Revisiting the causes of stress in social work: Sources of job demands, control and support in personalised adult social care.

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Abstract

Social workers in adult social care are at particular risk of job-related stress, although the contribution of different organisational and policy changes to this phenomenon is subject to debate. This paper explores a theoretical framework from the occupational psychology literature (the Job Demand / Control Model) to identify the characteristics of those most at risk of stress, in a sample of 249 social workers and other care managers working in English adult social services from the Individual Budget (IB) pilots. It finds that it is the particular combination of high work pressures with a lack of control over decision-making and resources needed to do the work that is detrimental to job satisfaction. The study also finds that staff involved in delivering IBs were over twice as likely to be at risk of stress compared to those without any IB holders on their caseload. In-depth interviews with 48 care managers identified widespread complaints of additional pressures relating to IBs, but also the possibility that these may lessen as the policy evolves. The paper concludes that the Job Demand / Control Model is a helpful framework for evaluating the job-related impact of social work changes, particularly when part of a multi-methods approach.

Introduction

Social work is a demanding occupation. Some sources of stress are intrinsic to a profession which regularly works in emotionally fraught situations, often with resistant people in complex social situations and in impoverished environments (Lloyd *et al., 2002*). Stress may also arise through role conflict and ambiguity (Rizzo *et al.*, 1970) which has characterised the social work profession throughout its history (Postle, 2002; Lymbery, 2010). However, many stressors are *extrinsic*, and relate to organisational features of the working environment, and their interaction with wider societal, political and legislative contexts. There are many portrayals of modern-day social workers in England being engulfed in paperwork and bureaucracy; with a greater role in undertaking financial assessments and determining eligibility than in care provision; with reduced control and discretion over the range of permissible solutions to client needs; and working in departments enacting endemic organisational change and driven by new managerialism's emphasis on targets and financial prudence (Parry-Jones *et al.*, 1998; Jones, 2001; Postle, 2002; Lymbery, 2006; Coffey *et al.*, 2009).

A number of these sources have criticised care management reforms in the 1990s, and the influence of new public management, as being responsible for increasing workloads and in reducing direct client contact. A perennial complaint relates to the introduction of reductionist approaches, such as the tick-box checklist, to many social work processes (Baginsky *et al.,* 2010). Further, not only is it reported that caseloads are increasing, but ever-tightening eligibility criteria have resulted in social workers only assisting people with more serious and complex needs, and yet the support available to social services staff is sometimes characterised more by monitoring and control, rather than trust and

support (Coffey *et al.*, 2009). Against this background, public and media perceptions of social work have deteriorated (Moriarty *et al.*, 2010), possibly contributing to reduced morale.

However, it is important to reflect objectively on whether such views represent a fair and balanced assessment of current social work practice in England and Wales. First and foremost, assessments of social worker stress prior to the 1990s reforms revealed similar concerns to modern day practitioners (Gibson *et al.*, 1989). Furthermore, it has been argued that the decline in social worker professional direction has been exaggerated, with a narrow focus on absolute autonomy. Evans and Harris (2004: p883) argue that the "existence of rules is not inevitably the death-knell for discretion". Indeed, it has been suggested that some aspects of mangerialism have in fact re-created some of the conditions of Lipsky's (1980) *Street-Level Bureaucrat*, especially where policy reforms have led to confused, conflicting or contradictory goals and the front-line practitioner is thus given space to interpret, or even subvert, policy (Ellis *et al* 1999; Evans & Harris, 2004). A more recent example is the evidence of "considerable discretion" with respect to direct payments implementation (a cash-for-care scheme introduced in 1997), especially in relation to whether, and how, information is presented to service users (Ellis, 2007: p417).

The current policy to implement personal budgets brings, potentially, both new demands and new benefits for social workers in England (SCIE 2010). Individual Budgets (IBs) were tested as the pilot stage of current personal budget policy between 2005 and 2007, and heralded a significant change to existing care

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management practices, building on experiences with direct payments and also the *in Control* initiative developed in learning disability services (Glasby and Littlechild, 2009). This approach expects assessment to be client-led and outcomes-focused, with an explicit allocation of resources forming the budget. Service users are then able to plan their care, accessing a range of support options, including independent brokers, to guide them. Further, under IBs there are fewer restrictions on the support that budget-recipients can commission. Already, care managers are divided on the likely consequences of personal budgets on the role of the social worker (*Community Care*, 2010). Some have argued that that this will see a return of social work to its roots, since more time will be devoted to advocacy, brokerage, problem-solving and other client-centred therapeutic activity with a focus on self-determination, and with less time spent on assessment and gatekeeping. Nevertheless, concern has also been expressed that personal budgets come with additional paperwork; may lead to greater risk for vulnerable adults; may be implemented as a cost-cutting measure; and may require skills and experience that are not currently commonplace amongst existing social workers (*Authors' own, 2008a*; Leece and Leece, 2010). The prospect of out-sourcing brokerage tasks to 'independent' agents has also raised the spectre of a de-professionalisation of social work (Scourfield, 2010).

This narrative reflects disagreement within the literature with respect to the impact of both historic and current social care reforms on social worker job characteristics, discretion and job satisfaction. The present paper argues that an existing theoretical framework from the occupational psychology literature, the Job

Demand / Control (JDC) model (Karasek, 1979), could be used to explore variations in the job characteristics that are associated with stress, and as an evaluative tool for assessing the consequences of policy and practice change. The remainder of the paper introduces the JDC model in some detail, before establishing the aims and methods of the national evaluation of the IB pilots (the IBSEN study) study, from which the data reported in the later section are taken (*Authors' removed, 2008a*). The results are then presented under thematic headings, and a discussion considers the implications and limitations of the research.

Conceptual framework: the Job Demand / Control model

The analysis presented within this paper employs the JDC model and its origins in occupational psychology as a theoretical framework for exploring how these two particular psychosocial dimensions of work affect physical and mental health outcomes (Karasek, 1979). Within the construct, 'job demands' refer to the degree of mental pressure placed upon individual workers, such as being asked to do too many tasks; working to unrealistic deadlines; being asked to shoulder high levels of responsibility; and facing conflicting demands. It is important to note that this concept is separate from 'stress', which relates to a negative psychological response to such pressures (which may or may not result): any measure of job demands observes the degree of work pressure, *not* the psychological reaction to it. The second feature of the JDC model relates to 'job control' which encapsulates the degree to which an employee can dictate and shape the activities undertaken in their work. This is traditionally considered to have two broad dimensions: the extent to which an individual is permitted or able to take

decisions about the content of, and approach to, their work (known as *decision autonomy*); and also the degree to which they can choose the range of skills they develop and deploy in their job (known as *skill discretion*).

As has already been established above, many causes of job stress and low job satisfaction in adult social work can directly be linked to aspects of job pressures and work-place controls. However, the JDC model asserts that the most important determinants of work-related psychological health are not the levels of demand or control *per se*, but their relative *balance*. In other words, more demands do not necessarily lead to worse psychological outcomes. For example, psychological pressures combined with *high* levels of job control can generate a sense of personal achievement and fulfilment: empirically, high status medical professions are found to have such job characteristics (Karasek and Theorell, 1990). In contrast, where high demands are combined with *low* job control, the distance between pressures and the perceived ability to meet them leads to significant risk of a range of physical and mental health problems. Karasek (1979) referred to these as 'high strain' occupations. However the international evidence suggests that the JDC hypothesis is not universally supported across all occupations, nor across all geographical boundaries (van der Doef and Maes, 1999). One study of mental health social workers in England has found that high job demands and low control were individually associated with low wellbeing, but did not test for interaction effects (Evans *et al.*, 2006).

An alternative exposition of the traditional JDC model also considers the importance of *social support* in the workplace as a mediator against the dangers of

strain (Johnson and Hall, 1988). Sources of support include positive co-worker interactions and high quality managerial or professional supervision, and encompass *emotional* support (eg. providing sources of motivation or sympathy) and *instrumental* support (eg. providing direct assistance or advice in tasks being conducted) (LaRocco *et al.*, 1980). A group of workers particularly at risk of acute stress are those in jobs with high demands and low control, who *also* feel socially isolated at work: known as "isostrain" within the occupational health literature (van der Doef and Maes, 1999).

Aims and method

This paper aims to: (a) explore and validate the JDC model, and its central hypothesis, in a sample of English social workers and care managers, and to establish the characteristics of those most at risk of stress; and (b) to use the JDC model as a framework for evaluating the early impact of the IB pilots on staff, with corroboration and more in-depth exploration through qualitative interviews (Bryman, 2006).

The paper uses data collected during the national evaluation of IBs which were piloted in 13 local authorities across England and delivered budgets to a wide range of adult service users including older people; younger adults with physical disabilities; people with learning disabilities; and a smaller number with mental health problems. Some IBs were delivered through multi-disciplinary teams including health and occupational therapy staff. The multi-method national evaluation included an assessment of the impact of the IB pilots on front-line

practitioners, and the current paper focuses on data collected for that purpose. Twelve of the 13 IB pilot sites were included in the workforce aspects of the national evaluation: one site was excluded because their unique approach to the pilots (which seconded two social workers to process all IBs) may have compromised the generalisability of the findings. Further detail of the workforce strand of the national IB evaluation can be found at *Authors' own* (2008a).

A self-completion questionnaire was given to all social workers and other care managers in all teams implementing IBs. For comparison, the same questionnaire was also given to staff from a small number of teams in the same local authorities who reported having *no* involvement in the IB pilot. The comparison teams were purposively selected to coverage of the four main adult social care user groups. The Job Content Questionnaire (JCQ) provided measures of psychological demands, job control and social support (Karasek, 1979). Job control in the JCQ is a composite variable combining measures of "skill discretion" and "decision authority" (see above). Similarly, social support in the JCQ combines separate measures of 'coworker support' and 'supervisor support'. The JCQ is a reliable and consistent tool, with its validity having been tested both across national and occupational boundaries (Karasek & Theorell 1990). The study also used a single-item job satisfaction score derived from a seven-point Likert 'terrible' - 'delighted' scale, with higher scores representing greater levels of contentment with the work, based on a measure of quality of life developed by Andrews and Withey (1976), cited by Evans *et al.,* (2006). Some researchers have debated whether job satisfaction and dissatisfaction exist at either end of a single continuum, or whether they are conceptually different constructs with different

causes (Warr *et al.*, 1979), however the findings of research with single-item / multi-item satisfaction scores have tended to concur empirically (Wanous and Reichers, 1997). The questionnaire also collected a range of personal, job, and team characteristics. Analysis for the current paper was conducted in STATA 9, and details of statistical procedures are supplied within the findings.

In addition, in-depth interviews with four social workers and other care managers implementing IBs from each of 12 pilot sites (n=48) were conducted. The interviews are used within this paper to further clarify the findings of the main questionnaire, and to explore the mechanisms through which the IB pilots contributed to social worker perceptions of job pressures, discretion and support. The sample was selected by asking team managers involved in the pilots to identify care coordinators with either a little, or a great deal of, experience with IBs, to enable a contrast of views between the two. The sample was designed to represent staff working with the full range of service user groups involved in the pilot. Interviews were conducted face-to-face using a semi-structured schedule, and audio recorded with permission. Interviews covered a range of issues relating to implementation of the IB pilots, and included questions about the early impact of IBs upon the role of the social worker. Following transcription, responses were coded using qualitative analysis software (NVIVO7) into a series of themes developed both *a priori* and expanded until saturation had been reached. The coding process was undertaken by two members of the research team (SJ and MS). The initial coding frame, generated by SJ from the first 10 interviews was modified and validated by MS on a further set of 10 interviews. All subsequent modifications to the coding frame were discussed and agreed by the researchers.

Both the questionnaire and face-to-face interviews were spread across the later months of the pilot (May – December 2007). Ethical permission for data collection was obtained from an NHS Research Ethics Committee, a university research ethics committee, and local authority Research Governance processes.

Findings

In total 851 questionnaires were issued with 249 (29%) usable responses being returned. When compared to the limited national data from the NHS *Information Centre* (2008), there is some evidence that full-time workers were more likely to respond to the survey than their part-time counterparts (79% vs. 70% nationally: χ^2, p<0.01) and, correspondingly, survey respondents were also were less likely to be female (75% vs. 84% nationally: χ^2, p<0.01). With respect to the age profile of respondents, no significant differences were detected against population estimates for all social workers from *The Labour Force Survey* (Eborall and Griffiths 2008). The JCQ domains were tested for internal consistency and proved adequate, with Cronbach alpha coefficients of 0.72, 0.72, and 0.85 for job demands, controls and social support respectively. These are not dissimilar to coefficients reported in other studies using the JCQ (Karasek & Theorell 1990).

i. Respondent characteristics.

Table 1 shows the survey respondent characteristics. In summary, the average respondent worked six percent longer than their contracted hours; over a third (38%) worked in multi-professional teams; 55% held a social work qualification; and the sample offered good coverage across client groups. Respondents worked in teams with an average of 16 members, each with a mean (active) caseload of

23 service users. Over half (59%) of respondents had at least one IB recipient on the caseload, and no significant associations were found between those with and without IBs on their caseload and any other characteristics, suggesting the implementation of the pilots was not disproportionately concentrated amongst certain social workers or teams.

ii. An overview of job demand, control and support

Table 2 presents associations between the JCQ measures of job demands ("psychological demand"), control ("decision latitude") and support ("social support") with individual and team-level characteristics. With respect to psychological demands (whole sample mean: 36.8), staff working full-time were slightly more likely to report greater work demands than part-time workers, although this difference is on the fringes of statistical significance, even at the 10 per cent level. Unsurprisingly, staff working above their contracted hours reported high job demands. The data suggests that those with nursing or OT qualifications reported lower work demands than all other staff combined, and caseload size was found to be strongly correlated with job demands. Respondents participating in the IB pilot faced slightly higher work demands, although this difference did not reach statistical significance.

Fewer associations were found with respect to job control (whole sample mean: 69.6). The results provide tentative evidence that staff in multi-agency teams with nursing / OT qualifications reported greater discretion over their work than other workers. Although respondents working with older people reported little difference in job control compared to all other staff combined, further analysis of the JCQ

sub-domains found significantly worse perceptions of their skill discretion in the role. Finally, with respect to social support (whole sample mean: 25.3), the data show that care managers and social workers working the longest hours felt that they were least well supported. Staff working in multi-agency teams; those with social work qualifications; and working in larger teams reported significantly poorer social support than other respondents. Further analysis found that concerns over poor supervision (as opposed to co-worker support) were the main reason behind these findings. Staff working with older people reported better social support than all other respondents combined.

iii. The balance between job demands and job control

As discussed above, the JDC model hypothesises that a simple inspection of job demands and controls will be insufficient in drawing firm policy and practice conclusions in any study of worker job satisfaction and stress: instead, it is how they interact which is of importance. This hypothesis can be tested for the current sample. Table 3 presents the results of a least squares regression predicting job satisfaction against psychological pressure; control; the joint effect of psychological pressure and control; and social support as independent variables. The results suggest that job control is not, in itself, a source of job satisfaction amongst social workers and other care managers, since the main 'control' coefficient is insignificant. Instead, job control appears to mitigate the negative consequences of high work demands through the significant interaction effect. This finding can be more clearly demonstrated in Figure 1 (following de Jonge et al, 2010) which shows predicted job satisfaction scores for team members with

combinations of high and low demand and control scores[1]. For staff in jobs with high job control, additional psychological demands have little effect on job satisfaction. However, for respondents in jobs with *low* control the consequences of additional demands are shown to be far more detrimental. Finally, Table 4 also shows a strong, positive, impact of social support on job satisfaction.

iv. Identifying the characteristics of those at risk of high strain

Since it has been suggested via Figure 1 that it is the *combination* of high demand and low control that may be problematic, it is helpful to focus further attention on those staff most likely to face this phenomenon in their work. To account for inter-correlations that exist between respondent and team-level characteristics, logistic regression analysis was performed to identify the independent association of each with the likelihood of being in a job with high demands and low control (or *high strain* jobs). The results are shown in the first columns of Table 4. Care managers and social workers younger than the sample average; working longer hours; working in large teams; and working with older people were significantly more likely to be at risk of high strain as other workers, after controlling for other effects. The latter finding may be to some degree confounded by the fact that a large majority (87%) of social workers and care managers working with older people do so in single-agency teams. Respondents with IB holders on the caseload were more than twice as likely to be in a high strain post. A final regression analysis was conducted to model the likelihood of being at risk of "isostrain" (staff facing high psychological demands, low control *and* low social support simultaneously). The results (shown in the right-most columns of Table 4) are similar to the

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[1] defined as the mean value ± one standard deviation

predictors noted above, and re-emphasise the likely association between these characteristics and poorer psychological health. However, the point estimates of the impact of age; team size; and working with older people are outside conventional significance levels, although the negative effect of being part of the IB pilots is more pronounced.

v.   The impact of IBs: the views of practitioners

The above evidence suggests that participation within the IB pilots may have had a detrimental effect on worker stress. As noted above, qualitative interviews with social workers and care managers were conducted which can be used both to validate the findings just noted, and to better understand the mechanisms through which the IB pilots affected job demands, control, support and stress.

With respect to job demands, the additional layers of bureaucracy involved in delivering IBs posed a challenge to interviewees. Many expressed frustration at the paperwork involved in conducting new assessments, resource allocations, support planning and applications to "panels" for authorisation. One social worker reported that *"I hate it… I just feel like I'm doing an office job now"*. Interestingly, respondents reflected not only on the additional burdens for them, but also for service users who were to be integral in each stage of the process, but who sometimes did not want the IB in the first place. Service users had many questions which took time to address, and which caused problems where social workers and other care managers had to then turn to managers or the pilot team for a response. Some respondents felt they played a *"piggy in the middle"* role between management, the IB implementation team, and service users.

Many interviewees reported concerns which we might attribute to the transitional nature of applying new processes. Several reported feeling inundated with new initiatives and legislative changes, and a degree of cynicism over whether IBs were genuinely going to become a permanent feature of adult social care. There were also concerns over the duplication and burden of running two systems at once. Respondents warned of the consequences of rushing implementation before key decisions had been taken at a local authority level, with numerous examples being given of key policy decisions either not being taken, or, worse, being changed mid-pilot. However, some felt more comfortable with the uncertainty of the pilots. One respondent reported feeling "*anxiously positive*" in that there were many obstacles still to be resolved, but believed that IBs would ultimately be of benefit to service users. Furthermore, social workers and care managers with more experience of the pilots reflected that IB processes had become clearer and more streamlined over time, despite initial reservations. Some success stories were also beginning to emerge, with one social worker, for example, reporting a sense of reward in enabling a service user to be accompanied to her local Temple, which had not been possible under traditional commissioned care.

With respect to job controls, a large minority of care managers and social workers equated IBs with a delegation of discretion over *decision-making* to service users, but without feeling like they were able to delegate *responsibility* for their ultimate welfare. Several reported specific concerns over whether they would be held

accountable if the IB was mismanaged or used inappropriately. With respect to employing personal assistants, one said:

"I think we are all frightened of losing control really, I think that's the bottom line… who is going to monitor and check out who [service users] are employing?...If anything goes wrong, any abuse or anything, you don't know who's responsible for that. Is it the person themselves because they've chosen … that person, or is it us because we've said "get on with it" and not monitored who they are taking in? That's a major concern for us".

A second respondent explained that the local "risk panel" held her to account because an IB holder was breaking employment law during the course of employing a PA. The social worker asked the panel "*how is that my business*?" and in any event felt she lacked legal knowledge in this area. The interviews also found that some staff enjoyed embarking on new tasks to give variety to their work, and that IBs were an exciting development. There was some hope that IBs could lead to less "*bread-and-butter*" social work, and more interesting roles devoted to therapeutic and social recovery work.

Finally, with respect to job support, the interviews found that social workers and other care managers were "*growing weary*" with the IB rhetoric. National policy makers and local managers were, it was suggested, promoting the simplicity of new processes whilst failing to recognise and engage with the real implementation difficulties on the front-line. Respondents in one particular authority said that

managers put pressure on staff to "*toe the party line*", and implying that those expressing concerns with IBs were being obstructive. All IB pilots had an implementation team dedicated to supporting social workers locally, and there were mixed reviews of the assistance offered. A number of interviewees cited a lack of quality training as a factor inhibiting confidence with new processes. Often the focus of the training was more on the philosophy underpinning IBs, which some found '*patronising'* and others found '*enlightening'*, but in either case left respondents lacking in the skills needed to fulfil each step of the IB process. One said of an awareness event: *"I can't remember much about that. [The same] applies to most training sessions with the word "awareness" in the title".* Of greater value to interviewees was informal training, such as having a member of the IB implementation team visit individuals and discuss issues face-to-face, and through peer support within teams.

Discussion

A large body of literature has established a pessimistic argument linking the introduction of care management reforms, quasi-markets and managerialism with growing mechanisation of social work, although this is contested as only reflecting a narrow definition of professional discretion (Evans & Harris, 2004). The national roll-out of personal budgets has intensified debate over the changing face of social work, with opinion being divided. This paper sought to explore and validate the Job Demand / Control model as a theoretical framework within which to analyse and evaluate the impact of social work changes on staff, with reference to the IB pilots.

The results support the importance of job discretion that has been reported elsewhere, but the JDC approach is better able to explain the transmission mechanism through which it operates. Social workers and other care managers do not find greater discretion to be, in itself, a source of satisfaction: instead, the importance of job control is highlighted through its interaction with job demands. Greater discretion in social work is able to mitigate the effects of high pressure, but without this control, similar pressures may cause stress. The data suggest this problem may be most acute in the care of older people, where practitioners were over twice as likely as others to be in a 'high strain' post. The result resonates with the views of some commentators, who have queried whether qualified social workers are needed at all in older people's services, if practice is reduced to "simply a treadmill of routinized assessments leading to unimaginative packages of care" (Lymbery, 2006: p1129). Older people themselves are frustrated by care managers being unable to act in a mediating manner between themselves and publicly-funded social care (Manthorpe *et al.*, 2008).

Some aspects of social worker and care manager stress are more predictable, and the regression analysis found that workload (or more specifically, hours of work relative to contracted hours) is a very strong contributor to job demands and perceptions of poor supervisory support. It is important to recall evidence of a vicious circle: where excessive workload causes psychological illness, causing increased absenteeism and staff turnover; and thus passing an even greater workload onto remaining staff (Huxley *et al.*, 2005). The Social Work Reform Board propose to introduce clear workload management strategies into Social

Service Departments.   Research supporting the Task Force found that such strategies were not currently widespread, and not only was there confusion as to what they comprised but profound doubts as to their effectiveness (Baginsky *et al.*, 2010).

Individual Budgets

This study found that being part of the IB pilots was associated with a doubling of the likelihood of being at risk of high strain, which suggests that the new processes added to existing burdens of work and reduced discretion.   To corroborate and explore this, qualitative interviews revealed a number of common tensions relating to the new policy, most notably the difficulties and pressures of administering new processes.   These difficulties are likely in part to reflect the limited investment in training for skill development and in the practicalities of IB processes during the pilot stage (*Authors' own*, 2008b).   Furthermore, a number of social workers reported concerns over being held accountable for risks that may not be properly managed under IBs, including financial abuse.   Again, this may be associated with a lack of integration at a policy and implementation level between the competing agendas of personalisation and adult protection (*Authors' own*, 2008c).   Finally, there is some evidence within the interviews of a degree of fatigue with the implementation of multiple reforms.   Studies have suggested that those working in social services have faced innovation overload (Lloyd *et al.*, 2002), and have expressed a frustration at the conflicts, ambiguities and additional workloads associated with upheavals in working practices (Huxley *et al.*, 2005; Coffey *et al.*, 2009).   There is, however, some scope for optimism: as new processes become established, especially if coupled with improved training and a

greater focus on reconciling personalisation and adult protection policies, the longer-term consequences of personal budgets on social worker job characteristics could be less deleterious.

Limitations

Finally, it is important to reflect on the study's limitations. First, the workforce strand of the study did not achieve a high response rate, perhaps reflecting the efforts required in implementing IBs at the time of data collection. However, there were only small differences in the sample characteristics when compared against available national data, suggesting the sample is reasonably representative overall. Second, the study contrasted staff working as part of the pilot against 'comparison' teams, to ensure that any 'IB effects' could be more firmly assigned to the pilot initiative, and not to other factors influencing work-related stress in the local authorities involved (eg changes to safeguarding policies, organisational change or budget cuts). However it is possible that IBs were first introduced in teams most able to implement the policy, thereby perhaps reducing the impact on staff. However, there were no significant differences in the staff characteristics data collected, and furthermore the qualitative sample supported the broad finding relating to greater pressures and reduced discretion associated with the IB pilots. Finally, the study did not measure stress directly, although job satisfaction is often used as the measured outcome within explorations of job content (van der Doef and Maes, 1999), and has a demonstrated relationship with measures of wellbeing, recruitment and retention (Huxley *et al.*, 2005), and with one review identifying a "consistent correlation" across studies (Lloyd *et al.*, 2002: p. 259).

Conclusion

The ever-evolving nature of social work in England will continue to be a subject of great interest, in particular where the content of such work contributes to high levels of stress amongst its practitioners. Such debate has sometimes lacked a framework for evaluating the impact of changes over time. The Job Demand / Control model offers one such framework, and appears a valid approach in the sample of social workers and care managers reported in this paper. The JDC approach suggests that the IB pilots may have had a detrimental impact on the risk of stress, and this is supported by qualitative interviews with staff which also suggest that some pressures may reduce as the policy becomes established.

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Table 1: Sample characteristics

		Categories	% or mean
Individual characteristics			
	Age	(mean years)	43.5
	Gender	Female (%)	75
		Male (%)	25
	Full-time or part-time	Full-time (%)	78.8
		Part-time (%)	21.2
	Actual hours : contracted hours ratio	(mean ratio)	1.059
Characteristics related to the team			
	Type of team	Social care only (%)	62
		Multi-agency team (%)	38
	Qualifications held*	Social work (%)	55
		Nursing/OT (%)	19
		No professional qualification (%)	28
	Client group worked with*	Older people (%)	51
		Learning disabled (%)	37
		Physically disabled (%)	35
		Mental health (%)	29
		Other (%)	9
	Number of team members	(mean number)	16.3
	Active caseload size	(mean size)	22.5
	Have IB holders on the caseload?	Yes (%)	59
		No (%)	41

*indicates that respondents could select more than one option

Table 2: Associations between measures of job demand, control and support with personal and team-level characteristics.

	Categories	Psychological Demands	Sig.	Decision Latitude	Sig.	Social Support	Sig.
Individual characteristics							
Age		r = 0.02	n.s.	r=0.078	n.s.	r = - 0.027	n.s.
Gender	Female	36.5	n.s.	69.7	n.s.	25.3	n.s.
	Male	37.7		69.2		25.1	
Full-time or part-time	Full-time	37.0	p=0.096	69.9	n.s.	25.3	n.s.
	Part-time	35.6		68.4		25.1	
Hours : contract ratio		r=0.20	p=0.005	r=0.00	n.s.	r = - 0.152	p=0.029
Characteristics related to the team							
Type of team	Social care only	36.6	n.s.	68.8	p=0.082	25.6	p=0.045
	Multi-agency team	36.9		70.9		24.7	
Qualification*	Social work	37.3	p=0.079	68.7	n.s.	24.8	p=0.024
	Nursing/OT	34.9	p=0.006	72.8	p=0.006	26.0	p=0.075
	No qualification	36.8	n.s.	69.8	n.s.	25.7	n.s.
Client group worked with*	Older people	36.8	n.s.	68.7	n.s.	25.8	p=0.007
	Learning disabled	37.1	n.s.	69.7	n.s.	24.8	n.s.
	Physically disabled	37.0	n.s.	69.2	n.s.	25.8	p=0.079
	Mental health	36.7	n.s.	70.3	n.s.	25.3	n.s.
	Other	39.5	p=0.018	68.6	n.s.	25.2	n.s.
Team size		r=0.070	n.s.	r= - 0.072	n.s.	r= - 0.190	p=0.005
Caseload size		r=0.209	p=0.020	r= - 0.049	n.s.	r= 0.074	n.s.
IBs on the caseload	Yes	37.2	n.s.	69.5	n.s.	25.0	n.s.
	No	36.2		69.8		25.5	

*All tests are parametric. *indicates that respondents could select more than one option, and thus tests reported are t-tests of differences in values between those within vs outside categories (and not between categories)*

Table 3: Predictors of job satisfaction measure

	Coefficient	St Error	p-value
Psychological Demand (D)	- 0.2552	0.0964	0.009
Decision Latitude (C)	- 0.0772	0.0521	0.140
D x C	0.0029	0.0014	0.035
Social Support	0.1142	0.0202	0.000
Constant	9.1722	3.6685	0.013

Diagnostics: Sample n=216; Adj. R^2 = 0.328, p=0.000. Breusch-Pagan test for non-constant variance: p=0.941; Shapiro-Wilk test for normality of residuals: p=0.217; RESET test for misspecification: p=0.412

Table 4: Likelihood of being in "high strain" and "isostrain" groups (logistic regression)

	Likelihood of 'high strain'			Likelihood of 'isostrain'		
	Odds ratio	**St Error**	**p-value**	**Odds ratio**	**St Error**	**p-value**
Younger team member	2.086	0.785	0.051	2.051	0.852	0.084
Hours worked relative to contracted hours	1.039	0.016	0.017	1.044	0.018	0.012
Working with older people	2.456	0.964	0.022	2.113	0.904	0.080
Team size	1.037	0.017	0.029	1.032	0.018	0.068
Whether has any IBs on caseload	2.457	1.030	0.032	3.280	1.630	0.017
Diagnostics	*Sample n=191; Pseudo R^2 = 0.119, p=0.000. Link-test (p=0.156)*			*Sample n=191; Pseudo R^2 = 0.130; p=0.000. Link-test (p =0.546)*		

Figure 1: Predicted job satisfaction by job demand and decision latitude