

nmds-sc briefing

Issue 1 Overview - AN OASIS IN THE DATA DESERT

Welcome to this first issue of NMDS-SC Briefing.

David Behan, Director General for Social Care, called Social Care a “Data Desert”.

David Brindle writing in The Guardian (16.05.07) said,

“ There is widespread agreement that social care must improve massively its collection and analysis of data if it is to win its case for preferential government funding in either the pending comprehensive spending review (CSR) or, much more likely, the one three years down the line ”

The National Minimum Data Set for Social Care (NMDS-SC), is the developing oasis in this data desert. It is gathering data from the private and voluntary sectors and is now giving us information that we can analyse to enrich our knowledge of the sector. Over a third of all CSCI registered establishments nationally have now completed NMDS-SC returns. This will allow us to make rational, objective and evidence based decisions about our sector.

Over the next year returns will be added from councils with social service responsibilities. We can then develop the most critical part of our sector, the workforce. It is critical, because as “Options for Excellence”, pointed out, the workforce accounts for 80% of the total expenditure of social care, but it can account for 100% of the service-user’s experience of social care. Excellence in social care depends on developing the workforce.

Dame Denise Platt in her national review of the status of social care spoke of the “timidity” of the sector. A major cause of this has been a lack of firm evidence about the sector. This evidence will now be available from the NMDS-SC and we will be bringing the key messages to you in “NMDS-SC Briefing”.

This issue provides an introduction and overview of the NMDS-SC including some initial findings. Future issues will be topic-based papers looking at: Vacancy and Turnover Rates; Pay; Qualifications and Length of Service . We will also look at the implications for employers, commissioners, regulators, educational providers, service-users, carers and government and all working in the sector.

This marks the end of “the data desert”, but with information and knowledge comes responsibility. The responsibility to keep abreast of that knowledge, and the responsibility to use that knowledge as the basis of our decisions. “NMDS-SC Briefing” will play a critical part in this by highlighting the key information and signposting you to further links to ensure you know what this means for practice.

KEY FINDINGS ON INITIAL DATA

By the end of June 2007 we had information on over **10,000** establishments. The figure is growing each week and the move to an online version will increase the pace of that growth.

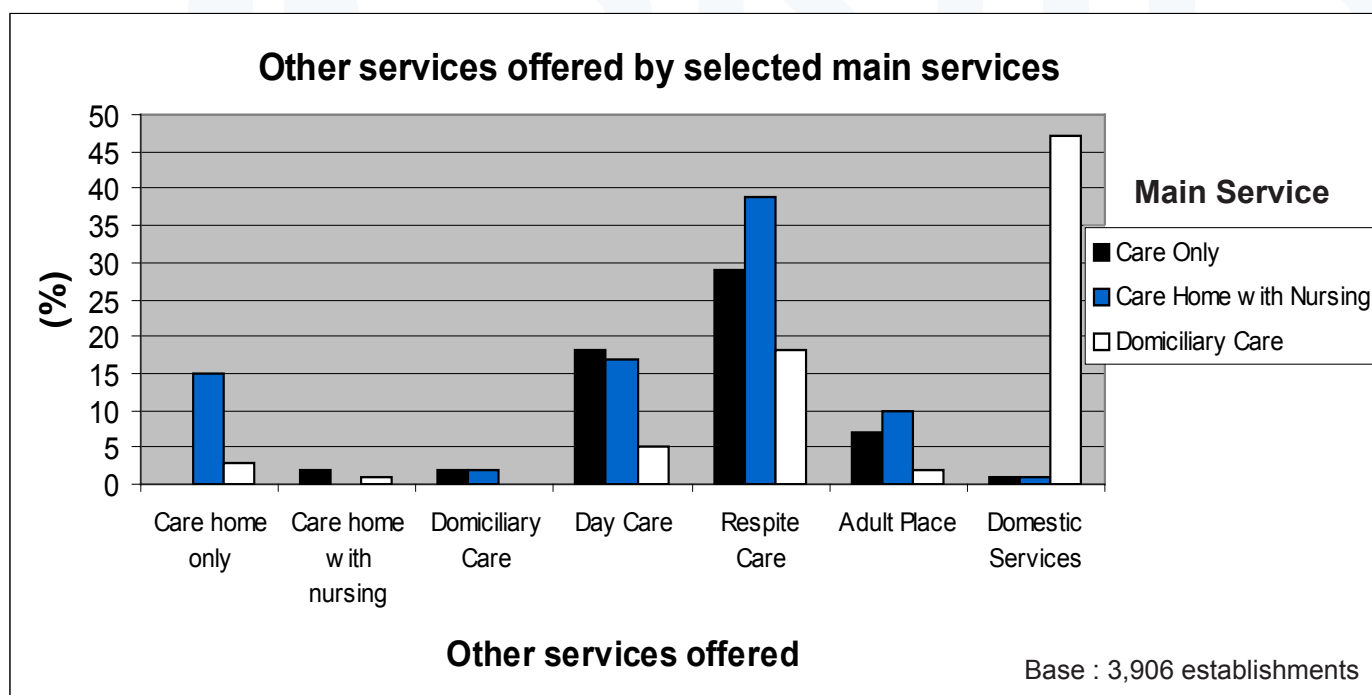
The NMDS-SC provides you, the employer, with information that allows you to compare your establishment and your workforce against similar establishments in your region.

At this early point we have to be aware that there is a pattern in those responding. To date, responding establishments tend to be:

- independent Small, Medium Size (SMEs)
- CSCI Registered
- those applying for TSI Funding
- individual establishments of larger organisations.

SERVICES DELIVERED:

Whilst we record main service - the chart below shows that most establishments provide more than one service (e.g. 40% of care homes with nursing also offer respite care).



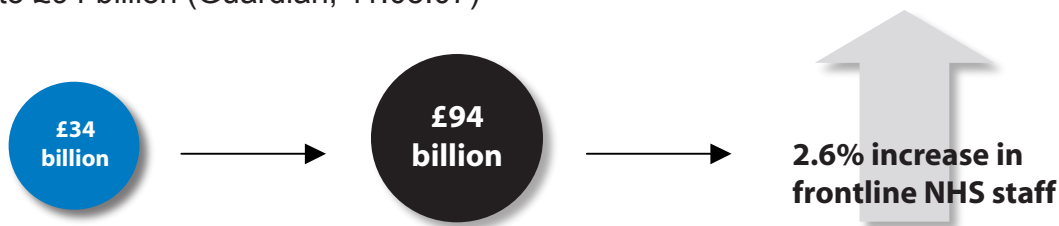
The extent of multiple services makes our sector even more complex to understand and to co-ordinate. An estimated 39,000 providers, before we start to count all those employed by those who directly manage their own budgets. This complexity is highlighted when compared with the NHS and its single command structure of 1.3 million staff.

HELPING THE NHS

The data shows social care is making a significant contribution to health needs. Nationally, care homes with nursing provision average 41 beds. An average district general hospital has 750 beds. The CSCI database shows there are just over 4,000 care homes with nursing in England therefore providing approximately 164,000 beds –

The equivalent of **219** district general hospitals

During the 10 years of Mr Blair's premiership spending on the NHS increased nearly 3 fold, from £34 billion to £94 billion (Guardian, 11.05.07)



The most optimistic statement of social care spending is that it increased by attracting a share of the 40% real terms increase to local government (Community Care 10.05.07).

Arguably, social care is the more effective option.

STAFF TURNOVER – THE GREAT CONCERN

By April 2007 the NMDS-SC held information on almost **120,000** staff.

The overall turnover rate for all categories of social care staff was **19.3%**, rising to **25.9%** in domiciliary care.

Human resources information states that a turnover of 15% presents a problem and that one over 20% is a major deterrent to a quality service. This is all the more so in our sector where relationships are key and the tasks are personal and intimate. The turnover rate for care workers in a domiciliary care setting is 28%. The cost of this constant replacement including advertising, selection, induction and training, is unsupportable. At 28% an average domiciliary care agency replaces its entire workforce in less than 3.5 years, this prevents any real development.

The sector is trying to upskill its staff.

Nationally **66%** of direct care staff (care workers and senior care workers) are working towards a relevant qualification.

However, until we stop the steady and consistent turnover of staff, improvement will not happen.

Unless and until we bring down the turnover rate we cannot claim to be offering a quality service.

WOMEN THE BACK BONE OF OUR SERVICE

Nationally **84%** of all social care workers are women, yet they make up only 67% of senior managers. Over 60% of workers are aged 35 and above.

This reliance on women aged 35 plus that social care turns over at a great rate is a weakness. There are now many other jobs for this part of the workforce and even in areas of traditional high unemployment, like the north east, the percentage of women unemployed is only 1.3%, which is, in economic terms, full employment.

We lose these staff at our peril.

NMDS-SC EXPLODES MYTHS

“Staff leave social care to work in retail and earn more with less stress by stacking shelves” – **not true**. Only 3% of staff left to go to the retail industry, whilst 18% left to go to another adult care provider. Social care also recruits 3% of its staff from retail.

PAY

Whilst only 5% of employers stated pay as the reason for staff leaving, the low rates of pay affect recruitment and the quality of staff.

The median gross hourly pay rate in the private sector is **£5.73** for care workers and **£6.00** for senior care workers.

What do these pay rates say about our attitude to the staff and the people they serve?

In the next issues of NMDS-SC Briefing we will look at these issues in more detail and see what the sector and individual employers can do to become the sector and employer of choice. Issue 2 will focus on vacancy and turnover rates.

The National Minimum Dataset for Social Care (NMDS-SC) has been collecting data since early 2006. At the time of writing the NMDS-SC has received information from 10,000 establishments from across England. The figures quoted in this report are based on the analysis of just under 4,000 establishments and just over 50,000 worker records (analysis of data as at April, 2007). The next output of data is planned for late August 2007.

Further copies of this report and a variety of other information and detailed analysis concerning different aspects of the NMDS-SC are available at www.skillsforcare.org.uk, follow the links for NMDS-SC.

From August 2007, existing NMDS-SC establishments can update their information via NMDS-SC Online. From October 2007 new establishments will be able to register with NMDS-SC Online.

We welcome and invite comments and observations on NMDS-SC Briefing – please e-mail us at nmdsbriefing@skillsforcare.org.uk