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SOCIAL CARE WALES: HAVE YOUR SAY

2024 report findings

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Executive summary: Have Your Say survey

The research team, led by Buckinghamshire New University (BNU) with the British Association of Social Workers (BASW), led this multi-phase, mixed-methods project looking at what it is like to work in the social care sector in Wales. We received 5,024 completed responses to the survey (representing about 8% of the number of workers who are registered with Social Care Wales), held 27 individual semi-structured interviews, and completed two focus group discussions. We collected data from over 20 different job roles and combined those into one of three job groupings for ease of reporting:

- 3,307 care workers (such as domiciliary care workers and adult care home workers)
- 461 managers (such as adult care home managers)
- 838 social workers

There were also 418 respondents in other job roles.

Why people work in social care

We asked questions across the survey, interviews and focus groups about why people work in social care, and how they found out about working in care. The most common reason for working in social care is to make a difference in the lives of people who access care and support. Most survey respondents found out about working in the sector through personal experience of family/friends and/or online adverts.

Recruitment and retention

We were keen to understand factors affecting recruitment and retention in social care in Wales. About one in four of those responding across all roles and groupings were aiming to leave the role in an average of 13 months. When asked why they were aiming to leave, reasons provided included low pay, a lack of recognition and support, poor working conditions, and a lack of career development opportunities.

Some consistent themes emerged when we asked people why they felt organisations were struggling to recruit, and how social care roles could be made more attractive. These included a feeling that social care roles should be higher paid and that working conditions should be improved. Respondents also felt that increased support from managers, career progression opportunities, recognition and respect, and resources and governmental support would make social care a more attractive sector to work in.

Leadership, training, and development

Just under half (44%) of care workers suggested they wanted a leadership role, with just over half of social workers (53%) and two thirds of managers (65%) saying they wanted such a position. Although the vast majority stated they had sufficient training in their role and enough to complete their continuing professional development (CPD), one in four wanted more. Conversely, qualitative data has suggested a lack of career development opportunities was an issue in the sector. This suggests that

while people feel they have enough training to perform their current role, it is perhaps not enough to support career development.

For those who suggested they did not have enough training, we asked what the barriers were to receiving it. They mentioned a lack of time, financial cost to both them and their employer, a lack of training available, and that sometimes it was not accessible enough.

Bullying, harassment and discrimination

Reassuringly, the majority of respondents (between 92% and 96%) said they had not experienced bullying, discrimination, or harassment from managers in their organisation, from colleagues, or from the individuals/families they had supported in the past 12 months. Of those who experienced bullying, harassment or discrimination, we asked if they reported it. If they did not report it, we asked them to outline why they did not report. Reasons provided included ineffective and unsupportive management in dealing with the issues, a fear of repercussions from reporting, and consequently concerns about job security.

Health and wellbeing

We asked a series of questions about the health and wellbeing of respondents. In particular, we used a measure called the 'ONS4', which measures personal wellbeing and allows comparison to UK-wide average scoring. We found that, irrespective of job role and/or job grouping, wellbeing scores on life satisfaction, feeling worthwhile, happiness, and anxiety were all worse than the UK average. When asked about the causes of stress at work, both workload and administrative duties were the key source of stress for all job groupings.

We further asked an open-ended question about what can be done to improve wellbeing in the sector. Respondents outlined staffing and workload to be the most pressing concern, with a need for more support from managers. Furthermore, respondents wanted better pay and benefits and more flexibility/a better work-life balance.

Terms and conditions

We wanted to know more about people who were on zero-hours contracts and the impact this has on their working and personal lives. About one in ten of our respondents had a zero-hours contract, with the majority of these being in the care workers grouping. Of those who did have a zero-hours contract, 35% suggested they wanted this contractual condition. We also asked people who had a zero-hours contract to tell us in their own words how these contracts impacted their home lives. Many suggested that having the flexibility of a zero-hours contract was helpful because it allowed them to keep their skills up to date while also maintaining a positive work-life balance. However, others suggested they were dissatisfied because of a lack of terms and conditions such as sick pay and not knowing how many hours they would work on a month-to-month basis, and therefore how much they would earn.

We also wanted to find out what people thought about their terms and conditions more generally, as well as how they were managing financially. Overall, about two thirds of our respondents suggested they were happy with their terms and

conditions. Managers and social workers were more likely to be satisfied than care workers. However, nearly 60% of care workers suggested they were only just managing or finding it quite or very difficult financially. About the same number suggested life was a lot or slightly more difficult financially than last year. 45% of managers said they were just about getting by or finding it difficult, while two thirds of managers suggested they were finding it more difficult financially this year than last.

Working conditions

Finally, we asked two sets of questions about working conditions in social care in Wales. The majority of respondents said they had good support from managers and peers, and had positive morale. Similarly, respondents suggested they felt valued by managers, colleagues, and the individuals and families they provide support to; fewer felt valued by partner agencies and the general public.

The second set of working conditions questions allowed us to compare respondents' scoring to the UK average on seven separate conditions which have been shown to lead to stress if left in a chronically poor condition. Two of these conditions were found to be poor across the board in comparison to the UK average: demands (workload) and relationships with colleagues. Other than this, care workers and social workers had low levels of control over the way they go about doing their jobs, and they felt that the way change is communicated in their organisation was poor.

Conclusion

Overall, respondents do their job because they love to make a difference in the lives of the people they support. However, pay, workload and poor wellbeing are potentially impacting the workforce, and may be contributing to those wanting to leave the sector.

Introduction

In November 2023, Professor Jermaine Ravalier (Buckinghamshire New University), his team, and the British Association of Social Workers (BASW) were commissioned by Social Care Wales to undertake a sector-wide survey and associated qualitative deep-dive of the social care workforce in Wales. Ravalier and his team led the research aspect of the project, while the BASW team led sector engagement and participant recruitment.

This work follows on from an original pilot conducted by Opinion Research Services between 2022 and 2023 ([the report for which can be found here](#)). This year's research used many of the same survey questions as were used in 2023. This allowed us to compare findings, with further questions added to allow for comparisons across time, occupation and – where available – nations.

In the following sections you will find an overview of the methods used and why the specific approaches were taken, followed by the findings. We will outline the profile of respondents broken down by job role and/or sector (where applicable), survey findings broken down by job role and/or sector, and interview and focus group findings.

The findings are presented in a number of formats: tables, charts, and also 'explainer boxes' which describe in non-technical language the findings in each section. As requested by Social Care Wales, we have also broken findings down by all respondents as well as job grouping and/or job role. Social Care Wales outlined three job groups, into which job roles have been clustered:

Care workers: adult care home worker, domiciliary care worker, residential child care worker, other social care role.

Managers: adult care home manager, residential care manager, residential child care manager, other social care manager.

Social workers: children and families social worker, adult social worker, children and adult social worker, social work student, other social work manager, other social worker.

Finally, we provide a discussion and conclusion of these, followed by appendices.

What we did

The aim of this project was to establish a broad picture of what it's like to work in social care in Wales, as well as a deeper understanding of some of the experiences of those working in the sector. Therefore, we used three specific phases of research, all conducted around the same time. These were:

- a sector-wide survey
- individual interviews
- focus group discussions.

The research methodology was developed solely by the research team, and ethical approval was gained from the Bath Spa University School of Sciences research ethics committee in January 2024. Since ethical approval was granted, lead researcher Jermaine Ravalier has moved to Buckinghamshire New University, but co-researchers Paulina Wegrzynek and Kate McGale were employed at Bath Spa University throughout the project.

Research design: survey

A sector-wide survey was used in order to gain a breadth of understanding from across the whole of the Welsh social care sector. Survey respondents were recruited in several ways:

- All registered social care workers (approx. 59,000) were sent an email (and three reminders) inviting them to take part in the survey.
- BASW and Social Care Wales ran a social media campaign.
- A series of organisational group discussions were held to prompt employers of social care workers in Wales to encourage their employees to take part.

See below for the engagement strategy used to widen and facilitate participation from across the sector.

The survey was open for five weeks. Those who completed the survey were asked whether they would like to be placed into a prize draw to win one of a number of £25 Amazon vouchers. Those who wanted to enter were asked to provide their email address at the end of the survey. This information was accessible only by Ravalier, and kept separate from all other data to ensure anonymity.

The survey questions asked about things like:

- role, skills and training
- terms and conditions of employment
- reasons for working in social care
- whether the respondent is intending to leave the sector and why
- psychological wellbeing and stress
- experience of bullying, harassment and discrimination
- working conditions
- demographics.

Demographics included questions on ethnicity. Groupings included ‘Asian/Asian British’ and ‘Black/African/Caribbean/Black British’, among others. For brevity, we report these as ‘Asian’ and ‘Black’ and, anywhere that ethnicity is reported, we do so for ‘White’, ‘Asian’, and ‘Black’ groupings. This is because the inclusion of other ethnicities asked about would jeopardise the anonymity of respondents.

The survey took approximately 20 minutes to complete. A number of open-ended qualitative questions were also asked to understand individual perspectives in more depth than is available in traditional surveys.

Table 1: Survey response rates separated by job grouping.

	Care workers	Managers	Social workers	All
Number sent to	49782	2646	7558	59986
Number responded	3307	461	838	5024*
Response rate	6.64%	17.42%	11.09%	8.37%

*This number of respondents includes all of those in the care worker, managers, and social worker job groupings, as well as those who responded who did not fit into these job groupings.

Table 1 shows the number of respondents and response rate to the survey. We are not able to calculate an exact response rate for the whole social care workforce in Wales, because the survey was an open link that was widely shared. However, we can estimate a response rate for workers registered with Social Care Wales. The response rate (i.e. number of people on the Register versus number of people who took part) was over 8%, meaning nearly 1 in 10 of all registered workers in Wales took part. This response rate was higher for managers (nearly 1 in 5 completed) and social workers (more than 1 in 10 completed) than it was for the care worker job grouping (nearly 7%).

Research design: interviews

Individual interviews were held with survey respondents who left their email address at the end of the survey to indicate they were happy to take part and who accepted an invitation to be interviewed. This information was again kept separately from all other data collected and accessible only to Ravalier. Potential interviewees were picked at random from the list of those who left their email. Altogether, 27 interviews were undertaken with results weaved into the report, lasting on average 55 minutes. All interview participants were given a £20 Amazon voucher as a thank you for their time and participation.

Semi-structured interviews were conducted in order to allow the research team to expand on discussions and findings during interviews that were particularly pertinent and interesting. Questions asked reflected the priorities of both the research team and Social Care Wales. The schedule, therefore, asked about the experience of those who work on zero-hours contracts (if relevant), the experience of working in social care in general, working conditions and wellbeing, pay and benefits, organisational outcomes such as turnover intentions and satisfaction in the role, and how working in social care in Wales could be improved.

We asked limited demographic information about interview participants in order to maintain anonymity. **Table 2** shows the job role of those who were happy to state it.

Table 2: Interview participant job roles

Job role	Number
Social worker	2
Responsible individual	1
Adult care home worker	3
Social care manager	1
Care and support manager	1
Support worker / domiciliary care worker	11
Adult care home manager	3
Healthcare assistant	1
Qualified nurse in social care	1
Doesn't want to state	3

Research design: focus groups

The focus groups aimed to answer similar questions to the interviews, but instead gain a group and conversational understanding of the topics to be discussed. Participants were recruited in the same way as for the interviews. We ran two focus groups, lasting on average 90 minutes each.

Questions asked in the focus groups mirrored those in the individual interviews but allowed greater elaboration and constructive discussion amongst participants. Questions therefore asked about the experience of working in social care, pay and benefits, bullying, harassment and discrimination, and improvements that can be made to working in the sector.

Analytical approach

All quantitative survey data was reported firstly using mean and frequency scoring, with these means/frequencies compared against other sector and UK-wide averages where possible. These analyses were taken across all participants as well as by job role. Comparisons were also made between this survey and that undertaken for the pilot in 2023. Statistical analyses looked at the impact of working in social care against wellbeing at the population and job role levels.

As above, a number of qualitative open-ended questions were asked within the survey. These gave respondents the opportunity to respond in their own words to the questions. This data was analysed using Conventional Content Analysis (Hsieh and Shannon, 2005). This method of analysis in effect categorises and counts the frequency of codes (i.e. the topics that are mentioned by people who respond) and themes that are within a dataset – the more times codes are mentioned, the more 'important' they are to the analysis. It is often used in health and social care research as a flexible approach to analysing textual data.

Please note: where we have presented quotes from open-ended questions, we have in places tidied them up to remove grammatical errors. However, the meaning of each quote remains the same.

Qualitative data from interviews and focus groups was all analysed using Thematic Analysis (Braun and Clarke, 2006, 2019), which is a method that allowed

researchers to generate themes (i.e. patterns of shared meaning within the data set) that related to participants' views and experience. The analytical process was theory-driven, reflexive, and guided by Braun and Clarke's (2006) six-phase approach. The interviewing process was iterative (i.e. with initial interviews informing the subsequent ones) and the research team considered saturation (when no new themes were being generated by the analysis) in addition to a reflexive approach to assess the sample size for the semi-structured interviews. Interviews were member checked by social workers. This meant social workers checking the analyses, and that the outcomes of the analyses truly represented what was discussed during interviews. They were paid £40 Amazon vouchers for their time.

Engagement strategy

The engagement and communication plan led by BASW was developed and agreed with Social Care Wales. The plan targeted a range of stakeholder audiences: individual employers, employer organisations, social workers, care managers, care workers and those registered with Social Care Wales but not in practice. A digital employer toolkit was created to support employers to engage with their workforce and encourage survey completion. An online drop-in session supported the toolkit.

A range of mixed marketing methods were utilised, including social media, e-newsletters, and direct messaging via email. This began in December 2023, prior to the survey going live, and continued throughout until the last reminder before the survey closed. In addition, Social Care Wales undertook four mailouts to the entire registered workforce while the survey was live.

Repeat messaging methodology was employed through both organisations by undertaking a BASW Facebook takeover, specifically for this survey, in addition to sharing across relevant Facebook social care groups. In addition, BASW also paid for Facebook ads and for in-mail messaging on LinkedIn that included tailored messaging for the social care workforce, with an approximate reach of 6,000 individuals.

BASW Cymru promoted the survey continually through networks including member newsletters, direct email messaging, and through word of mouth at meetings and events across Wales. The survey was promoted within the BASW podcast 'Let's Talk Social Work' with an updated introduction to the January episode. The Social Workers Union (SWU) also sent out a direct mailing to their members and shared on social media.

BASW engagement included networking across key external organisations across the Welsh footprint. This included the Association of Directors of Social Services Cymru, Care Inspectorate Wales, and Care Forum Wales. BASW also targeted care providers and local authorities across Wales for direct mailing by BASW Cymru. Social Care Wales managed targeted outreach to its community forum members (including employers) to encourage survey participation and raise awareness of the results and fresh insight into the sector.

Finally, Social Care Wales and BASW worked with key stakeholders to produce new, organic content, including short video vox pops of prominent individuals in the sector to promote engagement with the survey. These were prepared and posted on social media, while Social Care Wales staff were encouraged to support the survey through internal communications activity via their intranet.

Who took part? (Demographics)

Tables 3 and 4 below outline the demographic breakdown of those who took part, split by job grouping. The majority of respondents were either domiciliary care workers (1,661 respondents, 23% of our sample) or adult care home workers (1,558 respondents, 31%), followed by social workers and others.

Explainer box: demographic questions asking about characteristics of respondents to the survey. Demographic questions aim to help those reading the results of studies understand the characteristics of those who took part. These are usually questions about things such as age, gender and ethnicity. You can see the outcomes of these demographic questions in **Tables 3 and 4** below.

When asked how long our respondents have worked in social care, the most common answer (48% of people) was nine years or more. Indeed, even when we broke this question down by job grouping, this was the most common response. The vast majority (97%) worked in Wales, and those who did not were removed from our analysis.

Table 3: demographic information separated by job grouping

	All respondents	Care workers	Social workers	Managers	All 'other' respondents
Median age	55-59	55-59	35-44	50-54	60-64
Female	78%	78%	74%	79%	77%
Male	21%	21%	23%	20%	21%
Caring responsibility	36%	36%	33%	37%	36%
Neurodivergence	6%	5%	11%	8%	5%

Table 3 above shows the median age of respondents, the percentage of male and female respondents, whether they are carers for anyone outside of work, and the percentage who describe themselves as neurodivergent, broken down by job grouping.

Overall, we see about one third of respondents (36%) are unpaid carers¹, although some roles (e.g. those in other social care roles [44%] and social work managers [45%]) are more likely to be unpaid carers than others (residential child care managers [22%] and children and adults' social workers [24%]). However, the Office for National Statistics (2023a) suggests that between 8.9% and 10.5% of the Welsh population are unpaid carers. Our sample is three times this, which may reflect that our sample (and the sector more widely) is more likely to be older and female (Social Care Wales, 2022). This chimes with census data that shows that unpaid carers are more likely to be older and to be women across England and Wales (Health Foundation, 2023).

¹ The Office for National Statistics (2023) define unpaid carers as: An unpaid carer may look after, give help or support to anyone who has a long-term physical or mental ill-health conditions, illness or problems related to age. This does not include any activities as part of paid employment.

Table 4 shows information about sexual orientation, ethnicity and conditions that have affected respondents for more than 12 months. The information is split into the same job groupings as Table 3.

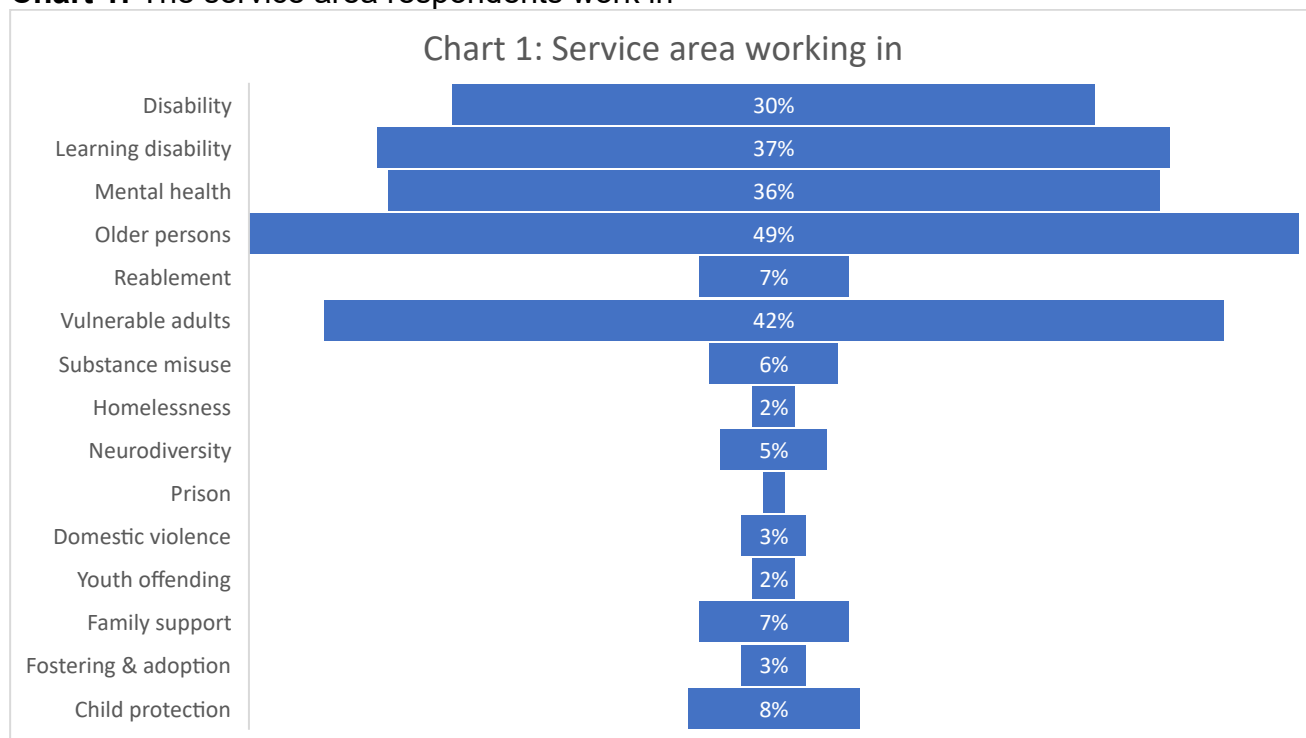
Table 4: further demographic information separated by job grouping.

	All respondents	Care workers	Social workers	Managers	All 'other' respondents
Heterosexual	88%	88%	86%	89%	89%
Gay or lesbian	3%	3%	4%	4%	3%
Bisexual	3%	3%	3%	2%	2%
Ethnicity: White	75%	73%	73%	91%	81%
Ethnicity: Asian	7%	8%	5%	1%	7%
Ethnicity: Black	13%	15%	14%	4%	6%
Long term (12+ months) condition	26%	25%	25%	25%	31%
If yes, condition affects day-to-day	66%	66%	65%	63%	66%

We asked who our respondents are employed by, and only report those employment sectors which had at least 50 responses to ensure anonymity. By far the most common response across all respondents (86%), care workers (88%), managers (95%), and social workers (85%) was that they are employed by a social care organisation such as a local authority, third-sector body or private provider. Eight per cent of care workers and 9% of social workers were employed by an agency (down to 7% for all respondents), and 1% of our total sample were self-employed.

Two thirds of our sample (67%) were employed full time for one organisation, 18% were part time for one organisation, and 11% for one organisation on flexible hours. When broken down by job grouping, 91% of managers and 80% of social workers were full time for one employer, compared to 60% of care workers. Care workers were also more likely to be part time (22%) or have flexible hours (14%) than managers (3% part time, 5% flexible working) or social workers (12% part time, 6% flexible working).

Chart 1: The service area respondents work in



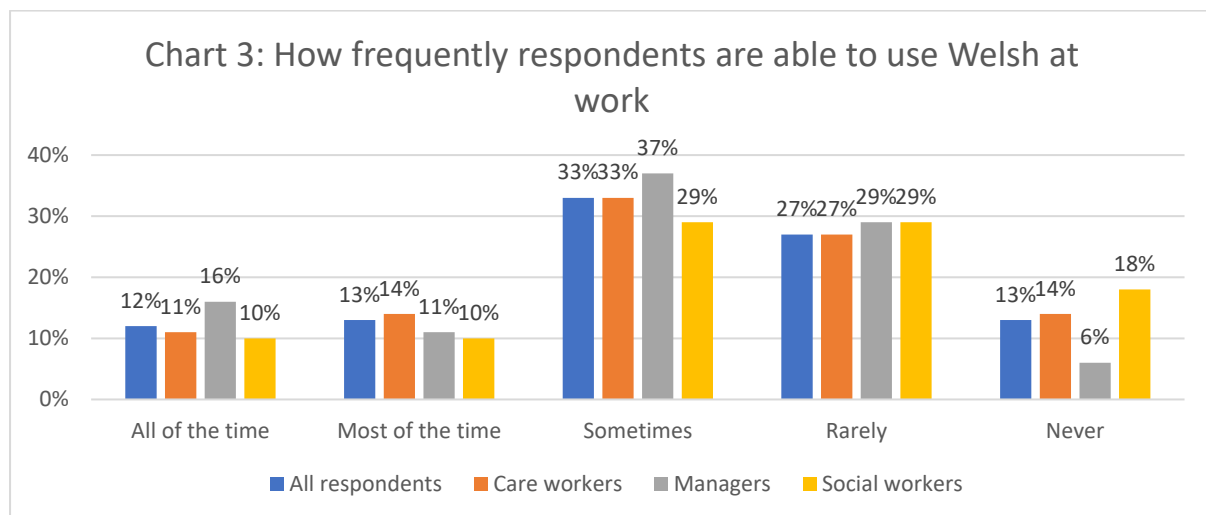
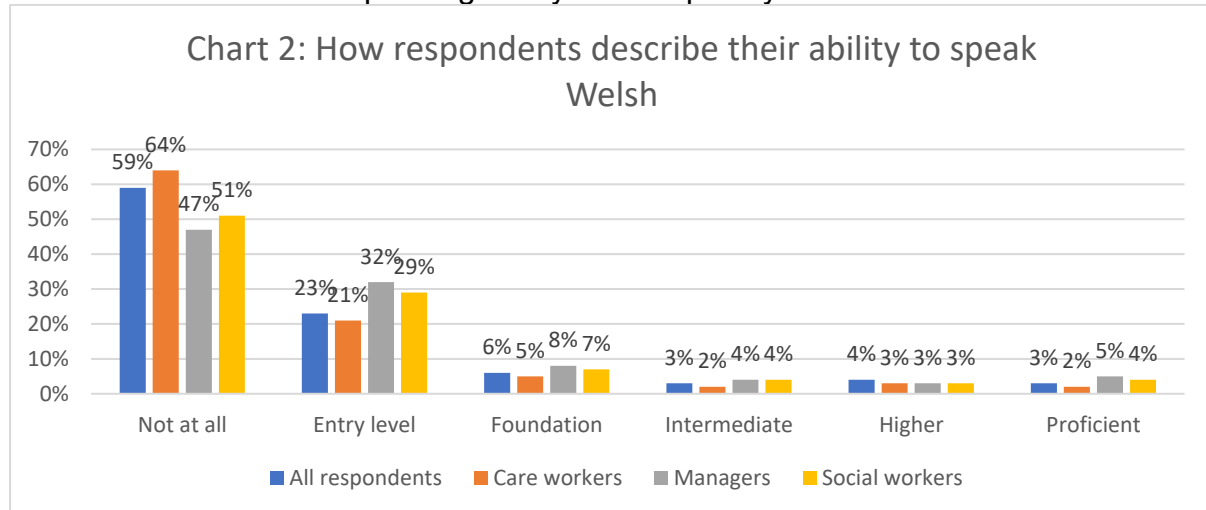
Those who have left social care

Just 41 of our respondents had left social care. Most of these (65%) had been in the role for nine years or more. Poor working conditions (23% of respondents who have left), being overworked (35%), and pay which is too low (28%) were the three most frequently cited reasons for leaving the sector. Approximately half (53%) of these individuals were now working full time (35%) or part time (18%) hours across a mixture of education, retail, and other roles. In order to protect the anonymity of these individuals, we will not report any more details about their time in social care.

Welsh language abilities

Charts 2 and 3 demonstrate respondents' ability to speak Welsh, and how frequently they are able to use Welsh while at work. We asked two questions about respondents' abilities to speak Welsh and English, and how frequently they are able to use Welsh at work. Ten per cent of respondents could speak Welsh fluently, and 97% stated they could speak English fluently. Close to three in ten (29%) of all respondents could speak Welsh to a basic or foundation level (i.e. can hold a basic conversation or exchange straightforward information), and 25% said they were able to use Welsh either all the time or most of the time while at work.

Charts 2 and 3: Welsh speaking ability and frequency of Welsh use at work



These two charts suggest that while about six in ten respondents could not speak Welsh at all, just 13% suggested that they were never able to use Welsh at work. We did not define what 'use' at work means, which may explain why there is such a difference between the number who could not speak Welsh compared to the number who never feel able to use it.

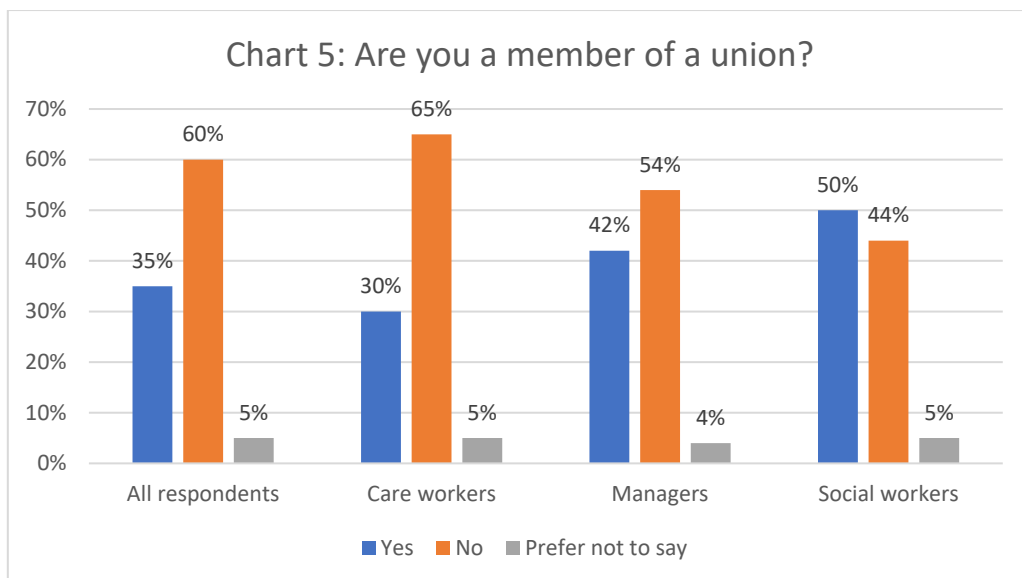
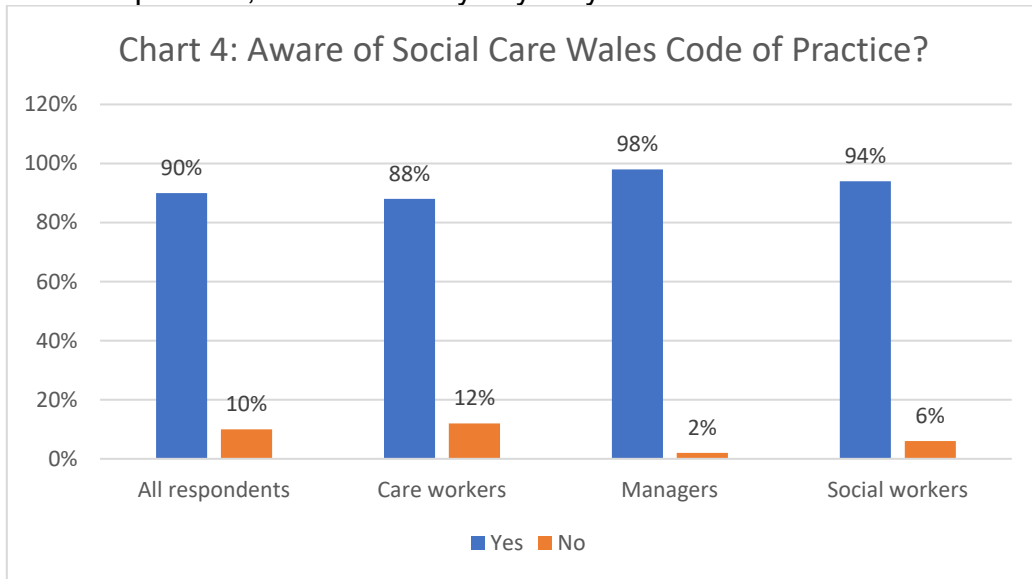
About 1% of respondents (52 of the 5,024) to the survey did so via the Welsh-language link.

Union membership and Social Care Wales code of practice

The vast majority of people were aware of the Social Care Wales code of practice. Indeed, nine out of ten respondents were aware, with that extending to 98% of managers. The care worker job grouping was the least likely to be aware of the code, but even then, 88% of respondents indicated that they knew about it.

However, only about one third of respondents said they were part of a union, with care workers again the lowest number at approximately one third (30%). A slightly higher number of managers (42%) and half of social workers (50%) said they were members of a union.

Charts 4 and 5: Demonstrate how many respondents are aware of the Social Care Wales code of practice, and how many say they are members of a union



Joining (and leaving) the social care sector

We asked two questions about why respondents decided to do the job they do. The first asked why respondents decided to work in the sector, and the second how they found out about working in the sector.

Explainer box: why people choose to join the sector, and how they find out about the role.

Participants were able to choose from a number of pre-determined options, and here we explain the selections that were made most frequently.

Joining social care: The vast majority of respondents, irrespective of job role or job grouping, joined the sector because they felt they could make a difference in the lives of others. Many also felt that it would be an enjoyable role for them, and that it would suit their skills. Fewer people also suggested they joined the sector because they'd had some experience with social care – for example from personal experience, or family/friends who have accessed support.

Finding out about social care: The most common way people found out about working in social care was from friends and/or family in the sector – this could either be that they had experienced care, or were working in care. About a third found out about working in their role through a website, and very few through recruitment fairs.

Table 5 shows that most respondents joined the social care sector in order to make a difference. Indeed, irrespective of the job role, it was the most frequently stated reason for joining the sector. These results are similar to those found in the 2023 survey, in which 63% of people stated making a difference as one of the reasons they joined the sector. In further mirroring with the 2023 survey, the next two most common responses were because individuals felt they would enjoy the job, and because they felt it would suit their skills.

These tables also demonstrate how respondents found out about working within the social care sector, with results again mirroring those from 2023. About half of respondents found out about working in social care because they had family or friends in the sector, and just under one third found out about the role through online adverts. The third most common – although only cited by approximately one in ten respondents (11%) – was that they found out about the role via recruitment companies or fairs. Ninety four respondents (1% of all who completed this question) found out about working in social care through WeCare Wales, with care workers being the most likely to have done so (2%).

Table 5: Why respondents work in social care, and how they found out about their role

	All respondents	Care workers	Social workers	Managers	All 'other' respondents
Make a difference	69%	66%	76%	70%	66%
Suit my skills	37%	35%	42%	37%	35%
Felt would enjoy it	45%	44%	45%	43%	44%
Experience of the sector	25%	26%	19%	21%	26%
Found online	31%	34%	22%	30%	27%
Friends/family in the sector	48%	51%	41%	44%	45%
Recruitment fair	11%	12%	6%	9%	10%

The question about why people started working in social care was also asked of qualitative interviewees, with three main reasons given. These findings generally mirror those from the quantitative questions.

Theme 1: Unintentionally came to the job

The most prevalent reason participants first started working in social care was that they unintentionally progressed into the field. In many cases, participants came across employment in social care whilst looking for new work. Others were recommended the role by friends or family. The participants then came to enjoy the work and have remained in social care ever since.

“I knew someone who worked there and they said, ‘You’ve just lost your job. Can you, do you want to come and do a shift today? Maybe short staffed...’ And then after one shift...oh, this is more like it. So it’s just something I enjoyed, you know, and I felt I was good at it.” (Participant 4, social care manager)

“It kind of happened a little bit by accident, I’ll be honest. I was working in school doing sixth form and I was working waitressing and there was a local learning disability care home and I came to know about it because I was social secretary for the local young farmers and the lady lived next door and she said, ‘I’m looking for staff. Give it a go’. So I did and that’s kind of how it happened.” (Participant 10, residential care home worker)

Theme 2: Personal experience of care/care system

Another theme highlighted by the analyses was that participants came to social care owing to their own experiences of care. Some participants noted their experience of caring for family members as encouraging them to look for work in social care.

“My brother suffers with mental health, and I’d gone through that experience. It [brother’s mental health] was started off [by] drug use as well. So, yeah, that’s why I chose this.” (Participant 5, social care manager)

“I had some personal experience of the youth justice system as a young person and it gave me a strong belief that people should be supported,

encouraged and judged on what they've done rather than on their background.” (Participant 9, social work manager)

“I looked after my grandmother. Well, both grandmothers actually. They died within two days of each other. One had dementia and one had cancer. And as a family, we nursed both and I was just like, oh, do you know what? When we had the nurses coming in, palliative nurses, and I think we use (...) at the time. And I was like, no, I think this is for me.” (Participant 21, registered nurse in social care)

Theme 3: Suited to care

The final theme observed was that participants pursued the role owing to feeling suited to care. One participant felt their compassionate nature would be suited to the role, whilst another was drawn to working with people.

“Just felt that the social model as it was at the time, bearing in mind this is 23 years ago, was a very different way of working on that suited my personality better.” [Comparison to medical model] (Participant 1, unknown job role)

“I've always been a loving and compassionate person who loves to see people happy.” (Participant 14, support worker)

Organisational recruitment difficulties

We asked an open-ended question to try and understand respondents' views on the difficulties associated with trying to recruit into the sector. The following description outlines the codes, or themes, which were described most frequently.

Low pay

This was the most frequently discussed code and relates to the pay on offer to respondents when coming into the role. All job roles described the same issue. For example, many domiciliary care workers are employed on minimum or lower than UK average wage, and/or on zero-hours contracts. Respondents across all job roles wanted greater pay.

“No one is applying for this role. I think salary is a major factor.” (domiciliary care manager)

“No one seems to want to work in social care. People leave to get better pay and have less responsibility.” (domiciliary care manager)

Turnover and recruitment issues

Turnover and recruitment issues were the second most frequently discussed code that came out of this question. This finding outlines that there is a high level of turnover in the sector, and a difficulty in recruiting the right number of people into the workforce.

“Retaining staff. Employing staff locally, [the] company has had to branch into overseas as not enough local people want to do the job. There is not enough benefit to working in dom care.” (domiciliary care worker)

“They are always recruiting and as any care company staff turnover is high due to being overworked and underpaid.” (domiciliary care worker)

Recruitment challenges and lack of good applicants

This third theme that came out of the content analysis highlighted the issues with recruiting people with the adequate skills, training, and experience into the sector. This was across job roles and, when combined with the inability to attract an appropriately sized workforce, means the issues are exacerbated.

“We are hiring more unskilled and unsuitable people as there are so few options compared to just a few years ago. Since Covid, I think people are less willing to do such a complex job for the pay we are offered.” (domiciliary care manager)

“Suitability of candidates is not always the best.” (domiciliary care worker)

Long/unsociable hours

This final theme was the one which was discussed the least frequently out of the four and it links with the previous one. It highlights the difficulty in recruiting into the sector which is caused by a perceived long number of hours needed to be worked and/or the need to work unsociable hours, such as at the weekend or evenings.

“Very difficult, especially with rates of pay. People don't want the unsociable hours or the responsibility when they can get paid more working in a supermarket or fast food outlet.” (domiciliary care manager)

“No one wants to do the work as it's shift patterns and they find it demanding.” (residential child care worker)

We also asked ‘what is difficult about working in social care in Wales?’ in the qualitative interviews. This question yielded a diverse range of responses. The main themes observed are staffing, the mental impact of social care, and feeling undervalued/unsupported.

Theme 1: Staffing

Subtheme 1: Recruitment and retention challenges

Many participants highlighted the challenges they face owing to recruitment and retention within social care. For some participants, this comes from a managerial perspective, as they struggle to employ staff. It is noted that the low level of pay, and higher levels of qualifications required for the Social Care Wales Register and for progression, contribute to this challenge. Other participants highlighted the high turnover and short staffing they have experienced on the job.

“But it's trying to operate your services at a safe level when you can't get staff to turn up on an open day or to walk through the door, or if they do, they don't turn up, if they, if they book an appointment and you wonder, is this just because you're satisfying the job centre that you're looking for work... Now you've got 20 jobs going and you might have three people turn up. Two of them can't drive and it's driver essential. You know it is, so that is by far the biggest headache.” (Participant 4, social care manager)

“There's qualifications they need to do, that's a big ask for a small pay... that can really deter people.” (Participant 5, social care manager)

Subtheme 2: Impact of improper staffing on existing staff and clients

Participants also conveyed the impact short staffing has on themselves and their clients. Some participants reported having to compensate for short staffing or low quality of staff who lacked proper training, whilst other participants discussed the detrimental impact of improper staffing on their clients.

“The colleague's partner had a surgical operation [and] she was unable to get leave... Everybody's on sick leave or on annual leave... when she called the supervisor on call and she was told, 'well I can't pluck staff out of thin air' and she had to stay.” (Participant 13, unknown job role)

“Yeah, but some of them, it's not their fault. It's like we were waiting for a Parkinson's nurse for over a year just to come and assess the first assessment just to get him on medication. She came last month; he died a couple of days ago... He wouldn't have died had he been on the right medication.” (Participant 15, adult care home manager)

“We're constantly short-staffed. I feel it's very, it's difficult when you work in the community because you are the carer, you are the nurse, you are the manager, you are there with the person. No one else is with you other than the person.” (Participant 20, adult care home worker)

Working in social care

Explainer box: enjoyment in the sector; making the sector more attractive. We asked people to explain in their own words what they feel needs to be done in order to improve the experience of working in the sector in Wales, what they enjoy about working in the sector, and how the sector could be made more attractive to work in.

Five things were areas of enjoyment:

1. Making a difference in people's lives.
2. Building relationships with those they're caring for.
3. Collaboration and support received from colleagues.
4. That the job is very varied.
5. The feeling of personal fulfilment and satisfaction.

There were also five ways to make the sector more attractive to potential new workers:

1. Increased pay.
2. Better working conditions and management support.
3. Better career and progression opportunities.
4. Improved recognition for the role that they do.
5. Better resources and support from government.

What you enjoy about working in social care

The question aimed to explore what the respondents enjoy, and like, about working in social care. Over 4,800 responses were received, giving an insight into the perceived positives of working in social care. The following five themes, with exemplifying quotations, were the most frequent.

Making a difference

This was the theme that emerged most frequently. It highlights respondents' sense of satisfaction from knowing their work has a positive impact on the lives of the people they support. There was a perception of being able to foster a meaningful change in people's lives, and that gives the respondents a real sense of purpose and makes their job worthwhile.

"The positive impact that can be made to the lives of vulnerable individuals [is what I enjoy about working in social care]." (adult care home worker)

"I enjoy being able to support people and try and make a difference in their lives. Helping them to achieve what is important and face challenges they face." (children and families social worker)

Building relationships

Forming connections with the people they support, as well as with peers at work, contributes to respondents' sense of enjoyment from working in the sector. This was the second most frequent theme that emerged. Survey respondents expressed how they appreciate having the interactions with individuals from diverse backgrounds, emphasising the interpersonal character of their role and the joy it brings them.

"I enjoy working and getting to know and helping the care users, and building relationships with other workers." (children and adults' social worker)

“I love the interaction with people, caring for them and listening to their personal stories about their lives.” (agency support worker)

Teamwork/peer support

This theme emphasises the value placed by respondents on collaboration and having support from their work colleagues, as well as providing such support to their teams. Respondents highlighted the importance of having a supportive environment and effective teamwork in allowing them to make a positive impact on people accessing care and support, all of which adds to the enjoyment of their role.

“I love making a difference to the clients I work for and love being a team player, helping my colleagues and encouraging people.” (domiciliary care worker)

“I enjoy the teamwork. When you have a good team it makes for a good environment for the ladies and gents that we look after.” (adult care home manager)

Variety and challenges

Respondents mentioned the dynamic nature of their job, which enables them to be challenged and keeps the job interesting. They seem to enjoy overcoming obstacles to make a positive change in the communities they support. It was also recognised that the variety often comes in pair with flexibility – for example, in terms of the workers’ shift pattern or work location, which was perceived as a bonus of the role.

“I personally enjoy the challenges it brings. I enjoy being able to support individuals to live as independently as is possible, supporting them [to] learn new skills, also learning from the same individuals.” (domiciliary care worker)

“I like meeting clients...and driving to various parts of the council to visit people in their homes. I like liaising with other colleagues, professionals and outside agencies.” (social care officer)

Personal fulfilment and job satisfaction

Respondents described job fulfilment as one of the key aspects they value about their role. Being able to make a positive contribution to society provides respondents with a sense of reward and achievement. For the survey respondents, knowing that their job has a positive impact outweighs the challenges that come with it and contributes to the feeling of job satisfaction.

“Being able to support members of my community so that they can be cared for at home for as long as possible, so their carers are supported to prevent burnout, so that people and their loved ones have real choices about where and how they live towards the end of their lives, so that end-of-life care is offered in a way that is compatible with what individuals and their loved ones need. This gives me deep satisfaction.” (support worker)

“I love seeing the people we support leading a great life! Always lots of lovely stories to share, and gives me satisfaction. Reminds me of why I came into

the work. I feel strongly that social care needs people like us who really care and are passionate about what we do.” (adult care home manager)

How to make social care more attractive

This second question sought to understand how the barriers that some may feel toward working in social care can be overcome. The question asked was: ‘What do you think should be done to make the social care sector a more attractive and rewarding place to work?’ We received over 4,500 responses to this question, each providing their own insight into working in the sector. However, the results were generally unanimous, with five specific factors emerging most as to how to make social care in Wales more attractive. Below we outline these five main themes, as well as providing exemplar quotes which demonstrate them.

Better pay

This was the most frequently discussed theme. It relates to the rate of pay received for working in social care. Respondents felt that, despite doing a job which supports some of the most vulnerable people in society, allowing them to live the fullest life possible, they are underpaid. They felt their pay should therefore be improved, considering the responsibilities and challenges expected of the role.

“Pay workers for a whole shift, not just when they clock in to a call. Often we'd have to sit in a layby for an hour, UNPAID, because there was a gap in the timetable or a client had cancelled. What other job expects its employees to be at work but not getting paid? And sometimes a call would run over because the client needed much more attention, and we were happy to help them BUT WE WERE NOT PAID. All the office staff were paid for a shift, not just when they picked up a telephone. I still feel shocked at how exploited I felt.” (domiciliary care worker)

“Not a personal experience, but everyone who works in social care should be awarded enhanced pay, for working unsociable hours. Weekends and bank holidays.” (adult care home worker)

Working conditions and support

This was the second most frequently discussed theme. Many individuals highlighted the importance of better working conditions, specifically focusing on workloads and flexible hours, and importantly more support from management. By improving working conditions (reducing workload, improving staff levels, and improving support by management), it would allow respondents to do what they aim to do in their role – improve the quality of care they provide to the people they support.

“We have way too much admin now, which leaves very little time to spend with the people we support. We are expected to be competent with medication / health and safety / IT.” (adult care home worker)

“Meaningful supervision and management structures that promote a positive outlook without criticism.” (other social care role)

Career progression and development

Respondents also suggested that there should be greater career progression and development opportunities. This would make working in the sector more attractive and rewarding, while improving the skills available to workers and making them more confident in their roles. This ultimately leads to better care for the individuals they support.

“I think one way to make the social care sector more attractive and rewarding is by providing better training and support for caregivers. This can help them feel more confident and competent in their roles, which can lead to greater job satisfaction.” (domiciliary care worker)

“Increased investment in all sectors of social care, including training, in order to address the workforce issues which continue to cause massive problems.” (other social work manager)

Respect and public perception

The fourth most frequently discussed way that working in social care could be made more attractive is by having improved respect and recognition from the public and government. It is suggested that those outside of the sector should understand that it is a profession which should be recognised, and one which makes a difference in the lives of people across the country.

“Recognition by the Government, acknowledging that carers do a lot to make vulnerable individuals comfortable, though no amount can equate the type of service rendered, as it is the thing of the heart, helping and caring. But carers’ incomes should be increased as in some case they do more.” (domiciliary care worker)

“Many staff have said to me they do feel valued [for the job they do], but having to pay to go to work is always a comment used – they feel they are very underpaid for the job they do.” (domiciliary care manager)

Resources and governmental support

Respondents suggested that the resources available to individuals while working in social care were far too sparse. These resources, such as governmental support and funding (e.g. for the third sector, who provide support to service users, food banks, family support centres and more), and all of the things that come along with this, would support respondents in ‘making a difference’, and being able to do the job effectively and efficiently. Said resources would also allow the development of a professional workforce.

“It requires a total overhaul; much improved resources/finance so that social workers can do the job they were trained to do, effectively. It is exhausting to keep on trying to ensure good outcomes with less and less. Ultimately it is a political issue that can only be resolved/improved when central government funds Welsh government properly, moving away from the privatisation profit-led model of services.” (social worker)

“It has to come down to two things, pay and more resources to support people.” (adult and children’s social worker)

We also asked interview participants why they work in social care. There were four themes inherent within the data.

Theme 1: Making a difference

The first theme encapsulates how participants’ reasons for working in social care centre around their perceived ability to make a difference to individuals’ lives through the work they do. Participants stressed the importance of helping others and putting a smile on people’s faces. Many participants find this rewarding.

“It’s to make a difference like as I read everywhere, we want to make a difference for the individual to stay [as] independent as possible as safely [as] possible within their own homes.” (Participant 11, domiciliary care worker)

“Even if it’s just for 20 minutes a day while you are doing that person’s personal care, you get to make that person feel great about themselves.” (Participant 14, support worker)

Theme 2: Enjoying the job

Another important theme is participants’ enjoyment of social care. It is a common theme that social care is not a job you can do without personal enjoyment and investment. Some participants highlighted that they enjoy that every day is different, whilst others emphasised that they enjoy the opportunity for continuous learning.

“I think you would just get to a point [in] your career [where] that’s your identity. It’s very important to who you are.” (Participant 1, unknown job role²)

“There’s nothing like [it], don’t get [me] wrong. You have bad days, but I actually enjoy my job... There’s nowhere else in any other place where you could have the strange experiences, the wonderful experiences, hear the things you hear. And the stories you hear and you meet people from every walks [sic] of life, from every culture, background, everything. And it’s just, there’s nowhere else you’d get to do that, and you get to help people.” (Participant 14, support worker)

Theme 3: Psychological impact of social care

Theme 3 discussed the mental impact of social care experienced by many participants. This theme includes subthemes of mental and physical health, further support required to combat feelings of vulnerability and isolation, and feeling undervalued/not listened to.

Subtheme 1: Mental and physical health

Participants reported the significant mental health impacts of their work. Many participants discussed the high levels of stress, with some disclosing that they have

² We asked respondents their job role, and state those after each quote. However, where individuals chose not to state their job role we have simply stated ‘unknown job role’.

been advised to take antidepressants in order to manage this. Participants also mentioned having to take time off for sickness caused by work stress, as well as witnessing the same behaviour from colleagues.

“They go long-term sick. They're not just sick for a week. They, they're off. That's it. They're gone and then they come back, things haven't changed, they just got worse because they're more chaotic and then they're gone permanently.” (Participant 1, unknown job role)

“Is this stressful? Hell yeah. No two days are the same and at the end of the day I am a nurse as well. And you know, and with nursing comes stress, with management in healthcare comes stress. It is what it is, but it's how you deal with it.” (Participant 21, registered nurse in social care)

Subtheme 2: More support required to combat feelings of vulnerability and isolation

Participants also discussed the vulnerability and isolation they have felt at times. The impacts of lone working were highlighted by some participants, as well as the inability to discuss and seek counsel for workplace matters owing to confidentiality. Participants touched on the need for further support to alleviate this, providing examples of desired support including training for complex needs and a mental health hotline.

“Sometimes you are very, very vulnerable 'cause we lone work. And sometimes I don't think there's enough support.” (Participant 7, support worker)

“Because of the confidentiality as well, which, you can't speak to anybody outside of the team about things that are going on, and that is so hard. This is why I think counsellors should be available to everyone 24/7 like a hotline or something. They ring and rant or whatever.” (Participant 15, adult care home manager)

Subtheme 3: Feeling undervalued

Subtheme 3 represents participants who discussed their experience of feeling undervalued by others, including local authorities, colleagues, and the families of the people they support. This theme also encompasses the participants who felt they are not being heard when they raise concerns.

“We're not being listened to. No one's actually valuing the thoughts of the carers because we're so low down on the scale on the pay scale.” (Participant 11, domiciliary care worker)

“So no one checked on me. The only day one of the management called on me, she called saying, ‘Oh, can you come in tonight to cover the day you missed from work?’. So I went like, ‘I'm not OK to come in here’. It's not like I wasn't actually OK that day to cover. But I said no. Just so she knows that I should have a voice too.” (Participant 14, support worker)

Theme 4: Unrealistic expectations

The final theme corresponds to participants who discussed the unrealistic working expectations they were expected to achieve. Participants noted the insufficient amount of travel time they were granted between calls, which was often unpaid, as well as the insufficient time they had to help people, and the inability to say no to extra work.

“It was just so stressful, so stressful. And when that particular client would say, ‘You can't go yet because I want such and such and such’, you know. And then you explain that I'm sorry, but I have to because I've got to be somewhere else...I'm probably breaking the speed limit, you know, to get to work on time, to do my job properly. So yeah, in that working conditions that was rubbish.” (Participant 16, support worker [now left social care])

“When I was doing the 70 hours a week, I was only actually getting paid for like 55 hours ‘cause the rest of it was travel time.” (Participant 17, community support worker)

We further asked interview respondents what needs to be done to improve working in social care. Three themes and associated subthemes were found in the data.

Theme 1: Professional growth and support

The first theme observed under improvements to social care is professional growth and support. This includes subthemes of training and development, staffing, and systems for support.

Subtheme 1: Training and development

This subtheme represents the participants who expressed their desire for increased training and development opportunities. Participants highlighted the importance of standardised training, as well as different formats for learning, and multiple different types of training, such as mindfulness.

“If you're working within health and social care and you've got like a long-term contract, I think all [training] should be fully funded and then that will mean that everybody's working to the same professional level then.” (Participant 12, adult care home manager)

“If you're working in a care home, you have the carers, you have the nurses...you're in the community ... you're the nurse. So I believe that people that work in the community need to have kind of a new training, not be nurses, but have a nursing training.” (Participant 20, adult care home worker)

Subtheme 2: Systems of support

The second subtheme, systems of support, encapsulates the ways participants would like to be supported by their organisation. Effective and supportive supervision was noted by some participants, as well as support for mental and physical health.

“Monthly supervision for social workers so they can offload, and then once they've packed all that up, the manager then speaks to the director and then the director speaks to me and then we're all aware of what's going on. But it's

support, isn't it? On top of their supervision, they might say do you wanna go and speak to somebody independently?" (Participant 2, responsible individual)

"I want to see a more level thing of support... it seems to me that if you shout the loudest you get, or you know where to go, you get it. And that's what I think. It's very, very unfair." (Participant 7, support worker)

Subtheme 3: Staffing

Subtheme 3 refers to the participants who discussed the need for increased staffing. Participants touched upon the demand for care which is not met by enough staff, as well as the challenges of lone working, and quality of staff.

"Just not enough people. To look after the elderly in their own homes... most care agencies that I've come across are short staffed." (Participant 6, support worker)

"We've got thousands of children who need to be looked after and not enough people to look after them." (Participant 9, social work manager)

Theme 2: Working conditions and recognition

The second theme encapsulates the participants' discussion around the improvements they would like to see regarding the way they are treated, and their working conditions. This includes subthemes of recognition and appreciation, and standard of pay.

Subtheme 1: Recognition and appreciation

A recurring theme throughout this research was that some participants conveyed their desire for recognition and appreciation for their hard work. Participants expressed the need to feel valued, and that small gestures can make a big difference to their experience of working.

"Universal recognition [that] this is an incredibly difficult, traumatic job to do." (Participant 1, unknown job role)

"Well, a thank you letter... You know we we're highly regarded in social care. You know, just thank you for choosing this line of work... it can go a long way and it can go a much further way in the opposite direction if you don't get anything like that." (Participant 4, social care manager)

Subtheme 2: Standard of pay

Many participants also highlighted their unhappiness with their current paygrade. Some participants compared their pay to other professions, whilst others discussed the impact of a low paygrade on recruitment of staff. Participants also discussed their desire to no longer be paid per number of calls, preferring hourly pay.

"I'd like to see more recognition for what the staff do in social care, I'd like them to get the proper pay benchmarked across the sector." (Participant 5, social care manager)

“There's just a general shortage in people willing to do this work because it's not paid well and it's unsocial hours. I think if it was paid better, more people would do it.” (Participant 6, support worker)

Theme 3: Sector-wide change

This theme refers to the participants' discussion of the improvements that could be made to the services and resources available to both them and the people they support. For social workers, improved inter-departmental working and company-supplied vehicles were suggested. For people accessing care and support, participants proposed improving awareness and use of supermarket loyalty cards, including supporting people accessing care and support to sign up to them.

“Making people more aware of what is out there. What services were out there.” (Participant 3, support worker)

“Something needs to be done with regarding shops and stuff like this, because the people we support are being discriminated against. With, you know, like [name of supermarket], if you've got [name of rewards card], you can have cheaper shopping. Well, we don't have that facility to do them things.” (Participant 7, support worker)

Intentions to leave the sector

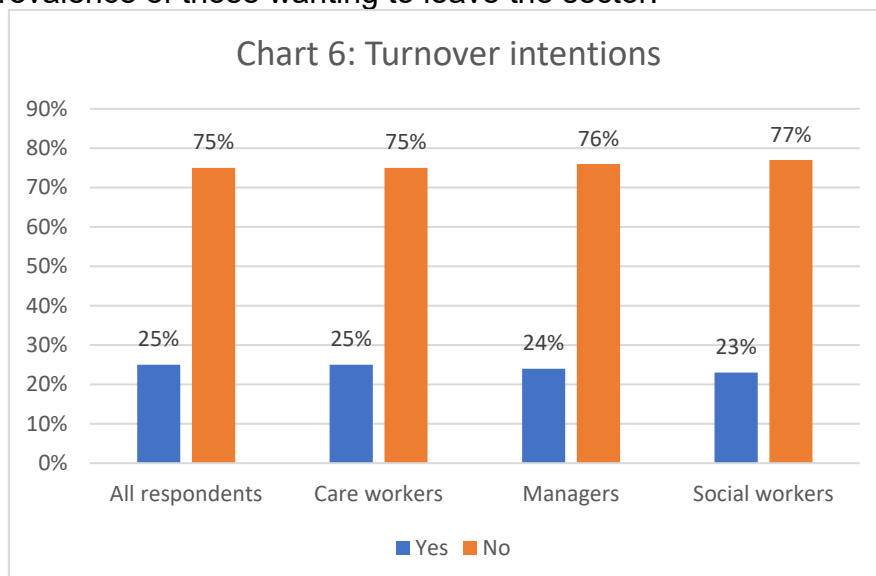
Explainer box: turnover intentions. We asked whether individuals were looking to leave working in the social care sector. If they answered 'yes', we also asked how many months they intended to stay.

These findings suggest about one quarter of respondents (25%) are aiming to leave the sector. There is some variance in these numbers across job role – for example, about one fifth (22%) of those working as adult care home managers and adult care home workers were looking to leave, whereas one quarter (26%) of domiciliary care workers and three in ten (31%) children and families social workers were looking to do so. As for how long those individuals were aiming to stay: on average, respondents said about 13 months or so before leaving (with a range of 13 months either side, so some leaving immediately and some in just over two years). This suggests that most were aiming to leave the sector across the next year or two, although many also felt they were in the final few months of employment. This is concerning for the sector because other research has shown that in sectors such as social work, turnover intentions do ultimately lead to people actually leaving the role and sector (although the length of time individuals stay is generally longer than the number of months they state in any survey).

Chart 6 demonstrates that one in four (25%) of all respondents were looking to leave the sector within the next 13 months (with the SD³ being 13.54, which means the majority of those who indicated their intention to leave were likely to remain in the sector for 13 months). This therefore suggests that, on average, those in the social care sector who are aiming to leave would like to do so in little over one year.

³ Standard deviation (SD) describes how dispersed the data is in relation to the average value (the mean) – large SD means that the data is more spread out/further from the average (nih.gov, n.d.).

Chart 6: Prevalence of those wanting to leave the sector.



Each job role saw about 20%-30% of respondents wanting to leave the sector. In particular, children and families social workers were most likely to suggest they would like to leave the sector, with 31% suggesting they would do so in an average of 16 months. About one quarter (26%) of domiciliary care workers were aiming to leave within an average of 11 months, 28% of residential childcare workers in 15 months, and 30% of 'other social work managers' in about 16 months.

Reasons for thinking about leaving the social care sector

Explainer box: why people are aiming to leave social care. For those who suggested they were looking to leave working in social care, they were also asked to explain in their own words why.

These four areas mirrored those that came out of the 'how we can make social care more attractive' open-ended question. Respondents are looking to leave because of low pay, a lack of recognition and support, poor working conditions, and limited development opportunities.

Low pay

Many respondents expressed feeling underpaid and undervalued as the key aspect contributing to their dissatisfaction with the sector and contemplating a career change. It was felt that the level of responsibility their role carries is not reflected in the compensation they receive. That said, the feeling was not restricted to the demands of the job itself, but also covered issues such as not receiving sick pay or not being paid for the full number of hours worked.

"Better pay grades including domiciliary care staff who seem to be continually forgotten but who are a vital aspect of adult social care." (domiciliary care worker)

"Pay is very poor and paid for call times not shifts, which is very wrong for the hours I put into work." (domiciliary care worker)

Lack of recognition and support

Linked to the above theme, some respondents felt unappreciated by their employers and expressed that the support from managers is lacking. Furthermore, several respondents mentioned having inadequate resources such as sufficient staff levels, yet the profession is facing an increase in demands. There was a feeling of frustration over not being recognised for the level of experience and dedication to their role.

“Too much stress, and I do not feel the sector gets the recognition it deserves.” (domiciliary care manager)

“I feel unappreciated and the job is hard /staff shortages and affecting my mental health and my ability to give the standard of care that I would want for my elderly relatives.” (adult care home worker)

Poor working conditions

Stress was frequently mentioned in the responses received, often resulting from a combination of feeling under pressure owing to increased demands and insufficient resources, as well as a lack of recognition (see above). There was a sense among the surveyed staff of feeling overwhelmed, which was linked to the lack of resources already discussed. Some respondents highlighted unsafe working conditions and feeling at risk, affecting their feeling of safety at work. For those who experienced them, bullying and harassment were described as examples of poor working environments.

“Lack of staff is one reason. Some service users and their families are very rude and bullying towards staff. Always covering sickness and always feeling stressed.” (adult care home worker)

“Shift patterns/ working hours. Bullying/harassing [by] managers. No safety for staff. Underpaid. Job roles increasing. Staff shortages. No encouragement or promotions.” (adult care home worker)

Lack of career development

Some cited feeling stuck in their current roles, with little prospect of career advancement. Such a lack of prospective progression contributes to workers feeling disillusioned and dissatisfied with the perceived stagnant nature of their job, which subsequently makes them contemplate a career change.

“Lack of progression opportunities, underpaid, increased responsibilities.” (adult care home worker)

“There is no career progression. Wages are stagnant, and in fact are less pro rata than when I started 13 years ago. With a wealth of experience and lots of training and NVQ level 3, I am paid the same as someone who has just walked through the door with no experience. Was a supervisor for a while, but it worked out at £5 more for the month with a tremendous amount more stress.” (domiciliary care worker)

We also asked whether interview participants were aiming to leave the sector. If they said 'yes', we asked why they were aiming to leave, and if they said 'no', we asked what kept them in the role.

Overall, interview participants described low turnover intentions, with the majority stating they have no plans to leave social care, or that they plan to retire in their role. Most participants also stated that they are satisfied within their jobs. However, a few participants expressed their discontent, predominantly feeling unhappy within their organisation, despite their love for social care overall, and particularly the people they support.

Theme 1: Satisfied in role

Subtheme 1: Job satisfaction owing to enjoyment

Reflecting on their reasoning for job satisfaction, some participants highlighted that their satisfaction stems from their enjoyment of the job role. Participants discussed the impact of making a difference and spending time with people they support.

“There's the fact that you're giving that time and space to people that are looking after their family in their own home 24/7 and they need to be able to get out and have some time and space to themselves, and also that one to one with the person that I'm looking after. I enjoy, you know, chatting to them, doing various activities.” (Participant 6, support worker)

“I'm making a difference, aren't I.” (Participant 9, social work manager)

Subtheme 2: Satisfaction owing to organisation

Some participants noted that their job satisfaction was positively impacted by their organisation. They touched on the improvements that are being made, and their relationship with other staff members.

“We're making those improvements. We've got action plans, we meet together, we train together, we look at our values and our objectives together and yeah, rolling it out and making changes... you have to have change to progress.” (Participant 5, social care manager)

“I just love the job. I love the residents. [Love] most of my staff.” (Participant 22, care home manager)

Subtheme 3: Satisfied but room for improvement

Despite feeling satisfied in their jobs, some participants outlined some areas for improvement. This included financial support, more recognition for the private sector, and support for newly qualified workers.

“I've done a lot of other things, but I feel sorry for the young ones who are starting in this job and there's no real career progression and the job can be quite monotonous, and I would not want to do that at the beginning of my working life.” (Participant 13, unknown job role)

Theme 2: Dissatisfied in role

Some participants expressed that they are dissatisfied in their role. The most prevalent reasons for this were feeling undervalued owing to a lack of recognition and not being properly cared for.

"We don't get praise or recognition. It's a thankless job. The only things I get is a smile off whoever I'm looking after that day. I mean, and that's enough for me, but staff should be recognised a bit more for doing well." (Participant 3, support worker)

"I still am working when I could be rewarded better, doing better things with my life. This is quoted by managers and seniors during appraisals during interviews. Why are you still here? Oh, well, maybe it's because I care and that's the only reason I'm doing it." (Participant 11, domiciliary care worker)

Theme 3: Turnover intentions

The majority of participants stated that they are not actively planning to leave their roles or the wider sector. Should they do so, this would be known as 'migration' – i.e. migrating from one role in social care to another (Ravalier *et al.*, 2021).

"I mean, if I was offered another position in another profession that was enticing enough, then I'm not saying never, but ... I don't plan to move out. I don't spend time looking for other employment. I'm really supported and happy within my workplace." (Participant 12, adult care home manager)

"I feel that if I leave my job a part of my heart is going to stay back in there as well." (Participant 20, adult care home worker)

Leadership, training, and development

We asked a series of questions about the leadership, training, and development opportunities and needs of people working in social care.

Explainer box: leadership. These questions asked three things: whether people would like a leadership role, whether they believe it is possible to become a leader, and whether they have sought progression in the past year.
About half of respondents (47%) suggested they would like such a role.
About six in ten people (60%) suggested they believe it possible to become a leader.
Between 34% (care workers) and 46% (managers) had sought to progress in social care in the past 12 months.

Explainer box: training. These asked about whether people have the right training for their role, and enough training to complete mandatory CPD requirements. We also asked if they would need more training for their role.
The vast majority of people – 87% – suggested they have the right training for their role.
Similarly, the vast majority (80%) have enough training to fulfil their CPD requirements.
Finally, almost half of all respondents (47%) wanted more training in order to be promoted in their role (more for social workers than any other grouping).

Table 6 presents the findings of three questions about respondents’ leadership ambitions: whether they would like a leadership position in future, whether they believe it is possible to become a leader, and whether they had sought a progression opportunity in the past year.

Table 6: Breakdown of leadership ambitions of the sample

	Would like a leadership role	Not want a leadership role	Possible to become a leader	Not possible to become a leader	Sought progression in past 12 months	Not sought progression in past 12 months
All respondents	47%	29%	60%	16%	37%	57%
Care workers	44%	32%	57%	17%	34%	58%
Managers	65%	10%	80%	3%	46%	52%
Social workers	53%	24%	67%	13%	43%	53%

Many of these results do not add up to 100% because: responses were not mandatory; there was a ‘neutral’ option not included in these percentages; and/or there was also an ‘I don’t know’ response.

Across care workers and social workers, close to half of respondents suggested they would like a leadership role, and about six in ten care workers and seven in ten social workers suggested they believed it is possible to become a leader. About four in ten across all job groupings had sought a progression opportunity in the past year. Managers were more likely to want a leadership role and believe that it is possible to become a leader.

Table 7: Leadership ambitions broken down by demographic criteria

	Would like a leadership role	Not want a leadership role	Possible to become a leader	Not possible to become a leader	Sought progression in past 12 months	Not sought progression in past 12 months
Male	49%	21%	72%	11%	42%	51%
Female	44%	31%	58%	16%	35%	59%
With a disability	37%	37%	53%	21%	32%	63%
Without a disability	52%	25%	65%	13%	39%	55%
Ethnicity: White	37%	36%	54%	19%	31%	64%
Ethnicity: Black	88%	5%	89%	4%	55%	36%
Ethnicity: Asian	79%	5%	84%	5%	63%	22%

Many of these results do not add up to 100% because: responses were not mandatory; there was a 'neutral' option not included in these percentages; and/or there was also an 'I don't know' response.

Table 7 outlines respondents' leadership ambitions as broken down by gender, whether they have a disability, and ethnicity. Respondents identifying as male, and those without a disability lasting 12 months or more, were more likely to want a leadership role, believe it is possible for them to become a leader, and to have sought a progression opportunity in the past year. Black and Asian respondents were also much more likely to want a leadership role, to believe it possible to become a leader, and to have sought a leadership role in the past year.

Table 8 outlines the training opportunities available in the sector, and barriers to accessing this training. The vast majority of all respondents suggested they have both the right training to do the job (83% or more) and enough training to fulfil whatever CPD requirements they have in the role (80%). About half of care worker (48%) and social work (53%) respondents suggested they need more training in order to get promoted (compared to one third [32%] of managers), while managers (26%) and social workers (37%) were most likely to suggest they encountered barriers to training.

Table 8: About training in the sector.

	Right training to do job	Not have the right training	Have enough training to do to fulfil CPD requirements	Not enough training to do to fulfil CPD requirements	Need more training for career progress	Not need more training for career	Have barriers to accessing training	Do not have barriers to accessing training
All respondents	87%	5%	80%	5%	47%	23%	22%	65%
Care workers	87%	5%	81%	5%	48%	22%	17%	68%
Managers	92%	2%	88%	4%	32%	35%	26%	69%
Social workers	83%	7%	84%	5%	53%	23%	37%	55%

Many of these results do not add up to 100% because: responses were not mandatory; there was a 'neutral' option not included in these percentages; and/or there was also an 'I don't know' response.

When broken down by ethnic background, we see some differences in the accessibility of training in the sector. For example, 85% of White respondents agreed

that they had enough training to do their job, compared to 97% of Black and 96% of Asian respondents. White (80%) and Asian (84%) respondents were also less likely to say they had enough training to fulfil their CPD requirements when compared to Black respondents (89%). When responding to the question about training needs for promotion, 37% of White respondents, 85% of Black respondents, and 78% of Asian respondents said they had enough training. Finally, 26% of White respondents said they experienced barriers to accessing work-related training, compared to 6% of Black and 8% of Asian respondents.

Barriers to training

For those who suggested there were barriers to accessing training at work, we asked them to state what those barriers were in their own words.

Time constraints

The most frequently discussed barrier to training within the sector was time constraints. This could be time constraints associated with workload (not having enough time to fit training in around the job) or not being able to find appropriate support and help for workload, and work-life balance, when people want to engage in training.

“Getting staff to cover my work to attend courses.” (domiciliary care worker)

“Having enough time when I work 40+ hours a week and have a family.”
(domiciliary care worker)

Cost

The second most frequently discussed theme was that of cost. This could be personal costs associated with undertaking training, and/or organisational cost – for example, employers having to pay for staff training.

“The company not willing to fund specific training that would be of benefit for staff and people we support.” (adult care home worker)

“Cannot afford or have the time to get advanced qualifications.” (adult care home worker)

Availability and accessibility

The third and final theme was that of accessibility and availability. Respondents suggested that sometimes training simply was not available when they needed it, that they had asked for training and had not received it, and that there were difficulties associated with undertaking ongoing online training.

“We as a team have requested training in a new area. This was raised over 12 months ago and has still not been offered.” (social worker – children and families)

“Accessing online training [can be difficult], [and there is] very little face-to-face training.” (domiciliary care worker)

In interviews we also asked for their opinion on training opportunities available within their role. Some participants suggested they had good access to training and development opportunities, with others suggesting the opposite.

Theme 1: Good access to training and development opportunities

The majority of participants stated that they have access to all of the training opportunities they would be interested in and can get support from their organisation when necessary. This demonstrates the positive impact of good access to training and development opportunities.

“All the time we are doing training, training, training. Yeah, we have so many online training and offline training like manual handling, fire safety training and food hygiene.” (Participant 8, unknown job role)

“We do refresh of the trainings every six months... keep us going and keep us in line and the line of the job and all that.” (Participant 18, support worker)

Theme 2: Insufficient access to training and development opportunities

Other participants felt that the training opportunities are insufficient, with some arguing that their organisations have shown biases around their offers of training and development. Some participants showed preference for in-person training, whilst others requested more online training, suggesting a need for varied options available.

“I’m not even involved in any sort of training, learning, moving up, progressing with my career, there is nothing. There are no incentives to progress...I’m never going to get that because I’ve got to be bullied by all the managers who don’t take minutes of meetings, who don’t even implement all these wonderful ways of working.” (Participant 11, domiciliary care worker)

“I’d say if you are not friends with the manager [it] is quite difficult to go up higher.” (Participant 20, adult care home worker)

Bullying, harassment, and discrimination

Explainer box: bullying, harassment, and discrimination. This question aimed to understand the prevalence and experience of bullying, harassment, and discrimination experienced by respondents from managers, colleagues, and/or individuals or families over the past year. We asked whether those who had experienced any of these had reported the incident, and whether anything was done once it was reported. We also asked whether employers acted fairly in progression opportunities.

The vast majority of our respondents suggested they had not experienced any bullying, harassment or discrimination from any source, with fewer than 10% of respondents in all categories suggesting they had. Of those who had experienced and reported bullying, harassment, or discrimination, just over one third (37%) felt as though their report was either ignored completely or not dealt with appropriately. In our sample this was meaningful, because respondents were often worried that, should they complain about the experience of bullying, harassment or discrimination, their complaint would not be acted on – or even worse, that complaining could harm their own chances of progression or even lead to them losing their jobs.

Chart 7 demonstrates that two thirds of care workers (67%), nearly nine in ten managers (89%), and seven in ten social workers (69%) believe their organisation acted fairly in promotion/progression opportunities, irrespective of whether the candidate had a protected characteristic. Interestingly, however, 11% of social workers and 13% of care workers suggested that their organisation *did not* act fairly.

Chart 7: Whether respondents believe their organisation is fair in progression and promotion opportunities when considering protected characteristics.

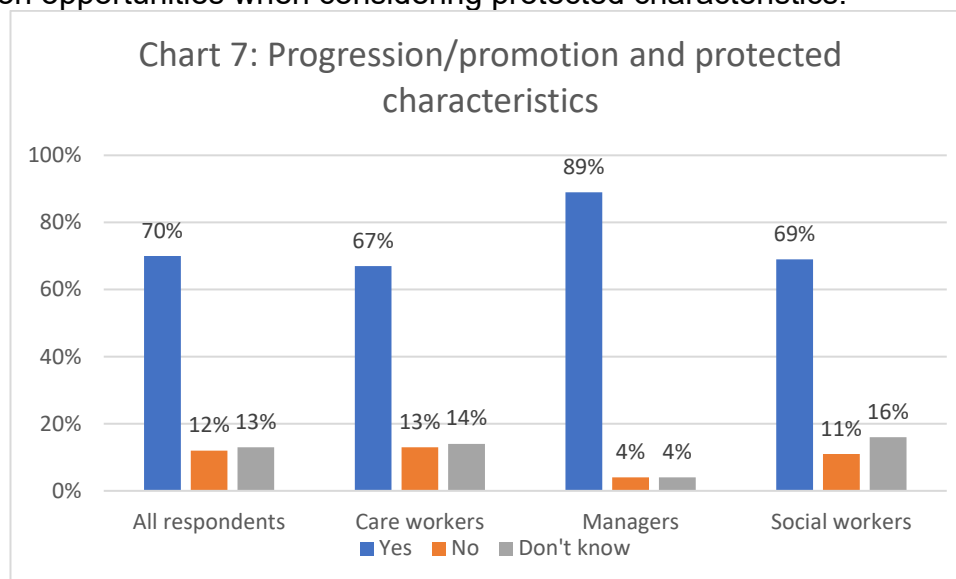


Table 9 demonstrates the percentage of respondents, broken down by job grouping, who had experienced any bullying, harassment, or discrimination from their managers, their colleagues, or the people and families they support. Over 90% of all respondents suggested they had not had any of experience of these from any of these sources. Six per cent of care workers, 5% of managers, and 7% of social workers suggested they had experienced one of these things.

Table 9: The experience of bullying, harassment, or discrimination by managers, colleagues, and individuals or their families.

	All respondents	Care workers	Managers	Social workers
Bullying from managers	8%	8%	7%	11%
Discrimination from managers	8%	8%	2%	11%
Harassment from managers	4%	4%	4%	4%
Bullying from colleagues	8%	8%	7%	6%
Discrimination from colleagues	5%	5%	2%	4%
Harassment from colleagues	4%	4%	4%	2%
Bullying from individuals or families	5%	4%	6%	8%
Discrimination from individuals or families	5%	5%	2%	6%
Harassment from individuals or families	7%	5%	8%	12%

Of those who experienced bullying, harassment or discrimination from management, about half of these occasions (46%) were reported by them. Only about one quarter (24%) felt it was dealt with in a way which was appropriate, and over one third of these cases (37%) were said to have been ignored altogether. These findings were similar across job groupings, although residential child care workers (41%) and children and families social workers (44%) were most likely to be dissatisfied with the way these were dealt with.

For respondents who had experienced bullying, harassment or discrimination from colleagues and reported it, one third (33%) felt it was dealt with in an appropriate way, and three in ten (60%) felt the response was either unsatisfactory or that their case was ignored. Social workers were in general the job grouping most likely to be dissatisfied here (34%), and care workers most likely to be dissatisfied or ignored (64%). Residential child care workers (43%) and children and families social workers (56%) were most likely to be satisfied.

Finally, for those experiencing bullying, discrimination or harassment from the individuals or families they support and reported it, one quarter (24%) felt dissatisfied with the way it was dealt with. A further quarter (25%) felt it was ignored, and nearly half were satisfied (44%). There were no real differences in job groupings being dissatisfied (between 23% and 24%), and no real difference across job roles either.

Among those who suggested they were dissatisfied with the outcomes once they had reported bullying, harassment or discrimination, we did ask for qualitative elaboration. However, the numbers here are small enough to put respondents' anonymity at risk and thus we have not reported these.

Table 10a: The experience of bullying broken down by demographic characteristics

	Mean experience*	Bullying (by managers)	Bullying (by colleagues)	Bullying (by individuals or families)
Male	6%	8%	6%	5%
Female	6%	8%	8%	5%
Have disability	8%	13%	12%	6%
No disability	5%	6%	6%	4%
Ethnicity: White	5%	9%	8%	5%
Ethnicity: Black	7%	6%	6%	7%
Ethnicity: Asian	5%	3%	3%	3%

*Represents the mean reported experience of bullying, discrimination or harassment from any source.

Table 10b: The experience of discrimination broken down by demographic characteristics

	Mean experience*	Discrimination (by managers)	Discrimination (by colleagues)	Discrimination (by individuals or families)
Male	6%	9%	6%	7%
Female	6%	7%	4%	4%
Have disability	8%	9%	5%	4%
No disability	5%	7%	4%	5%
Ethnicity: White	5%	6%	3%	3%
Ethnicity: Black	7%	12%	11%	13%
Ethnicity: Asian	5%	11%	6%	6%

*Represents the mean reported experience of bullying, discrimination or harassment from any source.

Table 10c: The experience of harassment broken down by demographic characteristics

	Mean experience*	Harassment (by managers)	Harassment (by colleagues)	Harassment (by individuals or families)
Male	6%	5%	3%	7%
Female	6%	3%	4%	7%
Have disability	8%	6%	6%	8%
No disability	5%	3%	2%	6%
Ethnicity: White	5%	4%	4%	7%
Ethnicity: Black	7%	4%	2%	6%
Ethnicity: Asian	5%	2%	1%	1%

*Represents the mean reported experience of bullying, discrimination or harassment from any source.

Tables 10a to 10c outline respondents who suggested they had experienced bullying, discrimination, or harassment from any source, broken down by demographic. The most striking outcome here is that those with disabilities were

more likely to say they had experienced bullying, harassment or discrimination, with the picture more mixed when looking at gender and ethnicity.

For those who had been bullied, harassed or discriminated against at work and who said they had not reported it, we also asked why.

Explainer box: why people did not report. This question asked those who had experienced bullying, harassment or discrimination, but not reported it, why they didn't.

Four reasons were given most frequently for why reports were not made against colleagues:

1. It would not lead to any change.
2. A feeling that management did not have the ability to deal with the issue.
3. A fear of negative consequences from making a report.
4. Bullying is part of the organisational culture, meaning there is no point in reporting.

Four reasons were given most frequently for why reports were not made against managers:

1. The belief that nothing would happen, so there is no point reporting.
2. The fear of repercussions should this be reported.
3. Managers hold the power balance, therefore reporting would be pointless.
4. Concerns that they may lose their job for speaking up.

Reasons for not reporting bullying from colleagues at work

Perceived ineffectiveness of reporting

Some respondents suggested that any report of bullying by work colleagues would not have led to any meaningful action and/or resolution of the situation. This was explained by a perceived cultural problem (linking to one of the latter themes, below) and linked to past experiences.

“There was no need [to report bullying] because you report to the person who discriminated me.” (adult care home worker)

“Because no action was taken [when] other victims has[sic] reported.” (adult care home worker)

Unsupportive management

Respondents often cited their lack of confidence in the ability of the leadership to deal with the incidents of bullying, or even being willing to do so. There were perceptions of management not being impartial and having a lack of trust in management.

“Because the member of staff was the manager’s friend.” (domiciliary care worker)

“Management is already aware but not doing anything.” (domiciliary care worker)

Fear of suffering negative consequences

This theme and the exemplar quotations highlight the fear of reprisal and retaliation that some respondents may feel when considering making a report as a victim of workplace bullying, harassment, or discrimination. Job security concerns were often

cited as underpinning the reluctance and worry associated with reporting bullying incidents.

“Fear of retaliation.” (domiciliary care manager)

“Scared to lose job. It was by the CEO.” (responsible individual)

Organisational culture

Based on the survey responses, some respondents perceive bullying as part of the culture within their organisation/sector. This, in turn, creates an environment that allows toxic behaviour to perpetuate and any experiences of bullying may be downplayed.

“It’s a part of the culture, and it only results with embarrassment and more meetings that I don’t need.” (domiciliary care worker)

“Because it is the culture at the office and because I would have been told to find another place to work.” (children and families social worker)

Reasons for not reporting bullying from managers at work

Nothing would happen/no point

The most prevalent theme observed in response to questions around participants’ reasons for not reporting managerial bullying, harassment or discrimination was that there was no point, as nothing would come of it.

“Wouldn’t listen anyway.” (domiciliary care worker)

“Because nobody would have done anything.” (domiciliary care manager)

Reporting would cause repercussions

The second most significant theme was that reporting would cause further problems or lead to repercussions. This was a concern for respondents and stopped them from reporting.

“It would have caused more difficulties for me at work.” (domiciliary care manager)

“It’s not an environment where I feel safe to speak up and not be targeted further.” (domiciliary care manager)

Power dynamics

Respondents also expressed that the fact their bullying, harassment or discrimination was coming from management made it harder to report. They discussed feeling that their management have control over the situation, and feeling that it would make things worse for them.

“I have no reason to believe reporting a manager would end well for me.”
(domiciliary care manager)

“You can't win against managers. They make your life hell even further and it doesn't help the situation. It causes further breakdown. Best form of action is look for another job.” (domiciliary care worker)

Concerns about job security

Respondents also communicated their concerns about job security, with some arguing they worried about losing their jobs as a result of reporting.

“Because we are afraid about the job security. Personally have a feeling that I am not treated equal.” (domiciliary care manager)

“Didn't want to lose my job as I am a single mum.” (adult social worker)

Reasons for not reporting bullying from clients/families

We have not reported these findings – there were too few responses and it would potentially impact anonymity/confidentiality.

Health and wellbeing

A number of survey tools and individual questions asked about the wellbeing of respondents. The first wellbeing measure was just that – a measure of individual respondent wellbeing, which can be compared to UK averages through a measure called the ONS4 (Office for National Statistics, 2018). This uses a scale of zero to ten. The UK mean scores are taken from the latest available data, collected between April 2022 and March 2023 (Office for National Statistics, 2023b).

Explainer box: health and wellbeing. One of the measures we included was a measure of wellbeing. This measure is made up of four questions which assess four areas of life related to wellbeing. Higher scoring for life satisfaction, feeling worthwhile and happiness contributes to a better overall wellbeing score, as does low scoring for anxiety. We see that, across our sample, scores are poorer than the UK national average on all four of these measures.

Life satisfaction

UK average: 7.45

Welsh social care average: 6.54

Feeling worthwhile

UK average: 7.73

Welsh social care average: 7.11

Happiness

UK average: 7.39

Welsh social care average: 6.58

Anxiety

UK average: 3.23

Welsh social care average: 4.35

The mean wellbeing of all respondents was 6.14 (SD: 1.85). Three job roles in particular stood out as having poor wellbeing. Domiciliary care workers scored the lowest of all groups (5.94, SD: 1.91), followed by children and families social workers (6.08, SD: 1.59), and adults' social workers (6.08, SD: 1.77). Children and adults' social workers had the highest wellbeing scores (6.63, SD: 1.69), followed by social work students (6.58, SD: 1.77), and then 'other' social care managers (6.51, SD: 1.41).

While these overall scores cannot be compared to the UK national average, four individual scores can be. We only present findings which have at least 80 respondents to each job role.

Question 1 asked about how satisfied respondents are with their lives. The mean scoring of all respondents is 6.54 (SD 2.58). UK average scoring is 7.45. Overall, therefore, we see that scoring on this question is worse in our respondents than the UK average. Below are the highest and lowest scorers when broken down by job role.

- Highest scorers: Children and adults' social workers (7.13, SD: 2.34); other social care managers (6.86, 2.03); adult care home managers (6.84; SD: 2.50).

- Lowest scorers: Children and families social workers (6.14, SD: 2.33); domiciliary care workers (6.29, SD: 2.68); adults' social workers (6.36, SD: 2.64).

Question 2 asked how worthwhile respondents feel their life is at the moment. The mean scoring of all respondents is 7.11 (SD: 2.49). UK average scoring is 7.73, again reflecting worse scoring in our respondents versus the UK average. Here we see our two highest-scoring professions (children and adults' social workers, and other social care managers) had scores relatively close to the UK average. However, all other professional groupings scored lower.

- Highest scorers: Children and adults' social workers (7.67, SD: 2.02); other social care managers (7.56; 1.90); adult care home managers (7.38; SD: 2.39)
- Lowest scorers: Children and families social workers (6.72; SD: 2.30), adults' social workers (6.85; SD: 2.49), domiciliary care workers (7.00, SD: 2.60).

Question 3 asked how happy individuals felt yesterday (i.e. the day before they completed the survey). The mean scoring of all respondents is 6.58 (SD: 2.79), indicating lower scoring in our respondents. UK average scoring is 7.39. In our sample, children and adults' social workers scored relatively closely to the UK average. Otherwise, all scorings were much lower.

- Highest scorers: Children and adults' social workers (7.37, SD: 2.66); adult care home managers (6.91; SD: 2.66).
- Lowest scorers: Children and families social workers (6.14; SD: 2.52); domiciliary care workers (6.29, SD: 2.95); adults' social workers (6.41; SD: 2.81).

Question 4 asked how anxious respondents felt yesterday (i.e. the day before completing the survey). The mean scoring of all respondents is 4.35 (SD: 3.33). For this question, a higher score indicates higher levels of anxiety, again demonstrating worse scoring in our respondents than the UK average (3.23).

- Highest scorers: Children and families social workers (5.63, SD: 3.00); other social work managers (5.00, SD: 2.96); other social care managers (4.94, SD: 3.18)
- Lowest scorers: Adult care home workers (4.18; SD: 3.40); domiciliary care workers (4.20, SD: 3.37); children and adults' social workers (4.25, SD: 3.42).

Presenteeism, safety in role, and psychoeducation

There are a number of organisational factors which are related to psychological wellbeing and have been shown to be impacted by both positive and negative psychological health and wellbeing at work.

Explainer box: presenteeism, safety in role, and psychoeducation. Presenteeism is the experience of attending work even though you're so ill you should take sick leave. The 'safety' question asked people whether they feel safe in their role, and the 'psychoeducation' question asked people who they would turn to if they needed wellbeing help/support.

Presenteeism: Over half of our sample had attended work at least twice in the past year when they were so ill they should have taken sick leave.

Safety in role: Around two thirds of our respondents (66%) felt safe in their role.

Psychoeducation: The most frequent place to get information about health and wellbeing across all job groupings was either the website of their employer or their manager.

Presenteeism is the phenomenon where individuals who are so ill that they should stay off work go into work regardless. This question asked how frequently people have engaged in presenteeism. Safety at work was a question which was left intentionally open. Therefore, we asked how safe people feel at work. Lastly, our question about psychoeducation asked individuals where they go to seek support if and when they feel they need help with their wellbeing at work. Participants were given a list of potential sources of support and were asked to choose which of these they use, and could choose more than one answer.

For those who answered that they did not feel safe at work, we asked them to elaborate on why they did not feel safe. This question was deliberately left open to answer, and two broad codes emerged from the content analysis: feeling unsafe owing to work and work pressures, and feeling physically unsafe at work.

Table 11: Showing prevalence of presenteeism, whether individuals feel safe in their role, and where they would look for help with stress if needed.

Job group	Presenteeism 2 to 5 times	Presenteeism more than 5 times	Feel safe in the role	Do not feel safe in the role	Look for support: Employer website	Look for support: Manager	Look for support: Social Care Wales
All respondents	34%	18%	66%	14%	43%	46%	26%
Care workers	34%	17%	67%	12%	37%	45%	N/A*
Managers	37%	20%	72%	13%	55%	55%	N/A*
Social workers	37%	17%	60%	22%	58%	45%	N/A*

*N/A scores because too few respondents in these groups provided this response. Many of these results do not add up to 100% because: responses were not mandatory; there was a 'neutral' option not included in these percentages; and/or there was also an 'I don't know' response.

Work pressures

The most frequently discussed reasons for feeling unsafe at work were a lack of support from management, job insecurity, and excessive workloads. Respondents suggested they felt unsupported by management if they had been (or had seen others being) suspended or when they had allegations against them, feeling undervalued, and a lack of clear policies to support workers. Secondly, respondents felt unsafe owing to job security aligned with organisational financial pressures.

Finally, respondents suggested they felt unsafe owing to excessive workloads making them feel pressured and stressed.

“Anytime, someone can fill my shoes. My management does not support staff nor show appreciations on things you do good in work. There is a lot of work allocated to us but less support. Yet, if we don’t do it right, we get the blame.” (adult care home worker)

“I work in mental health with schizophrenics, 95% of the time it is a safe environment, however when a service user does become aggressive I feel like there is no support or help from anywhere, sometimes feels like we are lambs to the slaughter.” (other social care role)

“Always working under pressure of insufficient staff cover to provide the first class service our tenants deserve.” (domiciliary care worker)

Physical safety

Respondents also suggested feeling physically unsafe at work. In particular, they discussed behaviour of people they support as, at times, putting their physical safety at risk, and lone working with vulnerable and/or impulsive individuals also making respondents feel physically unsafe.

“We have a young person targeting staff with abuse and violence.” (residential child care worker)

“Working short staffed, unsafe environment, no time to carry out role effectively, potential danger to clients due to unsafe practices.” (domiciliary care worker)

“I often have to visit families following referrals of abuse against children where the perpetrator is present. There is no lone worker policy in my place of work nor a way of ensuring workers are safe after visits.” (social worker – children and families)

We further asked questions about the feeling of ‘safety’ in the interviews. Two themes, and associated subthemes, were inherent within the data.

Theme 1: Physical risk from clients

The major theme of ‘experience of physical risk from clients’ includes the subthemes of experience of feeling physically unsafe, in which participants have detailed experiences of physical threat they have faced whilst working, and no experience of feeling physically unsafe, which encompasses participants who have not felt at risk owing to client interactions.

Subtheme 1: Feeling physically unsafe

Some participants relayed their experiences of feeling physically unsafe as a result of their client’s behaviour. Some examples of this include threats or physical altercations. One participant additionally discussed not receiving the support they needed to diffuse a situation with one of the people they support.

“Yes, absolutely threatened, car damaged, followed... because I was obviously frontline removing children... so yeah, when I think back now, with my responsibility of looking after my staff, it's shocking because there's some of those situations I was in, you know, I was visiting children on the register on my own, and then a week later I'm going in with six police officers and thinking, well, I've actually been going there for months on my own. So it's frightening sometimes to think back on some of those situations and I was threatened quite a few times.” (Participant 2, responsible individual)

“I've left work black and blue before. And I do normally feel safe, but we have been put in situations we shouldn't have been put in. And we had no support. Not from... the councils, not from the mental health teams, not from the police. We have nothing. We were left on our own in a situation we weren't trained for, weren't equipped for. And it weren't just me. One of the clients assaulted so many members of staff. We had staff members quit. And there was nothing we could do because we couldn't just kick him out.” (Participant 15, adult care home manager)

Subtheme 2: No experience of feeling physically unsafe

Comparatively, other participants reported that they had not felt physically unsafe whilst working. However, these participants did note that there was still an element of risk, and they can find themselves in challenging situations. Participants rely on their training and other staff members for support.

“People can become very challenging and that can be difficult, but we've always got support of other staff or registered mental health nurses there. So I always feel able if I can't deal with the situation, I always feel I'm safe to step away from that and I'm protected.” (Participant 12, adult care home manager)

“Yes, I do feel physically safe because all the people that I've worked with have always been under control.” (Participant 18, support worker)

Theme 2: Impact of organisation on feelings of safety

Another key theme observed was the impact of the participant's organisation on their feelings of safety. Highlighted in subtheme 1, some participants felt unsupported by their organisation – for example, during lone working shifts. The impact on new social workers was also emphasised, with a lack of support contributing to their feelings of unsafety.

Subtheme 1: Feeling unsafe and unsupported

Participants expressed the significance of feeling unsupported by their organisation, and the impact this has on their feelings of safety. Examples of this include a lack of support for newly qualified workers, as well as not being provided with sufficient information about people they support before calls.

“So somebody who's newly qualified or been around for two years, it's nigh-on impossible and I really feel for them. And like this is why we lose people, you know, because they're not supported.” (Participant 1, unknown job role)

“On my phone [it] doesn't say whether they [service user] were aggressive, whether they'd have too much to drink... There's no warning of physical or mental health [and so] you don't know what to expect when you go in anymore.” (Participant 11, domiciliary care worker)

Subtheme 2: Feeling safe and supported

Demonstrated in the excerpts below, other participants felt appropriately supported through measures such as training. Some participants now in management positions expressed using their own negative past experiences to ensure sufficient support for their staff.

“So as well as having thorough risk assessments, alarm systems where they've got an immediate alarm, or we've got an on-call service through out of hours where there's always somebody there, we've got procedures in place for people to follow those procedures in terms of how to deal with these situations...so I suppose it's helpful in a way having been through those situations to understand what they're going through and make sure they know what they're doing.” (Participant 5, social care manager)

“We have like a 10 at 10 meeting every single day where everybody off the floor comes in, we go through that day, we go through any incidents the day before, any ABCs, any lessons learned... I've done the escalation techniques, understanding paranoia, personality disorder, childhood trauma. And what I have found since doing these workshops since Christmas, I've only had two incidents.” (Participant 21, registered nurse in social care)

Causes of stress at work

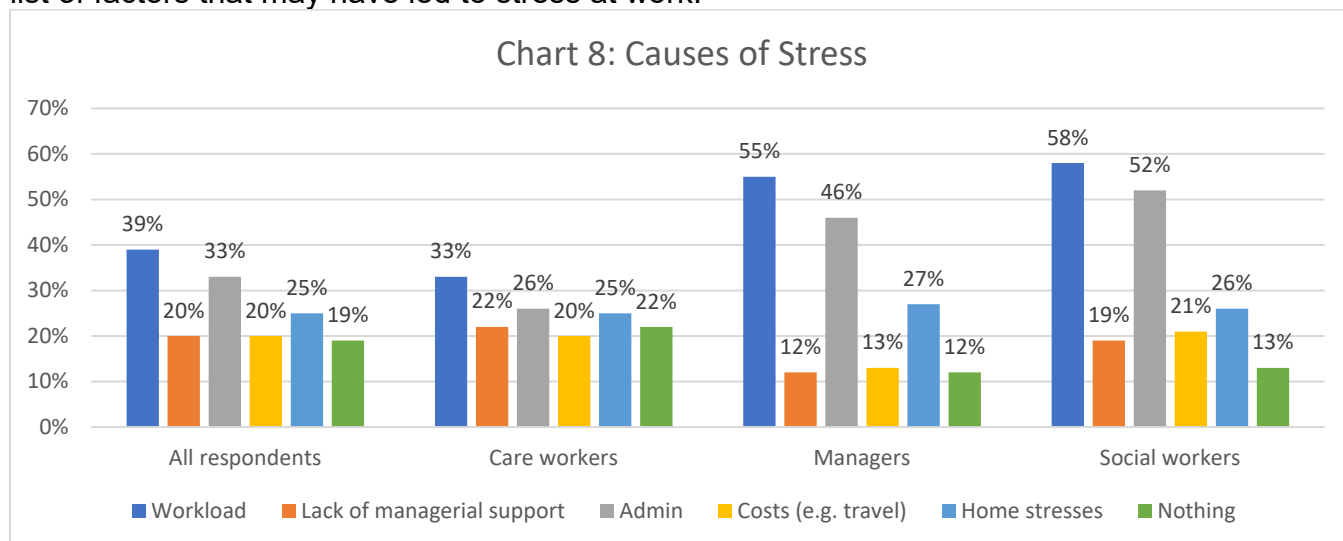
Explainer box: causes of stress. Here, we gave participants the opportunity to choose from a list of 12 responses (plus an additional 'other' response) about what causes them stress in their role, and people were allowed to choose more than one. Appendix 4 shows the options given. Below we outline the most frequent responses, broken down by job grouping. The top three stressors were the same for each job grouping.

Care workers: Workload was the biggest reported cause of stress, followed by administrative work and home stress. A lack of managerial support was matched by no causes of stress, and finally costs (such as travel) associated with work.

Managers: Workload and administrative work were the two main causes of stress. The next most prevalent was home stresses (although half of the rate of workload).

Social workers: Again, workload and administrative burdens were the greatest causes of stress. Home stresses, costs, responsibility and lack of managerial support were also noted.

Chart 8 shows the causes of stress in social care for all respondents, as well as separated by job grouping. This question allowed respondents to pick from a pre-set list of factors that may have led to stress at work.



The number one response, irrespective of job grouping, was workload. Over half of managers and social workers suggested that workload was the main cause of stress they experienced, and a third (33%) of care workers said the same. Similarly, the second most frequent cause of stress in the sector was the admin burden. Again, this was higher in both managers and social workers, with about half of people outlining admin as a key stressor. But just over a quarter (26%) of care workers suggested the same thing. The third most frequent response across all three job groupings, at around 25%, referred to home stresses.

How to improve wellbeing in the sector

Explainer box: how to improve wellbeing. We wanted to explore respondents' views on how to improve wellbeing in the social care sector. Therefore, an open question was used here, allowing the respondents to provide more detail in their answers. Subsequent analyses arrived at four themes encapsulating factors that link to wellbeing and need to be addressed to help improve it:

Staffing and workload: Addressing prevalent under-staffing to reduce the demands of an overly high workload seems key.

Management support: Wellbeing could be improved by improving supervision and providing an adequate level of (line) managerial support. Leadership communication is important here, too.

Pay and benefits: Improving wellbeing was linked by the respondents to better support through adequate remuneration and benefits provision to offset the demands of the role.

Flexibility and work-life balance: Higher job autonomy (for example, in relation to work pattern) to ensure a better balance between work and non-work commitments, is required.

Staffing and workload

Workload was the number one issue here, and in particular the impact under-staffing had on workload. Therefore, improvements could be made by ensuring adequate staffing across the sector, which would ultimately lead to a reduction in workload.

“More staff so you don’t feel guilty taking time off when ill and leaving other staff to pick up extra.” (domiciliary care worker)

“Stopping unrelenting pressure from care managers/social workers who want to refer more service users to us despite staff shortages.” (adult care home worker)

Management support

Respondents suggested that they wanted better support from management for their wellbeing. This included better supervision and line management, improved communication, and generally more supportive management.

“More flexibility and support day to day from Managers, e.g. most days I won't have a break as there's no-one qualified to cover me.” (adult care home manager)

“Less pressure and unrealistic expectations put on staff on the frontline. More team meetings, we haven't had one for over a year. More communication with managers, we never see or speak to them. Having the time it takes to complete the tasks required, instead of the unachievable call times and travel times.” (domiciliary care worker)

Pay and benefits

As seems to be a perennial response, individuals suggested they wanted greater pay and other benefits. These include better mental health support services, better sick leave entitlements, and more holiday entitlements.

“For WG [Welsh Government] to stop cutting the budgets or giving low budget increases that do not keep up with inflation, austerity, pay increases etc., so social care staff are not doing the job of 3 others should there be sufficient in place, we are all getting burnt out!! Additionally to pay frontline support workers the wage that they deserve for the people they work with, the complexities of people and regs have increased 10 fold!!” (domiciliary care manager)

“Have it pay a fair wage so the workload is reflected truly in the wage” (support worker)

Flexibility and work-life balance

Finally, respondents suggested they wanted greater flexibility over the way they go about their role, with this flexibility supporting a better work-life balance.

“Flexibility around my hours and work pattern.” (residential child care worker)

“More flexibility with working hours.” (domiciliary care manager)

In following up on respondents' perspective on pay and benefits while working in social care, we also asked this question of interviewees. Three themes were found within the data.

Theme 1: Insufficient pay

The most prevalent theme regarding pay and benefits is that participants felt they are not paid appropriately, with some participants stating they were often not paid for their full hours of work. Other participants argued that the level of pay does not reflect the level of responsibility required within social care, often comparing social care with other professionals such as supermarket workers. It was highlighted that the pay grade is causing problems for recruitment as well as personal struggles for the participants, made worse by the cost-of-living crisis.

"About a year ago...I looked at a p60 from 2006 and was earning the same money." (Participant 3, support worker)

"The cost of living is not the carer's responsibility, but we cannot afford to put petrol in our cars to go to work." (Participant 11, domiciliary care worker)

"Our main competitors are the likes of supermarkets, which nothing against working in a supermarket, but it's a very different skill set to what's required to look after challenging people that are living with dementia or other illnesses." (Participant 12, adult care home manager)

Theme 2: Good benefits offered

A marginal majority of participants stated they were happy with the level of benefits they were offered. The most referenced benefits included annual leave and statutory sick pay.

"We get full pay for six months if we're off sick...which was fantastic for me when I had to have my [medical treatment]. And holidays. That [is] good holiday [pay]. That's another reason I'm still working for them. That's [sick pay] a really good safety net." (Participant 3, support worker)

"We have smart bonuses, recognition award star awards. Very, very good company to work for." (Participant 21, registered nurse in social care)

Theme 3: Benefits should be improved

Other participants felt they were not receiving sufficient benefits, with some being affected by no sick pay. Participants also suggested further areas for improvement, including recognition and appreciation, healthcare and counselling.

"There's no entitlement to [anything beyond] statutory sick pay...And annual leave is quite poor. ... it's the bare minimum." (Participant 10, residential care home worker)

"Pay for my car, pay for repairs. Pay for flat tyres. When I go over potholes to get to the clients' houses who live on farms." (Participant 11, domiciliary care worker)

Terms and conditions

This set of questions sought to understand what terms and conditions our respondents were working under, as well as what they thought about the terms and conditions they had at work.

Zero-hours contracts

Explainer box: zero-hours contracts and their impact on life outside work. In contrast to a traditional contract of employment, zero-hours arrangements provide no guarantee of having work. Here, the majority of respondents who indicated they were working under such contracts were those in care worker roles (14%). The impact of zero-hours contracts on home life was three-fold.

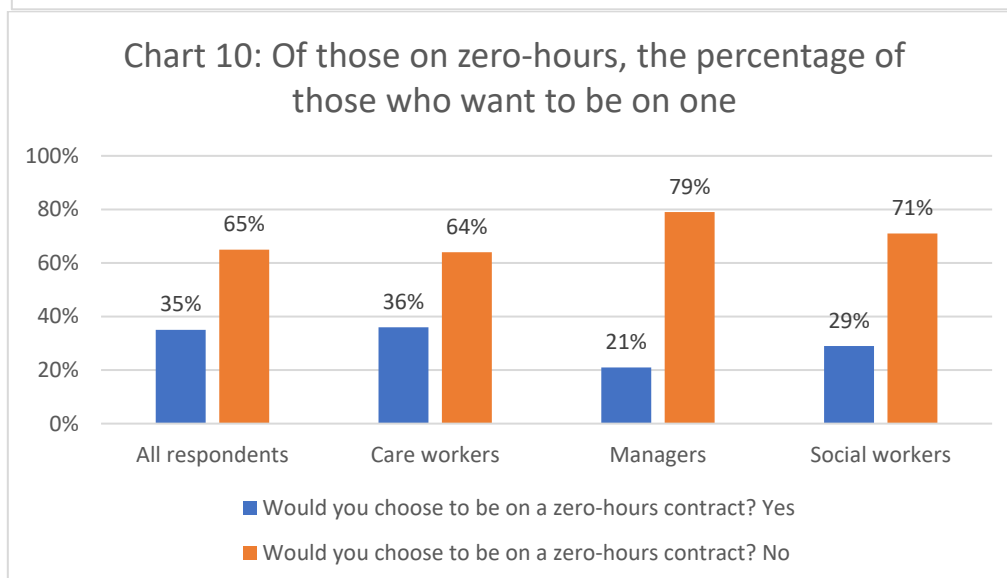
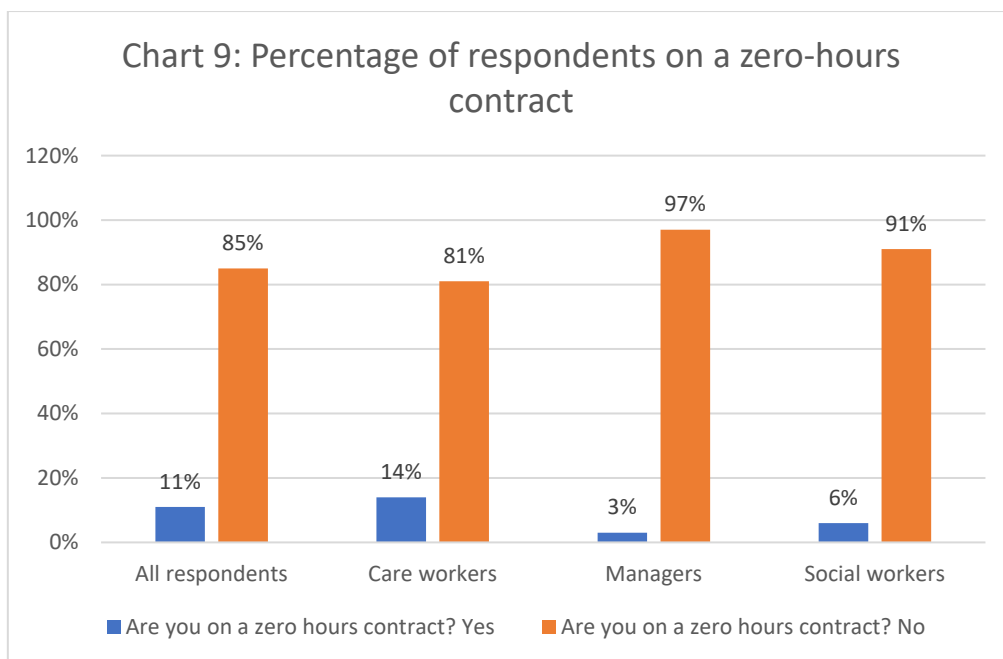
Helpful by offering flexibility: Some respondents found being on a zero-hours contract a suitable working arrangement that fitted around their non-work commitments.

Impact on pay: In contrast to their perceived flexibility, the uncertain pay that comes with the zero-hours contracts is challenging.

Irregularity of working hours: Fluctuating nature of the zero-hours contractual arrangements hinder workers wanting to plan ahead.

First of all, we asked about zero-hours contracts – these are contracts of employment within which there are neither guaranteed hours of work nor guaranteed work (Ravalier *et al.*, 2019). Eleven percent of all respondents had a zero-hours contract, most of these in the care worker job grouping. Managers (3%) and social workers (6%) were much less likely to have a zero-hours contract than care workers (14%).

Of those who had a zero-hours contract, only about one third of people would choose to work on this kind of contract. This suggests that most individuals do not want this arrangement. Seventy-nine per cent of managers and 71% of social workers did not want a zero-hours contract.



Charts 9 and 10: The percentage of those on zero-hours contracts. Of those, who would like to continue on one.

How zero-hours contracts affect home life

This open-ended question was asked only of those who were employed on a zero-hours contract, and sought to understand the impact (either positive or negative) that having a zero-hours contract can have on individuals.

The flexibility is helpful

The most prevalent theme was that respondents felt the flexibility of the zero-hours contract was helpful to them. For some respondents it supported their work-life balance, and others noted that it gave them the opportunity to take time off when they need it. Participants also noted that the flexibility supported their family requirements.

“It’s positive, I work a 9-5 in social care with zero-hours contract in agency. I help and keep my skills up to date but I can also take time when needed.”
(domiciliary care worker)

“Positive, as I can and do book additional days off without pay to assert a good work/life balance, but I have no mortgage and therefore do not need the financial security as the younger generation do.” (domiciliary care worker)

Unsatisfied/impacted by the pay

Another notable theme found within the data is that respondents were impacted by their pay. Respondents noted that their pay was inconsistent, owing to inconsistent hours, and as such they often struggled to pay bills. Respondents also discussed the impact of not receiving holiday pay.

“No sick pay if I am ill forcing me to work. If there is no work I don’t get paid.”
(domiciliary care worker)

“Don’t know how much money I’m having one month to the next, worry if I’m able to pay bills. I want to buy a home for my children but can’t have a mortgage on zero hours. Not sustainable. They should offer flexible contracted hours to single parent’s.” (adult care home worker)

Irregular hours

Respondents also highlighted that the inconsistent hours that come with a zero-hours contract have a negative impact on them as well. Respondents discussed not being able to get enough hours, as well as finding it hard to plan for the future. Respondents also noted that their employer could “punish them” by reducing their hours further.

“Not knowing when you’re going to work, or if you’re going to work, make things difficult to plan for a future.” (domiciliary care worker)

“It impacts my life because I worry about not having enough hours and can’t pay the ever mounting bills” (adult care home worker)

Contractual offerings

This set of questions sought to understand the contractual terms and conditions that respondents had on offer.

Explainer box: what T&Cs are offered in the sector and how workers manage financially. We examined four types of contractual T&Cs for social care worker, social worker, and manager job groupings: 28 days of annual leave, sick leave with pay beyond the statutory arrangement, access to a company pension, and family-friendly policies. According to the respondents, care workers were least likely out of all job groupings to benefit from these offerings. Subsequently, this group's satisfaction with their T&Cs is lower than that of both managers and social workers. In addition, 38% of care workers indicated they were either living comfortably or doing alright financially at the moment, compared to 54% of managers and 49% of social workers. Concerningly, over half of all respondents said they were finding it a lot or slightly more difficult to manage financially than they were last year.

Table 12 shows that the majority had at least 28 days' holiday per year per full-time equivalent (FTE), although managers are more likely than the other two groupings to do so. About two thirds of social workers (63%) had access to sick leave with pay beyond statutory sick pay, which was more than managers (47%) and care workers (31%). Most had access to a company pension. However, only half (53%) of social workers felt that they had access to family-friendly policies. This was lower for managers (45%) and extremely poor for care workers (16%). Just one fifth (20%) of respondents felt they had enough money to cover work expenses, with 13% of the care worker grouping, 42% of managers, and 34% of social workers saying they had enough. A small percentage of respondents (6%) had access to a company car: 5% of care workers, 7% of managers, and 9% of social workers.

Table 12: Terms and conditions in our sample: annual leave, sick leave with pay, pension, and family-friendly policies

	All respondents	Care workers	Managers	Social workers
28 days or more holiday	78%	76%	94%	77%
Sick leave with pay (beyond statutory sick pay)	38%	31%	47%	63%
Workplace/company pension	68%	64%	82%	72%
Family-friendly policies	26%	16%	45%	53%
Enough to cover work expenses	20%	13%	42%	34%
Company car	6%	5%	7%	9%

Table 13 shows whether respondents were satisfied with their terms and conditions and whether individuals felt aware of their employment rights. About two thirds of care workers (66%) were very or fairly satisfied with their terms and conditions, lower than both managers (77%) and social workers (72%). Between 78% and 94% of respondents also suggested they were aware of their employment rights. One fifth of social workers (19%) suggested they were unaware of their employment rights, which is a surprising result. While this figure is quite high, we do not know the reason why because we did not ask respondents to elaborate on their answer to this question.

Table 13: Whether respondents are satisfied with their terms and conditions, and whether they are aware of their employment rights.

	Satisfied with T&Cs	Dissatisfied with T&Cs	Aware of employment rights	Not aware of employment rights
All respondents	68%	13%	80%	17%
Care workers	66%	14%	78%	20%
Managers	77%	8%	94%	4%
Social workers	72%	12%	78%	19%

Many of these results do not add up to 100% because: responses were not mandatory; there was a 'neutral' option not included in these percentages; and/or there was also an 'I don't know' response.

Managing financially

This set of questions (see also **Tables 14a and b**) sought to understand whether respondents felt they were coping well financially while working in the sector, and whether their financial situation had changed over the past year. Just over one third of care workers (38%) were either living comfortably or 'doing alright' at the moment, compared to about one half of managers (54%) and social workers (49%). One third of social workers (23%) were finding it quite or very difficult at the moment, one quarter of care workers (25%), and 13% of managers suggested the same.

Concerningly, over half of respondents (59%) said they were finding it a lot or slightly more difficult than they were last year. Indeed, nearly six in ten care workers (57%) and social workers (62%), and two thirds of managers (67%), were finding it more difficult than last year. Between 7% and 13% of respondents were finding it slightly or much easier than last year.

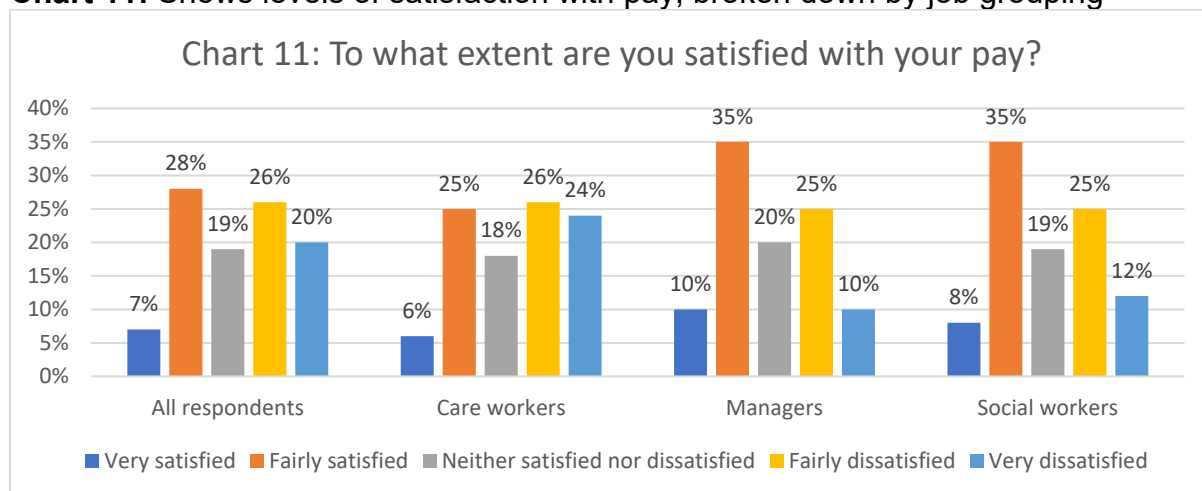
Table 14a: Level of coping financially while working in social care, by job group

	Living comfortably	Doing alright	Just about getting by	Finding it quite difficult	Finding it very difficult
All respondents	10%	32%	32%	14%	9%
Care workers	9%	29%	34%	15%	10%
Managers	14%	40%	33%	8%	5%
Social workers	11%	38%	28%	16%	7%

Table 14b: Changes to respondents' ability to cope financially, by job group, compared to last year

	Coping financially is much easier	Coping financially is slightly easier	Coping financially is about the same	Coping financially is slightly more difficult	Coping financially is a lot more difficult
All respondents	3%	8%	27%	36%	23%
Care workers	4%	8%	27%	34%	23%
Managers	2%	5%	26%	41%	26%
Social workers	4%	9%	23%	40%	22%

Chart 11: Shows levels of satisfaction with pay, broken down by job grouping



When breaking satisfaction with pay down by job role, four stood out as being particularly dissatisfied with their levels of pay. Over half of domiciliary care workers (55%) were either very or fairly dissatisfied with the level of pay (compared to 24% who were satisfied) and half of adult care home workers (49%) were dissatisfied, with 25% satisfied. Half of those in ‘other social care roles’ (52%) were unhappy, and four in ten (41%) of children and families social workers were too.

Working conditions 1

We asked two sets of questions about working conditions. The first, in **Table 15**, allows comparison to the pilot survey.

Explainer box: working conditions 1. Here, we asked to what extent respondents feel they have positive conditions, for example support from a manager, support from work colleagues, appropriate staffing levels, and how valued they feel in their role. Below, we offer a comparison of working conditions from the current survey to the pilot one, as well as to the state of play in the UK and across UK social work.

Tables 15a to c outline the first set of working conditions that were asked about in the survey. The first set of questions asked to what extent respondents feel they have positive conditions. Seven in ten (70%) of respondents felt they had good managerial support. Nearly seven in 10 care workers (68%) felt they had good support from management, 83% of managers felt they had good support, and nearly three quarters of social workers (72%) also suggested they had good support. These trends are also seen in the number of respondents, irrespective of job grouping, who said they had positive peer support and morale. However, a much lower percentage of respondents felt they had appropriate staffing levels, with between one fifth and one quarter saying they always had appropriate staffing levels across all groupings.

Table 15a: Support from managers and peers, morale, and staffing levels

	Good managerial support	Always/mostly have good peer support	Always/mostly have positive morale	Always/mostly have appropriate staffing
All respondents (^a 2023 results)	70% (66%)	79% (78%)	77% (46%)	57% (54%)
Care workers (2023 results)	68% (64%)	78% (76%)	78% (47%)	58% (57%)
Managers (2023 results)	83% (83%)	86% (88%)	78% (88%)	65% (72%)
Social workers (2023 results)	72% (69%)	81% (86%)	70% (38%)	48% (34%)

^a 2023 results in brackets

Table 15b: Feeling valued by managers, colleagues, individuals/families, partner agencies, and the general public

	Feel valued by manager	Feel valued by colleagues	Feel valued by individuals or families	Feel valued by partner agencies	Feel valued by general public
All respondents (^a 2023 results)	70% (61%)	80% (71%)	80% (76%)	57% (48%)	51% (44%)
Care workers (2023 results)	67% (59%)	79% (69%)	82% (78%)	56% (47%)	56% (48%)
Managers (2023 results)	83% (79%)	84% (84%)	79% (83%)	58% (62%)	41% (48%)
Social workers (2023 results)	74% (68%)	85% (78%)	74% (64%)	55% (44%)	35% (20%)

^a2023 results in brackets

Table 15c: Resources available, broken down by job grouping

	Have enough time to do job well	Find it hard to switch off	Feel there is enough support for stress	I am able to meet needs of individuals
All respondents (^a 2023 results)	55% (49%)	57% (63%)	41% (31%)	75% (70%)
Care workers (2023 results)	60% (54%)	54% (61%)	42% (31%)	78% (74%)
Managers (2023 results)	47% (46%)	74% (77%)	50% (45%)	81% (84%)
Social workers (2023 results)	40% (23%)	59% (69%)	34% (24%)	55% (40%)

^a2023 results in brackets

Note: Many of these results do not add up to 100% because: responses were not mandatory; there was a 'neutral' option not included in these percentages; and/or there was also an 'I don't know' response.

The majority of respondents across all job groupings also suggested they felt valued by their managers, colleagues, and the individuals they support. However, the percentage of those who felt valued by partner agencies and the general public is lower, despite only 10% to 21% outright disagreeing that they felt valued.

Four of the questions asked were also negatively phrased. Social workers in particular felt that they did not have enough time to do their job appropriately, with just 40% suggesting they have enough time. That percentage was slightly higher in managers, with nearly half suggesting they had enough time and nearly two thirds of care workers suggesting they did. Just over half of social workers and care workers also suggested they find it difficult to switch off after work, with that figure rising to nearly three quarters of managers. Between one third and one half of respondents said there was enough support available for stress. Encouragingly, approximately eight out of ten care workers and managers felt able to meet the needs of the people they support. However, this number drops to just over half of social workers.

We asked interview participants how they are supported by their organisation. Interviews revealed the significant impact that both having and not having organisational support has on participants. A marginally greater proportion of participants stated they do not receive an appropriate level of support from their organisation, or noted areas in which they would like to see improvements in support. However, the remainder of the participants felt satisfied with the organisational support on offer to them.

Theme 1: Improved organisational support is needed

This theme represents the participants who expressed feeling let down by and unsupported by their organisation. The following quotes demonstrate some examples of participants not receiving the support they required, including not being supported during illnesses, feeling unsupported by managers when they need help, and action not being taken to resolve issues. Participants also noted that to compensate for a lack of support from their organisation, including managerial support, they developed their own support networks with their peers.

“I would not tell my senior anything that I didn't want anybody else to know... I hear all the other seniors breach confidentiality all the time.” (Participant 3, support worker)

“We feel very much on our own... it's also dealing with families and not always knowing what to say and the management are not around to deal with these questions.” (Participant 13, unknown job role)

“We have a good team. I think we have such a good team because we've had to support each other... they [organisation] listen to you, they say everything you want to hear, but nothing actually changes.” (Participant 15, adult care home manager)

Theme 2: Satisfied with organisational support

The second theme demonstrates positive experiences of organisational support. These participants demonstrate the importance of a supportive workplace in improving overall job satisfaction. Participants valued feeling listened to by management, highlighting the significance of accessible management and a personable relationship with seniors.

“Really experienced human management team and it's an open door policy and go to my boss anytime.” (Participant 4, social care manager)

“There's a lot of support from the organisation. Things changed a few years ago now. For the better. And we now have values that I hold really close to me, the staff hold really close to them.” (Participant 5, social care manager)

Theme 3: Support from Social Care Wales and politically

When asked about additional sources of support, participants displayed a mix of responses regarding their relationship with Social Care Wales and their local authorities.

Subtheme 1: Lack of support/negative experience with Social Care Wales and local authorities

Some participants discussed the minimal interaction or negative experience they have had regarding the support available from Social Care Wales. Many participants referred to the Social Care Wales registration, with some arguing that this is the only time they interact with the organisation, whilst another participant expressed their disdain for registration. Participants additionally noted issues they face from their local authority or government, including the need to have more feedback from frontline workers when working on policies. These participants do not appear to feel supported by either Social Care Wales or their local authorities.

“I think it's quite disjointed... what Welsh Government think a priority is as to what is actually experienced by people day to day... nobody seems to be talking to anybody on the front line very often.” (Participant 1, unknown job role)

“It's almost like they're trying to justify their money... it's really affected retention and we've had people leave who don't want to pay.” [referring to Social Care Wales registration fee] (Participant 5, social care manager)

“The thing is, if you help our clients, you're helping us... Social Care Wales, as far as I'm aware, just take me money once a year for a pen.” (Participant 15, adult care home manager)

Subtheme 2: Positive support from Social Care Wales and local authorities

Comparatively, some participants felt they did receive useful support from Social Care Wales, particularly noting the resources available, helpful communication, and a positive attitude towards registration. Some also noted their good relationship with the local authority.

“I think it's an excellent idea that all carers are registered to an overall organisation that should be looking out for us.” (Participant 6, support worker)

“I've used a lot of the sort of free resources that they've got online, particularly around like safeguarding. Because part of my role is creating courses to deliver here at the home, I've been able to use Social Care Wales to make sure that I'm teaching the most up-to-date knowledge and so that everybody's singing from the same hymn sheet.” (Participant 12, adult care home manager)

To further understand working conditions, we also asked participants what could be done to improve working in the sector. Exploring the ways that working in social care could be improved, Participant 20 significantly noted: *“Oh, things have been so difficult that I actually haven't thought what's going to make them better”*. However, participants have clarified areas for improvement, including themes of support, recognition and appreciation, and working conditions.

Theme 1: Improvements to support

The most prevalent theme highlighted is improvements to support. This includes support from local authorities, government and Social Care Wales, improving managerial support, resources for social workers, and support for clients.

Subtheme 1: Improved support from local authorities, government, and Social Care Wales

Participants expressed that they would like to see increased support from local authorities, government and Social Care Wales, particularly noting the need to support newly qualified workers, stabilising the workforce, and having clear standards and expectations for staff. One participant also mentioned improved support for families, to support retention.

“[What I] would like to see in social care is newly qualified social workers feeling valued and supported... local authorities should be in the first two years, three years, for any social worker, embracing them, mentoring them, supporting them... Embrace your staff. Support your staff. Stabilise your workforce. Give them opportunities and give them the best possible supervision and support. And that's why they stay... if local authorities

stabilised their workforce, they wouldn't need the private sector, that's the reality." (Participant 2, responsible individual)

"That's never going to change unless it changes at government level. So if the government level changes, then there's recognition across the board and across the sector." (Participant 5, social care manager)

Subtheme 2: Improve managerial support

Participants conveyed their desire for improved managerial support. Within this subtheme, participants touched upon the improvements that should be made to supervision, as well as needing improved understanding from management and support with discrimination.

"Let managers manage I think is really important... they should be left alone to manage and provide supervision..." (Participant 1, unknown job role)

"For those of us from the black community, [inaudible] for everything that comes towards us from the service user, the management make justification for why they got the right to treat us the way we were treated... so maybe make people feel more valued." (Participant 14, support worker)

Subtheme 3: Support for clients

The final subtheme is support for people accessing care and support. Participants outlined some of the ways people could receive further support, including offering more services, having time to read their care plans, and carers being involved in assessments.

"More services for, you know, staff and people we support, and you know a lot, a lot of services have closed. We seem to be going backwards, I feel, back to the days where these people were hidden away... we used to go to trampolining clubs and, you know, discos at night and day centres... they just all seem to be disappearing." (Participant 3, support worker)

"I think that maybe when we take, umm, new calls on the company or we take new clients, maybe when the social worker is there doing the assessment, we need to be there." (Participant 20, adult care home worker)

Theme 2: Recognition and appreciation

This theme highlights the need for improvements to recognition and appreciation that the participants perceive as currently lacking in their role. Some participants touched on the interaction with Social Care Wales, mentioning signs of recognition they would like to see – "smallest little things", whilst others have mentioned feeling undervalued by the government, being "forgotten about" in a recent budget, as well as feeling that the level of pay does not reflect the work they do.

"They [Social Care Wales] need to be going after frontline staff. A welcome pack would be nice when they pay in this, the £30...there's the smallest little things. A pen with a notepad that you can take to work. It can say Social Care Wales on it, but little things like that. You go - I'm a member." (social care manager)

Working conditions 2

Working conditions were also measured using the Health and Safety Executive's Management Standards Indicator Tool (MSIT, MacKay *et al.*, 2004). The MSIT looks at seven areas of the workplace which, if left in a chronically poor state, can lead to stress-related outcomes in employees.

The seven areas it measures are: demands (workload), control, managerial support, peer support, relationships, role understanding, and change communication. Ravalier *et al.* (2021) has led a number of studies using the MSIT in a variety of sectors, including social work across the UK. Below we compare responses to this survey with UK average scoring and UK social workers as a population (see **Table 16**).

Explainer box: working conditions 2. There are seven working conditions measured overall in this project, with each assigned a 'percentile' score based on responses to the survey. These percentiles allow us to compare scoring against UK-wide averages – the higher the percentile the better. For example, in **Table 16**, 'Demands' for all respondents scored in the <5th percentile. This means that scoring on demands is worse than more than 95% of others in the UK.

Demands: This is the amount of work (i.e. workload) respondents are asked to do as part of their role.

Control: This is how much autonomy people have over the way they go about doing their jobs.

Managerial support: How supportive managers are.

Peer support: How much support people get from their colleagues at work.

Relationships: If positive working is promoted to avoid conflict and ensure unacceptable behaviour is dealt with.

Role: How well individuals understand their role within an organisation.

Change: How well organisational change is communicated within their organisation.

Each cell in **Table 16** contains the average score based on responses to our survey, followed by the percentile comparison to UK averages, and whether this is 'higher' or 'lower' than the score for UK social workers.

Table 16 demonstrates average scoring, benchmark scoring (Edwards and Webster, 2012), and scoring compared to a UK-wide sample of social workers from 2022 (Ravalier, Allen and McGowan, 2023) on the MSIT. For all job groupings, both demands and relationships were in the bottom fifth percentile, indicating scoring worse than 95% of other UK job roles. Scoring was also worse than a 2022 sample of social workers in the UK on demands for care workers, and for all roles on relationships. This is concerning, since experiencing demands at work that are not buffered by adequate resources can lead to stress and burnout (Karasek and Theorell, 1990). Furthermore, low percentiles for relationships aligns with some of the earlier findings pertaining failure to report and/or address bullying and harassment behaviours. Other than this, all scores are higher than 2022 UK social workers. Scores on change, which looks at the way change is communicated in the workplace, is in the bottom fifth percentile for care workers and social workers. Care workers score in the tenth percentile for control (i.e. autonomy at work). Other than this, all scores were in the 25th percentile or above.

Table 16: Mean scoring on the seven ‘working conditions’ measures, and comparison to UK averages.

	Demands	Control	Managerial support	Peer support	Relationships	Role	Change
All respondents <i>Percentile</i> Versus UK social workers	2.20 <5 th <i>Lower</i>	3.24 10 th <i>Higher</i>	3.56 50 th <i>Higher</i>	3.81 50 th <i>Higher</i>	3.11 5 th <i>Lower</i>	4.30 75 th <i>Higher</i>	3.28 5 th <i>Higher</i>
Care workers <i>Percentile</i> Versus UK social workers	2.05 <5 th <i>Lower</i>	3.13 10 th <i>Higher</i>	3.52 50 th <i>Higher</i>	3.80 50 th <i>Higher</i>	3.12 5 th <i>Lower</i>	4.26 75 th <i>Higher</i>	3.27 5 th <i>Higher</i>
Managers <i>Percentile</i> Versus UK social workers	2.48 <5 th <i>Higher</i>	3.75 90 th <i>Higher</i>	3.86 95 th <i>Higher</i>	3.88 75 th <i>Higher</i>	2.85 5 th <i>Lower</i>	4.34 90 th <i>Higher</i>	3.73 95 th <i>Higher</i>
Social workers <i>Percentile</i> Versus UK social workers	2.63 <5 th <i>Higher</i>	3.28 25 th <i>Higher</i>	3.56 50 th <i>Higher</i>	3.84 50 th <i>Higher</i>	3.21 5 th <i>Lower</i>	4.12 25 th <i>Higher</i>	3.06 <5 th <i>Higher</i>

These findings, therefore, demonstrate that scoring for social care workers in Wales is generally poor, although people are getting good management and peer support, and have a good idea of their role in the organisation. Scoring is almost universally better than the social work sector as a whole in the UK, but some improvement is needed in Welsh social care.

The impact of working conditions on wellbeing

We were keen to demonstrate the relationship between working conditions and wellbeing for our respondents, and in particular how working conditions can impact wellbeing.

Explainer box: working conditions and wellbeing for all roles

We all know that the way in which we work, and the way in which we’re supported at work, can potentially impact our health and wellbeing. In this section we undertook some statistical analyses to look at which working conditions are most impactful on our overall wellbeing measure (i.e. when combining life satisfaction, feeling worthwhile, happiness, and anxiety scores).

Here, we report the findings of the linear regression analyses looking at the impact of working conditions on overall mean wellbeing score, per Gao, Moodie and Chen (2019), for all respondents and broken down by job grouping. For all respondents we see that five working conditions significantly impacted wellbeing. Demands, peer support, and relationships were the biggest influences. The model accounted for 11% of the variance (see Appendix 3 for a table breaking down the regression findings).

When broken down by job grouping, the only working condition that was consistently impactful on wellbeing was demands. As such, demands consistently impacted wellbeing among care workers, social workers and managers. Across all respondents, the biggest influences on wellbeing were demands (i.e. workload) and relationships, which mirrors the two working conditions in **Table 16** which our respondents had particularly poor scoring on.

These results mean, therefore, that there should be a focus on improving demands (i.e. reducing workload) and improving relationships in the sector in order to improve wellbeing.

Focus group findings

Two focus groups were conducted to gain further insight into the experience of working in social care in Wales. Eight participants took part, with four participants in each focus group, exploring a series of themes based on the findings from the survey and interviews. The results are broken down per thematic area asked about. We have not included information about job role here, to ensure anonymity and confidentiality of response. However, we had a range of participants from across the sector, including domiciliary care workers, social workers, professional service/support staff, and managers.

Question 1: Working in social care

Participants were asked why they believe people work in social care. Two themes were generated from their responses – for the benefit of others, and positive personal impact. For some, these themes overlapped, as they felt they were impacted by both things. However, working in social care for the benefit of others was emphasised as being more important to them.

Theme 1: For the benefit of others

“You make a difference to people's lives.” (Participant 6⁴)

“It's good to be able to do something and be able to see the immediate consequences of your actions to see how it's improved someone's life and also to be able to give someone the opportunity to choose and have the power to be more independent should they choose to be.” (Participant 8)

Theme 2: Positive personal impact

“No two days are ever the same. It's a massive variety. You really don't know what you're going to get when you wake up. And I kind of like that in a lot of ways, you know, so I think there's that satisfaction in that reward from it personally as well as hoping you're achieving something and meeting outcomes for others as well.” (Participant 5)

“You get satisfaction from knowing you've helped someone as well... I also like working in my community and helping people within my community. So it's always been important for me to live and work in the community.” (Participant 7)

Question 2: Difficulties associated with working in social care

This question revealed the largest range of responses, as participants had many areas to touch upon when discussing the difficulties they face working in social care. It is interesting that, although we had a range of participants from across different job roles, many of the difficulties associated with working in the sector were agreed across them.

⁴ Job roles were not requested for focus groups, to maintain anonymity of participants.

Theme 1: Recognition and treatment

Recognition and treatment was most often expressed by the participants. This includes the subthemes of recognition and appreciation, pay, and impact of the difficulties faced.

Subtheme 1: Recognition and appreciation

The first subtheme conveys the findings that participants are impacted by feeling valued, and in particular the negative impacts of not feeling appreciated. Indeed, most participants felt they were not appropriately supported in this regard. However, when there are recognition events and pieces of work, these really are appreciated.

“The lack of value of care providers in society...they say, oh, well, they're only a carer. If only they knew what only a carer had to do day in, day out, and how they coped with being tough when really they just wanted to cry in a corner.” (Participant 1)

“They do like these awards ceremonies and I was sort of recognised for my 25 years of service, things like that. So I do, like, advocate recognition. My manager always appreciates the stuff that I do.” (Participant 2)

“I'm a social care worker for the elderly and we have always been treated like the lower end of the scale compared to doctors, nurses, paramedics and social workers.” (Participant 6)

Subtheme 2: Pay

Under the heading of recognition, many participants felt their pay did not reflect the level of responsibility and work faced in their job. Participants additionally discussed the impact of low pay on recruitment and retention, and shared their own experiences of the issue.

“Nobody wants to do the job anymore. We lost nine people in the space of two months because of the lower pay. We are on minimum wage. And it, oh, it doesn't make any sense, but we do it because we care about the people and I think they take advantage of that.” (Participant 8)

“Supermarkets, factories, they get paid more than us. How does that make any sense? It doesn't. So does that mean we're worthless? That's how we feel. But we do it because we care about the people.” (Participant 6)

Subtheme 3: Impact of the difficulties faced

Participants additionally addressed the impacts they face as a result of the difficulties of their role. This included people leaving the profession, emotional impacts, and having to handle difficult situations to step in for and support colleagues.

“The impact is people are leaving. People are taking early retirement... Our mental health is more important... the nature of the job you care for vulnerable people, vulnerable adults, you know, we care for families who've got complex cases...not to have a lack of support on the top of

that. I'm thinking about how to pay your bills because of our ridiculous salary.” (Participant 3)

“The job itself has always been emotionally challenging, regardless of the level that we were at in the [work setting]. So whether being carer, qualified nurse or manager, the emotionally challenging elements are always going to be there and some people can cope with that and others can't.” (Participant 1)

“Since the [doctor's] strike[s], a lot of people have had their appointments cancelled and ... in the time they've had their appointments cancelled, a lot of them have received a terminal diagnosis. And we're the ones that are dealing with the fallout of that, obviously, because we care about the people and this is why we put the hours in, but we don't get that support back.” (Participant 6)

Theme 2: Support

Support was also observed as being impactful to the experience of participants, such as support from organisations and managers, support via training and development, and support from peers and other teams. This includes the subthemes of organisational support, training, and interaction with other teams. Overall, within each of these subthemes, participants expressed their desire to see changes made.

Subtheme 1: Organisational support

The majority of participants expressed that they do not feel appropriately supported by their organisation, particularly mentioning management. This wasn't a universal experience, and one participant did have good support from management, but the impacts of a lack of support were clear.

“Complete lack of support from the management... they've got one hour lunch break in the office, nobody will pick up the phone in the office within that time... anything can happen within that one hour. You have no backup. People die within this [time]. I've experienced it myself. That's awful. You know, it breaks people.” (Participant 3)

“My experience is you can have really, really amazing managers and you can have managers that just make your working conditions miserable.” (Participant 7)

Subtheme 2: Training

Participants discussed the training requirements expected of workers, expressing that they felt there needed to be improvements made. Overall, participants were unhappy with the quality of training, feeling that it does not reflect the day-to-day requirements of social care staff.

“To give...all of our staff the support they need, they've got to have the skills, they've got to have the knowledge in order to be confident in what they do and then come and be competent as well. No, it's a delicate balance. While you've still got to make sure that you're maintaining their dignity and their just excitement about the job.” (Participant 1)

“When you learn, really learn new skills like manual handling, when you learn new regulation terms and techniques and see new equipment, it's more helpful than doing e-learning.” (Participant 3)

Subtheme 3: Interaction with other teams

Participants also discussed the difficulties they face in their interactions with other teams, such as the council and other healthcare professionals. This support from others was also very important in the positive (and negative) experiences of working in the sector.

“I'm constantly in meetings where we're trying to say, ‘Well, actually it's not a social care need, it's a health need’. And it is a huge battle with health and education and other agencies.” (Participant 5)

“I don't work in adults and had no understanding of that perspective, but it makes me so sad that things about treating people with dignity, about making sure people [are] fed and have medicine – people are arguing over whose job [those things are].” (Participant 7)

Theme 3: Working conditions and requirements

This theme highlighted the conditions under which participants are employed. In particular, it was discussed how these conditions impacted not only themselves, but ultimately the people they support.

Subtheme 1: Resources

Lack of resources was also noted as something that was causing difficulty for participants. Participants expressed feeling frustrated as they are unable to complete their job requirements owing to things outside of their control.

“At the moment, it's a massive lack of resources, lack of finances... there's loads of things that impact which make our role, my role, very frustrating because this seems like there's very little we can offer.” (Participant 1)

“Say someone were to want to have technology introduced into their home. To make sure that they understand and I've shown ... how it works on top of that, you need to ensure that the staff there also understand and know how it works. Because the problem with... technology, you can give someone something and it's all well and good until the minute it stops working, then it gets chucked in the cupboard and abandoned for a few years.” (Participant 8)

Subtheme 2: Unrealistic demands

Participants additionally highlighted the demands that are placed upon them, including caseloads and long hours/travel time, as a source of day-to-day challenges.

“Obviously caseloads and demands, you know, we're always looking at caseloads and making sure that that's all manageable.” (Participant 5)

“Saturday, Sunday, I did 30 hours. In two days. You just get five minutes travelling time to go 20 minutes away. You don't have time to wait. You might as well just forget eating. You might have a packet of crisps in the car along the way. There's just no balance... you're physically and mentally, oh, knackered.” (Participant 6)

Question 3: Support for working conditions and wellbeing

Whilst it is clear from responses that having strong support is important, analysis has observed an inconsistent standard of support available to participants. Themes that emerged from the question include that appropriate support is available, and that increased support is needed.

Theme 1: Appropriate support available

Some participants discussed their positive experience of support from their employing organisations, from a professional organisation, and politically. This included support from the local community, feeling cared for by their organisation, and having support processes in place in case anyone is struggling.

“The local community are amazing. For this [setting], they really are. This [setting] has always been part of this community and it shows, it truly does. Then now and then we look and at the door is some plants that somebody's grown too many of in their greenhouse.” (Participant 1)

“We have a wellbeing group within the company. And we have an online app for counselling if we need it, so there's always support that way... if I got a problem, there's an on call number 24/7 and just phone and then I could get staff here within 10 minutes, 15 minutes.” (Participant 2)

Theme 2: Increased support is needed

Comparatively, many participants did not feel they receive appropriate support. Participants discussed supervision, comparison to other professionals, and feeling generally let down by their organisation, with each of these being important examples of support which is missing.

“Supervision sets (a type of group supervision), like more for my team lead than for me, because whatever's been said, no options, no help being provided after that.” (Participant 3)

“I think that there is a link on my phone if I needed to, but I don't think it will help that much. So 'cause it, it won't change anything, so you just do your own thing, don't you?” (Participant 6)

Theme 3: Improvements to support

Participants also discussed some areas they would like to see improved. One participant discussed their lack of support from management, whilst another touched on the need for support for newly qualified workers, and more practical support options.

“We haven't had a team meeting for 19 months, not even one single meeting...it's a game. You know, one way game, you know, when they need a favour from you, you know? Or could you cover that shift? Could you cover? You do it for them. But when they need to do a little bit and that little inch to help to, you know, just to bring themselves forward to your good relationship, they don't want to do that. It's very discouraging, you know, very discouraging. Whatever you ask is too much for the management.” (Participant 3)

“I think within our local authority... we need to do more around looking after say first-year social work students or like after, you know, you're in your first year of practice. I think there's a lot of room to support first new grads and look at how we can promote wellbeing supervision... even, you know, the most experienced can have a bad day or a bad week. And at the moment they just kind of promote this like ‘Wellbeing Wednesday’ where it's like, read a book, join a book club, go for a walk, get a dog, like that. None of that is my reality.” (Participant 7)

Question 4: Pay and benefits

Resoundingly, when asked whether they feel that they are paid appropriately, participants answered that they would like to receive better pay. With the exception of one participant, who discussed their negative experience of being on a zero-hours contract, participants were, overall, satisfied with the benefits they receive.

Theme 1: Dissatisfied with pay

Overwhelmingly, participants were not satisfied with their level of pay. They highlighted some of the impacts of this, including an effect on progression and development, and recruitment.

“They increased the social work pay scale... but they haven't increased the deputy team manager post and the team manager post. So for myself, I've got nowhere to go. If I wanted to go up to those posts, my salary would remain the same. So it's really silly in terms of that. So it doesn't really give you an incentive to want to do that job.” (Participant 5)

“We probably wouldn't have a recruitment issue if we paid people more. I don't think we have a recruitment issue, I think we have a pay issue.” (Participant 7)

Theme 2: Benefits

Subtheme 1: Satisfied with the benefits available

Overall, participants were satisfied with the benefits they received. They noted some examples of the things they have access to which supported this.

“They paid the active service, which is £13 a year, and they also refund us our Social Care Wales payments. Registration fee.” (Participant 2)

"I use my blue light [card] all the time. I love it." (Participant 5)

Subtheme 2: Suggested improvements to the benefits available

Participants also highlighted some additional benefits they would like to see.

"Opportunities to do four-day weeks would be nice." (Participant 4).

"I think it's quite low annual leave compared to lots of other organisations and companies. We get, what, 25 days and I think that is quite low and considering that we can be doing a lot of hours." (Participant 5).

Question 5: Bullying, harassment, and discrimination

Participants were asked whether their organisation has a positive culture with respect to the way colleagues and managers treat each other, and how this could be implemented across social care in Wales. Overall, participants felt that bullying, harassment, and discrimination are not tolerated within their workplace and that the appropriate measures are in place for support.

Theme 1: Strong positive organisational culture

Many participants highlighted their experiences of positive organisational culture, explaining the structures for support that are in place to target bullying, harassment, and discrimination.

"100% there is no tolerance to bullying or harassment, whether it's real or perceived. There is no toleration of it, it just is not, and the conversation is hard so that the person that is having a chat, they can walk away with their dignity, but they walk away with a very positive plan of how their behaviour needs to change." (Participant 1)

"One of the processes we do use in my organisation is a 360-degree feedback. So when it comes up to review time, if you're a manager, your manager will get feedback from the people reporting to you to see how you're doing as a manager to them... and everyone's pretty honest with their feedback to be fair." (Participant 8)

Theme 2: Experience of negative organisational culture

Other participants conveyed their experience of negative organisational culture, discussing toxic work environments and the challenges they face.

"I'm aware that the toxicity can be really strong in this profession. And I think it's when you get those groups who are very cliquey or management and senior management and you'll get that. But yeah, it's a shame, you know, because they're supposed to be professional social workers who care for those in the community. And when you get challenges within your own environment, it can be particularly hard." (Participant 5)

"I think if I had to scale it, if you asked us to do that as a scaling question, like zero really horrible to ten amazing, I'd probably score about a six. I think overall there's a recognition that people need to be treated fairly and

with respect, but I don't think transparency happens very well sometimes. I think decisions get made by management without, say, feedback or input from, you know, the lower staff. Sometimes changes are just made with no consultation...that creates kind of an environment of fear, uncertainty.”
(Participant 7)

Theme 3: Improvements to organisational culture

Participants also discussed some of the improvements they would like to see to improve organisational culture, including policies for bullying, and support for raising concerns.

“I think people to be open to recognise what can be seen as bullying and harassment... You know, we're not just safeguarding the residents, we're safeguarding each other. We say we have to because we're not protected by the wider world.” (Participant 1)

“We do have obviously, in most organisations I'm guessing, we'll have some kind of whistle-blowing policy, where they can raise concerns and it's the process to do so. I do think people are very reluctant to do that because they think potentially the job was going to be on the line and they're going to be identified as being a troublemaker.” (Participant 5)

Question 6: Improvements in social care

Participants highlighted some of the areas in which they felt social care could be improved. This included the themes of resources, pay, travel, and staffing and recruitment.

Theme 1: Resources

The principal theme highlighted was a need for improved access to resources. This included funding, reduced caseloads and more ways to support the individuals they are working with.

“Sometimes it does feel like a bit of a tick-box exercise and it shouldn't feel like that, you know. Lower caseloads and more staff in those jobs and more resources, we could actually make that work in practice much better. And that would have a huge significant impact on families because they'll be able to solve their own crisis issues and look at their own resources within themselves as a family... we are facilitators.” (Participant 5)

“If we put it in the way that our current government understands (quote from March 2024, after which changes have occurred in UK and Welsh governments), you gotta spend money to make money, you've gotta invest in people and invest in communities and families to get the best out of communities. And at the moment we are depriving our communities of support and the ability to help themselves.” (Participant 7)

Theme 2: Pay

Participants again highlighted the need for better pay while working in social care.

“Care workers will pay the same as a band 3 level... NHS staff I think. That would be one improvement.” (Participant 2)

“We don't get paid [for] the hour[s]. It's so wrong. It's absolutely so wrong. Well, say you're doing a 15 hour day, you're lucky if you get paid ten.” (Participant 6)

Theme 3: Travel

Participants also highlighted the pressures of travel and not having sufficient time allocated for this. This was particularly pronounced when there was either not enough time built into the day for travel, or they were not paid appropriately for that travel.

“You'll see you've got 20 people to go to [in] a day and some of them can live ten minutes apart. You've only got five minutes to get there... you're putting your own life at risk as well by driving and rushing. And you know your mind's just racing trying to get to the next call. So I don't think it's fair on service users in that respect either because we're not giving them the 100% sometimes.” (Participant 6)

Theme 4: Staffing and recruitment

The final theme is that participants felt the need for improvements to recruitment and attracting quality staff. They discussed the impact of turnover on people accessing care and support, as well as the need for all staff to remind themselves of why they do their job in the first place, to ensure good practice.

“It's to do with recruitment. So you not only want to retain your staff, but you want to be able to recruit quality individuals. People that have pride in what they want to do, not thinking it's the only job they can do... sometimes we've got to look at a different way of people learning. Youngsters don't seem to wanna come into the role anymore... You have to invest a tremendous amount of yourself. You know, I had 26 years when I was not home on Christmas Day.” (Participant 1)

Conclusions

This is a wide-ranging, in-depth investigation into what it is like working in social care in Wales. We had a large number of responses from across the employment sphere and included a mixed qualitative and quantitative survey, individual interviews, and focus group discussions.

People are attracted to the role through others they know who have had contact with the sector – either by accessing care or providing it. They stay in the role because they make a difference every day in the lives of individuals and their families. Despite this, we found that many (about a quarter) are aiming to leave their current role owing to low pay, a lack of respect and recognition, poor working conditions, and a lack of developmental opportunities.

Recruitment into the sector continues to be a challenge, so we asked why this was the case and how working in social care could be made more attractive. Respondents suggested low pay, lack of staffing, and long/unsociable hours made it difficult to recruit, while improved pay, better support, greater progression opportunities, greater respect, and more provision of resources would make it more attractive.

Between 5% and 8% of respondents suggested they had experienced bullying, harassment, and/or discrimination in the past year, and those with disabilities were more likely to experience this.

We used well-known measures of wellbeing and working conditions in order to be able to compare scoring against UK averages. We found that across all wellbeing measures, respondents scored worse than the UK average. Similarly, over half of our respondents attended work at least twice in the past 12 months when they were so ill they should have taken time off (known as presenteeism).

When asked about the main causes of stress, respondents suggested workload and administrative duties were the main issues, and that wellbeing in the sector could be improved with better staffing, management support, pay, and flexible working. It was also found that having high levels of demand and strained relationships at work were the two biggest influences on wellbeing.

Respondents therefore do the job they do in order to make a difference in people's lives, but poor pay and staffing, a lack of respect and recognition, and lack of developmental opportunities, are all negatively impacting those who work in the sector.

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Appendix 1: Interview schedule

Role/contract-specific questions

Zero-hours contracts:

- What is your experience of being on a zero-hours contract? Is it supportive of your work and family life?
- Being on a zero-hours contract, you don't have access to sick pay and other benefits. How does this impact your work and home lives?

If left social care in last 3 years

- Why did you leave your role? And social care more specifically?
- What could have been done to keep you working either in your role or in the sector more widely?

Working in social care

- Why do you work in social care?
- Why did you first decide to start working in social care?

Working conditions

- Do you feel physically safe while doing your role? I.e. ever had times when threatened/harmed while working?
- Do you feel safe and secure in your role? E.g. job security.
- What are the difficulties associated with working in [name of role]?
- How does [reason for working in SC] offset the difficulties you face in terms of workload and lack of resources?
- How are you supported by your organisation, professional organisation (Social Care Wales) and politically in your role?
- What support would you like to see within social care to make the role more sustainable?

Pay and benefits

- Do you feel you are paid appropriately for your role? Elaborate as per below.
- What other benefits are available as part of your work? (e.g. flexible working etc).
- Are you on a zero-hour contract? If yes, how does this affect your work and personal life?
- What training and development opportunities are available for you? And what support for development would you like within the role?

Organisation-related outcomes

- Are you intending to leave your role/social care more widely? If no, what keeps you in the role? If yes, why? What would stop you wanting to leave the role/profession?
- Are you satisfied in your role? If yes/no, why not? How could this be improved upon?

Making improvements to social care in Wales

- What improvements would you like to see in social care in Wales?
- How could the level of resources available for social care workers (and the individuals they provide care for) be improved?

Appendix 2: Focus group schedule

Working in social care

- Why do people work in social care? What are the good points?
- What are the difficulties associated with working in social care?
- What support do you get for your working conditions and wellbeing organisationally, from your professional organisation, and politically?
- What support is needed to make working in social care more sustainable?

Pay and benefits

- Are social care workers appropriately paid for their work?
- What additional benefits and resources are needed to reduce turnover intentions and/or improve job satisfaction?
- How does working on a zero-hour contract impact the home/work lives of social care workers?

Bullying, harassment, and discrimination

The last Social Care Wales survey showed up a relatively high level of bullying, harassment, and discrimination. However, while we won't ask directly about this we will ask about positive work cultures which prevent this.

- Would you say that your organisation has a positive culture with respect to the way that colleagues and managers treat each other? What does this culture look like?

How can a positive culture be implemented across social care in Wales?

- What processes are (or should be) in place to prevent bullying, harassment and/or discrimination?

Improvements in social care

- How can working in social care be improved?
- What needs to be done to improve working conditions in social care in Wales?
- How would making these changes make improvements for the individuals that social care workers work with?

Appendix 3: Linear regression table

Appendix 3, Table 1: Linear regression findings for all respondents

Significantly related factors	Coefficient Estimates	t	P
Demands	-.20	-6.23	<.001
Control	.12	3.98	<.001
Managerial support	.13	3.92	<.001
Peer support	.20	5.04	<.001
Relationships	-.22	-3.00	<.001

R2 value is .11

Adjusted R2 value is .11

Appendix 3, Table 2: Linear regression findings for care workers

Demands	-.24	-5.21	<.001
Managerial support	.20	3.77	<.001
Peer support	.21	4.19	<.001
Relationships	-.12	-2.50	<.05

R2 value is .12

Adjusted R2 value is .11

Appendix 3, Table 3: Linear regression findings for social workers

Demands	-.35	-5.55	<.001
Control	.18	2.49	<.05

R2 value is .14

Adjusted R2 value is .13

Appendix 3, Table 4: Linear regression findings for managers

Demands	-.20	-2.04	<.05
Control	.24	2.14	<.05
Peer support	.29	2.02	<.05

R2 value is .07

Adjusted R2 value is .05

In linear regression, the coefficient estimate indicates the relationship between two variables. In this case, the variables are the significantly related factors and the wellbeing scores.

The t value tells us whether there are differences between the averages of two groups, and whether those differences are statistically significant (i.e. the results aren't only down to chance).

The p-value indicates how likely it is that the results are down to chance. The lower the p-value, the more likely the results are to be statistically significant.

R2 values tell us how well the model explains the variability in the outcome. The adjusted value accounts for the number of variables to give a more accurate measure of how the model is performing. The closer the value is to one, the better the model is performing.

Appendix 4: Survey questions

There are four questions (plus some sub-questions, depending on how you answer) in this section, and they ask about you and your role in social care.

1. Please tick the button below if you agree to take part in the project

- Tick here

2. Which of the following best describes your current role? If you have more than one role, please think about your main job

- Adult care home manager
- Adult care home worker
- Domiciliary care manager
- Domiciliary care worker
- Unpaid carer
- Residential child care manager
- Residential child care worker
- Social worker - children and families social worker
- Social worker - adult's social worker
- Social worker - children and adult's social worker
- Social work student
- Other social worker
- Responsible individual
- Personal assistant
- Occupational Therapist in social care
- Registered Nurse in social care
- Other social work manager
- Other social care role
- Other social care manager

2a. If you selected Other, please specify:

2b. Which service area(s) do you work in for your main role in social care?

(Select all that apply)

- Disability (Learning)
- Disability (Mental Health)
- Older Persons
- Reablement
- Vulnerable Adults
- Substance Misuse
- Homelessness
- Neurodiversity
- Prison
- Domestic Violence
- Youth Offending
- Family Support
- Fostering and Adoption
- Child Protection

2b.1 If you selected Other, please specify:

2c. How long did you work in social care?

- Under a year
- Between 1 and 2 years
- Between 2 and 3 years
- Between 3 and 5 years
- Between 5 and 7 years
- Between 7 and 9 years
- 9 years or more

2d. Why did you leave the social care sector?

- Wanted to do something else
- For personal reasons
- Retirement
- To study/gain further qualifications
- Didn't enjoy the job
- No prospects of career progression
- There was too much studying involved
- Poor employment and working conditions
- Lack of job security
- Wanted more flexibility
- Overworked
- Pay was too low/needed a higher-paying job
- Experiencing discrimination
- Relationships with managers/senior staff
- Relationships with colleagues
- Other

2d.1 If you selected Other, please specify:

2e Are you...

- Working full time
- Working part-time
- Unemployed looking for work
- Not working (on parental leave)
- Not working (retired)
- Not working (looking after the home/children/relatives)
- Not working (long term sick or disabled)
- Not working (temporarily sick or disabled)
- Student/in training

2e.1 If left, what type of work do you do now?

- Education
- Hospitality
- Nursing/health sector but not care work
- Retail
- Youth Work

- Other

2e.1.1 If you selected other, please specify

- **How long have you worked in social care?**
- Under one year
- Between 1 and 2 years
- Between 2 and 3 years
- Between 3 and 5 years
- Between 5 and 7 years
- Between 7 and 9 years
- 9 years or more

4 In which country do you currently work?

- In Wales
- Elsewhere in the UK
- Other

4a If you selected other, please specify

5 What initially led you to working in social care?

- Wanted a job that would make a difference to people's lives
- Felt it would suit my skills/I would be good at it
- Felt it would be a job I would love/enjoy
- Felt it would be a stable/secure job
- Felt it would be a job with good career prospects/progression
- Looking for a change in career
- The salary on offer
- Felt the work pattern suited my lifestyle
- Through personal experience of caring for someone
- There was nothing else suitable or available to me
- Not sure/can't remember
- Other

5a If you selected other, please specify

6 How did you initially find out about working in social care? Tick all that apply.

- Careers advice
- Recruitment companies/fairs
- Through WeCare Wales
- Job advertised online (e.g. social media, websites about social care)/in newspaper
- Through friends and family working in the sector
- Not sure/can't remember
- Other
- **6a If you selected Other, please specify:**

7 Are you considering leaving the social care sector as a whole?

- Yes

- No

7a If yes, how long (in months) do you see yourself staying in the social care sector?

7b If yes, why do you want to leave the sector? (Open-ended question)

8 What challenges does your organisation face in terms of recruitment and retention of staff? (Open-ended answer)

9 Please state the extent to which you agree or disagree with the following statements:

9a I would like a leadership position at some point in the future

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9b I believe it would be possible for me to become a leader

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

10 In the last 12 months have you sought a progression opportunity in your workplace?

- Yes
- No
- Don't know
- Prefer not to say

11 Does your employer act fairly with regard to career progression/promotion, regardless of age, ethnic background, disability, sex, religion, or sexual orientation?

- Yes
- No
- Don't know
- Prefer not to say

12 What do you enjoy, and like, about working in social care? If you have left social care, what did you enjoy, and like about your work? (Open-ended answer)

13 What do you think should be done to make the social care sector a more attractive and rewarding place to work? (Open-ended answer)

14 Next, I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

14a Overall, how satisfied are you with your life nowadays?

14b Overall, to what extent do you feel that the things you do in your life are worthwhile?

14c Overall, how happy did you feel yesterday?

14d On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

15 I feel safe in my role.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

15a If disagree or strongly disagree, please explain your answer.

16 For each of the following statements, please select the response which best describes your work situation.

16a Your manager helps and supports you

- Always
- Most of the time
- Sometimes
- Rarely
- Never

16b Your colleagues help and support you

- Always
- Most of the time
- Sometimes
- Rarely
- Never

16c My own morale is good

- Always
- Most of the time
- Sometimes
- Rarely
- Never

16d The right staff are in place to deliver services

- Always
- Most of the time
- Sometimes
- Rarely
- Never

17 To what extent do you agree or disagree that you feel valued for the work you do by...

17a Your manager

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

17b Your colleagues

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

17c The people/families you support

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

17d Partner agencies e.g. health staff, police etc.

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

17e General public

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

- Not sure / don't know

18 To what extent do you agree or disagree with each of the following statements?

18a I have enough time to do my job well

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

18b I find it difficult to switch off when I leave work

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

18c I feel enough support is in place for dealing with stress

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

18d I feel able to meet the needs of people I care for and support

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Not sure / don't know

19 Over the past 12 months, have you ever gone to work despite feeling that you should have taken sick leave because of your health?

- No, never
- Yes, once
- Yes, 2 to 5 times
- Yes, more than 5 times

20 If you wanted to find out more information about health and wellbeing at work, where you go to find this information?

- Employer website/intranet
- Google/internet search
- Human Resources (HR)

- Your manager
- Colleagues/peers
- Social Care Wales
- Canopi (free mental health support for social care and NHS workers)
- Your Trade Union rep(s)
- Not sure/don't know
- Other

20a If you selected Other, please specify:

21 What changes could be made to your role in social care to support your health and wellbeing? (Open-ended answer)

22 Are any of the following currently causing you stress while carrying out your job? (Select more than one if necessary)

- Having too much work to do / not having enough time to do my work
- Having too much responsibility
- Not being given enough independence to do my job well
- Working alone
- Working with vulnerable children or adults
- Difficulties in relationships with colleagues
- Lack of support from managers or colleagues if I need help
- Paperwork and bureaucracy
- Costs associated with work, such as travel
- Worried about the impact of my work on the climate/environment
- Worrying about things outside work in general (e.g., responsibilities and stresses at home)
- No, nothing
- Not sure/Don't know
- Other

22a If you selected Other, please specify:

23 In the past 12 months, have you personally experienced the following at work from your manager/senior staff?

- Bullying
- Discrimination
- Harassment
- None of these

23a The last time you experienced bullying/discrimination/harassment at work from your manager/senior staff, did you or a colleague report it?

- Yes, I reported it
- Yes, a colleague reported it
- No

23a.1 If yes, after the incident was reported, do you believe that your concern was:

- Dealt with in a way that you consider satisfactory
- Dealt with in a way that you consider unsatisfactory
- Ignored
- Other

23a.1.1 If you selected Other, please specify:

23a.2 If selected no, why was this not reported? (Open-ended answer)

24 In the past 12 months, have you personally experienced the following at work from your colleagues?

- Bullying
- Discrimination
- Harassment
- None of these

24a The last time you experienced bullying/discrimination/harassment at work from a colleague, did you or a colleague report it?

- Yes, I reported it
- Yes, a colleague reported it
- No

24a.1 If yes, after the incident was reported, do you believe that your concern was:

- Dealt with in a way that you consider satisfactory
- Dealt with in a way that you consider unsatisfactory
- Ignored
- Other

24a.1.1 If you selected Other, please specify:

24a.2 If selected no, why was this not reported? (Open-ended answer)

25 In the past 12 months, have you personally experienced the following at work from those that you provide support for, or their families?

- Bullying
- Discrimination
- Harassment
- None of these

25a The last time you experienced bullying/discrimination/harassment at work from those that you provide support for, or their families, did you or a colleague report it?

- Yes, I reported it
- Yes, a colleague reported it
- No

25a.1 If yes, After the incident was reported, do you believe that your concern was:

- Dealt with in a way that you consider satisfactory
- Dealt with in a way that you consider unsatisfactory
- Ignored
- Other

25a.1.1 If you selected Other, please specify:

25a.2 If no, why was this not reported? (Open-ended answer)

26 To what extent do you agree or disagree with each of the following statements?

26a I have the right training to do my job well.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

26b I have enough training to fulfil my CPD requirements.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

26c I need more training to progress my career/get promoted.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

27 Do you feel there are any barriers to accessing work-related training in your workplace?

- Yes
- No
- Don't know
- Prefer not to say

27a If yes, What are these barriers? (Open-ended answer)

28 What is your current employment status for your main job? (If you are currently on maternity or parental leave, please tell us what your employment status was immediately prior to starting your leave.)

- Employed in social care by an organisation that provides social care, such as a local authority, third sector body, or private company
- Employed in social care by an agency
- Employed in social care by a family member (e.g., as a Personal Assistant)
- Self-employed in social care
- On secondment/placement in social care
- Working on a voluntary basis in social care
- Look after a friend or family member without being paid
- Employed in a job outside of social care
- Currently not working
- Other

28a If you selected Other, please specify:

28b If selected not working, For what reason(s) are you currently not working?

- Sickness or disability
- Caring or childcare responsibilities
- Studying
- Career break
- Retired
- Unemployed and available for work
- Currently under investigation
- Prefer not to say
- Other

28b.1 If you selected Other, please specify:

28c Which of these best describes you? I work...

- Full time for one employer on fixed hours and receive a salary
- Part time for one employer on fixed hours and receive a salary
- For one employer on flexible hours
- Other

28c.1 If you selected Other, please specify:

28d How many hours, in total, do you work in an average week? If you have more than one job, or if you regularly work overtime, please take all of your jobs and hours into consideration (open-ended answer)

28e Are you employed on a 'zero-hours contract'?

- Yes
- No
- Unsure/don't know

28e.1 If selected yes, if you were in a position to choose, would you choose to work a zero-hours contract or would you prefer to work more fixed/regular hours?

- I prefer a zero-hours contract

- I would prefer a fixed/regular hours contract

28e.2 If selected yes, in what ways does being on a zero-hours contract impact your home life? This could be a positive impact or a negative impact. (Open-ended answer)

29 Which of the following do you receive in your main job in social care?

- 28 or more days' paid holiday (or pro rata for part-time staff)
- Sick leave with pay (beyond statutory sick pay)
- Access to a workplace or company pension scheme contribution from your employer
- Access to family-friendly policies such as flexible working, carers leave, enhanced parental leave
- Enough money to cover your work-related travel expenses
- Access to a company car
- N/A

30 To what extent are you satisfied with the terms and conditions of your employment in social care?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- N/A

31 To what extent are you aware of your employment rights at work?

- Very aware
- Somewhat aware
- Not very aware
- Not at all aware
- Not sure/don't know

32 How well would you say you are managing financially these days?

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Not sure/Don't know
- Prefer not to say

33 To what extent are you finding it more difficult or easier to manage financially than you were this time last year?

- A lot more difficult
- Slightly more difficult
- About the same
- Slightly easier

- Much easier
- Prefer not to say

34 To what extent are you satisfied or dissatisfied with your current level of pay?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

35 Are you aware of the Social Care Wales Code of Professional Practice?

- Yes
- No

36 Are you a member of a Trade Union?

- Yes
- No
- Prefer not to say

36b Which ones?

- GMB
- Royal College of Nursing
- Social Workers Union
- Unison
- Unite
- Prefer not to say
- Other

36b.1 If you selected Other, please specify:

37 It is recognised that working conditions affect worker well-being. Your responses to the questions below will help us determine your working conditions now, and enable us to monitor future improvements. In order for us to compare the current situation with past or future situations, it is important that your responses reflect your work over the last six months. Some of these questions may seem repetitive of those from earlier, and the questions are not compulsory, but they will help us answer some vital questions about your working conditions.

37.1 I am subject to personal harassment in the form of unkind words or behaviour

- Never
- Seldom
- Sometimes
- Often
- Always

37.2 I have unachievable deadlines

- Never

- Seldom
- Sometimes
- Often
- Always

37.3 If work gets difficult, my colleagues will help me

- Never
- Seldom
- Sometimes
- Often
- Always

37.4 I am given supportive feedback on the work I do

- Never
- Seldom
- Sometimes
- Often
- Always

37.5 I have a say in my own work speed

- Never
- Seldom
- Sometimes
- Often
- Always

37.6 I am clear what my duties and responsibilities are

- Never
- Seldom
- Sometimes
- Often
- Always

37.7 I have to neglect some tasks because I have too much to do

- Never
- Seldom
- Sometimes
- Often
- Always

37.8 I am clear about the goals and objectives for my department

- Never
- Seldom
- Sometimes
- Often
- Always

37.9 I have a choice in deciding how I do my work

- Never
- Seldom
- Sometimes
- Often
- Always

37.10 I understand how my work fits into the overall aim of the organisation

- Never
- Seldom
- Sometimes
- Often
- Always

37.11 I am pressured to work long hours

- Never
- Seldom
- Sometimes
- Often
- Always

37.12 I have a choice in deciding what I do at work

- Never
- Seldom
- Sometimes
- Often
- Always

37.13 I am subject to bullying at work

- Never
- Seldom
- Sometimes
- Often
- Always

37.14 I have unrealistic time pressures

- Never
- Seldom
- Sometimes
- Often
- Always

37.15 I can rely on my line manager to help me out with a work problem

- Never
- Seldom
- Sometimes
- Often

- Always

38.1 I get help and support I need from colleagues

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.2 I have some say over the way I work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.3 I have sufficient opportunities to question managers about change at work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.4 I receive the respect at work I deserve from my colleagues

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.5 Staff are always consulted about change at work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.6 I can talk to my line manager about something that has upset or annoyed me about work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.7 My colleagues are willing to listen to my work-related problems

- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

38.8 When changes are made at work, I am clear how they will work out in practice

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.9 I am supported through emotionally demanding work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38.10 My line manager encourages me at work

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

39 Are you...

- Female
- Male
- Transgender
- Non-Binary
- Gender Fluid
- Prefer to self-describe
- Prefer not to say

40 Which of these best describes your sexual orientation?

- Straight or Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation (please specify)
- Prefer not to say

41 Which age category do you belong to?

- Under 25
- 25-29
- 30-34

- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65+
- Prefer not to say

42 What is your ethnic background? Choose one section from A to E, then select one box to best describe your ethnic group or background

- A White
- B Mixed/multiple ethnic groups
- C Asian/Asian British
- D Black/African/Caribbean/Black British
- E Other Ethnic Group
- Prefer not to say

42.1 (If selected) A White

- Welsh/English/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other

42.1.1 Any other White background, please write in.

42.2 (If selected) B Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

42.2.1 Any other Mixed/multiple ethnic background, write in

42.3 (If selected) C Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

42.3.1 If you selected Other, please specify:

42.4 (If selected) D Black/African/Caribbean/Black British

- African
- Caribbean
- Other

42.4.1 If you selected Other, please specify:

42.5 (If selected) E Other ethnic group

- Arab
- Other

42.5.1 Any other ethnic group, please write in

43 Do you consider yourself to be neurodivergent? (For example, Autism and ADHD)

- Yes
- No
- Prefer not to say

44 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- Yes
- No
- Prefer not to say

45 Do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- Yes - a lot
- Yes - a little
- No, not at all
- Prefer not to say

46 Outside of work do you look after, or give help/support, to anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to old age?

- Yes
- No
- Prefer not to say

47 Which languages do you speak fluently?

- Welsh
- English
- Other
- Prefer not to say

47.1 If you selected Other, please specify:

48 Which of the following best describes your ability to speak Welsh?

- Not at all
- Entry level (can introduce yourself and others and can ask and answer questions regarding basic information)
- Foundation (can hold a basic conversation with someone to obtain or exchange straightforward information)
- Intermediate (can hold extended conversations with fluent speakers about familiar subjects involving everyday work)

- Higher (can talk confidently with fluent speakers about familiar subjects relating to work, and can express an opinion, take part in discussion, and talk extensively about general topics)
- Proficient (can talk extensively about complex issues, presenting difficult information or information of an emotional nature; can facilitate and summarize extended or complex discussions)
- Prefer not to say

49 Would you say you are able to use your Welsh language skills at work?

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never
- Prefer not to say