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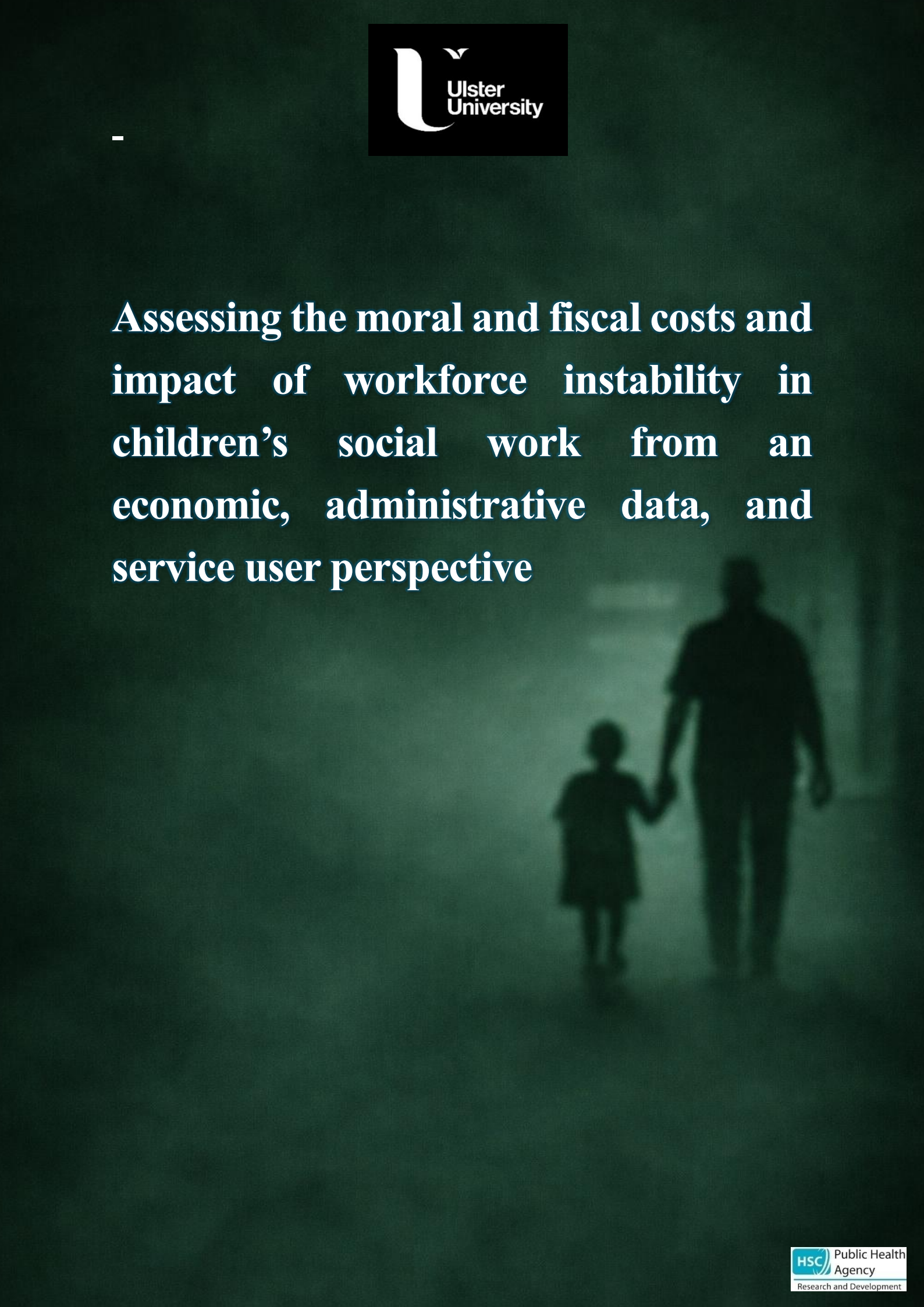
Assessing the moral and fiscal costs and impact of workforce instability in children's social work from an economic, administrative data, and service user perspective



HSC Public Health Agency
Research and Development

Assessing the moral and fiscal costs and impact of workforce instability in children's social work from an economic, administrative data, and service user perspective

Report submitted 30th April 2026

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Funding Statement and Disclaimer:

This research was funded by the Health and Social Care Research and Development Division, Public Health Agency, Northern Ireland [HSC R&D Award File Reference: TL/5827/24]. The views expressed are those of the authors and not necessarily those of the funders, i.e., the HSC R&D Division NI

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Acknowledgments

The authors would like to acknowledge the help provided by the staff of the Honest Broker Service (HBS) within the Business Services Organisation Northern Ireland (BSO). The HBS is funded by the BSO and the Department of Health (DoH). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the author and do not necessarily represent those of the BSO. Thanks specifically to Dr John Mallett who provided the expertise on administrative data analysis. Thanks also to the Advisory Group Members for their oversight and guidance from the study inception, methodological planning and analysis and reporting.

To cite this report: McFadden, P., MacLochlainn, J., Martin, G., Mc Colgan, M., Naylor, R., McGinnis, E., McGrory, S., McSherry, D., & Mallett, J. (2026). *Assessing the moral and fiscal costs and impact of workforce instability in children's social work from an economic, administrative data, and service user perspective* (pp. 1–122).

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List of Abbreviations

AYE	Assessed Year in Employment
CIPD	Chartered Institute of Personnel and Development
DoH	Department of Health
GDPR	General Data Protection Regulation
GVA	Gross Value Added
HBS	Honest Broker Service
HSC R&D	Health and Social Care Research and Development
HSC	Health and Social Care
NI	Northern Ireland
NIHR	National Institute for Health and Care Research
NISCC	Northern Ireland Social Care Council
ONS	Office of National Statistics
PASNeT	Parents Advocacy Service Network
PiP	Professional in Practice
PPI	Patient and Public Involvement
QES	Quarterly Employment Survey
RoI	Republic of Ireland
SOSCARE	Social Services Client Administration and Retrieval Environment
UK	United Kingdom
US	United States
VOYPIC	Voices of Young People in Care

Executive Summary

The Fiscal and Moral Impact of Turnover in Child Protection Social Work

This report presents evidence from three complementary strands of research: the lived experiences of care leavers, parents, foster carers and advocacy organisations; a large-scale employment level examination of administrative data analysis of children involved with social care services in Northern Ireland; and an economic analysis of the costs of workforce instability. Together, the findings demonstrate that social worker turnover is not simply a workforce issue. It is both a moral issue affecting children's wellbeing, safety, identity and trust, and a fiscal issue creating substantial costs for public services and society.

Why this matters

Children involved with child protection and care services are among the most vulnerable members of society. Many have already experienced abuse, neglect, family breakdown, loss, trauma, poverty, and multiple disruptions in key relationships. In this context, social workers often represent one of the few stable adults in a child's life. When social workers leave frequently, those relationships are disrupted, creating consequences that extend far beyond administrative inconvenience.

Across all elements of this study, stability emerged as a critical protective factor. Conversely, turnover was associated with reduced continuity, weakened trust, delayed decision-making, poorer experiences of care, and additional pressure on families, carers, advocacy services and the wider social care system.

Qualitative findings: the human impact of turnover

Interviews with care leavers, parents and foster carers, alongside focus groups with Voices of Young People in Care (VOYPIC), Parents Advocacy Services network (PASNet) and Praxis Care, revealed a consistent message. Participants described social worker turnover as a "revolving door" that repeatedly disrupted relationships and undermined confidence in the system.

The most significant impact concerned relationships and trust. Children and young people reported having to repeatedly retell painful histories to new workers, reopening trauma without seeing meaningful progress. Many described reaching a point where they disengaged altogether

because they believed workers would eventually leave. Several participants spoke of becoming reluctant to trust professionals, viewing relationships as temporary and unreliable.

Parents similarly described turnover as preventing progress. Changes of worker often meant previously agreed plans were delayed, reviews postponed, and assessments revisited. Families spoke of repeatedly explaining their circumstances to new professionals with little sense of continuity or forward movement.

Foster carers frequently described themselves as the only stable figure in children's lives. When workers changed, foster carers often absorbed additional emotional and practical responsibilities, filling gaps in communication, maintaining stability, and supporting children through repeated losses.

Advocacy organisations reported increasing reliance on third-sector staff to compensate for workforce instability. Young people often turned to advocates rather than social workers because advocates were perceived as more consistent. This raises important concerns about the extent to which statutory responsibilities are being informally transferred to external organisations.

The findings were organised into the 'CARERS framework' (MacLochlainn, et al 2026):

- *Consistency*: stability was viewed as the foundation of effective social work.
- *Access and Fairness*: turnover created an "entitlement lottery" where support depended on who was allocated rather than need.
- *Relationships and Trust*: repeated changes damaged trust and discouraged engagement.
- *Endings and System Gaps*: abrupt departures created feelings of abandonment and left children unsupported.
- *Records and Communication*: inaccurate records, poor communication and lost life-story work had lasting consequences.
- *Safety and Thresholds*: workforce shortages were perceived as raising intervention thresholds and delaying support until crisis points.

A recurring concern was the loss of life-story and narrative work. Participants described important pieces of children's histories being lost, delayed or abandoned as workers changed. This had implications for identity development, belonging and emotional wellbeing.

Administrative data findings: evidence of instability and inequality

The administrative data analysis examined nearly 3,000 children involved with social care services in Northern Ireland. The findings provided system-wide evidence that complements the qualitative accounts.

Most children experienced multiple social worker allocations over time. While 22.1% had only 0-1 previous key workers, the majority (61.4%) had experienced between two and four previous workers and 16.4% had experienced five or more.

The analysis also identified evidence of a deprivation gradient in children's experiences of workforce instability. Children living in the most deprived communities were more likely to experience multiple changes of social worker than those living in the least deprived areas. Even after accounting for age, sex and duration of involvement with services, children in the most deprived neighbourhoods had significantly greater odds of experiencing two to five previous key worker changes.

The findings indicate that children already experiencing socioeconomic disadvantage may also be more exposed to instability within the services designed to support them.

The data also revealed high levels of disruption through placement changes:

- 35% experienced no previous placement moves.
- 50.1% experienced between one and four placement moves.
- 14.9% experienced five or more placement moves.

Children involved only in the care system were more likely to experience multiple placement moves and longer periods in care placements compared with those who moved between child protection and care pathways. Taken together, the administrative findings suggest that workforce instability contributes to broader patterns of disruption in children's care journeys. The evidence indicates that instability is not experienced equally and may disproportionately affect children living in the most disadvantaged communities. This aligns with the UK wide findings

by Bywaters et al (2020), which evidenced that children from poorer backgrounds were more likely to be in care or on the child protection system than those from less deprived areas.

Economic findings: the fiscal cost of turnover

The economic analysis highlights the substantial financial burden associated with workforce instability. Using workforce census data and recognised turnover costing methodologies, the study estimated that Child and Family Social Worker turnover cost Health and Social Care services in Northern Ireland approximately £7.13 million during 2024/25.

This estimate was based on:

- A Child and Family Social Work workforce of 2,168 staff.
- A turnover rate of 6.6%.
- Approximately 143 social workers leaving during the year.

The estimated cost per departing social worker was approximately £49,836, incorporating:

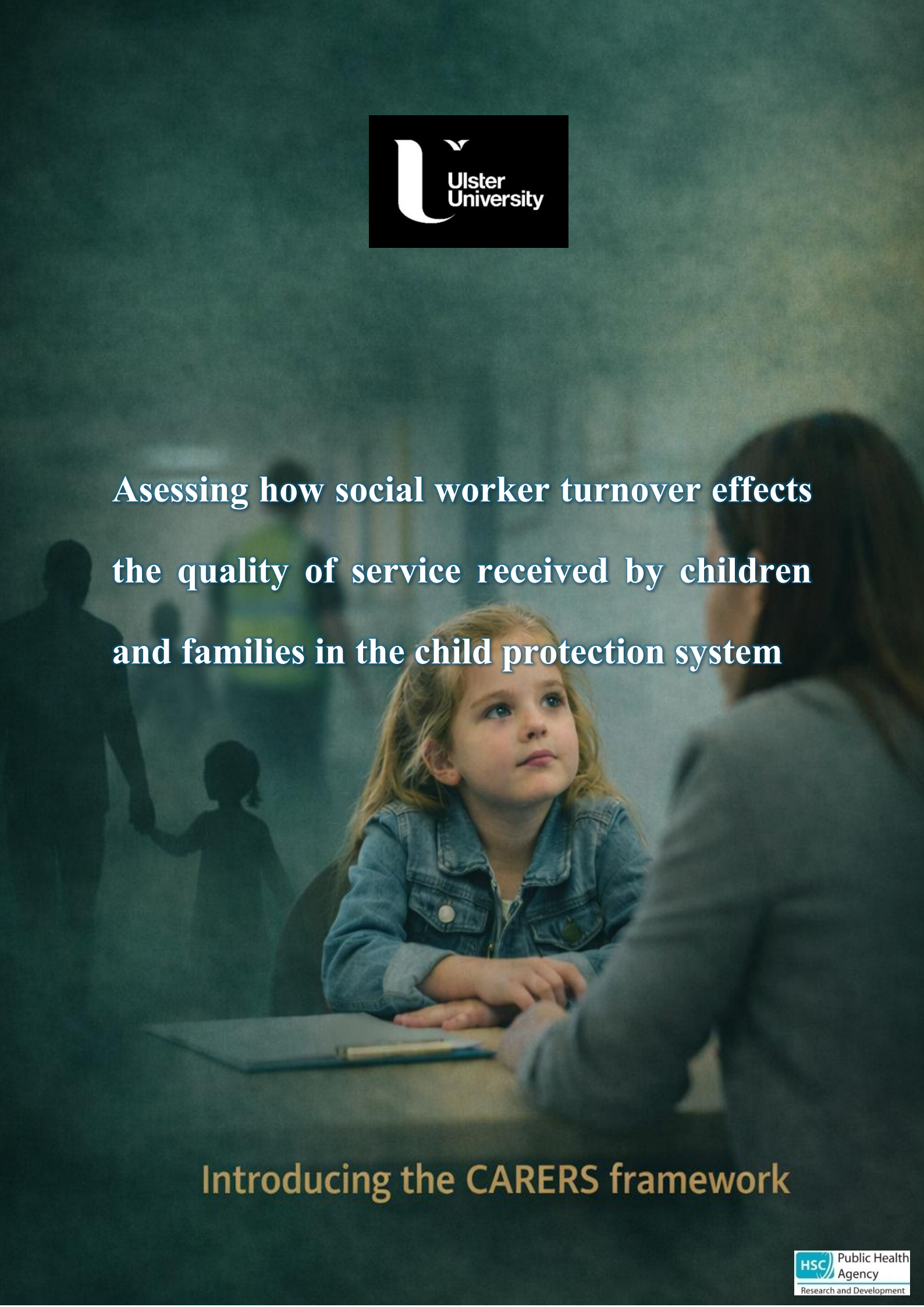
- Recruitment costs.
- Induction and onboarding.
- Professional training and development.
- Assessed Year in Employment requirements.
- Professional in Practice training.
- Productivity losses while posts remained vacant or workers became fully operational.
- When considered across the wider social work workforce, turnover costs were estimated at approximately £14.7 million per year.

Importantly, these figures do not capture the wider societal costs of delayed interventions, placement breakdowns, poorer outcomes for children, increased use of crisis services, or the emotional and relational consequences identified in the qualitative research. The analysis further suggested that a 20% reduction in turnover could generate savings of approximately £1.43 million annually, equivalent to funding around 42 additional Band 5/6 social worker posts.

Overall conclusions

The evidence from this study demonstrates that workforce instability carries both substantial moral and fiscal costs. Morally, turnover disrupts relationships that children, families and carers depend upon for trust, safety and healing. It undermines continuity, delays support, weakens participation, and contributes to feelings of abandonment among children who have often already experienced significant loss.

Fiscally, turnover represents a major and avoidable cost to public services, consuming millions of pounds annually through recruitment, training and lost productivity. Across all strands of the research, one consistent message emerged: workforce stability is not simply an organisational objective. It is a fundamental prerequisite for safe, ethical and effective child protection practice. Investment in social worker retention, manageable workloads, supportive working environments, high-quality supervision, and relationship-based practice is therefore not only economically prudent but essential for safeguarding the most vulnerable people in society and to improving outcomes for children and families.


Ulster University
Asessing how social worker turnover effects the quality of service received by children and families in the child protection system
Introducing the CARERS framework
HSC Public Health Agency
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Introduction

Children's social work interventions rely on stable, trusting, and skilled professional relationships. Specifically, child protection interventions require consistent approaches from social workers who are often the primary adults responsible for supporting children who have experienced significant adversity. However, services across the UK and in many westernised nations continue to experience chronic workforce instability, with vacancy rates, sickness absence, and caseload pressures contributing to persistent turnover (McFadden et al., 2015; Ravalier et al., 2022; UK Department of Education, 2023). These pressures create organisational conditions in which sustainability of long-term, relationship-based practice becomes increasingly challenged (MacLochlainn et al, 2024; McFadden et al., 2024).

Studies show that the consequences of high turnover were associated with delayed decision-making, placement disruptions, reduced permanency outcomes, and inconsistencies in assessment and support (e.g., Flower et al., 2005; Strolin-Golzman et al., 2010; Curry, 2019: Garibaldi et al., 2024). Although turnover is frequently framed as an employer or operational problem, its impact reaches far beyond organizational systems. For children, parents, and carers, the departure of a social worker often means the abrupt loss of a trusted adult which can erode trust and impede a child's ability to make sense of their own history (Strolin-Golzman et al., 2010; Curry, 2019).

Neurodevelopmental research shows that early adversity, including abuse, neglect, household dysfunction, adverse social conditions, and the loss of key relationships, can impair children's capacity to form and sustain trusting relationships (Bradshaw et al., 2012). Stable and nurturing relationships can mitigate some of these harms, supporting the development of secure attachment relationships with carers, resilience, emotional regulation, and social competence reflecting the fundamental human need for belonging and connection (McSherry et al., 2016; Baumeister & Leary, 2017; Parker et al., 2019). From a resilience perspective, these protective processes are increasingly understood as relational and contextual rather than individual traits, shaped by access to stable relationships, material resources, and supportive systems (Ungar, 2008).

Furthermore, contemporary resilience theory highlights how structural inequalities, including poverty and social exclusion, compound developmental risks for children known to child protection services (Bywaters et al., 2016; Hart et al., 2016). Children living in areas of high dep-

rivation are significantly more likely to be known to social services, placed on the child protection register, or enter care, signifying the intersection of socioeconomic disadvantage and state intervention (Bunting et al., 2024). Consequently, many children entering child protection systems have already experienced multiple losses, including separation from caregivers and exposure to maltreatment which shape their social and emotional development (Munro, 2011; Noble-Carr, 2017).

Experiences within the care system can introduce further disruption, with placement moves and frequent changes in carers frequently described by young people as among their most significant losses (Strolin-Goltzman et al., 2010; Curry, 2019; Children's Commissioner, 2019). When transitions are frequent or poorly managed, they can deepen feelings of disconnection and undermine young people's capacity to form trusting relationships with professionals and others (Bradshaw et al., 2012; Skoog et al., 2015).

A scoping review of 11 studies spanning four decades found consistent evidence that social worker turnover disrupts relational continuity and compromises placement stability, emotional wellbeing, and longer-term outcomes for children and families (MacLochlainn et al, 2026). The review reveals a dearth of literature representing lived experience of children, carers and families who engage in child protection services with most studies from US, and Canada and only two reports from the UK. Much of the existing literature was found to rely heavily on administrative datasets, surveys, or professional perspectives. As such, the lived experience of the relational, emotional, and epistemic consequences of worker instability remains under-researched and insufficiently understood.

Workforce and organisational pressures perpetuate this instability. Research has shown that under-resourced social work teams experience delays in assessments, inconsistent decision-making, and reduced access to early support (Dorch, McCarthy & Denofrio, 2008; Sulek et al., 2022). When turnover occurs in such contexts, communication falters and records become unreliable, creating further risk for those depending on accurate information and joined-up practice. The lens of epistemic injustice is particularly useful here. As noted in Sewpaul, Theophilus, and Sentane (2025), children whose stories are fragmented or repeatedly misrepresented are denied full recognition and credibility within the system.

This gap is significant. Relationship-based practice emphasises that children need consistent adults who can hold their stories, advocate for their needs, and provide a coherent narrative about their care journey (Strolin-Golzman et al., 2010; Curry, 2019). When instability becomes

normalised, these relational foundations weaken, and young people can experience uncertainty about their identity, safety, and future opportunities. Furthermore, insights from research also suggest that when children's voices are inconsistently heard, they are placed at a disadvantage in understanding and influencing decisions about their lives (Vacaru et al., 2018; Hyde et al., 2017). Given these concerns, there is an urgent need for research that centres the experiences of those living with the consequences of turnover.

The current study responds to that need by drawing on interviews with care leavers, parents, and foster carers, alongside focus groups with advocates and supported-living staff. Using Braun and Clarke's reflexive thematic analysis approach (2013), we examine how workforce instability affects the very people these systems were designed to help. Using a qualitative design, the study explores how workforce instability is experienced, interpreted, and managed by service users, families and carers. The study introduces the CARERS framework, an empirically evidenced structure that synthesises participants' accounts of consistency, access and fairness, relationships and trust, endings and system gaps, records and communication, and safety and thresholds. The focus throughout our findings is on how structural instability becomes a relational and psychological burden for children and families, and how continuity in frontline practice underpins safety, fairness, and ethical decision-making.

By integrating lived experience with system-level insights from the Northern Ireland Safe Staffing studies (McFadden et al., 2024; 2025), this paper positions turnover as a core barrier to effective social work practice and as a threat to the relational conditions necessary for safeguarding. It, therefore, situates workforce stability as a central requirement for ethical, child-centred practice, rather than an operational aspiration.

Why this study is important?

Workforce instability in children's social work is well documented, yet research has focused predominantly on organisational and practitioner outcomes. Far less is known about how social worker turnover is experienced by young people, parents, and carers, despite strong theoretical and practice-based emphasis on relational continuity, ethical care, and trust within child protection.

This study addresses that gap by examining the effects of social worker turnover from the perspectives of care-experienced young people, parents, foster carers, and advocacy groups supporting young people in and leaving care. It explores how turnover shapes service quality, relational security, and perceived safety. Findings are organised using the CARERS framework

to illuminate how instability is experienced across core domains of care and to inform practice- and policy-relevant responses aimed at strengthening stability and effectiveness in children's social work services.

Methodology

The chosen method for this study was based on qualitative methodologies. Purposive sampling was used to ensure all participants were relevant for the specific aspects of the study. Interviews included care leavers, parents, and foster parents, and focus groups included advocate groups (VOYPIC - Voices of Young People in Care, PASNet - Parents Advocacy Service Network, and Praxis Care - supported living service). Purposive sampling was relevant, and it was important that participants had the experience and knowledge related to the topic and had expert insights to ensure data collected was relevant to the research question.

A total of eighteen (*n*=18) interviews with a sample of eight (*n*=8) care leavers (18+ years), six (*n*=6) foster carers and four (*n*=4) people from the parental group PASNet were conducted to explore key questions in more depth on issues related to social worker turnover, relationship disruptions and systems level issues. The literature indicates saturation can be achieved at this number (Guest et al., 2006). This method of data collection was justified to drill into the detail about the lived experience of the child protection system in a one-to-one confidential space. By foregrounding the voices of service users with lived experiences of the child protection system, this study offers an essential perspective on how systemic workforce instability translates into real-world consequences for vulnerable populations. The interviews were semi-structured, allowing for flexibility to develop questions according to the responses during the interview, whilst ensuring interviewers maintain their focus.

A total of three (*n*=3) focus groups, with advocacy group representatives of care experienced children (VOYPIC, Praxis Care, and PASNet), who have experience of child protection social work services. Focus groups were needed to explore key questions in more depth on issues related to social worker turnover, relationship disruptions to either or both the child or parent/caregiver, and systems level issues. The number of people in focus groups was guided by the literature (Guest, Bunce and Johnson, 2006). Each group had four participants. Guest et al (2006) argue that smaller numbers of focus groups have been evidenced as achieving saturation with analyses revealing that more than 80% of all themes were discoverable within two to three focus groups, and 90% were discoverable within three to six focus groups, rather than repeating

additional groups. Additionally, the interactive aspects of focus groups, with diverse perspectives from participants, provides discursive interaction and richness otherwise unavailable (Smithson, 2000). Questions were semi-structured to allow the researchers to have a flexible approach to follow up on interesting points that emerge, whilst keeping the focus of the core questions.

Advisory Group and Governance Arrangements

To align with the UK Standards for Public Involvement, we applied and were awarded £2.5K from the Patient and Public Involvement in Research (PPI) Support Small Grant Scheme from Health and Social Care Research and Development (HSC R&D Division) NI. We engaged with care leavers, parents who had previously been involved in the child protection system, foster carers and advocacy groups for care experienced young people and foster carers. Service users, families and carers have been involved since the idea's inception, supported by the PPI small grants award, which remunerated in the pre-study phase for their time and engagement in meetings to discuss research ideas and their lived experiences of turnover in children's social worker services. This engagement shaped the research questions and methodological planning for the study. We established an Advisory Group consisting of care leavers, family/carer and advocacy representatives, to guide and influence the research process. This group was formed through pre-existing networks with VOYPIC, PASNet, and Action for Children NI (foster carers). These perspectives played a crucial role in identifying research priorities, refining methodologies, and ensuring the research questions were relevant from a service user, carer and family perspective.

Regular Advisory Group Meetings

The Advisory Group had service user representatives from young people (aged 18+) with previous care experience, parents with previous involvement in child protection, foster carers and advocacy group representation. Service users were remunerated at the Involve and NIHR recommended rate of £25 per hour. The Advisory Group met bi-monthly with academic leads. This ensured governance and oversight of the project.

Inclusion Criteria

1) Care Leavers: All care leavers who were over the age of 18 on the 01/06/2023 and have been out of care for at least 24 months

2) Parents: All parents who have historically had a child[ren] in the child protection system in NI, with at least 3 years since that involvement.

3) Foster Parents: foster parent(s) who currently or in the last 5 years have provided care for looked after children

Exclusion Criteria

1) Care Leavers: Any care leavers under the age of 18 on the 01/06/2023 and have been in care over the past 24 months

2) Parents: Any parent who currently has a child[ren] in the child protection system in NI

3) Foster Parents: Any foster parent(s) who have NOT provided care for looked after children or children in need in the last 5 years

Procedures, Access, and Recruitment

We established relationships with all these groups during the pre-research phase of this project using funding from the HSC-NI R&D office - PPI engagement - Small Grant Scheme - enabling renumeration. In brief: Once ethical approvals were in place, an emailed letter of invitation to participate in the study went to relevant managers and administrative staff in the advocacy groups for distribution to potential participants (advocates were VOYPIC, and Praxis Care staff and PASNet were a parent advocacy group).

Interviews

Interviews were conducted in person or online. From those who were interested in participating, a systematic selection provided inclusion of all HSC Trust locations were possible. This method aimed to ensure insights on perceptions of social work turnover regionally. The first six (6) (per cohort: i.e., care leavers, parents, foster parents) were selected using second names in alphabetical order and selecting every second person in order of the alphabet and those selected were invited to interview.

Focus Groups

Focus groups were conducted in person or online. Those who were involved were sent an email by the Research Assistant. The email asked participants to reply to the study email and to state if they meet the inclusion/exclusion criteria.

Consent and Participant Information

Consent forms and Participant Information accompanied the participant interview/focus group invitation, and consent was checked at the beginning of the interview/focus group. Participation

was voluntary, and participants could withdraw at any point in the research process without having to justify their choice.

Data Analysis

Both the focus groups and the interviews were recorded and transcribed verbatim. The content was analysed for themes using Braun and Clarke's (2013) framework to draw key messages from the data.

Ethical Considerations

The research team were aware that care leavers, parents and foster carers and members of advocacy organisations were already under pressure (advocates were VOYPIC, and Praxis Care staff and PASNet were a parent advocacy group). However, it was important to carry out this research currently as the voice of the service-user is currently absent within the literature in relation to impact of social worker turnover and how these impacts on service recipients in children's services. This analysis assisted the researchers to form a more rounded and detailed analysis to inform social worker retention policies in social work which aims to impact on service users, carers and families (McFadden et al., 2024).

Consent

Interviews: All participants were provided with Participant Information in advance of agreeing to participate in interviews and they were asked to return consent forms prior to the scheduled interview. Consent was checked again at the start of interviews including consent to be recorded.

Focus groups: All focus group participants were asked to read the Participant Information Sheet and sign a Consent form prior to participating in the discussion. They were also given opportunities to ask questions about the research prior to participating.

Anonymity and Confidentiality

Interviews: All those participating in interviews were assured of confidentiality and quotes were anonymised. Signed Consent forms were held separate from the data/transcription and only the research team, with permission from the Chief Investigator, had access to transcripts.

Focus groups: All discussion transcripts were anonymised and did not include any identifiable information. Signed consent forms were held separate from the data/transcripts and only the research team, with permission from the chief investigator, had access to these.

Data Storage and Protection

All electronic research materials and data were anonymously stored on a password protected computer in a room in Ulster University, for 10 years. The materials will then be destroyed in line with GDPR and Data Protection legislation and policy. https://internal.ulster.ac.uk/research/rg/0613%20data%20handling%20procedure%20V1.pdf

Findings

Interview Synthesis

Theme 1: Consistency

Across every participant group, consistency emerged as the cornerstone of effective social work. When it was present, young people, parents, and foster carers described stability, progress, and trust. When it was absent, they described confusion, abandonment, and emotional harm.

Sub-theme 1.1: The revolving door of social workers

This subtheme describes the constant churn of professionals entering and leaving children's and families' lives, often with little notice, preparation, or explanation. The frequency of these changes left participants feeling invisible, destabilised, and mistrustful. For many, the disruption was not a single event but a repeating cycle that spanned years, eroding confidence in the social work system itself.

Care leavers repeatedly spoke about the sheer number of changes they endured and the emotional exhaustion that followed. Megan recalled an almost absurd level of turnover:

> *"I've had about twenty-something social workers. You just get used to one, and then they're gone. Sometimes I wouldn't even be told. I'd just be waiting, and a new person would show up, I didn't know who she was, so I just got on the bus and went home."* (Megan, care leaver)

Her words highlight both the confusion and the quiet resignation that repeated change creates. Later, she added:

> *"He just came out and said, 'I'm your new social worker,' and that was that. No introduction, nothing."* (Megan, care leaver)

Each change reset her relationships and forced her to relive her story, a process she described as "*draining*" and "*pointless*." Mason, too, described difficulty adjusting to new workers:

> *"It's hard to get used to the new social workers, especially when you've just got used to the last one. You think you're getting somewhere, then bang, another one."* (Mason, care leaver)

He estimated he had "*five or six*" social workers during his time in care and said sometimes he only got "*a day's heads up*" before a new person appeared. This unpredictability made every transition a reminder of instability. Mel, reflecting on similar experiences, explained how repeated changes disrupted her ability to build trust:

> *"Every time someone new came in, you kind of thought, what's the point in opening up? You're just going to leave again."* (Mel, care leaver)

Even when she liked her new social worker, the emotional work of "*starting over*" made it harder to re-engage. Donal, succinctly captured the unpredictability of care relationships and the lack of control young people experience when social workers change frequently:

> *"It was random… some of them I only had like two months and then some of them I had for like two years."* (Donal, care leaver)

Eddie's account powerfully captured how high-frequency turnover undermined continuity and made it impossible for him to build trust or a stable sense of belonging:

> *"I think I had, like, too many social workers… one of my vague memories of social services and changing… somebody would come out to visit me and then ten months later I'd get a phone call, or I'd get sat down and told, 'Oh, he's leaving. She's leaving,' just after meeting them."* (Eddie, care leaver)

Eddie suggested that systemic turnover was internalised providing insight into how frequent staff changes shaped his self-concept and self-worth:

> *"When I was a kid, if you're talking to my kid self, I was going, 'Is it me?'… I always thought I scared them off, that my care background scared that social worker away."* (Eddie, care leaver)

Together, these accounts show that turnover is experienced as a cycle of loss, where each new face brings both hope, disappointment, and in some cases, diminished self-worth.

Parents in the study described the revolving door as a structural barrier to progress. Maria had worked with so many different workers she had "*lost count*":

> *"You get used to one, you tell them everything, then the next week you're explaining it all again to someone new. You're stuck in a loop."* (Maria, parent)

Each turnover delayed contact arrangements and assessments, keeping her family in limbo. Jill echoed this frustration:

> *"Every time a new one came in, we had to start from scratch. The old one had agreed to unsupervised contact, but the new one said she didn't know about it. So that was another few months gone."* (Jill, parent)

For parents, turnover carried real consequences for reunification and family stability. Foster carers offered a different but complementary perspective: John's experience underscored the chronic nature of inconsistency for foster families:

> *"I think the longest we've ever had an ongoing social worker probably would be close to a year. Most of them come and you maybe get six to eight months."* (John, foster carer)

Foster carers saw how frequent changes confused and upset the children in their care. Maureen described how children "*shut down*" after too many changes:

> *"They stop talking to new social workers because they're tired of explaining everything again. One wee lad told me, 'What's the point? They'll just leave.'"* (Maureen, foster carer)

She added that high turnover made planning almost impossible:

> *"We'd get one worker who was proactive, then she'd go off, and the next didn't know the history. Everything went back to the start."* (Maureen, foster carer)

Michael described a child who went an entire year without an allocated worker:

> *"Before he turned eighteen, he had about seven different social workers. There was one whole year with no one. We just kept things going ourselves."* (Michael, foster carer)

Denise captured how even short-term or "*unplanned*" staff absences can destabilise children and young people:

> *"During the unplanned absences, you could see the kids becoming more dysregulated as different people intervened and tried to support, through no fault of their own."* (Denise, foster carer)

These accounts show the toll turnover takes not just on relationships but on the continuity of care itself as carers become the default safety net in a system that keeps resetting.

The revolving door of social workers represents a symbol of systemic instability. Each departure breaks relational continuity, halts progress, and forces families, carers, and young people to repeat their stories, relive trauma, and adapt to new personalities and approaches. The emotional effects are cumulative: exhaustion, frustration, disillusionment, and diminished self-worth replace engagement and trust. For children, especially those in care, frequent changes reinforce the message that adults leave; for parents, they delay reunification and prolong distress; for foster carers, they create extra work and responsibility. In short, the revolving door transforms social work from a relationship-based profession into a transaction-based service, undermining its very foundation.

Sub-theme 1.2: Stability as a protective factor

Where the revolving door of social workers created instability and mistrust, participants also described the profound, protective power of consistent and enduring relationships. Stability occurs through continuity of service which promoted emotional safety, predictability, and a sense of being known. Across all groups: care leavers, parents, and foster carers, long-term relationships with the same worker were remembered as transformational. For young care leavers who had spent years navigating changing social workers, the presence of one consistent worker was often described in near-therapeutic terms. Megan contrasted the chaos of constant turnover with one stable relationship that gave her hope:

> *"She was brilliant… I was really, really close with her. You know, I trusted her. I could have told her anything."* (Megan, care leaver)

This worker did not just complete tasks then was off on their way, they "*made an effort*" with Megan's whole family, checked in regularly, and explained decisions clearly. Megan said:

> *"She really made an effort with my family… she was always visiting, making sure they were OK, always ringing them."* (Megan, care leaver)

That reliability, she said, was what made her feel safe:

> *"That was probably my last really positive experience that I've had with social services."* (Megan, care leaver)

Mel shared a similar account of a long-term worker she had during her 16+ stage:

> *"I had a really good relationship with her. Whenever I would've had like real problems… I knew this person, I trusted this person. I'd had many conversations with her… I knew she was going to help."* (Mel, care leaver)

When Mel was struggling with depression, her social worker's consistency made all the difference:

> *"She was the first person I'd opened up to about feeling depressed. She sat, listened, and even offered to drive me home after because she just wanted to make sure I was OK."* (Mel, care leaver)

Mel described this as one of the first times she felt genuinely cared for rather than earlier experiences of being not assessed or managed. Both Megan and Mel's accounts highlight that stability nurtures vulnerability, it gives young people permission to trust, to share pain, and to begin healing. Mason echoed this theme, remembering a social worker from childhood named **anonymised** who left a lasting impression:

> *"She was sound… took me out, didn't feel like I was with her [as a foster kid], just having some good craic."* (Mason, care leaver)

He said that with her, things "*didn't feel like meetings*," but like "*being normal*." The informality of that relationship and the consistency of that social worker allowed genuine connection.

Parents also spoke about stability as a turning point in their relationships with children's services. Maria, who had experienced repeated turnover, described how much difference one consistent worker made:

> *"When you have one person who stays, they actually get to know your family, your history, what works for you. You don't have to keep explaining or defending yourself."* (Maria, parent)

She contrasted this with previous experiences where "*every new one has a different idea*" about how to handle her case. Jill recalled one period of stability as a rare relief:

> *"We had the same social worker for nearly two years. Things actually got done then. Reviews happened on time, contact ran smoothly… there was a bit of calm."* (Jill, parent)

That consistency meant that, for the first time, she felt like "*someone actually knew the full picture.*" Jane highlighted how consistent staffing nurtures mutual trust and better communication, reinforcing the point that stability builds progress:

> *"It was a lot better for the children because they could get used to it. The children were more annoyed by these different faces turning up all the time and being expected to trust them. So the longer they stuck, the more we trusted them, the better the relationship and the communication."* (Jane, parent)

For foster carers, consistency was described not just as helpful, but as a protective factor for children's emotional wellbeing. Maureen illustrated this vividly:

> *"You can see it straight away. The children who have had the same social worker for years, they're more secure, more trusting. They know who to go to, and they don't panic every time the phone rings."* (Maureen, foster carer)

She told a story of a young girl in her care who had finally built a trusting relationship after several changes:

> *"She used to say, 'I don't want to get attached because they'll leave.' Then, after two years with the same worker, she said, 'She's not going anywhere, is she?' You could just see her shoulders drop, that relief."* (Maureen, foster carer)

Michael, another foster carer, also spoke of how consistency helped children build confidence:

> *"Once they see the same face again and again, they start believing things might actually change. The worker becomes a constant and that's something most of them have never had."* (Michael, foster carer)

Even Aoife, who worked in a support role for carers, linked consistency directly to improved outcomes:

> *"When the same person is there, the kids are calmer, the carers are less stressed, and problems get picked up earlier. Everyone benefits."* (Aoife, Action for Children, foster carer)

As seen so far, stability functions as a protective factor for both emotional, relational, and practical purposes. Consistent social workers are remembered not just for what they did, but for the continuity of presence they offered. When relationships endure, young people disclose more, parents engage more, and carers feel supported rather than abandoned. In contrast, frequent turnover keeps everyone in a permanent state of alert and hypervigilance, always bracing for the next loss or delay. The accounts here show that stability is not a luxury or "*added value*"; it is the foundation of safe, effective, relationship-based practice. Emer showed why long-term

engagement matters and articulates what consistency affords such as connection, voice, and belonging:

> *"You're working with young people that have had a hard time and they need somebody that's going to be with them for quite a while. They need connection because if they don't have a voice… or support… they're going to feel really lonely."* (Emer, care leaver)

Sub-theme 1.3: Practical consequences of inconsistency

While emotional disruption was one of the clearest effects of turnover, participants also described a wide range of practical consequences that stemmed directly from constant worker changes. Missed appointments, lost paperwork, delayed payments, and stalled decisions were recurring problems that undermined trust and left families, carers, and young people to manage alone. Across all interviews, turnover was described as a barrier to timely, coordinated, and accountable practice. For care leavers, inconsistency often translated into missed visits, gaps in support, and breakdowns in essential communication. Megan described how changes in workers repeatedly disrupted her contact with her mother:

> *"I remember one time I was at the bus stop… I was supposed to meet my mum, but there was a different woman standing with her. Nobody told me there was a change. I didn't know who she was, so I just got on the bus and went home."* (Megan, care leaver)

The result was a cancelled visit, an emotional rupture, and more distrust toward professionals. Administrative delays also became part of everyday life. Megan recalled phoning her social worker "*eighty-something times*" without an answer, leaving her without the help she needed:

> *"It took weeks sometimes for things to get sorted because they were passing it on or they'd left and no one told me."* (Megan, care leaver)

Even as an adult, she continued to experience the fallout of missing information and weak handovers. Mel had similar frustrations when social workers changed. She recalled "*gaps of years*" where she could not even remember who her worker was:

> *"There's like a gap of a few years where I couldn't tell you who it was. I wasn't seeing anyone, really."* (Mel, care leaver)

This lack of consistent oversight meant that small issues went unnoticed until they grew into crises. Mason also described long delays in responses, which he saw as signs of disorganisation:

> *"They're always late, can't pick up your phone, take three days to get back. It's like they forget about you."* (Mason, care leaver)

When his Personal Advisor took over, the same pattern continued:

> *"He's a dose... just doesn't listen. You tell him something and nothing happens."* (Mason, care leaver)

Shane's understated remark captures how abrupt changes in social workers break consistency and erode predictability for young people in care. Like Megan's experience of learning about worker changes without notice, Shane's words illustrate the shock of unexpected turnover and the emotional flatness that follows:

> *"It kind of came out of the blue, so then I was given the student social worker, but it was quite disappointing."* (Shane, care leaver)

Donal highlights how communication around changes can range from respectful and planned to careless and abrupt. The text message example echoes Megan's frustration at unannounced handovers:

> *"Some of them, like the social worker would tell you, they would be quite nice about it… and then one of my other social workers just texted me one day and said that he was away and goodbye… I was like, I didn't even know I was getting a new social worker."* (Donal, care leaver)

These experiences show how inconsistent staffing breaks the link between young people and the basic systems meant to support them. Appointments, assessments, and even contact visits were lost in the shuffle, reinforcing a message that help was unreliable. Parents also described a direct link between turnover and delays in decision-making, reviews, and family contact. Maria explained how each new social worker brought a new interpretation of her case:

> *"Every time a new one came in, it was like we were starting again. They didn't know what had already been agreed, and it always set things back. One would say, 'We'll look at increasing contact,' then they'd leave, and it was forgotten."* (Maria, parent)

For Jill, the impact was the same:

> *"We were supposed to move to unsupervised contact, everything was agreed. Then the social worker left. At the next review, the new one said she didn't know anything about it. So that was months wasted."* (Jill, parent)

Parents described feeling as though progress depended on luck whether a worker stayed long enough to see through an action plan. Inconsistent staffing undermined their sense of fairness and created cycles of waiting, explaining, and revoicing the same conversations. For foster carers, turnover created both administrative chaos and emotional pressure. Maureen recounted how frequent changes led to confusion over paperwork, missed reviews, and lost records:

> *"We had one young person who hadn't had a review meeting in over two years. When I rang, they said, 'Do you know how many young people we have and how many social workers we have?' It's like things just get dropped."* (Maureen, foster carer)

She described trying to track down missing assessments and payments herself because there was no continuity between workers. Michael added that communication failures often meant essential supports were delayed:

> *"If you don't chase it, it doesn't get done. They'll say, 'Oh, that was the last worker's case.' And you're left sitting waiting on money for school clothes or travel."* (Michael, foster carer)

For foster carers, this lack of reliability translated into extra unpaid labour and emotional burden stemming from taking on tasks that should have been handled by the social work team.

The practical fallout of turnover shows how systemic instability creates daily disruptions that ripple through every aspect of care. Missed visits, stalled decisions, lost records, and unreturned calls become symbols of a fractured system where no one holds the thread of continuity. Young people lose access to consistent support at critical points; parents face repeated delays in family reunification; foster carers pick up statutory duties without formal recognition or support. These are not isolated incidents; they are predictable outcomes of a workforce structure that lacks stability and sustained communication. The accounts show that turnover damages the functioning infrastructure of social work, turning what should be routine processes such as assessments, contact arrangements, or support payments, into sources of stress and confusion. In the words of Michael, a foster carer, "*If you don't keep chasing, it disappears.*"

Summary of Theme 1

Consistency was described across all interviews as the foundation of trust, progress, and emotional safety. Care leavers, parents, and foster carers each linked stable relationships with better communication, smoother planning, and a stronger sense of being supported. When workers stayed, young people felt secure enough to open up, parents could see plans through, and carers

had clear points of contact. But when turnover was high, trust collapsed, and important decisions stalled. Care leavers spoke of having to "*start all over again*" and retell painful histories; parents described delays and confusion every time a worker left; foster carers found themselves chasing missing information and paperwork. Across the system, consistency was seen as the difference between progress and paralysis, the constant thread that holds care relationships together.

Theme 2: Access and Fairness

The theme of Access and Fairness reflects how workforce instability leads to inconsistent and unpredictable access to support, resources, and opportunities. Participants described a system where outcomes often hinged on individual persistence rather than clear or consistent processes. Turnover amplified these disparities as each new social worker brought different interpretations of policy and priorities, meaning that fairness depended less on entitlement and more on who happened to be in post at the time. These inconsistencies deepened frustration and mistrust, leaving many feeling the system operated on chance rather than principle.

Sub-theme 2.1: Unequal access to resources and support

Across interviews, participants described a pattern of unpredictable and unequal access to basic resources, opportunities, and practical help. Support that should have been routine such as clothing for interviews, travel costs, or help with essential household items often depended on which social worker was involved, how long they stayed, or how assertive the young person or family could be. This lack of consistency created frustration and resentment, particularly among those who felt they were treated differently to others in similar circumstances. For young people, the unfairness was stark. Megan, a care leaver, said that support often seemed random, dependent on the attitude or effort of the individual social worker:

> *"Sometimes I'd ask for something and be told no, and then I'd see somebody else get the exact same thing. It didn't make sense… it just depended on who your social worker was."* (Megan, care leaver)

This sense of unpredictability undermined trust in the system and reinforced the feeling that being in care meant having to fight for things others took for granted. Mason, another care leaver, summed it up simply:

> *"You get good social workers and you get lazy ones. If they care, you feel it… if they don't, you know it. It's pure luck who you get."* (Mason, care leaver)

Foster carers echoed these frustrations, describing the impact of turnover and inconsistency on young people's day-to-day lives. One foster carer explained that staff changes often led to uneven decisions about essential items:

> *"You're constantly asking why this one got it and that one didn't. You can't explain it to the young people because you don't understand it yourself. They live together, so of course they notice."* (Maureen, foster carer)

The consequences affected wellbeing and relationships. Carers described trying to maintain stability when young people felt let down or humiliated. Maureen, a carer supporting several young people, said:

> *"You're trying to hold the young person together when they feel let down. You can't explain it yourself, because there's no reason other than someone new has taken over the case and sees it differently."* (Maureen, foster carer)

Parents experienced similar disparities. Maria, who had been receiving ongoing parenting support, described how it was abruptly withdrawn after a change in worker:

> *"The new one just said, 'You're managing fine,' and that was that. But it was helping. It felt like the rules changed depending on who you got."* (Maria, parent)

This inconsistency was not only about material help but also about access to opportunities such as referrals for therapy, support for contact visits, or practical guidance. Participants across roles used phrases like "*pot luck*," "*depends who you get*," and "*hit and miss*" to describe how decisions were made. The unfairness was often felt most sharply by those who did not push for help. Carers and advocates noted that quieter or compliant young people were more likely to be overlooked, while those who were louder or more assertive got attention. As Maureen put it:

> *"The ones that shout the loudest get the most. It shouldn't be like that, but that's how it is now."* (Maureen, foster carer)

This subtheme reveals how turnover amplifies inequality through inconsistency. Each new worker brought their own interpretation of policies and priorities, meaning the same request might be approved one month and refused the next. The result was a care system experienced as fragmented, unpredictable, and dependent on luck rather than fairness.

Sub-theme 2.3: Delays and Disruptions as Systemic Unfairness

Across interviews, delays and disruptions caused by social worker turnover were described as one of the clearest ways unfairness's is experienced in practice. Participants emphasised that

when workers leave, key tasks such as assessments, reviews, contact arrangements, or transitions are often postponed indefinitely. For families and young people, these delays felt like punishment for something beyond their control. The longer the vacancy or gap, the greater the damage: opportunities were missed, plans went stale, and trust eroded. For Donal, turnover directly blocked his access to family contact:

> *"I had one who said they were going to put in police checks for me to go to my granny's, and then I got a new social worker and he said the last social worker never done it… so it was having to start again, the whole process over again."* (Donal, care leaver)

He went on to link inconsistent decision-making to educational disadvantage:

> *"I was supposed to get taxis to school, and then I got a new social worker and she said no… the bus was like an hour… so I obviously stopped going to school because it was so complicated to get to."* (Donal, care leaver)

For Megan, delays were part of her everyday experience growing up in care. She recalled how basic communication could break down for weeks at a time, with serious emotional consequences:

> *"I think I rang her like 80 something times… she never answered the phone. You just give up after a while. It's like shouting into nothing."* (Megan, care leaver)

When turnover caused missed visits or broken contact arrangements, the sense of injustice deepened. Megan described one moment when a promised meeting with her mother was disrupted because a new worker failed to organise it properly:

> *"I was supposed to meet Mum… and there was a different woman standing with her. I didn't know who she was, so I just got on the bus and went home."* (Megan, care leaver)

Eddie's awareness of systemic unfairness was evident as he moved beyond his personal experience to critique the structural problem of overburdened social workers:

> *"It's too many caseloads for a human being to handle. How can somebody handle 60 caseloads and see a young person or child in a month? It's impossible if you ask me."* (Eddie, care leaver)

Often inconsistent or under-resourced support translated into superficial interventions that failed to meet care leavers' emotional or developmental needs:

> *"They didn't even come and see me or check on how I was… just, 'Do you want to go shopping?' No life skills, no emotional support. It was just, 'Here's money, money, money… money can fix everything.'"* (Eddie, care leaver)

For parents, delays were equally damaging. Maria explained how important decisions about her child's care were repeatedly postponed when her case was unallocated:

> *"We waited months for that meeting. Then they said it couldn't go ahead because there wasn't a social worker on the case. You're just left hanging, and it's your child's life they're talking about."* (Maria, parent)

Such delays were experienced as deeply unfair, particularly when they affected statutory processes. Several participants described review meetings cancelled because of staff shortages. In one case, a foster carer reported:

> *"The young person hadn't had a review meeting in over a year. When I rang to ask about it, they said there wouldn't be one until a new social worker was allocated. So everything was just sitting still, no decisions being made."* (Maureen, foster carer)

Foster carers also described frustrations, in particular when high staff turnover meant decisions about placements, education, or interventions were stalled. Maureen recalled:

> *"You'd be waiting for months for a form to be signed, or for a placement review to happen, and then you're told the worker's left. Meanwhile, you're trying to keep a young person calm who's losing faith in everyone around them."* (Maureen, foster carer)

These interruptions disrupted lives:

> *"It meant that things never really ran completely smoothly. There were always delays and always interruptions."* (John, foster carer)

Mia, a care leaver, spoke of how turnover made even simple transitions harder:

> *"Every time someone left, everything started from scratch again… new worker, new promises. You stop believing anything's going to happen."* (Mia, care leaver)

Participants consistently linked these delays to a broader sense of systemic neglect. Parents, carers, and young people described feeling forgotten, as if their cases were left "*in limbo*" until

the system caught up. What might appear as a short staffing issue to professionals was, for them, a prolonged period of uncertainty and loss.

This subtheme highlights how instability in the workforce creates injustice. When progress depends on staff continuity, turnover becomes a structural source of inequality. The children and families who most need consistency are the ones least able to rely on it.

Summary of Theme 2

Across interviews with care leavers, parents, and foster carers, fairness in access to support emerged as a central concern. Participants described a system where decisions about resources, contact, or support often depended on the availability and discretion of individual workers rather than transparent or consistent standards. Some families received help promptly while others, in similar circumstances, faced delays or refusals without clear explanation. These inconsistencies deepened feelings of inequality and mistrust, particularly when requests for essential items or services were ignored or delayed. For young people like Mason and Megan, access to practical support such as Personal Advisors, financial help, or timely communication was unpredictable, reinforcing the perception that "*the ones who shout the loudest get the most attention.*" Parents such as Maria also described waiting months for assessments or responses, leaving their families unsupported through periods of crisis. Beneath these examples lay a broader sense that turnover and poor communication created structural unfairness: when workers changed, decisions stalled, records were lost, and families had to start again to prove their need. True fairness, participants suggested, depended on continuity, responsiveness, and respect that treated every child and family as deserving of consistent attention and care.

Theme 3: Relationships and Trust

Relationships formed the emotional core of participants' experiences across all groups. Young people, parents, and foster carers repeatedly emphasised that the difference between feeling supported and feeling abandoned depended less on "*the system*" than on who their social worker was and how long they stayed. Turnover fractured trust and required repeated retelling of painful histories which left service users guarded and exhausted. In contrast, long-term and respectful relationships transformed outcomes, built confidence, and helped people accept difficult decisions.

Sub-theme 3.1: Retelling trauma histories

For many, each new social worker meant revisiting the same painful history. Participants described the exhaustion and re-traumatisation that came with retelling their life story to strangers who soon left. Megan recalled how frequent turnover made her reluctant to engage:

> *"It just got to the point where I was so frustrated… I used to just say, you have my file, read it."* (Megan, care leaver)

Having to start again eroded her sense of trust in the process and left her emotionally raw. Mel, another care leaver, expressed similar fatigue, describing how constant changes made it difficult to trust anyone long enough to share her deeper feelings:

> *"I really have to build up a relationship to trust someone… to tell them some of the deeper stuff that I would be thinking or feeling. So to have people leave and new people come in for short periods of time… it's really hard to build that relationship."* (Mel, care leaver)

Parents also spoke of the emotional impact of being forced to revisit traumatic experiences. Maria described having to "*tell her story from scratch*" to a series of different workers, each asking the same questions but never staying long enough to act. This repetition felt invasive and performative rather than supportive. The pattern extended to foster carers, too as John echoed both Megan and Mel's experience of broken trust but from a foster carer's point of view:

> *"The children don't particularly trust them anymore because what they've learned is that this person will come for a short period of time and then they'll go."* (John, foster carer)

Maureen reflected on how children in her care withdrew from new workers because they were tired of repeating distressing histories:

> *"They just don't want to tell it all again. You can see it in their faces when someone new comes round … they're thinking, 'What's the point?'"* (Maureen, foster carer)

Across all groups, turnover created a cycle of emotional labour with little reward. Each retelling reopened old wounds, amplifying feelings of powerlessness and reinforcing mistrust in the system meant to protect them.

Frequent changes of worker forced families and young people to continually revisit painful histories. This process, often without follow-up or visible progress, left many feeling exposed, unheard, and emotionally exhausted. Stability and continuity were essential not just for efficiency but for preserving dignity and psychological safety.

Sub-theme 3.2: Feeling judged versus feeling listened to

The tone of relationships with social workers profoundly shaped whether participants felt respected or marginalised. Young people and parents consistently distinguished between workers who listened and those who judged. Mel explained that she could only open up to professionals who were "*there for the right reasons*":

> *"I felt very much at ease and not judged… she was there for the right reasons and wanted to help people."* (Mel, care leaver)

By contrast, Mason described feeling that some workers were simply "*doing their job and getting out,*" noting that "*you can tell when someone's actually sound or just ticking boxes*." His comment highlights how authenticity and emotional presence were key markers of good practice. Similarly, Emer's words reinforced that argument that relationship-based practice was about consistent, genuine attention to young people's lives:

> *"Even a small interest in what I'm doing in my daily life would make a difference. But they never communicated that."* (Emer, care leaver)

Mirroring what other care leavers had said, Eddie implied that genuine human connection took a back seat to formality:

> *"They'd come out and have these care plan meetings, LAC meetings… they didn't talk to me about my life, my learning plan, or what was happening. Nobody sat me down and explained anything… I didn't like them. I didn't trust them. I didn't feel comfortable telling my deepest, darkest secrets."* (Eddie, care leaver)

Eddie demonstrated here how relational neglect lead to deep distrust in the system. Donal hinted at the emotional and ethical harm caused when social workers misrepresent their involvement, leading to distrust and disillusionment:

> *"It's hard having social workers who don't understand you… I was constantly reaching out for help and she wouldn't respond, and she was going around saying she was supporting me every week, and I hadn't seen her in about a year."* (Donal, care leaver)

For parents, the difference between being judged and being listened to had profound consequences for engagement. Maria spoke of feeling "*looked down on*" and described how some workers "*came in with their minds already made up*." This led to defensiveness and withdrawal.

Yet when she encountered a worker who showed empathy and respect, "*the whole tone of the conversation changed.*" Jane's words demonstrated how parents experience depersonalisation and loss of trust within the professional relationship:

> *"It doesn't make you feel very important. It makes it very clinical. You know you're somebody's job, and that's very impersonal. It's the same for the children… there's no trust there, and they're expected to open up to people they don't know."* (Jane, parent)

Foster carers described how social workers' attitudes could either foster open communication or silence honest discussion. Michael recounted occasions where carers hesitated to share concerns, fearing they would be "*blamed instead of supported*." The distinction between feeling heard and feeling judged captured the relational essence of social work. It wasn't merely about communication but whether the worker's stance signalled respect or suspicion.

Participants drew a clear emotional line between being listened to and being judged. The former fostered openness and collaboration; the latter deepened mistrust and defensiveness. Consistent, respectful relationships were described as the foundation of genuine partnership.

Sub-theme 3.3: Long term relationships change trajectories

When social workers stayed, the difference was transformative. Participants across all groups described long-term relationships as the single greatest predictor of positive outcomes. Megan spoke of one worker who:

> *"… was brilliant… I could have told her anything."* (Megan, care leaver)

That stability, she said, was the last time she felt genuinely supported:

> *"She really made an effort with my family… always visiting, always ringing them. That was probably my last really positive experience with social services."* (Megan, care leaver)

Mel's experience with her 16+ worker, Joe, illustrated how sustained continuity could build deep trust:

> *"I had a really good relationship with her… whenever I would have had like real problems… I know this person, I trust this person. She sat, listened and even offered to drive me home after because she just wanted to make sure I was OK."* (Mel, care leaver)

Eddie's foster carer's belief in him symbolised what social workers should provide such as consistency, advocacy and unconditional support:

> *"She [foster carer] changed my life… she said I was like a second-hand car, just needed a wee push up the road… she took me under her wing… she had my corner, if that makes sense."* (Eddie, care leaver)

Donal, however, voiced how having to repeatedly rebuild relationships with new social workers was difficult:

> *"It was nice having someone I got on with compared to someone I didn't so much, but it was harder when you went from having someone you had a really good relationship with… to start afresh with someone new who mightn't understand you the way the previous one did."* (Donal, care leaver)

For foster carers like Maureen, long-term relationships between children and their social workers helped stabilise placements and improve wellbeing:

> *"You can see the difference when a child actually knows their worker and trusts them. They're calmer, more settled, and they'll tell them things they wouldn't tell anyone else."* (Maureen, foster carer)

Parents too saw the impact of consistency. Aoife recalled that when a worker "*stuck around long enough to really know us,*" her family finally started to make progress.

John suggested a practical solution involving planned overlaps such as joint visits to improve handovers and rebuild trust:

> *"Yeah, even just slight changes like, you know, a grace period where the new social worker would tag along with the current one, just so they built up the relationship."* (John, foster carer)

Stable enduring relationships gave young people and families the confidence to engage, share, and recover from trauma. Where relationships endured, outcomes such as emotional stability, placement continuity, and family reunification, improved.

Summary of Theme 3

Across all interviews, relationships stood out as the emotional anchor of children's services. Turnover fractured this anchor, replacing trust with fatigue and guardedness. Participants described the cycle of repeated storytelling, the pain of being judged rather than understood, and

the relief that came with finally meeting a worker who stayed. The message was consistent: meaningful relationships take time, trust grows through respect, and consistency transforms lives.

Theme 4: Endings, Abandonment, and System Gaps

Across interviews, endings were described as moments of rupture rather than resolution. When social workers left without warning, young people, parents, and foster carers were left with confusion, uncertainty, and emotional pain. Participants consistently said that case endings and worker departures were handled as administrative events rather than relational ones:

> *"I only ever had one handover… both of them met me at the same time and I was involved in it… I liked it but it also made me feel like I was just an object in a sense… like someone's job they were handing over."* (Donal, care leaver)

The lack of preparation and closure undermined trust and reinforced feelings of abandonment. Many explained that when case worker involvement ended abruptly, others in the network, especially carers and family members, were left to fill the gaps. A smaller number spoke about positive examples where workers took time to explain and plan their departure, showing that endings can be managed well when treated as a shared responsibility rather than an afterthought.

Sub-theme 4.1: Abrupt endings and emotional fallout

Many participants experienced sudden changes in social workers or unplanned case closures. These were described as emotionally destabilising, particularly when they occurred without warning or explanation. Megan recalled one of the most distressing experiences of her child-hood when a trusted worker disappeared without notice:

> *"I didn't even know she was leaving. She just wasn't there anymore, and then there was somebody new. That shattered every piece of trust I had with social workers."* (Megan, care leaver)

Mel remembered the same sense of confusion when workers left suddenly, explaining that the absence of communication created lasting unease:

> *"Sometimes it's a little bit harder if you aren't prepared for that and it just kind of happens and you're just left with no sense of closure."* (Mel, care leavers)

Eddie emphasised how systemic processes override relationships causing painful separations:

> *"I had to leave her [foster carer] because another young person was being placed there… she was crying, and I was crying. It was such an emotional thing."* (Eddie, care leaver)

He went on to describe how he was forced to manage his own instability at age 13:

> *"They were all, 'Don't know where to put me'… I'm like, I mean, as a 13-year-old, that's not my responsibility. That's your responsibility."* (Eddie, care leaver)

Eddie's experience of abrupt endings represented the essence of abandonment within the system. Parents described these abrupt endings as emotionally confusing and, at times, humiliating. Maria said:

> *"They were in my life every week, telling me what to do, and then when things calmed down, they just stopped coming. Not even a message to say goodbye."* (Maria, parent)

Foster carers saw the effects of such endings most clearly in children's behaviour. Maureen described how children she cared for became reluctant to trust any new professional:

> *"Some of the wee ones have said to me, 'What's the point in liking them? They'll only leave.' It's heartbreaking, because you can see they've stopped letting themselves care."* (Maureen, foster carer)

Across accounts, unplanned endings caused huge disruptions. They were experienced as personal losses that reopened earlier feelings of rejection and instability. Abrupt endings left lasting emotional damage. Without preparation or closure, children and families were left feeling discarded and distrustful. The withdrawal of a familiar worker, especially without explanation, created feelings of abandonment and deepened the belief that professional relationships are temporary and unreliable.

Sub-theme 4.2: System Gaps and Shifting Responsibility

When relationships with social workers ended suddenly, the work of care and communication did not stop. Instead, responsibility was often pushed onto others, including family members, foster carers, or community organisations. These informal figures became the only consistent point of support when official systems failed to maintain continuity. Megan described how her grandparents were expected to manage the fallout from repeated changes in her social workers:

> *"Sometimes they would've just told my grandparents… they let me know that the next time they come out, it's going to be a different one [social worker]."* (Megan, care leaver)

Her grandparents also became her emotional support system when professional contact broke down:

> *"My granny and granda had to sit through me being really annoyed at that, when in reality it should have been a social worker."* (Megan, care leaver)

Maureen, a foster carer, explained how carers became "*the constant*" when the system could not provide one:

> *"You're the one that's there when they're crying, when another worker leaves, when they don't turn up. We're the ones holding it together."* (Maureen, foster carer)

John described the sense of loss when foster cares experienced social worker turnover:

> *"It's hard when you allow someone into your life, open up to them, then they're off and it's someone else."* (John, foster carer)

Parents also described how turnover led to prolonged uncertainty. Jill remembered a period when her worker left and "*no one seemed to know what was happening next*," leaving her family without updates or decisions for months. This transfer of responsibility blurred professional boundaries and created an invisible layer of unpaid, emotional labour. The system relied on others to maintain a sense of continuity, but at significant cost to those already under strain.

Frequent turnover created practical and emotional gaps that families and carers were left to fill. These gaps placed unfair responsibility on those least equipped to manage professional workloads, weakening trust in the system and exposing its dependence on informal networks to maintain stability.

Sub-theme 4.3: The Need for Planned Closure and Continuity

Although most experiences involved abrupt endings, a few participants described positive examples where workers handled transitions carefully and with respect. These stories demonstrated that endings can be managed in ways that preserve dignity and trust. Mel remembered her first social worker preparing her for a change through age-appropriate explanation and a written note that helped her understand what was happening:

> *"…it was explained to me very clearly… [she] had offered to write out kind of why I was in foster care and asked if that was something I wanted… it was written to my level."* (Mel, care leaver)

This communication helped her make sense of the transition and feel included in the process. Similarly, Michael described a smooth changeover when an outgoing worker personally introduced the new one:

> *"They both came together for the first visit, so there was no awkwardness. The new one knew the background, and the kids didn't feel like they were being passed on."* (Michael, foster carer)

These examples stood out precisely because they were rare. Most participants had not experienced this level of care or continuity. Megan commented:

> *"It's rare someone actually takes the time to do it right."* (Megan, care leaver)

When workers did plan their endings, it gave families a sense of stability and preserved trust, even after the worker left. Planned endings that included clear explanation, introduction of successors, and space for emotional closure helped maintain trust and reduce disruption. Participants saw these as models of good practice that should be standard rather than exceptional.

Summary of Theme 4

Across the interviews, endings were described as defining moments that exposed the fragility of the system. When workers left without warning or closure, young people, parents, and carers experienced this as a form of abandonment that reopened earlier wounds. The absence of planned transitions created practical gaps and emotional strain that others were left to absorb. Yet when departures were managed with openness and care, participants reported feeling respected and secure despite the change. The accounts show that stability is not only about how long a worker stays but also about how they leave. Planned endings, handled with honesty and continuity, can protect relationships even in systems where change is unavoidable.

Theme 5: Records and Communication

Communication and record-keeping were consistently identified as central to how parents, foster carers, and young people judged the quality of their relationship with children's services. Across interviews, participants described missing files, inaccurate information, and confusing

or inconsistent communication. These errors were interpreted as signs of carelessness and disrespect. For many, inaccurate or incomplete records symbolised a system that failed to see them as people with histories and feelings. Parents described deep frustration when key information about their children was lost or misrepresented, while care leavers spoke about the emotional impact of discovering inaccuracies in files that were supposed to tell their life story. Foster carers and parents also reported being left out of important updates or having to pass on information that should have come from social workers. In contrast, participants valued professionals who communicated clearly, checked details, and involved them in discussions.

Sub-theme 5.1: Errors and Inaccuracies in Records

Errors in records and inconsistent documentation were common and damaging. Parents and care leavers described discovering factual mistakes in files that shaped how they were perceived and treated. Ava-Rose, a parent, recalled being shocked by what she read in her own case notes:

> *"When I finally got to see what was written down, I couldn't believe it. Some of it was just wrong. Things that never happened were written like they did, and things that mattered were left out. It makes you feel powerless, like your own life has been written by someone else."* (Ava-Rose, parent)

These errors were not limited to parents. Megan, a care leaver, reflected on how records failed to capture her experiences accurately:

> *"There were things on my file that weren't right… stuff missing that should've been there. It made me feel like they didn't really know me, just what was written down."* (Megan, care leaver)

For foster carers, missing or incorrect information could have practical consequences. Maureen explained that she often had to rely on her own notes to make sense of what was happening for the children she supported:

> *"You could be waiting weeks for an update or a report, and when it comes, bits are missing or wrong. It's not fair on the child, because you're trying to plan around information that isn't even right."* (Maureen, foster carer)

John illustrated how inaccurate information undermines trust and has tangible bureaucratic consequences such as delays with passports:

> *"It turned out that the name they had them registered with in social services was not actually their given name."* (John, foster carer)

Across these accounts, participants linked poor record-keeping with emotional harm and poor decision-making. Mistakes on paper became symbols of a wider lack of attention and accuracy in care. Inaccurate and incomplete records damaged trust and created confusion. Participants saw errors as proof that professionals did not fully understand their lives, reducing confidence in the fairness of decisions made about them.

Sub-theme 5.2: Poor Communication and Exclusion from Decision-Making

Many interviewees described a consistent pattern of being left out of discussions or not being informed about key developments. Parents, foster carers, and care leavers all described feeling excluded from the decision-making processes that affected them. Megan recalled that as a child she was routinely sent out of meetings where plans about her own care were being discussed:

> *"At LAC (looked after children) meetings I was always being sent out of the room… I didn't understand what they were saying, and nobody explained it to me."* (Megan, care leaver)

As she grew older, the same lack of communication persisted:

> *"There was next to no communication most of the time. It would just be a new social worker showing up, or they would have phoned my granny instead of talking to me."* (Megan, care leaver)

Maria, a parent, expressed similar frustration when decisions were made without her knowledge:

> *"They'd have meetings about my children and I wouldn't even know until afterwards. You're left thinking, how can I work with them when they don't even tell me what's going on?"* (Maria, parent)

Foster carers described being used as messengers between social workers and families, a role that often placed them in uncomfortable positions. Maureen explained:

> *"Sometimes you're the one who ends up explaining things because the social worker hasn't been in touch. It shouldn't fall to us to fill in the gaps."* (Maureen, foster carer)

Denise echoed earlier findings from Ava-Rose and Maria, where parents and carers were left chasing updates. Here she demonstrates the systemic side of poor communication such as breakdowns in providing cover, administrative gaps, and delays:

> *"I'd be ringing and texting the Trust social worker only to find out they were absent. Reception didn't know when they'd be back or who was covering. Then you'd just be told you'd be informed in due course about the cover."* (Denise, foster carer)

Emer also showed how even small things like social worker leave or absence may be interpreted as personal rejection:

> *"I really like them to tell me that they're going off. So I don't feel like they're ignoring me."* (Emer, care leaver)

These experiences created a sense of distance between families and professionals. When communication broke down, trust quickly diminished. Exclusion from communication made families, carers, and young people feel invisible in processes that affected them. The lack of direct dialogue and unclear decision-making led to frustration, mistrust, and emotional fatigue.

Sub-theme 5.3: Clear Communication as Respect in Practice

While most interviewees described communication failures, a small number recalled positive experiences where workers made deliberate efforts to communicate clearly and involve them in decisions. These examples showed how transparency and respect could rebuild trust even after negative experiences. Mel described how her first social worker took time to explain her situation in a way that made sense to her as a child:

> *"It was explained to me very clearly… she offered to write out kind of why I was in foster care and asked if that was something I wanted… it was written to my level."* (Mel, care leaver)

This gesture helped her feel informed and safe, rather than confused and ignored. Michael, a foster carer, described similar experiences with social workers who communicated regularly and openly:

> *"When you know what's going on, you can actually help the child properly. The ones who talk to you and explain things make the biggest difference. You don't feel like you're chasing them for updates all the time."* (Michael, foster carer)

Mia, a care leaver, reflected that when social workers took time to check in and clarify information, it made her feel respected:

> *"It doesn't take much to send a text or a call to explain something, but when they do, it makes you feel like you actually matter."* (Mia, care leaver)

Across all groups, clear communication was associated with care. It showed that professionals respected the people they worked with enough to include them fully and to keep them informed. Clear and consistent communication was seen as an expression of respect. When professionals took time to explain, clarify, and involve people in their own situations, it strengthened relationships and restored a sense of dignity.

Sub-theme 5.4: Missing Life Stories

Children and young people need help to make sense of why they came into care and how their lives have unfolded. Narrative or life-story work should create that understanding. Across interviews, people described this work starting and then stalling, being delayed for years, or going missing during staff changes. The result is confusion, gaps in memory, and a heavier emotional load for families and carers to carry. Michael described LAC reviews that feel static and late, with narrative work poorly maintained:

> *"There's no evolving picture… you're trying to get work done for their life story… it took about a year and a half to get somebody to knuckle down… and then the new social worker couldn't find a copy of the life story work. We had to stand here and photocopy it."* (Michael, foster carer)

He linked this to visiting workers arriving without reading core documents:

> *"Before you take on a caseload, would you not take the time to sit down and read it… even for 10 minutes before you come to visit."* (Michael, foster carer)

Maureen described two sisters being flagged for years as needing narrative work, with numerous social worker changes and no planned endings. She also noted periods where children were unallocated, which stalls any continuity:

> *"Every review it's like they need an understanding of their narrative… there has been up on 18 or 19 social workers… somebody will start a little bit of the narrative, but it is not followed through… every time somebody leaves, there's a chunk of knowledge that goes with them."* (Maureen, foster carer)

Ava-Rose contrasted two approaches. The first time, she was asked to disclose trauma to a stranger with pen and paper.

> *"I was literally put into a room with a piece of paper… this complete stranger I've never met in my life before and asked to tell all my childhood traumas… it was horrendous."* (Ava-Rose, parent)

Her second experience shows what good looks like:

> *"She spent months and months just me and her chatting… before we started doing the words and pictures book for my wee girl… we had built up a relationship before we got to that, so I felt comfortable."* (Ava-Rose, parent)

Mia described how creative methods can unlock voice when talking feels too raw:

> *"I done my story for my GCSE art and I've now given that to VOYPIC to show that even if you don't want to speak about it, you can write it down, you can turn it into artwork or journal."* (Mia, care leaver)

She has presented this work to audiences across Northern Ireland to encourage other young people to find their own way to be heard.

When narrative work is incomplete, young people struggle to hold a coherent story about themselves. It undermines trust, delays healing, and weakens participation in plans and reviews. Carers and parents often try to plug the gap, but they do so without the authority, time, or access to records that allocated workers hold.

Summary of Theme 5

Record-keeping and communication practices were described as the backbone of trust in social work relationships. Inaccurate files, incomplete updates, and poor communication damaged that trust and created frustration among those relying on the system for support. When communication broke down, parents and foster carers were left to bridge the gaps themselves. In contrast, clear explanations, regular updates, and accurate documentation were experienced as acts of care and respect. A related concern involved the loss of narrative or life-story work for children in care. Participants described how this work was started and abandoned each time a worker left, leaving young people without a clear account of their own past. Carers spoke of searching for missing files or trying to reconstruct timelines so children could understand their histories. For some, this absence had deep emotional effects, weakening identity and continuity. Others described the small number of cases where consistent workers made it possible to complete life-story work safely, showing what good practice could look like.

Across interviews, participants emphasised that communication and record-keeping are not administrative extras but relational acts. They shape how children, parents, and carers experience being seen, heard, and remembered. Where records are accurate, life stories maintained, and communication open, trust can grow. Where they are fragmented or lost, trust and connection quickly erode.

Theme 6: Safety and Thresholds

Participants across interviews expressed concern that social worker turnover and chronic staff shortages were affecting safety and risk management within children's services. Parents, foster carers, and young people all described situations where concerns went unaddressed, reviews were delayed, or thresholds for intervention appeared to rise because of limited staffing. Many felt that the system had become reactive rather than preventative, intervening only when situations reached crisis point. Parents feared that mistakes caused by lack of oversight could place children at risk, while foster carers worried that turnover disrupted safety planning and consistency of care. Care leavers reflected that instability among social workers made it harder for young people in crisis to get help quickly. One care leaver showed how instability, neglect, and high thresholds can expose children to harm even within care settings meant to protect them:

> *"I was bullied and beaten up in residential care and by my account no action taken… I wrote to senior members of the Trust but without any recourse."* (Eddie, care leaver)

Across the interviews, there was a shared sense that instability in the workforce directly translated into instability in protection and support.

Sub-theme 6.1: Rising Thresholds and Delayed Responses

Parents and carers expressed frustration that children's services seemed to be operating under increasingly high thresholds for action. Many linked this to a shortage of social workers and to frequent changes in staff. As Maria explained, support was often only provided once problems escalated to crisis point:

> *"You can be asking for help for months and nobody comes near you, but once things go bad, they're at your door. It shouldn't take things getting that far for someone to pay attention."* (Maria, parent)

Ava-Rose, another parent, voiced similar concerns. She described how delayed responses made families feel abandoned and unsafe:

> *"When you reach out for help and they don't come, it feels like they're waiting for something to go wrong before they do anything. I was trying to get support for my son, but they said they were too short-staffed. By the time they came out, things had already got worse."* (Ava-Rose, parent)

Foster carers also saw the pattern of delay as evidence that thresholds for intervention had risen. Maureen reflected on how this affected the young people she supported:

> *"There's definitely a higher bar now before they'll step in. You're flagging things early and getting told to hold on, but by the time it's serious, it's harder to fix."* (Maureen, foster carer)

Denise showed how procedural barriers caused by absences may restrict normal childhood experiences and diminish the safety and wellbeing of children:

> *"I spent most of Monday on the phone with various different people trying to get permission to take them go-karting, and that's not normal life."* (Denise, foster carer)

Participants felt that social worker shortages and turnover had raised the threshold for intervention. They described a system where help was often unavailable until problems reached crisis, creating unnecessary risk for children and families.

Sub-theme 6.2: Safety Compromised by Instability and Missed Oversight

Both parents and foster carers described how turnover and inconsistent staffing led to missed visits, delayed assessments, and weak oversight of children's safety. Regular contact was seen as essential for safeguarding, but many participants said this had become irregular or inconsistent. Michael, a foster carer, explained how this inconsistency made him uneasy:

> *"Sometimes you wouldn't see a social worker for months. You're meant to have checks and updates, but they just don't happen when someone's left or the team's short. It's worrying because things can change fast with these young people."* (Michael, foster carer)

Maureen described how worker instability led to confusion and duplication in safeguarding plans:

> *"One worker would say one thing, then the next one would come in and not know what was agreed before. You'd be repeating yourself over and over, trying to make sure nothing gets missed."* (Maureen, foster carer)

Parents also linked instability with risk. Ava-Rose recalled a time when her family's safety concerns were overlooked because staff turnover disrupted follow-up:

> *"We had a new worker who didn't even know what had happened before. Things that were serious just got dropped, and I was left trying to explain it all again. You start to lose faith that anyone's actually keeping track."* (Ava-Rose, parent)

Missed visits, weak handovers, and staff shortages undermined families' confidence in the system's ability to safeguard children. Participants believed that instability in the workforce compromised oversight and placed children at risk.

Sub-theme 6.3: The Emotional Impact of Uncertainty and Risk

For many participants, the instability surrounding safety decisions created ongoing anxiety. Parents and carers described living in constant uncertainty, unsure who was responsible for managing risk or when help would arrive. Maria explained how the lack of clarity left her feeling constantly on edge:

> *"You're sitting waiting on a call or a visit that never comes, and you start to panic. You don't know what's happening or who's in charge anymore."* (Maria, parent)

Mel, reflecting as a care leaver, described how this uncertainty affected young people's sense of safety and self-worth:

> *"You start thinking, if they can't even keep track of who's working with me, how are they going to keep me safe? It makes you feel like you don't matter."* (Mel, care leaver)

Foster carers also expressed the emotional strain of being left to manage difficult situations without reliable backup. Michael noted that this uncertainty often extended beyond immediate safety to the emotional wellbeing of young people:

> *"When you're waiting on someone to come and support a young person in crisis, and nobody shows up, you're trying to hold it all together yourself. It's draining. You just keep thinking, what if something happens?"* (Michael, foster carer)

John suggested frequent staff changes interrupt key developmental process, leaving psychological needs unmet:

> *"Like story work done, it never, ever completed over the whole time they were in care. That was because there were so frequent changes that it just never happened."*
> (John, foster carer)

Uncertainty about safety and risk management left parents, carers, and care leavers anxious and unsupported. The emotional strain of waiting for help, combined with inconsistent oversight and missed opportunities reinforced the sense that the system was fragile and unreliable.

Summary of Theme 6

The accounts from parents, foster carers, and care leavers revealed deep concern about how workforce instability undermines safety and risk management in children's services. Rising thresholds, missed visits, and incomplete follow-ups created situations where families felt abandoned and young people felt unsafe. For professionals still in post, these gaps generated pressure and fatigue, while for families and carers they eroded trust in the system's ability to protect. The interviews show that safety depends on the stability of relationships and the reliability of communication. Without continuity and oversight, both physical and emotional safety are compromised.

Synthesis Summary

Interviews with care leavers, parents, and foster carers revealed a consistent picture of how workforce instability in children's social care affects safety, relationships, and trust. Across groups, people described turnover as a destabilising force that fractured relationships, delayed support, and created gaps in communication. The analysis was structured using the CARERS framework: (see Figure 1) Consistency, Access and Fairness, Relationships and Trust, Endings and System Gaps, Records and Communication, and Safety and Thresholds. Together, these themes show how professional instability disrupts the very conditions that make care safe and effective.

A recurring concern across interviews was the loss or interruption of life-story work. Children's narratives were often left incomplete as workers changed, files were misplaced, or processes stalled. Foster carers described years of reviews highlighting the need for this work, yet few saw it followed through. For care leavers, missing or inaccurate records left gaps in understanding their own histories, weakening their sense of identity and belonging. Where continuity existed, life-story work became a stabilising force, helping children to make sense

of their experiences and build trust in adults. The absence of this continuity, however, symbolised the wider failure of the system to remember and represent the lives of those it serves.

Figure 1: The CARERS Framework

Focus Group Synthesis

Theme 1: Consistency

Across the three focus groups (VOYPIC, PASNet, & Praxis), participants emphasised that stability in social work relationships is the single most critical factor in promoting trust, safety, and positive outcomes for children, parents, and carers. Consistency provides the foundation for communication, emotional security, and continuity in care planning. By contrast, high turnover or prolonged unallocated periods lead to confusion, disengagement, and emotional harm.

Sub-theme 1.1: The revolving door - harm from constant change

Participants repeatedly described a *"revolving door"* of social workers, where families and young people were forced to reintroduce themselves and retell painful histories each time a new worker arrived. This pattern eroded trust, created instability, and left children feeling abandoned.

From the PASNet parents' group, Fiona described how her children had experienced an exhausting cycle of change:

> *"One minute you've got a social worker, the next minute you're phoning… and that social worker is gone. Then you're waiting on another one. You have to start the whole thing again and explain your whole story again and over and over, which retraumatises you every time."* (Fiona, PASNet)

Susan added that the constant turnover made families feel invisible:

> *"It's like talking about the same situation but with different faces and no other solution. Social workers come in with a fresh pair of eyes, but they're not actually looking at the whole case."* (Susan, PASNet)

From VOYPIC, Anna recalled a young person with autism who had lost all interest in engaging because of repeated turnover:

> *"A young person I was working with had eight social workers in a short time. He said, 'I don't want to speak to the new one' because he'd have to go through everything all over again."* (Anna, VOYPIC)

This pattern led not only to disengagement but also to long-term mistrust. Jim summarised the emotional cost:

> *"He's just had so many people through the door. He doesn't believe anyone's going to stay now."* (Jim, VOYPIC)

In Praxis, staff observed similar patterns among care leavers transitioning to adulthood:

> *"She came to that meeting and informed him she was leaving. He's only 19. She said, 'I don't think you'll get anybody else.' He's learned not to expect anything from them because they've been so inconsistent."* (Amanda, Praxis)

This inconsistency created not just frustration but lasting emotional detachment. Young people came to see social workers as transient figures, rather than trusted supports.

Sub-theme 1.2: The difference consistency makes

All three groups highlighted that when continuity is achieved, outcomes are markedly better. Parents, advocates, and staff described how long-term social workers were able to build trust, understand families' histories, and provide emotional and practical stability.

Fiona spoke with affection about one worker who stayed long-term:

> *"We got a social worker and she was with us long term and our case got closed. She was absolutely amazing. I call her a godsend. My wanes still to this day ask about her."* (Fiona, PASNet)

Sally described a worker who chose to remain on her case even after promotion:

> *"Even though she had moved jobs, she kept my case on. She said she wasn't having anybody else going into that court to try and tell my story."* (Sally, PASNet)

At VOYPIC, Cathy described how continuity directly improved wellbeing:

> *"Young people that are more settled, where things are going well, it's because they've built that relationship with their social worker. When things take a turn, it doesn't go rock bottom because there's someone there to support them."* (Cathy, VOYPIC)

Tia described a young woman whose consistent social worker not only contributed to improving her health and education but also helped reunite her with her mother:

> *"Her social worker built up a good relationship with her and her mum. Now they're working towards her moving back home. You can see the difference… her grades, her health, everything improved."* (Tia, VOYPIC)

From Praxis, Amanda gave a similar example:

> *"We've had one young woman who had the same social worker from when she joined 16-plus. Even when that social worker became a manager, she kept her on her caseload. You could see the difference… her flat was always sorted, she always got what she needed."* (Amanda, Praxis)

These accounts show that consistency does far more than ensure smoother case management; it builds trust, strengthens identity, and leads to measurable progress in young people's lives.

Sub-theme 1.3: Team stability as a stabilising force

In settings where individual continuity was impossible, staff described how team-level consistency, shared practice values, clear boundaries, and transparent communication, could provide a stabilising structure.

From Praxis, Amanda explained:

> *"It doesn't have to be the same team members all the time. The consistency is there in our approach… in how we support them and what they can expect from us."* (Amanda, Praxis)

Aidan added that open communication helped the team maintain stability even through internal turnover:

> *"They're super quick at picking up whenever something is inconsistent, and they'll always highlight it straight away. That way resentment doesn't build, and everybody knows what's going on."* (Aidan, Praxis)

Cathy from VOYPIC similarly described the protective value of having at least one constant contact or key person who *"knows the young person's story"* even when social workers change:

> *"When they've got that consistent relationship, it just doesn't go to rock bottom… they can hold the young person until things stabilise."* (Cathy, VOYPIC)

Across all groups, this *"team consistency"* was seen as a practical coping mechanism in the face of unavoidable staff movement, a way to preserve trust and predictability even when individuals change.

Summary

For child, parent, and carer advocates, consistency emerged as the linchpin of effective social work. Where it is absent, families are retraumatised, young people disengage, and professionals lose credibility. Where it exists, the outcomes are transformative. Continuity allows social workers to become trusted adults rather than interchangeable officials, people who understand the service recipients' history, follow through on commitments, and provide the stability that systems promise but rarely deliver.

As Aidan from Praxis summarised:

> *"Consistency is probably one of the biggest things young people need because it's the one thing they've never had. The social workers should probably be the one consistent thing in their life."* (Aidan, Praxis)

Theme 2: Access and Fairness

Young people and families encounter an *"entitlement lottery."* What they receive (money, essentials, visits, assessments, reviews) often depends on who picks up the phone, which team is on duty, or whether a worker has recently left. Turnover amplifies inequities, raises thresholds, disrupts statutory processes, and produces avoidable hardship. Where access is consistent and fair, progress is visible; where it isn't, trust and engagement fall away.

Sub-theme 2.1: Inconsistent decisions and unequal access

Across services, people described wildly different outcomes for similar needs. Staff and parents called this out as confusing and unfair, especially when decisions changed with each new or duty social worker.

From Praxis Amanda explained:

> *"Sometimes when a young person asks me for something, I'd be going, surely aye… because somebody else would have got it. Then I'm coming back and being told no, and I have to tell that young person."* (Amanda, Praxis)

Aidan added how unequal access creates division among young people:

> *"One young person might ask for clothes for an interview, and they'll get it. Then another young person doesn't. It creates resentment between the young people because they live together."* (Aidan, Praxis)

From PASNet Susan noted:

> *"They don't notify you… you're told another social worker's coming. Then it's a new plan again, and nothing actually gets done."* (Susan, PASNet)

Alice from VOYPIC explained how transition to a different team meant a drastic decrease in the level of care provided:

> *"A young person's adoptive placement broke down… post-adoption went above and beyond. When they moved to 16-plus, the support was drastically less… then within two months their social worker left."* (Alice, VOYPIC)

Participants described how statutory processes were breaking down under the weight of turnover and vacancies. Review meetings were cancelled or delayed indefinitely. Cathy shared one striking case:

> *"The young person hadn't had a review meeting in over two years… I got told there won't be a review meeting because they don't have a social worker."* (Cathy, VOYPIC)

In such cases, young people were effectively "*stuck*," unable to progress their care plans or access supports they were entitled to. This variability in service recipient experience turns rights into requests. Young people compare outcomes and conclude the system is arbitrary or random which undermines social worker legitimacy and service recipient cooperation.

Sub-theme 2.2: Rising thresholds

Participants across groups described thresholds creeping up because of vacancies and churn, with risks minimised and referrals bounced back.

Jim from VOYPIC explains that when the service is overwhelmed by social worker turnover or vacancies, thresholds rise, causing missed opportunities for intervention:

> *"We worked with a young person who disclosed domestic violence… kids were involved. Social services were like, 'No, it's fine', when we clearly knew it needed more. They didn't have the staff… the threshold is getting higher and higher."* (Jim, VOYPIC)

Anna added how social workers were placing risk on to the shoulders of foster carers:

> *"A young person had spoken about suicidal thoughts… the social worker phoned him and said, 'He says he hasn't got that anymore' to the foster carer: 'Can you check every 15 minutes?' Nobody even came out."* (Anna, VOYPIC)

From PASNet Susan explains:

> *"The judge said, 'This woman's been crying out for help. You've promised all these things over the years and nothing's been delivered.'"* (Susan, PASNet)

This subtheme suggests that the outcome of higher thresholds for assessment often means late or no intervention, displaced risk (onto carers, police, hospitals), and avoidable harm.

Sub-theme 2.3: Advocates/staff step in to secure basics

Practical essentials were often delayed or refused, especially during handovers or unallocated periods. These are relatively small costs with big consequences for participation in school, work, and safety checks. Participants from Praxis stated:

> *"They'll provide a basic phone for welfare checks… but won't fix the smartphone that lets them book appointments or email tutors."* (Team discussion, Praxis)

Amanda from Praxis explained how one young person was desperately seeking assistance for a job interview but was turned away:

> *"He had no clothes for an interview… one pair of trainers with a hole in them. We rang the team; they turned him down. If it was my child, the first thing I'd do is kit them out."* (Amanda, Praxis)

Jim from VOYPIC noted the inflexibility of some social work teams left young people in precarious conditions:

> *"I've had a young person who hasn't had any money for three weeks… they said, 'We can give you food vouchers', but that's not going to cover everything."* (Jim, VOYPIC)

A parent from PASNet recalls how promises were made then broken and how her children never forgot the disappointment:

> *"They promised to take them to McDonald's… all these years later, they're still mentioning it."* (Fiona, PASNet)

Wayne from Praxis highlighted how young people who are doing well often do not get the attention they need and are left feeling somewhat abandoned:

> *"He doesn't cause any bother. He seems to be overlooked… when he does want something to improve his life and doesn't get it, it's a kick in the teeth."* (Wayne - Praxis)

Alice explains how she steps in to ensure young people in her care have their needs met especially when they do not have an allocated social worker:

> *"If there is nobody allocated and nobody's doing it, I'll just do it… housing, benefits… even though it's not my role."* (Alice, VOYPIC)

Missed basics compound the feeling of disadvantage and send a message that young people are not a priority. This may be especially painful for those "*doing well*." Getting timely, fair and

consistent access to basic support (money, clothes, phones, transport, respite), without feeling like support is a lottery is fundamentally fairer than what is perceived by young people and advocates alike to be a lottery.

Sub-theme 2.4: Missed reviews, lost assessments, and poor records

Turnover disrupts statutory duties, especially reviews and assessments. Knowledge disappears with each departure, and poor documentation multiplies the damage.

Cathy from VOYPIC explains how the rights of young people were being affected by lapsed review meetings and disengaged social workers:

> *"The young person hadn't had a review meeting in over two years… The response was, 'Do you know how many young people we have?' Children's rights are being affected."* (Cathy, VOYPIC)

Anna added how turnover negatively impacts upon transitions due to incomplete record keeping:

> *"Everything had been agreed …calls moving to supervised visits. Then the social worker left. At the next review, the senior said, 'I didn't know anything about this.' Everything stalled."* (Anna, VOYPIC)

Sally from PASNet offered her experience as an example of how poor record keeping caused undue concern and delays for her and her child:

> *"Because of all this misinformation, I was put on supervised visits for six weeks until we got back in front of the judge and the correct information given."* (Sally, PASNet)

When reviews are missed or plans evaporate or records contain misinformation, progress stalls and in some cases, devolves . For families, this feels like starting from zero again and again.

Sub-theme 2.5: Abrupt endings

Focus group participants described how services were sometimes withdrawn without preparation, leaving children suddenly cut off. Fiona from PASNet recalled her children thriving in Extern support, only for it to end abruptly:

> *"They were doing amazing and then all of a sudden case closed. No Extern anymore… there was no weaning them out or anything like that."* (Fiona, PASNet)

Amanda recollected how one social worker left and suggested to her client that it was unlikely that she would get another worker as she was too old:

> *"She told him at the meeting she was leaving and wouldn't be back. He's only 19 due support until 21 and she said, 'I don't think you'll get anybody else.' He's learned not to expect anything from them."* (Amanda, Praxis)

Such experiences left young people unsettled and resentful, reinforcing their reluctance to work with social services in future. Sudden withdrawal communicates to young people that relationships and progress are temporary, reinforcing abandonment narratives which they may hold.

Sub-theme 2.6: When access is fair and consistent, outcomes improve

Focus group participants also offered counter examples where social workers and teams made access predictable, timely, and human. Sally, a parent form PASNet explains:

> *"Even though she [social worker] moved jobs, she kept my case… she wasn't having anybody else going into that court to tell my story."* (Sally, PASNet)

Cathy suggests that consistency of relationships may lead to improved service recipient resilience:

> *"Because they've built that relationship, when things take a turn, it doesn't go rock bottom."* (Cathy, VOYPIC)

Tia concurs and goes on to recall how consistent relationships with the case worker benefits the service recipient in remarkable ways:

> *"Her social worker built trust with her and her mum… now working towards her moving back home… grades and health improved."* (Tia, VOYPIC)

Amanda voiced similar benefits stemming from consistency of relationships for one of her clients:

> *"Even when that social worker became a manager, she kept her on her caseload… you could see the difference… her house was sorted, she got what she needed."* (Amanda, Praxis)

Across all focus groups, fair, predictable access to social workers signalled care and restored confidence in the service with the service recipient. It also saved time later by preventing crises.

Sub-theme 2.7: Advocacy staff caught in the middle

Where access is inconsistent, residential and advocacy staff "*mop up*": explaining decisions they didn't make, cushioning disappointment, and covering gaps. This left staff describing themselves as being "*caught in the middle*" (Aidan, Praxis), trying to support young people, explain decisions they did not always understand, and mitigate the effects of turnover and inconsistency in the wider system. They reflected that young people who were "*trying to do well*" (Amanda, Praxis) often received the least reinforcement, with one worker observing:

> "*That's the ones that I feel sorry for the most"* (Amanda, Praxis).

The cumulative effect of turnover, poor communication, and inconsistent provision was seen as reinforcing young people's sense of abandonment, as one young woman expressed to Praxis on leaving care:

> *"The only people in this room are people paid to work with me. I don't have anybody else."* (Wayne, Praxis)

Aidan explains when access is denied, system communication becomes monosyllabic and left to advocacy staff to fill in the blanks:

> *"From our point of view, I don't really know why you didn't get it. A lot of it is lack of communication on their part, they just say yes or no."* (Aidan, Praxis)

Amanda confesses that when her client's access to basics is met, she feels indebted and obliged, even though it is the social worker's job to see that service recipients' basic needs are met:

> *"I said we're so appreciative for everything provided. She said, 'You shouldn't have to be appreciative, they're corporate parents.' But I feel like I have to be overgrateful for every wee dreg because it's so hard to get sometimes."* (Amanda, Praxis)

Alice suggests in the absence of an allocated social worker, she would take on the role and see to it that her client was not left in the lurch:

> *"If there is nobody allocated and nobody's doing it, I'll just do it… housing, benefits… even though it's not my role."* (Alice, VOYPIC)

These interventions keep young people afloat but strains non-statutory staff and blurs roles. This is a sign the system is leaning on goodwill instead of the service structure. This sub-theme shows how staff step into advocacy roles to protect young people from the harshness of systemic inconsistency, but in doing so, they also absorb the frustration and emotional strain generated by turnover.

Sub-theme 2.8: Hidden inequity - quiet young people miss out

The phrase "the squeaky wheel gets the oil" relates to those who complain the loudest or most frequently are usually the ones who are more likely to get their issues resolved compared to those who remain quiet. This may be especially true in circumstances where there is churn and vacancies within the social work workforce. As Wayne describes below:

> *"He doesn't cause any bother. He seems to be overlooked a lot… when he asks for something to improve his life and doesn't get it, it's a kick in the teeth for someone trying to do well."* (Wayne, Praxis)

Amanda voiced similar concerns:

> *"That's who I feel sorry for the most, the ones trying to do well and not getting positive reinforcement."* (Amanda, Praxis)

Inconsistency compounds inequality. Those "*doing well*" risk getting least, which is demoralising and counterproductive. This may lead to negative consequences such as decreased motivation, resentment, and a loss of trust in the service.

Summary

Across all three focus groups, participants described an "*entitlement lottery*" in which access to support depended on who was on duty rather than what young people or families needed. Turnover led to inconsistent decisions, missed reviews, and unequal access to essentials such as phones, clothes, and travel money. Staff and parents expressed frustration at rising thresholds and arbitrary refusals that left some young people struggling while others received help with ease. These inconsistencies created resentment, disengagement, and a loss of trust in the system. Conversely, when access was clear, timely, and reliable, outcomes visibly improved, young people felt valued, parents felt heard, and relationships between professionals and families strengthened. In short, fair access restored confidence; inconsistency eroded it.

Theme 3: Relationships and Trust

Trust takes time, care, and consistency, three things constant turnover and churn undermine. Across all focus groups, participants described how repeated changes of social worker destroy hard-won relationships, force families and young people to relive trauma, and erode any sense

of safety or respect. By contrast, long-term, stable relationships were described as life-changing: they built mutual trust, supported progress, and helped young people accept difficult decisions.

Sub-theme 3.1: Retelling trauma histories

The lack of continuity meant that parents repeatedly had to retell painful personal histories, often retraumatising them in the process. Fiona explained:

> *"You have to start the whole thing again and explain your whole story again and over and over and over again, which retraumatises you every time."* (Fiona, PASNet)

Sally echoed the same experience:

> *"It is really traumatising… constantly retraumatising… And the reason that you're involved with social services to begin with is because of trauma."* (Sally, PASNET)

Susan also made comment on her frustration with having to retell her story to different social workers assigned to her case due to turnover:

> *"Talking about the same situation but with different faces but no other solution… social workers coming in with a fresh pair of eyes and not actually looking at the whole case."* (Susan, PASNet)

Anna reflected on a young person she worked with who had autism and had experienced a merry-go-round of assigned social workers that left the young person disengaged:

> *"A young person I was working with who has autism and had had eight social workers in a short time… he actually said he didn't want to speak to the new one because he'd have to go through everything all over again."* (Anna, VOYPIC)

Another participant from VOYPIC described a young person who had a dozen assigned social workers in one year:

> *"They've had twelve different social workers in twelve months, so nobody really knows what the issues are for the young person."* (Alice, VOYPIC)

Each retelling forced young people and their families to revisit painful experiences such as separation, loss, or court involvement, with little sense that the next worker understood what had come before. Parents described becoming guarded and less forthcoming over time, while

young people began refusing to engage altogether. The cumulative effect was emotional exhaustion, resignation, and disengagement from support:

> *"He's just had so many people through the door… he's given up on the social workers."* (Anna, VOYPIC)

Retelling trauma becomes symbolic of systemic instability. Each new professional signals that the past investment of trust was wasted. What should be a continuous relationship of care becomes a cycle of disclosure and disappointment.

Sub-theme 3.2: Feeling judged versus feeling listened to

Participants described how the quality of relationships shaped whether families felt respected or scrutinised. Trust grew when social workers listened and understood context; it collapsed when families felt judged or dismissed. As Anna explains:

> *"She wasn't getting the quality of care she did before… she felt she was judged constantly and started keeping things from the social worker."* (Anna, VOYPIC)

Anna continues to explain why young people do not feel free to open up or trust social workers when they believe they are being negatively judged:

> *"They felt they were under scrutiny all the time… keeping things back, not because they wanted to lie but because they felt they'd be judged for it."* (Anna, VOYPIC)

When continuity of relationships exists, there is more trust and acceptance of the social workers' decisions. However, where continuity does not exist, decisions made by the allocated social worker may not be accepted or valued:

> *"If they have that continuity of social worker, they take the news better because they know the worker knows them. If it's someone new saying no, they think, 'You don't even know me.'"* (Anna, VOYPIC)

Sally from PASNet suggests that social workers were often negatively appraised due to their role in removing children from the home and how these appraisals deepen with constant turnover:

> *"They don't like social workers anyway as they see them as someone that took them away from their mammy… and then that person's gone."* (Sally, PASNet)

Susan concurred:

> *"It causes you to lose trust in the system, to be quite honest."* (Susan, PASNet)

These accounts show that young people and parents quickly sense when they are being listened to or written off. Perceived judgement and inconsistent treatment feed mistrust, whereas genuine curiosity and continuity make even difficult conversations tolerable. Moreover, feeling listened to affirms dignity; feeling judged reinforces stigma. Each social worker change risks resetting trust levels to zero, while empathy and respect can hold relationships steady even in adversity.

Sub-theme 3.3: Long term relationships change trajectories

Across the groups, participants spoke of the exhausting cycle of building relationships with social workers only for them to leave, forcing families to begin again with someone new. However, participants also emphasised that when relationships do last, they transform lives. Stability allows social workers to understand context, advocate effectively, and act before crises escalate. Young people respond with trust and openness; parents re-engage with services.

Parents form the PASNet focus group were clear that continuity of social work relationships could make an extraordinary difference. Fiona expounds:

> *"We got a social worker, and she was with us long term and our case got closed. She was absolutely amazing. I call her a godsend. My wanes still to this day ask about her."* (Fiona, PASNet)

Sally explained that she believed her child was returned home because of the commitment of two consistent workers:

> *"I do believe only for their continuous support… that's why my child is home with me today."* (Sally, PASNet)

Parents described these social workers as going above and beyond with one social worker continuing with a case despite moving posts:

> *"She wasn't having anybody else going into that court to try and tell my story.*" (Sally, PASNet)

For these parents, the consistency of support was life changing. Sally summed it up:

> *"I believe only for their continuous support… that's why my child is home with me today."* (Sally, PASNet)

For the parents, these examples demonstrated the transformative power of stable, trusted relationships. Trust built over time gave social workers legitimacy meaning their advice and decisions carried more weight and helped young people believe in their own potential. Long-term relationships are the foundation of effective social work. They provide stability in unstable lives, model reliability, and restore belief that people can be counted on. The presence of these elements fosters engagement and allows young people and families to thrive, while their absence may lead to service disengagement

Summary

Across all focus groups, relationships emerged as the beating heart of effective social work. However, where turnover and vacancies exist, it is these same relationships that become strained and, in some cases, non-existent. Participants described the exhaustion of retelling painful histories each time a new worker was allocated, a process that *"retraumatises you every time"* (Fiona, PASNet) and led some to disengage entirely. Trust collapsed when social workers came and went, or when families felt judged rather than listened to, with young people "*keeping things from the social worker*" because they feared being criticised (Anna, VOYPIC). By contrast, long-term relationships transformed outcomes. Parents credited consistent social workers with keeping their families together:

> *"Only for their continuous support… my child is home with me today."* (Sally, PASNet)

While staff from VOYPIC and Praxis saw stability as the key to young people's progress and emotional health. In summary, consistent relationships fostered safety, honesty, and hope. As one participant put it:

> *"Consistency is probably the one thing they've never had… and the one thing that changes everything."* (Aidan, Praxis)

Whereas turnover replaced these positive feelings with mistrust, repetition, and loss.

Theme 4: Endings, Abandonment, and System Gaps

When social workers leave suddenly or cases are closed without warning, relationships and plans collapse overnight. Across all three focus groups, participants described how abrupt endings leave children, parents, and carers feeling forgotten, unsupported, and distrustful. These

experiences turn service transitions which should be planned and protective into moments of loss and instability.

Sub-theme 4.1: Abrupt endings and emotional fallout

Sudden social worker departures were described as profoundly destabilising. Families and young people were often given little or no notice, while practical and emotional support stopped instantly. Fiona recalled how her children had been thriving in a support programme when services were withdrawn without warning:

> *"They were doing amazing and then all of a sudden case closed. No Extern anymore… there was no weaning them out or anything like that."* (Fiona, PASNet)

She explained that the closure was not gradual or explained, leaving the children confused and hurt. For them, this wasn't just a change in service, it felt like abandonment. The same pattern occurred when social workers left unexpectedly:

> *"One minute you've got a social worker, the next minute you're phoning… and that social worker is gone."* (Fiona, PASNet)

Parents reflected that, while professionals might view this as routine, for children it mirrored earlier losses and abandonment, reinforcing the sense that people can come and go without warning or care.

Advocacy staff described the shock and hurt caused when young people learned that a trusted social worker was leaving with no replacement lined up:

> *"She came to that meeting that day and informed him that she was leaving. She got a job somewhere else and she wouldn't be back. He's only 19… she said, 'I don't think you'll get anybody else.'"* (Amanda, Praxis)

The young man had worked hard to stabilise his life and trust professionals, but after being told he would have no new worker, his progress stalled. Wayne reflected:

> *"He's learned to not expect anything from them because they have been so inconsistent and haven't just been in his life."* (Wayne, Praxis)

Advocates reported the same pattern at a system-wide level where cases were left unallocated for months or years, leading to missed reviews and stalled care planning. Cathy shared:

> *"The young person hadn't had a review meeting in over two years… and when we rang, the response was, 'Do you know how many young people we have and how many social workers we have?'"* (Cathy, VOYPIC)

In these cases, "*endings*" were not communicated at all, young people simply realised no one was following up, and no review or plan was being progressed. Therefore, these abrupt endings break more than continuity, they fracture trust that is slow to build, and they infringe upon the emotional safety of children, parents, and carers. Each unplanned exit reinforces a sense of being disposable. For children and young people already accustomed to instability, turnover becomes another wound, confirming their belief that adults cannot be relied upon and that they themselves are unworthy.

Sub-theme 4.2: Falling through the cracks

When social workers leave without a proper handover, their cases can often spiral. Participants from all groups described these gaps in service as a dangerous vacuum where essential tasks go undone and young people's rights are effectively suspended. Parents and carers recounted long stretches where their child was on the unallocated list:

> *"I would say before he was 18, he had about seven different social workers and maybe about a year of not being allocated. So even that simple thing like having an email or number to contact… it's a huge time saver."* (Sally, PASNet)

During that unallocated period, Sally also suggested that she had no direct contact person for essential decisions such as medical appointments, respite, or behaviour support plans. Parents described how reliance on duty systems often meant explaining their story repeatedly to strangers:

> *"If you get to the duty social worker, you have to say who you are, who's the young person, what you're calling about. They know absolutely nothing… and it's just exhausting."* (Sally, PASNet)

VOYPIC staff described how structural practices, such as the "*traffic light*" system (traffic light system = green, amber, red), effectively left many young people without active case management:

> *"This wee boy was in the green, which means he had no allocated social worker as such… but he was starting secondary school and there was no assessment, or anything done."* (Anna, VOYPIC)

Anna goes on to explain:

> *"Nobody knew whether things like assessments had actually been done… with having the changeover of social workers that many times."* (Anna, VOYPIC)

This lack of oversight left children and young people vulnerable during key transition points such as school transitions, transition to adulthood, or following placement breakdowns when consistent professional involvement was critical to the wellbeing of children and young people in their care. At leaving care stage, staff described young people being left without an allocated social worker even though they were legally entitled to one until age 21:

> *"He's only 19… and she said, 'I don't think you'll get anybody else.'"* (Amanda, Praxis)

Falling through the cracks describes a system where responsibility could vanish overnight. Duty social workers and stop-gap arrangements were no substitute for consistent, accountable support. These gaps not only delayed practical help but deepened emotional detachment from services, something, as noted previously, that advocate groups. Tia from VOYPIC reflected that many young people who were tired of being introduced to "*another random professional*," had begun turning to advocates as though they were their social workers:

> *"They just don't want to speak to another stranger. So they rely on us instead, asking us things that their social workers should be doing. We have to keep reminding them that it's not our job."* (Tia, VOYPIC)

While this helps ensure young people do not fall through the cracks, participants expressed concern that the blurring of roles between advocates and statutory social workers risks normalising an unsustainable system. A system that is increasingly reliant on charities and third-sector staff to absorb the impact of turnover in children's services.

Sub-theme 4.3: Abandonment and learned hopelessness

Over time, repeated endings and service gaps produced a learned expectation that support would disappear. Both advocates and parents described reaching a point where they stopped asking for help, convinced nothing would change. Fiona added that her eldest son's mistrust persisted years later:

> *"My eldest will turn around and tell you… if social services come to the door, the door will be slammed in their face."* (Fiona, PASNet)

Wayne form Praxis reflected that young people internalised this pattern:

> *"He's learned to not expect anything from them because they have been so inconsistent."* (Wayne, Praxis)

Amanda described a care leaver's devastating summary of her experience:

> *"She looked around and said, the only people at my leaving party were paid to be here."* (Amanda, Praxis)

Advocates form VOYPIC reported that unfulfilled promises and unreturned calls were common triggers for young people's disengagement:

> "They turn around and say, 'I'm not talking to them'… they rely on us instead." (Tia, VOYPIC)

Repeated abandonment teaches young people to expect disappointment. When promises and plans are broken without explanation, young peoples' disengagement becomes an act of self-preservation which is a rational response to repeated loss. Across all groups, participants painted a picture of a system that too often ends relationships without closure. Families and young people described abrupt exits, unallocated periods, and silence where there should have been continuity and care. Parents delayed seeking help, children withdrew, and care leavers learned to expect nothing. Even advocates expressed helplessness, caught in a cycle of apologising for a system they cannot control. As Amanda from Praxis reflected:

> *"…the only people at my leaving party were paid to be here."*

That quiet statement, echoed in different ways across groups, captured what is means to children and young people to be constantly cast aside and abandoned. Leaving them alone in times where they desperately need someone to stay.

Summary

Theme 4 highlights how turnover leaves young people feeling abandoned and forgotten, forcing charity staff and advocates to step into roles that should belong to social workers. Across all focus groups, staff described how they became the only consistent figures in young people's lives, handling tasks from housing and benefits to emotional support. As Tia put it:

> *"They just don't want to speak to another stranger… they rely on us instead*,"

revealing how repeated change erodes trust in the system itself. While this informal safety net prevents young people from falling through the cracks, it also exposes deep systemic failure

where overstretched social work teams depend on third-sector workers to provide the stability and care that should be guaranteed by the corporate parent.

Theme 5: Records and Communication

Breakdowns in communication and poor record-keeping were persistent, systemic problems described across all three focus groups. Whether it was parents, or advocacy staff, the message was clear: when workers change, vital information gets lost. This not only creates confusion but also erodes trust and leads to serious practical and emotional harm. Participants described inaccurate files, missed updates, and critical case details that simply disappeared between departing and incoming social workers. The result is a system where families and staff must repeatedly fill in the blanks, and where miscommunication becomes an accepted norm rather than an exception. At the parent level, these administrative failures had devastating effects. Sally from PASNet described a case where a clerical error fundamentally altered her contact arrangements:

> *"There were dates of birth being wrote down wrong… even my child's very name was wrote down wrong."* (Sally, PASNet)

Her situation escalated when inaccurate records led to a damaging court decision:

> *"Because of all this misinformation… I was put on supervised visits for six weeks until we were able to get back in front of the judge."* (Sally, PASNet)

The issue was about accountability and respect, not just paperwork. Parents felt their lives were being managed by a system that did not care enough to keep the facts straight, amplifying feelings of powerlessness and injustice.

At VOYPIC, the consequences of poor communication were equally serious but took different forms. Staff explained how the absence of clear processes during staff leave or sickness left young people entirely in the dark. Fiona described:

> *"There seems to be no kind of process or protocol if a social worker is off sick… young people are oblivious to the fact that they're off."* (Fiona, VOYPIC)

For young people already struggling with feelings of instability, the sudden disappearance of a key worker without explanation was interpreted as personal rejection and abandonment. Similarly, Cathy described statutory reviews being delayed indefinitely because no one knew the status of a case:

> *"The young person hadn't had a review meeting in over two years… and when we rang, it was, 'Do you know how many young people we have and how many social workers we have?'"* (Cathy)

These examples show how poor communication turns bureaucratic gaps into breaches of both trust and children's rights. At Praxis, staff saw how inconsistent or absent communication led to confusion over what young people were entitled to. One worker described how requests for simple essentials were often denied without explanation:

> *"From our point of view, I don't really know why you didn't get it. I think a lot of it's lack of communication on their part. Because they just say yes or no and don't provide explanation."* (Aidan, Praxis)

Another staff member described how the lack of transparency extended beyond practical matters to emotional withdrawal:

> *"Sometimes you just wish they'd tell us what's happening, because we're left to pick up the pieces when the young people are disappointed."* (Amanda, Praxis)

Even when parents and staff acknowledged that social workers were overburdened, they argued that communication breakdowns were avoidable. Susan from PASNet recognised that "*life happens*" but insisted that what mattered most was how cases were handed over:

> *"Life happens for people… but what's most important is when they're actually handing over, it's done right."* (Susan, PASNet)

Fiona echoed this sentiment, calling for joint meetings to maintain continuity:

> *"If there's an action plan put in place… and maybe if possible, the social worker that is leaving could meet along with the new social worker, I think it would flow a lot better."* (Fiona, PASNet)

These comments point toward a simple but often unmet expectation, that of clear, respectful communication when transitions occur.

Across all focus groups, poor record-keeping and communication failures were not minor administrative flaws but core drivers of harm. They fuelled confusion, mistrust, and injustice, leaving families to shoulder the burden of keeping their own cases coherent. As one VOYPIC worker summed up, *"nobody tells them anything"*, and in the silence left by turnover, even the most basic relationships between professionals and service users began to unravel.

Sub-theme 5.1: Missing Life Stories

Advocates in the VOYPIC focus group described how frequent turnover and staff shortages left children without access to their own stories. Narrative or life-story work, designed to help young people understand why they entered care and how their lives have unfolded, was repeatedly delayed or abandoned. Fiona explained that these projects were constantly "*on the line*," yet rarely delivered because there was "*nobody there to actually do it*." The result, she said, was that young people were "*sitting there waiting and not knowing what's going on in their lives.*" This absence of narrative work meant that many children grew up without the clarity or reassurance that comes from having their experiences explained and validated.

The focus group reflected on how this loss was not just an administrative failure but an emotional one. Cathy recounted a young person who had gone over two years without a review meeting because there was no allocated social worker. The lack of continuity meant key decisions were postponed and children were left without a clear sense of who was responsible for their care. Fiona asked, "*Who is making the decisions for these children?"* Her question captured the sense of confusion and injustice caused by constant staff changes and missing records. Participants also described how the presence of a stable, engaged social worker could transform this experience. Tia reflected on a young person who, through a trusting relationship with a consistent worker, gained a much deeper understanding of her own care journey:

> *"They have a far better understanding of why they're in care in the first place because they're trusting what the social worker's telling them and why… a lot more settled because they actually understand that while care isn't ideal, it is better than the situation they were in."* (Tia, VOYPIC)

For these advocates, life-story work was seen as essential to identity and emotional stability. When turnover interrupts this process, young people are left without the means to understand their past or to make sense of decisions made about their lives. When it succeeds, it helps them to integrate their experiences, restore trust, and see themselves as more than the sum of system decisions.

Theme 6: Safety and Thresholds

A deeply troubling thread across all three focus groups was the perception that staff shortages and turnover were raising the bar for what counted as "*serious enough*" to warrant interven-

tion. Practitioners and parents alike described a system where risk was increasingly normalised where children's safety concerns were minimised, delayed, or dismissed altogether because there simply were not enough social workers to respond. Jim from VOYPIC put it bluntly:

> *"We worked with a young person who disclosed information about domestic violence… kids were involved. Social services were like, 'No, it's fine,' when we clearly knew it needed to be investigated more. But just because they didn't have the staff, it wasn't done… the threshold is getting higher and higher. And by the time they step in, the damage and the trauma has already been created."* (Jim, VOYPIC)

For advocacy and supported living staff, these shifting thresholds were not abstract policy issues, they were immediate, daily realities. Children and young people disclosed harm or distress, only to see no visible follow-up. Anna from VOYPIC gave a harrowing example of how professional inaction placed both the child and foster carers in impossible situations:

> *"A young person had spoken about suicidal thoughts. The social worker phoned him and then said, 'Oh no, he says he hasn't got that anymore.' And to the foster carer they said, 'If you can just go up and check on him every 15 minutes.' Nobody even came out to see him."* (Anna, VOYPIC)

This account illustrates how risk was effectively displaced onto carers, advocates, or charity staff, individuals doing their best to safeguard children but without the authority or support that social workers are mandated to provide.

VOYPIC staff expressed alarm that child protection processes such as reviews, assessments, and statutory visits, were being "*pushed down the road*" as overstretched social work teams triaged only the most extreme crises. Cathy from VOYPIC described one case where a young person went two years without a statutory review because "*they don't have a social worker*." For practitioners dedicated to upholding children's rights, this was a moral as well as practical failure: without consistent oversight, young people could not progress, access entitlements, or challenge unsafe conditions.

PASNet parents also shared fears that rising thresholds left children exposed. Susan described how her family's pleas for support were repeatedly dismissed until they reached crisis point:

> *"This judge had literally said this woman's been crying out for help. You've promised all these things over the years and nothing has ever been delivered."* (Susan, PASNet)

Behind such stories was a shared understanding that turnover had not only slowed responses but had fundamentally reshaped what social services considered "*urgent.*" Parents sensed that the threshold for help had climbed so high that families had to "*break*" before support was offered. At Praxis's Foyle Young People service, the consequences of these shifting thresholds were felt in everyday safety decisions. Staff described young people being forced into premature independence or being left without vital welfare checks. Aidan explained that some care leavers were told, effectively, to fend for themselves:

> *"Consistency is probably one of the biggest things that the young people need because it's the one thing they've never had. Some of them have been like 25 to 30 placements… they've never had stability. The social workers should probably be the one consistent thing that they have."* (Aidan, Praxis)

Although Aidan's comment centred on consistency, the underlying message was clear: when turnover strips away that last layer of security, young people are left exposed emotionally, practically, and sometimes physically.

Across all focus groups, participants saw a widening gap between what the law requires and what actually happens when the workforce is depleted. The result is a dangerous reshaping of child protection practice where "*low risk*" cases are left unmonitored, early warning signs are ignored, and crisis becomes the default trigger for action. As Jim warned:

> *"… by the time they step in, the damage and the trauma has already been created."* (Jim, VOYPIC

This theme exposes the human cost of systemic churn: a culture of firefighting that leaves children unsafe and professionals ethically conflicted. Whether in advocacy, residential support, or family work, participants described carrying risks they should never have had to hold, the consequence of a system where instability has made safety a privilege, not a guarantee.

Synthesis Summary

The CARERS framework highlights the interconnected consequences of social worker turnover. Across these focus groups, a shared narrative emerged: when the workforce is unstable, the entire system becomes unstable. Turnover undermines fairness, trust, communication, and

safety, leaving children and families to navigate the emotional and practical fallout. Each group (parents, advocates, and supported-living staff) described how instability multiplies harm: relationships break down, errors go uncorrected, promises are forgotten, and risk escalates. Participants also drew attention to the loss of life-story or narrative work for children in care which is an often-overlooked consequence of turnover. When this work is delayed or abandoned, children are left without the means to understand their own histories or make sense of their experiences.

Yet the discussions also revealed what works. Where social workers remain consistent, communicate clearly, and invest in relationships over time, children and families feel supported, decisions are trusted, and positive change is possible. The six themes of CARERS: *Consistency, Access and Fairness, Relationships and Trust, Endings and System Gaps, Records and Communication, and Safety and Thresholds* together convey a simple truth: stability in the workforce is not just a staffing issue; it is also the foundation of safe and ethical social work.

Discussion

This study examined how social worker turnover was experienced by care leavers, parents, and foster carers, and how instability in the workforce shapes the quality, safety, and fairness of children's social care. The scoping review (MacLochlainn et al, 2026) showed that research over the past four decades consistently links turnover with placement disruption, delays in permanency, and emotional distress. However, very few studies captured the voices of those directly affected (Strolin-Golzman et al., 2010; Curry, 2029; Sanders, 2019). The present findings help address that gap by demonstrating how turnover is lived, interpreted, and felt by the people who rely on social work intervention during highly vulnerable periods of their lives.

Triangulating results across interviews and focus groups, participants repeatedly described turnover as a relational rupture. Care leavers, parents, and foster carers experienced social worker turnover as a sudden loss of trusted people who held their histories, understood their needs, and provided a sense of stability. Many young people and parents described how each new worker required them to retell painful histories and rebuild trust from scratch, which they found draining and often retraumatising. These accounts support longstanding evidence that continuity in professional relationships acts as a protective factor in promoting emotional security, identity development, and attachment (Baumeister & Leary, 2017; Curry, 2019). Studies of care-experienced young people emphasise the importance of consistent adults who validate

children's experiences, encourage their participation, and help them interpret life events in developmentally meaningful ways (Hyde et al., 2017). The absence of such consistency was felt acutely across this study.

Turnover also had profound implications for fairness and access to support. Families described arbitrary delays, inconsistent decisions, and repeated disruptions to intervention plans. When workers changed frequently, children and carers found themselves "starting again" at multiple points, explaining their needs to new workers who lacked familiarity with the history of the case. These frustrations align with findings in Buckley et al. (2016), where children reported confusion about decisions and a lack of predictability in the support provided. Participants in the present study frequently noted that young people who were quieter or more settled tended to receive less attention during periods of staff shortage, which intensified a sense of unfairness. This pattern reflects wider concerns about externalised locus of control among young people in care. Research suggests that inconsistent caregiving environments contribute to feelings of powerlessness and diminish children's belief that their actions can influence outcomes (Roazzi et al., 2016).

Communication and record-keeping emerged as both a cause and consequence of this instability. Across stakeholder groups, participants described incorrect information in files, missing documentation, and poor communication around decisions. The resulting confusion undermined trust and created practical obstacles to early interventions. Foster carers described chasing paperwork across multiple workers, discovering that essential information had been lost, or receiving recordings that bore little resemblance to the lived reality of the child. Our findings suggest that poor information-sharing disrupts decision-making and exacerbates risk. The absence of narrative or life-story work was a particularly significant concern. Care leavers in several interviews were left without coherent explanations of their past due to repeated turnover. Some young people discovered gaps in their case files or had to wait for years before narrative work was initiated. Others described life story work being started and abandoned multiple times. This is concerning in light of research showing the centrality of narrative continuity for identity formation and development and emotional wellbeing (Vacaru et al., 2018). Without this, children struggle to make sense of their histories, relationships, and care trajectories.

As an example of epistemic injustice, several parents and care leavers felt that their knowledge of their own lives was discounted or overwritten within official accounts. Inaccurate records, misinterpreted statements, and meetings that excluded the child from meaningful participation

all reflected testimonial gaps, where service users' voices were given reduced opportunity for expression. Sewpaul and colleagues (2025) demonstrated how professional language can obscure lived experiences and reinforce power imbalances. These conditions were magnified by turnover. Each new worker arrived with limited understanding of the child's story, which increased the likelihood that the professional narrative carried more weight than personal accounts. The result was a system that often failed to recognise service users as credible observers of their own experiences.

The combined effects of these disruptions had psychological, educational, and developmental consequences. Several young people described withdrawing from support, skipping school, or disengaging from services as a result of repeated changes. Parents spoke about the emotional confusion their children experienced when unfamiliar workers appeared at the door. Foster carers noted increases in anxiety, dysregulation, and mistrust during staff absences or unallocated periods. These accounts mirror the broader literature on the importance of stable, trusting relationships for children in care (Buckley, Lotty, & Meldon, 2016; Curry, 2019; Baginsky, 2023) and they strengthen the argument that turnover should be considered a safeguarding concern. Resilience literature is also relevant in the current context. Particularly the social ecology of resilience, whereby young people with gaps in their social support systems (in this instance - statutory social work) may be denied the potential safety net to support their ability to achieve *'better than expected outcomes'* (Ungar, 2008, p. 220). Certainly, the gap created by social workers leaving has multiple and far-reaching effects.

Nevertheless, the findings also highlight what works. When social workers were consistent, communicative, and relational, the effects were transformative. Young people described life-changing relationships with workers who stayed long enough to build trust, listen carefully, and advocate for them. Parents described feeling respected, understood, and supported when they had time to form genuine relationships with workers who communicated regularly and explained decisions clearly. Foster carers saw children become more settled, more open, and more hopeful when they experienced continuity. These examples underline the moral and professional significance of relational practice. Stability creates the conditions in which ethical, child-centred work can occur.

Limitations and Strengths

This study involved rich narratives from care leavers, parents, foster carers, and advocacy staff, but several limitations should be acknowledged. The sample was drawn from one national context, which may limit the transferability of findings to other jurisdictions with different policy or organisational structures. The interviews relied on retrospective accounts, which may be influenced by memory gaps or emotional distance from events. Although the study included extensive qualitative data, the findings cannot be generalised statistically. However, the depth of accounts provides valuable insight into the lived experience of turnover and its relational, emotional, and systemic consequences.

Policy Implications and Recommendations

The findings offer a strong case for reframing workforce instability as a safeguarding issue because turnover creates conditions that compromise children's rights, wellbeing, and safety. Policy responses therefore need to attend to both structural and relational aspects of practice. Improving handover processes between outgoing and incoming workers would reduce anxiety for children, preserve case memory, and protect continuity. Strengthening record-keeping systems is equally important, particularly through prioritising life-story work and ensuring that information is not lost during transitions. This requires reliable digital systems, reflective supervision, clear accountability frameworks, and adequate time for social workers to complete narrative work. The Department of Health NI commissioned safe staffing research emphasises time availability as critical to achieving safer and effective interventions (McFadden et al., 2025). Workforce stability should be treated as a core indicator of service quality, with caseload management, supervision, and emotional support embedded within retention strategies. Furthermore, lived experience must also inform policy design, given the practical solutions identified by care leavers, parents, and carers regarding communication and planning. Moreover, stabilising team structures can help reduce decision-making delays when individual continuity is not possible, while training can support workers to recognise how language, assumptions, and power dynamics influence service-user participation and self-understanding. Taken together, these recommendations highlight the need for systemic reform that places relational continuity and children's safety at the centre of safe and effective staffing for the wellbeing of social workers, workforce stability and consistent service quality.

Conclusion

This study demonstrates that social worker turnover has far-reaching consequences that extend well beyond staffing pressures and workforce wellbeing concerns and has direct implications

for those who need the services most. Turnover disrupts trust, fractures continuity, and undermines the very conditions that make children feel safe and supported. The CARERS framework shows how instability intersects with relationships, access to support, fairness, communication, and record keeping in ways that shape children's life trajectory. Stability enables children, parents, and foster carers to engage with services, make sense of their stories, and move forward with confidence. It is therefore essential that workforce stability becomes a priority for policy, practice, and system reform. Through government investment in social worker retention, relationship-based practice, and lived experience collaboration, services can build a system where stability is the norm rather than the exception, and where children's and families perspectives, rights and wellbeing sit at the centre of every decision.

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Examination of administrative data on social worker turnover in children's services and related impact on children in the child protection system in Northern Ireland

HSC Public Health Agency
Research and Development

Introduction

Children's social work in Northern Ireland operates within a statutory framework that places strong emphasis on continuity, stability, and the safeguarding of children's welfare. Under the Children (Northern Ireland) Order 1995, Health and Social Care Trusts hold clear responsibilities to support children within their families where possible and to intervene decisively where there is risk of significant harm. The effective discharge of these duties depends heavily on sustained professional relationships between children, families, carers, and designated social workers (McFadden et al., 2024; MacLochlainn et al., 2026).

Demand for children's social care in Northern Ireland remains substantial. On 31st March 2025, more than 22,000 children were known to social services as children in need, 2,283 children were subject to child protection plans, and 4,188 children were living in the care of Health and Social Care Trusts (DoH-NI Children's Social Care Statistics, 2025). The number of children in care represents the highest level recorded since the introduction of the Children Order, with almost one third having been in care for five years or longer (Children's Social Care Statistics, 2025, *p*.28.) These figures highlight the scale and complexity of statutory involvement and the reliance placed on children's social workers to provide consistent oversight, assessment, and planning across extended periods of intervention.

Against this backdrop, workforce instability within children's social work presents a significant challenge. Social worker turnover disrupts professional continuity at precisely those points where children and families require consistency, trust, and clear communication (Williams and Glisson, 2013; Tremblay et al., 2016; Garibaldi et al., 2024). Existing research has shown that turnover is associated with increased placement instability, delays in permanency planning, and weakened engagement between families and services (Pardeck, 1984; Flower, McDonald, & Sumski, 2005; Children's Commissioner, 2019a). Service users and carers have described the repeated loss of trusted workers as emotionally destabilising and as undermining their confidence in statutory systems (Children's Commissioner, 2019b; Curry, 2019; MacLochlainn et al., 2026).

While these relational and service-level impacts are documented in qualitative and mixed-methods studies, far less is known about how social worker turnover operates at a system level within contemporary child protection services especially in the UK and the Republic of Ireland. In particular, there is limited empirical evidence linking workforce instability to employer level administrative indicators of service continuity, such as the frequency of social worker changes

per child, placement moves, and progression through the care system over time. This gap is notable given the increasing duration of children's involvement with services in Northern Ireland and the growing complexity of care trajectories.

This study addresses this gap through the analysis of administrative data drawn from the Social Services Client Administration and Retrieval Environment (SOSCARE). Using linked, de-identified records accessed via the Honest Broker Service, the study examines patterns of social worker turnover and placement change for two groups of children: those registered on the Child Protection Register and those living in care. The analysis focuses on the frequency and timing of social worker changes at the individual child level, alongside placement movements and recorded reasons for change, to explore how workforce instability intersects with service continuity.

Area-level deprivation is also examined in relation to turnover patterns, recognising that children living in more deprived areas are more likely to experience sustained statutory involvement and higher levels of service complexity (Bywaters et al., 2020). By situating workforce instability within the broader demographic and service context of Northern Ireland, the study aims to move beyond descriptive accounts of turnover and towards a clearer understanding of how organisational patterns are experienced by children over time.

Importantly, this administrative analysis is not intended to replace or replicate existing qualitative research on lived experience. Rather, it complements that evidence by providing system-level insight into how frequently children experience changes in their assigned social worker and how these changes align with placement instability and care trajectories. When considered alongside service user perspectives and broader workforce fiscal analyses presented elsewhere in this report, the findings offer a more comprehensive picture of how social worker turnover shapes children's experiences of the child protection and care system in Northern Ireland.

Aims

To explore the frequency of social worker turnover in child protection and how this correlates with service continuity and outcomes for children. Frequency of other disruptions for children in the child protection system was examined. such as frequency of placement moves. Area deprivation was also analysed to consider the impact of social worker turnover across areas of higher or lower deprivation. The overall aim is to generate insights that inform policy, workforce retention strategies, and improve service delivery for children, carers and families.

Objectives

1. To understand the impact of social worker turnover on outcomes of children in the child protection service.

2. To examine the frequency of child protection social worker turnover and any associated correlation with frequency of permanency planning and service continuity and disruptions for children and young people in care, including analysis of frequencies related to areas deprivation.

3. To make recommendations and provide commissioners, employers, and government with advice on social work workforce planning and retention policies based on evidence on how recuring changes of social workers impacts on the lives of children, carers and families.

Methodology

Overview

This section summarises the main steps for negotiating and obtaining secure access to the required administrative data modules via the Honest Broker Service (HBS) and the UK Secure e-Research Platform (UK SeRP).

Study scoping and negotiation of data access (module selection)

The study was registered with HBS as Project E110, titled "*Examination of administrative data on social work turnover in children's services and related impact on children in the child protection system in Northern Ireland*."

An initial scoping phase translated the project's core research questions into a set of required variables from various data modules, as summarised by McKenna et al. (2024). This phase involved iterative discussions with HBS to confirm which tables/fields were necessary and proportionate to the approved aims, and to ensure that only the minimum required data were requested, in line with safe-haven principles and information governance requirements. The outcome of this phase was an agreed set of four modules to be provisioned to the project workspace. The modules were named Client1, Client41, CIC_Hist and CPR. From this point on, the CIC-Hist is referred to as CIC throughout the report.

Formal data request and prerequisite researcher training

Following agreement on module scope, the required modules were formally requested from HBS under the approved project. Access prerequisites included holding a current Safe

Researcher Accreditation and completing project-specific onboarding/training required to use UK SeRP safely and appropriately. The application documentation recorded the researchers' accreditation details and identified the software required for the project (including SPSS and RStudio). HBS provided access through a secure remote environment (UK SeRP) designed to support analysis while maintaining best-practice data management, security and information governance controls.

Once the request was fulfilled, HBS provisioned the approved data to the project's UK SeRP environment. UK SERP provided a virtual desktop infrastructure (VDI) in which users access a restricted Windows desktop with relevant analytical tools and project storage, while restricting data movement outside the environment. HBS guidance specified that project datasets were initially hosted in an internal SQL Server accessible via remote desktop, and that users should save all working files on a designated project drive/folder.

Data extraction and conversion from SQL modules to SPSS

The four approved modules were imported from SQL into SPSS for preparation and analysis. In line with the HBS UK SeRP user guidance, an ODBC connection to the SQL server was configured within the remote desktop and used to import each required table into SPSS. Each imported module was saved as a separate SPSS data file and initially treated as a distinct unit for cleaning and preparation prior to subsequent data file merging (see below). All work was conducted entirely within the secure UK SeRP environment.

Data cleaning and quality checks (module-level)

Each of the four SPSS data files underwent structured cleaning, with the cleaning documented and executed using SPSS syntax to ensure reproducibility. Cleaning procedures were applied consistently across modules and included:

- Structural checks: verification of expected case counts, key identifiers, and the presence/format of required variables after import from SQL.
- Type and range checks: inspection of numeric/date formats, value ranges, and categorical codes to identify out-of-range values, non-sensical dates, and inconsistent coding.
- Missingness and duplicates: assessment of missing data patterns on key fields and identification/remediation of duplicate records where inconsistent with the module's intended grain (e.g., person-level vs episode-level records).

- Auditability: creation of syntax-driven logs (via saved syntax and outputs within the project folder) so that every transformation could be re-run and inspected. Project work was stored in the approved project folder within UK SeRP to maintain continuity across sessions.

Derivation of variables for statistical analysis

After cleaning, new variables were derived within each module to operationalise the study constructs and align raw fields with the planned statistical analyses. Derivations were implemented exclusively using SPSS syntax and typically included:

- Time-period variables based on start/end dates (e.g., durations, exposure windows, episode lengths, and study-period indicators).
- Harmonised identifiers and linkage keys to support consistent merging across files using the anonymised child IDs.

Each module contained both the cleaned source variables and analysis-ready measures needed for merging across modules and subsequent modelling. The derivation steps were performed in the secure desktop environment using IBM SPSS 30 ©.

Merging four modules into a single wide-format SPSS dataset

Following module-level cleaning and derivation, the four SPSS data files were merged into a single wide-form child-level analytic file. Merging was conducted using SPSS syntax to produce an integrated analysis dataset containing the common shared variables and derived measures required to test the study's research questions. All initial, intermediate and final datasets and coding syntax files were retained in the project's secure storage area within the UK SeRP.

Statistical analysis in SPSS (using derived variables)

Substantive statistical analyses were conducted in SPSS using the integrated dataset and the newly derived variables. Analyses were executed via SPSS syntax to maintain a complete, reproducible audit trail from raw imports through to final models and tables/figures. All analytical work remained within the controlled UK SeRP environment.

File-Output requests and disclosure control

Because UK SeRP restricts the removal of files from the secure environment, outputs intended for dissemination (e.g., tables, figures, syntax summaries) were exported through the HBS File Out process. HBS guidance specifies that any files leaving the Remote Desktop must be submitted for review and approval in line with Safe Haven rules and the HBS disclosure control policy; outputs must have appropriate Statistical Disclosure Control (SDC) applied by the researcher before submission. The process involved saving outputs in the project area, submitting a "Request File(s) Out" via the platform's data transfer mechanism, certifying compliance with the data access agreement, and allowing HBS time to review and approve outputs.

Writing up results

The write-up phase used only disclosure-approved outputs released by HBS. The report narrative was developed to reflect: (i) the agreed module scope under Project E110; (ii) the reproducible SPSS-syntax workflow for import, cleaning, derivation, and merging; and (iii) the final SPSS analyses underpinning the results. The methods and results sections were therefore directly traceable to the syntax and output artefacts stored in the project workspace, while adhering to the safe-haven requirement that only checked outputs leave the environment.

The statistical analyses focused on three key aspects of the merged data, namely describing the its structure in terms of the number and type of child cases recorded in a specific social care system between January 2023 and September 2025 and to further quantify the numbers and experiences of children in care, looked after children and those on the child protection register in terms of the main demographic characteristics (age group, sex and area deprivation).

Use of the Northern Ireland Multiple Deprivation Measures (NIMDM, 2017). The Northern Ireland Multiple Deprivation Measures (NIMDM, 2017) were incorporated into the Client1 dataset through linkage undertaken by the Northern Ireland Honest Broker Service (HBS). Each child's record was assigned a deprivation ranking based on their residential Super Output Area (SOA), using an anonymised identifier. NIMDM is an area-based measure in which all 890 SOAs are ranked from most to least deprived (1-890). For analytical purposes, these ranks are routinely grouped by NISRA into quintiles representing 20% deprivation bands, with each quintile containing 178 SOAs. Using an anonymised identifier, each child was therefore allocated to a NIMDM quintile corresponding to the deprivation level of their area of

residence, with a score of 1 indicating living in the 20% most deprived SOAs in N. Ireland and 5 indicating living in the 20% least deprived SOAs.

The HBS provided four time-specific quintile summary variables representing deprivation at different study windows (2017–2022; 2017–2023; 2017–2024; 2017–2025)
which align with the extracted data (January 2023 to Sept. 2025). The data includes multiple placements and address changes, with each version reflecting all recorded addresses up to that endpoint (e.g., end of 2023, 2024, etc.). The HBS had supplied the 2017 NIMDM quintiles using the home address of each child as recorded with their GP each year. The first recorded NIMDM for each child was used for the comparisons shown in Tables 3 to 4b.

It should also be noted that the administrative data were based on a subset of the five HSC Trust areas. Therefore, it should be acknowledged that using NIMDM area-based deprivation on a reduced number of Northern Ireland Trust areas does not include the full range of postcode areas. The authors note the results should be interpreted considering these limitations.

Summary of the four data modules

Client1 Module

The Client1 module contains demographic information about children referred to social services (McKenna et al., 2024). This file was originally in wide-format and **contained** 2,990 case lines. Newly derived variables were added. The working version of the file contained 26 variables both original and derived variables). Original variables provided within the Client module included:

- SOS_ID
- Study_ID (Health and Care Number was doubly encrypted to create this variable to preserve anonymity).
- Sex of child
- The HSCT and social work assessor responsible for each child
- Birth month of child
- Birth year of child
- Month case was closed
- Year case was closed
- Month of discharge

- Year of Discharge
- 2017 Northern Ireland Multiple Deprivation quintile ranking of the child's home postcode at the earliest recorded date within the research timeframe.

Derived variables from Client1 module

- Date case was closed. Dates were available for 1050 of the 2990 SOS_ID records. It was assumed that the remaining blank cases were active for the study period, January 2023-September 2025 (September 2025 was the latest stated case closure date).
- Case status (closed =1050 SOS_ID records vs active = 1940).
- Date case closed (if applicable).
- Child's date of birth (given for all 2990 SOS_ID records).
- Child's age in years at the date the case was closed (N=1050) or at the last recorded date of closure on the Client1 module (September 2025). This was estimated as the difference in years between the date the case closed (or 14 September 2025 if the case remained open), and the child's date of birth.

Client41 Module

The Client41 module file contained summary information on children receiving social care services. The original file was in long-form, with 5,609 record lines and 1,639 SOS-ID cases. Newly derived variables were added, and the file was converted to wide-format prior to merging with the other three module files. The new wide version of the file contained 39 variables (20 original and 19 derived). The variables available within the Client 41 Social Work Involvement module included the original information as follows:

- SOS_ID
- Study_ID (Health and Care Number was doubly encrypted to create this variable to preserve ymity).
- Social work team responsible
- The HSCT
- Reason for child involvement
- Reason for case termination
- Month, year key worker allocated / de-allocated for each allocation episode
- Reason for each allocation episode

- Year/ month case opened
- Year/month case closed
- Reason case closed.

Derived variables from Client41 Module

- Reason case closed
- Date case opened
- Date case closed (if applicable)
- Duration in months between case opened and closed (for closed cases)
- Duration in months between case opened and closed (for live and closed cases). Live cases were recorded up to September 2025.
- Number of current social workers for the period under study (January 2023 to Sept. 2025).
- Number of previously allocated key workers for each intervention episode
- Case Status (live vs. closed)
- Date of previous key worker allocations
- Date of previous key worker de-allocations
- Duration (in months) of each previous key worker allocation
- Sum of each previous key worker allocation duration episode (in months)

The Client 41 module did not provide ready-made variables for the number of allocated social workers per child. Instead, this was derived from the allocation records.
The data contained one or more rows per child representing periods of social work involvement/allocation. The current worker allocation was identified using a unique social worker ID number and the long-form file format indicates social worker allocation start and end dates per child as separate case lines. The number of previously allocated key workers was likewise not a directly observed variable but was derived by counting the history of allocations to distinct key worker IDs for each child. For the purposes of this study, service disruption was indirectly assessed using the number of current workers for data extraction dates and the number of previous workers defined using specific start and end dates on the child's records, and a sum variable of previous key worker allocation durations (in months)**.**

CPR Module

The CPR data module recorded child protection registration episodes experienced by each child, as well as episode characteristics, for the period under study (01 January 2023-31 December 2024). The data supplied by HBS contained records of cases being closed up until September 2025. For this reason, the research team assumed an end date of 14 September 2025 when deriving new time-duration variables for both closed and live case episodes. The CPR data file contained 1733 SOS_ID cases with 13 original variables which included:

- SOS_ID
- Study_ID (Health and Care Number was doubly encrypted to create this variable to preserve anonymity).
- Reason registered and removed from the child protection register
- Month and year registered and removed
- Social work team responsible for the child
- The HSCT responsible for the child
- Sequence number of the episode
- Month and year of child protection registration
- Primary abuse type
- Additional abuse type(s) (maximum four including primary)
- Reason for child protection registration
- Month and year removed from the child protection register
- Reason removed from the child protection register.

Derived variables from CPR Module

- Date of child protection registration (CPR)
- Date of child protection registration (if applicable)
- Duration of child protection registration (in months)

Children in Care (CIC) Module

The CIC module contained data records for all children in care, including Looked After Children, all intervention episodes a child has experienced, and the characteristics of those episodes. A new episode begins with any activity, e.g. a child starts to be looked after, a change in the child's legal status, a new concern is raised, and/or the child's placement changes (McKenna et al., 2024). The study window was defined as 01 September 2023 to 30 September

2025. An episode was included if at least one Children in Care episode overlapped this window. The original file was in long-file format and contained 12,065 case lines on 1,616 SOS_ID cases. Newly derived summary variables were added and the file was converted to wide-form for analysis. The original variables included:

- SOS_ID
- Study_ID (Health and Care Number was doubly encrypted to create this variable to preserve anonymity).
- Social work team responsible for the child
- The HSCT responsible for the child
- Sequence number of the care episode
- Foster carer code (anonymised by data provider)
- Care episode start date
- Reason in care
- Legal status of child
- Placement type
- Date of discharge from care episode
- Reason for discharge from care episode
- Discharged to
- Number of placement moves.

Derived variables from CIC module

- Date care episode was opened
- Date care episode was terminated
- Length of time in months between opened and closed (per child episode)
- Date care episode was terminated
- Total time in months of all care episodes per child
- Total number of care episodes per child

Structure of merged dataset

The data modules all contained two identifier variables labelled SOS_ID and Study_ID. SOS_ID was the child identifier for the administrative data, whereas Study_ID was a doubly encrypted version of the child's unique health care number (HCN). SOS_ID was used to combine modules for statistical analysis. The data modules contained records of activity

episodes for each child, identified by the SOS_ID. The CPR, CIC and Client41 modules were in long format, and many individual children therefore had multiple rows of data. All formal interactions between the CSC and each child were recorded against the administrative data SOS_ID, which was intended to be unique to each child. However, some children occasionally moved between Trusts, and with multiple interactions over time across Trusts, some children were given more than one SOS_ID. Study_ID was derived from the HCN and is therefore the preferred identifier for research involving data linkage to other population-level health and administrative datasets in Northern Ireland. However, data linkage was not intended for this research. It should be noted that SOS_ID and Study_ID do not totally correspond because HCN coverage is incomplete within the administrative data modules. For example, not all HSC interactions within all the data modules have a valid HCN number recorded. For a fuller explanation of this issue, see McKenna et al. (2025, page 4). Please note, all 'cases' in this section refer to SOS_ID cases.

The final merged data file contained 2990 unique SOS_IDs and 2842 unique Study_IDs. This implies some dependency in the final dataset due to a small number of Study_IDs occurring twice (N=74). This means that 74 children recorded two SOS_IDs, representing 2.5% of the total number of unique child cases (N=2916).

The merged dataset contained both original and derived variables. Client41 contained 2990 unique SOS-IDs with data on children's ages, sex, and NIMDM quintiles for each SOS_ID record. The Client 41, CIC and CPR modules contained 1639, 1616 and 1704 SOS_ID cases, respectively (Table 1). The case records in each module were not mutually exclusive, with varying numbers of data linkages across modules depending on module combinations (Table 1).

The CIC module records all 'looked after' cases, so the term CIC will be used for clarity in the rest of the results. There were 1616 'children in care' case records listed on the CIC data file and 1704 SOS_ID cases listed on the Child Protection Register (CPR) module (see Table 1). There was some overlap in these data modules. For example, a total of 1213 of the 1616 CIC SOS_ID cases (75.1%) were LAC, but not listed as CPR. There are also data linkages between the CIC and the Client41 data module for 558 (34.5%) of the 1616 CIC SOS_ID cases.

A total of 1301 of all 1704 CPR cases (76.3%) were recorded as CPR, but not recorded as LAC, with additional data linkages between CPR and Client41 modules for 1342 (78.8%) of the 1704 CPR cases (Table 2). Table 2 also indicates that a smaller group of cases was recorded as both CIC and CPR (N=403), representing 24.9% of all CIC cases and 23.7% of all CPR cases. However, only 263 (65.3%) of this smaller grouping had data linkages to the Client41 module, as shown in module combination 1 (Table 1). This number represents 16.3% of all CIC cases and 15.4% of all cases. Table 2 also indicates that 1342 (78.8%) of all CPR cases (N=1704) can be individually linked to data in the Client41 module, and that 558 (34.5%) of all CIC cases (N=1616) can likewise be linked to Client41 variables. A fourth group was defined as neither CIC nor CPR (N=73), with <10 cases from this group linked to the Client41 module. This group represents children with two SOS_ID numbers, where the second SOS_ID was created for each child, but this record was unrelated to the CPR or CIC modules.
Note that all numbers and percentages within all Tables are based on SOS_ID numbers.

Table 1

Summary of the number of SOS_IDs in each combination of available data modules.

	Data Modules Accessed				
Module combination	**Client1**	**CPR**	**Client41**	**CIC**	**Number of SOS_IDs per module combination**
1	✓	✓	✓	✓	263
2	✓	✓	✓	X	1079
3	✓	✓	x	X	222
4	✓	✓	x	✓	140
5	✓	x	x	✓	918
6	✓	x	✓	✓	295
7	✓	x	x	X	<100
8	✓	X	✓	X	<10
Number of cases per module	2990	1704	1639	1616	

Note: ✓ indicates that the data module was used. X indicates the number of complete cases if variables missing in that pattern are not used.

Table 2

Summary of the number of SOS_IDs in combination pairs of data modules.

	Client1	**Client41**	**CIC**
Client41	1639	2990	558
CIC	1616	558	1616
CPR1	1704	1342	403

Derived Grouping variable - Looked After Children vs. Child Protection Registrations

A new grouping variable was derived for subsequent analysis using the CIC and CPR data files, and labelled '*LAC_CPR*' with groups coded as:

1 = CIC only (N=1213)
2 = CPR only (N=1301)
3 = CIC and CPR combined (N=403)
4 = Other (N=73)

The cohort was defined as people who appear in either CPR or CIC and the 'Other' group represents a small number of cases in which a new SOS_ID has been created for these service users for reasons unrelated to CPR or CIC as described previously. This 'Other' group appeared only in the full Client1 data file, but not in any of the other data modules (CIC, CPR, or Client41). This group was not reported in the results due to disclosure risks when cross-tabulating with other variables.

Results

Demographic characteristics of the combined data

Table 3 indicates the number of individual SOS_ID cases contained within each of the four data modules, alongside the percentages of each data module in terms of sex, age groups and

the first recorded Northern Ireland Multiple Deprivation Measure quintile score (range 1-5), for each child (see section above explaining the use of the NIMDM). The largest data module, Client1, contained demographic information on 2990 children, with a higher proportion of females (52.4%) than males (47.5%). This difference was evident within the Client41 module (51.6% vs 48.4%) and more pronounced in the CIC module (54.1% vs 45.9%). The CPR module recorded a more even representation (49.6% vs 50.4%).

The 0-5 years age group was the most represented across all four data modules, with 32.3% of all cases recorded in this category and 15.1% in the over 16 years age category. Notably, 20.0% of the Children in Care cases were in the >16-year group, compared with 9.5% of the Child Protection registrations.

Given that the NIMDM quintiles were calculated in equal 20% bands using Northern Ireland household location data, the 20% threshold expectation was a useful metric for comparing the percentages of each data module occurring within these quintile bands. For example, in the largest Client1 file, approximately 25.7% of all child cases were recorded in quintile 1 (most deprived) with 10.8% recorded in quintile 5 (least deprived). There was a general trend across all data modules showing higher percentages of cases in the lower quintiles (more deprivation), with the highest percentage score in the highest deprivation quintile 1 occurring in the Child Protection Registrations CPR module (27.1%) compared to the lowest deprivation quintile 5 (11.2%).

Current social worker and previous key worker allocation numbers by NIMDM quintiles

Tables 4a and 4b compare current social worker and previous key worker allocations, the number of months allocated to previous key workers, and the number of placement moves per child by the lowest and highest NIMDM quintiles (NIMDM, 2017). For completeness, the tables include two types of percentages, namely the percentages of the NIMDM first and fifth quantiles (column percentages) and the percentages within the number of allocated social workers, the number of previously allocated key workers, the number of months allocated to previous key workers and the number of placement moves per child (row percentages).
For reporting purposes, percentage comparisons across columns in Tables 4a and 4b were deemed more meaningful for highlighting deprivation trends. For example, Table 4a shows that proportionately fewer (82.5%) of those in quintile 1 (most deprived) were allocated one

social worker during the study period, compared with 90.1% in quintile 5 (least deprived). This contrasts with the finding that a proportionately higher share of cases (17.5%) in quintile 1 were allocated 2 or more social workers, compared with 9.9% in quintile 5. For context, most children (83.8%) were recorded as having one current social worker allocation during the study period. The column percentages in Table 4a show that 82.5% in quintile 1 (most deprived) had one social worker, compared with 17.5% in quintile 1 who had two or more social workers. The percentages for quintile 5 (least deprived) were 90.1% and 9.9% having one and two or more social workers, respectively.

The number of previously allocated key workers variable exhibited greater variability than the current number of allocated social workers. It was therefore deemed more informative about children's experiences of disruption in the care system. Overall, approximately 22.1% had few previous key workers allocated (0-1), the majority (61.4%) had 2-4 previous allocations, and a smaller group (16.4%) had 5 or more. Contrasting these percentages across the lowest and highest deprivation quintiles indicated that proportionately more cases from the least-deprived quintile 5 (23.8%) experienced 0-1 previous key worker allocations than in quintile 1 (18.4%). This contrasts with a proportionately higher number in quintile 1 (66.7%) with 2-4 previous key worker allocations, compared to 60.5% in quintile 5. When comparing 5 or more previous key worker allocations, quintiles 1 and 5 showed similar percentages (14.9% vs 15.7%, respectively).

Number of placement moves and combined time (in months) allocated to previous placement moves by NIMDM quintiles.

Table 4b compares the number of placement moves and the total time (in months) allocated to previous placements across the same deprivation quintiles. Overall, 35% of children experienced no prior placement moves, 50.1% had 1-4 moves, and 14.9% had 5 or more moves. The previous deprivation trends were not evident for this variable, but it should be noted that the numbers in quintile 5 were small (n = 156), which were then split into 0 placement moves (n = 41), 1-4 moves (n = 91), and 5 or more moves (n = 24). Proportionately more children in quintile 1 experienced zero moves (35.3%) than in quintile 5 (26.3%), and relatively fewer in quintile 1 experienced 1-4 moves (46.6%) than in quintile 5 (58.3%). The risk of experiencing 5 or more moves was higher in quintile 1 (18.1%) compared to quintile 5 (15.4%).

Table 4b also highlights the number of placement moves experienced by children. Overall, 46.9% of cases had 0-12 months of placement moves, 30.8% experienced 13-24 months, and 22.3% had 25 or more months. Comparing these percentages by deprivation quintiles revealed a pattern similar to that shown in Table 4a. Approximately 42.8% of cases in quintile 1 were recorded as having 0-12 months of placement time, compared with 47.4% in quintile 5. For those in the 13-24 months category, there were proportionately more cases in quintile 1 (31.6%) compared to quintile 5 (28.9%). Similarly, for those in the >24 months category, the respective comparison was 25.6% vs 23.7%.

Table 3.

Demographic characteristics of SOS_ID cases in the merged datafile.

	Data Module			
Number of SOS_IDs	**Client1**	**Client41**	**CIC**	**CPR**
Total N	**2990**	**1639**	**1616**	**1704**
% Males	47.6	48.4	45.9	50.4
N	(1423)	(794)	(741)	(858)
% Females	52.4	51.6	54.1	49.6
N	(1567)	(845)	(875)	(846)
Age Groups				
% < 5 years	32.3	30.9	33.6	31.5
N	(966)	(506)	(543)	(536)
% 5-10 years	27.2	25.7	25.6	28.6
N	(814)	(422)	(413)	(488)
% 11-16 years	25.4	28.3	20.8	30.4
N	(759)	(464)	(336)	(518)
% Over 16	15.1	15.1	20.0	9.5
N	(451)	(247)	(324)	(162)
% Missing	0	0	0	0
First Recorded NIMDM				

% Level 1	25.7	26.8	24.7	27.1
N	(767)	(423)	(388)	(452)
% Level 2	24.3	25.8	25.0	24.8
N	(728)	(407)	(392)	(411)
% Level 3	17.2	18.2	17.5	18.8
N	(515)	(287)	(275)	(314)
% Level 4	19.6	18.3	22.0	18.3
N	(587)	(289)	(346)	(305)
% Level 5	10.8	10.9	10.8	11.2
N	(324)	(172)	(169)	(186)
% Missing	2.3	3.7	2.9	2.1
N Missing	(69)	(61)	(46)	(36)

Note: NIMDM = Northern Ireland Multiple Deprivation Measures 2017 (quintiles). Figures in brackets represent the number of cases.

Table 4a.

Comparing current social worker and previous key worker allocations by the lowest and highest deprivation quintiles of the Northern Ireland Multiple Deprivation Measures (NIMDM, 2017).

	NIMDM 1st Quintile	NIMDM 5th Quintile	Total N (MDM Quintiles 1-5 combined)
Number of allocated social workers			
% of 1 social worker	26.5	11.8	
% of Quintile	**82.5**	**90.1**	
N	(349)	(155)	(1318)
% of 2 or more social workers	28.5	6.5	
% of 1st Quintile	**17.5**	**9.9**	
N	(74)	(17)	(260)
Total N	(423)	(172)	**(1578)**
Number of previous key workers			
% of 0-1	24.1	12.7	
% of Quintile	**18.4**	**23.8**	
N	(78)	(41)	(323)
% of 2-4	28.5	10.5	
% of Quintile	**66.7**	**60.5**	
N	(282)	(104)	(990)
% of 5 or more	23.8	10.2	
% of Quintile	**14.9**	**15.7**	(265)
	(63)	(27)	

N **Total N**	(423)	(172)	**(1578)**

Note: NIMDM = Northern Ireland Multiple Deprivation Measures 2017 (quintiles). Figures in brackets represent the number of cases.

Table 4b.

Comparing the number of placement moves and the total time spent in placement in months per child (excluding respite) by the lowest and highest deprivation quintiles of the Northern Ireland Multiple Deprivation Measures (NIMDM, 2017).

	NIMDM 1st Quintile	NIMDM 5th Quintile	Total N (MDM Quintiles 1-5 combined)
Combined time allocated to placement (excluding respite)			
% of 0 moves	24.7	8.2	
% of Quintile	**35.3**	**26.3**	
N	(123)	(41)	(498)
% of 1-4 moves	22.6	12.7	
% of Quintile	**46.6**	**58.3**	
N	(162)	(91)	(758)
% of 5 or more moves	28.5	10.9	
% of Quintile	**18.1**	**15.4**	(181)
N	(63)	(24)	
Total N	(348)	(156)	**(1437)**
Combined time allocated to placement moves			
% of 0-12 months	22.0	11.1	
% of Quintile	**42.8**	**47.4**	
N	(127)	(64)	(578)
% of 13-24 months	24.0	9.9	
% of Quintile	**31.6**	**28.9**	

N	(94)	(39)	(392)
% of 25 or more months	26.8	11.3	
% of Quintile	**25.6**	**23.7**	
N	(76)	(32)	(284)
Total N	(297)	(135)	**(1254)**

Note: NIMDM = Northern Ireland Multiple Deprivation Measures 2017 (quintiles). Figures in brackets represent the number of cases.

Current social worker and previous key worker allocation numbers by child group

For reporting purposes, percentage comparisons across columns in Tables 5a and 5b were deemed more meaningful for highlighting differences between the child groups defined as Children in Care only (CIC, N=295), Child Protection Registration only (CPR, N=1079) and CIC/CPR combined (N=263). The majority of cases (83.8%) were assigned to a single current social worker, with 16.2% assigned to 2 or more current social workers. Approximately 17.5% of the CPR-only group were recorded as having 2 or more social workers, compared with 14.9% of the CIC-only group and 12.5% of the combined CIC/CPR group.

As previously stated, the number of previously allocated key workers variable exhibited greater variability than the current number of allocated social workers. Overall, approximately 22.1% had few previous key workers allocated (0-1), the majority (61.4%) had 2-4 previous allocations, and a smaller group (16.4%) had 5 or more. Comparing these percentages across the three groups showed that proportionately fewer cases from the CPR-only group (19.6%) had 0-1 previous key worker allocations than in the CIC-only group (28.5%) and the combined CIC/CPR group (25.1%). By contrast, the CPR-only group had a higher percentage of 5 or more previous key worker allocations (17.7%) than the CIC-only group (10.2%) and similar to the combined CIC/CPR group (18.3%).

Number of placement moves and combined time (in months) allocated to previous placement moves by child group.

Table 5b compares the number of placement moves and the total time (in months) allocated to previous placement moves (excluding respite moves) across two groups of children (Children in Care only (CIC, N=295) and CIC/CPR combined (N=263). The number of placement moves and the combined time (in months) were available only from the Children in Care (CIC) module. Children who were recorded on the Child Protection Register but not in the CIC data module have therefore not provided data on placement moves or durations. For this reason, the number of placement moves was compared only between two child groups (CIC only vs CIC/CPR combined).

Overall, 35% of children experienced no prior placement moves, 50.1% had 1-4 moves, and 14.9% had 5 or more moves. The majority of the CIC-only group (52.3% experienced 1-4 placement moves, with 19.1 % experiencing 5 or more moves. This contrasts with the combined CIC/CPR group, who were more likely to experience no placement moves (52.4%), less likely to experience 1-4 moves (44.1%) and less likely to experience 5 or more moves (3.5%).

A similar pattern of results was evident for the combined time (in months) on placement moves (excluding respite moves). Overall, 46.1% of cases had 0-12 months of placement, 31.3% had 13-24 months, and 22.7% had 25 or more months. Again, the combined CIC/CPR group was most likely to report a shorter placement duration of 0-12 months (54.2%) compared to 44.4% for the CIC-only group. The CIC-only group was more likely to report longer durations of 13-24 months (32.7%) and 25 or more months (22.9%) than the combined CIC/CPR group (25.1% and 20.7%, respectively).

Table 5a

Comparing current social worker and previous key worker allocations by child grouping.

	Child Group			
Number of SOS_ID Cases	**CIC only**	**CPR only**	**CIC/CPR combined**	**Total N**

Number of allocated social workers				
% of 1 social worker	18.3	64.9	16.8	
	85.1	**82.5**	**87.5**	
% of group	(251)	(890)	(230)	(1371)
N				
	16.5	71.1	12.4	(266)
% of 2 or more social workers	**14.9**	**17.5**	**12.5**	
% of Group	(44)	(189)	(33)	
N				
	(295)	(1079)	(263)	**(1637)**
Total N				
Number of previous key workers				
% of	23.3	58.4	18.3	
0-1	**28.5**	**19.6**	**25.1**	
% of Group	(84)	(211)	(66)	(361)
N	18.0	67.2	14.8	
	61.4	**62.7**	**56.7**	
% of 2-4	(181)	(677)	(149)	(1007)
% of Group				
N	11.2	71.0	17.8	
	10.2	**17.7**	**18.3**	
% of 5 or more	(30)	(191)	(48)	(269)
% of Group				
N	(295)	(1079)	(263)	**(1637)**
Total N				

Note: CIC = Children in Care, including Looked After Children; CPR = Child Protection Register.

Figures in brackets represent the number of cases.

Table 5b

Comparing the number of placement moves and total placement time (in months per child, excluding respite) by child grouping.

	Child Group			
Number of SOS_ID cases	**CIC only**	**CPR only**	**CIC/CPR combined**	**Total N**
Number of placement moves (excluding respite).				
% of 0 moves	59.7	-	40.3	
% of Group	**28.6**	-	**52.4**	
N	(310)	(0)	(209)	(519)
% of 1-4 moves	76.3	-	23.7	
% of Group	**52.3**	-	**44.1**	
N	(566)	(0)	(176)	(742)
% of 5 or more moves	93.7	-	6.3	
% of Group	**19.1**	-	**3.5**	
N	(207)	(0)	(14)	(221)
Total N	(1083)	(0)	(399)	**(1482)**
Combined time allocated to placement (excluding respite)				
% of 0-12 months	70.2	-	29.8	
% of Group	**44.4**	-	**54.2**	
N	(427)	(0)	(181)	(608)
% of 13-24 months	78.9	-	21.1	
% of Group	**32.7**	-	**25.1**	

N	(315)	(0)	(84)	(399)
% of 25 or more months	76.1	-	23.9	
% of Group	**22.9**	-	**20.7**	(289)
N	(220)	(0)	(69)	
Total N	(962)	(0)	(334)	**(1296)**

Note: CIC = Children in Care, including Looked After Children; CPR = Child Protection Register.

Figures in brackets represent the number of cases.

Multinomial logistic regression results

A multinomial logistic regression was conducted to examine whether area deprivation predicted children's keyworker allocation history, adjusting for age, sex, and time in months of key worker allocation. The outcome variable had three categories: 0–1 previous key workers, 2–5 previous key workers, and 6 or more previous key workers. The reference category was 0–1 previous key workers. Deprivation was entered as a five-level categorical predictor, with the most deprived group specified as the reference category. Multinomial logistic regression estimated separate comparisons between each non-reference outcome category and the reference outcome category, with odds ratios used to aid interpretation.

The final model provided a statistically significant improvement in fit over the intercept-only model: −2 log-likelihood = 2197.56, $\chi^2(14) = 311.11$, $p < .001$. The model accounted for a modest proportion of the variation in keyworker allocation history, with pseudo-R^2 values of .19 (Cox and Snell), .232 (Nagelkerke), and .123 (McFadden). The Pearson goodness-of-fit test was statistically significant, $\chi^2(2860) = 3153.46$, $p < .001$, whereas the deviance goodness-of-fit test was non-significant, $\chi^2(2860) = 2177.92$, $p = 1.000$. Taken together, these indices suggest that the model improved prediction relative to the null model, although the significant Pearson statistic indicates that model fit should be interpreted with some caution.

Likelihood-ratio tests indicated that age was significantly associated with keyworker allocation history; $p = .001$, as was time in months of key worker allocation; $p < .001$. Sex was not statistically significant at the conventional .05 level, $p = .147$. The overall effect of deprivation was also statistically significant, $p = .034$.

In the comparison between children with 2–5 previous key workers and those with 0–1 previous key workers, several deprivation contrasts were statistically significant. Compared with children in the least deprived areas (NIMDM quintile group 5), children in the most deprived areas (NIMDM quintile group 1) had higher odds of having had 2–5 previous key workers than 0–1, OR = 1.85 (95% CI 1.11 – 3.13), $p = .019$. This corresponds to approximately 85% higher odds. Similarly, children in NIMDM quintile group 1 had higher odds of having 2–5 previous key workers than those in quintile 4, OR = 1.64 (95% CI 1.03 – 2.56), $p = .038$, corresponding to approximately a 64% increase in odds. Children in quintile group 1 also had significantly higher odds of having 2–5 previous key workers compared to quintile 3, OR = 1.92 (95% CI, 3.03 – 1.22), $p = .005$, corresponding to approximately a 92% increase in odds.

However, children in NIMDM quintile group 1 did not differ significantly from those in quintile 2, OR = 1.17 (95% CI, 1.85 – 0.75), p = .494.

In contrast, when comparing children with 5 or more previous key workers and those with 0–1 previous key workers, deprivation was not significantly associated with membership in outcome categories. None of the deprivation levels differed significantly from the most deprived reference group; all $ps > .05$.

Summary of findings

The results described in Tables 3–5 and the multinomial regression provide some evidence of a deprivation gradient in children's experiences of social worker turnover in the social care system. The results from the tables were generally more pronounced with respect to the number of previous key worker allocations. The regression results indicate that after adjustment for age, sex, and duration of key worker allocation, deprivation was associated with the likelihood of having had 2–5 previous key workers, relative to 0–1 previous key workers. Specifically, children in the most deprived areas, particularly those in deprivation levels 1–3, were more likely to have experienced 2–5 previous key workers than children in the least-deprived areas. However, deprivation was not significantly associated with the likelihood of having 5 or more previous key workers. Given that the overall likelihood-ratio test for deprivation was statistically significant, this strengthens the evidence for a deprivation gradient in these childhood experiences. The main outcome variable chosen was the number of previously allocated key workers. It should be noted that 22.1% had few previous key workers allocated (0-1), the majority (61.4%) had 2-4 previous allocations, and 16.4% had 5 or more. This latter group consisted of 265 valid cases, of which only 27 were in quintile 5 (least deprived). For this reason, the non-significant results from comparisons between the lowest and highest numbers of previously allocated key workers should be interpreted with caution.

Acknowledgements

The authors would like to acknowledge the help provided by the staff of the Honest Broker Service (HBS) within the Business Services Organisation Northern Ireland (BSO). The HBS is funded by the BSO and the Department of Health (DoH). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the author and do not necessarily represent those of the BSO.

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Economic analysis of children's services social worker turnover in Northern Ireland

Public Health Agency
Research and Development

Introduction

Social Workers play a critical role within the Health and Social Care system, particularly Child and Family Social Workers who support some of the most vulnerable children and families in society. However, the ability of Child and Family Care Social Workers to deliver effective services is influenced by caseload levels and the availability of a stable workforce. Previous research by MacLochlainn and McFadden et al. (2026) has highlighted ongoing challenges related to recruitment and retention within this workforce, resulting in persistently high turnover rates. High levels of turnover can negatively affect service delivery, increase caseload pressures for remaining staff, and adversely impact the wellbeing of both Social Workers (Ravalier, Allen. & McGowan, 2023) and service users (MacLochlainn et al, 2026). This report seeks to address a gap in the existing research on Social Worker turnover by investigating the associated financial costs and providing an estimated cost of turnover within the Northern Ireland (NI) context.

Methodology

This section of the report aims to estimate the financial cost associated with children's Social Worker turnover in NI. To do so, it first outlines publicly available data on the wider Health and Social Work sector and its sub-sectors—human health activities, residential care activities, and social work activities without accommodation—to situate the analysis within the broader economic context and emphasise the sector's importance to the NI economy. The data presented include staff turnover and employment figures on Social Workers, gathered from the NI Health and Social Care (HSC) Workforce Census and the NI Social Care Council (NISCC). Further analysis draws on population figures from the Office of National Statistics (ONS) to provide a breakdown of Social Workers per 10,000 people (per 10k) in NI, along with population projections for NI. This supplementary analysis complements the wider research as the information highlights how demographic changes may impact the demand for, and pressures on, Social Workers in NI, all of which are important factors to consider in future workforce planning.

Finally, the research explores data required to calculate turnover-related costs, including recruitment and onboarding expenses, ongoing training and development costs, and productivity losses resulting from the role not being fully performed while a replacement Social Worker is recruited and embedded. This information, combined with the turnover rate, is then

used to estimate the financial cost of Social Worker turnover in NI using an Excel-based calculator provided by Altman[1,2], who highlighted the importance of measuring employee turnover to understand its organisational and fiscal impact. For this project staff turnover will be calculated for Child/Family Care Social Workers.

Summary Results and Brief Analysis

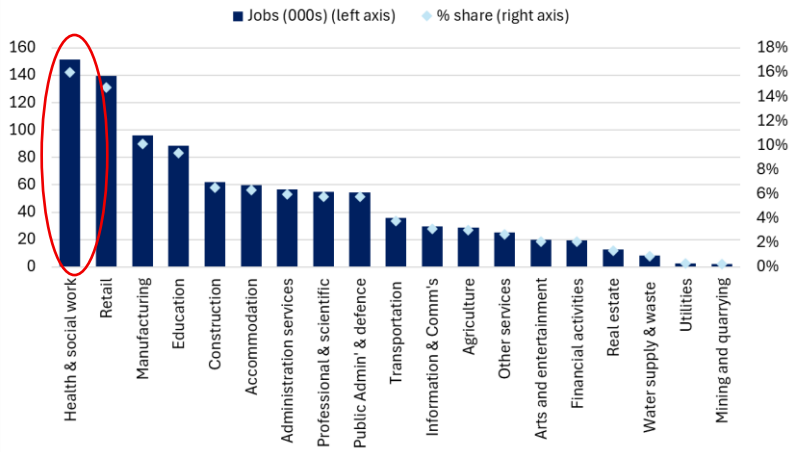
The concluding results estimate that the financial burden of Child/Family Care Social Worker turnover to be £7.13 million for 2024/25. This is a substantial sum and suggests that around 143 Social Workers were lost in this period in NI Trusts. The findings ultimately underscore that staff turnover imposes significant fiscal and operational costs on the HSC system, particularly when compounded by demographic changes that may elevate demand for social care services in future. Consequently, addressing turnover requires a strategic, system-wide approach that integrates workforce planning, wellbeing, and professional development. Strengthening retention will not only reduce direct costs but also enhance service continuity and outcomes for individuals and communities across NI.

The Health and Social Work Sector in Northern Ireland: A Data Overview

Since 2020, Health and Social Work[3] has been NI's largest sector. In 2024[4], the sector had nearly 152,600 workforce jobs[5] representing 16.0% of total jobs[6] (Figure 3.1), emphasising its importance to the NI economy.

For comparison, in England and Scotland, Health and Social Work accounted for 13.2% and 15.3% of jobs respectively, while in Wales the sector accounted for 16.9% in 2024. Overall, in the UK, Health and Social Work accounted for 13.6% of jobs in 2024, with over 4.98 million jobs.

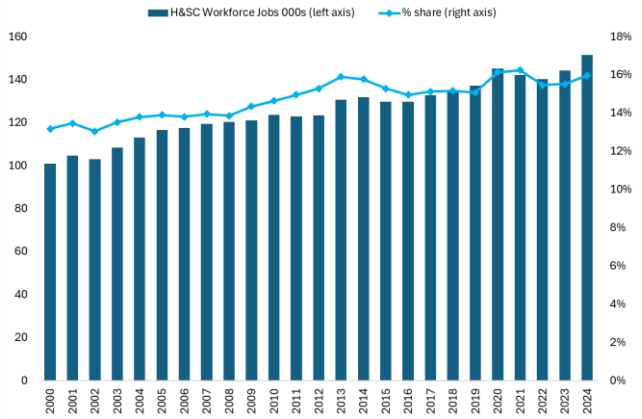
Figure 3.1: Workforce jobs by sector, NI, 2024



Source: NOMIS

NI's Health and Social Work sector has experienced growth in the longer term, expanding by 50,380 jobs since 2000 (Figure 3.2) when there were 101,000 jobs in this sector when the sector accounted for 13.2% of NI's total (Figure 3.2).

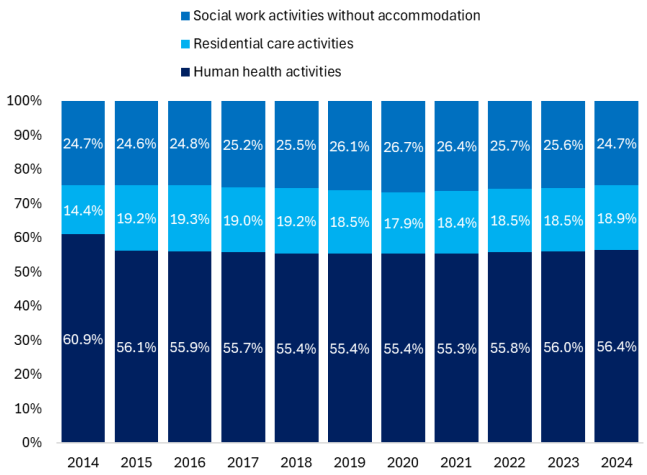
Figure 3.2: Growth of the Health and Social Care sector in NI, 2000-2024



Source: NOMIS

A further breakdown from the Quarterly Employment Survey shows that within Health and Social Work there were 139,840 employee jobs in 2024[7], an increase of 19,250 over the last decade. At a sub-sectoral level, this consisted of Human Health, which accounted for 56.4% of employee jobs, Social Work activities (without accommodation) at 24.7%, and Residential Care at 18.9%. These shares have remained largely static since 2014 (Figure 3.3).

Figure 3.3: Health and Social Work's Sub-sectoral % share, NI, 2014-2024

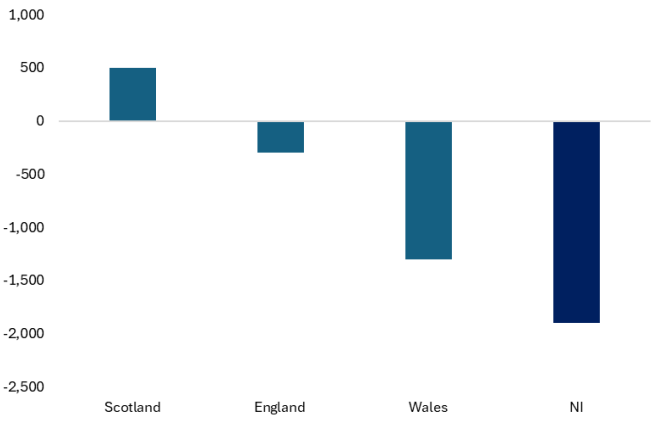


Source: Quarterly Employment Survey

Focusing on Social Workers, the occupation data from the Annual Population Survey[8] reports that there were 4,400 Social Workers in NI in 2024, a reduction from 6,300 in 2021, and the largest decline compared to the other UK countries (Figure 3.4). This decline also occurred despite the workforce jobs data (Figure 3.3 above) indicating that the overall Health and Social Work sector expanded by 6.2% from 2021-2024, suggesting that the expansion occurred in other occupations.

According to the Annual Population Survey[9], the UK experienced a reduction of 3,000 Social Workers from 2021-2024, with NI accounting for 61% of this decline. Scotland is the only area to have experienced an increase in Social Workers, growing by 500 since 2021 to reach a total of 13,500 Social Workers in 2024.

Figure 3.4: Change in Social Worker occupations across the UK constituencies, 2021-2024



Source: Annual Population Survey, ONS (2025)

NISCC's Public Facing Register[10] reports that there were over 49,550 social work registrants as of February 2026[11], of which over 6,900 were qualified Social Workers, 860 students and

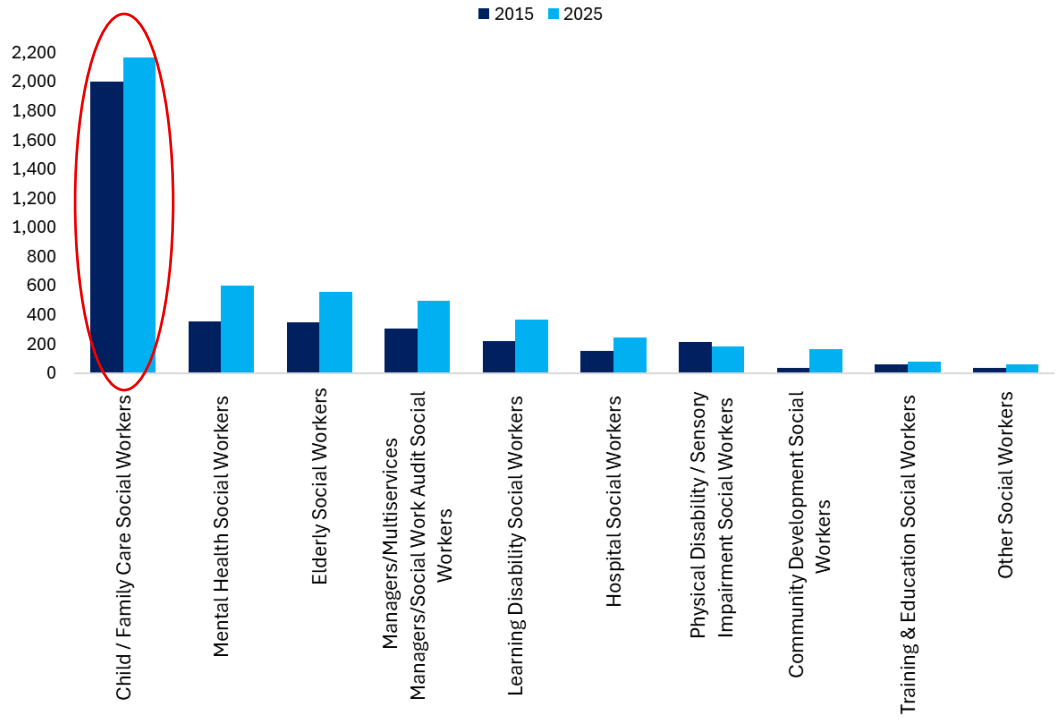
over 41,840 Social Care practitioners. The February 2026 figure got Social Workers represents a 2.0% increase since February 2025.

74.4% of Social Workers on the NISCC register (circa February 2026) are employed within NI's Trusts, the rest are employed within other public sector settings such as education welfare, probation, youth justice, as well as in charities or the community, private and voluntary sector. The remainder of this analysis will focus on Social Workers employed in NI's HSC Trusts. To do this, the NI HSC Workforce Census[12] has been utilised to gain data on the number of health workers and social services staff.

The HSC Workforce Census reports that there were over 75,000 health and social care workers across NI's Trusts in 2025. The workforce includes 9,730 staff in Social Services, of which, 4,910 were Social Workers. The 2025 figure for Social Workers is an increase of 85 since 2024, whilst over the longer term, represents an additional 1,200 Social Workers since 2015[13].

In terms of the type of Social Worker, Mental Health Social Workers experienced the largest increase, growing by over 240 workers, whilst Physical Disability/Sensory Impairment Social Workers declined by 30. However, the largest cohort of Social Workers remained in Child/ Family Care with nearly 2,170 Social Workers, or 44% of all Social Workers in the Trusts. This is also an increase of 170 Child/Family Care Social Workers since 2015 (Figure 3.5). It is this cohort of Child/Family Care Social Workers that will be used within this study to investigate turnover rates and fiscal costs.

Figure 3.5: Social Workers, headcount, 2015-2025



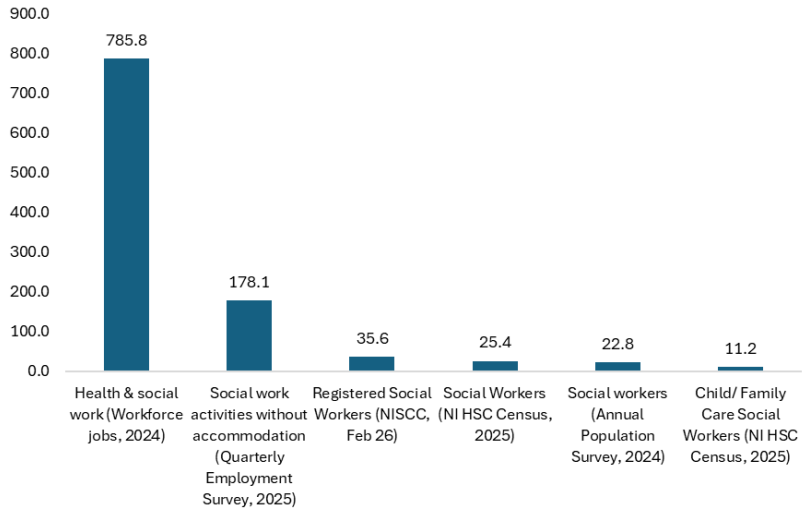
Source: HSC Workforce Census

Note: The analysis uses the headcount of Social Workers rather than the whole-time equivalent (WTE) figures to align with the HSC Workforce Census' turnover calculation method.

To help summarise the above information and to show how, as part of the wider context, the demands on Social Workers may have grown, population data has been used to calculate the number of Social Workers per 10,000 people in NI.

The results (Figure 3.6) show that there were 785.8 health and social care jobs per 10k in 2024. However, when we isolate Social Workers, such as those registered with NISCC, there were 35.6 Social Workers per 10k and when we look at those working across the Trusts there were only 25.4 Social Workers per 10k people with this dropping to 11.2 per 10k for Child/Family Care Social Workers. This breakdown could be used to assist workforce planning and address whether there are enough Social Workers to meet the demands of an ageing and growing population.

Figure 3.6: Health and social work and Social Workers per 10k, NI, 2024-2026



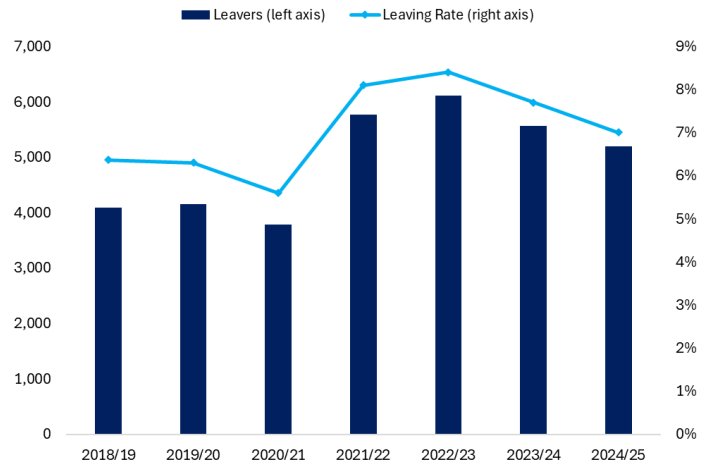
Source: NOMIS, QES, NISCC, NI HSC Census, APS

Note : The 2025 and 2026 population figures that were used are population projections for these years. An average of the three quarters of data available in the Quarterly Employment Survey have been used to estimate a 2025 figure for Social Work activities without accommodation

Turnover of Social Workers

Staff turnover, also known as the leaving rate, is calculated by dividing the number of staff who left their posts by the overall headcount[14]. In 2024/25, there were 5,200 leavers in the HSC workforce, equating to a turnover rate of 7.0% (Figure 3.7). Although this represents a slight decrease from the previous year, the number of leavers and the overall leaving rate remain elevated compared with earlier years. Notably, the turnover rate fell to a low of 5.6% in 2020/21, when 3,790 staff left the workforce—likely reflecting employees' increased tendency to remain in their roles during the pandemic.

Figure 3.7: Turnover (leavers and rate, headcount) within the HSC workforce, NI, 2018-2025

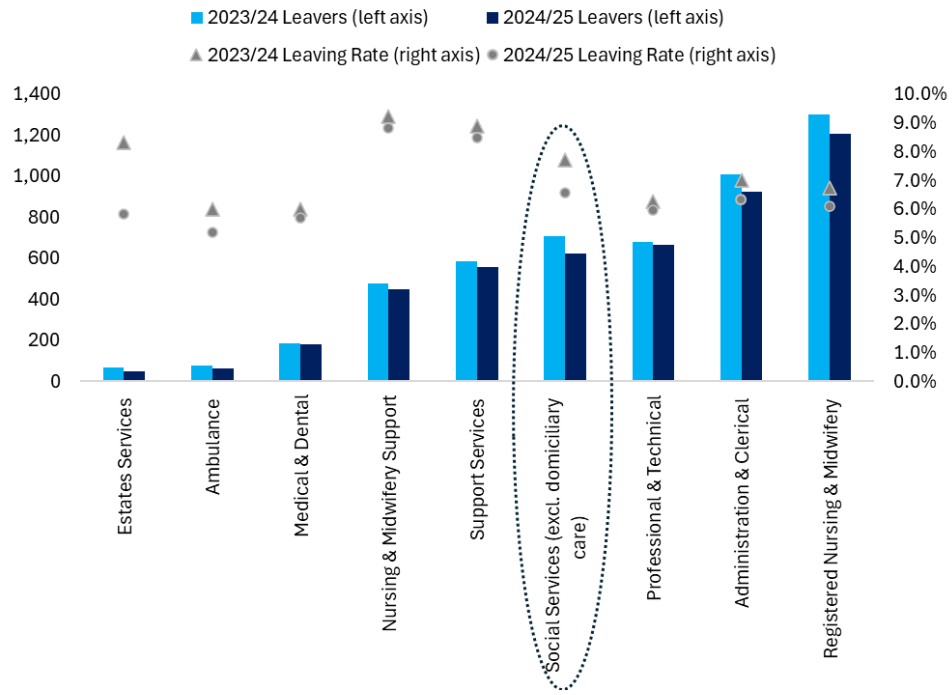


Source: HSC Workforce Census

When broken down by staff group (Figure 3.8), registered nursing and midwifery had the highest number of leavers in 2024/25 at just over 1,200—around 100 fewer than in 2023/24. This represents a leaving rate of 6.1%, the fifth highest among staff groups. Nursing and midwifery support continued to record the highest leaving rate at 8.8%, consistent with the previous year when the rate stood at 9.2%.

Meanwhile, social services recorded just over 620 leavers in 2024/25, around 80 fewer than in the previous year. This corresponds to a leaving rate of 6.6%, making it the third-highest among staff groups; however, it represents an improvement from the 7.7% recorded in 2023/24 and sits below the overall HSC leaving rate of 7.0%. Applying the 2024/25 social services leaving rate to the Child/Family Care Social Workers suggests that just over 140 staff left their roles during this period, down from an estimated 165 in 2023/24.

Figure 3.8: Turnover (leavers and rate, headcount) by staff group, NI, 2023-2025



Source: HSC Workforce Census

Calculating the fiscal costs of staff turnover

To calculate the fiscal costs of staff turnover, an Excel based calculator[15], summarised below, has been utilised.

Turnover costs (£) = Lost employees x Costs (£, per employee)

Lost employees =

Headcount x turnover (%)

Costs (£, per employee) =

Cost of hiring (Advertising, HR staff time) + Training and onboarding (e.g. induction training) + Learning and development (ongoing training) + Opportunity cost of unfilled role (productivity)

Source: Altman, 2017

This sub-section sets out the sources of data used to inform the above calculation. Firstly, the 'lost employees' data was collected using the NI HSC Workforce Census (March 2025) summarised below.

- **Headcount** of Child/Family Care Social Workers was 2,168.
- **Turnover rate**[16] of 6.6% for social services.

The remaining data was gathered from a number of sources outlined below.

- **Cost of hiring**
    - CIPD's *Resourcing and talent planning report 2024*[17]*,* produced its findings from a UK survey of HR and people professionals. The findings estimated the median cost per hire of 'other employees' in the public sector to be £1,000 whilst for senior managers/directors the median cost was £2,500. For the purpose of this study the figure for 'other employees' will be used.

- **Training and onboarding**
    - These are the costs associated with a new hire to an organisation, Skills for Care[18] suggest that the average cost of training, having conducted a values-based recruitment process, is £2,229.

- **Ongoing learning and development**
    - For the purpose of this study, and after discussions with NISCC[19], it was decided that the calculations would focus on newly qualified Social Workers in their first 5 years and so these staff would fall within Pay Bands 5-6 for which the average pay is £33.7k[20].

    - Newly qualified and registered Social Workers must complete an Assessed Year in Employment (AYE) which includes at least 10 training and development days. These days can be broken down in to the equivalent, 75 hours. Based on the average, hourly salary[21] of Band 5-6 Social Workers the cost for this training time is estimated at £1,295.

    - Completion of the AYE is then followed by at least 2 Professional in Practice (PiP) requirements which must be completed within 3 years after the AYE in order for a Social Worker's registration to be renewed[22]. There are a number of ways in which a Social Worker can meet the PiP requirements, including courses at Queen's University Belfast and Ulster University[23] for which the average cost between these two institutions is estimated at £3,773[24].

- **Productivity**

- This is calculated by dividing a sector's output, known as gross value added[25] (GVA), by the number of jobs to give the output per job which is referred to as productivity. In this case the productivity for Health and Social Work has been used as a proxy for which the productivity was £41,539 for 2023[26].

These figures are then input in to the turnover calculator,

$$\textit{Turnover costs (£)} = (2{,}168 \times 6.6\%) \times (£1{,}000 + £2{,}229 + (£1{,}295 + £3{,}773) + £41{,}539)$$

$$= 143.1 \times £49{,}836$$

$$= £7{,}130{,}934$$

Figure 3.9: The estimated cost of Child/ Family Care Social Worker, 2024/25

Cost of Employee Turnover Calculator		
Company		
Variables	Business Information	
Number of child/family care social workers (headcount)	2,168	
Annual turnover percentage	6.6%	
Lost employees	143.1	
Employee Expenses		
Variables	Cost Per Employees (£)	
Cost of hiring	1,000	
Training and onboarding	2,229	
Learning and development	5,068	
Opportunity cost of unfilled role	41,539	
Turnover Costs		
Cost of turnover	**£**	**7,130,934**
££ saved w/ 20% reduction	£	1,426,187

The final monetary figure above (Figure 3.9) suggests that if 143 Child/Family Care Social Workers left their role, this has an estimated cost of £7.13 million to NI's Trusts in 2024/25. Reducing the number of Social Workers leaving by 20% would possibly save £1.43 million, which could employ 42 Band 5/6 Social Workers.

Given that the leaving rate fluctuates annually, if we performed this calculation again using the 2023/24 headcount (2,145) and leaving rate (7.7%) the cost is estimated to be over £8.23 million. The higher figure is based on an additional 22 individuals leaving, costing a further £1.1 million compared to 2024/25. These results may help convey the acute nature of the leaving rate and how the costs associated with staff turnover can fluctuate annually if more or

less people leave. Therefore, from a workforce planning perspective it would be helpful for organisations to aim for a low and steady leaving rate to manage budgets and staffing levels.

Understanding Variation in Turnover Costs Across the Social Work Workforce

To explore turnover costs further, the above calculations were repeated for the 4,909 Social Workers[27] recorded in the HSC Census. The below calculation suggests with a leaving rate of 6.6%, 324 Social Workers left their role in 2024/25. This had an estimated cost of £14.7 million.

Note whilst the above calculations were conducted on Pay Bands 5/6 and so assumed they were required to undertake the AYE and PiP, the *Learning and Onboarding* costs used below are based on 30 hours of training per year (90 hours of training required every 3 years by Social Workers) with an estimated cost of £518[28].

Figure 3.10: Estimated cost of Social Worker turnover in the HSC Trusts, 2024/25

Cost of Employee Turnover Calculator		
Company		
Variables	Business Information	
Number social workers (headcount)	4,909	
Annual turnover percentage	6.6%	
Lost employees	324.0	
Employee Expenses		
Variables	Cost Per Employees (£)	
Cost of hiring	1,000	
Training and onboarding	2,229	
Learning and development	518	
Opportunity cost of unfilled role	41,539	
Turnover Costs		
Cost of turnover	**£**	**14,672,313**
££ saved w/ 20% reduction	£	2,934,463

This calculation was then carried out on different types of Social Workers with the estimated costs summarised below in Table 3.1. The figures would suggest that those with a higher number of staff have a larger number of leavers and so higher associated costs. Under this calculation, based on 30 hours of training per year and an average salary across Pay Bands 5 and 6, it is estimated that turnover costs for Child/ Family Care Social Workers to be £6.5 million - the highest costs across all types of Social Workers. This is followed by Mental Health Social Workers where a loss of 40 staff in this cohort had an estimated cost of £1.8 million.

Table 3.1: Estimated costs of Social Worker Turnover in HSC Trusts based on 6.6% turnover rate, 2024/25

	Number of Social Workers (2024/25)	Estimated Turnover Cost (£m)
Child / Family Care Social Workers	2,168	£6.48
Mental Health Social Workers	598	£1.79
Elderly Social Workers	559	£1.67
Managers/Multiservices Managers/Social Work Audit Social Workers	497	£1.49
Learning Disability Social Workers	364	£1.09
Hospital Social Workers	241	£0.72
Physical Disability/Sensory Impairment Social Workers	179	£0.54
Community Development Social Workers	166	£0.50
Training & Education Social Workers	79	£0.24
Other Social Workers	58	£0.17
Total (Excluding Child/Family Care)	**2,741**	**£8.19**
Total (Including Child/Family Care Headcount)	**4,909**	**£14.67**

Conclusion

This analysis demonstrates that staff turnover among Child/Family Care Social Workers represents a significant and measurable financial burden for NI's Health and Social Care Trusts. Using the 2024/25 NI HSC Census data and conservative cost assumptions, the estimated annual cost of turnover within this cohort is £7.13 million. When extended across all Social Workers employed within the Trusts, the estimated cost rises to £14.7 million. These figures highlight that turnover is not solely a workforce issue, but a material fiscal pressure on the public sector.

The findings also illustrate how sensitive overall costs are to fluctuations in the leaving rate. A relatively small increase in turnover can result in additional expenditure of over £1 million per year. Conversely, even modest improvements in retention—such as a 20% reduction in leavers—could release substantial financial resources that could be reinvested directly into frontline staffing and service provision. In the current context of budgetary constraint and rising service demand, this presents a compelling economic case for prioritising retention strategies.

Importantly, the estimates presented here are conservative as they do not capture wider system impacts such as increased caseload pressures, service disruption, delayed interventions, or the longer-term effects on staff wellbeing and service-user outcomes. Nor do they account for broader societal and educational costs linked to workforce instability. The true cost of social worker turnover is therefore likely to exceed the financial estimates outlined in this report.

Taken together, the evidence underscores that workforce stability is both an operational and economic imperative. This issue will be of increasing importance as NI continues to experience

an ageing and growing population which may increase demand for services. Therefore, proactive strategic investment in retention, professional development, wellbeing, and workforce planning should not be viewed as discretionary spending, but rather as a mechanism to safeguard public finances, maintain service continuity, and protect outcomes for vulnerable children and families. Addressing turnover is therefore central not only to strengthening the Social Work profession, but also to ensuring the long-term sustainability of the wider Health and Social Care system in NI.

Endnotes of the Economic Analysis

[1] Altman, J. (2017). How much does employee turnover really cost. Available at: https://medium.com/resources-for-humans/how-much-does-employee-turnover-really-cost-d61df5eed151

[2] A US based calculator provided by Retail Orphan Initiative was also explored, however for the purposes of this initial, experimental investigation and the data required for this calculator it was deemed appropriate to utilise the method provided by Altman.

[3] ONS refer to this sector as 'Human Health and Social Work Activities' in the Workforce Jobs data set.

[4] 2024 has been used as the latest data year as only 3 quarters of data were available for 2025 at the time of writing.

[5] Workforce jobs include employee jobs, self-employed, HM Forces and government supported trainees.

[6] ONS, 2026, Workforce Jobs. Available at: https://www.nomisweb.co.uk/sources/wfj

[7] NISRA, 2025, Quarterly Employment Survey. Available at: https://www.nisra.gov.uk/statistics/work-pay-and-benefits/quarterly-employment-survey#toc-0
2024 has been used as the latest data year as only 2 quarters of data were available for 2025 at the time of writing. Quarter 1 and Quarter 2 data for 2025 estimate that there were 141,200 employee jobs in Health and Social Work of which 24.4% where within Social Work activities.

[8] Annual Population Survey, includes employed and self-employed workers. Data available at: https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

[9] ONS, Dataset collection, Available at https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

[10]NISCC, 2026, Data about the social work and social care workforce. Available at https://niscc.info/data-about-the-social-work-and-social-care-workforce/

[11] 1st February 2026 selected on the date filter on NISCC's live Dashboard. Available at: https://niscc.info/data-about-the-social-work-and-social-care-workforce/

[12] Department of Health, 2025, Northern Ireland health and social care (HSC) workforce census March 2025. Available at: https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-census-march-2025
Note: The March 2025 Census has been used due to the availability of annual figures.

[13] Note that the number of social workers differ across sources, this could be due to data collection methods, date of collection, sources and purpose of data.

[14] The number of leavers and rate is provided in the HSC Workforce Census. Available at: https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-census-march-2025

[15] This calculator was provided in an article written by Altman, J. (2017). How much does employee turnover really cost.

[16] Also known as the leaving rate.

[17] CIPD, 2024, Resourcing and talent planning report. Available at: https://www.cipd.org/uk/knowledge/reports/resourcing-surveys/

[18] Skills for Care, Recruiting for values (2019). Available at: https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Key-findings-infographic-2019.pdf

[19] The project team met with staff from NISCC who kindly shared information on the required training for newly qualified Social Workers along with ongoing training requirements once they have been on the NISCC register for 3 years.

[20] The NI HSC Workforce Census reports that 53% of Social Workers are within Pay Bands 5-6 this cohort has an average pay of £33.7k and 47% are within Bands 7-9 with an average pay of £71.7k.

[21] Hourly earnings estimated from a 37.5 hour working week.

[22] Once an individual is settled into a job they are expected to continue their professional development. The NI Social Care Council outline that 90 hours of training are required every 5 years however as this study is focusing on newly registered Social Workers that the 90 hours of training would be excluded from these estimates.

[23] NISCC outlined that Social Workers are only required to complete a 20-credit course, however they recognise that University courses are not configured like this, students at QUB are required to enrol for 60 credits and at UU they can enrol for 30 credits. For this study, 60 credits has been used to estimate a cost of completing the post-graduate PiP Requirements.

[24] Social Workers require time from their employer to attend these courses. This will have a cost to the employer as well as lost output, these costs have been excluded from these estimates due to different course times and duration that would impact the costs.
[25] GVA is the total income generated by an economy (the value of the amount of goods and services produced), minus the cost of all inputs and raw materials that are directly attributable to production. It excludes the impacts of taxes and subsidies.
[26] 2023 has been used as it is the latest year of data. The figure was taken from UUEPC's Economic Model for Northern Ireland and is productivity in real terms, meaning it takes in to account the effects of inflation.
[27] For the purpose of this study Social Care Staff and Other Social Services Staff are not included in this figure.
[28] This figure has been estimated by taking an average salary across Pay Bands 5-6, which Social Workers fall under, and then calculating hourly earnings of £17 based on a 37.5 hour working week and multiplying this by the 30 hours per year. However, a Social Worker may complete fewer or more hours in one year and so this cost would change.