



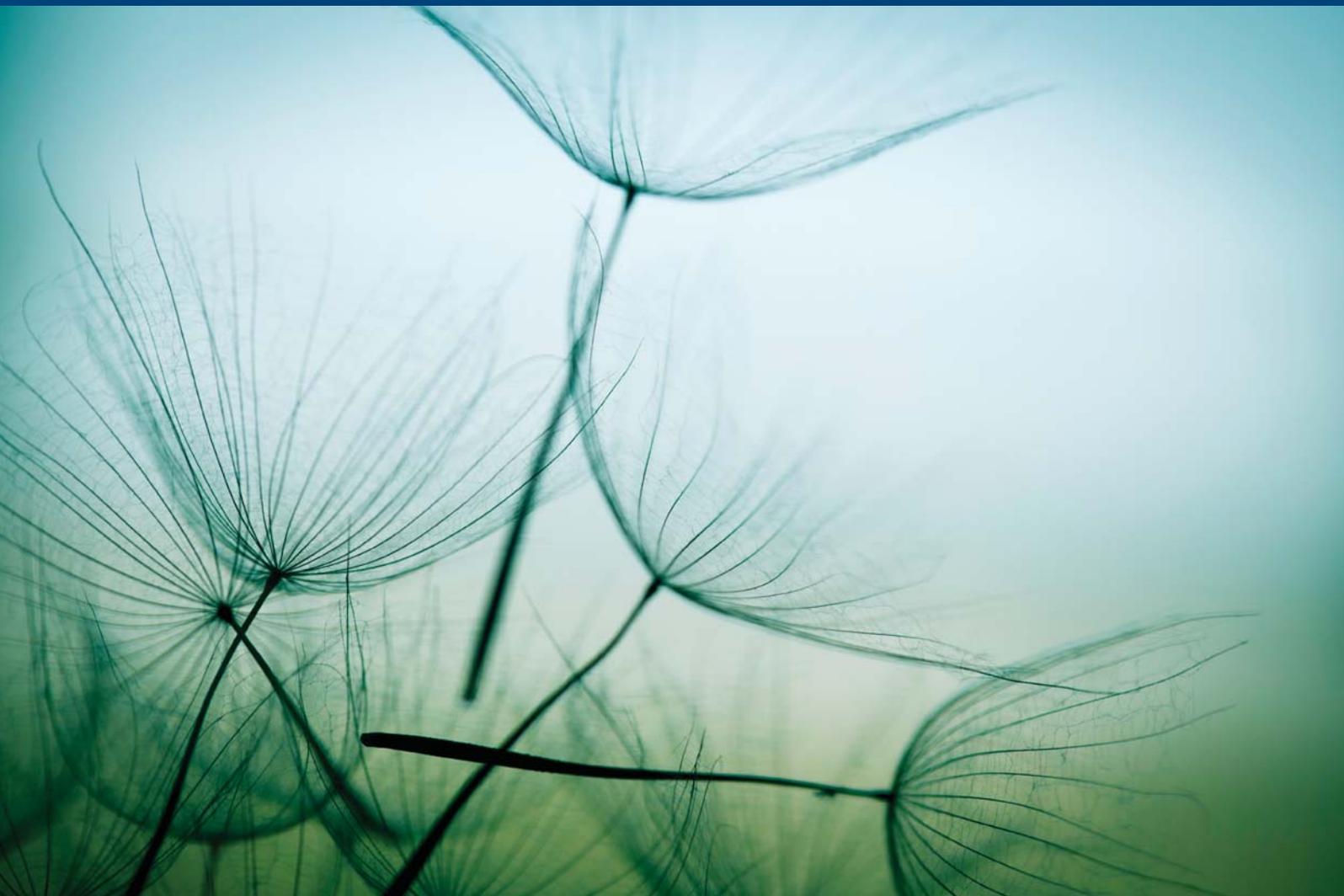
The Retention of Social Workers in the Health Services: An Evidence-Based Assessment

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Foreword

The Retention of Social Workers in the Health Services and Evidence Based Assessment

Children and Family Services within the Health Service Executive have successfully recruited in excess of two hundred additional Social Workers in the last year. This government backed initiative is to be commended.

It is recognised however that significant concerns remain as a consequence of the demanding nature of Children and Families Social Care and Social Work.

Consequently this research into the retention of Social Workers is timely. General research shows that hygiene factors covering basic pay, conditions of service and environments are important but, of themselves, insufficient. Perhaps, given the perilous state of the Irish Economy this is just as well.

What can matter as much includes:

- Well articulated, supportive and appropriately challenging management structures.
- Supervision focused on review and clearly defined risk assessments.
- Induction with dedicated additional support and a protected case load.
- Opportunities for job rotation, career advancement and progression routes not restricted to management posts.
- Clear articulation between University training courses and probation.
- In addition retention depends upon a clear set management principles including devolved decision making to the most local, practical level.
- An agreed set of values.
- An emphasis on flexible and transferable skills, systems and teams.
- Team working and collective decision making.
- Clear roles and responsibilities with a distinction between strategic and operational.
- The celebration of professional confidence with well supported staff benefiting from continuous professional development, clear regarding their responsibilities and aware of their accountability.

I commend this research to you and welcome your views as a workforce development strategy is developed for the new arrangements and the new circumstances.

Gordon Jeyes

National Director
Children and Family Services



Professor Bairbre Redmond

Bairbre Redmond is Dean of Undergraduate Studies, Deputy Registrar Teaching and Learning, and Associate Professor of Higher Education at University College Dublin. As a former social worker and social work educator she has a long-standing research interest in the underlying professional expectations, concerns and ambitions of social workers and how these impact on their developing careers. Along with Dr Suzanne Guerin she has completed a number of studies in the area including a five-year longitudinal study of Irish social workers from training to professional practice and she was awarded a major research grant from the IRCHSS to support this work. She also works in the area of reflective practice, researching into the most effective teaching and training approaches for health professionals.

Professor Redmond has been one of Ireland's Bologna Experts since 2007. She is also Chair of the Complaints Committee, Advertising Standards Association of Ireland and was a member of An Garda Síochána National Educational Training & Development Review Group (2008-9).



Dr Suzanne Guerin

Suzanne Guerin is a Lecturer in Research Design and Analysis, and Director of the Centre for Disability Studies, with the UCD School of Psychology. Through her role as Director of the UCD Centre for Disability Studies she is very involved in research and training in the disability sector in Ireland. She is a member of the Research Department at St Michael's House and was appointed by the National Federation of Voluntary Bodies, as their National Designated Expert in Research Methods in Intellectual Disability Research.

Dr Guerin's research interests include Disability and Well-being and Applied Research. As a result of her interest in applied research, and her experience designing research that can adapt to the demands of practice settings, she was invited by Bairbre Redmond to collaborate on a study of social work students in 2000/2001. This initial invitation has resulted in an ongoing collaboration with Professor Redmond on a number of studies examining the training and work experiences of social workers in Ireland.

In addition to her teaching and research activities Dr Guerin serves on a number of Boards and Committees in UCD and other organisations. She is the Vice-Chair of UCD Human Research Ethics Committee (Humanities Subcommittee) and serves on the Board of the Tallaght West Childhood Development Initiative and the Barretstown Childcare Advisory Committee.



Professor Brian Nolan

Brian Nolan is Professor of Public Policy and Principal of the College of Human Sciences in UCD. He studied for a doctorate in economics at the London School of Economics, and previously worked in the Economic and Social Research Institute and the Central Bank of Ireland. His research focuses on poverty, income inequality, the economics of social policy, and health economics; recent publications include studies on social inclusion in the EU, tax/welfare reform, and the distributional impact of the economic crisis.



Acknowledgements

Many of the vulnerable children and adults whom the HSE support and who are in need of an effective social work service have experienced highly disruptive and traumatic life experiences. One of the key factors in providing an effective service is the availability of a stable and familiar social work presence that supports individuals and families in building strong and resilient lives.

This report on the factors which influence social work job satisfaction and retention is based on the largest single study ever completed with Irish social workers and includes the views of those from the start of their professional training up to experienced practitioners at the height of their careers. The study provides important insights into the levels of stress and burnout experienced by social workers and also the psychological coping factors which social workers use to deal with their workplace challenges.

Dr Suzanne Guerin (School of Psychology, UCD) and I have now been engaged for over ten years in researching the complex attitudes of social workers towards their work at different stages of their careers. While our previous work has allowed us to explore longitudinal changes in social workers from early in their careers, this current research provides an important opportunity to broaden our understanding of the social work profession in Ireland.

We could not have undertaken this large-group study without the assistance of the Office of the Minister for Children and Youth Affairs and the HSE. In particular we want to thank Jim Breslin (now Secretary General of the Department of Children and Youth Affairs) who was open to and supportive of an external examination of social work in the context of the HSE. We also thank the many HSE staff who facilitated access to the data and to participants across the country; their role was essential in gathering the information in this report.

A number of other colleagues in UCD have also made important contributions to this research. We are particularly grateful to Prof Brian Nolan, Professor of Public Policy, for his expertise in analysing the employment data of social workers in the HSE, adding an extra dimension to the research. Ms Catherine Devitt and Dr Arlene Egan, both skilled researchers, have also brought much to the project.

Most importantly we want to thank the social work students and practitioners who participated in the research. As well as being generous with their time, they were open in sharing their own practice experiences but always in awareness of the complex needs of those with whom they work.

We hope that this research helps to promote understanding of the complex contexts within which social workers operate and also points the way to new approaches which will maximise the contribution of the social work profession to Irish society.

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1. Introduction

Introduction to the Present Study

Child protection work can take its toll on the morale of staff. Front-line workers have a demanding task. Staff need knowledge and skills and personal attributes of resilience, courage and capacity to work in intense and conflicted situations. Their training, supervision and ongoing skills development should reflect the reality of their working environment. The morale and confidence of the staff will be reflected in their standard of work. Attention should be paid to ensuring that staff who undertake this important role are supported to do so.

Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan (2009: 76)

The Implementation Plan for the Report of the Commission to Inquire into Child Abuse (2009), better known as the Ryan Report, identified the retention of social workers in Irish child care as problematic, with child protection teams experiencing a higher turnover of social workers than in other areas. The Implementation Plan went on to recommend that the Health Service Executive (HSE) undertake research into staff retention issues in social work [Action 54] and also arrange for exit interviews with personnel leaving child protection and residential care in order to better understand issues of staff retention [Action 84].

While the design of this research study pre-dates these important recommendations, it comprehensively encompasses the key issues raised in the Ryan Report on social work retention in Irish child care services. As well as researching the aspirations of social work students across Ireland in regard to their forthcoming social work careers, the study has also now completed in-depth on-line assessment with 182 practising social workers within the HSE. These on-line assessments have explored the social workers' attitudes to their work, the positive and negative aspects of their job, and their coping strategies through work engagement and burnout scales. A number of the professional social workers who participated in the on-line phase of the research also contributed to in-depth focus groups or telephone interviews which allowed for a further qualitative exploration of the issues arising from the questionnaire data. The study has also explored and analysed the current data held by the HSE on job mobility.

The collection and analysis of the data from the completed questionnaires, the focus groups and interviews have also drawn on the research team's previous work in the area. They have completed a five-year longitudinal study (2002-2007) funded by the Irish Research Council for the Humanities and Social Sciences (IRCHSS) which assessed the training and practice experiences of a cohort of 35 social work graduates from UCD's Masters in Social Work programme (Redmond et al., 2008). The team had also examined job satisfaction and job mobility among another cohort of 75 Irish social workers who started their professional social work careers between 1998 and 2001. This research has produced valuable data on the levels of positive and negative experiences of both recently qualified and more experienced social workers operating in the Irish health services (Guerin et al., 2010).

2. Retention in Social Work— An International Perspective¹

The present study focuses on the factors that influence retention in social work in Ireland, particularly in the area of child protection and welfare. While there is a limited amount of research on this topic in Ireland, there is a body of international literature that can be drawn on. Reviewing this body of literature highlights a number of key trends that are relevant to the present study. The review will start with an overview of the motivating factors that lead individuals to enter the social work profession and will then explore different aspects of retention, including staff turnover, job satisfaction and burnout—with particular focus on the area of child protection and welfare.

Motivation for Entry into Social Work

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Definition of Social Work, adopted by the International Federation of Social Work General Meeting in Montréal, Canada, July 2000.

The key values that underpin the social work mission provide a powerful baseline upon which new students are educated and the desire to help others can be regarded as a core attribute of a social worker (Eber & Kunz, 1984). Studies have shown a personal congruence for many students with social work values, particularly that of social justice (LaFrance et al., 2004). Earlier studies of the impact of social work education on the personal values held by social work students on entering their training suggests that these values change very little in spite of their exposure to discussion and debate on the issues (McLeod & Meyer, 1967). Reamer (1998) considered the values on which the social work mission is founded (service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence) as key to understanding the profession's ethical base (Reamer, 1998: 494). However, Banks (1994) comments that value statements tend to be divorced from the reality of social work practice, differentiating between content of the social work relationship which is based upon traditional social work values and the context in which social work is practised “as part of a welfare bureaucracy with a social control and resource-based function (based on more utilitarian values) [which] places ethical duties upon the social worker that may conflict with her duties to the user as an individual” (Banks 1995: 45-46).

D'Aprix et al. (2004) question whether all students being admitted to professional social work programmes share the key aims and values of social work. In the US, the aspirations of students to move from traditional social work to private practice in psychotherapy are increasing (Rubin et al., 1986; Abell & McDonnell, 1990; Bogo et al., 1993). Rubin and Johnson (1984) found that 86% of one cohort of US MSW (graduate social work training programme) students hoped to engage in private practice as psychotherapists. Butler

¹ In this section the review is focused on the research around the employment of workers who hold posts with training and responsibilities as near as possible to those held by Irish social workers in the area of statutory child protection and welfare. As different terminology is used for these workers (e.g. the term 'caseworker' may be used instead of 'social worker' in the US), the term 'worker' will be taken to imply someone with social work-type training in this section.

(1990) noted that, in spite of a majority of students in the research having an interest in working with disadvantaged groups, many of these were also drawn to private practice because of the high level of autonomy, flexibility, challenge and status that such work could offer them. Specht and Courtney (1995) saw this move away from traditional social work with the poor and disadvantaged as being partly related to poor working conditions for social workers and also as being connected to the acceleration in the market for psychotherapy in the US, where a growing number of individuals seek and pay for psychotherapy.

The market for private practice has yet to be developed in Ireland to any great extent and it is likely that the recent recession has further diminished opportunities for its development. That being so it is perhaps not surprising to see the findings of Wilson and McCrystal (2007) and Redmond et al. (2008) showing that few students in their Irish studies were interested in a career in private practice. Earlier work undertaken by this research team (Redmond et al., 2008) found that students had a particularly strong interest in working with children but, over their two year training, they displayed increasingly negative views towards working in the area of child protection and welfare. The factors deemed most important in influencing students to train as social workers in Wilson and McCrystal's Northern Irish study (2007) were a desire to enhance their social work skills and their potential for serving disadvantaged populations. Perry's research (2003) explored the levels of interest in graduate social work students working with the 'poor and homeless'. He suggested that those most motivated to work in the area of social and economic deprivation were primarily politically liberal or left-wing students expressing goals related to self-expression and personal growth (as opposed to altruistic reasons).

Familial background as a motivator for entry into social work has also been researched and a number of studies have indicated that those who enter social work are likely to have had experience of difficulties in their own family (Russell et al., 1993; Lackie, 1983; Black et al., 1993). Rompf and Royse (1994), in the US, found that early-life psychosocial trauma is associated with the selection of social work as a career. Using a group of over 240 social work students and a control group of 203 students taking an English major, they found significant differences between the groups, with 37% of the social work students identifying emotional problems within their families (25 % in the comparison group); alcohol or drug addiction (32% versus 21%); and experience of child abuse and neglect (21% versus 17%). Rompf and Royse stress that these data do not imply that students may be drawn to the profession due to any form of psychological damage from a troubled family background, but they do highlight the finding that these students were nearly three times more inclined to view these experiences as influencing their choice of career than those in the comparison group. The authors also highlight the benefits of firsthand experience that these students may bring to their careers in terms of enhanced empathy and knowledge of coping strategies. However, Lafrance et al. (2004) advise social work educators to develop improved gate-keeping mechanisms including developing and measurable indicators for suitability for social work practice at the entrance stage of professional training.

Turnover of Staff in Child Protection and Welfare

Chronic problems in recruiting and retaining workers in a range of child care settings have been reported in the United Kingdom in recent years (Gubta & Blewett, 2007). This position is further compounded by mounting public expectations (Audit Commission, 2002), a sceptical press (Eborall & Garmenson, 2001) and workers being tempted out of local authority work by less stressful alternatives (Roche & Rankin,

2004). Tunstill et al. (2005) had highlighted the importance of a clear understanding of the experiences and perspectives of social workers and, from a British perspective, it is suggested that this level of understanding is necessary 'if the government is to make true its promise to develop stable and effective services that can both safeguard and promote the welfare of society's most vulnerable children' (Gubta & Blewett, 2007: 173). The problems with recruitment and retention of social workers in the UK are not new. Eborall (2005) suggests that in the late 1990s, 91% of local authorities in the UK were having difficulty recruiting social workers into children's services, which led to many local authorities embarking on an overseas recruitment drive. These figures are similar to figures for Irish social work retention in the early years of the 21st Century. The Irish National Social Work Qualifications Board (NSWQB, 2002) noted that in 1999, 10.8% of social work posts in Ireland were unfilled, and that this figure had increased to 15.4% by 2001. Measures were taken to address the problem, including the recruitment of social workers from other countries (NSWQB, 2002; 2004) and by a national increase in the numbers being trained as social workers at Irish universities (Redmond et al., 2008). The most recent statistics for Ireland (collected in 2004) reflected an improvement in vacancy rates which fell to 6.1% (NSWQB, 2006) suggesting that the increase in training posts and non-Irish social workers had been effective in increasing social work numbers. However, the most recent data from the NSWQB reveal that, while the numbers of both new and non-national social workers should have been adequate to meet demand, 15.5% of vacant posts remained unfilled for over 12 months, and nearly half of social work agencies who reported recruitment difficulties cited a shortage of qualified and experienced applicants as a cause of their difficulties (NSWQB, 2006). However, as will be further discussed in this report, there appear to have been fundamental difficulties in sourcing reliable employable statistics for social workers following the amalgamation of the separate health board areas into the HSE in 2005.

The experience in the United States shows high rates of turnover in the child welfare workforce for a number of years with an average annual turnover of 20% of frontline child welfare workers and 11.3% of first-line supervisors (American Public Human Services Association (APHSA), 2001). In a study of the Bureau of Milwaukee Child Welfare, it was reported that turnover rates of 'ongoing case managers' were between 34% and 67% (Flower, McDonald & Sumski, 2005). According to these researchers, as caseworker turnover increased, the child's likelihood of achieving permanency within a set period decreased, suggesting a relationship between turnover rates and impermanence experienced by children. Specifically, the example is given that when a child had only one worker for the duration of the study (Jan 2003–Sept 2004), 74.5% of children achieved permanency, whereas only 17.5% of children who had two caseworkers achieved this goal within this time frame. When children had six or seven caseworkers, permanency was achieved only 0.1% of the time (Flower, McDonald & Sumski, 2005).

With its authors claiming high staff turnover in public child welfare agencies as a national problem, a US study was conducted (Caringi et al., 2005) which detailed an intervention designed to improve workforce retention and facilitate organisational development within child welfare. These findings are supported by other research (e.g., Annie E. Casey Foundation, 2003; Thoma, 2003; Zlotnik et al., 2005). In some agencies in the US, turnover rates ranged between 23% and 60% each year (Drake & Yadama, 1996) with resulting problems for the quality of care for children in the services. Staff turnover includes preventable turnover—turnover amenable to intervention—and unpreventable turnover—turnover caused by retirements, changes in life circumstances, etc. (Lawson et al., 2005). The literature suggests there are three factors that influence preventable turnover: individual factors, supervisory factors, and organisational factors.

- Individual factors include emotional background, professional affiliation and career commitment, work-life fit and demographic influences.
- Supervisory factors include competence and social support.
- Organisational factors include the agency's climate, culture, structures and operational processes.

While individual, supervisory and organisational factors are important in their own right, interactions among them are especially important (Strolin et al., 2008). Individually and together all three factors often comprise so-called 'push-out factors' (Lawson et al., 2005). Push-out factors effectively drive out good workers, including ones who are committed to child welfare jobs and work

Factors influencing Job Satisfaction and Retention

Recognising the multitude of factors that can impact on turnover, researchers have explored those factors that might be a positive influence. Central to the literature in this area is the role of job satisfaction. One large US study (Barth et al., 2008) describes characteristics associated with reported job satisfaction among a national sample of child welfare workers, focusing on education and training interventions that may strengthen the child welfare workforce (Fox et al., 2003). Results from research conducted by Landsmann (2001) reported findings which suggest that personal factors which relate to job satisfaction include perceived supervisory support, promotional opportunities within the agency or organisation, and a belief in the value of child welfare work. On the other hand, Um and Harrison (1998) reported that role conflict and the perception of a non-supportive organisational climate are associated with lower levels of job satisfaction. In fact, Gilsson and Durick (1988) reported from their study of human services workers that the strongest predictors of worker satisfaction—skill variety and role ambiguity—were job characteristics. Likewise, a review of job satisfaction research in child welfare by Dickinson and Perry (2002) found a positive relationship to other job characteristics: compensation, promotion opportunities, support and low role conflict.

The literature on workplace recruitment and retention suggests that those who remain in child protection are those who have had a more positive experience in their role. In their study of child welfare workers, Dickinson and Perry (2002) found that those workers remaining in child welfare jobs had significantly higher levels of job satisfaction with regard to personal and job characteristics, including supervisor support and recognition, opportunities for personal and professional growth, recognition from other professionals and opportunities to make a difference in a client's life. Personal factors (including professional commitment, previous work experience, education, job satisfaction, efficacy and personal characteristics such as age) can have a positive influence on the retention of child care staff (e.g., Smith, 2005). This is also true in the case of organisational factors, including higher salaries, supervisory support, reasonable workload, co-worker support, opportunities for advancement, organisational commitment and valuing employees (Ellet, Ellet & Rugutt, 2003). According to many studies which examined the factors affecting staff recruitment and retention in child welfare agencies, low salaries and high caseloads contribute to stress and burnout of staff and increased staff turnover (Yoo, 2002; Zlotnick et al., 2005; Ellet et al., 2003). Research on perceived organisational support has suggested that workers in an organisation form opinions about the degree to which they are valued by the organisation through such indicators as case load size and salary levels (Smith, 2005). Following this line of thinking, high case loads and low salaries suggest to workers that

their contributions to the organisation are held in low esteem and that their welfare is not a consideration. This results in low organisational commitment and high staff turnover. Glisson and Hemmelgarn's (1998) study of the Tennessee child welfare system reported that organisational climate (which included role stressors such as role clarity, role overload, and role conflict) is more predictive of service outcome than service quality, although organisational climate affects both.

A recent study conducted by Evans and Huxley (2009) focused specifically on the factors that are associated with the recruitment and retention of social workers in Wales. There, as elsewhere, staff shortages are in evidence across the whole care sector, affecting professionally qualified and non-professionally qualified care staff (Fleming & Taylor, 2007), but according to Harlow (2004) the problem is particularly acute in nursing and social work with staff shortages arising from a consequence of difficulties in recruiting and retaining qualified staff. Harlow (2004) states also that there are high rates of sickness absence and an overall reduction in the numbers being attracted onto social work training programmes. The complex issues surrounding job dissatisfaction have been highlighted earlier and as a result of these findings initiatives such as using international recruitment and agency workers or using other types of incentives aimed at attracting and retaining staff have been tried, though there is little evidence about their effectiveness. According to Evans and Huxley (2009), if recruitment and retention problems are to be resolved in the long term, data (preferably longitudinal) that inform our understanding of the characteristics and future intentions of the current workforce, the characteristics and future work plans of those intending to leave the workforce, predictors of high recruitment and retention problem rates and staff intention to leave must be made available for consideration, alongside projections of future care needs.

So far the research reviewed has placed a great level of significance on how social workers perceive the support they receive and how support and effective peer supervision can influence a social worker's decision to leave their job, or even the amount of satisfaction that they can derive from it. Smith (2005) attempted to study this notion in detail. The impetus for this work came from the fact that, despite ongoing efforts to develop reliable measures for collecting and reporting staff turnover, current estimated withdrawal rates for child social workers range as high as 23% to 85% per year, varying substantially among agencies (Thoma, 2003). Of course, conceptual models to explain employee turnover have been developed and tested in the psycho-sociological and management literature. These models, incorporating concepts such as perceived psychological support and organisational commitment, have been applied to a variety of workplace settings, including human services, but few studies have tested such conceptual models in this context. According to Smith (2005) there is a belief that frontline child welfare staff stay in their relatively low-paid, high-demand jobs because they find intrinsic value in their work even though the press routinely criticises their work. Jayaratne and Chess (1984) found that compared with other human services staff, child welfare staff described their work environments as more stressful, more demanding and less challenging. These perspectives on social work stress, job satisfaction and work challenge are mirrored in the present research team's previous findings in their research on social workers at the beginning of their careers (Redmond et al., 2008).

Studies have identified the importance of interactions among individuals in the workplace (Glisson & Durick, 1988; Sandfort, 1999) and notions of reciprocity and social exchange (Blau, 1964). Both the theory and empirical findings indicate that through workplace social interactions, employees develop notions about what to expect from a job and how to appropriately respond to job conditions. Once such notions

develop, they become reinforced through subsequent interactions. Organisational support theory suggests that employees develop perceptions about the extent to which their employing organisation values their contributions and cares about their welfare (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002). These researchers identified the relative importance of organisational, job and individual characteristics associated with job retention in child welfare, assessing the role of organisational support as expressed through extrinsic rewards, supervisor support and intrinsic job value in explaining job retention. They found that staff who perceive their organisation and/or supervisors to be supportive and those who find intrinsic value in their work are more committed to their jobs and less likely to leave.

Staff Burnout

Within the context of job satisfaction and retention one significant topic of research has been staff burnout. There is debate in the literature as to the precise definition of burnout (Brill, 1984), but it represents a significant component of chronic stress, containing elements of chronic exhaustion, depersonalisation and reduced feeling of personal accomplishment (Maslach et al., 1996). Importantly for the findings of this report, burnout can impair the effectiveness of the worker (Collins & Murray, 1996). In terms of staff burnout, the work of Smith (2005) echoes the findings from a review conducted by Bednar (2003) which focused attention on factors that are needed to create a child welfare service that could support and retain its workers. Bednar's (2003) concerns emerged from the fact that rapid staff turnover, along with the presence of the burnout symptoms of stress-related emotional exhaustion, depersonalisation, and impaired performance are commonly raised as serious concerns about many child welfare workers (Drake & Yadama, 1996).

Burnout and turnover among child welfare workers create a problem of crisis proportions, with turnover rates of 46% to 90% over a 2-year period being common (Drake & Yadama, 1996). This loss of trained and experienced workers drains desperately needed skills and energy from the system. Job satisfaction, burnout and staff turnover have been shown to be strongly correlated, and decreased satisfaction and increasing burnout may impair workers long before they decide to leave their positions (Silver et al., 1997). There is evidence that organisational climate—or the attitudes which employees collectively hold about their work environment—affects not only job satisfaction, but quality of services, consumer satisfaction, client outcomes and even the risk of child maltreatment by staff (Glisson & Hemmelgarn, 1998). Above all, a supportive and consultative supervisor can help to develop an atmosphere of trust where open communication, cooperation and honest expression of feelings flourish. Responsible supervision creates a relationship in which the social worker feels safe in expressing fears, concerns and inadequacies (Welfel, 1998).

Summary

According to the literature, the recruitment and retention of social workers within the child protection and welfare field are two of the greatest challenges faced internationally in the context of social work. The knock-on effect of staff turnover leads to concern over the quality of care that can be given by service providers that are short-staffed or pressurised to meet supply demands. From the literature review we learn that many authors and researchers are in agreement that in order to ensure quality of service (as well as creating stable work environments for social work staff), specific issues associated with recruitment

and retention need to be addressed. To begin, the literature seems to suggest that when recruiting staff it is crucial that they are highly motivated to work in conditions conducive to social work practice (e.g., ones without heavy case loads, unregulated supervision, bureaucratic restraints and frequent media criticism). We also learn from this review, specifically regarding retention, that interest has been paid to the type of factors which lead to job dissatisfaction and the suggestions to improve this concept. One of the primary means suggested to improve this is to ensure that a high quality of supervision and mentoring is provided. The impact of such supervision and mentoring, according to the literature, helps frontline social workers overcome some of the challenges that they face. Finally, the review reveals that those who find greater levels of intrinsic value in their work may be more committed to their jobs and less likely to leave. This is an important issue, especially in view of earlier findings from the research team (Guerin et al., 2010) that, even at the beginning of their training, social work students had clearly negative perceptions about the levels of job satisfaction in the area of child protection and welfare in the HSE.

3. Study Methodology

Overview

Based on existing knowledge of international trends in workplace experiences and behaviour of social work staff in the area of child protection, this study has explored the expectations and experiences of social workers in relation to employment in the area of child protection and welfare from a number of perspectives. In order to do this, the study used a complex mixed-methods design (Creswell, 2003) that involved a number of core components. These were:

- Analysis of existing data sources, e.g. relevant service data regarding employment patterns, retention, etc. held within the HSE.
- A pencil-and-paper questionnaire developed to assess the experiences and perceptions of first year trainees in four Irish universities, studying for either a Masters degree in social work or an undergraduate degree in social work.
- A web-based questionnaire survey designed to explore the experiences and views of practising social workers and to measure levels of both burnout and engagement and coping strategies, using standardised instruments.
- In-depth qualitative focus groups and telephone interviews held with a number of participants from the practising social work group (above).
- Final qualitative focus group with experienced social workers in high-level management positions in the field of child protection.

Within this research methodology, a sequential explanatory design (Creswell, 2003) was used. This strategy represents a highly effective way of balancing the perceived weaknesses of traditional qualitative and quantitative data used on their own. In addition, this approach enables assurances to be gained in the validity of the resulting findings, by basing them on information that is triangulated across different methods. These represent both quantitative assessment and the qualitative 'lived experiences' and perceptions of participants. As a result of this strategy, data have been collected through both self-report questionnaires, focus groups and telephone interviews, and during data analysis the different types of data have been treated with equal weight.

Participants and Sampling

In sampling participants, two main groups and three sub-groups were targeted:

1. Those currently completing professional social work training programmes in Ireland
2. Those with their social work training completed, currently working in the HSE. These were distinguished in three sub-groups:

- a. Those with 5–10 years experience;
- b. Those with 10 and more years post-qualification experience;
- c. Those in high-level leadership posts (Principal Social Workers etc.).

1. Student Cohort

Student or trainee participants for the study were sourced through the four Irish universities (NUIG, UCC, UCD and TCD) who deliver Irish professional social work training. All students taking up places on these training courses during the academic session 2008/2009 were invited to take part in the questionnaire component—a total of N = 166 trainees. Overall, N = 123 students from across the four universities took part in this phase; a 75% response rate. This sample group was made up of n = 101 female and n = 21 male participants (one participant did not identify their gender). The mean age (M) of the overall group was 25.77 years (SD = 6.99), with the age range being 17–55 years. Appropriate ethical approval for the collection of these data with students was sought and granted.

2. Professional Cohort

To gather quantitative data from the professional cohort, all social workers employed by the HSE were invited to take part in this study. As the distribution of a web-based questionnaire was controlled by the Communications Section of the HSE, the exact number contacted cannot be judged. However, the HSE estimate that a potential pool of approximately N = 1200 social workers were contacted from which n = 182 participated. Of these, n = 36 were male and n = 146 were female. This sample group had an age range spread from 20-25 years to 60-65 years (assessed using age categories).

Participants for focus groups and telephone interviews were drawn from workers who self-identified on their web-based questionnaire as being agreeable to further involvement in the study. All those doing so were contacted by phone or email (n = 24). Two focus groups were subsequently set up; one for participants with 5-10 years experience and one for those with 10 years experience and over. However, work pressures caused a small change in the groups at the last minute (one participant did not attend their allocated group, but did attend a later one), so the work experience profile of these groups changed slightly with n = 5 in the 5-10 year experience group and n = 6 in the 10 years+ experience group. The rest of the self-identifying group were offered telephone interviews (using the same topic schedule as the focus groups) and all but two of this group (n = 11) took part in such individual interviews. Lastly, the research team put out a call, with the help of a contact from the IASW, for participants for the group of experienced social workers in high-level leadership roles. A Principal Social Worker responded, agreed to publicise the research, and arranged membership of this final group (n = 4 participants).

3. Institutional Data Review

The research team felt it important to get as accurate a picture as possible of current and past retention, inter-agency job mobility and intra-agency job turnover of social workers in the HSE, particularly in the area of child protection and welfare. To this end the HSE were approached and asked for access to any employment records that might shed light on social work staff recruitment, including inter-HSE geographic mobility and/or inter-HSE mobility in terms of professional social work posts (including movement to posts

of responsibility). Any other demographic details that could help the team (such as age, gender, nationality and training background) were also sought. It was hoped that such data might allow the team to track HSE social work career evolution, identify geographical and role areas with significantly higher/lower areas of employment attrition, and any other emerging employment patterns across the group as a whole. Any records provided to the research team were utilised in the current research.

Materials

The key materials for the quantitative aspect of this study were two anonymous self-report questionnaires, specifically developed for the present study. Firstly, a non-standardised self-report questionnaire was designed for use with the trainee sample to gather data on the opinions, perceptions and expectations of trainees about social work. Aspects of this questionnaire drew on the research team's previous work in the area, allowing for a greater capacity for data comparison (Redmond et al., 2008; Guerin et al., 2010). This questionnaire was divided into six sections.

1. The first focused on collecting demographic data in order to understand more about the sample taking part.
2. The next section asked trainees how relevant they felt a range of topics (e.g., social work theory, social work and the law, child care practice, etc.) were as subjects on their training courses.
3. The third section questioned trainees on their perceptions of the levels of professional expertise, job satisfaction and work-related stress that were attached to the primary areas of social work employment.
4. The fourth section focused on trainees' recent stress experiences and their coping techniques. Part of this section invited trainees to rate the levels of job satisfaction they had experienced while working one month prior to completing the survey. It also asked a prospective question on how stressful they perceived the course they were taking part in. This section also included questions adapted from the Cope Scale (Carver, 1997), which was included to allow for greater learning on trainees' approaches to dealing with stress.
5. The fifth section inquired into levels and sources of support received by the trainee.
6. The final section asked the trainee participants about their plans for working as a social worker, once they qualified.

Another self-report web-based questionnaire was developed specifically for use with the professional social work sample. This included a number of the sections described in the student version with extra data also being explored, such as demographic characteristics of the sample taking part in the study. As with the trainee cohort, participants were asked to rate the levels of professional expertise, job satisfaction and work-related stress that they felt was attached to the primary areas of social work employment. The questionnaire also contained a section which questioned the sample on their social work experience to date and the length of time they spent working in various areas. In addition, the professional questionnaire also included The Maslach Burnout Inventory (Maslach & Jackson 1981; 1986) and the Utrecht Work

Engagement Scale (Schaufeli et al., 2006). This questionnaire also included a number of open-ended questions which focused on gaining insight into the experiences of social workers, such as their interpretations of the primary challenges and strengths of working as a social worker, their experience of supervision, training and development. Lastly, the participants were invited to make recommendations on how their experiences of social work employment could be enhanced.

Procedure

Collection of data from the trainee sample was concluded over a four-month period. Arrangements were made in each of the four universities to allow data to be collected via pencil and paper questionnaire during one hour of scheduled class time. Participants were also invited to provide their details if they wished to be contacted regarding focus group participation. These sheets were immediately separated from the participants' questionnaire response sheets to ensure that anonymity was maintained. Once this phase of testing was complete the quantitative data were entered into SPSS™ and analysed.

In order to communicate about the study with the cohort of professional social workers currently employed by the HSE, a letter was electronically distributed via internal communications in the HSE to all social workers. This letter was designed to inform individuals of the nature and aims of the study, and it came from a member of the research team with a background in social work. Following from this, an e-mail was again distributed internally to all workers which contained a link to the web-page supporting the questionnaire. At that time, there had been a decision to leave the questionnaire open to potential participants for four weeks. However, at the end of that four week period there were very few responses, despite a reminder e-mail having been sent out two weeks previously. A decision was then taken to extend the data collection time by another four weeks. An e-mail was again internally distributed informing all social work employees of the time extension. At the end of that time period, there was a response rate of approximately 22%. The data gathered by the web-based questionnaire was downloaded into Excel and then transferred to SPSS™.

Participants for the focus groups and telephone interviews were organised using the names of those who had indicated on the web-based questionnaire that they were interested in further involvement in the research project. Every respondent who indicated an interest was telephoned and, when it suited their schedules, they were offered a place in one of the two focus groups held in Dublin. In-depth telephone interviews were offered to those who could not attend focus groups. The same topic schedule, designed to further explore issues arising from the previous stages of the research was used with the focus groups and the telephone interviews. All qualitative groups and interviews were recorded, transcribed and analysed.

4. Analysis of HSE Institutional Data on Retention/Mobility within Social Work²

Social Work Careers: Exploiting Administrative Data

The focus of this study has been on the experience of social workers as they train for, take up and continue in employment in the public health services. Several inter-related concerns underpin this focus, notably in relation to retention of staff with appropriate skills, job satisfaction and morale, and job mobility and career development. The study has pursued these concerns, exploring the experiences and views of trainees, social workers and the in-depth qualitative interviews with a smaller sample of each of these groups, each described in detail in the present report. In addition, the project has also sought to explore the potential of existing administrative data, routinely collected by the HSE itself, to shed light on the career trajectories of those entering social work, and on staff retention and development, findings of which are reported in this section of the report.

Awareness of the enormous potential of administrative data collection systems to serve as sources of information for statistical and planning purposes has increased markedly in recent years in Ireland, as exemplified by the emphasis in the National Statistics Board's Strategy for Statistics 2003-2008 on greater statistical use of administrative data, and the progress made by the Central Statistics Office (CSO) in pushing forward that agenda. The health services are recognized as a particularly important area in this regard. Investigating the current situation with respect to administrative data on social work, and pointing to how best to develop these sources so they provide as much relevant information as they can, is thus an important component of this broader thrust across the Irish public sector.

Ideally, to understand the extent of retention issues in the organisation, administrative data should enable tracking of a number of inter-related factors, following the evolution over time of the careers of those taking up employment as social workers with the HSE. These factors include how long individuals serve in particular roles and locations; when such roles and locations change; how many leave from different roles and areas; and perhaps even what employment (if any) they take up on leaving. Such data could produce a picture of the "typical" career path of those who entered at various points in the past, and how both those careers and the likelihood of leaving depend on the point at which they came onto the job market/entered the HSE. The extent of mobility both geographically and across areas of work could be tracked, and areas (both in terms of role and geography) for which retention appears to be a particular problem, could be identified. Importantly this would allow analysis of both the "stock" and "flow" aspects of the data. Focusing on the currently-employed social work staff, one would want to be able to profile that "stock" in terms not only of age, grade, point on the salary scale, qualifications on entry etc., but also their experience over the course of their career in different roles—requiring detailed retrospective data on current employees. In addition, though, one would also want to be able to capture and analyse flows into and out of employment, and into and out of different roles and areas of activity. Thus, for example, it would

²See for example *Statistical Potential of Administrative Records: An Examination of Data Holdings in Six Government Departments*, Working Report, Central Statistics Office, September 2003, *Statistical Potential of Business and Environment Enterprise Data Holdings in Selected Government Departments*, Working Report Central Statistics Office, December 2006

be of great value to be able to take the stock of employees at some point in the past—say 5 or 10 years ago—and profile their trajectories within the organization or exit. The unit of interest is thus not just those currently in employment as social workers in the health services, but those who are in such employment at any point over time.

Whether this potential could in fact be exploited by the research team depended crucially on what data are routinely collected in the course of administering the system, notably its payroll and HR function, and the way that information is recorded and accessed. This study began by setting out the type of information that might potentially be available, and exploring with relevant HSE staff the extent to which current data systems allowed such information to be produced, iterating to the production and supply of available and accessible data to be described shortly. We are indebted to these staff for their unstinting co-operation, without which no progress would have been possible. Our aim has been to examine and discuss the data supplied, serving to bring out how this information source can be developed to enable its potential to be more effectively exploited in the future.

The Information Sought/Provided

In engaging with the potential for extraction of relevant data from personnel/administrative systems, the first aim was to see how comprehensive a picture of the current HSE social work workforce and their careers was attainable. To this end, information was sought to enable the profiling of these employees in terms of:

- Current age;
- Gender;
- Current Grade;
- Current area of work—child protection, mental health, child and adolescent health, etc.;
- Qualifications.

To enable the career trajectory of current staff to be tracked, information was sought on:

- Date joined the Health Board/HSE;
- Point on the scale at which joined;
- Previous areas of work;
- Progression through the grade structure since first employed—number of years spent at each grade;
- Qualifications on entry and those subsequently acquired, if any.

Focusing not on current staff but on turnover/retention, information was sought on how many social workers left in the last year, last three years, last five years and last ten years, and for each, their distribution in terms of age and the area of activity in which they last worked. Turnover in a given period in different

areas of activity and geographical areas was also of interest—that is, how many staff were replaced in a particular community care area and area of activity in the previous year, three years and five years.

It became clear at an early stage in this phase of the research that the HSE’s administrative systems were in a position to access information from PPARS on employees in most of the former health boards, but not the South or South-East. The social workers covered would be those employed by the relevant health board only (not for example those employed by voluntary hospitals). It also emerged that the analysis would not be possible across the HSE as a whole, but in former health boards (covered by the data) since that was the basis on which the administrative/payroll systems had been constructed. This also meant that in terms of career trajectories the date of joining or leaving the Health Board in question was available, but not if the person moved from or to another Health Board. It was also the case that the information available varied across the former Health Boards, and was thus provided separately for the Eastern Region Health Area (ERHA), the Midlands, North West and Mid-West, the North Eastern, and the Western. We now describe and analyse the information provided for each of these in turn.

1. Data for the ERHA

The data provided for the former ERHA, as for the other areas to be discussed, was in the form of a number of spreadsheets. These showed first a listing of social work staff in HSE employment (as of late-2008) by geographical location, grade, and current point on the salary scale. From this one could derive first the staff profile by grade shown in Table 1. The grade categories employed were not transparent—for example the distinction between “Professionally Qualified Social Worker”, “Social Worker”, and “Social Worker Professional Grade”. A total of N = 382 staff were shown, of whom n = 291 (76%) were in the category “Social Worker Professional Grade” and a further n = 64 (17%) were categorised as “Professionally Qualified Social Worker”. The level of responsibility within these categories may presumably have varied significantly, and the extent of the team leadership roles assumed by social work staff was not clear. The N = 382 social work staff covered by the data did not appear to include qualified social work staff working in management roles. Thus it was difficult to achieve a clear picture of the hierarchical and team structures within which social work was practised in the HSE.

Table 1: ERHA Social Work Staff (Late-2008)

<i>Grade</i>	<i>Number</i>	<i>%</i>
Professionally qualified social worker	64	16.8
Social Care Leader	3	0.8
Social Worker	9	2.4
Social Worker (non-professionally qualified)	2	0.5
Social Worker Professional Grade	291	76.2
Social Worker Head Medical	2	0.5
Social Worker Medical	8	2.1
Senior Social Worker	2	0.5
Social Worker, Senior Medical	1	0.2
Total	382	100

The information provided on current point in the salary scale was used in Table 2 to look at the distribution of these N = 382 staff in those terms. We see that 35% were on points one or two, while only 8% were on the top point of the scale. This suggests that opportunities for grade advancement had been available in

recent years—a higher proportion on the top point might be a cause for concern in that respect—although that may not continue to be the case in the changed economic environment; the substantial proportion at the intake level suggests that effective incorporation of new staff into existing teams was likely to have been a significant challenge.

Table 2: ERHA Social Work Staff by Point on Salary Scale

<i>Grade Point</i>	<i>Number</i>	<i>%</i>
1	59	15.6
2	73	19.2
3	53	13.9
4	46	12.1
5	43	11.3
6	22	5.8
7	52	13.7
8	32	8.4
Total	380	100

The researchers would have liked to profile current staff by area of activity, but the data supplied lists staff only by geographical location. However, while activity type could be inferred from location in at least some cases, this would only have been possible on a case-by-case basis with detailed knowledge of the activities carried out in different centres/locations. This highlights the importance of having information on activity type directly included in and available from the database.

Age and gender were not shown in the data supplied, though they are presumably recorded in the underlying databases in some form. As far as qualifications are concerned, no information was included, although in some cases the absence of a professional social work qualification can be inferred from the grade description.

Turning to turnover and retention, another of the spreadsheets provided lists those leaving the ERHA over the period 2001-2008, a total of N = 575 cases. Table 3 shows the distribution of these cases by year, with a relatively even spread over the years up to 2007, but a significant dip in 2008. Table 4 shows the age distribution of these cases, and they were heavily concentrated in the younger age ranges, with only a small proportion attributable to retirement on age grounds. However, the interpretation of these data is problematic because in some cases the same individual was shown to have left on a number of different occasions/dates—presumably subsequently being rehired—but also because transferring to employment outside the ERHA would appear to be included.

Table 3: ERHA Social Work Staff Leaving 2001-2008

Year	Number	%
2008	42	7.3
2007	75	13.0
2006	74	12.9
2005	66	11.5
2004	84	14.6
2003	113	19.6
2002	84	14.6
2001	37	6.4
Total	575	100

Table 4: ERHA Social Work Staff Leaving by Age, 2001-2008

Age	Number	%
Less than 30	207	36.1
30–39	245	42.7
40-49	60	10.4
50-59	49	8.5
60+	13	2.3
Total	574	100

Finally, a spreadsheet showing data on staff “hires” since 2000 was also provided, showing the date employment commenced. This covered N = 975 cases, but was again complicated by the fact that “rehires” were counted as separate cases so the same individual often appeared a number of times—on occasion, as many as four. Stripping these out left n = 777 individual cases, and Table 5 shows these by “years since started”. However, it is not clear how this is to be interpreted, since some have left—and it is years in HSE employment that would be of interest.

Table 5: ERHA Social Work Staff “Hires” by “Years Since Started”, 2000-2008

Number of Years	Number	%
0	38	4.9
1	72	9.3
2	85	10.9
3	75	9.7
4	103	13.2
5	61	7.8
6	143	18.4
7	147	18.9
8	53	6.8
Total	777	100

It would be very advantageous to be able to link this information on “hires” to the information on “leavers” and the assignment of individual case identifiers in the system/spreadsheets should make this possible. However, linking the spreadsheets as provided on a case-by-case basis would be a circuitous and time-consuming way of arriving at a once-off linkage, with only very limited information on each case. This brings out the desirability of designing the data capture, storage and retrieval systems to incorporate the facility to analyse career trajectories over time for the current stock of social work staff looking backwards and to track those trajectories going forward.

2. Data for the Midlands, North-Western and Mid-Western Health Boards

We now describe and examine the data provided, again in the form of a number of spreadsheets, for the former Midlands, North-Western and Western Health Board areas. Table 6 shows the staff numbers in late-2008 by grade, covering N = 415 social work staff. The grade categories are not identical to those used in the ERHA, but show that n = 237 out of the N = 415 staff, or 57%, were shown as “Social Worker Professionally Qualified”. In this case “Team Leaders” are distinguished and account for one-fifth of the total.

Table 6: M, N-W, M-W Social Work Staff Late-2008

<i>Grade</i>	<i>Number</i>	<i>%</i>
MWHB Principal Social Worker	15	3.6
MWHB Senior Social Work Practitioner	12	2.9
Social Work Practitioner Senior	16	3.9
Social Worker (non-professionally qualified)	23	5.5
Social Worker Professionally Qualified	237	57.1
Principal Social Worker	12	2.9
Social Worker Psychiatric	6	1.4
Social Worker Medical	10	2.4
Social Worker Team Leader	84	20.2
Total	415	100

The distribution of these staff by point on the salary scale is shown in Table 7. In contrast to the ERHA, a much smaller percentage of social workers were on points one or two—only 8%—whereas the majority were on points 7 or 8. This represents a very different profile and might be expected to give rise to different challenges from a management and HR perspective.

Table 7: M, N-W, M-W Social Work Staff by Point on Salary Scale

<i>Grade Point</i>	<i>Number</i>	<i>%</i>
1	16	3.9
2	18	4.3
3	23	5.5
4	27	6.5
5	28	6.8
6	43	10.4
7	139	33.5
8	108	26.0
9	7	1.7
10	6	1.4
Total	415	100

In this case, both age and gender were also available in the data provided. Of the total of N = 415, 349 or 84% were female and the remaining 66 or 16% were male. Table 8 shows that most were in the 30-49 age range, with only 12% under 30 and 3% aged 60 or above.

Table 8: M, N-W, M-W Social Work Staff by Age

Age	Number	%
Less than 30	51	12.2
30–39	149	36.0
40-49	122	29.3
50-59	80	19.3
60+	13	3.1
Total	415	100

Focusing on area of activity, once again more information was available than was the case for the ERHA: cases were listed by “HSE Service Department”. While this provides a firmer basis on which to infer area of activity in many cases, there remain a considerable number of instances where this would be done reliably only by someone intimately familiar with the details of the service provision structure in the area. Once again, entering a flag variable indicating activity type on the database would be extremely valuable.

Some information was also available and provided for these former health boards relating to career trajectories in terms of grades for current staff, showing date employed and grade at that point and other grades subsequently occupied (if any), together with number of years at each grade. This is presented on a case-by-case basis and would be cumbersome to analyse in that format, but it could form the basis of a valuable analysis querying the underlying database.

Turning to turnover and retention, Table 9 shows the number leaving over the period from 2000 to 2008 by age. We see that n = 303 staff are shown to have left, and that almost two-thirds of these were aged under 40 with very few leaving on reaching retirement age. Once again, though, not knowing whether these staff have transferred to other HSE areas, taken up other social work employment, or left the profession makes it hard to interpret these figures in substantive terms.

Table 9: M, N-W, M-W Social Work Staff Leaving by Age, 2000-2008

Age	Number	%
Less than 30	56	18.5
30–39	138	45.5
40-49	55	18.2
50-59	43	14.2
60+	11	3.6
Total	303	100

Staff turnover can again be explored using data supplied for these former Health board areas. Table 10 shows that a total of n = 501 cases are shown on the relevant spreadsheet, with in this case about half being at least six years since date of employment. Once again, it is difficult to interpret these figures without linking them directly to which employees have left the area and which have left the HSE.

Table 10: M, N-W, M-W Social Work Staff “Hires” by “Years Since Started”, 2000-2008

<i>Number of Years</i>	<i>Number</i>	<i>%</i>
0	14	2.8
1	16	3.2
2	56	11.2
3	46	9.2
4	48	9.6
5	68	13.6
6	90	18.0
7 or more	162	32.3
Total	501	100

3. Data for the North-Eastern Health Board

Data was also supplied, separately, for the former North-Eastern and the Western Health Boards. These covered the more limited information available for the ERHA rather than the more extensive set available for the Midlands, North-West and Mid-West areas. The numbers involved were small, and the figures are presented here for the former North-Eastern area in this section, with the corresponding figures for the Western area in the following section. A total of N = 52 social work staff were reported in the former North-Eastern area, and Table 11 shows their profile by grade. While the grade/position categories are again different, almost 70% are shown as in the “Social Worker Professionally Qualified” category.

Table 11: N-E Social Work Staff Late-2008

<i>Grade</i>	<i>Number</i>	<i>%</i>
Social Worker (non-professionally qualified)	1	1.9
Social Worker Professionally Qualified	36	69.2
Social Worker Medical	4	7.7
Social Worker Senior Medical	8	15.4
Social Worker, Single Handed	3	5.8
Total	52	100

Table 12 shows the distribution of these staff by point on the salary scale, where about 40% were on the top two points and only a small proportion were on the first 3 points.

Table 12: N-E Social Work Staff by Point on Salary Scale

<i>Grade Point</i>	<i>Number</i>	<i>%</i>
1	2	3.8
2	5	9.6
3	2	3.8
4	9	17.3
5	8	15.3
6	5	9.6
7	14	26.9
8	7	13.5
Total	52	100

In gender terms, n = 47 of the N = 52 staff were women, with only five men. Their age profile is shown in Table 13, where we see that most were in the 30-39 range and very few were aged 50 or over.

Table 13: N-E Social Work Staff by Age

Age	Number	%
Less than 30	10	19.2
30–39	33	63.5
40-49	7	13.5
50-59	1	1.9
60+	1	1.9
Total	52	100

The spreadsheet provided on “leavers” since 2001 shows 34 cases, with their age distribution as shown in Table 14—with only a small proportion are aged 40 or over.

Table 14: N-E Social Work Staff “Leavers” 2001-2008 by Age

Age	Number	%
Less than 30	12	35.3
30–39	16	47.1
40-49	3	8.8
50-59	4	11.8
60+	0	0
Total	34	100

The separate spreadsheet provided showing “hires” over the same period covers n = 86 cases, mostly different individuals rather than rehires.

4. Data for the Western Health Board

The corresponding figures for the former Western Health Board area show a total of N = 65 social work staff in employment in late 2008, and their distribution across the grades is given in Table 15. In this case about 70% are in the “Social Worker Professionally Qualified” category, with a relatively high proportion—35%—either Medical Social Workers or Senior Medical Social Workers.

Table 15: Western Social Work Staff Late-2008

Grade	Number	%
Social Worker (non-professionally qualified)	1	1.5
Social Worker Professionally Qualified	40	61.5
Social Worker Medical	15	23.1
Social Worker Senior	1	1.5
Social Worker Senior Medical	8	12.3
Total	65	100

Table 16 shows the distribution of these staff by point on the salary scale, with about 45% on the top two points and once again only a small proportion on the first 3 points.

Table 16: Western Social Work Staff by Point on Salary Scale

<i>Grade Point</i>	<i>Number</i>	<i>%</i>
1	2	3.1
2	5	7.7
3	7	10.8
4	5	7.7
5	8	12.3
6	8	12.3
7	21	32.3
8	9	13.8
Total	65	100

In gender terms, n = 58 of the N = 65 staff were women, with only seven men. Their age profile is shown in Table 17. A majority were in the 30-39 range and very few were aged 50 or over.

Table 17: Western Social Work Staff by Age

<i>Age</i>	<i>Number</i>	<i>%</i>
Less than 30	13	20.0
30–39	34	52.3
40-49	12	18.5
50-59	5	7.7
60+	1	1.5
Total	65	100

The spreadsheet provided on “leavers” since 2001 shows n = 54 cases; their age distribution is shown in Table 18, with 70% aged under 40.

Table 18: Western Social Work Staff “Leavers” 2001-2008 by Age

<i>Age</i>	<i>Number</i>	<i>%</i>
Less than 30	21	38.9
30–39	17	31.5
40-49	4	7.4
50-59	8	14.8
60+	4	7.4
Total	54	100

The spreadsheet provided showing “hires” over the same period comprises n = 120 cases, mostly different individuals rather than rehires.

Overall Patterns

Given the limitations of the data collected, discussed in more detail below, it is hard to present any significant findings here from the analysis. However, some rough patterns do emerge which should be noted. Firstly the gender distribution of the social workers in these data show them to be in line with national figures for social workers in Ireland in 2005 (NSWQB, 2006) of 83% female and 17% male, and with international figures where a divide of 80:20 is the norm in the US (Kang & Krysik, 2010). Another pattern is the relatively young age of the workers, with the majority of those recorded in post in the period 2001-2008 being under 40 and those leaving their posts with the biggest group of leavers being those

between 30-39 years of age. Given the limitations of any further possible analysis, the rest of this section will focus on a discussion on the potential for this type of data in offering clear evidence of current mobility within the profession and as a means whereby the impact of any new retention initiative could be fully evaluated using robust data.

Developing the Potential of Administrative Data on Social Workers

We began this discussion by pointing to what could ideally be done with administrative data: to track the evolution over time of the careers of those taking up employment as social workers with the HSE, how long they serve in particular roles and locations and when those change, how many leave from different roles and areas, and perhaps even what employment if any they had on leaving. The extent of mobility both geographically and across areas of work could be tracked, and areas where retention appears to be a particular problem identified. The immediate aim of the project has been to investigate the current situation with respect to administrative data on social work, with the cooperation of HSE staff without which it would not have been possible. Having set out and examined here the type of information that is currently available; this falls short of what could potentially be produced from such administrative data. We conclude by highlighting some key considerations in thinking about how best to develop these sources so they can better serve the analytical and planning needs of the HSE, as well as the broader research and policy community more generally.

As noted earlier, whether such information can be produced depends crucially first on precisely what data are routinely collected in the course of administering the system, notably its payroll and HR function, but additionally on the way information is recorded and accessed. The first requirement is that this must cover the entire HSE in a consistent harmonized fashion. This is clearly a major challenge, given the legacy of health board-specific systems, but it is hard to see how suitable data on the social work workforce as a whole can be produced otherwise. Secondly, the need for harmonized data at output stage means not only that the information obtained at input stage must cover the same topics, but that the way it is recorded and stored in terms of categories employed—for example the grade and role of the employee—must also be consistent. Furthermore, if the area of activity in which the social worker is engaged is of central interest, then this must also be entered onto the data record, again in a fashion that is consistent across different parts of the country.

The way information is stored and accessed is also critically important. We have emphasized the importance of not only being able to profile the current workforce, but also being able to measure and investigate retention and exits. To be able to study and understand career choices, both “hires” and “leavers” have to be tracked, so one can see for example not only the age at which staff exit, but also the area of work they were engaged in. In addition to the nature of the information recorded, though, the data also has to be stored and accessed in a way which enables different analytical perspectives to be adopted—to identify, for example, all those leaving over a period of years and not rehired. It would also be very useful, where possible; to record on exit any information available as to whether the person was going to another social work role with a different employment versus not working. Analysis across the HSE as a whole is clearly essential if true “exits” from the public social work service are to be distinguished from transfers across former health boards.

The potential value of data from administrative sources is great. To enable this potential to be fulfilled, it is essential that first a clear specification of what one would want to know is set out. Given that specification, enhancing the data currently obtained and the programming and other aspects of storage and retrieval can become a project in itself, with progress to be achieved over a period but a road-map available at an early stage. It is hoped that the discussion and analysis in the present report serves to highlight the value of such an enterprise and provides a point of departure.

5. Quantitative Findings

In reporting the findings from the quantitative questionnaires, the analysis of the student and professional cohorts will be presented separately. Any patterns or comparisons will be discussed in a later section.

A. Student Cohort

Demographic Details

A total of N = 123 students from four universities (NUIG, UCC, UCD and TCD) took part in this phase. This represented 74% of the total population across the four institutions. Data were collected from five sample groups in total, students who were studying for either a postgraduate qualification or an undergraduate qualification in social work. Response rates across each of the five programmes are reported in Table 19 below, and the response rate ranged from 44% to 92%.

This sample group was made up of N = 101 female and N = 21 male participants (one participant did not identify their gender). The mean age (M) of the overall group was 25.77 years, with the age range being 17-55 years. Within this group, 9.9% of the sample were married, 62.8% were single, 1.7% were divorced, and 0.8% were separated and 24% reported being in a long term relationship. Of the participants, 81.9% had no children, 7.4% had one child, 3.2% had two children, 6.4% had three children and 1.1% had four children. The age of the children ranged from 6 weeks to 32 years. According to participant responses, 86.2% were born in Ireland, 0.8% of the sample group reported being born in Canada, 1.6% were born in England, 0.8% were born in Italy and also in Northern Ireland, 4.9% were born in Nigeria and finally, 2.4% were born in the USA.

Table 19: Key demographics for each university sample (N = 123)

University	Sample %	Gender	Age	Country of birth
NUIG	44%	1 male 7 female	M = 25.5 yrs, Sd = 1.77 Range = 23–29 yrs	Ireland = 100%
UCC	51%	3 male 22 female	M = 23.12 yrs, Sd = 2.94 Range = 20–31 yrs	Ireland = 92% USA = 4 %
TCD (PG)	90%	1 male 22 female 1 missing	M = 27.43 yrs, Sd = 6.08 Range = 21 - 44 yrs	Ireland = 79.2% Other England = 4.2% USA = 12.5%
TCD (UG)	92%	6 male 20 female	M = 25.34 yrs, Sd = 11.26 Range = 17–55 yrs	Ireland = 96.2% Nigeria = 3.8%
UCD	90%	10 male 30 female	M = 26.77 yrs Sd = 5.92 Range = 21–46 yrs	Ireland = 77.5% England = 2.5% Italy = 2.5% N. Ireland = 2.5% Nigeria = 12.5%

Having looked at the demographics of the entire participant group, Table 19 above also displays key demographics for the sample groups which represent each of the university training programmes. However, from this point on, the results presented in this report will be based on the entire sample group and will not be broken down into respective university groups.

Responses regarding Current Training Programme

Responses to the question ‘*which of the components of your social work programme do you think will be most valuable in preparing you for a career in social work*’, revealed that a significant majority of respondents (n = 109 participants, 93.2%) felt that supervised placements would be most valuable as compared with eight others (6.8%) who believed that university course work would be most valuable to them. By comparison, responses to the question ‘*on this course which of the following proportions of course work and supervised practice placements do you think would best prepare you to practice as a Professionally Qualified Social Worker?*’ were slightly less definitive. Nonetheless the findings revealed that the most common response was for a 50:50 structure: n = 26 participants (21.1%) opted for Option A (25% university course work: 75% supervised placements), n = 92 participants (74.8%) opted for Option B (50% university course work: 50% supervised placements) and five participants (4.1%) opted for Option C (75% university course work: 25% supervised placements).

The sample group were also asked how stressful they expected the social work programme to be, with ‘1’ indicating low stress and ‘10’ indicating high stress. From the responses given to this question (n = 121), the mean score was 7.54 (SD = 1.45) with scores ranging from 2–10, suggesting that moderately high stress levels were expected.

Participants were next asked to rate the relevance of a range of topics generally covered as part of social work training in preparing them for a career in social work, with a rating of ‘1’ indicating little relevance and ‘10’ indicating most relevance. Results from descriptive analysis reported that an overall mean score of 7.98 (SD = 1.06) emerged, which suggests that most students considered the course topics in general to be very relevant in their preparation for social work. Table 20 below indicates the mean scores for participants on each of the areas within the social work training programme. It is noted that none of the areas had a mean rating lower than 6.9, suggesting that there was no evidence that areas were seen as being irrelevant to working as a social worker. However, it is clear that areas such as child protection and welfare were seen as very relevant, as were counselling and practice skills.

Table 20: Participants mean scores for each area within the social work training programme

	N	Min	Max	Mean	SD
Child protection and welfare	121	4.00	10.00	9.0992	1.24100
Counselling/practice skills	121	4.00	10.00	8.8595	1.37420
Crime, social justice and probation	121	4.00	10.00	7.7934	1.59121
Health and disability studies	121	3.00	10.00	7.3471	1.66188
Human behaviour (psychology)	121	4.00	10.00	8.2562	1.63059
Mental health and health promotion	121	4.00	10.00	7.8347	1.52396
Law for social workers	121	4.00	10.00	8.6860	1.39064
Social policy	117	2.00	10.00	7.2479	1.89330
Social work research	121	3.00	10.00	6.9256	1.78029
Social work theories and models	121	3.00	10.00	8.1240	1.59985

Student Perceptions of Professional Social Work

Following on from this, participants were asked to indicate the 'Level of Professional Expertise' that they felt a professionally qualified social worker would need to operate effectively in a number of areas. In this situation '1' was indicative of little expertise, while '10' indicated the most expertise. Results showed, that on average participants reported that a high level of expertise would be needed generally across the areas ($M = 8.18$, $SD = 1.13$). Table 21 reports the ratings given for a range of areas within professional social work and a key pattern is that no area received a rating lower than 7.5. However, it is notable that high ratings were given to community care (child Protection & welfare), child and adolescent mental health services and specialist child services (fostering and adoption).

Table 21: Participants mean scores for levels of expertise in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	123	4.00	10.00	8.2846	1.47948
Community care - child protection & welfare	123	5.00	10.00	8.8537	1.25895
Specialist child services i.e. fostering and adoption	122	4.00	10.00	8.5082	1.33761
Disability learning disability	123	3.00	10.00	7.7236	1.57491
Disability physical disability	121	3.00	10.00	7.6033	1.65569
General medical - hospital based	123	4.00	10.00	7.9593	1.37542
Mental health - adult psychiatry	123	5.00	10.00	8.4878	1.26339
Probation and welfare services	123	4.00	10.00	8.1301	1.43698
Child and adolescent mental health services	123	5.00	10.00	8.6504	1.22128
Specialist age related services (older people)	123	3.00	10.00	7.5772	1.62465

Participants were then invited to indicate the level of 'Job Satisfaction' that they felt a professionally qualified social worker would derive from working in each of the areas. With '1' representing low levels of job satisfaction and '10' indicating the highest levels, the overall mean for this question emerged as 6.96 ($SD = 1.29$), suggesting moderate to high job satisfaction on average. Participants' mean scores for each area are displayed in Table 22 below. A key pattern is the consistency in the mean ratings of the 10 areas (ranges from 6.5 to 7.6), suggesting that no one area is rated as inherently more satisfying than others.

Table 22: Participants mean scores for job satisfaction in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	122	2.00	10.00	6.8197	1.71535
Community care - child protection & welfare	122	2.00	10.00	7.0000	1.94978
Specialist child services i.e. fostering and adoption	122	3.00	10.00	7.6475	1.61051
Disability learning disability	121	1.00	10.00	7.0579	1.98031
Disability physical disability	122	2.00	10.00	6.9098	1.87636
General medical - hospital based	121	3.00	10.00	6.9504	1.60131
Mental health - adult psychiatry	122	1.00	10.00	6.6803	1.63771
Probation and welfare services	122	1.00	10.00	6.5820	1.83105
Child and adolescent mental health services	121	2.00	10.00	7.0000	1.70783
Specialist age related services (older people)	122	2.00	10.00	6.8279	1.88378

The next area focused on in the questionnaire concerned students' perceptions of work-related stress. Specifically, students were asked to indicate the level of 'Work-Related Stress' that they felt a professionally qualified social worker would experience in each of the areas, with '1' indicating low stress and '10' indicating high stress. The overall mean score on average was 7.13 (SD = 1.05), suggesting moderately high stress.

Table 23 below displays participants mean scores for their perception of social workers' work-related stress in different work areas. It is interesting to note that this category showed the most variation across the 10 areas of the profession. The area of physical disability has the lowest level of perceived stress (5.9), while child protection and welfare had the highest stress rating (8.7).

Table 23: Participants mean scores for work related stress in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	123	4.00	10.00	7.2927	1.55622
Community care - child protection & welfare	123	4.00	10.00	8.7480	1.34648
Specialist child services i.e. fostering and adoption	121	3.00	10.00	7.1901	1.65989
Disability learning disability	123	2.00	10.00	6.1220	1.72534
Disability physical disability	122	1.00	10.00	5.9016	1.76939
General medical - hospital based	122	2.00	10.00	7.1066	1.70951
Mental health - adult psychiatry	122	2.00	10.00	7.5164	1.62742
Probation and welfare services	122	2.00	10.00	7.6230	1.60746
Child and adolescent mental health services	121	4.00	10.00	7.7273	1.45488
Specialist age related services (older people)	121	1.00	10.00	5.9339	1.82910

Pre-Training Experiences

The next part of the survey explored the participants' experiences in their workplaces before starting their Master's or undergraduate social work courses. In particular, these questions related to their feelings and thoughts during the month before they completed our survey. If participants were not working prior to beginning the course, they were asked to answer in relation to the experiences of their most recently held position. Table 24 below reveals the results. It is noted that for many of the negatively worded statements, responses such as 'Never' or 'Almost Never' were most common. However exceptions to this pattern included the question "*In the last month, how often have you felt that you didn't have enough time to finish your work?*", "*In the last month, how often did you feel that you were unable to use certain skills?*" and "*In the last month, how often have you felt stressed because of things happening at work?*", each of which showed higher ratings for responses of 'Sometimes' and 'Fairly Often'.

Table 24: Participants scores relating to previous workplace experiences

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the last month, how often have you felt unable to complete the tasks in your job? N = 122	25 20.5%	48 39.3%	43 35.2%	4 3.3%	2 1.6%
In the last month, how often have you felt that you didn't have enough time to finish your work? N = 120	20 16.7%	27 22.5%	46 38.4%	24 20%	3 2.5%
In the last month, how often have you felt unclear about what to do in your job? N = 122	22 18%	48 39.3%	34 27.9%	15 12.3%	3 2.5%
In the last month, how often have you felt that your role conflicted with others in the workplace? N = 122	22 23%	39 32%	37 30.3%	15 12.3%	3 2.5%
In the last month, how often have you had to explain to others what you do? N = 120	17 14.2%	36 30%	42 35%	17 14.2%	8 6.7%
In the last month, how often have you considered leaving your current job? N = 119	42 35.3%	22 18.5%	32 26.9%	13 10.9%	10 8.4%
In the last month, how often have you felt that your work has not been adequately acknowledged? N = 121	24 19.8%	32 26.4%	36 29.8%	18 14.9%	11 9.1%
In the last month, how often did you feel confident in making certain job decisions? N = 122	23 18.9%	53 43.4%	36 29.5%	9 7.4%	1 0.8%
In the last month, how often did you feel that you were unable to use certain skills? N = 122	10 8.2%	39 32%	52 42.6%	17 13.9%	4 3.3%
In the last month, how often have you felt stressed because of things happening at work? N = 120	12 10%	20 16.7%	51 42.5%	29 24.2%	8 6.7%
In the last month, how often have you felt that things were going your way? N = 120	8 6.7%	40 33.3%	59 49.2%	10 8.3%	3 2.5%
In the last month, how often have you felt unable to overcome the problems at work? N = 122	26 21.3%	46 37.7%	34 27.9%	12 9.8%	4 3.3%
In the last month, how often have you found yourself worrying about work at home? N = 122	19 15.6%	37 30.3%	36 29.5%	23 18.9%	7 5.7%

Participants were also asked about their use of different coping strategies (based on Carver's Brief Cope Scale, 1997). Table 25 below reports the responses to each of the statements. Within the literature methods of coping include emotion-focused (e.g. seeking support from others), solution-focused (e.g. tackling the difficulty) and avoidant-based (e.g. I try to forget about it) approaches. Using this framework, we can see that support-based strategies such as getting support from friends, family and colleagues (reported fairly often/often by approximately 50% of the sample) are reported more frequently than seeking formal support or approaching a supervisor or manager (reported fairly often/often by 16% and 35% of the sample respectively). However, it should be noted that this may be a function of the settings the students are remembering when reporting their experiences. On a positive note, avoidant strategies such as giving up, use of drugs and alcohol, blaming others and making jokes are less common than solution-focused strategies such as dealing with the circumstances, identifying new strategies and reflecting on the situation before acting. Nevertheless, it should be noted that avoidant-based approaches such as turning to other activities and 'switching off at the end of the day' are still relatively common (reported fairly often/often by 70% and 60% of the sample respectively)

Table 25: Responses on use of coping strategies

	Never	Almost Never	Sometimes	Fairly Often	Very Often
I turn to activities outside of work to take my mind off things N= 122	2.4% (3)	4.9% (6)	20.3% (25)	43.1% (53)	28.5% (35)
I drink alcohol/take drugs in order to think about it less N= 122	39% (48)	32.5% (40)	19.5% (24)	6.5% (8)	1.6% (2)
I try to take a day off work so I can just relax N= 121	22% (27)	35% (43)	33.3% (41)	6.5% (8)	1.6% (2)
I turn to support from other colleagues at work N= 122	6.5% (8)	15.4% (19)	28.5% (35)	38.2% (47)	10.6% (13)
I request more supervision/formal support N= 120	25.2% (31)	25.2% (31)	30.9% (38)	13% (16)	3.3% (4)
I rely on support from my friends and family N= 121	3.3% (4)	11.4% (14)	32.5% (40)	26.8% (33)	24.4% (30)
I try to deal with the circumstances of the situation N= 122	0% (0)	4.1% (5)	17.9% (22)	61% (75)	16.3% (20)
I try to come up with new strategies to deal with the problem N= 122	1.6% (2)	7.3% (9)	34.1% (42)	42.3% (52)	13.8% (17)
I approach my manager/supervisor N= 120	4.9% (6)	15.4% (19)	41.5% (51)	26.8% (33)	8.9% (11)
I make jokes about the situation N= 122	22% (27)	19.5% (24)	34.1% (42)	15.4% (19)	8.1% (10)
I give up trying to deal with it N= 121	39% (48)	43.1% (53)	13.8% (17)	1.6% (2)	0.8% (1)
I blame myself for things that have happened N= 121	22% (27)	29.3% (36)	39.8% (49)	6.5% (8)	0.8% (1)
I reflect on the situation carefully before deciding what to do N= 121	1.6% (2)	4.1% (5)	34.1% (42)	42.3% (52)	16.3% (20)
I pray or meditate N= 121	49.6% (61)	17.1% (21)	15.4% (19)	6.5% (8)	9.8% (12)
I accept what has happened and don't attempt to cope with it N= 121	30.1% (37)	41.5% (51)	18.7% (23)	7.3% (9)	0.8% (1)
I try to realise that it is not my fault N= 121	4.1% (5)	6.5% (8)	44.7% (55)	33.3% (41)	9.8% (12)
I understand that I have a choice and therefore can choose to seek employment elsewhere N= 120	9.8% (12)	24.4% (30)	35.8% (44)	14.6% (18)	13% (16)
I try to think about it positively N= 121	0.8% (1)	1.6% (2)	30.1% (37)	39.8% (49)	26% (32)
I blame others for what has happened N= 121	33.3% (41)	30.9% (38)	30.9% (38)	3.3% (4)	0% 0
I just switch off at the end of the day and try to leave work at work N= 121	0% 0	10.6% (13)	28.5% (35)	30.1% (37)	29.3% (36)
I try to focus on my own professional and personal development N= 122	0.8% (1)	1.6% (2)	30.9% (38)	44.7% (55)	21.1% (26)

The next part of the survey focused on responses that students were receiving from different groups on their decision to train as social workers. Specifically, students were asked to indicate these responses on a scale from 1–10, with '1' representing very negative responses from others and '10' indicating very positive responses. Table 26 below displays the mean response for each type of group, along with standard deviation, range and the number of responses received. The lower response rates to the last

two categories represent the smaller number of respondents who worked alongside social workers or with clients prior to training. It is noted that all of the ratings are relatively high; however it is clear that family and friends were reported as being most supportive of the decision to train as a social worker.

Table 26: Frequencies scores for responses from groups to social work training

Group	N	Mean	SD	Range
Family	123	8.29	1.91	1 -10
Friends	123	8.01	1.76	3 -10
Non-SW colleagues at work	122	7.20	2.00	2 -10
Social work colleagues at work	64	7.67	2.15	2 -10
The clients you are working with	68	6.91	2.12	1 -10

Work Plans during and after Training

As part of the survey, students were asked if they were planning to undertake paid work while attending their professional social work programme. The results that emerged suggested that just over half (n = 69, 56.1%) would take on work, n = 31 participants (25.2%) would not and n = 23 (18.7%) did not know. While the question was asked about work in general, participants were asked to indicate what type of work they planned to undertake. A review of the responses suggests that, while some would work in non-related settings (e.g. bar work, sales etc) the majority referred to social care work including residential care, homeless services, and disability. In addition, n = 85 respondents (92.4%) also stated that the paid employment they were undertaking was due to financial necessity, while n = 6 (6.5%) stated that it was to gain more experience. Also, the results of this survey revealed that out of the N = 123 students who responded, n = 2 (1.6%) were in receipt of financial secondment from an agency that required them to return to work as a social worker in that agency after graduation, with the remaining n = 121 (98.4%) not in receipt of this secondment.

Participants were asked on how many years they envisaged working as a professionally qualified social worker. Table 27 below displays these results and suggests that just over half of the group planned to stay in the profession for more than 20 years, with only a relatively small proportion planning on staying for less than 10 years.

Table 27: Frequency scores for participants' expectation to stay in social work

Time planned to be spent in social work	Frequency (N = 122)	Percent
5 - 10 years	16	13.0
10 - 15 years	23	18.7
15 - 20 years	21	17.1
20 years +	62	50.4

Students were then asked, if they were to leave the profession, what work they thought they would like to do. The results from the frequency analysis run on the N = 121 responses given to this question suggested that the largest group of respondents n = 53 (43.8%) would move into private practice, while n = 33 (26.8%) would move into social work management. Just over 10% (n = 13, 10.6%) would have a complete change of career and the remaining participants (n = 22, 17.9%) reported they would engage in 'other' activities. Students in this sample group were also asked if they had any plans to work as a qualified social

worker outside of Ireland after qualifying. Of the N = 123 participants who answered this question, just over half (n = 67, 54.5%) reported yes, with n = 14 (11.4%) reporting they had no such plans and n = 42 (34.1%) unsure if they would work outside Ireland or not.

The final part of this survey asked the participants to think about which areas of social work they would like to work in in the long-term. Table 28 below, displays the frequency distribution of responses to this question. The most commonly reported areas of planned work included child protection and welfare, general medical social work, and specialist services for children and older adults. Less frequently reported areas included disability services and child and adolescent mental health services.

Table 28: Frequency distribution of responses to areas participants would like to work in

Area	N	%
Addiction Services—Alcohol & Drugs	122	Yes = 39 No = 83
		32 68
Community Care—Child Protection & Welfare	122	Yes = 64 No = 54
		55.7 44.3
Specialist Child-focused Services	122	Yes = 47 No = 75
		38.5 61.5
Disability - Learning Disability	122	Yes = 18 No = 104
		14.8 85.2
Disability - Physical Disability	121	Yes = 12 No = 109
		9.9 90.1
General Medical (Hospital Based)	122	Yes = 50 No = 72
		41.9 59.0
Mental Health (Adult Psychiatry)	122	Yes = 30 No = 90
		24.6 75.4
Child & Adolescent Mental Health Services	122	Yes = 16 No = 106
		13.1 86.9
Specialist Age Related Services (Older People)	122	Yes = 43 No = 79
		35.2 64.2
Probation & Welfare Services	122	Yes = 34 No = 88
		27.9 72.1

B. Professional Cohort Findings

Demographic details

The sample (N = 182) of social workers who completed this questionnaire comprised n = 36 male and n = 146 female, aged in categories from between 20-25 years old to 61-65 years old. Table 29 below displays the frequency and the percentage of respondents within each age category, with the 30-35 year old age group being slightly more common.

Table 29: Frequency and percentage of respondents within each category (n = 182)

Age category	Frequency	Percentage
20–25 years	5	2.7
26–30 years	34	18.7
31–35 years	41	22.5
36–40 years	23	12.6
41–45 years	24	13.2
46–50 years	23	12.6
51–55 years	21	11.5
56–60 years	9	4.9
61–65 years	2	1.1

The majority of the sample reported being married (n = 80, 44%), with n = 52 (28.6%) being single participants, n = 36 (19.8%) in long term relationships, n = 7 (3.8%) separated, n = 4 (2.2%) divorced, and n = 3 (1.6%) widowed. The majority of the group, (53.2%) supplied a response of 'n/a' when asked the number of children they had. Of those who had children, the age range extended from three months to 38 years. The largest group of respondents lived in Dublin (n = 48, 26.4%). Among some of the other counties represented were Cork (by n = 27 participants (14.8%)), Sligo by n = 9 (4.9%), Limerick by n = 8 (4.4%) and Galway by n = 5 (2.7%).

Current Work

Table 30 below displays the amount of time respondents have spent so far in full time and part time employment in social work. It is clear that the sample represents a broad range of levels of experience from less than one year up to and a high of 37 years.

Table 30: Amount of time spent in full time and part time employment (n = 176)

	Full time Freq (n=176)	Full time %	Part time Freq (n=58)	Part time %
Never	1	0.5	17	29.3
1 yr or Under	6	3.3	8	13.8
2–5 years	45	24.7	13	22.4
6–10 years	55	30.1	11	18.9
11–20 years	48	26.1	5	8.6
21 years plus	21	11.2	4	6.8

The variety in the group is further stressed when the areas in which respondents are working was considered. The following table (Table 31) displays the areas that current respondents currently work in, with community care being the single biggest group at almost 45% of the sample. In explaining why the participants chose to work in the areas they are currently in, the most common response was 'interest'.

Table 31: The respondents' current areas of work (n = 182)

Area	Frequency	Percentage
Addiction	6	3.3
Community care	81	44.5
Specialised child-focused	13	7.1
Disability—learning	4	2.2
Disability—physical	3	1.6
General medical	13	7.1
Mental health—adult	27	14.8
Child and adolescent mental health	5	2.7
Specialist age related services	9	4.9
Other	21	11.5

The next quantitative question that was asked concerned the impact of the economy on social workers' current situations. Examining the responses it was revealed that the majority of respondents (n = 121, 66.5%) reported that it is having a 'significant negative impact'. This figure can be compared with n = 59 (32%) who reported it was having a 'somewhat negative' impact and n = 2 (1.1%) who stated that it was having 'no impact' on their current work situation.

In response to a question regarding experience of working in other countries, just over half of the sample reported that they had not worked abroad (n = 92; 50.5%), in comparison to n = 23 (12.6%) who had worked abroad. (This question did not apply to n = 66 (36.3%) of respondents). Of those who had worked abroad, the countries concerned were: Scotland, Australia, England, Brazil, Canada, Belgium, South Africa, Northern Ireland, Germany, Greece, USA, the Netherlands, Kenya, New Zealand and Wales. The time spent abroad ranged from between six months to 18 years. When this sub-sample (n = 44) was asked whether they found any differences between their experience of working abroad and that of working in Ireland, the majority of respondents in this case responded 'yes' (n = 41) with n = 3 responding 'no'.

Having looked at the participant profile, attention will now be turned to the results of their scores on the quantitative elements of the survey.

Perceptions of Professional Social Work

As with the student cohort, participants from the professional cohort were asked a series of questions in relation to their perceptions of social work itself. Firstly, participants were asked to indicate the 'Level of Professional Expertise' that they felt a social worker needs to operate effectively in a number of areas (Table 32). As before, '1' was indicative of 'little expertise', while '10' indicated the 'most expertise'. Results showed that on average participants reported a moderately high level of expertise would be needed generally across all areas (M = 7.24; SD = 1.98); with the highest level of expertise required being attributed to that of community care. This is an interesting point as this is where the majority of the sample currently works.

Table 32: Participants mean scores for levels of expertise in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	167	1	10	7.44	2.09
Community care - child protection & welfare	170	1	10	8.21	1.96
Specialist child services i.e. fostering & adoption	167	1	10	7.18	2.33
Disability learning disability	168	1	10	6.85	2.30
Disability physical disability	168	1	10	6.63	2.41
General medical - hospital based	168	1	10	6.73	2.37
Mental health - adult psychiatry	167	1	10	7.68	2.05
Probation and welfare services	167	1	10	6.82	2.41
child and adolescent mental health services	166	1	10	7.90	2.04
specialist age related services (older people)	166	1	10	6.97	2.29

Participants were then invited to indicate the level of 'Job Satisfaction' that they felt social workers would derive from working in each area. A response of '1' represented low levels of job satisfaction while '10' indicated the highest levels. The overall mean for this question emerged as 6.20 (SD = 1.30), suggesting moderate levels of job satisfaction. Participants' mean scores for the each area are displayed in Table 33 below. The ratings appear lower than those observed for the student cohort. It can be gleaned from these results that participants consider social workers operating in the area of community care to be deriving the least amount of satisfaction from their jobs with the area of physical disability being considered to offer the greatest chance of employee job satisfaction from all of the areas.

Table 33: Participants' mean scores for job satisfaction in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	157	1	10	5.76	1.94
Community care - child protection & welfare	163	1	10	4.76	2.30
Specialist child services i.e. fostering & adoption	159	1	10	6.79	1.77
Disability learning disability	156	1	10	6.80	1.82
Disability physical disability	157	1	10	6.83	1.80
General medical—hospital based	155	1	10	6.30	2.05
Mental health - adult psychiatry	157	1	10	5.77	1.99
Probation and welfare services	152	1	10	5.70	2.03
Child and adolescent mental health services	156	1	10	6.35	1.98
Specialist age related services (older people)	157	1	10	6.77	1.76

The next area focused on in the survey was participants' perceptions of work-related stress. Specifically, respondents were asked to indicate the level of 'Work-Related Stress' they felt social workers experience in each of the areas, with '1' indicating low stress and '10' indicating high stress (Table 34). The overall mean score for this was 6.22 (SD = 1.21), suggesting a moderate level of stress. The table below displays participants' mean scores for their perception of social workers' work-related stress experienced in different areas. As with the student cohort, child protection and welfare had the highest rating of stress, and at a mean of 9.23, this is noticeably higher than other areas. The lowest ratings were in the area of physical disability.

Table 34: Participants mean scores for work related stress in areas of social work

	N	Minimum	Maximum	Mean	SD
Addiction services - alcohol and drugs	158	2	10	6.47	1.71
Community care - child protection & welfare	167	4	10	9.23	1.16
Specialist child services i.e. fostering and adoption	163	1	10	6.02	2.23
Disability learning disability	160	1	10	5.27	1.67
Disability physical disability	157	1	10	5.16	1.67
General medical - hospital based	159	1	10	5.67	2.02
Mental health - adult psychiatry	160	1	10	6.74	1.87
Probation and welfare services	159	1	10	5.83	2.15
Child and adolescent mental health services	160	1	10	6.43	2.03
Specialist age related services (older people)	160	1	10	5.54	1.99

Burnout among Social Workers

To assess levels of burnout in the sample of social workers who participated in the study, the Maslach Burnout Inventory was included as part of the web-based survey. This measure is designed to examine three specific areas related to burnout syndrome; emotional exhaustion; depersonalisation; and lack of personal commitment. Maslach et al. (1996: 4) explain the meaning of these subscales as follows:

- Emotional Exhaustion (EE)—feelings of being emotionally overextended and exhausted by one’s work
- Depersonalisation (DP)—lack of feeling and impersonal responses toward recipients of one’s service
- Personal Accomplishment (PA)—feelings of competence and successful achievement in one’s work with people.

In order to enhance the meaningfulness of the results, Maslach et al. (1996: 5) make some noteworthy recommendations. Firstly, “burnout is conceptualised as a continuous variable, ranging from low to moderate to high degrees of experienced feeling”. The importance of this is that it highlights the assumption that each individual experiences burnout to some degree.

In Table 35 below, the burnout scores of the sample that participated in this study are displayed. Along with these are the normative scores for individuals working in social services.

Table 35: Normative and HSE sample scores for burnout

Samples	Low	Average	High
Norm sample (n = 1538)	EE ≤16	EE 17-27	EE ≥28
	DP ≤ 5	DP 6-10	DP ≥11
	PA ≥ 37	PA 36-30	PA ≤ 29
HSE Sample (n = 166 (EE), 168 (DP), 166 (PA))	PA = 39.7 SD = 4.86		EE = 31.88 SD = 8.08 DP = 14.03 SD = 4.38

The figures in this table reveal the following combination: high emotional exhaustion; high depersonalisation; and low personal accomplishment, which mean that this sample group are experiencing overall high levels of burnout.

Engagement among Social Workers

A measure of the participants' engagement at work was assessed using the Utrecht Work Engagement Scale. The rationale for including this scale in the web-based survey was the fact that engagement needs to be explored apart from the concept of burnout. As Shaufeli and Bakker (2003, p. 4) explain; *"the opposite to burnout is not necessarily engagement and therefore if workers report low burnout levels it does not necessarily follow that they will be highly engaged"*. This is an assumption made in the Maslach Burnout Inventory. Therefore, to ensure accurate measurement of levels of engagement experienced by the sample in the present study, a stand alone measure was used (the Utrecht Work Engagement Scale, 2003). A definition of the term 'work engagement' comes from Shaufeli et al. (2002:74), who explain

Engagement is a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption. Rather than a momentary and specific state, engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual or behaviour...

Including this measure allowed for more accurate conclusions to be drawn about the sample levels of both burnout and engagement with their jobs.

While the Utrecht Work Engagement Scale (2003) allows for the calculation of an overall score, it recommends that levels of engagement be considered in relation to three sub-scales: vigour (e.g., feelings of high levels of energy and mental resilience while working); dedication (e.g., being strongly involved in one's work and experiencing positive implicit rewards); and absorption (e.g., being fully concentrated and happily engrossed in one's work). The table below (Table 36) displays the sample scores for each of these sub-scales as well as the total score.

Table 36: Sample group scores for levels of engagement

	Mean	SD
Vigour (n = 166)	4.65	0.49
Dedication (n = 172)	5.05	0.85
Absorption (n = 165)	4.13	0.58
Total score (N = 161)	4.59	0.52

To help make sense of these scores, Shaufeli and Bakker (2003) provide a clear guide for interpretation;

- 0 - .99 → 1 (once a year or less)
- 1 to 1.99 → 2 (at least once a year)
- 2 to 2.99 → 3 (at least once a month)
- 3 to 3.99 → 4 (at least a couple of times a month)
- 4 to 4.99 → 5 (at least once a week)
- 5 to 5.99 → 6 (a couple of times per week or daily)

By using this simple scheme to compare the scores of the sample, it can be seen that overall, this group feels levels of engagement in their work at least once a week. More specifically, they feel vigour at least once a week, aspects of dedication to their work at least a couple of times per week (or even daily), and absorbed in their work at least once a week. To deepen our understanding of the scores yielded by the participants on this measure, it is important to attach meaning to the mean scores presented above. By

doing this we can learn about actual levels of engagement. According to Shaufeli and Bakker (2003)—the mean scores of the sample in this study translate as follows:

- Vigour: mean of 4.65 indicates an average level of this form of engagement
- Dedication: mean of 5.05 indicates a high level of this form of engagement
- Absorption: mean of 4.13 indicates an average level of this form of engagement
- Overall: mean of 4.59 indicates an average level of employee engagement

The results of the Maslach Burnout Inventory (1996) and the Utrecht Work Engagement Scale (2003) suggest that the sample participating in this study have high levels of burnout and average levels of engagement overall.

Experience of Supervision

The next area that was focused on in the study was participants’ experiences of immediate supervision. A series of questions were used to explore different aspects of the supervision experience. Table 37 reports respondents’ participation in supervision and highlights the mixed nature of the group, including those who receive supervision and those who supervise others.

Table 37: Responses to quantitative supervision related question

Question	Yes	No
Do you supervise others? (n = 117)	28	89
Do you receive supervision? (n = 87)	64	23

Table 38 reports on the frequency of supervision received or required. The most common response for those receiving supervision was monthly, however it is noted that more participants would like to be receiving monthly supervision.

Table 38: Responses to quantitative supervision related question

	NA	Annually	Few times a year	2ce a yr	1ce a month	2ce a week
How often do you give supervision	123 68%	-	3 1.7%	-	48 26.5%	7 3.9%
How often do you receive supervision?	34 18.7%	1 0.5%	55 30.2%	3 1.6%	88 48.4%	1 0.5%
Ideally how much supervision would you like to receive?	22 12.1%	2 1.1%	16 8.8%	2 1.1%	134 73.6%	6 3.3%

In addition, the interaction between respondents and their supervisors was explored by asking participants to respond to a series of statements. The participants’ responses to each statement are displayed in Table 39 below, and the most frequent response for each is highlighted. For the most part, positively worded statements had higher levels of agreement (for example; ‘*My immediate supervisor is very supportive of my work*’), while negatively worded items had higher levels of disagreement (e.g. ‘*My immediate supervisor is antagonistic towards me*’).

However, the exception to this pattern relates to the responses to the statement “*My immediate supervisor seldom gives me information about my work performance*”. Responses indicated that almost 60% of the respondents agreed with this statement. This appears to contradict the high levels of agreement with the statement. This finding needs to be read in conjunction with the seemingly contradictory high level of agreements with the statement “*My supervisor provides me with enough feedback to do my work*”. However, the difference that might be suggested is that respondents may equate feedback with advice and/or guidance on their on-going work, while the concept of information on work performance could suggest the provision of a more evaluative judgement on practice. Nonetheless, it can be argued that participants have generally positive experiences with their supervisors.

Finally, participants were also invited to rate their general level of satisfaction with the supervision they received. While n = 24 respondents (13.2%) reported that this question did not apply to them, another n = 35 (19.2%) stated they were very satisfied, with n = 69 (37.9%) reporting ‘satisfaction’ with their supervision. In comparison, n = 37 participants (20.3%) stated they were ‘dissatisfied’ while n = 17 (9.3%) reported that they were ‘very dissatisfied’ with the supervision they received. Participants were then asked if they felt they had opportunities for training and development within their jobs; n = 73 (40.3%) of the sample reported that this did ‘not apply’ to them, while n = 53 (29.3%) said they had these opportunities and n = 55 (30.4%) reported they had no such opportunities.

Table 39: Participants' experiences with their immediate supervisors

Statements	Strongly Disagree	Disagree	M o d . Disagree	M o d . Agree	Agree	Strongly Agree
Even if I did a poor job in my work, I would receive little criticism about it (n = 170)	21 12.4%	58 34.1%	36 21.2%	30 17.6%	19 10.4%	6 3.3%
My immediate supervisor is very supportive of my work (n = 170)	8 4.7%	13 7.6%	10 5.9%	39 22.9%	61 35.9%	39 22.9%
My immediate supervisor seldom gives me information about my work performance (n = 170)	7 4.1%	32 18.8%	28 15.4%	38 22.4%	38 22.4%	27 14.8%
My immediate supervisor is antagonistic towards me (n = 169)	89 52.75%	47 27.8%	11 6.5%	14 8.3%	6 3.6%	2 1.2%
I have great respect for my immediate supervisors capabilities (n = 169)	10 5.9%	9 5.3%	11 6.5%	44 26.0%	57 33.7%	38 22.5%
Communications between my immediate supervisor and I are good (n = 170)	2 2.4%	7 4.1%	13 7.6%	34 20.0%	80 47.1%	32 18.8%
I receive sufficient feedback from my supervisor about my work performance (n = 169)	17 10.1%	19 11.2%	32 18.9%	45 26.6%	39 23.1%	17 10.1%
It is difficult to get my work done because my supervisor is seldom available for consultation (n = 169)	48 28.4%	56 33.1%	26 15.4%	23 13.6%	6 3.6%	10 5.9%
I would prefer working for someone other my immediate supervisor (n = 166)	65 39.2%	43 25.9%	12 7.2%	21 12.7%	19 11.4%	6 3.6%
My supervisor provides me with enough feedback to do my work (n = 167)	7 4.2%	14 8.4%	16 9.6%	39 23.4%	55 32.9%	36 21.6%

Negative Experiences and Coping

A final aspect of the survey explored participants' experiences of violent and aggressive behaviour specifically and also how they coped with their experiences more generally. Coping was assessed using the Brief Cope tool (Carver, 1997). Table 40 reports the responses regarding participants' experiences of violent and aggressive behaviour. While a small proportion reported experiencing these behaviours often, one third had experienced them fairly often or more so in their current job. However, over half had experienced these behaviours fairly often or more so in their career.

Table 40: Experience of violent or aggressive behaviour

	Never	Seldom	F. often	Reg	V. often
How often, if ever have you experienced violent or aggressive behaviour in your work as a social worker? (n = 171)	-	74 43.3%	68 39.8%	22 12.9%	7 4.1%
How often, if ever have you experienced violent or aggressive behaviour in your current job? (n = 171)	19 11.1%	89 52.0%	45 26.3%	13 7.6%	5 2.9%

The next issue explored how the participants cope with their work experiences in general. Table 41 below displays the findings for each of the items adapted from the Brief Cope scale.

Table 41: Responses to Cope Items

Statements	Never	Almost never	Sometimes	Fairly often	Very often
I turn to activities outside of work to take my mind off things (n = 171)	-	6 3.5%	38 22.2%	75 43.9%	52 30.4%
I drink alcohol/take drugs to think about it less (n = 172)	82 47.7%	56 32.6%	26 15.1%	7 4.1%	1 0.6%
I try to take a day off work so I can just relax (n = 173)	22 12.7%	34 19.7%	86 49.7%	25 14.5%	6 3.5%
I turn to support from other colleagues from work (n = 173)	2 1.2%	18 10.4%	51 29.5%	58 33.5%	44 25.4%
I request more supervision or formal support (n = 173)	25 14.5%	48 27.7%	71 41.0%	25 14.5%	4 2.3%
I rely on support from family and friends (n = 171)	6 63.5%	28 16.4%	63 36.8%	50 29.2%	24 14.0%
I try to deal with the circumstances of the situation (n = 172)	-	2 1.2%	33 19.2%	86 50.0%	51 29.7%
I try to come up with new strategies to deal with the problem (n = 172)	-	3 1.7%	41 23.8%	93 54.1%	35 19.2%
I approach my manager or supervisor (n = 172)	8 84.7%	26 15.1%	62 36.0%	56 30.8%	20 11.0%
I make jokes about the situation (n = 173)	10 5.8%	21 12.1%	77 44.5%	42 24.3%	23 13.3%
I give up trying to deal with it (n = 172)	53 30.8%	79 45.9%	33 19.2%	6 3.5%	1 0.6%
I blame myself for things that have happened (n = 171)	12 7.0%	68 39.8%	75 43.9%	12 7.0%	4 2.3%
I reflect on the situation carefully before deciding what to do (n = 171)	-	1 0.6%	25 14.6%	94 55.0%	51 29.8%
I pray or meditate (n = 170)	61 35.9%	43 25.3%	40 23.5%	13 7.6%	13 7.6%
I accept what has happened and don't attempt to cope with it (n = 171)	28 16.4%	69 40.4%	57 33.3%	16 9.4%	1 0.6%
I try to realise that it is not my fault (n = 170)	1 0.6%	11 6.5%	62 36.5%	73 42.9%	23 13.5%
I understand that I have a choice and can therefore choose to seek employment elsewhere (n = 169)	29 17.2%	30 17.8%	61 36.1%	32 18.9%	17 10.1%
I try to think about it positively (n = 172)	1 10.6%	6 3.5%	36 20.9%	86 50.0%	43 25.0%
I blame others for what has happened (n = 170)	26 15.3%	85 50.0%	54 31.8%	4 2.4%	1 0.6%
I just switch off at the end of the day and try to leave work at work (n = 172)	2 1.2%	10 5.8%	45 26.2%	63 36.6%	52 30.2%
I try to focus on my own personal and professional development (n = 172)	2 1.2%	13 7.6%	52 30.2%	71 41.3%	34 19.8%

A number of the statements showing high proportions of frequent use (Fairly Often or Very Often) can be defined as solution focused coping strategies (e.g. *'I try to deal with the circumstances of the situation'* or *'I try to come up with strategies to deal with the problem'*). Also common are methods of coping that involve seeking support from others. However, the more negative forms of coping are reported with less frequency (Never or Almost Never) including *'I drink alcohol or take drugs to think about it less'*, *'I give up trying to deal with it and I blame others for what has happened'*.

Future Plans

Finally in this section, results will be displayed for participants' responses to their perceived length of time they will spend in various social work areas (Table 42). It is worth noting that despite the largest group of participants wishing to stay in their current roles for at least 20 years, a similar proportion also hopes to work for the HSE for between 5-10 years. The proportion that plan on changing roles or leaving the HSE in less than five years is also notable.

Table 42: Length of time spent in roles

	Under 5 yrs	5-10 yrs	10-15yrs	15-20yrs	+20yrs
How long do you plan to spend in current role? (n = 181)	28 15.5%	33 18.2%	35 19.3%	38 21.0%	47 26.0%
How long do you plan to work for the HSE? (n = 182)	43 23.6%	49 26.9%	32 17.6%	21 11.5%	37 20.3%

C. Discussion

Gathering data from two cohorts, with similar questions asked of each, allows for comparison across the groups. While not as insightful as a longitudinal study following a group from training into practice, the issues facing the professional group will, more than likely, continue to be evident in the workplace when these students qualify.

Perceptions of the Profession

One of the first issues to be considered in the questionnaire was views on the profession. In the student cohort, there are clear patterns showing child protection and welfare as an area that provokes strong views and attitudes. For example, this area is perceived by students as requiring the highest level of expertise, as having the highest level of job stress, comparable levels of job satisfaction and as being the most relevant area of their training curriculum. In terms of the current participants' responses to perceived job satisfaction, this student cohort had relatively uniformly positive attitudes to potential job satisfaction in all areas of social work. By comparison, in rating perceived stress there is clear evidence of variation, reflecting differing attitudes to the areas. This might suggest that these students, even in the early stages of training and prior to completing a field placement, have already formed strong opinions on levels of stress between different areas of social work.

The professional group were asked the same questions and the first pattern of note is the very clear difference in the professionals' perceptions of job satisfaction when compared to the less experienced student cohort. The professionals rate child protection and welfare as the area of least job satisfaction,

with physical and intellectual disability both rated highly in this area. Interestingly, the highest rating in regard to stress is also for child protection and welfare, which was rated 25% higher than the next (mental health). It is worth noting that, with the exception of child protection and welfare, the other areas were generally rated as moderately stressful. In the final area of expertise, child protection and welfare is again seen as the area requiring the most expertise, with child and adolescent mental health and addiction services also rated highly. However, there is little variation in this area.

Similar perceptions of high stress and high levels of expertise were found in recent research on smaller samples of students and professionals (Redmond et al., 2008; Guerin et al., 2010), providing further evidence for this pattern. However, the perception of high levels of job satisfaction in child care and protection in the student population is at odds with these earlier studies which found that both student and professional social workers perceived child protection and welfare as having lower level of job satisfaction. It is noted, however, that the low levels of job satisfaction in this area reported by the professional cohort is in line with the previous Irish studies.

Future Plans

The patterns noted in the students' perceptions of stress, job satisfaction and job expertise may represent attitudes that influence early decisions in preferences for future areas of work. The implications of this can be seen in the reported preferences for employment, whereby child protection and welfare is the most frequently reported area, with physical/learning disability and child and adolescent mental health being reported least often. In an overall sense it is also important to note that the largest percentage of the group (just over half) reported that they planned to stay in social work for at least 20 years.

It is difficult to draw similar interpretations from the professional cohort's responses, as the variation in time spent in social work means that some participants may report that they intend to leave in a short time (less than five years), but this could be due to retirement rather than dissatisfaction. However, it was notable that half of the professional cohort were planning to leave the HSE in less than ten years.

Stress, Burnout and Engagement

One area where different information was gathered was in relation to reported levels of stress. Given the professional cohort's current participation in social work services, a central element of the study was an exploration of levels of burnout and engagement. In comparison the student questionnaire drew on the Perceived Stress Scale, as it was felt this was more appropriate to a trainee group.

Using the Maslach et al. Burnout Inventory (1996), the professional respondents display overall high levels of burnout; with high scores in both Emotional Exhaustion and Depersonalisation and low levels of Personal Accomplishment. To complement the Burnout Scale the Utrecht Engagement Scale was also used. This was done to allow for more accurate conclusions to be drawn about the samples' levels of both burnout and engagement with their jobs. A key finding here is the high level of Dedication show by the group, with lower levels of Vigour and Absorption in their work. High levels of Dedication indicate that individuals maintain enthusiasm, pride and inspiration in the job (Schaufeli & Bakker, 2004). However, this finding has to be seen in the light of the low levels of Vigour and Absorption recorded in the cohort, which suggests poor levels of energy and mental resilience and lack of concentration, enjoyment and a sense of control over their work (Csikszentmihalyi, 1990).

One issue that may contribute to stress and burnout among the professional cohort is the reported level of aggression and violence experienced. One-third of the group had experienced violent or aggressive behaviours *fairly often* or *more often* in their current position, while half had experienced it *fairly often* or *more often* in their career. Taken as a whole, the high levels of burnout and the low levels of Vigour and Absorption in terms of Engagement are significant as in ideal circumstances (but not in this group) engagement can balance out the negative effects of burnout.

It is difficult to draw comparisons with the student sample as they were asked questions about perceptions of stress in their previous employment. While for many students this employment many have been related to social work or social care work, a direct connection cannot be drawn. Nevertheless, it was noted that the student cohort had already had some experience of stressful working environments, reporting pressure of work, feeling unable to use key skills and feeling stressed as a result.

Coping

Given the demands of the working environment the research team also considered methods of coping, with both groups answering questions adapted from the Brief Cope scale (1997). Among the student group a variety of methods of coping were reported. It was noted that this group were more likely to draw support from friends, family and colleagues than from managers or formal supervision. In comparison, there appeared to be more use of support from managers among the professional cohort. It was interesting and somewhat positive to note high levels of solution-focused approaches in both groups, with participants reporting that they try to deal with the circumstances causing difficulty or identify new strategies. Similarly both groups reported lower levels of avoidant strategies.

Given the high stress reported by the professional cohort, the use of more effective methods of coping, such as seeking support and less use of avoidant strategies might suggest that both students and professionals have some of the coping skills needed to deal with these stressors.

Considering Representativeness

Before drawing on these findings to inform the final conclusions of the study, it is important to reflect on the extent to which the researchers feel that the sample taking part in the present study is representative of trainees and professionals in social work. A key challenge in any study is the ability to secure a valid sample of the population. A significant outcome of this study is the success in gathering a representative sample of social work students. Nearly three-quarters of all students in national professional social work courses on a national basis in 2008/2009 took part in the study. This allows for a confident reflection on the experiences and views of this group. Within the professional sample, a key point to be noted is that a less positive response rate was secured. Nevertheless, with a sample of N = 182 professional social workers, it represents the largest in-depth survey of social work practitioners in Ireland in recent years. Central to the validity of the findings is the clear variation in demographics, which suggests that a broad sample has been secured. This includes both full and part-time staff, ranging in age from 20-65 years, and predominantly (but not surprisingly) female. This group included individuals with different status and those with and without children. Finally, while the largest group came from the Dublin area, areas such as Cork, Sligo, Limerick and Galway were also represented.

Looking at the areas of social work represented, not surprisingly the largest proportion were working in child protection and welfare, with the second largest group being those working in adult mental health. However, a broad range of areas were included such as disability, general health and specialist services. In terms of exposure to different work experiences, a significant proportion had experience of working abroad.

On the basis of the clear variation evident in the sample, we are confident that these findings will be meaningful to other social workers and social work students.

6. Qualitative Findings

Introduction

Evans and Huxley (2009) argue that in resolving recruitment and retention in the social work profession, it is first necessary to understand predictors of high recruitment and retention problem rates and social workers' intentions to leave the profession. This section of the research provides rich qualitative data into experiences, perceptions and intentions of an experienced group of social workers with between 5–15 years post-qualification experience as social workers. Following a full content analysis of the data collected in this phase of the research (based on Guerin & Hennessy, 2002; and Braun & Clarke, 2006), findings are discussed under three key topics:

- *Personal Ethos, Professional Commitment*—exploring social workers' reasons on why they decided to become social workers, and how the nature of the profession meets their values and ideals, in turn, informing their commitment;
- *Surviving the 'Dysfunctional System'*—exploring social workers' perceptions and experiences around the organisational climate of the profession, particularly for those in child protection and welfare, and the impact of this on their professional commitment;
- *Professional Identity*—exploring how social workers see the structural and organisational context of the profession in terms of present challenges and future direction.

Personal Ethos, Professional Commitment—The Appeal of Social Work

Many of the participants in this phase of the research drew on a personal ethos when explaining their initial decisions to become social workers and their professional commitment to the social work profession. This personal ethos is based on a desire to advocate, to bring about social change and '*social justice*' and '*social equality*', and while '*trying to make a difference and promoting advocacy and equal access to services...*'. The social work profession and, in particular, the social worker-client relationship, is seen as providing a conduit for which this personal ethos can be fulfilled. '*They [young people] needed support and all that... so it suited my altruistic ego*', with participants referring to the intricate rewards received as a result, '*when you feel that you can do something for someone... the immediacy, the smile of the person and even the thanks for giving me time to talk... it's really important for me personally*'. This is especially so when there exists the opportunity within the profession to advocate for progression which, in turn, informs favourable experiences and sustains a subsequent professional commitment. Participants commented on progression with clients, for example: '*building with them and seeing how things progress*' or by '*ensuring that clients get what they need*', and the sense of personal achievement that goes with this: '*sometimes I feel like I've really achieved something... there's a kind of crisis thing that goes on with this sort of work—I have relative success*'.

Translation into Professional Commitment

The translation of personal ethos into professional commitment is reflected in the participants' long term commitment to the profession. Examples of participant statements reflective of this commitment include: *'I don't think I could do anything else'... 'I can't see myself doing anything else'*. One participant explained how she *'did family therapy, and I saw that for a period as a potential escape route... but I think it was very clear over the last few years, that it wasn't a route I wanted to go into. I'm quite clear that, yes, I very much like social work and I'll stay'*.

Alongside the relationship between a personal ethos/professional commitment, social workers demonstrate a strong preference for autonomy in decision making processes; autonomy, variation and diversity in their daily tasks and in the application of skills; and in terms of the profile of the client group. Looking at supporting statements, in speaking on autonomy, one participant remarked that *'autonomy is what I like, to be in the position to make decisions and manage my work day'*, another felt that within the profession: *'we can kind of go in with ideas that we think are interesting or areas that we are interested in working in and kind of make our own work—the autonomy in it'*. For other participants, emphasis is placed on the appeal of diversity within their role: *'I like the diversity of the different children and families we work with and all the issues. I find that stimulating and it's great to try make a difference and link families into support'* and *'I would hate to be doing the same thing every day... I also like the unpredictability—but within a range'*.

For some of the participants, commitment to social work was augmented by their overall concerns for the profession in terms of staff turnover and structural changes. Despite acknowledgments of ongoing challenges that the profession continues to encounter, one participant commented that *'I just want things to improve; I think things need to improve, I'd like to be part of that'*. Expressing concerns on staff turnover, a second participant expressed a long-term commitment to social work, *'I see people move out of it into counselling or psychotherapy and drifting off, and they don't really acknowledge their social work background... so I think I want to fly the flag for as long as I can and promote social work, because I think it deserves it.'*

A personal ethos underpinned by the need for social change and advocating on behalf of the client is evident in the comments from this professional cohort. In addition, the appeal of autonomy and diversity combines to influence these social workers' favourable and unfavourable perceptions of the various areas of the profession: *'because of the wide range of the client base... it would give me an opportunity to get involved'*, and the opportunity for the application and development of their skills: *'my career is going back into child protection to develop my court skills... that's why I'm drawn particularly into child protection, so I can do the hands-on work that I thought I'd be doing when I first went into social work... we go into social work to meet a need within ourselves... that has drawn us into it'*. The ability to work in social work, to develop different skills and expertise in a range of areas, and the need for continuous learning was commented upon, with social workers acknowledging the benefits for professional development of moving from one area of social work to another, *'if you start in one place and never leave, in some ways you somehow minimise your ability to spread your skills and learn different skill bases... There are so many other types of social work jobs'*.

Participants discussed the factors that would cause social workers to leave the profession and identified them as largely factors that undermine or prevent their personal ethos from being fulfilled, thus eroding their sense of commitment to the profession. These factors included the emergence of what they perceived as a more rigid, managerial and bureaucratic work environment which impacts negatively, especially on the individual social work role-client relationship: *'if I were to become purely a case manager it would not meet my need to develop relationships with clients and I wouldn't be interested in that to the same extent.'* Managerialism and bureaucracy are often cited as factors responsible for creating an emerging work environment that is presented as a 'dysfunctional system' (a factor that will be explored in greater detail). Personal responsibilities such as financial and family commitments also played an influential role in participants' decision to remain in social work, with participants remarking how *'I have all the practical issues of supporting my family and paying the mortgage'*, and in their decisions to remain in particular areas of social work: *'but when you have a family, I could no longer control the hours... I had to get home'* and *'I remember a colleague of mine saying her daughter said to her, you spend more time with other people's children than you do with us.'*

Despite the significance of a personal ethos in influencing professional commitment, participants were of the opinion that increasingly, greater emphasis is placed on the need for the development of administrative skills and (as will be explored in greater detail) the linking of theory and practice in carrying out assessments, research and evaluation. For example, one participant commented that *'personal social values are the core of social work, but I don't think they should be seen in isolation of its skills... you could have a lovely relationship with your client, but you mightn't be able to know how to relate to the other parts of the system to get things for your client, and evidence of what you need.'* Recommendations they put forward highlighted the need for support structures to be put in place in order to invest in and complement the personal ethos that social workers bring to the profession.

Surviving the 'Dysfunctional System'

A major theme emerging from this phase of the research was the perceived negative relationship between the personal ethos and professional commitment of these social workers and what was described as a dysfunctional system in which they practise. The participants explained that working within this structure creates a tension that undermines the important personal ethos and professional commitment that underpins their work. For example, one participant argued that working in the profession reflects the *'individual values that individual social workers hold—it's all about relationship building'*. But in response to this: *'I don't think that this is as respected now by other parts of the system... it's too wishy-washy, too airy-fairy. We're now a business; we're not a caring organisation. It's a business organisation.'*

The basis of this perception of a dysfunctional system was formed around concerns on changes within the structural context of the social work profession, most notably within the Health Service Executive (HSE), in the provision of child welfare and protection. This dysfunctional system was characterised by:

- the decision making processes at a structural level and the extent to which these are in conflict with individual social workers' ideological and professional concerns, *'I only worked in community care for a year, but for me, it was the conflict around how and why decisions were being made... I ultimately couldn't resolve that and that's what pushed me out';*

- the emergence of a risk management and *'performance management'* approach within the HSE which was described as being concerned primarily with *'reactionary decisions being made by senior management. Lots of ticked boxes exercise, no quality assurance of the work'* and *'the HSE corporate has a particular notion of risk over the last year. It's much more focused on governance risk and all that'*;
- a subsequent increase in administrative tasks from a structural level, with participants reporting how *'I've been in this job seven years and there has been more paperwork now than ever before, which consequently means there's less time with families'*, and arising from this, reported feelings of being torn between administrative commitments versus client-related commitments: *'before we would have had scope of providing counselling and talking to people...whereas now we are being asked to be efficient, efficient, efficient and to throw people out as if they were pieces of furniture'*. Referring to the consequences of these structural changes, participants reported how changes to their role involve *'becoming more and more bureaucratic and [how] there's less time to actually work with families and children...'* and being *'more about management, more an administration role'*. Arising from this were recommendations for social workers to *'reclaim the groundwork'*, to *'be more politically active'*. Additionally, recommendations were put forward for course and training providers to develop skills for managing and prioritising tasks among trainee social workers in relation to *'paperwork, form filling, caseloads, phone calls and advocacy'*;
- a reported lack of acknowledgment, leadership and understanding by the employing agency of the social work role at a structural level, despite a rise in the need for accountability and an increasing complexity in caseloads. Participants spoke of there being *'no bigger picture or no leadership...'* meaning that for social workers: *'you're trying to do what you consider to be a really good job, but there's no support and no one ever says thank you... no back-up from above'*. This results in a sense of professional isolation: *'there's nobody with an idea of how community work can enhance children and family teams... we're kind of banging away in a small way...'*. A perceived lack of support in terms of professional supervision was also blamed primarily as a result of problems in the larger institutional structures or described by one participant as *'those bigger structural pieces... I do feel supported by my own line manager. He's quite limited in- he's not supported either, I don't feel supported by the HSE...'*.

Arising from a reported lack of understanding, support, supervision and acknowledgement, and a perceived structure that lacks leadership, was the emergence of the individual social worker in opposition and conflict to the very system in which they work, as apparent from the following statement: *'the HSE will only respond if we need resources, if it's a case in the High Court, or if it's in the media. They only care about being sued—there's no corporate responsibility, which is what they talk about. It's very much individual workers carrying out the responsibility and being hung out to dry and doing all the overtime'*. An explanation was offered by one participant that the social work profession is largely regarded as a separate entity in the system of which it is part of, *'social work, for a long time, has been a bad name, and it seems to be troublesome. Difficult, radical over the years, and they've tried to squash social work.'* These points suggest that related to concerns of a *'dysfunctional system'* are concerns on the future progression of social work, especially in developing and managing professional identity and professional cohesiveness.

Professional Identity

Considering perceptions and experiences of working in a perceived dysfunctional system, emphasis was placed by the participants on the greater need to maintain a professional identity. Discussions and recommendations for maintaining a professional identity drew on how the social workers saw the profession in terms of definition and clarity around role definition, professional experience, cohesiveness and professional structure.

As well as a lack of professional cohesiveness, the participants also reported a lack of definition in their professional role. These difficulties were seen as being compounded by the employment system, particularly by the reported absence of understanding on the realities of social work at a structural level and the objectives of the social work role, as apparent from the following statement, *'I've met with general managers and local health officers—they have no idea what we do, and they make really key decisions for our profession—I think if they had a better idea of what we do...'*

Responses suggested that professional cohesiveness is being eroded by a lack of understanding of the social work role. Unfavourable views on other areas of social work seem to have been influenced by placement experiences and/or professional encounters. For example, in reference to medical health social work, this participant explained how *'I'd avoid child guidance because I don't like working in a medical model and I find in my dealing with them, in my role in child protection, I find them incredibly narrow-minded and irritating... they just want to dump things on us.'* The concentration of resources, media focus and employment opportunities in specific areas of the profession, particularly child protection and welfare, were also commented upon. One participant explained how *'... there's been so much focus on child protection and money put into it, services for older people have been far less developed and also in mental health'...* For another, too much emphasis is placed on child protection: *'I think this is crap, that there's a hierarchy of social workers, with child protection—all areas of social work require a certain level of expertise and I think that needs to be recognised within the discipline'*. Recommendations made called for a *'re-engaging'* across the profession to build a stronger social work identity: *'to call themselves social workers and not child protection workers'*.

This perceived lack of cohesiveness and clarity around the social work role was compared unfavourably with what was perceived as a more structured framework and approach in other professions,

we're not very cohesive, like clinical psychologists are, because you have got some who maybe really believe in the concept of social justice and social work and then you've got some who do it because it was something they studied and they ended up in a job.. and so as a profession, I think we're not as cohesive maybe as other professions, like physiotherapy, OT,[occupational therapy] psychology...

These perceptions were influenced by working alongside other professional disciplines. For example, this participant explains how she regarded *'Psychologists—the people I work with—they've a really clear sense of what they're about and what they do. And they've a very high professional self-esteem that I don't think social workers have'*. An extension of this were concerns relating to the outsourcing of perceived traditional components of social work to other professions, added to by a reported lack of clear definition and lack of professional confidence within the profession. Participants remarked how *'I see other professions likes nurses taking over a lot of counselling role that social workers would have done traditionally, and I suppose I see that as a bit of a threat within social work'* and *'Therapy... counselling... their basic skill set, they*

[social workers] don't believe they have them'. In response, the '*need to reclaim social work...reclaiming it for social workers*' is called for.

Arguably, this unfavourable comparison of social work with other related professions can be allied to the reported absence of professional confidence and lack of related cohesiveness. Arising from these concerns was the recommendation for a more *active* profession, '*promoted by the HSE, by the government and in the media... a really positive campaign to promote social work*', that centred on building a positive image of the social workers while clarifying the nature of what it is that social workers do,

People need to hear the message about the good things that are going on, the good practice that we can hear from each other. And having a sense of achievement about what we're doing. And then we'd be better able for the criticism from the media. It's essentially—it's like that everywhere, isn't it?

Increased multi-disciplinary work with other professions, including presence on multi-disciplinary committees, was regarded as a means of building professional identity and cohesion.

Preparedness of Newly Qualified Social Workers

In relation to the development of the profession, the level of preparedness and commitment of newly qualified social workers coming into the profession (particularly into child protection and welfare) was discussed by many of the participants, with a belief that i) the capability of this incoming group had diminished in recent years: '*those doing degree courses [direct CAO entry], I just find they're much vaguer about their commitment, and they come in because it's something they just filled in and it sounded okay on the application, but do they know what a social worker is?*' and ii) a lack of commitment in this incoming group: '*a lot of new graduates would openly say 'I don't want to be here'. I'm here because it's the only job*'.

Notably, child protection and welfare was viewed as an area requiring preparedness, experience and commitment and serious questions were asked about the preparedness of most newly qualified social workers to work in this area, with the belief that '*the most experienced social workers should be in child protection*', and '*I would not ask newly qualified social workers to work in child protection*'. A number of participants recalled seeing the area of child protection as being very negatively perceived during university training. Participants report that '*when I was a student, I always felt I would never work in child protection... I went to work in it six days after handing in my dissertations*' and '*I developed such a negative view of child protection in college that I didn't want to go into it at all, but that was where all the jobs were at the time and here I am.*' Many participants highlighted the need for greater emphasis on induction and mentoring at a university level and in the field placement process. A raising of academic requirements for working in the profession was also discussed, with some participants expressing the opinion that, like other professions, PhD completion was required in order to bring greater experience and professional credibility into the profession: '*the university and social work trainers have let the profession down over the years—I think there needs to be a qualification level that needs to be at a minimum, at master level, and more toward PhD level*'. This reflects concerns discussed above in relation to the lack of preparedness of newly qualified social workers to work effectively in the profession. However, for others the necessity of PhD completion was regarded as removing social workers from the more practical aspects of the profession, i.e. client-oriented relationships. Recommendations put forward to build experience included:

- i) an apprenticeship programme in a '*protective learning environment*' as a means of adequately preparing newly qualified social workers for working in the profession;
- ii) to put in place an experienced team leader that would provide adequate supports for newly qualified employees;
- iii) '*practice learning opportunities*' to promote sharing of expertise between experienced and newly qualified social workers: '*integrating those knowledge skills and using them on a continuous basis using shared learning*';
- iv) the promotion of linkages between potential employers and colleges.

Continuous Professional Learning—Linking Theory and Practice

Participants placed emphasis on the need to link theory and practice, both at a trainee level and within the working profession. One participant recalled the focus in their training on achieving a connection between a theoretical and practice approach which was of great value after graduation. Participants commented that '*if you stated any theory you had to relate it back to practice and vice versa... not just doing an action but knowing why you were doing it and how it would work and I found that very practical*'. Other participants commented on the lack of a unified approach and the need to prepare new entrants to the field of child protection and welfare, for example, implementing an apprenticeship programme: '*having an apprenticeship would be such a great way to train a social worker... there's a lot of academic stuff there, and very little knowledge of families and children and problems*'. Participants recommended that course providers try and promote a greater balance between theory and practice, encouraging students to '*reflect on their own experiences and link to theory*'.

As well as suggestions for course providers, there was also a general consensus on the need for continuous professional development and learning for social workers while working in the profession, with the need especially for '*a skills-based post-qualification*'. Highlighting the importance of continued professional development, one participant explained that '*people have been coming with a very high standard-Masters qualifications in social work, very motivated, great people for the job. But they need continuing professional development... I think we all need it*'. Importance was also attributed to facilitating factors, such as the accessibility of information: '*I want to read relevant articles and I'm more interested... the [organisation] I work with—they've an online library, so we can easily access articles- it's made it easier*', and having available time and mechanisms to pursue continuous learning opportunities: '*I just don't have the time to keep up with anything that going on out there... you can't keep your head above developments*', for example, through the implementation of weekly team meetings: '*we have weekly team meetings that we devote to professional development stuff, rather than case issues... it's about making sure that you protect the time and value it*'. Facilitating factors also included the range of opportunities available for continuous learning especially for more experienced social workers. Participants reported that '*the problem is getting a skills-based post-qualification—it can be sort of academic*' and '*there's loads of stuff out there for your first few years and when you're newly qualified, but it's post-ten years to 40 years...*'.

Maintaining Structure, Measuring Outcomes

In discussions on the future of social work, upcoming registration was regarded as a positive direction in building a more cohesive and confident profession, with recommendations being made for the implementation of an advocacy role i) at a public/professional level: *'to have a paid and identified person who can speak on behalf of social workers in Ireland'* and ii) at a training level within academia: *'we need a few people who will pioneer social work through academia, as well as through the IASW [Irish Association of Social Workers]'*.

Again, making linkages between theory and practice and the need for ongoing professional development, other professions were discussed in relation to the prevalence of a scientific approach in measuring outcomes and progress. Such an approach was perceived by many as lacking in social work and, therefore, impacting on its professional standing. Calls were made for the profession to *'become stronger academically'*, for training in and updating around the application of more consistent assessment tools, and for a greater belief and confidence in the skill-set of social workers. Participants indicated that this could be achieved particularly by engaging in more research and evaluation that would actively link theory and research into practice and promote a sharing of learning and confidence-building within the profession: *'great research in children and families, but it never translates down into what they're doing... it need to be based on actual work'*, while measuring and sharing outcomes arising from social work interactions: *'the contact with people... it is really rewarding. When you feel that you can do something for someone. And I'm not sure we do—because we don't do any research into it. We don't ask after.'* Supporting these suggestions, one participant called for sharing of more information around research outcomes: *'we really need information and the information need to be of a quality—the research needs to be conducted and we need to know exactly what's going on and how- what the outcomes are, how we're going to support children in our area'*.

Participants described social work training as incorporating law, sociology, and psychology, for example, and how these disciplines are used and combined in the application of assessment models - a reported strength of the profession and reflective of social work training, though problematic in terms of social worker ability to bring together these disciplines in the application of assessments. Other professions are looked at in terms of their ability to integrate research and the use of specific assessment tools. The implementation of clear assessment models was identified as a way of integrating theory, practice and evidence based research, while measuring outcomes. In building professional cohesiveness, recommendations were put forward for *'going right back and examining where we are as practitioners in terms of our assessment skills, our engagement, and having time—how do we knit that in'*, and also for integrating a multidisciplinary approach towards assessments within the profession itself and with other professions.

Discussion

Results from interviews and focus groups with N = 15 experienced social workers were presented under the headings of *Personal Ethos*, *Professional Commitment*, *Surviving the 'Dysfunctional System'*, and *Professional Identity*. To summarise, these areas identified what motivates social workers to enter the profession and what sustains their professional commitment; participants' disillusionments as a result of structural changes within the profession; and concerns over a lack of professional cohesiveness and

strong professional identity. While many of the findings in this section of the research are clearly in line with similar issues explored in the literature review, this section has been able to explore these issues in depth and has also presented practical recommendations direct from participants on how to build a more cohesive and supportive profession, thus addressing key aspects of staff retention.

Personal Ethos, Professional Commitment

Eber & Kunz (1984) suggest that the desire to help others is a key attribute of a social worker, with inherent values being aligned with social justice (Lafrance et al., 2004). In this study, the personal ethos of social workers, that is a desire for advocacy, social justice and equality in combination with autonomy, diversity and variety within one's role, has shown to be a critically important aspect for the professional commitment to social work. The ability to fulfil this personal ethos, as well as have autonomy, informs how social workers see the various areas that make up the social work profession; their favourable experiences; their level of job satisfaction; and long-term commitment to the profession. Banks (1995) comments that social workers' values (content) are often divorced from the actual realities (context) of working in the profession. However, Smith (2005) suggested that frontline child welfare staff remained committed to their profession, despite obvious challenges and stresses, because of the perceived value of their work. In this study, factors that would cause social workers to leave the profession were those that prevented this personal ethos from being fulfilled and that impacted on the desired level of autonomy and variety within the role.

Surviving the 'Dysfunctional System'

Research suggests that social workers with more favourable positive experiences are those who remain in the profession for longer (Dickinson & Perry, 2002). Contributing factors to these experiences included supervisor support and recognition; opportunities for professional growth; recognition from other professionals; and opportunities to make a difference in a client's life. In this study, negative versions of these same factors were touched on as informing negative experiences for social workers and, in turn undermining their professional commitment to social work. Social workers in this research have referred to what they regarded as the changing structure of the profession within the context of the HSE, with a reported lack of involvement in decision making and conflicting decisions, and the emergence of a more managerial approach. They also noted concern with an increase in administrative tasks, a reported lack of recognition, acknowledgement and support, and the lack of available time to work directly with clients. Evidence suggests that these reported experiences combine to inform how social workers see themselves in opposition to the very system they are working in, leading to a sense of isolated identity which in turn impacts on the cohesiveness of the profession. These findings are reflective of other research which points to the connection between perceived lack of organisational supports and value for workers within the organisation and the resulting low esteem, low organisational commitment and high staff turnover (Smith, 2005; Glisson & Hellelgarn, 1998).

Professional Identity

In this study, the impact of the perceived dysfunctional organisational system was magnified by concerns over the lack of clear definition, cohesiveness and confidence within the profession, concerns that suffice in augmenting the sense of professional isolation for the individual social worker. These concerns are undoubtedly added to by: i) how different areas of the social work profession are viewed negatively by

social workers; and ii) how comparisons are made with the structural and what is regarded as the more scientific approach of other care-based professions. Repeated concerns were made in relation to the preparedness and commitment of newly qualified social workers coming into the profession, especially for working in child protection and welfare. Emphasis was placed by social workers on the need to build experience and preparedness while building overall professional cohesiveness and confidence. Social workers reported that this could be achieved by linking theory and practice during professional training: through continued professional development: in the implementation and standardisation of assessments, and greater completion of research measuring practice and outcomes.

Social workers themselves, reported that induction, mentoring, an apprenticeship-based programme and a supervised learning environment could provide a means in which to build preparedness and experience, while exposing social workers to the realities of the profession. These suggestions go well beyond the concept of supervision as commonly understood in social work and, indeed, a number of the participants saw themselves receiving supervision from senior colleagues who were themselves unsupervised and unsupported professionally. The proposals recorded in this research reflect findings from other studies which point to the importance of social interactions and social exchange in the workplace to inform job expectations and resilience (Blau, 1964; Sandfort, 1999). Explicit recommendations made by social workers pointed towards the need for a more integrative approach within the profession, with particular emphasis placed on the growing importance of research and evaluation as ways of building professional profile, measuring outcomes and sharing of expertise within social work and with other professions. There is also the need for a supportive environment, linkages between the university and employer level, opportunities for reflective learning combining theory and practice, the development and application of research skills to promote evaluation of practice, and methods of organisation to promote research dissemination, networking and a culture of professional sharing.

Support, including acknowledgement of one's role, can be said to alleviate stress levels and contribute to job satisfaction (Balloch et al., 1998; Coyle, 2005; Gibson et al., 1989). The main forms of support referred to by social workers include supervision from a managerial level and peer or colleague support (Balloch et al., 1998) and these are reported to be a factor in raised levels of job satisfaction. Research indicates that perceived job satisfaction may be a significant factor in social workers choosing a preferred area of employment. Butler's (1990) study of MSW students in the USA noted that, in spite of a majority of students in the research having an interest in work with disadvantaged groups, many of these were also drawn to private practice because of the high level of autonomy, flexibility, challenge and status that such work could offer them.

The literature review points toward the alleviating impact of support and supervision on the consequences of negative experiences for social workers and staff turnover. In this study, the need is oriented particularly towards structural acknowledgement, recognition and promotion of the personal ethos/professional commitment of social workers, wider professional changes at the level of training, as outlined above, and changes within the profession itself in terms of professional identity and cohesiveness. In addition to the implications of findings discussed above, results also show the need for the development of a culture of value within the profession that is centred on the provision of organisational support (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002) and organisational structure.

7. Discussion and Recommendations

This study reveals a complex set of patterns emerging from the different participant cohorts in regard to their overall attitudes to social work, their own personal value-base, their attitudes to the clients with whom they work and their expectations about their own current and future job satisfaction. The limited employment data showed them to be a relatively young and largely female workforce who changed their jobs relatively frequently up until 2007 and less so in 2008 (a factor which must be related to the national economic downturn and the embargo on recruitment in the HSE). However, these data do serve one particularly important function in relation to the questionnaire data collected. The demographic patterns identified in the employment data are generally reflected in the samples who took part in the surveys, with all groups being predominantly female. In addition, the age profile identified in the HSE data is similar to that reported by the professional cohort. While the low response rates to this questionnaire is a concern, the similarities between the institutional data and the professional data can only add to confidence in the relevance of the findings to the larger group in the HSE.

Another point relates to the attitudes held by the group. Before we consider the specific attitudes held, the presence of these attitudes themselves has implications for understanding the working context of social workers. To begin, the student cohort had very particular attitudes about the profession, with clear perceptions evident at the start of their training about different areas of the profession in relation to levels of stress, job satisfaction, expertise required etc. Redmond et al., (2008) reported an increase in negative attitudes about stress and job satisfaction in the area of child protection and welfare as students progressed through their training, but the bigger cohort of students in this current study held more optimistic views about job satisfaction in child protection at the start of their training—a hopeful sign in itself. Job satisfaction in child protection is perceived as lower in the professional group although the two areas that participants talked about in interviews and focus groups as giving them most satisfaction related to seeing clients develop positively as a result of their interventions and a broader level of satisfaction at successfully addressing issues of social deprivation and inequality—two of the founding values in the social work ‘mission’. What is harder to judge is why the attitudes towards job satisfaction might change between training and professional practice, but it is telling that, in the qualitative data, experienced professionals remembered being ‘warned off’ social work in child protection practice, both by those in social work education and by other social workers—a phenomenon also reported in Redmond et al. (2008). One suggestion, of course, might be the impact of actual exposure to the realities of working in this area of social work. Banks (1995) considered the separation between the content of student values for working in the profession and the actual context of the profession itself; this separation may have been bridged by the professional group.

This notion of warning students against work in child protection and welfare appears in another context in this research, but in a more positive professionally developmental way. Both the student and professional cohorts see stress and the need for expertise as being higher in child protection than in other areas of social work. Reports from the experienced social workers argue that this is also where most jobs and resources are based; however, the recommendation is put forward that newly qualified social workers should not commence their career in this area, due to what they see as the high level of experience, expertise and resilience required. Instead, the suggestion is put forward for an employment norm to be

put in place comprising an 'apprenticeship' or heavily mentored first year with limited caseloads for newly qualified workers. This recommendation accords with the findings of many international studies that link poor retention with high caseloads and poor supervision (Yoo, 2002; Zlotnick, et al., 2005; Welfel, 1998). The recommendation for a first year apprenticeship was put forward more often than the need for any significant changes in the social work training curriculum.

There were a number of common findings between the student group and professional cohort in relation to social work training. Most students favoured a balance between theory and practice, which is a mixture of university course work and supervised placements. Counselling, practice skills and specific skills relating to child protection and welfare were seen as being particularly relevant by student social workers in their training. Arguably, this can be seen as reflecting their expectations of the profession in terms of the skill level specifically needed in areas in which they are likely to work, and which they also rate as needing higher levels of professional expertise (i.e. child protection and welfare). A similar perspective is reflected in discussions with the experienced group—with emphasis placed on the importance of a balance between theory and practice. This is evident in their views on the importance of theory and practice at third-level training and in their calls for a greater integration of theory and practice within the profession through the standardisation and implementation of assessments, and carrying out of research and evaluation. This, in turn, will inform a greater clarification and defining of what social workers do, reflecting participants' desire for the development of a more 'professional' approach to social work and a clearer articulation of what social workers do—most specifically for those outside of the profession.

The literature review reveals that those who find greater levels of intrinsic value in their work may be more committed to their jobs and less likely to leave (Dickinson & Perry, 2002). Findings from the quantitative analysis suggest that the experienced social worker cohort exhibit average levels of engagement, high levels of burnout, high emotional exhaustion, high depersonalisation, and low personal accomplishment. The prevalence of frequent experiences of violent and aggressive behaviour, augmented by a lack of supervision, undoubtedly adds to levels of burnout. Nearly 30% of experienced social workers indicated that they were dissatisfied/very dissatisfied with supervision, and 30% said they had no opportunities for training. More in-depth qualitative insights can be referred to in suggesting the impact of working in a structure which is perceived as 'dysfunctional' on levels of burnout among experienced social workers. Notably, their level of engagement in this structure is impacted on by a reported loss of autonomy, participation and agreement in decision-making processes, as well as reported feelings of not being acknowledged, understood or supported at a structural level. This is supported by the finding that a notable percentage of the experienced cohort plan on leaving the HSE in under 5 years (24%), or in a 5-10 year period (27%).

The preceding paragraph paints a depressing picture of the participants' perception of the quality of their workplace, their levels of supervision and their ability to work in a collegial manner with agency management in child protection and welfare. The international research reviewed clearly indicates that these are precisely the factors that make social workers unhappy in their work and more liable to seek employment elsewhere. In the qualitative data collected from the professional cohort, the small number of social workers employed in medical or primary care settings who participated were more positive about their work environments and more optimistic about how well they were supported to develop and progress in the profession than their child protection colleagues. However, what this research also shows is that, at a

more fundamental level, all of these social work students and professionals have high levels of commitment to the profession as a whole and this sense of commitment is confirmed by the higher levels of dedication recorded in the Brief Cope scale (1997). That these recorded levels of dedication remain, in spite of the reported difficulties in the work environment, is indicative of the underlying sense of social work 'mission' that appears to remain a strong driver for their professional identities. Both the quantitative responses from the student social workers and the quantitative and qualitative findings from the experienced group show a strong long-term commitment to working in the social work profession in general. Over half of the student cohort indicated that they planned to stay in the profession for more than 20 years, a relatively small proportion planned on staying for less than 10 years. Notably, however, this commitment does not necessarily translate into a long-term commitment to working within the HSE. Quantitative findings from the experienced group show that a high proportion of social workers indicated that they plan on working for the HSE for less than 10 years into the future, plans that are arguably influenced by their concerns on a loss of autonomy and diversity and lessening availability of time to work directly with clients. Although some of the qualified social workers referred in interviews to colleagues moving to private practice, this appears to be a rare occurrence and neither cohort show anything akin to the level of interest in moving into private practice as noted in the current research with these groups in the United States (Rubin et al., 1986; Abell & McDonnell 1990; Bogo et al., 1993).

In conclusion, this research paints a picture of a relatively young, largely female profession with a strong sense of the core social work mission, addressing issues of inequality and striving for social justice, who are prepared to stay in the profession for the long term. Although relatively optimistic about work in the area of child protection and welfare at the start of their training, those who work in the area report considerable stressors, primarily related to the nature of the employment environment rather than the nature of their work with clients, and those in child protection show less willingness to stay in this area for the longer term. In spite of their strong commitment to the profession, those in work display low levels of mental resilience and energy. The literature on burnout strongly suggests that workers displaying such levels will not be working to their optimal level of performance, and in some cases may be impaired. Therefore, it is important to ensure their retention in areas identified as highly stressful, such as child protection and welfare, and to support the professional performance of those who remain in such areas. To do so, necessary support structures need to be put in place to build the mental resilience of social workers not only to survive the work environment in child protection, but also to work to their full potential and to remain in that area. Improved levels of practice and retention will not only benefit the social workers in terms of their own professional job satisfaction, but very importantly for the welfare of those clients with whom they work.

The data collected from the student group show an improvement in the attitudes of Irish social work students towards the potential job satisfaction in the area of child protection and welfare against comparable data collected by the research team within the past eight years (Redmond et al., 2008). This indicates that, from a training perspective, students seem to be receiving relatively positive exposure to theory and practice in this area. The findings of this research strongly suggest that a key issue in social work retention in the area of child protection lies in the need to address difficulties encountered in the work environment for qualified social workers. Necessary support mechanisms need to be put in place that firstly sustain the social workers' existing sense of commitment to the profession in general and to the professional value system that supports them to work successfully with disadvantaged and marginalised

groups. Personal and mental resilience also need to be developed through a combination of enhanced training, the development of a supported 'trainee' phase for newly qualified workers, improved supervision, and greater access to psychological support. Considering the viewpoint of the social worker working in isolation, resilience should also be developed within the profession by promoting more internal sharing and interaction between social workers, particularly by involvement in and sharing of practice-based research. This, in turn, would also allow for more professional cohesiveness and direction to emerge, allowing social workers to develop a more favourable perspective on the profession in which they work.

Recommendations

This study has examined the views and experiences of social work trainees and practising professionals working in the context of the HSE. In reflecting on the many findings, there is a need to focus on those that highlight implications for the profession and the experience of those entering and working in the area. In reflecting on the findings we would highlight four key areas.

1. Professional Social Work Training

Recruitment into social work training in the Republic of Ireland has undergone considerable change over the past twenty years, with an impact on the profile of graduating students. Measures taken to address unfilled social work positions approximately a decade ago included a major expansion in the number of Masters in Social Work courses in Ireland, with over four times the number of students graduating with a professional social work qualification in Ireland in 2004, compared with ten years earlier (NSWQB 2004). This is underpinned by the overall growth of numbers entering higher education, both nationally and internationally, which has greatly increased the educational opportunities and routes into social work education for students from progressively more diverse backgrounds. While this study has not looked specifically at levels of pre-course experience, strong anecdotal evidence exists that many students are now entering social work training with less relevant pre-course experience than previous generations. If true, this places growing pressure on social work educators and field trainers to bring this increasingly diverse group to required levels of basic competency within a defined period. At the same time the practice context for these graduates becomes more complex, as national child care and protection practices and caseloads increase the demand for knowledgeable and experienced social workers in the workplace.

This research recommends that social work training needs to provide a blended approach to child protection education, with an emphasis not just on the basic legislative and operational knowledge needed to function within the child care field, but also on the fundamental attitudes and perceptions that underpin the way that these beginning social workers practise in the field. This combination of a sound knowledge of the instrumental aspects of social work practice with the development of critical thought, good decision making skills and capacity for teamwork and professional leadership is needed to produce efficient and effective beginning professionals who can successfully respond to the context in which they will work.

Another element to be recognised in professional training is the influence of trainees' expectations of the profession and the employment context. This study and the previous work of the research team have demonstrated that, even when they have limited pre-course work experience, students do not enter social work training as 'blank slates'. Indeed many of them hold quite fixed perceptions about what they think work in professional social work practice will be like, particularly work in the area of child protection and

welfare. Earlier longitudinal research with a group of social work students in one institution (Redmond et al., 2008) found that this cohort were expressing increasingly negative views about child protection and welfare practice as their training progressed and there was some evidence that these views had been reinforced by more experienced practitioners and, more worryingly, by some course providers. Building on our previous research, the current study has been able to capture the attitudes to practice in different areas of the profession from a significant number of all the students in the first few months of their social work training in one year in Ireland. This research found that they held a more positive view of perceived job satisfaction and stress in social work practice in child protection and welfare in the early stages of their training. While this finding gives cause for optimism, there is a need to understand why these views change.

In addition there is a strong onus on course developers and providers to foster the early positive perspectives held by students by openly challenging and debating the strong tacit belief systems about child protection that students bring with them into training. Most importantly professional social work training has to contribute to building the mental resilience in beginning practitioners that will support them in their careers, particularly in stressful environments.

Experienced social workers participating in this study emphasised the value of engaging in research and evaluation as a means of contributing to reflective practice, building standardisation across the profession, and building professional identity. The development and application of research skills should be included in educating on reflective practices in social work at the training level.

Recommendations:

In regard to training courses, this study has shown that the current structures of professional social work training which combine theoretical and field experiences remains the preferred model by students. However, in terms of specific child protection teaching and training, the universities should focus on a proactive quality enhancement approach, rather than the more defensive quality assurance approach to curriculum development, using feedback from present and past students, from employers and the professional accreditation processes to inform their work. The use of adjunct practitioners as teachers and tutors on child protection modules is an important element of such modules, as it allows the students to hear the reality of contemporary practice. However, such adjunct contributions need to be part of a wider, well-planned curriculum leading to the achievement of clear student learning outcomes, rather than a series of ad-hoc encounters sharing practice experiences. Consideration could be given to the development, with the HSE, of on-line or blended-learning elements of child protection modules which could be shared across social work programmes on a national basis. All lecturers and adjunct practitioners contributing to social work education should also be fully cognisant of the post-qualifying orientation and training approaches that the students will subsequently be offered by the HSE. Central to successful professional social work education is the use of teaching and training approaches proven to help beginning social workers achieve levels of independent, reflective critical thought and of personal and mental resilience toward their practice. Such approaches need to be developed with social work educators, practitioners and researchers, adopted by both lecturing staff and those involved in skills development, and become the pedagogical basis upon which the layers of social work knowledge and skills can then be successfully developed. As with the earlier discussion, the findings of this report could provide an important stimulus for trainers and employers to reflect on the links between them.

Finally, given the importance of early field placement experiences in the formation of professional skills, it is recommended that all students on Irish professional social work programmes have access to one field placement in the area of child protection during their training. This requirement needs to be actively supported by the HSE by assuring appropriate numbers of social work placements of a sufficient quality, in a timely fashion, to the training universities. These placements should engage students in the application of theoretical and practical knowledge, extending the blended approach elaborated on above in student training. While acknowledging the competitive element that exists between universities, the sharing of theoretical teaching resources, of field training opportunities and of best practice between the universities and the HSE needs to underpin a national higher educational approach to the child protection dimension of social work training. The ongoing work of the Social Work National Placement Forum is particularly welcomed in this regard.

2. Fundamental tensions between the underlying values and professional skills in social work practice and the organisational and practice structures in child protection.

This research has shown that social workers operating in the field of child protection find such work stressful and that many are displaying worrying signs of burnout. However, the cohort also shows a strong connection to the underlying values of their profession and such values appear to act as a very positive factor in these social workers' commitment to their work and their decision to stay working in the area of child protection. Two key findings in the current research have been the relatively high levels of dedication recorded in the social workers, indicating their capability to maintain enthusiasm, pride and inspiration in their work. It has also been found that the cohort displayed a strong identity with the core ethics and values of social work, including a strong sense of social justice and identification with the needs of individuals and communities touched by social deprivation and inequality. The research has also shown that sources of social work stress are less connected to the nature of the work that they do and their relationships with service users rather than to the structures in which they operate. This appears to indicate an essential conflict between the motivations of many social workers towards their work and the manner and context in which they carry that work out.

Recommendations

We note in reviewing the current induction and supervision policies applied in practice in the HSE, that there needs to be scope for these documents to recognise the value-driven nature of social work within the organisational structure of the HSE. In order to operationalise this appreciation we feel that the findings of this report could provide a stimulus for discussions within the HSE exploring these tensions and raising awareness of the potential for differences in the perception of those in and interacting with the social work profession.

Therefore, this research recommends that a fuller appreciation of the fundamental tensions that may exist between largely value-driven social work practice and the performance-driven workplace must be recognised and developed. More importantly, this appreciation has to underpin any specific changes in how social workers operate within the organisational context of the HSE. This is not a simple question of diminishing or eliminating one element of the equation. Rather it involves a more complex understanding and incorporation of tensions in the construction of a well-functioning professional response—a realisation that both perspectives are important factors in the development and delivery of quality services.

3. Early Career Social Work

International research shows that the decision to leave one's profession during the early years of a professional career is primarily related to lack of support and problems with workplace conditions (Boser, 2000) In terms of responding to stress in a job, Lang et al. (2005) argue that social workers can alleviate stress by fulfilling the tasks that their role involves, while receiving adequate support and acknowledgement from fellow colleagues, as well as having the opportunity to pursue professional development. The current research has highlighted high levels of stress in the cohort of social workers who responded, with the stress experienced being most strongly related by those taking part to workplace issues rather than ones that are role-related or client-related. This finding corresponds to the research team's finding on the extent and nature of workplace stress with a cohort of 73 early career workers (Guerin et al, 2010). In any organisation that is dependent on human capital, staff turnover represents a significant threat to that organisation's stability, a threat to the depletion of productive capacity and a threat to the organisation's technical core (McGregor, 1988). Such threats are particularly serious in an organisation such as the HSE, which is a 'knowledge-dependant human service' (Balfour & Neff, 1993). Well-designed training and supervisory structures in human service organisations are expensive, but they play a dual role in producing social workers capable of independent, effective and efficient practice and, equally important, greatly increase the chances that such workers will stay in the organisation, thereby justifying the cost of the training.

Induction:

Looking first to the systems in place for those beginning work with the HSE, the existing induction arrangements for new social workers provide a useful framework upon which to develop these training and support structures, as they include the critical knowledge elements necessary for safe and informed practice. These key elements include Children First and other core policies and legislation. The current HSE induction policy recognises that beginning social workers should not undertake as demanding or complex a case load as that expected from experienced social workers, a factor which is very welcome. It is tempting to meet the need to reduce workloads, as the induction policy has done, by establishing a numerical reduction in caseloads (10% reduction). However, this approach may be too simplistic to address the multifaceted development of the beginning social worker or the considerable difference in the complexities of some cases, which cannot be reduced to a mathematical formula. Research has shown that levels of stress rise significantly in social workers who feel themselves unable to reach planned work targets (Collings & Murray, 1996). Specifying the size of caseload within which beginning social workers operate to maximum effectiveness needs to become a more nuanced judgement, which should also be informed by the decision of that social worker's supervisor as to the supervisee's current capabilities and the dynamic process of supervision, to which we now turn.

Supervision:

Reviewing the supervision policy currently employed in the HSE, we note that this was due for formal review in 2010. We feel there is scope in this policy to describe the type of supervision models that can more effectively address the stresses reported by social workers in the present study. It is recommended that a comprehensive set of training and professional development support structures be developed for social workers employed in child protection work, particular those who are recent graduates. These

structures need to offer new social workers both the necessary knowledge and skills to practise safely and competently in the area, but also to address their overall longer-term professional development needs. These structures would need to recognise that supervision offers an opportunity to both reflect on practice (thereby allowing opportunities for development) and identify areas for further support and input. Such structures, when properly implemented, can create a cohort of social workers who are committed to developing their careers in the long-term within the area and who are confident that they will be supported in doing so. This study's findings of high level of dedication and a strong identify with the core ethics and values of social work need to be incorporated in a positive way in the professional development of beginning social workers. These are factors which, when developed and supported within a training and supervision structure, will act as strong retention driver for the professionals and also underpin the development of competent practice.

Recommendations:

It is recommended that a coherent social work supervisory provision be developed to operate in tandem with the existing, more instrumental supervision and training policy. This approach should not only monitor the level of practice of individuals, but also contribute to their professional development. This includes the identification of professional strengths, and specifically the development of mental resilience, necessary to successfully undertake the complex decision-making inherent in child protection social work and strengthen core values that underpin dedication to the profession.

Finally, the current generic guidelines on supervision, as set out by the HSE, articulate sound supervisory principles, but it is recommended that specific social work supervisory guidelines be drawn up which reflect the unique, discipline-specific issues which emerge for social workers, particularly at the beginning stages of their careers in child protection. Such supervisory guidelines should be developed taking account of the strong value base to social work and should mobilise such values to support and maintain high-quality professional practice.

4. Supporting Mid-Career Social Workers and Continuous Professional Development

Just as training and professional development play a key role in the development of the beginning social worker, the current research has identified a strong interest among the cohort for professional development for those at mid-career and beyond, including the need for continuous professional development. In particular, the more experienced social workers in both the focus groups and the individual interviews expressed interest in being involved in more work-based training, research and evaluation that would actively link theory and research into practice. The need to find a clearer way for the profession to articulate what it does, particularly to other professional groups, was an issue identified by many of the participants. They discussed the need for training that would help develop this stronger professional identity and that would also help social workers become more aware of their proven professional strengths and capabilities.

The commitment to this ongoing training and development fits well with the complex social and organisational work context considered above, as it allows for professionals to add to and complement the skills and knowledge developed in professional training. This may also contribute to bridging existing tensions between social worker values and ideals and the realistic structural context of the profession they are working in. It is important to recognise that basic training programmes will change over time, resulting in differences in the foundation training experienced by those employed in the HSE. Ongoing professional training can be developed in response to the needs of those in employment with the HSE. However, there is also a need to recognise that ongoing training is a necessity and a core part of effective practice, particularly when pressures in the organisational context have negative implications for the availability of resources in this area.

Interestingly, the participants in this study identified the development of practice-based research skills as being a way of being able to more accurately measure the impact of their practice. Such skills can be developed to form the basis of an effective base for evidence-based practice. They also saw such practice-based research as a means of increasing learning and confidence-building within the profession, by measuring and sharing outcomes arising from social work interactions. Importantly, participants mentioned this type of practice-based research, carried out by practising social workers themselves, as providing a way for outcomes of effective social work practice to be disseminated both within and outside of the profession, thereby improving the cross-professional appreciation of the social work role, particularly in child protection and welfare. While some respondents talked of the need to educate social work practitioners to PhD level, the cost and the extra work commitment of undertaking further part-time university education was also noted as a significant problem for already time-constrained social workers. Such concerns tally with the observations of the research team who have seen the considerable difficulties encountered by senior social work practitioners attempting further study while holding down demanding jobs and the relatively low completion rate of further Masters or PhDs by practising social workers in Irish universities.

Recommendations:

It is recommended that a suite of continuous professional development options be developed in line with the suggestions emerging from these social workers. These options should explore creative technologies and teaching techniques that might offer more flexibility in terms of access and time demands. This might

include online and self-directed learning. There is clear potential for these resources to be developed in collaboration with social work training programmes, but also with other professions in the HSE (in the case of more generic skills). In addition, particular consideration should be given to supporting experienced social workers carry out practice-based research, particularly short pieces of work which robustly evaluate and inform specific elements of social work practice. Discussion should take place with the training universities about providing support and accreditation to such practitioner research as a form of CPD. The flexibility of the modular structure now available in higher education may allow some of the universities to provide short modules in research methods and research supervision. To support the place of research in continuous professional development, a culture of research facilitation should be put in place that actively encourages and facilitates sharing of research resources and research findings within the social work profession and across professions.

In preference such modules should use a 'blended learning' approach which would incorporate on-line learning, minimising the need for travel and allowing social workers to engage with such study at a time that fits with their work schedules. Successful short pieces of practice-based research can then be accredited and credits accumulated over time. The introduction of such a flexible, cumulative, CPD structure should not only allow for increased professional development for the individual, but also produce important practice-based research. Importantly it will also help social workers use such research-based evidence and to articulate the contribution of effective social work skills and approaches both within the profession and to a wider audience.

Conclusion

Social workers in the area of child protection and welfare work closely with some of the most vulnerable and marginalised individuals and groups in society who rely on their social workers' assessment, decision-making and therapeutic skills. Few individuals enter social work, particularly child protection, without being aware of the stresses that will face them in their work, but this research has shown the cost to many social workers in terms of high levels of stress and burnout. International research has revealed that social work burnout is associated with the conflict between the nature of social work practice and the demands of the workplace (Lloyd et al., 2002). The results of this current research correspond closely to these previous findings, with many of the study's practising social workers experiencing a disconnect between their value-based practice and the organisational structures in which they work. This finding, and the accompanying levels of stress and burnout recorded in this study, needs to be regarded with attention, not only because of the long-term psychological impact on the individual professional operating within a stressful environment. Just as important is the close connection between stress and burnout and poor levels of workplace retention with the resulting damage known to occur for vulnerable and fragile children from staff turnover.

The study also offers what may be part of the solution to moving towards a more effective and rewarding working environment for social workers. The enthusiasm and positive attitudes towards child protection as an area of work from the student cohort, and the high levels of dedication to their work recorded in the practising social worker cohort need to be seen as important and encouraging factors. Such positive attitudes and convictions need to be encouraged in trainees, developed in beginning social workers and supported and affirmed in more experienced practitioners. This can happen through training and orientation

that capitalise on early enthusiasm in a planned and supportive environment; through supervision that goes beyond performance inspection and challenges the more complex aspects of the role: and through training that increases skills and places new evaluatory research capacities in the hands of experienced practitioners. By doing so, the fundamental strengths of the profession can be channelled better into high-quality practice, which can only benefit social workers and those with whom they engage.

8. References

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