British Journal of Social Work (2024) **00**, 1–23
https://doi.org/10.1093/bjsw/bcae014

Perceptions of Safe Staffing, Self-Reported Mental Well-being and Intentions to Leave the Profession among UK Social Workers: A Mixed Methods Study

Paula McFadden [1,*], Justin Maclochlainn [1], Jill Manthorpe [2], Rachel Naylor[1], Heike Schroder[3], Susan McGrory[4], Jermaine Ravalier [5], Patricia Nicholl[6], Denise Currie[3], Karen Kirby[7], Hannah Davies[1], Judith Mullineux [7], Mary McColgan[1] and John Mallett[7]

[1]*School of Applied Social Policy Sciences, Magee Campus, Ulster University, Derry BT48 7JL, UK*
[2]*NIHR Health and Social Care Workforce Research Unit, King's College London, Holborn, London WC2B 6LE, UK*
[3]*Queen's Management School, Queen's University Belfast, Belfast BT9 5EE, UK*
[4]*School of Nursing, Jordanstown Campus, Ulster University, Newtownabbey BT37 0QB, UK*
[5]*School of Science, Bath Spa University, Bath BA2 9BN, UK*
[6]*School of Social Sciences, Education and Social Work, Queen's University Belfast, Belfast BT7 1HL, UK*
[7]*School of Psychology, Coleraine Campus, Ulster University, Coleraine BT52 1SA, UK*

*Correspondence to Paula McFadden, School of Applied Social Policy Sciences, Magee Campus, Ulster University, Derry BT48 7JL, UK. E-mail: p.mcfadden@ulster.ac.uk

Abstract

The purpose of this study was to examine social workers' perceptions of safe staffing levels and correlate these perceptions with standardised measurements of well-being in the UK. This cross-sectional mixed-methods study analysed data from 406 social workers from November 2022 until late January 2023. Data were collected using anonymous online surveys including both qualitative and quantitative methods examining mental well-being, burnout and intentions to leave the profession post-coronavirus disease 2019. Findings revealed that only one-third of social workers responding perceived that they work in an environment of safe staffing. There were also significant differences in well-being and an increase in personal, work-related and client-related burnout in social workers who believed their service did not operate a safe staff-to-service user ratio. Likewise, compared to those who perceived their service to operate within a safe staff-to-service-user ratio, those who perceived unsafe ratios were more likely to communicate their intention to leave the profession. Qualitative findings helped contextualise the quantitative results. These findings suggest that increased demand for social work services, shortage of qualified social workers, high workloads, inadequate resources and retention problems, contribute to additional pressure on existing staff and have implications for policy, practice and research in social work.

Keywords: retention, safe staffing, social worker, well-being, working conditions

Accepted: January 2024

Introduction

In the UK, various recommendations have been proposed to address safe staffing in social work, such as the Social Work Task Force (2009) and the Social Work Workforce Review Northern Ireland (2022). These government initiatives were established to confront the issues facing the social work profession (Social Work Task Force, 2009; Department of Health (DoH) Northern Ireland, 2022). The main recommendations stemming from these reports included enhancing social worker recruitment and retention, increasing training place numbers to ensure that there are sufficient professionals to meet demand, and providing better training and support. Furthermore, the Task Force called for improvements to the management and leadership of social work services, and the introduction of minimum staffing levels to meet the needs of communities (Social Work Task Force, 2009; Department for Education, 2017).

Notwithstanding these recommendations, safe staffing in social work remains an ongoing concern. The increased demand for social work services, together with a shortage of social workers, high caseloads, inadequate resources and retention problems has placed additional pressure on existing staff, leading to concerns about the quality of service, not just in the UK, but across international countries (Beer, 2016; Itzick and Kagan, 2017; Moriarty *et al.*, 2018; Brown *et al.*, 2019; Astvik *et al.*, 2020; Miller and Barrie, 2022; MacLochlainn *et al.*, 2023). Ensuring an adequate number of social workers available to meet the communities' requirements and to ensure that service users are safe and receive the appropriate service is vital (Moriarty *et al.*, 2018), therefore sustaining the workforce is dependent on social worker retention (Itzick and Kagan, 2017; Brown *et al.*, 2019; Astvik *et al.*, 2020). In addition to the impact on service users, concerns around inadequate safe staffing can have a detrimental effect on social workers' mental well-being (Scottish Government, 2019; McFadden *et al.*, 2022; DoH, Northern Ireland, 2022).

Social workers employed in an understaffed and overburdened environment are at higher risk of experiencing burnout, psychopathology and other mental health problems (McFadden *et al.*, 2015; Ravalier *et al.*, 2021; Griffiths *et al.*, 2023). Strained by high caseloads, some can struggle to provide support to their clients leading to feelings of defeat, helplessness and self-blame (Gibson, 2014). These issues were highlighted by UK research exploring the well-being of the health and social care sector during coronavirus disease 2019 (COVID-19). This found that working conditions, including understaffing, were strongly linked to respondents' mental well-being and burnout, and subsequent intentions to leave the profession (McFadden *et al.*, 2023). Similarly, a British Association of Social Workers (BASW) survey identified high caseloads, limited resources and time constraints as primary sources of stress and turnover intentions (BASW, 2018). Moreover, overburdened social workers can struggle to maintain a healthy work–life balance increasing risks of stress and exhaustion (Tham, 2018: Bae *et al.*, 2020; McCoyd *et al.*, 2023).

Safe staffing has also implications for the support and supervision workers receive which is crucial for maintaining well-being (DoH, 2022; Miller and Barrie, 2022). Sufficient support and supervision can assist caseload management, build skills and process the emotional toll of their work (ibid). Lacking this support, social workers can become isolated, dejected and overwhelmed which can be detrimental to their mental health (Cleveland *et al.*, 2019; Fukui *et al.*, 2019). By examining social workers' beliefs in whether their service operates a safe staff-to-user ratio, researchers can highlight the reasons behind these beliefs of inadequate safe staffing with the aim of informing policy to improve both service user experiences, outcomes and social workers' mental health.

Study aims

Few studies have explored how inadequate safe staffing affects this profession's well-being and experience of burnout. This study aimed to examine the effect of inadequate safe staffing on the well-being of UK social workers. We hypothesised lower levels of well-being with higher levels of burnout related to those social workers who believed their service did not operate safe staffing levels in comparison to those social workers who did. We also hypothesised that a belief that their service operated an unsafe staff-to-service-user ratio would predict intentions to leave the profession. The study also enabled some exploration of these social workers' views on their practice and working conditions using qualitative data to contextualise the quantitative findings.

Materials and methods

Design and participants

This study used a mixed-methods approach selected to amplify the voice of UK social workers and to ensure quantitative survey findings were grounded in respondents' experiences. Menon and Cowger (2010) delineate three benefits of incorporating qualitative and quantitative approaches within social work research. These encompass, first, greater validity through methodological triangulation; second, the chance to leverage each approach's respective strengths; and finally, the ability to align with social work's holistic principles by studying phenomena comprehensively (p. 612).

It was part of an ongoing, larger multiple phase research programme entitled 'Health and Social Care Workers' (HSC) quality of working life and coping while working during the COVID-19 pandemic'. The overall research examined the impact of providing health and social care amidst the COVID-19 pandemic on nurses, midwives, allied health professionals, social care workers and social workers in the UK employed in a range of settings such as hospitals, care homes, community and day services (ibid). Qualitative and quantitative methods were used to examine mental well-being and burnout throughout the pandemic and beyond (ibid).

The study utilised a cross-sectional design, with data collection at approximate six-month intervals. Data for this analysis were collected at Phase 6 of the study—November 2022—January 2023. The online survey incorporated reliable and validated measures and contained a small number of open-ended questions offering opportunities to highlight experiences or views.

The survey drew on an opportunity sample recruited through social media platforms (Facebook and Twitter) and via professional associations, unions, professional communications, employers and regulatory bodies. For this article, only data from social workers were selected for analysis. The study received ethical approval from the Research Ethics Filter Committee in the School of Nursing at Ulster University (Ref No. 2020/5/3.1) and from the Health Research Authority (Ref No. 20/0073).

Measures

Demographic and work-related variables

The survey sought demographic and work-related information. Variables included were gender, age category (21–29, 30–39, 40–49, 50–59 and

60+), ethnicity, country of work (Northern Ireland (NI), Scotland, England and Wales), place of work (hospital, community, GP practice, care home, day care and other), sick days (none, less than 10, 11–20 and 21+), overtime (none, less than four hours, 5–10 and more than eleven hours), perceptions surrounding whether this workforce operated safe staff-to-service user ratios (yes and no), and considering changing profession (yes and no).

Mental well-being

Mental well-being was measured using the seven-item Short Warwick Edinburgh Mental Well-being Scale (Stewart-Brown *et al.*, 2009). Using a five-point Likert scale ranging from 1 to 5, respondents were asked to report how they felt over the previous two weeks. The item scores were summed and converted to metric scores to enable comparison with other samples. Scores ranged from 7 to 35, with higher scores indicating better well-being. The scale is considered to have excellent psychometric properties (Waqas *et al.*, 2015). Within this study, the internal consistency coefficient tested using Cronbach's alpha indicated $\alpha = 0.86$.

Burnout

The Copenhagen Burnout Inventory (CBI; Kristensen *et al.*, 2005) was utilised to assess three distinct areas of burnout: personal, work-related and client-related. The CBI is a nineteen-item measure in which respondents rate their agreement with various statements on a five-point Likert scale ranging from 0 to 100. The personal burnout scale consists of six items, the work-related burnout scale consists of seven items, and the client-related burnout scale consists of six items. Higher scores indicate higher levels of burnout. According to Kristensen *et al.* (2005), personal burnout refers to a state of prolonged physical and psychological exhaustion, work-related burnout refers to a state of prolonged physical and psychological exhaustion related to work, and client-related burnout refers to a state of prolonged physical and psychological exhaustion related to work with clients. Within this study, the internal consistency coefficient tested using Cronbach's alpha indicated $\alpha = 0.92$; $\alpha = 0.77$; and $\alpha = 0.88$ respectively.

Safe staffing

Safe staffing was assessed with one open-ended qualitative question in Phase 6: *'Do you believe your service operates a safe staff-to-service user ratio? (yes/no; please say more in the box provided—Text)'*.

Intention to leave

Intention to leave was assessed with one open-ended qualitative question: *'Are you currently considering changing your profession?' (yes, no: please say more in the box provided).*

Data analysis

Data were coded, cleaned and prepared for analysis. To ensure data accuracy, pre-analysis was conducted to assess any missing data and extreme values. Descriptive statistics were generated using SPSS-28. A series of independent sample *t*-tests were conducted to address our first hypothesis concerning well-being and burnout of social workers who perceived unsafe staffing in comparison to those who perceived safe staffing. This analysis compares means from two sample groups and determines if the samples were different from each other. Next, a logistic regression was conducted to address our second hypothesis concerning beliefs that their service operated an unsafe staff-to-service-user ratio would predict intentions to leave the profession. All covariate categories were dummy coded and used as controls to manage possible demographic confounding variables. Data stemming from the qualitative question were analysed using reflective thematic analysis centred on Braun and Clarke's six-phase framework (Braun and Clarke, 2021). This framework incorporates flexible methodology and has the potential to enrich understanding of survey data.

Findings

Demographics

The sample from Phase 6 of the study consisted of 406 social workers. Descriptive statistics covered gender and age range, ethnicity, country of work, place of work, sick days taken in the past year, overtime undertaken, area of practice, line manager, intention to leave the profession and beliefs in safe staffing (see Table 1). Most respondents were female (83.3 per cent). Ages ranged from 21 to 29 (4.4 per cent), 30 to 39 (19.5 per cent), 40 to 49 (32.0 per cent), 50 to 59 (31.3 per cent) and 60+ years old (12.8 per cent). Most (96.3 per cent) were White, and just under half worked in Northern Ireland (42.9 per cent) and nearly three-quarters were community-based (70.2 per cent). Just under two-thirds had taken days off from sickness within the past year (63.8 per cent), and nearly three-quarters typically worked overtime (72.7 per cent). Nearly half worked with children and young people (41.4 per cent). Over one-third were line managers (34.5 per cent). Over one-third of respondents

Table 1. Sociodemographic of social workers and percentages of perceived unsafe staff-to-service user ratio ($n = 406$).

Variable	Phase 6 (November 2022 to January 2023)	Do you believe your service operates a safe staff-to-service user ratio? No
Gender		
Female	338 (83.3%)	64.3%
Age		
21–29	18 (4.4%)	66.7%
30–39	79 (19.5%)	72.9%
40–49	130 (32.0%)	69.8%
50–59	127 (31.3%)	57.4%
60+	52 (12.9%)	56.8%
Ethnicity		
White	391 (96.3)	65.3%
Country of work		
England	104 (25.6%)	69.7%
Scotland	68 (16.7%)	61.4%
Wales	60 (14.8%)	55.4%
Northern Ireland	174 (42.9%)	66.5%
Place of work		
Hospital	21 (5.2%)	68.4%
Community	285 (70.2%)	66.4%
Care home	7 (1.7%)	28.6%
Other	92 (22.7%)	60.8%
Sick days taken in past year		
None	147 (36.2%)	60.2%
≤10	146 (36.0%)	63.4%
11–20	42 (10.3%)	77.5%
21+	71 (17.6%)	68.8%
Overtime undertaken		
≤4 hours	146 (36.0%)	60.3%
5–10 hours	104 (25.6%)	69.5%
≥11 hours	45 (11.1%)	82.1%
None	111 (27.3%)	59.1%
Area of practice		
Children and young people	168 (41.4%)	65.6%
Adults	21 (5.2%	47.1%
Physical disability	7 (1.7%)	50.0%
Learning disability	27 (6.7%)	59.3%
Older people	70 (17.2%)	76.3%
Mental health	50 (12.3%)	62.2%
Other	63 (15.5%)	62.1%
Line manager status		
Yes	140 (34.5%)	62.5%
Intentions on leaving profession		
Yes	147 (36.2%)	75.9%
Does your service operate a safe staff-to-service user ratio		
No	235 (64.7%)	–

Note: Presented are column percentages, which are valid percentages to account for any missing data.

(36.2 per cent) indicated their intention to leave the profession. As is common in the UK, few were employed in care home or day care settings.

Quantitative findings

In Phase 6 respondents were asked *'Do you believe your service operates a safe staff-to-service user ratio'?* Nearly two-thirds of social workers UK-wide (64.7 per cent) believed that their service did not operate a safe staff-to-service user ratio (the 'unsafe group'). The highest percentage of respondents from the 'unsafe group' were from England (69.7 per cent; unsafe group), closely followed by Northern Ireland (66.5 per cent). Nearly two-thirds of line managers (62.5 per cent) reported this as did close to three-quarters of those aged thirty to thirty-nine (72.9 per cent). Over three-quarters (77.5 per cent) of those taking eleven to twenty sick days were from the 'unsafe group'. Over three-quarters (75.9 per cent) of those who indicated intentions to leave their profession were from the 'unsafe group'. The area of practice with the highest percentage of social workers in the 'unsafe group' was older people (76.3 per cent).

In relation to the first hypothesis, a series of independent sample *t*-tests was conducted to examine differences in well-being scores and burnout scores between the 'safe' and 'unsafe' groups (Table 2). Well-being scores were significantly higher among the 'safe group' ($M = 21.39$, $SD = 3.49$), compared to those from the 'unsafe group' ($M = 19.72$, $SD = 3.16$), $t\ (360) = 4.63$, $p < 0.001$, 95% [CI = 0.96–2.38]. The effect size (Cohen's d) was moderate ($d = 0.508$). Personal burnout scores were also significantly lower in the 'safe group' ($M = 57.58$, $SD = 21.79$), compared to the 'unsafe group' ($M = 68.72$, $SD = 17.49$), $t\ (217.26) = -4.98$, $p < 0.001$, 95% CI = −15.55 to −6.73 with a moderate effect size ($d = 0.583$). There were likewise significantly lower work-related burnout scores in the 'safe group' ($M = 52.85$, $SD = 22.02$), compared to the 'unsafe group' ($M = 68.36$, $SD = 18.67$), $t\ (227.05) = -6.76$, $p < 0.001$, 95% [CI = −20.04 to −10.99] and a moderate effect size difference ($d = 0.779$). Finally, client-related burnout scores in the 'safe group' ($M = 28.48$, $SD = 20.26$) were significantly lower than the 'unsafe group' ($M = 38.43$,

Table 2. Independent samples t-tests between those who believed their staff-to-service user ratio was safe/unsafe shown in Table 2.

	Safe: *M* (*SD*)*	Unsafe: *M* (*SD*)*	*t*	df	*p*	*d*
Well-being	21.39 (3.49)	19.72 (3.16)	4.63	360	<0.001	0.51
Personal burnout	57.58 (21.79)	68.72 (17.49)	−4.98	217.26	<0.001	0.58
Work-related burnout	52.85 (22.02)	68.36 (18.67)	−6.76	227.05	<0.001	0.78
Client-related burnout	28.48 (20.26)	38.43 (22.43)	−4.17	360	<0.001	0.46

Note: 23.6 population norms for well-being (Ng Fat *et al.*, 2017).
*= Standard Deviation.

$SD = 18.67$), t (360) $= -4.17$, $p < 0.001$, 95% [CI $= -14.64$ to -5.26]. The effect size here was small to moderate ($d = 0.459$).

In relation to the second hypothesis, a logistic regression (see Table 3) was performed to determine whether being in the 'safe group' predicted intentions to leave the profession (reference = yes), whilst controlling for the effects of gender (reference = female), age (reference = 21–29), country of work (reference = England), line manager status (reference = yes), sick days taken (reference = none) and area of practice (reference = children & young people). Compared to the 'safe group', the 'unsafe group' was more likely to report wanting to leave the profession [odds ratio (OR) = 1.99, $p = 0.008$; 95% CI = 1.19–3.31]. This indicates that in comparison to those in the safe group, those in the unsafe group were twice (1.99) as likely to express intention to leave the profession. The model correctly classified nearly two-thirds (63.4 per cent) of the cases. Respondents who took between 21 and 40 sick days were more likely to report intentions to leave the profession compared to those who took none ($b = 1.40$, $p = 0.004$). In comparison to England, there were no significant differences in intention to leave in the other UK regions/countries ($p > 0.05$). Likewise, there were no significant differences in intentions to leave by gender, age group, line manager status or area of practice ($p > 0.05$).

Thematic analysis

Two themes incorporating seven sub-themes were identified from the open-ended responses, as presented in Table 4.

When analysing responses that stated 'no' to our qualitative question; *'Do you believe your service operates a safe staff-to-service user ratio?'*, a range of explanations and concerns was presented. The first sub-theme identified increasing work demand.

Increased work demand

Many respondents pointed to unmanageable and risky caseloads intensified by increasingly complex needs:

> Children's social worker caseloads are totally unrealistic and unmanageable given level of risk (Female, 40-49, Community, Northern Ireland).

> Currently we are managing around 70-80 cases, many with complex needs requiring capacity assessments, ongoing assessment and review, safeguarding investigations, and other duties. alongside this it is extremely challenging to get the services to meet assessed needs due to lack of resources (Male, 30-39, Community, Northern Ireland).

Table 3. Logistic regression. Safe staff-to-service user ratio on intention to leave social work.

	Unstandardised estimate (*b*)	S.E.	OR	95% C.I.	*p*
Gender					
Male	0.74	0.31	2.1	1.14/3.84	0.17
Age category					
30-39	0.64	0.55	1.9	0.65/5.53	0.24
40-49	0.54	0.53	1.72	0.61/4.86	0.304
50-59	0.46	0.53	1.59	0.56/4.48	0.382
60+	−0.87	0.68	0.42	0.11/1.59	0.201
Country of work					
Scotland	−0.34	0.4	0.71	0.33/1.55	0.388
Wales	−0.76	0.4	0.47	0.22/1.02	0.056
Northern Ireland	−0.39	0.26	0.64	0.38/1.2	0.178
Line manager					
No	−0.23	0.26	0.79	0.47/1.32	0.373
Sick days taken					
Less than 10	0.25	0.29	1.28	0.73/2.24	0.393
11 – 20	0.56	0.41	1.74	0.79/3.86	0.17
21 – 40	1.4	0.49	4.04	1.54/10.6	0.004
41 – 60	0.38	0.6	1.46	0.45/4.75	0.534
60+	0.8	0.47	2.22	0.89/5.58	0.089
Area of practice					
Adults	−0.22	0.61	0.81	0.24/2.67	0.724
Physical disability	−0.31	0.96	0.74	0.11/4.78	0.748
Learning disability	−0.12	0.47	0.89	0.35/2.24	0.796
Older people	0.55	0.33	1.74	0.91/3.32	0.094
Mental health	−0.33	0.4	0.72	0.33/1.57	0.406
Other	−0.17	0.37	0.84	0.41/1.75	0.647
Safe staffing					
No	0.69	0.26	1.99	1.19/3.31	0.008

Note: Gender reference category = female; age reference category = 21–29; country of work reference category = England; line manager reference category = Yes; sick days reference category = none; area of practice reference category = children & young people; safe staffing reference category = Yes; OR = odd ratio.

Table 4. Qualitative analysis; themes and sub-themes.

Themes	Practice challenges	Staff well-being
Subthemes	Increased work demand Increased staff shortages Dependence on agency staff Increased administrative duties	Working time and pay Effect on well-being leaving the profession

Many noted the increased demand for social work services coinciding with fewer professionals to meet needs, leading to unsafe working conditions and more crisis interventions:

> Understaffed, relentless throughput, service user client base has increased significantly with more crisis-based work (Female, 40–49, Community, England).

> Caseloads are too high, and volume of work is too high therefore it is impossible to provide safe practice re all service users (Female, 30–39, Community, Northern Ireland).

Many highlighted overburdened systems, and how their practice had been negatively affected:

> High caseloads and unsafe working conditions, the pressure means policy and procedures aren't adhered to (Male, 30–39, Community, Northern Ireland).

> We have a waiting list of over 100 people awaiting assessment and 12 workers. We already carry massive caseloads, mine is 50+ (Male, 21–29, Community, Scotland).

> Workload significantly outweighs contracted hours and no capacity within the team to compensate for absences or annual leave so allocated cases drift and/or hit crisis (Male, 40–49, Community, Scotland).

One respondent took a more cynical view on why they believed their service did not operate a safe staff-to-service-user ratio:

> Too many cases which works out to be minimal interaction to get maximum return on investment. You would think accountants ran the system but then I remember they do (Female, 40–49, Other, Northern Ireland).

Increased staff shortages

Staff shortages and vacancies, along with staff absences, were considered to contribute to working conditions that were described as ‘unrealistic’ (Female, 40–49, Community, Northern Ireland), ‘unmanageable’ (Female, 40–49, Community, England), ‘compromised’ (Female, 50–59, Community, England) ‘intolerable’ (Male, 50–59, Community, England) and ‘risky’ (Female, 40–49, Community, Wales). These two excerpts provide a flavour of such concerns:

> Current challenges in recruitment of staff have resulted in vacancies across the service and increased workloads (Female, 60–65, Other, Northern Ireland).

> We desperately require more staff across all services. The level of need being experienced by service users/clients is too much for staff to be able to effectively deal with (Male, 30–39, Community, Scotland).

Respondents also elaborated on staffing shortages and recruitment from a systems perspective, and how overburdening the workforce may lead to poor decision-making, for example:

> The department hasn't evolved in almost 20 years and hasn't increased the staff levels to meet the increase in older people (Female, 30–39, Community, Wales).

> We have high vacancies, and our service has been pared back since austerity measures years ago .... A key aspect of the role is decision making and if staff are overwhelmed their ability to make good decisions is compromised (Female, 50–59, Community, England).

> Absolutely not, safe staffing levels have not been present pre-covid 19 and now they are significantly worse (Female, 50–59, Community, Northern Ireland).

Others highlighted daily difficulties t that were affecting safe working conditions:

> There are significant staff shortages and difficulties in recruitment for example my current team should have a full complement of 8 individuals. Due to absence and lack of recruitment there are 3 team members (Male, 40–49, Community, Scotland).

> Staff is 50% vacancy so there are not enough of us about to operate safely (Female, 40–49, Community, Scotland).

> We are becoming chronically understaffed in social work teams and are struggling to meet even urgent demands (Male, 30–39, Community, England).

> We have an increasing internal waiting list due a change in procedures as well as impact of Covid and we need more staff urgently (Female, 50–59, Community, Northern Ireland).

Some respondents indicated problems of insufficient experienced staff:

> Not enough experienced staff. Most recent staff are newly qualified with little life experience. Unable to take on Adult Protection case work until 2 years post qualified (Female, 50–59, Hospital, Scotland).

Working time and pay

The effect of ongoing and increasing work demands coupled with staff shortages was an increase in hours spent attempting to keep on top of allocated cases, in many instances (see above) social workers reported working paid or voluntary overtime. Some felt their pay was not commensurate with their current work:

> There is simply not enough staff .... The system is broken .... We are all working above and beyond our contracted hours because we care ... It is demoralising seeing our equivalents in the NHS being paid a fairer and higher wage..... The concern around safe staffing is not a unique issue to where I work—it is a national problem that the government are ignoring (Female, 30–39, Community, England).

> Caseloads are intolerable. Even worse, we have hundreds of people who desperately need care packages, and we cannot commission home carers

> since we do not pay enough—this is a national scandal (Male, 50-59, Community, England).

Dependence on agency staff

While many respondents indicated that agency or bank staff were being used to alleviate staff shortages, these staff were not always fully effective, as the below respondent commented:

> Caseloads have always been too high and now with even NQSW (newly qualified social workers) going locum it's becoming impossible. Everyone comes in, makes a mess and leaves at a week's notice with permanent staff having to fix the mess (Female, 40–49, Other, England).

However, some seemed to appreciate agency workers' assistance in complete their daily duties though this did not guarantee full staffing:

> We often have to rely on additional 'agency workers' to complete tasks by required deadlines (Female, 40–49, Other, Wales).

> We rely on locums and even then, we have empty shifts with statutory work delayed (Female, 40–49, Other, England).

Increased administration

Some respondents indicated some dismay at the growing administrative work of detailed recordings and assessments that was:

> Don't get to spend as much time with service users due to heavy paperwork content needed for auditing purposes and accountability which was not the reason I wanted to do the job (Female, 21–29, Community, Wales).

> We are working with the same staff ratio as 20 years ago. Organisational demands with more admin and more detailed recording and assessments along with new electronic systems (both within and outside the Trust, for example electronic Access NI application process) have caused increased workload pressures and stress (Female, 40–49, Community, Northern Ireland).

Increased administration was also influencing how social workers allocated their time and this was seen to have a negative effect on clients:

> There has not been an increase in staffing to accommodate the increased governance and new tasks added to the job criteria, so we have less time to spend on each client and task (Female, 40–49, Community, Northern Ireland).

> Due to the administrative pressures staff are less available for effective service user contact (Female, 60–65, Community, Northern Ireland).

One respondent suggests that the increase in administrative duties and additional responsibilities is not sustainable long-term:

> With additional responsibilities like AMHP (approved mental health professional), duty, initial assessments, not related to case load. The amount of paperwork is not sustainable with this current high load (Female, 30–39, Community, Wales).

Effect on well-being

Stemming from increased work demands, staff shortages, increased lack of commensurate pay and increased administration, a significant number of respondents observed the effect on their health and well-being:

> There is not enough staff to cover the needs of the service. This results in less client contact and increased need to work overtime resulting in increased likelihood of burnout (Female, 21–29, Other, Scotland).

> Caseloads and waiting lists are too excessive causing considerable stress (Male, 40–49, Community, Wales).

> People leave and are seldom replaced. We are expected to take all the cases even if we say we have a lot and not coping (Female, 40–49, Community, England).

One respondent described how working under the current conditions, i.e. at a fast pace to stay on top of caseloads, was reducing their resilience:

> More demand exists than we have staff-hours to undertake the work. Lots of pressure to work at high pace/high level of ability all of the time. Very little mental resource left for a push during exceptional crises (Female, 30–39, Other, Scotland).

Others voiced concerns for service users in relation to staff being overburdened and its impact on services:

> Caseloads are too high with competing priorities and demands. Increased stress which results in client not receiving the best care (Female, 30–39, Community, Scotland).

> Health and social care are so short staffed that the remaining staff are under higher pressure at work. This results in good practice guidelines being compromised and patients/service users not receiving enough care (Female, 40–49, Other, Scotland).

Additionally, a few respondents indicated that at least some of the source of their stress stemmed from their interactions with management:

> Additional pressures due to Covid, increased demands, response to operational staff/AYE/student needs means that I constantly have to work additional hours. Increased pressures by stealth, where the manager agrees to us taking on additional work without consulting or discussing. "You'll do what you are told" is the response. Emails requesting meeting/clarification were being ignored until challenged, making me feel that I was the issue. For the first time in my long career, I feel emotionally exhausted and unsupported (Female, 60–65, Other, Northern Ireland).

Another respondent suggested that the support being offered by managers to help cope with increased demand was insufficient:

> We are more often put in stressful and difficult positions with very limited support from actual professionals who can provide that support (Female, 40–49, Other, England).

Leaving the profession

Reflecting on their working conditions, some respondents viewed the current malaise as both systemic and intractable. Many respondents were intending to leave the profession rather than move jobs or employer:

> The service expects workers to have too many cases. This is unsafe for both worker and client. I do not believe this will change. Neither do management listen to these concerns from myself or colleagues. We are blamed instead. We also need better supervision esp. clinical supervision which we do not get. We are dealing with high levels of client trauma and yet the impact on workers is never talked about. The best thing I can do personally is leave the profession (Female, 50–59, Community, Northern Ireland).

> The system is broken. …. Often social care gets the blame, but we are just a small part in a big wheel. The lack of funding on police, NHS etc, all then falls back to us to pick up the pieces. We are spending more time chasing up the Police with safeguarding concerns, we are being asked by GPs to put people into respite who really should be in hospital. …. With the cost-of-living crisis it is getting to the point that people are having to consider moving from jobs that they love into better paying roles elsewhere. The concern around safe staffing is not a unique issue to where I work—it is a national problem that the government are ignoring (Female, 30–39, Community, England).

Highlighting low pay, increased work demands, staffing problems, as well as having the perception of their concerns being disregarded by senior management, these respondents were not surprised colleagues decided to leave:

> Fewer staff due to vacancies but no reduction in workloads and still expected to manage incoming work. No wonder more and more staff are leaving their post (Female, 50–59, Community, Northern Ireland).

> Due to staff shortages as a result of workers continually leaving my office those of us left are over worked…. Senior management ignore workers concerns. It has got so bad 7 Team Leaders and 17+ social workers have left. Union have raised safety and stress related issues, but nothing is done. Concerns fall on deaf ears (Female, 50–59, Other, Scotland).

Discussion

There have been limited investigations into the effects of inadequate safe staffing on social workers' well-being and burnout experiences. The purpose of this study was to examine how perceptions of inadequate safe staffing affect UK social workers' well-being and experience of burnout in the post pandemic era. We found only one-third of responding social workers perceived they worked in an environment of safe staffing. Our first hypothesis was supported as findings revealed a significant decline in levels of well-being with a significant increase in levels of personal, work-related and client-related burnout associated to those social workers who believed their service did not operate safe staffing levels in comparison to those that did. These findings suggest that social workers who believed that their service did not operate a safe staff-to-service-user ratio were more vulnerable to experience lower well-being and higher burnout stemming from their working conditions.

As an explanation, and as alluded to in the qualitative analysis, the challenges facing UK social workers were mainly due to unmanageable caseloads and staff shortages. The combination of ongoing and escalating work demands, along with staff shortages, resulted in an increase in the time trying to manage their cases. Many social workers reported working paid or unpaid overtime to meet these demands. In several cases, respondents felt that their pay was not commensurate with their work. The increased demand for services coincided with shortages of experienced colleagues was seen as leading to unsafe working conditions and more crisis interventions. Administration was increasingly burdensome, negatively affecting service users.

According to BASW's 80:20 campaign, social workers need to spend most (80 per cent) of their time on engaging in effective relationship-based social work with service users and only a fifth (20 per cent) on administration, a ratio that is currently inverted (BASW, 2018; Ravalier, 2023). Such pressures were identified in our analysis as reasons why the 'unsafe group' also experienced lower well-being and higher burnout than the 'safe group'.

Our second hypothesis was also supported as we investigated whether respondents in the 'unsafe group' would be more likely to consider leaving the profession. Those in the 'unsafe group' were twice as likely to indicate their intentions to leave the profession in comparison to the 'safe group'. This finding supports the policy and provision of an adequate safe staff-to-service-user ratio within social work to help to maintain and improve retention (Moriarty *et al.*, 2018; Scottish Government, 2019).

Respondents' narratives lend support to these findings and gave examples of the reasons why they or their colleagues were leaving the profession or considering this. Many cited concerns over low pay, increased demands, staffing shortages and a perception that their concerns were being disregarded by senior management, similar to other studies of social workers during COVID-19 (Kingstone *et al.*, 2022). Such problems were often considered as systemic and intractable. Some respondents highlighted employment-related unsafe working conditions due to an unmanageable number of cases and a lack of supervision, while others expressed frustration with an external broken system that relied on social workers to pick up the pieces of an underfunded healthcare system. A recent study of Swedish social workers who expressed intentions to leave the profession and who either remained or left the profession one year later, revealed that prior to the pandemic, predictors of staying in the profession included low levels of conflicting demands and quantitative demands, high levels of openness and human resource orientation, and a high level of perceived service quality (Astvik *et al.*, 2020). The views expressed by our respondents, including increased demands and staff shortages, perceived lack of managerial support and apprehension about service quality, seem to align with the predictors identified by Astvik *et al.*

Our finding revealed those social workers who took between 21 and 40 sick days were four times more likely to indicate their intentions to leave the profession compared to those who took none. This finding potentially linked to the sub-themes 'increased staffing shortages', and 'dependence on agency staff' developed from the qualitative analysis, resulting from sickness absences. Covering for those absent through sickness is fundamental to maintaining staff morale and reduces the burden on workers already experiencing increased workloads, unsafe working conditions and staff shortages (Baker *et al.*, 2019). However, it is essential that agency staff taken on to alleviate staff shortages are adequately skilled (Hoque and Kirkpatrick, 2008), and not just there to achieve numerical stability (Shanks, 2022).

Strengths and limitations

The main advantage of this study is its UK-wide comparison of well-being and burnout across two social work groups dichotomised by whether they believed their service operated safe staff-to-service-user ratios. Given the increased interest in safe staffing within the field of social work, this study is important as it provides empirical evidence as to the working conditions and well-being of UK social workers and helps identify the specific challenges.

We acknowledge the study's limitations. The use of self-report surveys may be associated with certain concerns related to that form of data collection. Our recruitment method was opportunistic; therefore, it is probable that certain potential respondents were not reached. As a result, the sample approached homogeneity with respect to ethnicity. Another limitation is that the sample was disproportionately represented by Northern Ireland. Equally, our findings should not be considered representative of all social workers. It is probable that those who responded to the invitation to provide extra information in the open-ended questions possessed strong feelings concerning certain matters. Finally, we acknowledge that we have not included objective measures of safe staffing in the survey, however, we are currently collecting data on safe staffing in social work within a UK region.

Implications and future directions

Despite the limitations, this study has significant implications. Primarily, the reported levels of well-being were markedly lower than the national average for the general population (Ng Fat *et al.*, 2017). This could potentially have an adverse effect on clients. Furthermore, as our findings suggest, social workers may intend to leave the profession because of reduced well-being levels. An approach that may aid in addressing the staffing challenges identified is the recruitment of internationally qualified social workers (DHSC, 2022). Domestically, Higgs (2022) there are increasing numbers of social work degree apprenticeships in England, emphasising their potential to enhance access to the profession and retention.

The Social Work Workforce Review (2022) in Northern Ireland outlined various measures to address workforce problems, including a proposed ban on using agency staff from June 2023, as well as policy developments for Safe Staffing in Social Work, in anticipation of future legislation to address workforce pressures by measuring and aligning caseloads with workforce capacity (DoH, 2022). These actions aim to improve working conditions for social workers and enhance client outcomes by fostering greater stability and less reliance on agency social workers (ibid). Finally, potential research may consider comparing social workers' well-being and their intention to leave the profession to other sectors of the health and social care workforce, as well as investigating differences between the retention rates of various employers of social workers.

Conclusion

This study demonstrated significantly lower levels in well-being and higher levels in personal, work-related and client-related burnout in those social workers who perceived that their service did not operate a safe staff-to-service-user ratio in comparison to those that did. The study also investigated whether perceptions of an unsafe service would predict intentions to leave the profession. Findings showed that, when compared to those who perceived their service to operate with a safe staff-to-service user ratio, social workers who perceived unsafe ratios were twice as likely to express their intention to leave the profession. Themed narratives offered indications of social work practice challenges including increased work demands, increased staff shortages, dependence on agency staff and increased administration. Themes also included lower levels of staff well-being including accounts of dissatisfaction about working time and pay with intentions to leave the profession. Notwithstanding, it may be worth noting that almost two-thirds of social workers participating in the study claim not to be intending to leave the profession. This observation requires further investigation on how to improve retention in the social work profession and stabilise the workforce.

Acknowledgements

The authors would like to thank all social workers who participated in this research. The research team would also like to thank the funder, the HSC R&D Division of the Public Health Agency, Northern Ireland (COVID Rapid Response Funding Scheme COM/5603/20), and thanks to support from England's National Institute for Health and Care Research (NIHR) Policy Research Unit in Health and Social Care Workforce—PR-PRU-1217-21002. The views expressed are those of the authors and not necessarily those of the funders, the NIHR or the Department of Health and Social Care.

Authors' contributions

The first author designed the study and lead data collection and analysis. Data collection and analysis were conducted by the first author and research team. Data analyses for this article were performed by Justin MacLochlainn (JML) and John Mallett (JM). The first draft of the manuscript was written by JML Paula McFadden (PMF) and Jill Manthorpe and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding

This study is funded by the HSC R&D Division of the Public Health Agency, Northern Ireland (COVID Rapid Response Funding Scheme COM/5603/20) and support from England's National Institute for Health and Care Research (NIHR) Policy Research Unit in Health and Social Care Workforce-PR-PRU-1217-21002.

Institutional review board statement

Ethical approval was attained from the Research Ethics Filter Committee of the School of Nursing Ulster University (Ref No: 2020/5/3.1, 23 April 2020, Ulster University, IRAS Ref No. 20/0073) for the study and Trust Governance approval (for Northern Ireland only) was gained from the Health and Social Care Trusts for Phase 2. Permission for the use of the scales used in the questionnaire was provided by the original authors, and consent and confidentiality were addressed in Participant Information Sheets provided at the start of the survey.

Informed consent statement

Informed consent has been obtained from all participants.

Data availability statement

Not applicable.

Conflict of interest statement

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses or interpretation of data; in the writing of the manuscript, or in the decision to publish the results. The views expressed are those of the authors and not necessarily those of the funders, or the NIHR.

References

Astvik, W., Welander, J. and Larsson, R. (2020) 'Reasons for staying: A longitudinal study of work conditions predicting social workers' willingness to stay in their organisation', *The British Journal of Social Work*, **50**(5), pp. 1382–400.

Bae, J., Jennings, P. F., Hardeman, C. P., Kim, E., Lee, M., Littleton, T. and Saasa, S. (2020) 'Compassion satisfaction among social work practitioners: The role of work–life balance', *Journal of Social Service Research*, **46**(3), pp. 320–30.

Baker, J. A., Canvin, K. and Berzins, K. (2019) 'The relationship between workforce characteristics and perception of quality of care in mental health: A qualitative study', *International Journal of Nursing Studies*, **100**, 103412.

Beer, O. W. J. (2016) *Predictors of and Responses to Stress among Social Workers: A National Survey*, PhD Thesis, Plymouth, University of Plymouth.

Braun, V. and Clarke, V. (2021) 'One size fits all? What counts as quality practice in (reflexive) thematic analysis', *Qualitative Research in Psychology*, **18**(3), pp. 328–52.

Brown, A. R., Walters, J. and Jones, A. (2019) 'Pathways to retention: Job satisfaction, burnout, & organizational commitment among social workers', *Journal of Evidence-Based Social Work (2019)*, **16**(6), pp. 577–94.

British Association of Social Workers (BASW). (2018) 'Improving working conditions for social workers to drive better outcome for children', available online at: https://www.basw.co.uk/media/news/2018/may/basw-england-80-20-campaigns-latest-news-and-resources (accessed January 15, 2024).

Cleveland, M., Warhurst, A. and Legood, A. (2019) 'Experiencing resilience through the eyes of early career social workers', *The British Journal of Social Work*, **49**(6), pp. 1434–51.

Department for Education. (2017) 'Children's social care workforce: 2016', UK Government, available online at: https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016 (accessed January 15, 2024).

Department of Health (Northern Ireland). (2022) 'Independent review of social work services in Northern Ireland: Final report', available online at: https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-social-work-review-ni-2022.pdf (accessed January 15, 2024).

Department of Health and Social Care (DHSC) (2022) *People at the Heart of Care*, London, DHSC. available online at: https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform (accessed January 15, 2024).

Department of Health. (2022) 'Workforce recruitment and retention fund: Examples of allowable activity', available online at: https://www.gov.uk/government/publications/workforce-recruitment-and-retention-fund-for-adult-social-care/workforce-recruitment-and-retention-fund-examples-of-allowable-activity (accessed January 15, 2024).

Fukui, S., Wu, W. and Salyers, M. P. (2019) 'Impact of supervisory support on turnover intention: The mediating role of burnout and job satisfaction in a longitudinal study', *Administration and Policy in Mental Health and Health*, **46**(4), pp. 488–97.

Gibson, M. (2014) 'Social worker shame in child and family social work: Inadequacy, failure, and the struggle to practise humanely', *Journal of Social Work Practice*, **28**(4), pp. 417–31.

Griffiths, A., Link, K., Haughtigan, K., Beer, O. W., Powell, L. and Royse, D. (2023) 'Physiological evidence of escalating stress during COVID-19: A longitudinal assessment of child welfare workers', *Journal of Public Child Welfare*, **18**(1), pp. 158–81.

Higgs, A. (2022) 'The England degree apprenticeship: A lens to consider the national and international context of social work education', *Social Work Education*, **41**(4), pp. 660–74.

Hoque, K. and Kirkpatrick, I. (2008) 'Making the core contingent: Professional agency work and its consequences in UK social services', *Public Administration*, **86**(2), pp. 331–44.

Itzick, M. and Kagan, M. (2017) 'Intention to leave the profession: Welfare social workers compared to health care and community social workers in Israel', *Journal of Social Service Research*, **43**(3), pp. 346–57.

Kingstone, T., Campbell, P., Andras, A., Nixon, K., Mallen, C. and Dikomitis, L. (2022) 'Exploring the impact of the first wave of COVID-19 on social work practice: A qualitative study in England, UK', *The British Journal of Social Work*, **52** (4), pp. 2043–62.

Kristensen, T. S., Borritz, M., Villadsen, E. and Christensen, K. B. (2005) 'The Copenhagen Burnout Inventory: A new tool for the assessment of burnout', *Work & Stress*, **19**(3), pp. 192–207. https://doi.org/10.1080/02678370500297720.

MacLochlainn, J., Manthorpe, J., Mallett, J., McGrory, S., Ravalier, J., Nicholl, P., Schroder, H., Currie, D. and McFadden, P. (2023) 'The COVID-19 pandemic's impact on UK older people's social workers: A mixed-methods study', *The British Journal of Social Work*, **53**(8), pp. 3838–59.

McCoyd, J. L., Curran, L., Candelario, E., Findley, P. A. and Hennessey, K. (2023) 'Social service providers under COVID-19 duress: Adaptation, burnout, and resilience', *Journal of Social Work*, **23**(1), pp. 85–102.

McFadden, P., Campbell, A. and Taylor, B. (2015) 'Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review', *British Journal of Social Work*, **45**(5), pp. 1546–63.

McFadden, P., Mallett, J., Schroder, H., Ravalier, J., Manthorpe, J., Currie, D. and MacLochlainn, J. (2023) *Health and Social Care Workers' Quality of Working Life and Coping While Working during the COVID-19 Pandemic: Findings from a UK Survey and Focus Groups Phase 6: 25th November 2022–13th January 2023*.

McFadden, P., Neill, R. D., Mallett, J., Manthorpe, J., Gillen, P., Moriarty, J., Currie, D., Schroder, H., Ravalier, J., Nicholl, P. and Ross, J. (2022) 'Mental well-being and quality of working life in UK social workers before and during the COVID-19 pandemic: A propensity score matching study', *The British Journal of Social Work*, **52**(5), pp. 2814–33.

Menon, G. M. and Cowger, C. D. (2010) 'Integrating qualitative and quantitative research methods', in Thyer, B. (ed), *The Handbook of Social Work Research Methods*, 2nd ed., pp. 609–13. Thousand Oaks, CA, Sage.

Miller, E. and Barrie, K. (2022) 'Setting the Bar for Social Work in Scotland', available online at: https://strathprints.strath.ac.uk/84364/1/Miller_Barrie_SWS_2022_Setting_the_Bar_for_Social_Work_in_Scotland.pdf (accessed January 15, 2024).

Moriarty, J., Manthorpe, J. and Harris, J. (2018) Recruitment and retention in adult social care services. Social Care Workforce Research Unit, King's College London.

Ng Fat, L., Scholes, S., Boniface, S., Mindell, J. and Stewart-Brown, S. (2017) 'Evaluating and establishing the national norms for mental well-being using the short Warwick Edinburgh mental well-being scale (SWEMWBS): Findings from the Health Survey for England', *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, **26**(5), pp. 1129–44.

Ravalier, J. M. (2023) 'A Call for Support: Social Worker Health, Well-being and Working Conditions', *The British Journal of Social Work*, **53**(1), pp. 1–4.

Ravalier, J. M., McFadden, P., Boichat, C., Clabburn, O. and Moriarty, J. (2021) 'Social worker well-being: A large mixed-methods study', *The British Journal of Social Work*, **51**(1), pp. 297–317.

Scottish Government. (2019) 'Health and Care Staffing (Scotland) Act 2019: Overview', available online at: https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/ (accessed January 15, 2024).

Shanks, E. (2022) 'No choice? Hiring agency social workers in the Swedish personal social services', *European Journal of Social Work*, **26**(5), pp. 896–907.

Social Work Task Force. (2009) 'Social Work Reform: Final Report', UK Government, available online at: https://www.gov.uk/government/publications/social-work-reform-final-report (accessed January 15, 2024).

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J. and Weich, S. (2009) 'Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): A Rasch analysis using data from the Scottish health education population survey', *Health and Quality of Life Outcomes*, **7**(1), pp. 15–8.

Tham, P. (2018) 'A professional role in transition: Swedish child welfare social workers' descriptions of their work in 2003 and 2014', *The British Journal of Social Work*, **48**(2), pp. 449–67.

Waqas, A., Ahmad, W., Haddad, M., Taggart, F. M., Muhammad, Z., Bukhari, M. H., Sami, S. A., Batool, S. M., Najeeb, F., Hanif, A., Rizvi, Z. A. and Ejaz, S. (2015) 'Measuring the well-being of health care professionals in the Punjab: A psychometric evaluation of the Warwick–Edinburgh mental well-being scale in a Pakistani population', *PeerJ*, **3**, e1264.