

StressBusters

Produced by East Belfast Community Development Agency

March 2005

**A Report on the Stress of
Community Development Workers
in East and South Belfast**



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**This report was produced by J H Consulting on behalf of
East Belfast Community Development Agency
East Belfast Community Health Information Project (EBCHIP) and
South Belfast Highway to Health**

Introduction

Research and anecdotal evidence collected in recent years has suggested that community workers are under increasing pressure within their jobs and as a result, are exhibiting more stress related illnesses such as high blood pressure, anxiety, diabetes and depression¹. The study described in this report builds on previous research by attempting to find out more about the nature of community development work in East and South Belfast and the extent to which the job impacts on people's mental and physical well-being.

The findings presented in this report are one component of a broader project which was intended to begin a process of enhanced support for community workers in South and East Belfast. Alongside the research described here, the South and East Belfast Health and Social Care Group funded East Belfast Community Development Agency (EBCDA) to facilitate a 'Relax to Work' programme of holistic therapy and the production of a reference leaflet containing information on how to spot stress and how to manage it.

Context

The Task Force on Resourcing the Community and Voluntary Sector, the Community Work Education and Training Network (CWETN) and the Policy Reference Group on weak community infrastructure have all carried out research in recent years to try to determine why people leave community development jobs. Pressure of the work and job related stresses have been identified as major factors. The nature of community development work appears to have changed in the last decade and a range of issues including funding insecurity, lack of tenure, local politics and the amount of administration associated with the job have all contributed to difficulties in recruiting and retaining community workers in some of the neighbourhoods that need them most².

¹ For example work by CWETN and EBCDA's 'Leading from Behind' (2001)

² Where have all the workers gone? McGill & Harrison (2003). Unpublished report for the Policy Reference Group on weak community infrastructure.

The findings of a seminar hosted by the Rural Community Network in 2001 clearly illustrate the range of difficulties experienced. The key issues to emerge were that funding pressures, stress and job insecurity were the most problematic employment issues. Workloads and bureaucratic requirements of funders were also difficult, while a lack of support from management committees and bullying were identified as the two most difficult areas in terms of working relationships.

“Community development is about challenging inequality and disadvantage and improving the quality of people’s lives. Given that, workers and groups engaging in community development should be supported, equipped and encouraged-not isolated, demoralised and overburdened³”.

In a more recent conference⁴, it was noted that stress is often about an individual’s response to an inappropriate amount of pressure; so what for some people might be stressful is not stressful for others. This is, of course, in keeping with a more general understanding of stress and the balance between internal and external factors in its manifestation. As in any form of occupational stress, there are individual triggers and responses to it. Interestingly though, when participants were asked about the common sources of stress, some consistent factors were identified which included:

- **Time** - i.e. managing and making change happen; working out priorities and working to deadlines when reliant on other people to help meet these.
- Working with **people** - can be challenging, e.g. when agendas conflict; when expectations are high; when it’s difficult to say ‘no’; when being compared to a previous community worker; when supporting other people whose lives are often stressful.
- Dealing with **external pressures** - e.g. having to fund-raise (particularly when for their own jobs and projects).
- The **expectations** and standards community workers set themselves.

³ Who Supports You? Summary Report of Seminar. October 16th 2001. RCN

⁴ SCCD, CDC and FCDL Conference - Strengthening Community Development, 11th March 2003. North Wales Conference Centre

When asked how stress manifested itself, participants indicated that some of the signs were easy to identify, including feelings of anxiety, not sleeping, loss of concentration, losing focus, and feelings of not being able to cope.

In a more local setting, it has been suggested by individual workers that hardships faced by the community sector in South and East Belfast (and more generally) can lead to serious difficulties in terms of people's physical and mental health. EBCDA sought support to undertake some more detailed work on this issue and to deliver a programme of complementary therapies because of its day-to-day experience of engagement with community workers who display signs of stress and associated health problems.

Methodology

In order to ensure that both quantitative and qualitative data was collected, two separate tasks were undertaken. The first was a postal survey, which was sent to more than 150 community workers across South and East Belfast by EBCDA and South Belfast Highway to Health. This was augmented by face-to-face discussions with groups of community workers in East and South Belfast to build on the survey findings and further assess the extent to which people's jobs were impacting on their health.

The postal survey consisted of two discreet sections. In the first section, a range of questions were asked in relation to perceptions of the impact of work related stress on people's health. The second section utilised the 'GHQ12', which is a self-assessment measure that provides an indication of people's mental health status. High scores on the GHQ12 represent poorer mental health and a cut-off is often chosen to indicate significant psychological morbidity.

Findings

Sixty-one community workers submitted completed surveys within the timescale for the research. An additional 11 people took part in two group discussions (one in East Belfast and one in South Belfast).

Community work, stress and physical health

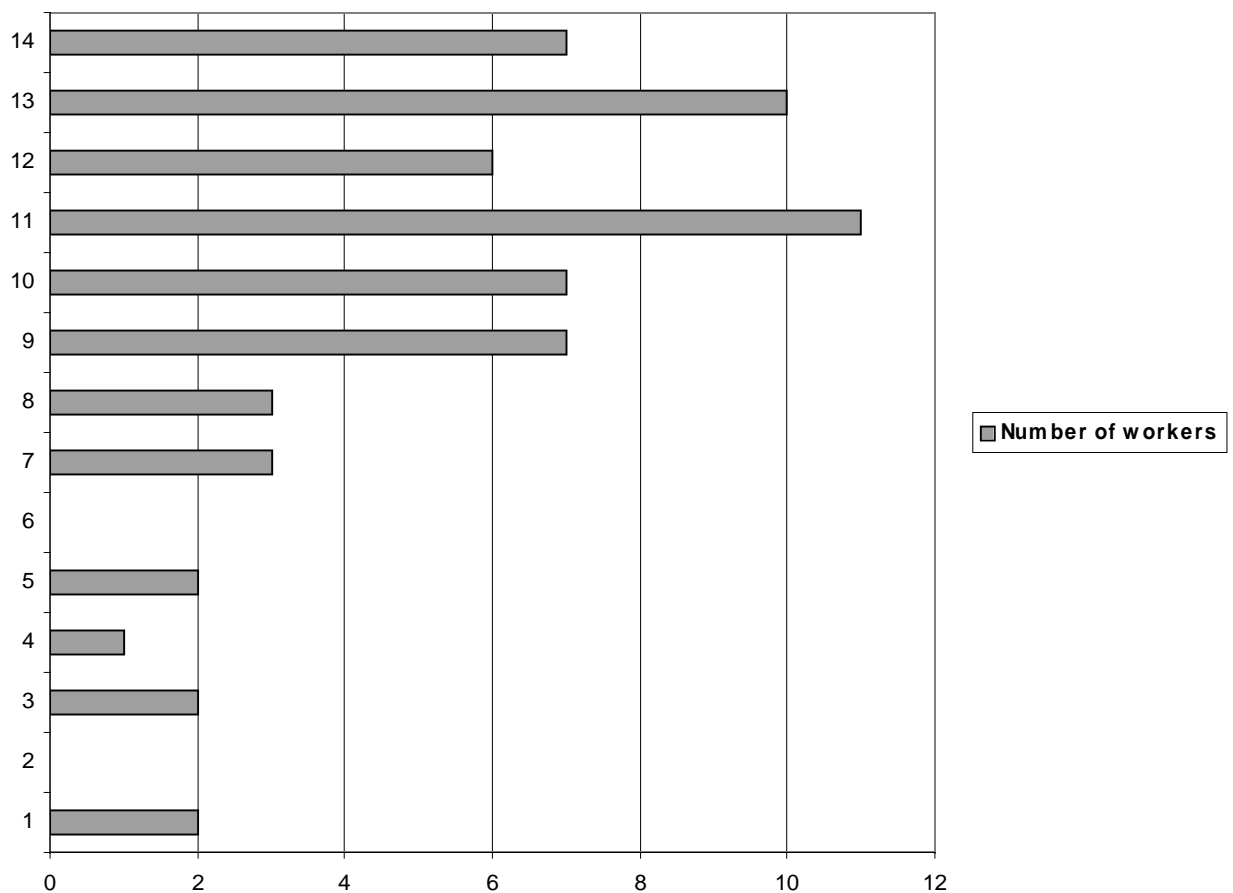
The nature of the job

It is clear that individuals working in community development undertake a broad range of activity. Workers were asked to indicate, by ticking areas of possible activity, whether they had responsibility for:

- ✓ Applying for funding
- ✓ Completing quarterly returns for funders
- ✓ Completing reports for management committee
- ✓ Completing reports for line manager
- ✓ Organising neighbourhood events
- ✓ Attending network events
- ✓ Identifying issues of concern in local communities
- ✓ Developing local action plans
- ✓ Working with volunteers
- ✓ Working with other community/ voluntary groups
- ✓ Working with statutory agencies
- ✓ Working in partnership structures
- ✓ Managing staff
- ✓ Managing strategies/ action plans

The responses were then combined to give 'an index of responsibility', which is essentially a measure of the scope of the community development worker's role. The average 'score' on this item was 10 out of a possible 14 areas of work. The distribution is shown in Figure One.

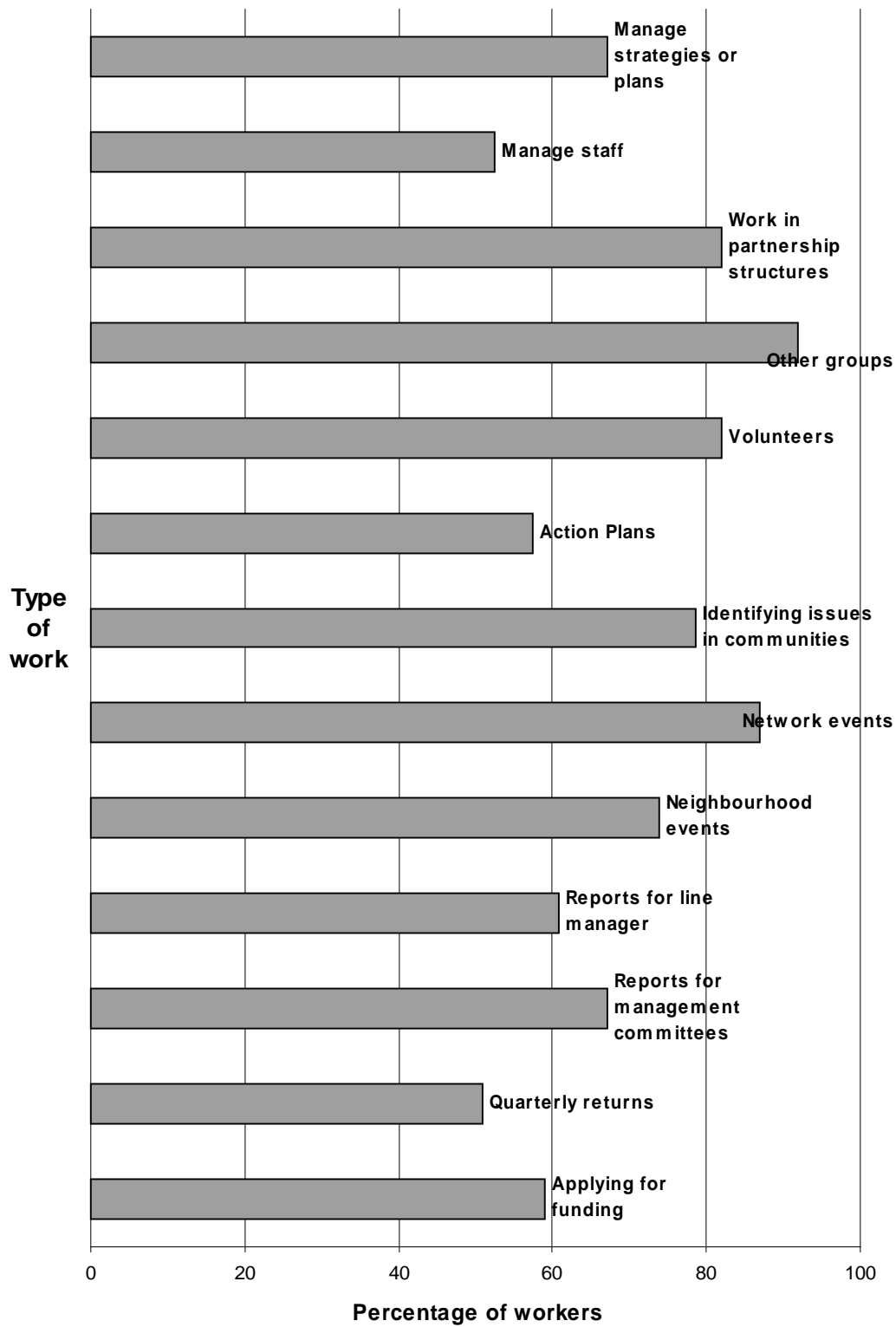
Figure One. Index of responsibility



This suggests that individual community development workers are often carrying a very broad range of responsibilities, from seeking funding to secure their jobs and programmes, to the development of local action plans.

Figure Two shows the percentage of respondents with responsibility for each area of work. Out of a total of sixty-one respondents: 36 (59%) were involved in applying for funding; 31 (50.8%) complete quarterly returns for funders; 41 (67.2%) complete reports for management committees; 37 (60.7%) complete reports for their line manager; 45 (73.8%) organise neighbourhood events; 53 (86.9%) attend network events; 48 (78.7%) are involved in identifying issues of concern in local communities; 35 (57.4%) develop action plans; 50 (82%) work with volunteers; 56 (91.8%) work with other community/ voluntary groups; 50 (82%) work in partnership structures; 32 (52.5%) manage staff; and 41 (67.2%) manage strategies or action plans.

Figure Two. Tasks associated with the community development role.



Perceived changes in health

Participants were asked if they felt different in terms of their health now compared to ten years ago. Of the 61 people surveyed, 53 (86.9%) answered 'yes' to this question. They were then asked to further elaborate, by indicating what percentage of this change was due to work and what percentage was due to personal circumstances. On average, workers felt that about half (53%) of the change in their health was due to work, with just under half (47%) being due to personal circumstances.

When asked if any particular factors might have contributed to these changes, answers were quite varied. The following quotes are indicative of responses that were made.

Factors related to work:

"Unrealistic expectations at work, too much for one person to do"

"Uncertainty about funding"

"Too much paperwork"

"Increased workload"

"Changes in policy"

"Management expect more without adequate resources"

Factors related to personal circumstances:

"I have separated from my husband"

"Ill health"

"Moved house"

The stress factors that were mentioned are in keeping with those that have been identified in previous studies and with the feedback received in discussion with community workers. Interestingly, while uncertainty about funding was identified as a source of concern, none of the respondents suggested that the level of remuneration was an issue, despite an imbalance between voluntary sector salaries and those in the private sector. Data from the Labour Force

Survey in 2000 shows that, in the UK as a whole, earnings in the voluntary sector are well below those in the small business sector ⁵:

	Median total annual earnings		
	Small Business	Voluntary	Vol. as % of business
Function head	45,282	32,640	72.1
Specialist staff ⁶	28,752	23,785	82.7

In 2003, work commissioned by the Voluntary Sector National Training Organisation sought to identify reasons why there were few candidates for community development jobs. The figures show that in Northern Ireland, concerns were not about long hours or lack of career progression. This supports the view that community development is seen more as a 'vocation' than a career and that salary is secondary to job security and tenure.

	UK%	NI%
People not interested in type of job	28.0	15.2
Low wages compared with other sectors	25.3	12.1
Low numbers of job seekers generally	17.2	12.1
Geographic location of the organisation	15.7	18.2
Competition from other employers/sectors	15.3	3.0
Unattractive terms and conditions	13.4	15.2
Long/unsociable hours	5.0	6.1
Lack of career progression/poor prospects	3.1	0
Lack of public transport provision	1.5	0
Competition from employers outside nation	1.5	0
Impact of the benefits trap	0.8	3.0
Other	36.8	39.4

What does appear to be an area of concern is the security of jobs and of programmes that are being undertaken in communities. **Only 1.2% of UK**

⁵ Futureskills 2003: A skills foresight research report on the voluntary sector paid workforce, by Karl Wilding, Bryan Collis, Marion Lacey and Gordon McCullough, Commissioned by the Voluntary Sector National Training Organisation, June 2003

⁶ Specialist staff includes development worker, development officer, fundraiser, training officer, social worker and nurse – see p18 in Futureskills 2003

respondents identified ‘no core funding’ as a key challenge facing them; however, in Northern Ireland, the figure was a striking 41.9%⁷.

In a related study commissioned by the Policy Reference Group on weak community infrastructure⁸, interviews were undertaken with both employing organisations and community development workers who had left their posts. A very substantial 68% of respondent organisations stated that workers left because of problems with tenure or the short-term nature of the post. Interestingly, when workers were interviewed, their reasons for leaving were somewhat different. While tenure was important, perceived inadequacies within the management committee or the employer were also a common reason for people seeking jobs elsewhere.

‘unprofessional management committee’

‘lack of capacity of committee’

‘committee lacked will to do community development’

‘not working for the community’

‘conflict with employer’.

The key message is that workers leave because they are on short-term posts and because of financial uncertainty coupled with stress and conflict with their group. These themes were easy to find in this study too and it appears that they have a substantial impact on people’s physical and mental well-being.

Workers were asked if they had any medical conditions that they felt their working life either contributed to or aggravated. Of sixty respondents, thirty answered yes to this question and thirty answered no, suggesting that **one in two community workers who took part in the survey perceive that their job is having a negative impact on their health.**

Ailments suffered include back pain, irritable bowel syndrome or other digestive tract ailments, hypertension, depression, migraine and varying complaints

⁷ p20 in Futureskills 2003

⁸ Where have all the workers gone? McGill & Harrison (2003). Unpublished report.

including mouth ulcers, rashes, sinusitis, autoimmune disease, chronic fatigue and osteoarthritis.

Respondents were also asked specifically if they felt different in terms of stress now compared to ten years ago. Fifty-four (90%) answered yes. When asked to allocate a percentage to how much of this change they felt was due to work and how much was due to personal circumstances, on average 62% of the change in stress was attributed to work and 38% was attributed to personal circumstances. The majority of workers felt that the factors causing this change were much the same as those for the change in health over the ten-year period.

Causes of stress

As with the question on factors that exacerbate health problems, respondents were asked what they felt were the main triggers of stress that they came across in their work. While responses were varied and reflected the issues of funding insecurity previously discussed, many centred around issues of time and interactions with other staff/ agencies, including the following:

“Funding problems”

“Problems in interacting with other agencies”

“Lack of recognition for work”

“Managing difficult members of staff”

“Meeting deadlines”

“Trying to fit in everyone that wants to see you”

“Reports”

“Having to attend meetings at short notice”

This finding, along with the index of responsibility represented in Figure One, helps to build a picture of the nature of the community development worker’s job and the breadth of potential stresses that it entails.

When the effect of the amount of responsibility of community workers (as measured by the index of responsibility) on stress and health was examined, it was found that there was a significant difference in the amount of

responsibility carried by those who felt that their stress levels were different from they were ten years ago. These individuals had significantly more responsibility (mean score 10.5) than those who felt their stress levels had not changed (mean score 7.17) ⁹.

The relationship between the types of responsibility that workers had and the effect this had on their stress and health was also investigated.

It was found that **workers involved in applying for funding attributed a significantly higher percentage of their change in health to work¹⁰**, with a mean percentage of 60.5 compared to those not involved in applying for funding (42.6%). **They also attributed significantly more of their change in stress to work¹¹** with a mean percentage of 68.4, compared to those not involved in applying for funding (53%). **Workers involved in managing staff also attributed a significantly higher percentage of their change in stress to work¹².**

When asked about the extent to which people felt they had control over these triggers, twenty workers (almost 1 in 3) did not respond. Of the remainder, sixteen stated that they had no control at all over these triggers, with a further sixteen feeling that they had little or very little control. Nine felt that they had reasonable control.

The issue of perceived control is an important one. People differ in the extent to which they believe they have control over their lives. Those who believe they have control over successes and failures are classed as having an 'internal locus of control'.

Others have an 'external locus of control', which means they are more likely to believe that their lives are controlled by forces outside themselves. When individuals experience high levels of stress over a prolonged period they feel helpless and unable to avoid negative outcomes. It has been suggested that

⁹ t[58]=2.479, p<.05

¹⁰ t[49]=2.870, p<.01

¹¹ t[51]=2.884, p<.01

¹² t[51]=3.794, p<.001

there are two ways in which health and personal control are related: those with a strong sense of personal control may be more likely to maintain their health and prevent illness and, once people become seriously ill, those with a strong sense of internal control may adjust and rehabilitate more effectively than those with a weak sense of control¹³. Understanding this dynamic is important to the development of a successful framework for supporting individuals who are employed in community development.

Solutions

If respondents felt that their health or stress levels had been affected adversely, they were asked what changes they felt might improve their situation. Unsurprisingly, answers varied, with some individuals wanting less management interference and some wanting more support from management. **Many felt that an improved lifestyle with better diet or more exercise would help. Some suggested relaxation weekends or team building exercises. Twelve workers (20%) felt that the solution would be to give up their jobs or at least cut down their hours of work.** This is a cause for concern and reinforces the need to address, where possible, the triggers of stress and to offer better support such as the 'Relax to Work' programme for people in dealing with its effects if community development workers are to be retained.

Mental Health

Part two of the questionnaire utilised the 'GHQ12', a twelve-item questionnaire that asked workers how they felt their general health had been over the past few weeks. Answers to each question are presented in a series of charts below.

A total score for the questionnaire was obtained by adding up the number of questions to which individuals had answered either 'more than usual' or 'much more than usual'. In this case, a threshold score of four or more was used to

¹³ Sarafino (p.109).

identify possible psychiatric disorder, though there is no clear consensus as to what this threshold should be^{14,15}.

The results on the GHQ12 showed that eleven workers (18%) had a total score of just 1. A further eleven scored 2 and thirteen (21%) scored 3. Given the size of the sample, **the most striking finding is that a total of 22 (36%) of the community development workers who took part scored 4 or more, which could identify them as having a possible psychiatric disorder. Of these people, some scored well above the point at which mental health issues are implicated in their health assessment.** The group of workers scoring four or more included eleven people (18%) scoring 4, four (6.6%) scoring 5, five (8.2%) scoring 6, and 2 (3.3%) scoring 7.

Clearly, this is a cause for concern and indicative of a need for employers and funders to acknowledge the extent of the problem and develop support for community development work that takes greater account of the role of individual community workers who are operating in this context. The responses on individual items are presented overleaf.

¹⁴ Mental health in Northern Ireland: have "the Troubles" made it worse? O'Reilly & Stevenson. *Journal of Epidemiology and Community Health* 2003; 57:488-492

¹⁵ <http://www.archive.official-documents.co.uk/document/scottish/shealth/shch12.htm>

Figure 3.

1. *Have you recently been able to concentrate on whatever you are doing?*

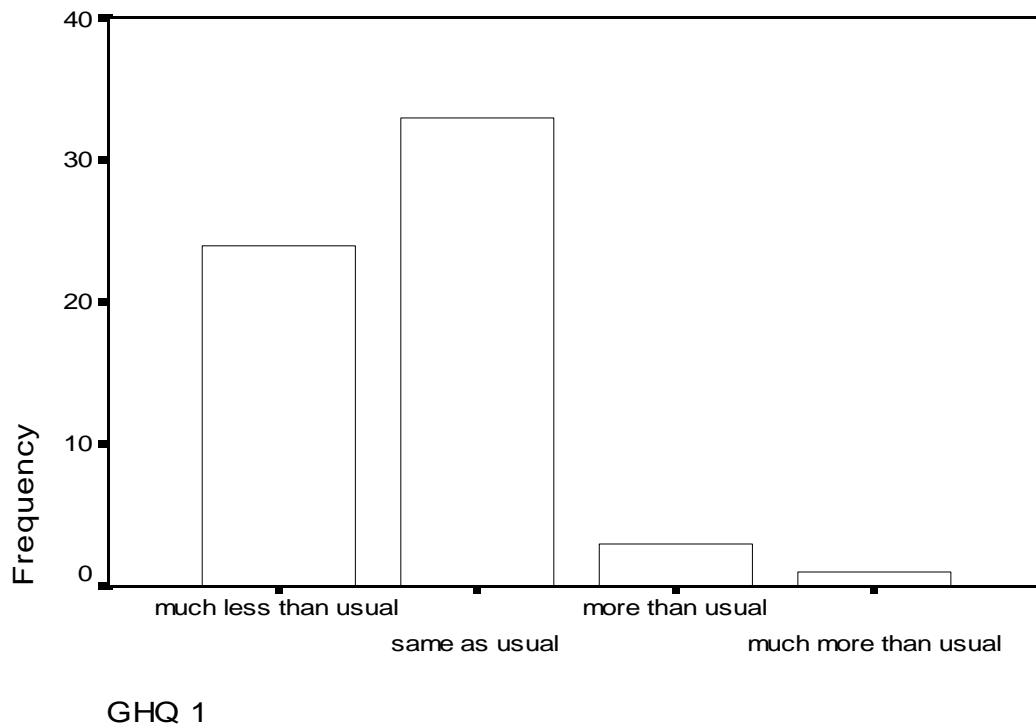


Figure 4.

2. *Have you recently lost much sleep over worry?*

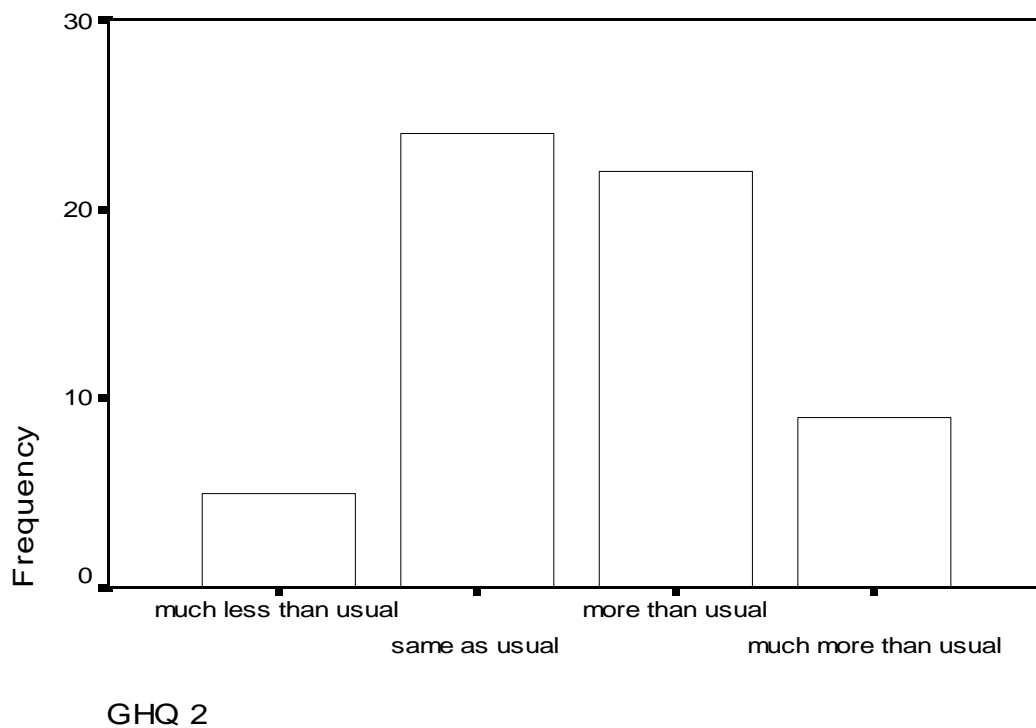
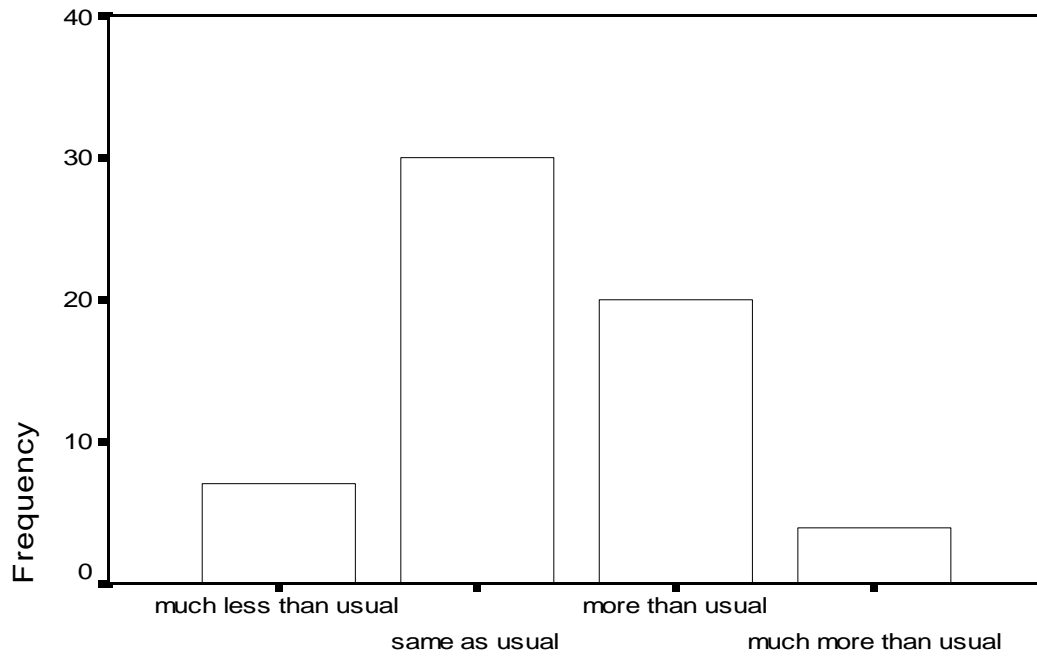


Figure 5.

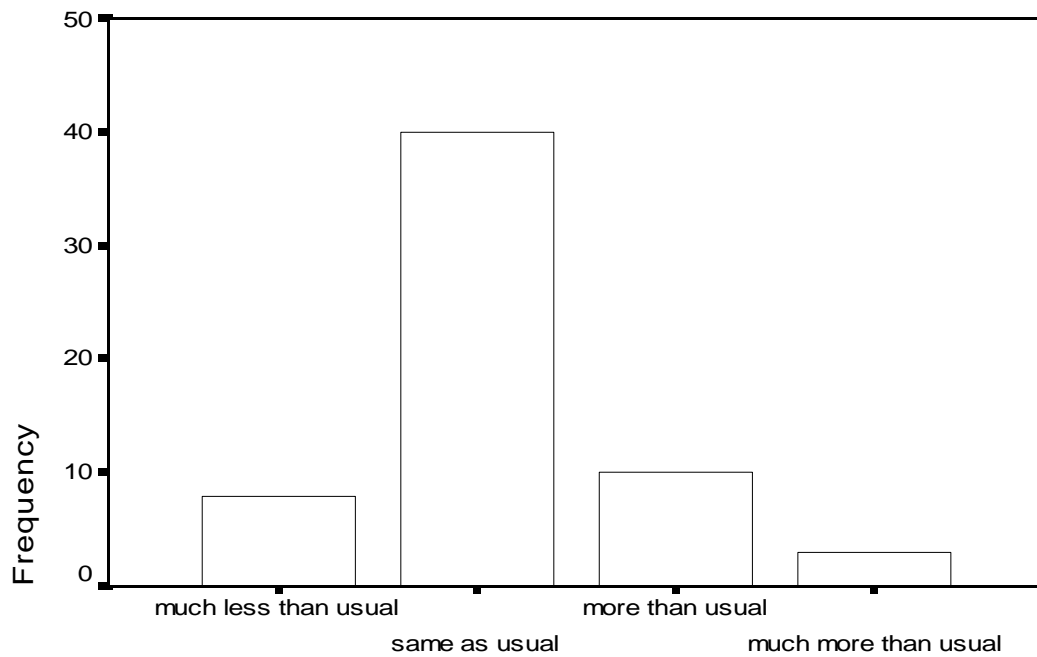
3. *Have you recently felt that you were playing a useful part in things?*



GHQ 3

Figure 6.

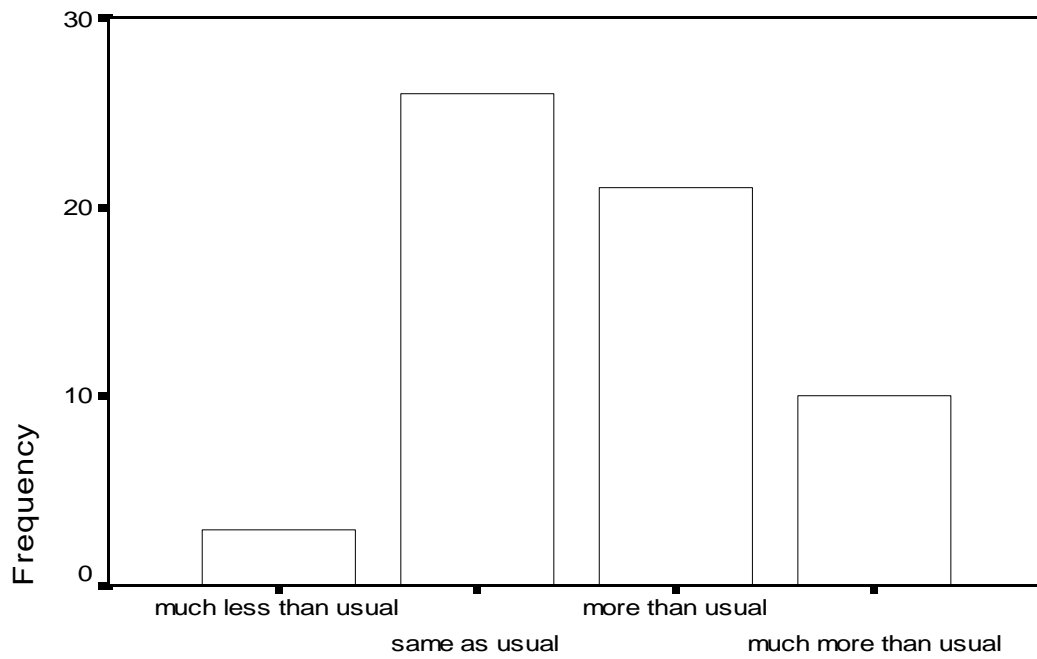
4. *Have you recently felt capable of making decisions about things?*



GHQ 4

Figure 7.

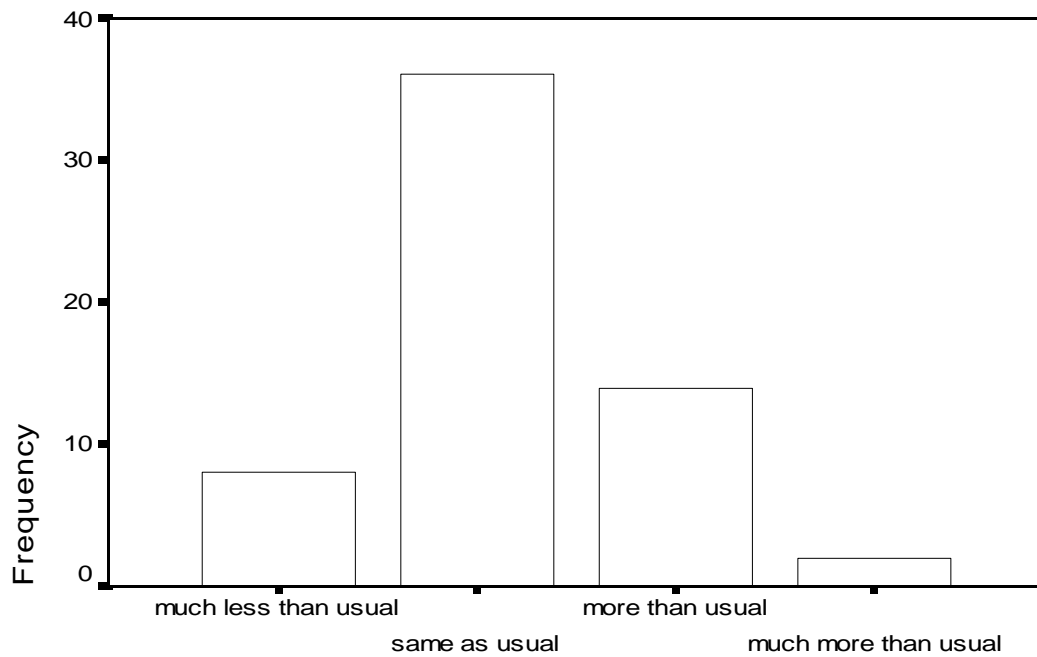
5. *Have you recently felt constantly under strain?*



GHQ 5

Figure 8.

6. *Have you recently felt that you couldn't overcome your difficulties?*



GHQ 6

Figure 9.

7. *Have you recently been able to enjoy your normal day-to-day activities?*

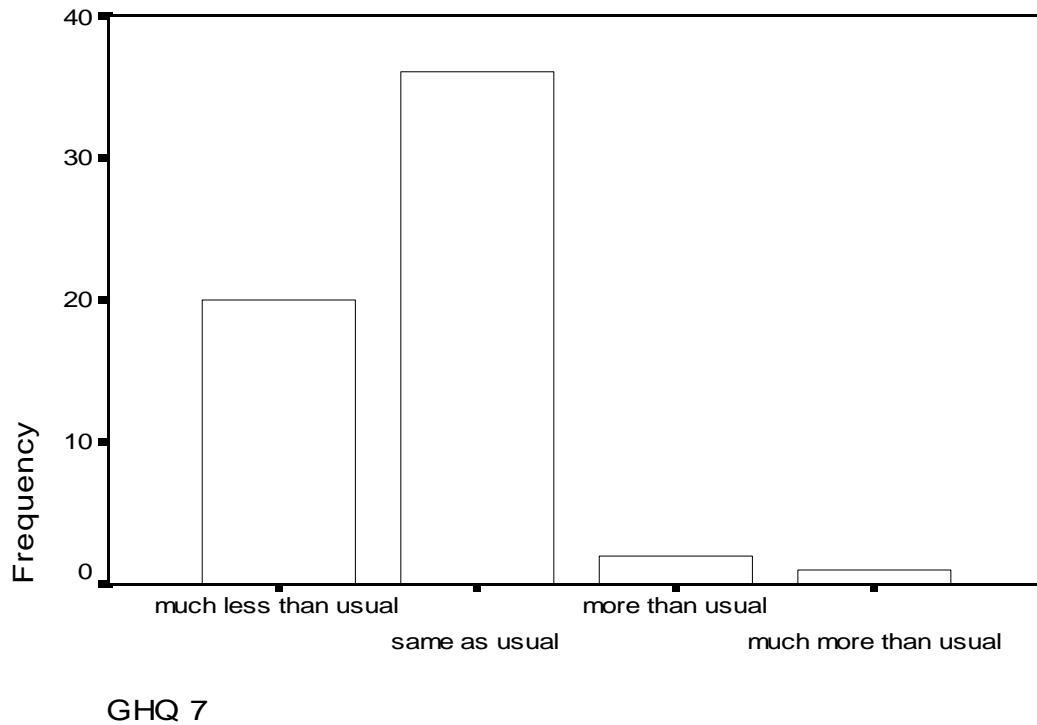


Figure 10.

8. *Have you recently been able to face up to your problems?*

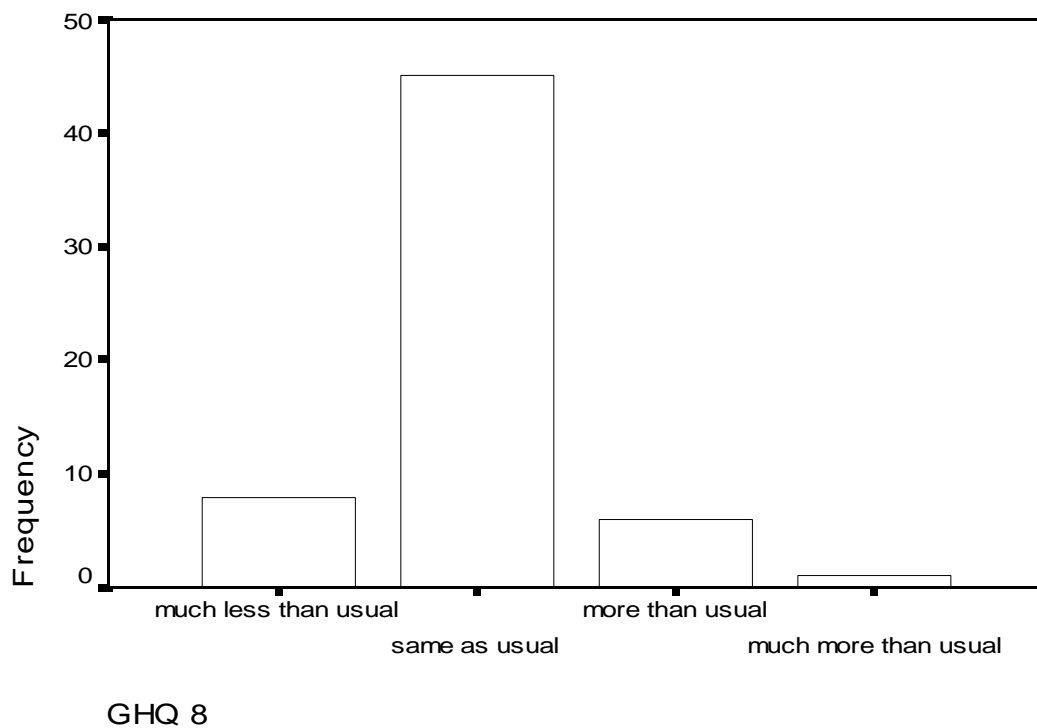
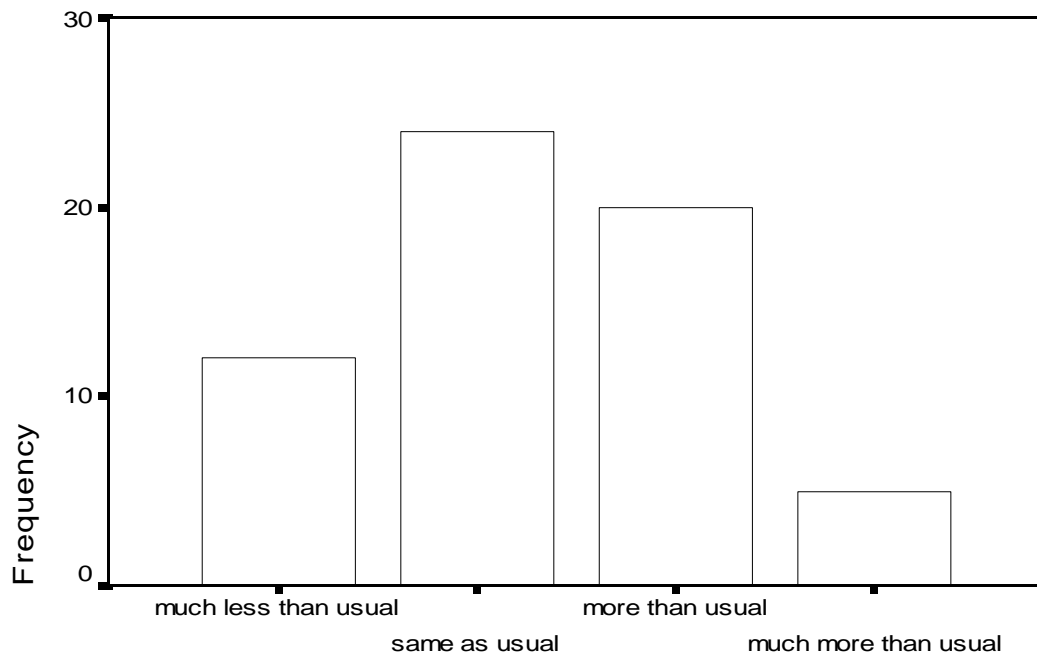


Figure 11.

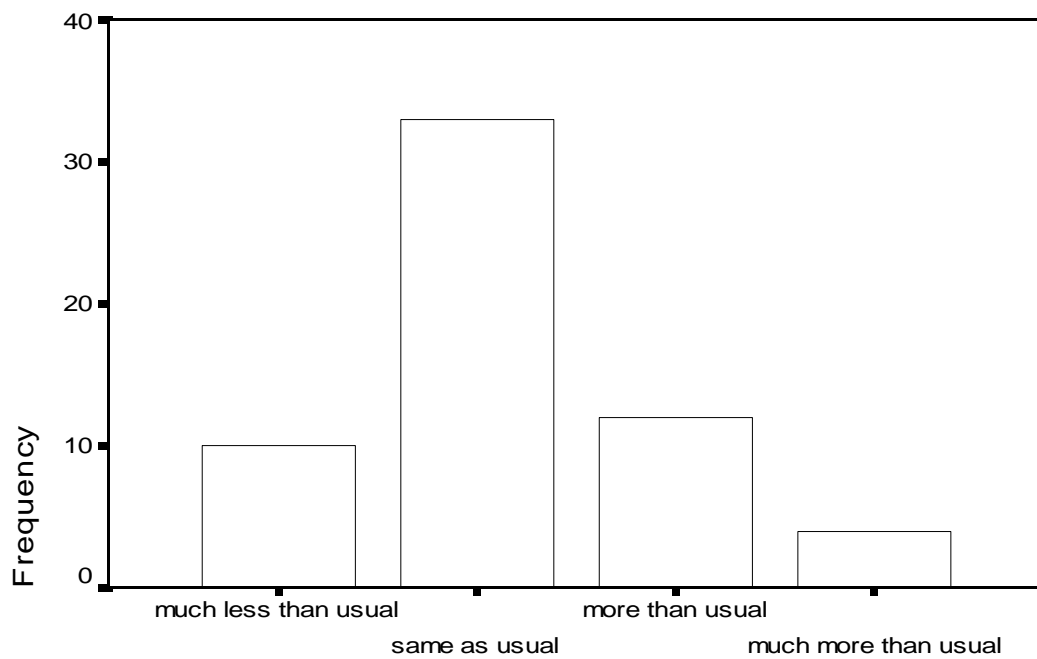
9. *Have you recently been feeling unhappy and depressed?*



GHQ 9

Figure 12.

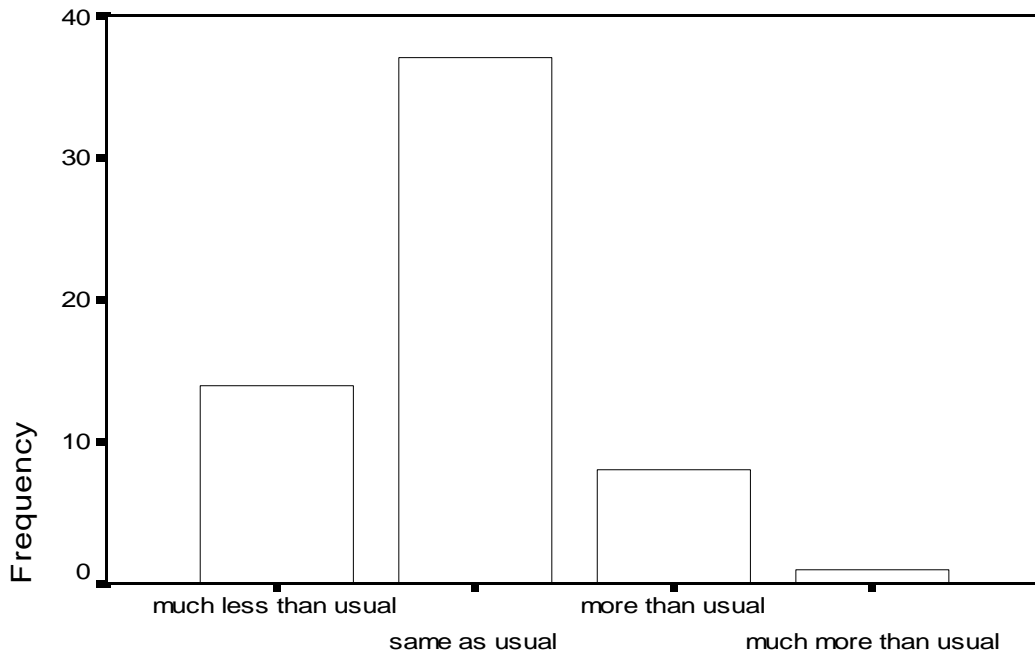
10. *Have you recently been losing self-confidence in yourself?*



GHQ 10

Figure 13.

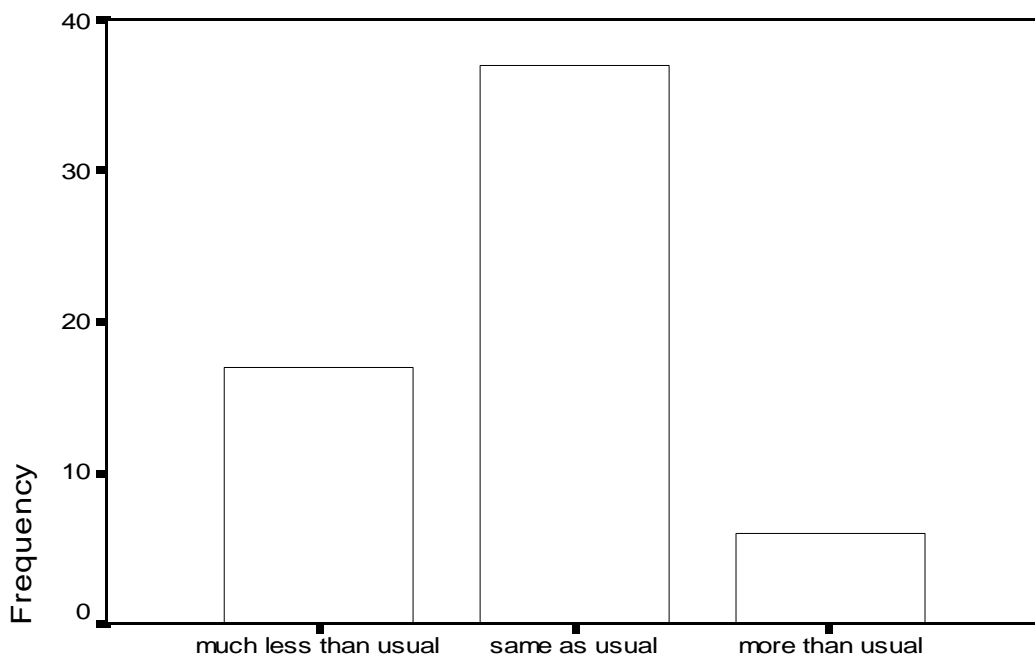
11. *Have you recently been thinking of yourself as a worthless person?*



GHQ 11

Figure 14.

12. *Have you recently been feeling reasonably happy, all things considered?*



GHQ 12

There were no statistically significant relationships between the total score on the GHQ12 and any of the other measures of health and stress on the questionnaire. However, the amount of responsibility and changes of stress and health were significantly correlated with some of the scores on the General Health Questionnaire. **A higher responsibility index was related to an increase in feelings of unhappiness or depression**¹⁶. There was also a relationship between a higher percentage of work being perceived as contributing to changes in health and a decrease in the enjoyment of day-to-day activities¹⁷. Similarly, a higher percentage of work contributing to changes in stress levels was related to a decrease in enjoyment of day-to-day activities¹⁸

Discussion with Community Workers

Discussion with ten community development workers in South and East Belfast reinforced many of the survey findings. Individual stories reflected the themes of funding insecurity, workload and a perceived lack of support that were evident in responses to the questionnaire.

The following comments are indicative of the feedback which was received:

“I ended up doing three or four things at once as the job developed, as things evolved nobody was stopping anything”

“I struggle to see if the management committee see the worth in what we are doing”

“Sometimes there is no value put on the management that is needed”

“Lack of continuity is stressful – there is such a big turnover of people which means every time a new worker comes along the same people do the inducting”

¹⁶ $r = -.264, p < .05, n = 61$

¹⁷ $r = -.366, p < .01, n = 49$

¹⁸ $r = -.394, p < .005, n = 51$

While there was almost universal agreement about the difficulties of the job and the burdens associated with it, some participants had successfully developed ways of dealing with stress, or suggested that individuals could manage their own situation better.

“Sometimes having experience has helped me – things that would have really bothered me ten years ago would just make me shrug my shoulders now”

“A lot of it you create yourself”

“A lot of people think there’s no support but it is there if you look for it”

“It’s about a lack of confidence to ask for help”

“Can’t delegate”

“Inability to say no causes stress”

This is not unexpected given the nature of stress and its links to personality and perceived control. What it does suggest is that a framework for enhanced support needs to take account of the individual variations in circumstance and response.

Building Better Support

Stress affects health in two ways; first it can affect health related behaviours such alcohol, caffeine or cigarette use. Second, it produces changes in the body’s physical systems, such as when the endocrine system releases hormones that can cause damage to the heart and blood vessels and impair the function of the immune system¹⁹. **Most of the illnesses identified by the community development workers in this study could be regarded as relating to stress, as a result of the interplay between physiological and psychosocial processes.**

¹⁹ Sarafino. Stress, biopsychosocial factors and illness. Chapter 4 in Health Psychology – Biopsychosocial interactions (1998).

In dealing with stress it is important that community workers do not see that it is simply their problem. **Employers, funders and policy makers need to recognise the often demanding, challenging and conflict management aspects of the work.** Some local authorities in England and Wales, for example, extend free training opportunities to support voluntary and community sector community workers. **Acknowledgement by both employers and peers of the emotional ‘costs’ can also be very helpful²⁰** with good systems for supervision, mentoring and networks providing more formal sources of support.

A model for support may need to be provided on three distinct levels – the first needs to be to address what might be called ‘systemic’ problems related to the nature of community development work, such as the short term nature of funding or operating with committees and unrealistic workloads. Second is the development of a framework for practical support to people working in this context such as the ‘Relax to Work’ programme. There also has to be an acknowledgement that the nature of stress and its links to perceived control, personality and health is such that there has to be a flexibility of approach which reflects the breadth of individual circumstances. This may require a third level which involves greater attention to the skills and attributes that community development workers need to be able to do their job effectively.

At a systemic level, there is a need for a clearer sense of the skills that are required and for employment criteria which reflect as closely as possible the mix of skill, experience and personality which best equip people to deal with the job. NIVT’s (2001) work, which looked specifically at community work in areas with weak community infrastructure, identified a need for targeted training in four areas:

- for committees on the responsibilities attached to employing and managing workers;
- on the development of roles and responsibilities within committees;
- “for community workers in relation to their role within a project in order to achieve a balance between them taking over and running with either their

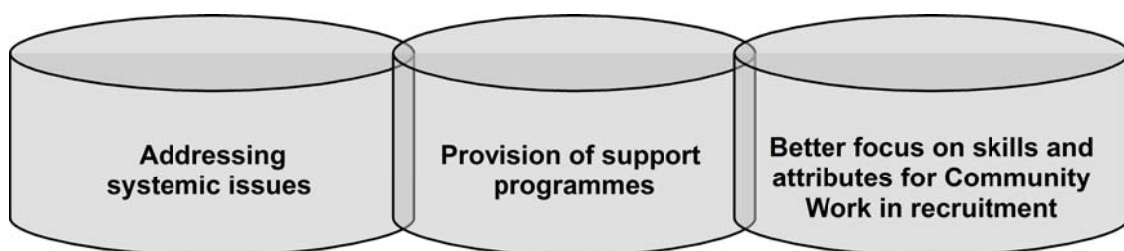
²⁰ Strengthening Community Development 11th March 2003. North Wales Conference Centre

personal agenda or taking over the work previously done by voluntary members or, as often happens, expecting committees to be available 24 hours a day to guide, support and direct them and in their absence, doing nothing. A balance between self-motivation and support is needed”;

- “for committees/community workers working in areas of weak community infrastructure. There must be recognition that the requirements from a worker in areas of weak community infrastructure are different. They need to be experienced, very self-motivated, able to support and develop a committee as well as local capacity while seeking professional peer support elsewhere. These issues need to be addressed prior to recruitment to enable appropriate selection criteria to be established. Where an inexperienced worker is appointed, there is an even greater need for targeted training” (pp12-13).

This is indicative of the type of approach that needs to underpin a framework for enhanced support that addresses the causes of stress, as well as helping individuals to deal with it. The three related elements of a framework for support are shown in Figure 15.

Figure 15. A model for support



To deliver on such a model, the issue of stress and its impact on the health of community development workers needs to be highlighted to a range of stakeholders who can deliver on individual elements, to begin to develop an enhanced framework of support. Community Work Education policy and practice, funding policies, recruitment and selection processes, the capacity of individual organisations and committees and individual support mechanisms for workers are all involved.

Recommendations

1. EBCDA, East Belfast Community Health Information Project and South Belfast Highway to Health should ensure that the issues raised through the research are highlighted to individuals and organisations that can contribute to an enhanced framework for support. Given the importance of retaining skilled community development workers, the detrimental effects of the job on health and well being has implications for the broader delivery of development programmes and community support in areas that need them most.
2. Recruitment - the adoption of Occupational Standards for CDW posts should be encouraged and reflected in the selection criteria for job applicants. This will require support from funders and policy makers to begin to develop a more coherent approach. There is a need to acknowledge the importance of the balance between 'skill set and mind set' and reflect this in job specifications and required qualifications and experience.
3. Local Councils should include specific measures in their community support plans in relation to practical programmes of support for community workers.
4. Consideration should be given to tendering for a tailored support package for workers based on the 'Relax to work' model.
5. Employing organisations need to ensure that appropriate support mechanisms are in place for individual workers through mentoring, peer support or external supervision.

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