

Understanding Social Work-Force Satisfaction

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Abstract

Summary: A Guardian Newspaper survey of social workers in the UK published in 2015 suggested that 'The happiest social workers are in Wales'. In exploring why this may be so, the authors undertook an in-depth national online survey in 2017 of all social workers in Wales registered (n=5564) as employed at that point and from which some 997 responded. The survey sought a wide field of information about the occupational experience, and this paper reports on selected aspects of knowledge, evidence-base, aims, competence and quality as perceived by respondents.

Findings: The workforce, durable, mostly white, aging and female, consider their services of good quality despite insufficiencies in staff capacities and material resources. While most acknowledged the influence on their practice of psycho-social, cognitive and systems paradigms, they also cited as major sources of knowledge, their clients, work experience, colleagues, case-procedures, and in-house training. There seemed much less affirmation of evidence-based techniques and relatively little use of social work journals, books and professional magazines once qualified and in practice.

Applications: The emphasis by many upon the bureau or department as both 'habitus' and heuristic for much everyday practice raises important questions for how we understand and enhance practitioner knowledge and ensure equivalent social worker competence across the workforce.

Key Words: case management, knowledge(s), evidence-based practice, competence, heuristics.

Introduction

A Guardian Newspaper sponsored cross-sectional survey of 1,420 social workers in the UK suggested that 'The happiest social workers are in Wales' (Guardian, 2016:p1). The sample was not representative of a large and diverse professional body in the UK, furthermore, while the survey purported to show that 87% of respondents from Wales were happy in their work, their colleagues from the rest of Britain came close at 79% (Guardian, *ibid*). The survey also revealed the deep concerns held by workers from across the UK about spending cuts, stress, poor support, unhelpful hot-desking and poor media image of the occupation. Given such adversities we may be forgiven for thinking that happiness may be something of a misnomer in this occupational context, nonetheless the Guardian survey reported workers to be largely positive about their work and particularly so in Wales. Why should this be so? The paper addresses this question by exploring work-force data derived from our own survey of registered social workers in Wales conducted in mid-2017 which sought to capture key facets of occupational membership and experience. The initial results of that survey (see Pithouse, Brookfield & Rees, 2018) can be summarized briefly as a primarily female, white and aging workforce. All held the required qualifications to be registered as practitioners in Wales. While not a requirement, few (9%) had sought additional academic credentials beyond their qualifying degrees or diplomas such as post-graduate master's or doctoral research degrees. Their majority employer is the local authority wherein most claim not to be exposed to invasive management, nor disempowered in matters of work decision-making over which they claim much control. Most think their work is of sound quality and most look forward to going to work. The data suggest a workforce that is relatively durable and long serving with much less of the churn and premature departure from the occupation noted elsewhere in the UK (Baginsky, 2013). In this paper we turn to their 'doing' of practice and the knowledge sources, practice aims and challenges to effective interventions that respondents say they draw upon to inform their actions and decisions. As we shall see, the broadly positive perspectives they hold about their opportunities to draw eclectically and apply different knowledge(s) would seem to run counter to an occupational discourse that often paints a practice world of constraint around work-flow processes, manualized techniques and other constraining protocols (see for example, Cullen, 2013; Leigh,

2017; Munro, 2018). We examine these themes later, first we turn to the matter of context and the somewhat intriguing notion that practitioners in Wales would seem to be the 'happiest' in the UK.

The Welsh Context

Avoiding methodological debates about summing individually subjective experiences of happiness as a collective occupational perspective we may acknowledge that 'happiness' is, as ever, likely to be qualified, relative, and hard to measure (Hills, & Argyle, 2002) and it is not suggested that practitioners in Wales rush enthusiastically to work each morning. Indeed, according to the Office for National Statistics (2017) those citizens in the UK deemed more likely to report an increasing sense of life satisfaction over the last two years (their survey incorporated a subjective measure of happiness) were living in England, not Wales. By contrast, communities in Wales often compare unfavourably with many regions of the UK, particularly the South. This is due to average lower levels of prosperity, fewer high-paid high-skills jobs, and quite marked social disadvantage in communities in the post-industrial valleys and towns of south and west Wales and in parts of the rural hinterland too (Joseph Rowntree Trust 2016). There is more child poverty and more child adversities in Wales than most other regions in England, which impact markedly on later adult health and life opportunities (Pithouse, & Crowley, 2017; Public Health Wales, 2015; Social Care Wales, 2017a:p5). Social work in Wales, like England, faces severe funding strains, with familiar calls for substantially more cash and reform of the health and social care interface (see WLGA, 2017; Welsh Government, 2018). High case-loads, stress and insufficient time for workers to engage with complex cases exist in both countries (CSSIW 2014, 2017; Jones, 2017a; Ravalier, & Boichat, 2018) and work is often about trying to keep people safe rather than pursuing time-intensive relationship-based therapeutic prevention (see Vibeke, & Turney, 2016).

Given the above difficulties, it would seem something of a conundrum that social workers in Wales are the 'happiest' and happier than their English counterparts. In searching for possible reasons, we might consider macro institutional features and look for differences there. We know for example that in England there is ever widening marketisation of public services and leeway to make local (private or not for profit) arrangements about who delivers statutory services, such as in child

protection (Jones, 2017b), whereas in Wales the local authority remains the primary source of provision of core social work activities around statutory interventions. Indeed, the recently implemented Social Services and Wellbeing (Wales) Act 2014, which views the local authority and its partners as the key driver of delivery, is said to herald a return to “real social work practice” (Hardy, 2016:p2). While a private sector and audit-performance culture is deemed to now permeate much of the UK public sector (Cullen 2013; Symon & Corby, 2011), the long run of devolved centre-left governments in Wales since 1999 evince a policy discourse that is decidedly not managerialist but collectivist, in tone at least, and more oriented to state welfare, albeit one which commissions a mixed market of social care delivery (Pithouse, & Crowley, 2017). Indeed, the 2014 Act re-asserts the statutory sector and central government as the prime drivers with new duties on local authorities, health boards and Welsh Ministers to promote well-being for those who need care and support and carers who need help. It seeks to place people as equal partners in decisions, introduce more proportionate and bespoke assessments and avoid intrusive work-processing systems. It aims to provide stronger safeguarding whilst shifting practice to a more preventative approach, in which local authorities and health boards come together in new statutory partnerships to promote integration and innovation (Welsh Government, 2015a,b). The Act became ‘live’ in 2016 and its implementation is likely to take several years. We do not discuss this sizeable legislation here (see instead Social Care Wales 2017b), save to say it promises much by way of re-positioning social work as a relationship-based, preventative service provided primarily by local authorities as the dominant employer of social workers.

The Act (not without its critics, see Clements, 2017), represents optimism and ambition for social work in a climate of considerable austerity. Clear messages of support for social work as a strengths-based advocacy service working alongside citizens has come from senior government ministers (see British Association of Social Work, 2014; Carter, 2015). It is of course a moot point as to whether social workers in Wales are somehow happier in their role because of the arrival of this landmark Act, or because of positive comments from leading politicians. Such effects may exist but we would argue that it is much more likely that those operating at the sharp end will draw on more immediate sources of knowledge, beliefs and resource to equip them for the rigors of work (see Broadhurst, Hall, Wastell, White, &

Pithouse, 2010; Pithouse, Broadhurst, Hall, Peckover, and White, 2012). Thus, our survey explicitly addressed aspects of this day to day occupational world, particularly knowledge sources such as use of manuals and evidence-based practice, aims and values, resources, staff skills, perceived quality of work. For it is here in this layered and complex occupational world that we can begin to locate what it is about social work in Wales that might illuminate why workers in a time of austerity, stress and high workloads, appear to be so positive about their role (see Murray, 2015). We now turn to the study design and to the findings.

The Wales Registered Social Worker Survey

We undertook in summer 2017 the first comprehensive national online survey of social workers registered by Social Care Wales (SCW), the successor body to the Care Council Wales (CCW) that was inaugurated in 2017. The survey instrument was first designed and applied in Norway by Ekeland, Bergem & Myklebust (2018) and we are in the process of generating cross-national analyses with our Norwegian colleagues. Our version was closely translated in English and Welsh and piloted with registered social workers and academic colleagues in Wales and small adjustments made to terminology to clarify and sequence the questions smoothly. We sought information about broad demographic features, types of qualifying and post qualifying certification and accreditation, employment histories, work patterns and orientations, discretion, workplace relationships, evidence-based practice and other routine knowledge sources. The instrument was sent by SCW in June 2017 to all those then registered by the former Care Council in 2016 as currently working in social care. This population was 5,564 (CCW, 2016a) amongst which some 997 social workers responded online, a rate of 18%. This is within acceptable parameters for a diverse and busy occupational group with whom there has been no prior relationship and who have been asked to spend some 20 to 30 minutes completing a lengthy questionnaire (see Evans & Mathur, 2006; Nulty, 2008).

The survey was designed and distributed using Qualtrics online survey software. Anonymous web links to the survey were distributed by SCW, who helped promote the study to the workforce. Ethical approval was provided by a joint academic/SCW panel who were satisfied that neither the questions nor the anonymized web links sought data that would identify any individual and this commitment was

communicated to participants in the SCW invitation to registrants. The instrument enabled the collection of aggregate data from a large population in a time and cost-effective manner. Specifically, an online survey removes costs associated with printing or posting surveys (Callegaro, Manfreda & Vehover, 2015). Participants tend to respond to online surveys more quickly than other survey modes and the need for researchers to input data before analysis can begin is removed (Wright, 2005; Evans & Mathur, 2006). The cross-sectional nature of the design meant that we could not be confident about the external validity of the findings hence prior to commencing the analysis, z-scores were calculated (Weiner, 2003) to deduce whether there were any statistically significant differences between the final survey sample and the profile of employed social workers registered by SCW. The analysis revealed that the two populations were not, statistically, significantly different suggesting that, with prudence, the key findings reported here can be generalised to the whole cohort of social workers then registered with SCW as employed. On this point we acknowledge that the percentage of respondents did decrease for some questions, this is not unusual particularly for open-ended questions that typified our instrument (Crawford, Couper, & Lamias, 2001). Hence using our target population size of 5564 we calculated a minimum adequate sample size of $n=360$ by assuming a margin of error of $\pm 5\%$ and a confidence level of 95%. The minimum response rate for a survey question that was applicable for the whole sample and is discussed here, was $n=691$, thus still well exceeding the minimum sample size of 360.

The data that follow are set out in a mix of narrative and tabular form and we cite broad distributions of valid percentages only, excluding any missing data. We do this to generate pace and breadth in our analysis of the essential characteristics and knowledge orientations of this hitherto largely under-researched body of social workers.

Survey Findings

We start this section with a review of key knowledge sources that workers claim to use, we were particularly interested in the use of formalised systems such as: manual-based approaches, workers' understandings of evidence-based practice, use of formal theory, views on qualifying training, organisational and other sources of knowledge and guidance. The section next turns to practice aims and underpinning

values, and then to challenges to effective practice. Finally, we drill down to comparative perspectives held by workers in adult and children's services on matters of practitioner skills and resources. First, the matter of knowledge sources.

- Manuals and evidence-based practice

Contemporary practitioners across the UK draw upon eclectic skills and technologies to accomplish their interventions in multiple specialist fields and settings. Included in many encounters is the use of validated instruments or manual-based approaches that can be found, for example, in behavioural treatments, parenting programmes, systemic family therapy, as well as guidance in some distinctive field (see Department of Health, 2015). Yet little is known about their take-up in day to day practice hence we asked respondents whether they used manualized techniques. Table 1 below reveals that a minority of 18% indicated either 'often or very often' and 38% 'sometimes'. When asked what motivated their take-up most indicated it was their 'own initiative' and used 'at own discretion'. Most of those who cited their use indicated that manuals could enhance the quality of their work. Thus jointly, a modest majority cited variable use but 44% stated 'not relevant in workplace' or 'never'.

Table 1 here

While the 'often' or 'very often' use of manualized techniques appears to remain the choice of under one fifth of respondents we might like to imagine that interventions more generally are informed by 'evidence-based practice' (EBP). We acknowledge the definitional complexity of the term and its limitations (Rosen, 2003), but its idiomatic currency and likely familiarity amongst a diverse workforce makes it a pragmatic choice in survey question design, and we sought to capture their understanding of the term too. Table 2 indicates that when asked if they were familiar with the term, perhaps unsurprisingly a strong majority (78%) stated they were, and to 'a large degree', the remainder to a 'small' or 'very small' degree. Likewise, some 79% partly or totally agreed with the proposition that 'EBP means that social work methods have been scientifically evaluated as having a positive effect'.

Table 2 here.

Furthermore, a majority of 85% agreed with the view that 'EBP means one is familiar with relevant research on practice'. Fewer respondents (53%) equated EBP with 'research utilizing a randomized control trial' or (56%) where 'practice guides are approved by government or professional bodies'. While most respondents attributed some clear provenance regarding the 'science/research' characteristics of EBP this does not suggest majority approval for EBP as owning some exclusivity as the key arbiter of effective practice. As in much research literature (Broadhurst, et al., 2010; O'Sullivan, 2005) it is evident that workers in their accounts of practice cite multiple sources of knowledge, skills and values. Thus, when the proposition was put to them that 'EBP in social work is an impossible ambition in seeking to control something scientifically which cannot be controlled', a third agreed, 18% were unsure but nearly a half (48%) 'partly' or 'totally disagreed'.

In brief, there seems some uncertainty over the claims of EBP to secure its research/science promise in bringing positive effects to interventions. For example, Table 3 reports that when it was put to them that in order to trust evaluations of interventions these should be 'based upon quantitative studies, preferably those using a randomized control trial', only a third 'partly agreed' and 5% 'totally agreed'. The remainder were 'unsure' or disagreed 'partly' or 'totally'. Indeed, some 44% 'partly' or 'totally' agreed with the proposition that 'scientifically tested methods in social work mean that genuine involvement of human compassion is lost'; some 10% were 'unsure'. Similarly, when asked if one 'should not use interventions that do not have documented effects', some 55% 'totally' or 'partly' disagreed, the remainder were 'unsure' or agreed 'partly' or 'totally'. By contrast, when the proposition was put to them that 'social work interventions 'are sufficiently evaluated, therefore we can trust they work', a half disagreed 'totally' or 'partly', just under a quarter (23%) were 'unsure' and just over a quarter (27%) supported the proposition.

Table 3 here.

The above responses convey marked variation across a diverse workforce about EBP and its utility and seems to point to a persistent challenge within the occupation in establishing some agreement about underpinning practice with proven techniques. We discuss later the implications of what appears here to be some practitioner

ambivalence over the merits of the now long-run attempts across Britain to foster a more 'scientific' imprimatur upon the interventions of this unique occupation. The most recent attempt in the UK being the English government's introduction of 'What Works' centres (see Social Care Institute for Excellence 2018) to generate syntheses of proven evidence for effective interventions and jointly pilot and roll out their application with service providers. By contrast, this paper next addresses 'what works' from the perspectives of practitioners by way of their more routine and context-based heuristics for guiding practice.

- Theory, qualifying training, and other occupational sources to inform practice

Whilst EBP seems to own no overall endorsement as the primary template for intervention, this does not suggest that formal social work theories long rooted in empirical validation and qualifying training are somehow neglected. Indeed almost 90% of respondents rated highly their professional education as either important or very important. However, as we shall see later this does not suggest its primacy over experiential knowledge as a means of gaining competence. When asked if they drew upon mainstream therapeutic paradigms Table 4 shows how a majority claimed some use of one or more of the following: systems and communication theories, cognitive therapy, psychodynamic theory and behaviour modification, neurobiological / neurocognitive and other medical knowledge. These multiple choices were not mutually exclusive and it is not possible to detect who might claim one or more of these sources as relevant to their practice. Notably, when asked if there were 'other' sources than the above familiar domains none mentioned community/activist traditions that might denote some 'radical' orientation to practice. In short, the overriding impression is of a workforce informed by a corpus of mainstream psychosocial orientations focused upon individuals, families and groups.

Table 4 here

However, were we to assume that attachment to some theory implies ongoing engagement with the intellectual advances that shape a therapeutic paradigm then we might have reason to doubt this is the case for a majority of respondents. Thus, while Table 5 indicates 71% of respondents consider journals, books and occupational magazines to be 'important' or 'very important' sources of practice

knowledge, this did not appear to translate into active take-up by most, as Table 6 suggests.

Table 5 here.

We asked respondents how frequently they would read books or occupational magazines as a means to inform their interventions. Some 46% indicated either 'a couple of times a year' or 'almost never'; a small majority of 54% claimed either 'once a month' or 'at least once a week'. When asked 'how often do you read research literature' (for example, academic social work journals), a majority of 65% stated either 'almost never' or 'a couple of times a year'; a quarter claimed once a month, and 9% 'at least once a week'.

Table 6 here

The idea that workers once qualified become much less engaged in enquiring into evidence of effective interventions due to pressure of work is well known (Cooper, 2018). This does not imply that practice is some form of untutored 'common-sense' and idiosyncratically located in individual worker preferences. As Table 7 suggests, workers look to a range of formal and informal sources in day to day practice.

Table 7 here.

In brief, the above distributions point to a mix of external but largely internal sources, the latter clearly indexed to the immediate and experiential nature of work. The results are in a way both striking yet not unexpected given what we know about the tacit, relational and contextual nature of knowledge and its intertwining with formal theory in practice (Wastell, et al., 2010, 2011).

Linked to the question of knowledge(s) is the equally subtle notion of practitioner competence and how this may be perceived within the work setting and beyond by other disciplines. When asked about how their own professional opinions were viewed by colleagues, they 'totally' or 'partly' (93%) agreed with the proposition 'colleagues listen to what I have to say'. When the question was later framed as 'my competence is not highly regarded at this work-place' a majority of 76% disagreed 'totally' or 'partly', 9% were unsure and 15% agreed with the proposition. The distinction here between the collegium as seemingly more affirming than the wider workplace is notable. Perhaps unexpectedly, given the often-cited frictions between social work and other disciplines (see Baginsky, 2013), a sizeable majority (82%) agreed 'totally' or 'partly' with the statement that they 'have an influence on professional decisions in inter-disciplinary contexts'. It is not possible to discern from these seemingly positive distributions insights into what is understood by respondents regarding the term 'competence' and its performance in the workplace, and who may or may not view it as such. However, collectively, the results imply a relatively confident occupational membership which self-identifies as competent and influential within both a collegial and inter-disciplinary context.

- Aims

While specific knowledge(s) and a claim to competence reside at the heart of any occupational identity, a profession seeking approval from its multiple publics will also seek to convince itself and others of its appropriate and honourable aims. In this regard, professional aims tell us something about the ends to which practice claims some purpose. We asked respondents to indicate if the following familiar aims of social work (in Table 8) found their support in encompassing the broad intent of their activities:

Table 8 here.

While the above contain positive and widely appealing sentiments that most are likely to endorse, it was notable that when asked about the following aim of social work - 'To maintain order and stability in society' their responses shifted considerably. Some 57% 'totally' or 'partly' agreed; 18% were 'unsure' and 25% either 'partly' or 'totally' disagreed. Were such an aim to resonate with the idea of social work functioning as a 'maintenance mechanism' for society (Davies, 2007) then there would seem to be a small majority oriented towards such an occupational purpose. Contrariwise, given the minority of 25% who seem to disagree with such a maintenance role we might speculate there is limited inclination in the workforce towards a more critical approach that questions the social control function of social work. This is not unexpected given that most social workers are embedded in their immediate and compelling procedures and routines with limited space and tools to challenge the discursive and material dominance of their institutional order and attempt more radical alternatives (Cardinas, 2017).

We can note from the above only that the workforce strongly endorses the major progressive shibboleths of the professional mission but is less certain over suggestions its purpose is to help maintain order and stability. These responses may be expected of a reflective public service profession that sees itself guided by core values of care, human rights and emancipation. Yet it is also the case that such ideals operate as totemic signals of propriety, revealing little of how such sentiments percolate into practice and outcomes. This observation is familiar territory within the literature on professions and social work (Oliver, 2013; Noordegraf, 2007; Halford, & Leonard, 2002). In short, almost all workers in this study see their activities as intimately connected to particular high ideals of the profession. Thus, while we may assume interventions are value-led this cannot predict the efficacy of interventions in conditions of risk and austerity or that practitioners will view their work as such. We next explore this point in regard to respondents' views about resources, quality, and staff skills in the context of their main field of work.

- Key challenges in delivering effective interventions

When asked to describe their present post and main field of work the extraordinary range of roles, settings and specialisms reported made it impossible to accurately disaggregate the respondents into clusters of similar domains and practices in order

to generate more fine-grained comparisons. However, it was possible to make some crude determination between those working in adult or children's services based on replies from some 733 respondents out of the 998 sample. Thus 217 (30.4%) were located in adult services, 366 (51.3%) in children's services and 131 (18.3%) in some 'other' category. In what follows we focus on those in adult and children's services only. Given the small sub-samples and uncertain categorisation process there are evident deficiencies in external validity and data reliability. That said, as unrepresentative cross-sectional samples at a single point in time, the results that follow are revealing in the way the very fundamentals of work are perceived differently by these broad components of the workforce in Wales.

Adults services

Table 9 below outlines responses to questions about professional quality, skills, vulnerability, resources and the importance of work experience. Critical to any claim to distinctive professional practice is the matter of service quality and in response to the proposition – 'The professional quality of statutory adult services in your locality is good' some 71% said they 'partly' or 'totally' agreed, the remainder were unsure or disagreed 'partly' or 'totally'. Issues of quality are often linked to staff skills and resources. When asked if they agreed with the proposition that 'there are too many workers in adult statutory services with insufficient skills to undertake core duties', a sizeable minority of 45% disagreed 'partly' or 'totally'; 21% were unsure and around a third agreed 'partly' or 'totally'. Broadly similar proportions (50% partly or totally disagree, 22% unsure, 28% totally or partly agree) were found in relation to the proposition 'adult statutory services staff have insufficient skills to perform thorough investigations of risk'. Likewise, when asked if they thought 'in investigating referrals to vulnerable adults too little attention is paid to carers, kin and community', almost a half 'partly' or 'totally' agreed, the remainder were either unsure or disagreed.

Table 9 here.

Predictably there seemed much more consensus over resource issues. When asked if they thought 'adult statutory services have insufficient resources to help at risk adults' some 73% 'partly' or 'totally' agreed; 10% were unsure and 17% disagreed 'partly' or 'totally'. The above findings provide fragments of a picture of the workforce

in which most agree 'partly' or 'totally' with the proposition that professional quality in their particular work locality is good despite their view that insufficient resources impair provision to help at risk individuals. Likewise, between one fifth and just over a third of respondents thought there were skill deficits in their local workforce likely to impair practice; many others were unsure. This is a sizeable proportion of the sub-sample and were it to be representative it would suggest there is much to be done to build a workforce with a strong majority properly equipped and resourced to intervene effectively. The reasons for this apparent deficit cannot be deduced from the data but it is likely that the uneven distribution of core skills and capacities in the workforce calls for better scrutiny by service providers to identify and remedy training shortfalls.

Not unpredictably, while most respondents (90%) in Table 9 considered that qualifying training to be an 'important' or 'very important' element of knowledge and skills, almost a half (48%) agreed 'partly or 'totally' with the proposition that 'experience and training in the workplace is more important than qualifying education in developing professional competence'. Some 38% did not agree, the remainder were unsure. Such a response cannot be read simplistically that qualifying training is somehow deficient or redundant, rather it is the foundation on which professional capacities build through exposure to the 'doing' of practice and ongoing access to training. Yet for many, it seems that time-laden engagement in the world of work is where competences are fully and ultimately honed and textured. This sense of 'apprenticeship' or moral indenture within the practice world where commitment and person are much tested seems to resonate with many as the fulcrum in which competence and resilience is acquired. Indeed, in England we see the formalisation of apprenticeship models of social work training which more explicitly positions the employer and work setting rather than the academy as the main source of learning. The idea of local employer-based routes to qualification rather than a university pathway has been cast as a threat to professional status and internationally recognised standards (Stephenson, 2017). Such options do not exist in Wales and the example is raised only to emphasise the long-run and sometimes heated debate within the occupation about the relative importance of formal training and on the job learning, the latter often viewed (as by many in this survey) as the determining element in the acquisition of practice competences. We now turn to children's

services where similar distributions of perception obtain but appear much more marked.

Children's Services

As can be seen in Table 10 below, when the proposition was put – 'The professional quality of statutory children's services in your locality is good' some 63% (compared with 71% for adults) agreed 'partly' or 'totally', the remainder disagreed or were unsure. When asked if children's services 'had too many workers with insufficient skills to undertake core duties', almost a half (47%) 'partly' or 'totally' agreed (compared with a third in adult services). When responding to the proposition 'children's statutory services staff have insufficient skills to perform thorough investigations of children at risk', 42% 'partly' or 'totally' agreed (compared to 28% in adult services); 41% disagreed and 17% were unsure. Those in children's services were more likely to agree than not with the proposition that 'too little attention is paid to engaging with children when it comes to investigating referrals about family problems'. Here, some 68% 'partly' or 'totally' agreed. A sizeable majority of 79% agreed 'partly' or 'totally' with the proposition that 'children's services have insufficient resources to help at risk children' (in adults some 73% partly or totally agreed). A much larger proportion of staff in children's services (64%) compared to adult services (48%) agreed 'partly or 'totally' with the proposition that 'experience and training in the workplace is more important than qualifying education in developing professional competence'. Almost a third were either unsure or disagreed 'partly' or 'totally'.

Table 10 here.

While a modest majority considered professional quality of services to be 'good', respondents from children's services compared to adults were, proportionately, much more minded to view the occupational world challenged by insufficient skills and resources to undertake core duties and to investigate effectively referrals of children at risk. A clear majority also viewed experience and workplace training as a prime source of skill and ability, more so than qualifying training.

Study Limitations

The paper has addressed a wide terrain of social worker perspectives and while our survey population was not, statistically, significantly different from the body of registered workers in Wales, we remain cautious about generalising our findings to the whole workforce. This is particularly so given that the percentage of respondents did decrease notably for some questions, albeit not beneath the minimum response rate for a survey question that was applicable for the whole sample. We also reiterate our caveat in respect of our discussion above of responses from those working in adult and children's services. These two smaller sub-samples and our uncertain categorisation of job descriptors as definitively child or adult focused, makes it prudent to view these as non-generalisable cross-sectional samples only.

Summary

Our paper commenced with the intriguing claim that according to a poll by The Guardian (2016) social workers in Wales were the 'happiest' in the UK. While we have not sought to prove or disprove such a claim we have nonetheless addressed multiple aspects of the occupational experience to try and gauge the state of social work in Wales. In our previous paper (Pithouse, Brookfield, & Rees, 2018) on workforce demography, relationships, discretion and decision making we suggested there is a more settled and contented workforce in Wales than might be anticipated given the dominating managerialism that has attracted such opprobrium from the profession. From this our latest paper, were we to try and conjure up a snapshot of the workforce in Wales we might cast them as closely supportive of the progressive aims of social work and inclined to agree rather than disagree that the quality of statutory services is 'good'. They believe their colleagues listen to what they have to say about work matters and that they can be influential in interdisciplinary contexts. Yet, they are not overly convinced that all their colleagues have sufficient skills or capacities to undertake core tasks with vulnerable adults or children. Strong majorities exist in relation to a perceived lack of resources to practice effectively.

Of particular note in our findings is the varied responses from workers to questions about their use of manuals and their uncertainty about the purpose and benefits of evidence-based practice. We might like to think their limited attachment to both

stems from a reflexive research-mindedness that questions some positivist pecking order of evidence hierarchy often attributed to manualisation and EBP (see Rosen 2003; Broadhurst et al., 2010). However, we cannot deduce that possibility from the data and it may as easily reflect a more worrying unfamiliarity with debates about what does and does not constitute relevant evidence. A mix of both explanations seems more likely. What we do know is that most claim to read little or none at all when it comes to research journals, professional magazines and social work books. In brief, we think it unlikely that most workers in our sample are research-minded in the sense of routinely being exposed to evaluations of interventions as either a consumer or producer of research. Unlike health clinicians where ongoing research activity is typically wired into career development, most social workers in Wales are likely to only do research briefly as part of their qualifying degree or, in a small number of instances, if working as a researcher in higher education. As in England (see Sharland, 2013), it is difficult to locate and categorise what is definitively social care research in Wales but it is likely that work-based practitioner research is relatively rare. The under-developed state of social care research in Wales is described in the landmark Huxley Report (Huxley, 2009) that helped shape the much later foundation of the Wales School for Social Care Research in 2017. Funded by Welsh Government and based in a core and satellite framework across research active universities in Wales, the School seeks to promote research capacity in the workforce through grants and the funding of PhD studentships (WSSCR 2017). Hopefully, our findings will lend additional impetus to the School's all-important ambitions in this regard.

Finally, while most participants cited the influence of formal theory, notably psycho-social, cognitive and systems paradigms, it seems that the dominant sources of knowledge were setting-related (colleagues, work-systems and in-service training). This emphasis upon localism as the tributary of much practice knowledge might be viewed as the continuing bureau-based 'domestication' of social work whereby the office has become the defining 'habitus' for many. Thus, affiliation to the setting, the immediate, the collegium, as opposed to some primary loyalty to an amorphous professional 'community' seems to typify this durable but aging, predominantly female workforce immersed in the relational and material world of daily work. They may (or may not) be the 'happiest' social workers in the UK, they do however appear

to be a reasonably confident but hard-pressed population getting on with the job, most believing their service systems deliver quality. They are getting by in highly straitened times, but by no means in crisis or chaos. It would be hard to ask for more.

Note

Ethical approval was provided by an ad hoc joint Cardiff University academic and Social Care Wales (SCW) panel who were satisfied that neither the questions nor the anonymized web links sought data that would identify any individual and this commitment was communicated to participants in the SCW invitation to registrants.

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