

An Evaluation of the Implementation of the
Induction of Social Workers
A Policy and Guidelines for Children and Families Social Services

This evaluation was commissioned by
HSE Children and Family Services
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Foreword

This evaluation conducted by the UNESCO Child and Family Research Centre at NUIG, was commissioned by the National Office for Children and Family Services to ascertain the extent to which the **Induction of Social Workers: A Policy and Guidelines for Children and Families Social Services** (HSE, 2010) had been implemented by Social Work Departments during its first full year of implementation. The Policy was launched during a time of considerable change in governance arrangements for the management of Children and Family Services. Issued by the HSE National Director for Integrated Services' Areas to the Regional Directors of Operations for implementation, there was less opportunity to directly take accountability or to monitor the implementation of the policy than the new national structures for Children and Family Services now afford us. In light of this it was anticipated that there was a need to learn from the process, to ensure that the future implementation of Induction and similar approaches to implementing policies happens within an implementation framework that facilitates complete adherence to national policy. It is also recognised that the policy was implemented during a time of unprecedented mass recruitment of newly appointed social workers into our frontline teams. While such recruits needed all the supports and structures provided by a standardised approach to their induction, it is noted that some teams and managers struggled with the number of staff requiring induction.

The lessons arising from this evaluation highlight the importance of management commitment to and support for a consistent approach to communicating and monitoring of policy implementation at all levels. They also point to the importance of clear management structures that can hold staff accountable for implementation. As the evidence in this evaluation highlights, the importance of this support for newly appointed social workers cannot be underestimated.

Given the context, it is not surprising that the findings show that the policy was not uniformly implemented in all teams and that not all social workers experienced the necessary support and development opportunities in their early time with us. However, the findings and the recommendations from this evaluation indicate that for the majority, who had planned induction in line with policy, their experience was much more positive and this is a testament to the importance of a consistent and planned approach to this process.

It is planned that a revised Policy and Guidelines taking on board the key messages arising from this evaluation will be re-issued and fully implemented through all Social Work Departments as part of the policy framework that is under development for the forthcoming Child and Family Agency.

The key areas that the evaluation indicates that will require additional focus at policy and operational level are:

- Planned and Limited Caseloads for newly appointed social workers;
- Individual learning objectives to be agreed with each newly appointed social worker during their induction period;
- Access to both training and development opportunities that will meet individual objectives
- Improved use of peer support within the induction period;
- Review of the desirability and feasibility of rotation for newly appointed social workers across service areas;
- Consistency of implementation in tasks and quality of induction experience.

I would like to take this opportunity to thank all those involved from Workforce Development (Education, Training and Research) in the development of the original policy, and the commissioning of the evaluation. I would also like to thank the UNESCO Child and Family Research Centre staff who conducted the evaluation. Finally, I would like to thank those social work staff, newly appointed and management, who partook in the survey and provided the information that we need through this type of research to contribute to our collective knowledge and understanding of what works for policy implementation.

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1.0 Introduction

In October 2010, the HSE Children and Families Social Services issued the “Induction of Social Workers, A Policy and Guidelines for Children and Families Social Services¹. The Policy and Guidelines built on the existing HSE induction policy and best practice guidance and relates to all new, promoted, transferred and seconded social work employees and outlines how these workers are to receive an appropriate programme of induction on commencement of employment or transfer to a new work area.

The Policy and Guidelines outlines what is meant by the induction process and details the elements of the induction process, the stages involved in induction and where the responsibility for induction lies. Induction is defined in the Policy and Guidelines as a process, which a newly recruited Social Worker undergoes over a twelve month period. The essence of induction is to assist new members in carrying out their duties as required by their employer, in a manner that is satisfactory for the employer, the employee and the service user. Induction is the first stage in the provision of a professional training framework that will support the Social Worker in her/his ongoing professional development. Induction should emphasise the active role of the Social Worker within a “learning environment” where reflective practice and continuous professional development are core components of Social Workers duties and responsibilities (2010, p4).

The Policy and Guidelines were introduced and implemented on a nationwide basis in October 2010 with the intention of being applied to all new, promoted, transferred and seconded social work employees². In 2012, the National Workforce Development team in the HSE Children and Families Social Services commissioned the UNESCO Child and Family Research Centre (CFRC) at the National University of Ireland, Galway to undertake an evaluation of the implementation and application of the Policy and Guidelines³. The overall aim of this evaluation was to ascertain the extent to which the induction Policy and Guidelines were being applied and the experience of this induction process for those involved. The information acquired will inform the development and implementation of future policies and guidelines. The findings of the evaluation are outlined in this report.

¹ Known hereafter as the Policy and Guidelines

² Known hereafter as new Social Workers or new workers

³ In October 2010, the structure supporting the implementation of the Policy and Guidelines did not have direct line management accountability to the National Office for Children and Family Social Services.

1.1 Structure of the report

Following this introductory section the methodology for the evaluation is outlined. This section describes the research design and implementation process that took place in order to answer the aim of this evaluation. The results and findings from the evaluation are then outlined in section three. The findings from the Social Workers are first presented followed by the manager's responses. A brief profile of the respondents is outlined in advance of the specific findings on the induction process and the use of the Policy and Guidelines. The final section discusses and elaborates on the findings and compares the results of both groups of respondents. Concluding points and overall recommendations in relation to the future of the induction process are also included.

2.0 Methodology

In June 2012, a national evaluation of the implementation of the Induction Policy and Guidelines with new Social Workers commenced. Given the size of the sample and the specific detailed data required on the experience of participating in this induction process a quantitative method of data collection was deemed most appropriate. Quantitative methods are described as methods which emphasise quantification in collection and analysis of data (Bryman, 2001). The induction programme is conceived in this evaluation as a 'fixed item' or an 'intervention' with a measurable outcome (Patton, 2002, p. 54). A self-administered online questionnaire was thus chosen as the most appropriate method of data collection.

2.1 Designing and piloting the questionnaire

The questionnaire design was based on the specific content of the Induction Policy and Guidelines and focussed on detailed aspects of the induction process and the use of the Policy and Guidelines. Separate questionnaires were compiled to evaluate the induction processes from both the Principal Social Worker or Team Leader perspective, and the Social Worker perspective. The questionnaire was piloted with two Social Workers who work in children and families services but were not included in the sample group of new workers. This was to avoid using any of the sample group who had participated in the induction programme in the pilot thus eliminating them from participating in the evaluation. The questionnaire was also reviewed by a Regional Coordinator in the HSE Work Force Development team. Minor amendments were made to the wording of a number of questions upon receipt of feedback from the pilot group. The time taken to complete the electronic questionnaire was approximately 15 minutes which was deemed an acceptable length of time.

2.2 Sampling and data collection

All new Social Workers and those who had been promoted, transferred and seconded since the introduction of the Policy and Guidelines and their line managers were included in the sample group. The sample group of line managers included both Social Work Team Leaders and Principal Social Workers.

A member of the HSE Workforce Development team collated the contact details of this sample group and forwarded these to the UNESCO CFRC research team. A number of steps then ensued in order to inform the sample group of the data collection process and to encourage a high response rate. This process is outlined:

- The Head of Policy and Strategy in the Office of the National Director of Children and Family Services issued a letter to all participants explaining the background to the evaluation and its purpose and requesting all to participate fully in the evaluation (see Appendix A);
- All new Social Workers and their line managers were then invited to complete an electronic questionnaire on their experience of the Induction process based on the Policy and Guidelines (see Appendix B);
- The electronic survey was reissued 4 weeks later with participants encouraged to complete the questionnaire;
- A further 5 weeks later a second letter requesting participation was issued by the Head of Policy and Strategy and the electronic survey was issued by the UNESCO CFRC for a third and final time.

2.3 Data Analysis

Statistical analyses was conducted on the survey data using the statistical software package Predictive Analytics Software, PASW (version 18), formerly known as SPSS. Results from both of the questionnaires were initially assessed separately, with frequency and percentile data presented. Data also included open-ended responses, which were categorised and are presented in the report.

Similar questions on both the Principal Social Worker or Team Leader questionnaire and the Social Worker questionnaire allowed comparisons to be drawn across the two groups. Frequency and percentile data comparing the two groups of data are presented. Where appropriate, chi-square analyses were conducted on responses to ascertain whether significant differences existed between the two groups. These results are presented in the next section, section three.

3.0 Results and Findings

This section details the findings and results of the statistical analysis on the survey data. Just over half of the total sample group completed and returned the online questionnaire. A total of 57 Social Workers completed and returned the questionnaire out of a total sample group of 109. This resulted in a response rate of 52% for the social work survey. A total of 33 line managers out of a sample of 61 completed and returned their questionnaire yielding a response rate of 54%. Combining the total sample group of workers and managers an overall total of 90 participants completed and returned the questionnaire resulting in an overall response rate of 53%. The results of the Social Worker data are first presented in this section followed by the data from the managers.

3.1 Evaluation from new Social Worker Perspective

The data from the new Social Workers who participated in the evaluation is presented in this next section.

3.2 Profile of participants

A total of 56 respondents completed information regarding their "Job Title", length of time since qualification and their work place location.

The majority of respondents (76.8%) were "Social Workers", followed by 14.3% of "Professionally Qualified (PQ) Social Workers". A further 7.1% of respondents indicated "Social Work Team Leader" as their job title, while 1.8% indicated "Principal Social Worker" as their job title (see Figure 1).

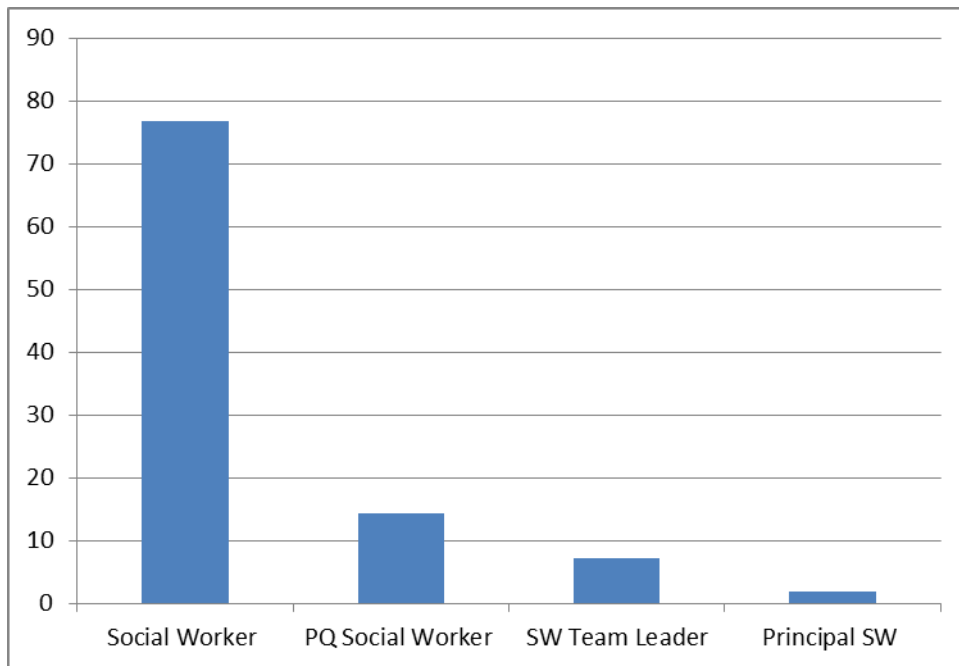


Figure 1: The number of survey participants by job title.

The average length since qualification was 4.96 years ($SD = 4.81$). This ranged from 1 to 25 years.

Workplace locations indicated included HSE Areas, counties, towns, and office addresses. In order to apply a standard interpretation across all answers, these locations were transformed to illustrate HSE Areas. The majority of participants were located in HSE West (41.1%), followed by HSE Dublin Mid-Leinster (23.2%), HSE Dublin North-East (16.1%) and HSE South area (14.3%). A further 3 participants (5.4%) failed to indicate sufficient information to allow categorisation into one of the HSE Areas. For example, “Dublin”, was recorded as locations that were unclear (see Figure 2).

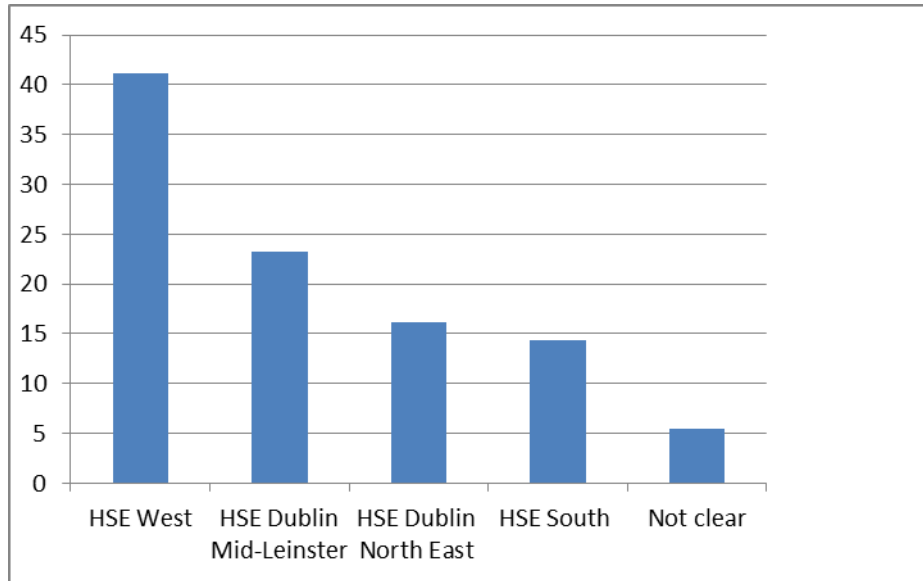


Figure 2: Number of participants by location in HSE Area

All participants were asked when they started their current position with 51 participants completing this question. Using this information, their time in their current position was calculated. The average length in current position was 1.67 years ($SD = 1.13$), with a range of 1 to 5 years. See Table 1 below for a breakdown of time in current position.

Table 1: Number and percentages of participants by length of time in current position

Time	< 1 year	1 year	2years	3years	4years	5years
N	5	20	19	3	2	2
%	8.9	35.7	33.9	5.4	3.6	3.6

3.3 Induction

55 participants responded when asked if they received a departmental induction. The majority (34 out of 55, or 61.8%) indicated that they had received induction. A further 21 participants (38.2%) indicated they did not (see Figure 3)⁴.

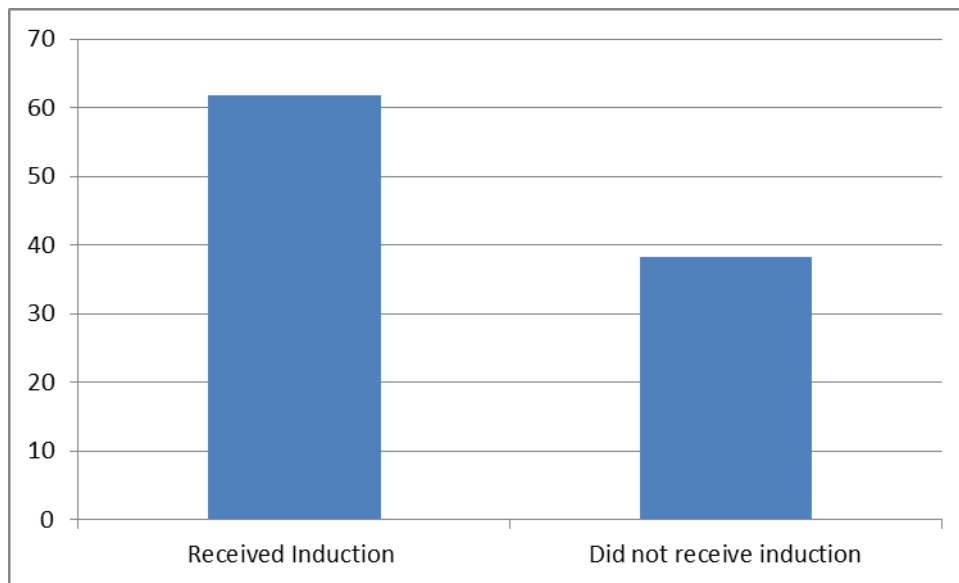


Figure 3: Number of participants who did, and did not, receive a departmental induction.

All participants who received a departmental induction indicated the grade of worker who carried out their induction. The delivery of induction varied, with a range of inductors. The majority of participants (N = 13) were inducted by their Team Leader only (35.2%). A further 8 participants were inducted by the Principal Social Worker. Two participants were inducted by a Basic Grade Social Worker (5.9%), while a single respondent (2.9%) indicated that they were inducted by a Line Manager and Senior Practitioner respectively. A further nine participants (26.5%) received induction from multiple workers (e.g., “Principal SW & Team Leader”, “Team Leader & Professionally Qualified Social Worker”, “Project Manager & HSE CTDU”, and “Team Leaders, Senior Practitioners, and Social Workers”(see Figure 4).

⁴ In 2010, there were 200 new Social Work posts approved to the HSE Children and Family Services arising from the Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan

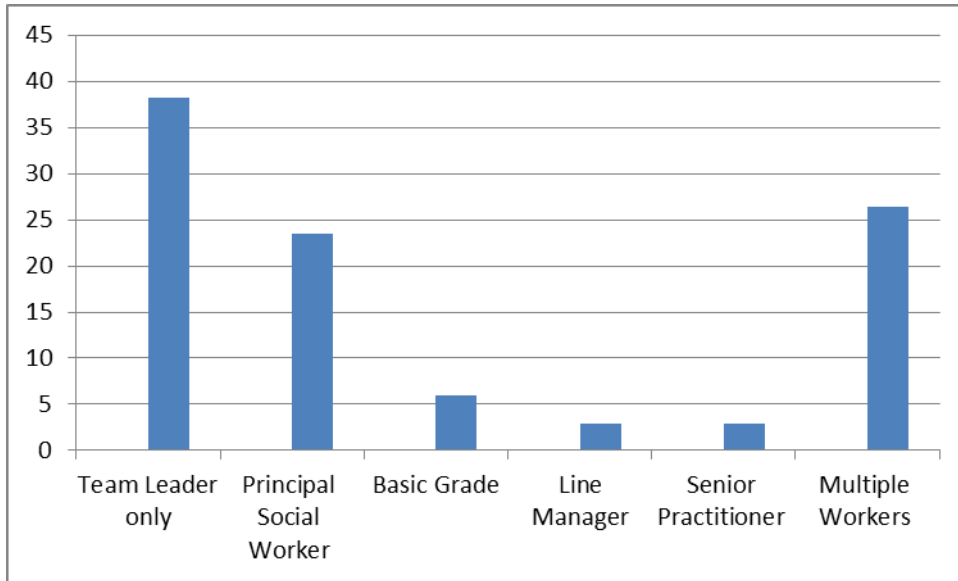


Figure 4: Number of participants inducted by each grade of worker.

Those who received a departmental induction were asked how soon their induction started, 31 participants answered this question. The vast majority (N = 26) started in their first week (83.8%). A further 6.4% (N = 2) started in week 2, while a single participant (3.2%) started induction in week 3, week 4, and week 8 respectively. Of those who received a departmental induction, over half (58.8%) had an induction plan (N = 20). A further 13 participants (38.2%) did not have an induction plan, while one participant (2.9%) did not answer (see Figure 5).

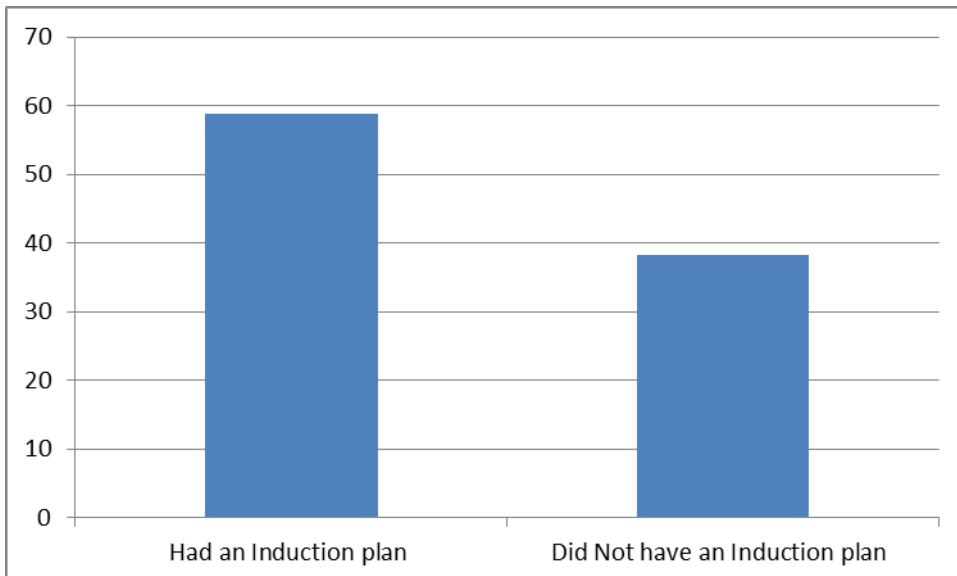


Figure 5: Number of participants who did, and did not, have an induction plan.

When asked if their induction plan was reviewed on a bi-monthly basis, most participants indicated “no” (N = 12, 35.3%). A further 7 participants (20.6%) reported that their induction plan was reviewed. A large proportion of participants (44.4%) failed to answer this question. The clarity of the facilitator was rated by 30 participants on a scale of 0, Very unclear to 5, Very clear (see Table 2). A total of 9 participants (30%) rated their facilitator as very clear (5). Only a single participant (3.3%) rated their facilitator as less than 2 (unclear).

Table 2: Number and percentage of participants’ rating of the induction facilitator’s clarity

Rating	0 Very Unclear	1	2	3	4	5 Very Clear
N	1	0	7	5	8	9
%	3.3%	0	23.3%	16.6%	26.6%	30%

3.4 Induction Policy and Guidelines

The next set of data refers to the use of the Policy and Guidelines and specific aspects of the induction process outlined within this document. Results on the use of the Induction Policy and Guidelines and for subsequent questions are broken down for participants who received a departmental induction, and those who did not. This was carried out as the subsequent answers to questions were deemed to be reliant on this question. However, a graph illustrating all “yes/no” questions from the survey for all participants (i.e. without this breakdown) is included in Appendix C.

Received an Induction (N = 34)

Out of 34 participants who received a departmental induction, 21 (61.8%) reported that the Manager used the Induction Policy and Guidelines as a base for the induction process. A further three participants (8.8%) indicated that the policy and guidelines were not implemented, while 10 participants (29.4%) failed to answer.

Did not receive Induction (N = 21)

Of the participants who did not receive a departmental induction, three (14.3%) indicated that their Manager used Induction Policy and Guidelines. The majority of 13 participants (61.9%) reported that their Manager did not use Policy and Guidelines; while a further 5 participants (23.8%) did not answer.

Learning objectives

The identification of specific learning objectives for individual workers is included as part of the induction process. A total of 11 participants (32.4%) who received a departmental induction also identified their specific learning objectives as part of the process. Over half (N = 18, 52.9%) did not have specific learning objectives identified. A further five participants (14.7%) failed to answer.

Peer 'buddy' support

A 'buddy' support system is included in the Policy and Guidelines as one of the methods of induction and involves identifying a more experienced Social Worker to support the new worker during the induction process. The standards for the delivery of induction to Social Workers also includes the use of a peer 'buddy' to support new workers

Received an Induction (N = 34)

Out of the 34 participants who received a departmental induction, 15 participants (44.1%) indicated that they were assigned a "buddy" and an equal number of 15 participants (44.1%) also reported they were not assigned a "buddy". A further four participants (11.8%) failed to answer this question.

Did not receive an Induction (N = 21)

The vast majority of those who reported not receiving an induction, also reported not being assigned a "buddy" support (N = 18, 85.7%). A further two (9.5%) were assigned a "buddy" support, while one participant failed to answer. For those who were assigned a "buddy", a number of positive comments were recorded.

"This [the buddy system] is a great system which I found very supportive".

"I was assigned a peer buddy on day one of starting the job".

For those not assigned a "buddy", support could be obtained from other team members. As participants outlined;

"I work in a small team and all colleagues are very supportive and approachable when I have a question"

"I was not assigned an official buddy, but a colleague already known to me offered advice and support".

However, not all comments were positive, as one participant who was not assigned a “buddy” found the initial induction stage difficult; *“I had to manage settling into the new area with no identified colleague and literally it was a case of 'sink or swim”*.

Caseload management

The Induction Policy and Guidelines contain a number of detailed and specific requirements and recommendations in relation to the caseload management for newly qualified workers. These include:

- in the first month the caseload should be limited to what would be expected of a final year student;
- a new worker should be assigned work at a level of complexity that is aligned to his/her experience and with a level he/she feels comfortable with;
- after one month the worker should move on to more complex cases with consideration given to rotation across children in care, child welfare and child protection teams;
- after three months the worker should be taking 90% of the work expected of a more experience worker with the remaining time allocated to training and development activities; and
- where a case becomes complex the manager may advise co-working, additional training to re-allocation of the case (2010, p.11).

Participants were asked about their experience in relation to each of these recommendations during their induction process.

A limited caseload

Respondents were asked if during their first month they felt their caseload was limited to what would be reasonably expected of a student in their final year of a degree programme.

Received an Induction (N = 34)

The majority of participants (N = 21, 61.8%) who received an induction agreed that their caseload was limited to the reasonable expectations of a final year degree programme student. A further eight participants disagreed (23.5%), while five participants (14.7) failed to answer.

Did not receive induction (N = 21)

A different pattern was seen in those participants who did not receive an induction. Five participants (23.8%) agreed that their workload was in line with that of a final year student, while 11 participants (52.4%) disagreed. A further five participants (23.8%) did not answer.

A single comment was given from those who agreed that their caseload was limited to the reasonable expectations of a final year degree programme student. This participant indicated that support was given for complex cases, as they were initially co-worked. For those who disagreed, all participant comments indicated that the caseload was more than that of a final year student; *“I believe that my caseload was larger than what would be expected of a final year student”*. However, not all participants found this problematic as one participant explained; *“Quite probably a little bit more but it was manageable”*.

Other participants had more cases than a final year student, but acknowledged their workload was limited compared to a more experienced Social Worker.

“I took the case load over from the previous Social Worker but I believe it was less as a more experienced Social Worker in this field would have”.

However, having a limited workload is not the only consideration, as the complexity of cases may be difficult for a new Social Worker. One respondent explained this point;

“my caseload was limited to a few cases but they were complex in nature with clients who were particularly difficult and demanding and abusive. My caseload was way too much for my level of experience”.

Progress to more complex cases

Respondents were asked if after the first month they moved to more complex cases as their experience, confidence, knowledge and skills developed. Respondents were also asked if they had their cases reviewed on a regular basis.

Received induction (N = 34)

Twenty-five participants (73.5%) agreed that they moved on to more complex cases after the first month. A further four (11.8%) did not agree, while five participants failed to answer. Over three-quarters (76.5%) of participants who received an induction (N = 26) had their caseload reviewed on a regular basis. A further four participants (11.8%) did not. Four participants (11.8%) failed to answer.

Did not receive Induction (N = 21)

In contrast, for those who did not receive an induction, seven participants (33.3%) moved to more complex cases after one month, while eight participants (38.1%) did not. A further six participants did not answer. The majority of participants (61.9%) who did not receive an induction also had their caseload reviewed on a regular basis (N = 13). A further six participants did not have their caseload reviewed regularly. Two participants failed to answer.

Participants were asked to indicate how regularly their caseload was assessed (see Table 3). Almost half of participants had their caseload reviewed on a monthly basis; with only 5 out of 55 participants (9.09%) reviewed less than monthly.

Table 3: Timing of the review of participants' caseload

Timing	Less than Monthly N (%)	Monthly N (%)	Fortnightly N (%)
Received Induction	4 (11.8)	19 (55.9)	3 (8.8)
Did Not Receive Induction	1 (4.8)	8 (38.1)	2 (9.5)

For those who moved to more complex cases after one month, participants described managing initial cases and being allocated a full caseload soon after. One participant referred to the positive aspect of gaining more experience. Participants who did not move to more complex cases indicated that their caseload grew larger, while the complexity remained largely the same.

Level of complexity and risk

Respondents were asked if they were assigned work at a level of complexity and risk that they felt was aligned to their experience and at a level they felt comfortable with.

Received Induction (N = 34)

21 out of 34 participants (61.8%) agreed that the work assigned to them was at an appropriate level of complexity and risk. A further nine participants (26.5%) did not agree, while four participants failed to answer.

Did not receive induction (N = 21)

For those who did not receive an induction, 10 participants (47.6%) felt they were assigned work that was aligned to their experience. A further seven participants (33.3%) did not agree, while four participants (19%) did not answer.

For those who felt they were assigned work that was aligned with their experience and comfort level, three main reasons were identified by respondents. Firstly, a number of participants referred to the importance of previous experience that helped them feel equipped for their current role. A second reason included having undertaken initial training before working with cases. The final reason referred to the available support from Team Leaders and colleagues.

“I received excellent training for a two week period before commencing work with the families. Therefore I felt very comfortable starting work with the families assigned to me. Also team leader on site and available at all times to address any queries or questions needed answering”.

For those who did not feel that their work aligned with their experience and comfort level, a number of reasons were identified. Firstly, a number of participants referred to taking on complex cases that were not suitable for a newly qualified Social Worker, but due to constraints on resources and priority of cases, they were forced to take them. This point is outlined by one participant;

“I have been assigned incredibly complex cases but due to departmental resource issues, I have to take them, as there is no one else to complete the work”.

One participant also referred to the impact this had on the clients, with delays in allocation and insufficient experience acting as a barrier to developing working relationships; *“I had cases that were time consuming and other Social Workers were unable to get to before I arrived. The clients were upset at their treatment and then upset that they were allocated a newly qualified Social Worker which made it difficult to form a working relationship with them”.*

Complex cases

Opportunities for co-working, additional training or re-allocation of a case are recommended where there is a family with very complex needs or a case becomes very complex. Participants were asked if in this instance they had been afforded such opportunities.

Received Induction (N = 34)

A total of 16 participants (47.1%) reported having the opportunity to co-work or receive additional training. A further 14 (41.2%) did not, while five participants did not answer.

Did not receive Induction (N = 21)

Nine participants (42.9%) had the opportunity to co-work or receive additional training, while seven participants (33.3%) did not. A further five (23.8%) did not answer.

For those who did not have an opportunity to co-work or obtain additional training, participants reported a number of reasons. For some participants, while their cases were not co-worked, they reported receiving good support and supervision.

“Although supervision has been excellent - formal supervision once a month, and informal supervision / case discussion as necessary”.

Another reason reported was the fact that co-working was not promoted within the department due to staff shortages; *“I have raised the issue of co-working on a few occasions but it is not promoted within this department due to staffing issues”.*

Those who had the opportunity to co-work or receive additional training reported that co-working a case often involved receiving support from their line manager or team leader or the receipt of additional training. As described by participants;

“I co- worked cases that presented as more complex and received regular support from my line manager”

“Where a family had high complex needs, I got the opportunity to co-work with another Social Worker and also received additional training where needed”.

Rotation across teams

As the HSE Induction Policy and Guidelines recommends that where possible newly qualified workers should be rotated across the Children in Care, Child Protection and Child Welfare teams, participants were asked if, after their first month, they had this opportunity.

Received Induction (N = 34)

Over half of participants ($N = 18$, 52.9%) did not have an opportunity to rotate across various care areas. A further 11 participants (32.4%) did indicate they had an opportunity, while a further 5 participants (14.7%) did not answer.

Did not receive induction (N= 21)

Similarly, for those who did not receive an induction, 14 participants (66.7%) did not have an opportunity to rotate, while only two (9.5%) reported having an opportunity to rotate. In addition, five participants (23.8%) failed to answer.

For those who had an opportunity to rotate, participants indicated that operating across various care teams was part of their post as explained by one participant; *"I work on a team where the Social Worker carries cases from each area"*. A number of participants who did not rotate reported that this was not a possibility as their role was for a specific purpose or that they were aligned to particular teams.

Progression after three months

The Policy and Guidelines recommend that after three months workers can be assigned up to 90% of the work that a competent worker, qualified for two or three years, would undertake within the HSE.

Received Induction (N = 34)

A total of 25 participants (73.5%) agreed that, after three months they took up a caseload appropriate for a fully qualified Social Worker. A further four participants (11.8%) disagreed, while five participants (14.7%) did not answer.

Did not receive Induction (N = 21)

Similarly, a total of 12 participants (57.1%) were assigned 90% of the work of a fully qualified Social Worker, while a further two (9.5%) disagreed. A further seven (33.3%) failed to answer.

A number of participants who were assigned a 90% caseload within three months reported being assigned a full caseload before the 3-month mark;

“I had my full caseload allocated within 6 weeks of the date that I started”.

It was also reported that pressure on resources had an impact on the caseload of inductees. As one participant described;

“I had previous experience in management so it was felt by my superior that I could cope with the workload I was allocated. Team were under pressure so we all had to carry more than would normally be expected”.

Protected time for training and development

It is also recommended that a half day per week should be ‘protected’ for training and development activities (familiarisation with key essential policies, legislation, regulations, research evidence, site visits to observe other relevant services both within the HSE and externally, and work shadowing with a senior practitioner)

Received Induction (N = 34)

In relation to protected time, the majority of participants (N = 27, 79.4%) did not believe they had at least one half day per week for training and professional development. Three participants (8.8%) did believe that they had protected time, while four participants (11.8%) did not answer.

Did not receive induction (N = 21)

The majority of participants (N = 16, 76.2%) who did not receive induction also did not receive protected time, while a further five participants (23.8%) did not answer.

Of those who had protected time, a single comment was reported indicating that this time was used for essential administrative duties and reading. A number of comments by those without protected time indicated that this was due to the pressure on staffing resources. As highlighted;

“when I arrived the staff levels were depleted significantly, there were too many cases to get to and no Team Leaders or more senior staff members were available for anything outside advice on what to do next”.

“There was no time as the department was understaffed and had huge demands placed on it. I knew where to source information on any legislative guidelines though”.

Another participant commented that while protected time was to be incorporated into the weekly schedule, due to the priority of casework, there was not necessarily opportunity for this; *“I am expected to incorporate training and development activities into my weekly schedule. It is neither encouraged nor discouraged. Casework takes priority”.*

Supervision

The HSE standards for the delivery of the induction to Social Workers hold that workers are assigned to a supervisor within the first week of working and that arrangements for supervision are included in the induction plan.

Received Induction (N = 34)

For those who received an induction, 27 participants (79.4%) were appointed a supervisor within the first week of induction. Three participants were not (8.8%), while 4 (11.8%) did not answer. Almost all participants (88.2%) who received induction also received supervision in their induction year. A further four participants (11.8%) failed to answer this question. Respondents were also asked if the supervision received was adequate to their needs. For those who received an induction, 23 participants (67.6%) reported receiving adequate supervision. Seven participants did not agree (20.6%), while 4 (11.8%) did not answer.

Did not receive induction (N = 21)

Similarly, for those who did not receive an induction, 16 participants (76.2%) were appointed a supervisor within the first week of induction. One participant was not (4.8%), while 4 (19%) did not answer. The majority of these participants (N = 16, 76.2%) also received supervision in their induction year. In terms of the adequacy of the supervision received, 11 participants (52.4%) reported receiving adequate supervision. Four participants did not agree (19%), while six (28.6%) did not answer. A single participant did not receive supervision at all (4.8%), while four participants (19%) did not answer.

Just under half of participants receiving supervision (47.27%) received it on monthly basis during their induction year. A further 10 participants (18.18%) received supervision less than monthly, while 9 participants (16%) received supervision more frequently than monthly (See Table 4).

Table 4: Timing of supervision during induction year

Timing	Less than Monthly N (%)	Monthly N (%)	Fortnightly N (%)	Weekly N (%)
Received Induction	5 (14.7)	18 (52.9)	6 (17.6)	1 (2.9)
Did Not Receive Induction	5 (23.8)	8 (38.1)	2 (9.5)	0
Total	10 (18.18)	26 (47.27)	8 (14.54)	1 (1.81)

Note: 4 participants (11.8%) who did receive induction, and 6 participants (28.6%) who did not receive induction, did not answer this question (Total missing = 18.18%).

Training

Participants were asked whether they were offered and attended a number of training modules. See Table 5 below for breakdown of those who received an induction, those who did not receive an induction, and total attendance at modules.

The training module attended by most participants was the “Children First Basic Training” module (30 participants, 54.54%). The modules with the lowest attendance were “Child Protection Case Conferences” (1.81%) and “Make the most of supervision” (12.72%).

Table 5: Number (and percentage) of participants who received induction and did not receive induction and were offered and/or attended Training Modules

Module	Received Induction (N = 34) N (%)	Received Induction (N = 34) N (%)	Did Not Receive Induction (N = 21) N (%)	Did Not Receive Induction (N = 21) N (%)	Total Attended (N = 55) N (%)
	Offered (not attended)	Attended	Offered (not attended)	Attended	
Children First Basic Training	5 (14.7%)	22 (69.7%)	3 (14.3%)	8 (38.1%)	30 (54.54%)
Make the Most of Supervision	2 (5.9%)	6 (17.6%)	1 (4.8%)	1 (4.8%)	7 (12.72%)
Recording & Report Writing	2 (5.9%)	17 (50%)	0 (0%)	3 (14.3%)	20 (36.36%)
Court Practice & Procedures	3 (8.8%)	14 (41.2%)	3 (14.3%)	4 (19.0%)	18 (32.72%)
The Assessment Process	2 (5.9%)	6 (17.6%)	0	2 (9.5%)	8 (14.54%)
Child Protection Case Conference	0	1 (2.9%)	0	0	1 (1.81%)
Local Social Work Info Systems	0	18 (52.9%)	1 (4.8%)	5 (23.8%)	23 (41.81%)

A number of additional training courses were reported by participants as helpful during the induction year. These included;

- Attachment Training
- Training for Self-Harm
- Motivating Families for Change
- Corporate Induction Programme
- Triple P Parenting
- Training in Court Processes
- Fostering Assessment
- Joint Garda/HSE Training
- Domestic Violence
- Separated Children Seeking Asylum
- Conflict Resolution
- Suicide Alert Training
- Interviewing Children (in care)
- Foster Care Training the Trainers

Participants were asked what additional training they would have found helpful during their induction period. A number of participants reported that, the most beneficial thing for them, would have been to be able to attend all the training modules listed above. Some training was identified as integral (court practice and experience) and therefore should be considered as part of pre-service third level training. Other core training considered beneficial by participants included;

- Specific Child Protection Training (e.g., dealing with offenders)
- Supervising Access
- Attachment
- Impact of Domestic Violence
- Mental Health & Substance Use on parenting and Children
- Families with Drug and Alcohol Addictions
- Psychology
- Court Skills
- Case Conference Skills
- Report Writing

Overall experience of the induction process

Participants also provided their overall opinion on the induction process and their initial period of work experience with a variety of comments made.

Some comments from participants were positive and referred to a supportive work environment

“I was treated fairly and caseload given according to experience”

“Overall I had no difficulties within my induction period managers were very approachable”.

However, the majority of participants identified gaps in the induction process. Participants requested more clarity on the induction process overall with more awareness of the Policy and Guidelines and the detail contained within them. The application of a system of allocating limited caseloads, using peer support systems and increased opportunities for training was highlighted by a number of participants.

“It is not good enough to hand a complex caseload to a new worker and expect them to act as though they have years of experience. I think that managers need to be more aware of newly qualified Social Workers needs and not use them to fill the gaps when the agency is in crisis”

“a 'peer' buddy system would have been very helpful as there was little or no assistance with forms that needed to be filled, how to fill them, who to send them to”

“There needs to be more training, and support offered for new Social Workers”.

A number of suggestions were given regarding future inductions. Firstly, a number of respondents comments centred on the induction process and what is involved. A repeated call was reported for a more structured, standardised induction process. As participants outlined:

“There needs to be stronger policies and guidelines around the induction of newly qualified Social Workers and limits on what they are expected to carry and undertake”

“A formalised and consistent induction process based on the skills and experience of the employee which is agreed at the outset with your direct line manager is needed”.

In addition, it was suggested that opportunities to establish a rapport with external service providers should be included as part of the induction process. As described by one participant;

“I believe it very important that the induction provides the opportunity to explore services and supports available to children and families and establish a rapport with service providers external to the SW teams”.

There was also a call for newly qualified Social Workers to be introduced to services and trained sufficiently during their induction period rather than being allocated caseloads of more experienced workers. One participant highlighted her concerns;

“It needs to be clear to all managers that newly qualified or inexperienced staff are not to be used to fill the gaps and this is dangerous practice. There needs to be sufficient staffing in a department to allow newer employees to receive the slower induction they require”.

In addition, it was highlighted that there may be a need to limit the number of new inductees per service at any one time as this may affect the process for all involved. As described by one participant;

“Clear direction and support needs to be given around compiling court reports, case conference reports, etc. [...] I found that even simple processes such as how to arrange a case conference was not explained to me. [...] The department I work in was very badly staffed and had an influx of newly qualified Social Workers which I feel impacted on the quality of the induction process for all new workers”.

3.5 Evaluation from Principal Social Worker/Team Leader Perspective

The findings based on the data received for the Social Work Team Leader’s and the Principal Social Workers is presented.

3.6 Profile of participants

A total of 31 respondents completed information regarding their “Job Title” and their work place location⁵.

The majority of respondents (48.39%) were “Social Work Team Leaders” (including one Acting Team Leader), followed by 29.03% of “Principal Social Workers” (including two Acting Principal Social Workers). A further 16.13% of respondents indicated “Social Worker” as their job title, while 6.45% indicated “Professionally Qualified Social Worker” as their job title (see Figure 6).

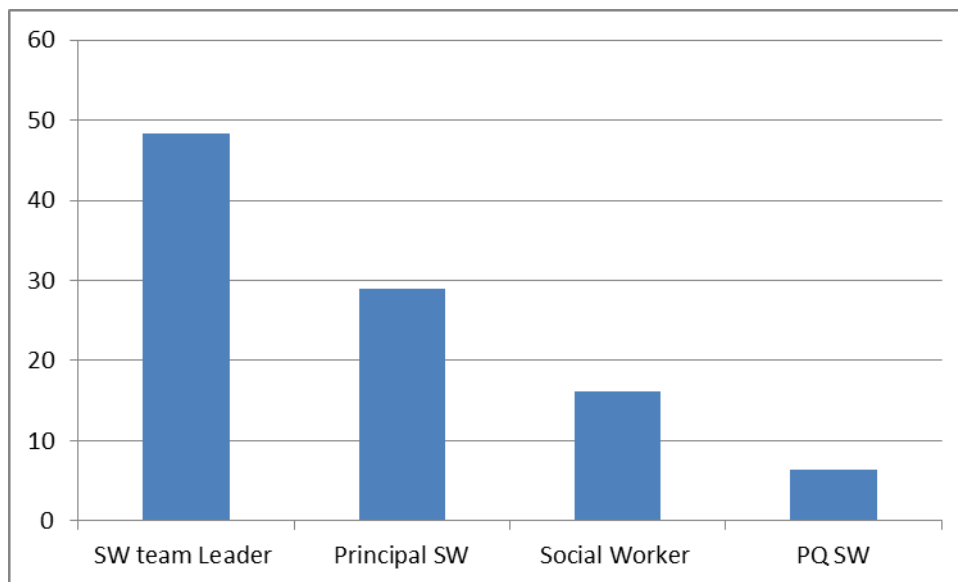


Figure 6: The number of survey participants by job title.

A total of 31 survey participants indicated the location of their work. These locations included HSE Areas, counties, towns, and office addresses. In order to apply a standard interpretation across all answers, these locations were transformed to illustrate HSE Areas. The majority of participants were located in HSE West (39.4%), followed by HSE Dublin Mid-Leinster (24.2%), HSE Dublin North-East (15.2%) and HSE South area (6.1%). A further 3 participants (9.1%) failed to indicate sufficient information to allow categorisation into one of the HSE Areas. For example, “Dublin”, “Tipperary”, and “Area 1” were recorded as locations that were unclear (see Figure 7).

⁵ A total of 33 line managers out of a sample of 61 completed and returned their questionnaire, yielding a response rate of 54%.



Figure 7: Number of participants by location in HSE Area

3.7 Induction

Managers were asked if they had participated in the induction process and implemented the specific aspects of the Induction Policy and Guidelines. When asked if they participated in the induction of Social Workers, the majority (26 out of 33, or 78.8%) indicated that they had. A further six participants (18.2%) indicated they did not, while one participant (3%) did not answer. The findings in the remainder of this section refer to the responses of the 26 managers who participated in the induction process. Where there are fewer respondents this is indicated. These findings are illustrated in full in Figure 19 (See Appendix D).

A total of 21 participants (80.8% out of 26 respondents who participated in the Departmental Induction) indicated how many Social Workers they had inducted. The number of Social Workers inducted varied widely, ranging from 1 – 70. Over half of participants ($N = 14$) inducted five or less Social Workers (53.7%). A further 15% of participants inducted 6-10 Social Workers ($N = 4$). A single respondent (3.8%) indicated they inducted 27 social workers, 30 Social Workers, and 70 Social Workers respectively. In total, 165 inductions were carried out by 21 participants, leading to an average of 7.86 inductions per participant⁶.

⁶ As noted previously there were 200 new Social Work posts approved to the HSE Children and Family Services arising from the Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan

A total of 19 participants (73%) reported using an Induction Plan based on HSE policy and guidelines. A further two participants (7.7%) indicated they did not use an Induction plan based on policy and guidelines, while five participants (19.2%) failed to answer.

Induction Policy and Guidelines

Out of 26 participants involved in inductions, 19 (73%) reported that Induction Policy and Guidelines were implemented in their department. A further two participants (7.7%) indicated that the policy/guidelines were not implemented, while five participants (19.2%) failed to answer.

Of the two participants who did not implement induction policy/guidelines, one respondent indicated that they were *“not made aware of, nor had any training in HSE Induction Policy/Guidelines”*, while the other participant reported that the local induction is *“more extensive than outlined in the policy”*, and has been running for some time; *“have been inducting staff before the HSE policy was developed”*.

Managers were asked about the specific aspects of the induction process as detailed in the Policy and Guidelines.

Learning Objectives

A total of 17 participants (65.4%) reported identifying specific learning objectives with their inductee(s) during induction process. A further four participants (15.4%) did not identify specific learning objectives, while five participants (19.2%) failed to answer.

Peer ‘buddy’ support

A total of 16 respondents (61.5%) paired an inductee with a peer support person. A further five participants did not (19.2%), while five participants failed to answer. Of the five participants who did not assign a “buddy” to the inductee, four identified reasons. For one participant, this was not deemed necessary as both inductees had previous social work experience. Two participants identified the lack of resources as a barrier to utilising this procedure; however one of these participants asked a more experienced worker to co-work exceptionally complex cases with the

inductee. The fourth participant instructed the inductee to shadow a number of Social Workers to gain a variety of experience, rather than one specific worker.

Other participants described a limited “buddy” system;

“An identified team member was available to inductee during the first week of employment”.

Case load management

The Induction Policy and Guidelines contain a number of recommendations in relation to the caseload management for newly qualified workers. Participants were asked about each of these recommendations.

A limited caseload

14 participants (53.8%) reported that their inductee(s) was (were) assigned a limited caseload in their first year. A further six participants did not agree (23.1%), while six participants did not answer.

Of the six participants who believed their inductee was not assigned a limited caseload in their first year, a number of reasons were given. The primary reason was that, due to workload pressures, it was not feasible to limit the caseload of a new Social Worker for a whole year. As managers highlighted;

“Due to pressures of allocation and a lapse in time to replace staff case's were allocated as soon as the new worker commenced”

“We attempted to restrict caseloads for as long as was feasibly possible but gradually increased workload depending on workers ability”.

A number of participants referred to the difficulty of adhering to this procedure given the high demand for case workers; *“this has become more challenging as a lot of staff are now newly qualified and the demand to allocate work is so high”*

Respondents were also asked if they felt their caseload was limited to what would be reasonably expected of a student in their final year of a degree programme. Only half of respondents ($N = 13$, 50%) agreed that the caseload of inductees in their first month was limited to the reasonable expectations of a final year degree programme student. A further seven participants disagreed (26.9%), while six participants failed to answer.

Of those who commented, the majority agreed that the workload of an inductee far exceeded that of a final year student; *“there is double the amount of work and far more complex cases”*. The underlying reason was again due to pressures associated with caseload. One participant did however agree with this statement, and described a gradual induction process;

“In the first month their time is spent on familiarizing themselves with the service and the area/meeting other professionals and agencies. They will shadow duty and other Social Workers in their daily work. Some cases will then be assigned to the new worker”.

Level of complexity and risk

16 out of 26 participants (61.5%) agreed that the work assigned to their inductee was at an appropriate level of complexity and risk. A further five participants (19.2%) did not agree, while five participants failed to answer.

Of the participants who did not agree with this statement, all agreed that the inductee(s) were allocated work above their competence/experience. This was primarily due to workload pressures, taking on the caseload of the previous Social Worker in their position, and general lack of staff. As participants explained;

“the new worker has to take on the caseload for person they are replacing”,

“A lack of staff means that a newly qualified worker was allocated pieces of work that she would not have been in an ideal environment”.

Other participants referred to the unpredictable nature of cases where less complex cases can rapidly become complex; *“While we assign work that we consider less complex many of these cases can change very dramatically over a short period of time”*

Managers were also asked if the assigned case loads were at a level that was safe for the service. A total of 18 participants (69.2%) agreed that the assigned caseload of their inductee was at a level of risk and complexity that was safe for the service. Only a single respondent (3.8%) disagreed, while seven participants (26.9%) failed to answer. The participant who disagreed with this statement referred to the reality of the demands on the service, and the strain supporting inductees puts on the service. As described by this participant;

“while I agree with the aspiration to support inductees and service users by limiting the complexity of the work allocated, the reality is that this is not possible due to the severe demand on cases. Every effort is made to support inductees with these cases but I do think this creates difficulties for the service”.

Managers were also asked if assigning a limited caseload to new workers impacted on the delivery of the service overall. The majority of respondents ($N = 17$, 65.4%) reported that the limited caseload of inductees had an impact on the delivery of services. A single respondent (3.8%) did not agree, while a further eight participants (30.8%) did not answer.

Several consequences of a limited case load were reported for the social work teams. This included inter-team tension due to hierarchical nature of allocating cases. As one respondent described;

“More experienced team members were aware that caseload was allocated on experience and level of practice, this can cause inter team tensions if not managed appropriately and fairly”.

More widely cited consequences included cases remaining unallocated while staff are being inducted, resulting in longer waiting lists for children and families.

Rotation across teams

A number of participants ($N = 10$, 38.5%) believed that inductees did not have an opportunity to rotate across various care areas (Children in Care, Child Protection and Welfare Teams). Nine participants agreed that inductees had this opportunity (34.6%), while seven participants did not answer.

Of those who did not agree with this statement, a number of participants indicated that rotation was not possible or not promoted in the area, while another indicated the inductee had previous knowledge of other areas of work. A number of participants also reported that while their inductee(s) was not rotated per se, it was possible to gain experience across care areas due to mixed caseloads;

“the teams each carry caseloads of children in care, child protection and welfare, and intake and assessment. So the inductees had the opportunity to experience various care areas without rotating teams”.

Progression after three months

The Policy and Guidelines recommend that after three months workers can be assigned up to 90% of the work that a competent worker, qualified for two or three years, would undertake within the HSE. A total of 11 participants (42.3%) agreed that their inductee(s) took up a caseload appropriate for a fully qualified Social Worker after 3 months. A further 9 participants (34.6%) disagreed, while 6 participants (23.1%) did not answer.

However, it is apparent from the findings that some inductees are assigned increased caseloads much earlier than the recommended 3 month period, others are assigned increased caseloads at varying times given the level of experience of the worker and others are not privy to a limited caseload at any stage.

Protected time for training and development

In relation to protected time for training and development, under half of this cohort of participants ($N = 11$, 42.3%) did not believe their inductee(s) had at least one half day per week for training and professional development. Ten participants (38.5%) did believe that their inductee(s) had protected time, while five participants (19.2%) did not answer.

Of those who did not believe their inductees had protected time participants indicated that this protected time was not possible due to staff shortages and high workloads. Participants referred to prioritisation of caseloads over other activities; *“time to read and explore research evidence is encouraged but caseloads always take priority”*. Other participants reported fortnightly or monthly meetings or workshops to support training and development.

Participants whose inductees had protected time indicated a very different induction experience with a more gradual approach to building of case loads. As one participant highlighted; *“they received a lot of training within the first three months, and the Team Leader went on many visits with them for practice. Other areas of training required were then discussed in supervision and organised”*.

Training

In relation to training modules offered to inductees during their induction year, the majority of participants indicated that their inductees attended the modules. This ranged from a high of 69.2% of participants who reported their inductees attended “Children First Basic Training”, to a low of 11.5% of participant’s inductees who attended “Child Protection Case Conferences”. See Table 6 for a breakdown per module.

Table 6: Number (and percentage) of participants whose inductees were offered and/or attended Training Modules

Module	N (%)	N (%)
	Offered (not attended)	Attended
Children First Basic Training	3 (11.5%)	18 (69.2%)
Make the Most of Supervision	1 (3.8%)	8 (30.8%)
Recording & Report Writing	0	8 (30.8%)
Court Practice & Procedures	1 (3.8%)	10 (38.5%)
The Assessment Process	1 (3.8%)	9 (34.6%)
Child Protection Case Conference	0	3 (11.5%)
Local Social Work Info Systems	1 (3.8%)	12 (46.2%)

3.8 Overall experience of the induction process

While participants did refer to positive aspects of the induction process many identified the excessive demands on staffing resources and associated high workloads as contributing to difficulties with adhering to the induction Policy and Guidelines. As one participant explained;

“the ongoing severe demand for services on social work teams results in it not being possible to fully comply with the policy - or to do so will result in children identified at serious risk not receiving a service... it is unfair to allow new staff to expect that they will have a limited caseload when this is just not possible”

The difficulty of balancing workload and training and development was also noted. A number of participants referred to the required training modules and suggested that the training needs to be

provided on a phased basis to inductees and recommended that the training modules be made available through the HSE training unit. As one respondent noted; *“the training was offered all within a short space of time, and the inductees as well as the service would have benefitted from having more time to digest information and put it into practice in between trainings”*.

The current limitations on the training available to inductees were highlighted as negatively impacting on the induction process.

3.9 Conclusion

The results and findings from both cohorts of participants (new Social Workers and managers) were presented in this section. This included a brief profile of the participants and their response to detailed aspects of the induction process. The next section discusses the findings of the evaluation with reference to the Induction Policy and Guidelines and where possible and appropriate compares and collectively discusses both sets of responses.

4.0 Discussion

This section discusses the findings of the evaluation with reference to the Induction Policy and Guidelines. Specific points with regard to both sample groups are first discussed followed by a comparison between the findings of both sample groups (workers and managers). A number of responses provided by managers and Social Workers are comparable. Where possible and appropriate both sets of responses are discussed collectively and compared. In interpreting the results it must be borne in mind that just over half of both sample groups (53%) responded to the electronic survey⁷. It is this data which informs the findings discussed in this section.

4.1 Profile of participants

The majority of participants in this evaluation are either Social Workers or Social Work Team Leaders. Representation among both cohorts of participants is highest in HSE West followed by the Dublin Mid-Leinster region. On average the Social Workers who participated are qualified for just less than 5 years and had spent an average of 1.67 years in their current position.

4.2 Induction (based on Policy and Guidelines)

Participation in the induction process is quite high with 34 out of 55 Social Workers (61.8%) and 26 out of 33 (78.8%) managers taking part. Six managers (18.2%) did not take part in induction, compared to 21 (38.2%) Social Workers (see Figure 8 below). Using a chi-square to ascertain any group differences, no *significant* difference was found in participation in induction between the two groups ($\chi^2(1) = 3.742, p > .05$). For the majority of Social Workers who did receive induction their managers started this process and appointed a supervisor to them within their first week of employment.

⁷ It must also be noted that there is no known connection between the two cohorts of participants (managers and social workers).

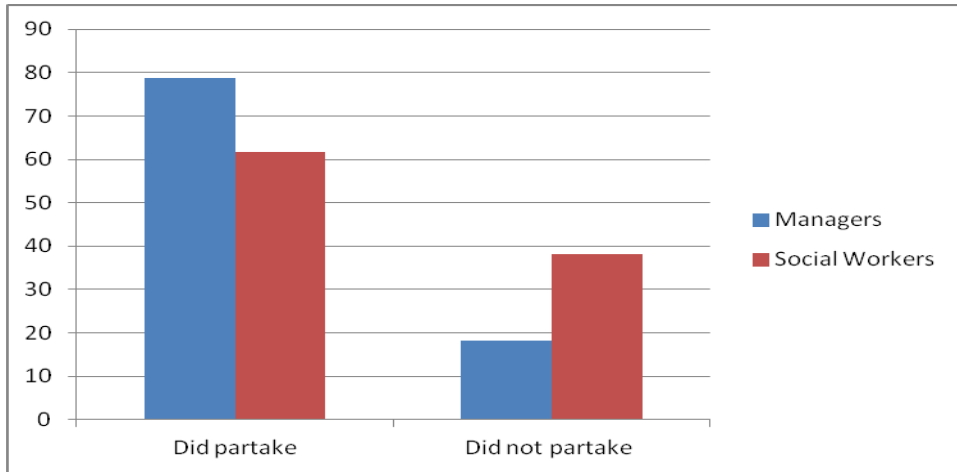


Figure 8: Percentage of Managers and Social Workers who did/did not participate in Induction.

However, given that the Induction Policy and Guidelines are a national initiative promoted and supported at a senior level within the HSE Children and Families Services and targeted specifically at this cohort of new workers it is concerning that so many workers (38% of respondents) did not receive an induction. The Head of Policy and Strategy within the HSE Children and Families Services described this initiative as “a concrete demonstration to Social Workers and their managers, of how critical the induction process is in supporting and developing effective and resilient practitioners” (see Appendix A). Furthermore, of those participants who did receive an induction again just over half of them (58.8%) had an induction plan. The Policy and Guidelines indicates that Social Work management have a responsibility to ensure there is an induction plan for each new worker and that this is an integral component of a comprehensive induction process.

When asked to indicate whether the induction given/received was based on the Policy and Guidelines, a total of 19 managers (73%) and 21 Social Workers (61.8%) indicated “yes”, while only two managers (7.7%) and 3 workers (8.8%) answered “no”. It was not appropriate to carry out a chi-square analysis on this data.⁸ This is a positive finding with most of the inductions carried out being informed by the current Policy and Guidelines. However, a number of Social Work participants (both who had and had not received induction) indicated that they did not know or were unaware of the Policy and Guidelines regarding induction (N = 11). Similarly, two managers who did not implement the Policy and Guidelines indicated they were unaware of such guidelines.

⁸ In order to carry out a Chi-Square analysis (which is most appropriate when dealing with categorical data), a minimum of 5 individuals must be present in each “cell” (e.g., “Leaders – No”, or “Social Workers – Yes”). No statistical analyses can be used on this question due to the low numbers in the cell “Leaders – No” (N = 2). Therefore we cannot talk of *significant difference*, but can illustrate potential differences using graphs.

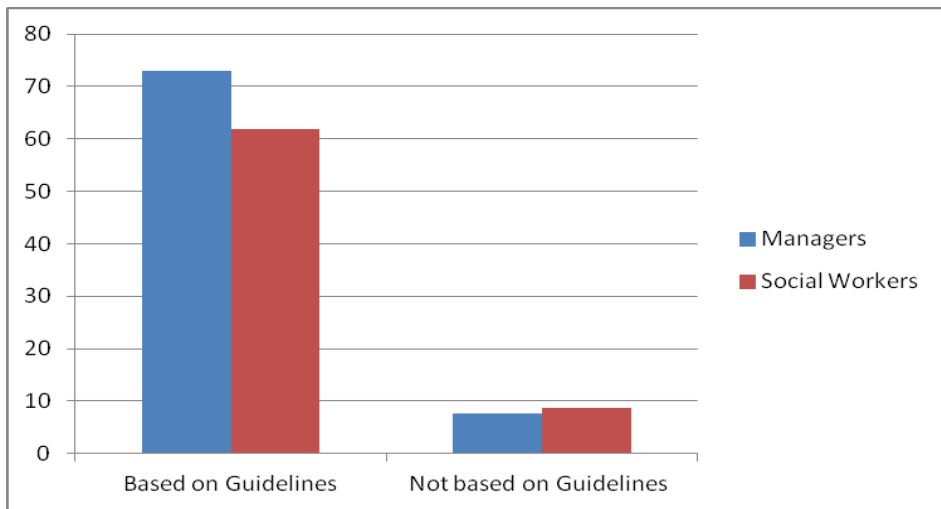


Figure 9: Number of participants who indicated Induction was based on HSE Policy & Guidelines

Based on these findings most managers who are providing inductions are using the Policy and Guidelines as intended. The findings do indicate that not all new workers (both those who received induction and those who did not) are aware of this resource. However, as the Policy and Guidelines are primarily intended as a resource for managers who are providing induction it is possible that inductees may not be aware of their use by managers in the induction process. Nonetheless, it is recommended that all new workers are made aware of the Policy and Guidelines and that they are used by all managers to inform the induction process.

This evaluation found that the number of workers inducted by each manager varied widely ranging from between five or less workers to 70 workers. There is a clear inconsistency for individual managers in terms of the numbers of new workers they have responsibility to induct. Consideration is necessary at this point to the expectations on managers in terms of the number of inductees they have. Appointing a number of new workers at a particular point in time puts significant pressure on managers which results in a poorer induction experience for workers. A more equitable and consistent system for managers and workers is recommended.

Overall, based on the findings of this evaluation it is recommended that this system of induction is reviewed with attention given to increasing the number of new workers who receive induction and have an induction plan. The Policy and Guidelines also indicate that while aspects of induction may be delegated the responsibility for induction lies with the Principal Social Worker. At present the system is quite arbitrary where workers may or may not receive induction or have an induction plan. It is suggested that this system is reviewed with Principal Social Workers to explore how a consistent approach can be agreed to ensure all new workers are inducted in line with the Policy and

Guidelines. Acknowledging that while there would be resource implications, it is also recommended that attention is given at this point to the induction needs of those workers who did not receive a timely induction or have an induction plan.

Specific aspects of the induction process

Both cohorts of participants were asked about specific aspects of the induction process. This included the use of individual learning objectives, the use of a peer support system and a limited caseload.

Learning objectives

When asked to indicate whether specific learning objectives were identified during induction, a total of 17 managers (65.45%) and 11 Social Workers (32.4%) indicated “yes”, while four (15.4%) managers and half of the Social Workers (N =18, 52.9%) answered “no” (see Figure 10).

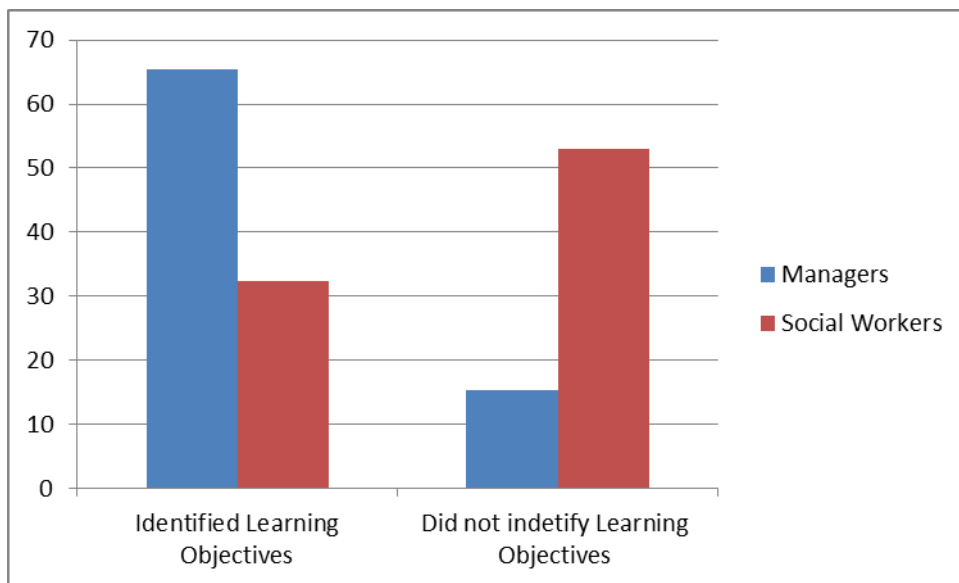


Figure 10: Percentage of participants who had specific learning objectives identified during Induction.

Peer “buddy” support

When asked to indicate whether a peer “buddy” system was utilised during the induction process, a total of 16 managers (61.5%) indicated “yes”, while five (19.2%) answered “no”. Almost the same amount of Social Workers (N=15, 44%) indicated “yes”, while 15 (44%) answered “no” (see Figure 11).

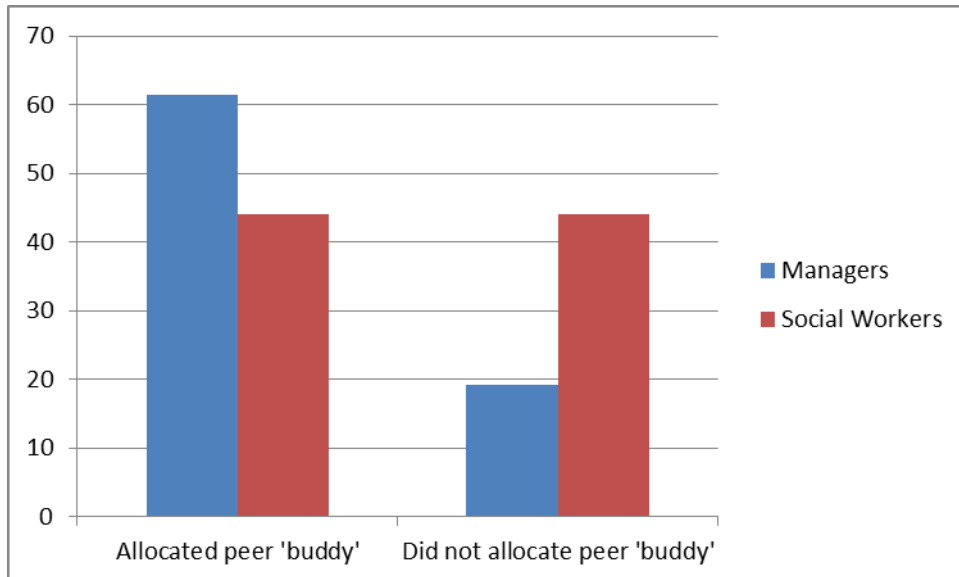


Figure 11: Percentage of participants who allocated/were allocated a peer “buddy” during Induction

The need to assign a peer ‘buddy’ to a newly appointed worker to support them in the induction year is clearly indicated in the HSE standards for the delivery of induction while the template for an induction plan requires that the peer ‘buddy’ is allocated and the specific learning objectives are agreed as part of the induction. These findings indicate that the majority of new workers are not allocated a peer ‘buddy’ nor have their specific learning objectives agreed through the induction process. It is recommended that attention is paid to ensuring these aspects of the induction process are adhered to in all instances. This research indicates that peer support has a positive outcome for employees and is seen as a useful resource. This system is also a resource for managers, easing some of the pressure in relation to induction and supporting the induction process overall.

4.3 Caseload management

The Induction Policy and Guidelines outline very detailed and specific requirements in relation to caseload management for new workers. These include:

- in the first month the caseload should be limited to what would be expected of a final year student;
- a new worker should be assigned work at a level of complexity that is aligned to his/her experience and with a level he/she feels comfortable with;
- after one month the worker should move on to more complex cases with consideration given to rotation across children in care, child welfare and child protection teams;
- after three months the worker should be taking 90% of the work expected of a more experience worker with the remaining time allocated to training and development activities; and
- where a case becomes complex the manager may advise co-working, additional training or re-allocation of the case (2010, p.11).

Each of these will be discussed individually with reference to the findings from both managers and workers.

A limited caseload

According to Social Workers who received induction, 21 (61.8%) had their caseload limited in the first year, while a further 8 (23.5%) did not. A total of 14 out of 26 (53.8%) managers indicated that during the first year in training, the inductee had a limited caseload. A further six managers (23%) reported that inductees did not have a limited caseload (see Figure 12 below).

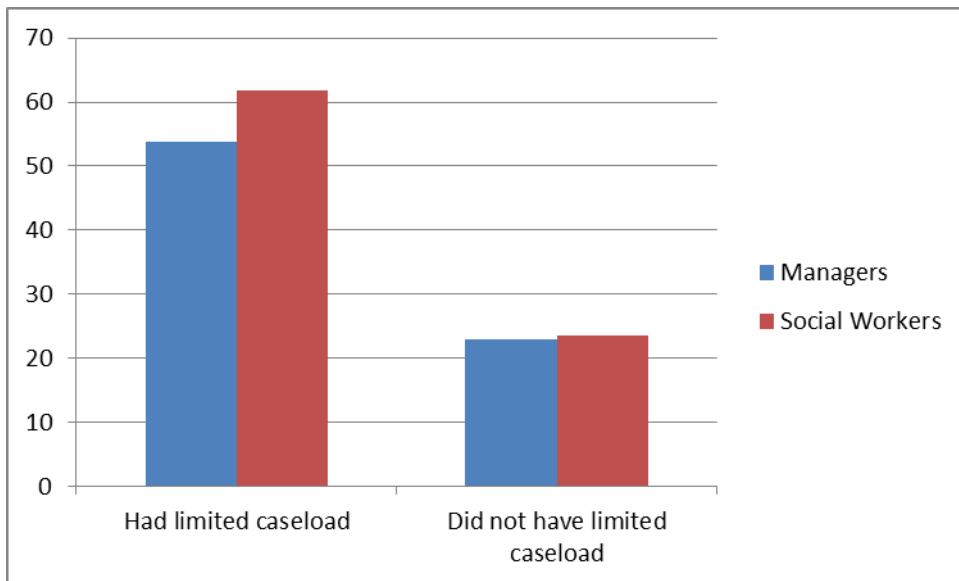


Figure 12: Percentage of participants who assigned/were assigned a limited caseload in first year.

Work in line with trainee’s competence/experience

A total of 16 out of 26 (61.5%) of managers indicated that the inductees work was at a level that was in line with their competence/experience. A further five managers (19.2%) reported that the level of work was not aligned to the competence/experience of the trainee. According to Social Workers, 21 (61.8%) reported their workload was in line with their competence/experience, while a further 9 (26.5%) did not (see Figure 13 below).

A common theme emerged between managers and Social Workers in terms of those who did not have a limited caseload or work at a level aligned with their competence/experience. Specifically, a number of managers and Social Workers commented that the reason for this discrepancy was due to a lack of resources in the workplace and workload pressures.

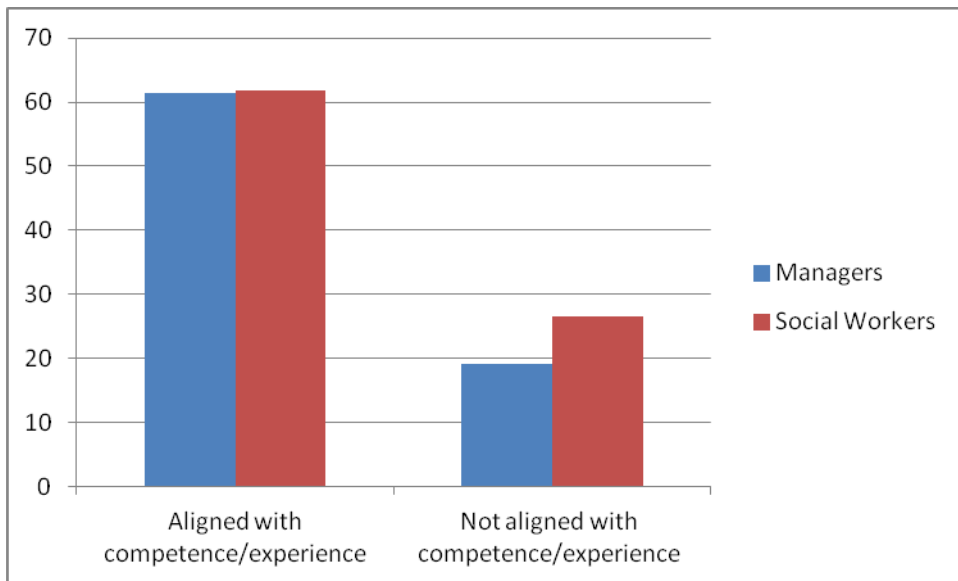


Figure 13: Percentage of participants who reported work aligned with competence/experience

Protected case load

A total of 13 out of 25 (50%) of managers indicated that the inductees work was at a level expected of a final year degree student. A further seven (35%) reported that their workload was not at this level. According to participating Social Workers, 21 (29.8%) reported their workload was in line with that expected of a final year degree student, while a further 8 (23.5%) did not (see Figure 14 below).

Again, a common theme emerged between managers and Social Workers in terms of those who did not agree that the caseload was limited to that of a final year degree student. Specifically, a number of managers and Social Workers commented that the workload of inductees far exceeds the level of a final year student, with agreement that the reason for this is due to a lack of resources in the workplace and associated workload pressures. It is also necessary to acknowledge the differing priorities and expectations of a manager and a Social Worker with regard to managing caseloads.

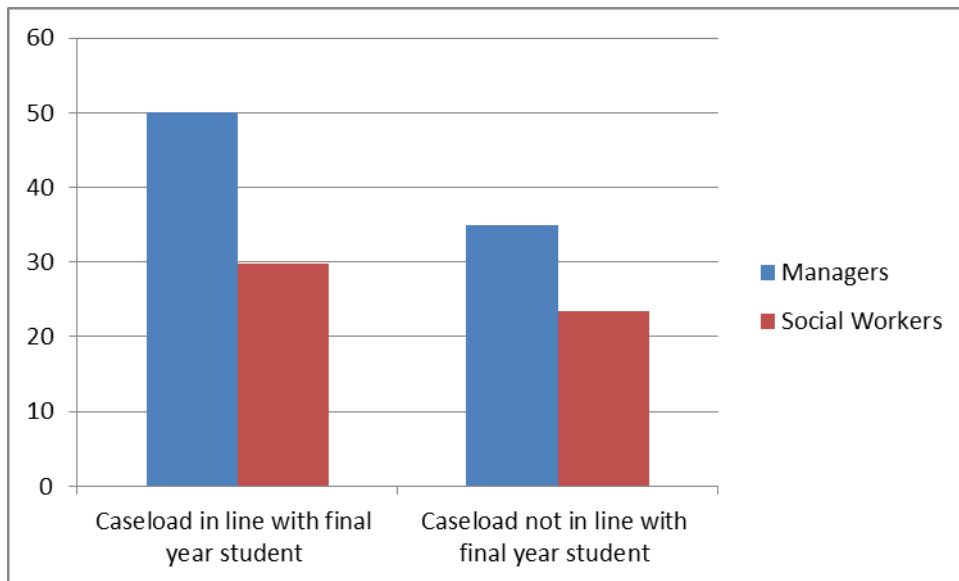


Figure 14: Percentage of participants who indicated whether caseload was in line with final year students

Rotation across care teams

A total of 18 (52.9%) Social Workers reported they had an opportunity to rotate across care group areas, while a further 11 (32.4%) did not. Of the participating managers, 9 (34.6%) indicated that inductees had an opportunity to rotate across various care areas while a further 10 managers (38.5%) reported that workers did not have such an opportunity (see Figure 15 below).

In their comments both managers and workers agreed that for those who did not have an opportunity to rotate this was due to their role being assigned to a specific purpose which did not allow rotation. In order to reflect the intention of the Policy and Guidelines consideration is necessary as to how rotation across care groups can be facilitated while workers are undergoing induction. As this is not the experience for the majority of new workers, due to the specific nature of their post it is necessary to consider if it is possible to achieve this aspect of the induction plan. This aspect of the policy could be revised in order to make the Policy and Guidelines more achievable for managers with priority given to the aforementioned areas such as having an induction plan or peer 'buddy' system. Affording workers an opportunity to rotate across teams could be included in the Continuing Professional Development (CPD) needs of workers as recommended by CORU⁹.

⁹ CORU is a multi profession health regulator set up under the Health and Social Care Professionals Act 2005. Its role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. It is made up of the Health and Social Care Professionals Council and 12 registration boards, one for each profession named in the Act. <http://www.coru.ie>

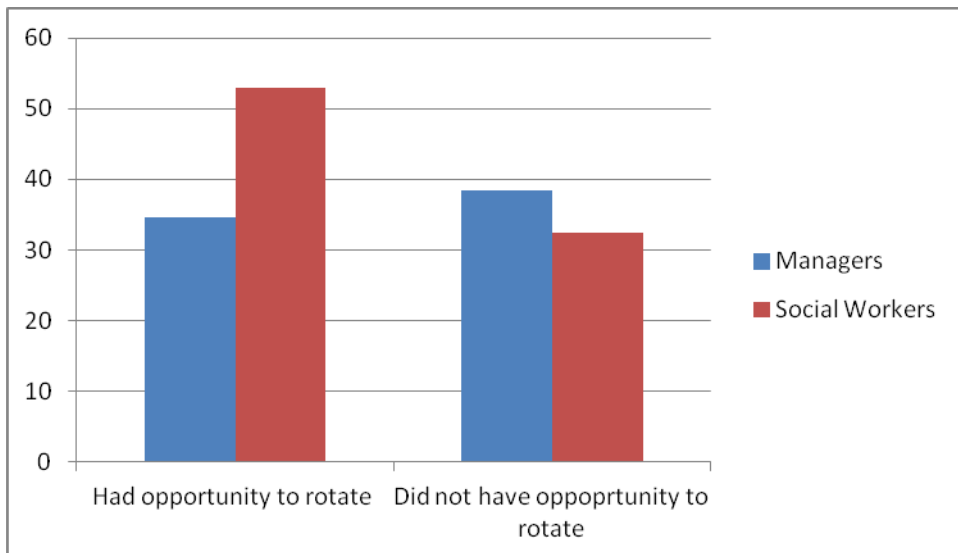


Figure 15: Percentage of participants asked whether they did/did not have an opportunity to rotate across various care areas.

Progression after three months

When asked to indicate whether new workers were assigned a 90% caseload after 3 months, a total of 11 managers (42.3%) indicated “yes”, while nine (34.6%) answered “no”. In comparison, 24 Social Workers (73.5%) indicated “yes”, while 4 (11.8%) answered “no” (see Figure 16). While it is a positive finding that the majority of workers indicated that they were assigned a 90% caseload after 3 months a common theme to emerge from the managers and workers was that, for those who were assigned a 90% caseload, this was achieved before the 3-month point due to pressure on resources.

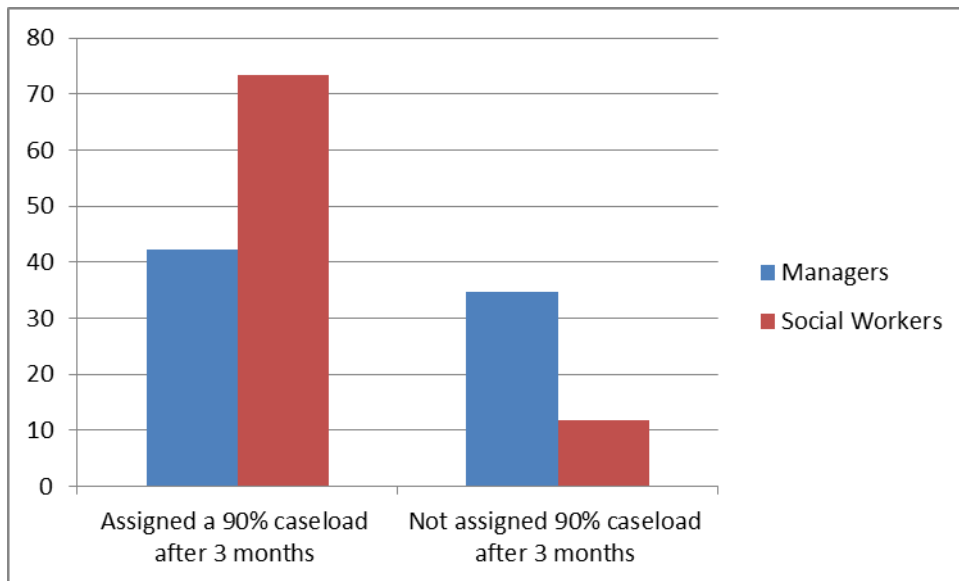


Figure 16: Percentage of participants who reported being assigned a 90% caseload after 3-months

Training and development

A total of 3 Social Workers (8.8%) reported they had an opportunity for protected time, while a further 27 (79.4%) did not. According to the managers, 10 (38.5%) indicated that new workers had an opportunity for protected time for training and development with a further 11 managers (42.3%) reporting that workers did not have an opportunity for protected time (see Figure 17 below). A low level of attendance by new workers at the majority of training modules was also highlighted by managers. Quite a large number of workers are attending 'Children First Basic Training' however less than one third attended 'Recording and Report Writing' and 'Making the Most of Supervision' with lower numbers reported as attending the remainder of the courses available.

Feedback from the managers and Social Workers in terms of those who did not have an opportunity for protected time or to attend training indicated that this was due to the pressures on staff and budgetary constraints. Similar themes emerged across the two groups with casework being prioritised over other activities. Time is not being allocated to the training and development needs of new workers as outlined in the Policy and Guidelines with opportunity for training and learning viewed as an optional resource. This finding is contradictory to the increased emphasis on knowledge informed practice and the CPD requirements associated with Social Work registration through CORU¹⁰. It is suggested that opportunity for training and development is incorporated into the working schedule of all Social Workers in order to meet these requirements.

¹⁰ All Social Workers must have applied for professional registration or be registered with CORU by May 2013.

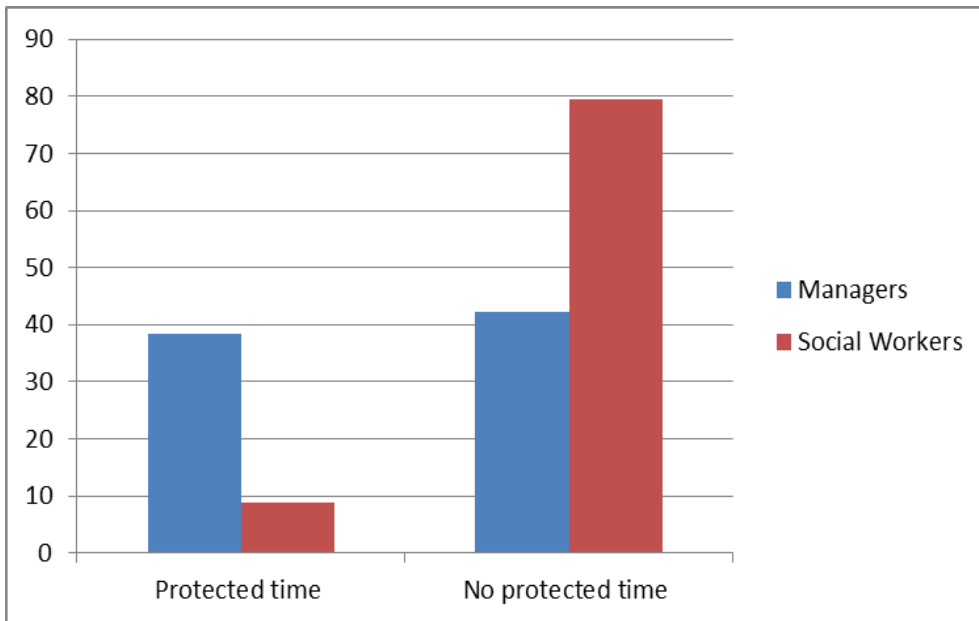


Figure 17: Percentage of participants who reported worker did/did not have protected time for training and development.

Where the specific aspects of the induction process are not being adhered to this is attributed to the pressures on staff resources and high workloads. While the intention exists amongst the Social Work managers to allow new workers the opportunity to avail of all aspects of the induction process in reality this does not appear to be always possible within the current levels of staffing resources.

4.4 Conclusion and recommendations

It is the policy of HSE Children and Families Social Services that all new, promoted, transferred and seconded employees will receive an appropriate programme of induction on commencement of employment or transfer to a new work area. The introduction of Policy and Guidelines for the induction of new, promoted, transferred and seconded social work employees outlines a clear and structured system for Social Work managers. The Policy and Guidelines also identifies the additional and specific needs which should be considered when planning and implementing the induction process for Social Workers.

The HSE National Workforce Development team are committed to ensuring the implementation of the Policy and Guidelines in order that all new workers receive an appropriate programme of induction. To this end, the Workforce Development team invited all new workers and their managers to participate in this evaluation and feedback on their experience of participating in the induction process. It must be noted that at the time of introducing the Induction Policy and Guidelines there was no direct line management structure in place within Children and Family Services and Social Work Departments to support the implementation of the Policy and Guidelines¹¹. The overall responsibility for this process was the remit of local social work managers.

A significant number (61.8%) of new workers who participated in this evaluation did take part in the induction process and for the majority of those this process began within their first week of work in their new post. Over half of these workers (58.8%) had an induction plan. Participation was also high amongst the managers who responded to this evaluation with the vast majority of those who provided induction developing a clear induction plan based on the Policy and Guidelines. However, a large number of new workers (38.2%) who responded to this evaluation were not afforded the opportunity of partaking in the recommended induction process. Furthermore, many of those who did participate in the induction process did not have an induction plan (41.2%). Given that the Induction Policy and Guidelines are a national initiative promoted and supported at a senior level within the HSE Children and Families services and targeted specifically at this cohort of new workers it is concerning that so many workers did not receive an induction and for many of those that did the process did not follow the recommended format. However, given the absence of a line management structure within the Children and Family services to support the implementation of the Policy and Guidelines at this time it is noteworthy that many individual managers adopted and implemented this process of induction.

¹¹ A national direct line management system is now in place in the Social Work departments within Children and Family Services.

However, at an overall level this evaluation highlights an arbitrary approach nationwide to implementing the Induction Policy and Guidelines. While the implementation of this policy is clearly a high priority for the National Workforce Development team it is evident that for a variety of reasons it is not being implemented consistently and in full across HSE Children and Families Social Work departments. The Policy and Guidelines are a welcome and useful resource for social work managers and workers however attention is necessary to the implementation process in order to achieve a consistent and complete system of induction.

Based on the findings of this evaluation it is recommended that the induction system is reviewed with attention given internally to increasing the number of new workers who receive induction. National awareness through a standardised briefing process on the Policy and Guidelines is required to ensure both workers and managers are fully informed as to the recommended induction process and the expectation and responsibility on each Social Worker and Social Work manager. Consideration is also necessary at this point to the expectation on managers in terms of the number of inductees assigned to them at a particular point in time. A more equitable and consistent system for managers and workers is recommended. It is also recommended that attention is given at this point to the outstanding induction needs of those workers who did not receive a timely induction or have an induction plan during their first year of employment. This could be achieved through Personal Development Plans and through a Training Needs Analysis¹². The Policy and Guidelines are a useful resource for managers however attention to the requirements necessary for successful implementation is required.

There are a number of specific aspects within the induction process which were highlighted as requiring attention within this evaluation. These are outlined in turn.

Just over half of respondents were initially assigned a limited caseload with varying lengths of time reported for when this increased. Although a large number of workers did report initially working on cases that were aligned to their level of competence and experience, those who were not attributed this to pressures on the system in terms of staff resources. Similarly, participants who did not report having a limited case load during their induction period attributed this to workload pressure. Almost half of the participating workers also reported that they did not receive additional supports when working on complex cases. It is recommended that the policy of gradually assigning work at a level of competency and risk that is aligned to workers experience and their Personal Development Plan and

¹²This could be achieved through the CPD process for Social Workers.

identified learning needs is applied consistently to all new workers. It is further recommended that the graduated system of increasing the number and complexity of cases as detailed in the Policy and Guidelines is consistently and fully adhered to. A minimum standard on complexity and intensity of caseloads during the induction process is suggested. Increased use of co-working complex cases could be a useful resource with the dual benefit of supporting new workers and allowing managers to allocate cases. This allocation process can also be aligned with the professional development and training needs of new workers.

The template for the induction plan and the standards for the delivery of induction to Social Workers indicate that specific learning objectives are to be identified for each new worker and a nominated peer support person is assigned as part of the induction process. While this process is in place for many new workers for others this is not part of this induction. Given the unique needs of each new worker it is recommended that this aspect of the induction process is consistently implemented and adhered to as standard practice.

Many new workers are not being given the opportunity to rotate across care groups during their induction period. Participants who commented on this issue indicated that this is due to the specific nature of their posts. It is necessary to consider the overall value and purpose of this approach and if and how it can be facilitated within the induction process or should be a longer term aim within the CPD needs of workers.

The training and development needs of the majority of new workers are not being met through the current induction system. Reason attributed to this included the demands on workers in terms of their caseloads and also the current restrictions on the provision of and attendance at training modules. Attention is necessary as to how this aspect of the induction plan can be facilitated by managers and by the training department with the training needs of workers incrementally met. This is particularly urgent given the training and learning requirements associated with professional registration for Social Workers through CORU. Consideration is also required of the participation of new workers at training modules. There is considerable variation in the training courses attended by new workers with the largest number attending Children First Basic Training. A significant number of new workers are not being offered or are not attending any of the other training courses available. Both managers and new workers attributed this low take up to workload pressure and budgetary constraints. Meeting the training needs of new workers within this induction period is viewed as essential. A system of facilitating the training needs of new workers needs to be negotiated with the Social Work managers and the relevant training departments.

At an overall level the impact of work load pressure on allocating a limited case load to new workers is significantly affecting the induction process. If the induction process is to be implemented according to the Policy and Guidelines caseload management as detailed in the Policy and Guidelines must be facilitated through Social Work managers. The impact of staffing shortages within Social Work teams on this process is clearly highlighted in this evaluation and warrants reflection. Areas of induction such as protected time and lower complexity and intensity caseloads are particularly impacted on by staffing issues. The feasibility of aspects of the induction process such as rotation across care groups and attendance at training also needs reflection and deliberation. Are these aspects of the induction process feasible in the current context of diminished resources and with the specific nature of many of the new social work posts?

The introduction of the Induction Policy and Guidelines has delivered a systematic and comprehensive national model for induction of new Social Workers in Children and Families Social Services. For the workers who were afforded induction based on the Policy and Guidelines this has assisted their transition into their new position. The majority of those that received induction also received timely and regular supervision; many attended relevant training courses, and had a reasonable caseload. The introduction of a national model of induction is therefore strongly welcomed.

However, this evaluation indicates a high level of discrepancy in Social Work departments nationally as to whether new workers receive induction in the first instance and secondly the quality of this induction. A review of the current system is suggested to establish if and how a comprehensive induction informed by the Induction Policy and Guidelines can be offered to all new Social Workers. This review should include Social work managers, Social Workers, those involved in developing the Policy and Guidelines, and representatives from the Workforce Development team. The current climate of increased demand within Social Work Departments with decreased resources must also be acknowledged with consideration necessary of the many demands Social Work managers face. Examination of the achievable aspects of the induction process and possibilities to support managers to meet the needs of new workers is recommended. It is also suggested that the recent introduction of a streamlined management structure with direct line management processes within Children and Family Services will help support the future implementation of the induction Policy and Guidelines.

This evaluation has highlighted the benefits of fully implementing the 'Induction of Social Workers, A Policy and Guidelines for Children and Families Social Services'. The Policy and Guidelines are welcomed by Social Workers and their managers. Where fully implemented the Policy and Guidelines are a useful resource in supporting the transition period for new workers and their

managers. However, a key finding of this evaluation is that in order to reach its full value the Policy and Guidelines need to be fully and consistent implemented with all new workers during their first year in their position.

A culture of support and 'goodwill' is evident in the Social Work Departments which can be harnessed and enhanced through a standardised induction process. At a wider level the development needs of Social Workers needs to be viewed as a long term and incremental progression with induction the first phase of this process. Professional development is a continuous practice which benefits the worker, their managers and ultimately the children, young people and parents with whom they work.

References

Induction of Social Workers, A Policy and Guidelines for Children and Families Social Services, HSE (2010)

Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan (2009). Office of the Minister for Children and Youth Affairs. Dublin: Government Publications. Available at: www.dcy.a.ie

Appendix A

Re: Request for Response to Induction Evaluation

Dear Colleagues,

As you will be aware, when additional social workers were appointed to HSE in response to the recommendations arising from the *OMCYA Ryan Report Implementation* (2009), the National Office for Children and Family Services made concerted efforts to standardise and strengthen the induction process for newly qualified social workers. *The Induction of Social Workers: A Policy and Guidelines for Children and Family Social Services* was published in 2010. This was a concrete demonstration to social workers and their managers, of how critical we see the induction process in supporting and developing effective and resilient practitioners.

The Policy and Guidelines document was issued to the system for implementation under the Integrated Services Directorate governance arrangements in place for children and family services in December 2010. To underpin the Policy and Guidelines, the national project team who led on this initiative planned that there would be a review of the implementation process in order that any issues arising for social work departments in implementing the Policy and Guidelines could be addressed. The project team, under Workforce Development, will use this evaluation to inform our systems and processes for both this cohort of workers and those who will come in the future.

To assist the project team in the evaluation of Induction, we have engaged with the Children and Families Research Centre of NUIG. Dr Carmel Devaney will be coordinating the evaluation process and providing us with key recommendations based on your feedback. In this respect, Dr Devaney will be making direct contact with all inducted staff and their managers in the coming days to identify how data and comments will be collected. The evaluation will be carried out in a confidential manner, to encourage honest and full engagement in the process.

I would like to thank you in advance for your engagement with and contribution to this process. I recognise that each one of you have significant workloads but I cannot emphasise strongly enough how important it is that you take the time to respond to this evaluation.

Wishing you well in the vital role you play.

Yours sincerely

Appendix B

Departmental Induction of Social Workers Evaluation Survey	
Section One: Demographics and Induction Experience	
This section will ask you to provide some information about you and your experience of induction in the HSE. Please answer as thoroughly as you can and remember - this is an anonymous questionnaire.	
1. What is your official job title?	<input type="text"/>
2. What year did you qualify (enter numerical value, e.g. 1997)	<input type="text"/>
3. Where do you work (location)?	<input type="text"/>
4. When did you start working in your current position (enter numerical value, e.g. 01.01.2012)?	<input type="text"/>
5. Did you receive a departmental induction?	
	<input type="radio"/> Yes
	<input type="radio"/> No

Departmental Induction of Social Workers Evaluation Survey

6. What grade of worker carried out your departmental induction?

Departmental Induction of Social Workers Evaluation Survey

7. If yes, how soon (in weeks) after commencing your role did your induction commence?

8. Did you have an induction plan?

Yes

No

Departmental Induction of Social Workers Evaluation Survey

9. Was your induction plan reviewed on a bi-monthly basis?

- Yes
 No

10. Were your specific learning objectives identified as part of the induction process?

- Yes
 No

11. How clear was your facilitator in explaining the induction process (5 being very clear and 0 being not at all clear)?

- 5 (very clear)
 4
 3
 2
 1
 0 (not at all clear)

12. As far as you know, did your manager use the induction policy/guidelines?

- Yes
 No

Please comment

13. Were you assigned a peer 'buddy' to support you throughout your induction year?

- Yes
 No

Please comment

Departmental Induction of Social Workers Evaluation Survey

Section 2: Initial Experiences as a HSE Social Worker

This section will ask you about your initial experiences of being a social worker

14. Were you assigned a limited case load?

Yes

No

15. To date, has your caseload been reviewed on a regular basis?

Yes

No

Departmental Induction of Social Workers Evaluation Survey

16. Was this review (please tick as appropriate):

- Fortnightly?
 Monthly?
 Less than Monthly?

17. As far as you can assess, were you assigned work at a level of complexity and risk that you felt was aligned to your experience and at a level you felt comfortable with?

- Yes
 No

Please comment

18. In your first month of practice, do you think your caseload was limited to what would be reasonably expected of a student in their final year of a degree programme?

- Yes
 No

Please comment

19. After the first month was completed, did you move to more complex cases as your experience, confidence, knowledge and skills developed?

- Yes
 No

Please comment

Departmental Induction of Social Workers Evaluation Survey

20. After the first month was completed, did you have an opportunity to rotate across the various care areas such as the Children in Care, Child Protection and Child Welfare teams?

- Yes
- No

Please Comment

21. After three months, were you assigned up to 90% of the work that a competent worker, qualified for two or three years, would undertake within the HSE?

- Yes
- No

Please comment

22. Since taking up this post, did you have at least a half day per week protected time for training and development activities (e.g. familiarisation with key essential policies, legislation, regulations, research evidence, site visits to observe other relevant services both within the HSE and externally, and work shadowing with a senior practitioner)?

- Yes
- No

Please comment

Departmental Induction of Social Workers Evaluation Survey

23. Where a case(s) became more complex or there was a family with highly complex needs, did you get an opportunity to co-work, an opportunity for additional training or was the case re-allocated?

Yes

No

Please comment

24. Were you required to attend court and present in relation to one of your cases during the induction year?

Yes

No

Please comment

25. Were you required to attend a child protection case conference and present a report in relation to one of your cases during the induction year?

Yes

No

Please comment

Departmental Induction of Social Workers Evaluation Survey

Section 3: Supervision

This section will ask you about your experiences of supervision

26. Were you appointed a supervisor within the first week of your induction?

Yes

No

27. Did you receive supervision in your induction year?

Yes

No

Departmental Induction of Social Workers Evaluation Survey

28. Was this supervision conducted:

- Weekly?
- Fortnightly?
- Monthly?
- Less than monthly?

29. In your opinion, was the supervision you received adequate to your needs?

- Yes
- No

Please comment

Departmental Induction of Social Workers Evaluation Survey

Section 4: Core Training for Attendance in Year One

This final section will ask you whether you were offered and attended particular training modules in your work. It will also ask you for any other comments you would like on your induction experience and for your suggestions for future inductions.

30. Were you offered and did you attend CHILDREN FIRST BASIC TRAINING in your induction year?

Offered

Attended

If you attended it, can you remember the approximate date of the training?

31. Were you offered and did you attend MAKING THE MOST OF SUPERVISION training in your induction year?

Offered

Attended

If yes, can you remember the approximate date of the training?

32. Were you offered and did you attend RECORDING AND REPORT WRITING training in your induction year?

Offered

Attended

If yes, can you remember the approximate date of the training?

33. Were you offered and did you attend COURT PRACTICE AND PROCEDURES training in your induction year?

Offered

Attended

If you attended it, can you remember the approximate date of the training?

34. Were you offered and did you attend THE ASSESSMENT PROCESS training in your induction year?

Offered

Attended

If you attended it, can you remember the approximate date of the training?

Departmental Induction of Social Workers Evaluation Survey

35. Were you offered and did you attend CHILD PROTECTION CASE CONFERENCES training in your induction year?

- Offered
- Attended

If you attended it, can you remember the approximate date of the training?

36. Were you offered and did you attend LOCAL SOCIAL WORK INFORMATION SYSTEMS (SWIS, RAISE etc) training in your induction year?

- Offered
- Attended

If you attended it, can you remember the approximate date of the training?

37. What other training courses or processes did you find helpful during your induction period?

38. What other areas of core training would you have considered beneficial to have access to during your induction period?

39. Have you any other comments you would like to make on your induction process and the initial period of work experience?

40. Have you any suggestions or recommendations for future inductions?

Introduction

The purpose of the departmental induction is to make the transition for newly qualified social workers as smooth as possible. We intend to continuously improve the induction process for all new, probationary year, promoted, transferred and seconded social workers. In order to do this we would very much appreciate if you would complete the following questionnaire. The questionnaire is anonymous.

Section One: Demographic Data and Experiencing of Inducting New Staff

This section will ask you to provide some information about you and your experience of inducting new social workers in the HSE. Please answer as thoroughly as you can and remember - this is an anonymous questionnaire.

1. What is your official job title?

2. Where do you work (location)?

3. Did you participate in the Departmental Induction of any new, probationary year, promoted, transferred or seconded social workers?

Yes

No

1. How many social workers have you inducted (please enter numerical value)?

2. Did you use an Induction Plan based on the current HSE policy and guidelines for induction?

Yes

No

3. Did you identify specific learning objectives with the inductee(s)?

Yes

No

4. In your opinion, was the Induction Policy/Guidelines implemented within your department?

Yes

No

Please comment

5. Did you assign a peer 'buddy'/ shadower/co-worker to your inductee(s)?

Yes

No

Please comment

6. In your opinion, was (were) your inductee(s) assigned a limited caseload in their first year?

Yes

No

Please comment

7. In your opinion, was (were) your inductee(s) assigned work at a level of complexity and risk that you felt was aligned to their competence/experience?

Yes

No

Please comment

8. In your opinion, was/were the inductee(s) assigned a caseload at a level of risk and complexity that was safe for the service?

Yes

No

Please comment

9. In your opinion did assigning a limited caseload for your inductee(s) have an impact on the delivery of your service to children and their families?

Yes

No

Please comment

10. In your opinion, was the caseload assigned to your inductee(s) in their first month limited to what would be reasonably expected of a student in their final year of a degree programme?

Yes

No

Please comment

11. In your opinion, did the inductee(s) in your department have an opportunity to rotate across the various care areas such as Children in Care, Child Protection and Welfare Teams?

Yes

No

Please comment

12. In your opinion, when the first 3 months of induction were completed, did the inductee(s) take up 90 percent of the work that a competent Social Worker, qualified for two or three years, would undertake within the HSE?

Yes

No

Please comment

13. In your opinion, did your inductee(s) have at least one half day per week protected time for training and development activities e.g. familiarisation with key essential policies, legislation, guidelines, research evidence, site visits to observe other relevant services both within the HSE and externally, and work shadowing with senior practitioner?

Yes

No

Please comment

14. Were your inductees offered, and did they attend the CHILDREN FIRST BASIC TRAINING module in their induction year (please tick one or both as appropriate)?

Offered

Attended

15. Were your inductees offered, and did they attend the MAKING THE MOST OF SUPERVISION training module in their induction year (please tick one or both as appropriate)?

Offered

Attended

16. Were your inductees offered, and did they attend the RECORDING AND REPORT WRITING training module in their induction year (please tick one or both as appropriate)?

Offered

Attended

17. Were your inductees offered, and did they attend the COURT PRACTICE AND PROCEDURES training module in their induction year (please tick one or both as appropriate)?

Offered

Attended

18. Were your inductees offered, and did they attend the THE ASSESSMENT PROCESS training module in their induction year?

Offered

Attended

19. Were your inductees offered, and did they attend the CHILD PROTECTION CASE CONFERENCES training module in their induction year?

Offered

Attended

20. Were your inductees offered, and did they attend the LOCAL SOCIAL WORK INFORMATION SYSTEMS (SWIS, RAISE etc) training module in their induction year?

Offered

Attended

21. Do you have any suggestions for or recommended changes to the current induction process?

22. Have you any other comments you would like to add?

Appendix C

Results were broken down for participants who received a departmental induction, and those who did not. This was carried out as the subsequent answers to questions were deemed to be reliant on this question.

However, a graph illustrating all “yes/no” questions from the survey for all participants (i.e., without this breakdown) is included below.

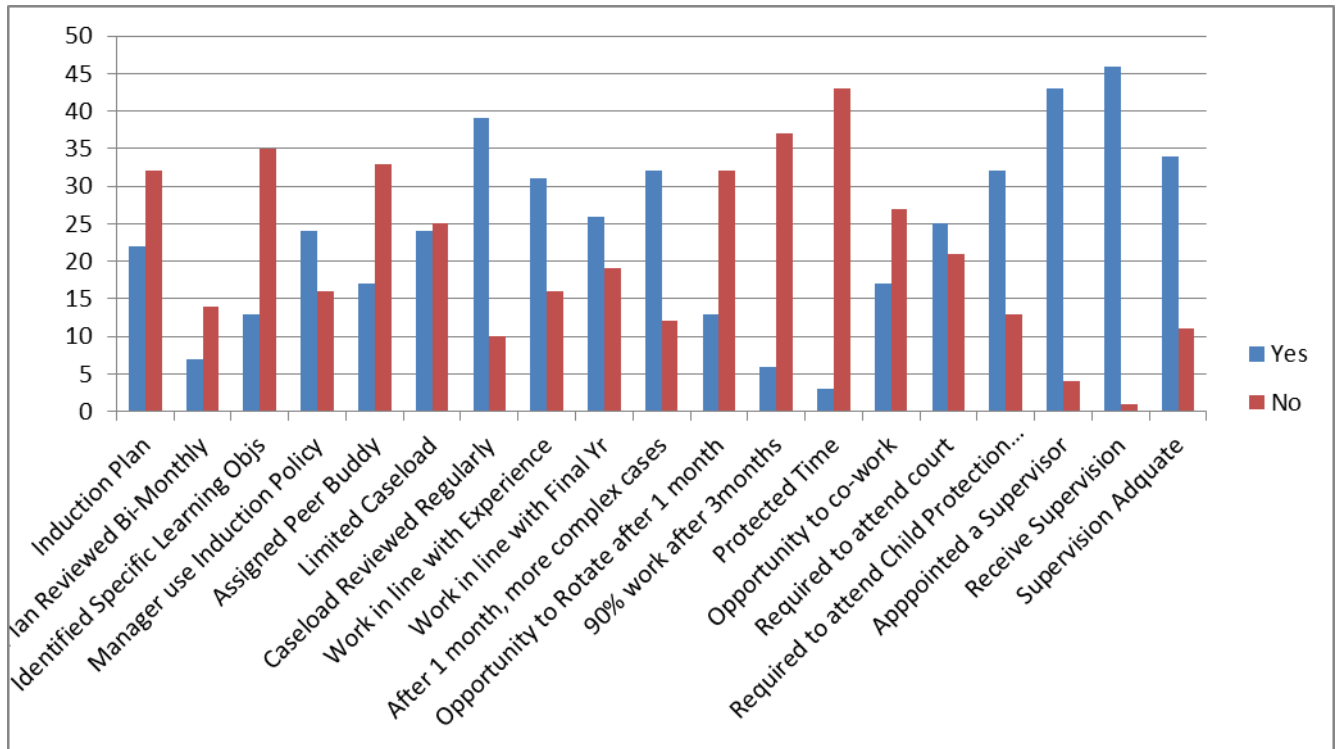


Figure 18: Number of “yes” and “no” responses for survey questions.

Appendix D

Manager's responses to the induction

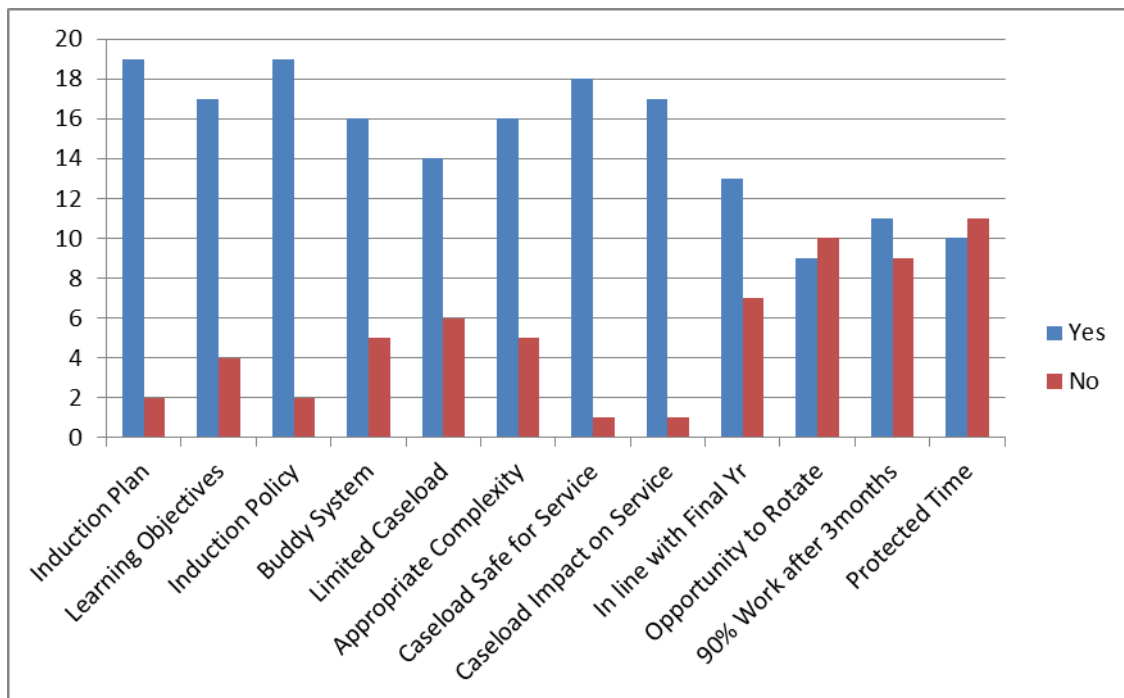


Figure 19: Number of "Yes" and "No" responses to Induction Questions.

