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An evidence review of what supports social workers in their role

December 2024





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About SCIE

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We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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Executive summary

Introduction

Work-related stress is negatively affecting the wellbeing of social workers in the UK, with associated detrimental effects on job retention and service provision evident. The sector is keen to identify factors that shape and influence social worker welfare, with a particular interest in the changes and interventions that may improve matters.

To begin this important piece of work, a review of literature has been undertaken by SCIE. In this review, organisational and individual factors have been identified including psychological treatments and trainings linked to improvements in staff wellbeing and reductions in sickness absence and turnover. A body of literature specifically concerned with social worker wellbeing, health and retention also exists, and although some relate such states and behaviours to work experiences, processes and salaries, few reviews of interventions implemented to effect positive change were found, with those identified largely concerned with impact on child and family social workers. This lack of evidence led to the Department of Health Northern Ireland (DoHNI) commissioning a rapid review of literature from the UK and other countries with similar social work cultures, with the intent of identifying factors and interventions likely to promote their social workers' wellbeing and increase levels of retention. In order to build on existing knowledge and include changes in practice arising from the COVID-19 pandemic, the review was limited to the period 2019 – 2024.

Literature search

- Literature searches were conducted across multiple databases. A comprehensive set of search terms was identified and agreed through an iterative process in consultation with DoHNI. The terms targeted were interventions and measures aimed at improving staff wellbeing, work-related quality of life, reducing stress and burnout, enhancing mental health and vicarious trauma recovery, boosting job satisfaction and work engagement, fostering resilience and coping behaviour, reducing staff turnover and improving staff retention rates
- Specific interventions identified during a preliminary scoping exercise, such as mindfulness and self-care programmes, supervision, mentoring, and peer support; and factors enhancing workplace culture and arrangements, including terms like 'home-based working', 'hybrid working', and 'digital technology'. These term strings were combined using the AND operator with 'social worker(s)' and 'Newly Qualified Social Worker(s)'.

Five thousand, two-hundred and eighty-five records were identified in accordance with inclusion and exclusion criteria and 540 duplicates were then removed. After a series of screenings of abstracts the full texts of 70 articles were read and evaluated for relevance and compliance with the inclusion criteria. Of these, 39 papers met the eligibility requirements. Among the eligible papers was one systematic review which contributed six new studies to the review. As a result, the total number of studies included in the analysis was 44.

Findings

Amongst the 44 papers identified, 18 were surveys of social workers with interest divided between social worker wellbeing (n=10) and staff retainment (n=8).

Survey findings: Factors influencing social worker wellbeing

Surveys exploring social worker wellbeing indicated that the levels of wellbeing can be influenced by multiple factors and behaviours.

At the individual level, self-care is perceived as an essential for wellbeing, with relevant activities including home-based activities such as sufficient sleep, music, exercising, yoga and mindfulness. Within the work environment some found decisions to place boundaries around the empathy employed, helped to manage the emotional impact the work had on them during practice. Social workers who engaged in both personal and professional self-care tended to be more engaged and less burnt out at work. Conversely, low levels of self-care have been linked to increased emotional exhaustion, burnout and lower work engagement.

Organisational factors are vital in supporting social workers.

At managerial level, support from line managers and supervisors is most valued. While good relationships with line managers are important and affect attitudes to work and intentions to leave, supervision is perceived as the main source of support. Elements contributing to good supervision include:

- A reflective element of supervision that includes the feelings and emotions of the practitioner.
- The provision of positive feedback.
- Social workers feeling supported by their supervisor.

Support from colleagues and team members is also vital, and being part of a good team with low levels of turnover builds wellbeing.

Despite these positive findings, further evidence shows that while organisational support from multiple levels is important, the buffering effect against work overload and burnout is only effective to a certain level, after which negative effects will still occur as stress rises.

The literature also identifies factors most closely associated with rising stress include high work and caseloads, growing administration burdens, falling numbers of qualified staff and the introduction of hot-desking, all of which have been connected with higher burnout, reductions in resilience and increased intentions to leave.

Factors influencing social worker retention

Many of the positive and negative factors identified above also influence staff retention. While being part of a good supportive team and experiencing good relationships, support and fairness from managers were again cited, some articles linked such factors to overall work atmospheres and cultures, and subsequent feelings and welfare at work. One study found that the time spent in post was a factor in job retention, as being in post for five years saw increased levels of confidence and reduced decisions to leave. Negative influences on staying in post were decreased resources, increased overtime, workload stress, growing administration, poor supervision, high workloads and caseloads. In addition, some studies reported on the role of work-home relationships and work-home conflicts in staff retention, specifically the relationship between personal circumstances and the demands of the role and how this fitted in with a worker's stage of life.

Two papers gave insight into the factors affecting older social workers as they approach retirement age. Both studies reported the negative influence of perceived organisational ageism alongside a

lack of support from management. Research also identified changes that older social workers felt would increase the length of their working life. These changes consisted of the introduction of more flexible work, i.e. working part-time, flexible hours, retraining, and the opportunity to move to less demanding roles as workers grew older.

The remaining papers identified in the literature review were concerned with interventions that had been implemented with the intent of improving social worker wellbeing and retention.

Interventions

Twenty-six papers relating to interventions were found. During analysis the articles could be divided into those concerned with individual and organisational interventions.

Individual interventions

Seven of the articles identified were concerned with individually targeted interventions. Three studies explored the use of mindfulness programmes, one explored the introduction of the practice of journalling work-related emotions, two (one a pilot study) explored reducing or compressing work hours, and one (a pilot study) covered reductions in case note taking.

All mindfulness programmes decreased levels of social worker stress and increased wellbeing. Two were also associated with reductions in burnout. Qualitative data from two programmes indicated that social workers felt it had been important that the intervention had been designed for social workers and delivered by individuals with experience of social work. Further findings indicated that having managerial support for the programme was seen as a sign of organisational care, and receiving the programme during work time was highly valued.

Writing about work-related emotions had positive effects. The study linked the activity to reductions in psychological distress and rises in job satisfaction.

Software that facilitated case note dictation produced mixed results. Some social workers found it useful and reported time savings, others had little opportunity to use the software and experienced little benefit.

Both studies which reduced or compressed working hours (with no associated reduction in salary) were well-received. In the larger study that reduced worker hours, participants reported less emotional exhaustion and more emotional stability, but no effect on levels of depersonalisation or sense of accomplishment was found. It was of note that compressing social worker hours led to increased colleague workloads and problems with staff cover.

Organisational interventions

Sixteen articles explored organisational interventions. These were implemented in various settings: within teams/colleagues; in supervision or leadership practice; in work culture or environment and; in local communities.

Team and colleague focused interventions

Five papers discussed interventions operating within social work team and groups. Two papers (Schwartz Rounds and Storytelling) provided a time and space for staff to share personal experiences of work. Two papers explored virtual forums that supported and promoted resilience in social workers working remotely. One paper explored the use of various online and media resources (WhatsApp, emails, virtual meetings) for team informal and formal meetings.

Where staff met face-to-face to share work experiences, qualitative feedback was positive. Storytelling helped social workers reflect on, navigate and manage work demands, with argument this promoted professional coping and provided learning opportunities. The Schwartz Round project saw a move towards improved psychological scores and a lower rate of sickness-related absence although the changes were not statistically significant.

The remaining studies investigated the impact of remote meetings and communication. Use of a 'virtual wobble space' included creative activities as well as a participant verbal check-in. The response was positive and all participants noted improved wellbeing and practice.

When team communication via virtual meetings and social media was implemented, initial results were promising as the system was found to create a remote, secure base that retained and built team identity/support and relieved emotional stress. As well as facilitating formal organised meetings the system allowed participants to see who was available to contact for informal communications. Over time, concerns arose around the blurring of home and work boundaries, the loss of office-based learning opportunities and virtual meetings being less sensitive to participants' emotional states.

Supervision and leadership interventions

Five papers concerned with supervision, mentoring or leadership were identified.

The supervision studies consisted of one that examined the experience and process of online supervision, one that introduced reflective sessions into supervision training, and a review of reflective supervision. An additional project explored the Firstline Leadership Programme. The final article looked at the introduction of mentoring supervisors into supervision practice.

Reflective supervision proved generally successful online. The sessions ensured protected time for supervision, gave opportunity for joint decisions, allowed social workers to gain reassurance around practice decisions, encouraged reflective practice and provided emotional support. Challenges included some loss of the reflective element, the more nuanced nature of face-to-face meetings, and informal connection with supervisors.

When introducing reflective group sessions into supervisor training it took time to achieve understanding of the purpose and process of the sessions and to build group trust. During this process some resistance to experiences, including the experience of 'not knowing' answers, led to attempts to problem solve issues rather than reflect on them. Over time the discussions improved becoming more personal and nuanced.

The reflective supervision review identified 27 articles. The review findings build on the findings above as it is suggested that the use of a reflective lens in supervision is proving difficult due to an embedded task-based focus. A lack or limitation of training affects levels of confidence and reduces motivation to deliver reflective supervision. Factors that promote use of reflective supervision include good relationships and a flexible, 'open door' policy between supervisors and social workers. When analysing outcomes, the review concluded that reflective supervision can generally address social work stress, build resilience and help workers consider others' perspectives, learn from mistakes and improve job skills.

Frontline training led to feelings of improved confidence, mostly attributed to communication skills learnt during the programme. Most attendees reported improved supervision meetings and better practice personally and within teams.

The mentoring programme was associated with greater confidence in mentees, better network building, and increased commitment to jobs and agencies. Mentors experienced increased personal satisfaction and a renewed purpose in their role.

Workplace culture and practice

Four studies explored the impact of changes in workplace culture and service delivery.

Two looked at the adoption and delivery of strengths-based practice. One investigated the impact of such practice on the psychological wellbeing and health of a cohort of children protection workers, the other was interested in whether a solution-focused service affected staff practice and levels of burnout. Of the remaining articles the first explored social work delivery using a hybrid mix of remote visits, field work and office attendance. The final study was concerned with the concurrent delivery of three interventions (supervision, team building activities, team leader training) and agency effect.

The introduction of a strengths-based model of service delivery had mixed effect. Use of Solution Focused Brief Therapy had a small significant positive effect on global burnout, whereas introduction of strengths-based practice had no effect on burnout or compassion fatigue but significantly improved levels of compassion satisfaction.

Hybrid working was introduced during the COVID-19 pandemic without problems. Similarly to remote working reported on earlier, virtual team meetings were first perceived positively as the sessions gave opportunity for team learning and reflection. Over time, increased workloads and levels of exhaustion affected workers, and managers noted insufficient time for case discussion and reflection. Study participation strengthened the opinion that social work roles require day-to-day team support and contact, to maintain and support mental health and knowledge of work quality.

The concurrent implementation of supervision, regular team activities and team leader training changed the organisational atmosphere significantly and positively. While perceptions of feeling cared for and adequately rewarded still needed improvement, intentions to remain at the workplace rose and use of agency staff ceased.

Community level

Two papers explored the movement of a child welfare agency and social worker team to community-based settings.¹ Both projects raised staff morale and positivity. Co-location with other services led to better cohesion, easier collaboration and improved access to resources. One study found a decrease in the staff turnover rate when compared to similar services in urban settings in the same region. The other reported improved numbers of staff feeling that they were spending sufficient time with children and families due to smaller caseloads, and associated lower scores of depersonalisation.

Toolkits

¹ While social work practice in the region has remained community based, this has not been the norm in other parts of the UK or other countries.

Two toolkits: the 'Good Practice Toolkit' and 'The Social Work Organisational Resilience Diagnostic (SWORD)' were identified by the literature search. Both toolkits were built on evidence surrounding many of the factors identified above. Evidence of the impact of both toolkits is as yet lacking.

The Good Practice Toolkit is concerned with working conditions evidenced to affect social worker wellbeing:

- Work demands
- Change
- Control
- Peer support
- Managerial support
- Relationships
- Role.

With the argument that to provide the best working conditions each area should operate and function at a high level.

The SWORD seeks to build social work organisational resilience. The tool consists of two parts, the first being a diagnostic survey that gathers information from staff about organisational strengths and weaknesses. The survey is interested in five key areas:

- The provision of a secure work base.
- A positive, appreciative work culture.
- Being a learning organisation.
- The co-production and communication of a clear organisational mission and vision.
- The prioritisation of workforce wellbeing and use of a systemic approach to stress reduction and enhancing job satisfaction.

The second part is a work-book suggesting actions that can be taken to improve matters.

Conclusion

The rapid literature review identified 44 papers concerned with supporting and promoting social workers' wellbeing and retention. Of these, 18 were social worker surveys, the remainder were concerned with interventions that were trialled to explore effect.

The surveys identified and analysed reinforced knowledge of current challenges faced by social workers and gave insight into factors that help social workers cope and build resilience.

Social workers recognise the importance of, and need for, self-care and the type of activities that provide this support. However, as wellbeing falls the ability to engage in self-care falls, while levels of burnout, sickness absence and intentions to leave rise.

At an individual level the introduction of staff mindfulness programmes appears promising. Although research on the other individual interventions identified is scarce and findings weak, collectively it can be tentatively argued that the review encourages the promotion of self-care

behaviours and self-care strategies practice as there is some evidence that they can decrease social worker strain, prevent burnout, and provide workers with effective skills to balance personal and professional roles.

Within organisations the literature base suggests that the relationships held within the agency network are vital and impact on organisational cultures and workplace environments. At the team level, interventions which brought teams and/or colleagues together to communicate and support one another are associated with better wellbeing and improved mental health. However, as yet, evidence around use of supported team meetings to improve wellbeing in social work is sparse and the few statistical findings not robust.

In reference to relationships with social worker supervisors and managers, the review did recognise the importance of good relationships with managers but most research found was concerned with reflective supervision. As existing literature and opinion calls for greater use of reflective supervision it is encouraging to learn of reflection being included in supervisor training with suggestion of positive benefits. The review of reflective supervision supports this finding as it identifies reductions in social worker stress, improved resilience and improved practice.

The toolkits reviewed offer advice and guidance built on evidence-based findings that give opportunity for organisations to analyse the current situation and identify factors that could be changed to improve wellbeing and resilience. While the toolkits promise positive change no evaluation of the efficacy of the tools could be found.

In summary, many factors affecting social worker wellbeing are subject to sector funding. This recognition again calls for urgent attention from funders and policy makers. The majority of other findings relate to the culture, environment and atmosphere of the organisations, with the impact of relationships between colleagues and models of management being prominent. This finding supports the argument that to build, maintain and support social worker wellbeing and resilience, agencies should be shaped by an ethics of care framework. The employment of a model of care in which empathy and sensitivity are guiding principles, allows these factors to shape the relationships held within organisations, to use these relationships as opportunities to recognise and consequently meet people's needs thus improving staff wellbeing and mental health.

Evidence review of support available to social work

Introduction

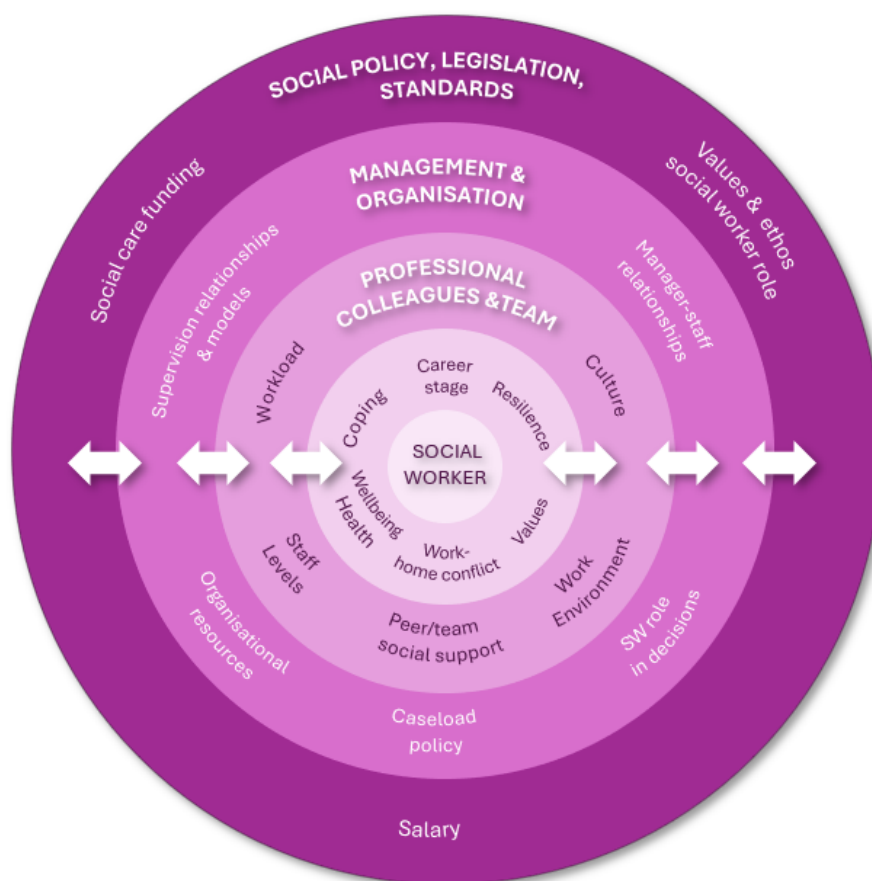
Social workers in the UK work with some of the most vulnerable and disadvantaged children and families in the country. While many social workers find positive elements in their careers, they also experience work-related stress which contributes to high levels of sick absence and low levels of job satisfaction (Ravalier et al., 2021, 2010; Kinman et al., 2020). Against this background it is unsurprising that the mental health and wellbeing of social workers are major areas of concern for managers and policy makers (Turley et al., 2022), deepened by the knowledge of links between low levels of worker wellbeing and rising intentions to leave jobs (Travis et al., 2016). It is estimated that 40–50% of social workers are anticipating leaving employment within the next five years (You Gov, 2020; Social Care Wales, 2023; McFadden et al., 2023). Respondents attribute this to high caseloads, excessive workloads, inadequate staffing levels, stress, poor access to resources, and insufficient social care funding (BASW, 2023). A recent report suggests that social worker retention problems exist in both children and adult social work services, with vacancy rates in both rising (Edwards et al., 2022).

This report sets out the findings from an evidence review of what influences the wellbeing of the social worker workforce. A review of generic workplaces has identified factors affecting staff wellbeing, dividing them into organisational elements: organisational climate, manager-staff interactions; job demands, salary, work environment, work-home conflict, work related stress; and more individual influences such as personality and health and welfare concepts (Aryanti, 2020). Moreover, Turley et al., (2022) cite evidence which suggests that interventions such as cognitive-behavioural or resilience-building training have been linked to improving staff wellbeing and alleviating depression with subsequent reductions in sickness absence, turnover or intentions to retire (Bryson et al., 2014). Evidence that this knowledge has been used to develop sources of support in other professions can be found in Wales, where ‘Canopi,’ a nationwide programme, providing mental health and psychological support for health care staff who feel unable to access employer-based services has been developed (<https://canopi.nhs.wales/about-us/>). It is interesting to learn that this service has recently been extended to social care workers.

Whilst the evidence alluded to above is limited, it gives insight into the wide range of personal, agency, organisational and policy factors that impact on social worker wellbeing and mental health, either directly or acting as mediators or conduits for other influences. Figure 1 (below) gives a simplified representation of how forces from these levels interact and influence each other.

Historically, although research has explored the efficacy of some interventions on social worker wellbeing and mental health, little work collating evidence of influential factors is available. Amongst that found, Turley et al., (2022) reviewed interventions and strategies developed to improve child and family social worker wellbeing and health, linking social worker wellness with coping skills, work experiences, supervision, workloads, inclusion within decision-making processes, peer support, and salary. While this exercise produced useful information, the review was limited to studies involving child and family social workers. The lack of access to wider existing evidence led Northern Ireland to commission a rapid review of literature associated with the wellbeing, mental health and job intentions of social workers in any field across the UK.

Figure 1: Factors influencing social worker health and wellbeing



Northern Ireland context

Social work is rewarding but inherently stressful and currently under a significant amount of pressure, with increasing levels of demand, staff vacancies, reduced capacity and recovery from COVID-19 still a reality. In this context, enabling and ensuring the right support across the workforce is important as there is an outstanding need to help staff improve their health and wellbeing and reduce stress in order to improve the work environment, boost morale, reduce sickness absence and staff turnover – all of which can undermine quality care and support.

It is in this context that the DoHNI has commissioned a review of knowledge of what best supports social workers, and thus promotes retention, with the intent of using the findings to inform guidance to social work employers to better inform support, reduce sickness absence and staff turnover, and contribute to the overall quality of care.

Against the background of work conducted within children and family social workers (Turley et al., 2020) this project widens the scope to include all social workers in the UK (or in similar working contexts). Rather than duplicate previous research in this area the review limits interest to studies or reviews published during the last five years.

The review begins by describing the search strategy and process. Subsequent sections bring together the information found in the literature identified.

Literature search methods

Search strategy

For this rapid review, searches were conducted across three databases in March 2024: CINAHL, PsychINFO, and Social Policy and Practice. The databases were chosen from those available, for their relevance to social work – all three index major social work peer-reviewed journals while the latter also covers grey literature, reports and emerging good practice.

A comprehensive set of search terms was identified and agreed through an iterative process in consultation with DoHNI. The terms targeted: (a) interventions and measures aimed at improving staff wellbeing, work-related quality of life, reducing stress and burnout, enhancing mental health and vicarious trauma recovery, boosting job satisfaction and work engagement, fostering resilience and coping behaviour, reducing staff turnover and improving staff retention rates; (b) specific interventions identified during a preliminary scoping exercise, such as mindfulness and self-care programmes, supervision, mentoring, and peer support; and (c) factors enhancing workplace culture and arrangements, particularly in the aftermath of the COVID-19 pandemic, including terms like 'home-based working', 'hybrid working', and 'digital technology'. These term strings were combined using the AND operator with 'social worker(s)' and 'Newly Qualified Social Worker(s)'.

A full search strategy for CINAHL was developed first using a blend of controlled vocabulary and free text terms (appendix 2, table 3). This strategy was subsequently adapted and applied to the other two databases.

Given the relatively narrow publication date interval that this review focused on (the last five years), and to ensure all relevant papers were retrieved, the search strategy was intentionally broad and sensitive, with minimal limits applied and without a specific filter for interventions, measures, or protective factors.

Study selection process

Search results were managed using EndNote, where duplicates were initially removed automatically. Any remaining duplicates were manually excluded during the screening process.

The screening and eligibility assessment was conducted in three stages:

- Initial rapid screening of titles and abstracts by one reviewer (LD) to discard studies clearly outside the review's scope, identifying 137 potentially eligible studies.
- A more detailed second screening by two researchers (AW and VP), during which 70 studies were removed from the shortlist as they did not meet the eligibility criteria. An additional five new potentially eligible studies were identified through reference lists.
- The full texts of 70 studies were thoroughly reviewed for eligibility by the lead researcher (AW), resulting in the inclusion of 39 studies.

Studies were included in the review if they met the following criteria (table 1):

Table 1: Search criteria

Criteria	Inclusion/exclusion criteria
Population	Social workers and newly qualified social workers Exclude: Social work students and social care workers
Intervention	Workforce interventions, workplace measures and protective factors that primarily impact workforce outcomes. Outcomes of interest include staff wellbeing and work-related quality of life, stress and burnout, mental health and vicarious trauma, job satisfaction and work engagement, resilience and coping behaviour, and staff turnover and retention. Exclude: Interventions and innovations aimed exclusively or primarily at improving service delivery or service user experience.
Evidence type	Both primary and secondary research across a variety of study designs, including randomised controlled trials, longitudinal studies, cohort studies, and cross-sectional studies. This encompasses empirical research evidence as well as research on views and experiences of the social work workforce.
Location	Studies conducted in the UK, with selected studies from the USA, Australia, Ireland and other European countries also considered for their relevance and applicability.
Publication date and language	Studies published from 2019 onwards. Literature reviews that report on earlier studies are also included to capture broader trends. English language.

Results

Overall, 5285 records were screened in accordance with the inclusion and exclusion criteria. Five-hundred-and-forty duplicates were automatically removed before screening. A total of 4608 records were excluded in the first screening and an additional 70 records in the second screening. Concurrently, this phase also uncovered five new studies. The full texts of 70 articles were evaluated for their relevance and compliance with the inclusion criteria. Out of these, 39 papers met the eligibility requirements. Among the eligible papers was one systematic review, which contributed six new studies to the review. As a result, the total number of studies included in this analysis is 44.

This process is described in the PRISMA flowchart (appendix 1, figure 4), followed by a table setting out the search terms used (appendix 2, table 3).

Findings part one: Social worker opinion and perspectives

The findings from these studies are set out below under the two linked but distinct areas of social worker wellbeing and staff retainment.

Of the 44 papers that met the search criteria, 18 were surveys which explored and analysed social worker experiences, opinion and attitudes to social work.

Staff wellbeing

Key findings

- Self-care practice is associated with increased staff resilience. Low levels of self-care are linked to increased emotional exhaustion, burnout and lower work engagement.
- Organisational/peer support is vital to social worker wellbeing and resilience.
- Supervision is seen as main organisational support. Positive elements: reflection, giving positive feedback, recognising worker strengths and emotions, feelings of supervisor support. Negative factors: task-focused supervision, irregular supervision.
- Good relationships with line managers support wellbeing. Poor relationships associated with increase burnout and intentions to leave job.
- Being part of a good, team with low levels of turnover builds wellbeing.
- Social support can only protect staff from burnout to a certain level.
- High work/caseloads, high administration burden, low numbers of qualified staff and hot-desking are associated with higher burnout, reductions in resilience and increased intentions to leave.
- Professional autonomy linked to higher social worker wellbeing.

Ten surveys explored social worker wellbeing. Six of these were quantitative in nature, two qualitative (interviews collecting social worker views) and two used both methods. Most surveys were completed by social workers from children and adult services, although two were limited to children's social workers/child welfare staff. Further details of individual studies can be found in table 4 (appendix 3).

Collectively, survey findings suggest that social worker wellbeing can be influenced by multiple individual and organisational factors and behaviours.

Social worker wellbeing: Individual factors

Social workers identified practicing self-care as key to wellbeing (Rose & Palattiyi, 2020). Protective factors included getting enough sleep, listening to music, exercising, engaging in yoga and mindfulness. At work some social workers protected themselves by placing boundaries around the empathy that they employed in practice, as this helped them to manage any emotions elicited at work. Social workers who engaged in both personal and professional self-care tended to be more engaged and less burnt out at work (Lombardaro-Posado et al., 2022; Shephard & Newell 2020).

When exploring factors that affected use of self-care behaviours, high levels of work-family conflict made workers less likely to engage in self-care practices. This, in turn, led to increased emotional exhaustion, depersonalisation, burnout and lower levels of work engagement (Lombardaro-Posado et al., 2022). Research elsewhere found that social workers with higher levels of vicarious or secondary trauma used self-care practices less frequently, perceived less organisational support and displayed poorer physical and emotional health, higher levels of burnout, and lower compassion satisfaction, (Shephard & Newell, 2020; Mendez-Fernandez et al., 2022). Both studies showed that participants who used self-care practices more frequently and perceived high levels of peer and managerial support experienced better health and stronger resilience and experienced vicarious or secondary trauma less severely.

Social worker wellbeing: Organisational level

Organisational culture was perceived as a crucial factor in levels of social worker wellbeing with a range of positive and protective factors identified.

Multiple surveys found that organisational and peer support was vital to social worker wellbeing and resilience (Rose & Palattiyi, 2020; Cabiati et al., 2020; Ravallier, 2021). Within this, social workers viewed supervision as the main source of organisational emotional support (Pithouse, 2019; Cabiati, 2020). Good supervision included positive feedback, recognition of worker strengths, reflection, building a sense or belief that the supervisor supported the worker (McFadden, 2020; Rose & Palattiyi, 2020). Poor elements were irregular supervision and use of a 'business-like' or task-centred approach (McFadden, 2020). However, organisational support was not limited to supervision. Good relationships with line managers and being part of a good, consistent team were also important constructs that built feelings of wellbeing. Poor relationships with managers contributed to burnout and to over half of decisions to leave jobs (Ravalier et al., 2021; McFadden 2020).

Two studies explored the extent to which social support protects workers from negative outcomes. Neilson et al., (2023) reported that as levels of emotional dissonance increased, the buffering effect of social support fell until a point when high emotional dissonance led to burnout regardless of levels of social support. This finding was supported by research with social workers with vicarious trauma (Shephard & Newell, 2020) as again, although organisational support mediated recovery from traumatic experiences, the support did not fully counteract the impact of the experiences and associated vicarious trauma.

Organisational resources and attitudes were also linked to staff wellbeing. Issues linked to staff burnout and reductions in resilience/coping skills were: increased administrative burdens, a failure to consider workload as well as case numbers, insufficient numbers of qualified staff, and hot-desking (Cabiati et al., 2020; Rose & Palattiyi, 2020; Ravalier et al., 2021; McFadden et al., 2024). Many such factors were also associated with higher intentions to leave (McFadden et al., 2024; Cabiati et al., 2020).

Pithouse et al., (2019) explored factors underlying higher levels of wellbeing. The research identified good supervision and peer engagement as cited earlier, but additionally discovered that feelings of professional autonomy, i.e. being trusted to make practice judgments and decisions, and clarity about what social workers were personally responsible for, also bolstered social worker wellbeing.

Social worker retention

Key findings

Positive factors associated with job retention:

- Fair and supportive work culture and atmosphere.
- Good supportive teams.
- Good relationships with supportive managers.
- Managerial investment in staff professional and career development.
- Managers ensure social workers feel cared for and supported.
- Time in post. Social workers build confidence in skills with experience and become less likely to leave.

Negative influences:

- Decreased resources.
- Increased overtime with no opportunity to take it back.
- High workload and the workload/caseload dichotomy.
- Increasing administration and paperwork.
- Case-work/task orientated supervision.
- Inservice abuse from service users and families.
- Organisational ageism.
- Lack of work flexibility for older social workers.
- Financial circumstances: Older social workers who could afford to retire reported higher quality of life.

Eight papers explored social worker retention (appendix 4, table 5), two of which focused on the retention of older workers. The articles consisted of two qualitative surveys, three quantitative surveys, one study included a literature review and a quantitative survey and two used mixed methods. Three surveys were completed by social workers from various disciplines, two by staff working in children's services social workers, one was sent to social workers working with older adults.

When inspecting findings it quickly became apparent that many issues which impacted on social worker wellbeing also influenced staff retention. However, here the focus was limited to organisational factors

Amongst positive factors that supported job retention, most respondents felt their primary loyalty and commitment was to their teams. A good supportive team made a large difference to work roles and atmospheres (McLaughlin et al., 2023; Millar & Barrie, 2022; Ravalier, 2021). In addition, social workers expected good relationships and fairness from managers including when things went wrong (McLaughlin et al., 2023; Miller & Barrie, 2022; Ravalier et al., 2021). Collectively there was strong opinion that managers should be supportive, invested in the professional/career development of individuals and ensure that social workers feel personally cared for and supported. Whilst unsatisfactory relationships with managers were major contributors to decisions to leave jobs, it was concerning to learn that although good relationships were valued and improved work experiences

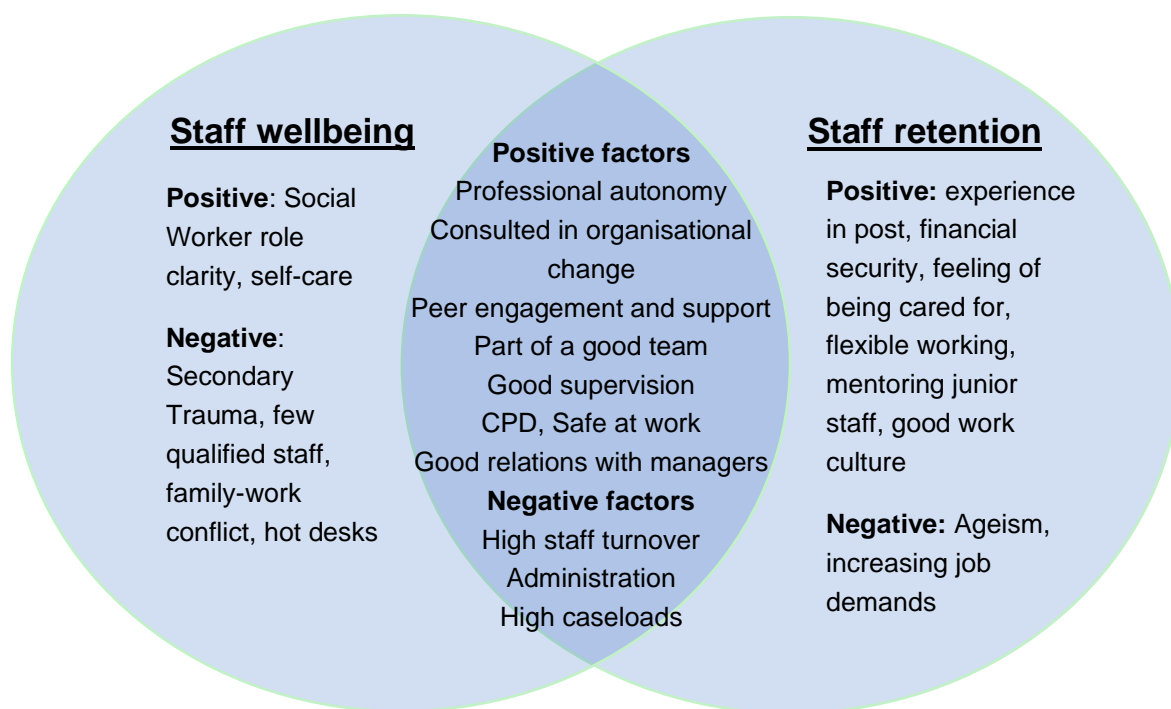
the support did not always prevent staff leaving (McLaughlin et al., 2023). Time in post was identified as a factor in job retention. Once social workers had been in post for five years individuals had built confidence in their skills and were less likely to leave (Burns et al., 2020).

Negative influences on staying in post consisted of decreasing resources, increased overtime with no opportunity to take it back, workload stress, growing administration and paperwork, the tension between the number of cases vs the complexity of those cases, casework-orientated supervision, and abuse from service users and their families (Ravalier et al., 2021). Moreover, work-home factors played a role in staff retention, specifically the relationship between personal circumstances and the role, together with consideration of whether leaving would mean large changes both in job and personal life and how this fitted in with a worker's stage of life.

In 'Setting the bar' Millar and Barrie (2022) explored the role of caseloads more deeply. While study findings supported concerns about the non-correlation of workloads and caseloads, the authors contended that social work can be supported by indicative caseload limits, limits being 15 cases (children) for children and family social workers and 20-25 cases for adult and criminal justice social workers.

Moriarty et al., (2020) and McFadden et al., (2020) were interested in helping older social workers stay longer in post. First, it is important to reflect on the finding that almost 10% of participants said that nothing their employer could do would prompt them to work longer (McFadden et al., 2020). Prominent amongst factors that influenced this feeling were long working hours and levels of stress, with a feeling that working conditions have become poorer over time and getting older limits abilities to cope. Both studies reported perceptions of organisational ageism "people expect you to retire to make room for younger workers" (McFadden, 2020), alongside a lack of support from management. The research also identified changes that social workers thought may increase the length of their working life. Social workers with low wellbeing scores were calling for work flexibility, i.e. opportunity to work part-time, have flexible hours, retrain or take less demanding roles. Respondents who supported this demand were more likely to feel that their organisation did not understand or help with pressures outside of work. A final factor that influenced work-related quality of life, and by inference job retention, was the financial situation of workers. Participants who stated they would or could retire because they could afford to or wanted to, had higher quality of life scores in every dimension (Moriarty et al., 2020).

Figure 2 illustrates factors identified by the surveys as affecting social workers overall wellbeing and held intentions to leave.

Figure 2: Factors affecting staff wellbeing and retention

Employer standards for social workers

This section can be usefully ended with a look at the current Northern Ireland Social Care Council standards of conduct and practice for employers (NISCC 2017). These standards reflect many of the findings above, some of which are listed below. The standards require employers to:

1. Provide vision and leadership to registrants in line with organisational expectations and governance requirements, to ensure they are enabled to deliver safe, effective and values-led care focused on the needs and experiences of service users.
- 1.2 Providing a defined line of accountability which ensures the appropriate support and management of registrants.
- 1.3 Ensuring that the necessary resources, working environment, training, support and systems are in place to enable registrants to comply with their duty of care, the Standards of Conduct and Practice and any relevant statutory duties.
- 1.5 Promoting a learning culture that is open and fair and supports learning and development that meets both individual and organisational requirements.
- 1.6 Providing a working environment that upholds ethical practice and is committed to standards and providing good quality services.
- 1.7 Having effective systems in place to support workforce.
- 4.2 Providing effective, regular supervision to registrants to enable them to develop and improve through reflective practice.

Findings part two: Interventions to improve staff wellbeing and retention

The following sections consider 26 papers that investigated the process and/or impact of interventions developed and implemented to improve social worker wellbeing or work environment, or a review conducted within the project timeframe. To simplify this, the section begins by considering individually focused interventions, consideration then moves to group or team-based programmes or activities before ending with managerial, agency, whole organisation or community level interventions. Where studies explored interventions that involved more than one organisational or societal level, a decision was taken regarding their best fit within the framework.

Individually-focused interventions

Key findings

- Existing evidence related to individually focused interventions is sparse.
- Evidence strongest around the impact of mindfulness on social workers, but still limited in amount, scope and quality.
- All programmes with an element of mindfulness saw decreased levels of social worker stress and increases in wellbeing. Some evidence of interventions being associated with reduced burnout.
- Suggestion mindfulness programmes are received best when designed for social workers and delivered by those familiar with social work.
- Organisational support for mindfulness associated by staff with managerial care and support.
- Mindfulness practice difficult for some workers.
- Journalling work-related emotions linked to a reduction in psychological distress and increased job satisfaction (small study with limited follow up).
- Compressed or reduced working hours well-received with some evidence that reducing hours led to decreased emotional exhaustion and higher levels of emotional stability at work.

Self-care and/or individually targeted interventions can be used to try and combat or mediate occupational stress. Therapies such as Cognitive-Behavioural Therapy (CBT) (Andersson, et al., 2020), cognitive restructuring (Demerouti et al., 2021) and relaxation and meditation exercises (Micklitz et al., 202) have previously shown promise as a way to treat stress.

Table 6 (appendix 5) gives details of seven articles concerned with six individually targeted interventions offered to social workers. The majority have been recently implemented and evaluated. One is older and drawn from a review of interventions in children's social care (Turley et al., 2022), this is based in Australia and therefore does not meet this project's criteria but is included as it is concerned with a form of therapy/self-care which has no record in UK literature.

Individually focused intervention details

Three individually focused interventions revolve around introducing some degree of mindfulness to increase social worker wellbeing and reduce stress.

The intervention considered by Maddock et al. (2023a; 2023b) was a mindfulness-based social work and self-care programme designed specifically for social workers. The programme differed from other mindfulness-based programmes as it drew on a clinically modified Buddhist psychological model that combined mindfulness with psychoeducation within a cognitive and emotion regulation framework (Maddock, 2023a). The programme aimed to assist social workers in reducing negative thinking by helping them focus on the present and apply the 'newly acquired mindfulness skills' to social work practice, and self-care. The programme was delivered online and consisted of weekly one-and-a-half hour sessions for a six-week period. Participants were also asked to use mindfulness practices at home for 30 minutes for six days each week.

Kinman and Grant (2020) investigated use of an adapted form of mindfulness-based stress reduction/mindfulness cognitive therapy. This programme was delivered over eight weeks. It included a range of practices and reflective exercises (such as body-scans, breathing and a self-compassion break) designed to help participants reduce instances of worry and dwelling on issues, and so improves wellbeing.

Barratt and Stewart (2021), explored Acceptance and Commitment Therapy (ACT): a psychological therapy incorporating CBT with elements of mindfulness. ACT avoids the suppression of normal thoughts, feelings and associated physical sensations and instead encourages acceptance that these are appropriate responses to situations (Flaxman et al., 2010). ACT has proved effective in addressing levels of burnout, compassion fatigue and stress amongst other professionals. This study sought to explore and compare the provision of ACT and CBT to social workers via a brief online platform.

O'Flaherty et al., (2022) reported on five interventions that sought to have positive effects on public sector staff wellbeing. Four involved social workers; of these, three (one randomised control trial and two pilot studies), met this project's criteria. In the randomised control study half of participant social workers received a video from care leavers from their local authority talking about positive experiences with their social worker, the control group did not. The other two projects were pilot studies and therefore very small studies. In the first study social workers used software that allowed them to dictate case notes rather than type them up as normal, in the second study social workers were given opportunity to compress their usual working hours into a four day week or nine day fortnight.

Alford et al., (2005) looked the impact of social workers keeping a written record of the emotions related to work experiences.

Barck-Holsta et al., (2021) explored how reducing hours by 25% but maintaining full salary affected the levels of stress amongst social workers.

Outcomes for individually focused interventions

Mindfulness: All programmes with an element of mindfulness saw decreased levels of social worker stress and increases in wellbeing. The MBSWSC and ACT interventions were also associated with reductions in burnout.

It is difficult to compare other findings as different studies measured different mental health and wellbeing factors. Kinman and Grant (2020) linked their mindfulness programme to statistically significant increases in emotional self-efficacy, psychological flexibility and compassion satisfaction; Maddock et al (2023a; 2023b) linked their Buddhist-influenced intervention to significant reductions in emotional exhaustion and depression, alongside significant improvements in mindfulness, de-centring, acceptance, non-attachment, and non-judgement; Barrett and Stewart (2021) saw improvements in mental health scores.

Qualitative data from the two purely mindfulness programmes indicated that social workers felt it had been important that the mindfulness programme had been designed for social workers and delivered by individuals with experience of social work. Additional positive factors were that organisational managers supported the programme and that the provision of the programme was seen as a sign of care from managers. Delivering the programme during work time was also valued.

When talking of the personal impact of mindfulness social workers talked of how the programme had taught them to focus attention on the mind and body and increase awareness of how body sensations are linked to emotion and stress. In both studies participants found mindfulness techniques helped them manage intrusive thoughts, focus on the present moment and decrease tendencies to dwell on worrying issues and events. Mindfulness was also linked to improved abilities to put things in perspective, better reflexivity, and prioritisation. In practice, mindfulness increased self-awareness of interactions with others, recognition of patterns of thinking in situations and emotional responses. The Kinman et al., (2020) study found that using mindfulness improved preparation for stressful events such as being in court and improved relationships with clients.

Challenges: mindfulness practice was hard for some with reports of a few being made anxious by the unfamiliarity of the activity; others found the practice caused sleepiness (Maddock et al., 2023b).

When reflecting on which mindfulness intervention promised to be most effective, it was of interest that Maddock et al., (2023a) found their programme significantly better at improving stress, emotional exhaustion, anxiety, and depression when compared to the longer more traditional mindfulness programme used by the control group. Timewise the intervention programme was only delivered for six weeks rather than the eight weeks often used, although it is noted that the programme ran for one-and-a-half hours each week and participants were asked to complete homework six nights a week (Maddock et al., 2023a; 2023b). In addition, it is worth reflecting on the finding that when comparing use of ACT (which combines CBT with an element of mindfulness) and CBT with social workers, both interventions decreased stress and burnout, and saw improvements in mental health scores but there was no significant difference found between use of the two programmes found.

Other interventions: The intervention in which social workers wrote about work related emotions was linked to a reduction in psychological distress and increased job satisfaction. However, follow up measurements were taken after two weeks of implementation and whether positive effects were sustained is unknown.

In the projects described by O’Flaherty et al., (2022), the Randomised Control Trials (RCT) in which social workers were sent videos resulted in no statistically significant changes in participant wellbeing. Qualitative responses indicated that participants experienced positive impact on their motivation and wellbeing. Use of the software produced mixed results. Some social workers found it useful and reported time savings of up to six hours per week, others saw few opportunities to use the software and experienced little benefit. Unsurprisingly use of compressed hours was well-received by the social workers in the O’Flaherty et al., (2022) pilot study. This finding built on those from an earlier programme in which social workers significantly reduced working hours but maintained full pay (Barck-Holsta et al., 2021). In the latter study the reduced hours group reported less emotional exhaustion and more emotional stability at work. However, Barck-Holsta et al., (2021) found no differences between levels of depersonalisation, or sense of accomplishment between intervention and control group suggesting that these factors are not affected by the time worked. Practically, the finding that compressed hours led to increased colleague workloads and problems with staff cover draws attention to wider organisational factors such as financial resources and staff numbers which would need to be addressed to adopt such changes.

However, it must be noted that the studies reviewed above are few and the number of participants small. The evidence around the impact of mindfulness on social workers, is promising, but whilst the knowledge base is growing it is still limited in amount, scope and quality.

Organisationally focused interventions

Sixteen of the articles and reports found were evaluations of interventions provided in social work settings. The interventions sought to make positive changes to social worker wellbeing and/or mental health by operating at the following levels:

- Team and/or colleague
- Supervisions and leadership
- Work culture /environment
- Community.

Team and colleague focused interventions

Key findings

- All interventions brought social workers together to discuss experiences and emotions.
- Studies included remote or virtual team meetings.
- Collectively, qualitative evidence suggests bringing social workers together has a positive effect on wellbeing, staff relationships, resilience and retention.
- Meetings gave opportunity to learn from difficult experiences.
- Meetings must be regular.
- No quantitative evidence of intervention effect.
- The evidence base is limited, and further research needed.

Social work team and peer support play a vital role in social worker resilience, work engagement and job retention (Cook et al., 2020; Rose & Pattiyali, 2020). More specifically, evidence suggests that positive peer relationships have a positive impact on work-related stress and promote resilience and retention (McFadden et al., 2019), while informal colleague discussions can support emotional containment (Ruch, 2007).

The literature search identified five papers concerned with interventions operating at the level of social work team and groups. All involved bringing staff working in social care settings together in organised sessions to share experiences, feelings and emotions (appendix 6, table 7 peer group interventions).

Peer group Intervention details

'Wobble spaces' refer to a space where staff can find support, these may just be side rooms where staff can take some time out or they could provide calming music, stress toys and refreshments. During COVID-19 many hospitals and health care settings established wobble spaces with the aim of improving staff wellbeing. Turner and Linton (2023) explored the provision of a 'virtual wobble space' in which sessions were held online on a fortnightly basis for three months (six sessions). The wobble spaces were facilitated by individuals with experience of social work: two also being artists, one a storyteller. Each session began with a check-in process on participants, after which the focus turned to stimuli that differed between sessions, e.g. bringing in objects to discuss, visualisations, creating artwork.

Schwartz Rounds were developed within health care. They offer a space where staff can share personal experiences of work. Evidence suggests this results in greater trust and empathy within the organisation and better psychological staff wellbeing (Maben et al., 2021). Rounds are often held during lunch periods and are open to everyone working within the organisation. In the study conducted by Wilkins et al., (2021) Schwartz Rounds were offered to staff working in social work agencies. They were implemented as regular, one-hour long, open forums for staff to meet, reflect on, explore and tell stories about work related experiences and associated thoughts and feelings.

The remaining interventions appear to be more innovative. Cook (2020) was interested in storytelling. This involved sharing narratives of challenges in practice. In this study two small groups, each made up of members of two different social work teams, met to share and learn from stories of one another's experiences. The time taken varied; one group took nearly two hours, the other 90 minutes.

Cabiata (2021) explored use of a virtual forum developed in Italy to support and promote resilience in social workers working remotely during the COVID-19 pandemic. The intervention consisted of a 10-week course of weekly online facilitated peer support groups for social workers. Facilitators supported the process, created space for all voices, stimulated reflection and feedback.

Cook et al., (2020) explored the use of online and media sources (WhatsApp, emails, virtual meetings) for team informal and formal meetings when remote working during the COVID-19 pandemic.

Peer group findings

Virtual wobble space: The small group and bonded quickly online although many thought face-to-face meetings would have been better. Fortnightly meetings were found suitable, although some felt monthly would be better. During the sessions the time felt short and many thought one-and-a-half

hours may be better. The check-in was seen as valuable to hear about other's experiences and not feel alone. During activities the focus on creativity was described as encouraging and constructive and it gave them time away from working life. Positive music impacted well on mood and the creative activities provided laughter, connection and deep reflection. The overall response was that the group experience was positive, and all noted improved wellbeing and practice.

Storytelling: A range of experiences was discussed including challenging encounters and daily work. Accounts described how social workers viewed and managed their roles and how some practice experiences had changed them personally and professionally. Analysis identified how workers built on one another's narratives to construct a detailed picture of child welfare work. Findings suggest storytelling helped social workers reflect on, navigate and manage work demands. Authors argue that the stories promoted professional resilience, affirmed conceptions of professional roles and gave learning opportunities for ways to manage difficult experiences. Mutual reinforcement of experiences gave insight into how team members achieve a sense of shared role or identity.

Schwartz Rounds: The qualitative feedback was nearly all positive, with benefits to wellbeing, colleague relationships and work noted. The intervention group had better psychological scores than the control group, with regular attenders displaying better psychological scores than irregular attenders, and all attenders having higher scores than those who did not attend at all. Regular attenders had a lower rate of sickness-related absence. Despite such positive experiences, differences to all measures were statistically insignificant.

Team communication via virtual meetings and social media: As new systems became familiar, the remote team began to operate as a secure base. Although teams had previously used these methods, they soon became the main communication channels. Participants felt the methods retained and built team identity and support. To aid this, team leaders ensured meetings were regular (usually daily) and used for lunch and coffee meetings as well as case discussions, training and supervision. The informal spaces relieved emotional build ups. Using systems meant members could log-in to be available and/or see who was available to contact, this was important as it allowed informal chats or contacts. Challenges consisted of the blurring of home and work boundaries, virtual meets being cliquey, and newly qualified social workers (NQSWS) losing learning opportunities that took place in the office. There was further opinion that virtual meetings were less sensitive and colleagues were less likely to pick up on issues such as colleagues having 'bad days'.

Managerial level interventions: Supervision and leadership

Key findings

Reflective supervision:

- Linked to reductions in social work stress, increased staff resilience, maintaining social worker safety in challenging situations, and better work engagement amongst newly qualified social workers.
- Is promoted by good relationships between supervisors and social workers and a flexible 'open door' policy offered by supervisors.
- Can be challenging as normative practice tends to employ a task-oriented organisational culture.
- The present lack or limitation of reflective supervision training lowers confidence and motivation to deliver reflective supervision.
- Good supervision can take place online and has been associated with reflection and a sense of feeling listened to.
- During supervision training a lack of collective understanding of the process and aim of reflection was identified. Engaging in reflection required time to trust the group and overcome resistance to the experience of 'not knowing' answers.

Leadership training (frontline):

- Saw improved communication skills which led to improved confidence, better supervision meetings and better practice within organisations.
- Saw little impact on contributing to departmental/wider changes.

Mentoring programme:

- Associated with greater mentee confidence, network building and commitment to jobs and agencies.

The literature search identified five papers concerned with five interventions: supervisor training, the adaptation of supervision during the COVID-19 crisis, a mentoring programme developed in the USA, and the impact of a training programme on leadership skills. The articles identified included a recent review of literature about reflective supervision (appendix 7, table 8).

Supervision and leadership intervention details

COVID-19 brought a plethora of challenges to the social work profession, amongst these was the need to provide social workers with supervision while working remotely. This gave Connell (2023) an opportunity to examine the process and the experience of accessing supervision online. This study is likely to be relevant to future practice as hybrid working and hot-desking become part of working life.

Previously there has been little research around the continuous professional development of supervisors. Williams et al., (2023) introduced group reflection development sessions into supervisor training. The groups encouraged 'supervisors in training' to take part in group reflection on issues

from practice supervision. While the programme was delivered in-person for the first two years, COVID-19 saw sessions delivered virtually.

Moriarty et al., (2021) investigated the Firstline Leadership Programme, a training programme provided to improve the leadership skills and practice of leaders and managers in children's social care services. The programme used a variety of teaching and training methods: lectures and small group activities at two-day residentials, group coaching sessions, one-to-one mentoring/coaching sessions, and guided self-study.

The study conducted by Strand and Boscio Ruggiero (2011) was drawn from a wider review (Turley et al., 2022). Being USA-based, the study falls outside of the project criteria but was included as it was the only article concerned with mentoring found. In the intervention supervisor mentees were paired with manager mentors. Mentees designed a professional development plan to guide activities for the year. They met monthly with mentors who aided development and attainment of the plan and supported career development. Additional activities included programme quarterly meetings. The programme was delivered over four years.

The literature review of reflective supervision (Ravalier et al., 2023) was interested in whether and, in what form, reflective supervision has been used and the outcomes of use for social workers.

Supervision and leadership intervention outcomes

Connell et al., (2023) found positive elements once participants became familiar with the online technology and process of reflective supervision. The intervention ensured protected time for supervision, while the ease of access to supervision made the process time efficient and convenient. The supervisions noted important practice impacts: the sessions provided opportunities to make joint decisions, for social workers to gain reassurance around practice decisions, and encouraged a good standard of reflective practice. Social workers associated online supervisions with emotional support as the sessions generated a sense of feeling listened to, an important source of support often lacking when working remotely. Less positively, some found virtual supervision functional or case-focused, with reflection lost or rushed. Accessing supervision remotely could be tiring especially in relation to screen use, issues around technology and back-to-back online meetings which gave no recovery time and therefore inhibited opening up in supervision sessions. There was also some sense of loss: less opportunity to gauge the mood of supervisor or supervisee, little 'open-door' facility to connect with the supervisor informally or have 'supervision moments' between full supervision sessions. Some participants worried about other people seeing or hearing them during supervision as they did not know who was in the supervisors' environment.

Reflective group sessions: Williams et al., (2022) identified a need at the onset to achieve collective understanding of the group purpose and make clear the group process, i.e. specific times for an individual to share issues, for the group to share observations, feelings, thoughts and ideas, for the whole group to consider issues that emerge. During session implementation it was noted that the experiential learning engendered by the group was often difficult and often produced anxiety. The group needed time to build trust in the group as a safe environment. Other difficulties noted included resistance to the experience of 'not knowing' which could lead to reactions of practical suggestions or problem-solving rather than reflection. Over time the discussions became more personal and nuanced.

Frontline training led to feelings of improved confidence, increased leadership expertise and capabilities. Increased confidence was attributed to techniques learnt during the programme

especially those related to communication skills. Most attendees reported improved supervision meetings and better practice personally and within teams. The programme had less impact on abilities to deliver departmental/wider changes. Attendees felt this was due to insufficient time to implement changes or little opportunity to initiate changes at higher levels. Collectively, data indicated that Frontline had a positive impact on job satisfaction of attendees, with indicative evidence it may have reduced turnover rates.

The mentoring programme: Strand and Bosco-Ruggiero conducted a two-year evaluation of the mentoring programme in a USA public child welfare agency. The mentoring was associated with greater confidence in mentees; better network building and increased commitment to their job and agency. Mentors experienced increased personal satisfaction and a renewed purpose in their role.

Reflective supervision review: The review identified 27 articles. Sixteen papers were concerned with child protection social workers. Findings suggest that as supervision generally employs a task-oriented organisational culture, use of a reflective lens in supervision is proving difficult. This is concerning as a task focus does not give the necessary attention to practice impact on social worker wellbeing and autonomy. Supervisors feel that the present lack or limitation of training negatively affects levels of confidence and motivation to deliver reflective supervision. Inheriting a non-reflective supervisory approach from predecessors is an obstacle.

Factors that promote reflective supervision include a good relationship between a supervisor and a social worker, and having flexibility and an 'open door policy' with supervisors. There is a suggestion that peer/group supervision would promote reflection if adopted in parallel with, or instead of, 'traditional' one-to-one sessions. Reflective practice training is important as it increases use of, and, worker engagement in the strategy.

Review outcomes: Generally, the use of reflective supervision can address social work stress and help build resilience. Reflective practice encourages workers to consider things from another perspective, learn from mistakes and improve job skills. Reflective supervision also helps to maintain the safety of social workers encountering challenging situations. For newly qualified social workers, this type of supervision increases work engagement.

Workplace culture and practice

Key findings

- Introducing changes at different organisational levels e.g. training for team leaders, team building improved the organisational atmosphere significantly, reduced levels of staff intending to leave and stopped the use of agency staff.
- While introducing hybrid working during COVID-19 was relatively easy and did not initially affect service provision, challenges presented over time with the emerging opinion that to preserve and build mental health, teams needed to spend some time together in the office. [11](#)
- An intervention where three interventions were delivered concurrently led to improvements in organisational culture. Perceived agency support and staff care showed improvement. Despite this, only roughly half of staff felt rewarded or looked after post-intervention, and only a third felt that management showed consistent interest in their health and wellbeing. However, the interventions saw increased numbers of staff with intentions to remain at the workplace, and long-term vacancies were filled to the extent that agency staff was no longer needed.
- According to Daley (2023) the initial transition to hybrid working during the COVID-19 pandemic was smooth and allowed a continued focus on assessment timetables, time spent with children and families, quality of recording and analysis, and evidence of direct work achieved. Virtual team meetings gave team members time to be together, to learn, reflect and discuss wellbeing. Over time, increasing workloads and feelings of exhaustion became apparent. Managers became concerned about lack of time for case discussion and reflection. Hybrid working affected work boundaries: while flexible working was viewed positively, there was a perception that the organisation could expect staff to work at any time, and peer-to-peer learning fell.
- Overall reflections: social work role requires day-to-day team support and contact; some felt that encouraging teams into the office and spending time together was vital for mental health. Most agreed that observing social worker practice in-person gave managers a clearer understanding of work quality.

This section discusses four studies that have explored whether changing aspects of workplace culture and service delivery can impact positively on social worker wellbeing. Details of the articles identified are presented in (appendix 8, table 9).

Intervention details

Two studies explored the use of adopting strengths-based models of practice.

Byrne (2006) conducted a USA-based study. It was included in the review due to the scarcity of articles concerned with strengths-based practice. The study (Byrne, 2006) investigated the impact of using a strengths-based service on the psychological wellbeing and health of a cohort of children protection workers trained in the method. Medina and Beyebach (2014) were interested in the impact of use of a solution-focused service-delivery model on child protection workers' practice and levels of burnout.

The article authored by Tham (2022) is included in this section as although it is concerned with three different interventions they were delivered concurrently and therefore likely to affect the agency at a wider level. The separate interventions are described below:

- Supervision for newly qualified social workers: Two groups, one of 'just qualified' social workers and another of staff who had been practicing slightly longer. Both groups were led by an external supervisor with experience of child welfare work. The supervisions gave new practitioners opportunity to reflect on difficult situations and to receive support and guidance. The intervention intention was to scaffold the professional expertise development and build ability to manage challenging situations.
- Team building: Every fifth Friday (three occasions/team per semester), teams were invited out for lunch followed by group activities. Each activity session began with a lecture followed by practical group exercises which involved team communication, group-dynamics, self-reflection and participants' views of themselves and others in the team.
- Training for team leaders: Focused on individual strengths and abilities as team leaders. The team leaders first completed a questionnaire that measured their leadership style. Subsequent training involved group and individual reflection on team leader strengths and how leadership could be improved.

Daley (2023) explored the provision of social work services using hybrid working, i.e. a mix of remote visits, field work and office attendance.

Workplace culture and practice: Outcomes

Medina and Beyebach (2014) found that being trained in Solution Focused Brief Therapy had a small significant effect on global burnout. In contrast, Byrne (2006) showed no significant effect of using strengths-based practice on burnout or compassion fatigue, but levels of compassion satisfaction were significantly improved when compared to the control group.

After implementation of three interventions Tham (2022) found that the organisational atmosphere changed significantly and positively. Whilst other changes were not significant, perceived agency support and staff care showed improvement. Despite this, only roughly half of staff felt rewarded or looked after post-intervention and only a third felt that management showed consistent interest in their health and wellbeing. However, the interventions saw increased numbers of staff with intentions to remain at the workplace and long-term vacancies were filled to the extent agency staff were no longer needed.

According to Daley (2023) the initial transition to hybrid working during the COVID-19 pandemic was smooth and allowed a continued focus on assessment timetables, time spent with children and families, quality of recording and analysis, and evidence of direct work achieved. Virtual team meetings gave team members time to be together, to learn, reflect and discuss wellbeing. Over time, increasing workloads and feelings of exhaustion became apparent. Managers became concerned about lack of time for case discussion and reflection. Hybrid working affected work boundaries: while flexible working was viewed positively, there was a perception that the organisation could expect staff to work at any time, and peer-to-peer learning fell.

Overall reflections: Social work roles require day-to-day team support and contact; some felt that encouraging teams into the office and spending time together was vital for mental health. Most agreed that observing social worker practice in person gave managers a clearer understanding of work quality.

Community level²

Key findings

- Moving social work teams into community programmes was associated with better morale and more positive attitudes.
- Practicing in the community led to better cohesion and collaboration between the social work agency and other services.
- Social workers spent more time with service users and understood them better. This is likely linked to lower levels of depersonalisation.

The two papers explored the impact of moving social work agencies into community or independent settings (appendix 9, table 10).

Intervention detail

Barbee and Antle, (2011): A USA Neighbourhood Place Programme in which a child welfare agency was co-located and integrated with other agencies in a community-based setting.

Stanley et al., (2012) studied the establishment of local worker-led agencies operating independently of local authorities. The intervention relocated statutory social work support for children/young people in out-of-home care from the public to the private or independent sector. The local authorities piloting the intervention were matched with six comparison sites.

Community level: Outcomes

Both projects found moving social work teams into the community programmes led to staff with better morale and more positive attitudes but detail of whether this could be attributed to single or multiple factors (new model of service delivery, new location, lower caseloads) was not available. The interventions also led to better cohesion between the agency and other services which promised easier collaboration and access to resources needed. Staff in Barbee and Antle (2011) knew more about the communities that the clients lived in and, post intervention, the average staff turnover rate was lower in the Neighbourhood Place Programme than in urban settings in their USA state. Stanley et al., (2012) found that staff were more likely to feel that they spent sufficient time with children and families due to smaller caseloads. Staff also scored lower on depersonalisation.

² Whilst social work practice in the region has remained community based, this has not been the norm in other parts of the UK or other countries, hence the meaning of community will be different

Toolkits

Key findings

- Two recently developed toolkits which aim to explore, build and maintain social worker resilience and wellbeing.
- The Good Practice Toolkit provides guidelines for improving social worker roles and workplaces. This toolkit is concerned with working conditions; work demands, change, control, peer support, managerial support, relationships, and role.
- The Good Practice Toolkit draws on the contention that each area need operates and functions at a high level in order to operate optimally, as problems in any area can negatively impact on work conditions and can reduce staff health and wellbeing, increase stress, and increase staff turnover.
- The tools developed by the Social Work Organisational Resilience Diagnostic (SWORD) project are a survey which gathers information about organisational strengths and weaknesses in relation to staff wellbeing/resilience, and a workbook that helps build and sustain resilience in the workforce.
- The SWORD tools are based on five key principles: A secure organisational base; a culture which appreciates teams and workers; a learning organisation; the co-production and dissemination of the organisational mission and vision; workforce wellbeing, a systemic approach to reducing stress, and enhancing job satisfaction.

This section concludes by considering three papers associated with two toolkits: A 'Good Practice Toolkit' (Ravalier & Allan, 2020); and 'The Social Work Organisational Resilience Diagnostic (SWORD)' tool and workbook (Grant & Kinman, 2020; 2021). Both draw on evidence pertaining to social worker wellbeing and resilience. Many of the factors identified and described in these toolkits reflect those identified in this review.

Table 2: Toolkits

Article	Organisation	Country	Intervention	Aim
Ravalier, J. & Allan, R. (2020). Social worker wellbeing and working conditions: Good Practice Toolkit.	BASW	UK	Guidelines for improving social worker role and workplaces.	To improve social worker roles and workplaces.
L. Grant & G. Kinman (2020). Developing emotional resilience and wellbeing: a practical guide for social workers.	Community Care Inform	UK	A guide of information and techniques to enhance resilience and wellbeing.	To improve social workers' emotional resilience and wellbeing during the COVID-19 pandemic.
L. Grant & G. Kinman (2021). The Social Work Organisational Resilience Diagnostic (SWORD) tool and workbook.	Research In Practice	UK	A diagnostic tool and workbook to explore and build resilience in social work organisations	To help senior leaders understand, build and sustain resilience in their organisations.

Social worker wellbeing and working conditions: Good Practice Toolkits

The guide formulated by Ravalier and Allan (2020) is based on a framework in which working conditions are affected and shaped by; work demands, change, control, peer support, managerial support, relationships and, role.

The authors argue that to ensure optimum working conditions, each area's needs operate and function at a high level. Problems in any or, multiple, areas can negatively impact on work conditions which is likely to reduce staff health and wellbeing, increase stress, and increase staff turnover. The toolkit is divided into a series of sections aimed at social workers, supervisors, social work teams, managers and organisational leaders. In these the authors focus attention on:

- Providing wellbeing and self-care information and options at work.
- Continuing professional development.
- Effective professional supervision.
- Enough quality, relational time for primary tasks (working with and supporting individuals and families).
- Skilled management support.
- Effective and responsive professional and organisational leadership.
- Sufficient social workers and other staff to meet demand.
- Manageable workloads.
- Improved technology and digital skills.
- Fair pay and career opportunities.

- To feel respected and recognised for good work: No more 'blame cultures'.
- To be free from bullying and harassment at work.
- To be protected from violence and aggression.

Social Work Organisational Resilience Diagnostic (SWORD) project

The aim of SWORD is to improve organisational resilience in child, family and adult social work. The objectives are to provide senior leaders with a diagnostic tool and associated workbook that allows them to understand, build and sustain resilience in their workforce.

SWORD diagnostic tool

The SWORD diagnostic tool is a workforce survey that gathers information about organisational strengths and weaknesses including support for remote working. The survey defines five key foundational principles related to organisational resilience, and asks social workers to indicate how strongly they agree or disagree with a series of related statements.

The 'Five Key Foundational Principles' (KFPs):

- **Provide a secure base:** A secure work base provides a shared belief that the organisation is safe, staff feel accepted and respected, and are able to express emotions openly, and share knowledge freely. Staff believe they will not be penalised for making a mistake, and that rather, errors give opportunity for learning, creativity and growth. Workers need to feel psychologically safe at an individual, team and organisational level.
- **Promote a culture in which all teams and workers feel appreciated:** In this culture workers feel valued and appreciated, leaders are visible, approachable, and interested in workers and trust them to do a good job. Leaders understand work pressures and encourage people by encouraging self-care and a healthy work-life balance. Leaders listen and engage with workers and provide constructive feedback.
- **Develop a learning organisation:** A learning organisation is one where beliefs, goals and objectives, are underpinned by a set of shared values, principles and behaviours. Individuals, teams and the organisation have opportunities to reflect on practice and learn from experience. There is an evidence-informed approach to improving practice and managing change, with individual input actively encouraged. Challenges provide learning opportunities, rather than focus on individual blame. People have the freedom to speak up or raise concerns without feeling compromised, blamed or victimised.
- **Co-produce and communicate a clear organisational mission and vision:** In this, leaders are committed to a clear mission and vision and use their communication skills to consult with and motivate others. Leaders are optimistic but realistic, and focus on continuous improvement, inspiring workers to identify what 'good' looks like and how to achieve it. Change is managed constructively, especially during times of uncertainty. There is a sense of purpose and values are translated into action.
- **Prioritise workforce wellbeing and use a systemic approach to reducing stress and enhancing job satisfaction:** In such organisations workers perceive a deep commitment to their wellbeing, with where possible, stress reduced at the source, and working conditions improved. Reasonable adjustments are made to support workers to work in ways that suit

their preferences and circumstances. Workers feel able to thrive in a job that is rewarding and manageable and makes a difference to people who access services.

The SWORD process begins by sending the online survey to all staff. Responses give an overview of performance on each key performance factor. The workbook then facilitates decisions about which interventions to apply and how to implement them. This should be a participatory event. The workbook draws on established research evidence supplemented by interviews, workshops and seminars with social workers and managers. Collectively, this informs a range of practical interventions, from 'quick-wins' to in-depth strategies, which build conditions that boost resilience at individual, team and organisational levels. The survey can then be readministered to evaluate the impact of the changes made.

It should be recognised that, as yet, no evaluation of the use of SWORD has been conducted.

Conclusion

Against the wider background of literature concerned with social worker wellbeing and retention, the literature review surveys strongly reinforce the knowledge of the challenges that social workers face in today's climate. The surveys indicate that many negative factors known to decrease levels of wellbeing, e.g. increased administration, heavy caseloads, increased job demands, finance, low levels of staff, and staff absence, remain. However, the review also provides insight into what may increase social worker wellbeing, and help them cope with work demands. The main points are summarised below:

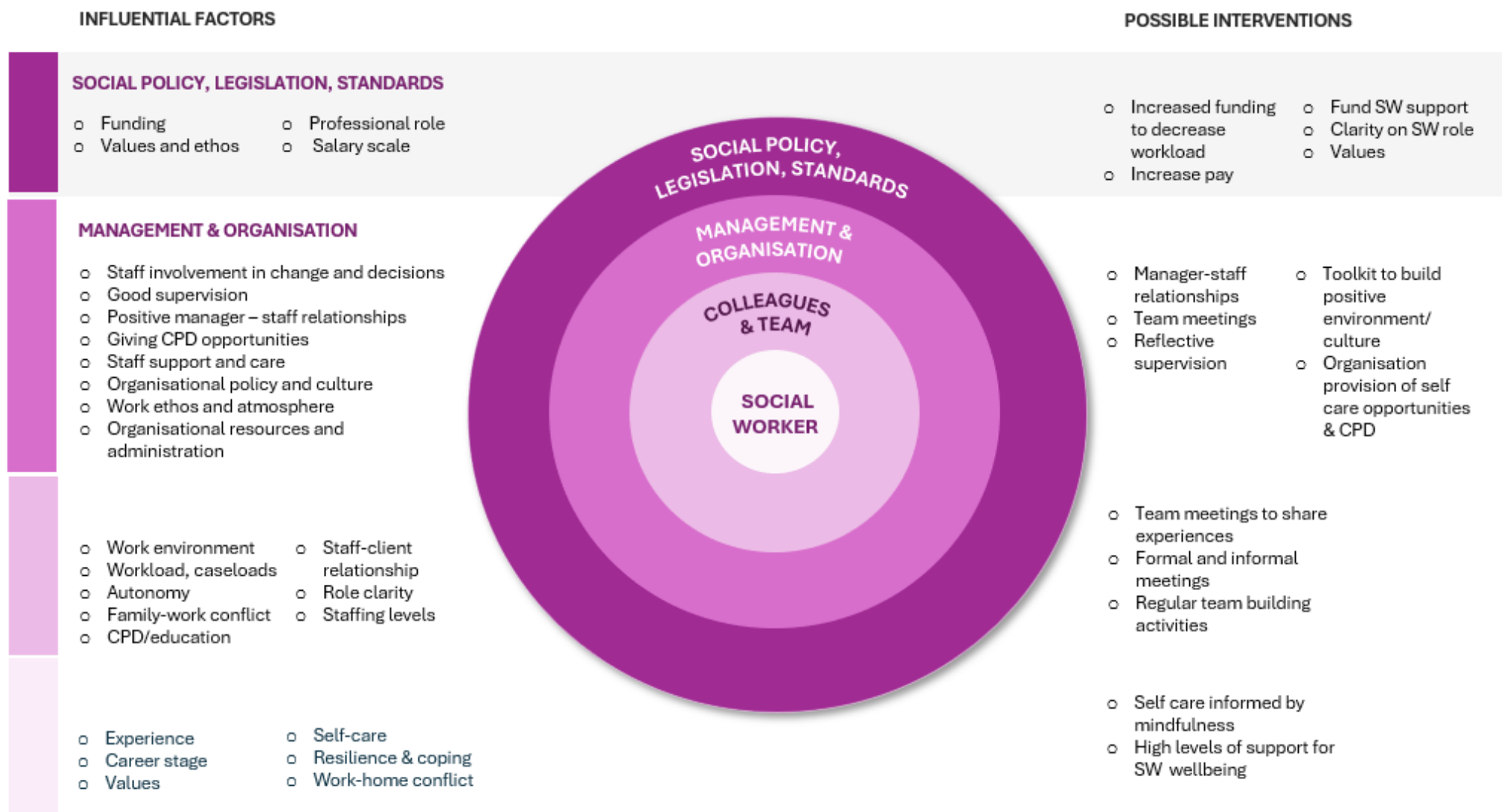
- Social workers experience high levels of work-related stress and recognise the need for self-care and the types of activity that provide this support. However, decreasing levels of wellbeing reduce ability to engage in self-care and increase levels of burnout, sickness absence and intentions to leave. Findings strengthen calls for the encouragement of self-care behaviours by social workers, and the integration of self-care strategies into practice to decrease strain, prevent burnout, and provide workers with effective skills to balance personal and professional roles.
- The use of mindfulness to reduce stress and increase social worker wellbeing appears promising. This finding is supported by a realist review (of 75 studies) of mindfulness-based programmes which concluded that mindfulness is helpful for engagement, satisfaction and programme completion (Micklitz et al., 2021). The review also supported the opinion that providing a mindfulness programme was perceived as a sign of a caring and appreciative organisation.
- While other individual interventions show promise, the evidence base is insufficient to support recommendations.
- Good relationships and feelings of support between colleagues are vital components that positively impact on organisational cultures and workplace environment. Interventions which brought teams and/or colleagues together to share stories and be listened to were associated with better wellbeing and improved mental health. It was helpful to learn that remote methods of contact can be used to retain this feeling of support when teams are not working at the same office or remotely. As yet, however, evidence around the use of supported team meetings in social work is sparse, and the few statistical findings not robust.
- In relation to organisational support, supervision is perceived as the main source of support. Existing literature and social worker opinion demands that supervision is focused on the social worker rather than being solely task-orientated. This observation made it encouraging to review a development in which reflection was brought into supervisor training, and while supervisor trainees found it hard to engage in reflection, experience of the approach and its benefits were positive. A review of reflective supervision in practice also suggested that this practice combats stress, builds resilience, builds skills and improves practice.
- It is feasible to offer supervision online as it can provide support to social workers working online or based away from the office. Tendencies for some supervisions to become functional must be resisted as this may be the only source of professional/organisational emotional support in such circumstances.

- Having a good relationship with managers is vital, poor relationships with managers is a primary source of decisions to leave.
- Improvements in the culture and atmosphere of organisations and agencies may increase staff satisfaction, positivity, and retention. There is a further suggestion that improving culture is an ongoing nuanced process in which improvement can often be seen, but will need continued exploration and attention.
- The toolkits reviewed offer advice and guidance to organisations wanting to draw on evidence-based findings to analyse their current situation and to identify where, and how, factors could be changed to improve wellbeing and resilience. Unfortunately no evaluation of the efficacy of the tools could be found.

Overall, many factors affecting social worker wellbeing are practical issues such as work flexibility, resources, caseloads and staff levels. The remedy for this lies predominantly within social care sector funding which should be given urgent attention from funders and policy makers. Other findings predominantly centre on the culture, environment and atmosphere of the organisations. These elements can be placed within a theory of ethics of care framework which contends that emotions, such as empathy and sensitivity must be employed to allow individuals and organisations to act on and meet people's needs (Held, 2009). The overriding associated message from the literature is that care for social worker wellbeing and resilience must be paramount throughout the organisation and in addition to increased funding, effort should be given to building, sustaining and repairing social worker wellbeing, mental health and relationships through provision of support on individual, team and organisational levels.

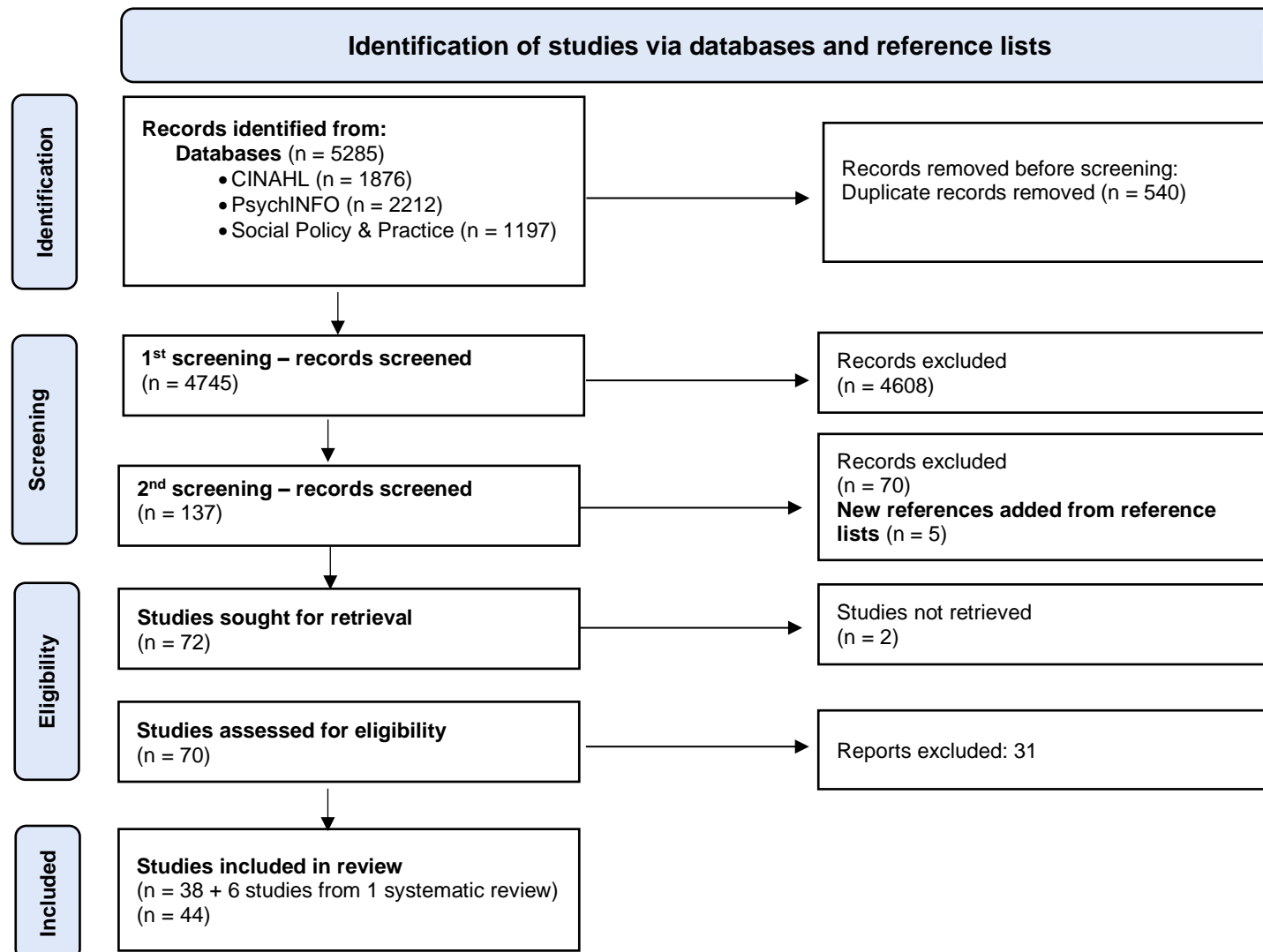
Finally, the review places the socio-ecological representation of factors affecting social worker wellbeing, mental health and ultimately, retention, within a background of values associated with the ethics of care. To further inform, please refer to figure 3 (below) which includes interventions and elements of organisational culture that literature suggests has had, or may have, a beneficial impact on the social workers employed in the UK.

Figure 3: Culture and environment at all levels are shaped by ethics of care (staff needs met with empathy and sensitivity)



Appendix 1

Figure 4: PRISMA flow chart of the study selection process



Appendix 2

Table 3: Search strategy (CINAHL)

#	Query	Limiters/expanders
S1	(MH "Personnel Recruitment") OR (TI Recruitment) OR (MH "Personnel Turnover") OR (TI Turnover) OR (MH "Personnel Retention") OR (TI Retention)	Expanders - apply equivalent subjects
S2	(MH "Quality of Life+") OR (MH "Wellness") OR (TI Wellbeing) OR (MH "Psychological Well-Being") OR (MH "Work-Life Balance") OR (MH "Quality of Working Life") OR (MH "Happiness") OR (MH "Stress, Occupational+") OR (TI Stress) OR (MH "Burnout, Professional+") OR (TI Burnout) OR (MH "Compassion Fatigue") OR "Secondary Traumatic Stress" OR "secondary trauma" OR "vicarious trauma"	Expanders - apply equivalent subjects
S3	(MH "Presenteeism") OR (TI "Presenteeism") OR (MH "Job Satisfaction+") OR (TI "Job Satisfaction") OR (MH "Absenteeism") OR (TI "Absenteeism") OR (MH "Sick Leave") OR (MH "Work Engagement") OR (MH "Job Performance") OR (TI "resilience") OR (AB "resilience") OR (MH "Coping") OR (TI "Coping")	Expanders - apply equivalent subjects
S4	(TI "working conditions") OR (AB "working conditions") OR (MH "Time Pressure") OR (MH "Workload") OR (TI "work demand*") OR (TI "job demand*")	Expanders - apply equivalent subjects
S5	(MH "Organizational Culture+") OR (TI "Organizational Culture") OR (MH "Teamwork") OR (TI "Teamwork") OR (MH "Bullying+") OR (TI "Bullying")	Expanders - apply equivalent subjects
S6	(MH "Work Environment+") OR (MH "Telecommuting") OR (TI work* N2 home) OR (AB work* N2 home) OR (TI "remote work*") OR (AB "remote work*") OR (TI "hot desk*") OR (AB "hot desk*") OR (TI coworking) OR (AB coworking) OR (TI "flexible working") OR (AB "flexible working")	Expanders - apply equivalent subjects
S7	(MH "Professional Development+") OR (TI "Professional Development") OR (AB "Professional Development") OR (MH "Career Planning and Development") OR (MH "Education, Continuing+") OR (MH "Mentorship") OR (MH "Supervisors and Supervision+") OR (TI Supervis*) OR (MH "Job Experience") OR (MH "Experiential Learning") OR (TI "Experiential Learning") OR (AB "Experiential Learning") OR (TI Apprenticeship) OR (MH "Staff Development+") OR (MH "Peer Counselling") OR (TI "Peer support") OR (AB "Peer support") OR (MH "Mindfulness+") OR (TI Mindfulness) OR (AB Mindfulness) OR (TI "Schwartz round*") OR (AB "Schwartz round*") OR (TI "theatre of the oppressed") OR (TI "theater of the oppressed") OR (AB "theatre of the oppressed") OR (AB "theater of the oppressed")	Expanders - apply equivalent subjects

S8	(MH "Social Workers") OR (TI "Social Worker*") OR (AB "Social Worker*") OR (TI "Newly Qualified Social Worker*") OR (AB "Newly Qualified Social Worker*")	Expanders - apply equivalent subjects
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	Expanders - apply equivalent subjects
S10	S8 AND S9	Expanders - apply equivalent subjects
S11	S8 AND S9	Limiters - publication date: 20190101-20241231

Appendix 3

Table 4: Social worker wellbeing

Article	Country	Study design	Aim	Outcomes
Pithouse et al., (2019). Why are social workers in Wales the 'happiest'? A conundrum explored. British Journal of Social Work 49, 1987–2006.	UK	Quantitative survey. Social workers from varied services (n=997).	Explore factors underlying relatively high levels of job satisfaction in social workers in Wales.	Positive factors: Good supervision, peer engagement, license to exercise professional judgement and make decisions, being clear about which tasks were their responsibility.
McFadden, (2020). Two sides of one coin? Relationships build resilience or contribute to burnout in child protection social work: Shared perspectives from leavers and stayers in Northern Ireland. International Social Work, 63(2), 164-176.	UK	Qualitative survey. Social workers from varied services in Northern Ireland. Interviews (n=30). Included leavers (n=15) and stayers (n=15).	Explore factors that built resilience or contributed to burnout.	Positive findings: Good relationships with line managers, being part of a good, consistent team, supervision which includes giving positive feedback and recognising strengths. Negative findings: Staff turnover led to a reluctance to invest in new relationships and increased workloads, poor relationships with managers contributed to burnout and more than half of leavers exiting the job.

Rose & Palattiyil, (2020). Surviving or thriving? Enhancing the emotional resilience of social workers in their organisational settings. Journal of Social Work, 20(1), 23-42.	UK	Qualitative survey. Social workers from varied services. Interviews (n=13).	Explore how social worker resilience can be improved in organisational settings.	Positive findings: Self-care and peer support are vital, regulation of responses to work situations supports resilience, supervision should be regular, reflective and include a focus on social worker emotions. Negative factors: Hot desking.
Shepherd & Newell, (2020). Stress and health in social workers: Implications for self-care practice. Best Practices in Mental Health: An International Journal, 16(1), 46–65.	UK	Quantitative survey. Social workers from varied services (n=45).	Test evidence that Secondary Traumatic Stress (STS) impacts on professional and personal life quality. Explore impact of self-care on burnout, compassion satisfaction, health behaviors and outcomes.	Findings: Social workers with higher levels of STS indicated poorer physical and emotional health, higher burnout, and lower compassion satisfaction. They also practiced fewer self-care behaviors. Spiritual self-care associated with better mental health; physical self-care with improved energy.
Cabiati et al., (2021). Risk and protective factors among child protection social workers: a quantitative study. European Journal of Social Work.	Italy	Quantitative survey. Child protection social	To identify factors that support and affect child	Negative findings: 25% believed their job affects their personal health, over a third take home work worries, nearly 50% feel unsafe. 25% felt unable to stay in job much longer, nearly 100% felt over worked with insufficient time.

		workers (n=300).	protection practice.	<p>Positive findings: Two-thirds proud of job and saw it as opportunity for personal development.</p> <p>Protective factors: Supervision and education, peer and team support essential.</p>
<p>Ravalier et al., (2021). Working conditions and wellbeing in UK social workers. Journal of Social Work, 21(5), 1105-1123.</p>	UK	<p>Mixed methods quantitative survey.</p> <p>Social workers from varied services (n=676).</p> <p>Qualitative interviews (n=19).</p>	Gain in-depth understanding of working conditions and wellbeing of social workers.	<p>Findings: Overall, working conditions better than those found in a national survey. Managerial support, peer support, and perceived autonomy scored better than average. Relationships, role, change and demands scored worse than average.</p> <p>A decrease in working conditions associated with decreased wellbeing.</p> <p>37.8% of social workers were looking to leave current employment, 26.9% to leave social work altogether.</p> <p>Key stressors: increases in administrative work, non-consultation in change, heavy caseloads, lack of recognition and reward, hot-desking.</p>

				Positive factors: Having a good relationship with managers was vital.
Lombardero-Posada et al., (2022). Social workers' self-care practices: buffering the influence of work–family interferences on burnout and engagement. Health & Social Work, 47 1) 195–204.	Spain	Quantitative survey. Social workers from varied services (n=437).	Analyse relationships between work–family interferences, self-care practices, burnout and engagement.	Positive findings: professional and personal self-care practices positively predicted engagement, negatively predicted burnout, and reduced the impact of work-family interferences on burnout and engagement. Negative findings: Family-work and work-family conflicts negatively predicted self-care practices and positively predicted burnout.
Mendez-Fernandez et al., (2022). Vicariously resilient or traumatised social workers: Exploring some risk and protective factors. British Journal of Social Work, 52(2), 1089-1109.	Spain	Quantitative Survey. Social Workers from varied services (n=373).	Explore if workload and trauma caseload predict vicarious resilience and vicarious trauma. Discover if recovery experiences and organisational support mediates risk factors and	Findings: No significant relationship between social workers' workload and trauma caseload. Social workers with case overloads used recovery strategies least, perceived less peer and organisational support, suffered highest levels of vicarious trauma. Greater use of recovery experiences and strategies, and higher levels of peer/organisational support linked to better vicarious resilience and less vicarious trauma. Despite positive impact of recovery experiences/strategies and workplace-based support, they are not enough to fully buffer the influence of the risk factors on vicarious trauma.

			emotional responses.	
Nielsen, et al., (2023). Emotional dissonance and burnout among child welfare workers: The moderating role of social support from colleagues, supervisors, and organization. Journal of Social Work, 23(4), 615-635.	Norway	Quantitative survey. Child welfare workers (n=678).	Explore associations between emotional dissonance and burnout. Determine role of colleague, supervisor, and organisational social support,	Findings: All sources of support negatively and significantly related to emotional dissonance. Emotional dissonance significantly and positively related to client-related burnout. Buffering effect of social support was limited. As emotional dissonance grew the impact of support decreased and eventually ceased.
McFadden et al., (2024). Perceptions of safe staffing, self-reported mental well-being and intentions to leave the profession among UK social workers: A mixed methods study. The British Journal of Social Work.	UK	Mixed-methods quantitative study including some qualitative questions. Social workers from varied services (n=406).	Examine social worker perception of safe staffing and whether these were associated with wellbeing.	One-third of respondents felt they were working in a safe environment. Social workers who did not perceive a safe staff/client ratio reported lower wellbeing, higher levels of burnout and were more likely to state intention to leave. Qualitative findings: high work demands, low numbers of qualified social workers, heavy caseloads, decreasing resources and retention problems contribute to negative pressure felt by workers.

Appendix 4

Table 5: Social worker retention

Article	Country	Study design	Aim	Findings
Burns et al., (2020). Findings from a longitudinal qualitative study of child protection social workers' retention: Job embeddedness, professional confidence and staying narratives. British Journal of Social Work, 50 (5), 1363-1381.	UK	Longitudinal qualitative study. Child protection social workers Phase 1: Interviews with social workers in post (n=35), social workers who had left this practice (n=10). Phase 2: 10 years later social workers still in post (n=11).	To explore personal, work, community, financial and environmental factors that influence a worker's retention.	Influential factors constant over two data collection time points. Positive factors: Time in post increased skills and confidence which increased intention to stay, with five years in post perceived as necessary. Finances: Poor economics over this time period made some staff relieved to have a job. Job challenges and variety.
McFadden et al., (2020) Growing older in social work: Perspective on systems of support to extend working lives – findings from a UK survey. British Journal of Social Work, 50(2), 405-426.	UK	Quantitative online survey, with some qualitative questions (n= 1397) in any social work discipline in the UK, 45% Northern Ireland.	Examine policies/factors that affected decisions about working in later life.	Negative factors that promoted intention to prolong working life: Perceived structural ageism, a lack of line manager and organisational support, organisational change, increasing job demands, long working hours.
Moriarty, et al (2020). Seeing the finish line? Retirement perceptions and wellbeing among social workers. International Journal of Environmental	UK	Quantitative survey. Social workers (n=1434).	Explore social worker attitudes towards ageing, career planning, and health and wellbeing.	Findings: Social workers who felt their employers did not want them to work beyond a certain age had lower job and career satisfaction scores.

Research and Public Health, 17 (13), 4722.				Social workers with lower working-related quality of life scores: would consider retiring due to ill-health, felt employers would not want them to work past a certain age, supported flexible working, saw retraining or updating skills as a means to prolong careers, would like a less demanding job.
Ravalier et al., (2021). Social worker well-being: A large mixed-methods study. British Journal of Social Work, 51(1), 297-317.	UK	Mixed-methods quantitative survey (n=3,421). Qualitative interviews (n=18). Social workers from child and adult services.	Explore organisational contexts for social work retention.	Negative factors (reduced staff retention and increased absence): repetitive administration duties, lack of management support, abuse from service users, reduction in service user resources. Positive factors: Making a difference to service users, mentoring junior colleagues, peer support, peer support in group meetings/forums, perceived support from management, social workers feeling cared for and supported.
Millar & Barrie, (2022). Setting the bar for social work in Scotland. Social Work Scotland.	UK	Literature review and survey.	Understand factors that increase retention and explore role of caseloads.	Literature review identified key positive factors: making a difference to people's lives, the core values of the profession, relationships with service providers and colleagues. Key factors that led to leaving employment: unmanageable caseloads, excessive hours

				<p>worked, reduced wellbeing. colleagues leaving the profession.</p> <p>Survey findings: linked caseload size to caseload manageability. Allowed limitations to be set for caseloads for different areas of social work</p>
<p>Reddington and et al. (2022). The standards for employers of social workers: national report summary 2021. Local Government Association.</p>	UK	<p>Quantitative survey (n=10090). Adult social workers (n=44%). Children's social workers (n=32%). Other (n=23%).</p>	<p>To explore whether employer standards were being met. Understand working environments. Identify what engaged and retained social workers.</p>	<p>Employers were generally delivering standards. Lowest scores for time and opportunity to undertake continual professional development (72% support). Highest score clear organisational framework (83%).</p> <p>Factors that engaged and retained workers: Autonomy and using personal judgement, feeling cared for by supervisor/management, positive feelings and being able to cope, one-to-one supervision, ability to identify learning needs and access professional development opportunities and training through supervision.</p>
<p>MacLochlainn et al., (2023). The COVID-19 pandemic's impact on UK older people's social workers: A mixed-methods study. British Journal of Social Work, 53(8), 3838-3859.</p>	UK	<p>Mixed methods online quantitative surveys with some qualitative questions. Collected at five time points 2020–2022.</p> <p>Social workers who worked in older people's services</p>	<p>Explore wellbeing, working conditions and intentions to leave social work during COVID-19 pandemic.</p>	<p>Findings: Significant decline in wellbeing scores from phase 1 to phase 2. No further significant decrease but levels remained lower than at the start throughout study.</p> <p>A significant relationship between wellbeing and</p>

		(n=426 in total, range n=128 phase 1 to n=68 phase 5).		<p>intentions to leave. For every point increase in wellbeing, participants were 21% less likely to intend to leave. Older (sixty plus) age group was less likely to currently intend to leave social work.</p> <p>Qualitative responses: Concerns over staffing levels/absences, feeling unsupported and isolated, a blurring of home-work boundaries.</p>
<p>McLaughlin et al., (2023) ‘Should I stay or should I go’? The experiences of forty social workers in England who had previously indicated they would stay in or leave children and families social work. The British Journal of Social Work, 53(4), 1963–1983.</p>	UK	<p>Qualitative arm of mixed methods study. Child and family social workers. Interviews (n=40), (n=20) indicated they would leave job. (n=20) did not.</p>	<p>Explore retainment factors that influenced social worker decisions to leave social work.</p>	<p>Influential factors: Workplace culture, atmosphere, how staff are treated, relationships with managers.</p> <p>Negative factors: dissonance between agency mission/value statements and values in action, lots of overtime and no opportunity to take it back, a dichotomy between workload/caseload, administration and paper work.</p> <p>Positive factors: Managerial support -although this was valued it did not always retain staff, being part of a good team.</p>

Appendix 5

Table 6: Individually focused interventions

Article	Country	Study design (participant n)	Intervention	Aim	Outcome
Alford et al., (2005). Written emotional expression as a coping method in child protective services officers. International Journal of Stress Management, 12(2), 177–187. As found in Turley et al., 2022.	Australia	Quantitative pre and post measures child protection officers (n=61), intervention group (n=31), control group (n=30).	A journal of emotions experienced in practice.	To explore the impact of journaling emotions on psychological distress and wellbeing.	When compared to the control group, a medium effect on reduction in psychological distress and on increase in job satisfaction in the intervention group at a two-week follow-up. No effect on wellbeing was found.
Kinman et al., (2020) 'It's my secret space': The benefits of mindfulness for social workers. British Journal of Social Work 50(3), 758-777.	UK	Mixed methods quantitative pre and post measures. Social workers (n =18) Qualitative Post-programme interviews (n=4).	Mindfulness Based Stress Reduction and Mindfulness Cognitive Therapy.	Examine effects on social worker health and wellbeing.	Statistically significant increases in emotional self-efficacy, psychological flexibility, compassion satisfaction, decreases in compassion fatigue, perceived stress.
Barck-Holst et al., (2021). Coping with stressful situations in social work before and after reduced working hours, a mixed-methods study. European Journal of Social Work 24(1), 94–108.	Sweden	Mixed methods quantitative pre and post measures. Intervention group (n=28) control group (n=35) qualitative. Social worker interviews (n=15).	Reduced work hours and workload by 25% with full pay maintained.	Explore the impact of reduced hours on stress situations, coping, burnout, reactivity.	Intervention group reported less emotional exhaustion and less reactivity in stressful situations. No between group difference in depersonalisation, or sense of accomplishment.

		Intervention group (n=12) control (n=3).			
Barrett & Stewart (2021). A preliminary comparison of the efficacy of online acceptance and commitment therapy and cognitive behavioural therapy stress management interventions for social and healthcare workers. Health & Social Care in the Community, 29(1), 113-126.	Ireland	Quantitative pre and post measures. Participants (n=42). ACT group (n=22); CBT group (n=20). 62% sample social workers.	Acceptance and Commitment Therapy (ACT); Cognitive Behavioural Therapy (CBT).	Compare impact of online ACT therapy and CBT on stress and burnout in health and social care workers.	Both interventions led to significant decreases in levels of perceived stress, burnout and improvements in mental health scores.
O'Flaherty et al., (2022). Happier healthier professionals phase two: randomised controlled trials and pilots conducted with public-sector workforces. What Works Centre for Children's Social Care.	UK	One RCT and two pilot studies that met project criteria. Mixed measures RCT pre and post measures. Social care staff (n=1,969). Intervention group (n=984). Qualitative. Both pilot studies conducted social worker interviews (n=13). Software app project also held focus groups pre and post use of app.	RCT: Intervention group received a video in which local care leavers talked positively about social workers. Pilot study 1: A dictation app allowed social workers to dictate case notes/reports. Pilot study 2: The compression of working hours into four-day	To improve social work wellbeing.	RCT found no statistically significant changes. Participants reported positive impact on motivation and wellbeing. Pilot study 1: Some report of time savings (<6 hours/week), others saw little opportunity to use software. Pilot Study 2: Well-received but caused problems for client cover and increased colleague workloads.

			week or nine-day fortnight.		
Maddock, et al., (2023a). A randomised trial of mindfulness-based social work and self-care with social workers. Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues, 42(11), 9170-9183.	UK	Quantitative. Pre and post measures. RCT social workers (n=61). Intervention group (n=32), active control (traditional mindfulness programme (n=29).	Bespoke online six-week online Mindfulness Based Social Work and Self-Care programme.	Examine effects on stress burnout, anxiety, wellbeing and depression.	Both groups showed significantly higher levels of wellbeing post intervention. Compared to control intervention group showed large significant reduction in stress, emotional exhaustion, depression, and significant improvements in mindfulness, de-centring, acceptance, non-attachment, and non-judgement. Intervention group: Significantly lower levels of stress, emotional exhaustion, anxiety and depression, de-personalisation. Control showed changes but statistically non-significant.
Maddock et al., (2023b). The mindfulness-based social work and self-care programme: A focus group study Clinical Social Work Journal, 52(1), 48-60.	UK	As above but this article is concerned with qualitative data: A focus group of social workers who used the intervention (n=12).	As above.	Explore social worker experiences of the programme.	Increase in perceptions of levels of self-care, wellbeing, reflection, self-awareness. Increased ability to link emotions to bodily sensations and thoughts. Improved sleep Improved inter-agency relationships.

Appendix 6

Table 7: Peer group interventions

Article	Country	Study design	Intervention	Aim	Outcome
Cook (2020). Storytelling among child welfare social workers: Constructing professional role and resilience through team talk. Qualitative Social Work: Research and Practice, 19(5-6), 968-986.	UK	Qualitative child welfare social workers. Focus group 1: Workers from one safeguarding team (n= 5). Focus group 2: A single duty team (n=4).	Storytelling in focus groups.	To explore the role of social worker team talk in construction of professional roles, understandings of professional resilience and defensiveness.	Workers discussed experiences of challenging encounters with children/families and how they envisaged and managed the role. Sessions included stories about daily work and practice experiences that changed them personally and professionally. Mutual reinforcement provided insight into team members achieving a sense of shared role or collective identity.
Cook et al (2020). The team as a secure base revisited: Remote working and resilience among child and family social workers during COVID-19. Journal of Children's Services, 15(4), 259-266.	UK	Qualitative interviews with child and family social workers.	Using social media to bring team members together when working remotely during the COVID-19 pandemic. Methods: WhatsApp, virtual team meetings, emails.	Explore whether virtual meetings and social media platforms helped teams operate as a secure base.	Took time to embed methods of communication. Once embedded they helped retain/build feelings of membership and support. Important to use methods both informally and formally to maintain group cohesion and support. Informal groups relieved emotions. Challenges: Reduced work-home boundaries and office-based learning opportunities.
Cabiati (2021). Social workers helping each other during the	Italy	Social workers (n=45) divided into two groups: Child protection	Ten-week course of weekly online facilitated peer	Explore impact on social worker	Group sessions increased reflexive practice, facilitated the provision and receipt of reciprocal

COVID-19 pandemic: Online mutual support groups International Social Work 2021 64(5), 676 –688.		workers; adult social workers.	support groups developed during the COVID-19 pandemic.	practice and wellbeing.	care, supported worker resilience, built social workers' advocacy skills, and fostered a strong sense of community.
Wilkins et al., (2021). A randomised controlled trial of Schwartz Rounds: An intervention to reduce psychological distress for staff in children's services. What Works for Children's Social Care.	UK	Mixed methods RCT. Participants: Staff in social work organisations. (n=5,072). Intervention group (n=2,534). Control group (n=2,538). 172 completed both online surveys. Qualitative data interviews, focus groups and observing SRs in participating local authorities.	Schwartz Rounds implemented as regular one-hour open forums for staff to meet, reflect on, explore and tell stories about experiences, thoughts and feelings when delivering care.	To explore the psychological health and wellbeing of staff taking part in Schwartz Rounds.	Qualitative feedback was almost universally positive. Trends towards intervention group displaying better psychological health, but no statistical difference found. Staff attending regularly had better psychological health than irregular attendees, who had better psychological health than staff who did not attend at all. All results not significant. Regular attendees displayed lower rates of sickness-related absence.
Turner & Linton (2023). Virtual wobble spaces: A pilot study of the outcomes of online therapeutic spaces on practitioner well-being and social work practice. British Journal of Social Work, 53(7), 3483-3504.	UK	Qualitative: (n=5). Social workers' written reflection on what had been successful in the session, and what had not.	An online 'virtual wobble space' six sessions over three months.	To discover whether a virtual wobble space improves practitioner wellbeing.	Group context was popular, participants bonded quickly. Group experience positive and improved wellbeing and practice reported. Check-in at start of sessions valued as it allowed others to hear experiences, not feel alone. share practice experiences.

Appendix 7

Table 8: Supervision and leadership interventions

Article	Country	Study design	Intervention	Aim	Outcome
Strand & Bosco-Ruggiero, (2011). Initiating and sustaining a mentoring program for child welfare staff. Administration in social work, 34(1), 49-67. as found in Turley et al, 2022.	USA	Quantitative, post-intervention measures only. Childcare workers (n=257). Intervention group (n=144). Control (usual practice) (n=113).	A mentoring programme.	Explore programme impact on organisational commitment, leadership capacity, staff retention, communication, career and personal development.	The intervention group reported greater total satisfaction and less intention to leave than the control group.
Moriarty et al. (2021). Evaluation of the Firstline Leadership Programme: Evaluation report. Department for Education (DfE).	UK	Mixed methods quantitative; pre/post-programme surveys. Qualitative interviews: Firstline staff, coaches and managers. Observation.	Firstline is a tailored training programme that aims to increase leadership capabilities. It uses a variety of training methods.	Explore the impact and outcomes of Firstline leadership training.	Qualitative data suggests the programme improved levels of confidence, expertise and leading capabilities. Most participants felt they had improved supervision and skills learnt led to positive changes in attendees' and team practice. Programme positively impacted on job satisfaction with subsequent positive impact on turnover of attendees and their teams. Lack of impact in ability to make changes at departmental level or above.

Williams et al., (2022). Creating the conditions for collective curiosity and containment: Insights from developing and delivering reflective groups with social work supervisors. Journal of Social Work Practice, 36(2), 195-207.	UK	Qualitative. Experiences of facilitators and participants. Data: Course feedback and accounts and reflections on experience.	A two-year long supervisor training programme with embedded group reflective development sessions.	To explore the impact of group reflective development sessions on supervisor training.	Experiential learning can be difficult and needs a safe environment. Group participation saw resistance to 'not knowing' and initially tended to generate practical suggestions or problem-solving. Time is needed to let trust deepen and the benefits of reflection to become apparent. The group helps participants to be 'active learners', sometime overcoming previous experiences of finding it hard to give up role as supervisor when in groups.
Connell, (2023) Putting the 'virtual' into supervision during the COVID-19 pandemic and beyond. Practice, 35(4), 335-349,	UK	Mixed methods quantitative survey (n=22). Interviews with children's social workers (n=8).	Online social worker supervision.	Examine experiences of online social work supervision. Identify supervisory factors impacted by being online. Explore whether virtual supervision has a future role.	Virtual supervision was seen as a protected time period that allowed comfortable, consistent, convenient supervision. Generally positive interactions: A chance to be listened to and make joint decisions. Virtual supervision could be rushed, functional, tiring, or lose reflection time. Prevented use of 'open-door' policy in supervision. Concern about who else could hear supervisions.
Ravalier et al (2023).	UK	Literature review.	Supervision.	Explore best practice for UK	Twenty-seven papers identified. Most considered child protection

<p>A rapid review of reflective supervision in social work. British Journal of Social Work, 53(4), 1945-1962.</p>				<p>social work supervision and this often doesn't happen, how to make it happen.</p>	<p>social work (16 papers). Four included social work students.</p> <p>Barriers to reflective supervision: Organisational culture, lack of supervisor training opportunities, inheriting a different form of supervision.</p> <p>Facilitators: Good relationships between supervisor and social worker, open-door flexible approach to supervision, reflective practice training, use of peer group sessions.</p> <p>Outcomes of reflective supervision: Increased resilience, better safety in practice; learning from mistakes, increased skills.</p>
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Appendix 8

Table 9: Workplace culture and practice

Article	Country	Study design	Intervention	Aim	Outcome
Byrne, M.P. (2006). Strengths-based service planning as a resilience factor in child protective social workers. Boston College Dissertations and Theses AAI3255942. From Turley et al 2022.	USA	Quantitative. Child protection social workers. Numbers unclear (n=136) trained, (n=126) reported implementing training in their work.	Intervention workers trained in and using a family strengths-based service planning model already in practice.	The impact of using strengths-based model on compassion satisfaction, burnout and compassion fatigue.	Intervention group: Post intervention significantly higher scores of compassion satisfaction. No significant effect on burnout or compassion fatigue. Post-intervention slightly lower percentage of intervention participants with intentions to stay no report of whether this difference was significant.
Medina & Beyebach (2014). The impact of solution-focused training on professionals' beliefs, practices and burnout of child protection workers in Tenerife Island. Child Care in Practice, 20(1), 7-36 as found in Turley et al, (2022).	Spain	152 child protection workers.	Thirty hours of formal Solution Focused Brief Training (SFBT) plus 30 hours of supervision.	Impact of SFBT on practice and burnout.	Training in SFBT had a small but significant effect on global burnout scores.
Tham (2022). Not rocket science: Implementing efforts to improve working conditions of social workers.	Sweden	Mixed methods RCT. Quantitative. Pre and post	Three interventions: Small group supervision for NQSWs.	Investigate if perceived working conditions improved after implementing three initiatives.	Atmosphere at the workplace significantly improved. Perceived agency support, staff care, innovative approach improvement trend

British Journal of Social Work, 52(4), 1896-1915.		<p>intervention questionnaire.</p> <p>Qualitative Interviews. Social workers in five team groups (n =5). Team leaders after training (n =5).</p>	<p>Team strengthening activities.</p> <p>Team leader training.</p>		<p>(non sig). More staff expressed intentions to remain at the workplace.</p> <p>Despite changes, only 50% staff felt rewarded or looked after at the workplace: Only 33% felt management showed consistent interest in staff health and wellbeing.</p> <p>Two managers reported they had filled vacancies they had had for years, and that they no longer needed locum staff.</p>
<p>Daley (2023). Hybrid working: Is it working... and at what cost? Exploring the experience of managers in child protection: Social work.</p> <p>British Journal of Social Work, 53(6), 3200-3217.</p>	UK	Qualitative Interviews with child protection managers (N=8).	Hybrid working amongst children protection social workers during COVID-19.	To explore (i) how hybrid working practices impact staff management, (ii) identify positives and negatives of hybrid working, (iii) how managers were directed and directed teams.	Initial smooth transition to a task-orientated focus. Over time staff became over-worked and tired with associated decreases in mental health wellbeing. Workplace and home boundaries often became blurred, with release of restrictions managers became aware teams needed day-to-day team support and to attend the office. Face-to-face contact also gave managers a better idea of the quality of work being done.

Appendix 9

Table 10: Community level

Article	Country	Study design	Intervention	Aim	Outcome
Barbee & Antle, (2011). Cost effectiveness of an integrated service delivery model as measured by worker retention. Children and Youth Services Review, 33(9), 1624-1629. As found in Turley et al, (2022).	USA	Mixed methods: Predominantly qualitative. Interviews with intervention staff (n=17) and staff working in child welfare elsewhere in area (n=17). Quantitative Analysis of turnover.	The 'Neighbourhood Place' model: social services colocated and integrated with other agencies in a community-based setting convenient to clients served.	To explore the cost-effectiveness of the model via levels of staff retention.	Turnover rates: Intervention group 13%; control (normal turnover rate in regional urban settings) 44%.
Stanley et al, (2012). Social work practices: Report of the national evaluation. Department for Education. As found in Turley et al, 2022.	UK	Mixed methods quantitative longitudinal surveys of local authority practitioners in pilot and comparison sites (survey 1, n=1,782), (survey 2, n=1,676). Qualitative interviews service users (n =346); Intervention staff (n =134). Postal surveys of foster and kin carers, managers of residential homes and supported lodgings.	Local worker-led agencies independent of local authorities.	To discover whether smaller independent social work-led organisations would improve the morale and retention of social workers and bring decision making closer to front-line practice.	Small size allowed independent team members to get to know each other and eased making relationships with other professionals. Intervention staff more likely to feel they spent sufficient time with children and families due to smaller caseloads. Staff were consequently more positive about work and scored lower on depersonalisation.

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