



EAST RIDING
OF YORKSHIRE COUNCIL



Children and Young People's Support & Safeguarding Services

**Practitioner and manager wellbeing:
Creating a high-wellbeing service**

1. Context

Our staff are our greatest resource; without them we would not be able to provide an effective service to children, young people and their families who need support. There is a well-established evidence base that demonstrates the benefits of reducing stress and improving the wellbeing of those working for children's services. While practitioners and managers have their own professional responsibility to recognise their wellbeing needs, ask for support, build their resilience and show professional leadership, their ability to do so is integrated with the organisational context, therefore as an employer we need to be responsive to these needs and have the resources to respond to the wellbeing needs of our workforce. In addition, as an employer of social workers, we have a responsibility to ensure that we meet the standards for employers of social workers in England. This includes a standard on wellbeing, which states that employers should create and encourage a culture of wellbeing and self-care that is available for all social workers, including preventative strategies. Employers need to champion wellbeing in the workplace and develop a culture where open discussion about the emotional demands of the work is normalised and peer to peer support activities are facilitated.

2. Proposals

a. Everyday wellbeing

Wellbeing champions. It is proposed that every team across the service has an identified wellbeing champion, who would be responsible for promoting our corporate wellbeing activities of our 'Live Well, Work Well' team as well as the Employee Assistance Scheme. They would be responsible for maintaining a wellbeing notice board in physical spaces and sharing information with the team about initiatives.

It is also proposed that our wellbeing champions are supported to attend two training course that are available through our corporate wellbeing offer, including Mental Health First Aid and Making Every Conversation Count. The team would know who their wellbeing champion was and they can approach the champion for support and signposting to other services.

The Principal Social Worker and Principal Practice Lead will also be wellbeing champions, undertaking the same training as above, to ensure that there is a lead focus on wellbeing across the full service.

Praise and celebration of achievements. It is known that practitioners whose work is recognised and who learn from others' good practice are going to be better at supporting children and families because they have a greater understanding of what actions can make a positive difference. Every day, practitioners do fantastic work however feedback consistently received from practitioners is that not as much focus is given to sharing and celebrating positives as it is when something has not gone well. We must challenge ourselves as a system to honour our workforce in a meaningful and relational way, which in turn will model the behaviours that we want our practitioners to develop and practice when working with children and families. To enable this shift we need to ensure our conversations about what is working well are made to be as important and meaningful as conversations about what we are worried about and, even when not everything is going well, the practice strengths are highlighted and shared across the workforce.

The proposals for this are set out in a separate paper, 'Celebrating Good Practice and Honouring our Workforce' dated 01 August 2021. This should be read in conjunction with this paper. These proposals set out individual, team, service and partnership responses to celebrating achievements, including team away days as standard twice a year.

Staff wellbeing spaces and providing a positive physical environment. There should be an effort made to provide a wellbeing space in all of our buildings where teams are based. Most offices do have space for a 'staff room' area, however not all offices do, which results in staff having to eat at their desks. This needs only be a small table and chairs, separate to working spaces, and can have wellbeing information available in the area. The concept of wellbeing rooms has been well received in our partner organisations, such as the Probation Service, and while a full room in each office area is unlikely to be achievable, a designated wellbeing area is realistic.

CYPSSS Wellbeing Wagon. A mobile wellbeing unit specifically for CYPSSS which can be 'booked' by teams, accompany training events, and host wellbeing specific events in response to staff need. Our partners in Humberside Police have a successful model that we can utilise and build upon, and they are willing to share knowledge and support us with developing our own. The 'wagon' will have health and wellbeing information, space to discuss wellbeing matters and host small wellbeing sessions (such as mindfulness sessions etc.) and provide an opportunity for some 'time out' for practitioners. We do already have a resource which can be utilised, with one of the existing YFS minibuses being available to be converted into the wagon. This would involve some change to the branding on the outside of the vehicle (this would need to be costed once approval for the concept has been sought) and some minor conversion work in the back of the vehicle, including some of the seating being taken out to create some additional space for resources to be added; this also has the benefit of the vehicle being able to be driven on a Category B licence (up to 8 passenger seats – 9 seats in total) as opposed to requiring a Category D1 licence (minibus) which would significantly limit the use of the vehicle. This resource would be managed by the Participation, Innovation and Improvement service.

Work life balance initiatives. A good work life balance is required to support people's self-care and emotional resilience, as well as rightly giving a focus on our staff being able to enjoy their own quality family time. While there is a wider context relating to ensuring our practitioners have manageable caseloads, there are some proposed initiatives that would ensure our practitioners recognise that the service respects the need for a work life balance. We know that a work life balance has been harder to maintain during Covid-19, and that while there has been benefits in relation to flexible working arrangements, boundaries between home and work life have been less defined and many of our workforce consistently work over contracted hours. In addition, back-to-back meetings are now the norm due to the virtual technology. While it is recognised that this is not the expectation, we also need to be very alert to the fact that what we 'say' needs to be followed through in our behaviours – as a service we need to demonstrate that we recognise a work life balance is important.

The proposals in this area are therefore twofold; a **service wide reduction in emails sent to practitioners and managers on weekends** and **specific 'no meeting' times across the full service**. Practitioners often cite feeling guilty or feeling pressured to work over weekends when they receive emails from their line managers, or other leaders in the service, out of hours. While it is recognised that it is unrealistic for no emails to be sent out of hours, it is proposed that there should be an effort to reduce emails being sent on weekends and bank holidays, save for those involving services that are open over these times such as Children's Emergency Duty Team and our residential provisions. If people choose to work over these times, then the emails it should be considered whether the emails could be scheduled for sending on the next working day, or saved in drafts ready to be sent at the next opportunity. The emails are unlikely to be urgent during these times as the staff member would not be expected to be reading them over this period in any event. This gives the message very clearly to staff that there is no expectation for them to work weekends and this is also followed through in demonstrable behaviours. In addition, virtual meeting booking etiquette should be developed and circulated. The proposals here are to have set periods of time where no meetings should be booked into people's diaries, to ensure that everyone has some space where they are not required to be in a meeting to have a break or complete other tasks. There are different ways of achieving this; firstly it could be a daily proposal of no virtual meeting bookings made between a set time, say 12:30 and 1pm, or it could be achieved through a longer period of time at a longer interval, for example every other Wednesday (or whatever day this is agreed) being

a no meeting day. The first proposal would give the clear message regarding appropriate lunch breaks, and the latter has the benefit of giving practitioner space to focus without interruptions. These proposals have been successful in large organisations and would be welcomed by our workforce. However, for these initiatives to work and have the required wellbeing effect, the whole service must agree and contribute to this being successful.

b. Physical and emotional safety

Lone worker monitoring. Under the Health and Safety at Work etc. Act 1979 and supporting regulations such as The Management of Health and Safety at Work Regulations 1999, the Council has a number of legal responsibilities relating to our employees. It is not against the law for employees to work alone, however due regard has to be given to the risks that can be faced and the resultant management systems required to reduce those risks.

As a result of Covid 19 and working from home arrangements, the established safe working policies for some of our frontline staff have been limited in their effectiveness. Extension 13, for example, is the emergency assistance response should a colleague be able to access their phones to contact the office; however the ability of support services to respond to this is limited when several offices continue to work on a voicemail system and the board recording systems in the office are not updated.

Therefore, lone working policies for across the service should be reviewed to ensure that they are as effective as possible in keeping our workers safe. Different strategic lead areas can learn from each other in terms of successes in this area, for example Early Help have a well established duty system that ensures that staff whereabouts are monitored, and the Targeted Intensive Service have trialled the use of the lone worker monitoring system, Orbis. Please see attached at Annex A, information about the Orbis system.

Reviewing our service wide lone working policies will ensure there is an additional oversight of our workers sense of, and actual, physical and emotional safety and will support them to feel valued by their organisation, with a recognition of some of the difficulties they can face in their day-to-day practice.

Clinical Supervision. Strong, effective and reflective supervision is at the heart of a high wellbeing approach. There should be a clear welfare focus in supervision and managers should have the skills to be able to respond effectively to wellbeing concerns as they arise. This should be standard across the service and the supervision and EDR policy is being updated to reflect this.

However, there are certain circumstances where individuals or teams require supervision over and above what team managers can offer. Some of our teams have been supported by psychologists who have offered supervision to support emotional safety and wellbeing of practitioners as a result of them experiencing and managing traumatic circumstances. Team managers request that this resource is available as requested in such situations, however that teams have access to clinical supervision on a bi-annual basis as standard to protect against vicarious trauma and wider impact on a practitioners own mental health. Colleagues in the Police, Probation Service and other helping professions are offered this support as part of their supervisory arrangements and where this has been offered to our teams previously this has had a significant impact on overall wellbeing.

The current in-house resource is not sufficient to enable this support to be offered to all frontline social work teams, or individuals from other teams where they are co-working particularly complex or traumatic cases. Costings have been requested for the current resource to be extended and we are awaiting this in order to understand the full implications of this proposal.

3. Implementation

The proposals set out above are likely to take varying lengths of time to implement successfully and would require individual review to monitor the effectiveness of each measure. The overall impact of the strategy can be reviewed via the annual workforce health check. However, if proposals are agreed, it is important that workforce consultation takes place as soon as possible so that practitioners and managers are fully aware of the plans to support their wellbeing moving forward, and that those agreed proposals that can be implemented more quickly are followed through as soon as possible.

Proposed implementation plan:

Phase	Activity	Timescales
Phase 1	Agreement in principal	September 2021
Phase 2	Workforce consultation	September/October 2021
Phase 3	Strategic sign off to proposals following consultation	November 2021
Phase 4	Implementation of proposals achievable within shorter timescale: <ul style="list-style-type: none"> - Work life balance initiatives - Wellbeing Champions - Celebrating practice (as per implementation plan on separate paper) - Lone working policy review - Wellbeing wagon 	December 2021 – February 2022
Phase 5	Implementation of proposals requiring longer timescale: <ul style="list-style-type: none"> - Wellbeing spaces - Clinical supervision 	March 2022 – June 2022
Phase 6	Workforce consultation – annual review – amendments based on feedback and further embedding period	October 2022
Phase 7	Review of impact and implementation – amendments based on feedback and review	March 2023
Phase 8	Business as usual – strategy is fully operational and embedded. Reviewed via quality of practice activity, workforce engagement sessions, and annual health check information	October 2023 onwards

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Date completed:	11/08/2021
Date to be reviewed:	31/10/2022

Revision log	
Date	Details of revision
01.12.2021 v.2	Updated implementation plan