



# Children’s Social Work Safe Staffing Supply and Workforce Demands Analysis: A Case Study from Northern Ireland

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## Abstract

The matter of ensuring adequate staffing levels in children’s social work services has become increasingly prominent due to challenges related to retention and staff well-being and exacerbated by limited governmental budgetary investment. Various operational tools and policy guidelines in the UK regulate staffing across different sectors of health and social care. However, frameworks for safe staffing in social work are less developed. This study was based on qualitative and quantitative methodologies and specifically targeted Gateway and Family Intervention child protection teams in Northern Ireland, given the significant caseloads and staffing shortages within these specific team structures. The analysis unveiled systemic issues demanding systemic solutions. Frontline social workers and managers were often contending with overwhelming worker-to-caseload ratios, extensive waitlists and vacancies within teams. This

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analysis also assisted in defining safe staffing in social work, including service-user safety, and staff well-being and retention. These findings serve as a foundation for evidence-based strategic planning, informing the development and enactment of safer and effective social work policies and legislation in the forthcoming years.

**Keywords:** caseload ratio, children's social work, policy, safe staffing, vacancies, waitlists

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## Background

In recent years, the issue of maintaining safe staffing levels within the health and social care (HSC) sector has gained prominence (McFadden *et al.*, 2024a). This heightened attention is a response to ongoing challenges faced by HSC services, including but not limited to recruitment and retention issues (Moriarty *et al.*, 2018; Wu and Chen, 2022), staff burnout concerns (McFadden *et al.*, 2015), the legacy of coronavirus disease 2019 (COVID-19) (Dima *et al.*, 2021; Ravalier *et al.*, 2023), the cost of living crisis (Limb, 2022) and disputes surrounding pay and conditions. Within Northern Ireland (NI), there have been further challenges in terms of political instability, with an absent government for substantial periods, the latest government collapse being from 2022 to 2024, inhibiting political decision-making on funding priorities (Heenan and Birrell, 2022). Ensuring safer and effective staffing within NI's statutory social work sector is a key priority for the Office of Social Services (OSS) under the Department of Health (DoH-NI, 2022; McFadden *et al.*, 2024b).

The DoH-NI, OSS acknowledges significant difficulties faced presently by both adult and children's services personnel. Various factors contribute to these difficulties, including staffing time pressures, demographic growth and relative poverty (nearly one-quarter (22 per cent) of children in NI are living in relative poverty), yet budgetary spending is limited in addressing these issues. These factors lead to escalating service demands which inevitably increase social worker (SW) workload and consequently impact staff welfare and their intention to leave the profession (ONS, 2017; Bywaters *et al.*, 2020; Ylvisaker and Rugkåsa, 2022; MacLochlainn *et al.*, 2023).

Research focussing on SW workloads was conducted in Scotland and outlined in the 'Setting the Bar' Report (Miller and Barrie, 2022). This report recommended benchmarked 'optimal' caseloads for children's services, not exceeding fifteen cases for SWs. The report suggests that such standards would not only bolster staff welfare but also aid in service and future workforce planning (Miller and Barrie, 2022, p. iii). Even though the concept of safe staffing is complex and presents numerous

obstacles, establishing benchmarks for manageable workloads is imperative (McFadden *et al.*, 2024b).

The inquiry into safe staffing extends beyond merely assessing the quantity of personnel. As emphasised by the World Health Organisation (WHO, 2016), it involves ensuring that staff are deployed equitably and made accessible to all in terms of population needs. Additionally, staff members should possess the necessary competencies to carry out their roles effectively, and they require support from the broader health system (WHO, 2016; McFadden *et al.*, 2024b). In the UK, various sectors within the HSC landscape operate under distinct legislative and regulatory frameworks concerning staffing. In the realm of adult social care, regulatory oversight in institutional settings is maintained by the Care Quality Commission, and a specific definition of safe staffing has been formulated to uphold the quality and quantity of care provided in these environments (Skills for Care, 2018).

Likewise, in acute and hospital settings, nurses are subject to regulations governing safe staffing, with the development of tools such as the calculation of care hours per patient day to determine and establish safe staffing levels (Carter, 2016; Giannasi and Rudman, 2018). However, the Nursing and Midwifery Council underscores the importance of aligning staffing numbers with patients' needs, emphasising that safe staffing encompasses not only numerical considerations but also involves skill-mix, the inclusion of various staff members beyond nurses, and considerations of diverse settings beyond hospitals (NMC, 2016).

In the realm of social work, the development of regulations, policies and practices concerning safe staffing is comparatively less advanced. A 2022 review of the social work workforce in NI highlighted safe staffing as a key strategic theme (DoH-NI, 2022). The review recommended the establishment of regional consistency using agreed workforce data across the five regional Health and Social Care Trusts to determine the numbers, deployment and utilisation of social work practitioners. This recommendation was based on the creation of a model to identify normative staffing and safe practice levels for social work services (Rec2b). Consequently, NI is currently aspiring to introduce policy and legislation on safe staffing for HSC in response to this review.

Whilst regulations for safe staffing levels in social work are present in other jurisdictions, the landscape is scarce (McFadden *et al.*, 2024b). In Scotland, the Integrated Health and Social Care Workforce Plan (NHS Scotland, 2019) outlines requirements for safe staffing across health and social care. In NI's social work landscape, distinct statutory requirements govern children's services (CS) and various other areas of practice, such as older people's social work. These statutory provisions, as highlighted by Davidson *et al.* (2022) and the HSC Workforce Planning Strategy (2016), significantly influence workload and caseload management. For instance, in CS, the role is delineated by statutory functions rooted in

child protection legislation ([Children Order \[NI\], 1995](#)). Social services bear a duty to intervene when children are at risk of ‘significant harm’, obligating SWs to act in the ‘best interests’ of children and protect them from abuse or neglect.

## Theoretical framework

The job demands–resources (JDR) model of workplace stress ([Demerouti \*et al.\*, 2001](#)) posits that an imbalance between the demands placed on employees and the resources available to meet those demands can lead to stress and burnout ([Taris and Schaufeli, 2015](#)). Demands refer to the conditions under which employees work, adding to their physical or psychological burden, such as workload quantity and quality and time needed to complete tasks to the highest standards. Resources, on the other hand, mitigate the adverse effects of demands and may include staffing supply, workforce capacity as well as opportunities for growth and support from managers and peers ([Broetje \*et al.\*, 2020](#)). The JDR offers a robust framework to interpret the findings of this study in terms of staffing supply and workload demands.

## Why is this study important?

Chronic stress in the workplace has a profound impact on both individual employees and the recipients of their services ([Ravalier \*et al.\*, 2020](#)). Chronic stress not only impacts individuals but often leads to significant organisational financial burdens, particularly within healthcare and social work sectors ([Martin, 2023](#), p. 13). Increased rates of absenteeism and turnover contribute to escalated costs associated with temporary staff, overtime and training expenses for new hires ([Jauregui, 2018](#); [McFadden \*et al.\*, 2023](#)). This issue stems from well-documented instances of sickness and absenteeism in social work, along with evidence of a growing intent to leave the profession ([MacLochlainn \*et al.\*, 2023](#); [McFadden \*et al.\*, 2024a](#)).

The ramifications extend beyond financial implications, exerting an unsustainable strain on both the profession and the broader community, particularly affecting vulnerable populations from disadvantaged backgrounds ([Ferguson \*et al.\*, 2022](#); [McFadden \*et al.\*, 2023](#)). The lives of vulnerable children are increasingly marked by complexity, characterised by unpredictability and the need for deeper engagement from various stakeholders. This complexity presents a significant challenge in effectively responding to the diverse and evolving needs of children, particularly within social services. This article explores how optimal staffing ratios and innovative solutions can address these complexities, ensuring that

services are equipped to meet the demands of modern child welfare. Therefore, the current study focused on children's social work services, specifically Gateway and Family Intervention teams (FIT) in NI due to the high numbers of cases and vacancies within these team types. Gateway conduct initial assessments on children referred due to safeguarding concerns and FIT provide continued family support if safeguarding concerns continue beyond the initial assessment.

## **Research question**

How can safe staffing levels be established for statutory children's social work services (Gateway and FIT) in Northern Ireland?

## **Study aims**

This study plays a crucial role in reviewing the workforce planning of social work in NI, aiming to address the persistent challenges of staffing supply and workforce demands, and turnover. This study aims to assist the development of DoH guidance on safe staffing for social work expected to be implemented in 2025. Additionally, the study aims to address the complexity in children's lives, marked by unpredictability and the need for increased stakeholder engagement, this paper explores how optimal staffing ratios and innovative solutions can better meet these challenges in social services.

## **Objectives**

To address the overarching research question, the study had the following objectives:

1. To document the overall average and range of caseload numbers regionally and at team type level, including vacancies.
2. To develop a staffing supply and service demands framework for calculating safe staffing levels needed in Children's Social Work Services in NI.

## **Methodology**

The study was based on qualitative and quantitative methodologies (mixed methods). The research design followed an iterative approach, and the methodology evolved through a collaborative process involving Local Collaborators at each HSC Trust and Steering Group members representing employers, unions, regulators (Northern Ireland Social Care

Council; NI SCC), and a professional body (British Association of Social Workers; BASW-NI). These groups actively participated in refining and sense-checking the survey questions, whilst also offering insights into the qualitative data collection process. This study was part of a wider research programme entitled 'Safer and Effective Staffing Research and Policy Development; Older People's and Children's Social Work in Northern Ireland' (McFadden *et al.*, 2024c). Data for this study were collected using three different methods: an online survey completed at team level across Trusts on either the 28 February or the 31 March 2023; one-to-one interviews with front-line SWs from children's services; and focus groups with teams and the Steering Groups.

Purposive sampling is a non-probability sampling technique where researchers deliberately select participants based on specific characteristics or qualities that are most relevant to the research question. In this study, purposive sampling was employed to ensure that the participants were directly relevant to the research objectives. The decision to include front-line SWs from CS and members of the Steering Group was deliberate. These individuals were selected because they possess the necessary experience and insights to provide valuable contributions to the study. This approach allowed the research to focus on those who have direct, practical experience with the issues being explored, thereby enhancing the depth and applicability of the findings. By carefully selecting participants based on their roles and experiences, the study ensures that the data collected are rich, relevant and directly applicable to the phenomena under investigation (Andrade, 2021).

Ethical and governance approvals were provided by Ulster University (reference FCAS-23-007) and the five HSC Trusts in NI (IRAS reference 325970). Informed consent and confidentiality was adhered to. Data Protection was outlined in ethical approval applications. Participants were assured that their identity would be anonymised in all publications which also extended to organisational confidentiality with each Trust being provided with a unique identifier.

### Survey

The survey sought team-level information on social work staffing levels, workload distribution and social work activity across all five HSC Trusts in NI. Quantitative data collection at Trust level was undertaken through an online Qualtrics© survey designed to gather team-level information. The Local Collaborator at each HSC Trust shared the online Qualtrics© survey link on an agreed date, allowing team managers at each Trust to input data as a 'regional snapshot period'. The completed surveys ( $n=78$  teams) were then submitted on a pre-defined date (either 28 February or the 31 March 2023), facilitating overall analysis by the research team. The resulting data analysis offered a comprehensive

overview of workload demands and capacity issues related to staffing supply ratios for teams at HSC Trust level and regionally.

### *Interviews*

Qualitative analysis was conducted from eleven semi-structured interviews with front-line SWs in Gateway and FIT services. These interviews were crucial for gaining an in-depth understanding of workload and risk management. The interview questions centred around safe staffing-related themes. The decision to conduct interviews with eleven children's SWs was based on literature indicating that saturation can often be reached at this sample size (Guest *et al.*, 2017). The interviews were conducted either in person or online for the convenience of participants. The interviews were meticulously recorded and transcribed verbatim. The content was analysed to identify themes, utilising Clarke and Braun's (2013) framework.

### *Focus groups*

Similarly, a total of six semi-structured focus groups were conducted with frontline social work teams ( $n=5$ ) and Steering Group members ( $n=1$ ). These focus groups facilitated case study analysis at the team and Steering Group level, addressing issues related to safe staffing, workload, and governance. The questions posed during these focus groups aligned with safe staffing-related topics. The interactive nature of focus groups, incorporating diverse perspectives from various disciplines and roles, fostered discursive interaction and richness that would otherwise be unavailable (Smithson, 2000). The focus groups were audio-recorded and transcribed verbatim. The transcripts were anonymised and subjected to thematic analysis, employing the Clarke and Braun (2013) framework.

## Data analysis

### *Online survey*

In the context of the online survey, the term "Bands" refers to the grading system used to classify SWs according to their levels of experience, responsibility, and pay. This system is commonly used in the UK and may differ from grading systems in other countries. By categorising respondents into different Bands, the survey aimed to capture insights from SWs at various stages of their careers, from entry-level to more senior roles.

The survey gathered information on staffing numbers across Agenda for Change pay Bands (Band 5s; Assessed Year in Employment

**Table 1.** Team level survey responses across trusts.

Trust	Family Intervention	Gateway
A	17	6
B	5	4
C	9	2
D	19	4
E	8	4
<b>Total</b>	<b>58</b>	<b>20</b>

[AYEs], Band 6s and Band 7s), caseloads, waiting lists (unallocated cases) and vacancies. Descriptive statistics were analysed and presented using IBM SPSS V.28. This method allowed for the creation of tabular data illustrating staffing numbers at each Trust and regional level.

## Findings

This section provides a summary of the information collected in the survey: overall caseloads—both allocated and unallocated—in Gateway and Family Intervention social work services regionally. Allocated cases were those cases ‘open’ to SWs. Unallocated cases generally apply to those on waiting lists. Both were combined to illustrate overall caseload demands on teams. The results set out how many SWs were carrying cases overall; the team and regional ratio of staff-to-caseload (staffing supply to workload/caseload demand); and staff vacancies. Workload refers to all parts of the job, whereas caseload is case-specific social work. Cases were counted per child and not per family.

### *Quantitative data*

A total of seventy-eight Gateway and FIT teams responded to the survey (see [Table 1](#)). The five Trusts were anonymised using the letters ‘A’, ‘B’, ‘C’, ‘D’, and ‘E’.

### *Overall caseloads and caseload ratios*

The issue of the SW-to-caseload ratio was central to any consideration of safer and effective staffing in social work. Policies and guidelines to support safer and effective staffing typically start from a baseline of what is deemed a realistic number of cases, depending on the type of social work and service user needs. Regionally, across the five Trusts in NI there was 5,108 cases in FIT and 2,998 cases in Gateway (allocated and unallocated; see [Table 2](#)) on either the 28 February or 31 March 2023. Trust ‘D’ registered the most cases within FIT with 1,707 service users,



**Table 2.** Overall reported caseloads in family intervention and gateway teams regionally.

Reported Caseloads	Trust A	Trust B	Trust C	Trust D	Trust E	Total
Family Intervention	1128	405	1069	1707	799	5108
Gateway	351	354	377	703	1213	2998

whilst Trust 'B' had the least cases with 405 service users registered on either of the above dates. Gateway teams from Trust 'E' registered the most cases ( $n = 1213$ ) and Trust 'A' registered the least ( $n = 351$ ).

Family Intervention registered a total of fifty-eight teams comprising over 255 SWs (see Table 3) carrying caseloads across Trusts (all Band 5s [AYEs], Band 6s, and Band 7s who were not Designated Team Leaders carried caseloads). When the ratio of SW-to-caseload was calculated for this team type, it revealed regionally, workers had an overall caseload ratio of 1:20, that is, twenty cases (allocated and unallocated) per individual SW and an allocated caseload ratio of 1:18. Gateway registered a total of twenty teams comprising of 133 SWs (see Table 3). When the ratio of SW-to-caseload was calculated for this team type regionally, workers had an overall caseload ratio of 1:23, that is twenty-three cases (allocated and unallocated) per individual SW and an allocated caseload ratio of 1:13.

Within FIT regionally, twenty-three ( $n = 23$ ; 40 per cent) of teams were carrying allocated caseloads of between five and fifteen (see Table 4), however, the majority ( $n = 29$ ; 50 per cent) of teams were carrying allocated caseloads of between sixteen and twenty-five, and 10 per cent of teams in FIT were carrying allocated caseloads of more than twenty-five cases.

Within Gateway regionally, the most frequent ratio of five to fifteen allocated caseloads comprised twelve teams ( $n = 12$ ; 60 per cent) (see Table 5), however, eight teams ( $n = 8$ ; 40 per cent) were carrying caseloads in excess of fifteen allocated cases.

#### *Family intervention and gateway unfilled posts across trusts and regionally*

FIT and Gateway teams regionally consisted of seventy-eight teams, with an overall of 104.1 unfilled posts, the majority of which were primarily concentrated within FIT teams ( $n = 73.6$ ; see Table 6). In the breakdown, there were 72.5 empty posts, with 10.5 unfilled posts related to maternity leave, a further 13.5 unfilled posts related to sick leave, and 7.6 vacancies were categorised as 'other'. Notably, over two-thirds ( $n = 72.5$ ; 69.6 per cent) of vacancies within these team types were empty posts.

**Table 3.** Caseload ratios for allocated and overall (allocated + unallocated) cases in Family Intervention and Gateway teams regionally.

Teams (n = teams)	Allocated cases	Unallocated cases	Overall caseload	SWs with caseloads	Ratio of SW to allocated cases	Ratio of SW to overall caseload (allocated + unallocated)
Family Intervention (58)	4581	527	5108	255.3	<b>1:18</b>	<b>1:20</b>
Gateway teams (20)	1780	1218	2998	132.9	<b>1:13</b>	<b>1:23</b>
<b>Total (78)</b>	<b>6,361</b>	<b>1,745</b>	<b>8,106</b>	<b>388.2</b>	<b>1:16</b>	<b>1:21</b>

**Table 4.** Family Intervention: regional frequency of allocated and overall caseload range (allocated + unallocated).

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

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

\*Allocated cases and percentage of caseload ranges based on allocated only. Percentage rounded up/down.

**Table 5.** Gateway: regional frequency of allocated and overall caseload range (allocated + unallocated).

Trust	5–15	16–25	26–35	36–45	46+	Total
A	6 (6)	– (–)	– (–)	– (–)	– (–)	<b>6</b>
B	2 (2)	2 (2)	– (–)	– (–)	– (–)	<b>4</b>
C	2 (–)	– (1)	– (–)	– (–)	– (1)	<b>2</b>
D	1 (1)	3 (–)	– (1)	– (2)	– (–)	<b>4</b>
E	1 (–)	2 (–)	1 (1)	– (1)	– (2)	<b>4</b>
<b>Total</b>	<b>12* (60%)</b>	<b>7* (35%)</b>	<b>1* (5%)</b>	<b>0* (0%)</b>	<b>0* (0%)</b>	<b>20</b>

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

\*Allocated cases and percentage of caseload ranges based on allocated only.

### *Thematic analysis*

The insights gleaned from interviews and focus group discussions with SWs in FIT and Gateway teams indicate that the idea of safer staffing encompasses three key themes: Service Users; Social Worker Safety; and The Organisation, with four subthemes; Physical Safety; Psychological Safety; Workload; and Recruit and Retain (see [Table 7](#)). A definition of safer staffing was also developed from the analysis.

**Table 6.** Family Intervention and Gateway unfilled posts at trust and regional level.

Trust	Empty posts	Maternity leave	Sickness	Other	Total unfilled
A	24	3	–?	4	<b>31</b>
B	3	4	3	0.6	<b>10.6</b>
C	16.5		4		<b>20.5</b>
D	21	2.5	3.5	2	<b>29</b>
E	8	1	3	1	<b>13</b>
FIT regional total	55.5	4	6.5	7.6	<b>73.6</b>
GW regional total	17	6.5	7	–	<b>30.5</b>
<b>Regional total</b>	<b>72.5 (69.6%)</b>	<b>10.5 (10.1%)</b>	<b>13.5 (13%)</b>	<b>7.6 (7.3%)</b>	<b>104.1</b>

Note: FIT, Family Intervention teams; GW, Gateway teams.

**Table 7.** Qualitative analysis; themes and sub-themes.

Themes	Service users	Social workers' safety	The organisation
Subthemes		Physical safety Psychological safety	Workload Recruit and retain

## Service users

The majority of interview and focus group respondents expressed concern for the welfare of their service users. The focus group, comprised of Steering Group members outlined the primary function of the service as follows:

*... to safeguard and protect children and young people, to ensure they are getting good enough care in different settings, to be advocates for them, to develop good relationships with services users and their families so they can achieve the best outcomes possible for children and young people (Focus Group, Steering Group).*

Overall, the concept of safe staffing concerning service users was framed in terms of the quantity of complex or urgent cases that were assigned to each SW. Factors such as case predictability and the involvement of various stakeholders (e.g. family members, other professionals) were considered in assessing workload complexity. With an increase in the number of stakeholders involved in the life of a child, there was a corresponding rise in extended-familial interactions, as SWs relied on these networks for placement and safety planning. The level of concern for service users' safety escalated with greater complexity, urgency, and unpredictability in cases:

*At the minute for us we're with the waiting list... we're not getting to do much early intervention because we're so bottlenecked with those high-risk cases a lot of child protection, a lot of edge of care, a lot of high-risk*

*crisis situations and we just don't have the services or the resources to be able to move them along.* (Focus Group, Trust E).

## Social workers' safety

The idea of safe staffing held significant importance for all interview participants, with the majority expressing doubts about its current feasibility. Whilst some discussed safe staffing in relation to their service users, many also addressed how their work impacted their personal physical and mental well-being, as well as their sense of physical safety.

### *Physical safety*

A nuanced, sometimes implicit, dialogue surfaced regarding physical safety within the context of children's services. This encompassed discussions around real or perceived instances of (potential) aggression or threats from parents or guardians whose children were involved in the system:

*[W]hen you go into the home and the parents aren't happy to see you, you know. We [have] a lot of tension that way, and a lot of—not aggression per se. But just difficulty, you know.... I haven't had anything personally, but, I mean, I have colleagues that have been threatened.*  
(Band 6 Social Worker, FIT).

Moreover, instances of actual violence against SWs were mentioned, influencing their conduct, such as their safe-parking habits or entry into premises. This aspect held particular significance as SWs frequently operate independently. A participant in the *\*anonymised\** Trust Focus Group articulated safe staffing to encompass this critical aspect of physical safety:

*"It's about the team and team members being physically safe in their jobs and as lone workers"* (Focus Group, Trust B).

### *Psychological safety*

Mental well-being was another crucial aspect of safe staffing. It encompasses factors such as mental health maintenance, prevention of burnout, adept emotional regulation, and managing ethical dilemmas. Developing psychological coping mechanisms was viewed as integral to social work training, as emphasised by one SW:

*"[it is important] that they [social work students] learn their own coping strategies and their own coping techniques to make sure that yes, that they can go outside, take a walk, that that they can take 5 minutes and don't*

*feel guilty about taking 5 minutes for a cup coffee.”* (Band 6 Social Worker, FIT).

Nevertheless, feelings of unsafe staffing took a toll on SWs emotionally and psychologically, particularly when they perceived an inability to safeguard, assist and provide support to service users.

## The organisation

Numerous concerns regarding safe staffing voiced by participants revolved around organisational factors, including working conditions, workload, procedural aspects of work, staff recruitment and retention.

### *Workload*

References to workload encompassed discussions regarding time constraints and the ability to fulfil and prioritise work-related responsibilities. Some SWs mentioned devising their own methods to manage task prioritisation. These strategies ranged from using notebooks to postponing statutory visits until the last possible moment or deprioritising reports and paperwork to allocate more time to service users. All respondents acknowledged the problematic nature of these approaches as they impacted the consistency and reliability of processes. In addition to formal workloads, respondents addressed the impact of supplementary tasks, such as training and supporting newly qualified SWs, participating in social work Duty-Intake-Rotas, managing unallocated cases, and collaborating with other agencies and professionals on workload planning. These unpredictable tasks were integrated into regular workloads and were perceived to vie for time with other statutory responsibilities.

Conversations regarding work procedures centred on reporting protocols and systems for managing caseloads. Consensus was reached on the escalating administrative responsibilities, particularly the heightened demands for reporting and documentation. These increases were attributed to the necessity of documenting cases comprehensively, encompassing aspects such as service users' financial management, as well as documenting staffing arrangements crucial for workload management decisions. Staff shortages led to an increase in documentation requirements, thereby necessitating additional personnel whilst simultaneously limiting their capacity to meet statutory obligations:

*And there's monthly reporting functions as well that go up about all the unallocated lists, unallocated assessments. You know, unallocated cases, you know, they're all reported up in terms of what do you have in terms of staffing complements as well.* (Focus Group, Trust A).

Moreover, although many respondents were familiar with caseload weighting methodologies in social work, the majority of interviewees in FIT and Gateway teams did not employ such approaches to manage and allocate caseloads:

*not in usage and not regarded as beneficial by staff (Focus Group, Trust D).*

*Well, we don't do ... I know I don't do caseload weighting. When I was a social worker, our team leader would do caseload weighting and it was like two points for every hour. Or something. It was the most ridiculous, honestly, it was ridiculous. It didn't make any sense and it was you ... you were making it up (Focus Group, Trust D).*

This frequently occurred because caseload weighting failed to consider varying degrees of complexity, urgency and unpredictability.

## Recruit and retain

Throughout the interviews and focus groups, a consistent theme emerged regarding staffing levels and their impact on safe staffing. The capacity to recruit and retain positions was perceived as essential for achieving safe staffing, as highlighted by Trust *\*anonymised\**, which detailed efforts undertaken to enhance recruitment and retention:

*Accommodating flexible working. If you want job share or reduced hours or flexible hours, anything that the Trust can do to retain staff (Focus Group, Trust E).*

At an individual level, one factor influencing staff retention was the level of support within the team and the team's effectiveness. Nevertheless, for Trust *\*anonymised\**, staffing issues endured:

*We are just finding it really difficult, and people aren't expressing the interest to come into the social work world at the minute. Neither of these posts have been filled for a long time. (Band 6 Social Worker, Gateway).*

Moreover, there was evidence suggesting that staff turnover had an impact on team leadership. This was exemplified in Trust *\*anonymised\**, where respondents noted three changes in social work team leadership within a single year. Such turnover not only disrupted consistency but also undermined trust and relationships within the team:

*... But I mean it actually frightens me in FIT [Family Intervention Team] and wherever else, residential... that somebody with such little experience in fieldwork can manage a team because it's a whole different kettle of fish. What then happens and it's glaringly obvious the teams fall apart (Focus Group, Trust C).*

Managers and members of the Steering Groups participated in a sense-checking exercise regarding staffing levels. A manager, who had previously conducted analyses on safe workloads in FIT and other children's services, provided the following commentary:

*These are the numbers [caseloads] we found to be optimal; FIT—15; Gateway—10; LAC—12....*

### *Defining safer and effective staffing in social work*

Before this research study, there was no established definition of safer and effective social work within the literature (McFadden *et al.*, 2024b). The following definition has emerged from the analysis of interviews with frontline SWs and discussions with social work teams and Steering Groups from children's social work services. These groups included senior HSC Trust managers, Strategic Planning and Performance Group, DoH, NI SCC, BASW-NI, and Trade Unions. Thus, this definition reflects the input of the workforce and relevant stakeholder perspectives. The definition takes account of staffing capacity, experience, skill-mix, effective and efficient interventions, responding to service user needs in a timely manner, reflective supervision and compassionate line management and cultivating a supportive team environment. It also recognises the need to support and retain early-career SWs.

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

## **Discussion**

The SW-to-caseload ratio stands at the core of discussions surrounding safer and effective staffing in social work (Lee, 2021; McFadden *et al.*, 2024b). Initiatives aimed at fostering safer and more effective staffing usually begin by establishing a baseline of what is considered a manageable caseload, considering the nature of social work, and the requirements of service users. Social Work Scotland recommended indicative caseload sizes of less than fifteen for children's services (Miller and Barrie, 2022, p. iii). Similarly, insights from interviews conducted in this study, proposed that caseloads of between ten and fifteen cases were

realistic for effectively managing the intricate tasks associated with current Gateway and FIT, respectively.

Utilising survey data, an aggregate staff-to-caseload ratio was calculated and presented regionally for each team type across Trusts. The calculation of caseload ratios incorporates both ‘allocated’ and ‘unallocated’ cases to provide a holistic view of the direct and indirect workload for teams. Whilst this assessment was based on a specific timeframe (28 February and 31 March 2023), gaining a comprehensive understanding of workforce requirements was important as these factors are inextricably linked to high deprivation and a rising number of children in need on the Child Protection Register, and entering state care ([Bywaters et al., 2020](#)). When the ratio of SW-to-overall caseload was calculated, it revealed that 62 per cent of FIT, and 55 per cent of Gateway SWs were carrying caseloads in excess of recommended indicative caseloads of fifteen ([Miller and Barrie, 2022](#)).

The study also found that over one-fifth of social work positions were vacant across the two team types. When positions remained vacant, team leaders were responsible for managing risk across unallocated caseloads by prioritising cases based on risk levels. Affected teams depended on managerial supervision of unallocated caseloads to prioritise risks. Across many Trusts, the strain on workloads was evident as waiting lists were employed to manage caseload numbers. Yet, cases held on waiting lists eventually resurface to SWs through Duty Intake, a consistent aspect within all social work teams ([McCormack et al., 2020](#)). Despite variations in operational models, this system ensures that an available SW addresses emergency issues through the intake process by allocating SW to days on ‘Duty’ within the working month on a rotational basis.

Insights from the Safer and Effective Staffing Research and Policy Development; Older People’s and Children’s Social Work in NI project (see [McFadden et al., 2024c](#)) indicate that by the time a case reaches Duty Intake, the circumstances of service users often evolve and become more complicated. Therefore, the use of waiting lists could serve as a temporary tactic to manage the flow of referrals, shielding SWs from overwhelming caseloads. Nonetheless, over time, this approach may lead to an accumulation of cases, increasing both their volume and complexity. Therefore, reliance on waiting lists might obscure the true demand for children’s services provision.

Overall, the analysis revealed systemic problems necessitating comprehensive solutions. Frontline SWs and managers, grappling with excessive workloads and lengthy waiting lists, frequently perceive individual and team capacity constraints as existential challenges. Indeed, the relationship between workforce supply, service demands, workload, and caseload should be considered within a framework of available time. [McFadden et al. \(2024c, p. 276\)](#) recommend an Annual Hours Framework based on a 37.5-h Whole Time Equivalent factoring in various non-case-related



obligations such as annual leave, statutory leave, supervision, training, office duty, and meetings to acknowledge overall job demands alongside case-related tasks. SWs face the challenge of balancing client-focused care with bureaucratic demands. This entails navigating between addressing service-users' expressed needs, advocating for what the workers perceive as best for the service-users, and fulfilling statutory objectives. Additionally, constraints such as time, resources, and expertise can hinder the fulfilment of professional standards and ethical obligations (Ylvisaker and Rugkåsa, 2022).

Finally, the study underscores the importance of collective responsibility, urging transparent recognition of systemic issues. Encouraging open communication regarding pressures and challenges is necessary to promote safer and effective social work, fostering a positive workplace culture aimed at retaining and supporting the workforce, particularly early-career SWs. Key drivers for safe-staffing in social work includes service-user safety, and workforce well-being, retention and stability. In relation to early-career SWs, it is vital to tackle retention in the sector by addressing workforce capacity issues, ensuring future education and training numbers match identified and projected workforce requirements. Whilst the analysis highlights current workforce pressures, ongoing review is crucial to adapt to evolving societal and population needs and to support the future workforce effectively (Bywaters *et al.*, 2020).

## Strengths and limitations

It is imperative that social work remains adaptable to evolving social, economic, psychological, health and environmental dynamics to effectively enhance the health and social well-being of NI's population. Consequently, this study's relevance was underscored by its alignment with the strategic framework outlined in Health and Wellbeing 2026: Delivering Together (DoH, 2016), as well as the DoH's HSC Workforce Strategy 2026, which highlights existing shortages in the social work workforce and the measures required to address them (DoH, 2023). The insights derived from this study have the potential to positively influence decisions regarding optimal workforce planning for social work within the envisioned restructured HSC system (DoH, 2016). Another strength of the study was the collective efforts of key stakeholder members of Steering Groups which included employers, unions, commissioners, regulators and BASW, ensuring a grounded approach to the project.

The study was founded upon robust empirical evidence, guided by stringent research governance standards and ethical considerations. Drawing from diverse professional perspectives and experiences, the findings lead to the establishment of a definition of safe staffing. These outcomes aim to inform evidence-based decisions regarding workforce

modelling in the future, offering previously scarce empirical data on the social work workforce (Williams and Vieyra, 2018).

One limitation of this study is the reliance on data provided by local collaborators, which necessitated trust in the accuracy and completeness of the information supplied. This dependence on external data sources introduces a potential risk of inaccuracies that could impact the study's findings.

## Conclusion

The Department of Health Social Work Workforce Review, NI (2022, Recommendation 2b), stressed the importance of a renewed emphasis on safe staffing in social work, along with an assessment of the current workforce supply and demand capacity. This was to ensure that workforce planning was founded on a substantive evidence base, facilitating impactful decision-making. The findings outlined within the study, provide an overview of the baseline data from 2023 concerning Family Intervention and Gateway teams, focusing on staffing supply and service demands. This serves as a foundation for evidence-based strategic planning, informing the development and enactment of safer and more effective social work policies and legislation in the forthcoming years (2024–2027).

Undoubtedly, the analysis will pose certain challenges. However, it is anticipated that this research study, grounded in evidence, can facilitate the informed decision-making necessary to ensure the profession's readiness for the future in NI. The conclusions drawn from this study were in accord with the retention and turnover patterns observed across the broader NHS workforce, as well as the goals outlined in the NHS Long Term Workforce Plan (2023) aimed at mitigating shortages in various healthcare sectors. The findings also contribute to our understanding of the growing workload burden on SWs and its detrimental effects on services (Dima *et al.*, 2021; Wu and Chen, 2022). These work pressures result in declining mental well-being with increased burnout and turnover rates, which negatively impact service user experiences and outcomes (McFadden *et al.*, 2023). It is incumbent upon all of us to ensure that social work remains an efficacious and sustainable profession in the years ahead.

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*Conflict of interest statement.* There were no conflict of interests.

## Author contributions

All authors contributed to the study conception and design. Data analyses were performed by J.M.L. and J.M. The first draft of the manuscript was written by J.M.L. and P.M.F. and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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## Institutional review board statement

Ethical and governance approvals were provided by Ulster University (reference FCAS-23-007) and the five HSC Trusts in Northern Ireland (IRAS reference 325970). Informed consent and confidentiality was adhered to. Data Protection was outlined in ethical approval applications. Participants were assured that their identity would be anonymised in all publications which also extended to organisational confidentiality with each Trust being provided with a unique identifier.

## Informed consent statement

Informed consent has been obtained from all participants.

## Data availability

Not applicable.

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