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Safe Staffing and Workload Management in Social Work: A Scoping Review of Legislation, Policy and Practice

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Abstract

In Northern Ireland, social work-specific legislation is planned for safe staffing across the governmental sector. As part of a broader research project to inform this development, we conducted a scoping review seeking examples of safe staffing definitions, safe staffing-related legislation, policy and practice in social work and associated professions from the UK and internationally. We searched English language databases in

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2023 websites and reference lists as well as grey literature. Finding no international examples of social work-specific safe staffing definitions, legislation, or policy outside of Children's Services, we offer a tentative definition to the current debate. Our scoping review found examples of individual social workers and local teams developing caseload management practices to promote 'safer' working, which may be useful for policymakers and regulators to consider. However, these need greater conceptual clarity, consensus over definitions and outcomes, and evaluation for cost-effectiveness. Given the limited evidence in this area, recommendations include the need for further research to ascertain what 'safe staffing' does, can and should mean in social work and what can work in different contexts and at different levels of policy and practice to inform service user and social worker safety in social work.

Keywords: legislation, policy, safe staffing, scoping review, social work

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Introduction and background

The subject of safe staffing levels across the health and social care (HSC) sectors has recently been foregrounded in the UK due to continued pressure on services related to, *inter alia*, recruitment and retention problems (Moriarty et al., 2018), staff burnout (McFadden et al., 2015), the fallout of the coronavirus disease 2019 (COVID-19) pandemic (Ravalier et al., 2022) and the cost of living crisis (Limb, 2022) as well as ongoing disputes about pay and conditions (The Guardian, 2022). High levels of staff vacancies, chronic staff absences and difficulties in recruiting and retaining staff undermine the quality and effectiveness of services, potentially putting service users at risk of harm (Moriarty et al., 2018).

Questions about safe staffing go beyond simply the number of personnel in a service or establishment setting. As the World Health Organisation (WHO) highlights in relation to healthcare, bodies are not enough, staff need to be deployed equitably and to be accessible across the population. They also need the required competencies to perform their functions and the support of the wider health system (World Health Organization, 2016). In the UK, HSC staff work within different legislative and regulatory frameworks relating to staff complements, qualifications and functions. In adult social care in England, for example, the level and quality of care are regulated in registered care services through the Care Quality Commission and a definition of safe staffing has been developed to support this (Skills for Care, 2018).

Similarly, there are regulations regarding safe staffing for National Health Service (NHS) practitioners such as nurses and midwives. A range of tools has been developed to calculate care hours per patient

day that are used to calculate safe staffing levels (Carter, 2016, Giannasi and Rudman, 2018).

In terms of social work, legislation and policy for safe staffing are less developed with limited empirical research. In response to the Scottish Government's consultation on Safe and Effective Staffing in Health and Social Care, in preparation for the Health and Social Care Act 2019, Social Work Scotland (the Scottish professional registration body) acknowledged the lack of research evidence to underpin social work safe staffing law (Social Work Scotland, 2017).

In this context, a 2022 Department of Health review of the social work workforce in Northern Ireland identified safe staffing as a key strategic theme and recommended (Department of Health Northern Ireland, 2022):

Regional consistency (using agreed workforce data) in the numbers, deployment and use of social work practitioners (including use of title), based on the development of a model to identify normative staffing/safe practice levels for social work services. (Department of Health, 2022, Rec2B)

Following this review, at the time of writing (end 2023), the Department of Health in Northern Ireland (2022) is considering safe staffing legislation for HSC although timescales are presently unclear.

This article reports our scoping review of literature concerning safe staffing in social work drawing on examples of definitions, policy and practice across the UK and internationally, gathered through both database and 'grey literature' searches and consultations (Arksey and O'Malley, 2005; Benzies *et al.*, 2006). We found relevant examples of operational caseload management tools used in social work (Ravalier *et al.*, 2022). We also considered associated research on workforce planning, staff well-being and approaches to safe staffing in related fields of nursing, midwifery and adult care (Nursing and Midwifery Council (NMC), 2016). We outline evidence gaps and opportunities for further research and policy development.

This article first summarises the review methodology. Secondly, we briefly report definitions and discussions of the link between staff and service user safety. We then situate the subject of social work safe staffing within wider HSC policy and legislation across the UK's devolved nations and internationally. We offer illustrative examples of tools and frameworks used by social work employers relevant to safe staffing. This article concludes by discussing further challenges in establishing social work safe staffing ratios as presented in the literature proposing some research imperatives.

Method

This review is part of a wider project on ‘Safe Staffing in Social Work’ commissioned by the Department of Health, Northern Ireland (DoH-NI) to inform policy and guidance on safe staffing in preparation for possible future legislation on this subject. The project has a strong practice component, overseen by steering groups consisting of social work managers in Children’s Services, Older People’s Social Work and Mental Health Social Work, trade unions and professional organisations [[British Association of Social Workers \(BASW\) Northern Ireland](#)] the regulator, Northern Ireland Social Care Council and Department of Health Northern Ireland representatives.

Early identification of limited research on safe staffing in social work meant we concluded that a systematic literature review would be of limited use in offering evidence and comparisons for policy development. Our initial full-text search of the ProQuest Social Services Abstracts database deploying the search terms ‘social work’ and ‘safe staffing’ (using * operators), undertaken in March 2023, had returned only eleven articles, most of which focused on violence and abuse (important as they are) rather than workforce-system-related policies and challenges.

Given the lack of evidence and that the objective of this analysis was to inform policy, a scoping review was identified as the most appropriate method to map the field. A scoping review enables researchers to ‘map rapidly the key concepts underpinning a research area and the main sources and types of evidence available.’ (Mays et al., 2001, p.194). A scoping approach is furthermore well suited to policy-related research (Arksey & O’Malley, 2005).

Our search strategy was as comprehensive as possible, using both published and unpublished studies as well as media, policy and other ‘grey’ areas of knowledge (Arksey and O’Malley, 2005). The documents and reports reviewed in this article were identified using database searches in March 2023 (Scopus, ProQuest Social Sciences Abstracts, Google Scholar) using the search terms ‘safe staffing’ ‘social work’ ‘social worker caseload’ and ‘social worker workload’, bibliographic references from related academic literature and through recommendations of reports and documents from networks of organisations and professionals participating in the broader research project (as recommended by Campbell et al., 2017). The papers, reports and policy documents reviewed were those making *direct reference* to safe staffing in either social work or cognate professions, as well as those that referred to social work workloads and caseloads—including ratios of staff to service users, related to the concept of safe staffing. The advantages of this approach were its

inclusiveness and that many of the sources came from a community of practice directly involved in social work. The main disadvantage of the scoping methodology is that, because of its organic and iterative nature, replication is difficult.

Results

Domains of interest in the scoping review

The first analysis of the literature yielded results regarding definitions of safe staffing. Following this first analysis, the literature was categorised into two further *domains of interest*: legislation and policy (e.g. guidelines on numbers of staff required) and practice (e.g. empirical studies of HSC professionals and their workloads), including impact on staff well-being and ‘unsafe’ working (MacLochlainn, *et al.*, 2023; McFadden *et al.*, 2024). The legislation and policy literature were used to establish if and where there are regulations on safe staffing in social work. The results related to the second domain—practice—provided comparative examples of how regulations regarding safe staffing have been implemented, including any challenges.

Domain of interest one: defining safe staffing in social work

Our scoping review revealed no social work-specific definitions of safe staffing in the UK. However, there were definitions from health services and adult social care. These definitions stress two dimensions of safe staffing—the patient/service user and the practitioner. An example definition, from a review linking both dimensions comes from Skills for Care, the strategic workforce development and planning body for adult social care in England, namely:

Having enough staff, who have the right values and skills, to deliver high quality care and support. It involves having safe staffing levels, including putting contingency plans in place, recruiting the right people, with the right values, skills, and experience to deliver safe care and support; doing the right recruitment checks; and ensuring staff are competent and safe to do their role. (Skills for Care, 2018, p. 5)

This definition usefully encapsulates links between the safety of the patient/service user to the capacity and competence of staff. If staff are not safe—if they are insufficient, or exhaustion impairs their functioning—high-quality care is compromised. Whilst there are clearly problems

arising from not having enough staff, wider social work literature (e.g. Moriarty *et al.*, 2018) emphasises the lack of evidence about the point when staff shortages negatively impact service user outcomes and recommends research to establish more precisely the relationship between minimum staffing levels, workload and recruitment and retention, therefore highlighting the gap in social work literature specific to safe staffing. Our review found considerably more evidence in nursing research on the relationship between safe staffing and patient outcomes including mortality and recovery (see e.g. Ball & Griffiths, 2022).

At the international level, the World Health Organisation (WHO) Health Worker Safety Charter defines safe staffing by linking service user welfare to the safety of health workers. It calls on governments and employers to protect staff from risks to their physical and mental health and to connect worker and patient safety policies (WHO, 2020).

Supporting these ideas regarding safe staffing impacting on patient/service user safety, research findings from a survey of UK HSC professionals found they thought (possibly causally but possibly correlated) that work-related pressure and unsatisfactory staffing levels were placing patients/service users at risk of harm (McFadden *et al.*, 2023, p. 44).

Domain of interest two: policy frameworks—where does social work fit?

Beyond definitions, the second domain emerging from the scoping review related to how—and if—safe staffing or its associated terms in social work is reflected in legislative and policy frameworks. In Northern Ireland, the different statutory requirements for Children’s Services and other areas of practice, including older people’s and mental health social work, affect workload and caseload management (Campbell *et al.*, 2022). For example, in Children’s Services, the social work role is defined by statutory functions based on child protection legislation (Children Order (NI) 1995), granting duties to intervene if a child is at risk of ‘significant harm’. Social workers must act in the child’s ‘best interests’ and safeguard the child from abuse or neglect. These legislative imperatives may impact on workload and social worker capacity as there are no alternatives.

In contrast, in Northern Ireland’s older people’s services, safeguarding policy and procedures (Adults Safeguarding Prevention and Protection in Partnership) do not rest on statute but have evolved, with roles such as Designated Adult Protection Officers and Investigation Officers becoming ‘specialist roles’ for social workers. Mental health social workers in Northern Ireland, similar to children’s social workers, practise within statutory frameworks. The Mental Capacity Act (MCA) (NI) 2016 replaced the Mental Health Order (MHO) (NI) 1986. It is regarded as

'fusion legislation' (Lynch *et al.*, 2016) as it reflects both the powers of the MHO and the safeguards of the MCA. The MCA introduced assessment of capacity, best interests' assessments and deprivation of liberty safeguards processes for people whose capacity to make decisions is compromised. Much of this new area of practice has been absorbed by social workers who have taken on new assessments on top of existing work. As with children's services, there is evidence from papers included in our scoping review that extra workloads have contributed to burnout and intention to leave the profession (MacLochlainn, *et al.*, 2023) which may impact on efforts to achieve safe staffing.

In England, the subject of safer staffing in social work has often been conceptualised as workload or caseload management in the more general interrogation of the social work role. The Social Work Task Force made several recommendations about working conditions and outlined a workload management framework based on vacancies, cases and workflow (Social Work Task Force, 2009, p. 59). Following this, a Social Work Reform Board was established to oversee implementation of those recommendations. However, this Board was disbanded in 2013 and subject interest declined.

In Northern Ireland, a recent review of Children's Services (Jones, 2023) made recommendations for measures to address ongoing workforce challenges, such as high caseloads, manifested by substantial vacancies within social work teams. Other recommendations included enhancing the skills mix within teams and setting up a specific structure for children and families' social care.

However, safe staffing does not necessarily require central direction and can be based on employers' judgement of their service context. For example, the related sector of adult social care in England (covering home care and care homes in the main, and not social work) is subject to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18 specifically requires registered providers to deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements, but generally leaves this to employers to determine the nature of 'enough'. References to 'appropriate' staffing levels, such as the 'consistently safe, appropriate staffing levels' called upon by the trade union UNISON (UNISON, 2022) indicate a need for evidence to ascertain how these can be both conceptualised and calculated.

However, for some, the very concept of safe staffing seems to be problematic. For example, Social Work Scotland has voiced its concern that other professional safe staffing models might be applied wholesale to social work:

Social work is a very complex profession, based around an individual's needs. It takes account of family and community supports and it is

difficult to define for the purposes of a workload tool ... In essence it should not be assumed that what might work for nurses and midwives in hospital teams would work in community teams; it should not be assumed that what works in nursing would work in social work; and it should not be assumed that what might work in social work, would work in social care. (Social Work Scotland, 2017)

Social Work Scotland (2022) reiterated these concerns in its Setting the Bar Report which outlined professional and Chief Social Work Officer perspectives on realistic workloads for those working in children, adults and justice sectors. It referred to 'indicative workloads' with important nuances in relation to the operational and holistic approach to workload allocation, including considerations of workforce well-being, capacity, bureaucracy (administration), time and other relevant factors. In brief, an indicative caseload range for social workers in adult services was twenty-one to twenty-five; children and families to be fifteen or less; criminal justice to be twenty-one to twenty-five and 'other' to be fifteen or less (Social Work Scotland, 2022, p. 35). It explained the rationale for these indicative workloads in the context of workforce stress and well-being as follows:

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.

Griffiths et al. (2023) declared the connection between child protection social worker stress and health to be evidenced in terms of decreases in social workers' health and well-being and increases in their depression, sleep loss and burnout.

'Safe staffing', as noted in our tentative definition, would thus appear conceptually as much related to workforce 'safety' in terms of well-being, including turnover and retention, as to service user 'safety'. Any possible antipathy to other professions' approaches to safe staffing may also need to be reconsidered. In the UK nursing models, the evidence is much stronger about the outcomes of safe staffing (Ball & Griffiths, 2022). This points to the value of clarifying what safe staffing represents, as well as identifying its technical components and building support among practitioners and managers for reform. As Ball and Griffiths (2022) observed:

The long-term solution to achieving safe staffing is not just about training enough nurses to allow safe staffing level to be achieved, but about seeing the value in having enough, to ensure we have sufficient supply and that we provide working conditions that can retain and develop the nursing workforce, to meet UK's current and future health needs. (Ball & Griffiths, 2022, p. 879)

Safe staffing policy and legislation across borders: cross-national and sector comparisons

Across the four UK nations' HSC sectors, our scoping review found differing understandings, policies and standards related to safe staffing.

In Scotland, the Integrated Health and Social Care Workforce Plan (2019) sets out requirements for safe staffing. Arising from the 2019 Health and Care (Staffing) (Scotland) Act 2019, the Workforce Plan's stated goal is to ensure that 'appropriate' staffing levels are in place to support high-quality care for patients and service users. Initially paused by the pandemic, implementation is ongoing with associated policy and guidelines expected by Spring 2024 ([Scottish Government, 2022](#)).

In terms of standards and guidance, England's Local Government Association has developed standards for social work employers covering safe workloads, case allocation and staff well-being and supervision. The workload standard has the goal of '*ensuring employees do not experience excessive workloads, resulting in unallocated cases and long waiting times for individuals.*' ([Local Government Association 2020](#), Standard 3). In practice, these standards do not necessarily translate into safe staffing levels from the perspectives of frontline social workers ([McFadden et al., 2023](#)) but they represent an important consensus among the main employers of social workers in England that excessive workloads have negative consequences.

Whilst there is no social work-specific legislation on safe staffing in Wales, the Nurse Staffing Levels (Wales) Act 2016 required health service bodies and NHS trusts to consider the provision of appropriate nurse staffing levels; the first such legislation in Europe. Section 25B defined the appropriate number of nurses for children's wards and adult medical and surgical wards. Calculations of safe staffing levels are made using professional judgement and an evidence-based workforce planning tool as well as a consideration of the extent to which patients' well-being is sensitive to nursing care ([Hannigan, 2022](#)). This approach is similar to the safe staffing approach in midwifery where an influential National Institute for Health and Care Excellence (NICE) ([NICE, 2015](#)) guideline covered safe midwifery staffing in all maternity settings, giving advice on monitoring staffing levels and actions to take if there are insufficient midwives to meet the needs of women and babies in the service.

Beyond the UK, there is no legislation on safe staffing in social work in the Republic of Ireland where similar problems of recruitment and retention of social workers and increased work pressure exist. Recognising these challenges, the Irish Child and Family Association (TUSLA) made recommendations relevant to safe staffing including increasing resources and a national strategy to cover recruitment and training ([O'Meara & Kelleher, 2022](#), p. 4).

Further afield the federal structure of the USA means almost all social work-related policy and legislation are enacted at State level. For instance, at federal level, the Children's Bureau ([Children's Bureau, 2022](#)) (an Office of the Administration for Children and Families), addressed the challenges of excessive workloads by suggesting several strategies to help make caseloads and workloads more manageable. This Children's Bureau's briefing drew on data from Federal Child and Family Services Reviews (CFSTRs) showing the negative impact of high caseloads and workloads on delays in responses to children's needs as well completion of the necessary justice-related paperwork ([Children's Bureau, 2022](#)). The briefing cited research indicating that the median children's case worker handles fifty-five cases per year but only stays in post for 1.8 years ([Edwards and Wildeman, 2018](#)). The briefing also provided several case studies of managing workload at State level including the example of the Oklahoma Human Services' dashboard, updated daily, to monitor when social workers are close to, or meeting State determined caseload standards ([Children's Bureau, 2022](#), p. 8).

These examples from the USA of both legislation and practice for workload management relevant to wider safe staffing in social work exclusively focus on children's protection (see further examples in [Table 1](#)).

We found a highly pertinent research summary on caseload standards and weighting methodologies in children's services in North America ([Chen, 2019](#)). This summary outlines caseload standards for different types of social worker making a distinction between those undertaking child protection services (CPS) assessments and casework and those working with placements, fostering and adoption. As an example, the caseload standard for a social worker making an initial CPS assessment is no more than twelve active reports a month. That for a social worker preparing and assessing adoptive applicants for inter-county adoption is twenty to thirty-five families ([Chen, 2019](#), p. 8). Across the different states and provinces in North America (Alaska, California, Colorado, Connecticut, Florida, Idaho, Indiana, Maryland, Minnesota, Ontario in Canada and Pennsylvania), [Chen \(2019\)](#) also found that workload surveys indicate that in order to meet standards, child welfare staff would need considerably more time than they are employed to provide.

From another area of practice, an earlier 2005 US study examined veterans' primary care across four States to calculate the level of social work staffing required to meet veterans' social needs ([McGuire et al., 2005](#)). Veterans completed a Social Needs Checklist focusing on fifteen areas including housing, finance and access to social services. Data were also gathered from primary care social workers who estimated the time needed to provide veterans with basic social work services. Social work staffing needed for the highest acuity veterans was estimated to be 61 per cent higher than actual staffing available. This study provided a potential method of considering social work staffing levels required, based

Table 1. Workload management or safe staffing legislation, policy and standards examples in the USA as cited in Children's Bureau (2022)

Authority	Area of social work	Legislated staffing level	Staffing level guidelines	Source
National—Child Welfare League of America (CWLA)	Children	None	Between twelve and seventeen children or families depending on type of care	https://www.cwla.org/wp-content/uploads/2014/05/DirectServiceWEB.pdf
Alaska	Children	None	Between twelve and seventeen children or families depending on type of care	https://akhouse.org/docs/120513_OCS_workload_study.pdf
California	Children	None	Minimum caseload between thirteen and twenty-four cases per worker.	https://www.cdss.ca.gov/cfsweb/res/pdf/appendicesreport.pdf
Colorado	Children	None	Recommendation for 574 additional caseworker Full Time Equivalent (FTE) positions, plus 122 related supervisory positions	http://www.fiscalxperfs.com/pdf_files/SB2030Study.pdf https://leg.colorado.gov/sites/default/files/documents/audits/1354s_colorado_childrens_welfare_workload_stud
Kentucky (State of) 2018	Child protection and juvenile services	No more than twenty-five active cases		https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48037
Indiana	Children	Twelve and seventeen active cases	Standards based on CWLA's recommendations (12/17) in 2007, codified in IC 31-25-2-5.	https://www.in.gov/children/files/DCS_Caseload_and_Workload_Analysis_Brief.pdf
New York	Children	No more than twelve families per case worker and limitations on the number of investigations per week		https://www.nysenate.gov/legislation/bills/2021/56264 https://www.nysenate.gov/legislation/bills/2021/56227
Pennsylvania/Pittsburgh	Children		Recommendation of maximum caseload of sixteen families	https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right

on self-reported patient/service user need. However, the study focused only on scenarios where access to social workers was requested by patients themselves, so conclusions may be underestimated.

A 2013 comparative review of social work education and workforce planning and development comparing practice in Australia with other countries including the USA and England identified common challenges and few effective interventions (Cheron-Sauer, 2013).

Our review also found a recent European example of legislation for caseload management elements of safe staffing in social work from Finland. From 2022, following an amendment to the Child Welfare Act, children's social workers are limited to a maximum of thirty-five children in their caseloads with a further reduction to twenty-four to be implemented (Yliruka et al., 2022). Nevertheless, there continue to be vacancies and instances of maximum case numbers being exceeded. However, survey results indicate that the ratio has made social workers less likely to want to leave the profession (Yliruka et al., 2022). This Finnish example suggests that legislated ratios for social work staffing—at least in Children's Services—might contribute to staff retention, but the longer-term impact in Finland of safe staffing legislation and practice is yet to be seen.

Domain of interest three: safe staffing in practice

Globally, the literature highlights the workload pressures on social workers not least the legacy of COVID-19, an ageing workforce, persistent and structural vacancies and resource constraints (Cheron-Sauer, 2013; McFadden et al., 2020, Ravalier, et al., 2022). At the same time, our review found that some social work employers, teams and managers have already put in place various tools to try to manage staffing at a safe or optimal level—for both staff and service users. Before providing examples of some of these tools, this section briefly discusses what the literature reveals about the distinction between caseload and workload approaches to determining what might constitute safe staffing in practice.

A basic *caseload* approach to staffing organises social workers according to number of cases, usually by considering factors affecting severity such as deprivation and caseload intensity. A caseload approach is a relatively simple way to identify staffing requirements and allocate resources based on number of cases (De La Ronde, 2014) whilst acknowledging that the amount of work involved in each case will vary in complexity and intensity (Chen, 2019).

A *workload* approach to determining safe staffing calculates the amount of time involved in each task and what service users typically require, recognising the different service needs and resources associated with different types of cases and the limits on any social worker's

time (Chen, 2019). Whilst detailed workload studies can help develop caseload standards and support monitoring and reporting, they may be time-consuming and onerous for agencies to implement (Chen, 2019).

In terms of determining the number of cases per social worker, taking a caseload approach, a commonly adopted model used to provide a nuanced allocation is to categorise cases by risk and complexity (Lechman, 2006). For example, based on Cousins *et al.*'s (2004) approach to work-related stress demands, a caseload management tool for older people's social workers was developed in the Western Health and Social Care Trust in Northern Ireland. This provided a template for scoring cases according to complexity, risk and time. The tool created greater visibility and transparency about number and type of cases, which were categorised according to three levels of risk and intensity per worker and at team level (Regional Workload Management Framework Report, 2017, pp. 46–51).

Again, in Northern Ireland, an attempt at a regional approach to children's caseload management was endorsed by the Department of Health and introduced in Northern Ireland but due to the time needed to operationalise the model and overall workload pressures (McFadden *et al.*, 2019), the model was not sustained. Our consultations for this present project revealed some interest in revisiting it and understanding how it might be improved (Children's Social Services Caseload Management Model, 2013).

Previously in Northern Ireland, a Regional Adult Services Workload Management Framework (2017) for social workers in mental health services outlined several case management models including the Choice and Partnership Approach (CAPA). The key components of this model are a skills audit, a caseload management tool and job planning. In this live model, workload is managed based on the skills and competencies of an individual practitioner as well as taking on board the level of work in which they are already involved (1 point every two hours).

Our review found that simpler, RAG (Red, Amber, Green) ratings are also commonly used to categorise and manage cases in England. In a Best Practice Guide for Risk Assessment of children's and families' needs during the COVID-19 pandemic, the regulator, Social Work England, outlined the use of RAG assessments to prioritise cases. However, the expectation in England that Newly Qualified Social Workers should have a 'protected' caseload of limited complexity is not always fully realised (Ferguson *et al.*, 2022; Baginsky, *et al.*, 2023; McFadden *et al.*, 2024).

In the USA, the New York State Office of Children and Family Services use casework 'teaming', *'a child welfare staffing model and organizational approach in which multiple caseworkers share casework functions on certain cases. Group supervision is used to make case decisions and assess and address child and family needs'*. Teaming aims to reduce

social worker isolation and improve both decision-making and retention (Casey Family Programs, 2021; New York State Assembly, 2022). Whilst its evaluation did not address the impact on safety or permanency outcomes, it did report staff working in such teams felt more cohesive and with a greater sense of self-efficacy (Casey, 2021, p. 2).

Again, in the USA, our review found that the Research Summary of Caseload Standards and Weighting Methodologies (Chen, 2019) cited above, provided a useful outline of a workload management model from California that combined the following factors to determine workload (which related to case outcomes): case complexity; external demands; workplace/partnership efficiencies; intervention effectiveness; and experience and skill of team or worker (Chen, 2019, p. 12).

Returning to local UK developments, we found several examples of employers seeking to address workload and thereby, often implicitly, put in place elements of safe staffing. For example, a 2017 audit of Adult Care Services (here meaning social work with adults) in the London Borough of Croydon on caseload management made several observations concerning staff ratios to service users (Croydon London Bureau, 2017). Here the maximum number of cases assigned to adult social workers was twenty-eight although this number could increase if authorised by the Head of Service. One of the concerns raised by the audit related to cases remaining open because of outstanding tasks like financial assessments which meant social workers could not move to unallocated cases. This might explain why the audit found that six social workers had caseloads exceeding twenty-eight and speculated that this might have a negative impact on the quality of social work provided (Croydon London Bureau, 2017) presumably for those awaiting further assessments or those not yet being assessed or alternatively for social workers who had highly complex caseloads.

One way to address workload excess in social work has been to turn to temporary or agency social workers. From June 2023 in Northern Ireland, the use of agency social workers has been restricted and the impact of this on safe staffing will need to be evaluated to see if this solution is effective at different levels.

Burnout, retention and challenges of workforce planning

In the background to any research and policy development on safe staffing in social work are wider structural or system factors related to staff recruitment, vacancies, retention, well-being and performance (McFadden *et al.*, 2015). A key element of this is the highly gendered and racialised nature of roles within the social work workforce (Obasi, 2022; Fawcett, 2023). In turn, these structural and cultural factors relate to contemporary working conditions, health impact, pay and benefits, as

well as training and education (Ravalier, *et al.*, 2022; Griffiths, *et al.*, 2023).

Our review found that the broader context of social work is a crucial component of what can be considered safe staffing in social work. The very role and functions of social workers are context specific and there is not always consensus about skill mix—which typically involves ‘*innovative re-allocation of tasks between professions; new supplementary roles; and/or the introduction of greater teamworking and flexibility*’ (Winklemann *et al.*, 2022, p. 7). For example, in England, the Chief Social Worker for Adults and Principal Adult Social Worker Network (Department of Health and Social Care, 2023) has produced guidance about which assessments could be appropriately delegated by social workers to other staff or agencies thus making the most of social work skills, including abilities to support non-social work colleagues or cases of substantial complexity.

Discussion: implications, limitations and future direction

Our review findings from the three domains point us towards a tentative definition of “Safe staffing is about having enough staff, with requisite skills, experience and values, to provide safe, high-quality, effective care and support for service users and carers, and for this staffing to be sustainable”. This concept speaks both to professional training, development, retention and well-being of staff, the experience of and outcomes for service users and carers, as well as to the quality of management and organisational culture. However, we need still to articulate the concept of ‘safe’ more precisely.

Our review also points to key areas that legislators and policymakers may learn from in terms of examples of law and policy which specify safe caseload ranges, the workability of caseload as opposed to workload approaches and the range of caseload management techniques practised. These range from the simplest to implement, the RAG approach, as highlighted, to US approaches including colleagues such as ‘teaming’.

As within any other profession or area of HSC work, safe staffing debates must consider what professionals are being required to do, reflecting the nuances and complexities across different areas of work, and the implications for end users. We envisage that our findings will be relevant to all areas of practice in statutory, private and voluntary sectors, though note that legislation and policy might only apply to the governmental or public sector.

This scoping review has limitations in being confined to English language publications and because it partly relies on information gleaned from our consultation networks, making it hard to replicate our findings. Our inclusion criteria were broad, and we did not apply quality criteria

to assess the research studies. Moreover, not all social workers ‘hold’ caseloads, some may have single contacts or work as consultants to other practitioners. Several recent developments are not yet evaluated and lack a theory of change, as in the Finnish example. These limitations, together with the general lack of literature in this field, beg further research going beyond individual workload or caseload management to long-term outcomes for all stakeholders.

Our review is timely in pointing to the emerging interest in the subject and the need for researchers to clarify concepts, outcomes and causality. We suggest that social work thinking may also have much to learn from engagements with other sectors and professions about safe staffing.

Conclusion

This scoping review has summarised some of the overlapping debates about social work and safe staffing. It found safe staffing a less-established concept in professional debates and studies than workload or caseload management. The concept appears to focus on social work’s ‘frontline’ rather than inclusive of social work managers or other forms of practice, and to overlook the skill mix of teams and support workers. Furthermore, an operational model may

Nonetheless, social work appears to be at the beginning of the journey of conceptualising and defining safe staffing, what it potentially means for all those working as and with social workers, and its implications for service users. Such examination is overdue. Our review is at the start of this critical conversation, highlighting what governments, professional bodies and policymakers could consider in defining and perhaps implementing safe staffing policy and legislation for the social work profession.

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