Safe Staffing in Social Work Research and Policy Development: Children's Services (Report 1)

McFadden, P., McColgan, M., MacLochlainn, J., Schroder, H., McGrory, S., Morrison, A., Mallett, J., Naylor, R., Nicholl, P., Kirby, K., Mullineux, J., & Currie, D. (2024). *Safe Staffing in Social Work Research and Policy Development: Children's Services (Report 1)*. Paper presented at BASW UK Annual Conference - Edinburgh 18th & 19th June 2024, Edinburgh, United Kingdom.

Link to publication record in Ulster University Research Portal

Publication Status:
Published (in print/issue): 18/06/2024

Document Version
Publisher's PDF, also known as Version of record

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Download date: 06/08/2024

Safe Staffing in Social Work Research and Policy Development: Children's Services (Report 1)

Commissioned by the Department of Health Northern Ireland

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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 (P)

- 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 (P)

- **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 Social Work in Children's Services (CS).

Study Objectives (M)

Objectives

- Gather information staffing supply of current social work posts in Children's Services 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

Study Methods (M)

Mixed Methods Data Collection

- Team level survey of staffing levels from 28th of February or 31st of March 2023 in each of the five NI HSC Trusts: Children's Services (**valid: n= 174 teams)**
- Five (5) focus groups with frontline social workers from all five Trusts
- One (1) focus group with Steering Groups (key stakeholders)
- Eleven (11) interviews with social workers across all five Trusts
- Diary activity – A week in the life of a social worker (Children's Services)

Study Methods (M)

cont.

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

Team Level Survey Responses Across Trusts

Trust	Children's Services	Valid Teams
A	49	45
B	38	33
C	39	34
D	33	33
E	31	29
Total	190	174
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 174 Children's Teams.

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**

*All team types in CS

Caseload Ratios 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

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 (M)

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

Note: Teams with fewer AYE social workers, indicating lower staff turnover, included Children with Disabilities (6%), Fostering (0%), Early Years (0%), Family Centres (0%), and Adoption teams (0%) .

Discussion Points in Pairs or Groups (M)

- How are social workers wellbeing protected in the context of workload pressures?
- Are use of waiting lists a general way of managing pressures and how are these governed?
- Do you operate duty intake systems and how are these resourced?
- Staff Wellbeing – what actions are employers taking to support staff wellbeing?

Key Findings cont.

- **Qualitative (M)**

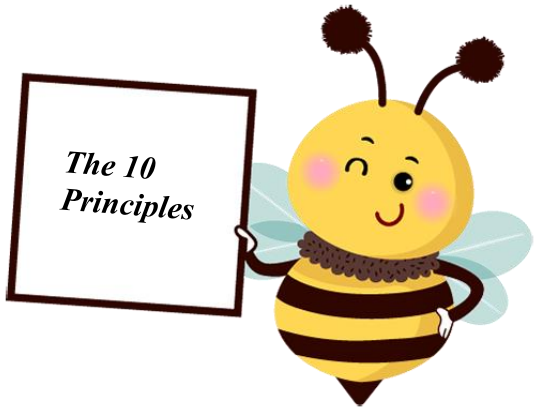
- Team-based approaches to managing caseloads
- Concerns about burnout and retention
- Importance of relationships and trust – role of informal as well as formal supervision
- Positive and negative experience of caseload weighting models
- Strong statements of social work values

Defining Safe & Effective Staffing in Social Work (M)

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 c****ompassionate 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."* (McFadden et al., 2024).

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



The 10 Principles

Safer and Effective Staffing in Social Work

1 Workforce Capacity
Funding adequate workforce capacity

2 Workload within Capacity
Team and individual social worker workload within capacity ensuring trust, integrity, transparency, fairness and equity

3 Skill-mix
Skill-mix, knowledge and experience

4 Compassionate Leadership
Compassionate and effective leadership

5 Well-being
Staff wellbeing & psychological safety

6 Camaraderie
Team camaraderie and support

7 Governance
Good governance including corporate governance, supervision and waiting list management.

8 Interventions
Efficient and effective social work interventions in line with Regulatory Standards

9 Regular Review
Regular review of workloads during supervision.

10 Closure
Closure of cases in a timely manner

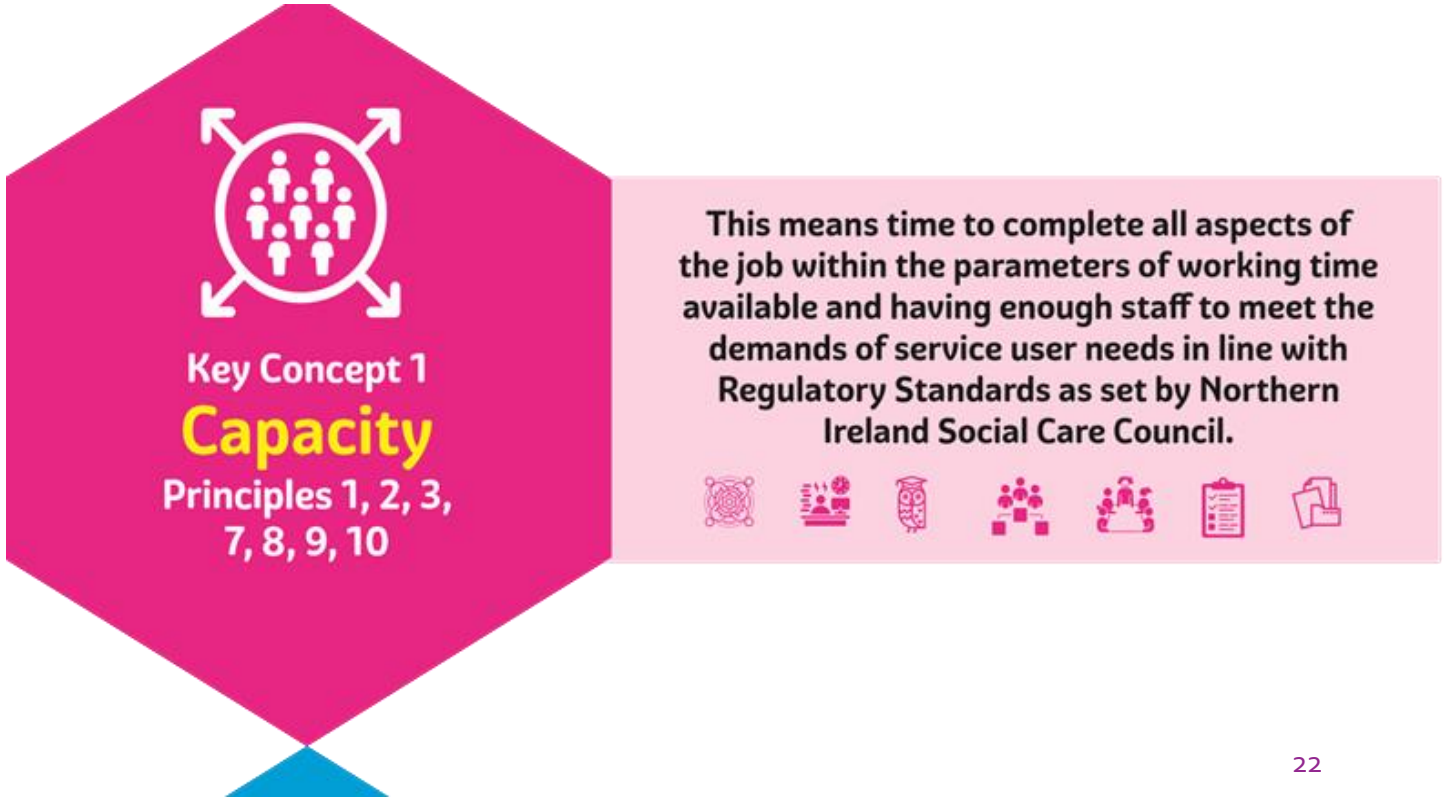
Defining Safe & Effective Staffing in Social Work

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

- **Three key concepts** provide the framework that **underpins** the **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**.

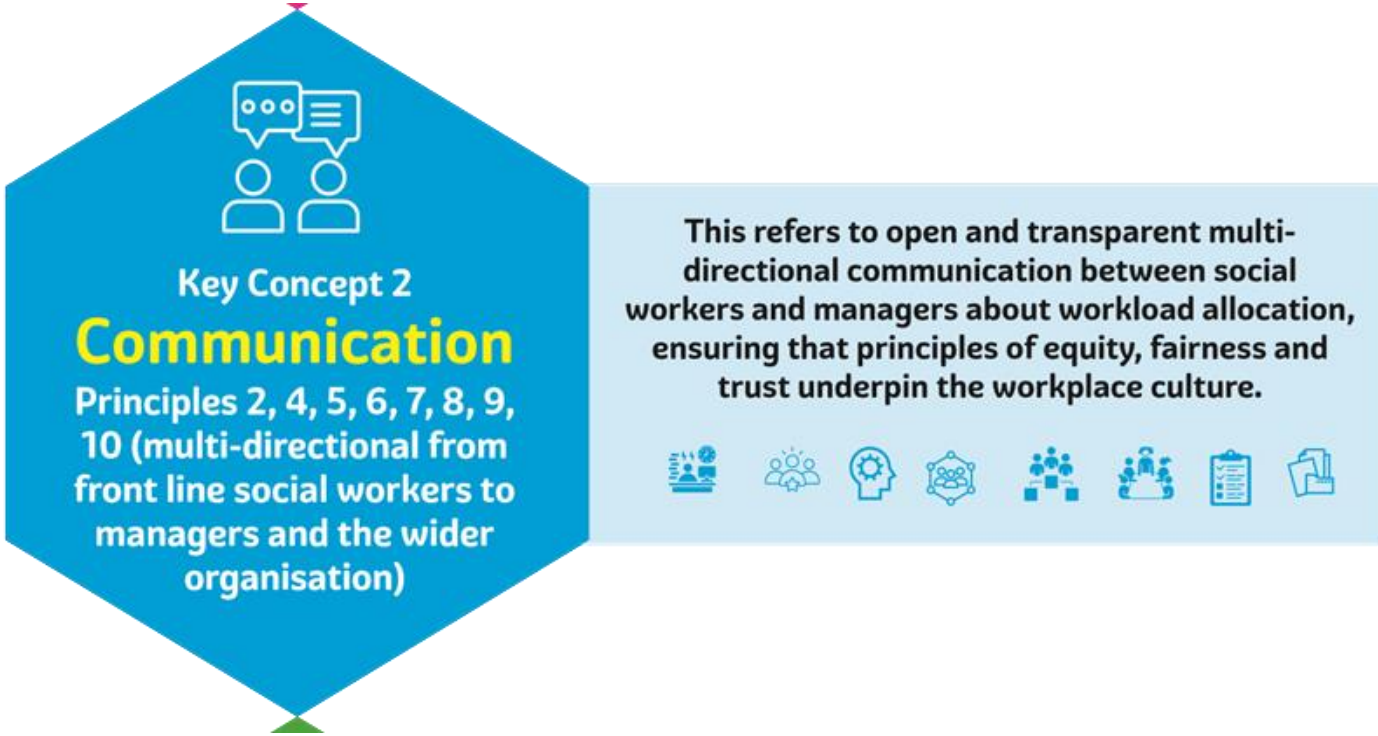
Defining Safe & Effective Staffing in Social Work

The 3 Cs ⟶ 1. Capacity



Defining Safe & Effective Staffing in Social Work

The 3 Cs → 2. Communication



Defining Safe & Effective Staffing in Social Work

The 3 Cs ⟶ 3. Connection

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 require 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.

British Journal of Social Work (2024) **00**, 1–21
https://doi.org/10.1093/bjsw/bcae017

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

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Questions?

Acknowledgement & Disclaimer

- ***The research team would like to thank all participants who contributed to this research, Steering Group members and Aine Morrison, Chief Social Worker for leading the way in this important project.***

- ***Funding Statement:***

- This research is funded by the Office of Social Services Department of Health (DoH). The views expressed are those of the authors and not necessarily those of the funders, i.e., the Office of Social Services, Department of Health Northern Ireland.

Thank you!

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