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# Levels of stress and anxiety in child and family social work: workers' perceptions of organizational structure, professional support and workplace opportunities in Children's Services in the UK<sup>1</sup>

## *Abstract*

Child and family social workers are consistently found to have high levels of stress, and this has often been linked to burnout and retention problems in the profession. Local authorities in the UK have recently been under pressure to reform services, and one focus has been exploring how different organizational structures might reduce stress and increase well-being of workers. This paper presents data on 193 social workers from five local authorities in England. We examine the effects of different ways of organizing Children's Services on workers' well-being, with particular focus on the underlying relationship between organizational elements, workplace opportunities, and practitioners' work satisfaction. The primary outcome measure is the General Health Questionnaire (GHQ-12, Goldberg, 1978), a widely validated measure of stress. This data is presented alongside information exploring aspects of organizational structure and functioning. Results indicated significantly different levels of reported stress and general well-being in practitioners working in different local authorities. Implications for how local authorities might support staff to work productively in the stressful and challenging environment of child and family social work are discussed.

Key words: stress, well-being, organizational structure, work satisfaction, child protection social work

## 1. Introduction

The need for organizational reforms in social services has been widely emphasized in the recent years in the United Kingdom. Following the recommendations of the Munro report (Munro, 2011), child and family social work is experiencing a period of unprecedented change and restructuring, even for a profession accustomed to continuous reform. In this context, new models of social work practice have been put forward as a way of delivering social services and evaluations are in the process of determining the outcomes of these reforms.

These constant reforms, however, have had an impact on organizational turnover and it has been found that issues with staffing are considerably higher in child protection social work than in other social work settings (Anderson, 2000; Smith, 2005; Nissly et al., 2004; Kim, 2011; Yamatani et al., 2009). High rates of turnover or absenteeism contribute to staff shortages, high caseloads and reliance on less experienced or temporary staff resulting in disruptions of service and poor outcomes for vulnerable children and their families (Travis & MorBarak, 2010; Landsman, 2007; Acker, 2003). Especially in the current climate of decreasing resources and difficulties with organizational structure, work pressures and procedures, social workers are often stressed, dissatisfied and critical towards the organization in which they work (Acker, 2012; Lloyd et al., 2002; Cahalane & Sites, 2008). In a large-scale survey of workers in two UK social services departments, work-related stress was reported as the single biggest factor as affecting staff's decision to leave with staff working with children and families reporting the highest levels of absenteeism and poorest well-being (Coffey et al., 2004). The researchers concluded that "mental well-being is poorer than previous studies have indicated; job satisfaction is considerably lower (...) and organizational constraints (...) are higher than the published norms in other sectors (...) suggesting that the situation in social services was worse than previously thought" (Coffey et al., 2004, p. 744).

Although, more recently, great emphasis has been placed on monitoring and promoting workplace mental health and well-being, child safeguarding agencies continued to experience high turnover rates (Collins, 2008; Kim and Stoner, 2008; Lizano and Mor Barak, 2012; Travis et al., 2016). In a recent staff survey across the UK, approximately 80% of social workers highlighted stress as affecting their ability to do their job (Community Care survey in the UK, 2015), while another staff survey revealed that social workers value reduction in stress more than pay rise or better career development opportunities (Community Care survey in the UK, 2017). In the recent research report for the Local Government Association, it was reported that 65% of Councils in the UK had problems recruiting and retaining social services workers; nearly two-thirds (65 per cent) of councils had experienced issues with recruiting social workers in 2012-13 and nearly one-half (48 per cent) had experienced challenges in staff retention (Wiseman, & Davies, 2013). As a result, managers, practitioners, and researchers have increasingly focused on worker stress and burnout and their predictors ranging from the individual and psychological factors to broader organizational and environmental factors.

Despite clear evidence that social workers get satisfaction and enjoyment from their work with families, it has been suggested that it is the organizational settings and their policies that generate the feelings of stress and anxiety (Acker, 2004; Huxley et al. 2005; Smith, 2005; Morris, 2005; Evans et al., 2005; Collins, 2008; Boyas & Wind, 2010; Manttari-van der Kuip, 2014; Wilberforce et al., 2014). Wilberforce and colleagues (2014) argued that many social work stressors are extrinsic and are connected to the "organisational features of the working environment and their interaction with wider societal, political and legislative contexts." (p.813).

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However, “the contribution of different organisational and policy changes to this phenomenon (i.e. worker stress) is subject to debate.” (Wilberforce et al., 2014, p.812). In this context, the aim of the current paper is to address the following three main questions:

- Have the newly implemented social work models of practice made a difference in terms of workers’ stress and anxiety in comparison to the more traditional models of practice?
- What variables play a role in shaping or influencing the environment that social workers work in? (e.g. organizational support, culture of the organization, size of the units etc.)
- How can employment settings address workers’ wellbeing- especially in relation to the reforms and restructuring these have been going through recently?

The current paper amalgamates findings from three different evaluation studies producing a sample of children in need and protection social workers practicing in five local authorities across the United Kingdom. These evaluation studies were (1). an in-depth observation of services and comparative description of practice in three very different local authorities, (2). a small-scale evaluation of a new way of organizing teams in a single authority and (3). a randomized controlled trial of a training program in Motivational Interviewing (Forrester et al, 2013a; Forrester et al, 2013b; Forrester et al., under consideration). In these evaluations, a number of key factors such as client demographics in each area, service user experience, social worker skills, as well as organizational factors shaping good or bad practice, such as variations between teams, key features of models of practice used, and organizational support were examined. Organizational support was conceptualized as a framework of key organizational prerequisites for enabling practice, i.e. “the things the organization had to do to allow workers to get on with the job” (Forrester et al., 2013a, p.107). In this paper, we explored the links between this wider organizational restructuring and employee stress and work engagement in child protection services using a work enabling conditions framework (Forrester et al., 2013a). To our knowledge, no other large-scale studies have examined these relationships in the UK.

### *1.1. Individual versus organizational factors as predictors of stress and turnover*

Child protection social work is characterized by high demands in terms of service to clients and limited resources for interventions, and therefore, workers experience very often a sense of conflict and an anxiety between the moral and legal responsibility for each family and the factors beyond their control (Wilberforce et al., 2014). Work-related stress has been described as the result of “complex interactions between environmental and organizational demands and the ability of the individual to cope with these demands.” (Collins, 2008, p. 1176). Although individual differences clearly play an important role in developing resilience and coping strategies under pressure, the organizational context has been seen as the most significant element in determining job stress and satisfaction (Storey and Billingham, 2001; Lloyd et al. 2002; Morris, 2005; Wilberforce et al., 2014). A number of research studies have identified organizational factors - alongside some individual characteristics- as predictors of retention or turnover among family and child protection workers studies (e.g. DePanfilis and Zlotnik, 2008; MorBarak et al., 2001, Coyle et al., 2005; Hussein et al., 2013). Two recent systematic literature reviews (Webb et al., 2012; McFadden et al., 2015) which examined individual and organizational contributors to the development of worker resilience and burnout in child protection social work, highlighted the importance of organizational factors as major predictors of turnover - rather than individual factors.

### *1.2. Organizational characteristics and successful service delivery in Children’s Services: the 9 work enabling conditions framework*

Much of the empirical research concerning the association between organizational factors and child welfare outcomes has been conducted on children’s services in the United States (e.g. Anderson, 2000; MorBarak et al., 2001; Zlotnik et al., 2005; Conrad & Keller-Guenther, 2006; Glisson & Green, 2011). It has been acknowledged that it is important to consider all interactions between caseworkers and families within their organizational context and that “child welfare systems vary in effectiveness at helping children and their effectiveness is, in part, a function of the characteristics of the organizations that provide the services” (Glisson et al., 2012, p. 621). Prior research has suggested social service organizations create “social contexts composed of the shared expectations, perceptions and approach to work” among practitioners and their managers and these factors “affect priorities and guide service provision” (Glisson et al., 2012, p.622). The social context includes three domains: the organizational climate, the organizational culture, and work attitudes. Glisson and colleagues defined organizational climate as “the employee’s perception of the psychological impact of his or her work environment on his or her own functioning and well-being (e.g. stress)” (p.622) and organizational culture as “the behavioral expectations that members of the organization are required to meet in the work they perform.” (p.622). They provided evidence that organizational climates associated with high worker engagement and organizational cultures characterized by low rigidity were linked to the most positive work attitudes. Specifically, higher worker morale was positively associated with less rigid bureaucratic regulations, more

functional environments, worker involvement in decision making, and the perceived ability to provide personalized services (Glisson et al., 2012).

In the UK, a recent large-scale evaluation project in three local authorities across England which compared the organizational characteristics of different models of practice and family and child outcomes associated with these models identified seven preconditions for successful service delivery in Children's Services (Forrester et al., 2013). The researchers argued that these factors were preconditions – necessary but not sufficient in themselves – for Children's Services to be delivering work of a high standard, (Forrester et al., 2013). In addition to these seven factors, follow-up work conducted by Forrester and his team (Forrester et al., 2016), identified two additional factors for supporting good practice, in relation to the type of supervision provided. These preconditions are the following:

1. *Wider practical organizational support for Children's Services* - for example, providing adequate space, good IT systems and other practical supports for practice.
2. *Strong administrative support* - good administrative support with bureaucratic procedures to enable workers to devote more time to frontline practice with families.
3. *Small teams* - smaller teams were found to work better - this was also observed in small unit teams and in some conventional teams too.
4. *High ratio of supervisors to staff* - due to the complexity of the families that workers deal with, supervisors can only effectively manage a limited number of social workers. Adequate ratios of supervisors to staff were crucial for the organization to work.
5. *Recruitment of high quality staff* - a key factor and very difficult to quantify, but higher scores obtained in simulated interviews with workers across different Local Authorities were linked to higher level social work skill.
6. *Limited workload* - social workers can only work effectively with a relatively small number of families. Allocating more than they can manage means that workers and managers formally or informally decide to prioritise some and give limited attention to others. Controlling caseloads was necessary to allow effective service delivery.
7. *Articulating clear values* - managerial articulation of clear values that put children's welfare first. This was crucial to keep staff motivated and engaged in their work.
8. *Quality of individual supervision* - supervision was found to play a key role in decision-making regarding cases and enabling and supporting workers with their direct practice.
9. *Small group discussions* - this element was also important as a forum for expressing and sharing concerns, difficulties and hypotheses about cases.

This framework provides a tool to capture and understand the underpinnings of an organizational context that supports and enhances worker well-being. In this study we explore the relationship between different elements of the framework and the well-being and stress of social workers and related staff.

### *1.3. Overview of the structure of each Local Authority*

This section provides a brief narrative description of the Children's Services team for each Local Authority (LA). This is structured around three concepts: key characteristics (such as size and location), organizational structure (specifically the key features of the way the authority is structured) and other features (a catch-all category in which any other important elements of the authority are described, including any specific practice model used). A summary of these key features for each LA is presented in Table 1.

#### **LA1**

**Key characteristics:** LA1 was an inner London borough with a population of c.200,000. It had very high levels of deprivation and an extremely racially diverse population.

**Organizational structure:** LA1 had moved to small teams consisting of 4.5 workers (a Consultant, two workers, an administrator and a 0.5 Clinician). Caseloads were held by the Consultant and decision-making was made in group case discussions. The high level of administrative support was intended to free workers to work directly with children and families.

**Other features:** the LA had moved to "Systemic Practice", and workers had been extensively trained in this model.

#### **LA2**

**Key characteristics:** LA2 was a London borough with many similarities to LA1 demographically.

**Organizational structure:** This local authority was organized in a more conventional way for the UK, with a team manager and team deputies. Teams consisted of 12-15 workers, with a team manager and deputies. There was roughly one supervisor to 7 or 8 workers, and supervision was provided in individual meetings. Supervisors did not do direct work with families. There was one administrator per team.

Other features: During the period of the study LA2 experienced a poor inspection from the government regulator, the Office for Standards in Education, Children's Services and Skills (Ofsted). While, in part, this reflected problems identified in the research, it also increased levels of stress and anxiety amongst staff.

### **LA3**

Key characteristics: LA3 was a town of about 250,000 in the south of England. Like LA1 and LA2 the area was characterized by both high levels of deprivation and considerable racial diversity.

Organizational structure: The management structure was more similar to LA2, in that teams of around 10 social workers had a Team manager and usually an assistant who provided supervision. Supervision was carried out in individual meetings. With each team focused on child protection a team of unqualified support workers was co-located, but the authority had recently moved from these teams being jointly managed.

Other features: the recent move from jointly managed teams to teams focused on child protection had continued impact as the workers and managers adapted to new ways of working.

### **LA4**

Key characteristics: LA4 was another inner London Borough, of similar size and profile to LA1 and LA2.

Organizational structure: This local authority was structured in the conventional way, as work was organized in teams of 12-15 workers, each team with a team manager and two deputy managers (there were thus 4 workers to each supervisor).

Other features: the authority had been stable, with no major restructuring and a stable workforce and senior management team, for some years. It was widely perceived to be a highly effective authority.

### **LA5**

Key characteristics: LA5 was a town of 120,000 in the north west of England. While the level of deprivation was similar to the other authorities in this study, the population was overwhelmingly white British.

Organizational structure: This LA had the most complex structure, as the evaluation compared a team using a new model with one delivered in a more conventional way. The conventional team was similar to those described above. A team manager and senior worker supervised 8 qualified workers and 8 unqualified workers. Case allocation was to individuals and supervision similarly happened between supervisor and worker. The "new" approach was inspired by the reforms in LA1, but presented something of a hybrid approach. Workers were organized into "pods" of 2 qualified and 2 unqualified workers with an administrator. However, while there were case discussions in pods, line management and supervision remained on the traditional hierarchical model. Qualified and unqualified workers were meant to work more closely together in Pod model. In contrast to the conventional model – in which administrative support was in a separate team – in Pods, it was integrated.

Other features: the conventional model chosen for the comparison by the authority had a number of other challenges, including management changes and high levels of staff turnover. It was not a "high functioning" example of the conventional model.

## **2. Method**

### *2.1. Research design and sample*

This study employed a cross-sectional research design and a sample consisting of questionnaire responses from 193 qualified social workers in child protection services across five local authorities in the UK. The sample distribution per local authority included 33 workers in LA1, 24 in LA2, 38 in LA3, 76 in LA4 and 22 in LA5 (see Table 2). Cases where we did not obtain a complete set of data were not included in the statistical analysis. In each local authority participating in the evaluation studies, teams and units either volunteered or were asked to take part in the study by their authority. Most of the child protection services teams from LA1 (11 units), LA2 (5 teams), LA3 (3 teams) and all teams in LA4 (6 teams) and LA5 (2 teams and 2 units) entered the sample.

### *2.2. Procedure*

All managers and deputy managers within the Children Protection Services in the local authorities were informed about the study procedures. Social workers completed the same staff survey pen-and-paper questionnaire across all local authorities. Respondents were not compensated for their time. Survey questionnaires were administered and collected by embedded researchers within the Children's Services departments to protect confidentiality. The response rate in the obtained sample was very high overall (89.4%) ranging from 76.7% for LA4 to 100% for LA3.

### *2.3. Measures*

A quantitative approach was used in this analysis. The measures included standardised instruments and bespoke

questions that had been piloted with other local authorities in prior studies ( Forrester et al., 2013a; Forrester et al., 2013b) supplemented by an open-ended question regarding the best and worst features about the authority. These instruments have been selected to gather information on various aspects of worker well-being and job satisfaction as well as organisational aspects of each local authority where data collection took place. Thus, a number of standardized instruments and bespoke questions have been used to collect information on the following areas:

### *2.3.1. General demographic questions and job specific questions*

Data on the characteristics of the workers such as background information (e.g. age, gender, etc.), job title, qualifications and training, and time in post was collected.

### *2.3.2. Psychological distress and anxiety*

Participants completed the General Health Questionnaire-12 (GHQ-12; Goldberg & Williams, 1988), a widely used and validated measure of psychological stress. GHQ is a screening instrument for identifying minor psychiatric disorders in the general population. It assesses the respondent's current state by asking if that differs from his or her usual state. It is therefore sensitive to short-term psychiatric disorders but not sensitive to long-standing attributes of the respondent. The GHQ-12 is a shortened version of the original GHQ questionnaire, as developed by Goldberg (1978) which contained 36 items. The shorter GHQ-12 version has been found remarkably robust and has similar psychometric properties to the 36-item version (Goldberg et al., 1997; Hardy et al., 1999). Each of the 12 items comprised four response options (coded 0-3) with higher scores indicating increased levels of mental distress. Response options are semantically anchored as "Better than usual", "Same as usual", "Worse than usual" and, "Much worse than usual" or some variation. The GHQ-12 has been validated in numerous populations and clinical settings. For the current studies, a total score was calculated as well as a clinical threshold of 3/4 based on the GHQ-12 scoring (Goldberg et al., 1997; Goldberg, Oldehinkel, and Ormel, 1998). The total score would have a possible range of 0-36 based on the GHQ-12 item scoring of 0-1-2-3. Based on an item scoring of 0-0-1-1 where the two most severe answers are coded as 1, a score of 4 or more was considered a clinically elevated threshold for psychiatric illness. The internal reliability score for the GHQ-12 was examined for the full sample and was found to be good with a Cronbach's alpha of  $\alpha = .876$  in the obtained sample.

### *2.3.3. The 9 work enabling conditions framework analysis*

Using the seven service enabling conditions and the two additional factors that were recently added to the framework (i.e. group and individual supervision), data was gathered and applied to the five local authorities. Some of this was quantitative data gathered during the evaluation studies (i.e. number of workers per team and per supervisor, caseload, individual and group supervision) and some elements were qualitative judgments (i.e. articulating clear values within the organization, wider practical support, administrative support, and recruitment of high quality staff). For all these, a summative judgment/evaluation was made of the overall level within that element to provide a summary score on a 3-point scale for each LA. The summary scores were provided by two researchers who independently made a judgment on each of these dimensions. Their overall level of agreement on the scores for each dimension was excellent (95%). Each dimension was measured as follows: "Wider practical organizational support", "Strong administrative support", "Recruitment of high quality staff" "Limited workload" and "Articulating clear values" were measured on a 3-point scale ranging from poor to good. For "Small teams" and "High ratio of supervisors to staff" the number of workers and the ratio of workers to supervisor were used respectively. "Quality of individual supervision and "Small group discussions" were measured as a dichotomous categorical variable ("yes" or "no").

### *2.3.4. Assessment of work conditions, job autonomy and decision-making*

Participants were asked about their working conditions including their attitudes towards autonomy around decision-making, support from supervisors, and feeling valued by colleagues. A 7-item questionnaire was used and included bespoke questions such as: "I have enough time to make decisions", "I receive adequate support from my manager/supervisor to make decisions", "I make decisions autonomously". Each question was placed on a scale from "1=strongly disagree" to "5=strongly agree". Higher scores reflected greater satisfaction with working conditions. The internal reliability consistency of the measure was adequate with  $\alpha=.750$  in the obtained sample. Evidence suggests that attitudes surrounding working conditions are related to burnout (Moriarty et al., 2015; Hussein & Moriarty, 2015) and hence this questionnaire was included in our measurements.

### *2.3.5. Assessment of job satisfaction and work prospects*

Although a term frequently used and measured, job satisfaction has been conceptualized in many ways and therefore, it has not been measured consistently. However, it has been found that both stress and burnout

correlated with satisfaction, although the relationship was stronger with burnout (Pines & Keinan, 2005). In our study, job satisfaction and work prospects were measured with these bespoke questions<sup>2</sup>: “Regarding your work in general, how pleased are you with your work prospects?”, “Regarding your work in general, how pleased are you with the physical working conditions?”, “Regarding your work in general, how pleased are you with the way your abilities are used?”, and regarding your work in general, how pleased are you with your job as a whole, everything taken into consideration?” Response options for these ranged from “1=highly unsatisfied” to “4=very satisfied”. These questions together had an obtained internal consistency reliability score of  $\alpha=.772$  indicating acceptable reliability.

#### 2.3.6. *Work environment*

A bespoke question to assess the physical work conditions which was “How pleased are you with the physical working conditions?” This single-item was placed on a scale from “1=highly unsatisfied” to “4=very satisfied”.

#### 2.3.7. *Employee experience of working with families*

This measure included 14 bespoke questions of the social worker’s experience when working with families. For example, what kind of professional relationship they have with the family (trusting or non-trusting), what therapeutic methods workers used, if any, and how often they used those methods. Workers were also asked about their strengths and limitations of working with families and making professional decisions. All response options were on a 5-point scale ranging from “1=Never”, to “5=Always”. Higher scores indicate greater reported experience when working with families. Internal consistency reliability for these questions were excellent with  $\alpha=.860$  in the obtained sample.

### 2.4. *Data analysis*

The demographics of the workers are described as frequencies and percentages, or means and standard deviations. We analysed differences between local authorities using one-way between-groups ANOVA and Tukey HSD tests, and Chi-square tests for categorical variables. Only cases with full set of data were entered into the analysis, i.e. listwise deletion of missing data. The main analysis focused on differences in GHQ scores among LAs and the overall scores on the 9 preconditions framework.

## 3. Results

### 3.1. *Sample characteristics*

The majority of the sample was female (82 %) and mean age was 37.57 years (SD=8.83). Average time in post was 2.82 years (SD=2.90) and average time qualified was 7.20 years (SD=6.51). In terms of job title, approximately 32 (18%) were managers, 108 (61%) were social workers, and 37 (21%) were other agency workers. Regarding employment status, 171 (88.6%) were permanently employed, whereas 22 (11.4%) were temporary. With regards to academic qualifications, 72 (37.5%) had masters degrees and 121 (62.5%) had a graduate degree or below. Table 2 displays the results for the overall sample characteristics and the differences among workers across the different LAs on job title, employment status, differences in social work qualification and level of education, age and time in post. Statistically significant differences across LAs are indicated.

### 3.2. *GHQ scores*

GHQ scores were examined in terms of total scores and above the cut-off point scores (i.e. denoting clinically elevated scores) and in relation to the 9 preconditions framework. A summary of the GHQ scores for the total sample and for each LA is presented on Table 3. There were 38 (19.7%) individuals who reported elevated GHQ scores. This is slightly higher than the general population average which is in the range of 14 to 17% in a number of studies (Goodwin et al., 2013). The association between the proportion of workers reporting clinically elevated GHQ scores and LA ( $\chi^2 = 9.142$ ,  $df = 5$ ,  $p = .058$ ) was nearly significant. LA3 and LA5 appear to have a greater proportion of workers reporting elevated scores. On the contrary, a small proportion of workers in LA1 and LA4 appear to have clinically elevated scores, and, thus, having the lowest proportion of distressed workers. GHQ scores across LAs showed a significant difference between the LAs based on the mean GHQ total scores,  $F(4, 188) = 5.00$ ,  $p = .001$ . Post-hoc comparisons revealed that workers from LA4 reported the lowest scores which were significantly lower than those reported by workers in LA3 and LA5. LA1 workers

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<sup>2</sup> Although our aim was to collect the same data across the three evaluation studies, due to time constraints and some practical difficulties, it was not always feasible to collect all types of data in all local authorities. Thus, we have data only from LA1, LA2 and LA3 on these measures.

also reported significantly lower scores than LA5.

### 3.3. GHQ scores and the 9 enabling conditions framework

The summative scores for each LA on the 9 prerequisites for successful service delivery in Children's Services are presented in Table 5. A rating on each one of the 9 preconditions framework for each LA was provided. Results showed that LA1 had consistently higher scores on each of the elements, particularly, on structural elements like small teams, high ratio of supervisors to staff and small group discussions (see Table 4.) Then, a chi-square test of goodness-of-fit was performed to determine whether the clinically elevated GHQ-12 scores were associated with any of the structural characteristics in the LAs. Results showed that there were significant differences among the clinically stressed and the non-clinically stressed groups on 5 out of the 7 preconditions (see Table 2). The dimensions in which significant differences were found were small team ( $\chi^2 = 6.218$ ,  $df = 2$ ,  $p = .045$ ), ratio of supervisors to staff ( $\chi^2 = 6.218$ ,  $df = 2$ ,  $p = .045$ ), recruitment of high quality staff ( $\chi^2 = 7.086$ ,  $df = 2$ ,  $p = .029$ ), clear values ( $\chi^2 = 6.214$ ,  $df = 2$ ,  $p = .045$ ) and organizational support ( $\chi^2 = 7.086$ ,  $df = 2$ ,  $p = .029$ ).

### 3.4. Assessment of work conditions: job autonomy and decision-making

Table 6 presents the results for all items included for the assessment of work measure across the 7 items. Higher scores indicate better assessment of work and workplace environment. The average item score significantly differed across the LAs,  $F(3, 132) = 4.19$ ,  $p = .007$ . Workers in LA1 and LA4 reported significantly higher item responses on average across the 7 items asking about the quality of their work environment.

### 3.5. Job prospects, satisfaction and work environment

Table 6 displays the results for all analyses by LA. Significant differences were found between the three LAs on reported utilization of their abilities [ $F(2, 90) = 3.98$ ,  $p = .022$ ], reported satisfaction of their job as a whole [ $F(2, 91) = 6.11$ ,  $p = .003$ ] and working conditions [ $F(2, 92) = 13.34$ ,  $p < .001$ ]. For each of these variables, LA1 workers reported greater satisfaction with their working conditions, utilization of their abilities, and their job as a whole. Workers reports of satisfaction with work prospects did not significantly differ across the LAs [ $F(2, 90) = 2.13$ ,  $p = .124$ ].

### 3.6. Social worker's reported experience of working with families by LA

Analysis of Variance for this measure demonstrated significant differences between the LAs [ $F(3, 139) = 4.98$ ,  $p = .003$ ] (see Table 6). Although these scores significantly differed across the LAs, an unexpected finding emerged. LA4 has reported significantly lower scores than LA1. This is in the opposite direction than what we had expected.

### 3.7. Predictors of GHQ scores between LAs

The main purpose of the paper was to explore organizational factors related to stress and burnout among child protection workers. Towards this aim, bivariate regression models were conducted to explore all factors individually. Demographic, work-related, and services-related variables were used independently in the regression model predicting the GHQ total scores. The variables that significantly predicted GHQ total scores were the following:

- Experience of working (with family) was found to be significant ( $\beta = -.205$ ,  $t = 2.994$ ,  $p = .003$ ). Increased self-reported quality of working with families was associated with lower GHQ scores.
- Satisfaction with support for assessment (that is, job control and decision making, and time and resources questions) was found to be significant ( $\beta = -5.038$ ,  $t = 6.894$ ,  $p < .001$ ). Higher scores indicate better assessment of work and workplace environment and were associated with lower GHQ total scores.
- Prospects were found to be significantly related to GHQ scores ( $\beta = 3.186$ ,  $t = 3.621$ ,  $p < .001$ ). Higher scores for work prospects associated with decreased GHQ total scores.
- Work environment was found to be significant ( $\beta = 2.112$ ,  $t = 2.346$ ,  $p = .021$ ). Higher scores with physical work conditions associated with decreased GHQ total scores.
- Use of abilities of workers was found to be significant ( $\beta = 3.740$ ,  $t = 4.687$ ,  $p < .001$ ). Higher scores with how workers reported their abilities are being used at work associated with decreased GHQ total scores.
- Overall job satisfaction was found to be significant ( $\beta = 3.615$ ,  $t = 4.405$ ,  $p < .001$ ). Higher scores with job satisfaction as a whole associated with decreased GHQ total scores.



### *3.8. Limitations of the data*

This study is an amalgamation of three different studies that collected data for different purposes, and hence, there are several limitations in the data presented. Rather than considering limitations for each type of data collected, some general types of limitation are presented: the methodology and the data collected in each local authority varied significantly and it has been challenging to create consistency from the various types of data collected. One source of potential bias for our sample was the sample recruitment procedure. However, the final evaluation report indicated that there was a wide range of teams and units in terms of structural characteristics and quality of practice across all the local authorities (Forrester et al., 2013), which denotes that our sample was probably representative of the overall level of practice in each local authority. Another major limitation is that while the study reports on key elements of structure, there were many other factors that interacted with this or had an independent impact. Some of these are mentioned in the description of each LA above. They include the impact of external inspection (particularly where it is negative and results in considerable change) (LA2), changes or stability in senior management (changes impacted on LA2 and LA5) and less tangible effects, for instance the new service structure in LA1 was led by a charismatic and highly effective leader. The changes, her ability to bring them about and the impact on staff probably interact in ways that are difficult to capture in the methods used in this study. Ideally, it would have been good to compare the local authorities in a “stable state”, but the reality is probably that stability is elusive. Therefore, the approach taken in this study was to try to understand and take into account the relevant structural differences among the local authorities. The differences need to be considered in the context of real world complexity, and perhaps only the strongest of relationships are ones we can be confident about.

### **4. Discussion**

This paper presented data on workers’ level of stress and well-being collected across five local authorities with different organizational hierarchy and composition. The overall level of stress across all LAs was approximately 20% above the clinical cutoff point. A rate of 20% of workers reporting elevated stress would place them moderately above the population average ranging 14–17%. However, a closer examination of the results revealed a very different pattern for stress levels among practitioners working in different organizational structures; from very low stress levels, only 9.1% elevated scores, to very high levels, 36.4%. Levels of stress reported in LAs with particularly stressed workers resemble those in other studies for this occupational group. In previous research, social services staff have been found to have the highest stress levels (41.5%) followed by educators (37.2%) and health care professionals (32.4%) (Goodwin et al., 2013). Additionally, a systematic review of issues within the social work profession in England found that the proportion of workers who according to scale norms were above the clinical threshold for stress ranged from around one third to a half (Moriarty et al., 2015).

The overall results from our study appear to show that general anxiety and stress levels vary significantly across LAs. Information collected from workers across LAs offers insight into their work and organizational environment which may explain variation in reported stress levels. Workers in the LA with the least stressed employees reported good prospects and job satisfaction and rated their working conditions highly. Regarding their organizational systems’ evaluation, this LA was rated consistently higher on all the elements of the 9 preconditions framework: LA1 was well-resourced (e.g. administrative support, training etc.), was organized in small teams with a group of professionals sharing each case, and had many reflective group supervision meetings and practitioners received more supervision time by having a high ratio of supervisors to workers, and similar structural elements were also observed for LA4. Although some worker characteristics, such as job role, employment status etc. were found to be significantly different across LAs, these do not relate to worker personality characteristics, but rather to the overall management of personnel and organisational functioning of each LA. Additionally, none of these worker characteristics was significantly associated with GHQ scores. Therefore, it seems that the low stress levels in LA1 and LA4 could be explained by workers in LA1 and in LA4 having a sense of job clarity and control and are provided with the necessary administrative and social support by their managers and their peers to deal effectively with their daily job pressures. Interestingly, we found that these elements can be more influential than limited workload, for example. By contrast, the LAs with the most stressed workers exhibited lower scores on all the categories of the prerequisites and on all the work conditions measures - despite these workers reporting high satisfaction of working with their allocated families. These key elements were also emphasized in the open-ended section in the staff survey questionnaire, where workers from these authorities expressed concerns about staffing levels, lack of supervisory support, and lack of clarity of thresholds and decision making priorities in child protection and court work (Forrester et al., 2013). Previous models of job stress and burnout have underlined the importance of job demands (i.e., perceived work overload and role conflict) and job control or resources (i.e., supervisor support and job autonomy) in various human service professions (Bakker & Demerouti, 2007; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Karasek & Theorell, 1990; Mor Barak & Levin, 2005). The current framework

extended and tested these constructs in the context of child and family social work and highlighted the principal elements for good service provision in child protection teams.

Several child welfare organizations are now looking to improve their organizational structure and to make the necessary changes which can lead to staff engagement and commitment. When examining which factors predicted worker stress levels, we found that none of the individual characteristics was significantly related to the GHQ scores. By contrast, work and service-related variables, such as job prospects, satisfaction, work environment and experience of working with families were all found to be significant predictors of stress. This is an important finding and highlights the role of organisational context as the most salient element impacting worker stress and, thus, influencing staff satisfaction and retention (Glisson et al., 2011; Boyas & Wind, 2010; Hussein & Moriarty, 2013). Moreover, the 9 work enabling conditions framework demonstrated how some structural elements can be foundational to other high level organizational factors. These core elements can act as buffers for work stressors and provide the adequate mechanisms for an organisation to support and enhance employee satisfaction and well-being by involving workers at all levels in the organizational functioning. In other words, employees who feel supported are likely to identify with the organisational values and priorities, and this identification helps them manage stress and anxiety in child protection work (Boyas & Wind, 2010; Webb & Carpenter, 2012).

One important practical implication from the findings is that these key factors affecting worker commitment and well-being are within the influence and responsibility of managers and policy makers to consider and manage in order to create a positive social context, as suggested in prior research (e.g., DePanfilis and Zlotnik, 2008; Mor Barak et al., 2006). Our findings have also revealed that some organizations in the UK have begun addressing employee work satisfaction and well-being in a systematic way through successful implementation of these reforms and innovations in their structures. For example, 87.5% of workers in LA4 (LA with low levels of stress) reported the organizational structure as one of the “best things about working” for this local authority in the staff survey. This paints a more nuanced picture to the negative conclusions about worker well-being in children’s social services departments a few years ago.

#### 4.1. Conclusions

This study linked empirical data on workers’ well-being and job satisfaction to the underlying principles and the functioning elements of the organization. While we do acknowledge the multiple layers of complexity within every organization and several methodological limitations, the present paper highlighted the role of structural elements that can shape worker experience and work attitudes within the organization. Interestingly, only organizational factors were found to be significantly associated with high stress scores and specific structural elements were found to be critical for the worker’s reported job control, job satisfaction, and perceived workplace opportunities. There is increasing interest in helping practitioners cope with daily pressures in child and family social work, and we would argue that these conditions may act as protective factors reducing workplace stress and positively influencing personal well-being, work attitudes and professional efficacy. Our results indicated that a positive organizational context is one with clear values about the priorities of the work in the organization, small teams, high staff-supervisor ratio, and good organizational practical support for the workers. These work enabling conditions form the basis for a sense of shared responsibility and professional support in the teams and for each individual worker. However, further research is needed to examine the relationship between less stressed workers and outcomes for families and to what extent this association can have a significant impact on service user outcomes.

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