



**Regional Workload Management Framework
for
Social Workers in Adult Services**

January 2015

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SECTION 1 INTRODUCTION

Background and Context

In April 2012 *'Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022'* (*The Strategy*)¹ was produced. The Strategy sets out a vision for social work in the context of the current political, economic and social challenges and their implications for social work. A number of strategic priorities and recommendations are made to help social work and social workers meet the challenges ahead.

The Strategy states (page v)– *“Social work is a skilled profession that offers a unique service to individuals, families and communities. The implementation of this strategy will be a driver to improve outcomes for service-users and strengthen the effectiveness and reputation of social work and social workers.”*

A number of task and finish groups have been established to drive forward some key strategic priorities.

Workstream 1 First Line Managers

Workstream 2 Workload Management in Adult Services

Workstream 3 Job Rotation/mobility

Workstream 4 Extended Hours/ Flexible Working

Workstream 5 Review of Social Work in Older People's Services

Workstream 6 Reducing Bureaucracy

Workstream 7 Promoting Leadership

Workstream 2 was established to consider workload management in adult services to meet Strategic Priority 2: Building Capacity, Meeting Demand which indicates *'we will improve workforce planning and deployment of social workers to meet demand.'* The main purpose of producing a Workload Management Framework is to improve the service that social workers can provide for the service user.

This work is timely given the increasing demands placed on staff working in Adult Services. The changing demography, increasingly complex needs of service users and the growing focus on performance management have all made the social work task, at times, appear overwhelming.

The Northern Ireland Association of Social Workers (NIASW, 2014)² in *A Blueprint for Change: for Adult Services Social Work in Northern Ireland* highlights *“ a situation where services available to meet service user and carer needs are significantly reduced and the systems and administration to access services has become more cumbersome and time consuming.”*

As part of its Value for Money (VFM) audit programme the Department of Health and Social Services and Public Safety (DHSSPS) commissioned KPMG to review the Social Services Workforce (Report July 2013) ³ Specifically, the focus of this study was Adult Services and social care staff employed in community-based teams and in hospital settings were included within the scope of the study. One of the key recommendations focused on - Caseload /Workload Tool

It is recognised that the issues and challenges around a caseload system/model are complex. Therefore, it is recommended, as a starting point, that a regional discussion panel is established to identify the key principles and review the evidence/models from elsewhere [especially the lessons learned from a review of the implementation of a caseload weighting model in children's services]. This information should then help Trusts to determine the next steps in developing a caseload system for Adult Services.

The workstream have ensured that the work is in keeping with the NISCC Codes of Practice⁴ in particular:

3.4. Bringing to the attention of your employer or the appropriate authority resource or operational difficulties that might get in the way of the delivery of safe care

6.1 Meeting relevant standards of practice and working in a lawful, safe and effective way.

Scope of the Document

The aim of this document is to examine the area of effective workload management for social workers in Adult Services.

The task and finish Workstream was established to:

- Agree principles of effective workload management;
- Undertake a scoping exercise of existing workload management tools;
- Quantify strengths and weaknesses of existing models/tools;
- Make recommendations to the Implementation Workstream about next steps; including proposals to test out principles/ models/ tools.

This document summarises the key elements of workload management and establishes a connection with access criteria for, accepting referrals in each team, allocating cases/work on the basis of individual staff competence, and argues that supervision is the foundation on which any workload management scheme is introduced.

The guidance provided herein offers suggestions on effective workload management models in Adult Services. This is not to be viewed as a prescriptive model but more as a framework for workload management. Its objective is to ensure that the allocation of work is safe and fair and there is a structure in place to ensure that each case is monitored reviewed and outcome focussed. In addition this approach provides a mechanism for measuring when demand exceeds capacity of the team/service and gives the manager the tools to escalate concerns when the demand for the service/team outstrips the capacity.

Whilst this document is primarily for social workers it is expected that it will have wider application and relevance for social care staff and other professionals.

Definitions

It is important to highlight from the outset that the Task and Finish Workstream deemed it important to clarify what is meant by both effective workload management systems and caseload management.

The Task and Finish Workstream determined that effective **workload management systems** ensure service users are given access to timely, safe and high quality services.

Caseload management focuses on the workload of individual practitioners or a team of workers.

The Process

The Task and Finish Working Group/ Workstream met on seven occasions from April– November 2014 to agree the terms of reference for the Workstream, to agree principles; to consider examples of models and practice used by Trusts in Northern Ireland and models from elsewhere; and to assess their relative application and merit.

The major benefit of a Workstream approach was in bringing together different staff with an array of experience of working in Education/ Probation/ Physical and Learning Disability/Mental health/ Older People and Hospital Social Work. (The list of members is attached in Appendix 1)

Work was undertaken to screen a selection of models (the list of documents considered are outlined in Appendix 2). Through this work the Workstream recognised the importance of linking any new approach to workload management

with three other important aspects of work: access criteria, allocation of work based on individual staff competence and finally supervision.

Drawing on the range of models perused, this document and framework is particularly influenced by the Highland Council Social Work Service Framework for Workload Management (May 2006), because the Workstream acknowledges the significant merits in this approach.

Principles of Effective Workload Management in Adult Services

The following Principles were agreed by the Workstream:

For the benefit of service users, practitioners and managers effective workload management systems should:

1. Recognise the unique contribution of social workers - increasingly working in integrated settings- in skills ,knowledge and analysis of complex social situations;
2. Be delivered by Line Managers who are trained and supported to manage workload effectively;
3. Weight each case in terms of priority, complexity, risk, location and statutory obligation;
4. Enable a fair and acceptable workload for each practitioner or team taking account of their skills, experience, competency and capacity;
5. Be transparent, easy to understand and responsive to the changing needs of service users, staff, governance requirements and the wider operational environment;
6. Be part of an accountability framework which facilitates Continuing Professional Development (CPD), supervision, support, monitoring and evaluation;
7. Build in consultation and involvement of practitioners at the design and review stages;
8. Take account of equality of access to services.

SECTION 2 WORKLOAD MANAGEMENT APPROACH

This section focuses on the key foundation stones for introducing an effective workload management framework. Some recommendations are made by the Task and Finish Group within the section to support effective workload management in adult services.

Access Criteria

The Workstream acknowledged the importance of each service/team having clear access criteria, which are designed to inform the fair and transparent allocation of resources to meet the needs of service users.

In particular, this will enable:

- ✓ the public to have a clear understanding of whether they are eligible to receive a Service;
- ✓ staff and managers to have a clear understanding about what thresholds are to be met and who is eligible to receive a service;
- ✓ the criteria to inform priorities for the commissioners and providers of the service.

Initial receipt and allocation of referrals

It is important to ensure that any allocation process is seen by all to be open, fair and transparent. Decisions should therefore take into account:

- the needs of the individual or family based on an initial assessment that takes account of urgency and risk;
- the Service's access criteria and assessed level of urgency;
- legal status and Delegated Statutory Functions;
- the availability of resources;
- the knowledge, competence and skills of staff.

As new cases are referred and allocated, the manager and the worker will need to regularly reappraise the priorities both within the team and within the individual's caseload and so agree relative levels of priority.

Currently, there would not appear to be any one single method of receiving referrals and allocating work across the Adult Services. In some teams the allocation of a referral requires only an initial assessment to be completed and then a team discussion is held to agree the next steps and which practitioner is best placed to

work with the specific issues. In others the allocation of the referral will mean that the worker who takes this referral will be responsible for the on-going case.

Allocation of work based on staff competence and capacity

A worker should be selected to take a new case, following assessment of need based upon their specific skills and qualifications. The ability to allocate a case based on specific competence means that the team leader must be aware of each staff member's qualification, work experience, training profile, knowledge and skills framework (KSF), special interests and capacity. With this approach a team leader can allocate work to the most appropriate member of the team, whatever their profession or grade.

A skills audit of all team members will be necessary and may be done formally through the manager but may be better done collaboratively through a team development day.

Furthermore, it is important to ensure that members of staff are adequately supervised in order to develop and maintain their skills

Supporting staff to deliver effective and efficient services

Valuing and involving staff is a key aspect of workload management and the support offered to staff through regular, planned supervision is central to this activity. There is an inextricable link between effective workload management and supervision.

Workers are responsible and accountable for the work they do. Supervision must therefore be regarded as a necessity and not an optional extra for each worker, the manager and the organisation as a whole.

Effective supervision is a process that combines three important components of management; accountability; education; and supporting/enabling.

The overall purpose of supervision must be to enhance the standards of work undertaken so that, in turn, service users will have improved outcomes.

Although the principle focus of this Workstream was workload management and not supervision, supervision itself must play a pivotal role in any workload management arrangements. For this reason, it is proposed that a model of supervision should be developed across the Region which takes account of the two distinct aspects of supervision - workload management and professional development

SECTION 3 INTRODUCING EFFECTIVE WORKLOAD MANAGEMENT

Effective Workload Management helps staff to organise and plan their work in order to deliver the best possible services for those who require it. There is an expectation that social workers will manage their work using their diaries to plan and prioritise.

However, it is clear from both the research and from the experiences of the Workstream that a more formal workload management process would be welcomed by staff. This includes a systematic weighting of cases/tasks and allocation of workload against agreed access criteria and team capacity; and the strengthening of arrangements to ensure that a process of routine monitoring and review is firmly embedded in the system.

Core Elements of Effective Workload Management

Effective workload management systems should have the following core elements:

- Ability to fulfil duty of care to service user, carers and contractual obligations to individual social workers.
- Responsibility held by operational manager and clear channels of governance and supervision. It is recognised that not all operational managers are social workers. Robust supervision arrangements with clear, contractual policies and standards as a means to ensure regular and consistent workload management.
- Clear expectations of how work will be prioritised using an agreed formula which underpins front line staff decision making.
- Ensure teams have sufficient capacity to meet present and future demand;
- A mechanism in place to ensure social workers or teams can report excessive workload and a mechanism in place to take contingency action when workload demand exceeds staffing capacity;
- All systems need to be supported by administrative staff and IT;

In order to achieve this, there needs to be recognition that this may involve having to say “no” more frequently. There is clear evidence to show that workload review and measurement schemes can help to keep workers’ stress levels down. The nature of any social work service is such that levels of risk will often be high.

There are a number of key factors which will be required to support the introduction of an effective workload management model:

Protected time

Managers and staff are expected to plan for and identify time when staff can undertake case planning, recording and generally keep up to date with administrative tasks. Where necessary, protected “closed-door” time, free from interruption, should be identified.

IT support

There needs to be IT systems in place and accessible to support social workers in their administrative tasks.

It is anticipated that any new IT management information systems will readily assimilate any documentation developed to support the process of workload management. Some of the proformas in appendix 3 can be put on to Excel spread sheets so that staff will only spend time updating rather than re-writing them each month in preparation for supervision.

Clerical and administrative support

The drive to streamline bureaucracy in the Social Work Strategy is designed overall to increase the amount of time front line staff spend with service users.

Social workers often type their own reports and manage much of their own administration. There are different levels of expectation and different perceptions amongst practitioners and others as to what they are “entitled” to, in the way of support. In particular, there is a concern that some professional staff regularly undertake clerical duties e.g. photocopying without assistance from dedicated clerical staff. It is therefore important that we have a shared understanding about respective roles and responsibilities within the team to ensure a consistent level of support.

In summary, the success of any new Workload Management arrangements will be dependent on the effective prioritisation of work against clearly stated access criteria; allocation of work based on staff competence, regular supervision and review; and the regular and timely closure of cases.

SECTION 4 - MODELS OF EFFECTIVE WORKLOAD MANAGEMENT

The purpose of this section is to provide a range of models to support and strengthen current approaches for effective workload management.

It is clear from the literature that workload and caseload management is a complex area. British Association of Social Workers /College of Social Work '*do not believe that there is or can be a workload or caseload management systems that fits all social work situations.*' (BASW/CoSW, 2010)⁵ . The Task and Finish Workstream reviewed a number of workload management models, across different programmes of care, currently available and used. These are drawn from models used in Northern Ireland and elsewhere.

It is recognised that no one model will fit the range of programmes of care in adult services – learning disability, mental health, physical disability, sensory impairment, hospital social work and older peoples services.

The matrix below offers a number of options for operational managers to review and manage the workload of individual practitioners or teams.

Models of Work Load Management

Models	Key Elements				
	Where it's used	Briefing and How it Works	Inputs of Model	Outputs of Model	Strengths & Weakness
<p>Choice and Partnership Approach A Guide to CAPA (e Link)</p>	<p>Currently being used by all members of multi-disciplinary teams e.g. social workers, nurses and occupational therapists, within Adult Services (Mental Health) across all 5 Trusts.</p>	<p>The model works in relation to a number of components, the key components being, Skills audit, Caseload Management Tool and Job Planning. The workload is managed and devised based on the skills and competencies of an individual as well as taking on board the level of work an individual is already involved in using the caseload management tool (1 point every 2 hours).</p>	<p>. A skills analysis/audit is to be completed by all members of the team, and kept updated by the team manager who holds the excel spread sheet. This is useful for individual training needs; team training needs analysis and work allocation.</p> <p>. A case management dashboard is completed by each worker on their total caseload. This establishes the end goal for the individual patient and highlights vulnerable adult work, guardianship and child protection issues. The individual keeps this record up to date.</p> <p>. A job planning template completed for each team member across a 4 week period.</p>	<p>. A skills audit template to capture the total skills and training in the team</p> <p>. A Caseload tool (A 4 size) to be used in supervision</p> <p>. A job planning/clinical appointment template.</p>	<p>Strengths - System has been adapted to meet the needs of adults with mental health needs.</p> <p>-A number of templates have been developed to aid managers consider workload management</p> <p>Weaknesses - Time required at the start of the process to complete skills audits, caseloads and job plans, but will save time as it will just need updated in the future.</p> <p>Eithne.darragh@hscni.net can be contacted about this approach</p>

Workload Management Model, Primary Care and Older Persons Services	<p>This model was the outcome of a workload audit in Primary Care and Older People in WHSCT (2012). Activity and risk was measured using a 1, 2, 3 model of caseload activity, 1</p>	<p>The model is based on the level of caseload carried by staff. Cases are prioritised according to time required, risk and complexity. The amount of time available to staff to carry out their tasks and the average time it takes staff to complete their core tasks is a key consideration for management when allocating cases to staff.</p>	<ul style="list-style-type: none"> . The amount of time available for staff to carry out their tasks based on 37.5 hour week. . Define workload tasks and duties that impact on staff's day to day work and the impact on the time available for casework. The social work process from case allocation, preparation, assessment, intervention, monitor, review and evaluation. WHSCT have determined that the time available for casework per practitioner is 122 hours per month, 1466 per annum. . Discuss the supervisee's caseload and categorise client into 1 of 3 caseload groups which have pre-calculated weighting to establish caseload capacity. . Report to senior managers when there is an issue regarding staff workload capacity. 	<ul style="list-style-type: none"> . A final figure in hours which is needed to service the caseload of the individual practitioner. . A traffic light (1, 2 and 3 analysis) system which highlights percentage workload overload/under load. . A supervision system which enables workload overload/under load to be core business and reported through line management 	<p>Strengths - The model has assisted in the management and prioritisation of workload in an equitable and dynamic system. Facilitates a 'snapshot' of caseload per social worker (WTE) to benchmark capacity in terms of available hours. Model could be used in other settings even where caseloads fluctuate rapidly e.g. Hospital Social Work Enables first line managers to highlight capacity issues to Senior Management Front line staff in WHSCT viewed this model as supportive and reflective of the workload.</p> <p>Weaknesses – When there are limited resources this model does not offer solutions to effective workload management, which presents a challenge for first line managers. The model highlights the need for reform/standardisation of</p>
	<p>being the most intensive, 3 being the lowest. Workload was then distributed in terms of risk and activity.</p>				

					<p>approach to thresholds for social work intervention. P.Mcfadden@qub.ac.uk can be contacted about this model</p>
<p>NEELB Caseload Management Framework</p>	<p>Currently used within the North Eastern Education and Library board. By the Education and welfare officer teams.</p>	<p>This model allocates workload based on 3 important factors.</p> <ol style="list-style-type: none"> 1. The complexity of the case being allocated 2. Travel 3. Risk 	<ul style="list-style-type: none"> . The Senior Social Worker screens all referrals and award points to the referral. . The Senior Social Worker allocates cases to practitioner. . The Practitioner must record their work on an Electronic Monitoring System. 	<ul style="list-style-type: none"> . 1:1 supervision every 8 weeks (approx.) where every case is discussed. . Monthly team supervision (someone presents case and identifies what they know what they don't know and how they feel about the case with team providing constructive solutions). . Monthly report of risks around unworked and waiting cases. 	<p>Strengths - This model emphasises the importance of supervision and capacity when allocating workloads. Weaknesses – This process can be lengthy to complete, due to the limited time/resources within Health and Social Services this system may be difficult to sustain.</p>

<p style="text-align: center;">Highland Council Social Work Service Framework for Workload Management (2006) (e Link)</p>	<p>The Scheme is designed to support staff working across the Highland Council Social Work Service within Community Care, Children’s Services and Criminal Justice Services, and is a product of a small scale project whose aim is 2 fold.</p> <p>1. Workload allocation - to develop a system for the allocation of work that is efficient, equitable and in line with agreed, prioritised access criteria.</p> <p>2. Workload Management- To design an effective system for managing the workloads of staff.</p>	<p>Workload allocation in line with an Access Criteria assists to standardise practice and ensure that there is a greater fairness and transparency in the allocation of resources. The Model allocates workload based on time available and estimated time needed to complete tasks and activities by incorporating a new workload management scheme and toolkit.</p>	<ul style="list-style-type: none"> . All cases or discrete pieces of work are appraised in terms of their need for urgent response or allocation using an agreed Access Criteria based on the Department of Health’s ‘Fair Access to Care.’ . Case planning should be an activity undertaken routinely by all workers and their managers. . Each worker has a finite amount of available time which cannot be exceeded. . Each case or activity is analysed and a total time allocated and agreed. . There must be effective case closure. Cases which remain open must meet the Access Criteria. 	<ul style="list-style-type: none"> . Overall picture of range of activity undertaken by the worker in any 4-week period. . Supervision session to include (1) workload management session to take place on a 4-weekly basis and (2) Professional Development PDP planning session to take place at least twice yearly. . Effective case closure. 	<p>Strengths - This model acknowledges the strong link between supervision and work load management. It emphasises the needs for case planning and review to ensure that cases are closed when the goals have been achieved.</p> <p>Weaknesses -The model is based on the premise that all workers have a finite number of hours to be apportioned. Each case or activity has to be analysed and a total time allocated and agreed</p>
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Caseload Management Model

Caseload Management (Children Services)	<p>According to the Social Work Strategy, in Strategic Priority 3 (Adding Value/Delivering Outcomes) , there is a need for the development and implementation of the Caseload Model. This model is believed to be an invaluable aid to staff across all Trusts, particularly for Team Leaders/Social Work Managers.</p>	<p>The model aims to offer guidance on reasonable caseloads for social workers, by providing social workers with clear expectations about acceptable workloads. It also aims to measure and provide an overall measure of workloads. This is done by the use of 'A Pointing System' which is calculated using the time, risk and complexity of an allocated case. The model therefore allocates work depending on the level of risk, time and complexity each case has.</p>	<p>See Document for full detail of how points are allocated.</p> <p><u>Risk may include:</u></p> <ul style="list-style-type: none"> . Vulnerability . Lack of information . Likelihood of significant harm. . Lack of access to support services <p><u>Complexity may include:</u></p> <ul style="list-style-type: none"> . Multiple problems. . Child protection investigation. . Legal status. . Care Placement. . Multi-agency involvement <p><u>Travel may include:</u></p> <ul style="list-style-type: none"> . Siblings placed in different placements. . High level of contact. . Placement outside Trust area. . Location of court 	<ul style="list-style-type: none"> . Overall picture of range of activity undertaken by the worker in any 4-week period. . Supervision session to include (1) workload management session to take place on a 4-weekly basis 	<p><u>Strengths</u> - Provides overview of activity across teams and indicates trends and patterns in not only teams but locality areas. Has been used within NHSCB to support demand to capacity and financial expenditure, paper provided to NHSCB.</p> <p><u>Weaknesses</u> - It's helpful to have an independent quality assurance mechanism examining the application of the caseload model to ensure the same threshold is being used in each team. This function was completed by the children's services improvement officer within NHSCB.</p> <p><u>Maxine Gibson CSIO oversees this model within the NHSCB.</u></p>
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Challenges

Having reviewed and presented the principles of effective workload management, an approach to workload management, and a variety of models of workload management in adult services, the Task and Finish Group have identified a number of challenges. It is hoped that the recommendations outlined below will address the challenges and facilitate a more effective introduction of the framework for workload management in adult services:

1. To ensure that this framework is introduced carefully to team leaders so that the message of this work is to **assist** team leaders with their management role, in particular the supervision process and **not** to add to it.
2. To take account of the operational managers who are not social workers but are operationally managing social work staff
3. To ensure effective management of unmet need, the workload management process needs a mechanism for the manager to escalate concerns when the demand for the service/team outstrips the capacity.
4. To accommodate Social Workers working in services / teams that do not have a traditional case holding framework (e.g. crisis response teams; home treatment services; hospital social work ;
5. To ensure that any system can take account of related duties – mentoring AYE / practice teaching / providing professional supervision, providing consultation and advice.

Recommendations for Regional Implementation Group

1. A Regional Approach to access criteria for social workers may be necessary to fully support the implementation of a workload management framework for social work.
2. A Regional approach to receiving referrals and allocating work based on the skills and competences of the worker may be a useful way forward.
3. It will be important for a Regional Social Work Supervision Policy to be developed which takes account of the role of social workers particularly within a multi-disciplinary team.

4. The Workstream recommends that this framework be tested and piloted and refined, across a range of teams within different directorates, before it is rolled out widely across Northern Ireland.

SECTION 5 –ENDORSEMENT OF REGIONAL WORKLOAD MANAGEMENT FRAMEWORK

Endorsement of the Framework

This framework was presented to both the Social Work Strategy Implementation Group and the Social Work Strategy Steering Group. The recommendations of the workstream were broadly agreed.

With reference to each Recommendation (numbered above)

1. It was agreed that each organisation should have clearly defined and explicit access criteria developed in conjunction with the service commissioner. Each team should develop a clear process for allocating referrals..
2. The Social Work Strategy Professional's Forum has agreed to scope out the range of supervision policies currently in operation and make recommendations about developing a Regional Supervision Policy.
3. The Steering Group has asked that the Framework now be tested out across a range of settings. Each HSC Trust and PBNI will be invited to participate in a number of pilots.

Next Steps

In order to facilitate this, it has been agreed to establish an Implementation group to support the development of the pilots and put in place a monitoring and review process, so that learning about what works is disseminated widely. It is anticipated there will need to be a lead in time of approximately 3 months for teams to be prepared for the pilot and the pilot would then run for 6 months before review.

This Framework will be reviewed in light of feedback from the pilots.

January 2015

References

1. DHSSPS Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland 2012-2022'
2. The Northern Ireland Association of Social Workers (NIASW 2014) A Blueprint for Change: for Adult Services Social Work in Northern Ireland"
3. DHSSPS VFM Audit of the Social Services Workforce Final Report July 2013
4. NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers September 2002
5. BASW/CoSW Position Paper (Nov. 2010) Workload Management And Caseload Management in Social Work Services in England

Appendices

Appendix 1: Membership of Workstream 2

Anne Orr (Chair) Northern Health and Social Care Trust

Anita White Hospital Social Work NHSCT

Paul Carson South Eastern Health and Social Care Trust

John Mc Cosker Mental Health Services WHSCT

Michael O Kane NIPSA representative

Carmel Drysdale BHSCT

Siobhan Mc Corry Physical Disability BHSCT

Paula Mc Fadden Older Peoples Service WHSCT and Queens University Belfast

Vincent Mc Cauley University of Ulster

Margaret Brady North Eastern Education and Library Board

Chris Davies Probation Service Northern Ireland

Eithne Darragh Health and Social Care Board (Chair from Sept. 2014)

Paul Rooney Northern Ireland Social Care Council

Jackie Mc Ilroy DHSSPS

Jennifer Fleck Minute Taker and Administrative Support

Noelle Barton Health and Social Care Board

Andrew Hawthorne Health and Social Care Board

Appendix 2: Documents and Models considered

BASW/CoSW Position Paper (Nov. 2010) Workload Management And Caseload Management in Social Work Services in England

Belfast HSCT (2008) Framework for Care Management and Social Work Staff within Caseload weighting model Physical Health and Disability Service

Community Care Article : McGregor, K. (May 2014) Employers should respect social worker's judgements about workload capacity, say revised standards

Northern Ireland Social Care Council (NISCC) (June 2013) Readiness to Practise – A report from a Study of New Social Work Graduates' Preparedness for Practice.

Probation Board Northern Ireland (revised September 2013) Procedures for Time Management including TOIL and recording of hours

Reform Implementation Team HSS (OSSGUIDE/RIT) 6-2011 (June 2011) Caseload Management Model Children's Services

Social Care Institute for Excellence SCIE (Updated 2012)Guide 1: Managing Practice

Social Work Reform Board (November 2009) Building A Safe and Confident Future

Social Work Reform Board (June 2012) Building A Safe and Confident Future - maintaining momentum

Social Work Reform Partnership (May 2014)The Standards for Employers of Social Workers in England

Unison Scotland (2009) Helping People Change their Lives Supervision and Workload Management for Social Work

Southern Trust Adult Learning Disability Team Caseload Weighting Model

York, Anne & Kingsbury Steve, (2013, new edition) Choice and Partnership Approach Service Transformation Model

APPENDIX 3: WORKLOAD MANAGEMENT TOOLS

These are a range of workload management tools developed by the Highland Council Social Work Service. They are similar to ones used in children's services, across adult teams in some of the Trusts and to the Choice and Partnership's tools.

Teams are invited to consider these proforma and select those most useful for their team workload management approach/model. It is not expected that all teams will use all proformas. Xcel spread sheets can be used to reduce time spent on filling these in.(see IT section)

Workload Management – Case Planning Form

This form is designed to assist workers and supervisors to jointly undertake detailed case planning and in particular, to agree activity to be undertaken and the resources, including time, to be allocated to the task(s).

Workload Management – Time Chart (1) - Initial Planning

This form is designed to assist workers and supervisors to jointly undertake a detailed breakdown of time available to the worker and to decide how it will be apportioned across a full range of activity.

Workload Management – Time Chart (2) - Reviewing

This form is designed to enable workers and supervisors to jointly review how time was actually spent and to adjust activity and allocation of time and resources accordingly.

Workload Management – Time Chart (3) – Core Times

This brief guidance note is designed to assist the workload management process and should be used initially as a basis only. It lists the activities that are core to the team and should be adjusted for each team member according to the worker's own particular specialism, location and responsibilities. It is useful if this is agreed in a team meeting.

Workload Management – Time Chart (4) – Summary

The Summary will also be individualised to the individual's workload and will enable the worker and the supervisor to have an overall picture of the range of activity undertaken by the worker in any four-week period.

Workload Management – Team Monitoring

If all members of a team use the proforma, it will be possible for the manager to collate information about workloads from the individual summaries. It is important to recognise that this proforma needs to be amended to reflect the range of work undertaken within the team and for headings to be used that are consistent with data

WORKLOAD MANAGEMENT – CASE PLANNING FORM					
Case Plan for 4 week period		To		Service user's name/ID	
Worker				Supervisor	
SUMMARY OF CASE PLAN: (This should relate directly to the assessment undertaken)					
BRIEF SUMMARY OF WORK DONE/PRESENT SITUATION:					
Activity					Time Required
Travel (proportionate if several clients in one area)					
Supervisor's comments					

Date of next planning session	
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WORKLOAD MANAGEMENT – TIME CHART (1) INITIAL PLANNING					
Case Plan for a 4 week period		To		Service user's name/ID	
Worker				Supervisor	
Acitivity					Time required
Duty					
Team Meetings					
Supervision and Consultation					
Workload Management					
Cases (See Case Planning Forms)					
Training/Study Time/ Reading					
Record and Computer Updating					
Holidays (Annual Leave and Public Holidays)					
Flexi-Leave/ Toil					
Administration and Forward Planning					
Other (e.g Working Groups, Liaison Meetings) (Please Specify)					
					Total Time Required

	Total Hours Available	
	Surplus/Deficit	

Worker's Comments

Supervisor's Comments

Date of next planning session:

WORKLOAD MANAGEMENT – TIME CHART (2) – REVIEW OF PERIOD

Period

Worker

Supervisor

Please review the estimates from the headings in Time Chart (1) and indicate where these were inaccurate. Record the extent of any changes made and state why they were necessary e.g. sickness, changes in clients' circumstances etc. Ensure there is sufficient detail to make clear the direction of the change.

**Change to Workload
Heading**

Reason for Change

**Change
(Hours)**

Worker's Comments

Supervisor's Comments	

Workload Management – Time Chart (3) – Core Times

Core times will be based on the use of four-week periods and assumes a 35 hour working week i.e. the maximum number of hours available in any four week period will be 4 x 35 hrs = 140 hours.

The worker and supervisor should agree standard deductions for activity and commitments that are planned or can be anticipated. These are estimated here as follows:-

Activity	Number of hours
Team Meetings	1.5 hours per meeting
Workload Management session (Supervision)	1.5 hours per session
Consultation and Professional Development	1.5 hours per session
Informal consultation	1 hour per week
Recording and database updating (Includes case recording only, not report writing)	5 hours per week
Reviews (including, Vulnerable Adults Meetings)	2 hours (inclusive)
Reports	2 hours (lengthier reports should be negotiated individually between the Supervisor and Worker)
Staff/ Student supervision	1.5 hours per worker/ 6 hours per student per week
Administration and forward planning (Includes time for workload management sheets, flexi- and mileage forms)	2 hours per week
Research/ Reading	2 hours per week

Workload Management – Team Monitoring

Team:

Month:

This proforma needs to be amended to reflect the range of work undertaken within the team, using headings that are consistent with database and performance activity.

No. of allocated cases:		
No. of cases awaiting allocation:		
No. of Guardianships		
No. of Vulnerable Adults cases		
No. affected by alcohol/drug misuse misuse by:	Individual:	
	Carer/family:	
No. affected by domestic violence:	Individual:	
	Carer/family:	
No. affected by drug misuse:	Individual:	
	Carer/family:	
No. affected by mental health concerns of:	Individual:	
	Carer/family:	
No. adults with a disability:	Physical:	
	Sensory:	
	Learning Disability:	
No. of assessments (specify statutory basis)	Individual	
	Carer Family	
No. on.PQC. Register:		
No. in receipt of community care service:	Residential Package:	
	Care at home:	
	Supported Living	
	Day care:	
	Respite care:	
	Other: (please specify)	

CASE CLOSURE SUMMARY

Name of service user		
Date of referral	Date of last review	
Relevant changes in people and circumstances		
Summary of actions and aims achieved since last review:		
Summary of aims not achieved:		
Reason(s) for closure:		
Service user advised of closure: YES/NO		
Consenting to closure: YES/NO (Note: record the detail of any difference of opinion regarding closure/service provided)		
Agency/Worker service user referred to (if appropriate):		
Service user /representative	Worker	Supervisor
Date:	Date:	Date:

CLOSURE SUMMARY
continued

Additional information:

Information inputted into database:	Date:
Information transferred to new worker / agency (if appropriate):	Date:
Case holder	Supervisor