



BASW
The professional association for
social work and social workers



Action for Care Worker Wellbeing

Briefing for roundtable discussion

10 October 2018, Friends House, London



Action for Care-worker Wellbeing (ACW) is a multi-professional group of key UK caring professions in the NHS and social work. The purpose of the group is to provide a forum for exploring whole-systems policy solutions to the increasing and worsening cases of stress, burn-out, and mental and physical illness within the social work and NHS workforce.

ACW was established in autumn 2017 by senior managers and representatives from the NHS (Royal College of Psychiatry, Royal College of Nursing, Royal College of Paramedics), Dr Elizabeth Cotton, an academic expert in mental health issues within the workplace, and the British Association of Social Workers (BASW), the UK professional body for social work. The impetus for establishing ACW came from Mr. Mike Bush who had experienced mental breakdown due to stress in the workplace and who had campaigned on this issue for several years.

Background

In the NHS and social work, it is recognised that stress and burnout have a detrimental impact on productivity and have financial and personal costs. For instance, Public Health England estimates that the cost to the NHS of workforce absence due to poor health is £2.4bn a year – accounting for around £1 in every £40 of the total budget. This figure excludes the cost of treatment or the additional expenditure on agency staff who are contracted on short-term basis to replace staff absent due to ill health from stress^{1,2}.

In social care, it was estimated that in 2016-17, there was a 27.8% turnover of staff and 6.6% vacancy rate³ and a recent BASW supported study found high levels of stress, 'presenteeism' and adverse working conditions⁴ in social work.

There have been discrete initiatives to address these issues by professional groups within the NHS⁵ but it is acknowledged that there has been limited success. In social work, there have been longstanding concerns about high vacancy and turnover rates⁶ but no coordinated central government policy to mitigate these. However, there is a strong argument that these issues should be addressed through a whole systems perspective, with policies encompassing all professions within health and social care. This is because these sectors mutually influence each other and there are similar causes of stress and burnout. Furthermore, staff in the caring professions frequently report common experiences of unmanageable caseloads, bullying management, unsustainable performance management regimes and increasing demand for services met by a diminishing workforce. Finally, as NHS and social work are regulated professions any solutions need to include regulatory frameworks that support employees to feel safe in disclosing their mental illness.

Uniqueness of ACW

ACW is different from previous initiatives because it is arguably the first formal, unified, multi-professional advisory and policy-oriented group to have, as its central aim, the protection and support of the national professional care-force. This forum will provide a unique context for the workforce to collate evidence, raise awareness, initiate and lead debates; and define the safety and professional standards relating to care workers well-being.

¹ Cited data in announcement by NHS England Chief Executive in September 2015

² The Mental Health Taskforce to NHS England (2016) 'The Five Year Forward View for Mental Health'

³ National Audit Office (2018) 'The adult social care workforce in England'. Department for Health and Social Care

⁴ Ravalier, J.M (2018) 'Psychosocial working conditions and stress in UK social workers.' British Journal of Social Work. bcy023. ISSN 0045-3102

⁵ Please see this link for archived policies on the UK government website

⁶ Skills for Care (2017) 'Headline Social Worker Statistics'

Key objectives of ACW

- Leading public debate about the wellbeing issues affecting professionals
- Challenging the stigma associated with mental health and psychological problems within the care-force
- Campaigning for supportive Fitness to Practice regulations
- Identifying common problems faced within the care-force; developing and promoting policy interventions to address them across professions
- Collating and disseminating data about the working conditions of professional care workers, drawing on their own experiences
- Challenging decision makers, employers and regulators to establish evidence-based workforce support practices and regulations that facilitate genuine well-being, planning and development across the professional care workforce.

Stress and ill-health within the health and social care sector must be addressed because of the evolving 'perfect storm' of rising demand for services, persistent professional workforce supply issues – likely to be exacerbated by Brexit – and increasing staff turnover and worker attrition. These have personal impact on the existing care-force and arguably lead to higher overall cost of running services.

The personal and economic cost of care worker distress

One personal cost of increasing stress is suicide among professionals as encapsulated in the table below, which is an analysis of suicide by occupational group conducted by the Office for National Statistics (ONS)⁷.

- It was found that men in the 'caring professions' were one of two occupational groups with an above average (though not statistically different) suicide rate to the rest of population. This compared to senior managers who had a below average prevalence rate.
- In regards to females, the ONS report noted 'The other occupational group with an elevated risk of suicide was health professionals.' Among this cohort, the rate of increase above the national average for nurses in particular was 23%.

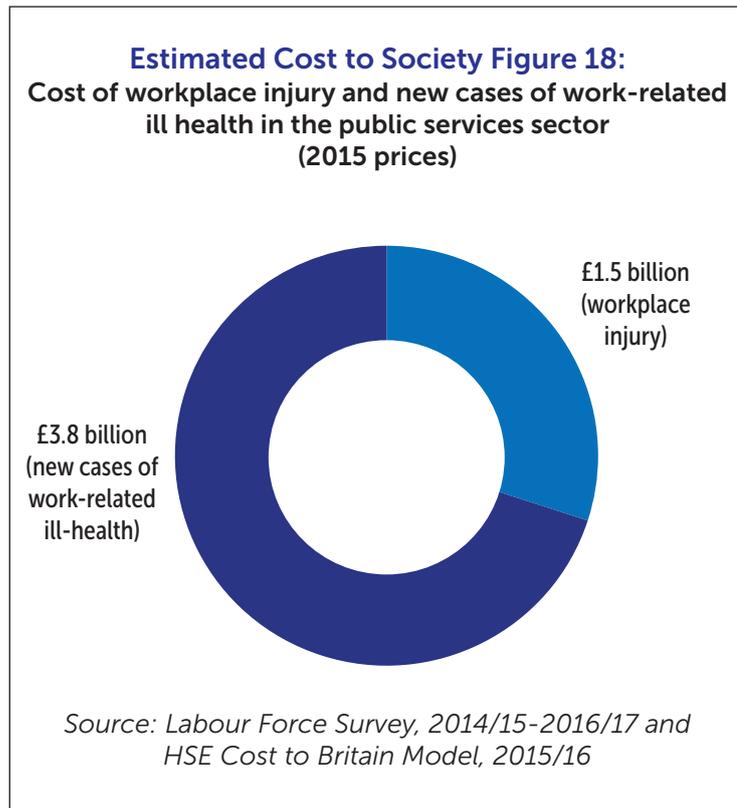
Profession	Males	Females
Medical practitioners	59	22
Psychologists	9	6
Pharmacists	10	13
Medical radiographers	5	2
Podiatrists	2	1
Health professionals	2	6
Physiotherapists	3	7
Occupational therapists	4	10
Speech and language therapists	0	4
Therapy professionals	4	8
Nurses	64	148
Midwives	0	6
Social Workers	18	15
Paramedics	17	3

⁷ Office for National Statistics (2017) 'Suicide by Occupation, England: 2011 - 2015'

The ONS figures paint a complicated picture however, they show that while men within the 'caring professions' have an above-rate of suicide, this is mostly 'frontline' staff and this is also the case with females.

In addition to personal costs, the figures above have important financial implications. The Samaritans calculate that each death by suicide costs about £1m per death. Based on this estimate, the total economic cost of suicide within the care workforce from 2011 to 2015 is approximately £500m.

The Health and Safety Executive (HSE) has also published estimated cost of ill health within UK public services, which is reproduced below.



- Workplace injury and ill health impose costs: both 'financial' (for example in terms of lost output and healthcare) and 'human' (a monetary valuation of the effects on quality of life, and for fatalities, loss of life). Taken together, this gives the total cost to society.
- The total cost of workplace injury and new cases of work-related ill health in public services in 2015/16 was estimated to be £5.2 billion (£1.5 billion injury, £3.8 billion ill health). This accounts for around 35% of the total cost across all industries – £14.9 billion.
- This cost is shared between individuals (mainly arising from the monetary valuation of the human costs), employers (e.g. sick pay costs, insurance premiums, and production disturbance) and government/taxpayers (e.g. state benefits payments and healthcare costs). For more information on these costs see www.hse.gov.uk/statistics/cost.htm

ACW – key messages

- It is more desirable – in terms of human and economic costs – for policy makers to promote physical and mental wellbeing among social work and NHS care-force
- Burn-out, sickness and absence in care workers represent a huge cost in human and economic terms to our whole society
- Stressful, demoralising and/or oppressive working conditions reduce performance, morale and efficiency and exacerbate recruitment and retention difficulties
- Stressed care workers may respond by absenteeism or presenteeism. In the former staff will not report for work as a response to unbearable working environment; in the latter, while present for their duties, they will lack energy, capacity, and motivation and will therefore not achieve the desired level of effectiveness.