



**The professional association for  
social work and social workers**

## **Survey of Independent Social Workers - Report**

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Social work is generally considered to be an emotionally demanding and potentially stressful occupation and staff are at high risk of job-related burnout, sickness absence and attrition. Little is known about the wellbeing of Independent Social Workers (ISWs), but there is some evidence that the work-related stress they experience is rising particularly rapidly. In order to develop effective interventions to improve the wellbeing of ISWs, insight into the work-related and individual difference factors that might impair and protect their mental health is required.

In this research, we aimed to:

- Identify the levels of emotional demand, mental health problems and burnout and other aspects of wellbeing experienced by ISWs
- Consider the factors that protect or increase the risk of poor wellbeing, burnout and other negative outcomes
- Recommend key areas for intervention

We invited all members of BASW Independents to participate in two linked online surveys (in 2016 and 2017). This report provides a general overview of the findings.

### **Time 1**

#### **Demographic and work-related information**

There were 370 participants at time 1. The majority (79%) of the sample were female and most (70%) were over 45 years of age with almost 4 out of 10 (39%) being over 55. The majority (76%) had been qualified for at least 10 years and most (77%) had been working as an ISW for a fairly short period (between 1 and 5 years). One-third worked as an ISW on a full-time basis, 45% worked part-time basis and a further 23% were employed by an agency as contract staff. For 70%, this was their main employment. Almost half (48%) worked with children and families in various capacities.

## Time 2

### Demographic and work-related information

There were 306 participants at time 2. The characteristics of the sample were similar to those who participated at time 1. Most (78%) were female, the majority (69%) were over 45 years of age and just over 4 out of 10 (41%) were over 55.

Most participants (75%) had been qualified for at least 10 years and a high proportion (73%) had been working as an ISW for between 1 and 5 years. Almost one-third (28%) worked full-time basis, 42% worked part-time and a further 30% were employed by an agency. For 71%, this was their main employment. Almost half (46%) worked with children and families in various capacities.

The demographic and work-related information for both surveys is shown below.

	2016	2017
<b>Demographics</b>		
- Female participants	79%	78%
- Over 45	70%	69%
- Over 55	39%	41%
<b>Employment</b>		
- Main Employment	70%	71%
- Full time	33%	28%
- Part time	45%	42%
- Agency/Contract	23%	30%
<b>Experience</b>		
# Qualified > 10 Years	66%	75%
# Independent (1-5 years)	77%	73%
# working with children	48%	46%

### The measures

We used a range of well-validated scales to measure the following:

- Emotional demands, job control and support
- Mental health problems, compassion fatigue and emotional exhaustion
- Work-life balance and the ability to 'switch off'
- Compassion satisfaction, resilience and flourishing
- Self-compassion
- Perfectionism

### Emotional demands, job control and support

A body of research indicates that social care work can be emotionally demanding. The overall level of emotional demands reported by the ISWs who participated in this research was moderate. Those who experienced a higher level of emotional demand typically reported more mental health problems, were at greater risk of burnout and compassion

fatigue, and had a poorer work-life balance. ISWs who found their work more emotionally demanding also tended to experience less compassion satisfaction and self-compassion (scoring particularly low on self-kindness and high on self-judgement). They also reported more perfectionist traits, suggesting that excessively high self-expectations, and perceptions of the high expectations of others, may challenge their ability to meet the emotional demands of their work.

We examined how much control ISWs perceive over when and how they do their work and over their working pace. There is strong evidence that job control is particularly beneficial for wellbeing and this was confirmed by the findings of this research. The level of control reported by ISWs was fairly high and was a general protective factor. Participants with more opportunities for control tended to have better mental health, lower levels of emotional exhaustion and compassion fatigue, and typically experienced more compassion satisfaction and flourishing. ISWs with more autonomy did not necessarily find their work less emotionally demanding, but control acted as a resource that protected them from the negative effects of the job on their wellbeing.

We measured several aspects of support from within and outside work. This encompassed emotional support, work-related advice and social networking.

- More than half of the sample (58%) feel isolated from the wider social work community either sometimes or often; only 11% never feel this way.
- Nearly three in ten participants (28%) rarely or never interact face-to-face with colleagues for work purposes, but a third (33%) are able to do so on a regular basis.
- The majority (85%) can get advice on work problems from others at least sometimes, but 15% are able to do so rarely or never.
- Almost three-quarters of the sample (74%) can get emotional support from colleagues either often or sometimes, but nearly one in three (26%) rarely or never do so.
- Only one participant in ten feels able to get together with work colleagues for social purposes often, whereas over half (58%) can rarely or never do so.
- Most (75%) get support about work issues from family and friends either often or sometimes. Only 7% of the sample never obtain support from this source.

Research findings show that a wide social network and satisfaction with support received from others is very beneficial for wellbeing. In this study, ISWs who felt more supported typically reported better mental health, less burnout and were more satisfied with their work-life balance. Those with more support also experienced more compassion satisfaction and reported a stronger sense of flourishing in their life in general. They also tended to be more self-compassionate (scoring particularly highly on self-kindness, mindfulness and common humanity and lower on self-judgement). ISWs who felt more supported did not find their job less emotionally demanding but, as with job control reported above, this protected their wellbeing. Those who felt more isolated from the wider social work community were at greater risk of emotional exhaustion and compassion fatigue and tended to be less compassionate towards themselves. Opportunities to gain emotional support from colleagues was also particularly beneficial for wellbeing.

### **Mental health problems, compassion fatigue and emotional exhaustion**

The General Health Questionnaire (GHQ-12) is a widely-used measure of mental health. It assesses sub-clinical levels of depression and anxiety as well as sleeping difficulties and cognitive disturbance. The mean score on the GHQ-12 for this sample of ISWs was lower

than that found in many other studies of health and social care workers suggesting that, overall, participants were in good mental health. However, a minority scored at a level where some intervention to improve their wellbeing might be appropriate. This highlights the need to monitor the mental health of staff on a regular basis.

Social care workers are at high risk of burnout: a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. We measured two aspects of burnout that are particularly relevant to this type of work: emotional exhaustion (a depletion of emotional resources over time) and compassion fatigue (feelings of indifference to the suffering of others). These factors not only have major implications for the wellbeing of staff but also the effectiveness of their practice. The extent of emotional exhaustion and compassion fatigue reported by ISWs was fairly low, suggesting that they are generally able to sustain their emotional resources and develop compassionate relationships with service users.

Emotional exhaustion and compassion fatigue were risk factors for wellbeing, being strongly linked to poor mental health, work-life conflict and a lack of flourishing.

### **Compassion satisfaction, resilience and flourishing**

We assessed three personal resources previously found to be relevant to health and social care professionals: satisfaction with providing compassionate care to service users, resilience and feelings of flourishing. Resilience is defined in many ways, but it generally refers to people who can adapt and cope well in the face of life's misfortunes. Flourishing measures people's self-rated success in key areas of their life such as relationships and their sense of purpose. ISWs appear to be generally resilient, have a strong sense of flourishing and gain a considerable degree of compassion satisfaction from their work. These three qualities were found to protect ISWs from burnout and also had positive effects on mental health and work-life balance.

### **Self-compassion**

Compassion towards the self is another factor that can protect the wellbeing of ISWs. Self-compassion has three components, each with opposing states:

- a) self-kindness vs self-judgement: being warm, patient and understanding towards ourselves when we suffer, fail or feel inadequate rather than self-critical and hostile;
- b) common humanity vs isolation: recognising that suffering and personal inadequacy are what makes us human, rather than something that differentiates us from others;
- c) mindfulness vs over-identification: taking a balanced and accepting approach to our negative emotions, so feelings are neither avoided or exaggerated.

The mean scores for self-kindness and common humanity reported by ISWs were moderate and mindfulness was high. Participants who were more compassionate towards themselves tended to be in better mental health with a stronger sense of flourishing. Mindfulness was particularly protective; ISWs who scored more highly on this quality were less likely to have symptoms of mental health problems and burnout and tended to gain more compassion satisfaction from their work.

Nonetheless, there was a tendency for ISWs to score fairly highly on self-judgement, isolation and over-identification with negative implications for their mental health. This highlights the need for interventions to encourage feelings of compassion towards the self and, as discussed above, reduce feelings of isolation – particularly from colleagues.

## Perfectionism

Perfectionism is often seen as a positive trait, but it can be maladaptive. Self-oriented perfectionists have strict standards for themselves and strive to avoid what they consider to be failure. Other-oriented perfectionists set unrealistic standards for others rather than themselves, and stringently evaluate their performance. Finally, socially-prescribed perfectionists believe that other people have unrealistic expectations for their behaviour and feel consider pressure to be perfect in order to avoid the negative evaluations of others. The level of self-oriented perfectionism found among ISWs participating in this study was fairly high, while scores for other-oriented and socially-prescribed perfectionism were moderate. In general, perfectionism was a risk factor for mental health and strongly related to burnout, poor work-life balance and lack of flourishing. Self-oriented perfectionism and socially-oriented perfectionism appeared to be particularly damaging. Isolation from the wider social work community may compound perfectionist tendencies as there would be limited opportunities to compare standards of performance with others.

## Work-life balance and 'switching off'

There is evidence that 'helping' professionals often struggle to achieve a healthy work-life balance. This study examined the extent to which work interferes with ISWs' personal life, along with their ability to detach themselves psychologically from the job during non-working time. A poor work-life balance and difficulty switching off from work concerns were particularly strong risk factors for mental health symptoms, burnout and a lack of flourishing. Unsurprisingly, ISWs who were better able to detach from work worries tended to have a better work-life balance. Self-compassion was particularly beneficial for work-life balance – people who are more compassionate towards themselves are more likely to prioritise their self-care to protect their wellbeing. ISWs who scored more highly on perfectionism, particularly socially-oriented, tended to have a poorer work-life balance and had greater difficulty switching off from work. This suggests that struggling to meet other people's expectations makes them work longer and harder. Over the longer term, this is likely to impair recover and lead to health problems.

## Key risk factors

The key predictors of mental health symptoms, burnout and flourishing assessed at follow-up were examined. They are shown below in order of importance. The role of experience in the job role was also considered.

- Mental health symptoms: key predictors were compassion fatigue, low self-compassion and difficulty detaching from work concerns.
- Emotional exhaustion: key predictors were compassion fatigue, emotional demands, low job control, low compassion satisfaction and difficulty detaching from work concerns.
- Work-life conflict: compassion fatigue, emotional demands and difficulty detaching from work concerns.
- Flourishing: self-compassion, compassion satisfaction and social support.
- ISWs with less experience tended to experience more risk factors. They had poorer mental health and reported more emotional demands, emotional exhaustion and compassion fatigue, less autonomy and a poorer work-life balance than their more experienced colleagues. Less experienced ISWs also had lower scores for compassion satisfaction and self-compassion and had a stronger tendency towards self-oriented and social perfectionism.

## Recommendations

In general, ISWs who completed our questionnaires were mentally healthy and experienced fairly low levels of emotional exhaustion and compassion fatigue. Overall, they appeared to be resilient, experience a high degree of compassion satisfaction and believe they have a moderate amount of control over their work. It should be emphasised, however, that the current sample of ISWs are survivors – those less able to cope with the demands of the work are likely to have moved to a different job within social work or left the profession entirely. Alternatively, it is possible that people have deliberately chosen this role as it allows them to have more control than other types of employment. The reasons why people are attracted to this type of work and why they leave it should be further examined.

The level of emotional demand reported by ISWs was moderate. Social work in general is intrinsically emotionally demanding and emotional exhaustion is common; interventions are therefore needed to attenuate the risks to wellbeing. Initiatives that aim to increase resources, such as support, self-compassion and compassion satisfaction, and reduce risk factors such as compassion fatigue, perfectionism and poor work-life balance, are likely to be effective. It is also important to spot signs of burnout and mental health problems at an early stage.

Job control and social support are key resources to help ISWs manage the demands of their work more effectively. Social isolation, in terms of a lack of emotional support and the inability to discuss work-related issues with colleagues, seems to be a common problem. A range of options for support, both online and face-to-face, is recommended. Appreciative inquiry could be used to identify options to increase support (and other resources such as control and compassion satisfaction) that could be evaluated over the longer term. Peer coaching techniques can also be useful in helping people develop close and mutually compassionate relationships with colleagues (whether face-to-face, or via the phone or social media). Its strengths-based focus can also help generate creative solutions to work-related problems and increased opportunities for social contact will reduce feelings of isolation.

Several aspects of compassion were measured in this research; the importance of compassion satisfaction, compassion fatigue and self-compassion to the wellbeing of ISWs has been confirmed. There is evidence that compassion fatigue can, over time, lead to full-blown burnout and serious mental health problems. The findings show that compassion satisfaction and self-compassion are key resources that can help ISWs manage the demands of the job and remain healthy. Opportunities to gain compassion satisfaction should be maximised and attempts to improve self-compassion, particularly self-kindness and reduce punitive self-judgement, would be beneficial. Our own research with social workers has found that expressive writing can be beneficial in enhancing compassion towards others and the self and in protecting wellbeing.

It is also important to recognise the risks of perfectionism to well-being, particularly in relation to self-oriented perfectionism (trying to reach and maintain unrealistically high self-expectations for performance) and struggling to satisfy the high expectations of others. Many participants had a strong 'natural' tendency towards mindfulness. A recent intervention study that we conducted found that mindfulness training can be helpful in building compassion and may also enhance feelings of flourishing and thriving. Although face-to-face mindfulness training is particularly beneficial, good quality online options are now available.

The importance of a healthy work-life balance and finding ways to switch off from the job during personal time was highlighted in this research. Detaching from work concerns will help ISWs recover mentally as well as physically and improve health and potentially job

performance. Mindfulness can also be useful in helping people set boundaries between work and personal life and enabling them to switch off from work concerns more effectively. Peer coaching can also encourage a solution focus to work-life challenges and help people set SMART goals.

The findings suggest that ISWs with less experience should be prioritised for support and targeted interventions to improve their wellbeing. Peer coaching or mentoring schemes are likely to help with this.

We also recommend that a portal is developed to share best practice in improving mental health and increasing feelings of connectedness and social support. Although on-line sources of support can undoubtedly be helpful, workshops to help ISWs develop a 'tool-box' of evidence-based strategies are also recommended.