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# **Working Conditions and Wellbeing in UK Social Workers**

## Introduction

Social workers play a vital role within the fabric of our society. Yet, with increasingly large and complex caseloads, social workers have amongst the highest levels of stress and burnout of all human service occupations (Lloyd et al., 2002; Kim and Stoner, 2008; Hussein, 2018). Indeed, high workloads (and subsequent influence on social worker health and wellbeing) have been shown across various countries including the United Kingdom (UK) (Ravalier, 2019), Turkey (Yurur and Sarikaya, 2012), and the USA (Coyle, Panchanadeswaran, and Draining, 2002). With social workers being integral to supporting people in the community who are most in need, it is vital that these employees are provided with appropriate support to reduce workplace stress and promote optimal health and wellbeing.

### Stress and Health

Persistent and chronic stress creates a multitude of negative implications for the personal health and wellbeing of all employees (Chandola, Brunner, and Marmot, 2006). Indeed, chronic stress has been linked to physiological complaints such as the development of metabolic syndrome which is a risk factor for the development of type 2 diabetes (Chandola et al., 2006). Furthermore, high levels of work stress have been evidenced as being key contributors towards cardiovascular diseases (Backe et al., 2012) and mortality (Niedhammer et al, 2020), making this as much of a risk factor as high blood pressure and smoking (Rosengren et al., 2004).

### Stress in the Workplace

While chronic workplace stress clearly has an impact on the health and wellbeing of individual employees, it also has a significant knock-on effect on organisations. The UK Health and Safety Executive (HSE, 2018) reported that over 15 million working days were lost in 2017/18 due to workplace stress, anxiety and depression. This accounted for 57% of all health-related days lost through sickness absence. Across the EU-15 (the 15 members of the European Union prior to accession of ten others in 2004, and prior to Brexit), the European Commission estimated that work-related stress was responsible for at least 10% of all sickness absence, and thus cost the 15 countries a conservative estimate of €20 billion in 2002 (European Commission, 2002). Consequently, the HSE released the management standards to assist with the categorisation of work stresses in order to promote better psychosocial working conditions (Cousins et al., 2004). Psychosocial hazards that contribute towards workplace stress can be categorised into one of seven key domains; demands, control, managerial

support/peer support, relationships, role understanding, and change communication. Organisations can assess these seven working conditions amongst their staff using the Management Standards Indicator Tool (MSIT; HSE, 2019).

The MSIT has been used with a variety of public and private organisations across the UK such as teachers (Ravalier and Walsh, 2018), the police (Houdmont et al., 2012) and social workers (Ravalier, 2019). It therefore provides a robust tool to assess working conditions and sources of stress for a variety of populations. One further dimension of working conditions that is specific to social workers is the treatment (including abuse received) from service users and/or their carers and family members both in person and online. Indeed, Ravalier (2019) demonstrated that across the UK, over half of child and family social workers reported some kind of negative behaviour toward them from stakeholders that they work with at least once a month. Having high levels of psychosocial hazard have therefore been demonstrated to be related to organisational outcomes such as turnover intentions and reduced job satisfaction Ravalier (2019), and sickness presenteeism, among other organisationally-related factors in social work organisations (Houdmont et al., 2012).

#### Wellbeing and Working Conditions in Social Work

Social work is recognised as one of the most stressful occupations in the UK, with very high levels of stress and mental health-related sickness absence (HSE, 2018). Research demonstrates that child and family social workers work on average than 12 hours per week more than they are contracted to – the highest level amongst any social work job role (Ravalier, 2019). One of the reasons behind this is persistent, and often extremely high, levels of workplace stress Ravalier (2018). Arguably, this not only has a detrimental impact upon the wellbeing of social work employees, but it also impedes the service provided by the organisation and what is therefore available for its service users (Ravalier, 2019). Indeed, literature suggests that poor working conditions for social workers are reason for nationwide issues surrounding retention, recruitment and professional burnout (Healy et al., 2009). Consequently, this has led to a recent focus on workforce resilience and re-examination of the role which organisations play (McFadden, Campbell and Taylor, 2015; McFadden, Mallet and Leiter, 2018).

Literature from across the globe is increasingly demonstrating that, despite being highly engaged in their work (Ravalier, 2018), social workers are at high risk of developing stress-related outcomes such as burnout and associated outcomes (for example, in China [Tang, Hooyman, and Chui, 2017], the UK [McFadden, Manthorpe, and Mallett, 2018; Evans et al., 2006], and other countries [Lloyd, King and Chenoworth, 2011]). Numerous international

studies have also shown that stress-related burnout is due to various work-related conditions such as workload (McFadden et al., 2017), lack of support (Kim and Stoner, 2008), and role conflict and ambiguity (Travis, Lizano, and Mor Barak, 2016). Similarly, social workers have been shown to be at high risk of vicarious trauma due to the chronic exposure to traumatic secondary materials and situations (Michalopoulos and Aparicio, 2012; Newell and Macneil, 2010; Finklestein et al., 2015).

The aim of this exploratory study, therefore, is to investigate UK social worker working conditions and wellbeing at a local level using a mixed-methods approach. The project works with seven child and family social work-employing Local Authorities (LAs; government-funded organisations responsible for the provision of numerous public services across different regions of the UK) in the UK. This paper reports a mixed-methods project aiming to investigate psychosocial working conditions and wellbeing in a sample of LA-employed social workers, and propose improvements to enhance working conditions and mitigate stress faced by these child and family social workers.

Research question (RQ) 1: What is the prevalence of turnover intentions and negative service user behaviour in LA-employed child and family social workers?

RQ 2: How do the working conditions and general wellbeing of LA-employed child and family social workers compare to those of a UK national sample?

RQ 3: what influence do psychosocial working conditions have on social worker wellbeing?

## Methodology

### Methods and Participants

A mixed-methods design consisting of a survey and series of individual semi-structured interviews was utilised in order to investigate working conditions and wellbeing for LA-employed child and family social workers. The mixed methods approach combining quantitative survey and qualitative interviews was utilised because it allows for important exploratory (Tariq and Woodman, 2013) and improvement processes to be developed in health and social care research (Bastian, Munoz and Ventura, 2016).

In the UK, the majority of social workers (Department for Education, 2019) are employed by LAs, which are public-sector organisations generally funded by public taxation. In order to collect quantitative data, senior social work management in each organisation circulated an invitation email composed by the research team to all child and family social workers employed by them in January 2019. Informed consent was gathered prior to undertaking the survey, which was run using the Qualtrics survey collection software. A reminder email was circulated around two weeks after with data collection closing one week later. Contact details for the research team were available at the end of the [onlinesurveys.ac.uk](https://onlinesurveys.ac.uk) survey collector. The project was approved by the Bath Spa University, School of Sciences research ethics board. Only age and gender demographic data were collected in this study, in order to ensure anonymity of the participants and confidentiality of response, and to reassure respondents that their individual responses would not be passed back to the organisation. In order to ensure anonymity of respondents, no demographic information was collected from interview respondents, but all respondents had to be employed in one of the seven participating LAs as a child and family social worker.

### Materials: Quantitative Measures

In order to measure working conditions, we used the 25-item version of the *Management Standards Indicator Tool* (MSIT). The MSIT was originally designed by the UK Health and Safety Executive (HSE; Cousins et al., 2004) as a 35-item measure of working conditions, with Edwards and Webster (2012) subsequently publishing a valid and reliable 25-item version. The 25-item version measures the seven working conditions inherent in the Management Standards approach (demands, control, managerial support, peer support, relationships, role, and change). This version has previously been used with social workers (Ravalier, 2019), with responses given on a 5-point Likert scale from Never to Always for the first 15 items, and Strongly Disagree to Strongly Agree for the remaining 10. Scoring was reversed for 'demands' and 'relationships' dimensions, and items were aggregated for all of the dimensions with a

higher score reflecting better working conditions for each dimension (i.e. higher score on demands and relationships reflect fewer demands and better relationship, and higher scores on control, managerial support, peer support, role and change reflect more support, more control over changes and role). Benchmark scoring is also available, with Edwards and Webster (2012) demonstrating good internal consistency for this 25-item version of the MSIT; furthermore, it is free to use for research purposes.

Employee wellbeing was measured via the 12-item version of the General Health Questionnaire (GHQ), a paid-for measure of general psychological wellbeing. The GHQ has been used alongside the MSIT previously (Kazi and Haslam, 2013), although never with social workers. Responses are given on a four-point Likert scale (0-4) and to calculate scores the simple Likert scoring method was selected for calculating the negative dimension (Hankins, 2008). Scores could range between 0-18 for each dimension with higher scores reflecting better wellbeing for the positive dimension and poorer wellbeing for the negative dimension. The GHQ-12 item has been demonstrated to be a valid and reliable measure in various populations (Lundin et al., 2016).

Turnover intentions are often argued to exist in two realms: migration (which would mean leaving one social work employer for another) and attrition (leaving social work altogether). In previous large-scale studies of wellbeing in social workers (Ravalier, 2019), only one of the two turnover realms (migration) was investigated, whereas this study looked at both migration and attrition. As such, the present study included two global, single-item measures of migration and attrition. Migration was measured via the question: "Are you considering leaving your current job?", and attrition via "Are you considering leaving social work altogether?". Both responses were yes/no. Any individual responding 'yes' was asked this follow-up question: "How long (in months) do you see yourself staying in your current job/staying in the social work profession?". Authors (e.g. Dolbier et al., 2005) suggest that single-item measures of variables such as turnover intentions are as reliable as multi-item, multi-factor measures, whilst being quick and easy to complete.

Finally, the prevalence of service user abuse was measured by three questions, each with responses on a six-point Likert scale from 'never' to 'daily'. Prevalence on verbal abuse was measured via the questions "I am subject to derogatory words from service users and/or their families online/in person". Prevalence of derogatory behaviours was measured via the question "I am subject to derogatory behaviour from service users and/or their families in person". These measures, originally based on work with teachers (Ravalier and Walsh, 2018)

have previously been used with social workers in order to assess the frequency of abusive behaviour received by UK social workers (Ravalier, 2019).

### Interview Materials

The interview was guided by a schedule based upon existing literature and key findings generated from the previously conducted working conditions. Questions within the interview schedule were developed from the outcomes of UK-wide national social worker survey work (Ravalier, 2019), as well as studies in other public-sector organisations such as those in healthcare (West and Dawson, 2012) and policing (Houdmont et al., 2012). Written consent was obtained from participants prior to each interview. Questions therefore focused upon workload demands experienced at work, peer and management support, and change communication. However, the interviews being semi-structured in nature meant that the schedule was malleable, and was altered through the process of interviewing (Smith, 2007). Upon completion, participants were thanked for their participation and sent a debrief sheet which summarised their involvement in the study. All interviews were digitally audio recorded.

### Procedure

Expressions of interest were gathered at the end of the survey for participants who were willing to take part in a telephone interview at their convenience. Written consent was gathered from participants prior to each interview and emailed to the research team, providing an additional opportunity to respond to any unanswered questions or queries regarding the study. Interviews lasted on average 40 minutes and were transcribed using a professional service. To ensure participant anonymity, any identifiable information was omitted from the transcript and pseudonyms were applied.

### Analytical Strategy

Descriptive statistics were explored for the survey data. To identify the proportion of the sample expressing turnover intentions, frequencies were presented along with the mean number of months they intended to action these intentions. Frequencies were presented to indicate the proportion of those experiencing service user abuse. The mean (SD) was presented for the GHQ. For the seven MSIT dimensions, means were presented against national benchmarks, norms, and percentiles where available (RQ1 and RQ2). A multiple regression was conducted to investigate the influence of the seven working conditions, determined by the MSIT, and service users/family behaviour on employee wellbeing (RQ3). Data was normally distributed, and the variables entered into the multiple regression conformed with the assumptions of the test.

Quantitative data were analysed initially by presenting descriptive statistics (mean and frequency scoring for all measures, including for comparison against national benchmarks, norms, and percentiles where available; RQ 1 and RQ 2). Following this, a regression analysis was conducted in order to investigate the influence of working conditions and service users/family behaviour on employee wellbeing (RQ 3).

A coding framework for the qualitative analysis was generated using the quantitative survey findings. The interview schedule was therefore based upon MSIT working conditions that were found to be at (or below) the 25<sup>th</sup> percentile of the UK benchmark, *and*, significantly identified to have a negative influence on psychological wellbeing in our regression model. Interview data were then analysed thematically using guidance from Braun and Clarke (2006) and categorised into the MSIT themes which fit the criteria for both quantitative data. Nvivo11 was used to manage the dataset throughout qualitative analysis. Two authors independently checked analyses of **[author initials]** with any disagreements discussed and consensus reached (Wong, 2008).



## Results

### Survey Results

From the survey, 676 child and family social workers (representing a 41% response rate) from the seven participating local authorities returned completed and usable surveys. Local authorities were recruited via self-sampling, with lead social workers in each organisation suggesting interest in the project after being approached by [initials of Author 1]. Two types of LAs were recruited: four were city-based, with a small geographic area, and three were rurally-based, with a wider geographical spread but similar numbers of cases. The mean age of respondents was 42.61 (SD=11.21); 552 of those who provided demographic information were female (86.3%), and 83 (13.0%) male (the remaining chose 'other' for gender, with no further elaboration).

Across all participants, 37.8% (n=250) suggested that they were looking to leave their LA in an average of 15 months, and 26.9% (n=182) stated that they were looking to leave social work all together as a profession in an average of 17 months. With respect to service user behaviour, 19.6% of respondents suggested that they were exposed to derogatory or negative words from service users and/or their families once a month or more online (i.e. via social media), 38.2% had been exposed to negative words and/or behaviour in person from service users and/or their families, and 28.7% exposed to aggressive behaviours from service users and/or their families. Finally, mean GHQ scoring was 7.75 (SD = 3.71), indicating relatively low to average levels of negative wellbeing.

Table 1 depicts mean and percentile scoring on each MSIT variable for all responses. Compared to the UK child and family social work population as a whole from a national study of social worker psychosocial working conditions and wellbeing (Ravalier, 2019), scoring on each of the seven working condition variables was higher, indicating better working conditions, for the 7 LAs recruited in the current study.

Similarly, when compared to mean national scoring across a number of occupations (Edwards and Webster, 2012), the two working conditions which were found to be at optimal levels were support, from both management and peers in their organisations. These scored in the 90th and 95th percentile respectively, meaning they score better than 90% to 95% of UK benchmark scores. The 'control' variable, i.e. the amount of autonomy that social workers have over their work, scored in the 50th percentile which is also relatively positive scoring. However, the remaining four working conditions scored in the 25th (relationships, role, and change) and 10th (demands) percentiles, meaning that these working conditions were worse

than 75% and 90% of the UK average. These findings are concerning and require improvement.

**Table 1:** Mean scoring for the 7 local authorities; percentile scoring representing a comparison against other organisations; mean scoring for UK social workers.

	<b>Demands</b>	<b>Control</b>	<b>Managerial Support</b>	<b>Peer Support</b>	<b>Relationships</b>	<b>Role</b>	<b>Change</b>
<b>Mean</b> (n=676)	3.13	3.44	3.75	3.99	4.29	3.98	2.98
<b>Percentile</b>	10th	50th	90th	95th	25th	25th	25th
<b>UK Social Worker Scoring</b>	2.18	2.94	3.24	3.72	3.86	3.85	2.42

Using the enter method, multiple linear regression analysis was conducted to examine the relationship between social workers working conditions and negative psychological wellbeing. Table 2 depicts the regression coefficients for the predictor variables. The regression model was significant ( $F = 47.47$ ,  $DF = 5$ ,  $p < .001$ ), explaining 26% of wellbeing variance. Each of demands, control, change (each  $p < .001$ ), relationships, and peer support (each  $p < .05$ ) significantly influenced negative employee wellbeing, with poorer working conditions related with poorer wellbeing. These findings mirror those in Table 1, with each of demands, relationships, and change clearly requiring improvement. Service user behaviour did not significantly influence wellbeing in the model.

**Table 2:** Regression results demonstrating the influence of working conditions on negative wellbeing

<b>Outcome Measure</b>	<b>Significantly Related Factors</b>	<b>Coefficient Estimate (B)</b>	<b>t</b>	<b>p</b>	<b>Adjusted R2</b>
<b>General Health</b>	Demands	-.80	-5.00	<.001	.26
	Control	-.82	-3.84	<.001	

<b>Questionnaire</b>	Change	-0.76	-4.64	<.001
	Relationships	-0.60	-3.41	<.05
	Peer Support	-0.58	-2.56	<.05

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### Interview Findings

In total, 19 interviews were conducted with social work staff across the seven LAs based in England with concurrent analysis. Interviewing ceased once no new themes were elicited. Our qualitative findings offer a means of triangulation for the quantitative survey findings. Moreover, the interview data provide a more in-depth exploration of how each of the three MSIT working conditions identified from the survey as being both in the 25th percentile or below, and a significant contributor in terms of the GHQ regression findings. As such, our qualitative findings are framed using the three work standards; demands, relationships and change. Each of these scored at, or below, the 25<sup>th</sup> percentile, thus suggesting a need for improvement. Additionally, these domains were also identified as significant factors within our linear regression. We present each theme individually using anonymised quotes as best exemplars. It is also prudent to note that for some participants, elements of these themes were conversely deemed strengths of their social work role. Where appropriate, data are included which outlines where these five work standards not only negatively affect psychological wellbeing, but also where wellbeing is positively supported in these domains for social workers to thrive within the workplace.

#### **Demands** – *this includes issues such as workload, work patterns and the work environment*

Administrative workload was described as being a key source of stress for social workers. Participants reported how austerity meant that LAs had made cuts to core administrative staff. Consequently, social workers were faced with increasing amounts of paperwork, which inevitably takes them away from core responsibilities.

*We spend more time doing paperwork than I do actually with children [...] A lot of the job is paperwork and there's a lot of meetings and then once you have the meeting, you got to write it all out and do the plan. [SW14]*

Building on this further, a fundamental source of stress relating to workload was that of case allocation. An often neglected consideration was the balance between the volume of cases allocated versus the complexity of each case. Instead, participants often described a

frustration in being allocated new cases due to their caseload being undersubscribed, yet this did not acknowledge that some existing cases may be considerably complex, time consuming and challenging.

*You can't always assess workload in terms of numbers. There's about five cases, I've got at the moment where I could quite happily have a workload of five, five cases and that would give me plenty to do for the next month. I think it's plenty difficult because sometimes we want managers to understand why you're looking stressed because maybe they're looking at your caseload and thinking, "Oh, they've only got 17 cases or something." But actually, some of those are just overwhelming. [SW7]*

In contrast, some participants outlined that caseload allocation issues had been resolved by their LA and respective managers. This was achieved through simply being mindful of caseload weighting, and also by creating an atmosphere of open communication.

*The referrals all come to either our team manager or the senior. Then they normally go around regularly a couple of times a week [...] It means that they do have a good idea of how busy we are and how much work is maybe outstanding. Based on that, they tend to consider who might have capacity. They will also a couple of times a week walk around basically everybody's asking, say, "How are you doing? When do you think you might have capacity to pick up another case?" [SW8]*

Interview data also suggest that a key frustration was the physical work environment, with hot-desking an issue of contempt. Some social workers described a frequent sense of panic or uncertainty regarding whether they would have a desk to work at each day. This was further exaggerated with office overcrowding, which was recognised to have a knock-on/detrimental impact upon the service they provide to clients.

*SW14: The office I work in is really overcrowded with basically hot desking. I think hot desking just means that then, they can get away with providing less desks for people and there's not enough space. We've got three teams in one very small office. We haven't then got any space to really work and all that stuff so sometimes, I can end up working in the car on my laptop or driving to one of the children centres to try and get some space. It just takes up so much of my time. [SW14]*

**Relationships** – *this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour*

Interview participants described that in some instances, professional relationships between colleagues and managers could become caustic or strained. Often this was due to personality clashes or different systems of working, which ultimately creates divides and barriers amongst colleagues.

*Essentially, it's your line manager and depending on their personality, it might or might not feel okay to say, "Look, this isn't going particularly well. I'd really value someone else." I think in a healthy team that should be more possible, but it's not always easy to do, actually. You can end up making a request and the request isn't granted and then you're stuck in a relationship that already wasn't great, that's probably worse. [SW5]*

In contrast, however, a number of participants described how stress was reduced and positive working relationships achieved with colleagues. One recurring way was through interdisciplinary relationships being developed and nurtured through shared working practices and spaces.

*If there's more flexibility in between departments and sheer work spaces that can reduce the pressure and it's also quite nice for social workers to meet colleagues from Justice or other area teams. A bit more flexibility between departments that helps the situation. [SW1]*

Yet, building successful interdisciplinary working relationships needed careful attention. It was outlined that professional diversity could cause additional challenges due to differing work patterns and systems. In this instance, a wider-scale assessment is required to ensure interdisciplinary practice is beneficial, not simply another source of social worker frustration.

*What we were seeing was a lot of transference and a lot of dynamics across the different teams, because of the diversity and professional background. It was causing some frustration. We thought, if we bring that in to look at the more, not the casework as such, but the systems issue and reflect on those, get things to improve relationships across such a big service. [SW6]*

Above all, however, it was recognised that positive working relationships with service users and their families were of the utmost importance with service users. This could be as simple as valuing the day-to-day communication with families:

*It's not how big you want to change the world. It's about making a difference to that family at that particular time. I still get a lot of satisfaction from that. I'm not being ironic here but I'm very good at communicating that with families and begs around empathy and you target your audience. If it's a family of a certain ilk whose culture is effing and jeffing every five minutes, not that I respond in that way but it's more about speaking their language and get to understanding. [SW2]*

Yet, all too often, the relationship and trust that social workers had built with service users could be quickly broken due to mismanagement of case allocation. A lack of consistency often paired with social workers quickly being take off a case, was a key source of frustration for participants. Moreover, this had a significant detrimental impact on the service users themselves.

*They'll start to trust the social worker and they'll talk to them about some of the things, asking them for them, and then all of a sudden, that worker just disappears and you've got someone else at your door saying that they're a new social worker. That can happen like three times for a child and then you're not going to trust the new social worker. You're not going to want to tell them anything or work with them. [SW14]*

**Change** – *how organisational change (large or small) is managed and communicated in the organisation*

Throughout the interviews, organisational change was mentioned as a key source of frustration for participants due to changes often inappropriately (or in some cases, not at all) being cascaded down to social work staff. Consultation would frequently not take place resulting in a sense of disempowerment experienced by the social workers.

*We're consulted at the stages when decisions are already made, to give us a sense of, "Oh, but we've told you, we've asked you." But then it's often enough too late because those decisions are made, changes have been made and there's not really any chance to influence it anymore. [SW1]*

Similarly, there was a sense of futility in reacting to organisational changes. Instead, participants intimated that it was almost necessary to develop a sense of apathy and acceptance towards any changes.

*I was trying to change things that are not easy to change. It's been a journey to accept that focusing on clients and families can be therapeutic. Relationship-based work makes my job satisfying. If I start worrying too much about the changes they're going to make, and the cuts, and the this and the that, and you're getting frustrated, it doesn't help anyone. [SW3]*

It was suggested that this developed a type of 'dictatorship' whereby it wasn't acceptable to voice issues or concerns about practice. In essence, it was expected that social workers were to keep quiet about issues affecting the social workers, which in turn, impede the service available for users.

*All the talks about there being a discrepancy between yourselves and your internal thoughts and what you're allowed to say is what makes the dictatorship stressful. The fact that you have to say something that you're not feeling [...] If everyone knows something's failing but no one can say out loud, it does create an almost comedic, Soviet Union style situation where no one can admit it [...] That, I think, is quite a stressful thing but also quite tiring to constantly have to censor things. [SW16]*

Lastly, participants described how the organisation itself would have changes forced upon them, which would eventually impact individual social workers. Often this was due to funding. As such, the key frustration for social workers was that hard work and effort with their role (often going above and beyond what was expected) was not beneficial for their career or job security.

*There's always an assumption that if you do something and it goes really well, the council or the health authority will carry on funding it. The reality is they don't. Actually, projects that might be absolutely brilliant stop as soon as the extra funding. [SW17]*

## Discussion

The aim of this study was to investigate employee working conditions and wellbeing at a local level with seven LA's in the UK. Based on our quantitative survey findings, four areas of the MSIT were identified within the 25<sup>th</sup> percentile, and therefore, were poorer than 75% of respondents in a national benchmark sample; demands, relationships, role and change (RQ 2). Following this, five of the MSIT domains were identified as significant variables affecting negative wellbeing for social workers (demands, control, change, relationships and peers support; RQ 3). Based on the three key MSIT domains that were identified from the overlap generated from these two quantitative findings, we carried out explorative semi-structured interviews in order to gain further insight behind the key three domains (demands, relationships and change).

This is the first study to look at both attrition and migration turnover intentions in UK Social Workers, and is one of just two studies to investigate the frequency of negative behaviours experienced by social workers from service users and/or their families. Compared to an earlier, national, study (Ravalier, 2019), we found lower levels of migration turnover intentions in these seven LAs (close to 38% in the current study, compared to 50% in the national study). This was also the first published study to look at frequency of negative service user behaviour, finding that over 40% of respondents were exposed to such behaviour at least once a month (RQ 1).

Our findings highlight that a key source of stress (RQ 3) for social workers is that of demands, from both the workload they experience and the physical working environment. More specifically, in reinforcement of current literature (Ravalier, 2019), a distinct demand identified from our data was that of increased workload due to high levels of administrative paperwork. This is poignant as administrative tasks are known to be contributory towards social worker burnout and connected with depersonalisation (becoming less sympathetic with service users due to the pressures of paperwork) (Hussein, 2018). While this clearly has a detrimental impact on the service received by users, administrative tasks also lack a sense of fulfilment, value and reward for social workers (Hussein et al., 2014; McFadden et al., 2015). Furthermore, methods of case allocation were important considerations, making both quantitative and qualitative workload distinct considerations when allocating new cases to workers. The ubiquitous negative experience of hotdesking for employees within the seven participating LA's was also discussed. These findings are consistent with existing literature reporting on employees views that hotdesking is not conducive to the social work role, and



more generally, is a largely negative experience which heightens a sense of anxiety (Stevenson, 2019).

As relationships were identified from our quantitative survey data as a key source of stress, we explored this further through the interviews with participants. Discrepancies between management and social workers were commonly reported as creating a negative impact on workplace wellbeing, thus reinforcing existing literature (Ravalier, 2019). A novel finding from the current study, however, is the existence of strained relationships between social workers and their interdisciplinary colleagues. This finding is unforeseen due to the general assumption that the social work role is commonly 'social' by nature, with employees working in multi-disciplinary teams in order to assure the best outcome for service users. Employees are daily navigating various elements of society on behalf of their service users, thus collaborating with a variety of colleagues and peers on a regular basis (Ambrose-Miller and Ashcroft, 2016). Our findings note that often these relationships become strained, thus arguably creating a detrimental impact on the service social workers can provide for their service users. With this in mind, it is imperative that working practices and relationships between internal and external colleagues are upheld and nurtured. As evidenced from our qualitative findings, positive shared working spaces are just one way in which stresses in the MSIT domain of relationships can be reduced.

Finally, the way changes were communicated throughout the organisation to social workers was found to be a key source of frustration and stress. Consultation about potential organisational changes would often not take place with social workers. This created an atmosphere of powerlessness and dilution of professional autonomy with changes often having direct consequences on participants' daily job roles and responsibilities. Such findings are consistent with national surveys conducted with social workers in both 2017 and 2018 (Ravalier, 2019), thus findings from the current study suggesting there to be little improvement. It is therefore clear that social workers value the importance of organisations consulting with them about any changes which may have an impact on their job, role and responsibilities.

#### Implications and Future Research

The findings from this study have outlined some valuable insights regarding workplace stress and wellbeing for social workers in the UK. Based on our findings, the three MSIT domains of demands, relationships and change should be recognised by LA's and their respective management as key organisational priorities. Creating strategies which aim to reduce stress, specifically in these three domains, will make positive contributions to the wellbeing of social workers in the UK. Moreover, we suggest that such findings are transferrable to a wider, more

international arena of social workers. For example, organisations developing robust systems of practice in which cases are allocated to social workers may have significant benefits to employee wellbeing. Similarly, organisations could develop actionable solutions in which social workers can provide real-time feedback to management, and crucially, have this recognised with a response. Small organisational changes such as these could have a significant impact towards the promotion of positive employee wellbeing,

Small and manageable changes such as these may create foundations for the larger scale issues surrounding social workers international regarding problems with recruitment and retention- all of which contribute towards negative employee wellbeing.

While the findings from our study have identified demands, relationships and change to be the overall MSIT domains of most concern, it should be recognised that this is based on pooled data from the participating LA's. Future research in terms of a nationwide review for each LA in the UK is advisable. This would allow individual LA's to become aware of which specific MSIT domains require immediate intervention to promote the wellbeing of their social workers.

#### Strengths of the study

A clear strength from this study was the large survey conducted with seven LA's across the UK which had a sample of 676 child and family support workers, providing an in-depth view of working conditions in a variety of LA's across the UK. However, this represented a somewhat low response rate of 41%, a clear limitation to the study. The validity of our survey is further reinforced through acknowledgement of the MSIT being a widely used and verified tool for examining wellbeing in the workplace. Additional strengths of our study can be gleaned from the method of triangulation adopted through qualitatively exploring the key MSIT domains as generated from our survey findings. Adopting this approach has therefore made it possible to frame our quantitative findings, and offer some potential explanation for social workers' negative working conditions.

#### Limitations of the study

We acknowledge that a potential limitation of the study is that our interview data are based on a relatively small sample of 19 participants. However, it should be recognised, that smaller sample sizes are recognisant of qualitative approaches such as interviews (Crouch and McKenzie, 2006). We appreciate it may have been useful to tabulate our interview participants' characteristics, so that readers could see what levels of experience participants had in their jobs (for example). However, ethical concerns to preserve participants' anonymity within the 7 LA's had to take precedence.

## Conclusions

Social workers in the UK are experiencing higher levels of work-related stress than ever before. Sources of stress are varied, but based on the MSIT, the key sources are demands, relationships and change. It is imperative that organisations and their respective management recognise these findings in order to implement appropriate interventions and thus improve the wellbeing of social workers in the UK.

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## References

- Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges Faced by Social Workers as Members of Interprofessional Collaborative Health Care Teams: Table 1:. *Health & Social Work, 41*(2), 101-109. <https://doi.org/10.1093/hsw/hlw006>
- Backé, E., Seidler, A., Latza, U., Rossnagel, K., & Schumann, B. (2011). The role of psychosocial stress at work for the development of cardiovascular diseases: a systematic review. *International Archives Of Occupational And Environmental Health, 85*(1), 67-79. <https://doi.org/10.1007/s00420-011-0643-6>
- Bastian, N., Munoz, D., & Ventura, M. (2016). A Mixed-Methods Research Framework for Healthcare Process Improvement. *Journal Of Pediatric Nursing, 31*(1), e39-e51. <https://doi.org/10.1016/j.pedn.2015.09.003>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Chandola, T., Brunner, E., & Marmot, M. (2006). Chronic stress at work and the metabolic syndrome: prospective study. *BMJ, 332*(7540), 521-525. <https://doi.org/10.1136/bmj.38693.435301.80>
- Cousins, R., MacKay, C., Clarke, S., Kelly, C., Kelly, P., & McCaig, R. (2004). 'Management Standards' work-related stress in the UK: practical development. *Work & Stress, 18*(2), 113-136. <https://doi.org/10.1080/02678370410001734322>
- Cole, D., Panchanadeswaran, S., & Daining, C. (2004). Predictors of Job Satisfaction of Licensed Social Workers. *Journal Of Social Service Research, 31*, 1-12. [https://doi.org/10.1300/j079v31n01\\_01](https://doi.org/10.1300/j079v31n01_01)
- Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social Science Information, 45*(4), 483-499. <https://doi.org/10.1177/0539018406069584>
- Department for Education (2019). *Experimental statistics: children and family social work workforce in England, year ending 30 September 2018*.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/782154/Children\\_s\\_social\\_work\\_workforce\\_2018\\_text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782154/Children_s_social_work_workforce_2018_text.pdf)

Dolbier, C., Webster, J., McCalister, K., Mallon, M., & Steinhardt, M. (2005). Reliability and Validity of a Single-Item Measure of Job Satisfaction. *American Journal Of Health Promotion, 19*(3), 194-198. <https://doi.org/10.4278/0890-1171-19.3.194>

Edwards, J., & Webster, S. (2012). Psychosocial risk assessment: Measurement invariance of the UK Health and Safety Executive's Management Standards Indicator Tool across public and private sector organizations. *Work & Stress, 26*(2), 130-142. <https://doi.org/10.1080/02678373.2012.688554>

European Commission (2002). *Guidance on work-related stress: spice or life or kill of death*. <https://osha.europa.eu/en/legislation/guidelines/guidance-on-work-related-stress>

Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., & Pajak, S. et al. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal Of Psychiatry, 188*(1), 75-80. <https://doi.org/10.1192/bjp.188.1.75>

Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic Stress Disorder and Vicarious Trauma in Mental Health Professionals. *Health & Social Work, 40*(2), e25-e31. <https://doi.org/10.1093/hsw/hlv026>

Hankins, M. (2008). The reliability of the twelve-item general health questionnaire (GHQ-12) under realistic assumptions. *BMC Public Health, 8*(1). <https://doi.org/10.1186/1471-2458-8-355>

Health and Safety Executive. (2019). *Health and safety statistics: Key figures for Great Britain (2017/18)*. <http://www.hse.gov.uk/statistics/index.htm>.

Health and Safety Executive. (2019). *Tackling work-related stress using the Management Standards approach*. <https://www.hse.gov.uk/pubns/wbk01.pdf>

Healy, K., Meagher, G., & Cullin, J. (2007). Retaining Novices to Become Expert Child Protection Practitioners: Creating Career Pathways in Direct Practice. *British Journal Of Social Work, 39*(2), 299-317. <https://doi.org/10.1093/bjsw/bcm125>

Houdmont, J., Kerr, R., & Randall, R. (2012). Organisational psychosocial hazard exposures in UK policing. *Policing: An International Journal Of Police Strategies & Management*, 35(1), 182-197. <https://doi.org/10.1108/13639511211215522>

Hussein, S. (2018). Work Engagement, Burnout and Personal Accomplishments Among Social Workers: A Comparison Between Those Working in Children and Adults' Services in England. *Administration And Policy In Mental Health And Mental Health Services Research*, 45(6), 911-923. <https://doi.org/10.1007/s10488-018-0872-z>

Hussein, S., Manthorpe, J., Ridley, J., Austerberry, H., Farrelly, N., & Larkins, C. et al. (2013). Independent Children's Social Work Practice Pilots. *Research On Social Work Practice*, 24(2), 224-234. <https://doi.org/10.1177/1049731513492859>

Kazi, A., & Haslam, C. (2013). Stress management standards: a warning indicator for employee health. *Occupational Medicine*, 63(5), 335-340. <https://doi.org/10.1093/occmed/kqt052>

Kim, H., & Stoner, M. (2008). Burnout and Turnover Intention Among Social Workers: Effects of Role Stress, Job Autonomy and Social Support. *Administration In Social Work*, 32(3), 5-25. <https://doi.org/10.1080/03643100801922357>

Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal Of Mental Health*, 11(3), 255-265. <https://doi.org/10.1080/09638230020023642>

Lundin, A., Hallgren, M., Theobald, H., Hellgren, C., & Torgén, M. (2016). Validity of the 12-item version of the General Health Questionnaire in detecting depression in the general population. *Public Health*, 136, 66-74. <https://doi.org/10.1016/j.puhe.2016.03.005>

McFadden, P., Campbell, A., & Taylor, B. (2014). Resilience and Burnout in Child Protection Social Work: Individual and Organisational Themes from a Systematic Literature Review. *British Journal Of Social Work*, 45(5), 1546-1563. <https://doi.org/10.1093/bjsw/bct210>

McFadden, P., Mallett, J., & Leiter, M. (2017). Extending the two-process model of burnout in child protection workers: The role of resilience in mediating burnout via organizational factors of control, values, fairness, reward, workload, and community relationships. *Stress And Health*, 34(1), 72-83. <https://doi.org/10.1002/smi.2763>

McFadden, P., Manthorpe, G., & Mallett, J. (2017). Commonalities and Differences in Social Work with Learning Disability and Child Protection: Findings from a UK 'Burnout' National Survey. *The British Journal Of Social Work*, 48(5), 1199-1219. <https://doi.org/10.1093/bjsw/bcx070>

Michalopoulos, L., & Aparicio, E. (2012). Vicarious Trauma in Social Workers: The Role of Trauma History, Social Support, and Years of Experience. *Journal Of Aggression, Maltreatment & Trauma*, 21(6), 646-664. <https://doi.org/10.1080/10926771.2012.689422>

Newell, J. M., & Macneil, G. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: a review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice in Mental Health: An International Journal*, 6(2), 57-68.

Niedhammer, I., Milner, A., Geoffroy-Perez, B., Coutrot, T., LaMontagne, A., & Chastang, J. (2020). Psychosocial work exposures of the job strain model and cardiovascular mortality in France: results from the STRESSJEM prospective study. *Scandinavian Journal Of Work, Environment & Health*. <https://doi.org/10.5271/sjweh.3902>

Ravalier, J.M. (2018). The influence of work engagement in social workers in England. *Occupational Medicine*, 68, 399-404. doi:10.1093/occmed/kqy087

Ravalier, J.M. (2019). Psycho-social working conditions and stress in UK social workers. *British Journal of Social Work*, 49, 371-390. doi: 10.1093/bjsw/bcy023

Ravalier, J.M., & Walsh, J. (2018). Working conditions and stress in the English education system. *Occupational Medicine*, 68, 129-134. <https://doi.org/10.1093/occmed/kqy017>

Rosengren, A., Hawken, S., Ôunpuu, S., Sliwa, K., Zubaid, M., & Almahmeed, W. et al. (2004). Association of psychosocial risk factors with risk of acute myocardial infarction in 11 119 cases and 13 648 controls from 52 countries (the INTERHEART study): case-control study. *The Lancet*, 364(9438), 953-962. [https://doi.org/10.1016/s0140-6736\(04\)17019-0](https://doi.org/10.1016/s0140-6736(04)17019-0)

Smith, J.A. (2007). *Qualitative psychology: a practical guide to research methods (2nd Ed.)*. SAGE

Stevenson, L. (2020). *Hotdesking not compatible with social work, 86% of social workers say*. Community Care. Retrieved 17 June 2019, from <https://www.communitycare.co.uk/2019/02/21/hotdesking-compatible-social-work-86-social-workers-say/>.

Tariq, S., & Woodman, J. (2013). Using mixed methods in health research. *JRSM Short Reports*, 4(6), 204253331347919. <https://doi.org/10.1177/2042533313479197>

Tang, Y., Hooyman, N., & Chui, W. (2017). An exploratory study of early professional experiences and job burnout among BSW graduates in China. *Social Work Education*, 36(7), 823-836. <https://doi.org/10.1080/02615479.2017.1341480>

Travis, D., Lizano, E., & Mor Barak, M. (2015). 'I'm So Stressed!': A Longitudinal Model of Stress, Burnout and Engagement among Social Workers in Child Welfare Settings. *British Journal Of Social Work*, 46(4), 1076-1095. <https://doi.org/10.1093/bjsw/bct205>

West, M., & Dawson, J. (2012). *Employee engagement and NHS performance* [online]. Retrieved 15 April 2020, from <https://www.kingsfund.org.uk/sites/default/files/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>.

Wong, L. (2008). Data analysis in qualitative research: a brief guide to using NVivo. *Malaysian Family Physician*. 3(1), 14-20.

Yürür, S., & Sarikaya, M. (2012). The Effects of Workload, Role Ambiguity, and Social Support on Burnout Among Social Workers in Turkey. *Administration In Social Work*, 36(5), 457-478. <https://doi.org/10.1080/03643107.2011.613365>