

## Child and Family survey - summer 2016

### Full report

#### About the survey

This report summarises the findings of an online survey conducted by Skills for Care during 25 July to 12 August 2016. The focus of the survey reflected the breadth of the development initiatives and implementation plans for social workers in Child and Family services over this year, including the ASYE, ACFP, and Practice Supervisors assessment and accreditation. The survey was distributed via email to 316 people and 104 responses were received.

#### Key messages from the survey

In summary, the key messages from the survey are as follows:

- Approximately 80% of ASYE leads have been in post for over two years but 47% spend only up to a quarter of their time on this task.
- In support of their continuing currency in this role 91% of ASYE leads cited networking opportunities.
- Assessment against the KSS is well established and embedded for the ASYE, 96% state this is fully or partially embedded.
- Moderation of the assessment for the ASYE has been embraced. 76% of ASYE leads report responsibility for internal moderation.
- Confidence in the ASYE preparing staff for the ACFP was acceptable, 77% were very or fairly confident.
- The KSS's are only partially embedded across the workforce – 27% of employers have not yet begun the process
- Confidence level of employers in the Employer Endorsement process for the ACFP is low with 62% feeling 'not very confident' or 'not at all confident'
- Employers need support to embed the Practice Supervisor KSS – 63% of employers have yet to begin the process of embedding it.
- Overwhelming feeling that there was a lack of clarity, information, guidance and timetable for implementation of the assessment and accreditation processes This could be alleviated by more timely information available on the website
- Uncertainty remains high concerning the relationship between the PCF and the KSS's, including confusion over the expectation of level and role for both the ACFP and the Practice Supervisor
- Support and information delivered through workshops is valued
- The importance to employers of the opportunity to share good practice
- Employers value access to examples, templates and case studies

A number of good practice examples are available across the country.

## Key findings:

### 1. Understanding the assessment of the ASYE (child and family) against the KSS

The focus of the work undertaken by Skills for Care during the past year has been on supporting employers to understand and feel confident in the assessment of the ASYE against the KSS. It was therefore encouraging to find that the majority of respondents reported understanding the current arrangements 'very well' (50%) or 'fairly well' (42%). This was a significant improvement from the survey undertaken in April/May 2015 when just 70% of respondents reported understanding the arrangements 'very well' or 'fairly well'.

In terms of how far the KSS has been embedded in the ASYE, the majority of respondents reported that it had either been 'fully embedded' (57%) or 'partially embedded' (39%). Methods used to embed it varied, but the most frequently cited ones included having KSS audits at the beginning, review and end points and the support provided to the NQSWs through development workshops, etc.

The following good practice examples were noted:

- *The design of readiness for ACFP assessment is linked to the KSS assessment*
- *Link between social work assessment and Care Plans which can provide the bulk of the evidence for assessment against the KSS*

The hindrances to ensuring that the KSS is embedded in the ASYE were identified as primarily being related to the continuing confusion on the relationship between the PCF and the KSS, as well as organisational issues relating to pressure of work and limited resources.

### 2. Assuring the quality of the assessment decision of the ASYE against the KSS (child and family) 2014

The majority of respondents (91%) had internal moderation processes in place and a similar number (87%) were a member of an external moderation partnership. We did not collect this information in our previous survey but anecdotal evidence suggests that there has been a large increase in employers setting up or becoming members of an external moderation process.

When asked to give details of how they were ensuring, in the QA process, that assessment against the KSS has been fully implemented, more detail was provided on the make-up of the moderation panels. Regular reviews, the aligning of all assessment paperwork to the KSS and

marking of the assessment by an Assessor independent of the supervisory relationship were also mentioned.

The following good practice examples were noted:

- *A sample of every NQSW's supervision sessions are observed by either the Principal Social Worker or a Service Manager who also attend the 3, 6 and 9 month reviews*
- *All Panel members have undertaken training in understanding the KSS*
- *When the final portfolio is marked by a Level 2 PEPS educator who is independent of the line management relationship, the educator also completes a quality assurance template*
- *Moderation feedback to the assessors leads to key themes being identified and training developed*
- *The portfolios are available electronically so that the ASYE coordinator and other members of the professional Practice Team are able to see them and make comments at any time*
- *Themed discussions around KSS are included within regular ASYE Forums*

### **3. Preparing social workers for the proposed ACFP assessment and accreditation process**

Confidence in the ASYE being provided preparing social workers for the proposed ACFP assessment and accreditation process was acceptable 10% of respondents said they were 'very confident' and 66% that they were 'fairly confident', but more work needs to be done in this area

As highlighted elsewhere in the survey, there appears to be a continuing need for more information, greater clarity and clearer direction, in how the ACFP will be implemented in order to improve confidence levels.

### **4. Embedding knowledge of the KSS (child and family) across the workforce**

Just 4% of respondents said that the KSS had been fully embedded across the workforce, with a further 69% reporting that it had been partially embedded and 27% that the process had not yet begun.

The following good practice examples were noted:

- *KSS embedded in job descriptions and all exercises used in social worker and manager interviews are assessed against the KSS*
- *All training refers to KSS*
- *All supervision sessions refer to KSS*

- *Built into teaching partnership arrangements from recruitment onto degree programmes up to career pathway planning*
- *KSS Awareness sessions/workshops*
- *Re-registration planning sessions*
- *Induction processes, PDR Processes, Progression Panels*
- *A KSS implementation strategy for which funding has recently been agreed – so far we have Teaching Consultants as KSS Champions providing input and practice examples to students*
- *On line KSS Self Evaluation Booklet for all staff*
- *Changes to Early Professional Development (years 2 and 3 after ASYE) to incorporate the KSS*

Respondents cited a number of issues that had hindered progress in embedding the KSS across the workforce, including organisational issues to do with capacity, retention, morale and conflicting priorities, as well as a sense of uncertainty as to where developments were leading and would be implemented. Uncertainty about the PCF and its status was also a significant hindrance. What would help the process was more information, clarity and timescales and sharing of good practice.

## **5. The Employer Endorsement element of the ACFP assessment and accreditation**

Three-fifths (62%) of the respondents said that they were 'not very confident' or 'not at all confident' about the Employer Endorsement element of the ACFP compared with 29% who said they were 'fairly confident' and just 9% who said that they were 'very confident'.

In order to improve their confidence respondents said they needed further guidance, clarity and information, including a timeline for implementation, and support delivered through workshops and the sharing of good practice.

## **6. Embedding the Practice Supervisor KSS with Supervisors and Assessors**

This is an area of work which appears to be in need attention – almost two-thirds of respondents (63%) have not yet begun to embed the KSS with supervisors and assessors (31% have partially embedded it and 6% have fully embedded it).

The following good practice examples were noted from those who had started the process:

- *CPD advanced practitioner framework relates to leadership and management modules that have been specially written and are KSS compliant*

- *Planning for a level 5 ILM programme based on the KSS for Practice Supervisors*

**NB:** Some of the previously cited examples were also mentioned here.

What respondents said had hindered progress in this area was equally balanced between the need for more information, clarity and guidance (including the assessment and accreditation process) and organisational issues. A number of respondents wanted clarity on how the KSS was relevant to existing roles including Practice Educator. Additionally respondents requested online resources, tools, case studies and regular briefings for managers and social workers and opportunity to share good practice.

## **7. Progress in planning and implementing a process for Employer Endorsement for Practice Supervisors**

Again, confidence levels were not that high – 49% of respondents reported feeling ‘not very confident’ and 21% feeling ‘not at all confident’ when asked about how well they understood the process for the Employer Endorsement element of the Practice Supervisors assessment.

In order to improve confidence levels the respondents again cited a need for more information, clarity and guidance.

## **8. Support from Skills for Care**

Against a backdrop of uncertainty in how the implementation of the ACFP Assessment and Accreditation will be implemented and the desire for clarity on the relationship between the ASYE and the ACFP, the impact of Skills for Care support on practice amongst those working in child and family services was positively reported. . The majority (96%+) reported that Skills for Care support had had an impact and of those 75% rated that impact as moderate to high . Likewise, the usefulness of Skills for Care resources was rated in excess of 80% across a range of different types.

The vast majority of respondents (92%) found the Area Network meetings ‘very useful’ or ‘fairly useful’. These were felt to be an important vehicle for communicating information, updates, briefings and guidance, although several respondents requested that there be more focussed support and information as well as improved communication and strategic links to the Teaching Partnerships. There were also requests for more focus, particularly on implementation, guidance, sharing best practice, advice and guidance on the implementation of the ACFP assessment and accreditation, including more exchange with the employers that had taken part in the Proof of Concept stage. Some also expressed a desire for more general sharing of

completed assessments, processes and paperwork including the opportunity to support colleagues responding to challenges with a suggestion of Action Learning sets.

## **9. Final thoughts**

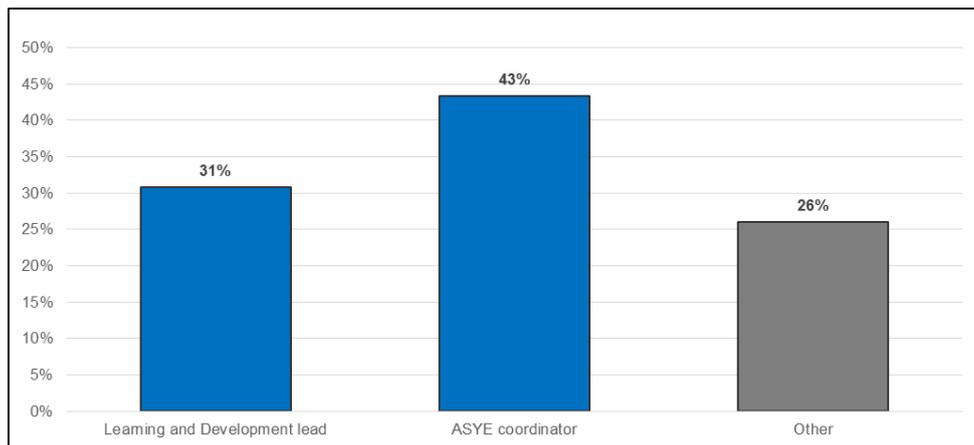
Respondents took the opportunity to reiterate the need for more information, clarity, timescales for implementation and the relationship between the PCF and the KSS. A number expressed appreciation for the support offered by Skills for Care. Others commented on the pressures of funding restrictions, recruitment and retention. Finally, there was a call for greater understanding and involvement of Senior Managers in the developments.

## Detailed findings and analysis

### About the respondents

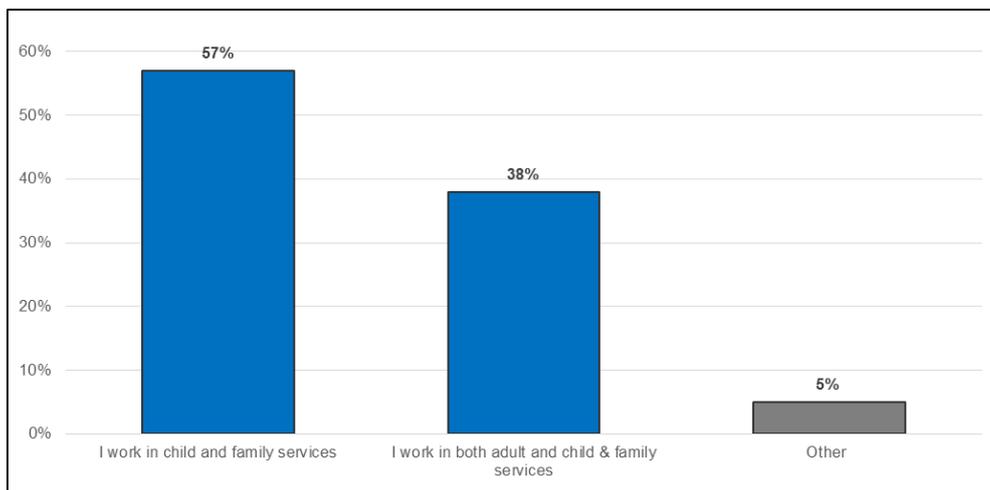
Three-quarters (75%) of the respondents were likely to have organisational responsibility for ASYE being either ASYE coordinators or Learning and Development leads. Of those who ticked the 'Other' box, seven had dual responsibility (i.e. they were both the Learning and Development lead and the ASYE co-ordinator) and seven were Principal Social Workers or were responsible for professional services [see Chart 1].

**Chart 1: Job role (n=104) Q1**



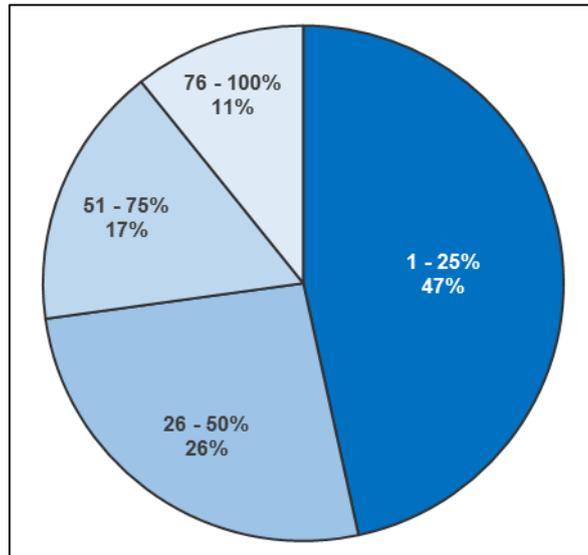
Three-fifths (57%) of the respondents work in child and family services and two-fifths (38%) work across adults and child and family services [see Chart 2].

**Chart 2: Area of work (n=103) Q2**



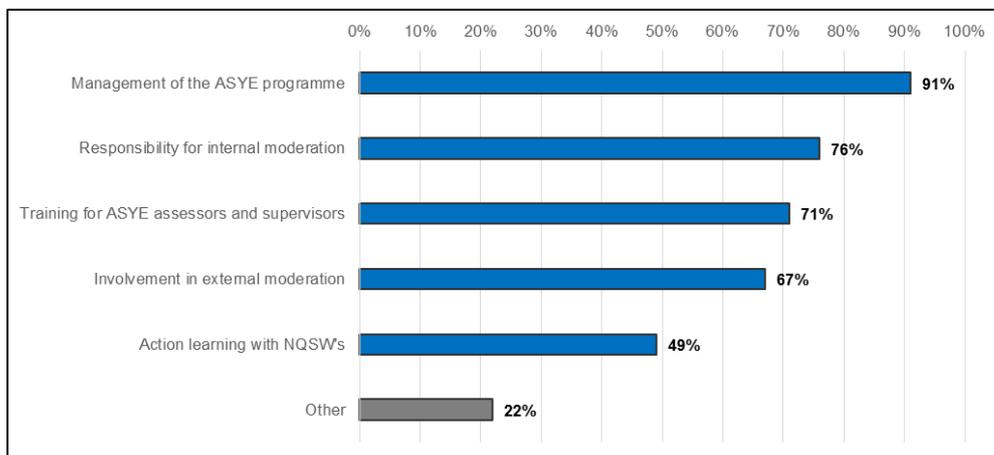
Almost half the respondents (47%) spend up to a quarter of their time involved with the ASYE (child and family). A quarter (26%) spend between a quarter to a half of their time on it and almost a fifth (17%) spend between half and three-quarters of their time on it. One in ten (11%) spend more than three-quarters of their time involved with the ASYE (child and family) [see Chart 3].

**Chart 3: Proportion of job spent on the ASYE (n=103) Q3**



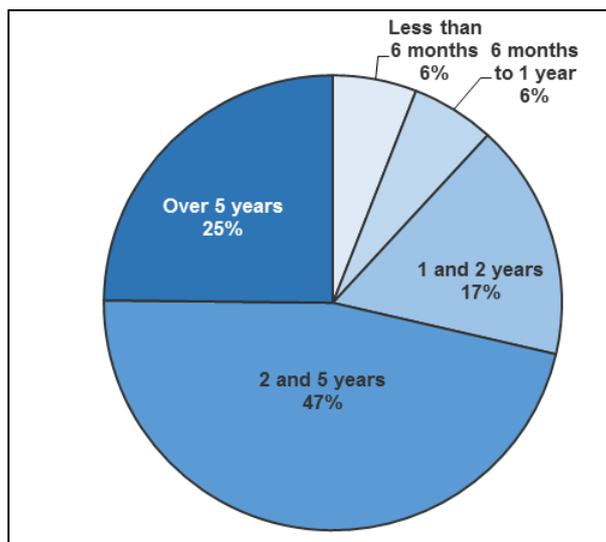
Respondents were asked to indicate whether their role with the ASYE (child and family) included a number of activities. Almost all (91%) said it included management of the ASYE programme and three-quarters (76%) that it included responsibility for internal moderation. Seven in ten (71%) respondents were responsible for training assessors and supervisors and two-thirds (67%) were involved in external moderation. Half (49%) were involved in Action Learning with NQSWs. The ‘Other’ category included mentions of supporting / supervising / mentoring NQSWs, attendance at meetings and events and administrative tasks [see Chart 4].

**Chart 4: What the role with the ASYE incorporates (n=100) Q4**



Three in ten (29%) of the respondents have been involved in the ASYE (child and family) for less than two years. Almost half (47%) have been involved for between two and five years have been involved for and a quarter (25%) have been involved for more than five years [see Chart 5].

**Chart 5: Length of involvement with the ASYE (n=101) Q5**

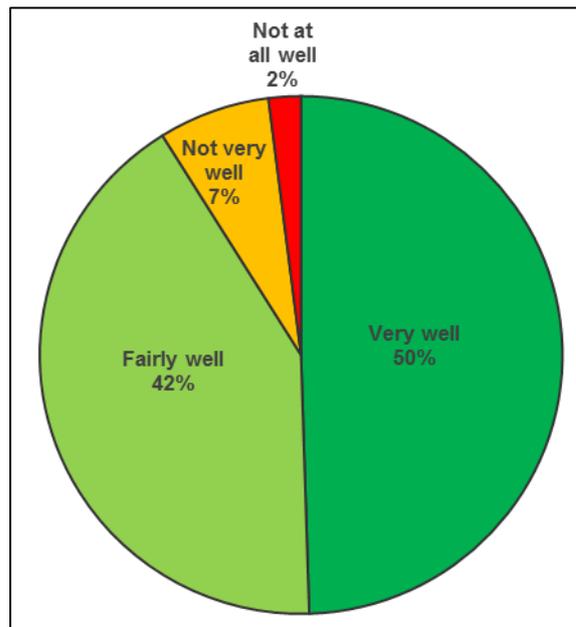


## The survey results

### ***Understanding the assessment of the ASYE (child and family) against the KSS***

We asked a question to explore understanding of the current arrangements for the assessment of the ASYE (child and family) against the KSS. Almost all (92%) of the respondents said that they understood the arrangements either ‘very well’ or ‘fairly well’ [see Chart 6].

**Chart 6: How well do you understand the current arrangements for the assessment of the ASYE against the KSS? (n=101) Q6**

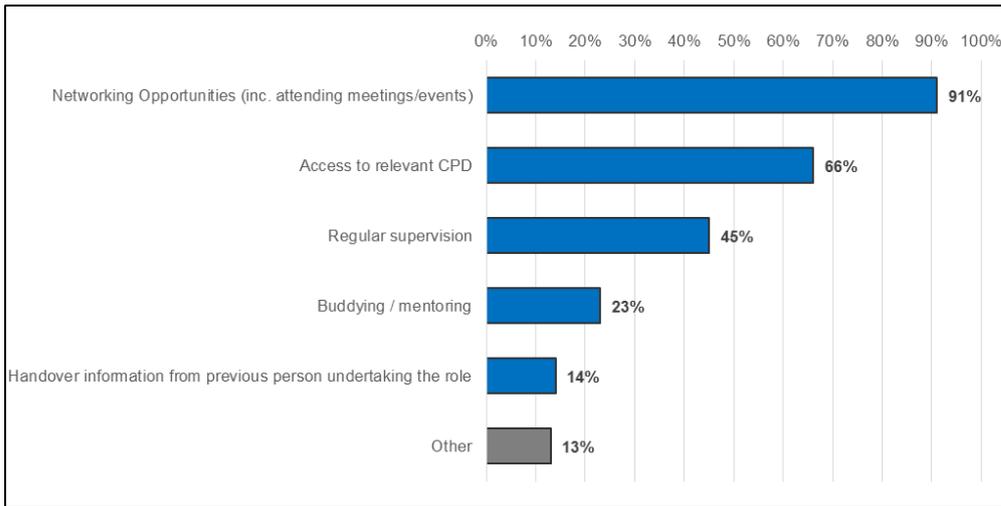


This was a significant increase in understanding from when we first surveyed respondents in April/May 2015. Back then just 70% said that they understood the arrangements ‘very well’ or ‘fairly well’.

*Results from a survey amongst those working in Adult services conducted in Summer 2016 found a similar level of understanding: 92% of respondents said that they understood the current arrangements for assessment against the KSS ‘very well’ or ‘fairly well’ in both surveys. The difference between the two surveys was in the percentage who claimed to understand the arrangements ‘very well’ (38% in the Adult survey vs 50% in the Child and Family survey).*

We then explored the type of support available within organisations to enable this level of understanding to be developed and maintained. Most (91%) have networking opportunities and two-thirds (66%) have access to relevant CPD opportunities. Just under half (45%) have regular supervision and a quarter (23%) are part of a buddying / mentoring scheme. Other things mentioned include membership of a Partnership and attendance at networks and meetings (run by Skills for care or others). Two respondents said that there was no support available to them and another that it was only what they could glean from the media [see Chart 7].

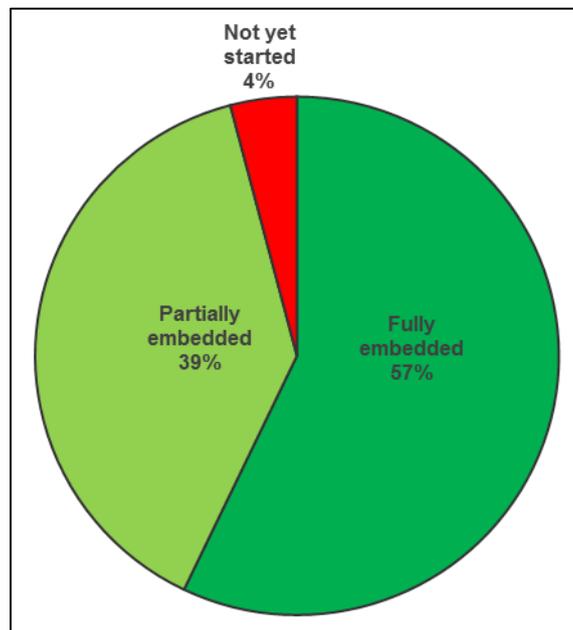
**Chart 7: Support available to develop and maintain levels of understanding about the arrangements for the ASYE (n=96) Q7**



**Embedding the assessment of the KSS (child and family) 2014 in the ASYE**

The majority of respondents indicated that their organisation had embarked upon the process of embedding the assessment of the KSS (child and family) in the ASYE. Three-fifths (57%) reported that it was fully embedded and two-fifths (39%) that it was partially embedded [see Chart 8].

**Chart 8: How far the organisation has progressed with embedding the KSS in the ASYE (n=98) Q8**



*Results from the Summer 2016 survey amongst those working in Adult services were again very similar: 95% of respondents in the Adult survey said that the KSS had been embedded in the ASYE to some extent, compared with 96% of respondents in the Child and Family survey. The difference between the two surveys was in the percentage who*

*reported it had been 'fully embedded' (48% in the Adult survey vs 57% in the Child and Family survey).*

Below is a summary of the actions that have been taken to embed the assessment (based on 52 comments made): **Q9**

- KSS audits (22 mentions) - at start, end and for a number included in review points of the ASYE
- Support for Assessors and Managers (21 mentions) - including workshops, learning groups, one to one briefings, on-going support and Action Learning
- Support for NQSW's (19 mentions) – including development sessions, workshops, peer support/reflection, regional training workshops, learning groups and Action Learning
- Integration of the KSS across all evidence requirements (16 mentions)
- Using Skills for Care paperwork (10 mentions)
- KSS and the PCF (9 mentions) - comments were made on the links between the two standards for the purpose of assessment, with a number of comments relating to the use of the ASYE level descriptor
- Linking with HEI's (8 mentions) - including modules designed to support the ASYE, but also what was being developed for qualifying education and for CPD
- The impact of moderation (8 mentions) - monitoring reviews and checking progress against the KSS, looking for cross referencing against the KSS in the evidence and a panel template designed around the KSS
- Linking the KSS to all in house training for Social Workers (4 mentions) and appraisal (1 mention)

The following examples of good practice were noted in the responses to this question:

- *The design of readiness for ACFP assessment being developed linked to the KSS assessment*
- *Link between social work assessment and Care Plans which can provide the bulk of the evidence for assessment against the KSS*

Conversely, below is a summary of the things that respondents felt had hindered the embedding of the assessment (based on 29 comments made): **Q10**

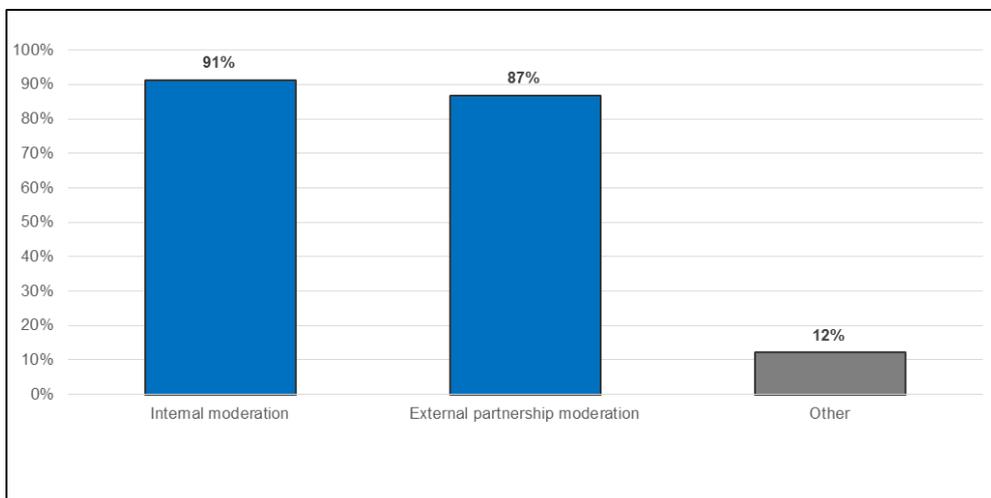
- The original and continuing confusion over the relationship to the PCF (8 mentions) – this included comments about the introduction of the KSS at the same time as organisations were embedding the PCF
- The time required (8 mentions) – this was raised in relation to a context of pressure of work and organisational change was equally problematic
- The size and diversity of the workforce (4 mentions) - either the large numbers that were difficult to manage or because only a small and irregular number of NQSW's were recruited
- Raising staff awareness (4 mentions) – this was an issue particularly where there was a large turn over in the staff group with some NQSW's having a number of Assessors
- Not having information on the Assessment and Accreditation process (4 mentions)

Two respondents answered the question about what would help them to progress the embedding of the KSS in the ASYE. Their suggestions included having a mentor from another organisation, seeing examples of best or innovative practice, learning from the implementation year (2014) and having a more joined up approach across adults and child and family services. **Q11**

***Assuring the quality of the assessment decision of the ASYE against the KSS (child and family) 2014***

Nine out of ten respondents (91%) said that internal moderation was being used to assess the quality of the assessment decision and slightly fewer (87%) said they were using external partnership moderation. Of those who ticked 'Other', the main quality assurance techniques being employed were including it in part of regular reviews (4 mentions) and using HEIs as external moderators (4 mentions) [see Chart 9].

**Chart 9: How the quality of the assessment decision is being quality assured (n=91) Q12**



Below is a summary of how the respondents are ensuring, in the QA process, that assessment against the KSS has been fully implemented (based on 80 comments made):

### Q13

- There was considerable detail about how internal moderation processes were being managed (49 mentions). The makeup of the internal moderation panels was described in a number of instances and included such examples as Assessors, Practice Educators, Senior Practitioners, External Practice Educators/ Mentors, Lecturers, Head of Safeguarding, Team Managers, Group Managers, Learning and Development managers, ASYE Coordinators. Of note the presence of the Principal Social Worker only was mentioned just three times.
- External moderation panels had been set up in a number of different ways (26 mentions). These included through teaching partnerships, employer partnerships, joint adult and child and family or just child and family. Examples of panel membership included HEI's, service users, assessors, voluntary agencies and other employers.
- Aligning all the assessment and supporting paperwork to the KSS was frequently cited (25 mentions). Of these, half (12 mentions) said that they were using the Skills for Care adapted paperwork and a number were using the moderation templates.
- Regular reviews and QA of the assessment at the normal review points were included these were either attended by an 'independent' social worker or the review was an element of the internal moderation panel (23 mentions).

Conversely, we asked respondents about what had hindered their progress in assuring the quality of the assessment decision of the ASYE against the KSS. Below is a summary of what they told us (based on 44 comments made): **Q14**

- Staff time, availability, experience and capacity were the most frequently reported. With comments made about staff turnover particularly at manager/assessor level having a significant impact.
- Ensuring that staff are up to speed with knowing about, understanding and applying the KSS . This applied to Assessors/Practice Educators and to NQSW's, who have been assessed against the PCF only on their qualifying courses. There was comment that the KS was not necessarily suitable for all roles and unlike the PCF has no level descriptor attached.

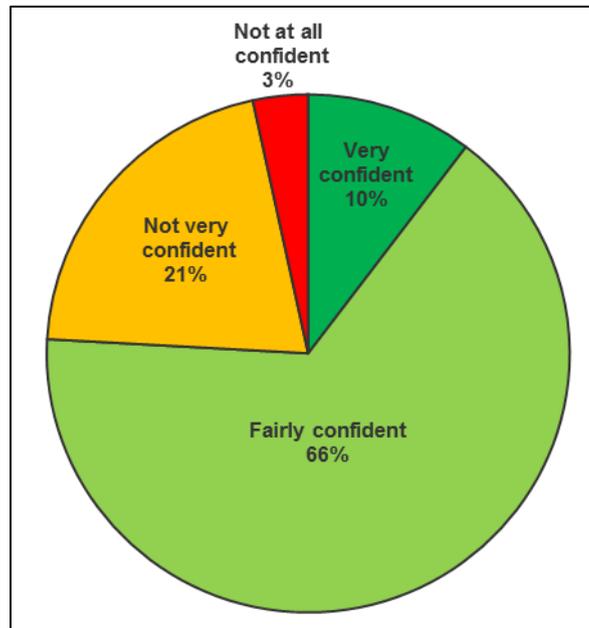
### ***Preparing social workers for the proposed ACFP assessment and accreditation process***

We asked a question to explore confidence that the AYE being provided is preparing social workers for the proposed ACFP assessment and accreditation process. Three-quarters (76%) of

the respondents said that they were ‘very confident’ or ‘fairly confident’ that the ASYE is preparing their social workers for the proposed ACFP. However, a fifth (21%) were not very confident and 3% were not at all confident [see Chart 10].

**Chart 10: Confidence in the ASYE preparing social workers for the proposed ACFP (n=87)**

**Q15**

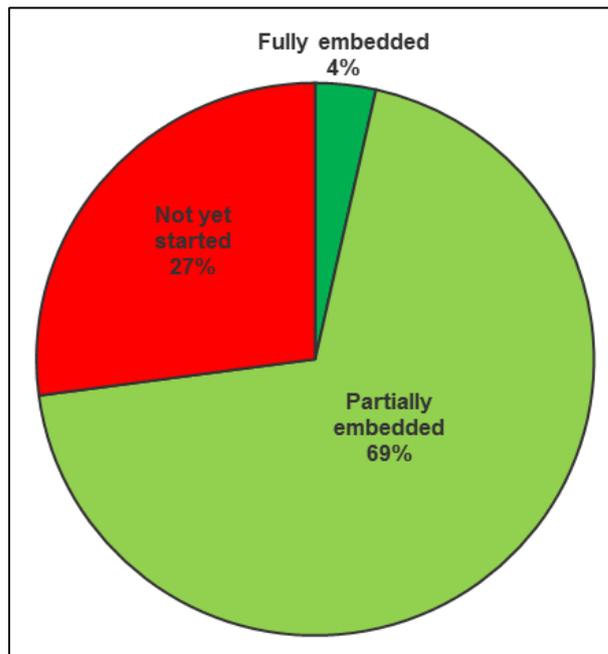


Eighteen respondents gave their thoughts on what could help to increase their confidence levels. Most (14 respondents) talked about a need for greater clarity, more information, clearer direction and guidance around the ACFP. Others (3 respondents) commented on the level - that the KSS appears to be the same level for ASYE and for experienced social workers. **Q16**

***Embedding knowledge of the KSS (child and family) across the workforce***

Just 4% of respondents said that the KSS (child and family) has been fully embedded across the workforce. Seven out of ten (69%) said it had been partially embedded and a quarter (27%) that the process had not yet begun [see Chart 11].

**Chart 11: Extent to which the KSS has been embedded across the workforce (n=85) **Q17****



Three respondents gave examples of what they have done to embed knowledge of the KSS across the workforce: **Q18**

- Embedded it in job descriptions. All exercises used in social worker and manager interviews are assessed against the KSS. Social work degree programme KSS compliant. All training refers to KSS. All supervision sessions refer to KSS.
- All CAF NQSWs are assessed against the KSS it is used by all our assessors.
- Built in teaching partnership arrangements from recruiting onto degree programmes up to career pathway planning. Awareness sessions. Re-registration planning sessions. Induction processes. PDR Processes. ASYE Handbook. Internal and External Moderation. Progression Panels.

We asked the respondents if there was anything that had hindered their progress in embedding the KSS across the workforce. Below is a summary of what they said (based on 53 comments made):

**Q19**

- The major hindrance to embedding the KSS was related to organisational issues to do with social workers already operating beyond capacity, and consequent poor motivation, reorganisations, and other priorities including Ofsted inspections (21 mentions).
- This was followed by a sense of uncertainty as to where developments were leading, and when they would be implemented, including a lack of information and general awareness. (15 mentions).

- The uncertainty about the status of the PCF, which was just becoming embedded at the point that the KSS's were introduced, and a confusion with the number of different standards to work to was also a significant factor (7 mentions).

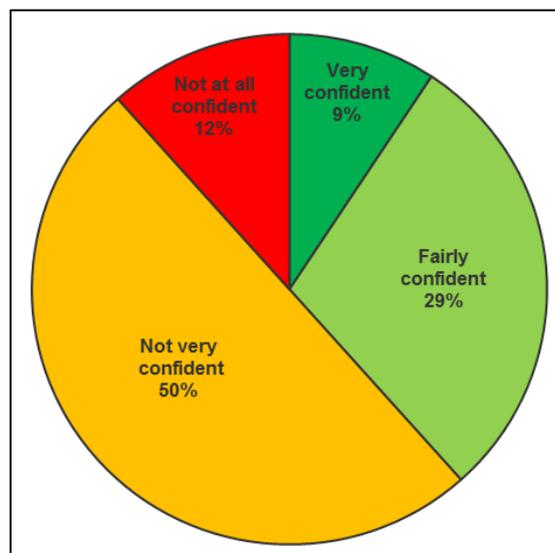
We therefore asked what would help them to embed the KSS across the workforce. Below is a summary of what they said (based on 19 comments made): **Q20**

- More information – clarity and guidance on the potential use of the KSS, including timescales for implementation (7 mentions).
- Sharing good practice (3 mentions).
- Developing internal training programmes (2 mentions).
- Clarity on the relationship between the PCF and the KSS (2 mentions).

### ***The Employer Endorsement element of the ACFP assessment and accreditation***

One in ten (9%) respondents were 'very confident' that they understand the process for the Employer Endorsement element of the ACFP and three in ten (29%) were 'fairly confident'. However, half (50%) were 'not very confident' and one in ten (12%) were 'not at all confident' [see *Chart 12*].

**Chart 12: Confidence in understanding of the process for the Employer Endorsement element of the ACFP (n=86) Q21**



We explored what would improve understanding of the process and the planning for implementation. Below is a summary of what the respondents said (based on 51 comments made):

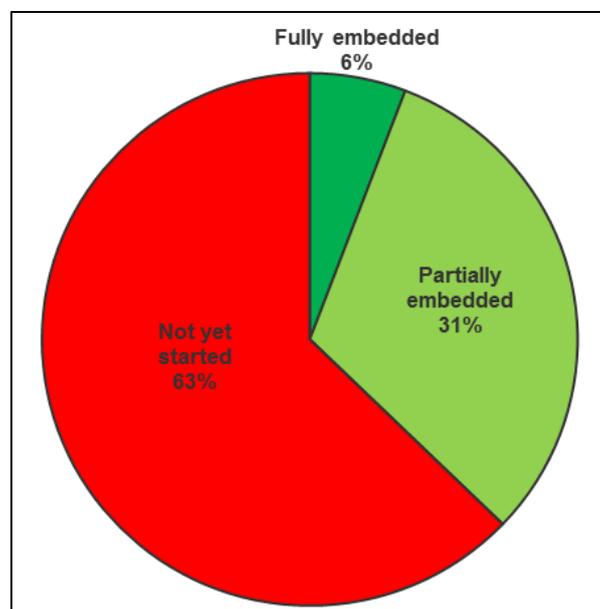
**Q22**

- The majority of respondents (37 mentions) asked for timely guidance, clarity and a concise summary of the information.
- There were a number of concerns about the number of attempts that could be made and the problem of Social Workers failing.
- A request was made as the areas of Knowledge that would be required by the ACFP test. These requests were linked to timing, requests were made for a timeline and other comments related to the time/ capacity to implement.
- Delivering support through the vehicle of workshops both external and internal, with the opportunity to identify and share good practice were requested. Alongside this were suggestions for briefings to be produced nationally for leads and for social work staff.

### ***Embedding the Practice Supervisor KSS with Supervisors and Assessors***

Just 6% of respondents said that the Practice Supervisor KSS has been fully embedded with Supervisors and Assessors. Three in ten (31%) said it had been partially embedded and almost two-thirds (63%) that the process had not yet begun [see Chart 13].

**Chart 13: Extent to which the Practice Supervisor KSS has been embedded with Supervisors and Assessors (n=86) Q23**



Four respondents gave examples of what they have done to embed knowledge of the KSS across the workforce: **Q24**

- Workshops for PAs and Supervisors, supplied all documentation and amended templates and information handbooks. Also run a workshop on consistency in applying sharing assessment reports.

- Job descriptions are KSS compliant. All exercises and questions in interviews are KSS compliant. All training delivered is KSS compliant. CPD advanced practitioner framework relates to leadership and management modules that have been specially written and are KSS compliant.
- Explicit contact, sharing information and peer support.
- Training / support.

We asked the respondents if there was anything that had hindered their progress in embedding the Practice Supervisor KSS. Below is a summary of what they said (based on 24 comments made):

#### Q25

- The responses to this question were equally balanced between needing more information clarity and guidance (10 mentions) and organisational issues (10 mentions). In respect of the former there was a feeling that it was difficult to move forward without knowing about the A and A process.
- There were a number of respondents who felt that more clarity was required about how the KSS was relevant to existing roles including Practice Educators and other specialist roles.
- Organisational issues time, timeframes, staff under pressure, existing skills and awareness were also mentioned.

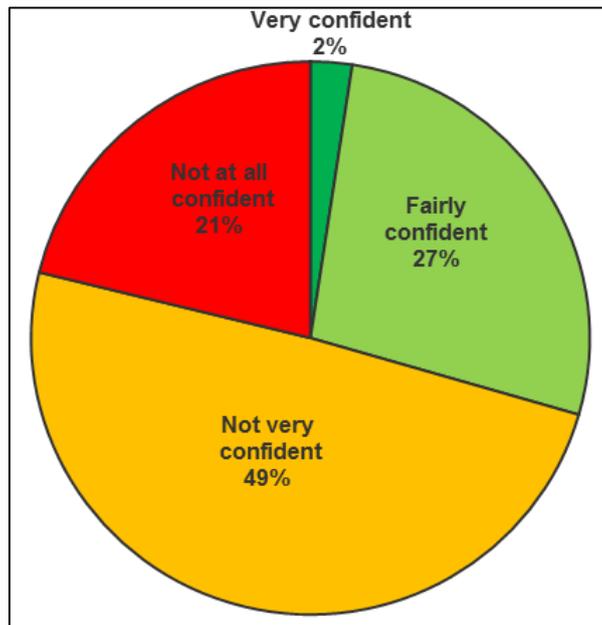
We explored what would aid progress in embedding the Practice Supervisor KSS. Below is a summary of what the respondents said (based on 48 comments made): **Q26**

- The themes of more information, clarity and guidance was echoed here (26 mentions), requests were made for online resources, tools and case studies, and greater clarity about the role and level of the Practice Supervisor, and how these linked to the PCF.
- Timelines for implementation in order to aid planning, capacity and priorities were also significant (9 mentions).
- Suggestions were made for regular briefings for managers and social workers.
- Opportunities to share practice were seen as important (6 mentions).

### ***Progress in planning and implementing a process for Employer Endorsement for Practice Supervisors***

Just 2% of respondents were 'very confident' that they understand the process for Employer Endorsement for Practice Supervisors and a quarter (27%) were 'fairly confident'. However, half (49%) were 'not very confident' and a fifth (21%) were 'not at all confident' [see Chart 14].

**Chart 14: Confidence in understanding of the process for the Employer Endorsement element of Practice Supervisors assessment (n=85) Q27**



We explored what would improve understanding of the process and the planning for implementation. Below is a summary of what the respondents said (based on 51 comments made):

**Q28**

- The vast majority of the respondents (36 mentions) were requesting more information and guidance, this included timescales, clarity on the role of the Practice Supervisor, plans for consistent application.

**Support from Skills for Care**

We asked respondents to rate the impact that the tools, resources and support and guidance available from Skills for Care has had on:

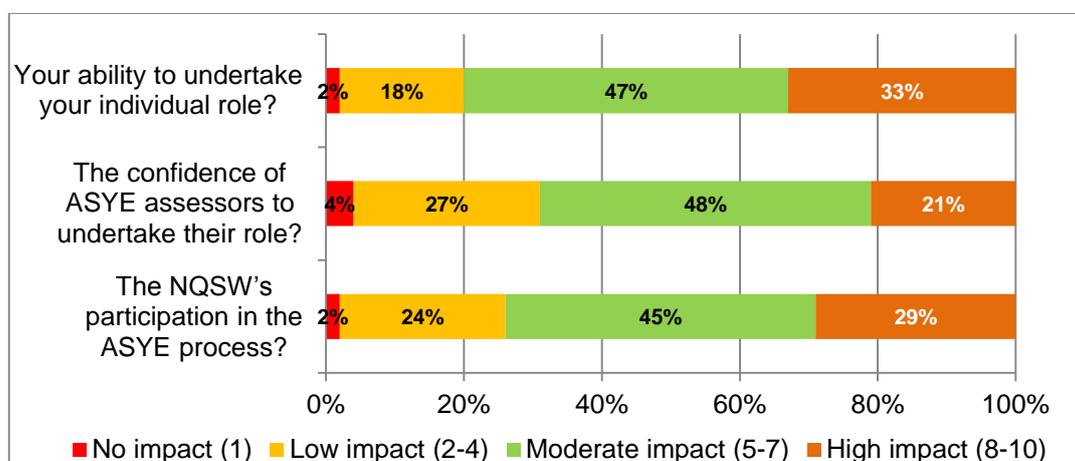
- a) their ability to undertake their role
- b) the confidence of ASYE assessors to undertake their role
- c) the NQSWs participation in the ASYE process

The results were fairly consistent across all three:

- 98% of respondents acknowledged that it had had some impact [*i.e. answered 2-10*] on their own abilities, with almost half (47%) rating the impact as 'moderate' [*i.e. answered 5-7*] and a third (33%) rating the impact as 'high' [*i.e. answered 7-10*].

- 96% of respondents acknowledged that it had had some impact [*i.e. answered 2-10*] on the confidence of ASYE assessors, with almost half (48%) rating the impact as 'moderate' [*i.e. answered 5-7*] and a fifth (21%) rating the impact as 'high' [*i.e. answered 7-10*].
- 98% of respondents acknowledged that it had had some impact [*i.e. answered 2-10*] on NQSWs participation in the ASYE process, with almost half (45%) rating the impact as 'moderate' [*i.e. answered 5-7*] and three in ten (29%) rating the impact as 'high' [*i.e. answered 7-10*].

**Chart 15: Impact of SfC support on... (n=85) Q29**



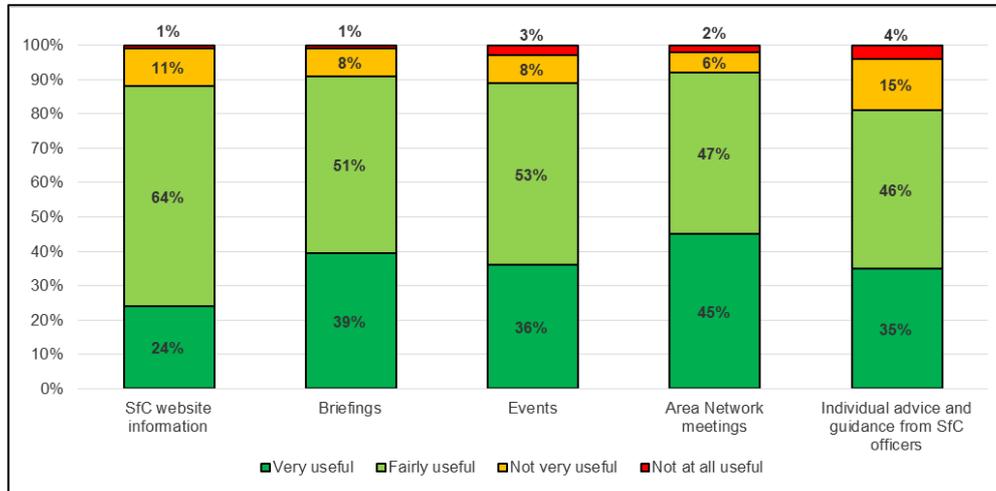
*The impact of the support from SfC has been evaluated positively in these three areas taking in to account that this was the first year that we were providing the support and guidance to employers in Child and Family services and this was against a back cloth of continuing uncertainty.*

- 80% rated the impact on the ability to undertake the role as moderate or high
- 69% rated a moderate to high impact in the confidence of Assessors to undertake the role
- The impact on NQSW's participation in the ASYE was rated at 74%.

We then asked how useful respondents had found various types of support on offer from Skills for Care over the past year. The majority of respondents (96%) had accessed the Skills for Care website and of these 88% rated it as 'very useful' or 'fairly useful'. Most (87%) had also used Skills for care Briefings and the majority (90%) rated them 'very useful' or 'fairly useful'. Around four-fifths of respondents had accessed Skills for Care events (84%) or Area Network meetings (82%). The majority also rated these as 'very useful' or 'fairly useful' (89% and 92% respectively). General

advice from Skills for Care officers had been received by three-fifths (62%) of respondents. Of these, four-fifths (81%) of respondents rated them as 'very useful' or 'fairly useful' [see Chart 16].

**Chart 16: Usefulness of SfC support (n=82) Q30**



*Despite the concern, apparent throughout the survey, that there was a lack of clarity information and guidance in respect of the ACFP implementation and its wider impact the positive responses to the types of support offered by SfC are encouraging.*

- 92% of respondents in the Child and Family survey rated SfC's Area Network meetings very or fairly useful.
- 88% of respondents in the Child and Family survey rated SfC's website information useful.
- 90% of respondents in the Child and Family survey rated SfC's Briefings useful.
  - 89% of respondents in the Child and Family survey rated SfC's Events useful.
  - 81% of respondents in the Child and Family survey rated individual advice from SfC officers useful.

\* 'very useful' and 'fairly useful' answers combined

We then asked how the Skills for Care Area Networks could support respondents to implement the new development. Below is a summary of what the respondents said (based on 62 comments made): **Q31**

- The most frequently made comments related to respondents' gratitude for the area network meetings. Most want more of the same in the future – i.e. being a vehicle for information, updates, briefings and guidance (25 mentions), but some requested more focussed support and information as well as improved communication and strategic links to the Teaching Partnerships (3 mentions).
- There were further detailed suggestions that reinforced the request for more focus the major one being implementation, guidance, sharing best practice, advice and guidance on the implementation of the ACFP assessment and accreditation , including more exchange with the employers that had taken part in the Proof of Concept stage. (11 mentions).
- A desire was expressed for more general sharing of completed assessments, processes and paperwork including the opportunity to support colleagues responding to challenges with a suggestion of Action Learning sets (5 mentions).

### ***Final thoughts***

At the end of the survey we gave respondents the opportunity to add any other comments they had on the subject. Below is a summary of what the respondents said (based on 13 comments made):

#### **Q33**

- Some respondents took the opportunity to reiterate their need for information, clarity, timescales for implementation and the relationship between the PCF and the KSS (6 mentions).
- Others expressed their appreciation for the support offered by Skills for Care (5 mentions).
- Other comments included the pressures of funding restrictions, recruitment and retention (2 mentions).
- There was also a call for greater understanding and involvement of Senior Managers in the developments (1 mention).