

## Evidence narrative [December 2015]

### Wages Levels in Social Care Sector

This paper provides an overview of the Pan Dorset social care services and the social care workforce as at October 2015. It aims to look at wage levels in the sector and consider the impact that wage levels in the sector may have on workers' health.

The information in the report is mostly derived from the National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and their staff since early 2006. Data was downloaded from the dashboards at the end of September 2015.

#### Summary

- There were an estimated 658 establishments providing social care Pan Dorset as of September 2015.
- The number of social care jobs Pan Dorset as of September 2015 was estimated at 23,900.
- The proportion of jobs that were direct care providing was 74% in 2015
- The estimated Whole Time Equivalent (or full time) median annual pay is largely influenced by job role, ranging from £14,000 a year for a direct care worker to £31,600 for managers/supervisors.
- The median hourly rate for care workers, as of September 2015, was £7.42. The median hourly rate was higher for local authority care workers (£9.20) than for private and voluntary workers (£7.28 and £7.82 respectively).

#### Background

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##### Impact of work on health

Work can have a considerable impact on health. Pan Dorset, the annual average between 2010/11 and 2013/14, was 26,700 people having an illness, condition or injury believed to be caused, or exacerbated by their current or previous work placement. Ill-health and injuries cost an estimated £180 million to Pan Dorset economy during 2012/13. (Health and Safety Executive, 2014/15)

The total cost of ill-health and injuries broken down by the three authorities was £44 million for Bournemouth, £40 million for Poole and £96 million for Dorset. Table 1 shows the numbers and cost of injuries and illness for each district.

**Table 1: Estimated numbers and total cost (£m) of injuries and illnesses**

Area	Averaged Estimated non-fatal injuries	Averaged Estimated illness prevalence*	Costs of injury (fatal and non-fatal) (£m)	Total Costs of new cases of illness (£m)	Total Costs of injury and illness (£m)
<b>Pan Dorset</b>	<b>9,200</b>	<b>17,500</b>	<b>£77m</b>	<b>£104m</b>	<b>£180m</b>
Bournemouth	2,200	4,200	£19m	£25m	£44m
Poole	1,900	3,600	£17m	£23m	£40m
Dorset	5,100	9,700	£41m	£56m	£96m
<i>Christchurch</i>	<i>500</i>	<i>1,000</i>	<i>£4m</i>	<i>£6m</i>	<i>£10m</i>
<i>East Dorset</i>	<i>1,100</i>	<i>2,200</i>	<i>£8m</i>	<i>£11m</i>	<i>£19m</i>
<i>North Dorset</i>	<i>800</i>	<i>1,600</i>	<i>£7m</i>	<i>£9m</i>	<i>£16m</i>
<i>Purbeck</i>	<i>600</i>	<i>1,100</i>	<i>£4m</i>	<i>£6m</i>	<i>£10m</i>
<i>West Dorset</i>	<i>1,300</i>	<i>2,400</i>	<i>£12m</i>	<i>£16m</i>	<i>£28m</i>
<i>Weymouth</i>	<i>800</i>	<i>1,400</i>	<i>£6m</i>	<i>£8m</i>	<i>£13m</i>

Source: Health and Safety Executive, 2014/15

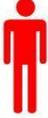
\* Prevalence is the total number of cases of work-related ill health occurring in the period, from long standing to new cases

Data for days lost at work were not available for Local Authorities but regionally 3.5 million days were lost to work related ill-health and 617,000 days were lost due to workplace injury during 2013-14. (Health and Safety Executive, 2014/15)

The nature of work affects health inequalities because health-adverse work conditions are concentrated in more disadvantaged social groups. Studies have shown that there is a clear relationship between a worker's position in the social hierarchy and their mortality. In addition there are strong and persistent social inequalities in exposure to health-adverse work environments, resulting in unfair employment conditions.

Figure 1 highlights the gap in life expectancy between males and females from the most deprived to the least deprived. Patterns of employment reflect and reinforce the social gradient of health, and there is inequality of access to labour market opportunities. Workers with fewer skills and qualifications are more likely to experience poor working conditions as well as worse health contributing to lower life expectancy.

Figure 1: Male and Female life expectancy 2011-2013

		Male life expectancy	Male gap between most and least deprived		Female life expectancy	Female gap between most and least deprived
Bournemouth		78.9 years	10.5 years		83 years	5.6 years
Poole		80.3 years	7.9 years		84 years	6.4 years
Dorset		81.3 years	6.4 years		85 years	5.5 years

Key: Red – significantly higher than England. Amber – no significant difference. Green - significantly lower than England.

Source: Public Health Outcomes Framework

Work can adversely impact an individual's health in five main ways:

### 1. Adverse physical conditions at work

Adverse physical conditions include unhealthy or restricted posture at work and engaging in repetitive movements or heavy lifting. The most common work related illness in 2013/14 was musculoskeletal disorders (MSDs) (42% of all national work related illnesses). Health and social care workers were found to be the most susceptible to musculoskeletal disorders. (Health and Safety Executive, 2014)

According to the Annual Population Survey (2015), 40% (34,700) of all Pan Dorset residents in employment with a health condition or illness lasting more than 12 months had a condition or disability connected with their arms, legs, hands, feet, back or neck.

Working 48 hours or more per week increases the risk of fatigue and accidents and there is evidence that this can lead to stress, depression or mental ill health. Shift work is required in some industries to provide round-the-clock service to the population. There are well established adverse health effects of shift work, mainly a reduction in quality and quantity of sleep, fatigue, anxiety, depression and increasing evidence of adverse cardiovascular effects. (Devore et al. 2013; Boivin et al. 2014)

## 2. Adverse psychosocial conditions at work

There are a number of adverse psychological conditions at work that are related to increases in stress, mainly conflict and lack of autonomy and control. The health and social care sector was one of the most affected sectors nationally by the number of cases of work-related illnesses caused by stress, depression and anxiety. (Health and Safety Executive, 2013)

According to the Annual Population Survey (2015), 20% (17,900) of all Pan Dorset residents in employment with a health condition or illness lasting more than 12 months had a condition or disability connected with depression, mental illness and nervous disorders.

Conflicts within workplace hierarchies can restrict employee participation in decision making and drive discriminatory activities. These types of psychosocial stresses in work places can cause ill-health. Commonly a consequence of workplace conflict is stress, of which can affect mental and physical health.

In demanding jobs, low control and low reward may increase the probability of ill health. Work positions where people experience low control, autonomy and reward can be particularly negative for workers who do not perceive themselves to be paid sufficiently. These conditions elicit negative emotions and stress responses with adverse long-term health consequences.

## 3. Low pay and insufficient

The relationship between low income and health is well established. Income affects health through different ways:

- **Material:** through the ability to afford a healthy lifestyle
- **Psychosocial:** through the impact that having insufficient income has on stress levels
- **Behaviour:** the material and psychosocial impact of income can lead to individuals developing coping strategies such as increasing smoking or consumption of alcohol.

There may also be a vicious circle whereby poor health leads to reduced income

#### 4. Temporary work, insecurity and the risk of redundancy

Studies show that workers reporting insecurity in their job have higher self-reported ill health relative to workers in secure employment. Workers exposed to chronic job insecurity had the highest self-reported ill-health, indicating that job security might act as a chronic stressor. Temporary workers are often exposed to strenuous and tiring positions, intense noise and repetitive movements, have less freedom to choose when to take personal leave and are rarely represented in health and safety committees.

#### 5. Job satisfaction and wellbeing

Positive job and life satisfaction has been found to increase productivity and creativity as well as reduce sickness absence. An individual's wellbeing at work is influenced both by their characteristics and those of the job and workplace in which they are employed. An understanding of the relationship between individual characteristics and wellbeing is important because these shape employees' experiences of work.

Wellbeing tends to be higher when employees have autonomy over how they do their job. Have variety in their work, clarity over what is expected of them, opportunities to use their skills, have effective supervision, higher pay and clear career prospects. Wellbeing needs to be lower when the demands of the job are particularly high.

### Social care research into its workforce

#### Perceptions of employment in the health and social care sector

Bournemouth University was commissioned by the Borough of Poole and Better Together to evaluate the perceptions of the Health and Social Care sector from sources currently employed in the care sector and those who may have potential for future employment in the sector.

Findings from the evaluation by Bournemouth University suggested that the following factors negatively impacted upon staff recruitment and retention in the sector:

- **Low pay in the sector was a key disincentive.** Low pay was perceived to be linked to low status and may prevent individuals considering unqualified social care work as a long term career. It was reported by the evaluation that low pay prevented social care being promoted as a career but employers suggested that increased pay would impact those who fund and commission services.
- **Young people and teachers have a lack of understanding of the employment opportunities available.** It was suggested that teachers perceive a number of barriers to recommending social care as an employment route including low pay and lack of progression opportunities.

- **Negative perceptions and low status of social care work.** New ways to recruit potential applicants into the sector need to be considered by promoting care work into a more positive light, challenging negative representations by the media.
- **Increasing complexity of the work without an adequate salary.** Changes in the eligibility criteria have meant that those with the most complex needs are cared for. As a result the work is complex and demanding but pay levels do not reflect the nature of the job.
- **The impact of zero hour contracts.** Organisations need to reduce costs has had an impact on pay and conditions particularly in terms of zero hour contracts and the lack of paid travel expenses which act as a disincentive of the workforce. This has raised concerns about the ability to provide quality compassionate care under such working conditions.
- **Recruiting staff with the necessary skills and willingness to undertake training.** The increased academic demands required in the sector have resulted in some workers leaving suggesting that some of the existing workforce may not feel confident or motivated to engage in mandatory training.
- **Staff perceptions of vulnerability linked to risk and safeguarding.** The evaluation found that employers and employees were anxious about increased regulation and recording requirements. This is particular challenging for those with English as a second language.
- **Negative perceptions about the suitability of young people in the workforce.** Although it is recognised that young people are an important source for the future social care workforce, both employers and some care staff in the evaluation raised concerns about their reliability and commitment. In part this related to young people's 'preparedness' for the work they will undertake in the sector.

### Healthcare Dorset home care service survey

Findings from the Healthwatch Dorset home care survey and discussions with each of the three local authorities found that there were a number of major workforce issues, which currently are affecting service capacity. Areas to be addressed include pay and conditions, recruitment, training and on-going support. Services need a high quality and stable workforce, rewarded and recognised appropriately for the essential and, at times, demanding work that they do. Comments from people who completed Healthwatch's survey included concern for their care workers, particularly in relation to issues such as pay and working conditions (including not being paid for travel times) and the stress they are working under.

Providers told Healthwatch about workforce issues. Low unemployment rates across Dorset, high cost of living for low paid staff, zero hours' contracts, cost of housing, problems with travel times in rural areas and so on are all impacting on the availability of care workers.

## Size and structure of the social care workforce

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### Number of establishments and type

According to the NMD-SC there were 658 establishments providing social care in the Pan Dorset area. The majority (91%) of these establishments were in the private and voluntary sector (Independent) with the rest (9%) being statutory local authority establishments.

**Table 2: Number of establishments**

	Bournemouth	Dorset	Poole	Pan Dorset	South West
Independent	191	291	120	602	4,256
Local Authority	17	27	12	56	389
Total	208	317	132	658	4,645

Source: NMDS-SC Dashboards 2015

Most (63%) of the social care establishments in the Pan Dorset area are small, employing between 10-49 employees. A further 21% had fewer than 10 employees.

### Size of the workforce

It is estimated that there is a combined total adult social care workforce of 23,900 workers in Bournemouth, Poole and Dorset. In England, this workforce is estimated to be about 1.45 million, so we can see that the adult social care workforce in Bournemouth, Dorset and Poole accounts for approximately 2% of the total workforce in England.

Over three quarters (84%) of jobs in the adult social care sector were with independent employers. Jobs in local authorities accounted for 13%. Jobs in the NHS were not available by local authority but regionally they accounted for 8% of all jobs.

The direct payment recipients' workforce accounted for 3% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimates of the number of direct payment recipients that employ staff.

**Table 3: Estimated number of adult social care jobs by employer type**

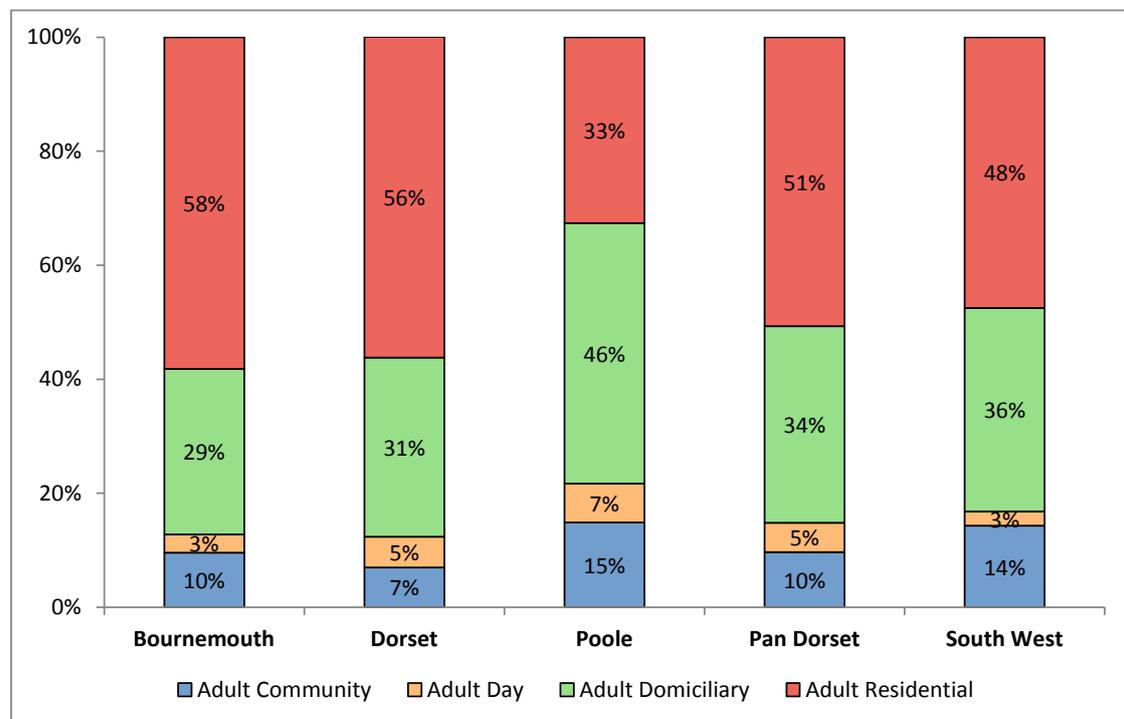
	Bournemouth		Dorset		Poole		Pan Dorset		South West	
Total estimated number of workers	6,300		11,500		6,100		23,900		170,000	
Independent	5,200	82.5%	9,300	80.9%	5,500	90.2%	20,000	83.7%	135,000	79.4%
Jobs for direct payments recipients	300	4.8%	200	1.7%	200	3.3%	700	2.9%	10,000	5.9%
Local Authority	800	12.7%	1,900	16.5%	400	6.6%	3,100	13.0%	13,000	7.6%
NHS									13,000	7.6%

Source: NMDS-SC Dashboards 2015

**Proportion of jobs by main service**

Figure 2 shows the breakdown of adult social care jobs by main service group. Over an estimated half of all adult social care workers were employed in residential settings while a further 34% are employed in adult domiciliary care settings. The remaining 3,500 jobs were employed in adult community care and adult day care settings.

**Figure 2: Estimated number of adult social care jobs by main service**



Source: NMDS-SC Dashboards 2015

### Estimated workforce by job role groups

Around three quarters of adult social care jobs were direct care-providing (72%). This group includes care workers, senior care workers, support workers and a range of jobs for providing care and support directly.

Managerial and supervisory roles accounted for 9% of jobs. This group includes senior managers, middle managers, line managers, registered managers and other managerial roles not directly involved in providing care.

Professional roles accounted for 5% of jobs. This group includes several rather different jobs, which have the requirement for a professional qualification. This group includes social workers, occupational therapists and registered nurses.

Jobs that come under the 'other' category accounted for 11% of jobs. This includes administrative jobs and other jobs not directly involved in providing care.

**Table 4: Estimated number of adult social care jobs by job role.**

Job role group	Pan-Dorset		South West
	Total Jobs	% of jobs	% of jobs
Direct care	17,300	72%	74%
Managerial/supervisor	2,100	9%	8%
Professional	1,300	5%	7%
Other	3,200	14%	12%
Total	23,900	100%	100%

Source: NMDS-SC Dashboards 2015

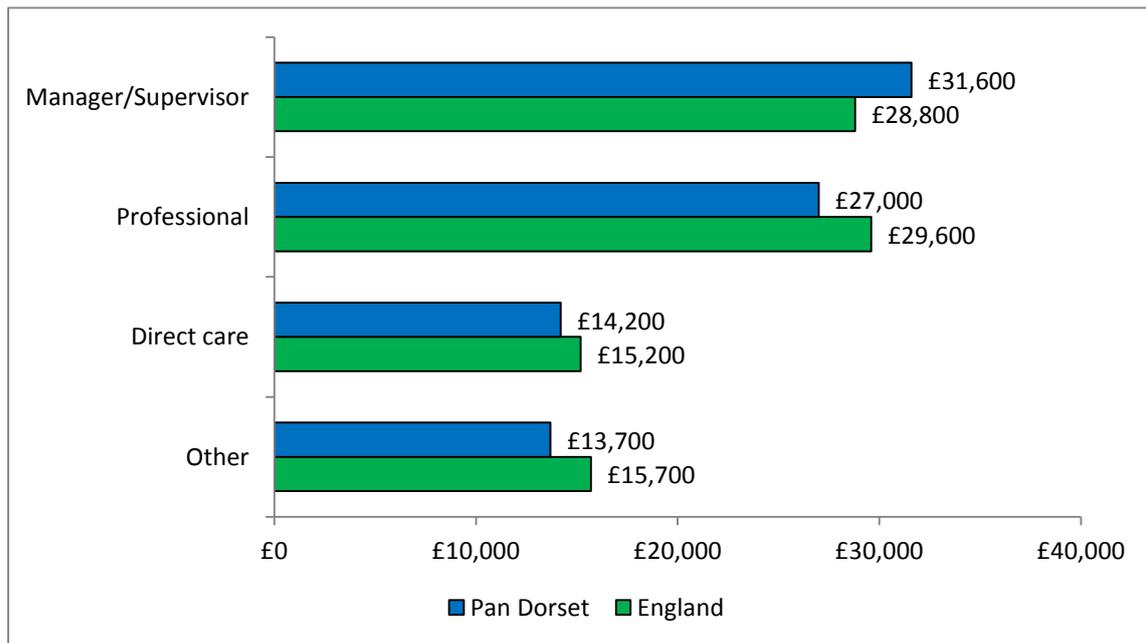
### Whole time equivalent (WTE) annual and hourly pay levels

In the NMDS-SC employers can provide pay rates at either annual or hourly intervals or can state that a worker is unpaid. The NMDS-SC also collects information about workers contracted hours. The data in this section shows median whole time (or full-time) equivalent (WTE) salaries.

#### Annual Pay

The estimated WTE median annual pay within Pan Dorset is largely influenced by job role. The median annual pay of a direct care worker is £14,200 a year, for professionals it is £27,000 and for managers/supervisors it is £31,600.

**Figure 3: Whole time equivalent median annual pay rate by job role group**



Source: NMDS-SC Dashboards 2015

Table 5 shows the median WTE annual pay rates by selected social care job roles. Registered managers are paid the highest with a median annual wage of £31,100. Social workers median pay is £28,300 and for registered nurses it is £26,400.

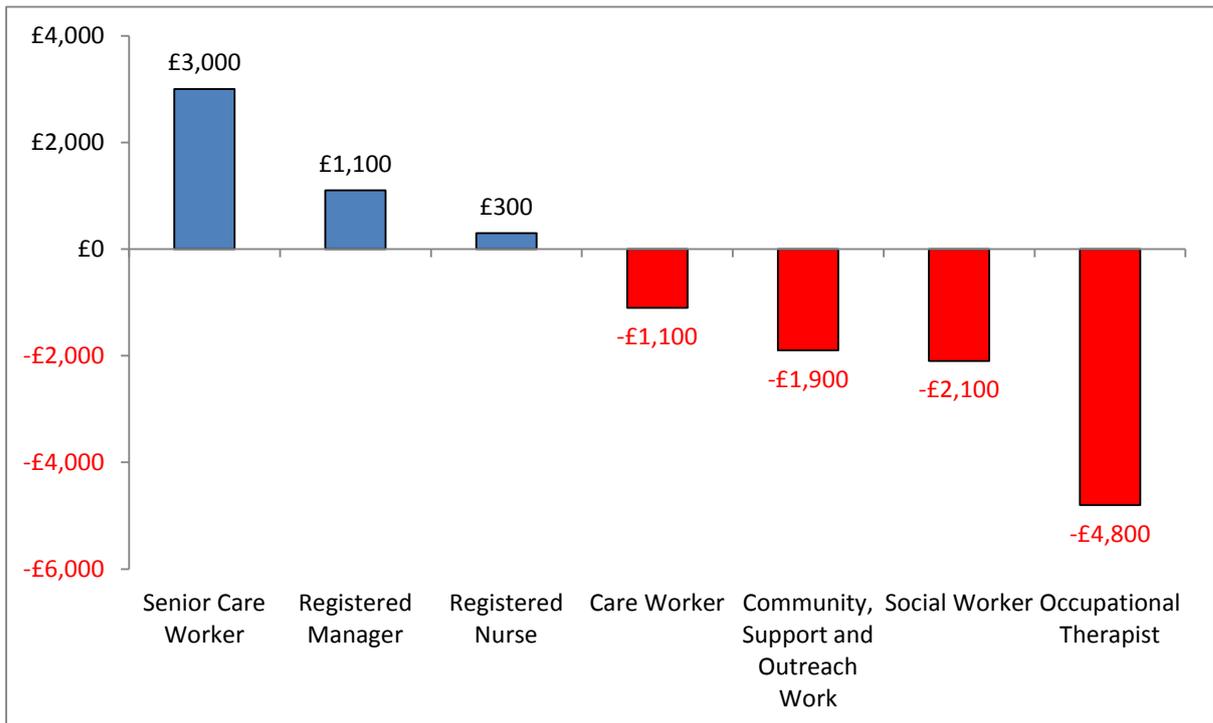
**Table 5: Pan Dorset Whole time equivalent median annual pay rate by selected job roles**

Job role	Pan Dorset	England
Registered Manager	£31,100	£30,000
Social Worker	£28,300	£30,300
Senior Care Worker	£20,100	£17,200
Care Worker	£12,800	£13,900
Community, Support and Outreach Work	£16,700	£18,600
Occupational Therapist	£23,400	£28,100
Registered Nurse	£26,400	£26,000

Source: NMDS-SC Dashboards 2015

Figure 4 below shows that the median annual pay for senior care workers , registered managers and registered nurses is higher compared to the median pay for England overall. Care workers, community support and outreach, social workers and occupational therapists were on average paid less in Dorset compared to England overall.

**Figure 4: Pan Dorset Whole time equivalent median annual pay rate by selected job roles compared with England**



Source: NMDS-SC Dashboards 2015

### Hourly Pay

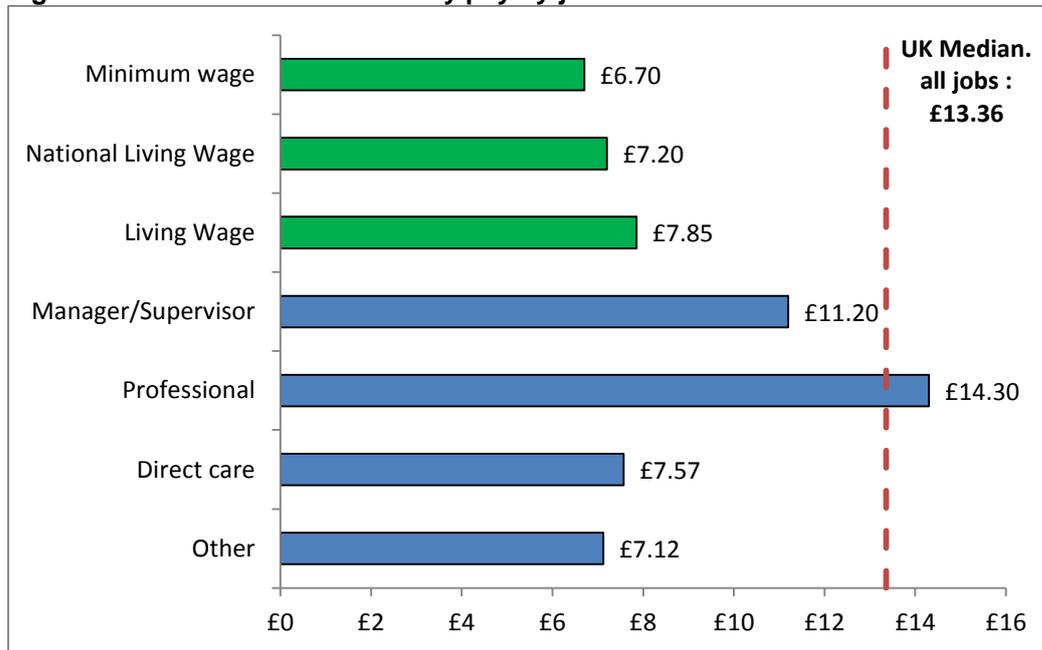
Figure 5 below shows median hourly pay for job role groups in the social care sector and how these compare to the National Minimum Wage, the recommended Living Wage by the Work Foundation and the soon to be introduced National Living Wage. In the 2015 budget, the Chancellor of the Exchequer announced the National Living Wage of £7.20 an hour that comes into force in April 2016 and is to rise to £9 by 2020.

The Living Wage is an independently-set hourly rate calculated according to the basic cost of living in the UK and as at 2014 was £7.85 outside of London and £9.15 in London. According to The Living Wage Foundation, paying the Living Wage is “good for business, good for the individual and good for society” as it can lead to improved quality of work from employees, reduced absenteeism and lower levels of staff turnover. *For more information on the Living Wage in Dorset go to the JSNA narrative of the Dorset Economy here.*

The median hourly pay for Professional job roles was the highest paid job role group at £14.30. This was the only job role higher than the median hourly pay for all jobs in the UK.

Figure 5 shows the median hourly pay rate for direct care roles was above the Government’s proposed national living wage but was below the living wage rate suggested by the Work Foundation.

**Figure 5: Pan Dorset Median hourly pay by job role**

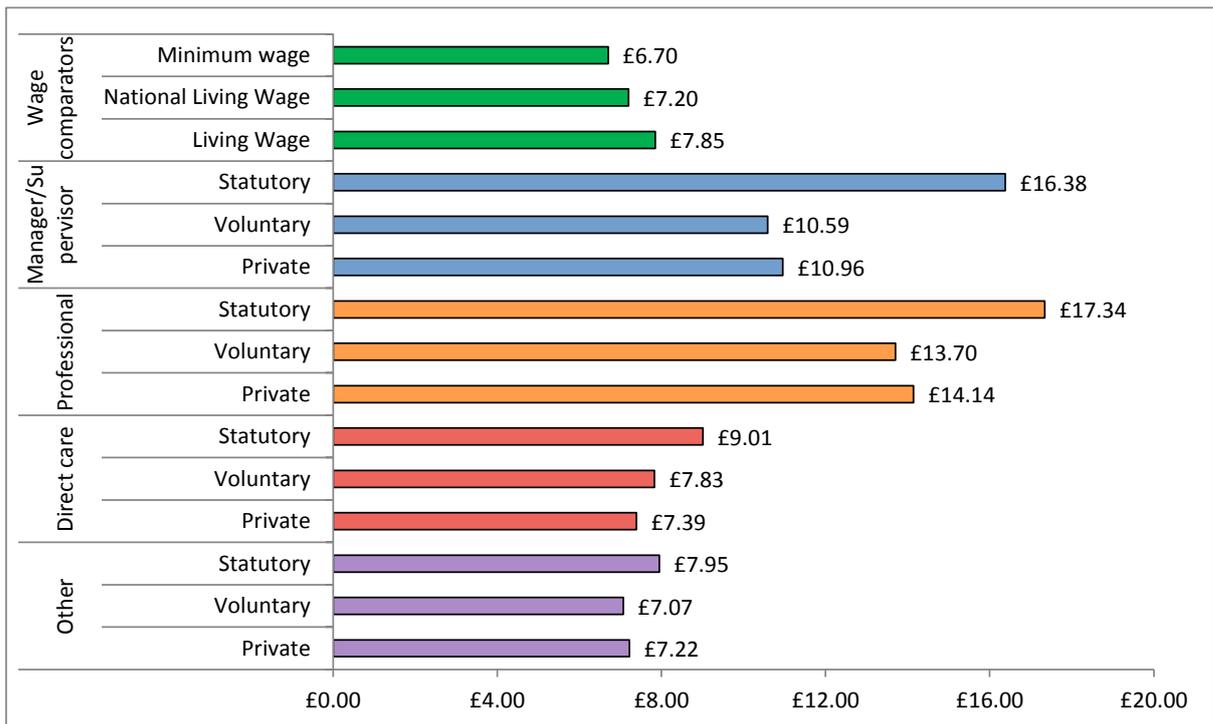


Source: NMDS-SC Dashboards 2015, ASHE 2015

Median hourly pay rates by main job role in figure 6, shows that pay is higher in the statutory local authority sector and lowest in the private sector. Local authority employed managers or supervisors are paid £5.42 more than their counterparts in the private sector. Professional workers were paid £3.20 more than workers employed in the private sector and £3.64 more than those employed in the voluntary and community sector.

Direct care workers in the local authority sector are paid £1.62 more than workers in the private sector. The private sector has 8 times as many workers than the statutory local authority sector.

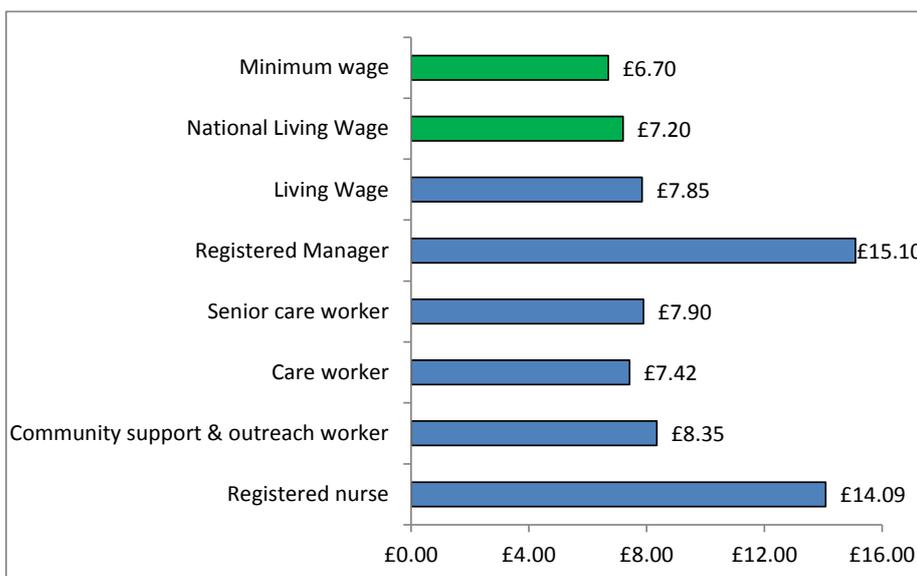
**Figure 6: Pan Dorset Median hourly pay by job role and sector**



Source: NMDS-SC Dashboards 2015

Figure 7 below shows median hourly rates for selected social care roles. A senior care worker’s hourly pay is £1.20 above the minimum wage and 70p above the National Living wage. It is 5p above the Work Foundation’s suggested Living Wage. The care workers hourly pay is 72p above the minimum wage, 22p above the National Living Wage and was 43p below the Work Foundation’s living wage.

**Figure 7: Pan Dorset Median hourly pay by selected job role**

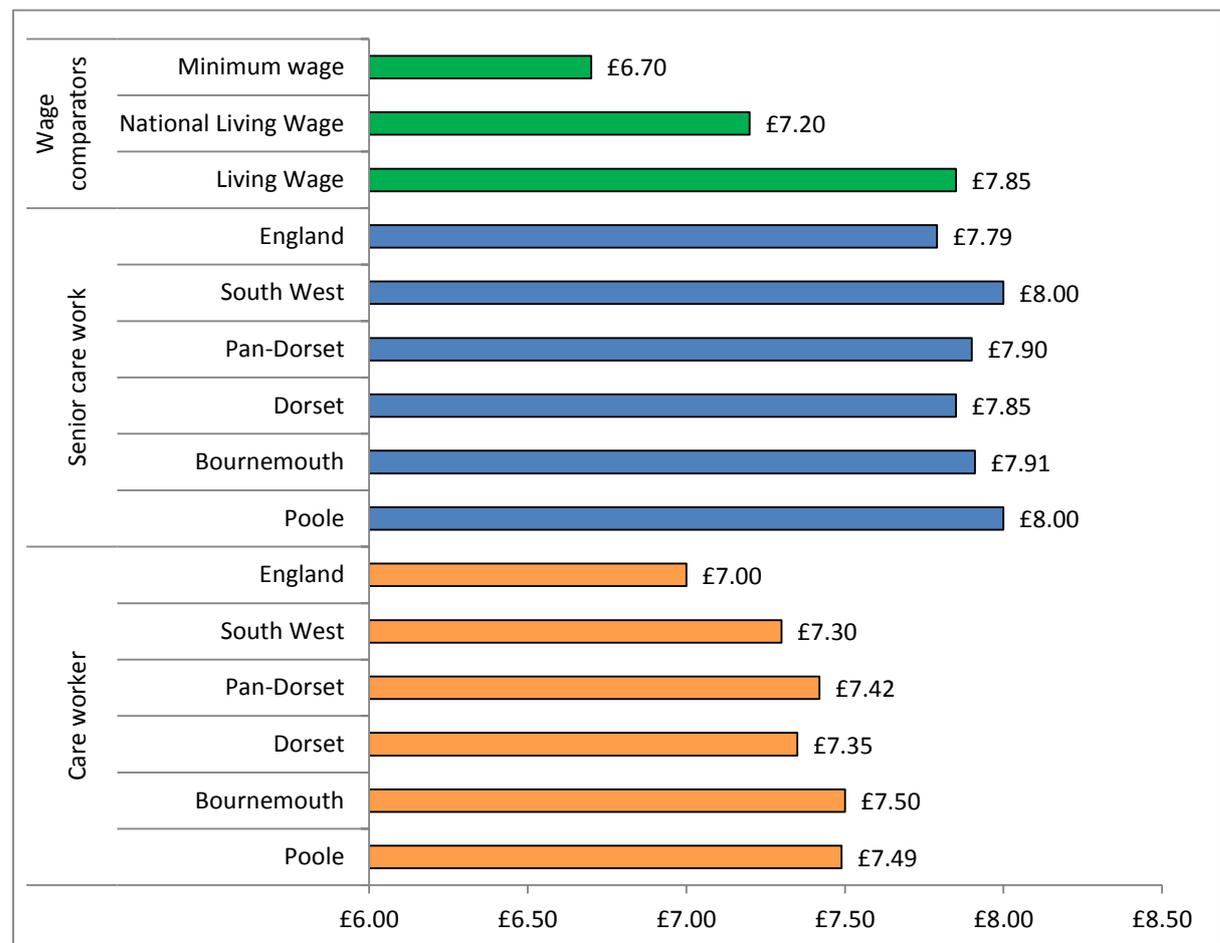


Source: NMDS-SC Dashboards 2015

## Median pay of Care Workers

Median hourly pay rates for both senior care workers and care workers were fairly similar for Bournemouth, Poole and Dorset. Senior care workers in Poole were paid the most at £8 per hour. Care workers in Dorset were paid the least with a median hourly pay rate of £7.35.

**Figure 8: Median hourly rates by district**



Source: NMDS-SC Dashboards 2015

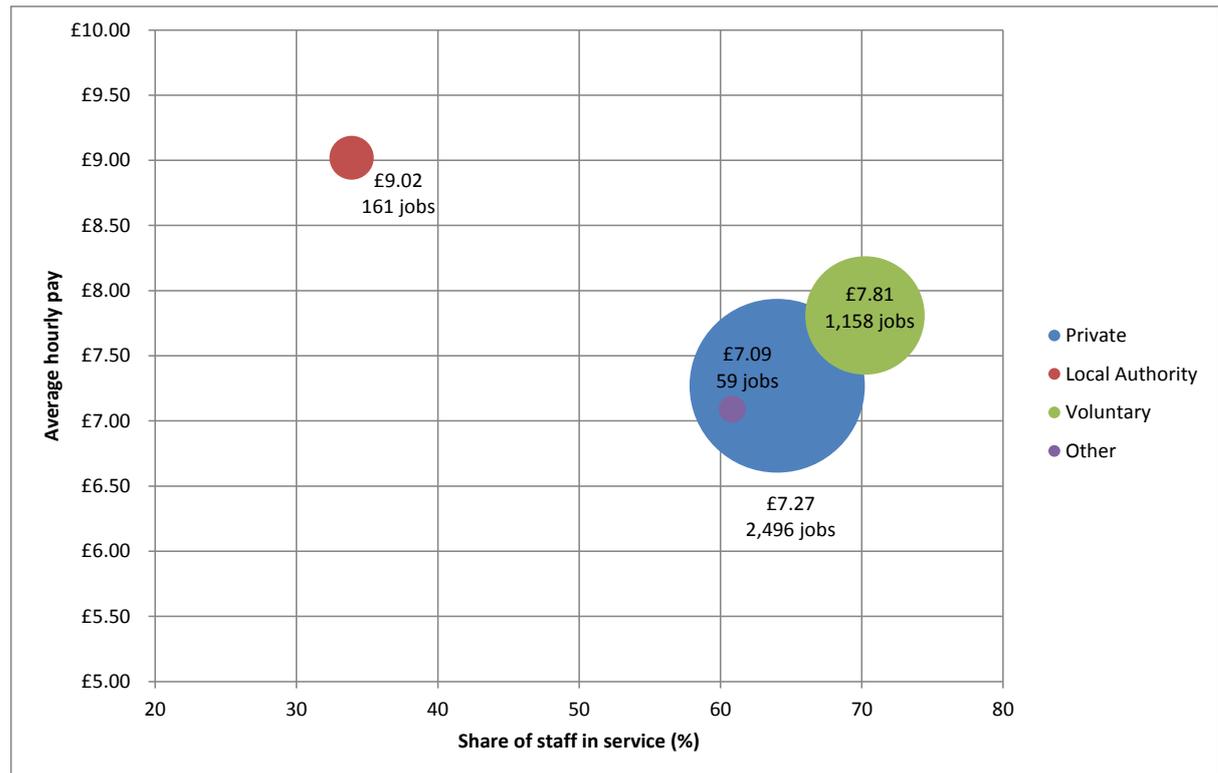
The median hourly rate for care workers, as at September 2015, was **£7.42**. The chart shows that the hourly rate was much higher for local authority care workers (£9.20) than for private and voluntary workers (£7.28 and £7.82 respectively). The median hourly pay for care workers nationally was £7 in the private sector and £8.57 for local authorities.

It is likely that some of the observed differences may reflect different roles and responsibilities performed by local authority workers and their independent sector counterparts.

Figure 9 shows the median hourly rate for care workers split by sector. The vertical position of the bubble on the chart represents the median pay and the size of each bubble is proportional to the number of care workers in each sector.

The chart shows that a large proportion of the workforce in the private sector (64%) and voluntary sector (70%) were employed as care workers. In contrast, a relatively small proportion of care workers were employed by local authorities (34%).

**Figure 9: Median hourly rates for care workers by sector, Pan Dorset, September 2015**

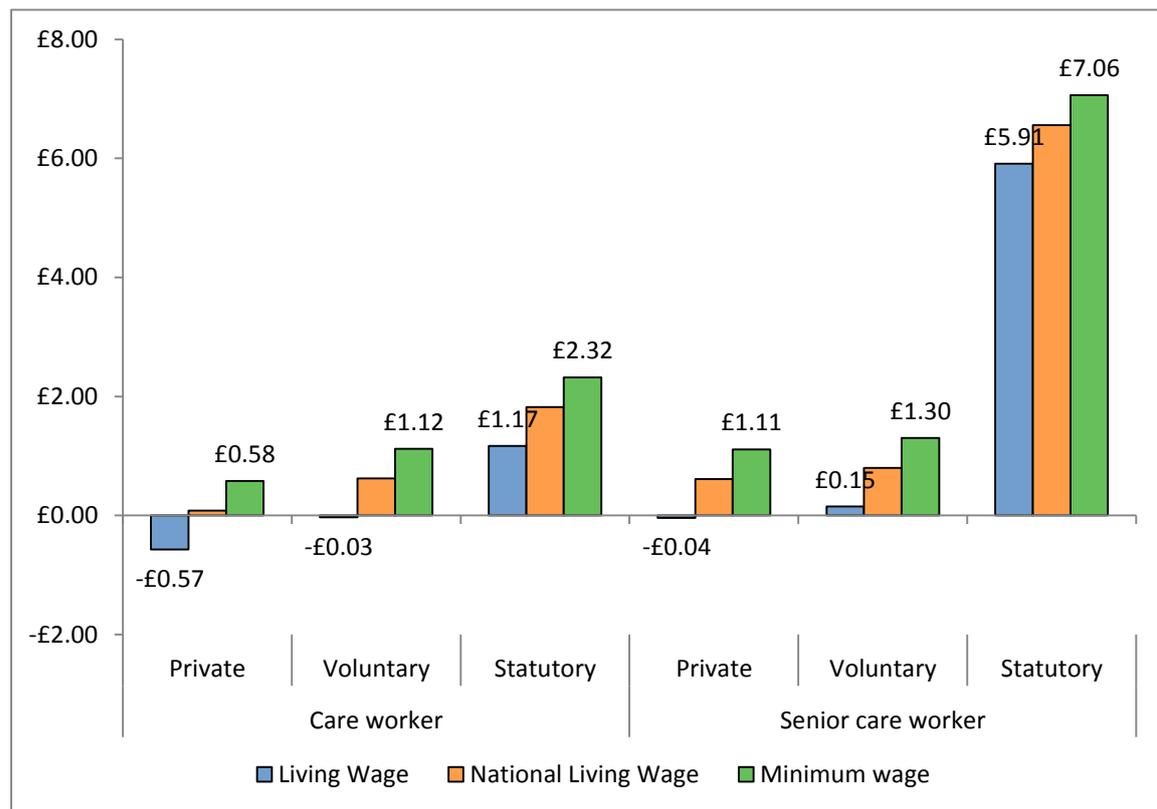


Source: NMDS-SC Dashboards 2015

As of September 2015, care workers were paid 96p per hour above the National Minimum Wage (£6.70). Split by sector, workers in local authorities and the voluntary sector were paid well above the National Minimum Wage (£2.50 and £2.14 above in councils and £1.15 above in the voluntary sector). Median hourly rates in the private sector, however, were much closer to the minimum wage (just 72p above).

Figure 10 shows that, as at September 2015, workers were paid 19p below the Living Wage. Looking at the differences by sector, private sector care workers were paid 43p below the Living Wage, in the voluntary sector the Median rate was the same as the Living Wage and local authority care workers were paid above the Living Wage (£1.35 in adult services and 99p above).

Figure 10: Median hourly rates for care workers by sector, Pan Dorset, September 2015



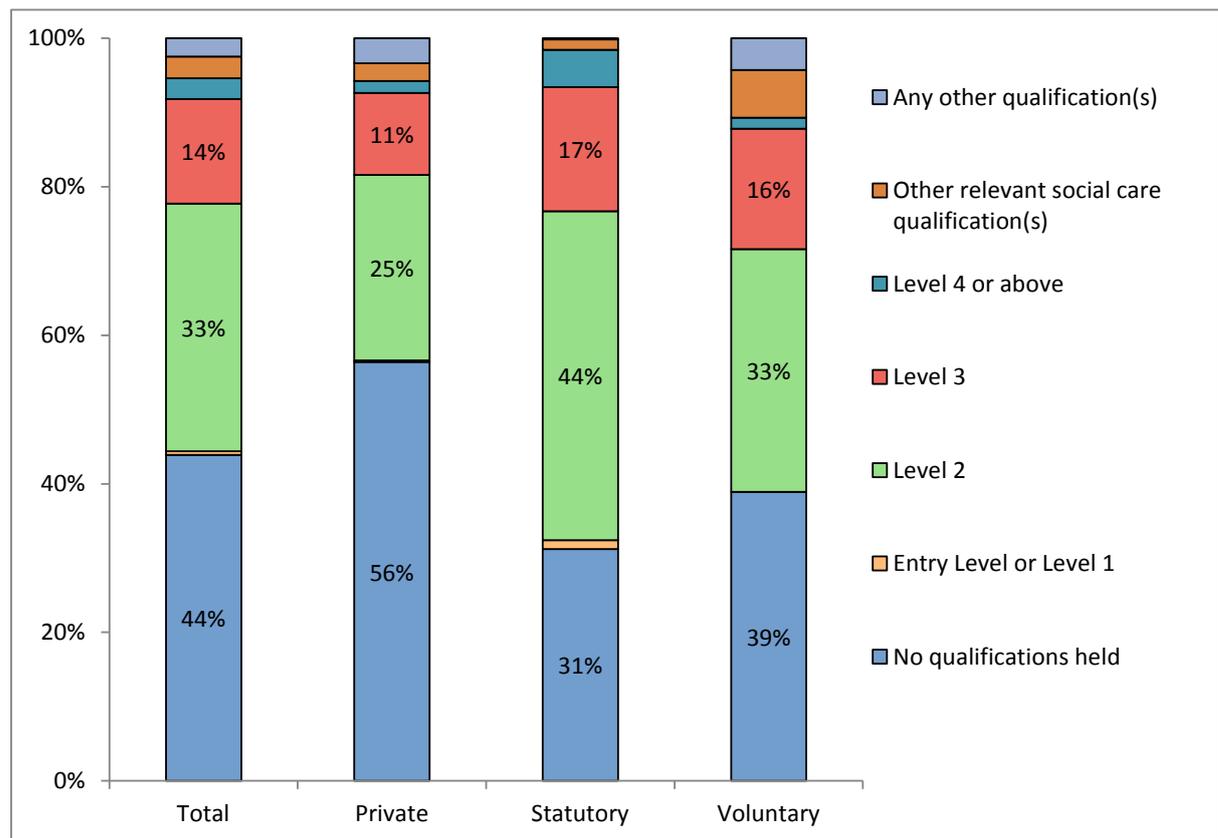
Source: NMDS-SC Dashboards 2015

### Qualifications of workforce

In terms of the highest level of qualification held, over half of the care workers Pan Dorset hold a recognised social care qualification (56%), while 44% have no relevant qualifications recorded. Skills for Care have acknowledged that the accurate recording of qualifications data in the NMDS-SC is a slightly weaker area of the dataset – as such these results may overestimate the numbers of workers lacking a care-related qualification. Equally those staff not providing direct care (ancillary staff / administrative staff, etc.) may not necessarily require such qualifications.

Figure 11 shows that care workers in the private sector were more likely to have no qualifications (56%). Nearly a third of the care worker staff in the statutory local authority sector had no qualifications.

**Figure 11: Highest qualification level of care workers, Pan Dorset, September 2015**

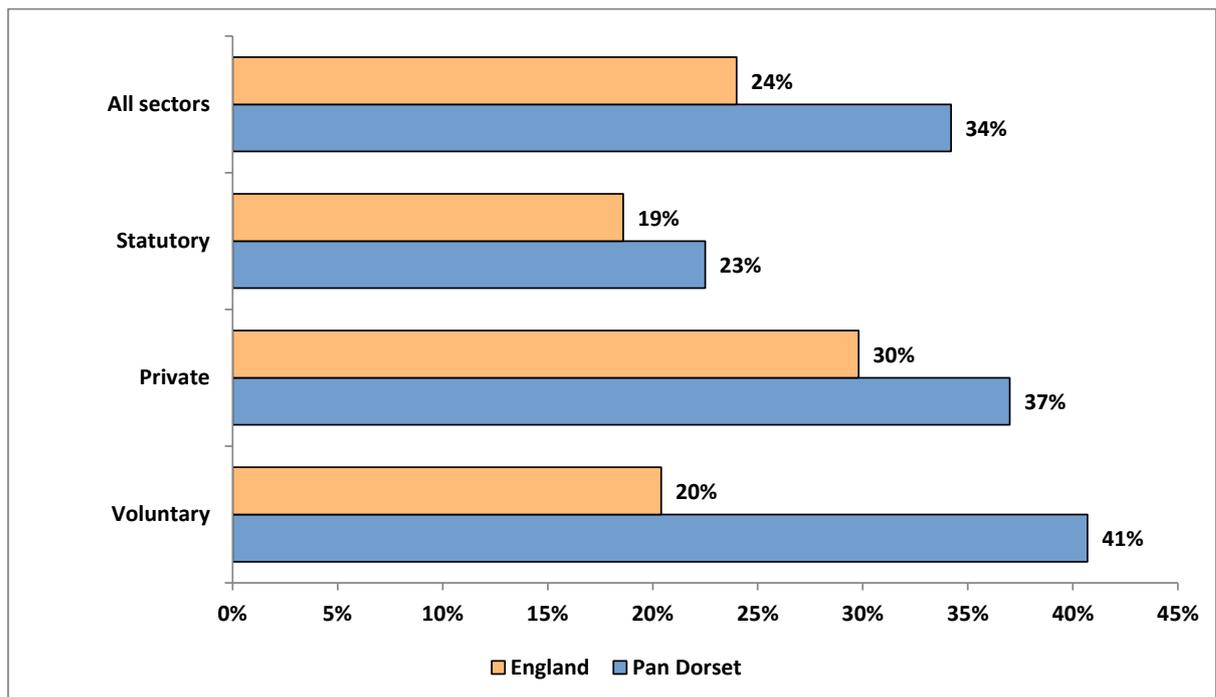


Source: NMDS-SC Dashboards 2015

### Recruitment and retention

Skills for Care estimates that the turnover rate of directly employed staff working in the statutory local authorities, private and voluntary sectors is 27%, this is approximately 2,300 leavers per year. Turnover is lowest in the statutory sector (19%) and higher in the private (29%) and Voluntary (35%) sectors.

Figure 12 shows turnover rates for care worker staff roles Pan Dorset compared with England. Again turnover rates are highest in the private (37%) and voluntary (41%) sectors and lowest in the statutory (23%) sector. Turnover rates for care workers are higher in Pan Dorset compared to England for all sector types.

**Figure 12: Estimated turnover rate for care workers by sector**

Source: NMDS-SC Dashboards 2015

Skills for care estimated that 4.3% of roles in social care are vacant, which is approximately 300 vacant posts. The vacancy rate is higher in the statutory local authority sector, with a 5.6% vacancy rate and lowest in the voluntary sector, at 1.7%.

### Sickness rates

The average number of days sick per worker in the past 12 months was 6.5 days, the private sector (at 4.1 days) and voluntary sector (at 5.6 days) are similar. However, the statutory local authority sector has higher sickness at an average of 10.6 days per worker.

With an estimated workforce of 23,900 and an average of 4.5 sickness days that is a total of at least 155,000 days lost to sickness every year. It should be noted that sickness rates in the NMDS-SC may be under-recorded in the private and voluntary sector, which could make them appear lower than the reality, especially when compared to the statutory local authority sector.

The average number of days lost to sickness is highest for the professional's job role group. Professionals have the highest sickness average at 8.2 days with social workers at 11.6 days and occupational therapists at 11.5 days in particular having high average sickness days. Direct care staff had the lowest average of sick days at 6.3 days followed by managers/ supervisor staff at 6.5 days.

Compared to England, Pan Dorset reported a similar sickness days average for Direct Care workers (6.4%, England) but managerial / supervisor (5.7%) and professional (7.2%) job roles were higher.

## Projections

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The demand for adult social care is projected to increase rapidly due to the ageing population. The size of the adult social care workforce will have to increase significantly to meet this demand.

The *Size and Structure of the Social Care Workforce 2014* report estimates the number of adult social care workers that may be required to meet the future social care needs of adults and older people. The workforce projections are based on projections of demand made in 2008 by the Personal Social Services Research Unit (PSSRU) for the Department of Health. Depending on the scenario, the number of jobs in adult social care is projected to grow by between 15% and 55% between 2013 and 2025. This means there could be between 1.8 million and 2.4 million jobs in England by 2025.

The number of older people living in Dorset is expected to increase, but particularly the growing number of people living to an advanced old age, largely due to continuing gains in life expectancy. In 2035, it is projected that the number of all adults aged over 65 years will account for 31% of the population across Dorset. This will have a major impact on the future provision of care services due to the increased vulnerability associated with this older age group.

The impact of an ageing population could be greater in Dorset, with older people accounting for 36% of the population by 2033 compared to Bournemouth and Poole where rates are 23% and 28% respectively.

Risk factors that can predict ill health in old age differ across Dorset. Analysis found that limited long term illness was more prevalent across the Dorset County Council area, while income deprivation in old age was more prevalent in the urban areas of Poole and Bournemouth.

It is projected that the demand for care will increase by over 50% by 2032 compared to the supply of this type of care which will rise by just 25%. More information about the challenges of an aging population Pan Dorset can be found in the JSNA narrative on Older People.

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