

The state of the adult social care sector and workforce in England

September 2019

Acknowledgments

Skills for Care would like to thank all of the employers involved in contributing data to the NMDS-SC. Without their efforts, estimates of this level of detail and accuracy wouldn't be possible.

This report has been researched and compiled by Skills for Care's Workforce Intelligence Analysis team: Dave Griffiths, Will Fenton, Gary Polzin, Jess Arkesden, Roy Price, Sarah Davison, Rosy McCaffrey and Tanya Fozzard.

Feedback on any aspect of this report is welcomed as it will help to improve future editions. Please contact our analysis team: analysis@skillsforcare.org.uk.

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Foreword from our CEO



I'm delighted to introduce our annual 'State of the adult social care sector and workforce' report. This report is a key resource used across the sector, particularly by

thousands of employers, the Department of Health and Social Care (DHSC) and other policy makers in monitoring emerging trends in our growing and ever-changing provider and workforce base.

It is vital that employers, the Government and everyone involved in adult social care in England can rely on robust evidence in this report when making decisions. DHSC continue to rely on our sector workforce intelligence summarised in this report.

Demand for this intelligence is increasing as the sector, and demands on it, change. Our Workforce Intelligence team deliver this by supplying high quality evidence for policy-makers and decision-makers at a national, regional and local level.

We can do this because of the wealth of data submitted to the National Minimum Dataset for Social Care (NMDS-SC). We are, as always, grateful to the thousands of organisations who submit their workforce data, as we simply could not produce intelligence of this quality without their continued support. These organisations also recognise the benefits that providing their data offers to them as care providers.

These organisations are contributing to our growing range of interactive dashboards to help providers learn more about their geographical or service area, and they can also compare their services to the rest of the sector. They also understand that it's in their interests for the sector's key organisations and policy-makers to have

access to high quality information when they are making decisions and forming key policies and initiatives, like the 'Every Day is Different' recruitment campaign.

NMDS-SC has been successfully gathering the data the sector needs for over 10 years, but over the last year has been re-built to meet the needs of today's users. With improved technology and lessons learned from the NMDS-SC, we have launched the new Adult Social Care Workforce Data Set (ASC-WDS). The new system that replaces the NMDS-SC continues to collect the same invaluable intelligence, but now has a much-improved user experience.

Adult social care providers were central to the design of this new service, providing invaluable input and feedback throughout the process. We are confident that ASC-WDS will further increase engagement with the service thanks to an improved experience for all. Our thanks to everyone who has contributed their time and knowledge to the creation of ASC-WDS.

We have also been working with the University of Leeds and an independent data scientist to develop new methods to gain insights from the data we gather. From building machine learning models, to integrating additional datasets into our analysis, we are exploring ways to further improve the information we have on offer. Some of the results from this innovative work are presented in this report.

Please use the data in this report; it has proved vital over the last decade in informing and shaping Government policy, joint social care and health planning, local authority commissioning and the success of independent businesses in an ever-changing market.

Andy Tilden
Interim CEO, Skills for Care

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Executive summary

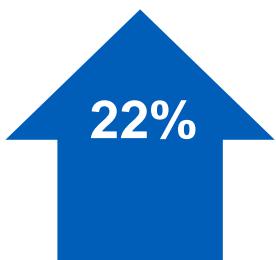
This report provides information about the adult social care sector, including its size and structure, employment information, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts.

Skills for Care, as the leading source of adult social care workforce intelligence, helps to create a skilled, valued and better-led adult social care workforce. We provide the practical tools and support to help adult social care organisations in England recruit, retain, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.

The National Minimum Data Set for Social Care (NMDS-SC) was an online workforce data collection system for the adult social care sector. NMDS-SC online was launched in 2007 and collected data for 12 years. However, the service has now been updated and will be known as the Adult Social Care Workforce Data Set (ASC-WDS) from 2019 onwards.

Adult social care is a growing sector that, in 2018, comprised of around **18,500** organisations across **39,000** care-providing locations and a workforce of around **1.62 million** jobs. The number of full-time equivalent jobs was estimated at **1.13 million** and the number of people working in adult social care was estimated at **1.49 million**.

The adult social care sector was estimated to contribute £40.5 billion per annum to the economy in England.¹ The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £21.0 billion in 2018/19 (up 4% from 2017/18).



The number of adult social care **jobs** has **increased by 22% since 2009** (by 290,000 jobs). The number of jobs increased by around 1.2% (by 19,000 jobs) between 2017 and 2018.

This rate of increase was slower than in previous years. Between 2014 and 2018, the workforce grew by around 16,000 jobs per year compared to an average increase of 45,000 per year between 2009 and 2014.

From here on, the executive summary of this report will refer to the 1.52 million jobs in the independent sector (78% of jobs), local authorities (7% of jobs), and jobs working for direct payment recipients (9%) *unless otherwise stated*. Jobs for people working in the NHS are not included.² The information in this report was taken from local authorities as at September 2018, from independent sector employers as at March 2019, and from direct payment recipients as at February 2019.³

¹ Calculated using ICF Consulting Ltd information www.skillsforcare.org.uk/About/Skills-for-Care-and-Development/The-economic-value-of-the-adult-social-care-sector-UK.aspx

² Detailed workforce information about jobs in the NHS weren't available and therefore couldn't be included in the estimates by characteristics.

³ Local authority employers complete the NMDS-SC in September each year. Independent sector employers have no fixed census date, so March data is used as it is the end of the financial year, before National Living Wage changes. Direct payment recipients employing staff, as well their personal assistants, were surveyed in February 2019.

Employment information

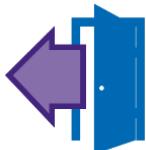
The majority (**91%**) of the adult social care workforce were **employed on permanent contracts**. Approximately half of the workforce (48%) worked on a full-time basis, 40% were part-time and the remaining 12% had no fixed hours.



Around a quarter of the workforce were recorded as being employed **on zero-hours contracts** (24%, or 370,000 jobs). Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (43%), especially among care workers (58%).

The **number of registered nurses** has continued to decrease, **down 20% since 2012/13**.

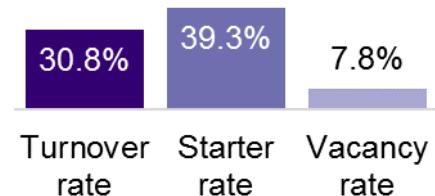
Recruitment and retention



Skills for Care estimates that the **staff turnover rate** of directly employed staff working in the adult social care sector was **30.8%** in 2018/19. This equates to approximately **440,000 people leaving** their jobs over the course of the year.

However, most of these leavers don't leave the sector.

Around 66% of jobs were recruited from other roles within the sector. Turnover rates (local authority and independent sectors only) have increased steadily, by a total of 9.1 percentage points, between 2012/13 and 2018/19.



There was an **average of 4.8 sickness days** taken annually per worker. This equated to approximately **6.94 million days of work lost**. Sickness was lowest amongst personal assistants (1.8 days). This may be due to the nature of the relationship that many personal assistants have with their employer, particularly if the personal assistant is a family member or friend.



Skills for Care estimates that **7.8% of roles in adult social care were vacant**, equivalent to **122,000 vacancies at any one time**. This was highest amongst registered managers at 11.4%. The vacancy rate increased by 2.3 percentage points between 2012/13 and 2018/19. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep pace with demand as the population ages.

National, economy-wide unemployment had fallen to 4.1% in 2018/19 (from 4.3% in 2017/18). This equates to fewer people seeking employment and which may be related to the increasing vacancy rate in adult social care. However, in absolute terms, 1.50 million people were still classed as looking for employment, a higher figure than that of the number of adult social care vacancies. Therefore, there remained a substantial pool of potential employees. In partnership with the Department of Health and Social Care, we have launched the 'Every Day is Different' recruitment campaign in February 2019⁴ to promote careers in the sector.

⁴ www.everydayisdifferent.com

Workforce demographics

The adult social care workforce was found to be **83% female**, compared to 47% of the economically active population identifying as female. There was a slightly higher prevalence of males in managerial jobs (21%), especially in senior management roles (33%).

The **age distribution of the adult social care workforce was similar to the economically active population** (25% and 20% respectively were aged 55 and over). This age group accounted for around 385,000 jobs and therefore, from a workforce-planning perspective, this number of workers could potentially retire within the next ten years.



The average age of the workforce had marginally increased over the previous seven years. The proportion of workers over 45 years old in the wider economy had also increased over this period highlighting that it is not exclusively the adult social care sector that is experiencing a marginally ageing workforce.

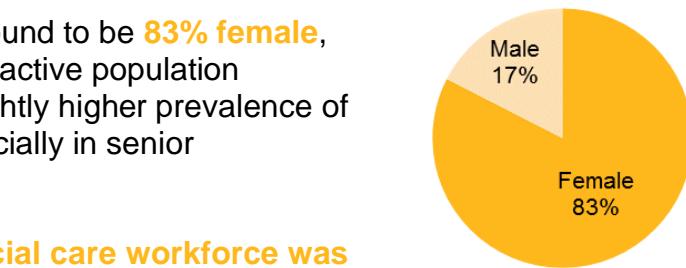
Around 21% of workers identified as having an ethnicity that was black, Asian, mixed or minority ethnic (**BAME**). Around 11% of adult social care workers identified as black, compared to 3% of the total population. London was the most diverse region (67% BAME), and 'Registered Nurse' remained the most diverse job role across England (38% BAME).

Around 84% of the adult social care workforce were **British**, 8% (115,000 jobs) had an EU nationality and 9% (134,000 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU, rather than EU, workers.

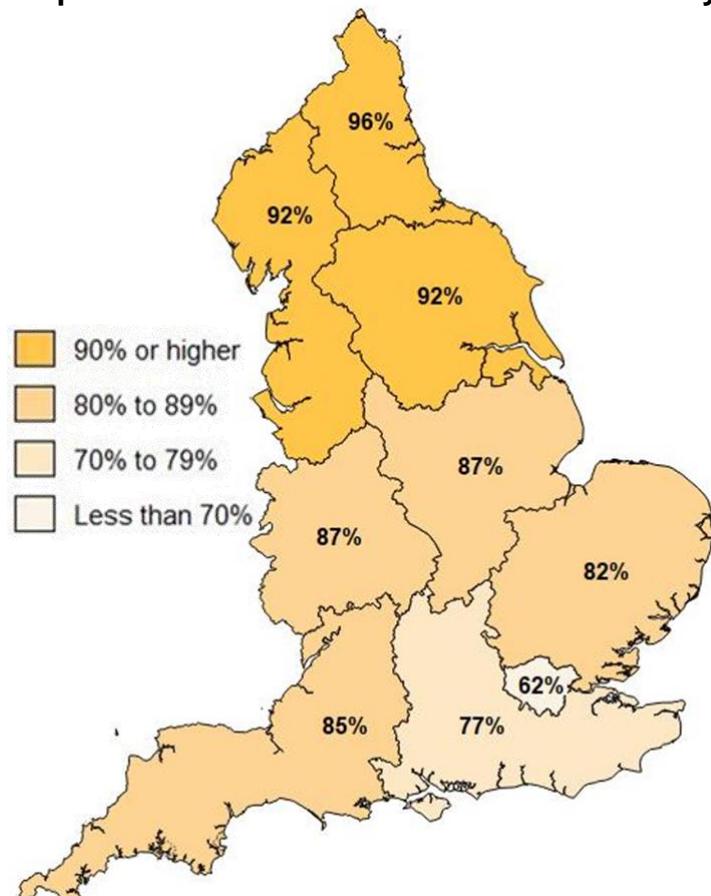
Nationality varied by region (see map), with the North having a higher proportion of British workers than the Midlands or the South. London had the lowest proportion of British workers (62%).

Between 2012/13 and 2018/19, the proportion of EU workers had risen three percentage points. The proportion of non-EU workers decreased by three percentage points over the period.

So far, Brexit appears to have had little effect on these trends, with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing.



Proportion of workforce with British nationality

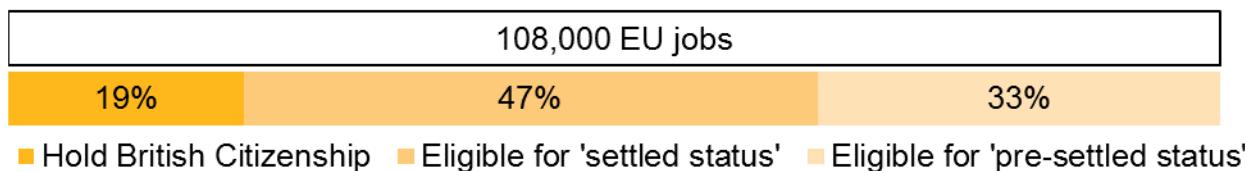


According to the Government's 'EU Settlement Scheme' which outlines the Government's intentions about the rights of EU citizens post-Brexit, the rights of EU citizens living in the UK will not change until after 31 December 2020. After this point, EU citizens will have until June 2021 to hold, or be in the process of applying for, UK immigration status through the EU Settlement Scheme.⁵ In the event of a 'No-deal' Brexit, those resident by 31 October 2019 will have until 31 December 2020 to apply to the EU settlement scheme.⁶



Following the Government's White Paper on 'The UK's future skills-based immigration system' in December 2018⁷, the specifics of immigration post-Brexit remain unclear. The impact on the supply of workers to the adult social care sector, may potentially have a negative effect on the sector.

The NMDS-SC showed that **around 19% of workers with an existing EU nationality also had British Citizenship**. These 21,000 workers will not have to apply for settled status. Of those with an EU nationality, but without British Citizenship, 59% had arrived in the UK either in or prior to 2015, and therefore may have gained, by 2020, the required five years' continuous residency required to be eligible for 'settled status'; this equates to around 51,000 workers. The remaining 33% of workers with an EU nationality will be eligible to apply for 'pre-settled status'.



At the time of writing, 909,300 individuals had applied to the scheme, including 865,700 EU, EEA and Swiss citizens. Although it is not possible to estimate the exact number of people who need to apply, this figure represents around 30% of all EU, EEA and Swiss people living in the UK.⁸

Skills for Care is a member of the Cavendish Coalition. The coalition, a group of 36 health and social care organisations, is working to ensure that the adult social care sector is properly staffed after the UK leaves the EU. The group sets out what the Government needs to focus on during EU withdrawal negotiations to maintain safe and high-quality health and social care services.

The group submitted evidence to the Health and Social Care Committee to its 'Impact of a 'No-deal' Brexit on health and social care' inquiry (23 October 2018). This included highlighting the coalitions concerns regarding a 'No-deal' Brexit and the implications this may have for the workforce.⁹ Negotiations for Brexit were ongoing at the time of writing.

⁵ For details on this scheme, please see Chapter 4 – Demographics.

⁶ www.gov.uk/government/publications/eu-immigration-after-free-movement-ends-if-there-s-no-deal/immigration-from-30-march-2019-if-there-is-no-deal

⁷ The UK's future skills-based immigration system. Published 19 December 2018

www.gov.uk/government/publications/the-uks-future-skills-based-immigration-system

⁸ commonslibrary.parliament.uk/home-affairs/immigration/the-progress-of-the-eu-settlement-scheme-so-far/

⁹ www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/brexit-health-impact-of-no-deal-inquiry-17-19/publications/

Hourly and annual pay rates



For the purposes of this report, the National Living Wage (NLW) of £7.83 per hour is referenced to match the period in which the data was collected. In April 2019, after the data in this report was analysed, the National Living Wage had increased to £8.21.

Nominal pay for regulated professionals continued to increase.

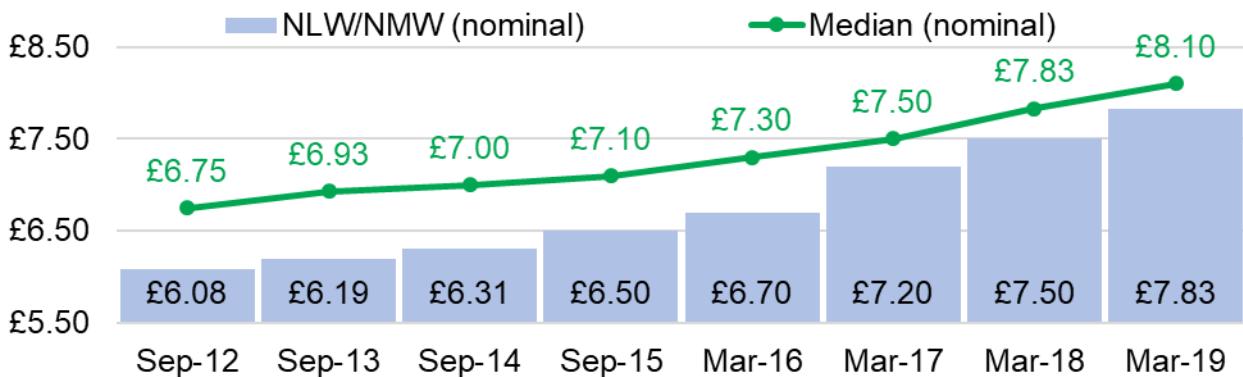
Registered nurse roles saw the most significant increase between 2017/18 and 2018/19 (£1,000) from £29,400 to £30,400. However, in real terms (considering inflation), the increase was £500 (from £29,900 to £30,400).

Social worker roles had a smaller nominal increase between 2017/18 and 2018/19 from £34,900 to £35,600. However, since 2012/13, social worker pay has decreased in real terms, from £36,200 to £35,600 in 2018/19.

Care worker pay has increased at a faster rate since the introduction of the NLW.

Hourly pay in the independent sector increased by 3.4% (27 pence) between March 2018 and March 2019 to £8.10. Prior to the introduction of the NLW, care worker hourly pay had increased by an average of 2.0% (14 pence) per year between September 2012 and March 2016.

The chart below shows that, over time, the median nominal hourly rate has moved closer to the statutory minimum hourly rate. Our latest Pay Briefing¹⁰ shows the proportion of care workers paid the statutory minimum amount had almost doubled since the introduction of the NLW (from 17% in March 2016 to 28% in March 2019).



A substantial proportion of care workers in the independent sector have received increased pay rates (both in nominal and real terms) to comply with the NLW. In terms of earnings, the **top 10% (90th percentile) of care workers received a 3.6% pay increase** between March 2018 and March 2019. Comparatively, the **bottom 10% (10th percentile) received a 9.4% pay increase** in the same period.

There are several challenges emerging as side effects of the increasing NLW, particularly in maintaining differentials with more senior roles and in rewarding experienced workers and those with greater responsibilities.

¹⁰ Pay in the adult social care sector – August 2019. www.skillsforcare.org.uk/pay

Qualifications, training and skills



Skills for Care believes that everyone working in adult social care should be able to take part in learning and development so that they can carry out their role effectively. This helps to develop the right skills and knowledge to enable them to provide high quality care and support.

Over two thirds (68%) of direct care-providing staff who had started work in the sector since January 2015, **had engaged with** (achieved, partially completed or working towards) **the Care Certificate** This was highest amongst care workers in domiciliary care services (75%).

Around half (50%) of direct care-providing staff held a relevant adult social care qualification (49% held a Level 2 or higher qualification). Also, around four in five (83%) senior care workers held a relevant adult social care qualification at Level 2 or above.

Of those direct care-providing workers without a relevant social care qualification, 79% had completed an induction, 53% had engaged with the Care Certificate, 34% had five or more years of experience in the sector and 81% had completed training relevant to their role.



Of all workers with training recorded, the most popular areas were moving and handling (75%), safeguarding adults (71%) and health and safety (63%).

Over 38,000 people started a social care apprenticeship in 2017/18. Including people that had started apprenticeships in previous years, there were around 126,700 participating individuals at any given point in the year, with 73,200 participating in any given month.

Workforce forecasts



The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2018 to 2035.

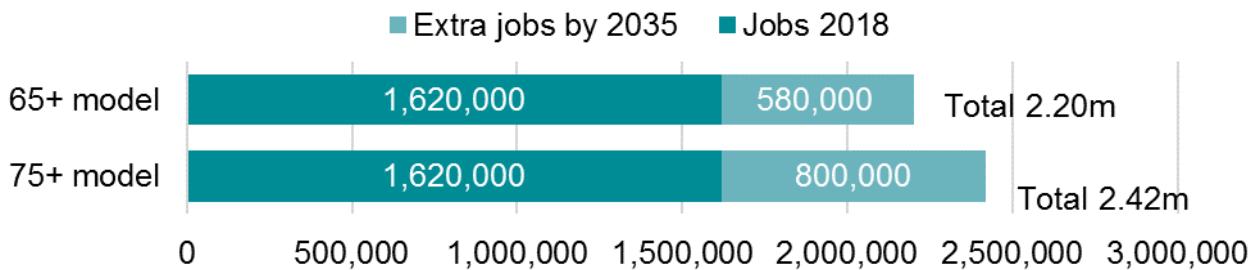
The **population aged 65 and over was projected to increase between 2018 and 2035 from 10.2 million to 14.1 million people** in England, an increase of around 44%. This poses potential challenges for the adult social care sector and workforce.

This section presents demand-based projections for the size of the adult social care workforce between 2018 and 2035. These projections should be treated as ‘base case’ projections as they only account for changes in demographics and in population during the period. They do not account for any political, economic, technological or social factors that could have an impact on the size of the workforce in the future.



Skills for Care forecasts show that **if the adult social care workforce grows proportionally** to the projected number of people aged 65 and over in the population between 2018 and 2035, **an increase of 36% (580,000 jobs) would be required by 2035.**

The population aged 75 and over is forecast to grow at a faster rate than those aged 65-74 and, if the workforce increases proportionally to this demographic, then a 50% increase (800,000 jobs) would be required.



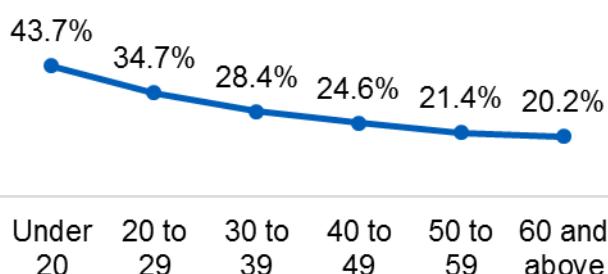
Data science

Factors affecting turnover

Between March 2018 and March 2019, together with a data science specialist, we used NMDS-SC information to create machine learning models that were used to assess which variables had an effect on adult social care workers' propensity to leave their jobs. From this, key variables were identified that could be compared to turnover rates.

Workers who travelled further were more likely to leave their role.

Care workers travelling more than 20km had a higher turnover rate (33.4%), compared to those travelling less than 1km (26.0%). This refers only to the distance travelled to the address of their employer. This does not include travelling between different locations if, for example, the individual was a domiciliary care worker.



The sector has a problem retaining younger staff.

Turnover rates amongst those under 20 was 43.7%. This issue is not endemic to adult social care, with many sectors experiencing the same problem. It may be that younger staff are using jobs as a stopgap whilst pursuing education, additional training, or working whilst they consider pursuing a career of their choice.

Other findings included:

- **People left soon after joining.** Turnover rates were 38.2% for those with less than one year of experience in role.
- **Workers were more likely to leave if they were employed on zero-hours contracts** (31.8% turnover rate) compared to if they are not (24.9%).
- **Those paid more were less likely to leave their role.** In 2018/19, care workers paid £9.50 and above per hour were found to have an average turnover rate of 25.5%. However, in 2012/13, those in the top band (£8.00 and above) of pay were found to have a turnover rate of 18.7%.

Introduction

It is crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. Good quality information about the workforce is vital in helping to improve the planning and quality of social care services, which will, in turn, improve outcomes for the people who use these services, both now and in the future.

Skills for Care is the leading source of adult social care workforce intelligence

Our expertise comes from the workforce intelligence that we collect in the Adult Social Care Workforce Data Set (ASC-WDS), formerly the National Minimum Data Set for Social Care (NMDS-SC), from our experience of analysing and interpreting social care data, from our network of Locality Managers based throughout England, and from talking with, and learning from, employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

About Skills for Care

Skills for Care helps to create a skilled, valued and well-led adult social care workforce. We support adult social care employers to deliver what the people they support need *and* what commissioners and regulators expect. We do this by helping employers get the best from their most valuable resource - their people.

Using our workforce intelligence, in conjunction with what we hear from employers, we understand the adult social care workforce, its strengths, issues (both present issues, future risks and opportunities). Based on this understanding, we provide practical support to help leaders and managers to recruit, develop, lead and retain their staff from entry level right through to senior leadership and management roles.

For further information about Skills for Care please see our website.¹¹

About the Adult Social Care Workforce Data Set (ASC Workforce Data Set)

The Adult Social Care Workforce Data Set (ASC-WDS) is an online workforce data collection system for the adult social care sector. We manage the ASC-WDS on behalf of the Department of Health and Social Care.

The Adult Social Care Workforce Data Set is the new name for the updated National Minimum Data Set for Social Care (NMDS-SC) service. The NMDS-SC had been collecting information about social care providers and their staff since 2006. The NMDS-SC was dated in its look and feel but had performed well and provided Skills for Care and the Government with high quality workforce and sector intelligence, to help shape and inform the sector for 13 years.

The ASC-WDS will maintain equally high standards by giving our users an improved experience and ensuring that our service reflects the needs of our users, whilst delivering the level of data and intelligence that the data set has been created to collect.

¹¹ www.skillsforcare.org.uk

The ASC-WDS continues to collect information on the size and structure of the whole adult social care sector, including the types of care services that are provided, and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications, both by job role and employment status.

For more information, please visit the ASC-WDS.¹² For information about how workforce intelligence is used in the adult social care sector, please see the ‘Further resources’ section of this report.

NMDS-SC coverage of the adult social care sector

The independent sector information in this report dates from March 2019, and from September 2018 for local authority information, both prior to the launch of the ASC-WDS. As a result, this report’s data references the NMDS-SC.

NMDS-SC data showed that there were an estimated 1.62 million jobs in the adult social care sector. Around 1.52 million of these were within local authorities, independent sector employers and jobs working for direct payment recipients in 2018. Approximately half of the workforce were recorded in the NMDS-SC. This coverage varies by care services, job role and geographical area.

Local authorities (adult social services departments)

For the past seven years, NMDS-SC has been the medium for the adult workforce data return for local authorities. In 2018, for the seventh year in a row, all 152 local authorities in England met the criteria of a full NMDS-SC return for people working in adult social services departments.

CQC-regulated services

Skills for Care estimates that there were 39,000 care establishments providing or involved in organising adult social care in England in 2018, around 24,500 of which were CQC-regulated. In 2018, the NMDS-SC had coverage of 54.3% of all CQC-regulated social care establishments (13,050 out of 24,500).

These CQC-regulated establishments had completed around 565,000 NMDS-SC worker records in total (out of a total population of around 1.1 million workers employed by CQC-regulated employers). A sample of this size provides a solid basis for creating reliable and precise analysis about the regulated adult social care workforce at both a national and local level.

All data in the NMDS-SC has been updated or confirmed to be up to date within the last two years and 90% of employers have updated their data in the past 12 months. Every effort has been made to ensure that information derived from the NMDS-SC is reliable. All NMDS-SC data was validated at source and has been through rigorous data quality checks prior to analysis.

¹² asc-wds.skillsforcare.org.uk

Methodology used to estimate characteristics of the adult social care sector

As explained above, the NMDS-SC is a non-mandatory return for the independent sector; it does not have 100% coverage of the adult social care sector. However, it does have a large enough sample to provide a solid basis for creating reliable and precise adult social care sector and workforce estimates at both a national and local level.

Skills for Care's Workforce Intelligence team use data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. A simplified explanation of how the information is produced is that we use NMDS-SC data to make estimates of workforce characteristics (e.g. demographics, pay rates, employment statuses) for each geographical area, service type, employer type and job role combination that we report by.

These estimates are then 'weighted' according to NMDS-SC's coverage/completeness of the sector in each of the above areas. For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers even if the NMDS-SC contains uneven levels of data coverage.

Skills for Care has confidence in the quality of these estimates; the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates were produced, please visit the Workforce Intelligence website.¹³

In this report, independent sector information is derived from the NMDS-SC as at March 2019 and local authority information is correct as at September 2018. The number of jobs working for direct payment recipients was calculated from a survey of individual employers and their personal assistants and was correct as at February 2019.

¹³ www.skillsforcare.org.uk/workforceestimates

Terminology used in this report

Adult social care, and the terminology used to describe it, continues to change. Our aim has been to maintain a degree of consistency and comparability with previous reports, so we have:

- used the term ‘domiciliary care’ to describe ‘home care’, to avoid any confusion or inadvertent word reversal with ‘care home’
- used the term ‘local authority’ to refer to councils’ adult social services departments
- calculated the independent sector as the sum of the private and the voluntary (third) sectors.

The NMDS-SC collects information about 36 job roles. These are then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

- **Managerial**, including: senior, middle and first-line managers, registered managers, supervisors, managers and staff in care-related but not care-providing roles.
- **Regulated professions**, including: social workers, occupational therapists, registered nurses, allied health professionals and other regulated professions.
- **Direct care**, including: senior care workers, care workers, community support and outreach workers (referred to as ‘support and outreach workers’ throughout this report) and other care-providing job roles.
- **Other roles**, including: administrative or office staff who are not providing care, ancillary staff who are not providing care and other job roles which are not care-providing.

Similarly, the NMDS-SC collects information about 59 care services; these are also then aggregated into four groups for the purposes of analysis. Selected main care services within each group are as follows:

- **adult residential**; includes care homes with nursing and care homes without nursing
- **adult day care services**
- **adult domiciliary care**; includes supported living and extra care housing
- **adult community care**; includes community support and outreach, social work and care management, carers support, occupational or employment-related services and other adult community care services.

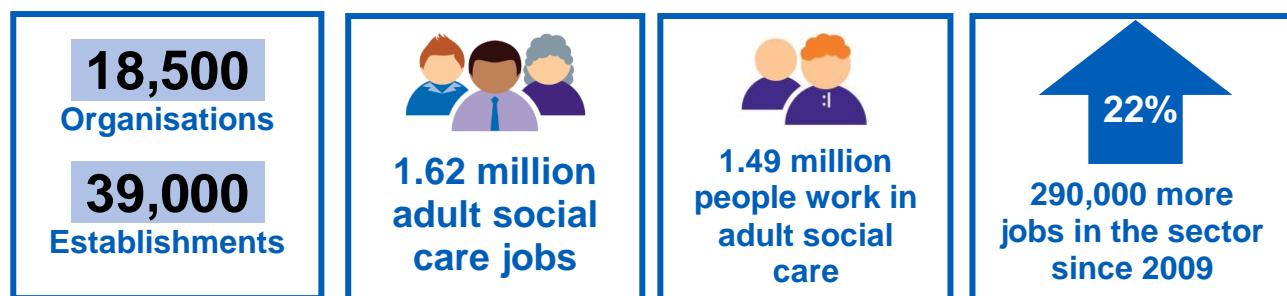
Size and structure

01

This chapter provides an analysis of the information presented in the ‘Size and structure of the adult social care sector and workforce in England’ report. For more details please refer to the report.¹⁴

Overview of the size and structure of the adult social care sector and workforce in England, as at 2018

- An estimated **18,500** organisations were involved in providing or organising adult social care in England, as at 2018.
- An estimated **39,000** establishments were involved in providing or organising adult social care in England, as at 2018.
- The number of adult social care jobs in England at 2018 was estimated at **1.62 million**.
- The number of adult social care jobs was estimated to have increased by around 1.2% (an increase of 19,000 jobs) between 2017 and 2018. This rate of increase was slower than in previous years.
- Since 2009, the number of adult social care jobs had increased by 22% (an increase of 290,000 jobs).
- The number of full-time equivalent (FTE) jobs was estimated at **1.13 million**.
- The number of people working in adult social care was estimated at **1.49 million**.



1.1. Introduction

Understanding the size and structure of adult social care, in terms of employers and jobs, is fundamental for understanding the sector, evaluating the impact of current policies and external influences, and planning for the future.

Workforce estimates and trends have been created by Skills for Care for the past seven years. Developments and improvements have been made to this methodology over the years and changes have been made retrospectively to ensure comparability over the period. Skills for Care is confident in the quality of these estimates and the methodologies used have been peer reviewed.

This chapter includes estimates of the number of adult social care organisations and establishments, the economic contribution of the adult social care sector, information about direct payment recipients, estimates of the number of adult social care jobs, full-time equivalent jobs and the number of people in the workforce, as well as information about the number of jobs within the services that provide care and support to people with specific care needs.

¹⁴ www.skillsforcare.org.uk/sizeandstructure

1.2. Number of adult social care organisations (enterprises)

- The total number of whole PAYE or VAT-registered organisations (enterprises) involved in providing or organising adult social care in England as at 2018 was estimated at **18,500**.

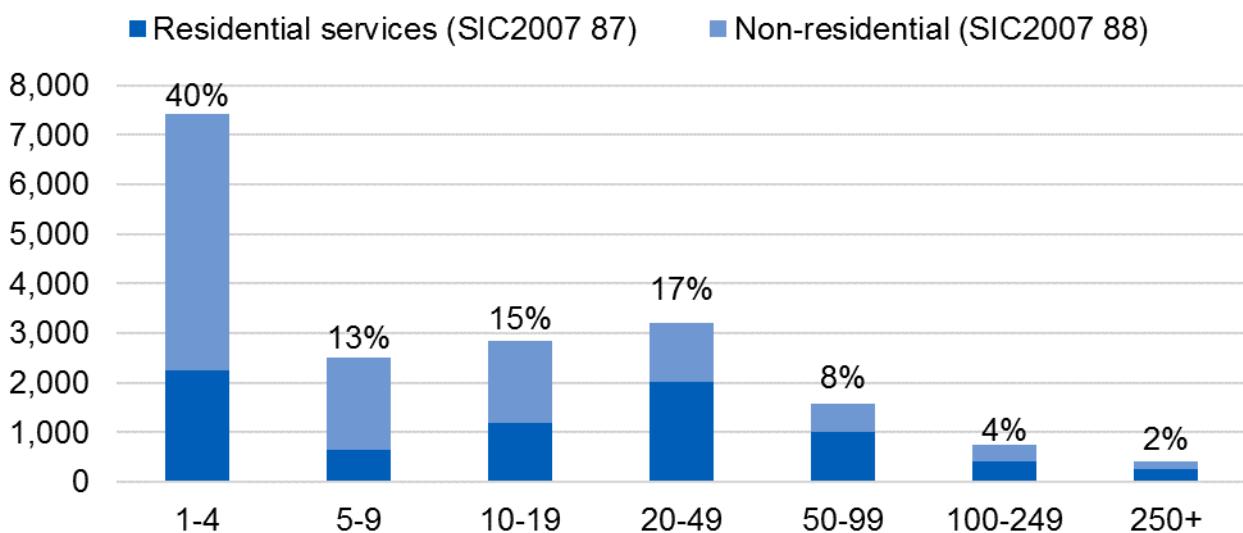
The definition of organisations ranges from large national employers, large charities and local authority adult social services departments to small independent care services. For example, a large company running multiple care homes would count once in these figures. This estimate does not include individuals employing their own care and support staff (see Section 1.5 for details about these employers). Also, self-employed people and small organisations with zero employees that fall below the VAT registration threshold are not included.

Almost three in five (58%) adult social care organisations were providing non-residential services and just over two in five (42%) were providing residential services.

Chart 1 shows that most adult social care organisations were micro (one to nine employees) or small (10-49 employees). Around 40% of organisations had one to four employees and around 85% had fewer than 50 employees. Organisations that were large (250+ employees) made up just 2% of the total but employed almost half (approximately 45%) of the total adult social care workforce as at 2018.

Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2018

Source: Skills for Care estimates based on ONS IDBR data



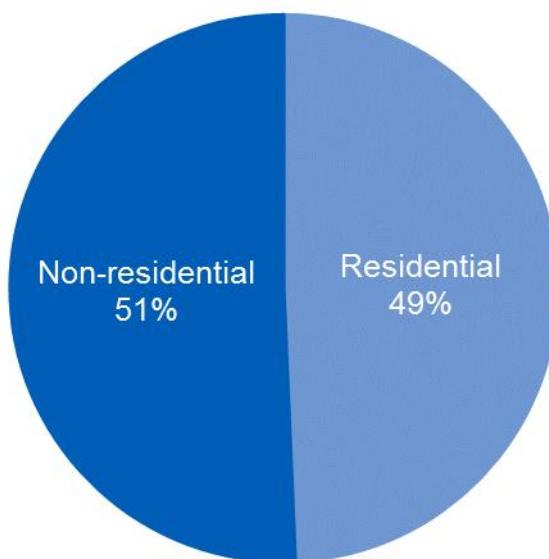
1.3. Number of adult social care establishments

- An estimated **39,000** establishments were involved in providing or organising adult social care in England as at 2018.

The definition of establishments used in this section includes all local units of employment, as opposed to only the whole organisations which were counted in the previous section. For example, each individual care home within a large care-providing organisation will have been counted in this section, whereas only the care-providing organisation as a whole was counted in the previous section. Chart 2 shows that 49% of adult social care establishments were providing residential services and 51% were providing non-residential services.

Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2018

Source: Skills for Care estimates based on ONS IDBR data



Around two thirds of establishments (65%) were regulated by the Care Quality Commission (CQC). Chart 3 shows the change in the number of CQC-regulated adult social care establishments by service type.¹⁵ It shows that there has been an overall increase of around 750 establishments (an increase of 3%) between 2009 and 2018, despite small decreases in 2011, 2014 and 2016.

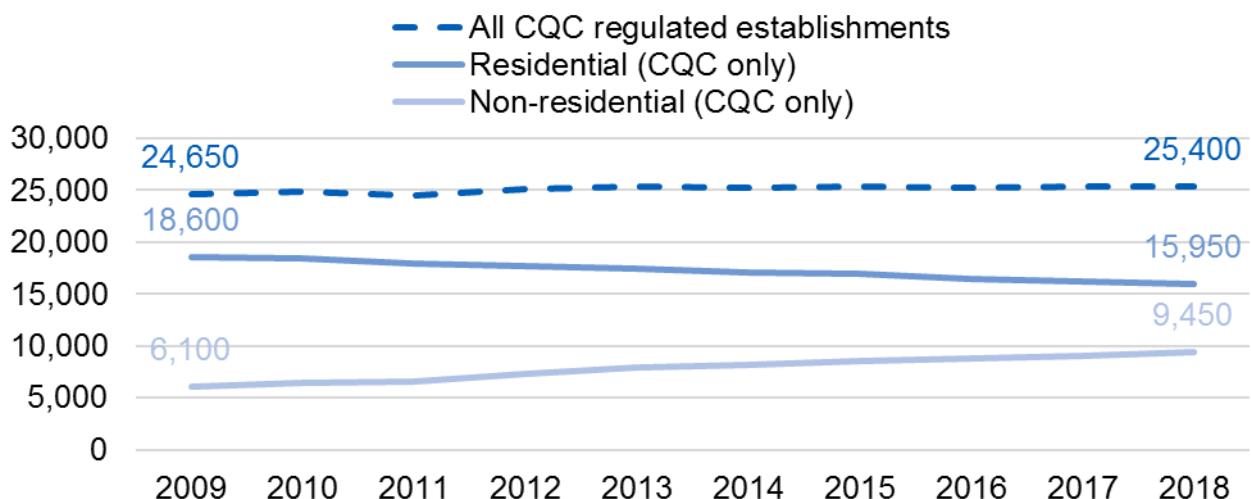
The chart shows that the number of non-residential CQC-regulated establishments increased by 3,350 over the period (an increase of 56%), whereas the number of residential CQC-regulated establishments decreased by 2,650 establishments (a decrease of 14%). The reasons behind this shift may be related to the Government's policy of promoting independence for people who have care and support needs. For example, the

¹⁵ A precise trend in terms of all establishments could not be created due to changes in data sources over time.

increase in non-residential care establishments may have been a result of the flexibility offered by personal budgets, with more people choosing care options that support them to continue to live at home.

Chart 3. Number of CQC-regulated adult social care establishments, 2009-2018

Source: Skills for Care estimates and CQC data



Analysis of CQC and CSCI¹⁶ information dating from 2009 shows that the total capacity for residential care homes remained fairly stable over the period, despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may have been merely a consolidation of this part of the sector, whereby a similar amount of care was being provided by a smaller number of establishments.

In addition, NMDS-SC data showed that the average number of staff employed per residential care home has increased since 2009 and that the total number of jobs for residential services has increased over the period. The average number of jobs per bed has also increased over the period, suggesting a higher level of dependency of those using these services. Again, this points to a consolidation in this part of the sector, rather than a genuine decrease in activity.

1.4. Economic contribution

The adult social care sector was estimated to contribute £40.5 billion per annum to the economy in England.¹⁷ The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £21.0 billion in 2018/19 (up 4% from 2017/18). Table 1 below shows wage bill trends between 2016/17 and 2018/19 (since the introduction of the National Living Wage (NLW)). The economic contribution estimate also includes private sector profits, indirect effects (adult social care's supply chain) and induced effects (money spent by people working in adult social care). There was not enough information available to produce a trend for these elements.

¹⁶ The CQC replaced CSCI (Commission for Social Care Inspection) in 2009.

¹⁷ Calculated using ICF Consulting Ltd information www.skillsforcare.org.uk/About/Skills-for-Care-and-Development/The-economic-value-of-the-adult-social-care-sector-UK.aspx

Table 1. Adult social care wage bill trend between 2016/17 and 2018/19

Source: Skills for Care estimates

	Wage bill	Percentage increase from previous year
2016/17	£19.3 billion	
2017/18	£20.3 billion	5%
2018/19	£21.0 billion	4%

1.5. Individual employers

An individual employer is someone who needs care and support and who directly employs one or more personal assistants (PAs) to meet their needs.

The estimates below, on the total number of individual employers and PAs, only include those using direct payments to employ staff and their PAs. It is acknowledged that some people also employ PAs via other funding streams or by using their own funds.

- Around 237,000 adults, older people and carers received direct payments in 2017/18.¹⁸ Skills for Care estimates that around 75,000 (31%) of these were directly employing their own staff.
- The total number of direct payment recipients employing staff has remained stable (at around 75,000) between 2014 and 2018. Between 2008 and 2013, this figure increased by around 35,000, in line with take-up of direct payments over the same period.
- Individual employers, on average, employed 2.0 PAs each, and there were an estimated 145,000 jobs working for direct payment recipients in 2018.
- PAs held an average of 1.29 PA jobs each, meaning that around 110,000 people were carrying out the 145,000 jobs in 2018.

For the first time, PA data has been included in the main body of this report. Personal assistants are listed as a job role throughout the charts and tables and are included in the overall jobs total for England unless otherwise stated.

For further information about direct payment recipients and trends, please see the 'Size and Structure of the adult social care sector and workforce in England, 2019' report.¹⁹ For a detailed report focused on individual employers and their PAs, please see the 'Individual employers and the personal assistant workforce, 2019' report.²⁰

¹⁸ NHS Digital - Adult social care activity and finance report, England 2017-18

www.digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18.

¹⁹ www.skillsforcare.org.uk/sizeandstructure

²⁰ www.skillsforcare.org.uk/IEPAreport

1.6. The adult social care workforce

- The number of adult social care jobs in England, as at 2018, was estimated at **1.62 million**.
 - 1.52 million of these jobs were in the independent sector, local authorities and working for direct payment recipients.
- The number of full-time equivalent (FTE) jobs was estimated at **1.13 million**.
- The number of people working in adult social care was estimated at **1.49 million**.

Skills for Care uses data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce, and workforce characteristics to be produced. For a methodology of how these estimates are produced please see our website for details²¹.

1.6.1. Sector/type of employer

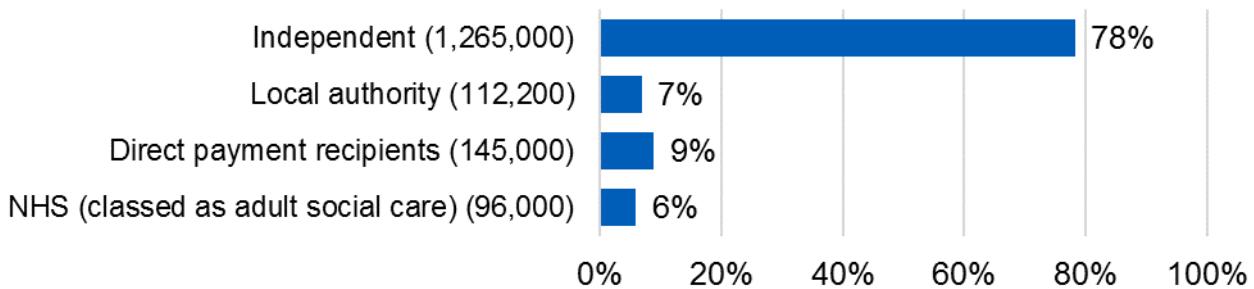
Chart 4 shows that over three quarters (78%) of jobs in adult social care were within independent sector employers. Jobs in local authorities accounted for 7% of all jobs, and adult social care jobs in the NHS accounted for 6% of the total.

The workforce employed by direct payment recipients accounted for 9% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimated number of direct payment recipients employing their own staff (see Section 1.5).

In addition, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately 2.0 jobs per individual employer). Given this uncertainty, using confidence intervals, Skills for Care estimates that the number of jobs for direct payment recipients is likely to be between 130,000 and 160,000, and therefore equates to 8% to 10% of the total number of jobs²².

Chart 4. Estimated number of adult social care jobs by employer type in England, 2018

Source: Skills for Care estimates



²¹ www.skillsforcare.org.uk/weightingmethodology

²² Please see Appendix 1, ‘Size and Structure of the adult social care sector and workforce in England, 2019’ report for further detail: www.skillsforcare.org.uk/sizeandstructure

Since 2009, the distribution by type of employer has changed considerably. The sector has seen a shift away from local authority jobs (14% of the workforce in 2009) and towards independent employers and jobs working for direct payment recipients (73% and 8% respectively in 2009).

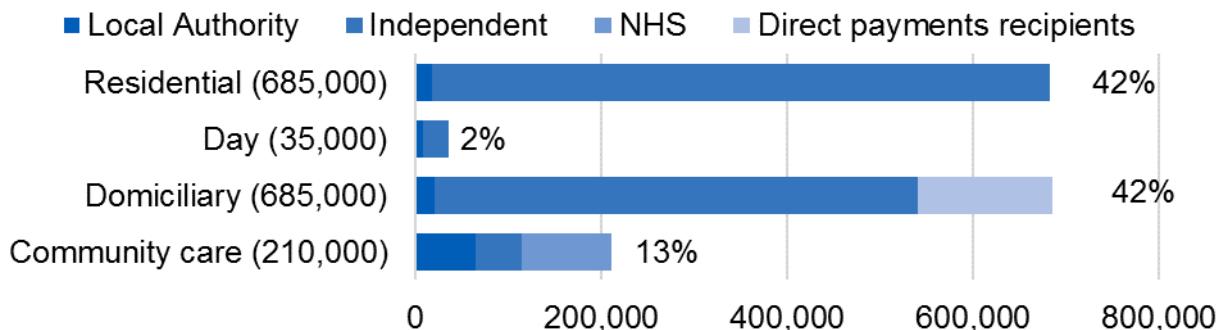
Jobs working for independent employers could not be accurately split into ‘private’ and ‘voluntary’ as they were in previous years as this information is not reported by the Care Quality Commission (CQC). Estimates from the NMDS-SC suggest that approximately 75% (955,000) of the jobs working for independent employers were in private establishments (around 59% of all jobs). The remaining 25% (310,000) were jobs in voluntary establishments (around 19% of all jobs).

1.6.2. Main care service

Chart 5 shows a breakdown of adult social care jobs by main service group. It shows that most jobs were split between residential and domiciliary employers (just over 40% each), 2% of jobs were in day care services and 13% were community based. The chart also shows the sector/type of employer.

Chart 5. Adult social care workforce estimates by care service of employment and type of employer, 2018

Source: Skills for Care estimates



For further information about care homes with nursing, without nursing and for domiciliary care services, please see our two-page summaries²³, and for more information about how the workforce is split, by sector or care services, please refer to the ‘Size and structure of the adult social care sector and workforce in England, 2019’ report.²⁴

²³ www.skillsforcare.org.uk/stateof

²⁴ www.skillsforcare.org.uk/sizeandstructure

1.6.3. Job role groups

Table 2 shows that around three-quarters of adult social care jobs were directly providing care (76%). Managerial and supervisory roles accounted for 7% of jobs, regulated professions accounted for 5% and the ‘Other’ category accounted for 12% of jobs. This category includes administrative jobs, ancillary jobs, including catering, cleaning, transport and maintenance roles, and other jobs not directly involved in providing care.

Table 2. Estimated number of adult social care jobs by job role in England, 2018

Source: Skills for Care estimates

Job role group	Total jobs	Percentage of jobs
All job roles	1,620,000	
Direct care	1,225,000	76%
Managerial	118,000	7%
Regulated professional	84,000	5%
Other	188,000	12%

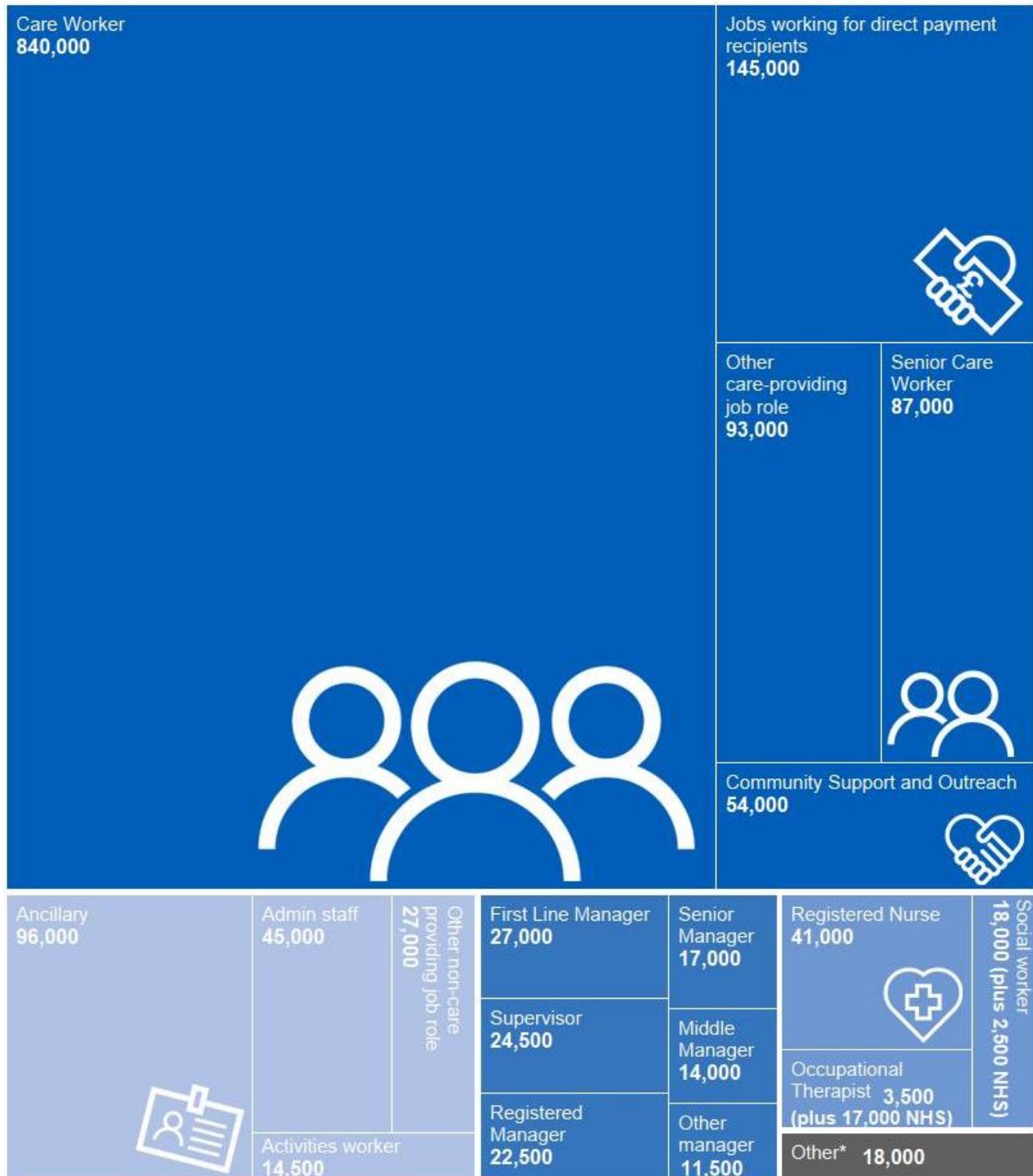
1.6.4. Individual job roles

This section provides a more detailed breakdown of the adult social care workforce, by individual job roles. Chart 6 shows a breakdown of the number of jobs in the adult social care sector by job role. The size of each rectangle is proportional to the number of jobs for each particular role and the rectangles are shaded according to the job role group each corresponds to (■ direct care, ■ managerial, ■ regulated professional or ■ other).

The chart shows that ‘Care worker’ was by far the most common job role in the adult social care sector with an estimated 840,000 roles being carried out as at 2018. Care workers accounted for over half (52%) of all jobs in the adult social care sector. It also shows that ‘Jobs working for direct payment recipients’ (145,000) was the second most common job role and ‘Ancillary’ jobs were the third most common (96,000).

Chart 6. Estimated number of adult social care jobs by individual job roles

Source: Skills for Care estimates



* 'Other' includes 14 job roles which in total were estimated to include fewer than 5,000 jobs.

Regulated professional roles

The sub-sections below focus on the three main regulated professions in the adult social care sector. Although these roles represent a relatively small proportion of the total adult social care workforce, they are vital in terms of the success of the social care system and also in terms of integrated health and social care planning and delivery.

Registered nurses



In 2018, there were an estimated 41,000 registered nurse jobs in the adult social care sector. Most of these jobs were in care homes with nursing in the independent sector (37,000) and around 2,500 involved working for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS. For information about registered nurse job trends, please see Section 1.9.1.

Occupational therapists



There were 3,500 identified occupational therapists working in adult social care settings (2,700 of which were employed by local authorities), with at least a further 900 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 17,000 occupational therapist roles identified in the NHS. Although the majority of occupational therapists work within adult social care, their roles will also involve assessing the needs of disabled children.

Social workers



As at 2018 there were an estimated 18,000 social worker jobs in the adult social care sector. Many of these jobs (17,000) were within local authorities, and around 950 were in the independent sector. Data from NHS Digital shows that there were also around 2,500 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be related to social care.

1.7. Number of full-time equivalent jobs

- The number of full-time equivalent (FTE) adult social care jobs in England as at 2018 was estimated at 1.13 million.

In this section, Skills for Care has produced FTE estimates of the size of the adult social care workforce. These estimates have been created by applying contracted hours and additional hours data to estimates of the total number of jobs. 37 hours per week has been classed as ‘full-time’.

Table 3 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2018, there were an estimated 1.13 million FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (1.62 million), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs

working for direct payment recipients which make up a smaller percentage of FTE jobs (6%) than all jobs (9%).

Table 3. Estimated adult social care jobs and FTE jobs in England, 2018

Source: Skills for Care estimates

Employer type	Jobs	Percentage of jobs	FTE jobs	Percentage of FTE jobs
Total	1,620,000		1,130,000	
Independent	1,260,000	78%	890,000	79%
Local authority	112,200	7%	90,000	8%
Direct payment recipients	145,000	9%	65,000	6%
NHS	100,000	6%	85,000	7%

1.8. Number of people

- The number of people working in adult social care in England as at 2018 was estimated at **1.49 million**.

This section distinguishes between the number of jobs and the number of people doing those jobs. The purpose of this is to take into account people doing more than one job in adult social care.

Chart 7 shows the estimated number of jobs per worker by type of employer. It shows that people employed by direct payment recipients were much more likely to hold more than one adult social care job (129 jobs per 100 people) than the overall average (109 jobs per 100 people). This is not surprising given the part-time nature of many of these roles.

Chart 7. Estimated number of adult social care jobs per person by type of employer, 2018

Source: Skills for Care estimates



According to the Labour Force Survey (LFS), England had an economically active population of 28.7 million people in 2018/19. Therefore, because the adult social care sector employed an estimated 1.49 million people, it is estimated that 5.2% of the economically active population worked within adult social care.

1.9. Job trends

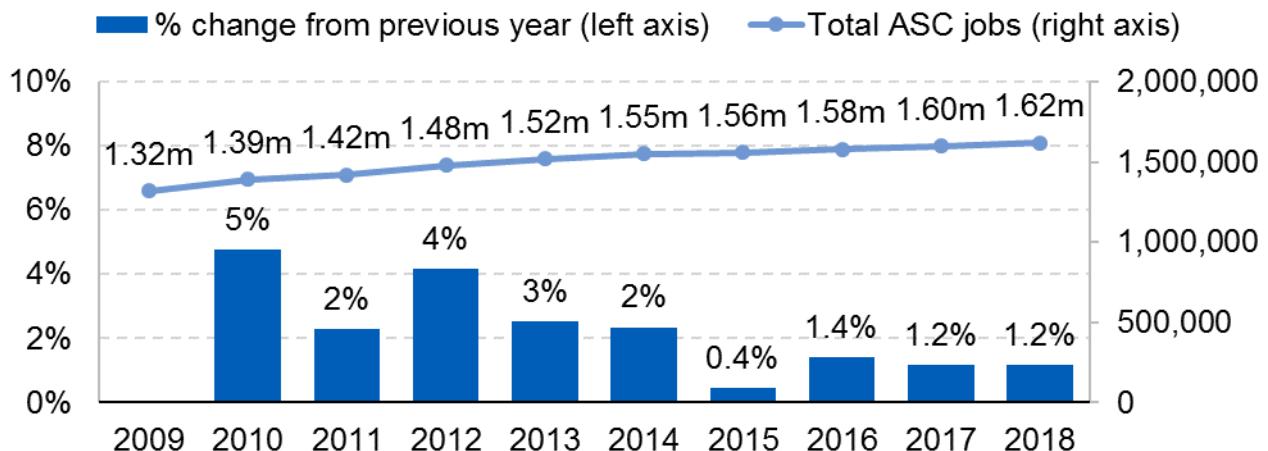
The main changes in the adult social care sector since 2009 highlighted in the ‘Size and structure of the adult social care sector and workforce in England, 2019’ report were:

- (1) an increase in the size of the workforce (up 22%, or 290,000 jobs, between 2009 and 2018)
- (2) an increase in independent sector jobs (up 30%, or 290,000 jobs)
- (3) a decrease in local authority jobs (down 37%, or 65,000 jobs)
- (4) an increase in jobs for care homes with nursing (up 26%, or 60,000 jobs)
- (5) an increase in the number of jobs in domiciliary care (up 205,000, or 43%); although the rate of increase has been slower in recent years (up by 25,000 jobs, and 4%, since 2014).

Chart 8 shows that the workforce has been increasing since 2009 at an average rate of 2.3% per year. The overall increase in the number of jobs between 2009 and 2018 was estimated at around 290,000 (a 22% increase). The rate of increase for adult social care jobs has slowed; between 2014 and 2018, the workforce grew by around 16,000 jobs per year, compared to an average increase of 45,000 per year between 2009 and 2014.

Chart 8. Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009-2018

Source: Skills for Care estimates



The number of adult social care jobs in England increased by around 1.2% (19,000 jobs) between 2017 and 2018, from 1.6 million to 1.62 million. Jobs within independent employers accounted for most of the increase at around 13,500 new jobs (or an increase of 1.1%). The number of adult social care jobs in the NHS also increased (up by 2%, or 1,500 jobs) over the period, whilst jobs working for direct payment recipients remained broadly the same between 2017 and 2018.

From 2009 to 2017, in the local authority sector, there was an average decrease of 9,000 jobs each year. However, from 2017 to 2018, jobs increased by 3,000. The percentage of all jobs in local authorities was 7% in 2018. This is significantly lower than in 2009, when local authority jobs accounted for around 14% of all adult social care jobs.

Despite the overall increase in local authority jobs in 2018, some councils did experience a decrease in job numbers. The most frequently cited reasons for these decreases were restructures (28 councils), service closures (28 councils), outsourcing of services (12 councils), and redundancy (5 councils). The most frequently cited reasons for increases were recruitment (32 councils), restructures (24 councils) and insourcing (9 councils).

1.9.1. Registered nurse job trends

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 10,400 jobs, or 20% since 2012/13). The number of registered nurse jobs increased between 2012/13 and 2013/14 (from 51,100 to 51,500), before decreasing from 2013/14 onwards.

This could be related to the recruitment and retention problem facing employers of registered nurses (see Chapter 3 – Recruitment and retention) and that ‘Nursing assistant’ roles are increasing, resulting in some tasks previously carried out by nurses being taken on by these new staff.

Also, in December 2015, the Government announced a plan to create a new ‘Nursing associate’ role. The new role was designed to work alongside registered nurses and direct care-providing staff to deliver hands-on care, allowing for a number of clinical skills currently undertaken by nurses to be met by the new role. This would also ensure that high quality care and support could be delivered to the people who use services, and offer a clear career progression for those wanting to become a registered nurse.

The nursing associate role is regulated by the Nursing and Midwifery Council. In 2017, there were around 2,000 student nursing associates undergoing a two-year education and training programme. The first associates joined the register from 28 January 2019. A further 5,000 students were recruited in 2018 and 7,500 recruits were planned for 2019²⁵. Some of these students may choose to join adult social care when they complete their training programme. Skills for Care will continue to monitor any trends arising.

Registered nurses of all types have been included in the Migration Advisory Committee’s Shortage Occupation List (SOL) since 2013 as a result of the shortage of resident workers available to fill these roles. The vacancy rate for registered nurses in adult social care is 9.9% (see section 3.11). It was noted in the May 2019 review of the SOL that numbers of registered nurses have continued to fall, with recommendations from the committee that nursing roles remain on the SOL due to ongoing difficulties in recruitment of nurses across health and social care.²⁶

For further information about job trends from 2009 to 2018, by sector, care service or job role, please refer to the ‘Size and structure of the adult social care sector and workforce in England, 2019’ report²⁷.

²⁵ www.nmc.org.uk/standards/nursing-associates/

²⁶ www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019 (Pages 95-99 for nurse information)

²⁷ www.skillsforcare.org.uk/sizeandstructure

1.10. People who receive care and support

Information is collected about the care and support needs that establishments offer services for. Employers can select from a list of 42 care needs. An establishment may offer services for people with multiple care and support needs.

In the table below, ‘Specialist’ refers to providers that provide care and support for only one care and support need. The term ‘Generalist’ refers to providers that meet more than one care and support need. Within generalist care and support provisions, the proportion of time spent caring for people with each care need is not collected.

Table 4. Estimated jobs by care and support need and sector, 2018/19

Source: Skills for Care estimates

		Dementia	Learning disabilities and/or autism	Mental health needs
All sectors	Total	835,000	685,000	555,000
	Specialist	2%	21%	5%
	Generalist	98%	79%	95%
Local authority	Total	64,600	59,500	53,700
	Specialist	7%	11%	3%
	Generalist	93%	89%	97%
Independent	Total	765,000	585,000	485,000
	Specialist	1%	17%	3%
	Generalist	99%	83%	97%
Direct payment recipients	Total (Specialist)	5,200	40,000	12,000

Table 5. Estimated jobs by care and support need and service group, 2018/19

Source: Skills for Care estimates

		Dementia	Learning disabilities and/or autism	Mental health needs
All services	Total	835,000	685,000	555,000
	Specialist	2%	21%	5%
	Generalist	98%	79%	95%
Adult residential	Total	400,000	176,000	158,000
	Specialist	2%	32%	7%
	Generalist	98%	68%	93%
Adult day care	Total	13,000	30,000	12,500
	Specialist	4%	32%	4%
	Generalist	96%	68%	96%
Adult domiciliary	Total	375,000	420,000	330,000
	Specialist	2%	16%	4%
	Generalist	98%	84%	96%
Adult community	Total	49,000	59,000	49,000
	Specialist	1%	19%	5%
	Generalist	99%	81%	95%

Using CQC provider information, we analysed establishments over time to assess any changes in the proportions of CQC establishments that were ‘Specialist’ or ‘Generalist’. The number of regulated services provided by establishments had remained relatively stable over the period, with 89% of locations providing just one regulated service in 2018. Table 6 highlights these changes.

Please note that one regulated service is classed as a ‘Specialist’ in Table 4 and Table 5.

Table 6. Number of regulated services at CQC-regulated locations

Source: CQC provider information, October 2014 to October 2018

	2014	2015	2016	2017	2018
One service	88%	88%	89%	89%	89%
Two services	10%	10%	10%	10%	10%
Three or more services	2%	2%	1%	1%	1%

Employment overview

02

Important note about the data

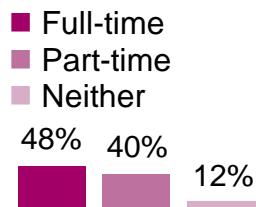
For the information which follows, this report refers to the adult social care workforce as the **1.52 million jobs within local authorities, independent sector providers and working for direct payment recipients only, unless otherwise stated**. Please note that 'personal assistants' refer only to those directly employed by direct payment recipients and are not included in the trends shown, as historical information was not available. Those working in the NHS are not included in the workforce estimates.²⁸

Overview of employment information of the adult social care workforce in England, as at 2018/19

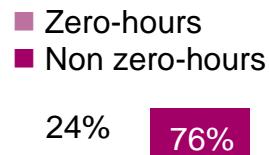
- The majority (91%) of the adult social care workforce were employed on permanent contracts.
- Approximately half of the workforce (48%) worked on a full-time basis, 40% were part-time and the remaining 12% had no fixed hours.
- Around a quarter of the workforce (24%) were employed on a zero-hours contract (370,000 jobs).
- Almost half (43%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (58%).
- The percentage of workers employed on zero-hours contracts between 2012/13 and 2018/19 has remained relatively stable, decreasing by one percentage point over this period.

91%

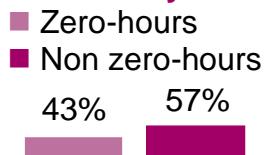
Employed on a permanent contract



All services



Domiciliary care



2.1. Introduction

Understanding employment information is useful because it provides insight into both flexible/part-time working and employment practices for the adult social care workforce. These factors play a part in the sector's ability to recruit and retain staff.

This chapter looks at employment information, including permanent or temporary status, full-/part-time hours, and zero-hours contracts within local authorities, independent sector providers and those working for direct payment recipients.

2.2. Employment status

The majority (91%) of the adult social care workforce were employed on a permanent contract (see Table 7). Employment status varied by job role, notably managerial staff and

²⁸ Detailed workforce information about jobs involving working in the NHS were not available and therefore could not be included in our estimates by characteristics.

senior care workers, who were more likely to be employed on permanent contracts. Employers had a higher reliance on bank/pool registered nurses (10%), agency social workers (7%) and agency occupational therapists (6%) compared to other job roles.

Table 7. Estimated employment status of the adult social care workforce, by selected job roles, 2018/19

Source: Skills for Care estimates

	Permanent	Temporary	Bank or pool	Agency	Other
All job roles	91%	3%	4%	1%	1%
Senior management	96%	1%	1%	<1%	2%
Registered manager	99%	1%	<1%	<1%	<1%
Social worker	87%	4%	1%	7%	1%
Occupational therapist	88%	4%	1%	6%	1%
Registered nurse	86%	3%	10%	1%	<1%
Senior care worker	96%	2%	2%	<1%	<1%
Care worker	89%	4%	5%	2%	<1%
Support and outreach worker	86%	5%	6%	1%	2%
Personal assistant	90%	5%	*	*	5%

* Grouped into 'Other' due to nature of data collection.

It should be noted that the NMDS-SC is completed as a snapshot; these estimates should be interpreted as an indication of the average number of the above types of worker being utilised at any one time. The total number of workers that are not directly employed used throughout the year will be much higher. For example, an establishment may have used several agency staff throughout the year, but none may be in post on the date that the organisation completed their NMDS-SC data.

2.3. Full/part-time status

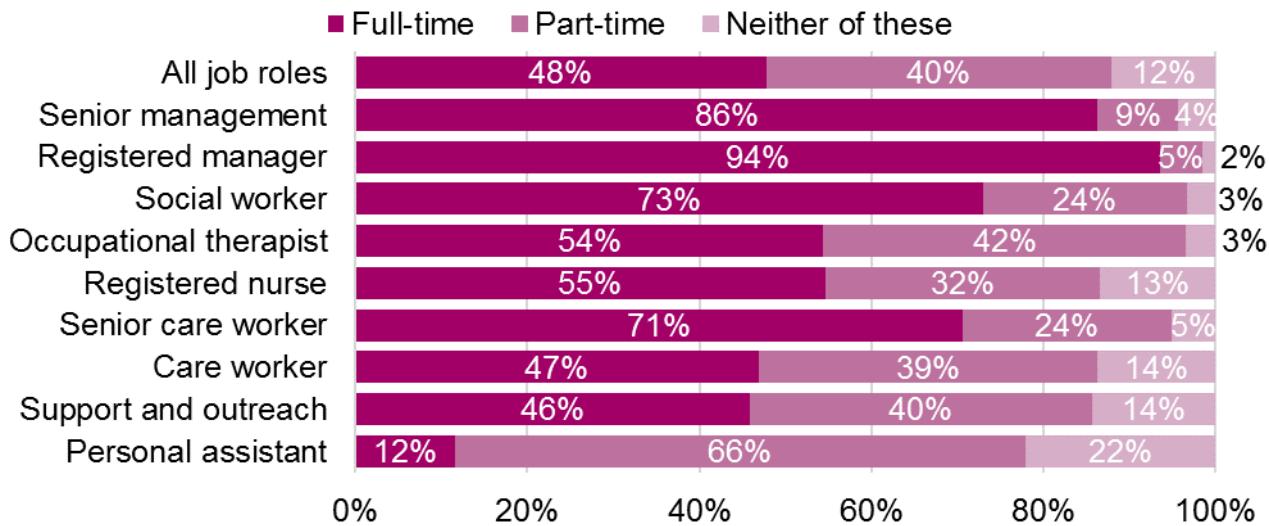
Approximately half of the adult social care workforce (48%) worked on a full-time basis, whilst 40% were part-time. The remaining 12% were neither full nor part-time (workers without set hours). Chart 9 shows that, as with employment status, full/part-time status varied by job role. Most registered managers (94%) and senior managers (86%) worked full-time. This was also true for social workers (73%) and senior care workers (71%). Meanwhile, care workers (making up 55% of the workforce) and support and outreach workers had considerably lower proportions of full-time staff (47% and 46% respectively).

Comparatively, personal assistants comprised the lowest proportion of full-time roles (12%), with 66% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of a survey conducted by Skills for Care found that around 56% of personal assistants were employed by a family member or friend, corroborating this further still. For more information, please see the 'Individual employers and the personal assistant workforce, 2019' report.²⁹

²⁹ www.skillsforcare.org.uk/IEPReport

Chart 9. Estimated full/part-time status of the adult social care workforce, by selected job roles, 2018/19

Source: Skills for Care estimates



2.4. Zero-hours contracts

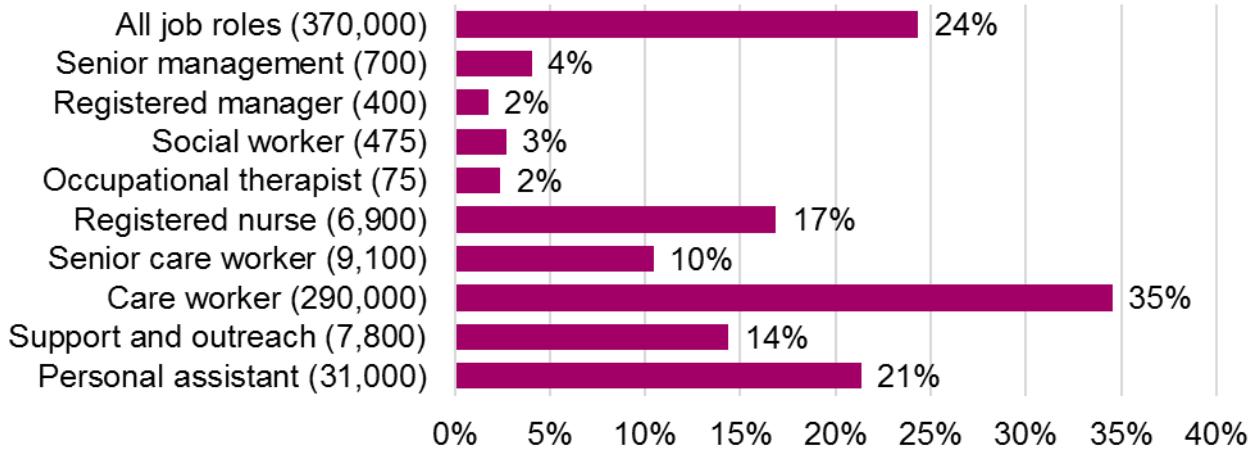
A zero-hours contract is a contract type in which the employer is not obliged to provide any minimum working hours. This contract type could be attractive to adult social care employers (especially domiciliary care providers) to help them to manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness.

This contract type can offer a positive opportunity for some employees because it can offer good work/life balance and a flexibility that could suit family or other commitments. However, it can be 'insecure work' and prove negative in terms of financial planning and uncertainty for other employees.

Almost a quarter of the adult social care workforce (24%, or 370,000 jobs) were employed on zero-hours contracts. This proportion varied by job role, with managerial staff, social workers and occupational therapists having the lowest rates across the sector, as shown in Chart 10. Care workers represented the highest proportion of workers on zero-hours contracts (35%), followed by personal assistants (21%), registered nurses (17%) and support and outreach workers (14%). Chart 10 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract jobs in brackets.

Chart 10. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2018/19

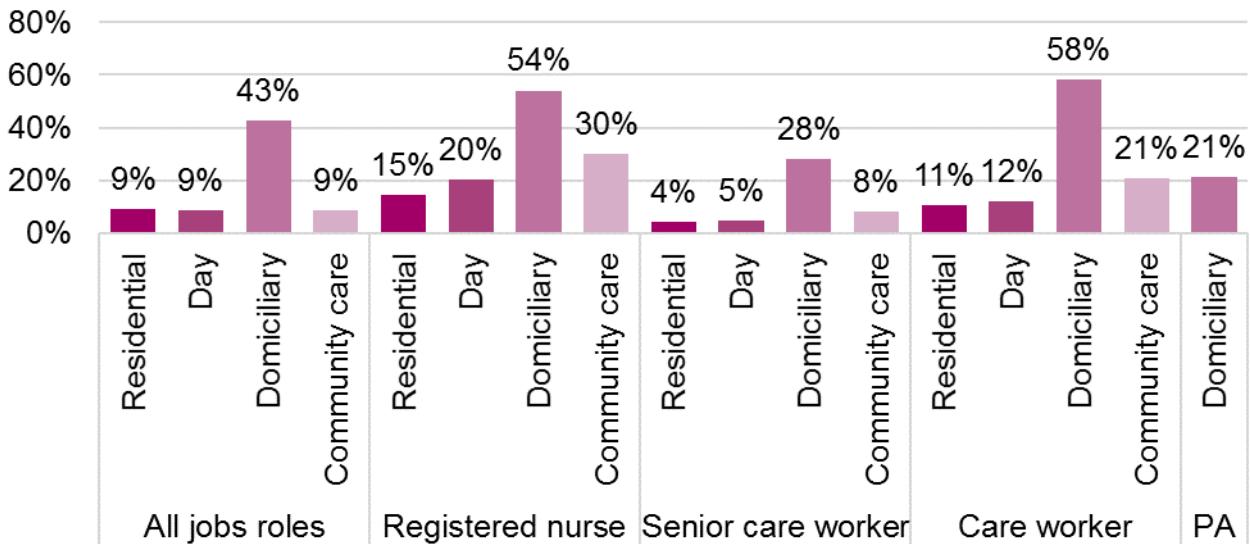
Source: Skills for Care estimates



As well as variation in the proportion of workers employed on zero-hours contracts by job role, there were also wide variations by care service provided. Chart 11 shows registered nurses, senior care workers, care workers and personal assistants (PAs) by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, with 58% of care workers and 54% of registered nurses recorded with this contract type. In general, residential, day care and community care services had lower proportions of zero-hours staff.

Chart 11. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, 2018/19

Source: Skills for Care estimates



When drawing conclusions based on Chart 11, it should be noted that the majority of registered nurses work within residential care settings (38,000, or 94%) and fewer work within domiciliary care (2,100, or 5%), community care (1%) and day care services (<1%).

The Living Wage Foundation recently launched a campaign targeted at 'living hours' work with the aim of tackling work insecurity.³⁰ Their research found that one in six workers across all sectors were in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as 'insecure' for the purposes of this research.

Using NMDS-SC information for the ***independent sector only***, around 30% of adult social care jobs were roles with fewer than 16 contracted hours per week or zero-hours contracts.³¹

It was also found that workers with fewer contracted hours were more likely to leave their role. For further information, please see Chapter 8 – Data science.

2.5. Zero-hours contract trends

Table 8 shows that the percentage of staff employed on a zero-hours contracts remained relatively stable, decreasing by one percentage point between 2012/13 and 2018/19. Please note that trends do *not* include personal assistants as historical data is unavailable.

It should be noted that, although no precise trend is available, evidence suggests that the proportion employed on zero-hours contracts was substantially lower prior to 2012.

Table 8. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates

	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2018 /19	Change since 2012/13 (percentage points)
All job roles	26%	25%	26%	25%	24%	25%	25%	↓ -1%
Senior management	4%	4%	4%	5%	4%	4%	4%	0%
Registered manager	3%	3%	3%	3%	1%	2%	2%	↓ -2%
Social worker	3%	3%	3%	3%	3%	2%	3%	↓ -1%
Occupational therapist	5%	2%	2%	2%	2%	2%	2%	↓ -2%
Registered nurse	20%	21%	20%	20%	19%	18%	17%	↓ -4%
Senior care worker	12%	11%	11%	12%	10%	11%	10%	↓ -2%
Care worker	36%	35%	36%	34%	34%	35%	35%	↓ -2%
Support and outreach	19%	18%	15%	17%	15%	14%	14%	↓ -4%

* Rows may not sum due to rounding.

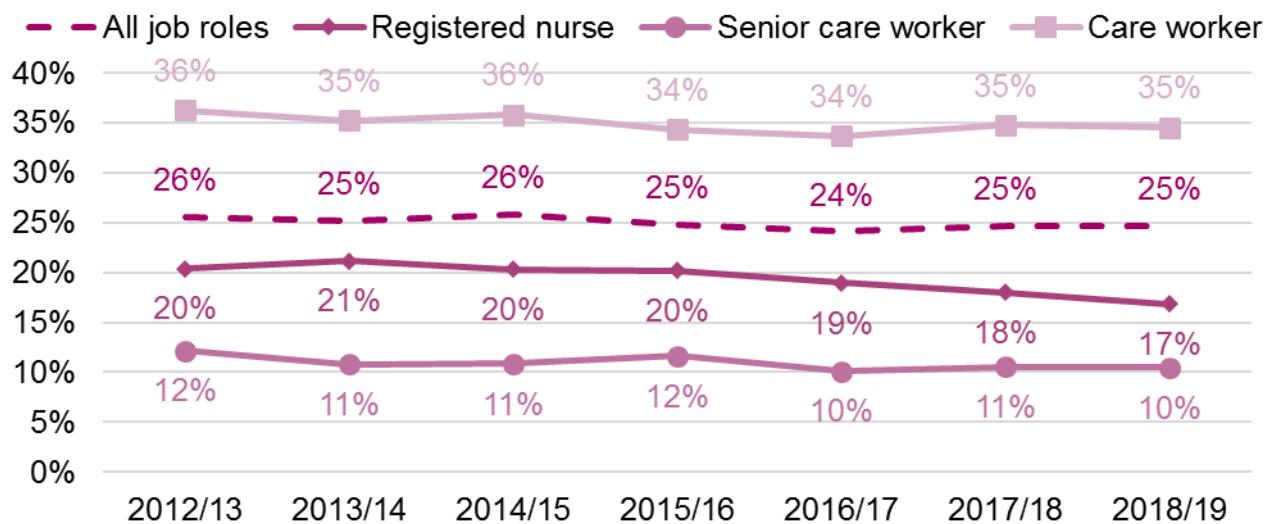
Chart 12 highlights the change from 2012/13 to 2018/19 for registered nurses, senior care workers and care workers. Registered nurses presented the largest decrease out of the selected job roles (from 20% to 17%).

³⁰ www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity

³¹ Please note that this information was correct as at March 2019 and included only those workers that had contracted hours recorded, meaning that coverage of the workforce is not 100%.

Chart 12. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates



Recruitment and retention

03

Important note about the data

For the first time, personal assistants working for direct payment recipients have been included in Skills for Care's annual workforce estimates. Skills for Care has successfully collected sufficient data on this important, and growing, aspect of the adult social care sector that this has enabled it to be included. As a result, the information in this section is not comparable to previous reports.

Trends have been provided within this chapter, but **only** for the independent and local authority sectors. Historical data on direct payment recipients was not available.

Overview of recruitment and retention of the adult social care workforce, 2018/19

- Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector was 30.8%, equivalent to approximately 440,000 leavers over the year. Many of those that leave remain within the sector as 66% of recruitment is from within adult social care.
- The turnover rate was higher in registered nursing roles (34.0%) and care worker roles (39.5%); the care worker turnover rate within domiciliary providers was 43.7%.
- Turnover rates have increased steadily, by a total of 9.1 percentage points, between 2012/13 and 2018/19.
- Some employers were struggling to find and recruit suitable candidates to join the sector. A significant proportion of staff turnover was a result of people leaving the sector soon after joining.
- Skills for Care estimates that 7.8% of the roles in adult social care were vacant, equal to approximately 122,000 vacancies at any time. Between 2012/13 and 2018/19, the vacancy rate rose by 2.3 percentage points. In 2018/19, the vacancy rate increased by 0.5 percentage points when compared with the previous year.
- The average number of sickness days lost was 4.8; this equates to approximately 6.94 million days lost due to sickness in the past 12 months.

30.8%

Leavers rate
in the past
12 months

**66%**

of recruitment
was from within
adult social care

8 years

Average
experience in
the sector

7.8%

Vacancy rate
(122,000
vacancies)



3.1. Introduction

This chapter shares workforce intelligence about recruitment and retention in the adult social care workforce, including: leavers information, starter rates, experience, vacancy information and sickness rates.

It is vital that the adult social care sector is able to attract and retain staff with the appropriate skills, values and behaviours, to raise and deliver quality standards for the

people who use social care services. The high level of movement within the current adult social care workforce may have an impact on service delivery and continuity of care.

Skills for Care research found that employers using values-based recruitment can attract staff who perform better, with lower sickness rates, and greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. Additional research also found that retention was influenced by the level of learning and development, the values of the organisation and the involvement of colleagues in decision-making.³² For further information on recruiting for values, and other Skills for Care research into staff retention, please visit the Skills for Care website.³³

We have also been working with the University of Leeds and an independent data scientist to develop machine learning models that use NMDS-SC data to identify the key factors that influence turnover rates and CQC scores. For further information, please see Chapter 8 – Data Science.

Good quality workforce intelligence, collected and analysed by Skills for Care, is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing statistical, rather than just anecdotal, evidence. It has also been used to help in providing evidence for the need to create recruitment and retention initiatives for the sector, such as the ‘Values-based recruitment and retention toolkit’³⁴ and ‘Seeing potential: widen your talent pool’.³⁵

³² www.skillsforcare.org.uk/recruitment-retention/retaining-staff

³³ www.skillsforcare.org.uk/values

³⁴ www.skillsforcare.org.uk/vba

³⁵ www.skillsforcare.org.uk/seeingpotential

3.2. Leavers and staff turnover rates

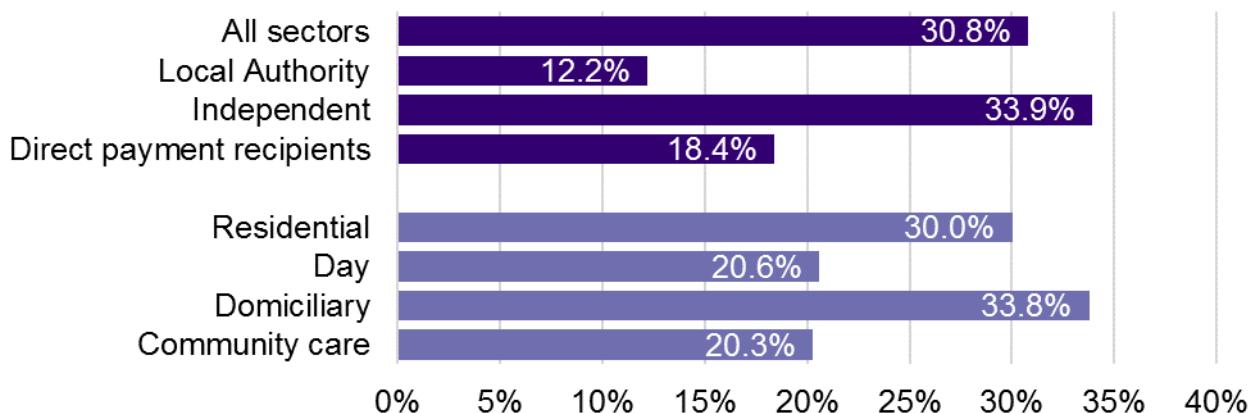
The information below refers to directly employed staff (permanent and temporary staff). Leavers from agency roles, for example, are not included. This section also refers only to leavers from establishments that are still operational; leavers from establishments that have closed down are not captured. Please see Section 3.4 for further details.

Skills for Care estimates that the turnover rate of staff working in the adult social care sector was 30.8%. This equates to approximately 440,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 66% of recruitment is from within adult social care.

Turnover rates varied between sector, service and job role. Chart 13 shows that local authorities (12.2%) and jobs working for direct payment recipients (18.4%) had much lower turnover rates than that of the independent sector (33.9%).

Chart 13. Estimated staff turnover rate, by sector and care service, 2018/19

Source: Skills for Care estimates



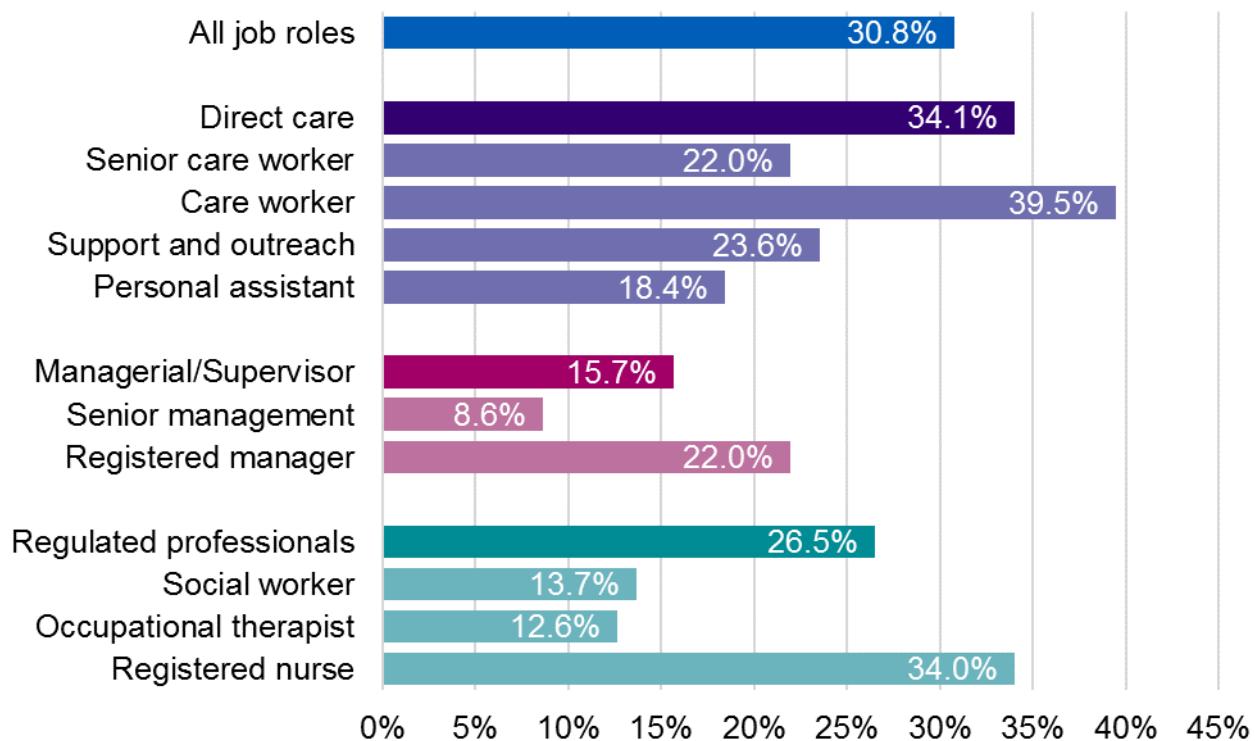
The turnover rate was higher for domiciliary care providers than other service types, with a third of all staff leaving their roles within the past 12 months (33.8%). This was highest for care workers, with a turnover rate of 43.7%.

Chart 14 shows that care workers had the highest turnover rate of direct care-providing roles, at 39.5%, almost twice that of senior care workers at 22.0%. Registered nurses also had a relatively high turnover rate (34.0%), equivalent to around 12,500 leavers, compared to other regulated professions, such as social workers (13.7%) and occupational therapists (12.6%). However, the majority of registered nurse roles were employed in independent social care providers, where turnover rates are known to be higher (see Chart 13 above), whereas social worker and occupational therapist roles were mostly in local authorities.

Managerial roles had the lowest turnover rates at 15.7%, whereas direct care-providing roles had the highest rates at 34.1%. There was also variation between specific roles within each job group.

Chart 14. Estimated staff turnover rates by selected job roles, 2018/19

Source: Skills for Care estimates



Around a fifth of registered managers left their role in the previous 12 months (22.0%); this was relatively high compared to other managerial roles and equates to around 5,600 leavers in the previous 12 months in total.

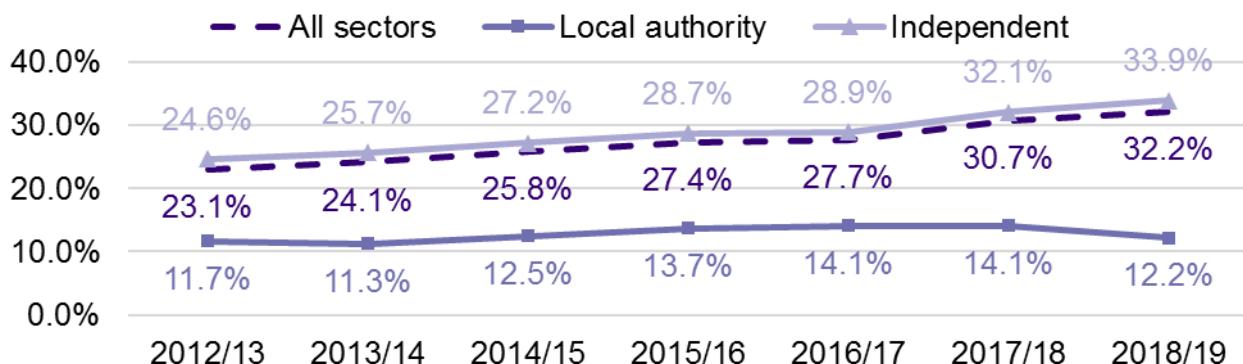
3.2.1. Turnover rate trends

The charts in this section show the turnover rate trends of directly employed staff leaving their role within the previous 12 months for each year between 2012/13 and 2018/19. These trends do **not** include personal assistants working for direct payment recipients.

Turnover rates increased steadily, by 9.1 percentage points between 2012/13 and 2018/19. Turnover rates within local authority providers increased at a slower rate (by 0.5 percentage points over the period) than the independent sector which rose by 9.3 percentage points. In 2018/19, turnover rates in the independent sector rose at a slower rate (by 1.8 percentage points) compared to the previous year, whereas in local authorities the turnover rate decreased (by 1.9 percentage points).

Chart 15. Turnover rate trend of all job roles by sector between 2012/13 and 2018/19 (independent and local authority sectors only)

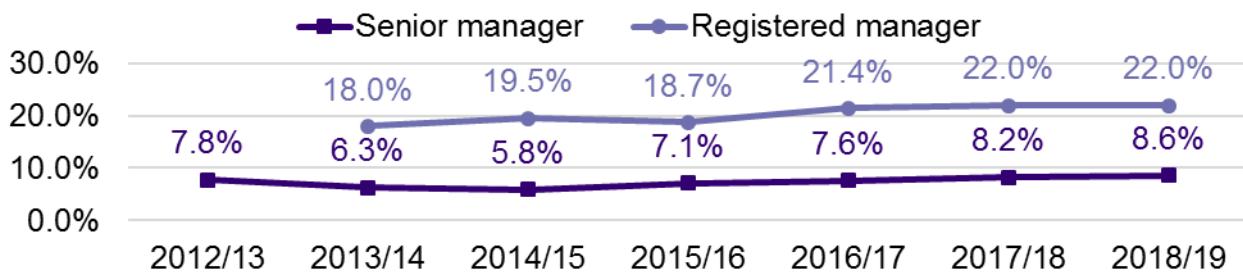
Source: Skills for Care estimates



The turnover rate of registered managers increased between 2013/14 and 2017/18, by 4.0 percentage points. However, the turnover rate remained the same between 2017/18 and 2018/19. Senior manager turnover rates fluctuated over the period between 5.8% (2012/13) and 8.6% (2018/19).

Chart 16. Turnover rate of selected managerial roles between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates

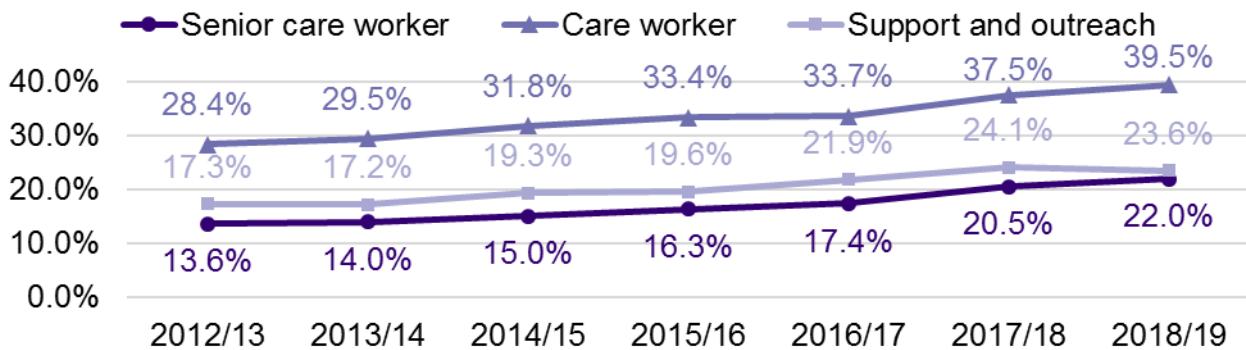


Each of the direct care-providing roles in Chart 17 showed an increase in turnover rate between 2012/13 and 2018/19. Care workers, which had the highest turnover rate, at

39.5%, also showed the greatest increase since 2012/13, a rise of 11.1 percentage points. Senior care worker turnover rose by 8.4 percentage points between 2012/13 and 2018/19.

Chart 17. Turnover rate of selected direct care-providing roles between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates



Although the information in the section above shows the overall turnover rate, it is important to remember that the adult social care sector has an experienced core of workers and that just over a quarter (26%) of independent sector employers have an annual turnover rate of less than 10%.

Skills for Care published research³⁶ in which employers with a turnover rate of less than 10% were asked to consider what they believe contributes to their success, in relation to recruitment and retention. Results included:

- investing in learning and development (94%)
- embedding the values of the organisation (92%)
- celebrating the organisation's and individual achievements (86%)
- involving colleagues in decision making (81%).

Research was also conducted to measure the impact of values-based recruitment³⁷. This report found that:

- 58% of staff recruited for values were better at developing the skills needed for their role.
- 72% of staff recruited for values performed better than those recruited using traditional methods.
- 62% of staff recruited for values had lower rates of sickness and absence.
- 3 in 4 employers reported that staff recruited for values exhibited better social care values than those recruited using traditional methods.

For further information, please visit Skills for Care's website.³⁸

³⁶ www.skillsforcare.org.uk/Recruitment-retention/retaining-staff

³⁷ www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-the-right-people-section/Key-findings-infographic-2019.pdf

³⁸ www.skillsforcare.org.uk/randr

3.3. Workforce factors affecting turnover rates

Using data from the NMDS-SC in March 2018 and March 2019, together with an independent data scientist, we created machine learning models to provide insights into the factors which influence a worker's propensity to leave their role. Several factors were identified, including: a worker's age, their experience in role, sickness rates and pay, as well as variables at the establishment level, such as how long a manager had been in post and the size of the establishment.

Skills for Care has also been working with the University of Leeds to build models which assess the impact that workforce variables may have on the quality of care. This was achieved by connecting NMDS-SC data with CQC information and analysing the relationships within the data using machine learning techniques. Results of this study will be published in an academic paper in due course.

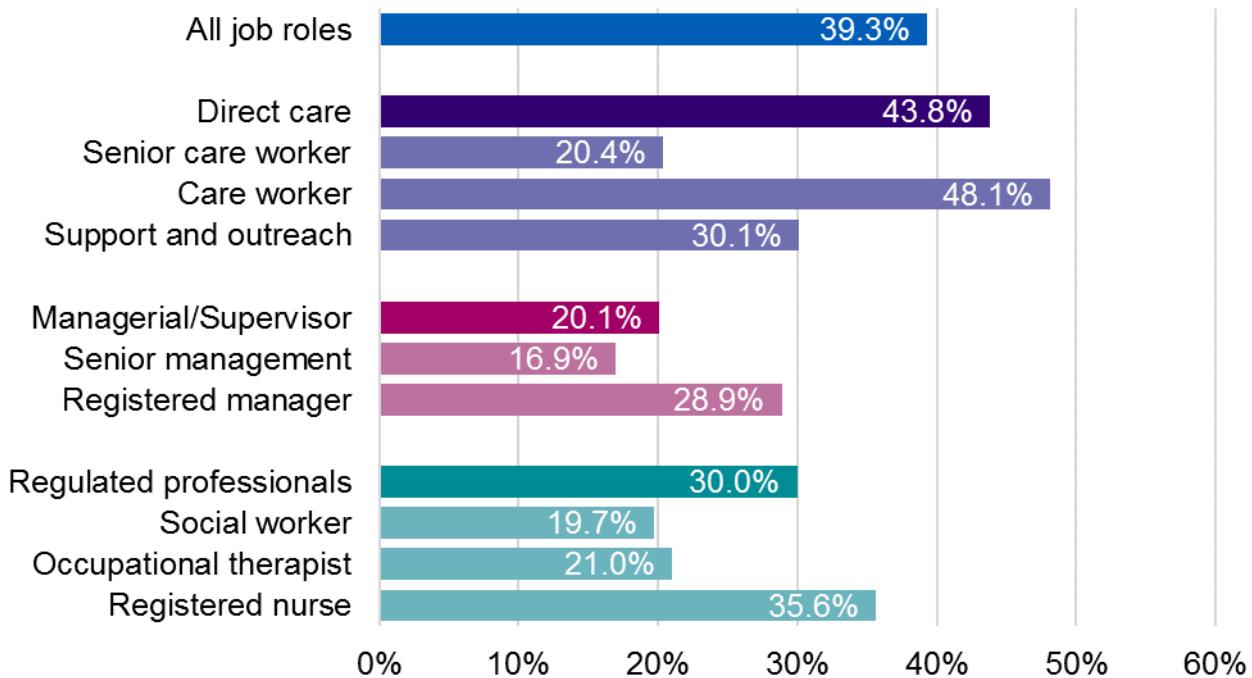
For more details on this analysis, please refer to Chapter 8 – Data Science.

3.4. Starters in the past 12 months

The information below refers to directly employed staff (permanent and temporary staff). Skills for Care estimates that the starters rate in the past 12 months was 39.3%. This equates to approximately 560,000 new starters.

It should be noted that the starters rate reflects staff that are new to their role. This is a mixture of those new to the adult social care sector (34%) and 'churn' within the adult social care sector (66%), i.e. people moving from different employers or within the same organisation. Please see Section 3.8 for further information.

Chart 18. Estimated starters rate of directly employed workers, by job role, 2018/19
 Source: Skills for Care estimates



Care workers experienced the highest starters rate, at 48.1%, followed by registered nurses (35.6%) and support and outreach workers (30.1%). These job roles also had the highest turnover rates, highlighting the high degree of ‘churn’ within the sector.

3.5. Comparing starters and leavers rates

This section focuses on the independent and local authority sector only. Comparable information for direct payment recipients was not available.

The starters rate consisted of a combination of needing to replace leavers and filling a growing demand for workers in the adult social care sector. This starters rate includes those workers that were new to their role in the previous 12 months and all new roles within establishments that were newly established within the past year. There were around 500,000 starters in the independent and local authority sectors in the past 12 months.

The turnover rate includes leavers from social care establishments still operating as at March 2019 only, meaning that those workers employed by establishments that closed within the last year were not included in this estimate. There were approximately 415,000 leavers from active establishments. Skills for Care analysis of NMDS-SC and the CQC database shows 1,847 service closures identified over the period, with an estimated net of 60,000 more leavers than starters from these CQC services. In addition, non-CQC service closures throughout the period were estimated to include an additional 10,000 leavers.

There was an estimated increase of 16,500 jobs between 2017 and 2018 in the independent and local authority sectors combined, from a total workforce of 1.36 million to

1.38 million. Taking leavers from closed services into account, the difference between the number of starters (500,000) and leavers, including those at closed establishments (485,000) results in a similar figure, thereby corroborating these findings. However, it is worthy of note that the time frames are slightly different.

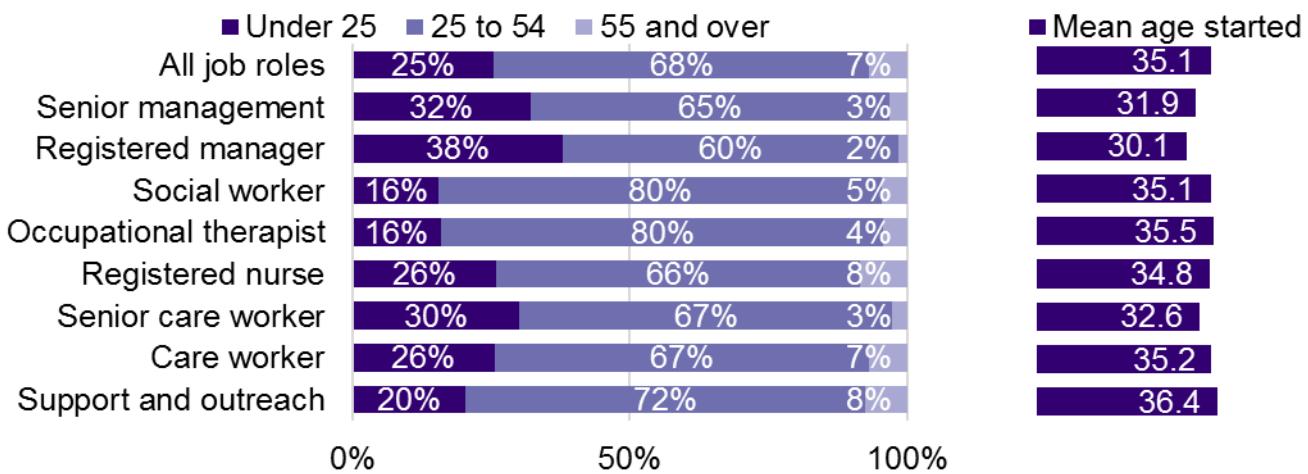
3.6. Age worker started in the adult social care sector

Information about the age of a worker and the year they started working in the adult social care sector is collected, therefore the age when they started working in the sector can be calculated. Please note that this information is not available for those working for direct payments recipients and so personal assistants are not included in this information.

The average age of a person joining the adult social care workforce was 35 years old. Managers tended to join the sector at an earlier age, in particular registered managers who had an average start age of around 30 years old. This shows that there is career progression within the sector, as managers start out in the sector younger, and go on to progress to more senior roles. For further information please see 'Experience in sector' (Section 3.7.1) and 'Career progression in adult social care' (Section 6.5).

Chart 19. Age bands and average age started working in the adult social care sector, 2018/19

Source: Skills for Care estimates



A significant increase in demand for labour in the sector is forecast (see Chapter 7 – Workforce forecasts). This is driven by demographic changes and will mean employers and policy makers may need to look wider than the traditional care worker demographic for recruitment in the future.

Skills for Care is working in conjunction with the Government and other social care employers on several initiatives to encourage employers to see potential in people who have traditionally been under-represented in the sector, or those who may experience barriers to employment. This could include, for example; care leavers, single parents, disabled people, people with mental health needs, ex-offenders, people who are homeless

or at risk of homelessness, male workers and younger workers. Please visit the Skills for Care website for more information.³⁹

3.7. Experience of the adult social care workforce

Although the turnover rate within the sector was estimated at 30.8%, turnover is not universally high. Approximately a quarter (26%) of employers reported a turnover rate of less than 10%. The sector also has an experienced core of workers.

3.7.1. Experience in sector

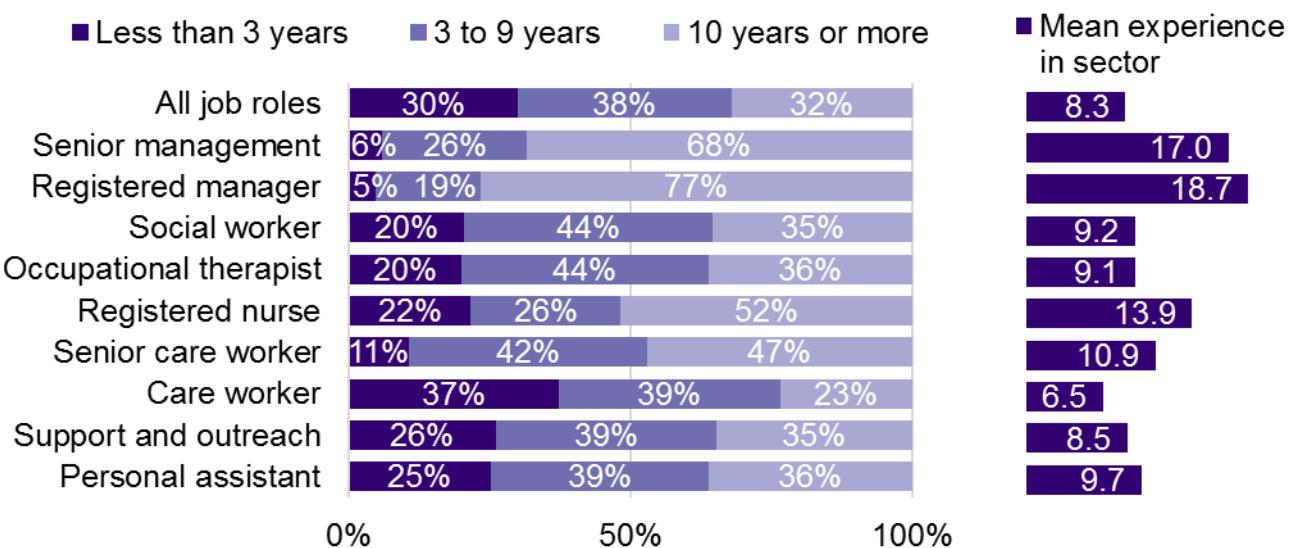
Workers had, on average, eight years of experience in the sector and 70% of the workforce had been working in the sector for at least three years. Chart 20 shows that managers had the most experience in the sector, an average of 18.7 years for registered managers and 17.0 years for senior management.

Within regulated professional roles, registered nurses had the most experience in the sector, with 13.9 years, compared to 9.2 years for social workers and 9.1 years for occupational therapists. Care workers had the lowest average number of years of experience at 6.5 years. Senior care workers and personal assistants had slightly higher averages (10.8 years and 9.7 years respectively).

Around 30% of the workforce had fewer than three years of experience working in the sector. Care workers, who make up 55% of the workforce, had the largest proportion of workers with less than three years of experience (37%). In contrast, 77% of registered managers have been in the sector for 10 years or more.

Chart 20. Estimated year bands and average number of years of experience working in the adult social care by selected job role, 2018/19

Source: Skills for Care estimates



³⁹ www.skillsforcare.org.uk/seeingpotential

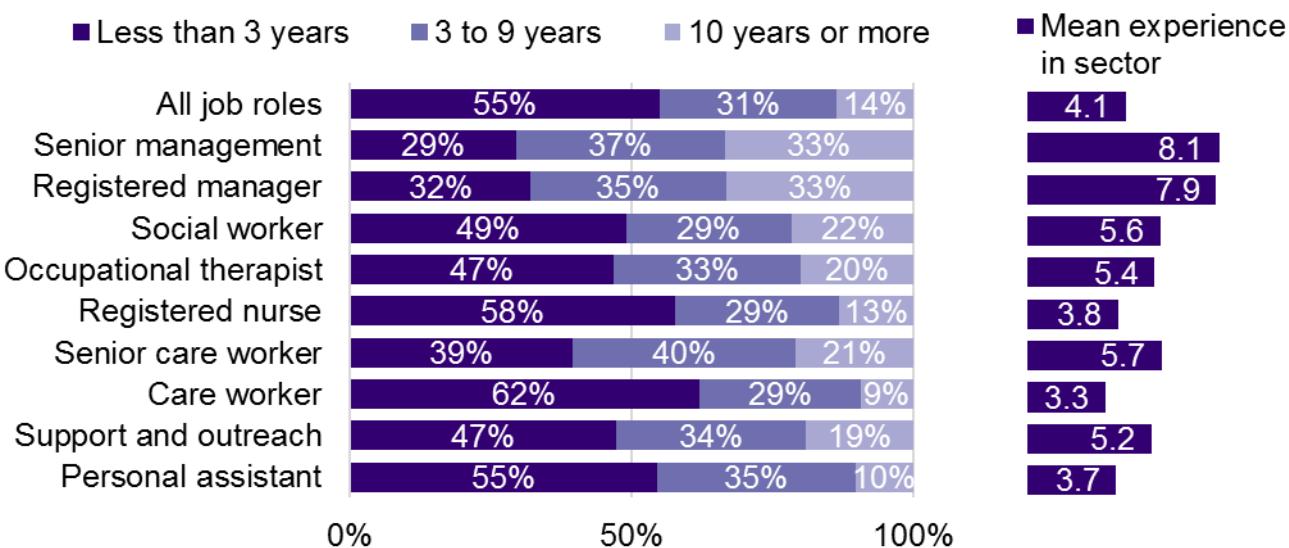
3.7.2. Experience in role

Workers had, on average, 4.1 years of experience in role (4 years less than the average experience in sector). Chart 21 shows information on workers' experience in their current role. The average number of years of experience for a care worker was 3.3 years, and for personal assistants was 3.7 years. By contrast, senior managers and registered managers had more experience in their current role. On average, this was around 8.1 years.

Registered nurses had an average of 3.8 years of experience in role, which was amongst the lowest of the job roles shown in Chart 21. However, registered nurses had amongst the highest average number of years of experience working in the sector (13.9 years). This is likely a result of the relatively high turnover rate for registered nurses (34.0%) and indicates that many nurses are moving between employers in the social care sector.

Chart 21. Estimated year bands and average number of years of experience in current role by selected job role, 2018/19

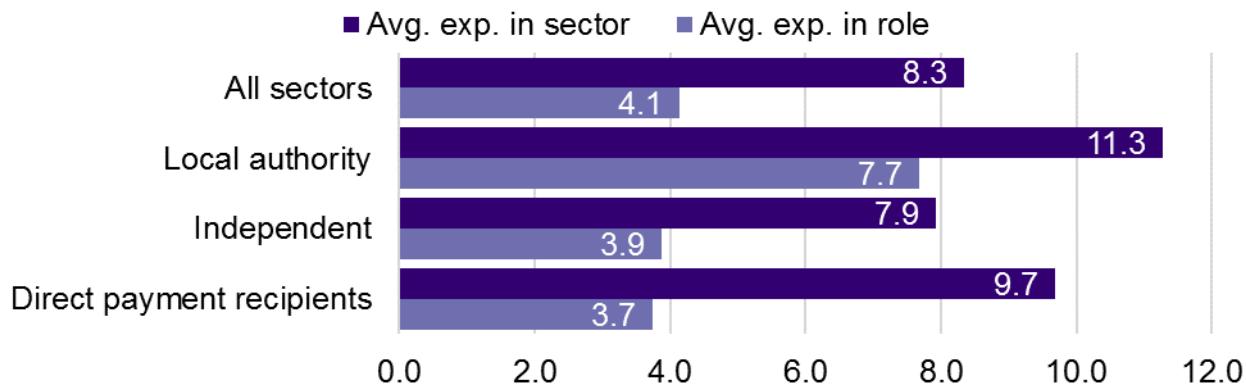
Source: Skills for Care estimates



Throughout the adult social care sector, workers had more experience in the sector than they did in their role. This further highlights the level of 'churn' within the sector. Jobs working for direct payment recipients had the largest difference, with significantly higher average experience in sector (9.7 years) than in role (3.7 years).

Chart 22. Comparison of average number of years of experience in current role and adult social care by sector, 2018/19

Source: Skills for Care estimates



3.8. Source of recruitment

Information is collected about the source of recruitment of workers. These sources can be grouped into ‘within the adult social care sector’, including the independent or local authority sectors, agency or internal promotion, and ‘outside the adult social care sector’, including the health sector, retail and other sources.

Although the turnover rate (30.8%) is relatively high, 66% of starters were recruited from within adult social care; therefore, the sector has retained their skills and experience. However, it also means that a large proportion of employers were going through the recruitment process at any one time, with workers moving between employers with high regularity, and at considerable cost to the sector.

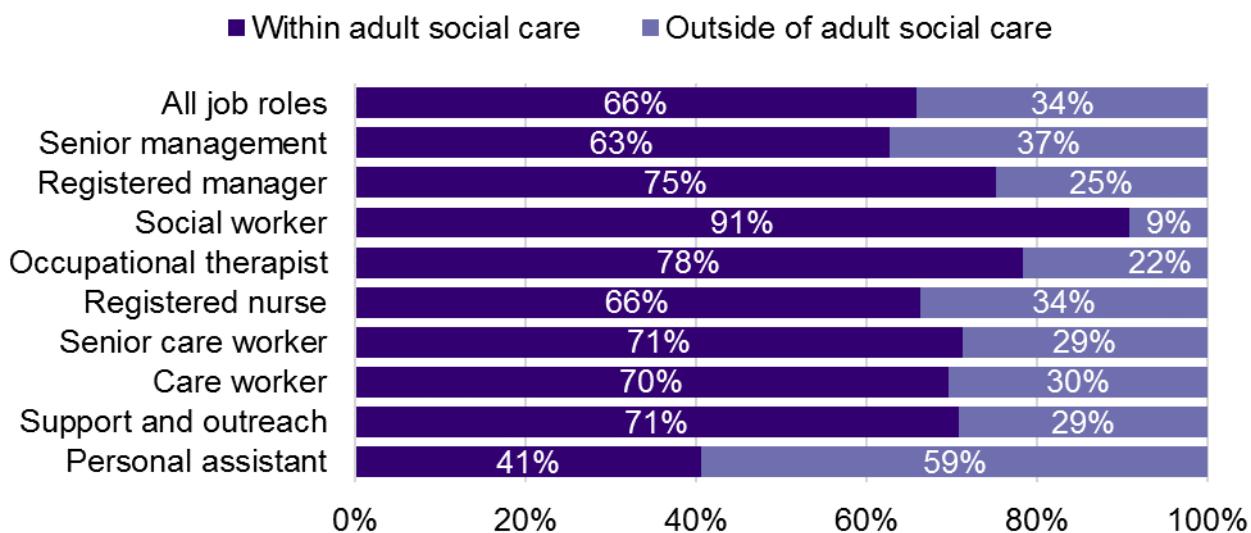
The Department of Health and Social Care launched a new recruitment campaign in February 2019, ‘Every Day is Different’. The campaign aims to showcase the breadth of jobs on offer within the sector and to encourage the recruitment of individuals with the necessary values.

For further information, please visit the ‘Every Day is Different’ website.⁴⁰

⁴⁰ www.everydayisdifferent.com

Chart 23. Estimated source of recruitment from within and outside of the adult social care sector, by selected job roles, 2018/19

Source: Skills for Care estimates



3.9. Reasons for leaving

It should be noted that coverage of reasons for leaving is lower than for other areas of this report, as employers do not always know why people leave or where they go. As such, these figures should be treated with some caution. Also, this information is not available by job role and does not contain information about jobs working for direct payment recipients.

Table 9 groups responses into voluntary and involuntary reasons for leaving. Workers were more than twice as likely to leave voluntarily (65%) than for involuntary reasons (24%). The most frequently observed voluntary reasons for leaving were for: personal reasons, resignation, and career development. Involuntary reasons were most likely to be transferring between employers, and dismissal.

Retirement was more frequently reported as a reason for leaving within local authority providers (11%) compared with independent sector providers (3%). The average age of workers in local authority providers was higher (47.4 years old) than independent providers (43.2 years old). This trend is likely to continue as a higher proportion were aged 55 and over and therefore likely to retire within the next 10 years (31% in the local authority and 24% in the independent sector).

While only 3% overall reported pay as being their reason for leaving, it should be noted that other reasons for leaving (such as career development and competition from other employers) may be influenced by pay rates. Also, employers may not always know the reasons why their staff leave. By observing workers over time, turnover has been demonstrated to be correlated with pay, with workers on higher rates of pay less likely to leave their roles (for more details, please see Chapter 8 – Data science).

Table 9. Reasons for leaving

Source: NMDS-SC unweighted data 2018/19

	All sectors	Independent sector	Local authority
Voluntary	65%	65%	57%
Career development	11%	11%	5%
Competition from other employers	4%	4%	1%
Conditions of employment	2%	2%	1%
Pay	3%	3%	0%
Personal reasons	23%	24%	7%
Resignation for other or undisclosed reasons	14%	13%	32%
Retirement	3%	3%	11%
Nature of the work	6%	6%	1%
Involuntary	24%	24%	22%
Death	0%	0%	1%
Dismissal	8%	8%	4%
End of contract term	1%	1%	3%
Redundancy	1%	1%	7%
Transferred to another employer	13%	13%	7%
Other	12%	11%	21%

3.10. Sickness rates

Supporting the health and wellbeing of staff can have a positive impact on their performance, but especially when this is aligned with the culture of the organisation. Workplace culture is the character and personality of your organisation and having a positive workplace culture has been found to be vital in the delivery of higher quality care and support. Skills for Care has launched the ‘Culture for care’ toolkit to guide employers towards developing a positive workplace culture.⁴¹

Skills for Care understands that the daily stress of care work can contribute to absence through sickness; it is crucial that employers support their staff to become resilient, help them to cope better under pressure, and to protect them from mental and physical ill health. The ‘Greater resilience, better care’⁴² resource has been developed to help managers approach the wellbeing of their staff positively and to offer practical ideas on how they are able to improve the working environment for their staff.

With an estimated workforce of 1.43 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and jobs working for direct payment recipients, and an average of 4.8 sickness days in 2018/19, a total of approximately 6.94 million days were lost to sickness in the year.

⁴¹ www.skillsforcare.org.uk/culture

⁴² www.skillsforcare.org.uk/resilience

The average number of sickness days varied by job role, with social workers and support and outreach workers having the highest number of sickness days, at 9.8 and 7.7 days per year on average respectively.

However, those in personal assistant roles had the lowest recorded rate, at 1.8 days. This result may be influenced by the nature of the role. Personal assistants employed by a friend or family member had, on average, 1.2 sickness days. Those employed by a non-friend or family member had an average of 2.2 days. More evidence on this is presented in the 'Individual employers and the personal assistant workforce, 2019' report.⁴³

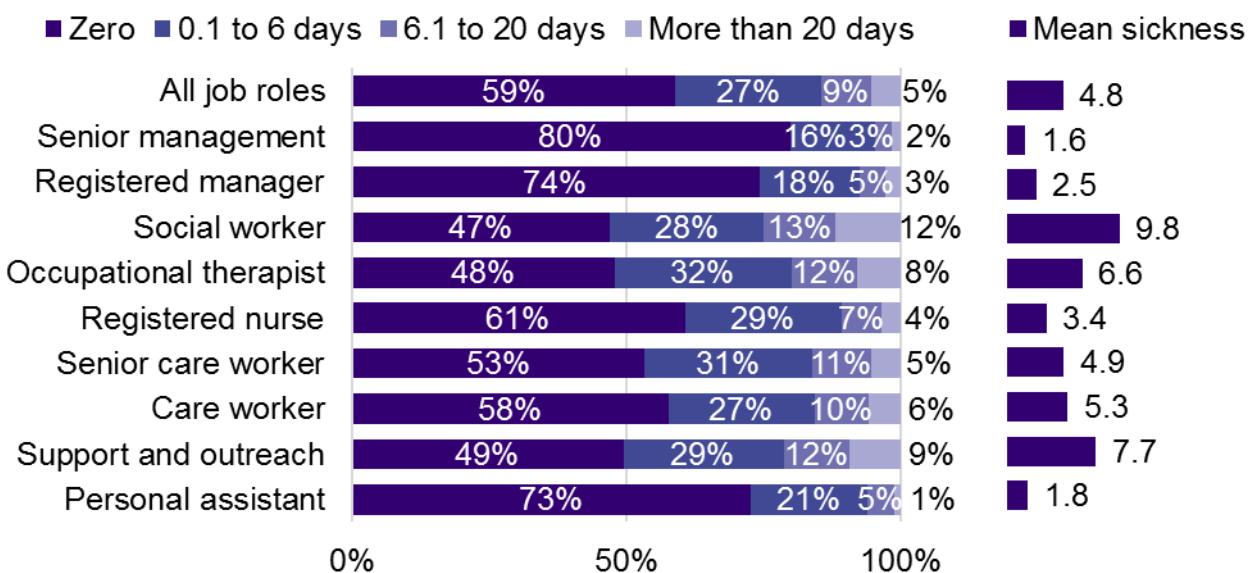
Registered nurses also had low sickness rates, at an average of 3.4 days. It should be noted that most nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can reflect a favourable sickness policy, but, on the other hand, may also provide an indication of low rates of wellbeing in a workplace.

The proportion of workers taking zero sickness days within the year was high across the sector, at around three fifths (59%) of the workforce. Senior managers (80%), registered managers (74%) and personal assistants (73%) had the highest proportions of zero sickness. Social workers (47%) and occupational therapists (48%) had the lowest rate of zero sickness days.

On average, sickness rates were higher within the local authority (10.4 days for all job roles and 12.3 for care workers) than the independent sector providers (4.7 days for all job roles and 5.0 for care workers). This may reflect differing terms and conditions.

Chart 24. Estimated sickness bands and average sickness days taken by selected job roles, 2018/19

Source: Skills for Care estimates



⁴³ www.skillsforcare.org.uk/IEPReport

3.11. Vacancy rates

Skills for Care estimates that 7.8% of roles in the adult social care sector were vacant. This represents an average of approximately 122,000 vacancies at any one time.

The majority (77,000) of the vacancies were for care worker jobs. The vacancy rate for care workers (9.0%) was also higher than for other direct care-providing roles, including senior care workers (5.7%) and personal assistants (8.2%).

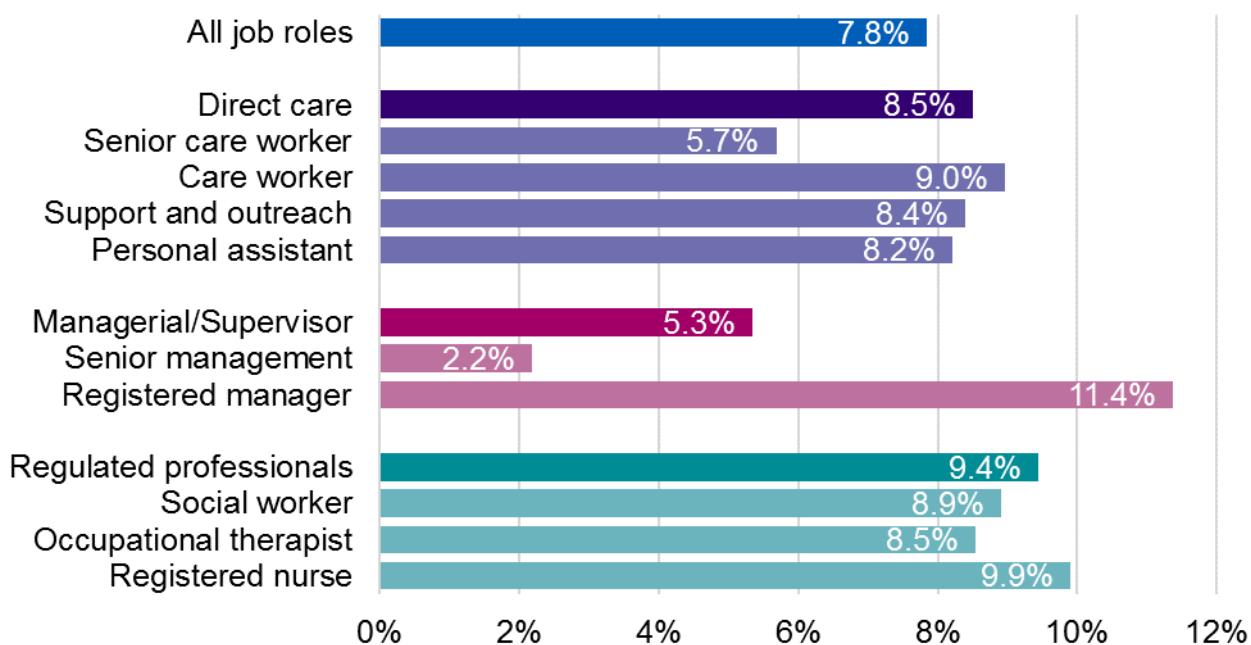
Registered manager vacancies (11.4%) were double the average of other managerial roles (5.3%), equivalent to around 2,900 vacancies at any given point in 2018/19.

Vacancy rates for regulated professions were the highest our all job role groups (9.4%). The registered nurse vacancy rate was particularly high, at 9.9%. This role also had relatively high turnover and starter rates, which is likely a contributory factor to this high vacancy rate. Nurses were added to the UK Shortage Occupation List⁴⁴ in 2015 and have remained listed ever since.

The Shortage Occupation List is an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts and can make it easier for employers to recruit migrant workers. Unlike any other listed role, employers are required to supply evidence that they have made efforts to recruit nurses from the domestic UK labour market before filling a vacancy with a migrant worker from outside the EU.

Chart 25. Estimated vacancy rate by selected job role, 2018/19

Source: Skills for Care estimates



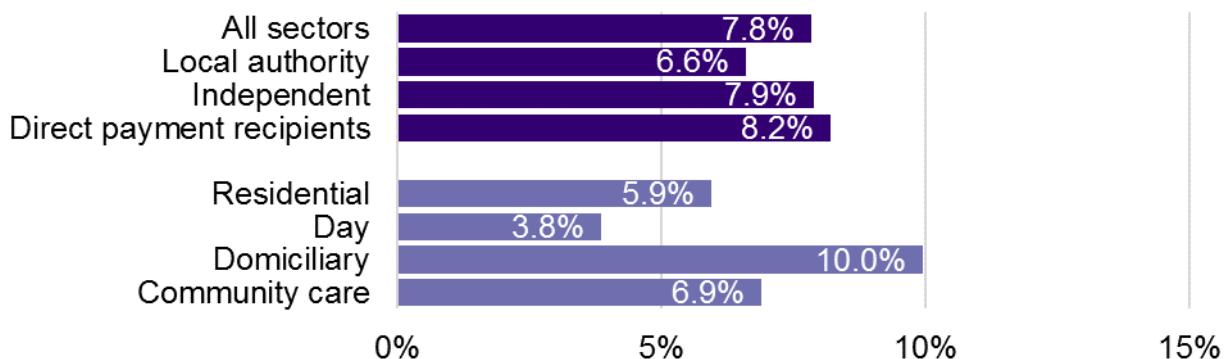
⁴⁴ <http://www.visabureau.com/uk/shortage-occupations-list.aspx>

Vacancy rates were slightly lower in local authorities (6.6%) overall, compared to the independent sector (7.9%). Direct payment recipients had the highest vacancy rate by sector (8.2%). Previous research by Skills for Care has found that individual employers have difficulties finding and recruiting suitable personal assistants to support them. Further information on the resources available to assist in the recruit of personal assistants can be found on Skills for Care's individual employer and personal assistant information hub.⁴⁵

Chart 26 below shows that there is also variation based on the service provided. Domiciliary care services had the highest vacancy rates at 10.0% which was more than double that of adult day care services (3.8%).

Chart 26. Estimated vacancy rate by sector and service provided, 2018/19

Source: Skills for Care estimates



3.11.1. Vacancy rate trends

This section **does not include** jobs working for direct payment recipients, as trends were unavailable. The vacancy rate has risen by 2.3 percentage points between 2012/13 and 2018/19. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the adult social care sector continues to grow, coupled with the effects of an ageing population. We will continue to monitor this trend and any side effects on other workforce measures.

Chart 27 shows that registered manager vacancy rates, which in 2018/19 were relatively high, having been stable since 2013/14, varied between 11.1% (2016/17) and 12.5% (2013/14). Our analysis of CQC ratings data shows that services without a registered manager in post at the time of inspection (or in the year leading up to inspection) were less likely to achieve 'good' or 'outstanding' CQC ratings. For more information, please see Section 8.2.6.

⁴⁵ www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx

Chart 27. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates

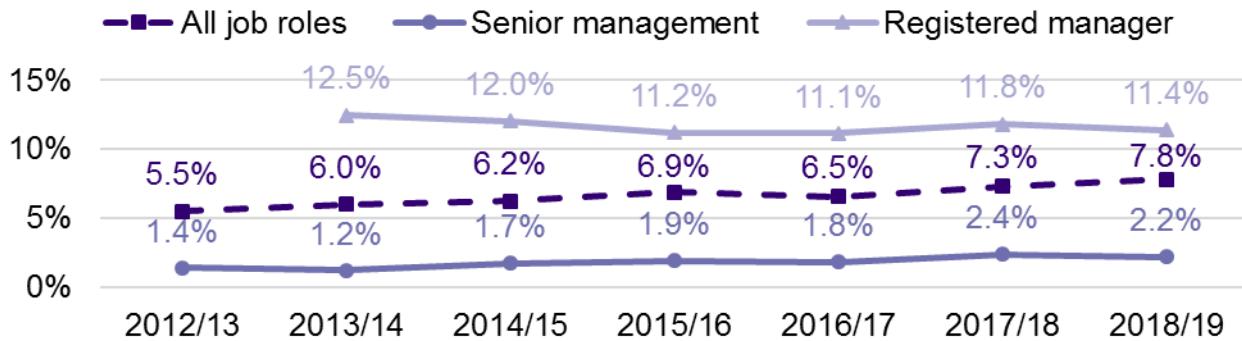


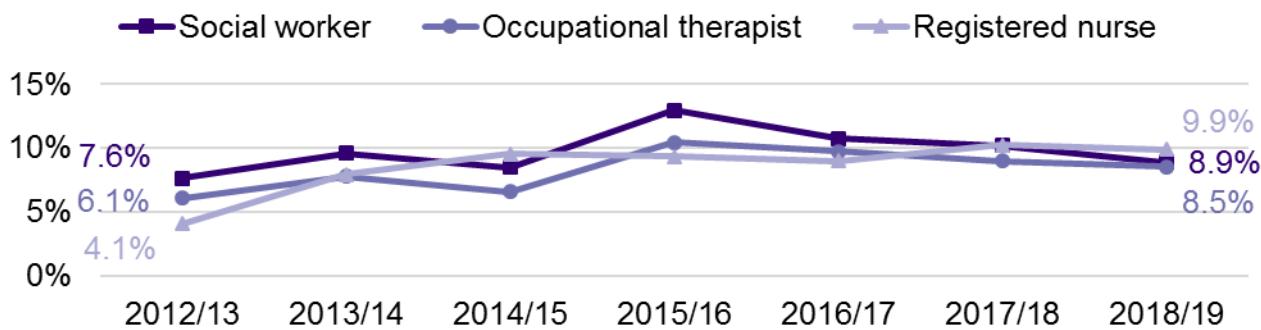
Chart 28 shows the vacancy rate trend for regulated professions. Each of the roles listed showed higher vacancy rates when compared with 2012/13.

The vacancy rate for registered nurses increased by 5.8 percentage points over the period. This suggests that supply of these workers is falling short of demand and is likely part of the reason why the number of registered nurses working in adult social care has decreased in recent years.

The vacancy rates for social workers was higher in 2018/19 than in 2012/13 (8.9% compared to 7.6%). However, rates have been falling in recent years – from a high of 13.0% in 2015/16. Occupational therapist vacancy rates also increased over the period (by 2.4 percentage points), but again, this rate has been falling since 2015/16. Although the vacancy rate appeared to be decreasing overall, the report findings could still point towards potential supply issues for adult social care.

Chart 28. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates

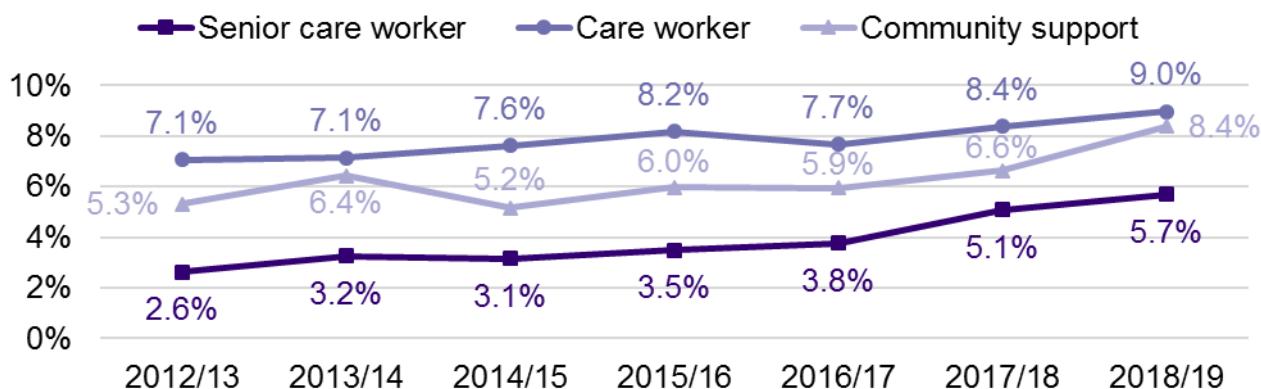


The vacancy rate of selected direct care-providing roles, shown below, increased steadily between 2012/13 and 2018/19. Between 2017/18 and 2018/19, there was a significant increase in community support and outreach worker roles (an increase of 1.8 percentage points). This is comparable to the increase observed between 2016/17 and 2017/18 for

senior care workers (an increase of 1.3 percentage points). Care worker vacancy rates have continued to rise, with a total of 77,000 vacant positions in 2018/19.

Chart 29. Vacancy rate trends for selected direct care-providing roles between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates



The increase in vacancy rates for direct care-providing roles could be linked to the fall in unemployment rates in the UK over the period. Office for National Statistics (ONS) data shows that the unemployment rate was 7.8% in 2012/13, but that it had fallen to 4.1% by 2018/19.⁴⁶

This meant that the proportion of people that were economically inactive but seeking a job had also decreased from 24.7% in 2012/13 to 20.5% in 2018/19. In absolute terms, this was a decrease from 1.92 million people, to 1.50 million people looking for work.⁴⁷ Despite this decrease, there were 122,000 vacant positions in adult social care in 2018/19 (across the independent sector, local authorities and jobs working for direct payment recipients), representing a considerable pool of prospective workers that may have been available to work in adult social care.

Another influencing factor in the increasing vacancy rates in adult social care, particularly care workers, may have been rates of pay. The median hourly rate for a care worker in adult social care was £8.10 in 2018/19. This was an increase of £1.17 since 2012/13 when median pay was £6.93 per hour.

However, although care worker pay has increased in adult social care, it is still amongst the lowest across the economy. Chart 30 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission).

Historically, care worker median hourly pay was higher than all the selected job roles. However, by 2018/19, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour than care workers on average in 2012/13. By 2018/19, this gap had reduced to 14 pence. Comparably, sales and retail assistants earned 13 pence

⁴⁶ ONS Annual Population Survey, 2019

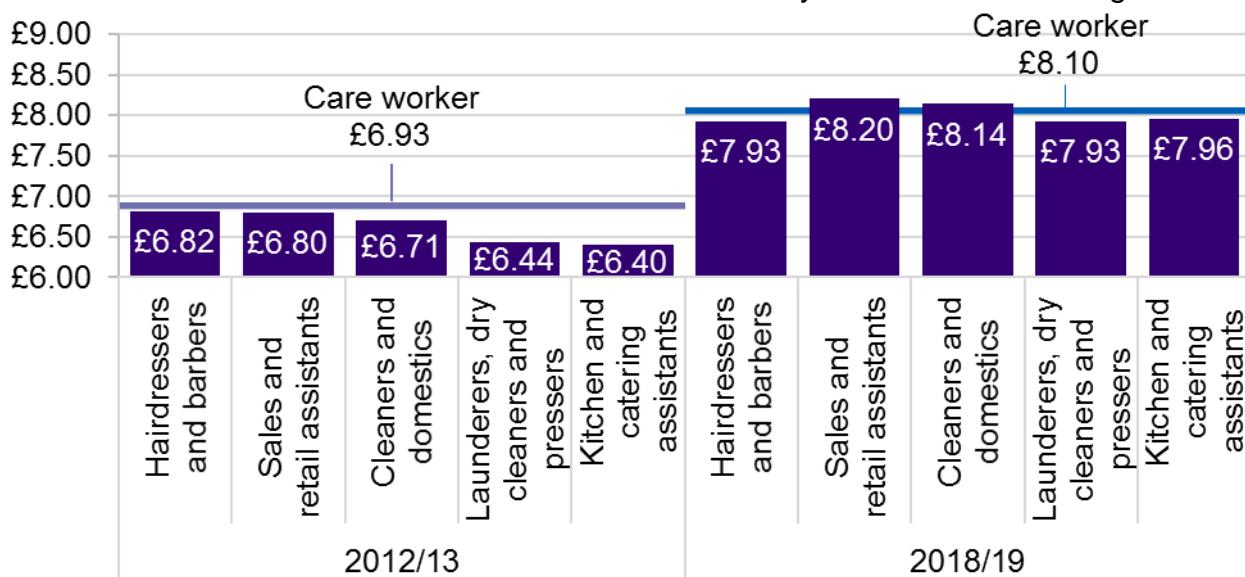
⁴⁷ ONS Annual Population Survey, 2019

per hour less in 2012/13 but in 2018/19 earned 10 pence per hour more than care workers on average.⁴⁸

Despite pay growing quickly, more workers were being paid the National Living Wage (NLW), or close to this, in adult social care; this may also be contributing to rising vacancy rates. For further information on pay, please see Chapter 5 – Pay.

Chart 30. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earnings



At present, Brexit does not appear to be a major contributory factor to the high vacancy rate. The number of people with an EU nationality in the adult social care workforce has continued to rise since the referendum (see Section 4.6.1). However, Brexit continues to have the potential to cause future supply issues for the adult social care workforce, depending on the immigration rules applied post-Brexit.

The Government has recognised the recruitment and retention challenge in adult social care and launched the ‘Every Day is Different’ campaign in February 2019. The campaign aims to:

- attract new people with values suited to the sector
- increase interest in working in the sector as a vocation
- showcase the range of job roles on offer, with an initial focus on direct care-providing roles including care workers
- equip the sector with tools to campaign, recruit and retain staff
- provide advice on recruitment and retention of the right staff.

For further information, please visit the ‘Every Day is Different’ website⁴⁹.

⁴⁸ ONS Annual Survey of Hours and Earnings – Resident Analysis, 2019

⁴⁹ www.everydayisdifferent.com

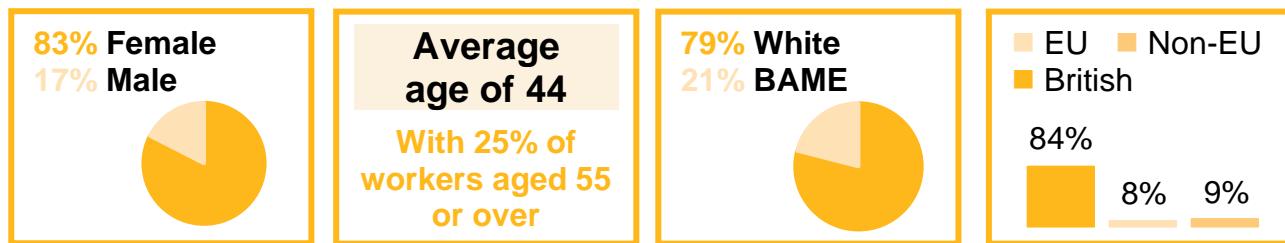
As the information in this report was correct as at March 2019 for the independent sector, this recruitment campaign had not yet had time to impact the vacancy rates. Skills for Care will review vacancy rate trends moving forwards to identify any changes considering the campaign.

Workforce demographics

04

Overview of adult social care workforce demographics, 2018/19

- The adult social care workforce was comprised of 83% female and 17% male workers.
- The average age of a worker was 44 years old, and a quarter of workers (385,000 jobs) were over 55 years old.
- Black, Asian and Minority Ethnic (BAME) workers made up 21% of the adult social care workforce. This was more diverse than the overall population of England (14% BAME).
- The majority (84%) of the adult social care workforce identified as British, 8% (115,000 jobs) had an EU nationality and 9% (134,000 jobs) a non-EU nationality.
- The proportion of EU nationality workers had continued to increase, from 5% in 2012/13 to 8% in 2018/19.



4.1. Introduction

This chapter looks at the demographic information of the adult social care workforce, including gender, age, ethnicity, nationality and citizenship.

4.2. Gender

Chart 31 shows the gender breakdown of the economically active population in England, compared to the adult social care workforce. The adult social care workforce continued to be made up of around 83% female workers. Male workers remained in the minority, but proportions were slightly higher in day care (23%) and community care services (24%).

Chart 31. Estimated gender of the adult social care workforce and the economically active population

Source: Skills for Care estimates 2018/2019, Labour Force Survey 2018/19

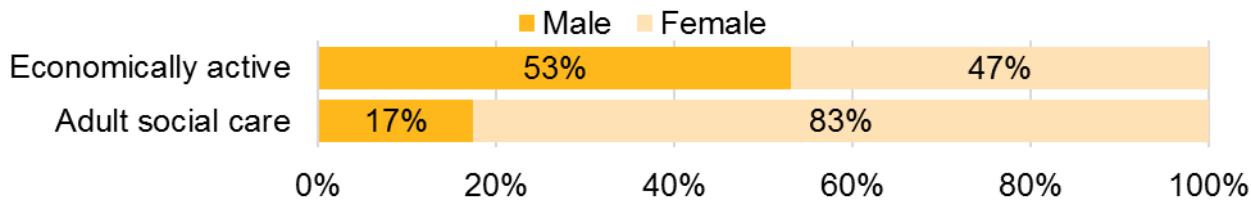
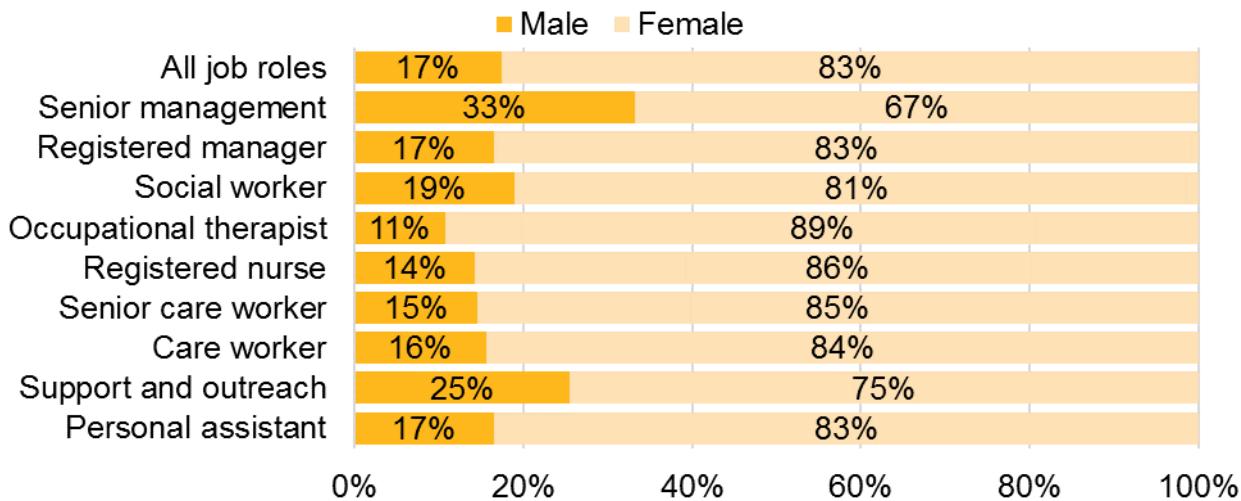


Chart 32 shows the estimated gender split of the adult social care workforce for selected job roles. Gender did not vary significantly between most job roles. However, some variation can be seen, with male workers more likely to be in senior management roles (33%), and support and outreach roles (25%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 11%.

Chart 32. Estimated proportional gender split in the adult social care workforce by selected job roles, 2018/19

Source: Skills for Care estimates



4.3. Age

Chart 33 below shows the age distribution of the adult social care workforce in comparison to the economically active population in England. The age profile of the adult social care workforce was skewed towards the older age bands, with 25% of workers aged 55 and over, compared to 20% of the economically active population.

Chart 33. Estimated age distribution of the adult social care workforce and the economically active population, 2018/19

Source: Skills for Care estimates 2018/2019 and Labour Force Survey 2018/19

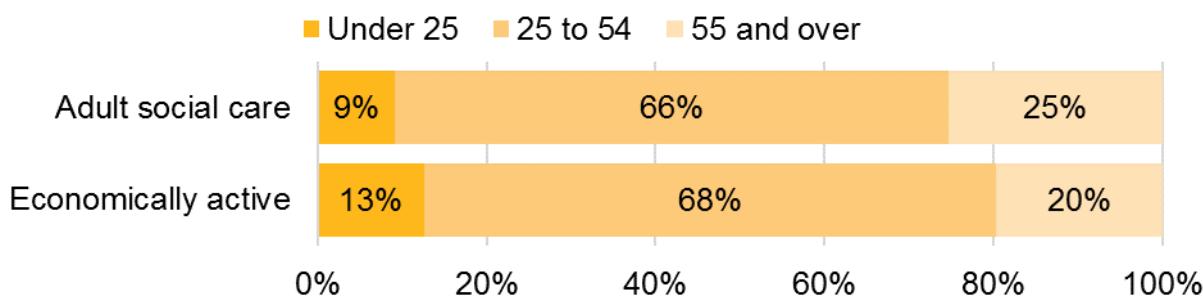
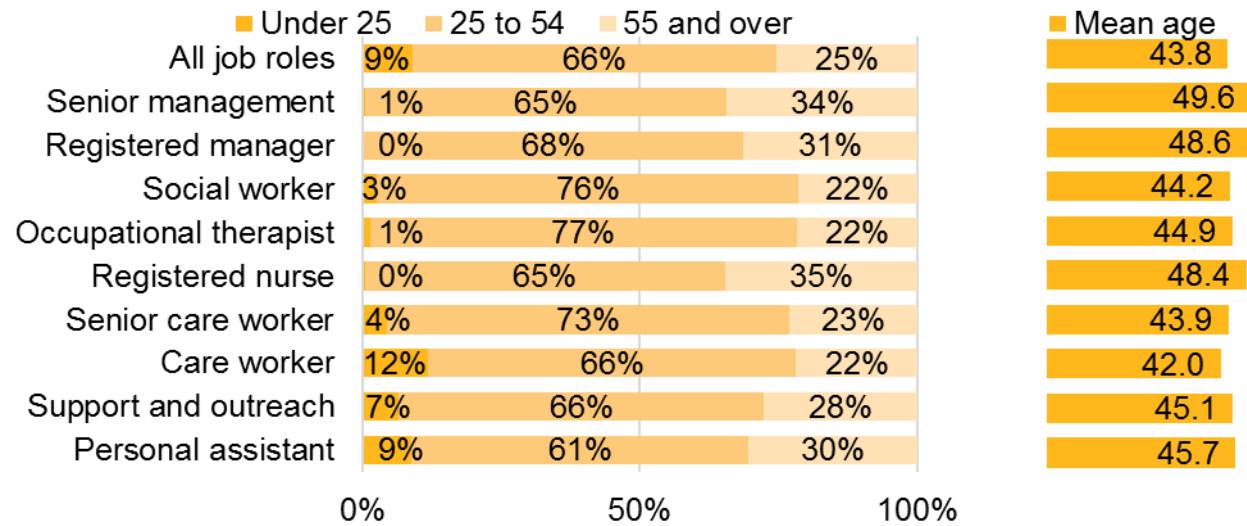


Chart 34 shows the estimated age bands and average age of workers by selected job roles. In the adult social care sector, the average age of a worker was 44 years old. From a workforce planning point of view, workers aged 55 and over may retire within the next ten years. This age category accounted for a quarter of the workforce (25%, or 385,000 jobs).

Care workers had a slightly younger age profile, with 12% being under 25 years old compared to 1% for regulated professional roles. Over a third (35%) of registered nurses were aged 55 or over, with an average age of 48 years old.

Chart 34. Estimated age bands and mean ages of the adult social care workforce by selected job roles, 2018/19

Source: Skills for Care estimates



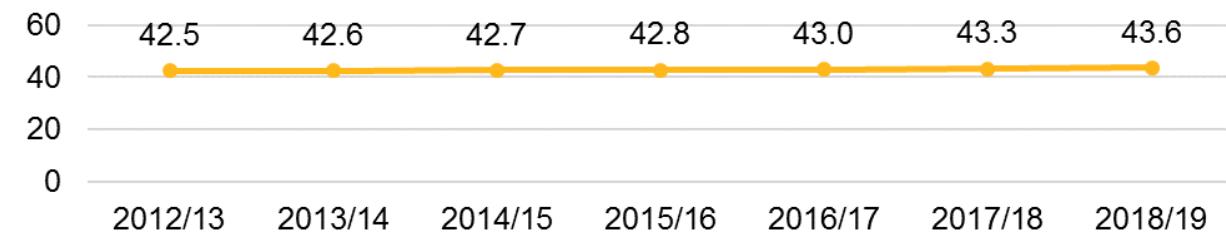
Skills for Care is working in conjunction with the Government and other social care employers to develop a number of initiatives to encourage younger people to join, and remain, in adult social care, for example 'I Care... Ambassadors'⁵⁰, apprenticeships and the 'Every Day is Different' campaign.⁵¹ For further information, please see Chapter 3 – Recruitment and Retention.

4.3.1. Age trends

Chart 35 shows the average age of the adult social care workforce over time. The average age of the workforce rose marginally over the seven-year period. The proportion of workers over 45 years old in the wider economy had also increased over the course of this period, from 40% of the economically active population in 2012/13 to 43% in 2018/19.⁵² This highlights that adult social care is not experiencing a marginally aging workforce exclusively.

Chart 35. Average age trends of the adult social care workforce between 2012/13 and 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates



⁵⁰ www.skillsforcare.org.uk/iCare

⁵¹ www.everydayisdifferent.com

⁵² Office for National Statistics – Annual population survey – regional – labour market status by age.

4.4. Disability

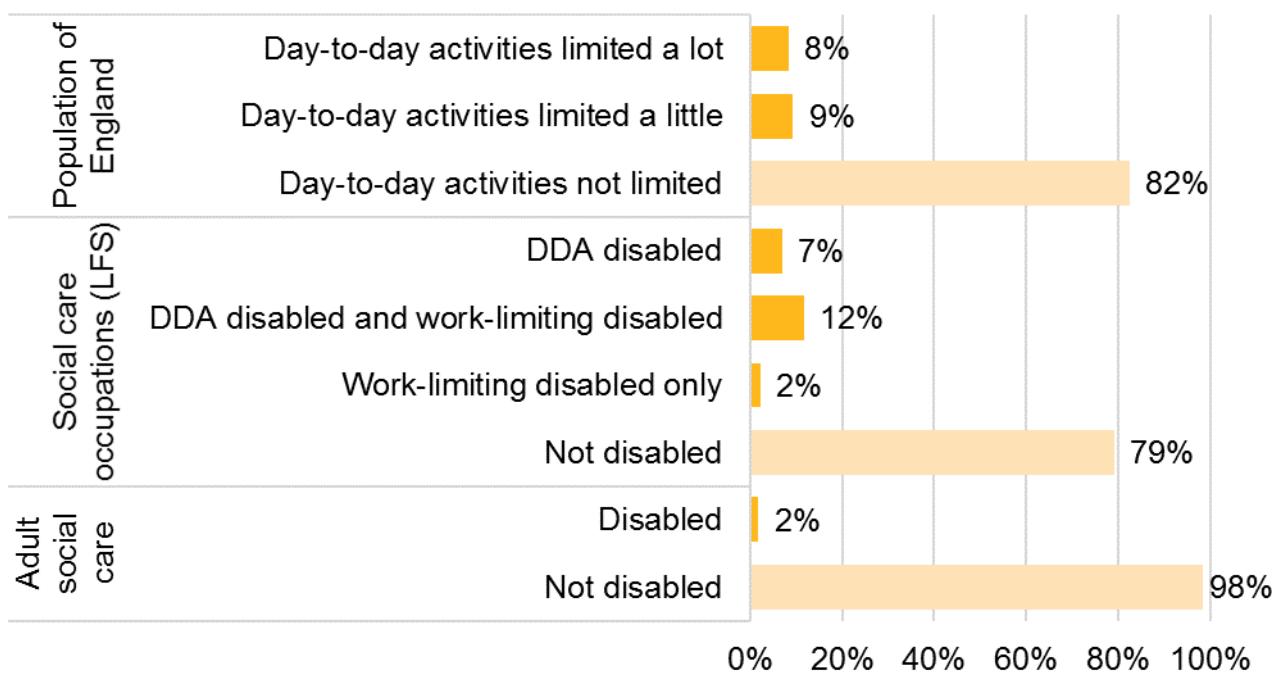
Chart 42 looks at the disability breakdown from three data sources: the population of England (2011 UK census), workers in social care occupations (Labour Force Survey (LFS)) and the Skills for Care workforce estimates for 2018/19.

The 2011 UK census reported that there were 9.1 million disabled people in England (18% of the population). Within social care occupations, the LFS identified 21% of workers as disabled, according to the Disability Discrimination Act 1995 (DDA) definition. The Skills for Care adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The NMDS-SC disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

Also, the LFS and NMDS-SC have different definitions of disability; this could account for some of the variation in results. The NMDS-SC likely only captured the LFS equivalent of ‘work-limiting’ disability.

Chart 36. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status

Source: Skills for Care workforce estimates, 2018/19; UK census, 2011; Labour Force Survey, 2018/19



Skills for Care has undertaken a project with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people working in the social care sector. For further information, please visit the Skills for Care website.⁵³

⁵³ www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruitment-and-retention-of-disabled-people.pdf

4.5. Ethnicity

Chart 37 shows that the ethnic profile of the adult social care workforce (21% Black, Asian and Minority Ethnic (BAME)) was more diverse than the population of England (14% BAME). Workers from Black/African/Caribbean/Black British backgrounds (11%) accounted for almost half of the BAME adult social care workforce. This compares to 3% of the overall population of England.

Chart 37. Estimated proportion of the adult social care workforce and the population of England by ethnicity

Source: Skills for Care workforce estimates 2018/19, Census 2011

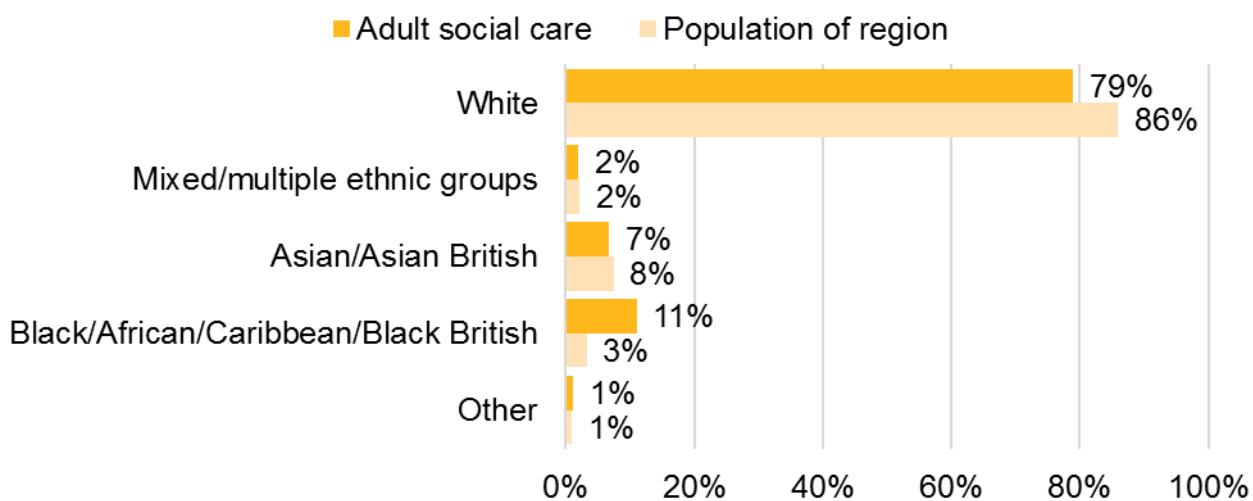


Chart 38 shows the ethnic profile of the adult social care workforce by region. There were large variations by region with London having the most diverse workforce (67% BAME) and the North East the least diverse workforce (4%). In general, these proportions reflect the populations resident in each area. Please note that this information only includes local authorities and the independent sector. Jobs working for direct payment recipients were **not** available at a regional level.

Chart 38. Estimated proportion of the adult social care workforce by ethnicity and region, 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates

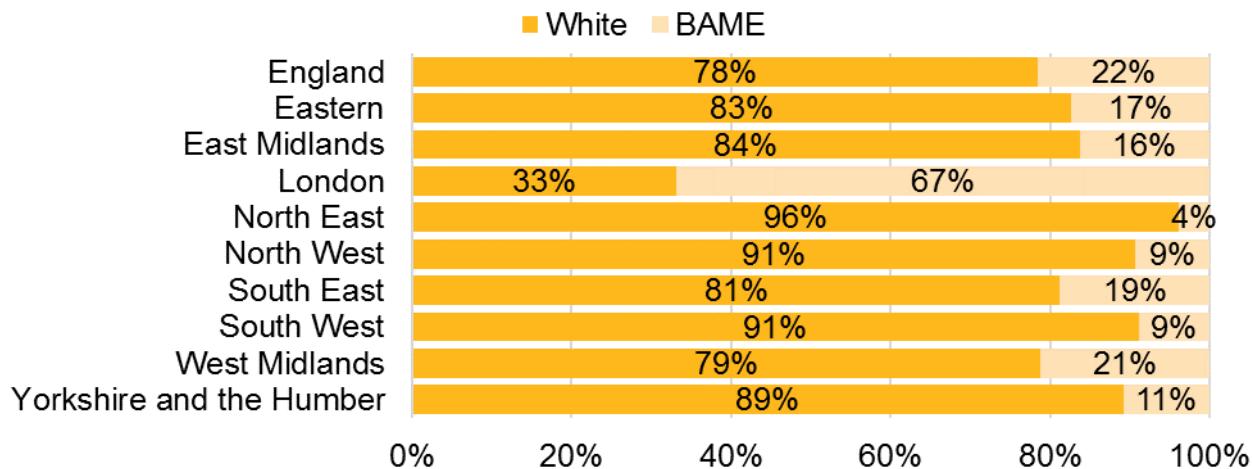
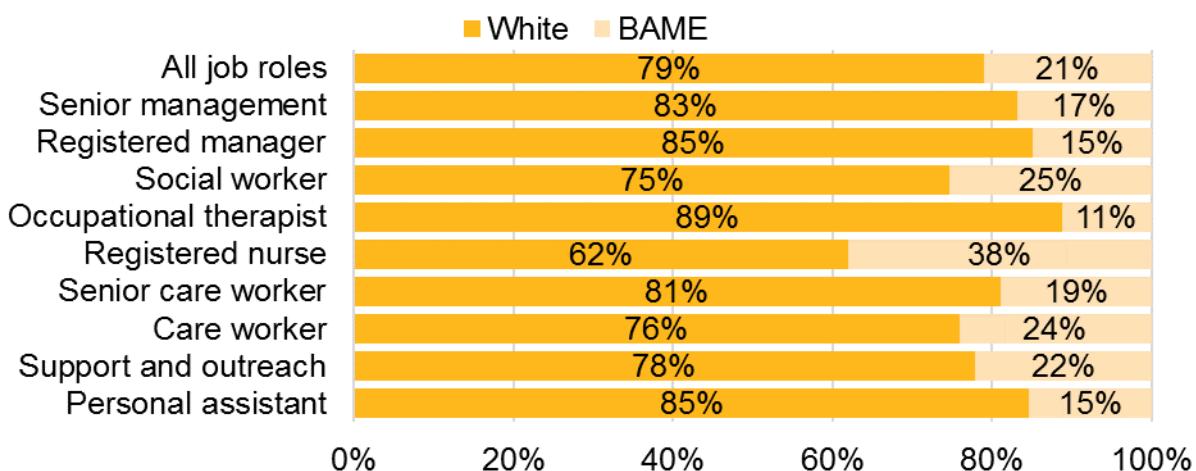


Chart 39 shows ethnic group by selected adult social care job roles. Registered nurses had the highest proportion of workers with a BAME background (38%), whereas occupational therapists had the lowest (11%). Registered managers and senior managers also had a relatively low proportion of those with a BAME background (15% and 17% respectively).

Chart 39. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2018/19

Source: Skills for Care estimates



Skills for Care has developed the ‘Moving Up programme’ in response to the identified need for a more representative leadership profile for BAME social care leaders in the sector. The programme is designed to help individuals to develop the skills to progress their career and to learn from others. For further information, please refer to Skills for Care’s website.⁵⁴

⁵⁴ www.skillsforcare.org.uk/moving-up

4.6. Nationality

Around 84% of the adult social care workforce were British, 8% (115,000 jobs) were of an EU nationality and 9% (134,000 jobs) were of a non-EU nationality. Therefore, on average, the adult social care sector had a slightly greater reliance on non-EU workers than EU workers.

The overall nationality of the adult social care sector (16% non-British) was more diverse than the population of England (8% with no British identity).

Chart 40. Estimated proportion of the adult social care workforce and population of England by nationality

Source: Skills for Care workforce estimates 2018/19, Census 2011

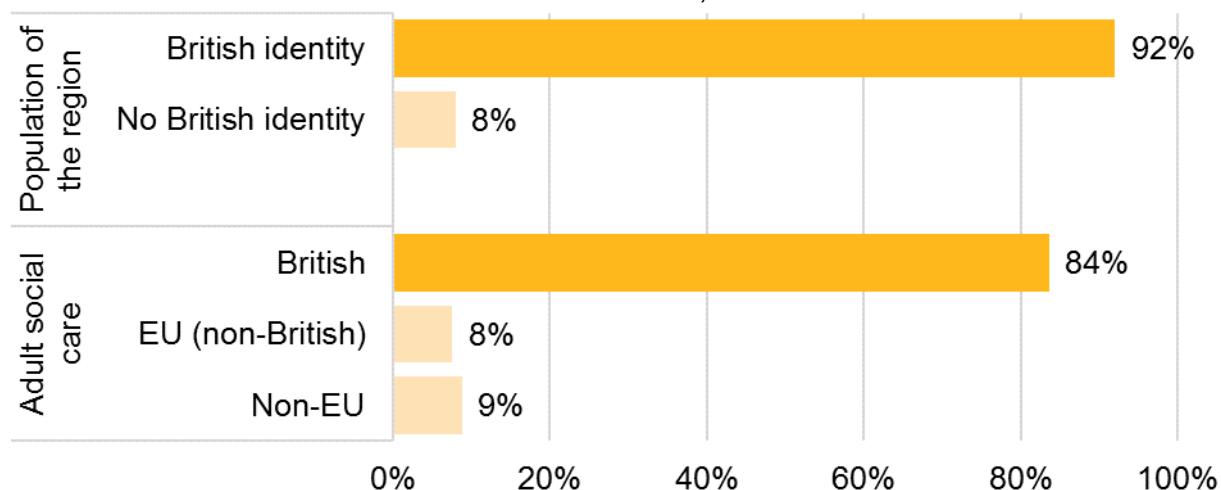


Table 10 and Chart 47 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

Table 10. Estimated number of jobs in the adult social care sector by nationality and job role group, 2018/19

Source: Skills for Care estimates

	British	EU (non-British)	Non-EU
All job roles	1,265,000	115,000	134,000
Managerial	106,000	5,100	6,400
Regulated professions	47,000	8,100	8,700
Direct care	950,000	88,000	109,000
Other	162,000	13,000	9,400

Chart 41. Estimated proportions of the adult social care workforce by nationality and job role, 2018/19

Source: Skills for Care estimates

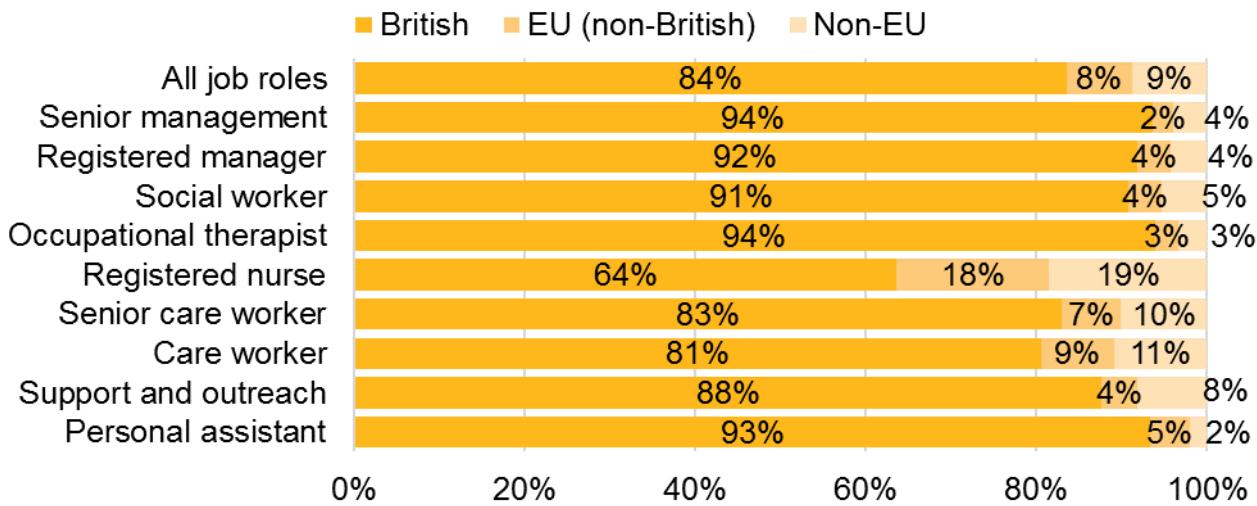
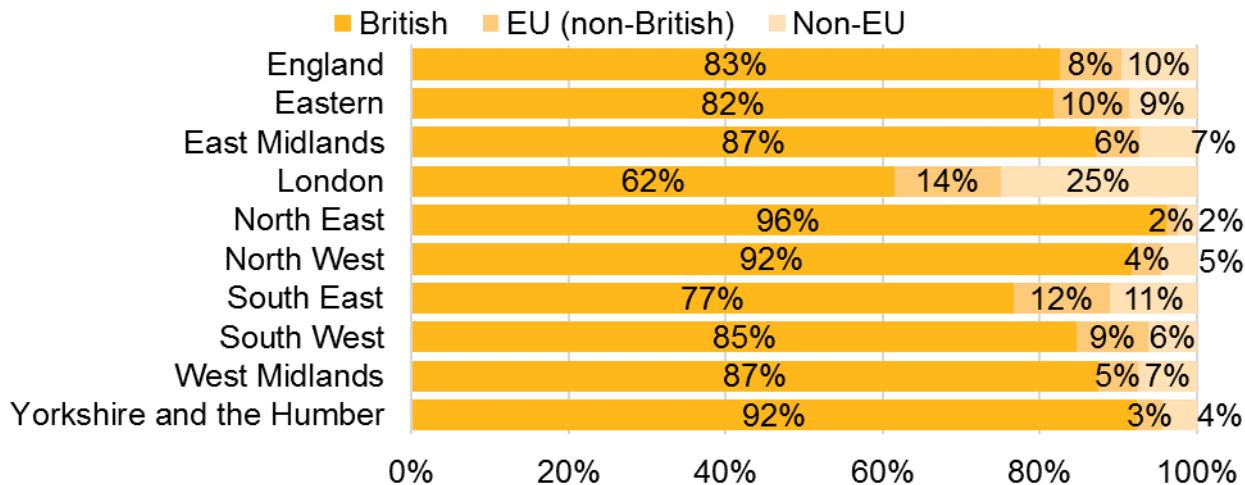


Chart 42 shows that there were regional variations to workforce nationality. The North East, and Yorkshire and the Humber had a relatively low reliance on non-British workers, with similar proportions of EU and non-EU nationalities. London had the highest proportion of non-British workers, followed by the South East. The map also highlights a north/south divide in terms of workforce nationality. Please note that Chart 42 and Map 1 only contain local authority and independent sector information. Information about jobs working for direct payment recipients were not available at regional level.

Chart 42. Estimated proportions of the adult social care workforce by nationality and region, 2018/19 (independent and local authority sectors only)

Source: Skills for Care estimates



Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region, 2018/19

Source: Skills for Care estimates

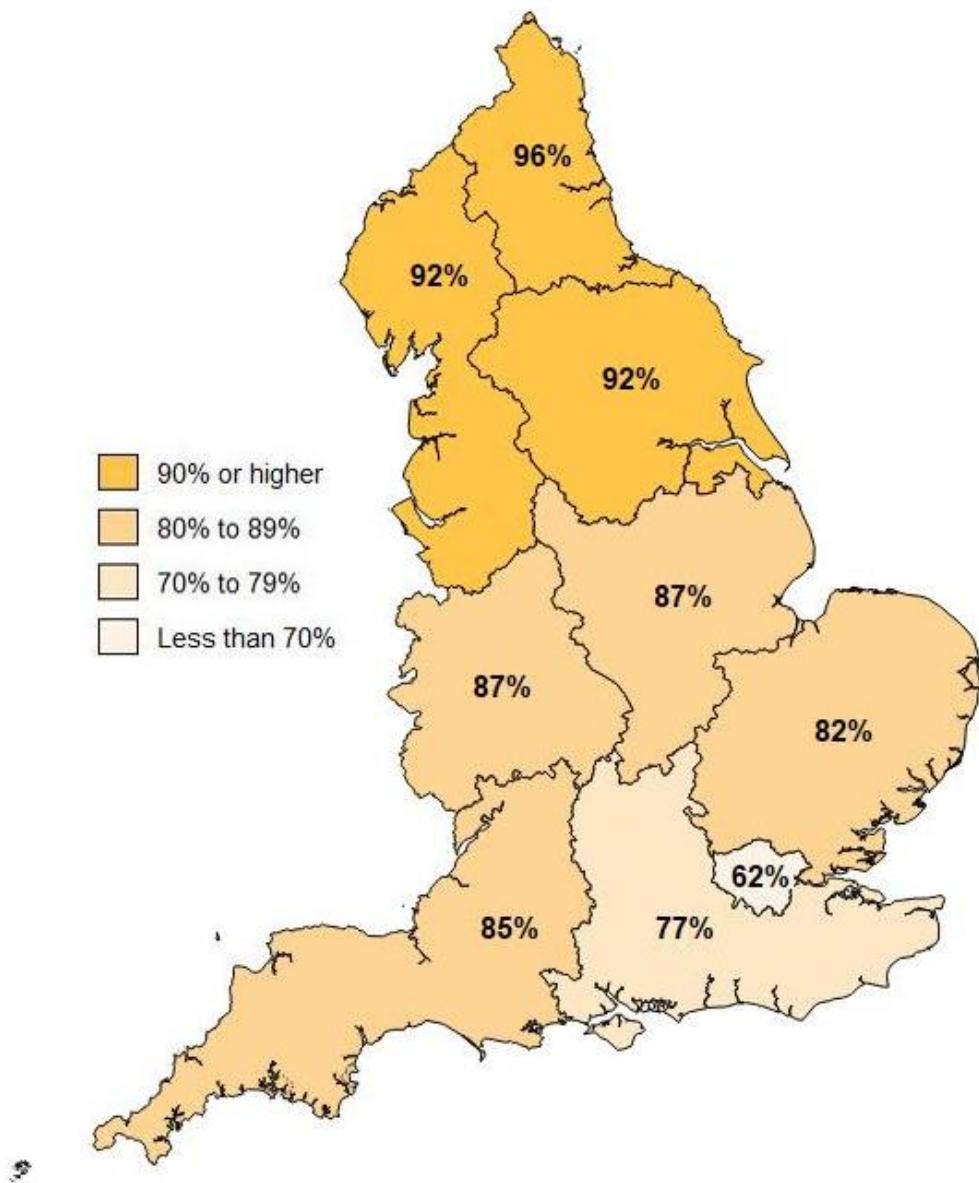
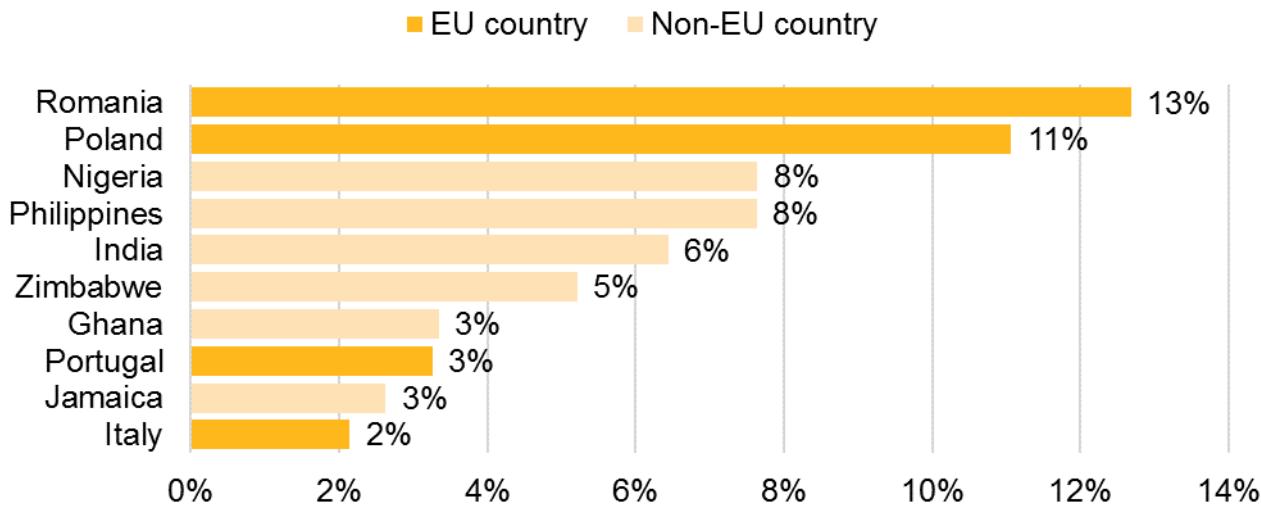


Chart 43 shows data for the top ten nationalities of non-British workers. It is interesting to note that, since 2014, when citizens of Romania could work in the EU without restriction, the proportion of those of Romanian origin working in adult social care moved into the top ten list. In 2018/19, Romanian (13%) was the most common nationality of non-British workers. Polish was the second most frequently recorded nationality, at 11%, while six of the top ten nationalities were from non-EU countries.

The NHS has a slightly lower reliance on EU nationals than adult social care, with 12.7% of NHS staff holding nationalities of a country other than the UK. This includes 5.6% (63,000) who were nationals of other EU countries.

Chart 43. Top ten nationalities of the non-British adult social care workforce

Source: NMDS-SC unweighted data 2018/19



4.6.1. Nationality trends

The following trends are for local authorities and the independent sector only. They **do not include** jobs working for direct payment recipients.

The proportion of the adult social care workforce with a British nationality has remained consistent over the past five years (from 2012/13 to 2018/19), rising from 82% to 83% between 2012/13 and 2013/14, and remaining at 83% thereafter.

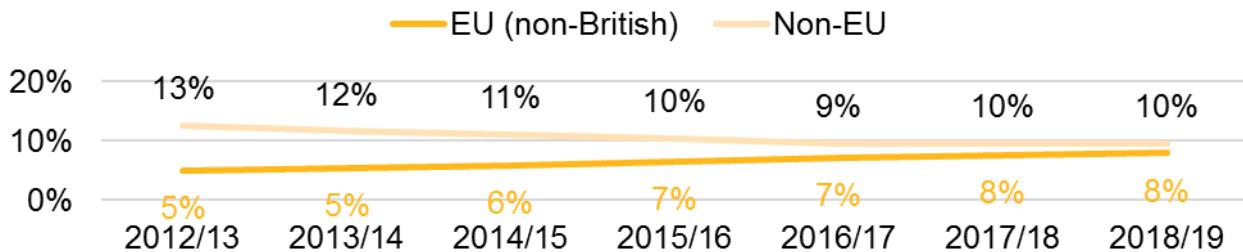
However, the composition of the non-British workforce has changed. Over the period, the proportion of the workforce which held an EU (non-British) nationality had increased three percentage points and those of non-EU nationality decreased three percentage points.

The result of the EU referendum appears, so far, to have had little effect on these trends, with the number of EU nationals in the workforce continuing to rise and the number of non-EU nationals decreasing.

Further evidence from ongoing monthly analysis of the NMDS-SC showed, as of July 2019, that there is no evidence of the number of EU workers decreasing. We will continue to monitor this situation.

Chart 44. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality, 2012/13 to 2018/19

Source: Skills for Care estimates



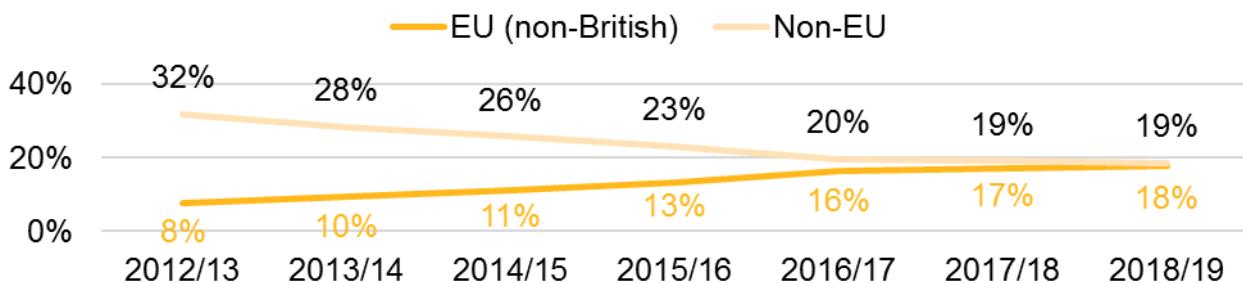
The trend for registered nurses was similar, although more pronounced. The proportion of registered nurses with a British nationality increased four percentage points from 60% in 2012/13 to 64% in 2018/19. The proportion of nurses with a non-EU nationality decreased 13 percentage points over the period, from 32% in 2012/13 to 19% in 2018/19.

This may have arisen as a result of changes to immigration rules: since October 2014 the only route to registration for nurses educated outside of the European Economic Area (EEA) region was through the Nursing and Midwifery Council's two-stage process. This involves significant financial cost and until October 2018 required nurses from outside the EEA to work for at least 12 months after qualifying before they could apply to come and work in the UK.⁵⁵

By comparison, the proportion of nurses with an EU nationality has risen ten percentage points, from 8% in 2012/13 to 18% in 2017/18.

Chart 45. Estimated proportion of registered nurses with EU (non-British) and non-EU nationalities, 2012/13 to 2018/19

Source: Skills for Care estimates



⁵⁵ www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/overseas-nurses-and-midwives

4.6.2. British Citizenship

According to the Government's 'EU Settlement Scheme'⁵⁶ (which, at the time of writing, outlined the Government's intentions for the rights of EU citizens post-Brexit), the rights of EU citizens living in the UK will not change until after 31 December 2020. After this point, EU citizens will have until June 2021 to hold or be in the process of applying for UK immigration status through the EU Settlement Scheme.

EU citizens and their family members who, by 31 December 2020, have been continuously resident in the UK for five years will be eligible for 'settled status', enabling them to stay indefinitely.

EU citizens and their family members who arrive by 31 December 2020 but will not yet have been continuously resident for five years, will be eligible for 'pre-settled status', enabling them to stay until they have reached the five-year threshold. They can then also apply for settled status.

Therefore, if the rules set out in the Settlement Scheme are implemented (negotiations with the EU were ongoing at the time of writing), then all workers with an EU nationality currently working in adult social care will be allowed, if they choose, to continue to work in the UK, provided that they remain living in the UK and do not have any criminal convictions. This is the same for any individual with an EU nationality who moves to the UK between now and December 2020. In the event of a 'No-deal' Brexit, those resident by 31 October 2019 will have until 31 December 2020 to apply to the EU Settlement Scheme.⁵⁷

At the time of writing, 909,300 individuals had applied to the scheme, including 865,700 EU, EEA and Swiss citizens. Although it is not possible to estimate the exact number of people who need to apply, this figure represents around 30% of all EU, EEA and Swiss people living in the UK.⁵⁸

Following the Government's white paper on 'The UK's future skills-based immigration system' in December 2018⁵⁹, the specifics of immigration post-Brexit remain unclear. There could be a significant impact on the supply of workers to the adult social care sector in the future.

The NMDS-SC shows that around 19% of workers with an EU nationality already also have British Citizenship. These 21,000 workers will not have to apply for settled status.

Of people with an EU nationality without British Citizenship, 59% had arrived in the UK either in or prior to 2015 and therefore may have gained, by 2020, the required five years continuous residency required for eligibility for 'settled status'. This equates to around

⁵⁶ EU Settlement Scheme – Accessed 01/08/2019 www.gov.uk/eusettledstatus

⁵⁷ www.gov.uk/government/publications/eu-immigration-after-free-movement-ends-if-theres-no-deal/immigration-from-30-march-2019-if-there-is-no-deal

⁵⁸ commonslibrary.parliament.uk/home-affairs/immigration/the-progress-of-the-eu-settlement-scheme-so-far/

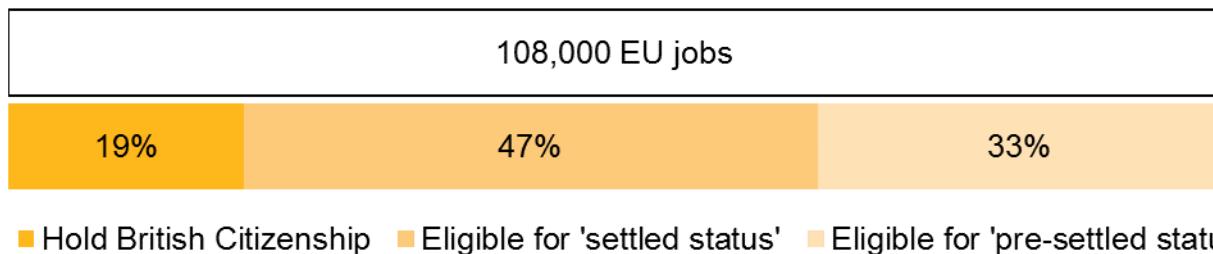
⁵⁹ The UK's future skills-based immigration system. Published 19 December 2018

www.gov.uk/government/publications/the-uks-future-skills-based-immigration-system

51,000 workers. The remaining 33% of workers with an EU nationality will be eligible to apply for 'pre-settled status'.

Chart 46. Estimated proportion of EU workforce by settlement status, 2018/19

Source: Skills for Care estimates



Skills for Care is a member of the Cavendish Coalition. The Coalition, a group of 36 health and social care organisations, is working to ensure that the system is properly staffed after the UK leaves the EU. The group set out what the Government needs to focus on during EU withdrawal negotiations to maintain safe, high quality health and social care services.

The Cavendish Coalition believes it is critical that the Government takes all possible measures to safeguard the future supply of health and social care workers needed to continue delivering safe, high quality care. The Coalition is ready and available to support the Government in a way which allows it to plan a future immigration system which assesses skill levels based on public service value, and ensures excellent, continuous care to communities, patients and residents.

The group submitted evidence to the 'Impact of a no deal Brexit on health and social care' inquiry (23 October 2018) of the Health and Social Care Committee. This included highlighting the coalition's concerns in the event of a 'No-deal' Brexit and the implications this may have for the workforce.⁶⁰

Brexit negotiations were ongoing at the time of writing.

⁶⁰ www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/brexit-health-impact-of-no-deal-inquiry-17-19/publications/

Pay

05

Overview of pay rates in England, as at 2018/19

The information in this chapter was gathered from local authorities as at September 2018 and from independent sector employers between April 2018 and March 2019. Personal assistants working for direct payment recipients returned information in February 2019 as part of a survey conducted by Skills for Care.

Pay rate data was collected at the individual worker level, all annual pay information is full-time equivalent (FTE), based on 37 contracted hours per week being classed as one full-time equivalent job.

- Since the introduction of the mandatory National Living Wage (NLW) on 1 April 2016, care worker pay in the independent sector has increased at a higher rate than previous years. Prior to the National Living Wage, pay rates increased by an average of 14 pence per hour (2.0%) each year (September 2012 to March 2016). The launch of the NLW saw the average hourly rate increase by 33 pence (4.4%) in 2017/18, and then by 27 pence (3.5%) in 2018/19.
- Since the introduction of the NLW, a higher proportion (over 20%) of care workers are paid at the minimum hourly rate (£7.83), compared to over 10% paid at the minimum rate in 2016 (£6.70). The remainder were paid above the NLW rate.
- Care workers in the bottom 10% of the pay distribution gained the most benefit from the introduction of the NLW (an increase of 9.4%), whereas the pay for the top 40% of earners increased at a slower rate.

£30,400

Registered nurse
independent
sector FTE pay

£35,600

Social worker
local authority
sector FTE pay

Personal assistant
for direct payment
recipients *mean*
hourly pay

£9.27

Care worker
independent
sector *mean*
hourly pay

£8.30

5.1. Introduction

The NMDS-SC collects pay data for both annual and hourly rates. The NMDS-SC also collects information about workers' contracted hours. The information in this section shows full-time equivalent (FTE) average salaries. Pay data was converted into FTE annual salaries using an average working week of 37 hours (the full-time equivalent). Hourly pay data was also converted into annual salaries, based on the full-time equivalent. Converting pay in this way allows for the pay of full-time and part-time workers to be compared.

The data used in this analysis was gathered from independent sector employers between April 2018 and March 2019 and local authority sector employers as at September 2018. Personal assistants working for direct payment recipients returned information in February 2019 as part of a survey conducted by Skills for Care.

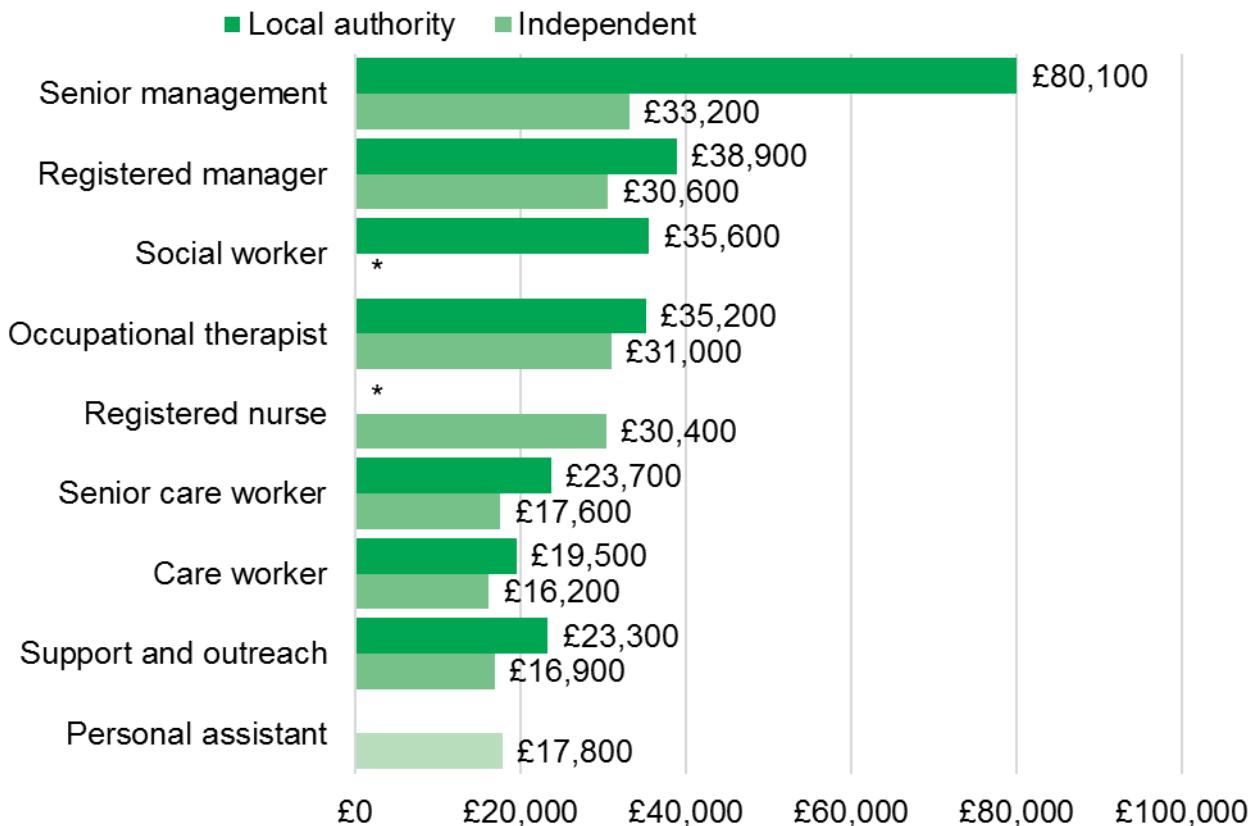
5.2. Full-time equivalent annual pay

Chart 47 shows mean FTE annual pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Registered nurses were paid a mean annual salary of £30,400 in the independent sector. This average was slightly higher than NHS band 5 (£23,000 to £29,600) at which newly qualified nurses start in the NHS, but lower than NHS band 6 (£28,000 to £37,300).

Chart 47. Estimated full-time equivalent mean annual pay rate by selected job roles, 2018/19

Source: Skills for Care estimates



*As there were only an estimated 200 registered nurses working in the local authority sector in England, and only 5% of social workers were employed within the independent sector, these pay rates are not included here.

5.2.1. Annual pay trends for regulated professionals

This section focuses on annual pay trends of selected professionals since 2011/12, making comparisons between ‘nominal’ and ‘real-term’ pay rates.

‘Real-term’ means that pay rates have been adjusted to take inflation into account and have been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in prices as at March 2019.

‘Nominal’ pay is not adjusted for inflation and shows the actual pay rates as they were at the time.

As an example, a worker's wage may have increased by 2% in a year. However, if inflation also rises by 2% then the worker will be no better off as a result of the pay rise; the nominal pay rise was 2%, but in 'real-terms' it was zero.

Chart 48 shows that the nominal average pay for each selected professional job role increased steadily from 2011/12 to 2018/19. Registered nurses in the independent sector had the highest increase, from £23,400 in 2011/12 to £30,400 in 2018/19. This equated to a 30% increase in annual pay over the seven-year period. In local authorities, pay for occupational therapists increased by 14% over the period from £30,900 in 2011/12 to £35,200 in 2018/19, and social worker pay increased by 9% from £32,600 to £35,600.

Chart 48. Nominal annual pay trends of selected professional roles between 2011/12 and 2018/19

Source: Skills for Care estimates

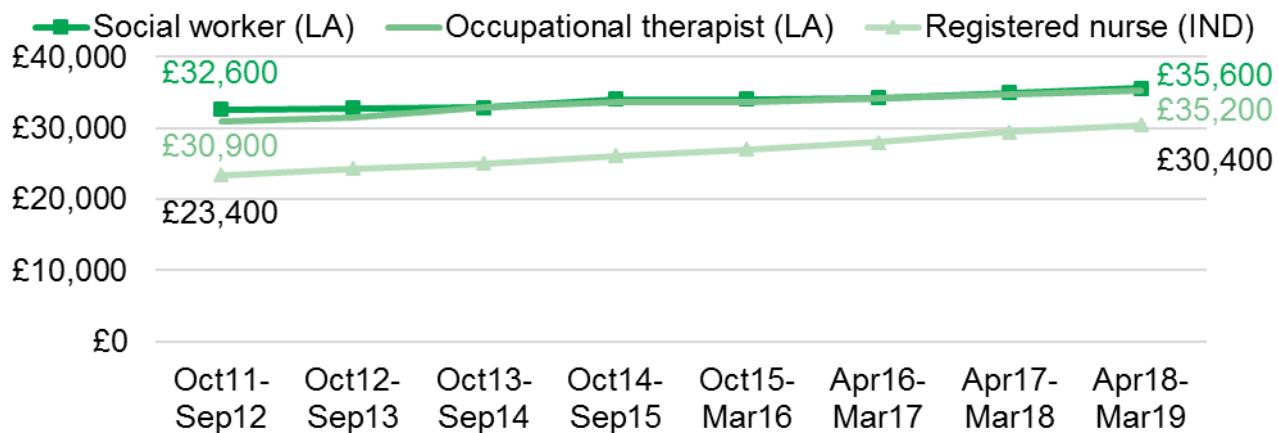
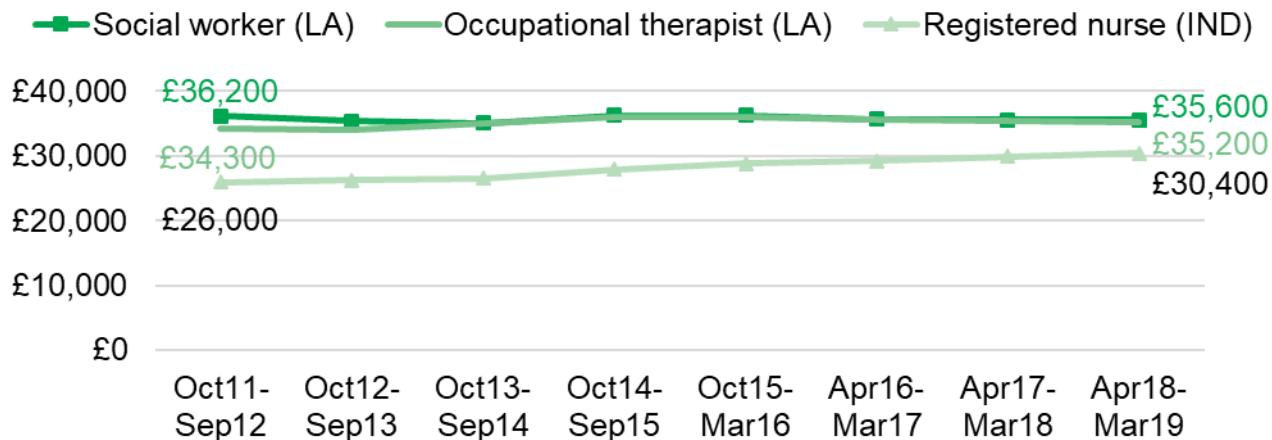


Chart 49 shows the 'real-term' annual pay rates of selected professionals between 2011/12 and 2018/19. Social workers in the local authority sector had a small 'real-term' pay decrease between 2011/12 and 2018/19, which means that the nominal increase shown in Chart 48 above was not enough to outweigh the rise in inflation during that period.

Occupational therapists had an overall increase in real-term pay by 3% over the seven-year period, although this was largely due to a sharp increase initially between 2012/13 and 2014/15. Registered nurse 'real-term' pay increased in each of the seven years and saw their highest increase of 5% between 2013/14 and 2014/15. Over the whole period, registered nurse 'real-term' pay has increased by 17%.

Chart 49. 'Real-term' annual pay trends of selected professional roles between 2011/12 and 2018/19

Source: Skills for Care estimates



5.3. Care worker hourly pay

Please note that this section refers to *median* hourly rates of care workers in the **independent sector only**, using data from the NMDS-SC, captured in line with changes to the National Living Wage (NLW).

The NLW is set by the Government and is the amount of money per hour all employed workers aged 25 and over are legally entitled to. It was first introduced on 1 April 2016 at £7.20 per hour, before increasing to £7.50 on 1 April 2017 and to £7.83 on 1 April 2018. The NLW increased again on 1 April 2019 to £8.21, and the Government has set a target for it to reach 60% of median earnings by 2020 (currently estimated by the Low Pay Commission⁶¹ (LPC) at £8.62 per hour for April 2020).

The Real Living Wage is separate to the National Living Wage (NLW) and is set by the charity Living Wage Foundation⁶² each November. This is a voluntary scheme which employers can sign up to; the hourly rate is independently calculated to reflect the basic cost of living. The current rate, announced in November 2018, is £10.55 in London and £9.00 for the rest of the UK.

⁶¹ www.gov.uk/government/publications/national-minimum-wage-low-pay-commission-2018-report

⁶² www.livingwage.org.uk/what-real-living-wage

Table 11. Timescale of the National Living Wage and Real Living Wage

Time period	Referred to as	National Minimum Wage / National Living Wage	Real Living Wage - UK/London (announced each November)
Oct 11 to Sep 12	2011 NMW	£6.08 (NMW)	£7.20 / £8.30
Oct 12 to Sep 13	2012 NMW	£6.19	£7.45 / £8.55
Oct 13 to Sep 14	2013 NMW	£6.31	£7.65 / £8.80
Oct 14 to Sep 15	2014 NMW	£6.50	£7.85 / £9.15
Oct 15 to Mar 16	2015 NMW	£6.70	£8.25 / £9.40
Apr 16 to Mar 17	2016 NLW	£7.20 (NLW introduced)	£8.45 / £9.75
Apr 17 to Mar 18	2017 NLW	£7.50	£8.75 / £10.20
Apr 18 to Mar 19*	2018 NLW	£7.83	£9.00 / £10.55
Apr 19 to Mar 20	2019 NLW	£8.21	To be announced Nov 2019

*Data in this section gathered as at March 2019.

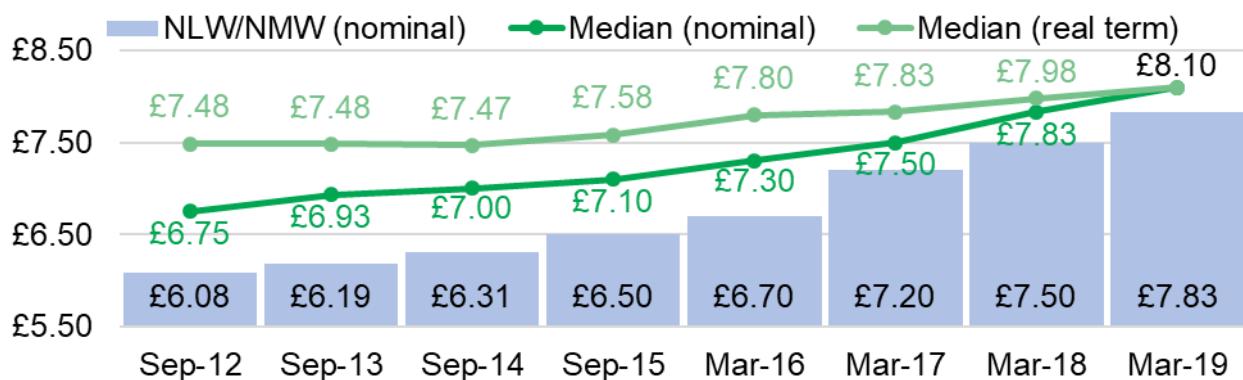
Chart 50 looks at the trend of care worker median hourly pay rates since September 2012, in both 'nominal' and 'real-term' pay rates. 'Nominal' pay shows the pay rates as they were at the time. 'Real-term' rates are adjusted to take inflation into account (calculated using the Consumers Price Index (CPI), the official measure of inflation of consumer prices in the UK) and are expressed in 2019 prices.

The nominal median care worker hourly rate increased steadily from £6.75 in September 2012 to £8.10 in March 2019. This was equivalent to a 20% increase in pay. However, in real terms, pay decreased by one penny between September 2012 and September 2014, before increasing each subsequent year to March 2019. **In real terms, the average care worker is 62 pence per hour better off than they were in September 2012.**

The median hourly rate in March 2019 was 27 pence higher than the NLW. Between September 2012 and March 2016, the nominal median hourly rate increased by an average of 14 pence per year. After the NLW, this increased to an average of 27 pence per year, highlighting the impact of the higher NLW on average rate changes each year.

Chart 50. Care worker nominal and real-term median hourly rate trend, 2012 to 2019, independent sector only

Source: Skills for Care estimates

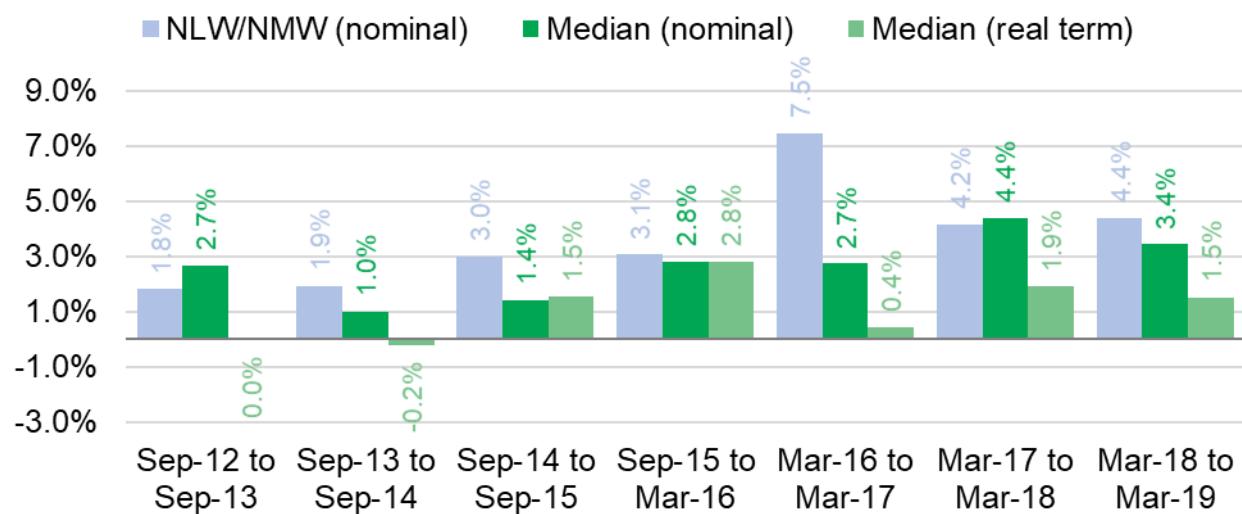


In April 2018, the NLW rose from £7.50 to £7.83 (4.4% in nominal terms). This increase contributed to a 3.4% increase in the median nominal care worker hourly rate from March 2018 to March 2019. This was the second highest increase over the recorded time period, exceeded only by the 4.4% increase between March 2017 and March 2018.

Chart 51 below shows that this led to the median hourly rate increasing, in real terms, by 1.5% between March 2018 and March 2019. This was compared to an average of 1.1% per year since September 2012. Given that NLW is estimated to reach £8.62 per hour by April 2020, it is likely that care workers will see both nominal and real-term increases for at least another year.

Chart 51. Percentage change in median care worker hourly rate and NMW/NLW, independent sector only

Source: Skills for Care estimates



The information above shows that the care worker hourly rate has increased in nominal terms for the previous seven years. This increase has been greater since the introduction of the National Living Wage, but the impact has varied depending on where each care worker falls within the range of pay rates offered in the adult social care sector.

Chart 52 shows the nominal care worker hourly rate change across the percentile distribution, where p10 refers to the bottom 10% of earners, p50 is the median earner and p90 refers to the top 10% of earners.

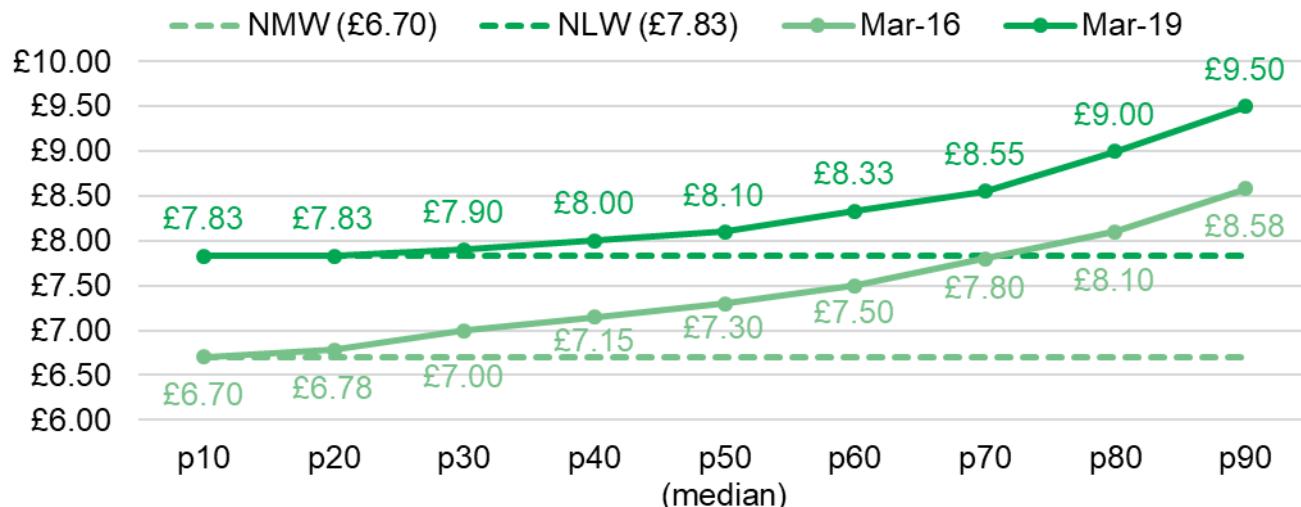
The chart shows that, since the introduction of the NLW (March 2016 to March 2019), a higher proportion (over 20%) of care workers were paid at the minimum rate, compared to 10% paid the minimum rate in 2016.

The median hourly rate for a care worker in the independent sector was £8.10 as at March 2019, with around a quarter (24%) being paid the 2018 NLW rate of £7.83 or less.

The hourly rate difference between a top 10% earner (£9.50) and a bottom 10% earner (£7.83) was £1.67 per hour.

Chart 52. Care worker nominal median hourly rate distribution as at March 2016 and March 2019, independent sector only

Source: Skills for Care estimates

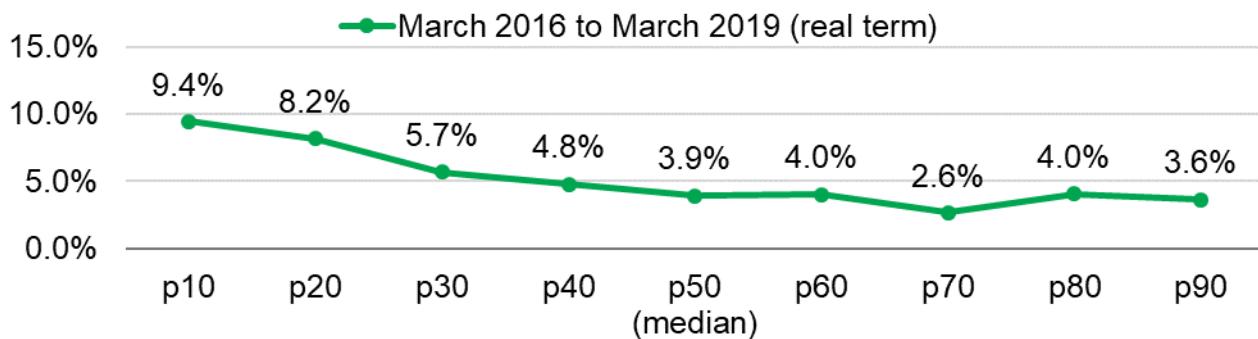


It will be challenging for employers to continue to reward those workers with higher levels of experience, greater responsibilities, or those who are more qualified than are already paid above the NLW rate.

Since the introduction of the NLW, Chart 53 below shows that, in real terms, care workers in the bottom 10% of the pay scale gained the most benefit from the introduction of the NLW (an increase of 9.4% after inflation). This was much larger than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 3.6% increase in real-term pay over the period.

Chart 53. Real-term care worker hourly rate change by percentile from March 2016 to March 2019, independent sector only

Source: Skills for Care estimates

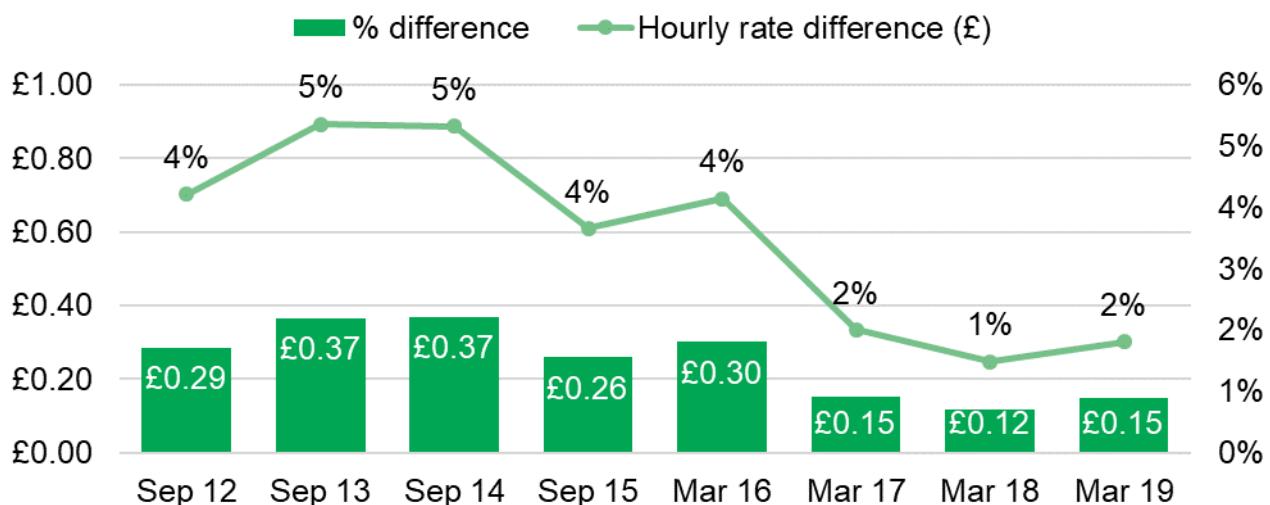


With the increasing wage floor, some social care organisations have not been able to maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers and higher paid staff receiving slower pay growth.

Chart 54 compares care worker pay based on their experience in the adult social care sector. Prior to March 2017, care workers with five or more years of experience in the sector could expect an hourly rate which was around 26 pence to 37 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to between 4% and 5% higher. However, since March 2017, the experience pay gap had almost halved to just 15 pence (or 2%) per hour by March 2019.

Chart 54. Average care worker pay by experience in the sector (less than one year versus five years or more)

Source: NMDS-SC unweighted data



It will be challenging for employers to continue to reward workers with higher levels of experience, greater responsibilities, or those who are more qualified that are already paid above the NLW rate.

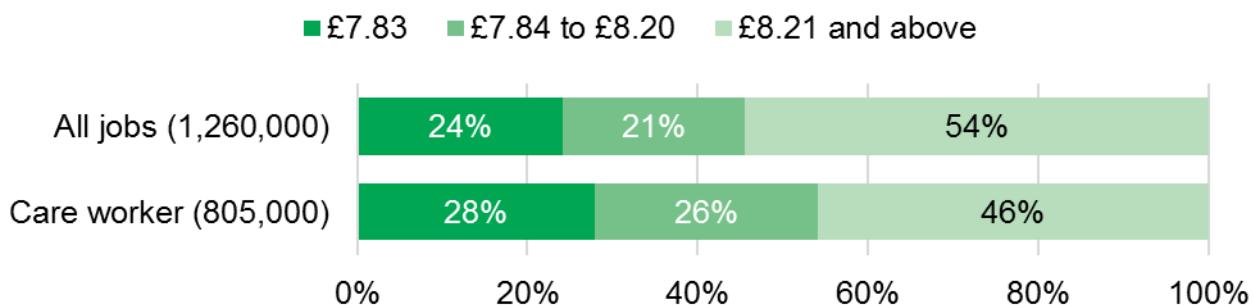
5.4. The impact of the National Living Wage from April 2019 (£8.21)

On 1 April 2019, the mandatory NLW for workers aged 25 and above increased to £8.21. Chart 55 shows that, as at March 2019, just under half (46%) of independent sector workers were paid less than the upcoming mandatory NLW rate (£8.21). This equates to around 575,000 jobs being directly affected by the subsequent increase in the NLW.

Many of the 54% of workers (685,000) who were already paid on or above the 2019 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained.

Chart 55. Hourly pay distribution of workers prior to the 2019 NLW

Source: Skills for Care estimates



5.5. Comparison with other sectors

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since the ‘First Report of the Low Pay Commission’ on the National Minimum Wage in 1998, until the ‘Low Pay Commission report 2018’⁶³ (using results provided by Annual Survey of Hours and Earnings (ASHE)).

The introduction of, and subsequent increase in, the NLW will have the most significant impact on the lowest paying sectors. Unless the higher paying sectors can increase wages at the same rate, adult social care will become proportionally closer to these other sectors in terms of pay. As the NLW rate continues to increase, more sectors are likely to begin to cluster close to the NLW rate. This could reduce the issue of pay as a barrier to entering the adult social care workforce. However, it could equally mean that jobs in other sectors with low pay will grow closer in pay to social care jobs than they were before. Skills for Care will continue to monitor the impact of this on recruitment and retention.

For more information on pay, please see our “Pay in the adult social care sector, September 2019” report.⁶⁴

⁶³ www.gov.uk/government/publications/national-minimum-wage-low-pay-commission-2018-report

⁶⁴ www.skillsforcare.org.uk/pay

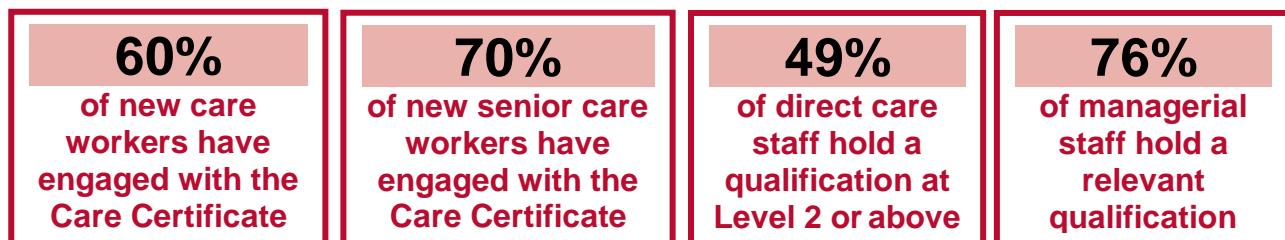
Qualifications and training

06

Overview of qualification and training information, 2018/19

Skills for Care believes that all those working in adult social care should be able to take part in learning and development, to enable them to carry out their roles effectively. This will help develop the right skills and knowledge to provide high quality care and support.

- Over two thirds (68%) of direct care-providing staff that started in the sector since January 2015, had engaged with the Care Certificate.
- Around half of the direct care-providing workforce (49%) held a qualification at Level 2 or higher.
- The most popular areas of training received were within the categories of moving and handling (75%), safeguarding adults (71%) and health and safety (63%).



6.1. Introduction

The following sections include information about the Care Certificate, the qualifications held, the training and skills of the adult social care workforce.

Skills for Care identifies the benefits of workers holding qualifications as:

- Quality service - completing qualifications leads to highly skilled and competent workers providing high quality care and support.
- Safety - training and qualifications in the key areas of health and safety provide reassurance about workers confidence and competence.
- Value for money - qualification achievements contribute considerable added value and assist in workforce planning for the organisation.
- Retention - workers who receive structured learning and development feel valued and supported and are more likely to remain in their posts.

6.2. Care Certificate

The Care Certificate was launched in April 2015 and replaced the Common Induction Standards (CIS). The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same level of introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It:

- is applicable to job roles across the health and social care sectors
- links to National Occupational Standards and units in qualifications
- covers what is required to be caring and gives workers a good basis from which they can develop their knowledge and skills further.

Information about the number of workers who have achieved or are working towards the Care Certificate has been collected since April 2015. For further information about the Care Certificate, please visit the Skills for Care website.⁶⁵

Although the Care Certificate is available to all, the main demographic it is aimed at is workers who are new to social care. Chart 56 shows engagement with the Care Certificate for direct care-providing workers who had started in the sector since January 2015. Over two thirds (68%) of these direct care staff have engaged with the Care Certificate (either having completed the Care Certificate, were in the process of doing so, or having partially completed it). Engagement was highest in domiciliary care services, where 75% of care workers had achieved, were in the process of completing, or had partially completed the Care Certificate.

Chart 56. Care Certificate status of direct care-providing workers new to the sector since January 2015

Source: NMDS-SC raw data 2018/19

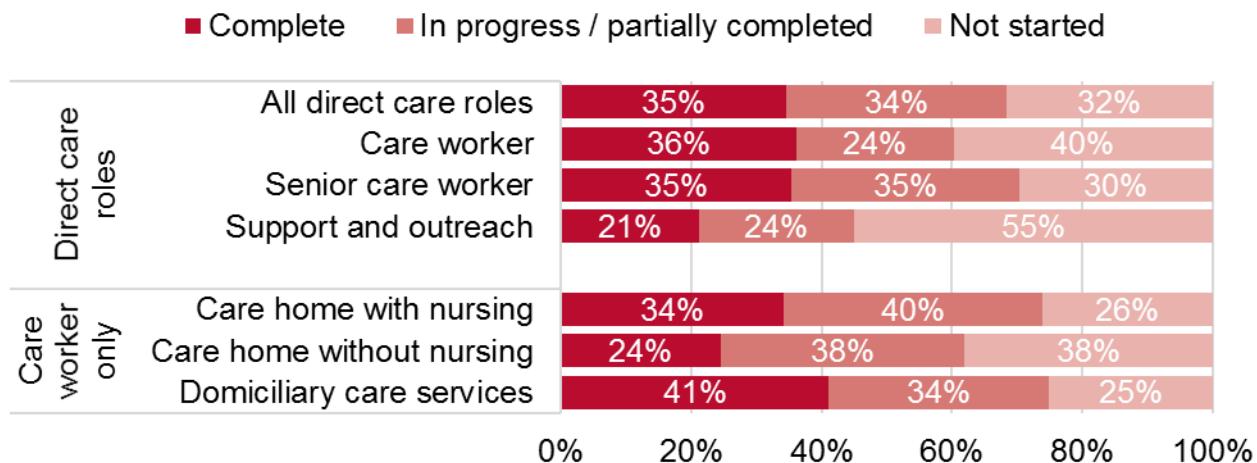
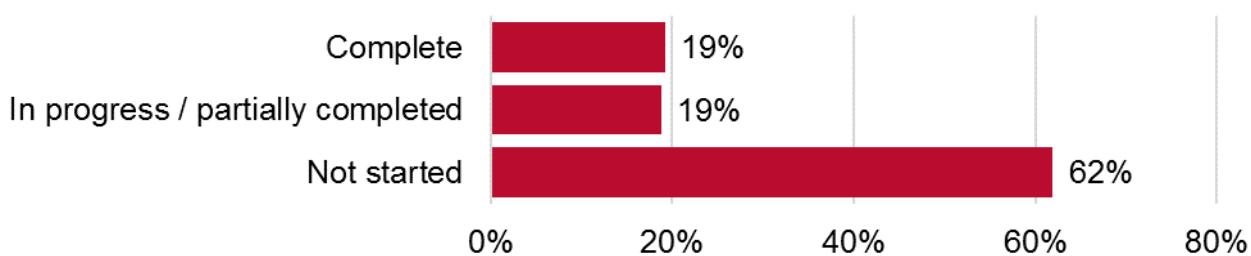


Chart 57 shows that 38% of the *total* adult social care workforce had achieved or were working towards achievement of the Care Certificate. Around two thirds (62%) of the adult social care workforce had not started or were not engaged with the certificate.

Chart 57. Estimated proportion of the adult social care workforce by Care Certificate status, 2018/19

Source: Skills for Care estimates



⁶⁵ www.skillsforcare.org.uk/CareCertificate

6.3. Qualifications held

This section looks at the highest level of qualifications held by adult social care staff. Please note that professional roles are not included in the analysis below because they must be qualified to perform their roles, e.g. social worker, registered nurse or occupational therapist.

Around half of the adult social care workforce held a *relevant* social care qualification (49%), while 51% had no relevant social care qualifications recorded. It should be noted that such qualifications may not necessarily be required of staff who do not provide direct care (including ancillary, and administrative staff, etc.).

Chart 58. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professionals), 2018/19

Source: Skills for Care estimates

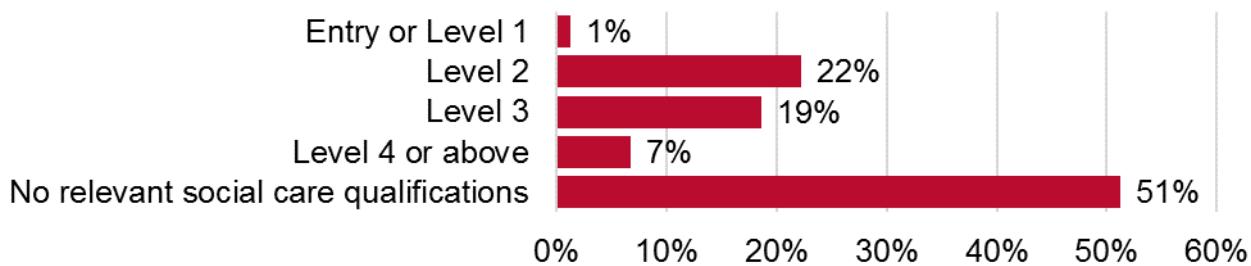


Chart 59 shows the highest qualification level held by job role group. As might be expected, direct care-providing staff were more likely to be qualified at Level 2 and Level 3 (45%), while those in managerial roles were more likely to be qualified at Level 3 and Level 4 (68%).

Chart 59. Estimated highest social care qualification level of the adult social care workforce by job role group, 2018/19

Source: Skills for Care estimates

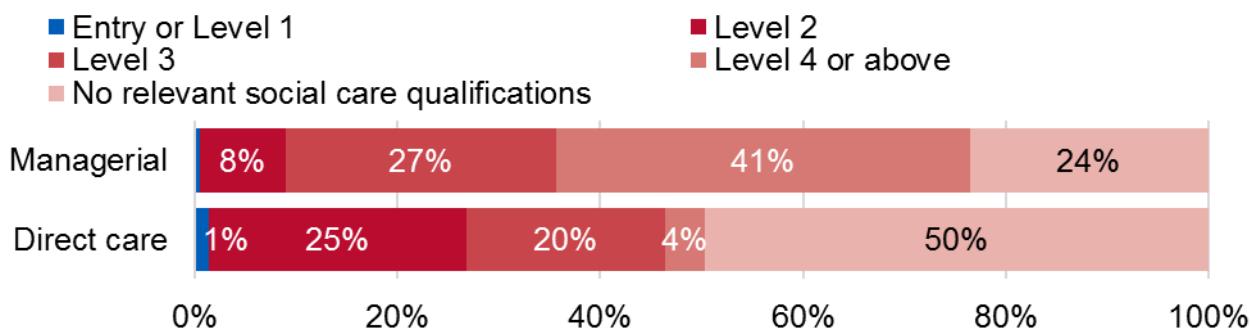
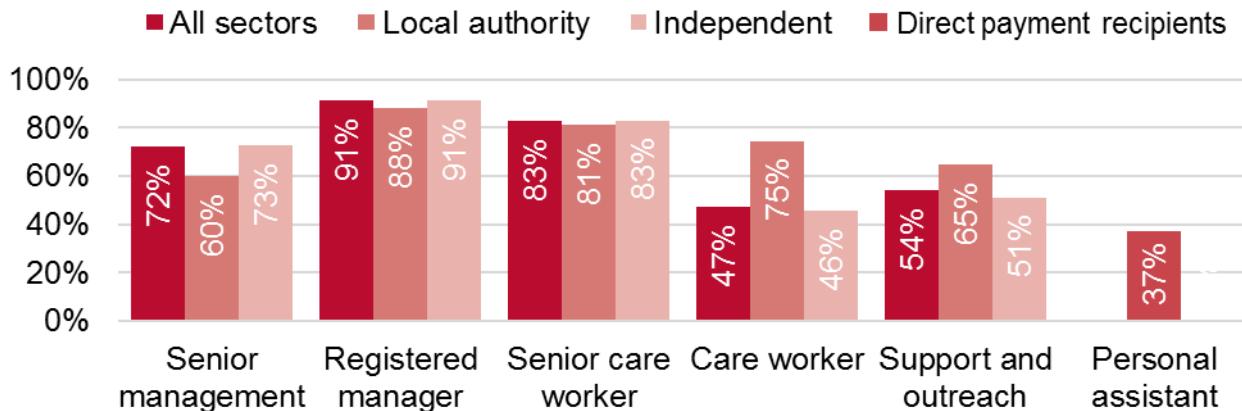


Chart 60 shows the proportion of workers who had achieved social care qualifications at Level 2 or above for selected job roles, split by sector. Around four in five (83%) senior care workers were recorded as having a social care qualification at Level 2 or above, as were 47% of care workers. This proportion was markedly lower for personal assistants (37%). Workers who were recorded as holding no relevant social care qualifications may

have completed an induction, the Care Certificate or training relevant to their role (see Section 6.6).

Chart 60. Estimated proportion of workers with a social care qualification at Level 2 or above, by selected job role and sector, 2018/19

Source: Skills for Care estimates



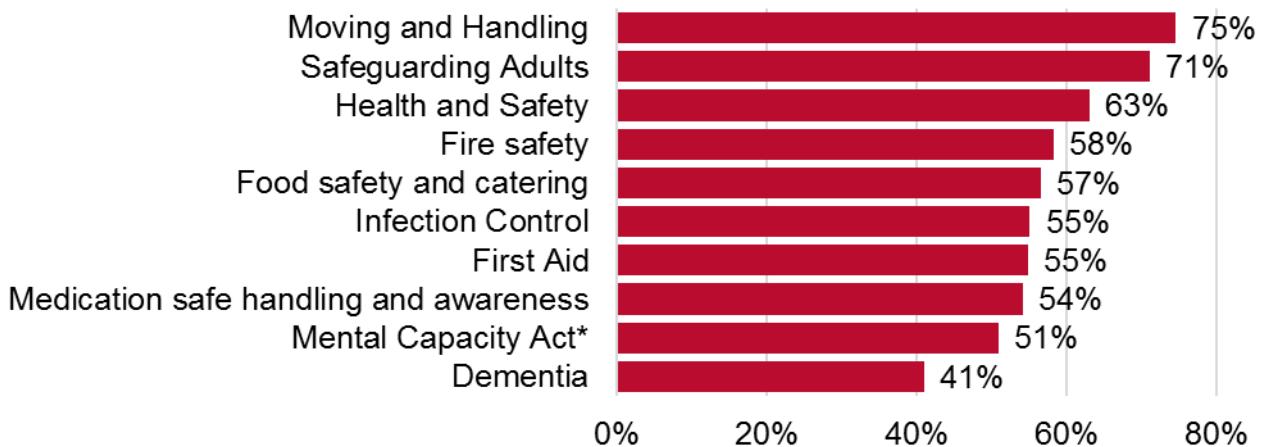
6.4. Training

Employers can record training data in addition to accredited qualifications. At the time of writing, there were 23 training categories under which any training can be recorded.

Chart 61 is based on all workers at establishments with training data recorded. The most common areas of training were 'moving and handling' (75%) and 'safeguarding adults' (71%).

Chart 61. Top 10 categories of training recorded in NMDS-SC

Source: NMDS-SC unweighted data 2018/19



*Mental Capacity Act and Deprivation of Liberty safeguards

6.5. Career progression in adult social care

Skills for Care is working with the Department of Health and Social Care to promote careers in the adult social care sector. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles and opportunities for progression. A career in adult social care can offer progress, job security, and an enormous sense of personal achievement. For more information, please see the 'Every Day is Different' campaign.⁶⁶

The NMDS-SC was used to observe the career progression of workers in adult social care between 2010 and 2019. Chart 67 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

For ancillary staff, the most common pathway was to care worker, and then to senior care workers or a supervisory role. Senior care workers or supervisors were most likely to move into first line managerial or registered manager roles. Regulated professional workers can progress within their individual roles and were also observed to move into managerial posts. Registered nurses generally progressed to registered manager roles, whilst social workers and occupational therapists moved into senior manager roles within their local authority.

Skills for Care's 'Aspiring and new registered managers' briefing⁶⁷ noted that 70% of respondents were offered their first registered manager post by an existing employer. Skills for Care has developed several resources to support registered managers in their career progression.⁶⁸ Registered managers have one of the highest age profiles of any adult social care jobs (31% of registered managers are aged 55 or over); there will be increasing demand to train new managers to fill the vacancies created by those retiring in the coming years.

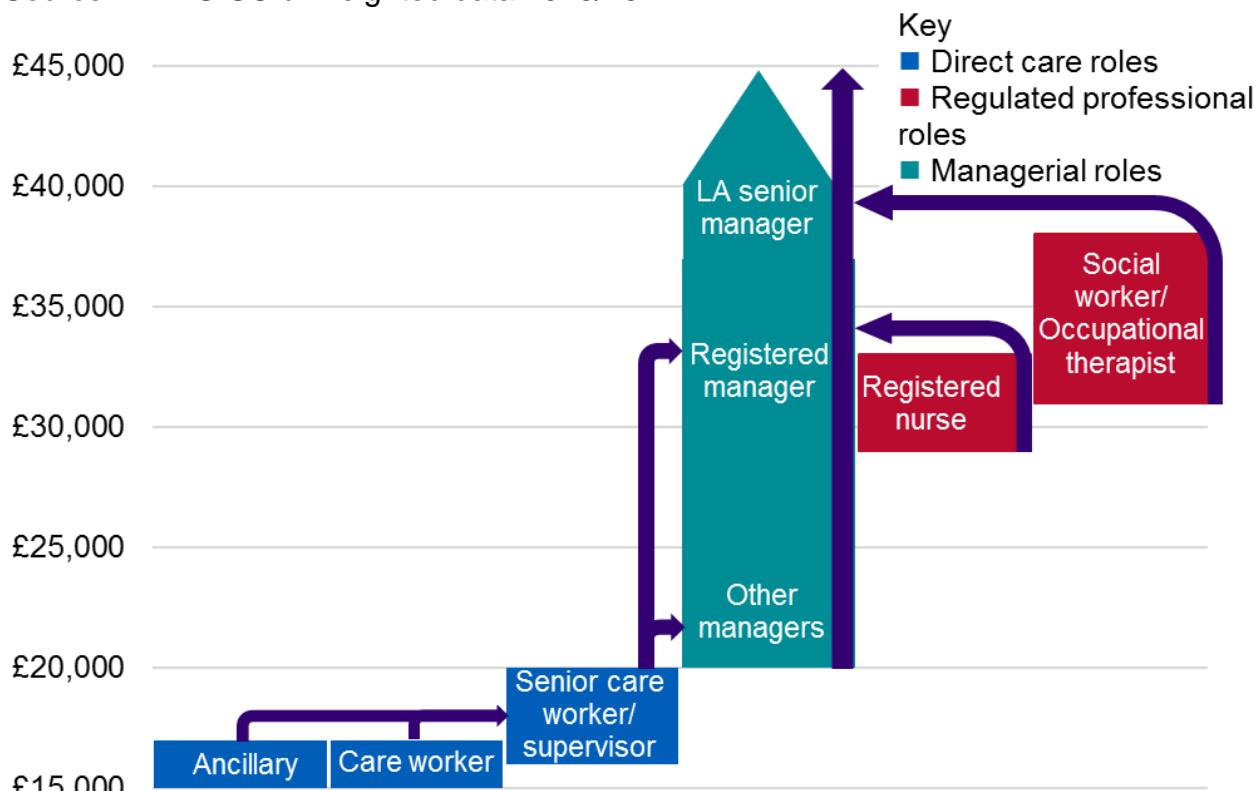
⁶⁶ www.everydaysdifferent.com

⁶⁷ Skills for Care – Survey of registered managers: What do registered managers do, and who are they?, Skills for Care, 2018

⁶⁸ www.skillsforcare.org.uk/registeredmanagers

Chart 62. Career progression in adult social care

Source: NMDS-SC unweighted data 2018/19



£10,000

- Pay ranges represent the 25th and 75th full-time equivalent percentiles for these roles.
- Movement between roles has been identified by tracking anonymised national insurance numbers in NMDS-SC over time.

6.6. Skills, training and experience

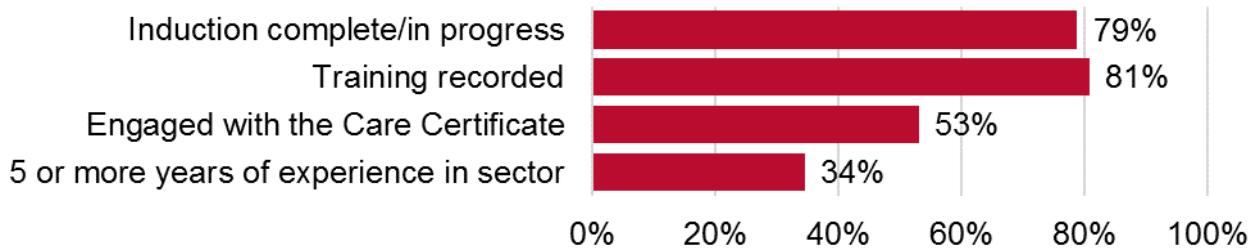
Section 6.3 reported that approximately half of the direct care-providing workforce (50%) held a *relevant* social care qualification. This section looks at the skills, training and experience of those 50% that did not hold a relevant qualification at the time of the data collection.

Chart 63 shows that, of direct care-providing workers without a relevant social care qualification, 79% had completed an induction, 53% had engaged with the Care Certificate, 81% had completed training and 34% had more than five years of experience in the adult social care sector. As found in the ‘Secrets of success’ report⁶⁹, employers rate a worker with values and behaviours that are well-suited to the care profession as being of high importance, often more so than formalised qualifications. Those without formalised qualifications may continue to add value to the adult social care sector as a result of their training and experience.

⁶⁹ www.skillsforcare.org.uk/randr

Chart 63. Skills, training and experience of direct care-providing workers without a relevant social care qualification

Source: NMDS-SC unweighted data 2018/19



6.7. Apprenticeships in adult social care

Apprenticeships are periods of paid employment that include on and off-the-job training, in combination with studying for recognised qualifications. Under the reformed system of apprenticeship standards, it is no longer mandatory to include qualifications, although the adult social care standards do require these. An apprenticeship can be undertaken to gain knowledge and skills specific to a sector or as a valuable programme of training.

Benefits of apprenticeships include:

- Employers creating and managing tailored apprenticeship programmes to meet the needs of their business.
- They are a cost-effective and low-risk way to approach growing the workforce and helping to improve the recruitment and retention of staff.
- Giving apprentices the opportunity to gain work experience, achieve nationally recognised qualifications and earn a wage.

There were three apprenticeship standards open to enrolments in 2018/19. These were the Adult Care Worker (Level 2) for frontline staff helping adults with care and support needs, Lead Adult Care Worker (Level 3) for workers who take on the additional responsibilities of supervising others and exercising judgement and accountability and Social Worker (Level 6) which allows apprentices to gain an approved degree, as well as eligibility to join the Health and Care Professions Council (HCPC) register of social workers.

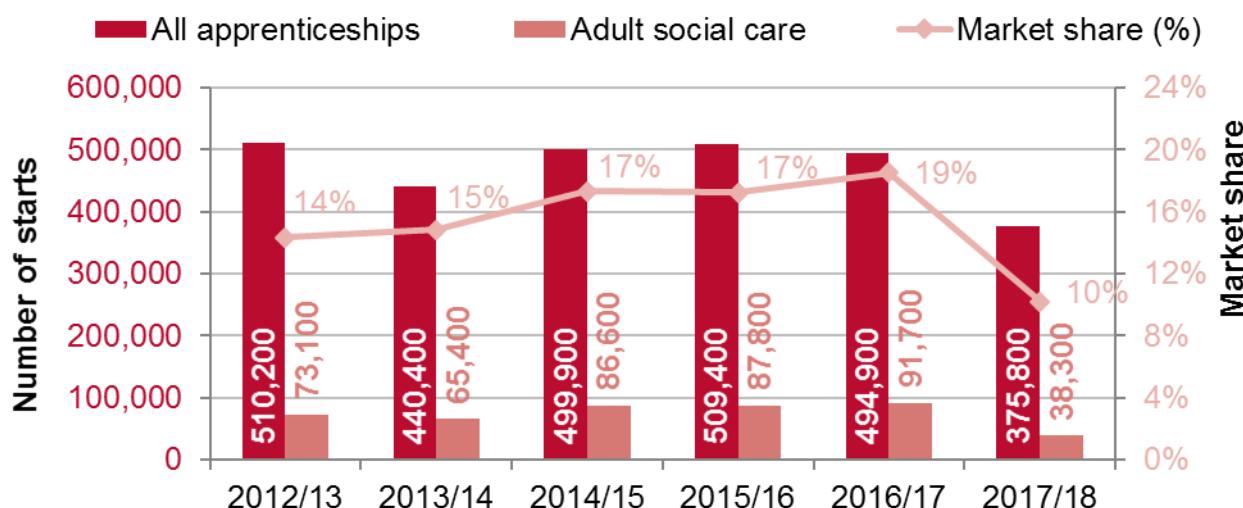
The first two standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, which closed to enrolments at the end of December 2017. The Social Worker Apprenticeship Degree was launched in November 2018.

Currently in development are two additional standards. These are the Lead Practitioner in Adult Care (Level 4), which offers the opportunity to gain specialist skills and knowledge of conditions experienced by adults in social care, and Leader in Adult Care (Level 5), for those with responsibility for managing community-based or residential services and for ensuring regulatory compliance of the services provided. These Level 5 standards will ultimately replace the current framework, 'Care Leadership and Management', which will be closed to enrolments in December 2019.

Over 38,000 people started a social care apprenticeship in 2017/18, which was a decrease of 58% compared to the previous year. Contributing factors to the decrease included the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starts in other sectors has also fallen, the decrease in social care was more pronounced and the ‘market share’ of adult social care apprenticeship starts decreased from 19% in 2016/17 to 10% in 2017/18. The recently launched Adult Care Worker and Lead Adult Care Worker standards showed consistent growth in participants throughout 2017/18.

Chart 64. Number of apprenticeships starts and market share

Source: Education and Skills Funding Agency



The total number of people participating in a social care apprenticeship throughout 2017/18 was around 126,700, with around 73,200 participants in any given month. These figures include those who started apprenticeships in previous years.

Around 71,800 participants finished their apprenticeship in 2017/18. Of those that finished, around 69% had achieved their learning aim, 30% withdrew and less than 1% transferred to another provider or did not achieve their learning aim. These proportions were similar to the previous year.

Around 73% of those that finished the social care pathways of the Health and Social Care framework had achieved their learning aim; a slightly higher rate than for Care Leadership and Management, at 69%.

For further information about Apprenticeships in adult social care, please see the ‘Think Care Careers’ website.⁷⁰ For a detailed report on apprenticeships in adult social care please see the focused report on the Workforce Intelligence website.⁷¹

⁷⁰ www.skillsforcare.org.uk/Careers-in-care/Starting-your-career/Apprenticeships/Thinking-of-doing-an-apprenticeship.aspx

⁷¹ www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Apprenticeships.aspx

Workforce forecasts

07

Overview of projections of the adult social care workforce

This section presents demand-based projections for the size of the adult social care workforce between 2018 and 2035. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

The population aged 65 and above is projected to grow from 10.2 million to 14.1 million between 2018 and 2035

Based on growth of the population aged 65 and above, by 2035 the sector may need 580,000 new jobs (36% growth)

Based on growth of the population aged 75 and above, by 2035 the sector may need 800,000 new jobs (50% growth)

This chapter brings together adult social care workforce estimates and population projection information to forecast the number of adult social care jobs that may be needed to meet demand in the future.

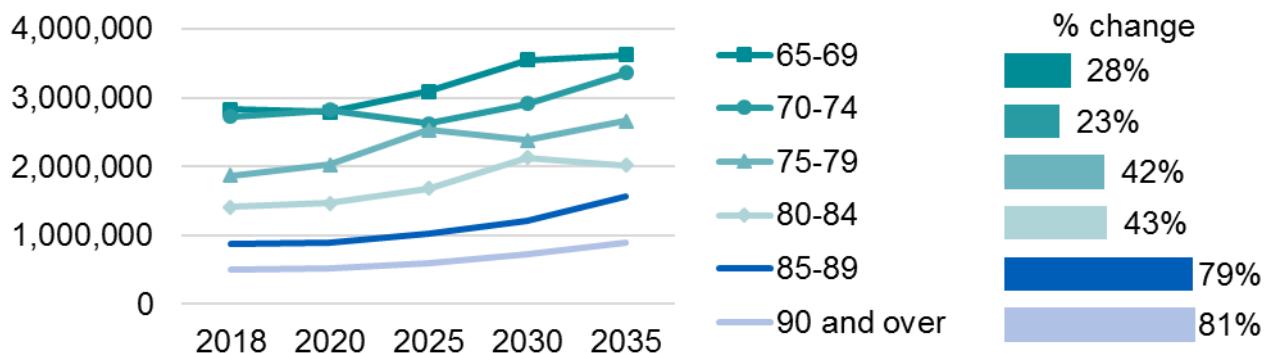
7.1. Population statistics 2018-2035

The 'Projecting Older People Population Information System' (POPPI)⁷² uses figures taken from Office for National Statistics data to project forward the population by age bands. The information in this section includes information about the population aged 65 and over from 2018 to 2035.

POPPI shows that the number of people aged 65 and above is projected to increase between 2018 and 2035 from 10.2 million to 14.1 million people in England, an increase of around 38%. The number of people aged 18-64 with a learning disability, mental health needs or a physical disability is also projected to increase over the period.⁷³

Chart 65. Estimated population aged 65 and above in England, 2018 to 2035

Source: Projecting Older People Population Information



⁷² Projecting Older People Population Information, www.POPPI.org.uk

⁷³ Projecting Adult Needs and Service Information, www.PANSI.org.uk

7.2. Relationship between population projections and jobs

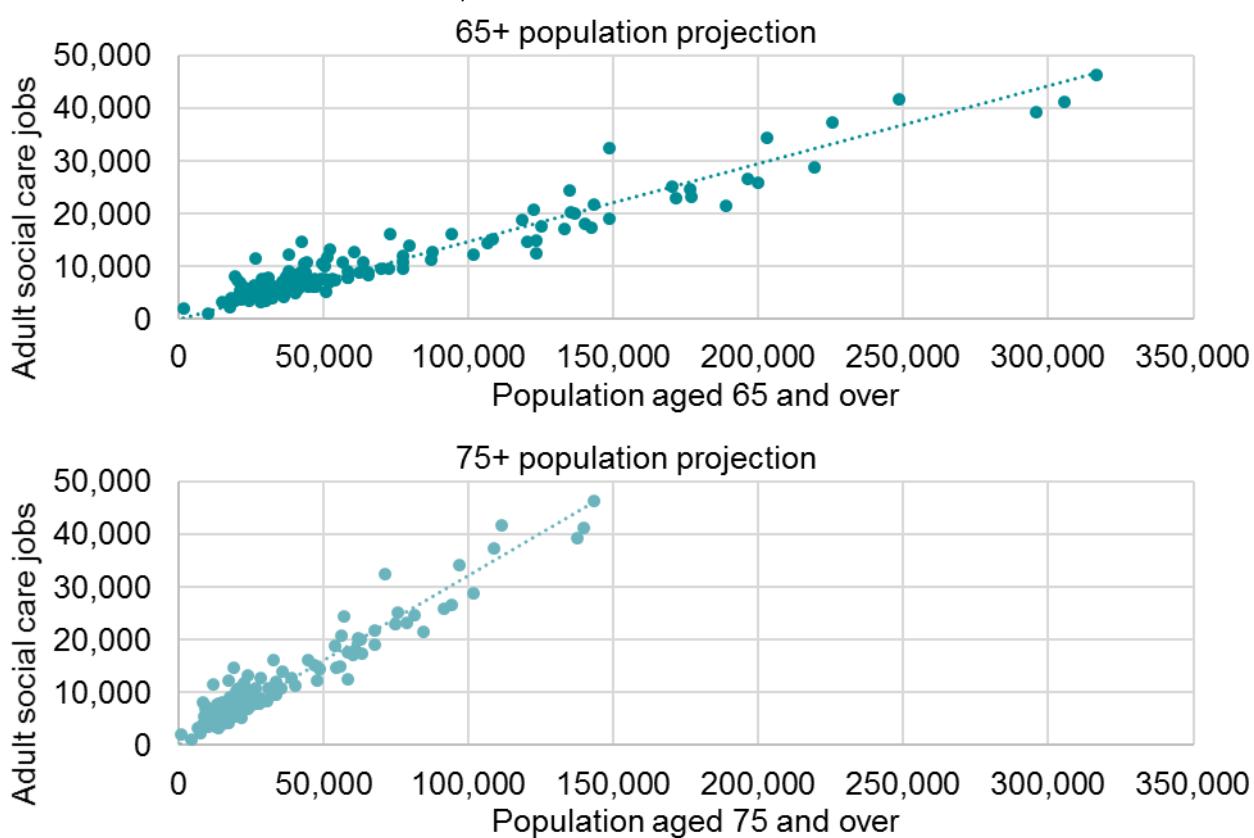
This section presents demand-based projections for the size of the adult social care workforce between 2018 and 2035. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

These projections use models that compare the number of adult social care jobs in each local authority area in England with the corresponding number of people aged 65 and over, or aged 75 and over, in the population. These two factors were found to be strongly correlated (on average, the more people aged 65 and over, or 75 and over, in an area, the larger the adult social care workforce was found to be). These relationships are demonstrated in the charts below, in which each dot represents a local authority area and each dotted line represents the relationship between the two factors.

The 'Aged 65 and over' model shows that, on average in 2018, for every seven people aged 65 and over in the population, one adult social care job was required. The 'Aged 75 and over' model shows that, on average in 2018, for every three people aged 75 and over in the population, one adult social care job was required.

Chart 66. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2018

Source: Skills for Care estimates, POPPI information



7.3. Workforce forecasts between 2018 and 2035

The models above were then applied to POPPI estimates of the number of people aged 65 and over, and 75 and over, in 2020, 2025, 2030 and 2035 to create a forecast for the number of adult social care jobs required going forward.

Table 12 and Chart 67 show the results of the models. The models project that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then a 36% increase (580,000 new jobs) will be required by 2035. If the workforce grows proportionally to the number of people aged 75 and over in the population, then a 50% increase (800,000 new jobs) will be required by 2035.

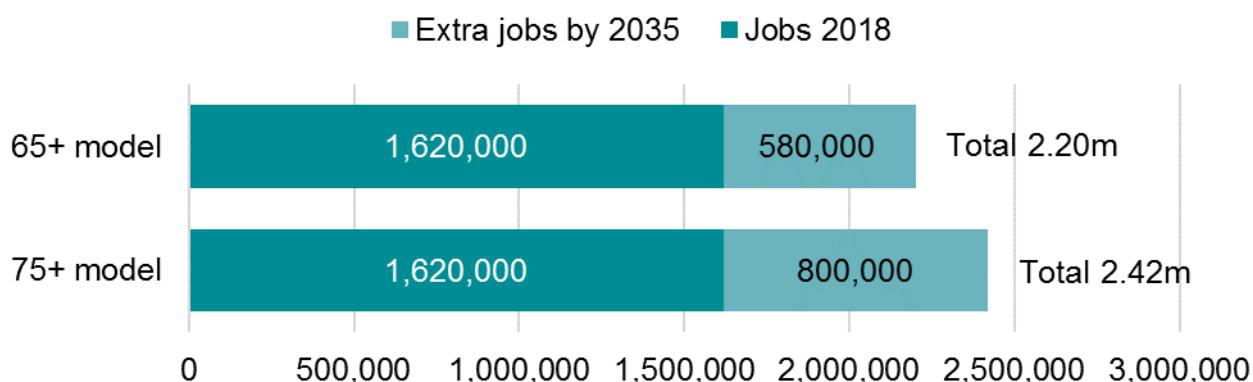
Table 12. Adult social care jobs forecasts between 2018 and 2035

Source: Skills for Care estimates

Model	2018	2020	2025	2030	2035	% increase in jobs 2018-2035
65+ model	1.62m	1.67m	1.82m	2.02m	2.20m	36%
75+ model	1.62m	1.70m	2.00m	2.20m	2.42m	50%

Chart 67. Adult social care jobs forecasts between 2018 and 2035

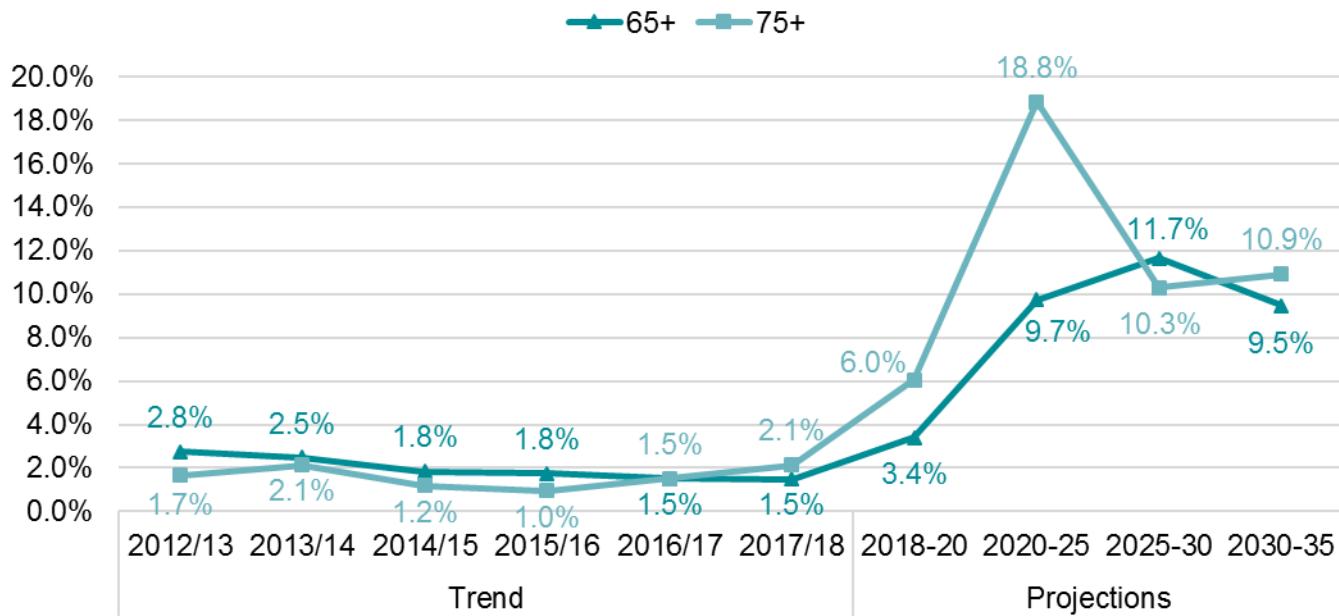
Source: Skills for Care estimates



Between 2012 and 2017, the population aged 65 and over grew at a faster rate (an increase of 2.1% per year on average) than the population aged 75 and over (an increase of 1.5% per year on average). However, between 2017 and 2018, the population aged 75 and over grew at a faster rate (an increase of 2.1%, compared to 1.5%) for the first time. The population aged 75 and over is projected to increase at a faster rate up to 2025, with the highest growth expected between 2020 and 2025 (an 18.8% increase). Chart 68 highlights how the populations aged 65 and over, and those aged 75 and over, grew over the period, and how they project forward to 2035.

Chart 68. Percentage change in populations aged 65 and over, and 75 and over, 2012-2018 trends and 2018-2035 projections

Source: Skills for Care estimates



Both populations aged 65 and over, and 75 and over, were equally correlated with the size of the workforce. Therefore, it is difficult, at this stage, to predict which of the two models will be most accurate when the population aged 75 and over continues to grow faster than that of the population aged 65 and over between 2018 and 2035, as it is projected to.

7.3.1. Retrospective testing of models

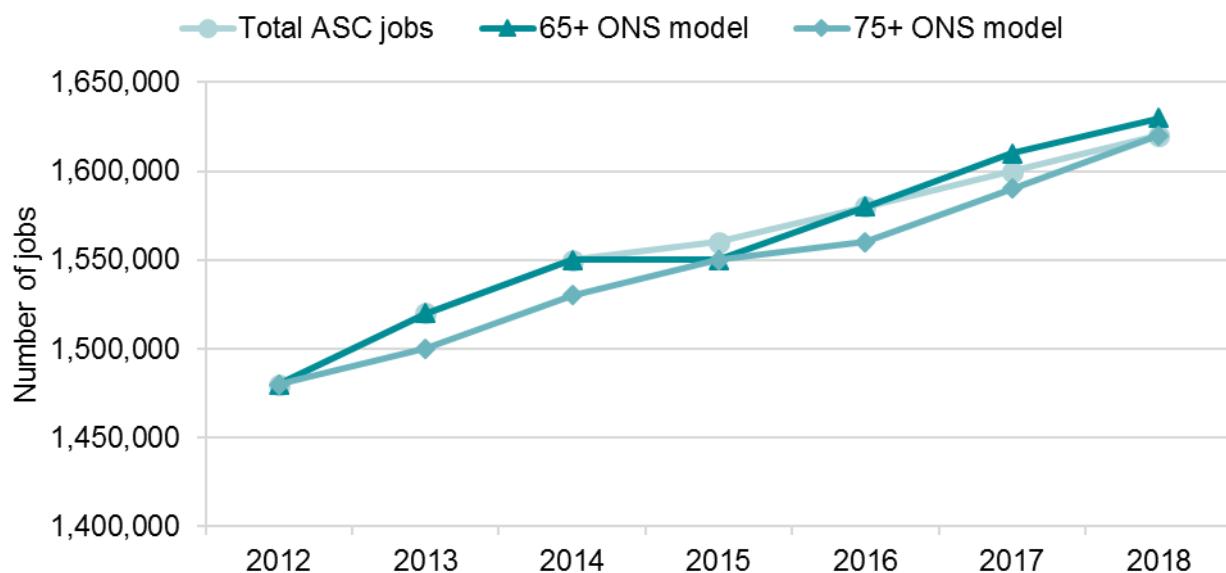
A retrospective analysis of the models was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2018, and jobs in the adult social care workforce as at 2012 from our estimates, models for both sets of data were built to project future jobs between 2012 and 2018.

As shown in Chart 69, the model for the population aged 65 and over projected the number of adult social care jobs from 2012 to 2018 to within 1% of the actual jobs figures. The model for the population aged 75 and over also projected this number to within 1%. The largest differential between actual jobs and projected jobs in the aged 65 and over model occurred in 2015. The aged 65 and over and aged 75 and over models were both close to the actual number of jobs, and hence support the validity of these projections.

The growth in the workforce appears to be tracking the growth in the number of people aged 65 and over most closely at present. This may change as the population aged 75 and over begins to grow at a faster rate from 2018 onwards. Skills for Care will continue to monitor the accuracy of these models as the population and landscape of adult social care continues to change.

Chart 69. Adult social care job projections, 2012 to 2018, based on the populations aged 65 and over, or aged 75 and over, compared to actual job trends for the same period.

Source: Skills for Care estimates



As stated earlier in this section, there are a range of factors that could influence the size of the adult social care workforce over the next 15 years that have not been factored into this modelling. However, these results do provide a useful baseline in terms of the likely demand created by the ageing population.

For information about regional forecasts please refer to 'The state of the adult social care sector and workforce' regional reports.⁷⁴

⁷⁴ www.skillsforcare.org.uk/regionalreports

Data Science

08

Overview of data science applications to adult social care workforce information

Factors affecting turnover rates

Using machine learning, we have estimated the most influential factors on workers' propensity to leave their jobs, from NMDS-SC data between March 2018 and March 2019.

- Care workers travelling more than 20km had a higher turnover rate (33.4%), compared to those travelling less than 1km (26.0%).
- The sector has difficulty retaining younger staff. Turnover rates amongst those under 20 years old was 43.7%.
- People leave soon after joining. Turnover rates were 38.2% for those with less than one year of experience in role.
- Workers are more likely to leave if they are on zero-hours contracts (31.8% turnover rate), compared to if they are not (24.9%).

Factors affecting CQC ratings

The following section uses NMDS-SC and CQC provider information between August 2017 and March 2019.

- Establishments with overall ratings of inadequate or requires improvement had higher turnover rates compared to those that had good or outstanding ratings (32.2% and 29.5% respectively).
- This difference was greatest within the 'safe' key line of enquiry (KLOE). Inadequate/requires improvement rated locations had an average turnover rate of 32.7% compared to outstanding/good locations at 29.3%.

7.4%

Difference in turnover rate between shortest and longest distance travelled to work

23.5%

Higher turnover rate for workers under 20 years old, compared to those 60 and above

27.7%

Difference in turnover rate between those new to their roles and the most experienced

2.7%

Higher turnover at inadequate or require improvement CQC establishments

This chapter brings together work that Skills for Care has contributed to alongside an independent data scientist. Information from the NMDS-SC was used to build several models and, using data science and machine learning techniques, it has been possible to provide information regarding factors that influence turnover rates. Skills for Care is also continuing to work with the University of Leeds to understand the factors that influence CQC ratings. This academic paper will be published in due course.

8.1. Factors affecting turnover rates

This section focuses on how workforce characteristics collected by the NMDS-SC relate to workers' propensity to leave their roles. This was achieved by taking a longitudinal approach, looking at data held in the NMDS-SC in March 2018 and again in March 2019, and dividing the results by whether workers had left their role. This method differs to whole sector estimates provided in Chapter 3 – Recruitment and retention, and as such are not directly comparable.

Using machine learning methods (random forests), models were built to analyse the relative importance each variable had on whether or not a worker left their role. From this, each variable can be assessed in terms of its influence on staff turnover. The most influential variables were then compared to turnover rates to highlight the impacts and understand the nature of the relationships.

We plan to continue working on these models with a view to providing tailored insights at a local and employer level in the future.

8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 13, along with the impact each had on the likelihood of a worker leaving their role. This can only include factors that are collected within the NMDS-SC. It is acknowledged that other factors may be involved which are not collected.

Table 13. Variables that influence the likelihood of a worker leaving their role

Source: NMDS-SC unweighted data between March 2018 and March 2019

Variable	Influence on likelihood of turnover
Distance travelled to work	Workers who travelled further were more likely to leave.
Age	Those under 25, and over 60 years old, were more likely to leave their posts.
Experience in sector	Likelihood of leaving decreased with higher levels of experience.
Pay	Likelihood of leaving decreased as pay levels increased.
Experience in role	Likelihood of leaving decreased with higher levels of experience.
Training	Likelihood of leaving decreased if workers had more training.
Contracted hours	Likelihood of leaving decreased if workers had a higher number of contracted hours.
Number of sickness days	Likelihood of leaving decreased if workers had fewer sickness days.
Social care qualification	Workers with a social care qualification were less likely to leave their posts.
Zero-hours contracts	Workers who were not on zero-hours contracts were less likely to leave their posts.
Historic turnover rate	Likelihood of high turnover rates increased if the establishment had high turnover historically.

From Section 8.1.2 onwards, unless otherwise stated, the information refers to care workers from the independent sector only. ‘Turnover’ only refers to care workers as described in the introduction to this chapter. This method of measuring turnover differs from the whole sector estimates of turnover in Section 3.2.

The simple relationship between each variable and staff turnover is shown in the charts. The Random Forest model used to predict turnover was more complex and accounted for all of the variables and also included their co-dependencies. For example, the effect of distance travelled to work could vary for people in different job roles or people of different ages.

8.1.2. Distance travelled to work

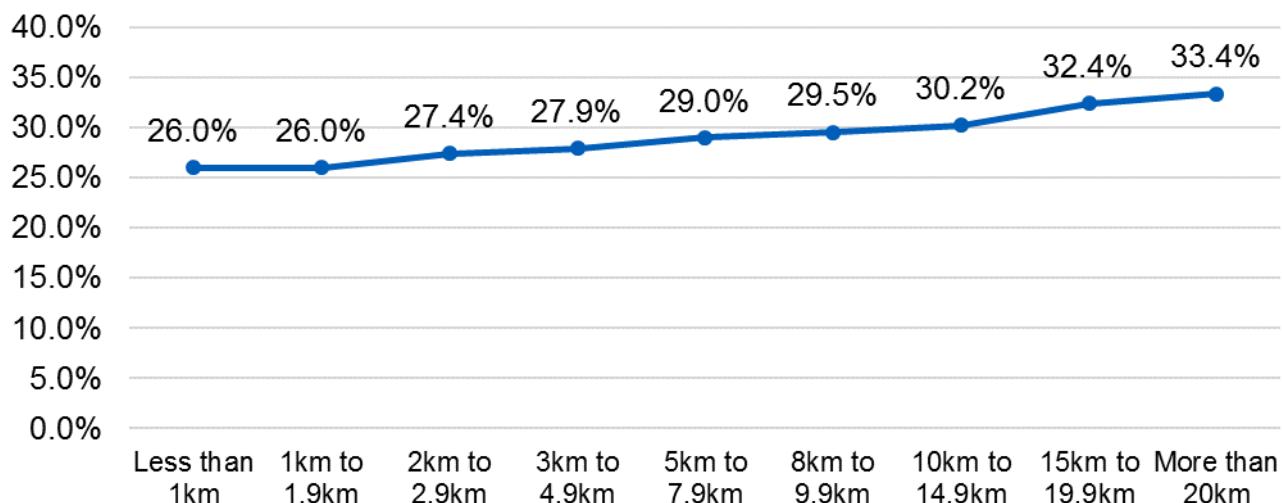
Workers who travelled further were more likely to leave their role.

Chart 70 shows that turnover rates were higher amongst care workers who travelled further to work. If a worker travelled less than 2km, the establishment's average turnover rate was 26.0%, compared to 33.4% for those travelling more than 20km.

It should be noted that this measurement was from the worker's home to the address of their employer. In terms of domiciliary care services, it was not possible to consider the travel distances required to move between the individual locations of people who need care and support.

Chart 70. Care worker turnover rate by distance travelled to work

Source: NMDS-SC unweighted data between March 2018 and March 2019



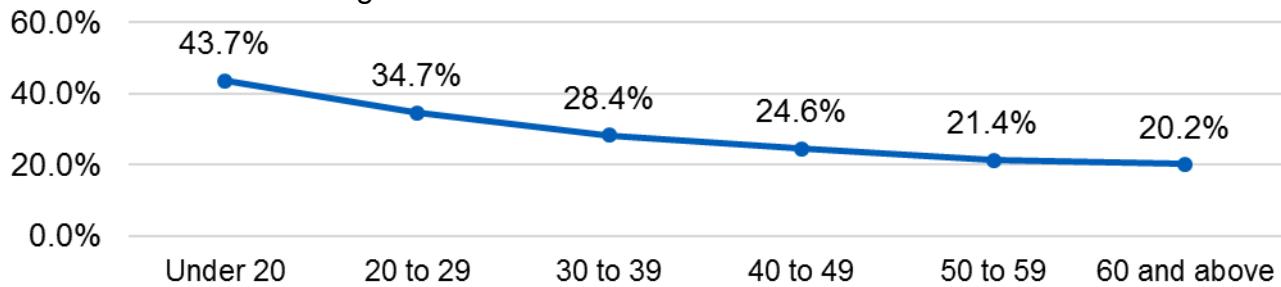
8.1.3. Age

The sector has found it difficult to retain younger workers.

Chart 71 shows care workers under 20 years old had the highest turnover rates (43.7%). The turnover rate decreased as the age of the worker increased. The decrease reduced as workers approached retirement.

Chart 71. Care worker turnover rate by age bands

Source: NMDS-SC unweighted data between March 2018 and March 2019



The reasons for this trend are not clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it is not unique to adult social care. It could be the case that some younger workers had taken social care jobs as a stopgap whilst studying or waiting for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower skilled and lower paid roles, both of which are also influencing factors of higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choices, and subsequently not remaining in the sector long-term.

Skills for Care advocates adopting values-based recruitment, wherever possible, as a way for employers to target, attract and take on suitable candidates that are more likely to stay and to progress in the adult social care sector.⁷⁵

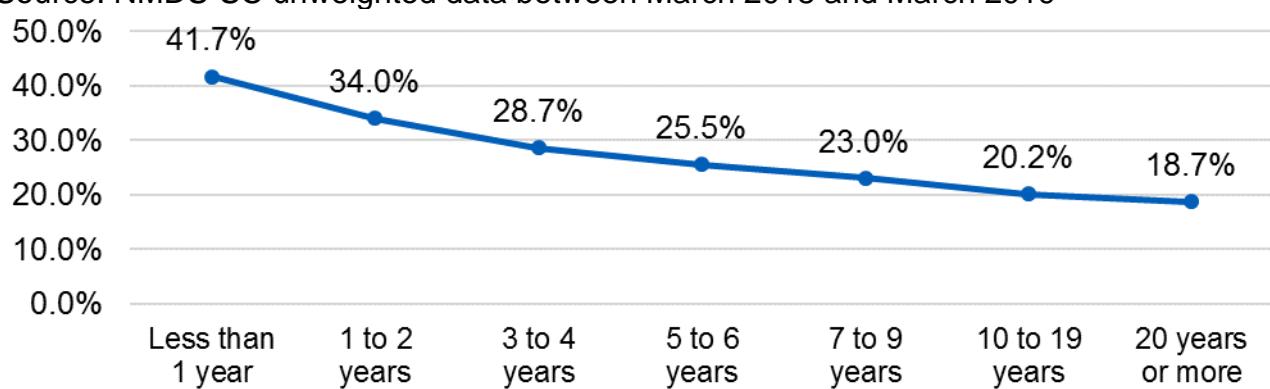
8.1.4. Experience in sector

Those with less experience in the adult social care sector were more likely to leave their posts.

Care workers who had worked (either as a care worker or in another role) in adult social care for more than five years had a much lower average turnover rate (25.5% at five to six years of experience, falling to 18.7% with 20 years or more), compared to those with less than one year of experience (41.7%).

Chart 72. Care worker turnover rate by experience in sector

Source: NMDS-SC unweighted data between March 2018 and March 2019

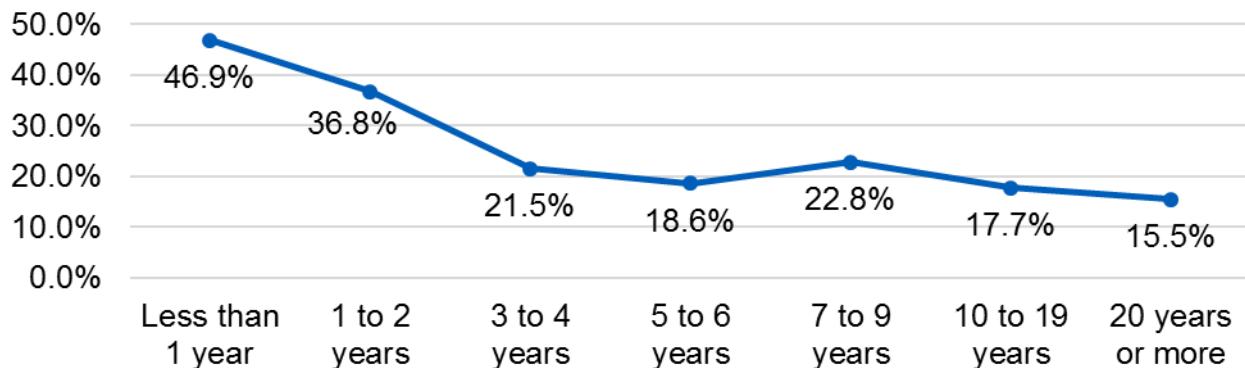


⁷⁵ www.skillsforcare.org.uk/vbr

This falling turnover rate was even more pronounced amongst registered managers. Registered managers that had worked in the adult social care sector for 20 years or more (whether as a registered manager or in another role) had a far lower turnover (15.5%) than those new to the sector (46.9% for those with less than one year of experience).

Chart 73. Registered manager turnover rate by years of experience in sector

Source: NMDS-SC unweighted data between March 2018 and March 2019



This suggests that those who have already worked in the sector are much more likely to stay in their registered manager role, compared to those that are new to the sector. Please see Section 6.5 - Career progression in adult social care for further information on the routes to management roles within the sector.

Registered managers also showed lower turnover rates as experience in role increased. The turnover rate was highest amongst those registered managers that had been in their role for less than one year (30.5%). This fell sharply as greater experience was gained, with the turnover rate amongst registered managers with 20 or more years of experience in role at the lowest rate (10.0%).

Skills for Care has developed a range of resources to support the sector generally, and registered managers in particular.⁷⁶ Turnover rates for registered managers have increased over the last seven years, and 31% of registered managers are aged 55 or over. This may lead to further turnover rate increases over the coming years as registered managers retire. Please see Chapter 4 – Workforce demographics, for further information). Therefore, there will be an increased focus on the recruitment, development and retention of registered managers across the adult social care sector to ensure high quality leadership within the sector in the future.

It is evident that some employers are struggling to retain new registered managers. Skills for Care conducted a pilot of a structured programme of support with new registered managers. The results of this pilot scheme were under review at the time of writing; further information and sources of support can be found on Skills for Care's website.⁷⁷

⁷⁶ www.skillsforcare.org.uk/registeredmanagers

⁷⁷ www.skillsforcare.org.uk/Leadership-management/developing-leaders-and-managers/New-registered-managers-pilot.aspx

8.1.5. Pay

Those paid more were less likely to leave their role.

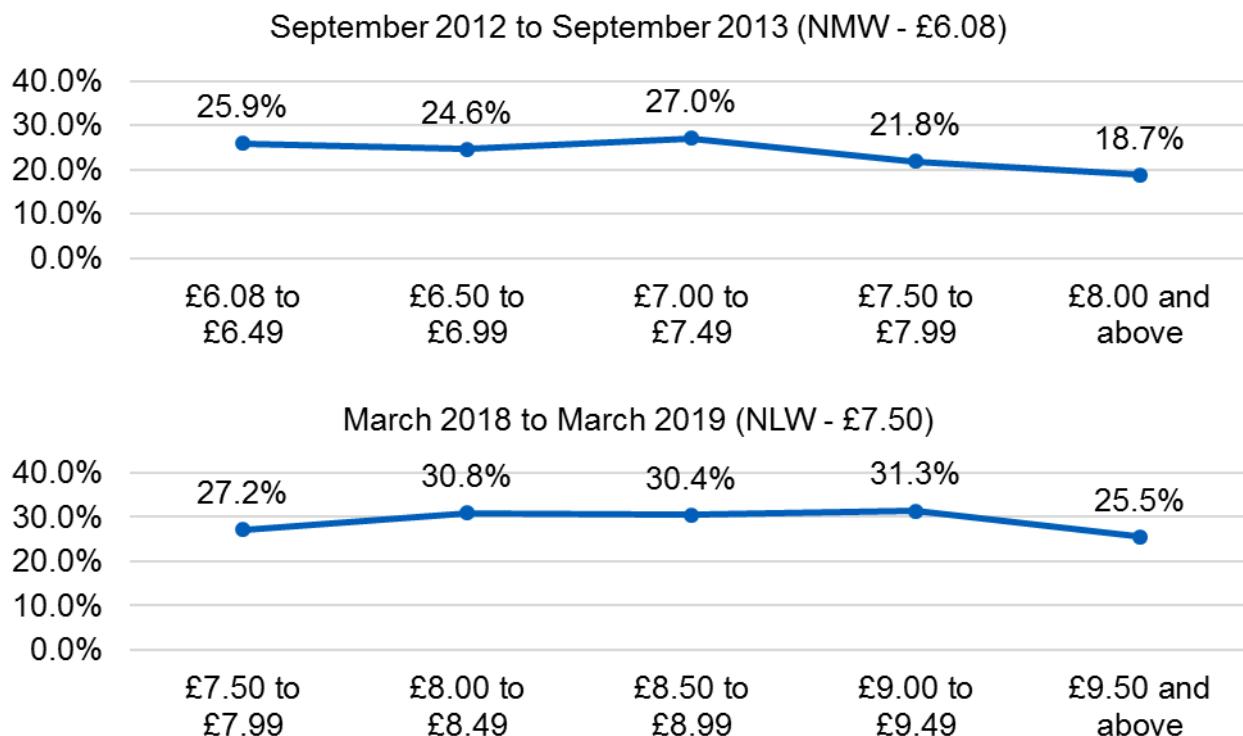
Chart 74 below compares the turnover rate of care workers at different rates of pay between 2012/13 and 2018/19.

For both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. However, this decrease becomes less pronounced when looking at 2018/19. This is potentially a result of the impact of the NLW, with care workers at the top end of the scale receiving lower pay increases than those at the bottom (see Section 5.3). We will continue to monitor this potential trend.

For both periods, the charts illustrate that relatively small changes in hourly rates have little bearing on turnover rates. It is only once care workers are paid significantly above the NLW that an improvement in turnover rates can be seen.

Chart 74. Care worker turnover rate by average hourly pay bands

Source: NMDS-SC unweighted data



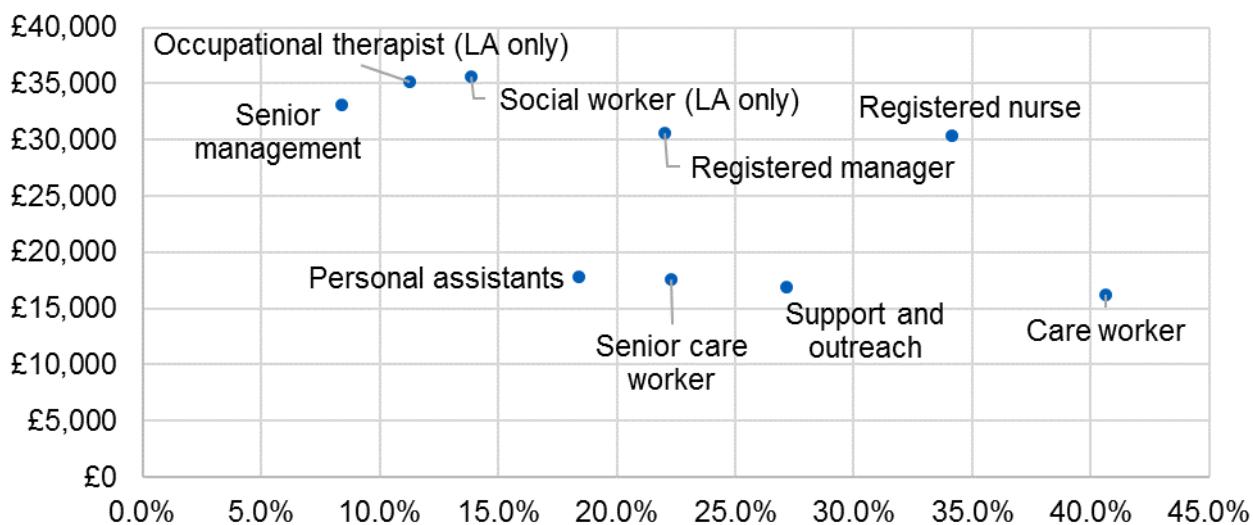
It was also evident that more significant changes in pay rates resulted in significantly lower turnover rates further up the pay scale. Chart 75 shows average turnover rate by average FTE annual pay for selected job roles in the independent sector (unless otherwise stated). The trend highlights the relationship between increasing turnover rates and decreasing pay. Regulated professional and managerial roles had lower turnover rates and higher pay, when compared to direct care-providing roles.

It was found that registered nurses had one of the higher pay rates, but also higher than average turnover rates. This could be connected to several other variables. High pay rates in the NHS (due to registered nurse pay bandings) may have influenced turnover rates.

Around 11% of registered nurses in adult social care were employed as bank, pool or agency staff.⁷⁸ These types of more temporary contracts appear to correlate with higher turnover rates, which again illustrates the relationship between pay and turnover rates.

Chart 75. Average turnover rate and average FTE annual pay by job role*

Source: Skills for Care estimates



* Independent sector only, unless otherwise stated.

8.1.6. Experience in role

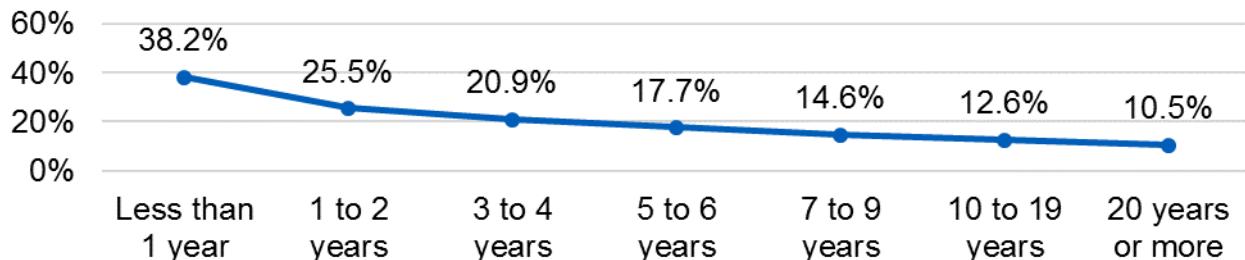
A large proportion of staff turnover was a result of workers leaving their posts soon after joining.

Chart 76 below shows turnover rates by length of time in role. The longer a care worker had been in role the less likely they were to leave. Almost two in five (38.2%) workers in post for less than a year left during the year. This rate dropped substantially for more experienced workers, to 10.5% for those with experience of 20 years or more.

⁷⁸ Please see Section 2.2. Employment status.

Chart 76. Care worker turnover rate by years of experience in role

Source: NMDS-SC unweighted data between March 2018 and March 2019



This trend could be even more pronounced as some care workers who leave their jobs soon after joining may have left even before their employer had the opportunity to record them in the NMDS-SC.

These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It is evident that some employers are struggling to find and recruit people that are likely to stay and to progress within the adult social care sector. Skills for Care advocates adopting values-based recruitment⁷⁹, wherever possible, as a way that employers can target, attract and take on the people with suitable values and skills that are more likely to stay and to progress in the adult social care sector.

Employers can also explore new and innovative ways to widen their talent pool⁸⁰, by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates who reflect the communities they serve.

Skills for Care also runs 'I Care...Ambassadors', a national team of care workers helping to promote career opportunities in adult social care through visiting schools and Job Centres. After speaking to an 'I Care...Ambassador', 91% of people said they had a better idea of what it is like to work in adult social care.⁸¹ This helps to ensure that those recruited into adult social care understand their job roles better, and to increase the chance of them remaining in their posts.

Turnover rates also increased if the registered manager was new to their role.

How long a registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in role for less than a year, the turnover rate at that establishment was higher (33.0%) than if the registered manager was more experienced in their role (22.4% when the registered manager had more than 20 years of experience).

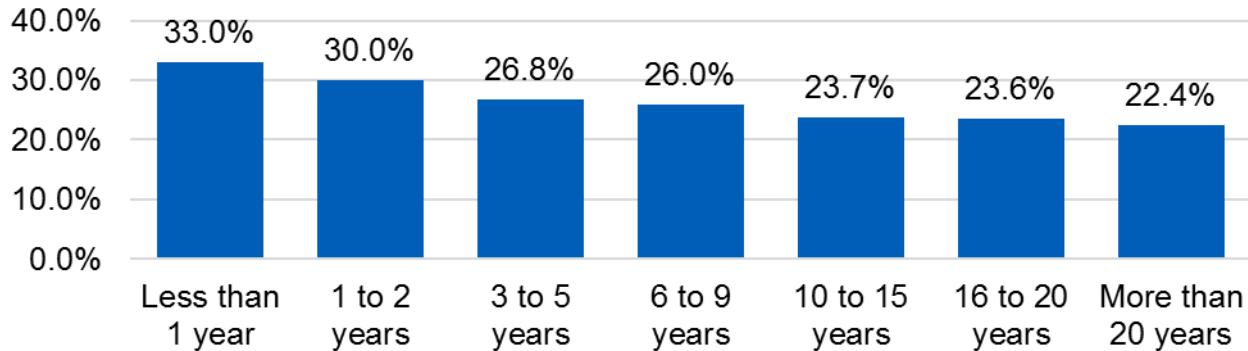
⁷⁹ www.skillsforcare.org.uk/vbr

⁸⁰ www.skillsforcare.org.uk/seeingpotential

⁸¹ www.skillsforcare.org.uk/icare

Chart 77. Average turnover rate of establishments by experience of the registered manager

Source: NMDS-SC unweighted data between March 2018 and March 2019



The chart above highlights the important role that stable leadership can have on improving retention rates. Skills for Care has developed a range of resources to support new registered managers in their roles and to encourage their long-term development.⁸²

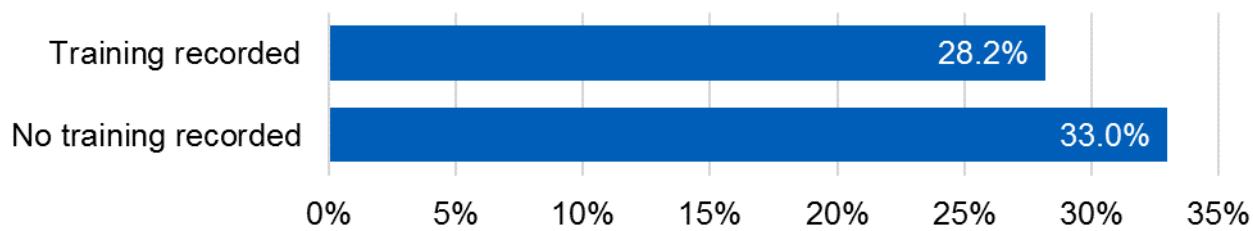
8.1.7. Training

Retention was better when staff received training.

The average turnover rate was 4.8 percentage points lower amongst care workers who had received some form of training (28.2%) compared to those that had not (33.0%). Some of the most common training types recorded included moving and handling, safeguarding adults and health and safety.

Chart 78. Care worker turnover rate by training records

Source: NMDS-SC unweighted data between March 2018 and March 2019

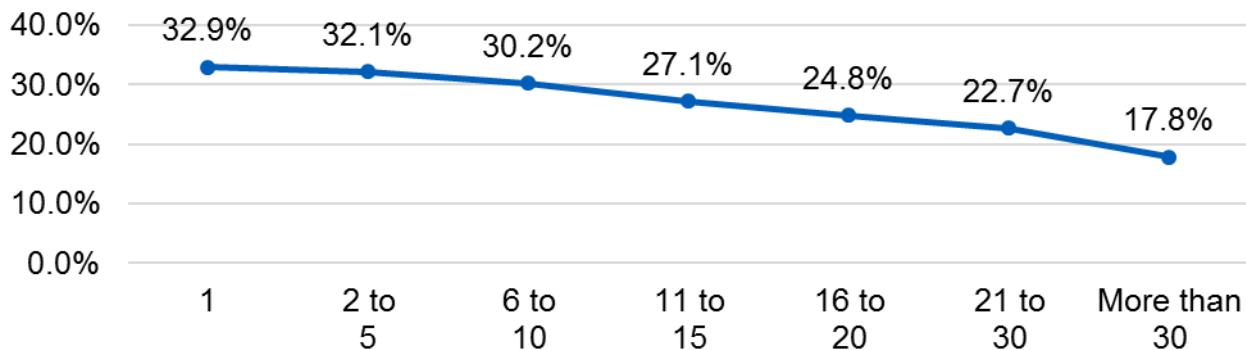


Of care workers who received training that was recorded in the NMDS-SC, those that had more training opportunities also had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 32.9%. This decreased 15.1 percentage points to 17.8% for those with more than 30 instances of training recorded. This highlights that continued investment in staff training can have a positive impact on retention rates.

⁸² www.skillsforcare.org.uk/registeredmanagers

Chart 79. Care worker turnover rate by number of training instances recorded

Source: NMDS-SC unweighted data between March 2018 and March 2019



For more information on training, please see section 6.4.

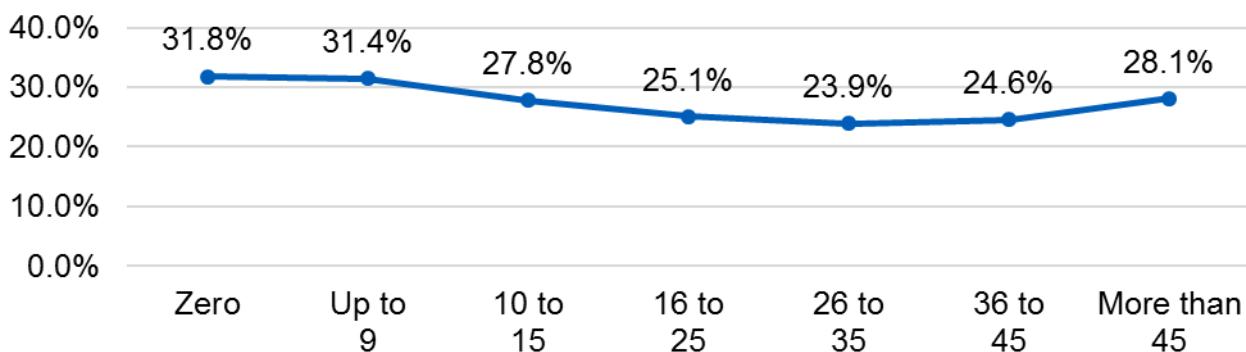
8.1.8. Contracted hours and zero-hours contracts

Those with fewer contracted hours were more likely to leave.

Chart 80 below shows that turnover rates were up to eight percentage points higher for care workers with zero contracted hours compared to those with 16-45 contracted hours per week. Turnover rates were lowest amongst workers with 20-35 contracted hours per week (23.9%).

Chart 80. Care worker turnover rate by contracted hours

Source: NMDS-SC unweighted data between March 2018 and March 2019



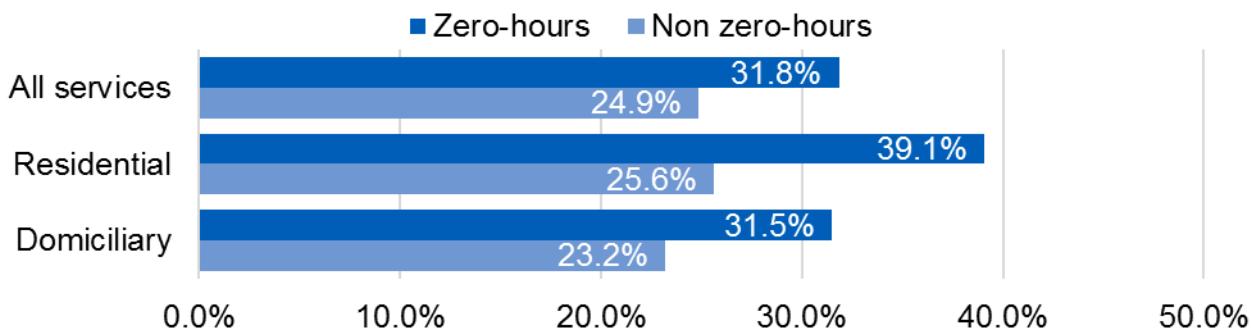
The Living Wage Foundation recently launched a campaign targeted at 'living hours' work with the aim of tackling work insecurity.⁸³ Their research found that one in six workers were employed in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as insecure in this research. The lower turnover rates amongst workers with more than 16 hours of work suggests that workers are looking for more stable employment, compared to zero-hours contracts.

⁸³ www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity

Zero-hours contracts were shown to have a greater influence on those working for residential care providers, where the turnover rate was 39.1% compared to 25.6% for those not on zero-hours contracts. This was much higher compared to those in domiciliary care (in which zero-hours contracts are more prevalent).

Chart 81. Care worker turnover rate by zero-hours contract status

Source: NMDS-SC unweighted data between March 2018 and March 2019



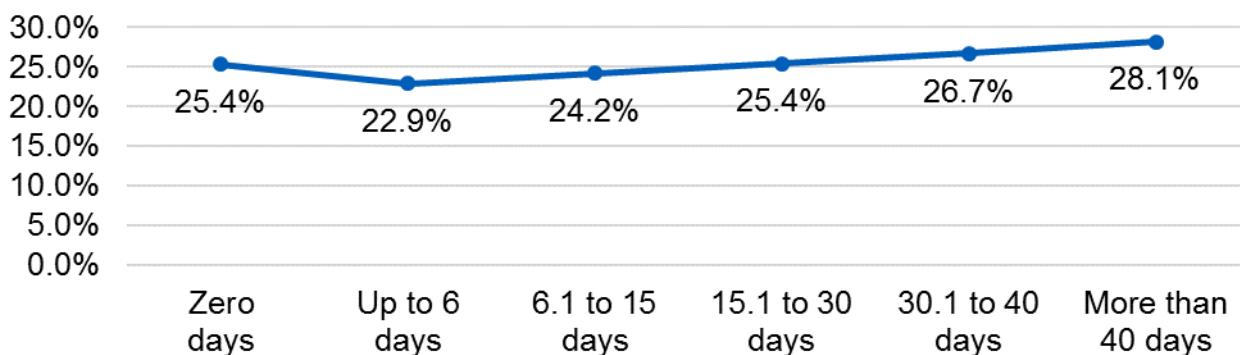
8.1.9. Sickness days

Workers with high sickness rates were more likely to leave.

Chart 82 shows that turnover rates were lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with up to 6 days of sickness (22.9%) and highest for those with more than 40 days (28.1%). Evidence suggests that prioritising employees' health and wellbeing improves their levels of engagement, as do their feelings about their job, their loyalty and their performance. Skills for Care has developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance.⁸⁴

Chart 82. Care worker turnover by sickness group

Source: NMDS-SC unweighted data between March 2018 and March 2019



⁸⁴ <https://www.skillsforcare.org.uk/ppmt>

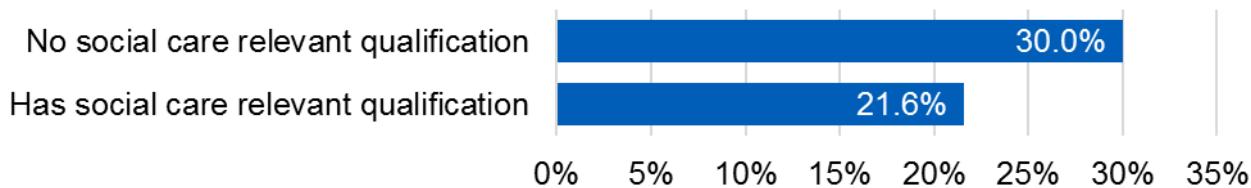
8.1.10. Social care qualifications

Those with a social care relevant qualification were less likely to leave.

Chart 83 analyses the probability of workers leaving their posts, comparing those with social care relevant qualifications with those without. Of care workers who held a relevant social care qualification, 21.6% had left within the 12 months which followed compared to 30.0% of those that did not hold a relevant qualification. A similar trend appears for those care workers who had undertaken more training courses. This suggests that employers investing more in the training and development of their staff experience lower turnover rates on average.

Chart 83. Care worker turnover by social care qualification

Source: NMDS-SC unweighted data between March 2018 and March 2019

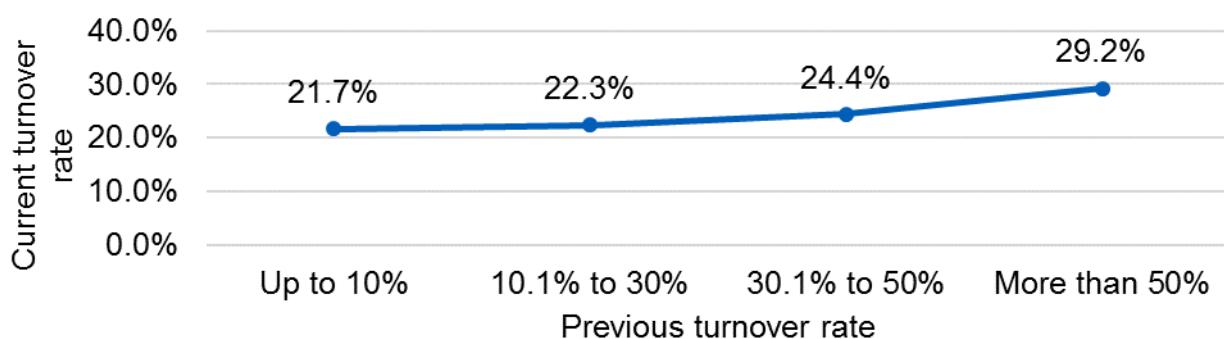


8.1.11. Historical turnover rate

Establishments with higher turnover in the previous 12 months were likely to continue to have higher than average turnover rates going forward, and vice versa. The establishments with the lowest turnover rates in 2017/18 had, on average, a turnover rate of 21.7% between 2018 and 2019; this was 7.5 percentage points lower than establishments with the highest turnover rates in 2017/18 (29.2%).

Chart 84. Comparison of historical turnover rate in establishments

Source: Previous turnover rate (NMDS-SC unweighted data as at March 2018) and current turnover rate (NMDS-SC unweighted data between March 2018 and March 2019)



This finding held true even after accounting for the other factors mentioned in this chapter (including, pay, training and/or contract types). This demonstrates that there are other, ‘softer’ factors that affect the likelihood of establishments retaining staff successfully. Skills for Care research has found that examples of these factors include embedding the values

of the organisation, celebrating both the achievements of the organisation and of individuals, and involving staff at all levels in decision-making⁸⁵.

It was also noted that large establishments where people work in well-functioning teams may achieve better levels of staff retention, as well as improved levels of care. Research showed that successful team-working was associated with lower levels of staff absenteeism, intentions to resign and turnover.⁸⁶ With this in mind, teams should not exceed 8 to 12 people.⁸⁷ For further information about effective team-working, please visit the Affina Organisation Development (AOD) website⁸⁸.

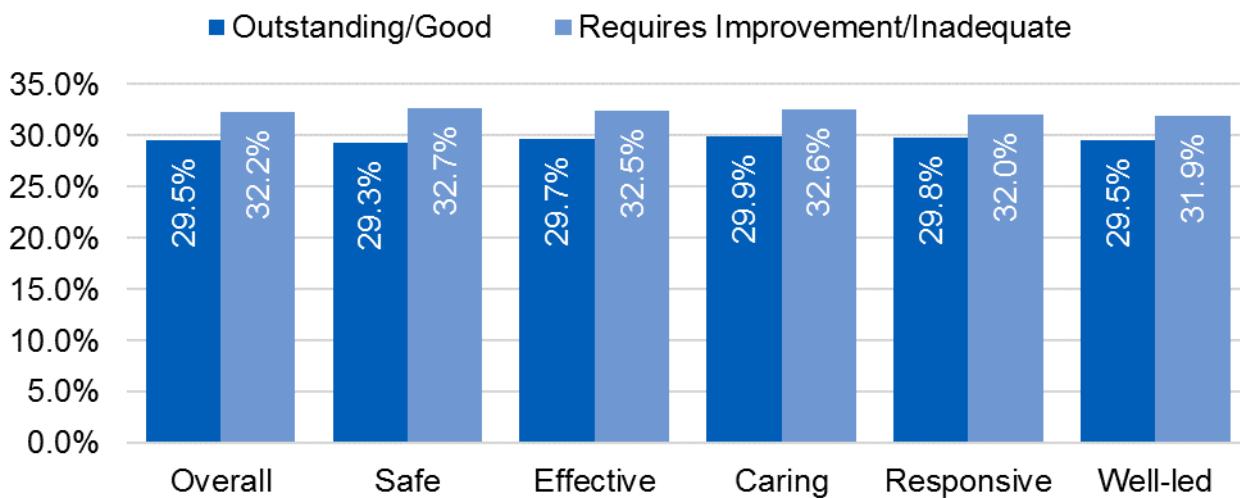
8.2. Factors affecting CQC ratings

We analysed the relationship between turnover and CQC ratings awarded to regulated services in England. This analysis collated the ratings of around 9,000 regulated service providers and paired them with data provided to the NMDS-SC.

Turnover at regulated services that were rated overall as either ‘outstanding’ or ‘good’, turnover was found to be lower (29.5%) than those rated as ‘requires improvement’ or ‘inadequate’ (32.2%). This trend remained consistent across each Key Line of Enquiry (KLOE) with an average difference of 2.7%. The largest difference in turnover was shown for the ‘Safe’ KLOE which had 3.4% lower turnover at providers rated positively.

Chart 85. Turnover rate by inspection rating for each Key Line of Enquiry

Source: NMDS-SC unweighted data and CQC ratings between March 2017 and March 2019



⁸⁵ www.skillsforcare.org.uk/randr

⁸⁶ West, M., Lyubovnikova, J. (2013) Illusions of team working in health care, Journal of Health Organization and Management.

⁸⁷ West, M.A. (2012), Effective Teamwork: Practical Lessons from Organizational Research; and Borrill, et al (2001). The effectiveness of health care teams in the National Health Service.

⁸⁸ www.affinaod.com/library/key-research-findings

Further information on the key lines of enquiry and CQC inspections can be found on the CQC website.⁸⁹ Skills for Care has developed guides to help organisations to achieve a positive rating, to offer support in preparation for an inspection and to develop a plan to respond to any issues with their workforce, staffing or leadership identified by the CQC.⁹⁰

We are currently working in partnership with the University of Leeds to assess relationships between care quality and workforce/employer characteristics in care homes regulated by the Care Quality Commission. One of the aims of this research is to model the relationships between staffing and quality of care to provide a platform for sector-wide implementation for the benefit of residents, relatives and staff⁹¹. An academic paper will be published in due course.

⁸⁹ www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask

⁹⁰ www.skillsforcare.org.uk/cqc

⁹¹ www.journalslibrary.nihr.ac.uk/programmes/hsdr/1514429/

Further resources

Skills for Care provides outstanding workforce intelligence relied upon by the Government, strategic bodies, employers and individuals to help them make decisions that will improve outcomes for the people who use care services. The ASC Workforce Data Set (ASC-WDS) is recognised as the leading source of workforce intelligence for adult social care. This chapter provides an overview of some of the reports and resources published by our Workforce Intelligence team.

Workforce intelligence publications

The size and structure of the adult social care sector and workforce in England

This report provides estimates of the number of organisations and establishments involved in providing or organising adult social care, as well as the size and structure of the workforce, including people and job estimates, trend data and future projections. To access this report, please visit www.skillsforcare.org.uk/sizeandstructure.

Latest version, August 2019



Regional reports



These nine regional reports provide an annual overview of adult social care services and the workforce in each region. Each of these nine reports examines regional findings in light of the findings for England as a whole, which are presented in this report. To access these, please visit www.skillsforcare.org.uk/regionalreports.

Latest version, October 2019

Local authority area reports

This collection of summary reports gives an overview of the adult social care sector and workforce in each of the 152 local authority areas in England. They are accompanied by two interactive visualisations which look at individual areas in greater detail. To access these reports, please visit www.skillsforcare.org.uk/lasummaries.

Latest version, October 2019.

Key topic areas

The Workforce Intelligence website includes information for the following popular topic areas. Each topic includes a summary of the workforce information available, and signposts to the latest publications and relevant resources. Many of the topic areas include an interactive visualisation.

- Learning disability and/or autism workforce
- Apprenticeships
- Pay rates
- Personal assistants
- Nurses in social care
- Recruitment and retention
- Registered managers
- Social work
- Workforce nationality

To access these topics, please visit www.skillsforcare.org.uk/topics.

Interactive visualisations

Interactive visualisations have been created to enable you to see and understand our publications and workforce intelligence in a more visual and interactive way.

By clicking on and moving around the visualisations you can discover and compare the characteristics of the adult social care workforce in the applicable topic areas.

They have been designed with users, to ensure that they are simple to use, but full of useful information. To access the visualisations, please refer to the relevant pages within www.skillsforcare.org.uk/Wlpublications.

Adult social care workforce estimates excel file

To support workforce intelligence publications, Skills for Care has published an ‘Adult social care workforce estimates’ spreadsheet. This file includes the size and structure of the workforce, recruitment and retention information, employment information, demographics, pay rates, qualifications and training information for England, listed by region, sector, service and job roles. To access the spreadsheet, please visit: www.skillsforcare.org.uk/workforceestimates.

New estimates are published in September each year, and updates made throughout the year, when new workforce intelligence publications are released.

Analytical service

Our analysis team provide an external analysis service and are able to produce a range of in-depth reports, which can be tailored to your specific requirements.

How we can help you

We use our expertise and sector knowledge to turn adult social care data into meaningful information and insights. You can commission us to help you:

- understand the sector and prepare for the future
- identify recent trends and use them to project forward into the future
- compare your organisation/area to others to explore how you are performing
- discover how key outcomes (such as CQC scores, turnover rates and vacancy rates) can be improved
- win tenders and bids by partnering with us.

Why we're the right people to talk to

We're the experts because:

- the data we collect in the Adult Social Care Workforce Data Set offers an unrivalled overview of the adult social care workforce in England
- we have more than 10 years of experience in analysing and interpreting social care data - it's what we do
- our analysts have worked with leading universities and data scientists to create our workforce models.

Skills for Care is committed to improving both the sector and outcomes for the people that use adult social care services. Our team combines this commitment with many years of experience in understanding the sector.

The following testimonial was offered by Senior Consultant of iESE, Vanda Leary, February 2019. We supported iESE's redevelopment of their online negotiation tool, CareCubed, which enables commissioners/providers to secure fair prices for specialist care:

“Skills for Care offered us the data and analytics that we needed, in a working relationship that was both flexible and very collaborative. They enabled the redevelopment of CareCubed to be informed by the most reliable and transparent sector data available.

Skills for Care’s analysts were ideal partners for us, with their proficiency in explaining alternative methodologies and their accommodating approach to our requirements. With their support for the transition to CareCubed from the CFC (Care Funding Calculator), iESE has been able to reaffirm our commitment to sharing the accurate, up-to-date and robust information that results in fairly priced care that fully meets needs.”

For more information about these services, please email analysis@skillsforcare.org.uk.

Keeping informed



To be kept up to date with Workforce Intelligence news please join our mailing list by registering with us and selecting ‘Workforce Intelligence publications’. You can also follow us on Twitter @SfC_NMDS_SC or visit www.skillsforcare.org.uk/contactWI.



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