

**Social Work Health Check Pilot Study**

<b>Intervention Developer</b>	N/A
<b>Delivery Organisations</b>	N/A
<b>Evaluator</b>	What Works for Children's Social Care (WWCSC)
<b>Principal Investigator</b>	Michael Sanders
<b>Protocol Author(s)</b>	Vicky Clayton, Alix Leroy
<b>Type of Trial</b>	Survey Validation
<b>Age or Status of Participants</b>	<b>Initial pilot:</b> Online participants recruited by Prolific ( <a href="https://www.prolific.co/">https://www.prolific.co/</a> ). Participants are pre-screened for living in England and working in local government.  <b>Full pilot:</b> social workers at the participating local authorities in England.
<b>Number of Participating Local Authorities</b>	16 local authorities
<b>Number of Children and Families</b>	None.
<b>Primary Outcome(s)</b>	Role satisfaction; Stress and Health; Supervision and Support; Professional Accomplishment and Continuing Professional Development; Team culture; Organisational Support
<b>Secondary Outcome(s)</b>	N/A
<b>Contextual Factors</b>	N/A

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## Background and Problem Statement

As part of our research on supporting social workers, WWCSA are developing a survey to assist employers to complete their annual social worker health check as recommended by the Local Government Association (LGA) as part of their employer standards<sup>1</sup>. The survey:

- covers all relevant concepts of workplace wellbeing to gain a more holistic picture;
- uses a validated survey instrument specifically designed for the social work profession;
- provides practical insights for principle social workers to act upon to improve social workers' working conditions;
- asks individual social workers (instead of a single representative of the organisation) for their experiences to gain a better picture of the diversity of experiences (instead of the policy of the organisation) and to enable better powered analyses;
- is standardised which enables the building of a national picture of practice conditions and working environment of social workers, and monitoring how that changes over time.

The proposed survey instrument involves questions on role satisfaction, stress and health, supervision and support, professional accomplishment and continuing professional development, team culture, and organisational support as well as demographic questions which shall be used as control variables and questions to understand the social worker's context (e.g. job role, number of years' experience).

The proposed survey is based on the LGA's employer standards, a model of workplace wellbeing developed by What Works for Wellbeing<sup>2</sup> and co-production with Principal Social Workers (PSWs). This specific piece of analysis aims to validate the proposed survey instrument for social worker workplace wellbeing to ensure that it is valid and reliable by recruiting survey participants online (the 'initial pilot') and this will be followed up by a pilot at 16 local authorities to gain specific feedback from social workers (the 'full pilot').

Each pilot local authority will receive a report analysing their own data and a copy of the pseudonymised individual-level data to enable them to conduct further analysis. The specified analysis and any changes made to the survey as a result of the analysis will be reported in a report detailing the full development of the survey on WWCSA's website in due course (likely Spring 2021).

## Pilot Survey Setup, Participants and Sample Size

### Initial Pilot

The social work health check online pilot survey involves recruiting participants from the online participant pool, Prolific (<https://www.prolific.co/>). The target sample size will be 500

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<sup>1</sup> See Annex C of Local Government Association. (2018). *Children's Social Work Health Check Survey 2018 - Report of Findings*.  
<https://www.local.gov.uk/childrens-social-work-health-check-survey-2018-report-findings-november-2018>

<sup>2</sup> What Works for Wellbeing. (2018). *Workplace Wellbeing Questionnaire Methodology*.  
<https://whatworkswellbeing.org/wp-content/uploads/2020/01/Methodology-for-Workplace-Questionnaire-Jan2018.pdf>

participants. There are approximately 32,900 social workers in England<sup>3</sup> and so a sample size of 500 is 1.5% of the population of possible participants. There are 79 items and so the ratio of responses to items is 6.3:1. Guidelines on the ratio of sample to population and sample to number of items vary but these ratios are within the acceptable to good range<sup>4</sup>. We will report how the actual sample size corresponds to these ideal ratios.

Participants will be pre-screened to ensure that all participants live in England<sup>5</sup> and work in local government (Employer type = “Local government employee (city, county, etc.)”). Specifying the role of a social worker and residence in England is possible and would have been the preferred screening criteria but there were only 2 potential participants in this category active on the site in the last 90 days at the time of writing and so it was necessary to select a wider pool of participants. The pool is the closest match possible to specify on Prolific.

According to Prolific’s sample check<sup>6</sup>, there were 642 ‘accessible participants’ (participants who met the pre-screening criteria and who were active in the last 90 days). Prolific estimates a 40-50% response rate of a wider group of ‘eligible participants’ (participants who met the pre-screening criteria). If the target population is not met within 48 hours of launching the survey, then we will launch the same pilot survey with the criteria of residence in England and being employed as a “State government employee.”. Since there may be overlap in these groups, we shall exclude those who already participated from participating for a second time through ‘blacklisting’ their Prolific ID for the follow-up surveys designed to meet the sample size threshold.

Since the participant pool is not an exact match, we will explain in the project description that the survey’s intended audience is social workers and ask participants to put themselves in the shoes of a social worker. As recommended by Prolific, we shall include a short vignette to help the participant empathise with or better understand the experiences of a social worker.

The participants will take the survey online, and the survey is anticipated to take approximately 20-25 minutes to complete. The online survey will be conducted once.

The pilot survey includes:

- an adapted version of the proposed survey;
- an instrument manipulation check;
- additional questions to check whether the participants understand the survey questions;
- a question on the number of sickness absence days in the last 6 months;
- the HSE Management Standards indicator tool (a survey instrument for workplace stress);

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<sup>3</sup> Official Statistics: Children and Family workforce in England, year ending 30 September. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/868384/CSWW\\_2018-19\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868384/CSWW_2018-19_Text.pdf)

<sup>4</sup> A 5:1 response to item ratio is suggested in: Gorusch RL. Factor Analysis. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associates; 1983. 500 participants is considered ‘very good’ in: Comfrey AL, Lee HB. A First Course in Factor Analysis. Hillsdale, NJ: Lawrence Erlbaum Associates; 1992.

<sup>5</sup> Children’s services are a devolved policy area and so the employer standards apply only to England. The remit of the LGA and WWCS is limited to England.

<sup>6</sup> <https://www.prolific.co/#check-sample>

- the Copenhagen Burnout Inventory<sup>7</sup>.

The proposed survey is not included in its entirety. The factual questions about the participants' context as a social worker - establishing the participants' level of experience, specific job role, contract type, number of children on caseload - are omitted. This is for a combination of practical reasons: the participant pool is local government workers in England rather than specifically social workers and so including questions specific to social workers is likely to return uninformative answers. As the participants are paid for the time taken to fill in the survey, there is a cost to including questions that are likely to return uninformative answers. Finally, because there is no underlying construct we are trying to measure, there is no need to include such factual questions in a pilot primarily designed to validate survey instruments intending to measure constructs.

The instrument manipulation check is included to check whether the online participants are paying adequate attention to the questions for us to feel confident that the quality of the data will be sufficient. Questions on understanding are included to allow for feedback on the wording of questions.

The number of days of sickness absence, the HSE Management Standards indicator and the Copenhagen Burnout Inventory are included to test the criterion validity of the proposed survey.

### **Full Pilot**

Having conducted an initial pilot with Prolific participants, we shall pilot with the intended audience. This involves 16 local authorities with a total of approximately 4000 social workers. Assuming a 25% response rate, we expect c. 1000 responses, which is within the guidelines on the ratio of sample to population and sample to number of items. The online survey will be sent by the Principal Social Workers to the social workers employed by their local authority.

The other arrangements are the same as in the initial pilot.

### **Full Pilot: Cognitive Interviews**

As for the survey in the full pilot, social workers will be invited to participate at the end of the survey. There is little consensus in the literature about the appropriate sample size for cognitive interviewing<sup>8</sup>; however, Willis (2005)<sup>9</sup> suggests 5-15. The survey is intended to be for social workers working with a range of service users (children and adults) and allied professionals working in social work teams. These different groups may have diverse

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<sup>7</sup> Although there are some concerns as to whether burnout is a construct distinct from depression, we use the Copenhagen Burnout Inventory because we see client-related burnout (defined as “: The degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work with clients” (Kristensen, Borritz, Villadsen & Christensen, 2005, 197)) as particularly relevant for social work. Whether the inventory is measuring depression or burnout is less of a relevant question given our purpose for using the inventory. Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. C. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, July/September 2005; 19(3): 192/207*

<sup>8</sup> Beatty, P. C., & Willis, G. B. (2007). Research synthesis: The practice of cognitive interviewing. *Public Opinion Quarterly, 71*, 287–311.

<sup>9</sup> Willis, G. B. (2005). *Cognitive interviewing: A tool for improving questionnaire design*. Thousand Oaks, CA: Sage.

experiences of the workplace and use different terminology. We will conduct purposive sampling stratified by membership of the following groups: children's social workers (3), adults' social workers (3), and allied professionals (2) to ensure representation of each of these groups.

## Analysis

### Research questions

Broadly, the aim of this validation exercise is to check the construct validity and reliability of the social work health check, and shape the development of the survey.

- How many principal components adequately represent the items?
- Which of the 'pool' items can be dropped?
- Which of the 'pool' items should be analysed together? How do we best describe the subscale?
- Are the principal components stable across subsamples of the data (age group and gender) and a test dataset?
- Do the subscales created from the principal components correlate as expected with existing measures?
- Are the subscales created from the principal components internally consistent?
- For the full pilot: is it feasible to automate analysis from the survey for multiple local authorities?
- For the full pilot (via the cognitive interviews):
  - Do the participants understand and interpret the survey questions and responses as intended?
  - Are the questions and instructions phrased in such a way that the participants can accurately recall information to inform their response?
  - Are the available response options appropriate?

### Data Preparation

As the survey participants are recruited and paid via an online participant recruitment platform, they are likely to be less intrinsically motivated to provide high quality data than, for example, a social worker whom the survey could potentially positively affect. We conduct a number of data quality checks prior to analysis of the initial pilot:

- According to Prolific, it is not possible for participants to take the survey twice; however, we check for duplicate Prolific IDs to ensure this is the case.
- We exclude participants who failed the instrument manipulation check (or 'attention check'): "I think it's important to answer surveys with my full attention. Please select 'Strongly disagree'". We count the participant as failing the instrument manipulation check if they did not select 'Strongly disagree'.
- We check for simple patterns which suggest lack of attention (a participant selecting one extremity or the other or the neutral response for all responses) and exclude participants exhibiting such patterns. Excluding participants that respond at one extremity is unlikely to exclude those who genuinely wish to express a very positive

or very negative experience of workplace wellbeing because for those participants, we'd expect to see the opposite extremity response for the reverse coded items.

- We also exclude those who did not complete the survey. We expect the number of non-completes to be small at least in the initial pilot given that participants only receive payment upon completion of the survey.

The response scales are: 'Strongly agree', 'agree', 'Neither agree nor disagree', 'Disagree' and 'Strongly disagree' for agreement items and 'Never', 'Rarely', 'Occasionally', 'Often', 'Very often' for frequency. The responses are treated as ordinal categorical variables with 1='Strongly agree' / 'Very often' and 5='Strongly disagree' / 'Never'. The responses require no transformation prior to PCA other than reverse coding some items as the response scales are equidistant and there is sufficient gradation of possible response. We reverse code questions where a response of 'Strongly agree' or 'Very often' indicates a negative state of affairs (reverse coded items are identified in Table 1 in the Appendix). We compare the correlations between the raw scores of positively coded items and the raw scores of the reverse coded items, and between the raw scores of the positively coded items and the transformed reverse coded items. If the latter is stronger, we take that as evidence that participants paid attention to the valence of the phrasing of the questions.

We use Qualtrics as a survey platform and set up the survey so there is no default response and all responses are required. For the initial pilot, since all responses are required, we do not expect any missing data for completed surveys. However, if missing data is encountered we shall use regression imputation.

Where we have needed to use multiple pre-screening criteria for the initial pilot, we compare the means of the groups of participants using a t-test to test whether screening group membership affects responses. If the null hypothesis of no difference in the mean scores between the screening groups is rejected, then we shall include screening group membership in principal component analysis sensitivity analysis.

### **Descriptive Statistics**

We inspect the distribution of responses for each item to check for ceiling or floor effects. One of the aims of the survey is to enable comparison over time, and so we need to expect that the responses can move from the most extreme response options of 'Strongly agree' or 'Strongly disagree'. We take a proportion of more than 30% of respondents selecting 'Strongly disagree' as an indication of a floor effect and a proportion of more than 30% of respondents selecting 'Strongly agree' as an indication of a ceiling effect<sup>10</sup>. In these cases, we shall evaluate whether to change the wording of the question to allow for a greater range of responses. In cases where the items have floor or ceiling effects but where the LGA employer standards are quite specific on the framing of the question, we shall not change these items.

To check whether the questions and instructions were easy to understand, at the end of the pilot survey we ask: "Did you find any questions difficult to understand or answer? If yes, please give more details below.", and provide an open text box. As the nature of the survey is somewhat sensitive (with aspects related to safety and mental health), we also ask "Did you feel uncomfortable answering any questions? If yes, please give more details below.",

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<sup>10</sup> Dean, K., Walker, Z., Jenkinson, C. (2018). Data quality, floor and ceiling effects, and test–retest reliability of the Mild Cognitive Impairment Questionnaire.

and provide an open text box. The participants are not necessarily (and in fact not likely to be) social workers, and so there may be some misunderstanding over terminology which will be familiar to social workers but not others. We anticipate this and do not put too much weight on comments where the misunderstanding appears to be of this type.

### Principal Component Analysis

75 'pool' questions are analysed for their construct validity and reliability. Principal component analysis (PCA) is used to identify the components which best represent the subscales of social worker workplace wellbeing.

We randomly sample 75% of the data and conduct PCA.

We use the Stata command *pca*<sup>11</sup> for the computation of eigenvalues and the *fapara* programme<sup>12</sup> for the parallel analysis. The arguments for the *pca* command will be set to:

- 1) *varlist*: all items
- 2) *components*: initially left blank to retain all and then set to the number of components decided upon in step 1.
- 3) *mineigen(0)*: retain eigenvalues larger than 0
- 4) *correlation*: perform PCA of the correlation matrix

### Step 1

We decide the number of components through:

- Parallel analysis<sup>13</sup>: where PCA is conducted on completely random datasets and the resulting eigenvalues are compared with the eigenvalues on the sample data. Where the eigenvalues for the completely random datasets are higher, this suggests that the component is modelling random noise and can be discarded.
- A visual inspection of the scree plot<sup>14</sup>: the scree plot plots the eigenvalues on the y-axis against the number of components on the x-axis in order of decreasing eigenvalue. "Scree" describes the appearance of the large eigenvalues as the hill and the small eigenvalues as the "scree" (debris) at the bottom of the hill. A heuristic for establishing a threshold below which to discard components is after the gradient of the graph declines sharply - this visualises the decreasing returns of adding further components to explaining the proportion of variance.
- Inspecting the total variance explained and the additional variance explained by the component: If the additional variance explained for a component that 'passes' the criteria already mentioned is less than 10%, we consider excluding components which fit this description.

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<sup>11</sup> stata.com. *PCA - principle component analysis*. <https://www.stata.com/manuals13/mv pca.pdf>

<sup>12</sup> UCLA Institute for Digital Research & Education Statistical Consulting. How To Do Parallel Analysis For Pca Or Factor Analysis In Stata? | Stata Faq. <https://stats.idre.ucla.edu/stata/faq/how-to-do-parallel-analysis-for-pca-or-factor-analysis-in-stata/>

<sup>13</sup> Lloyd G. Humphreys & Richard G. Montanelli Jr. (1975): An Investigation of the Parallel Analysis Criterion for Determining the Number of Common Factors, *Multivariate Behavioral Research*, 10:2, 193-205. [https://www.tandfonline.com/doi/abs/10.1207/s15327906mbr1002\\_5](https://www.tandfonline.com/doi/abs/10.1207/s15327906mbr1002_5)

<sup>14</sup> Cattell, R. B. 1966. The scree test for the number of factors. *Multivariate Behavioral Research* 1: 245-276

## Step 2

For data which can be represented by two or more principal components, there exist an infinite number of alternative rotations of the components which explain the data equally well. Given that we are using PCA to understand the underlying structure of the data, interpretability of the components is important and so we rotate the components to find the orientation under which the components are the most interpretable. We recognise that the components are likely to be correlated and hence use an oblique rotation. We aim for a simple structure with high variability in the factor loading of the items (so that components are represented by a small number of items with high factor loadings). We use Stata's rotation command after running the PCA, specifying a promax rotation<sup>15</sup> with the rotation applied to the Kaiser normalization of the matrix. We rotate the item loading matrix until we reach a sufficiently interpretable structure (where the loading is high for a small number of items and these items all have a similar concept at the heart).

## Step 3

Part of the aim of this validation is to reduce the number of items. The number of pool questions (79) is too high to be practically included in the final survey. We follow a modified version of the approach of Cousins et al. (2004)<sup>16</sup> in the development of the Health and Safety Executive's (HSE) Management Standards to reduce the number of items:

- Only including items for which the loading on the loading component was at least 0.5 and was at least 0.2 above its factor loadings on any other component;
- Excluding items which have their highest loading on different subscales in the sensitivity checks (see below) to bolster the stability of the representation of the data.
- Excluding one of the pair of items which have correlations of greater than 0.7 with the other items in the subscale to remove near duplicates<sup>17</sup>. If one of the items is required (see below), it will be kept. If neither of the items are required, the item with the lower factor loading and perceived face validity will be excluded.
- Excluding items with Kaiser-Meyer-Olkin (KMO) measure of sample adequacy below 0.7 following the guidelines on acceptable values laid out in Kaiser (1974)<sup>18</sup>. We use the Stata command *estat kmo*<sup>19</sup> after running PCA.

Some items are required: either they directly cover the LGA's employer standards and / or they were identified as particularly important to include by PSWs in the co-production sessions. Where such items meet any of the above criteria for exclusion, we will not drop them but simply analyse them separately.

## Step 4

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<sup>15</sup> Robins, R. W., Fraley, R. C., & Krueger, R. F. (Eds.). (2007). Handbook of research methods in personality psychology. The Guilford Press. p.435

<sup>16</sup> Here we follow: Cousins, R., Mackay, C. J., Clarke, S. D., Kelly, C., Kelly, P. J., & Mccaig, R. H. (2004). 'Management Standards' and work-related stress in the UK: Practical development. *Work & Stress*, 18(2), 113- 136. p.128

<sup>17</sup> Cohen, J. & Cohen, P. (1983). *Applied Multiple Regression/Correlation Analysis for the Behavioural Sciences* (2nd Ed.). Hillsdale, NJ: Erlbaum.

<sup>18</sup> Kaiser, H. F. 1974. An index of factor simplicity. *Psychometrika* 39: 31–36

<sup>19</sup> stata.com, pca postestimation.

<https://www.stata.com/manuals13/mvpcapostestimation.pdf#mvpcapostestimation>

We iteratively conduct steps 1-3 until we have a stable item set. The groupings of items by component become the new subscales. We rename the subscales accordingly.

### PCA Sensitivity Checks

For the PCA, we check the stability of the representation of the data through: removing one or two items at a time at random. We also check the stability of the components on the 25% test dataset, subsamples by age-group (18-35; 36-49; 50+ years) and gender (male; female<sup>20</sup>). In each case, we are checking for substantial ordinal shifts qualitative changes in the components - whether we see major shifts in the eigenvalues or the factor loadings.

### Reliability

The reliability of a survey instrument refers to whether the items elicit the same kind of information. Reliability can be evaluated through measuring the internal consistency of subscales, i.e. whether items grouped in a subscale are measuring the same concept. We use Cronbach's alpha coefficient, which is a measure of the common variance between variables measuring the same concept<sup>21</sup>.

For each subscale, we use the stata command *alpha*<sup>22</sup> with the following arguments specified:

- *varlist* is the list of variable in each categories;
- option set to *asis*, to avoid stata reversing scale automatically;
- the option *std item* to obtain detailed information on each item's fit relatively to the rest.

We consider excluding the item from the subscale if:

- the inter-test and inter-rest correlations are substantially lower (by 0.2) than the majority of the other item;
- if the average inter-item correlation and the Cronbach coefficient increase when dropping this item.

Where an item does not fit well within a subscale but is important to include because it covers the LGA standards or was deemed important to include in the co-production sessions with PSWs, the item is kept in the survey but dropped from the subscale and analysed separately. When an item does not fit well within the subscale and there are no other substantive reasons to keep it in the survey, it is dropped from both the subscale and the entire survey.

A high Cronbach's alpha is indicative that each subscale is reliable. However, Cronbach's alpha is also a function of the inter-item correlations and the length of the subscale so these

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<sup>20</sup> Whilst we include 'Other' as a response item; we anticipate there to be an insufficient number of participants selecting this response to conduct a separate PCA.

<sup>21</sup> Tavakol, M.,Dennick, R., 2011 Making Sense of Cronbach's Alpha, International Journal of Medical Education

<sup>22</sup> stata.com, alpha <https://www.stata.com/manuals13/mvalpha.pdf>

need to be taken into account when stating a threshold for good reliability<sup>23</sup>. We treat 0.6-0.9 as an acceptable range for Cronbach's alpha with the expectation that the subscales which are longer and which have higher inter-item correlations will have higher values.

### Criterion Validity

Once the subscales have become stable, we test how well they correlate with two existing survey instruments: the HSE Management Standards indicator tool, and the Copenhagen Burnout Inventory. To do so, we use the factor loadings as item weights to create subscale scores. We take a correlation of above 0.6 as evidence of acceptable criterion validity.

We also test the correlation between the subscales and the number of sick takes taken in the last 6 months. We would expect there to be a lower number of sick days for those who 'score' more highly on the subscales as a high score indicates positive workplace wellbeing. We take a correlation of stronger than -0.6 as evidence of acceptable criterion validity.

### Cognitive Interviews

We will use cognitive interviews to answer the following research questions (as above, copied here for convenience), based on the Tourangeau model of survey response<sup>24</sup>:

- Do the participants understand and interpret the survey questions as intended?
- Are the questions phrased in such a way that the participants can accurately recall information to inform their response?
- Are the responses available appropriate?

The interviews will be semi- structured interviews consisting of verbal probes about specific survey questions after the participant has completed the survey. We will develop an information sheet and interview schedule of probes. After the first two to three interviews, the interview schedule will be adapted if necessary. The interviews will be conducted over the telephone by a WWCS research and/or research assistant, and expected to last approximately 30 minutes in total. If the participant consents, the interview will be recorded.

The recordings of the interviews will be transcribed and pseudonymised prior to analysis. The interviews will be analysed using a thematic approach by grouping notes by question, identifying key themes in difficulties of comprehension, inconsistencies in interpretation, difficulties of recall, and difficulties of identifying an appropriate response. We will use NVivo software to assist with the analysis. This will involve data familiarisation, checking accuracy of transcription, labelling the data with descriptive codes and identifying themes.

The following steps will be taken to ensure rigor in the analysis and reporting of qualitative data:

- Transparent reporting of the research and analysis process will ensure the study methods are clear and repeatable.

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<sup>23</sup> Oliver, J. & Benet-Martinez, V. "Measurement: Reliability, construct validation, and scale construction." Handbook of Research Methods in Social and Personality Psychology, edited by H.T. Reis and C.M. Judd. New York: Cambridge University Press, 2000, pp. 339-369.

<sup>24</sup> Tourangeau R. Cognitive science and survey methods: a cognitive perspective. In: Jabine T, Straf M, Tanur J, Tourangeau R, editors. Cognitive Aspects of Survey Design: Building a Bridge between Disciplines. Washington, DC: National Academy Press; 1984. pp. 73–100.

- The involvement of multiple researchers in the coding and subsequent analysis.

## Reporting

We will report on the initial and full pilot separately.

We will report the following descriptive statistics:

- The full actual sample size; the number of participants excluded due to answering the survey more than once; the number of participants excluded due to failure of the instrument manipulation check or patterns indicative of failure of attention; the number of participants excluded due to failure to finish the survey.
- Correlation matrix of 'pool' items, indicating which items are excluded because of correlations above 0.7 with another item in the subscale
- Frequency tables of 'pool' item responses, indicating any which we suspect to have a ceiling or floor effect. We shall report the proportion of 'pool' items that have ceiling or floor effects.

For the PCA, we will report for all iterations of the 75% dataset and also for the sensitivity checks:

- The eigenvalues of the components and the factor loadings.
- The eigenvalues of the components from the parallel analysis.
- The total variance explained and the additional variance explained for each component.
- The scree plot showing the parallel analysis (the eigenvalues from the decomposition of the correlation matrix of the sample data; the eigenvalues from the decomposition of the correlation matrices of completely random datasets)
- The Kaiser-Meyer-Olkin measures.

For the criterion validity, we will report the correlations of the subscales and the two existing scales and the number of days sick in the last 6 months.

For the reliability, we will report, for each subscale, for each iteration:

- The item-test correlations; the item-rest correlations; the average inter-item correlation and the Cronbach's alpha if the item were excluded
- For the final proposed subscale: the Cronbach's alpha for each subscale

For the cognitive interviews, we will report:

- The number and characteristics of respondents.
- Key themes which answer the research questions.
- Direct quotes as illustration of these key themes.

For each local authority participating in the full pilot, we will provide to them a report detailing:

- Summary of each "category" e.g. role satisfaction: mean and standard deviation / confidence intervals for all respondents and by team.

- Summary of demographic characteristics for all respondents subject to statistical disclosure checks (gender, age, ethnicity, years of experience as a social worker, speciality, contract type (permanent / agency), part-time / full-time)
- Statistically and economically significant coefficients from regressions on job satisfaction and turnover intention.
- Horizontal stacked bars to show the percentage selecting the response by item
- Summary of responses to local authority specific questions (format depending on response type).

## Ethics & Participation

The initial pilot is testing a survey on an online sample of participants who have signed up to complete surveys and are compensated for their time. Participants are freely consenting in full knowledge of the purpose of the survey, and can opt out at any point in time. Participants are not identifiable to researchers, and there is no risk of coercive influence. As a consequence, and due to the minimal risk to participants, ethical approval was not sought for the initial pilot study.

Ethics approval for the full pilot is being sought from King's College London. As with the initial pilot, participants are freely consenting in full knowledge of the purpose of the survey (which will be shared with them through an information sheet written in accessible language provided at the beginning of the survey), and it will be made clear in the information provided that they can opt out at any point in time. Participants are not identifiable to researchers and care will be taken to ensure they are not able to be identified in any publication, and there is no risk of coercive influence from the researchers (who will not interact directly with the participants) or their employees who will not know whether they have participated in the research or not. The expected benefit of the research is creating a validated survey instrument to measure the health and wellbeing of the workforce, and allow employers to better monitor and identify areas for improvement. Participants may also feel empowered through providing feedback on their working conditions. Risks / costs of participating include an investment of time (we expect participating in the survey to take about 20-25 minutes). The survey also covers some potentially distressing topics e.g. stress and mental health but we do not expect the content to be more distressing than social workers encounter in their day-to-day roles. However, we do provide links to organisations and materials at the end of the survey in case the participant feels that they need support after completing the survey.

Lines of responsibility and accountability are outlined in a project collaboration project with each local authority. There are no expected conflicts of interest.

## Registration

This analysis plan is pre-registered with the OSF (osf.io).

## Data protection

The survey data is personal data, and some of the data is special category data (health and ethnicity). No 'instant identifiers' (e.g. names, email addresses or IP addresses) or 'meaningful identifiers' (e.g. social worker numbers) will be collected.

This section is structured according to the guidance given by the Information Commissioner's Office, which "covers the General Data Protection Regulation (GDPR) as it applies in the UK, tailored by the Data Protection Act 2018"<sup>25</sup>.

### ***Principles of the GDPR***

#### Principle (a): Lawfulness, fairness and transparency

##### 1. Lawfulness:

WWCSC is the controller for the data as we decided to process the data and decided the purpose of the processing, what data should be collected and which individuals to collect data about. The lawful basis for data processing is consent (which will be obtained prior to the participants taking the survey).

The legal basis for processing special category data is that it is necessary for archiving, scientific, historical research or statistical purposes (point (e) of section 10 of the DPA which refers to (j) (archiving, research and statistics) of Article 9(2) of the GDPR). The project meets condition (4) in Part 1 of Schedule 1:

(a) is necessary for archiving purposes, scientific or historical research purposes or statistical purposes,

This processing constitutes "scientific research" as it will be used to validate a questionnaire for the purpose of researching social worker wellbeing. The special category data we are using is data concerning health, specifically wellbeing. Wellbeing is an outcome of interest and so is required for the analysis.

(b) is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19)

#### Organisational and Technical Arrangements

"Those safeguards shall ensure that technical and organisational measures are in place in particular in order to ensure respect for the principle of data minimisation. Those measures may include pseudonymisation provided that those purposes can be fulfilled in that manner."

The data does not require any additional processing to pseudonymise: data cannot be attributed to a specific data subject without the use of additional information as we are not collecting any 'instant identifiers' or 'meaningful identifiers'.

#### Safeguards (DPA 2018 Section 19)

In the UK, the requirements of Article 89(1) GDPR will not be met unless the provisions of Section 19 DPA 2018 are also complied with. We have no reason to believe that the research will cause damage or distress (and certainly not substantial damage or distress) to the survey participants as the survey is about their day-to-day working lives or imagined working lives (given that most of the participants will not actually be social workers). The

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<sup>25</sup> Information Commissioner's Office, Guide to the General Data Protection Regulation (GDPR). <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

processing and presentation of evidence is unlikely to have distressing effects because we protect against identification of the individual and also against statistical disclosure (following the ONS standard rules outlined in the Approved Researcher training). The research is not being carried out for the purposes of measures or decisions with respect to a particular data subject but intends to check the validity and reliability of the survey.

(c) is in the public interest.

The work is intended to help better understand the working conditions of the social work profession with the aim of improving social work practice which affects a substantial section of the public.

## 2. Fairness:

ICO's guidance says fairness means "you should only handle personal data in ways that people would reasonably expect and not use it in ways that have unjustified adverse effects on them"<sup>26</sup>. This data is being used to validate the survey. This will be explained to the potential participant prior to eliciting consent. We believe that "the reason person" would understand the use of data in this way and find it acceptable.

## 3. Transparency:

This will be covered below in the section on the right to be informed. We will ensure that privacy notices are written in clear and plain language.

### Principle b): Purpose Limitation

This data will only be used to answer the research questions in this document. They will not be used for any other purpose, other than usual statistical checks to ensure the accuracy of the data.

### Principle c): Data Minimisation

We have only requested data that is adequate, relevant and limited to what is necessary to fulfil the purpose of this project i.e. to validate the survey instrument. The variables can be split into variables of interest which comprise the social worker health check and control variables which we expect to influence the outcomes. Not being able to include these variables limits the scientific value of this research because they are likely moderators of some of the outcomes of interest.

### Principle d): Accuracy

We will restrict answer options in the survey to the appropriate answers. Open text boxes will only be used for the participants to comment on the survey.

Please see the "Data Preparation" section for our approach to checking the quality of the data.

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<sup>26</sup> Information Commissioner's Office. Principle (a): Lawfulness, fairness and transparency. <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/principles/lawfulness-fairness-and-transparency/>

#### Principle e): Storage limitation

Data will be deleted 3 years after the analysis is complete.

#### Principle f): Integrity and confidentiality (Security)

See “Data security arrangements”.

#### Principle g): Accountability principle

The Chief Executive of What Works Centre and Principal Investigator for this research (Dr. Michael Sanders) will be ultimately responsible for the conduct of the research.

### ***Individuals’ rights under the GDPR***

#### The right to be informed

The Centre has published a privacy notice on its website detailing how the processing will be done. All of the relevant information including a link to the privacy notice is provided prior to seeking the consent of the participant. The privacy notice details our purposes for processing their personal data and the retention periods for that personal data. The privacy notice includes who the pseudonymised data will be shared with:

- 1) The participants’ employer. This means that the participants’ employer will receive a data file containing the individual responses of social workers in their employment but will not receive information that would allow them to identify them. We define pseudonymisation, removing the following information from the dataset:
  - First letter of first name
  - First and second letter of second name
  - Demographic characteristics
- 2) If the participant chooses to participate in the telephone interview, the interview may be transferred to a third party for transcription purposes.

#### The right to access, rectification, erasure, restriction of processing and to object

Individuals have the right to access their individual data and supplementary information. The right of access allows individuals to be aware of and verify the lawfulness of the processing. Individuals are entitled to obtain:

- confirmation that their data is being processed;
- access to their individual data; and
- other supplementary information

We would point the individual towards this pre-analysis plan to indicate the type of information that we hold on them for the purpose of this analysis. The process for exercising these rights is detailed in the privacy notice. For the initial pilot, if an individual wishes to access this information, we will ask them to provide the Prolific ID (a unique anonymous identifier known to the individual). For the full pilot, we will only have ‘fuzzy’ identifiers. If the individual would like to ask for information held, for their data to be rectified or deleted or for restriction of processing, they will be requested to get in touch detailing the first letter of their first name, the first two letters of their second name and the name of their local authority. We may require additional demographic information to uniquely identify them in the dataset and

fulfil their request. If the individual requests the rectification, deletion or restriction of processing after the analysis and publication of the research, it is not possible to withdraw the individual's contribution to the output but their data will be rectified or deleted and not included in any further analysis.

#### The right to data portability

The right to data portability allows individuals to obtain and reuse their individual data for their own purposes across different services. It allows them to move, copy or transfer individual data easily from one IT environment to another in a safe and secure way, without hindrance to usability. This is not particularly relevant in the context of statistical analysis as the value of processing the data is to the public and comes from the aggregation of the data, rather than from the processing of the individual's data, and so it is difficult to imagine the purpose of porting the data to an alternative system.

#### Individual's rights in relation to automated decision-making and profiling

Nothing in this analysis is related to either automated decision-making or profiling of any individuals.

### Personnel

Principal investigator: Michael Sanders, Executive Director at the What Works for Children's Social Care.

Project team: Belinda Christian, Head of Practice at the What Works for Children's Social Care. Vicky Clayton, Data Science Manager at the What Works for Children's Social Care. Bev Curtis, Practice Development Manager at What Works for Children's Social Care. Alix Leroy, Researcher at the What Works for Children's Social Care.

### Timeline

This timeline refers to the timeline for piloting the survey. The wider development of the social work health check started in April 2019 with the mapping of relevant concepts, mapping to the LGA employer standards and co-production workshops with PSWs.

Dates	Activity	Staff responsible/ leading
19/06/2020	Initial pilot data collection and analysis complete	Vicky Clayton, Alix Leroy
July - December 2020	Data collection window (as agreed with each local authority)	Vicky Clayton
15th January 2021	What Works for Children's Social Care to analyse data, write the final report and pseudonymise data for sharing.	Vicky Clayton

31st January 2021	What Works for Children's Social Care to share the partner specific analysis reports and pseudonymised data with participating local authorities.	Vicky Clayton
Spring 2021	What Works for Children's Social Care to publish an evaluation report. The evaluation report will include the validated survey instrument.	Vicky Clayton

## Appendix: Survey

[INITIAL PILOT]

Start of Block: Consent

Q1 You are being invited to take part in a research study by What Works for Children's Social Care (WWCSC). Please read this information sheet carefully and decide whether or not you wish to take part.

What is the purpose of the research?

The purpose of this research is to validate a survey instrument for workplace wellbeing for social workers. We are only requesting data that is necessary for this research, and the data will only be used for this purpose. What would taking part involve? Participating in this survey involves answering questions about your working life and how it impacts your wellbeing. The survey is designed for social workers in children's social care. If you are not a social worker, your participation is still very helpful as it will help us design a shorter, more tailored survey. There are only a small number of questions which are social worker specific so please don't let not being a social worker put you off!

If you are not a social worker, please put yourself in the shoes of a social worker. Social workers work with children and families to support them through difficult times and protect children and young people from harm. They will be working with multiple families in a given week and so are continually weighing up how to meet the needs of all the families. In addition, they have statutory duties to complete which involve completing visits to families and reports within certain deadlines. A social worker's day may involve visits to families, coordinating services the family might need and ensuring records are up-to-date about the family's situation.

Your personal information will be stored securely and kept confidential. You will not be personally identified in any outputs or reports from the research. Please refer to our Privacy Statement for more information about how we will look after and use your data.

Do I have to take part?

Participation is completely voluntary and you are free to change your mind later and stop taking part at any time. What will happen to the results of the research? The findings from the research will be published on our website (<https://whatworks-csc.org.uk/>) in 2020 / 2021.

Who is organising and funding the study?

The study is organised by What Works for Children's Social Care, and is funded from our core funding from the Department for Education. If you have any questions after you have completed the survey, and/or later decide that you do not want to participate in this research, and/or you would like your responses to be deleted or rectified, please contact the research team by emailing [vicky.clayton@whatworks-csc.org.uk](mailto:vicky.clayton@whatworks-csc.org.uk)

The WWCSC can be contacted at:

What Works for Children's Social Care  
The Evidence Quarter,

Albany House,  
Westminster,  
SW1H 9EA  
Email: info@whatworks-csc.org.uk  
Telephone: 07583146982

Giving Consent Clicking on the "Agree to participate in the research" button below indicates that:

You have read the above information

You understand that your participation is voluntary and you are free to withdraw at any time, without giving any reason

Agree to participate in the research

Note: If you do not wish to participate, please decline participation by clicking on the "Do not agree to participate in the research" button. You will be directed away from the survey.

Q2 Do you agree to participate in the research?

- I agree to participate (1)
- I do not agree to participate (2)

End of Block: Consent

Start of Block: no consent

*Display This Question:*

*If Do you agree to participate in the research? = I do not agree to participate*

Redirect to Prolific website to end survey

---

End of Block: no consent

Start of Block: Record Participants IDs

Please enter your Prolific ID here

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End of Block: Record Participants IDs

Start of Block: Demographic questions

What area do you currently in?

- England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)
- Outside of the UK (5)

Please describe your work

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions (1)
- Employee of a not-for-profit, tax-exempt, or charitable organization (2)
- Local government employee (city, county, etc.) (3)
- State government employee (4)
- Federal government employee (5)
- Self-employed in own not-incorporated business, professional practice, or farm (6)
- Self-employed in own incorporated business, professional practice, or farm (7)
- Working without pay in family business or farm (8)
- None of the above (9)

End of Block: Demographic questions

Start of Block: inconsistent screening responses

*Display This Question:*

*If What area do you currently in? != England*

*And Please describe your work != Local government employee (city, county, etc.)*

*And Please describe your work != State government employee*

Redirect to Prolific website

End of Block: inconsistent screening responses

[FULL PILOT]

Start of Block: Consent

## **INFORMATION SHEET FOR PARTICIPANTS**

*Ethical Clearance Reference Number:*

### **Title of project**

Social Work Health Check Pilot

### **Invitation Paragraph**

This research project is being conducted by [local authority name], What Works for Children's Social Care (WWCSC) and King's College London. We would like to invite you to participate in this research project about the Social Work Health Check (SWHC). Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

### **What is the purpose of the project?**

The purpose of the project is to develop a standardised version of the Social Work Health Check. It is being co-produced between WWCSC and principal social workers. This project will provide participating local authorities and organisations, with data about the health and wellbeing of their social workers and allied professionals. It will also help move towards an agreed standard for sharing practice across local authorities where appropriate (and with their consent) to support sector-led improvement.

### **Why have I been invited to take part?**

You are being invited to participate in this project because you are a social worker or allied professionals.

### **What will happen if I take part?**

If you choose to take part in the project you will be asked to complete a survey about your workplace, your working life and your wellbeing. The survey will take 15-20 minutes of your time. As part of participation you will be asked to provide;

- Demographic characteristics include gender, age, ethnicity and disability.
- Job title/role, type of contract
- Location (which local authority/area within local authority/employer)
- How many years of experience
- The first letter of your first name and the first two letters of your surname to enable you to take the survey in subsequent years should you chose to do so

At the end of the survey, you will be asked if you'd like to participate in a short telephone interview to discuss your experiences of completing the survey and to seek your feedback. The telephone interview would take at most 20 minutes of your time. Consenting to participate in the survey does not require you to take part in the telephone interview. If you consent to be contacted for a telephone interview, we will request your full name, telephone number and email address. These contact details would be used to contact you for the interview, and deleted within 6 months of the interview. We may not interview everyone who has consented to participate in the telephone interview.

### **Do I have to take part?**

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in any way. Once you have read the information sheet, please contact us if you have any questions that will help you make a decision about taking part. If you decide to take part we will ask you to give your consent at the beginning of the survey.

### **What are the possible risks of taking part?**

The potential risks in taking part in this research are minimal. The topics discussed are potentially sensitive, however, we do not anticipate the discussion going beyond the realms of normal professional conversation.

### **What are the possible benefits of taking part?**

The research is intended to benefit social workers more widely by improving workplace wellbeing and working practices.

### **Data handling and confidentiality**

Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). This research is anonymous. This means that nobody, including the researchers, will be aware of your identity, and that nobody will be able

to connect you to the answers you provide, even indirectly. Your answers will nevertheless be treated confidentially and the information you provide will not allow you to be identified in any research outputs/publications. Your data will be held securely on a secure password protected hard drive which will be kept in a locked safe. Three years after the completion of the project your data will be deleted.

The data controllers for this project will be [local authority name], What Works for Children's Social Care and King's College London (KCL) Please see the privacy notice for more information.

### **Data Protection Statement**

Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). If you would like more information about how your data will be processed in accordance with GDPR please visit the link below:

<https://whatworks-csc.org.uk/wp-content/uploads/Privacy-notice-social-worker-pilot.pdf>

### **What if I change my mind about taking part?**

You have the right to withdraw your consent for your data to be processed. If you would like to withdraw your consent, please contact the below contacts with the first letter of your first name, the first two letters of your second name and the name of your local authority. We may require additional demographic information to uniquely identify you in the dataset and delete your data.

### **How is the project being funded?**

The funding for the project comes from What Works for Children's Social Care's core funding, which is provided by the Department for Education.

### **What will happen to the results of the project?**

The results of the project will be summarised in a comprehensive data analysis report for each local authority or organisation that takes part in the research. The report will only include the data for that local authority, and it will not be possible to identify you in the report.

### **Who should I contact for further information?**

If you have any questions after you have completed the survey, and/or later decide that you do not want to participate in this research, and/or you would like your responses to be deleted or rectified, please contact the research team by emailing [vicky.clayton@whatworks-csc.org.uk](mailto:vicky.clayton@whatworks-csc.org.uk)

WWCSC can be contacted at:  
What Works for Children's Social Care  
The Evidence Quarter,

Albany House,  
Westminster,  
SW1H 9EA

Email: [info@whatworks-csc.org.uk](mailto:info@whatworks-csc.org.uk)  
Telephone: 07583146982

Or alternatively:

Michael Thomas Sanders, Policy Institute, [michael.t.sanders@kcl.ac.uk](mailto:michael.t.sanders@kcl.ac.uk), Department  
of Political Economy/SSPP

King's College London  
22 Kingsway,  
Holborn,  
London  
WC2B 6LE

**Thank you for reading this information sheet and for considering taking part in this research.**

**Clicking on the "Agree to participate in the research" button below indicates that:**

**You have read the above information**

**You understand that your participation is voluntary and you are free to withdraw at any time, without giving any reason**

**You agree to participate in the survey**

**Note: If you do not wish to participate, please decline participation by clicking on the "Do not agree to participate in the survey" button.**

#### Telephone Consent

Thank you for participating in the survey. If you would like to participate in a telephone interview to give your feedback on the survey, please read the below information. Participation is voluntary and not participating will not disadvantage you in any way.

Clicking on the "Agree to participate in the research" button below indicates that:

You have read the information sheet at the beginning of the survey, including the paragraphs detailing participation in the telephone interview

You understand that your participation is voluntary and you are free to withdraw at any time, without giving any reason

You agree to provide your contact information for the purpose of us contacting you to arrange and conduct the interview

You agree to the telephone interview being audio recorded

You agree to participate in the telephone interview

Note: If you do not wish to participate, please decline participation by clicking on the "Do not agree to participate in the survey" button.

Agree to participate in the research

Do not agree to participate in the research

[If "Agree to participate in the research" selected:]

Full Name:

Email address:

Telephone number:

End of Block: Consent

[BELOW IS THE SAME FOR INITIAL AND FULL PILOT]

Start of Block: Role Satisfaction

Q3

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (20)	Somewhat agree (21)	Neither agree nor disagree (22)	Somewhat disagree (23)	Strongly disagree (24)
I am satisfied with my job (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My role meets my expectations in a positive way (4)

I feel I am making a difference in my role (2)

My work has a positive impact on the lives of my clients (5)

I feel competent in using my professional knowledge and skills (3)

My job is interesting and engaging (6)

I am proud to be a social worker (7)

I get enjoyment from building relationships with parents and children (8)

My job supports me in adding a sense of purpose to my life (9)

I am clear about the goals and objectives for my team / service (10)	<input type="radio"/>				
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Please indicate how frequently the following statements are true:

	Never (1)	Rarely (2)	Occasionally (3)	Often (4)	Very Often (5)
How often are you required to do tasks which could be done more effectively by someone with different skills eg an administrator, paraprofessiona I or other professional group? (1)	<input type="radio"/>				

End of Block: Role Satisfaction

Start of Block: Stress and Health

Q4

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (13)	Agree (14)	Neither agree nor disagree (15)	Disagree (16)	Strongly disagree (17)

Work-related stress has had an impact on my personal life recently (1)

Taking everything into account, I am confident that I will have enough money to give me the standard of living I hope for in a year from now? (2)

I sometimes find balancing between supporting and challenging clients stressful (3)

I have control over how I plan and complete my work (4)

When I am unwell, I feel too busy to take time off work to recover (5)

Because of my work, I feel too busy or tired to do at least 150 minutes of exercise in a

typical week  
(6)

Because of  
my work, I  
feel too busy  
or tired to eat  
nutritiously in  
a typical week  
(7)

I take  
sufficient  
breaks  
throughout  
the working  
day (lunch,  
toilet, screen  
breaks etc).

Breaks  
reduce the  
likelihood of  
eye strain,  
upper limb  
problems,  
backache and  
fatigue (8)

The travel I  
do for work is  
manageable  
(9)

Over the past  
few weeks, I  
have found it  
difficult to  
unwind at the  
end of a work  
day (10)

There are  
people at  
work I feel  
comfortable  
talking about  
my emotions  
with (11)

I sometimes let my clients and colleagues down due to my high workload (12)

I often think about taking a different job that I might find more enjoyable (13)

Even when I work with families in difficult situations, I am able to find a way to help them to improve things (14)

I sometimes find my client's emotions difficult to cope with (15)

Q32 Please indicate how frequently the following statements are true:

Never (1)      Rarely (2)      Occasionally (3)      Often (17)      Very often (18)

In an average week, how often are you required to cancel meetings with people who use services and other professionals due to re-prioritisation of work? (1)

End of Block: Stress and Health

Start of Block: Picture of Social Worker

Q5

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (11)	Somewhat agree (12)	Neither agree nor disagree (13)	Somewhat disagree (14)	Strongly disagree (15)
I sometimes have had to cancel previously agreed annual leave due to workload (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it's important to answer surveys with my full attention. Please select 'Strongly disagree' (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am likely to be working for this organisation in 2 years time (3)

Q27 On average, how many extra hours (above your contracted hours) do you work per week?

- 0 (1)
- 1 - 5 (2)
- 5 - 10 (3)
- 10 - 15 (4)
- 15 - 20 (5)
- 25+ (6)

*Display This Question:*  
*If On average, how many extra hours (above your contracted hours) do you work per week? != 0*

Q28

Please indicate how much you agree or disagree with the following statements:

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	Strongly agree (13)	Somewhat agree (14)	Neither agree nor disagree (15)	Somewhat disagree (16)	Strongly disagree (17)
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I am able to take all of the extra hours as time in lieu at a mutually convenient time if I wish  
(1)

Q29 Are you able to carry over annual leave from the previous year?

- Yes (1)
- No (2)
- Don't know (3)

*Display This Question:*  
If Are you able to carry over annual leave from the previous year? = Yes

Q30

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (11)	Somewhat agree (12)	Neither agree nor disagree (13)	Somewhat disagree (14)	Strongly disagree (15)
If yes, I sometimes carry over annual leave from the previous year because I was unable to schedule in sufficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

time to take  
it. (1)

End of Block: Picture of Social Worker

Start of Block: Supervision and Support

Q6

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (11)	Agree (12)	Neither agree nor disagree (13)	Disagree (14)	Strongly disagree (15)
Supervision which is generally treated as a priority by my line manager (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am stressed or upset my line manager is able to help me process these feelings (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the supervision I receive helpful for planning and progressing my casework (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I find the supervision I receive helpful for reflecting on my practice and thinking about things from different perspectives (11)

My line manager respects me as a professional and treats me as such (12)

My line manager is realistic and reasonable in their expectations of my capacity (13)

My line manager takes a positive interest in my health and wellbeing (14)

When my line manager and I have differences of opinion we are able to resolve them effectively (15)

I can rely on my line manager to support me if I experience a professional problem (16)

End of Block: Supervision and Support

Start of Block: Professional accomplishment and CPD

Q7

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (13)	Agree (14)	Neither agree nor disagree (15)	Disagree (16)	Strongly disagree (17)
I am able to take up additional responsibilities, for example supervising a student on placement, mentoring another team member, doing research (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My role challenges me enough to develop my professional knowledge and skills (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor has helped improve my effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

as a  
practitioner (5)

I am able to  
make time for  
professional  
development,  
including  
attending  
training (2)

The training I  
have received  
in the past year  
has helped me  
to do my job  
more  
effectively (7)

The training I  
have received  
in the past year  
has changed  
the way I do  
my job (8)

I feel that my  
career is  
progressing  
well and there  
is a pathway  
for me in the  
organisation  
(9)

I am usually  
able to focus  
on the work  
tasks that are  
most satisfying  
to me (10)

End of Block: Professional accomplishment and CPD

Start of Block: Team Culture

Q8

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (11)	Agree (12)	Neither agree nor disagree (13)	Disagree (14)	Strongly disagree (15)
I enjoy being in the office with my colleagues (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When at work I am generally able to sit with my team (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team meetings are purposeful (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When team members are struggling, colleagues will notice and provide assistance (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can really be myself when I am with my team (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel respected by my colleagues (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team managers lead the team well (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different views and opinions are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

respected in my team (8)

I am able and encouraged to contribute to the agenda of team meetings (9)

I regularly experience delays in the transfer of cases between teams (10)

Q33 Does your team use group supervision?

Yes (1)

No (2)

*Display This Question:*  
*If Does your team use group supervision? = Yes*

Q34

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (13)	Agree (14)	Neither agree nor disagree (15)	Disagree (16)	Strongly disagree (17)
My team use group supervision effectively to build our	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

knowledge and skills (1)					
I find group supervision helpful when I am struggling with a casework situation (2)	<input type="radio"/>				

End of Block: Team Culture

Start of Block: Organisational support

Q9

Please indicate how much you agree or disagree with the following statements:

	Strongly agree (13)	Agree (14)	Neither agree nor disagree (15)	Disagree (16)	Strongly disagree (17)
Senior managers are accessible and visible in the service (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior leaders communicate and role model a clear vision for good practice (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior leaders do their best to make social workers jobs easier (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People in the organisation understand the need to reduce bureaucracy where possible (4)

The organisation uses a practice model which is clear and which supports good social work practice (5)

My organisation supports employees who experience mental health problems (which might include anxiety, stress or depression) (6)

I know where to get support if my mental wellbeing is being impacted (7)

Senior leaders generally trust social workers to do a good job (8)

I would feel safe using the whistleblowing policy to report unsafe practice and / or workplace behaviour (9)

When changes take place, workers' views are sought and incorporated if possible (10)

Case recording systems are effective (11)

The organisation is inclusive and is proactive in promoting an anti-discriminatory culture (12)

If bullying or harassment is noticed and reported, I trust that senior managers will treat it seriously (13)

I work in a learning culture where I am not blamed when things go wrong (14)

I am treated fairly at work by my organisation (15)

I find that my values and the organisation's values are very similar (16)

I feel that the processes in place to ensure safety whilst working away from the office base are sufficient (17)

To what extent do you agree that easier access to these resources would support your work? Parking, petty cash, desk space, access to quiet space, translators, legal advice, research, library facilities (18)

<p>To what extent do you agree that the following support you effectively in your work? Case management system, Other IT systems, mobile devices (19)</p>	<input type="radio"/>				
<p>I am satisfied with my physical work environment (20)</p>	<input type="radio"/>				

End of Block: Organisational support

Start of Block: HSE management tools

Q11 Please indicate how frequently the following statements are true:

	Never (1)	Seldom (2)	Sometimes (3)	Often (4)	Always (5)
<p>I am clear what is expected of me at work (1)</p>	<input type="radio"/>				
<p>I can decide when to take a break (2)</p>	<input type="radio"/>				
<p>Different groups at work demand things from me that are hard to combine (3)</p>	<input type="radio"/>				
<p>I know how to go about getting my job done (4)</p>	<input type="radio"/>				

I am subject to personal harassment in the form of unkind words or behaviour (5)

I have unachievable deadlines (44)

If work gets difficult, my colleagues will help me (7)

I am given supportive feedback on the work I do (8)

I have to work very intensively (9)

I have a say in my own work speed (10)

I am clear what my duties and responsibilities are (11)

I have to neglect some tasks because I have too much to do (12)

I am clear about the goals and objectives for my department (45)

<p>There is friction or anger between colleagues (13)</p>	<input type="radio"/>				
<p>I have a choice in deciding how I do my work (14)</p>	<input type="radio"/>				
<p>I am unable to take sufficient breaks (15)</p>	<input type="radio"/>				
<p>I understand how my work fits into the overall aim of the organisation (16)</p>	<input type="radio"/>				
<p>I am pressured to work long hours (17)</p>	<input type="radio"/>				
<p>I have a choice in deciding what I do at work (18)</p>	<input type="radio"/>				
<p>I have to work very fast (19)</p>	<input type="radio"/>				
<p>I am subject to bullying at work (20)</p>	<input type="radio"/>				
<p>I have unrealistic time pressures (21)</p>	<input type="radio"/>				
<p>I can rely on my line manager to help me out with a work problem (22)</p>	<input type="radio"/>				

Q14

Please indicate how much you agree or disagree with the following statements:

	Strongly disagree (13)	Disagree (14)	Neutral (15)	Agree (16)	Strongly agree (17)
I get help and support I need from colleagues (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have some say over the way I work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have sufficient opportunities to question managers about change at work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the respect at work I deserve from my colleagues (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are always consulted about change at work (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk to my line manager about something that has upset or annoyed me about work (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My working time can be flexible (15)	<input type="radio"/>				
My colleagues are willing to listen to my work-related problems (8)	<input type="radio"/>				
When changes are made at work, I am clear how they will work out in practice (10)	<input type="radio"/>				
I am supported through emotionally demanding work (17)	<input type="radio"/>				
Relationships at work are strained (12)	<input type="radio"/>				
My line manager encourages me at work (18)	<input type="radio"/>				

End of Block: HSE management tools

Start of Block: Copenhagen burnout scale

Q12 Please indicate how frequently the following statements are true:

	Always (1)	Often (2)	Sometimes (3)	Seldom (4)	Never (5)
How often do you feel tired (1)	<input type="radio"/>				

How often are you physically exhausted?  
(2)

How often are you emotionally exhausted?  
(3)

How often do you think: "I can't take it anymore" ?  
(5)

How often do you feel worn out? (6)

How often do you feel weak and susceptible to illness? (7)

Do you feel worn out at the end of the working day?  
(8)

Are you exhausted in the morning at the thought of another day at work?  
(9)

Do you feel that every working hour is tiring for you? (10)

Do you have enough energy for family and friends during leisure time?  
(11)

Is your work emotionally exhausting?  
(12)

Does your work frustrate you?  
(13)

Do you feel burnt out because of your work?  
(14)

Do you find it hard to work with clients?  
(15)

Does it drain your energy to work with clients?  
(16)

Do you find it frustrating to work with clients?  
(17)

Do you feel that you give more than you get back when you work with clients?  
(18)

Are you tired of working with clients?  
(19)

Do you  
sometimes  
wonder how  
long you will  
be able to  
continue  
working with  
clients? (20)

End of Block: Copenhagen burnout scale

Start of Block: Demographic questions

Q26 What is your gender?

- Male (1)
- Female (2)
- Other (3)

Q10 What is your age?

- 21 - 24 (13)
- 25 - 29 (14)
- 30 - 34 (21)
- 35 - 39 (22)
- 40 - 44 (23)
- 45 - 49 (24)
- 50 - 54 (25)

55 - 59 (26)

60+ (27)

End of Block: Demographic questions

Start of Block: Pilot questions

Q13 Did you find any questions difficult to understand or answer?

Yes (4)

No (5)

*Display This Question:*

*If Did you find any questions difficult to understand or answer? = Yes*

Q19 If yes, please give more details below:

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Q20 Did you feel uncomfortable answering any questions?

Yes (1)

No (2)

*Display This Question:*

*If Did you feel uncomfortable answering any questions? = Yes*

Q21 If yes, please give more details below:

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Q22 Do you have any other comments?

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End of Block: Pilot questions