

NMDS-SC briefing

Diversity of the adult social care workforce



This issue focuses on the diversity of the adult social care workforce and considers its relationship with demand for social care and the consequent growth in the workforce needed to meet that demand. All figures in this briefing relate to data contained in the National Minimum Data Set for Social Care (NMDS-SC).

Ethnicity

Around 17% of the adult social care workforce recorded in NMDS-SC is from a black minority ethnic (BME) background. Workers in the statutory sector are slightly more likely to be white (87%) compared to those in the independent sector at 82%.

London is the most ethnically diverse region (59% BME), the least diverse region being the North East (3% BME). These proportions generally reflect that of the population in these areas, although it does not fully reflect the country of origin i.e. the country of origin of local populations does not fully reflect that of the workers deployed to provide them with care.

Professional workers are more likely to be categorised as BME (26%) than other job groups. There doesn't appear to be any difference between ethnic groups in the highest qualification held.

Chart 1: Proportion of workers by region by ethnicity

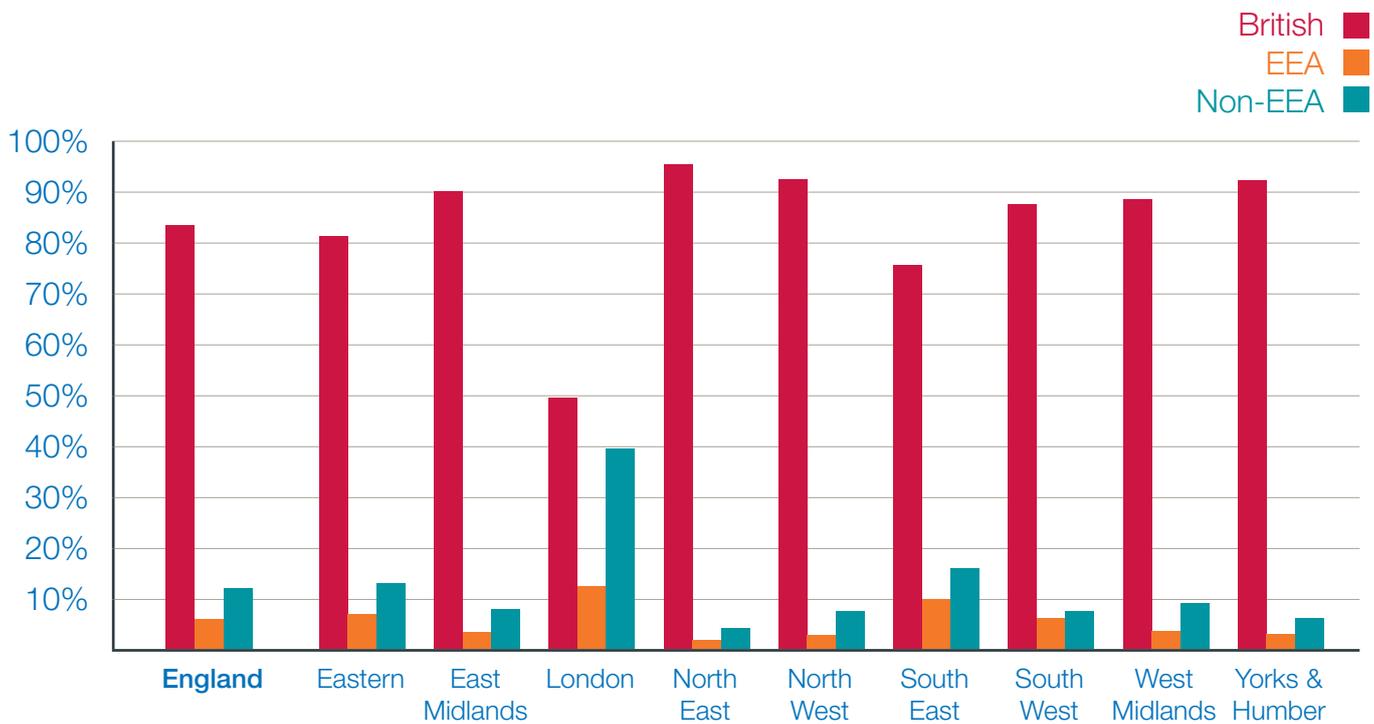


Nationality profile

British workers make up 82% of the workforce; non-European Economic Area (EEA) nationalities make up 12% with the remaining 6% having an EEA nationality (i.e. 18% non-British in total). Overall, professional workers in social care are more likely to have a non-British nationality (31%) than other job groups. The social care sector recruited nursing staff from non-EEA countries in the past due to skills shortages. [NMDS-SC briefing issue 21](#) identified that 31% of nurses in social care have a non-EEA nationality. Non EEA workers make up 23% of professionals working in social care as opposed to direct care where non EEA workers make up 13% of the workforce.

There has been little change from the position in 2011 when 83% of the workforce was British and 17% was non-British. In London 49% of workers are British, 39% having a non-EEA nationality and 12% have an EEA nationality. *This means that that employers in London are still very dependent on workers that have been previously recruited from non-EEA and EEA countries.* Workers from non-EEA countries may be more willing to work in London if the wages they are paid are very much higher than those paid in their country of origin. Direct care workers in London are paid higher than in other regions with an average of £7.50 per hour compared to £6.74 for example in the North East.

Chart 2: Nationality by region - all job roles (grouped)



Recruiting from abroad in the past has not been a perfect solution to labour shortages, for example language barriers may impact on person centred care. Recruiting from non-EEA countries is now restricted with employers needing to complete a resident labour market test in order to obtain a certificate of sponsorship from the UK Border Agency. This means that only staff with specific skills where there are shortages in the UK can be recruited from non-EEA countries. Anyone who entered the UK after April 2011 will need to leave after 5 years unless they are earning at least £35,000 per annum which may have a significant impact from April 2016 onwards.

Demographic changes indicate that adult social care requires between 250,000 and a million new workers by 2025 to meet the projected increase in demand. This means that increasing numbers of workers will need to be recruited from within the UK and EEA and trained to meet future demand for services.

On average 1 in 4 care workers leave their employer each year. Although some of this is ‘churn’ i.e. care workers that go and work for other care providers, this nevertheless represents a serious issue. Taken together with the projected increase in care workers needed to meet demand and restrictions on immigration this can be seen as a significant challenge facing the sector over the next ten years, particularly in London.

Gender

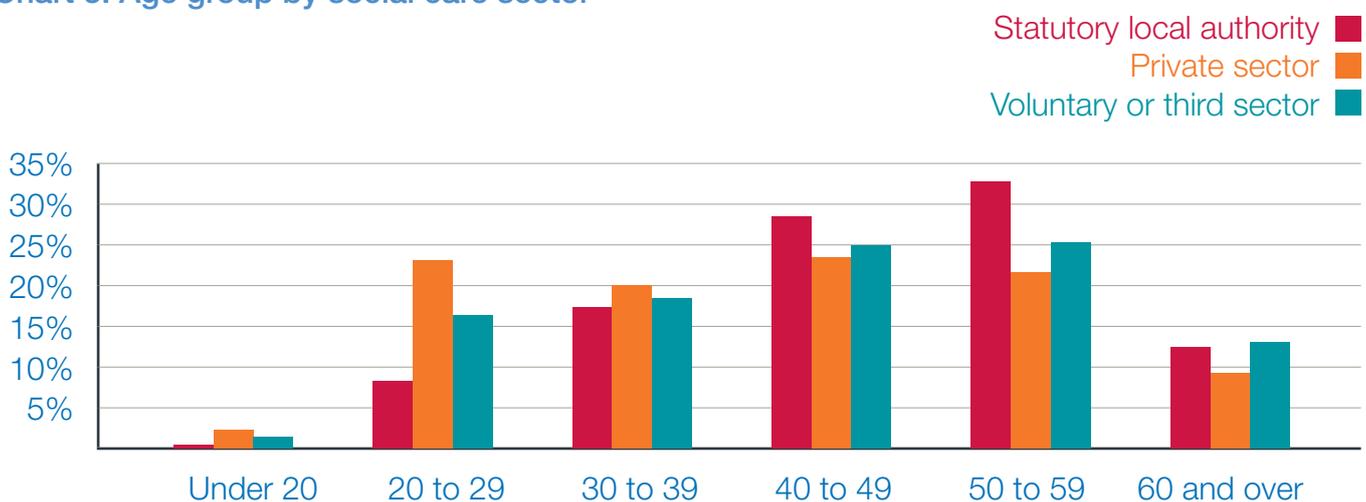
The adult social care workforce is predominantly female (82%) and this pattern is fairly consistent across all services. Around 56% of female direct care workers have a relevant qualification, compared to 51% of male direct care workers. Male workers make up a greater proportion of the voluntary sector (21%) than other sectors, most notably compared to the private sector (17%). There is little variation by region, although London has a slightly greater percentage of male workers (22%) than other regions.

Professional and direct care workers have a relatively low proportion of male workers (each 16%) compared to managers (22%) and other job roles (23%). Domiciliary care has a greater proportion of female workers (86%) than other services. There are some interesting issues to consider. Unemployment rates are falling¹ and males traditionally have not been attracted to work in social care as direct care givers. Without some intervention and assistance - unemployed men in particular may not be attracted to work in social care.

Age

The average (mean) age for all workers is 43 years. Although the mean age of workers shows little variation by region, it appears that London has a different make-up of age groups to all other regions with higher proportions in the middle age groups (35 to 54).

Chart 3: Age group by social care sector



Workers in the statutory sector (mean: 47 years) tend to be older than those in the independent sector (mean: 42 years). This is shown in chart 3 above. This may be due to the fact that local authorities tend to have more favourable pension arrangements and workers once working for a local authority are less likely to move to an independent sector employer.

Although there are higher numbers of workers in the higher age ranges 45 through to 59 this is in part due to the fact that social care is successful in recruiting from older age groups. Those receiving social care services may benefit from the greater life experience that older people may

¹ The Department of Employment announced a 6.5% unemployment rate in July 2014

bring to the job. However, it does mean that these higher age cohorts of workers will need to be replaced in the future following retirement from work, albeit retirement ages may be increasing.

Disability

Disabled workers make up around 2% of the adult social care workforce. There is little variation by job group or region. However, 4% of statutory sector workers are disabled compared to around 1% of independent sector workers.

Adult community care has a higher proportion of disabled workers (5%) than other service types with adult residential care and adult domiciliary care having the lowest (1%). This is likely to be because these latter services have a higher requirement to carry out active physical tasks and therefore those with a physical disability may find them more challenging. The higher proportion of disabled statutory sector workers thus reflects the higher proportion of community care services that local authorities are still running directly such as day services rather than residential care services which are primarily run by the independent sector.

Direct care workers who have a disability are more likely to have a level 3 or above qualification (25%) than non-disabled direct care workers (20%).

How can Skills for Care help with recruitment issues?

Falling unemployment, restrictions on recruiting workers from non EEA countries, men not being attracted to social care and increasing demand for services all represent serious challenges for the sector in meeting future increasing demand for social care. To try and help employers with some of the recruitment issues highlighted in this briefing, Skills for Care has re-launched the sector led [recruitment and retention strategy](#) and also provides [Apprenticeship programmes](#) in partnership with the Department of Health.

The new [Common Core Strategic Principles for equality and diversity](#) provide a framework to support leaders in adult social care to consistently make sure that equality and diversity issues are both central to strategic decision-making and embedded at all levels of their organisations.

Further information from NMDS-SC

Perform your own analysis of 26,000 establishment records and over 700,000 worker records by accessing NMDS-SC open access dashboards by visiting www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

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