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# Older people's social work safe staffing supply and workforce demands analysis: A case study from Northern Ireland

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## Abstract

In the UK, a range of operational tools and policy guidelines regulate staffing in various Health and Social Care sectors. Nonetheless, frameworks to ensure safe staffing in social work remain less advanced. This study focuses on older people's social work community teams in Northern Ireland due to the high volume of cases and vacancies within these teams. Our findings provide evidence based on actual caseloads (direct work with service users) and workloads at individual, team, and regional levels within this programme of care. The analysis revealed systemic issues that require systemic solutions in relation to staffing supply and service demands. Frontline social workers and managers frequently faced overwhelming worker-to-caseload ratios, routine use of waiting lists, and team vacancies. These findings lay the groundwork for evidence-based strategic

planning, guiding the development and enactment of safer and more effective social work policies and legislation in the years ahead. The project was commissioned by the Department of Health, Northern Ireland in preparation for policy and legislative developments expected between 2025 and 2028.

**Keywords:** caseload ratio; older people's social work; policy; safe staffing; vacancies; waitlists

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## Background

Global demographic shifts are driving population ageing, as highlighted by Flynn et al. (2014). An illustrative case is the UK, where projections suggest that by 2036, individuals aged 85+ will constitute 3.5 percent of the population, a significant increase from the 2.5 percent recorded in 2021 [Office of National Statistics (ONS) 2024]. This demographic transformation poses critical questions for older people's social workers (OPSW) and their employers, revolving around the challenges of balancing labour and skill supply with demand. Increasingly, there is evidence suggesting that OPSW across various jurisdictions are vulnerable to occupational hazards related to well-being, and thus, retention (MacLochlainn, et al. 2023; Ravalier et al. 2022). This susceptibility is linked to job-related stress (Johnson et al. 2019) and burnout (McFadden, Campbell, and Taylor 2015).

Efforts to address retention issues involve international recruitment initiatives (Tham & Meagher 2009; Moriarty et al. 2018) and well-being interventions (Maddock, McGuigan, and McCusker 2023). However, the repercussions of low retention rates extend beyond staffing numbers, impacting service quality, workforce stability, and professional development (MacLochlainn et al. 2023). Frequent turnover and absenteeism result in a revolving door of changes in service-user-assigned social workers, disrupting relationship-based practices and eroding trust (Ravalier et al. 2022). While some departures from the profession are due to anticipated retirements, there is growing support and focus to deliver appropriate 'safe staffing' levels in OPSW due to increases in turnover within this sector (McFadden et al. 2024a: 1). This increased attention reflects the ongoing challenges confronting HSC services, which encompass recruitment and retention issues (Moriarty et al. 2018), staff burnout (McFadden, Campbell, and Taylor 2015), the cost-of-living crisis, and ongoing disputes about pay and conditions (The Guardian 2022).

In the UK, various parts of the HSC sector are governed by specific legislative and regulatory frameworks regarding staffing. Within adult social care for example, regulatory supervision in institutional settings falls under the policy guidance of the Care Quality Commission who define

safe staffing to uphold the standards of care quality and quantity within these settings (Skills for Care 2018). A recent scoping review outlines the detailed policy and legislative context for social work across the UK and internationally; however, it is important to note that social work is regulated across the four countries of the UK by regulators who set standards of conduct for education and practice and have a public protection role to ensure that populations in receipt of social work services are safeguarded (McFadden, et al. 2024a).

Within the domain of social work, the progress in developing regulations, policies, and practices for safe staffing workload levels lags behind other sectors. A recent review of the social work workforce conducted by the Department of Health in Northern Ireland (DoH 2022) underscored the significance of safe staffing as a strategic priority. The review recommended achieving regional consistency by utilizing agreed-upon workforce data to determine the appropriate numbers, deployment, and utilization of social work practitioners. This recommendation was underpinned by the proposal to establish a model that identifies appropriate safe staffing levels and ensures safe practices within social work services (Rec2B). Northern Ireland is currently endeavouring to enact policy and legislation on safe staffing for social work programmes to bring social work into alignment with anticipated safe staffing legislation in the wider health and social care system regionally (2025–2028).

Northern Ireland's social work sector operates under distinct statutory requirements governing various practice areas, including Children's Services (CS) and Older People's Social Work (OPSW). These provisions, highlighted by the Department of Health (2016), significantly impact workload and caseload management. For example, in CS, social workers are bound by statutory functions outlined in child protection legislation (Children Order (NI) 1995), requiring intervention to safeguard children at risk of 'significant harm' and act in their 'best interests' to prevent abuse or neglect. In OPSW, while adult safeguarding policies are not legally mandated, they shape roles such as Designated Adult Protection Officer and Investigation Officers, defining specialist responsibilities for social workers. Additionally, the Mental Capacity Act (Northern Ireland) 2016, is partially implemented, which increased OPSW administration for Deprivation of Liberty Assessments. OPSW confronts mounting pressures from an ageing population, resulting in increased caseloads amidst substantial demographic growth among older populations (ONS 2024).

## Theoretical framework

The job demands–resources (JDR) model of work characteristics, work outcomes, and personal characteristics, suggests that work outcomes stem from both negative (demands) and positive (resources) aspects of

the work environment (Taris & Schaufeli 2015: 157). Demands include the conditions in which employees operate, adding to their physical or psychological strain, such as the volume and quality of workload dictated by service requirements. Conversely, resources serve to alleviate the adverse effects of demands and may include workforce supply to meet the demands of the service. The JD-R model thus offers a solid framework for analysing this study's findings related to staffing levels and workload demands.

## Why is this study important?

Persistent workplace stress has significant repercussions for both individual employees and the recipients of their services (Ravalier, McVicar, and Boichat 2020). Beyond its impact on individuals, chronic stress often imposes substantial financial burdens on organizations such as healthcare and social work professions (Martin 2023: 13). Rising rates of vacancies and churn contribute to increased expenditure associated with temporary workers, overtime, and costs for training new hires (Jauregui 2018; McFadden et al. 2023). This challenge derives from firmly established instances of vacancies in social work, coupled with increasing intentions to leave the profession (MacLochlainn et al. 2023; McFadden et al. 2024b). The impacts go beyond financial costs, imposing an unsustainable strain on the profession and the broader community, with especially severe effects on vulnerable groups from disadvantaged backgrounds. (Ferguson, Pink, and Kelly 2022; McFadden et al. 2023). The current study focused on OPSW Community teams in NI due to the high volume of cases and vacancies within this team type. Community OPSW teams provide social services to service users over 65 years if health and social care needs are assessed as requiring intervention.

This study explores strategies for enhancing and safeguarding well-being in OPSW highlighting the unique contributions of the social work workforce. Through data collection and analysis, the study establishes an evidence base concerning actual caseloads (direct work with service users) and workloads (other aspects of the job like supervision, training and office duty) at both individual team and regional HSC Trust levels within OPSW programmes. This information will play a pivotal role in shaping the implementation of safe staffing policies and practices across Northern Ireland.

## Research question

How can safe staffing levels be established for Older People's Social Work (OPSW) community teams in Northern Ireland?

## Study aims

This study aimed to make evidence-based and empirically rigorous recommendations for safe staffing levels in OPSW social work and make recommendations on caseload management to develop Department of Health (DoH) policy guidance on safe staffing workloads for Social Work.

## Objectives

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

1. To document overall average and range of caseload numbers in community teams regionally and at team level, including vacancies.
2. To develop a staffing supply and service demands framework for calculating safe staffing levels in Older People's Social Work Community Services in Northern Ireland.

## Methodology

The study's' methodology was a replication of the methodology from our sister paper 'Children's Social Work Safe Staffing Supply and Workforce Demands Analysis: A Case Study from Northern Ireland (MacLochlainn et al. 2024). The research design was iterative and evolved through a collaborative process with local collaborators from each of the five HSC Trust and members of a Steering Group which included representatives from employers, unions, regulators (Northern Ireland Social Care Council; NI SCC), and a professional body (British Association of Social Workers; BASW-NI). This group played an active role in refining the survey questions and provided insights for the qualitative data collection process. This study was part of a broader research program titled 'Safer and Effective Staffing Research and Policy Development; Older People's and Children's Social Work in Northern Ireland' (McFadden et al. 2024c). Data collection for the study employed a three-pronged approach: an online survey conducted across teams and across trusts on either 28 February or 31 March 2023; interviews with front-line social workers from OPSW teams; and focus groups with teams and Steering Groups.

Purposive sampling was used to select participants who were specifically relevant to the study. The interviews and focus groups included front-line social workers and teams from OPSW, plus a separate focus group with the Steering Group included representatives from various organizations as described. The use of purposive sampling was critical, as it ensured that the participants had the necessary experience and knowledge directly related to the topic (Andrade 2021).

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

## Survey

The survey aimed to collect information on OPSW team staffing levels, workload division, and social work activities through-out all five HSC Trusts. Quantitative data were gathered using an online Qualtrics© survey, which was designed to collect information at the team level. Local Collaborators at each HSC Trust distributed the survey link on a predetermined date, enabling team managers at each trust to input data during the period of a month. The completed surveys ($n = 56$ teams) were yielded on either 28 February or 31 March 2023, allowing the research team to conduct a comprehensive analysis snapshot. The resulting data provided an in-depth overview of workload demands and capacity issues related to staffing supply ratios at both the trust and regional levels.

## Interviews

Qualitative analysis was carried out using ten semi-structured interviews with front-line social workers from OPSW. These interviews were essential for gaining an understanding of workload and risk management. The interview questions focused on themes related to safe staffing. The decision to interview ten OPSW was informed by literature suggesting that saturation is often achieved at this sample size (Guest 2017). For the convenience of participants, the interviews were conducted either in person or online. Each interview was recorded and transcribed accurately. The transcription was analysed to develop themes using Clarke and Braun's (2013) framework.

## Focus groups

Likewise, six semi-structured team-based focus groups were conducted: five with social work teams and one with members of our Steering Group. The focus groups enabled analysis at both the team and Steering Group levels, focusing on topics associated with safe staffing, workload, and governance. The queries addressed throughout these sessions were associated with safe staffing-aligned issues. The interactional nature of

the focus groups, which included different viewpoints from various roles, promoted communicative exchange and depth that would not have been possible otherwise (Smithson 2000). The focus groups were recorded and transcribed accurately. The transcriptions were anonymized and analysed using thematic analysis, following Clarke and Braun's (2013) framework.

## Data analysis

### Online survey

The survey collected data on staffing numbers across various Agenda for Change pay Bands including social work assistants and social workers with caseloads. Information on caseloads, waiting lists (unallocated cases), and vacancies were collected between February and March 2023. Descriptive statistics were examined and presented using IBM SPSS V.28. This approach enabled the development of tabular data that illustrated staffing data across trusts and across the region.

## Findings

This segment summarizes the information collected in the survey regarding overall caseloads—both allocated and unallocated—in OPSW social work services across the region. Allocated cases refer to open cases actively managed by social workers, while unallocated cases pertain to those on waiting lists. The combined data provide a comprehensive view of the overall caseload demands on teams. The results detail the number of social workers handling cases, the team and regional staff-to-caseload ratios (staffing supply versus workload/caseload demand), and staff vacancies. Workload encompasses all job responsibilities, whereas caseload refers specifically to the management of individual cases. Notably, cases were counted per person, not per family.

### Quantitative data

A total of 56 OPSW teams responded to the survey (see Table 1) representing 100 percent regional participation. The trusts were anonymized using the letters 'A', 'B', 'C', 'D', and 'E'.

### Overall caseloads and caseload ratios

The concern of the social worker-to-caseload ratio was fundamental to understanding safer and effective staffing in social work. Policies and

**Table 1.** Overall reported caseloads and team responses in community teams regionally.

| Reported caseloads | Trust A | Trust B | Trust C | Trust D | Trust E | Total |
|---|---|---|---|---|---|---|
| Community | 5,386 | 6,359 | 4,966 | 5,802 | 7,620 | 30,133 |
| Number of teams | 10 | 16 | 9 | 12 | 9 | 56 |

Note: Reported data as of 28 February and 31 March 2023. Overall includes allocated and unallocated cases. (See sister paper MacLochlainn et al. 2024 for Children's Services).

guidelines to aid safer and more effective staffing logically begin with a baseline analysis of a reasonable number of cases, conditional of the type of social work, and service user requirements. Throughout the five trusts in Northern Ireland, there were 30,133 cases in older people's community teams (allocated & unallocated; see Table 1) on either the 28 February or 31 March 2023. Trust 'E' registered the most cases with 7,620 service users, while Trust 'C' had the least cases with 4,966 service users registered on either of the above dates.

Older people's community social work registered a total of fifty-six teams regionally, comprising over 542 social workers (see Table 2) holding caseloads across trusts (all Band 5s [AYEs], Band 6s, and Band 7s excluding Designated Team Leaders held caseloads). When the ratio of social worker-to-caseload was calculated for this team type it showed workers had a total caseload ratio of 1:55, that is 55 cases (allocated & unallocated) per individual social worker and an allocated caseload ratio of 1:48.

Within community teams regionally, ten ($n = 10$; 18 percent) were carrying allocated caseloads of between 16–35 (see Table 3), however, the majority ($n = 26$; 46 percent) of teams were carrying allocated caseloads of between 36 and 55, and 34 percent of community teams regionally were carrying allocated caseloads of more than fifty-six cases.

## Older people's community social work unfilled posts across trusts and regionally

Older people's community teams regionally consisted of 56 teams, with an overall of 77.5 unfilled posts ($n = 77.5$; see Table 4). Further analysis revealed there were 34.5 empty posts, with 18 unfilled posts related to maternity leave, an additional 24 unfilled posts related to sick leave, and 1 vacancy was categorized as 'other'. Notably, nearly one-half (44.5 percent) of vacancies within community teams were empty posts.

## Thematic analysis

The insights gleaned from interviews and focus group discussions with social workers in older people's community teams indicate that the idea

**Table 2.** Caseload ratios for allocated and overall (allocated + unallocated) cases in older people's community social work teams regionally.

| Teams (56 = teams) | Allocated cases | Unallocated cases | Overall caseload | SWs with caseloads | Ratio of SW to allocated cases | Ratio of SW to overall caseload (allocated + unallocated) |
|---|---|---|---|---|---|---|
| Community | 26,114 | 4,019 | 30,133 | 542.5 | 1:48 | 1:55 |

Note: SW: social workers (see sister paper MacLochlainn et al. 2024 for Children's Services).

**Table 3.** Older people's community social work teams regionally frequency of allocated and overall caseload range (allocated + unallocated).

| Trust | 5–15 | 16–35 | 36–55 | 56–75 | 76+ | Total |
|---|---|---|---|---|---|---|
| A | – (–) | – (–) | 6 (4) | 3 (5) | 1 (1) | 10 |
| B | – (–) | 2 (2) | 11 (10) | 2 (2) | 1 (2) | 16 |
| C | – (–) | 5 (2) | 4 (–) | – (7) | – (–) | 9 |
| D | 1 (–) | 3 (2) | – (–) | 4 (6) | 4 (4) | 12 |
| E | – (–) | – (–) | 5 (3) | 3 (4) | 1 (2) | 9 |
| Total | 1* (2%) | 10* (18%) | 26* (46%) | 12* (21%) | 7* (13%) | 56 |

Note: Overall caseload (allocated and unallocated cases) range is in brackets.
*=Allocated cases and percentage of caseload range based on allocated only. % rounded up/down (see sister paper MacLochlainn et al. 2024 for Children's Services).

**Table 4.** Older people's community social work unfilled posts at trust and regional level.

| Trust | Empty posts | Maternity leave | Sickness | Other | Total unfilled |
|---|---|---|---|---|---|
| A | 2 | 3 | 2.5 | – | 7.5 |
| B | 10 | 8 | 10 | – | 28 |
| C | 9.5 | 2 | 7 | 1 | 19.5 |
| D | 9 | 3 | 2.5 | – | 14.5 |
| E | 4 | 2 | 2 | – | 8 |
| Regional total | 34.5 (44.5%) | 18 (23.2%) | 24 (31.0%) | 1 (1.3%) | 77.5 |

(see sister paper MacLochlainn et al. 2024 for Children's Services).

of safer staffing encompasses four key themes with two subthemes (see Table 5).

## Service users

The experiences of service users and the efficient delivery of services were frequently considered crucial to the concept of safe staffing. Analysis of qualitative data revealed several factors that significantly influence social workers' overall workload, impacting service delivery and

**Table 5.** Qualitative analysis: themes and sub-themes.

| Themes | Service users | Caseloads | Adequate staffing | Staff well-being |
|---|---|---|---|---|
| Subthemes | | Volume & complexity<br>Roles & responsibilities | | |

(see sister paper MacLochlainn et al. 2024 for Children's Services).

the extent to which service users' needs were met. Due to workload pressures, many participants reported feeling 'guilt' and 'frustration' over the lack of sufficient time and resources to adequately assist their service users:

> *I really do think time, so precious. And that's what our service users want. They want to feel listened to, carers want to feel listened to. They don't want somebody sitting, checking their watch and feeling rushed and feeling that calls aren't being replied to, things aren't being responded to.* (Social Worker, Community)

Some social workers also complained that workload pressures hindered their ability to perform preventative work or provide timely interventions for service users, leading to an increase in crisis situations. A social worker from Trust *anonymized* highlighted issues related to '*lower-level cases that are going a bit under the radar … because there's nobody looking at them*' (Social Worker, Community). Additional social workers illuminated the issue around staff shortages that caused delays in addressing the urgent needs of service users. Participants from Trust *anonymized* focus group described a '*vicious cycle*' affecting social work teams and their service users:

> *… what we're getting is the same families ringing through {duty intake} speaking to somebody different every day with the same issue. But while that's ongoing, the crisis is building and building. And then it, whenever it reaches a peak then somebody's dispatched out in an emergency. And the family are, you know, there's no preventative work, nothing preventative has been done. So you're starting on the back foot.…* (Social Worker, Community)

## Caseload: Volume and complexity

Caseload and workload are distinct constructs. Caseload refers to the number of cases managed by social workers and, in some instances within OPSW, by social work assistants (some trusts assign entire cases to social work assistants, while others allocate them specific tasks). Workload, on the other hand, encompasses all aspects of the job including direct casework and other areas, such as duty intake, record keeping and paperwork, supervision, training, meetings, and interactions with

other departments and professionals. A framework examining non caseload related workload is presented in McFadden, et al (2024c: 276), 'Annual Hours Framework', sets out the time required within a 37.5 hour working week for a Whole Time Equivalent worker, showing time available for direct casework and non-caseload related tasks.

The interviews and focus groups predominantly revealed that social workers perceived their caseloads as high and often unmanageable. Following this, a specific number representing a reasonable caseload was identified for community settings. Overall, participants indicated that the 'ideal' caseload number for community-based OPSW social workers, in terms of capacity, was 35 cases (McFadden, et al. 2024c: 141). One social worker from an over-extended community team indicated 30 cases as a reasonable figure, noting the constant stream of intake and assessment that continually increased the numbers:

> *I would be much more confident with … 30 or there or there abouts… sometimes we'll get to certain level and then it creeps up very, very quickly because you take on more places like new allocations and there's some cases can't go to social care, you hold them for as long as you have them*. (Social Worker, Focus Group)

Social workers reached a broad consensus suggesting that a 'safe' and 'fair' caseload for social workers must consider factors such as time, travel, and case complexity, recognizing that complexity varies over time. It should also consider the level of coordination required with multidisciplinary teams and services for each case. One interviewee suggested that management's perception of a social worker's caseload being 50 cases was not grounded on any evidence of the time required for professional roles and tasks:

> *Optimally, I don't think caseloads currently, taking into account the full range of roles and responsibilities of social workers have to take on and not least taking into account the impact of the MCA (Mental Capacity Act) limitation, I don't think a caseload should be any higher than 35*. (Social Worker, Community)

One social worker contrasted the volume and complexity of cases in OPSW with their experience in CS. They noted that, although they did not experience the same 'level of worry', OPSW presented their own set of issues related to caseload volume, particularly when collaborating with multiple professionals and services:

> *It's your everyday, when you think of one case has a number of people involved in terms of the care provider, district nurses, mental health team, GP, you're dealing with a lot of communication with other professionals about one case and you might have 50 something of those cases going on. So it's the high volume that is the stressful part in older people's*. (Social Worker, Community)

The varying characteristics of cases can increase the complexity of workforce planning and bears on service delivery. One social worker clarified that '*you could have your whole week planned and it could change five times*' (Social Worker, Focus group). Case complexity also increased due to a lack of capacity in other parts of the system, particularly in social care. Unmet demand in social care often led to situations where, cases become more complex:

> *So in terms, for example, supported housing, … there would have been a conduit towards supported housing, but almost by the time we get people to our doors, now they're beyond the point at which they could avail of that service.… So by the time they get to our door, they're much further down the pathway and more complex, which takes more time than they would have been traditionally*. (Social Worker, Focus Group)

In addition to managing caseloads, many social workers discussed their responsibilities with 'duty intake' (reported as rotational days per month assigned to incoming calls) and its impact on social workers' workload, caseload, and complexity. Some expressed their worry relating to redistributing unallocated cases through the duty system. Cases on unallocated waiting lists that need immediate support are risk assessed, triaged, and overseen by managers, then routed through the duty system. This often makes intake work challenging due to increasing complexities, as often duty involves people in crises. Social workers from various trusts described duty work as demanding work, noting that tensions and pressures have merely shifted to another division of the system instead of providing additional staffing support. Examination of one HSC Trust revealed a significant issue: a lack of duty record-keeping. One social worker voiced their concern regarding the inconsistent documentation of duty call paperwork:

> *To me it's absolutely astounding that in this Team there's no record kept of that*. (Social Worker, Community).

Fundamentally, a more manageable caseload was inherently coupled with providing service users with the type of services they need:

> *I think also for our service users… if they're sitting under a social worker who has 25, they're going to be seeing (them) a lot more often and getting a better service than sitting under a Social Worker who is completely overwhelmed*. (Social Worker, Focus group)

## Caseload: Roles and responsibilities

The typical duties of social workers encompass various processes, including assessment, planning, intervention, monitoring, and case review. However, recent legislative changes, such as the shift towards

personalized care budgets through Self-Directed Support, carers assessments, and notably, the implementation of the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act (Northern Ireland) 2016, have introduced new responsibilities and tasks for social workers. These tasks often involve significant time investment in paperwork and administrative tasks. Furthermore, managing adult safeguarding was a crucial aspect of work in this sector, demanding timely consideration and accurateness.

Due to the bulk and diversity of tasks considered crucial, numerous participants struggled to prioritize duties amidst their demanding caseloads. Many social workers noted that statutory reviews frequently lagged behind schedule, while a participant in a focus group lamented the overwhelming array of tasks, expressing that '*everything is a priority*'.

Another participant expressed concern that management's perception of a social worker's caseload at 50 cases lacks analysis of the time required for current roles and tasks, particularly considering the impact of the MCA. Social workers in the community emphasized the complexity of implementing the MCA and the necessity of having adequate time to ensure quality care for service users:

> *….or no adjustment was made in advance of the implementation of MCA, even though that state in my view would have been anticipated.* (Social Worker, Community)

However, one trust mentioned having a dedicated team tasked with conducting MCA assessments, thereby alleviating the workload burden on the regular team:

> *…we have a team that's doing the MCA assessments, and actually whenever that came in maybe two years ago, things were very difficult, and we were trying to do them ourselves as a team and the paperwork was taking quite a significant amount of time. Since that's been introduced, it has taken quite a bit of pressure off us as social workers.* (Social Worker, Community)

## Adequate staffing levels

Ensuring safe staffing levels within teams is contingent upon having the ideal number of staff aligned with the Funded Establishment. Yet, despite teams being ideally allocated the appropriate number of positions, it was apparent that most teams were understrength for various reasons. These included fiscal constraints hindering staff recruitment, frequent staff relocation among teams, employees being on sick leave, maternity leave, retirements, or long-term leave for various reasons, staff opting to moderate their working hours, or just leaving their profession:

> *… our funded establishment isn't worth as much to me now, I should have funding at the minute to go out for three more Band 6. I don't because the way the budget is. It's based on three years ago and I don't have enough money to go out for three full-time posts…. Right, because the budget hasn't increased.* (Senior Social Worker, Focus Group)

Numerous participants found themselves working within understaffed teams, resulting in higher caseloads, greater pressure on staff, and growing sentiment of resentment. A social worker shared that despite understaffing being flagged in the risk register, they perceive little tangible action, as '*nothing changes*'. They expressed frustration with a '*blame culture*', where adverse incident reviews typically assign blame to social workers if something goes wrong. Despite these challenges, social workers persist in shouldering the burden of understaffing in the best interest of service users:

> *We do it because the service users have a need and we can't neglect that.* (Social Worker, Focus Group)

## Social workers well-being

Social workers emphasized that safe staffing was not just about their ability to maintain the well-being and safety of service users and mitigate risks associated with their work, but also about ensuring their own health, safety, and well-being. Many participants expressed satisfaction in working with older people and a strong commitment to providing the '*best care for both patients and their families*' (Social Worker, Focus Group).

Although many social workers found satisfaction in their work within OPSW, workload pressures were increasingly affecting the health and well-being of many of them. These pressures were often fuelled by a desire to do more for people but feeling constrained by limitations. Anxieties about not fully meeting service user needs were commonly expressed, with many social workers feeling disappointed that they couldn't fulfil their professional aspirations as they desired:

> *[The anxiety] never goes away and I think my colleagues and the Team would agree we are working and feeling that we don't have the time to give people the service they deserve. We, what we do isn't preventative, we react, and that shouldn't be the way that we work.* (Social Worker, Community)

Participants frequently expressed heightened stress and a sense of 'fear' when grappling with heavy and complex caseloads, particularly when the well-being of service users was at stake. Like many others, one social worker shared how they prioritize their workload according to perceived risks. They noted that the anxiety stemming from managing complex

mental health cases, where risks were elevated, added to their stress and blurred the boundaries between work and personal life. Additionally, they described feeling compelled to work extra hours in evenings and weekends to cope with the workload, hoping to alleviate anxiety surrounding risk-averse cases:

> *So you find yourself maybe sticking the laptop on when you shouldn't.* (Senior Social Worker, Community)

Endless pressures on social workers, combined with their obligations to service users led to social workers working extended hours, altering their annual leave allocation, or abandoning further training. Participants complained of working beyond 7 pm '*to stay on top of things* (Social Worker, Focus Group)' '*logging in at home….knowing that there is stuff you want to get sorted and done'* (Social Worker, Community) or staying at work later because their *'stress levels would go through the roof'* (Social Worker, Focus Group) if duties and tasks were not carried out. Some social workers disclosed how hard it was to unplug, describing how '*during those busy spells, it affects you when you're off at the weekend and in the evening, it's on your mind more*' (Social Worker, Community). One social worker explained that despite transitioning to a four-day workweek, their caseload remained unchanged, often requiring them to log in and work on their days off (Social Worker, Community).

This sense of duty significantly blurred work–life boundaries and was exacerbated by the daily immersion in '*listening to other people's lives, problems, and families*'. A social worker expressed feeling emotionally '*drained*' from absorbing their service users' issues, constantly processing and strategizing ways to support them (Social Worker, Community).

Another social worker described taking individual steps to safeguard their well-being by self-referring to occupational health. They expressed concerns that workload pressures were negatively affecting their well-being and their capacity to manage caseloads effectively. They were adamant about not wanting their concerns to be pathologized, believing them to stem from inadequate management planning, unrealistic workloads, and insufficient attention to staff welfare. The interviewee reported having a positive experience with occupational health and felt validated by the process.

## Discussion

The social worker-to-caseload ratio is central to discussions about achieving safer and more effective staffing in social work (McFadden et al. 2024a). Efforts to promote safer and more effective staffing often start by defining what constitutes a manageable caseload, considering the nature of social work and the needs of service users. Insights from

focus groups and interviews conducted in this study, along with input from individual social workers and managers, also indicate that caseloads of thirty-five or fewer cases are realistic for effectively handling the complex tasks associated with current older people's community teams.

Using survey data, an aggregate staff-to-caseload ratio was calculated and presented regionally for community teams across trusts. This calculation includes both 'allocated' and 'unallocated' cases to afford a comprehensive analysis of workload subtleties for teams. Although the analysis was founded on a specific timeframe (28 February to 31 March 2023), it was crucial to gain a thorough understanding of workforce requirements, as these factors are closely tied to global demographic shifts which are driving population ageing (ONS 2024). The calculated social worker-to-overall caseload ratio revealed that 80 percent of community social workers regionally were handling caseloads exceeding thirty-five cases. Miller (2022: iii), authors of 'Setting the Bar for Social Work in Scotland', provided indicative workloads for adults at 20–25 cases as optimal for adult social workers. In Scotland, safe staffing legislation is due for enactment in 2024; therefore, the examination of safe workloads is a current concern across countries (McFadden et al. 2024a).

The study also found that over one-eighth of social work positions were vacant across community teams regionally. When positions remained vacant, teams managed unallocated caseloads by prioritizing based on assessed risk. These teams relied on managerial supervision to prioritize risks and assigned a duty intake worker to handle critical tasks. Across trusts, workload pressures were apparent as waiting lists eventually circled back to social workers through duty, a common practice across all social work teams. (McCormack et al. 2020). Although operational models varied, this system ensures that an available social worker handles urgent issues through the duty intake process. While waiting lists administer emergent referrals and may protect social workers from crushing caseloads numbers, eventually, this method can result in a build-up of crises in cases, increasing their number and complexity. Thus, relying on waiting lists may obscure the true demand for older people's community services.

Overall, the analysis highlighted systemic issues that require comprehensive solutions. Frontline social workers and managers, burdened with excessive workloads and waiting lists, often view capacity limitations as a real struggle. The relationship between 'workforce supply, service demands, workload, and caseload' must be measured within the framework of available hours. (see McFadden et al. 2024c: 276). Social workers face the challenge of balancing client-focused care with bureaucratic demands, navigating between addressing clients' expressed needs, advocating for what they perceive as best for service users.

Finally, the study emphasizes the importance of collective responsibility and calls for transparent acknowledgment of systemic issues.

Promoting open communication about the pressures and challenges faced enables systems level responsibility for ameliorative policy responses that supports and retains the workforce, especially early-career social workers. Addressing retention in the social work profession involves tackling workforce capacity concerns and guaranteeing that social work education and training figures align with recognized and predicted workforce needs. While this study emphasizes present workforce pressures, ongoing evaluation is essential to adapt to ever-changing societal and population needs and to effectively reinforce the workforce now, and into the future (ONS 2024).

## Strengths and limitations

Crucially, social work must remain adaptable to changing social, fiscal, emotional, health, and ecological factors to effectively improve the health and social well-being of Northern Ireland's population. The significance of this study was highlighted by its alignment with the strategic framework presented in 'Health and Wellbeing 2026: Delivering Together' (DoH 2016) and the Department of Health's HSC Workforce Strategy 2026, which emphasizes current shortages in the social work workforce and the financial actions required to address them (DoH 2017). The findings of this study are intended to positively impact decisions related to effective workforce planning for social work within the planned reformed health and social care system (DoH 2016).

The study was grounded in solid empirical evidence and adhered to strict research governance standards and ethical guidelines. By incorporating a range of professional perspectives and experiences, the findings aim to support evidence-based decisions on future workforce modelling, offering previously limited empirical data on the social work workforce (House of Commons 2023).

## Conclusion

The Department of Health Social Work Workforce Review for NI (2022, Rec2B) stressed the importance of placing renewed attention on safe staffing in social work, alongside an evaluation of the current workforce supply and demand capacity. This approach aims to make certain that workforce planning is grounded in a substantive evidence base, enabling impactful decision-making. The findings presented provide an overview of the baseline data from 2023 concerning older people's community teams, focusing on staffing resources and service pressures. This provides a basis for evidence-based strategic planning, steering the

creation and execution of safer and more effective social work policies and legislation in the years to come. (2024–2027).

Although the analysis is likely to present some challenges, it is anticipated that this evidence-based research will support informed decision-making, helping to prepare the profession for the future in Northern Ireland. The conclusions are consistent with retention and turnover patterns observed across the wider NHS workforce and the objectives outlined in the NHS Long Term Workforce Plan (2023), which aims to address shortages in various healthcare sectors. The findings further deepen our understanding of the growing workload strain on social workers and its negative impact on services (Ravalier et al. 2022). These pressures contribute to worsening mental well-being, increased burnout, and higher turnover rates, all of which adversely affect service user experiences and outcomes (McFadden et al. 2023). It is our collective responsibility to ensure that social work remains a viable and sustainable profession in the future.

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