Pilot Evaluation Summary	
Pilot Intervention Recipients	Social workers (in participating teams)
Number of pilot sites	2 local authorities (Croydon, Stockport)
Protocol Date	February 2021
Version	1

Summary

This document outlines the pilot evaluation of a flexible working model for social workers in Stockport and Croydon local authorities as part of What Works for Children's Social Care's (WWCSC) Happier Healthier Professionals (HHP) programme. The model allows staff to compress their contracted working hours into fewer days, so that they work either a 4-day week or a 9-day fortnight. With an increased awareness of and desire for flexible working practices amongst workforces likely to continue during the nation's recovery from the COVID-19 pandemic, and following discussions with local authorities where the policy is already well embedded, this was identified as an intervention with potential to have a large impact on social worker wellbeing.

Two local authorities are included in this evaluation. In Stockport, a flexible working policy with clear processes is long-established, and the offer is taken up extensively by staff with many choosing to work 4-day weeks or 9-day fortnights. In Croydon, the policy is to be newly introduced in three teams in Children's Services.

This pilot study therefore aims to understand both how this working model could be effectively implemented for Local Authorities (LAs) who do not currently offer flexible working, and also to generate evidence of promise that it might be effective in improving social workers' work-life balance, autonomy and productivity. Qualitative data will be collected from managers and frontline staff through interviews, a short survey will be conducted in Croydon where the intervention will be newly introduced to three teams, and administrative data will be collected on a measure of staff performance.

Correspondence

If you'd like to get in touch about the project, please email: hhp@whatworks-csc.org.uk.

Project Background

Motivation for research programme

High workloads and the emotionally demanding nature of frontline social work means that employees face particularly acute challenges relating to burnout and stress. These are outcomes we have good reason to believe are antithetical to well-being. This in turn likely contributes to high levels of turnover in the social work profession (15.1% per year across England in 2018/19).[1,2] High incidences of sickness absences and turnover create disruption within Children's Services, and increase the workload of other frontline employees, meaning they have less time available for each child/family or service user, risking decreasing the quality of the support that they can provide.

Moreover, research suggests that social worker turnover has a direct impact on the experience of the children and families they work with. Frequent changes in social workers has been associated with a lack of trust amongst children in care. A study by Coram and the University of Bristol found that amongst looked after children, there was a significant correlation between a perceived lack of trust and their having had three or more social workers in the past 12 months.[3] If a child does not feel they have trust within the relationship, they are less likely to discuss issues openly with their social worker, potentially constraining the therapeutic relationship.[4] Furthermore, within many studies, children state their need for fewer changes in their social worker.[5,6,7,8,9]

In the years 2017/18, 1 in 4 children in care experienced two or more changes of social worker. In local authorities with higher rates of social worker turnover and agency staff, children are more likely to experience multiple changes of social worker in a year. Therefore, we can reason that the instability within the social work workforce is adversely affecting the experience of children in care.[10]

Social workers are at high risk of experiencing stress, burnout and low job satisfaction, due to the emotional labour and high-level of client involvement inherent in their roles.[11] There is

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[1] Department for Education (2019). Longitudinal study of local authority child and family social workers (Wave 1). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826965/LongCAF_Wave1_report_IFF_DfE_August19.pdf

[2] From the Local Authority Interactive Tool (LAIT).

[3] Selwyn, J., Magnus, L., & Stuijfzan, B. (2018). Our lives our care: Looked after children's views on their well-being 2017. Retrieved 11 June 2020, from http://www.bristol.ac.uk/media-library/sites/sps/documents/hadleydocs/our-lives-our-care-full-report.pdf

[4] Oliver, C. (2010). Children's views and experiences of their contact with social workers: a focused review of the evidence.

[5] Barn, R., Andrew, L., & Mantovani, N. (2005). *Life after care: The experiences of young people from different ethnic groups.* Joseph Rowntree Foundation.

[6] Biddulph, M. (2006). Failed by the System: The Views of Young Care Leavers on Their Educational Experiences, Barnardo's Policy and Research Unit, and Supporting Children in Public Care in Schools: A Resource for Trainers of Teachers, Carers and Social Workers. By John Holland and Catherine Randerson.

[7] Commission for Social Care Inspection (2007) Children's Services: CSCI findings 2004-07, London: Commission for Social Care Inspection.

[8] Ofsted (2009) Children's Care Monitor 2009, London: OFSTED.

[9] Mainey, A., Ellis, A., & Lewis, J. (2009). Children's views of services: A rapid review. London: National Children's Bureau.

[10] *UK Social Workers: Working Conditions and well-being.* The British Association of Social Workers. (2019). Retrieved 11 June 2020, from https://www.basw.co.uk/system/files/resources/basw_42443-3_1.pdf.

[11] Acker, G. M. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health & Social Work, 24*(2), 112-119.

evidence to suggest that social work is higher in work-related stress and burnout than other comparable professions, and risk factors include low work autonomy, low professional self-esteem, vicarious trauma, and the challenges associated with delivering services to clients.[12,13] Research suggests that potential job resources that can help to mitigate against the extent to which these risk factors lead to stress and burnout amongst social work, for instance, culture, workload, social support, supervision, self-care, education, and work environment.[14] This is supported by findings from focus groups run by WWCSC as part of the first phase of the HHP research programme, in which participants identified the lack of work-life balance stemming from the demands of their role as having a significant negative influence on their wellbeing.

Interventions designed to improve wellbeing and reduce social workers' burnout could therefore be expected to reduce turnover and indirectly also improve the experience of the children and families they serve. Well-being is also important in and of itself - all workers, especially those doing a public good - deserve to be in environments that promote their wellbeing. However, until recently there have been few rigorous evaluations of such interventions in the UK.

In response to these challenges, the HHP research programme aims to address social worker wellbeing through light-touch, low-cost interventions informed by behavioural science. Identifying successful examples of such interventions, which can be easily adopted by local authorities, has the potential to have a meaningful positive impact on the UK workforce of 30,700 FTE social workers if rolled out widely.[15]

Flexible work offerings (or 'flexitime') are increasingly available across workplaces - 92% of social workers state that flexible working was offered by their LA as a way to promote a healthy working environment.[16] Flexitime can improve work-life balance, reduce conflicts related to managing work and home life, and provide workers with autonomy over their schedules. Research has shown that flexitime can have a positive impact on employee well-being, productivity, efficiency, as well as work-life balance.[17,18] Moreover, the increase in

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[12] Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health*, *11*(3), 255-265.

[13] Ben-Porat, A., & Itzhaky, H. (2015). Burnout among trauma social workers: The contribution of personal and environmental resources. *Journal of Social Work*, *15*(6), 606-620.

[14] Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in society*, *84*(4), 463-470.

[15] Department for Education (2019) Official statistics: Children and family social work workforce in England, year ending 30 September 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868384/CSWW_2018-19_Text.pdf

[16] https://www.local.gov.uk/sites/default/files/documents/workforce%20-%20Adult%20Social%20Work%20Health%20Check%20Survey%202018%20-%20Report%20of%20Findings.pdf

[17] OECD (2016). Be Flexible! Background brief on how workplace flexibility can help European employees to balance work and family. Available at: https://www.oecd.org/els/family/Be-Flexible-Backgrounder-Workplace-Flexibility.pdf

[18] Clarke, S., & Holdsworth, L., (2017). Flexibility in the Workplace: Implications of flexible work arrangements for individuals, teams and organisations. ACAS Report. Available at: https://archive.acas.org.uk/media/4901/Flexibility-in-the-Workplace-Implications-of-flexible-work-arrangements-for-individuals-teams-and-organisations/pdf/Flexibility-in-the-Workplace.pdf

autonomy over one's schedule offered by flexible work offerings can improve employees' sense of work-life balance, particularly for employees who are parents.[19]

For the reasons outlined above, strict adherence to 'core' working hours is not always realistic in social work. Flexitime can therefore provide the opportunity for staff to take back time worked over their contracted hours, allowing them to work and manage their time more efficiently in the hope that this can improve their work-life balance and benefit their wellbeing.

Pilot Context

While there are many examples of flexible working offerings, we focus on a policy which allows staff to compress their contracted working hours into 4-day weeks or 9-day fortnights, allowing longer periods of leisure time and, we hypothesise, improved sense of autonomy and work-life balance.

Two local authorities are included in the evaluation. In Stockport, a flexible working policy has been in place for many years and a high proportion of staff choose to work 4-day weeks or 9-day fortnights. In Croydon, the flexitime policy will be offered to staff in three teams in Children's Services to coincide with the evaluation.

Using qualitative data collected through interviews, this study aims to gather evidence of promise that flexitime might positively influence staff's perceptions of work-life balance, autonomy and productivity. We will examine facilitators or barriers to uptake of flexitime, making use of data collection in Croydon where the intervention will be newly implemented, and where a survey will also be conducted to understand levels of uptake and adherence to the intervention. In Croydon, we will also collect administrative data to understand changes in participants' performance over the course of the pilot.

In the absence of a comparison group, we do not attempt to attribute causation to the intervention, but rather to understand how it is perceived by staff members and managers to be effective in impacting their sense of work-life balance, autonomy and productivity. This pilot data could be used to inform future work in this area, in particular around developing and implementing a randomised controlled trial to establish causality in the relationship between flexitime and social workers' overall wellbeing.

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[19] Tausig, M., & Fenwick, R. (2001). Unbinding time: Alternate work schedules and work-life balance. Journal of family and economic issues, 22(2), 101-119.

Intervention and Theory of Change

Intervention: What will be implemented?

In Croydon, participants will have the option to compress their contracted working hours to either a 9-day fortnight or a 4-day week for the length of the pilot study, as agreed with their manager. Managers will be responsible for scheduling these additional non-working days across their teams, and also for coordinating with other teams to make arrangements for cover where required to ensure services continue to be delivered without disruption.

In Stockport, the policy already has high levels of uptake and a clear process exists for staff to apply to make use of flexitime, though informal processes between staff and manager have also been put in place more often during the Covid-19 pandemic as the need for flexible working increased. Usually, staff make a formal request to work compressed hours through HR and it is then the responsibility of the team manager to work with the individual to identify a suitable non-working day, taking into account other team members' pre-existing working patterns to ensure service delivery is not disrupted.

Recipients: Who is taking part?

In Croydon, the intervention is to be made available to social workers in three Child Protection teams. These teams each consist of one manager, one assistant manager and 6-7 social workers. In Stockport, flexitime has been established for several years and is taken up extensively across the local authority. Our sample therefore includes children's social workers in the three participating teams in Croydon, and all children's social workers in Stockport.

Procedures: How will it be implemented?

In Croydon, guidance for usage of flexitime practices will be circulated to participants and an information sheet will be circulated to team managers. These will be added as appendices to this document when they are developed with the local authority. Managers will also be invited to a group discussion to introduce the use of flexitime in the local authority and for them to ask any questions they have prior to roll-out of the intervention, which will inform the guidelines being sent out to their team.
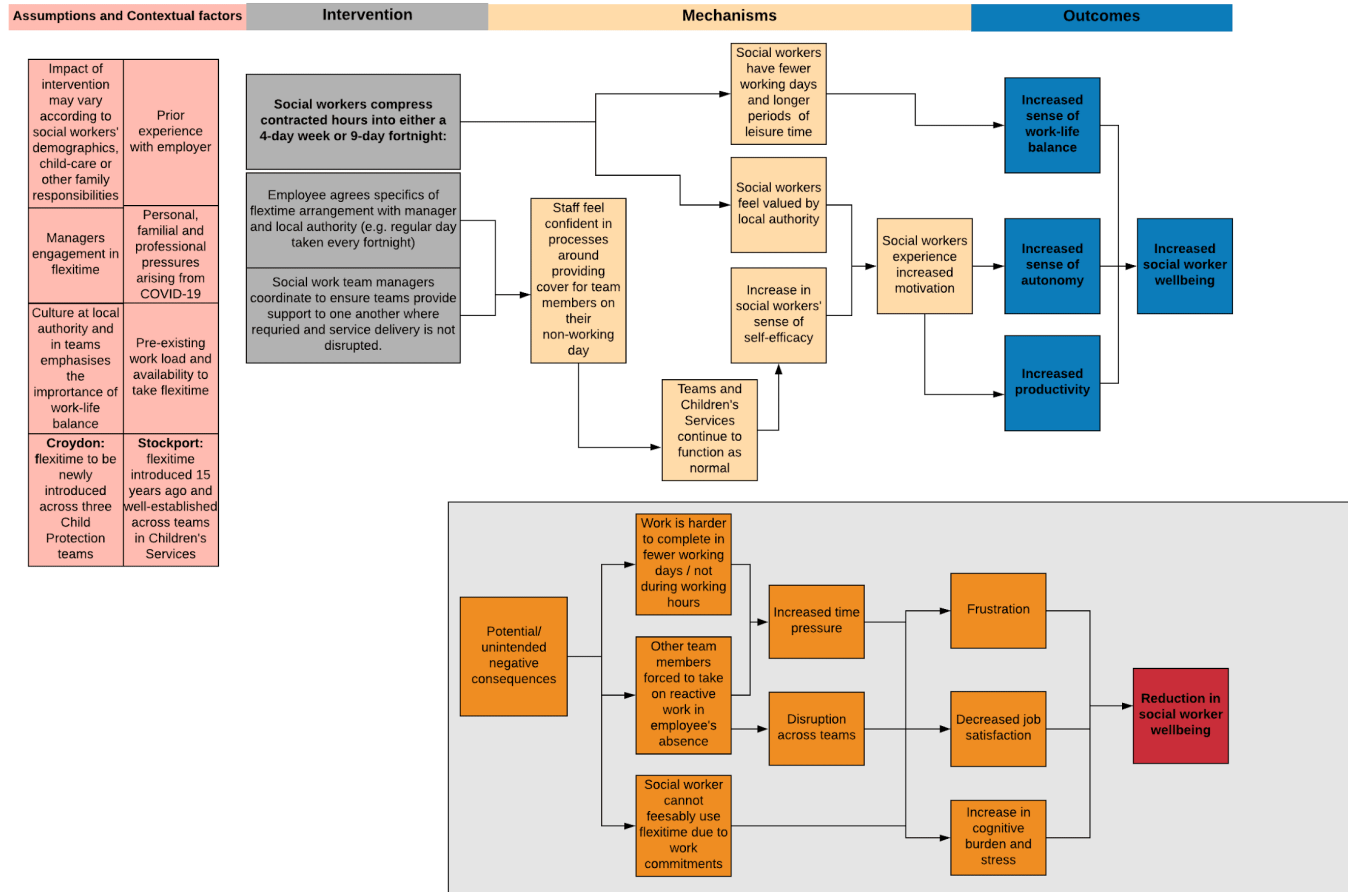
Location: Where will it be implemented?

The intervention will be implemented in three teams in Croydon Children's Services, and across Children's Services in Stockport. Participants are likely to be working primarily away from their LA offices due to the Covid-19 pandemic. However, the final data collection will take place when a substantial proportion of staff have returned to some level of office working, to understand how their perceptions of flexitime respond to a change in working environment.

Dosage: How often will it be implemented?

The intervention will be available for participating social workers in the two LAs for the length of the pilot study (6 months). If office working has not returned by this time, the final qualitative data collection will be delayed until such time as it has.

Logic Model

Flexitime working programme: Logic Model

Assumptions and Contextual factors	Intervention	Mechanisms	Outcomes

Assumptions and Contextual factors:

- Impact of intervention may vary according to social workers' demographics, child-care or other family responsibilities
- Prior experience with employer
- Managers engagement in flexitime
- Personal, familial and professional pressures arising from COVID-19
- Culture at local authority and in teams emphasises the importance of work-life balance
- Pre-existing work load and availability to take flexitime
- **Croydon:** flexitime to be newly introduced across three Child Protection teams
- **Stockport:** flexitime introduced 15 years ago and well-established across teams in Children's Services

Intervention:

- **Social workers compress contracted hours into either a 4-day week or 9-day fortnight:**
- Employee agrees specifics of flexitime arrangement with manager and local authority (e.g. regular day taken every fortnight)
- Social work team managers coordinate to ensure teams provide support to one another where requried and service delivery is not disrupted.

Mechanisms:

- Staff feel confident in processes around providing cover for team members on their non-working day
- Social workers have fewer working days and longer periods of leisure time
- Social workers feel valued by local authority
- Increase in social workers' sense of self-efficacy
- Teams and Children's Services continue to function as normal
- Social workers experience increased motivation

Outcomes:

- Increased sense of work-life balance
- Increased sense of autonomy
- Increased productivity
- Increased social worker wellbeing

Potential/unintended negative consequences:

- Work is harder to complete in fewer working days / not during working hours
- Other team members forced to take on reactive work in employee's absence
- Social worker cannot feesably use flexitime due to work commitments
- Increased time pressure
- Disruption across teams
- Frustration
- Decreased job satisfaction
- Increase in cognitive burden and stress
- **Reduction in social worker wellbeing**

Pilot Evaluation Aims

This research aims to support the social work profession by understanding how LAs might improve levels of employee wellbeing by offering a flexible working model (compressing their working hours into either a 9-day fortnight or 4-day week) to staff, with the rationale that this would increase their perceived autonomy over their work schedule, facilitate enhanced work-life balance and productivity. We will collect qualitative data through interviews in Stockport and Croydon at two and three time-points respectively, In Croydon, we will collect administrative data at three time-points and conduct one short survey (appendix D) three months after the launch of the intervention.

Interviews will be conducted with staff to understand whether there is any evidence of promise that the intervention has the potential to positively impact on social workers' sense of work-life balance, perceived autonomy and productivity levels, and to understand what facilitators and barriers there were to uptake of the intervention, both in Stockport where the intervention is already well-established, and in Croydon where it will be newly introduced. Interviews will also be conducted with managers to understand whether the intervention has any perceived impact on team members' productivity and performance. In Croydon, we will also collect administrative data to track whether there have been any changes in the proportion of participants' cases which are out of timescale, as a measure of performance, and a survey to understand levels of uptake and adherence to the intervention.

Using the data collected from this pilot study, we will disseminate a report on our findings, outlining when and how flexitime can be deployed successfully across the workforce. This initial pilot data may also be used to inform future work in this area - if evidence of promise is found a large-scale Randomised Controlled Trial (RCT) may be conducted to understand the impact of this intervention on social workers' sense of work-life balance, autonomy, productivity and overall subjective wellbeing.

The research questions and methods are outlined below. We anticipate launching the pilot in local authorities in March 2021 and reporting results of the trial in August 2021. We will also publish an updated report with findings from endline data collection, to be scheduled for when a substantial proportion of social workers have returned to some level of office working, with the aim to understand whether practitioners' perceptions of flexitime has changed after a long period of working from home.

Research questions

The pilot will test three objectives using the following research questions:

1. Evidence of feasibility

a. Was the intervention implemented as intended (i.e. as set out in the logic model) and in what way does implementation vary (if at all)?

b. What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?

c. Is the intervention acceptable to key stakeholders including managers and frontline practitioners?

2. Evidence of promise

a. What potential short- and long-term impacts of the intervention do stakeholders identify?

b. Do the percentage of case visit reports submitted on time change over the course of the pilot?

c. Do there appear to be any unintended consequences or negative effects of the intervention?

3. Readiness for trial

a. Are any changes needed to the theory, materials or procedures before rollout?

The pilot is not designed to provide a counterfactual, or powered to detect impact, so all evidence of potential outcomes will be exploratory only and cannot be used to draw firm conclusions about the effectiveness of the intervention.

Outcomes

The focus of the pilot evaluation is on understanding whether providing social workers with the option to compress their working hours might improve their perceived work-life balance, autonomy and productivity. We hypothesise that flexitime will allow staff to experience increased benefits from their leisure time, thereby positively influencing the mechanisms, as seen in the logic model above. The perceived impact of flexitime on these mechanisms is evaluated through semi-structured interviews in both LAs and a short survey conducted with participants in Croydon. Administrative data will also be collected in Croydon to understand whether there has been any change in participants' visit write-ups onto their case management systems over time.

The table below sets out in more detail the plan for answering the proposed research questions. Quantitative indicators are included as pragmatic thresholds for success with respect to the mediators identified in the logic model.

Research question	Indicator	Method
Evidence of feasibility *Can the intervention be delivered practically and as intended, is it acceptable to those delivering and receiving it, and what are the contextual facilitators and barriers?*	Implementation **Croydon:** ● If it was used by social workers, was it used as expected? If not, how else was it used? ● Did 30% of social workers take up one of the flexible working offerings? ● Of the social workers who took up the flextime offer, what percentage used a 9-day fortnight and what percentage used a 4-day week? ● What percentage of participants were still using flexitime working consistently (at least 50% of planned uses in the past month) 3 months after it was made available? ● What percentage of participants were still using flexitime working consistently (at least 50% of planned uses in the past month) 6 months after it was made available? Contextual barriers and facilitators	Interviews Administrative data

	Croydon & Stockport: ● What barriers did staff who have not taken up flexitime perceive to doing so? ● For those staff who have taken up flexitime, what barriers do they perceive in making best use of it? What has made it easier? ● How supported by their manager did participants feel if they wanted to take up the flexitime offer? What support did managers feel they provided, if any? ● What are the staff's understanding of the policy and their entitlements regarding it? ● What was staff / managers' understanding of the rationale of the flexitime offer, and how it might be useful in increasing staff work-life balance? ● Did team members of those who took up the flexitime offer, but who didn't themselves, experience any additional challenges? ● How easy did social workers find it to agree their flexitime arrangements with their manager? ● How easy did managers find it to agree their flexitime arrangements with members of their team? ● What challenges do managers and senior leaders encounter in balancing the needs of staff with effective service delivery?	Interviews
	Stockport: ● What impact do participants feel COVID has had on their use of flexitime? Acceptability	Interviews

	Croydon & Stockport:	
	● What are the staff's views of how well the process operates for teams working together to support each other when team members are using flexitime?	Interviews and survey
Evidence of promise *What evidence is there that the intervention mechanism operates as expected and that it can have a positive impact on outcomes?*	Impact **Croydon:** ● What change was there in the proportion of participants' case visit write-ups which were submitted within the expected timescale before and after the introduction of the intervention?	Administrative data
	Croydon & Stockport: ● How did social workers who took up some form of flexitime feel it impacted their work-life balance? What were managers' views of the impact? ● How did social workers who took up flexitime feel it impacted their ability to complete their work tasks to the standard they did before? What were managers' views of the impact? ● How did social workers who took up flexitime feel it impacted their sense of autonomy? What were managers' views of the impact?	Interviews and survey
	● How did social workers who took up flexitime feel the intervention impacted any other outcomes they identified? ● What were managers' views on the impact of flexitime on their team's service delivery? ● What are service leaders' views on the impact of flexitime on organisational culture (e.g. sense of trust and organisational support perceived by team members as a result of the flexitime offering)?	Interviews

	Mechanisms ● How did social workers who took up some form of flexitime feel it impacted their leisure time away from work? ● How did social workers who took up flexitime feel flexitime impacted their motivation at work? What were managers' views of the impact?	Interviews and survey
	Unintended consequences ● Did social workers who took up flexitime feel flexitime negatively impacted their sense of time-pressure while they were at work? What were managers' views of the impact? ● How did social workers who took up flexitime feel it negatively impacted the quality of their work? What were managers' views of the impact? ● Did team members who took up flexitime feel there was any disruption to their work? ● Did team members of those who took up flexitime, but who didn't themselves, feel there was any disruption to their work? ● Did team managers feel there was any disruption to their teams work?	Interviews
Readiness for trial *How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?*	● Description of any changes to the theory, materials or procedures that would support rollout	Interviews

Methods

Sample selection and recruitment

Initial recruitment of LAs took place in July and August 2020 with a public call for LAs who were interested in implementing innovative flexible working policies, or who had already done so. It should be noted that this may decrease the external validity of the work, as participating LAs may have expended more time in making the interventions work or had more enthusiastic senior leadership teams, meaning that the transferability of any findings may not extend to LAs without these features.

In order to identify, select, make contact with and provide information to interview participants, we will ask managers to reach out to team members on our behalf to participate in interviews. Where possible, these participants will be different at each time-point. Our LA key contact will be briefed on the importance of interviews during pre-intervention discussions and will be asked to help us to encourage their team members to engage and attend where possible. We will also ask our LA contact to select a diverse range of participants where possible (rather than including only members from similar backgrounds, e.g. tenure, ethnicity, sociodemographic background) so that we can cover a broad range of experiences across teams.

In Croydon, the survey (appendix D) will be distributed by an appointed gatekeeper - likely the project lead in that LA - via email, and participants will be directed to the Privacy Notice (appendix B) published on our website.

Participants will be provided with an information sheet (appendix A) and consent form (appendix C) and will have the opportunity to speak with a researcher to ask questions. Consent will be recorded by the researcher at the start of the interview if the consent form is not signed beforehand.

Data collection

Interviews

Semi-structured individual interviews will be undertaken with the following stakeholders:

A. **Team Managers**
B. **Frontline Practitioners**
C. **Service Leaders** (Stockport only)

Interviews will be carried out virtually using online conferencing tools (e.g. Zoom).

As flexitime is already implemented in Stockport but will be newly introduced in Croydon, data collection schedules will differ between LAs:

Croydon:

- **Baseline:** Before intervention launch, to understand current practice and attitudes towards flexitime working options; staff perceptions of their current work-life balance and the prospect of a flexible working offering for their team; and team manager plans for creating a system for cover between teams implementing flexitime.

- **Interim;** roughly three months after flexitime is introduced. Aim to more fully understand staff perceptions of impact on their life-work balance, wellbeing and productivity; to understand any perceived barriers from team members who have not taken up flexible working; and any negative impact of team members doing so.

- **End;** roughly six months after the launch of the intervention, or when social workers have returned to some level of office working (where all or most social workers are working from LA offices at least once a week), to understand whether their use of and perceptions of flexitime have changed in a different working environment.

Stockport:

- **Interim;** to understand staff's views on the current processes around using flexitime, how the Covid-19 pandemic has impacted this, and the views of both practitioners and senior management on the impact of the policy on the LA more widely.

- **End;** the aim of the second round of data collection is to understand whether a return to some level of office working after a long period of working from home has changed practitioners' perceptions of flexitime.

Survey data

We will administer one online survey (appendix D) to participants in Croydon via the survey platform Qualtrics to understand their uptake and adherence to the intervention, and also their perceptions of its impact on their work-life balance, motivation, sense of autonomy and productivity. This will be conducted three months after the launch of the intervention, and will be live for around 3 weeks.

Administrative data

We will also collect data in Croydon indicating the proportion of notes from case visits submitted by social workers on local authorities' systems within the expected time of 48 hours. This performance indicator is reviewed weekly by managers, who receive a breakdown of write-ups and care plans which are still outstanding. We will also measure take-up of the intervention via administrative data.

Administrative data will be provided by Croydon at three time-points; at baseline, and at 3 and 6 months after launch of the intervention.

Data Collection Method	Sample	Collection Timeline
Croydon		
Baseline qualitative data collection	2x interviews with team managers 4x interviews with those who have chosen to take up flexitime 2x interviews with those who have not chosen to take up flexitime	March 2021
Baseline administrative data collection	All practitioners in 3 participating teams	March 2021
Interim qualitative data collection	2x interviews with team managers 4x interviews for users of flexitime 2x interviews with those who have not chosen to take up flexitime	July 2021
Interim administrative data collection	All practitioners in 3 participating teams	June 2021
Survey data collection	All practitioners in 3 participating teams	July 2021
Endline administrative data collection	All practitioners in 3 participating teams	September 2021

Endline qualitative data collection	• 2x interviews with users of flexitime • 1x interview with those who have not chosen to take up flexitime • 1x interviews with team managers	November 2021
Stockport		
Interim qualitative data collection	• 2x interviews with team managers • 4x interviews for long-term users of flexitime • 2x interviews with those who have not chosen to take up flexitime • 2x interviews with those who have taken up flexitime in the past 6 months • 2x interviews with service leaders (1x locality service leader, 1x speciality service leader)	March 2021
Endline qualitative data collection	• 2x interviews with users of flexitime • 2x interviews with social workers who have taken up flexitime in the past 2 months	November 2021

Analysis

Interviews

Responses from interviews will be recorded via Zoom and stored securely on the encrypted laptop of a member of the research team for virtual meetings. These recordings will then be transcribed by members of the research team. We will conduct thematic analysis using NVivo. Analysis will involve labelling the data with descriptive codes, and looking for themes that capture patterns, consistencies and inconsistencies in the data provided across different time-points and respondents that might address our research questions.

As we have focused research questions, we will use a deductive approach to thematic analysis, whereby our approach to the coding and analysing the data will be driven by the research questions. Though we will also attempt to identify and understand any unanticipated mechanisms or outcomes as a result of the intervention.

Survey data

Quantitative survey data will be collected in Croydon three months after the introduction of the intervention. The results will be reported descriptively to understand participants' perceptions of the impact of the intervention on the outcomes identified in our logic model. As the total possible sample size in Croydon is small, this data will not be compared to a baseline or to a separate control group, and the information will be used only as indicative evidence of promise.

Administrative data

In Croydon, we will report the percentage of participants' case visit reports which are submitted within 48 hours of a home visit both three and six months after the start of the pilot. We will compare these to the baseline rates for our participants and report differences. As we cannot rule out the possibility of any change in these rates being as a result of an exogenous factor this comparison should be considered as indicative evidence only of the intervention's promise.

Ethics

The trial has received a full ethical review and approval from the University of East Anglia ethics committee.

Participation in the flexitime programme is on a voluntary basis. Participants who have opted in to the policy can withdraw from the programme at any time, and return to their former working patterns. This will be made clear in the policy documents created by Croydon as part of the launch of the intervention. Although the intervention requires some change to the working patterns of social workers and team members where the policy is to be newly introduced, and there is therefore some risk of minor disruption to services, participants and team managers will be mindful of this and will pause the intervention if the disruption persists. Further details are provided in the 'Risks and Mitigation' section below.

No children will be directly impacted by the intervention, though it is possible that there will be potential improvements to social worker wellbeing which could improve the quality of services being provided to children and families by the participating LAs.

Ethical Consideration	Mitigation

Personally identifiable information is sent from LAs to WWCSC via administrative data	LAs will be given clear instructions as to what data is neede to anonymise all the data before handing over to the resear (e.g. by only providing the raw administrative data correspo unique codes without personal identifiers).
The introduction of flexitime in Croydon causes disruption to service delivery in Children's Services	Senior management will coordinate the introduction of flexit the team managers of the three participating teams, to agre introduce processes for teams to support and provide cover that service delivery is not inhibited. Detailed guidance will also be provided to social workers an managers on how to utilise flexitime effectively. If any substantial disruption to services is recorded, team m and participants will adjust their use of the policy to ensure not continue.
Social workers are forced to work significantly longer hours on working days, or are unable to protect their non-working day, leading them to become more stressed and unmotivated.	It is possible that the adoption of flexitime will require some on the part of social workers in the first few weeks after the intervention launch in order for them to experience the bene policy. However, adoption of flextime is voluntary and socia will be free to revert to their previous practices at any time s these challenges persist or should participants change their about making changes to their working patterns.

Registration

The pilot protocol has been pre-registered the protocols on OSF (https://osf.io/t4ah5/).

Data Handling

Data will be stored securely by WWCSC and destroyed two years after publication of the final evaluation report.

Data Protection

Both we and the LA partners are data controllers (though we are not 'joint-controllers' of the data, which is a separate specification). This is because we are determining the purpose of the processing separately from the LA, and not under their instruction.

We will process personal data from three sources:

Administrative data:

The project partner will be given instructions on how to populate a data spreadsheet that contains administrative data for all individuals included in the trial. This will include data report submissions (at baseline, 3-month and 6-month follow-up). The data will be pseudonymised, with LAs creating a meaningless identifier for each individual in the trial, which will facilitate linkage between administrative data-sets collected at each time point. Administrative data will only be shared outside of WWCSC on an aggregated (i.e. non-individual, summary-level) basis.

Survey data:

Surveys will be completed by participants in Croydon at one time point, three months after the launch of the intervention. Individual-level survey responses will be accessible only by WWCSC (not the project partner). Survey data will only be shared outside of WWCSC on an aggregated (i.e. non-individual, summary-level) basis.

Interview data:

Interviews will be conducted by WWCSC staff with participants. This will include data that will be stripped of any instant identifiers (e.g. names) but may be identifiable due to content contained within interview responses of participants. Steps will be taken to ensure that the individuals are not individually identifiable outside of WWCSC (e.g. in later reporting). WWCSC will not be conducting matching of interview data to survey or administrative data.

Principles of the GDPR

This section is structured according to the guidance given by the Information Commissioner's Office, which "covers the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act (DPA) 2018".[20]

Principle (a): Lawfulness, fairness and transparency

Lawfulness:

Both we (WWCSC) and the project partners (Croydon and Stockport Councils) are Data Controllers in common for all administrative data processed for this project. WWCSC decided to process the data and decided the purpose of the processing, what data should be collected and which individuals to collect data about. The administrative data was collected by the education providers. WWCSC is the sole Data Controller for all survey and interview/focus group data collected. The legal basis for WWCSC processing the data is legitimate interest.

Legitimate interest is a three part test:

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[20] Information Commissioner's Office, Guide to the General Data Protection Regulation (GDPR). https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

1) Purpose test: are you pursuing a legitimate interest?

We are a research centre, whose purpose is to improve the evidence base in children's social care. We consider the processing of the data to be in our legitimate interests because it will enable us to produce research in this area, which will benefit local authorities, in particular senior leaders who make decisions about ways to improve social worker wellbeing.

2) Necessity test: is the processing necessary for that purpose?

The processing is necessary for the purpose because processing individual-level data allows us to conduct analysis which is better able to detect the impact of our interventions on staff wellbeing and productivity. This means that we are more likely to be able to provide meaningful research which can be used to inform practice, with downstream effects for children and families involved in statutory social care. If this processing cannot occur, it will mean that it is more difficult to plan future interventions to improve social workers' wellbeing, therefore social workers are more likely to rely on approaches to improve workplace wellbeing without rigorous evidence.

3) Balancing test: do the individuals' interests override the legitimate interest?

We have published a privacy notice on our website to give general notice of this processing, and a link to the privacy notice will be included in an email to participants. While the data is quite sensitive and includes special category data (wellbeing and associated measures are collected in our survey), we will not be using identifiable IDs and the data will be stored securely. We believe this processing falls within generally socially acceptable uses of this kind of data - it is scientific research in the public interest by a charity and for the benefit of social workers. Alongside the privacy notice, participants can decide to opt in to the research voluntarily. We therefore believe that the individuals' interests do not override our legitimate interest in this processing.

The legal basis for processing special category data is that it is necessary for archiving, scientific, historical research or statistical purposes (point (e) of section 10 of the DPA which refers to (j) (archiving, research and statistics) of Article 9(2) of the GDPR). The project meets condition (4) in Part 1 of Schedule 1:

(a) is necessary for archiving purposes, scientific or historical research purposes or statistical purposes.

This processing constitutes scientific research as it will be used to create evidence on predefined, specific hypotheses around what works to improve the wellbeing of frontline social workers practicing within children's services, in order to increase the knowledge base in this area. The special category data we are using is data concerning health, specifically wellbeing, and productivity. Not being able to understand rates of report submissions (which we use as a proxy for productivity) with our data limits the scientific value of this research because it is an objective administrative outcome that provides unbiased data on how our intervention might show potential impact on actual social worker behaviour, rather than simply relying on self-report outcomes (i.e. survey).

(b) is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19)

<u>Organisational and Technical Arrangements</u>
"Those safeguards shall ensure that technical and organisational measures are in place in particular in order to ensure respect for the principle of data minimisation. Those measures may include pseudonymisation provided that those purposes can be fulfilled in that manner."

The data will be pseudo-anonymised, i.e. it can no longer be attributed to a specific data subject without the use of additional information. We are not requesting any 'instant identifiers' (e.g. name or address) or 'meaningful identifiers' (identifiers that allow linking to other datasets).

See "Organisational and technical arrangements".

<u>Safeguards (DPA 2018 Section 19)</u>

In the UK, the requirements of Article 89(1) GDPR will not be met unless the provisions of Section 19 DPA 2018 are also complied with. We have no reason to believe that the research will cause damage or distress (and certainly not substantial damage or distress) to participating social workers. This analysis requires minimal participant time, and interventions are designed to improve the wellbeing of social workers. The processing and presentation of evidence is unlikely to have distressing effects because we protect against identification of the individual and also against statistical disclosure in reporting our findings (following the ONS standard rules outlined in the Approved Researcher training). The research is not being carried out for the purposes of measures or decisions with respect to a particular data subject but looks at the effects of the Happier, Healthier Professionals interventions on the workforce as a whole.

(c) is in the public interest.

The work is intended to contribute towards a research base in supporting the wellbeing of children and family social workers, which involves a substantial section of the public.

Fairness:

ICO's guidance says fairness means "you should only handle personal data in ways that people would reasonably expect and not use it in ways that have unjustified adverse effects on them"[21]. This data is being used for statistical research to understand whether various workplace wellbeing interventions improve social workers' wellbeing and contribute towards improvements in public services. We believe that "the reasonable person" would find the use of data in this way acceptable.

Transparency:

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[21] 1 Information Commissioner's Office. Principle (a): Lawfulness, fairness and transparency. https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protectionregulation-gdpr/principles/lawfulness-fairness-and-transparency/

This will be covered below in the section on 'the right to be informed' (below). We will ensure that privacy notices are written in clear and plain language.

Principle b): Purpose Limitation

This data will only be used to answer the research questions in this document, as part of a general purpose to increase the evidence base about how to improve social workers wellbeing (and associated measures) within the workplace. They will not be used for any other purpose, other than usual statistical checks to ensure the accuracy of the data.

Principle c): Data Minimisation

We will only collect or request data that is adequate, relevant and limited to what is necessary to fulfil the purpose of this project i.e. to deliver the intervention and to build the evidence base on social worker's workplace wellbeing. The data requested or collected will be individual-level data. The individual-level data are sourced from the project partner's administrative datasets, survey data we collect from participants, and interview data we collect from participants.

Individual-level variables:

- Outcome measures which are necessary to measure whether the Healthier Happier Professionals intervention was successful;
- Other individual-level variables which we expect to influence the outcomes (e.g. prior sickness absence rates, rates of report submissions), or are necessary for the delivery of the intervention. Not being able to include these variables limits the scientific value of this research because they are likely moderators of social workers' wellbeing.

Principle d): Accuracy

The project partner will spend time cleaning the administrative data so that it is suitable for data return to WWCSC, and we are requesting only data that is in such a format.

The survey data we collect will be via surveys which are carefully designed and administered to participants, using existing valid and reliable measures where possible, checked carefully and quality assured for face validity. Interviews similarly will follow a set developed schedule. Data subjects will then be trusted to provide accurate data.

To validate data quality, we will conduct checks on the following: data-type constraints (words instead of numbers where we expect them), range constraints for numeric data; set-membership constraints for categorical data (are the categories limited to what we expect?); and regular expression / formatting patterns (e.g. dates). Please see the "Handling missing data" for our approach to missing data.

Principle e): Storage limitation

All individual-level data will be stored by WWCSC for 24 months post publication of the findings in a research report, after which WWCSC will delete all individual-level data. The aggregate-level data will continue to be stored after this point in external reports. All individual-level

quantitative data will also be transferred to a Data Archive hosted by the Office of National Statistics, where it will be stored indefinitely.

<u>Principle f): Integrity and confidentiality (Security)</u>

See "Data security arrangements".

<u>Principle g): Accountability principle</u>

The Executive Director of the What Works Centre and Principal Investigator for this research (Dr. Michael Sanders) will be ultimately responsible for the conduct of the research. Other details are below in the accountability and governance section.

Individuals' rights under the GDPR

<u>The right to be informed</u>
The Centre has published a privacy notice on its website <u>here</u> detailing how the processing will be done. All data subjects will be notified of the data processing via the first survey they receive for the project, which will contain a link to the privacy notice published on our website.

<u>The right to access, rectification, erasure, restriction of processing and to object</u>
Individuals have the right to access their individual data and supplementary information. The right of access allows individuals to be aware of and verify the lawfulness of the processing. Individuals are entitled to obtain:

- confirmation that their data is being processed;
- access to their individual data; and
- other supplementary information

If an individual wishes to access this information, we cannot comply directly because we do not have identifiers in the dataset. We would point the individual towards the trial protocols to indicate the type of information that we hold on them for the purpose of this analysis. If, as we expect would be the case, we are unable to identify the individual's data to fulfill their request, we will explain that they would need to make their request through their education provider, who can then ask us to uphold those rights through passing on the relevant meaningless identifier along with the request.

<u>The right to data portability</u>
The right to data portability allows individuals to obtain and reuse their individual data for their own purposes across different services. It allows them to move, copy or transfer individual data easily from one IT environment to another in a safe and secure way, without hindrance to usability. This is not particularly relevant in the context of statistical analysis as the value of processing the data is to the public and comes from the aggregation of the data, rather than from the processing of the individual's data, and so it is difficult to imagine the purpose of porting the data to an alternative system.

<u>Individual's rights in relation to automated decision-making and profiling</u>
Nothing in this analysis is related to either automated decision-making or profiling of any individuals.

Accountability and Governance

WWCSC has a Data Protection Officer and a Data Protection Working Group which has the responsibility for the management of Data Protection on behalf of the Organisation. The Data Protection Team includes the Director of Operations, ensuring compliance with GDPR at the highest level of management. The Centre takes and documents the appropriate technical and organisational measures in place to comply with GDPR. The approach of WWCSC to information security is outlined in its IT Usage Policy.

Checks on staff

The data will only be accessed by project team members. Research staff at WWCSC have undergone data protection training and have substantial experience in handling data. The research team continues to review the training needs of the team to ensure the Centre's approach remains up-to-date

Data security arrangements

Data is stored in a secure manner and only authorised individuals will be granted access. Access will only be granted to research team members named as protocol authors.

The privacy notice for the project can be found on our website here.

Personnel

- Michael Sanders, Chief Executive of What Works for Children's Social Care
- Ashley Whillans, Assistant Professor at Harvard Business School
- Patrick Sholl, Research and Programmes Manager at What Works for Children's Social Care
- Shibeal O'Flaherty, Researcher at What Works for Children's Social Care: overall project management, intervention development and design
- Chris Mitchell, Researcher at What Works for Children's Social Care: intervention development and design
- Clare Clancy, Research Assistant atWhat Works for Children's Social Care: intervention development and co-design
- Ella Whelan, Research Assistant at What Works for Children's Social Care: intervention development and co-design

Risks

This section outlines the risks to the anticipated risks that may arise and steps that will be taken to mitigate against these.

Risk	Mitigation
Wellbeing survey is not filled out	Incentives provided to motivate survey completion. A charitable donation will be made for completed survey responses (e.g. £1 per

	response to a charity relevant to children's social care).
	We will work with team managers to encourage completion by engaging in pre-discussions with managers prior to rolling out the intervention. We will also make the survey as short as possible, with experience sampling questions contained within the body of emails to make survey responses as quick and easy as possible.
	Guidance for staff to provide rationale for research will also be provided in their guidance packets.
Placing emphasis on performance indicators may motivate social workers to focus on submitting reports more promptly, which could affect the quality of their work.	Consent information provided through survey measures will state that administrative data on performance outcomes will be collected, however we will not explicitly state that these measures are taken to ascertain whether reports were submitted on time. Within the consent forms, we will also make participants aware all data collected will be anonymised.

Timeline

Date	Activity	Staff Responsible
October-December 2020	Consultation with local authorities	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
February 2021	Confirmation of trial design	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
March 2021	Baseline administrative and qualitative data collection (Croydon)	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
March 2021	Interim qualitative data collection (Stockport)	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)

July 2021	Survey and interim administrative and qualitative data collection (Croydon)	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
August 2021	Initial reporting	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
October-November 2021	Endline qualitative (Croydon and Stockport) and administrative (Croydon) data collection	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)
December 2021	Updated reporting	Chris Mitchell (Lead) Shibeal O' Flaherty (Support)

Appendices

Appendix A

Information Sheet
Happier, Healthier Professionals Implementation and Process Evaluation

As part of a research by What Works for Children's Social Care (WWCSC), you are being invited to participate in an interview. Please read this information sheet carefully and decide whether or not you wish to take part. Please ask us if anything is not clear or you would like more information.

What is the purpose of the study?

This pilot study aims to understand how a flexible working model of compressed hours could be effectively implemented for Local Authorities (LAs), and also to determine whether there is any evidence of promise that it might be effectively used to improve social workers' work-life balance, autonomy and productivity.

What would taking part involve?

Interviews are being carried out throughout the course of this trial. You are being invited to take part in one of these. These will be arranged at a time and place convenient to you. We will ask your permission to audio record so we have a reminder of what is discussed. These will be listened to only by members of the research team. You are being invited to take part in interviews which will take place in person or by phone, lasting approximately 30 minutes to one hour.

If you are a member of staff you may also be contacted to take part in a survey.
Your personal information will be stored securely and kept confidential. You will not be personally identified in any outputs or reports from the research. Please refer to our Privacy Statement for more information about how we will look after and use your data.

Do I have to take part?

Participation is completely voluntary, and you are free to change your mind later and stop taking part at any time until the publication of the research. Choosing not to participate or changing your mind will not affect your access to the dictation software for the trial period. Taking part in one element does not mean you are required to take part in another part of the research.

What will happen to the results of the study?

We will analyse the results and publish an interim report detailing our findings in August 2021 and a subsequent report with final data in November 2021. Our aim is to generate robust evidence of what works promote public sector employee wellbeing, motivation and retention, and demonstrate how different organisational leaders can address these issues using light-touch interventions.

Who is organising and funding the study?

This study is being run and funded by What Works for Children's Social Care. For more information, please contact Chris.Mitchell@whatworks-csc.org.uk or hhp@whatworks-csc.org.uk.

Appendix B:

What Works for Children's Social Care Privacy Policy

Our contact details

Name: What Works for Children's Social Care
Address: Albany House, Petty France, Westminster, London, SW1H 9EA
E-mail: research@whatworks-csc.org.uk
This policy was last updated on 30/09/2020

The type of personal information we collect

We currently collect and process the following information:

- Personal identifiers, contacts and characteristics (for example, name and contact details)
- Quantitative data in the form of administrative data and survey data which can be considered health data (special category data as defined by GDPR) however no direct identifiers (e.g. names) should be contained in this data.
- Qualitative data from focus groups and interviews conducted with participating social workers , which may contain characteristics that make you identifiable and could also be considered health data (special category data as defined by GDPR).

How we get the personal information and why we have it

Most of the personal information we process is provided to us directly by you for one of the following reasons:

- Your team has been chosen to participate in this research and you have voluntarily agreed to participate in the research.
- You have been chosen to participate in a focus group or interview and you have voluntarily agreed to participate.

We also receive personal information indirectly, from the following sources in the following scenarios:

- Your local authority provided us with your contact information in order to facilitate your participation in focus group(s) and interview(s) as part of the study. We do not store any names or email addresses following the focus group(s) and interview(s), and contact information is only provided to facilitate the session.

Under the General Data Protection Regulation (GDPR), The lawful basis for processing identifiable data is Article 6(1)(f) Legitimate interests. Lawful basis for processing special category data, namely health data is 9(2)(j) Archiving, research and statistics, the associated requirements of part 1, schedule 1 of the DPA 2018 are also met in that the processing;

a) is necessary for archiving purposes, scientific or historical research purposes or statistical purposes,
b) is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19), and
c) is in the public interest

How we store your personal information

Directly identifying personal information (e.g. names) shall be removed. It is possible that some data provided in qualitative responses could be used to identify you. This information is stored in a secure manner and only authorised individuals will be granted access.

We keep both quantitative and qualitative data for 24 months post publication of the findings in a research report, after which WWCSC will delete your data. This data will also be transferred to a Data Archive hosted by the Office of National Statistics, where it will be stored indefinitely.

Who we share your personal information with

We only share recordings of interviews and focus groups with external transcription services. Each transcription vendor is reviewed for assurances of maintaining a comparative level of data protection compliance as our own. Labelling of recordings are de-identified before they are sent via secure digital transfer to a transcription service provider. Recordings and their transcription, upon satisfactory completion of the transcription process, are confirmed as deleted by the transcription vendor.

We do not share any personal data outside the UK.

Your data protection rights

Under data protection law, you have rights including:

- **Your right of access -** You have the right to ask us for copies of your personal information.
- **Your right to rectification -** You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.
- **Your right to erasure -** You have the right to ask us to erase your personal information in certain circumstances.

- **Your right to restriction of processing -** You have the right to ask us to restrict the processing of your personal information in certain circumstances.
- **Your right to object to processing -** You have the right to object to the processing of your personal information in certain circumstances.
- **Your right to data portability -** You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.
- You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

To exercise any of these rights please contact our Data Protection Officer by emailing dpo@whatworks-csc.org.uk

How to complain

If you have any concerns about our use of your personal information or would like to make a complaint you can contact our Data Protection Officer by emailing dpo@whatworks-csc.org.uk You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's address:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline number: 0303 123 1113
ICO website: https://www.ico.org.uk

Appendix C:

Consent Form

Happier, Healthier Professionals Implementation and Process Evaluation

This study is being undertaken by What Works for Children's Social Care to evaluate the Happier, Healthier Professionals Programme.

	Please initial box
I have read the information sheet for the study, or had it explained to me	
I have had the opportunity to ask questions and am satisfied with the answers	
I understand that my participation is voluntary and I am free to withdraw at any time up until the publication of the research, without giving any reason.	
I agree to take part in the above study	

_____ _____ _____

Name of Participant Date   Signature

_____ _____ _____

Name of researcher Date   Signature

Appendix D - Survey measures

Q1: How long have you been a social worker? Please enter the number in years. (If you have been a social worker for less than 1 year, please enter '0').

Q2: How many hours of overtime (approximately) do you work on an average week? Please enter your answer in numbers.

Q3: How many dependents do you have who are currently living at home with you?

- 0
- 1
- 2
- 3
- 4 or more

Q4: Have you taken up the compressed hours flexible working offer since March 2021?

- Yes
- No

Q5: (If Q4 = 'No') Have any members of your team taken up the flexible working offer since March 2021?

- Yes
- No

Q6: (If Q4 = 'No') Have you experienced any benefits as a result of your colleagues making use of the policy? If so, please explain in 2-3 sentences:

Q7: (If Q4 = 'No') Have you experienced any challenges as a result of your colleagues making use of the policy? If so, please explain in 2-3 sentences:

Q8: (If Q4 = 'Yes') How often have you been able to stick to these plans?

- Always / every week
- Often / most weeks

- Around half the time
- Rarely
- Not at all

Q9: If you weren't always able to stick to the compressed hours, what were the reasons for this?

- Workload
- Unable to agree time with manager
- Coworkers on leave
- Other, please specify:

Q10: (If Q4 = 'Yes') How do you feel your work-life balance has changed as a result of the flexible working policy?

- 1 – much worse
- 2 – somewhat worse
- 3 – about the same
- 4 – somewhat better
- 5 – much better

Q11: (If Q4 = 'Yes') How do you feel your motivation at work has changed as a result of the flexible working policy?

- 1 – much worse
- 2 – somewhat worse
- 3 – about the same
- 4 – somewhat better
- 5 – much better

Q12: (If Q4 = 'Yes') How do you feel your sense of autonomy (being in control of how you work) has changed as a result of the flexible working policy?

- 1 – much worse
- 2 – somewhat worse
- 3 – about the same
- 4 – somewhat better
- 5 – much better

Q13: (If Q4 = 'Yes') How do you feel your productivity at work has changed as a result of the flexible working policy?

- 1 – much worse
- 2 – somewhat worse
- 3 – about the same
- 4 – somewhat better
- 5 – much better

Q14: (If Q4 = 'Yes') If the flexible working policy has had a positive or negative impact on you in any of the ways suggested above, or in any other way, please describe how in 2-3 sentences below:

Q15: Do you have any other comments you would like to share about the flexible working policy?