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Perceptions around professionalisation in social care work in Ireland: A Workers Advisory Group study.

Dr Martin Power and Dr Saintuya Dashdondog.

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Foreword.

As an active social care practitioner involved in the professional body since the mid-1990's, I was in attendance at the then Department of Health for the launch of the Health and Social Care Professionals Act in the mid-2000s, which critically named for the first time the profession of Social Care as one of the then 12, now 17, professions to be regulated by CORU over the coming decades.

Throughout those years I have continued my involvement in the professional body and worked in supporting the regulation of our profession. As social care work finally approaches the opening of a register and the start of regulation of the profession from the end of November 2023, it seems appropriate to reflect on our journey, particularly how it may have influenced social care workers' perceptions of social care work and what it means to be a social care worker. While regulation of the profession aims to ensure public protection and enhance quality of service provision, ethical practice, accountability, efficiency and transparency, it is also important to ask 'what does it mean for social care workers?' In part, this study aimed to help address that question, by exploring social care workers' perceptions of social care work and how it is viewed by social care workers and others, as well as how social care workers anticipate registration may impact social care work in Ireland.

As Chair of the Workers Advisory Group ((WAG), the workers arm of Social Care Ireland) it had become clear to me and the members of the WAG that differing views around the professionalisation of social care work had become more common and more diverse and, sometimes even polarised. Thus, in collaboration with Dr Martin Power (a long time member of the WAG) and Dr Saintuya Dashdondog, the WAG was keen to examine social care workers views on such matters. Not least because the WAG was also keen to have evidence to support its ongoing efforts and future actions to nurture and support social care work and social care workers during this pivotal time and beyond. This important research will be of benefit to the WAG in its work and can also guide all areas and levels within the profession in exploring and developing structures that will enhance the future of social care work.

Paula Byrne

Workers Advisory Group Chair, Social Care Ireland (SCI), and Board Member of SCI.

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Acknowledgements.

The Workers Advisory Group and the researchers would sincerely like to thank all those who completed the survey, participated in the follow up interviews, or even just highlighted and disseminated the survey to colleagues and others in social care work. Though the professionalisation of social care has been called for, for many years, the voice and views of social care workers themselves have perhaps been the least represented in debates and discussions throughout that time. While no amount of research can compensate for that, this study sought to address this silence, if only in some small way, and it would not have been possible without social care workers giving of their time to engage with the survey and interviews. Thanks must also go to the members of the Workers Advisory Group, who are all volunteers, and who have given their expertise, time and put in considerable effort to represent social care work and workers.

Introduction.

At the end of November 2023 a register for social care workers is expected to be opened by CORU (CORU, 2022). The opening of a register has been long awaited by many in social care work, especially by those who have wished to see the field achieve the professional status of other health and social professions. While statutory recognition was afforded to the term social care worker within the Health and Social Care Professionals Act (2005), the absence of a register has hindered progress toward the professionalisation of social care work and recognition of social care workers. For example, a multiplicity of job titles has abounded and organisations rather than the profession have largely dictated job titles, roles and responsibilities (Byrne, 2016; McSweeney, Smith & Williams, 2016; Power & D'Arcy, 2018; Power, n.d.). This has had implications for promotion and progression pathways, professional status, recruitment and retention, and professional identity (Byrne, 2016; Power & D'Arcy, 2018; Power & Burke, 2021; Williams & Lalor, 2001). It has also meant that it has not been possible to put an accurate figure on the number of social care workers, leading to significant variations in estimates (Flynn, 2021; Jones & Carston, 2016; Power & D'Arcy, 2018). It has also nurtured space for organisations to advertise for social care work qualifications/positions and then offer lesser positions, which has been identified as all too common a practice in the disability sector in particular (Byrne, 2016; Power & Burke, 2021).

At the same time, some challenges that previously confronted the sector have now been resolved or diminished substantially since the turn of the millennium (Williams & Lalor, 2001). Certainly, the issue of hiring staff without a social care qualification is no longer the common occurrence it once was and an ordinary degree (level 7 National Framework of Qualifications (NFQ) or honours degree (level 8 NFQ) is now the norm, with many social care workers possessing post-graduate level qualifications (Power & Burke, 2021; Power & D'Arcy, 2018; Williams & Lalor, 2001). There is now also an abundance of education and training opportunities for those in social care work, which was not the case previously (Lalor, 2009; Williams & Lalor, 2001).

The landscape of social care work has also undergone substantial changes in the decades since the millennium. Though social care work traditionally encompassed the children's and disability sectors, it has now expanded to include a range of services and

provider types that engage with a diversity of service users, in a variety of settings (Joint Committee, 2002; Byrne, 2016; Jones & Carston, 2016; Mulkeen, 2016; Power & D'Arcy, 2018). In a similar fashion, the traditional state/voluntary make-up of the care field has been replaced by a mixed economy of care, with private provision now the dominate provider type in some sectors, most notably children's residential care, while voluntary and public providers continue to be the main providers of disability and other services (Fenton, 2021; Jones & Carston, 2016; McSweeney *et al.*, 2016; Mulkeen, 2016; Power & Power, 2022).

While there have been significant changes over the years, social care work has yet to enjoy the same standing as other professions, either amongst other professionals or amongst the public (Brown, Winter & Carr, 2018; McSweeney *et al.*, 2016; Williams & Lalor, 2001). Indeed, as one of Brown *et al.*'s (2018) participants bluntly put it "It like the old saying, and they say 'Shit rolls down a hill' and we are at the bottom" (Brown *et al.*, 2018, p. 663). In part, this can be attributed to public perceptions of social care work, which generally either tend toward charitable on the one hand or negative framings on the other hand, with the latter shaped significantly by scandals (Brown *et al.*, 2018; Byrne, 2016; Howard, 2012; Kenny & Power, 2018; Van Aswegen, 2020; Williams & Lalor, 2001). This has been compounded by the lack of a strong representative body or bodies that could accentuate the many positives, engage around negative portrayals and inform public discourse (Williams & Lalor, 2001). It is a situation shaped by many of the issues noted above, such as the breadth and diversity of social care work, employer rather than profession lead norms and structures, the absence of previous professional accreditation or regulation and, as a consequence, the absence of a strong sense of professional identity amongst social care workers (Power & D'Arcy, 2018). Thus, representative bodies have struggled to attract sufficient membership to provide the necessary weight, which has itself impacted upon recruitment of members and the cycle has continued.

In line with other health and social care professions however, recruitment and retention have become increasing issues over the last decade, especially in the wake of the retrenchment that occurred during the global economic crisis (Allen, 2012; Clarke & McMahon, 2020; Ledbridge, 2017; Power & Burke, 2021). Unsurprisingly, given the neo-liberal bent of policy and retrenchment of state intervention, pay and conditions of employment have been particular concerns across the health and social care sectors (Allen, 2012; McInerney & Finn, 2015; Meade, 2018; Power & Burke, 2021). It is a situation not

unique to Ireland, as across the EU, and regardless of the diversity and forms of social service provision, recruitment and retention have proven to be significant challenges (Cunningham *et al.*, 2019; Fenton *et al.*, 2021; Ledridge, 2017; Moriarty, Manthroe & Harris, 2018). In Ireland, a survey prior to the pandemic showed that social care workers perceived the greatest challenges to recruitment and retention as pay and conditions, respect and recognition, and hours (Power & Burke, 2021).

It is against this backdrop that this study is located. A collaborative endeavour between members of the Workers Advisory Group of Social Care Ireland and researchers at National University of Ireland, Galway (now University of Galway) this study sought to gain an understanding of social care workers perceptions in the context of impending registration and regulation. Areas of particular interest were how social care workers felt social care work was perceived by organisations, other professionals and the public, as well as social care workers perceptions of social care work and the benefits that regulation might bring to the profession and to social care workers. This study had two phases, a survey and follow up interviews (n =12).

Methods.

The survey was made available online via MS Forms for three weeks in November 2021, and was advertised through Social Care Ireland's membership and networks, including social media. The survey was divided into four sections, which included demographics and type and conditions of employment, social care workers views of organisational perceptions around social care work, how social care workers perceived that social care work was viewed by others and social care workers views of registration, as well as how social care workers perceived that other social care workers viewed social care work. The questions were of a tick-box nature, with those around perceptions organised on Likert scales in response to statements, with response options of strongly agree, agree, neutral, disagree, strongly disagree.

The survey questions were developed in collaboration with the Workers Advisory Group of Social Care Ireland. In addition to the survey, respondents could leave an email address at the end of the survey as an expression of interest in participating in a later follow up interview. In the months following the survey, 12 interviews were conducted by phone

or online, depending upon the preference of the interviewee. As with the survey, the interview schedule was developed in collaboration with the Workers Advisory Group. Interviewees were recorded, transcribed and subjected to thematic analysis (Braun & Clarke, 2006).

Ethical approval was secured in advance from the Research Ethics Committee of National University of Ireland, Galway. A mandatory consent question was included at the end of participant information and had to be completed before respondents could access the survey, to ensure informed consent requirements were met.

Findings.

Demographics – survey.

There were a total of 360 survey respondents, with the majority 54% (195) from disability services, while 21.6% (77) were from children’s residential and special education/high support, and there were 24.4% (88) from other services, ie. homeless, youth services, family support, etc. The vast majority of respondents (308) were female 85.3%, while 13.6% were male (49) and 1.1% preferred not to say (4).

As would be expected survey respondents varied in age and years of experience (Figure 1 and 2).

Figure 1. Age ranges of respondents.

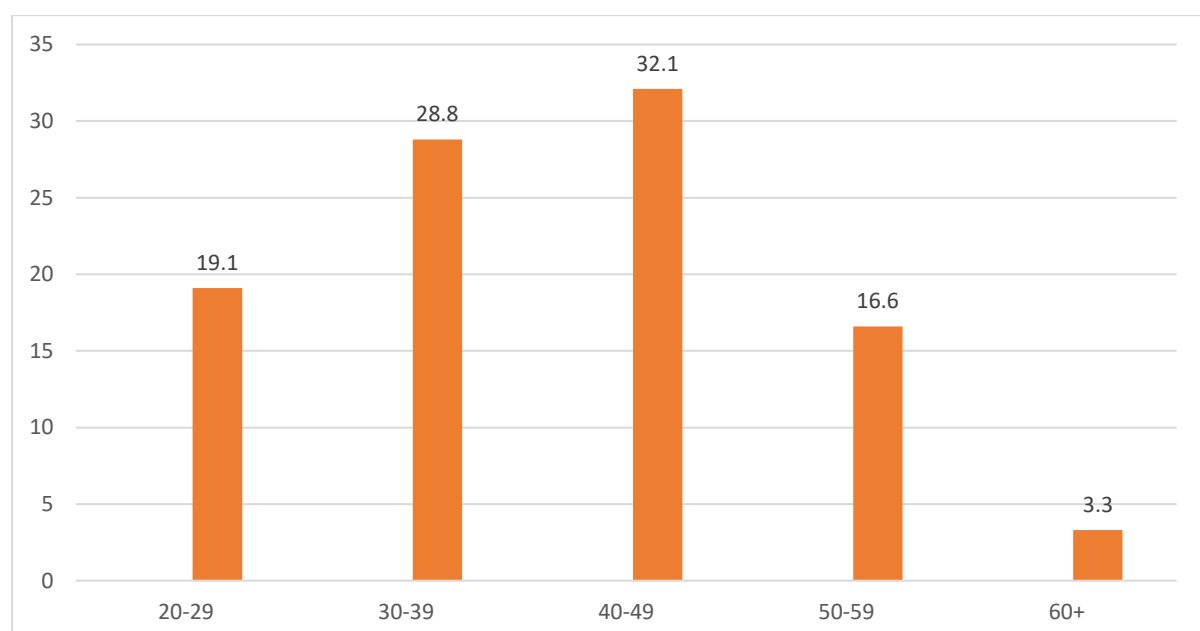
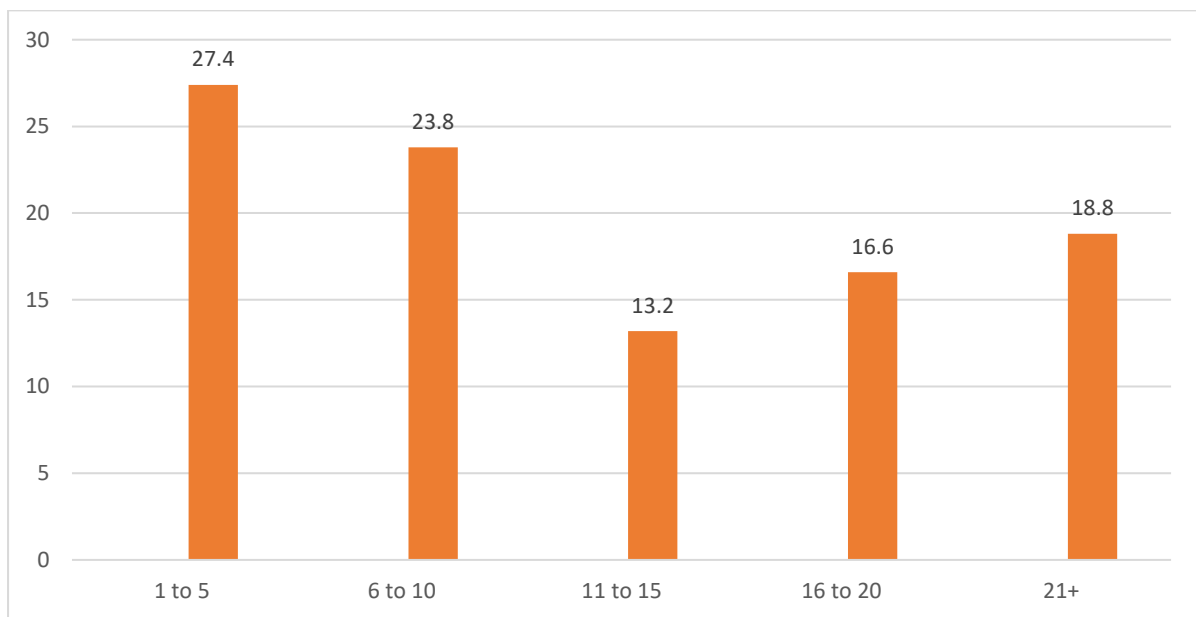
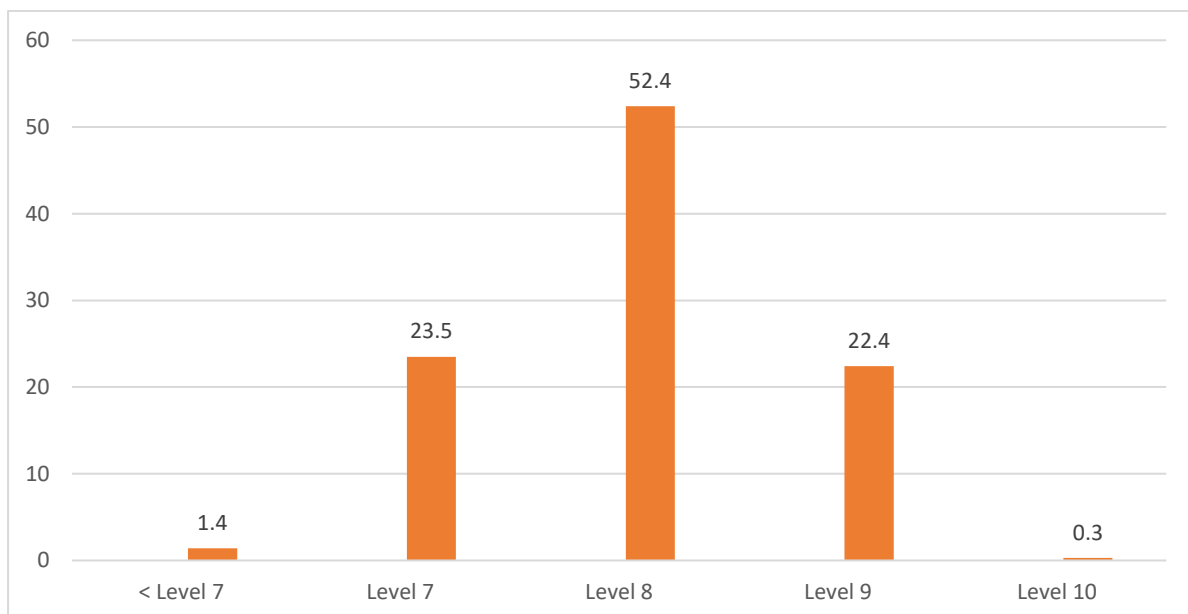


Figure 2. Years of experience of respondents.



A social care qualification was the norm, with 86.5% of respondents holding a social care qualification at level 7 (National Framework of Qualifications (NFQ) or above and only 13.5% not holding a social care qualification (Figure 3).

Figure 3. Qualifications of respondents by National Framework of Qualifications levels.



Age range and years of experience by sector, as a percentage of respondents from that sector (Figures 4 and 5).

Figure 4. Age range by social care sector.

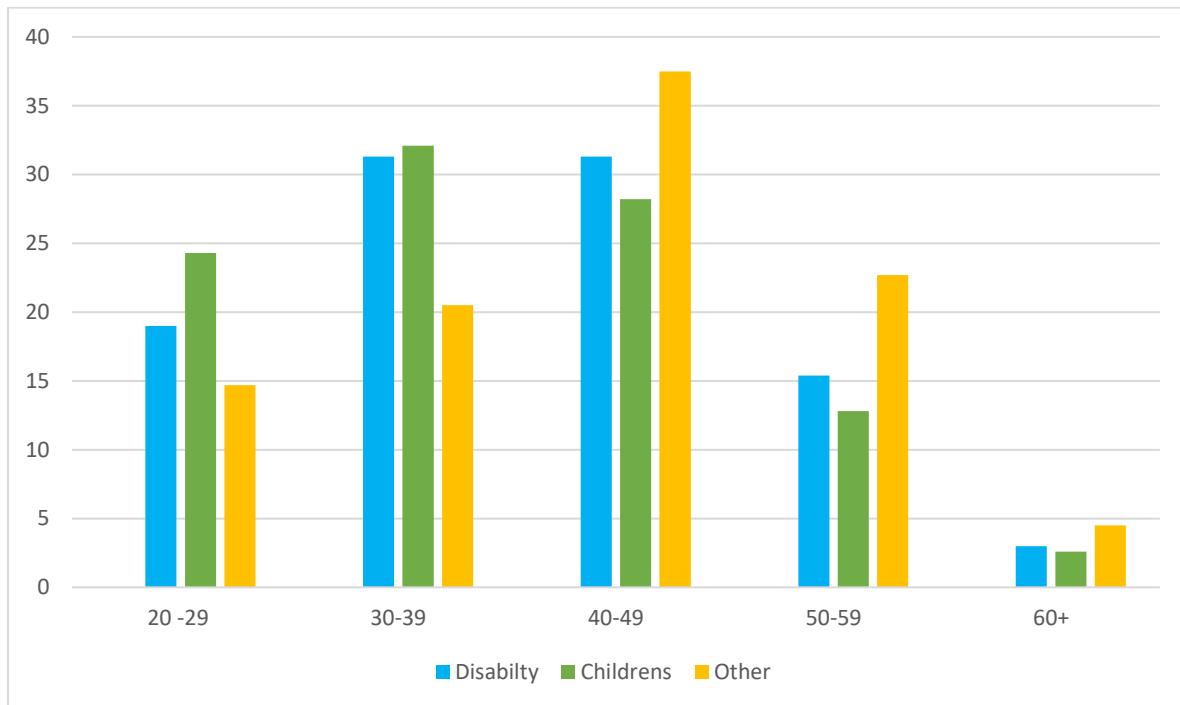
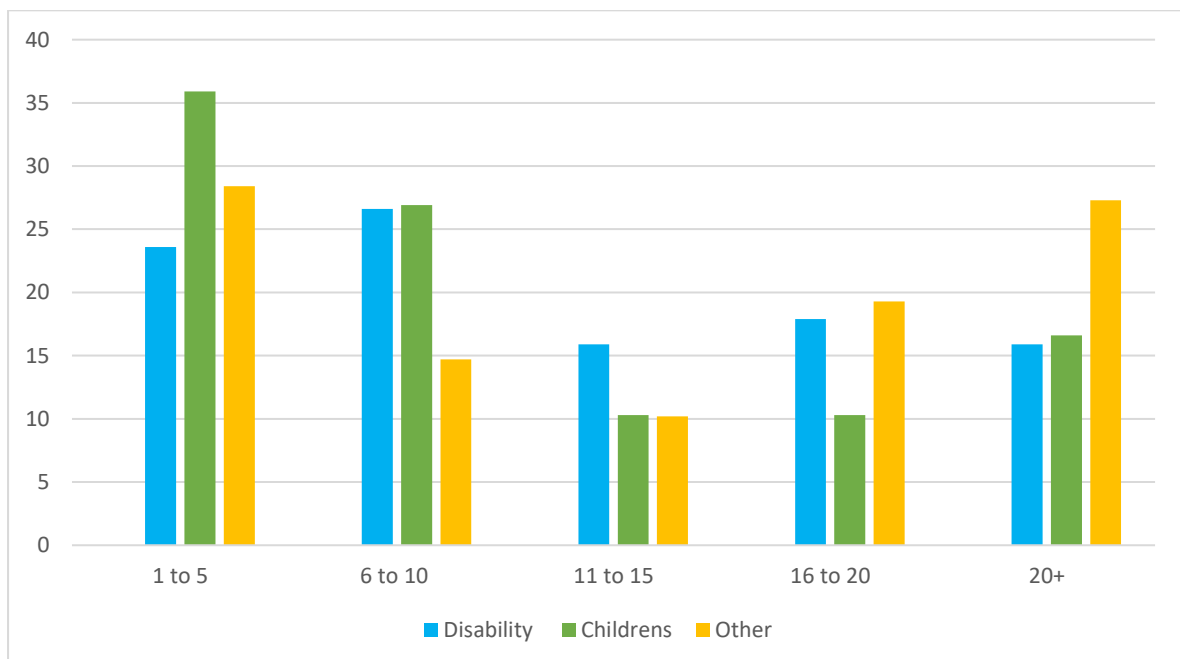


Figure 5. Years of experience by social care sector.



Respondents worked in various organisation types (ie. public, private, voluntary/community) (Figure 6) across social care sectors (Figure 7).

Figure 6. Type of organisation respondents worked in.

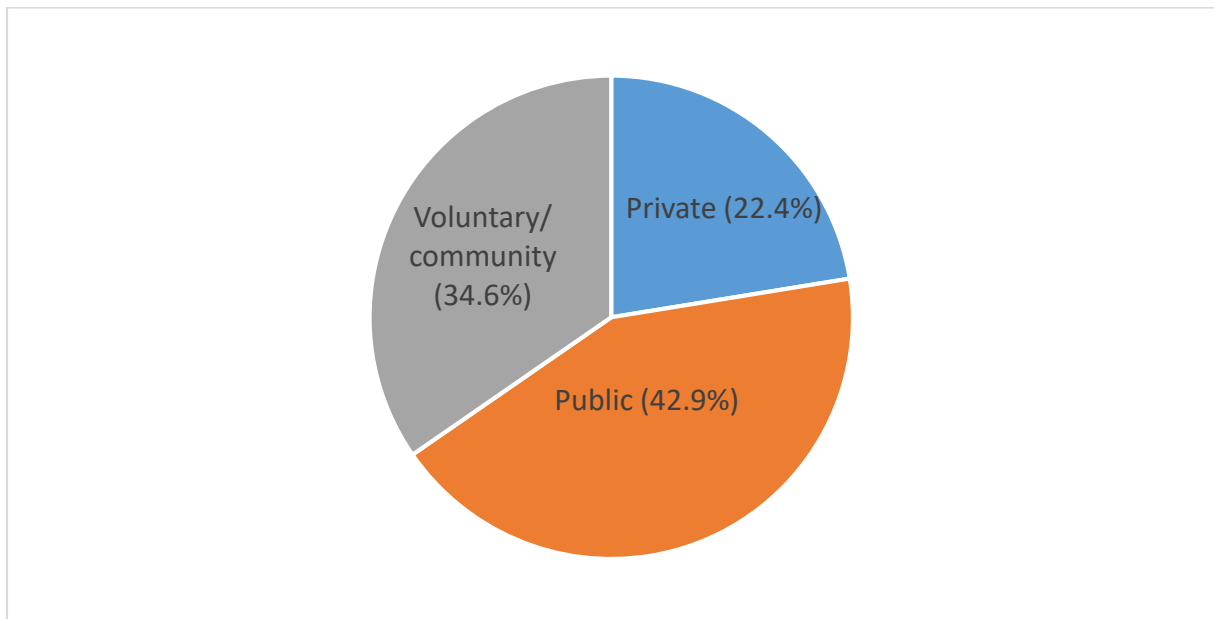
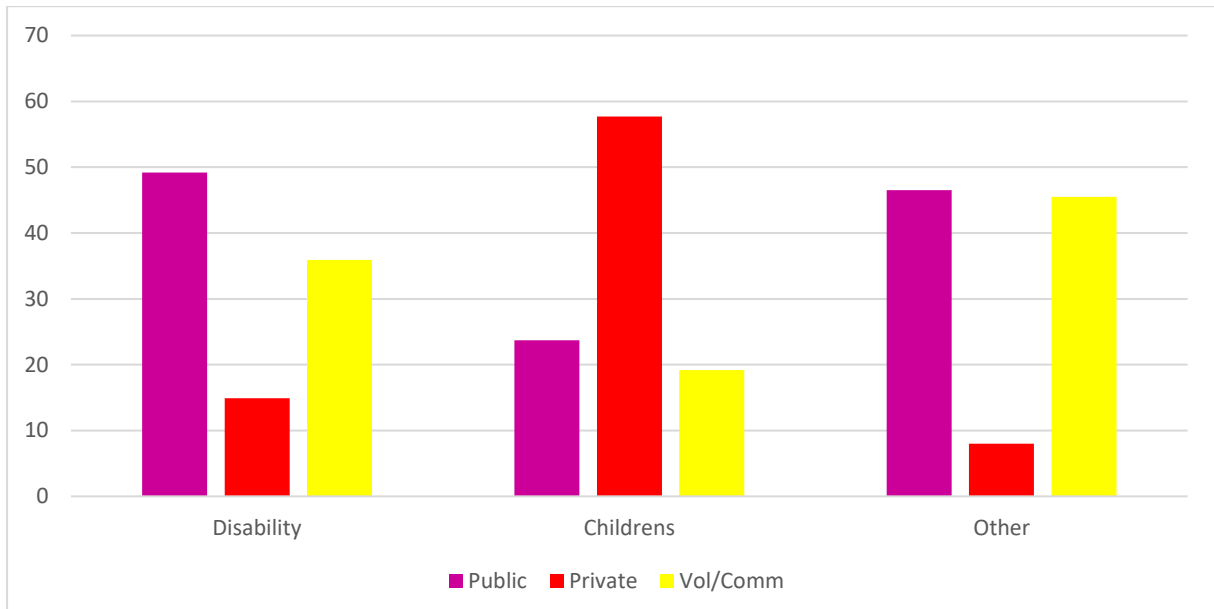


Figure 7. Organisation type by sector that respondents worked in by percentage of respondents from that organisation type.



Almost two thirds (63.1%) of respondents held a title of social care worker, social care leader or social care manager (Figure 8), with some substantial variations by social care sector (Figure 9).

Figure 8. Job title – social care v non-social care.

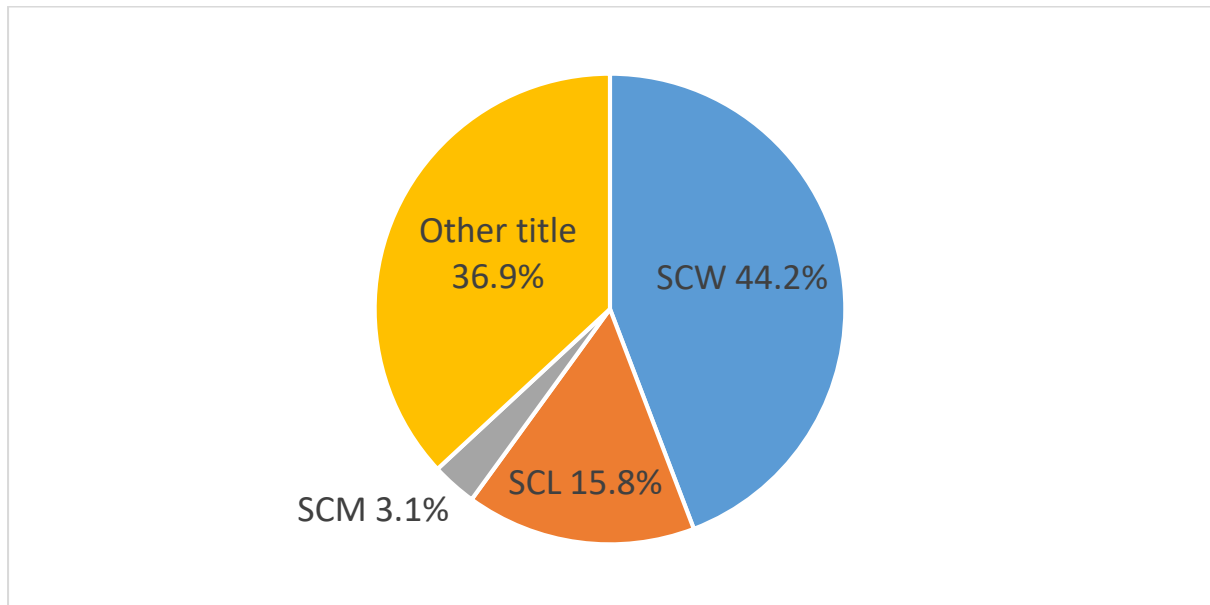
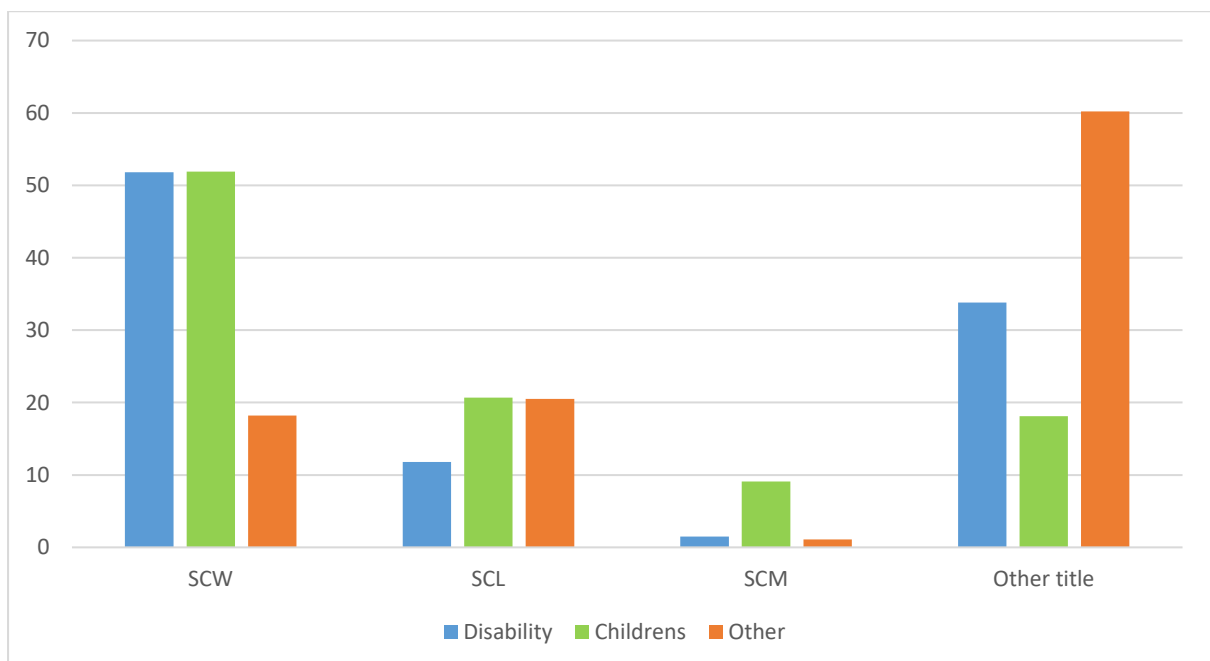
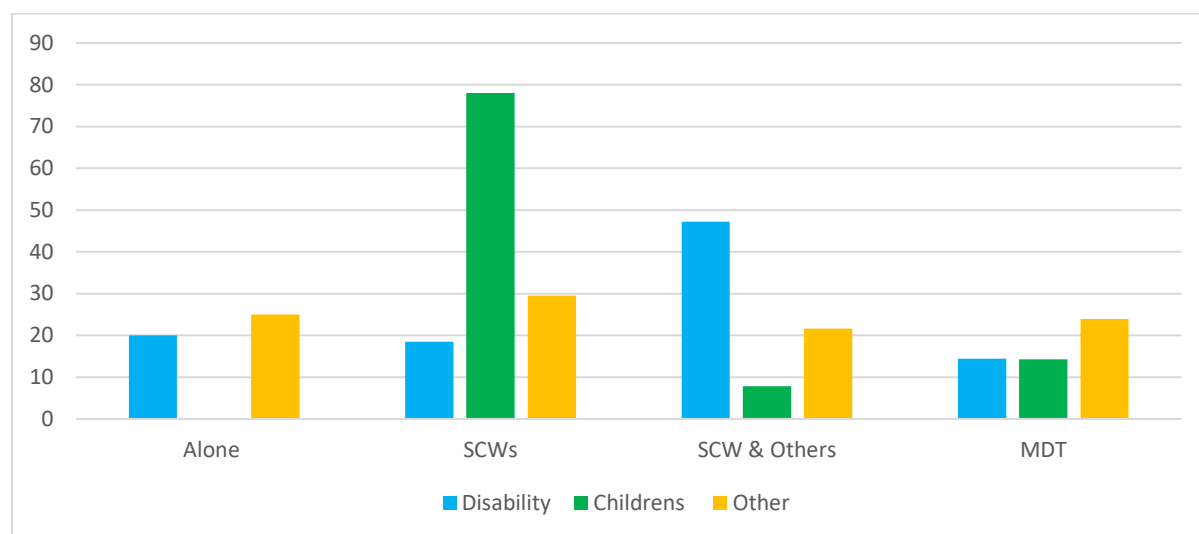


Figure 9. Job titles by sector by percentage of respondents from that sector.



Common working arrangements by sector also varied (Figure 10).

Figure 10. Most common working arrangements by sector by percentage for that sector.



Alone – I most often work alone.

SCWs – I most often work with other social care workers.

SCW & Others – I most often work with social care workers and other frontline care staff.

MDT – I most often work as part of a multi-disciplinary team.

Perceptions and organisations

Figure 11.

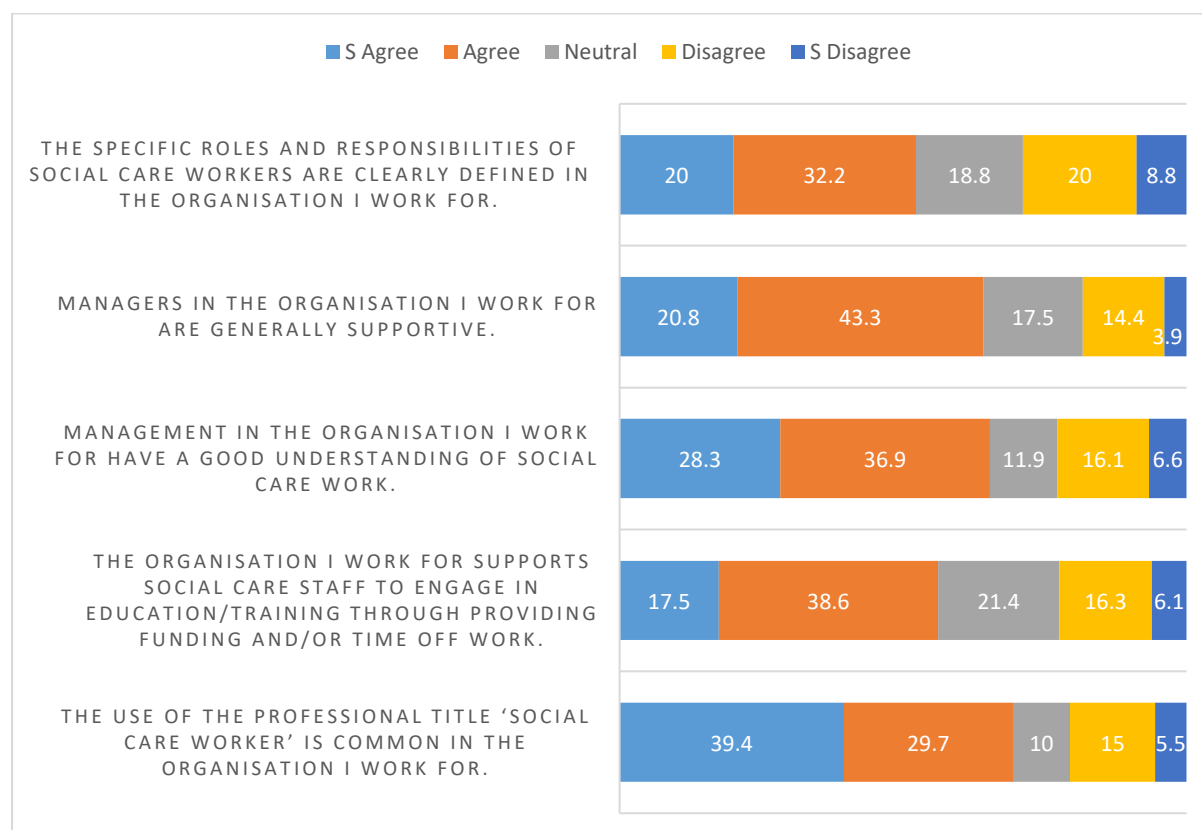


Figure 12.

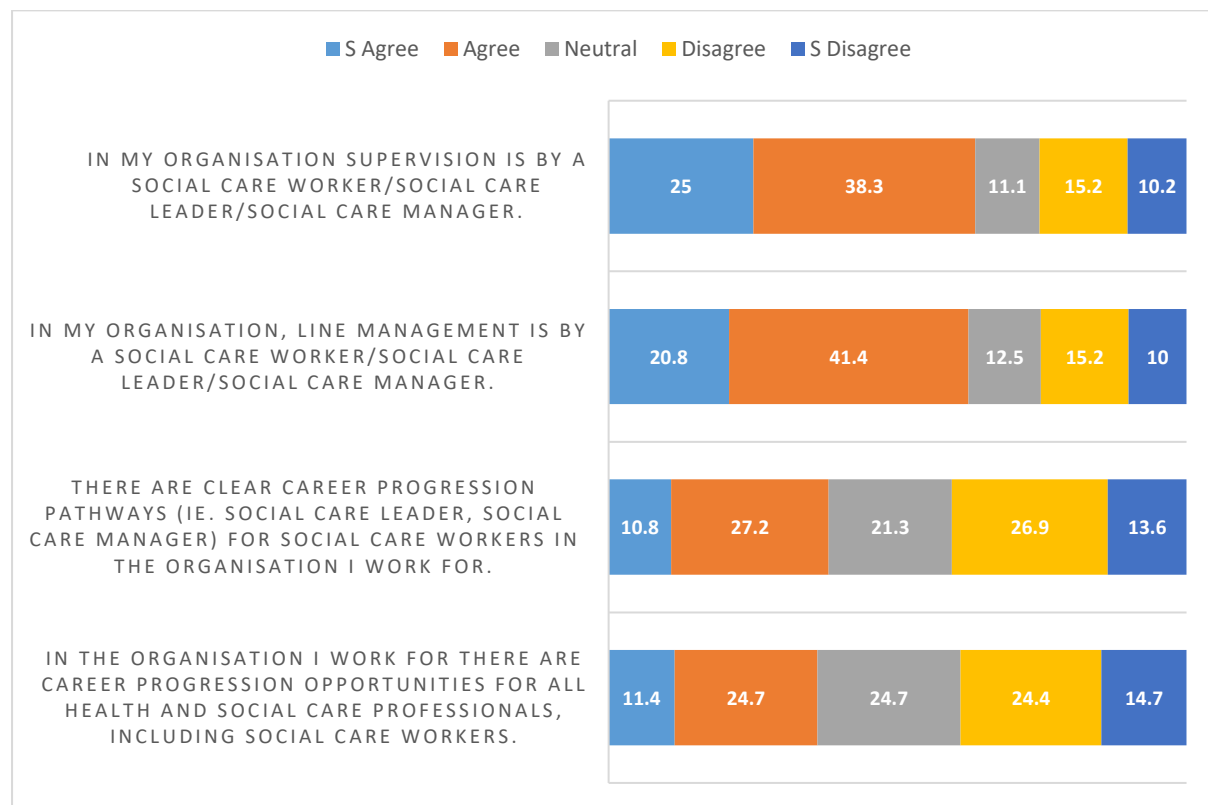


Figure 13.

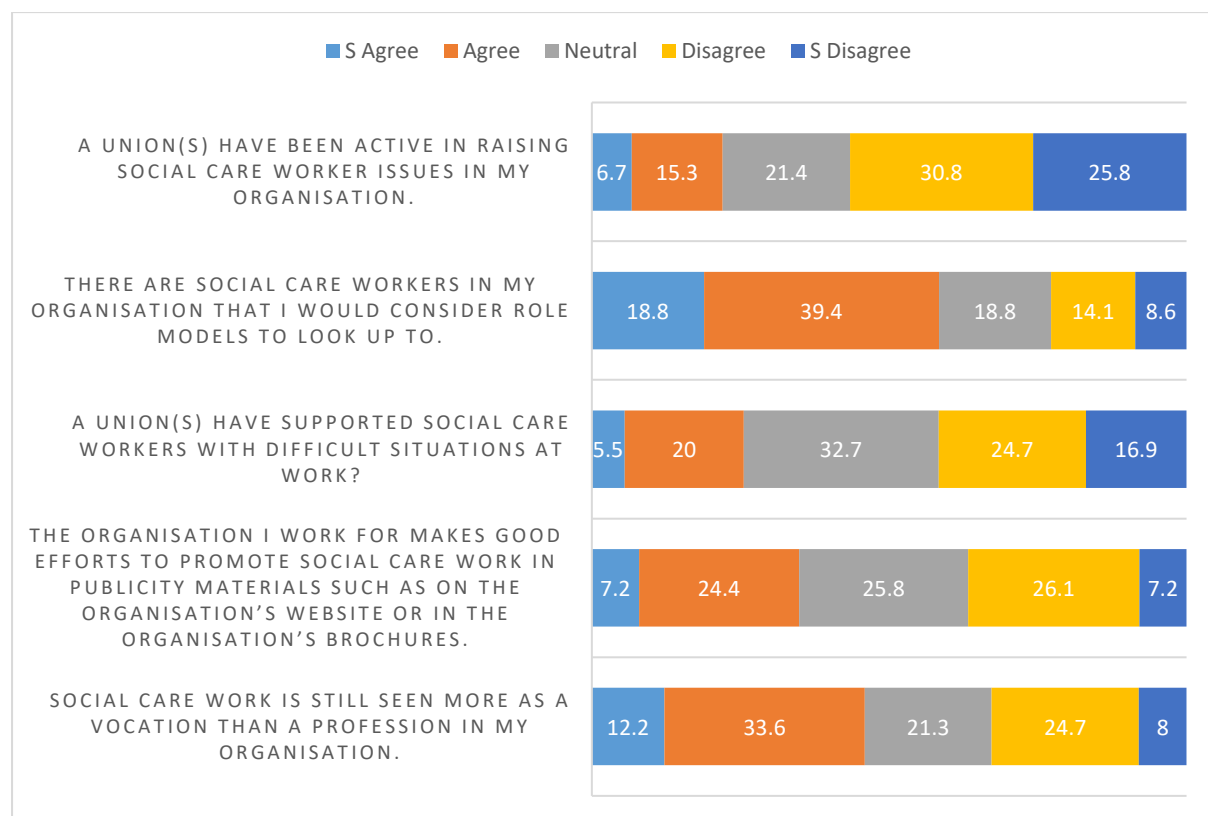
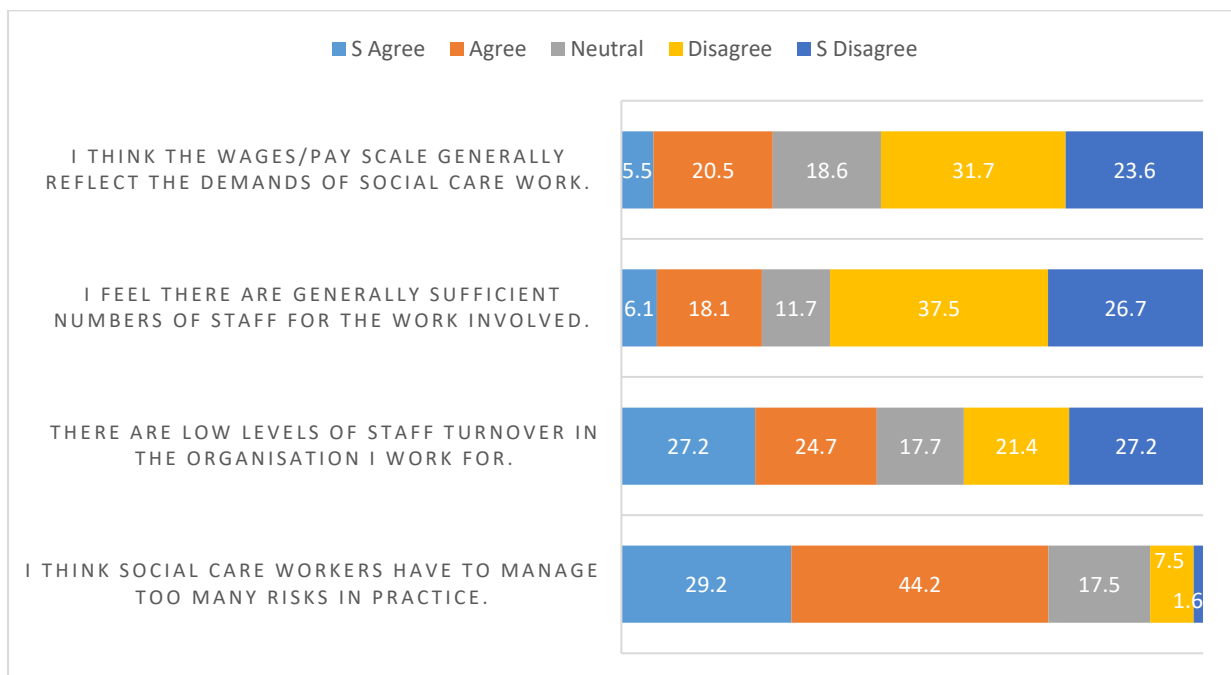
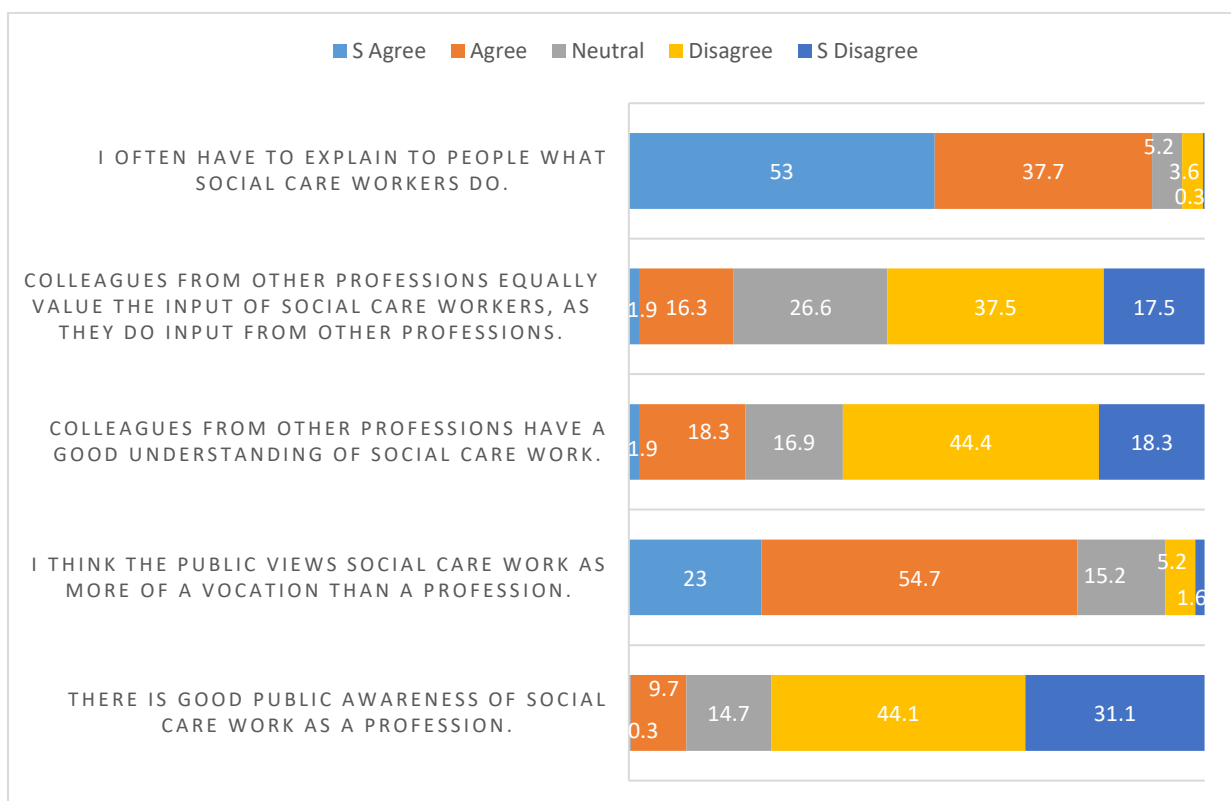


Figure 14.



Perceptions of social care work and social care workers by others.

Figure 15.

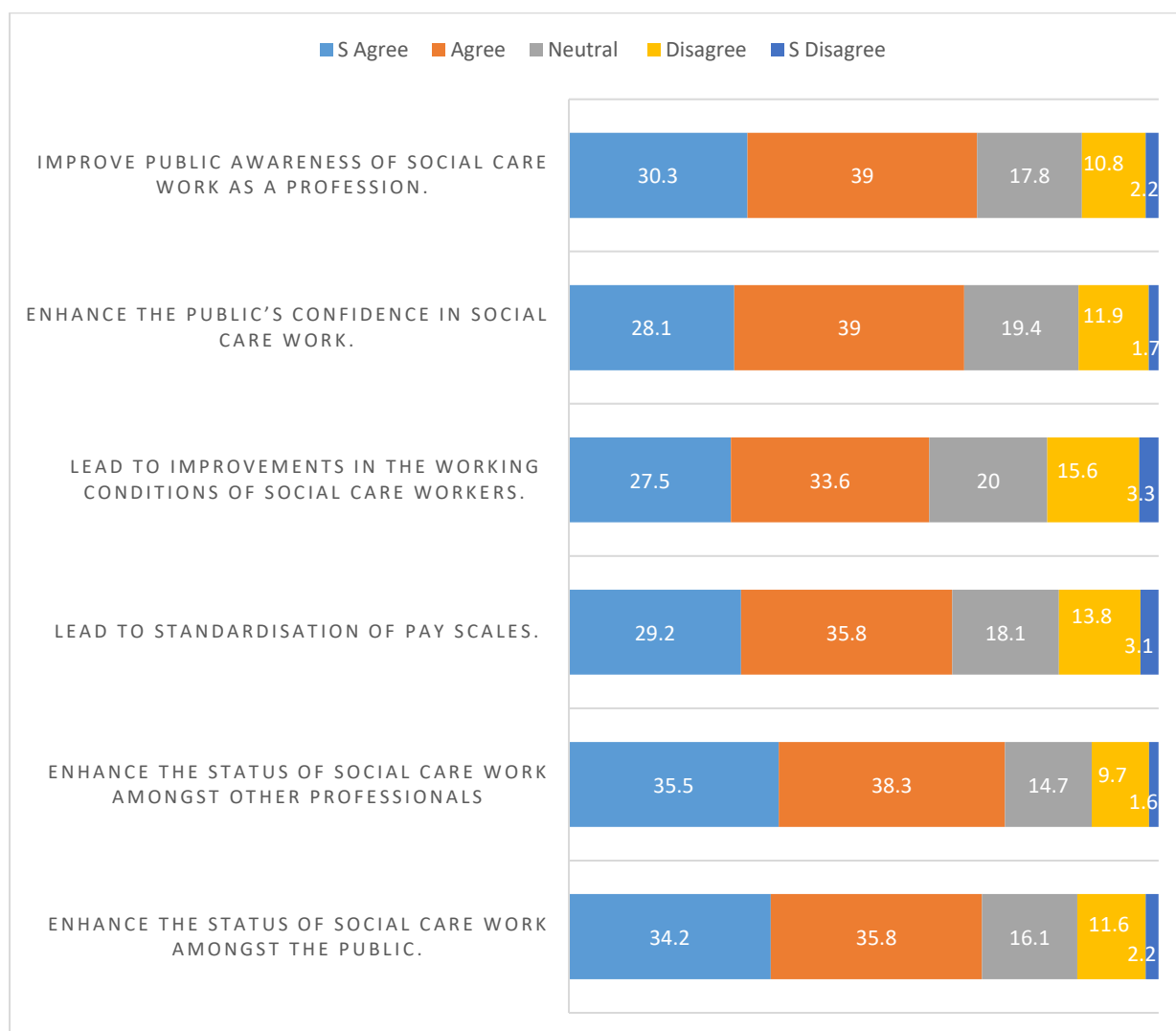


Respondents were overwhelmingly positive about the impact registration would have on the perceptions, standing and even conditions of social care work (Figure 16).

Perceptions of registration.

I think that the introduction of a register by CORU for social care workers will –

Figure 16.



There were variations by sector, with those in the disability sector regularly the most optimistic, while those in the children's sector were consistently somewhat less optimistic than their colleagues.

Figure 17.

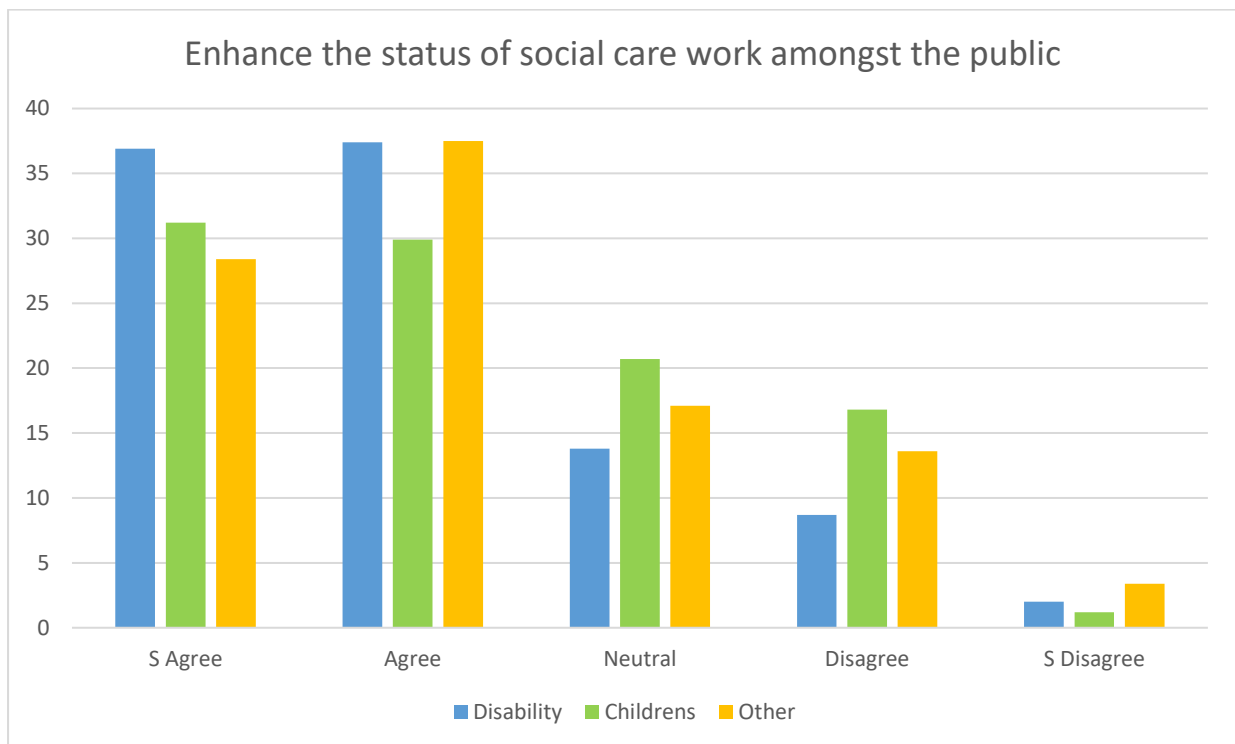


Figure 18.

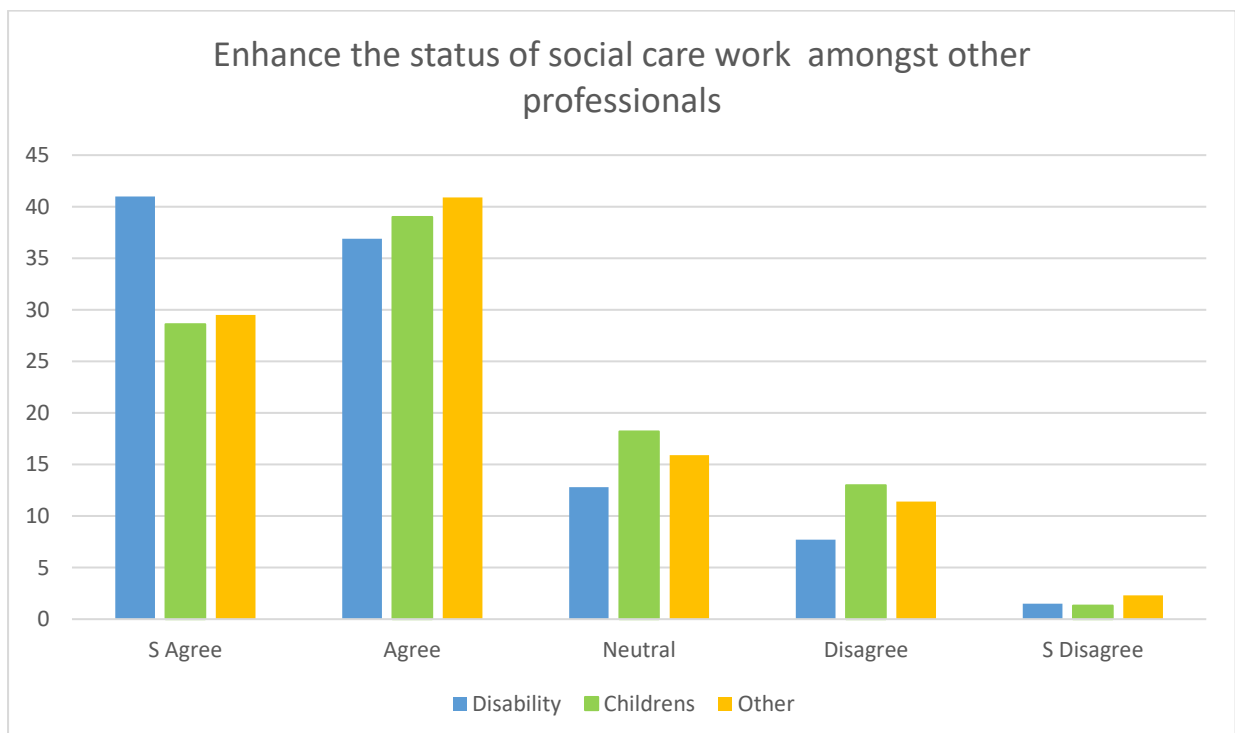


Figure 19.

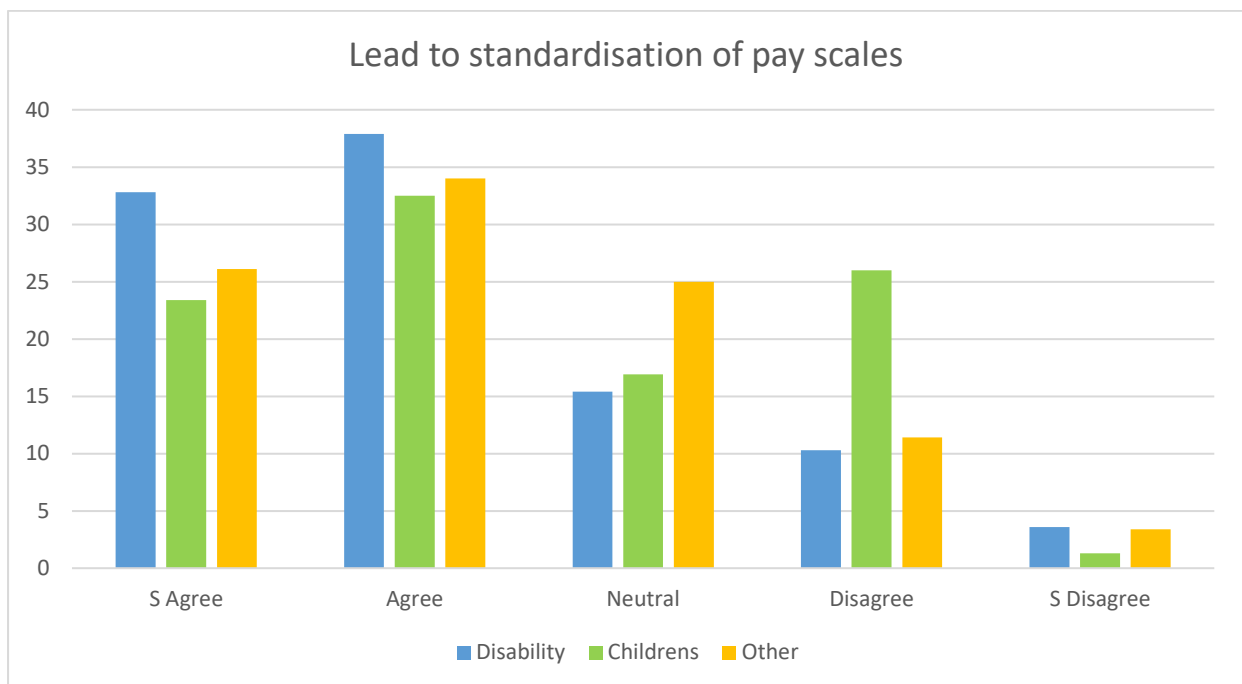


Figure 20.

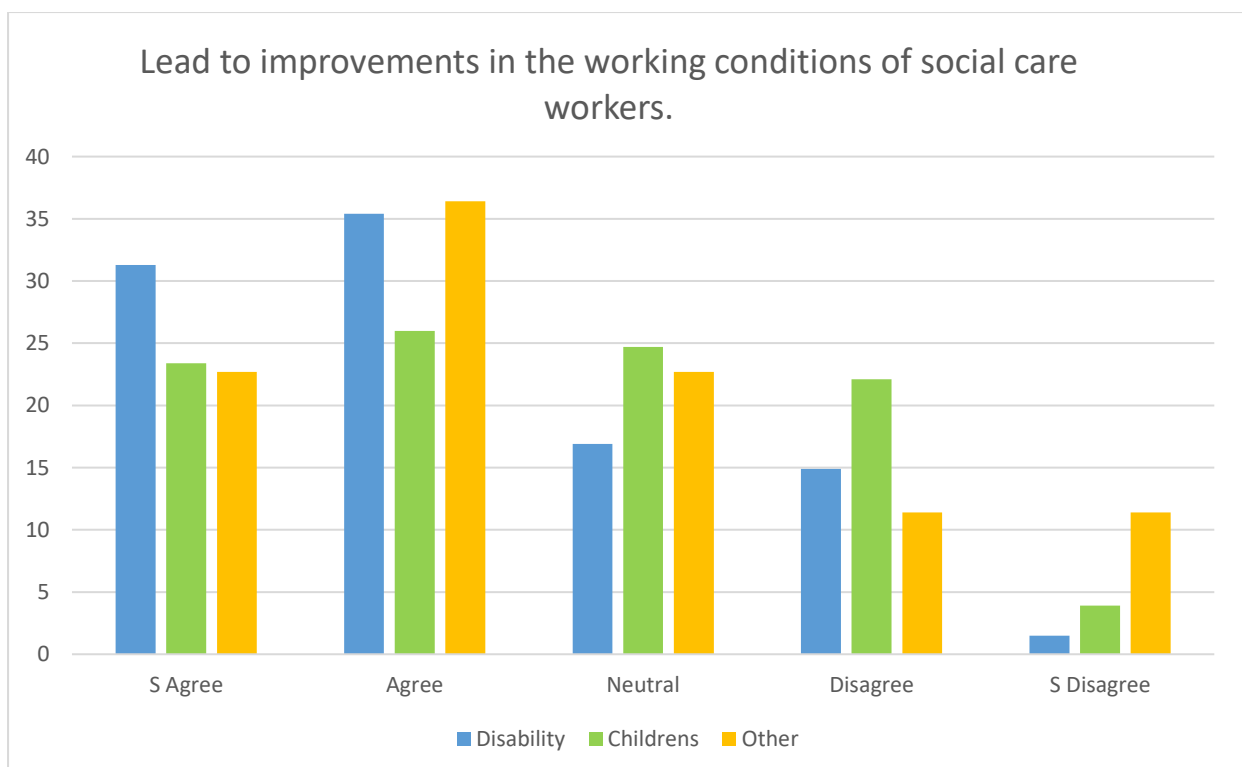


Figure 21.

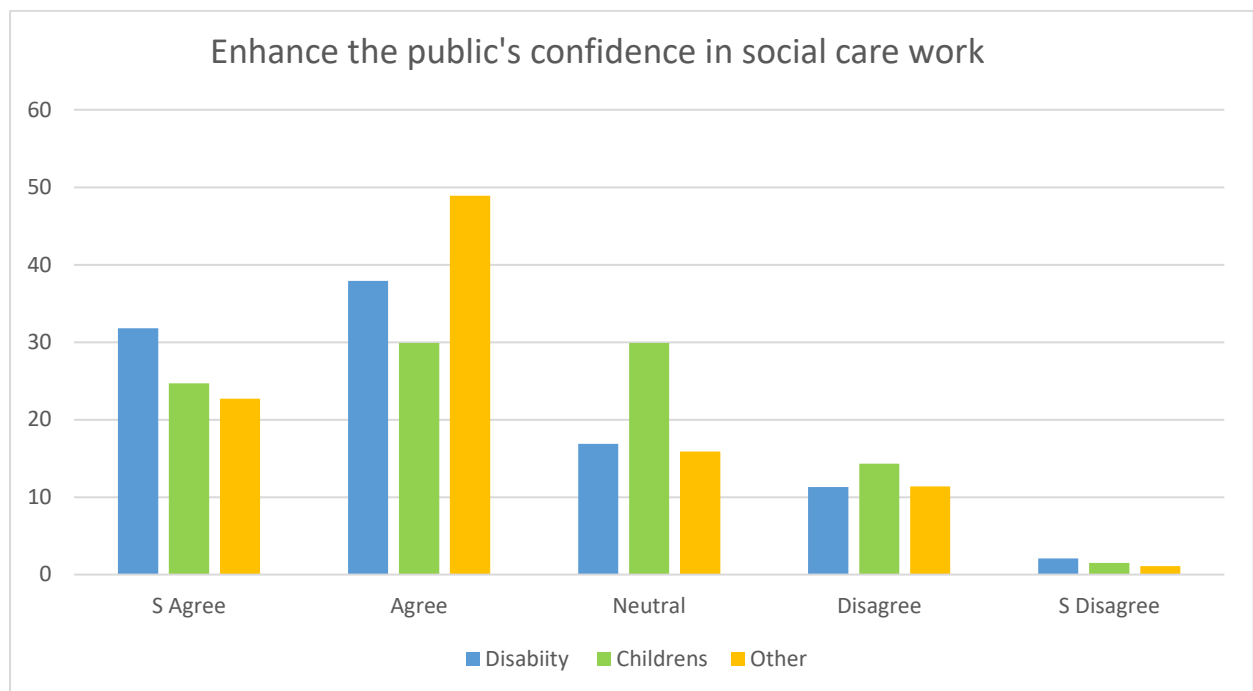
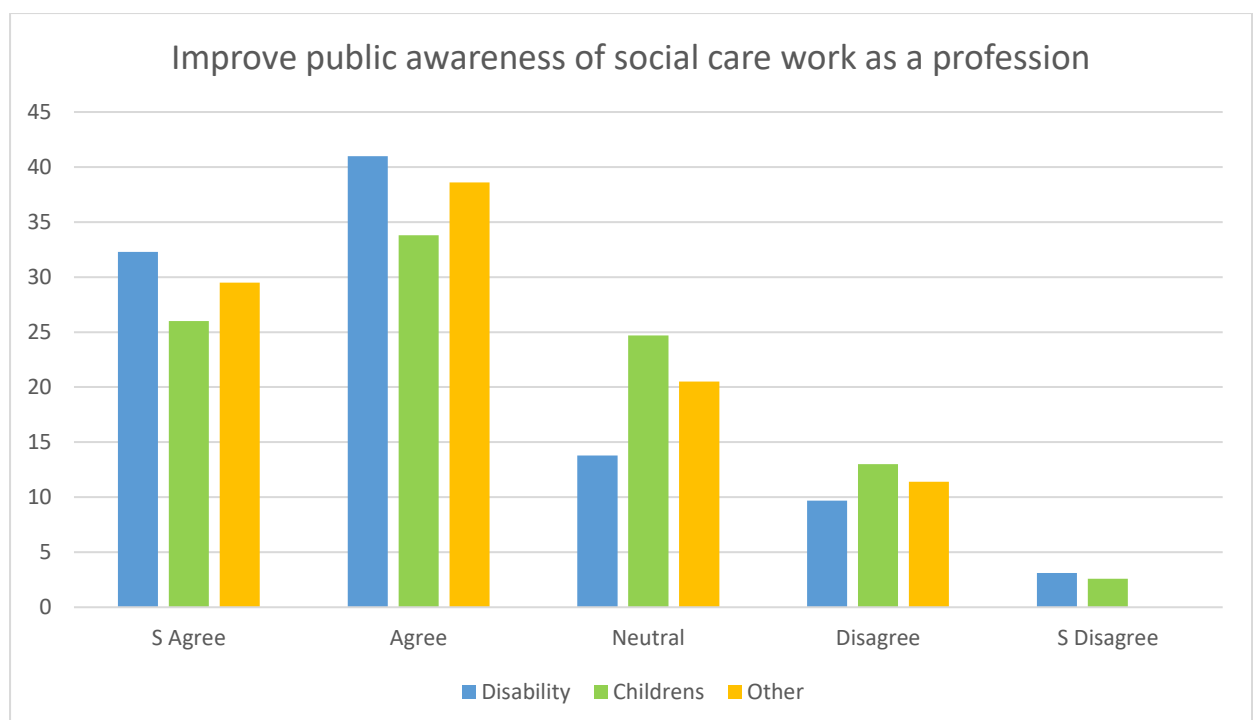


Figure 22.



Social care workers perceptions around social care work and social care workers.

Figure 23.

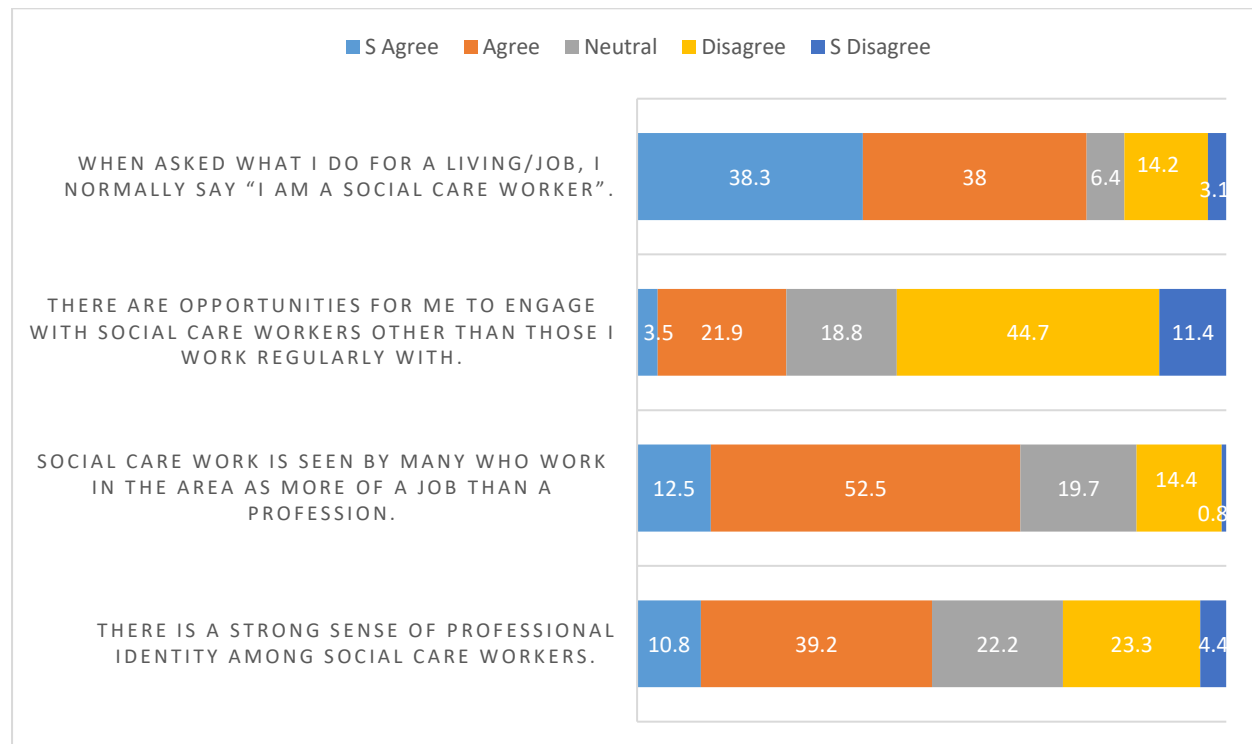
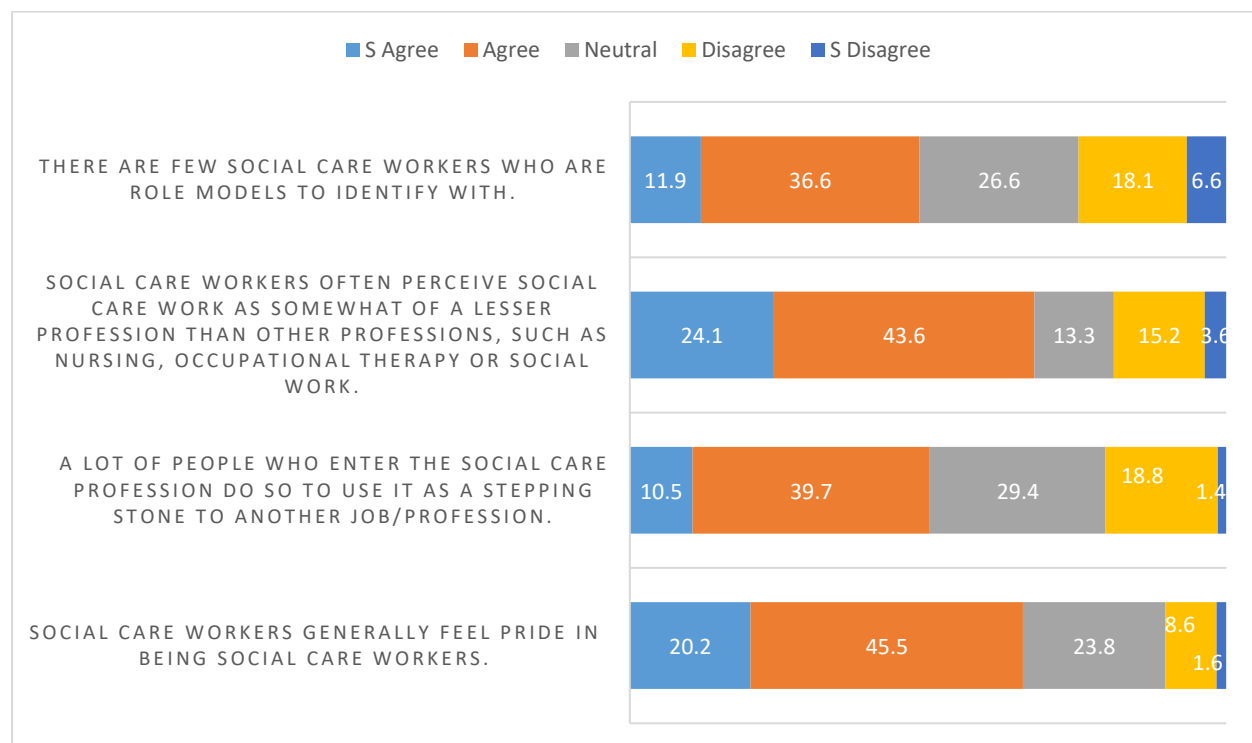


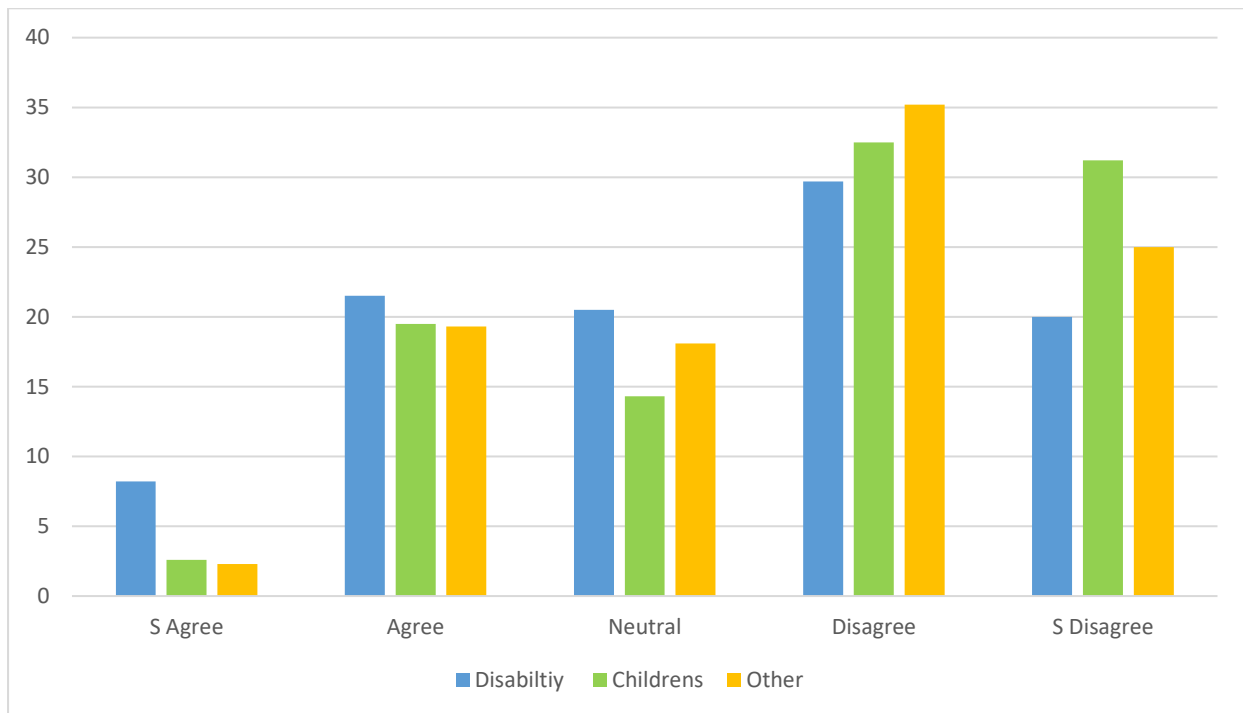
Figure 24.



Selected question responses by sector by percentage of respondents for that sector.

I think that wages generally reflect the demands of social care work.

Figure 25.



I think social care workers often have to manage too many risks in practice.

Figure 26.

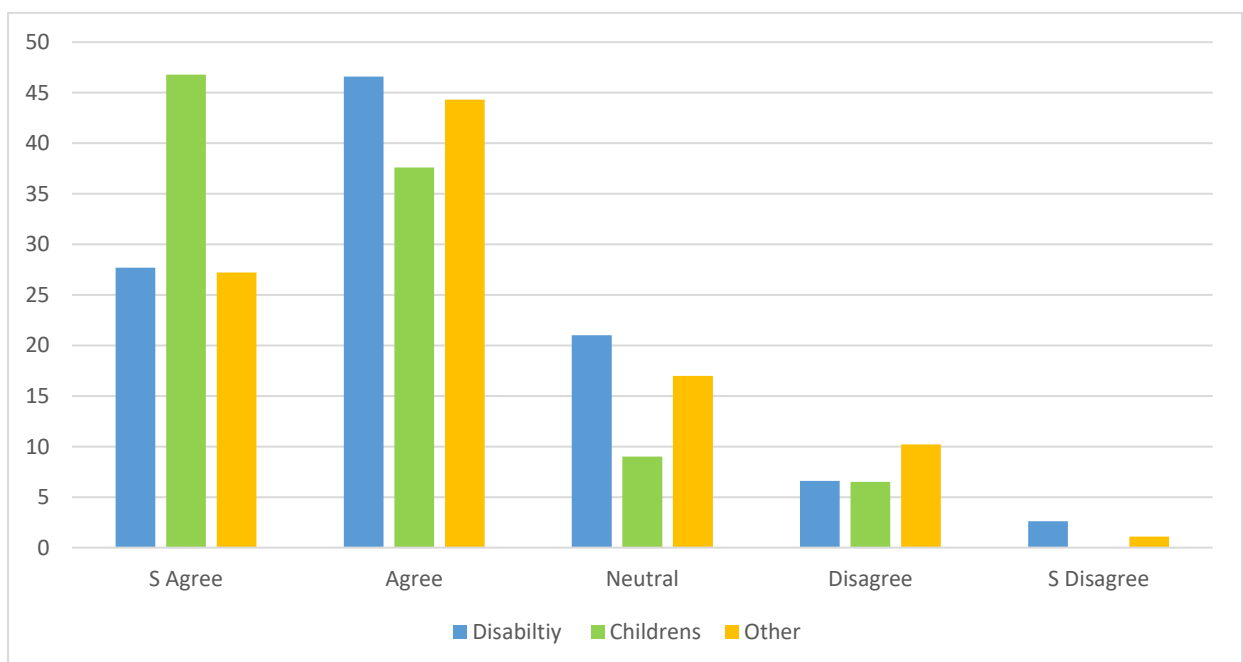


Figure 27.

There are sufficient staff for the work involved.

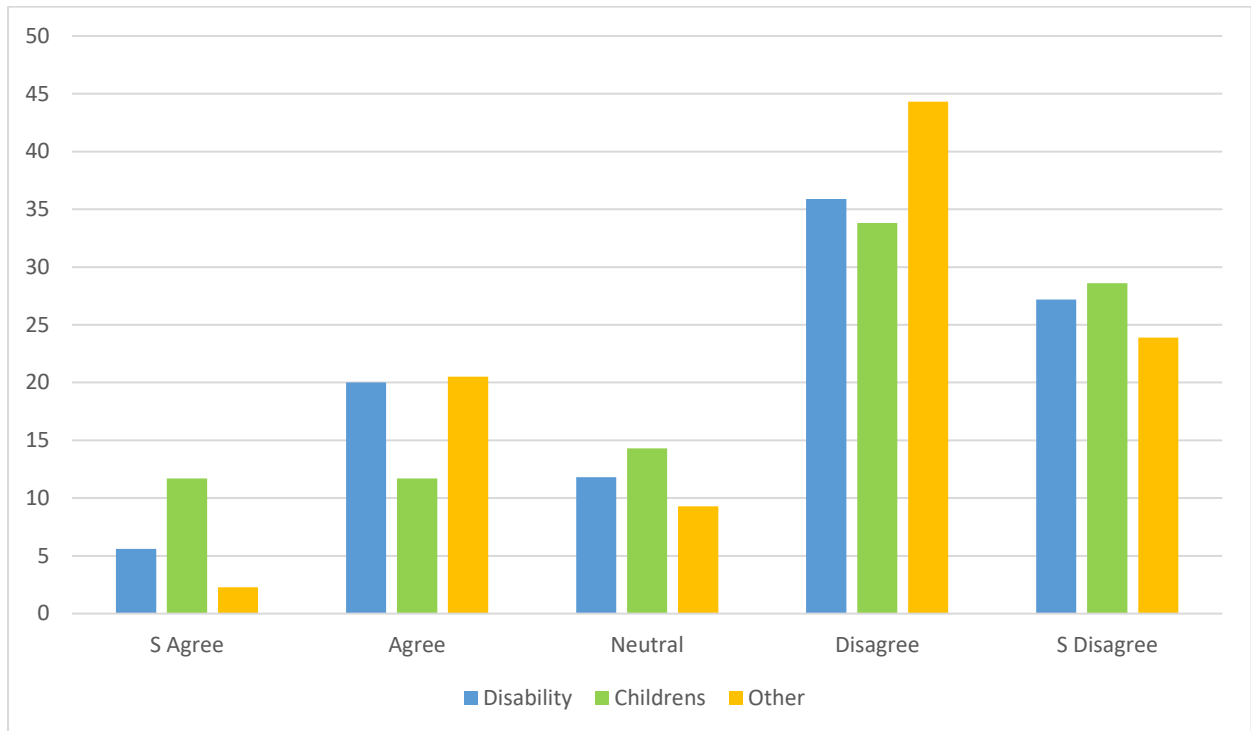


Figure 28.

There is a strong sense of professional identity amongst social care workers.

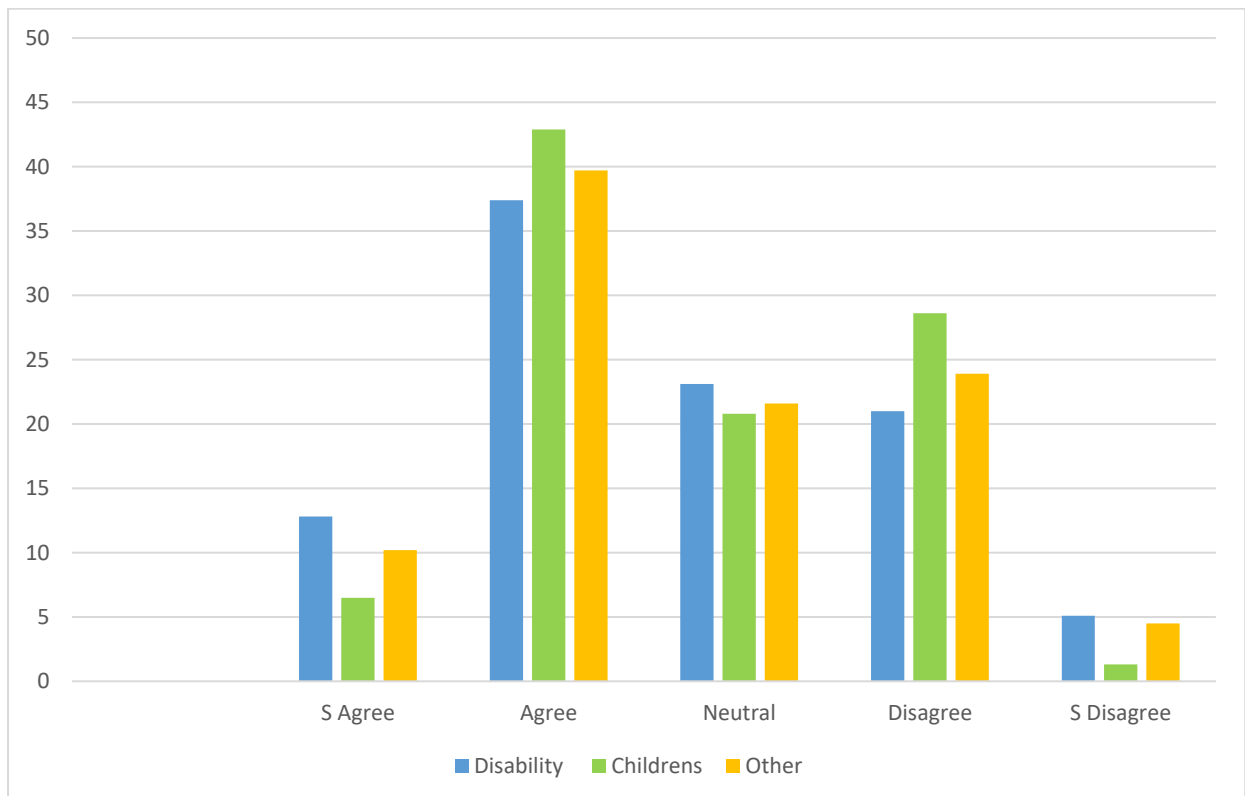


Figure 29.

There are opportunities to engage with social care workers other than those I regularly work with.

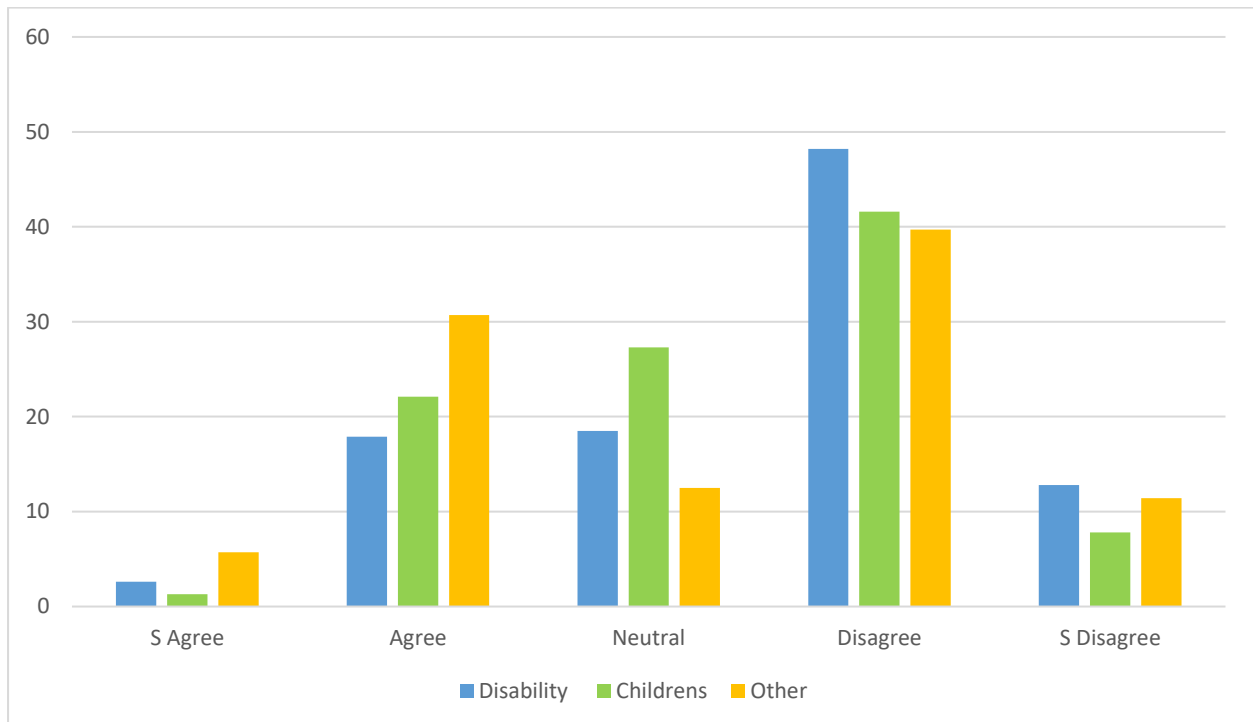
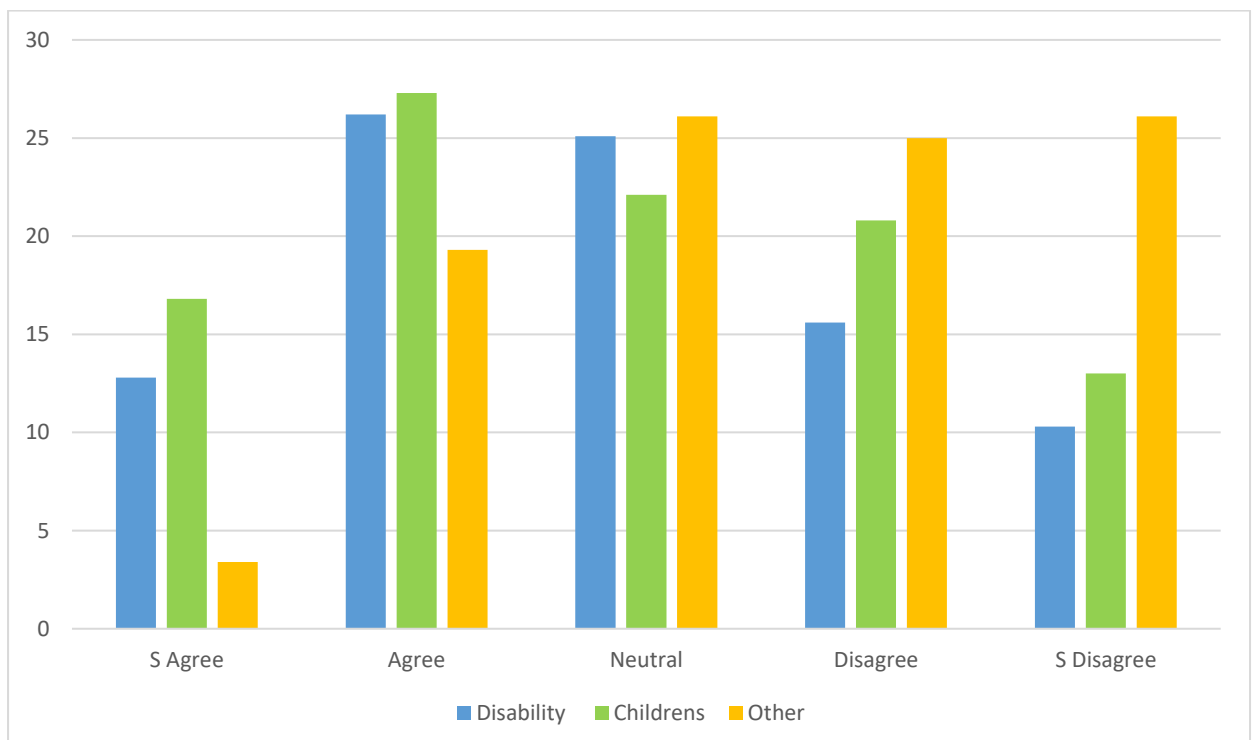


Figure 30.

There are career progression opportunities for all health and social care professionals, including social care workers.



Selected question responses by organisation type by percentage of respondents for that organisation type.

Figure 31.

The wages generally reflect the demands of social care work.

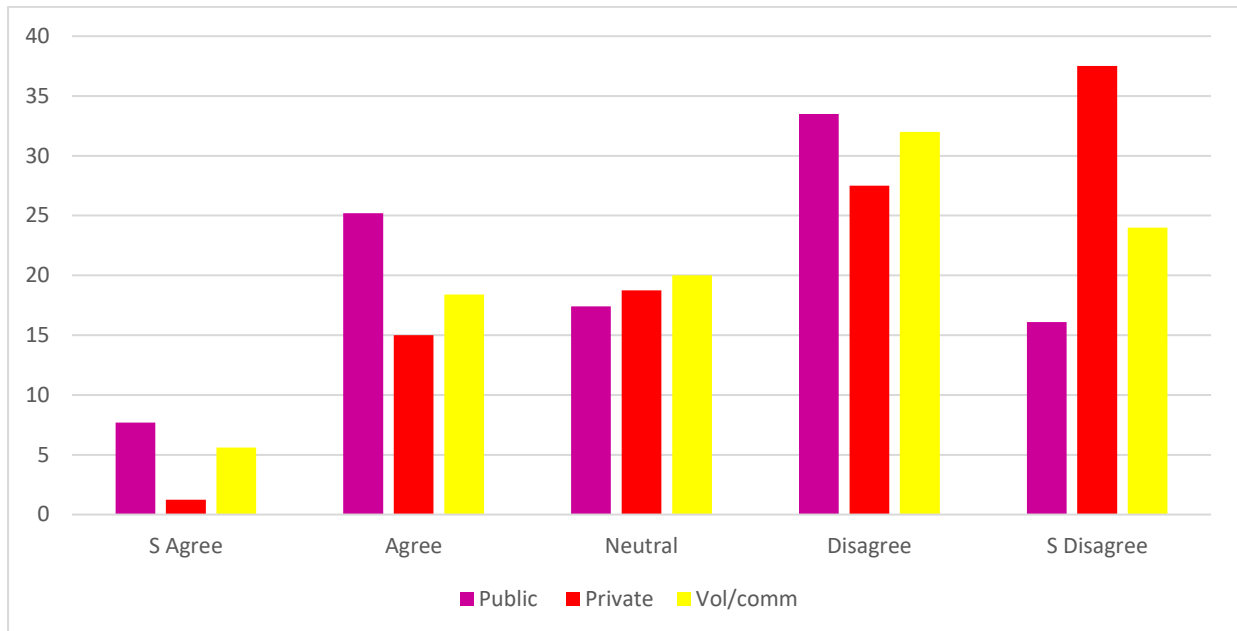


Figure 32.

Social care workers have to manage too many risks in practice.

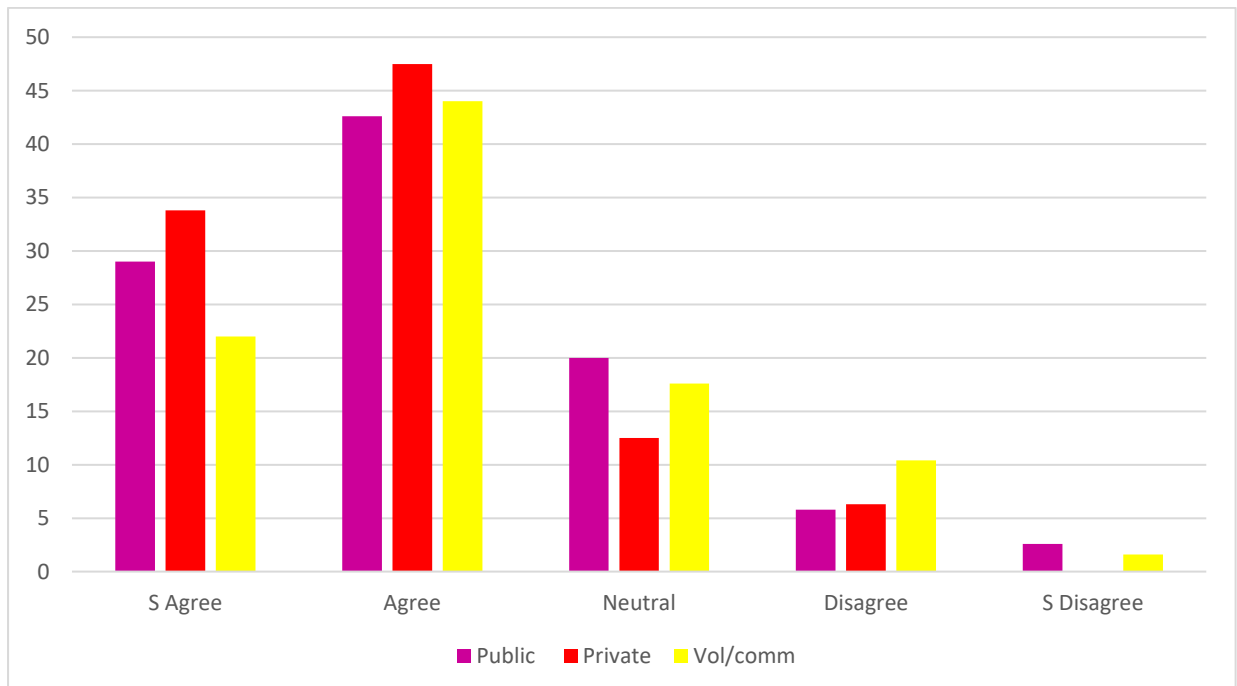


Figure 33.

There are low levels of staff turnover in the organisation I work for.

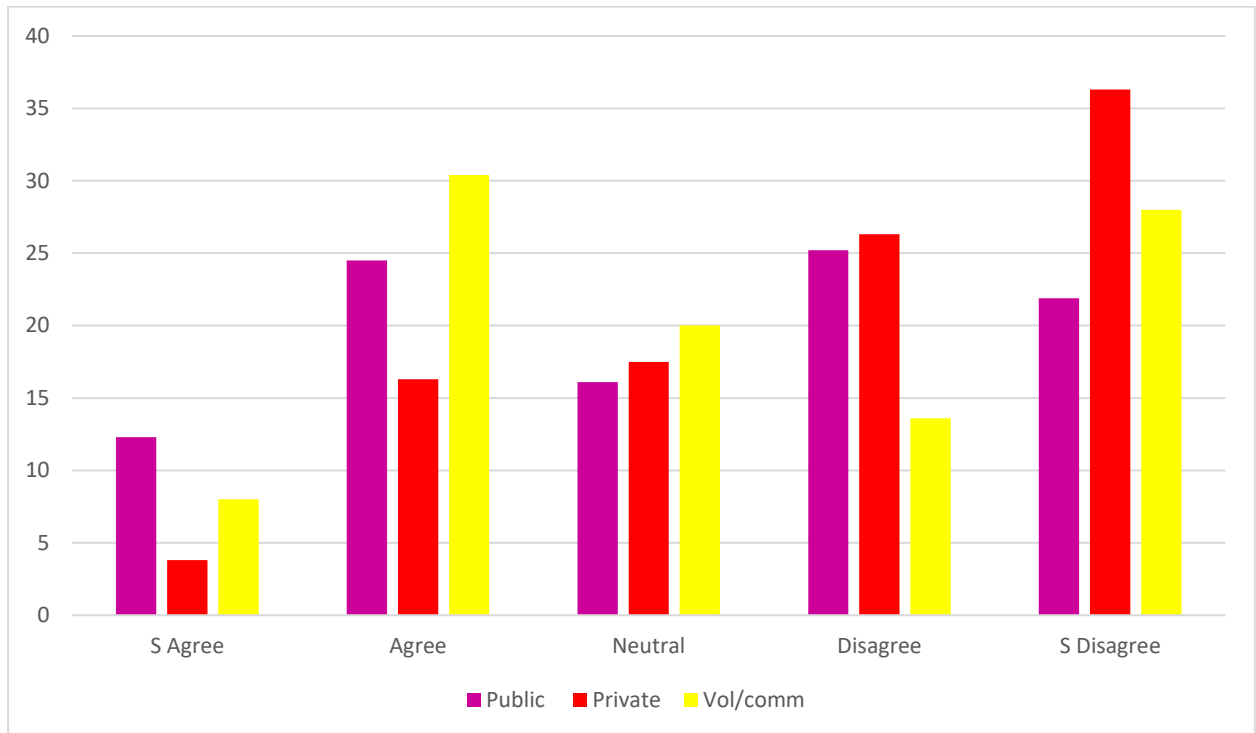


Figure 34.

There are generally sufficient staff for the work involved.

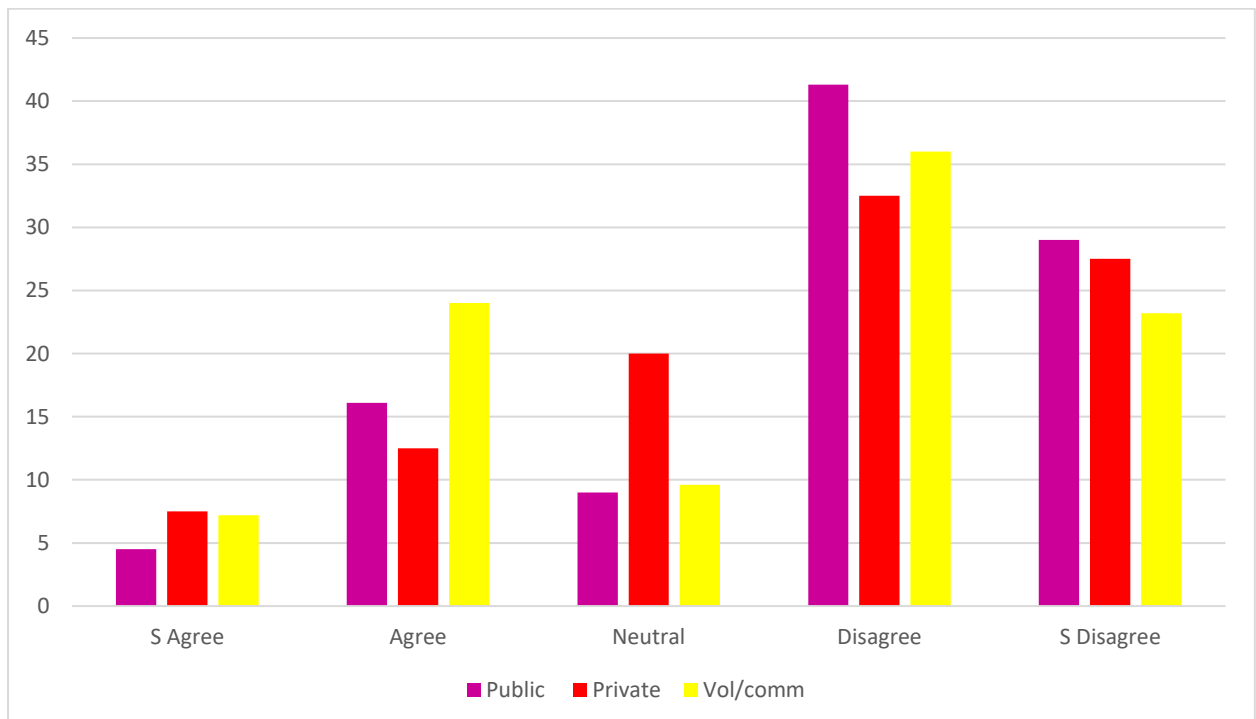
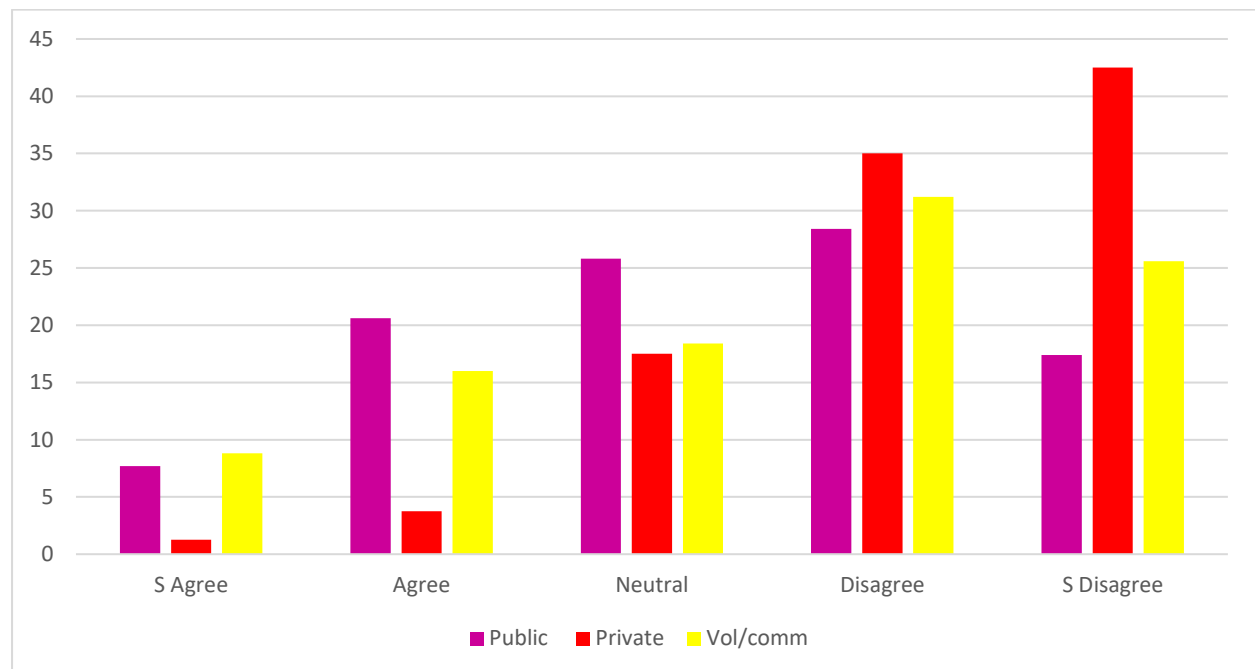


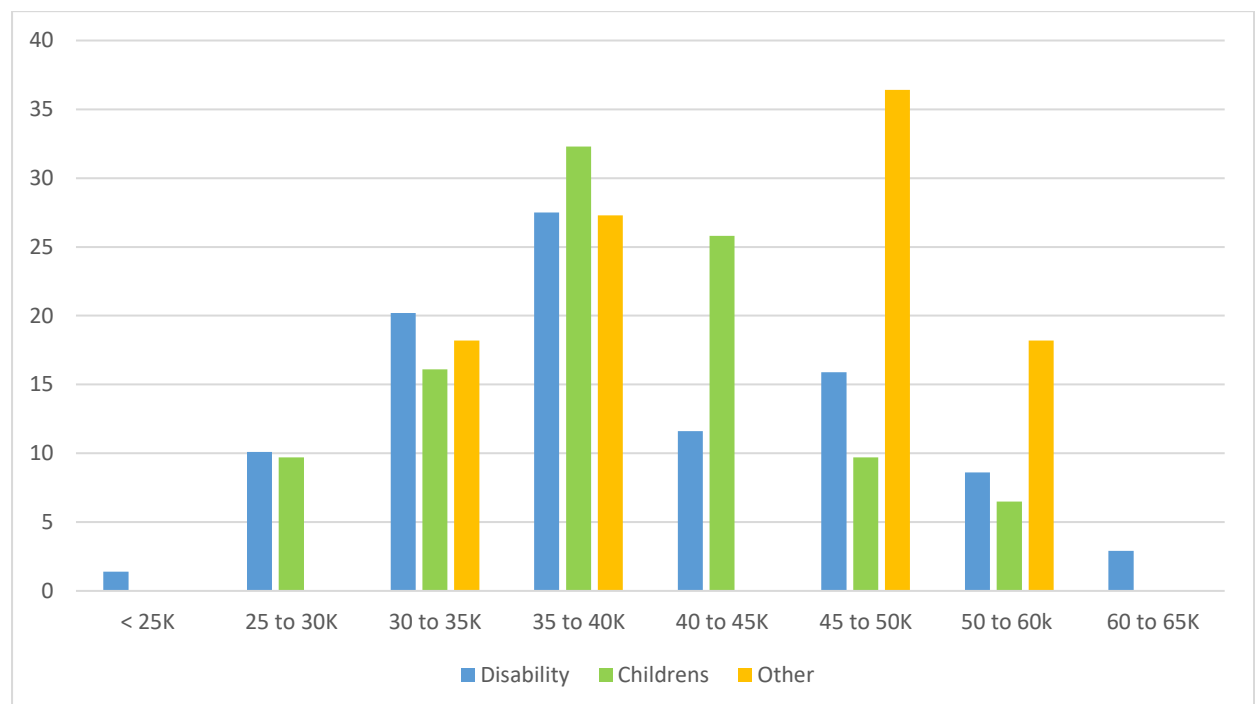
Figure 35.

Unions have been active in raising social care worker issues in the organisation I work for.



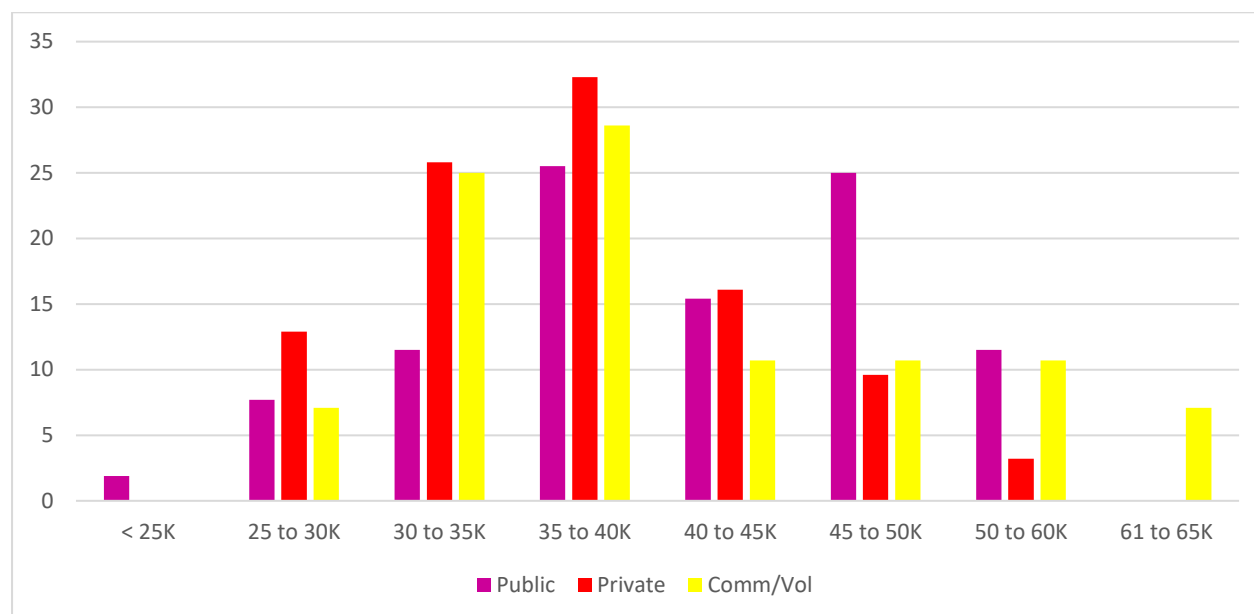
Focus on social care workers in full-time, permanent positions (n=111).

Figure 36. Wages/salaries by sector as a percentage of respondents for that sector*.



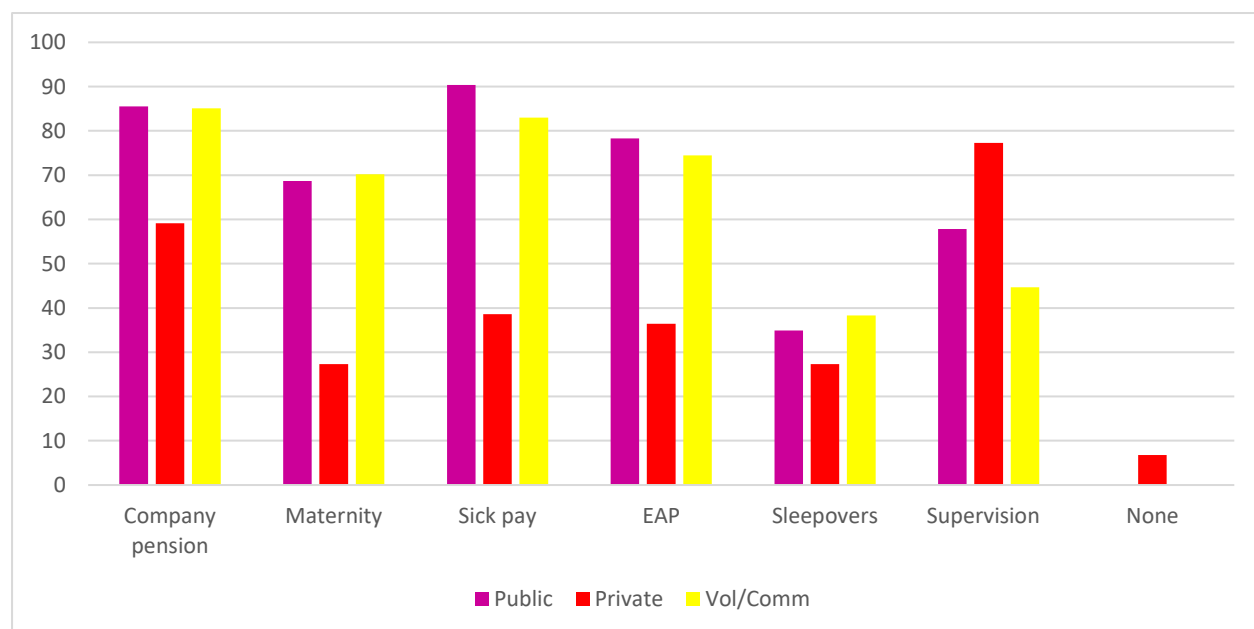
* Please note, as a result of a typo in the survey 50 to 60K was one option rather than two options of 50 to 55k and 55 to 60k.

Figure 37. Wages/salaries by organisation type as a percentage of respondents for that organisation type*.



* Please note, as a result of a typo in the survey 50 to 60K was one option rather than two options of 50 to 55k and 55 to 60k.

Figure 38. Conditions of employment by organisation type for social care workers, leaders and managers combined (n = 174), as a percentage of respondents for that organisation type.



Company pension - Company pension scheme.

Maternity - Maternity benefits in addition to state entitlements.

Sick pay – Sick pay in addition to state entitlements.

EAP – Employee Assistance Programme.

Sleepovers – Standard hourly rates of pay for sleepover hours (ie. not overnight allowance).

Supervision - Regular supervision (ie once a month or once every two months).

Interview findings.

The twelve follow up interviews explored in further depth the topics initially examined in the survey phase of this study. In contrast to the survey, there were an equal number of female and male participants. Interviewees included two newer entrants with two years or less experience, though the majority of interviewees had ten years or more experience and three individuals had over thirty years' experience. There were no participants from the private sector, six from the public/state sector, four from voluntary providers and two from community providers. Half of the interviewees currently worked in the disability sector, with one of each of the remaining six currently working in children's residential, foster care, community, youth, homelessness and drug/alcohol services. The interviews were on average around 45minutes in length and the general themes that emerged from the interviews can be divided into three main topic areas – progression, professional standing, and professionalisation and registration.

Presentation notes.

Quotes from participants have been placed in italics for ease of identification. Text within square brackets [] has been added where necessary by the researchers to clarify meaning, for example “they [social care workers] often”. Text within semi-circular brackets () are observations by the researchers during interviews, such as (smiling) indicating the interviewee facial reaction. Three dots ... indicate where text has been removed to facilitate flow and conciseness, but without changing the meaning of the quote. The designations in brackets e.g., (Mp 21) at the end of quotes represent randomly generated codes assigned to participants to preserve confidentiality.

Progression.

A slight majority of the interviewees held the professional title social care worker/leader/manager, and many noted the use of the title was common in their organisation. Nonetheless, it was also clear that the use of title was more often a function of the organisation rather than the profession. In addition, it was also shaped by the longevity of experience of many of the interviewees, as while many now worked under the professional title they had held numerous titles over their careers. For example, one participant noted that *“In mental health services it's always been instructor, but in*

intellectual disability I was called at one stage a speech and language therapy assistant, which was a programme set up by a speech therapist, and also assistant instructor in a day service” (Ah20). While other participants made similar observations, such as:

a lot of services now, still are employing social care workers but they’re called project workers, frontline workers, family support workers, etc. I think there’s always a confusion between titles...So it’s very much organisation-centred whether there’s a defined developmental ladder (Na08).

they wouldn’t put a social care worker title on the job, they’d actually just put support worker...But it was social care...It was the social care role anywhere (An14).

Community Youth Worker (smiling), but it’s social care work, which is kind of very irritating...Again, it’s back to the job titles and the whole lot. And there’s no like promotion around it. And it feels to me like it’s a new profession as well. Like, we know what a doctor is, what a chef is, a teacher, but there’s nobody knows what social care worker is (He18).

The absence of promotion of the profession was very strongly felt in the limitations and general absence for promotion opportunities within social care work. The participants consistently highlighted that the “*downsides for social care absolutely 100% has to be the lack of career progression*” (Ae13). Here again, career progression pathways or more accurately limitations with or a lack of progression pathways was most often shaped by the organisation rather than the profession. Indeed, even in organisation where there was progression from social care worker to leader, this was often the extent of opportunity available, with participants noting that:

It depends on the organisation, it depends on the role that you’re in because there could be another service out there calling you a social care leader and it’s a totally different line. There is no clear structure...I’m a social care leader at the top of my scale probably for the last 15 years. So I’m not going to get promoted, I’m not going to further, my financial prospects, because I’m literally at the top at where I am and I don’t see a way out of it. (Ah20).

it’s all intertwined, because of the historic nature of disability services, with nursing care. It is very much a mixture of both nursing care and social care. And I suppose social care being so new, in my original position, I suppose, the highest position that I thought I would’ve gotten to was a social care leader. That’s one of the reasons why I left at that time, because there’s no career progression (Mg20).

there’s kind of clear progression pathways in other careers, but in social care, it’s like, kind of just all to one level, and you have to kind of get out of it really to go anywhere (Nh20).

The limitations had horizontal implications in addition to the lack of vertical options for progression, both in relation to the practical challenges of social care work and in how it

was perceived within and beyond the profession. Many of the participants highlighted for instance that they felt social care work was poorly remunerated in general, and especially so given the challenges.

if you want to make social care work more professional and you want to value the work, you have to pay people to do it...I was there for 10 years, without a single pay increase, which with drives of inflation meant I was basically making less and less money every single year, when I was becoming more and more skilled, the labour wasn't valued (Le01).

it's not that I'm doing this because I never would do this job for the money because, believe me, it's not paid enough (Ah20).

it's generally like the money has a lot to do with it, the pay has a lot to do with it, I think there isn't really any way to progress in social care...if you're working for one of the private social care, you know, that's not a HSE funded one, like your salary is very low, you know. And then, if you want to buy a house, or you want to have, the only thing you can do is kind of get out of it and go to something like HSE, you know, as a disability officer, or whatever (Nh20).

In the cases of participants from the community and voluntary sector, concerns over pay were exacerbated by frustration and resentment around delays and/or the continued absence of pay restoration, with it noted that:

we entered into the Haddington Road agreement in 2010 with a particular pay scale and they took a certain amount of money off us to keep the banks afloat and keep the economy open...so all public servants had to hand up a bit of money from their wages. Those public servants have now got their money back into their wages, we in the voluntary sector have not (Ne28).

charities have to tender for money for new projects from the government, it just makes it so much more difficult for them, so I can see why they are not, like they are fighting for every penny, so why would they fight for wages like, they are fighting just to keep the doors open (Le01).

Overall, it was clear that for many participants they viewed the State's arms-length approach to provision and the heavy reliance on the community and voluntary sectors as largely driven by financial concerns, with funding and staff shortfalls commented on regularly.

Because of, you know, the thousands of people, you know, employed by charities whereby those positions are being paid for, like partly by the government but partly by charitable organisations (Le01).

it's just, it's soul destroying, it is soul destroying, that you're trying your absolute best to help people and all, but the only answers you get is there's no funding (Nh20).

increasing the funding for organizations to increase the staffing ratio to reduce the burn out of staff and social care organizations keep their staff for longer, for longer, and keep their staff healthier, and a healthier environment for their service users (We03).

challenges of trying to meet everybody's needs when you don't have enough staff to actually do that every day (Hn31).

Other challenges noted included both the mental and physical demands of social care work. For example, it was highlighted that:

because of the nature of the clients we work with, we can be surrounded by people who are extremely vulnerable, a lot of heavy drug use, and therefore we have a lot of very negative behaviours and a lot of death around us, and that's very challenging (Na08).

it can take a toll on your mental health. I think, you know, there is a lot of kind of secondary trauma and what's more difficult would be the mechanism that we use to protect ourselves. I always, you know, I'm worried, that, that the trauma that's in the world becomes familiar to me or that I become numb in some way to it. And that not something that I want for myself (Le 01).

Such challenges were often compounded by incidents of violence and aggression, especially where there was a lack of follow up support for staff. For instance, it was observed that:

there were attempts to be very violent towards staff on a daily basis..., but there was very little done in trying to help the staff dealing with the trauma of those violent interactions (Na08).

almost daily incidents of aggression and some very-very serious, like when staff members were assaulted beside me or in front of me. I witnessed lot of violence and aggression and verbal abuse on a daily basis, and some serious incidents of violence...not daily but at least once a month, very-very serious incidents like attacks with weapons and those kind of things (Le01).

I was coming home, like, my daughter was only, much smaller at the time, and you're trying to hide bruises or, you know, trying to hide like, cuts, trying not to break down because it would have been a really bad day... the fridges were turned over, knives- the knives in the kitchen had to be in a safe (Nh20).

I have experienced quite a lot of violence in my career. I've had 'threats to life...' I will be burned', 'I will get you, I will kill you', 'I'll burn your children in their beds' (Na28).

In spite of the difficulties and challenges of social care work, participants were overwhelmingly enthusiastic, passionate and proud of the work that they did and they garnered significant meaning and satisfaction from their work. As would be expected, relationships were central to the sense of pride, enjoyment and commitment. For example, participants frequently highlighted that:

I've always loved working with people and the humanitarian side of the job I've always enjoyed (Hn31).

The privilege of being a, a key worker to young people the opportunity to get to know them and help them reach their potential... I find it to be a privilege, that I'm a positive role model for them, and that they want to have further contact with me down the road (Ae13).

They come in very, very traumatised and I guess with our intervention and positive relationships some healing has happened and that's been the greatest satisfaction in my career (Ne28).

It's all about trying to work, work with the individuals and see, try and see what's going on for them and help them support, support them as best as they can, to be as independent as they possibly can, and then empower them to be able to make the decisions that they need to make. And, to be honest, the most important thing, what I've learned in social care is being able to help people help themselves (An14).

In many ways, it was the passion and pride in their work that shaped disappointment in responses to how social care work was perceived and there was a consensus surrounding the lack of equal standing social care had with other professions.

They are carrying bitterness with them for a very long time, because they've been practically ignored (Ah20).

they're still managed by social work team leaders. So there's a lack of equality on the ground and a lack of opportunities for social care staff and professionals (Ae13).

I think my colleagues feel the same way as I do. We often talk about it, they often come away from meetings shaking their head and come back to me...I know they are highly qualified, I know they are well experienced, and still, to this very day, they have a lack of confidence going into the interdisciplinary teams because of the way they are treated (Ne28).

The poor relation to other professions. I think if there was a ranking order of professional careers we probably would be somewhere down below the stone masons maybe, you know, Because of predominance of the medical model in Ireland, social care has been left to the side (Na08).

Some individuals did note instances of other professions treating social care workers with equal respect. However, these were the exception rather than the rule and most commonly the result of individual efforts.

I would work with a public health nurses, psychologists, and they did respect me. But it was having to kind of sticking your head above the parapet a bit, you know, and make that happen, no one else is going to do it for me (Ah20).

I had good experiences myself with other professions... but I think, in general, we are at the bottom of the ladder and that we are not seen as knowing the people as well as we do (Hn31).

Professional standing.

The general perception of social care as the poor relation in professional circles was explained most often by a lack of understanding around what social care work is and what social care workers do. This lack of understanding was not confined to other professions, but rather was felt to be near universal, extending to the State, the public, unions and, indeed to social care itself. Unsurprisingly, the multiplicity of titles that have abounded in social care work was felt to play a significant part in such perceptions. It was a situation concisely captured by the comment, *“for so many years we’ve been called all sorts of things, so that’s no wonder the public is confused, well, social care workers confused themselves”* (Na08). In a similar fashion, another participant observed:

I think people and even people who are currently work, even the senior managers that I work alongside in the executive team, they don't really understand what social care is. I think a lot of people have the perception that they are care assistants whereas organisations with their job descriptions, they don't specify the difference (Mg20).

A number of participants felt the invisibility of social care amongst the State and public in particular was more deeply embedded and shaped by the history of segregation of marginalised and vulnerable groups, as well as negative perceptions and reluctance to acknowledge social issues.

I think it's just a lack of understanding, they [State] don't actually know what it is. And, you know, we have such a history of like, when people especially in disabilities, or mental health, like when those people were put away out of, out of sight, you know, so like, they don't really know what it is (Nh20).

They [the public] don't know anyone with a disability, they don't live with anybody who's disadvantaged, they don't socialise with these kind of people. So I think they just don't understand what social care work is (Hn31).

a lot of people see us as the social problems that we're dealing with and people don't want to speak, they don't want to be reminded of social problems. There's neglect there and abuse there. You know, a lot of people kind of stick their heads in the sand about these kinds of things (Ae13).

I don't think the public know what it is really. Like all my family and friends, you know, 'So you're going to be a social worker?' And I was like, 'No'. 'So you're going to be taking children off their parents?' 'No'. Like, and then it's either one extreme or the other. And then they think it's healthcare assistant. So like, there's really no knowledge (He18).

While each of these factors was felt to play a part, a strongly recurring theme throughout many of the interviews was that the diversity of social care work had militated

against the development of an understanding of what social care work was, both beyond and within the profession. In terms of perceptions from beyond the profession, much of the issue can be related to the lack of progression or specialisation opportunities within the social care profession, reinforced by the glass ceiling of social care leader. As a consequence, social care was often perceived merely as a stepping stone to a “proper job”.

many of the social care workers will always say you have this thing when people say, ‘Oh, what do you do? You’re a social care worker. What do you do?’ You know, it’s just the question mark over what a social care worker is. People are a bit blindsided as what social care work is, and what they do. Because it’s such a broad, it’s such a broad subject, you can go into children and go into the homeless, you can go into, you know, family support, loads of things (Ah14).

We don’t have a Doctor’s after us or, you know, we are not PhD students or whatever. It’s just incredible! We’re sitting in a multidisciplinary teams meeting, my staff live with the children for 24 hours on their shift, most of my staff are here for over ten years. They know these children really well. And yet it’s the counsellor who sees the child once a week maybe for an hour will be asked for their opinion and their opinion will hold more weight (Ne28).

It’s more of just a stepping stone to something else. It’s not really I don’t think many people view it as like a lifelong job (Nh20).

they feel like it’s maybe a beginner’s job, do you know what I mean, like a stepping stone job, they do social care for a few years and then they go and get their masters and get a proper job like a social worker, as an advocate or a solicitor...the job is kind of like the frontline or the person work is for people who are straight out of college and if they stay in that, if they’ve grown as much as they can, then there’s something wrong with them if they want to stay in that line of work (Le01).

The ambiguity over social care work as a life-long career was frequently related to intransigence around the representation of social care work, with unions coming in for regular criticism.

Jesus! God, I don’t like unions, I know they are nice and furry but from my experience with them, they don’t care, they don’t care. I brought up the career path thing so many times over the years and it was just ignored, ignored just like that. We are just for ordering a subscription, that’s all it is (Ah20).

I’m onto XXXX [Union] every month asking them for meetings, asking them what they are going to do to represent us, in terms of violence, violence against the workforce, again, pay restoration – nothing, they have done nothing for us because we are a small group of people (Ne28).

Size comparisons with other professions were made, especially nursing and teaching and it was often felt that the problem for unions was the limited number of social care workers. At the same time, a number of participants felt it had more to do with competing priorities

within unions and that supporting social care workers would lead to conflict within unions with larger professions.

the unions don't probably have the potential like a lot of other professions in a sense that we have less collective bargaining power, because we work in small organisations. So, for example, the nurses have a massive collective bargaining power (Le01).

I would go to HR and I would change that grade or role to a social care worker... But again, the unions have a big issue with that, because they are saying that I'm undercutting the nurses (Mg20).

I haven't any experience of it anyway, of them soliciting what like, your real thoughts are. You know, I've never had the union do like a survey or research or anything like this. Now I did when I was an SNA (Nh20).

A number of participants highlighted being plamased, dismissed or looked down upon when attempting to engage with unions, with the absence of professional regulation frequently pointed to as one of the main reasons why unions were unwilling to engage with social care worker issues. In addition, inertia on the part of unions was felt to be shaped by a view that unions know that if push came to shove “*We won't strike because on an ethical basis we won't walk away from the children and leave them. And everybody in the country knows that*” (Ne28). However, the most common source of explanation for the invisibility of social care workers and social care work was the intransigence of social care workers themselves.

you see the ads going up and looking for key workers and they are looking for project workers, they look for an applied social care degree or degree in psychology or degree in nursing or degree in that or degree in this. No other professions would allow that happen! There no way you'd see, you know, a nurse wanted in a hospital in Dublin with a degree in nursing or degree in psychology or, that just wouldn't happen (Na08).

I don't think we're good on organising ourselves, and fighting for the things that we should be getting. Something I have become much more aware of, in the last two years, is the lack of equality. And if we don't make the fight about us, and try and stand up for ourselves, then we're saying it's okay to treating us like that. I think if we put up with it for so long, we need to make a stand and say, no, no, no, this is no longer acceptable (Ae13).

If Social Care Ireland can't figure out and define the job, why would we expect the government, policy, organisations, the general public to understand it if those who are trying to set up the registration can't define it either, it's a bit worrying, you know (Hn31).

If at first glance it might seem unusual that social care workers were felt to be poor at standing up for themselves and it might appear straightforward to point to explanations that focused on the breadth or diversity of social care work, invisibility and lack of respect,

or ambiguity over titles, a recurring subject highlighted a key schism in social care work – qualified and unqualified.

Professionalisation and registration.

Among many respondents, registration was viewed as something of a cure for what was clearly a deeply entrenched issue in social care around qualifications. Many of the interviewees frequently used the term ‘qualified’ when referring to themselves and regular comments emerged throughout the interviewees about the problem of unqualified staff working in social care and it was clearly a divisive topic, which “it [Registration] would be good in terms of who is qualified and who isn’t qualified” (Ah20).

when I started I would have worked alongside and still do a lot of unqualified people. And I suppose that’s in lot of ways because there is a particular paygrade called unqualified social care worker but people can be easily insulted by that. And people continue to be employed with that (Mg20).

There has been a dilution of qualified and unqualified staff working within the residential sector more than anything and it’s sort of like if there’s one qualified staff on, that’s enough (Ah20).

It’s because for years, there was a lot of people working in social care that didn’t have qualifications, that don’t have qualifications. They didn’t go from school to college to work. They just went in to work... it’s seen as a cheap option, ‘Not qualified? They’re grand’ (Dy28).

I’ve encountered in interagency work some other charities that are kind of scrupulous, like they they’re trying to save money by hiring young graduates who then don’t know what they’re doing, or by hiring people who aren’t who aren’t qualified. Very, very damaging (Le01).

While the general consensus was that registration would do much to put the issue of qualified and unqualified to rest, a somewhat surprising level of doubt continued to remain among some around whether registration would actually happen. Participants were aware that a date for the opening of a registration and the start of regulation was fast approaching, but there was almost an air of anxiousness in many interviews that registration would be postponed temporarily or indefinitely.

before this I would have thought there was a lot more positivity, but nobody believes that CORU is ever going to register us, like it’s been going on for so long, everybody’s just like, it’s never going to happen (Nh20).

I wonder will it really happen in 2023, they’ve been saying it for years now and it hasn’t happened (Ne28).

I think it's been talked about for so long that people like myself, find it, suspicious if it's ever going to happen. When I was, you know, I feel like we've been talking about it for 15 years and it still hasn't happened (Le01).

I've been here for a very long time and the registration hasn't happened so I actually don't think it will be. I don't think the registration is going to happen in the next three years because it's going on a lot longer than that (Hn31).

I really don't see it happening that soon to be quite honest. I've been around for a long time and I've heard all about the registration, CORU, and all that and I roll my eyes and kind of go 'We pleaded and mentioned it, but there was nobody looking after it for the last 25 years, there was no kind of single body championing social care and allowing people to see what we do and it was just allowed to drift, and drift, and drift' (Ah20).

The ambiguity over whether registration would happen was similarly reflected in the journey toward professionalisation and in how registration was viewed. For example, there were some differing views on the role of education providers in the professionalisation of social care work. While there were some who felt that:

the colleges are doing something really good because the staff members are excellent. They come in they, they know their work, they challenge, they question, you know, you get a good sense of some people, but it's great that they're a carbon copy because you know they've gone through the training and they know what to question, what to do (Mg20).

I think the professionalisation of social care has changed the accountability, there was little accountability and professionalism in the early years. The colleges, there's more colleges who are doing courses. There, there's more professionalism coming in through the courses (Ae13).

I've worked with students for about 15 years...I just quite enjoyed younger students coming in...because the younger ones are coming in with really great ideas and better ideas. And I think of them as having the qualifications and, in some ways, I'm jealous, I didn't have that when I was 22 or 23 myself (Dy28).

Not all agreed however.

I blame the colleges for diluting it down to, you know. There are different pathways and courses and all those kind of things. When I was in college there was one door to get in, it was through the CAO leaving cert and you got your points and went to college, and now there is all these different access courses (Ah20).

Overall however, the prevailing view was that social care education and social care work both faced the same challenge of broadness.

I would also get the college to actually come up with more ways or more areas that they can focus on, the areas that you can work in, or even specialise...I remember, our lectures were kind of a bit broad in the areas (Ah14).

Like we did our social care degree as a broad understanding, you know, our training isn't specific like lots of other disciplines (Mg20).

I maybe had 200 people graduated with me and some people went to work with people with physical disabilities, doing intimate personal care, helping them to get out of bed, some people went working with old people in a nursing home, some work in shelters with homeless, it's just so broad instead of having one kind of specific identity to it (Le01).

Registration and the establishment of registration was thus welcomed as it was felt it would help clarify what social care is and institute some boundaries.

I think that the introduction of registration is a good thing in that the profession is defined, so I think overall in that regard people would be happy about that, you know. That's similar to an OT or language and speech and social work, they are all registered with CORU automatically and I suppose people may feel a bit more confident if there is a specific registration policy there for social care workers (Hn31).

I think that it [registration] has the potential to have a very powerful effect on social care insofar as that. Anyone there, any organisation that tries to use the protected title, will not be able to do that. And the opposite side of that then is that social care workers we'll probably start becoming more aware that we are working under the protected title and we'll be more inclined to push the organisations to use that title (Na08).

Discussion of such developments highlighted that there was an underlying concern around the quality among some, which may in part be related to the concerns over qualified/unqualified. Registration was viewed as a way for helping to support quality and as including mechanisms for those who did not meet the standard.

I think it's a quality standard, again, it's a quality standard that's accepted across the board in the whole country, or even in Europe for that matter...And that standard is what drives quality improvement in service and quality improvement for the workers, having an agreed standard (Dy28).

I'm hoping that the public will use it to weed out if there are wrong social care workers out there... they will weed out the social care workers that don't deserve to be in the role. So, in a long-term that could be a benefit for the public and a benefit the profession (Na08).

as a manager, when you have a very difficult staff member or a staff member who isn't practicing appropriately, you know you have an avenue to go down to get them to taken out or to get them stricken off...CORU will give us a Fitness to Practice. To be honest with you, I wouldn't like to face the Fitness to Practice case, but at least that's there and people need to know that they will be held accountable. They will be held accountable for their practice with the children (Ne28).

CORU will have their board to kind of hold people accountable and, if there's any reports, to discipline them or whatever (Mg20).

There was also an anticipation that regulation would lead to improvements in conditions, particularly pay. Nonetheless, this was often couched in terms of hope rather than expectation – *“I wonder if it would affect the wage, but I'd like to think it would, you know”* (An14).

as a registered profession, you would expect to have a more robust wage kind of system (Le01).

I don't know if there'll be any difference in pay around like that, you know, if you're registered, or if you're not registered, are you going to be on a different pay scale? (Nh20).

the pay and stuff like, they might start lobbying for pay and the different conditions and stuff as well (Mg20).

In addition, there was a sense of anticipation that in the longer-term, registration and regulation would lead to enhanced understanding and respect for social care work as a profession and for some it was a case of *“I've been waiting long enough for it, so I think it's a very positive introduction for our profession. And the people that I work with are all viewing it as something that needs to be done, 'just get on and do it'”* (Ae13).

my hope is that, in 10 years' time, CORU will have done a promotional piece for us, and the people will recognise us. And CORU will make sure that the standards are set, the bar is set the same as for similar professions. That's my hope. I'm not sure that will happen but that's my hope (Ne28).

hopefully it [registration] will stop that occurring, of people coming in the door calling themselves social care workers who are actually not. Apart from that I would hope that it will give us a ranking like nursing, teaching and all those professions, social work, that have those registrations (Ah20).

with this new CORU thing, I think it's gonna be great in 10 years, like, because we have a recorded practice, we're on a register, we are doing our CPD. So I think it's going to be really a positive step for the profession. So looking forward to see where it goes (He18).

In the shorter term however, there was a view among some that little would change. However, on the other hand, many felt that there would be significant upheaval and there was anxiety around a range of issues, including costs, qualifications, false allegations or that registration would be used by organisations to move away from social care staff or use elements of registration to shift responsibility away from organisations and onto social care workers.

we will be recognised by CORU a long time before anything changes. I'm not sure what those changes will be. But, definitely in the short term, I don't see anything happening or changing (We03).

I think there will be, obviously there's going to be outcry about CPD, and costs associated with registration and, you know, insurance, like practice insurance and that kind of thing (Nh20).

In a short term, social care workers are going to panic. Because they'll have CPD, ongoing professional development and they have to get all those numbers, they have to get all those points to be registered and to stay registered. And I think they are going to panic – 'When am I going to do this? How am I able to do this? Will my organisation support me?' Our organisations are telling us it's got nothing to do with them. They are telling us 'Don't ask us, that's up to you, you have to stay registered, if you want to practice, you need to stay registered, go do your CPD, [it's] nothing to do with us' (Ne28).

what I worry about is that as the title of the job description is so diverse, so then charities might then say, 'Okay, well actually, we don't need a social care worker for this position, we just need health care assistant, or we just need an additional worker, or we just need someone who did sociology for two years'. That would be kind of a way for them to save money (Le01).

I think the downside of this [registration] is that, unfortunately, false accusations or, or complaints, etc., etc., will have a pathway, which I think is one good thing. But on another side, you have to employ your own support (Ae13).

I don't think anything will change greatly. It would be good in terms of who is qualified and who isn't qualified. I have a fear for myself on that because I'm coming from a 1998 qualification...and I don't know how I'm going to fit into that. I know that there's a grandparent rule or something like that, that's going to be there for people like me (Ah20).

one thing I do have an issue with is things like, you know, being medically fit and things like that and you must look after your own well-being. Well, none of that takes into account the actual reality of the stress of the job when you are going to work and you get physically assaulted and you cannot leave and there's no one there. And so I suppose in that regard, an organisation could target the social care worker as being unfit due to maybe to the service user or client being inappropriately placed and the issue would be the organisations, not necessarily the social care worker, but I think it fits the social care worker maybe into a little bit of a predicament where they may be accused of being unfit when it's an organisational issue (Nh31).

Discussion.

This survey and interviews provided a wealth of information on many topics of relevance and it would be impossible to delve into all of them in full depth. Therefore, some narrowing of topics was required, informed by considerations of their importance to social care workers and social care work. Many of the topics are unsurprisingly intertwined and overlap regularly. This discussion addresses the topics under three headings - 'multiplicity and use of title', 'registration', and 'professional identity and progression'.

Multiplicity of titles and use of title.

The issue of a multiplicity of job titles and ambiguity over roles and responsibilities, which often differ little in practice regardless of title (Power, n.d.), would appear to have improved in recent years (Byrne, 2016; Williams & Lalor, 2001; Power & D'Arcy, 2018). Certainly, the finding here that almost two thirds (63.1%) of respondents held the title social care worker, leader or manager, is a significant improvement on previous findings from 2017 where only around one third (34%) of respondents held such titles (Power & D'Arcy, 2018). It is important to note however that the 2017 survey received twice as many responses. Nonetheless, some 69.1% of respondents also noted the titles social care worker, leader and manager, were in common use in their organisation (see Figure 11). As such, the findings here suggest steady, if slow, progress toward a wider adoption and embedding of the use of the professional title. At the same time, over a third of respondents worked under a diverse range of titles, especially in the other sector, but there were also many within the disability sector (see Figure 9).

This is likely to have significant implications for registration - to extrapolate from the available estimates. If the highest estimated 10,000 potential registrants is taken, this would mean that just over three and a half thousand potential registrants would be confronting a decision around registration, as "there is no legal onus to register for social care workers employed under a variant employment title, even if performing what are essentially social care worker duties" (Byrne, 2016, p. 13-14). Amongst those who hold a social care qualification and social care worker title, or those who hold the title and a non-social care qualification or no qualification, registering is rather a foregone conclusion, since it would

be a breach of protection of title to use the title and not be registered (Byrne, 2016; CORU, 2019).

As registration will be a foregone conclusion for those with the title, it is unlikely to resolve the divisions around qualified/unqualified other than to render such distinctions moot in many ways. The distinction will be registered/not registered and unqualified is unrecognised within such parameters and, as such, registration is unlikely as some feel to resolve the issue of *“people coming in the door calling themselves social care workers who are actually not”* (Ah20). It is perhaps important then that this is acknowledged and considered in advance, since if not, registration may drive the thorn of this legacy deeper, which will do little to unite the profession or support an enhanced professional identity both within and beyond the profession.

In contrast to title holders, are those who hold a social care qualification, but not the title, and those who hold neither a social care qualification nor title. In the case of the latter, as there is no title to protect, registration may hold little appeal, though it should be noted that this group is a minority within this study. In the case of the much larger number who do hold a social care qualification but not the title, registering is likely to be shaped by considerations of the balance between the benefits and costs. The most immediate benefit for social care workers is protection of professional title. However, where the title is not held, this benefit cannot be enjoyed fully, while the cost of registration would still have to be borne.

Individuals are therefore likely to have to try to take into account future job opportunities and career options that they might wish to pursue, or at the very least, they will need to consider how to ensure possible future options are not closed off or made more difficult to pursue at a later point. To take an example, an individual in the latter part of their career, who has little desire to change employer or area might view the costs as outweighing the benefits. In contrast, an individual in the early part of their career, who is it likely will change jobs and/or area a number of times, and who will wish to pursue advancement opportunities over the course of their working life may view the costs as a necessary price for keeping options open.

There are also likely to be wider implications for social care work and education in particular. For instance, within this study the majority (60.2%) of those in the other sector did not hold the title social care worker, leader or manager (see Figure 9). As such, it is

plausible to suggest that the introduction of registration will see a contraction of social care work back toward its traditional areas of children's residential care and disability services (Joint Committee, 2022; McSweeney *et al.*, 2016; Mulkeen, 2020). The educational options for social care students are also likely to contract, both in number and type. Practice placement teachers will need to be registered social care workers in the future and so there is likely to be a reduction in the number of available placements for students. Moreover, the types of services placements can take place in would reduce, with less choice for students. For example, of the twenty respondents from homelessness services in this study, only three did not hold a social care qualification, but only three held the title of social care worker, leader or manager. Similarly, of the twelve respondents from family support services, only two did not hold a social care qualification, but only two worked under the title social care worker, leader or manager. Within the interviews, participants were keen to stress their advice to students to "try out a variety of different social care settings, and find the one that you're most suited" (Ae13) and to "make sure their placements are completely different... So they get a real insight into different aspects of their personality and their life skills and their particular direction in social care" (Dy28). As such, while registration is to be welcomed, as with any major change there are both positive elements and less desirable consequences and impacts.

Registration.

There is a generally very positive view amongst respondents that registration will address many of the challenges social care workers have encountered over the years (Figure 16). It is clear that these expectations include both collective and individual benefits that social care workers expect will accrue from regulation, whether in the form of enhanced recognition and status for the profession amongst the public and other professionals or in the form of improvements to conditions and standardisation of pay scales for social care workers. Nonetheless, it should be noted that within the interviews, anticipation of improvements in pay were very much expressed in terms of hopes rather than more optimistic terms. The latter may in part be informed by the common perception of the very limited advocacy and support that respondents felt has been provided by Unions on matters of importance to social care workers (see Figures 13 and 35), which was also clearly

apparent throughout the majority of interviews. In the longer-term it is plausible to suggest that some of these expectations will materialise as realities (Worsley *et al.*, 2020).

Nonetheless, others may be more along the lines of misplaced optimism. CORU's *raison d'être* is protection of the public and while a contented profession can only but contribute to that, direct or even indirect intervention in industrial relations matters is unlikely to be within the remit of regulators nor is promotion of professions to enhance public understanding. Moreover, as can be seen with the issue of multiplicity of titles, and the ambiguity over roles and responsibilities (see Figure 11), employers have long been in a position to shape the trajectory of social care work (Byrne, 2016; Power & D'Arcy, 2018; Power, n.d.). The mooted of an additional entry route only for social care work during its grandparenting period, in the form of 'The Employer Opinion of Competence' route does little to suggest robust challenges to that situation (CORU, 2019). In a similar fashion, the long drawn out delays in pay restoration for section 39 and section 56 workers and the unequal funding arrangements between voluntary and private providers suggests there has been little, if any, growth in appetite by the state or its agencies to challenge the long standing status quo (Harvey, 2007; McNerney & Finn, 2015; Mulkeen, 2016; Power & Power, 2022).

In the context of a neo-liberal political and economic climate, enhancements of pay and conditions therefore seem unlikely (Dukelow & Kennett, 2018; McNerney & Finn, 2015; Meade, 2018). Indeed, as the findings here indicate (Figure 38), private provision less often provides employment benefits to social care workers, with the exception of supervision, and a lower percentage of full-time, permanent social care workers enjoy the higher salary scales of their public or voluntary/community sector colleagues (Figure 37). The impact of such findings are reflected in the strongest disagreement from those in the private sector that the wages reflect the demands of the job (Figure 31), and the findings can also help to explain why respondents from the private sector similarly most strongly disagreed with the statement that there were low levels of staff turnover in their organisation (Figure 33). While no participants from the private sector came forward for interview, there was a consensus among many of the interviewees that privatisation was not viewed favourably. While private providers were seen as providing comparatively more opportunities for progression to social care leader or manager, due to often limited openings in other sectors, participants highlighted lower pay, reservations over pensions and concerns that "*social*

care staff aren't minded enough in those sectors" (Ah20), as well as reservations that *"the privates are making a lot of money of the back of traumatised children"* (Ne28). Regardless of sector, pay and conditions have previously been noted as the greatest challenge social care workers perceived for recruitment and retention, and staff turnover has clear implications for continuity and quality of care (Baines, Charlesworth, Turner & O'Neill, 2014; Colton & Roberts, 2007; Power & Burke, 2021).

The move toward commissioning approaches to services is unlikely to quell concerns about creeping privatisation and marketisation (Jones & Carston, 2016; Mulkeen, 2016; Power, 2017; Meade, 2018). In Scotland for example, commissioning has been highlighted as instrumental in voluntary providers exiting the market, particularly in older people's services (Cunningham *et al.*, 2019). While in England, the proportion of provision by voluntary residential children's providers has increasingly shrunk, while private provision has expanded (Ofsted, 2021). This expansion has also been accompanied by a condensing of provision, with the two largest providers owning hundreds of children's homes (Ofsted, 2021). Tusla's recent strategy for the coming years aims to rebalance private and public provision in favour of public provision (Tusla, 2022). Given the increasing demands on the system, this is likely to see the number of private providers largely remain the same, at least initially. However, where limitations are placed on a market either it is most probably that there will be mergers and takeovers, leading to a concentration in ownership and power, or providers will seek new markets, such as the disability sector for instance (Power, 2017).

Registration will also incur costs for individuals, most obviously in the form of registration fees (CORU, 2019). In addition, while the hybrid model for evidencing continued professional development allows flexibility in meeting continued professional development requirements, courses of study and training are likely to be attractive options to many; options that many will most likely have to partially or fully self-fund (see Figure 11). More importantly perhaps, the introduction of registration will significantly alter the potential impact of complaints or disciplinary actions, as regulation will introduce to the equation the potential of loss of career rather than just loss of job. As such, and particularly given the power imbalances between regulatory bodies and individuals, professional indemnity insurance may become a necessity rather than a comfort or luxury (Byrne, 2016; McLaughlin, 2010; McLaughlin, Leigh & Worsley, 2016; Power, n.d.). Certainly, participants in the interviewees were quick to point out that *"if you've to pay for insurance and that kind*

of thing, you know...it's not a great paying job, and people might not be able to afford to do those things" (Nh20).

This should not be taken to suggest scaremongering, as proportionally for instance, complaints against social workers in the U.K. have not been any higher than in many other professions, and as a percentage of the overall number of social workers in the U.K. they have amounted to less than 1% (McLaughlin *et al.*, 2016). However, it is worth noting that within complaints "there was a significant overrepresentation of men, black staff, those aged between forty and forty-nine, and those who identified as disabled" (McLaughlin *et al.*, 2016, p. 833). This can in part no doubt be explained by the statement that "*anytime there is a man, they always seem to get pushed with the challenging behaviour, because it's like, oh the lads can deal with that. And it's very hard then on the men, because they feel like they're just there to be the like, a prison warden*" (Nh20). It is also worthy of note that respondents to this study were resolute that there were already too many risks to manage in practice (see Figures 26 and 32), with those in the children's sector the most adamant (84.4%). Moreover, respondents, especially those from the public sector, generally felt there were often insufficient staff for the work involved (see Figures 27 and 34) and staff shortages were regularly noted in the interviews. Whether as individual factors or combined influences, insufficient staffing and managing too many risks tend to provide fertile ground for adverse events. Those in the private sector also most often disagreed or strongly disagreed (62.6%) that there were low levels of staff turnover (see Figure 33), which has implications for continuity of care and placement stability, and also can increase the risk of aggression, violence and assault (Keogh & Byrne, 2016).

The finding that social care workers feel there are too many risks to manage in practice is unlikely to come as a surprise to those familiar with the field. Risk has become a defining feature and characteristic of social care work (Brown *et al.*, 2018; Byrne, 2016; Jones & Carston, 2016; McSweeney *et al.*, 2016; Velartova, 2021). Moreover, risk, registration and regulation are intimately intertwined and regulation is often associated with further growth in risk averse practices and increasing recourse to documentation and recording as a defensive strategy (Byrne, 2016; Brown *et al.*, 2018; Campbell, 2015; Jones & Carston, 2016; McMillan, 2020; Velartova, 2021; Worsley *et al.*, 2020). Among the interviews, many noted that the expansion of documentation requirements already meant that "*we're being pulled away from that relationship, by having to do more paperwork and*

things like that, to justify our role. That's really detrimental" (Le01) and that "a lot of paperwork got involved and it gives us way less time for individual time with people we support" (Hn31). Of more concern was the increase in risk aversion, which meant "there are times when our social care work is so regulated, so you are nearly afraid to develop a relationship with a young person. There are policies and procedures for absolutely everything! Social care workers are so afraid of making a wrong decision. There are times when they make no decision and that is bad for a young person" (Ne28). In serving to draw attention to such concerns, those such as Mulkeen (2020) have noted that the Standards of Proficiency (SoPs) give "scant attention" to the relationship based nature of social care practice, while "proficiencies in relation to safety and the management of risk are set out in considerable detail...Framed in this way the SoP suggest that proficiencies in managing risk and data are more important than proficiencies in building and sustaining professional relationships" (Mulkeen, 2020, p. 18).

Professional identity and progression.

Professional relationships are of course shaped not just by context, but also by professional identity and within this study respondents were equally divided on whether there was a strong sense of professional identity amongst social care workers (see Figure 23). In addition, though almost two thirds (65.7%) of respondents felt that social care workers felt pride in being social care workers (see Figure 24), a similar percentage (67.7%) felt that social care workers perceived social care work as a lesser profession (see Figure 24), and an equally similar percentage (65%) felt that social care work was seen more as a job than a profession (see Figure 23). Such findings can help to explain why half (50.2%) of respondents strongly agreed or agreed that many who entry social care work, do so to use it as a stepping stone to another profession (see Figure 24), a view that was also common within the interviews.

Here, it is reasonable to suggest that the limitations around progression pathways and promotion opportunities forcefully shape such perceptions. Certainly, only just over a third (38.5%) of respondents felt that there were clear progression pathways from social care worker to social care leader and manager, with very few social care managers in the disability or other sectors, while slightly fewer (36.1%) respondents felt there were career

opportunities for social care workers in line with other professionals (see Figure 12). Again, these findings were also apparent in the interviews, especially the ceiling of social care leader. If these findings reflect a structural lack of opportunities within organisations, they can also help to explain the increasing closing off of opportunities in related areas and the wider structural limitations that are being placed on social care work and workers (Doyle *et al.*, 2022).

There is likely a vicious circle at play. For example, while respondents felt managers had a good understanding of social care work (see Figure 11), colleagues from other professions both did not understand social care work very well (20.2%) and did not value the input of social care workers to the same extent as other professions (18.2%) (see Figure 15). In the disability and other sectors especially, there were extremely few social care managers who might help to address such backdrops, and such cultural backdrops no doubt shape the structures within organisations and health and social services in general, and vice versa. This is no doubt compounded by the near invisibility of social care work in the public arena, with over three quarters (77.7%) of respondents suggesting the public viewed social care work more as a vocation than a profession, and only 10% agreeing the public had a good awareness of social care work as a profession (see Figure 15). Interview participants pointed to the impacts of a history of segregation and the link to social problems, with it observed that *“I don’t think we [social care workers] are in the public eye very much. The people we represent have very little voices – they are adolescent children, people don’t really like them because they are troublemakers. A lot of them have caused trouble before they come to us, so people are delighted to get rid of them”* (Ne28).

More importantly perhaps, the findings in relation to social care workers perceptions of social care work as a lesser profession or that many see social care work as a stepping stone to other professions and thus out of social care work, suggest an internalisation of such views. This was a view reiterated in many of the interviews, and was perhaps best captured by the statement *“I will have to be completely honest, I do teach a lot of students at the minute, so we get them in and my current recommendations would be to go on and do something else after, I mean it’s a thankless job at the minute”* (Hn31).

This clearly has implications for the future, especially in relation to how placements, practice teachers and student expectations shape and mould the future of a profession. Certainly, it would be easy to appreciate that students exposed to individuals and cultures

where social care work is seen by those who are mentoring and supervising them as largely a stepping stone out of the profession would be less likely to view social care work as a long-term career option. The same is also true of situations where students see placements largely as something to be completed to gain a qualification that will facilitate a move to another profession, since the relationship based nature of teaching and learning works both ways. Practice teachers and other social care workers could not but be affected by such exposure, undermining morale and sense of professional identity (Baines *et al.*, 2014; Doyle *et al.*, 2022; McSweeney, 2012; McSweeney & Williams, 2018).

A further consequence of these combined forces is that the glass ceiling, or as someone once put it 'a sticky floor' inhibits social care workers from rising to higher positions and becoming role models (Doyle *et al.*, 2022). Indeed, while in this study a majority agreed that there were role models within their organisations to look up to (58.2%), almost half (48.5%) agreed that there were few social care workers that were role models to identify with (see Figures 13 and 24) and social care managers were almost conspicuous by their absence in the disability and other sectors (see Figure 9). Thus perhaps, there is likely to be little surprise that there is significant ambiguity amongst social care workers around professional identity. A finding within this study of particular relevance to such ambiguities is the very limited (25.4%) agreement by respondents that there are opportunities for them to engage with social care workers other than those they work with. The ambiguity and lack of opportunities are no doubt related and a continued reflection of an organisational rather than profession orientation in social care work, which has been highlighted previously (Power & D'Arcy, 2018). If it is reasonable to suggest that in the longer-term registration and regulation will help to address such issues, in the shorter-term it is likely that the continued issues of pay, conditions, status and respect will be to the forefront, not least because as Byrne (2016) observed, where ambiguity of title remains then "regulation of the social care work profession may be diluted" (Byrne, 2016, p. 14).

Limitations.

Respondents were self-selecting and are therefore most likely to be those who have been keeping abreast of developments on the journey toward regulation for social care work. The responses therefore probably reflect the findings of these individuals, who might

be best considered early adopters, rather than reflecting the range of views that exist across the field of social care work. This has obvious implications for generalisation to either social care workers or beyond to the wider social care workforce. The limited duration that the survey was available for and its release in the run up to the Christmas period are likely to have impacted response rates, particularly given the ongoing challenges and demands of the pandemic. In a similar fashion, the absence of social care workers from the private sector is a limitation. Thus, there are implications for generalisations, particularly where sectorial or organisation type comparisons are made. While utilising percentages per sector/organisation type facilitates comparisons, it also means that as the numbers of responses are divided among sectors/organisations the decreasing numbers per sector/organisation type can lead to skews in the data, as a small number of individual responses can have a disproportionate impact. The survey's tick-box and Likert scale approach, though convenient for respondents, does also limit the depth of data and nuances of perceptions that can be collected. While this was addressed to some degree by the follow up interviews, it remains a limitation of this study. As with any study, social bias, or respondents giving the answers they think are most appropriate, must also be considered and though the anonymous nature of the survey and protections around confidentiality for interviewees would have helped to counteract any concerns, such influences cannot be eliminated entirely.

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