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Predictors of and Responses to Stress Among Social Workers: 
A National Survey

By
Oliver William Jack Beer
University of Plymouth, UK
School of Government

September 2016
Abstract

Social work in England operates in an increasingly challenging environment, with rising demands on practitioners, inadequate resources, poor levels of staff retention and negative public and media attention. Very high levels of stress have been noted among social workers, which can result in depression, burnout, depression and higher levels of sickness (BASW, 2013; Schraer, 2015). Concern regarding stress levels among social workers is not a new phenomenon. However, causes and predicators of stress appear under investigated.

This study explored stress among social workers, seeking to assemble a snapshot of stress levels and factors contributing to stress. Furthermore, it attempted to advance this research field in relation to substance abuse and emotional eating among social workers. A mixed methodology, targeting qualified social workers in England, was applied to this study, predominantly using an online survey and followed up with semi-structured interviews.

Research findings in relation to stress were similar to previous studies and literature. They indicate significant levels of stress, burnout, and emotional exhaustion. Low organisationalal support, limited resources and poor IT systems are identified as influences on stress; while sleep difficulties, emotional eating, and some substance abuse are key responses to stress. However, positive associations exist between finding supervision useful and both job satisfaction and sleeping well. Caseload size also played a significant role in stress. However, finding an association between individual characteristics and stress was less fruitful. Overall, this research pointed to the “system” as the predominant cause of stress, as opposed to individual characteristics.
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### Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AMHP</td>
<td>Approved Mental Health Professional</td>
</tr>
<tr>
<td>ASYE</td>
<td>Assessed and Supported Year in Employment</td>
</tr>
<tr>
<td>BASW</td>
<td>British Association of Social Workers</td>
</tr>
<tr>
<td>CIN</td>
<td>Child in Need</td>
</tr>
<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>EI</td>
<td>Emotional Intelligence</td>
</tr>
<tr>
<td>FET</td>
<td>Fisher’s Exact Test</td>
</tr>
<tr>
<td>GHQ</td>
<td>General Health Questionnaire</td>
</tr>
<tr>
<td>HCPC</td>
<td>Health and Care Professionals Council</td>
</tr>
<tr>
<td>KPI(s)</td>
<td>Key Performance Indicator(s)</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LAs</td>
<td>Local Authorities</td>
</tr>
<tr>
<td>NASUWT</td>
<td>National Association of Schoolmasters Union of Women Teachers</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>SU(s)</td>
<td>Service User(s)</td>
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<tr>
<td>SW</td>
<td>Social Work</td>
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<tr>
<td>SWr(s)</td>
<td>Social Worker(s)</td>
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1. Introduction

Few would disagree that social work (SW) in England is experiencing a prolonged and perplexing series of crises (Local Government Association, 2014; Duffy, 2015; McNicoll, 2016; Jones et al., 2004; Unison, 2004). Studies have been undertaken to identify what exactly the crises are, how they might be addressed, and how they impact upon service users. For the most part, these questions remain unanswered. Is it high caseloads, staff shortages, organisational structure, budget cuts, poor supervision, media influenced panics, escalating socio-economic issues, or something else that is causing the profession to be at breaking point?

While a significant amount of attention has concentrated on the experience of the service user, less is known about the psychological and physical impact of work-related stress upon social workers’ (SWrs) health and well-being. This dissertation aims to address the lack of research into the mental, emotional and physical health of SWrs in England. It begins by describing the ‘crisis’ of SW, as indicated by a deeply negative media representation, problems of staff retention, high caseloads and organizational turbulence. Continuing from there the survey and interview methods are discussed before a detailed analysis and results section is presented. A discussion of possible future research concludes the report.
2. Literature Review

2.1 Social Work in Crisis?

There is little disagreement that SW is suffering from a profound crisis. In 2015, Simon Duffy, the Director of the Centre for Welfare Reform wrote that:

‘The recent closure of the College of Social Work seems to be just another nail in the coffin of social work. In addition to the ongoing attacks on the profession by the rightwing media, social workers must preside over the steady destruction of social care, which has already been cut by more than 30%. Work that used to be the domain of qualified social workers is now provided by unqualified staff, and local authorities are beginning to contract out social work services. Social work seems to be on its last legs’.

2.2 Social Work in the Media

Duffy (2015) is not alone in identifying the media as one factor behind the SW crisis. Exploring media coverage between 2008 and 2010, (Jones, 2012) agrees that the focus is overwhelmingly negative and provides a distorted portrayal of SWrs. In recent years, widely reported stories include the tragic and likely preventable death of ‘baby P’ (Peter Connelly) (Haringey Local Safeguarding Children Board, 2009), child sexual exploitation in Rotherham (Booker, 2015), and accusations of SWr failings to protect children like Shannon Matthews (Britten, 2008). Munro (2011: 122) argues that the media’s ‘sustained nature of…negative media images of social work…have [become] commonplace’. It is not surprising that a survey undertaken by Community Care (2009) revealed concerns that the media only focuses on the negatives of the profession. Galilee (2006) supports this, suggesting that the representation of SW by the media is damaging and skewed, and does not reflect the reality of the lives of dedicated specialists in the field.

A search using Google shows the current portrayal, within my results were the headlines, ‘mother of teenager who murdered woman blames social workers’ (Parveen, 2016), ‘investigation launched after social workers admit toddler ‘fell of the radar’’ (Weldon, 2016), ‘social worker gets a 3-year sentence for shaving
body of drunk man’ (Laanela, 2016), and, ‘girl put in care for eight months after social worker error’ (Daily Mail, 2016). LeCroy and Stinson (2004: 165) warn, ‘when the public’s approval of social work wanes, recruitment into the profession suffers, as does the professional credibility of social workers in both the public eye and in the eyes of other professionals’. What most of the media depictions of SWrs miss is the context of contemporary practice, an 80% increase in child protection caseloads, alongside 40% cuts to central government funding (Jones, 2016).

2.3 Staff Retention

Negative publicity may well be one factor that is impacting upon staff retention. SW in England is characterised by a lack of qualified practitioners (Eborall, 2003). Between May 2013 and May 2014, the number of SW roles advertised by LAs in England rose from 2,700 to 4,700 (Baginsky, 2015). Currently, the need for skilled and experienced children’s SWrs in the UK significantly exceeds the supply (Research in Practice, 2015). The national shortage of qualified children’s SWrs has placed them on the occupational shortage list (Gov.uk, 2014). Figures released by the Department for Education (2015) show that there are 16 ‘children in need’ (CIN) per SWr in England, with a vacancy rate of 15%. According to Hardy (2015), ‘the social care sector…has some of poorest rates of retention and staff turnover in the UK’. This undoubtedly causes strains within organisations, resulting in higher caseloads for workers, less experienced staff in post, a lack of support for employees, and a knock-on effect for service users. However, McLean (1999) argues that despite SWrs experiencing high levels of stress, sickness rates remain comparable to other work sectors. Poor pay, elevated caseloads and the blame culture have all been attributed to the retention issues within SW (McGregor, 2014).

2.4 High Caseloads

High caseloads within SW have been subject to extensive debate. On one hand, caseload size has been recognised as being the most common cause of stress among SWrs (Schraer, 2015). Alternatively, Moriaty (2015) suggests that
smaller caseloads aren’t necessarily the answer to tackle the issue, as the causes of stress run deeper than workload alone. It is worth noting that there is no official nationwide caseload size limit in England and caseloads vary between LAs (Bournemouth Borough Council, n.d.). However, Community Care (2012) produced a tool for comparing SWrs’ caseloads across the UK, involving 925 SWrs. Results indicated the mean number of cases was 21 and 29, for children’s and adults’ workers, respectively. This provides a rough benchmark on caseload size and suggests that the average caseload in this research is plausible.

Core to the caseload debate is the impact upon social workers, as well as service users. Munro Review of Child Protection stated, ‘the size of caseloads is a significant problem for many [SWrs] and, clearly the time available for a case has a major impact on how well work can be done’ (Munro, 2011: 52). Unison (2014) examined an average day in SW, revealing that respondents were, on average, responsible for 22 active cases (excluding ‘quiet’ cases), 8 cases over the formal limit, with a range between 1-32. Caseload is imperative to the well-being of SWrs because it has been linked to higher levels of stress, depression or burnout (Stanley et al., 2007). Caseload is analysed throughout the various sections and is discussed in further detail in section 4.4.1.

2.5 Incessant Change

Although SW is a relatively young profession, it has been subject to continuous change and reform over the decades. This is due, in large, to a reactive response to the tragic deaths of service users. Core legislation from the Children Act (1989) does remain a pillar of the profession, alongside updates, patches, and statutory guidance, i.e. Children Act (2004), Working Together to Safeguard Children (2006, 2010, 2013, 2014, 2015), the Lord Laming Report (2009) and The Munro Report (2011). The Conservative government’s recent focus appears more concerned with addressing the SWr training and accreditation, alongside enhanced support for children and quicker adoptions (Social Work Tutor, 2016). Lacking is the much needed focus on earlier intervention for vulnerable and ‘at risk’ children. The identification and understanding of what fuels social issues such as poverty, lack of educational
opportunities, and substance abuse is missing. As are the issues of health and well-being among SWrs. On the whole, legislation appears to be preparing SWrs to react to, instead of prevent, the challenges of child abuse and neglect.

2.6 Mental Well-Being Among Social Workers

While the contextual changes outlined above would be expected to decrease SWrs’ morale and increase levels of stress, this is a profession that has long been known to be at risk of high levels of stress, depression and burnout (Acker, 1999; Egan, 1993; Um and Harrison, 1998) High levels of depression among SWrs have been identified as far back as the 1980s, Goldberg and Williams (1988) suggested that between one third and a half of SWrs in the UK potentially had psychiatric disorders, such as anxiety or depression. Between 2002-2005 the top 10 and bottom 10 industries in America were examined to uncover the highest and lowest rates of depression. Out of 214,413, just under 15% of social service workers were ‘clinically depressed’, third highest (Wulsin et al., 2014). To compound this, a Community Care survey (2009) indicated that UK SWrs had more than double the rates of depression compared to America, one-third of respondents had been prescribed anti-depressants. As discussed below, this survey is not necessarily representative of UK SWrs.

Risk of stress among SWrs is thought to be, in part, due to the complex social situations they encounter on a regular basis (Pines, and Kafry, 1978; Söderfeldt et al., 1995). Child protection work is a field that results in high levels of burnout (Anderson, 2000; Conrad and Kellar-Guenther, 2006; Regehr et al., 2004). Despite evidence that the cost of SWr stress is an incredible £45 million per year (Schraer, 2015), little has been done to address the issues. Against this background, the following sections explore key challenges relating to stress among SWrs in the UK (stress, depression, and burnout). Each of these sections could be expanded into dissertations of their own. Furthermore, some areas have not been strongly addressed in current literature and require further investigation (drug and alcohol use and emotional eating).
2.7 Stress, Depression, and Burnout

Maslach et al. (1996) provide a generally accepted definition of stress, the response to stressors. Stressors are categorized into two types, physiological and psychological. Stress is an important consideration among the SW workforce because it lowers their overall well-being, and decreases the efficiency of service delivery (Collings and Murray, 1996). According to the European Commission (2002) work-induced stress and psychological problems result in higher levels of employee sickness, poor efficiency and reduced functioning. According to Walsh et al. (2005) those working within the health and social care field, including SWrs, experience higher levels of stress than the remainder of the employed population.

In 2015 Community Care distributed a survey to qualified SWrs in the UK that sought to examine levels of stress (Schraer, 2015). They received 2,000 responses; 97% of respondents indicated that they were moderately or very stressed. These high levels of stress were predominantly attributed to complex caseloads, workplace bullying, and fear that something might go wrong. Results showed only 16% had been given training or guidance of how to address work-related stress, with less than one-third being offered counseling through work. Overall this paints a pretty grim picture of SW in the UK. However, the sample was self-selected and unlikely to be representative of the entire profession. The challenge of self-selecting samples is that they can cause difficulties in statistical analysis as they rely on independent respondents, likely resulting in a biased sample and non-probability sampling (Zillak and McClosekey, 2008). It is possible that the survey attracted SWrs who felt stressed and wanted to speak out, although there is no way of knowing this. There was no distinction between LA and non-LA workers. Nor were they broken down into groups of children’s and adults’ SWrs. Furthermore, the survey’s definition of ‘stress’ appears to be ambiguous, relying on the individuals’ own meaning. As Greeno and Wing (1994: 444) point out, stress is ‘notoriously hard to define and operationalize’.

Although not directly comparable with the Community Care survey, Huxley et al.’s (2005) research investigating the stress and pressure of mental health social workers (MHSWs) indicates similar concerns. Their quantitative survey of
109 LAs in England revealed an alarmingly high level of stress. 47% scored 4 points or above on the general health questionnaire (12) (GHQ), which implies a likely psychological disorder. 55% of respondents marked 3 points or more, suggesting a common mental health disorder. This research indicated work pressure, job satisfaction, staff shortages and completing the work as pivotal to work-related stress. This suggests that stress among SWrs does not necessarily discriminate by service-user type.

Huxley et al.’s sample was based on 65% of LAs in England and Wales, one of the biggest SW stress surveys to have been completed. 76% (462/610) of the questionnaires were returned completed, and gender appeared well-balanced, 61% female, 39% male. However, Huxley et al. (2005) relied on the GHQ to evidence their findings. The GHQ (12) gathers information on three health components, anxiety, depression, and social performance (Gao et al. 2004). One of the criticisms is that it overly focuses on the recent changes in an individual’s typical state of health (Newman et al., 1988). The overall problem with using the GHQ (12) is that it is mostly used to detect mental illness, not stress (Taggart et al., 2013).

Stanley et al. (2002) undertook a survey investigating the effects of depression in SWrs with a particular focus on the impact of the workplace. The response rate was close to 500 individuals. 5% of the respondents were not qualified SWrs whose roles were unclear. In terms of organisational setting, 75% of the respondents worked for LAs. This data could have been key to understanding whether rates of depression differed between LA and non-LA SWrs. However, no such comparison was offered. Positively, this research demonstrates some of the coping and management systems respondents had in place, including exercise, listening to music, going on holiday, and enjoying a hobby. This survey did provide other useful information including, the amount of SWrs who had taken time off (66%), who had been treated by a GP as depressed (67%), and who began feeling depressed after starting in SW (circa 75%). On the whole, the lack of defining ‘depression’ and allowing unqualified respondents creates challenges in accepting the validity of this work.
Building on their initial survey, Stanley et al. (2007) undertook a qualitative research project into SWrs’ experiences of depression in the workplace. This research was published by the peer-reviewed journal, the *British Journal of Social Work*. 50 qualified SWrs across the UK were interviewed over the phone. Only respondents, who had undertaken the original survey, were qualified SWrs, and self-defined as depressed were interviewed (Stanley et al. 2002). The research was well written and easy to interpret. Although they acknowledge that not all respondents worked for the LA, they do not provide exact figures on this. Furthermore, the sample covers a fraction of the available types of SW roles. Nor do they distinguish between managers and frontline staff, caseload size, or employment status. This leaves the reader feeling somewhat confused about the ambiguous findings. The lack of this information is likely due to the small sample size.

What stood out about this research was that their interview approach facilitated SWrs to express the cause of depression in their own words. Heavy caseloads were a recurrent theme (60%), alongside inter-professional conflict (bullying), stress being experienced by managers, and ‘the pattern of constant change’ (Stanley et al., 2007: 298). These findings are not dissimilar to other research. Smith (2012) and Michie (2002) identified unrealistic caseloads, meager support from managers and long hours as underlying causes for depression and low-morale. The stigma of mental illness is another consideration but remains untouched among research of SWrs. Ahmedani (2011: 4) points out, ‘mental health stigma operates within society…[and]…acts as a barrier to individuals who may seek or engage in treatment services’. Furthermore, Diffley (2003) points out that some managers do not have the confidence or knowledge to support mental health problems within their organisations. Although appearing to understand the challenges of modern SW, the Inquiry into the State of Social Work Report (BASW, 2012) seemingly ignored the issues of depression and low morale within the workforce. This suggests that the government do not fully understand the challenges faced by the profession, or do not want to admit them.

The term ‘burnout’ began attracting the attention of those concerned with the health of human service workers in the 1970s (Freudenberger, 1974, 1975).
Initially being understood as the state of enervation of workers. It is now understood as a type of psychological stress, which can be referred to as occupational burnout (Ruotsalainen et al., 2014). Burnout is defined as, but not limited to, emotional exhaustion, depersonalisation and abridged personal achievement (Maslach et al., 1996: 4). Children’s SWrs practice within a multitude of fields and contexts: child protection (CP), permanency and transition, youth offending, NSPCC, and children with disabilities, to name a few. Child protection SW is known to result in high levels of burnout (Anderson, 2000; Conrad and Kellar-Guenther, 2006; Regehr et al., 2004). Healy et al. (2009) note the high levels of staff turnover and retention challenges in this field, due to stress and burnout.

2.8 Alcohol Use

Core to SW practice is the ability to work within an environment of substance abuse (Galvani, 2015). 2015 saw the introduction of the first ever substance misuse framework for SWrs (Schraer, 2015). According to the architects, SWrs have a knowledge and skills deficit in working with this service user group (Galvani and Forrester, 2011). Despite the focus on service user substance use, little is known about the extent of substance use among SWrs in England. Alcohol use is of interest to the SW profession for several reasons. Holtermann and Burchell (1981) cited in the Health and Safety Executive (1996) estimate alcohol consumption among the working population causes a loss of 8-14 million days per annum, 3-5% of all work absences. The impact of alcohol use disorders and major depression is understood to have a casual link, requiring further examination (Boden and Fergusson, 2011).

In 2013 Community Care, a self-selected sample survey revealed a third of SWrs use alcohol to manage work-related stress. Respondents mostly cited reasons of heavy caseloads and concerns that something may go wrong with their work (McGregor, 2013) as the reason for self-medicating with alcohol. This research was not peer-reviewed and therefore its credibility is somewhat lacking. What little we know so far about alcohol use among SWrs indicates that they do not frequently seek appropriate help and support in the USA (Sierbert, 2005).
This research will attempt to begin understanding some of the context of SWrs’ alcohol use in coping with stress.

2.9 Illegal / Controlled Drug Use

The use of illegal and/or controlled drugs by SWrs is another area that has a clear deficit of research and knowledge. Torres and Tristán (2014) support this, arguing the SW profession, unlike others, has been slow to investigate substance abuse among its workforce. A lack of research into this appears to be particularly true in England, and the rest of the United Kingdom. Fewell et al. (1993) examined the drug use among a random sample of SWrs in New York City. The purpose was to understand and determine the occurrence of drug and alcohol use among practicing SWrs, their colleagues, friends, and families. The sample size consisted of 198 respondents out of 404 randomly selected SWrs. Interestingly, the findings indicated 43% of respondents stated they knew a SWr who had a problem with alcohol or drugs. Furthermore, 19 SWrs felt they observed a problem with a supervisor. Siebert (2001), researching breaches of ethical codes in North Carolina over an 11-year period, noted 8 (out of 781) were due to substance misuse, resulting in the user being impaired.

In 2014, a SWr in England received a 12-month suspension from the Health and Care Professionals Council (HCPC) after pleading guilty in court to the possession of, with intent to supply, two class B drugs (Donovan, 2014). Another SWr in Glasgow in June of that year was struck off and imprisoned for transporting a large quantity of class B drugs (Locum Today, 2014). In 2015, a SWr was suspended for 6 months following the attempted concealment of a drugs caution on their record (Locum Today, 2015). Despite these occurrences, there is still a lack current data in the UK. It is not possible to provide a hypothesis of drug use among SWrs but this research aims to gather some data on current usage among SWrs in England.

2.10 Emotional Eating

Emotional eating is defined as the propensity to consume unnecessary food in reaction to negative emotions (Ganley, 1989). It has been linked to weight
gain (Geliebter and Aversa, 2003) and depression (Ouwens et al. 2009). The established links between emotional eating and physical and/or psychological impacts make it an important issue to investigate further. There are two empirically based models of stress and eating (Greeno and Wing, 1994).

The first theory assumes that an escalation of stress simultaneously escalates eating. The latter, is broken into two further categories, individuals with high or low vulnerability to stress, based on the individual’s experiences, such as biology and attitude. In theory, introducing stress causes a psychological change, those who are more vulnerable to stress will eat and those with less vulnerability will not. Research into this area with humans is extremely scarce. Greeno and Wing (1994) cite two studies, Bellisle et al. (1994) and Michaud et al. (1990). Both studies found opposing evidence. Bellisle et al. (1990), in relation to upcoming hernia operation stress they found little increase in food consumption; whereas Michaud et al. (1990) found between a 7% increase (female) and 9% increase for (male) children who had upcoming examinations. However, self-reported data and issues of making time for eating bring the overall scientific rigor of the study into question.

Are SWrs likely to use emotional eating as a coping strategy? The only data found involved a survey by Community Care (2013). They examined 1,047 frontline SWrs stress over a year period, revealing that 60% of respondents reported eating ‘comfort foods’ to cope with stress (McGregor, 2013). Data from this survey was based on a self-selected sample and quantities of food were not analysed or recorded. Self-selecting samples are typical of online surveys and include advantages such as cost, increased sample size, and better access to potential respondents (Khazaal et al., 2014). However, a key concern with self-selecting samples is the risk of bias (Zillak and McCluskey, 2008).

2.11 Organisational Structure

In a survey concerned with stress among SWrs, Cushman et al. (1995) identified stress factors related to the nature and organisation of SW, including issues of funding, lack of staff and organisational bureaucracy. These more recent findings were echoed by an aspect of Bradley and Sutherland’s research
(1995), which examined occupational stress among 63 SWrs. The study revealed SWrs were unsatisfied with organisational relationships, organisational structure and demands the organisation’s processes put on them. Stressors were identified as caused by the climate and structure of the organisation: lack of resources, time constraints and communication, including absence of performance feedback.

2.12 Aims of this Research

This study aims to contribute to the growing understanding and knowledge around causes and predictors of stress among SWrs, in particularly:

i. Whether individual factors play a role and their importance in predicting levels of stress.

ii. The prevalence of substance abuse and emotional eating as coping mechanisms among SWrs.

iii. To determine whether there are any significant protective factors from work-related stress.
2. Data Collection Methods

The data collection methods of this research were mixed, consisting of two elements; an online survey and semi-structured interviews. They were chosen due to their suitability to the overall purpose and robustness in relation to the research objectives and likeliness of gathering sufficient data. The survey facilitated the gathering of responses from a wider audience of SWrs in England, within the constraints of limited resources and time. This subsequently led to the gathering of data that informed and framed the agenda of semi-structured interviews. Semi-structured interviews allowed for a more in-depth examination of some of the stressors identified within the survey. This approach facilitated an attempt to understand the nature of SW in England and the impact of stress upon the workforce.

2.1 Online Survey

Online surveys are a non-experimental method of quantitative research design. They were developed circa 1994, offering an alternative approach to data gathering, including the use of the email based survey (Kehoe and Pitkow, 1996). Online surveys are useful within social research because they deliver data figures relating to attitudes, beliefs, and trends among groups. Fowler (2009) points out that a fundamental feature of survey use in research is that it allows the researcher to generalise findings from a sample to a group, or population. However, this is dependent upon the sampling and survey uptake. Khazaal et al. (2014) point out that increasing numbers of medical and psychological research is carried out through the internet, specifically surveys that can be taken online. These have several benefits: cost effectiveness, potential to reach more participants and solicit a higher response rate, as well as access to hard to reach groups (Edmunds, 1999; Fox et al., 2001; Khazaal et al., 2014; Lyons et al, 2005; Wright, 2005).

A nationwide survey was designed and distributed using the Qualtrics online questionnaire software. The overall aim of the survey was to gather primary data on stress levels, factors causing stress, and methods used to cope
regarding work-related stress, from qualified SWrs. The survey needed to attract a sufficient quantity of SWrs to gather enough data so that it could be analysed. Invitations were sent out to LAs and charities that employ SWrs. The purpose of this was to attempt to reach enough SWrs for comparison between different regions, as well as the private and public sector. This was ambitious and therefore invitations were also sent out across social media (Facebook, YouTube and Twitter). One LA, Devon County Council, agreed to distribute the survey directly to their SWrs.

2.1.1 Survey Design

The questionnaire contained 32 questions. Basic demographic information was collected. Questions included a mix of predetermined answers (yes, no, maybe), Likert scales, and open-ended options, with the opportunity of including a text entry. Predetermined questions allow for the quantitative analysis of responses Gillham (2000). Following the feedback of an informal pilot, 5 SWrs suggested using a higher ratio of quantitatively styled questions. They suggested this may elicit a higher response rate due to time restrictions. This is supported by Fink (2003) who suggests open-ended questions can be less successful in gathering higher levels of responses. Likert scales were used, as an attitudinal measurement, for SWrs to self-measure their attitudes towards, and levels of, stress. See Appendix A for survey. The survey also formed the basis of the semi-structured interviews. After preliminary analysis of the quantitative survey, 12 interview questions were developed. Creswell (2003: 4) points out, ‘mixed methods research has come to age. To include only quantitative and qualitative methods falls short of the major approaches being used today in the social and human sciences’.

2.1.2 Distribution and Participants

427 SWrs responded to the invitation to take part in the survey. Contact was made with several LAs throughout England with the hope of reaching as many SWrs as possible. Responses were provided from Cornwall, Staffordshire, and Devon County Councils. Due to time challenges of passing additional ethics boards, only Devon County Council distributed the survey to all of their SWrs. A
Principle Social Worker at the Staffordshire County Council shared the survey with SWrs but the number was unclear. Notably, Isabelle Trowler (the Chief Social Worker for Children and Families), BASW, and several Principal Social Workers across England also shared the survey via Twitter.

2.1.3 Stress, Burnout, and Depression

Through the use of 5-point Likert scales (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree), SWrs were asked to self-measure their levels and experience of stress, stress management, and issues around coping. Respondents were asked to self-report on signs of stress: difficulties sleeping, substance of abuse, sick leave, use of anti-depressants, and further worries about 'burnout'. Respondents were also asked to compare their levels of stress to that of their team and whether they worry about burnout and to what extent their organisation (employer) supports them enough to prevent burnout. To ascertain levels of depression, respondents were asked if they have taken time away from work in the past 12 months. Depression and stress are thought to have a connection, stress often precipitating depression (Fuchs and Flügge, 2004). At the end of the survey participants could share anything else about stress they felt relevant to the study.

2.1.4 Substance Abuse and Emotional Eating

To gauge any levels of substance abuse among respondents two questions were included: whether or not participants had used any illegal drugs in the past 12 months to cope with stress, and whether they had used alcohol to cope during the same period. Respondents were asked if they had used emotional eating to cope with stress over the past 12 months. Links between emotional eating and stress are well documented (Dweck et al. 2014; Hayman et al., 2014; Michels et al., 2012; Tan and Chow, 2014). The Mayo Clinic (2015) concludes, 'emotional eating is eating as a way to suppress or soothe negative emotions, such as stress, anger, fear, boredom, sadness and loneliness'.

2.1.5 Advantages

Online surveys offer several distinct advantages. Couper (2000) argues
that online surveys allow researchers to gather larger amounts of data compared with old techniques such as postal, face-to-face, and email based surveys. Watt (1999) argues researchers can increase the sample size due to the increased reach online surveys offer. I felt that establishing an anonymous platform where social workers could confidently share their experiences would generate candid answers, which could advance this research field (Wimmer and Dominick, 2014). Khazaal et al. (2014) explain, online surveys can solicit answers on stigmatising topics, enrich inclusion groups that are hard to reach and simplify data collection. Andrews et al. (2003) suggest the anonymity of online surveys can elicit honest responses. In addition, a study by Hancock et al. (2004) noted that false responses are widespread in face-to-face and telephone interviews. These included the habit of lying about individual actions that may be considered negative. In designing the survey, I was aware that SWrs are busy and that seeking responses from already stretched professionals was going to be challenging. Part of the pilot process ensured it could be completed in approximately 5 minutes. The merits of short surveys are collaborated by Yammarino et al. (1991) who used meta-analysis to examine over 100 studies. They concluded shorter surveys have lower response resistance rates (P<0.01).

2.1.6 Disadvantages

Despite these advantages, the use of online surveys does present challenges to research. These include issues such as authenticity and competency bias, as well as fair and representative sampling. Gillham (2008: 8) advocates several potential shortcomings of using questionnaires in research, including the quality of data, low response rates, misunderstanding and wording of questions, challenges relating to literacy, honesty of responses, and finally, participants’ concerns regarding the use of data. These will be addressed individually.

2.1.7 Misunderstanding of Questions / Wording of Questions

Ensuring the questionnaire was understood was imperative to this research, as the primary data would be gathered through this method (The University of Pennsylvania, 2006). To minimise issues of misunderstandings and
ensure optimum word choice, the original survey was piloted with 5 qualified SWrs from England, as well as multiple University of Plymouth advisors. Feedback was obtained and several potentially ambiguous questions were reworded. Additionally, when using phrases such as ‘stress’, ‘burnout’, and ‘emotional eating’, I included a definition of the term.

2.1.8 Literacy

Practicing as a qualified SWr in England requires the appropriate diploma or degree (BASW, 2012). This sample already represented educated professionals. However, the use of jargon was limited due to the risk of colloquial differences in language and process.

2.1.9 Honesty of Responses

Like any research there is the risk of dishonest answers. Understanding the motivations behind this would be impossible, however, it is possible to speculate. Factors may include a desire to place the profession in a positive light, to defend the profession, or a sense of anger and disaffection. Although this is near impossible to address, the responses were compared to that of other studies in the same area of interest.

2.1.10 Use of Data

Feedback provided during the pilot of this questionnaire heavily indicated that SWrs wanted to remain anonymous. No contact information was requested of respondents when the final version of the survey was opened. A website address was provided where participants could access the results, after the research was completed.

2.1.11 Sampling

Sampling is the practice of choosing participants from within a whole population. The purpose of sampling is to be able to draw a conclusion about the population from the sample obtained (Gay, 2006). Using any sampling method runs with it the risk of creating a sampling error (Särndal et al., 1992). Online surveys, in particular, present issues relating to sampling (Andrews et al., 2003;
Howard et al., 2001). The risk of a sampling error being present within this research was likely heightened due to there being no control over the sample selection. This was potentially problematic because the sample was non-probable, it did not provide the whole population of SWrs with an equal chance of being selected, and therefore incurred a sampling bias.

Gay and Diehl (1992) suggest, rather ambiguously, that the sample size needs to be ‘large enough’, when using online surveys to gather data. One way to address this, according to Alreck and Settle (1995), is to collect large amounts of data from a smaller group of participants. This can facilitate the rich collection of data, without having too much data to analyse. This was particularly relevant in this case because there was a single researcher. Roscoe (1975) argues that there is little validation in having less than 30 participants or more than 500. According to Roscoe (1975) this limits the risk of statistical errors within samples. My response rate (427) appears to sit within these acceptable limits.

Khazaal et al. (2014) point out self-selecting survey samples may create the risk of bias. Additionally, self-selecting online surveys can yield different results than non-online surveys. For example, greater alcohol and drug use was reported among self-selecting online participants, as opposed to, offline, non-self-selecting respondents (Fenner et al., 2012; Ramo and Prochaska, 2012). These could be explained by respondents being more honest in online surveys due to their anonymous nature.

In conclusion, using an online survey provided the potential to reach more participants, provide anonymity, and obtain more data. However, it also may have created a bias within my results that may result in differences compared to other surveys. There was also no way for me to determine whether participants were genuine SWrs, however the next section outlines the steps taken to prevent fake responses.

2.1.12 Authenticity

Wright (2005) points out that self-reporting does not necessarily provide authentic information from respondents. This is problematic in several ways for my research. I cannot guarantee the information was provided by qualified SWrs,
nor can I guarantee that the data I have gathered was filled out with complete honesty. I used the skip logic setting at the beginning of my survey to remind individuals wishing to complete the survey that it was for qualified SWrs. Skip logic allowed those who responded ‘no’ to the question “Are you a Qualified Social Worker?” to be redirected to the end of the survey, without entering any further information. Furthermore, multiple attempts from the same IP (internet protocol) address were disallowed, in order to prevent the same person responding more than once. To avoid confusion, I used the official definition for being a SWr (BASW, n.d.). This method prevented 21 individuals from taking the survey.

To address potential issues of authenticity in this research, a mixed methods approach was used where the survey results could be further tested against the qualitative accounts. Combing qualitative and quantitative research methods gives researchers an improved understanding of research tribulations than one method alone (Creswell and Plano Clark, 2007). Combining research methods is aimed at complementing and supporting the research; different methods allow the researcher to apply the appropriate technique to fit the situation (Greene et al., 1989).

2.2 Semi-Structured Interviews

The second method of this study involved using the qualitative semi-structured interviews approach. A semi-structured interview is defined as, ‘a verbal interchange where one person, the interviewer attempts to elicit information from another person by asking questions’ (Longhurst, 2010: 103). The purpose of using semi-structured interviews as a research tool was to obtain further and more in-depth data about the experiences and knowledge of SWrs. Interviewing was conducted after the main phase of surveys and it was used to further explore some of the themes identified within survey responses. Bjornholt and Farstad (2014) note that semi-structured interviews may achieve rich observational data and experiences in contrast to quantitative methods. After preliminary analysis of survey responses, an interview guide was developed with 10 questions relating to stress, burnout, substance abuse and emotional eating
(see Appendix D).

### 2.2.1 Interview Design and Participants

The literature review, alongside questionnaire responses, framed the questions for the semi-structured interviews. Participants were requested to put themselves forward to be interviewed. Their registered status to practice was checked on the HCPC register (HCPC, n.d.) to ensure validity. 15 SWrs agreed to be interviewed, however, only five female SWrs responded with a date. Three interviews were conducted face-to-face and two were undertaken over the phone. Respondents were sent the questions in advance and provided consent.

### 2.2.2 Advantages

Hosifi et al. (2014) argue that interviewing allows clarification of any unclear areas from both the interviewer and the interviewee. Semi-structured interviews provide researchers with the opportunity to explore themes and concepts in further detail. They provide a unique opportunity for researchers to gather data involving spontaneous answers with limited time for participants to reflect upon their answers (Opdenakker, 2006). This requires the interviewer to concentrate on the questions and answers, simultaneously balancing the desire to gather data and follow the interview guide. Moreover, gaining permission to record interviews came with additional advantages. It allowed me to re-play interviews and analyse them more thoroughly. Additionally, there was less of a need to take comprehensive notes throughout the interview and more concentration could be paid to what was being discussed.

Gillham (2000) advocates the use of face-to-face interviews if the primary objective is concerned with gaining insight and information. Interviews were documented with a recording application on Skype (audio only). Direct quotes from interviews were sent to the interviewee to confirm they agreed with any statements used. Conducting some of the interviews over the phone had several advantages; it was cost effective, convenient, provided increased anonymity compared to the face-to-face interviews, and allowed me to elicit further information from SWrs outside of Devon. However, one disadvantage of
interviewing over the phone was the lack of observed communication (body language). This may have been addressed by using Skype (video calling) but participants did not choose this.

2.2.3 Disadvantages

Semi-structured interviewing is not without its limitations. For example, research examining the impact of interviewees’ perception of the interviewer suggests responses can differ, ‘the age, and the ethnic origins of the interviewer have a bearing on the amount of information people are willing to divulge and their honesty about what they reveal’ (Densombe, 2007; 184). Furthermore, interviews may be unreliable because responses may be affected by the context of the interview and what the interviewee thinks they are required to say (Gomm, 2004). This may have been problematic for this research due to some of the sensitive areas of investigation.

2.2.4 Power Imbalance

The power imbalance between researcher and participant is a permanent feature of research (Sieber, 1993). Power was considered and addressed within the design stage of this research because, as Kvale (1996) points out, it is the researcher who typically holds the power. Some of these issues of power will be discussed individually below.

2.2.5 Additional Needs

Interview and survey participants were invited to send any requests to accommodate any additional needs. No participants requested any adjustments and therefore none were made.

2.2.6 Content and Agenda

A participant information sheet (see Appendix B) was developed to, as far as possible, ensure that participants who agreed to be interviewed understood the objectives and purpose of this research. This was sent to them prior to the interview taking place. It also included a consent form (see Appendix C) that was agreed to before being interviewed. Participants were invited to raise any queries
in advance of the interview. Participants were reminded of research ethics at the start of the interview. Interview questions were developed by the researcher and tested with pilot interviews, involving qualified SWrs in England. Several amendments were made, including how questions were phrased. Semi-structured interviews were the chosen method of interviewing because they facilitate discussion outside of the predetermined agenda (Longhurst, 2010).

2.2.7 Validity of Interviews

Only 5 SWrs were interviewed using the semi-structured method. It is acknowledged that this is in no way a representative quantity. This was not the intention of using interviews. The primary use of interviews was to explore and compare emerging themes that arose from the survey responses. Participants were offered copies of interview transcripts, if they wanted to confirm that their information was recorded accurately. Additionally, Hofisi et al. (2014) point out that that a significant challenge to the validity of interviewing is the interviewer themself. Interviewers can bring with them a bias, lack of subjectivity and a lack of interviewing skills. The latter can be particularly prominent when inexperienced interviewers need to approach sensitive topics.

2.3 Ethics

The use of the surveys and interviews in research facilitate the opportunity for respondents to divulge candid information in an anonymous (survey) or confidential manner (interview). Prior to being interviewed, respondents confirmed that they understood my responsibility to refer any potentially concerning information to the relevant person. This study was submitted to, and approved by, the University of Plymouth’s Ethics Committee in February 2016.

This was a challenging a piece of research to undertake due to being a qualified social worker. This increased the risk of confirm bias, regarding causes of work stress. Steps were taken to reduce the presence of bias, such as ensuring as large a sample as possible from the target population, designing the research in collaboration, including piloting and subsequently revising the survey, and using a mixed approach to compare the two results.
3. Results

3.1 Introduction

427 SWrs completed, or partially completed, an online survey regarding indicators and causes of stress. Responses were collected using Qualtrics, a purpose built online survey platform. The survey was live from 11 April to 1 July 2016. In addition, several semi-structured interviews were conducted with qualified SWrs. Semi-structured interviews were undertaken between June and July 2016. The following findings are broken down into four sections: participant demographics, organisational characteristics, job satisfaction, and stress.

3.2 Sample Description

3.2.1 Socio-Demographic Characteristics

The sample’s mean age was 40.59 years (SD=10.162), with a range of 22 (minimum) to 62 (maximum) years. According to the Department for Education (2013), the average age of SWrs in children’s services in England is 42 years old. For SWrs practicing in the adult social care service, the average age is 45 years old (Skills for Care, 2015). It was reassuring that the age distribution of this sample is similar to government figures. Furthermore, another study (Huxley et al., 2005) found that 83% (n=257) of respondents were under 50. Consistent with official figures that state 85% of SWrs (based on a sample size of 6,832) in children’s services are female (Department for Education, 2013), 84.4% of respondents were female (n=293) and 15.6% were male (n=54). 85% of the adult social care work force is also female (Skills for Care, 2015), although this data is not specific to SWrs and includes professions such as occupational therapists. By contrast, a study by Huxley et al. (2005) reported a significantly more equal distribution of gender in a study of mental health social work, with 61% (n=143) of respondents being female. Participants who undertook the online survey were primarily white, totalling 94.4% (n=353). All other ethnic backgrounds totalled 5.6% (n=21). This figure differs from the Department for Education’s official figures, which state 81% of SWrs in England are white, 2% mixed, 4% Asian,
11% black, and 1% other (2013). Within adult social care, 80% of the work force is white and 20% is made up of black and ethnic minority workers (Skills for Care, 2015).

3.2.2 Employment Characteristics

3.2.2.1 Employment Status

The mean number of years qualified for this sample was 14.73, with a range of 1 to 45. This differs from another study; solely pertaining to mental health social work, 11.9 years was the average, with a sample size of 237 participants (Huxley et al., 2005). For context purposes, the average work-life expectancy for SWrs is reported to be eight years (Kinman, 2013). My sample consisted of 285 (82.8%) full time SWrs and 59 (17.2%) part time SWrs. Full time was defined as 37 hours per week or more. Government figures in England estimate that 78% of SWrs are full time, 21% part-time, and 1% practice as agency or bank workers (Department for Education, 2013).

16.9% (n=57) of participants did not work for a LA, the remaining 83.1% (n=280) work for LAs across England. According to figures from the Department for Education (2013), within children’s social work, 92% of the workforce is directly employed by LAs. A total of 88 different authorities’ or councils’ staff provided 1 or more responses. 10.1% (n=35) of respondents indicated they were agency workers and 89.9% (n=313) stated they were non-agency workers. In 2015, there were 3,450 agency workers in 109 different councils working in the UK, an increase of 961 from 2013 (Harley, 2016). According to statistics from the Department for Education (2016), in England, a quarter of SWrs in London are supplied by agencies, compared to an even higher 30% outside of London. Overall, the sample consisted of 55 (16.1%) newly qualified SWrs undertaking the Assessed and Supported Year in Employment (ASYE) and 286 (83.9%) experienced SWrs.

The ASYE programme was set up in 2012 following a recommendation from the Social Work Reform Board to support and develop newly qualified SWrs over the first year in the job (Department for Education, 2015, BASW, 2015). According to Skills for Care (2015), features of the ASYE programme include:
• A lower caseload
• Additional supervision
• Time for critical reflection
• Support tackling stress or emotions and support groups
• Observations from an experienced worker
• Frequent training opportunities

However, there has been some criticism of the introduction of the ASYE programme across England. According to Schraer (2016), its ‘patchy implementation’ has rendered newly qualified workers with higher caseloads than expected, ranging from 10-38 cases. Furthermore, within this sample only 52% (n=29) of ASYE's said supervision had a reflective element.

3.2.2.2 Social Work Specialism

Participants were asked to indicate which field(s) of SW they currently practice in (see Tables below). More than one field could be selected. Within children’s social work, the most prevalent field of responses consisted of SWrs involved in child protection (n=120), followed by permanency and transition (n=60). The most frequent role in adults' SW was mental health, 37 respondents indicated they worked either as an approved mental health professional or were involved in mental health social work. This was followed by SWrs involved in the deprivation of liberty assessing (DOLs), n=21. The majority of participants said they were involved in children’s services (74.5%). Adults’ SWrs represented approximately a quarter of survey responses. Within the sample there were 19 team managers and 10 deputy managers from children’s services. 9 team managers and 4 deputy team managers from adults’ services responded.
Table 1. Responses by Sector (Children’s Services)

<table>
<thead>
<tr>
<th>Sector (Children)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Families (Child Protection)</td>
<td>120</td>
</tr>
<tr>
<td>Child in Need</td>
<td>38</td>
</tr>
<tr>
<td>Initial Response and Assessment</td>
<td>28</td>
</tr>
<tr>
<td>Duty</td>
<td>7</td>
</tr>
<tr>
<td>Mental Health</td>
<td>5</td>
</tr>
<tr>
<td>Multi-Agency Safeguarding Hub (MASH)</td>
<td>1</td>
</tr>
<tr>
<td>Independent</td>
<td>9</td>
</tr>
<tr>
<td>Integrated Children's Services</td>
<td>29</td>
</tr>
<tr>
<td>Youth Offending Team (YOT)</td>
<td>6</td>
</tr>
<tr>
<td>Child Sexual Exploitation (CSE)</td>
<td>7</td>
</tr>
<tr>
<td>Permanency and Transition (Foster &amp; Adoption)</td>
<td>60</td>
</tr>
<tr>
<td>Private Social Work (i.e. NSPCC, IFA)</td>
<td>6</td>
</tr>
<tr>
<td>Charity (i.e. Family Lives)</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
</tr>
<tr>
<td>Team Manager</td>
<td>19</td>
</tr>
<tr>
<td>Deputy Team Manager</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 2. Responses by Sector (Adults’ Services)

<table>
<thead>
<tr>
<th>Sector (Adults)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults’ Generic</td>
<td>9</td>
</tr>
<tr>
<td>DOLs Assessors</td>
<td>21</td>
</tr>
<tr>
<td>Mental Health (Community)</td>
<td>11</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>13</td>
</tr>
<tr>
<td>Mental Health (non-community)</td>
<td>17</td>
</tr>
<tr>
<td>Hospital Based</td>
<td>11</td>
</tr>
<tr>
<td>Duty</td>
<td>2</td>
</tr>
<tr>
<td>Approved Mental Health Professional (AMHP)</td>
<td>9</td>
</tr>
<tr>
<td>Private</td>
<td>4</td>
</tr>
<tr>
<td>Independent</td>
<td>6</td>
</tr>
<tr>
<td>Charity</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Team Manager</td>
<td>9</td>
</tr>
<tr>
<td>Deputy Team Manager</td>
<td>4</td>
</tr>
</tbody>
</table>
3.2.2.3 Location of Sample

Online survey participants were asked to indicate which LA they work for, if applicable. A list of LAs in England was used from the Local Government Boundary Commission for England (n.d.). 337 participants provided the name of the LA they work for. Notably, 57 (16.9%) of respondents did not work for a LA. Devon County Council had the highest response rate of 83 SWrs (24.6%) and the Staffordshire had the second most responses with 18 (5.3%).

3.3 Organisational Characteristics

3.3.1 Tools and Resources

Regarding whether or not SWrs in this sample felt they had enough resources to do their jobs well, the results were divided, 51.7% (n=125) agreeing and 48.3% (n=117) disagreeing. To determine whether there was any relationship between this and gender, a chi-square test of independence was used. A chi-square test of independence is ‘a non-parametric test designed to analyse groups differences when the dependent variable is measured at a nominal level’ (McHugh, 2013). There was no statistical difference between genders, 52% (n=19) of men and 57% (n=98) of women disagreed (chi-square=.332, df=1, p=.564). Nor was age associated with satisfaction for tools and resources (chi-square=.515, df=1, p=.473). In this analysis age was split as above and below the mean. To further examine the tools and resources available to SWrs, questions were asked of survey respondents around computer use and availability.

3.3.2. IT Systems

In 2013, the British Association of Social Work published an All Parliamentary Report, an Inquiry into the State of Social Work (2013). Within this report, IT systems were documented as "failing practitioners", who felt “chained to their desks by…unwieldy IT systems (BASW, 2013: 13). Ironically, technology is supposed to make work easier, not be a hindrance. In an article published by Community Care, one Integrated Children’s Services SWr described the IT
system as, “feel[ing] like a computer game” and “you feel like you are following a computer rather than being able to use your own professional judgement”. The same SWr called for the abolition, not redesign, of the system (Smith, 2012). Several years later, in adult social care, there was a feeling that technology had the potential to “save the social care sector”, partially with the use of apps and online self-service for service users (Community Care, 2015). However, dissatisfaction with IT systems appeared to remain high among SW staff, in particular the amount of time spent at the computer (Revans; 2007, BASW; 2012, BASW, 2013).

Survey respondents were asked whether they felt their IT equipment and IT systems were fit for purpose. Not surprisingly, considering previous reports from SW institutes, the levels of agreement were low, 36.5% (n=104). 14% (n=40) neither agreed nor disagreed. Notably, among LAs, 100% (n=8) of SWrs in Lancashire were in agreement that their IT equipment was not fit for purpose. 50% (n=32) of SWrs in Devon and 50% in the West Midlands (n=6) felt their IT equipment was fit for purpose. All respondents in Essex (n=3) and West Sussex (n=3) felt their equipment was fit for purpose. In contrast to this, SWrs were also asked whether the IT systems they use were beneficial to their work. Considering the low score of equipment being fit for purpose, it was surprising to find that the majority of SWrs in this sample (54.8%, n=114) felt that the computer system they use at work is beneficial to, and supports them with, their work, 45.2% (n=94) disagreed. There was no statistical evidence to indicate a difference between age (chi-square=.186, df=1, p=.667), being an ASYE SWr (chi-square=.003, df=1, p=.958), or between part-time and full time workers (chi-square=.009, df=1, p=.926). There is very likely a difference between gender and feeling the computer equipment is beneficial (chi-square=3.762, df=1, p=.052). To further examine a possible difference, a Fisher’s Exact Test (FET) was undertaken but came back negative (= 0.59). The FET is a statistical test used to provide exact p-value calculations rather than approximations; it is typically used with smaller sample sizes. FET can be used where the p-value is close to the alpha level (Fisher, 1922). Although one SWr commented:

“I feel [stress] could be reduced dramatically if minor improvements were made to out-dated and slow computer systems and managers
paid attention to the professional judgement of social workers as opposed to targets”.

There were no other comments regarding computer use recorded in the open-ended survey questions.

84.9% (n=213) of SWrs within this sample felt they could always access a computer at work, 15% (n=38) felt they could not. 39.4% (n=15) of SWrs who felt they could not access a computer indicated they were involved in child protection work, compared to the 12.8% (n=5) in adult mental health. Surprisingly, 21.2% (n=7) of non-LA SWrs within this sample disagreed that they could always access a computer at work, compared with 16.4% (n=30) of those working within LAs. The smaller sample sizes may have skewed the data. Furthermore, Devon County Council scored slightly higher than the overall score with 16.1% (n=11) of workers feeling unable to access a computer at work, whereas 20% (n=3) participants from the West Midland’s had difficulties always accessing a computer.

3.3.3 Hot-Desking

An additional problem associated with tools and resources of modern day SW is the strategy of hot-desking. Hot-desking is the practice of sharing desks, including computer equipment, instead of personal desks within an office environment. The concept and application of hot-desking for SW staff across the UK continues to be problematic, and is thought to be an unnecessary contributor to stress (McNicoll, 2016; Hardy, 2016). The practice of hot-desking can cut office operational costs by up to 30% BBC (n.d.). However, there is little positive documented about the effect it has upon SW practice. A survey by the Guardian (Isaac, 2016) suggested that 57% of 1,420 SWrs surveyed felt hot-desking was not advantageous to their work. This was supported by a survey from the Professional Social Work Magazine, which suggested hot-desking could affect the ability of SWrs to find desks in offices (BASW, 2015). Social workers who were interviewed reported frustration with the hot-desking system. One commented:

“I don’t understand the point of it... Sometimes I go into the office and I can’t find a place to work, I end up working from my car.”
3.3.4 Frontline Social Workers

SWrs within this sample were asked whether they felt they spend an appropriate amount of time on the computer at work, to determine if, from this sample’s perspective, things have improved. Only 18.8% (n=42) felt they spent the appropriate amount of time on the computer at work, compared to 81.2% (n=181) who disagreed, 39 respondents were unsure. 83.3% (n=65) of SWrs involved in child protection felt they spent much time on the computer. This was similar to the 80.0% (n=8) of those involved in adult mental health, 71.4% (n=10) of those involved in children’s initial response, and 100% (n=3) of those involved in private children’s SWrs. Similar levels were also reported among team and deputy team managers. For adult service’s team 71.4% (n=5) and deputy team managers 100% (n=3) felt they spent too much time on the computer. Among children’s team managers, 80% (n=8) and 83.3% (n=5) felt the same. It is difficult to uncover the precise reasons for why SWrs feel they spend too much time on computers. Furthermore, as Holmes et al. (2009) point out, the time SWrs spend using computers may be affected by their individual proficiencies, such as typing skills and the knowledge of navigating complex computer systems. There may also be difficulties in accessing the desired data due to some being stored electronically across a multitude of systems, and others in paper files, yet to be uploaded to electronic systems. The latest SWr training schemes typically include technology learning to ensure SW students have the necessary skills to be proficient with computer tasks including, email and the Microsoft Office suite, among other applications (Open University, n.d.). One SWr who was interviewed said:

“I’ve been in the job for nearly four months…we use several different computer systems to record service user information…and that doesn’t include paper files…it’s just ridiculous that I haven’t even been offered any training yet”.

3.3.5 Leadership and Management

Recent research from the National Health Service (NHS) involving 783 SWrs and 172 social care managers, suggested that 54% of social care
managers experience work-related stress, representing a 10% increase from the previous year (McNicoll, 2016). In comparison, the same survey suggested that stress levels among frontline NHS SWrs was at 40%, a 2%. Notably, the survey highlighted the issues of increased harassment and bullying within the workplace, increasing from 17-22% over the past 12 months (McNicoll, 2016). However, what appeared to be overlooked was whether managers understood the stresses of performing the role of a social worker.

Children and adults’ SWrs were separated. SWrs involved in children protection were compared to all other areas of children’s social work. 53.3% (n=56) of SWrs involved in child protection said they felt their manager understood the stresses of their jobs, with 11.4% (n=12) neither agreeing nor disagreeing; compared to 46.5% (n=93) for SWrs not involved in child protection. For additional comparison, all mental health SWrs in adults’ services were compared to non-mental health SWrs. 46.4% (n=13) of adults’ mental health workers felt their manager understood the stresses of their jobs, with 25% (n=7) neither agreeing nor disagreeing. Separate analysis was undertaken for deputy and team managers. Overall 56.5% (n=13) of team leaders felt their manager understood the stresses of their role. Interestingly, 69.2% (n=9) of deputy team managers felt their stresses were understood, with just one respondents neither agreeing nor disagreeing.

3.3.5.1 Key Performance Indicators

Like many corporations, social care organisations use key performance indicators (KPIs) to provide quantitative data targets relating to performance. KPIs provide comparable data on the overall performance of organisations and they can be compared to organisational aims, objectives and successes regarding performance. Furthermore, they may identify areas in need of service improvement (Digital Education Resource Archive, n.d.). There clearly needs to be some system for monitoring the delivery of services. SW as a profession naturally wants to improve and enhance services. However, what works for a business may not necessarily work for a human service, like social work.
What became apparent in this research is that the focus on KPIs is at the expense of time spent with service users. Overall, 83.1% (n=250) definitely agreed that the pressure to hit KPIs takes priority over spending time with service users. 9.6% (n=29) neither agreed nor disagreed, whereas only 7.3% (n=22) disagreed. In further analysis, respondents who neither agreed nor disagreed were excluded. To determine whether there was any difference between overall feelings of KPIs taking priority over time spent with service users, managers and deputy team managers from all SW sectors combined were analysed. Within children’s services, 80% (n=4) of respondents, who identified themselves as deputy team managers, and 90.9% (n=10) of team managers felt KPIs take priority. Similarly, all (n=3) participants who identified themselves as deputy team managers in adult services, and 71.4% of team managers felt the same.

3.3.5.2 Staff Retention

One of the key areas of concern in SW at the moment is the issue of staff recruitment and retention (Baginsky, 2015). The retention ‘crisis’ has had little attention despite new government initiatives to recruit ‘high calibre’ graduates into the profession (McNicoll, 2016). Recently, some of the reasons for poor retention have included the ‘blame culture and media vilification’ (Baginsky, 2015), the attraction to agency SW posts, of which spending, among ‘failing’ councils, has risen by 50% (Harley, 2016), high caseloads, exhaustion, and ineffective supervision (Cooper, 2015). Ironically, it is evident from other research that SWrs feel positive about the roles they do and achieve positive results despite the challenges they face. Murray (2015: no pagination) argues, “there’s clearly a need for SWrs to feel valued by their...employers and the wider public”. According to research undertaken by The Guardian, SWrs are happier than last year, with 79% saying they enjoy their job (Murray 2015).

3.3.5.3 Feeling Valued by Employers

To determine whether SWrs within my survey feel appreciated, they were asked whether they felt valued by their organisation and their service users. 46.1% (n=131) said they feel valued by their organisation, compared to 41.9% (n=119) who said they did not feel valued. 11.9% (n=34) felt neither valued nor
unvalued by their organisation. Among the SWrs who felt neutral, there was no statistical evidence to suggest a difference between gender (chi-square=.023, df=1, p=.879) or being an ASYE (chi-square=.553, df=1, p=.457). Agency SWrs also didn’t appear to feel more or less valued (chi-square=0.36, df=1, p=.849). More than half (54.8%, n=45) of SWrs involved in child protection said they did not feel valued by their organisation. SWrs who indicated their involvement in initial response and assessment had a higher percentage of feeling less valued at 61.9% (n=13). LA SWrs and non-LA workers were then compared, excluding those who were neutral. There was little difference between organisation type. 45.1% (n=14) of SWrs who do not work for a LA said they felt valued by their organisation, while 48.8% (n=103) of LA workers said they felt valued by their organisation.

The low levels of feeling valued by LAs were not overly surprising. Bee (2015) stated, in an article for Community Care, “we don’t like working for you [LAs]…you’ve become bullying, aggressive, neglectful, overbearing, pernickety, insensitive and overly sensitive as employers”. The Social Work Outlaw (2015) also suggested that SWrs are fleeing the employment of LAs and turning to agencies. Against this background, I expected higher levels of satisfaction among non-LA SWrs. One possible cause for this is agency workers not identifying themselves as working for LAs. However, classifications of non-LA SWrs (private, charitable, and the independent sector) were specified within the survey question. More surprisingly, upon analysing the difference in job satisfaction, LA workers reported a higher level of feeling satisfied with their jobs, 72% (n=155) compared with 62.5% (n=20) of non-LA workers. Furthermore, I analysed the LAs with the higher response rate. 76.1% (n=51) of SWrs at Devon County Council said they were satisfied with their job, similar to the 76.9% at the West Midlands.

3.3.5.4 Leadership

Survey participants were asked whether they felt managers effectively led their organisations. 48.1% (n=139) agreed, 38.1% (n=110) disagreed, and 13.8% (n=40) neither agreed nor disagreed. The SWrs who neither agreed nor disagreed were removed from further analysis regarding organisational
leadership. There was no difference between feelings of effective leadership between LA (56.4%, n=118) and non-LA (56.2%, n=18) SWrs. Age did not appear to have a relationship with feelings of effective leadership (chi-square=0.62, df=1, p= .803). Nor was there an association with gender (chi-square=0.93, df=1, p=.760). However, there was evidence to suggest a statistical difference between SWrs who are satisfied with their job and those who are not (chi-square=39.934, df=1, p= <.001). This suggests that the SWrs who feel satisfied with their jobs also feel that managers effectively lead their organisation. Evidence also existed to suggest a statistical relationship between SWrs who feel valued and those who feel their organisation is effectively led (chi-square=95.160, df=1, p= <.001).

3.3.6 Feeling Valued by Service Users

Levels of feeling valued by service users were high, 79% (n=166) of participants said they felt valued by their service users. There was evidence to suggest a statistical difference between gender and feeling valued, women felt more valued than men (chi-square=5.856, df=1, p=.016). There was no evidence to suggest any statistical difference between young or older SWrs and feeling valued by service users (chi-square=.849, df=1, p=.357). Out 66 participants who answered that they were involved in child protection, and also answered if they felt valued by service users, 68.1% (n=45) said they felt valued by service users.

3.4 Stress

3.4.1 General

High levels of stress among SWrs have been regularly highlighted in research. Respondents were asked about their levels of stress, it is likely this data only reflects their current feelings. 87.8% (n=195) of participants said they felt stressed by their job and 12.2% (n=27) indicated not being stressed. Participants were asked to report their individual, and team, stress levels on a scale between 0-10 (0 representing “extremely low” and 10 “extremely high”). Responses to this question were recoded into a new variable (0-4 signifying low levels of stress and 6-10 signifying high levels of stress). 24.7% (n=56) recorded
low levels of individual stress and 75.3% indicated high levels of individual stress. There was a significant difference between perceived levels of individual and team stress. With regards to team stress, 8.5% (n=20) reported low levels of stress and 91.5% (n=215) recorded high levels of stress. There was not a statistical difference between gender and perceived levels of individual (chi-square=2.724, df=1, p=.099) or team (chi-square=.856, df=1, p=.355).

A recent survey by The Guardian found that 67% of a 1,420-sized sample of SWrs, had been affected by stress and depression (Murray, 2015). The same study found that the most important aspect of looking for a new SW role is a good work-life balance (Murray, 2015). The sample in this study reported higher levels of stress than the Guardian’s research but the results were more consistent with other research. For example, Schraer (2015), in a study of 2,000 SWrs, found that 80% of SWrs felt too stressed to do their job. However, there is the risk of bias within online surveys regarding stress with the possibility of only dissatisfied respondents completing surveys (Morgan et al., n.d.). To determine whether age had an impact upon feelings of stress, the data was analysed to determine any statistical significance. There was no evidence to suggest any statistical difference in feeling stressed between SWrs under or over 40 years (chi-square=.978, df=1, p=.323). Stress levels did not ascend nor descend with age: 22-29 (95%, n=20), 30-39 (89.1%, n=41), 40-49 years (81.5%, n=36), 50-59 (89.6%, n=26), 60+ (100%, n=4). In comparison, 100% (n=5) of the SWrs who were interviewed described themselves as being stressed.

3.4.2 Perceived Individual Stress vs. Perceived Team Stress

Participants were also asked to score their current level of stress between 0 and 10 (0 = not stressed at all, 10 = extremely stressed). 261 SWrs self-scored. The mean score was 6.5/10 (SD=2.062) with a range of 0 (min.) and 10 (max). The most common level of self-reported stress was 7/10, representing 23% of responses (n=61). Using the identical scale, the sample was asked to score their team’s level of stress. 257 participants responded to this question. The mean score was 7.25/10 (SD=1.858). The range was between 2 (min.) and 10 (max.). The most common levels of perceived team stress were 8/10, representing 23.7% of responses. Although the scores between individual and team levels of
perceived stress are not dramatically different, it appears to suggest, within this sample, that SWrs feel their team is slightly more stressed than they feel themselves.

3.4.3 Symptoms of Stress

3.4.3.1 Emotional Eating

Emotional eating among SWrs is an under-investigated response to work-related stress. Effects of emotional eating are thought to include: high blood pressure, high cholesterol, diabetes, obesity, anxiety and depression (Sierra Tucson, n.d.). One study suggests that SWrs are more likely to turn to food than their managers as a way of coping with work-related stress (McGregor, 2013). Emotional eating was measured as a categorical variable (yes, no, or don’t know). 263 total responses were recorded. Within the past 12 months, 57.4% (n=151) of SWrs said they have used emotional eating as a coping mechanism for work-related stress, 41.1% (n=108) had not, and 1.5% (n=4) didn’t know. There was no positive association identified between gender and emotional eating (chi-square=.196, df=1, p=.658).

3.4.3.2 Alcohol Use

Despite an immense amount of focus being placed upon alcohol use among service users, very little appears to be known about alcohol use among SWrs to cope with stress. According to Eva Cychlavora, cited by Drink Aware (n.d.), the consumption of alcoholic drinks can support individuals coping with stress but longer-term it is likely to add to feelings of anxiety and depression. Furthermore, alcohol can contribute to weight gain, changes in mood, differences in behaviour, brain function, liver damage, and cancer (National Institute on Alcohol Abuse and Alcoholism, n.d.).

Recent research from Drink Aware (2014), consisting of 2,294 participants aged 18-75, suggests that 45% of people consume alcohol between two or three times per week, with a further fifth of people drinking between four and five times per week. This study also suggests that people between 45-65 years are more likely to drink more often than 18-24 year olds, despite the known health risks.
Furthermore, Drink Aware (2014) found that 71% of men in their sample drank at least once per week compared with 49% of women.

Although data available regarding alcohol use and SW is limited, research undertaken by Community Care (Shraer, 2015) suggested that a third of SWrs in the UK use alcohol to cope with stress, with an overwhelming 97% of respondents stating they were moderately or severely stressed. Within my survey sample, 34.6% (n=91) of SWrs stated, within the past 12 months, they had used alcohol as a coping mechanism for work-related stress. To determine whether my sample’s age had any bearing on stress related drinking, ages were recoded into categories (22-29 years, 30-39 years, 40-49 years, 50-59 years, 60+ years). Results were as follows: 22-29 (32%), 30-39 (33.3%), 40-49 (38.8%), 50-59 (29.4%), 60+ (25%). One response of “don’t know” was recorded for both age groups 30-39 and 40-49. This suggests that within the sample, the age group most likely to use alcohol to cope with stress is 40-49, followed closely by 30-39. This could be explained by the higher number of respondents in those age categories, both equalling 68 and making a combined 61.2% of total responses. The lower scores in later years could be due to small total number of responses to this question (n=4) and that a total of 6 participants were 60 years or older. These results align with Drink Aware’s findings of 45-65 year olds drinking more than 18-24 year olds.

45% (n=19) of males stated that they use alcohol to cope with stress, whereas a lower 33% (n=72) of females said they drink to cope with stress. Two females said they “don’t know” if they use alcohol to cope with stress. To determine whether gender had any influence on drinking and coping with work-related stress, a chi-square test of independence was undertaken, revealing no statistically significant evidence to suggest male or females were more likely to use alcohol as a coping mechanism (chi-square= 2.308, df = 1, p=.129). Drinking habits between children’s (32.5%) and adults’ (31.5%) SWrs were not different. Within this sample, children’s services SWrs who used alcohol most frequently to cope with stress were situated in permanency and transition (52.6%). In adults’ services, SWrs working in learning disability were drinking the most to cope with work-related stress (54.5%). Managers and deputy team managers, in children’s
services, reported slightly lower levels of alcohol use (25%). The same group in adults’ services reported a slightly higher level of alcohol consumption (32.3%). The sample’s responses regarding alcohol consumption and stress can indicate the sectors most likely to use alcohol, see table below. However, they are by no means representative of SWrs as a whole. Sectors with less than 10 responses in each were excluded.

Table 3. Alcohol Consumption due to Stress by Sector Type (children and adults’)

<table>
<thead>
<tr>
<th>Children’s Social Workers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td>27.90%</td>
</tr>
<tr>
<td>Child in Need</td>
<td>23.30%</td>
</tr>
<tr>
<td>Integrated Children’s Services</td>
<td>33.30%</td>
</tr>
<tr>
<td>Permanency and Transition</td>
<td>52.60%</td>
</tr>
<tr>
<td>Non-Local Authority</td>
<td>40%</td>
</tr>
<tr>
<td>Adults’ Social Workers</td>
<td>%</td>
</tr>
<tr>
<td>Deprivation of Liberty Assessors</td>
<td>23.80%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12.50%</td>
</tr>
</tbody>
</table>

Although the sample is not representative of SWrs in England, 34.6% appears to be a significant level of alcohol use among practitioners. It was reassuring to determine the similarities between the samples, however, there are limitations including an inability to compare the information over a longer period. In comparison, a recent survey, studying the stress among teachers, conducted by the National Association of Schoolmasters Union of Women Teachers (NASUWT), found shocking statistics indicating a rise of alcohol, drug and prescription drug use among teachers to cope with stress and escalating work demands (Sellgren, 2016). Key findings indicated that teachers are drinking 22% more alcohol, smoking 5% more tobacco, 14% were accessing counselling, and 79% were experiencing difficulties with anxiety (NASUWT, 2016). The teaching profession is experiencing some similar challenges to that of SW with challenges of staff shortages and retention (Strebler et al., 2005). Chris Keates, general secretary at the NASUWT, argued that “high-quality education can’t be delivered by stressed, [and], anxious teachers”, which is likely also true for SWrs.
To consider whether other factors played a role between alcohol consumption and work-related stress, several tests of association were undertaken. There was no positive association identified between gender and stress-related alcohol consumption (chi-square=.134, df=1, p=.714). Interestingly, high caseloads did appear to play a role (chi-square=8.062, df=1, p=.089). SWrs with a higher caseload (between 50-59) reported the most alcohol use to cope with work-related stress (69.2%). However, this data could be skewed due to only 13 responses being recorded from this category. Furthermore, there was a very high likelihood of a positive association between worrying about not coping and alcohol use (chi-square=3.033, df=1, p=.082). However, a FET suggested a lesser chance of the two variables being positively associated (FET=.104). The most positive association between alcohol use and coping with stress was found in the job satisfaction variables (chi-square=9.895, df=1, p=.001). This suggests that, within this study, SWrs (n=142) that are not satisfied with their jobs are more likely to drink to cope with work-related stress. Further research could be done to determine the units of alcohol consumed by SWrs. For example, a longitudinal study may be able to identify whether alcohol use is decreasing or increasing.

3.4.3.3 Drug Use

Drug use among SWrs is another area that appears to be under-investigated. In comparison to alcohol use and emotional eating, reported drug use was much lower; 5.8% (n=15) of respondents stated they used drugs as a coping mechanism for work-related stress. This is considerably lower than the previously discussed research of Fewell et al. (1993), which may be explained by the researchers’ tactic of depersonalizing drug use, possibly soliciting more honest responses from participants. The most popular drug of choice was marijuana with 15 SWrs stating they use it to cope with stress. The Crime Survey for England and Wales (TNS, 2012) estimated that 1.7 million (5.2%) of people in the UK have taken drugs within the past month, with the most frequent age category of use being between 16-24 years old. Additionally, it suggests that a small number of individuals in their thirties continue to use drugs, predominantly marijuana. No statistical associations were identified between drug use and other variables. This is likely due to the low percentage of drug users. None of the
social workers that were interviewed reported using drugs. However, one indicated that their manager and several colleagues have used marijuana in the past.

3.4.3.4 Mental Health of Social Workers

SWRs are at high risk of developing depression due to work-related stress (Community Care, 2013; McGregor, 2011; Stanley et al., 2006). Previous studies have shown that as many as a third of SWRs in the UK are taking antidepressants (Community Care, 2009). This is similar to other research that indicates high levels of depression among SW students, recorded at 34% according to Horton, cited in Reardon (2012). Evidence of anxiety or depression is thought to exist in 19% of people aged 16 and over, 16% in males and 21% in females (Office for National Statistics, 2013). Men (77%) were also thought to be more satisfied with their health than women (73%). Clinical Depression (n.d.) report similar figures of depression, suggesting up to 20% of people in the UK experience depression, or symptoms of depression. 14.8% (n=39) of the sample said that they currently take, or have taken within the past 12 months, anti-depressant medication as a result of their SW role (n=5 male, n=39 female). This number is lower than expected when compared to the high levels of stress and burnout being reported. There is no indication as to why this sample reports a lower level of depression compared to other samples. The most significant finding was that 43.5% (n=17) of SWRs who said they take anti-depressants were involved in child protection. Age was also considered in relation to anti-depressants. 29 respondents provided their age and whether they took, or take, anti-depressants. SWRs aged 40-49 represented the most frequent users of anti-depressants, 34.4%, followed by 22-29 years (24.1%), 50-59 (20.6%), 30-39 (17.2%) and 60+ (3.4%).

3.4.3.5 Sleep

62.4% (n=166) of participants in this survey agreed that they did not sleep normally and worry about work. 13.9% (n=37) neither agreed nor disagreed to sleeping well and not worrying about work. Within genders, females (28.4%) reported sleeping slightly better than males (23%). However, there was no
statistical difference between sleep and gender (chi-square=.463, df=1, p=.496). There was also no difference between under and over 40 year olds (chi-square=0.24, df=1, p=.876). In relation to type of social worker, only 24.7% of child protection workers said they sleep well and do no worry about work, in comparison to 20% of permanency and transition workers and 33% of approved mental health workers (adult’s social work). There was no statistical association between caseload size and poor sleep (chi-square=5.629, df=1, p=.229). However, there was a statistical significance between SWrs who felt their managers did not understand the stresses of the jobs and poor sleep (chi-square=8.070, df=1, p=.018) and emotional exhaustion (chi-square=57.578, df=1, p=<.00). Similarities between survey participants and interviewees were found, 80% of interviewed SWs had difficulties with sleep. One stated:

“[Laughing] I haven’t slept properly since I started this job…there’s too much to worry about…my mind never stops”.

3.4.3.6 Emotional Exhaustion

Over recent years there has been significant attention paid to the understanding of ‘emotional intelligence’ (EI) within SW (Morrison, 2007). EI, according to Goleman (1996), cited by BASW (2011: 5), is the ability ‘to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one’s moods and keep distress from swamping the ability to think to empathize and hope’. BASW (2011: 7) suggest EI can support service user engagement and relationships with service users and alike.

Despite the knowledge that SW is an emotionally charged and challenging role, there appears to be less known about how to provide the best emotional support to SWrs. A study of SWrs in Northern Ireland (McFadden, 2013) found that more resilient SWrs had lower scores in relation to emotional exhaustion. The proportion of SWrs who are emotionally exhausted is unknown. In this study sample, 56.2% (n=149) agreed that they feel emotionally exhausted by their work. Only 21.9% (n=58) disagreed that they were emotionally exhausted, whereas the same amount neither agreed nor disagreed (n=58). Comparing caseload size and emotional exhaustion (see Figure 1) revealed that SWrs with a caseload size between 31-40 had the highest agreement of feeling emotionally
exhausted by work, 87.5% (n=14). Unsurprisingly, SWrs with the lowest caseload size, between 1 and 10, reported the lowest agreement of feeling emotional exhausted by work, 41.1% (n=14). This appears to somewhat contradict the high levels of individual stress reported by SWrs who have 1-10 cases.

Figure 1. Social Worker’s Levels of Emotional Exhaustion Compared with Caseload Size in interval (n=266)

3.4.3.7 Enough Social Workers

Staff retention issues and SWr shortages appear to be an entrenched problem within the profession (Baginsky, 2015; Cawley and Taylor, 2014; Huxley et al., 2005). These difficulties may cause higher caseloads among existing employees, increase the risk of burnout, and contribute to more professionals leaving their roles. Between May 2013 to May 2014, the number of SW vacancies advertised by LAs in England rose from 2,700 to 4,700 (Baginsky, 2015). According to figures from Skills for Care, cited by McNicoll (2016), approximately 10.5% of SW roles remained unoccupied in October 2015, a 3.1% increase year on year. However, the national shortage of SWrs is not a new dilemma. In relation to child protection workers, Mallon (2009) suggests the lack of experienced SWrs may be related to the tragic deaths of children and subsequent media fire. According to Donovan (2016), vacancies in LA children’s social work soared 27% this past year. A further challenge for councils is the number of SWrs turning to agencies to find employment, which can offer twice
the pay of a permanent worker (Donovan, 2016). Within this sample, 39.7% (n=115) felt they had enough SWrs in their teams to meet the demands of service users, 51.7% (n=150) disagreed, and 8.6% (n=25) were unsure. There was strong statistical evidence to suggest that SWrs who felt they had enough practitioners in their team were also more satisfied with their jobs (n=223) (chi-square=12.136, df=1, p= <.001).

3.4.3.8 Feeling Able to Cope

In the online survey, SWrs were asked about feeling able to cope at work over the past month, in an effort to gather a snapshot of recent opinions within the sample. Over the previous month, less than half of the sample, 48.5% (n=128), stated that they felt able to cope with work-related stress. Just over a third (34.8%, n=92) stated they felt unable to cope and 16.7% (n=44) felt neutral. Positively, for SWrs, this sample suggests, despite significant difficulties affecting their roles, they felt able to do their job. These figures only suggest a snapshot of coping over the past month, which may be subject to fluctuation. For example, figures from a different study last year (Schraer, 2015) found 80% of SWrs felt their stress levels were affecting their ability to do their job. Although, these figures are not directly comparable they may provide an indication of whether stress affects the ability to cope. Participants were also asked whether they worry about not coping at work. 62.1% (n=164) agreed they worry about not coping, 23.5% (n=62) disagreed, and 14.4% (n=38) neither agreed nor disagreed.

Additional analysis was done to determine whether other factors played a role in worrying about not being able to cope. Participants who did not definitely agree or disagree were excluded from the analysis. Although not below the significance alpha level (p=.05), there was evidence to gender played a role (chi-square=2.928, df=1, p=.087). This was also tested by FET (p=.095). Overall, females reported higher levels of worrying, 51.1%, than males, 10.6%. There was no difference in worry levels between full and part-time SWrs (p=.974). Neither, to my surprise, were SWrs in their ASYE more likely to worry (p=.494). Agency workers (p=.986) nor those below or above 40 were more likely to worry (p=.170). Gender was the only factor that showed positive statistical significance.
3.4.4 Factors and Causes of Stress

3.4.4.1 Caseload Size

Overall, 280 online survey participants provided their current caseload size, specifically the number of cases they were responsible for. The mean caseload size across all participants was 19.86 (SD=11.028), with a minimum of 1 and maximum of 74. Reassuringly, the average caseload size was similar to that of Community Care (2012). To determine whether caseload size was a factor in levels of perceived individual stress several comparisons were made. Caseloads were broken down into intervals of 10 (1-10, 11-20, 21-30, 31-40, 40+). On the whole, this sample suggested that the higher the caseload, the more likely SWrs are to feel stressed, with 100% of SWrs who have 31 cases or more stating they felt stressed (n=21). This might suggest a SWr with fewer cases would feel less stressed. Interestingly, SWrs with a caseload size of 1-10 (n=18) reported higher stress levels than those who had 11-20 cases, 88.57% (n=12). Higher stress levels among SWrs with 1-10 cases could be explained by 9 ASYEes existing in that group, representing 50% of respondents. 83.33% (n=25) of ASYEes stated they were stressed at the time they took this survey. However, a chi-square test did not suggest any statistical evidence of being more stressed based on being an ASYE or not (p=.382). Furthermore, there was no positive association that could explain different levels of stress between full and part-time SWrs (chi-square=1.226, df=1, p=.268).

3.4.4.2 Sources of Support

Previous research in Northern Ireland (Gibson et al., 1989) suggested that co-workers were the principal source (80%) of support for the majority of that sample. A later study (Collins, 2007) found similar levels, with 75% of SWrs naming co-workers as an important source of support at work. To begin to understand who SWrs choose to seek support from for stress, burnout, and feeling overwhelmed, participants were able to choose more than one option: line manager and supervisor, colleagues (non-management), friends and family, or other.
A total of 422 responses were recorded for this question. Interestingly, compared to the aforementioned studies, co-workers were the second most popular source of support, representing 36.4% (n=154). The most frequent source of support was friends and family, with 37.4% (n=159) identifying these sources. Surprisingly, only 23.6% (n=100) of this sample said they felt comfortable approaching their manager or supervisor. 2.1% (n=9) stated other, including: their union (n=1), no one (n=2), a doctor (N=1), employment agency (n=1), or paying for private supervision (n=1).

3.4.4.3 Knowing Where to Access Support

51.3% (n=136) of my sample agreed they knew where to access support from for work-related stress. 29.1% (n=77) disagreed, and 19.6% (n=52) neither agreed nor disagreed. Considering the prevalence of stress and burnout among SWrs, it seems surprising that just over half of the SWrs in this sample are aware of where to access any necessary support.

3.4.4.4 Do Organisations Provide Enough Emotional Support to Prevent Burnout

Burnout among SWrs appears to be an overwhelming concern associated with modern SW practice, thought to affect all areas of social work, but perhaps more predominant among child protection (McFadden, 2013). In 2015, Community Care undertook one of the largest investigations into burnout among children’s and adults’ SWrs, with a total of 1,359 participants across the UK. 94% of participants worked in statutory settings, including child protection, mental health, and disability services (Cooper, 2015). The results suggested 73% of survey respondents were experiencing high levels of emotional exhaustion, which were higher than levels thought to be experienced by general practitioners at the time (Cooper, 2015). Despite high levels of emotional exhaustion, a major contributor to burnout, Community Care’s sample of participants reported an impressive, and unexpected, 91% level of high personal accomplishment. Results indicated ‘good management and strong peer support are key in dealing with stress and burnout’. Furthermore, the study suggested, a “team’s greatest
asset was the support and care members showed for each other to get through…difficult period[s]” (Cooper, 2015).

Among my sample, participants were asked about organisational support in preventing burnout. 25.7% (n=72) agreed their organisation provides enough emotional support to prevent burnout. A majority 60.3% (n=169) disagreed and 13.9% (n=39) neither agreed nor disagreed. There was no statistical evidence to suggest a difference between genders (chi-square=.544, df=1, p=.461). Furthermore, there was no difference between agency and non-agency workers (chi-square=.302, df=1, p=.582), SWrs in their ASYE (chi-square=.505, df=1, p=.477), or age (chi-square=1.100, df=1, p=.294).

3.4.4.5 Supervision as a Tool to Help Cope with Stress

Despite a relatively lower number of SWrs opting to seek support around burnout, stress and feelings of being overwhelmed from their line manager or supervisor, 50.4% (n=133) said they felt that supervision is a useful tool to help manage work-related stress. In comparison, 34.5% (n=91) disagreed and 15.2% neither agreed nor disagreed. There was no statistical evidence to suggest that genders (chi-square=1.086, df=1, p = .297), various ages (chi-square=.128, df=1, p=.721), part-time and full time workers (chi-square=2.157, df=1 p = .142), ASYEs (chi-square=1.047, df=1, p = .306), or agency workers (chi-square=2.766, df=1, p = .096) found supervision any more or less useful. There was, however, statistical evidence to suggest that SWrs who were satisfied with their jobs found supervision to be a useful tool (chi-square=18.733, df=1, p = <.001). Furthermore, evidence also suggests that SWrs who report sleeping well are more likely to find supervision useful (chi-square=14.735, df=1, p = <.001).

3.4.4.6 Time to do the Work

To explore potential causes of worry and feelings of not coping, further analysis was undertaken, including whether SWrs had time to do their jobs, received emotional support, and managers understood the stresses of their positions. From a total of 294 responses as to whether the sample felt they had enough time to complete their work and leave on time, only 11.9% (n=35) agreed and 13.2% (n=39) neither agreed nor disagreed. Gender wise, 6.6% of males
(n=3) and 12.8% (n=32) of females agreed, with no statistical evidence to suggest an association between gender (p=.425). However, there was a strong statistical significance between SWrs who felt they did not have enough time to do their job and leave on time and worrying about not coping (chi-square=16.787, df=1, p= <.001). This evidence suggests that time constraints play a role in worrying about not coping.

Symptoms of stress were compared against “system” and organizational variables, to determine whether there were any positive associations that could explain factors contributing to stress. There were several symptoms of stress that had a positive association with job satisfaction. Chi-square tests of independence were used to compare variables and detect relationships. SWrs that were not satisfied with their jobs did not appear to be more likely to use emotional eating as a coping mechanism for stress (chi-square=2.260, df=1, p=.133). Nor was there a high likelihood that they would use drugs to cope with stress (chi-square=.243, df=1, p=.622), or difficulties in sleeping (chi-square=2.320, df=1, p=.128). However, there was a positive association between job satisfaction and alcohol use (chi-square=9.895, df=1, p=.002). This suggests a very high likelihood between being not satisfied with your job and using alcohol to cope.

Most interestingly, there were positive associations identified between feeling able to cope (chi-square=31.795, df=1, p=<.001), emotional exhaustion (chi-square=10.717, df=1, p=<.001) and job satisfaction.

3.4.5 Comparison of Factors and Symptoms

To examine possible relationships between caseload size and symptoms of stress, the caseload variable was recorded into two values: 15 cases or less and 15 cases of more. This was done because the Munro Review (2011) suggests no more than 15 cases per social worker. There were some positive associations found between symptoms of stress and the aforementioned caseload parameters. 86% (n=13) of drug use occurred among SWrs with more than 15 cases. A chi-square test of independence suggests a strong significant relationship (chi-square=7.372, df=1, p=.007). The most significantly strong relationship existed between feelings of coping and caseload size (chi-square=7.896, df=1, 0=.<.005). 66.2% (n=55) of SWrs with more than 15 cases
reported the highest frequency of not coping. This suggests that having a caseload of more than 15 is associated with a higher frequency of feelings of not coping. Furthermore, SWrs with a caseload higher than 15 (63.6%, n=93) also reported higher levels of emotional exhaustion (chi-square=7.617, df=1, p=.006). However, no significant associations were found with emotional eating (chi-square=1.281, df=1, p=.258), alcohol usage (chi-square=0.53, df=1, p=.818.), or sleep (chi-square=1.770, df=1, p=.183). Despite different caseload parameters, these findings are similar to other studies, supporting the hypothesis that high caseloads may play a role in producing symptoms of stress among SWrs.

Feeling valued also appears to play a role in producing symptoms of stress. Positive associations were found between feeling valued, feelings of coping (chi-square=12.830, df=1, p=<.001) and feeling emotionally exhausted (chi-square=12.364, df=1, p=<.001). These two variables produced some of the most significant findings, suggesting they played a substantial role in SWr stress. Further analysis of other variables produced no positive associations. With the exception of substance abuse, emotional eating and mental health, there appears to be positive associations between lacking resources and the remaining symptoms of stress. Lack of resources appears to be significantly associated with sleep (chi-square=4.675, df=1, p=.031), feelings of coping (chi-square=10.763, df=1, p=<.001), emotional exhaustion (chi-square=8.393, df=1, p=.004). Overall, these findings appear to support the idea of the “system”, as opposed to individual characteristics, being the cause of stress among SWrs.
4. Conclusion and Findings Summarised

This study aimed to explore the levels of and factors associated with stress among social workers in England. Despite the research not being representative of all SWRs in England, it was reassuring that participant demographics, in respect to age, gender, years qualified and employment status, reflected those of previous studies and national data. In addition, 427 SWRs from 88 different LAs, councils, and other sectors took part in this research. 78.9% (n=337) said they worked for a LA. Data gathered pertaining to stress indicates a significant level (88%) of stress among SWRs. This was not surprising nor drastically different to other research. Although the majority of the sample indicated they were stressed due to their role as SWRs, significantly fewer said they were emotionally exhausted, just 57%. It was also noted that perceived individual stress was reported as slightly lower (6.5/10) than perceived team stress (7.25/10). This was interesting because it suggested that SWRs identify their team as more stressed than themselves as individuals. Results from this study suggest that stress remains prevalent, with little sign that things are improving.

4.2 Caseload

The mean caseload size was similar to that of previous research and some LA guidelines, although specific caseload recommendations between authorities and organisations remain ambiguous. Findings from this research suggest that caseload size does play a role in levels of stress among SWRs in England. On the whole, feeling stressed was more prevalent in SWRs with higher caseloads.

4.3 Pressures of the Job

What became apparent was the view that KPIs take priority over spending time with service users, with less than a tenth of survey participants disagreeing. There was little difference in agreement between managers and non-managers. KPIs are a popular method among businesses and organisations to determine productivity and identify service development needs. However, the costs and
benefits of KPIs with respect to the bureaucratic demands they place on SWrs and managers deserved further attention.

4.4 Staff Retention

There have been numerous attempts to identify the cause of the retention ‘crisis’ within the profession. This study did not attempt to answer this specific dilemma. Instead, in relation to staff retention, it focused on opinions and factors of, feeling valued, burnout, and leadership. Less than half of the sample said they felt valued by their employer. No individual characteristics appeared to play a role in feeling valued. However, feelings of being valued did fluctuate between sectors. Practitioners in child protection and children in need did say they felt less valued than other fields. Interestingly, despite an increase in SWrs leaving LAs, some heading to the private sector or charities, there was little difference in feeling valued between the different employers. Indeed, SWrs working for LAs felt slightly more valued. In relation to feeling valued, SWrs reported a significant difference, 79% said they felt valued by their SUs. This suggests that, despite apparent difficulties with stress, SWrs have a positive attitude towards service users. Concern about burnout is high among SWrs; over three quarters of the sample said they worry about burnout. Again, no positive associations were found between worrying about burnout and individual participant characteristics. Finally, leadership was explored in relation to staff retention. Again, participants reported little difference between leadership between LAs and non-LAs. Overall, these findings point towards the SW “system” across all organisations, as opposed to be a consequence of working for a LA, relating to problems with retention.

4.5 Substance Abuse

In an attempt to add to the very limited research and knowledge regarding stress-related substance abuse among SWrs, alcohol and drug use was a focus of this study. As with many of the responses, honesty of the sample may have played a role in the results. However, alcohol use (34%) was relatively high among the survey respondents as a technique to cope with work-related stress.
Males reported higher levels of use in contrast to females. In comparison, drug use to cope with work-related stress was considerably less frequent, only 5.8% saying they use illegal drugs. Previous research has asked whether SWs knew other SWs who took drugs. The depersonalisation of the question may have facilitated more honest responses, which were significantly higher (43%). No statistical associations were identified between drug use and individual characteristics. Results regarding substance abuse suggest that drug use among SWrs is not different (0.6%) to that recorded by the 2012 England and Wales crime survey for the population as a whole.

4.6 Emotional Eating

This study highlighted that emotional eating among SWrs, which has potential health implications, is a common problem. 57% of the sample identified themselves as using emotional eating as a method of coping with work-related stress. Simultaneously, it failed to identify individual characteristics associated with emotional eating, making it harder to predict “at risk” SWrs, or groups. Worryingly high levels of emotional eating have been reported by this study’s sample. According to other research, there are significant health risks associated with this behavior. This suggests that LAs need to act to fulfill their duty to look after their employees.

4.7 Emotional Support

Few positives were found regarding feelings of organizational support in preventing stress, burnout and depression. Only a quarter of the sample felt their organisations do enough to prevent these issues. More surprisingly, just over half of the sample knew where to access support for work-related stress. This suggests a possible failure by organisations to advertise or provide support for employees. Furthermore, less than 25% of SWrs felt comfortable approaching their manager or supervision contact, possibly reflecting the culture of modern social work. However, despite only 50% of SWrs saying they find supervision useful, positive associations were identified between job satisfaction and supervision. SWrs who found supervision a useful tool in managing stress, also
said they slept normally and were more satisfied with their jobs, compared with SWrs who did not find supervision useful.

4.8 Recommendations

This study attempted to add to the existing body of knowledge around stress factors and indicators within the SW profession. It examined under-investigated areas, such as emotional eating and substance abuse. Overall, this study identified few links between individual characteristics and work-related stress. It did, however, identify positive associations between good sleep, job satisfaction and good supervision. The results suggest that it is the “system” SWrs practice within that produces key stressors. Future research could further examine the frequency and implications of substance abuse and emotional eating among social workers. For example, this research didn’t consider units of alcohol consumed. It would also be useful to know more about types of food consumed, calorie intake, changes in weight, and time spent sedentary, in relation to emotional eating. Finally, future researchers could address differences in stress, and responses to stress, between the LA tier systems to determine whether location plays a role between stress and SW.

Word count: 16,496
Appendices

Appendix A: Online Survey

Introduction

Thank you for taking the time to complete this survey. It is broken into several blocks and will take approximately 5 - 10 minutes to complete. If you need to take a break or stop the survey for any reason, you can save it and continue at a later date.

Section 1: About you
Section 2: Your Organisation
Section 3: Work Satisfaction
Section 4: Nature of My Work
Section 5: Stress

If you’d like further information about this study please visit www.owjbeer.com

Please note: This is an anonymous survey.

Section 1: About You

This section will look at your characteristics, employment and experience.

Q1 Are you a Qualified Social Worker?

Qualified Social Worker: “Social workers are trained and qualified with a degree in social work (BA), CQSW, DipSW or a master’s degree in social work” (British Association of Social Workers definition, n.d.).

- Yes
- No
Q2 Please select your ethnic group.

White (1-4)  
Mixed / Multiple Ethnic Groups (5-8)  
Asian / Asian British (9-13)  
Black / African / Caribbean / Black British (15-16)  
Other Ethnic Group (17-18)

- 1) English/Welsh/Scottish/Northern Irish/British  
- 2) Irish  
- 3) Gypsy or Irish Traveller  
- 4) Any other White background, please describe ______________________
- 5) White and Black Caribbean  
- 6) White and Black African  
- 7) White and Asian  
- 8) Any other Mixed/Multiple ethnic background, please describe ______________________
- 9) Indian  
- 10) Pakistani  
- 11) Bangladeshi  
- 12) Chinese  
- 13) Any other Asian background, please describe ______________________
- 14) African  
- 15) Caribbean  
- 16) Any other Black/African/Caribbean background, please describe ______________________
- 17) Arab  
- 18) Any other ethnic group, please describe ______________________

Q3 Please select your current age.

[Selection].
Q4 What is your gender?

- Male
- Female
- Transgender

Q5 How many years have you been a qualified social worker? Please select from the drop down list.

[Selection].

Q6 Are you full time (37+ hours per week) or part time?

- Full time
- Part time

Q7 Which Local Authority (LA) do you work for? (If you do not work for a local authority please select 'I do not work for a local authority').

[Selection].

Q8 Are you in your assessed and supported year in employment (ASYE)?

- Yes
- No

Q9 Are you an agency social worker?

- Yes
- No
Q10 Which field of social work are you currently practicing in? (Note: If you can not find your area or field, you can manually input it under 'other' at the bottom of the question).

- Child Protection (also known as children and families) (Local Authority)
- Children in Need (CIN) (not frontline child protection) (Local Authority)
- Initial Response / Referral and Assessment (Children)
- Duty Social Worker (out of hours) (Local Authority)
- Approved Mental Health (AMP) Social Worker (Children)
- MASH (Multi-agency Safeguarding Hub) (Local Authority)
- Independent Social Worker (Children) ______________________
- Integrated Children's Services (Children's Disability) (Local Authority)
- Youth Offending Team (Local Authority)
- Child Sexual Exploitation
- Permanency and Transition (Previously known as: Fostering and Adoption / Children in Care) (Local Authority)
- Private Social Work (i.e. NSPCC), please specify (Children) ______________________
- Charity (Children) (i.e. Family Lives), please specify ______________________
- DOLS Assessor
- Community Mental Health Team (Adults)
- Learning Disability (Adults)
- Mental Health (Adults)
- Hospital Social Worker (Adults)
- Duty Social Worker (out of hours) (Local Authority)
- Approved Mental Health (AMP) Social Worker (Adults)
- Private Social Work (i.e. NSPCC), please specify (Adults) ______________________
- Independent social worker (Adults)
- Charity (Children) (i.e. Family Lives), please specify ______________________
- Deputy Team Manager, please specify team (Children) ______________________
- Deputy Team Manager, please specify team (Adults) ______________________
Team Manager, please specify team (Children) ______________________

Team Manager, please specify team (Adults) ______________________

Other, please specify (including whether it is adult or children's social work team and position held, i.e. disabled children's social worker or adult safeguarding team manager) ______________________

Q11 Do you have a disability?

☐ Yes
☐ No
☐ Prefer not to say

Q12 Have you ever been injured at work?

☐ Yes (please provide a brief description) ______________________
☐ No

Q13 What is your current caseload size?

Caseload: the number of service users you have been allocated to work with (as the primary social worker).

[Selection].
Section 2: Your Organisation

This section looks at the characteristics of your organisation. It will look at resources, leadership, and professional development.

Q14 Between 0 and 10 (10 = strongly agree, 5 = neither agree nor disagree, 0 = strongly disagree) please score the following statements.

___ I feel my team has enough social workers in it to meet the demands of service users.
___ I feel my team has a good balance between agency social workers and contracted social workers.
___ I feel multi-agency works well for me (please enter "NA" if not appropriate).
___ I feel I have the tools and resources to do my job well.
___ The IT equipment and system(s) are fit for purpose.
___ I feel my organisation is effectively led by managers.
___ I feel valued by my organisation.
___ I feel there are opportunities for promotion within my organisation.
___ I feel my manager and organisation understand the stresses of my job.
___ I feel my organisation provides enough emotional support to prevent burnout.

Q15 Thinking about recent cuts to social work...

<table>
<thead>
<tr>
<th>Have the government’s economic cuts affected your ability to undertake your role?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social work is a job that takes over your life without the financial recognition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>----------------</td>
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<tr>
<td>○</td>
</tr>
</tbody>
</table>
Q16 Do you agree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure to hit performance targets (also known as key performance indicators) takes priority over spending time with service users.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Section 3: Work Satisfaction

This section looks at your work satisfaction.

**Q17 Please select the option, which reflects how you feel about each individual statement.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel satisfied with my job as a social worker.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>I feel my job makes a positive difference to the service users I work with.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>I feel valued by my service users.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel my work gives me a feeling of personal accomplishment.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>I feel my role makes good use of my skills and abilities.</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel satisfied with my involvement in decisions that affect my work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel management includes me in decisions that shape the service and listen to my ideas.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>I feel I have enough time to complete my work and leave work on time.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
If I need to work late (or early) I am able to claim that time back.

Q18 Looking back at your work over the past few weeks, what are the most satisfying aspects of your job? (Please provide as much detail as you like).

[Black text box].

Q19 Looking back at your work over the past few weeks, what are the least satisfying aspects of your job? (Please provide as much detail as you like).

[Blank text box].
**Section 4: The Nature of your work**

This section looks at the nature of your work.

**Q20 Looking back at the last few weeks of your job, how much do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have time to see my service users when I am supposed to.</td>
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<tr>
<td>I have enough time to document interaction with service users.</td>
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<td>I have a good balance between deskwork and fieldwork.</td>
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<tr>
<td>I sleep normally and don't worry about work.</td>
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<tr>
<td>I feel able to make decisions about things at work.</td>
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<tr>
<td>I feel I make the appropriate decisions work.</td>
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<td>I feel able to overcome challenges at work.</td>
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<td>I have been feeling positive about work.</td>
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<td>I feel I have the energy to do my job.</td>
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<tr>
<td>I feel I can access enough training through work to meet my needs.</td>
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<tr>
<td>I feel I have enough time to apply the skills I learnt whilst training as a social worker.</td>
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<tr>
<td>I feel I have enough time to apply the new knowledge I gained from courses at work.</td>
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<tr>
<td>I am allocated work that is unrealistic to complete in the time I have to do it.</td>
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<tr>
<td>I miss out on my own life because I am working when I shouldn't</td>
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<tr>
<td>I feel work pressures leave very little time and energy for anything out of work hours</td>
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<tr>
<td>I feel burned out by my work</td>
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<tr>
<td>I feel emotionally exhausted by my work</td>
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<tr>
<td>Q21 Using the Computer at work…</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neither Agree nor Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
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<td>---------------------------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>I use a computer system at work, which is beneficial to, and supports me with, my work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I spend the appropriate amount of time on the computer.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can always access a computer (in the office) at work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**Section 5: Stress**

This section looks at the stress(es) of being a social worker.

Stress is defined as, a "response to an inappropriate level of pressure...a response to pressure not the pressure itself" (Arroba and James, 1987: 21)

**Q22 Coping with stress**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel stressed by my job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I have coping mechanisms in place and successfully deal with work-related stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am aware of support I can access through work to help me cope with stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use positive problem-focused coping strategies to deal with my stress (i.e. planning, suppression of competing activities, restraint, and seeking out social support).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month I have felt unable to cope with work-related stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry about not coping at work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I ignore my stress and hope it will go away.  
I have access to social support to help me cope with stress.  
I think supervision is a useful tool to help me manage any work-related stress.  
I worry about burnout.  

<table>
<thead>
<tr>
<th>Q23 If I am feeling stressed, burnt out, or overwhelmed by my work, I feel most comfortable approaching: (You are able to select more than one option).</th>
</tr>
</thead>
<tbody>
<tr>
<td>My line manager / supervisor</td>
</tr>
<tr>
<td>My colleagues</td>
</tr>
<tr>
<td>My friends and family</td>
</tr>
<tr>
<td>Other (please specify) ___________________</td>
</tr>
</tbody>
</table>
Q24 On a scale of 0 to 10 (0 = extremely low, 10 = extremely high) how would you rate your current stress level?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Q25 On a scale of 0 to 10 (0 = extremely low, 10 = extremely high) how would you rate your team's current level of stress.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
Q26 In the past 12 months have you relied upon alcohol to help you cope with work-related stress?

- Yes
- No
- Don't know

Q27 Over the past 12 months have you used any illegal drugs to help you cope with work-related stress? (e.g. marijuana, ecstasy, cocaine, etc.)

- Yes, please specify ____________________
- No
- Don't know

Q28 Over the past 12 months have you used emotional eating as a coping mechanism?

Definition: Emotional eating is “an increase in food intake in response to negative emotions” (Spoor et al., 2007).

- Yes
- No
- Don't know

Q29 In the past 12 months have taken any time away from work due to stress or mental health reasons related to your job?

- Yes (please state why, e.g. stress, depression, anxiety, etc.)
  ____________________
- No

Q30 As a result of your role, have you taken in the past 12 months, or do you currently take, anti-depressant medication? (e.g. fluoxetine, sertraline, citalopram, etc.)

- Yes
- No
Q31 Do you worry about “burnout”?

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress.

- Yes
- Sometimes
- No
- Don't know

Q32 Is there anything else you'd like to say about work-related stress?

[Blank text box].

[End].
Appendix B: Participant Information Sheet

Study Title:

Predictors of and Responses to Stress Among Social Workers: A National Investigation.

Name of Researcher: Oliver Beer

Name of Supervisor: Professor Sheena Asthana

Please read the following statements below. If you agree to being interviewed, please respond via email stating: ‘I have read the consent form and understand how the information I provide will be used. I agree to being interviewed’.

1) I confirm I have read and understood the information sheet concerning the above study and have had the opportunity to ask any questions.

2) I understand that I have volunteered to take part in this research and that I am free to withdraw at any time.

3) I understand the interview process and agree to being interviewed.

4) I understand that my interview may be recorded for transcript writing purposes. I understand that I can request a copy of the transcript up to August 2016.

5) I understand that my information will be kept anonymous and identifying details changed. However, I understand that there is a possibility that I may still be identified.

6) I understand and consent that my interview will be used as part of an MSc dissertation, future conferences, or publications.

7) I understand and consent that my anonymous transcript may be stored in the UK data archive.

8) I understand and consent to being directly quoted from the information I provide during the interview. I understand that I will be shown this quote
and given the opportunity to have it altered.

(Please note: participant information sheet attached).
Appendix C: Consent Form

Study:

Predictors of and Responses to Stress Among Social Workers: A National Investigation.

Participant Information Sheet

I am inviting you to take part in a research study: Predictors of and Responses to Stress Among Social Workers- A National Investigation. Before you decided to take part, I would request that you read this information below so that you understand the purpose of the research and the form it will take.

What is the purpose of this research?

The purpose of this research is to understand the working conditions of social workers in England. Specifically, I am interested in developing knowledge of causes and factors of work-related stress and the impact upon social workers.

Why have I been chosen?

You have volunteered to be interviewed. Interviewees fulfill the criteria of being a qualified social worker practicing in England.

What happens at the interview?

If you agree to be interviewed I will ask you to tell me about your experiences, including:

- Basic demographics
- Practice
- The nature of work
- Health
- Stress
The interview process is relatively straightforward. I have a set of 8 core questions that I will ask everyone who I interview (these will be sent to you). Within that, new questions may arise from myself or from yourself. You are free to tell me anything that you think is relevant. Interview can be conducted on the phone, via Skype, or face-to-face.

**Do I have to take part?**

No. You have volunteered your time, knowledge and experiences of being a social worker in England. If you decide to withdraw from the interview, you can do so at anytime.

**I have an additional need / or educational need. Can you make adjustments?**

If you have specific needs, please contact me to discuss them. I will do whatever I can to meet them.

**Will the information I provide be kept confidential?**

All the information you provide me with will be kept confidential. On all published records, including my MSc dissertation or subsequent publications, I will provide you with a pseudonym (to protect your identity). I will be the only person with your details. My supervisor and the examination board will only have access to what has been said by you, not your details. I will not discuss your interview with any third parties. However, if you discuss details that may put anyone at risk (i.e. yourself, service user’s in your care, etc.) I will have the ethical obligation to pass this information on to the appropriate authority, or individuals.

**What will happen with the interview material?**

The results from my research will be used in my MSc dissertation. Any data I collect may also be used at future conferences and / or publications, not limited to print.

**Where is the research being done?**
My research is based in the school of government at Plymouth University.

**Who has reviewed this study?**

I submitted an ethics application to the School of Government at the University of Plymouth, in February 2016. This was approved. My dissertation supervisor is Professor Sheena Asthana.

**Who can I contact in relation to this study?**

Oliver Beer

t. 07493 524 685

e. oliver.beer@postgrad.plymouth.ac.uk

and,

Professor Sheena Asthana

t. 01752 585 753

e. s.asthana@plymouth.ac.uk
Appendix D: Semi-Structured Interview Guide

Study:


Researcher: Oliver Beer

Supervisor: Professor Sheena Asthana

Introduction

1) Can you confirm you are a qualified social worker practicing in England?

2) How old are you?

3) Can you tell me why you initially chose to become a social worker?

4) How long have you been a qualified social worker for?

5) Can you tell me a little about your employment status?

6) How many cases do you currently hold?

Stress

1) Do you find social work a stressful job?

2) What do you find the most stressful aspect of your job?

3) What bout the most rewarding aspects?

Coping

1) How do you manage work-related stress?
Bibliography


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