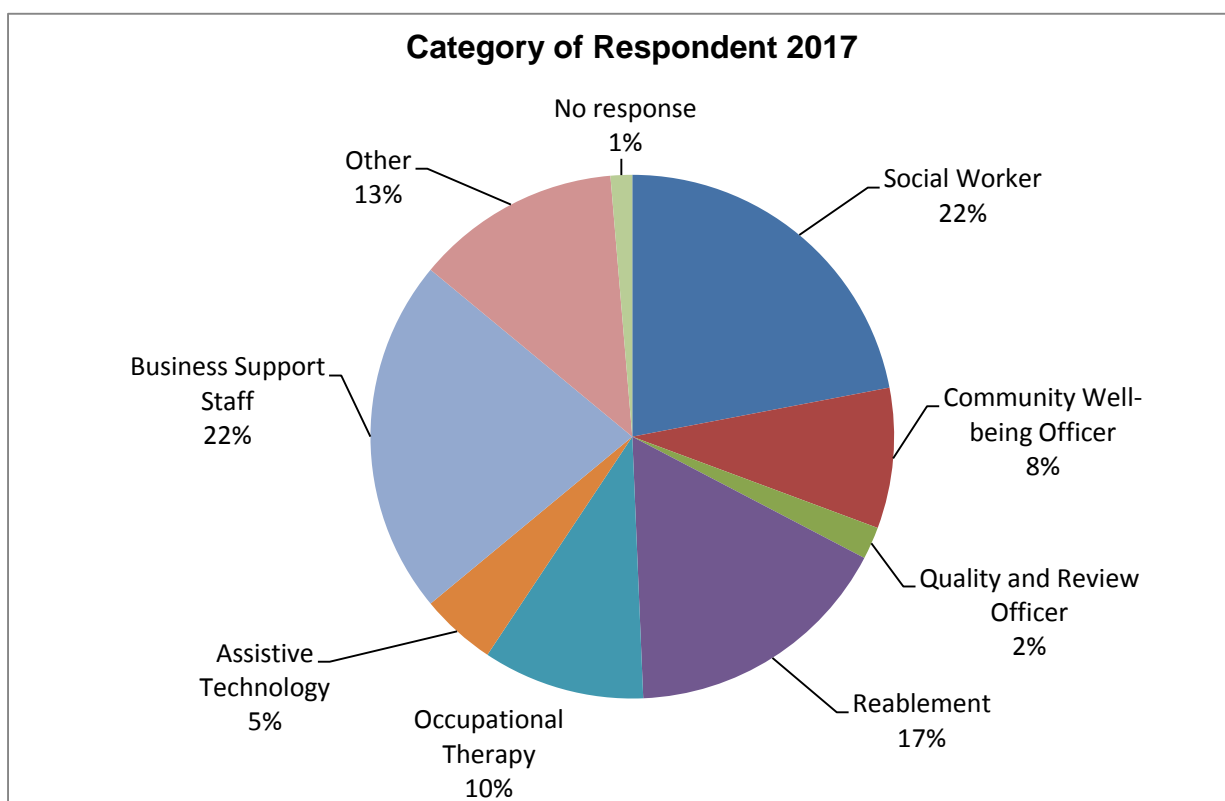
3.7 Timing

3.7.1 The survey started on Tuesday 2nd May and closed on Thursday 22nd June 2017.

4.0 Who answered the survey?

4.1 A total of 150 completed and partially completed questionnaires were received that were admissible and of a total of 320 - a response rate of approximately 46.8%. There were a further 19 responses from staff who considered themselves as 'other' (see 4.4 and 4.5).

4.3 The respondents can be categorised as follows:



4.4 Of those who placed themselves in the 'other' category 4 were from the Commissioning Unit, 2 apprentices, 2 physiotherapists, 2 from the CRT, 1 from Housing Options, Protection Of Vulnerable Adults (POVA), Medicines Management and a Principal Officer. The remaining 5 respondents did not specify where they worked. There were no responses from staff Direct Payments.

4.5 A breakdown of responses by staff group can be found in Appendix 2 and a complete list of responses to open ended questions can be found in Appendix 3, 4 and 5.

4.6 It is useful to note that in relation to the length of service, more than half (62.67%) of those who responded in 2017 have been with the Council for more than 5 years.

5.0 Summary of Main Findings

5.1 The main themes emerging from the questionnaire are summarised below (a full list of responses can be found in Appendix 1).

5.2 Planned Changes

5.2.1 Responses indicate that change and Communication are the most significant issues of concern for staff. When asked: when changes are planned for my service, I am consulted about them first. Only 47 (31.33%) of those who responded to the question agreed.

Appendix A

5.2.2 This is further supported by the responses to: the Council understands what is going on in our service. Only 58 (38.67%) of those who responded to the question agreed.

5.2.3 In another part of the survey respondents were asked to list the 3 biggest pressures in their job. Interestingly, when pooling all of the responses, the top 3 were related to:

- 1st – Caseload/workload
- 2nd – Paperwork
- 3rd – Staffing issues

5.3 Overall satisfaction and morale

5.3.1 In 2017:

- 90.67% of respondents indicated that they enjoy their work. A high percentage (82.00%) also agreed that their job is fulfilling.
- 75.33% of respondents feel that their knowledge and skills are fully utilised
- 92.67% of respondents feel their job is important.
- 68.00% feel valued at work.

Change and uncertainty were mentioned, several times in additional comments:

'In the last year there has been a huge amount of change. The pace of change should have been a lot sloweralthough much of the change has been positive it has increased stress levels'

'Difficult to do a good job in the current climate in the team, there are too many changes and uncertainty as in how we are working.'

'The current situation and uncertainty around staff and the team changes completely knocks my confidence, in my ability to be upbeat and positive.'

5.3.2 75.33% agreed that in the workplace, their general welfare is considered important. Of these

- 29 were Business Support staff (representing 88% of Business Support staff who responded to this question)
- 21 were Social Workers (representing 64% of Social Workers who responded to this question)
- 17 were Reablement workers (representing 64% of Reablement workers who responded to this question)
- 12 were Community Wellbeing Officers (representing 92% of Community Wellbeing Officers who responded to this question)
- 11 were Occupational Therapists (representing 73% of Occupational Therapists who responded to this question)
- 6 were Assistive Technology staff (representing 86% of Assistive Technology staff who responded to this question)
- 3 were Quality and Review Officers (representing 100% of Quality and Review officers who responded to this question)
- 14 were 'other' staff (representing 74% of 'Other' staff who responded to this question).

Appendix A

5.4 The Council

- 5.4.1 50.00% of the respondents feel that they are kept informed about what is going on in the Council and what it is trying to achieve.
- 5.4.2 72.00% feel they know how their work contributes to the success or failure of the Council.
- 5.4.3 Only 45.33% agree that there are good career pathways available in this Council.
- 5.4.4 74.00% agree that they feel able to approach senior management if they want to.
- 5.4.5 38.67% of respondents feel that the Council understands what is going on in their service
- 5.4.6 Only 39.33% of respondents agree that the Director of Social Services, Health and Housing is accessible, whilst 52.00% of respondents agree that the Head of Community Care is accessible.

5.6 My Team

- 5.6.1 On the whole responses to questions about teams were positive. 92.00% feel trusted to do their job, 89.33% agreed that on the whole their team works well together, 89.33% feel that their manager always treats them with respect and 96.00% feel that their colleagues are committed to doing quality work.
- 5.6.2 72.67% feel that if there is ever conflict amongst colleagues, management will address the issue.

5.7 Training and Development

- 5.7.1 82.00% of respondents feel that they receive the training they need to effectively carry out their job. One quarter of these respondents (25.02% were Social Workers).
- 5.7.2 However, only 68.67% said that they receive annual appraisals whilst 74.67% feel that there is someone in work who encourages their development.

5.8 Pay, Benefits and Recognition

- 5.8.1. Just over half (52.67%) of the respondents feel that they receive a fair wage for the work they do. Of these:
- 21 were Social Workers (representing 64% of Neath Port Talbot County Borough Council Social Workers who responded to this question)
 - 19 were Business Support Workers (representing 58% of Business Support Workers who responded to this question)
 - 13 were 'Other' (representing 68% of 'Other' workers who responded to this question)
 - 9 were Occupational Therapists (representing 60% of Occupational Therapists who responded to this question)

Appendix A

- 8 were Reablement Workers (representing 32% of Reablement Workers who responded to this question)
- 6 were Assistive Technology workers (representing 86% of Assistive Technology staff who responded to this question)
- 3 were Community Well-being Officers (representing 23% of Community Well-being Officers who responded to this question)

5.8.2 46.00% do not feel that there are other benefits (apart from pay) that they can access as a member of staff here. Of these:

- 20 were Business Support Staff (representing 61% of Business Support Staff who responded to this question)
- 14 were 'Other' (representing 74% of 'other' who responded to this question)
- 12 were Social Workers (representing 36% of Social Workers who responded to this question)
- 9 were Reablement workers (representing 36% of Reablement workers who responded to this question)
- 6 were Assistive Technology workers (representing 86% of Assistive Technology workers who responded to this question)
- 5 were Community Well-being Officers (representing 38% of Community Well-being Officers who responded to this question)
- 3 were Occupational Therapy workers (representing 20% Occupational Therapy workers who responded to this question)

5.8.3 78.67% of respondents feel that they are encouraged to show initiative.

5.9 Work Environment & Support

5.9.1 70.67% of respondents agreed that they are satisfied with their current working environment.

5.9.2 80.67% of respondents feel that they have access to support or de-briefing when dealing with difficult cases or information. Of these:

- 25 were Social Workers (representing 76% of Social Workers who responded to this question)
- 25 were Business Support Staff (representing 76%) of Business Support Staff who responded to this question)
- 21 were Reablement staff (representing 84% of Reablement staff who responded to this question)
- 14 were Occupational Therapy workers (representing 93% of Occupational Therapy workers who answered this question)
- 13 were 'Other' (representing 62% of 'Other' staff who responded to this question)
- 12 were Community Well-being Officers (representing 92% of Community Well-being Officers who responded to this question)
- 7 were Assistive Technology staff (representing 100% of Assistive Technology staff who responded to this question)
- 3 were Quality and Review staff (representing 100% of Quality and Review staff who answered this question)

However, only 10.00% did not feel that they could access such support and 9.33% felt that this question did not apply to them

Appendix A

5.10 Communications within the service

5.10.1 When presented with the statement I am kept informed of what's going on in my directorate only 47.33% of respondents agreed.

5.10.2 Over half (67.33%) of respondents feel that their views are listened to, whilst 25.33% disagreed with this statement.

5.10.3 Just under one quarter of the respondents (31.33%) still feel that they are not consulted about changes planned for the service before they happen.

5.11 Other Issues

5.11.1 Participants were invited to make additional comments as part of the survey. There were 28 respondents who completed this section.

5.11.2 Of the 28 responses:

- 7 (25%) were positive
- 12 (43%) were negative
- 4 (14%) were balanced / mixed
- 5 (18%) was suggestions for improvement

5.11.3 Other issues that were raised in a number of comments included problems with the current Information Technology Systems, the amount and pace of changes in the service, the lack of support from some managers and issues related to staffing.

6.0 Conclusions

6.1 In most of the areas that the survey focuses on, the response from staff paints a very encouraging picture. However, there are clearly some areas for improvement, such as being kept informed about changes in the service, being informed about what is going on in the Council and what it is trying to achieve and better access to the Director.

Copy of Questionnaire Used (Appendix 1)

Staff Questionnaire

The aim of this questionnaire is to establish issues affecting staff retention & morale in Adult Services.

Instructions

We will preserve your anonymity for this survey (unless you choose to leave contact details at the end). However, in order for the data to be useful we need to know what staff group you work in and your length of service.

What staff group do you work in?

- Social Worker
- Community Well-being Officer
- Quality and Review Officer
- Reablement
- Occupational Therapy
- Direct Payments
- Assistive Technology
- Business Support Staff
- Other (please specify)
- No Response

What is your length of service?

- Up to 1 year
- Between 1 - 3 years
- Between 3 - 5 years
- Between 5 - 10 years
- Over 10 years
- No Response

Please complete the survey by clicking the boxes and pressing the 'submit' button.

If you wish to make any additional comments, please do so in the text box at the end of the questionnaire.

Thank you

Key to employee ratings:

1 = Strongly agree

2 = Agree

3 = Disagree

4 = Strongly disagree

5 = Not applicable or do not wish to answer

1. Overall satisfaction & morale

I enjoy my work	1	2	3	4	5
My job is fulfilling	1	2	3	4	5
My knowledge and skills are fully utilised	1	2	3	4	5
I feel my job is important.	1	2	3	4	5
I feel valued at work	1	2	3	4	5
In my workplace, my general welfare is considered to be important	1	2	3	4	5
Concern is shown for my health and safety at work	1	2	3	4	5
This is a good Council to work for	1	2	3	4	5
At present, I am not looking for work outside this Council	1	2	3	4	5

2. The Council

I am kept informed about what's going on in the Council and what it is trying to achieve	1	2	3	4	5
I know how my work contributes to the success or failure of the Council.	1	2	3	4	5
In this Council, there are good career pathways available.	1	2	3	4	5
I feel I can approach senior management if I want to	1	2	3	4	5
The Council understands what's going on in our service	1	2	3	4	5
I feel that the Director of Social Services, Health and Housing is accessible	1	2	3	4	5
I feel that the Head of Community Care is accessible	1	2	3	4	5

3. My Team

I am trusted to do my job	1	2	3	4	5
Team meetings are held regularly	1	2	3	4	5
Team meetings are useful and productive	1	2	3	4	5
On the whole, my team works well together	1	2	3	4	5
My colleagues are committed to doing quality work	1	2	3	4	5
If there is ever conflict amongst colleagues, management will address the issue	1	2	3	4	5
My manager always treats me with respect	1	2	3	4	5
I receive regular one-to-one supervision with my manager/supervisor	1	2	3	4	5
I can ask for advice and support from my manager/supervisor	1	2	3	4	5

4. Training & Development

There is someone at work who encourages my development.	1	2	3	4	5
I receive the training I need to effectively carry out my job	1	2	3	4	5
I receive annual appraisals	1	2	3	4	5
My appraisals help me in planning for the future	1	2	3	4	5

5. Pay, benefits and recognition

I feel that I receive a fair wage for the work I do	1	2	3	4	5
Apart from my pay, there are other benefits I can access as a member of staff here	1	2	3	4	5
I feel that I am encouraged to show initiative	1	2	3	4	5
I receive recognition for work well done	1	2	3	4	5

6. Work environment & support

Appendix A

I am satisfied with my current working environment	1	2	3	4	5
I have the tools, equipment & information to do my job	1	2	3	4	5
My work load is manageable	1	2	3	4	5
I spend too much time doing paperwork	1	2	3	4	5
When dealing with difficult cases or information, I have access to the appropriate support or de-briefing	1	2	3	4	5

7. Communications in the Service

I am kept informed of what's going on in the Directorate	1	2	3	4	5
I am kept informed about how well the Community Care Service is performing	1	2	3	4	5
I am kept up to date with changes in legislation and policies which are relevant to how I carry out my job	1	2	3	4	5
I know what is expected of me in my role	1	2	3	4	5
My views are asked for	1	2	3	4	5
My views are listened to	1	2	3	4	5
When changes are planned for my service, I am consulted about them first	1	2	3	4	5

8. Three Biggest Pressures

In the box below, please list (in order of importance) what you think the 3 biggest pressures in your job are:

1 st
2 nd
3 rd

9. Three biggest positives

In the box below, please list (in order of importance) what you think the 3 biggest positives in your job are:

1 st
2 nd
3 rd

10. If you wish to make any additional comments, please do so in the text box below:

If you would like to speak in confidence to someone more fully about your answers to this survey or any of the issues raised in it, please leave your name and telephone number / email and someone will contact you.

Thank you for your time

Appendix 2

Responses broken down by staff group/category

What is your length of service?

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occ. Therapy	Assistive Tech	Business Support	Other
Up to 1 year	6	0	0	0	1	0	6	3
Between 1 – 3 years	4	3	0	9	5	3	2	5
Between 3 – 5 years	1	0	0	3	1	0	1	1
Between 5 – 10 years	3	3	1	0	2	2	6	4
Over 10 years	19	7	2	12	5	2	18	6
No response	0	0	0	1	1	0	0	0

Overall satisfaction and morale

I enjoy my work

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occ. Therapy	Assistive Tech	Business Support	Other
Strongly agree	8	3	0	8	5	1	2	6
Agree	21	10	2	16	10	6	25	11

Appendix A

Disagree	2	0	1	0	0	0	5	2
Strongly Disagree	1	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	1	0
No response	1	0	0	1	0	0	0	0

My job is fulfilling

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	8	2	1	7	6	3	0	6
Agree	19	8	1	16	8	4	25	7
Disagree	4	2	1	1	1	0	7	4
Strongly Disagree	1	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	1	2
No response	1	1	0	1	0	0	0	0

My knowledge and skills are fully utilised

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	6	1	0	8	5	3	4	6
Agree	17	10	0	15	7	3	20	7
Disagree	7	1	3	1	2	1	8	3
Strongly Disagree	1	1	0	0	1	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	1	3
No response	2	0	0	1	0	0	0	0

I feel my job is important

Appendix A

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	14	3	2	11	10	2	10	9
Agree	16	10	0	12	4	5	22	7
Disagree	1	0	1	1	1	0	0	2
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	1	0	0	0	0	0	1	1
No response	1	0	0	1	0	0	0	0

I feel valued at work

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	6	2	0	4	3	3	10	3
Agree	15	7	1	13	8	4	14	11
Disagree	5	2	1	5	1	0	7	2
Strongly Disagree	4	1	1	0	0	0	0	1
N/a / do not wish to answer	1	1	0	1	0	0	2	2
No response	2	0	0	2	3	0	0	0

In my workplace, my general welfare is considered to be important

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	7	2	0	4	4	2	11	3
Agree	14	10	3	13	7	4	18	11
Disagree	7	1	0	4	2	0	3	2
Strongly Disagree	1	0	0	1	1	0	0	1
N/a / do not wish to answer	2	0	0	2	1	1	1	2
No response	2	0	1	0	0	0	0	0

Concern is shown for my health and safety at work

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	7	1	0	4	4	2	8	3
Agree	15	11	3	13	4	5	21	12
Disagree	10	1	0	4	4	0	3	1
Strongly Disagree	0	0	0	2	2	0	1	2
N/a / do not wish to answer	1	0	0	2	2	0	1	2
No response	0	0	0	1	1	0	0	0

This is a good council to work for

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	1	0	0	6	2	3	4	3
Agree	15	10	1	12	8	3	23	12
Disagree	4	1	2	2	2	1	3	1
Strongly Disagree	2	0	0	0	0	0	1	0
N/a / do not wish to answer	8	2	0	4	3	0	0	3
No response	3	0	0	1	0	2	0	0

At present, I am not looking for work outside this council

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	9	5	0	7	5	3	8	6
Agree	15	3	2	8	6	4	14	5
Disagree	2	1	1	7	2	0	8	1
Strongly Disagree	1	1	0	0	0	0	1	3
N/a / do not wish to answer	5	3	0	2	2	0	2	4
No response	1	0	0	1	0	0	0	0

The Council

I am kept informed about what's going on in the Council and what it is trying to achieve

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	2	0	0	2	1	0	4	2
Agree	12	8	1	8	7	6	15	6
Disagree	14	4	1	11	6	1	11	9
Strongly Disagree	4	0	1	3	1	0	1	0
N/a / do not wish to answer	1	1	0	1	0	0	1	2
No response	0	0	0	0	0	0	1	0

I know how my work contributes to the success or failure of the Council

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	1	2	0	4	4	0	6	4
Agree	18	7	2	13	9	7	21	8
Disagree	12	1	1	5	1	0	4	6
Strongly Disagree	0	1	0	1	1	0	0	0
N/a / do not wish to answer	1	2	0	2	0	0	1	0
No response	1	0	0	0	0	0	1	1

In this Council there are good career pathways available

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	0	0	0	2	0	0	4	2
Agree	14	5	1	13	7	3	11	6
Disagree	8	4	1	6	4	3	14	6
Strongly Disagree	0	1	1	2	3	0	3	0

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N/a / do not wish to answer	10	3	0	2	1	1	0	4
No response	1	0	0	0	0	0	1	1

I feel I can approach senior management if I want to

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	5	2	0	10	2	3	7	2
Agree	17	7	3	10	7	3	18	13
Disagree	8	4	0	2	3	0	6	2
Strongly Disagree	1	0	0	2	2	1	0	1
N/a / do not wish to answer	1	0	0	1	1	0	1	1
No response	1	0	0	0	0	0	1	0

The Council understands what's going on in our service

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	0	1	0	4	0	0	4	1
Agree	8	4	0	8	6	3	12	6
Disagree	16	4	2	8	6	4	11	10
Strongly Disagree	4	1	1	1	3	0	1	0
N/a / do not wish to answer	3	3	0	4	0	0	3	1
No response	2	0	0	0	0	0	2	1

I feel that the Director of Social Services, Health and Housing is accessible

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	1	0	0	3	0	0	10	2
Agree	10	3	2	7	5	5	12	8
Disagree	13	4	1	6	6	2	11	6

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Strongly Disagree	3	1	0	3	3	0	3	0
N/a / do not wish to answer	5	5	0	5	1	0	5	3
No response	1	0	0	1	0	0	2	0

I feel that the Head of CYPS is accessible

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	1	0	0	5	0	1	1	3
Agree	13	9	3	8	5	5	16	6
Disagree	13	1	0	4	8	1	11	4
Strongly Disagree	0	0	0	2	1	0	2	0
N/a / do not wish to answer	5	3	0	6	1	0	2	6
No response	1	0	0	0	0	0	1	0

My Team

I am trusted to do my job

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	7	2	0	11	3	5	16	9
Agree	19	10	3	14	10	2	17	8
Disagree	6	0	0	0	2	0	0	1
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	0	1
No response	1	1	0	0	0	0	0	0

Team Meetings are held regularly

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	15	4	0	11	7	1	6	3
Agree	13	9	3	14	7	6	12	5

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Disagree	4	0	0	0	1	0	10	6
Strongly Disagree	0	0	0	0	0	0	1	0
N/a / do not wish to answer	0	0	0	0	0	0	3	3
No response	1	0	0	0	0	0	1	2

Team Meetings are useful and productive

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	11	3	0	10	3	2	6	3
Agree	17	7	3	13	11	5	17	4
Disagree	3	2	0	2	1	0	5	5
Strongly Disagree	1	0	0	0	0	0	0	0
N/a / do not wish to answer	0	1	0	0	0	0	4	6
No response	1	0	0	0	0	0	1	1

On the whole, my team works well together

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	14	8	3	13	8	2	13	6
Agree	15	4	0	11	6	5	17	9
Disagree	3	1	0	1	1	0	1	1
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	2	3
No response	1	0	0	0	0	0	0	0

My colleagues are committed to doing quality work

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	16	9	3	13	9	4	11	8
Agree	15	4	0	12	6	3	21	9

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Disagree	0	0	0	0	0	0	0	0
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	0	0	1	2
No response	2	0	0	0	0	0	0	0

If there is ever conflict amongst colleagues, management will address the issue

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	10	3	0	4	2	2	6	5
Agree	13	6	3	16	6	5	20	7
Disagree	4	1	0	3	4	0	4	2
Strongly Disagree	0	0	0	1	1	0	0	1
N/a / do not wish to answer	5	3	0	1	2	0	3	3
No response	1	0	0	0	0	0	0	1

My manager always treats me with respect

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	17	4	0	12	4	4	15	7
Agree	13	8	3	11	8	3	15	9
Disagree	2	0	0	0	2	0	2	1
Strongly Disagree	0	0	0	1	0	0	0	1
N/a / do not wish to answer	0	1	0	0	1	0	1	1
No response	1	0	0	1	0	0	0	0

I receive regular one-to-one supervision with my manager/supervisor

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	16	6	0	10	9	3	8	7
Agree	11	7	3	14	5	4	16	8

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Disagree	4	0	0	1	1	0	4	3
Strongly Disagree	0	0	0	0	0	0	1	0
N/a / do not wish to answer	1	0	0	0	0	0	4	1
No response	1	0	0	0	0	0	0	0

I can ask for advice and support from my manager/supervisor

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	17	7	1	12	8	5	15	11
Agree	14	6	2	13	5	2	14	6
Disagree	1	0	0	0	1	0	1	1
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	0	0	0	0	1	0	3	1
No response	1	0	0	0	0	0	0	0

Training and Development

There is someone at work who encourages my development

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	10	3	0	5	2	2	10	6
Agree	19	8	2	11	11	3	14	5
Disagree	3	1	1	7	2	0	6	4
Strongly Disagree	0	0	0	0	0	1	0	1
N/a / do not wish to answer	1	1	0	2	0	1	3	3
No response	0	0	0	0	0	0	0	0

I receive the training I need to effectively carry out my job

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
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Strongly agree	11	2	0	9	3	2	9	5
Agree	20	9	2	14	10	5	14	7
Disagree	2	1	1	1	1	0	7	4
Strongly Disagree	0	0	0	0	0	0	0	0
N/a / do not wish to answer	0	1	0	1	1	0	3	3
No response	0	0	0	0	0	0	0	0

I receive annual appraisals

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	5	4	0	8	4	3	10	3
Agree	9	4	2	15	8	3	17	8
Disagree	7	2	1	1	2	1	2	3
Strongly Disagree	4	2	0	1	0	0	1	1
N/a / do not wish to answer	8	1	0	0	1	0	3	2
No response	0	0	0	0	0	0	0	2

My appraisals help me in planning for the future

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	6	1	0	5	4	2	8	3
Agree	6	5	2	15	7	3	15	6
Disagree	5	3	0	3	3	2	4	3
Strongly Disagree	3	1	0	1	1	0	2	0
N/a / do not wish to answer	13	3	1	1	0	0	4	5
No response	0	0	0	0	0	0	0	2

Pay, benefits and recognition

I feel I receive a fair wage for the work I do

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	4	0	0	1	0	0	3	2
Agree	17	3	0	7	9	6	16	10
Disagree	9	5	0	10	2	1	10	3
Strongly Disagree	3	3	3	5	4	0	2	2
N/a / do not wish to answer	0	1	0	1	0	0	2	2
No response	0	1	0	1	0	0	0	0

Apart from my pay, there are other benefits I can access as a member of staff here

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	2	0	0	0	0	0	2	0
Agree	10	5	0	9	3	6	18	14
Disagree	17	4	2	7	9	1	10	4
Strongly Disagree	0	0	0	4	2	0	0	1
N/a / do not wish to answer	4	2	1	5	1	0	3	0
No response	0	2	0	0	0	0	0	0

I feel that I am encouraged to show initiative

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	5	1	0	5	2	3	6	5
Agree	20	7	3	17	7	4	21	12
Disagree	8	2	0	2	5	0	3	2
Strongly Disagree	0	0	0	0	1	0	0	0
N/a / do not wish to answer	0	2	0	1	0	0	3	0
No response	0	1	0	0	0	0	0	0

I receive recognition for work well done

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	5	1	0	3	2	2	8	2
Agree	19	7	2	11	8	5	18	13
Disagree	7	3	1	7	4	0	5	3
Strongly Disagree	0	1	0	2	0	0	0	0
N/a / do not wish to answer	1	0	0	2	1	0	2	1
No response	1	1	0	0	0	0	0	0

Work environment and support**I am satisfied with my current working environment**

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	8	3	0	6	1	2	5	1
Agree	16	8	2	12	8	5	20	9
Disagree	7	2	0	6	6	0	4	4
Strongly Disagree	1	0	0	0	0	0	1	1
N/a / do not wish to answer	1	0	0	0	0	0	1	1
No response	0	0	0	1	0	0	1	1

I have the tools equipment and information to do my job

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	4	2	0	6	2	0	7	3
Agree	14	6	2	17	11	6	22	13
Disagree	12	3	0	1	2	1	2	1
Strongly Disagree	0	1	1	1	0	0	0	1
N/a / do not wish to answer	1	1	0	0	0	0	1	0

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No response	2	0	0	0	0	0	1	1
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My workload is manageable

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	3	0	0	7	0	0	6	3
Agree	15	7	1	14	7	7	20	11
Disagree	7	3	1	3	8	0	5	2
Strongly Disagree	6	2	1	1	0	0	0	0
N/a / skipped question	2	0	0	0	0	0	1	2
No response	0	1	0	0	0	0	1	1

I spend too much time doing paperwork

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	18	6	2	1	10	4	1	4
Agree	12	5	1	14	5	2	4	1
Disagree	1	0	0	9	0	1	17	8
Strongly Disagree	2	1	0	1	0	0	1	0
N/a / skipped question	0	1	0	0	0	0	9	4
No response	0	0	0	0	0	0	1	2

When dealing with difficult cases or information I have access to the appropriate support or de-briefing

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	8	4	0	5	3	0	5	3
Agree	17	8	3	16	11	7	20	10
Disagree	7	1	0	3	0	0	2	1
Strongly Disagree	0	0	0	0	1	0	0	0
N/a / skipped question	1	0	0	1	0	0	5	4

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No response	0	0	0	0	0	0	1	1
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Communications in the Service

I am kept informed of what's going on in my directorate

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	2	0	0	0	1	0	5	3
Agree	8	9	1	10	8	5	13	6
Disagree	16	2	1	8	6	2	10	7
Strongly Disagree	1	0	1	4	0	0	2	1
N/a / skipped question	5	2	0	2	0	0	3	1
No response	1	0	0	1	0	0	0	1

I am kept informed about how well CYPS is performing

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	2	0	0	4	1	1	3	3
Agree	13	5	2	10	9	4	17	5
Disagree	11	7	1	6	5	2	9	6
Strongly Disagree	2	0	0	3	0	0	1	0
N/a / skipped question	4	1	0	2	0	0	3	3
No response	1	0	0	0	0	0	0	2

I am kept up to date with changes in legislation and policies which are relevant to how I carry out my job

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	4	0	0	4	4	2	4	3
Agree	21	11	3	12	6	5	17	12
Disagree	7	2	0	5	5	0	7	1
Strongly Disagree	0	0	0	2	0	0	1	1

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N/a / skipped question	1	0	0	2	0	0	2	2
No response	0	0	0	0	0	0	2	0

I know what is expected of me in my role

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	6	3	0	9	5	3	11	7
Agree	20	6	2	15	8	4	21	9
Disagree	4	3	1	1	1	0	1	1
Strongly Disagree	1	0	0	0	1	0	0	0
N/a / skipped question	1	1	0	0	0	0	0	1
No response	1	0	0	0	0	0	0	1

My views are asked for

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	4	1	0	6	2	2	5	5
Agree	21	10	3	15	9	5	22	10
Disagree	5	2	0	3	4	0	4	1
Strongly Disagree	2	0	0	1	0	0	0	2
N/a / skipped question	1	0	0	0	0	0	2	1
No response	0	0	0	0	0	0	0	0

My views are listened to

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	4	1	0	5	1	2	3	5
Agree	14	8	3	12	7	5	21	9
Disagree	10	2	0	4	7	0	5	2
Strongly Disagree	3	1	0	1	0	0	1	1
N/a / skipped question	2	1	0	3	0	0	2	2

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No response	0	0	0	0	0	0	1	0
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When changes are planned for my service, I am consulted about them first

	Social worker	Community Wellbeing	Quality & Review	Reablement	Occupational Therapy	Assistive Tech	Business Support	Other
Strongly agree	1	0	0	2	1	2	3	2
Agree	8	3	1	7	1	4	8	4
Disagree	15	7	1	8	12	1	16	3
Strongly Disagree	6	1	1	6	1	0	2	4
N/a / skipped question	3	2	0	2	0	0	4	6
No response	0	0	0	0	0	0	0	0

APPENDIX 3

Linear Responses – 3 biggest pressures

Results for 1st biggest pressure

1. High demand
2. Too many changes, too often
3. Unsatisfactory IT support and systems
4. Lack of community services appropriate to clients' needs
5. Not enough admin staff to support the service
6. Not enough staff to carry out the work
7. Time
8. IDOCS
9. Keeping on top of workload
10. I do not receive enough money for the amount of work I undertake
11. All work undertaken on a daily basis completed
12. Supervising staff
13. Dealing with upset patients face to face and being able to keep calm
14. Availability of staff to answer incoming calls that are specifically for them
15. Heavy workload
16. I spend a lot of time on the computer, this can make me have eye and back pain but I know I should take regular breaks to help manage it.
17. Providing an accurate support service to Social Work staff
18. Answering calls on a front line service, giving the right information to clients and carers regarding their calls (working with programmers and supervisors). Keeping information about the clients and carers up to date
19. Staffing – 1. Retaining / replacing staff (cover) 2. Experience/knowledge of staff
20. Paperwork
21. Staffing issues - understaffed

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22. Caseload – simply too many
23. Working to strategically plan and commission joint funded services and ensure there is robust evidence of need
24. Unnecessary bureaucracy and paperwork
25. Meeting timescales
26. Constant change
27. Lack of clear information, advice and procedures
28. Adequate staffing
29. The amount of paperwork that is required
30. Staff resources
31. Lack of qualified staff in the team
32. Capacity and demand, caseloads
33. Difficulties in knowing how to proceed with cases in relation to legislation and guidance
34. Lack of communication within the team and in Adults services as a whole
35. Constant changes
36. The workload
37. The workload
38. Juggling multiple tasks
39. Front line
40. Senior management constantly changing the remit of the team
41. The management structure – too many managers involved with the team
42. Problems with staffing levels – not enough staff to manage the workload
43. The volume of work
44. Work load pressures – too much paperwork to complete
45. Correct branding of the job
46. Lack of up to date policies
47. Poor processes between teams/services and lack of effective collaboration/integration. Barriers put in place by different managers, information gathering, referrals
48. Work load
49. Trying to get the right message out to all teams in Adult Social Care about the service and embedding and mainstreaming the use of Assistive Technology especially as there is no strategic guidance from WG to drive change
50. Deadlines/timescales
51. Assessing for the correct equipment to facilitate a hospital discharge and coordinating its installation. Not getting information from other staff early enough to aid hospital discharge assessment
52. Liaison with other teams, making them aware of what my job role is and how it can assist them and their service users
53. Workload – we have a huge waiting list and hold very heavy caseloads with extremely complex cases. New ways of working mean that we have to input a lot of information into the computer which takes a great deal of time. Time which is taken away from doing assessments/visits which is the part of the job I enjoy.
54. Volume of paperwork
55. Constant change
56. Too much paperwork
57. Paperwork
58. High level of work tasks to complete continually and the pace of relentless change

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59. The constant changes and the frequency of them. The amount of changes that happen at the same time, we are expected to learn these in a very short space of time
60. Competing demands on my time (e.g. attendance at different meetings)
61. Reduced staff levels due to sickness, maternity and poor staff retention resulting in frequent vacancies which are not necessarily filled before notice is served
62. Case loads
63. Rapid response
64. Demand on senior management to deliver a service and give enough time to all staff on an operational level
65. Waiting lists
66. Workload
67. Paper work
68. Difficult clients on the phone
69. Lack of staffing
70. Ensuring invoices, credit notes and closure of accounts are done on time
71. Ensuring maintenance call outs are done efficiently
72. Completing work in a timely manner
73. Providing the best service/equipment solution for service users
74. Expectation that staff can undertake too many assessments
75. Workload
76. Staff shortages due to sickness, stress, maternity and reduced funding
77. Under staffed
78. Size of caseload
79. Workload
80. Ensuring that we continually deal effectively and sensitively with very difficult calls from vulnerable/ill/upset people. Dealing with people's emotions can prove very difficult
81. Staff sickness
82. Changing priorities
83. New assessment paperwork
84. Staff issues
85. Managing changes in systems and not having enough time to adjust to changes while attempting to maintain/reduce waiting lists
86. Waiting lists resulting in very heavy caseloads which require a very quick turnover to keep them manageable and enable us to see those in most need as quickly as we can. However, this is not realistic in the field we are in as cases can usually be very complex requiring months of input
87. Having an excellent standard of work
88. Paperwork
89. Double handling of recoding cases with continual changes being made to systems
90. Need to have a good understanding of all service areas and how they interact, rather than being an 'expert' in one service
91. Being relatively new to the job, I feel that I do not know certain processes or when processes change
92. Workload – the labour intensive paperwork and the duplication of information on different paperwork
93. Completion of new assessments in a timely manner
94. Managing caseload
95. The amount of paperwork that needs completing in addition to recordings is so time consuming it reduces face to face time with people. People need time to be

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- able to articulate what is important to them. I feel as though I rush in and out of people's lives as fast as I can and whilst I like to not be involved long term (I feel this creates a dependency culture)
96. Keeping up with paperwork that is required. We need to go back to basics and effectively start again until we are on top of our caseloads, the unallocated list is reduced and we are achieving PI targets. Scrap current assessment and revert back to the previous one.
 97. Having to complete additional paperwork to submit to the Resource Allocation Meetings. The assessment should be sufficient. This is very time consuming and is unnecessary duplication. Build this information into the assessment if it is necessary and a legal requirement, if not, leave it out. The cost of relevant, assessed support is not my concern, neither should it be. The RAM paperwork makes me feel as though I am justifying the request, it is not about justifying it is about evidencing the need. In the time it takes to complete a RAM and find out all the costings I could have undertaken a review or an assessment.
 98. Too many cases to manage. Always have a backlog.
 99. Prioritising
 100. Increased case load and extra duties
 101. File management /administration
 102. Budgeting issues
 103. Paperwork
 104. Lack of communication with regards to processes and changes
 105. Over the last few years there has been a lot of changes in procedure to keep up with- changes are brought in and we are told about them after the event.
 106. Typing
 107. Uncertainty around current consultation period and proposed redeployment
 108. Caseloads, expectations of me and paperwork
 109. Volume of work
 110. Volume of paperwork
 111. Being taken for granted with little or no support from management
 112. Paperwork
 113. Ensuring the most appropriate level of support is delivered timely and effectively
 114. Increasing amount of paperwork
 115. Staffing levels
 116. Pressure exerted from above to meet un-SMART targets as the complexity of cases require time for them to be worked on qualitatively. Fatigue re repeating the reality of this, be listened to by management (18 months) and acted on supportively and constructively in a timely manner by management
 117. Only knowing shift pattern one week in advance – more notice needed to allow for a normal social life and work/life balance, to be able to plan ahead
 118. Medication
 119. Unable to plan social life in advance – need more notice of shifts
 120. None
 121. Lack of OT's
 122. Finding new clients addresses
 123. I feel that there are no pressures in my job.
 124. Medication administration
 125. Going to clients who have basic care plans and have not had an OT visit
 126. Not enough pay for the work we carry out and the different hours we work
 127. Going into service users homes and not having the information that is needed
 128. Lack of consistency of calls

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129. Split shifts or extra rotas/long rotas
130. Family can put pressure on to do things that are not in the care plan and it can be awkward when they are told no – causes unease and embarrassment
131. Medication issues – it is a lot of responsibility dealing with medication and sometimes communicating with pharmacy about certain medications.

Results for 2nd biggest pressure

1. Tight deadlines
2. Too much time spent form filling
3. Trying to work closely with health
4. Amount of duplicate paperwork
5. Poor communication
6. Workload (can often be monotonous)
7. Dealing with irate service users
8. Good phone manners
9. Prioritising my workload
10. Dealing with sensitive telephone calls and providing good customer service
11. Juggling multiple tasks
12. Frequent change of staff which impacts on my workload when having to train someone else
13. As an apprentice I wish my role could become permanent
14. N/A
15. Filing paper work, monthly training returns for carers, sending out mail (training etc.) Ordering PPE, filing timesheets, typing up minutes from meetings.
16. Workload
17. Workload
18. Lack of resources (financial constraints on service)
19. Workloads are usually manageable but can get out of control without warning
20. Jumping through hoops to get a service (manager has to sign off assessments before a care plan can be written and funding agreed – why can't this all be done at once) Unable to refer for Direct Payments until all this is done.
21. Re-commissioning current services and dealing with disgruntled existing service providers
22. Caseload
23. Logging information correctly
24. Poor team working
25. Inefficient procedures
26. Ensuring all the correct paperwork is completed to be able to submit to the funding panel to request a service
27. Lack of communication between teams
28. Noisy and disruptive environment to complete written work
29. Unavailability of alternative (to hospital based services). Intake waiting lists
30. Workload deadlines
31. Not having the correct equipment and tools to do the job properly
32. Volume of paperwork
33. Too few staff for the work
34. Lack of staff
35. Quick turn-around of quality assured information from a system that doesn't provide it
36. Volume of work

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37. Too much paperwork and being changed regularly
38. Constant changes without consultation with teams
39. Limited services available to patients due to service cut backs
40. One uncooperative colleague
41. Constant problems with IT and having to wait for them to solve the issues
42. Workload
43. Funding
44. Paperwork, repetition and ineffective admin processes. Data sheets, discharges
45. Processes
46. IT systems not fit for purpose, requiring significant work-arounds and lots of duplication
47. Accurate minutes
48. Understanding why equipment has failed and the possible reasons (especially if a person has been hospitalised). Accepting that sometimes the equipment does not work (e.g. if the lifeline is not worn by the client)
49. Timescales and the complex nature of individuals coming through transition - linking in with relevant social workers.
50. Changes to processes are relentless and although we are kept well informed it can be too much sometimes – difficult to keep up with and remain upbeat and positive
51. Caseloads
52. Budget constraints
53. Fragmented services
54. Case loads
55. Manual handling cases
56. The amount of paperwork/admin tasks that have to be completed in a specific timescale
57. Keeping on top of email traffic
58. High demand on limited staff resources, resulting in professionally being spread too thin to cover the growing waiting list
59. New paperwork put in place without adequate training beforehand
60. Realistic and safe working case loads
61. Demand on service and waiting list times
62. Paperwork
63. Time
64. Trying to manage the demands of the job as a part time worker
65. Too much pressure expected to do two jobs with additional responsibilities
66. Dealing with invoice queries once invoices have been sent out
67. To make sure referrals are processed in a timely manner
68. Dealing with the public and their expectations
69. Hospital discharges
70. Too much time spent on typing up and processing assessments and reports
71. No vision from senior managers (or not communicated)
72. Increasing demands on the service
73. Overload of rapid patients
74. Amount of paperwork and getting it done in a timely manner
75. Managing staff
76. Working against a backdrop of budget cuts
77. Deadlines
78. Workload
79. Demands to reduce waiting list

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80. Finding addresses that are obscure sometimes with no phone signal to phone client for directions. Also, parking in town can be problematic.
81. Learning new procedures and new ways of working
82. Visits per month
83. Inadequate staffing levels to manage caseload
84. Data/information not always readily available or in the appropriate format or of sufficient quality to be able to reach robust conclusions
85. Accessing services (of different types of service) for people. Lack of mental health specialists to discuss individual cases with, unable to get hold of people in that field, waiting lists for services to assist people in the community, 8 weeks in some cases difficult getting POCs that fit needs
86. Pressure from management. Perceived unfairness of progress among staff and different approaches to the treatment of different individuals within the team
87. Getting funding approved.
88. Meeting deadlines
89. Financial constraints- the funding process does not promote job satisfaction
90. Extra staff to address the backlog
91. Managing competing demands of the caseload
92. We receive no training for Community supported living cases.
93. N/A
94. Managing client and departmental expectations
95. Interface between health and social services
96. Paperwork
97. On-going contentious changes
98. Caseload
99. Staffing can be an issue at times
100. Caseload management
101. Having to deal with ongoing complex disability cases. This prevents the completion of annual reviews as planned
102. Staffing resources
103. Not enough staff
104. Adult protection is not treated with the same distinction as child protection
105. Ineffective computer systems and too many emails
106. Minimise costings by considering alternative options
107. Time management
108. Sickness
109. Too few bodies to work effectively to the required quality standards
110. Not able to contact our own office staff co-ordinators/supervisors over the weekend if issues occur
111. Being on time for calls
112. Diving, parking and walking in remote areas, especially at night
113. Reablement ethics being watered down
114. Health and safety
115. Explaining what the reablement service is and what the service provides
116. Low morale among support workers – feel undervalued
117. Changes to service – types of service user
118. Rushing to get around calls, running late or calls going over time
119. I don't feel pressure in my job
120. Client family – support workers try and encourage service users to do as much as they can for themselves but often the family want support workers to do everything for them.

Results for 3rd biggest pressure

1. Sporadic support
2. Services too disjointed and too much gatekeeping of these
3. Too many people involved in processes
4. Poor IT system that is not used by everyone
5. IT support/resources
6. Meeting deadlines
7. Good relationships with team
8. Meeting deadlines
9. Ensuring all paperwork is completed in a timely manner
10. More training opportunities so that I can further my career prospects
11. N/A
12. Stationary orders for the office, archiving
13. Service demands constantly changing
14. Unmanageable (large) caseload
15. Staffing levels – not enough and spread too thinly
16. Consistency and regular support in the tendering of services
17. Constantly changing procedures and processes
18. Taking accurate minutes
19. Poor computer system layout – the computer system does not support role
20. Inefficient IT
21. Feeding back to families while waiting for services
22. Lack of communication between Social Services and Health
23. Carers responsibilities
24. Lack of professional autonomy in an increasingly prescribed service
25. Insufficient number of social workers within the team
26. The IT system makes the job much harder
27. How long it takes to get funding approved
28. The amount of paperwork
29. Lack of funding
30. Staff
31. Staffing issues, not enough staff in the office to cover
32. Not enough staff members in the team to cope with the number of referrals
33. Different information given by different managers at different times.
34. Time pressures – for example to discharge people within certain times
35. Inflexibility of hours
36. The pressure of trying to minimise the waiting list with a lack of staff
37. Paperwork and timescales
38. Non-clinical duties on top of caseload, service development, meetings, supervision, CPD, facilitating training, ensuring staff competencies
39. How the team is run
40. Accurate paperwork
41. Managing caseload within a reasonable timescale
42. Paperwork
43. Working part time makes it difficult to keep on top of the caseload with the added pressure of meetings/training/paperwork/supervision and students
44. Timescales
45. Public expectation

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46. No longer know who is who and who does what
47. Funding
48. Meeting required standards within specified timescales
49. The pressure of the waiting list
50. Time to complete the different tasks that are required
51. Online clinical note system, administration and commissioning therapy call paperwork – laborious and time consuming
52. Support from Gateway MDT
53. Changes to the system and paperwork required
54. Speed of change and staff finding it difficult to cope with the ongoing pace of change
55. Paperwork
56. Expected to cover work in 2 bases
57. Debt chasing exercise
58. Chasing decommissions so that equipment is returned quickly
59. Dealing with other professionals and a poor IT system
60. Fluctuating demand, often times of high demand
61. Being compared to other members of staff and not being recognised for the quality of work that you undertake (quality vs quantity)
62. Clear expectations
63. Too many referrals
64. Staffing, reduced number of therapists and technicians in all areas. Increasing workload and limiting delegation or referrals to other professionals
65. Meeting deadlines
66. Meeting deadlines
67. Scrutiny
68. Communication
69. Poor communication between other services and processes within the setting
70. IT issues with the system going down in the middle of writing a long report. Issues with new report systems being implemented and being too complicated which wastes time (unnecessary and frustrating)
71. Being flexible and adaptable towards the job.
72. Continual high demand on the services
73. Until recently, a general lack of direction has made my role unclear. This is now improving
74. Trying to complete work after visiting individuals, writing up case recordings, assessments etc, many of the cases when first allocated appear to be manageable but often a new assessment needs to be done. Hard to factor in this work without other priorities emerging and the Oracle computer system is limiting.
75. High level of caseloads resulting in pressure on time to meet all the needs of individuals in a timely manner.
76. Appropriateness of case allocations
77. Paperwork and duplication
78. People's expectations of what social services can provide, difficult conversations are the norm and medication skills utilised with many people I come into contact with
79. Should get back to doing good old social work and stop complicating something that is simple and common sense
80. High expectations on social workers to do everything – from health, family, other workers (but not management). Just a general expectation from the public that social workers do everything (we don't)

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81. Environment – as a team we are using outdated systems. The environment we work in is outdated. There is a mixture of teams with a condescending attitudes attached.
82. N/A
83. Having time to explore communities, act on ideas for initiatives and improve the service within the team
84. Changing legal landscapes
85. Bureaucratic processes
86. Paperwork
87. Recent team consultation and uncertainty
88. Being allocated yet more complex disability/supported living cases, after discussion (and agreement) of them being time consuming and impacting on reviews and having been advised they would be returned to originating teams
89. Human error
90. The complexity and magnitude of issues featured within cases
91. The abundance of repetitive and unproductive paperwork
92. Lack of resources
93. Completing paperwork once a task has been undertaken
94. Clients in crisis
95. Capacity of the service
96. Too much and ever changing paperwork and user unfriendly database – obstructing the process and reducing time for important, quality social work with citizens as required by the 1st principle ethos of the Act
97. Out of hours – if we need to contact them, not helpful at all e.g. unable to access computer systems, left to solve own issues in the end and just hope it is right.
98. Work load at times
99. Split shifts – not as bad at the moment but do still happen – having to be available if hours are not reached.
100. Lack of out of hours support – Homecare out of hours do not understand our service and often claim not to be able to access rotas and other information
101. Confidentiality and sharing of private matters from clients.
102. Limited assistance if working weekends and evenings and there is a problem.
103. Change in shift patterns from mornings one day to evenings next day make support workers less motivated
104. Inadequate training on some mental health issues
105. Travel time, distance driving

APPENDIX 4

Linear Responses – 3 biggest positives

Results for 1st biggest positive

1. Influences decision making.
2. Working autonomously.
3. Getting on with colleagues.
4. Team and management support.
5. Working alongside colleagues who want to make a difference to Adult Services.

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6. Providing support for one team instead of several.
7. Supportive colleagues and management.
8. The team.
9. Good relationship with team.
10. Working within a friendly and helpful team.
11. Being able to do my job effectively.
12. Providing an effective and efficient service to our clients/professionals.
13. We have a very positive working environment and work very well as a team. Many of us have worked together for a number of years and we are able to communicate well between ourselves which enables us to resolve problems easily.
14. Being praised at the end of each working day for all my hard work.
15. The people I work with.
16. Good team working – work with a great team.
17. I'm doing work I always wanted to do and it's with my Council and because of that I am supported by the people I work with.
18. Making an impact on how Social Work staff undertake their work i.e. completing an assessment on Oracle.
19. Being able to work in a good team, working in a positive environment.
20. The knowledge I have about the service I work for is being put to good use with colleagues and clients.
21. Job satisfaction.
22. Good team environment.
23. Flexible working (sometimes I need to leave early for the school run and can come in early on other days to make up the time).
24. The Programme has a strong vision of independence and allows us to be more creative and develop innovative and flexible services to meet the unmet support needs of vulnerable clients.
25. Supportive team.
26. Working with a friendly team.
27. We provide advice, information on the front line.
28. Supportive colleagues.
29. We have recently undergone a team management change which has had a significantly positive impact on the team. Our new manager is approachable and personable.
30. Hours of work.
31. I enjoy the work I do and going out and meeting people.
32. Colleagues remain wanting to do their best.
33. Excellent management support.
34. Good management.
35. My work colleagues, team manager, manager and the working dynamics between us all is something I've never experienced within other roles in NPTCBC.
36. The people in the team.
37. The team are supportive.
38. Good team working.
39. Working with a great bunch of people.
40. Colleagues.
41. My team.
42. Good support from colleagues.
43. The team I work with are supportive and friendly. My manager is understanding, approachable and helpful.

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44. Supportive manager.
45. Job satisfaction – knowing that what I provide maintains the client's independence and helps them to achieve their goals.
46. Work colleagues.
47. Working with people.
48. Opportunity to work with service users and their families, facilitating positive changes in their lives.
49. Visiting the people.
50. I am really pleased that in my team there are no real dramas, no disciplinary or sickness issues and generally the team is positive and happy in their work. Morale generally across a lot of Adult Services has been quite low of recent times but I wouldn't say that for my team.
51. Meeting and explaining the equipment to service users in the community.
52. Making a difference.
53. Working with people in the community – it is so lovely to see people in their homes and have the time required to carry out a thorough assessment.
54. Wage.
55. Able to improve people's lives, job satisfaction.
56. Excellent team.
57. I enjoy my job.
58. Using the skills and expertise to facilitate individuals to reach their maximum level of independence within their home and community.
59. Knowing that you've been helping people who are vulnerable and need assistance. Making a difference to people's lives.
60. Being able to influence changes that are happening in the department.
61. Autonomy.
62. Being able to put plans in place to help and support people.
63. Patient contact.
64. Making a difference to people in the community by providing appropriate interventions.
65. Enabling clients to stay at home.
66. Job satisfaction.
67. Fulfilling.
68. Helping others.
69. Making a difference to vulnerable people in the community and being part of the results.
70. As I input all relevant data to send out invoices for services and equipment it allows our department to be more sustainable.
71. Knowing that we are making a difference to clients lives by providing a good service.
72. Being able to help service users and families and make a difference.
73. Allows me to continue to work, to provide for my family and also to work with others in situations other than at home.
74. Making a difference to people's lives by enabling them to become more independent.
75. Colleagues.
76. My team.
77. Helping people.
78. Supportive team.
79. The feeling of helping lonely/vulnerable/ill people at a difficult time in their lives and ensuring that you help assist them in seeking the support and care that they

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- need. Very fulfilling working in mental health and find mental health a fascinating and interesting career.
80. Job satisfaction.
 81. Working in a good team.
 82. Meeting people and making a difference.
 83. Being able to support people in the community and provide them with interventions to promote their independence.
 84. Working in a great team – friendly, supportive and creates a happy working environment each day.
 85. I am thanked a lot as I work hard and get jobs done.
 86. Training and knowledge gained.
 87. Job fulfilment.
 88. The ability to help individuals.
 89. Job satisfaction. I enjoy the reaction from the individuals that I assist and the satisfaction that I get when I return to the individuals house to review the case.
 90. Meeting with citizens and hoping to make a difference for them.
 91. Good interaction and responses from service users and carers.
 92. Enjoy the variety of cases I have and the opportunities for learning that this present me, I learn something new every day.
 93. Supportive team.
 94. Making a positive difference to people.
 95. Excellent team with over 130 years' experience between them and invaluable knowledge
 96. Communication.
 97. Seeing the difference and positive change you can make to someone's life
 98. Communication/assessment skills.
 99. Experienced and committed enthusiastic team.
 100. Supportive colleagues/managers.
 101. Contact with and trying to help the service users we are in touch with.
 102. Teamwork and feeling valued in the team.
 103. Our team has continually worked on building excellent relationships with service users, family and care home staff to ensure not only that a service user's needs are being met to the required standards but have also strived to ensure these are constantly improved on.
 104. Working with service users.
 105. Achieving aims and objectives.
 106. The team.
 107. We have a direct responsibility to protect vulnerable people which can be very rewarding and sometimes frustrating.
 108. Direct work with people.
 109. Making a positive difference to someone's life.
 110. Working hands in with clients.
 111. Good team of support workers.
 112. Fabulous support within immediate team.
 113. Knowing you make a difference to someone's life and well-being.
 114. Rewarding – seeing people's quality of life and ability improving – though not so often now as a lot more care rather than reablement.
 115. Working to the best of my ability.
 116. Helping people to help themselves.
 117. Good management.
 118. Enabling service users to remain in their homes.

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119. Supporting clients and seeing confidence and independence regained.
120. Knowing that we are helping service users.
121. Communicating with co-ordinator.
122. Meeting new people.
123. Watching a service user regain their confidence in themselves after an illness.
124. Making people feel at ease and having a good rapport with them.

Results for 2nd biggest positive

1. Ability to remain impartial.
2. Working with the public.
3. Flexi.
4. Appropriate training and development opportunities.
5. Working full time with the team.
6. Opinions are listened to – feel like I contribute.
7. The communication.
8. Formal phone call techniques.
9. Working within an excellent team environment.
10. Being available for my staff and having a professional relationship in order for them to carry out their role appropriately.
11. I have a good relationship with other teams in our directorate which enables me to contact them easily and ask for advice, equipment, files or information very easily.
12. Dealing with patients and other agencies.
13. The benefits of building up flexi hours.
14. Feel appreciated by the team.
15. I get to better myself in the skills I have thanks to this post. Even in the skills I have low confidence in.
16. N/A.
17. Flexi time.
18. My flexibility to assist/support colleagues.
19. Training/career progression.
20. Good support from my manager.
21. Serving the public at times of need.
22. We hold the contracts and administer the budget for services and therefore have a strong influence over services within the local area which allows us to identify and rule out duplication of services.
23. Supportive team management.
24. Flexi scheme and annual leave.
25. Flexi system for work/life balance.
26. My immediate colleagues are very supportive and give clear guidance and advice daily.
27. Flexi time.
28. I get on well with my colleagues.
29. Supervision.
30. Excellent team support and attitude.
31. Good training opportunities.
32. My work place.
33. The people in the team.
34. The team manager.
35. Management.

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36. Having pay at the end of the month.
37. Providing a service to the public.
38. Good office to work from.
39. Annual leave entitlement and option to purchase additional leave.
40. The patients.
41. Peer support.
42. Working with very supportive colleagues.
43. Colleagues.
44. Continuity and stability in management within the CRT is a big positive and has helped greatly when other services have been left without clear management.
45. A good team work atmosphere.
46. Seeking successful rehousing of service users and watching them progress to independence.
47. My colleagues, we have a lovely team, everyone is supportive of one another.
48. Can be fulfilling and rewarding.
49. Good working conditions that are flexible to my needs.
50. Approachable manager.
51. Positive team work.
52. Signposting carers for support.
53. Working in a team that do an excellent job and are dedicated to providing a good service.
54. Being able to influence the raising of social work practice standards on a wider scale.
55. Support from line manager.
56. Wok in a great team, with very approachable team mates on all levels.
57. Positive feedback from patients.
58. Very good team, close as a team.
59. Great knowledge base within the team and other teams visit us to seek advice and support (other OT services).
60. The team I work with are always supportive.
61. Interesting.
62. Good work environment.
63. Job security.
64. Being able to help people who require our service.
65. Working on flexi time.
66. Flexible working.
67. Being part of a solution to enable service users to continue to live as they would wish.
68. Working in the community in people's homes.
69. Access to other teams for advice and information.
70. My manager.
71. Self-worth.
72. Rewarding patients who regain their independence.
73. We work well as a team and I feel completely supported by my line manager. Our manager understands the pressures that we face on a daily basis and will support and assist when we have a heavy workload. This make me feel valued and important in my role.
74. Supportive colleagues.
75. Being listened to.
76. Have a good MDT environment to work in.
77. Meeting and assessing service users in their own homes.

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78. Assisting others to attain a better quality of life which they would otherwise not achieve.
79. I have made lots of friends; people personally email me to do things. I feel good knowing I am trusted and reliable.
80. Organised.
81. Senior management who are approachable, supportive and available when required.
82. A very supportive team to work in.
83. The team in general is very supportive and helpful.
84. Providing support to citizens and carers.
85. Sharing of information, knowledge and skills within the team. Good relationship with district nurses.
86. Team spirit, my colleagues are very supportive and share their skills and knowledge freely. They also challenge me constructively and encourage me to consider all views.
87. There is light at the end of the tunnel – if common sense prevails adult services can be a high achieving department.
88. A sense of achievement when a piece of work is completed and there is a positive outcome.
89. Locality, remaining in the Neath area as a base.
90. Prioritising work.
91. My managers support.
92. Empathy/support.
93. Low staff turn-over/sickness.
94. Experience of other team members.
95. Actions seems to be taken now for positive steps forward.
96. Continuity.
97. As a team we strive to improve, not just on care provision but also on the emotional well-being of service users their quality of life and worthwhile involvement within care homes as often this is overlooked completely.
98. Colleagues.
99. Seeing improvements and progress.
100. Making a difference to the lives of individuals and their families.
101. POVA is taken seriously by those directly involved in the process.
102. Brilliant team.
103. Our team, we are all stressed, busy and up to our eyes in overdue KPI's. But if someone needs support, advice or ideas bounced off the team will step up – even if they are struggling themselves.
104. Support of colleagues .
105. Goodwill of staff.
106. Being able to help others in their time of need.
107. Part of a good team – very approachable and helpful, including therapists and office staff.
108. Training is always offered to gain more skills and knowledge of my role. Have good communication with my line manager and regular supervision and appraisals.
109. Supportive team.
110. Being part of a team helping service users to achieve their goals.
111. Doing my job correctly.
112. Provision of relevant training – manual handling act etc.

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113. Providing care and support, making a difference to people's independence and daily living.
114. Seeing happiness in the service user that they can stay in their own home with help and support from us.
115. Encouragement – seeing clients complete tasks which they thought they could not do again.

Results for 3rd biggest positive

1. Conditions.
2. Having an excellent and supportive team.
3. Holidays.
4. Client base.
5. Able and encouraged to use own initiative.
6. The praises.
7. Appreciation.
8. Ensuring service users are given the priority that they need.
9. Completing my tasks as instructed by my supervisor and using my own initiative to improve my work.
10. We are now doing most of our work electronically which makes it easier to access information and/or files when needed.
11. Having a helpful and supportive team.
12. Monday – Friday work.
13. New working location.
14. N/A.
15. The team I work for provides an amazing service to our service users.
16. Autonomy.
17. Good relationships with colleagues.
18. We monitor and evaluate those contracted services which means that we can be confident that the end user receives a good quality, value for money service.
19. Monthly salary and good terms and conditions.
20. Comparatively good annual leave.
21. I work very closely with health colleagues and I find their input invaluable in providing a more integrated approach to care and support in the community
22. Great colleagues.
23. Flexible working opportunities.
24. Direct work with clients and families.
25. Varied and interesting work.
26. Caseload.
27. Having team meetings and getting updates about what's going on.
28. The people in the team.
29. Autonomy to get work done.
30. Having moved role recently, not having the pressure I had before and now and now able to sleep at night without worrying.
31. Knowledge of my role.
32. Working with service users.
33. Consulter and valued by managers.
34. Feeling trusted.
35. Training and CPD opportunities.
36. Flexi.

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37. The fact that my service impacts on all services within adult social care – we can make a big difference to a broad range of clients.
38. Support by manager.
39. Feeling valued by peers in office.
40. We have a good level of knowledge within the team and if ever I am not sure what to do there is usually someone who has appropriate advice for me.
41. Mon – Friday working, no weekends.
42. Regular wage with pension.
43. Good supervision.
44. Multi-agency working.
45. Working within a team that works very hard, is supportive and is person centred
46. Having support from the team and knowing you can turn to them for advice and information.
47. Indirectly having a positive impact on children's lives.
48. Mostly positive relationships within the team.
49. Supporting patients to live the independent life of their choice.
50. Being able to think outside the box as to interventions due to the social services and wellbeing act.
51. Wide range of interventions that all staff complete.
52. I am able to work hours that suit me.
53. Challenges my skills and knowledge.
54. Access to other departments.
55. I have the opportunity to use Kiddi vouchers and flexi time which have been vital since having a child.
56. Promoting the service.
57. To be part of a developing service.
58. Flexible hours.
59. Base.
60. Job satisfaction.
61. Variety of patients and experiences in the community.
62. It is a big positive to know that you are supporting the team of social workers, CPN's, support workers and medical staff through assisting them with the relevant paperwork so that they are able to do their jobs effectively and help the people that are in need of support.
63. Supportive manager.
64. Good terms and conditions.
65. Getting support when required.
66. Having good working relationships with colleagues in my service.
67. Flexible working with the option of doing paperwork at home on laptop (in the very near future).
68. When we work well together as a team.
69. Satisfaction from clients
70. Providing a service of excellence along with being part of a wholly committed and supportive team.
71. Working with legislation and the Welsh Government that will hopefully support people in the best way.
72. Appreciation of work well done.
73. Good support from supervisor/management.
74. Management support and the opportunities for training to enhance skills. In addition to being encouraged to specialise in a specific area of work
75. Enjoy coming to work.

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76. Having a supportive staff team.
77. Having other team members who are willing to offer advice.
78. Being in a supportive and motivated team.
79. Making a difference.
80. Good team management.
81. Promoting independence.
82. Enjoy my job and enjoy spending time with citizens.
83. We are all very much a team and entirely supportive of each other and strive to attain the highest standards in the job we do and ensure quality assurance for service users.
84. Interesting and varied role.
85. Support network of colleagues.
86. The interesting job that I do.
87. Due to the length of time I have worked in this field, I have witnessed most forms of abuse and can identify potential solutions quickly.
88. Seeing recovery in people and families.
89. Being supported and encouraged in my role.
90. Working within a good team with a mix of expertise.
91. Own social work ethos.
92. That I have a job.
93. Meeting new people, some of whom have led really interesting lives before needing help.
94. I get job satisfaction from my role.
95. Welfare of clients is a high priority.
96. Meeting a variety of people on a daily basis.
97. Excellent team of colleagues.
98. Providing physio support to benefit people's strength and independence to stay in their own homes longer.
99. I love my job.

What makes you most proud?

1. Trying to make the service better and more efficient.
2. Recognising and stopping the abuse of vulnerable people/making a positive difference in people's lives.
3. Doing a job that helps people achieve their goals.
4. Seeing how far we have come and continue to see good changes being implemented.
5. When I have carried out my duties to the best of my ability.
6. Receiving positive feedback about work I have undertaken.
7. Knowing that I have given 100% throughout the day.
8. Being able to assist team members with any queries and resolving any issues they have. This is a great achievement.
9. Guiding and providing a service to our callers (telephone and face to face) and passing on the information they require. We are the first people they come into contact with and making a good impression for the team and the council makes a huge impact. I treat people the way I like to be treated. I am professional and approachable to our service users as well as my staff I directly supervise. My teams are happy which in turn provides a more efficient service.
10. Amongst other duties we now have to cover the duty line which allows service users to phone up with various queries. I feel I provide a very good service to the

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general public regarding this. I feel I am very helpful, informative and caring towards the service users, members of the public and other professionals and feel that this is of great benefit to the team.

11. Working with a good and supportive team.
12. Being recognised for giving good customer service.
13. Feeling that I contribute to the team and I can be relied on in a crisis.
14. Being able to keep up with my work load and finish my work to meet deadlines.
15. Providing a support service, making staff feel valued and respected.
16. Helping them with any queries or issues they face and solving them.
17. Being able to complete my duties to the best of my ability and working with a good team.
18. Going out talking to people and supporting them to be as independent as possible
19. When staff pull together to ensure work is completed on time and to a high standard.
20. That I am able to meet people at point of need and am sometimes able to find ways to meet that need/able to be a source of support to my colleagues, in all fields and at all levels.
21. That the service being delivered creates and maintains independence, assists a number of different vulnerable individuals , enables them to engage with their local communities and helps prevent homelessness.
22. Negotiating and constantly changing procedures and processes without walking out.
23. Providing advice and information to callers who need support.
24. I recognise my contribution is imperative in the safeguarding process
25. The quality of my paperwork.
26. That I have done a good job.
27. Knowing that I have strived to promote the rights, wishes and safeguarded vulnerable individuals who are unable to achieve this independently.
28. Supporting colleague to provide client choice.
29. When my involvement is making a difference to people.
30. Supporting individuals and seeing the positive impact that has
31. Completing assessments.
32. The commitment of staff on the team.
33. Seeing service users achieve their potential.
34. Finishing pieces of work and having recognition for it.
35. Being able to listen to clients, being able to provide information that will help them and hearing them sigh with relief at being able to share a burden
36. Able to do my work.
37. Being thanked by service users for the assistance I've been provided – thanks are not often given, criticism of the service often is.
38. When allowed to use social work principles in offering a service. Offering real choices to service users and giving them options to refuse. Empowering service users and their families to engage in their planning. Well planned discharges from hospital.
39. Receiving positive feedback from patients. Seeing positive changes in patient well-being/health.
40. A job well done.
41. Helping people who are less fortunate than ourselves having the knowledge and skills to do the job.
42. Making a difference to members of the public with the support and help the team offers.

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43. Positive feedback from service users.
44. The excellent and dedicated team I work with.
45. Feeling you have done a good job and supported a person and their family. Being told that you have done a good job (that is very rare).
46. That my team are happy to go out of their way to resolve problems for both our clients and support other teams when they can.
47. If there is positive feed-back that equipment has helped to ease a difficult situation and that service users are happy.
48. Trying to make a difference.
49. Making people safe and confident to remain in their own homes.
50. Meeting with service users who are willing to work and plan for themselves and those who are grateful for the support.
51. To assist and enable people to achieve their outcomes and improve their well-being and quality of life.
52. Working with individuals and families to achieve what is best for that person and they have been involved in the process as an individual.
53. Making a difference to individuals lives.
54. Visiting clients and improving their lives.
55. Hearing positive stories about the impact social workers have on people's lives.
56. Respect for my professional opinion and within community making a difference to those who are motivated to an enabling approach.
57. To be able to go home at the end of the day knowing that I have been able to improve people's quality of life (service users and their families).
58. Supporting patients to be independent.
59. Provide people in need with solutions to making life easier for them.
60. The difference we can make to people's lives and the feedback that we get form clients.
61. When a client achieves their goals.
62. Supporting people in the community of NPT.
63. Feedback from service users who are happy with the service we provide
64. That we are making a difference to our clients. When liaising with our clients or clients family and they inform us that we have given a good service/being thanked or our help.
65. Knowing we are providing clients with a service/equipment that will ensure they can stay at home independently for longer.
66. Knowing I have been able to do my job to the best of my ability.
67. To see service users benefit from the advice/services we deliver.
68. I am very competent in my job and know that I am making a difference to people's lives.
69. Feeling productive.
70. Positive feedback from colleagues or patients.
71. My level of professionalism in my job and helping others.
72. Enabling patients and seeing positive outcomes in people's lives.
73. The simple act of helping a person in need. A person who is desperate/vulnerable/ill or lonely. I feel I make a contribution in making sure that the person gets the help that they need.
74. I am helping improve the lives of others.
75. Managing a very committed group of people.
76. Making a difference.
77. Being in a profession which service users and other professionals recognise. Helping people to understand my role and what I can do to help.

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78. Working as part of a great team. After working in places with poor team working I am proud to say this is the best team I've ever worked in. We grow as a team who can rely on each other's support, who are passionate about our roles and who respect each member of the team whether it is a temporary role (students) OTS's, sensory staff, OT's or management. We are keen to promote a happy working environment.
79. People often come to me or I am the first one to help when they come into the office. It makes me proud when we work together to do a task and improve the team/office. It makes me proud when I am able to fix problems because I have learnt the system and have worked out things that might be more complicated for other people.
80. The post is very rewarding when you have changed someone's life. That makes you proud.
81. Providing a high standard service to clients supporting them to enrich their lives and to work towards having empowerment of their own lives whilst at the same time growing the service/product knowledge through these experiences and continue to provide a high standard an output which positively impacts on service demands.
82. Being able to interact with individuals, whether practical help or a listening ear.
83. The reaction I get from the individuals that I assist.
84. Hopefully, the quality of my assessments.
85. Working with service users, their carers and families to achieve their outcomes. Being proactive and helpful within my role supporting other professionals. Finishing a piece of work!
86. Knowing someone's quality of life has improved from your input, be it by signposting them to community services or securing funding for services or letting a carer offload to you.
87. Trying to make a difference.
88. Arranging support which creates a positive impact for all concerned. Finding out about different options for people and supporting them to make their own informed choice.
89. Seeing that a service user has the care in the environment which suits them best. Having positive feedback from the family to confirm this.
90. Accuracy of work.
91. Positive outcomes.
92. Seeing improvements in people's lives. How well the team work together and support each other.
93. Service provided to individual experiencing mental health issued in the local authority.
94. Feeling that I have helped someone who has made contact with me.
95. Supporting someone to maintain well-being and dignity and quality of life. To make people feel respected, valued and make them smile.
96. Taking the time to sit and chat to someone, listen to what their needs are and what they feel is missing in their lives. Being able to make a difference to their quality of life because I have taken the time to listen.
97. Helping people be it service users or colleagues.
98. Using my skills and knowledge. Achievements and acknowledgements of work completed. Mentoring staff.
99. When families recognise and thank me for the work I do.
100. Colleagues asking for advice and then following that advice.
101. Getting out and doing direct work with people.

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102. To know that I have made a difference to someone and helped them.
103. Seeing recovery in the clients I work with.
104. Very good relations within the immediate team despite the enormous work pressures.
105. Knowing I've done my very best for clients I'm with on a daily basis and what I do is helping to make a difference to their lives.
106. Seeing people are looked after and they stay in their homes.
107. That I have done my job to the best of my ability and have made a difference to someone's life.
108. To know that all clients are okay, safe and doing well.
109. When you see people doing well.
110. Positive feedback from service users and staff members. Knowing that the service I provide is 100% and appreciated.
111. When re-ablement works and clients are able to carry on living independently at home.
112. Results witnessed and feedback from service users.
113. Making a difference to people's day. Being caring and supportive in day to day tasks and seeing changes in them as they become more confident in themselves.
114. Being of service to someone who needs me.

APPENDIX 5

Linear Responses – Additional Comments

Positive

1. I feel for the first time, in a long time, that that positive progress is being made in the service, and changes being proposed are well thought out and will benefit staff in the long term. It's encouraging to see the thoughts and ideas of staff across the board being encouraged and taken into account.
2. Thank you for making me feel welcome within the Council, and I hope to continue working for this Council, perhaps in IT.
3. I enjoy my job, there are always ups and downs in all jobs, some get ironed out, some don't.
4. It makes me proud to work with people that are like-minded and wish to make life possible for a service user to live at home with confidence.
5. Seeing clients improve and making a difference to their lifestyle. Our team, who are trained in every aspect of reablement and physio.
6. I am proud that we have completed our first tender exercise with very positive feedback from the successful and unsuccessful tenderers – with no formal knowledge of this process and very little support from our predecessors. Throughout the whole of this exercise we were faced with challenge upon challenge. However, I am pleased to convey that despite all of this, I have now

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awarded the contract and have gained further skills whilst carrying out this exercise.

7. I have recently been through a very difficult time in my personal life and my new manager has been very supportive through this time.

Negative

8. Not enough staff to cover the work.
9. I feel the service is not being used to its best efficiency. Service used to be consistent as were hours of work. Levels of work have decreased but the service is still in demand, why?
10. Feel unsupported by management who are unable to provide support when required as they do not know or have an understanding of how the office is run or what work is actually carried out within the office, this has been expressed in my supervision yet there has been no change.
11. I have always enjoyed my work and strive to do my best at all times, taking a service user led approach. However, the current situation and uncertainty around staff and team changes completely knocks my confidence in my ability to be upbeat and positive and in my position as a viable member of staff within the proposed restructure.
12. I completed this survey over two years ago and still have not received any results. I did enquire but was 'stopped in my tracks'. I would still like the previous survey results as I feel that things have not changed or have even gone worse.
13. Difficult to do a good job in the climate of things in the team. So many changes and uncertainty as to how we are working and pressures from the hospital, which they feel is more important to discharge a person rather than support them in the community. More support for staff is needed, as we all want to do a good job and are caring and compassionate, but this is not appreciated, in the very stressful climate of change.
14. In the last year there has been a huge amount of change. The pace of should have been slower as I feel although much of the change has been positive it has increased staff stress levels. I feel some of the changes to improve performance of NPTCBC should have started years ago when the council worked in a more chaotic way.
15. People in the community are being left behind when it comes to receiving support as hospital discharges are constantly being prioritised. This leaves the vulnerable people of NPT at risk.
16. The job I do can be very stressful as I am the only person on the team trained as an instructor.

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17. Lack of opportunity to improve pay grades given the responsibility our job entails and that certain individuals have the chances where they do not have the qualifications a job description requires.
18. I am concerned that there is no opportunity to consider ER/VR – considering the length of service in the authority.
19. Our job is not a cut and dried one. We have many strings to our bows, none of which are recognised, but all are expected to be used. We should be recognised at a higher level for the work that isn't seen or documented.

Balanced/mixed

20. After working in several other teams/departments I feel this area within the Council has been ignored. We are now seeing development; however it is always fed down when the change takes place that day/week. I feel feedback about the changes need to be made more effectively. I feel happy with the support I receive from my direct supervisor. I enjoy my job and have gained a lot of experience and knowledge. However, like a lot of departments within the council at the minute there is no line to progress further in your career.
21. The CCU is currently in the middle of much change, with a new PO, and so it is difficult to give a suitable answer to many of the questions.
22. I have been in a position at work over a period of the last two years that made me ill with worry and concern regarding client's, processes changing constantly and feeling like I don't know what I was doing. Resulted in a total loss of confidence. After a period of time off work I have returned to a different role, where I do not have the same pressures and I am now able to sleep at night. My confidence has now returned and I am now feeling much better.
23. I love my job and enjoy working with all the people I meet. That bit I would not change. However, while I understand that processes change frequently, we are not given the adequate paperwork or IT systems to be able to accept and evolve our practice in line with this when it happens. Our management are under just as much pressure and stress (if not more) than us. There is a constant struggle between providing the best level of support to our clients and talking the mountain of paperwork that goes with it. The paperwork itself is not an issue. It's the time constraints out in place, which in most cases are un-necessary and only serve to stress out the workers. We know what needs to be done. We know how to do it. Have a bit of faith in us to know what we need to prioritise and to know what paperwork is left in the tomorrow pile – it will get done. Just because a piece of paperwork is not urgently pressing, we won't hide it in a drawer. We will complete it. To instil KPIs to ensure we do this paperwork NOW makes no difference. You simply cannot change workloads, limited staff numbers and the day to day problems that come up along the way every single day by throwing a time limit at it, with an angry red colour to match. It only serves as a stress factor.

Suggestions for improvement

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24. While I enjoy my job and believe that we should move forward and develop our systems and produce work electronically I do feel that a lot of our time is now spent uploading files and paperwork onto the electronic system (IDOC) which can become very repetitive.
25. Staff morale has been low for too long with extremely high incidence of stress, sickness and staff turnover. This leads to a loss of skills/experience, under capacity in teams and recruitment of new staff needing induction adding to the existing pressures on remaining staff. The administrative and overall service processes within the service need to be overhauled and addressed soon (with collaboration with frontline staff). I believe that team managers should, first and foremost, work together more effectively to eliminate barriers, defensiveness and unrealistic criteria between teams to achieve what should be the common goal....to improve access, efficiency and services to the service user.
26. Having an IT system that assisted our service would be a huge help as a lot of time is spent duplicating information on various systems and pages as they do not carry over or talk to one another.
27. A better IT system/software, so that my work is not repeated several times and is easier to understand by other departments what Assistive Technology they have in place.
28. The only issue I have within my role is the lack of facilities to eat lunch. We have to eat at our desks which does not promote a healthy balance in work, a chance to socialise (often have to keep chat to a minimum when others are working as we tend to have lunch at different times. We have to try and avoid working during our lunch break (we often answer the phone or respond to emails). If we are expected to eat lunch at our desks we should have a paid lunch time.

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Area of Concern	Action	Complete
Lack of response rate for questionnaire completion	This was discussed at the time in Management meetings. Reminders were sent by Andrew and messaged reinforced in team meetings to encourage staff to complete the survey.	✓
<p>Staff not being made aware of changes in the service and the council as a whole.</p> <p>Page 67</p>	<p>Staff consultation event was held in the Princess Royal Theatre in October 2017. The proposed direction of travel for the directorate was discussed in this event and was well received, including a commitment to engage with staff and take on board their views.</p> <p>Practice Improvement Groups are held on a monthly basis where a cross section of teams across Adult Social Care meet and talk about changes in the service. This also where new and innovative ideas are encouraged. Regular manager meetings have been undertaken fortnightly and the staff survey results were fed back to the teams.</p>	<p>✓</p> <p>✓</p>
Feedback from survey: Caseload and Workload Pressure	Workload pressures are discussed at regular managers meetings	In progress
Feedback from survey: Amount of Paperwork (Bureaucracy)	<p>The Head of Social Work Services set up a Task & Finish Group to address this issue.</p> <p>Currently looking at a review of the following documentation:</p> <ul style="list-style-type: none"> • Social Work Assessment • Personal Plan of Care • Review procedures and documents 	In progress

Area of Concern	Action	Complete
	Gateway Referral also re-formatted.	
Feedback from survey: Access to Senior Management	New administration now in place with a new approach. Visits have been made to teams by senior managers and ongoing visits will be carried out to give staff teams the opportunities to discuss issues with Heads of Service.	In progress

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

8TH February 2018

REPORT OF THE INTERIM HEAD OF CHILDREN & YOUNG PEOPLE SERVICES – K WARREN

MATTER FOR MONITORING

WARDS AFFECTED: ALL

UPDATE ON THE LOOKED AFTER CHILDREN STRATEGY

1. Purpose of the Report

The purpose of this report is to update Elected Members on the progress of the Looked after Children (LAC) Strategy (See appendix 1)

2. Executive Summary

The update to the Looked after Children Strategy provides an overview of the profile of the Looked after children population in Neath Port Talbot including their legal status, type of placement and the arrangements for providing support to children and carers.

The report considers the priorities for the Service for Looked After Children for 2018/19

3. Background

The Looked after Children Strategy was implemented in January 2015. The Strategy aims to set out a vision for how the Service will address the needs of children who are accommodated by Neath Port Talbot County Borough Council. The Strategy provides a framework for ensuring that the Service makes available the right type of placement for children and young people at the right time. It focuses on ensuring that early intervention and prevention services are aligned with the needs of individuals and families in order to support children to remain living at home when it is safe to

do so, and to support children to return to their families if there is no risk to their well-being.

The Strategy provided a structure to how children, families and foster carers will be supported to ensure that they have the skills to look after the children in their care and that children receive the support they need to achieve positive outcomes.

The update report aims to reassure Members that although at its initial implementation the Strategy set out targets for achieving a safe reduction in the number of children who are looked after, that the focus of the strategy is on ensuring that children are looked after safely and that they have stability in the right placement to meet their needs. The LAC reduction figures have been included in the update report to demonstrate that although the targets have been met in reducing the number of children in care that this is through achieving good outcomes which have been sustainable.

4. Financial Impact

There are no specific financial implications arising directly out of this report except those linked to the forward financial planning of the Local Authority.

5. Equality Impact Assessment

There are no Equality Impacts associated with this report

6. Workforce Impacts

There are no workforce impacts associated with this report.

7. Legal Impacts

There are no workforce impacts associated with this report.

8. Risk Management

There are no risk management impacts associated with this report

9. Consultation

There is no requirement under the Constitution for external consultation on this item.

10. Recommendation

It is recommended that Members note the update to the Looked After Children Strategy and the priorities for the forthcoming financial year.

11. Reason for Proposed Decision

Not applicable – report is for information

12. Implementation of Decision

Not applicable – report is for information

13. Appendices

LAC Strategy Update

14. List of Background Papers

None

15. Officer Contact

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Update to the Looked After Children Strategy

January 2018

Background

The purpose of the report is to provide an update to the progress of Looked After Children (LAC) Strategy and to provide an outline of the priorities for 2018/19.

At the time of the Looked After Children strategy being implemented in January 2015, Neath Port Talbot was faced with the challenge of reducing its number of Looked After Children which had been significantly above the National Average since 2012. In addition, it was anticipated that the Strategy would delivering a financial saving, and improving the outcomes of those children who needed to be Looked After.

The LAC strategy set the ambitious target of reducing the number of LAC from 467 to 345 by 1st April 2018.

This target has been achieved year on year however the focus has never been solely on reducing the numbers but on ensuring that the right children are being looked after in the right placements.

Table 1

Financial year	Target number of LAC	Actual number of LAC
2014/15	441	434
2015/16	411	377
2016/17	371	348
2017/18	345	329 as at 5 th Jan 2018

An agreed financial saving of £700,000 was achieved in the first year of the strategy.

Despite the targets above, as noted the Looked After Children Strategy is not intended to be simply a LAC reduction but to have a wider vision on how Looked after Children should be supported.

The focus of the strategy is:

- 1 To ensure that only the children who need to be looked after enter the care system
- 2 To ensure that when children are looked after that they have good outcomes and they have access to high quality and stable placements with carers who have the support they need.
- 3 That looked after children have care plans that are dynamic and continually consider how permanency can be achieved without the need for them being looked after.

The strategy has continued to be successful in achieving good outcomes for Children who are looked after.

Progress to date

Numbers of Looked After Children

Table 2

Type of placement	31.12.2015	31.12.2016	05.01.2018
Residential	8	11	9 (plus 2 alternative to residential)
Independent Fostering Placements	81	67	60
NPT Foster carers (inc Family)	224	206	213
Placed with parents	51	33	28
Independent Living	4	4	2
Pre adoption placement	16	20	15
Total Number in Care	384	341	329
Total Number of Paid Placements	305	273	273

As can be seen in the table above, although the overall LAC figures have reduced, the number of paid placements has not seen a significant reduction. This reinforces the purpose of the strategy not being just about the reduction in numbers. The reduction has been achieved by either supporting children to remain in their stable long term placements or by supporting children to be cared for safely without the need for them to be part of the Looked after Children System.

The service has continued to achieve its targets for the reduction of Looked after children year on year. Instead of being reported as having the highest number of Looked After children per 10,000 population this has been reduced as follows and as at 31.3.17 NPT had the 18th highest number of Looked after children out of the 22 Local Authorities in Wales:

Table 3

Year	Rate of LAC per 10,000 population
31 st March 2015	156
31 st March 2016	132
31 st March 2017	124

Admissions to care

The Service continues to hold a weekly admission and resource panel. The purpose of the panel is to consider any young person whose circumstances mean that there is a potential for them to need to be looked after. The panel considers resources available to support families to prevent accommodation.

No child who needs to be Looked After in order to ensure they are safeguarded will be refused a placement, however the role of the panel is to compliment the work of the Team Managers in ensuring that all opportunities for looking at alternatives to care have been explored.

The number of admissions and discharges from care are closely monitored and scrutinised by Managers. As shown in table 3 below, there continues to be a trend of a marginally lower number of admissions to care than discharges which has helped to maintain a stability in the LAC numbers.

Table 4

Time Period	Number of Admissions	Number of discharges
1 st April 2016 – 31 March 2017	101	129
1 st April 2016 – 31 st Dec 2016 (Q1 – Q3)	66	91
12 st April 2017 – 31 st Dec 2017 (Q1 – Q3)	62	76

Readmissions/Multiple admissions

A recent overview report undertaken in relation to the outcomes for children who are admitted to care has shown that there continues to be effective reunification of young people who are admitted for short emergency periods of time, and that there are few readmissions to care. There is an effective arrangement in place with the Family Action Support Team which assists in the effective rehabilitation of children home, and ensures that children are discharged from care with the necessary supports to ensure that their return is sustainable.

Table 5 *

Calendar year	Number of children admitted who were returned home	Of these how many had a readmission
2015	23	2 (in both cases the readmission was as a result of being on Remand)
2016	18	0
2017	19	0

**information taken from the LAC Admissions report completed by PO Emma Meyrick, January 2018*

Discharges from Care

In addition to ensuring that there is routine oversight of the children coming into care there is a similar focus on ensuring that when possible children do not remain in the LAC system longer than necessary. No child will be discharged from being LAC unless there are clear assessments and plans involving multiple agencies which demonstrate that it is safe to do so. This may be as a result of the original concerns no longer being prevalent and therefore the risk to the child is removed, or because permanency for the child can be achieved without the child needing to be

One of the factors that impacted on the reduction of LAC figures over the past 3 years was the natural discharge of young people from care because they became 18 and ceased to be Looked After. As can be seen from the table below there was a significant increase in the number of care leavers in 2015/16. This arose due to the increased number of children, particularly teenagers who were accommodated in the period leading up to 2012.

Year	Number of children turning 18
2012/13	18
2013/14	21
2014/15	21
2015/16	44
2016/17	21
2017 to date	29

Permanency planning

The permanency plan for a child is considered at their 2nd LAC review and is monitored through permanency panel.

Since 2015 the impact of the number of Care Orders being discharged and alternative Orders being supported has had an impact on the overall number of children Looked After.

The number of children who have been made subject of Care Orders who remain living with their parents has reduced from 51 in December 2015 to 28 in January 2018. The number continues to be much higher than would be expected but the figure includes a number of children whose parents have been reassessed as now being able to provide the care for their child that they were previously unable to do. This has resulted in a number of children returning home to their parents as part of a planned rehabilitation, and following a period of monitoring the Local Authority will be seeking applications to the Court to discharge the Care Orders which will mean that the children will no longer be Looked After

The Family Action Support Team (FAST) provides support to parents and children to assist them with rehabilitation.

Special Guardians

In 2015/16 19 children were discharged from care as a result of a Special Guardianship Order (SGO) being granted. In 2016/17 this figure increased to 25 children made subject of an SGO. 12 children have been discharged from care in favour of an SGO between 1st April 17 -31st December 2017

Table 6

Year	Number of children subject to an SGO
2015/16	96
2016/17	117
2017/18	135

A combination of changes in the assessment process; the way that the Local Authority supports family members to care for children and a steer from the Court has significantly increased the number of children who are living with family members subject to an SGO. Previously these children would have been made subject of a Care Order, often remaining Looked After for the duration of their childhood, placing a strain on the care system and the leaving care services.

There has also been an increase in the number of children who have remained living with their foster carers subject to an SGO rather than remaining Looked After when they have not been able to return to their family.

Neath Port Talbot has been proactive in developing its support for family members and carers who make the decision to become Special Guardians, recognising that without this support there is a potential for those arrangements to come under some pressure and potentially impact on the readmission of children into the Looked after Children System. In order to prevent this the Local Authority ensures that each child placed with a carer under an SGO has an SGO support plan. The service has developed a support group for SGO carers and carers are able to access specialist training. In addition, as a minimum SGO carers have a worker allocated who provides an annual review of the financial support provided by the Local Authority.

Going forward it will necessary to develop a support and finance policy for SGO carers to ensure sustainability.

Sufficiency of placements

There are currently 137 foster carers approved by NPT. This figure has remained relatively static over the past few years, and although there continues to be a steady approval of approximately 10 new foster carers per year the net figure remains the same as a result of the deregistration of foster carers during each year. Foster carers may deregister for a number of reasons; retirement, ill health, changes to their own family or as a result of an allegation. NPT has not deregistered any foster carers as a result of them moving to another fostering agency.

Since 2015 the fostering Service has developed a Marketing and recruitment strategy and has revised its financial support to foster carers. The emphasis has been on recruitment carers who are able to offer foster placements for children aged 10 plus and sibling groups, as these remain the pressure areas for placements for the service,

12 new foster carers have been approved since 1st January 2017

In addition, the fostering service supports 2 Parent and baby foster placements.

Placements for older children, siblings and parent and babies remain a consistent pressure and remain the focus of recruitment campaigns.

Use of Independent foster placements versus Neath Port Talbot Foster Placements

As can be seen from table 2 the number of children placed with Independent Fostering Agencies has continued to fall. At the end of the financial year in 2014, the number of children placed with Independent fostering agencies was 117. This figure has nearly halved in 3 years.

The number of children placed with Neath Port Talbot foster carers has reduced overall, but does remain fairly stable.

There are many benefits to children being placed with NPT foster carers:

- Children are more likely to remain in their local communities and be able to retain education, health and social networks.
- The service has more control over the supports it is able to offer to the foster carers
- Previous analysis has demonstrated that children placed with NPT carers experience less placement moves than those placed with Independent fostering agencies.

An additional significant benefit is the cost saving to the Local Authority, with each Independent Fostering Placement costing double that of an in house placement (average cost of an NPT placement = £22k compared to £44k for an IFA placement per year)

There is a continued need to ensure that the Fostering Service continues to expand its resource in order to reduce the need to access independent fostering placements and provide a placement choice to allow young people to be matched with carers who are best suited to meet their needs.

It is recognised there will continue to be a demand for placements to be commissioned from Independent Fostering Agencies. Historically Independent Foster Placements would have been used predominantly as a result of a lack of capacity within the in-house provision, but such placements are also required when young people need to be placed out of NPT or when they require a specialist provision as a result of their needs or disability. Where independent fostering placements are used the commissioning and contract monitoring arrangements that have been developed in NPT are essential in ensuring that there is both a quality of Service and value for money.

Residential placements

The number of children living in residential placements has remained stable over the past 3 years. However, with the average annual cost of a residential placement being £205,000 the use of residential placements has a significant impact on the Looked After Children budget.

Over the past 12 months the Service has experienced a small but significant rise in the number of young people requiring residential care as a result of their physical or mental health needs or requiring secure accommodation due to significant concerns in relation to their own safety or the safety of others.

There is now an opportunity to consider how the service can deliver its support to those young people who have more complex needs, and in particular those young people whose needs are likely to continue to require support beyond the age of 18 and into adulthood.

Over the past 6 months the service has worked more closely with registered adult care providers and domiciliary care providers to extend their registration to under 18 year olds in order to provide alternative packages of support to traditional residential care which are sustainable. This would not be an appropriate service for all young people but for a number of young people it is proving to be an effective way of promoting independence whilst balancing their care and support needs.

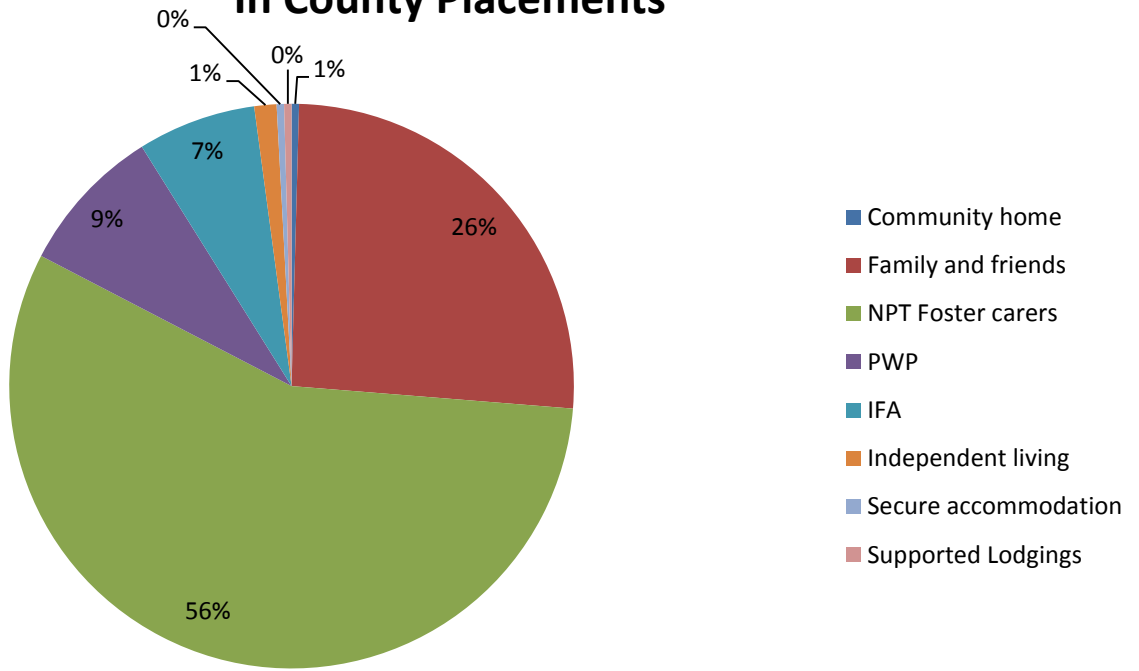
When young people are placed in residential care, there is now a more are arrangements in place to provide contract monitoring of placements and increased accountability for providers to deliver services in line with the agreed contract.

Supporting children to remain within Neath Port Talbot

The Service aims to support as many children who are Looked After to remain within their local community and to continue to access their local services. This means that children are more likely to retain links with their own school, health services and to be close to their friends and family that they need contact with.

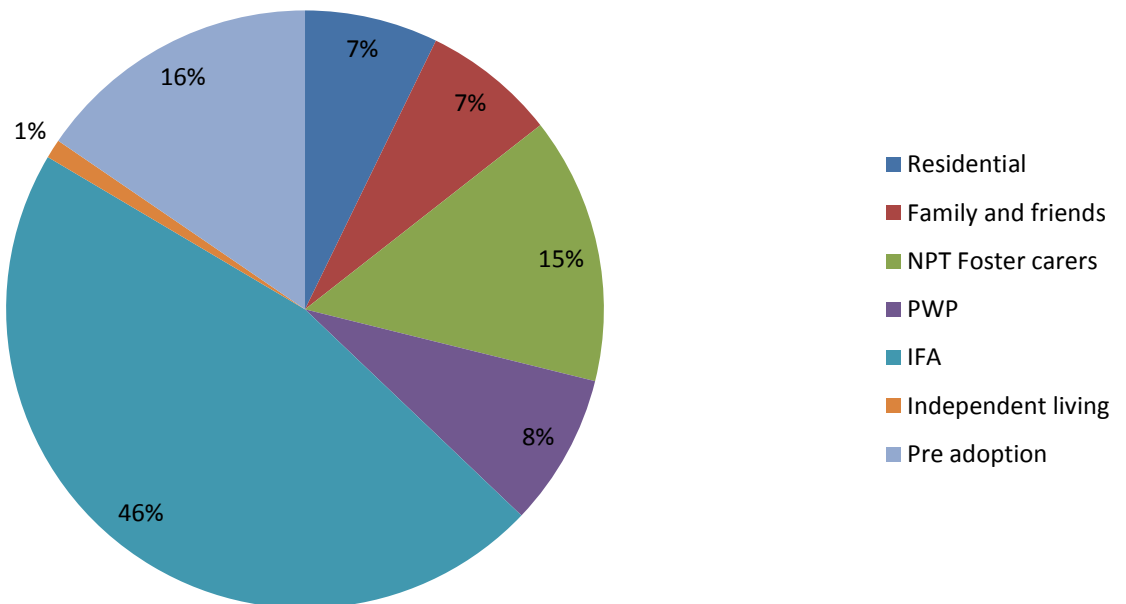
Of the 333 children who were looked after on 31st December 2017, 236 were living within the boundaries of Neath Port Talbot and 97 were living in other Local Authorities. As can be seen from the charts below nearly half of those children who are placed out of County are living with independent foster carers, and all of the children who are placed in a residential provision live outside the area. There will be a small number of children who need to live outside of Neath Port Talbot for their own safety however many placed out of County will be because there is not a suitable local provision to meet their care or educational need. This is an area which needs to be developed in order to expand the resources available in order to expand the resources within the County Borough.

In County Placements



**community home refers to young people who are living in a community placement supported by a registered provider who provides a high level of care and support.*

Out of County Placements



Supports to Looked After Children and Carers

The Fostering Service has had a play therapist in post since March 2017. The service has recently appointed a Psychologist and a Consultant Social worker to form a Clinical Support Team to Looked After children and carers.

The team will assist carers in understanding the reasons behind some of the challenging behaviours presented by Looked After Children in their carer and will also provide direct therapeutic interventions to children to support them to develop secure attachments and to support the stability of placements.

The fostering service staff are all experienced and highly trained practitioners with specialist training in understanding family dynamics, trauma and attachment and developing a secure base for children all of which is essential in ensuring that the children who need to be looked after have the best opportunities to be able to go on to form strong relationships which will help them to achieve in all aspects of their lives.

In addition to the in house clinical team, Children and Carers in NPT have access to the Western Bay Multi Agency Support team which can also provide a clinical overview and support to children, their carers and professionals who help to support the placement.

Young people leaving care

In 2017, Welsh Government announced its commitment to supporting all young people leaving care up to the age of 25 (previously support was available up to 21 or to 25 for young people in further education).

Young people have access to a social worker up to their 18th Birthday, and are supported by a Young Persons Advisor up to the age of 25.

Welsh Government Grant funding for 2017/18 has allowed for an additional temporary Young Person Advisor to be appointed to support the new requirements.

In addition, Welsh Government has provided funding to support with the education and employment opportunities for young care leavers and NPT proposes to develop a work experience scheme for young care leavers based on the success of a number of care leavers who have had apprenticeship with the Local Authority and subsequently been successful in securing full time permanent employment.

In 2018, the service intends to develop a pilot progression to adulthood team. The team which will consist of workers from adult and children's teams will initially support a small number of young people with complex needs to transition to adulthood with the intention of enabling them to develop independently and if achievable to reduce the need for services in the longer term.

Accommodation services for young people leaving care are an essential component to ensuring young people are able to move successfully into adulthood. The range of services available to young people includes remaining with their former foster carers as part of the When I Am Ready Scheme or accessing supported accommodation, supported housing or independent living.

In 2017, the current contract for supported accommodation was extended with the current provider until September 2018 while consideration is given to the service and finance model going forward.

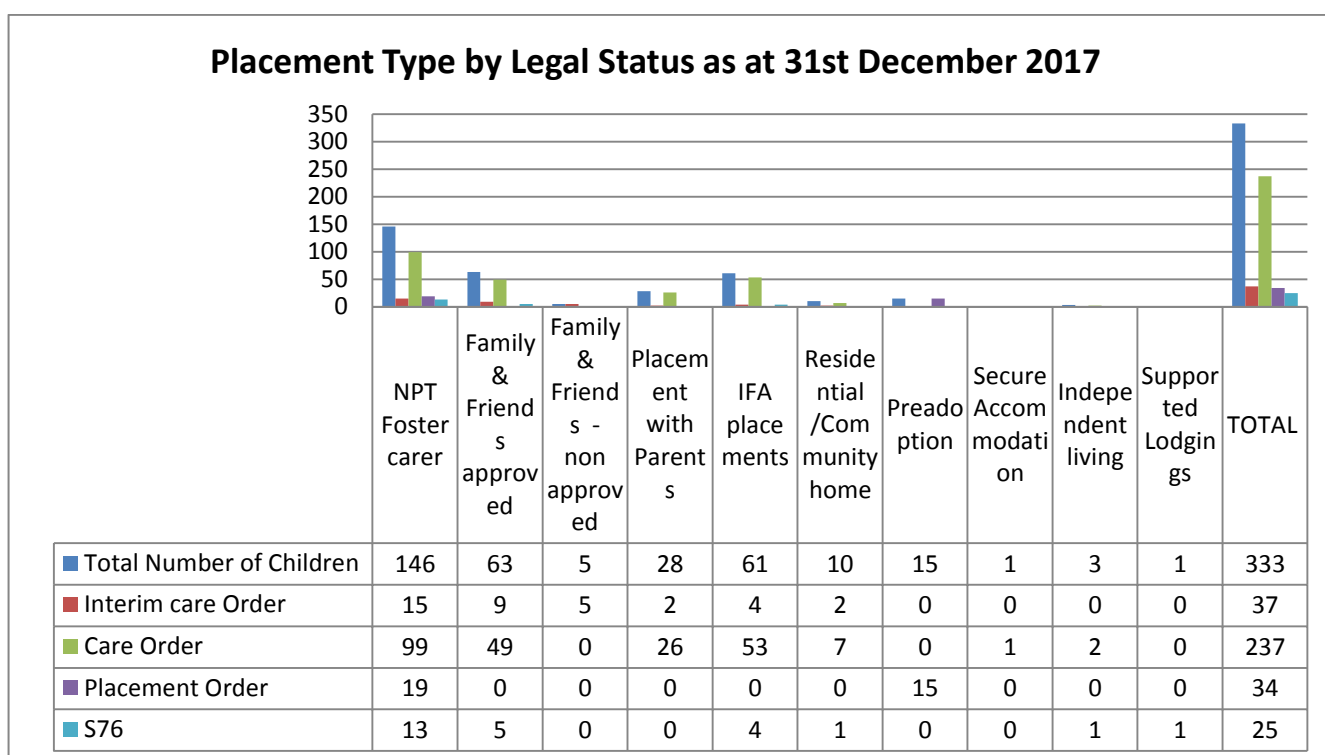
The current provider has over the past 12 months developed a number of staffed crisis beds which to date have been successfully used to support young people for a short period of time whilst planning their housing needs.

Priorities for 2018 – 2019

Continued safe reduction of Looked After Children

The number of children who are Looked After has remained fairly static over the past 6-9 months. Consideration has been given to whether the service has reached a natural plateau and one which is at the right level.

The table below shows a breakdown of the children placed in Foster care by their legal Status. What can be seen from this table is that the highest proportion of children who are looked after in paid placements are those who have been made subject to Care Orders by the Court. For these children, the majority will have a plan to be Looked After long term, and therefore reducing this cohort of children will not be possible. There will however be continual reviews and reassessments of each individual situation, and some of these children will have opportunities to return to their birth family, or for their Care Order to be discharged if it is considered safe to do so. In addition, there will be some children who are placed long term with their foster carers or family carers who will remain with their carers subject to a Special Guardianship Order and therefore will not be Looked After.



Of the 15 children placed in Pre Adoption placements, the longest has been placed for 11 months, and plans are in place to apply for an Adoption Order for this child so that they will no longer be Looked After. For the remaining 14, they have all been placed for 6 months or less.

Of the 19 children who have placement Orders, as at 31st December 5 have been linked with potential adopters, 2 have been matched with adopters, 2 have had a change of plan and will remain looked after by their foster carers and searches are ongoing for the remaining 10. Of the children who have not yet been matched or lined the longest a child has been currently waiting for an adoptive family is 8 months.

NPT, as part of Western Bay Adoption Service has committed to commissioning a service for more difficult to place children which will aim to reduce the time that some children wait for their permanent family, and to increase the support available to them.

Stability of placements

The provision of stable placements where children and young people can develop secure and strong relationships is essential to their outcomes and vital to ensuring that placements do not breakdown which can often result in children moving between fostering placements and escalating into Independent foster placements or residential care if needs cannot be met.

The service plans to increase stability in placements by increasing the support to children in care and to carers including clinical and therapeutic support as well as considering the role of the FAST team in maintaining and supporting placements.

Accommodation Services for young people leaving care.

It will be a priority in 2018 to finalise the service model for accommodation services for young people leaving care and to commission a service that can meet the range of accommodation and support needs.

Hearing the voice of the young people

The Service is committed to ensuring that the voice of young people and the families that we work with is a central part of how we work and how we influence service development.

Through the support of the Participation and engagement Officer and through helping young people identify and achieve their own outcomes and priorities we are better able to understand the services we need to provide to support people.

Looked after children are currently involved in participation and engagement activities and in the next year it will be a priority to ensure that we better understand what young people say matters to them and to learn lessons from good practice.

Expansion of the NPT Fostering Service

The fostering service will continue to implement its marketing and recruitment strategy with a focus on increasing the number of in house foster carers, and in particular those who can care for children aged 10 plus and sibling groups.

The managers meet on regular basis to review the plan and to ensure that the focus of recruitment is still appropriate to the service need. Mechanisms are being developed to further capture data to inform the service of trends in placement demand in order for the recruitment to be responsive to the needs of the service

Developing alternatives to external Residential care.

By working with existing providers and partner agencies it is hoped that the service will be able to expand the range of services available to children with complex needs and to deliver these in a regulated, but innovative way and in a way that is responsive to the changing needs of young people. Examples include considering how existing provisions of residential care within Education settings could be utilised outside of term time for young people to provide valuable respite support services, or expanding services which can deliver provision across both children and adult care.

Financial Savings

The reduction of Looked After children overall will not necessarily provide the Service with the financial saving that it is committed to delivering in 2018/19. Not all looked after children are in paid placements (See table 1). The type of placements where reductions can continue to be achieved through discharging care orders for children living with

parents and SGO's either provide no financial saving because they are not paid placements or require an ongoing financial commitment (albeit reduced) to the Local Authority.

Continued savings however can be achieved by ensuring that as many of the children who need to be looked after are done so by NPT foster carers which reduces the cost of Independent foster placements, or by providing alternative support packages which reduces the need for residential care placements.

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