Building and maintaining a healthy, happy social care team

Spring Webinar Series
18.03.2021

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Housekeeping

- We're recording the webinar

- We have an hour and a half

- We'll have time for questions at the end

- Please type your questions into the chat box

- We'll do our best to get to as many as possible, and may group similar questions

- If your question is for a particular panellist, please include this!

Speakers

- Dr Michael Sanders, Chief Executive, What Works for Children's Social Care (Chair)

- Dr John Moriarty, Lecturer in Education and Social Work, Queen's University Belfast

- Dr Magdalena Soffia, Work & Wellbeing Lead, What Works Centre for Wellbeing

- Shibeal O'Flaherty and Chris Mitchell, Researchers, What Works for Children's Social Care

- Dr David Wilkins, Senior Lecturer in Social Work at Cardiff University and Assistant Director of CASCADE

- **Additional panel members:** Anna Bacchoo, Director of Practice, What Works for Children's Social Care; Floriane Landor, Principal Children's Social Worker, People Directorate, Bracknell Forest Council; Liz Maslen, Children's Workforce Development Manager, Nottinghamshire County Council; Jon Robins, Social Work Practice Consultant, Nottinghamshire County Council
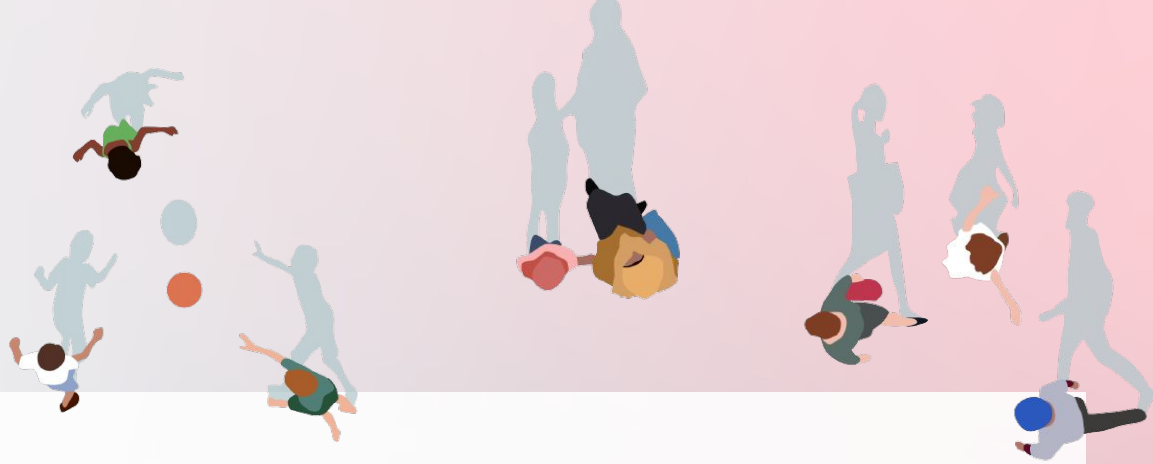
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About WWCSC

IMPROVING EVIDENCE FOR BETTER OUTCOMES

How?

- Pulling together what we already know

- Supporting the good work that is already happening

- Commissioning new research

- Giving practitioners, young people and families a platform to share their experience

- Improving the accessibility and relevance of the evidence

Why do we exist?

To deliver better outcomes for young people and families across the country, we need to know what works - for whom - and see effective practice spread far and wide.

By producing high quality evidence on "what works" and helping to translate this into practice, we hope to help all children fulfil their potential
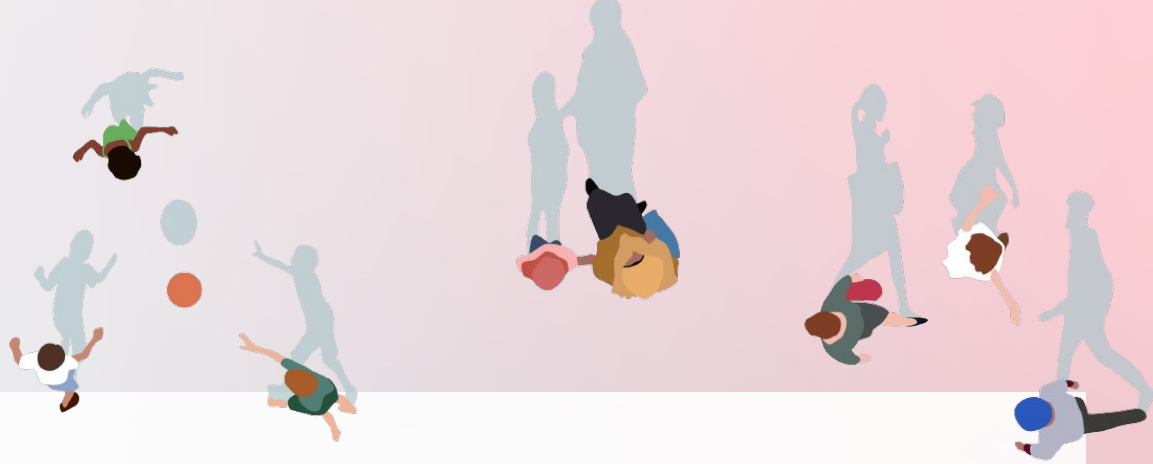
Dr John Moriarty
Queen's University Belfast

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Health and Social Care Workers' Quality of Working Life and Coping while Working during the Covid-19 Pandemic: Emerging findings

Dr Paula McFadden

Dr Patricia Gillen

Dr John Moriarty

Dr John Mallett

Dr Heike Schroder

Dr Jana Ross

Dr Jermaine Ravalier

Professor Jill Manthorpe

Dr Jaclyn Harron

Dr Denise Currie

Ulster University

Background and Methods

- **Aim**:
- To examine the impact of providing health and social care in UK during COVID-19 on nurses, midwives, allied health professionals (AHPs), social care workers and social workers.
  - o Building directly on surveys in 2016 and 2018 with social workers
- **Data collection**: Anonymous online questionnaires
  - o May – July 2020
  - o November – end of January 2021
- **Measures**:
  - Wellbeing; Work-Related Quality of Life (WRQOL); Coping Styles
  - Burnout
  - Open-text questions inviting respondents to describe experiences, challenges and organisational support
  - Contextual factors – respondent profile and organisational context, including area of work

Sample Profile (Nov - Jan 2021; Total 3499)
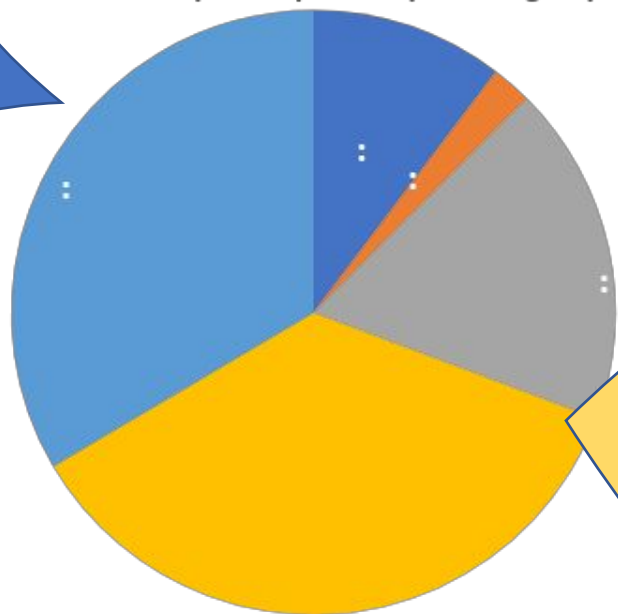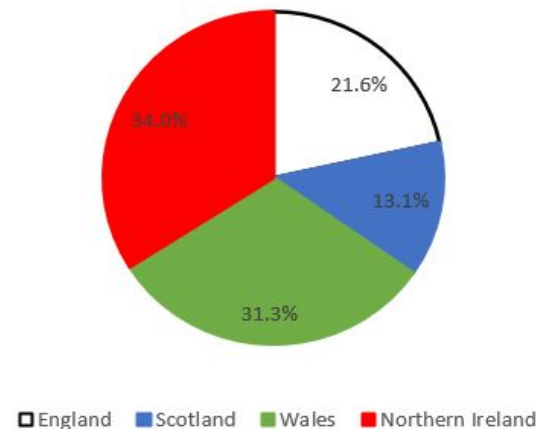
Key Findings and Recommendation from May-July

Staff Wellbeing and Coping

Safety
"I feel that risk is massively undervalued and under discussed, with regards to our own personal safety. This has been highlight more under Covid with regards to PPE…our PPE did not reflect our role and the risk we face" (England, Social Worker)

Service Users
"I am working from home. No face to face contact, so can't physically see if children are safe. Most vulnerable are at risk and numbers have increased" (Scotland, Social Worker)

Frustration
"Service users all have learning disabilities, and some have no understanding of what's going on or why they can't go to shops etc. therefore results in frustration and challenging behaviour which can be stressful for staff" (Northern Ireland, Social Care Worker)

Changing Conditions
- Safety
- Work Routines/ Redeployment
- Work Intensity
- Work/HomeLife

Connections
- Employers
- Service Users
- Public

Communication
- Contradictory Information
- Sense of Isolation
- Frustration and Demoralisation

Key Findings and Recommendation from May-July

Three groups identified from Wave 1 text responses:

- Overwhelmed by increased pressure

- Impacted but not significantly

- Not impacted, or emphasises positive outworkings

Work Intensity
"We have been running with a depleted team due to staff off due to illness, shielding, stress due to the service demand"
(Northern Ireland, Social Worker)

"Lone working in hostel… am able to contact management if need support…(Need to be kept) us involved in decision making and informed of any changes of decisions made"
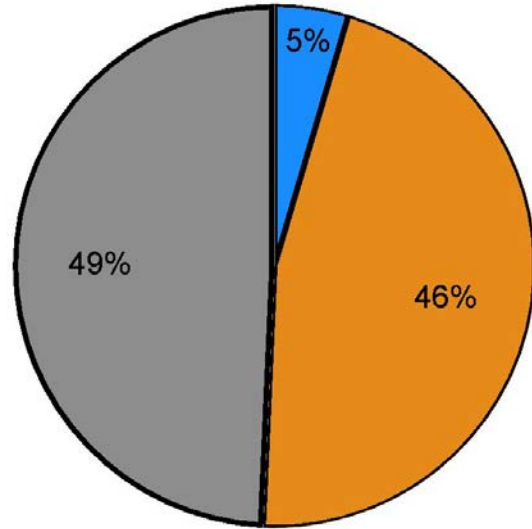(Wales, Social Care Worker)

"(The organisation) are extremely supportive and offer regular check-ins as we are all working remotely. Given ways to cope with stress"
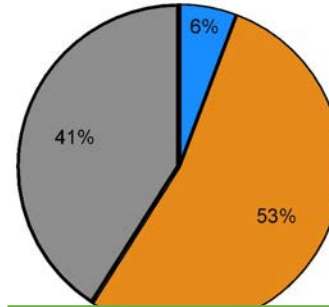(England, Social Worker)
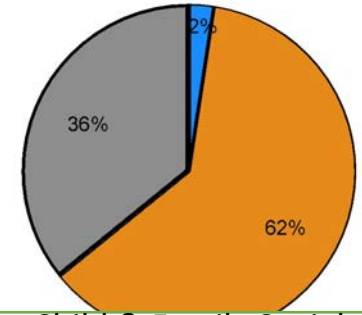
Impact of COVID on Wellbeing and Practice

- In Wave 2, we asked people to self identify across the three groups
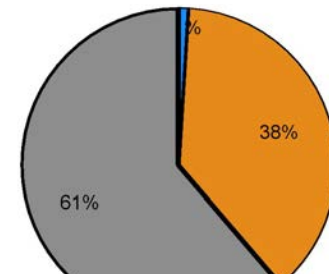

Not impacted by COVID-19 pressur
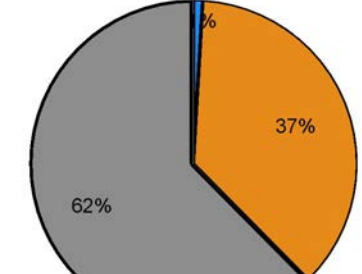Impacted, but not significantly
Overwhelmed by increased pressur

Social Workers

Child & Family Social Workers

Social Care Workers

Child & Family Social Care Workers

"It has been emotionally demanding being on the frontline of the emotional impact of lockdown."

-Social Worker, Scotland (Community and Voluntary Sector Family Support

"Although it has been a very stressful work environment situation it has been rewarding to be needed and to finally be recognised and appreciated for the hard word being put in that's usually unnoticed every day."

- Social Care Worker (Adult), NI

"My job has also improved my mental health. I wouldn't cope well with the worry of Covid 19 if I didn't have my job."
- Social Care Worker – (Community) Wales

Mental wellbeing scores by the Impact of the pandemic on services: Nov – Jan 2021

Overall wellbeing score by the Impact of the pandemic on services
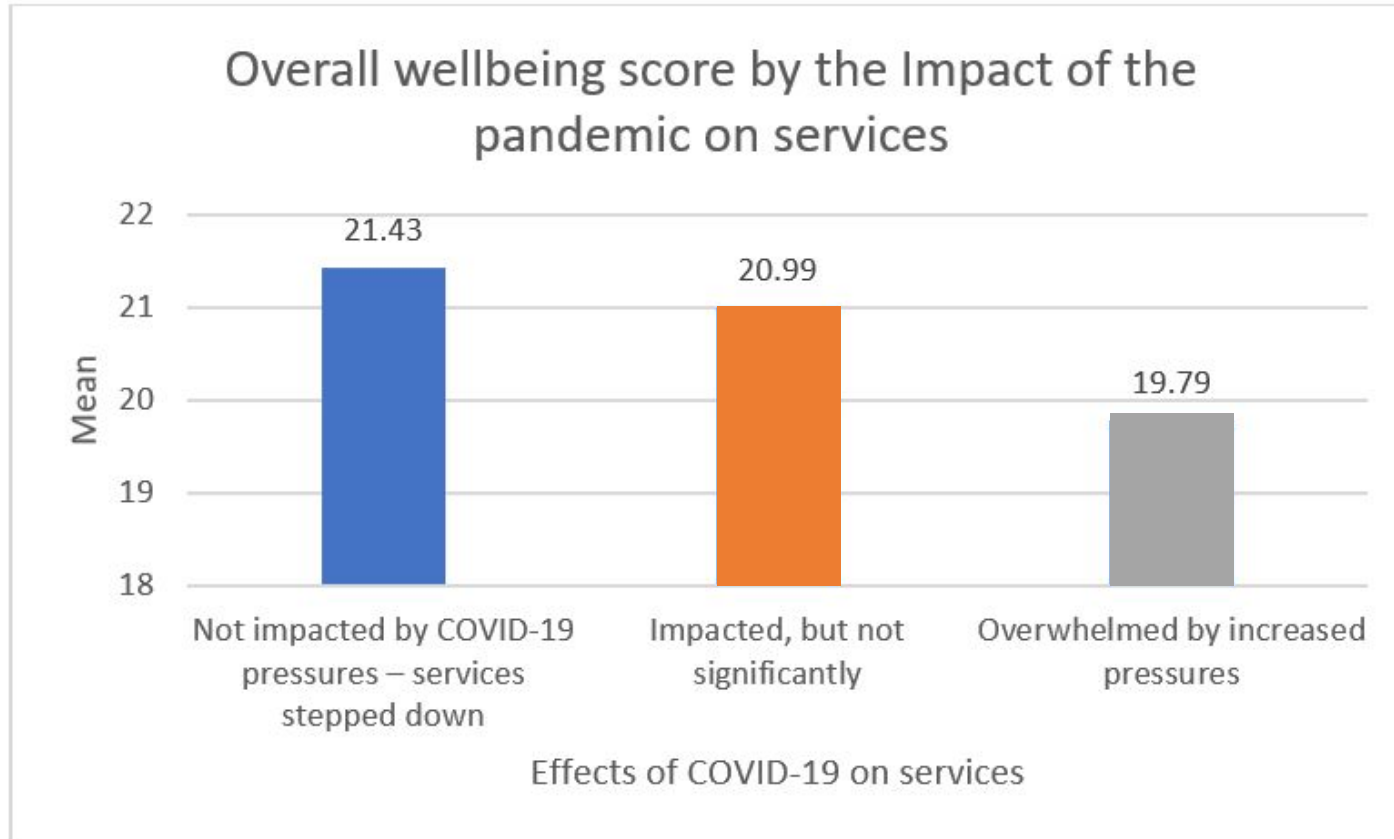
Mental Wellbeing: May-July 2020 vs. Dec-Jan 2021

Overall wellbeing score by Occupation

Short Warwick Edinburgh Mental Wellbeing Scale

1 = None of the time
2 = Rarely
3 = Some of the time
4 = Often
5 = All of the time
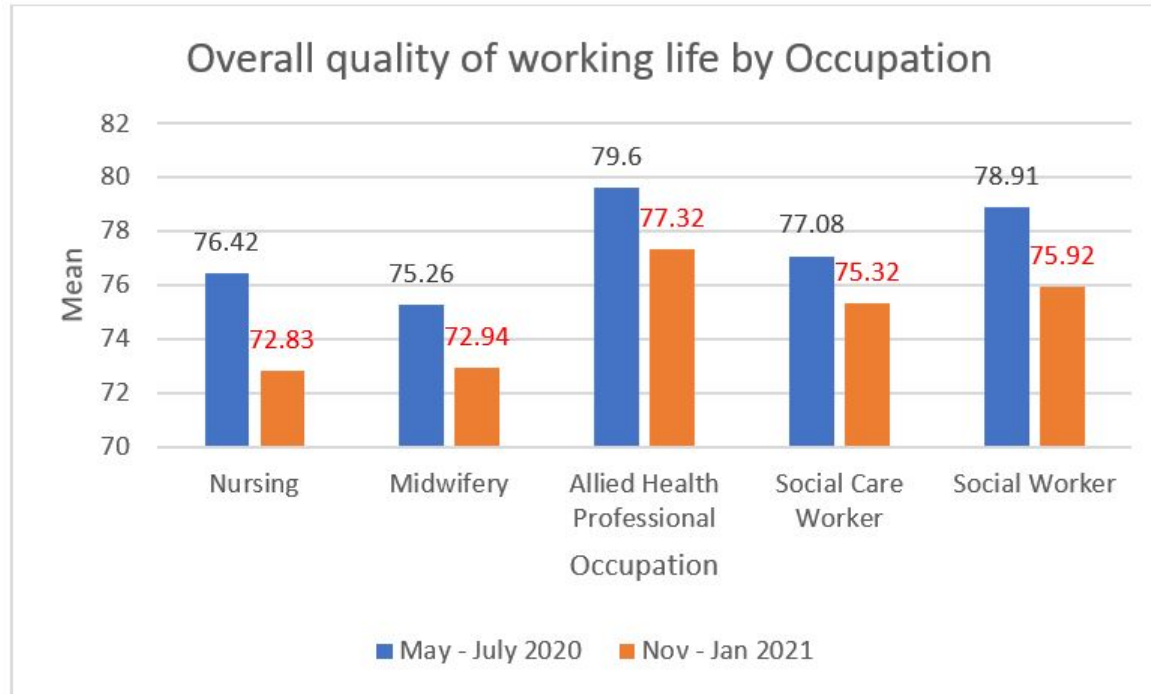
Total score range: 7 – 35

Higher scores indicate better wellbeing

Mean overall wellbeing score in the full sample:
May - July 2020:   M = 21.34 (SD = 3.59)
Dec - Jan 2021:   M = 20.44 (SD = 3.42)

Quality of Working Life: May-July 2020 vs. Dec-Jan 2021

Overall quality of working life by Occupation

Mean scores by occupation:
- Nursing: 76.42 (May-July 2020), 72.83 (Nov-Jan 2021)
- Midwifery: 75.26 (May-July 2020), 72.94 (Nov-Jan 2021)
- Allied Health Professional: 79.6 (May-July 2020), 77.32 (Nov-Jan 2021)
- Social Care Worker: 77.08 (May-July 2020), 75.32 (Nov-Jan 2021)
- Social Worker: 78.91 (May-July 2020), 75.92 (Nov-Jan 2021)

Legend: ■ May - July 2020 ■ Nov - Jan 2021

Work-Related Quality of Life Scale

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
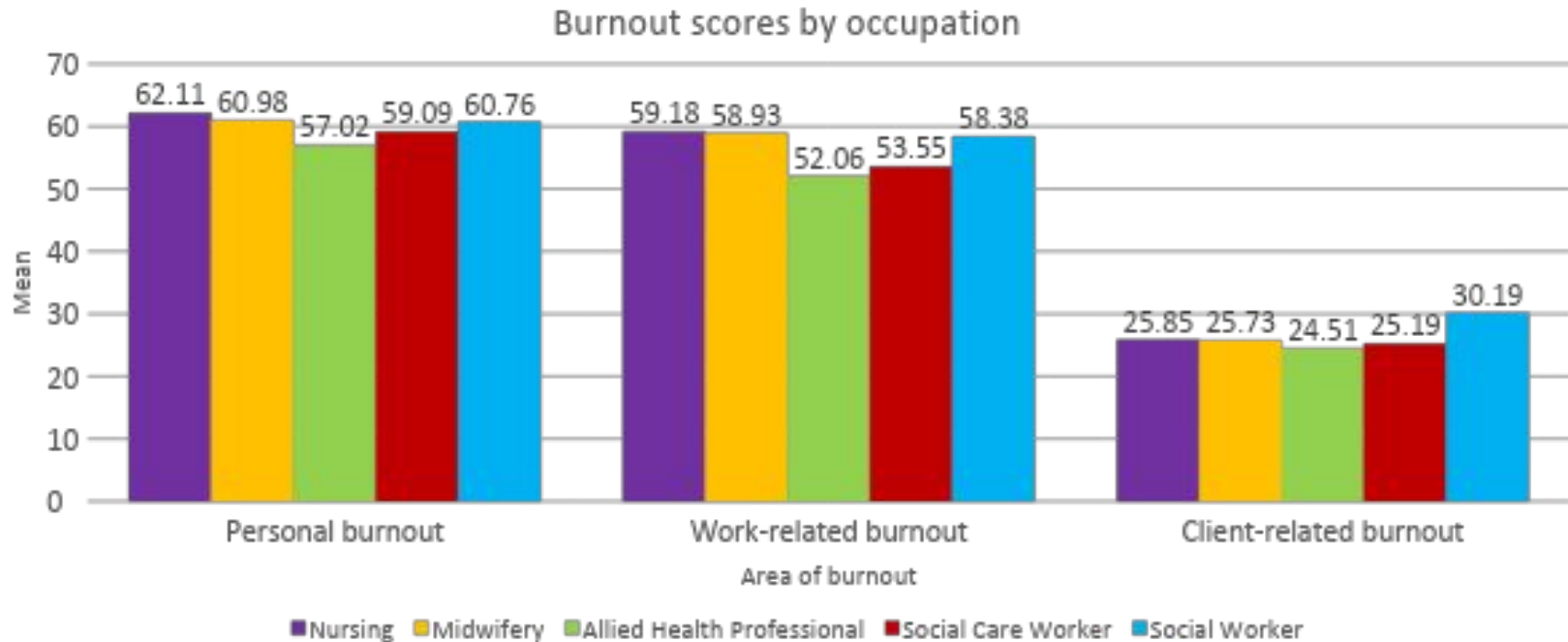5 = Strongly agree

Total score range: 23 – 115

Higher scores indicate better quality of working life

Mean overall Work-Related Quality of Life score in the full sample:

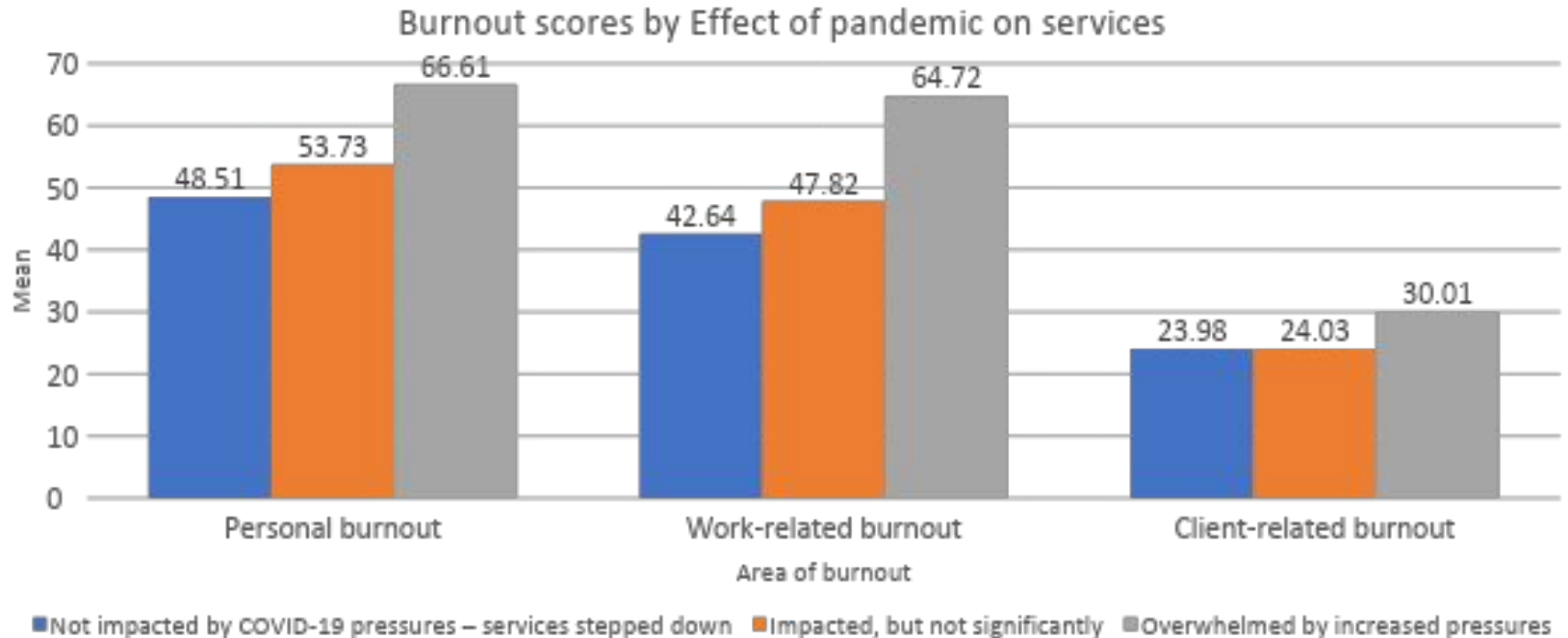May-July 2020:   M = 77.98 (SD = 15.38)
Dec-Jan 2021:   M = 75.59 (SD = 15.57)

Burnout by Occupational group: Nov – Jan 2021

Burnout scores by occupation

Burnout by the Effects of the pandemic on services:
Nov – Jan 2021

Burnout scores by Effect of pandemic on services

The Pandemic Isn't the Full Story

International Social Work

Two sides of one coin? Relationships build resilience or contribute to burnout in child protection social work: Shared perspectives from Leavers and Stayers in Northern Ireland

Paula McFadden

First Published July 17, 2018 | Research Article
https://doi.org/10.1177/0020872818788393

Abstract

Child protection is a stressful occupation that can result in burnout and job exit for some social workers. This article will focus on the positive and negative impacts of co-worker and manager relationships, reporting on

The British Journal of SOCIAL WORK

Social Worker Well-being: A Large Mixed-Methods Study

J M Ravalier, P McFadden, C Boichat, O Clabburn, J Moriarty

The British Journal of Social Work, Volume 51, Issue 1, January 2021, Pages 297–317,
https://doi.org/10.1093/bjsw/bcaa078
Published: 23 August 2020   Article history ▾

Volume 51, Issue 1

Role-related stress and perceptions of the keyworker role among professionals supporting adults with intellectual disabilities

John Moriarty, Daniel Regan, Rita Honan

International Journal of Workplace Health Management
ISSN: 1753-8351
Publication date: 25 July 2019   Reprints & Permissions

Open Access   Article

Seeing the Finish Line? Retirement Perceptions and Wellbeing among Social Workers

by John Moriarty [1,*], Patricia Gillen [2,3], John Mallett [4], Jill Manthorpe [5], Heike Schröder [6] and Paula McFadden [7,*]

[1] Centre for Evidence and Social Innovation, Queen's University Belfast, Belfast BT96AX, UK
[2] Southern Health and Social Care Trust, Rosedale, Moyallen Road, Gilford BT63 5JX, UK

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Growing Older in Social Work: Perspective on Systems of Support to Extend Working Lives—Findings from a UK Survey

Paula McFadden, John Moriarty, Heike Schröder, Patricia Gillen, Gillian Manthorpe, John Mallett

The British Journal of Social Work, Volume 50, Issue 2, March 2020, Pages 405–426,

Key Recommendations

- Direct support needed for wellbeing, flexibility and work-life balance

- Working from home – connectivity, fairness, rules

- Clear and relevant communication needed
  - Where staff have concerns about the impact of the service changes, for example on children and their families, responsive plans for engagement should be shared with those who have raised concerns.

- Shared learning needed across occupations and areas of work (e.g. community nursing; instances where hierarchies have been flattened through necessity

Acknowledgements & Disclaimer

The research team would like to thank all participants who contributed to this research.

Health and Social Care Workforce Research Study

Examining the health and social care workers' mental wellbeing and quality of working life during COVID-19

Health and social care workers' **quality of working life and coping** while working during the COVID-19 pandemic November 2020 - January 2021

Dr Paula McFadden
Dr John Mallett
Professor Jill Manthorpe
Mr Daniel McFadden

Dr Patricia Gillen
Dr Heike Schroder
Dr Denise Currie
Dr Jana Ross

Dr John Moriarty
Dr Jermaine Ravalier
Ms Patricia Nicholl

Findings from a UK Survey

Thank you for this opportunity to share our research findings

www.hscworkforcestudy.co.uk

@JohnJMor
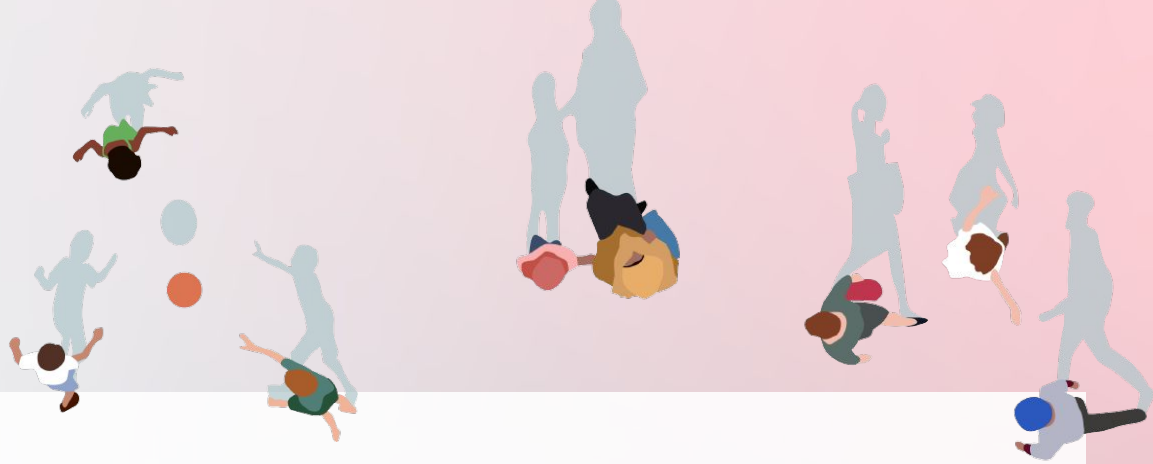
Dr Magdalena Soffia
What Works Centre for Wellbeing

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1. Good jobs for whose wellbeing?

Ripple effect

WORKFORCE
FRIENDS & FAMILY
COMMUNITY
SOCIETY
Good Corporate Citizenship

1. Good jobs for whose wellbeing?

High quality job

Improved worker performance
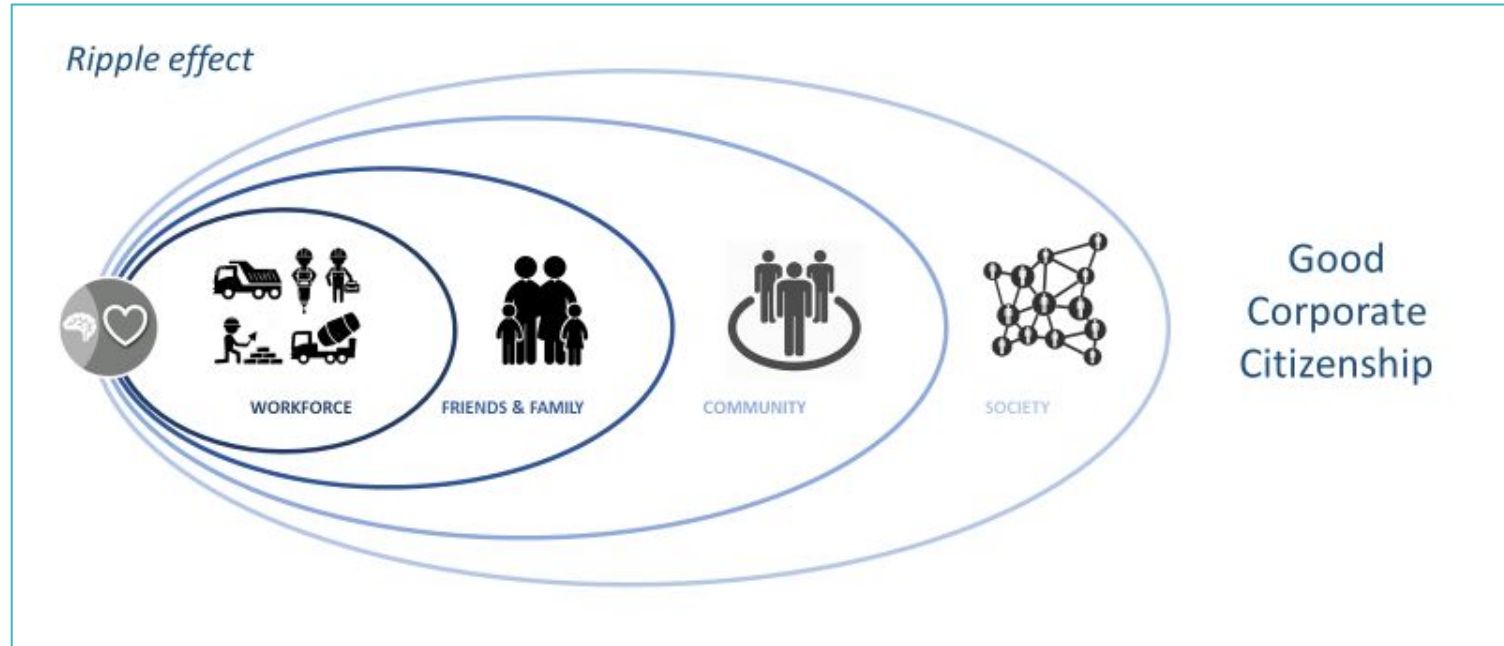
Better subjective wellbeing
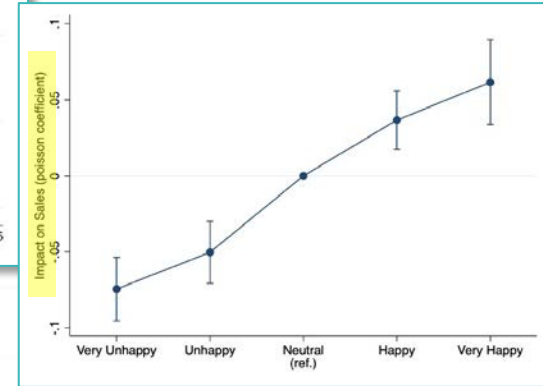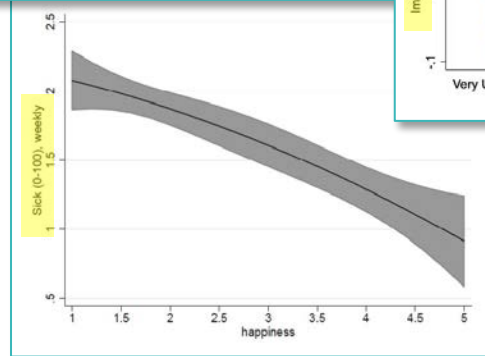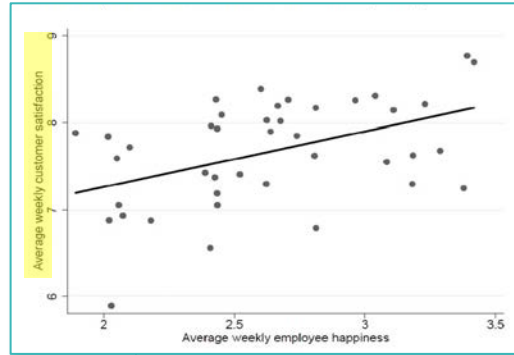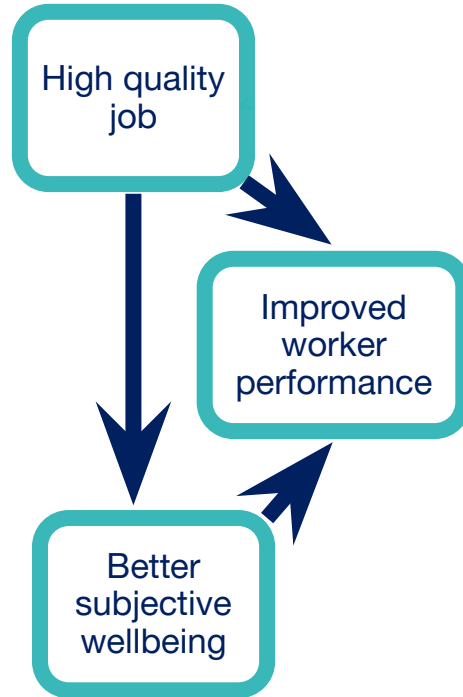
(Bellet, De Neve, & Ward 2019)

Good people management practices

☐ Significant impacts on job satisfaction, worker engagement, sickness absence, patient satisfaction.

Team work and shared activities

- Higher job satisfaction, sense of purpose and performance by improving workplace social atmosphere (collaboration, communication, trust, sense of belonging).

Job-related and wellbeing training

⬜ Positive impacts on learner's job and life satisfaction (stronger for wellbeing training) and on organisational performance (stronger for professional training).

Training	Sector
Sleep training	Teachers
Relaxation	Health
Happiness	Insurance services
Acceptance and commitment therapy	Local government employees with elevated stress
Stress inoculation *Same study as above*	Local government employees with elevated stress
Stress management	Manufacturing Government departments
Problem solving	Workers with physical health condition Flight attendants
Empowerment	Social care
Life skills	Various
Psychological flexibility	Child special education staff
Cognitive Behavioural Therapy	Manufacturing - white collar, clerical, technical Insurance sales
Psychological skills / mindfulness	Nurses Social workers
Mindfulness	Social care
Resilience	Junior doctors
Meditation awareness training	Middle management

2. Know your context/ needs before taking action

- Usefulness of workplace wellbeing surveys as a **needs assessment**.

- Instead of taking assumptions, **ask workers directly** how they are doing.

- 'Different job quality aspects will play out differently for different people'.

- Use holistic/**multidimensional** job quality frameworks.

'Good jobs' that lead to higher wellbeing tend to give staff >

More control over your job

Clarity of what is expected of you

Variety in what you do

Positive relationships with managers, colleague, and customers

Belief workplace is fair

Sense of purpose and value

Opportunities to use and develop skills

Safe and pleasant work environment

Supportive supervision

Sense of security and prospects

Good work/life balance

- Employment provides much more than just an income (Wood and Burchell 2017)

3. *How* a programme is implemented is as important as *what* is implemented

- **Internal and external context** (attitudes, competence, commitment, labour market)

- **Infrastructure** (steering committees, appraisal or learning processes, planned activities)

- **Tangible changes** beyond just rhetoric.

How did these factors look like in Schwartz Rounds and Happier, Healthier Professionals?

what works wellbeing

What works for health and wellbeing in the workplace?
Briefing

June 2020

4. Evaluate: on which wellbeing outcome are you making a difference?
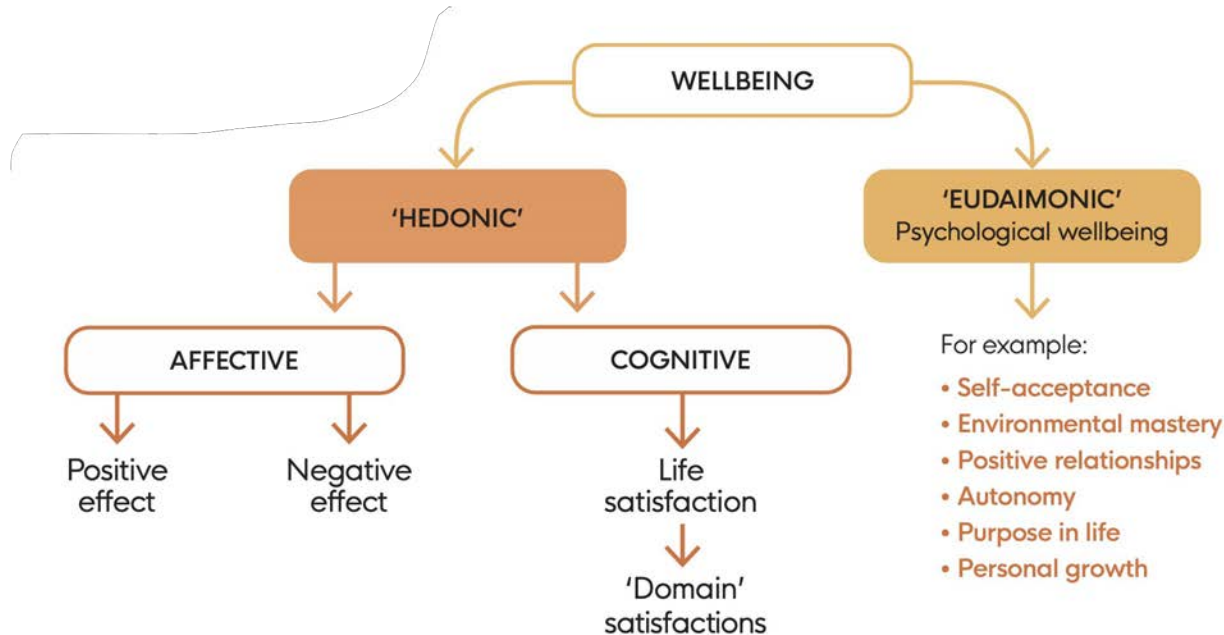
Components of self-reported wellbeing (TCS, 2010)

Worthwhile, life satisfaction, happy and Anxious, by industry (APS 2019/20)

Life satisfaction and salary, by profession (ONS, 2016)
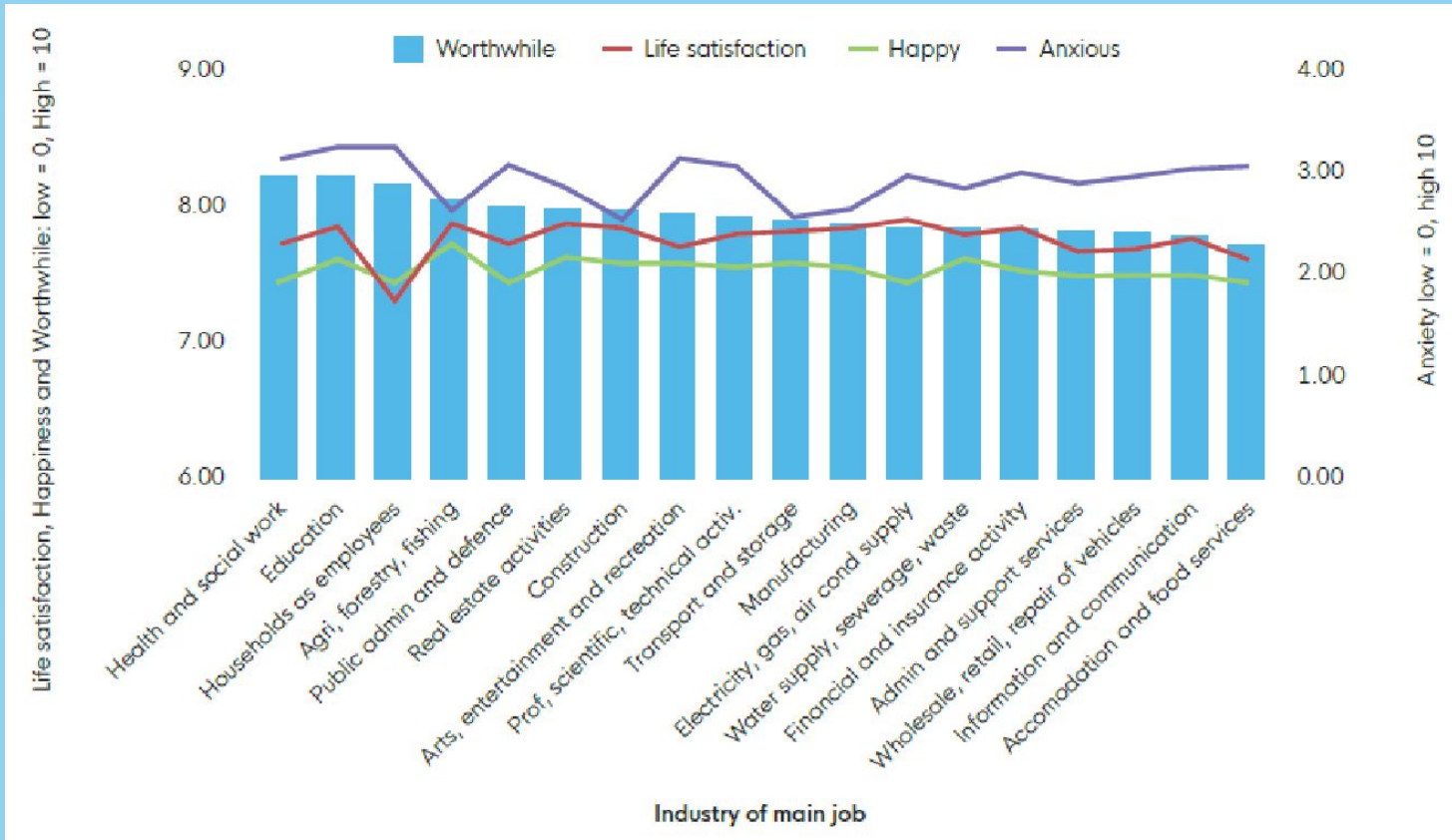
Life satisfaction and salary, by profession (ONS, 2017)
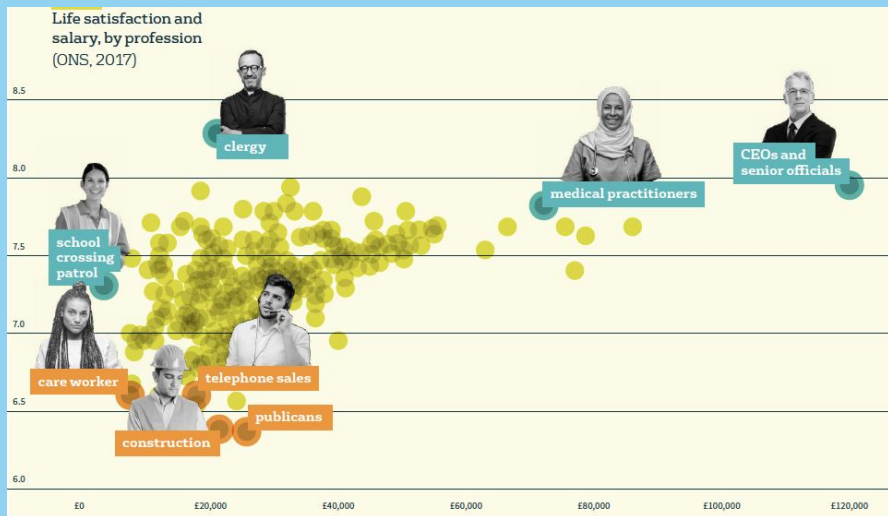
Anxiety and salary by subject area (HESA, 2020)
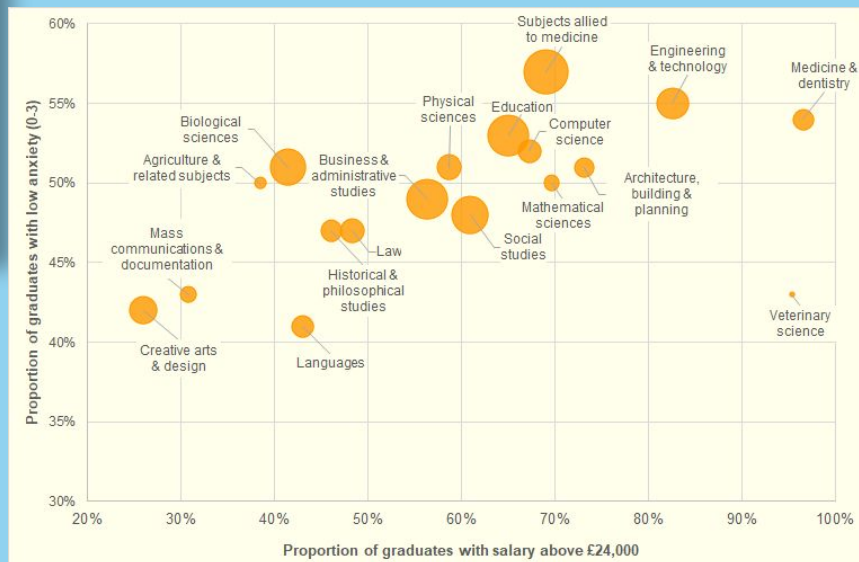
Thank you!

www.whatworkswellbeing.org
magdalena.soffia@whatworkswellbeing.org
@magsoffia
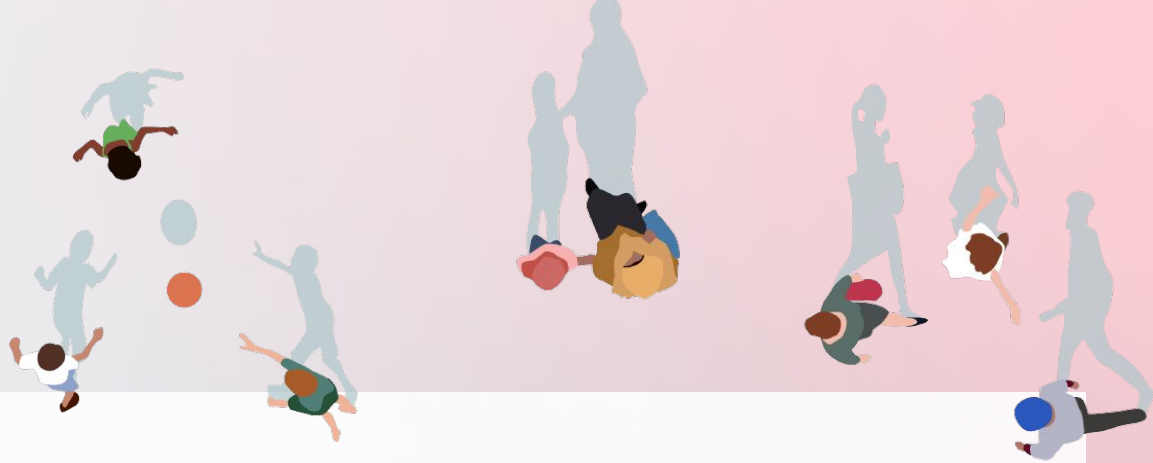
Shibeal O'Flaherty and Chris Mitchell
What Works for Children's Social Care

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What is the Happier, Healthier Professionals Programme?

Research collaboration launched in January 2019 with local authority partners across England aiming to help support social workers and their managers to be happier and healthier at work.

Randomised controlled trials aimed at:
o   Improving subjective wellbeing of employees
o   Improving work-related outcomes (job satisfaction, time pressure, burnout, stress, work-life balance, and feeling valued and recognised)
o   Improving sickness absence and turnover rates

15.2% turnover, 3.2% sickness absence

Social work is **inherently high risk and emotionally challenging**

Results in acute challenges with **employee stress and absence**

Absence and turnover **create disruption** within children's services - a vicious cycle

High rates of turnover 15.2% per year across England

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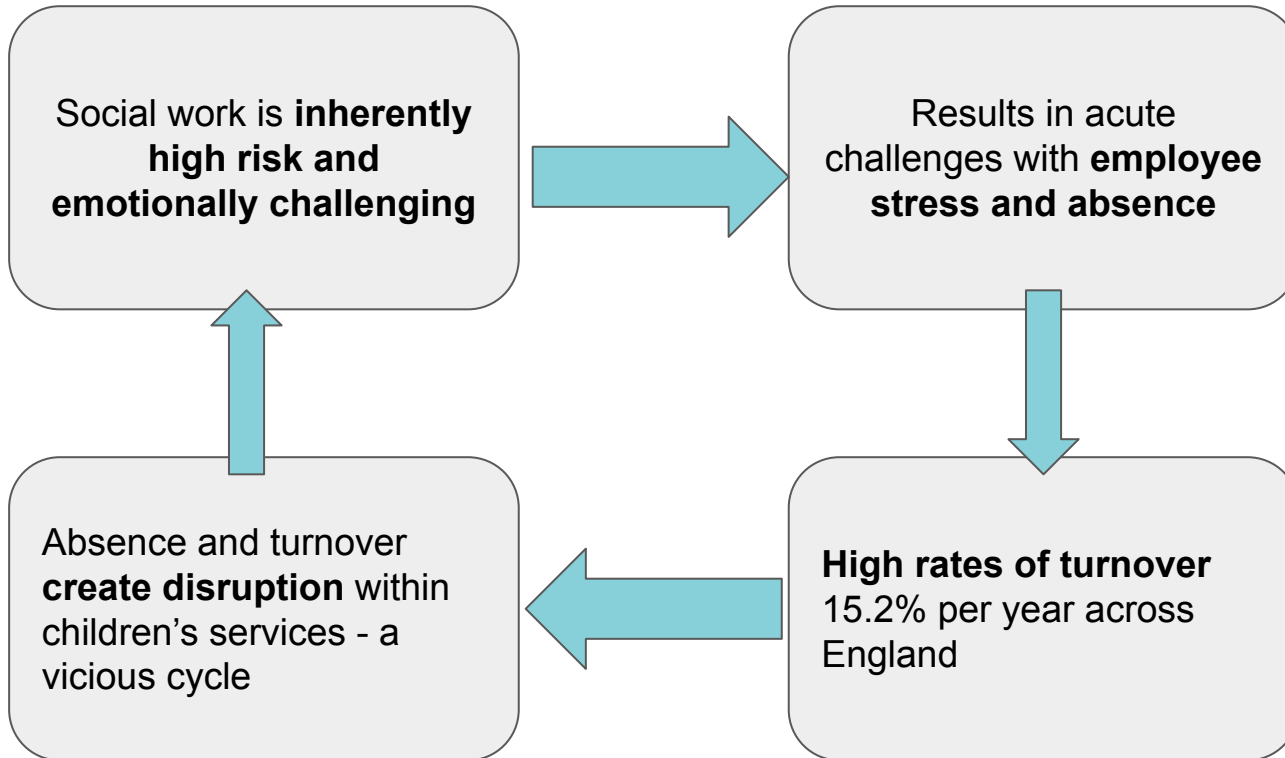
The Interventions

Goal-setting programme - designed to reduce time-pressure

Personalised letters of appreciation - increasing social workers' sense of recognition and appreciation from within their local authority

Coffee machines - concrete token of appreciation

Absence, turnover and wellbeing

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Symbolic Awards (Letters)

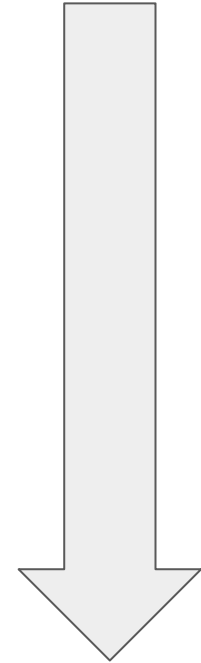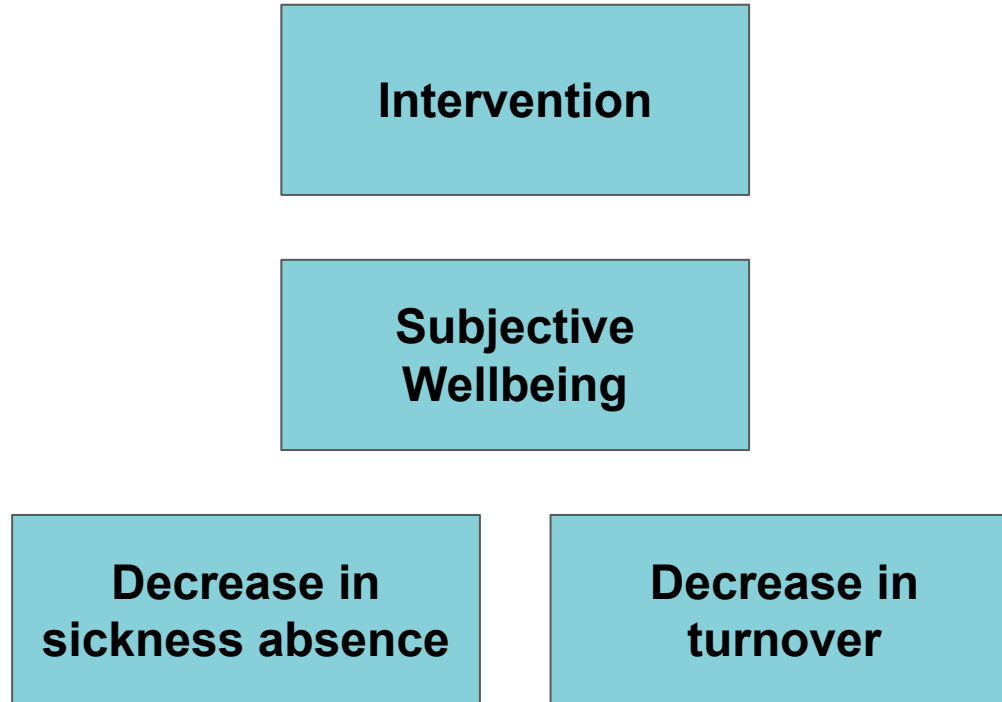**The Theory:** Symbolic gestures of appreciation recognising employees for their daily efforts can increase their sense of feeling valued and recognised as well as boost motivation

The Intervention: Social workers individually randomised to receive letters of gratitude from a senior, well-respected figure in their LA

Research Questions:
- Does the provision of letters of gratitude result in:
  - Increase **subjective wellbeing**?
  - Increased sense of **feeling valued and recognised**?
  - Increased **intrinsic/prosocial motivation** and **sense of belonging**?

Recruitment: We recruited participants (*N* = 391) at three LAs: Bracknell Forest Council, Dudley Metropolitan Borough Council, Shropshire Council.

Symbolic Awards: Letters

Personalised with:

- Social worker's first name
- Two lines of specific feedback from their team manager
- Sent to home address
- Signature of senior-level, well-respected figure in their local authority

Symbolic Awards: Letters

Findings

Perceived Social Worth and Symbolic Recognition
3 items on a 7 point scale from 1 = Strongly disagree to 7 = Strongly agree
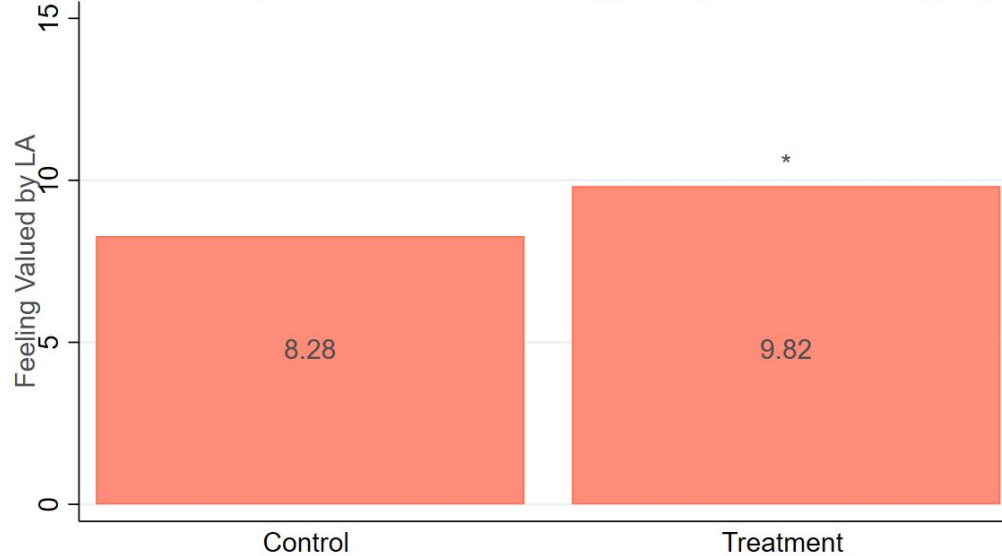
Control: 8.28
Treatment: 9.82 *

Feeling Valued by LA

Final Analysis Conducted by WWCSC in September 2020
N = 66, 3 local authorities,+ p<0.2 ++ p<0.1 * p<0.05 ** p<0.01
Figures derived from AR(1) Linear Regressions

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Findings

Belonging and Symbolic Recognition

6 items on a 7-point scale from 1=Strongly disagree to 7=Strongly agree

Control: 25.03

Treatment: 27.58 +

Sense of Belonging

Final Analysis Conducted by WWCSC in September 2020
N = 66, 3 local authorities,+ p<0.2 ++ p<0.1 * p<0.05 ** p<0.01
Figures derived from AR(1) Linear Regressions

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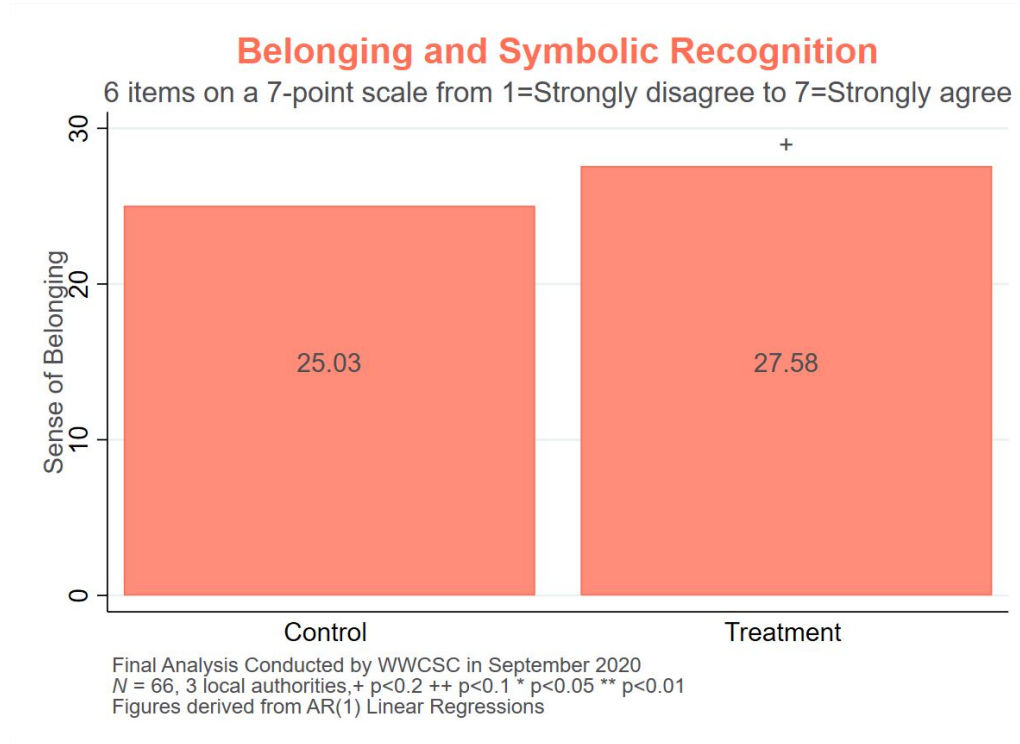
Goal-Setting Programme

The theory: Research indicates that taking the time to set and reflect on progress towards personal or work-related goals can decrease time pressure and promote wellbeing.

The intervention: The Social Worker Goals and Wellbeing Programme gives social workers licence to allocate time (30 mins per week) to a 6 week programme of planning and reflection exercises. Time blocks are agreed with team managers and marked by diary invitations, encouraging employees to protect the time slots if their workload allows.

The programme is a free to access, online course, and is designed to be accessed in short bites to fit around high workloads and other life commitments.

Goal-Setting Programme

Research Questions:

- Does the provision of the goal-setting programme result in:
  - Reduced ***sickness absence rates***?
  - Reduced ***turnover rates***?
  - Increased ***subjective wellbeing, workplace self-efficacy and reduced time pressure***?

Recruitment: Participants (N = 1,315) were recruited at 8 LAs, including Bromley Council, Central Bedfordshire Council, Royal Borough of Greenwich Council, Kent County Council, Lambeth Council, North Tyneside Council, Telford and Wrekin Council, and The City of Wolverhampton Council.

Social Worker Goals & Wellbeing Programme

This is the Social Worker Goals and Wellbeing Programme. It has been designed for people in busy jobs, and tailored specifically for social workers. This course will ask you to identify positive goals, and work towards achieving these.

Get Started Now!

Course Curriculum

1	Welcome	⌄
	📄 Introduction	FREE PREVIEW
	📄 Privacy information	FREE PREVIEW

2	Week 1: Making Goals	‹

3	Week 2: Visualising your Goals	‹

4	Week 3: Planning to Achieve Goals	‹

5	Week 4: Overcoming Obstacles	‹

6	Week 5: Putting it all into Practice	‹

7	Module 6: Final Review	‹

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Key finding - low uptake

- **20% of those assigned to the treatment group started the course**

- **Fewer than 2% completed all 6 modules**

Insights from Endline Focus Group + Survey

1. **Manager buy-in and role in implementation:**

- Two thirds in the treatment group (who responded to the survey) **did not recall receiving** the intervention materials or were not sure they had.
- 10% of respondents in the treatment group said they scheduled time in their diaries

2. **Time pressure and difficulty scheduling time:**

- *"I started this but then couldn't find the time to carry on."*
- *"I could not dedicate a protected time slot."*
- *"There is no point, something always comes up that prevents attendance at these types of things."*

3. *Framing of the materials:*

- Description of intervention as a 'programme' with weekly 'modules' may have indicated that it would be 'another task' or arduous to complete.

Findings

Attendance and Goal Setting - Endline

Days attended over 6 months

Control: 111.63
Treatment: 109.25

Final Analysis Conducted by WWCSC in September 2020
N = 486, 4 local authorities,* p<0.05 ** p<0.01 *** p<0.001
Figures derived from AR(1) Linear Regressions

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Findings

Subjective Well-being and Goal Setting
Subjective well-being composite score

Final Analysis Conducted by WWCSC in September 2020
N = 66, 3 local authorities,* p<0.05 ** p<0.01 *** p<0.001
Figures derived from AR(1) Linear Regressions

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Symbolic Awards (free tea and coffee)

The theory: Social workers make hugely important contributions to society that are often not reflected in additional workplace rewards due to budget constraints. Research has shown that small tokens of appreciation which emphasise recognition for employees' efforts can produce disproportionately large effects on wellbeing given the monetary cost.

The intervention: We aimed to test whether a material display of recognition, providing teams with access to free, high-quality coffee and tea in the office, improves social worker wellbeing and reduces rates of sickness absence and turnover.

The machines, coffee (and equivalent for tea-drinkers) were provided by the What Works Centre and were free to keep after the end of the trial. We hypothesised that this simple intervention representing informal recognition will send a strong signal to employees that their daily efforts are highly valued, and may subsequently boost wellbeing.

Recruitment: N = 380 participants were recruited from one LA, Kent County Council. The council had 13 buildings which housed at least 25 children's social workers

Symbolic Awards (Free Coffee)

Dear Rachel and your team,

This coffee machine is just a small token of thanks for your hard work to improve the futures of the most vulnerable children and families in Kent.

Your compassion, integrity and dedication make a huge difference to these families every day, and gives our children and young people the best chance to fulfil their potential.

Thank You

Insights from Focus Group

Sense of recognition from their employer

"LAs have lots of commitments in terms of funding, so it was nice to show some appreciation and some people made comments about how it was nice to get a little extra - it felt like a reward and it recognised that they were working hard."
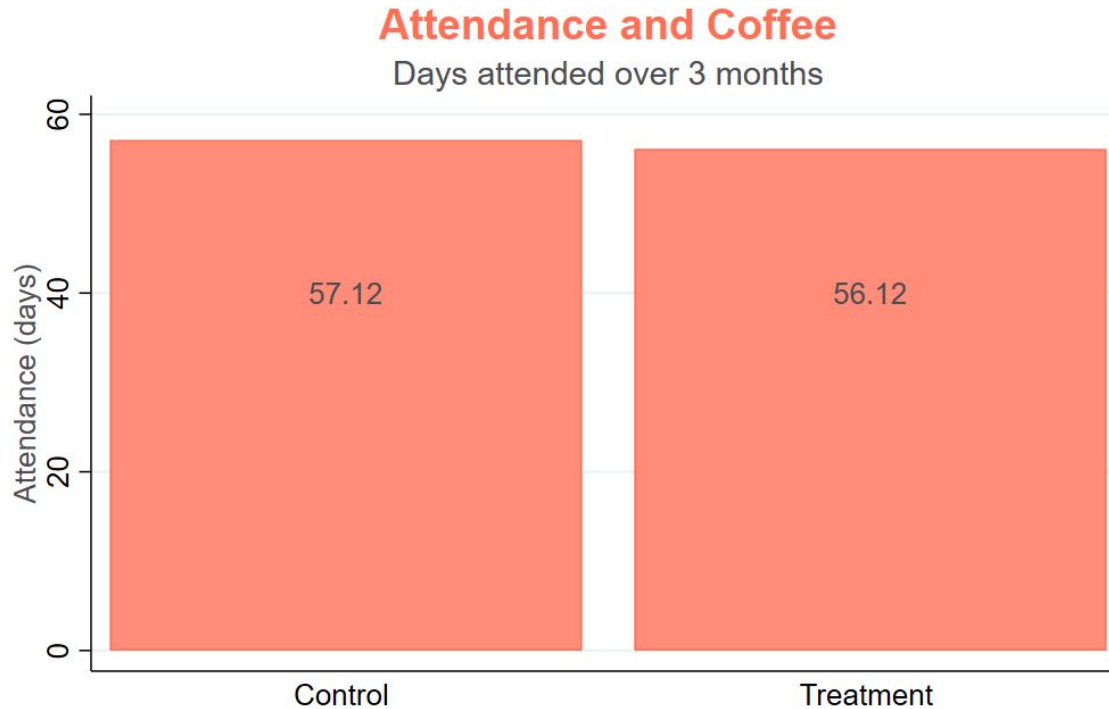
Sociable workspace

"They would all go to the coffee machine together, they would have a debate about how many spoons of coffee to put in and it was a bit of a bonding experience. Also social workers are not very good at taking breaks, so it helped them to take breaks a bit better since it takes longer to make coffee and gave the opportunity for people to talk and catch up."

"It was really communal - social workers would congregate around the coffee machine and ended up having a competition on who made the best coffee."

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Findings

Attendance and Coffee
Days attended over 3 months

Control: 57.12
Treatment: 56.12

Attendance (days)

Final Analysis Conducted by WWCSC in September 2020
N = 333, 1 local authority,* p<0.1 ** p<0.05 *** p<0.01
Figures derived from AR(1) Linear Regressions

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Key Learnings

- Light-touch interventions can be effective in positive impacting factors that contribute to social worker well-being

- Recognition and appreciation of social workers' hard work is clearly important

- Interventions that require a significant amount of social workers' time and/or efforts need to be very carefully designed and implemented
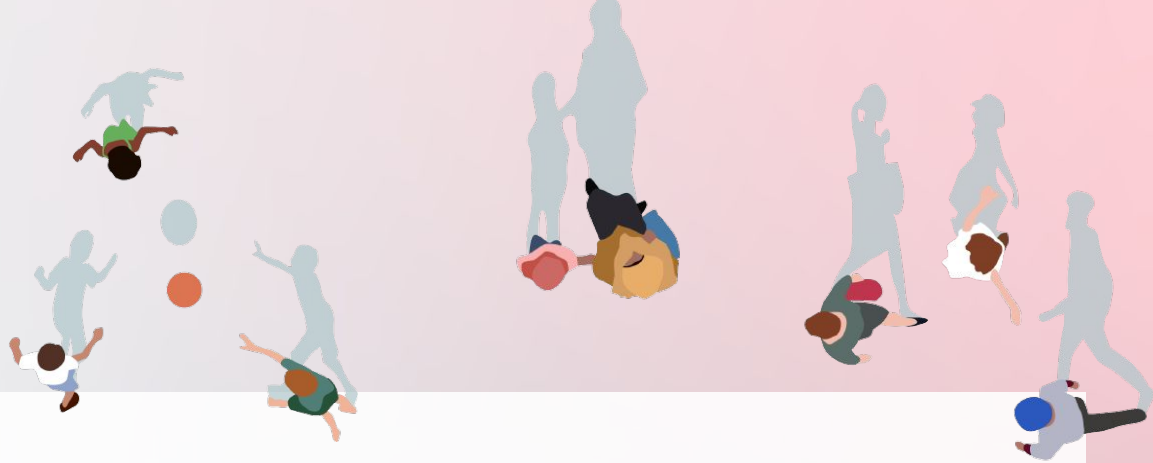
Research agenda 2020-2021

Report published today detailing our findings from phase one (HHP1)

We are currently collecting data/launching well-being interventions as part of phase two (HHP2)

We will publish reports detailing our findings from phase two (HHP2) in the second half of 2021

Dr David Wilkins
CASCADE, Cardiff University

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Social worker distress 'not taken seriously enough by employers'

Managers cannot afford to ignore emotional distress because of retention risks, argue experts

by Judy Cooper on October 1, 2018 in **Social work leaders**, **Workforce**

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Half of social workers consider leaving the profession for 'less stress', survey finds

Survey of 1,000 social workers by Unison reveals 95% feel unable to do their jobs properly because of impact of cuts

June 19, 2019 in **Workforce**

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'I called my manager...the tears cut me off': a social worker's story of stress-related leave

A social worker explains how the actions of management in the face of an inspection forced them off sick leave

December 7, 2018 in **Workforce**

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Four in ten social workers anticipate quitting profession within five years on back of high stress and caseloads

Almost half of NQSWs expect to leave social work within five years, finds Social Work England research, as practitioners call for boost to public profile, lower caseloads and better training to tackle retention challenge

by Mithran Samuel on September 4, 2020 in **Workforce**

THE BRITISH JOURNAL OF SOCIAL WORK

Volume 49, Issue 2
March 2019

Psycho-Social Working Conditions and Stress in UK Social Workers

Jermaine M Ravalier ✉

The British Journal of Social Work, Volume 49, Issue 2, March 2019, Pages 371–390, https://doi.org/10.1093/bjsw/bcy023
Published: 26 April 2018   Article history ▾

66 Cite   🔑 Permissions   ⤶ Share ▾

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Social workers experiencing rising stress and workloads on eve of Covid, finds DfE study

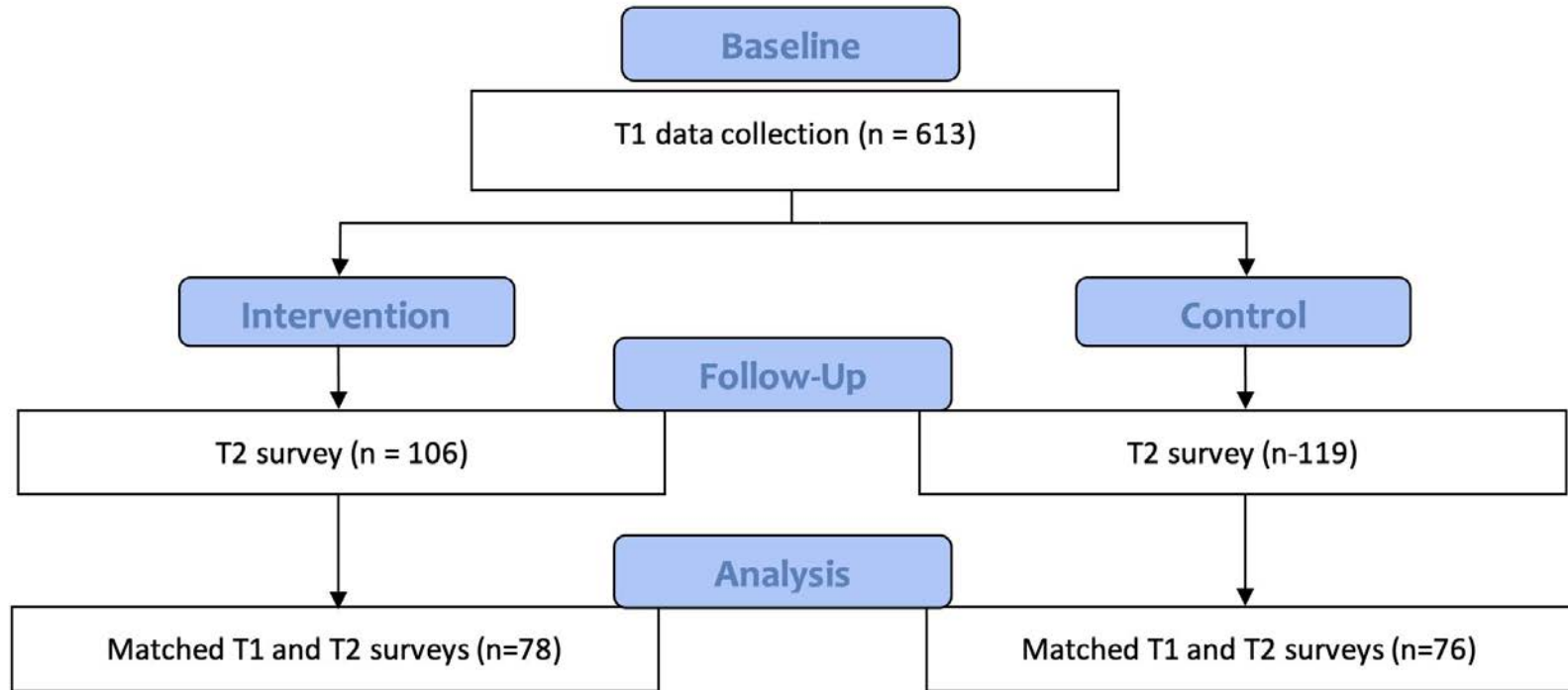Second instalment of major longitudinal survey charts growing concern over wellbeing, despite increased loyalty to employers and large majority of practitioners planning to stay in profession
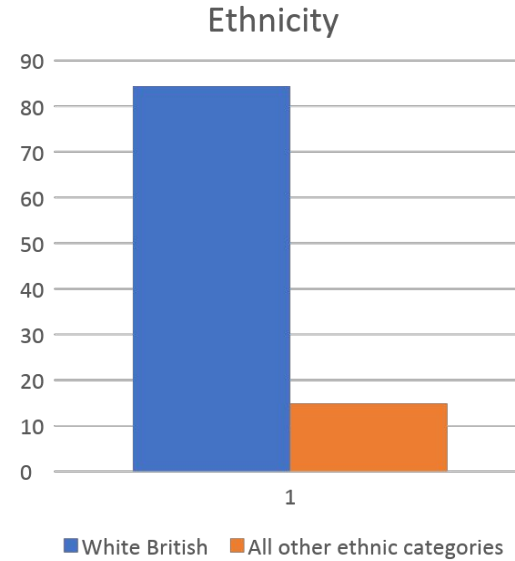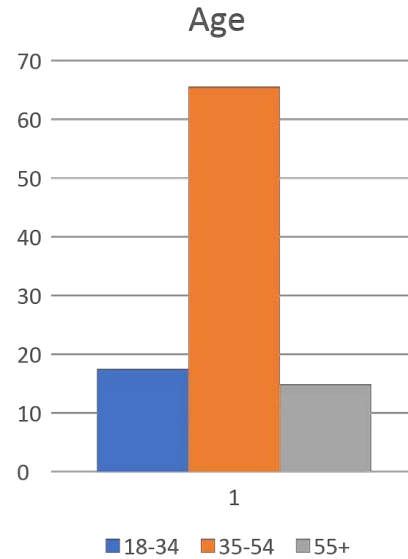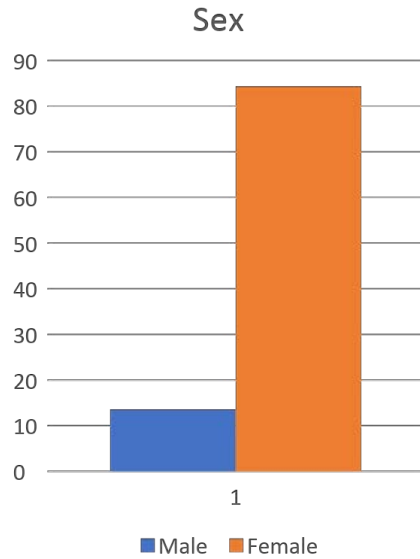
Stress levels in children's services
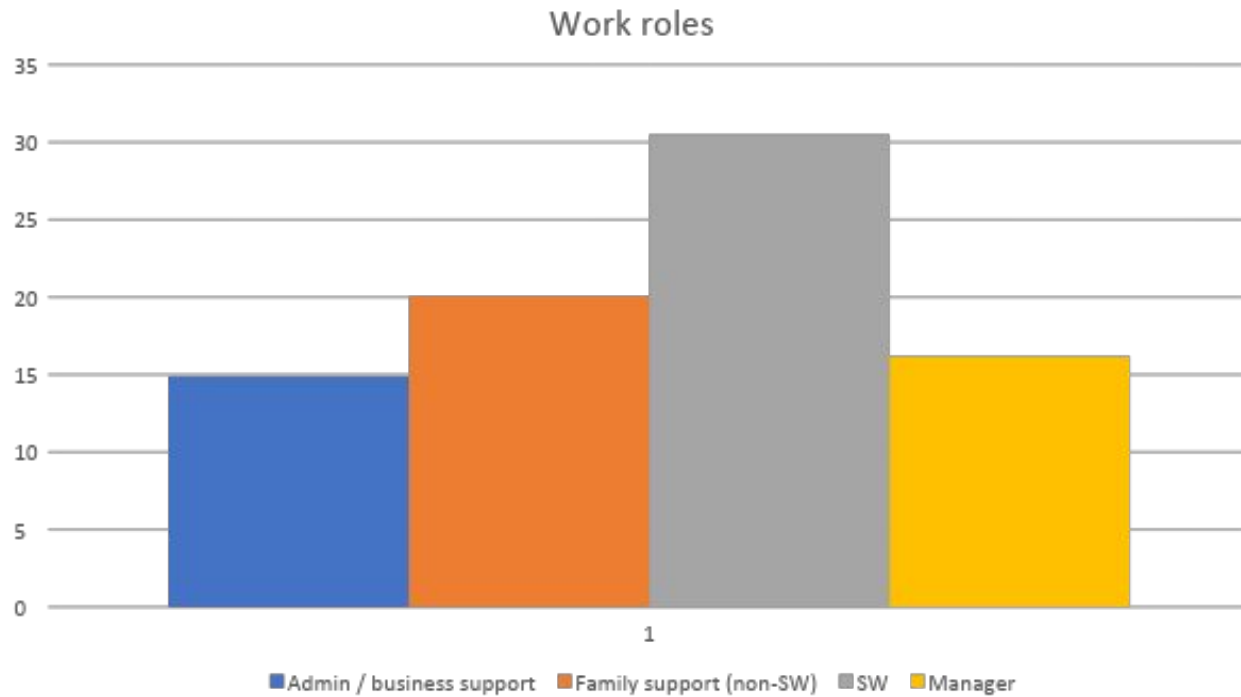
GHQ-12 elevated scores

GHQ-12 elevated scores (%)

Sick days in the past 6 months

GHQ-12 elevated scores (%)
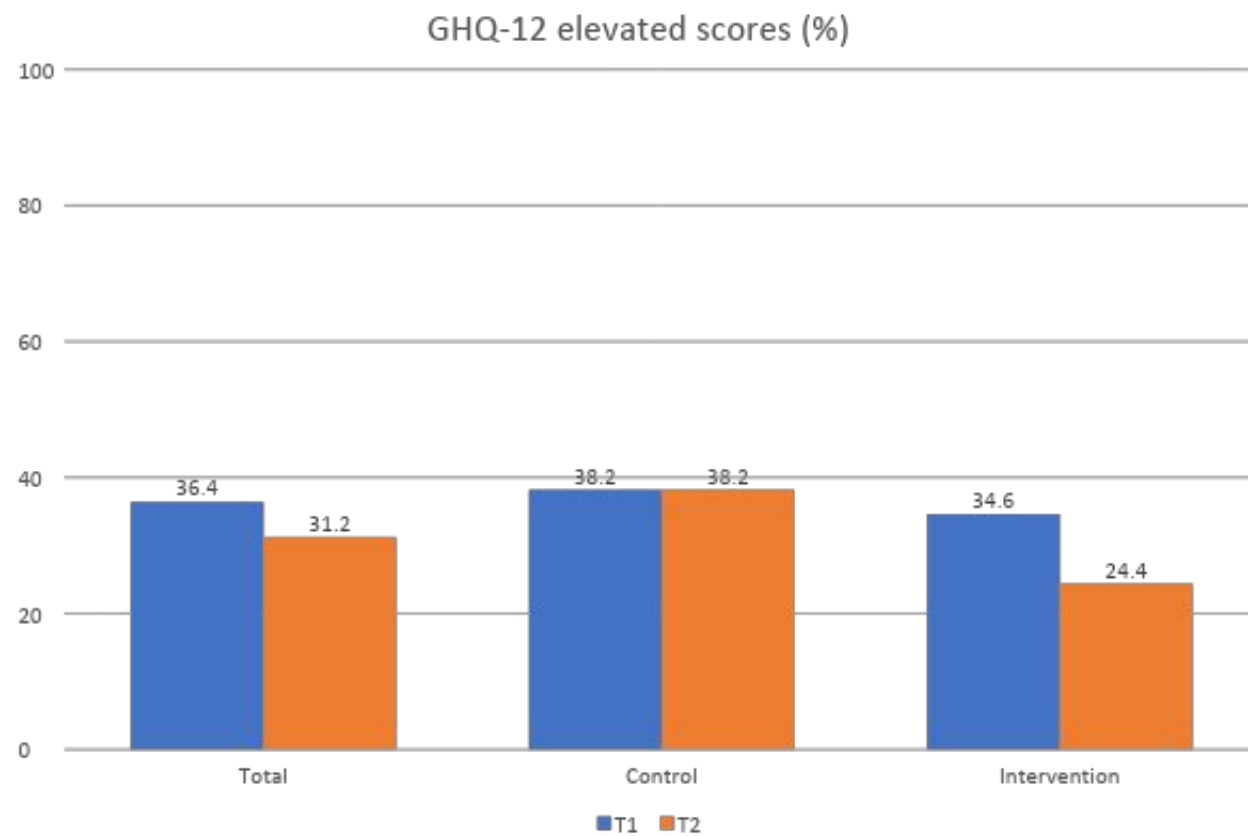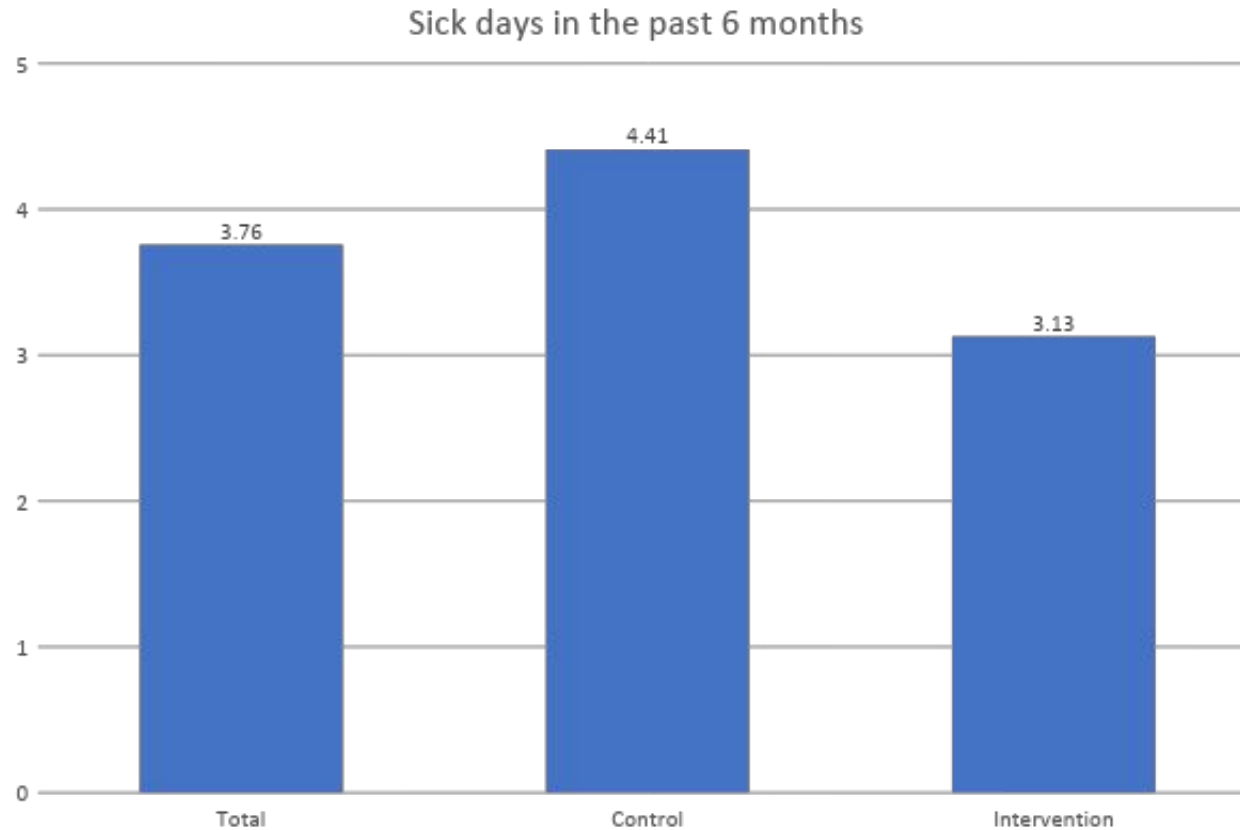
Sick days in the past 6 months
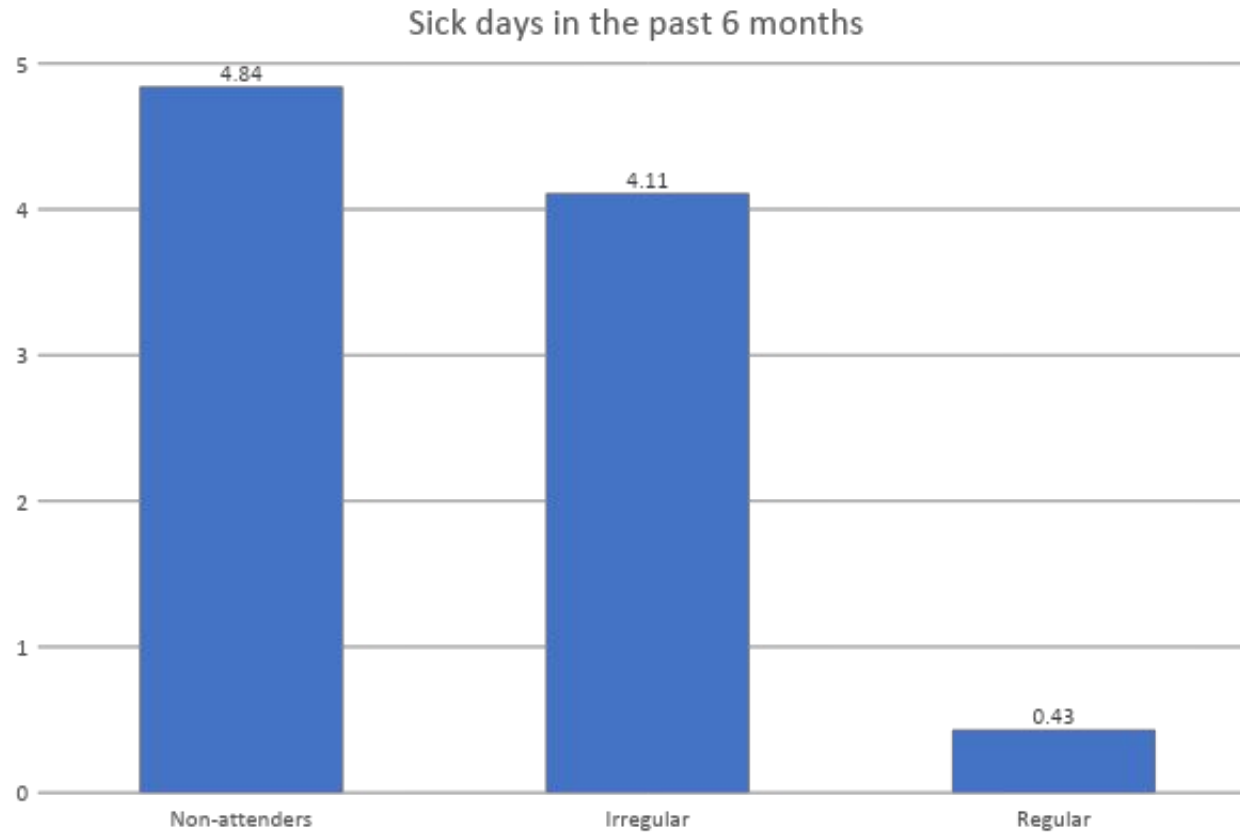
Findings – costs of Schwartz Rounds

SR component	LA (mean cost)				
	1	3	4	5	6
Training	£716	£673	£1,123	£983	£1,170
Panel meeting	£166	£253	£267	£289	£203
Schwartz Round	£742	£678	£1,446	£1,000	£795
Steering group	£238	£515	£350	£461	£983
Total per Round (excluding initial training)	**£1,146**	**£1,446**	**£2,063**	**£1,750**	**£1,981**

Based on average attendance, the cost per person was £20 per Round.

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The impact of Schwartz Rounds on…
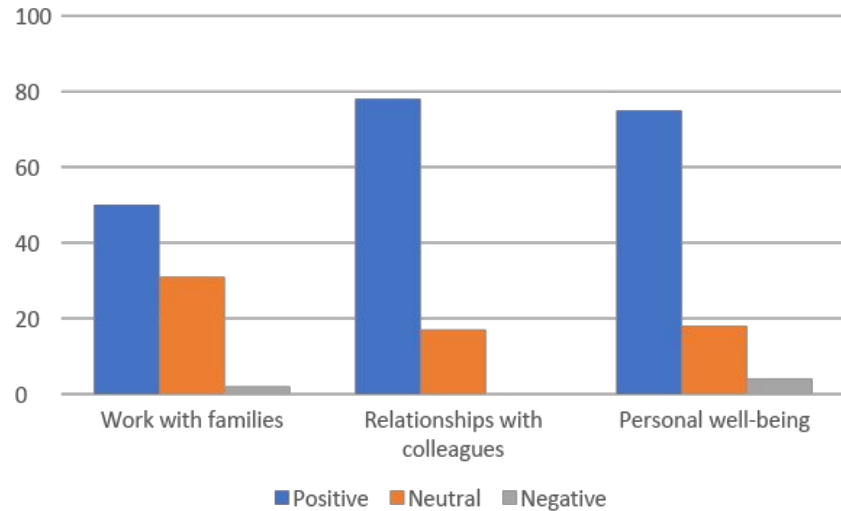
Overall rating
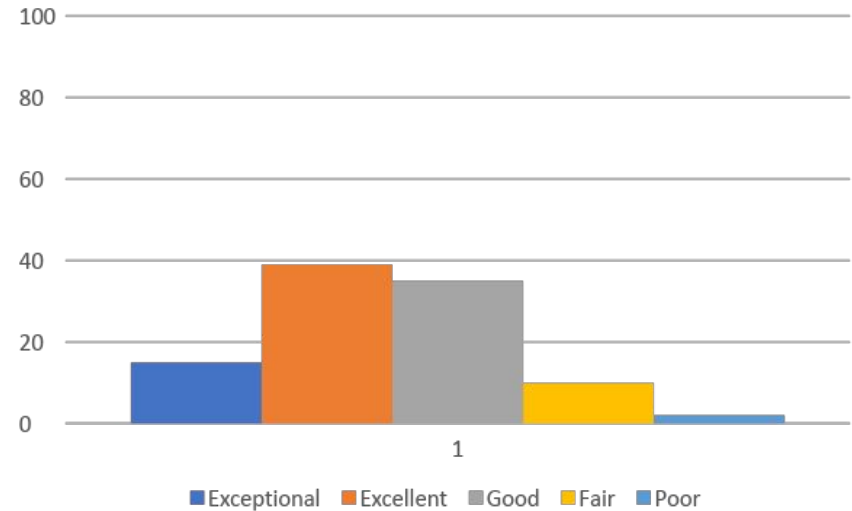
"As soon as we found out about it [and] came on the first day of training, we thought - 'yes, this is going to be good in the social care world'"

"You haven't got time for your own emotional wellbeing ...people are full. So, you make a choice. Do you get that emergency case note done, or do you go?"

"...there's an hour and a half a month...you don't have to take a call. You don't have to respond to anything. You don't have to do notes. You can kind of just have a break and sit down and talk and listen without having to really analyse, or say how we're going to move that forward. So, it's just quite nice to have that time just to have that conversation."

"I did find it a bit odd having managers in there with social workers...it would've been more beneficial to have it as a management group, and as a social worker group because we have a different kind of stress. I don't want my social workers to hear lots of these things about me."

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- These are <u>interim</u> results – the trial is ongoing

- Most of the people we spoke to said they liked Schwartz Rounds – but nothing suits everyone

- They are reasonably cheap, reasonably popular and probably effective (for those who choose to attend)

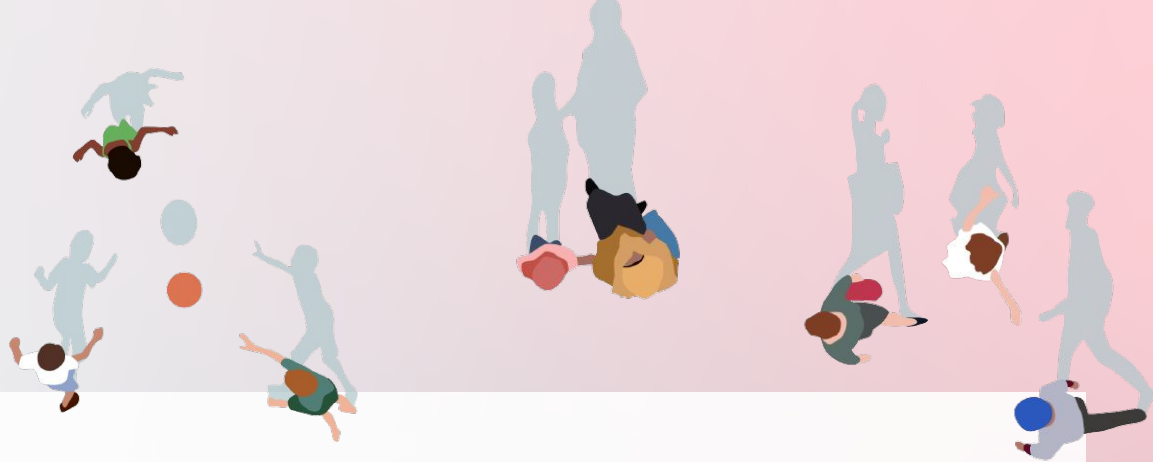David Wilkins

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Questions and discussion

Thank you!

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