Social Work Watch – inside an average day* in social work

How social work staff support and protect people, against all the odds

*Tuesday 29th April 2014

UNISON CommunityCare
Inspiring excellence in social care

Social Work Watch – inside an average day in social work

How social work staff support and protect people, against all the odds

Introduction

The 29th April was an ordinary Tuesday in social work[1]. Except that at the end of their day, 1140 social work staff from across the UK took part in Social Work Watch, a joint initiative by UNISON and Community Care[2]. They took the time to complete a survey about their work at the end of a day which for many was exhausting, challenging and stressful.

We can now reveal a comprehensive picture of the diversity of social work: the onerous responsibilities; the challenges and rewards; the dilemmas and pressures; the impact of austerity cuts; the lengths many go to protect and support people; and the diverse ways practitioners touch the lives of children and adults going through difficult times.

Too often this work is hidden from public view, while social work staff grapple with complex problems and look out for people that no-one else wants to know about. The stories respondents provided gave a strong sense of how, for many people, it is only the social work practitioner who stands between them and physical or mental harm, crisis or despair.

This report has been written by UNISON. Working with Community Care we will do our best to bring these findings to a wide audience to increase understanding and support for social work. The recommendations we set out on page 21 are aimed at employers and government. We believe urgent action is needed to help social workers carry on doing a difficult, but absolutely essential, job.

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[1] *The only atypical thing we have been able to identify about the day was the tube strike, mentioned by some respondents from London as an additional obstacle that day*

[2] *The survey opened on 29th April and participants had until midnight on 5th May to complete it, describing what they did on the 29th.*
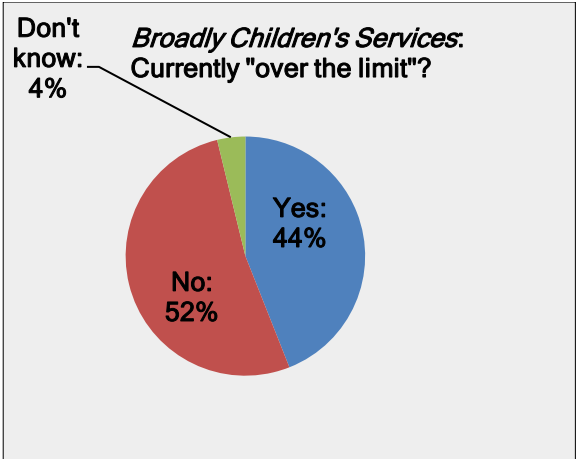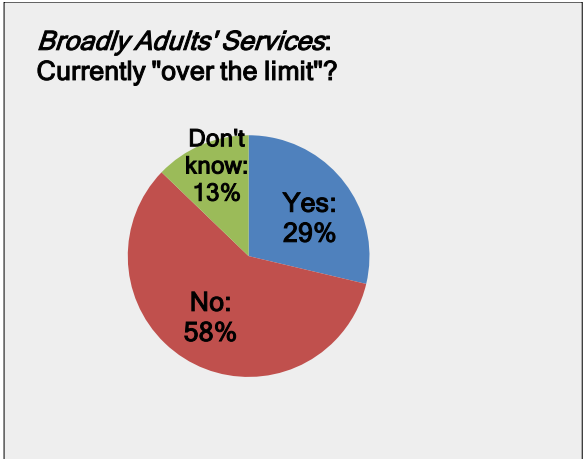
SECTION 1: Snapshot of caseloads on 29th April

a) On average, respondents were responsible for **22 active cases[3]** on the day.
b) **52%** said their caseload size on 29th April was **affected by covering for staff shortages** eg vacancies or long-term sick.

c) **For nearly three quarters of respondents, there was no formal system to manage their caseload and ensure that their workload was at a safe level.** Only 29% said their employer used a formal caseload/workload management system, while 39% said their employer did not have a system, and 32% did not know.

   o Those working in children's services were more likely to say they were covered by a formal system (36%) than those in adults' services (22%).

Does your employer operate a formal workload management system?

Don't know: 32% Yes: 29% No: 39%
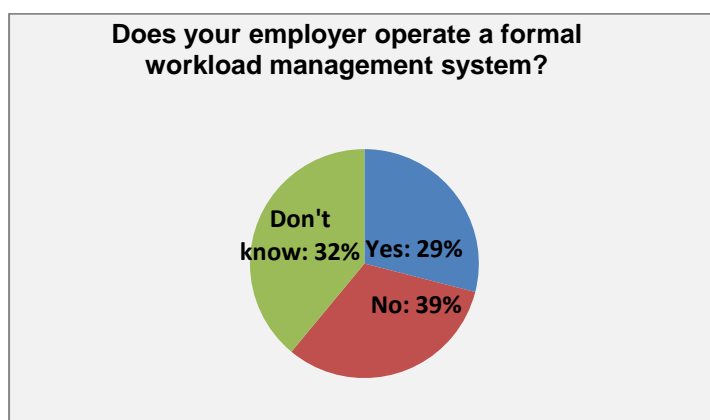
d) **Even where there was a formal system to manage caseloads, a significant proportion of respondents said it was breached.** Of those covered by a formal system**, 39%** said their caseload on the day was **'over the formal limit'**

   o The average was **8 cases over the limit,** ranging from 1 to 32 cases over.

   o Staff who broadly work in **children's services were more likely to be over their formal limit, than those working in adults**. However, this may reflect the fact that a higher proportion (13%) in adults' services didn't know whether they were over the limit or not (4%).

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[3] *Respondents were asked about active cases only, and in children's were asked to count each individual child as a case*

Broadly Adults' Services: Currently "over the limit"?
- Yes: 29%
- No: 58%
- Don't know: 13%

Broadly Children's Services: Currently "over the limit"?
- Yes: 44%
- No: 52%
- Don't know: 4%

e) In adults' services, those working in **mental health** were the most likely to be carrying extra cases through covering for staff shortages and were significantly more likely to be above the limit where covered by a formal workload management system.

f) In children's services the picture was more even across service areas – with only those working in prevention and family support less likely than others to be working over the limit where covered by a formal system.

g) The average caseload for **newly qualified social workers (NQSWs**) **was 83% of the average for social workers** – suggesting that the requirement for protected caseloads is being applied. NQSWs were also less likely to be over the limit where a formal caseload management system was in place than other staff groups. However, NQSWs are not unaffected by the pressures in the services: **50% are carrying extra cases because of staff shortages**.

Examples:

- **Newly qualified social worker** in child protection in a local authority – had **29** active cases on 29th April when the local limit is 20. Worked a 10 hour-day.

- **Approved Mental Health Professional** in adult services employed by the NHS – had **48** active cases when the local limit is 35. Worked an 8 hour-day.

- **Social work assistant/support worker** in adult services in a local authority – had active caseload of **52** when the local limit is 20. Worked a 10 hour-day.

3

- **Independent Reviewing Officer** working in children's services in a local authority – had active caseload of **90** when the local limit is 60. Worked an 11 hour day.

For a more detailed breakdown of the data on caseloads see Appendix 2

SECTION 2: Spotlight on the working day

The survey findings help build a rich picture of the variety and complexity of what goes on in social work on a typical day. The pressures staff faced as they went through their day are highlighted by quotes illustrating the intensity of the work and the serious concerns many are forced to carry home with them.

a) First task of the day

> 🕐 *"Turning on the computer to see if any crisis has occurred on my caseload overnight"*
>
> 🕐 *"Responding to a duty call: one of the children on my caseload had not had his immunisations"*
>
> 🕐 *"Reviewing all people currently in court custody who were referred for mental health assessments"*

Some of the most typical 'first tasks of the day' included:

- Preparations for visits
- Catching up on recording case-notes
- Screening contacts, alerts and referrals which have come in overnight
- Phone calls to follow up on cases
- Looking for a hotdesk

b) Key activities undertaken on the day

The findings in **Table 1** show that a high number of respondents fitted in **direct contact time with service users into their day**, despite the mountain of case recording and other paperwork they have to get through.

- On 29th April almost half of respondents went out visiting people (children and/or adults) in their homes. Nearly 40% visited people in other settings and 14% were with people in formal proceedings. Many more were in contact with people by telephone, email and text.

- Many were only able to manage this by taking paperwork home or working late to do it (see section 3e: insufficient time to complete paperwork topped the list of serious concerns at the end of the day)

Table 1 – Key activities undertaken on the day

Activity	% who did this on 29 April
Case recording	83%
Administrative tasks	77%
Working with other agencies	71%
Report writing	60%
A home visit to a service user	51%
Investigative work	40%
Face-to-face contact with a service user/child/family in an institution, e.g. children's centre/care home/school/prison/hospital	37%
Liaison or meeting with a care/placement provider	31%
Supervision	19%
Team meeting	15%
Face-to-face contact with a service user/child/family through formal proceedings, e.g. case conference/panel/court	14%
Accompanying a service user/child/family to a meeting, appointment or similar	12%
Court preparation	10%
Supervising a student	10%
Training	7%
Panel appearance	3%
Court appearance	2%
Other*	*28%*

*Typically telephone calls, chairing meetings, dealing with complaints, ordering equipment/adaptations. Also included "*group cookery/nutrition session; made pastry with a service user with mental health problems*" "*buying football boots for a service user*" "*100 miles of travel between meetings*"

c) **Lunch break**

Only 16% had a proper break
- 54% had no break (ate at desk or didn't eat at all)
- 30% had a short break

d) Concerns at the end of the day

At the end of the day, **42% of respondents left work with serious concerns** about one or more of their cases. The proportion among those who broadly work in adults' services was 47%, while the proportion in children's services was 39%.

Table 3 shows that the most common reason for these serious concerns was not being able to complete necessary paperwork, cited by 70% of respondents overall. This was followed by not being able to speak to other agencies or professionals involved (32%).

Table 3 Reason for concerns at end of the day	% of those with serious concerns		
	OVERALL	ADULTS' SERVICES	CHILDREN'S SERVICES
I wasn't able to complete all the paperwork I needed to	**70%**	71%	71%
I wasn't able to speak to other agencies or professionals	**32%**	35%	29%
I wasn't able to spend time with a particular child, adult or family	**30%**	20%	39%
I couldn't get authorisation for the course of action I wanted to take	**17%**	22%	13%
I wasn't able to find someone a suitable placement/bed	**11%**	13%	7%
*Other**	*27%*	*27%*	*25%*

*included concern about effects on service users of benefit cuts, line management concerns such as lack of staff to allocate cases to, suicidal service users, new information received about a safeguarding case, high risk cases lacking evidence to proceed

> *I left the person I assessed being admitted to psychiatric intensive care locally, while awaiting a bed in his 'home' city but knowing that once he gets there he is likely to be discharged quite soon without community support and that he will in all likelihood...end up rough sleeping because resources in that city are overwhelmed.*

> *The process of initiating a child protection conference takes time and if there is a lack of evidence it can be hard to respond as quickly as I would like to reduce the harm the child is experiencing.*

> *The panel did not agree to the placement move we wanted and I really fear something bad will happen to this young man as he absconds frequently, is in trouble with the police, and is involved in a gang.*

> *I have 79 people on my caseload. I am spread too thinly and kept awake at night because I do not have enough time to spend on non-urgent but necessary time-consuming tasks.*

- ✗ Those in children's were more likely to have serious concerns because they could not spend time with a particular child or family, but less likely to have concerns because they could not get authorisation for a course of action.

- ✗ Those in adults' services were more likely to have concerns because they were not able to speak to another agency or professional.

e) Total hours worked

Respondents were asked about all the hours they had worked between 00:01 and 23:59 on 29th April including those worked at home.

The average number of hours worked was **9 hours**, while part-time staff averaged 8 hours. The highest number of hours worked, excluding those on call throughout, was 16 hours.

Section 3: Impact of cuts on social work practice

Overall **61%** said that on 29th April their ability to make a difference to people **was affected by cuts to budgets and resources.** Social work staff work face to face with the consequences of cuts made by politicians far removed from the hurt they cause.

Respondents working broadly in adults' services were more likely to say their practice was hampered by cuts (66%) than those working broadly in children's services, where the figure was 55%.

Cuts mean there were not enough staff to cover the work, and those left were often too stretched to practise effectively. Many responses focused on the impact of:

- Having to turn people away
- A toxic combination of cuts to services just as levels of need rise as a result of welfare cuts, hardship and mounting social problems
- Leaving people with needs unmet who then escalate to greater need and crisis

Respondents spoke of how they had to bear the brunt of the distress and anger people who need help are experiencing as a result of spending cuts.

Respondents were also clear that cuts were largely a **false economy**. Long waiting lists, unmet need, unnecessary deterioration into crisis, and extra bureaucracy to 'ration out' all the extra demand – all these come with long-term costs that could be avoided by providing help when it's needed. The types of cost respondents identified included people ending up in jail, returning to hospital or children spending longer 'in the system'.

Stories from the front-line
– how spending cuts are hurting people who need help

Higher thresholds
"I am quite sure that they were found 'not detainable and not in need of hospitalisation' because cuts have pushed the thresholds so high in some areas that risks to self and others have to be extreme before people are admitted to hospital."

False economy – cuts cause avoidable costs

- *"If I was given the time and energy to apply to the families that I work with I could change their lives forever but currently we stick plasters on wounds that need*

stitches, and we keep sticking plaster on the wound until several months later someone will eventually decide that the wound needs stitches."

✗ *"Budgets restrict levels of care available and I think result in older people ending up back in hospital."*

✗ *"Managers not able to understand that complex and difficult children need money spent on preventative support for adoptive placements BEFORE they break down rather than waiting for crisis to happen then scramble round for a service. Which more than likely is too late and breaks down a placement ,costing more in the long run."*

✗ *"Following a reassessment of a person's care a support plan is written, if the support plan is over budget it has to go to a panel of top management and is usually "knocked back" so a lot of work is spent sorting this out."*

✗ *"My caseload is very high and does not allow me time to effectively plan for families. This means that children are involved in services for longer and the harm/abuse they experience is likely to continue for longer due to delay in effective and planned interventions."*

✗ *"A third of the team's staff have been cut whilst extra work has been passed to the team. I have a number of service users who are disengaging from support services because I am not able to visit them to give any encouragement and support myself. This will inevitably result in them being detained in hospital again...and this could have been avoided if I had the time."*

✗ *"Cuts to budgets = less staff = less time to see clients & do therapeutic work with them. Cuts to budgets= fewer services= clients with social stressors who haven't got the support & end up in jail. For example, if a place had been available in supported housing when he needed it, the risks leading to my client now facing a 5 year custodial sentence may have been reduced or avoided."*

Cheap but not cost-effective

✗ *"Our budget for rehab and inpatient detoxes has been cut meaning some clients are unlikely to receive the most appropriate treatment. I also needed to test for a substance which I could not do due to limited resources."*

✗ *"I had to settle for a cheaper independent fostering placement rather than a more expensive one where a young person could have been placed long term with a sibling. Now we will only have a temporary placement that will result in further moves and increased emotional harm to the young person."*

✗ *"We are now commissioning respite services from a cheaper company that provide what most service users and professionals consider a below average level*

of service. This has resulted in the service not being used , or causing further issues for individuals, which in turn makes more work for the team."

Distress and anger

✎ *"I cannot get social support to people who are desperately alone and isolated. There are people who are held prisoners in their own homes."*

✎ *"The ongoing cuts to budgets and resources continue to make the work more difficult and stressful. Service users and their families are often angry about the lack of support or services that can now be given so you get involved in trying to manage their anger to the cuts."*

SECTION 4: Reflections at the end of the day

The survey asked respondents to reflect on their experiences during the day.

a) Most rewarding thing done that day

Many responses referred to the reward of ensuring someone in danger was safe; gaining someone's trust; seeing someone turn a corner towards making changes; completing a process that will give someone certainty about their future. Others referred to having the space to compare notes with colleagues, or learn something from training.

Rewarding work: 15 examples from 29th April

1. Ensuring the safety of a suicidal person

2. Hearing adopters are interested in a Downs Syndrome baby

3. Care planning with service user whose partner likely to be imprisoned: *"from tears we ended with some smiles"*

4. Seeing mother coping with her newborn on child protection plan

5. Patient previously living in squalid conditions accepted a sheltered housing placement so hospital discharge planning could begin

6. Seeing people doing well in their placements

7. Good death – helping someone to be allowed to die at home how they want to

8. *"Helped a newly qualified social worker i am mentoring with one of her cases and watching her grow in confidence*

9. Helping a patient (ex-forces) in financial difficulty after *"the family had suffered alone for years living in a caravan with no assistance from any agencies"*

10. Gaining trust and co-operation of a challenging person "*coming round to work with the departmtent instead of being angry and defensive"*

11. "*Positive changes made by one of my families...hearing the child tell me how much better his life is compared to 4 months ago*"

12. Services users progressing with recovery from addiction

13. Getting people home from hospital

14. *"The child I visited at the end of the day told me he had been talking to another child in his school who is also one of my cases and she had said that I was 'the best social worker'"*

15. Thank yous: *"A service user said thank you – generally it's verbal abuse we receive"*

b) How social work staff make the difference

Respondents were asked to think about all the things they did on 29th April and give one example, however big or small, of how they had made a difference to a service user's life.

Some 72% provided examples – 827 respondents in total. The examples were wide-ranging and demonstrated the importance and diversity of social work in all its forms.

The stories respondents provided gave a strong sense of how, for many people, it is only the social worker who stands between them and physical or mental harm, crisis or despair.

Typical examples:
- Got someone to a place of safety/out of harm's way
- Rescued someone from financial abuse/domestic violence
- Acted to protect a child from harm
- Helped parents to take steps to meet their children's needs and get them removed from child protection plan
- Ensured children got the right support to help them recover from neglect or harm
- Gained co-operation from someone who had been resisting
- Found a good placement for someone which meets their needs
- Enabled a child to live within extended family even if they can't stay with their parents
- Listened and helped someone articulate their problems and start to take control
- Provided relief and hope to a carer to help them cope
- Provided hope and enabled someone to step back from the brink
- Helped improve someone's financial situation

Stories from the front-line
– how social work made a difference on 29th April

Getting out
"Taking my bi-polar client out of her home helped her with her worries. I have arranged to carry on seeing her more frequently than usual to try to prevent her going into hospital."

Difficult anniversary
"I spent an hour with a service user who is approaching the anniversary of the death of their mother. I was able to … assure her she could overcome the emotional distress and remain stable in her mental health."

Funding approved

"Got residential college funding approved for a student with learning disability."

Baby warm and safe

"Secured a warm, safe and loving environment for a baby to grow and develop."

No place like home

"This woman will now have a secure tenancy in a safe living environment. The sheltered house will enable her to get out of hospital and promote her independence. She is 90 years of age and so happy."

Restoring self-respect

"I am working with a man whom when visiting for the first time was living in squalor, eating out of bins and very unkempt and neglecting all personal and nutritional care....I feel the work done with this gentleman in the 8 weeks we have been working with him has made a vast difference to his life. He was shunned and discriminated against by neighbours, schoolchildren and others in the community. It seems he has lost all self-respect, however this is gradually coming back in very small stages... Before the death of his wife and son this gentleman was a pillar of the community and much respected by all."

Unlocking independence

"Found a company who will custom make a device for a guy with progressive neuro disorder whose muscle strength in his hands is too weak to open the front door. He lives alone so is unable to go out independently - the device will give him back this independence."

Happy birthday to you

"Calling a young person to sing happy birthday to him showed him that someone cares. Young people often tell me how important it is that people notice big events and respond, even in a small way. I hope it shows him that he is loveable."

Somebody there for you

"Supported him through a very stressful interview with the police. I made sure that he had a solicitor present and that I acted as Appropriate Adult to safeguard his rights and to minimise risks to himself."

Listen and act

"Care Home Visit - A 98 year old service user lives in a care home and is alleging she is being ignored by staff overnight. I will be investigating this but the lady was very thankful and appreciative that I took time to sit and listen to all she had to say."

Normal family life

"After a very lengthy drawn out process being able to inform a child we have found a long term family for her. This will give her stability in her future and a chance at normal family life."

Sorting the finances

"Managed to sort out a financial mix-up for a Carer and he thinks that Social Workers aren't such a waste of space that he previously thought."

Pawn-shop salvage

"I have salvaged belongings of a young person whose family member put them in a pawn shop."

Football boots

"Bought a pair of football boots for 12 year old girl who had been given the opportunity to play for school team but thought she couldn't because she didn't have the right equipment."

Taking refuge

"Today I encouraged a mother and her young child to enter into a refuge and supported her in attending her housing appointment to discuss her options, mother and child entered into refuge today and are now safe from violence. Mother and child can now make a new start out of this local authority as they can begin to live their lives without the fear of violence or threats."

Road to recovery

"Working with a woman who has recently come out of a 24-hour rehab unit…to re-introduce the lady back into society with support in extra-care sheltered housing. She now wants to move on to an independent flat. She did have alcohol issues, behavioural issues and engagement issues. She has made remarkable improvements."

c) Most challenging thing done that day

Typical examples of the most challenging thing that respondents had to deal with on 29th April included:

- People going into crisis
- Placement breakdowns
- Conflicts with other services
- Restrictions on what can be offered to people in need – needs gap
- Time pressures and delays in getting decisions from management
- Aggression and hostility
- Bureaucracy, computer recording systems
- Budgetary/financial wrangles
- Having recommendations overturned at hearing/court/panel
- Additional cases being allocated without discussion

Stories from the front-line – meeting tough challenges

Managing aggression and hostility

✘ " Young person advising me had feelings of wanting to murder someone"

✘ "Realising there was someone in the house that I did not know was there (whilst I was on a home visit), I knew the person was a threat and I had to respond to this situation in a calm and professional manner."

✘ "Trying to get my client out of the main entrance of the hospital while she is hitting herself and people not understanding that I cannot lift her to move her when she has decided to sit down."

✘ "Being verbally abused by an unhappy Grandparent."

✘ "A mother blaming me for her children being placed under police protection and not taking any responsibility for her actions. She was very abusive…with a heavy heart I can see she that she is far from making the necessary changes for her children."

Placement breakdown

✘ "Talking through with a carer (on a daily basis) to help them manage a child's behaviour in placement as the placement is breaking down. Trying to avoid imminent breakdown until a planned move to another carer can take place."

✘ "Trying to find emergency respite for a young person after a placement breakdown. But also being as supportive as I could to the fostering family after them experiencing verbal aggression from the young person in placement."

Difficulties securing co-operation

✘ "A parent cancelling a planned session to look at some parenting work and how she interacts with her teenage son. The parent is quite reluctant to engage and is good at disguised compliance."

✘ "Realising that I needed to act on a safeguarding that had happened within a family I had worked very hard to build a relationship with and which I knew would cause them to retreat."

Recommendations rejected

✘ "Not getting agreement for a placement I believed was needed at that time."

✘ "Attending a children's hearing and not having my recommendation for an interim supervision order in respect of three children on the child protection register endorsed. This left me feeling disappointed and anxious that without this added level of protection for these children parents have no legal basis to work with me and could be at risk".

↗ *"The arrival of the expert report, which has completely turned the care plan for 5 children for permanence with grandparents upside down. I have to digest this, advise the grandparents of the recommendation which will be upsetting for them and decide with colleagues from another team how their care planning will change."*

Relapse

"I had made a home visit to an adult who was under AS&P procedures due to self harming...I later discovered he was in Police custody due to returning to alcohol which he had been off following a detox programme. I was very disappointed as I had been giving this person a high level of support over the past month."

Distress

↗ *"Most of this day was challenging for me as I had two visits to two service users who are set to lose their ILF funding. It is uncertain if the LA will pick up the cost due to difference in criteria. Both Service Users were angry and venting about the future and what it may mean for them and their care package."*

↗ *"Trying to assess the mental capacity of an in-patient with end stage cancer who wants to stay in hospital to die but is deemed medically fit enough for discharge... Helping her to understand that effectively she is not dying fast enough to merit staying in a hospital bed is distressing and difficult."*

Bureaucracy

"The most challenging thing has been liaising with our finance department and a care company about an additional funding request. All the paperwork was completed and approved, however, finance did not understand the details of the complex package and the care provider had overcharged for their hours."

Inter-agency barriers

↗ *"Presenting a case at Panel where Health were incredibly reluctant to get involved and were unwilling to take any budgetary responsibility"*

↗ *"Being phoned by my senior manager that the clinical director of the hospital has emailed him that I was delaying a discharge. A vulnerable older person is being discharged and I have not agreed that she is safe at home and would not sign the discharge"*

Mounting caseloads, competing priorities

↗ *"Cases being added to caseloads without proper case discussion."*

↗ *"Letting immigration know I still hadn't completed the report they have requested, in spite of stating I would 3 days ago. I realise they require the information but have had to prioritise other tasks...court tomorrow, icpc reports LAC review."*

↗ *"Hearing in the team meeting how staff leaving has affected the caseloads in the team with those people not being replaced"*

Section 5: Impact of work on personal or family life

a) The children, partners and dependents of social work staff often pay a high price for the dedication, commitment and emotional toll that social work takes on its practitioners.

b) Some 68% of those answering this question said that their work on 29th April had impacted their personal or family life.

c) The main types of impact flowed from:

- working late
- bringing extra work home
- being physically and/or mentally exhausted and unable to undertake planned activities
- being emotionally drained and not having capacity to interact with family
- stress leading to tension and conflict with family members
- difficulties in offloading to others about their day
- damage to own health and fitness
- sleep disruption

d) 28% mentioned being late – either for picking up children, social engagements, caring for elderly parents, attending evening classes or other appointments.

e) 34% mentioned a negative impact of their work on their own children – and as social work staff they are particularly aware of and concerned about this.

f) Times of personal difficulty can be amplify and make it more difficult to deal with similar issues at work.

g) Of the 32% who said they did not experience an impact on their personal or family life, response fell into two broad groups: those who said they had strategies for protecting themselves, and those who said 'Not today' but that their work often did affect them.

Social work – the personal cost

Family responsibilities

✗ *"My children tell me they have had enough of me coming home from work, getting dinner and falling asleep on the couch... They let me sleep now and say they have had enough of telling me to do something about it"*

- "I returned home feeling exhausted which isn't ideal when my children want to share with me about their day as soon as I step in the door. After experiencing some verbal abuse it has left me feeling a bit deflated.

- "Had a tough day and didn't feel up to visiting my mother who has mental health issues"

- "I took my kids on holiday...but a baby at work came early so we had to come back as I hadn't finished the pre-birth assessment and my manager was angry. She didn't tell me to come back but I felt I had no choice."

Working late
- I worked late and this a constant argument between my husband and I"

- "I had an anniversary meal out booked which I missed due to having to work late and not getting home till 11pm"

- "The hours meant that I left home before the family woke up and got back after they had gone to bed."

Ill-health
- "Concerned that stress levels having an effect on my health, been to see GP this evening"

- "I am agency working and don't get paid if I am sick. I have been working with quite severe chest pain that I suspect could be pleurisy."

Mental and emotional toll
- "Constant involvement in other people's dysfunctional lives means aspects of client's challenges often unexpectedly intrude into thoughts."

- "Emotionally shattered: causes me to be less tolerant with family leading to nagging & dispute with children."

- "I cried for an hour when I got home because I felt overwhelmed with safeguarding cases."

- "I am a newly qualified social worker...I was not able to forget about my cases and experienced disrupted sleep patterns and racing heart due to my inexperience and caseload complexity."

- "I am a palliative social worker. Currently I am experiencing bereavements in my personal life and therefore dealing with my work is more challenging emotionally and is impacting on me significantly. I feel drained and close to unable to cope."

Relationships disrupted

- *"Anxiety and headaches brought home, interfering with evening course and driving a wedge between my partner and I."*

- *"I feel the need to talk about these things but many of my friends can't handle the emotional impact and therefore I feel like they can't handle me."*

- *"I have been single for three years as I am too exhausted to date. I love exercise but have put on weight due to late working, drinking too much wine after stressful days and sitting at my desk for too long."*

...and coping strategies

"Not today, I'm pretty good at detaching from my job at home"

"I am now used to it and leave work at work. My drive home (15 minutes) is a time of professional reflection before I enter my other role of Mum"

"No - today it was possible to keep the 'professional distance' whilst still being helpful and empathetic."

"Not today, am on phased return following three months sick leave with stress hence small caseload"

SECTION 6: Recommendations for change

1. **National governments must urgently focus on how to provide extra funding to enable more manageable working conditions in social work –** they should not get distracted by tinkering with professional regulation, changing initial education or pursuing unpopular privatisation agendas.

2. **Employers should maintain a register where instances of unmet need are logged together with details of how they create greater cost and demand on services further down the line –** this will provide an important evidence basis to support the political and economic case for ongoing additional funding for social work services.

3. **There must be an urgent injection of funding to stabilise services together with a statutory duty and resources to provide early help –** this will avoid the unnecessary costs associated with waiting till people reach crisis when an early intervention can deal with need at lower cost.

4. **Effective workload management for social work staff is critical and should be a statutory requirement in all services –** it is dangerous that nearly three-quarters of respondents had no system for ensuring that their caseload was safe and manageable. The latest evidence from Ofsted confirms what has long been known, that high caseloads make it impossible for social workers to protect people, whereas well-functioning councils have systems for close monitoring of workloads. Social workers should have an alternative route to raise concerns when they believe their caseload is at dangerous levels, outside the normal line management route.

5. **All social work services should be required to regularly publish data on average caseloads** so that they can be held to account for the consequences when caseloads are allowed to spiral upwards**.**

6. **Governments must do more to publicly promote the value of social work and the difference it makes to people's lives** – regular publication and dissemination of positive stories such as those in this report will boost understanding and public support for the difficult work social work staff do

7. **Employers should introduce work-life balance measures to ease the toll that social work takes on practitioners' personal and family lives –** this will reap benefits in improved retention of social workers, and savings in recruitment and training costs associated with high turnover and burn-out rates**.**

Appendix 1

About the respondents

Job role	% of respondents
Social work student	3%
Newly qualified social worker	11%
Social worker	45%
Senior social worker	12%
Consultant social worker	1%
Advanced social worker	2%
Principal social worker	1%
Assistant team manager	1 %
Team manager	5%
Care manager	2%
Social work assistant/support worker	5%
Admin worker in a social work team	1%
Other*	11%

*Includes: social work educators, contact supervisors, occupational therapists, outreach workers, social work lecturers, children's guardians, heads of service, family court advisors, addiction workers

Employed by	% of respondents
A local authority	84%
A school	1%
The NHS	5%
A voluntary sector organisation	4%
The private sector	3%
Other*	3%

*Includes community interest company, Care Quality Commission, Ministry of Justice, hospice

- 90% of respondents are employed on permanent contracts, 6% on temporary contracts and 4% are employed through an agency
- 88% are employed full-time (30+) hours, while 12% are part-time
- Half worked predominantly in children's services, 45% worked predominantly in adults' services while 5% worked across both

Service areas job covers	%
Children's services	
Looked after children	36%
Child protection	38%
Children in need	35%
Family support and prevention	21%
Adoption	11%
Fostering	14%
Special educational needs	11%
Disabled children	12%
Children with complex health needs	10%
Children leaving care	11%
CAMHS	7%
Children and young people seeking asylum/refugees	8%
Adults' services	
Older people	25%
Older people with mental health problems (including dementia)	25%
Carers	25%
Adults with physical disabilities	29%
Adults with learning disabilities	26%
Adults with complex health needs	28%
Palliative care	17%
Adults with mental health problems	30%
Sensory impairment	19%
Substance misuse	23%
Emergency duty	17%
Education welfare	3%
Criminal justice	9%
Refugees and asylum seekers	6%

Some 83% of respondents carry their own caseload. Of the 17% who do not, the main reason is that they are:

- a manager
- a student
- working in emergency duty/out of hours teams
- working a duty rota on deprivation of liberties team
- working in education and training
- working in fostering recruitment
- working in a shared caseload unit

63% of respondents are UNISON members

The survey was distributed via UNISON and Community Care.

Appendix 2: Additional analysis – caseload

Table 1	Average no of active cases on caseload	% caseload affected by covering vacancies etc	% of those covered by caseload management who are working 'over the limit'*
Broadly work in Adults	**23**	**53%**	**29%**
Job includes working with:			
• *Adults with mental health problems*	*24*	*55%*	*40%*
• *Older people*	*23*	*49%*	*23%*
• *Adults with learning disabilities*	*24*	*49%*	*29%*
• *Adults with physical disabilities*	*23*	*49%*	*24%*
Broadly work in Children's	**21**	**52%**	**44%**
Job includes working with:			
• *Looked after children*	*21*	*54%*	*48%*
• *Child protection*	*23*	*53%*	*47%*
• *Children in need*	*22*	*53%*	*46%*
Contract type			
Full-time	23	52%	40%
Part-time	17	52%	36%
Key job roles			
Newly qualified social worker	19	50%	29%
Social worker	23	55%	51%
Senior social worker	22	56%	42%
Social work assistant/support worker	26	48%	29%

Appendix 3: Regional analysis

Respondents

Region/nation	No	% of all respondents
Eastern	115	10%
East Midlands	68	6%
London	119	10%
North East	51	5%
North West	116	10%
Northern Ireland	10	1%
Scotland	164	14%
South East	166	15%
South West	83	7%
Wales	54	5%
West Midlands	85	7%
Yorkshire and the Humber	106	9%

In addition, three responses were received from Guernsey

Average caseloads

There is some variation in average caseloads between the regions. The region where respondents have the highest average caseloads is the North West with 26, 30% higher than the lowest regions where caseloads average 20. East Midlands, North East and Scotland also have above average caseloads (although comparison is not straightforward with Scotland as social work is governed by different legislation and covers different areas including criminal justice.)

Region/nation*	Average no of cases
Eastern	20
East Midlands	24
London	20
North East	24
North West	26
Scotland	25
South East	20
South West	20
Wales	20
West Midlands	21
Yorkshire and the Humber	21

*Results for Northern Ireland not included due to low response numbers

Left work at the end of the day with serious concerns about cases

Overall, 42% of respondents left work on 29th April with serious concerns about their cases, but this varied considerably by region. The regions where respondents had highest concerns were: East Midlands (53%), Wales (51%) and Scotland (48%).

Region/nation	% of all respondents
Eastern	38%
East Midlands	53%
London	38%
North East	37%
North West	37%
(Northern Ireland	*22%)*
Scotland	48%
South East	45%
South West	41%
Wales	51%
West Midlands	35%
Yorkshire and the Humber	39%

Ability to make a difference on the day affected by cuts

The regional breakdown of whether respondents felt their practice was affected by cuts, is likely to be affected by regional variation in the scale of cuts and under-funding in social care. Here the South West topped the list with the most respondents saying they were hampered by cuts, followed by East Midlands and the North West.

Region/nation	% of all respondents
Eastern	62%
East Midlands	64%
London	62%
North East	59%
North West	64%
(Northern Ireland	*67%)*
Scotland	63%
South East	57%
South West	67%
Wales	59%
West Midlands	57%
Yorkshire and the Humber	57%