Public perceptions of the social work profession

On behalf of Social Work England

May 2023

Prepared by:

YouGov Quantitative Team – Jane Rowe (Associate Director), Sebastian Grandon-White (Junior Research Executive)

YouGov Qualitative Team - Mariana Owen (Research Manager), Lois Harmer (Senior Research Executive), Sean Kearney (Junior Research Executive)

YouGov®

Contents

YouGov plc, 50 Featherstone Street London EC1Y 8RT. Registration no. 3607311.

Copyright 2023 YouGov plc. All rights reserved.

2

Background and methodology

Background to this study

Social Work England was established under The Children and Social Work Act 2017 and is the professional regulator for social workers in England. Social Work England officially took over from the Health and Care Professions Council (HCPC) on 2 December 2019. They are a non-departmental public body, operating at arm's length from Government.

Social Work England is committed to learning about social work and to gathering data and intelligence about the profession and people's experiences. They aim to make a unique contribution to the evolution of regulation; to inform their work as the new specialist regulator and provide a detailed picture of social work in England. This work builds on previous understanding of the public perceptions of social work and is intended to support Social Work England's policymaking and communications activity.

Purpose, aims, and objectives

This research report explores public perceptions of social work, and of Social Work England as a regulator in 2023. In 2020, research was undertaken to benchmark the perception of social work in society and the understanding of Social Work England. This work seeks to build on that previous research, marking the end of the first stage of Social Work England's development as an organisation and leading into the next stage.

Fieldwork for the 2020 work was conducted between January and March 2020, prior to the COVID-19 pandemic, associated lockdowns and changes to working practices. Depending on a social workers' tenure in the profession, they may have worked prior to, during, or solely after the COVID-19 pandemic. Variations in perceptions by tenure in the profession have been discussed throughout the report.

This study sought to answer the following key research questions:

- **Do people understand social workers' role**? (Do non-social workers understand the role the profession plays in society? Do they understand what social workers do?)
- **How much confidence do members of the public/ other professionals have in social work as a profession?** (What influences people's opinion on social work? Is there a relationship between confidence in Social Work England and the profession as a whole?)

YouGov plc, 50 Featherstone Street London EC1Y 8RT. Registration no. 3607311.

Copyright 2023 YouGov plc. All rights reserved.

3

- **Do people understand the professional standards?** (Do they contribute to confidence in the profession?)
- **Are people aware of Social Work England?** (What are people's impressions of regulation? How much confidence do they have in the regulator?)

Approach

Quantitative approach

The sample for the quantitative survey was drawn from members of the YouGov panel of over 1 million individuals across the UK who have agreed to take part in online surveys.

Fieldwork was conducted between the 22 March to 20 April 2023. There are three key audience groups for the quantitative survey:

- **General public:** 3,032 Adults in England, representative of the English population by age, gender, region, ethnicity, social grade, and education level.
- **Healthcare staff:** 444 NHS workers in England, representative of the NHS by occupation group.
- **Social workers:** 110 registered social workers in England, not representative of the social worker population.

Notes on the quantitative analysis

Unless otherwise stated, figures and data presented are from the online survey. Where two or more groups are discussed, only statistically significant differences to the 95% confidence interval are mentioned. Significance testing is not applied for figures based on fewer than 50 respondents.

Figures in charts/ images may not sum to 100% due to rounding or due to the question allowing multiple selections.

Qualitative approach

One-on-one interviews were conducted with social workers, healthcare staff and those with lived experience of social workers. A full breakdown of the sample is included in the annex.

- **15 depth interviews with people who have lived experience of social work** (5 parents of children currently receiving interventions, 5 adults who have had an intervention, and 5 care leavers aged 18+)
- **10 interviews with registered social workers** with a range of experience, including management.

- **5 interviews with healthcare staff** who have direct experience of engaging with social workers or work with a team who engage frequently.

Interviews lasted between 30 and 45 minutes and were conducted by Zoom or telephone.

The sample included a mix of age, gender, ethnicity and location.

Key findings

Understanding the social work role

- Most English adults are aware that local councils employ social workers (82%) and that they have completed a recognised qualification (67%).
- However, understanding is child-centric – over a third of English adults (37%) mention that social work supports children, compared to just over one in ten who mentioned adults (13%) or elderly people.
- Similarly, three-quarters of English adults think an aim of social work is to support children at risk or safeguard children (both 75%), with slightly fewer recognising that social work aims to support adults at risk (69%).
- The qualitative research notes that perceptions can reflect lived experiences – for example, those who had interactions as children thinking social workers are child-focussed, although there is a feeling that social work should be beneficial to everyone.
- Half of English adults are aware that social workers are monitored by a regulatory body (52%), although this rises to three-quarters of healthcare professionals (75%).

Perceptions of the profession

- Perceived respect for social work in society is relatively low – among both social workers and healthcare staff, social work is the worst ranked profession in terms of levels of respect. For English adults, social work is more respected than police or bankers, but lags well behind healthcare professions.
- Across all audiences, social workers are overwhelmingly seen as over-worked and under-resourced – nearly three-quarters of English adults associate these traits with social workers, rising to over three-quarters of healthcare professionals and social workers.
- Overwork is also the main perceived barrier to social workers supporting people (68% English adults), rising to the vast majority of healthcare workers (84%) and social workers (94%)
- There are some mixed sentiments around social work – broadly, English adults believe social workers want the best for the people they work with (74%) but two-fifths believe social workers tend not to believe the people they work with (39%)
- The qualitative research notes that negative feelings are often associated with specific social worker or 'the system'. Participants also feel that social workers are only talked about in public (e.g. the news) when mistakes are made.

Social Work interventions

- Over a third of English adults have direct or indirect experience of support from a social worker (36%). The most common interaction is with a children and families social worker (36%).
- The qualitative interviews note that, among those with lived experience of social work, expectations were affected by the event or authority that triggered the intervention – with particular feelings of apprehension and distrust around cases that involved the police, domestic abuse, or child abuse.
- Interviews highlight that signposting from other agencies provides a level of approval, with reassurance that social workers are qualified on par with other trained professionals.
- Crucially, in the qualitative research, negative experiences are linked to the perceptions of over-work and lack of resources – with a sense that satisfying conclusions are very difficult to achieve in practice.

Perceptions of regulation

- Around three in ten English adults are aware of Social Work England (28%). Of these, a similar proportion report to know at least a fair deal about the regulator (28%) – rising to over half of those who have had direct personal experience of social work (57%).
- The perceived lack of resources affects Social Work England as well as social workers themselves – around two-fifths of English adults and healthcare professionals associate this with the regulator (38%, 39% respectively).
- Half of English adults recognise that setting professional standards is a key role of Social Work England (48%), and a similar proportion recognise that they keep a register of qualified social workers (47%).
- On balance, qualitative interviewees felt that social work being regulated is positive, with the regulator maintaining standards and thus the level of confidence the public can have in the profession.
- Over two-fifths of social workers think that Social Work England campaigns on issues important to social work (45%) or acts as the 'voice' for social workers (42%). The qualitative interviews noted that many understood that this is not the regulator's role but that there was a marked desire for Social Work England to so.

YouGov plc, 50 Featherstone Street London EC1Y 8RT. Registration no. 3607311.

Copyright 2023 YouGov plc. All rights reserved.

7

Understanding of the social work role

## Do people understand who social workers are?

The vast majority of English adults understand that social workers can be employed by local councils (82%), a perception which is shared with healthcare professionals (92%). Across other areas, healthcare professionals are more likely than the general public to understand that social workers are employed by the NHS (69%, 57% general public), courts and courts services (50%, 45%), charities (46%, 39%), and employment agencies (28%, 24%).

While most of the general public know that social workers can be employed by local councils, there is a significant gender divide (there are no statistically significant differences between genders amongst healthcare professionals). Women are more likely than men to know that social workers can be employed by local councils (84%, 80%), and a similar pattern is also evidenced by half (50%) of women thinking that social workers are employed by court and court services compared to 38% of men. Men, on the other hand, are more likely than women to think that social workers are employed by charities (41%, 37%).

There is also a divide across ethnic groups within the general public, with people from a white ethnic background being significantly more likely than people from ethnic minorities to think social workers can be employed by local councils (86%, 67%), The NHS (59%, 48%), and courts and court services (48%, 31%). People from an ethnic minority background are twice as likely to be unsure about who employs social workers than those from white ethnic backgrounds (10%, 5%), with such uncertainty largely driven by Asian adults (11%).

At a regional level, there are also notable differences in views of who employs social workers, with Londoners (73%) and those from the West Midlands (72%) being far less likely than the rest of England (82%) to report that they understand that social workers can be employed by local councils. The West Midlands has a particularly acute lack of understanding with one in ten (11%) reporting not knowing who employs social workers; almost double the average across England (6%).
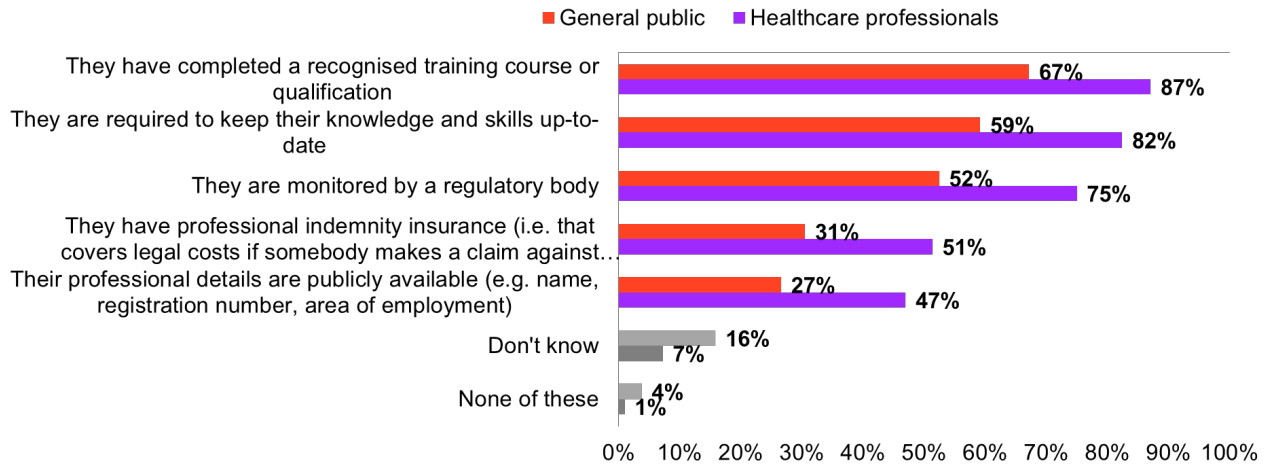
Figure 1. Perceived employer of social workers, by audience group

Base: All English adults (3,032); healthcare professionals (444)
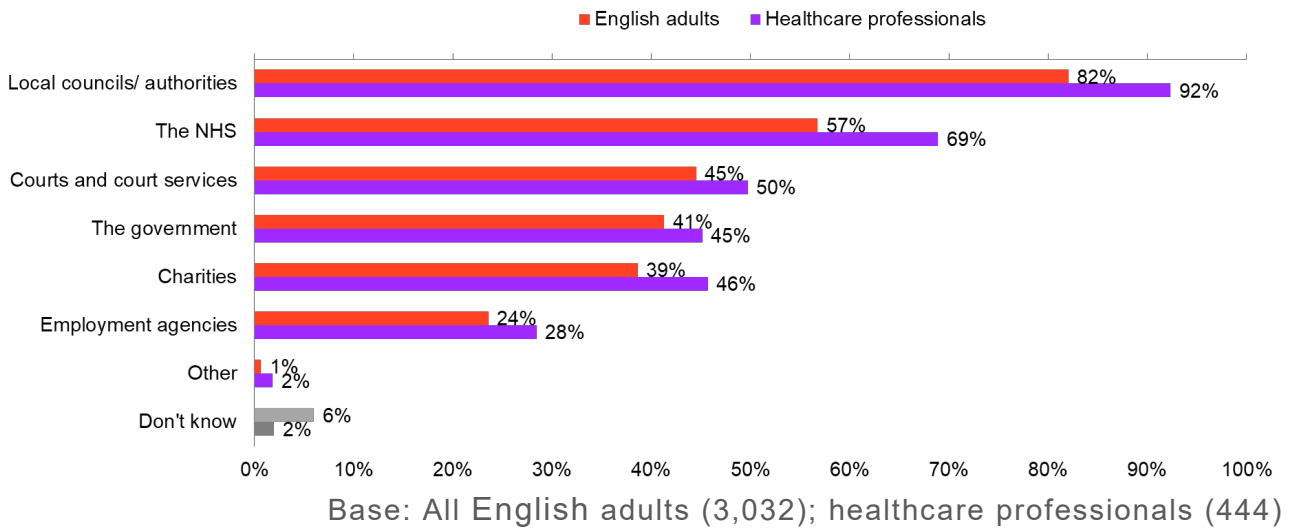
Echoing general understanding of who employs social workers, both the general public and healthcare professionals understand that social workers need to complete a recognised training course/ qualification. Around two-thirds (67%) of the general public indicate that they know that social workers need to complete a relevant course, which rises to 87% of healthcare professionals. Across all options surveyed (figure 2), healthcare professionals exhibit greater understanding of the perceived features of social workers. Only three in ten (31%) of the general public know that social workers have professional indemnity insurance while just over a quarter (27%) of the general public know that social worker's professional details are publicly available.

Amongst the general public, women are more likely than men to report that they know at least one of the aspects of social workers listed in figure 2 (83%, 78%), while men are more likely to be unsure (18%, 14%). Similar to perceived understanding of the employer of social workers, those living in the West Midlands are significantly less likely than the English average to report that they know one of the aspects of social workers (76%, 80%).

YouGov plc, 50 Featherstone Street London EC1Y 8RT. Registration no. 3607311.

9

Figure 2. Perceived features of a social worker, by audience group

■ General public ■ Healthcare professionals

They have completed a recognised training course or qualification	67% / 87%
They are required to keep their knowledge and skills up-to-date	59% / 82%
They are monitored by a regulatory body	52% / 75%
They have professional indemnity insurance (i.e. that covers legal costs if somebody makes a claim against…	31% / 51%
Their professional details are publicly available (e.g. name, registration number, area of employment)	27% / 47%
Don't know	7% / 16%
None of these	1% / 4%

Base: All English adults (3,032); healthcare professionals (444)

Both the general public and healthcare professionals were asked unprompted about the groups that social workers support. Both the general public (37%) and healthcare professionals (48%) have a child-centric perspective – with children, youth, adolescents and families being most commonly mentioned. The general public and healthcare professionals are also less likely to note that social workers support adults (13%, 19%) or elderly people (16%, 26%).

Amongst the general public, people from an Asian background (20%) are significantly less likely than those from white (40%), black (34%), or mixed ethnic (31%) backgrounds to mention that social workers support children, youth, adolescents, or families. A divide which is also pronounced when focusing upon age, with those aged 18 to 24 years old significantly more likely than the national average to not know what groups social workers support (53%, 27%).

Around one in ten mentioned that social workers support all groups in society/ everyone (9%). In the qualitative interviews, many of those with lived experience of social work said that social workers should be there to support everyone, but that social workers often focus on those who are more 'deprived' or are 'vulnerable'.

"Social workers identify the vulnerable in the community and provide support to them."

(Female, 65-70, lived experience)

There appears to be some cognitive dissonance between the perceptions of social workers, and the types of scenarios that respondents believe social workers would intervene in. Despite the negative perceptions of social workers encroaching on family life as outlined above, most believe that social workers predominantly intervened in cases with real cause – for example in cases where vulnerable people or families were in crisis, or at risk of harm. Most associate the role of social workers with supporting children and families, particularly in cases of neglect or abuse, followed by cases of a decline in physical and mental health of parents or key family members.

For some, this balanced belief is guided either by their own experiences, or by a rationalisation that the perception of 'interfering' social workers was largely a stereotype propped up by mainstream media and TV outlets.

"Anything that was to stop and prevent harm to the person, the individual, or others – prevention of homelessness, health interventions…so it's like crisis support mostly."
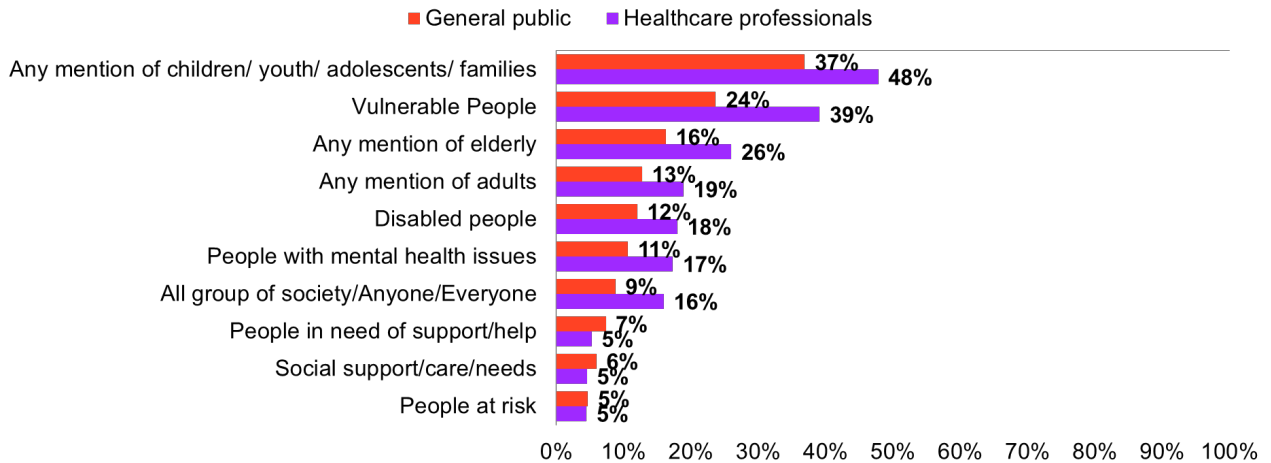*(Male, 45-50, lived experience)*

"I think the media has a massive effect on people's thoughts…we only hear about social workers when there's been an error or mistake…I know young people in bad situations still think that by asking for help, they're going to lose their kids."
(Female, 30-35, lived experience)

Social workers' involvement in cases with children and family was spontaneously mentioned in the interviews more frequently than their involvement in cases with elderly people, perhaps due to the media coverage of social work as mentioned above. Where elderly people are mentioned, it was often due to confusion and conflation of social workers with care worker roles. A minority also mentioned the role that social workers can take in supporting people without homes, though this knowledge predominantly comes from those with loved ones in the profession, or from those working in an adjacent profession which enabled their understanding.

![YouGov logo]

Figure 3. Perceived groups that social workers support (top ten)

■ General public ■ Healthcare professionals

Group	General public	Healthcare professionals
Any mention of children/ youth/ adolescents/ families	37%	48%
Vulnerable People	24%	39%
Any mention of elderly	16%	26%
Any mention of adults	13%	19%
Disabled people	12%	18%
People with mental health issues	11%	17%
All group of society/Anyone/Everyone	9%	16%
People in need of support/help	7%	5%
Social support/care/needs	6%	5%
People at risk	5%	5%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Base: All English adults (3,032); healthcare professionals (444)
Answers were given as free-text and then coded into percentage mentioning each group

The qualitative research found that, for those with lived experience of social workers, their understanding of social workers roles varies and is reflective of their own experiences. For example, those who had interactions as children think that social workers tend to interact most with children, rather than adults.

"Sometimes they specialise, with safeguarding or with children, with families, or for those who have learning disabilities. Overall, they are there for everybody who needs help."
*(Female, 55-60, lived experience)*

"They have interactions with families, older people, disabilities, and such like that. From everything I've heard and experienced it's, it's an ongoing need with little [support], they struggle with the limited resources they have and time they've got."
(Male, 40-54, lived experience)

Do people understand what social workers do?

Given that the previous section highlights that English adults and healthcare professionals know that social workers are *employed by* local councils, it follows that the general public and healthcare professionals know that social workers work *with* local councils. Indeed, seven in ten English adults believe that social workers collaborate with local councils, with nearly nine in ten healthcare professionals (87%) saying social workers work with local councils.

Following a persistent trend seen in the previous section, ethnic minorities are significantly more likely than white backgrounds to report that they do not know who social workers collaborate with as part of their employment (16%, 11%) – this rises to one in five (19%) of those from an Asian ethnic background. Likewise, 18 to 24 year olds are also significantly more likely than the English average to report that they do not know which groups social workers collaborate with as part of their role (20%, 12%).

Figure 4. Who people think social workers collaborate with as part of their role
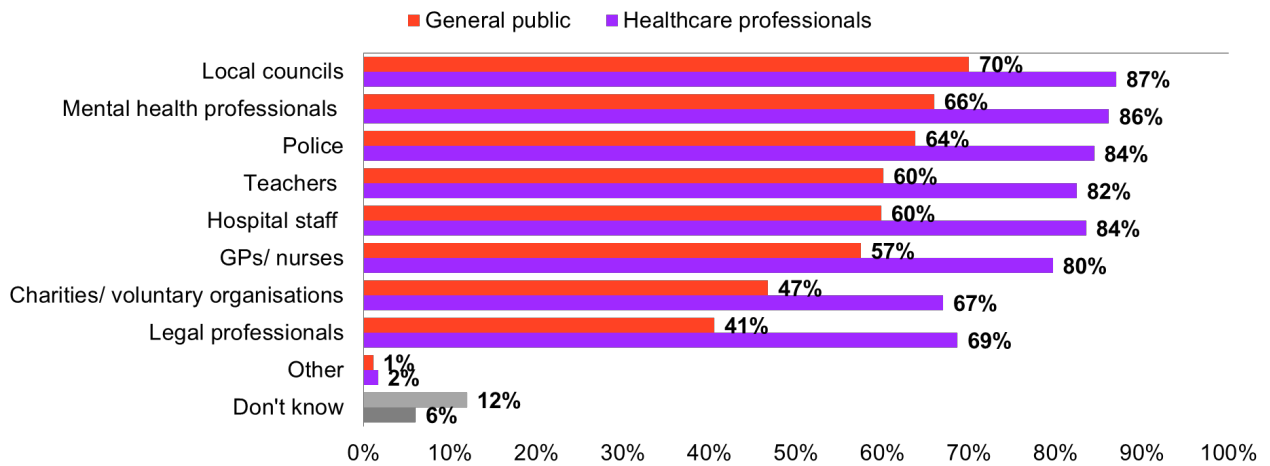
Base: All English adults (3,032); healthcare professionals (444)

The general public understand that the day-to-day role of social workers involves talking to people they are supporting and/ or assessing the needs of individuals, with seven in ten (72% each) choosing these options. This view is shared more emphatically amongst healthcare professionals, with nine in ten (91%) believing social workers assess the needs of individuals that need support; while a similarly high percentage of healthcare professionals also believe that social work involves talking to others, whether this be to the individuals who need support (89%) or talking to other professionals about people that need supporting (87%).

"Social workers would be the ones to assess the situation and decide where to go from here, and to bring in other professionals… they find solutions to problems."
(Female, 50-55, lived experience)

"These social workers are experts in those fields [if you're newly disabled/ if your family is in crisis] and can offer support where needed and point them in the right direction to help."
*(Male, 40-45, lived experience)*

Healthcare professionals are more emphatic about areas of work that do not form part of a social worker's core remit, with over of half healthcare professionals thinking social workers check people's personal information on a day-to-day basis (57%), compared to 38% of English adults. This is also indicated by 55% of healthcare professionals thinking that social workers routinely check whether people are eligible for benefits.

While prompted knowledge of the day-to-day role of social workers is generally high; consistent with earlier trends, men are statistically more likely than women to be unsure about what social workers do routinely (11%, 8%). Likewise, people from an ethnic minority background are also more likely than those from a white ethnic background to report not knowing what social workers do daily (12%, 9%) – this rises to an even higher level amongst Asian (13%) and black (14%) ethnic backgrounds.

Figure 5. Perceived day-to-day role of social workers
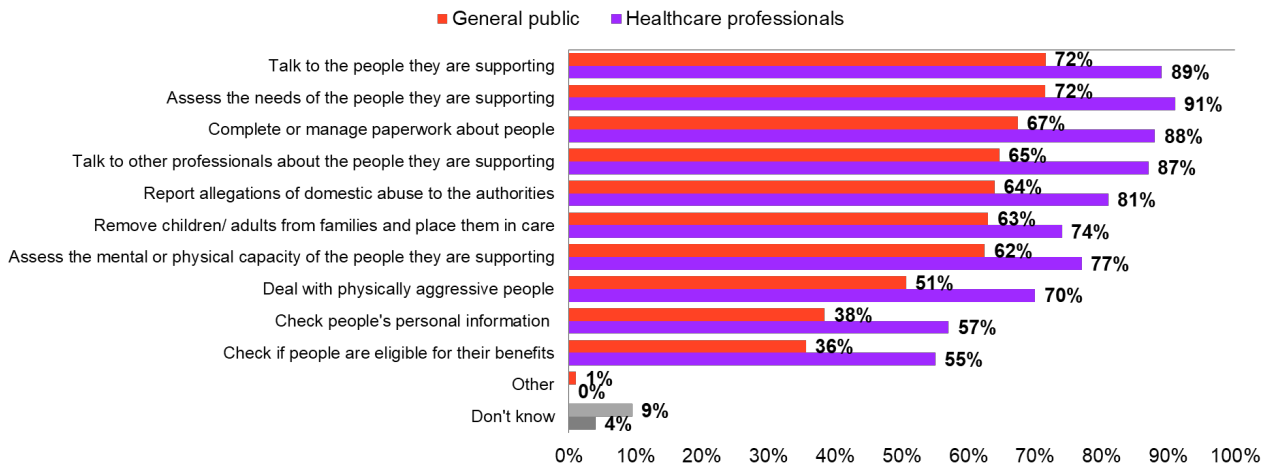
Base: All English adults (3,032); healthcare professionals (444)

Most of the general public and healthcare professionals also understand that social workers rarely/ sometimes separate families from their children, with seven in ten (71%) English adults recognising this, rising to almost nine in ten (87%) healthcare professionals sharing this view. Only 13% of English adults think that social workers always/ often separate children from their families – a far smaller proportion than those that think that social workers rarely/ never take this action (figure 6).

Like previous sections regarding general understanding of who social workers are and their perceived job role, three in ten (31%) people who have direct experience from social workers believe that social workers always/ often separate children from their families– a far higher level than only one in ten who haven't personally received support from a social worker (10%). Similarly, people from ethnic minorities are far more likely than their white counterparts to believe that social workers always separate children from their families (5%, 1%).

Figure 6. Perceived frequency that social workers separate children from families
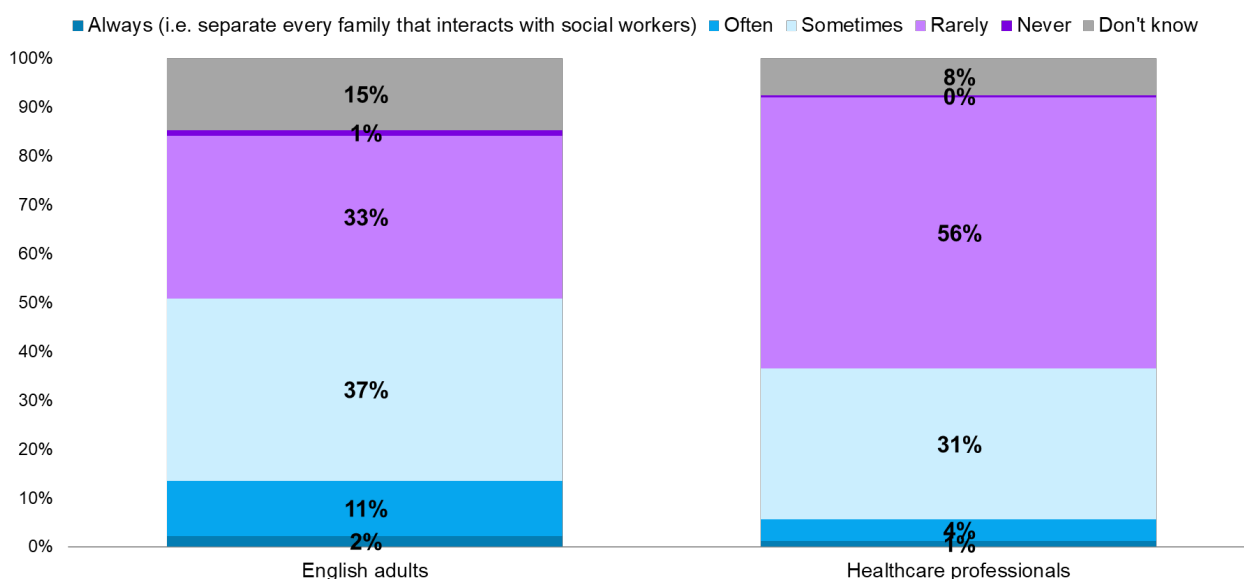
Base: All English adults (3,032); healthcare professionals (444)

"From the press you get the stereotype that they [social workers] child snatch and interfere… you only hear about the negative experiences, they're the ones worth talking about." (Male, 35-40, health care professional)

"It all depends on who you talk to, there's a part of society who sees social workers as child snatchers, interfering in people's lives, but that varies. I trained as a midwife and at that point I thought they were unreliable, [but] when I became a social worker, my views changed. I think the vast majority of social workers are very good at their jobs" (Female, 35-40, social worker)

YouGov

Do people understand the aims of social work?

There is a disconnect in understanding of the perceived aims of social work amongst the general public, healthcare professionals, and social workers. The general public and healthcare workers have a child-centric outlook in their understanding of the aims of social work while social workers are more balanced in their view.

Three-quarters of English adults believe the aim of social work is to support children at risk, with the same percentage also indicating that the aim is to safeguard children. Healthcare professionals are even more receptive to these two views, with almost all healthcare professionals citing the aim of social work as safeguarding children (94%) and nine in ten (91%) seeing one of their aims as supporting children at risk.

Amongst social workers, supporting children at risk (84%) and safeguarding children (90%) are still seen by social workers as a key aim, with a similarly high percentage of social workers see safeguarding adults (84%) as an important objective.
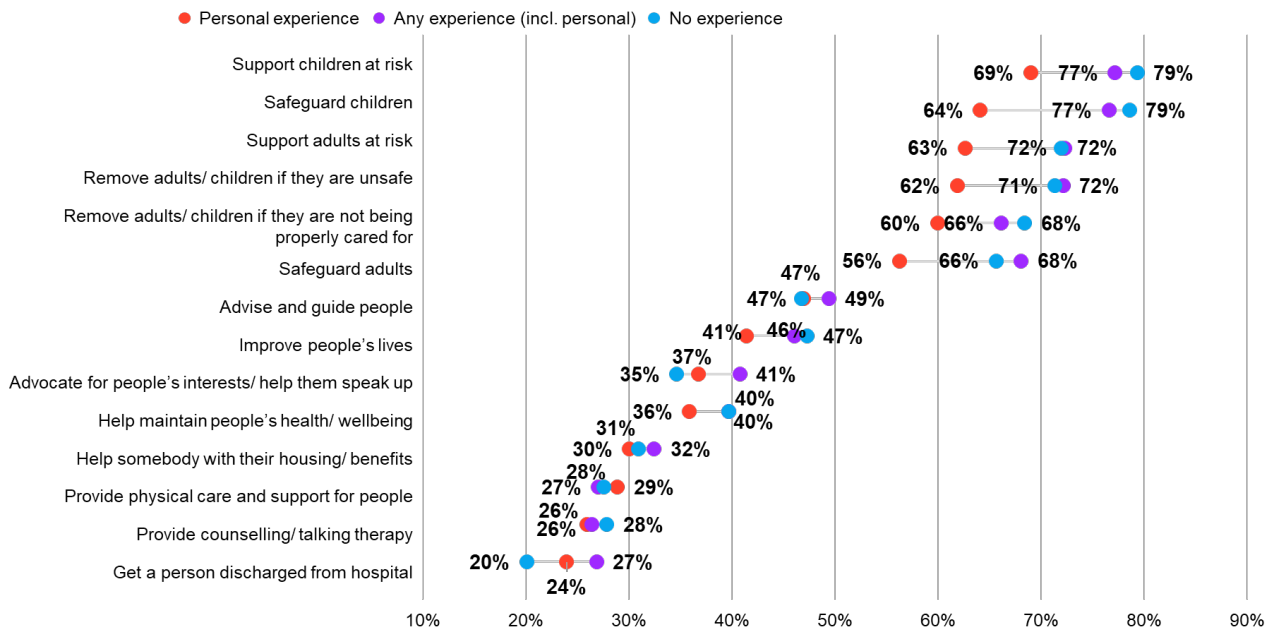
"Social workers could be phoned because a member of a family may not be able to care for themselves, or someone is concerned about children being abused of neglected." (Female, 50-55, lived experience)

"It [social work] is a wide-ranging role, you've got safeguarding children, or the young and vulnerable, or those who are disabled, or supporting families as a whole." (Male, 40-45, lived experience)

Reported knowledge of the aims of social work among those who experienced any social work intervention is only statistically significantly higher than those with no lived experiences in two areas: advocating for people's interests (41%, 35%) and getting people discharged from hospital (27%, 20%). This indicates that increased exposure to social work does not completely translate to greater knowledge of social work's aims. However, those who have <u>personally</u> received support from a social worker are much less likely than those who have not personally received support to think that a social worker's aim is to support children at risk (69%, 79%) or adults at risk (63%, 73%).

Figure 7. Perceived aims of social work, by experience of social work intervention

● Personal experience ● Any experience (incl. personal) ● No experience

Support children at risk	69% 77% 79%
Safeguard children	64% 77% 79%
Support adults at risk	63% 72% 72%
Remove adults/ children if they are unsafe	62% 71% 72%
Remove adults/ children if they are not being properly cared for	60% 66% 68%
Safeguard adults	47% 56% 66% 68%
Advise and guide people	47% 47% 49%
Improve people's lives	41% 46% 47% 37%
Advocate for people's interests/ help them speak up	35% 41% 40%
Help maintain people's health/ wellbeing	36% 40% 31%
Help somebody with their housing/ benefits	30% 32% 28%
Provide physical care and support for people	27% 29% 26%
Provide counselling/ talking therapy	26% 28%
Get a person discharged from hospital	20% 27% 24%

Base: All English adults (3,032); healthcare professionals (444); social workers (110)

Perceptions of the profession

How are social workers viewed in society?

The majority of the general public do not think social work is well respected within society (56%), a view that healthcare workers and social workers are more emphatic about. Three quarters of healthcare staff (74%) think social work is not well respected and nine in ten current social workers say the same (89%).

Although perceived levels of respect are relatively low, there are some communities who are more likely to think social workers are respected. Among the general public, those from an ethnic minority background are more likely than white adults to believe social workers are respected (54%, 42%), with particularly high levels among Asian adults surveyed (59%). Londoners are more likely than the English national average to say social work is well respected (50%, 44%).

Figure 8. Perceived respect for social workers in society compared with other professions, by audience group
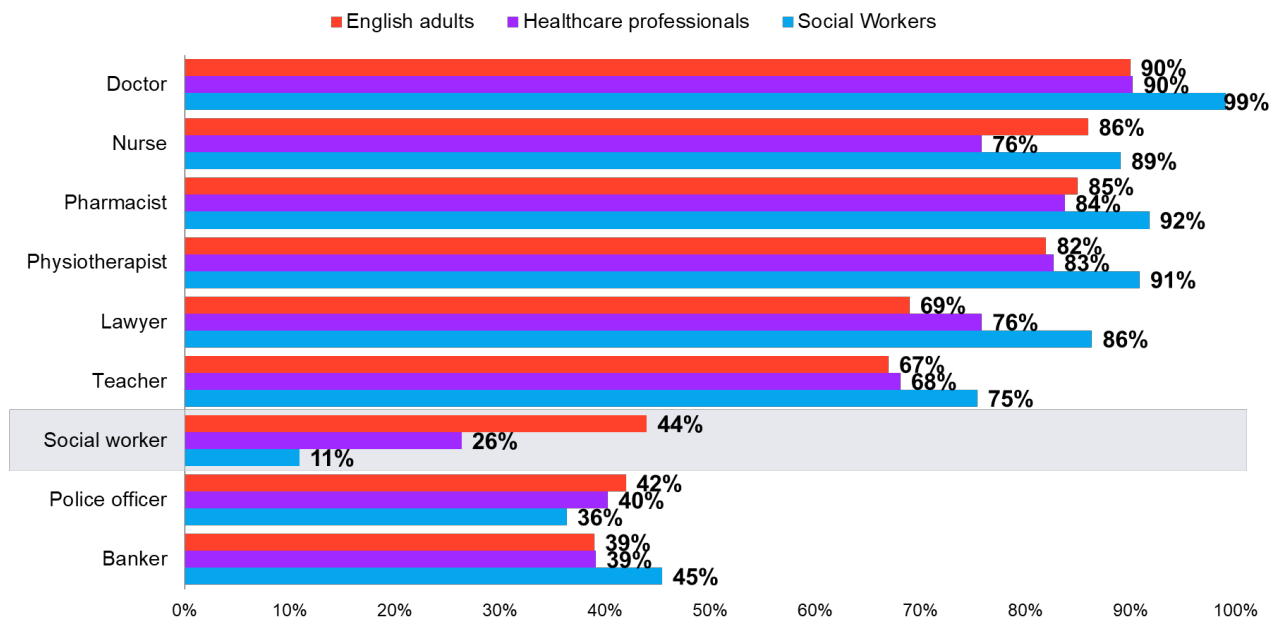
Base: All English adults (3,032); healthcare professionals (444); social workers (110)

English adults broadly rank social work below other professions that were asked about – above only police and bankers in terms of the respect engendered from society. Perceived respect for social workers (44%) is far behind the levels felt for doctors (90%), nurses (86%), pharmacists (85%), and physiotherapists (85%). Among both healthcare and social work staff, social work is the worst ranked in terms of respect from society, falling below police officers and bankers. Only one in ten social workers think their profession is well-respected in society.

The qualitative research found that social workers are acutely aware of the lack of respect for their profession compared to other caring professions such as doctors and nurses, and while this frustrates many, they believe they know the source of it and do not place blame on the general public for this lack of respect. They acknowledge that the sensitive and personal nature of their work often means that some people are going to feel upset or somehow targeted by their interventions and believe that little can be done for this aspect of their reputation.

Many social workers are upset about the comparative lack of respect for their profession compared to the other care workers. This was made particularly salient during the COVID-19 lockdowns, when healthcare staff were applauded[1] but social workers – who were still doing work in-person – were not. Many express a desire for more people to understand the risk of their work and its associated difficulties, and often express that their job is thankless for all of the difficult work that they do.

"With what happened during lockdown, people were clapping for the NHS, there was almost no clapping for social workers. My social workers were out there [without vaccines], they were going into family's homes in really difficult situations, putting themselves out there. People don't see that. It's hard, really." (Female, 50-55, social worker)

"In the news, we hear so much at the moment about teachers, nurses, and doctors… quite rightly. [We] don't hear about social workers ever. Ever." (Female, 30-50, social worker)

---

[1] BBC, 2020. "Clap for Carers: UK in 'emotional' tribute to NHS and care workers" (https://www.bbc.com/news/uk-52058013)

Social workers are overwhelmingly seen as over-worked and under-resourced. Over half of the general public associate these characteristics with social workers, rising to more than three-quarters of healthcare professionals and social workers recognising these traits (figure 9).

Otherwise, the general public and healthcare professionals are less emphatic about their associations with social workers – for example, around two-fifths say they are 'empathetic' (36%, 40%), compared to four-fifths of social workers (79%). However, social workers are less likely than English adults or healthcare workers to say the profession is 'incompetent' or 'unsympathetic' (figure 9).

Broadly, healthcare workers' perceptions of the profession are often more in-line with the general public than social workers. Around a quarter believe social workers are 'trustworthy' (24% English adults, 26% healthcare) and a fifth think social workers are 'fair' (19%, 21%). However, their perceptions diverge from the general public when it comes to accountability (23% English adults, 34% healthcare). Healthcare professionals are also less likely than the general public to think social workers have negative characteristics such as incompetence (16% English adults, 9% healthcare) or being 'unsympathetic' (11%, 7%).

Personal experiences of social work seem to engender negative associations with the profession. Those with direct personal experience of social work are less likely than those without direct personal experience to say social workers are 'empathetic' (29%, 38%) or 'trustworthy' (22%, 25%) and more likely to say they are 'unsympathetic' (23%, 10%), nosy (22%, 9%), or 'incompetent' (19%, 16%). However, they are also more likely than those without direct personal experience to say social workers are 'fair' (25%, 20%). As discussed later, in the qualitative research, those who have had a negative experience ascribe their unfavourable sentiments to the individual social worker or the 'system' and some recognise the lack of recognition for work done well.

Figure 9. Words associated with social workers, by audience group

● English adults ● Healthcare professionals ● Social workers
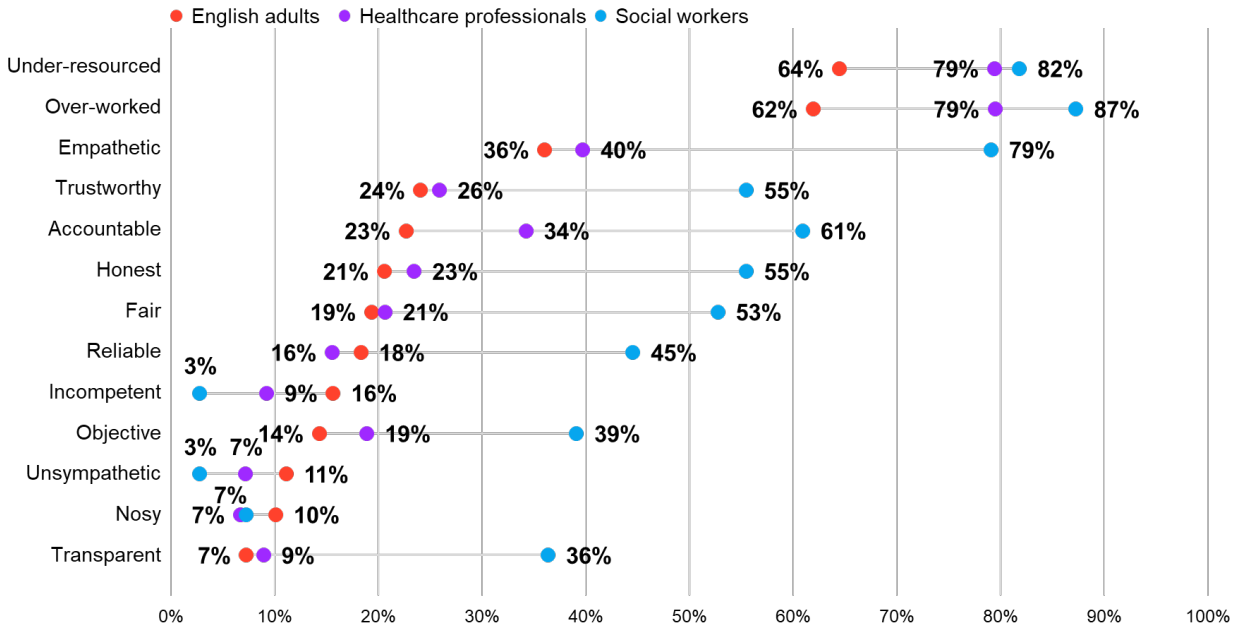
Base: All English adults (3,032); healthcare professionals (444); social workers (110)

Despite potential over-work, the majority of the English public do think that there are a range of benefits to social work in society. More than half believe that social workers want the best for people (74%), they make a big difference in improving people's lives (62%) and are experts in understanding and meeting people's needs (53%).

Believing that social workers want the best for the people they work with is lower amongst ethnic minority English adults than white adults (68%, 76%). However, Black adults are notably more positive in this regard (82%) and are generally more likely to agree with positive sentiments about social workers than other ethnicities – including that social workers make a big difference in improving people's lives (74%, 61%) and that they are experts in understanding and meeting people's needs (66%, 55%).

Those with direct personal experience agree that social workers are experts in understanding and meeting people's needs (55%) but are less likely than average to agree that social workers want the best for the people they work with (70%), or that they make a big difference to improve people's lives (61%). In fact, more than half of those with direct personal experience of social work think social workers often get things wrong (58%). Just over a fifth of English adults without direct personal experience of social work think that social workers do not believe the people they work with, but this doubles amongst those with direct lived experience of social work (22%, 44%).

Nearly a fifth of all English adults think the job of social workers could be done by other health and social care professionals with no special training (18%). This view is also held by one in ten healthcare professionals (11%) and social workers themselves (10%). This perception rises to nearly two-fifths of people who have personally received support from a social worker at some point in their life (38%). However, as discussed later, the qualitative research found some respondents conflate social workers with care workers, particularly when thinking about care of elderly adults.

Figure 10. Agreement with statements about social workers, amongst English adults
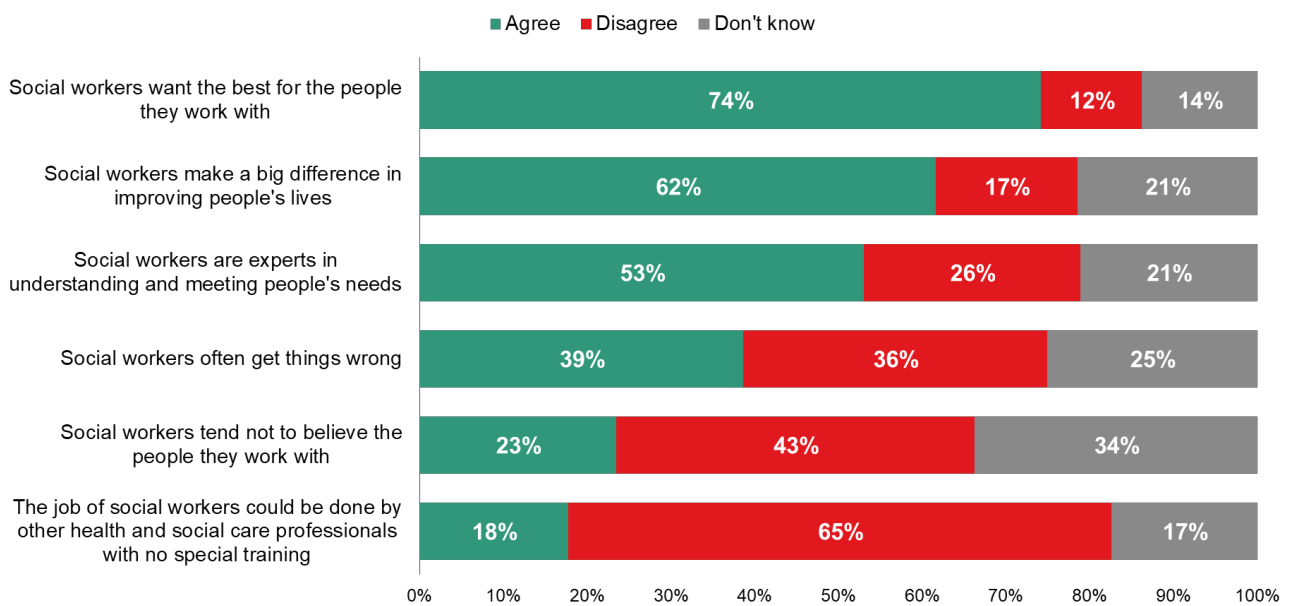
Base: All English adults (3,032)

The qualitative research also found that social workers believe their work is often misunderstood by broader society, which leads to the negative perception of social workers. This misunderstanding is believed to be the fault of the media: both entertainment and news. The majority of social workers feel that the news media focuses on the failings of social workers while ignoring the cases in which social workers succeed in supporting vulnerable individuals and families. Likewise, some social workers commented that entertainment featuring social workers is often called inaccurate, as some mention that in these portrayals social workers would arrive to a family's home to take away their children, which is not an accurate representation of the purpose of social workers and the authority they hold.

YouGov

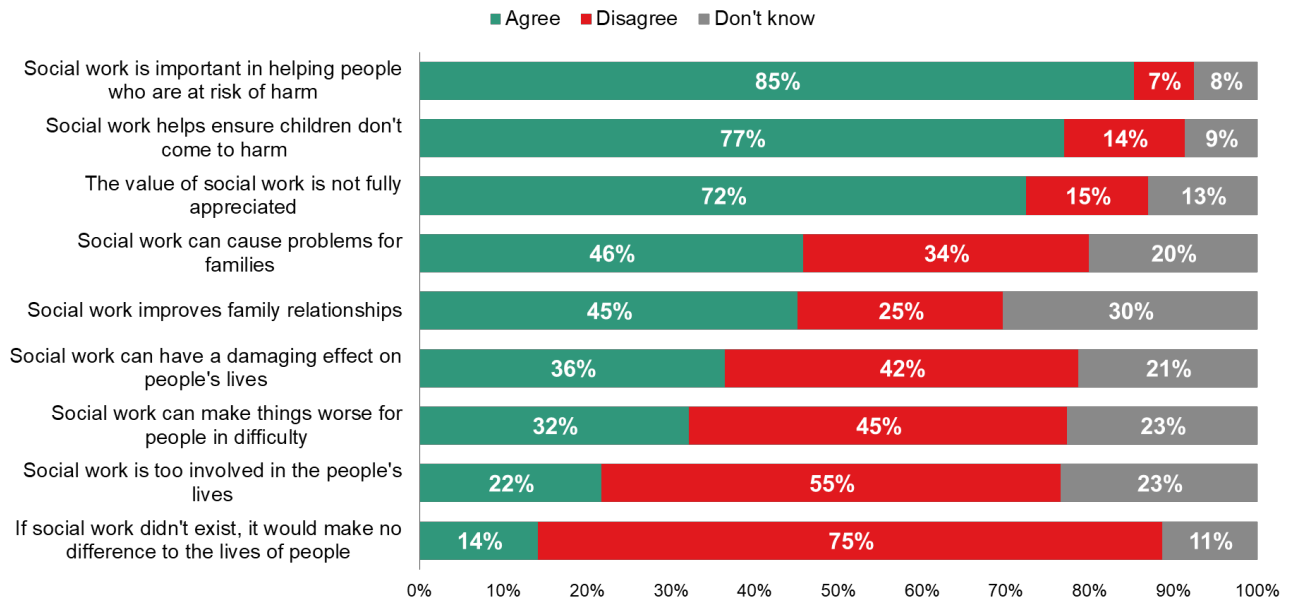## What are people's attitudes towards the social work profession?

Echoing the perception that social work is not well respected within society, most English adults do not feel the value of social work is fully appreciated (72%). The overwhelming majority agree that social work is important in helping people who are at risk of harm (85%) and that it helps ensure children do not come to harm (77%).

However, the public is split on the impact of social work on family relationships – over two-fifths think social work can cause problems for families (46%), a similar proportion think social work improves family relationships (45%) and three in ten are unsure if it improves family relationships (30%). Despite this, there is a general consensus that the existence of social work makes a difference to people's lives; only 14% think otherwise.

Those with direct personal experience of social work are more likely than average to agree with negative sentiments around the profession, including that it causes problems for families (63%), has a damaging effect on people's lives (57%) and makes things worse for people in difficulty (55%). However, those with direct personal experience are also more likely to think that social work improves family relationships (49%). These somewhat contradictory views are due to those with direct experience being less unsure about each statement; those with no experience of social work intervention were more likely to be unsure.

Healthcare professionals and social workers tend to be more optimistic about the impact of the social work profession – over nine in ten think that social work is important in helping people who are at risk of harm (92% healthcare, 99% social workers). They are also less conflicted about the impact on families; over half of healthcare workers think social work improves family relationships (57%) and over four-fifths of social workers think the same 85%.

Figure 11. Agreement with statements about the social work profession, amongst English adults

Agree ■ Disagree ■ Don't know

Statement	Agree	Disagree	Don't know
Social work is important in helping people who are at risk of harm	85%	7%	8%
Social work helps ensure children don't come to harm	77%	14%	9%
The value of social work is not fully appreciated	72%	15%	13%
Social work can cause problems for families	46%	34%	20%
Social work improves family relationships	45%	25%	30%
Social work can have a damaging effect on people's lives	36%	42%	21%
Social work can make things worse for people in difficulty	32%	45%	23%
Social work is too involved in the people's lives	22%	55%	23%
If social work didn't exist, it would make no difference to the lives of people	14%	75%	11%

Base: All English adults (3,032)

The qualitative research also found among all audience groups, that social workers are largely seen as essential to the continued functioning of society. There is a prevailing sentiment that without social workers, many individuals would not receive the care they need and would 'fall through the cracks' particularly the elderly, those suffering from severe mental illness, the economically vulnerable, and children. This holds true even among individuals who had negative experiences with social workers in the past. For those with negative experiences of social work, their problems were not associated with social work as a field, but with specific social workers and with the 'system' as a whole, which is viewed as inadequate in the training, funding, and retaining of social workers. As such, most negative feelings held towards social work are attributed to factors at meso- and macro- level structures that lead to poor social work, rather than a predisposition for unskilled and/or uncaring individuals to join the profession. Likewise, there's a feeling that social workers are not properly recognised for the work that they do when it goes well, and only get attention when mistakes are made.

"No matter what they do, they're kind of blamed or something goes wrong. They're never like told, oh my God, you did an amazing job." (Female, 55-60, lived experience)

"[The] public doesn't see a bigger picture…they believe what they see or read." (Female, 55+, lived experience)

Social workers are aware that their presence could be stressful for families that they are assigned to and attributed this stress to some of the negative feelings towards the profession. When a social worker is involved, there is an assumption that something is going wrong within a family. As mentioned above, there is recognition among social workers that their presence could potentially make a difficult situation harder for families when their services are assigned rather than sought out.

"Nobody wants a social worker. In no walk of life dies anyone want a social worker knocking on the door? They forget that social workers deal with, disabled people or carers and things like that, [they think I'm] gonna take your children off you."
(Female, 45-50, social worker)

Likewise, there is a concern among both social workers and those who have lived experience that perceived social class differences could make it harder for social workers to connect with the individuals they are trying to help; social workers are commonly associated with working with those from lower socioeconomic backgrounds and believe that they are seen as middle-class workers. This perceived class difference can make it difficult for those who are assigned a social worker to trust them, particularly if they harbour the negative perceptions and feelings towards the profession discussed above. There is a belief among these individuals that social workers are primarily used to 'police the working class'.

"I think having grown up quite working class, you're just raised to not talk to social workers. They're like the police...it's a very middle-class profession. A very white profession as well. It lacks diversity." (Female, 30-35, social worker)

"Nosy, interfering…it [social workers] does put the fear of god into a lot of mums or families from the lower classes of the population when they're mentioned, and that I think is a perception that a lot of people that I know have." (Female, 50-55, lived experience)

What improvements can be made to social work?

Over half of English adults are confident in social workers' <u>ability</u> to do their job well (55%), but this is mostly driven by those who are 'fairly' confident (51%). The overall 'confident' proportion rises to seven in ten healthcare workers (70%) and nearly nine in ten social workers (86%), but again – only a minority are 'very' confident in social workers.

English adults with direct personal experience of social work are more polarised about social workers' ability to do their job; 8% are completely confident, but 14% have no confidence at all. This is likely driven by the variety of experiences with social work; as discussed elsewhere in this report, reported outcomes from experiences with social workers are mixed, with positive experiences more common amongst those with clear, well-defined cases. Those without personal experience are more unsure and tend to err on the positive side – over half are 'fairly' confident (54%), but one in eight simply are not sure (17%).

**Figure 12. Confidence in social workers' ability to do their job, by audience group**
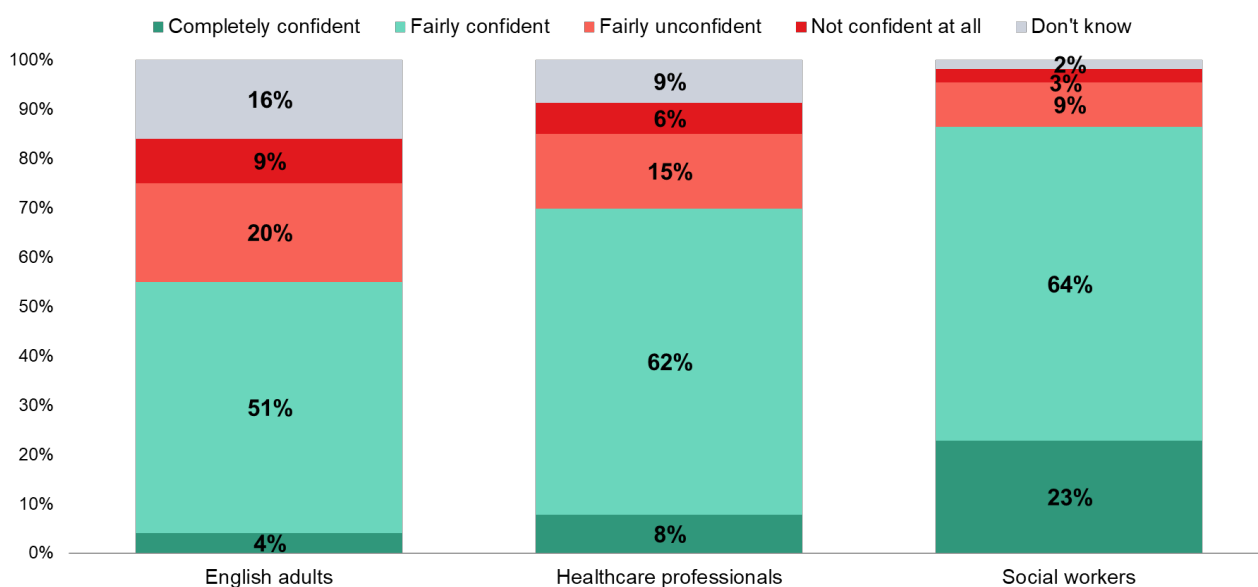
In line with their overall perceptions of the profession, all audiences agree – the key barrier to social workers doing a better job at supporting people is perceived overwork (68% English adults, 84% healthcare, 94% social workers).

For English adults, this is followed by a perception that people lie to social workers (55%) – a perception held by half of those who have received direct personal support from social workers (53%). Healthcare workers are more likely to say that the services social workers can/ should refer people to are inadequate (68%), while social workers are split between this (79%) and thinking they spend too much time on admin (80%).

English adults are more likely than the other groups to think social workers do not have enough training (25%) – a view held regardless of if they have had direct personal experience of social work (28%) or not (26%). Those with direct personal experience are more likely to think that social workers do not focus on what people want (28%) or that they do not understand/ engage with the local community (27%). Healthcare workers are more likely than the other groups to think people do not want to be helped (51%), and this is a particularly prevalent view in the South East of England (63%).

Figure 13. Barriers to social workers doing a better job at supporting people, by audience type
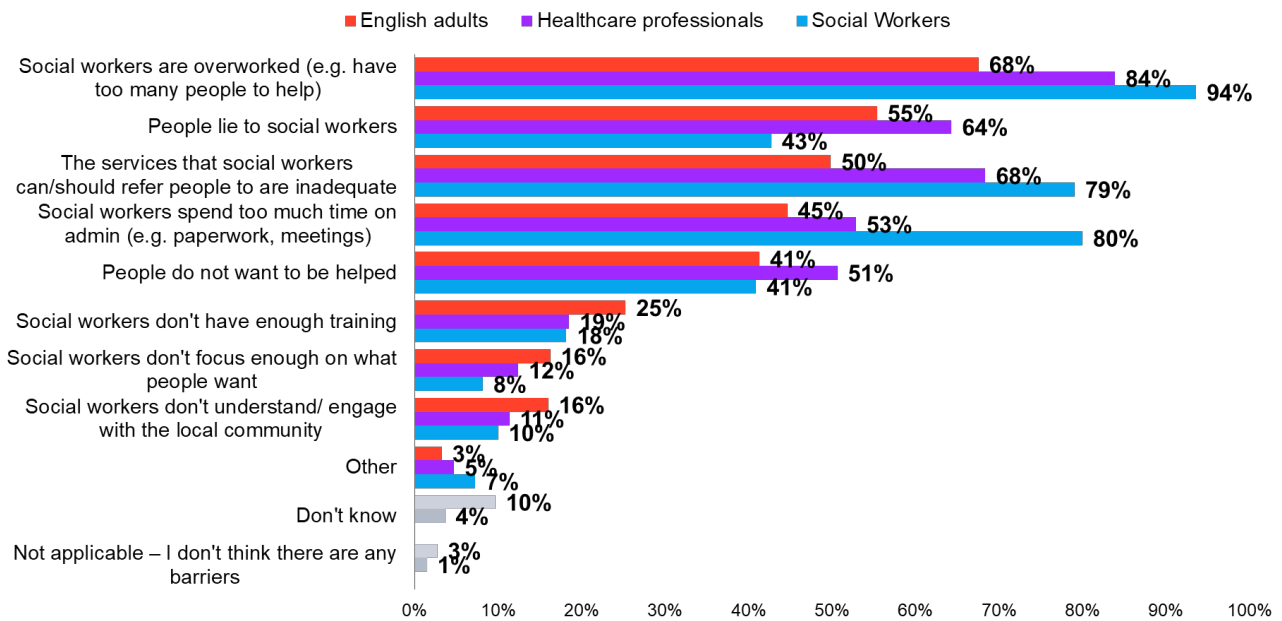
Base: All English adults (3,032); healthcare professionals (444); social workers (110)

The qualitative research found a near-universal feeling among healthcare professionals and those who have lived experience that social workers are overstretched and unable to adequately provide the services that are needed by those whom they have been assigned. Negative comments about social workers from healthcare professionals and those with lived experience were often related to social workers being slow to respond to concerns, not remembering specific details of their cases, and being hard to reach when needed. These sentiments are echoed by social workers themselves, who spoke of feeling that their caseloads are often too high – leading them to work extra hours to keep up with their responsibilities. Increased pay and funding for programs that could draw more individuals into the profession are methods suggested among all audience groups.

YouGov

Social workers express a desire to be preventative in their work – to be able to spot small problems early in the families/individuals that they work with and tackle them before they grow into major issues. Consistent with the quantitative findings, they feel that, due to high caseloads, this type of care is impossible for them to enact. As it stands, social workers feel like they only have time to address cases where there is an urgent need for their services and care, creating a high-stress environment where they feel stretched thin.

> *"The very nature of the job is that you are responding to crisis a lot of the time. So, if you've got a caseload of say, 30 children, you could have a meeting scheduled for one child, and then there's a crisis with one of your other cases and you have to respond to that." – (Female, 35-40, social worker)*

Many outside of the social work profession think that more training for social workers would help improve their performance. Greater clarity on the standards that social workers are supposed to meet and an easier system to file a complaint against a social worker are also felt to be potential ways to improve social work. Additionally, those who have experienced interventions wished that their social workers were able to spend more time with their families to better understand their situation and the nuances that make them different from other families they may have worked with in the past.
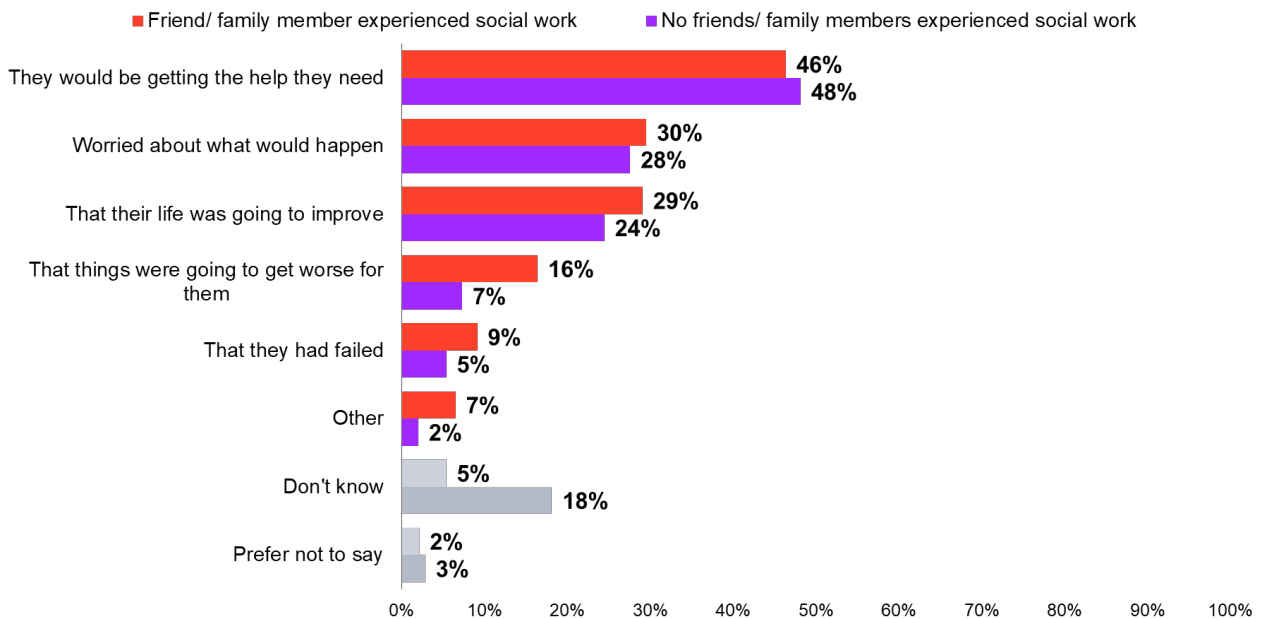

Social work interventions

What are the perceptions around social work interventions?

If someone they knew received support from a social worker, the prevailing opinion is that they would be getting help they need – consistent among those whose friends/ family members have experienced social work and those answering hypothetically (figure 14). However, there is a similar consensus in feeling worried about what would happen – around three in ten say this (figure 14).

Otherwise, those with prior experience of a friend/ family member being supported by a social worker are more confident in their opinions, while those without a similar reference point are uncertain. Nearly one in five who have not had a friend/ family member experience social work are unsure how they would feel (18%), compared to only 5% of those with experience.

Figure 14. Reaction to social work support, by experience of social work

Base: English adults whose friends/ family members have experienced social work (652); English adults whose friends/ family members have not experienced social work (2,569)
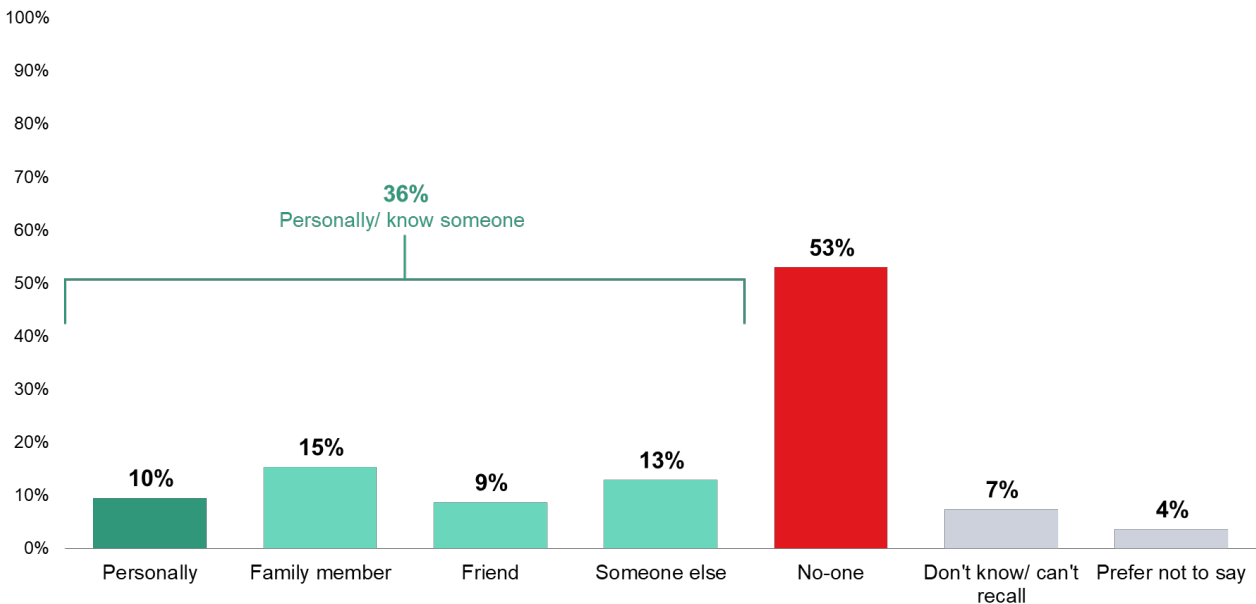

Lived experience of social work interventions

Over a third of English adults have direct or indirect experience of support from a social worker (36%). Of these, the most common experience was with a child welfare and family social worker (36%).

Those with any experience of social work intervention are more likely than those without to hold negative views on social work, including strongly agreeing that social workers often get things wrong (17%, 7%), that social work can have a damaging effect on people's lives (15%, 6%), and that social workers often separate children from families (16%, 8%). A quarter of people with direct personal experience of intervention from a child and families social worker think that social workers often separate children from their families (24%).

Direct personal experience of social work tends to engender a more emphatic view – three in ten <u>strongly</u> agree that social workers often get things wrong (29%), compared to only one in seven with an indirect experience of social work (14%). Similarly, those with direct personal experience are four-times more likely than those with indirect experience to think social workers always separate children from their family (8%, 2%).

Figure 15. Experience of receiving support from a social worker, amongst English adults

Base: All English adults (3,032)

Expectations for social work interventions

Of those interviewed with lived experience of an intervention, their expectations going into the intervention were often mixed, particularly according to the event or authority that triggered the exchange. Unsurprisingly, where social worker involvement was mandated by the police or another agency in sensitive cases such as domestic violence, or in malicious accusations of child abuse, the involvement of social workers was usually met with significant apprehension, anger, confusion and distrust – particularly in instances where communication was poor, and the intervention was unexpected. In these instances, there was low understanding or awareness of how the intervention would proceed, resulting in some feeling that there was a power imbalance whereby they lacked autonomy. Some reported feeling 'in the dark' and uncertain about what situations lay ahead for them.

"They put me in a hostel and kept me waiting for days, and they wouldn't even talk to me – because I went in their office the following day, and they just basically refused to talk to me because they were doing their investigation…I was very scared."
(Male, 65-70, lived experience)

"I would have thought the right thing to do if they thought we were doing something wrong was ask to see us…but they absolutely didn't want to see us…we felt completely put out and undermined…I honestly thought this was how we were going to sort this out."
(Male, 55-60, lived experience)

Nonetheless, despite initial reactions prompted by fear or surprise, most were hopeful that the social worker would improve their situations and provide a source of support, and that they should entrust them to act in their best interests. Equally, for those who had been signposted to social workers via other agencies, this provided a layer of assurance and a seal of approval. Many are somewhat reassured by the training that social workers have to undertake and their relevant experience, which they feel should adequately qualify them to handle cases well, similarly to other trained professionals.

"I'd say I was optimistic…I think I just had the belief that people doing that job would have enough training and experience, otherwise I wouldn't have been referred to them in the first place." (Female, 20-25, lived experience)

"I was hoping she'd be helpful…I thought 'maybe I'll have somebody on my side here' and it wasn't like that at all – I think that's what threw me completely…1) to not be told that your information has been shared, and 2) for her to come in and blame me – that didn't help anybody." (Female, 55-60, lived experience)

Expectations around social work interventions are also dictated somewhat by intergenerational experiences – i.e. the indirect experiences of older family members or friends. If their relatives' experiences were disappointing, it guided their expectations ahead of interacting with social workers. The nature of social work and the situations that social workers intervene in can mean that social workers are involved with specific families on multiple occasions over the course of several years, which can lead to entrenched ill-feelings if just one experience did not meet their expectations.

"Talking to some of the friends and family that I've had that have had interaction with [social workers], they would say the same…a lack of interest, a bad attitude sometimes, and unreliable…not setting up appointments and all those sorts of things."
(Female, 30-35, social worker)

Equally, since those who receive support from social workers are often vulnerable and require long-term support, it is common for individuals to receive support from multiple social workers from a variety of organisations, with mixed results. Many respondents reported having initial negative experiences, which then set the tone for all future interactions. The high level of 'churn' of social workers assigned to families itself also resulted in many feeling jaded, due to the lack of consistency of support experienced.

"I was a victim of domestic violence for years, and so when social workers got involved with me…the attitude was horrific…the way she spoke to me it felt like she was blaming me for the situation that me and my daughter were in…but then having said that, I met another social worker from a totally different organisation…she was absolutely amazing…so it made me realise that they're not all the same. You get amazing social workers, and you get ones that are not so good sometimes."
(Female, 55-60, lived experience)

[On the changed perception of social workers after the first interaction] "I felt like they were a bit less competent than I wanted them to be, and I didn't really trust that they would be able to help me as much as I thought. It was a bit reality-shattering."
(Female, 20-25, lived experience)

Outcomes in social work interventions

The reported outcomes from experiences with social workers are mixed, particularly for those of whom had experienced multiple interventions. Some cited their experience as largely being down to a 'postcode lottery', assuming that whilst they believed there to be lots of good social workers, amongst those there would also be social workers less skilled, experienced or committed to the role. Nonetheless, there are clear patterns in experiences – both positive and negative – across those interviewed.

Positive experiences are more frequently reported amongst those of whom had clear, well-defined cases that required support solely from social workers rather than multiple agencies, often on matters of physical or mental health support within the household.

[On the experience of social workers in supporting his step-mother with ill health] "They were very empathetic with her…they said they would call her back, and they did call her back, whereas the horror stories are you get these people come round, they do their initial thing, you never hear from them again, or you call them and they're not answering the phone, which was not our experience." (Male, 45-50, lived experience)

Those who reported negative experiences with social work often had complex situations that required a multi-agency approach, and decisions on their cases to be made, for example in instances of domestic abuse or violence and removal from an adult in a household. Given that poor communication, lack of clarity or awareness of the process and slow case progress are commonly reported issues, it is possible that some of the disappointment surrounding respondents' interventions in these scenarios could be a product of the way in which social workers and other adjacent agencies work together in order to progress a case.

Alongside this, other commonly cited problems are social workers being difficult to reach, unprofessional, and disproportionate in their treatment of certain individuals within a case, i.e. enabling some to have more of a 'voice' than others. As mentioned earlier, many of these problems are attributed to the quality or amount of training that social workers receive, and their respective workload, and respondents assumed that training is varying in quality and that social workers' caseloads are too high.

"I know that there are some fabulous social workers out there that work really, really hard and the job is incredibly demanding. And then there are others that kind of just tarnish that, uh, view of social workers that obviously do things that diminish the trust of social workers." (Female, 25-30, lived experience)

As mentioned earlier, many view the profession as challenging, emotionally difficult, over-stretched and under-funded. This meant that when reflecting on their own experiences with social workers and how they were handled, many report conflicted feelings and often conclude that negative experiences are products of funding and resourcing constraints, the difficult nature of the job, or their individual social worker (and therefore not reflective of the entirety of social workers within the profession).

"Their [social workers'] jobs are so diverse, dealing with all of those less able to protect themselves – they have to be all things to all men at all times, and that's impossible. I'm critical because of the way I was dealt with…but could it have been done any better? Probably not, because there are no cut and dry answers to any of the problems which they're trying to deal with." (Male, 55-60, lived experience)
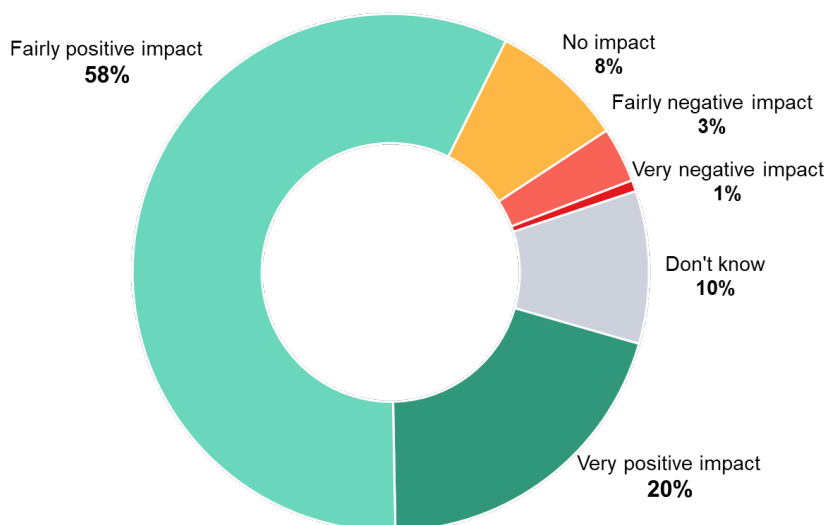
There is a sense that, ultimately, it is impossible for a social worker to produce a satisfying conclusion to a case for all parties involved, even in instances where different outcomes are hoped for – overall, perceptions of the social work profession are balanced, with a sustained respect for those that choose to enter this challenging profession.

"They can make and break people very easily. I don't resent them [social workers]. I don't feel bitterness because they had to make decisions based on information that was put in front of them." (Male, 65-70, lived experience)

Experiences of healthcare professionals with social workers

Broadly, healthcare professionals are positive about the integration of social work in healthcare. More than three-quarters of healthcare workers think social work has a positive impact on healthcare (78%) and this rises to nine in ten of those who frequently interact with social workers (91%).

Figure 16. Social work's impact on healthcare, amongst healthcare professionals

Fairly positive impact **58%**
No impact **8%**
Fairly negative impact **3%**
Very negative impact **1%**
Don't know **10%**
Very positive impact **20%**

Base: All healthcare professionals (444)

Of the healthcare professionals interviewed, interacting with social workers was a regular occurrence within their roles to safeguard vulnerable patients against physical or mental harms. Scenarios where healthcare professionals consulted social workers ranged from domestic abuse, physical abuse, sexual abuse, teenage pregnancies, and to prevent homelessness. In some instances, healthcare professionals referred patients directly to social workers when their role in the patients' care ended, and in other instances the healthcare professional undertook assessments jointly with a social worker, depending on their individual roles.

Similarly to individuals with lived experience, healthcare professionals have very mixed expectations of social workers, largely driven by previous experience and their understanding of workload and resourcing challenges within adjacent public-sector institutions. Healthcare professionals express a sense of comradeship and sympathy with social workers, as they feel that they can acutely identify with key issues across the professions, such as: low pay, long hours, high caseloads, and understaffing.

"They [social workers] seem to be remembered for their last mistake more than perhaps any other kind of clinicians. It's very hard for me to be objective because I work with them, so I know how difficult it is for them…but I think the difficulty we have these days is the huge caseloads, and that's why you can drop the ball trying to help all these people."
(Female, 55-60, lived experience)

For some healthcare professionals, the universal understanding that social workers are dealing with high caseloads means they have less confidence that social workers can deliver desired results.

"You just accept that there's a limit to what they can achieve time-wise."
(Female, 30-35, healthcare worker)

Equally, high caseloads mean that some healthcare professionals feel partly responsible for adding further to social workers' burdens and are reluctant to reach out for support unless cases are urgent and immediate support is required. This creates a system where healthcare professionals can feel obliged to rank patient cases in order of importance or wait until situations become acute.

"You definitely get the impression that you've added to the workload by phoning, which I have every sympathy with…you feel like you're phoning somebody whose phone has been ringing off the hook all day and in and out of events, meeting, and they've got many things to do and you've just added to their hassles…I tend to avoid calling until I really have to."
(Female, 30-35, healthcare worker)

Social workers are largely considered to be working in reactive environments, with much of their work consisting of 'fire-fighting.' Thus, for those healthcare professionals that work in areas or with cases that are considered to present serious risk or harm, they are more likely to report positive experiences of social workers acting efficiently and decisively. Contrastingly, those healthcare professionals seeking out support on more low-priority cases are more likely to report delays, and difficulty in reaching social workers at all, or in securing the result they were looking for.

Healthcare professionals report times where their understanding of the best-case scenario for the patient worked directly in conflict with a social worker's view, due to the differences in discipline. Consequently, it is sometimes difficult to reconcile these opposing views or priorities and establish trust.

"I would trust them to make the right social decision cause that's their area, but I wouldn't necessarily expect them to have the health-based understanding. I certainly wouldn't trust them to make a healthcare decision about someone." (Male, 30-35, healthcare worker)

"There's some people [social workers] that I've got a really good relationship with, and I know they're really fair. But then some people you think, 'oh god, here we go' - you just know it's going to be a battle." (Female, 45-50, healthcare worker)

As well as this, healthcare professionals feel that with social workers, as with most professions, inconsistent quality across individuals means that they could never be certain of the experience they will have.

"I think there's definitely a range of professional variables. As with any profession, I think you come across people in different moments and different people who have different levels of experience, skills and outcomes." (Female, 30-35, healthcare worker)

"It's like in anything in life, you have good ones and then you have not such good ones." (Female, 55-60, lived experience)

Despite the challenges faced, many healthcare professionals believe that most social workers have positive intentions and are aiming to secure the best possible result and truly 'make a difference' for those on their caseloads, within the context of time and resourcing constraints.

Whilst some healthcare professionals have experienced disappointing outcomes with some social workers, they feel that this is indicative of the environment social workers must operate in, which they expressed a great deal of sympathy for. Overall, healthcare professionals hope that the social work profession will receive more funding in the future to alleviate what they feel are clear issues with recruitment and retention, to improve what they believe to be an essential service.

Experiences of working in the social work profession

For most social workers, wanting to make a difference, work with/help young people, and do hands-on work are what drew them to the social work profession, particularly as it presented as an interesting and fulfilling profession. A minority also were influenced by friends that worked in the sector at the time.

"I didn't want to just do admin for the rest of my life. I thought 'I can do more than this.'"
(Female, 50-55, social worker)

"In terms of the values of social work, and what social workers are trying to achieve and that kind of itch that I had to help people that were struggling, that's what led me into it."
(Female, 35-40, social worker)

"My background is in youth work in London, so I had lots of really relevant experience previously with young people with quite complex needs. You then have people saying 'Oh you're the ideal type of person to do this job, we need people like you', but then what the job was, in reality, was impossible." (Female, 30-35, social worker)

Social workers interviewed entered the profession through a variety of different routes, from a variety of backgrounds. The most common routes were education-based, though a minority entered by employment-based, apprenticeship-style routes. For those that entered the profession by undergraduate courses, it was often their first experience of full-time paid employment, whereas those that entered via postgraduate routes had often worked in public-sector, people-facing roles ahead of social work, such as midwifery, youth work, teaching and law, and sought social work out as a role where they could create a more tangible difference to society.

Most expected that the role would be emotionally tough and challenging, regardless of their previous work or education backgrounds. However, few expected that the role would present practical challenges, from poor work/life balance, staff retention, and conflict with other agencies. Overall, most feel that their training did not adequately prepare them for the realities of the job – both emotionally or practically.

"If I'd known more about it [the social work profession], I wouldn't have gone into it."
(Male, 45-50, social worker)

"I don't know how you can prepare people for how tough it is, and how to deal with the impact on your mental health or your emotional wellbeing…I don't know how you can put that into training…I don't remember anybody ever telling me how tough social work can be, and how to manage that." (Female, 35-40, social worker)

General critiques of the training include the training and/or course content being too generic and theory-heavy', with a lack of tailored content for specific vulnerable audiences. Likewise, some feel that there was little teaching in relation to the application of their knowledge in child protection or in application of the law, resulting in a steep learning curve once that training concluded.

"I thought like my course was generic. I qualified as an adult and children's social worker, and that's one of the reasons why I chose the course. But I look back now and I understand why lots of universities don't do that, because they don't really teach you much at all in terms of working with specific population groups. One example that we fed back that they didn't do anything about working with migrants and unaccompanied children, they didn't really talk to us about people that might be racially minoritized, the impact of stuff like structural racism, if we're talking about people's mental health."
(Female, 30-35, social worker)

In addition to this, the process of organising placements was frequently cited as being poorly managed, with placements often assigned according to availability, rather than their applicability to the students' preferences, or in order to provide a well-rounded teaching that would sufficiently prepare them for the role.

"It's quite hard to simulate the work that you do in training, because even as a student on placement, you get easy cases…you're not going to get anything complex. Then the minute you qualify, you're not supposed to get immediately complex cases for a year…but sometimes you do have some very complex cases." (Female, 50-55, social worker)

"Obviously the training gives you the basic basis of the values and the goals that you're trying to achieve as a social worker, but what you need is like the practical. So I think it prepares you well for whatever placement you get to do, but not really for much else…and it was all very last minute." (Female, 35-40, social worker)

The combination of disappointment with the course content and the placements often resulted in a challenging transition period when social workers first started in their roles, which was then hampered by other challenges, such as poor onboarding processes with a lack of clarity.

"It's very difficult to get to pin someone down and say, 'okay, what is the process? How do I do this? What is needed?' It's assumed you'll find your way and muddle along. So there's a real link missing of sitting people down when they start a job and saying, 'this is the process. These are the steps that we expect you to take. Even just 'these are the forms. They should all be in a central OneDrive' or whatever it is that each organisation uses." (Male, 30-35, social worker)

There are also frustrations with the inconsistency of the role due to poor retention, colleagues are constantly changing, alongside changing regulations, restructures, and thresholds, resulting in constantly shifting goalposts.

"I started with a group of social workers…about 10 of us, and I think there's only about two left now." (Female, 30-35, social worker)

"I think people get a bit disillusioned with government and also probably local authority or employer changes. Restructures in local authorities are really hard to manage, and you notice staff leaving every time there's a restructure, because they do restructure a lot and then people feel they can't go through that again, because it's always really difficult afterwards." (Female, 45-50, social worker)

Many believe that conflict with other agencies (e.g. schools), pay and the stress and vulnerability of the role lead many to burnout. Given the challenges in the profession, the pay is not felt to sufficiently compensate social workers for the work or trials undertaken.

"Some of the roles which are more front-line are absolutely not paid well enough for what they have to do and deal with." (Male, 45-50, social worker)

"There's a worry of getting things wrong and a lot of accountability…there's a fear that if you get it wrong and something serious happens, whether that could reflect on you."
(Male, 45-50, social worker)

"I felt really unsafe in that job. No-one really knew where I was if I got back late or would if something happened and you know - we're working with people that are in crisis."
(Female, 30-35, social worker)

Many social workers have experienced an increase in people leaving the profession leading to an erosion of their support base. Many have left or are leaving for similar roles with less workload and more pay, less frontline positions, or transitioning to private social work. The significant churn of social workers is felt to create problems as gaps are filled with agency workers. Some believe that high levels of agency workers drains local authority resources, causes instability, causes cases or issues to slip through the cracks, and families not getting to know their social workers properly, all of which contribute to the perception by most social workers that the profession is at crisis point.

"I think the system is at crisis point, it's at breaking point." (Male, 45-50, social worker)

"In the local authority, you're expected to work evenings and weekends, and obviously you don't get anything for that…I feel like in XX, you don't do as much firefighting as you're doing for the local authority…you're an emergency service really, whereas at XX, you're one step removed from that, it's a lot more manageable." (Female, 35-40, social worker)

"I was nearly reaching that burnout point in the local authority."
(Female, 35-40, social worker)

"I left [local council social work] wanting my life back and better work life balance, and I was just deeply unhappy. No matter what I did, it was never enough. Leaving local authority social work was one of the best things I've done." (Female, 30-35, social worker)

Of those that are still working in front-line, local council roles, many do not see a future for themselves as they feel the level of work and stress they have to sustain is untenable. Those that moved into management positions or outside of the local council ultimately found a level of work balance and pay that they are happy with and suspected they would remain in the profession in the long term.

Whilst most social workers feel that they have good managers and support systems around them – which are essential – some still feel that there is only so much that managers or colleagues can do to support them, as ultimately, they are all in the same situation.

"It's not that there was load of pressure from my manager, I had a wonderful manager. There's just too much work to do. You really care about all of the work. There's pressure from families, from other professionals…high case load, levels of complexity, just not being able to fit everything into my week." (Female, 30-35, social worker)

"In my role at the moment, I feel very supported by my colleagues and my immediate manager. Unfortunately, I don't feel supported by the rest going up towards senior management. I just get the impression they don't really listen. I know that emails have been sent to them when we've been struggling with the workload and particularly since the last restructure…I think we are just given a bit of lip service."
(Female, 45-50, social worker)

Most social workers in this study have positive attitudes towards in-service training and CPD, as they feel there is usually relevant training available for a particular area of interest, and the CPD training thresholds are manageable within their workloads. Most social workers also feel that they and their colleagues are encouraged to attend training by management. However, to attend training is not always practical or realistic amidst high caseloads, resulting in knowledge gaps.

"The company line is that you're encouraged to take up training, but whether or not time allows for it is a different thing. I've always found time is a restriction. I've had to cancel quite a few times…I don't think it's a priority. You are expected to make that time and that's really hard when you're really busy." (Female, 35-40, social worker)

However, some social workers feel that there are niche skills and knowledge-related 'gaps' that they are not prepared for due to emergent challenges in the role. Areas include mental health, racism, exploitation (county lines issues, trafficking, grooming) and changes in the judiciary and legal system. These knowledge or opportunity gaps are believed to stem from the fast-moving, 'firefighting' nature of social work, where time to stop, reflect and look forward is at a minimum.

Ultimately, the key issues identified with the profession are the high levels of staff movement and high caseloads, resulting in poor work/life balance, reduced opportunities to train and upskill, and subsequently, limited opportunities to develop and prepare themselves for new and rising challenges, and complex cases. Most feel that retention could be improved through navigating the aforementioned challenges, along with trying to establish more positive public perceptions of the social work profession, which could ensure that staff have greater support or relationships with stakeholders, and boost morale. However, most suspect that without a concerted effort to significantly increase funding for the social work profession, issues will worsen until social work reaches a breaking point.

Perceptions of regulation

The public's views on professional regulation

In the qualitative research, those with lived experience of social workers have mixed knowledge and views on the effectiveness of professional regulators. There are also mixed views around whether professional regulators should be protecting the professionals, the public or both.

Healthcare professionals tend to have a closer understanding of social workers' roles, as well as how they are regulated and by whom.

"It [the regulator] offers a Code of Conduct to maintain integrity and professional standards" (Male, 30-35, healthcare worker)

"It [the regulator] is a protective factor for professionals, it's also protects the public" (Female, 45-50, healthcare worker)

"I think the regulator is there to protect the public, as a practitioner people should know what to expect of me" (Female, 50-55, social worker)

Those with lived experience of social work believe that an undergraduate degree or special qualification is needed to enter the social work profession and that the regulator ensures that the correct competencies and qualifications are fulfilled.

Social workers who hold the correct accreditation would then be included on a register with other social workers. As well as this, respondents commented that the regulator should be managing any breaches of professional standards and investigating complaints against social workers, to ensure they are held accountable for any mistakes made in their practice.

"It is reassuring to know they're being regulated. If there's any issue with a social worker, then there is a regulatory body to go to." (Male, 45-50, lived experience)

"So, it's that extra level of protection that it gives the person who's getting the social worker. They know that their social worker has been checked and verified and they know that they're doing the work as it should be done." (Female, 20-25, lived experience)

"You have to apply and demonstrate that you've met [entry standards] and then you get given a registration number. You probably have to go through some kind of regular process to maintain your registration to show that you're still competent."
(Female, 30-35, healthcare worker)

Most healthcare professionals believe that the threat of punishment or the removal of their license or registration is an effective measure.

"The stress of losing your registration makes the professionals think harder about their actions." (Male, 30-35, healthcare worker)

"Social Work England could make it more clear around how members are regulated, the consequences if things go wrong… Show the public how rigorous the standards are and what training people have to go through." (Female, 30-35, healthcare worker)

Overall, participants feel that having a regulator reflects well on the profession and increases the confidence that the public have in the profession. However, some with lived experience feel that their previous interactions have more of an impact on their perceptions of the profession than the existence of a regulator.

"I know that social workers are regulated but that doesn't change my opinion about them, it's based on my interactions and experiences with them, irrespective of whether social workers are regulated or not." (Female, 45-50, healthcare worker)

"I think the fact that there is a standard that you can expect from somebody, there is a standard level of knowledge, of understanding, of training that you can expect."
(Female, 45-50, healthcare worker)

"It's reassuring but I don't know whether or not it'll be effective or not, there's regulations in all kind fields, and sometimes it works and sometimes it fails. So again, it'll be down to the individual's experience. But I would prefer it to be regulated than unregulated."
*(Male, 45-50, lived experience)*

How do people view Social Work England?

When focusing upon awareness of Social Work England specifically, it is perhaps unsurprising that nearly all (98%) social workers surveyed have heard of Social Work England. However, this awareness drops considerably amongst the general public and healthcare professionals. Indeed, just under three in ten English adults (28%) report being aware of Social Work England, rising to only two in five (37%) amongst healthcare professionals.

There is also demographic divide amongst the general public, with women being significantly more likely than men to report having heard of Social Work England (31%, 25%). Moreover, just over two in five (44%) with direct lived experience of social workers have heard of Social Work England – a far higher percentage than those who never directly experienced social work (28%).

**Figure 17. Awareness of Social Work England, by audience group**
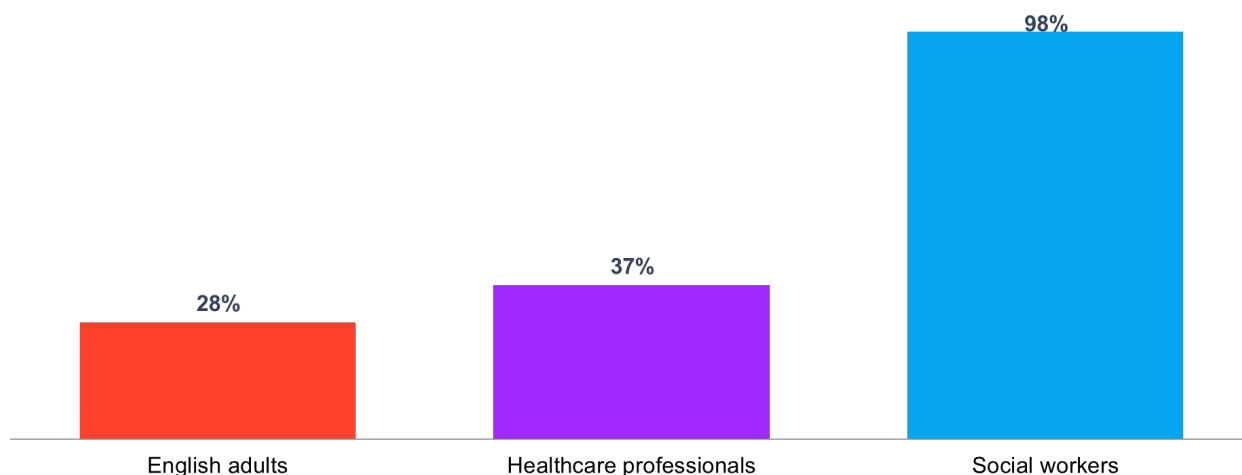
Base: All English adults (3,032); healthcare professionals (444); social workers (110)

Given that Social Work England is reportedly known almost universally by social workers who were asked in the survey, it follows that they also display the highest level of self-reported knowledge of their regulatory body too, with 94% indicating that they know a great deal/ a fair amount about Social Work England. Self-reported knowledge is considerably lower when this question is asked of healthcare professionals, with only a quarter aware of Social Work England (26%) indicating that they know a great deal/ fair amount about the regulator – a similar level to English adults aware of Social Work England (28%).

Amongst the general public, those with direct personal experience of social work are more familiar with Social Work England than those without - roughly six in ten (57%) reporting to know a great deal/ fair amount about Social Work England compared with only a quarter (24%) of those who never had direct experience with social workers.

Figure 18. Self-reported knowledge of Social Work England, by audience group
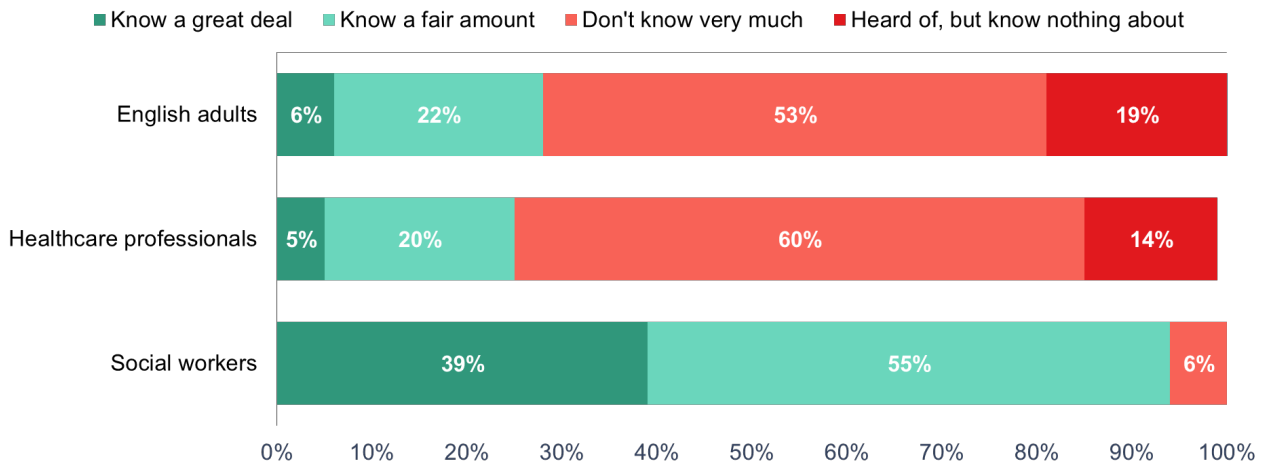
Base: Those who have heard of Social Work England: English adults (849); healthcare professionals (163); social workers (108)

Most outside of the profession are not aware of Social Work England as the regulator but expect that social workers are regulated by an independent body, and that the regulator maintains standards of the profession. Healthcare professionals expect that Social Work England manages social workers' continued professional development (CPD), supply training for social workers, and campaign to the government for more funding. In reality, Social Work England only has a role in one of these areas.

"I would hope that they [Social Work England] run DBS checks… I hope they have a code of conduct on how to interact with people… I would think that they would have some kind of complaints procedure." (Male, 55-60, lived experience)

"Social Work England's standards should be published for the public to read, so that they have some knowledge and know what's expected of them when they arrive as well as what standards should be upheld." (Female, 65-70, healthcare worker)

Looking to the future, both those with lived experience of social work and health care professionals would like to see Social Work England support social workers in terms of training, managing caseloads and improving how social workers are seen in the media. Some believe that improvements should be made with the complaints system for those with negative experiences with social workers, as well as educating the public on the role of social workers in society.

"[The] regulator needs to be regulating care better and that will have a positive impact. They need to make it easy for people to report difficulties. They should be giving social workers enough support to stay as a good practitioner."
*(Female, 45-50, healthcare worker)*

"They should set safe caseloads limits and improve the public's perception of social workers; they should make it clear that social workers aren't just busybodies. They need to show that they are properly trained and are qualified experts in their field."
(Female, 30-35, healthcare worker)

"Get involved in more trainings, also their [Social Work England's] standards should be published for the general public also to read and to know what to expect when they come in contact with a social worker." (Female, 65-70, lived experience)

Around half of social workers have a neutral opinion (52%) of Social Work England – possibly due to the perceived 'transactional' nature of the relationship, explored in the qualitative research. Positively, a greater proportion would characterise their experiences with their regulator as positive (35%) than negative (12%). This is further evidenced by social workers being more enthusiastic than the general public and healthcare professionals in believing that Social Work England has 'high aspirations for social work' (39%, 21% healthcare professionals, 23% general public) and almost a quarter (24%) also believing that Social Work England is 'independent' (10% healthcare professionals, 11% general public).

Figure 19. Words/ phrases associated with Social Work England, by audience group
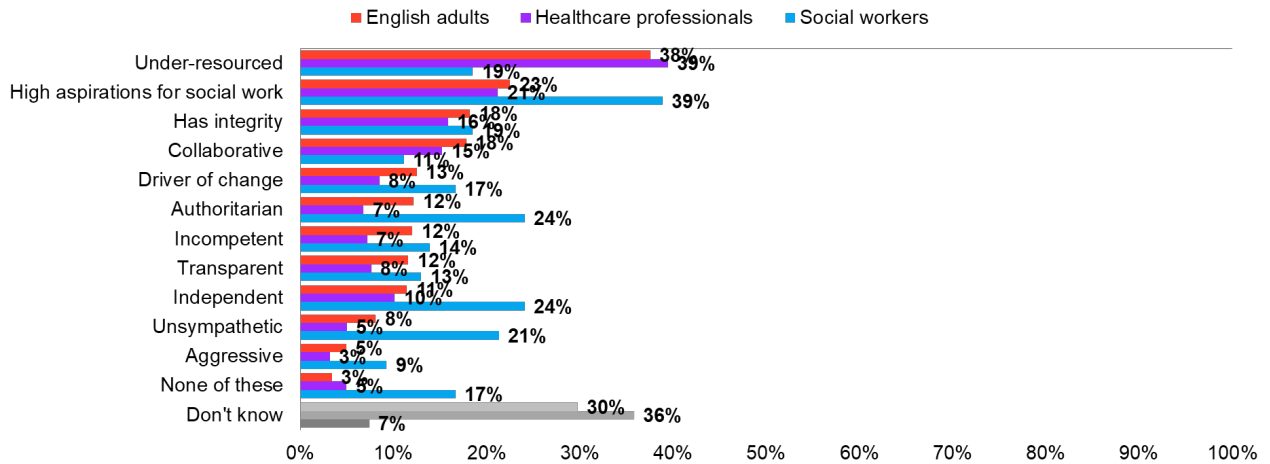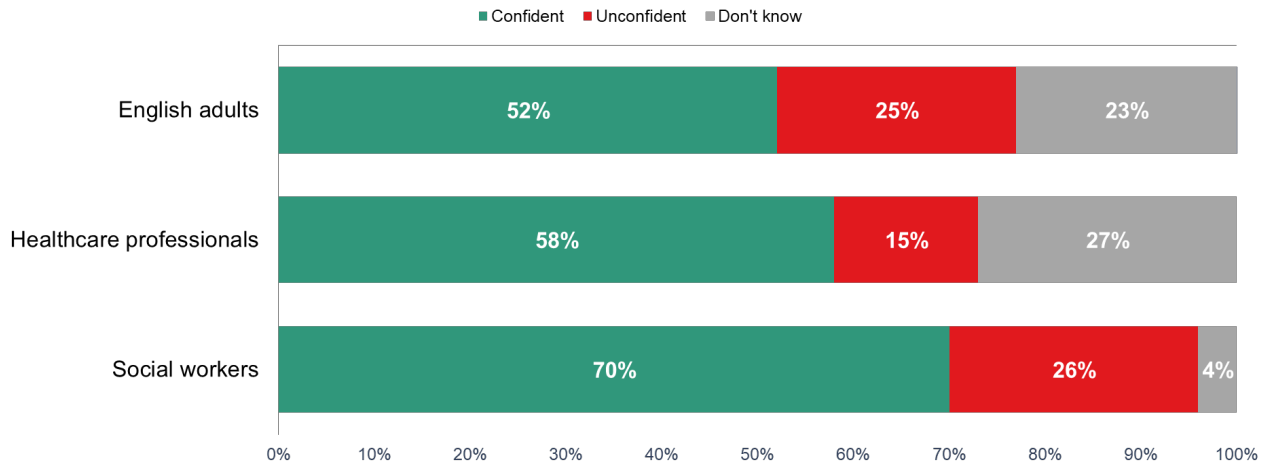

Base: Those who have heard of Social Work England: English Adults (849); healthcare professionals (163); social workers (108)

However, almost a quarter of social workers aware of Social Work England (24%) see their regulatory body as 'authoritarian' and one in five (21%) report viewing them as 'unsympathetic'. Beyond the social worker lens, almost two-fifths of English adults (38%) and healthcare professionals (39%) aware of the regulator believe that Social Work England is 'under-resourced' - with this phrase also being the most commonly cited answer concerning social workers are viewed themselves (figure 9).

Echoing the positive characterisation of social worker's experience of their regulatory body, a majority of people who have heard of Social Work England also suggest that they are confident in the way it regulates social workers. Approximately half of the general public are confident in the ability of Social Work England to regulate social workers, which rises to almost six in ten (58%) amongst healthcare professionals. This view becomes more emphatic amongst social workers, where seven in ten are confident in the ability of Social Work England to regulate their profession (70%).

Figure 20. Confidence in the way Social Work England regulates social workers, by audience group

Base: Those who have heard of Social Work England: English Adults (849); healthcare professionals (163); social workers (108)

Social workers' attitudes towards Social Work England

All social workers interviewed in the qualitative research were aware of Social Work England, however there are mixed views on the regulator regarding its role and effectiveness. Most describe their relationship as a transactional one, where they pay their annual registration fee and complete the necessary continued professional development (CPD).

"Social Work England are the regulator, you pay them your money, you do your re-registration every year and then record your CPD for evidence. I don't have much communication other than that" (Female, 30-35, social worker)

Social workers believe that Social Work England sets standards for the profession, investigates issues reported by the general public, tracks social workers; CPD and publishes case studies for social workers' review.

"I think it's really helpful for a profession to be regulated and it kind of adds the professionalism. And I think it's really important that they do check that people are up to date and up to date with their personal development. And there is, a certain standard that they expect with social workers. And I do think it's really important that they do weed out the wrong ones." (Female, 50-55, social worker)

For some social workers these additional tasks, particularly CPD, can be time consuming on top of heavy caseloads. This time and resource pressure can engender negative views towards Social Work England as a regulator.

"I do feel that [there is] an awful lot is tick boxing, and [jumping through] hoops so that we can say that we're doing it, rather than actually ensuring that that practice is at the level that it needs to be." (Female, 45-50, social worker)

"I feel a bit resentful towards [Social Work England]] as they have introduced requirement of CPD. It is time consuming, it is a struggle to put your time in."
(Female, 35-40, social worker)

Social workers hold mixed views regarding whether Social Work England should protect social workers or / and the general public.

As part of this research we asked participants to reflect on the role they would like Social Work England to play, regardless of whether or not this within the organisation's remit.

Many would like to see Social Work England campaign on behalf of social workers, particularly around negative news stories regarding the profession. Although most understand that it is not the regulator's role to assign funding, many would like to see Social Work England campaign for funding from the government and ensure that this is spread fairly across locations and organisation types. Others would also like to see Social Work England assign caseload limits.

"I'd like to see more campaigning on behalf of social workers in raising the understanding of the profession, alongside more training." (Female, 50-55, social worker)

"They [SWE] could do more publicity stuff, working on how to get positive social work stories into the mainstream media. They should also try and spread awareness about the complexity of the job" (Male, 30-35, social worker)

Finally, many social workers commented that they had not received much communication from Social Work England, and that any communication tends to focus on the annual payment or updating CPD. Many social workers have an appetite for more regular engagement with Social Work England, for example the regulator could offer wellbeing sessions to aid retention in the profession.

"I would hope that it isn't just about work and guidance, maybe they could support in other ways, like with wellbeing" (Female, 55-60, lived experience)

"I don't know if it's in their hands, but they could do some publicity stuff, focusing on positive stories for the mainstream media. Also try to make sure that the complexity of the job is understood" (Male, 30-35, social worker)

Do people understand the professional standards?

Half (49%) of the general public understand that one of the roles of Social Work England is to set professional standards for social workers – the highest out of all options listed. This perception is shared even more commonly amongst healthcare professionals, with three in five (62%) choosing this option. This view of Social Work England is almost universally accepted amongst social workers, with 93% believing that Social Work England's role is to set professional standards.

Similarly, almost half (47%) of the general public believe that Social Work England's role is to keep a register for qualified social workers. This sentiment also rises amongst healthcare professionals (60%) and nine in ten (90%) of social workers. Indeed, healthcare professionals and social workers are more likely than the general public to believe Social Work England holds each role listed (figure 21), even if it is not part of the role of Social Work England as a regulator. For example, two in five (40%) healthcare professionals and 45% of social workers believe that Social Work England's role is to lobby the government/ local councils – a role that is not part of Social Work England's remit. This may be driven by a desire for Social Work England to do this – as noted earlier, in the qualitative research, most social workers understood it was not the regulator's role to assign funding, but they would like to see this activity regardless.

Figure 21. Perceptions of Social Work England's role and responsibilities
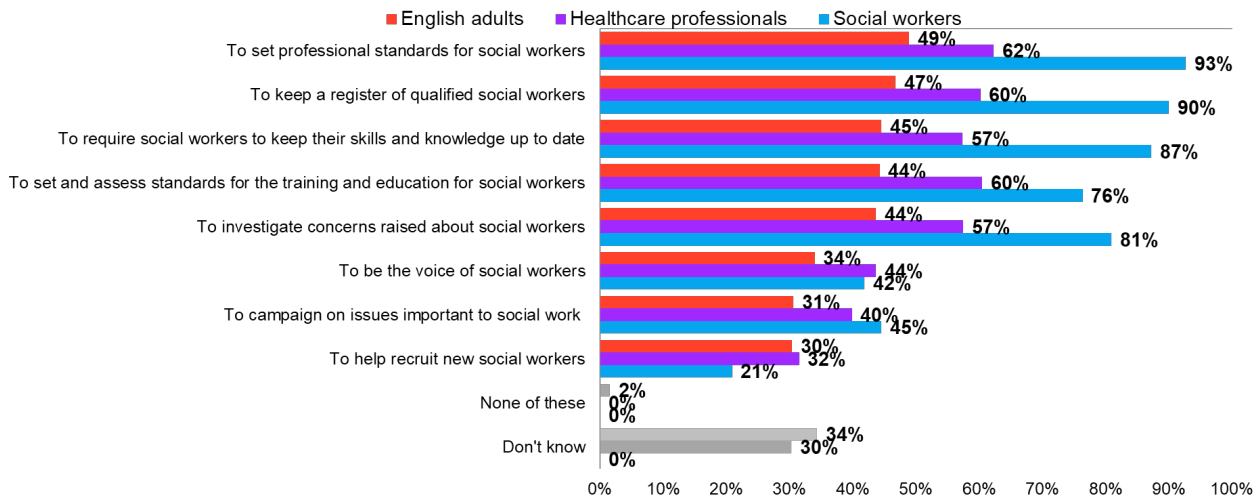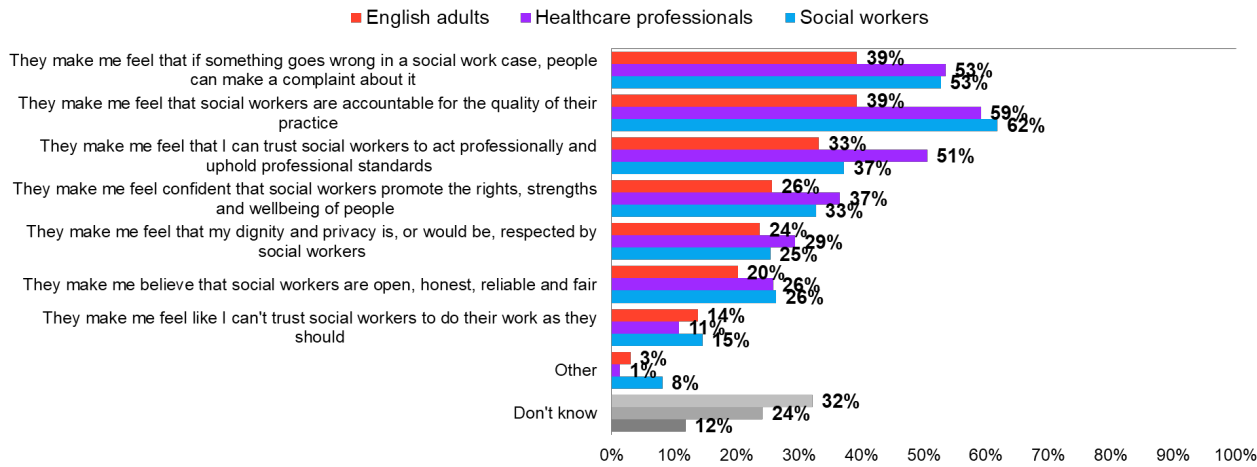

Base: All English adults (3,032); healthcare professionals (444); social workers (110)

There is also a degree of consensus amongst the three groups in how Social Work England are making different groups feel towards their objectives. After being given a description of Social Work England's role, the most common impact across all audiences is the belief that people can make a complaint to Social Work England when something goes wrong and that social workers are held accountable for the quality of their practice (figure 22). Healthcare professionals and social workers are particularly supportive of these options, with just over half finding the ability to make a complaint when something goes wrong as important (53% each) and three-fifths also finding accountability as an important objective (59% healthcare professionals, 63% social workers).

Amongst the general public, people from white ethnic backgrounds are significantly more likely than people from ethnic minorities to say Social Work England makes them feel social workers are accountable (40%, 36%). There is also a significant split between genders, with women are more likely than men to say the regulator makes them feel social workers are accountable (43%, 36%) and that people can make a complaint if things go wrong (41%, 37%).
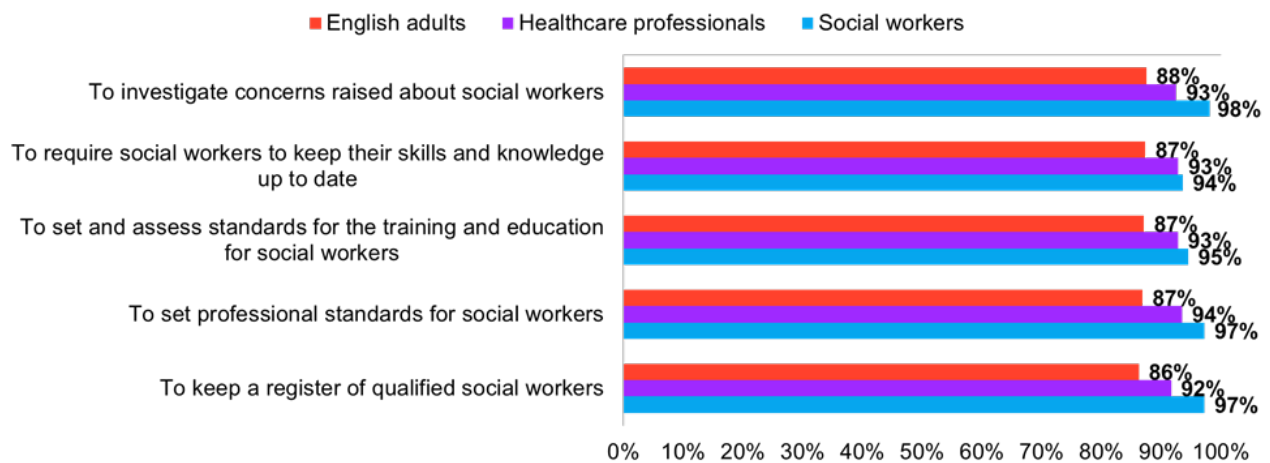
Figure 22. Perceptions of how Social Work England's objectives make respondents feel

■ English adults ■ Healthcare professionals ■ Social workers

They make me feel that if something goes wrong in a social work case, people can make a complaint about it — 39%, 53%, 53%

They make me feel that social workers are accountable for the quality of their practice — 39%, 59%, 62%

They make me feel that I can trust social workers to act professionally and uphold professional standards — 33%, 51%, 37%

They make me feel confident that social workers promote the rights, strengths and wellbeing of people — 26%, 37%, 33%

They make me feel that my dignity and privacy is, or would be, respected by social workers — 24%, 29%, 25%

They make me believe that social workers are open, honest, reliable and fair — 20%, 26%, 26%

They make me feel like I can't trust social workers to do their work as they should — 14%, 11%, 15%

Other — 3%, 1%, 8%

Don't know — 32%, 24%, 12%

Base: All English adults (3,032); healthcare professionals (444); social workers (110)

Despite these contrasting feelings concerning the importance of certain roles and responsibilities held by Social Work England, it is also evident that a vast majority still believe that all Social Work England's values and roles are very/ fairly important (as seen in figure 23). At least 86% of the general public see any of the roles as important, rising to 87% for healthcare professionals and at least 95% for social workers. Therefore, it can be suggested that despite differing opinions about how Social Work England's objectives make respondents feel, there is still consensus amongst all three audiences that Social Work England's objectives are important for regulating social workers.

Figure 23. Perceptions of the importance of Social Work England's objectives (Net: Important only)

■ English adults ■ Healthcare professionals ■ Social workers

To investigate concerns raised about social workers — 88%, 93%, 98%

To require social workers to keep their skills and knowledge up to date — 87%, 93%, 94%

To set and assess standards for the training and education for social workers — 87%, 93%, 95%

To set professional standards for social workers — 87%, 94%, 97%

To keep a register of qualified social workers — 86%, 92%, 97%

Base: All English adults (3,032); healthcare professionals (444); social workers (110)

Conclusions

A comprehensive look at the perceptions of social work in society, this research explores the public's understanding of the social work role and a view on regulation and professional standards.

Overwork and under-resourcing is a theme throughout each strand of research and across each audience group, highlighting how the public recognise these factors impact social work practice. Negative sentiments around social work are particularly tied to poor experiences such as feeling under-resourced and over-worked, with those let down by multi-agency working or during sensitive cases articulating how it impacts their lives. On the whole, the English public believe that social workers have noble aims – wanting the best for the people they work with – but overwork and a lack of resources can compound any issues.

There is also a sense that social work is not respected within society, with healthcare staff and social workers ranking the profession as the least respected of those polled. When adults in England were asked about how well respected they think different professions are in society, only police and bankers received a lower percentage level of perceived respect. This perceived lack of respect comes from portrayals of 'child-snatchers' in the media or a sense that only mistakes are aired in the public sphere. Previous research has found that negative portrayals of social work directly affect the morale of social workers and make it more difficult to support the communities they serve[2].

Understanding of a social worker's role is fairly surface-level. The general public tend to think that social work is child-centric and feel that supporting and safeguarding children is a key aim of the profession. Broadly, adults in England understand that social workers are employed by local councils, but recognition of their training or what tasks they typically undertake is mixed. Those from lower social grades or ethnic minorities are particularly uncertain about a social worker's remit.

---

[2] Social Work England. *The social work profession* (June 2020)

Regulation is particularly valued in this regard – although the public may not necessarily understand each element of a social worker's role, they recognise that a regulator will set professional standards and hold the profession to these. These standards are then key in driving overall confidence the public has in social work, providing a sense of assurance and accountability.

Annex

Qualitative case studies

YouGov®

Case study: James, Healthcare Provider

Introduction

James used to work in psychiatric intensive care but recently started working at community doing dementia assessments. He mentions that both the roles involved interactions with social workers. Through his frequent interactions with the social workers, he feels that often work according to the procedures and guidelines and are not keen to treat people 'as individuals'.

> "If someone doesn't fit a specific model that they're working to, they don't really try and think around the problem… their job almost seems to be, here's the flow chart, follow it…very procedurally driven rather than person driven."

Attitudes towards social workers

His interactions with the social workers were frequent as he was working for dementia assessment. He feels that the general public have a fairly negative perception of the social workers. He sympathises for them as he thinks that social workers are not used in a right way and should be more integrated with the health system. He also feels that they can be beneficial to everyone, but the way system works, only vulnerable people tend to interact with them. He feels that social workers enter the profession with good intentions and that they want to make a positive impact.

> "I know that my experience with them is very specific…That other people will definitely have different experiences with them. but I find them more of a barrier. But I don't think that's because of the wishes of the individual social workers. I think it's because of how the wider system's set up."

Experience with social workers

James started his nursing training in 2012. Prior to his nursing training, he had never interacted with a social worker. He mentions that he did not have any strong opinions or expectations of them. He felt that trusting social workers is complex, as sometimes the right social decision and right health related decision are different, therefore a holistic approach is necessary.

> "If you have somebody who has long-term health needs, they would've an assessment of those needs and therefore the resources they could be offered,-which sounds like it should be a social care function… But they employ health nurses, general nurses, et cetera because the social workers don't have the knowledge of healthcare side of things."

Attitude towards regulators

For James, it is necessary to have professional regulations that operate with a code of conduct to maintain integrity and professionalism, this makes people work harder 'in fear of losing their registration'. He has heard of Social Work England but his knowledge about their work is limited. He thinks that they monitor standards of the social workers. But he feels that the negative perception about the social workers must be changed, with an increase in funding, so that social workers can be more proactive in cases and bring more positive examples in public.

Case study: Kate, Social Worker

Introduction

Kate has been a qualified as a social worker for 3 years. During her initial years she had full caseloads, and often did not feel that her training made her prepared for the role. She currently works in a therapeutic safeguarding role.

"It's like the job's impossible because situations that people are in are impossible. And there's just no support services for people and social workers are often left holding that. And families are often left in such crisis when you just think, oh, this could have been so much better if there'd been, more services earlier, intervention lower threshold."

Attitudes towards social workers

She feels that the general public has a lot of fear and misunderstands the profession. She believes that many social workers are leaving the profession because they do not feel supported, and that they are held back by the amount of bureaucracy and paperwork.

"I suppose there's like a lot of bureaucracy, a lot of paperwork. I think there was mention of getting me a PA at one point… It is an awful lot of work … I just never really had the time to do my best work."

Experience with social workers

Kate had a lot of relevant experience before entering the profession. She previously worked for a charity, completed her Bachelor's, followed by 5 years of training, with her first year with local authority as a support assistant. Her Master's provided 1 year of training but with little practical work, which she feels would have been useful. She commented that the current CPD training is hard for a neuro-divergent person to access.

"I remember like looking up one bit and then another bit, and then it just felt like all the information wasn't in

Attitude towards regulators

Kate did not have extensive knowledge of Social Work England (SWE), she makes her annual payment for registration but does not understand what the role of SWE is, apart from dealing with complaints. She commented that she would like to see SWE offer more training, especially to new starters.

YouGov®

Quantitative sample composition

Below is the unweighted sample composition for each of the audience groups in the quantitative stage of research.

General public

Total sample	3032
Gender	
Male	1446
Female	1586
Age	
18-24	304
25-34	455
35-44	504
45-54	516
55-64	503
65+	750
Social grade	
ABC1	1649
C2DE	1383
Region	
North East	146
North West	396
Yorkshire and the Humber	294
East Midlands	271
West Midlands	316
East of England	329
London	456
South East	506
South West	318
Education level	
Low (GCSE or equivalent and below)	1206
Medium (A-levels or equivalent)	964
High (advanced professional qualification/ degree and above)	862

Healthcare professionals

Total sample	444
Occupation group	
Allied Health Professionals/ Healthcare Scientists/ Scientific and Technical	98
Medical and Dental	36
Ambulance	13
Public Health/ Health Improvement	4
Commissioning managers/ support staff	4

Registered Nurses and Midwives	124
Nursing of Healthcare Assistants	31
Social Care	4
Wider Healthcare Team (inc. admin & clerical, HR, finance, IT, facilities and maintenance)	120
Other general management	9

Social workers

Total sample	**110**
Type of social work	
Children & families	54
Adult	38
Both	12
Other	6
Employer type	
Local council	67
NHS	7
Social work agency	7
Other	29

Qualitative sample composition

Lived experience with social workers

Total sample	15
Gender	
Male	5
Female	10
Age	
18-24	2
25-34	1
35-44	2
45-54	5
55-64	3
65+	2
Social grade	
ABC1	11
C2DE	4
Region	
Yorkshire and the Humber	2
East Midlands	3
West Midlands	1
East of England	2
London	2
South East	3
South West	2
Education level	

Low (GCSE or equivalent and below)	5
Medium (A-levels or equivalent)	7
High (advanced professional qualification/ degree and above)	3

Healthcare professionals

Total sample	**5**
Occupation group	
Registered Nurses and Midwives	3
Other general management	2

Social workers

Total sample	**10**
Type of social work	
Children & families	7
Adult	2
Both	1
Employer type	
Local council	7
NHS	1
Other	2