

THE SALISBURY DIOCESE

WELLBEING SURVEY

2020

REPORT Part 1

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EXECUTIVE SUMMARY

- S1. The questionnaire survey was carried out in support of the Salisbury Diocese Wellbeing Programme and follows on from similar surveys carried out in 2008, 2012 and 2016. A similar format was used to facilitate comparison with the earlier results, but a new section was introduced to address specific issues associated with the Covid-19 pandemic.
- S2. In total, 158 responses have been received, corresponding to 61% of recipients, but 18 respondents only completed the biographical section and provided no information about their wellbeing. The 140 complete responses include a broad cross-section of roles, gender, stipendiary status and experience.
- S3. The survey report is issued in two parts. The first is similar in scope to previous Wellbeing Survey reports. The second, which will be issued later, relates specifically to the impact of the Covid-19 pandemic on diocesan clergy.
- S4. The wellbeing of the Diocesan clergy has improved by a small, but significant amount since the previous survey in 2016. Of the 140 respondents who provided data about their wellbeing, 85 (61%) reported positive states of wellbeing. This is in marked contrast to the results of the 2016 survey, where only 48% reported positive states and reflects more closely the results from the 2008 and 2012 surveys. The shift in balance from a mild state of wellbeing to a mildly stressed state noted in the 2016 survey has been reversed, despite the arrival of the pandemic.
- S5. A significant contribution to the drop in wellbeing in 2016 was due to the substantial drop in wellbeing of curates when compared with previous surveys. That drop has also been reversed in 2020.
- S6. 83% of Curates and 77% of associate priests recorded positive states of wellbeing, which is significantly higher than for clergy in other roles, 50% of whom recorded positive states.
- S7. There is no significant difference between the wellbeing of female and male clergy, or between non-stipendiary and stipendiary clergy.
- S8. Clergy who have been ordained for less than three years enjoy better wellbeing than others. However, members of this group are all curates and it is not entirely clear whether the better wellbeing stems from being recently ordained or being a curate, though the former seems more likely.
- S9. In contrast, clergy who have been ordained between 10 and 25 years suffer from lower wellbeing than other clergy. The reasons for this are not entirely clear, though this group has recorded more adverse influence from factors that appear to have significant impact on wellbeing.
- S10. Clergy in suburban parishes enjoy a significantly better wellbeing than clergy in other parishes. Suburban parishes include proportionately more responses from curates/clergy ordained less than three years and proportionately fewer from clergy ordained 10 – 25 years, but it seems unlikely that this is sufficient to explain fully the difference.
- S11. Of the 12 different factors that might influence wellbeing examined in the 2020 survey, the following appear to have the strongest relationship with wellbeing:
- trends in the national church (for those who see this as an issue, though typically up to 20% do not consider it to be relevant to their wellbeing);
 - workload;
 - relations with the Diocese;

- possibly sense of vocation, though the results are somewhat ambiguous;
- satisfaction with role.

In the case of the first three and probably the fourth, it seems likely that it is the factor which predominantly influences wellbeing, rather than the reverse. This is less obvious for satisfaction with role since it is quite plausible for job satisfaction to be influenced by wellbeing as well as for wellbeing to be influenced by job satisfaction.

- S12. Ability to take time off, whether during the day, a 24-hour break per week, a 48-hour break per month, or by going on annual retreat appears to enhance wellbeing, either by increasing the chance of good wellbeing, or reducing the chance of low wellbeing. The ability to take the full quota of annual leave appears to have much less impact on wellbeing, but the influence of taking lesser amounts of leave has not been explored.
- S13. There is a general trend for wellbeing to improve as the level of support for clergy increases. Support from clergy colleagues appears to be the most important and support from Bishop's staff and family members the least influential.
- S14. Respondents who recorded that they had insufficient access to Bishop's and Diocesan staff also tended to record low states of wellbeing, though whether the lack of access is the cause or a symptom is less clear. Fortunately, the proportion of such respondents is small.
- S15. Of 140 respondents, only 26 stated that they were unaware of the Diocesan Wellbeing Programme and many of these were relatively new to ordained ministry within the Diocese. All but 20 had taken part in a CMD event and all but 13 were aware that counselling is available through the Diocese, most of whom were aware of how to access it. 56 respondents had taken part in a Reflective Practice Group.
- S16. 60 respondents consider that bullying is an issue in the Diocese, at least in part, half of whom were unaware of the steps that can be taken,
- S17. Eleven respondents reported their wellbeing state as extremely or very stressed. This group of sufferers are drawn from the full cross-section of the clergy with regards to gender, stipendiary status, type of parish, role and years ordained except that it includes a disproportionately large number of clergy ordained for 10 – 25 years, but no associate priests or curates.
- S18. Comments on both practical steps that could be taken by the Diocese to improve wellbeing and more general comments cover a wide range of topics, but most fall into a few broad categories.
- The largest single category of 44 comments compliment the Diocese in some form on its provision of wellbeing support,
 - The second largest category of 30 comments relates to feelings that the Diocese/Senior Staff do not engage sufficiently, or in sufficient depth, with the clergy and do not fully understand the challenges they face on a daily basis.
 - Twelve comments addressed support for clergy.
 - Nine comments concerned workload.
 - Nine comments concerned the structure of the Diocese, particularly in view of reducing numbers of clergy and congregations.

Other comments included such diverse topic as: the CMD programme, housing, bullying, non-stipendiary ministry, diversity and inclusiveness, finance and communications.

INTRODUCTION

The Wellbeing Survey

1. In 2008, as part of its ongoing Wellbeing Programme, Salisbury Diocese carried out a survey to establish the perceptions of the ordained clergy within the Diocese as to their own state of wellbeing and, if possible, to assess what factors influenced that state for better or for worse.¹ The data were to be gathered by means of a questionnaire specifically designed for the purpose. It was decided that the questionnaire responses should be unattributable and should be analysed by someone who was not part of the Diocesan structure.
2. The survey was repeated in 2012² and again in 2016³ in order to establish as far as possible what changes had occurred during each four year period and in part to assess the effectiveness of the Diocesan Wellbeing Programme.
3. In 2020, it was decided that the survey should again be repeated, but that its scope should be expanded to include questions relating specifically to the ongoing Covid-19 pandemic. The survey was actually conducted from mid-October to early December 2020.

Purpose of the Report

4. The purpose of this report is to:
 - describe briefly the scope of the 2020 survey, the response to it and the method of analysis;
 - present the findings of the analysis and their implications for the Diocese of Salisbury.

The Questionnaire

5. As for the previous surveys, the 2020 questionnaire was developed by the Wellbeing Group, building on experience with and comments on the previous surveys. The first two surveys had been carried out by means of paper questionnaires sent out to Diocesan clergy, but in 2016 it was decided to use an on-line system known as SurveyMonkey[®] and this proved to be more popular and prompted a much more extensive response from Diocesan clergy. It was therefore decided to use the same on-line format again for the 2020 survey.
6. The specific questions included in the new survey were very similar to those in the two previous surveys, primarily to facilitate comparison between the results across the surveys and hence deduce changes. In addition, a completely new section was included to address specific issues associated with the pandemic. The questions fell into five broad categories, covering information relating to:
 - the individual, such as gender, role, stipendiary status and years ordained;
 - the respondent's wellbeing and various factors that might influence it, including access to and levels of support, and time off;
 - the respondent's involvement in and experience of the Diocesan Wellbeing Programme;
 - the respondents views on the issue of bullying in the Diocese;
 - the impact of the Covid-19 pandemic.

¹ "Report on the Findings of the Salisbury Diocese Wellbeing Survey", Paul Sutcliffe, October 2008

² "The Salisbury Diocese Wellbeing Survey 2012", Paul Sutcliffe, December 2012

³ "The Salisbury Diocese Wellbeing Survey 2016", Paul Sutcliffe, March 2017

In addition, respondents were invited to suggest practical steps that could be taken by the Diocese to improve their wellbeing and to make any other comment that they felt was relevant. A copy of the questionnaire is included at Annex A.

The Responses

7. In total, 158 responses have been received, somewhat fewer than in 2016. However, the number of ordained clergy in the Diocese has gone down over the last four years and the percentage response rate is about the same at 61%, considerably higher than for the earlier paper surveys. In practice, 18 respondents only completed the first section describing their status (gender, role, etc), and provided no further information. These 18 respondents are not considered further in this report.
8. The 140 respondents who provided information regarding their wellbeing and other aspects included:
 - 26 associate priests, all but three being non-stipendiary
 - 7 Bishop’s staff/Church House/cathedral staff (hereafter referred to simply as staff roles), 5 stipendiary, 2 non-stipendiary
 - 7 chaplains, all but one non-stipendiary (though it is quite possible that some or all of the latter are salaried, but not by the Diocese)
 - 24 curates, 18 stipendiary, 6 non-stipendiary
 - 48 incumbents, all stipendiary
 - 3 priests-in-charge, all stipendiary
 - 11 team rectors, all stipendiary
 - 14 team vicars, 11 stipendiary, 3 non-stipendiary.
9. The breakdown between the different characteristics of the 140 respondents is shown below.

Table 1: Characteristics of Respondents

Stipend	Stipendiary	Non-stipendiary			
	100	40			
Gender	Female	Male			
	66	74			
Years ordained	<3 years	3 – 10 years	10 – 25 years	>25 years	
	21	33	63	23	
Type of parish	Urban	Suburban	Rural	Mixed	Not Applicable
	19	20	61	25	15

10. It is important to note that the distribution of respondents across gender, stipendiary status, years ordained and role is far from uniform. For example, 42% of female respondents are non-stipendiary compared to 16% of male respondents, whilst 65% of associate priests are female compared to 35% male. All those ordained less than three years are curates. The potential implications of this lack of uniformity are discussed, where relevant, in the report.

The Analysis

11. The aims of the analysis have been to assess:
 - the state of wellbeing across the diocesan clergy;
 - how different factors affect wellbeing;
 - whether there has been any significant change in either wellbeing or the influence of different factors since the previous surveys;

- whether there is any discernable relationship between the circumstances of different groups of clergy and their wellbeing;
 - the impact of the Covid-19 pandemic on the wellbeing on the Diocesan clergy.
12. In practice, the analysis seeks to assess the extent to which the circumstances of a respondent, or the ratings assigned to any particular factor, correlate with the wellbeing reported by the same respondent; in other words, to what extent is a change in a factor rating reflected in a change in wellbeing. Of course, correlation does not necessarily imply a cause and effect, but it is a good indicator. Nor does it indicate what is influencing what, for example, whether job satisfaction influences wellbeing or *vice versa*.
13. As in the previous surveys, three broad measures of effectiveness have been used:
- the average, or mean, value of a particular parameter;
 - the proportion of respondents recording negative wellbeing ratings – extremely stressed to mildly stressed (1-3), and positive ratings – mild state of wellbeing to very positive state (4-6), and their equivalents for the various factors that might influence wellbeing;
 - the proportion of respondents assigning a very low rating (1 and 2) to a factor, implying a moderate to strong negative influence, and those assigning very high ratings (5 and 6), implying a moderate to strong positive influence.
14. Throughout the report, where the term “significant” is used, this implies that the difference between groups of data is significant in the statistical sense, i.e. that it is unlikely to have occurred by chance and therefore most probably reflects a genuine difference between the two groups. In some instances discussed later, the number of separate cases in any particular group (the sample size) is small and the statistical significance becomes rather less helpful in assessing the implications of the data.

Scope of the Report

15. The new section of the survey relating to the impact of the Covid-19 pandemic comprises primarily a series of 14 questions inviting comment on different aspects of the pandemic. These 14 questions have generated nearly 2000 separate comments which need to be categorized in order to distil useful messages that can be acted upon and this will take considerable time to accomplish. It has therefore been decided that the final report should be issued in two parts. This first part deals primarily with those aspects of the survey that have been covered in previous surveys. Those relating to the pandemic will be addressed in Part Two, which will be issued in due course.

WELLBEING OF DIOCESAN CLERGY

State of Wellbeing

16. The percentage of respondents who reported different states of wellbeing is shown in Table 2.

Table 2: Wellbeing States reported by Respondents

Wellbeing State	% of responses
1 – Extremely stressed	2
2 – Very stressed	6
3 – Mildly stressed	31
4 – Mild state of Wellbeing	20
5 – Good state of Wellbeing	34
6 – Very positive state of Wellbeing	7
Total	100
Average wellbeing	4.0

17. Overall, the data indicate that 61% of respondents reported positive states of wellbeing, whilst 39% reported negative states. This is in marked contrast to the results of the 2016 survey, where 48% reported positive states and 52% negative states, with an average wellbeing state of 3.8, and reflects more closely the results from the 2008 and 2012 surveys. The average wellbeing scores, together with the percentage of respondents recording very low, negative, positive and very good levels of wellbeing are shown in Table 3 for each of the four years when questionnaires have been sent out.

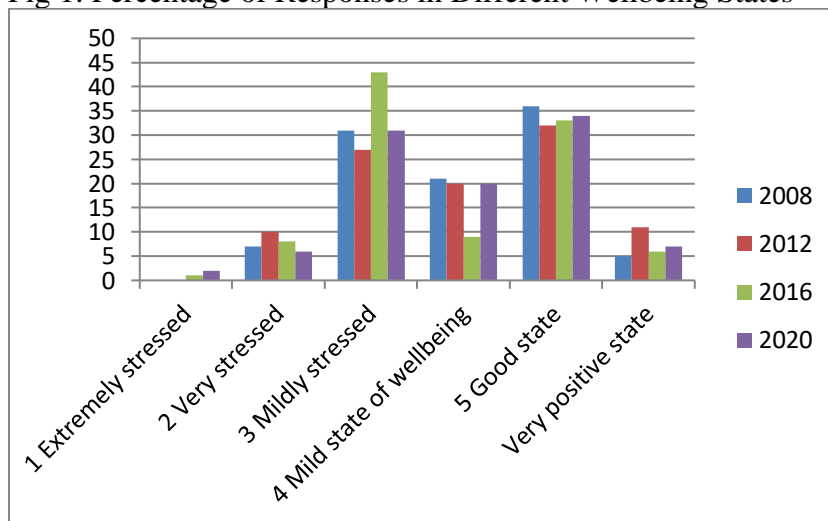
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Table 3: Wellbeing of Respondents in the Four Surveys

	Average wellbeing rating	% Very low wellbeing	% Negative wellbeing	% Positive wellbeing	% Very good wellbeing
2008	4.0	7	39	61	41
2012	4.1	10	37	63	43
2016	3.8	8	52	48	39
2020	4.0	8	39	61	41

18. It was noted in the report on the 2016 survey that the small but significant downward shift in wellbeing when compared with 2008 and 2012 was attributable in large part to a shift in balance from the proportion who reported a mild state of wellbeing to the proportion being mildly stressed. This shift has been reversed in the 2020 survey, as can be seen in Figure 1 below, which shows in graphical form the breakdown of wellbeing states reported in the four surveys. Setting aside 2016, the pattern over the three other surveys is remarkably consistent, suggesting that 2016 was in some way different from the norm. The reasons for the shift in balance in 2016 are not entirely clear, but it is encouraging to see the shift reversed in 2020, despite the pandemic.

Fig 1: Percentage of Responses in Different Wellbeing States



19. The bi-modal nature of the reported states of wellbeing is also very distinct across all four surveys. The reasons for this phenomenon are unclear. It is almost as though respondents are reluctant to admit to being in a mild state of wellbeing.

Wellbeing Compared with Four Years Ago

20. Respondents were asked to indicate how their wellbeing compared with that of four years ago. At first sight, their answers are somewhat surprising as they do not appear to reflect the improvement in wellbeing compared with 2016. In 2020, 33% reported that their wellbeing was little changed, 37% that it was worse and 30% that it was better, implying a small deterioration in wellbeing, as opposed to the improvement in wellbeing that has been recorded. (Paradoxically, in 2016, there was a small balance suggesting an improvement in wellbeing, even though on average, it had deteriorated.)

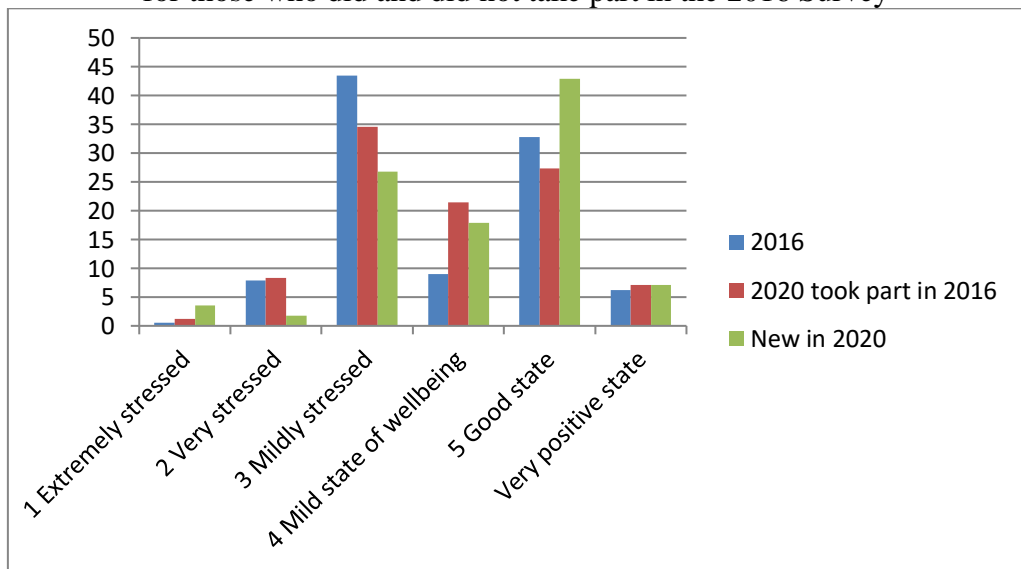
21. Of course, an individual’s perception of how he or she felt four years ago compared with today is very subjective, so we should not necessarily be surprised at this apparent inconsistency. However, one partial reason for the apparent anomaly may lie in the composition of the various groups that have completed the questionnaire. Of the 140 respondents in 2020, 84 had taken part in the previous survey in 2016 and 56 had not. The average wellbeing of all 140 in 2020 is 4.0 compared with 3.8 in 2016, a small but significant improvement. However, there is a difference between those who had taken part in the previous survey and those who had not, as illustrated in Table 4 below.

Table 4: Respondents New to the Survey

Group	Average Wellbeing	% Worse than 4 years ago	% Much the Same	% Better than 4 years ago
All in 2016	3.8	-	-	-
Those who took part in 2016 and 2020	3.9	42	33	25
Those who took part in 2020 only	4.2	30	32	38

22. The average wellbeing of the 84 who had taken part in the 2016 survey is very close to the 2016 result, though this group indicated on average that their wellbeing was worse than four years ago. In contrast, the wellbeing of those new to the survey in 2020 is 4.2, due largely to a significantly higher proportion reporting that they were in a good state of wellbeing, and this group indicated that their wellbeing was rather better than four years ago. The data for the three cases – respondents in 2016, those in 2020 who had taken part in 2016 and those in 2020 who had not are shown in the Figure 2 below.

Figure 2: Percentage of responses in different wellbeing states for those who did and did not take part in the 2016 Survey



23. As discussed later, this difference is probably due more to other characteristics of the respondents than to the fact that they did or did not participate in the previous survey. In particular, the group of clergy who had not participated in the previous survey includes a much higher proportion of respondents who are curates and have been ordained for 0 -3 years, who have reported significantly higher wellbeing states than other clergy, and a much lower proportion of respondents who have been ordained for 10 – 15 years, who have reported significantly lower wellbeing states.

WELLBEING OF DIFFERENT GROUPS OF CLERGY

Clergy Roles

24. The average wellbeing of clergy in the eight different roles is shown in Table 5, together with the percentages with negative, positive, low and high wellbeing states.

Table 5: Wellbeing of Clergy in Different Roles

Role	Average Wellbeing	% Negative/positive Wellbeing	% Low Wellbeing	% High Wellbeing
Associate priests	4.4	23/77	0	58
Curates	4.7	17/83	0	71
Incumbents	3.7	46/54	15	29
Team Rectors	3.9	55/45	18	36
Team Vicars	3.5	64/36	0	14
Priests-in-Charge	4.0	33/67	0	33
Chaplains	3.7	43/57	14	29
Staff Roles	3.4	57/43	14	29

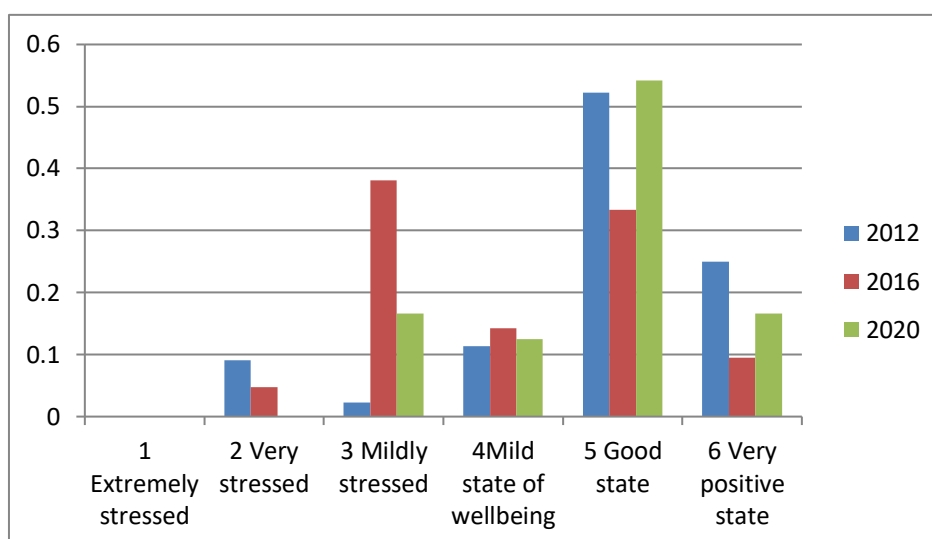
25. Despite variations between different roles, there is no significant difference between the wellbeing states of incumbents, team rectors, team vicars and priests-in-charge. Hence these four categories have been grouped together as parish priests to increase sample sizes, as was done in the 2016 analysis. Similarly, there is no significant difference in wellbeing between chaplains and clergy in staff roles, bearing in mind the small number of respondents in each group, and these two categories have also been grouped together as clergy in non-parish roles. Furthermore, there is no significant difference in wellbeing between parish priests and clergy in non-parish roles.
26. The wellbeing of both associate priests and curates is significantly higher than that of the other clergy, particularly so in the case of curates. The results for 2020 are compared with those from 2012 and 2016 in Table 6.

Table 6: Comparison of Wellbeing of Clergy in Different Roles in Different Years

Role	Average Wellbeing			% Negative Wellbeing			% Positive Wellbeing			% Low Wellbeing			% High Wellbeing		
	2012	2016	2020	2012	2016	2020	2012	2016	2020	2012	2016	2020	2012	2016	2020
Associate priests	4.2	4.1	4.4	32	42	23	68	58	77	0	3	0	36	42	58
Curates	4.8	4.1	4.7	14	43	17	86	57	83	9	5	0	77	43	71
Parish priests	3.8	3.7	3.7	48	59	50	52	41	50	12	12	12	36	33	28
Non-parish ministry	4.2	4.0	3.6	32	47	50	68	53	50	9	7	14	41	50	29

27. Most of these groups display a relative consistency across the years and, although there are certainly year on year variations, the differences are generally not significant. For example, associate priests appear to show a slight improvement in wellbeing across the years in terms of all measures, whilst clergy in non-parish ministry appear to show a slight decline in all measures. However, neither apparent trend is statistically significant. The one exception is curates, who, in 2016, suffered a significant drop in wellbeing compared with earlier surveys, as was noted in the 2016 report. The wellbeing states reported by curates in the years 2012, 2016 and 2020 are shown in Figure 3. The differences between 2012 and 2020 are not significant.

Figure 3: Percentage of Responses in Different Wellbeing States of Curates



28. It is unclear as to why curates displayed such a large shift of wellbeing states from good and very positive states to being mildly stressed in 2016, but it is reassuring to note that the positive states have been largely restored in 2020. As noted in the 2016 report, this drop in the wellbeing of curates accounted for some, but not all, of the drop noted for the clergy as a whole. Although the other roles individually did not show a significant reduction, collectively they did show a significant shift from positive to negative, but not to the same extent as did curates.

Gender Effects

29. There is no significant difference in wellbeing between female and male clergy.

Stipendiary Status

30. There is no significant difference in wellbeing between stipendiary and non-stipendiary clergy.

Years Ordained

31. Table 7 shows how wellbeing varied according to how long the respondents had been ordained.

Table 7: Variation of Wellbeing with Years Ordained

Years Ordained	Average wellbeing rating	% Negative/positive wellbeing	% Very low wellbeing	% Very good wellbeing
0 – 3 years	4.8	10/90	0	76
3 – 10 years	4.0	45/55	9	42
10 – 25 years	3.7	49/51	13	27
25+ years	4.2	30/70	0	43
All	4.0	39/61	8	41

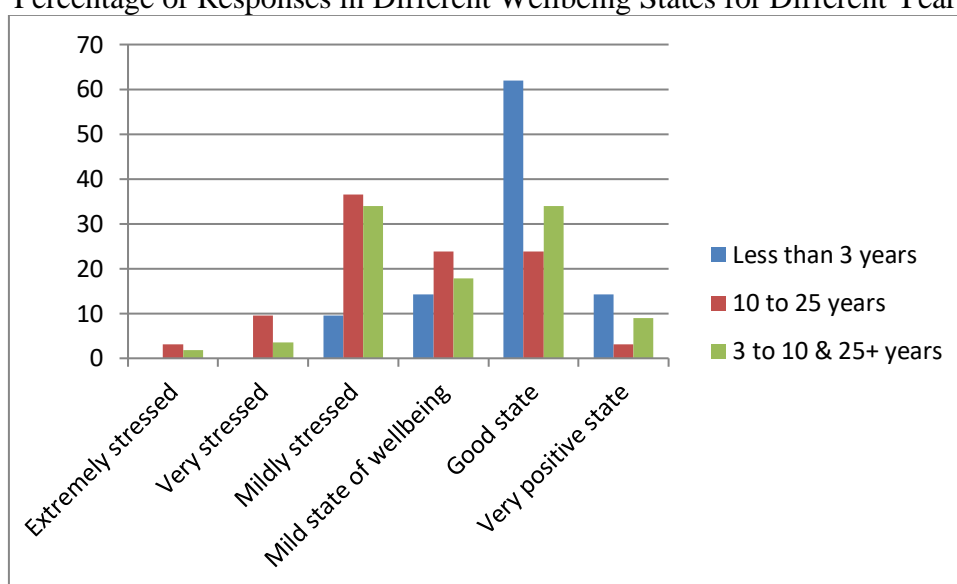
32. The wellbeing of those in their first three years is significantly higher than that of the rest of the clergy, whilst that of those ordained for 10 – 25 years is significantly lower, as illustrated in Figure 4.

- 0 – 3 years In practice, all of those in the first three years are curates and it has already been demonstrated that curates enjoy a significantly better wellbeing than the rest of the clergy.

Hence, it is difficult to state with confidence whether the benefit arises from being newly ordained or being a curate. The three curates ordained for between 3 and 10 years certainly have a lower wellbeing than their more recent colleagues (average wellbeing rating 4.0, 67% negative and 33% very good ratings), and though the sample is small, these values are not significantly different from the clergy as a whole. This suggests that the better wellbeing of those ordained less than three years stems more from their newness than from their role as curates.

- 10 – 25 years The technical reason for the lower wellbeing of this group is that the percentage of respondents who reported good and very positive states of wellbeing is substantially less than that for their colleagues, whilst the percentages for all lower states of wellbeing, from extremely stressed to a mild state of wellbeing, is higher. The cause of this difference is not entirely clear. This group certainly reports significantly more adverse ratings than their colleagues for trends with the national church, workload and, to a lesser extent, relations with the Diocese, all of which may have a significant impact on wellbeing (see paragraph 40). However, it is not clear whether these differences are sufficient to explain the significantly lower wellbeing of clergy who have been ordained 10 – 25 years.

Figure 4: Percentage of Responses in Different Wellbeing States for Different Years Ordained



Type of Parish

33. Table 8 shows how wellbeing varies with the type of parish in which clergy are employed, where relevant.

Table 8: Variation of Wellbeing with Type of Parish

Years Ordained	Average wellbeing rating	% Negative/positive wellbeing	% Very low wellbeing	% Very good wellbeing
Urban	3.8	42/58	11	37
Suburban	4.6	5/95	5	60
Rural	3.9	44/56	8	38
Mixed	4.0	48/52	4	40
All Parishes	4.0	38/62	7	42
All Clergy	4.0	39/61	8	41

34. There is no significant difference in wellbeing between the different parishes, other than suburban, for which wellbeing is much better. The technical reason for this much higher wellbeing rating is that only

one in 20 respondents from suburban parishes reported a negative state of wellbeing, compared eight in 20 from other parishes. The probability that this occurred by chance is remote, though not impossible. Suburban parishes include proportionately more curates/newly ordained clergy and fewer clergy ordained 10 – 25 years, which enjoy better and worse wellbeing than other clergy respectively, but it seems unlikely that this is sufficient to explain fully the difference.

INFLUENCE OF FACTORS ON WELLBEING

Factors Affecting Wellbeing

35. A wide range of different factors has been examined during the previous surveys. These have shown considerable variation in terms of both how respondents have rated the influence on their wellbeing of these different factors, and in terms of the apparent correlation between these ratings and the actual wellbeing that the respondent recorded. In the 2020 survey, 12 different factors have been examined, all of which had been examined in at least one previous survey and some in all surveys. The factors are:

- trends in the national church
- relationship with the Diocese
- relationship with clergy colleagues
- relationship with lay colleagues
- relationship amongst those whom the respondents ministers
- relationship with the wider community
- relationship with family members
- workload
- housing issues and property maintenance
- sense of vocation
- follow up to ministry review
- satisfaction with role

36. The detailed analysis of the relationship between these factors and wellbeing, both in the separate surveys and when the data are combined across all relevant surveys, is set out in Annex B and summarised below.

Relative Importance of Different Factors

37. Table 9 shows the average rating and the balance between adverse (negative) and positive ratings assigned to each of the 12 factors listed above, together with the corresponding results from the two previous surveys.

Table 9: Ratings Assigned to Various Factors Influencing Wellbeing

Factor	Average Rating of Factor 2012	Average Rating of Factor 2016	Average Rating of Factor 2020	Balance of Responses for Factor (%-ve/%+ve) 2012	Balance of Responses for Factor (%-ve/%+ve) 2016	Balance of Responses for Factor (%-ve/%+ve) 2020
Trends in the national church	3.1	3.1	2.9	66/34	63/37	75/25
Relations with Diocese	3.9	4.2	4.2	31/69	24/76	25/75
Relations with clergy colleagues	4.5	4.7	4.9	20/80	14/86	12/88
Relations with other lay colleagues ¹	4.4	5.1	5.1	18/82	5/95	10/90
Relations with those minister to	4.8	5.1	5.3	13/87	6/94	7/93
Relations with wider community	4.7	5.0	5.1	7/93	3/97	7/93
Relations with family members	5.4	5.3	5.5	6/94	8/92	7/93
Workload	2.9	3.1	3.1	68/32	60/40	63/37
Housing Issues	4.4	4.0	4.1	19/81	36/64	35/65
Sense of Vocation	5.2	5.3	5.3	5/95	5/95	7/93
Follow up to Ministry Review ¹		3.7	4.1		39/61	26/74
Satisfaction with role	4.4	4.7	4.8	22/78	17/83	15/85

Note: 1. Follow up to Ministry Review was not examined in 2012.

38. In general, there is a fair degree of consistency across the years, with no substantial changes between the surveys, but with values moving up and down slightly. It is noticeable that the lowest ratings, i.e. the most adverse impacts, are consistently assigned to trends in the national church and workload, whilst strong positive influence is consistently assigned to relations with clergy and lay colleagues, those to whom the clergy minister, the wider community and family members, and to sense of vocation and satisfaction with role. Relations with the Diocese, housing issues and follow up to ministry review lie between the two extremes.

Correlation with Wellbeing

39. The data in Table 9 relate to a respondent's perception of how each factor might affect his or her wellbeing. In practice, wellbeing is determined by exceedingly complex interactions between these factors and many others and it would be very useful to establish how the perception of their importance relates to the impact they have, individually and collectively, on wellbeing. Although this cannot be determined directly from the wellbeing surveys, the degree of correlation between the rating assigned to a factor and the wellbeing reported by the same respondent can provide some clues. This is examined in detail in Annex B where it is shown that there is a general trend for wellbeing state to increase as the respondents' perception of positive influence of each factor increases, but that the scale of the benefit differs between different factors.

40. The correlation between factor rating and wellbeing is strongest for:

- trends in the national church (for those who see this as an issue, though typically up to 20% do not consider it to be relevant to their wellbeing)
- workload
- relations with the Diocese
- possibly sense of vocation, though the results are somewhat ambiguous
- satisfaction with role

In the case of the first three and probably the fourth, it seems likely that it is the factor which predominantly influences wellbeing, rather than the reverse. This is less obvious for satisfaction with role since it is quite plausible for job satisfaction to be influenced by wellbeing as well as for wellbeing to be influenced by job satisfaction.

41. Most of the other factors are also important, though less so than the five above in the sense that the correlation with wellbeing is less strong. However, relations with family members and probably housing issues appear to have little correlation with wellbeing. This is not to suggest that such issues are unimportant, but that they do not seem to influence wellbeing one way or the other.

42. The strong correlation with wellbeing for trends in the national church and workload is particularly significant since these two factors also tend to be rated lowest by respondents. It is also significant that workload has always featured prominently in the comments made by respondents in the various surveys.

The Effects of Time Off

43. The ability of respondents to take time off and its correlation with wellbeing has varied between the different surveys. The relationship between time off in its various forms and wellbeing is discussed in Annex C and summarised below.

44. Time off per Day The ability of respondents to take time off from their ministerial duties during the day has varied significantly between the different surveys, though the results for the most recent survey are close to the average across all four surveys. In 2020, less than 10% of respondents were able to take less than one hour per day and a third were able to take over three hours. The analysis in Annex C indicates that the ability to take time off each day has a significant impact in stimulating positive

wellbeing. However, lack of time off appears to have little impact on the probability of experiencing very low wellbeing.

45. 24-Hour Break per Week The ability of respondents to take a 24-hour break each week has varied little over the surveys, with at least 80% able to do so and less than 10% rarely able to do so. In contrast to time off during the day, those relatively few respondents who are unable to take a weekly break appear to have a significantly higher chance of suffering from low wellbeing, but there is little difference in the scale of positive wellbeing between those who sometimes and those who usually manage the break.
46. 48-Hour Break per Month In the 2020 survey, 26% of respondents reported that they were usually able to take a 48-hour break each month, whilst 33% were sometimes able to do so and 41% rarely. These values are very similar to those reported in the 2016 survey, but in 2012, respondents were less able to take a 48-hour break. Those who usually manage a 48-hour break each month enjoy significantly better wellbeing than those who do not, but there is little difference between the wellbeing of those who sometimes and those who rarely take a 48-hour break.
47. Annual Leave The percentage of respondents who were usually able to take their full quota of annual leave in the 2020 survey was 55%, which is significantly lower than those in both the 2016 survey (62%) and 2012 (73%). In 2020, 21% were rarely able to do so, which is the same as 2016, but higher than 2012 (14%). In practice, ability to take the full quota of annual leave does not appear to have significant impact on wellbeing, though there is a slight tendency for those who rarely take it to have lower wellbeing. The influence of taking lesser amounts of annual leave has not been explored.
48. Annual Retreat 39% of respondents reported that they usually go on annual retreat, 32% sometimes and 29% rarely, which is very similar to the results of the 2016 survey, the only other year in which the question has been asked. The 39% who usually go on annual retreat enjoy a significantly better wellbeing than those who do not.

Relationship Between Time Off and Workload

49. The interplay between time off and the perceived influence of workload is complex and may operate in conflicting directions. Taking time off can reduce the amount of time available for work and hence increase the perceived adverse effect of workload, particularly if the latter is substantial. Conversely, as workload increases, the opportunity to take time off decreases. Equally, taking a break from work can provide the refreshment needed to lessen the perceived adverse impact of workload. The relationship between time off and the ratings ascribed to workload is examined in Annex C.
50. Those who are better able to take regular breaks tend to report less adverse influence of workload. This is particularly true for daily breaks, but also to a slightly lesser extent, for weekly and monthly breaks. It appears to be less true for annual leave and annual retreat. Indeed, in the case of the latter, the reverse appears to be true – the adverse effects of workload appear to decrease if annual retreat is not taken.

INFLUENCE OF SUPPORT FOR CLERGY

Types of Support

51. Support for clergy may take many different forms – practical, spiritual, counselling and others. The issue of support for clergy in the broadest sense was addressed in three separate sets of questions in the 2020 survey.
 - The practical support received in ministerial duties from: ordained clergy colleagues, Chapter, Diocesan Staff, Bishop's Staff, lay colleagues and family members.
 - Adequacy of access to Bishop's Staff and Diocesan Staff.
 - Use of and access to work consultants/coaches/mentors, spiritual directors and any others.

52. All of the different elements of support have been examined in at least one previous survey and some have been examined in all surveys. The different aspects are discussed and analysed in Annex D and summarised below.

Practical Support

53. Respondents were asked to rate the level of support received from none (level 1) to extensive (level 6). Table 10 shows the average ratings assigned in each of the last three surveys, together with the balance between negative ratings (none to little, levels 1-3) and positive ratings (some to extensive, levels 4-6).

Table 10: Practical Support for Diocesan Clergy

Support	Average Rating 2012	Average Rating 2016	Average Rating 2020	Balance of Responses (%-ve/%+ve) 2012	Balance of Responses (%-ve/%+ve) 2016	Balance of Responses (%-ve/%+ve) 2020
From clergy colleagues	4.3	4.2	4.0	19/81	21/79	27/73
From Chapter	3.0	2.9	3.1	61/39	59/41	54/46
From the Diocesan Staff	3.4	3.5	3.4	48/52	41/59	45/55
From Bishop's Staff ¹		3.1	3.2		57/43	50/50
From lay colleagues	4.6	4.5	4.4	11/89	11/89	12/88
From family members	4.8	4.8	4.6	15/85	16/84	15/85

Note 1: This was not examined in 2012

54. Whilst there are significant differences between the different sources of support, there is good consistency across the surveys. Support from clergy colleagues was a little lower in 2020 and support from the Diocese was a little higher in 2016, but the differences are only marginally significant. The data have therefore been combined across the years to increase data samples and obtain a clearer picture of the relationship between the level of support and wellbeing.

Correlation with Wellbeing

55. There is a general trend for wellbeing to increase as the level of support increases for all types of practical support, but as for the various factors, the degree of correlation differs. The strongest correlation and, by implication the most important contribution to wellbeing, comes from clergy colleagues. The change in average wellbeing as the level of support increases from none to extensive is comparable to that for trends in the national church. The weakest correlation occurs for support from Bishop's staff and family members, implying that these have the least impact on wellbeing. Support from Diocesan staff, lay colleagues and chapter lie in between, but closer to clergy colleagues.

Access to Staff

56. Respondents were specifically asked whether they had sufficient access to both Bishop's Staff and Diocesan Staff. The results are shown below in Table 11.

Table 11: Access to Bishop's and Diocesan Staff

	Bishop's Staff	Diocesan Staff		
Sufficient Access	No	Yes	No	Yes
Number	19	121	16	124
% of respondents	14	86	11	89
Average wellbeing	3.4	4.1	3.5	4
% Negative/Positive wellbeing	53/47	37/63	50/50	38/62
% Low wellbeing rating	26	5	19	6
% High wellbeing rating	26	43	25	43

57. The respondents who reported insufficient access to either Bishop's or Diocesan staff comprise a generally representative cross-section of the Diocesan clergy with regard to role, gender, years ordained and type of parish, where relevant, except that those with insufficient access to Diocesan staff did not include any curates or clergy in staff roles. Eleven of these respondents are common to both groups.
58. Those with insufficient access to either Bishop's or Diocesan Staff show a marked tendency to lower wellbeing, particularly the former, which is very similar to the results from the 2016 survey. This suggests that access is important and may have an impact on wellbeing. Of course, it is quite possible that the correlation reflects the reverse situation: that low wellbeing triggers a need for access that is perceived not to have been adequately satisfied. It does not matter whether the expectations were reasonable; it is the perception in the mind of the individual which leads to the questionnaire response. Either way, it does suggest a potential problem which is reflected in the comments, as discussed later. Fortunately, a high percentage of respondents reported that they do have sufficient access.
59. The respondents who reported insufficient access to staff also tended to report low values for other factors that may relate to wellbeing. In particular they tended to record:
- more adverse influence of relations with the Diocese, clergy and lay colleagues, follow up to ministry review and job satisfaction;
 - less support from Bishop's staff, Diocesan staff and lay colleagues;
 - to a lesser extent, a somewhat more adverse influence of trends in the national church and workload.
- Once again, the correlation does not necessarily imply that it is insufficient access to Bishop's or Diocesan staff which is causing the trend. It could be the other way round, or some other factor, possibly not examined in the survey, could be causing both.

Use of Work Consultants/Coaches/Mentors

60. Of the 140 respondents, 58 stated that they make use of work consultants/coaches/mentors, 75 stated that the question was not applicable and 7 skipped the question. Of the 58 who did make use of these other forms of support, 42 stated that the frequency was about right, 16 that it was too little and none that it was too much. Those with sufficient access enjoy significantly better wellbeing than those with insufficient access. The average wellbeing of those that did not use them lies between the two.

Use of Spiritual Directors

61. 111 respondents stated that they make use of a spiritual director and all but 31 have sufficient access. The wellbeing of these 31 tends to be lower than that of the 80 with sufficient access, though the difference is not statistically significant. Furthermore, the wellbeing of those who do not use a spiritual director at all is higher than either group which seems to suggest that access to a spiritual director is not strongly correlated with wellbeing.

Use of Other Forms of Support

62. A further 39 respondents noted that they made use of other forms of support, including cell groups, counsellors, prayer partners, friends, etc. All but two of these reported that they had sufficient access to their personal form of support. The wellbeing of this group is the same as for the rest of the clergy, implying that access to these other forms of support is not correlated with wellbeing.

THE DIOCESAN WELLBEING PROGRAMME

Awareness of the Programme

63. Of the 140 respondents, all but 26 stated that they were aware of the Diocesan Wellbeing Programme. Of these 26, 20 had not taken part in the previous survey, including 11 curates who had been ordained less than 3 years and four other clergy who had been ordained between 3 and 10 years, and therefore may have been relatively new to the Diocese as ordained priests.

Involvement in the Programme

64. Reflective Practice Groups 56 respondents had taken part in a Reflective Practice Group (RPG), at least in part, 74 had not and 10 stated that the question was not applicable. Of those who had taken part, 47 stated that it had helped, at least in part, corresponding to 84% of participants, and 9 that it had not. Of the 74 who had not taken part, a third indicated that they were unaware how to do so.
65. CMD Events All but 20 respondents had taken part in a CMD event. Of the 120 who had taken part, 59 stated that the impact had been positive, 42 that it had been mixed, 3 that it had been negative and 16 that it had had none at all.
66. Counselling Only 13 respondents stated that they were unaware that counselling is available through the Diocese, though two of these also stated that they knew how to access counselling. Of the remaining 127 respondents, 100 stated that they knew how to access counselling if needed and 27 did not.
67. Respondents were invited to say how any of the Diocesan wellbeing activities, including counselling, had helped and 30 did so. Their comments fell into several different categories of which the main groups were: counselling (6), respite from the “day job” (6), meeting, sharing experiences and fellowship with others (13), and developing self-confidence and self-awareness (6).

Other Wellbeing Provision

68. 56 respondents indicated that they were aware of wellbeing provision other than from the Diocese. Of these, 25 indicated that they had made use of other wellbeing provision. These covered a range of activities including retreats, pilgrimage, other health care provision and sporting activity.

Bullying and Harassment

69. 60 respondents considered that bullying/harassment is an issue in the Diocese, at least in part, corresponding to 43% of all respondents. This compares with 46% in the 2016 survey. Of those who consider it to be an issue, 32 stated that they were wholly or partially unaware of steps that can be taken, at least in part, corresponding to 53% of those who consider it to be an issue.

CLERGY WITH LOW WELLBEING

Characteristics of Clergy with Low Wellbeing

70. Eleven respondents reported their wellbeing state as extremely or very stressed (states 1 and 2) – seven incumbents, two team rectors, two in non-parish ministry (1 staff post and 1 chaplain), corresponding to 15%, 18% and 14% respectively. Based on a proportion of 15%, one might have expected about four associate priests and four curates, but none recorded such low wellbeing.
71. These sufferers differ significantly from the rest of the clergy in the following respects.
- They are far more likely to experience moderate to strong adverse influence of trends in the national church.

- They are far more likely to experience adverse effects of relations with the Diocese, with lay colleagues, of workload and, to a lesser extent, follow up to ministry review.
- They have lower satisfaction with their role, though whether this is a cause or consequence of wellbeing is unclear.
- They get substantially less support from clergy colleagues and, to some extent from family members.
- They are less able to take a day off each week
- They are significantly more likely to experience insufficient access to Bishop's staff and, to a lesser extent, Diocesan staff.
- They are rather more likely to make use of a work consultant/coach/mentor and spiritual director and substantially more likely to experience insufficient access to either.

72. In terms of their personal characteristics, there is no particularly strong bias with regards to gender, stipendiary status or type of parish, where relevant. However, there is a bias towards clergy who have been ordained for between 10 and 25 years, 13% of whom have reported low wellbeing, compared with 4% of other clergy (see Figure 4 and paragraph 32 above). This finding is similar to that found in the 2016 survey, which suggests that there may be some more general issue for clergy in this group, though it is difficult to see from the survey data what that might be. These individuals would clearly benefit from help in some form, but identification will require close personal knowledge of the clergy, which goes far beyond the scope of the wellbeing survey. Indeed, the survey is designed to avoid such personal identification.

COMMENTS MADE BY RESPONDENTS

Analysis of Comments

73. Respondents were invited to offer free format comments in several different sections of the questionnaire. Some of these sought clarification of an answer, such as identification of a course attended, but others sought opinions, particularly with regard to the impact of the Covid-19 pandemic. At the end of the questionnaire, respondents were invited to say what practical steps the Diocese could take to improve their wellbeing and were given the opportunity to make any other comments that they felt were relevant to the purpose of the survey. In practice, some of these comments also related specifically to the pandemic.
74. As explained in paragraph 15, the considerable volume of comments relating to the pandemic will require some time to categorise and to interpret in the context of responses to other questions in the survey. It has therefore been decided that this aspect should be issued later as Part Two of the report. The remaining comments are discussed below.
75. Of the 140 respondents who completed the questionnaire, 122 provided a comment on the practical steps that the Diocese could take to improve wellbeing, though some of these included more than one issue. In addition, the invitation to make any other comment attracted 39 comments, excluding those which merely stated "no thanks". Of these, seven were specific to Covid-related issues. In practice, there is little to distinguish the two groups of comment and they are therefore addressed collectively.
76. Allowing for the multiple issues raised by some respondents, excluding Covid-related issues, some 170 different comments have been made covering a very wide range of topics. Whilst the wording of the individual comments varies, they can usefully be grouped into a number of different categories. It is important to note that each comment represents the respondent's perception of the environment in which he or she operates. Many of the comments reflect the views of only a very small fraction of the respondents and an even smaller fraction of Diocesan clergy. In some cases, the Diocese may feel that they are not justified, or even reflect a misconception of reality. Nevertheless, it is important to recognise these opinions if the survey is to fulfil its purpose. Wellbeing is as much about perceptions as

about facts and, if clergy feel that there is a problem in some form, then it needs to be highlighted, if only to provide the opportunity to convince them otherwise.

77. The largest single group of 32 comments stated, in one form or another, that there was nothing further that the Diocese should be doing to improve wellbeing. This included 12 statements that the Diocese is already doing a good job in this regard. A further 12 separate comments in the final section thanked the Diocese for the wellbeing support that it already provides and for carrying out the survey to allow its clergy to give feedback. The responses in this group come from all sectors of the clergy, though parish priests are less well represented than others.
78. The second largest category of 30 comments relates to pastoral contact, pastoral care and pastoral understanding by the Diocese and its hierarchy. The comments take many forms but can typically be summarised as:
- talk to me regularly and listen to the answers;
 - take an interest in me as a person, not simply in my role as a priest;
 - show that you understand the challenges faced at grass roots level;
 - stop telling me about all the good things that are happening around the Diocese when I am struggling to keep things going on a day-to-day basis; it sounds like criticism and doesn't help.
- Both the scale and the nature of these comments, which stem from the full spectrum of Diocesan clergy, are very similar to those made in the 2016 survey, but undoubtedly some of the issues have been exacerbated by the pandemic owing to the difficulties of maintaining face-to-face contact.
79. Twelve comments addressed support for clergy. This category includes a range of different aspects of support, including practical support with administrative functions and cover for time off, training for churchwardens and laity, support for pioneer and rural ministry, management training and the provision of on-line support.
80. A group of nine comments concern workload. Most of these comments simply seek to reduce the volume and the time taken to deal with it, though one refers specifically to bureaucracy/paperwork and another to the volume of e-mails. Several make the point that the workload is not sustainable. This group of comments is smaller than in 2016.
81. Nine responses address the structure of the Diocese. This somewhat heterogeneous group does not necessarily point in a consistent direction. The comments invite the Diocese to look honestly at the long-term sustainability of the parish structure, particularly multi-parish benefices, with reducing clergy numbers; to focus on parish ministry as the bedrock of the church; to examine the role of clergy throughout the hierarchy in providing coaching and development; to facilitate expressions of opinion through the full spectrum of the hierarchy; and to review the structure itself.
82. The CMD programme attracted eight comments. Three encouraged the continuation of the existing programme and one asked for quiet days. Two respondents asked for items that are more relevant to the practical challenges of ministry and one comment pointed out that CMD does not necessarily help with the day to day challenges. One respondent noted that on-line CMD is not particularly helpful.
83. Seven comments concerned housing, most of which related to specific current issues.
84. Five comments concerned bullying, particularly bullying of clergy by laity and whether the Diocesan policy and protocols adequately cover this aspect. Three further comments concerned the related issue of human resource management within the Diocese and the emulation of best practice, including performance monitoring.

85. As in previous surveys, there were some comments relating specifically to clergy outside the traditional stipendiary parish ministry, but far fewer than in earlier years when this was one of the larger categories. The concern that non-stipendiary ministry is considered second class was reflected in only two comments, whilst a third stressed the challenges of combining the wider aspects of Diocesan ministry with a secular job. For the first time in the surveys, one respondent felt that the pendulum has swung the other way and that stipendiary ministry was now valued rather less.
86. Five respondents asked that the Diocese produce and promulgate guides of best practice and protocols to avoid each priest having to invent their own.
87. Five comments ask for leadership in proclaiming the Gospel.
88. Four comments concerned communications, asking that they be clear, regular and to the point.
89. Four comments concerned finance – two relating to specific personal issues and two to encouraging stewardship in parishes.
90. Three comments relate to diversity and inclusiveness, including encouraging and employing people with the skills, attributes and attitudes that will appeal to young adults.
91. Three respondents identified the need to encourage clergy to meet regularly for fellowship and to prevent isolation, including networks for new arrivals, perhaps by reinforcing the role of chapters, though the challenges of doing this under present circumstances was recognized. Three further comments identified the need for trust and confidentiality within such gatherings. One comment suggested that a similar opportunity should be provided for clergy spouses.
92. Two comments concern ministry review: one requested the option of an annual review and the other that the review be made more relevant to those in non-parish ministry.
93. Three comments relate to the survey itself: two expressing questionnaire fatigue at being asked to complete so many surveys and the other expressing pleasure at being asked to complete this one. However, all three make the point that surveys have little value unless they result in change.
94. The remaining comments were offered by only one respondent in each case. Excluding two that merely clarified answers elsewhere in the questionnaire, they were:
- an expression of appreciation for the changes in the DAC processes;
 - a request for the implementation of health and safety best practice;
 - a proposal that the Diocese should stipulate that clergy have two clear days off per week and that evening meetings should be avoided.

CONCLUSIONS

95. Of the 140 respondents who provided data about their wellbeing, 85 (61%) reported positive states of wellbeing. This is in marked contrast to the results of the 2016 survey, where only 48% reported positive states and reflects more closely the results from the 2008 and 2012 surveys. The shift in balance from a mild state of wellbeing to a mildly stressed state noted in the 2016 survey has been reversed, despite the arrival of the Covid-19 pandemic.

96. The wellbeing of curates is significantly better than that of most other clergy, with 83% reporting positive states of wellbeing. This also reverses the change seen in the 2016 survey, where the wellbeing of curates had dropped significantly, and restores it to a similar level to that in earlier surveys.
97. The wellbeing of associate priests is also significantly higher than that of clergy in other roles with 77% reporting positive states of wellbeing, a little higher than in previous surveys.
98. The wellbeing of clergy in other roles varies, with the small number of team vicars recording the lowest level, but the differences are not statistically significant. Taken together, 50% of clergy in roles other than curates and associate priests recorded positive states of wellbeing.
99. There is no significant difference between the wellbeing of female and male clergy, or between non-stipendiary and stipendiary clergy.
100. Clergy who have been ordained for less than three years enjoy better wellbeing than others. However, this group comprises only curates and it is not entirely clear whether the better wellbeing stems from being recently ordained or being a curate, though the former seems more likely.
101. In contrast, clergy who have been ordained between 10 and 25 years suffer from lower wellbeing than other clergy. The reasons for this are not entirely clear, though this group has recorded more adverse influence from factors that have been shown to have significant impact on wellbeing.
102. Clergy in suburban parishes also enjoy a significantly better wellbeing than clergy in other parishes. Suburban parishes include proportionately more responses from curates/clergy ordained less than three years and proportionately fewer from clergy ordained 10 – 25 years, but it seems unlikely that this is sufficient to explain fully the difference.
103. Of the 12 different factors that might influence wellbeing examined in the 2020 survey, the following appear to have the strongest relationship with wellbeing:
- trends in the national church (for those who see this as an issue, though typically up to 20% do not consider it to be relevant to their wellbeing);
 - workload;
 - relations with the Diocese;
 - possibly sense of vocation, though the results are somewhat ambiguous;
 - satisfaction with role.
- In the case of the first three and probably the fourth, it seems likely that it is the factor which predominantly influences wellbeing, rather than the reverse. This is less obvious for satisfaction with role since it is quite plausible for job satisfaction to be influenced by wellbeing as well as for wellbeing to be influenced by job satisfaction.
104. Ability to take time off, whether during the day, a 24-hour break per week, a 48-hour break per month, or by going on annual retreat appears to enhance wellbeing, either by increasing the chance of good wellbeing, or reducing the chance of low wellbeing. The ability to take the full quota of annual leave appears to have much less impact on wellbeing, but the influence of taking lesser amounts of leave has not been explored.
105. There is a general trend for wellbeing to improve as the level of support for clergy increases. Support from clergy colleagues appears to be the most important and support from Bishop's staff and family members the least influential.

106. Respondents who recorded that they had insufficient access to Bishop's and Diocesan staff also tended to record low states of wellbeing, though whether the lack of access is the cause or a symptom is less clear. Fortunately, the proportion of such respondents is small.
107. Of 140 respondents, only 26 stated that they were unaware of the Diocesan Wellbeing Programme and many of these were relatively new to ordained ministry within the Diocese. All but 20 had taken part in a CMD event and all but 13 were aware that counselling is available through the Diocese, most of whom were aware of how to access it. 56 respondents had taken part in a Reflective Practice Group.
108. 60 respondents consider that bullying is an issue in the Diocese, at least in part, half of whom were unaware of the steps that can be taken,
109. Eleven respondents reported their wellbeing state as extremely or very stressed. This group of sufferers are drawn from the full cross section of the clergy with regards to gender, stipendiary status, type of parish, role and years ordained except that it includes a disproportionately large number of clergy ordained for 10 – 25 years, but no associate priests or curates.
110. Comments on practical steps that could be taken by the Diocese to improve wellbeing and more general comments cover a wide range of topics, but most fall into a few broad categories.
- The largest single category of 44 comments compliment the Diocese in some form on its provision of wellbeing support,
 - The second largest category of 30 comments relates to feelings that the Diocese/Senior Staff do not engage sufficiently, or in sufficient depth, with the clergy and do not fully understand the challenges they face on a daily basis.
 - Twelve comments addressed support for clergy.
 - Nine comments concerned workload.
 - Nine comments concerned the structure of the Diocese, including the long term in view of reducing clergy and congregations.
111. Other comments included such diverse topic as: the CMD programme, housing, bullying, non-stipendiary ministry, diversity and inclusiveness, finance and communications.

SURVEY QUESTIONNAIRE

About You

1. Are you

 Male Female

2. Do you receive a stipend?

 Yes No

3. Which title best describes your ministerial role?

 Incumbent (Rector or Vicar) Team Rector Team Vicar Priest-in-Charge Other (please specify) Associate Priest Curate Chaplain Bishop's Staff/Church House/Cathedral staff

4. If in parish ministry, is your parish(es)

 Urban Suburban Rural Mixed N/A - I am not in parish ministry

5. How long have you been ordained

 0-3 years 3-10 years 10-25 years 25* years

About your wellbeing

6. How would you rate your usual state of wellbeing?

Extremely stressed

Mild state of wellbeing

Very stressed

Good state

Mildly stressed

Very positive state

7. How would you rate your current state of wellbeing compared with four years ago?

Much worse

Better

Worse

Much better

Much the same

8. Which of the following influence your state of wellbeing?

	Strong adverse	Moderate	Weak adverse	Weak positive	Moderate	Strong positive
	Influence				positive	

Trends in the national church

Relationship with diocese

Relationship with clergy colleagues

Relationship with other lay colleagues

Those among whom you minister

Wider community

Family Members

Workload

Housing issues and property maintenance

Sense of vocation

Follow up to Ministry Review

Satisfaction with your role

N/A

9. How much practical support do you get in your ministerial duties?

Not applicable None Very little Little Some Significant Extensive

From ordained clergy

From chapter

From diocesan staff

From Bishop's Staff

From lay colleagues

From family members

10. How much time each day do you usually get away from your ministerial duties (excluding eating and sleeping)

Less than 1 hour

Between 1 and 3 hours

More than 3 hours

11. Time off

Rarely

Sometimes

Usually

Do you take at least one 24hr break from your duties each week?

Do you take a 48hr break every month?

Do you take your full allocation of annual leave?

12. Do you go on annual retreat?

Rarely

Sometimes

Usually

13. Do you have sufficient access to:

Yes

No

Bishop's Staff

Diocesan Staff

14. Do you meet with the following:

Too much About right Too little N/A

Work Consultant /
Coach / Mentor

Spiritual Director

Other (please specify in
box below)

Other

15. Do you know about the Diocesan Wellbeing programme?

Yes

No

16. Did you take part in the 2016 Wellbeing questionnaire?

Yes

No

17. What are the three most pressing concerns (personal or ministerial) for you during the past couple of months?

1.

2.

3.

18. What three positive things relating to the Covid-19 pandemic have encouraged you?

1.

2.

3.

19. Please tell us up to three things you have found helpful to your wellbeing during the Covid-19 pandemic

1.

2.

3.

20. Please tell us up to three things you have found unhelpful to your wellbeing during the Covid-19 pandemic.

- 1.
- 2.
- 3.

21. If you have had contact from your Archdeacons or Bishops during the Covid-19 pandemic, please comment and say how helpful/useful that was

22. Overall, how would you rate your morale where 0 means completely despairing and 10 means fully and positively engaged

0 1 2 3 4 5 6 7 8 9 10

a. Before the pandemic

b. Now

23. What one thing could the Diocese do to support your wellbeing in any future lockdown?

24. Reflective Practice Groups

Yes

No

Partly (please use only for "If yes" question)

I have taken part in a Reflective Practice Group organised by the Diocese during the last four years

If yes, did you find it helpful?

If no, were you aware how to take part?

I am a curate, so question is not applicable

25. CMD

Yes

No

Have you taken part in a CMD event during the last 4 years?

Which CMD events were most helpful?

26. What impact have CMD events had on your wellbeing?

Positive

None

Mixed

N/A - I have not taken part in any CMD events

Negative

27. Counselling

Yes

No

Are you aware that counselling is available through the Diocese>

Do you know how to access counselling if needed?

28. If you took part in any of the Wellbeing programme activities (Q24-25) or in counselling (Q27), did it make a difference and, if so, how?

Yes

No

How it made a difference

29. Are you aware of any wellbeing provision other than that of the diocese? If yes, please state

Yes

No

Other provision

30. Have you made use of any wellbeing provision other than that of the diocese? If yes, please state.

Yes

No

Other provision used

31. Bullying/Harassment

Partly (please use only in answer

Yes

No

to the "If yes" question

Do you think that
bullying/harassment is
an issue in the
Diocese?

If yes, are you aware of
the steps that can be
taken?

32. What practical steps could the Diocese take to improve your wellbeing?

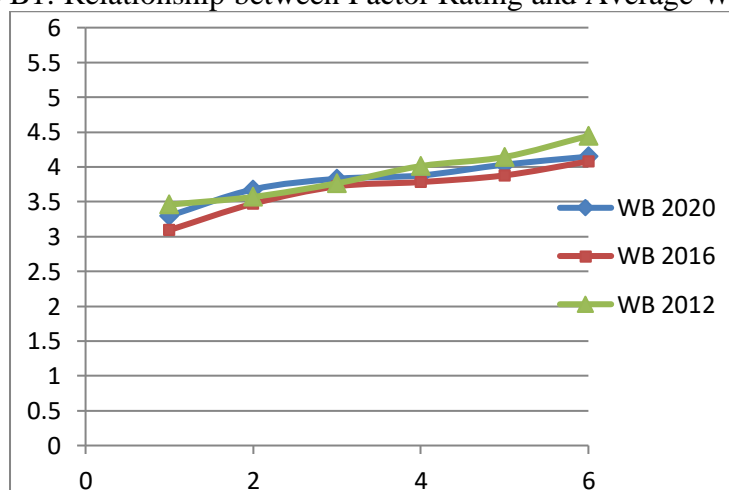
33. Any other comments?

CORRELATION OF DIFFERENT FACTORS WITH WELLBEING

Factors Affecting Wellbeing

1. A person's state of wellbeing derives from a wide range of factors which interact with each other to induce a general feeling within the individual. Some of these factors are external to the person, such as pressures related to the job, fatigue, health, family issues, financial or physical security, whilst others are internal and relate to the individual's susceptibility to these competing pressures and his or her ability to cope with them. The nature of the interactions is highly complex and may change with time as an individual's experience and expectations mature, or the effect of one particular factor may change, depending on what other factors are present at any given moment.
2. A wide range of different factors has been examined during the previous surveys. These have shown variations in terms of both how respondents have rated the influence on their wellbeing of the different factors, and in terms of the apparent correlation between these ratings and the actual wellbeing that the respondent recorded. In the 2020 survey, 12 different factors have been examined, all of which had been examined in at least one previous survey and most in all surveys. The factors are:
 - trends in the national church
 - relationship with the Diocese
 - relationship with clergy colleagues
 - relationship with lay colleagues
 - relationship amongst those whom the respondents ministers
 - relationship with the wider community
 - relationship with family members
 - workload
 - housing issues and property maintenance
 - sense of vocation
 - follow up to ministry review
 - satisfaction with role
3. In general, it might be expected that low ratings amongst the various individual factors would be reflected in lower ratings for wellbeing. The average wellbeing state has therefore been calculated for respondents recording different factor ratings across all 12 different factors (e.g. the average wellbeing of all cases where the respondent assigned a factor rating of 1, or 2, etc). The results for 2020 are shown in Figure B1, together with those for 2012 and 2016. Although not shown, the plot for 2008 is similar.

Figure B1: Relationship between Factor Rating and Average Wellbeing



Factor Rating

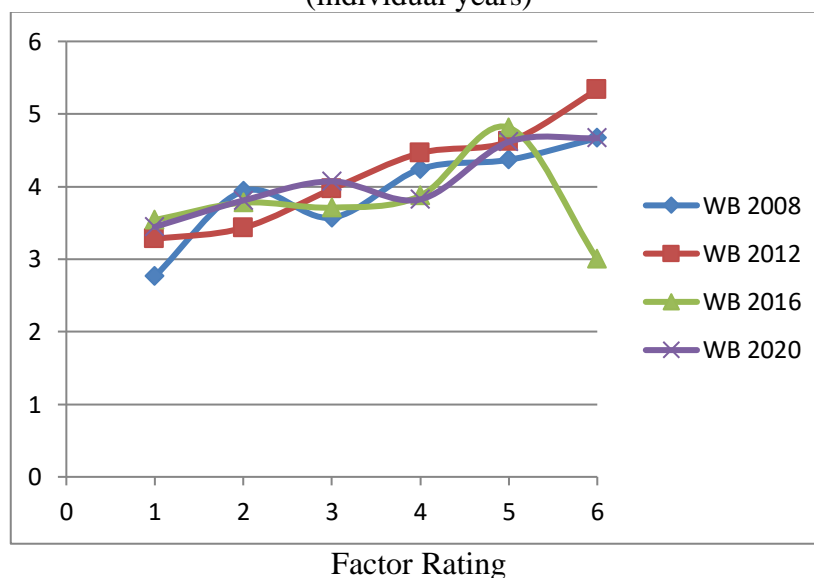
- The analysis presented in Figure B1 relates to the aggregation of data for all 12 factors, which is of course an artificial parameter and does not correspond to any specific influence in real life. Nevertheless, the figure demonstrates, on the one hand, that there is indeed a modest correlation between factor rating and wellbeing, and on the other that the trend is very similar in all three surveys.
- Similar curves have been derived for each individual factor for each year in which that factor was examined. There are, of course, some differences between the results for different years, particularly for low values of the rating factor (1 and 2 – strong adverse and moderate adverse influence), which have been reported by very few respondents in many cases, and similarly for high values in some cases. Nevertheless, allowing for the sample sizes involved, there is a fair degree of consistency across the years. Thus, the results from all relevant surveys have been combined in order to increase sample sizes and obtain a clearer view of the relationship between factor rating and wellbeing. The results for the individual factors are presented in the graphs and discussion below, which notes any significant differences in the pattern for different years. In each case, a trend line is plotted through the points which best fits the data. This is usually a straight line, but sometimes a quadratic or even a cubic fit is used.

Trends in the National Church

- This factor has been addressed in all four surveys, though the wording has changed slightly.
 - In 2008 and 2012 it was phrased: changing nature of church/role.
 - In 2016 and 2020 it was phrased: trends in the national church.

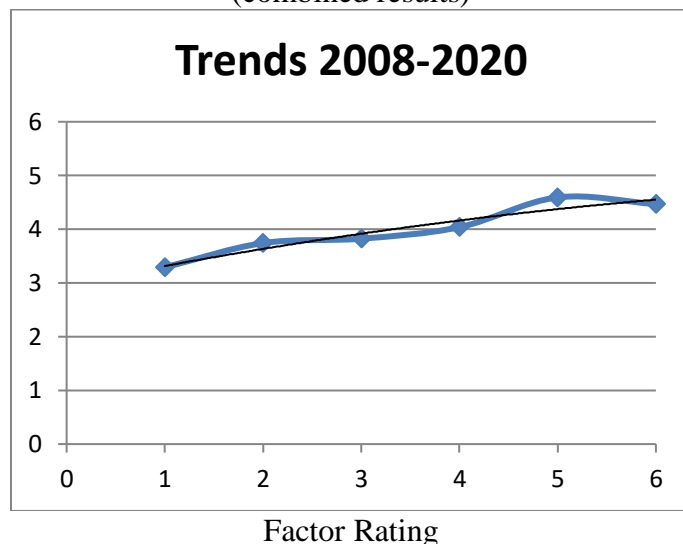
Nevertheless, it is believed that the meaning is sufficiently consistent between the two definitions to warrant combining the results and this is further reinforced by the similarity in results obtained from the four surveys, as shown in Figure B2. Note that the low wellbeing in 2016 for a factor rating of 6 was based on a sample of only three respondents.

Figure B2: Relationship Between Wellbeing and Factor Rating
(individual years)



7. The relationship between factor rating and wellbeing for the combined data is shown in Figure B3.

Figure B3: Relationship Between Wellbeing and Factor Rating (combined results)

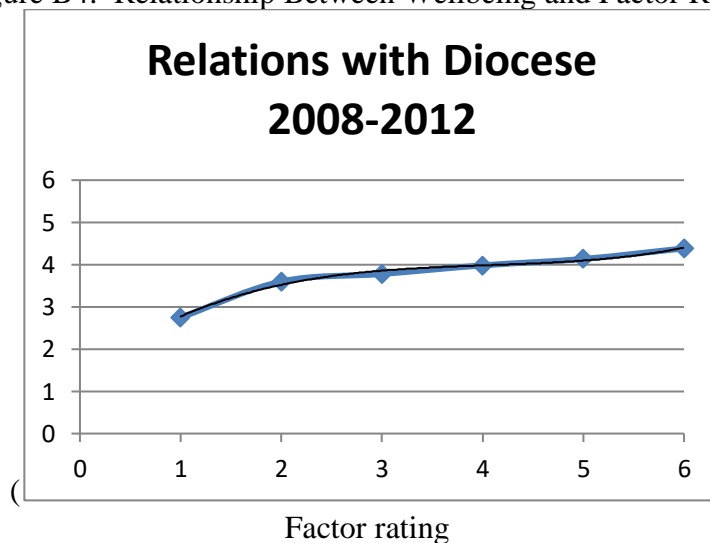


8. The trend shows a slight downward curvature as factor rating reduces and the data are best approximated by a quadratic best fit line, as shown in the figure. Note however that many respondents considered that this factor had no influence on their wellbeing, or was irrelevant.

Relationship With Diocese

9. There is a similar trend in the relationship between wellbeing and factor rating across all four surveys for relationship with the Diocese, though the trend line for 2016 is slightly lower than that for the other years. Nevertheless, the data have been combined to produce Figure B4.

Figure B4: Relationship Between Wellbeing and Factor Rating



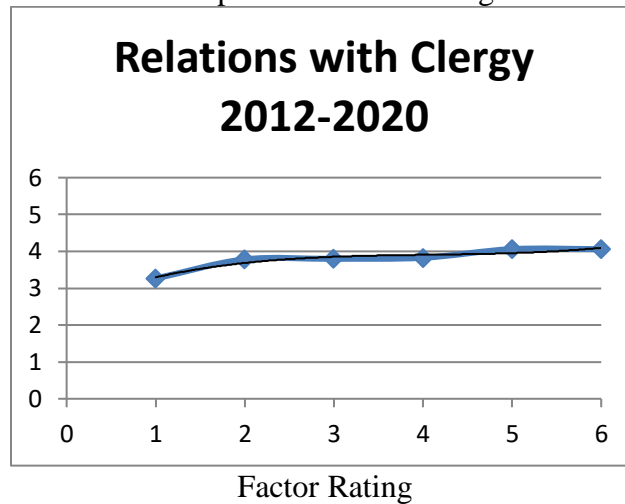
10. The graph shows a relatively flat straight line for factor ratings between 2 and 6, but with a definite drop for a factor rating of 1. The sample size for this last point is not large (18), but not insignificant and the

drop is evident in all years except 2012. Assuming that the graph does indeed represent a realistic assessment of the relationship, then it implies that relations with the Diocese have relatively little correlation with wellbeing, unless they have deteriorated badly, when the impact appears to be much greater. A straight line does not fit these data very well, nor does a quadratic, so the figure shows a cubic best fit.

Relationship with Clergy Colleagues

11. The individual graphs for relationships with clergy colleagues are very similar and the data have been combined to produce Figure B5. Note that this aspect was not addressed in 2008.

Figure B5: Relationship Between Wellbeing and Factor Rating

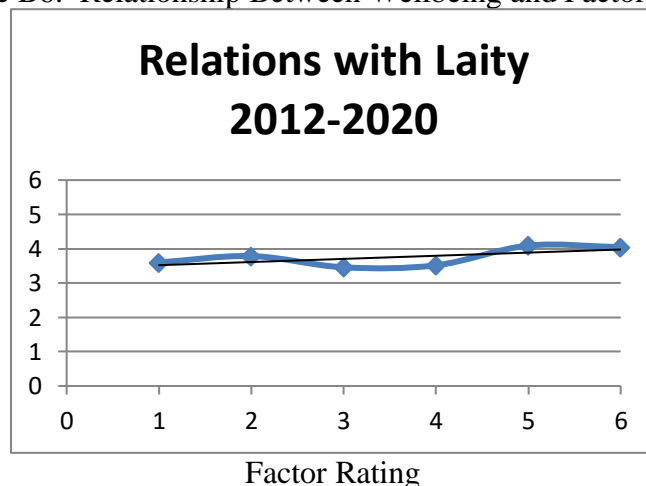


12. The data indicate very little correlation between factor rating and wellbeing for factor ratings above 2, but with a slight downward trend, particularly for a rating of 1. This is very similar to that for relations with the Diocese, but is less pronounced. Again, a cubic offers the best fit to the data.

Relationship with Other Lay Colleagues

13. There is considerable variation in the average wellbeing ratings between the surveys for factor ratings 1 and 2, but sample sizes are very small and the results are relatively meaningless individually. Data from the combined 2012 to 2020 surveys for relationship with other lay colleagues are shown in Figure B6.

Figure B6: Relationship Between Wellbeing and Factor Rating

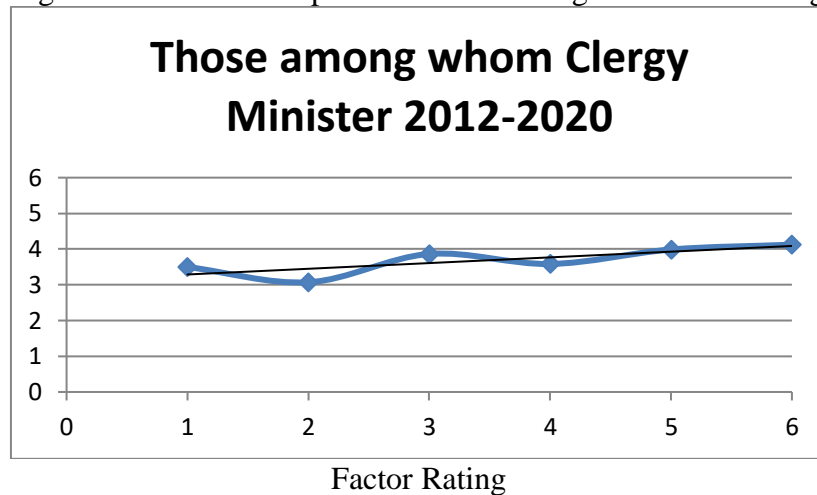


14. The slightly sinuous curve can be adequately represented by a straight line with a very shallow gradient. Again, this indicates very little correlation and implies that relationships between clergy and lay colleagues have little impact on wellbeing.

Those Among Whom You Minister

15. The situation for this factor is very similar to that for the previous factor in that there is considerable variation in average wellbeing for low factor ratings, but the sample sizes are very small. Figure B7 shows the relationship between wellbeing and those among whom the clergy minister for the combined data.

Figure B7: Relationship Between Wellbeing and Factor Rating

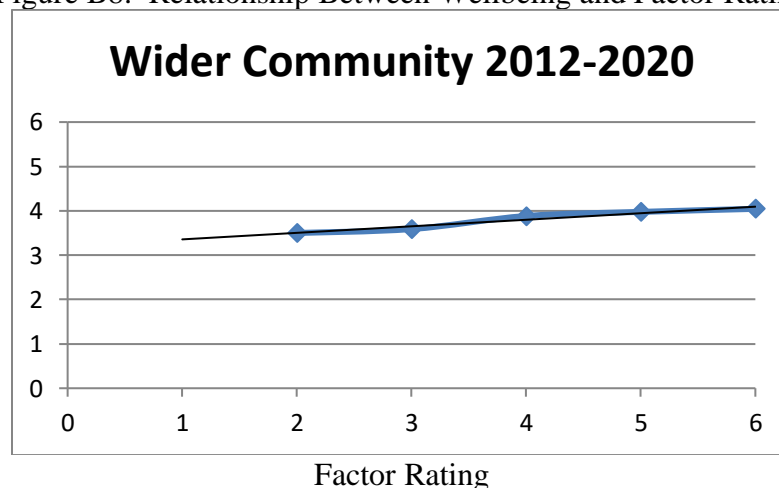


16. The relationship can be represented by a linear fit similar to that for relationships with laity, but with a slightly steeper gradient, implying slightly stronger correlation with wellbeing, but less than trends in the national church and relationships with the Diocese.

Wider Community

17. Few respondents recorded adverse factor ratings (1 – 3) for relationship with the wider community and there is considerable variability in average wellbeing across the years for these ratings. There is very high agreement on average wellbeing for a factor rating of 4 (weak positive influence) but the trend line for 2012 begins to diverge again significantly from 2016 and 2020 for higher factor ratings. There is no obvious reason for this divergence and the data for all three years have been combined, as shown in Figure B8.

Figure B8: Relationship Between Wellbeing and Factor Rating

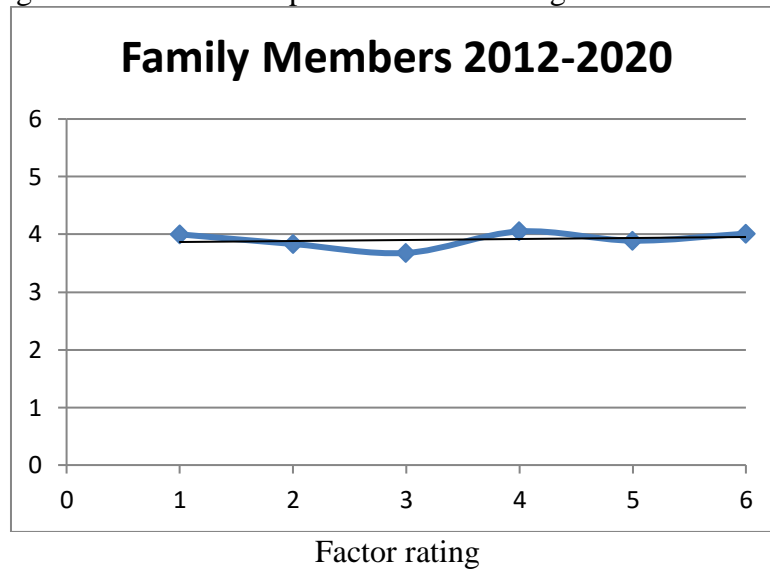


18. The combined data show a very similar pattern to relations with those ministered to, with an excellent linear fit and small gradient, implying little impact on wellbeing.

Relations with Family Members

19. As for relations with the wider community, very few respondents recorded adverse factors for relations with family members and there is wide variability in average wellbeing for these factor ratings. However, there is good agreement between the years for positive ratings. The results for the combined data are shown in Figure B9.

Figure B9: Relationship Between Wellbeing and Factor Rating

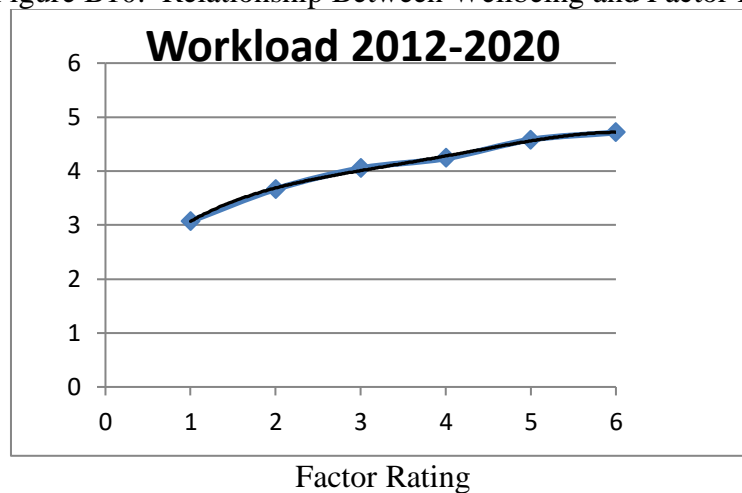


20. The data indicate, not only a good linear fit to the data, but that the line is horizontal, implying that the factor does not correlate with wellbeing.

Workload

21. There is a reasonably consistent pattern across the three surveys, with an adequate sample size for all factor ratings. The results for the combined data are presented in Figure B10.

Figure B10: Relationship Between Wellbeing and Factor Rating



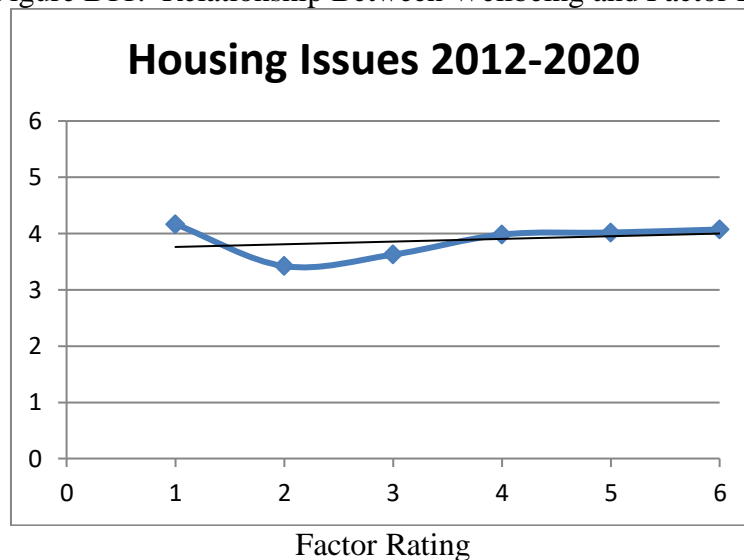
22. The correlation between workload and wellbeing is strong. The graph includes a quadratic fit to the data, which offers a much better fit than linear, and is barely visible as it follows the trend line so

closely. The quadratic fit implies not simply that the potential adverse effect of workload on wellbeing increases as the workload increases, but that the adverse effect accelerates. The gradient of the line in Figure B10 is also steeper than other factors, even when given a high factor rating. Again, this suggests that workload is an important factor in determining wellbeing.

Housing Issues

23. There is good consistency across the three surveys for factor ratings of 3 (weak adverse influence) and above and although there is variability at lower factor ratings, owing to small sample sizes, the differences are not significant. The data for the combined results are shown in Figure B11.

Figure B11: Relationship Between Wellbeing and Factor Rating

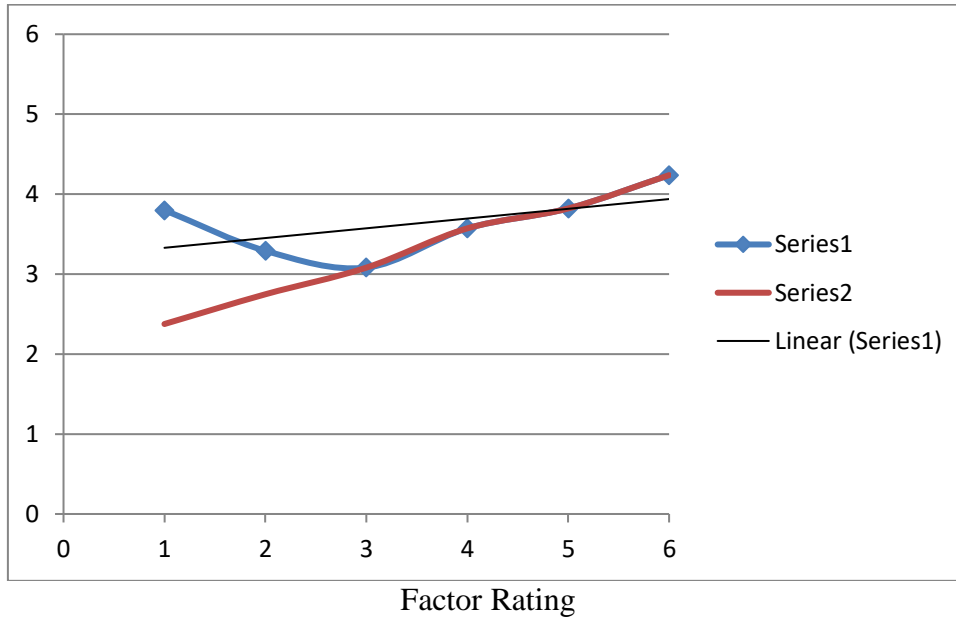


24. The best linear fit to the data is very nearly horizontal, implying no correlation between housing issues and wellbeing. This is driven largely by the point for a factor rating of 1, which paradoxically corresponds with the highest average wellbeing state. Excluding this point, the data would indicate a gentle downward trend. The sample size for this point is small (12), but not insignificant. Furthermore, the same phenomenon is observed across all three surveys. No reason can be offered for this somewhat odd, indeed, anomalous result. However, it can be noted that 20-30% of respondents described housing issues as irrelevant to their wellbeing in the two surveys in which this option was offered. (For technical reasons, respondents could not state that a factor was irrelevant to their wellbeing in the 2016 survey). Thus, it seems likely that housing issues do not, in practice, correlate strongly with wellbeing amongst the clergy.

Sense of Vocation

25. This factor was examined in all four surveys. As for several other factors, there is good consistency across the surveys for factor ratings of 3 and above, but considerable variability for ratings of 1 and 2, owing to small sample sizes. Figure B12 includes the combined results for the four surveys, together with best linear fit to the data, shown as Series 1. Also shown, as Series 2, is the best linear fit to the data for factor ratings of 3 and above and the extrapolation down to a factor rating of 1.

Figure B12: Relationship Between Wellbeing and Factor Rating
Sense of Vocation

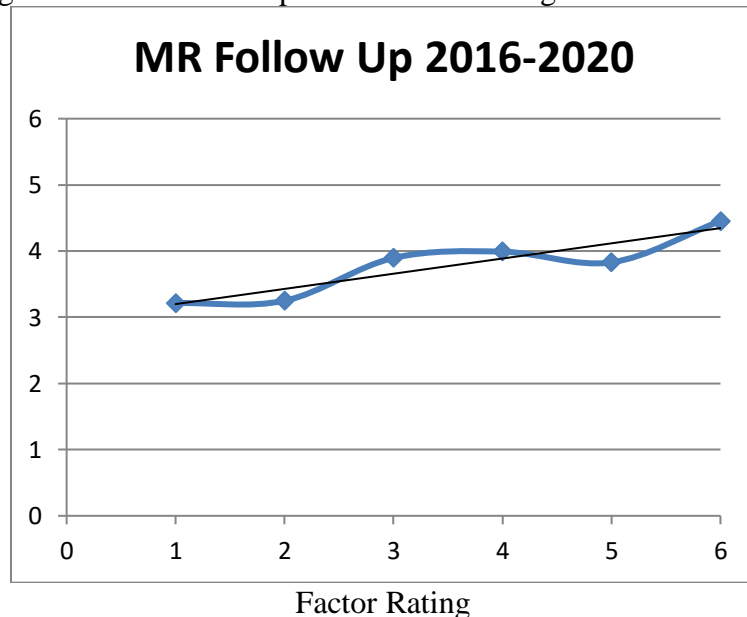


26. The best linear fit to the complete set of data indicates a modest correlation between sense of vocation and wellbeing, though the upturn in the graph for factor ratings of 1 and 2 is difficult to understand and suggests that, in practice, a sense of vocation has little relationship to wellbeing. It is recognized that it is very bad practice to disregard data unless there are solid grounds for believing that it has been corrupted, which there are not. However, the plot shown as Series 2, which is based on factor ratings of 3 and above, corresponding to 97% of the data, indicates a strong correlation between sense of vocation and wellbeing, comparable to that displayed by workload. At this stage, it is impossible to pass firm judgement on the relationship between sense of vocation and wellbeing, but it seems likely that the two are strongly correlated.

Follow Up to Ministry Review

27. This question was only introduced into the survey in 2016 and Figure B13 shows the combined results for the two most recent surveys.

Figure B13: Relationship Between Wellbeing and Factor Rating

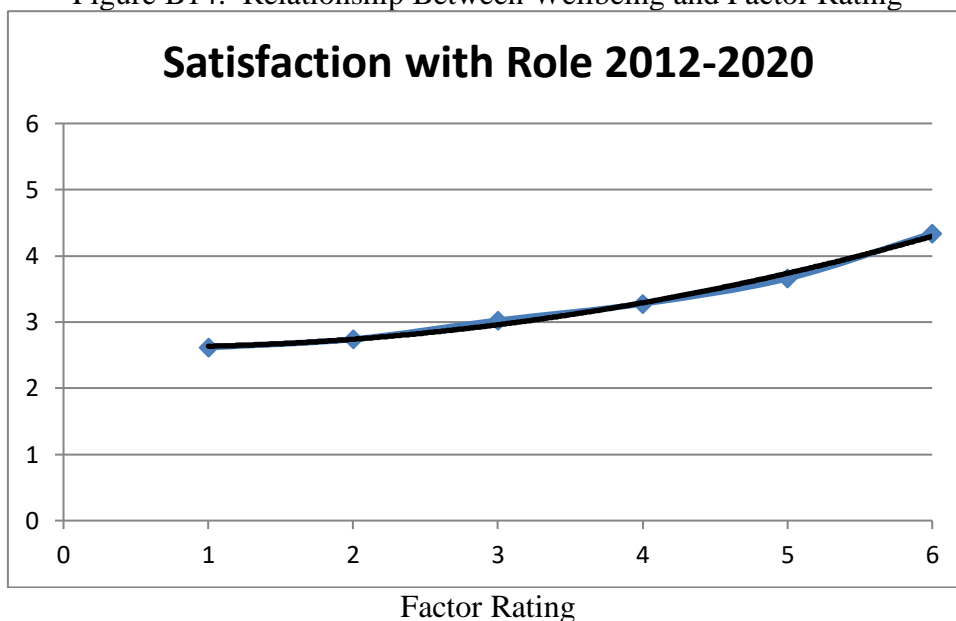


28. The sinuous curve can be well approximated by a linear fit which suggests a rather stronger correlation between wellbeing and follow up to ministerial review than for several other factors. Note, however, that in 2020, 27 respondents (19%) marked this factor as not applicable.

Satisfaction with Role

29. There is considerable variation in the data for the three surveys, with no clear pattern emerging in any single year. As in other cases, sample sizes for low factor ratings are small, but the lack of a clear pattern is not restricted only to low ratings. However, when the data for the three surveys are combined, a much clearer pattern emerges, as shown in Figure B14.

Figure B14: Relationship Between Wellbeing and Factor Rating



30. As for workload, a much better fit to the data is obtained from a quadratic, rather than a linear approximation, to the extent that the line is barely visible in Figure B14. However, unlike workload, the line for satisfaction with role tends to curve upwards as factor rating reduces, implying that the correlation between job satisfaction and wellbeing reduces.

Implications

31. As noted elsewhere, the fact that there is correlation between the rating assigned to a factor and wellbeing does not necessarily imply that the factor is driving wellbeing; it may be the other way round, or some third factor, possibly external to the Diocese, is driving both. However, in many cases it seems likely that there is indeed a causal relationship between the factor and wellbeing, and the scale of this relationship can be judged from the slope of the line in the preceding figures.

32. Assuming that there is a causal relationship between a factor and wellbeing, Table B1 indicates the relative importance of each factor. Specifically, it shows the difference in wellbeing corresponding to a change in factor rating from 1 to 6 (strong adverse to strong positive influence) for each factor, derived from the best fit line in each case.

Table B1: Relative Importance of Factors in Influencing Wellbeing

Factor	Change in Wellbeing rating for change in factor rating from 1 to 6
Trends in the national church	1.3
Relations with Diocese	1.5
Relations with clergy colleagues	0.7
Relations with other colleagues	0.5
Those amongst whom you minister	0.8
Relations with the wider community	0.7
Relations with family members	0
Workload	1.5
Housing issues	0.2
Sense of vocation ¹	0.6 (1.8)
Follow up to Ministry Review	1.1
Satisfaction with role	1.7

Note 1. The numbers in brackets refer to the series 2 interpretation shown in Figure B12 and discussed in paragraphs 25 and 26.

33. Table 1 shows clearly that the correlation between factor rating and wellbeing is strongest for:

- Trends in the national church
- Relations with the Diocese
- Workload
- Possibly sense of vocation
- Satisfaction with role

In the case of the first three and probably the fourth, it seems likely that it is the factor which predominantly influences wellbeing, rather than the reverse. This is less obvious for satisfaction with role since it is quite plausible for one's job satisfaction to be influenced by one's wellbeing.

34. Most of the other factors are also important, though less so than the five above. However, relations with family members and housing issues appear to have little correlation with wellbeing. This is not to suggest that such issues are unimportant, but that they do not seem to influence wellbeing one way or the other.

IMPACT OF TIME OFF

Background

1. The impact of time off, as reflected in significant correlation between the extent of time off and wellbeing, varies between the different surveys and no consistent pattern has emerged. The data from all the surveys have therefore been aggregated to establish whether there is indeed a pattern in the larger sample. In most cases, the aggregation involves data from three surveys – 2012, 2016 and 2020 – but for hours off per day, the question was asked in the same form in 2008, so there are four years for this factor; for annual retreat, the question was only asked in 2016 and 2020.

Hours off per Day

2. The proportion of respondents who indicated different periods of time off per day is shown in Table C1.

Table C1: Time Off per Day
Percentage of respondents in each year and combined

Year	Less than 1 hour	Between 1 and 3 hours	Over 3 hours
2008	9	57	34
2012	10	66	24
2016	26	28	46
2020	9	57	34
Combined	15	50	35

3. The extent of time off during the day varies considerably between the different surveys. Although both 2008 and 2020 are identical, and close to the average across all four surveys, 2012 shows disproportionately more between 1 and 3 hours, and less over 3 hours, whilst 2016 shows disproportionately less between 1 and 3 hours, with the balance being split between less than 1 hour and over 3 hours. We are, of course, not in any position to challenge these data as they are what the respondents believed to be an accurate description of their circumstances, though they do seem to be somewhat strange.
4. This brings us to the question of the relationship between hours off per day and wellbeing. Table C2 shows, for all the years combined, how the average wellbeing, the percentage of respondents recording positive wellbeing and the percentages recording low or high values of wellbeing varied with the amount of time off each day.

Table C2: Relationship between Wellbeing and Time Off Each Day

Time off	Less than 1 hour	Between 1 and 3 hours	Over 3 hours
Average wellbeing	3.8	3.9	4.2
Percentage positive wellbeing	45	55	66
Percentage low wellbeing	8	9	8
Percentage high wellbeing	33	39	46

5. As might be expected, the wellbeing of respondents appears to improve, the more free time they are able to take each day, both in terms of the proportion recording positive states of wellbeing and the proportion recording high states of wellbeing. Interestingly, the percentage recording low wellbeing is unrelated to time off.

6. An even stronger correlation is evident between hours off per day and workload, as shown in Table C3.

Table C3: Relationship between Workload and Time Off Each Day

Time off	Less than 1 hour	Between 1 and 3 hours	Over 3 hours
Average rating for workload	2.1	2.9	3.8
Percentage positive influence	7	34	55
Percentage moderate or strong adverse influence	67	48	23
Percentage moderate or strong positive influence	2	19	36

7. For those respondents who managed less than 1 hour off per day, workload is considered to have a very serious adverse influence, with 67% recording a moderate or strong adverse influence and 36% a very strong adverse influence. For those who managed over 3 hours per day, workload is far less of a problem, with the balance of responses showing a positive influence. Although there is obviously strong correlation between time off and workload, it is less clear which is influencing the other. The greater the workload, then inevitably time off will reduce and workload might be seen as the driving influence. On the other hand, time off may reduce for other reasons, perhaps family related, or profession for associate priests, which increases the burden of workload in the remaining time.
8. It is not surprising that wellbeing shows a less critical relationship with time off than does workload, since the latter is only one of the factors contributing to the former.

24-Hour Break per Week

9. The ability of respondents to take a 24-hour break per week is shown in Table C4.

Table C4: Ability to Take a 24-Hour Break per Week
Percentage of Respondents in Each Year and Combined

Year	Rarely	Sometimes	Usually
2012	4	15	81
2016	9	12	80
2020	5	9	86
Combined	6	12	82

10. There is no significant difference between the three surveys with regard to ability to take a 24-hour break each week, with the vast majority able to do so on a regular basis.
11. Table C5 shows the relationship between ability to take a 24-hour break and wellbeing.

Table C5: Relationship between Wellbeing and Ability to Take a 24-Hour Break per Week

24-hour break taken	Rarely	Sometimes	Usually
Average wellbeing	3.6	3.9	4.0
Percentage positive wellbeing	45	55	58
Percentage low wellbeing	21	11	7
Percentage high wellbeing	38	38	41

12. Those who can rarely take a 24-hour break per week are significantly more likely to suffer from low wellbeing and this contributes to a lower average wellbeing. Those who can sometimes take a break have slightly lower wellbeing than those who regularly do so, but the difference is not statistically significant. Ability to take a 24-hour break does not appear to correlate significantly with high wellbeing.
13. The relationship between workload and ability to take a 24-hour break each week is shown in Table C6.

Table C6: Relationship between Workload and Ability to Take 24-Hour Break

Weekly break	Rarely	Sometimes	Usually
Average rating for workload	2.3	2.7	3.2
Percentage positive influence	18	22	40
Percentage moderate or strong adverse influence	61	53	41
Percentage moderate or strong positive influence	7	16	24

14. Again, there are significant differences in the rating for workload, depending on ability to take a 24-hour break, though not quite so pronounced as for time off during the day.

48-Hour Break per Month

15. The ability of respondents to take a 48-hour break per month is shown in Table C7.

Table C7: Ability to Take a 48-Hour Break per Month
Percentage of Respondents in Each Year and Combined

Year	Rarely	Sometimes	Usually
2012	50	28	22
2016	39	34	27
2020	41	33	26
Combined	43	32	25

16. For reasons unknown, respondents were significantly less able to take a 48-hour break in 2012 than in the two later surveys. The question was not asked in the 2008 survey.
17. Table C8 shows the relationship between ability to take a 48-hour break per month and wellbeing.

Table C8: Relationship between Wellbeing and Ability to Take a 48-Hour Break per Month

48-hour break taken	Rarely	Sometimes	Usually
Average wellbeing	3.8	3.9	4.3
Percentage positive wellbeing	52	54	68
Percentage low wellbeing	10	10	5
Percentage high wellbeing	36	39	52

18. Those who are able regularly to take a 48-hour break enjoy substantially better wellbeing than those who do not. Those who may sometimes do so are slightly better off than those who rarely do so, but the difference is less pronounced.
19. The relationship between workload and ability to take a 48-hour break each month is shown in Table C9.

Table C9: Relationship between Workload and Ability to Take 48-Hour Break

Monthly break	Rarely	Sometimes	Usually
Average rating for workload	2.6	3.1	3.8
Percentage positive influence	24	43	53
Percentage moderate or strong adverse influence	55	44	21
Percentage moderate or strong positive influence	13	23	37

20. There is a strong correlation between ability to take a 48-hour break each month and the rating for workload, but again this is not as pronounced as for time off during the day.

Annual Leave

21. The ability of respondents to take annual leave is shown in Table C10.

Table C10: Ability to Take Annual Leave
Percentage of Respondents in Each Year and Combined

Year	Rarely	Sometimes	Usually
2012	14	13	73
2016	21	17	62
2020	21	24	55
Combined	19	18	63

22. It would seem that clergy have been increasingly less able to take annual leave over the last eight years. In the 2008 survey, the question was phrased differently. They were asked whether they typically took less than 4 weeks annual holiday (26%), between 4 and 6 weeks (67%), or more than 6 weeks (7%). Although direct comparison with the later surveys is impossible, the data suggest that 2008 was not radically different from 2016 and 2020.

23. Table C11 shows the relationship between ability to take annual leave and wellbeing.

Table C11: Relationship between Wellbeing and Ability to Take Annual Leave

48-hour break taken	Rarely	Sometimes	Usually
Average wellbeing	3.8	4.1	4.0
Percentage positive wellbeing	49	65	57
Percentage low wellbeing	9	10	8
Percentage high wellbeing	35	44	43

24. Table C11 suggests that there is a tendency for those who rarely take their full quota of annual leave to have a slightly lower wellbeing than other clergy, but the differences are barely statistically significant.

25. The relationship between workload and annual leave is shown in Table C12.

Table C12: Relationship between Workload and Ability to Take Annual Leave

Full quota of annual leave	Rarely	Sometimes	Usually
Average rating for workload	2.7	3.2	3.1
Percentage positive influence	27	40	39
Percentage moderate or strong adverse influence	51	40	43
Percentage moderate or strong positive influence	12	25	24

26. There is little difference between the results for those who sometimes or usually take their full quota of annual leave, but those who rarely take their full quota are more strongly correlated with lower ratings for workload. This suggests that, in practice, annual leave only impinges on attitude to workload if it is rarely taken. This may of course arise because it is the level of workload that prevents, or at least deters, the taking of annual leave.

Annual Retreat

27. The ability of respondents to take annual retreat is shown in Table C13. Note that this question was only asked in the last two surveys.

Table C13: Ability to go on Annual Retreat
Percentage of Respondents in Each Year and Combined

Year	Rarely	Sometimes	Usually
2016	26	28	46
2020	29	32	39
Combined	27	30	43

28. There is no significant difference between the data for the two surveys.

29. Table C14 shows the relationship between going on annual retreat and wellbeing.

Table C14: Relationship between Wellbeing and Annual Retreat

Annual retreat taken	Rarely	Sometimes	Usually
Average wellbeing	3.8	3.8	4.1
Percentage positive wellbeing	49	46	62
Percentage low wellbeing	6	12	7
Percentage high wellbeing	34	38	44

30. Those who regularly go on annual retreat enjoy a significantly better state of wellbeing than those who do not.

31. The relationship between workload and annual retreat is shown in Table C15.

Table C15: Relationship between Workload and Going on Annual Retreat

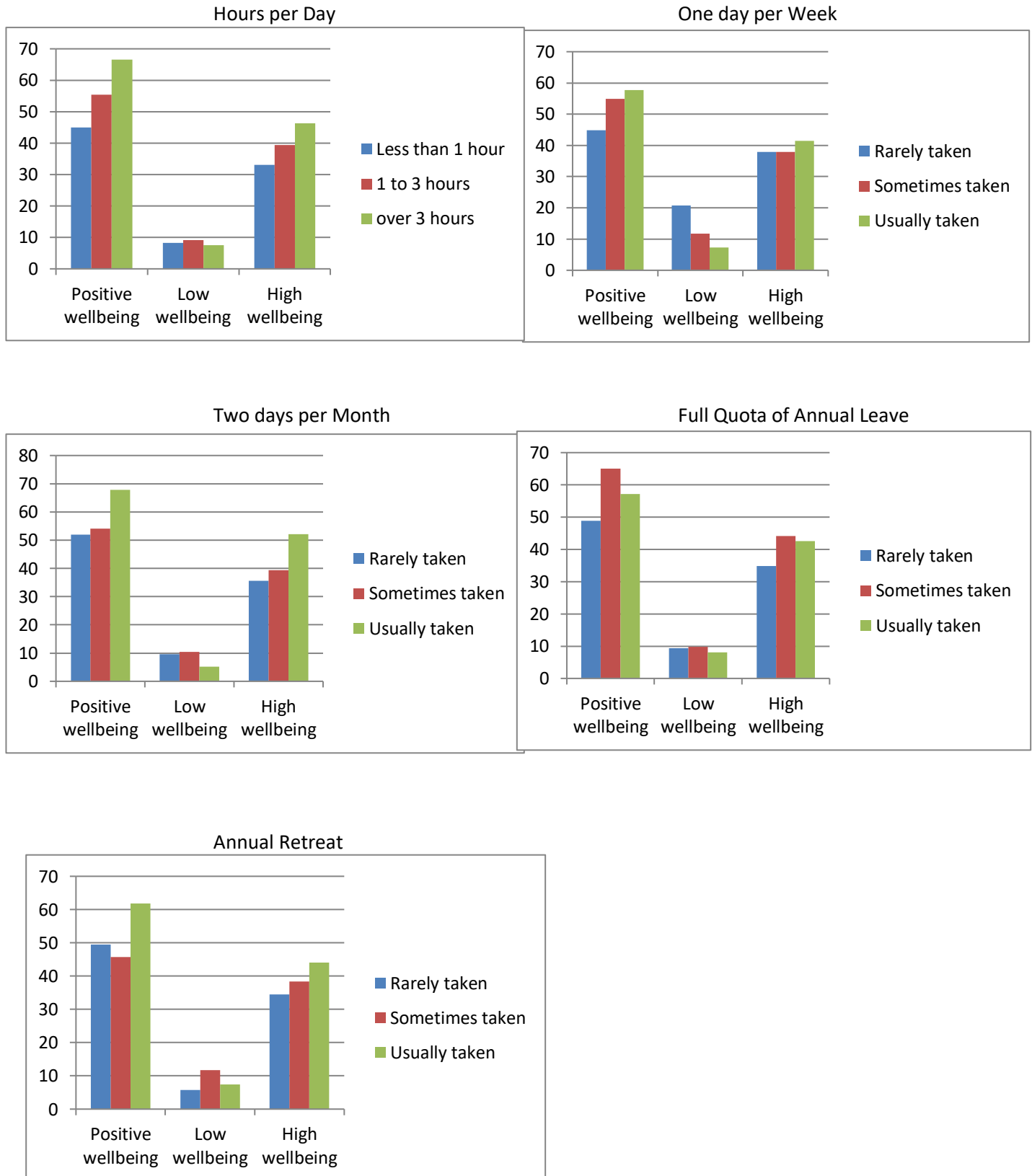
Annual retreat	Rarely	Sometimes	Usually
Average rating for workload	3.4	2.8	3.14
Percentage positive influence	48	29	40
Percentage moderate or strong adverse influence	31	50	45
Percentage moderate or strong positive influence	23	18	28

32. Although there are some substantial and significant differences between the three cases, there is no consistent pattern to suggest any strong correlation with workload. Indeed, the data could be interpreted as indicating that going on annual retreat increases the adverse impact of workload on wellbeing. This is of course not impossible, since time away on retreat reduces the time available for everything else, which has not reduced in volume. However, one might have expected the same effect with regard to annual leave, which is not the case. Furthermore, this would not explain why those who sometimes go on annual retreat appear to be worse off in this regard than those who usually do so.

Influence of Time Off on Wellbeing

33. The results from the aggregation of the different surveys are summarised in Figure C1, which shows how wellbeing, in terms of the percentage of respondents recording positive, low and high wellbeing ratings, is related to ability to take time off.

Figure: C1 Relationship Between Time Off and Wellbeing
Percentage of Respondents



34. The figures show that there is undoubtedly a general tendency for wellbeing to improve as more time off can be taken, but the scale of improvement varies considerably between the different aspects of time off.

- The ability to take time off during the day correlates directly and significantly with wellbeing, increasing the proportion of respondents recording both positive and very good

states of wellbeing. It does not appear to influence those suffering from low wellbeing, but the proportion of such respondents is small.

- The ability to take a 24-hour break each week also correlates with the proportion of respondents reporting positive states of wellbeing, though the effect is less pronounced than for time off during the day. It also correlates significantly with the proportion suffering from very low wellbeing, unlike other aspects of time off.
- The ability to take a 48-hour break every month appears to have relatively little impact on wellbeing unless it is regularly taken, in which case there is good correlation with the proportion reporting positive and very good wellbeing.
- There is little correlation between the ability to take a full quota of annual leave and wellbeing, implying that it has little impact. However, it should be noted that the question refers specifically to full quota and respondents may well have taken lesser amounts of leave. In the 2008 survey, the question was phrased differently. Under the heading of “how much time do you get away from church duties?”, respondents were asked how much annual holiday they took, viz less than 4 weeks, 4 to 6 weeks, or over 6 weeks. This survey also indicated little significant correlation between the amount of leave and wellbeing, though there was a marginally significant tendency for positive states of wellbeing to increase as more leave was taken.
- As for annual leave, there is little clear correlation between going for annual retreat and wellbeing, although there is a slight tendency for those who usually do so to have more positive wellbeing than other clergy.

Correlation Between Time Off and Workload

35. As might be expected, there is strong correlation between ability to take time off and workload. Those who are better able to take regular breaks tend to report less adverse influence of workload. This is particularly true for daily breaks, but also to a slightly lesser extent, for weekly and monthly breaks. It appears to be less true for annual leave and annual retreat. Indeed, in the case of the latter, the reverse appears to be true – the adverse effects of workload appear to decrease if annual retreat is not taken.

THE INFLUENCE OF SUPPORT FOR CLERGY

Background

1. Support for clergy may take many different forms – practical, spiritual, counselling and others. The issue of support for clergy in the broadest sense was addressed in three separate sets of questions in the 2020 survey.
 - The practical support received in ministerial duties from: ordained clergy colleagues, Chapter, Diocesan Staff, Bishop’s Staff, lay colleagues and family members.
 - Adequacy of access to Bishop’s Staff and Diocesan Staff.
 - Use of and access to work consultants/coaches/mentors, spiritual directors and any others.

PRACTICAL SUPPORT

2. All of the different elements of practical support have been examined in at least one previous survey and some have been examined in all three. As has been done for the various factors that may influence wellbeing and for the impact of time off, data from all relevant surveys have been combined to enlarge data samples and obtain a clearer understanding of the correlation between the level of support and wellbeing.
3. Respondents were asked to indicate how much support they received in their ministerial duties on a six point scale:
 - None – 1
 - Very little – 2
 - Little – 3
 - Some – 4
 - Significant – 5
 - Extensive – 6

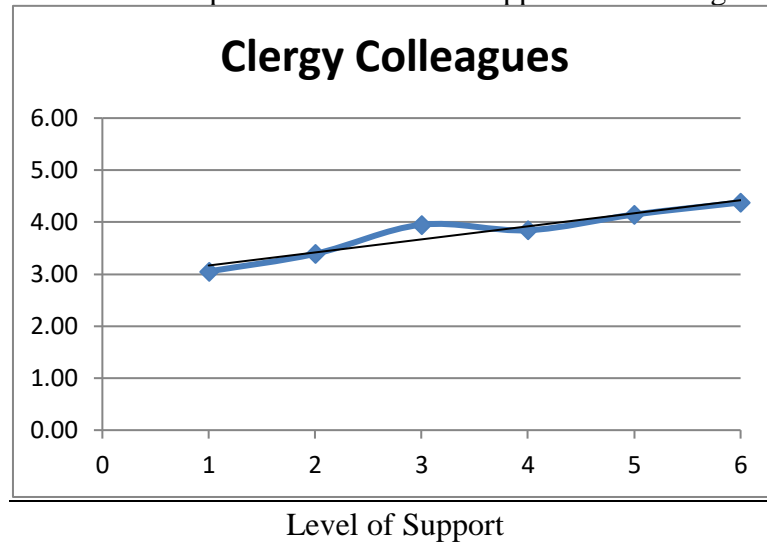
They also had the option of saying that the question was not applicable, though few exercised this option.

4. The data from the different surveys have been combined to increase sample sizes and obtain a clearer understanding of how the level of support relates to wellbeing. The following figures show, for each type of support, how the average wellbeing rating varies with the level of support that has been ascribed by the respondents. In each case, a line which best fits the data has been drawn through the data points. This is usually a straight line, but a quadratic has been found more suitable in a few cases.

Support from Clergy Colleagues

5. Support from clergy colleagues has been examine in all three surveys since 2012 and Figure D1 shows the relationship between the level of support ascribed and the corresponding average wellbeing state reported by the respondents.

Figure D1: Relationship Between Level of Support and Average Wellbeing

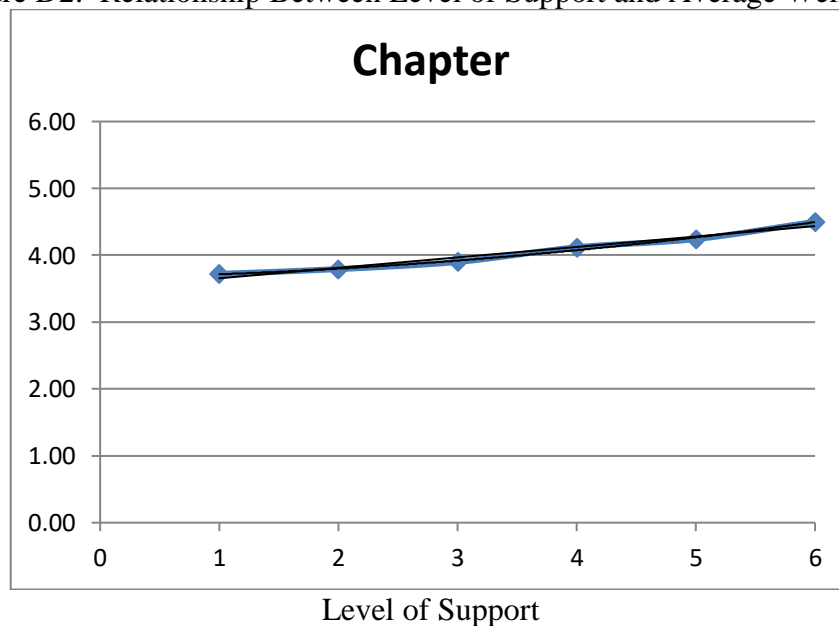


- The data show a decline in average wellbeing as the level of support reduces from extensive to none, marked by the best linear fit, but with a small “blip” at level 3 (little support). There is no obvious reason for this, but it is apparent in all three surveys. Assuming that the correlation, or lack of it, reflects the genuine impact of support on wellbeing, Figure 1 implies that a lack of support – none or very little – has a deleterious effect on wellbeing, whilst extensive support benefits wellbeing, but that levels of support between these extremes has little impact.

Support from Chapter

- Support from Chapter has also been examined in the last three surveys and the results are shown in Figure D2 below. The results from the 2016 and 2020 surveys are very similar and suggest that there is little correlation between the level of support and wellbeing, implying that the latter has little impact on the former. The data for 2012 display rather more divergence at the top and bottom ends of the level of support, but the sample sizes at these extremes are small and the data for all three years have therefore been combined, with the results shown in Figure D2.

Figure D2: Relationship Between Level of Support and Average Wellbeing

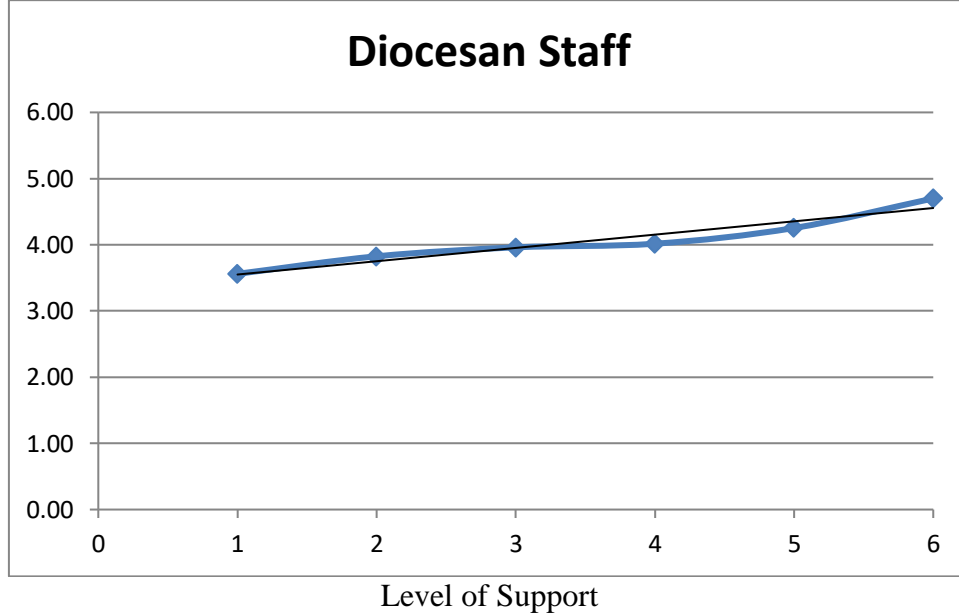


- 8. The data display a gentle decline in average wellbeing as the level of support reduces, with just a hint of curvature, implying a modest and reducing correlation between level of support from Chapter and wellbeing.

Support from the Diocesan Staff

- 9. This question was asked in all four surveys and the results were very similar in each case when allowance is made for small sample sizes. The combined results are shown in Figure D3.

Figure D3: Relationship Between Level of Support and Average Wellbeing

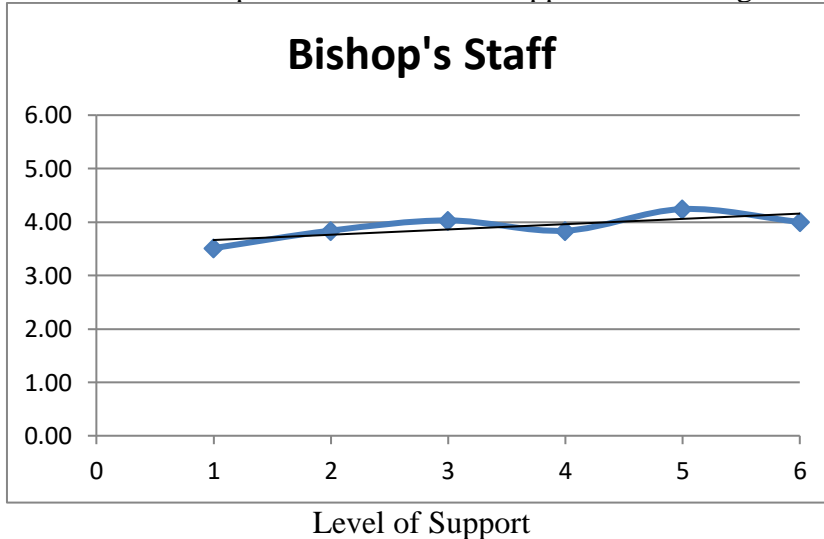


- 10. The slightly sinuous line can be well approximated by a linear fit which suggests a moderate correlation between level of support and wellbeing, stronger than that for chapter, but less than for clergy colleagues.

Support from Bishop's Staff

- 11. This question was only posed in the two most recent surveys. There is no significant difference between the two sets of data and they have been combined to increase sample sizes, as shown in Figure D4.

Figure D4: Relationship Between Level of Support and Average Wellbeing

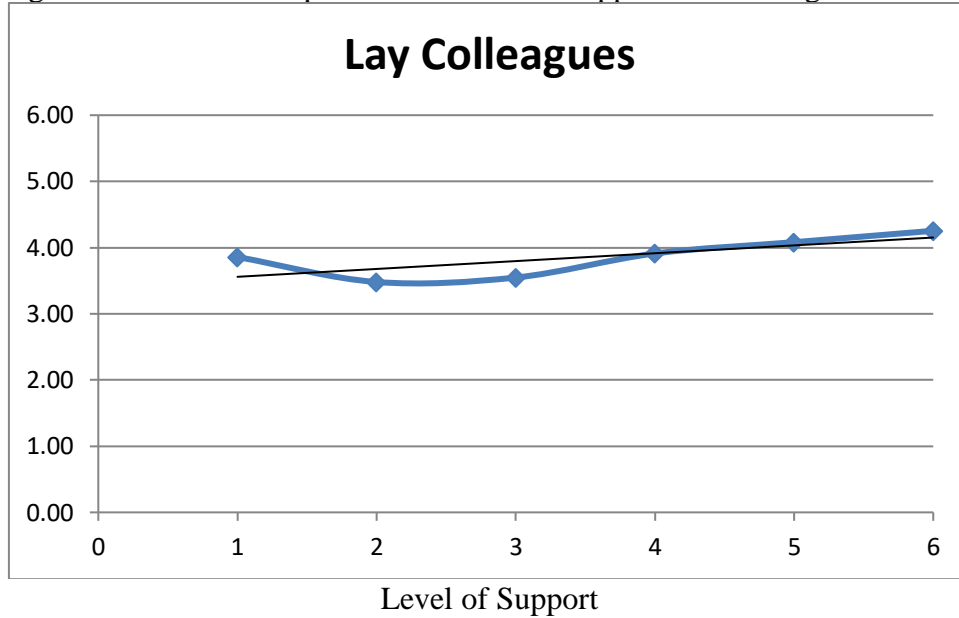


12. Again, a straight line provides a reasonable fit to the data and indicates that there is modest correlation between support from Bishop’s Staff and wellbeing.

Support from Lay Colleagues

13. This question was posed in all four surveys. There is considerable variability in the results for low levels of support, but sample sizes for these levels are small as few respondents recorded low levels. The data have therefore been combined to produce the graph in Figure D5.

Figure D5: Relationship Between Level of Support and Average Wellbeing

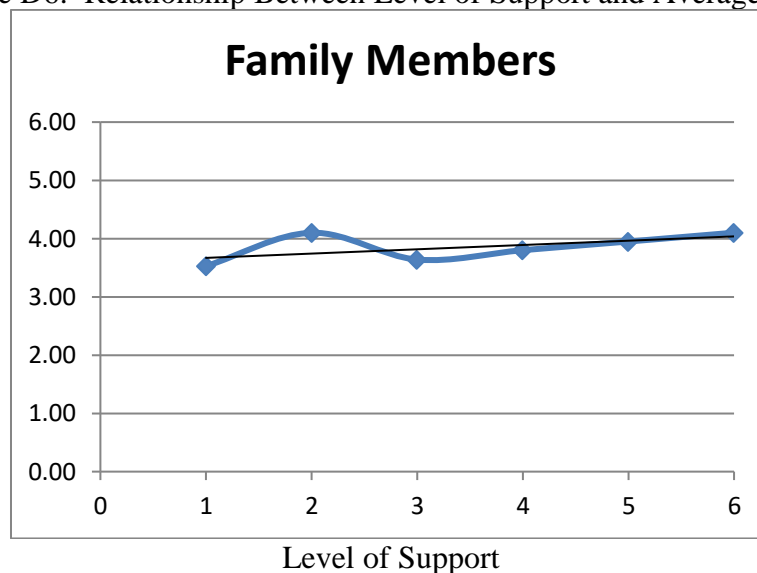


14. The rise in average wellbeing for level 1 of support (none) is somewhat surprising, but this point is based on a small sample, as noted above. Based on the full data set, the correlation between level of support and wellbeing is modest and comparable to that derived for support from Bishop’s Staff. However, if the point for no support is disregarded (level 1), the correlation is stronger and close to that derived for Diocesan Staff.

Support from Family Members

15. This question was asked in the three most recent surveys. Again, there is considerable variation in the results between the surveys for low levels of support owing to small sample sizes, but a more consistent picture emerges when the data are combined, as shown in Figure D6.

Figure D6: Relationship Between Level of Support and Average Wellbeing



16. The combined data suggest that there is only modest correlation between support from family members and wellbeing

Relative Importance of Support

17. As has been done for the different factors that might influence wellbeing (Annex B), the contribution of the different types of support to wellbeing can be ranked, based on the degree of correlation that has been derived. Table D1 indicates the relative importance of each type of support and shows the difference in wellbeing corresponding to a change in level of support from 1 to 6 (none to extensive) for each type of support, derived from the best fit line in each case. As for the factor analysis, it is assumed for this purpose that correlation implies influence.

Table D1: Relative Importance of Types for Support in Influencing Wellbeing

Type of Support	Change in Wellbeing for change in support rating from 1 to 6
Clergy colleagues	1.2
Chapter	0.8
Diocesan staff	1.0
Bishop's staff	0.5
Lay colleagues	1.0
Family members	0.4

18. As can be seen, support from clergy colleagues appears to have the largest influence on wellbeing, followed by support from lay colleagues, Diocesan staff and chapter, with support from Bishop's staff and family members having relatively modest influence. Comparison of the results in Table D1 above with those presented in Table B1 of Annex B, suggests that, whilst support is important, it tends to have less impact on wellbeing than such factors as workload, relations with the Diocese and trends in the national church.

ACCESS TO STAFF

Bishop's Staff

19. Of the 140 respondents, only 19 indicated that they did not have sufficient access to Bishop's staff (14%). These 19 include a generally representative cross-section of the respondents with regard to

role, gender, years ordained and type of parish, where relevant. The relationship between access to Bishop’s staff and wellbeing is shown in Table D2.

Table D2: Relationship Between Access to Bishop’s Staff and Wellbeing

	Insufficient Access	Sufficient Access
Number of respondents (%)	19 (14%)	121 (86%)
Average wellbeing	3.4	4.1
% Negative/ positive wellbeing	53/47	37/63
% Low wellbeing	26	5
% High wellbeing	26	43

20. The average wellbeing of these 19 appears to be somewhat lower than their colleagues with regard to all measures, and the data are certainly indicative, but the differences are only marginally significant statistically, except for the proportion recording low wellbeing (very or extremely stressed), which is unlikely to have occurred by chance.
21. Regardless of the situation with regard to wellbeing, the 19 respondents who recorded insufficient access to Bishop’s staff also recorded low values for a number of other factors that may relate to wellbeing. In particular, they recorded:
- Significantly more adverse influence of relations with the Diocese, follow up to ministry review and job satisfaction.
 - Significantly less support from Bishop’s staff and Diocesan staff.
 - To a lesser extent, a somewhat more adverse influence than others of relations with clergy and lay colleagues.
22. Some of these correlations are not unexpected and do not necessarily imply that insufficient access to Bishop’s staff is the cause of the low rating, but possibly the reverse. For example, someone who does not feel a need for access to the Bishop’s staff because they are perfectly happy with their present circumstances is unlikely to state that he or she has insufficient access. In contrast, someone who is struggling because of, for example, relations with lay colleagues may feel a need for access, which may not necessarily fully meet expectations. It does not matter whether the expectations were reasonable, it is the perception in the mind of the individual which leads to the questionnaire response.

Diocesan Staff

23. Only 16 respondents (11%) indicated that they did not have sufficient access to Diocesan staff. Again, they include a broadly representative cross-section of the respondents, except that they do not include any curates or clergy in staff roles. Of the 16, 11 also indicated that they do not have sufficient access to Bishop’s staff. The relationship between access to Diocesan staff and wellbeing is shown in Table D3.

Table D3: Relationship Between Access to Diocesan Staff and Wellbeing

	Insufficient Access	Sufficient Access
Number of respondents (%)	16 (11%)	124 (89%)
Average wellbeing	3.5	4.0
% Negative/positive wellbeing	50/50	38/62
% Low wellbeing	19	6
% High wellbeing	2	43

24. Again, the wellbeing of this group of 16 appears to be somewhat less than that of their colleagues, though the differences are barely statistically significant. Nevertheless, they do seem to suggest that those with insufficient access enjoy slightly lower wellbeing.
25. As for access to Bishop’s staff, these 16 respondents also recorded low ratings for other questions. In particular they recorded:
- Significantly more adverse influence of relations with the Diocese and lay colleagues, follow up to ministry review and job satisfaction.
 - Significantly less support from Diocesan staff and lay colleagues.
 - To a lesser extent, a somewhat more adverse influence than those with sufficient access of trends in the national church, relations with clergy colleagues and workload.
 - Somewhat less support from Bishop’s staff.
26. Again, these correlations do not necessarily imply that it is insufficient access that is the cause of the lower ratings, as opposed to the consequence.

ACCESS TO OTHER FORMS OF SUPPORT

Use of Work Consultants/Coaches/Mentors

27. Of the 140 respondents, 58 stated that they make use of work consultants/coaches/mentors, 75 stated that the question was not applicable and 7 skipped the question. Of the 58 who did make use of these other forms of support, 42 stated that the frequency was about right, 16 that it was too little and none that it was too much. The wellbeing of these three groups is shown in Table D4.

Table D4: Access to Work Consultants/Coaches/Mentors

Sufficient Access	No	Yes	N/A
Number	16	42	75
% of respondents	12	32	56
Average wellbeing	3.4	4.4	3.9
% Negative/Positive wellbeing	63/37	29/71	40/60
% Low wellbeing rating	25	5	4
% High wellbeing rating	31	60	33

28. Those with sufficient access to a work consultant/coach/mentor enjoy significantly better wellbeing than those with insufficient access. However, over half the respondents reported that they did not use them and their wellbeing lies between those with and without sufficient access. This tends to suggest that sufficient access to a work consultant/coach/mentor is only important if one feels the need for such access, which is not surprising.

Use of Spiritual Directors

29. 111 respondents stated that they make use of a spiritual director and three of the remaining 29 simply skipped the question. Most respondents stated that their access was about right. The breakdown is shown in Table D5.

Table D5: Access to a Spiritual Director

Sufficient Access	No	Yes	N/A
Number	31	80	26
% of respondents	23	58	19
Average wellbeing	3.7	4.0	4.2
% Negative/positive wellbeing	45/55	39/61	31/69
% Low wellbeing rating	16	6	0
% High wellbeing rating	32	41	50

30. The data would tend to suggest that those who do not have sufficient access have lower wellbeing than those that do, but the differences are not statistically significant and those who stated that the question was not applicable appear to have better wellbeing than any. This suggests that access to a spiritual director is not strongly correlated with wellbeing.