Our Workforce Are Key: What are the challenges and will health and safety really help?

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Outline

• Apologies!
• Background
  • Implications of change of government
  • What are the key changes likely to happen
• Key issues in workforce planning
• What’s going to change?
• Time for questions and discussion
About us....

http://www.kcl.ac.uk/schools/sspp/interdisciplinary/scwru/
Politics – what’s going to change?

The Coalition:
our programme for government
Relevant government plans

- ‘We will end the culture of “tick-box” regulation, and instead target inspections on high-risk organisations through co-regulation and improving professional standards’ (page 9)
- ‘We will support the creation and expansion of mutuals, co-operatives, charities and social enterprises, and enable these groups to have much greater involvement in the running of public services’ (page 29)
- ‘We will extend the greater roll-out of personal budgets to give people and their carers more control and purchasing power’ (page 30)
- ‘We will re-assess all current claimants of Incapacity Benefit for their readiness to work. Those assessed as fully capable for work will be moved onto Jobseeker’s Allowance’ (page 23)
Workforce challenges for health and safety

- Pace of change in terms of legislation and regulation
- Media representation
- Understanding workforce characteristics
  - Demographics
  - Ways of working
  - Training
  - Recruitment and retention
- Impact of increased demand for services
- Preparing for changing roles
Where would the media be without ’elf and safety?

14th June 2010

Media reports that Lord Young has been asked to undertake a review of health and safety legislation
Initial findings expected shortly
What difference will all this make to the workforce? (1)

• Size does matter!
  • UK population of economically active people is 31.4 million (ONS Social Trends 40, 2009)
  • 1.43 million people employed in the NHS (The Health and Social Care Information Centre 2009)
  • 1.39 million people estimated to be employed in adult social care in England (Eborall and Griffiths 2008)
What difference will all this make to the workforce? (2)

- Even more important for women’s paid employment
  - Along with retail and financial services, health and social care is a major employer of women
  - Around 84 per cent of social care workers are women (Hussein 2009)
  - 81 per cent of non medical staff in the NHS are women (The Health and Social Care Information Centre 2010)
Collecting information

- Major improvements to what we know
- National Minimum Dataset for Social Care (NMDS-SC) maintained by Skills for Care
  - Motto ‘collect once, use many times’
- Shereen Hussein – analysing anonymous data from NMDS-SC
  - Social Care Workforce Periodical
An ageing workforce

- Median age is 42 (less sensitive to extremes than mean)
- Workers in private sector younger (40) than those in local authorities (47)
- Men are significantly younger than women (41 compared with 43)
- Care workers (41) younger than managers (46)
Young workers (under 25)

- Make up just 12 per cent of workforce (Hussein, 2010)
- Mostly work in residential settings
- Travel shorter distances from home
- Fewer in London
Ethnic diversity

- Recognition that services should reflect population they serve
  - 2001 Census - 88 per cent of UK population is White British, Black Caribbean and Black African make up 2 per cent (ONS 2006)
  - NMDS-SC suggests around 83 per cent of workforce is white (Hussein 2009)
  - Black or Black British workers account for 8 per cent
Disability

• Brings benefits to the workforce
  • Role of people who have personal experience of difficulties
  • Issues about data quality in NMDS-SC because returns are completed by employers
  • McLean (2003) found that over a fifth of a large sample of the social care workforce reported a long term disability compared with 8-16 per cent in general population
Barriers to disclosure

- Stanley et al (2007) looked at social workers, nurses and teachers
- Found that majority had disclosed their disability but that others were reluctant to do so
- Legislation was seen as having brought benefits
Stress and satisfaction

- Very complicated picture
- Rose (2003) care workers 8th out of 88 occupations in terms of highest job satisfaction
  - Much better than shop workers or waiters/waitresses
  - However, demanding nature of work and low status are seen as difficulties by workers
Recruitment & retention

• Average turnover rate of 15 per cent (Hussein, 2009)
  • Varies among employers (LoCS)
  • Highest among direct care workers
  • Skills for Care (2007, Briefing 2) showed that exit mainly takes place to NHS or local authority employers
Role of migrant workers

- Increase reliance on workers born outside UK in past 10 years
  - 1998 eight per cent were born outside UK
  - 2008 18 per cent were born outside UK (Cangiano et al 2008)

- New ‘cap’ on workers from outside the European Economic Area may have implications
  - Majority from outside the EAA in social care
Role of induction

- LoCS interviews suggest that managers are open to people without social care experience - **attitude** is what counts
- Impact of compulsory induction makes a difference for permanent staff
- Agency project (Cornes et al, 2010) showed that it was more variable for agency workers
Changes in where people work

- Increasingly working in other people’s homes
- Need for 24/7 service at home – e.g. People needing palliative care
- Arrangements to help people work safely
  - May not come up in exit interviews etc
Training

• Positive impact of National Minimum Standards (Gospel, 2008)
  • Higher proportion of workers with NVQ Levels 2 & 3

• Biggest impact comes from seeing training as an investment (Rainberd et al, 2009)

• BUT limited access to training in specific areas such as dementia care (NAO, 2007)
Increased demand

- Increased life expectancy (Jagger et al. 2008; ONS 2008)
- Rises in the prevalence of severe disability (Bajekal et al. 2001)
- Access to publicly provided services is rationed (CSCI 2008)
- Workers are supporting people with higher levels of need
Changing roles

- Increase in numbers of people with personal budgets and direct payments
  - Paid workforce may include family members
- New types of service
  - Unit is partner in evaluation of Social Work Practices
- New types of employer
  - Greater diversity than in past
Challenges

- Potential tensions between monitoring sickness/absence and DDA
  - Impact of people coming off Incapacity Benefit
- Where do people using personal budgets go for advice on being a good employer?
- Increased blurring between domestic work (very unregulated) and care work
What are the priorities?

- (Apparently this is not genuine)
- Need clear picture about workforce
- Recognise tensions between needs of people using services and needs of workforce
- Need for public debate