

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
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**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 15

Ymateb gan: | Response from: BASW Cymru





Evidence for Health and Social Care Committee Consultation on the Health and Social Care Workforce.

Organisation: This evidence is submitted on behalf of the British Association of Social Workers. We consent to our name and evidence being published.

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The British Association of Social Workers (BASW) is the UK's professional membership organisation for social work. We champion social work and help members achieve the highest professional standards.

The Implementation of '*A Healthier Wales: our workforce strategy for health and social care*' has been severely impeded by the pandemic and the impact on the social work workforce with the fragilities it exposed, cannot be overstated. Prior to the pandemic, social workers in Wales did not enjoy the optimum working conditions (as evidenced in the BASW/SWU working conditions research 2018 -

<https://www.basw.co.uk/system/files/resources/Working%20Conditions%20%20Stress%20%282018%29%20pdf.pdf> - in order to influence, inform and engage with the workforce

strategy and this capacity is further eroded. Some key findings of the 2018 research were:

- Working conditions contributing stress and ill-health are worse than 90%-95% of other UK employees in both public and private sector occupations
- Social workers worked an average of 64 days per year more than they are contracted to (an average of 11 hours per week)
- 60% looking to leave their current job within the next 15 months compared to 52% last year
- Nearly 40% respondents looking to leave the profession entirely
- The main stressors were high case and administrative loads, and lack of resources for service users.

- Over 40% social workers exposed to aggressive or physically abusive behaviours at least once a month from service users.

The Wales-specific findings from our 2018 Working Conditions report make for sobering reading and reveal that working conditions for social workers in Wales are as bad as – if not worse than – the rest of the UK. Some of the reasons for this were: social workers reporting that they do not have a good idea of their specific role in their organisation, organisational change is not well communicated, and they hold too many cases. Levels of stress were high amongst Welsh social workers and higher than the English average of benchmark respondents. This has only been exacerbated by the pandemic. As Thompson and McGowan (2020) acknowledge, social work is by its very nature a demanding and pressurised profession, but it does not have to be stressful – that is, there is scope for keeping pressures within manageable limits that do not lead to health-affecting stress. This will depend, of course, on social workers being provided with adequate support and being able to operate within a context of suitable working conditions.

In Ravalier (2018) a number of ways to improve working conditions were suggested in thousands of feedback comments from social workers. Firstly, caseload. It is suggested that social workers should have a protected caseload, and that cases should be co-allocated when particularly difficult. Additionally, managerial pressures are acknowledged, and managers should only line manage a protected number of employees at any one time. Relatedly, repetitive administrative tasks should be removed, and IT used to help reduce the administrative burden. There needs to be a clearer delineation between what is a necessary administrative task and what is bureaucracy.

The workforce data reveals that in 2018-19: there were 135 vacancies in adult services with 60.9 posts filled by agency workers. During this time 194 social workers left the register. With regards to children's services, there were 244.5 vacancies with 107.2 posts filled by agency workers. During this time 272 social workers left the register. The latest workforce data from 2020 shows that while 495 social workers joined the register, 465 left. It is worth noting that 54% of those leaving had not maintained their registration.

It is vital that steps are taken to increase the numbers of social workers entering the profession and close the vacancy gaps, meanwhile steps must be taken to ensure already trained social workers remain in the profession

Parity of esteem of a key component of ensuring an engaged, motivated, and healthy workforce and supports effective recruitment and retention. We do not believe that social workers in Wales enjoy parity of esteem with health and allied health colleagues. One way of moving towards parity of esteem would have been the appointment of a Chief Social Work Officer, which BASW Cymru campaigned for in our 2021 Manifesto. This role was not created, instead we have a more generic role of Chief Social Care Officer and this matters to the profession, how it is perceived by the public.

The Social Workers Union (SWU) is unequivocal in its view of social work in Wales and states that: *“When making comparisons across the UK, Social Work in Wales has seen the profile of*

the profession neglected and diminished by legislation, policy and the structural arrangements in place. SWU would consider Social Workers in Wales to be probably the most marginalised profession within Wales at the current time due to the lack of status, identity and respect across the country.”

SWU also believe that not creating the role of a Chief Social Work Officer is problematic and a barrier to parity, voice and influence. They state; *“The Care Act 2014 in England created the role of ‘Principle social workers’, to effectively lead practitioners and be given the credibility, authority and capacity to provide effective leadership and challenge at managerial and practitioner level. Social work in Wales has no such role within the SSWB (Wales) Act.*

All three other UK nations have a ‘Chief Social Work’ role. (Chief Social Worker post exist in England Adults and Children, a generic Chief Social Work Advisor in Scotland and a Chief Social Work officer in Northern Ireland). There remains no equivalent in Wales. BASW Cymru has consistently called for the role of a Chief Social Work Officer.

The governing body of the regulator – Social Care Wales - is under-represented by suitably qualified and experienced Social Workers (including the governing board). This does not reflect the registrants and therefore the voice of Social Work is diminished within the very structure that has been set up to promote and develop the profession. Again, this not the case in the rest of the UK.”

BASW has called for an independent inquiry into social work in Wales to look at working conditions since publishing our Working Conditions research in 2018 and 2019.

In our manifesto for the recent Senedd election we called for an increase in the number of student bursaries and put them on a par with those offered to student nurses. We believe that this would increase the numbers of social workers entering the profession. Once they enter the profession there must be emphasis placed on training them to fulfil multiple roles and functions in integrated teams and community settings, with clear post-graduate professional development pathways linked to pay and career progression.

Social work is a feminised profession. The ratio of women to men on the social work register in 2019 remains 4:1 and the average age is 46 years. There must be better understanding of the needs of this gendered workforce to include; menopause, child-care, and unpaid caring roles.

There is a lack of diversity among social workers in Wales, particularly noticeable in senior management positions and this will have a direct impact on recruitment and retention for black, Asian and minoritised social workers.

Attention should be paid to how recruitment, retention, regulation, career development and staff support operate as barriers or enablers to authentic equality, diversity, and inclusion within the social work workforce. There should be more use of targeted funding (including bursaries) and strategies such as mentoring/reverse mentoring to support diversity within the workforce and improved access for minoritised communities who already struggle to access Higher Education for example, Gypsy, Roma and Traveller communities.

There is currently a paucity of structures to support social workers in being researchers. Action must be taken to create the culture and structures that allow social workers to be ordinarily supported to develop research skills and to initiate research. This would allow a focus on research that is grassroots, co-produced, evidenced by experience and participatory.

Clear research pathways for social workers need to be more robust in post qualifying education and learning. With expectation of social workers being more research capable as experience and seniority increase.

Since the turn of the 20th century, social workers have been actively involved in the health and wellbeing of individuals and communities, emphasising the importance of the social determinants of health, and addressing people's complex and often intersecting needs. The power of social work to support communities and address the full scope of psycho-social and physical health care needs across the whole life course, has become increasingly fragmented with the focus of social work more narrowly concentrated on safeguarding - from prevention to reaction.

It became increasingly apparent, as this pandemic unfolded, that the public health role of social workers is not understood. This will have ongoing implications for those already using social work services and those who have developed this need, due to the impact of lockdown measures. It has also had a significant impact on the ability of social workers to act as guardians of human rights.

Social workers are not integrated into the all-Wales Strategy on Public Health or the Strategic Programme for Primary Care. The primary care strategy has raced off in a direction that is not influenced significantly by social models, and it is difficult to envisage at this stage, how the diverse skills, knowledge and roles of social workers can be integrated.

Social work must be included and integrated into emergency planning arrangements at local and community level for example local authority, local health boards, or wider interagency health and social care system. The community role of social workers was not considered during the pandemic, with social workers often being required to enter houses in which people had the virus.

The Welsh Government was late in developing any specific guidance for social workers at the start of the pandemic and BASW quickly and flexibly plugged these gaps for struggling social workers. This omission by the Welsh Government was due to a lack of understanding, acknowledgement, and planning for the community role of social workers.

Many social workers reported to us a lack of personal protective equipment for them to use during the pandemic. Several had been given no hand sanitiser. Some had resorted to buying their own. One said they'd been bringing a flask with hot water and some soap in her car on home visits. Another said their team had been told to buy washing up bowls to fill with water and take on visits. Social workers are concerned for the health and wellbeing of people that use services and that they could be a risk to them without proper equipment.

Social workers' roles have become distorted and funnelled into largely reactive child/adult protection. This has happened over the last ten years as the impact of austerity on local authorities' budgets deepened. Now more than ever, the capacity building and therapeutic skills of social workers needs to be realised and deployed. For this to happen working conditions for social workers, including recruitment and retention must be addressed.

BASW Cymru is grateful that the Welsh Government is funding wellbeing support specifically for social workers through BASW's Professional Support Service <https://www.basw.co.uk/professional-support-service> and we would like to see this valuable service supported in the longer term.

It may be prudent to review the Workforce Strategy for health and social care in light of the pandemic and what we already know about the role of working conditions for social workers, acting as a significant barrier to implementation.