Setting the Bar for Social Work in Scotland

REPORT

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For Social Work Scotland

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Contents

Executive Summary

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.*[26.] 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[23]. **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[21]. At the same time, administrative support has decreased by almost a third.[20] 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. [24] 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"[23] 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[53] 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.

Overview

Background

Attention is currently being paid as to how a National Care Service will be developed and National Social Work Agency considered. This includes planning for, supporting and valuing an appropriately sized and skilled social care workforce in line with Scotland's ambition to be a Fair Work Nation[1] by 2025. For staff to feel supported and valued, their workloads must be manageable. In social work it has long been recognised that manageable workloads can make a real difference to staff ability to build relationships with people, achieve positive outcomes and meet human rights whilst supporting safer communities[2]. It is also recognised that if caseloads are too large then social work professionals are prevented from working safely and effectively. **Setting the Bar** was commissioned to examine social work workloads and caseloads in Scotland. This report presents the findings, based on:

- A context analysis, including a review of the legislative and policy landscape
- Relevant workforce data and service audits.
- A Rapid Evidence Assessment (REA) of the UK and international evidence about caseloads and workloads
- Social Work Scotland's survey of Chief Social Work Officers (CSWOs) on caseloads for frontline social workers.
- The **Setting the Bar** survey of case holding social work staff working in Local Authorities and Health and Social Care Partnerships in Scotland, informed by all of the above.

For the purpose of this report, the following definitions[3] are used.

Caseload: The number of cases (adults, children or families) assigned to an individual worker in a given time period.

Workload: The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) carry out the work required for each assigned case and (2) complete other non-casework responsibilities.

Aim

Setting the Bar aims to establish an evidence-based indicative caseload limit for social work staff in Scotland and consider how this might be used.

It revisits the position statement made by the British Association of Social Workers[4] (BASW) and the College of Social Work (CoSW) more than a decade ago, namely:

> *"Social workers need a new contract with the government and with employers that gives them the right to a manageable workload with a reasonable number and mix of cases"*
>
> BASW / CoSW 2010

A word on Caseload Management and Caseload Management Tools

Setting the Bar does not examine workload management and caseload management issues at the operational level, or seek to advance formal case management systems, measures, weighting algorithms or tools. Given the considerable effort that has been invested over years to develop caseload weighting tools in social work and related professions, we start by briefly considering this.

In social work, previous comprehensive research studies and literature reviews [4.-7] found examples of applications of formal caseload and workload management tools in specific social work service areas and localities[7], but these were usually reported as being onerous and ultimately unsuccessful[5]. Even where more detailed points-based systems have held stronger potential to evaluate caseloads, they were still found to be too onerous to implement[4]. Given these limitations, at an operational level, workload and caseload management tends to be the role of first line managers, using their close working knowledge of the strengths, skills and capacities of individual team members and regular supervision[4]. The decision-making process may be supported by statistical data, but caseload allocation must not lose sight of individual needs and the important commodity of time. The consensus across all evidence sources examined is that algorithms and tools are not a substitute for professional knowledge and judgement[4.-7].

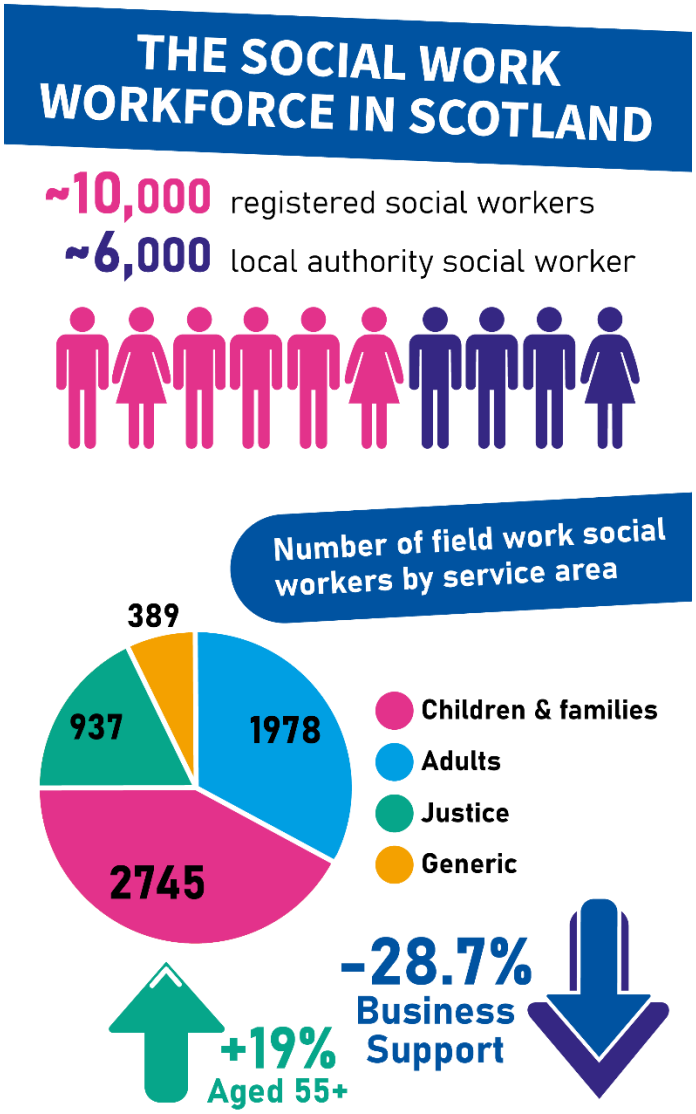
Caseload management has also been the focus of sustained attention in other related professional spheres. In reviewing relevant literature from health visiting and district nursing. [8-15], we noted reports of efforts to tackle understaffing in those professions over several years, with further challenges during the pandemic [9, 13]. District nurses and health visitors will often work with the same families as social work staff. While clearly more focused on health, some parallels can be drawn with aspects of social work values, with for example, health visiting aiming to significantly impact inequalities, adverse childhood experiences and improve child and parent health and wellbeing[11]. Staff shortages in each grouping will have workload implications for the others, including social work.

Previously standardised workload tools were in place for district nursing and health visiting in Scotland around 2015 [10, 15]. More recently, the Community Nursing Tool (CN) was designed by HIS in 2019 to be used by both district nurses and health visitors. Teams are recommended to complete the tool for at least two weeks a year, alongside a quality tool to highlight staffing and workload issues. It was revised in 2020 and is currently under revision again. While we do not presume to comment on the successfulness of the current Scottish community nursing tool, our brief review of caseload weighting tools in district nursing and health visiting suggests a state of flux. Key challenges appear to be the additional effort required to complete such tools as well as continuing challenges with recruitment and retention [13].

We now turn to the evidence base to inform an indicative caseload limit for social work in Scotland, beginning with a summary of the social work workforce before reflecting on the legislative and policy landscape in which it operates.

The Social Work workforce in Scotland

There were **10,919** social workers registered with the Scottish Social Services Council (SSSC)[16] as at 28 December 2020*[1]. The number of registered social workers increased by 3.0% between 2019 and 2020, reversing recent decreases. It should be noted that the 2020 figure includes temporary registrants in response to COVID-19 measures.



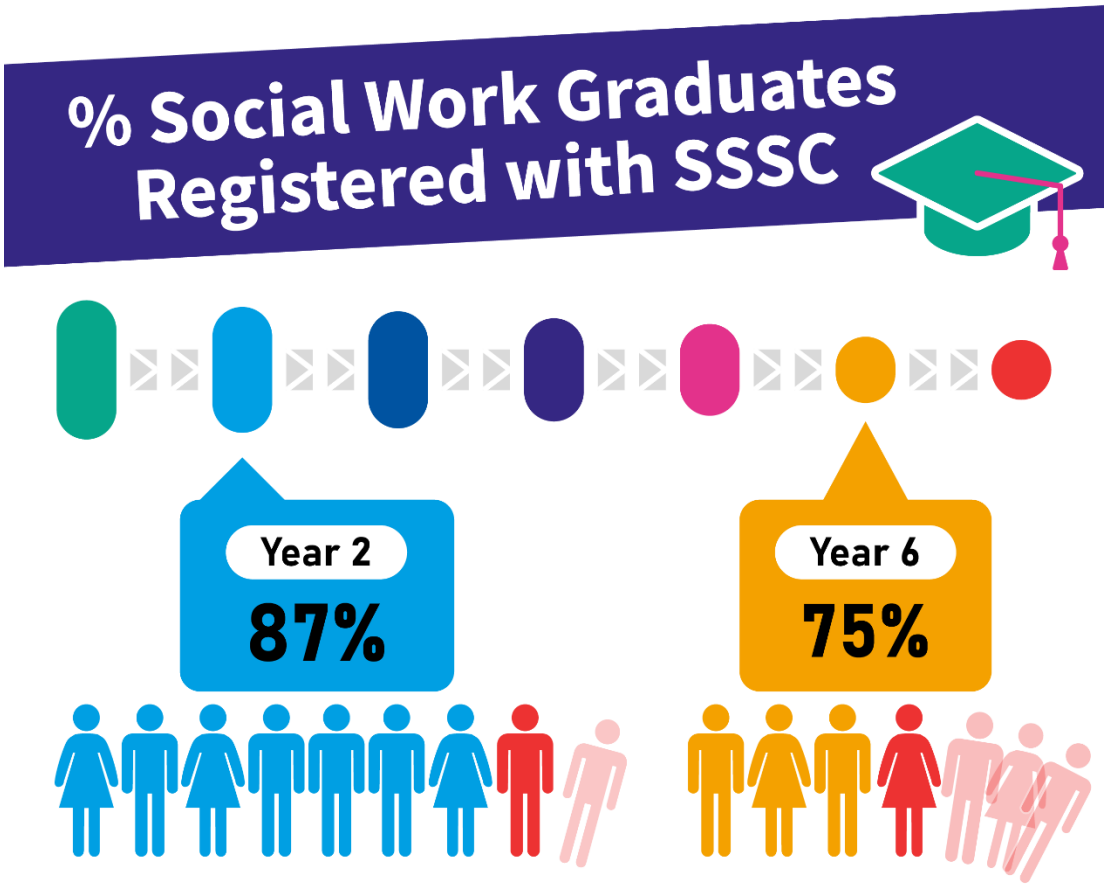
[1] SSSC identify social workers in two ways; one is through LASWS data (social workers in local authority fieldwork services who perform statutory duties) and the other is people registered on the social worker part of the SSSC Register. This latter group includes people working in private and voluntary organisations as well as those who work in non-practising roles, those not currently working but who wish to maintain their professional registration and some who are retired.

Social work assistants showed a small increase in headcount of around 2%, with no change in Whole Time Equivalent data.

6,049 social workers worked in local authority services (**5,191 WTE).** Field work services for children and families continue to employ the highest number of social workers (**2745 = 45.4%**) but workforce growth has largely been in adult services (**1978** = **32.6%**).

Over the same period there has been an average loss of almost one third (**32.9%)** of business support staff across all social work team types, with a drop of **28.7%** in field work teams. [16]

SSSC use the workforce age profile as an indicator of the rate at which it loses staff to retirement. The 2019 '*Demand for Social Worker*s' report [17] highlighted an increase of 20% in the proportion of social workers **aged over 55** and therefore approaching retirement age; **19.2%** of the workforce fell into this age band (up from 15.5% in 2010).



Social work relies on the supply of social worker graduates each year, with approximately **500** graduating in Scotland in 2019. The number of completions from qualifying social work courses fell for five years in succession between 2013 and 2018; this appears to be related to the closure of two undergraduate courses rather than a shortage of applicants.
Within two years of graduating **87.4%**. (7 out of 8) graduates register with SSSC as NQSWs. Within six years, 75% remain registered as either NQSWs or social workers, meaning **1 in 4 have left the profession**. [17]

The size of the social work workforce in Scotland has remained relatively unchanged in recent years and now faces retention and recruitment challenges. Over the same period, the policy landscape in which social work is conducted has however changed significantly, as discussed in the next section.

The Legislative and Policy Context for Social Work in Scotland

A complex and continuously changing legislative and policy landscape has shaped and continues to impact on social work in Scotland.

Social Work Legislation
The Social Work (Scotland) Act of 1968 made provision for the establishment of local authority social work departments and provides the basic structure for contemporary social work in Scotland[18]. Although social work is a relatively young profession, it has been subject to continuous change and reform. The most significant changes were introduced through the 1990 National Health Service and Community Care Act.
This UK-wide legislation separated assessment and commissioning functions from service delivery and introduced the market into social care, effectively shifting a social worker's main professional duty away from direct provision of support[19].
Local government reorganisation that decade further moved social work from generic community teams connected to the wider system to the specialisms we see today with a focus on specialist assessment.[19]

Social work legislation is a devolved function. The Scottish Government sets the legislative basis and the overall strategic framework for the delivery of social work[20], and the key outcomes that social work services are expected to contribute to achieving[21]. Its overall vision is:

'*a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement*'. [22]

Figure 1 provides a timeline of key social work and wider legislation*[2] introduced in Scotland and the UK over 30 years. This illustrates the level of change that social work needs to engage with, with the volume of legislation increasing since the Scottish Parliament was established in 1999 [23].
The statutory framework for social work services is complex, cutting across adult and children's services, in addition to children-specific legislation, and justice-specific legislation for adult and young offenders[23].

The past decades have also introduced important regulation and registration for staff and services, plus standards and principles of care. These too have been subject to change, with many of the provisions made through the 2001 Regulation of Care (Scotland) Act 2001 repealed by the 2010 Public Services Reform Act (Scotland) 2010.[18]

The Wider Legislative and Policy Context for Social Work
There have been several other Scottish Government policy developments, some backed by legislation, that require changes to the way that social work services are provided, most notably through:

- Personalisation; seeking to empower the individual through choice and control over the support they receive, enacted through the 2013 Self-Directed Support (Scotland) Act.
- Joint working and seeking to (re)-integrate health with social care support: enacted through the 2014 Public Bodies (Joint Working) (Scotland) Act.
- Acknowledging the role, needs and rights of unpaid carers: to improve the consistency of support, enacted through the 2016 Carers (Scotland) Act.[2]

[2] [Appendix 1 provides a short description of the purpose of each Act and key statutory duties. Most of the featured Acts are also detailed in interactive form:

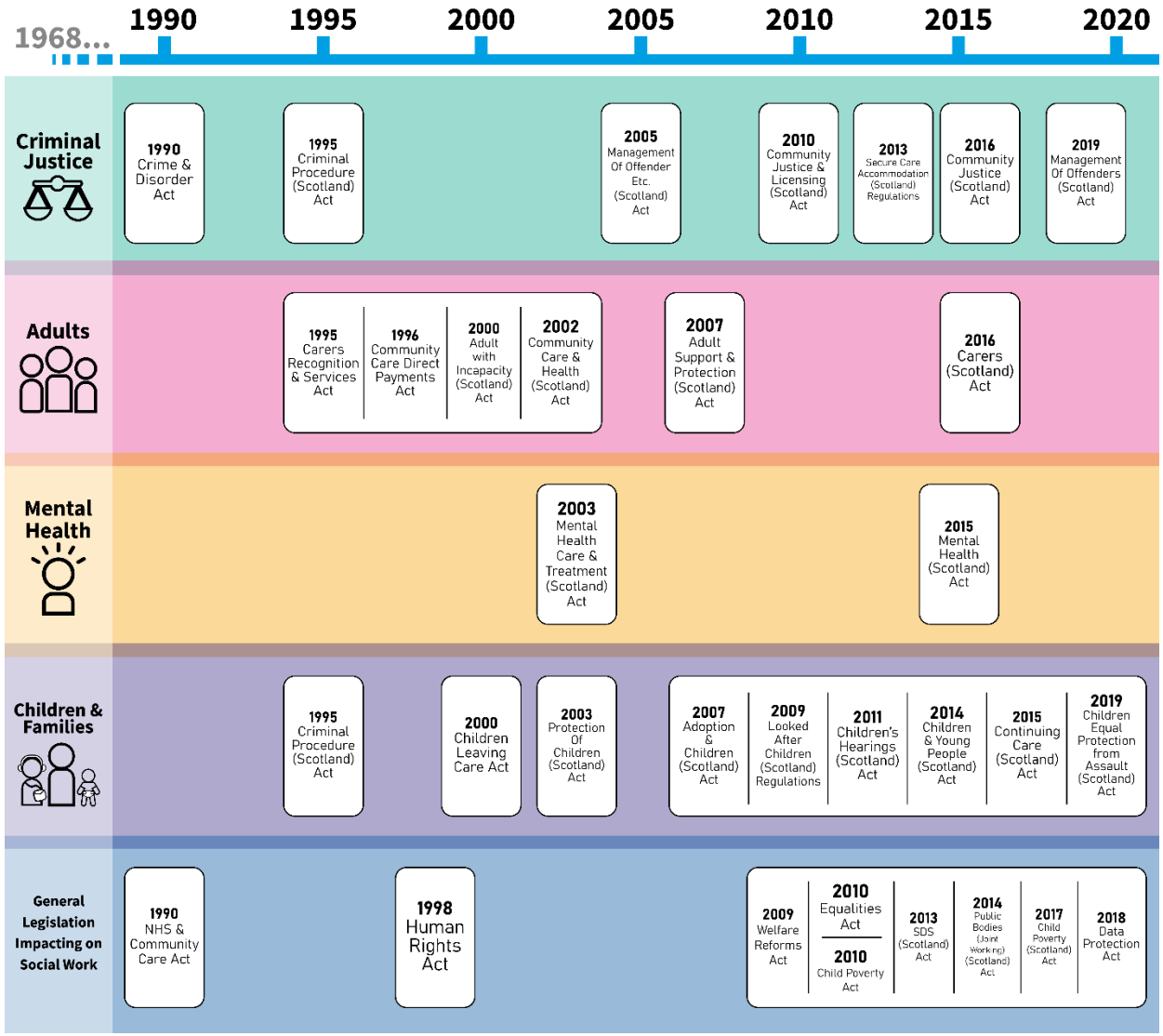


Figure 1: Social Work Legislation Timeline (the Last 30 Years)

More recently, Scotland's ambition to become a Fair Work nation by 2025 is underway[1], with a commitment to ensure that social care is central to this work. This brings a focus on training and development, pay, terms and conditions and better understanding of future skill needs for the sector. The Health and Social Care Staffing (Scotland) Act[24] was both delayed and made more necessary by Covid. While it is confined to NHS and social care staff and excludes social workers, the implications for social work cannot be overlooked. The Act is the first in the UK to set out requirements for safe staffing across both health and care services. Safe and effective staffing is a key element to remobilising the NHS safely and ensuring that Scotland's care homes can safely deliver care to residents.[24]

Alongside this, certain UK wide legal and executive powers remain at Westminster; equalities and human rights legislation is UK wide, adding to the complexity that social workers have to navigate. Data protection and GDPR legislation also introduced stipulations that social work staff need to constantly assess in terms of information sharing with other key professionals and record keeping. This is of significance in relation to protection and safeguarding duties.[20] The UK fiscal policy decision to introduce austerity in 2010 has resulted in significant and sustained cuts to public spending and a reduction in the role of the welfare state.[23] Social care and social work budgets have been directly and substantially affected.

The Impact on Social Work Services and Social Work Staff

Social work departments are facing significant challenges because of a combination of financial pressures caused by a real-term reduction in council spending and demographic change, as well as the cost of implementing multiple new pieces of legislation simultaneously.[20] Difficulties recruiting care staff have since March 2020 been compounded by the impact of Covid-19 (and Brexit).[23]

Legislation and policy have defined and classified social care support, created categories of person requiring support, codified assessment of need and created eligibility criteria.[22] Together, this has determined not only who to support, but even who to assess, meaning social work staff have become involved later in supporting people, often delayed until the point of "statutory" intervention.[23] Important social work and government initiatives to promote good conversations, person-centred, assets-based and outcome-focussed assessment have had to work against the requirement to emphasise deficits to achieve resource.[23,27] The benefits of long-term relationships and oversight of interventions from start to finish have been eroded. Social work has deviated from the profession's position on what it is and how it supports people.[23.] This is at odds with Scotland's vision for social work with a focus on prevention, early

intervention and enablement. We now turn to consider the current policy framework in Scotland, potentially heralding the most significant changes to social work in decades.

The Current Policy Framework in Scotland

The current policy landscape in Scotland relevant to social work services continues to be in a state of flux. With regard to children and families, the overarching policy framework for children and families is Getting It Right for Every Child (GIRFEC), embedded in Scotland from 2006 onwards, and promoting 8 factors that matter when talking about a child or young person's wellbeing [25]. In this context, the Independent Care Review was set up in 2017 to deliver a review of the care system for Scotland's children. The Promise was the output of this review, published in February 2020. The Promise identifies a 10-year programme of change, backed up by an Implementation Plan, published in March 2022. This is intended to work in harmony with the Covid Recovery Strategy and plan to tackle child poverty.[26]

The rights-based approach promoted by GIRFEC and the Promise, was strengthened in 16 March 2021 by the passing into legislation of the United Nations Convention on the Rights of the Child (UNCRC). This promises to place children's rights at the heart of Scots law. There is an associated interest in Scotland in the Lundy model of child participation[27]. Her model provides a way of conceptualising a child's right to participation, as laid down in Article 12 of the UN Convention on the Rights of the Child.

In adult services, a parallel review, known as the Independent Review of Adult Social Care (IRASC), was undertaken between 2020 and 2021[28]. A key recommendation in the IRASC was the formation of a National Care Service for Scotland (NCS). The subsequent Scottish Government consultation on the NCS extended the scope of the IRASC to include a range of other services, including children's services, community justice, alcohol and drug services, mental health services, and social work. This clearly has potentially significant implications for justice services too. The main themes emerging from the responses included the need to avoid additional bureaucracy, maintaining local accountability and the challenges faced by rural and remote areas [29]. We now briefly consider other recent research, which considers the voices of people using welfare services in Scotland, to illustrate what they value from services.

Voices of individuals and families supported by welfare services in Scotland

Recent research to understand the experiences of people using welfare services in Scotland includes the Hard Edges Scotland[30] study of individuals facing severe and multiple disadvantages, and research with families commissioned by Includem.[31] Common themes include difficulties finding the right support, which often only arrived at crisis point, with missed opportunities for preventative interventions.

They also highlight the importance of emotional and practical support tailored to individual needs, including advocacy with other services, feeling able to talk about anything without being judged and ‘stickiness’, namely workers staying with and not giving up on people. Both studies found such support was linked to positive outcomes, including being able to be honest about challenges, obtaining financial support and improved mental health.

In describing what families valued most from Includem workers[31], the word ‘relationship’ was used with striking frequency, with positive features including listening, trust, authenticity, commitment, flexibility, humour and fun. Working with the whole family was also valued and most reported improved family relationships, with children and young people also reporting being ‘calmer’ and making ‘better’ choices.

These studies are consistent with findings from a review of international studies[31] in highlighting a need for practitioners to have the time and space to engage with people facing complex challenges, rather than having to process them through assessments and a compliance model of working.

With this understanding of the landscape for social work in Scotland, we now review what is already known about workloads, caseloads and wider factors influencing how manageable caseloads are.

Workloads, caseloads and the consequences of high caseloads

Factors influencing workload and caseload manageability

Discussion of **"**caseloads" in social work usually focuses on the number of cases assigned to a given worker, their increasing complexity or both. Workload is typically heavily influenced by caseload, but difficulties managing workloads can also arise when a wide range of non-case related tasks have to be undertaken.[3.] In addition, multiple inter-linked factors can influence the extent to which a caseload is manageable, as illustrated in *Figure 2* below.

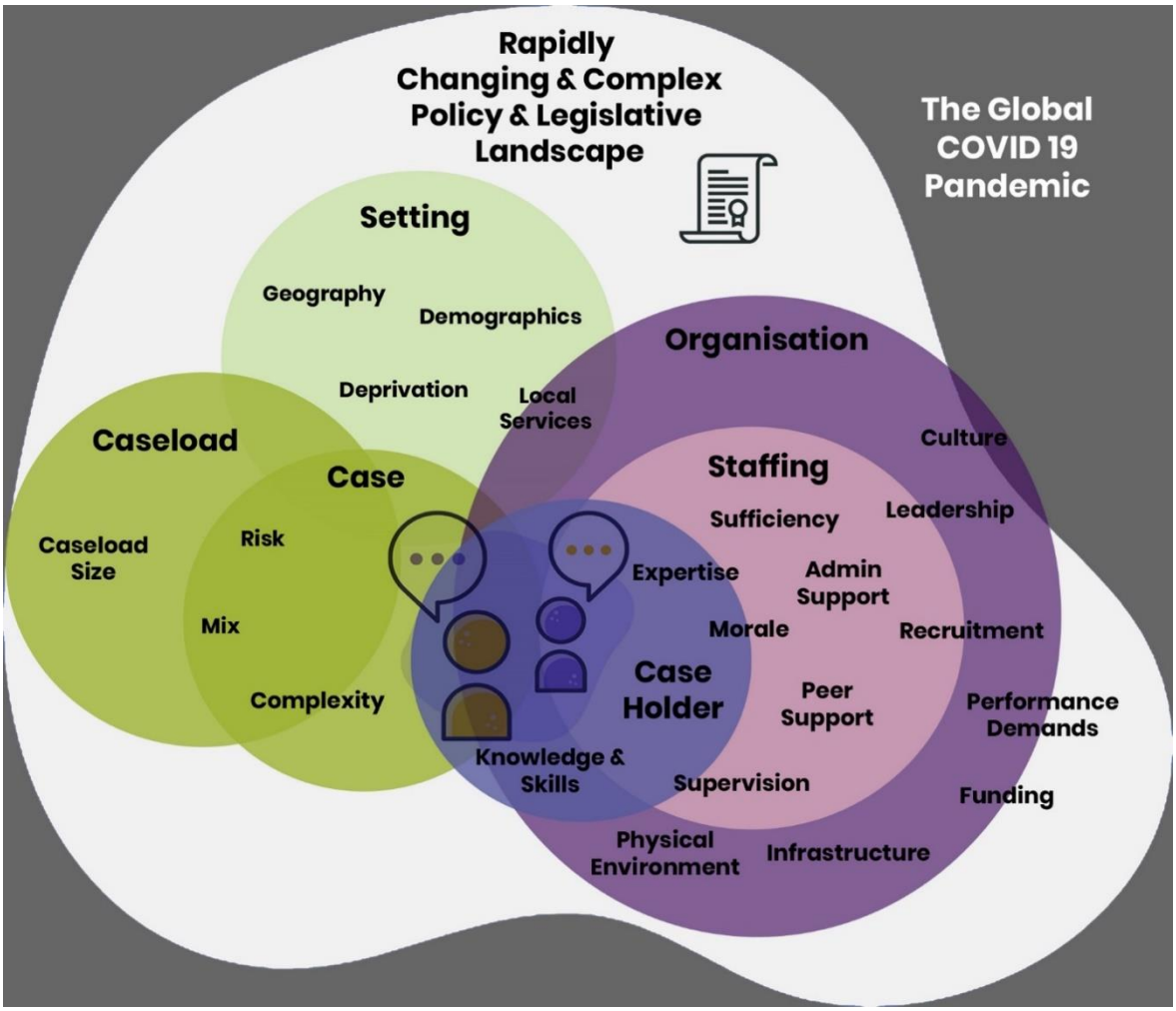


Figure 2- Factors Shaping Caseload Manageability

These factors include:

- **Individual case**: Case complexity, needs and risk, plus the mix of cases in a caseload
- **Setting:** Remote and rural including additional travel requirements, urban or mixed geographical factors, plus local economy, poverty / levels of deprivation

and other population needs, and the availability of interventions, services and supports to refer people to.

- **Case holder:** Knowledge, skills, experience and expertise
- **Staffing levels:** Number of available and suitably qualified social work staff
- **Worker supports**: Availability (or lack) of administrative support, peer support, frequency and quality of supervision and other forms of managerial support.
- **Organisational:** Capacity to provide different forms of support, fund and attract staff, policy and performance demands, leadership and culture, and workload management capabilities[2].
- **Physical working environment**: While e.g. hot-desking[48] has been an issue in recent years, during the pandemic many staff were impacted by the requirement to work from home with minimal admin support or connection to their team.[33]
- **Demographic changes:** The population of Scotland is ageing and the need for adult social care services is expected to increase by 3.5% year on year[23]. Supporting looked-after children and child protection also require increased input. Poverty remains the key driver of need for families and children; child poverty in Scotland has increased from 19% in 2010-11 to 26% in 2019-20 [18, 23].
- **Policy and legislation:** New legislation can create entitlements to services based on specific criteria and implementation can require system adaptations and increase workloads, often without additional resource being made available[23]. The introduction of policy targets, such as reducing the time between referral and allocation and between initial assessment and assessment etc. can also increase pressures and impact on caseload manageability.
- **Global:** Enveloping all of these factors, since March 2020 it is impossible to ignore the impact of the pandemic, which has created difficulties in providing services across all social work specialisms as well as new and challenging demands. Critical events like the war in Ukraine also have implications for social work due to safeguarding requirements associated with displaced families. This is all compounded by the cost of living crisis, impacting both supported people and social work staff in their own lives.

Over time these interconnected factors have left much of the social work workforce with larger, more work intensive, administratively demanding and less balanced caseloads comprising a greater number of individuals with more challenging lives, often presenting higher levels of risk. At the same time, administrative support has decreased considerably and the services available to connect people to have been eroded by sustained funding cuts. Current socio-economic pressures have implications for social work services. In reviewing concerns about “caseloads”, it is important to keep sight of this bigger picture.

Concerns about and Consequences of High Caseloads

Numerous UK research studies and surveys over the past 10-15 years have examined the positive aspects of social work and the challenges, including annual surveys by Community Care UK[35], the British Association of Social Workers,[32-34] the Department for Education's longitudinal study of children and family social workers[38], plus special investigations e.g. for the Social Work Taskforce[40] and UNISON[41]. Studies consistently show that social work staff continue to support people with genuine enthusiasm despite the challenges. However, the data provide a disturbing account of the state of social work in the UK, including unreasonable expectations of staff that have been unaddressed for more than a decade. This includes increasingly unmanageable caseloads, with consequences including reduced work quality, excessive hours worked, reduced wellbeing and people leaving.

Many of the studies drawn upon have been confined to England[34-37] or other parts of the UK[39]. Of the UK-wide surveys, several featured only a small number of respondents from Scotland, including the most recent BASW survey[32] (<50 respondents). To secure a better understanding of the current situation in Scotland, the Setting the Bar survey instrument was developed, informed by the previous surveys and the REA more broadly. The results are presented in the next section.

The Setting the Bar Survey

The Setting the Bar survey aimed to find out more about the work case holding social work staff do and the rewards and challenges experienced, with particular regard to caseloads and workloads. The survey received **1588** responses, of which **1552***[3] were from practising fieldwork social work staff employed by local authorities / HSCPs; more than a quarter (**25.6%**) of the workforce. Around 100 responses were received within two hours of the survey being published. This level of response points to the salience of the issues raised within the survey to the Scottish social work workforce.

More than half of respondents (773) identified as social workers **(51%**), **6%** were NQSWs (91), with the remaining **43%** split fairly evenly across Social Work Assistants (169), Senior Social Workers (137), Managers (189) and 'Other' (171). The respondent profile was consistent with the Scottish social work workforce demographics*[4] in terms of social work specialism, age, gender and ethnic group (*see Appendix 2*). The respondents also had a good mix of length of service in social work practice. A slightly greater proportion of respondents worked full-time than for the workforce as a whole

[3] 36 responses were received from business support staff and OTs who would not be included in the **6,049** head count calculated through the most recent LASWS data.

[4] As determined through the most recent LASWS data and the SSSC 2020 Interactive Social Worker Data Tool

(**83.4%** vs 77.3%) with correspondingly fewer part-time respondents. **132** respondents reported that they had a disability, of which **57** indicated that they did not receive the support they needed to manage their caseloads at work.

Geographically the survey was wide-reaching, with responses received from all 32 localities. However, when expressed as a percentage of the total number of fieldwork social work staff in each area[5], response rates varied considerably from the overall response rate of **25.6**%; from **60%** of the workforce in Argyll and Bute (49 of 81 staff), closely followed by **58%** in South Lanarkshire (190 of 329) down to **10%** in Glasgow City (76 of 755), **9%** in South Ayrshire (10 of 109) and **7%** of the workforce in the Orkney Islands (2 of 27).

Summary Survey Findings
We briefly summarise the main findings below.

Respondents were asked about the best and least satisfying things about their work and invited to select all that applied from a list of options.

The best things most frequently selected were: *Making a difference to people's lives* **(79%),** *Relationships with the people and families I support* **(62%)**, *It's interesting* **(61%)** *and Relationships with colleagues* **(58%),** speaking to the relational nature of social work and the underpinning values. In a subsequent question, more than **70%** agreed that *on the whole, they were able to make a difference to the lives of the people they worked with* and **88%** agreed that they are *proud of their profession*, **43%** strongly.

While almost half of 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*. This together with the volume of administrative work featured strongly throughout the survey, with over **43%** indicating that they *spent 40% of their time or more working on admin tasks* and less than **25%** of respondents agreeing that they *received the administrative support they needed to fulfil their role*.

A Focus on targets over what matters to people was another significant source of dissatisfaction **(43%),** with open text responses pointing to concerns about the prioritisation of budgets over people**.** An *inability to refer people on to other services* was also selected by **41%** of respondents and 'lack of resources' more broadly featured

strongly in the free text responses in support of the 'Other' option, with less than **31%** agreeing that they *had the resources they needed to fulfil their responsibilities*.

In terms of the *ability to manage new referrals within the team*, encouragingly, more than **50%** reported that this happened all or most of the time, with a further **35%** responding 'some of the time. However, this came at a cost, as more than **70%** of respondents *worked additional hours* most of the time or always (45%), of which **90%** *did not ever get paid for additional hours* and just under **two thirds** *regularly lost hours at the end of a time period*. **43%** worked between 5-10 hours extra, **13%** between 11-15 hours and around **12%** more than this. Work pressures also impacted on the time available for training, learning and development, with **81%** of respondents reporting that they spent less than 10% of their time on this.

While not all survey questions are discussed above, we touch on all items and elaborate on the issues raised in the subsequent report sections.

Current caseloads and perceived caseload manageability

Given **Setting the Bar's** concern with establishing an indicative caseload limit, detailed consideration was given to respondents' current caseload sizes and their relationship (if any) with perceived caseload manageability.

Current caseload size

When thinking about how best to investigate current caseload sizes, the REA established that offering respondents a series of pre-determined numeric ranges was too simplistic. The response item was therefore included as an open text field and unsurprisingly there was considerable variation in the way in which the question was answered. Whilst this complicated the analysis, the details supplied allowed for greater accuracy plus a more nuanced understanding as to how caseloads were variously determined and the qualifications surrounding them.

Unspecified caseloads

224 respondents skipped this question. Of the **1,364** completed responses, **21** indicated that they "didn't know", "it was variable" or "too difficult to say", with other non-specific responses including "too many" or "a great number".

Zero caseloads

Almost **10%** of those answering the question (**131**) answered '0', most indicating this was because they were managers **(77)** or senior social workers **(30),** while **11** respondents held administrative or clerical posts. For the **10** social workers and **3** social work assistants reporting zero caseloads, supporting rationales included working with

duty, emergency, intake or non-case holdings teams, or undertaking a specific role / project.

For the purposes of the survey, a case was defined at the level of the individual. There was however some variation in what was deemed to constitute a case, caseload and how this was reported.

Team caseloads

46 respondents (managers) specified their caseload at team level, expressed in different ways:

Social Work Specialism	No. of Responses	Team Caseload	Average Individual Caseload	Individual Caseload Range
Criminal Justice	8	4-12 staff	26	29-34
Adults	9	120->300 cases	Unspecified / ~40	Unspecified
Children and Families	29	80->800 cases	15-20	4-30

Family caseloads

Several respondents specialising in Children and Families social work detailed the number of cases in terms of the number of families and the number of children they were working with; in such cases the latter was used in the analysis. Three respondents detailed their caseload in terms of the number of families only. For all other Children and Families responses, the reported caseload was assumed to be the number of individual children. Should this have referred to the number of families in some instances, caseloads for Children and Families will be under reported.

Caseloads based on individual cases

The size of caseloads based on individual cases varied enormously, from less than five to more than 100. The reported caseload sizes were first examined together with any supplementary text and then average caseloads were calculated based on the values supplied.

Average caseloads

The average caseload across all non-zero numeric responses was **24.8.** There was some variation in this figure across social work specialisms, with Adult social work recording the highest average caseload of **27.6**, closely followed by Criminal Justice at **27.4**. The average caseload for Children and Families was **21.4**, broadly similar to the

average of **21.7** for respondents identifying as Generic / 'Other' (primarily those working with children, young people and adults in fields including mental health and learning difficulties).

The average caseload also varied by role, with NQSWs, as expected, reporting the lowest average caseload of **20.8;** this was 18% lower than the average caseload for social workers (**25.3).** The survey responses suggest that NQSW caseloads are protected across specialisms, mostly strongly in Criminal Justice with the smallest reduction reported in Children and Families. As illustrated in *Figure 3*, average caseloads in Children and Families were consistently lower across all roles.

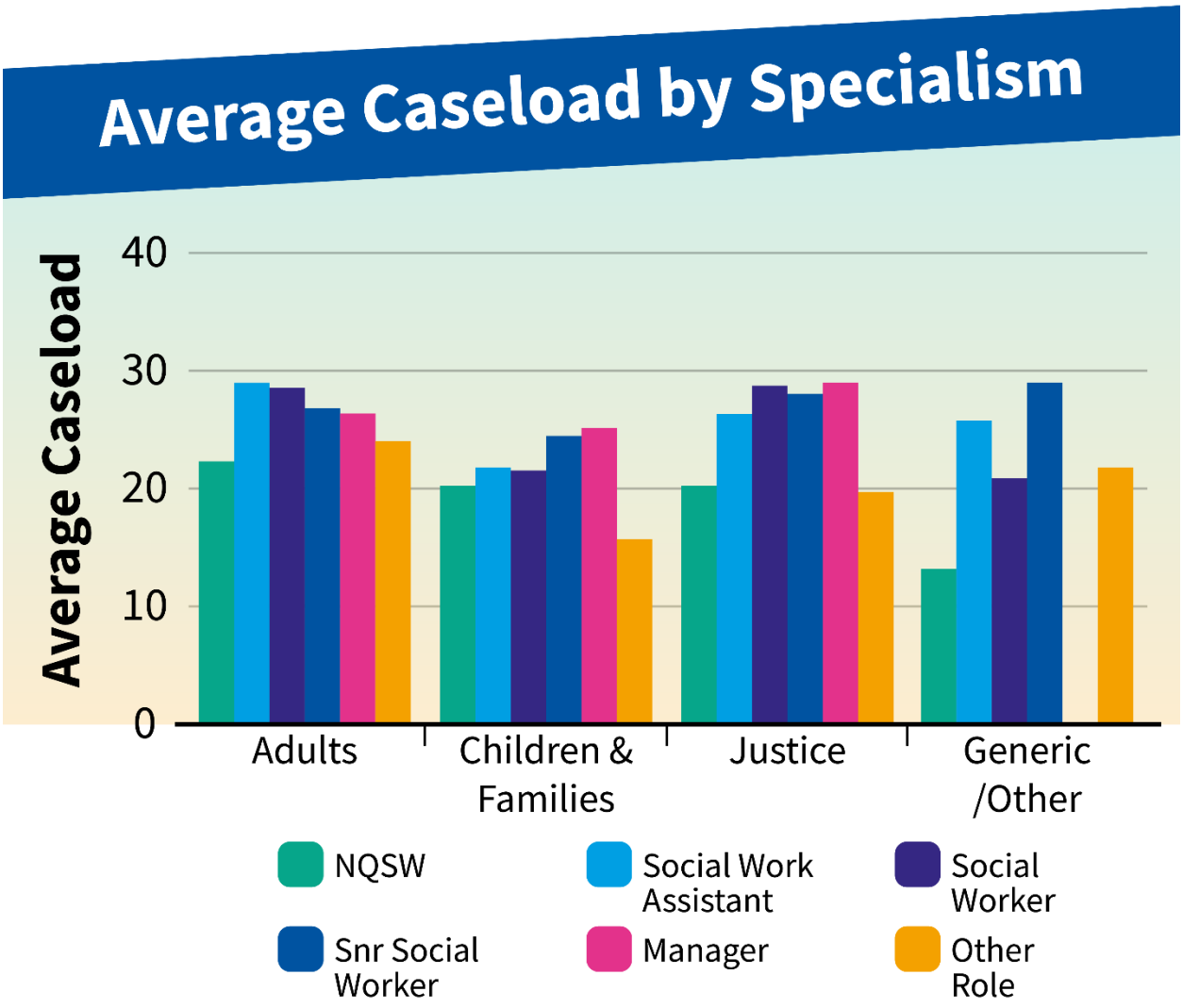


Figure 3 - Average Caseload by Social Work Specialism

Caseload range distribution

Average caseloads mask the widespread distribution of caseload sizes across the survey as a whole and within each specialism. For ease of presentation, caseloads were grouped into a series of ranges and then analysed by role and social work specialism.

Caseload Range	No. Responses	% Response
>50	31	2.8%
41-50	77	7.1%
31-40	168	15.6%
26-30	158	14.7%
21-25	162	15.1%
16-20	215	19.9%
11-15	176	16.3%
<=10	91	8.4%

Figure 4 presents the percentage of respondents holding caseloads within each range by social work specialism. Again, caseloads for those working in Children and Families are more heavily weighted towards the lower caseload ranges, while more than a third of respondents **(>33%)** from both Adult and Criminal Justice social work reported caseloads in excess of **30**. Although the percentage of respondents holding caseloads greater than **30** is considerably smaller for Children and Families (**15.9%)** and 'Other' **(14.6%)**, this is far from negligible.

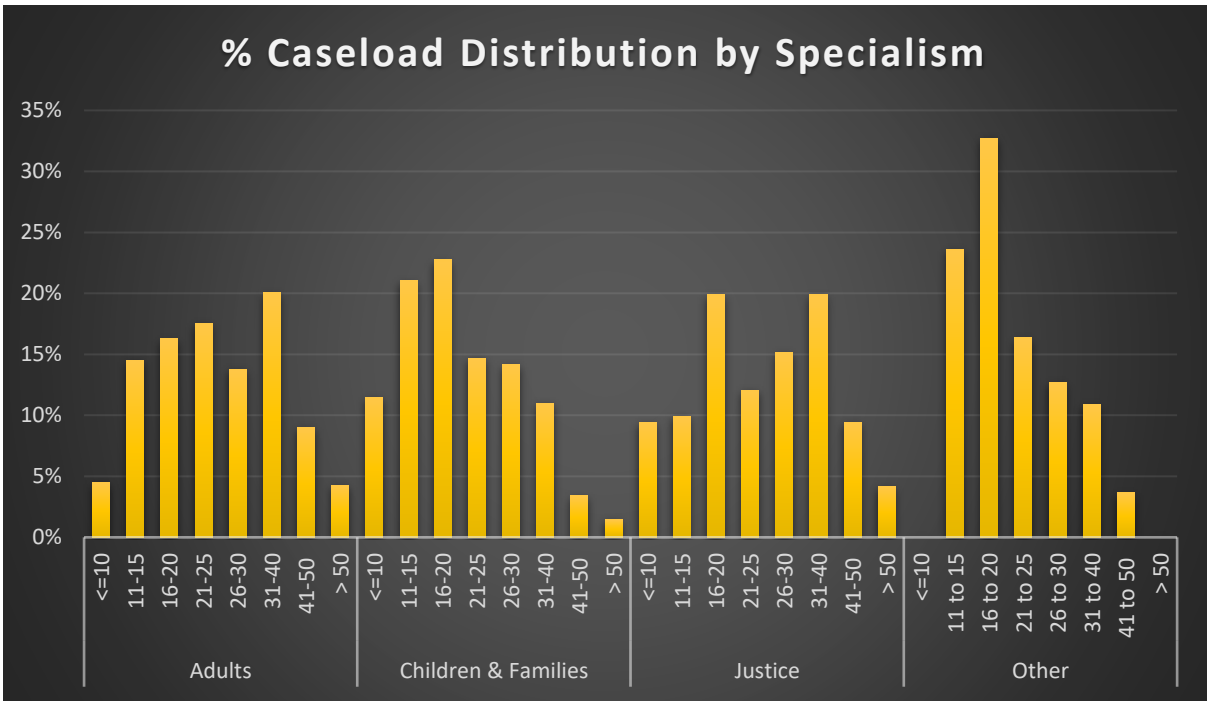


Figure 4: % Caseload Distribution by Social Work Specialism

Perceptions of current caseload manageability

More than half of respondents **(53.4%)** indicated that their current caseloads were "*comfortably manageable*" (12.1%) or "*mostly manageable*" (41.3%), with over a third (**36.2%)** responding that they were "*hard to manage*" and the remaining **10.4%** "*completely unmanageable*".

Caseload manageability and caseload size

Differences in perceptions of caseload manageability were found across caseload ranges (e.g. 8 respondents perceived caseloads of less than 10 as *"hard to manage*" while another 8 respondents reported that caseloads in excess of 50 were "*mostly manageable*"). Variations were also found within each caseload range and these held when making comparisons by role and social work area.

However, when we consider the relationship between caseload size and caseload manageability across all survey responses, a clear pattern emerges, as shown in *Figure 5*:

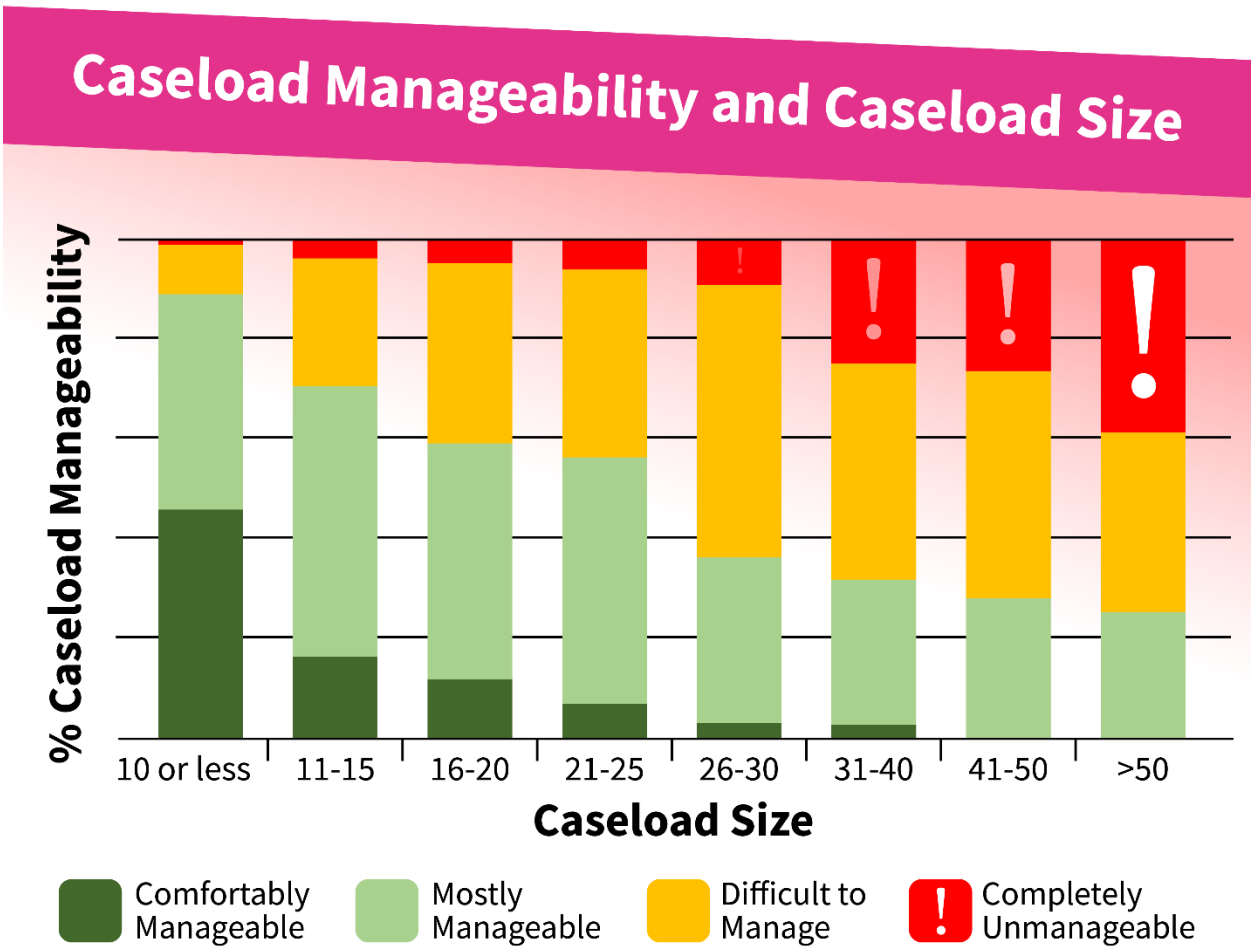


Figure 5- Caseload manageability and Caseload size

When caseloads exceed **15** there is a small shift in the percentage of respondents finding their caseloads "*hard to manage*" from **25%** to **36%**. This increases to more than half of respondents (**54%**) when caseload size exceeds **25**, with caseloads in excess of **30** associated with a marked increase in perceptions of being *"completely unmanageable*" (from **8.8% to 25**%).

To help contextualise these findings, we look more closely at the responses to questions about reasons for leaving or staying in the social work profession.

Push and Pull factors

A fuller account of the voices of social worker staff in Scotland is provided in *Appendix 3*. Here we highlight the percentage responses to predetermined options, illustrate interconnections between them through examples and summarise additional themes identified from analysing narrative data.

Push Factors: reasons for leaving
We asked respondents to select up to three main reasons they might leave the profession. The percentage of responses to each pre-defined option are as follows:

Unmanageable workload	59%	Poor Salary	25%	Threats from families	9%
Lack of work-life balance	51%	Fear of making mistakes	25%	Negative public perceptions	9%
High administrative workload	49%	Lack of managerial support	21%	Travelling	5%
Poor physical / mental health	45%	Wanting to try something new	20%		

504 practitioners also wrote explanations ranging from one word to 1500 words. Narrative responses expanded upon the most frequently selected push factor, **unmanageable workload** and linked this to other potential reasons for leaving including **fear of making mistakes** and **poor physical / mental health**:

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

Fear of making mistakes was widespread, influenced by negative media coverage of social work and the perceived role of regulators as well as workload pressures:

In 20 years, I have never felt so concerned about consequences for families (of missing something) and workers in terms of professional accountability

One practitioner identified "*internal waiting lists*" operated by workers who have no choice but to leave people allocated to them to reach crisis point before they are responded to.

Lack of work-life balance was also closely related closely to **unmanageable workload**, with "*working extra hours to try to keep on top of things the norm*", disrupting existing family relationships and deemed incompatible with the desire to start a family. While the **poor salary** option was only selected by 25% of respondents, this featured frequently in the narrative responses, often directly linked with the expectation of working significant additional and unsocial hours without remuneration.

In addition to the volume of work, **high administrative workload** was a major source of *"frustration".* This constituted a false economy, '*spreading like cancer'* as availability of administrative staff diminishes, requiring social work staff to absorb their roles with less time to fulfil the roles they trained for.

The administratively driven nature of the profession was also linked to **lack of managerial support,** with management described as *"upward looking, rather than downward and client based".* While this option did not score highly statistically, it featured strongly in narrative responses, with distinctions between team managers/SSWs who were mostly seen as part of the team, as compared to senior management who could be seen as remote. Several people identified too much emphasis placed on *'ticking boxes*' and unhelpful key performance indicators and targets, seen as antithetical to human rights. This feedback, particularly when coupled with the findings from the 2022 CSWO annual survey (*Box A*) points to opportunities to improve relationships and communications between senior managers and practitioners.

Additional 'push' themes identified within the narrative responses included l**ack of resources** and services to support people and an **inability to do preventative work** due to workloads and fire-fighting. These issues were directly linked to a sense of "*powerlessness"* and several respondents also noted changes in working practices which were contributing to a **loss of autonomy**, encapsulated by the following:

"I am deskilled by micro-management and processes and structures that have bred a climate of fear through endless audits and unfair scrutiny on what is not being done and not enough about what is being achieved, and done well. All practice feels defensive"

BOX A: Extracts from Chief Social Work Officer Annual Survey 2022[48]

- CSWOs reflected that working during a pandemic had increased demands on the role. However, the experiences and impacts of Covid-19 were not uniform; While some CSWOs highlighted that aspects of their role had clarified, resulting in positive close multiagency relationships, greater local prominence and respect, others felt responses to the pandemic had reduced understanding of the role, fragmenting professional accountabilities and duties.
- Almost all CSWOs were working significantly extra hours – usually over ten additional hours per week – with the number of additional hours increasing over the last three years.

- CSWOs underscored the importance of informal support, with neighbouring clusters of peer support emerging, alongside concerns about the demands this placed on colleagues.
- CSWOs acknowledged that Learning and Development were compromised due to cuts and experienced difficulties protecting its valuable role.
- CSWOs reported spending a greater proportion of time in health-related services, and inspection and audit requirements. Specific concerns included numbers of strategic planning groups, with many attending 15-20 meetings regularly.
- Key challenges faced were workforce recruitment, retention, capacity, budget pressures and demands from the corporate centre. Many expressed concerns about reconciling the pressures of balancing budget setting and need for significant savings with keeping the delivery of services safe and in line with professional values.

Other themes included lack of progression opportunities outside management, compounded by structural deficits that failed to formally recognise where knowledge and skills were drawn on. Externally, while **negative public perceptions** was rated second lowest of the options for leaving social work, there were numerous comments on the **need for social work to have stronger representation publicly** and a view that social work is not well understood. Respondents called for a more assertive voice, clearer articulation of what social work does well "*something we've never been good at*" and a deeper recognition of the emotional labour involved.

Finally, **the pandemic** was identified as contributing to a desire to leave on several counts. Alongside responding to increased public need and time on duty, specific issues included meeting additional support needs due to the use of virtual methods by other professions that were not always affordable or accessible. Other concerns linked to the pandemic related to changed work patterns and the implications for team camaraderie and wellbeing. While a few people welcomed the flexibility of home working, more often workers resented '*bringing my job into my home'* and missed peer support. There were particular concerns for and about NQSWs due to the additional pressures and reduced opportunity for teamwork. This reinforced the findings from the study of the experience of NQSWs in the pandemic *(Box B)*, highlighting the emotional impact of becoming a social worker during a pandemic, in context of limited connection with colleagues.

BOX B: NQSW experiences of practice during the pandemic[49]

Key Findings

- The impact and effects of the pandemic have not been uniform for the NQSW workforce.
- NQSWs are less positive about remote working than experienced colleagues, reflecting the importance of informal support.
- Practicing social work at a distance and limited access to learning and support also featured in negative accounts of development of professional confidence and competence.
- Most NQSWs spoke to the negative impacts of Covid-19 restrictions on the quality of in-person work, linked to challenges of building meaningful relationships.
- Some NQSWs felt that recent restrictions on practice are contributing to, or exacerbating, increasingly administrative and techno-rational forms of practice.
- A small number described working outside of Covid related rules and restrictions, framed typically within efforts to provide a more humane and socially just practice.

Pull factors: reasons for staying

Respondents were also asked to select up to three options as the main reasons they might stay in the profession, with the percentage of responses as follows:

Making a difference to people's lives	69%
Commitment to the profession and its core values	67%
It's what I trained to do	41%
My colleagues	38%
Financial	34%
Enjoyment	23%
Positive work environment	17%
Career progression opportunities	12%

As with reasons for leaving, respondents were invited to explain their reasons in open text. 360 practitioners wrote answers ranging from two to 330 words. While a minority clarified that they had no plans to leave, many added caveats to their intention to stay, with more still using this opportunity to give additional reasons for wanting to leave.

Although workers often have to temper their expectations, a sense that they are still **making a difference to people's lives** is most often what makes them stay. This is closely related to a **commitment to the profession and its values** and the belief in human capacity for change.

There are days when you have a brilliant session with a service user and you can see them light up and begin to thrive rather than just survive: that's what keeps you going

While just over a third of respondents selected **my colleagues** as a reason to stay, this features prominently in the narratives, with many stating that they could not stay if not for colleagues.

While a third of respondents identified **finance** as a reason for staying, consistent with the identification of **poor salary** as a reason for leaving, this was often qualified e.g. "f*or the level of responsibility, the pay is terrible. Similarly, t*he relatively low response rates to the options **enjoyment** and **career progression** are mirrored by limited references to these in the narratives, while the limited response to **'positive working environment'** is consistent with reasons for leaving including lack of managerial support, unmanageable workload and administrative burden.

Push and Pull Factors – Concluding Observations

This section of the survey highlights a range of interrelated push and pull factors that are shaping social work perspectives about the profession. The ability to make a difference to people's lives and the core values of the profession are the two key factors holding people in their jobs. 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 deeply committed are compromised, with wellbeing impacts, making the job is no longer tenable. The survey responses outline that the challenges facing social work are complex, but not insurmountable.

Advancing an Indicative Caseload Limit for social work in Scotland

This section brings together findings from the previous report sections to argue why an indicative caseload limit is needed in Scotland, recommends what this limit should be for the different social work specialisms and crucially, considers how it should – and should not - be used.

Why we need an Indicative Caseload Limit

Together the evidence sources examined underscore that social work professionals need to have the time to build relationships and trust, undertake person-centred assessments, plan for the future and arrange or provide appropriate support. Excessive workloads make it difficult for case holding social workers to achieve their best practice and support people effectively in what are often challenging and complex situations. Unmanageable caseloads are a significant part of the problem, compounded by a very high administrative workload, lack of services to refer people to and a shortage of resource more broadly.

Manageable caseloads can help to:

- Alleviate pressures on social workers to cut corners or routinely work excess hours
- Help services retain social workers who would otherwise opt to leave as a result of feeling overloaded, or experiencing compromised values
- Give social workers more time for professional development and to perform to their optimal professional levels
- Enhance morale, motivation, job satisfaction and wellbeing
- Permit social workers the time they need to invest in relationship-based practice and support people well
- Contribute to the achievement of the things that matter to people.

What is an Indicative Caseload Limit?

Conclusion from REA of UK and International Literature

Internationally, while there is a vast body of literature on the subject of caseload and workload management, there have been fewer attempts to establish what optimum and / or maximum caseloads should be and the number of available caseload benchmarks remains limited. In the UK, the REA found that most work has been carried out within Children and Families social work, notably, the Laming Report[52] of child protection services in England in 2009, which called for national guidelines on the caseloads of social workers and indicated caseloads of **a maximum of 12** in complex child protection cases. While a series of (different) recommendations were identified for children, youth

and families' social work in the USA[3, 43], Australia and New Zealand[42], the review found no single agreed national or international definition of an appropriate number of cases a social worker should hold. Rather the findings underscored the importance of attending to individual case complexity, with different calculation approaches and definitions complicating efforts to quantify a caseload limit. We therefore asked the social work workforce in Scotland what they considered the caseload limit should be. The findings below draw on the consultation with CSWOs and the Setting the Bar survey of case holding social work staff:

Chief Social Work Officer Survey

Social Work Scotland asked Chief Social Work Officers:

> "What would you consider the maximum number of cases a full time equivalent social worker should hold to allow them to safely and effectively deliver on the aims, aspirations, core values and principles that underpin social work practice? In giving your totals for each area of social work independently, consider that you want to allow for a person-centred and asset-based approach to working with individuals, families, and their communities, and the reliance on effective relationship-based approach to engagement"

CSWOs emphasised that operationally, caseload considerations must always attend to the complexity and demands of individual cases, worker capacity and geography. With these qualifications in mind, across all three categories of social work, answers ranged from 10 to 30, with maximum numbers of **15** identified for Children & Families Social Workers, and **between 20 and 25** for both Adults Social Workers and Criminal Justice Social Workers, as shown in *Figure 6*.

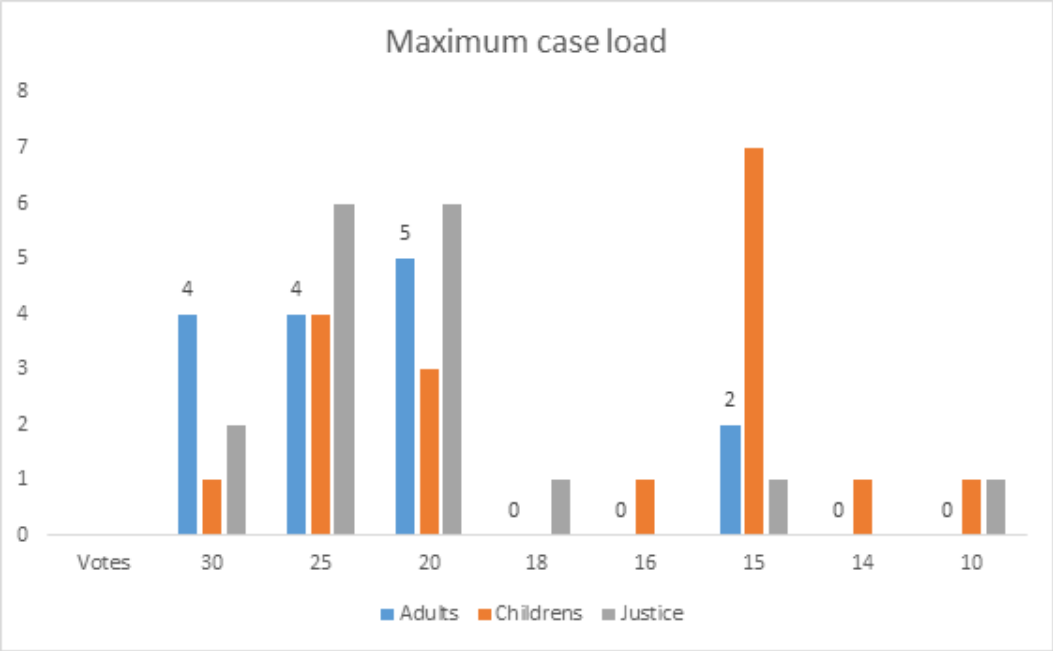


Figure 6- CSWO Survey on Maximum Caseload by Social Work Area

Setting the Bar Survey

The survey asked case holding social work staff:

> In your area of social work, what would you consider the maximum number of cases a full time equivalent social worker should hold to allow them to safely and effectively deliver on the aims, aspirations, core values and principles that underpin social work practice?

Before considering the caseload limits advanced through the responses, it should be stressed that around one third of survey respondents (**33.2%)** did not supply a caseload number. Specifically, **307** people skipped this question and **220** of those who did answer were unable or unwilling or unable to suggest a number (**17.2**%). Of these, **42** stated that they "didn't know", were "unsure" or found it "too difficult to say". **178** respondents went further, indicating that the question was "too simplistic", "impossible to answer", answer derivation "too complex" or "depended on case complexity", or indeed that "a number was not the issue" and "irrelevant", some quite forcefully**.**

For those respondents who did provide a maximum caseload, **158** qualified this in some way (**12.3%**), often along the lines of caseload depending on the complexity and needs of each case.

However, the majority (**70.5%**) did suggest a limit without the need for qualification. Through the supplementary question responses, it became apparent that several approaches had been drawn upon in arriving at this number. While a few offered "*guesstimate*s", many drew on specific past experiences, or ideal scenarios and others had "*asked around*". Numerous respondents went to pains to calculate the caseload limit, evidenced through elaborate qualification and quantification including extensive breakdowns of case and non-case related tasks. For others, calculations were based on what such a limit would facilitate, with relationship building, participatory and preventative work very much to the fore. Overall, the percentage response to the question and the level of care and attention demonstrated in arriving at a number, suggests widespread recognition of the need for an indicative caseload limit.

In terms of the actual caseload limits suggested by respondents, the range again was vast and the mean, median and mode were calculated for each social work area.

Social Work Area	Mean	Median	Mode (Range)
Adults	19.4	19	21-25
Children and Families	14.5	17	15 or less
Criminal Justice	24.6	23	21-25
Other	14.6	16	15 or less

Bringing the Data together

The caseload limits arrived at for each social work specialism through the CSWO survey and the **Setting the Bar** survey are broadly similar. This consistency, and the scale of the survey response, afford comfort in the acceptability of the limits to the social work workforce in Scotland, namely:

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

The recommended caseload limits are also consistent with the earlier survey finding that when caseloads exceed **15** there is a shift in the percentage of respondents finding their caseloads "*hard to manage*" and this increases further to **54%** when caseloads exceed **25.**

NOTE: The indicative caseload limits must be contextualised within the overall **Setting the Bar** findings, notably that the growing volume and somewhat bureaucratic nature of paperwork associated with each case, coupled with a lack of resource, and the resultant lack of time for preventative work, are often perceived by social work staff as of greater issue and a greater source of dissatisfaction than the number of cases per se.

How might an Indicative Caseload Limit be used?
Setting the Bar aimed to determine an indicative caseload limit for social work in Scotland and consider how it should be used.

The REA and CSWO consultation found broad consensus that, at an **operational level**, workloads should be assessed in a holistic way, with an assessment made of the complexity and demands of individual cases in relation to the practitioner's knowledge, skills, expertise and capacity, and not simply on the number of cases. This sentiment was echoed in many of 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" [19] caseloads many social workers currently hold. The survey response indicates such a limit would also be welcomed by the majority of frontline social workers.

Through analysis of the different evidence sources, we conclude that it is essential that any caseload limit is recognised as indicative and the qualifications advanced by those within the social work profession are heeded. If used with caveats and not in isolation[50], an indicative caseload limit could make an immediate contribution to National Care Service discussions about workforce and capacity and help to highlight the gap between the current situation and Scotland's preventative and human rights-based policy aspirations and Fair Work Nation ambition.

An indicative caseload limit is not in itself sufficient when establishing standards, but there is scope for its incorporation into inspection standards on staffing and regulation of social work services when used with other information sources and an understanding of context (see e.g. Probation Services in England[51]).

An indicative caseload limit could also support managers at different levels in evidencing that an individual social worker, team or service has reached capacity, or gone beyond it. It could also support practitioners to raise the alarm when their caseloads are becoming too high, again with the proviso that the limit is understood as indicative, not absolute; specifically, the caseload limit should never be used to argue

that staff supporting a smaller number of individuals with highly complex needs should take on extra cases.

Most importantly, wherever situations and opportunities to use an indicative caseload limit arise, there must be recognised mechanisms for increasing the supply and supporting the continuous professional development of appropriately skilled staff, and / or reducing their workloads, as understood holistically.

Conclusion

The proposal for a National Care Service in Scotland brings an important opportunity to reverse the trajectory of recent decades and redirect social work practice to a more holistic, relationship-based and trauma informed role that supports better outcomes.

Our investigation reveals that "**Setting the Bar"** in social work can be supported by indicative caseload limits, but it was always going to be about more than an indicative number, which must be considered with caveats and not in isolation[53] from other information. High caseloads are not the greatest source of dissatisfaction for the sizeable proportion of the social work workforce who responded to our survey. While the majority offered indicative and often thoughtfully considered caseload limits, a significant minority resisted the very notion of a limit, some quite forcefully. The introduction of a caseload limit therefore requires careful and consistent messaging. This includes reinforcing an understanding of operational limitations, as reflected in other professional groupings, and acknowledging other issues such as increasingly high administrative workloads. Some of the wider challenges identified point to resource requirements, including fairer pay for a profession which carries unique responsibilities for balancing risks and rights, and a need for recovered resources which have been diminished during the pandemic. 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 **Setting the Bar** survey was targeted at case holding social worker staff. Our review of different evidence sources included nearly simultaneous research with NQSWs[49] and the annual survey with CSWOs[48,] and this highlighted striking parallels between different levels of the profession. What emerges most strongly are the norm of working unpaid overtime at all levels and shared concerns about lack of opportunities for learning and development in social work, particularly in context of multiple policy agendas. In the context of increased demands and complexity, 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. It is instructive to compare the frustration expressed by social workers about senior managers being driven by budgets rather than outcomes for people with CSWOs frustration with budgetary pressures. This might suggest a need for conversations within organisations about reconciling such tensions as well as in the context of the emerging National Care Service.

Our review of different evidence sources included previous surveys of the UK social work workforce, which helped to establish that the key issues are not new and have intensified. While these surveys consistently speak to the rewards of social work and sustained pride in the profession, they also point to worrying developments, notably the recent BASW finding reported during the pandemic that more than half of respondents had experienced “moral distress” during lockdown.

Moral distress refers to the psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to take that action. It reflects unease stemming from situations where institutionally required behaviour does not align with moral principles. This can be as a result of a lack of power or agency, or structural limitations, such as insufficient staff, resources, training or time. The individual suffering from moral distress need not be the one who has acted or failed to act; moral distress can be caused by witnessing moral transgressions by others. Sustained moral distress can lead to impaired function or longer-term psychological harm whereby moral injury can arise.[47]

The aptness of this definition to the situation for social work in Scotland is apparent when we consider the social worker who described operating an *‘internal waiting list’* which involves leaving people until they reach crisis point before being able to prioritise them, or another who is troubled by rising complaints from people using the service, believing they are justified. This is also consistent with our survey findings showing significant health and wellbeing impacts of workload pressures and tensions.

It is also noteworthy that the above definition is taken from BMA research with doctors during the pandemic which identified that while the unprecedented workplace challenges created by Covid-19 had exacerbated pressures on the profession, moral distress was prevalent prior to the pandemic. The BMA recommendations included better staffing and resourcing, empowering doctors, reduced bureaucracy and more open and supportive work cultures. Such striking parallels were also found when we looked to other professions, with our review of caseload weighting tools in Health Visiting and District Nursing revealing many shared frustrations and the exacerbation of existing pressures.

While the challenges faced by health and social work professions are largely shared, each profession has a unique role and associated strengths and challenges. Key features of social work which emerge from the **Setting the Bar** survey are the whole person and whole system focus. The holistic focus on all aspects of a person’s life, rather than a specific deficit or ailment requires a relational model of practice which understands the person in their context. And while all professions to an extent will

connect with other professions, social work is perhaps quantitatively different in its multi-agency approach[53]. Also underpinning the values of social work are the requirement to both preserve public safety while at the same time focusing on the human rights and outcomes for the people they support, requiring a very specific skill set but also the time and support to nurture, develop and practice those skills.

Ultimately, social work staff are held to the profession by their commitment to upholding social work values, which are currently too often compromised by circumstances beyond their control, and not well understood outside the profession. The **Setting the Bar** survey and annual survey of CSWOs both underscore a need for better public representation of social work. This is something that social work has '*never been very good at'* and there are calls for a much **stronger voice** if the workforce is to feel valued, and better able to improve outcomes for people. There is perhaps a need to extend the concept of "**setting the bar"** to include the setting of boundaries by the profession – rather than constantly absorbing complex policy demands and the fallout of unprecedented socio-economic challenges – with fewer resources. Despite phenomenal challenges in social work, social workers in Scotland express weariness but not cynicism in responding to **Setting the Bar**. The challenges described are complex but not insurmountable. As plans for the National Care Service develop, these are important handles to hold on to.

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