

## Setting the Bar: Executive Summary

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Scottish policy ambitions include the formation of a National Care Service, the embedding of human rights and delivery of “The Promise” to Scotland’s children. For social work, the vision requires ‘a *skilled and valued workforce*’ with ‘a *focus on prevention, early intervention and enablement*.<sup>26</sup> Several issues have been identified as precluding this vision. In particular, high caseloads have been reported as making it difficult for social work staff to achieve best practice and support people effectively<sup>23</sup>. **Setting the Bar** set out to establish an evidence-based indicative caseload limit for social work staff in Scotland, with consideration given as to how this might be used. This report presents the findings.

Our context analysis found that the size of the social work workforce in Scotland has remained relatively unchanged in recent years, and now faces retention and recruitment challenges<sup>21</sup>. At the same time, administrative support has decreased by almost a third.<sup>20</sup> In contrast, the policy landscape is characterised by increasing volume and complexity. Social work departments are facing significant challenges due to a combination of unprecedented financial pressures and the cost of implementing several new pieces of legislation simultaneously.<sup>24</sup> These and many other factors influence social work caseloads and their manageability, including case complexity, geography, economy, poverty, and available support services, plus social work staffing and organisational considerations. Over time these interconnected factors have left much of the social work workforce with larger, more administratively demanding and less balanced caseloads comprising individuals with more challenging lives, often presenting higher levels of risk. At the same time there are fewer services available to connect people to. Any consideration of ‘caseload limits’ must keep sight of the bigger picture.

Our review of different evidence sources included previous surveys of the UK social work workforce, which consistently showed that social work staff continue to support people with genuine enthusiasm despite the challenges. They also helped to establish that the key issues are not new and have intensified over time. These include increasingly unmanageable caseloads, resulting in reduced work quality, excessive hours worked, reduced wellbeing and people leaving the profession. Extending our review to related professions found the difficulties faced by health and social work professions are largely shared, although each profession has a unique role and associated strengths and challenges.

It should be noted that our **Setting the Bar** survey of social work staff employed by local authorities / HSCPs in Scotland received **1588** responses; more than a quarter (**25.6%**) of the workforce representing all 32 localities.

The survey found that a range of interrelated push and pull factors influence social work perspectives about the profession. The ability to make a difference to people's lives (**69%**) and the core values of the profession (**67%**) are the two key factors holding people in their jobs. Relationships with the people and families supported (**62%**) and with colleagues (**58%**) are also highly valued. **88%** agreed that they are *proud of their profession*, **43%** strongly. However, for too many, a range of pull factors are getting in the way, and a tipping point is reached, where the values to which they are committed are compromised, with wellbeing impacts, making the job untenable.

*“My caseload has been increasingly unmanageable over the past few years. I constantly feel like I am fire-fighting and delivering a poor standard of practice. This has led to me feeling burnt out and taking time off sick”*

Setting the Bar Survey Respondent

While almost half of our survey respondents selected *high Caseload* as one of the least satisfying things about their work (**47%**), *high administrative workload* (**78%**) and *lack of time for preventative work* (**65%**) were greater sources of dissatisfaction; in a subsequent question, fewer than **16%** reported *having enough time for preventative and anticipatory work*, at odds with policy ambitions.

Our evidence review also included the annual survey of Chief Social Work Officers (CSWOs) and survey of Newly Qualified Social Workers during the pandemic. What emerge most strongly are the norm of working unpaid overtime at all levels and shared concerns about lack of opportunities for learning and development, particularly in context of multiple policy agendas. There is a sense of being pulled in multiple directions, perhaps compounded by a reluctance to set boundaries with regard to what is humanly achievable. Alongside this is the desire to promote a better understanding of social work; and a concern that decision-making about people's lives is being driven by budgets.

Turning to the question of caseload limits, our rapid assessment of UK and international caseload literature and Social Work Scotland's consultation with CSWOs found consensus that, at an operational level, assessment should be made of the demands of individual cases in relation to the practitioner's knowledge, skills, expertise and capacity, and not simply the number of cases. This was echoed in the **Setting the Bar** survey responses. Alongside this, at a strategic level, an indicative caseload limit is recognised as necessary to remedy the “unfeasibly high”<sup>23</sup> caseloads many social workers hold. Our survey found widespread variation in caseload sizes, from less than five to more than 50, which average caseload figures mask (Adult social work **27.6**, Criminal Justice **27.4**, Children and Families **21.4**). The number of cases, as expected, was a crude measure of caseload manageability such that e.g. eight respondents perceived caseloads of less than 10 as “*hard to manage*” while another eight reported that caseloads in excess of 50 were “*mostly*”

*manageable.*” However, looking across responses as a whole, a clear relationship emerges, with the number of respondents reporting their caseloads as “*hard to manage*” or “*completely unmanageable*” increasing with caseload size.

Our investigation reveals that “**Setting the Bar**” in social work can be supported by indicative caseload limits, and the limits derived for each social work area are:

- A maximum of **15 cases** (children) for **Children & Families** social workers
- A maximum of **20 -25 cases** for **Adult and Criminal Justice** social workers

However, “**Setting the Bar**” was always going to be about more than an indicative number, which must be considered with caveats and not in isolation<sup>53</sup> from other information. Specifically, while CSWOs and the majority of survey respondents offered often thoughtfully considered caseload limits, a significant minority resisted the very notion, some quite forcefully. The introduction of a caseload limit therefore requires careful consideration and communication. This includes emphasis that the limit is indicative, reinforcing an understanding of operational use limitations and listening to other concerns such as increasing administrative workloads. Some wider challenges identified point to resource requirements, including a need for recovered resources which have been diminished during the pandemic and fairer pay for a profession which carries unique responsibilities to preserve public safety and manage risks while focusing on the human rights and outcomes for the people they support. This demands a very specific skill set and the time and support to nurture, develop and practice those skills. Other factors concern processes and system issues which require strategic decisions about what the priorities really should be in face of current unprecedented challenges.

The concern that the distinctive contribution of social work is not understood prompted calls for a much stronger voice if the workforce is to feel valued and able to improve outcomes for people. If social work staff are to have the time and opportunity to engage in the preventative, relational work that policy expects - and which attracts them to the role - there may also be a need to extend the concept of “setting the bar” to include “setting of boundaries” by the profession. Ultimately, despite phenomenal challenges in social work, social workers in Scotland express weariness but not cynicism in response to **Setting the Bar**. The challenges described are complex but not insurmountable.