



VOICES FROM THE FRONTLINE

**REAL COMMENTS FROM REAL SOCIAL WORKERS
WHO RESPONDED TO BASW'S SURVEY, THE STATE
OF SOCIAL WORK 2012.**

**THIS DOCUMENT CONTAINS HUNDREDS OF
COMMENTS FROM FRONTLINE SOCIAL WORKERS
AND MANAGERS ABOUT THEIR WORKING LIVES,
THE CHALLENGES THEY FACE AND THE CONCERNS
THEY HAVE ABOUT THE WORK AND THE PEOPLE WHO
USE SOCIAL WORK SERVICES**

May 2012



QUESTION 1:

What single thing would most improve your working life?

Caseloads

Do direct work with children rather than case management and sign posting.

Caseloads would be sorted by employing more staff; hence I would say this one rather than lighter caseloads.

Ridiculous caseloads and social workers working evenings and weekends to manage.

Casework often reduces the opportunity to embrace training.

Lighter caseloads. Coupled with better pay and more administrative support so that less time is spent at computer.

The team I work in currently is working at dangerous caseload levels in terms of child protection work.

I have more pressure on both my personal and professional life.

I am unable to deliver an appropriate service to all, within the time constraints to caseload ratio.

The workload has increased greatly following personalisation, and lengthy processes and re-organisation.

There is a desperate need for much, much, more therapeutic intervention to support children and families, and other areas of social work (I also discuss this issue with colleagues in older peoples and mental health services). Social workers are so diverted from interactive intervention with service users to complete administrative tasks. The implementation of the Munro recommendations is not taking place.

All would apply, but my priority would be a lighter caseload in order to increase the quality and frequency of direct work.

Long waiting lists, yet cuts to social work staff continue.

There is a political push for adoption to be a quicker process; however, there are all sorts of reasons why this is often impossible, e.g., multiple kinship assessments, and the care of the child drifts while court action is played out.

Due to unmanageable caseloads, evidence isn't always gathered due to tight timescales.

Admin & support staff

What about a decrease in administration... endless admin.

More admin support, which seems to be disappearing, and we are expected to carry out the tasks previously carried out by support staff.

Shorter, more client friendly paperwork make biggest difference.

I spend a considerable time doing admin tasks - not the best use of my skills and I am well paid to do admin!

With a reduction in admin staff, social workers are spending more time on admin and less on face to face (interaction with clients), and more complex areas of social work. Is this value for money? NO.

Being able to access support workers is also very helpful.

More staff, plus out of hours payments.

More staff (Nurses/ Social Worker/ Occupational Therapists) to cope with increase in referrals.

Extra staff will lower caseloads.

Fit for purpose, fluid, intelligent IT systems and skilled administrators who are an equal part of the team, valued for their skills and expertise, would really reduce the burden of paperwork and support social workers to do social work.

Services are damaged by lack of admin staff, so professional staff either ends up doing their own, or waiting for lengthy periods to have it done.

I would like to see more social workers employed to deal with complex cases within my team.

More qualified social workers.

Supervision or bullying?

I work in an emergency duty team. I would like to see better senior managerial understanding of the social work spectrum beyond the tick-box mentality, and to have managers who are, or who have been, qualified and experienced social workers: not health-based bureaucrats with a management degree in business studies.

Better quality, more experienced, less bullying management.

Employing more social workers will alleviate impossible caseloads and free up managers to undertake supervision, as so much of their time is taken up managing the stress and burn out of overloaded social workers. This in turn will allow managers to challenge bullying senior managers and directors, as they will have the emotional strength to really address the problem of bullying. My experience was that I was so exhausted working 60 plus hour weeks that I didn't have the emotional energy or physical time to stand up to the assistant director's obvious bullying tactics; I left the local authority in the end, but wanted desperately to whistle blow.

Social workers require longer protected internship practice experience during qualification, accompanied by on-going training.

Good leadership and management and ownership of issues would address most problems.

A real tackling of covert bullying by senior managers, which would, by default, mean lighter caseloads too.

Lack of coercive bullying in the work place.

More supportive management.

Better strategic management.

Better organised use of admin and non-qualified staff.

Management lack transparency, integrity and follow-through.

Better trust in, and respect of, social workers by those in management.

Reorganisation in our department may help, and a new team approach.

A change in organisational culture.

Less anxiety about the support/ training given to new or inexperienced social workers.

No bullying.

Better specialist training and qualifications.

Recognition of the importance of training and development opportunities for social work staff, and the benefits of enabling them to be part of delivering learning.

Better supervision and pay is also important.

Fewer changes and better planning for changes

Less directives from management that are changing practice for the worse.

Managers of good character, competence and experience are needed desperately.

Integrity from senior managers, and less bullying and blame.

A change in management has meant that I have gone from having excellent productive and meaningful supervision to feeling like I'm drowning and running my cases alone.

More positive attitude towards the value of social work and social workers from senior managers.

Pay & recognition of role

Respect.

I am on the same wage as low paid newly qualified social workers.

Being able to do social work rather than being an unqualified accountant.

Managing an emergency duty team (EDT), it would be helpful for staff to get an enhancement for that role.

Professional social work integrity.

More acceptance of the value of social workers and job security.

Better all-round social work conditions to work in. Recognition and value as to what we do.

To be paid the same as NHS staff within the same team.

In our local authority, social workers at the top of the scale are on the same pay as first line managers, who have responsibilities for budgets, staff supervision and the day to day running of a busy social care and health Team,

Recognition from NHS Trust that I am more than an approved mental health professional (AMHP), this is an extended role, not my profession; and to feel confident that policies and procedures produced by health allow me to adhere to my code of practice.

Social workers of long standing being retrained in classical model of social work, as opposed to the model of care management, which they have practised for several years.

I am working alongside Band 6 Nurses who carry less risk cases because they are female, and are on a higher salary, and they do not even have approved mental health professional status.

Misc.

It makes me so sad that this job seems only to be possible if you sacrifice your own health and wellbeing.

It is dire out here, very toxic. I cannot wait to retire; I only wish I did not have to wait until I am 66.

To enable me to improve the lives of all of my clients, before they reach crisis point!

More social work staff in school.

A period where change is not implemented and we have chance to come to terms with the last round of changes.

More resources for service provision.

I am a part time independent social worker and content with my work. I remain concerned for ex colleagues still employed by a local authority.

Supervisors/ caseloads/ lack of admin/ social work staff.

Clear commitment from central and local government.

I work in a voluntary organisation – a typically good organisation.

No overnight calls.

Better accommodation/ no “hot desking”.

I am not concerned for myself in my training role, but I am concerned for colleagues.

Difficult to identify one thing, training and more admin support are also high priority.

An end to the cuts in revenue resources.

Working out of hours without any allowances.

Better IT systems.

QUESTION 2:

Please provide further comment on any other issues you have experienced with your work?

Caseloads

I no longer feel that I can deliver an adequate service even allowing for working a 70 + hour week. I have taken a support worker role in order to spend time with my family in an attempt to recover some quality of life. I wish you all well.

Caseloads are becoming increasingly unmanageable and increases anxiety in staff, as well as staff going off sick long term with the rest of the team having to carry their case load too. We social workers get criticised left, right and centre by managers, other professionals and service users and get worn out by the emotional strain this puts on us. It is another serious case review waiting to happen.

The number of older people needing services is growing, and it is so frustrating knowing that we could provide a much better service if there were more staff. As it is, people wait to get assessed and the put through is rapid.

Timescales are more of a focus than doing work with families to promote change.

Capped caseload, so that councillors at the top have to provide more social work staff, so we can actually do more direct work.

The caseloads of social workers are too high to give proper care to the service users.

Reorganisation of teams and workload is causing so much confusion and anxiety, and this has an effect on the actual work being done with service users.

The high caseloads we have to manage and the expectation that we will work over time to manage our caseload adequately.

Erosion of preventative strategy services.

Caseloads are far too high and very little actual social work is being done. It's a matter of crisis management on a day to day basis. Management is too embattled to see the wider picture and support staff.

Budget Cuts - increasing demographic pressures, yet less money to purchase services = more safeguarding and lower standards across the care sector.

More is expected from social workers, with less resources and time to complete tasks.

Burn out and depression within the profession.

The lack of basic resources is making work intolerable.

Out of hours is becoming an increasing source of stress for my area, as we are all expected to take part in that rota, as well as a separate mental health officer (MHO) rota. Unqualified staff are also more and more taking on roles and responsibilities that we qualified social workers used to do, with the consequence that (a) I feel somewhat distanced from my own clients at times, not knowing what has been going on with them, and (b) the broader range of experience we used to get from cell visits, prison liaison, etc., is no longer happening.

I have been in my new job for 6 months, and the local authority I work for is much better organised, and my concerns are much less than in my previous position. I feel in my last job, I would say that I was very concerned.

High caseloads of increasingly complex cases is of concern. The demands of the paperwork attached limit the opportunity to produce consistent good quality work.

Social workers leave their post due to high stress levels from high caseloads which appears to go unrecognised, and then the actual social worker is not replaced, leaving higher caseloads than before!

Caseloads are always an issue, local authorities spend fortunes on re-organisation, in an attempt to improve services. If they would only employ more social workers, rather than interim managers!

I feel having more social workers would lessen the load and improve outcomes for children and families. This includes being able to recruit and assess more foster carers and adopters. Rushing adoption assessments does not improve the success of placements, nor does rushing matching, as it creates more of a chance for placement breakdown so is counter-productive. More urgency in the courts and less time wasted on misjudged agreements for parental assessments would be welcomed.

Limiting employment of the necessary social work staff (due to on-going cutbacks). This in turn is placing pressure of high caseloads on existing staff and is detrimental to the service user in respect to the support time they are given. Cutbacks and the desire to save money appears to have a higher priority than delivering the best possible service to our service users. I am afraid that one day soon the sticking plaster will break due to overstretching.

We continue to work on minimal staffing, while things such as pensions and absence management are changed. Caseloads increase, the more you do, the more they want you to do. Saying "it's too much", earns you a 'reputation'.

As the economic situation is more and more constraining and there is more work being required of fewer people; I see people working to the detriment of their physical and mental health.

More staff would allow caseloads to be shared more evenly and allow more time for building relationships and enhance best practice in line with codes of conduct.

Huge caseloads mean practice is below standard and is leaving people at risk. Unqualified workers are making mistakes as they do not have qualified workers to support them, and management posts in adults seem to be going to those with little social care experience.

I think my caseload will dramatically increase, and I am concerned that I will not have the time to really try to understand what is happening for families, and time to reflect on this.

The workload under which staff are operating means that there is increasing corner cutting. A "lean"

approach to work from management - namely complete the task with the minimal amount of work and forget quality. Government pressure to increase performance - but in adoption, cutting corners ruins both children and adults' lives forever!

Government timescales driving practice.

The caseload is very high due to funding cuts, and most of the experienced senior staff and managers are leaving. I am concerned that the Munro recommendations are not being implemented.

There is too much paperwork, all repeating the same information.

Caseload based on number rather than complexity, and poor, irregular supervision.

As professionals, we have a tendency to push ourselves to limits that we are unable to sustain for great lengths of time, because we wish to help and enhance the lives of vulnerable people in our society. This is at increasing great risk to our own physical and mental health, and often before we realise it, the damage has been done.

Employing more staff could mean less staff off sick, as the work would be shared.

Negotiated maximum caseloads.

Caseloads at present are unmanageable. And the complexity of cases requires more time to be spent on them and more debriefing.

Reduce the pressure on social workers so they are able to use their skills to support families. There also needs to be community resources available to support the social work role.

As reorganisation occurs, referred cases become more complex but caseload numbers remain the same and work is not getting done, thus putting clients at further risk.

We're expected in children and families to be a jack of all trades, but due to work load pressures, we end up not having the time or resources to build upon any of the knowledge or skills we have. I feel like I just end up doing everything badly.

Heavy caseload which cannot be done within the current hours of work. Consequently, I and other colleagues have to work long hours to get the job done.

Cases are unmanageable for the current workforce, which is fairly young in terms of experience. Expectations are too high by senior management, who have been away from frontline work for many years. Senior management are not listening to concerns about caseload, due to too much focus on inspection and outcomes. How do you address bullying when it is a senior manager doing the bullying?

Most of my colleagues are either near retirement age, or have retired and come back to fill vacant posts that have not been advertised. The service is very thin and the situation is likely to get worse as we get older, as there is nobody being recruited at present. We try and maintain a high standard of work.

I'm concerned that I'm unable to fully complete my work with young people due to the public sector cuts.

I often work over 10 hours a day. The solution is more staff, or at least get paid for extra hours. I know

colleagues in police if out on job with a social worker can claim overtime, while we just accrue Time off in Lieu (TOIL).

There are often poor systems in place in order to reduce the individual burden on the worker.

The complexity of working with diverse scenarios is not a consideration in workload, and statistics appear to be the only consideration for management. Lack of admin support just adds to the strife.

I am now working in a very supportive borough. However, previously I have been concerned about high caseloads, personal safety, lack of reflective supervision and support staff, e.g., insufficient admin support and contact workers, etc., to manage high workloads.

More children in society today are meeting the threshold to be considered as vulnerable. There is a need for more suitably qualified workers to deal with the range of problems that these children present. This is not a time to be reducing the numbers of frontline workers, or the essential support services in the community.

Large caseloads means less time to spend with families and less time to listen to children. They need to build up a relationship with a social worker in order for them to feel safe enough to talk freely. This takes more than one session a month, which is often all that can be managed if a case load is high. There is also not enough time to prepare children to move on for adoption or to keep proper notes.

There is so much administration and paperwork to do, that completing things such as core group, multi-agency and professional meeting minutes, take one's time away from the important social work, and away from clients.

Lighter caseloads allow you to be more reflective and use the skills and training acquired, and this is key in order to work effectively for the best outcomes for children and families.

Rising caseloads are a concern, there is also a shortage of managers to supervise and oversee high volumes of casework. Pressures from contact plans and court deadlines pressure staff availability. Pay cuts and car allowance cuts lead to demotivation and low staff morale. The work is complex with significant accountabilities, limited autonomy, competing priorities, and to freeze pay will only prompt social workers to leave the profession.

Quality of elderly residential care and home care is very concerning. Stress levels due to pressure of waiting lists and busy caseloads.

There is not enough staff to be able to take on clients in a timely way since self-directed support (SDS) started, resulting in longer waiting lists and more crisis management.

Disregard by senior health management of the Advanced Mental Health Practitioner (AMHP) role on caseload capacity of social workers on community teams, who are also AMHPs.

With cuts in the public sector, more demands are placed on social workers. Other jobs such as direct payments advisors are being lost, and we are expected to have extensive knowledge on everything. Paperwork is constantly increasing, and takes up approx. 85% of my time. I have no time for case recording and feel very vulnerable. I am constantly responding only to crisis, and have to work increasingly long hours to try to keep my head above the water. The demands are ever increasing, but the support is decreasing. I have seen huge changes in my short career, and am tempted to leave the

profession, as I don't see the situation improving.

It is frustrating how much more the government expects from social workers - quicker adoptions, assessment timescales, bureaucratic procedures - with less resources, fewer social workers and poor management, because anyone with experience and any ability gets out of social work as soon as they can! The government throws money at family intervention projects and other new ideas which last for a few months, possibly a year or two, and are then abandoned for the next vote catcher! These schemes to work with the 'most disadvantaged families' or workless families, etc., is what social workers do all day, every day. The government should give us the resources to do our jobs effectively, and earlier, to reduce the need for the high number of fix-it-quick schemes. These pilots continue to be introduced, but never produce lasting results, as the funding ends, the next scheme starts, and more money is poured in to another short term project.....

Alongside the forced reorganisation, is a failure to consider the dynamics of good social practice, such as, proper handover of files and time to terminate, or even inform the service user of the change in their social worker, in advance. Along with this, is the ineffective, if any, discussions between managers so as to know what the worker's caseload, is so that they are not overloaded when the new manager looks at the statistics as a guide, not knowing the work needed on a case. It doesn't help when a new director places increasing demands on management, and social workers, to undertake work in unmanageable timescales, which are hugely contrary to the national standards. It is creating high levels of stress across the departments!

Where I work, heavy caseload is a real problem, and this situation has made significant impact on my overall performance. I do also feel that my health has been affected because of unmanageable caseload and stress at work. The situation is very worrying, as management always say there is no money to recruit social workers even though we have significant number of vacancies in our team. Sometimes, the bullying attitude of team managers or deputy managers can also contribute to the stressful situation. In my experience, many of the frontline problems (..about 65%) in social work teams, are created by managers who do not care about the welfare and wellbeing of the team that they are paid to manage. A lot of managers create divisions in the team by favouring social workers that they like or get on well with, and show very little or no interest or respect for anybody else. These managers talk a lot about social work values such as respect, choice, dignity, empowerment, inclusion, partnership, independence, anti-discriminatory and anti-oppressive practices, etc., when it comes to client matters, yet, when it comes to staff and team issues these same managers show very little awareness of such values. This attitude in the end makes a lot of the managers look like actors and actresses, rather than people who had a real professional training and are well equipped to deliver the above values universally, regardless of who they interact with. In my view, the attitude of many managers raises very serious concerns for the social work profession, and this needs looking into. Unmanageable caseload is creating huge backlog of uncompleted work, and this puts me at a very high risk.

I can't do my job properly because I always have too much to do; I am often very stressed as a result.

Unpaid overtime. Paid overtime would make management think about the work we are expected to do. Put us on a par with other professionals!

Proper social work does not fit with the business model, and the sooner this is recognised the better. We are working with humans, not machines, and every person has the right to be treated individually and sensitively, this takes time and consideration, which is not allowed for in the target driven environment.

My team in April 2011 had 10 permanent senior social workers (SSWs) and 2 support assistants, we are currently working with 3 permanent SSWs and 2 agency SSWs. Due to reorganisation, support moved to

another team in Autumn 2011, 2 SSWs left in April and July 2011, 2 SSWs left to go on maternity leave in Oct, one SSW is on long term sick since July 2011 and another SSW on sick leave since February 2012. Last SSW left team at the beginning of March 2012. Service only just interviewed 3 new SSW posts. Hence increase in caseloads, lack of completing work within timescales and additional fatigue, anxiety and stress.

Long hours are a key concern, however, if social workers worked a regular 9-5 as the contracted hours show, then case recordings, assessments and reports required would not be up to date and within timescales. Reducing caseloads would reduce the long hours and would improve working life, and quality of work with children and families.

We are overworked - I often have no lunch break and then usually work an extra 1-1.5 hours over at the end of the day. I do not get paid for this, and am informed that I am not able to take any time back, as I am told that it is my choice to stay. I work overtime to try and keep my head afloat - if I didn't work overtime, my workload would become so out of control it would make me ill.. I am paid to work 37 hours a week - I work well over 50. Management are aware. I am told I am lucky to have a job. There is no money for care packages, and I have to fight for everything, funding, etc., for the people I work with. No one seems to care anymore.

There are so many issues of concern! Morale is low, caseloads high and with job security an issue, it can all get too much - and that's before you have seen a client and try to help them with their concerns.

Case loads and resources for better family support are historical concerns, which have continued in one way or another for the twenty one years that I have been in front line social work practice - however, the current level of cuts and the prescriptive way in which we have to work, is making workloads more unmanageable than ever.

Gaps in preventative support to families, with the focus on a smaller number of at risk families and children. Lack of young people's workers giving support to care leavers.

I work as an out of hours social worker, and have some oversight of cases managed by area. I worry about the number of cases that are worked by unqualified staff, yet have managers named as key workers, especially when I am aware of the lack of proper supervision as a result of limited time and resources. It also seems to me that the gradual erosion of pay, pensions and conditioned identity having a detrimental effect on staff morale. This has a knock-on effect on their ability to undertake proper social work. Targets and demands from management also means that social workers are spending less time with service users, and less time monitoring children at risk in particular. There needs to be more emphasis on monitoring and "hands on" social work, in order to properly protect children and vulnerable adults.

Whilst acknowledging the financial difficulties due to the banking crisis, I am concerned that the pressures placed upon workers to absorb more and more cases - often due to long term sickness and frozen posts. Employers show no duty of care, just increased pressure on existing workers. Younger colleagues are afraid to argue as they need the work and security. Burn-out is rife.

All the focus currently seems to be on the children's sector at the expense, in my authority, of adult care.

The level of caseloads presents impossible expectations and reduces the quality of service to dangerous levels. Social workers are not treated with the trust and respect that they as professionals should receive from their employers.

Cuts in funding to LAs from UKBA to provide service to UASCs is challenging our ability to provide equity

of service relative to other LAC.

It feels like our pay is going down as the cost of living has got higher, and we're all feeling demoralised.

Issues with separation of social work into three services which are going in different directions. Need for greater national regulations, re: whistleblowing, including legislation.

I should have a protected caseload of 15. I have 30 cases, I am concerned about unsafe practice because I am unable to manage my cases effectively. After 8 months of being in post, I am feeling overwhelmed and very stressed.

Workloads are increasing but staff are not being replaced when they leave, making work unmanageable and unsafe.

Social workers have little time for direct working due to admin tasks which are frequently unnecessary and repetitive. It is a stressful job and one which is not supported by adequate training in reflective skills and working with aggressive service users.

Having lighter caseloads and employing more workers would give you chance to support people better rather than just trying to hold things together.

Tackle the incidence of having to work over 37 hours per week.

Unrealistic expectations of caseloads. Higher management are not honest, as they are 'budget led' and not service user led. Management know what's going on but they fear their 'performance' will be criticised due to expectations of those above. Government needs to re-educate society, as the public perception of our role impacts on our ability to work in partnership with the service user, as they are blinded by the media's portrayal. Even judges need to respect the role of a social worker rather than humiliate them within the court arena, as if they are the perpetrator of a crime. Social work as a profession has been stifled due to copious amounts of lengthy court reports and paper work. Social workers need more of a voice, if management aren't going to raise caseload concerns, then social workers should have the right to expose what's really going on.

There are just too few workers trying to do the job that triple the number of staff used to do.

Increasing caseloads, poor management direction, constant reorganisation and change and ever increasing bureaucracy are making life unbearable for us all.

Cuts in services have devastated the ability of our staff team to work in the interests of the children and families we serve. What was once a superb service offering time and support to children is now a one stop shop that merely puts a plaster on the damage and prevents practitioners undertaking holistic work.

Reduced caseloads would enable us to do a thorough and more effective intervention with service users than currently time enables to do.

As a locum I travel around a lot, and find the same problems wherever I go - lack of staff, particularly in the protection and court teams, where they use inexperienced staff who often have unmanageable case loads.

I find heavy and unrealistic caseloads and timescales are a major issue. I feel this could be alleviated to some degree by recruiting and retaining enough qualified staff (and unqualified staff), and replacing staff who

leave. However, this does not appear to happen, it is unclear whether this is due to being unable to find staff or due to budget. The result is longer waiting times and less good outcomes for service users, whose needs are more likely to increase without timely intervention. The pressure to undertake quick interventions has the potential to compromise our role, values and ethics and the loss of both the title and role of 'social worker' is also a concern.

Colleagues and the way in which they manage caseloads in regard to anti-oppressive practice.

Too many cases per social worker, potential safeguarding concerns...

The Munro report said it all. Had I not been prepared to work considerable overtime, I would have spent more time doing admin tasks than I did supervising cases.

I love my job, but high caseloads cause me to feel extremely stressed, and the fact is I am not able to provide the quality of service to individual families, due to sheer volumes of work. Managers come from a position of "I have to allocate" and therefore, feed this culture. Staff are led to believe there is nothing managers can do. If you do raise concerns about caseload, you are made to feel incompetent.

Manageable caseloads and person centred supervision to balance task, professional role and development.

There is a growing tendency for senior managers to act in a bullying way, to ensure that more work is done by less workers.

High caseloads in adult services. Inability to performance manage staff who are not competent and a risk to service users, with very little support from HR and being accused of bullying, when you just want them to be able to do a job which they are paid to do!

The case loads are unmanageable and this is leading to mistakes, and tired social work staff, who then go on long term sick leave. If there were more staff, this could be rectified.

Need fewer cases in order to keep on top of things and give a good service. Too much expected from you in a day. Too much pressure.

Caseloads have definitely increased with the introduction of personal budgets and personalisation. It was introduced to give clients, carers and their families more choice, but it hasn't, as it is always about money and how much money is in the budget to purchase care. Clients are suffering because of lack of community resources, and not enough money to go round for everyone. Overloaded caseloads are stressful and demanding, coupled with the lack of supervision.

Workloads are too high, sometimes making it unsafe for service users and staff.

The social workers I know regularly work far more than their contracted hours to try and do the work necessary on cases, just to keep up. There are many tasks which are not social work related, which end up taking a lot of time and energy.

Caseloads should be restricted as Lamming recommended, and supported by Munro to 12 per social worker, that is manageable and safe.

Many social workers routinely work well above and beyond their contracted working hours, and while there is the opportunity to take some of those hours back, this is limited to around 12 hours per month,

which results in staff losing or working numerous hours for no extra pay. There are simply not enough hours in the working day to complete the work required.

Caseloads remain problematic. A supposedly manageable caseload quickly becomes unmanageable when urgent difficulties arise within any one case that requires the social worker to devote their time to that one case over a number of days, or even weeks. This results in other, less urgent cases being, "put on the back burner" while the social worker hopes that they have done enough to keep it ticking over, and keeping everyone safe, until they have time to return to it. There is little or no support in these instances, as all social work staff are inundated with their own caseloads. Duty systems are often not able to cover many of these issues, where duty staff are often covering for social workers who are sick or on leave. Trying to manage this, alongside copious amounts of unmanageable administrative tasks, is making the work of child protection social workers impossible. I recently left my job within a child protection team because even working 12 hour days and taking work home at weekends, I was unable to keep on top of my caseload, and could no longer operate in such risky, dangerous conditions. Many social workers feel they are sitting ducks, just waiting for something to go wrong. This is not acceptable for social workers or service users. Currently social workers are having to choose to constantly work extremely long hours, often afraid to take leave because they do not have time to prepare for this, and dread picking up huge backloads of work on their return. The resultant stress on social workers is leading to massive health problems for staff. In my experience, having spoken to management about my concerns in respect of the above issues and the impact of this upon my own practice, this was met with apathy, and comforting words that I would get through this as I am a brilliant social worker. This does not change anything for me, my colleagues or the service users. Meanwhile, reductions in social worker staff and support staff continue to place increasing demands on social workers. Inefficient IT systems that are not compatible with the requirements of the work, regularly lose information and do not transfer into other service user forms, also waste social worker time and contribute to the need for lighter caseloads. Completion of huge documents and time spent on compiling supporting evidence to request finite resources, and attending resources panels to explain why the resource is needed, because the panel members have not had time to read the paperwork, is another example of time wasting that leads to the need for lighter caseloads. There has been an on-going shift towards social workers becoming case managers. Support services, including parenting assessment teams and family care workers, have been reduced, requiring social workers to undertake these basic social work tasks alongside case management responsibility. Poor working environments are also impacting on the social worker's ability to manage the current level of caseloads. "Hot desking" does not work. In my experience, moving to a different desk and computer every day has robbed me of a great deal of time. Computers are not set up for individuals, leading to daily requests to IT staff to resolve logging in, printing and other problems that delay the completion of admin tasks and add to social worker stress. When social workers are hot desking they cannot give direct line numbers out, and further delays and miscommunication are experienced as a result, again impacting on social worker's ability to manage their caseloads. Social workers often have to attend numerous meetings in respect of individual families. At each meeting, be it legal, supervision, conference, review, the social worker comes away with another list of tasks to complete, knowing many of these tasks are unachievable within the heavy caseloads. I could go on...

There is still too much emphasis on processes, especially targets for social workers, a very little for the wellbeing of staff when managing this.

I work 3 days a week and carry the caseload of a full time worker.

Caseloads are entirely unmanageable. As a result, I and some of my colleagues regularly exceed contracted hours by about 10 hours each week. Pay does not in any way reflect the hours worked or the nature of the work. TOIL is a ridiculous notion - we accrue TOIL because we can't get the job done in time, so where then do we find the time to take it back? Supervision is often non-existent, and when it is offered, it's usually

rushed and/ or provided by someone who lacks the expertise and experience necessary, to assist the supervisee with finding direction in a case. Service user complaints are invariably pandered to, even when there is no basis for the complaint. My last local authority would do anything to appease a disgruntled service user, so as to avoid the possibility of having to make a pay-out. This often meant 'sacrificing' the worker and their reputation.

The reduction in social workers has meant an increased case load. The level of administration per case, in addition to the actual social work, is overwhelming, and governed by a mass of legislative requirements as well as imposed timescales, which if not met, can result in disciplinary action. In order to cope with the demands of each case, workers spend evenings, weekends and annual leave undertaking tasks. Even the most diligent, efficient, competent workers cannot cope with the work load. Unfortunately, senior managers fail to attribute case difficulties to organisational pressures and failings, and instead choose to define it as an individual failing. It astounds me that in the same year that an authority is on the verge of special measures, caseloads have been put up twice and staff reduced. It also astounds me that in the context of these changes, David Cameron sees fit to demand a more timely adoption process. Once again social workers are expected to paint a rainbow and given a pot of black paint to do it with. When we complain, we are told to change our paint brushes. Social workers are an oppressed and voiceless group. BASW needs to protect us from the risk of significant harm.

We are weathering draconian cuts that have been made. I work in children's services where incidentally, they have a disproportionate number of newly qualified social workers (NQSWS), i.e., 5 out of 8 in a number of teams who are being allocated child protection cases. In my authority, they have removed car allowances, but insisted that social workers still have business use on their personal insurance; they do not pay people for the first three days of sickness and after that, they only get a % of their salary; we have had an annual reduction of 3.5 days a year in the number of days that we work. Bullying is rife and social workers have been disciplined for the most ridiculous things, such as a breach of data protection spotted by another council employee when they happened to see a social worker's electronic diary, which contained the name of the client. But why should other staff from the social care department be able to access electronic diaries? I know of other social workers, from a different authority, who carry a caseload of 80.

There is now so much computer work that service users are a small part of the job, even in a mental health team. The lack of management and supervision is appalling - my supervisor seems unable to keep abreast of developments, and the whole procedure re: safeguarding, etc., seems inconsistent and poorly supported. We have no on-site manager, and so getting support about professional issues is a nightmare. All of my colleagues and myself cannot keep up with recording. I feel constantly stressed, get migraines every weekend and am exhausted. I never feel my future is secure, I am just waiting for the next round of cuts. The risk is high in mental health teams and I think it's a miracle that so far there have been no major 'slip ups'. I am 52 and cannot imagine I can physically or mentally keep this level of work and stress up. I get in early, never have a lunch break and am constantly 'chasing my tail'. No pay increase for three years now, plus loss of car user allowance and even proposals not to pay us for first three days of any sickness absence!! This has been put on hold for now. I feel I cannot adequately give the level of support my service users need and feel I am letting them down by not getting things done quickly enough- it feel like crisis management. I have always been passionate about social work and go the extra mile for my cases, but if I could afford to leave tomorrow, I would go.

Admin & support staff

Lack of work experience in some social work students about to qualify.

By reducing admin support at all stages of the process, from assessment to purchasing, to review, increases the time social workers spend on the computer and decreases the amount of time available to work with people.

Social workers are spending too much time in the office and not enough time with clients. The very essence of social work is being eroded, which is a great, great shame.

Databases used that prevent ease of use and social work narrative.

We are constantly asked to use new electronic forms, but not given training in their correct use.

IT systems are too complicated, not user friendly and take time away from direct work.

Admin support was the first thing to go in cutbacks and 'lean management' - more time at desks for social workers, as not matched with improving mobile technology for record keeping, etc.

Very concerned about use of non-qualified staff to do social work tasks, especially as there is little, if any, meaningful supervision.

Now the job is less social work and more paper work! I can't get time to spend with people, due to the ever increasing mountain of paperwork and lack of support to manage this!

Inflexible, confusing databases. Social workers spend 80 per cent of their time on computer tasks.

Social workers being 'tied' to computers - too few admin and support staff, and too many cases.

Better recognition of the impact of "paperless" practice, and the amount of time recording now takes.

Lack of admin support means that social work tasks can become unmanageable.

Having more admin support in order for social workers to have more time with the service users.

I spend most of my working day typing and inputting services plans, filing, etc., all admin tasks.

Cuts in administrative support means that qualified social workers are now spending more time doing administrative work.

We cannot manage the reams of paperwork when there are high caseloads, this results in dangerous practice, as we are not getting time to see families.

Massive amount of time spent on computer, very little client contact.

Feel decision making has become more hierarchical – e.g., managers make decisions not always asking the opinion of the allocated social worker, and certainly no sense of discussion on the pro and cons of decisions. This undermines professionalism. Amount of admin created by computers, data protection, etc. (e.g., we are now being asked to hand deliver letters previously posted) for fear of things going to wrong addresses. Too much time on admin and case management, and not actual work with families.

Amount of time spent on case work notes on system, long hours given the amount to write up and the need for more social workers to relieve work load and support for duty.

The “economies” we have had to take has resulted in losing a third of the workforce, admin support is very stretched and I waste time on clerical tasks, when my time would be better spent improving the service our service users receive.

Concerned about electronic recording systems which are just about facts. No encouragement for creative thinking which helps to resolve family difficulties.

Working in an out of hours team, we have no administration, we have to organise all assessments, visits and undertake reports.

More and more social workers carry out every administrative task, taking them away from working with the families and children they are meant to work with.

Clear information and direction about caseload management, acceptable caseloads for differing levels of staff.

The workloads are consistently high, with new regulations coming in requiring more time to implement with less and less resources.

Recruitment and retention

Offer more jobs to newly qualified social workers to bring new passion in to social work.

Recruitment of experienced social workers, retention of experienced social workers.

Use of unqualified staff

Use of non-qualified staff in social work roles. Lack of trust in professional judgement (huge amount of paperwork and computer systems). Increasing academic focus of social work and advanced mental health practitioners courses - these graduates can be awesome on paper but lack necessary interpersonal skills or have lost some of the reflective practice which improved skills.

I think a big concern is the constant use of, and pressure placed on, unqualified staff to take on social work roles. More and more, I see colleagues who are not trained as social workers, struggle to manage really complex cases. I think this is very unfair, not only to them, but also to service users. There are simply not enough good, trained staff available, and untrained staff are cheaper labour for local authorities. This is really unacceptable, and undermines what social workers have been striving to do for years i.e., gain some recognition for what is a very demanding and highly responsible job. I would not expect to be cared for by someone who was not trained, e.g., if I needed medical support. I know health care assistants do carry out a lot of nursing tasks, and a similar picture has been occurring in social work.

Too many unqualified workers are being used to prop up the services we offer. Unqualified staff are being asked to make judgements they should not be doing.

I am concerned about the use of unqualified staff and support staff in traditional social worker roles. This can result in staff working longer hours for less money, as they are not being adequately trained or supported to move on to other employment.

Newly qualified workers being placed in roles, without providing them with a year's protected cases and causing them great stress, almost enough that they want to change career. Having unqualified workers assess and plan, when they are not aware of how to do it. Having long term social workers who cannot

understand logical database systems, and cause chaos trying to send the right documents to the right person in the right order, and then not completing the workload and leaving the job. This then leaves a huge backlog of work, and unhappy service users who were contacted, and then not seen for over a year, due to collating all the information at the end of the year and realising all the errors that were made. Not recognising that it does not matter how many times you explain to a senior social worker how to do something, they are unable to retain the information long enough to support their team. Having senior social workers in position, who do not have answers and do not know who to ask either, to help you. Having an administrator book your appointments for you without inviting the appropriate people, as they do not read anything about the person first. This often happens in small 3-4 month contractual work, and you have large gaps before you can visit the next person, as they have booked 3 calls in one day, by looking at a postcode, to save money. Leaving social workers drained each week, to hit a backlog deadline.

I work as an investigation worker on a specialist adult protection investigation team in partnership with the police, and the number of referrals we receive is increasing. We are understaffed, and we attempt to work to timescales, but this is not always possible with huge caseloads. Social care needs to be actively recruiting qualified workers rather than using so many unqualified staff who may have some experience, but have not undergone the extensive training that the social work degree provides. I believe as a result of this overuse of unqualified staff in traditional social work roles provides a less professional service to service users and many vulnerable people, who deserve the best.

Reducing the number of qualified staff and using unqualified staff used to perform social work tasks.

A lot of work places are giving untrained staff the work of trained staff, this is unfair to the individuals and possibly dangerous, as they have not had the training. Also with so many cutbacks, we only work to budgets, where has NEED gone?

It is not just better pay (my salary and band is the same as it was 3 years ago), it is about the entire downgrading of the profession and use of cheaper, unqualified staff, and of course, the job cuts!

The pressures being experienced by those in the field are becoming intolerable, the loss of experienced social workers is leading to a high level of newly qualified social workers being employed, with fewer experienced people to support them. This leads to "burn-out" at all levels.

The increasing use of unqualified staff to fulfil social work tasks – local authorities are getting social work tasks on the cheap.

The concern is the number of qualified section 47 social workers in a frontline team, with newly qualified social workers unable to support in the role.

Use of unqualified staff for assessments and duty and safeguarding at times. Unrealistic pressures from the local authority, who appear to be very misinformed about the nature of the work we do. Lack of admin support, social workers having to type up minutes, answer the phone for admin, etc. Lack of training and very little time to even pursue training. A reduction in social work positions, while trebling the amount of work, due to the closure of the vulnerable adults team. Little opportunity to specialise, e.g., advanced mental health practitioners, little consideration for workers returning back from maternity leave. The inability to take holiday leave, due the pressures created by the council. Unrealistic and unmanageable caseloads and duty work from team leaders who are following local authority dictats. Supervision less, training less, targets more.

Supervision or bullying?

This job is so stressful, to maintain our roles we need emotional support. Working with very traumatised children and absorbing the stresses of other professionals, carers and family members takes a huge toll on your own emotional wellbeing and health. It can become very isolating working out in people's homes on your own, seeing colleagues for only a couple of hours each week. Having a part-time manager also does not work, they are unable to commit the level of support you need to cope. It feels like daily survival.

I feel that I work in a working environment where management are oppressive and bullying. More social work staff are required to assist with individuals, thus creating lighter caseloads.

I'm really concerned that my caseload was not managed well, my supervision and support consisted of me being reminded what I had to do! Everything has become target focused, and the families have become lowest on the list of importance over making the council look good for inspections, ticking boxes, meeting targets and spending as little money as possible. I'm swamped with paperwork, as I carry all sorts of cases, from child in need to court work, it's extremely difficult to manage the written work, and I don't get time to support my families or build relationships with them so that they trust me. I'm always the one caught in the middle when I want to help but no funding or support is agreed. I'm told to cut corners to get my paperwork done on time, and regularly work overtime. There's no time to take it back as TOIL. There's no fair way of assessing the case loads where I work, and no guidance on what we're expected to do, we're just told to do it, and when we complain, the excuse is "well, that's just the way it is". Supervision doesn't cover how we are coping, etc., just what we know to do on cases. I ended up off work ill with depression, as I had experienced so much stress for so long, and now I feel like I'm being penalised by the council and being bullied. I've raised all my concerns, and now I've been asked to attend an investigation interview. I feel like I'm being punished for speaking up, and I'm a little worried they are taking it as a personal attack on their management. I don't feel like anything will change anytime soon, more and more social workers will realise the stress isn't worth it, then there really will be a huge shortage of experienced social work staff, I'm deeply worried about the future of the profession, because the people managing it are not service user focussed!!!

Inspections focus on tick boxes, so in the authority I work for we are achieving well. However, when we are inspected, senior managers come to our workplace and 'warn' us against speaking to inspectors about the unreasonable caseloads and poor management - telling us they will find out who spoke to the inspectors, and then we will have to meet with senior managers and answer to them. Inspectors need to randomly pick who to speak to rather than allow themselves to be 'led' by senior manager's choices, to get a truer picture of what is happening.

Inexperienced managers (due to shortage of good manager applications I would imagine) using bullying to assert themselves, and bringing about change for change's sake, some of which is bad or ill-informed practice.

As a locum, to discover what sector of social work I feel best suited, I am unable to afford further training which would enhance my abilities. I have difficulties as a newly qualified social worker, getting a high caseload without the experience or training time, before the caseload is increased, is putting me under pressure from management.

Management overload social workers in my team, reducing team morale. They also do not support staff with risk management of service users.

Pressure from upper management with regard to meeting timescales, and then cutting staff and changing

workload thresholds puts intolerable pressure on staff. Court timescales add considerable pressure to already overworked staff, and judges are completely unreasonable and will not allow any leeway with social workers whereas other professionals, including guardians, leave things right up to the last minute.

My manager feigns total non-recognition when I have raised concerns about my case loads. They are also unsupportive when issues have been raised by a birth parent.

I have been a social work deputy manager for almost one year. Supervision has taken place 3 maybe 4 times since this, and I have only received one written record. Supervision is a procedural task and my manager offers limited support in terms of guidance. Therefore, I am often working with a level of anxiety; that could be alleviated if my manager was willing to share their knowledge and provide support. My manager has a demeanour that is very negative, and makes the individual unapproachable, and this is causing poor morale amongst the team.

Social work practice is becoming harder due to policies from management which may protect against 'claims', but diminish good practice, i.e., don't worry about the client as long as the file is up to date and everything signed. It is no longer possible to maintain good practice in the face of regulations. Social work is continually being eroded to box ticking exercises.

There appears to be a growing acceptance of bullying management styles in LA settings. I miss social work values in senior managers.

I have had NO supervision in 3 years. I occasionally have caseload management meetings where we close cases, but that is it. My 14 qualified colleagues are in exactly the same situation.

It is very difficult when you have a manager who is a bully, as they get you every which way. It makes life very hard and there appears to be little that you can do about it without being seen as a problem.

Management are constantly delegating tasks that they should be doing onto frontline workers who are already working with full caseloads. There is now an air of intimidation in social work that I've never experienced previously.

As a first line manager, the quality of support and supervision that I received was poor.

Supervision and support required of managers who also appear to be under pressure, makes it difficult to approach them.

Supervision focuses on casework rather than personal development or workers issues and concerns.

Regular supervision from a qualified registered social worker should be a right for every social worker. Agencies should support post-qualifying training, including funding and/ or time off to study.

We need ring-fenced time, to enable training to be taken.

Waiting for impending reorganisation for over a year is debilitating for me and my staff. We keep going regardless, adapting to new recording systems, trying to maintain our social work values in a technocratic "personalised" world. Timescales are short for response, recording demands ever growing, satisfaction in a job well done a rarity.

At the local authority I work in, the bullying culture has led to high numbers of agency staff and high staff

turnover, yet the bullies remain in post.

Bullying; blaming social workers, not the system they are in. Stress importance of role of emotional support being recognised as a valid social work role, not just about resources.

High level of staff sickness and low morale among staff has an impact on the service that we are supposed to provide. Training and development for managers and staff and improving working conditions should be investigated.

The only other concern, which is probably not universal, would be the lack of robust decision making at a senior management level.

As back office staff posts are cut across local authorities, there is an expectation that front line managers pick up the workloads. It is impossible to juggle these tasks with safely managing a frontline service.

Low level of coercive bullying by team leader and their example being followed by other team members who are too friendly with them.

Quality of senior management is a big concern.

There needs to be a system where experienced social workers can continue to practice and not get moved on to management as the only option for career development. Often experienced social workers are managed by less experienced staff, and are pressured with heavy caseloads. This makes them unable to practice or to help develop inexperienced social workers. They then leave the profession to save having to compromise their values.

Management does not value or recognise the goodwill shown by social workers, who work far beyond their contracted hours to meet the deadlines set by government, and provide a good service.

As a manager, I have too many staff to manage to the standard they deserve, and the standard that is required.

I thoroughly enjoy my work, where I feel I have the scope to be creative and assist in service development as well as delivery. I feel very supported within my team by colleagues and senior staff. I receive good training and supervision. Sometimes it can be difficult to arrange due to part time working hours of myself and team leader, but we manage this through regular e-mail contact and phone calls. I am concerned about the effect of the salary freeze this year again. As a lone parent, relying on one salary to support myself and my son, I am really feeling the squeeze.

Time and safe spaces required for reflection on practice and mutual learning - not so much formal training, as support for learning approaches.

I am concerned that social care senior management are demanding more of social workers while giving less - time, mentoring, respect, fair reward. I am particularly concerned for newly-qualified workers and generally the profession is becoming more disparate during the time that the alleged 'college of social work' (the body that is not within BASW) has been in development. There appears to be no understanding of, nor real consultation with social work professionals. And it seems to be illegally pursuing a closed shop. That can only damage the profession, not enhance it.

a) Supervisors are not equipped to supervise senior staff. They take a few students from placement, and

then think that qualifies them. b) Caseloads. Team leaders seem to lack the autonomy to challenge higher management, and are not listening to workers regarding the volume of work one case can generate. Therefore, because of large caseloads, no preventative work is done anymore, only crisis intervention. c) Admins are no longer there to assist social workers. Our time is consumed with paperwork. Paperwork + cases + demand = stress, total sickness. d) Agency staff are being employed to fill vacancies, which is costing more in my opinion, as some of these workers can be in post for 5 years plus. Surely it would be cheaper to have them on staff?

Atrocious and destructive supervision that focuses on process rather than practice, supervision has become a disempowering and de-professionalising micro- management technique.

I am concerned, as a social worker of 20 years plus, that many social workers are willing to do less of a job, so that they meet the targets expected by local authorities. This is often at the risk of clients. After having managed for many years, I have for the last few months taken a role as a senior social worker, and I am appalled by some of the expectations of those managers, who I would describe as 'bullying management'.

While lower caseloads would be helpful, regular positive supervision and the feeling that experienced staff are valued, would make an enormous difference.

Working in the context of general management, there is often a lack of understanding, even at a very basic level, of social work roles, professional issues and the need to act appropriately.

I moved into contract work due to the increasingly political nature of management interfering with the previous high quality of work done by workers, including myself. I got fed up with being dragged into rectifying situations caused by cost-cutting exercises. I have seen major changes since I qualified in 1981, with the caring and willingness of unqualified staff being taken advantage of, and being given increasingly complex cases to be responsible for, usually without management support.

For a profession that champions the oppressed and advocates justice as one of its core values, where I currently work is the most oppressed environment, with a bullying culture. This is covert, with workers scared to say anything or raise their heads above the parapet, for fear of the consequences.

Management attitude, changes to operational activities without any discussion and consultation and lack of any consideration as to the impact such changes have on delivery of service. Fragmentation of the social work roles, i.e., too many overlaps between teams such as the re-enablement team, assessment teams, safeguarding team and direct payment or service finding team. A service user could easily see up to 3 social workers for one assessment. Allocation of work is random, as it is no longer done by your line manager, but referral takers who book assessment visits directly into our e-diaries without any knowledge of our caseload or their complexity. Since last year, we have lost 3 qualified social work posts and 3 care managers posts. Management are resorting to bullying behaviour of existing social work staff, due to lack of capacity. Supervision lacks reflective practice and is very unsupportive. For example, if you are dealing with a high risk case, where the service user requires on-going monitoring, reassessment, etc., you are accused of holding on to cases and working against the personalisation agenda.

Re-organisation in my authority is some kind of mantra and talisman which if spoken about positively, will cure all ills, a panacea. Sadly, experience has shown the baby is always thrown out with the bath water, and some of the 'new methods' that come from the US are already not standing up to scrutiny in academic research in the US and also Scandinavia. The 'medicalisation' of the service is not the answer. I am going to leave, and I consider myself a very good social worker who has always embraced the new, but not this time. All the new senior people are some of the worst social workers in the authority, but they are able to

chant the mantra, and that is all senior management is interested in. The cost of reorganisation could have employed more social workers and built better teams, without the cost of the 'expert advisors'.

Poor managerial decision making, leading to poor outcomes for children and their families, lack of transparency in the decision making processes.

Nepotism, there seems to have been an erosion in HR's ability to ensure that the best people for a job are appointed.

Many newly qualified social workers leave after a year or so, due to the high caseloads and lack of good management and supervision. The more experienced social workers can specialise and get work doing specialist assessments, therefore away from the frontline. This needs to be somehow addressed.

Management that fails to recognise the time that is needed to complete work to a standard of minimal legality, and respect for service users and carers and relatives.

Definitely bullying management and extremely high amount of complex case work, little if any support and an expectation to work long hours, on non-working days without pay or ability to realistically being able to take time off without adverse consequences. The carrot is progression, but after 7 years post-qualified, 4 in post, it's very much the stick approach, and is bullying.

Senior managers making decisions with little regard for the impact on service users, or staff who have to carry out those decisions.

I am a locum and I have been in my current post for three months. I have given one month notice to leave, but the managers are not happy with my decision and suddenly they have started to find issues in my work. They have also told me that I am responsible for the previous social worker's unfinished tasks, and they expect me to put everything right before I leave, otherwise they will give me bad reference.

Regular supervision is vital; mine gets cancelled regularly due to other pressing concerns.

Local authorities should not be allowed to interpret legislation. Social work needs a British Medical Association (BMA) equivalent who tell the local authorities what members will and will not do and sets ethics externally, as it is too hard for workers to fight the shoddy practices of their employers without losing their jobs. Maximum caseloads should be legally set so there is recourse to overwork.

I have been on maternity leave and have repeatedly requested leave to update me in preparation for return to work, to no avail. Therefore, I feel ill-prepared to cope with all the changes that have happened while I have been off on maternity leave.

I am shocked and dismayed by the amount of covert bullying that I have both witnessed and personally experienced, within the social work profession. I have learned first-hand what it feels like to be oppressed (something I had not experienced before entering this profession). I also know how frustrating it is to have your views and opinions distorted and taken out of context. If professionals can be made to feel oppressed, then I truly empathise with the service users!!!! Complaints procedures and whistleblowing are a tick box exercise, and a fast route to unemployment.

I worry that focus on "bullying management" gets in the way of rigour in professional supervision of trainees and social workers' practice. Some social work practice is not good enough and needs to be addressed. Managers need training, support and confidence to do this.

Pay, allowances & recognition of role

Better pay, in recognition of the difficulties of the job that we do.

Social workers are not paid well enough to reflect the risks and responsibilities in their jobs.

Dilution of the social work values and roles.

I am concerned about what appears to be a major change in the attitudes and beliefs of social workers coming through.

Address the blame culture and erosion of social work role.

I am concerned about staff cuts that result in an increase in workload, but no increase in salary.

It is concerning that yes, we are expected to "do more for less", but to de-value staff by not giving them pay rises, and by cutting benefits (particularly with lease cars having been withdrawn last year), this does not help staff to overcome the other difficulties such as higher caseloads. Just feel that if we felt more valued in this way, there would not be the number of people leaving social work!

Not had a pay increase for 3 years, now they are taking my fringe allowance.

Poor remuneration, poor career progression.

Hidden cuts to salaries, such as removal of allowance, car park charges for essential car users, mileage rate freezes, increment restrictions.

Low pay disproportionate to the role we play within society, and the stress the role entails. Lack of respect from society. Bullying style, if managers always seem to be covering their own backs, rather than supporting their staff. Too many paper exercises to achieve results for customers, reducing time spent with customers. Role is becoming too 'paper-focussed' away from the service user's actual need for time with them to offer support.

The recent cut in budget has had a significant impact on the structure of my employer. I am concerned that the social worker role will also be removed.

The budget cuts, increased workloads for managers and staff, stress on staff and the impact of changes is having an adverse effect on all staff, and lowering morale in the workforce.

I am very concerned that I will be losing 5% of my annual salary with no increments for the next 2 or 3 years.

Social worker pay is too low. Local authority expect too much for the amount of pay.

The profession is a specialism which, in my view, is being eroded and disregarded to differing extent within the current climate.

Pay has been frozen for 3 years, but the cost of living has risen and is causing hardship.

Currently the cuts within funding available for training would impact on professional development.

Salaries and pay for hours worked in comparison to other public sector workers.

My concerns are in relation to cut in salaries, erosion of working conditions, including pensions. These are inter-related - as we are all fully aware, the financial climate within health and social care in this country is dire, and once one aspect of your working conditions is changed, that sets a precedent for other changes to be implemented. Also, within certain fields of social work and clinical practice, the identity of social work has become amalgamated into more generic roles, etc. Losing our identity can only add to the public stigma and lack of specialism in service user provision.

A concern is social workers being moved from one post to another, by deleting posts and transferring staff. Too much admin and a target-driven culture.

My salary has been frozen for the last 4 years.

Despite working in a specialist field with young people, our agency continues to ignore our parity with the voluntary sector equivalent, and, unfortunately, this is reflected in our pay.

Removal of posts to enable career progression. Using inexperienced staff in posts that require greater experience and knowledge.

In Scotland, some senior practitioners have had their role and pay reduced following single status and they are now promoting less experienced workers to senior practitioner status, but using them as senior social workers with little difference in pay. Sometimes I don't recognise this profession any more, and would leave if I could.

Public profile of social work is not helping to recruit social workers of the necessary high calibre.

Public face of the profession.

Recruitment of unqualified staff to do qualified work. 70% of time is spent filling in lengthy online administration for clients. The Personal Budget process is very lengthy, time consuming and clunky. Caseload is dangerously heavy. Terms, conditions and pensions being eroded. Pay pretty poor.

I have to commute a long distance to get to my job. This adds about 3 hours to my working day. As a newly qualified social worker, it is almost impossible to get employment. The only reason I was employed in my current position is because I completed my second placement there, hence the operational managers already knew me. I am a locum social worker but would much prefer to have a permanent position. As I already said, this is pretty much impossible, as I am competing against many, many highly experienced social workers. Additionally, for most jobs, I cannot even apply, as the job adverts specify a minimum of post qualifying experience. In my view this is extremely discriminatory. I know I am good at my job, even though I haven't as much post qualifying experience as some of my fellow social workers.

Need to remember that we are a public service and whilst we are governed by statute, there are many third sector agencies who have an equally responsible job as ourselves, with less conditions of service.

Under pressure while terms and conditions (perks like flexible hours) are eroded. Ticking box tasks are a clear priority which take time - time removed from reflection, consideration and discussion with clients.

I think the whole ethos of expectations of doing more with less, unqualified staff, and lack of training and development.

I feel that, in adult services in England the social worker role is gradually being squeezed out - with the inclusion of other professions in the advanced mental health practitioner role, creation of 'brokerage and assessment teams', support time and recovery workers (STRs) taking on more responsibilities which traditionally social workers would have done, generic care managers or care co-ordinators where nurses, social workers, occupational therapists all do the same job. Having previously worked in Scotland, I feel there is more of a drive there to protect the social work role.

Essential car user allowance should be reinstated, better pay and conditions, more respect from the public and colleagues in health and third sector towards social workers and a full recognition of how important social work is.

I am an advanced mental health practitioner, but the council will not give me an employment contract, only a casual contract, so I am currently taking the council to an employment tribunal.

Focus on fighting the government's determination to erode terms and conditions for public sector workers.

Poor bullying senior management. Poor systems. Too much administrative work. Little time for working with families.

I think the quality of staff at all levels is very variable and this leads to poor decision making. There are many factors that lead to a below standard service and it is important that the arguments between health, education and social care stop.

At the point in my life I am at, I would like the option of being paid for overtime or taking TOIL, as at the minute, we're forced to take TOIL, which can be problematic as it's not always possible to take your time back.

Recognising social workers as experts in their profession.

Social workers salaries were falling behind anyway and combined with pay freezes, the result is workers really having to manage more with less. Pay cuts, in fact. The job's more stressful so morale is low. Makes workers feel devalued.

In all my years of practise I have never seen things so bad as they are now, clients' basic needs not being met, social workers in tears over their workload and distant, uncaring management. You constantly wonder if it is your turn for a breakdown next? Maybe this really is the end of the public sector.

It is not a good time to be in social work. There is no protection in the workplace from being overburdened and no regard for the effect this is having on the health and wellbeing of social work staff. After over 20 years I wonder why I am still doing the job to be treated so shoddily, and am giving serious consideration to leaving the profession altogether.

I am very sad that the whole of social work appears to be process-led, despite noises being made that the Munro proposals will be implemented. The idea of a qualified social worker being a true professional, whose area of expertise is valued and considered alongside those of others seems to have disappeared. Most local authority social workers follow the required processes and forms in a lemming-like way. Social workers appeared to be valued for completing forms and reports on time, rather than the quality of the information contained in the reports. Very sad.

A feeling that the job is being turned into a 'process' to allocate money which can be done by anyone. Social work values and ways of working with people are being side-lined.

Recruitment to existing posts, where new staff are paid more than trusted staff already doing the same job.

Current organisational changes are resulting in shrinking of management structures and pay scales, leading to increased workload and responsibilities, but without the recognition of this by way of remuneration.

Lack of REAL consultation about changes to ways of working. Cuts in wages and staffing leading to demoralised and demotivated staff who no longer get any job satisfaction.

Ensuring the professionalism of the profession is not eroded. The move to general management has seen the importance of social work in some areas of practice being undervalued.

The issue for me is that social workers are not seen as an expert profession, they are lumped in with all the other council workers. Teachers, nurses, doctors, etc., have their own body, unions, pensions, and pay scales, social workers have none of this, yet the pressure is increasing in every other way.

The cut of the essential car user allowance to social workers and the introduction of staff having to pay for parking at work, it's a struggle, especially given the fact that we have had no pay increase for the last 3 years.

I am in a position where with 6 years post qualifying experience, I am paid the same as newly qualified social workers, which leaves me feeling frustrated and unappreciated.

As I am at the top of my scale with no hope of promotion, I am concerned that in real terms, my pay goes down each year. I therefore take on other jobs to earn more money.

Having to pay overtime might make the local authority address caseloads.

I welcome change and new challenges for social work but am not entirely confident that the social work profession has the appropriate influence or decision making powers, to affect positive change to the systems that we are employed in.

I am concerned about the erosion of professional judgement and the increased reliance on tick boxes to obtain results.

Diminishing role of adult social work.

In real terms, we have experienced a pay cut over the last two years as our cost of living pay rises and incremental rises have been frozen, but we have an ever increasing caseload to work, and higher expectations from management on hours worked.

Erosion of the social worker role in adult care services. Reduction in pay and conditions, and increasing inequality with other public sector workers, i.e., teachers and police. Having to work until age 67. I have already worked for 35 years in social work and can't retire for another 14 years!

Council selling off accommodation or giving up rented accommodation, and cramming workers into smaller offices with hot-desking.

Better terms and conditions of service, i.e., being able to retire at 55 years of age.

Fighting the increasing privatisation of the social care sector.

I would like to see social workers being paid along the lines of teachers, in that they can progress and earn higher salaries staying in practice, rather than being forced to go into management for a better quality of life.

Value placed on social work, public perception.

Removal of essential car user allowance. It has been deemed that I do not have to make unplanned visits. However, my role demands that I respond to people in states of relapse and crisis.

Job evaluation and job erosion, lack of enough qualified staff to do our job, malicious service user complaints (not real complaints), significant cut in salaries (£4,000 cut proposed).

I think there has been a steady erosion of the social work role as I understood it during training, as a skilled professional agent of change working on a therapeutic casework model to enable service users to live satisfying and productive lives. The creeping acceptance of the "care management" model, along with the introduction of eligibility criteria, renders us as no more than commissioners and reviewers of care, this is a poor substitute for real social work. This is an abomination which should be fiercely resisted by us as a profession before it is too late, and we have no professional identity or skill base left. No other profession would accept the destruction of its professional role and identity in this manner!

Very concerned about the state of affairs across child protection social work pay cuts and freezes, lack of good management or supervision, unfair progression opportunities, cuts to pensions and unreasonable caseloads.

The probable amalgamation of social care into health and the loss of the social work role.

Lack of recognition of safeguarding work as a specific skill - development of professional judgements of risk to stop 'the damned if you do, damned if you don't' issue. Lack of recognition of safeguarding adults work in BASW surveys!

Current lack of training for personalisation (Self Directed Support in our area), given the central role that this is to play.

Promoting the timely and active implementation of the Munro recommendations. Promoting the use of more therapeutic early intervention to support children and families. Promoting the use of more therapeutic early intervention to support older people. Promoting the use of more therapeutic early intervention to support people with mental ill-health and substance abuse problems. The reduction of assessment administration, so that social workers can be better deployed to implement interactive intervention with service users.

We need to halt this drift towards privatisation of social care, as this will result in fewer workers doing more work for less pay - a typical capitalist outcome.

I am concerned about the constant dilution of our profession. We need to stand together and be strongly represented instead of allowing ourselves to be disempowered or replaced by other services. I am very concerned about the apparent takeover (working together) by health, and the potential change from social

work values and reduction of holistic services that this will cause.

I am very concerned that my local authority do not appear to value the social work profession, and is looking to appoint more unqualified staff to replace social workers as they leave. Our terms and conditions differ from other local authorities, and this will see rise in qualified staff migrating towards them.

No allowances given for out of normal hours work, and TOIL is only set at an hour for hour, even for weekend work.

Improve the media reporting of social work.

Public perception. Media portrayal.

The role of the qualified social worker feels as if it is under threat, particularly in adult services. As councils try to balance their budgets, it appears that more of the traditional tasks are being passed over to unqualified staff. Whilst some tasks can, and should, be done by other roles, there must be a point whereby it should not move too far away from service users and carers being supported by a qualified, highly skilled and knowledgeable workforce, which includes qualified social workers!

Main concern in my local authority is around practicalities of working. No parking spaces, which then mean a 10 minute walk into the office and then having to log on to systems which are so old it takes around 30 minutes before you can use a very slow and unfit for purpose computer. Therefore after every visit, it takes around 40 minutes for you to actually start work.

The pensions issue is currently being addressed I understand. I'm concerned about the dilution of the profession in many areas of social care, with 'unqualified' staff undertaking certain roles, and I believe that the difference in quality intervention is noticeable.

I don't believe the social work degree prepared me very well for practice.

During the last year, they have reduced people's redundancy packages, frozen pay and also reduced the amount that we get in mileage allowance. I understand that savings need to be made, but I am now struggling to afford to live as these costs directly impact on my monthly take home.

I would rather take a lower salary, and have more robust services to offer.

Pay on a par with other professionals such as solicitors.

Poorly trained staff in social services. Social workers are afraid to assert autonomy and are too dependent on micro-management. Fear of unemployment and opportunistic bullying management.

Members of staff that have qualified for longer not keeping up to date with training.

Colleagues are constantly stressed, there is no time for training, managers are mainly concerned about meeting targets and there is little concern about the welfare of service users, as decisions are based mainly on financial considerations.

The constant cut backs amongst daytime provisions, and increasing marginalisation of differing services is significantly affecting outcomes and service delivery, leaving and placing the most vulnerable at risk.

The total change to a business culture which does not align with caring for people. Also lack of resources, funding, long-term care, i.e., care for life for the very small but important minority who are being FORCED to live independently.

Paper mountains are leading increasingly to a reduction in face to face contact with some of the most vulnerable families. To address this, dedicated workers are putting in long hours to try and keep up. Social work is sailing on a ship of goodwill, which is at serious risk of sinking.

Bureaucracy and failure to address Munro report.

More acceptance of the value of social workers and job security. As with children's services, a real legal role for qualified social workers.

Working conditions, appropriate office and computer space, also basic salary.

Use of unqualified staff and support staff in traditional social worker roles. Unmanageable caseloads. Risk. Re-organisation. Erosion of the social work role.

The problem with things being process-led, or based on a senior managers' latest interests, means this often clashes with the previous directives. Decisions about service structure and delivery being made by people with no real understanding of social work or the needs of service users.

Due to the cuts it often seems management do not always replace staff, or they downgrade the positions.

Integration of social workers into health teams

Integration with social work and NHS services has led to a depletion in mental health officers (MHOs) availability for statutory work which will impact on service users and the future recruitment and retention of MHOs in an isolated area.

A great deal of heed needs to be paid to the regulation of integration of services between health and local authorities. Without tight regulation and support, workers can feel isolated and displaced. The more the government pushes for integrated services, no matter how appropriate, the more this issue will arise, particularly for social workers in health settings where they are in a minority.

My manager told me my job is not social work anymore, and is simply assessing basic needs at the time, and looking for the minimal and cheapest service to meet needs. My manager is a speech and language therapist and has never done social work. I am now looking for a new job!

I am one of the few social workers left in my mental health trust following reorganisation - it is now an isolated role with no proper supervision, and no appraisal system in place at all.

Inequality between NHS and council staff within the integrated team. Particularly pay structure and responsibilities and conditions, i.e., the NHS lease car is available to NHS Staff, I am an advanced mental health practitioners (AMHP) and have been designated a 'casual' car user, which means that I do not require a car to fulfil my job. I can use a pushbike or even catch public transport, according to HR, even though I am an AMHP.

I am employed by a local authority, but work within an NHS Trust. Both are currently undertaking a massive review of services which has already meant a huge reduction in clinical/frontline staff - the trust has already

cut back the workforce by 20%. My team has lost half its clinical staff and these have not been replaced. Workload pressures are very difficult, and the staffing levels feel very unsafe.

How as frontline workers, can we can actively encourage the recommendations made by Eileen Munro. This would possibly address most of my concerns.

The lack of team working and team spirit, due to 'hot desking' across multiple sites.

Erosion of social work values and the oppression of professional role. Bully style management and an "old boys" network.

On-going lack of respect for the profession, especially in the health sector.

End the life-stage splits in teams where ring fencing is rife, and no one seems to have the experienced overview that the generic model upheld.

Specific programmes - i.e., I work seconded to mental health trust, I don't therefore have social services back up or experience of their systems, which I feel is a serious loss to me. It makes transferring, if the need or opportunity arises, not really feasible.

NHS organisations are marginalising social workers and pushing them out in restructures.

Move to partnership working - integration and meaning of this in reality. I'm not against, but advocacy is required at times.

The growing perception that integrating health and social care services will increase capacity across the health and social care system. It will probably improve service effectiveness, but the capacity issue requires more than moving chairs around on the deck of the Titanic.

My work often involves working evenings and weekends, and I do this alongside nurses - they receive enhanced pay and I do not.

Social workers within the NHS, e.g., seconded to the NHS can, and are, increasingly becoming isolated, with insufficient contact with their local authorities. As a result, the role of social work feels undervalued and not fully understood by the NHS, particularly when this comes to re-organisation of services within the NHS. Ensuring social workers have a voice, are properly consulted and have union representation, is essential to ensure the role of social work is considered like other professions within the NHS, when changes to services occur.

Use of approved social worker role within mental health services and risk aversion resulting in disproportionately high levels of emergency admissions; juxtaposed with administrative gateways for planned admissions which restrict bed availability.

How social workers can maintain their identity within a multidisciplinary environment and ensure that these are safe places for students to be.

Very concerned if health take over older peoples services in Scotland.

I find working within the NHS rather than working alongside it, as I did in previous posts (e.g., as a hospital social worker), that I feel very isolated as a social worker. I find that management and staff within the NHS

have a very sparse understanding of the social work role, and indeed asked me not to mention I was a social worker as "you will not be doing care plans", as if that is all social workers are there to do! I think the profession needs to think about ways of supporting social workers employed by the NHS, as I think there will be more of us in the future landing there.

The disappearance of social work as a profession. Being subsumed under a new 'health body' as opposed to retaining a strong identity. I feel we have been bullied as a profession, and we are vanishing. We need to protect ourselves, and our roles within the health service, in particular.

Rational analysis of how many workers a team should have, including the mix and range of skills. Accepting the complexity of this in multi-disciplinary integrated teams.

I'm a social worker in a health post in mental health. Redesign is promising much, but there are concerns that it's just cuts in beds and less people to deliver service in community. Focus in NHS is on 'payment by results', and social factors are largely ignored. Much larger caseloads, same amount of time in a given week.

Disband the Delayed Discharge Act - social services are charged for delays, but when the hospital refers too early or a patient remains unwell, despite medics claiming that patients are medically stable, and the arranged care (after hours of work) does not start, there is no penalty for health. Hospital staff viewing patients as 'bed blockers' with no perception of individuality, needs or dignity. Patients who meet the criteria for continuing health care are not awarded it, as their needs are deemed to be 'not complex enough' even though many deteriorate rapidly once discharged. District nurse is too stretched to have time to complete a prompt continuing health care (CHC) assessment.

My role is very unique as I am an in-patient social worker in Child and Adolescent Mental Health Services (CAMHS). This equals loads of social work with very complex issues, which became 'chronic' due to the long waiting list to be admitted. In terms of bullying - I haven't been bullied at work, but I have experienced pressures from ward staff, particularly ward managers, who feel I do not work along with a team, but my view has to be independent, and this creates a lot of professional disagreements. Use of unqualified staff - this concerns me a lot as I had to deal with many newly qualified or under-qualified workers, whose lack of awareness around mental health issues and lack of confidence actually impacted directly on the case, and this is very concerning. Erosion of salaries and pensions - this is big time, we need to act now and prevent it as much as we can. I would willingly agree to the governmental agenda of savings (read: cuts/slashes), if they guaranteed increase in employment of newly qualified social workers and re-investment of money into expanding specialist social services, but this is obviously not going to happen, so I am very concerned. Whistleblowing policies - I do not see the government learning from the whistleblower; outrageous experiences of being estranged from their work environments and being left to their own devices. I do not believe this is going to change employers' attitudes towards whistle-blowers.

Misc.

Greater clarity and strategic direction in integrated work and joint funding for adult health and social care. Less political scapegoating of social workers and their managers. Unrealistic expectations of what is deliverable in the context of cuts.

Social Workers based in schools is not been taken seriously. Why are these posts not being funded by the local authority. Where is the dialogue for this area of social work practice and its role towards improving children's services? Also in relation to improving the school development planning.

Better BME policies that are not just tick box.

Concerns about the mental wellbeing and morale of social work staff, concern that in a scarce job market social workers are becoming more passive, and less inclined to challenge in case the next round of cuts affects them. Concerns we are moving away from integrated services rather than moving towards them. I have good support and supervision, but we have an excellent lead social worker and may risk losing him. Concerns we may move back to generic services that never worked, concern that personal budgets has become an end in itself rather than a tool in a tool box, concern that payment by results in mental health is not involving local authorities.

Support is not always about need, and instead on who shouts loudest.

The matter that I object most strongly to, but which is taking a creeping hold in policy and practice, is that contracting out services or setting up Arm's length management organisations (ALMOs) will de-facto improve outcomes for children.

Courts delay the progress of cases, and the children's plans are not followed within possible timescales. Courts also seem to be reluctant to make judgements without repeating assessments for parents, even though social workers evidence no significant or sustained change.

QUESTION 3:

Do you feel you are well supported and supervised by your manager in your work?

This is informal as there is not time for structured sessions.

My line manager is what keeps me going - no complaints!

It varies from job to job. There is no consistency.

My supervision is not reflective and is cramped into an hour (currently at case loads of 30-48 children I work with).

Cases are rushed to be closed or passed on.

I am a lone pioneer in a host agency.

This is only partly relevant as I am an independent worker.

To a limited extent, because of her own workload which makes her unavailable at times.

But this is not equal within the team.

Sometimes.

Any disagreements are managed.

I've recently changed job. In my previous job I felt supported to a point, but when I started to raise issues of concern with my manager, it all resulted in my contract being ended. My current manager is keen to support, but is also under pressure due to re-organisation, which leaves him too thinly stretched to fully be available to me and the rest of the team.

Manager belongs to NHS.

I'm lucky.

It was due to complaints of poor management practice that I find myself in the difficulties that I am in now.

At times.

My manager is a nurse, but I feel he understands my situation.

Supervision is given, phone calls are always answered, BUT there is no acknowledgement of the impossibility of doing all that is required to the standard that is required, even with considerable unpaid overtime.

Due to part time working hours of self and manager, it is difficult sometimes to find a time to physically meet; however, they can always get in touch by e-mail or phone

Yes, but she is only part time.

I do have a good manager, but she is rarely available due to other demands on her time.

A new manager is in position - supportive manager who knew me and caseload has been lost.

I work as a locum and at times, Independent. I take what I get, but it is never particularly efficient.

Difficult to say yes/no. Supportive- yes, supervised - no.

I have a health manager who does not fully understand the social worker role.

Could improve, not as regular as it should be.

Having a social work lead has been essential, but we are likely to see this eroded. The organisation itself has become very transactional, if you cross them and speak up at the top level you will be side-lined.

First line managers are very variable. My current manager is rarely available for on-going consultation, then highly critical of decisions she doesn't agree with. There is little trust in my skills and experience.

Overall yes, but he still has weak points.

Supported by talk, and no action, i.e., nothing changes.

It varies, due to contracts in assorted authorities. In some authorities, supervision is atrocious.

I doubt if they listen - all they care about is what those in higher up management say.

Now retired- but I wasn't.

I am supervised but if I challenge anything, it is not liked.

Most of my support comes from my team, who are excellent, understand my needs as a newly qualified social worker, and are very knowledgeable.

My manager of two months is also overworked, often off sick and she is due to move to another department within a few weeks.

My manager does not give any support and, it seems, does not care.

I trust and respect my manager, but worry about the next tier of non-social work.

Backroom senior managers who have little understanding of the complexities of child protection.

Very little acknowledgement and support.

By my current manager (although she is currently off sick).

Does her best, but also incredibly stressed.

My line manager is a good and effective worker, but is stifled by her manager.

Re-organisation (again!) is placing pressure on everyone to comply and protect their own interests, sometimes at the expense of others.

My manager experiences the same problems with service management.

Bullied.

I have not had supervision for 2 months now, arranged sessions are usually cancelled due to managers prioritising other work. Supervision that does occur is always interrupted by other workers.

Within the demands of my senior manager's workload.

Latterly not.

My manager is not social work qualified.

Yes, but I see into other teams, and they are not always as supported.

By my team manager, who is a social worker, but not by trust management.

With some, yes...

There is only one vision - to cut costs.

Yes, but this was variable. Too often pulled to do other tasks.

My manager is not a social worker, and has no insight into practice.

My direct manager shares my concerns, but senior managers have little understanding of the conditions that we are working in.

I've been very lucky, I have a super manager.

I have had to take out a grievance against my direct line manager and senior manager. Out of a minimum of 8 issues I raised, 5 have been upheld. That is the overt bullying and harassment, what about the covert bullying that you can't evidence because it is said behind closed doors.

I am a locum working in various local authorities, during my last contract I was not supported by my manager.

My manager supervises but is not always supportive, it is not a 2 way process. Due to comments written that do not reflect my own views.

Managed by a nurse - so not really.

My manager is just as over worked as I am.

Yes, but this is not always consistent, due to the high level of sickness.

Due to management pressures, myself and another social worker have recently been asked to “peer supervise” each other.

The manager is supportive, however, manages 50 people in the team while at the same time, is being required to work in other areas at present - which limits the level of support.

More yes than no, but not to a robust standard.

I am managed by a service manager who, although they have a social work qualification, have never actually practised. I find I am supporting my manager more than they are supporting me. It's scary!

Yes, but due to pressure on the team, I don't have as frequent supervision as I would like.

No management supervision for three months.

My supervisor comes from a different part of the country, and is still learning about the local processes after 18 months in post.

Supervisions regularly cancelled/ rearranged.

My manager acts like a factory supervisor.

Lack of supervision and a 'blame' culture results in feelings of being overwhelmed with personal responsibility for very complex cases.

My line manager's ability to support is constrained by performance directives from senior health managers and priorities around data collection/cuts/reorganisation to the neglect of direct service user care.

The attitude towards social work as a profession is not great.

I was told that as a locum I was expected to 'hit the ground running', despite being newly qualified and inexperienced.

Despite having social work training, he has been overwhelmed by the role of manager.

Yes, but they are not social work qualified.

Managers I work with are reluctant to manage - they tend to back off too quickly and sometimes collude rather than challenge.

Have recently got a new manager, the previous one was unsupportive and difficult to work with.

Scared managers are no good to anyone. There needs to be much more effective ways of raising and addressing concerns about lack of management skills, and some automatic training for managers moving from practice to management – it's a different job.

There is a need for the broader use of therapeutic supervision to mediate the impacts of heavy caseloads, complex and demanding cases, etc...

I wouldn't say fully supported, as manager is temporary and part time.

In general and in my experience, managers are senior managers' puppets and they both ask and expect the impossible from social workers in terms of timescales and volume of recordings, travelling hundreds of miles for stat visits, expecting the social worker to go into work when they have had a 10 hour day and a 400 mile drive the previous day. Managers do not understand how fragile the relationship between the social worker, families and carers is, and how draining it is to maintain this relationship on a level where trust is built and change can be achieved. Social work values learned at university are poles apart from the values of senior management, and this means that social workers have to continually compromise their values and standards. TOIL cannot be taken due to work load - I gave up 5 days leave over the last 4 years in local authority work, I left the local authority being owed over 7 weeks TOIL. I had no sick leave for 3 years (4 sick days in total over 5 years) but no recognition of this, some colleagues had weeks of sick leave every year. When I asked senior managers about this .they implied I should take sick days to keep burn-out to a minimum (as they did)!

This is my second assignment since becoming a social worker, whereby I feel that supervision is given priority and I get the support that I need.

On-going issues with management means that I have been considering initiating a formal grievance, as my working life has been extremely difficult on occasion, and has contributed to ill-health.

I have just been moved to a new team after many years in another service, this team manager is supportive, but I would have drowned without her and the team's support like a fish out of water.

My manager is too busy.

Supervision is about moving cases on to the next level, agreeing authorisations, going to panel. I have never had reflective supervision since qualifying nearly 5 years ago, it just doesn't seem to happen in adult services. Also, managers who are supervising haven't done a social work assessment for a long time, and so don't understand the difficulties that social workers are experiencing in the team.

In my current role, yes. Until a month ago, I was working in a very oppressive, abusive environment.

My own direct manager is 'ok' but does not defend or protect us from other more senior managers. He is clear with us that he has a career path and is aiming for senior management.

My manager is increasingly under immense pressures.

It is all about case accountability and not at all reflective. Sessions are frequently cancelled.

This is both yes and no, it depends on the issue. I don't feel confident that if there was a real problem that I would be fully backed up and supported.

Pressures created for senior management cause them to lose touch with the day to day demands of the service.

Yes and No. Trickle down management, not always transparent agenda, ill thought out changes in policy.

Managers are interim and change regularly.

Manager is stressed and does not have enough time.

My manager has bullied me because she is uncomfortable with having a gay social worker in the team.

Now I am. I was previously bullied by a manager.

Not as good as it was, everyone is under so much pressure.

QUESTION 4:

Can you give an example of where (use of unqualified staff) has impacted on service provision, or on your own workload?

Facilitators are working with young people with learning disabilities and managing very difficult transitions.

I am more concerned about the changes to senior management and the potential implications of not having a suitably qualified and experienced senior team, in terms of risk, and the impact of these changes on staff morale

Unqualified staff, along with bad management, have failed to plan for children adequately or timely. Allowing cases to drift. A qualified worker may have recognised which issues to directly raise with managers and got the case moving in the right direction.

Unqualified staff are taking on more complex cases, and then these have to be reallocated when the complexity is identified. This results in delay and a poor service.

By unqualified workers making mistakes because of lack of knowledge.

If used appropriately to support qualified staff, who ultimately carry the responsibility for the service user.

Nurse employed instead of a social worker.

The use of assistant care managers has assisted social workers in my particular area of work, i.e., adult learning disability services.

Poor case management.

The unqualified social worker was a qualified community resource worker and was an asset to our team - she has now been displaced, so this is a great loss.

Unqualified staff are unable to handle certain cases, therefore qualified staff pick up the cases and are over worked.

Unqualified Common Assessment Framework (CAF) advisors screening referrals coming into the assessment team, including the screening of police notifications, and logging on to the system without linking all siblings. For example, if a police notification is received for an unborn, they are not checking whether the older siblings or parents are known to children's services, where there could be previous domestic violence incidents.

When staff are not qualified, they do not understand the theory of practice, and do things because they are told to do it. It takes me time and effort to educate and support staff to learn about improving practice to the benefit of service users, and to enable them to challenge inequalities or prejudice and promote empowering practice in this climate of cutbacks. As a result (along with my colleagues), I do a lot of unpaid

overtime to keep on top of all the crisis intervention work.

I think more importantly, social work with adults has largely been subsumed by care management. Good care management is positive - and unqualified staff generally do a very valuable job, but it's not social work, and means that people who are in life- changing circumstances, or who need safeguarding, miss out on what social work could offer.

Possible increase in exclusions.

I have worked with a number of unqualified staff who have been amazingly skilful, and others who are not. It has been worrying in the past to find unqualified staff carrying out core assessments.

We don't use unqualified staff to carry out social work functions. Our unqualified staff support social workers in their roles.

I am no longer able to make this judgement, since I am not in a full time role. However, I do consider that many unqualified workers do have a wealth of knowledge and expertise.

Unqualified staff not being able to manage safeguarding cases, resulting in increased pressure on qualified staff to manage them.

Due to extensive use of agency social workers in the statutory service, there is a lack of consistency, continuity and local knowledge - at times the gap is made up by the efforts of Family Centre team members.

Failure to understand resource issues.

Untrained review assistants have ignored or been unaware of safeguarding issues and procedures, which has meant the situation escalated, and then had to be dealt with by a manager and experienced social worker.

Being disciplined after trying to do too many duties at once.

Frees qualified workers up to focus on what they are required to do, providing the unqualified staff only undertake suitable roles.

Increase in caseload.

Gives a different perspective on issues.

Using the few remaining back office staff to carry out front line functions, has put a huge pressure on them.

Unqualified staff are undertaking initial assessments and frankly getting it wrong most of the time. Missing out on significant legal duties and working mainly to the medical model.

Generally unqualified staff would be allocated work which may otherwise have to be managed by qualified staff. No change in policy to use of unqualified staff yet in my team, but I feel unqualified staff are often given cases which are beyond their training and experience.

A challenging and complex 14 year old teenage boy who required a pro-active qualified social worker was allocated a community care worker who did not have the knowledge, foundation or experience to support

him appropriately. As a consequence, his placement broke down and he had to move on.

Support worker can be seen to be less threatening to a client than an approved social worker.

I have observed a loss of morale with social work colleagues and reports of an increased workload. One team is reported to have doubled their intake of social work students, while qualified social worker posts have been reduced.

More work allocated to support staff, particularly complex cases.

Working independently, I see the negative impact on services all the time, from youth offending service to family work.

Slowed me down, as unqualified worker could not make decisions.

Inaccurate, non-evidence based assessments that I have had to repeat.

Less proper assessments completed, so less resources assigned appropriately.

Support workers lack confidence in child protection social work, as they have not had appropriate training and this impacts on their working with families. I supervise workers who are uncomfortable with the responsibility placed upon them.

Lack of social workers resulted in unqualified staff taking over more of the case management role to prevent crisis. This was positive in the sense that the lack of social worker was not as immediately obvious, but at the same time negative, as it meant that their efforts worked as a crutch so that the broken system was able to hop along longer than it should have, without being as obvious about the negative consequences it had on picking up the planning and statutory pieces of work required.

Unqualified staff lack the training to understand what they are observing. This makes their work less reliable, and possibly needs to be re-done.

Social work ethics are no longer a priority. The new management speak is about targets, staff regulation, maintaining distance, etc., etc.

Less preventative work and higher thresholds.

Non-social work staff taking key responsibility for adult safeguarding cases.

Less direct social work with child or young person or family, and also less direct social work with adults and older adults.

Unqualified staff struggle to set boundaries, and often this results in them creating dependence, they are not able to stay task focused and prefer to keep people on their caseload long term, which then impacts upon the rest of the team's caseload.

The use of social work assistants in working with young people to develop the self-esteem and to advise parents on behavioural management.

Staff are stressed and this leads to sickness.

Untrained, unskilled workers carrying out complex assessments, have made mistakes and been liabilities in terms of safeguarding for children.

Delivering parenting groups. Volunteers used now rather than casual staff in Children's Centre.

Slower to progress referrals. Repeat questioning of service users.

Observation of children made by unqualified worker missed grooming behaviour of parent.

There is less money for off-site practice assessors. Qualified staff are too busy to be on-site supervisors.

When I worked in the older people's team, all our therapeutic groups were cut. Now in the under 65s, it is great to have support staff who can assist very practically, and who are also good workers in their own right.

I have seen during supervision of staff, or in providing professional advice and guidance, examples of excellent work being carried out by unqualified staff.

Expecting unqualified workers to make decisions about the on-going day to day care of vulnerable teenagers.

Unqualified staff were used to cover Children's Duty and to complete both Initial Assessments and Core Assessments, until Ofsted inspectors found that this was happening. My experience, of late, had been that thorough checks of previous records and family members were not being made, and this led to 2 children being taken "from the frying pan into the fire", until I recognised what had happened.

A social care assessor's assessment of a situation was completely different to mine, as they were considering finances when making the assessment. I completed a needs-led assessment in partnership with the service user, with many different priorities to the social care assessor.

Community psychiatric nurses (CPNs) expected to do all social work input with patients in a community mental health team, as social workers have been cut back by management.

Tasks delegated to unqualified workers often lead to the dispersal of convoluted or inaccurate information to service users, leading to dissension, compromised trust, and professional degradation.

As a commissioner who receives referrals from local authorities (approx. 70), almost all have spoken of cuts, redundancy notices, morale being badly affected and level of sickness appears to have increased. Many teams have been disbanded or money spent at a higher level trying to reduce costs, while ground staff are working longer hours to cover duties, due to less staff.

Unqualified workers do not know the law.

My experience is that if used for specific functions they can do a good job, they can free social workers up from doing non-social work tasks, and give them more time to do what they are trained to do. They can also be asked to do things that a qualified social worker should be doing.

Cuts to front line under the cover of "service improvement" or modernisation, has led to increasing waiting lists.

Greater expectation placed on fewer staff.

Some very able unqualified social work staff. Limitations on cases they should carry, but overall, the service would suffer without them, unless replaced with qualified staff.

I have noticed more and more 'tools' such as the recovery star and a new Health of the Nation Outcome Scales (HoNOS) sheet, where the answers you mark in the first part, dictate the score or the course of action that should be taken. This leaves no room for individual circumstances, and would seem to be a cost cutting exercise, as it could be seen that anyone can fill the forms in.

Family aides take on roles within cases which are managed by qualified social workers. I decide which tasks are relevant, and are suited to the skills or development needs of the family aide. Examples include taking part in VIG (Video Interactive Guidance) parenting skills sessions with a trained colleague, participating and assessing quality of contact between children and parents.

I am the supervising officer for a client who is seen by an unqualified worker to ease my own workload. Drug testing and treatment orders are case managed by a social worker, but the clients are seen weekly by an unqualified worker. Again, this eases the work pressure on my DTTO (Drug Treatment and Testing Order) social work colleague, freeing her up to see other clients.

A service user had been classed as 'difficult' by an unqualified worker. A lack of theoretical knowledge to underpin practice resulted in the client being 'labelled', when in fact there were wider social issues to be considered.

Their role is very prescriptive, and they have been used to cut services.

Narrows our own experience, and also distances us from our clients. Doesn't seem to lead to reduced workload, either!

I have seen unqualified staff picking up safeguarding work (and doing it very badly).

Court duties.

Family support worker carrying out assessments, and missing vital information, has led to children being put at risk of harm.

I have chaired conferences where student social workers are undertaking the majority of the work on child protection cases, and do not appear to be receiving the necessary supervision. While work is often thorough, they clearly lack the experience and knowledge to undertake robust assessments.

In the game of number crunching instead of placing the needs of the service user to the forefront, the use of unqualified staff gives the appearance that we are managing higher numbers. But what happens when something goes wrong because the unqualified staff member has not had the required knowledge or expertise to support with the issues?

Unqualified staff are being asked to make decisions that may not be in the best interests of the service user, due to lack of knowledge in that area.

In the past I supervised unqualified workers who held looked after children (LAC) cases. They were all

excellent workers, and very committed to the young people they worked with.

Cuts to unqualified staff posts leaving little impact.

Unqualified staff require intensive supervision and are therefore more expensive than qualified workers.

No one able to take student social workers. Adult services have cases piling up. Thresholds high in children's services.

They have 'kept things going' but cannot bring full social work assessment, and lack a breadth of experience to work holistically with cases, that can only be to the detriment of children and their families.

One rehab ward closed, voluntary sector organisation closed, support worker posts lost, reduction in admin support.

Foster carers observing, commenting on contact, social work assistants undertaking complex direct work with children, students and newly qualified social workers having unacceptable caseloads.

Some of the workers are qualified as health professionals and not necessary social workers, therefore they have to ask social workers a lot of questions in the team to carry out their task, to avoid asking team leaders or managers, this is time consuming.

Unqualified staff used as duty workers.

Access to other members of staff has on the whole been positive, due to them being qualified in other areas such as substance misuse.

Having to supervise and advise staff, even though I am not a manager.

My case load numbers are affected by the fact I only do emergency duty team (EDT) work, but if I was full time in an agency, it would be higher. I think good support staff, if properly used, are an asset, social workers can be too precious about it.

Non-qualified social care workers undertaking tasks at high end tier 2 or tier 3 work, which in the past would be provided by social workers. This has impacted on the quality of assessments, and the interventions provided, in a negative way.

The support that our unqualified staff can provide is excellent due to their experience. They cannot, however, take on child protection work, and this is where the pressure lies.

Unqualified staff being expected to write hearing reports. This would not stand up in court, if needed for an adoption or permanence case, at a later date.

We should welcome a range of skilled and experienced people being involved in our work, including volunteers.

As a qualified social worker, I have been brought to task over the content of my assessments as I am not churning them out at the rate of the unqualified worker, who, in my view, is not completing the assessment fully.

In relation to re-ablement, the lack of social worker input at the start of the process can lead to people not being re-abled, but traditionally cared for.

Unqualified staff have good intentions, but are not trained to work in certain ways with service users and are also expected to carry out assessments and carry more risk, which is unfair on them.

Unqualified workers now manage all of the child in need cases, leaving qualified workers to manage child protection.

Services that are delivered as a simplistic response to a family, rather than any attention to the underlying issues.

Some workers are unable to be objective and do not always have the same understanding of the issues for service users.

Breach of legislation to start with, and mistakes are made and workers are unable to make decisions.

In my area of adoption support, much is left to adoptive families to support each other, where guidance and support from experienced and qualified social workers is necessary to understand the complex needs of their children. We have never had a proper team in my authority and still only have two full time staff to cover the whole county.

Unqualified staff replacing qualified staff - more supervision needed and joint working in certain circumstances.

More assessment by nursery officers, where previously they were done by social workers, leading to more basic, less in-depth assessments.

Requests for unqualified children's centre staff to supervise initial contacts and prepare reports for court, etc. This is a new area of work for them, and has required increased management support.

All unqualified family support workers have now left, they did do a brilliant job. We have just undergone radical reorganisation into units, it's too early to say how it will impact on work.

Only happy, as less case work for team.

Social work assistants doing social work roles, and therefore not available to do their own role. This means a loss of a valuable resources, which when used correctly, can have a positive outcome on a vulnerable family.

I can provide many examples one in particular, when I unqualified worker informed a family that a relative was at risk of choking, and as a consequence the family thought that they should not give any liquids, and the person was nil by mouth for a weekend.

Unqualified staff being used as a holding strategy, or to take initial assessment but with close supervisory support.

As an Independent social worker, my commissions for completing assessments for court care proceedings have dried up, and I am left wondering how these complex reports are being handled, and more importantly by whom, and whether those individuals have the experience or necessary skills to do so.

These reports are critical, and need to be of the highest standard, as life-changing decisions for children and their families are often dependent on them.

Little time to prepare good training, and little time for staff to take part in training.

Inexperienced workers with limited training holding responsibility for complex safeguarding work, especially emotional abuse and neglect.

What worries me more is that the temporary staff we have hired to help cope with our staff shortages are actually qualified social workers being employed at a lower grade of unqualified worker, and as they are only temps, they are not offered supervision.

Less theoretical knowledge has meant somewhat oppressive or discriminatory work or actions.

Our organisation went out to tender - a voluntary organisation won the contract and I will be TUPEd over to the new organisation. I have been told there is a post for me, but I am unsure of what that entails.

Lack of confidence and knowledge of the worker concerned.

Professional staff don't have time to spend engaging staff, so support staff are utilised for time saving to allow professional staff to report write and juggle the demands of competing high risk cases.

Unqualified staff are only used as family support workers in my team. They do not do assessments or take case responsibility.

There's an attempt to use unqualified staff to fill qualified staff vacancies.

Lack of relevant experience impacts on service provided to clients.

Disclosure of inappropriate information, lack of confidentiality.

Due to lack of training, unqualified staff have been unable to provide the service that is required.

I am not directly affected, as if offered a poor service I have the option to use private funding instead. However, this is happening more frequently.

An 18 year old who has severe physical and psychological difficulties, who also has attachment anxiety, as he is very dependent on his mother to make decision on his behalf. Following the assessment, we agreed that we would support him sensitively and in a timely manner into adulthood, which doesn't unduly challenge his anxieties further. A personal budget was provided. At this point, another team of unqualified staff carry out a visit to discuss how the person wishes to use their personal budget. Despite alerting the worker and their manager to the complexity of the young person's needs, the approach used by the worker from the other team did not take any consideration my assessment, the support plan and the recommendation made. The young adult cancelled all support after talking with the other worker, as he felt pressured into making quick decisions to accept services before he was ready. This young person could lose out on the potential to grow into adulthood with more confidence and independence and eventually lead and more fulfilled adult life. I'm now negotiating as I feel that this person requires the skills and knowledge of an experienced qualified social worker throughout the process of personalisation.

Unqualified staff have been used to make assessments of families, and although some of these staff are

highly experienced, they are clearly not being paid the same as a qualified social worker for doing the job.

Complex cases being held solely by social work students, or in the new units, a Business Support Officer!

I work in an adoption team, and as a result of the government's focus on adoption, we are due to have a family support worker join our team; we have never had a family support worker in our team and this is expected to improve the quality of our work.

Under similar pressure to qualified staff. Unavailable to provide support to qualified staff, i.e., contact arrangements, wishes and feelings work.

The use of unqualified staff in all areas has been beneficial – they are highly motivated and creative.

Unqualified staff are unable to cover the duty rota, so more days per month are spent covering duty.

A lot of unqualified social workers are doing a very great job. However, there is always a risk that the lack of underpinning knowledge in theories, legislation, policies and in some cases, values, could arise and pose risk to clients if the unqualified worker is not supervised closely and properly.

Unqualified staff have been helpful in taking away some of the more administrative aspects of my job, but inexperienced assessors need lots of support and may make inappropriate decisions, which lead to more work in the long run.

Dealing with complex caseloads, putting community care workers at risk of making bad judgements.

Reviews are being carried out by unqualified staff, and in older people's services, nearly the whole team of monitoring and reviewing is managed by unqualified staff. This means decisions are being made from a position of ignorance.

Support packages for young people in foster care and post adoption support packages being cut. Transport for contact is a hugely problematic area.

Alternate values, 'support worker' versus 'social worker'. It can be more oppressive and less client centred.

Unqualified workers involved with looked after children, with limited knowledge of issues such as attachment and child protection concerns.

Failing to identify child protection concerns.

Parenting assessments being automatically undertaken by family centre staff, who are not social workers. Impact on social workers of not developing skills in this area.

Some support staff have more life experience and better communication skills than qualified social workers.

Unqualified staff completing reviews/ assessments over the phone.

No impact, but feel that the unqualified workers are being given a raw deal.

Lack of understanding and "holistic" thinking. Not always balancing all risks or considering the impact of decisions made.

Assistants have left the organisation due to increase in caseloads around reviews, etc. This now leaves the team short of workers for joint visits and general support for families, including life story work, and regular monitoring visits to support qualified workers, who no longer have the time for such luxuries, unless the case is child protection.

Students face stress of teams under more pressure.

Services are becoming increasingly unreliable, as unqualified workers are less accountable for their role.

I act as a mentor to staff, as well as training of Mental Capacity Act Deprivation of Liberty Safeguards and NHS continuing health care. There is no difference in what I am required to ask of unqualified staff, compared with qualified colleagues. The responsibility they take is huge, but they are paid significantly less.

Lack of training and experience in dealing with a child in care who was self-harming, thus putting her at risk.

Care managers assess and arrange care plans. We have had unqualified staff reducing support without any communication with Care Management.

We have some really excellent unqualified staff in the team, many of whom are now enrolled on social work training, but it increases manager's workload, as we are designated as co-workers for their looked after children (LAC) cases.

Unqualified staff have created situations where service users have become disempowered because of dependency issues, whereas I work to a model of recovery.

Lack of knowledge and values in decision making.

I work in the voluntary sector, and funding is delayed by local authorities, reduced contracts and lower level staff undertaking roles previously done by qualified staff or at a higher level.

An experiment in 2004 creating a care manager role at the same grade as social workers, has left us with staff who cannot fulfil all the functions of a social worker as they are not social work qualified.

I faced a situation last year where I tried to pass on a mental health officer case of a person under 16, who had been detained under the mental health act, to the children and families service. In my local authority, duty sessions are now being undertaken by non-qualified support workers, and I was unable to speak with a qualified worker. It took an unacceptable length of time for an unqualified worker to carry out an assessment and accept the case transfer, by which time the service user was discharged from detention, and the designated mental health officer role had ceased. There was no opportunity to carry out a professional casework transfer, which may have detrimentally affected the service user and family. This felt highly unprofessional to me, but there is no opportunity to raise these concerns within my local authority, as senior managers will not listen. I hope that no tragedy occurs as a result of the continuation of this practice.

Supporting contact, where a social worker could use observations skills to enhance assessments and family support.

Initial assessments being undertaken and child protection indicators being underestimated, leading to cases

being referred again for similar issues, particularly regarding domestic abuse and substance use.

The criteria for child protection has changed, in that social workers are dealing with higher end families. This has led to unqualified family support taking on cases that should be dealt with by social workers.

We did have social work assistants, which was helpful, however this has not been continued. Many cuts around us, we (child protection will be the last to go) family resource teams have gone.

Outreach support to looked after children (LAC) and foster carers is a necessary aspect of the service, in meeting the needs of LAC.

Above both positive and negative. It devalues the qualified workers, but it also takes off some of the case work pressures, a double edged sword.

Lack of respect from service users. Assessments less informed. Practice undermined. New workers leaving field.

There is a definitive role for unqualified staff, and some are very capable. However, it would be detrimental to the profession should we recruit in place of qualified workers because of resource or financial constraints.

Daytime assessments not being as thorough as needed, with no overall perspective being taken, as workers concentrate upon the task in hand to the exclusion of everything else.

Home care reablement staff taking more responsibility for assessing need.

Using students to fill gaps.

Only qualified staff are recruited in social work teams within the local authority I work in. Caseloads have become more manageable, as number of staff has increased after several years of (semi-permanent) vacancies.

Less courses being delivered for qualified staff. Qualified staff unable to share their knowledge through training delivery. Increasing difficulty in locating sound placement learning opportunities for social work students.

Where decisions need to be made, yet are delayed due to a lack of autonomy, experience or knowledge.

Sadly many community care workers (CCWs) have not had adequate training to undertake the social work role, and lack insight into the larger picture - analysis can be poor.

Needing to take on more work for no pay rise. Having to challenge senior managers as to why I need to continue to support a family rather than cut their service short.

I can't think of a specific value, but I think it undermines the skills of social workers, and means that for the client issues may be over looked, which may have been identified by a qualified worker.

Cases allocated to unqualified workers; abuse or incapacity issues arise, so qualified workers step in to do part of the work which never appears on their workload; also much time spent supporting and advising unqualified workers beyond their skill range.

Sending out two members of staff to deal with an emergency (one newly qualified, one unqualified, as neither could have managed it alone. Previously, it would only have taken one experienced social worker to deal with this. In the end, neither staff member contributed much to resolving the situation, and it fell on the family member to do majority of it, waste of resources.

Loss of public perception of social workers; it is often important to the public that the qualification is in place when working with them.

Impact is variable and sometimes positive, sometimes negative. One example from practice, unqualified staff are usually asked to do life story work with looked after children, and often don't have any qualifications for this skilled work ...it is not just collecting photos!

The local authority for which I worked prior to becoming independent had within the last three years very much moved away from using unqualified staff to undertake social work tasks. This had been something that previously they had relied on.

Social work assistants taking on assessments.

In my child protection team, the role of unqualified workers is very limited, so all the pressure is on qualified workers.

Contracting out therapeutic input, despite lack of qualifications (albeit to staff with best intentions).

Work has not been completed to an acceptable standard. Relying on other workers to do your work makes it difficult to know what has been completed and what is still to be done. Cut backs are making it difficult to facilitate quality contacts between children and families.

I think there is a move towards unqualified staff doing more and more, and we will be left to do high risk adult and/ or child protection cases only.

Unqualified staff carrying out care reviews, and not recognising when a re-assessment by a qualified social worker is required.

Use of assessors is a positive move, as it helps social workers to reduce work load.

Unqualified workers are supervised by qualified workers, and therefore, the qualified worker is still responsible for the cases.

In my previous post, the team was halved overnight and this reduced capacity, though we were still expected to take core referrals. When I left, my post remained unfilled, and managers seemed more interested in getting a full time person in of whatever grade rather than a qualified part time social workers.

Unsupervised workers carrying out parenting assessments and solely supervising and assessing parent and child contact. As a qualified worker writing the assessment and making the decisions, I would like to have time to do these things myself.

I have worked with unqualified workers who have been signed off work through stress because of worrying about holding cases which they had not had the training to work. This has led to staff shortages, and qualified workers asked to cover their cases as well as their own.

Social work assistants are used now to supervise access between children and their parents, which impacts on the time the social worker has to build relationships with families.

It can mean that assessment is service led and not holistic, and as a result, the services are not sufficient to keep someone safe.

We use volunteers in our team to support us in the direct work with preparing looked after young people for leaving care.

No impact as yet, but plan is to use social workers for Safeguarding and DOLS leaving admin and unqualified staff to screen and carry out simple "personalised" assessments.

Parenting assessments are completed by family support workers. Often descriptive and lacking analysis.

Quality of life story work and later life letters.

Double work as task not carried out effectively by unqualified member of staff, as they did not have knowledge and experience.

Unqualified staff are now working with high risk families, without the additional support and training needed to equip such staff to deal with risk and child protection concerns and procedures.

When things go wrong, then we have to deal with a problem, which could have been handled better with my experience.

In children's social work, use of unqualified staff has been reduced.

Unqualified staff have reduced some of the pressure, however, they are expected to do the same job as a qualified worker, with less training and less money.

Unsupported Family Support Workers (with 6 months experience in Children's Services) have been carrying caseloads of 30, and understandably require a lot of support, which is coming from colleagues due to lack of support from managers (Norfolk). Newly qualified social workers are supposed to have protected caseloads and support so surely there should be regulation around Family Support Workers? The risk to families and the staff is enormous, as they are expected to make decisions which they are not skilled enough or trained to do.

In the short term, unqualified staff support is useful as some duties are performed sooner, but in the long term it leads to more time being wasted as I end up having to do the job again myself using more of my time.

Cases passed to me because unqualified staff are unable to manage complex situations.

Service users do not get the same quality of assessment and care management from unqualified staff.

Only qualified staff can take safeguarding cases, which adds to their workload. One qualified staff member can end up with more than one safeguard in a short space, if there are no other or not enough qualified staff available.

Using volunteers or unqualified staff means that some cases are not handled by someone with the

background experience to understand complexities of patient and family life and therefore do not get as good a service as if a qualified worker took it on.

Lack of understanding of child protection procedures, fear of challenging parents.

Unqualified case holders. Unclear of how to address needs.

There is an expectation that Family Support Workers do the direct work for 12 weeks. Social workers do administrative roles, writing repetitive reports and not having time to effect change.

Reviewing packages of care taken over by social care co-ordinators has freed up care manager's time.

Children and young people looked after long-term are regarded as safe and manageable cases for unqualified staff, when in fact they include the most vulnerable and damaged population.

Given the highly 'administrative' nature of current social work practice in local authorities, unqualified staff can be very effective. Sometimes inappropriate use of such staff in adult protection/ safeguarding situations.

New foster care assessment team – 3 newly qualified social workers, consultant is the only team member with experience in fostering. New foster care support team - all unqualified workers apart from social work consultant, who had no previous experience in the fostering team.

I am independent and local authorities have cut services to fostering, therefore less carers are being recruited, less children coming into care - thresholds have changed?

Currently working as independent reviewing officer - foster carers - noticed that requested reports or feedback were not available.

Where service provision has been absorbed into the private and voluntary sector that was previously carried out by social workers, lack of training and understanding about boundaries issues can compromise empowerment and safety.

Redundancy has resulted in loss of expertise and put pressure on remaining staff.

There is a lack of understanding of risk by unqualified staff members who lack experience. Therefore no action is often taken, where in the past we would have taken a history and set about setting up a service or connecting people to a resource, and as a direct result I have seen people sit in hospital for far too long. I have many examples of very poor practice in the multi-disciplinary team and I do feel like every day is a battle to maintain a standard of service that is acceptable and that we would expect for ourselves. The council has set up a call centre with non-professional staff fielding phone calls we would have taken in the past.

Whereas previously social workers were required to carry out assessments on parents, this is now done by unqualified staff (some to a good standard) but when it comes to evidence in court re: permanence, we are now more often required to get any further assessment carried out by psychologists, etc., as unqualified and social worker assessments are not good or thorough enough.

Would only be used in supportive role, doing things social workers don't have time for, so good.

There are many unsupervised staff who do very good work, exposing poor work and apathy by qualified

social workers. It is about the quality of staff and allocation of work correctly by management that is the key issue.

Poor assessment leading to delays in service provision and response to safeguarding issues.

Use of nursing (NHS) staff in situations requiring more socially orientated approaches or a legal perspective, leading to conflict with an NHS body.

Time constraints and inexperience lead unqualified staff to practice reactively, not looking beyond presented information and initial problems.

Unqualified staff assessing need and developing care plans... They have had a lack of knowledge of psychiatry and therefore cannot properly develop effective plans along the lines of recovery.

As a recent team manager in a child protection team, unqualified staff were being used to undertake more and more complex work. This meant that as a manager, I was shouldering huge responsibility and work load in monitoring this.

Staff have had no training in therapeutic or restorative practice. Are using own experiences which may not be appropriate or relevant to the situation. Don't have a reflective approach.

Joint working with unqualified but experienced staff has enhanced knowledge and experiential learning.

Support workers can provide a quality service to service users and valuable support to the team.

We have very good examples of band 4 workers in family placement doing community development work, and also in 16+ doing life skills work. I think we should look positively on skills mix but being clear about roles and responsibilities.

Unqualified staff have unknowingly given service users incorrect information on Adults with Incapacity (AWI) Act.

Mistakes being made. Unqualified workers are very procedure driven. They do not question the process so the quality of services is going down.

Lack of understanding in some areas and also they can't do Scottish Children's Reporter Administration (SCRA) reports.

Para-professional free up qualified social workers in undertaking some of the less statutory responsibilities, freeing qualified social workers to undertake complex cases.

Many unqualified workers can engage with families as they are not seen as being the stereotype of a social worker.

Expected to undertake the formal written aspect of case management at arm's length from the client - with largely second hand information.

Able to support social workers by doing tasks that do not require a qualified worker freeing the qualified worker to deal with more appropriate tasks.

Less qualified staff have led to higher adult protection expectations on the qualified staff I manage.

Introduction of the para professional role has produced degree qualified staff, who can often deliver a high level of service. However, their decision making and value bases often require more training.

Unqualified or inexperienced staff often result in needing more supervision from qualified staff, which then leads to the qualified staff having less time to do their own work - false economy.

Support workers doing office duty - still require a qualified with them. Failure of recovery model to ration services for chronically unwell service users. We currently have a waiting list for allocation.

These workers actually feel resentful, as they are not being recognised for their worth and status. This is low morale and poor for clients. These workers continue though to give good service, but it is not right.

The standard of social work in the UK is very variable in my experience, and so qualified and unqualified people both have skills and knowledge sets of different quality - being qualified is not the only determinate of good practice. I have experienced non-qualified staff in the voluntary sector working within a fostering service - and in my view they have not had the depth of knowledge or experience to carry out all aspects of their role.

Hour long care support have been cut to half an hour or even fifteen minutes, rendering the quality of care questionable. I have associates who have taken pay freezes, and given the option to drop to part time of face early redundancy. I have been offered social work jobs only to be told there is no money to pay me yet and I will have to wait to start work until the finances can be found. I'm still waiting. Quality of assessments has led to difficulties in meeting needs. Care agencies report they have attended hospital discharge meetings without the allocated social worker present; gone on to agree packages of care and then informed the social worker after the event to go and secure the necessary funding.

Unqualified staff unable to manage complex cases. Experienced staff left to pick up the pieces.

As an independent practice educator, I can see that student social workers are only expected to think at a level more suitable to support workers.

The progress of service users through adult social care has been divided into chunks and social workers are being focussed on safeguarding and complex work - their decisions are then questioned by staff in other parts of the process (e.g., brokerage) who do not have the knowledge of law, policy and social work skills and values to understand why decisions are made as they are.

Their risks are passed on to qualified social workers who monitor them and this becomes additional cases.

Some family support workers refer cases to my service which do not meet our criteria, however due to their lack of understanding and experience we are often asked to support them to make decisions which they should be doing independently.

Unqualified staff can 'churn' through work quickly but do not always have the complex skills to communicate effectively, and to recognise issues that might in the longer term lead to safeguarding. A qualified social worker can see a situation very differently to an unqualified community care worker who may be process and policy led, through no fault of their own, sometimes without the confidence to challenge panel decisions, management or poor practice. There is also a woefully low understanding of community care law and when cuts can be made lawfully, and the duty to assess and provide services.

Staff not having the skills and knowledge to see the full picture.

If there is sickness/ training/ holiday periods, there is no slack in the system to cover this.

Leads to increased burn-out through inappropriate recruitment, lower standards through inadequate staff training, experience and qualification, and inevitably more skilled personnel end up addressing the accruing problems, thus increasing their workload in the longer view.

Organisation of training for foster carers is by unqualified staff who do not recognise training needs or advocate effectively about training requirements. Unqualified worker managing groups work with vulnerable young people limits how well the hard to reach are engaged e.g., children with disabilities.

My job has become computer based and I rarely see service users, my role of advocacy and support is now in the private sector.

Unqualified workers do not have the background knowledge and this delays proceedings.

A trainee social worker being given a complex case to manage without a developed understanding of attachment disorder and how it affected the child's behaviour and functioning of the family. Led to too many assumptions and lack of appropriate intervention.

I work for a fostering agency and I can see local authorities are reluctant to place long term with us now. Recently a local authority pressured one of our carers to accept a special guardianship order (SGO), or they would move the child to long term care with an in-house carer. It looks like local authorities want to use SGO now to convert foster placements to save money.

It isn't always bad - passionate Independent Mental Capacity Advocates (IMCAs) have gained outcomes for people that the system has been resistant to deliver - some of the problem is that social workers have become institutionalised and however experienced, they are people outside the system can often deliver better service.

Have not seen this through my work, but through other agencies. The home school link worker at my daughter's school has been taking on tasks which should have been passed on to social workers, but have not been allocated due to staff shortage.

Little knowledge of certain processes such as reviews, crisis situations. not out organisation but local authority teams we work with.

Failure to deal with a situation has led to immediate referral to the out of hours emergency service that I manage.

When working for a local authority - poor assessments which resulted in delays for children in courts: care orders, adoption, etc.

Social work assistant gaining valuable skills.

Increased sickness levels the caseloads then become higher.

We do not use unqualified workers in our team.

Personal advisors being asked to complete initial assessments with no training (they are holding out and refusing to do this).

Unqualified staff can support qualified workers, in particular if they have a rich set of well-reflected relevant experiences.

More direct contact with service users than social workers are able to offer. Ok but requires tight supervision.

I investigate Stage 2 complaints. These have risen dramatically this year and often demonstrate lack of knowledge or skill because work is completed by an unqualified person, especially in adult social care.

Children ended up being very distressed as the contact was poorly managed and poorly supervised, allowing an incident to occur which distressed to young children and their parent as a member of staff was not equipped with the skills to manage the situation or the experience to handle the children and their wishes.

Unable to give time to service users.

Lowers morale and expertise or at least how expertise is assessed by others.

Unqualified worker completed assessment of needs, and did not fully understand process of residential care placement resulting in numerous complaints from family.

Staff sometimes don't see the full picture.

Developing good relationships with the service user.

There has been a recruitment drive for newly qualified social workers (NQSWs) and what is being noticed is that after 9 months of being qualified and practicing, they take on child protection cases, between 5 and 10 at any one time. This has seen the morale dip and the NQSWs struggle with undertaking the tasks required of them. This goes against the ethos of Children's Workforce Development Council (CWDC).

Papers coming to adoption panel which are incomplete, leading either to deferral or a mad scramble to get the papers out and read in time.

Things take longer to set up as unqualified, and do not have the skills, etc., to provide services or answer some questions.

Increases capacity to respond to situations by working together.

Lack of support and admin staff reduction in managers.

Vulnerable adults not being allocated a social worker, and their needs not being subject to an annual review.

This is not locally but a general viewpoint - if unqualified staff are a cheaper workforce due to being unqualified, therefore vacant posts can be easily replaced as part of cost saving measures this would automatically have an on-going negative impact on the social worker workforce and identity would further be eroded.

Many staff taken voluntary redundancy, especially experienced managers.

More support needed for inexperienced and unqualified staff.

Have to pick up the pieces after an unqualified worker messed things up. This case takes nearly all my time now.

Unqualified staff require closer supervision by the manager.

Lack of standard, professional judgements, and ethics and a requirement for management oversight of the cases, instead of being able to allocate to qualified social workers.

Qualified and unqualified staff undertaking the same roles has meant that service users are receiving different service quality and input. One example is of a non-social work colleague writing a court report on a 13 year old, with no recognition of developmental factors, and ultimately this led to an overly punitive assessment and a prison sentence of 3 years, double what it arguably should have been for the offence.

Unqualified practitioners, expected to take on safeguarding vulnerable adults investigations.

I work for an emergency duty team service, and the volume of work is constantly increasing, some due to network and increasingly poor inter-agency/ disciplines ineffectively communicating, the lack of joined up thinking and ineffective and inadequate interventions.

A mixed impact. Some support workers have undertaken fantastic life story work, for example, that birth parents have felt able to engage with precisely because they weren't qualified workers. On other hand, our support workers are now being asked to undertake parenting assessments, but many do not have the knowledge or experience for these complex assessments.

Poor senior management knowledge about how to deliver services which leads to restructuring, loss of services, staff and good practice.

It has to some extent relieved some work load off qualified social workers.

Trainee social workers have been given tasks to complete on cases which are my responsibility. Although this has benefits, it also requires supervision and training and mentoring, which takes up time.

In adult services there has been an increase in waiting lists, however, this hasn't impacted our team.

Increased need for supervision of staff and more pressure when looking at caseloads and allocations.

I think unqualified staff make a valuable contribution.

Increased workload of complex cases instead of balance. More straightforward cases go to unqualified staff. Constant fire fighting.

Not being able to close cases on time due to complex cases and increased allocation.

A lot of unqualified staff carry out direct work with families, but their service is currently under review.

I have been asked to 'sign off' unqualified workers assessments or other documents. Which I refuse do to without quality checking the work, ending with me earning a 'label' of being awkward.

Assessment Support Workers expected to manage complex cases in the name of targets and 'getting the case closed asap'.

Decisions made have not always in the best interest of the child due to lack of experience.

Timescales have been under pressure workers have had long term sickness with stress.

As an independent, more has been expected of me because of the effect of cuts.

Workers providing high level family support without having General Social care Council (GSCC) registration. Such as health advice, adverse impact on service users unable to achieve desired outcome in limited time frame, especially in child protection cases.

"Assistant social workers" have been involved in safeguarding and placements and they have not had the necessary professional training, knowledge or value base to practice in a way that the vulnerable client group deserves.

Unqualified workers being responsible for very complex young people in care.

I work in an emergency duty team, therefore do not have a 'caseload' in the traditional sense, but I read the poor case notes written by so-called care co-ordinators, who don't include medical information, when this is critical in terms of appropriate assessment of need, risk and consequence.

Not noticeable yet but fear it is going to happen with reorganisation of front office (duty).

I don't see people as often as I feel I should, because I'm too busy doing paperwork which management feel is an indicator of how efficient I am. Yet if you ask my service users they would say that I'm not as efficient as I used to be, or could be.

Budgets for training have been cut, there is less training.

Social work assistants have been completing initial and core assessments. While this is excellent experience for them, I worry about the risk of them being held responsible for something they are not technically qualified to complete. It has reduced the stress for social workers, but shouldn't put unqualified workers at risk.

My post has been a temporary solution to a long term commitment. The local authorities have been considering for nearly a year whether my hospital should have two SW (one for each ward). We have a lot of very complex cases, as they are always a mixture of mental health and social circumstances, usually very chronic situations which haven't been spotted by other agencies. Therefore, I have been covering two wards and this is very unlikely to change in the near future.

These staff cannot hold caseloads, are not fully aware of risks, and are not trained in a specific field.

In my experience of taking over a case previously worked by an unqualified member of staff, important, pertinent issues have been missed and there was no clarity regarding the assessment of the children or family's needs or forward planning. I had to call a review meeting with the family and professionals to put the case back on track.

We have a team of community support workers who have greater capacity than social workers and tend to complete more of the direct work with children and young people, although this is needed because sadly there is so little opportunity for social workers to directly spend time working with children and families

Manipulation of unqualified staff by senior management to achieve desired financial outcomes, i.e., personal budgets. Lack of theoretical background has also led to mis-communication between unqualified staff and service users.

Very supportive and skilled workers. No issue with this section.

Social workers have been downgraded and deskilled with restructuring.

Unqualified staff do not feel they can challenge managers' decisions, which leads to poor outcomes for service users.

It all depends upon the skills of the individual unqualified worker, but their inability to perform qualified worker tasks only places additional stress on those who are qualified.

NHS support workers being used to offer support to my caseload.

Experienced staff made redundant.

An unqualified worker made inappropriate decisions, undermining the case outcome.

The local authority has given social work tasks to unqualified staff, including safeguarding work, and in several cases I have been shocked at how many gaps there have been at assessment and recording levels.

Looked after children do not have access to an allocated social worker, to which they have an entitlement. Care planning lacks a sound theoretical and evidence based approach. Anti-oppressive practice is also not so evident.

Ensures faster service provision because there are more people available to take on the work. I hope I support unqualified staff to complete the work to an appropriate standard.

Assessment work that is being completed by unqualified staff is checked by qualified members of staff who have had no direct access to families or children.

Calibre of work and recording can be compromised. Cheap labour while de-skilling qualified staff.

Without appropriately trained staff the assessment process is not as thorough, therefore needs not always identified correctly and subsequently appropriate support not provided.

Workload has increased by 50%.

The unqualified staff within my service do a valuable job, but their lack of qualifications means they are exploited and their continued employment masks the lack of qualified staff.

Poor quality safeguarding - increase in complaints.

Unqualified members of staff being allocated to work with vulnerable families but lacking the ability to understand the relevance of boundary keeping and the necessity for objectivity.

Our adult disability team was disbanded and replaced by one team covering learning disability, older person's mental health and adult disability, and staff now have to cover all areas without having the training or experience to do so. All have bigger caseloads and I left, as I knew this was not for me. Each reorganisation I have experienced has not been to the benefit of service users.

We are lucky to have excellent social work assistants in our department. However, it needs to be recognised that certain tasks and accountability needs to fall to qualified staff. There is a huge risk of misusing the role of social work assistants.

Admin staff completing assessments and arranging packages of care based on hospital Occupational Therapy reports. The assessment states 'see OT report' for details. Families are often not consulted.

I work in a screening team. It is important that those dealing with referrals to the local authority have good trained assessment skills, by making this an admin role it enables those at risk to slip through the net.

Family social workers completing assessments, when they would be better placed doing direct work.

Unqualified leaving care workers carrying extremely complicated cases.

There can be positive impact of a variety of skills and knowledge, however, this needs to be managed well so that people are working appropriately.

I think it's fine to have unqualified staff (as in social work assistants, contact workers, etc.) and feel they can be an extremely valuable part of the team; or students undertaking work where they have sufficient experience and support.

The only thing which has impacted on any social work I have witnessed is 'management attitudes'.

It may be positive to have the additional services of newly qualified or support worker services in the shorter term, however, it is my view that risk may be increased to both the support, newly qualified worker, and the client. There appears to be a less positive understanding of the social worker role in the public arena, and any minor element of less satisfactory service may be highlighted, in my view.

As previously stated, they cannot review a person's needs and miss out vital information that needs to be recorded to assess from the fair access to care services (FACS) criteria. They record unnecessary notes, and not enough factual notes. You have to then revisit and upset the person to get the right information.

As an experienced and longstanding (ex) unqualified worker, I know my (and others) input has been very beneficial for service users. However, it leaves me feeling dissatisfied that I now have to rely on, instead of call upon for support, the use of voluntary agencies to address unmet needs within my work with children and families.

Lack of knowledge and not identifying issues at assessment meant lower service offered.

As an agency social worker, there are less jobs available for qualified social workers.

Able to assist with the care management process.

Service users are having to wait longer to be assessed. In my own case, I am a qualified social worker but am working as a support worker, as due to social work cuts I have been able to secure my first qualified position.

Erosion of skills and demoralised work force.

Poorly equipped staff undertaking supervised contacts on court cases which are not robust enough under evidence!

Increase in referrals to Children's and Young People's Mental Health Services for issues previously dealt with by field social workers.

Fieldwork has not been affected by cuts but fostering and adoption has been decimated with staff cuts and pay cuts. Family support is also being hugely affected by re-structuring and cuts.

Unqualified worker being unable to fulfil their usual support role because given assessments, etc., to complete (that was when working for a local authority) = leads to more pressure on me and makes it more difficult to do my work effectively, or give enough time to families.

There are some excellent unqualified staff but I have witnessed unqualified working with complex cases, and know they have felt out of their depth and unsupported. I am new to this authority, but it was the same in my previous authority. I also think there have been occasions when situations of risk and safeguarding may not have been picked up on due to lack of training by staff.

We don't have staff in our team who are able to address simple paperwork tasks, and have a high number of newly qualified staff and students who are left to pick up work they really aren't supported with or qualified to do, I feel assistant social workers would be cherished!!

Unqualified staff supported and trained adequately contribute greatly to safeguarding children and supporting families. Unqualified staff are able to carry lower level cases, which gives social workers more time to focus upon higher level child protection, complex cases.

They are reviewing packages of care and residential care placements.

Lack of quality, holistic assessments - no challenging of restrictive budgets or inappropriate cost cutting procedures.

The reduction in unqualified staff has led to huge work increases for the qualified staff.

Unqualified staff often have better relationships with the families and children, but this may be because they do not have to enforce a statutory function.

Support workers carry out low level tasks on cases overseen by a social worker such as note taking, letters, telephone calls and monitoring visits, which protects time of social workers to complete specialist work.

The family support worker is writing single issue reports for the court-section 7 mainly. This gives solicitors the opportunity to reject reports, even if excellent, and prolongs court cases and duplicates work. They are not able to do the family support work and direct work with children that they excel at. This means I have to take on more of this work (preparatory work, life story or wishes and feelings).

Lack of expertise has placed service users at risk. Understanding social work theory, legislation, etc., underpins our work and if someone has no background in this and works with people, sometimes there is a greater chance that they will act on their instincts, which are often very judgmental and lack sound knowledge of psychology, etc. I have read assessments written by untrained staff who have been asked to review residential care and community care cases. A good percentage are appallingly written, with little regard given to respecting dignity, diversity and difference. This is not surprising though because the simple problem is their lack of training and 'expertise'.

Work in a complex case team with adults, safeguarding issues, mental capacity, best interests. Not enough social workers and taking advantage of none social workers on less pay, having to get them to deal with social work cases, as there are not enough social workers.

Unqualified workers holding complex cases and feeling vulnerable - coupled with rising thresholds for services.

Staff not understanding complex situations, and escalating tensions in families and towards social work staff and giving poor advice.

Poorer service for clients and heightened risk.

Unqualified staff in children's customer service centre saying they are unable to advise health professionals on child protection matters, stating "I can't advise, I'm not a social worker." Same staff member deciding on child protection priorities.

Unqualified workers holding complex cases, and sometimes supporting safeguarding cases.

Unqualified staff are often very experienced. However they are given responsibilities which outweigh their role, e.g., in safe guarding teams being used to manage caseloads when qualified staff are not available. They are left open to abuse and criticism.

Some family support interventions are very good. However, some family support assessments are not in depth enough given that child and adolescent mental health services (CAMHS) do not work with our children, as many issues relate to environmental, adverse life experiences, relationship issues. Therefore I feel that non-qualified staff should be increasingly competent to undertake therapeutic work with children and families.

Unqualified staff are over-loaded with complex cases for which they have insufficient training or pay scale to reflect their practice. Often they are not receiving adequate supervision and rely on peers to informally guide and assist.

Easier for untrained staff to carry out 'inappropriate' management decisions.

No knowledge about the deaf awareness when working in sensory services team.

In some cases they are not so well informed, especially on the theories behind behaviour.

Unqualified worker used in child protection case unsupervised.

Inappropriate relationships formed with foster carers by unqualified staff, which made the formation of appropriate relationships with qualified workers (when the case transferred) extremely difficult to establish.

Expectations of the supervising social work role had been compromised by the previous unqualified worker.

Students given a high level of responsibility.

Unqualified staff interviewing fostering referees - less depth.

I hear often that having to supervise newly qualified social workers takes sometimes more time than doing the job yourself, as they are not qualified to do it.

The increased use of social work assistants in direct work with service users has enabled care packages to be more flexible.

Social workers' jobs being deleted and replaced by unqualified staff, means more complex work given to smaller numbers of qualified staff, which results in stress.

Unqualified staff being asked to take on responsibility for caseloads inappropriately; supportive services which non-qualified staff used to do being cut.

If an unqualified member of staff replaces a qualified social worker, it affects the remaining qualified social workers, as they then are responsible for picking up all vulnerable adult cases.

Unqualified social workers can provide an excellent avenue of family support, support to a child and supervised contact, and an experienced unqualified worker can make a positive contribution and often be more accepted by a family than a social worker. But they should not be used to perform statutory duties, no matter what pressures a team are under.

Additional support for preventative work with families.

Delayed allocation and higher threshold for referrals into local authority teams.

Poor decision making. An unqualified worker had planned to place a vulnerable young person in accommodation that was totally inappropriate. They had followed a tick box process and showed little in the way of analytical ability. The service increased the number of unqualified staff from a 50/50 split, to a 54 unqualified to 1 qualified. This placed an increased burden on qualified social workers to have predominantly complex case loads, and high risk interventions.

Part time staff having to undertake full time responsibilities.

Historically I worked within children's services, where social work assistants were available to co-work. This had a positive impact on service user outcomes within my case load.

Creates risk to service users and erodes the social work profession.

Care manager assistants taking over qualified social worker assessment and provision roles in local authorities, notably Kent.

Manager post being covered by manager who is an unqualified social worker has put focus more on budget rather than service user need/outcomes.

Non-social work managers trying to supervise and manage locum social workers. The blind leading the blind, resulting in a poor service.

Standards of service and support degrade. People not recognising social work tasks and saying "we don't do that".

Poor quality assessment skills leading to poor identification of need.

Poor advice given to older people seeking support to live at home.

Carer support workers make working with clients with complex family situations easier and more boundaried.

Unqualified workers being sent on initial visits that are not child protection related.

Contact supervision and family support at common assessment framework (CAF) level.

Trainee social worker came to work for the service, however, although she carried out assessments under supervision, once she had left it was noted that some of the work was not suitable to meet the needs of the client.

Not own workload but colleagues, where the use of unqualified staff (or at least those not experienced on social care work), has meant there have been mistakes in processes within the team.

Because unqualified social workers are doing qualified work, it is giving a false idea of staffing needs.

Due to high caseloads given to qualified social workers especially of a senior level, work can be delegated!

In my case no impact, as the people have been very good, but they say they feel "unsafe" and under-qualified when doing some of the work.

We have delays in some assessments for continuing healthcare being delayed because primary care trusts (PCTs) are refusing to accept assessments from unqualified staff.

Appropriate use of unqualified staff CAN have a great positive influence on service provision, but the use of unqualified instead of qualified can often mean clients are not getting the services they need.

In my particular role there are no unqualified staff, however the negative impact upon morale is noticeable.

Need to supervise unqualified workers, they are stressed and not managing.

Peer support, use of volunteers can be helpful if well supported, therefore they are not a cheap option.

QUESTION 5:

How have cuts to back office staff impacted upon your own role?

A large amount of admin and co-ordinating meetings. More and more human resources work without real support, e.g., managing high level capability and sickness absence.

Requests for support results in being sent an intranet link, which is always subject to interpretation. A wrong decision can be disastrous for an employee.

Typists and admin staff cuts, leaving social workers less time to see service users as spending more time typing!

Preventative services are very limited, which leaves problems growing for years and then explode at some point when we have to pick them up as child protection cases. If more preventative work would be done, some problems would not exist.

Within local authorities I conduct work for, admin staff have gone, so no message can be left for social workers. Social workers are very stretched, and not able to pick up some urgent calls on time. Social workers being asked to undertake traditional admin roles, e.g., carrying out criminal records bureau (CRB) checks, or making financial payments. They are often overloaded and either these things don't get done, or add to their stress levels and workloads. Numerous preventative services have been cut, giving less places to refer too or to assist people in making changes, and therefore not able to close, and keeping caseloads high.

Lack of desks or space.

Loss of local phone line and reception in favour of a call centre, led to more confusion for service users and difficulty in communication with fellow professionals.

As an independent, less time to spend on the project I am employed to undertake. An expensive use of my time on menial tasks.

Social workers being expected to carry out more admin work as a result of support workers cuts.

Taking on more tasks that were originally undertaken by admin staff.

Now have to scan all own documents on to Integrated Children's System (ICS), all typing, sending out letters and reports, etc.

Admin, admin, admin - we get more admin tasks than ever! It takes longer to do admin tasks than the actual assessment.

Admin support almost entirely removed.

Extra working hours and excessive case load.

Reduction of child minding development officers, and play and communication workers at the children's centre, where family support workers are now expected to cover more. Also, the special educational needs (SEN) transport has been reduced, all children with disabilities are dropped off to a children's centre (place of safety), which is staffed by family support workers and other children's centre staff who are not trained. While this is saving transport money, children's centre staff are having to cover this service on a daily basis.

I have no administration back up and this affects the time I am available to undertake statutory work. Filing, mailing letters, purchasing stamps at the post office, ordering office supplies, answering the general office phone and dealing with callers for other staff who do not have an appointment takes time which was previously addressed by an admin worker.

I do the admin. I don't mind doing it, but it's an expensive way of getting things done.

Social workers often have to cover the phones, and are being trained to do data entry onto computer systems.

Working in collaboration with outreach family support has been cut. It has an impact on multi-agency working. Individuals and families who present a degree of vulnerability, we cannot work with in the same way, as these services are not being funded. Services are a little ad hoc. Here today and gone tomorrow; where is the continuity in the work?

I no longer work for a borough other than as a bank worker. However, before I left full time work as the manager of preventative services, I was saddened to see the borough I worked for close its Children in Need services and teams.

It can be more time consuming and less consistent since the admin cuts. Considerable work in working out finances of packages. Considerable reduction in admin support.

Phone calls are not taken by Business Support, and social workers have to do own administrative work.

Family centre preventative services have been stopped. This was the trigger for me deciding to retire from my post as manager at the Family Centre.

Lack of information getting through. Extra admin tasks taking up too much time.

Increased administrative tasks added to the role of social worker.

Admin cuts resulted in having to do a lot more basic administration.

Lack of admin staff has meant having to do more work- i.e., typing.

Not applicable as independent and do my own back office work anyway.

Has led to me combining management of a front line service for vulnerable adults with taking on back office functions such as HR, quality assurance, IT systems, workflows, and trying to keep an eye on all the balls being juggled, is stressful to say the least.

I have no clerical support.

We no longer have any support with admin, which means social workers have become expensive typists!

There is no social work administrator, so more administrative tasks are being completed by social workers. This is not a good use of their time or the agency's resources.

Increase in admin, recording, checking, collating performance stats, etc..

Specific admin tasks such as obtaining references.

Our family support teams have ceased as part of a restructure; many families now don't fit into team remits.

More time taken doing back office tasks that administration staff would do.

Slower to process travel warrants and computer for young people.

Generally poor admin support, but this is not a new thing.

Less quality service monitoring.

More administration tasks to complete, more supervision needed by social workers, often untrained, to support workers.

Reduction in front line administrative staff has an impact on front line service delivery.

Fewer services to refer vulnerable families to.

The cuts have resulted in a reduced number of managers, and as such, in the responsibilities being pushed down the line. The social workers roles are not as much affected, other than that they have less management support available to them. However the senior practitioner's role is now becoming more of that of a deputy manager's role. The cuts have also resulted in increased number of cases. Social workers have had to take active part in researching and writing up policies for the local authorities, even though that is not part of a social workers role.

Typing and sending own letters, saving incoming evidence into folders on electronic system.

Lots of scanning, copying, typing by social worker to get it done on time....more stats gathering....less services to refer to until crisis reached.

Specialist back office staff lost, together with their knowledge and experience. Staff working 'remotely' with laptops and docking stations and losing team identity.

Admin staff are being severely cut, impacting on qualified staff having to undertake more admin tasks.

Administration support - more tasks have to be completed by social worker that clerical support could do more efficiently and effectively - filing, minutes, organise meetings, for example.

Admin staff have not been replaced, the team has gone from having 3 full time administrators to 1 office manager, there is 1 admin position open, which is in the process of being filled.

Most cutbacks have been in management with the current re: structure.

Less funding available for preventative work.

Having to do our own typing and calling around, when it used to be an admin task.

Poor admin support had a major impact on my work, necessitating a lot of extra work on my part.

Extended schools ended – family support workers made redundant. They used to “keep an eye on” families for us daily in primary schools.

I have seen an increase in my administrative procedures, which have taken even more time away from the families I am working with.

Social workers need to complete more admin tasks, and therefore less time with children and families.

My current team has better admin than I have ever had. However, they do work really hard.

A reorganisation of the administrative support functions has led to frontline staff having to undertake more tasks in terms of administrative and bureaucratic functions, leading to less time available for working face-to-face with service users.

Administrative support is not what it could or should be.

Primarily an increase in admin tasks, which is an expensive way of completing admin tasks. Social work hours are more expensive than admin staff hours, and are a waste of skills.

I have since left a community mental health team (CMHT), but x 5 CMHTs cut back to 1 centralised team, with considerable losses in admin, and all staff in multi-disciplinary teams.

I have less time to complete quality work, producing either abbreviated or sub-par reporting and assessments, am unable to meet timescales, and feel sick about the lack of time and attention devoted to the children, in proportion to the amount of paper pushing I do. At present, I feel like I spend most of my work life transporting children and supervising visitation. It is maddening.

My role has become far more focussed on negotiating finances and resources, than social work and the percentage of referrals to placements has increased dramatically, 300 referrals per month to make 15-18 placements.

We're spending too much time to the computers doing administration work, instead of spending time with our clients and supporting them efficiently.

Admin “review” has led to social work staff having to take on more admin, or become more ineffective and demoralised.

Less work available for independents.

General impact is in relation to quantity of work offered to the private sector, which has led to redundancy of some workers.

Admin now in hub with no specific admin staff attached or psychiatrists. This makes it very difficult to coordinate appointments, and ensure paperwork is sent.

Lack of admin staff mean I have to minute some of the meetings I have to chair; closure of the Family Centre gave me 3 more staff to supervise.

Some admin tasks, minute taking of statutory meetings, taking phone calls; back office staff do not have the capacity to fulfil all these tasks.

Admin staff have been dramatically reduced, with the paperwork increased, and this has created a huge amount of additional duties to my role. I now have to do all typing, including extensive reports, filing, etc., historically supported by admin staff. I can hardly carry out any visits now, due to extent of admin duties!

Homecare shortages, staff vacancies/ sickness not filled.

More typing and answering the phone.

Much more administration work is required by social workers. Reducing face to face time with service users.

Housing support services ceased.

We have one business support staff for a team of 12. We have to carry out most of our own admin as a result.

Social workers are required to undertake additional tasks in regards to case work without any reduction in caseloads.

Admin staff are now data inputters. There is an expectation that social workers will use computers to type their reports.

In the voluntary organisation I used to work for prior to redundancy, cuts to staff impacted on staff development, training and qualifications and on the level of service offered to children and their families.

Lack of support service provision, so family support and parenting skills training becomes a social worker role that doesn't get on.

Complete own assessments and letters on IT system.

More administrative tasks has led to a further decrease in face to face service provision.

Difficulties offering young people opportunities to avoid re-offending, such as education, training, employment, youth service, activities.

Now have to do all faxing, photocopying. Recent cuts in commissioning services have led to me having to complete contracts with external providers, which is something that I am not trained to do, and I am not confident with, in terms of the legal implications if the service needs challenging or terminating.

We are now expected to do a lot of our own typing if reports are to get done in time, as due to less admin staff, reports can be late.

Reports and minutes of meetings not being sent in timely manner. Massive difficulty keeping up with case notes.

Higher volume of work, lower end cases not getting good quality services and playing the poor relation to higher risk cases.

Haringey cut 70% commissioner services overnight.

Support services such as Barnado's have been axed, and there are now very few preventative services that can be offered to families.

I take over most of the checks, sometimes they are missed because of trying juggle admin tasks with typing reports and seeing clients.

Social workers having to do more administrative tasks, and less time to do own job or have to do it in the evenings.

I am the only auditor in children's services ensuring the quality of social care intervention is sound.

Our admin support has been diminishing gradually over some time. Social workers spend time doing their own photocopying, inputting data into computer system, replenishing office supplies, etc.

Reduction of Connexions service has meant that preventative work with young people is no longer being undertaken. Other social care having to be detailed to pick this up.

Less admin time for our team so longer to get things done, and less support overall so have to photocopy, do own letters, etc., more changes of responsibilities with cuts has lost a lot of experience, and we have to guide them in tasks; money less easy to access.

Increased work re budgeting and finance.

Not enough support services for teenagers.

Increased administrative tasks following a 50% reduction in administrative support across the social services department.

I have no admin support. Do all my own typing filing, etc. New Lync phone system means calls come direct to me. Huge increase in paperwork means bulk of time spent doing administrative tasks.

Not appropriate due to agency changes - most authorities workers spending excessive time on admin roles meaning less time in the community on cases.

We are constantly being asked to carry jobs which admin or IT would have assisted us with.

No admin support, so expectation is that other roles have to be absorbed by social workers...sink or swim.

As a trainer, I now spend the hour in advance of training setting up rooms, during the day I have to leave the group to prepare refreshments and ensure the room remains safe and clean...this compromises the quality of training available to participants, as I am less available to pick up difficulties in the group dynamic and less able to work directly to ensure that all participants understand and apply the materials I teach.

Preventative services are incredibly difficult to access for mental health clients.

We now do all our own administration, we do not know who our support workers are, as they are in another town. Faxes do not always get through.

More crisis work, due to inability to work preventatively.

Staff not replaced, we are running a service on 3 full time staff and 3 part time - it used to be 6 full time staff. Our caseload has doubled and I fear things will be worse when we move to the new organisation.

Most of the cases worked by the social workers are at child protection level, and there is little time to work on Child in Need cases that would benefit from preventative work, to prevent the case rising to the CP level.

More administrative tasks required from professional staff to account for statistics but no additional administrative cover, therefore less time with service-users

50% of time spent undertaking admin duties.

Cuts in financial, HR and learning and development staff have increased the workload on managers and practitioners.

We currently have no administrative support, which means all those tasks have to be completed by the social workers.

Although I am not currently working within a local authority when I left (approx. 7 months ago), there was less admin. Support staff to assist with the day to day tasks and answer the telephone.

Excellent family support service used to produce core assessments to hit government targets.

We have no dedicated administrative support on our team, and whilst this has not impacted directly upon my practice, I am aware that other members of my team have found this difficult.

More admin tasks, sending faxes for example. Being asked to be aware of the pressures on them.

Filing, finding files, making files. Taking more telephone messages. Less access to typing services.

Nothing to add really – its means that staff need to be more creative in going about their business.

Criteria for child in need referrals is very high. More like child protection.

Admin posts being reduced have meant that increasing amounts of time are spent on tasks that would be more cost effectively completed by an admin colleague, and means that less of my time can be spent supporting service users; e.g., photocopying, chasing CRBs, preparation of training course material, there is also a backlog of financial payments to service users, so time is spent following up why payments have not been made and ensuring they are made.

I have sometimes to answer the team phone due to the recruitment freeze, which is a poor use of my time making it even harder to do what I should be doing. IT problems can be severe and frequent, making it impossible to record, print reports etc., wasting hours of my time.

My role is about 80% admin along with an IT system that is unfit for purpose and assessments that have

been designed by unqualified staff, who do not have an idea of how it impacts on practice.

I now do lots of my own admin as our business support officer is off long term sick and has not been replaced, placing a heavy burden on the other admin staff and social workers as well as practice managers.

We undertake all admin tasks and have to be on constant demand through visits, office visits, email and telephone calls.

Direct work with children and families has been curtailed severely.

Insufficient admin support. Not enough conference minute takers. District social workers having to spend a great deal of time on admin tasks.

Admin staff have been cut some six years ago with social work teams not having a designated admin person. Four teams share one full time admin post.

Slower reaction times when trying to identify resources such as care home placements. Increased bureaucracy impacting on all staff. Constant changes with very little training, and a lack of staff to implement all the changes.

High caseloads, stress - me and colleagues and a general feeling of unease. More discussion on issues means that working time is affected.

Need to do virtually all admin. Typing, photocopying, collation of panel papers, IT input. In consequence, less time to spend recruiting and assessing adopters and family finding for looked after children.

Social workers are having to undertake more administrative work to add to the already limited time they have available to work with individuals and families.

Insufficient admin cover means need to cover phones, take messages, complete typing of minutes and letters. No support with filing - probably considered unnecessary due to electronic case recording, but not taking account of legal files and life story preparation.

No business administrators, workers have to do everything on their own including office administration.

No clerical cover when secretary is off on leave. Social workers answering phones and doing clerical work.

I no longer have admin support and am expected to run a service singlehandedly with no support.

We are spending more time on basic admin tasks and looking for information that otherwise admin staff would do.

We only have one admin worker now instead of two, it takes days to get anything typed and often the admin worker feels that we should be doing our own typing.

It doesn't affect my bit of the service much, as our young people could not have been prevented from coming into care (unaccompanied asylum seeking children UASCs). Increased local awareness and response to organised sexual exploitation, is not matched by availability of therapeutic and parenting support services.

Service manager post deleted, staff member seconded to out of hours. I am an advanced mental health

practitioner, and as well as my caseload I have to cover numerous statutory duties, e.g., Mental Health Review Tribunal (MHRT) reports, Mental Health Act Assessments (MHA), Section 117 meeting, Section 47 requirements, etc., etc.

Admin and clerical staff have been reduced, and the geographical area we cover has been increased.

There is a shortage of admin. Staff within the large open plan office where I work. This means that at times we have to type reports, applications, letters, etc., ourselves.

Not enough admin staff to cover the tasks required, social workers expected to type their own letters/invites/reports, etc.

Filing, photocopying, scanning documents, typing letters, can take hours out of my week.

Expectation is that prevention services take on a greater range of duties.

The local authority have made many people redundant, and staff at county level are taking on many roles, too many to manage appropriately, and this affects front line services.

Business support has been slashed from 1.5 posts to just half a post. Half the week, social workers are expected to answer phones, manage post, etc. As well, I now have to do most tasks myself, such as typing, compiling letters, etc.

We spend more time doing paper work, finding beds, etc., that could be done by other staff.

When funding is cut to preventative services, it has catastrophic consequences on workers and families alike. An example is services to support domestic violence victims, and children who have committed sexual offences against other children. This results in pressure on the social worker to provide additional support, or families not receiving a service. Consequently, this has resulted in families being subjected to child protection procedures, when this could have been avoidable. This ultimately places further pressure on the social worker.

Specialist Teams being disbanded.

Support work teams have been disbanded to be soaked up by private sector. Weekly panel (with questionable legality) has become VERY stringent. Constant battle to justify that services are needed.

We no longer have access to typing or filing from our admin team and often have to wait a matter of weeks for any typing to be done, or months for any filing. Personally, I do my own admin now as this is quicker, but takes up more of my time and is yet another role that adds to the pressures of the job still further. The knock-on effect is that we have to respond to people at crisis point more, and more frequently. The reactive nature of this work means that people using services come to harm when this could have been prevented otherwise.

Preventative work with families is not being put in place at the early stages, to prevent children from coming into care

There are not enough admin staff to support social workers.

Cuts to administrator posts and a marked rise in paperwork and new systems, means my work load has

risen considerably in this area - taking me away from frontline duties.

Reduced client contact, reviews not completed, increased stress.

Clerical staff refuse to input admin info onto computer so hours spent changing addresses, inputting elaborate service provisions etc.

Trawling for background information from home area; maintenance/quality monitoring of records; production of reports; photocopying and printing.

Preventative organisations are not able to take on more clients, which leads to the inability to refer on.

Workload has increased as voluntary agencies are no longer in a position to do direct work with children and families. Children and families disability teams no longer exist, and therefore we are now taking on disability cases, without any training to prepare us for this.

Just more work, less people to do it, stress, increase in sickness absence, not as able to do a quality job, etc.

Social work time taken booking Safeguarding Vulnerable Adults meetings, faxing and especially taking telephone messages!! Working like a PA.

Qualified social workers have to use precious time on admin or other tasks which could easily be done by unqualified staff, putting further pressure on them.

All social workers now do all own FILING, typing, making up case files, occasionally minutes for meetings as admin will not work on past 4.45pm or 4pm on Fridays any more as no payment for them, etc. We now have to do all photocopying, and admin tasks - crazy stuff. can't get out the office at times.

Cuts in admin staff have led to long waits for my supervision notes to be entered onto ICS. I have not had any additional admin tasks, as I usually do these myself, having previously been a personal assistant.

Admin; I do all my own letters, reports, updating of databases. As a result I work more hours (unpaid) to try to keep on top of things but constantly feel that things are out of control and something will be overlooked. This is stressful, as I am constantly aware that this might mean that this is risky.

We have less support for minute taking of case conferences, and have to do our own admin for looked after children. This takes a long time, as the Integrated Children's System (ICS) is not fit for purpose.

Removal of receptionist.

Administration- lack of! Having to carry out tasks of other professionals due to work not done by them!

Reduction in children's centres. However, new integrated family support service to provide family support and avoid needing social work intervention.

Direct payment advisor job has gone, we are expected to know about setting up direct payments, the legal aspects, etc. Support workers hours and day care provision has been cut, or is now chargeable, therefore we are now expected to undertake financial assessments on all clients; a lengthy and time consuming task.

I have left the positions where the cut backs meant things were unworkable. As agency staff, they cut back

by using a newly qualified to do the job they were paying me to do.

Expectation that workers do all own admin.

Administrative work is now taking up more hours of my time, as we don't have the support for typing reports, preparing panel paper work and taking minutes.

Heavier caseloads as a result of fewer staff.

Business support staff have been reduced and job roles changed, previously a staff member would book my appointments and do prep work which cut casework time down.

There haven't been cuts - I work in a team of two - but we have been saying for some time that we need more staff. Using volunteers and not having administrator makes our work less effective and more disjointed. It does not help us work smarter - but harder with less effectiveness.

Preventative services: unrealistic emphasis on keeping children at home, with no adequate resources to achieve this. Little resources re: early intervention, despite emphasis on this; resulting, ironically, in more children being accommodated and much higher thresholds for intervention in fieldwork team I work in. High tariff cases, not enough staff, staff sickness, no backfill to cover absence. Only dealing with child protection issues, as opposed to children in need.

Increased admin role filing, typing, have call centre headphones.

Carrying out more administration. Standing in more and more often for service managers, leaving less time to manage a team.

Staffing phones, ensuring post goes out, filing, even shredding of confidential waste.

We don't have enough admin staff to do the work required, so there are frequent problems such as invitations not sent out for meetings, etc.

See above - one part time admin for fostering assessment team, tasks included all assessment and panel administration.

From most recent experience in local authority - practitioners having to do own admin, typing, filing, etc.

We have to do more administrative work ourselves. However, to be fair, the council has put in place effective back up support and that side of my work is better organised than at some periods in the past. I have commented on the Call Centre above. We cannot be fully connected as we work in a hospital so still have the luxury of a phone.

More a need for admin help to current service, where virtually none exists for the sole manager.

My service area has doubled, and I now have 7 teams rather than 3, I have lost my designated admin support and seen management post cut and increased recruitment difficulties.

There is less liaison between statutory bodies, all in a state of flux, drawing up protocols in relative isolation; leading to potentially dangerous situations in the process of service provision, particularly with compulsory admission to psychiatric hospitals.

In my local authority, huge cuts have been made to mainstream preventative services, meaning that social care teams were receiving a higher referral rate and cases were being referred at crisis point.

Increase in public law applications in the court, as families experience crisis and are left unsupported.

Administrative staff have been placed under additional pressure, impacting on the time it now takes for letters etc. to be typed and returned to a worker.

We have no clerks so I have to write up my own minutes and send out my own invites for meetings. This adds at least an hour onto every day, if not more. It is madness!

Cut in management mean additional burden in governance and supervision.

Families are often left for long periods of time without support, at the point they really need it.

Having to download my own company expenses and Barclaycard invoice and print it off.

HR has been pared to the bone - they call it manager self-service, but it simply means we have to do everything relating to recruitment and staff matters.

I feel stress level has increased through cuts in admin staff.

Recording, finding placements, booking taxis and travel.

Answering calls instead of doing my work.

Everything is more hurried. Less time for thorough information gathering.

Extra administration leads to less time to input fresh information on caseload management.

Our business support only answer calls, there is no assistance with filing, scanning or other administrative tasks.

The cutbacks are more around pressure of 'throughput' and no value placed on long term therapeutic casework. This in itself results in a lack of ability to be preventative.

Additional responsibilities come about when covering for vacancies/ sickness.

Not impacted by back office cuts, but significant preventive service cuts are impacting by increasing pressure on child protection and looked after services and pressure on foster carers.

Having to complete own admin tasks. Not getting case files in time and placing self at risk by visiting a household blind.

We have had two part time posts that covered 60 hours turned into one post of 37 hours. This has led to increased workloads and a deterioration in the quality of assessments and outcomes for children.

As a manager, having to self-service on HR issues takes so much time – it's not my area of expertise and I only have to address each type of task once in a while, so I've often either forgotten the system or it's changed since I last did it!

We lost a business support role, and have to take turns staffing reception and answering phones during busy periods.

Preventative services are not in my view doing what they set out to achieve, and the safeguarding role increases.

We need 4 admin personnel in our service, however, we only have the budget for 2. At present we have 4 admin personnel because of staff sickness in other parts of the service, so the money can be used to pay wages. This will not continue for much longer when staff return to work.

Higher case loads, less admin so have to do all admin work such as photocopying court reports - and panel child protection reports and adoption reports - last one I did took me 2 hours standing over a photocopier, I had to replace cartridge in copier, repair copier when paper got stuck 6 times, stop copying for others to use the copier, etc., etc., complete waste of social worker time.

No receptionist in a locality office caused extreme difficulty. Social workers treated as office staff and not field workers.

Messages not getting through to front line staff.

More paperwork and admin tasks to be completed by social workers, meaning less time with families.

Being endlessly hassled to tick boxes on computers to meet targets, for no real gain to service users.

Students on placement are now expected to stand in for support staff.

I feel guilty for handing over administrative tasks when I know they are fully stretched, so try to avoid this.

Always working with people when they are in crisis rather than preventing crisis.

The lack of administrative support means that the workload has doubled up, and this then means that you are focusing on smaller matters that are not required for a social worker. The reduction in preventative services has seen an increase in children being referred for child protection conferences, as this is a way of obtaining funding for services.

Paperwork collation done hastily and at last minute, because of time constraints, and items missing. Also demands on legal staff with increased workloads, with no staff increase.

Lack of admin support and admin support being diverted to other areas at short notice.

Back office staff have their own discreet role for the council (e.g., financial processes). Very little support to the social work role.

No admin support, so have no help to thin files, so filing is piling up, as cannot fit anymore in the files.

Qualified workers and managers are having to undertake more administrative tasks when we are already overloaded.

More work and not enough social workers to go round. Increased use of locum social workers.

Reduction in admin staff - poor quality phone answering service, resulting in poor service to clients and wasting of social workers time; similarly with reception staff.

In the emergency duty team, we have increased access to numerous databases, which gives an increased awareness of the narrowing of overall interventions, the lack of inter-agency communication, and the increased pressures put on families because of lack of joined up intervention. Holistic intervention appears to have become specific and targeted focus without considering the whole focus and dynamics occurring in any individual situation.

Arranging contact takes far too much of a social worker's time, as does Integrated Children's System (ICS).

Admin backup has been reduced by a third. Cuts to the contact service mean that social workers have to cover court-ordered contact.

Quality analysis of reports, data collection placement management, supervision notes, general admin tasks are all allocated within the team - impacts on staff and managers.

Staff sickness, and no replacement, is regular feature.

We have to load all information onto computer systems ourselves whereas backroom staff used to enter initial data such as creating new users - this can take a long time, especially when there are several children in the family - our computer system is not user friendly.

Sure start centres have been closed. Family support workers have been substantially reduced in numbers, making recommendations for family support harder to access with waiting lists.

Unable to seek service agencies when families required them the most. Need to go to panel for small funds.

Cuts to family support affecting mental health service user provision, care co-ordinator social workers expected to be all things to all people, including being a care manager. Also councils handing out bills to service users.

No long term child in need services available and lack of prevention services.

Reduced staff in the intake team. Social workers have to manage contacts for referrals to the borough.

I left child protection due to the on-going cuts.

There is little admin support, and this impacts on the amount of time spent in front of a computer trying to unravel a totally inappropriate IT system.

Reduction in Business Support staff. Commissioning of business support staff, through agency which does not understand role of social care.

I don't have any admin support at all. I also don't have time to do much of my own admin, unless I do it in my own time.

Cannot comment, as no regular work.

Admin have been reduced, meaning social workers are spending more time in front of a PC. Cuts to services like midwives, health visitors, connexions, etc., mean we only take on the urgent cases and can no longer do ANY preventative work.

Finance tasks - paying out petty cash to clients. Collecting petty cash ordering documents, i.e., relating to Mental Health Act. Too many to mention, all relating to admin task work.

Many time consuming admin tasks previously undertaken by support staff have become the responsibility of the social workers. This includes input of service user details onto computer, completing forms, etc.

Admin staff have been cut dramatically within the authority, and are less willing to carry out tasks than previously. This means I spend considerable amounts of time completing my own typing, answering phones, photocopying, etc. and any requests for admin support have to be made in writing, which is pointless as it takes as much time, often as it does to just complete the task yourself.

I am involved in caretaking the building.

As an newly qualified social worker, I have had to take on very quickly a large caseload and more complex cases than I may have done otherwise.

There have been cuts within my branch of the NHS (Mental Health Trust) to the admin staff, and this now means I have to keep statistics and load spread sheets, whereas that was done by admin before. Also, all IT tasks now are done by the "clinical", rather than admin staff.

New staff in new roles cause significant backlogs of paperwork, including repeated requests for paperwork which should already have been processed.

No preventative work available. All crisis laden and reactive. My work is predominantly with complex cases, so not a direct effect on me. But some people coming through the system, that could have been helped through Common Assessment Framework (CAF).

Teams that provide more support to children have been cut, leading social workers expected to do more.

Reduced admin staff meaning that we type all our own reports and letters, and are expected to do all our own scanning. Lack of contact supervisors means that qualified social workers are spending hours supervising contact, when there is no other reason for them to be there. I have one family where I am expected to give up 5 hours each week just to supervise the contact. Time with the same family for the purposes of child protection checks and planning, is separate from this.

Cuts to admin support staff which means the social workers have to fill this role, which adds a huge amount of stress to the caseloads as admin work is so time consuming.

I have to contact other teams to request that cases are reassigned to me when a client is referred by the hospital.

Expected to cover for long term sickness and maternity leave, also delay in processing referrals.

I was made redundant under these cuts, only then to have my role filled by a temporary worker, covering more than one local authority.

I previously worked as a manager until a couple of months ago. The amount of HR tasks required of managers is increasing, with reduction in HR functions.

In my previous post, we lost our receptionist and had reduced admin time, so we spent more time answering the phone, showing people in and doing all the paperwork ourselves. This reduced the time available for social work, and also compromised staff safety as a receptionist is pretty essential.

Increased caseloads, increased risk with less time for reflection and with this the ability to ensure the outcome falls within the value base, the law and the integral rationale of social work.

In my local authority, the entire (and highly functioning) Children in Need team now longer exists. The extra work that this has created has now been left to the voluntary sector to fill the gaps, in regards to preventative work, which has led to an increase in crisis intervention/ child protection referrals.

No preventative work undertaken.

Responsible for all correspondence.

Less time with services users. Complaints from services users and others that they are unable to contact teams. Time taken up such as locating paperwork or resources as people are not available to collate information and keep things updated.

Additional work, more than average cases, concentration on safeguarding and looked after children.

In our office we now have no cleaning staff, and have to Hoover and clean the loos!!

There have been cuts to admin staff and pending cuts to admin managers. Cuts to our looked after children education service, family support, and admin all have knock on implications for our families and for our work.

Less admin support, my manager has two teams to supervise now.

There is one admin post for the social worker in mental health team, and she has been told her job is at risk, and we may have to use a centralised admin pool at a different location. The team is splitting from health and social workers will be line managed by the council- we will still be in the same building, but doubt over whether health admin will even answer the phone for us!!! They definitely won't support with admin tasks.

Losing admin staff who are experienced and understand the pressures on social workers, has had a huge impact on the increase of paperwork and filling we have to do.

Administration lack of administrative support. The expectation that social workers do this de-skills workers.

Increased admin tasks/data input. 90% of work time spent in front of computer.

Absolutely no admin support - have to type own work, put own work onto computer systems, file own work, - basically, everything.

Our admin support has been severely slashed, which means we end up doing a lot of our admin tasks

ourselves (i.e., including taking minutes of our team meetings), which ultimately impinges on the time qualified staff get to spend with families.

Less business support and stretched admin means I spend more time filing. I diary a half day each week, to clear the backlog when I can. Less staff has led to police national computer (PNC) and local authority checks not always being completed in time, impacting on length of court proceedings.

No PA means managing own diary, setting up meetings, etc. Big impact on time available for supporting team.

Virtually all my time as a senior social worker is spent in office dealing with staffing issues, prioritising cases and admin tasks.

Absorbing all administrative tasks, most obvious impact is reduced time for training and any continuing professional development.

We have now very limited options within the voluntary sector to support Children in Need families, therefore situations escalate, and we get more referrals and higher workloads, when early intervention could have prevented many of these cases ever needing statutory involvement.

I am newly independent, as part of my previous role was working in earlier intervention. This part of my post was cut in a reorganisation, along with members of my team and admin staff.

Bigger teams, less administrative support, more work taken back within the team which would previously be carried out by other parts of local authority.

Less administration support and those who are left are worried for their positions - morale is so low in every department.

Reduction in administrative support for child protection conferences.

Lack of preventative services - such as family group conferencing, appear to be impacting on the number of children coming into the care system.

Panels administrator not able to minute whole of each fostering panel in 1 local authority. In another, insufficient admin support to undertake stat reviews of foster carers.

I was made redundant.

Increase in time spent on administration. Less use of third sector services for proactive and preventative interventions due to criteria being raised, as their budgets/ funding have been cut.

Cuts to preventive services mean restriction of work to targeted groups and early intervention programmes being cut; reduction in inter-agency working as budgets and constraints become tighter.

As well as completing our own reviews we are also now responsible for completing Direct payment reviews, etc.

No direct impact on me as independent but children's centre cutbacks are very negative in terms of front line preventative services

Significant reduction in criminal records bureau (CRB) processes. Strategy minutes, case conference and core group minutes taking over a month to be circulated.

I left the service I was working for in December 2011 to become an Independent social worker. The ever increasing burden on front line staff to complete back room staff duties made no sense. Tasks that were previously not front line duties such as doing your own post, manning reception, even taking out the rubbish placed unrealistic burdens on front line staff time. Office administrators and juniors played a significant role, but were seen as dispensable. I became the most ineffective and expensive filing clerk the service must have ever employed, or the cheapest as often I had to do it in my own time. Little tasks such as opening and recording post could take up to an hour on your admin day. This is time when you were not typing reports, assessments or following through on the needs of the young people you were working with. This clearly prompted further delays in the provision and commissioning of essential services.

Volunteers being used for tasks previously being undertaken by paid staff.

By increasing the eligibility criteria this has had a direct impact of support we are able to give people, and also a reduction in resources for preventative resources.

Our IT system is abysmal, resulting in more time spent sorting out computer problems than is needed.

Cuts in local authority training departments resulting in trainers delivering in areas they are not skilled or knowledgeable in.

Sure Start and availability of parenting classes.

We have to do far more accountancy work, contracts and brokerage type work.

Admin support has virtually been stripped out. There is very little support around filing, typing, taking phone messages; these additional duties consume time that could be spent on working on cases (doing assessments, reviews, advocating on behalf of service users, sorting out care packages, rather than taking messages for colleagues, chasing up paperwork, filing, retrieving files, data entry, and endless filling in forms.

Eligibility criteria, Thresholds, Charging & Funding

There is a lot of 'mopping up' where people have not fallen within the criteria, or where challenges have led to worker's decisions being overturned. So there has been inconsistent application. I don't have an issue with adjustments, if it frees up resources for people who fall within the criteria. However, this needs to be done reasonably and incrementally.

Shorter length of time to complete adoption assessments.

Charges are capped in Wales to a maximum of £50 per week.

Not sure about increase in charges. However, services have been cut and we have to use outside agencies to deliver services. The threshold for permission from senior management is very high and the services cost a lot.

I am not sure if there has been a tightening of eligibility criteria or not. I feel that there has been an introduction or change in charging, but I am not 'front line' and am therefore not absolutely certain about this.

In some ways, this is progress as it is more explicit, the difficulty can be the councillor's acceptance of eligibility criteria.

With absence of staff most services are now ensuring their eligibility criteria enables them to provide an appropriate service to their own particular group, rather than be a "catch all".

Pressure re: eligibility and level of care offered and cost of same.

Reduction in designated nurse cover.

Payment for services now required for children from external agencies.

More emphasis on others holding complex Common Assessment Frameworks (CAFs), which would have previously been Children in Need cases.

Family centres have provided a valuable service in the past, but cuts to staffing levels have stopped this.

Clients in most cases no longer eligible for housework/ laundry and shopping tasks

With the introduction of the Level 2 locality teams, we are dealing with a higher level of risk; the assessment team will not pick up anything unless there is a clear need for a section 47 investigation. Also, the disabled children's team are refusing to deal with or assess any families where there are no child protection needs - the level 2 services and family support workers are expected to assess care packages for children with disabilities as Children in Need, which is not right, as they are not a specialist service.

Admin staff who are still in post are refusing to undertake duties necessary to proceed with adults with Incapacity legislation - usually access to funds applications. This is because job evaluation downgraded their posts and they are being asked to take on new tasks for which they do not believe they are being remunerated for. Charges have been introduced for transport to and from day care; if people are in receipt of Disability Living Allowance (DLA) mobility or Motability, then have to use this towards their costs for transport. Even if they have a Motability car which they rely on others to drive, due to a learning disability. Staff mileage is a constant battle, which is difficult when you work in a very large rural area over three counties. Travel allowances for staff have been removed - I cover three counties and frequently have to travel further afield, requiring me to be away from my base all day. Previously, I could claim for meals but now I can only claim if I am out with the local authority area - the Highlands covers a huge area and I don't see why I should be out of pocket or tolerate food that can't be refrigerated in my car.

Children who are picked up late, parents are charged.

I have worked for 3 local authorities who have removed the eligibility criteria for people with moderate needs.

Short breaks for children with disabilities can now be defined as accessing after school clubs. Transport to and from respite is no longer provided, which means parents do not benefit from the break provided, as they have to be on hand to transport their children to and from school to respite.

Families can now only access family centre support through formal referral; no open access groups or informal involvement is now possible due to contractual changes.

Introduction of day care charges.

Reduction of services means service users have to wait longer due to 'tightened' priorities, thus potentially exacerbating degree of future risk.

Having impact on carers support, many are not being offered an assessment.

Less focus on prevention - implementation of the Resource Allocation System (RAS) has introduced a new layer of bureaucracy.

Charging for double ups in care to service users. Much greater pressure in demonstrating that everything has been done to keep people at home, even if service user is requesting placement.

Some people have been denied services they have had for a long time.

New panel regimes have led to greater number of deferrals and rejections, and very short term agreements. All has significantly added to bureaucratic workload, I often feel my professionalism is discounted.

Some of our services traditionally offered now go through a resource hub with much high criteria. Funding for complex or palliative care children is confused, as many don't meet disabled eligibility criteria. Children often wait up to a year for housing adaptations and other services. Respite has been cut as short breaks and school taken into consideration.

The department has become more robust in supporting partner agencies to provide services at an earlier level, to provide better and more positive outcomes to children and their families.

The cuts have resulted in some teams being split and other teams being joined up. The joined teams have meant that some who would previously not meet criteria for our services will now be able to access support. However the criteria has been altered so the other teams are then faced with increased workloads, as they are expected to carry a case for longer than previously.

Care providers putting up fees per hour.

Work provided free before now being 'traded' and in, for instance, schools, this is not being taken up and therefore vulnerable children are not getting support at an early stage.

Screening people out of services unless crisis, or child or adult protection - not an accessible front door.

People are being expected to use their benefits to fund leisure activities, which I believe is a good thing. Historically, there was no formal funding panel, and services were put in place willy nilly.

The CAF process has been developed to enable children and young people to have their needs met at that level. Therefore, less child in need referrals with higher risk and now have child protection responsibility in all children and families teams.

It has become harder for service users to become eligible for front line services from the disabilities team; the threshold has become tighter and funds are sparse.

With children's centres, the bulk of work undertaken by social care in children's services is child protection; court work and upper end Child in Need.

Day centre services which were very popular with service users and carers have been cut and not adequately replaced.

An increase in cost for day services, from a nominal £7 charge to £50 a day, has made this service less accessible for families where a parent has dementia. In the past the first 10 hours of provision of a care package were free, but this is no longer the case.

The few services that exist feel inaccessible. In the community where I both work and reside, there exists what I perceive to be an extremely high rate of domestic violence. Refuge beds and domestic violence programming for victims - though skint - is available, however, programming targeting perpetrators is non-existent, in turn breeding recidivism. This is just one of COUNTLESS examples of treating the symptom, versus eradicating the disease.

The numbers of looked after children do not seem to be reducing, understandably local authorities are looking for best value, but in the meantime children need placements, carers need work and we all have to compromise to assist the situation.

Some clients who are unable to pay more for their services, are either cutting their much needed services or just having minimal support.

Thresholds are higher for child protection plans, and for taking cases to court within my borough.

Users now pay considerably more for services.

Cuts to supervised contacts have been the main issue, where parents and siblings have reduced contact times.

Charging policy is excluding some service users from services, due to their inability to manage their own finances.

Implementation of transport policy.

Reviews and reduction of up to 20% in self-directed support (SDS) packages. Transport policy implemented - assistance with transport provided only to those in exceptional circumstances.

Blue badge payment, stops put to keysafe installation. Non-personal care not provided by social work.

It is anticipated that in the next 12 months, there will be a tightening of eligibility criteria and my concern with this is that younger offenders and lower risk offenders will not receive the early intervention and support that they require.

Using Indicator of Relative Need scores (IoRN) to determine eligibility for services, rather than worker assessment, but scores are not true reflection of extent of need!

20% "top slicing" off direct payments. Much tougher to get approval for resources, which takes up far too much time!

Connexions cuts very noticeable. Services for young people reducing significantly.

Higher charges to users and more people who need services refusing them as they don't want to pay.

I believe that it has become harder to get social care to undertake assessments on children and families where there are clear concerns.

Funding for rehab places has all but disappeared.

As a voluntary organisation, when re-tendering the services to be offered for the new contract changed, this resulted in a tightening of eligibility for children and families.

Children and families are not considered to be sufficiently "at risk" to require services; disabled children not "disabled enough" to get services.

Home care services, residential charges, moving of service users (which is stressful for them) to alternative accommodation. This is not a bad thing, if it meets their needs. Services for older people need to be addressed, as this is not a top priority.

Young person who presented as homeless and with complex mental health issues being told they weren't eligible for services.

Less money allocated to the same points in the fair access to care services (FACS) calculation.

Thresholds are higher, with a greater pressure to close cases quickly.

Some of it has been overdue, particularly in learning disability who were getting huge packages of care (day service, buddies, cars, personal trainers, holidays, respite) plus when you struggle to get 15 minutes care for an older person, but the other side is huge form filling and hurdles to overcome, effect on staff at the front line delivering the bad news and reviewing packages, effect on integrated service but can make services seek partnerships more, reducing social work to brokerage rather than intervention, push to move people on when there is little to move them on to.

Significant charges to the provision of assessment courses in respect of domestic violence in my area has resulted in a fee of more than £3000 for some work. I do not have the skills, nor the time, to do this work myself.

Little preventative work being done. Mostly cases are statutory.

Respite services are now chargeable, and there is automatic right to this service.

Financial support to foster and kinship carers has declined. Purchase items have been decreased and kinship carers are having to fund many items.

Day care for people suffering mental health problems - charges have been introduced, causing people to cut back or stop attending the centre.

Our local Child and Adolescent Mental Health Services (CAMHS) service no longer works with children with complex trauma (most of the adoptive population), and we are being asked to take up this work.

Transport, lack of choice or restriction of choice of short break provision.

Time limits on support have been tightened up.

Some supervised contact reviewed and cut, as being brought back in house.

The local authority want the Children's Centre to charge for groups, etc. This goes against my values as we are situated in an area of great deprivation - some wards in the most deprived in the country, with hard to reach families.

Preventative services have been cut, in an attempt to ensure that statutory services are maintained.

We are working strictly to a Priority of Need framework which means that only priority 1 and 2, i.e., child protection and family breakdown, are guaranteed a service. 3 and 4 are recognised as having a need, but we will be unlikely to meet that need.

In some authorities clients have been put at risk when they withdraw or reduce packages due to charging policies.

The cuts mean available services have to be given out sparingly.

Our council has introduced this recently. If a service user needed 2 carers for each call, then in the past the council would pay for one carer whilst the person who was self-funding paid for the other carer, this is no longer the case, all self-funding people have to pay the full cost.

My granddaughter has special needs due to her diagnosis of autism. My granddaughter has received no service from the team for children with disabilities. Even with me having considerable social work experience; myself and daughter are on the now usual merry-go-round or 'pass the parcel' approach, i.e., between 1 'service' and another, in an attempt to access any service. This makes me wonder how your average person in the street can hope to do so.

More emphasis on people sorting out ways to meet their own needs; more emphasis on outside home care agencies.

Trainees clearly report reduced service delivery to older people and to adults with learning disability.

Our local authority only meets personal care needs in critical circumstances. There have been charges to day care and travel introduced.

More crisis work again.

No longer offer to moderate, only substantial or critical need.

Expanding demand on service, in spite of staff cuts.

Reviews are now being completed annually using FACE communication assessment and the individual budget (IB) being generated, and where ever possible, services for the service user reduced to meet the IB, not necessarily the needs of the service user.

I am finding that more of my clients are choosing not to rely on social services, but to use private funding.

Services authorised at senior level are now experienced as almost extremely adversarial, sometimes abusive, patronising and frightening. Social workers are afraid to ask for funding of care packages related to high risk and high needs.

I worked in a children with disabilities (CWD) team where the eligibility criteria changed, however, the

outcome of this was that more children on the autistic spectrum were included. Decisions were made by an Initial response team, and the CWD team had no opportunity to decide which children met their criteria. This meant an overall increase in workloads, and 'banked' cases were brought back into the team to individual social workers. Case loads are currently over 40.

To get a service, you need to have a child presenting with the evidence of significant harm, rather than being at risk of it.

Spend panels for every increase in service or new one. Alternatives being looked at more. Tightening up to save money where possible. Services being ended or more charged for them. More forms and paperwork.

No preventative services. No access to family support unless already at child protection conference.

Difficulty in arranging strategy discussions due to shortages in police, health and education.

The thresholds for services are too high, offices are being closed as services are 'centralised', however this means they are more difficult to access.

Young people are not receiving their setting up home allowance until after they turn 18 years old or receive their benefits. The local authority is no longer providing parking permits, and we need to pay to park outside the office, even for a meeting with service users.

Due to budget problems, the application of the fair access to care services (FACS) eligibility criteria to access to services, as well as funding decisions at the panel, have become very complex. Clients have been promised individualised budget and emerged from personalisation agenda. We were told that Personalisation was a person-centred approach to social work and service delivery and the intention was to minimise bureaucracy. To achieve this, Resource Allocation System was introduced to get rid of the panel system. Yet, what we have is long and complicated forms, and when the budget is generated you still need to go to panel, which is a very hostile environment. The focus of eligibility is now on Critical and Substantial; is almost irrelevant these days.

Cuts were anticipated and came in alongside the introduction of personal budgets several years ago. It is harder to get resources, but we've had to become clever at getting what we need for our clients.

Transport is now being charged for. Voluntary sector appears to be reducing.

Funding for carers doing contact and transport has been our main problem. Local authorities are wanting more for less from us in the voluntary sector.

My organisation can now only support the most complex needs cases, leaving many clients with no support.

Child protection concerns are not being fully explored.

Funded childcare places much harder to obtain.

As a result of the cuts and reduction in eligibility criteria, many more crisis situations arise - we are constantly 'fire fighting' and dealing with complaints.

Training unit charge for non-attendance.

Thresholds are stricter and community resources expected to meet need, but professionals are unhappy about this.

Resource panels are refusing more care support for disabled children and their families. Although a decision has been made not to financially assess formally, judgements are made on postcode, and employment - often assumptions without evidence.

Disabled children getting less - waiting lists and little else.

Needs must be critical to receive funding. No appreciation for the value of preventative work.

People who have received respite 8 weeks per year for many years have now had that slashed or completely stopped due to the eligibility criteria. Our service manager states that respite is only to give unpaid carers a break, whereas I view it as a service user being able to have a break and have personal care when needed, instead of when scheduled.

Lots of pressure now to move 16 and 17 year olds into unregulated placements, as they are much cheaper than foster care, also to use any available in-house foster care, rather than external cultural match.

The criteria for people eligible for Section 117 aftercare is being scrutinised, and people are not always getting the best service possible, e.g., going for cheaper option rather than needs-led.

Level of need is higher, so services are required to be more sophisticated for less cost.

Whilst a reduction to service users is always difficult, the economies and introduction of eligibility criteria and charging across all the services has brought greater transparency and parity.

All mental health staff have been trained to apply the eligibility criteria for social care services very strictly, and meet only critical or urgent needs. There is a real tension for social work staff who have this role within multi-disciplinary mental health teams when the legislation supports early intervention, reciprocity and social inclusion.

Increased charging in family support or supervising contacts.

We are not charging but clients get far less section 17 money now and I have given up even asking for money, as the answer is usually no, which is different from how it used to be.

Local authority unable to provide funding for translators, and outreach support.

Within mental health services, service users would not have had a financial assessment for any community services received - this has now been introduced and if they are in receipt of disability living allowance (DLA) they will be assessed as contributing a % of this to the cost of any services, and the amount will be deducted from any direct payment that they receive. There is now a strict DLA policy, which at times means that service users whose early warning signs might be disengagement, are at risk of being discharged.

Service users who would have received support in the past are now less likely to receive support. Lots of reactive rather than proactive social work.

As a previous team manager in a frontline child protection team, I could see how my threshold was continuously rising, due to a significant rise in referrals and staff shortages. This was the reason for my resignation.

Everything costs more.

Eligibility criteria is still acceptable at moderate, however, goal posts have moved regardless of this. Very difficult to justify services. Difficulty justifying services for users who need lengthy calls. Even more difficult to get services more than four times a day, despite how much this is needed. Day sits very difficult to have agreed. Domestic blankly refused.

LA are becoming more aware of contracts, and negotiating lower payments for foster care.

Having to constantly challenge management decisions to cut services, in order that families feel supported.

Eligibility criteria has been increased - and more attention is being paid to it. This clashes with the clustering system brought in by health for payment by results – there doesn't seem to have been much consultation with each other by top managers in health and local authority to find a way to co-ordinate these that is more natural - better for clients and staff.

It appears as if we are down to the bare bones of provision, which given the costs of employing assessment staff, etc., would seem that we employ a lot of people to not actually deliver much support on the ground.

Quiet charges through the personal budget scheme.

Don't know about eligibility, but additional support for therapeutic work with children not provided by Child and Adolescent Mental Health Services (CAMHS) has disappeared, and foster carers are expected to pay for more learning support and leisure activities out of their basic allowance.

The local authority for which I was previously employed began to insist on parental contribution to attend contact with their children, which I thought was appalling and unethical.

Adoption allowances.

Preventative work is not taking place, as only high risk cases are being allocated.

Changes in criteria are to make sure we focus our services on those who can most benefit - we are serving MORE people overall.

Charging has been badly implemented, affecting role and relationships with service users. Other departments seem to expect social workers to be debt collectors.

Cases accepted tend to be entrenched and complex, having been turned away at earlier stages without any preventative measures or early intervention.

The way in which FACS is interpreted has changed and is tighter. There is a lack of clarity within LAs about what is an eligible need, and what is a presenting need.

More crisis driven; cases lying unallocated for longer and being repeatedly dealt with by duty workers.

During my last contract I saw evidence of cases being closed to Team Around the Child, when there was

still need for social work intervention.

Child in need threshold higher.

We are being put under pressure by senior managers to discharge from care young people who are accommodated under section 20 of the Children Act, from the age 16.

Day services and meals chargeable to point that self-funders are ceasing services. Day services may close if not fully used. Question of equity. If you are on Pension Credit you get everything free. If you have been frugal or have occupational pension, you pay most or all the cost.

Thresholds for child protection being raised, due to system being overburdened.

The voluntary sector are no longer receiving the grants they did, so have closed down.

Only priority 1 or 2 clients are being assessed or getting services. No prevention work is being undertaken, therefore clients have to wait for a crisis before they get help. All services are now chargeable, except for free personal care, as defined by Scottish government.

Means testing for kinship care.

The main cuts have been, not filling staff positions that have become vacant, these include social work roles and admin support, which has impacted on caseloads and effectively undertaking duties.

Both 25 and 26 have caused some service users to cancel services and therefore put themselves at risk.

Only able to offer services to clients who meet either critical or substantial need. No longer able to offer services to those with moderate or low level need.

Only servicing critical need at present, efficiency savings are expected on existing support packages when reviewed, pressure on staff to work with crisis cases rather than preventative work.

I don't think that it is fair that just because you have money you should be more or less eligible for a service at such a vulnerable time as when you are dying. I don't think you should have to spend loads on nursing home care because your needs can't be met in the community. Which would be cheaper to you, and more expensive to government.

I'm aware of this through individuals talking about this, although have no personal examples of this.

Training costs mean training sessions are cancelled because of lack of numbers.

Find constraints can have a major impact on older people who have mental health problems, as they don't seem to fit in to the 'generalised' services anyway. The criteria becomes tighter and they fall off the end of the list.

Largely unpublicised - clients finding out at last minute –children's placements being changed, not through care planning but because of cost.

People with disabilities, particularly young people entering transition between children's and adults' services.

A number of service users have stopped accepting a service. This has had a positive effect on some people and they have become more independent, but a negative effect on many others who need a service due to vulnerability. In addition, a very effective service by a private agency was stopped due to cost, with a devastating effect on the standard of life of the service user.

Preventative measures, such as sitting service not available. Only critical' need met, i.e., to prevent going into a care home. Direct payments not allowed to be flexible by client. No meal preparation. No cleaning or laundry, or no anything, except personal care.

There appears to be an increasing problem with, and for, people with a limited right to remain in the UK, and conversely, a cap on financial provision for residential care has delayed, or led to less appropriate provision (without necessarily any immediately apparent 'cut').

Daily charging for home and day service delivery is prohibitive for some who have to pay for all or part of their provision.

Change in the contribution rates for personal budgets.

Taxi fares incurred to allow uptake of service now payable by clients.

Waiting lists for therapeutic and assessment services longer.

Some home care tasks have been affected, particularly in relation to meal time tasks.

They changed the eligibility criteria, but it did not affect most service users, as their eligibility had been incorrectly recorded as moderate instead of substantial. This was due to no training about eligibility criteria. Now this training has been put in place, those who need the service, get a service.

Many people cancel their assessed support package, as they do not wish to pay.

Devolved personalised budgets rather than directly provided carer services.

Changes to pendant alarm services has seen an increase in costs, and fewer people wanting them.

Inadequate review service, meaning those who would have been eligible for this, being referred back to their GP. The introduction of clustering service users, re: payment by results has shifted eligibility for services, as payment led service eligibility rather than need.

I am the trustee of a child protection charity which continues to exist without any core funding.

A rising of the bar to get the same care in.

People waiting much longer for vital services, e.g., occupational therapy assessments. Older people being left in unsafe situations, to save cost of permanent care.

Charging for day care has been introduced.

Residential care I feel is now the old nursing care and nursing care is the historical hospital care. I see carers left to run nursing homes.

Eligibility criteria is already ludicrously high, so those who are not eligible are referred back to GPs.

I have not been aware of charges. However, my specialised team was terminated and filtered into mainstream services, with workers who had no experience or knowledge of the specialist group of service users.

See in all local agencies, one hit a judicial review and has had to revert to old criteria.

No Child in Need team, everything pushed to common assessment framework (CAF).

Total lack of flexibility re: budget to support families and prevent children needing to be in care.

Charging for day care services has had impact on those accepting placements.

Very little preventative work is now done, mostly crisis and duty work.

I am lucky to work in a non for profit organisation that actually helps local authorities to fund services for foster children they currently struggle with.

Changes to fair access to care services (FACS) criteria, only working with substantial and critical, clients now having to pay for services that were free before.

Charging vulnerable adults for services such as management of appointeeships.

People on the cusp of services are left without support.

Change of eligibility criteria has meant that common assessment framework is becoming more used to enable the services users to use community resources, rather than relying on social services. This seems to be working well in the local authority where I work.

Very difficult to get funding for community placements, thus slowing discharge.

There appears to be a general trend to withholding care in order to save costs, leaving the client to either accept or go through a lengthy legal process.

Working with people in crisis often means it is not possible to support them in their own home, and residential care is only option.

Service users now paying much more, in many cases unrealistic amounts affecting quality of life, or people refusing support.

In adoption the pressure is to relax the criteria to obtain more adopters.

Less day care and short breaks. Only providing services for critical.

The threshold for statutory intervention increased.

The needs of mental health service users are comparably different to other disadvantaged groups - there needs at times are harder to evidence, due to being often invisible to the naked eye. Eligibility criteria has become more tighter due to financial constraints, and more socially inclusive in one way, by looking at the populace as a whole.

Young people are not being charged like in the adult services, but a lot of things are now not paid for.

Attempts to tighten fair access to care services (FACS) criteria.

Less money for teenagers to encourage them to continue in education.

Thresholds for service provision is higher - less opportunity to do preventive work with families.

Referrals of teenagers to children's services are being generally declined. I'm noticing a depressing trend of social workers stating that children are "better off in custody", and I believe this is linked to cuts in funding. This will not change until local authorities pay for custodial placements.

The ceiling rate has been removed, so if the cost of care is £550 per week and the client is a self-funder, they will pay the full amount. The buffer has been removed. Criteria is much more stringent, and anything that is commissioned over £200 needs to be sent to a funding panel for consideration. It takes so much more time and the process is so stressful and demanding.

Some increases to domiciliary care charges. Cuts to day care service provision.

Eligibility criteria has certainly become tightened, which in my opinion places more pressure upon service users and places the most vulnerable at greater levels of risk. Also, this in my view means that by the time services are introduced, the situation has reached crisis and chronic levels, often meaning that situations have gone beyond retrievable. Given that experiences last across the life span for individuals, how many children and young people are going to require greater levels of services well into adulthood, including unnecessary long term chronic mental health, which could well be preventable if service provision had been initiated at earlier times and more robust assessments undertaken, and needs fully identified and adequately met.

Statutory local authority services get tighter and tighter, so the kind of work the voluntary sector receive gets ever more complex and serious.

I do not personally have a case load. Staff I manage have not had an increase in caseload, their case load has been rationalised to ensure that they no longer carry cases where either little or no work is required or where voluntary or other sector, including family can provide service and or appropriate support.

Panels to consider high cost resources are an extra hurdle and do not always result in the best plans being made for children in care.

Child protection criteria is higher, reducing the preventative active social work role and increasing the 'fire fighting' everyone acknowledges fails children.

The political tension between health and social care over funding has left many patients, in my case palliative, unable to get home, where they want to die and instead having to occupy a bed unnecessarily whilst CHC and Social Services slug out their differences about who should pay their funding.

Specialist and therapy services have been cut and social workers are expected to provide this service to service users.

Very few section 17 payments made now - food parcels being given instead of cash. Homeless youngsters denied an adequate service.

Thresholds have been made higher and threshold models amended.

It is evident that families that would have received a service in years gone by no longer even get considered.

Charges will be introduced for post-adoption work with adults.

Everyone I work with is currently entitled to free services, under section 117 of Mental Health Act.

Councils are handing out bills for social care support to clients when it's their error, expecting frontline staff to ruin relationship by presenting them with the bill.

They have raised the criteria for 16 and 17 year old young people who present to the borough in need. They have introduced a team of family support workers to complete work with families, who they try and rebuild high risk families and young people.

Assessments to see if people meet fair access to care services (FACS) are subjective.

Accessing social activities and hot meal services.

Threshold for referral has risen.

A push to limit entry to services.

The eligibility criteria for the child protection team is too high and many of them are stuck at section 17 level, where no progress is being made and support for service users is being withdrawn.

Threshold to access for children's services is becoming higher and higher.

increase in charging is putting some people off having services and causing others to take much longer in making decisions over whether to accept services, making the whole process take longer and slowing down work turnover, longer waiting lists.

Services that were free, now cost.

Due to cuts to ALL of the preventative services in our area, we no longer do ANY preventative work at all. Only cases that meet the highest threshold are receiving services, and families are deliberately making teenagers homeless in order to receive services they would have received a year or two ago.

My hospital is the only NHS adolescent unit for my area covering two counties, hence we have constant stream of referrals. This picture is more complicated by the outside factors, such as understaffed and underpaid workers who are stretched beyond their capacity. This has a direct impact on delivery of our service, i.e., we have quite a lot of delayed discharges or our referrals being constantly rejected due to lower thresholds.

One example is a recent decision for parenting assessments for court to be undertaken by the allocated social worker, rather than by parenting assessment teams. These assessments were previously undertaken by dedicated teams experienced in these specific assessments. Fitting these assessments into an unpredictable, often chaotic, schedule is placing extreme pressure on social work practitioners.

An assessment is no longer enough to show eligibility. Some senior managers are now asking for separate

reports from medical staff, outside of the usual nursing assessments.

There is no free therapeutic service in my area, due to restructuring.

Fair charging policy means more service users have to pay for services. New criteria, although local authority will not admit there is one services cut to service users. Local authority citing personalisation as the reason traditional services are no longer being funded e.g., day care.

Having to prove more with more evidence that people require a service which requires funding. Having to battle to prove that certain people require specialist placements that perhaps are not available locally. Being stuck between council and NHS re: funding battles.

All cases are subject to financial scrutiny.

Only people with critical care as opposed to significant care needs are deemed in need of local authority-funded or provided services. This has meant elements of care packages are no longer provided, e.g., shopping and washing

A tightening on all budgets has obviously had an effect. In-house provision is still available, but little outside and very little room for creative thinking, unless it is free!

Means-tested day care.

Previously standard charges have become assessed charges, which usually result in an individual having to pay more and sometimes refusing the service, feeling that it is too expensive.

Cuts have particularly affected disabled children and led to less services for them, or longer waits for answers about their future provision as adults, leading to lots of anxiety and deterioration in behaviour and health.

Thresholds have risen and children who would have received a service direct from a qualified social worker in the past will not be "CAFed out" to "universal services". Those who assume responsibility for these cases, more often than not lack the training and experience necessary to manage safely.

We no longer serve those with moderate needs, only those with substantial or critical.

The thresholds are higher as we have been told we are doing too many core assessments, and too many children are being made subject to child protection plans. If a child is in need, then they need assessing, and number crunching should not come into the mix.

More difficult to get funding approval for placements.

Threshold for social work intervention have risen. Rather than address crisis, it possibly puts off the inevitable.

Courses that used to be free to service users now cost, and the LA doesn't have the money to pay or such courses.

I think we're encouraged to close or alter the status of cases, e.g., child protection to child in need, quicker than previously.

People who need services are receiving that regardless; bearing in mind they did not get much anyway.

Cuts and charges may be a different thing, in my view. It feels, particularly that eligibility criteria is often unclear, and 'hard pressed' community teams will 'adapt' criteria to fit availability, which does not feel equitable.

Fair access to care services (FACS) was changed in my area, and day care was cut for many older people and people with a learning disability. Charges have risen for meals, and less people order them as a hot daily need as they cannot afford them. Providers charge hourly rates, and this does not meet the needs of the person, so they decline the support or have a reduced service, which can put them at risk.

In my local authority, a Child in Need case needs to be viewed as 'complex' before being accepted. This often translates as 'could have been managed before it has reached crisis point with quality early intervention. Early intervention services have been slimmed down to almost nothing, i.e., closure of most children's centres, decline of Sure start, et al, uncertainty of non-social work staff to complete common assessment framework (CAF) assessments.

About to happen in April, when Telecare services will be free for 6 weeks, then chargeable. Hospital discharging too early, without appropriate care.

Only access of services such a parent assessment, unless in court.

Only working with very high tariff cases.

It has become harder and harder for people to get support agreed by panel.

Not that I am aware of - we are making much better use of common assessment framework (CAFs) at last.

Children's safeguarding team are now very high level child protection - it's very hard to get support for children in need, before it reaches real crisis point.

Now only meet moderate needs – service users and health staff struggle to understand this.

We are encouraged to direct to purchase services privately in some cases.

No charges in children's services, but the eligibility criteria for disabled children's services has been changed and tightened up

Thresholds for referrals are too low. Rate increased, many assessments go to NFA and the demand placed on social workers to deal with low level cases means there is a risk of not having capacity to focus on high risk cases.

I have observed a reluctance from the local authority to take children into care, preferring to opt for support packages in the community, keeping children with parents. Often these are high risk cases. This is dangerous practice and does not safeguard the child.

Personalisation - lack of clarity or consistency in charging.

My comments are from the perspective of working with local authorities - especially introduction of higher thresholds for accessing.

Fewer families get a service, and it is much higher need. Lots of families fall through the net, until situations become critical.

Restricting eligibility leads to lack of prevention.

Again based on previous employment, this has mainly impacted on the disability service, where the eligibility criteria has been reviewed and a higher threshold put in place.

Loss of services to people with severe mental health problems, resulting in reduction of independence and in quality of life, and in increased dependence on health services to prevent admission to hospital (for example, crisis resolution).

Day services charges have increased to make them inaccessible to service users, and then they use lack of up-take as a reason to close the centres.

Changes to criteria for children with disabilities.

Due to budget constraints where people would have been given help in the past, e.g., to buy a cooker, they are no longer given this help.

When service users have been mandated under a Drug Rehabilitation Requirement (DRR) order for e.g., if they are in breach, we do not get on-going support from probation, drugs service, i.e., drug testing, despite child protection plans being in place.

It has created enormous stress for service users, families and front line practitioners as the fair access to care services (FACS) eligibility criteria threshold has been raised. This has resulted in either services being withdrawn on review, or needs manipulated to ensure services remain in place - either way is not satisfactory, as often the withdrawal of services creates a decline and revolving door.

I wonder how my employer is able to get away with it - we are repeatedly told they are operating within the legal requirements.

Services being significantly reduced, which leaves people vulnerable in their homes.

Many preventive services for elderly people, such as luncheon clubs no longer available.

I don't know - I believe that services to older vulnerable people on full cost are denied services. Abuse investigations.

There is greater use of non-statutory services for what should be statutory interventions.

Although I have answered no, there is a shift from residential care to home care for adults. This has resulted in the pending closure of a large residential home for elderly people, and less respite availability.

Looking at critical and substantial but only assessed eligible needs, used to provide absolute minimum services.

This is evident when considering respite facilities and accessing them alongside gaining support via health, which has been compounded by the change that occurred last year to independent living fund (ILF).

Access for many young people to an adult disability social worker in the transition from children's services

was almost non-existent. Young people who had traditionally received a leaving care grant had new threshold criteria and the grant became discretionary. Assistance with transport and support costs were virtually withdrawn. There was an increased burden on workers to seek funding from external sources and charities. There was also an increased burden to use charity shops for second hand items, including clothing and furnishings. Money was totally withdrawn for activities. When undertaking direct work with young people, there were no funds for food only drinks and then not for staff. Staff were expected to either take their own or pay for their own. Expectations were that staff would avoid at all cost car parking charges and if necessary, park up to 15 minutes away and walk to the venue to save on parking.

Less prevention work undertaken.

'Threshold' for services appear to be higher.

I have answered no to the above as the borough where I work has always provided very limited services.

Learning difficulties clients now being charged for day services.

Direct payments - all mental health service users were eligible with very positive results, now lengthy process and much more difficult to obtain.

My local authority is sending out questionnaire to ask people how they can charge 'more fairly', and if everyone should be charged.

Providing residential or community support has tightened, resulting in more breakdowns in community and an increase of more 'urgent' work, rather than preventive.

Fewer people able to receive services

None within my specific role.

Funnily enough, our particular team has very few "eligibility criteria" meaning that other teams hear the term adoption and say "over to you"....even when it is not an issue we would deal with.

Services are not easily accessible for early intervention and prevention.

I haven't noticed an increase but people are having to pay if they are in areas (arrears?) of charging.

My local authority had already raised its threshold to Substantial and Critical, before the financial cuts hit.

QUESTION 6:

Which changes to your pay or allowances have made you less well off financially?

Council offices charging you to go to work! Madness!

As an independent social worker, the single biggest change for me has been the Legal Services Commission (LSC) cuts. I run an organisation with overheads (rent, admin staff, utility bills, etc.) providing a range of services and paying other independent social workers and contact staff. The LSC rates do not take this into account at all, and therefore while I feel out service is much needed, it is likely it will need to close, and the commission we get from the new LSC rates is negligible, and not enough to meet costs. My own salary has significantly reduced to now earn less than I did a year ago, and less than I did as a social work manager for local authority five years ago. In addition, I now have no pension and am unable to afford to take out and pay into a private pension, or to save adequately for the future.

Fuel increases while car allowances have been reduced.

Union subs - now feel it's a necessity to have union membership!

We received a small pay rise with our redeployment, but the car user allowance was withdrawn, leaving us £50 worse off each month. Unqualified common assessment framework (CAF) advisors are being paid almost the same as us, who manage locality teams.

Everything is more expensive, and care has been reduced to an elderly parent which means it falls to me.

Losing essential car users allowance has affected me a lot.

Partner's income decreased.

I am not being paid a social work salary, it has a major impact on my circumstances. I have asked to be considered for a pay rise.

I am living on my pensions. I do not receive payment for my independent work, will not be paid until the placements are completed.

As a bank worker - no increase to lump sum paid for assessments and yet a steep increase in petrol costs.

Essential care user allowance is being phased out and my tax code has been considerably reduced, on account of the expenses given to cover the petrol I put in the car. Hence I am taxed on fuel 3 times - through VAT at the pumps; fuel tax and through my tax code being subsequently reduced.

As an independent, organisations less willing to pay realistic rates for my services.

Cuts to maternity benefits.

The fixed amount given to essential car users was halved.

Reduction in agency social work contracts/ assessments.

At top of grade so cannot progress.

Working a 40 hour week.

Fewer referrals to our service.

Meals allowances are much harder to claim now.

We will be asked to pay to park also, in an office move in July 2012.

Out of hours allowances.

I was made redundant as a result of cuts, and was unemployed for 7 months.

Mileage amount has not risen for years.

Social worker have had a pay freezes since 2010, and we have lost travel allowances on top, it feels like we subsidise the LA.

Only 2 months into the job, having to travel 120 miles round trip for social work role, therefore amount spent on petrol is considerable.

Have to pay for diary.

Reduction of mileage payments.

Freelance assessor's fees have not gone up for 10yrs.

Due to the above and with the cost of living rising, it is more difficult to manage to stand still.

Budget changes with regard to pensioners' tax .

As a locum advanced mental health practitioner, I have found no work for months.

Pay freeze in place and no longer receive essential car user's allowance.

Not that I am paid less... however, I am forced to work more, in that at the end of the day my job is still CHILD PROTECTION.

We have no car allowances at all. We're depending on public transport, and the journeys take twice as much time.

Removal of travel pass.

Child benefit reduction.

Now in 4th year for pay freeze.

LAs are fixing the price of commissioned work.

No overtime.

I have been made redundant.

Wages frozen for last 2 years.

Overtime restrictions increased, and paid at straight time, instead of time and a half.

Essential car users allowance axed.

Petrol - significant rise.

Travel card costs in London have been cut (we have these instead of car allowances in central London).

Cost of living has went up, pay freeze in operation for 2 years.

Prior to redundancy there was already an impact on my disposable income because of pay freezes, loss of subsistence when away from office and mileage allowance not keeping up with the cost of living. Since redundancy, I have noticed that freelance work and agency work is less well paid and not easily available.

Due to my geographical location and no substantive posts ever being advertised locally, I am an agency social worker. My pay rate has been cut by a third in the last two years.

More of us find that we are using our own money so we can take a service user for a coffee/ drink. If we do not provide car parking tickets, we can't claim, and a lot of the car parks around where I work do not issue receipts.

Was made redundant March 2011 and since have found it hard to find employment commensurate to the current level. I am now looking for jobs with operational activity, but once in a higher management role, it is hard to secure these posts as my relevant experience is too old. Catch 22!

I work for the private sector as an agency social worker more or less permanently placed with my local authority. This is my choice, to ensure my pay and working conditions are reasonable, but I think it is a massively costly and inefficient way of organising things

Essential car users allowance axed, pay freeze for social workers at the top of the scale, while newly qualified and unqualified workers have had substantial rises.

As I am no independent, I find organisations take a lot longer to pay often several months, leaving me in debt. Many local authorities don't pay for mileage, or subsistence.

We are a county wide service covering a huge geographical area. It would be impossible to do the job without a car.

I have retired from full time work but work part time sessionally, so cannot fully complete this survey. Less contracts available and lower rates.

My fees remained the same, and price of diesel is up significantly.

Car allowance taken away and petrol increase and road tax.

More and more social workers are taking second jobs at a cost to their own family time and health to make ends meet.

Am self-employed so this doesn't affect me.

Due to pay freezes, my partner cannot get a permanent job so we are more dependent on my income.

Registration costs set to increase.

Cut my post, redeployed to a post that pays half of what I made before.

Cuts currently under consultation – i.e., shift allowances and unsociable hours payments.

As a locum, I am only paid at the bottom of the approved mental health practitioner scale, and have never had an increment in 9 years.

Loss of monthly essential car user payment.

As an Independent worker it is noticeable that fixed fees for assessments and reports have been reduced due to the 'capping' of fees made by courts and local authorities. Agency rates have been reduced and also petrol allowances.

I have been subject to the pay freeze for years. Petrol and car costs are killing me. Paying for car parking and loss of reorganisation allowance is also affecting income.

I am an NQSW, and therefore, this is the first year I have received a social work salary, which is much better than my previous wage from my part-time job to support my education.

Leaving the profession, that and taking a low paying support worker role.

I work part time, am a single parent; I have lost £100 in child tax credits, plus lost my car allowance & had no pay rise for at least three years.

Increase in income tax and overall increase in living charges across the board food, petrol, mortgages, etc.

No cost of living rise or increment rise.

I am regularly in an overdraft situation, compared to previously.

Increased car parking fees, any concerned about pay cuts following the budget.

Only get casual car allowance but should be essential, petrol increased but allowances remained the same for years.

Pay freeze and cuts, coupled with higher costs and inflation, have eroded my ability to save for retirement. Pension changes are a concern, and yet I will not be able to sustain my employment for much longer due

to impacts on my health through stress and burnout. Now 57 years old, the future is looking bleaker than it did 5 years ago.

Now paying higher tax, so my wage is equivalent to what it was many years ago.

Increase in fuel, which is used to enable me to use my car for work.

I retired in 2011. Think that I am one of the lucky ones in terms of pension, etc.

Repayment of student loans, poor social work wage.

Petrol has gone up, the mileage remains same, as my job is car required.

No grading changes, no cost of living increase.

Additional tax paid.

The loss of cost of living and increments have resulted in pay cuts/ pay freezes, we now get no wear and tear allowance for our cars, and meal allowance when away from base have also been cut.

I am far better off financially working as an independent. Prior to this, I was struggling and was not able to afford luxuries. This was due to the pay freeze and poor result of the job evaluation. As a group of team managers, many of us felt undervalued, and oppressed by the system, but many stayed simply due to the fringe benefits, e.g., Pension and sick pay. Some like me, chose the riskier option of going independent.

No increase in pay, which effectively means a cut.

Legal Services Commission cap on ISWs at £30, i.e., 50% reduction in hourly rate.

Low pay rise. Now working in a non-social work job, but doing a SW job.

Higher taxes.

Now paying £25 per month for parking (essential car user), this will increase to £35 per month in October.

I personally do not feel the effect, as my partner works in business and our financial situation is quite stable. However, I know from colleagues that they are experiencing extreme hardship.

Cost of living has gone up - pay has not.

Greater competition for obtaining work, and at a lower price.

They removed my travel card allowance - big difference. It probably costs them more in time and admin fees with their new system anyway.

I am potentially less well off, as I have recently become independent. Although, that said, there seems to be no shortage of work in my area, and the local authority for which I worked, remains my largest supply of independent work.

Increased petrol costs without increase of allowances. Smaller budgets for direct work with children means

that workers are paying for activities/ lunches out of their own pocket.

Freeze on mileage allowance.

Overtime rates and public holiday cover rates.

Now independent so very different. However, aware that with a decrease in people numbers those left have so much more to do.

I am better off now because I have a new full-time job, having previously worked part-time for a local authority - but I left that job partly because of financial cuts made to that job. (Axed essential car allowance and reduced mileage; I had pay frozen, but others had cuts of up to 30%).

I have lost working and child tax credit, or I am about to.

Less overtime payments despite often working late to meet real demand.

I have left permanent employment, and am now a locum earning more than I did a year ago.

Concerned about pay and pension, and having to work longer.

Increase in cost of living, no pay increments to take this into consideration. Massive reduction in car allowances.

Mileage allowance frozen, but diesel is now double the price it was when I started in the job.

I now work for an agency in temporary posts.

Now being told we will not be able to use our cars – we have to use pool cars or bikes. Unrealistic and lack of understanding of social work role by corporate departments.

Expenses allowances do not cover detours in mileage now.

No increase in fees for practice teachers for 10 years, no travel allowance now paid by Universities.

The lengthy and more recently technologically complicated process of claiming back expenditure, makes it hardly worthwhile for all but the most significant financial burdens.

Reduction in availability of locum and sessional work.

New computerised travel expenses program gives distances as shorter than real. Also expenses rates for car below true cost.

Less hours available for 'as and when' work, resulting in less pay.

Career break, for my sanity, cost me a fortune!

Fuel prices have risen above allowances. Also have lost monthly lump sum due to agenda for change.

I moved to a different region for better terms and conditions but it did mean a 2000 drop in wage. Now

on pay freeze for 5th year. I can't sell my house, and it is 200 miles from my new job, so my wife and I have spent 15 months living apart Monday to Friday, and running 2 households.

Single status settlement meant a cut in managers pay.

Predicted increases in pension contributions will add to the above.

Proposal to include pension contributions in addition to above and proposal to introduce compulsory 6 days unpaid leave.

No pay increases for three years.

Additional hours payments.

No increase for practice teaching (off site) for years.

Impending loss of child benefit and lack of available additional hours.

I have already left local authority because of the way the cuts were going. I have now taken up a less well paid position where I feel I am making more of a difference.

Due to the cuts, I have come out of university struggling to secure a job. There seems to be a cry for social workers but the local authorities are not employing people - most of the jobs seem to be in the agencies. When you go for interviews but are not offered the job to be told that "they decided to give the job to someone else". Maybe the job is already 'earmarked' and the interview process is just a paper exercise. I do feel that since 2011 finally gaining my degree, I should have secured a job by now, but I am struggling financially to make ends meet and I have no other form of income other than what my husband earns. We are just managing with all the necessities of trying to run our home, but life would be easier if an interview panel with 3 or 4 people would just look at it from my side of the coin, what if they were in my situation, how would they cope if they were not give the opportunity to prove themselves in a job!

Pay rates for independent workers have been capped at £35.00 per hour.

No incremental increase for 2 years.

Actually freeze to pension or small increase to this.

There is no longer a retention allowance for social workers trained as advanced mental health practitioners (as I am), therefore, I am basically doing this service for the local authority for free, and I am employed by an NHS organisation.

Going independent has meant I am better off financially and emotionally.

Car parking fees are due to be introduced. I resent this, as I only take my car to work for the benefit of the organisation and would not be using it otherwise.

Although social workers are classed as essential car users, there is no provision to park free during work hours, and often I can be out of the office to visits up to twice daily needing to alternate parking throughout the day.

I have been on a pay freeze for 3 years and this is likely for the foreseeable future. I am a practice educator

and the organisation no longer provides a financial incentive, so given the volume of work created in a climate where the cuts are prolific, I will not take this role on within the organisation, I will do so externally. Parking permits were given to managers for when we attend court and meetings, this has been removed and the parking meters have increased by 45%.

Our essential car users allowance was stopped last year and has had a direct financial impact, however, there is a continued expectation that we will make and keep a vehicle available for work, with potential threats of disciplinary action being taken against anyone not willing to continue using their vehicle.

Retention bonus cut, parking permits cut.

All social workers have to pay £25.00 per month for a business parking permit, even though we are carrying out home visits and use own cars to do so.

We will be required to take three more days annual leave, which will be unpaid.

Increases to pensions and student loan increases.

No cost of living increase, 14p per mile allowance unchanged.

Repeated pay increases below inflation for years; now no increases, and no longer getting annual increments.

We have a pay freeze and our petrol allowance has gone down by 5p per mile, which is 10p under the recommended amount, and there is a considerable amount of travel in our jobs, as we cover an entire county.

6 days unpaid leave was introduced.

Mileage cuts to post entry training and car parking.

I left the position I was in due to pay cuts, I now earn the same as I did a year ago, but had to leave the LA and a job I loved.

Being on a basic wage at bottom of the scale, because I previously worked freelance.

Compulsory 3 days leave per year, no sick pay for first 3 days, no essential car users allowance.

Market premium paid, with criteria that excludes ill health. Not so good for us with chronic conditions. Newly qualified social worker on high grade (NQSW), so that after 5 years, I am on NQSW rates!

Please note I work only 18 hours a week, and my income is not the main income in the family; for social workers who are the main, or only wage provider, the situation is a lot worse.

Lack of work as agency worker. It is so bad it is hard to know what to do, as I love the work, but there are so few temp or permanent jobs.

Do home visits and NOT being able to claim back your fares.

At the moment I am employed by NHS, and this means I do not have many ways to be rewarded financially

for my work. This rather means that my job has to be done regardless.

I hadn't had a pay increase for 2 years and there had been no increase in mileage allowance.

Car allowances have not kept pace with the costs involved in keeping a car on the road, or the mileage necessary in undertaking the work. Increase in General Social Care Council (GSCC) registration fees.

Car park permits taken off staff so staff have to pay town centre rates at car parks. Pay and grading introduced, which gave some workers increases but others stayed the same or lost pay.

Out of hours fostering support line cut.

Not being paid for car parking, when we have to park at a car park in the course of our duties, such as at the hospital.

My contract work has disappeared altogether. Had to cash in only small pension to live on, so no pension left for the future.

Because I raised concerns about my previous manager and went through all the stages of an investigation into harassment and bullying, while the investigation went on, I was moved to an area where the London Weighting was lower. When the investigation concluded, it was agreed that I could not be expected to work with this manager again. However, because they put me in a "lower weighting" area, my salary was reduced and although the Union thought my salary should be protected, the management would not agree to this. The entire investigation took almost two years, it was a shameful indictment of the Trust's lack of ability to follow even their own procedures, and such was their fear of adverse publicity they have still allowed this manager to remain in post on her salary, but moved to a "back room" post where she is not managing anyone ever again. Strange justice!

Retention payment for full time section 47 staff has been scrapped.

I am a part time independent social worker, and have had my rates capped.

I left my permanent job because I could no longer cope with organisational politics and because of bullying. I am now an agency worker, so have given up my pension, sickness and holiday pay rights as a result.

Cost of living and fuel has increased, and yet our pay has been frozen and our mileage allowance reduced. It's very disheartening knowing that we are not being recognised in ways that we should be.

Reduce hourly rates for independent social worker.

Pay freeze for a couple of years. No sick pay paid for the first two days of any sickness.

Scrapping retention fee of £1,800.

Loss of support for training, so I have had to take on all fees.

Cut out our monthly car allowances.

Working fewer hours.

Wages not rising with inflation and yet higher charges, e.g., fuel costs, rising rent, rising food costs, etc.

Pay freeze when everything else is inflating, especially fuel costs necessary to undertake employment.

Lack of qualified social work positions.

Pay cuts and lack of career progression, cuts in mileage and subsistence allowances.

Having to pay to get to placement.

No pay increase again, car allowance going in April, planning to bring in car parking charges possibly.

Cut in car mileage; no pay progression; no cost of living; cut in subsistence; abolition of essential car user allowance.

Lower daily rates for agency and interim work.

No overtime for working out of hours.

No emergency duty team sessional work, and newly qualified banding.

Not enough mileage paid compared to the rise in petrol prices.

Increase in pension contributions.

Fewer opportunities for independents, and lower pay rates offered.

There were across the board cuts when I left the service, and there had already been a three year pay freeze. Working as an independent, many of the fee rates that were in place 6 years ago are still the same, i.e., Form F assessments, payments for sessional work, and hourly rates. For practice support, mentoring and teaching appear to be frozen.

Independent social worker and practice teacher rates frozen.

Post was axed.

As an independent, I am not getting as much work, so have had to reduce my salary significantly.

The State of Social Work 2012

All the comments contained in this document were posted to fields contained within the online survey between 14 March and 30 March 2012. Some of the comments have been moderately edited for sense, spelling and to spell out acronyms – to ensure the material is as accessible and meaningful as possible to a wide and often inexpert audience. The context and meaning has been preserved in all instances, however.

As far as possible the comments have been left unedited and the quotes contained in these pages can be taken as an accurate reflection of the views expressed.



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