Title: How did levels of psychological distress and perceptions of workplace support among children's social work staff change during the Covid-19 pandemic?

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Abstract

Covid-19 brought about drastic changes in day-to-day life and working practices, and had a profound impact on the mental health and wellbeing of the general population. Certain professional groups have also been particularly affected. This study sought to explore how levels of psychological distress and perceptions of workplace support among social work staff changed during the pandemic. We present the results from a series of surveys conducted in four local authorities in England, before and during the Covid-19 pandemic. Social workers and other social care staff (n=62) were asked about their experiences of psychological distress, using the twelve-item General Health Questionnaire (GHQ-12). Overall, we found the proportion of staff reporting elevated levels of psychological distress increased and, in line with previous studies involving social workers, was high relative to the general population. Yet most staff also said they had high levels of support from managers and colleagues, while a small proportion reported an increased perception of workplace support during the pandemic, compared to before. We consider these findings in relation to Organisational Support Theory (OST) and reflect on the ability of local authorities to provide effective support for social care staff.

Teaser Text:

Long before most of us had heard of coronavirus, social workers were already reporting high levels of psychological distress compared to the general public. In this study, we explored how levels of psychological distress changed among staff working in children's social services during the pandemic. We asked sixty-two people working in children's social services in four local authorities in England to complete a survey about their wellbeing and to tell us whether the support they received changed

during Covid-19. We found the proportion of staff reporting elevated levels of psychological distress was high and that it increased over the pandemic. But social work staff also said they had high levels of support from managers and colleagues, and some reported an increased perception of workplace support during the pandemic, compared to before.

Introduction

The Covid-19 pandemic has had a detrimental effect on the mental well-being of many people in the UK (Gray et al., 2020). Yet long before most people had heard of coronavirus, concerns were being raised about the wellbeing of public sector workers in the UK, including social workers and other social care staff. Lloyd et al (2002) reported at the start of the twenty-first century that, compared with similar occupational groups, social workers were likely to experience higher levels of psychological distress. The same review found that key protective factors included supervision and team support (Lloyd et al., 2002), both of which have been disrupted by social distancing and remote working (Domakin 2020a, Domakin 2020b).

That social work can be a challenging profession is not a new claim. More than 30 years' ago, Gibson et al (1989) used a postal survey to explore levels of stress among social workers in Northern Ireland (n=176), half of whom worked with children and families. They used two versions of the General Health Questionnaire, GHQ-12 and GHQ-28, to assess 'caseness' – a threshold measure that indicates elevated levels of psychological distress and the likely presence of a minor psychiatric disorder. They found that 31% (GHQ-12) and 37% (GHQ-28) of respondents could be classified as 'cases' (Gibson et al., 1989). For comparison, the range of caseness in the general population is usually between 14% and 17% (Goodwin et al., 2013). The relationship between stressful working conditions and poorer mental and physical health is also well-established (Cox and Thomson, 2014; Hassard et al., 2018)

Similar findings have been reported for social workers in England. Coffey et al (2004) administered the GHQ-12 with social services staff (n=1,234). Those working with children and families

had higher levels of absenteeism and poorer well-being than those from other settings. Overall, 42% of staff in children's services met the caseness threshold, compared with 35% in adult services. Common sources of stress included a lack of time, rigid timescales, and insufficient staffing levels. Lower GHQ-12 scores (indicating lower levels of psychological distress) were associated with higher levels of job satisfaction. Higher GHQ-12 scores were associated with longer working hours and having been longer in employment (Coffey et al., 2004).

In 2019, Ravalier published a similar study of wellbeing in social services in England (n=1,333), this time using the Perceived Stress Scale. This study again found that child and family social workers reported higher levels of stress compared with workers from adult settings. Causes of stress included high caseloads, the imposition of timescales, and blame cultures, while sources of support included reflective supervision and administrative assistance (Ravalier 2019). Conversely, Huxley et al (2005) found that mental health social workers had even higher levels of psychological distress than those reported for those working in children's services, with 47% crossing the caseness threshold (twice the level reported by psychiatrists) (Huxley et al. 2005). In a more recent study, involving respondents (n=193) from five local authorities in England, Antonopoulou et al (2017) found that nearly 1 in 5 child and family social workers met the caseness threshold (Antonopoulou et al., 2017).

Student social workers also routinely experience greater levels of psychological distress than the general population. Collins et al (2010) conducted a postal survey with students (n=76) using the GHQ-12 and found that 42% were above the caseness threshold (Collins et al., 2010). Kinman and Grant (2010) also studied levels of stress among social work students (n=240) and found similarly high GHQ-12 scores (Kinman and Grant 2010). The consistent finding from these studies is that social workers are very likely to report higher levels of psychological distress compared to the general population, and compared to some other public sector workers.

These findings are particularly concerning because of the risks involved in supporting vulnerable children. Safe and effective practice requires professionals to build empathic relationships with families experiencing high levels of need, pay close attention to detail, and make well-reasoned

judgments under pressure. Those experiencing prolonged periods of psychological distress are more likely to experience impaired decision-making (Wemm and Wulfert 2017). Psychological distress is also associated with absenteeism and employee turnover (Bowyer and Roe 2015) which may negatively affect relationships between families and professionals.

The impact of the Covid-19 pandemic

 For many people in the UK and around the world, Covid-19 has had a serious and detrimental impact on well-being. A recent systematic review found that the pandemic has "*resulted in unprecedented hazards to mental health globally"* (Xiong et al. 2020, p.55)*,* while a meta-analysis found that "*Covid-19 not only causes physical health concerns, but also results in a number of psychological disorders*" (Salari et al. 2020, p. 1). Young adults have shown increased risk for depression and anxiety (Kujawa et al., 2020), while many parents have experienced higher anxiety and depressive symptoms (Brown et al., 2020).

The impact of the pandemic has also been far from equal (Bowleg, 2020). Relative to other groups, young people, women, those with lower levels of education, single adults, and parents have all reported higher levels of stress (Kowal et al., 2020). People from Black, Asian and minoritised ethnic communities have died with Covid-19 at disproportionately high rates (Kirby, 2020). Rates of domestic abuse increased significantly during lockdowns (Buttell and Ferreira, 2020)and more children have been victims of abuse (Humphreys et al., 2020).

Golightley and Holloway (2020) summarised the problems caused by the pandemic in relation to social services specifically. These include: the exacerbation of long-term mental health problems, disruptions to inter-personal networks and suspension of support services (Golightley and Holloway, 2020). Amid these myriad challenges, social workers worked to mitigate the impact of escalating social problems on the most vulnerable (Peinado and Anderson, 2020).

Many other professional groups have also suffered. Medical doctors report high levels of anxiety, as well as worries about being infected with the virus (Mosheva et al., 2020). Nurses have

been under severe psychological pressure, with tragic reports from Italy of some nurses even taking their own lives (Shen et al., 2020). Teachers have also had to cope with increased stress levels, and the need to provide remote education for children, a significant proportion of whom were already known to be vulnerable (Klapproth et al., 2020).

Based on the evidence that social workers were already reporting higher levels of psychological distress than the general population before the pandemic, this study aimed to explore how levels of psychological distress and perceptions of workplace support changed with the onset of Covid-19. The research questions for the study were:

1. Were there any differences in levels of psychological distress among children's social work staff before and during the Covid-19 pandemic?

2. How did the frequency of children's social work staff supervision change during the pandemic?

3. How did children's social work staff's perceptions of workplace support change during the pandemic?

Method

Background to the study

This study used data originally collected as part of a Randomised Controlled Trial (RCT) of Schwartz Rounds in children's social services (Wilkins et al., 2021). Schwartz Rounds bring staff together in regular monthly meetings to reflect on the emotional and social aspects of their work. Between February 2019 and May 2021, the RCT assessed the impact of Schwartz Rounds on levels of psychological distress. As part of the trial, we collected T1 survey data to measure levels of psychological distress amongst staff and assess their access to various forms of support. The Covid-19 pandemic meant we had to pause the trial from March 2020 until September 2020. When we restarted the trial, we repeated the T1 survey to establish a new baseline for the RCT. By so doing, we created a study-within-a-study in relation to Covid-19: in four of the Local Authorities (LAs), we collected T1 survey data, undertaken before the pandemic, and repeated T1 survey data undertaken

during the pandemic. For the purposes of this study, we renamed the second survey as T2, and identified a sub-sample of respondents who had completed both surveys.

Respondents and sampling

Respondents were recruited initially as part of the RCT of Schwartz Rounds. All local authorities in England were eligible to take part in this trial. Twelve LAs applied and all took part. All children's services staff within these authorities were given information about Schwartz Rounds, and the study was open to all social services staff. Staff were sent email links to the survey, and invited to complete it at two time points, which varied by LA (see Table 1). Some respondents completed both surveys, others completed only one or the other. For this study, we matched respondents who had completed both versions of the survey to compare their responses before and during the pandemic. The survey was administered via Qualtrics, with data collected anonymously.

Table 1: An overview of the sample and data collection timelines for each local authority

Local Authority	T1 'before pandemic'	T2 'during pandemic'	T1 respondents	T2 respondents	Matched respondents
LA 1	10th - 28th Feb 2020	28th Aug - 15th Sept 2020	64	32	13
LA 2	4th Feb - 1st Mar 2020	10th Sep - 9th Nov 2020	86	25	11
LA 3	6th - 31st Jan 2020	13th - 20th Oct 2020	106	48	23
LA 4	3rd - 27th Feb 2020	6th Nov - 1st Dec 2020	50	40	15
TOTAL	6th Jan - 1st Mar 2020	28th Aug - 1st Dec 2020	306	145	62

Data collection

The main measure for the study is the GHQ-12, an instrument widely used to measure psychological distress (Goldberg and Williams, 1988). It is sensitive to relatively short-term changes in mental well-being over the past two weeks. It consists of 12-items, each one measured on a four-point Likert scale. For this study, we scored the GHQ-12 in two ways. First, each item was scored 0, 1, 2 or 3, giving an overall score between 0 and 36. Higher scores indicate greater psychological distress. Second, we

scored the GHQ-12 dichotomously, with each item scoring 0 or 1. This allowed us to categorise each respondent as either passing the GHQ-12 caseness threshold, indicating an elevated level of psychological distress, or not. The threshold for GHQ-12 caseness using this scoring method is ≥ 4. Within the same survey, we asked questions about personal and professional characteristics, and the availability and use of different forms of support, including supervision, counselling, and occupational health.

Data analysis

Data were analysed using SPSS (version 25) with *P* = 0.05 set as the level of significance. We generated descriptive statistics to identify salient characteristics of the sample, including demographic data and role-specific information. We analysed differences in levels of psychological distress before and during the pandemic using both GHQ-12 total Likert scores and GHQ-12 caseness, as outlined above. Because several variables were not normally distributed, we used non-parametric within-subjects tests. We analysed the difference in GHQ-12 Likert scores using the Wilcoxon signed-rank test and GHQ-12 caseness - a dichotomous categorical variable - using the McNemar test. This is an alternative to the chi-square test for within-subject designs where the dependent variable is dichotomous. We analysed the difference in the number of 1-to-1 supervision sessions accessed before and during the pandemic using an exact sign test, because the data failed the assumption of symmetricality required for the Wilcoxon signed-rank test. Data about perceived levels of workplace support is presented using descriptive statistics, with a comparison of responses before and during the pandemic where possible.

Ethics

The original RCT was granted ethical approval by the ethics committee at Cardiff University. Participation in the study was voluntary and all respondents provided written consent before taking part. The key ethical considerations for this project related to processing the data carefully to avoid

compromising participant confidentiality. This is particularly important given the sensitive nature of the data. We isolated a sub-sample of respondents from the broader study and the small numbers involved increase the risk of identification. We have paid careful attention to this in analysing and presenting the data, ensuring that it is not broken down to a level that could permit jigsaw identification.

Results

Sample characteristics

Respondents (n=62) were employed across four Local Authorities in England; one in London (n=11), one in the midlands (n=23), one in the south-east (n=15) and one in the south-west (n=13). The sample was predominantly female (n=59, 95%) and White British (n=46, 74%), largely reflecting the broader social care workforce. Most respondents (n=34, 55%) were aged between 35 and 54, and were employed in a range of social work and non-social work roles. The majority (n=50, 81%) had daily or weekly contact with families. Thirty-one per cent (n=19) were employed as social workers, and 27% (n=17) worked in other child or family support roles. Sixteen per cent (n=10) were in managerial roles and 13% (n=8) in administrative or business support roles. Thirteen per cent (n=8) were employed in other roles.

Psychological distress before and during the pandemic

GHQ-12 data were analysed in two ways: 1) using a total score or "Likert" measure and 2) using threshold measure of caseness to identify respondents with elevated levels of psychological distress. We used both these measures to compare between the T1 (before the pandemic) and T2 (during the pandemic) surveys. Mean scores for the GHG-12 Likert measure are presented in Table 2.

Table 2: Mean GHQ-12 scores at time one and two (n=62)

Time	GHQ-12 score
Before pandemic (T1)	14.13 (SD=4.79)
During pandemic (T2)	15.58 (SD=5.96)

Mean GHQ-12 scores increased slightly during the pandemic but the difference was not statistically significant (Z = -1.903, *P*=.057). The distribution for the Wilcoxon signed-rank test is shown in Table 3.

Table 3: Wilcoxon signed-rank test distribution

Group	N
GHQ Likert scores increased during the pandemic	32
GHQ Likert scores decreased during the pandemic	23
No difference in scores	7
Total	62

When looking at psychological distress using the GHQ-12 caseness measure, before the pandemic 33.9% (n=21) of respondents met the relevant threshold, and this increased to 46.8% (n=33) during the pandemic (see Table 4 below.)

Table 4: GHQ-12 caseness frequencies (n=62)

Time	GHQ-12 Caseness	N	%
Before pandemic	Case	21	33.9
	Not a case	41	66.1
During pandemic	Case	33	46.8
	Not a case	29	53.2

Table 5 shows the proportion of respondents who met and did not meet the GHQ-12 caseness threshold before and during the pandemic, measured using the McNemar test.

Table 5: McNemar Test Crosstabulation (n=62)

	T2

T1	Not a case	Case
Not a case	25	16
Case	4	17

Most respondents remained in the same category of GHQ-12 caseness between the two surveys. Twenty-five did not show elevated levels of psychological distress either before or during the pandemic, and 17 remained above the threshold at T1 and T2. A smaller group did show changes in caseness over time. Sixteen 16 respondents did not cross the caseness threshold before the pandemic but did during it. Conversely, four respondents crossed the caseness threshold at T1 but not at T2. The difference between the two groups was statistically significant *(P* = .012) suggesting an increase in the incidence of GHQ-12 caseness during the pandemic, as compared to before.

Workplace support before and during the pandemic: accessing supervision

We asked respondents at T1 how many times they had attended 1:1 supervision in the last six months, and again at T2. Results of this analysis are presented in Table 6.

Table 6: mean number of supervision meetings in last six months at time one and two (n=62)

Time	1:1 supervision meetings in the last six months
Before pandemic (T1)	4.37 (SD=2.19)
During pandemic (T2)	3.41 (SD=2.56)

Respondents accessed 1:1 supervision less frequently during the pandemic, compared with before. The number of respondents who had more or less frequent supervision over time is shown in Table 7. Most respondents (77.42%, n=48) experienced a change in frequency, receiving either more (n=29) or less (n=19). However, the difference was not statistically significant (*P*=.19).

Table 7: Exact sign test showing changes in supervision frequency over time (n=62)

Group	N
Had supervision more frequently before the pandemic	29
Had supervision more frequently during the pandemic	19
No difference	14
Total	62

Workplace support before and during the pandemic: staff perceptions of workplace support

Considering perceptions of workplace support, fewer respondents refrained from expressing a view during the pandemic as compared to before. As shown in Table 8, the proportion of respondents who *neither agreed or disagreed* with the statement 'My health and wellbeing is well supported at work' fell by 16.1%, while the proportion who *agreed* increased by 12.9%. The proportion of respondents who *disagreed* also increased, by 3.2%. We observed a similar pattern in relation to perceptions of support from colleagues (Table 9).

Table 8: '*My health and wellbeing is well supported at work*' - Frequencies and percentage change between T1 and T2 (n=62)

	Before pandemic		During pandemic		
	n	%	n	%	+/-%
Strongly agree/agree	30	48.4	38	61.3	+12.9
Neither agree or disagree	23	37.1	13	21.0	-16.1
Strongly disagree/disagree	9	14.5	11	17.7	+3.2

Table 9: '*I can go to my colleagues for emotional support if I need to*' – Frequencies and percentage change between T1 and T2 (n=62)

	Before pandemic		During pandemic		
	n	%	n	%	+/-%
Strongly agree/agree	48	77.4	53	85.5	+8.1
Neither agree or disagree	8	12.9	2	3.2	-9.7
Strongly disagree/disagree	6	9.7	7	11.3	+1.6

For perceptions of organisational support in relation to wellbeing, respondents were more positive during the pandemic than before, with fewer saying they disagreed or neither agreed or disagreed with the statement '*The organisation actively cares and supports my wellbeing'* (Table 10).

Table 10: *'The organisation actively cares and supports my wellbeing'*– Frequencies and percentage change between T1 and T2 (n=62)

	Before pandemic		During pandemic		
	n	%	N	%	+/-%
Strongly agree/agree	19	30.7	30	48.4	+17.7
Neither agree or disagree	25	40.3	20	32.2	-8.1
Strongly disagree/disagree	18	29.0	12	19.4	-9.6

At T2, we also asked specific questions about working during the pandemic (Tables 11 and 12). Most respondents (n=48, 77.4%) were positive about feeling connected to their colleagues and supported by their manager.

Table 11: '*I have been able to stay connected with my colleagues during the pandemic'* (n=62)

	n	%
Strongly agree/agree	48	77.4

13

	n	%
Neither agree nor disagree	7	11.3
Strongly disagree/disagree	7	11.3

Table 12: *My manager has checked in with me regularly during the pandemic* (n=62)

	n	%
Strongly agree/agree	48	77.4
Neither agree nor disagree	8	12.9
Strongly disagree/disagree	6	9.7

However, when asked about the impact of the pandemic on the availability of support, respondents were less positive (Table 13). More than one-third felt that more support had been available before the pandemic, while nearly another one-third said there had been no change.

Table 13: '*Has the support available to you changed during the Covid-19 pandemic?*' (n=61)

	n	%
Yes: more support	18	29.5
Yes: less support	23	37.7
No change	20	32.8

Summary of findings

We sought to answer three questions related to changes in psychological distress and perceptions of workplace support among children's social work staff, before and during the Covid-19 pandemic.

1. *Were there any differences in levels of psychological distress among children's social work staff before and during the Covid-19 pandemic?*

   We found a statistically significant increase in the proportion of staff reporting elevated levels of psychological distress (GHQ- 12 caseness) during the pandemic (P = .12), as compared to

before. Mean levels of psychological distress, measured using the GHQ Likert scale, also increased, but the difference was non-significant.

2. *How did the frequency of children's social work staff supervision change during the pandemic?*

There was no significant difference in the frequency with which staff attended supervision during the pandemic, as compared to before.

3. *How did children's social work staff's perceptions of workplace support change during the pandemic?*

Respondents reported more positive perceptions of workplace support during the pandemic, as compared to before. However, views also became more polarised: more participants chose to express an opinion (both positive and negative) about workplace support during the pandemic, rather than remaining neutral.

Discussion

In this study, we explored how levels of psychological distress and perceptions of workplace support among children's social care staff changed during the Covid-19 pandemic. We measured levels of psychological distress before and during the pandemic, analysed changes in respondents' uptake of supervision, and described the degree to which social care staff felt supported by their organisation.

Psychological distress

Our findings indicate a slight increase in overall levels of psychological distress, and a marked increase in the proportion of respondents with elevated levels of psychological distress (those crossing the caseness threshold). These findings contribute to the existing evidence about the wellbeing of social care staff over the course of the pandemic, with other recent studies finding, for example, high levels of anxiety (Peinado and Anderson, 2020) and psychological distress (Menachem and Hamama-Raz, 2021) in social workers during Covid-19. Understood within this context, our findings should not be surprising. Increases in levels of psychological distress were to be expected, given the changes

wrought by the pandemic. Our findings are in line with well-documented results from UK-based and international studies which found similar patterns of substantially increased psychological distress among the general population (Leach et al., 2021; Lorant et al., 2021; Niedzwiedz et al., 2021).

Yet it may be somewhat surprising that levels of psychological distress were not even higher among our sample. Previous studies found levels of caseness among practicing social workers ranged from 19.7% (Antonopoulou et al., 2017) to 47% (Huxley et al. 2005). And although we found similar proportions (33.3% pre-pandemic, rising to 47.6% during), it is notable that during the pandemic, the proportion of staff experiencing elevated levels of psychological distress was broadly in line with these previous findings (albeit at the top of the range of previous studies' findings) - and nowhere near as high as some studies have reported amongst social work students (Collins et al., 2010; Kinman and Grant, 2010).

There are several potential explanations for this. First, study-related factors to do with measurement and timing might have influenced the findings. At T2, the GHQ was administered between five and ten months after the first 'lockdown' in the UK (between August and December 2020). By the time staff were asked to complete the survey, life may have normalised somewhat and initial levels of distress might have returned to pre-pandemic levels. Second, it could be a product of having included a broader range of social work staff in the study, which makes a direct comparison with previous work involving only social workers more challenging. However, this seems relatively unlikely because we found no significant difference in distress levels between those working in 'frontline' roles and those who didn't have regular contact with families (albeit based on very small numbers).

A third possible explanation relates to how social work staff were supported during the pandemic. Despite reporting increased levels of psychological distress, staff also described feeling well-supported both before and during the pandemic. There was even a slight increase in positive perceptions of workplace support during the pandemic, as compared to before. These findings imply that, overall, LAs were successful in supporting their staff during difficult and unforeseen

circumstances, and that staff supported one another effectively. When asked about their experiences during the pandemic, the vast majority reported maintaining regular contact with colleagues and their manager.

Perceptions of workplace support

Implicit in this third explanation is the notion that organisations can bring about psychological benefits for their staff through the support they provide. This idea forms the basis of Organisational Support Theory (OST) which proposes that employees form generalised perceptions about how much their organisation values them and their wellbeing (Eisenberger et al., 1986). Studies have demonstrated that higher perceptions of workplace support are associated with organisational benefits including reduced turnover and absenteeism (Riggle et al., 2009) andwith increases in individual psychological wellbeing (Rhoades and Eisenberger, 2002; Caesens et al., 2016).

OST sees employees and their organisations as operating in a reciprocal dynamic whereby employees trade their time and effort not only for tangible benefits such as pay, but also for socio-emotional resources (Cropanzano and Mitchell, 2005). When organisations take actions that affect their employees' working conditions, they influence how valued and cared about employees feel – particularly when employees are required to go 'above and beyond' their normal responsibilities such as in times of crisis (Hoak, 2021). Being valued by one's organisation helps meet socioemotional needs for approval, esteem, and affiliation. In turn, employees with high levels of perceived workplace support experience a 'felt obligation' to help their organisation achieve its goals (Eisenberger et al., 1986). Although the study was not oriented around OST, and we did not measure perceived workplace support directly, our qualitative findings support the central tenets of this theory. Moreover, they illustrate factors which other studies have shown to be influential in determining how employees perceive workplace support, and some concrete actions local authorities might take to improve perceptions of support.

Two key areas seen by OST as shaping these perceptions are supervisory support (Eisenberger et al., 2002) and relationships with colleagues (Hayton et al., 2012). Staff in our study reported having supervision less frequently during the pandemic than before (though the difference was not significant), but the vast majority (n=49, 77.8%) said that their manager "checked in regularly" with them during the pandemic. Studies have found that employees tend to attribute the actions of individuals to the organisation as a whole, assigning it 'human like' characteristics (Levinson 1965). This may explain why respondents generally felt positive about the organisation caring about their wellbeing; perhaps they attributed support and care from their supervisor to the wider organisation. Mihalache and Mihalache (2011) explored what support could improve employees' wellbeing during the pandemic. The study found that perceptions of workplace support and supervisor accessibility were associated with positive changes in job-related wellbeing (Mihalache and Mihalache, 2021).

OST also suggests that support which is perceived as being offered on a discretionary basis tends to be more highly valued than support which is seen as mandated by regulation or policy (Cotterell et al., 1992; Eisenberger et al., 1997). Regular, informal contact that was seen to come from managers' own initiative (implied in the phrasing of 'checking in regularly') may have been particularly important to staff. Frequent, open, and accurate two-way communication between supervisors and employees is associated with increased resilience in the face of work stressors (Stephens & Long, 2000). But evidence on management practices also suggests that informal support structures may be more strongly associated with positive employee perceptions during periods of change than formal support arrangements (Sykes 2015). This might explain why perceptions of organisational support were high, and why they increased during the pandemic, despite employees accessing formal support through supervision less frequently. Similarly high proportions of staff (n=49, 77.8%) reported being able to stay connected with colleagues during the pandemic. Traditionally, research on perceptions of workplace support focussed largely on managerial support. However, more recent studies support the role of social networks in generating perceptions of organisational support (Zagenczyk et al., 2010; Hayton et al., 2012). In line with work looking at supervisory support, Hayton et al (2012) found that

employees attribute resource-based and emotional support provided by their colleagues to the broader organisation (Hayton et al., 2012). The high levels of support people felt in relation to these two specific aspects of working life may be reflected in their broader perceptions of the organisation.

Awareness of workplace support

Our results also suggest that *awareness* of workplace support increased: respondents who refrained from taking a view on organisational support when asked previously, chose to express one when asked again. OST offers some insight into this pattern in that it suggests employees' generalised perceptions of how much they are valued by their organisation are subject to change. Mihalache and Mihalache (2021) argue that the pandemic was a key moment for changes in perceived support because it offered an opportunity for employees to judge the actions of their organisation. It may be that Covid-19 disrupted business-as-usual to such an extent that it offered what Ashforth (2020) calls a "moral inflection point" (p.1764) where organisations were forced to react and were judged accordingly. The shift 'away from the middle' that we observed might represent one of these opportunities for reflection. The findings certainly indicate that job-related wellbeing became more salient for participants after the onset of Covid-19. This may be because, as people were forced to work in isolation from colleagues, the pandemic brought to the fore the role organisations play in supporting their employees.

These findings prompt one final reflection on the broader context of children's services. It is an environment where high levels of stress are normalised to some extent. Social work staff often describe 'fire-fighting', managing large caseloads, and facing significant organisational pressures (Silman, 2020). During the pandemic, this changed in one respect: staff were operating in a *recognised* crisis, one which their organisation responded to with tangible changes, for better or worse, rather than an unacknowledged one. This may have contributed to staff feeling more supported, or to a greater awareness of what their organisation was doing (or not doing) to support them, or both.

Strengths and Limitations

The pattern of findings we have described offers insight into the experience children's social work staff during the pandemic. The study is among the first to compare psychological distress levels among a matched sample of social work respondents before and during Covid-19. In another point of departure from previous work, our sample included a broader range of staff from across children's services. The findings show that experiencing high levels of psychological distress is not an experience unique to social workers but one that affects staff working in many different roles within children's services.

There are several limitations of the study. Some, but not all, reflect the fact that the study is based upon data originally collected for another purpose. This resulted in a relatively small sample, which means the findings need to be interpreted cautiously. The reason for the small matched-sample may be because of the stop/start nature of the data collection resulted in higher attrition than anticipated. It is also worth noting that the timing of the T2 surveys varied across LAs from late summer to early December 2020. This period is one in which Covid-19 restrictions changed frequently in England so the respondents' circumstances will have varied at the time of completing the survey.

Finally, and most importantly, the GHQ-12 measure, although well validated and widely used, is not the ideal measure for comparing levels of psychological distress. The GHQ-12 is highly sensitive and asks about short-term changes in the previous two weeks. Longer-term measures of stress, wellbeing and psychological distress might have been more appropriate. Nonetheless, the GHQ-12 does provide a valid and reliable 'snapshot' of psychological distress, and our findings are commensurate with other studies of wellbeing related to the pandemic. If we had been designing the study from the outset, we might have chosen a different measure. As it was, because the pandemic was unexpected, we have been able to use the GHQ-12 data we did collect to provide some important insights, while being mindful as well of its limitations.

Conclusion and implications:

This study adds weight to the argument that the mental wellbeing of social work staff remains a key concern, both organisationally and for policymakers. Levels of psychological distress in social work are high and this study highlights that staff in a variety of roles, not just social workers, are operating under sustained pressure. This has implications for interventions designed to improve wellbeing and job satisfaction in social work. Several models of work stress theorise that stress can 'spread' dynamically within organisations by being transmitted through individuals (Palmer et al. 2003; Kensbock et al., 2021). Services designed exclusively for social work professionals may have limited effectiveness if those social workers are working alongside colleagues who are experiencing high levels of psychological distress. It is also worth noting that our conceptualisation of psychological distress is only one of many ways of theorising work-related stress. Several models emphasise the role of (among others) job satisfaction, self-efficacy and job demands. This approach lends itself to the development of interventions which focus on building resilience and identifying protective factors, whereas other models might target different moderating mechanisms. Future studies of job-related wellbeing should aim to include a broad range of social work staff to identify their needs and develop holistic and inclusive interventions.   Finally, findings from this study imply that the changes made by LAs influenced employees' perceptions of their organisations, mainly positively, and that, overall, LAs were successful in supporting staff in difficult circumstances. It perhaps suggests that, although Covid-19 restrictions were beyond organisations' control, the way LAs responded and the resources that they made available did influence perceptions of support positively. This implies that how change and disruption are managed internally has implications for how supported individual employees feel when faced with a crisis. Results from this study suggest that support from supervisors and peers is important, as well as support that is perceived as discretionary. But other qualitative research is needed to determine how LAs reacted to the crisis and how these changes were experienced by staff. By focussing on what is within their sphere of influence and emphasising the discretionary nature of

the support they offer, organisational responses to disruptions might offer unexpected opportunities to shift perceptions and positively influence the way employees see their organisations.

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