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The Adult Day Care Workforce in England at a Time of Policy Change: implications for learning disability support services

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Abstract

The number of service users receiving personal budgets to pay for social care services in England is set to increase considerably. People with personal budgets may continue using services such as adult day care centres, but this may change. At the same time, many day centres are under threat of closure. These trends will, of course, affect those working in adult day care. This article examines the current profile of this workforce, using recent data provided by the National Minimum Data Set for Social Care (NMDS-SC) and applying multinomial statistical modelling. We identified nearly 6,000 adult day care workers, over half supporting adults with learning disability. The results of the analysis show significant variations between the adult day care, residential care and domiciliary workforces. At the personal level, day care workers are significantly older and less ethnically diverse than other workers in the sector. They also tended to have been working in the sector for longer and their work patterns and arrangements are more stable. The findings are discussed within the current context of policy changes affecting learning disabilities and the development of social care workforce strategies.

Keywords: adult social care, day care services, learning disabilities workforce

Introduction

Adult day care has traditionally formed an important element of social care services in the United Kingdom (UK), serving at least two main purposes. The first is to provide an alternative to residential care by offering a range of support, care, activities and psychosocial interventions for adults with disabilities or health related needs. The second is to provide out of home short breaks or respite for carers, often family members. Day centres may also offer opportunities for people with disabilities to socialise, as well as a range of care and treatment and activities. Day care provision reflects wider social care provision in the UK, often being run or commissioned by local authorities, local voluntary organizations or the private sector, where day care may be part of a larger care facility (e.g. attached or integrated into a care home). As in the UK, in other parts of the developed world day centres are usually regarded as a low-cost care intervention designed to enhance carers' and users' wellbeing, to increase service utilization, and to decrease the use of residential care (Gitlin et al. 2006). As with other social care services, in England individuals are assessed for eligibility for local authority funded day care and many use day care services in conjunction with other public services.

Adult day centres potentially provide multiple benefits (Cohen-Mansfield and Wirtz 2007; Zarit et al. 1998). However, adult day care is considered by some as failing to produce desired outcomes (for example, Baumgarten et al. 2002), particularly for people with learning disabilities. Services are criticised by some researchers and campaigners as failing to promote social inclusion and being too inflexible in approach. Gillen (2010), for example, described how highly tailored support for people with learning disabilities may lead to much better outcomes than attendance at a building-based resource such as a day centre. Despite this criticism, a UK national survey of people with learning disabilities found that 39 percent of all people with a learning disability were attending a day centre, of whom two-fifths were attending five days a week (Emerson et al. 2005). Recently, day centre closures and reconfigurations have been reported in many parts of the UK (for example BBC News 2010; Roulstone and Morgan 2009). These closures are occurring at a time of significant change in social care, with a vision of more personalised services that aim to provide users with greater control, freedom of choice and independence (Department of Health 2009).

The transformation of social care in England has been underway for at least two years and there are around 30,000 individuals already using personal budgets (In Control 2010). Government policy states that personalisation should be 'embedded within all local authority services and developments for people with learning disabilities and their family carers, and… underpinned by person-centred planning' (Department of Health 2010). One of the early findings of the IBSEN (individual budgets, a forerunner of what are now often termed personal budgets) evaluation was the shift amongst personal budget holders from the use of day care services into community activities, often facilitated by the employment of a personal assistant (Glendinning *et al.* 2008; Manthorpe and Stevens 2009). Woolham and Benton (2009) noted a halving of day care use among people using personal budgets in Northamptonshire. However, in a

recent study by DEMOS of how people might like to spend a personal budget, 31 percent of those questioned said they would spend the sum on day care services (Bartlett 2009). This may indicate a continued preference for day care on the part of some service users; yet recent closures of many such centres suggest that such a choice might not be available in the future. Leyin and Kauder (2009) warned that for people with learning disabilities (particularly those who are older, with higher support needs) the closure of day service facilities does not, overall, result in a significant increase in participation in community activities.

There are aspirations for day services to respond to personalization or what is also sometimes termed 'self-directed support' and to be remodelled to provide 'individualised responses from smaller, socially integrated bases' (Hampshire County Council 2009). Whatever form these take, it is not just the buildings that will alter: any transformation will impact on the staff of such services. From a workforce perspective, any redesign means it is essential to understand the characteristics of day care workers and whether their profile differs from that of other workers in the adult care sector. Such intelligence about the workforce may assist in developing strategies to facilitate job mobility across the sector if further numbers of day centres close; or to help staff adapt to providing more person-centred care or care for new groups of service users, in or outside day centre settings. In this article we provide a first detailed analysis of the adult day care workforce in England, with the purpose of assisting in the development of such workforce strategies and increasing understanding of the size and characteristics of this workforce.

Methods

The findings presented here are based on statistical analyses of the National Minimum Data Set for Social Care (NMDS-SC), covering returns from employers up to the end of December 2009. The NMDS-SC is the first attempt to gather standardized workforce information for the social care sector in England. It was launched in October 2005, with the online version going live in July 2007. Two data sets are collected from employers. The first gives information on the establishment and service(s) provided as well as total numbers of staff working in different job roles. The second data set is also completed by employers, and collects information about individual staff members. By the end of December 2009, a total of 27,019 employers had completed the NMDS at this stage, completing 438,973 detailed workers' records between them. Out of these, a total of 71,861 individual workers' records were eligible for the current analysis.

A two-step analysis process was undertaken, starting with a descriptive analysis of the workforce comparing the profile of adult day care workers with that in other adult care settings; namely residential (care home), and domiciliary care (home care) settings. A multinomial logistic regression model was then used to examine the variations of day care workers' personal and employment characteristics relative to residential and domiciliary settings. This type of model serves our purpose of comparing the profile of workers in day care settings simultaneously with the profile of workers in both residential and domiciliary settings (Dobson 2002). Prior to conducting the analysis, a careful inspection of

the data set revealed its suitability for multinomial logistic regression estimation and estimation of the model was conducted using R statistical environment

Findings

Nearly 6,000 workers (n=5736) were identified through the NMDS-SC as working in adult day care in England. It is estimated that there are 29,000 day care workers in the private and voluntary sector in England and 28,000 in the local authority sector (Eborall and Griffiths 2008). Some may be working with many individuals with different needs. Table 1 shows that nearly 70 percent of this workforce work with adults, particularly those with learning disabilities and/or physical disability, over a third work with older people, and around a tenth work with carers in addition to service users. In contrast, workers in residential settings work more with older people, while workers in domiciliary and day care settings work with similar proportions of adults with learning disabilities (55% and 52% respectively). Currently, it is not possible to consider staff working with specific user groups so this article reports on the sector in general, with an awareness that the great majority of its staff are supporting people with learning disabilities.

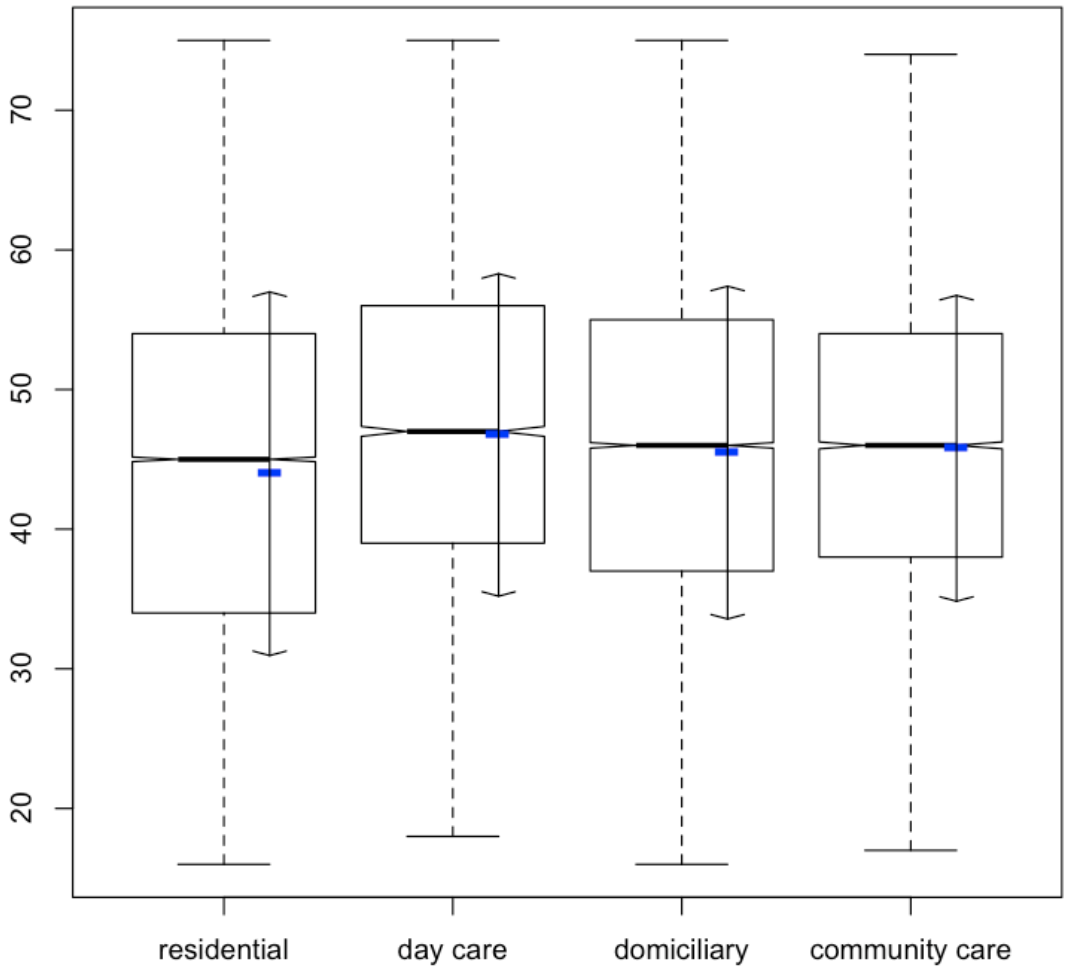
Table 1 Percentage of workers working with different user groups by type of setting, NMDS-SC Dec 2009‡

Service user group	Adult day care	Adult residential	Adult domiciliary
Any adult users	67.8	45.1	68.0
Any older people	34.9	60.2	63.6
Any carers	10.7	3.4	18.3
Adults with learning disabilities	51.6	25.8	55.3
Adults with physical disabilities	32.2	26.5	60.0
Other older people	26.8	41.7	49.5
Adults with sensory impairments	26.4	17.0	54.3
Adults with mental health needs	19.3	15.0	51.8
Older people with dementia	18.7	39.3	57.8
Older people with mental health needs	16.7	15.2	48.1
Carers of adults	7.1	1.5	16.7
Carers of older people	6.5	2.5	16.7
Adults with drugs/alcohol misuse	5.1	3.3	34.4
Other adults	3.9	4.7	10.9
Totals	5736	35519	20213

‡ Workers may work with more than one service user group, therefore percentages will add to more than 100%.

In terms of staff profile, the descriptive findings show that adult day care workers are older than those working in the other two settings. These differences are significant on the bi-level analysis as shown in Figure 1. The descriptive analysis also shows that this workforce is less ethnically diverse than either the residential or domiciliary workforces. Employers report their workers' highest educational qualifications, considering only those relevant to social care. According to the current NMDS-SC returns, approximately 16 percent of day care workers have qualifications at NVQ level 2/level 3/3+, compared to 24 percent among those working in care home settings. However, 6 percent of day care workers have qualifications at NVQ level 4/4+ compared to 4 percent in residential care, and two percent in domiciliary care.

Figure 1 Box-plot of age of workers in adult care, showing median, quartiles, mean and standard deviation by different care settings, NMDS-SC Dec 2009



The NMDS-SC collects information on how long people have been working in the sector; this can be used to identify workers who have had long breaks (12 months or more) away from working in the care sector. It appears from the

information available that day care workers take the fewest breaks in employment, with only 16 percent having taken breaks over 12 months long. This compares to 27 percent of residential care workers and 22 percent of adult domiciliary workers. Information was also available on the number of years individuals had spent with their current employer. Day care workers are, on average, the group with the greatest number of years in the same job, an average of 7.8 years compared to 6 years for residential care workers and 6.7 for domiciliary workers.

The results of a multinomial model are presented in Table 2, which present all the independent variables included in the model. The differences in profile are presented for day care workers compared to residential care workers, taking account of domiciliary care workers, and then separately for day care workers compared to domiciliary care staff, while controlling for residential care workers. For ease of illustration, the findings are presented in two separate sub-sections: the first focuses on how significantly different the profile of day care workers is relative to those working in residential care settings, and the second on the relative difference in profile between day care workers and those in domiciliary care, bearing in mind that the multinomial model controls for the third setting in each discussion.

Day care workers' profile compared to residential workers

Focusing on the profile of the day care workforce relative to residential care settings, the multinomial regression model reveals a number of significant differences. Differences observed in the bivariate analysis in relation to type of contract are significant when taking account of all other variables in the regression model. Adult day care workers are significantly more likely to be permanent staff when compared to residential care workers. They are also significantly more likely to hold full-time posts than residential care staff while the latter group includes slightly, but significantly, more part-time workers.

In terms of personal characteristics, adult day care workers are significantly less ethnically diverse than residential care workers, with particularly high odds that workers are of White ethnicity. For example, the odds ratio of Black workers in residential care vs. adult day care is 1.34 ($p<0.001$) and that for Asian workers is 1.53 ($p<0.001$). However, they are more diverse in terms of gender, with significantly more men working in day care settings relative to residential care. In terms of age, they are significantly older, but only by an average of one year. In terms of achieved characteristics, such as qualifications, day care workers hold relatively higher qualification levels and are significantly more likely to have non-social care qualifications than residential workers. There are significantly larger numbers of managers/supervisors in day services compared to residential care; however, no significant difference is observed in terms of the numbers of 'professional' workers between these two settings. Adult day care workers are significantly more likely to travel relatively longer distances to work in comparison to residential care workers (for example, the odds ratio of residential staff to travel 10-25 miles, relative to less than 1 mile, is 0.65 in comparison to adult day care workers; $p<0.001$).

Table 2 Results of multinomial logit regression model examining the differences in the profile of adult day care workforce relative to each of the residential and domiciliary care workforces, NMDS-SC December 2009

Independent Variables in the model	Residential versus Day Care					Domiciliary versus Day Care				
	Odds ratio	*Confidence Intervals* 2.5%	97.5%	*p-value*	*Sig.*	*Odds ratio*	*Confidence Intervals* 2.5%	97.5%	*p-value*	*Sig.*
Sector (ref: local authorities)										
Private	23.10	19.84	26.89	<0.001	***	15.25	13.05	17.82	<0.001	***
Voluntary	2.66	2.37	2.99	<0.001	***	1.20	1.06	1.37	0.005	**
Other	14.17	8.71	23.04	<0.001	***	9.20	5.60	15.12	<0.001	***
Establishment Size (ref: Micro)										
Small	2.74	2.44	3.08	<0.001	***	2.18	1.90	2.50	<0.001	***
Medium/Large	2.65	2.34	3.00	<0.001	***	9.57	8.30	11.03	<0.001	***
Not Allocated	1.61	1.41	1.83	0.000	***	4.35	3.74	5.05	<0.001	***
Employment status (ref: Permanent)										
Temporary	0.69	0.59	0.80	<0.001	***	0.74	0.63	0.87	<0.001	***
Agency	2.05	1.70	2.48	<0.001	***	1.34	1.10	1.63	<0.001	**
Volunteers or students	0.41	0.27	0.62	<0.001	***	1.56	1.03	2.38	0.036	*
Not recorded	1.14	0.99	1.32	0.066		1.62	1.39	1.88	<0.001	***
Work pattern (ref: full time)										
Part-time	1.52	1.42	1.64	<0.001	***	1.96	1.82	2.11	<0.001	***
Neither of these	0.78	0.67	0.91	0.002	**	1.53	1.31	1.78	<0.001	***
Not recorded	0.48	0.42	0.56	<0.001	***	0.84	0.72	0.98	0.023	*
Job role (ref: Manager/Supervisor)										
Professional	1.23	0.99	1.53	0.065		0.33	0.26	0.43	<0.001	***
Direct Care	1.10	1.00	1.22	0.044	*	1.59	1.43	1.76	<0.001	***
Other job roles	1.21	1.07	1.36	0.002	**	0.23	0.20	0.27	<0.001	***

Independent Variables in the model	Residential versus Day Care					Domiciliary versus Day Care				
	Odds ratio	*Confidence Intervals* 2.5%	97.5%	*p-value*	*Sig.*	*Odds ratio*	*Confidence Intervals* 2.5%	97.5%	*p-value*	*Sig.*
AGE	1.00	0.99	1.00	0.039	*	1.01	1.00	1.01	<0.001	***
Gender (ref: Male)										
Female	1.81	1.67	1.96	<0.001	***	1.97	1.80	2.15	<0.001	***
Not recorded	4.48	3.43	5.84	<0.001	***	6.99	5.31	9.19	<0.001	***
Ethnic group (ref: White)										
Mixed	1.00	0.77	1.30	0.988		1.27	0.96	1.66	0.090	
Asian or Asian British	1.53	1.25	1.88	<0.001	***	0.77	0.62	0.97	0.025	*
Black or Black British	1.34	1.14	1.57	<0.001	***	1.29	1.09	1.52	0.003	**
Other groups	2.30	1.70	3.11	<0.001	***	1.04	0.75	1.43	0.827	
Not recorded	0.68	0.62	0.76	<0.001	***	0.42	0.37	0.47	<0.001	***
Highest qualifications (ref: Level2/2+)										
No relevant social care qualifications	0.58	0.52	0.65	<0.001	***	0.59	0.53	0.66	<0.001	***
Entry/1	0.37	0.18	0.77	0.008	**	0.13	0.05	0.32	<0.001	***
Lev3/3+	0.67	0.58	0.78	<0.001	***	0.36	0.30	0.42	<0.001	***
Lev4/4+	0.52	0.44	0.62	<0.001	***	0.34	0.28	0.41	<0.001	***
Other relevant qualifications	0.65	0.55	0.77	<0.001	***	0.35	0.29	0.41	<0.001	***
Travelling distance (ref: <1 Mile)										
1-4 miles	0.52	0.48	0.56	<0.001	***	1.29	1.18	1.41	<0.001	***
5-9 miles	0.55	0.49	0.61	<0.001	***	1.85	1.65	2.08	<0.001	***
10-24 miles	0.65	0.56	0.74	<0.001	***	3.51	3.03	4.06	<0.001	***
25 miles or more	0.71	0.49	1.04	0.079		5.58	3.86	8.07	<0.001	***
Not recorded	1.59	1.40	1.79	<0.001	***	2.23	1.95	2.54	<0.001	***

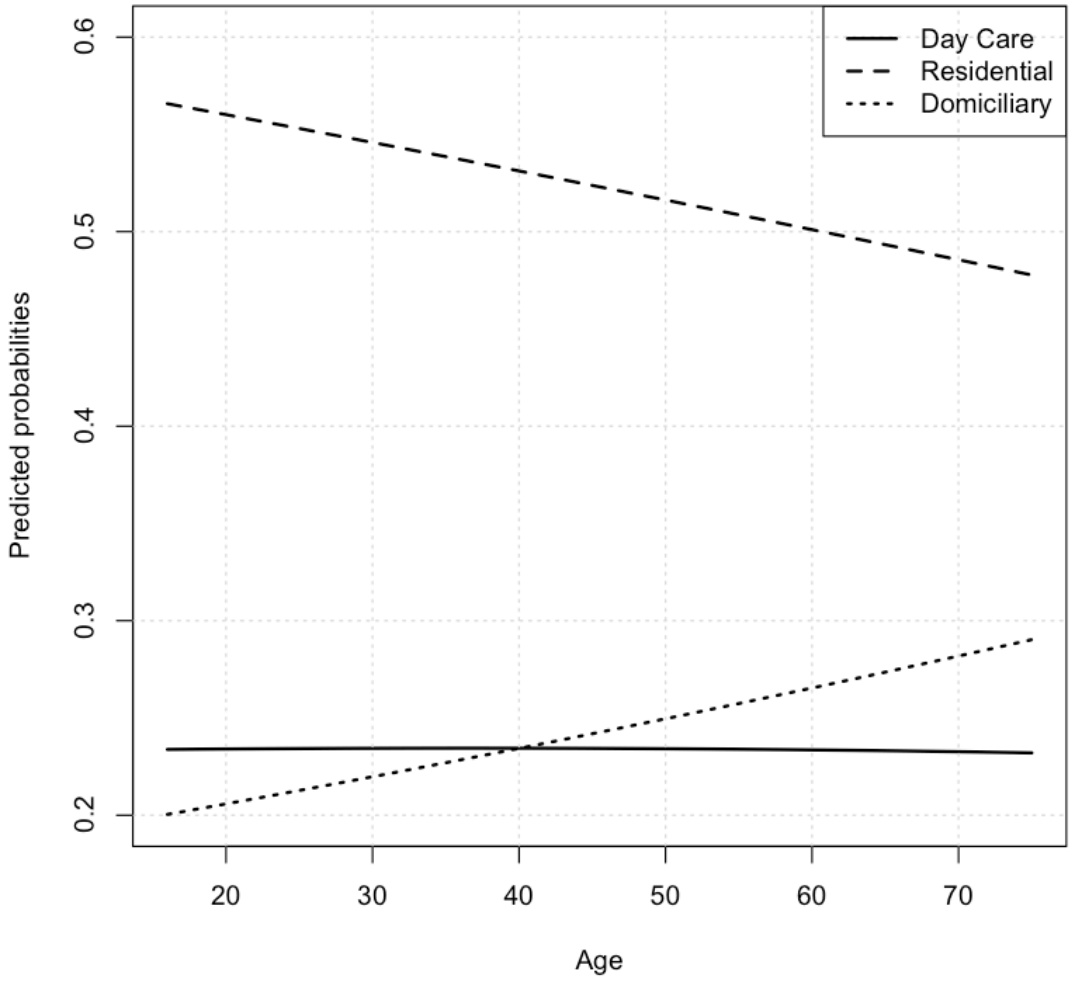
Note: *= P<0.05; **=P<0.005 and ***=P<0.001

Day care workers' profile compared to domiciliary workers

The multinomial model shows similar differences between day care workers' profile and that of domiciliary care workers to those observed above. Some similarities appear in terms of contractual agreements, where adult care workers are significantly more likely to hold permanent positions and to be in full time work than workers in domiciliary settings as well as residential settings. Adult day care workers are also significantly older and significantly more likely to be male and of White ethnicity than those in the other two settings.

However, there are also differences not observed in the comparison with residential care workers. Adult day care workers are significantly more likely to travel shorter distances to work and there are significantly higher proportions of Asian workers in day care in comparison to domiciliary care settings. In terms of job roles, relative to domiciliary care workers, adult care workers are significantly more likely to be managers, supervisors or to hold professional roles than direct care workers. The odds of working for an agency are significantly lower among adult day care workers.

Figure 2 Relative probabilities of 'a typical' worker working in each of the three settings (adult day care, adult residential and adult domiciliary) by age; multinomial regression model



Detailed variations by age and ethnicity

The multinomial regression model also provides very detailed and useful predicted probabilities of workers with different characteristics among the three different settings. To illustrate some of these findings, Figure 1 considers the changes in the probability of a worker being in each of the above three settings according to their age, given that other factors are constant. In this particular illustration, we consider the case of a 'typical' worker in day care services relative to residential and domiciliary settings. This 'typical' worker is defined as the person with the most predominant characteristics, namely a white female with average qualification levels.

Although the adult day care workforce is significantly older on 'average', the probabilities of joining each of the three settings are relative to the overall size of the workforce in each of these settings as well as probabilities at different ages, given that other factors such as gender, education and ethnicity remain constant. Figure 2 shows that the probability of working in adult day care remains almost constant across all ages (the black solid line), while it declines by age for residential settings and increases for domiciliary settings. This is a very important finding as it highlights the spread of ages among all day care workers and is equally important in considering recruitment strategies or evaluating the effects of day centre closures. For example, redundancies due to day care closures are likely to affect workers of a wide range of ages; some may be moving to retirement while others may want new jobs within or outside the care sector.

Figures 3a to 3c present variations in the relative probability of female, direct-care workers working in adult day care by age and ethnicity. Figures 3a and 3b show that both White and Black workers have more or less similar distributions, where the probability of working in adult day care starts from a relatively high point (0.23) and increases steadily until it reaches a peak year of age then starts to decline again for older ages. For White workers the peak probability of working in adult day care is around 35 years while the peak for Black workers is higher at around 40 years. In contrast, Figure 3c shows that the relative probability of Asian female direct-care workers working in adult day care steadily increases by age, starting from a low probability of 0.18 at age 18. Figures 3a to 3c provide insight into the dynamic interactions between age and ethnicity in relation to working in adult day care relative to working in other adult care settings. The relative probabilities clearly show a different pattern among Asian female workers, adult day care work appears to be more attractive to this group as their age increases.

Figures 3a to 3c

Figure 3a Relative probabilities of 'White' female direct care workers by age

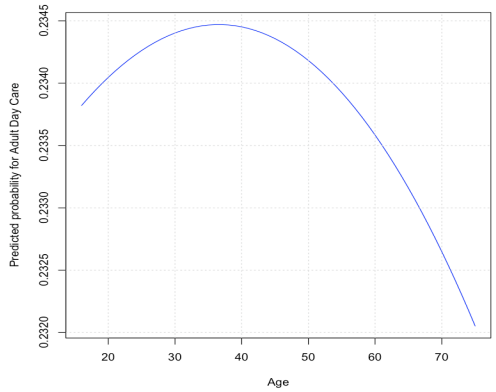


Figure 3b Relative probabilities of 'Black' female direct care workers by age

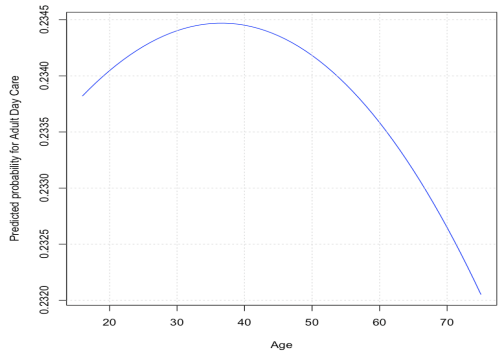
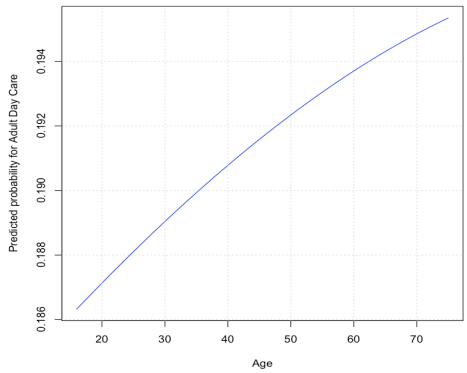


Figure 3c Relative probabilities of 'Asian' female direct care workers by age



Discussion and Conclusion

The NMDS-SC has provided the sector with a unique dataset, providing information about workforce characteristics and where these workers are employed. However, it is worth remembering some of the limitations of the NMDS-SC. The limitations of this dataset are founded in two characteristics: first, the fact it is completed by employers, rather than employees or individual

workers themselves; second; as being 'minimum' and thus collecting information on basic characteristics only. Additionally, the progressive nature of the NMDS-SC means that the data is not complete. The current data do not represent a census of all workers in the English care sector, but they are a large enough sample for analysis, with over 70,000 records of adult care workers.

Cambridge (2008, p.92) identified three stages of personalisation within UK learning disability services: first, the initial push to close long-stay hospitals and develop community based alternatives, in the late 1980s; second, the mainstreaming of care management, through the 1990s; and currently, *'the promotion of social inclusion… through person-centred planning and direct payments'*. In the context of the government's vision to personalise social care, the number of people with learning disabilities (and their carers) receiving personal budgets is set to increase considerably in the next few years. All forms of personal budget schemes may produce benefits in terms of less institutionalised services (Cambridge, 2008), but at the same time, the closure of day centres, which may be providing a much needed part of a support plan for individuals and their carers, needs to be addressed. It is predicted that these changes will affect social care provision regardless of provider. For example, the risks to day centres may be greater than the risks to home care provision (ESRC 2009) whatever the sector providing the service. From a workforce perspective these changes will, of course, affect those working in adult day care, particularly those in full-time employment.

This article has examined the profile of the day care workforce for the purpose of aiding strategic thinking in relation to retaining or reskilling this workforce, should the need arise. Scourfield (2005) was early in identifying the question of how a workforce of personal assistants would emerge. It may be that the day care workforce will wish to move to this growing sector of social care employment, but not perhaps if wage levels are far lower. However, the findings reported in this paper show the day care sector as having far fewer problems in recruitment and retention of staff than other sectors within social care. This greater stability of staff may be associated with day centres providing more secure work, as witnessed by the greater proportions of full-time workers and the greater likelihood that workers will have and be paid for achieving qualifications. The uncertainties of support working and personal assistance work may not be similarly attractive or affordable. As Hudson and Henwood (2009) have suggested:

> An important first step must lie in securing agreement on the vision required to deliver both workforce redesign and transformation. At the heart of this is the belief that the quality of an organization's output and achievement is determined by the quality of its workforce.

By understanding the characteristics of this group of workers it may be easier to put in place specific retention strategies suited to particular groups, in order to facilitate job mobility within the sector in case of reductions in size of facilities, changes in their business, or closure. Such information may also be useful in

adopting tailored recruitment drives to respond to increased demand for some social care support in the next few years.

The NMDS-SC identified nearly 6,000 adult day care workers, accounting for around eight percent of all returns related to the adult social care workforce in England. Over half this population of day care workers work with adults with learning disabilities, for whom day centre support may offer a wide set of benefits, including practical employment support (Beyer et al. 2004), but may also limit individualised participation in community activities (Cole et al. 2007). The potential for day care to lead to good outcomes is widely recognised; for example, in Australia Bigby et al. (2004) found that day care workers could offer people with learning disabilities individualised planning, flexibility and choice.

The analysis indicates a degree of commitment and long-term stability of the day care workforce when compared to residential and domiciliary care settings. This is indicated through the fact that, on average, adult day care workers appear to have worked for longer in their current job and are significantly more likely to work full-time and in permanent positions than those working in the other two settings. These characteristics are very important in the current context of public sector financial pressures and reconfigurations, where losing such jobs may have wider implications on workers' lives and communities.

The results of the multinomial regression model show some significant variations between the adult day care workforce and both the residential care and domiciliary care workforces. On the personal level, adult day care workers are significantly older and less ethnically diverse than those working in both domiciliary and residential care settings. Investigation is warranted into why this might be so. On the other hand, the day care workforce is significantly more diverse in terms of gender, with larger proportions of men than in other direct care work. Adult day care workers are also significantly older and they hold higher educational qualifications and significantly more of them are managers and supervisors.

Adult day care workers also seem to travel significantly longer distances to work than residential care workers, but shorter distances than domiciliary care workers. Such findings may relate to some in-house staff accommodation for residential workers and the fact that domiciliary work takes place in service users' homes, which may be geographically widespread. However, this finding suggests that the adult day care workforce is a more localized workforce than that working in domiciliary care and that if the workforce moves to types of employment or self-employment, roles such as Personal Assistants, then the treatment of matters such as travel costs may need to be agreed, or at least clarified, as part of their terms and conditions.

Detailed analysis of data through the use of the multinomial modelling technique provided insight into the interactions between age and ethnicity of workers. Taking female direct care workers as an example, patterns of working in adult day care settings by age are significantly different for different ethnicities. The probabilities of working in adult day care settings appear to increase by age for

White and Black workers until they reach a peak at around 35-40 years; they then decline, indicating a lower incidence of relatively older White and Black workers in this workforce. However, for Asian workers, the probability of working in adult day care settings increases steadily with age, indicating a larger proportion of older Asian workers in this workforce.

These findings may provide policy makers with detailed intelligence if they need to design redeployment within the sector to avoid the loss of this workforce if further day care centre reduction or closure occurs. The fact that this particular work attracts Asian older workers is interesting and may need further research to understand what attracts this group to this work and whether it might be used as a model for other social care settings. Similarly, men are over-represented in adult day care. It would be useful to understand their motivations and experiences and whether such information could be used to attract men to other adult care settings. The value of detailed explorations of the social care workforce is that it exposes general concerns about high turnover (see Hudson and Henwood 2009, for example). This may need to be more specific so that, in turn, solutions to such problems may be tailored and more likely to be adopted. At this time of change to social care in England, while it is important to explore and interrogate outcomes for people using services, there is also a need to consider the effects of such changes on staff; social care is an area in which human relationships are integral to wellbeing.

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