

**The Teachers Health and
Wellbeing Study Scotland**

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teacher support scotland

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Chapter 1 Introduction

In Scotland, as in the rest of Europe and the UK, issues of health and well being have come to be of increasing concern in the contemporary workplace, and no less so in the teaching profession where levels of ill-health retirement and work-related sickness absence have become perennial concerns (Wilson 2002; Brown and Macdonald, forthcoming; Travers and Cooper 1996). Indeed, it has been estimated that stress in physical and psychological terms may cost taxpayers in Scotland approximately £43 million per year and, in addition, that some £37 million a year is spent on supply teachers to cover for those who are absent. Furthermore, it has been proposed that anything between £750,000 – £1.5 million might be saved every year in Scotland through the introduction of comprehensive teacher support systems (Goss 2001).

While it is a well-established fact that teaching is one of the most stressful jobs (Smith et al, 2000a, 2000b; Trunch, 1980; Tuetteman and Punch, 1990), very little primary data on teachers in Scotland actually exist. Rather, the evidence base in Scotland is dominated by reviews cataloguing the evidence and arguments concerning the nature and sources of teacher stress, for example, the Scottish Council for Research in Education (SCRE) has published two of the most detailed reviews of the sources and prevalence of teachers' stress (Johnstone, 1989; Wilson, 2002).

In an effort to form a baseline picture of teachers' health needs in Scotland, as well as a more strategic view of what could be done to address these growing problems, NHS Health Scotland and the charity Teacher Support Scotland (TSS) with support from the Esmee Fairburn Foundation commissioned research to explore the issue of teachers' health and well being. The explicit aim of the endeavour was to address the 'growing perception in Scotland that there is a need for consistent and systematic support for teachers on a national basis'

(NHS Health Scotland 2003), the concern being that teacher recruitment, retention and morale will be adversely affected if such support is not forthcoming.

There were three components to the research, the aims of which were:

1. to map the context and support which is currently offered to teachers in Scotland
2. to ask teachers themselves about their health needs and the support they would like to be offered in the future
3. to catalogue the interventions from around the world which might be effective in addressing teachers' health and well being

Data were collected for each strand respectively through:

1. A survey of the HR Departments of all 32 Scottish Local Authorities to determine the nature and extent of support for health and well being issues among teachers
2. A health and well being questionnaire survey of a sample of teachers drawn from the register of the General Teaching Council of Scotland and a focus group session with staff members in a SEN school
3. A "rapid evidence assessment" using international social science and occupational health databases to search for relevant literature on health interventions which have been used to improve health and well being in the teaching profession across the world

This report summarises the results from all three strands of the research project.

1.1 Structure of the Report

Chapter 1 outlines the policy context in Scotland.

Chapter 2 describes what the literature tells us about the sources and prevalence of stress and the interventions used across the world to address teachers' health and well being

Chapter 3 is in two sections and describes the results of the health and well being survey. This includes:

- baseline information on the general health and stress levels of teachers in Scotland
- more detailed information about the main sources of stress experienced by teachers

Chapter 4 is in three sections and describes the results of the Local Authority survey of provision and teachers' awareness and use of those services. This includes:

- current occupational health provision offered to teachers by their local authority employers and teachers' awareness and use of these services
- evidence from teachers about who, other than their employers, they rely upon for support
- the types of interventions which teachers in the survey would like to be made available to them in Scotland.

Unless stated otherwise, all general population data regarding the general teacher population in Scotland are derived from the Scottish Executive (SE) teacher census data 2002/03.

Chapter 2 Support for Teachers in Scotland: The Policy Context

The current Health and Safety Executive's (HSE) long-term strategy for occupational health in England, Scotland and Wales is encapsulated within *Securing Health Together* (HSE 2000). This strategy aims to reduce work related ill health and the number of work days lost due to work related ill health, chiefly through increasing the proportion of employers using occupational health support. It also takes steps to offer opportunities for rehabilitation to those off work due to ill health or disability and to prepare those who are unemployed due to ill health and disability to find work.

In Scotland the Scottish Executive is pursuing a number of initiatives aimed at creating a healthier workforce. In March 2003 the Scottish Executive published its paper, *Improving Health in Scotland – The Challenge* (SEHD, 2003). The *Challenge* document outlines the Executive's key aim of ensuring that health improvement is mainstreamed in public sector plans and organisations.

Significantly, the *Challenge* identifies the workplace as a priority site to drive forward the health improvement agenda. In response a short life working group – the 'Healthy Working Lives' (HWL) group – has been established within the Executive and is charged with setting out the long-term vision for how the workplace could be used to improve the health of workers and help them achieve 'healthy working lives'.

Incorporated within this focus on the workplace as a key site for health improvement is the concept of the Health Promoting School. Announced by the Scottish Executive in 2002 and due for Scotland-wide roll-out by 2007 as part of the New Community Schools Programme, the concept of the Health Promoting School has evolved from international initiatives. In 1992, collaboration between the World Health Organisation, the Council of Europe, and the European Commission established the European Network of Health Promoting Schools

(ENHPS), and the Health Promoting School 'is one that constantly strengthens its capacity as a healthy setting for living, learning and working' (WHO, 2002)¹.

Schools in Scotland are being encouraged to adopt this ethos and by 2007 all schools in Scotland have to be New Community Schools, a pre-requisite of which is to be classified as a Health Promoting School. Through the Scottish Health Promoting Schools Unit (SHPSU), based at Learning and Teaching Scotland (<http://www.ltscotland.org.uk/>), schools and local authorities have a focus for developing a health promoting strategy in the school context. To date all of the health promoting initiatives developed within the programme have focussed exclusively on the students, although there is increasing evidence of recognition that 'teachers cannot be expected to be enthusiastic about health promotion if they do not feel their own health is being promoted' (Weare, 1998).

Indeed, the Health Promoting School concept offers a national framework within which strategies focussed upon teachers' health and well being might be situated – as has been suggested in England and Wales². Even if such interventions were not to be embedded within the Health Promoting Schools programme, this initiative does at the very least offer a favourable policy and organisational context within which other types of teacher-focussed interventions would be well received.

¹ *Global School Health Initiative (GSHI) WHO website: www.who.int (2002)*

² The Department of Education and Employment produced guidance in 2000 for Local Education Authorities (LEAs) to augment the Healthy Schools Programme with policies aimed at promotion of OHS for teachers.

Chapter 3 Literature Review

A “rapid evidence assessment” using international social science and occupational health databases was undertaken to search for relevant literature on health interventions that have been used to improve health and well being in the teaching profession across the world. The results are described below.

3.1 Incidence, Impact and Costs of Teacher Stress in Scotland

The costs of teachers’ occupational stress and ill-health are well researched in the literature on teachers (Cooper and Marshall, 1978, Goss, 2001). This section of the report is centred around three objective measures of the impact and costs of work-related ill-health and stress upon teaching in Scotland:

- Sickness absence
- Ill-health retirement
- Teacher recruitment and workforce planning

3.1.1 *Sickness Absence*

Across Scotland in 2001/02, as for the three previous years, on average 4% of teachers’ working time was lost due to sickness absence: this is equivalent to seven working days per teacher (Audit Scotland, 2003). Levels of ill health may actually be higher as teachers may tend to ‘struggle in’ to work to spare colleagues having to cover for them. Regardless of any under-reporting, the financial stakes for local authorities of this 4% average are high and it has recently been estimated that the annual cost of teacher absence in Scotland stands at £43 million (Goss, 2001)³.

³ This estimate only includes salaries paid to teachers while they are absent. It does not, for example, include the cost of those who leave the profession or retire through ill-health.

3.1.2 Ill-Health Retirement (IHR)

On average 350 teachers will retire in Scotland each year as the result of ill-health. The most recent, and first comprehensive, study investigating the experiences of ill-health retirement (IHR) amongst teachers in Scotland found that the most common cause of IHR were mental disorders and depression (Brown and Macdonald, forthcoming), which accounted for 37% of those respondents who had taken IHR.

3.1.3 Teacher Retention and Workforce Planning

Research indicates that teacher retention and attrition are influenced by a variety of complex variables (Billingsley, 1993; Cross and Billingsley, 1994). In particular, there is an increasing body of evidence linking teacher shortages with work related stress, causing teachers to leave the profession (Hanson and Shreeve, 1997; Singer, 1992). In a 1997 study, conducted on behalf of the *Times Education Supplement (TES)*, 37% of secondary and 19% of primary vacancies were due to teacher ill-health. This is compared with 5% in the banking and pharmaceutical sectors. Thus, stress and work-related illness have a detrimental impact upon teacher retention.

Following a survey of teacher vacancies and shortages in 2001, the Scottish Executive has calculated that 3000 extra 'first appointment' teachers are required by 2007 if the Executive's Partnership Agreement target of 53 000 teachers is to be met. While this objective is currently on target, the image of the profession as a beleaguered one, the traditionally high rates of attrition associated with teaching and the aging demographic of the teacher population in Scotland – 40% of those currently in teaching are set to retire by 2012 – all make the issues of recruitment and retention pressing ones.

3.2 Effective Health Interventions for Teachers: What Works?

It is clear that there are significant numbers of teachers who are retiring prematurely, leaving the profession early, or absent through work-related illness. This combination has led to an increased focus of attention on the occupational interventions that could be effective in reducing these figures. In the UK in particular, there have been calls for a comprehensive workplace support service to be made available to all teachers (Bowers and McIver, 2000; McLeod, 2001).

In this first systematic review ever conducted to trace and examine the interventions which have been effective in addressing teachers' health and well being, only 23 interventions were identified in the international literature.

Three levels, representing different pathways to stress and points where interventions can be made, were identified within the 23 examples⁴. They are:

1. **Individual level interventions** – measures which are focussed upon the teacher as an individual who has their own health needs. Most commonly, these interventions include Employee Assistance Programmes (EAPs), stress management courses, smoking cessation seminars and information on exercise and diet.
2. **Individual-Organisational Interface level interventions** – interventions whose focus is the workplace. These will seek to modify either the day-to-day work environment or to address staff relationships within schools.
3. **Systemic level intervention** – initiatives which usually take the form of policy-related changes that influence health and well being.

⁴ The three levels are based on the categorisation first delineated by DeFrank and Cooper (1987) in relation to occupational healthcare interventions in general.

The vast majority (17/23) of the interventions identified were focussed upon the teacher as an individual (as opposed to the member of an organisation, work group or a structurally influenced profession). Indeed, only four of the 23 interventions identified addressed structural issues.

Moreover, no comprehensive occupational health interventions for teachers were identified. Rather, interventions were targeted at the level of specific needs, e.g. stopping smoking, increasing exercise, teaching coping strategies (all at the individual level) or improving staff relationships (interface level).

Interestingly, this bias toward the individual level approach is at odds with the policy agenda currently being pursued by the Scottish Executive which aspires to a comprehensive approach to occupational healthcare, aimed at developing 'Healthy Working Lives' for all workers. This focus upon the individual as the main target of healthcare interventions is however replicated in the approaches taken by teachers' local authority employers (see chapter 4).

In addition to the bias toward the individual level and ubiquity of the term 'stress', the systematic review findings had three additional distinguishing features. These features frustrated attempts to compare the interventions which had been identified. They were:

1. small numbers (i.e. small samples)
2. none of the studies had long-term follow-up
3. none of the interventions have been subject to rigorous scientific evaluation such as randomised controlled trials (RCTs).

The lack of a balance, volume and rigour in the literature made their outputs difficult to quantify (where information existed at all) and so impossible to reach a conclusion about which could be seen as the optimal intervention types for safeguarding teachers' health and well being. It is acknowledged that rigorous RCT designs for worksite programmes are often prohibited by practical, ethical and logistical constraints. While not conforming to RCT evaluation, there have

been two initiatives that can be seen as relevant to Scottish teachers and have some qualitative evidence for their impact. Both are tailored to teachers and use professional counsellors who have had a teaching background.

First, an individual-level intervention established for teachers in England and Wales in 1999 by Teacher Support Network (TSN), with financial support from the DfES, offers a telephone helpline with a confidential and free stress management and advice service. It provides information, counselling and referral to other agencies 24 hours a day, 365 days a year through its helpline and website. Over 76 000 teachers have made contact with the support line in its first four years⁵ - more than 4% of the teaching population each year. In 2003, 78% of the calls to the helpline presented what were judged to be work-related problems. TSN has estimated that the helpline has saved £25m to £50m pa, but there are no independent measures of this. The benefits of a national phonenumber, independent of local authority employers, may arise from teachers' perceptions of its confidentiality. However, it also rests on the investment made in the service, including advertising. As shown later in this report, 57% of Scottish teacher respondents had not tried but expressed interest in using a helpline such as that provided by TSN.

A second intervention, which also includes the individual-organisational and systemic levels, is the 'Wellbeing' programme in various LEAs and schools in England (Norfolk, Wirral, Suffolk and Kent). This has grown from a pilot project set up by 'Worklife Support' (a branch of TSN) and Norfolk Education Authority in 1999 to tackle work-related stress across the teaching sectors in Norfolk. 112 of the authority's 450 schools participated in the two-year project, which involved all staff rather than just teachers. This intervention goes beyond a helpline or EAP by using a more hands-on, bottom-up approach within the school. It is funded

⁵ Teacher Support Network, 2004.

by individual schools and LEAs, and seeks to modify the day-to-day work environment and address staff relationships in the school. The aim is to foster a healthier environment and develop strategies within schools that encourage better communication and a culture where teachers can find support⁶.

Two evaluations of the Norfolk Project have been conducted. The first, by Opinion Leader Research in 2002, gathered the views of the headteachers (by no means a full evaluation). It found:

- 89% rated the overall school culture as having improved since joining the Norfolk programme.
- 70% rated the retention of existing staff as either better or much better since joining.
- 88% rated their staff's performance as being better or much better since joining the programme.

The second evaluation, a qualitative study by The University of East Anglia's Centre for Applied Research in Education (CARE) was more robust. The researchers tracked the changes in staff's views and experiences in four areas of most concern identified by staff before the Wellbeing Project. It was found on average a 4% improvement across them. Moreover, 77% of staff said that the 'Wellbeing' philosophy and practice had closely matched the needs of their school.

It is significant that only the Norfolk Wellbeing intervention, among those surveyed in the literature, had undertaken any assessment of employee or management satisfaction with the project. Furthermore it is distinctive in its attempt to traverse all three levels of outcomes.

⁶ See Opinion Leader Research's evaluation of this programme, 2002.

While there is a body of literature which commends the outputs achieved by Employee Assistance Programmes (EAPs) (Cooper et al, 1990; McLeod, 2001), very few evaluation studies of EAPs have been undertaken. Likewise, while health promotion schemes within the workplace focussed upon improving diet, increasing exercise, smoking cessation and stress-reduction strategies have been found to bring positive results for individual workers (Demmer, 1995; Dugdill and Springett, 1994), there is a need to conduct a full assessment of teachers' needs at employee, organisational and systemic levels (Springett and Dugdill, 1999).

Only tentative conclusions could be drawn as to which strategies are the most effective in improving teachers' health and well being. Six main points can be made about the modest literature that exists:

- That individual level interventions have limitations
- There is a need for more multi-level approaches
- There is a need for robust outcome evaluations of interventions
- There needs to be research to evaluate the effectiveness of support which is tailored to teachers
- The importance of the temporal dimension to interventions for teachers needs to be taken into account in intervention design
- The quality of interventions needs to be scrutinised more closely than in the existing literature.

Of course, selecting an intervention(s) is only the first step in a much longer journey to address the health and well being of an occupational group. As many health and education researchers have demonstrated, the process of actually maintaining change and innovation on a meaningful scale stands as a real challenge (Saranson, 1990; Gordon et al, 1995).

Chapter 4 Health and Well-being Survey

4.1 Methodology

There are 52,238 teachers employed in nursery, primary, secondary and special educational needs schools in Scotland. A sample of 1200 teachers drawn from the register of the General Teaching Council of Scotland were sent a health and well being questionnaire in October 2003. 488 useable questionnaires were returned, representing a response rate of 40.6%. This represents an expected response for a postal survey: the average in this format typically yields between 25-35% responses and can be as low as 10%.

The respondents closely resembled the teaching population in Scotland in terms of teaching sector and post held and by chance the sample population and actual population in gender terms was identical (68.1% female, 31.9% male). In addition “booster” samples were selected to reflect the views of specific constituencies, i.e. headteachers, trade union representatives (EIS and SSTA) and retired teachers. A small focus group session was also held with five members of staff from a SEN school to explore issues in greater depth.

This first section of this chapter describes responses to questions on teachers’ general health and the prevalence of stress while the second section looks more closely at the incidence, impact and sources of teachers’ stress.

4.2 Teachers' General Health and the Prevalence of Stress

This section offers some baseline information on the general health and stress levels experienced by teachers in Scotland. The findings are categorised into nine themes and are based upon respondents' assessment of their own health and well being.

4.2.1 Theme 1 *General Health of Respondents*

Teachers were asked to score their perception of their health in general as either: excellent; very good; good; fair or poor. 87% of teachers (across all posts) reported that their general health was good (26.8%), very good (45.2%) or excellent (15.1%). Only 13% reported their health as being either fair or poor. These statistics echo the findings of the Northern Ireland teacher study where 82.9% of respondents rated their health as either good, very good or excellent (PWC, 2002).

Demographic predictors

These perceptions on general health also compared favourably with other recent studies that have been conducted in Scotland on self reported health. Table 1 offers a comparison of teachers' general health with that of the general population. When the top three categories of health perception - excellent, very good and good – are compared it is clear that the teachers in this study have considerably better perceptions of their general health than those reported by the general population in Scotland. However it should be noted that, in contrast to this study, all the comparator surveys included respondents who were over the age of 65. This greater representation of older people may have reduced the overall perception of good general health.

Table 1: Comparison of Teachers' and Citizens' Perceptions of General Health

	<i>This Survey</i>		<i>Scotland's Census 2001⁷</i>	<i>Scottish Health Survey 1998⁸</i>	<i>Well? What Do You Think?⁹</i>	
Excellent	15.1%	} 87.1%	} 67.91%	} 77%	} 52%	} 83%
Very Good	45.2%					
Good	26.8%					
Fair	11.3%		21.94%	17%	11%	
Poor	1.7%		10.15%	6%	8%	

When broken down by gender the only notable difference found in teachers' perceptions of general health was that a larger percentage of male teachers (4%) reported poor health as compared with women (0.6%).

One significant difference in health perception was found across teaching sectors. Secondary school teachers (20.4%) were far more likely to report excellent health than their primary (9.6%) and nursery (5.3%) counterparts.

Unsurprisingly, teachers' perceptions of their health were influenced by their length of service. Those teachers scoring their health as excellent and very good were more likely to be at the start of their teaching careers. Given that the teaching population in Scotland (and indeed the rest of the UK) is an aging one,

⁷ *Scotland's Census 2001: table KS08: 29.*

⁸ *Scottish Health Survey 1998*, Shaw et al, (2000). The next Health Survey is due to be published in August 2005, with some preliminary results scheduled to be available in December 2004.

⁹ Glendinning et al, 2002.

the relationship between this longevity and general health present a particular challenge to teachers' employers and education policy makers.

No significant differences were discerned in the perception of general health found across urban and rural teaching locations. However, those teachers working with populations that they considered to be 'deprived' had a lower view of their own general health than those not working in areas of need.

Teachers working in different posts reported no significant differences in the perception of their general health with regard to post, the only statistics of note concerned deputy headteachers. This subgroup had a notably higher level of 'excellent' general health at 31.3% than their classroom (13.4%) and principal teacher (16.9%) colleagues.

General Health and Job Satisfaction

A relationship was found between the levels of job satisfaction and teachers' perception of their general health. Unsurprisingly, those teachers reporting low levels of job satisfaction were more likely to report fair or poor health.

General Health and Perception of Job Stress

Survey analysis also indicated a relationship between teachers' perceptions of how stressful their job was with their perceptions about general health. Nearly four out of ten of those teachers who viewed the profession as 'extremely stressful' reported their health as fair (28.2%) or poor (10.3%).

4.2.2 Theme 2 Numbers of Teachers Suffering from a Medical Condition

Teachers were asked to indicate if they suffered from any particular medical conditions. 41.4% of teachers reported that they currently suffered from a medical condition; there were no significant differences between female (42.7%) and male (39.1%) responses.

Demographic Predictors

Few differences were discerned across teaching sector. The proportion of teachers who suffered from particular medical conditions and worked in primary and secondary schools were very similar (43.3% and 43.1% respectively). However, the figures for nurseries and SEN schools were lower – standing at 36.8% and 26.1% respectively. Unsurprisingly, those teachers who have been in the profession for 15 years or more were more likely to suffer from a recognised medical condition.

Medical Conditions and the Perception of Stress

It was found that suffering from a particular condition was also positively associated with teachers' perceptions of how stressful their job was. For example, a significant majority (77.6%) of teachers not suffering from a medical condition viewed teaching as only mildly stressful, but less than a quarter (22.4%) of those with such a condition judged the stress as mild.

Medical Condition and Job Satisfaction

There is also evidence that suffering from a medical condition may impact upon the job satisfaction which a teacher experiences. 61.3% of those who reported being very dissatisfied with their job suffered from a medical condition.

4.2.3 Theme 3 Medical Conditions Experienced by Teachers in Scotland

Respondents who reported suffering from a particular medical condition were invited to describe the condition they have. This principle of self-reporting was central to the ethos of this survey. Respondents were deliberately not provided with a list from which to select conditions, rather an open space was left with the aim of empowering the individual as the research subject to offer their own account of their health¹⁰. These descriptions were then categorised using the World Health Organisation's (WHO) International Statistical Classification of Disease and Related Health Problems (ICD), in line with other research conducted in occupational health in general and on teachers' health and well being more specifically (Brown and Macdonald, forthcoming).

The most common conditions reported by teachers were musculoskeletal disorders (MSDs). Over a quarter of respondents suffering from a condition had a musculoskeletal disorder (25.6%). Most commonly, MSDs take the form of back problems, broken bones, and muscle pain.

Four other conditions dominated the findings:

- diseases of the circulatory system (most frequently – heart disease and blood disorders) accounted for 18% of conditions,
- mental and behavioural disorders (most frequently – depression, panic attacks, severe stress and anxiety disorders) accounted for 11.7%,

¹⁰ The fact that in this survey teachers were invited to name a condition, or conditions, which they currently suffer from may go some way to explaining the great disparity between those numbers who reported suffering from a condition in Scotland – 41.4% as compared to the 85.2% in the Northern Ireland survey who selected conditions which they had suffered from at one point from a list (PWC, 2002: 29).

- diseases of the respiratory system (most frequently – asthma) also accounted for 11.7%, and
- diseases of the nervous system (for example migraines, and neurological conditions such as multiple sclerosis) accounted for 8.3% of respondents' conditions.

These findings also match many of the findings reported in the academic literature on occupational health. For example, it is unsurprising that MSDs are the most frequently cited problem. Recent research in France suggests that MSDs account for up to 70% of recognised work-related illnesses (Douillet and Schweitzer, 2002; Aptel and Cnockaert, 2002).

Furthermore, many of the findings on particular medical conditions concur with other recent research that has been conducted looking at teachers specifically. For example, musculoskeletal disorders were the second most common condition reported by teachers in a recent ill-health retirement study, with 18% of those teachers who had retired due to ill-health between 1998-2000 in Scotland suffering from an MSD disorder. (MacDonald and Brown, Forthcoming). Not all the results match previous studies on teachers. Notably, the figures on depression and anxiety indicate that at 11.7%, teachers in Scotland reported far lower rates than those found in Northern Ireland (24%)¹¹.

When compared with data from the general population in Scotland, the teachers who responded to this survey had lower representation in every illness category. Teachers reported a lower incidence of mental health conditions, and far lower levels of circulatory and respiratory diseases. However, when compared with findings on medical conditions reported by health care workers, a greater

¹¹ PWC, 2002. It should also be noted that the open research method used in this survey may have contributed to this low figure – as respondents may not see stress and anxiety as medical conditions.

proportion of teachers suffered from circulatory, mental, respiratory and nervous system disorders. Teachers only fared better than their NHS counterparts in relation to musculoskeletal conditions.

A slightly higher proportion of male teachers reported suffering from conditions which fall within the mental and behavioural disorders category. Similarly, in the recent study of ill-health retirement amongst teachers in Scotland a greater incidence of mental disorders was found amongst men (46.7%) than women (31.4%) (Brown and Macdonald, forthcoming; Cooper and Kelly 1993).

Two particularly notable findings were discovered when examining the breakdown of medical conditions by teaching sector. Firstly, amongst both nursery (22.2%) and SEN (22.2%) teachers, higher proportions of mental and behavioural disorders were reported than those of primary (9.6%) and secondary teachers (13.3%). This is contrary to the earlier UK research conducted by Cooper and Kelly (1993) which reported that the incidence of mental ill-health was far higher amongst primary teachers than secondary. Secondly, in line with a good deal of previous academic research, a higher number of nursery teachers suffered from musculoskeletal conditions (33.3%) as compared to primary (27%), secondary (25%) and SEN (11.1%) teachers. Notably, the largest incidence of the top five conditions were reported by teachers with teaching experience of 15 years and above.

4.2.4 Theme 4 *Headteacher Awareness of Staff Medical Conditions*

Those respondents who reported suffering from a specific medical condition were asked if their headteacher was aware of this condition. 57.5% of teachers with a condition reported that their Headteacher was aware of it. No significant difference was found in the reporting levels of men (in 58.3% of cases was the headteacher aware) and women (57.1%). Headteacher awareness of their staff's health concerns was found to be broadly similar across nursery, primary and SEN schools – 66.7%; 64.8% and 71.4% respectively. However at only 52.4%, a substantially lower level of awareness was reported in the case of secondary school heads, which may be related to the size of the schools.

4.2.5 Theme 5 *Prevalence of Job-Related Stress*

Teachers were asked to report how stressful they considered their job to be on a scale of: not at all stressful; mildly stressful; moderately stressful; very stressful, and extremely stressful. 44% of the teachers surveyed reported that they found their job either very (35.6%) or extremely stressful (8.4%). 41.7% found their job moderately stressful. Only 14.3% reported that their job was mildly stressful (12.6%) or not stressful at all (1.7%). Similar stress levels were found in the survey of Northern Ireland's teachers (PWC, 2002), which reported that 49.7% of teachers there viewed their job as being either very or extremely stressful, (as compared to 44% in this survey).

Predictors of Teachers' Stress Perception

No differences were found which were significant enough to suggest that gender influenced stress and well being. This is consistent with other similar studies. For example, DeFrank and Stroup's (1989) study of 245 teachers in southeast Texas found that demographic factors and teaching background were not an important influence upon stress perception. These findings are echoed in an earlier review by Chris Kyriacou (1987) who reported that differences in demographics do not appear to be related to either stress or burnout. (For more on this see Kyriacou and Sutcliffe, 1978; Laughlin, 1984; Sackney et al, 2000.).

Levels of stress were not associated with teachers' length of service, and increased responsibility of the teacher's post did not appear to be associated with increased perception of stress. This is in contrast to much of the other research which has been conducted on this subject. For example, the Northern Ireland report on Teachers' Health and Well being found that 27.5% of headteachers found their job extremely stressful, while only 8.4% of classroom teachers reported the same (PWC, 2002).

.However, five other predictors of teachers' stress levels were identified:

- teaching sector
- work pattern
- working in areas of deprivation
- having access to a local authority teacher welfare officer (TWO)
- the presence of a medical condition.

Teaching Sector

Nursery teachers' perception of the stress levels entailed by their job were significantly lower than those of teachers in the other three sectors.

Work Pattern

In line with other occupational health research (Smith et al, 2000) those teachers surveyed here who work full-time had a higher perception of occupational stress than their part-time counterparts. Nearly half of the full-time respondents reported feeling their job was either very or extremely stressful (49.8%). In contrast, only 25.6% of part-time teachers surveyed felt the same.

Working in Deprived Areas

Important differences were found between the reporting of stress levels according to whether or not teachers considered themselves to be working with a deprived population. Most notably, respondents working in deprived areas were less likely to view their job as not at all or only mildly stressful.

Access to a Teacher Welfare Officer (TWO)

Interestingly and perhaps counter-intuitively, it was found there was a positive relationship between working in a local authority with a Teacher Welfare Officer (TWO) and a view of teaching as extremely stressful. 12.2% of teachers working in an area with a TWO reported their job as being extremely stressful, as compared with 7% of teachers working for a Council without a dedicated TWO.

Perceptions of Stress and Incidence of a Medical Condition

Those teachers who reported having a particular medical condition were more likely to perceive their job as either very or extremely stressful. This underlines those teachers with a medical condition as a subgroup whose health and well being stands to benefit doubly from an effective intervention.

The fact that stress can be a necessary facet and indeed force for good in the workplace was acknowledged in the focus group held with SEN teachers. However, participants agreed that this productive stress had to be checked as the boundary between this and destructive stress was a blurred one.

4.2.6 Theme 6 Perceived Relationship Between Stress and Physical Well being

Teachers were asked if they ever felt that excessive stress in their job was compromising their physical well being. They gave their answers by checking one element on the following scale: often; sometimes; rarely; never and don't know. In the workplace the etiological importance of mental stress in various diseases has been the subject of a good deal of occupational health research (see for example, Dworkin et al, 1990). In this study 78% of teachers reported that they believed that the psychological stress they have suffered at work had a knock-on effect to their physical well being either often (23.8%) or sometimes (54.2%).

The belief that such a link between stress and physical health exists was found to be associated with four particular factors:

- a teacher's length of service
- the location of their school – i.e. urban or rural
- whether or not they suffered from a particular medical condition
- their willingness to use the local authority support services available to them

Length of Service

Over two-thirds (66.7%) of teachers in their probationary year felt that stress rarely affected their physical well being. This contrasts sharply with those teachers with 15 + years. 83.3% of these experienced teachers felt that a positive relationship often or sometimes existed between the stress that they experienced and physical ill-health.

Urban / Rural Location

It was found that teachers working in urban local authorities were more likely to see a link between stress and physical ill-health either often (25.7%) or

sometimes (58.3%) as compared with their rural counterparts (19.8% often; 48.3% sometimes).

Incidence of a Medical Condition

37.1% of those teachers who reported suffering from a particular medical condition believed that stress and compromised physical well being were linked. This compares to only 14.9% of teachers who did not suffer from a particular health condition.

Willingness to Use Local Authority Support Services

A strong relationship was found between reluctance to use local authority support services and the view that stress impacted negatively upon physical health either sometimes (53.6%) or often (36.5%).

4.2.7 Theme 7 *Teaching Over the Last Five Years in Scotland*

Teachers were asked if, in their experience, teaching had become more or less stressful in the last 5 years. A resounding 90% of respondents felt that the job had become more stressful in the last five years. No variation was found between men and women on this issue or with regard to the post held by our respondents.

Predictors of the Last Five Years

However, several factors were identified which influenced teachers' views on the changing pressures of the job:

- level of job satisfaction
- teaching sector
- length of service
- levels of appreciation felt by respondents

Job Satisfaction

Those teachers who felt very dissatisfied with their job were more likely to view teaching as having become more stressful in the last five years.

Teaching Sector

Significant differences in views were found between teaching sectors. Those teachers working in local authority SEN schools and the independent sector were less likely to view their job as having become more stressful than their counterparts in public sector nursery, primary and secondary schools.

Length of Service

Differences were also found according to the length of time that teachers had been in their job. In particular, those teachers who had worked for less than 10 years were considerably less likely to rate the job as having become more

stressful in the past five years than their counterparts with experience above 10 years.

Feeling Appreciated and Involved

Those teachers who felt more appreciated in their work were less likely to view teaching as more stressful than in previous years. 95.3% and 100% of those teachers who rarely or never felt appreciated thought that teaching had become more stressful in the past five years. However, it should be noted that it was still found that 83.7% of those teachers who 'always' felt their efforts were appreciated viewed teaching as having become more stressful in the last five years.

In a related vein those teachers who felt most involved in the decision-making within their schools (Sackney et al, 2000) were least likely to perceive teaching as having become more stressful over the past five years.

4.2.8 Theme 8 Job Satisfaction

Job satisfaction is increasingly recognised as playing a substantial role in an individual's occupational well being (Scott and Dinham, 2003). Respondents were asked to rate how satisfied they were with their job on a 5-point scale running from very satisfied to very dissatisfied. Over half of the respondents reported themselves as being either satisfied or very satisfied with their job (52.9%), while almost three out of ten teachers classified themselves as either dissatisfied (22.8%) or very dissatisfied (6.7%). These figures are similar to those found in the academic literature (Borg et al, 1991; Kinnunen et al, 1994) and amongst teachers in Northern Ireland, where 57.7% of respondents were either very satisfied or satisfied and those who were dissatisfied or very dissatisfied slightly lower at 22.2 %.

Statistical analysis indicated that levels of job satisfaction amongst teachers in Scotland are influenced by several factors. These include:

- gender
- post
- sector
- length of service
- general health of the respondent
- whether or not they suffer they suffer from a particular condition, and
- perception of how stressful teaching is.

Gender

While male teachers were more likely to declare themselves very satisfied with their work (14.1% as compared to 8%), men were also more likely than women to be very dissatisfied with their job. Looking beyond these extremes, overall men were found to be slightly more dissatisfied with their job – with 32.2% describing themselves as either dissatisfied or very dissatisfied with teaching. This is

compared to 28.3% of women. These overall findings echo those of the Northern Ireland teachers study where men were found to be marginally less satisfied in their work (PWC, 2002).

Post

The post held by respondents also had a significant impact upon the levels of job satisfaction reported. Headteachers in Scotland were by far the most satisfied in their work with 100% reporting themselves to be either satisfied or very satisfied.

Sector

Levels of job satisfaction were also found to be decisively influenced by the sector in which a teacher works. Those teachers working in nursery and SEN schools recorded higher levels of job satisfaction than their primary and secondary colleagues. Secondary teachers were found to be the most dissatisfied, with 36.8% being either dissatisfied (28%) or very dissatisfied (8.8%).

Length of Service

A strong relationship was also detected between the length of service a teacher had and their job satisfaction rating. Teachers in their probationary year were by far the most satisfied of the cohort – with 100% declaring themselves as either very satisfied or satisfied in their work. Conversely, the largest proportion of teachers who were either dissatisfied or very dissatisfied were those with over 15 years of experience – 31.15% in total.

General Health of the Respondent

The strongest influence upon job satisfaction was found to be the general health of respondents, with none of those teachers who rated their health as either fair or poor recording themselves as very satisfied with their job.

Suffering from a Particular Condition

Related to respondents' perception of their general health was the influence which suffering from a particular condition has upon a teacher's level of job satisfaction. Those teachers who reported that they have a particular medical condition were more likely to be either dissatisfied (32.4%) or very dissatisfied (10.3%) with their job as compared to those teachers who do not suffer from a condition (16.5% and 4.4% respectively).

Perception of the Stress Involved in Teaching

A similarly positive relationship was detected between job satisfaction and teachers' perception of how stressful the job is. Notably, 32.5% of those teachers who classified their job as extremely stressful were found to be very dissatisfied with their employment.

4.2.9 Theme 9 Respondents Who Have Considered Leaving Teaching

Teachers were asked if they had ever considered leaving the profession as a result of stress or physical ill-health. Research conducted in the US has found that the increasing shortfall in teacher numbers there can, in part, be explained by stress leading to teachers moving out of the profession (Hanson and Shreeve, 1997; Singer, 1992). Respondents in this survey were found to be evenly split concerning whether or not they had considered leaving the teaching profession, with 49.8% saying that they had considered leaving and 50.2% that they had not. No differential was found on this issue in terms of a teacher's gender, local authority employer, teaching sector or length of service.

Perhaps unsurprisingly, those teachers who felt most appreciated and involved in decision-making in their school recorded higher ratings in terms of job satisfaction and were less likely to have considered leaving the profession. The relationship between feeling appreciated and job satisfaction confirm the importance of 'social capital' in the workplace. As 'decision latitude' (involvement in decision-making), social support (appreciation) and communication (kept in the loop about what is going on in the school) all increase in the workplace so does the job satisfaction rating of employees (Marmot et al, 1997; Stansfeld et al, 2000; Sackney et al, 2000; Toivanen et al, 1993). A raft of studies (across occupations) have found that perceptions of lower social capital and social support are positively associated with low levels of job satisfaction and increased levels of physical and mental ill-health (Dworkin et al, 1990; Cohen and Williamson, 1991; O'Leary, 1990; Weisse, 1992).

The most significant factor which was found to influence a teacher's desire to leave or remain within teaching concerned whether or not they suffered from a particular health condition.

In a recent study of ill-health retirement among teachers in Scotland it was found that 36% of respondents who had retired from teaching due to ill health had since found alternative employment beyond education. This raises the possibility that if offered suitable rehabilitation and support these individuals may have either stayed or been redeployed within the teaching profession.

4.3 Teachers' Stress – Incidence, Impact and Sources

4.3.1 Sources of Unwanted Stress

Teachers were invited to list three of the main issues which caused them unwanted stress in their work. These factors were volunteered entirely by our respondents and coded into 49 separate categories. This information underlines the main issues on which support and action is required if sickness absence and IHR rates are to be reduced.

As described in chapter 2 sources of stress are located at one of three levels:

- Individual level
- Individual-organisational level
- Systemic level

When the entire list of 49 stressors cited by respondents was grouped into these three categories it was found that the stressors are distributed evenly across each level. It is interesting to note that pay was an issue which was conspicuous by its absence from the list of stressors offered by respondents.

The table below lists the ten stressors most frequently cited by respondents as representing the top three sources of unwanted stress affecting their working lives.

Table 2: Top Ten Sources of Stress

Stressors	% of responses
Pupil indiscipline	20.2%
Administrative paperwork	16.5%
Relationships between teachers and the headteacher and / or senior management team (SMT)	8.5%
Teaching related workload	8.2%
Lack of non-contact time to plan classes	5.0%
Relationships with parents	4.9%
Breadth of and changes to the curriculum	4.4%
Constant changes and new procedures	4.2%
Relationships with colleagues	3.8%
Inclusion policy	2.8%

Each of the top ten stressors was analysed to detect any associations which they might have with teacher's post, length of service, local authority and so on. All of the significant correlations found are detailed in the sections that follow.

4.3.2 Individual Level Stressors

Pupil Indiscipline

The number one source of stress identified by teachers was pupil indiscipline. Over a fifth of teachers (20.2%) said that pupil indiscipline was one of the three main stressors which hampered their performance. When broken down by teaching sector considerable differences were found, with indiscipline being of greatest concern to secondary school teachers. There is an association between the number of years of teaching experience that a teacher had and citing pupil indiscipline as a key source of unwanted stress. As teachers gained more experience in the job indiscipline decreased as a concern, though it was still high. This underlines the fact that this source of stress is to some extent dependent upon the individual, mediated by their own make-up, and amongst other things the self-efficacy which they feel in their job. Concerns about pupil indiscipline and the perception, and in some cases the experience, of increased pupil violence, dominated many of the qualitative responses volunteered by respondents.

Administrative Paperwork

The second individual level stressor cited most frequently concerns the volume of administrative paperwork and tasks to be completed by teachers. The issue of workload and, in particular, the administrative burden faced by teachers came under the spotlight in Scotland with the 1999 McCrone Independent Committee of Inquiry into Professional Conditions of Service of Teachers¹². 'The Agreement' presented two systemic solutions to address workload – controlling the demands placed on teachers through restricting their working week to 35 hours and increasing teacher numbers in Scotland to 53 000 by 2007.

However, in June 2002 research conducted for the Scottish Secondary Teachers' Association (SSTA) found that in spite of these measures 60% of those teachers surveyed felt that their workload has been unchanged by the reduction of their hours. Moreover, 37% believed that post-McCrone their workload had increased (<http://www.ssta.org.uk>).¹³ When analysed it was found that teachers in all four sectors viewed administrative work as one of their top three unwanted stressors. Notably, a quarter of SEN teachers rated excessive administrative paperwork as being one of their three main sources of stress. Concern about administrative workload held steady across teachers with different years of experience. Classroom teachers registered the highest concern about the weight of administrative paperwork they had to complete (17.2%). Administrative work was also a stressor which was heavily identified by headteachers (both in the main sample (14.3%) and booster sample 33.3%).

¹² More recently research has been commissioned by the Scottish Executive to examine the administrative burden placed on teachers in Scotland and the ways in which this might be reduced. The results of this audit are due in summer / autumn 2004.

¹³ By way of response, the burden of bureaucracy faced by teachers in Scotland is part of the current Scottish Executive research.

Teaching-Related Workload

As the table below indicates, teachers working in the primary sector cited their teaching workload as being amongst their top three stressors in greatest number. Indeed, when targets and assessments and the breadth of the curriculum were included, stressors relating to the teaching workload amounted to over a fifth (22.3%) of primary school teachers' sources of unwanted stress.

In the qualitative data elicited, two specific themes recurred in relation to the teaching related workload which teachers face:

1. curriculum issues – notably the volume of changes made in general and, more specifically, the breadth of the primary sector curriculum
2. the focus upon targets, recording and assessment.

4.3.3 Individual-Organisational Interface Level Stressors

Relationships – Parents, Colleagues and Management

Unsatisfactory relationships with colleagues, headteachers, parents, governors and inspectors are recognised in the literature as representing a major source of stress in teaching. These in turn can impact negatively upon teachers' physical and mental well being.

Cumulatively, stressors bound up in relationships accounted for nearly a fifth of (17.9%) respondents' top three stressors (see breakdown below) in the survey.

Table 3: Relationships as a Main Source of Stress

Relationships – Stress Sources	%
Lack of HT / SMT support	8.5%
Relationships with parents	4.9%
Relationships with other staff and colleagues	3.8%
Bullying by colleagues	0.5%
Lack of collegiate approach	0.2%
Total	17.9%

4.3.4 Systemic Level Stressors

Inclusion Policy

The stressors which affect teachers should not simply be understood as being derivative of factors intrinsic to that the individual or the occupation. Sociological research concerning education pioneered by Howard Becker has established that a relationship exists between an employee's commitment to their organisation and employer with their perception of that organization's commitment to them (Becker, 1960; Levinson, 1965; Eisenberger et al, 1986). A sizeable body of work exists in the UK which puts forward a link between the systemic management of education policy and teacher stress (Dunham, 1984; Travers and Cooper, 1996; DeFrank and Stroup, 1989).

In this survey, teachers identified two main systemic level stressors:

- the inclusion policy pursued by the Scottish Executive
- the perception of perpetual change in the nature of their job

2.8% of the stressors cited concerned issues thrown up by the inclusion of children with complex behavioural needs in the mainstream education. When broken down by sector this stressor was cited most by nursery teachers (6.8%) and following that, secondary teachers (3.5%).

Many of the respondents explicitly linked the prevalence of increased violence commonly with the inclusion policy being implemented across Scotland. As part of its social inclusion policy, the Executive aims for children to be enrolled in mainstream schools wherever possible. While supporting the inclusion principle teaching unions in Scotland have become increasingly uneasy with the policy, which they feel is implicated in the rise in teacher stress and pupil aggression. Indeed, at its annual conference in June 2004 the President of the EIS warned

that unless social inclusion was accompanied by reductions in class sizes the policy would fail.¹⁴

Constant Changes and New Procedures

4.2% of respondents viewed constant changes and new procedures to adhere to as one of the top three unwanted sources of stress in teaching. When broken down by staff post no headteachers or deputies cited changes and new procedures as problematic to them. Principal teachers represented the highest score in this regard, 6.5% of them rating this in their top three stressors.

4.3.5 Trends Identified

It is interesting to note that none of the stressors could be predicted by the levels of job satisfaction reported by teachers. However, it was found that a respondent's perception of their general health was associated with teachers identifying relationships as their main stressors. The table below illustrates this with regard to teachers' relationships with the senior management team and headteacher, and also the relationships with other staff in their school.

Table 4: Relationships as a Stressor by General Health

Stressor	General Health	
	Excellent	Poor
Lack of HT / SMT support	5.2%	11.8%
Relationships with other staff and colleagues	4.7%	11.8%

¹⁴ http://www.eis.org.uk/html/agm/Pres_spch_2004_text.htm

4.3.6 Stressors Outside Work

Recent research conducted for the Department for Education and Skills (DfES) found that for those teachers forced to retire due to mental health problems, their condition is more likely to have been caused by stress at home than at school (Bowers and McIver, 2000). This issue of non-work related stress was explored in the survey. Teachers were asked to volunteer any sources of stress which were not related to teaching but could adversely affect their performance (no matter how marginally). 63.5% of teachers reported that there were stressors in their lives beyond the workplace which affected their performance at work. These figures did not differ in terms of gender, length of service, post, job satisfaction, perception of how stressful teaching is, and whether or not respondents suffer from a particular condition. As the table below indicates the majority of these stressors related to general family life (55.2%).

Table 5: Sources of Non-Teaching Stress

Sources of Nonteaching Stress	%
General family problems	55.2%
Being a working parent	11.9%
Family ill-health	8.3%
Financial problems	7.9%
Lack of time to enjoy home life	6.9%
Own ill-health	5.1%
Travelling to work	1.8%
Bereavement	1.4%
Taking work home	1.4%

When these non-teaching stressors were examined in greater detail only two predictors of any importance were identified with respect to certain of these stress sources:

- gender
- length of service

Firstly, female teachers were more than four times more likely to view being a working parent as a problem than men. The second predictor identified

concerned a teacher's length of service. It was found that those respondents who had taught for between 5-10 years were significantly more likely to cite financial concerns as an important out of work stress point. In addition, those teachers with between 5-15 years of experience were most likely to cite being a working parent as a key stressor in their lives (perhaps unsurprisingly this figure drops off after 15 years of teaching experience).

Chapter 5 Local Authority Survey

5.1 Teachers' Support: Current Provision, Awareness and Uptake of Local Authority Services

This chapter outlines the current occupational health provision offered to teachers across Scotland by their local authority employers and reports teachers' general perceptions, awareness, use and experience of these support services.

5.1.1 Local Authorities and Health Promotion

As a result of the Healthy Working Lives and Health Promoting Schools agendas, Scottish local authorities are increasingly seen as a key site of health delivery and improvement for public sector employees. However, the established approach which has evolved within local authorities is one which is at odds with the multi-level conceptualisation of health and well being promoted by the central agenda. As was found in the systematic review the majority of measures in place in local authorities are focussed upon the individual.

The results of the 'mapping' exercise undertaken for this research indicate that the services on offer are by no means standardised and so the picture for teachers across Scotland is a fragmented one, with teachers in one area receiving an entirely different service standard than their colleagues working in neighbouring authorities. Furthermore, very few of the services are tailored specifically for teachers, rather a one-size fits all approach is taken.

In addition to this lack of cohesion in approaches no evidence was found of any internal evaluation or monitoring of either the support or management systems implemented by councils: the lack of use of modern technology to either record

service uptake or indeed to support teachers was marked. Nor were any examples found of best practice having been shared across the sector.

5.1.2 Scotland's Local Authorities and Occupational Health

In order to get a picture of the health provision and management on offer across Scotland all 32 local authorities were approached between October 2003 and March 2004 to participate in this research by submitting data and intelligence on the support services in place for teachers. Responses were finally secured from 29 of the 32 local authorities – over 90% – although the quality of these responses is highly variable.

All 32 local authorities considered themselves as providing some form of occupational health and counselling service. However, there was variation in the nature of the services across Scotland, the manner in which they are dispensed and teachers' ability to access them. Moreover, no local authority could be seen as providing a comprehensive occupational health service in terms of the 'Healthy Working Lives' (HWL) agenda.

No Scotland-wide approach exists to address specifically teachers' health and well being. Rather, it is up to individual local authorities as to the manner in which they dispense their statutory obligations. This has resulted in a varied picture across Scotland with regard to the nature, scope and breadth of support services offered to teachers.

5.1.3 Occupational Health Services (OHS)

Respondents were asked about their awareness of the support services available to them through their local authority employer. All 32 authorities reported providing some form of OHS to teachers. In all cases this medical service was the same for all council employees (i.e. it is not teacher specific). The majority (29/32) of councils' OHS was contracted out to a private provider.

None of the councils allowed teachers to self-refer to OH. Thus, regardless of whether the provider was external or in-house, access to these OHS were managed, usually through sickness absence procedures, where a teacher's referral to an OH specialist is dependent upon written request being made by their line manager, in consultation with a council's HR and / or education department. This prescribed referral system made OH provision to teachers in Scotland an inhibitory service. While OH services in themselves are essentially curative in nature, this is displaced by the inhibitory procedures through which teachers can access this support.

The fact that referral to these OH services is managed is understandable in terms of cost, however it is likely that it contributes to teachers' perception of OH services as a 'tool' to 'check-up' as part of managing absence policy and as potentially guided by the bias of the school management team, rather than a service designed to support.

The system of managed referral to OH, and the ad hoc style of it, will have knock-on implications for the ability of teachers to access OH support services. The section which follows reports the survey findings on the level of access and awareness that teachers in Scotland have to these services.

5.1.4 Accessing Occupational Health: Uptake, Monitoring and Awareness

Teachers were asked about uptake and awareness of the OH services available to them by their local authority employer. In terms of uptake only 7 of the 32 authorities were willing to offer any data on the uptake of their OHS, a further 11 reported that they held data on OH uptake but were not willing or able (e.g. data were still to be collated) to let the research team have sight of it. However, a good idea of uptake was gleaned from the teacher survey. The teachers health and well being survey found that their use of the OHS provided by local authorities in Scotland was very low: only 3.2% of our respondents reported having had any contact with this support service throughout their career.

Nevertheless, 61% of those teachers who had accessed the service found it helpful.

Thus, the picture emerging in Scotland concerns a lack of awareness rather than an unsuitability of service, and an ability to access the OHS support which is more theoretical than real.

Local authorities were asked about the way in which their OHS were advertised.

Two main forms of awareness raising were identified:

1. when a teacher is first recruited to a council information about the OHS is included as part of their induction pack – along with their contract etc.
2. headteachers are kept aware through the sickness absence procedures – this information should then be filtered down to staff as and where appropriate.

The survey data indicated that these traditional awareness raising techniques were insufficient in appraising teachers of exactly what support they could expect from their employers and how to access it. When asked, the overwhelming majority of teachers (73.6%) were unaware that their employer ran or contracted in an occupational health service.

5.1.5 Staff Counselling Service (SCS)

As was the case with OHS, all 32 councils in Scotland report having some form of counselling services available to teachers, again as part of the support services offered to all local authority employees. In no cases was this service specific to teachers. Unlike England and Wales, no nationwide teacher support line exists.

In 26 of the authorities a counselling service was contracted-in from an external organisation to which employees can self-refer. The services offered by commercial providers involved counselling as their core, as well as a range of

other services. These employee assistance programmes (EAPs) were essentially curative in nature, and provided a range of services – in particular counselling services, but also signposted sources of help and advice on other more specific matters – e.g. legal and financial matters. The remaining six local authorities provided some form of in-house counselling for teachers and staff. In three cases staff can self-refer.

This widespread ability to self-refer indicated, in most instances, that counselling services were viewed as discrete from the OHS. While this did provide what might be an artificial separation between some forms of stress and ill-health which manifests itself in terms of physical problems or teacher absence, the divide also safeguarded confidentiality for the service users. The self-referral system ensured that local authorities were unaware of which staff members were accessing the counselling service.

5.1.6 Accessing Counselling Services: Uptake, Monitoring and Awareness

Only 7 of the 32 authorities were willing to offer any data on the uptake of their counselling service, a further 16 councils reported that they held data but were not willing or able (e.g. data was still to be collated) to let the research team have sight of it. As with the OH statistics the data which were offered were problematic as, in three cases, the numbers were not disaggregated to teachers, but rather referred to all education department staff.

As was the case with OHS, altogether a very low level of service monitoring, either in quantitative or qualitative terms, was discerned. Indeed, with regard to counselling no evidence was found that any of the services in Scotland were being monitored in qualitative terms, ensuring that the perceptions and experiences which teachers had of the services were not being captured and fed back into the system.

More robust data on uptake could be supplied from the teachers' survey. In this, 2.1% of respondents reported that they had used their counselling service at some point in their career.

As was the case with OH uptake, no significant predictors for the use of counselling services were identified.

It has been stated that for self-referral systems to work not only does confidentiality need to be assured, but at a more basic level the intended targets of the service need to know that it actually exists. Four forms of communicating counselling services available were uncovered in this research and are outlined below:

1. Service advertised through an internal weekly magazines, newsletters, intranet
2. Briefing sessions offered throughout the year for all council staff
3. Leaflets and posters detailing the services distributed to all schools
4. Promoted by Teacher Welfare Officer – visits to schools targeting those that are most in need – e.g. have been targeted for closures, or where there has been headteacher contact, periodic leaflet and business card mail outs.

Only the fourth method listed could be described as proactive, where face-to-face contact is made by a Teacher Welfare Officer (TWO) who can explain the service on offer and answer questions about it. Indeed, it was found that in those seven local authorities which had a TWO in place there was a greater awareness among teachers of the existence of all the support services which were available to them. In TWO local authorities the awareness levels stood at 29.9% on average, whereas in non-TWO authorities this figure stood at 15.8% awareness.

The lack of data on service uptake and analysis of the subjects being discussed in phonline calls and counselling sessions made it impossible for employers to gauge whether or not teachers knew about their services. When asked slightly

more than half (58.6%) were unaware that their employer ran or contracted in a staff counselling service.

5.1.7 Staff and Teacher Welfare Officers

Nine of the councils in Scotland had a staff welfare officer (generic to all local authority staff including teachers) and seven of the local authorities reported that they employed a welfare officer dedicated to teachers. 18 local authorities did not employ either type of welfare officer, one of these explained that this pastoral and advisory role should be viewed as within the remit of a teacher's line manager.

From the survey of local authorities it appeared that the role of the staff and teacher welfare officers (TWOs) varied according to area. In all cases they stood as a point of contact specifically for teachers who required advice on their health and well being – particularly those to be referred to counselling services. The role of some TWOs was obviously more specified and appeared more hands-on than those welfare officers whose constituency was the entire council workforce.

The survey data appeared to confirm this, indicating that as well as appearing effective in increasing the awareness of the services on offer, TWOs also acted as an intervention in themselves and a first point of contact who could listen and advise teachers on the best course of action. In the survey teachers identified two particular roles performed by this officer – as a counsellor to whom they can go to first and the first point of contact after a period of prolonged absence – e.g. where a phased return to work needs to be arranged.

On the issue of awareness, in those authorities which have a dedicated teacher welfare officer (TWO) a considerably higher awareness of the services provided was found. 29.9% of teachers working in TWO assisted local authorities were aware of the services provided and not provided compared with 15.8% of those without a TWO.

The centrality of the presence or absence of a teacher welfare officer (TWO) upon respondents' awareness of the support services available to them, along with many comments offered by the teachers themselves, underlined the importance of the TWO as well as the needs for more proactive action on the part of local authorities to advertise services which teachers can access more readily.

5.1.8 Experience of Services – Did They Help?

Respondents who had used any of their local authority provided support services were asked to indicate how helpful they had found these. The majority – 61% – of those who had used support services found them helpful. Similarly, in the teachers' IHR study (Brown and Macdonald, forthcoming), 84% of those teachers who attended OH said that they had found it helpful.

Positive Experiences

As the statistics suggest, of those who had used the support services available to them a significant proportion reported positive experiences. This picture was confirmed by much of the first hand accounts recorded by respondents in the questionnaires and focus group. These accounts gave valuable examples of good practice which can be built upon and shared. In these positive reports three particular trends were identified:

- the **personal contact** offered by either Teacher Support Officers (TWOs) within the local authority or by professional counsellors contacted by teachers through helplines advertised by their employers,
- the **flexibility** of some services – where teachers did not need to worry about taking time off work and so as a consequence alerting their managers, and
- the **role of occupational health staff** in formulating return to work schedules tailored to the teacher's circumstances.

Negative Experiences

However, some teachers did report negative experiences in use of support services. These can be predominantly classified as either related to the **practicalities** of accessing the services in a discreet manner or the general **distrust** that many teachers associate with support that is provided by employers.

5.1.9 Are Local Authorities Responsible?

Teachers were asked which individual or organisation should be responsible for their occupational health and well being. Fifteen suggestions were made (see the table below). Over half (55.8%) of the respondents agreed that local authorities should be responsible and over a fifth (22.1%) believed that the teaching unions had a role to play.

Table 6: Who Should be Responsible for Teachers' Health and Well being?

<i>Rank</i>	<i>Individual / Organisations Volunteered by Respondents</i>	<i>% of Respondents (n)</i>
1	<i>Local Authority</i>	<i>55.8% (179)</i>
2	<i>Teaching Unions</i>	<i>22.1% (71)</i>
3	<i>Scottish Executive</i>	<i>4% (13)</i>
4	<i>Senior Staff in School Other than Headteacher</i>	<i>4% (13)</i>
5	<i>GP</i>	<i>3.1% (10)</i>
6	<i>Teacher Colleagues</i>	<i>2.5% (8)</i>
7	<i>Own Responsibility</i>	<i>2.5% (8)</i>
8	<i>General Teaching Council for Scotland (GTCS)</i>	<i>2.2% (7)</i>
9	<i>Independent / Private Healthcare Organisations</i>	<i>0.9% (3)</i>
10	<i>Local Authority Teacher Welfare officer (TWO)</i>	<i>0.9% (3)</i>
11	<i>Confidential Staff Counsellor</i>	<i>0.6% (2)</i>
12	<i>Churches</i>	<i>0.3% (1)</i>
13	<i>School Nurse</i>	<i>0.3% (1)</i>
14	<i>School Health and Safety Representative</i>	<i>0.3% (1)</i>
15	<i>Teachers' Professional Associations</i>	<i>0.3% (1)</i>

5.1.10 Barriers to Service Uptake

Clearly there is a lack of awareness and uptake of the services available to teachers in Scotland. Indeed, taken overall, 98.2% of respondents reported that they had never used any of the local authority support services. As would be expected the level of uptake amongst staff who suffered with a particular medical condition (2.9%) was found to be slightly higher than the use by those who did not (1%).

Teachers were asked what, if anything, would make them reluctant to access services provided by their local authorities. A high proportion of responses (42.9%) reported that there was nothing that would make them reluctant to use the local authority support services available to them. However, while the majority of teachers did not describe themselves as reluctant to use these services, 83% of respondents in the survey also responded that they do not know enough about the services available and the low level of service uptake appeared to indicate that barriers to service use did exist, if only in terms of low awareness.

Lack of Awareness

The picture across the board was one of teachers being largely uninformed about what was on offer. When asked directly if they thought they knew enough about the services which they could access from their employers 61.5% of teachers believed that they did not know enough and over 70% of them were unable to identify any of the services which were provided by their local authority.

In addition to the lack of awareness, three other main barriers to the use of services have emerged from the survey of teachers in Scotland which accompanies this review.

- Concerns about confidentiality – in particular the perceived link between local authority services and the management of sickness absence

- Practical constraints – i.e. not having time to use services or access to telephone during the day
- Suitability of the services (not teacher specific) – is a one size fits all set of support services what teachers want.

Confidentiality

The overwhelming concern reported by teachers related to the question of how **confidential** the local authority support services were. The confidentiality issue was itself linked to concerns of stigmatisation, adverse consequences for promotion and the perceived link between the employer provided support services and sickness absence statistics.

The issue of accountability of employer provided services and counsellors can be a thorny one. A professional may be accountable to the employer or immediate provider, depending upon whether or not the service is in-house or has been contracted out. Critical to this issue of who provides the service is the issue of confidentiality, in particular staff's *perceptions* of service confidentiality. If staff are unconvinced that a clear separation exists between counselling and other functions, notably the management of sickness absence, the service will not be trusted and so will not succeed.

Practical Constraints

Many respondents made it clear that they would have difficulty fitting the use of local authority support services, in their current form, into their daily schedule.

Suitability of the Services

The final trend identified in the qualitative data concerned the questions raised by teachers regarding the suitability of the support services on offer. This theme had two dimensions:

- the challenge of what teachers view as systemic problems

- a general perception of occupational specificity.

Thus, the question of suitability has been expressed by respondents in terms of the 'fit' between the solutions offered by support services and the nature of the problems which affect teachers adversely, and secondly, the suitability of 'one size fits all' for teachers as a specific occupational group.

5.1.11 Conclusion

A clear knowledge deficit exists, leaving teachers unaware of the support available to them and unempowered. This conclusion is backed by the fact that when asked if they felt supported by their local authority over two-thirds of respondents (66.6%) reported that they did not know. It is this lack of knowledge which may fuel a vicious circle in which teachers do not know that services exist and so do not use them, creating the false impression that demand does not exist. This can only be broken with increased awareness and critically, the creation of a perception that the service is of use. Thus, the message is one of a lack of awareness of local authority services, as opposed to hostility.

5.2 Teachers' Support – Beyond Local Authorities

Teachers in Scotland were asked who they relied upon for support beyond the support services offered by their local authority employers.

5.2.1 Support Within School

It is well established that degree and nature of support from a headteacher influences how teachers feel about their work and also about themselves (Vogt and Murrell, 1990; Gist and Mitchell, 1992; Fimian, 1986; Halpin, 1966; Halpin and Croft, 1963; Lortie, 1975). Teachers who view their headteachers as supportive have been found to be happier in their work and also to experience less stress (Zabel and Zabel, 1983). Leader support has also been linked to the retention and attrition rates of teachers (Rosenholtz, 1989).

The survey asked what role, if any, teachers understood their headteacher as fulfilling with respect to their health and well being. The top 10 suggestions volunteered by respondents are reproduced in the table below.

Table 7: Perceived Role of the Headteacher

<i>Headteacher Role</i>	<i>% of Respondents (n)</i>
<i>To be approachable and sympathetic and offer emotional support</i>	36.8% (157)
<i>Proactively engage with staff, anticipating problems and acting accordingly – e.g. reducing workload</i>	18.7% (80)
<i>There should be no role for headteachers in their staff's health and well being</i>	14.5% (62)
<i>Raise awareness of the support available from their local authority</i>	12.4% (53)
<i>As watchdogs only</i>	7.7% (33)
<i>Via the appraisal system</i>	3.7% (16)
<i>To maintain school discipline</i>	2.3% (10)
<i>They should not exceed the terms of local authority procedures</i>	1.4% (6)
<i>They have a role, but they need to be trained</i>	1.2% (5)
<i>Involve teachers in decision-making</i>	0.2% (1)

Research elsewhere on the matter of headteacher support suggests that support which was either emotional or appraisal in nature was particularly significant for teachers' experience at work and their well being (Littrell et al, 1994). In this survey the highest number of teachers, 36.8%, felt that their headteacher's role was to provide emotional support – i.e. to be sympathetic and approachable in dealing with their staff's health problems.

The second priority identified by respondents was for headteachers to offer instrumental support with 18.7% suggesting the need for a proactive role where teachers' problems were anticipated and teachers given direct help with work-related tasks.

12.4% of teachers felt that the role of the headteacher should be an informational one, ensuring that staff were aware of what support was available to them through their local authority employer:

Nearly 15% of teachers believed that their headteacher had no role to play in addressing teachers' health and well being, either because this was viewed as inappropriate and could represent a conflict of interests, or because headteachers are perceived as not having time to deal the health and well being issues of their staff.

When asked about their perception of what they can do to promote the health and well being of their staff, headteachers gave overwhelmingly enthusiastic and proactive responses, however the need for the resources to dispatch this duty was also noted.

5.2.2 Support Beyond School and the Preference for Familiarity

Teachers were asked to indicate, from two identical lists, which person or organisation they were likely to seek support from when feeling under both mental and physical stress.

Taking both stress types together, the most common source of support for teachers was their partner or spouse, accounting for nearly a third of responses (32.8%). The second source of support favoured teachers' General Practitioner (GP) (23.7%).

Table 8: Sources of Support for Physical and Mental Stress Amongst Teachers

Category Label	% of Responses
Partner / spouse	32.8
GP	23.7
Family / friends	14.1
Colleagues in your school	12.8
Headteacher	8.4
Union	3.3
Colleagues you know who work in a different school	2.9
Other	1.0
Church	0.5
Local authority staff / teacher welfare officer (TWO)	0.3
Local authority OHS	0.2

Sources of Support for Mental Stress

The table below indicates the sources of support which teachers would access to share or help alleviate their mental stress. It is especially notable that under these circumstances a large proportion of teachers would rely upon support from within their work setting, with their colleagues scoring 21.2% and their headteacher 13.1%.

Table 9: Sources of Support for Mental Stress Amongst Teachers

Category Label	% of Responses
Partner / spouse	30.2
Colleagues in your school	21.2
Headteacher	13.1
Family / friends	11.8
GP	11.0
Union	5.4
Colleagues you know who work in a different school	5.0
Other	0.9
Church	0.6
Local authority staff / teacher welfare officer (TWO)	0.4
Local authority OHS	0.3

Important differences were identified between male and female teachers. Male teachers were less likely to seek support from their colleagues (15.2%) than their female counterparts (24%). Furthermore, female teachers were far less likely to seek advice from their GP in a case of mental stress (9%, compared with 15.2% of men). These figures do indicate that, as discussed previously, while problematic relationships within schools can be a key stressor in themselves they do also represent key sources of support which teachers need.

Sources of Support for Physical Stress

When it comes to physical health, teachers were far less likely to confide in their headteacher or colleagues as they were with mental stress. Rather the main sources of support in these cases were partners / spouses (35.3%), friends / family (16.5%) and, in most cases, GPs (36.4%).

When analysed across post, gender, length of service and teaching sector no significant differences were found in the sources of support accessed by teachers. Those respondents with a lowered perception of their own general health (i.e. fair or poor) were more likely to turn to their GP when their physical health was compromised.

Trends Identified

It has been suggested in various studies that social support can moderate the impact of work-related stress (Cohen and Willis, 1985; LaRocco et al, 1980; House and Wells, 1978; Johnstone, 1993; Dussault et al, 1999). The powerful role which relationships can play in teachers' working lives is reflected by the evidence which exists to suggest that support networks with family and friends can perform a buffering function between stress and stress induced illness (LaRocco et al 1980; Kaplan, 1983). Indeed, in a study of teachers in Germany it was found that social support not only buffered the work stress experienced by them, but also had a direct, positive effect on their physical health (Van Dick et al, 2001).

As with most workers, teachers' reliance upon their partners, friends and family is perhaps not remarkable. However, looking beyond these traditional sources there are two sources of support that teachers tap into which are important in the context of this research and in the search for appropriate and effective interventions to service teachers' health and well being.

Role of Colleagues and the GP

Firstly, teachers' colleagues, both peers and school management, clearly represent significant sources of counsel (24.1%). Secondly, this research suggests that GPs represent one of the most trusted and respected sources of

health advice, particularly in the case of physical illness.¹⁵ The reasons behind this, outlined by teachers in their qualitative comments, indicated that it was the traditional role of the family doctor, the evidence of widespread concern about confidentiality, the low level of awareness about local authority support services and the perception that these are attached to the management of sickness absence, which ensured that teachers were happier to discuss their health with GPs as someone totally independent from their employer.

¹⁵ Notably, It has been found that in the occupational stress stakes teachers come second only to GPs (Johnstone, 1993).

5.3 Teachers' Perspectives on Support

Teachers were asked for their views on the type of measures and support which they would like to be available to them.

5.3.1 Do Teachers Require Specific, Teacher-Focussed Support?

Respondents were asked if they believed that teachers require a specific support service. A key aspect of the findings was that teaching needed to be recognised as being a very different type of job to others of local authority workers. Indeed, it is possible that teachers do not identify themselves as being local authority employees. 77.3% of respondents believed that a specific service focussed upon teachers is required. Teachers' overwhelming support for a service tailored to teaching specifically emerged in the focus groups where many stated that the pressures experienced in teaching were different from the pressures of other jobs.

Whether or not teachers actually require their own specific service is, of course, debateable. As was outlined earlier in the international interventions identified, only two were found which had been specifically tailored around the perceived needs of teachers. However, given the importance of creating a favourable perception and building trust with teachers it seems that the issue of what teachers want may be of critical importance if an intervention is to be 'bought into'.

5.3.2 Teachers' Views on Health and Well being Interventions

Respondents were supplied with a list of nine interventions that are used to improve the occupational health of workers. Teachers' views on each of these measures were sought, where they were required to select one of the following

four responses: *have tried and was not helpful; have tried and was helpful' have not tried but would be interested in, and have not tried and am not interested in.*

As the table below indicates 7 out of 9 suggestions were for interventions pitched at the individual level, and none focussed upon systemic measures. The reason for restricting choices in this way was in part to reflect the reality of the interventions that currently exist for teachers, i.e. individually biased, and because it was anticipated that interface and systemic level suggestions would be offered by the teachers themselves in answer to a subsequent question.

Table 10: Interventions Scored by Teachers

Intervention	Intervention Category	% 'have not tried but would be interested in'	% 'have not tried and would <u>not</u> be interested in'
<i>Annual health review</i>	Individual-level	77.1	19.7
<i>Activities to develop a collegiate approach within school</i>	Interface	62.6	19.4
<i>Training workshops</i>	Individual-level	61.8	20.3
<i>Phoneline</i>	Individual-level	56.7	41.4
<i>Local Authority OHS</i>	Individual-level	56.6	36.8
<i>Web-based support</i>	Individual-level	54.4	30.9
<i>Workplace counselling</i>	Individual-level	53.2	42.8
<i>GP</i>	Individual-level	51.4	13.2
<i>Peer teacher support</i>	Interface	47.4	37.7
<i>Overall</i>		57.9	29.1

It was notable that teachers' top two interventions were located at both the individual and interface levels. Although, when presented with a more specific example of an interface level intervention – i.e. peer teacher support – teachers were less keen.

Intervention 1: An individual annual review of overall health and well being

Over three-quarters (77%) of teachers were interested in the idea of an individual, annual health check. This enthusiasm was also matched by teachers' own suggestions for interventions that were gathered by the questionnaire. An individual annual review was volunteered by 20.5% of respondents.

This enthusiasm was also matched by teachers' own suggestions for interventions that were gathered by the questionnaire.

"I find it too difficult to get to my GP from work... I think a might be alleviated by teachers having an annual 'check up', then no one feels out of place sharing concerns" male primary classroom teacher

"I think an annual review of teachers' health and well-being would force management into looking into the balance of health and well-being in their school as a whole and taking action. There is too much reliance on teachers goodwill which is stressful" female secondary principal teacher

"I would be interested in individual health review because I think it would be good for me and my colleagues but it might feel threatening. People don't like to admit their stress" male secondary principal teacher

Intervention 2: Activities aimed at creating a more collegiate approach in schools

Again the picture was a willing one in relation to initiatives aimed at encouraging a more collegiate approach amongst teachers. Over three-quarters of respondents answered in the affirmative that they had either tried such initiatives and found them helpful, or that they would be interested in trying them. The development of a more collegiate approach in schools could be seen as a way in which to diffuse many of the stressors which build up in schools around staff relationships.

Intervention 3: Training workshops – e.g. stress management, relaxation techniques

Teachers' views on training workshops were similar – with 61.8% noting interest in them and 20.3% having not tried them and were not interested in them. It is likely that some teachers have already tried the training workshops in the in-service day format. It is likely that some teachers have already tried the training workshops in the in-service day format.

As a result teachers might be most interested in less standard workshop ideas and more alternative therapies as indicated by this selection of their written responses:

“Relaxing and stress relieving activities offered to all staff, i.e. health club membership, yoga/exercise classes, spa days would be of benefit... team building activities – a day away with pay would ensure all staff participate”
male secondary headteacher

“McCrone hours leave little time for workshops” female independent secondary classroom teacher

“Workshops are a one-off for in-service days, they are not a health strategy”
female primary classroom teacher

Intervention 4: A confidential, free and independent phonenumber dedicated to teachers

Teachers were split on the issue of an independent phonenumber dedicated to teachers. 56.7% of respondents had not tried but were interested in using a helpline such as that provided by Teacher Support Network (TSN) to teachers in England. However, 41.4% of teachers registered the view that they would not be interested in using such a service. The possible drawbacks with such a service were outlined by some respondents in the free text sections of the questionnaire:

“Generally, IT support and telephone support takes place in a teacher’s own time, e.g. evenings and weekends. Face-to-face work-time support is preferable” female special needs classroom teacher

“I prefer direct contact to telephone or web” female primary classroom teacher

“Apart from listen to my problems what could a phonenumber actually do for me? I’ve got good friends who can do that for me ... a phonenumber seems like a ‘cop out’ ... [We] already have a counselling phonenumber available and we can use that if we want” focus group discussion

Intervention 5: Local authority occupational health service

Almost 60% of teachers answered that they had not tried but would be interested in trying the local authority occupational health service. It was notable that only

2.4% of the respondents who had tried this service had found it unhelpful, and 4.2% (n=19) had tried their employer's OHS and found it helpful.

Intervention 6: Web-based support

Teacher responses to web-based support mirrored the findings on peer-support. In this case, 54.4% of teachers would be interested in support being delivered in this format, with 30.9% not interested.

The fact that a significant proportion of respondents were not interested in using the web in this way may be indicative of two issues concerning – **appropriateness** and **access**. It seems unlikely that teachers would wish to access support services related to their health and wellbeing – as opposed to curriculum information – in the work setting. This interpretation is backed by the comments volunteered by teachers:

“Less class contact would be needed to allow time to make calls to a phonenumber or got a website” female secondary classroom teacher

“Some people do not have computer at home, me included. As usual, time in the day is needed. Hopeless if you have to leave work for classes, that is added stress” male secondary classroom teacher

Intervention 7: Workplace counselling – available within the workplace in confidence

Respondents showed least enthusiasm for having a workplace counsellor, with 42.8% not interested in trying this intervention. Given the earlier concerns about confidentiality, this lack of interest is explicable.

Intervention 8: Advice from General Practitioner (GP)

GPs emerged as trusted and helpful sources of support and advice. 32% of teachers reported seeing their GP as a helpful experience. Furthermore, over half of the respondents registered an interest in pursuing this support.

The research suggests that GPs represent one of the most trusted and respected source of health advice – particularly in the case of physical illness. The reasons behind this – outlined by teachers in their qualitative comments – indicate that it is the traditional role of the family doctor, the evidence of widespread concern about confidentiality and the low level of awareness about local authority support services and the perception that these are attached to the management of sickness absence which ensures that teachers are happier to discuss their health with GPs as someone totally independent from their employer.

“If I am ill I go to my GP who knows my case history. I am not keen to go anywhere else” female secondary classroom teacher

“People already know their GP and are likely to consult them first” female independent secondary classroom teacher

“Teachers may prefer to use their GP to local authority offered services because of fears of lack of anonymity and the lack of publicity for services” male secondary classroom teacher

Intervention 9: Peer-teacher support

Curiously, when presented with a concrete measure to encourage a more collegiate approach teachers’ reaction was cool, with 37.7% saying that they had not tried peer-support initiatives and would not be interested in it.

Respondents expressed particular concern about the issues of trust and balance implicit in peer focussed interventions:

“This would only work if the teacher was like-minded and worked in a similar way” female primary classroom teacher

“Peer teacher support could be more stressful if the peer is not a helpful one or could be totally one sided and use up more precious time. Might not be confidential or unbiased” female nursery classroom teacher

“Peer teacher support and a collegiate approach would only work if the two individuals were prepared to work alongside each other and do equal amounts of work” female secondary principal teacher

5.3.3 Barriers to Innovation

Respondents were asked if they believed there were any barriers to the introduction of measures like those discussed above. Over 60% of respondents believed that there would be barriers hampering the introduction of innovative interventions. In the follow-up free text section and in the focus group, teachers identified three perceived hurdles recurred – **the question of finance** to fund such measures, **lack of time** for teachers to engage in measures and the issue of **confidentiality and teacher mistrust** that such initiatives would be more than simply token gestures.

5.3.4 Teachers’ Views and Suggestions

In addition to giving their opinions on a list of possible interventions, teachers were also invited to offer their own ideas of interventions that would boost their health and well being. In all, 40 suggestions were made by respondents. The top ten most frequent suggestions are outlined in the table below.

Table 11: Interventions Volunteered by Teachers

Intervention suggested	% of respondents suggesting
Individual, annual health review	20.5%
Independent workplace counselling	10.1%
Peer-support	9.3%
Training workshops	8.2%
Measures to improve pupil indiscipline	7.9%
Phoneline	6.6%
Reduce paperwork	5.2%
Improved relationship / communication with SMT	4.6%
Reduce class sizes	4.4%
Innovations to encourage a more collegiate approach	3.6%

5.3.5 Teachers as a Willing Constituency

While evidence presented elsewhere in this report points to the fact that teachers in Scotland feel unsupported and unaware of any efforts on their behalf, when asked what measures they would like to see introduced to boost their health and well being they proved themselves to be a highly willing constituency. When taken together 57.9% of teachers were interested in trying any of the nine interventions outlined in the questionnaire. Few differences in this enthusiasm were found among different groups of teachers. Indeed, the only category where a difference was noted in relation to length of service. As teachers become more experienced enthusiasm for trying interventions reduces. However, it needs to be noted that the lowest level of enthusiasm is 53%, still over half the respondents.

Chapter 6 Conclusions and Recommendations

The aims of this research were the following:

- To map the context and support which is currently offered to teachers in Scotland.
- To survey teachers themselves about their health needs and the support they would like to be offered in the future.
- To evaluate the interventions from around the world which might be effective in addressing teachers' health and well-being.

This is the first comprehensive study of these three components conducted in a national setting. The findings of this research provide useful information about the general and occupational health of teachers in Scotland. The research also leads to a number of recommendations concerning further measures that could be taken to provide additional support for teachers on a national and local basis. The research has explored the perceptions in Scotland that there was a need for additional support for teachers and confirms that further support is required.

Key Findings

Teachers

Stress

1. 44% of teachers said that their job was “very” or “extremely stressful”. Those who reported extreme stress and job dissatisfaction were more likely to report poor personal health.
2. The most frequently mentioned job stresses were pupil indiscipline (20%), administrative paperwork (17%) and relationships with colleagues, headteachers, parents, governors and inspectors (18%).
3. 63.5% reported that non work-related stresses affected their performance.

- This is especially important where there are also problems at work and it has to be taken into account when considering support.
4. 90% of respondents perceived that there had been an increase in their stress levels over the past five years. Personal stress levels were higher in those who had been longer in the job.
 5. Stress and work-related illness have a detrimental impact on teacher retention within the profession. This is exacerbated where teachers feel they are not appreciated or not involved in decision making.

Health

6. Teachers in Scotland have good general health and relatively low sickness absence levels compared to other Public Sector workers.
7. 87% of teachers rated their health as good or better than good.
8. 41% reported having a medical condition. With respect to particular conditions the most frequently reported were musculoskeletal disorders (26%), cardiovascular (18%), mental (12%), respiratory (12%) and neurological disorders (8%).
9. Teachers working with populations perceived as “deprived” and male teachers were more likely to report poor health. Those at the start of their careers tended to report better health.

Support for Teachers

10. A detailed review of the local authority support services available confirmed that existing services are generally inadequate. Occupational health services are fragmented and not comprehensive, mostly teachers are not able to self-refer to these services and few teachers have personal experience of using them. 98.2% have never used a local authority support service.
11. Teachers’ perceptions of the occupational health services reflected

- concerns about access, confidentiality and the use of information as a management tool for sickness absence policy and statistics.
12. The headteacher's role in being approachable, offering sympathy and emotional support for teachers, and adopting a collegiate approach to proactive engagement with staff, was perceived as important by teachers.
 13. Teachers were interested in a number of interventions including annual health reviews, activities to develop a collegiate approach within schools, training workshops, and provision of phone and web-based support.
 14. There is a lack of good evaluation of occupational health interventions in the global literature. Interventions have been targeted either at the individual, the individual/organisational interface, or system level.
 15. The provision of employee assisted programmes is supported by the literature, but good evaluation with evidence of their effectiveness or identification of problems is lacking. However, the provision of a teacher support line in England has been well received, and the multilevel Wellbeing Project developments in English local authority areas have some qualitative evidence of effectiveness.

Recommendations

16. The occupational health service provided to teachers needs to be comprehensive and also should be standardised across Scotland. A minimum standard should be set for the occupational health support to be provided by all local authorities and this should be complemented by a system of quality assurance.
17. Beyond these over-arching interventions, it would be beneficial for more issue-specific interventions to be developed and tested. In particular, measures to address the three main stressors affecting teachers – workload, pupil indiscipline and relationships within school could have a major impact upon teachers' perceptions of their mental and physical

- health.
18. The data on usage, value and efficacy of employee support services should be routinely and consistently captured, and published.
 19. The introduction of personalised health plans should be considered to address the demand uncovered in this research for individual health checks. The self reported prevalence of health problems among teachers are a cause for concern.
 20. Innovative interventions focussed upon encouraging mutual support amongst staff should be developed and in this respect the views of teachers in Scotland echoed the findings of the wider international literature.
 21. Health promotion programmes targeted at teachers should be developed.
 22. The international evidence base concerning what interventions are effective in addressing teachers health and well-being is narrow. Given this further formal academic evaluation of existing initiatives is required, particularly in the case of those measures focussed upon the organisation level.
 23. A strategy for positive action needs to be developed to address teachers' health and well-being related experience in Scotland. It should be in line with the recent guidance from the Health & Safety Executive concerning the risk assessment and control of work-related stress. Any strategic developments or initiatives should be placed within the over-arching strategy for workplace health in Scotland of 'Healthy Working Lives'.

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