Recruitment and retention in social care work in Ireland: A Social Care Ireland survey.

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Acknowledgements.

Introduction.

As the first decade of the new millennium drew to a close, concerns were raised around the "dramatic growth in Higher Education social care programme providers since 2002" and the conclusion was reached that social care work could not "possibly absorb" the number of graduates annually and that this situation was thus "unsustainable" (Lalor, 2009, p. 1). It might seem almost ironic then that by the end of the second decade of the new millennium there were rumblings of recruitment and retention challenges within social care work. Certainly, TUSLA the child and family agency experienced substantial difficulties in this regard. In the period between 2015 and 2019 for example, TUSLA experienced a 30% increase in referrals, but only a 1% increase in the social care workforce, with agency workers being increasingly utilised to bolster service provision (Clarke & McMahon, 2020). In the allied profession of social work, similar problems were experienced and much of the explanation for the recruitment and retention challenges in securing social workers focused on a limited graduate pool and immigration challenges (Clarke & McMahon, 2020).

If the "dramatic growth" in social care graduates can be taken to suggest strongly that shortages in supply due to a limited pool to recruit from was unlikely to be a constraining factor in social care, then explanations for issues surrounding recruitment and retention must be sought elsewhere. This is not to suggest that supply side considerations do not undoubtable play some part. Indeed, recruitment and retention of workers in social services has been highlighted as a concern throughout the EU (Lethbridge, 2017) and in Ireland the austerity period was especially challenging for the health and social care sector. A combination of funding cuts, embargos and moratoriums on recruitment, as well as demands for work practice changes and increased privatisation through contracting out meant that there were often combined pressures of increasing unemployment or underemployment, and a deterioration in conditions of employment (Cantwell & Power, 2016; Dukelow & Kennet, 2018; Mahon, 2016; Murphy, 2017). Unsurprisingly therefore in the austerity era the tap of emigration turned on once again and educated young people left in droves (Gilmartin, 2017; Glynn et al., 2013). Nonetheless, with Ireland rebounding out of the Great Recession in the later period of the 2010s and the labour marketing tightening, CORU noted in 2019 that there were 14 educational providers providing some 34 social care programmes/pathways into social care work. As such, supply had clearly not diminished in the intervening period and any

explanation for recruitment and retention concerns must therefore to be located on the demand side of the equation (Kennedy & Kennedy-Burke, 2018; CORU, 2019).

If there was a "dramatic growth" is supply at the turn of the millennium there has arguably been a similar, though less extensive, growth in demand over the last two decades. Certainly, social care work has expanded beyond the traditional arenas of residential care for children and individuals with disabilities and social care work now takes place in an increasing diverse range of services, including addiction, homelessness and migrant services to name but a few (Byrne, 2016; McGarr & Fingleton, 2020; Mulkeen, 2020). At the same time, it must be acknowledged that recruitment and retention to any field are impacted by wider factors. Affordable childcare for example, remains a particular challenge in Ireland, especially where there are irregular work patterns and unsociable hours (Murphy, 2017; Russel et al., 2018). Given that both are features of social care work and that the social care workforce is overwhelmingly female, such influences cannot but impact recruitment and retention. In a similar fashion, upwardly spiralling rents and house prices and cost of living increases, as well as inflationary pressures often fanned the flames of industrial unrest, especially in the health and social care sectors (Lyons, 2021; McQuinn, 2017). In 2019 for instance, nurses, healthcare workers and support staff all took to the picket lines in disputes over pay and conditions, and concerns around recruitment and retention (Miley, 2019a & b; Wall, 2019).

Against this backdrop, and with concerns emerging of a potentially looming recruitment and retention crisis in social care work, Social Care Ireland undertook this study to examine work patterns, the extent to which there was a practice of offering lower grade pay and conditions in recruitment, and, most importantly, what social care workers themselves viewed as the 'greatest challenges in recruiting and retaining social care workers'.

Methods.

An online survey was distributed via Surveymonkey for a two week period spanning the end of May and start of June 2019. This survey was advertised and distributed through Social Care Ireland's membership base and its social media and other networks, with recipients encouraged to disseminate the survey onward through their networks and contacts. The survey included basic demographic questions (eg. Age range, sex, level of qualification etc),

work related questions (eg. Sector, current work status, shift patterns), a question around respondents' experience of the long rumoured recruitment practice of advertising for a social care worker position but then offering lower grade/pay/conditions, and an open-ended question around what respondents perceived as the greatest challenges to recruitment and retention. The vast majority of the survey questions were tick-box and/or used a Likert scale, with the question on challenges to recruitment and retention open ended free-text and subjected to qualitative content analysis. No personally identifying information was collected and so responses were anonymous. Ethical approval was granted by the Board of Social Care Ireland in advance of distribution of the survey and a mandatory consent question was included at the end of the survey/participant information page and prior to accessing the survey, to satisfy informed consent requirements.

Findings.

Demographics.

A total of 557 respondents completed all or nearly all of the survey questions. As would be expected, the overwhelming majority of respondents were female 483 (86.7%) with just 74 (13.3%) male respondents. Respondents age ranges were 20-29 (116/20.8%), 30-39 (188/33.8%), 40-49 (164/29.5%), 50-59 (83/14.9%), 60+ (4/0.7%) and one respondent did not provide an answer (Figure 1).

Figure 1. Age ranges of respondents.
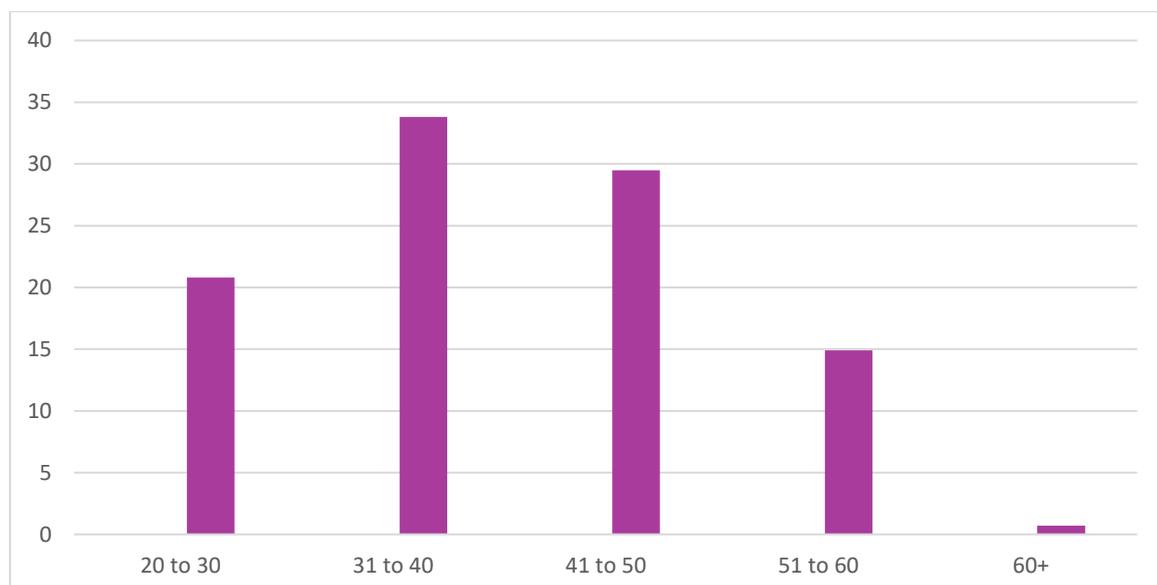
The majority of respondents, 78.6% were educated to degree level (25.9% level 7, 52.8% level 8), with a further 16.7% having a level 9 qualification (Masters or level 9 diploma). As such, less than 5% (4.7%) of respondents had a qualification at level 6 or below or had in-service training only. The primary area of qualification was social care which accounted for 83.7% of responses. The next most common response (5.2%) was 'other' qualification, which included areas as diverse as art, addiction, law, nursing and, family and community. This was followed by science sciences other than sociology/psychology (3.2%), psychology (2.5%) and other qualifications such as sociology, childcare, youth and community and teaching, each of which was indicated by only a small handful of respondents.

Work related questions.

Respondents were asked to select from pre-set options the sector they worked in. The response options were Disability (265), Children's residential (121), Addiction (7), Homeless (46), Child and adult mental health (12), Family support (16), Aftercare (9), Community based (37), Youth services (9), other (35). Other included responses such as 'domestic violence', 'home care', 'youth and child welfare officer', 'elder care', 'asylum seekers'. To facilitate analysis responses have been divided into three sectors based on these categories – Disability (265), Children's (121) and Other (171), with Other comprising all categories that are not Disability or Children's residential.

In terms of years worked in social care, there was a large percentage of newer entrants, 40.6%, who had 1 to 5 years of experience, while 18.9% had 6 to 10 years, 18.3%, 11 to 15 years, 11.5% had 16 to 20 years, and the remaining 10.8% had over 21 years of experience (Figure 2).

Figure 2. Years of experience working in social care.
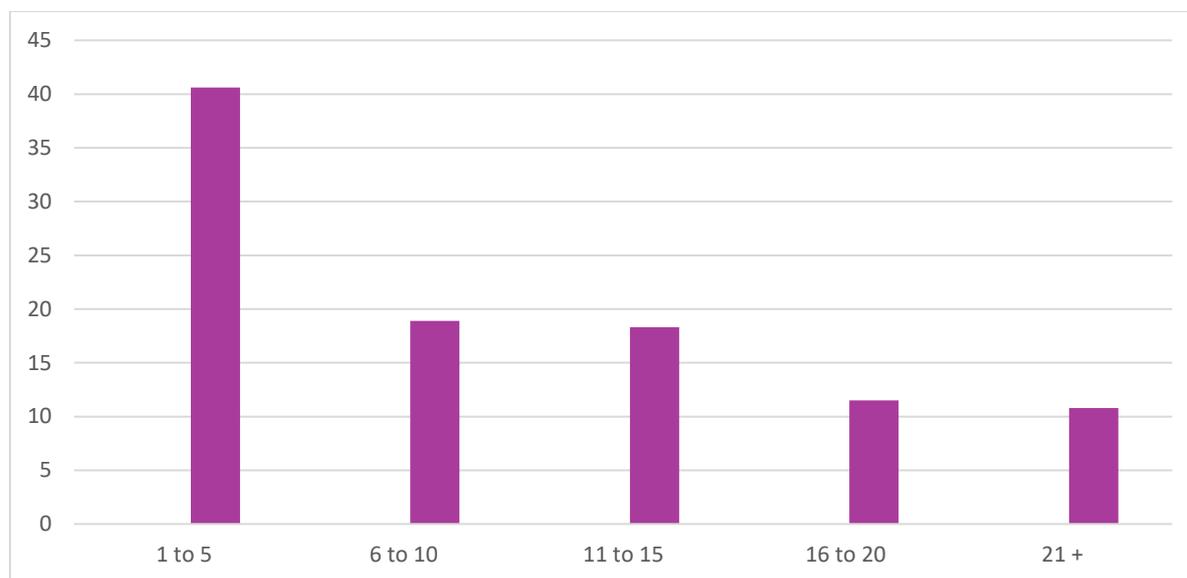
Most respondents were employed full-time permanent (69.7%), part-time permanent (16.2%), temporary/relief panel (8.6%), other (2.9%), agency (2.2%) and volunteer (0.5%). The most commonly included response for 'other' was a fixed term contract. The average hours per working week for just over half (50.3%) of respondents were 30-40 hours per week, with 24.4% working 40-50 hours. Other responses were either above 50hours per week 6.4% or between 20 and 30 hours (13.1%) or less than 20 hours per week (4.5%).

In terms of normal weekly shift pattern there was a variety of responses, particularly in the Other (13.6%) category. The most common shift pattern was 8 hour shifts (39.5%), followed by 12 hour shifts (23.5%), 24 hour shifts (19.9%), other (13.6%), and 16 hour shifts (3.4%). Responses in the Other category included almost every possible combination of the options that were presented, noted various shifts, regular shifts with on call/rotation weekends or regular shifts with sleepover. (Figure 3).

Figure 3. Average week shift pattern.
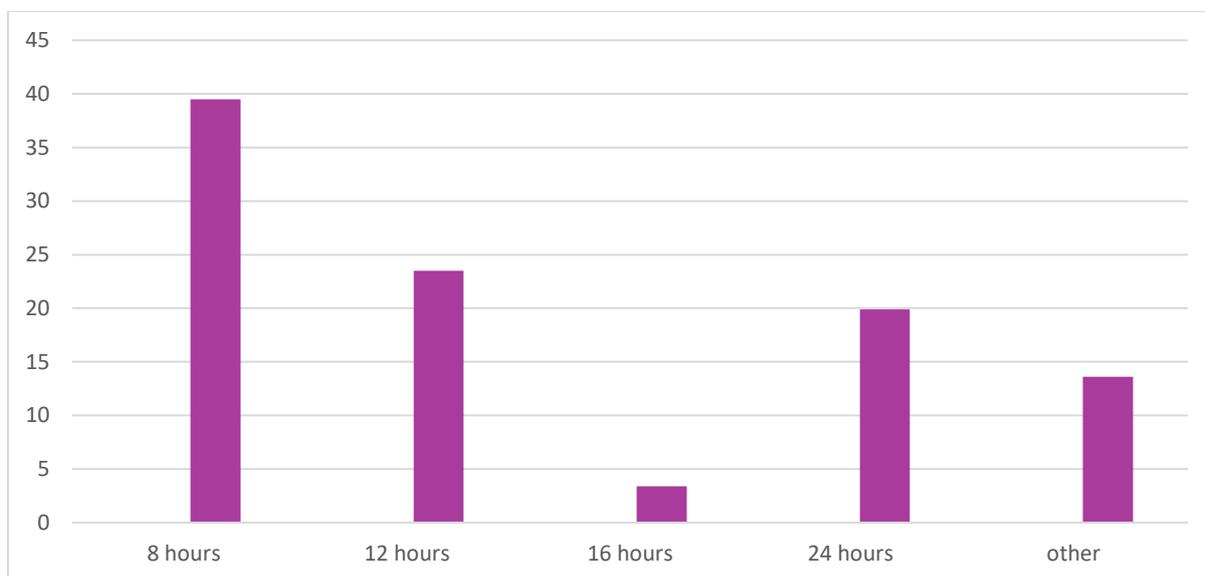
When broken down by sector, the response reveal substantial sectoral differences in average weekly shift patterns (Figure 4).

Figure 4. Average weekly shift pattern by sector.
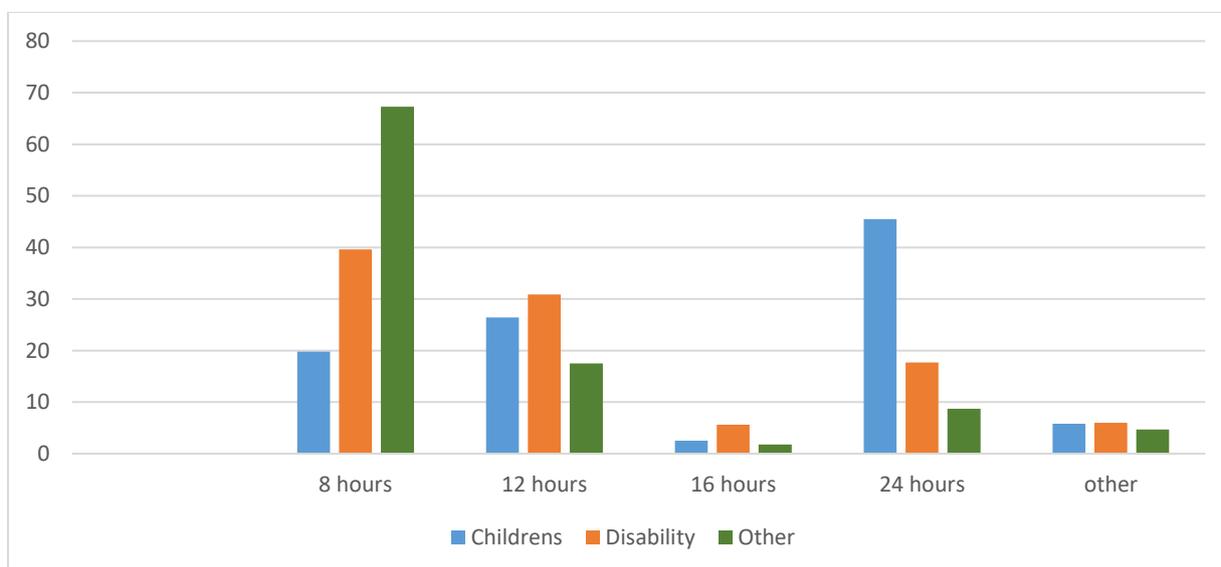
Average weekly shifts of 8 hours duration were most common in the Other (67.3%) sector and Disability sector (39.6%), while 24 hour shifts were the most common in Children's residential services (45.5%), with almost half of respondents regularly completing 24 hour shifts.

A question was included which asked participants 'If your normal weekly shift pattern is 16 or 24 hours, does this mostly include – sleepovers/waking nights?' Some 344 responses were received, many from respondents who had not indicated 16 or 24 hours as their normal weekly shift pattern. As such, it would appear that either the question on normal weekly shift pattern was not sensitive enough to capture the variety of patterns or that patterns cannot easily be captured on a weekly basis. Of the 344 responses to the question around sleepovers/waking nights, three quarters indicated sleepovers (75.6%), and one quarter waking nights (24.4%). (Figure 5).

Figure 5. Percentage of responses by sector and percentages of those from each sector who indicated sleepovers or waking nights.
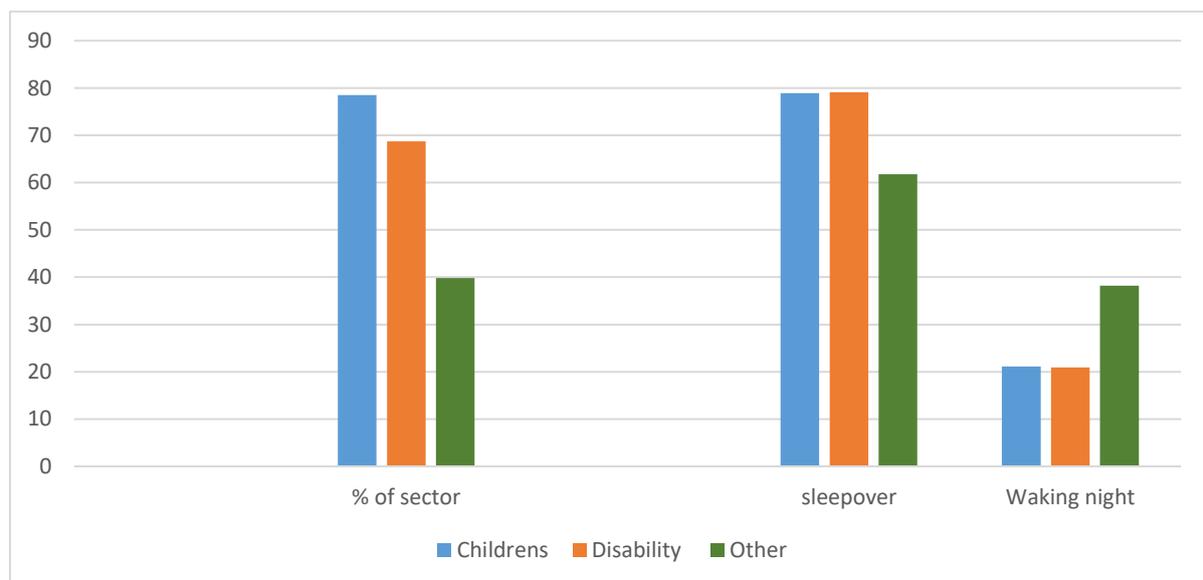
Sleepovers or waking nights were least common in the Other sector (39.8%), but of those who did such shifts, almost 40% (38.2%) completed waking nights. In contrast, the Children's residential sector had the highest rate of respondents completing either sleepovers or waking nights (78.5%), with sleepovers (78.9%) far more common than waking nights (21.1%). It was a similar situation in the Disability sector, with 68.7% of respondents completing sleepovers or waking nights and of these 79.1% completed sleepovers and 20.9% waking nights.

In light of previous studies, a surprisingly high percentage (78.8%) of respondents answered yes to the question – "Are you currently employed as a social care worker (SCW)/leader/manager?" (see for example, Byrne, 2016; Power & D'Arcy, 2018; Williams &

Lalor, 2001). Those who answered 'no' (21.2%), included job titles such as 'project worker', 'support worker' and 'programme facilitator'. In Children's residential services 95.9% of respondents indicated a title of social care worker, leader or manager. In Disability services this fell to 77% and in Other services it reduced further to 70.2%.

Throughout the years there have been rumours of a practice amongst some employers of advertising for a social care worker position and then offering a position at lesser grade/pay/conditions. The extent of this rumour and its longevity have elevated this apparent practice to the level of firm belief amongst some. In order to ascertain the extent, if any, of this practice, participants were asked 'Have you ever gone for a social care worker position and been offered pay and conditions of a lower grade, such as health care assistant, direct care worker or similar?' Figure 6 details the responses by sector.

Figure 6. Extent of experience of being offered position other than social care worker by percentages per sector.
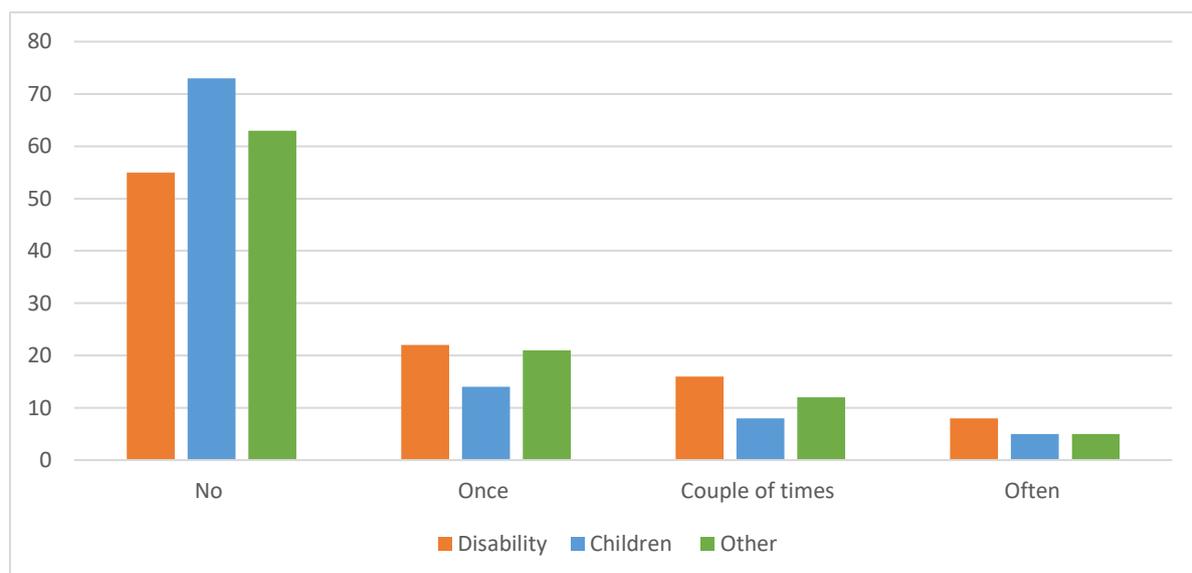
The responses suggest strongly that belief in the commonality of this practice was not without foundation. Indeed, on average 1 in every 3 (36%) respondents to this study had encountered this situation at least once and almost 1 in every 5 (18%) respondents had confronted it more often than once. Within the Disability sector in particular the practice seems to have been, and possibly still is, widespread, with almost half (45%) or respondents indicating that this had happened to them at least once.

Responses to - What do you see as the greatest challenges in recruiting and retaining social care workers?

This final question of the survey was open ended and allowed respondents to include free-text responses. The responses were analysed using qualitative content analysis (see Appendix 1 for more details) and thus an individual response may have included a number of categories. For example, a response of 'long hours' would have been placed in the 'Hours' category only, whereas a response such as 'low pay, long hours and little respect' would have been included in each of the three categories 'pay and conditions', 'hours' and 'respect and recognition'. Figure 7 displays the overall responses divided into ten categories. (Please note some category names have been shortened to prevent overcrowded graphs and full category titles are included below and elaborated in appendix 1).

Figures 7. Percentages of responses in relation to greatest challenges to recruitment and retention.
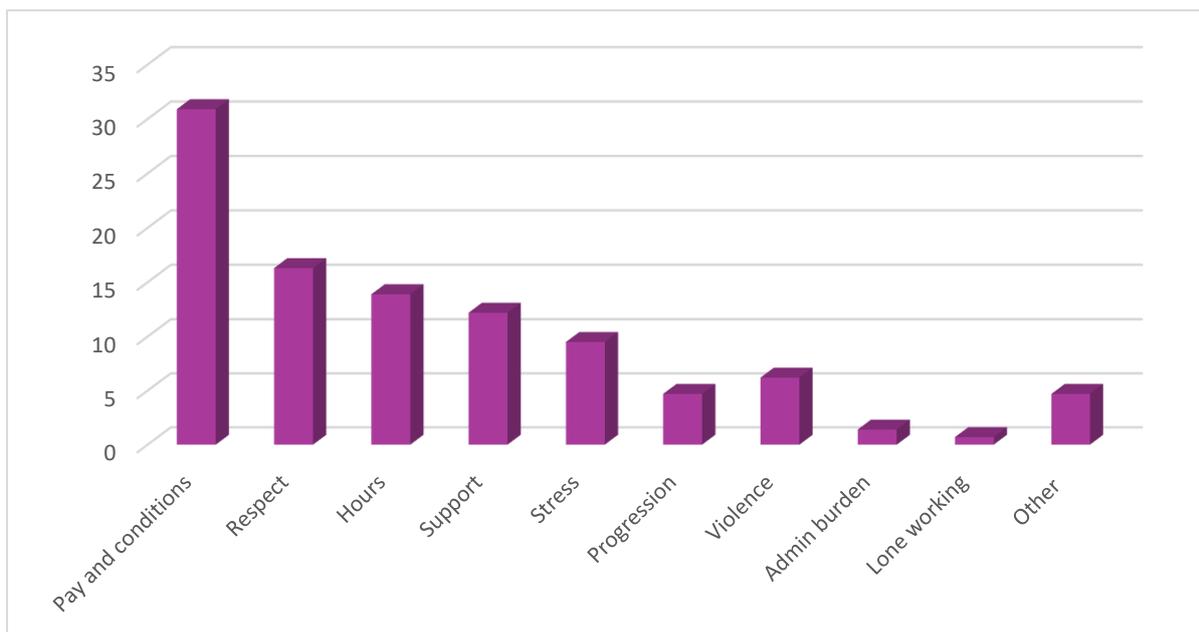
Pay and conditions was by a far the greatest challenge that respondents perceived in relation to recruitment and retention, accounting for almost one third (30.9%) of all responses. This was followed by Respect and recognition (16.3%), Hours (13.9%), Support (12.2%), Stress, burnout and bullying (9.5%), Progression (4.7%), Violence (6.2%), Administrative burden (1.4%), Lone working (0.7%) and Other (4.7%). Other included comments such as 'don't

know', 'maintaining a great working culture', 'boundaries', or issues with recruitment practices.

There were differences across sectors and Figure 8 displays responses as a percentage of responses within each sector.

Figure 8. Percentages within each sector for the perceived greatest challenges to recruitment and retention.
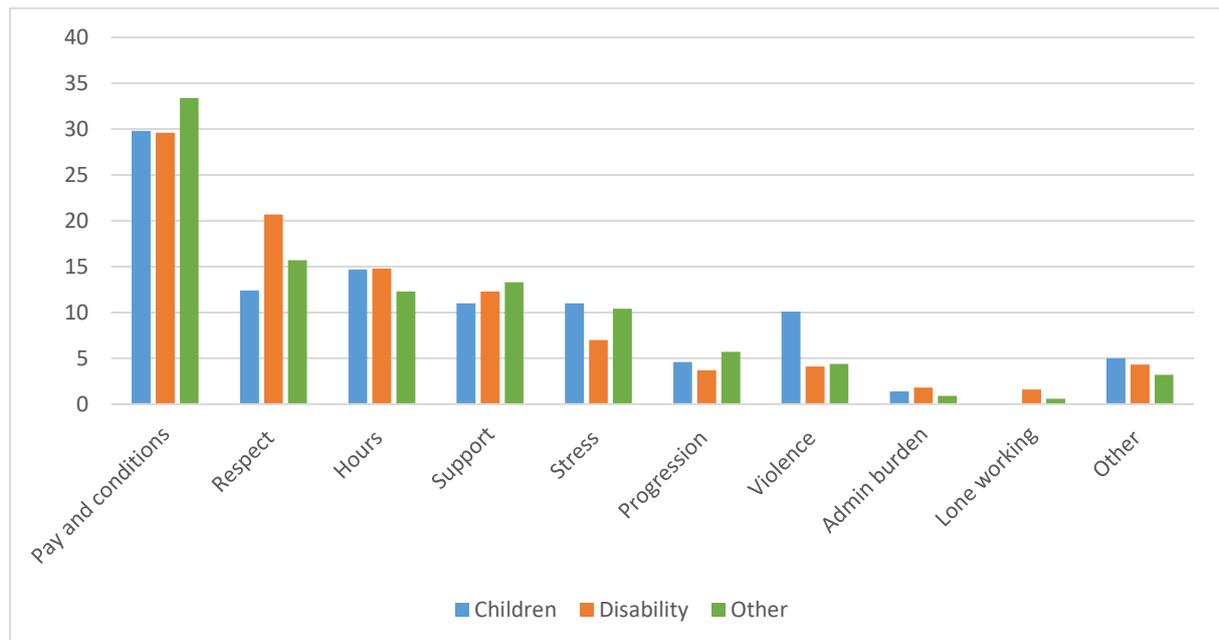
Across all three sectors the greatest perceived challenge remained 'pay and conditions', which was noted by 33.4% of those in the Other sector, 29.8% of those in Children's residential and 29.6% of respondents from the Disability sector. Respect and recognition was a particular issue in the Disability sector (20.7%) and Other sector (15.7%), while hours (14.8%) rather than respect (12.4%) was the second greatest challenge perceived by those in the Children's sector. Lone working was not noted in the Children's sector, but within the Children's sector violence stood out as a particular issue comparatively, at over double the rate (10.1%) of each of the other two sectors (other – 4.4%/disability – 4.1%) Regardless of sectoral differences the four greatest challenges were pay and conditions, respect and recognition, hours and support.

If the data are presented solely in terms of the percentage of respondents from each sector who noted some element of each of these four issues in isolation, and the remaining issues

are left aside, then the picture becomes starker. Figure 9 details the percentage of respondents from each sector who noted an element of pay and conditions, respect and recognition, hours or support in their response. (please note, the percentage of respondents is presented on a per issue only basis for illustrative purposes and so the combined total for all four challenges is far more than 100%).

Figure 9. Percentage of respondents from each sector who noted some element of each of the top four issues identified.
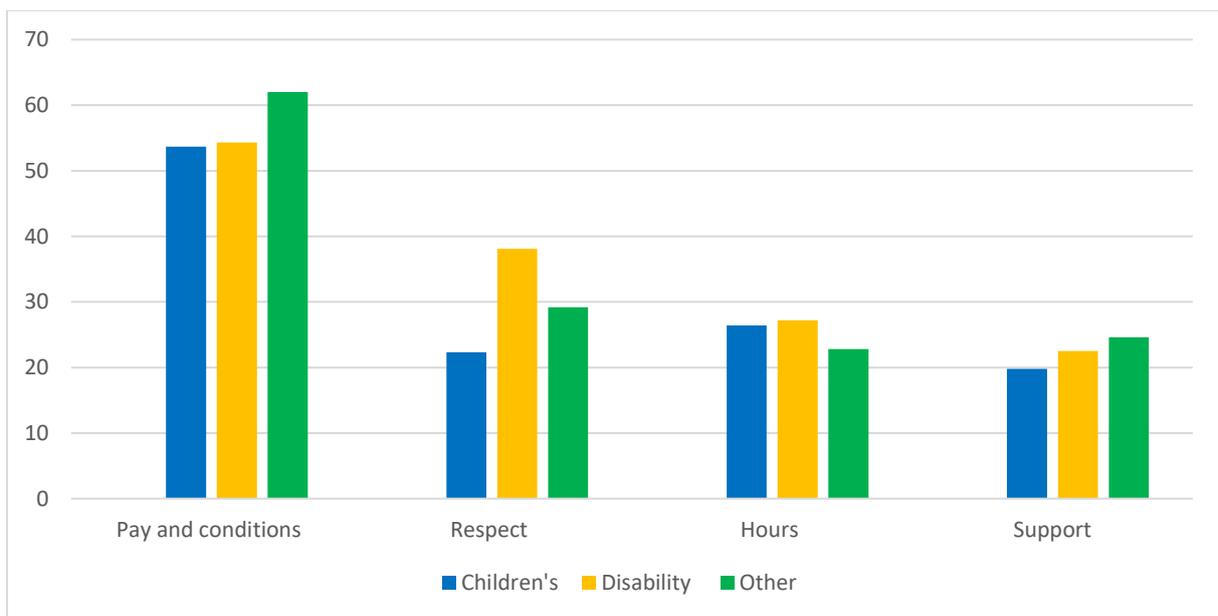
In relation to pay and conditions, almost two thirds (62%) of those in the Other sector included mention of some element of pay and conditions, this fell slight for the Disability (54.3%) and Children's sectors (53.7%), but remained the standout issue. Respect and recognition was noted by more respondents in the Disability sector (38.1%), by slightly less respondents in the Other sector (29.2%), and by fewer participants in the Children's sector (22.3%). Hours were noted most by those in the Disability sector (27.2%), almost by as many in the Children's sector (26.4%) and by slightly fewer in the Other sector (22.8%). Support was mentioned by more respondents in the Other sector (24.6%), and slightly fewer in both the Disability (22.5%) and Children's sector (19.8%).

Discussion.

As Ireland and many parts of the world begin to emerge from the worst excesses of the Covid-19 pandemic with its recurring lockdowns and restrictions, and we enter yet another iteration of 'new normal', attention has increasingly focus on the world of work. Prior to the pandemic, analysts of work and employment would probably have predicted that home, remote or hybrid working were on the far horizon and it would be decades if not a generation before they became commonplace. Today however, such terms are part of everyday vocabulary and life, and are likely to remain so for many years to come, if not permanently. The seismic shift that such approaches to work represent and the long reflective period that the pandemic presented to many has led to a phenomenon in recruitment and retention – the Great Resignation. News media has been increasingly absorbed with mass resignations that have occurred and their causes and potential impact, especially in the United States and United Kingdom, and surveys in Ireland reflect similar trends with a doubling of the pre-pandemic percentage of those indicating an intention to leave their job (Martyn, 2021; McFall, 2021; Morgan, 2021).

While the health and social care sector may be insulated in some ways from such phenomenon, the pre-pandemic industrial relations climate was nonetheless particularly tumultuous. Unlike many other types of employment where transitions to remote or hybrid working are more straightforward, health and social care requires face-to-face interactions, physical proximity, engagement and relationships. Indeed, while many sectors could and did work remotely during the pandemic, the provision of health and social care services was something of an exception. If this might immunise health and social care work from some of the drivers of the Great Resignation, it is no doubt counterbalanced, if not out-weighted, by the fact that health and social care staff, as well as those in other frontline rolls can only but be fatigued greatly, if not near worn out completely, after such a long and difficult period. Moreover, in the 12 to 18 months just prior to the pandemic the dissatisfaction of those working in health and social care was reflected in stoppages and strikes over a prolonged period (Bowers, 2019; Miley, 2019 a & b).

If the extra-ordinary events of the intervening pandemic may now mean that to some degree the findings here are somewhat obsolete, it is nonetheless clear that there were, and

likely still are, some significant challenges to recruitment and retention as perceived by social care workers. Certainly, the commonality of pay and conditions as the primary issue, regardless of sector, should ring alarm bells. This is even more so if the number of respondents who noted some element of pay and conditions as the greatest challenge is considered in isolation. In total, 314 of 557 individuals included some element of pay or conditions in their response, which is 56.4% of all respondents. Clearly, when more than half of respondents suggest there is a problem, then is seems fair to say there is a serious underlying issue. A clear concrete example of how influential pay and conditions are can be seen in the rapid expansion of TUSLA's social care workforce in 2020 when a conversation programme for agency staff was introduced. While between 2015 and 2019 TUSLA's social care workforce increased by only 1%, it grew no less than 8% in 2020 with the introduction of the conversation programme for agency workers (Clarke & McMahon, 2020).

Pay and conditions are also likely to become more contentious given impending registration, as social care workers will have registration fees and will need to "consider issues such as professional indemnity insurance and legal protection for individual practice" (Byrne, 2016, p. 17). In addition to such recurring fees, there may also be costs in satisfying continued professional development (CPD) requirements. Though further education and training are not mandated by the CPD framework associated with registration, completing courses to support compliance with CPD requirements may be a useful option for some. Leaving aside the particular choices of individuals, it is clear that there will be cost increases for social care workers with the introduction of registration regardless of how they choose to demonstrate compliance with CPD requirements.

Such issues also need to be considered in the context of the findings in relation to respect and recognition, and within the context of the demographics of respondents. Almost half (54.6%) of respondents were under 40 years of age, while a slightly higher percentage (59.5%) had less than ten years of experience, with those with 1 to 5 years of experience accounting for 40.6% of all respondents. This suggests both a relatively young workforce and a large proportion of newer entrants. This is also a very educated workforce, with over 95% hold a degree qualification or above and just shy of 70% (69.5%) of all the respondents holding a level eight or nine qualification. Overall, this is therefore an educated, young and new entrant heavy workforce, which no doubt has reasonable expectations of how

professionalisation should raise the status and profile of social care work and, thus individually benefit social care workers. Given that social care work has traditionally been associated with generally less advantageous pay and conditions, there may be little wonder then that pay and conditions and respect and recognition were the greatest challenges identified (Byrne, 2016; Cantwell & Power, 2016; Flynn, 2020). More importantly perhaps, as the Great Resignation has demonstrated, contagion can spread rapidly across sectors and increasing pay, benefits and conditions or offering bonuses may be largely ineffective in the aftermath of an exodus.

A surprising finding in light of the pervious registration awareness survey by Social Care Ireland (Power & D'Arcy, 2018) was the percentage of respondents who noted a title of social care worker/leader or manager, which was 78.8% within this survey. The registration awareness survey noted a staggering 80 different job titles with only around a third of respondents holding a title of social care worker (26%), leader (6%) or manager (2%) (Power & D'Arcy, 2018). Here, it is important to note that respondents were asked in the registration awareness survey to include their job title. This may have led to ambiguity around some responses in the registration awareness survey leading to an under-estimation of the true percentage of social care workers/leaders or managers. For example, respondents may have simply noted terms such as 'worker', 'leader' or 'manager', assuming that this would be counted as social care worker, social care leader or social care manager. This is perhaps not an unreasonable assumption given that the survey was directed at those working in social care work and it was only after the registration awareness survey that the full extent of the issue became known.

In an effort to avoid any such ambiguity in responses within this survey respondents were not asked for a job title unless they answered no to the question 'are you currently employed as a social care worker(SCW)/leader/manager?'. The finding that almost four fifths (78.8%) of respondents indicated they were currently employed under a social care title is thus difficult to reconcile with previous findings. For example, the level of under-estimation in the registration awareness survey would have had to have been very substantial and given the proliferation and array of job titles that were included this seems unlikely and certainly not plausible as an explanation for a more than doubling in two years. It is also possible that the directness of the question in this survey may have led to some simply ticking the box even

though they may have held a related, if different, title. It is also possible that the somewhat smaller number of respondents here (557) than in the registration awareness survey (726) has skewed the percentages somewhat and social care workers/leaders or managers are perhaps over-represented here. Nonetheless, even if there was substantial under-estimation previously combined with over-estimation and also allowing for greater representation of social care workers within this survey, a jump from 34% to 79% is difficult to imagine in an approximately two year period and further research is clearly needed.

Not least because if it is the case that the titles social care worker/leader or manager have now become by far the most commonly used titles, then the findings here in relation to challenges to recruitment and retention may be doubly concerning. If for example, the figures from the two surveys are taken at face value as reasonably indicative, this can only suggest that titles have changed but pay and conditions, respect, recognition and progression have not kept pace (Byrne, 2016; Power & D'Arcy, 2018; Williams & Lalor, 2001). While the data cannot provide clarity on the extent of a shift, it does give the impression overall that there has been a greater move to utilise the title, most likely driven by concerns around registration, which is to be welcomed. However, if this has occurred largely without any of the benefits of professionalisation being enjoyed by social care workers, then this will clearly be problematic in the longer-term, with implications for the attractiveness of social care work as a career. Regrettably, there is some evidence of such approaches to renaming /re-categorising as a response in social care in Ireland previously. For example, in their analysis of the trends in day services for individuals with disabilities over a 15 year period, Fleming et al., (2017) concluded that "change was perhaps a rebranding exercise, whereby service providers were seen to make changes in line with policy goals, but with little changing in reality" (Fleming et al., 2017, p. 389).

In relation to the practice of advertising one position and then offering a lower grade/pay/conditions it would seem clear that employers, at even a conservative estimate, have benefited significantly from the "dynamic growth" in social care student numbers and educated workforce that emerged from the beginning of this century. Certainly, the finding that one in three respondents had experienced this once and one in five had it experienced it twice or more, strongly suggests that the practice was, and perhaps still is, as widespread as some believed that it was.

More worryingly perhaps, the question specifically asked 'did you go for a social care worker position' rather than did you go for a position that required a social care degree qualification. While the latter can be viewed as disingenuous, it would be foolish of employers not to take advantage of the general ratcheting upward of qualifications that has accompanied the expansion of third level education since the turn of the millennium. Moreover, disingenuous as it can be argued such practices are, they would have been shaped by a much broader range of factors, such as a lack of professional status and registration, an expanding supply, and a prolonged period of austerity for example. Thus, laying blame for such practices squarely at the feet of employers alone would ignore the wider range of issues that have contributed to nurturing such practices.

However, advertising for a position and offering something of lesser value is a very different situation and is both immoral and exploitative. Respondents to the survey who had experienced being offered a position of lower status or conditions were asked to 'describe any reasons they were given for the different offer'. A variety of descriptions were noted by respondents including explanations such as no reason given, different title, lack of experience or previous experience not recognised, social care worker title/pay not recognised, social care worker position had been filled but other positions available, section 39/private companies do not recognise HSE pay scales, funding/budget shortfalls, and because 'they can get away with it'. Regrettably, it appears that some still think that such things are acceptable. For instance, a recent advertisement by a recruitment company for social care workers advertised social care worker and assistant support worker positions, but included Level 5 FETAC or 'working towards the same' only as the essential education/training criterion. Ironically, the ad also includes in essential criteria 'Excellent working knowledge of Regulatory Compliance and HIQA standards', and it is thus unfortunate that some recruiters clearly do not see that they should hold themselves to similar standards. It is likely to be of particular relevance to social care workers who might find themselves in the position of applying for a social care worker position, but then being offered something lesser that a few respondents to this survey did note that upon challenging this situation they were offered a social care worker title and/or social care worker pay and conditions.

Limitations.

As with all research there are limitations and this survey is no different. Any effort to ensure as high a response rate as possible, must be balanced against collecting as much relevant data as feasible. While tick-box answers can aid response rates by making surveys quicker and more convenient for respondents, they do suffer some issues and, as can be seen in this report especially in relation to the job title question. Tick-boxes may thus create as many problems at it would be hoped they might solve. Similarly, open-ended questions can be a 'blessing and curse' (Decorte et al., 2019, p. 2) and some responses here were difficult to classify, due to brevity, a lack context or clarity.

However, perhaps the greatest limitation is that surveys such as this one can only provide a snapshot in time and only represent the views of respondents. Here, it is import to note that most often it is those with the most interest/enthusiasm/knowledge/highest levels of satisfaction/dissatisfaction who tend to respond. For example, while studies over recent years have shown a reduction in the numbers in social care without a level 7 degree qualification in social care, the minimum set by CORU for registration in the post-grandparent period, there is likely to be a larger cohort in social care work than such surveys capture. Indeed, if anything, the recent recruitment advert noted above highlights that social care workers are actively being recruited with minimal qualifications. This is compounded by only best guess estimates for the number of social care workers in Ireland. As such, estimates of the proportion of the workforce represented in such surveys are similarly best guesses. Thus, the results here could represent the views of anywhere between 5% and 10% of those in social care depending upon which best guestimate is used (see for example Lalor, 2009; Lyons & Howard, 2014; Power & D'Arcy, 2018). Finally, while sectoral divisions can help tease out findings and points, the Children's residential sector and Other sectors are likely under-represented, and the Other sector contains a diversity and range of services, each which arguably deserve to be represented individually.

Conclusion.

It seems that some of the long called for developments in social care works path to professionalisation have materialised. Certainly, registration is impending and degree level

education and training are commonplace. At the same time, this survey suggests that social care workers do not feel that the benefits of professionalisation have yet trickling down to them as individual professionals. Social care workers continue to, or at least perceive, that they do not enjoy the same benefits as other professions, especially in terms of pay and conditions, and respect and recognition. Indeed, the high percentage of new entrants may suggest that social care was experiencing a period of expansion in the wake of the Great Recession and the increasing number of providers in the Children's sector would support this view. However, it might also suggest retention issues and thus it would seem prudent for both employers and the state, which is itself a significant employer, to reflect on the findings of surveys such as this. While the pandemic has severely restricted emigration as the culturally and historically embedded option for many educated young people that is has been previously, this situation is likely to change in the future and emigration has been a first choice for many graduates in the health and social care sector previously. Similarly, as was seen with the pre-pandemic crisis in teaching, both specific and general conditions of work/life need to be considered. Given that social care is a highly female dominated workforce, childcare in particular, and accommodation/housing more generally require, significant reform.

There can be no doubt that pay, conditions, respect and recognition are intimately linked and that the absence of recognition and, thus respect, explains much about more disadvantageous pay and conditions, which have long been cited as a challenge. Perhaps then it is time for social care workers to include their voices around developments and challenges and to raise such issues when they are door-stepped come the next election, as they inevitably will be.

Appendix 1.

Below is a fuller explanation of the concepts and terms that informed categorisation of participant responses.

Pay and conditions.

> Includes mention of pay, wages, salaries, short-term or unstable contracts, inconsistencies in pay across private/public and/or being offered lower salary role, as well as lack of entitlements – sick leave, maternity leave, pensions. Also, understaffing due to funding/finances.

Hours.

> Includes reference to long or unsocial hours, hours impacting work/life balance, lack of breaks, sleepovers/waking nights.

Respect and recognition.

> Includes reference to a lack of respect, recognition or value by organisations, employers or other professionals in relation to the role of social care worker or social care worker qualifications. This can also take the form of little or no distinction between roles and responsibilities, offering lower status roles, and recruiting inexperienced/unqualified people. It also includes mentions of a lack of respect from new entrants who do not view social care as a career and/or utilising agency staff, who often have lower qualifications.

Support – referenced a lack of support in general, including poor/limited supervision or a lack of support from management, including reference to poor or bad management.

Progression – referenced limited career pathways or opportunities specifically.

Violence – included reference to, abuse, violence, aggression, assault, challenging behaviour and risk.

Stress and **burnout** and **bullying**– included reference to challenges of the job, unsafe working environment and/or specifically mentioned stress and burnout or perceptions of bullying.

Administrative **burden –** included mention of extent or volume of time required to complete paperwork, documentation.

 Lone working – this is self-explanatory and so elaboration was necessary.

Other – contained other issues not suitable for other categories – see examples in report.

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