# Save from harm

A UNISON survey of social work teams

November 2019

UNISON Scotland

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# Introduction

This survey is part of UNISON Scotland's Damage series: a programme of surveys looking at the impact of the age of austerity on services and those who deliver them. **Save from harm** takes a closer look at the issues affecting staff in Social Work teams across Scotland's local authorities.

# Key points

- **In 2016 Audit Scotland estimated that social work services needed a 16-21% increase in funding to cope with growing demand. That funding has not been put in place**
- **Local authorities are short 55 Mental Health Officers**
- **There are 176 fewer social workers and 605 fewer business support staff than last year**
- **76% of respondents stated that their teams did not have enough staff**
- **82% stated that their work load had got heavier in the last few years**
- **89% of staff are working late and skipping breaks to keep on top of their workload**
- **Two thirds of staff had experienced physical or verbal abuse at work**
- **Only one third of those who had experienced abuse knew of a risk assessment following that abuse**
- **One third describe moral in their teams as poor and a further 26% as very poor**
- **Almost a third of respondents rated their stress as 9 or 10 on a scale of one to ten**
- **90% of respondents are considering leaving their jobs in social work**
- **Only 31% would recommend social work teams as a place to work**

# Report summary

This survey is part of UNISON Scotland's Damage series: a programme of surveys looking at the impact of the age of austerity on services and those who deliver them. **Save from harm** takes a closer look at the issues affecting staff in social work teams in Scottish local authorities. The survey was conducted in September 2019.

As the Accounts Commission makes clear[1] recent changes in structures and funding to health and social care services make comparisons of social work spending over time very difficult. The problems with budget data are the key reason why UNISON started to undertake the series of Damage surveys. The debate round funding for public services has too often become mired in bickering round accounting detail rather than the adequacy of funding. The Damage Reports allow politicians, and others who care about public services, to hear directly from public sector workers about the impact of budget decisions.

# The survey

An email was sent out to members who work in social work teams in early September 2019 asking them to take part in our e-survey. Branches also spoke directly to members and used their social media and websites to ask members to take part. Members were also encouraged to pass the survey link to non-members to give them the opportunity to take part.

Responses came from people with a range of different roles within social work teams. As well as social workers and social work assistants/support workers, it also includes social work managers, business support, administrative and clerical roles, mental health officers, occupational therapists, care workers, residential care workers, addictions workers and welfare rights officers.

In 2016 Audit Scotland estimated that social work services needed a 16-21% increase in funding to cope with growing demand. That funding has not been provided and this report reveals the impact of the lack of adequate funding on services and the staff who are trying to deliver them.

- There are 176 fewer social workers and 614 fewer business support staff than last year.
- Local authorities are short of 55 mental health officers. A key issue raised the increase in workload caused by both staff shortages and increased demand for services.
- 76% of respondents stated that their teams did not have enough staff
- 82% stated that their work load had got heavier in the last few years
- 89% of staff are working late and skipping breaks to keep on top of their workload
- Two thirds of staff had experienced physical or verbal abuse at work

[1]Audit Scotland Social Work In Scotland Impact Report 2018 Page 12 https://www.audit-scotland.gov.uk/uploads/docs/report/2018/ir_181205_social_work.pdf

# Key themes

As well as the sheer volume of work many staff commented that work has become much more reactive. There less time to focus on preventing things going wrong. This is of course worse for clients many of whom have to wait until they are in a crisis to get help. It is also much more financially costly in the long run whether in higher costs for the NHS both in physical and mental health, children going into care and increased crime or prison costs.

The substantial cuts to admin/business support staff mean that those left face increased workloads. Many other staff also have to take on much more of their own administrative, HR and for example procurement work. Not only does this add to their workload but it also adds to stress. These are not tasks they have not been trained in nor do they have experience of doing. The complexity of a growing proportion of work is also creating problems. Staff shortages mean that work is being pushed down onto to less qualified and/or experienced staff.

Staff report problems in providing support in crisis services like child protection and supervision of offenders. Many areas like home and residential care report high staff turnover and the impact on building and maintaining relationships with clients these issues cause.

In the comments sections respondents indicated that they are forced to work unpaid hours in order to protect service users. Many are concerned about their own health because of stress and exhaustion and also because they do not get proper breaks to go to the toilet. They struggle to get time to eat and drink far less have a proper break away from clients or their desks where they can switch off and recharge.

Taking work home in the evening and/or working late is also having a detrimental impact of many people's family and personal lives. Many feel the only way to keep on top of paperwork is to take it home in the evening but this means they are not meeting the needs of their own families.

Among those who responded

- 49% had experienced verbal abuse
- 14% both physical and verbal abuse.
- 3% had experienced physical abuse

No one should be expected to consider abuse as "part of their job". Employers have a duty to protect staff from abuse. There needs to be policy and procedures not just published but also followed in order to ensure a safe working environment.

While many accept that dealing with challenging behaviour is a key part of life in social work teams that is not the same as it being ok to be abused at work.

Some staff feel that they can cope despite the abuse but the majority of respondents find coping very difficult and want more support.

Given the answers given earlier in our survey it is perhaps no surprise that almost 59% of respondents rated morale in their teams as poor or very poor. This is particularly concerning at social work services are personal services. They are about people supporting other people and that is very difficult to do if you yourself have very low morale.

Many respondents told us that they were overworked and exhausted. The duty rotas and long hours were also blamed for the exhaustion. Alongside this many mentioned the loss of experienced staff to redundancy and the way that loss impacted on those that remained. There are also many staff who have found that stress and overwork have impacted on their health leading to them having to take time off work. Their absence then impacts of the team as there is no cover. Concern about their team and workload while off also adds to their stress and hinders recovery.

The growing administrative burden is also a problem for many. Business support staff themselves feel the pain of job cuts in their teams and other staff struggle with the work that they now have to do due to cuts in business support. As we saw earlier in the report staff are taking this work home or doing it during breaks to try and ensure that their core

work doesn't suffer.
When asked how stressful their jobs were on a scale of one to ten 30% of staff scored their stress levels at nine or ten. This is an extremely high level of stress and is clearly impacting on people's lives as well as their working lives. Only 21% gave a score of less than 6 while 49% scored seven or eight. Social work teams deliver complex services to people. These are demanding jobs requiring a range of skills particularly in dealing with people in very difficult circumstances. That does not mean that it is acceptable for them to have to cope with high levels of stress. As the Health and Safety Executive[2] make clear employers have a duty to protect staff from stress by doing risk assessments and by acting of those assessments.

50% of staff "often" think about leaving and another 40% think about it "sometimes". There is a real risk to the service of staff leaving to find other jobs. Many are looking at early retirement or have volunteered for redundancy only to find it wasn't available in their role. There are plenty of similarly paid and far less stressful jobs available to people who work in the range of roles in social work teams. This is particularly true for care staff who are not well paid for the demanding roles they undertake.  Most are very committed to their jobs but that only goes so far when stress is impacting on your life and long-term health.

The long pay freeze has also had an impact on people's commitment to the public sector. Complex services like social work need to be able to recruit and retain highly skilled staff. It needs to be a workplace of choice if it is to meet the complex needs of its clients.

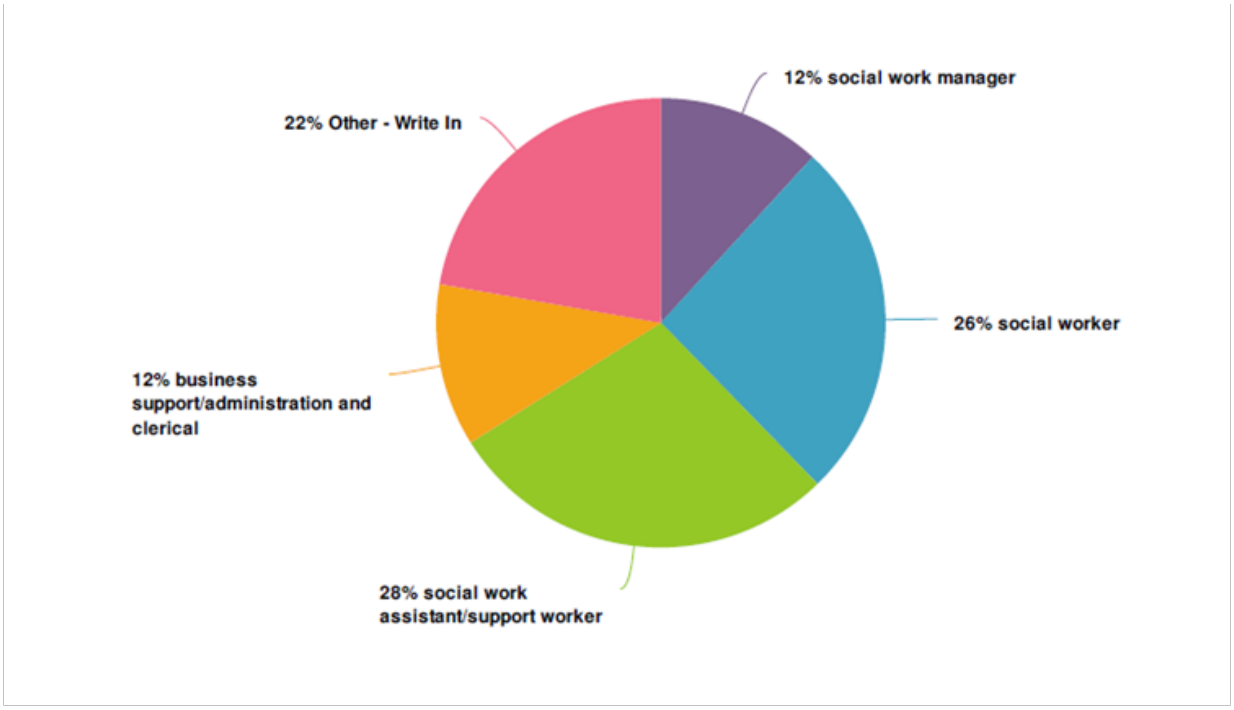
69% of staff wouldn't recommend their workplace as a place to work. These figures mean that retaining current staff and encouraging people to train and join social work teams is going to be very challenging. Radical changes to working conditions and pay will be required alongside substantial investment in the services for more staff. They also need rapid action to deal with the high levels of stress and low morale among staff. Where people are positive about their work place it is about their team or direct manager rather than the system itself and often in spite of the affects of cuts.

The report reveals a dedicated workforce working hard to support the public. They are dedicated staff who are under enormous pressure. They feel exhausted, undervalued and suffer violence regularly. Many are looking for new jobs. They are struggling to deal with the demands placed upon them. Social work teams are severely underfunded. Services are a breaking point.

[2] https://www.hse.gov.uk/stress/what-to-do.htm

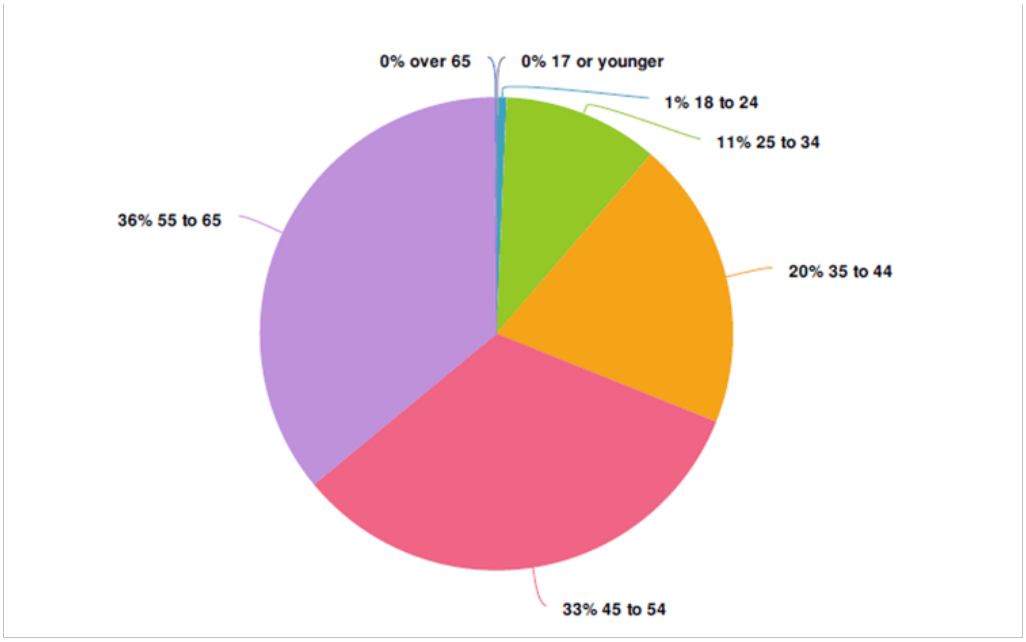
# Who took part?

Responses came from people with a range of different roles within social work teams. Just over a quarter (26%) were social workers and 28% indicated they were social work assistants/support workers. A further 12% were social work managers and 12% in business support and administrative and clerical roles. The remaining 22% work in a range of roles for example Mental Health Officers, Occupational Therapists, care workers, workers in a range of roles in



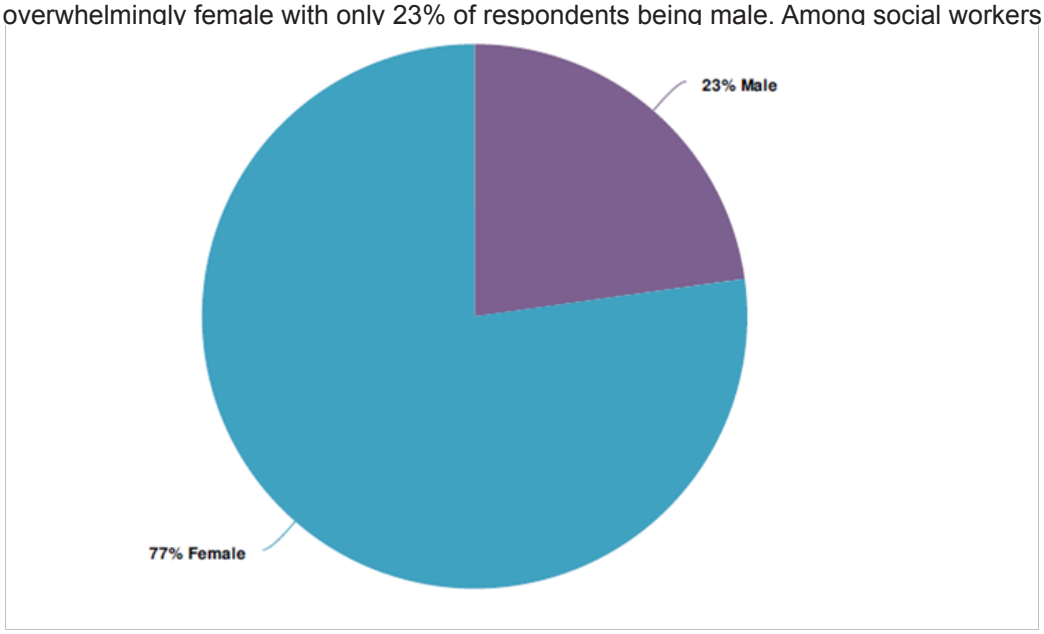

residential care, addictions workers and Welfare Rights Officers.

The workforce is predominantly over 45 with 36% aged 55-65 and a further 33% 45-54. A fifth of respondents are aged 35-44 and 11% 18-24. This is an ageing workforce and the lack of younger people in social work teams means



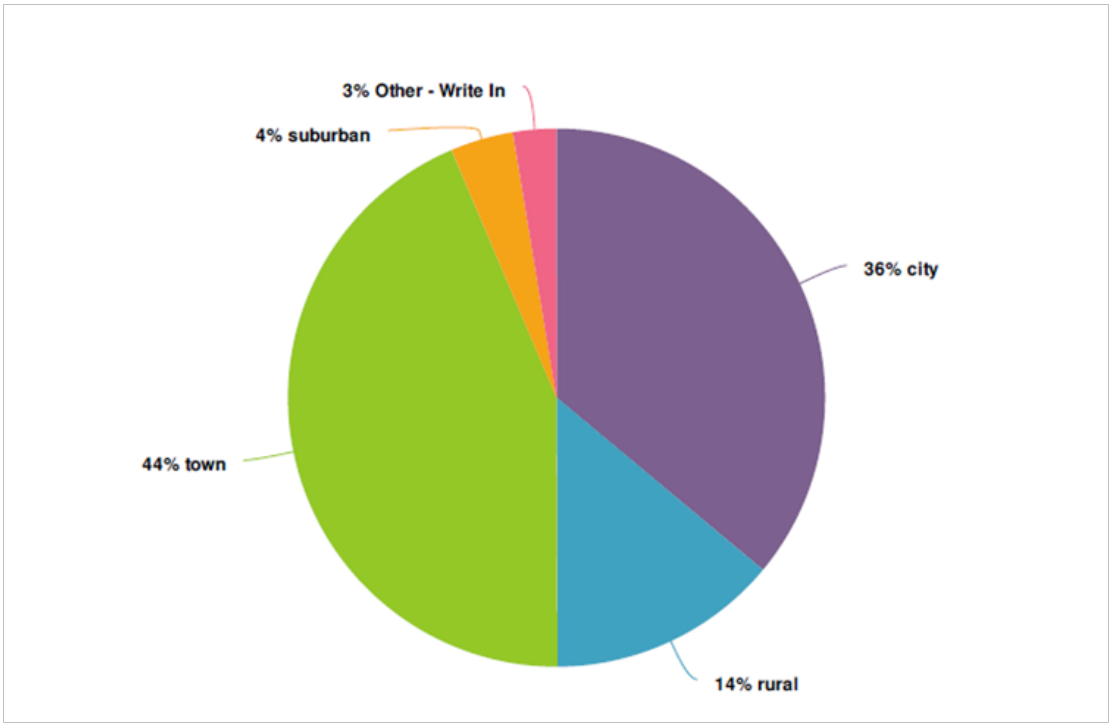

that there aren't enough people building up skills and experience to replace retiring staff in the coming years.

Respondents were overwhelmingly female with only 23% of respondents being male. Among social workers only 20%




were male.

About one third of those who responded (36%) indicated that they work in a city, 44% in a town or towns, 14% in rural




areas and 4% suburban

The survey responses therefore give us a great deal of detail about what's happening in social work services across

Scotland.

# Budget cuts and staffing

As the Accounts Commission makes clear [3] recent changes in structures and funding to health and social care services make comparisons of social work spending over time very difficult. The problems with budget data are the key reason why UNISON started to undertake Damage surveys. The debate round funding for public services has too often become mired in bickering round accounting detail rather than the adequacy of funding. The Damage Reports allow politicians, and others who care about public services, to hear directly from public sector workers about the impact of budget decisions.

We submitted Freedom of Information request to all councils regarding staff numbers and budget cuts in an attempt to get detailed information. Sadly we had to place requests for review with councils as they did not provide answers within the legal deadline. The delay to answer in itself may reflect on the resources available in social work teams to deal with freedom of information request. Councils provided details in a range of ways and many were not clear about whether or not the figures included IJB budgets. Some did not provide figure for all the years requested so these are not included in our totals.

| Council | 2018/19 | 2017/18 | 2013/14 |
|---|---|---|---|
| Aberdeen City | £ 126,861,104.00 | £ 122,067,790.00 | £ 115,643,303.00 |
| Aberdeenshire | £ 134,619,000.00 | £ 131,361,000.00 | £ 118,076,000.00 |
| Angus | £ 59,606,000.00 | £ 57,194,000.00 | £ 53,607,000.00 |
| Argyll & Bute | £ 56,216,333.00 | £ 56,424,128.00 | £ 58,183,831.00 |
| City of Edinburgh | £ 315,500,000.00 | £ 299,800,000.00 | £ 296,900,000.00 |
| City of Glasgow | £ 455,612,988.00 | £ 440,845,895.00 | £ 434,291,453.00 |
| Dumfries & Galloway | £ 92,500,000.00 | £ 84,900,000.00 | £ 78,900,000.00 |
| Dundee City | £ 113,889,000.00 | £ 108,420,000.00 | £ 93,085,000.00 |
| East Ayrshire | £ 85,148,000.00 | £ 81,915,000.00 | £ 78,540,000.00 |
| East Lothian | £ 65,123,000.00 | £ 63,020,000.00 | £ 56,981,000.00 |
| East Renfrewshire | £ 48,184,515.00 | £ 45,550,379.00 | £ 45,473,300.00 |
| Falkirk | £ 92,000,000.00 | £ 93,000,000.00 | £ 80,000,000.00 |
| Inverclyde | £ 47,794,260.00 | £ 47,420,390.00 | £ 48,491,020.00 |
| Midlothian | £ 54,984,367.00 | £ 52,052,626.00 | £ 50,616,536.00 |
| North Ayrshire | £ 117,430,000.00 | £ 111,940,000.00 | £ 92,030,000.00 |
| North Lanarkshire | £ 168,631,119.00 | £ 158,473,697.00 | £ 170,130,864.00 |
| Orkney | £ 18,181,800.00 | £ 17,723,500.00 | £ 16,672,200.00 |
| Renfrewshire | £ 100,569,312.00 | £ 96,390,393.00 | £ 90,384,768.00 |
| South Lanarkshire | £ 152,859,000.00 | £ 139,660,000.00 | £ 140,882,000.00 |
| Stirling | £ 47,017,310.00 | £ 45,657,480.00 | £ 43,656,184.00 |
| West Lothian | £ 102,648,186.00 | £ 98,802,557.00 | £ 84,942,232.00 |
| Total | £ 2,455,375,294.00 | £ 2,352,618,835.00 | £ 2,247,486,691.00 |

## Budget figures from the FOI

The figures provided show a budget increase of approx £208m since 2013/14 and £103m since 2017/18. This may appear like an increase but the numbers do not account for the increased demand due to demographic changes or inflation. Nor do they take account of growing poverty related challenges which social work teams are dealing with. All local authorities are projected to have an increase in the number of people over 65. West Lothian has a projected

[3] Audit Scotland Social Work In Scotland Impact Report 2018 Page 12 https://www.audit-scotland.gov.uk/uploads/docs/report/2018/ir_181205_social_work.pdf

increase of 45% while their social work budget has increased by less than £20m. IFS estimate that social care funding alone will have to increase by 3.9% in real terms to meet these challenges.

Social Work Scotland quote figures from Audit Scotland[4] which show that that social work needs 16-21% extra funding.

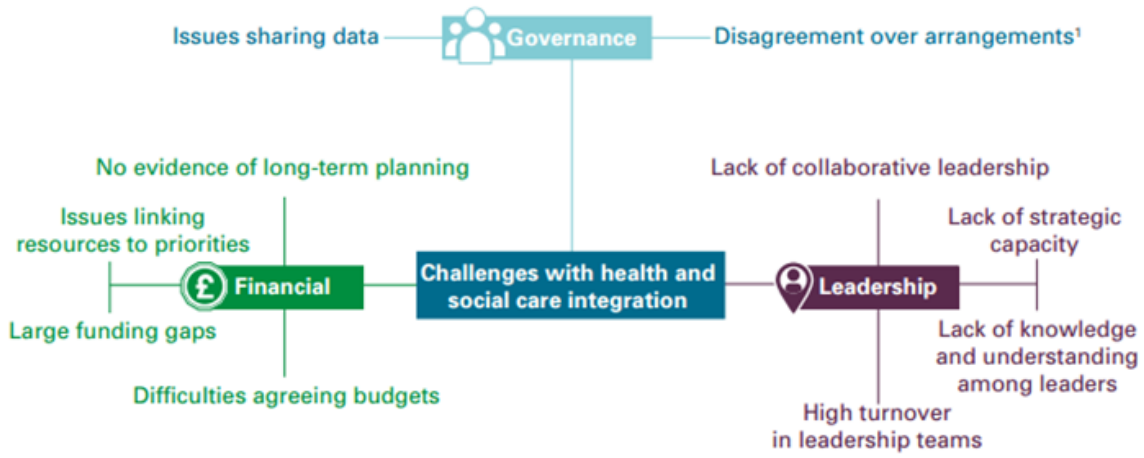
> *Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).*[5]

This funding has not been put in place since the report in 2016. Our survey shows that social work budgets are far below the level required to meet the growing demand for social work services.

**Exhibit 5**

**Challenges to health and social care integration in Scotland**

There are significant changes required if integration is going to make a meaningful difference to the people of Scotland.




Note: 1. Disagreements are often due to differing views on responsibility, especially about who is responsible for service performance and quality of care and when accountability for a decision rests with individuals who are no longer responsible for taking them.

Source: *Health and social care: update on progress*, Audit Scotland, November 2018

[4] Audit Scotland Social Work in Scotland 2016

[5] Social work Scotland evidence to the Scottish Parliament re Budget 2018-192 http://www.parliament.scot/S5_Healthand-

The challenges aren't just about growing demand. Heath and care integration needs a great deal more work and investment if it is to deliver what was promised.

# Staff cuts

Twenty nine councils gave us information regarding staff numbers but not all did so for the years we asked. In the councils that replied there are 23.75 (FTE) more social worker than five years ago but 176.92 (FTE) less that in 2017/18. Within social work there is also a shortage of Mental Health Officers. The annual Mental Health Officers Report[6] states that councils need fifty-five extra Mental Health Officers (MHOS) to cover shortfalls. Only eight authorities stated that had adequate numbers of MHOs.

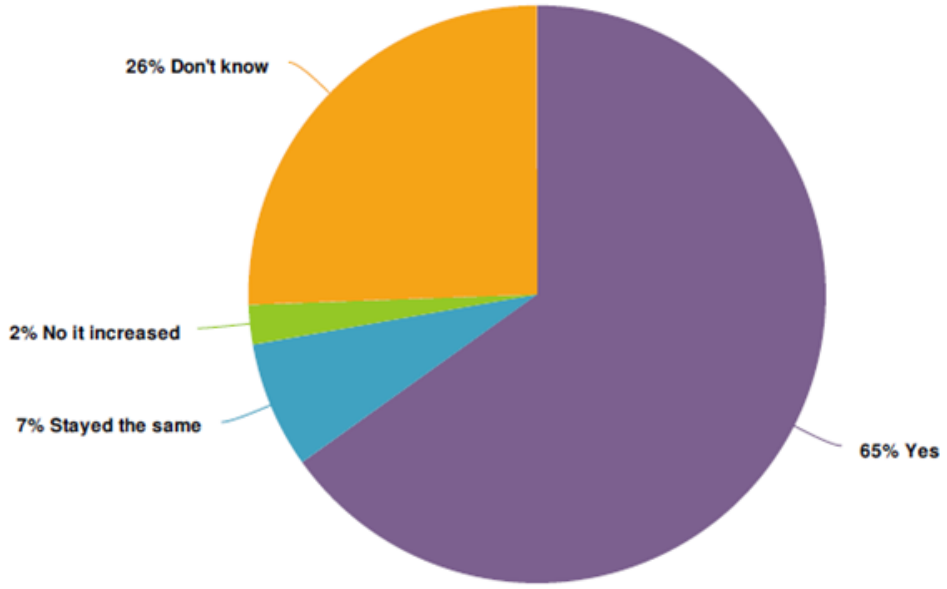
Not all councils employ social work assistants and again not all replied to the freedom of information request. For those where we have complete information there are 48.33 less social work assistants than in 2013/14 and 15.3 more than in 2017/8.

Another staff group that we wanted to investigate were business support staff. These are the people who provide administrative, clerical and wider roles like procurement and logistics to enable other staff to focus on their core work. Again we have limited data as some councils claimed they could not identify these staff are they worked across lots of teams or could not provide figures for all the dates requested. The sixteen councils who did provide complete data have severely cut business support staff jobs. .

When compared to 2013/4 there are now 613.65 (FTE) fewer staff and 605.82 (FTE) fewer compared to 2017/18. As you can see from the comments from remaining staff these job cuts are having a detrimental impact on the service.

# Has your team's budget been cut?

Two thirds (65%) of respondents stated that their team budget had been cut. Seven percent said it stayed the same and 2% that theirs had increased. Just over a quarter stated that they "didn't know".




We then asked for comments on the impact of any budget cuts. This allows staff give us detail on the impact of current spending levels on their services. While there has been some increase in raw numbers it is clear from the comments throughout our survey that there is not adequate funding to meet the needs of clients relying on social work services. The comments revealed a range of issues impacting on both staff and users. Many of these were repeated in answer to further questions later on in the survey.

[6] SSSC Mental Heath Officers Report 2018 August 2019 https://data.sssc.uk.com/data-publications/23-mental-health-officers-reports/213-mental-health-officers-scotland-report-2018

A key issue raised was the increase in workload caused by both staff shortages and increased demand for services. Staff are struggling to cope with heavy workloads.

# What the staff say

*"I'm doing the work of 2 people now. My team is down to just me. My colleagues need my support as the needs of service users are more complex and there are less staff to cope with this. We are under pressure to hit saving targets .Many staff are stressed to the point of their own health being compromised resulting in higher risk of poor care giving thus affecting service users . Time spent with vulnerable adults is too short. So many are lonely and depressed. Many staff work extra hours without pay, just to get jobs done."*

*"My job has become more stressful and exhausting. I struggle to manage on my very low wages."*

*"As a result of the savings I have lost a team leader with no replacement funding resulting in a Depute taking on the shift pattern for 100% of the shifts and myself taking on 50% of the shifts covering duty. I am in breach of my registration, do not get paid for working shifts or weekends and am now finding it harder to maintain a level of standards within the work place. Personally I am covering for 5 staff (inc my own post) as a result of not replacing these post quickly enough or not approving funding"*

*"As services are cut the expectation is we plug the gaps. (This comes from our own management team and partner agencies). Our caseloads have increased and are full of very complex children and families. Due to the rise in poverty and social problems more children need intervention. We cannot cope with the demand and have high numbers unallocated. We are not moving children on in permanence as we are prioritising child protection. We aren't doing anything very well anymore."*

Many comment that work has become much more reactive. They have less time to focus on preventing things going wrong. This is of course worse for clients, many of whom now have to wait until they are in a crisis to get help. It is also much more financially costly in the long run in higher costs for the NHS both in physical and mental health, children going into care and increased crime or prison costs.

*"Early intervention services have practically disappeared, resulting in more families accessing our services at times of crisis...crisis's that could have been avoided by early intervention. This also concerns the knock on impacts on cuts to universal services"*

*"When staff leave posts are deleted which affects the service users as they can wait some times to have a worker allocated. There is also services the council cut that were used to help families before they reach crisis point so now there is more and more families reaching crisis point resulting in children being accommodated"*

*"Increased demand in social workers time in relation to carrying out support and services that would normally have been allocated to other staff within the LA or to specialised external agencies. The quality of the work we do with families is rushed and not to standard. Also receiving more children into care due to lack of availability of early intervention work. Children staying in care longer due to lack of time and resources to consider a full rehabilitation back home. Increased demand on the number of reports due to the lack of early intervention and so more CP and panel reports due"*

*"far fewer resources, much tighter access to remaining resources, unable to do preventative work at all"*

Across the job titles many reported that they have less time with clients. For some clients it's a very quick homecare visit leaving them with little human contact that day. In other roles this prevents the building of relationships and understanding which are the key to successful social work interventions. This is particularly important in recognising the signs that people physical or mental health is deteriorating or they are struggling with changes in their lives. Knowing clients Being aware of individual's circumstances and behavioural changes means that action can be taken to avoid crises or their severity reduced.

*"Lack of availability of other services who could do early intervention, i.e. no third sector or barnardo's. Means that social work cannot get involved until things have hit crisis, it's constant firefighting when early intervention could have helped if we could rely on other services."*

*"Increased case loads, fewer resources. LA has cut funding to voluntary organisations meaning they cannot provide the support they once did. I work within Children and Families and vulnerable families living in poverty are getting squeezed harder. It is not fully acknowledged the impact that poverty can have on family functioning"*

Respondents also indicate that cuts are impacting on the continuity of care available, which again impacts on the ability to build relationships of trust with clients. This is particularly the case in social care due to the intimate nature of much of that work and the value of social interaction, making continuity so important. Again homecare workers who know clients well are able to spot a small deterioration in health and take action which prevents a worse outcome.

*"No services for service users in the community they can access quickly. After being assessed as needing a care package or equipment to enable them to live safely within their own home they have to wait months for these supports. Very unfair that they loss priority because they are not in XXXX - this does not prevent admissions. There are people in the community that are dying without supports! Cutbacks to staffing levels are dire and we are not providing free personal care as a result."*

The substantial cuts to admin/business support staff mean that those left face increased workloads. Many other staff also have to take on much more of their own administrative, HR and for example procurement work. Not only does this add to their workload but it also adds to stress as these are not tasks they have training for or much experience of.

*"Cuts mainly to administrative staff and therefore social workers are spending more and more time doing admin, less time to spend with service users"*

*"Business support has been heavily cut, meaning that I am spending more time on extensive administrative and bureaucratic tasks than I am visiting families and working with them to improve the safety of children. Business support roles are not being filled when workers move on."*

*"Fewer admin and work load is increasing due to statutory meeting that need minute takers !"*

Many report their own or colleagues' stress-related absence and high levels of stress at work. It's not just the heavy workload that leads to stress but also the lack of resources to meet clients' needs. They also have to tell people they can't get what they want or that there is a waiting list. Not everyone reacts well to this sort of news so many also have to deal with angry and sometimes violent responses.

*"Increased stress as waiting lists increase and less support available as staff numbers have been cut."*

*"Eligibility for service provision is much more stricter with many people being left without a service. Lack of adequate resources."*

Respondents generally and managers in particular report that they have a great deal more HR and financial work and across teams staff report that work that was previously done by more senior, more experienced and better paid staff is now becoming their responsibility.

*"We have to "do more with less". Waiting times are longer, increased pressure on dwindling resources. Less to offer people in the way of service and equipment. Cuts being approved by councillors who then phone and harrangue social work staff on behalf of disgruntled constituents. Staffing numbers cut, insufficient senior staff to support frontline staff. Social work assistants routinely expected to manage social work cases with no training or increased pay. Backroom support cut so social work staff having to also do all their own admin. Cuts to travel allowance but expected to use own vehicles. Office space cut, hot-desking which means overcrowding and no place to carry out increased paperwork. Continual changes to save money and no communication or training for frontline staff. Staff under huge amount of unsustainable pressure."*

*"Limited number of qualified and experienced social workers Pressure on unqualified staff to undertake statutory work... Long term care assessments, Asp initial investigation and fact finding, holding cases that should sit with qualified staff Temp posts do not attract experienced, long term workers"*

*"Same as everyone else...staff not replaced...Unqualified SWAs expected to work above grade and manage complex cases (as theres no QSWs). No money to provide appropriate support hrs...increased stress between different teams (espec. re. transitions of child into adult services)...no assistance re personal mileage but not enough pool cars....I could go on....and on..."*

*"increasingly difficult to get resources. Not just money the resources are not there"*

Many respondents commented on the poor state of their workplaces. They mention unsuitable workstations and chairs as well as general office facilities. Hot desking is raised consistently by respondents. Not having a guarantee of somewhere to work when you come into an office is clearly very difficult. Not only does this impact on their ability to do their work it also adds to a feeling that you are not valued as a member of staff or client.

*"We are a residential children's home and budget cuts have impacted on staffing and recruitment. Repairs and maintenance to the building are on an emergency basis only, attempts to make it "homely" for the kids is dependent on the goodwill and ability of staff to do so. External resources such as counselling, mentoring and activities are hard to source due to lack of funding to pay for these. The food budget is has not been raised in years which restricts our ability to provide the young people with healthy and wholesome meals. Due to lack of staffing, and our team leader now being responsible for the running of two units the workload of assistant managers has risen considerably, as has that of residential staff. Business support is now minimal and the responsibility for much of the work that HR used to be responsible for has now fallen to unit management. Support from senior management is also minimal."*

*"Hot desking not enough desks or computers moving constantly no staff rooms people eating at desks"*

Many also point out that cuts and the consequent job losses have led to a loss of experience in their teams which impacts on the support available to those left trying to maintain services. Managers also have less time to provide supervision and support for staff.

Cuts are also leading to shortages of stationary, lack of funding for trips and activities for clients. Many also use their own cars for much of their work and cuts to car users' allowances are very unpopular.

*"The budget cuts have affected the care needs assessments and care packages and what Social work will consider to be a need to enable someone to remain safely at home. Budgets are very tight and can impact on having a care package authorised or not. Pool cars - The council do not have adequate pool cars available and there is an expectation that staff will use there own cars and are not allowed to put in mileage claims. Management do not seem to have an answer or protocol on what to do if you need a last minute pool car which very often occurs in my job. Need to plan months in advance for a pool car which is not ideal."*

*"People become frustrated and angry because they cannot get the services they require. Unfortunately members of the public vent this anger on me as a frontline social worker."*

*"We have less staff which significantly impacts on the service we can offer to our families. Thresholds increase which increase risks. There is a significant impact on staffs mental wellbeing which can cause sickness."*

*"Increased work load, no travel time between clients, keeping paperwork updated all on own time, to keep updating on new techniques and to have evidence, this all adding to work force feeling stressed, no new staff recruited due to cuts."*
*"*
*The biggest impact is staff not being replaced which means an increase in using sessional staff who are only working due to wanting overtime which impacts on morale in the team especially when they are being paid more to cover the vacancy. Also the lack of equipment. We are not getting things replaced and are having to make do with broken phones and chairs."*

*"Very little resources to carry out massive tasks, expectations on the individual social Worker are completely unrealistic"*

*"less direct work with young people, less opportunities for experience based learning, poorer quality of food, always looking for the cheaper option, or no option at all"*

# Does your team have enough staff?

Only 19% of those who responded felt that their teams had enough staff. Just over three quarters (76%) stated that they did not. It is clear that on the ground it feels that there just are not enough staff to do the work that needs to be done. Shortages are also created by the lack of funding to cover for staff on sick leave.

Respondent's comments indicate that this is having a serious impact on their ability to deliver a high quality service to clients. Staff shortages also place incredible pressure on remaining staff.

# What the staff say

*"We are running with a shortage of 8 FTE workers"*

*"We have such a low staff shortage that service users are feeling over whelmed, anxious"*

*"We have 3 ladies in the one house they all have different activities. We should have 7 staff but have been reduced to 3 as 2 staff are now working in the office alternative weeks"*

*"Workers not replaced when off long term. Team at minimal staffing levels. Longer wait for assessments and support."*

*"Huge caseloads, high stress and levels of sickness absence."*

*"originally 21 staff for support now 12 staff for support/community safety and family solutions as we are now one group."*

Even without budget cuts the increasing elderly population and the impact of austerity on communities has led to a growth in demand. The substantial cuts to business support staff have also pushed tasks onto other staff adding to their already heavy workload.

*"We are an out of hours service and provide social work support as well as home care support. There aren't enough experienced staff at weekends to manage the home care service as well as it could be."*

*"Administrative staff not being replaced resulting in social workers having less time to work directly with families."*

*"We have our quota of staff. But this is not enough to meet the needs of clients and our cases our higher tariff. Instead of focusing on early intervention we are focused on crisis work"*

*"The number of accommodated children has more than doubled in the past year yet there are still on 3 staff members in the fostering team to deal with this."*

Even where staff are replaced there are often substantial delays in the recruitment process leaving teams under substantial pressure while they wait for new staff.

*"main issue is the whole process to get vacancies covered it can now take roughly 5 - 6months to get vacancies filled."*

Clients have to wait longer to be assessed for services and then for those services to be put in place. This also impacts on other services, for example the NHS delaying discharges but also on schools where children can't get the support they need,  the police etc when they have to deal with those awaiting support.

*"Cases awaiting allocation"*

*"Lengthening waiting list, partly due to expansion of definition of 'care' through recent legislation, and locality children and families Teams using this to offload cases onto Throughcare, often inappropriately e.g. kids still in foster care who should have allocated SWs."*

*"As a result of staff shortages I feel we do not have the time to complete comprehensive assessments. The workloads are unmanageable and I am really worried that children could be at risk."*

*"For as long as I can remember, the head count for Social Workers ! Occupational Therapists ! Social Care Officers has been insufficient for the size of population served. The impact on service users is, for example, waiting lists for assessments. In addition, risks can get missed or overlooked as there is so much work to get through but only so many staff to deal with it."*

*"We have been short of at least 2 qualified workers for 6 months. We have increased case loads and are working to shorter time scales for assessments and to be quicker at ending involvement so we can take more cases. This is also with an increasing demand on ASP and AWI cases"*

The Shortage of Mental Health Officers is also raised as a serious concern

*"MHO work force, whilst efforts are being made to recruit train and retain MHOs there are insufficient numbers in relation to volume of work arising through legislative duties, demographics in that significant MHOs are in 50-65 age bracket. Delays in reports facilitating for example guardianship applications"*

It's not just the volume of work but the complexity that is creating difficulties. Staff shortages mean that work is being pushed down onto to less qualified and/or experienced staff.

*"SCW posts are being replaced with SCA posts giving existing SCWs more work to do (care planning etc.) and less time to do it. the quality of work and of care has fallen"*

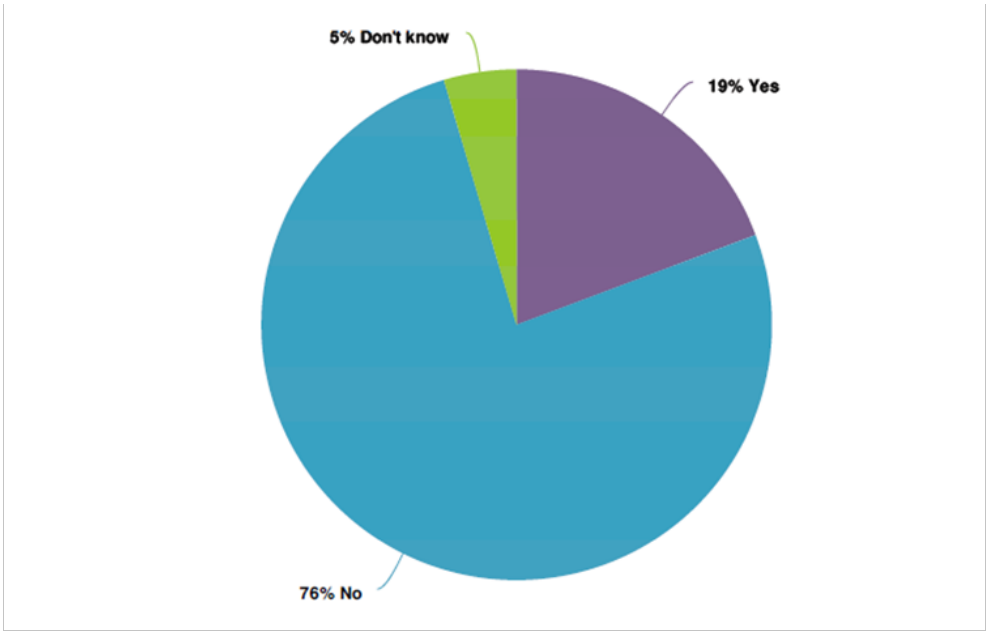
*"social work assistant now doing the job of social workers"*

*"Although staff numbers are acceptable the profile of the team is one of a majority of inexperienced staff who are being asked to undertake tasks which put them under significant pressure and importantly has an adverse effect on service users."*

Staff report problems in providing support in crisis services like child protection and supervision of offenders. Many areas like home and residential care report high staff turnover and the impact on building and maintaining relationships with clients this causes.

*"With the presumption against short-term sentences coming in, social workers will be increasingly required to supervise offenders in the community. At the moment this is looking like higher caseloads and less time to spend with existing clients"*

# How has your workload changed in the last few years?




The survey followed up the questions about cuts to services by asking specifically about current workloads. The overwhelming majority of respondents (82%) stated that their workload was heavier. Among those 37% of the total stated that it was much heavier. Only 18% said that their workload had stayed the same or got lighter.

Again we asked for more detail on why people selected their answer.

Many report that they are exhausted by the high workloads they are trying to cope with. They also report staying late to catch up on work

> *"Unable to do paperwork during working hours as on shop floor looking after 4 service users on my own. No time allocated for paperwork. Having to wait until end of my shift and stay on later to complete"*
>
> *"The new age service users are so so much younger which means they are stronger and most are extremely challenging there is not much training being given out on challenging behaviour I feel we are under quialfied for the users and I myself have been a carer for 20yr so am not new 2 the job just new to the new residents now coming into care"*
>
> *"Perspiration runs off me! Clients see us rushing ! Clients have a lot of different workers during holidays, sickness etc. Sometimes unavoidable but nevertheless difficult when too many changes"*

Responses indicated that it is not just the volume of cases and clients that are increasing but also the complexity of the cases and tasks that are required.

> *"Work in a team which is meant to be staffed by 5 social workers – we require a bare minimum of eight social workers to function - most of the time we have 2 or 2.5 social workers. The team has haemorrhaged several social workers in the last 18 months. Its embarrassing at times to have clients picking up on your own extreme levels of stress and trying offer you support. Senior managers live in world of complete fantasy where everything will be fine things and" its a bit tricky at present - thins are permanently "tricky". Workloads are beyond unsafe - when this is said to senior managers faces at team meetings they offer platitudes and I honestly believe most are only interested in waiting lists and various statistics. In this team I have seen mangers and colleagues in tears at their desks and have witnessed one colleague have a nervous breakdown. Being expected to undertake 5/6 duty to enquire sin week is not out of the ordinary. Workers are operating in frantic environment where managers send out work emails over the weekend and where not taking your laptop home "to try and stay of top of things" marks you as unusual. This office is the worst place I have experienced in my career. This is the worst council I have dealt with."*

*"I have to cover additional aWI case conferences whilst on back up MHO duty. There is still a huge AWI Guardianship waiting list as there are simply not enough MHOs to cover this due to other statutory demands such as short Term detention orders."*

*"It feels impossible to do what is required to meet statutory duties and kpi's whilst trying to provide a service to a larger case load"*

*"No balanced caseload, as not enough staff. So can have a full high tariff caseload. It's like crisis driven, and I'd you're not in a crisis , then you don't get the service you deserve as not enough staff"*

Staff shortages also impact on the quality of the service available and can be dangerous for other users and staff

"We run with fewer staff at weekends and it is noticeable that the serious assaults to staff have happened during the weekend"

As mentioned earlier there are also issues with cuts to business support staff where remaining staff are under pressure because of staff shortages. Others point out that tasks previously done in business support have now fallen to them vastly increasing their workloads and keeping them away from core tasks.

*"Increase in back office, support tasks such as H.R., ordering, finance and recruitment."*

*"Impact of cuts in Business Support and HR has had a significant impact with much more expected of managers (sometimes jobs we have not trained As I've said before, our caseloads are higher and have much more child protection work. We cannot do work with families. That's a luxury. The amount of time we spend writing reports/ assessments is ridiculous. We are expected to cover the staff shortages in duty and supervised contact as well as our own work. Sickness is high, morale in the toilet and seeing people distressed at work is common"*

Senior staff are concerned that these tasks keep them away from vital tasks like supervising the work of less experienced staff. This could be putting clients at risk.

"Paper work has increased to the point that I don't see clients and find it difficult to rely on others findings when I am putting name to assessments that have not been full carried out by me"

Heavy workloads are very stressful and for many there is a constant concern about what they are not able to do; about what they may be missing and what the results of that could be.

*"Hugely increased. I work at least the equivalent of an extra week every 4 week Flexi period. Of which I can only carry over 15 hours. I also work other hours not on my Flexi sheet - weekends, evenings, while on leave. This is to keep on top of the work the best I can, so I'm not too overwhelmed. There is also pressure to perform, as there are ongoing restructures that put my job at risk. I give more support to overwhelmed Seniors and some frontline staff. I am constantly concerned about what risks were might be missing and how well we are risk managing the waiting list and existing work"*

A constant theme in the survey is work being pushed down to less qualified or experienced staff and the risks this brings to service users.

"carrying complex casework in the absence of named social workers. Pressures to maintain timescales for Child Protection Case Conferences"

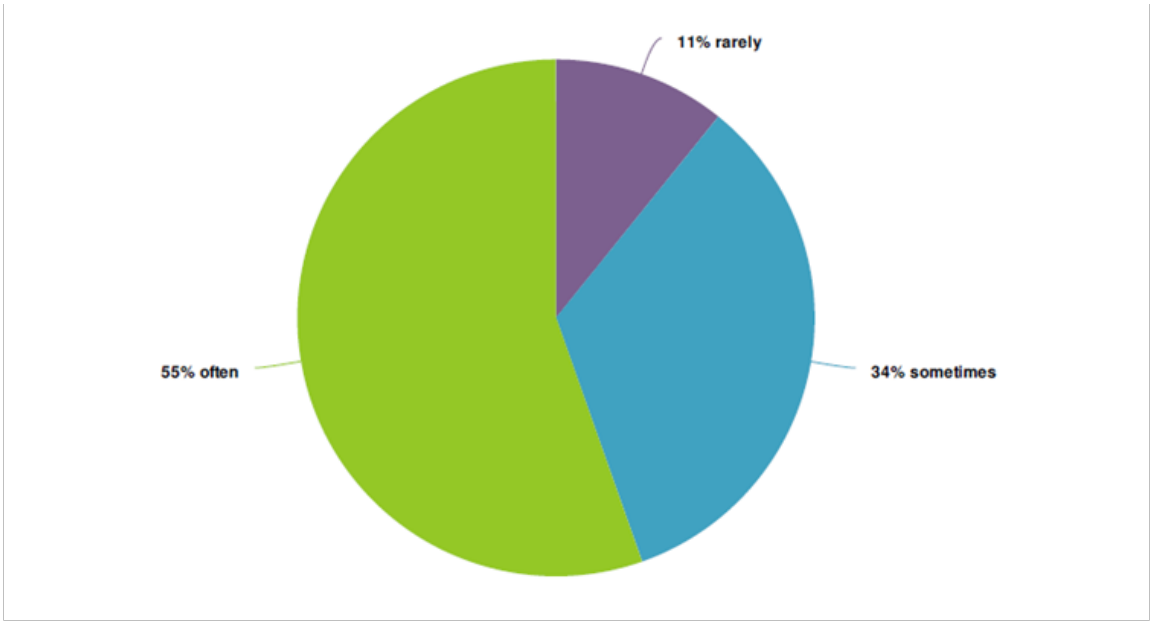
"I am a social care officer (social work assistant). I now routinely am being allocated cases which would have been overseen by qualified social workers or occupational therapist. I have been given no extra training or increased pay. I am continually working above the level I am comfortable and routinely do not have access to the support of senior staff for guidance. The hot-desking issue also means peer support is list as people have to go elsewhere to work so are not around to ask for help. I feel constantly stressed now"

"Expectation to carry out assessment tasks which would previously been done by colleagues in social work department, without increase in staff numbers. Social workers and social care officers also short staffed so follow up on some of our requests for service users are delayed"

“More pressure on me as an experienced staff member. Having to make increasingly complex decisions without proper support. The needs of our services users are increasingly more challenging with less experienced staff and external services to support them”

“Within my area of social work, workload feels it’s increasing. Much more computer/admin and statistics/analysis. Less layers of managers so more managerial tasks/service development falls to my level while still expected to have same oversight of service.”

# Do you skip breaks and/or work late to keep on top of your workload?




In many of the earlier comments sections staff indicated that they were working late and skipping breaks in order to try and maintain service levels for clients. When asked specifically over half (55%) of respondents “often” work late and/or skip their breaks while a further 34% do so “sometimes. It is clear that the only reason that the service isn’t in complete meltdown is the unpaid work and dedication of the staff.

In the comments sections respondents indicated that they are forced to work unpaid hours in order to protect service users. Many are concerned about their own health because of stress and exhaustion and also because they do not get proper breaks to go to the toilet. They struggle to get time to eat and drink far less have a proper break away from clients or their desks where they can switch off and recharge.

*“No one takes a lunch break. Most staff take laptops home”*

*“I will often work through my lunch at my desk or take my laptop home to complete work to stay on top of my work.”*

*“Affects health not eating or drinking properly no toilet breaks”*

*“Regularly in work till 7/7.30. Do work sometimes at weekend and having iPhone means at times I look at emails late at night. I hardly ever have time for lunch and there have been days when I haven’t eaten till 3pm”*

Taking work home in the evening and/or working late is also having a detrimental impact of many people’s family and personal lives. Many feel the only way to keep on top of paperwork is to take it home in the evening but this means they are not meeting the needs of their own families.

*“seldom have lunch break and regular work in excess of daily hours paid. This can result in an inability to lead a private social life, have family and relationship time, due to lack of time and fatigue.”*

*“Lots of 1to1 support can be difficult getting comfort break let alone a proper break”*

They are also not able to rest and recharge at home and feel this is impacting on their own wellbeing.

*“Breaks taken at desks Always finishing work and not being able to get away. Taking work home on a regular basis Not being able to attend meetings and cancelling supervision regularly”*

*“Staff say they build up toil but are unable to take that time back because there is never space to do so.”*

*"Flex time is always accrued over the monthly limit and so lost. Effectively working unpaid overtime"*

*"Constantly owed flexi 14 hours Plus unable to take time back due to caseload"*

*"I work on average 15hours over my contracted 37 hours with no overtime, toil only offered with no availability or capacity to take this so time is never taken back"*

Staff also report that they also get work calls on their days off and so are always thinking about work which again impacts on their own health and wellbeing.

*"it is the norm to expect work related telephone calls on our downtime and our days off"*

*"Everyone has to do it. Then we are criticised for building up/not managing our toil"*

*"Often start pre 8am and do mot leave until 7pm Not able to take TOIL. Stress when on holiday. No work life balance"*

Others feel guilt about not meeting clients' needs which also impacts on their stress levels.

*"Not enough recognition of the sleepless nights spent worrying about a service user because you have simply not had enough time to deal with an issue on the day."*

Travel and the timing of meetings is also an issue. There seems to be little understanding that people need to have breaks to eat or drink and go to the toilet far less actually decompress from such stressful jobs.

*"Meetings are being organised at lunch breaks and involve travel."*

*"I rarely have any breaks during the working day. I would rather work through my lunch than work late but invariably do both. I work in a rural area and generally have to use my time over lunch to travel to the next meeting, we frequently have meetings scheduled at lunchtime as well as it is the only time to fit it in"*

*"I will often have no lunch or lunch at my desk. Back to back meetings and travelling to visits will sometimes leave no/ little time for lunch. Everyone has full diaries and so will often try to squeeze in meetings over 12- 2 pm"*

# Do you have a suitable place to take breaks during your working day?

We asked respondents if they have a place to take breaks while at work, for example access to a kettle, a toilet or a place to sit and eat/drink. While over half of respondents answered yes to this question many of these were “yes but” answers. There is a serious issue as many staff who do not have anywhere safe, clean or comfortable to take a break. Many staff who work out and about in the communities they serve struggle to find somewhere to go to the toilet and many are so worried about this that they restrict the amount of liquid they drink so that they don’t need to go. This is very bad for their health.

It is rarely appropriate and in some cases it is unsafe to use clients’ toilets. Public toilets are few and far between particularly in rural areas where even where they do exist they are seasonal. Staff have to “hold it in”, use supermarket toilets or use cafe’s but this involves buying a drink and therefore has a cost. For those working in the evenings there are even fewer options. In many areas only pubs/bookmakers are open in the evening and those are not always places staff (particularly women or people whose religion or personal belief are against) are comfortable to use. Many also don’t want to be seen going into or out of  such places when they are at work, even though they are not gambling/ skiving/drinking alcohol. In some areas there is no where open at all. Not being able to access toilets is stressful and for those with health conditions of their own dangerous.

*“no I work in rural areas and we are not allowed to use service users toilets public toilets in this area are seasonal but not enough time to use them anyway”*

*“No You dnt drink just in case you need the toilet and can’t find a toilet.”*

*“no. the local pub/bookmakers”*

*“No sadly if you work as a walking care worker you don’t have anywhere to go especially at night which can be a challenge in winter nights”*

The same issues apply to somewhere to eat/take break. Many are eating in their cars between visits or sitting in car parks near supermarkets/toilets.

*“Not always...It depends what area you work in and if you have any time in between duties. You sometimes have to use service users toilets and i’ve often eaten while walking to my next duty or sat in a bus stop.”*

*“This is not always the case. To have somewhere we could go without service users and the public complaining that we are sitting about doing nothing and not realising that we are on a break, also more so at night when we are more vulnerable as we are lone workers, a safe place to go would be appreciated I’m sure by all workers”*

*“Often in the community so eat in car at side of road. Find a toilet if passing a town. Not many toilets left open now in countryside. Often makes job more stressful trying to find one”*

Issues were not restricted to being out in the community. Responses highlighted many problems with the condition and numbers of toilets available in office buildings particularly those which are shared with other organisations. For those in residential services some don’t have separate staff areas or toilets.

*“The toilet looks like it was used in that scene in trainspotting.”*

*“There is a place, but it’s not private :( “*

*“Yes but it’s dirty and quite unhygienic . Toilets often out of order , unclean and often no toilet roll! hand towels”*

*“Toilet facilities are shocking. Only two cubicles on our floor, with 40 desks for staff and meeting rooms. Kitchen facility seats 6, is cramped and has no windows. No cleaners for the kitchen, staff have to clean using a rota.”*

*"Toilet facilities are shocking. Only two cubicles on our floor, with 40 desks for staff and meeting rooms. Kitchen facility seats 6, is cramped and has no windows. No cleaners for the kitchen, staff have to clean using a rota."*

*"No, it's incorporated in the office. There are two female toilets for a 3 storey building"*

Some staff report that their offices don't have areas where they can prepare food. Some only have a kettle or microwave. Even where these are provided there is nowhere suitable to wash cups or plates. Even where there are good facilities they are often too small for the number of potential users

*"Yes, but it is not the most suitable environment especially toilet facilities - these are inappropriate and unsuitable for the amount of staff who use them"*

*"Yes but the cleaners hours were cut and when things break they don't get replaced."*

*"There is no dishwasher and there are about 100 folk in my office with 1 sink. The bins are regularly overflowing . We have been told to empty them."*

*"We do have a mini kitchen, however it serves a large amount of people, often you have to wait ages for your turn to use the kettle/ microwave that it's not worth wasting time waiting. We also have a common room, however it can be very busy and difficult to get a seat."*

*"We have no designated break area. We have access to a kettle, however we have to fill it up in the kitchen area of another office."*

*"Yes but we have been told by an NHS worker we are not allowed to use the room."*

*"Therefore we have to go 2 flights up and most times there are no seats"*

*"Small kitchen area. But as more and more staff are crammed into the building there is less space and the toilet provision is no longer meeting legal requirements"*

Staff also point out that when they do get a lunch break they still have to eat at their desks as there is no rest area. There are also concerns that break rooms are small or don't have comfortable places to sit. Others are concerned that because their rest area is part of an open plan workspace they aren't able to relax or chat in case they disturb other staff. Staff also feel many do not respect that they are on a break and continue to try and conduct work meetings with them as they are still visibly on their work floor. It is also hard to resist answering your desk phone when it is ringing a few feet away. Work breaks are necessary for all workers to ensure that they can perform well. They are even more crucial in high pressure environments like social work.

*"Yes however it's opened planned and right bedside work stations don't switch off people still come to ask you things when on break as in view"*

*"Yes but often when you are in having breaks seniors come looking for you or your deck phone constantly rings letting you know things a happening within unit or doctors calling back reception looking for you it's never a quiet break it's busy all time"*

*"There is a common room at westfield house which is small. It is underused so never very busy. There is no space to sit with easy/comfortable chairs."*

*"Yes but the staff room is very small and only has 4 chairs in it."*

*"Our sitting area is within our admin room so you do get interrupted about work. There is access to a kettle and toilets."*

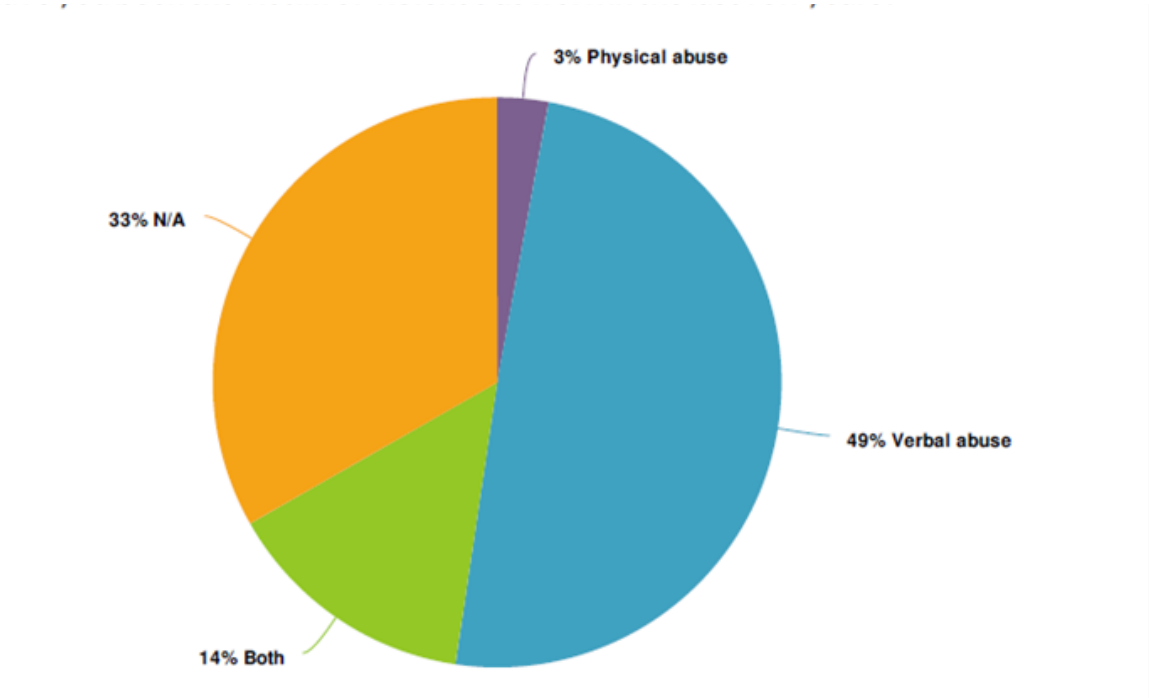
*"Kettle, dodgy fridge, broken dish washer small space for amount of workers. Space in open office and interupted. Only two decent height tables to sit for over 40 staff which sit 4-6 people Toilets limited and regularly broken"*

*"Yes (ish). Our kitchen is a cupboard and our dining table is in the middle of the open plan office so people get annoyed when you talk too loudly at it. It's not ideal but its not the worst I suppose."*

There are also issues about confidentiality when others are having breaks so close to staff having work conversations near break areas particularly when multi agency groups share buildings.

> *"we are in a brand new build building where anyone can sit anywhere on lunch, there is a large atrium area for lunch. Lunch places are also on each floor near where teams work, one staff member having lunch on our floor has actually said to a member of my team, that's my family member your talking about"*
>
> *"We have access to a kettle and a toilet however our break area is situation next to our service manager office which makes informal supervision opportunities problematic when there is an opportunity to have a break"*

# Have you been the victim of violence at work in the last few years?




Among those who responded 49% had experienced verbal abuse alone with a further 14% both physical and verbal abuse. A further 3% had experienced physical abuse but not verbal. No one should be expected to consider abuse as "part of their job". Employers have a duty to protect staff from abuse. There needs to be policy and procedures not just published but also followed in order to ensure a safe working environment.

While many staff accept that dealing with challenging behaviour is a key part of life in social work teams that is not the same as it being ok to be abused at your work.

Some staff feel that they can cope despite the abuse but the majority of respondents find coping very difficult and want more support.

*"I think this is quite an unfair question and I get a bit annoyed with the move towards portraying social workers as victims. We have difficult relationships with stressed and angry people and they sometimes get frustrated and can become verbal. Very rarely would i class that as abuse and I have been in social work 30 years. I think we should be able to use our skills to defuse these situations and I get quite angry when service users are characterised as angry, violent and unreasonable."*

*"You expect a certain level of verbal abuse when you're dealing with a high level of emotional upset from people who have not had the benefit of learning to communicate their feelings in a better way."*

*"I am routinely subject to angry service users however this is in part the nature of working as an MHO and using the legislation to facilitate treatment for people. I have been physically assaulted once in this role by someone very unwell."*

*"sexually assaulted and verbal abuse but when reported nothing done about it"*

*"I was assaulted by a service user during an office appointment. The service user forcibly elbowed me in the chest and verbally threatened me. I did not feel supported by my employer after the assault. The service user was not spoken to by the service about her behaviour towards me and other workers were and still are expected to visit the family alone despite the level of violence and aggression they present. I was not supported through the process of reporting the assault to the police or the court process, the service user was found not guilty"*

*"The nature of work leads to risk of violence. Identicom system is not really run effectively - e.g. new training lacking"*

Examples of the abuse workers experience include:

*"I work with individuals who experience mental health difficulties, and due to agitation and distress I can experience verbal aggression. At the point of requiring detention in hospital, at times I have required the assistance of the police to not only manage the clients safety, but also my own due to the risk of physical aggression."*

*"I work with individuals with a Learning Disability so the level of their understanding can vary and this can result in them feeling frustrated in some situations. I also experience verbal abuse from parents / carers at times - this is generally over the phone - if they are not happy with decision that have been made regarding care / support"*

*"Clients under the influence of alcohol and or drugs. Clients angry with lack of financial support, poor mental health issues, upset over not managing houses, sustaining education, employment /l- verbally abusuve and threatening towards you or threatening to harm self"*

*"Whip lash injury due to having hair pulled"*

*"Verbal physical and homophobic abuse"*

*"PUNCHED, HAIR PULLED AND NIPPED BY SERVICE USERS"*

*"I have been threatened by my clients and had a dad coming very close and intimidating me as if they were going to hit me. I have had to run away from a house when a drunk man was coming after me and I was verbally abused and intimidated during a recent home visit"*

*"Verbally abusive from clients occurs almost weekly. This can be verbally via telephone call or message. These can be during meeting; but alone at home visits. These are often not reported, and mainly due to a lack of confidence in the outcome of this. Also it creates problem for a working relationship and is considered a norm within the job. Physically I have been threatened during home visits"*

Some respondents also felt that cuts mean that service users were increasingly frustrated by delays in services and benefit cut. These make life very stressful for clients who then behave badly towards staff. Those who are caring for clients can also take out their stress and frustration on social work staff.

*"Clients get frustrated because of cuts and delay in benefits etc."*

*"Public shout at us (front line workers) because nobody lets them know what is happening or about the criteria for care"*

*"Verbal abuse when discussing food bank usage with clients. Stricter rules have been applied due to the demands placed on the providers. UC implementation has created anger, frustration and resent"*

*"Due to the type of work and limited resources that we can offer. People get frustrated that 'we' as a service cant offer the support they are looking for or they have to go through difficult processes to get what they are looking for. Therefore take their anger or frustration out on you as front line worker having to explain things, processes to them"*

Some respondents report that they face abuse on a daily basis and their managers don't seem to consider that reviewing incidents and following up with solutions as important. They are told it's just 'part of the job'.

Staff are concerned about their safety particularly when they are working alone. Many feel that there need to be better lone working polices and are calling for improved enforcement of those policies that are in place.

*"Verbal abuse is really just a part of the job these days. Colleagues have been physically assaulted. Many years ago the team set up a lone working safety policy but that has all been forgotten about now"*

*"there is NOT a "Zero tolerance" practice. Clients calling us corrupt, liers, etc. A client told me during a children's hearing "your time will come and God will judge you" and no one in the panel/ room said anything back."*

*“we are still waiting one year on, for a safety / security plan in our office despite a number of worrying incidents and a high risk client group”*

*“Some of the service users present challenges its part of the job we have good training but there are times when it can be very stressful and we always have to be most careful in what we say and how it is interpreted which can add to the stress”*

Respondents report that they face threats to them and their families, some have been filmed and the footage posted on social media or other forms of online abuse and stalking.

*“It is a regular thing. I go into houses on my own regularly where the police are only willing to visit in pairs. I’ve been racially abused, called vulgar names and accused of having a quota for removing children. I’ve been followed home, suffered threats of violence and had my car damaged. I have also been filmed against my knowledge with the film being placed on YouTube, there are many disgusting comments below it. I have been spat at, pushed and had objects thrown at me. I have on a rare occasion been verbally abused by other professionals.”*

*“I experienced my character being attacked on social media by a member of the public”*

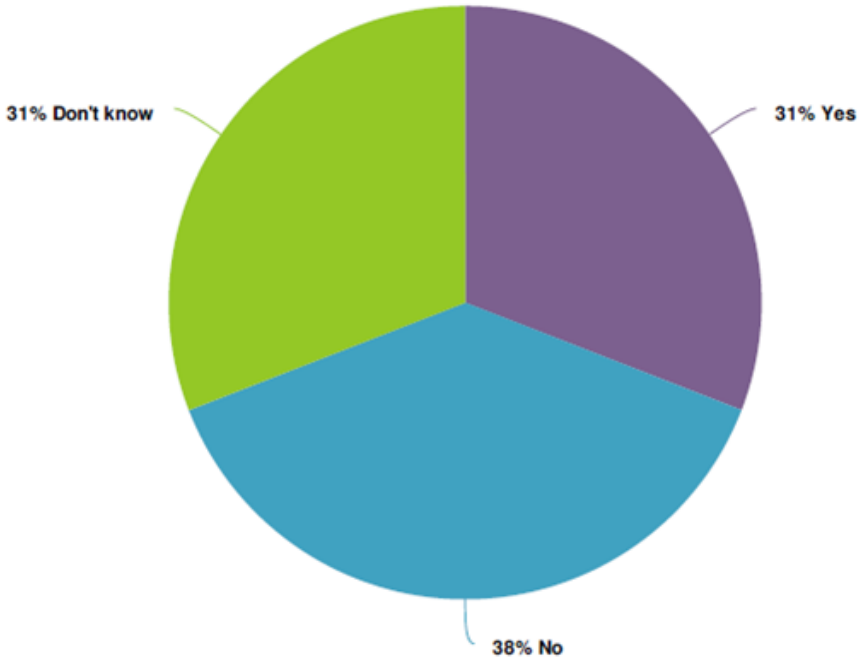
Social work staff are often in challenging situations and the survey does include comments about supportive managers who do ensure that staff are supported and protected as dealing with people who are under pressure or who have mental health and/or substance abuse issues. Some do ensure that staff get ongoing training and support in dealing with people in challenging situations. This highlights the fact that the support should be available to all staff not dependent on a manager’s approach.

*“One service user in particular was verbally abusive to me and tried to find out where I lived. This had a impact on my MH. My team manager was very supportive”*

*“It is common place to endure physical and verbal abuse within the work place you also get sexual abuse e.g. residents sexually grabbing you or physically hitting you or throwing things at you staff have even been scalded had bones broken and also choked with belt we do not get enough training to deal with these issues nor are we always supported by management”*

*“Management provide support through supervision sessions/informal chats”*

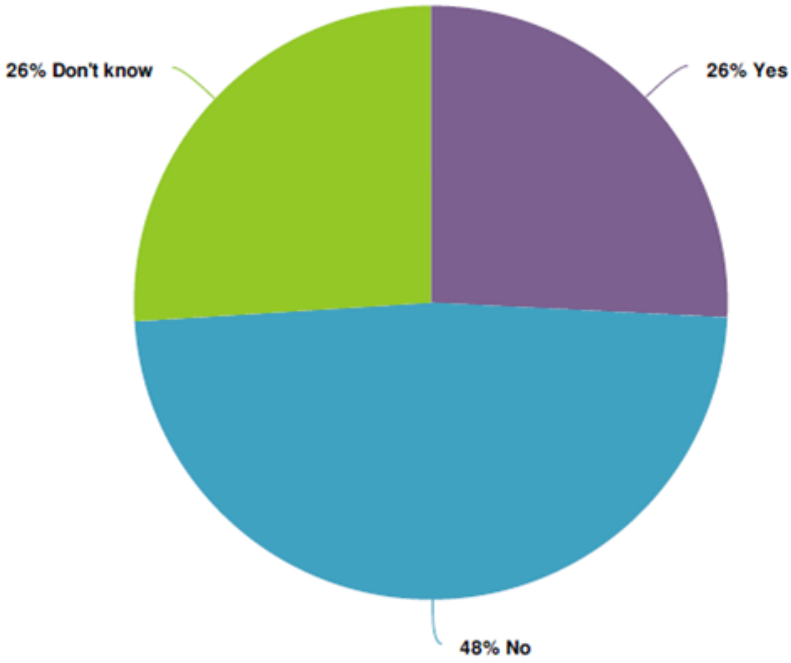
# Did your employer undertake a risk assessment following any assault/s?




It is extremely concerning that only 31% of those who had been assaulted were aware of any risk assessment following the incident/s. 31% indicted that they “didn’t know”. We cannot be sure in these cases that risk assessments did not take place. We can be sure that any risk assessment that didn’t involve talking to the victim and during that process making it clear that this was a risk assessment is at best flawed.

Risk assessments are essential when incidents like this happen. Not to allocate blame but to drive learning and improvement. It is therefore disappointing but not surprising given the reports in the survey that so few risk assessments have taken place.

# Did your employer make any changes to improve your safety following the assault/s?




Equally concerning is that almost half of respondents (48%) report that no changes were made to improve safety. Only a just over a quarter (26%) indicated that changes had been made. While there may have been changes that staff were not aware of, if people don't know why or if changes have been made then there are serious issues with the process.

Staff were not always happy that some of the changes were adequate. There is still a great deal of work to be done across Scotland to ensure that staff feel confident that they are safe at work.

*"Only once and removed service user from my caseload No other actions take around physical assault or racial abuse"*

*"It was at least 3/4 months before the glass in reception was fixed. An extra panic alarm was put in place"*

The detail given by those who have seen changes and improvements shows that there are actions that can be taken. It is therefore vital that employers take violence at work seriously. They must undertake risk assessments in response to incidents and act on their findings. There should also be regular reviews to check that changes are effective.

*"lone working policy was enforced instead of loosely managed"*

*"Work in pairs and sometimes with police presence"*

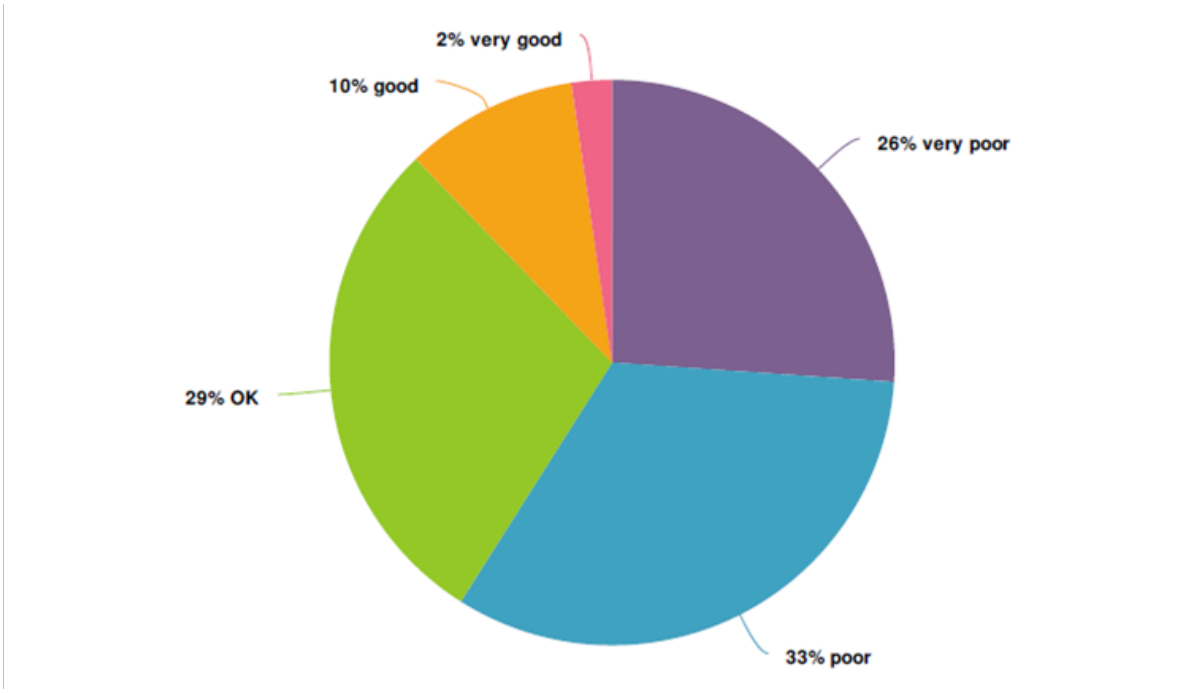
*"Alternative accommodation would be sought . I receive de-briefing's and supervisions."*

*"Any such incidents are discussed in full by all professionals involved and changes are agreed and actioned so to help learn from or avoid in the future. All such change's are added to the care plans and updated RMP if required"*

*"I feel supported by my current Line Manager. We have a Zero Tolerance Policy which is enforced"*

*"Violent incidents are sometimes unavoidable but nevertheless have a lasting effect on staff. Plans are put in place to help individuals focus and find routines which helps reduce incidents"*

# How would you describe morale in your team?




Given the answers given earlier in our survey it is perhaps no surprise that almost 59% of respondents rated morale in their teams as poor or very poor. A further 29% said it was OK and only 12% rated it good or very good. This is particularly concerning at social work services are personal services. They are about people supporting other people and that is very difficult to do if you yourself have very low morale.

Many respondents told us that they were overworked and exhausted. The duty rotas and hours of work were also blamed for the exhaustion. Alongside this many mentioned the loss of experienced staff to redundancy and the way that loss impacted on those that remained. It is therefore not just the volume of work but the complexity and difficulty of the work that falls on those left behind. Work is now being done by much less experienced/lower paid members of staff. The loss of experienced staff also means there are fewer people to offer the benefit of their experience to support staff adding to increased stress about your own decision making and worries about potential mistakes.

*"Overworked Unsafe and at time unethical practice"*

*"Current service cuts and suggestion of significantly more over the next budget setting exercise*

*"Too much work, not enough staff"*

*"Increasing demands decreasing services and managers also.findimg this difficult"*

*"Workload, issues are not dealt with, staff are not respected."*

*"Chronic staff shortage and low pay"*

*"Staff shortage and pressure to get clients out of hospital, with no resources"*

*"The amount of duty and case allocation, lack of breaks, number of people going off sick, dissatisfaction of service users and frustration of staff at being impotent to effect change, the number of changes being levied at us at an alarming rate, the lack of senior management visibility and apparent understanding of our plight, and pressure to perform with less and less means morale is very low and this has a huge impact upon performance"*

*"We are feeling burnt out and trying our best to meet the needs of the service users."*

Staff also commented that managers have much less time to provide supervision and support. This lack of management support combined with the loss of experienced colleagues leaves many staff without the support they need to cope with such challenging jobs. Stress is not just created by the volume of work but also the complexity of a growing proportion of that work.

*"People have too much work to do and are dealing with too many cases which are high tariff Carrying same case load as qualified workers. Section 4 ASP. General Social Work Assessment. Reviews Long term care & home care. Minor O/T assessment. Carers assessment. Medication risks assessment . SDS assessment & budgets."*

Budget and staff cuts are also impacting negatively on team morale as it is increasingly difficult to find resources to meet clients' needs. Staff also bear the brunt of clients unhappiness about their needs not being met.

*"Everyone has had enough, some looking for a new job, others, considering going off sick to manage stress, others taking a grievance and others barely surviving."*

*"Morale is low. People are stressed and you can't give people the service because of the budget cuts. People come to work when they aren't feeling well because they don't want to put more work on their colleagues."*

*"Stress due to workloads No cover for sickness absence Time spent with service users versus time spent completing paperwork"*

There are also many staff who have found that stress and overwork have impacted on their health leading to them having to take time off work. Their absence then impacts of the team as there is no cover. Concern about their team and workload while off also adds to their stress and hinders recovery.

*"we recently completed a stress risk assessment as a team and the responses are all in the red"*

*"Several colleagues say they feel stressed, anxious, tearful and would leave or go off sick due to stress, myself included"*

*"Due to cuts, office moves, poor leadership, high-caseloads, high expectations, poor supervision and support, poor facilities...the list is endless. Stress related absence is high. We joke 'who's next' as it's widely accepted we are a high risk group. Everyone expects us to get on with it. We get no time to debrief and reflect on the sometimes horrific things we have seen or heard"*

The long pay freeze has also impacted on staff morale. This takes two forms: feeling undervalued and the negative impact of a real terms pay cut on their own financial wellbeing.

Many report that low morale is related to feeling undervalued, that their work isn't considered important by senior staff in the local authority, politicians or wider society.

*"Staff feel undervalued, Exhausted, stressed to the max and that they are just a number all greatly lower morale"*

*"People simply do not want to continue working for this service any more, there is no leadership whatsoever and if managers at a senior level cannot simply say good morning to you in reply or say thanks when you open a door, then this to me says it all. No value to me as an employee or even as a basic human being. Many others also feel this way."*

*"All social workers regularly state they hate their job. In the last 4 months 7 members of staff have left both social work and occupational therapists, 17 members of staff have left in the last 2 years."*

*"It's all doom and gloom-senior managers are obsessed with savings not good practice and morale is very low"*

*"Significant rates of sick leave associated with work related stress"*

*"Morale and sick leave have both become problems. We've become an office where people stress-cry in the toilets."*

The growing administrative burden is also a problem for many. Business support staff themselves feel the pain of job cuts in their teams and other staff struggle with the work that they now have to do due to cuts in business support. As we saw earlier in the report staff are taking this work home or doing it during breaks to try and ensure that their core work doesn't suffer.

*"Fewer admin and increased workload"*

*"We have too much to do All my colleagues have their laptops home this weekend to try and catch up"*

*"Many staff are also struggling with the extra responsibilities that they have had to take on due to cuts"*

*"Staff feel overworked and are anxious about the new roles they are expected to undertake, they feel they are not qualified to do the extra responsibilities forced on them"*

The positive comments about team morale showed that good leadership makes a huge difference to working lives.

*"The team is well led, and remains positive in the view that it is still able to provide a useful and beneficial service."*

*"We have recently got a new manager after many years of an incompetent acting manager. New manager, in her first week, has been described by front line staff as "human" in comparison to the acting manager."*

*"We have good morale in our team because we work as a team and support each other"*

*"We have a good Manager who we can raise concerns with and regular meetings."*

*"The team I work for has a very clear role, all members get on together / are very supportive and is headed by an excellent manager. In addition, we have our own dedicated office. The above is not the case for all of my colleagues and I have the impression that morale is poor. I would add that my morale about the service more generally is not as high when compared to my experience of my team."*

The opposite is also true. Low morale can also be created by poor management and poor communication within teams. It is clear that there are issues about the different working relationships round health and care integration. Many feel that health managers do not understand enough about how local government and social work teams operate to manage them effectively.

*"No staff meeting no Supervision. No consultation with making decisions no in house policies. Lack of leadership and support"*

*"NHS manager in place which has led to social work prioritises being neglected in favour of NHS. No action on multiple points/ teams meetings discussing the same issues repeatedly with no resolution or discussion. We are using NHS equipment and accessing council desktop remotely. we have been told we cannot have council laptops despite all other teams completing like work having this in place. This means we cannot work from other offices which is largely inefficient and means more work has to be caught up on at the end of the day due to travel time wasted. inefficient duty system which encroaches on the ability to effectively manage a caseload but no discussion will be held around this. these issuers alongside increasing workload demands have negatively impacted team morale. there is also only 1 senior for a large team and NHS manager cannot discuss Adult protection adequately which means there is often no support for workers, particularly newly qualified workers"*

*"Heavy focus on process, integration agenda causing confusion and lack of vision for the team. lack of management stability. Restricted ability to find suitable supports for people."*

Office facilities, hot desking and so-called agile working are also adding to low morale. Staff struggle to find suitable work spaces in office to allow them to work effectively. This has been raised across the whole survey.

*"High case loads, frequent change, no workstation or safe place to return to, lack of management empathy, difficulty in coming together as a team and to provide support for each other. Can be lonely at times"*

*"From my own point of few, I enjoy my work, bringing a smile, laughter, joy to someone, knowing that they feel safe in there environment, it's a good feeling, your doing job. But due to cuts in wages, grades being reduced, more work load that can be taken away, it doesn't give you the incentive. When your told that though your grade has changed 'you could always do extra to make up for it" Really, I don't wish to do extra shifts I want to be acknowledged and recognised for the work I do and be paid a salary that reflects the care and service that I provide in a job that is both physically and mentally stressful."*

*"High case loads, limited resources lack of opportunities to attend training or professionally develop."*

# Stress

When asked how stressful their jobs were on a scale of one to ten 30% of staff scored their stress levels at nine or ten. This is an extremely high level of stress and is clearly impacting on people's lives as well as their working lives. Only 21% gave a score of less than 6 while 49% scored seven or eight. Social work teams deliver complex services to people. These are demanding jobs requiring a range of skills particularly in dealing with people in very difficult circumstances. That does not mean that it is acceptable for them to have to cope with high levels of stress. As the Health and Safety Executive makes clear employers have a duty to protect staff from stress by doing risk assessments and by acting of those assessments.

When asked for comments on their stress levels key themes emerged.

**Cuts, staff shortages workload**

Staff are feeling stressed because they just have too much work and not enough time. Worry about the work that you haven't been able to do adds also adds to the stress of overwork and missed breaks.

*"Stress related to the unknown future, lack of vision, lack on carer progression. fear of losing your job and being downgraded. The deskilling of our posts. the concentration on what we can stop rather than being proactive."*

*"I feel that I have too high a case load - which is generally manageable - however due to the nature of the work I do there are times when I need to dedicate time to particular individuals at the expense of others on my case load."*

*"We need more staff now"*

*"Don't have much space for notes, calls, admin in between appointments and travel. Dealing with people's very complex trauma which re quires your head to be not too busy and be calm. This is tricky when there are numerous things to do outwith appointments"*

*"Sometimes just impossible to keep head above water regards workload."*

*"I find my job extremely stressful due to the heavy case load, the fast pace and the targets and deadlines involved Further there is no clear protocols/procedures in place around intermediate care and hospital discharge cases"*

*"As a manager I cover teams that a year ago 3 managers covered. Unable to complete work to the standard I would like. Shortages within these teams add to pressure as complaints regarding the services increase. Little time for planning or improvement work despite recognising the need for it. Often feel that I am not able to do a good job with the resources available"*

*"I use the analogy of spinning plates to describe my work. We are constantly moving from one 'priority' to the next as we have loads of conflicting priorities, all of which need to be managed. T his can le ad to sleepless nights, working very long hours, working through breaks, and going off work through stress-related illnesses."*

**Management**

There was also a widespread feeling that some managers, particularly those with a health background or more senior staff in local government, don't fully understand the social work services and that therefore their decisions are making things worse. This goes beyond funding levels though clearly that is an issue too. Health and social care integration still has a long way to go.

*"No recognition for good work, no recognition or interest in supporting staff. No proper training and no re cognition for stress and time for travelling or delays."*

*"Lack of senior management support (not line management), lack of understanding of the level of responsibility and the challenges and struggles faced within our remit as Managers. No concept of the roles and responsibilities placed on us in legal terms in our roles and an expectation to get on with it regardless"*

*"When staff are reporting the y are stressed at work i feel a lot of the issues are never resolved. Managers should be having regular meetings with staff who say they are stressed but this doe s not happen. Also managers have made comment that admin workers cannot be stressed as there job is not stressful which is not true"*

*"Stress can be greatly reduced if everyone - especially senior managers - start to genuinely value carers; recognize the g re at job that carers do in often extremely difficult/challenging circumstances; and give them the support and resources they need to deliver the quality and standards of care which everyone has a right to expect!"*

*"Management very supportive but senior managers and accountants haven't got a clue about impact of saving costs Work with very complex individuals who are very intense. Poor management back up or communication. Recording system does not support practitioners - feel like I need to fit into the form"*

*"Our team managers are mostly NHS managers who don't know or understand how social work, works. Social workers work better with each other we are our best resource and we never meet as a team to inform of operational issue s so things just get worse, it's a nightmare"*

**Health problems caused by stress**

Staff report a range of deteriorating health conditions related to their work place stress.

*"I feel that this is now affecting my physical health. Management push workers to burnout rather than protect their workforce. The local authority does not appreciate the person and we are treated as a number not an individual"*

*"Currently the level of stress is making me unwell I can't sleep properly and have anxiety issues. I find it hard to relax at weekends and Sunday nights are hard thinking about what I'm going back to. I believe I am a good social worker who tries to do a good job but things are so bad at the moment I'm not able to do a good job."*

*"In my 30 years plus this job has got increasingly difficult and despite my broad base of experience =, I've developed a chronic bowel disease, chronic fatigue and work stress was solely responsible for my nearly losing my large colon. I was extremely ill and never fully recovered from this fare up. I whirled full time for a further 3 years after that and have just flexible retired"*

*"recent rise in glaucoma pressure and dangerous levels high blood pressure"*

*"Recently experienced obvious physical symptoms of stress- insomnia, stomach issues, low mood, trouble concentrating"*

*"I was personal off with anxiety from Feb to April this year. Back to work interview was the week aft r I came back to work. Filled out stress risk assessment and manager has yet to speak with me about this months later. Still awaiting a seating assessment I asked for 18 months ago. Working in a horrible office, squeezed into tight spaces in an uncle an environment is affecting everyone's stress levels. XXX are also getting very good at moving staff around to different offices far too often as they sell off other properties."*

Health concerns are leading some workers to reduce their working hours in order to protect their wellbeing.

*"The council is not what it use d to be and this I find quite sad I have recently requested to reduce my hours due to the workload and stress in the work place"*

Social work staff understand that their job can be challenging that is why there should be plans for manageable workloads. There should be systems and stress protocols in place to support staff through those challenges. Staff are concerned that these are no longer utilised and that there is no adequate support and supervision. Many feel that the systems prevent them doing their jobs rather than support them.

*"The nature of the work can be stressful and whilst all staff want to provide a good standard of work, bureaucracy and paperwork impacts on building relationships with clients."*

*"Poorly supported. Employer processes for this confused and inconsistently applied."*

*"Pressures to perform and often unattainable"*

*"Lack of senior management support (not line management), lack of understanding of the level of responsibility and the challenges and struggles faced within our remit as Managers. No concept of the roles and responsibilities placed on us in legal terms in our roles and an expectation to get on with it regardless Staff training not good""*

*"Line manager is not aware of protocols for stress and is therefore not managing my stress. Has no insight into how their behaviour is having an impact of myself and team morale"*

*"Work with very complex individuals who are very intense. Poor management back up or communication. Recording system does not support practitioners - feel like I need to fit into the form"*

There are two further key issues which are causing substantial stress to staff in social work teams: Office space and access to toilets.

Hot desking in particular and office layouts in general are having a serious impact on people's working lives. Not being be able to find a desk to write up your notes or make phone calls after stressful meetings with clients and/or noisy badly planned office layouts make getting work done very difficult. Many also find that worrying about being able to find a workspace adds further stress to their busy day. Poor office facilities also impact on relationships within teams. This increases feelings of isolation and stress

*"Within the duty team i find it very noisy due to the volume of others in and out of the room, phones ringing and general talking . It is difficult to have any head space at times to think, never mind concentrating on tasks give n to you. Hence why i work late when it can be quieter."*

*"Inadequate desks we don't have own desk, hot desking is stressful don't feel part of team, one area is a large cupboard with 4 desks squashed into it! Morale low"*

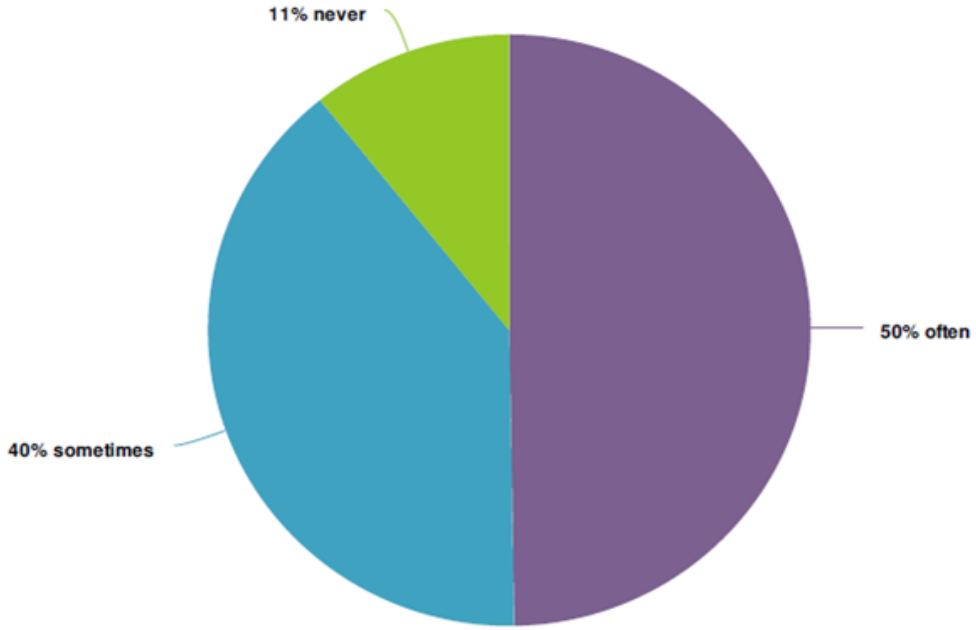
*"this has become more since staff have been asked to hot desk and other team has joined ours. not enough desks for staff, not even enough parking facilities for staff to use."*

*"Hot desk stress. High case load stress, no time to spend with client stress, paperwork stress. Time management stress. A feeling that the public are losing trust in the profession and what can be provided"*

It is shocking in 2019 that people are struggling to find somewhere safe and clean to go to the toilet in their working life. While we covered this earlier in the report staff raise this again in relation the the stress it adds to their working lives.

Often no breaks, including comfort breaks - having to reluctantly rely on service –users for toilet facilities.

# Have you seriously considered changing your job?




We asked respondents if they had considered changing jobs and moving away from social work in the last few years. Given the responses given earlier in our survey it is hardly a surprise that only 11% of respondents "never" think about changing their job and leaving social work. That leaves 50% who "often" think about leaving and the remaining 40% who think about it "sometimes". There is a real risk to the service of staff leaving to find other jobs. Many are looking at early retirement or have volunteered for redundancy only to find it wasn't available in their role. There are plenty of similarly paid and far less stressful jobs available to people who work in the range of roles in social work teams. This is particularly true for care staff who are not well paid for the demanding roles they undertake. Most are very committed to their jobs but that only goes so far when stress is impacting on your life and long-term health. The long pay freeze has also had an impact on people's commitment to the public sector. Complex services like social work need to be able to recruit and retain highly skilled staff. It needs to be a workplace of choice if it is to meet the complex needs of its clients.

Comments indicated that many only stay because they need the money and are just getting enough into their pension pot to go.

*"The main things that keep me in the job are the pay, holidays and the fact I have over 20 years in the local govt pension scheme. The work is seldom rewarding anymore as the cuts in the field work budget and the pressure from the big bosses for us to try and identify cost savings are demoralising"*

*"in the absence of alternative employment I took the difficult decision to move from full time to part time work in order to avoid being in the toxic environment of my office 5 days a week. I am 'hyper-aware' that this option is not possible for most of my colleagues"*

*"I am taking early retirement at 58 as I am stressed and disillusioned. I cannot bear to see the profession I love and have worked in for over 30 years . continue to suffer due to cuts being imposed and the effect this has on colleagues and service users"*

*"I don't want to do this anymore I have had the courage to be honest with myself about this for a good while now. I feel trapped though as I have invested so much...skills/training....what else would I do? There is also the pension thing . ..I'm at a crossroads and have a big dilemma. I do not feel good about what I do for a living any longer. I'm not helping people I am assisting to control them"*

*"it all gets too much at times. I am not looking for an alternative as I retire in 3 years and I am requesting flexible retirement from next April"*

> *"I would love a career change. However I am now the sole provider for my family, therefore i cannot risk their wellbeing while retraining for a different career"*

Many indicate the heavy workloads are driving them to leave social work teams

> *"always looking out for something new that is less stressful. It makes me sad because I love my job but its hard being set up to do impossible tasks. Its not the work that is the issue but the impossible volume. SSSC does not provide any support to workers. It would be nice if someone stood up for social workers and put some kind of limits on the caseloads that managers can assign workers"*
>
> *"It becomes soul destroying. Mantra of management 'how can we work more effectively' is a smoke screen for 'how can we continue to deliver while making cuts'. Services already work effectively and workers at full capacity."*
>
> *"I have been applying for different jobs due to the increased workload and lack of support. I do not want to work somewhere that affects my mental health and makes me unwell"*

Many feel that their working lives are impacting too much on their health and wellbeing.

> *"feel quite despondent at times, not valued"*
>
> *"I love working with service users but have invested too much time at work and thinking of ways of doing things better. My work/ home life is seriously imbalanced and it's affected my physical and mental health"*
>
> *"Sometimes the level of stress, risk of verbal and physical aggression and increasing workload have made me consider my options out with the social work profession. I do not want to, as I have studied and worked hard to get into my current career, I care about the people I work with and want to empower and support those who experience mental ill health. However I also don't want to burn out"*

Staff are uncomfortable doing work that should be done by more senior staff.

> *"being told you must do something when there is a statutory requirement that should be completed by a social worker is very stressful and saying no to your manager can bring about unwanted frustration for you and them"*

Others feel that their jobs have changed too much and they no longer get enough personal satisfaction.

> *"Not doing what i did when i started. Less time with kids more about processes and paperwork"*
>
> *"Team of social work OTs have been integrated with health OTs & physios who are adequately if not over staffed and supported in their role much more than social work staff. Job delivery has been been changed with little consultation"*

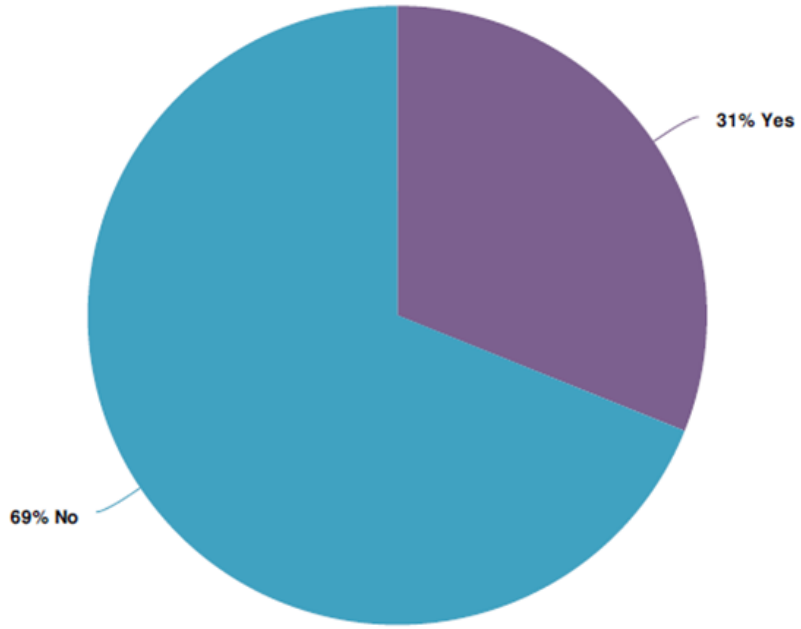
People are also thinking of leaving because of low pay and the long pay freeze

> *"You have to be dedicated and genuinely wanting to make a difference to the lives of elderly, unwell and vulnerable members of the community. While money isn't everything, the rates of pay are poor ( £ 8 - £9 ph ) for the responsibility carried by carers. More can certainly be earned working in a supermarket - simply stacking shelves. Politicians, officials and managers however are happy to GET CARE ON THE CHEAP!"*
>
> *"Currently looking for a new job. Have done less stressful work in the past for a better pay."*
>
> *"I could do a much less demanding and job for the grade 8 I am currently paid"*
>
> *"What I get from the job in way of satisfaction and remuneration does not always balance with the pressures and stresses that I get. I feel that the Social Work profession is under valued by the Government and funding is having an increasingly negative impact on this"*

Some also highlight a blame culture as a key issue.

> *"I think there's still a big blame culture in Social work and between the job and bodies like the SSSC I've saw good people become a shadow of their former self"*

# Would you recommend your social work team to your friends and family as a place to work?




Less than one third (31%) of those surveyed would recommend their social work team to friends and family as a place to work. The fact that 69% of staff wouldn't recommend their workplace is deeply concerning. Social work is a person to person service; it requires a highly motivated workforce with excellent people skills. These figures mean that retaining current staff and encouraging people to train and join social work teams is going to be very challenging. Radical changes to working conditions and pay will be required alongside substantial investment in the services for more staff. They also need rapid action to deal with the high levels of stress and low morale among staff.

Where people are positive about their work place it is about their team or direct manager rather than the system itself and often in spite of the affects of cuts.

*"The positives still very much outweigh the negatives, which is not to say that the negatives don't matter, because they do, and are of constant concern."*

*"I work with a great team of people. We often work collaboratively and share information, knowledge and expertise with one another as well as benefitting from having supportive managers."*

*"It is a supportive team with some strong colleagues and we are doing good work. Recent inspection reports have been favourable."*

*"It's the existing staff/colleagues that keep each other going!"*

The extreme challenge of trying to maintain services for clients while budgets are being cut is why many would not recommend their job.

*"The team are great but the stresses of the job together with staff shortages and budget cuts are making it more difficult to want to come to work"*

*"Previously yes, but at this current time definitely no. Why would you recommend a workplace where you are been asked to provide savings in one hand but being told that that there will be an increase in workload??"*

*"I have warned all my children off going into the profession. It upsets me as my father was a social worker. My youngest daughter told me an employment application at school suggested she could consider Social Work as a job choice, she told me she wouldn't choose SW as I made it sound " so awful ". I could cry."*

Pay continues to be a serious concern.

> *"They could get more money at a supermarket and less stress so why would I?"*
>
> *"Under paid under staffed and not recognised for hard work"*

Many return to their comments about stress to explain why they would not recommend their work

> *"Would not advise anybody i know due to levels of daily stress"*
>
> *"Whilst I work alongside like minded, creative and hard working staff I see the negative impact the job now has which is getting worse each year. The impact to your health doesn't weigh up to the ever reducing job satisfaction."*

Working conditions and a feeling of being undervalued are also impacting of staff's feelings about their jobs.

> *"I would have in the past but not now the way things are going. No support, as long as the clients are ticked off on the office computers that's all that matters."*
>
> *"I love my friends and family I would not wish the heartache, isolated working just producing like a battery hen. You go on holiday but when you come back you have two weeks of work to catch up on and the allocations you had the week you went and the new allocations now your back, including the ones you picked up while on holiday. It's just relentless"*
>
> *"Staff (peers and managers) are great but the paperwork is horrendous and lack of policies and procedures don't help. Poor office facilities (hot desking old building- too hot in the summer and too cold in the winter lack of parking"*

Violence and threats were also raised as reasons why staff would not recommend social work

> *"I would hate my family to do this job I also would despair my wife or kids being exposed to the verbal threats and abuse that now seem to be accepted as part of my job description"*
>
> *"Too stressful, dangerous and the levels of abuse make it very unpleasant at times. The job is not paid well enough to compensate for this. Also the expected retirement age (65 -68) is completely unrealistic when compared to the police etc."*

For many it's not just the sheer volume of work, although that does matter, but also that much of what they have to do keeps them away from the important part of their jobs.

> *"Constant double keying of the same information takes you away for helping the most vulnerable"*
>
> *"I would not recommend sw in children and families at all Too Much red tape , bureaucracy unmanagable case loads"*
>
> *"Caseloads are enormous and paperwork overwhelming, with constant pressure to 'manage your time' better, keep case notes up to date etc, and this is at the expense of client contact."*

Staff are also struggling with their working conditions. Not having a guaranteed workspace or being able to park a car that you need to use for work add stress to already difficult working lives.

> *"It used to be a close knit team, but since moving to hot desking and we have had office moves within XXX about 4 times in the 7 years we have been there, the team is detached from each other."*
>
> *"Even coming to work is stressful. Parking is horrendous around my workplace and so I have to come in around 6:30hrs to get a space anywhere near the office. Due to laptops being removed but no additional desks being provided, staff then have to fight over desks and often members of the team have to go elsewhere other than sit with their team. This is really detrimental to team-building and morale, and causes a lot of stress and anxiety. Then add in the pressures of work, poor recording, performance management, unrealistic expectations of senior management in relation to the amount of work and differing competing priorities and very poor morale, I would not recommend anyone working here."*

# Conclusion

UNISON surveyed staff working in local authority social work teams in September 2019. We asked them a range of questions about the impact of austerity on themselves and the work that they do. This report analyses their responses and allows you to hear directly from the workforce about what it's like trying to deliver high quality public services under austerity. The report reveals a dedicated workforce working hard to support the public. They are dedicated highly qualified teams who are under enormous pressure. They feel exhausted, undervalued and suffer violence regularly. They are struggling to deal with the demands placed upon them.

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