

Safe Staffing in Social Work Research and Policy Development: (Report 1)

Commissioned by the Department of Health Northern Ireland

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Opening Quote from Aine Morrison Chief Social Worker (NI)

“There is a complex interplay of factors affecting current staffing levels including population factors causing increased demand for services, the aftermath of the COVID-19 pandemic, funding shortfalls and the resultant impact on staff wellbeing. While defining what safe staffing means is complex and brings many challenges, I believe that it is essential that we set some standards for what we believe to be reasonable workloads. Such standards will support staff wellbeing and assist service and workforce planning”.



Governance and Oversight

This project was overseen by the:

Chief Social Worker, Office of Social Services (OSS), Department of Health NI, with co-chairs from the OSS and academics who led on various strands of the project including, older people's, children's services, and mental health services.

The project received ethical approval from Ulster University and governance approval from the five HSC Trusts. Steering groups acted as advisors with representatives from HSC Trusts, Northern Ireland Social Care Council, Trade Union, Department of Health, and the British Association of Social Work NI (BASW).

Background



- ☐ Development of Safe Staffing in Social Work Policy in advance of Safe Staffing Legislation in Northern Ireland
- ☐ Safe Staffing Legislation in early consultation phase
- ☐ Anticipated to be a priority in first two years of sitting government
- ☐ Workforce Capacity and Service Demand Analysis' for Social Work in Northern Ireland
- ☐ From our analysis we developed a conceptual framework, definition, and 10 principles of safe staffing
- ☐ Safe Staffing in Social Work Research and Policy Development – robust evidence base for developing legislation
- ☐ Timeframe – January 2023-December-2023 (Older People Social Work (OPSW), Mental Health and Children's Services (CS)).
- ☐ Iterative and consultative research design process - POC Specific Steering groups, ADs, Unions, DoH, NI SCC. Monthly Steering Group plus DoH meetings with Chairs of each POC. Regular research team meetings.

Study Aim



- **Evidence-based** and **empirically rigorous** analysis for safer staffing levels in social work including caseload size and governance and ratio of staffing to service demands to inform guidance and policy on safer staffing for Older People's Social Work (OPSW) and Children's Services (CS).



Study Objectives

Objectives

- Gather information staffing supply of current social work posts in OPSW + CS regionally.
- Document overall average and range of caseload numbers (allocated and unallocated including waiting lists) at Team level, social work activity, vacancies, and absence.
- To take a 'capacity / resource' analysis approach to staffing supply and service demands



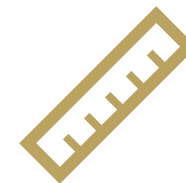


Mixed Methods Data Collection



- Team level survey of staffing levels from 28th February 2023 or 31st March 2023 in each of the five NI HSC Trusts: older people and children's services **n= 249** (OPSW= 75; CS = 174; 21 Team's data was missing or not reported)
- Ten (10) focus groups with frontline social workers from all five Trusts (5=OP and 5 =CS)
- Two (2) focus groups with Steering Groups (key stakeholders) (1= OP and 1 = CS)
- Twenty-one (21) interviews with social workers across all five Trusts
- Diary activity – A week in the life of a social worker (Older People and Children's Services)





Quantitative analysis of Team level survey data

- Team type
- Numbers and level of staff
- Caseload (allocated, unallocated & waiting lists)
- Staff ratios to caseload
- Governance

Qualitative thematic analysis

Data from interviews and focus groups analysed using Rapid Qualitative Inquiry – key challenges, positive and negative examples, cross-cutting and emerging issues related to safe staffing such as time, travel, risk and complexity



Composite diary analysis

Week in the life of a social worker





Key Findings

Overall (allocated + unallocated) Regional Caseloads
on 28th February or 31st March 2023

Reported Caseloads	Trust A	Trust B	Trust C	Trust D	Trust E	Total
Children's Services*	3639	2833	4519	3861	3807	18659
Older People's	6795	6481	6679	6459	8012	34426
Total	10434	9314	11198	10320	11819	53085

*All team types



Team Level Survey Responses Across Trusts

Trust	Children's Services (CS)	Valid CS Teams	Older People's (OPSW)	Valid OPSW Teams
A	49	45	15	14
B	38	33	18	18
C	39	34	17	14
D	33	33	17	17
E	31	29	13	12
Total	190	174	80	75

Note: The five Trusts were anonymised using the letters A, B, C, D, and E.

Note: If Team type data was missing, Team level analysis was not possible. After filtering these Teams out, the analysis presented in this report was based on 249 Older People's + Children's Teams.

Caseload Ratios CS Regionally

Teams (n=teams)	Allocated Cases	Unallocated Cases	Overall Caseload	SW's/ Caseloads	Ratio of SW to Allocated Cases	Ratio of SW to Overall Caseload (allocated + unallocated)
Family Intervention (58)	4581	527	5108	255.3	1:18	1:20
Children with Disabilities (13)	2436	804	3240	95.3	1:26	1:34
Gateway Teams (20)	1780	1218	2998	132.9	1:13	1:23
Looked After Children (23)	1610	81	1691	111.9	1:14	1:15
Fostering (14)	1738	117	1855	88.8	1:20	1:21
Early Years (8)	1803	136	1939	40.4	1:45	1:48
Children's Court Services (2)	495	26	521	8	1:62	1:65
Adoption (2)	138	189	327	9	1:15	1:36
14+ (10)	611	73	684	37.5	1:16	1:18
Total	15,192	3,171	18,363	779.1	1:19	1:24

Key Findings (Cont.)



Family Intervention: Regional Frequency of Allocated and Overall Caseload Range (allocated + unallocated)

Trust	0-15	16-25	26-35	36-45	46+	Total
A	17 (17)	- (-)	- (-)	- (-)	- (-)	17
B	3 (2)	2 (3)	- (-)	- (-)	- (-)	5
C	- (-)	7 (6)	1 (2)	- (-)	1 (1)	9
D	1 (1)	17 (15)	- (2)	1 (-)	- (1)	19
E	2 (2)	3 (3)	1 (-)	1 (2)	1 (1)	8
Total	23* 40%	29* 50%	2* 3%	2* 3%	2* 3%	58

Note: Overall caseload (allocated and unallocated cases) range are in brackets. *=Allocated cases and percentage of caseload range based on allocated only. % rounded up/down



Key Findings

Caseload Ratios OPSW Regionally

Teams (n=teams)	Allocated Cases	Unallocated Cases	SW's/ Caseloads	Ratio of SW to Allocated Cases	Ratio of SW to Overall Caseload (allocated + unallocated)
Community (56)	26114	4019	542.5	1:48	1:55
Mental Health (10)	2826	369	70	1:40	1:46
Hospital Services (5)	667	150	61.1	1:11	1:13
Safeguarding (4)	337	0	25	1:13	1:13
Total	29,944	4538	698.6	1:43	1:49

Key Findings (Cont.)



Community: Regional Frequency of Allocated and Overall Caseload Range (allocated + unallocated)

Trust	0-15	16-35	36-55	56-75	76-95	Total
A	- (-)	- (-)	6 (4)	3 (5)	1 (1)	10
B	- (-)	2 (2)	11 (10)	2 (2)	1 (2)	16
C	- (-)	5 (2)	4 (-)	- (7)	- (-)	9
D	1 (-)	3 (2)	- (-)	4 (6)	4 (4)	12
E	- (-)	- (-)	5 (3)	3 (4)	1 (2)	9
Total	1* (2%)	10* (18%)	26* (46%)	12* (21%)	7* (13%)	56

Note: Overall caseload (allocated and unallocated cases) range are in brackets.

*=Allocated cases and percentage of caseload range based on allocated only. % rounded up/down



Key Findings (Cont.)

- Within Children's Services regionally **67%** of vacancies were empty posts
- **10%** vacancies related to maternity leave
- **16%** vacancies related to sick leave
- **8%** vacancies related to either 'other' or 'missing data'.

Band 6 Vacancies

Team (n)	Empty posts	Maternity leave	Sickness	Other	Missing	Total (% Unfilled)
FIT (58)	55.5	4	6.5	2	5.6	73.6 (22.4%)
CwD (13)	12	2.5	2	0	0	16.5 (14.8%)
GW (20)	17	6.5	7	0	0	30.5 (18.7%)
LAC (23)	26	2	4	0	0	32 (22.2%)
Fost (14)	7.8	1	2	2.4	0	13.2 (12.9%)
RCT (21)	14.5	4	7	5	0	30.5 (14.2%)
+14 (10)	5	1	4	0	0	10 (21.1%)
Total Vacancies	137.8	21 (10%)	32.5	9.4	5.6	206.3
	(67%)		(16%)	(5%)	(3%)	

Note: % Unfilled worked out by number of vacancies divided by the total number of SWs with caseloads + vacancies x 100

Key Findings (Cont.)



- Within OPSW regionally **41%** of vacancies were empty posts
- **21%** vacancies related to maternity leave
- **25%** vacancies related to sick leave
- **13.5%** vacancies related to either 'other' or 'missing data'.

Band 6 Vacancies

Team (<i>n</i>)	Empty posts	Maternity leave	Sickness	Other	Missing	Total (% Unfilled)
Comm (56)	34.5	18	24	1	0	77.5 (12.6%)
MH (10)	5	1	1	0	7	14 (21.3%)
Hospital (6)	1.5	2	0	0	2.5	6 (9.2%)
AS (3)	0	0	0	0	3	3 (18.8%)
Total Vacancies	41	21	25	1	12.5	100.5
	(41%)	(21%)	(25%)	(1%)	(12.5%)	

Note: % Unfilled worked out by number of vacancies divided by the total number of SWs with caseloads + vacancies x 100

Key Findings (Cont.)



- **Our Future Workforce**

Assessed Year Employment (AYE)

More frequently employed in Teams with higher staff turnover

Team	% AYE of social workers with caseloads
Family Intervention Teams (FIT)	22% of FIT SWs were AYE
Gateway	13.5% of GW SWs were AYE
Looked After Children (LAC)	22% of LAC SWs were AYE
Residential Children's Services	24% of RCT SWs were AYE
Older People Community	11% of Community SWs were AYE
Older People Mental Health	5.9% of MH SWs were AYE

Key Findings (Cont.)



- **Qualitative**

- Team-based approaches to managing caseloads
- Concerns about burnout and retention
- Importance of relationships and trust – role of informal as well as formal supervision
- Positive and negative experience of caseload weighting models
- Mental Capacity Act adding significant pressures to workforce (OPSW)
- Concerns about Office Duty, dealing with crises and lack of systematic recording (OPWS)
- Strong statements of social work values

Defining Safe & Effective Staffing in Social Work



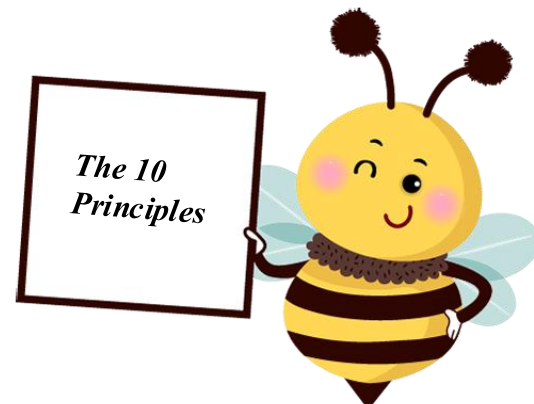
Definition

“Safer and Effective Staffing in social work requires having enough staff with the right knowledge, experience and skills, workload capacity, and flexibility, to respond to service user needs in an efficient, effective, and timely manner. Safer staffing requires regular supportive, reflective supervision and sufficient time to deliver the highest standards of care. This includes having effective and compassionate line management and a supportive Team with adequate skill mix and knowledge to support the wellbeing of all Team members, in particular, early career social workers.”

- **Evolved from the analysis of interviews and focus groups**
- **Based on the voice of the workforce and relevant stakeholder perspectives**

Defining Safe & Effective Staffing in Social Work

The 10 Principles



Defining Safe & Effective Staffing in Social Work



Key Concepts of Three C's – Capacity, Communication and Connection

- **Three key concepts** provide the framework that **underpins** the **recommendations, definition,** and **10 Principles** of Safe and Effective Staffing in Social Work.
- Knowledge, and understanding of the systemic and inter-connected key concepts described in the following slides were enabled by **in-depth** empirical **analysis** of **interviews** and **focus groups**, as well as of the **regional** Team level workload **data**.

Defining Safe & Effective Staffing in Social Work



The 3 Cs → 1. Capacity

The 10 Principles




Key Concept 1
Capacity
 Principles 1, 2, 3,
 7, 8, 9, 10

This means time to complete all aspects of the job within the parameters of working time available and having enough staff to meet the demands of service user needs in line with Regulatory Standards as set by Northern Ireland Social Care Council.



Defining Safe & Effective Staffing in Social Work



The 3 Cs → 2. Communication

The 10 Principles



Key Concept 2

Communication
Principles 2, 4, 5, 6, 7, 8, 9, 10 (multi-directional from front line social workers to managers and the wider organisation)

This refers to open and transparent multi-directional communication between social workers and managers about workload allocation, ensuring that principles of equity, fairness and trust underpin the workplace culture.



Defining Safe & Effective Staffing in Social Work



The 3 Cs → 3. Connection

The 10 Principles



This conceptualises the need for positive connection through relationships with individuals and teams so that workers feel connected to each other, management, the wider organisation and the social work profession.





Conclusions and Next Steps

- Report 1 represents an evidence-informed approach to workforce planning based on demand and capacity analysis.
- The analysis identifies systemic problems that requires systemic solutions.





Conclusions and Next Steps (Cont.)

- Addressing workforce challenges is crucial to tackling retention issues in the sector, and education and training numbers will need to be projected to align with identified future workforce needs as this is essential to meet changing societal and population needs and support the future workforce.
- The work of this project is based on the DoH Social Work Workforce Review 2022 (Rec 2b) and is part of a wider DoH initiative to inform policy and legislative developments on Safer and Effective Staffing in Social Work.





Conclusions and Next Steps (Cont.)



- These findings together with the Scoping review (McFadden et al., 2024) and metrics on roles and tasks will lead to Department of Health recommendations around the establishment of safer and effective workloads in advance of policy and legislation.

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Safe Staffing and Workload Management in Social Work: A Scoping Review of Legislation, Policy and Practice

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Questions?



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Thank you!



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