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

September 2016
Acknowledgements
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- All the employers who have completed NMDS-SC data, as without their efforts estimates of this detail and accuracy would not be possible
- Adam Andrew and Will Fenton for leading on the production of the methodologies for creating the workforce projections, for providing data analysis and for the writing up of the first chapter pertaining to “The size and structure of the adult social care sector and workforce”.
- Colleagues from the Workforce Intelligence team who support and maintain the NMDS-SC.
- Skills for Care colleagues, especially Elizabeth Edgar, Dave Griffiths and Roy Price, who have contributed to the content and the production of this report.

Feedback on any aspect of the report will be very welcome and will help to improve future editions. Please contact Skills for Care’s analysis team analysis@skillsforcare.org.uk.
Foreword

As Chair of Skills for Care, I’m very pleased to launch one of our key reports: *The state of the adult social care sector and workforce report in England (2016)*. The report builds on our annual key sector report, *The size and structure of the adult social care sector and workforce in England 2016* - the two combined provide evidence on the issues affecting adult social care and in particular issues affecting the most important element in care provision, the workforce.

The report feels timelier than ever given a number of issues currently affecting the sector. The data and trends in the report provide robust information that shed light on key workforce issues including: recruitment and retention; take up of the Care Certificate; the prevalence of zero-hours contracts and the nationality of the workforce (a very hot topic since the vote to leave the European Union). Wherever possible the report provides trend data to give us a true picture on how these issues are evolving over time.

The report provides vital information on a workforce of 1.55 million jobs in a sector where workforce is the key to the quality of care provided. At a national level it enables the sector’s key stakeholders, particularly the Department of Health to make decisions using the best information possible. In addition, data from the National Minimum Dataset for Social Care (NMDS-SC) has been used to project the number of workers that may be needed in the sector over the next 20 years. Data from this report and from the NMDS-SC is used beyond Skills for Care and the Department of Health. Other key users include the Care Quality Commission (CQC), NHS Digital (previously the Health and Social Care Information Centre), Health Education England and the Association of Directors of Adult Social Services (ADASS). In addition to these strategic bodies’ data is used by local authorities, employers, think tanks, universities and others to plan, fund and better understand adult social care.

Reliable information is the key to all those who make decisions regarding the sector and Skills for Care would like to thank the 23,000 plus employers who have input their data into the NMDS-SC along with around 730,000 individual worker records. It is this data that makes the intelligence produced robust and fit for purpose.

Dame Moira Gibb DBE, Chair of Skills for Care
Executive summary

The ‘state of the adult social care sector and workforce in England, 2016’ report produced by Skills for Care provides information about the sector including; its size, employment information, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts.

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

Adult social care is a growing sector that had, in 2015, around 19,300 organisations, 40,100 care providing locations and a workforce of around 1.55 million jobs, of which 1.34 million were within statutory local authority and independent sector providers. The number of full-time equivalent jobs was estimated at 1.11 million and the number of people working in adult social care was estimated at 1.43 million.

As at 2015/16 the adult social care sector was estimated to contribute £40.4 billion per annum to the English economy. The total wage bill of the sector, calculated using NMDS-SC information, accounted for almost half (46%) of this amount, at £18.6 billion (up 10% from 2012/2013).

The number of adult social care jobs has increased by 18% since 2009 (by 240,000 jobs) and if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs will increase by a further 18% by 2025, to 1.83 million jobs.

From here on, this executive summary refers to those 1.34 million jobs working in the statutory local authority sector and the independent sectors only. Jobs for direct payment recipients and those working in the NHS are not included1.

Employment information

The majority (90%) of the adult social care workforce were employed on permanent contracts. Approximately half of the workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 11% had no fixed hours. Around a quarter of the workforce were recorded as being on zero-hours contracts (24%, 315,000 jobs), and domiciliary care services had the highest proportion of workers on zero-hours contracts (49%), especially among care workers (58%) and registered nurses (57%). The percentage of workers on zero-hours contracts between 2012/13 and 2015/16 has remained relatively stable, going up by three percentage points over the period.

Recruitment and retention

Skills for Care estimates that the starters rate in the past 12 months was 35%, this was approximately 434,000 new directly employed starters each year. Of new starters, approximately two thirds were recruited from within the adult social care sector, therefore the sector retains their skills and experience.

1 Independent sector information is derived from the NMDS-SC as at March 2016, local authority information is correct as at September 2015. Jobs for direct payment recipients and NHS were not available at this level.
Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector was 27.3%, this means approximately 339,000 leavers per year. Turnover rates have increased steadily, by 4.7 percentage points, between 2012/13 and 2015/16. This may indicate that employers are struggling to find and recruit suitable people to the sector. A large proportion of staff turnover is a result of people leaving the sector soon after joining and the sector also has difficulties in retaining younger workers.

Adult social care has an experienced ‘core’ of workers. Workers have, on average, eight years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that 6.8% of roles in adult social care were vacant, this gives an average of approximately 84,000 vacancies at any one time. The vacancy rate between 2012/13 and 2015/16 had risen each year, from 4.5% in 2012/13 to 6.8% in 2015/16.

**Workforce demographics**

Overall the adult social care workforce remains one where females made up the majority of the workforce, with 82% females and 18% males.

The average age of a worker was 43 years old and a fifth were over 55 years old (295,000 jobs). Adult social care employs people in all age groups with little evidence of the workforce aging significantly.

Around 83% of the adult social care workforce were British, 7% (90,000 jobs) were from within the EU and 11% (140,000 jobs) from outside the EU. Therefore, on average, the adult social care sector has a greater reliance on non-EU than EU workers. It is currently not known how, or if, the adult social care workforce will be affected given the EU referendum result, but with such a high reliance on overseas workers it could create challenges with workforce supply.

Nationality varies by region (see map) with the north of England having a higher proportion of British workers than the midlands or south. London had the lowest proportion of British workers (59%).

The proportion of registered nurses with a British nationally was lower, at 64% in England and 42% in London, than the workforce average (83% in England and 59% in London).
Hourly and annual pay rates

It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016 (March 2016 for the independent sector and September 2015 for local authority data).

The chart below shows the mean full-time equivalent annual salaries of selected job roles:

- Registered manager, £28,600
- Social worker, £33,100
- Occupational therapist, £29,500
- Registered nurse, £25,000

The chart below shows mean hourly rates for selected job roles. The senior care worker hourly rate was £8.28; this was £1.08 above the NLW, and the care worker hourly rate was £7.46; this was 26p above the NLW. Early evidence from NMDS-SC shows that rates have increased since April 2016.

- Senior care worker, £8.28
- Care worker, £7.46
- Support and outreach, £9.21
- National Living Wage, £7.20

Qualifications, training and skills

Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

Nearly two thirds (62%) of direct care staff who were new to their role had either achieved the Care Certificate or were in the process of doing so.

Four out of five (80%) senior care workers were qualified to a level two or above, as were just over half (52%) of support and outreach workers and 44% of care workers.

Of the workers with training recorded in the NMDS-SC, the most populated categories of training were ‘moving and handling’ (74%) and ‘safeguarding adults’ (70%).
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Introduction
The adult social care sector is changing and growing fast. It is crucial that the sector has clear, robust evidence of its size and scale. This will help reinforce its position as a major employer. Good quality information about the workforce is vital to improving the planning and quality of social care services, which will improve outcomes for people who use these services - both now and in the future.

1.1 About Skills for Care

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

For more information about Skills for Care please see our website www.skillsforcare.org.uk

1.2 About the NMDS-SC

The National Minimum Data Set for Social Care (NMDS-SC) is an online workforce data collection system for the social care sector. It is the leading source of robust workforce intelligence for adult social care. The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and their staff since 2006.

The NMDS-SC collects information on the size and structure of the whole adult social care sector including; types of care services that are provided and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications.

Social care employers/providers use the NMDS-SC to help ensure their information better supports business and workforce planning. They register, maintain and access their business information through their online accounts, which they can also use to track their workforce information with personalised reports and dashboards.

Each day, thousands of decisions are made across social care that shape and influence how care is delivered. Information from the NMDS-SC is used to inform these decisions – whether it’s the Department of Health and social care commissioners to help the sector through better planning, for future funding, or by employers to start an organisational change or about improving quality of care. This robust information is used to help empower the social care sector to make plans for change based on evidence.

For more information about the NMDS-SC please visit www.nmds-sc-online.org.uk.

1.3 Economic contribution and wage bill

As at 2015/16 the adult social care sector was estimated to contribute £40.4 billion per annum to the English economy. The total wage bill of the sector, calculated using NMDS-SC information, accounted for almost half (46%) of this amount, at £18.6 billion. Since 2012/2013 the wage bill had increased by 10%, from £16.9 billion. Please see table 1 for wage bill trends between 2012/13 and 2015/16.
Table 1: Adult social care wage bill trends, 2012/13-2015/16

<table>
<thead>
<tr>
<th>Year</th>
<th>Wage bill</th>
<th>Percentage increase</th>
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<tr>
<td>2012/13</td>
<td>£16.9 billion</td>
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<tr>
<td>2013/14</td>
<td>£17.4 billion</td>
<td>3%</td>
</tr>
<tr>
<td>2014/15</td>
<td>£17.9 billion</td>
<td>3%</td>
</tr>
<tr>
<td>2015/16</td>
<td>£18.6 billion</td>
<td>4%</td>
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The remaining 54% of the economic contribution included 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.

1.4 NMDS-SC coverage of the adult social care sector

There were an estimated 1.55 million jobs in the adult social care sector, 1.34 million within statutory local authority and independent sector employers in 2015. Approximately half of the workforce were recorded in the NMDS-SC. This coverage varies by care services, job role and geographical area. The NMDS-SC has 100% coverage of statutory local authorities.

Statutory local authorities

For the past four years all 152 local authorities in England have been informed by NHS Digital (formally the Health and Social Care Information Centre) that they are expected to complete an NMDS-SC return. In 2015, for the 4th year in a row, all 152 local authorities in England have met the criteria of a full NMDS-SC return.

CQC regulated services

Skills for Care estimates that there were 40,100 care establishments/employers providing or organising adult social care in England in 2015, around 25,400 of these services were CQC regulated. At the end of March 2016 the NMDS-SC had 56% coverage of all CQC regulated social care establishments (14,100 out of 25,400). These CQC regulated establishments had completed around 552,500 NMDS-SC worker records between them (out of a total population of around 1.1 million workers employed by CQC registered employers). A sample of this size provides a solid basis for creating reliable and precise analyses 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 updated their data in the past 12 months. Every effort is made to ensure that information derived from the NMDS-SC is reliable. All NMDS-SC data has been through rigorous data quality checks.

1.5 Methodology used to estimate characteristics of the adult social care sector

This report uses 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. For a full methodology of how Skills for Care model NMDS-SC data please see Appendix one of the ‘Size and Structure of the Adult Social Care Sector and Workforce in England 2016’ report.
A simplified explanation of how the information is produced is that Skills for Care 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 has uneven levels of data coverage.

Independent sector information is derived from the NMDS-SC as at March 2016, local authority information is correct as at September 2015.

1.6 Terminology used in this report

Adult social care and terminology used to describe it, continues to change. We have tried 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 ‘statutory local authority’ to refer to councils with social services responsibilities, and ‘local authority area’ when talking about the geographical area and all adult social care within it.
- The independent sector as the sum of the private and the voluntary (third) sectors.

The NMDS-SC collects information about 31 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 and ‘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 (called support and outreach throughout this report) and other care-providing job roles.
- **Other roles**, including; ‘administrative or office staff not care-providing’, ‘ancillary staff not care-providing’ and ‘other non-care-providing job roles’.

Similarly, the NMDS-SC collects information about 58 care services, these are also then aggregated into five groups for the purposes of analysis. Selected main care services within each group are as follows;
- **Adult residential** includes; care homes with nursing, care homes without nursing, supported living, extra care housing and other adult residential care services.
- **Adult day care services**
- **Adult domiciliary**
- **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.
- **Other services** includes; head office services and any other adult social care services.
A simplified explanation of how the information is produced is that Skills for Care 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 has uneven levels of data coverage.

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 Direct care, including; senior care workers, care workers, community support and outreach workers (called support and outreach throughout this report) and other care-providing job roles.

 Other roles, including; 'administrative or office staff not care-providing', 'ancillary staff not care-providing' and 'other non-care-providing job roles'.

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 Adult residential includes; care homes with nursing, care homes without nursing, supported living, extra care housing and other adult residential care services.

 Adult day care services

 Adult domiciliary

 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.

 Other services includes; head office services and any other adult social care services.
This chapter looks at the size and structure of the adult social care sector and workforce.

- An estimated **19,300** organisations were involved in providing or organising adult social care in England as at 2015.
- An estimated **40,100** establishments were involved in providing or organising adult social care in England as at 2015.
- Around 235,000 adults, older people and carers received direct payments from councils’ social services departments in 2014/2015. It was estimated that approximately 65,000 (28%) of these recipients were employing their own staff.
- The number of adult social care jobs in England at 2015 was estimated at **1.55 million**.
- The number of adult social care jobs was estimated to have increased by around 1% (by 12,500 jobs) between 2014 and 2015. This rate of increase was slower than in previous years.
- Since 2009 the number of adult social care jobs had increased by 18% (240,000 jobs).
- The number of full-time equivalent (FTE) jobs was estimated at **1.11 million**.
- In terms of FTE jobs, and therefore the total number of hours worked in the sector, the workforce grew at a similar rate to previous years between 2014 and 2015 (2.5%).
- The number of people working in adult social care was estimated at **1.43 million**.

This chapter summarises the information presented in the ‘Size and structure of the adult social care sector and workforce in England’ report, published by Skills for Care in July 2016. For more detail please see the report, [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure).

### 2.1 Number of adult social care organisations (enterprises)

- The total number of PAYE or VAT registered whole organisations (enterprises) involved in providing or organising adult social care in England as at 2015 was estimated at **19,300**.

The definition of organisations ranges from large national employers, large charities and councils with social services responsibilities (CSSRs) to small independent care homes. 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 2.3 for details about these employers).

Chart 1 shows that 59% of adult social care organisations were providing non-residential services and 41% were providing residential services.

### Chart 1: Estimated proportion of adult social care organisations in England, by service type, 2015

*Source: Skills for Care estimates based on ONS IDBR data*
The majority of adult social care organisations employed between one and nine or between 10 and 49 employees. Almost 40% of organisations had one to four employees and around 86% 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 2015.

2.2 Number of adult social care establishments (local units of employment)

- An estimated 40,100 establishments were involved in providing or organising adult social care in England as at 2015.

The definition of establishments used in this section includes all local units of employment as opposed to only whole organisations that 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 51% of adult social care establishments were providing residential services and 49% were providing non-residential services.

Chart 2: Estimated proportion of adult social care establishments in England, by service type, 2015
Source: Skills for Care estimates based on ONS IDBR data

<table>
<thead>
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<th>Residential, 51%</th>
<th>Non-residential, 49%</th>
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<tr>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>80%</td>
<td>100%</td>
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Around two thirds of establishments (63%) were regulated by the Care Quality Commission (CQC).

The number of adult social care establishments increased steadily between 2009 and 2014 with the exception of 2012-2013 which saw a 1% decrease. The trend between 2014 and 2015 was not available but Skills for Care estimated that the number of establishments remained broadly the same over the period.

Figure 1 shows the change in the number of CQC regulated independent sector establishments between 2009 and 2015 by service type. It shows that the number of non-residential establishments had increased substantially over the period whereas the number of care homes without nursing had decreased. The reasons behind this shift may be related to government policy of promoting independence for people who have care and support needs. For example the increase in non-residential care establishments may be a result of the flexibility offered by personal budgets with more people choosing care options that support them to continue to live at home.
2.3 Direct payment recipients

- Around 235,000 adults, older people and carers received direct payments from councils’ social services departments in 2014/2015.
- It was estimated that, as at 2015, approximately 65,000 (28%) of these individuals were employing their own staff. Almost all of these employers were receiving direct payments on an on-going basis for their own care and support needs.

Please note that the figures in this section should be treated with some caution as, despite advances in this area, there is still a shortage of data about individual employers and their workforce.

The direct payment recipient market is still relatively new and has continued to evolve over recent years. Increasingly evidence suggests that people in receipt of direct payments are moving away from the model of becoming employers themselves, to a model of buying in the services they require, many from domiciliary care agencies. Due to a shortage of data Skills for Care estimate that the proportion of direct payment recipients employing staff is likely to be between 23% and 33% (55,000 to 80,000 employing staff in total).

For more information about direct payment recipients, including trends and methodology details please see www.skillsforcare.org.uk/sizeandstructure.

The adult social care workforce

- the number of adult social care jobs in England as at 2015 was estimated at 1.55 million
  - 1.34 million jobs working within the statutory local authority and the independent sectors only
- the number of full-time equivalent (FTE) jobs was estimated at 1.11 million
- the number of people working in adult social care was estimated at 1.43 million.
2.4 Number of adult social care jobs

This report uses 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. For a full methodology of how Skills for Care model NMDS-SC data please see Appendix one of the ‘Size and Structure of the Adult Social Care Sector and Workforce in England 2016’ report.2

Sector/type of employer

Chart 3 shows that around three quarters (78%) of jobs in adult social care were with independent sector employers. Jobs in local authorities accounted for 8% of all jobs, and adult social care jobs in the NHS accounted for 6% of the total. The NHS jobs that were classified as ‘adult social care’ for the purposes of this report include occupational therapists, occupational therapy support staff, healthcare assistants and social service staff (qualified and support).

Chart 3: Estimated number of adult social care jobs by employer type in England, 2015

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Estimated Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>1,215,000</td>
<td>78%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>120,000</td>
<td>8%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>135,000</td>
<td>9%</td>
</tr>
<tr>
<td>NHS</td>
<td>86,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

Jobs for independent sector employers could not be accurately split into ‘private’ and ‘voluntary’ as they were in previous years as this information is no longer reported by the CQC. Estimates from the NMDS-SC suggest that approximately 75% (920,000) of the jobs for independent sector employers were in private establishments (around 59% of all jobs) and 25% (300,000) were in voluntary sector establishments (around 19% of all jobs).

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

The direct payment recipients’ workforce accounted for 9% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimates of the number of direct payment recipients that employ staff (see Section 2.3). In addition to this, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately two jobs per individual employer). Given this uncertainty, Skills for Care estimate that the number of jobs for direct

2 www.skillsforcare.org.uk/sizeandstructure
payment recipients is likely to be between 110,000 and 160,000 and therefore 7% to 10% of the total number of jobs.

Care services
Chart 4 shows a breakdown of adult social care jobs by main service group. It shows that the majority of 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.

Chart 4: Adult social care workforce estimates by care service of employment and type of employer

The chart above also shows the sector/type of employer. Half of the independent and statutory local authority sector workforce (of which information in chapters two and onwards are based) worked within residential care, 3% within day care services, 38% domiciliary care and 9% within community care. Statutory local authority services provided just over a third of the community services.

Job roles
Table 2 shows that around three-quarters of adult social care jobs were direct care providing (75%). Managerial and supervisory roles accounted for 7% of jobs, regulated professions accounted for 6% and ‘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. For a list of job roles within each job role group please see section 1.6.

Table 2: Estimated number of adult social care jobs by job role in England, 2015

<table>
<thead>
<tr>
<th>Job role group</th>
<th>Total jobs</th>
<th>Percentage of jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>1,550,000</td>
<td></td>
</tr>
<tr>
<td>Direct care</td>
<td>1,170,000</td>
<td>75%</td>
</tr>
<tr>
<td>Managerial</td>
<td>115,000</td>
<td>7%</td>
</tr>
<tr>
<td>Regulated professional</td>
<td>90,000</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>180,000</td>
<td>12%</td>
</tr>
</tbody>
</table>

Although regulated professional roles make-up a relatively small proportion of the total adult social care workforce they are one of the most 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**
  As at 2015 there were an estimated 47,000 registered nurse jobs in the adult social care sector. The vast majority of these jobs were in care homes with nursing in the independent sector (40,500) and around 5,000 were for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS.

- **Occupational therapists**
  There were an estimated 20,000 occupational therapist jobs in the adult social care sector as at 2015. This estimate includes 16,500 occupational therapist jobs in the NHS, these roles are considered to be adult social care related and have therefore been included as part of the adult social care workforce in this report. The majority of the remaining occupational therapist jobs were employed by local authorities (2,500).

- **Social workers**
  As at 2015 there were an estimated 18,500 social worker jobs in the adult social care sector. The majority of these jobs (16,100) were within local authorities and around 1,000 were in the independent sector. Data from NHS Digital (formally the Health and Social Care Information Centre) shows that there were around 1,600 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be social care related.

For more information about registered nurses and social workers please see chapter 8, specialist job roles.

Chart 5 (on the next page) shows a breakdown of the number of jobs in the 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 professionals 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 800,000 roles being carried out as at 2015. Care workers accounted for over half (52%) of all jobs in the adult social care sector. It also shows that ‘jobs for direct payment recipients’ (135,000) was the second most common job role and ‘ancillary’ jobs were the third most common (100,000).

In Chart 5, the ‘others’ category includes 14 job roles that were estimated to have fewer than 5,000 jobs. This includes roles such as allied health professionals, occupational therapy assistants, activities workers and ‘advice, guidance and advocacy roles’. A full list of NMDS-SC job roles and descriptions can be found on the NMDS-SC website.³

³ [https://www.nmds-sc-online.org.uk/help/Article.aspx?id=33](https://www.nmds-sc-online.org.uk/help/Article.aspx?id=33)
Chart 5: Estimated number of adult social care jobs by individual job roles

- Care worker: 800,000
- Senior care worker: 87,000
- Support and outreach: 57,000
- Other care-providing job role: 77,000
- Ancillary: 100,000
- Admin staff: 48,000
- First line manager: 25,000
- Supervisor: 23,000
- Middle manager: 14,000
- Registered manager: 22,500
- Senior manager: 18,000
- Other manager: 14,000
- Registered nurse: 47,000
- Occupational therapist: 20,000
- Social worker: 18,500

*‘Others’ includes 14 job roles where it was estimated there were fewer than 5,000 jobs*
Unpaid carers play a major role in adult social care but are not usually included in employment statistics and are therefore not included in the workforce estimates in this report. As at 2011 there were an estimated 5.4 million people who were carers in England\(^4\) and this figure is projected, by Carers UK, to increase by 40% by 2037.\(^5\)

### 2.5 Number of full-time equivalent jobs

- The number of full-time equivalent adult social care jobs in England as at 2015 was estimated at **1.11 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 and additional hours data collected by the NMDS-SC to estimates of the total number of jobs presented previously in this section (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 2015, there were an estimated 1.11 million FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (1.55 million), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs for direct payment recipients which make up a significantly smaller percentage of FTE jobs (6%) than all jobs (9%).

**Table 3: Estimated adult social care jobs and FTE jobs in England, 2015**

<table>
<thead>
<tr>
<th>Employer type</th>
<th>Jobs</th>
<th>Percentage of jobs</th>
<th>FTE jobs</th>
<th>Percentage of FTE jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,550,000</td>
<td></td>
<td>1,110,000</td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>1,215,000</td>
<td>78%</td>
<td>870,000</td>
<td>79%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>120,000</td>
<td>8%</td>
<td>95,000</td>
<td>9%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>135,000</td>
<td>9%</td>
<td>65,000</td>
<td>6%</td>
</tr>
<tr>
<td>NHS</td>
<td>86,000</td>
<td>6%</td>
<td>75,000</td>
<td>7%</td>
</tr>
</tbody>
</table>

### 2.6 Number of people

- The number of people working in adult social care in England as at 2015 was estimated at **1.43 million**.

In this section Skills for Care has made the distinction 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. For a methodology of how this calculation is made please see [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure).

Chart 6 shows the estimated number of jobs per worker by type of employer. It shows that people working for direct payment recipients were much more likely to hold more than one adult social care job (120 jobs per 100 people) than the overall average (108 jobs per 100 people). This is not surprising given the part-time nature of many of these roles.

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\(^4\) Census (2011)

\(^5\) Carers UK’s “facts about carers 2014” report can be found at [www.carersuk.org](http://www.carersuk.org)
According to NOMIS 2016\(^6\) England had an economically active population of 27.1 million people. Therefore, because the adult social care sector employed an estimated 1.43 million people an estimated 5.3% of the economically active population worked within adult social care.

### 2.7 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 2016; report were:

1. An increase in the size of the workforce (up 18% between 2009 and 2015)
2. An increase in independent sector jobs (up 25% or 245,000 jobs)
3. A decrease in local authority jobs (down 33% or 60,000 jobs)
4. An increase in jobs for care homes with nursing (up 24% or 55,000 jobs)
5. An increase in the number of jobs in domiciliary care (up 34% or 170,000) despite remaining broadly the same between 2014 and 2015

Chart 7 shows the change in the number of adult social care jobs in England since 2009. It shows the workforce has been increasing steadily since 2009 at an average of 3% per year. The overall increase in the number of jobs between 2009 and 2015 was estimated at around 240,000 (an 18% increase).

### Chart 7: Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009-2015

\(^6\) [https://www.nomisweb.co.uk](https://www.nomisweb.co.uk)
The number of adult social care jobs increased between 2014 and 2015 for independent employers by around 2% (20,000 new jobs). The number of adult social care jobs in the NHS also increased by 6% (5,000 jobs) and the number of local authority jobs decreased by 8% (10,000 jobs) over the same period. Reasons were provided by 65 councils (of 101 that saw a decrease in jobs) for these reductions in staff numbers. The most common reasons cited by these councils were restructures, service closures and the outsourcing of services.

The number of jobs for direct payment recipients remained broadly the same between 2014 and 2015. It should be noted that these estimates are not precise and therefore small changes cannot be detected.

2.8 People who receive care and support

The NMDS-SC collects information about the care and support provision at each establishment. Employers can select from a list of 42 services including: people with learning disabilities, autism, dementia or mental disorders or infirmities. An establishment can offer care and support to one or more groups of people. This section includes estimates about the number of jobs within services providing care and support to three groups of people.

There were between 14,500 and 736,500 adult social care jobs providing care and support to people with dementia. Between 127,000 and 504,000 jobs providing care and support to people with learning disabilities and autism, and between 28,500 and 483,500 jobs providing care and support to people with mental disorders or infirmities.

The first/lower number, ‘exclusively’, is the estimated number of jobs within provisions providing care and support only, or exclusively, to each group of people shown in the table, and the second/higher, ‘with other care and support provision’, is the estimated number of jobs within provisions providing care and support to each group as well as people with other care and support needs. Within non-exclusively care and support provisions, the proportion of time spent caring for people with dementia/learning disabilities and autism/people with mental disorders or infirmities was unknown.

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with dementia</th>
<th>Total</th>
<th>Statutory local authority</th>
<th>Independent</th>
<th>Direct payment recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>14,500</td>
<td>3,500</td>
<td>6,500</td>
<td>4,500</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>736,500</td>
<td>62,000</td>
<td>674,500</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with learning disabilities and autism</th>
<th>Total</th>
<th>Statutory local authority</th>
<th>Independent</th>
<th>Direct payment recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>127,000</td>
<td>6,000</td>
<td>87,500</td>
<td>34,000</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>504,000</td>
<td>57,000</td>
<td>447,000</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with mental disorders or infirmities</th>
<th>Total</th>
<th>Statutory local authority</th>
<th>Independent</th>
<th>Direct payment recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>28,500</td>
<td>1,500</td>
<td>15,000</td>
<td>12,500</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>483,500</td>
<td>56,000</td>
<td>428,000</td>
<td>0</td>
</tr>
</tbody>
</table>
The table below shows jobs by care and support provision within adult residential, day, domiciliary and community care services. The services in this table are all provided with statutory local authority and independent sector providers. Direct payment recipient jobs are additional to those shown in table 5, and can be seen in table 4.

Table 5: Job by care and support provision, and service group

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with dementia</th>
<th>Adult residential</th>
<th>Adult day</th>
<th>Adult domiciliary</th>
<th>Adult community care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>8,000</td>
<td>500</td>
<td>500</td>
<td>1,000</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>355,000</td>
<td>12,000</td>
<td>318,000</td>
<td>51,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with learning disabilities and autism</th>
<th>Adult residential</th>
<th>Adult day</th>
<th>Adult domiciliary</th>
<th>Adult community care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>55,000</td>
<td>6,500</td>
<td>25,000</td>
<td>7,000</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>112,500</td>
<td>21,500</td>
<td>317,500</td>
<td>53,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jobs providing care and support to people with mental disorders or infirmities</th>
<th>Adult residential</th>
<th>Adult day</th>
<th>Adult domiciliary</th>
<th>Adult community care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively</td>
<td>11,000</td>
<td>0</td>
<td>1,500</td>
<td>3,500</td>
</tr>
<tr>
<td>With other care and support provision</td>
<td>132,000</td>
<td>12,500</td>
<td>287,000</td>
<td>52,500</td>
</tr>
</tbody>
</table>

For a bespoke analysis of NMDS-SC by care and support service provided in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.

2.9 Further information

For more detail about the size and structure of the adult social care sector and workforce in England, including a full methodology of how workforce estimates were created please see www.skillsforcare.org.uk/sizeandstructure.

For more information and to perform your own analysis of workforce estimates from the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- estimated number of jobs in the adult social care sector
- estimated number of people working in the adult social care sector
- estimated number of care providing locations in the adult social care sector
- full-time equivalent workforce information.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see http://www.skillsforcare.org.uk/stateof for the appendix.
Employment overview
Overview
This chapter looks at employment information of the adult social care workforce.

- The majority (90%) of the adult social care workforce were employed on permanent contracts.
- Approximately half of the workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 11% had no fixed hours.
- Around a quarter of the workforce were recorded as being on zero-hours contracts (315,000 jobs).
- Almost half (49%) of the domiciliary care workforce were on zero-hours contracts. This proportion was higher for care workers (58%) and registered nurses (57%).
- The percentage of workers on zero-hours contracts between 2012/13 and 2015/16 has remained relatively stable, going up by three percentage points over the period.

3.1 About the data in the following chapters

Chapter two of this report shows that the estimated number of jobs in the adult social care sector was 1.55 million in 2015. This included 120,000 jobs in the statutory local authority sector, 1,215,000 in the independent sector, 135,000 jobs for direct payment recipients and 86,000 jobs employed by the NHS but providing an adult social care service.

From here on, this report refers to the adult social care sector as those 1.34 million jobs working in the statutory local authority sector and the independent sectors only. Jobs for direct payment recipients and those working in the NHS are not included in the workforce estimates from here onwards.

3.2 Employment status

The majority (90%) of the adult social care workforce were employed on permanent contracts, see chart 8. Employment status did vary a small amount by job role, notably managerial staff were more likely to be on permanent contracts.

Chart 8: Proportion of the adult social care workforce on permanent contracts, by selected job roles

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>90%</td>
</tr>
<tr>
<td>Senior management</td>
<td>96%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>99%</td>
</tr>
<tr>
<td>Social worker</td>
<td>87%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>90%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>84%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>96%</td>
</tr>
<tr>
<td>Care worker</td>
<td>89%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>85%</td>
</tr>
</tbody>
</table>

3.3 Full/part-time status

Approximately half of the adult social care workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 11% neither full nor part-time (workers without set hours). These proportions varied a fair amount by job role. The majority of registered managers (91%) and senior managers (86%) worked full-time, social workers and senior care workers also had a high proportion of workers on full-time contracts (72% and 70% respectively).

Care workers (making up around half of the workforce) had the lowest proportion of full time staff, 46% full-time, 40% part-time and the remaining workers being ‘neither of these’.

7 Detailed workforce information about jobs for direct payment recipients and those working in the NHS were not available and therefore could not be included in Skills for Care estimates by workforce characteristics.
Chart 9 shows the employment status of workers not employed on a permanent contract. Employers had a higher reliance on bank/pool registered nurses than other job roles, with 11% falling under this employment status. Employers also had a higher reliance on social worker and occupational therapist agency staff (6% and 4% respectively).

**Chart 9: Employment status, if not permanent, of the adult social care workforce, by selected job roles**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Temporary</th>
<th>Bank or pool</th>
<th>Agency</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>3%</td>
<td>5%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>5%</td>
<td>1%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>3%</td>
<td>11%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>2%</td>
<td>2%</td>
<td>&lt;1%</td>
<td></td>
</tr>
<tr>
<td>Care worker</td>
<td>3%</td>
<td>5%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Although levels of non-permanent workers were generally low across all job roles, the level of reliance on zero-hours contracts, or casual staff was high, see section 3.4.

### 3.3 Full/part-time status

Approximately half of the adult social care workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 11% neither full nor part-time (workers without set hours). These proportions varied a fair amount by job role. The majority of registered managers (91%) and senior managers (86%) worked full-time, social workers and senior care workers also had a high proportion of workers on full-time contracts (72% and 70% respectively).

Care workers (making up around half of the workforce) had the lowest proportion of full time staff, 46% full-time, 40% part-time and the remaining workers being ‘neither of these’.
A large proportion of workers with neither full nor part time status were employed on zero-hours contracts, please see section 3.4 for more details.

3.4 Zero-hours contract

A zero-hours contract is a contract type where the employer is not obliged to provide any minimum working hours. This contract type could be particularly attractive to adult social care employers because it can provide a solution to temporary staff shortages caused by leavers (see section 4.4) or sickness absence (section 4.9) and is often more cost-effective than using agency staff. It could also be attractive to domiciliary care providers in particular due to the changing demand for care and support and therefore staffing level requirements.

This contract type could be seen as positive for some employees because it could offer a good work/life balance and flexibility that could suit family or other commitments, especially given the demographics of the sector (see chapter 5) of 82% female and the average age of 43 years old. However zero-hours contracts are often seen as ‘insecure work’ and negative in terms of financial planning and uncertainty.

Almost a quarter of the adult social care workforce (24%, 315,000 jobs) were 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, see chart below. Care workers had the highest proportion of workers on zero-hours contracts (33%), followed by registered nurses (18%) and support and outreach workers (15%). Chart 11 shows the proportion of zero-hours contracts and estimated number of jobs on zero-hours contracts in brackets.
Chart 11: Zero-hours contract, by selected job roles

As well as variation of the proportion of workers on zero-hours contracts by job role there was also large variation by care service provided. The chart below shows registered nurses and selected direct care roles by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, 58% of care workers and 57% of registered nurses were recorded with this contract type. Generally residential, day care and community care services had lower proportions of zero-hours staff.

Chart 12: Zero-hours contract, by selected job roles and care setting
When making conclusions based on chart 12 it should be noted that the majority of registered nurses work within residential care settings (41,500, 88%) and fewer work within domiciliary care (4,500, 10%) community care (1,000, 2%) and day care services (60, <1%).

3.4.1 Zero-hours contracts and other employment statuses

This section discusses how employment status, full/part-time working and zero-hours contracts interact. Proportions vary by job role and service, which is unsurprising given the variation seen previously in this chapter. This section is based on raw NMDS-SC analysis and not workforce estimates and therefore should be treated with some caution, but is included as a good guide to employment patterns.

The majority (around two thirds) of care workers on a zero-hours contract working within residential care services and community services were employed as bank or pool workers, and just over a quarter were permanently employed. The majority (80%) of zero-hours care workers within domiciliary care services were employed on permanent contracts.

Those who work neither full nor part-time hours had a similar pattern to zero-hours staff across employment status, where workers in residential or community services were more likely to be employed as bank or pool staff. Care workers in domiciliary care services with neither full nor part-time hours were more likely to be permanently employed or bank and pool, and registered nurses were more likely to be agency or temporarily employed.

3.4.2 Zero-hours contract trends

Table 6 shows the percentage of staff within the sector that were working on zero-hours contracts. The percentage for all job roles has remained relatively stable, going up by three percentage points between 2012/13 and 2015/16. It should be noted however that, although no precise trend is available, evidence from the NMDS-SC suggests that before 2012 the proportion of workers on zero-hours contracts was substantially lower.

Overall, the proportion of workers on zero-hours contracts reduced by one percentage point between 2014/15 and 2015/16, however it is too early to confidently state that the rate is going down, when 2016/17 data becomes available it should become clearer whether or not this is a ‘real’ trend.

Registered nurses saw a two percentage point rise between 2012/13 and 2015/16 but a one percentage point decrease between 2014/15 and 2015/16. Similarly, care workers saw a three percentage point increase between 2012/13 and 2015/16 but a two percentage point decrease between 2014/15 and 2015/16. The remaining job roles shown in Table 6 saw very little change in the proportion of staff on a zero-hours contract.
When making conclusions based on chart 12 it should be noted that the majority of registered nurses work within residential care settings (41,500, 88%) and fewer work within domiciliary care (4,500, 10%), community care (1,000, 2%) and day care services (60, <1%).

3.4.1 Zero-hours contracts and other employment statuses

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Table 6: Zero-hours contract trends between 2012/13 and 2015/16, by selected job roles

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>Change between 2012/13 and 2015/16 (percentage points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>21%</td>
<td>23%</td>
<td>25%</td>
<td>24%</td>
<td>3%</td>
</tr>
<tr>
<td>Senior management</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>16%</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
<td>2%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Care worker</td>
<td>30%</td>
<td>33%</td>
<td>35%</td>
<td>33%</td>
<td>3%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>15%</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Chart 13: Zero-hours contract trends between 2012/13 and 2015/16, by selected job roles

3.5 Further information

For more information and to perform your own analysis of employment information from the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- job and people estimates by service, sector and job role
- full-time and part-time working
- overview of workforce structure.
For a bespoke analysis of employment information from the NMDS-SC; in more detail, in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see http://www.skillsforcare.org.uk/stateof for the appendix.
Recruitment and retention

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Overview
This chapter looks at recruitment and retention information of the adult social care workforce.

- Skills for Care estimates that the starters rate in the past 12 months was 35%. This was approximately 434,000 new directly employed starters each year.
- Of new starters, approximately two thirds were recruited from within the adult social care sector, therefore the sector retains their skills and experience.
- Adult social care has an experienced ‘core’ of workers. Workers had, on average, eight years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years.
- Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 27.3%. This was approximately 339,000 a year.
- The turnover rate was higher within registered nursing roles (35.9%) and care worker roles (33.5%), the care worker turnover rate within domiciliary providers was 38.1%.
- Turnover rates have increased steadily, by 4.7 percentage points, between 2012/13 and 2015/16.
- Some employers are struggling to find and recruit suitable people to the sector. A large proportion of staff turnover was a result of people leaving the sector soon after joining; the sector also has difficulties in retaining younger workers.
- Skills for Care estimates that 6.8% of the roles in adult social care are vacant, this gives an average of approximately 84,000 vacancies at any one time. The vacancy rate between 2012/13 and 2015/16 had risen each year, from 4.5% in 2012/13 to 6.8% in 2015/16.
- With an estimated workforce of 1.34 million within statutory local authority and independent sector providers and an average of 5.2 sickness days, that is a total of approximately seven million days lost to sickness every year.

This chapter looks at information about the recruitment and retention of the adult social care workforce. It is vital that adult social care can attract and retain staff with the right skills, values and behaviours, to raise and deliver quality and standards for people using social care services. The high level of movement within the current workforce may have an impact on service delivery and continuity of care.

4.1 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 35%. This was approximately 434,000 new starters each year.

It should be noted that the starters rate shows people that are new to their role, this could be a mixture of those new to the adult social care sector and churn within the adult social care sector, i.e. people moving from different employers or within the same organisation. (See destinations of leavers section).
The starters rate, and turnover rate (see section 4.4), were lower for statutory local authority employers than for independent sector employers. Workers within domiciliary care providers had the highest proportion of new starters, with around two in five being new to their roles within the last year.

**Chart 14: Starters rate of direct employed workers, by sector and care service group**

<table>
<thead>
<tr>
<th>Sector and Care Service Group</th>
<th>Starters Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>35.0%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>12.3%</td>
</tr>
<tr>
<td>Independent</td>
<td>37.2%</td>
</tr>
<tr>
<td>Adult residential</td>
<td>31.3%</td>
</tr>
<tr>
<td>Adult day</td>
<td>22.0%</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>43.9%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

Of job role groups, regulated professionals and direct care staff had a starters rate of 33.8% and 38.8% respectively. Chart 15 shows starters rates by selected job roles; the starters rate of registered nurse (42.8%) was considerably higher than other regulated professional roles and senior care workers had a much lower starters rate (19.1%) than support and outreach workers (42.1%) and care workers (42.8%).

**Chart 15: Starters rate of direct employer workers, by job role**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Starters Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>35.0%</td>
</tr>
<tr>
<td>Senior management</td>
<td>17.6%</td>
</tr>
<tr>
<td>Social worker</td>
<td>15.5%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>17.6%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>42.8%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>19.1%</td>
</tr>
<tr>
<td>Care worker</td>
<td>42.1%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>29.2%</td>
</tr>
</tbody>
</table>

Starters rates are closely linked to staff turnover rates. Turnover rates and factors influencing turnover are discussed in section 4.4.

**4.1.1 Starters rate trends**

The adult social care starters rate is a mixture of replacing leavers and filling a growing demand for workers in the adult social care sector. Chart 7 in chapter two shows that the workforce has been increasing steadily since 2009 at an average of 3% per year. The overall increase in the number of jobs between 2009 and 2015 was estimated at around 240,000 (an 18% increase). See section 4.4 for more information about staff turnover trends.
Chart 16 shows how the starters rate in the statutory local authority sector (where 9% of the workforce were employed) and in the independent sector (where 91% of the workforce were employed) have changed between 2012/13 and 2015/16.

**Chart 16: Starters rate of direct employer workers, by job role**

The starters rate within statutory local authorities had decreased between 2012/13 and 2014/15 but increased slightly in 2015/16. Between 2009 and 2015 there was also a decrease in the number of local authority jobs (down 33% or 60,000 jobs). Information collected from councils in 2013, 2014 and 2015 suggested that outsourcing, restructures, service closures, budget cuts and redundancies were amongst the reasons for the decrease in jobs. These job decreases may explain the differences seen between starters and staff turnover trends, with people leaving their roles and not being replaced, resulting in a falling number of new starters. In contrast, jobs within independent sector employers had increased between 2009 and 2015, (up 25% or 245,000 jobs). The starters rate had also increased.

Chart 17 shows the starters rate of selected job roles between 2012/13 and 2015/16. Most notably the starters rate of registered nurses had increased by more than 10 percentage points over this period, which is similar to the turnover rate trend (see section 4.4).

**Chart 17: Starters rate of directly employed workers, by job role**
4.1.2 Age when started working in the adult social care sector

The NMDS-SC collects information about the age of a worker and the year they started working in adult social care sector, therefore the age when they started working in the sector can be calculated. Chart 18 shows the average age and age bands of new starters.

The average age of a person joining the adult social care sector was 35 years old, managers tend to join the sector earlier, and registered managers especially, with an average start age of 30 years old. Senior care workers had the youngest starting age of direct care roles, suggesting career progression within the sector.

Chart 18: Age bands and average age started working in the adult social care sector

<table>
<thead>
<tr>
<th></th>
<th>Under 25</th>
<th>25 to 54</th>
<th>55 and over</th>
<th>Mean start age</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>27%</td>
<td>67%</td>
<td>6%</td>
<td>34.6</td>
</tr>
<tr>
<td>Senior management</td>
<td>31%</td>
<td>66%</td>
<td>3%</td>
<td>30.1</td>
</tr>
<tr>
<td>Registered manager</td>
<td>38%</td>
<td>61%</td>
<td>2%</td>
<td>35.2</td>
</tr>
<tr>
<td>Social worker</td>
<td>15%</td>
<td>81%</td>
<td>4%</td>
<td>34.7</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>18%</td>
<td>79%</td>
<td>3%</td>
<td>32.8</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>29%</td>
<td>64%</td>
<td>7%</td>
<td>32.4</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>29%</td>
<td>68%</td>
<td>3%</td>
<td>33.7</td>
</tr>
<tr>
<td>Care worker</td>
<td>28%</td>
<td>67%</td>
<td>6%</td>
<td>34.5</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>21%</td>
<td>73%</td>
<td>6%</td>
<td>35.9</td>
</tr>
</tbody>
</table>

There is forecast to be a large increase in demand for labour in the sector (see chapter 9). 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. Particular focus could be given to underrepresented groups such as disabled people, males and younger workers. With the increased importance on recruiting for values and behaviours, employers should now be looking to widen their potential pool of applicants and the ways in which they develop new and innovative ways to target and attract people with potential (and not necessarily prior work experience/training and qualifications).

Skills for Care is working in conjunction with the government and other social care employers on a number of initiatives to encourage employers to see potential, particularly for those currently under represented in the sector. For more information please see the ‘recruit a more diverse workforce’ section of the Skills for Care ‘finding and keeping workers; attract more people’ webpage.8

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8 [www.skillsforcare.org.uk/attract](http://www.skillsforcare.org.uk/attract)
4.2 Source of recruitment

The NMDS-SC collects information about the source of recruitment of each worker. These sources can then be grouped into 'from within the adult social care sector', including the independent or statutory local authority sectors, agency or internal promotion, and 'not from within the adult social care sector', including the health sector or other sources.

Chart 19 shows the proportion of selected job roles that were recruited from within and not from within the adult social care sector. Although the starters rate (35%) and turnover rate (27%) seem relatively high, if 66% of starters were recruited from within adult social care then the sector has retained their skills and experience. However those 34% of workers recruited from outside may need more training. It also means a large proportion of employers were going through the recruitment process with high regularity and at a large cost to the sector. This high proportion of workers recruited from elsewhere within the sector also shows a large amount of movement between employers within the sector.

Chart 19: Source of recruitment from and not from within the adult social care sector, by selected job roles

The chart overleaf shows that a higher proportion of starters to statutory local authority providers were recruited from within the statutory local authority sector. And similarly, new starters within independent sector providers were more likely to have been recruited from other independent sector providers. New starters recruited from outside the adult social care sector were more likely to join an independent sector provider than a statutory local authority provider.
Recruitment and retention

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4.3 Experience of the adult social care workforce

4.3.1 Experience in sector

Adult social care has an experienced ‘core’ of workers. Workers had, on average, eight years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years. Chart 21 shows that managerial roles had the most experience in the sector, senior management with an average of 16.5 years and registered managers with an average of 18 years.

Within regulated professional roles, registered nurses had the most experience in the sector, with 14 years, compared to the 9.5 of social workers and 9.5 of occupational therapists. Care workers had the lowest average number of years of experience, at 6. Senior care workers had an average of 10.5 years.

Chart 21: Year bands and average number of years of experience working in the adult social care by selected job role

<table>
<thead>
<tr>
<th>Job Role</th>
<th>2 years of less</th>
<th>3 to 10 years</th>
<th>More than 10 years</th>
<th>Average years in sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>30%</td>
<td>43%</td>
<td>27%</td>
<td>7.9</td>
</tr>
<tr>
<td>Senior management</td>
<td>7%</td>
<td>29%</td>
<td>64%</td>
<td>16.5</td>
</tr>
<tr>
<td>Registered manager</td>
<td>5%</td>
<td>23%</td>
<td>72%</td>
<td>18.2</td>
</tr>
<tr>
<td>Social worker</td>
<td>27%</td>
<td>36%</td>
<td>37%</td>
<td>9.5</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>22%</td>
<td>41%</td>
<td>38%</td>
<td>9.6</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>22%</td>
<td>31%</td>
<td>47%</td>
<td>13.6</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>11%</td>
<td>49%</td>
<td>40%</td>
<td>10.5</td>
</tr>
<tr>
<td>Care worker</td>
<td>36%</td>
<td>45%</td>
<td>19%</td>
<td>6.3</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>30%</td>
<td>43%</td>
<td>27%</td>
<td>7.7</td>
</tr>
</tbody>
</table>
Just under a third (30%) of the workforce had less than three years of experience working in the sector. Care workers, who make up over half of the workforce, had the greatest proportion of workers with two years or less of experience (36%), in contrast 72% of registered managers have been in the sector for more than 10 years.

### 4.3.2 Experience in role

Workers generally had more experience working in the sector than in their current role, which is unsurprising given the level of churn seen in the starters rate and source of recruitment information. Workers had, on average, four more years of experience working in the sector than in their current role.

Chart 22 shows the bands of years of experience and average number of years of experience working in current role. The average number of years of experience in role was four years, less for care workers (three years) and more for senior managers and registered managers (eight years each).

Registered nurses had an average of four years of experience in role, which was amongst the lowest of the job roles shown below, however they had amongst the highest average number of years of experience working in the sector (14 years).

**Chart 22: Year bands and average number of years of experience in current role by selected job role**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>2 years of less</th>
<th>3 to 10 years</th>
<th>More than 10 years</th>
<th>Average years in role</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>52%</td>
<td>36%</td>
<td>11%</td>
<td>4.2</td>
</tr>
<tr>
<td>Senior management</td>
<td>29%</td>
<td>41%</td>
<td>30%</td>
<td>8.1</td>
</tr>
<tr>
<td>Registered manager</td>
<td>29%</td>
<td>40%</td>
<td>31%</td>
<td>8.2</td>
</tr>
<tr>
<td>Social worker</td>
<td>42%</td>
<td>36%</td>
<td>22%</td>
<td>6.2</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>38%</td>
<td>42%</td>
<td>19%</td>
<td>6.0</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>56%</td>
<td>33%</td>
<td>11%</td>
<td>3.9</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>36%</td>
<td>47%</td>
<td>17%</td>
<td>5.7</td>
</tr>
<tr>
<td>Care worker</td>
<td>59%</td>
<td>34%</td>
<td>7%</td>
<td>3.3</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>49%</td>
<td>37%</td>
<td>14%</td>
<td>4.8</td>
</tr>
</tbody>
</table>

When comparing the number of years of experience in sector, workers in local authorities had more experience (11 years in sector and eight years in role) compared to independent sector providers (eight years in sector and four years in role).
4.4 Leavers and staff turnover rates

Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector was 27.3%. This is approximately 339,000 leavers per year. The turnover rate amongst regulated professionals (28.3%) and direct care roles (30.7%).

The turnover rates varied between regulated professional roles, social workers had a turnover rate of 13.3% and occupational therapists of 15.3%. The turnover rate of registered nurses was much higher, at 35.9%, which equates to approximately 14,700 nurses leaving their roles within the past 12 months.

Senior care workers had a turnover rate of 16.2% and support and outreach workers 20.5%. Care workers had the second highest turnover rate, just behind registered nurses, at 33.5%, this was approximately 246,000 leavers in the past 12 months.

Chart 23: Staff turnover rates by selected job roles

As well as varying between job role, turnover rates also varied between sectors, with the statutory local authority sector having a lower turnover rate (12.6% for all job roles) than the independent sector (28.8% for all job roles). See chart below for details.

The turnover rate was higher in domiciliary care providers, with almost a third leaving their role within the past 12 months and the turnover rate of care workers within domiciliary care providers was 38.1%, meaning almost two in five left their role within the past 12 months.

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9 Statutory local authority turnover rates do not include leavers from teams that were outsourced or closed
Chart 24: Staff turnover rate, by sector and care service

As a comparison, according to the NHS workforce statistics published in September 2015\(^\text{10}\) the NHS turnover rate was 11.9% and the joining rate was 13.6%.

Turnover rates vary by factors other than just job role, sector and service. The next section looks at factors affecting care worker turnover rates.

4.4.1 Workforce factors affecting care worker turnover rates

This section focuses on how workforce characteristics collected by the NMDS-SC relate to care workers propensity to leave their roles or the sector. This was done by taking a longitudinal approach, looking at care worker data held in the NMDS-SC in September 2014 and again in September 2015, and splitting them by whether or not they were in both datasets. This section includes independent sector data only.

A large proportion of staff turnover is a result of people leaving the sector soon after joining

The average turnover rate of a care worker in the independent sector was 34.5%. The chart 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. Just under half of those with less than a year of experience left within the first year, dropping to a third of those with one or two years of experience and to under 20% for those with seven years or more experience.

Chart 25: Care worker turnover rate by years of experience in role

Source: NMDS-SC unweighted data between September 2014 and September 2015

10http://digital.nhs.uk/catalogue/PUB19470
In reality, this relationship could be even more pronounced because some care workers that leave the sector soon after joining could have left before their employer had chance to record them in the NMDS-SC.

These findings highlight the important role that recruitment has to play in staff retention rates. It is evident that some employers are struggling to find and recruit people that are likely to stay and progress within the adult social care sector. Adopting a holistic approach to values and behaviours based recruitment and retention has been shown to reduce turnover rates, please see section 4.5 for more information.

Those paid more were less likely to leave their role

The chart below shows care worker turnover rate by average hourly pay bands, the turnover rate did decrease as workers were paid more, however only slightly for workers paid under £8.00 per hour. Turnover rates were noticeably lower for those paid more than £8.00 per hour at 21.8%.

**Chart 26: Care worker turnover rate by average hourly pay bands**
*Source: NMDS-SC unweighted data between September 2014 and September 2015*

The sector also has difficulties in retaining younger workers

The chart below shows care workers aged under 20 had the highest turnover rates, and turnover decreased as workers got older, up to the age of around 60 where turnover rates started to increase as retirement age approaches.

**Chart 27: Care worker turnover rate by age bands**
*Source: NMDS-SC unweighted data between September 2014 and September 2015*
The reasons for this trend are not clear. It could be the case that some younger workers are taking social care jobs as a stop gap while they study or wait for a job in their preferred sector. Some younger people could be taking adult social care jobs, due to a lack of choices, and subsequently not lasting long in the sector. Again, Skills for Care advocates adopting a holist approach to values and behaviours recruitment and retention, wherever possible, as a way for employers to target, attract and take on the right people that are more likely to stay and progress in the adult social care sector.

Skills for Care is working to promote careers in care. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles, and lots of opportunities for progression. A career in adult social care can offer progress, have job security, and get an enormous sense of personal achievement. For more information please visit the ‘Think Care Careers’ site or ‘Thinking of doing an Apprenticeship’ site.

### 4.4.2 Turnover rate trends

The charts in this section show the average turnover rate trends of directly employed staff leaving their role within the past 12 months between 2012/13 and 2015/16.

Turnover rates have increased steadily, by 4.7 percentage points, between 2012/13 and 2015/16. Turnover rates have remained fairly constant within statutory local authority providers, increasing by 1.3 percentage points over the period.

**Chart 28: Turnover rate trend of all job roles, by sector between 2012/13 and 2015/16**

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>22.7%</td>
<td>24.2%</td>
<td>26.1%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>11.3%</td>
<td>11.7%</td>
<td>12.0%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Independent</td>
<td>24.5%</td>
<td>26.0%</td>
<td>27.3%</td>
<td>28.8%</td>
</tr>
</tbody>
</table>

The turnover rate of senior managers remained fairly consistent between 2013/14 and 2015/16. The registered manager turnover rate had dropped by two percentage points, from 22.9% in 2013/14 to 20.9% in 2015/16.

Chart 29: Turnover rate of selected managerial roles between 2013/14 and 2015/16

Care worker turnover rates rose by 5.8 percentage points between 2012/13 and 2015/16. The turnover rate of senior care workers has also risen, but at a slower rate (2.9 percentage points over the period). The support and outreach worker turnover rate increased between 2012/13 and 2013/14 and then dropped between 2013/14 and 2014/15 before remaining fairly consistent between 2014/15 and 2015/16.

Chart 30: Turnover rate of selected direct care roles between 2012/13 and 2015/16

Although the information in the section above shows the average turnover rates, it is important to remember that the adult social care sector has an experienced core of workers and that many employers have lower turnover rates. Skills for Care is conducting a piece of research into employers with a turnover rate of less than 10% and investigating what lessons can be learnt and shared with the sector, please see section 10.6 about how to be kept up to date with Skills for Care research, including this piece.
4.5 Adopting a holist approach to values and behaviours recruitment and retention

Find and keep people with social care values and behaviours

Skills for Care supports employers to adopt a holist approach to values and behaviours recruitment and retention to help put social care values and behaviours at the heart of their recruitment and retention practice. A values and behaviours based approach to recruitment and retention is about finding and keeping people who have the right values, behaviours and attitude to work in care and supporting staff to develop their skills and knowledge to enable them to provide high quality care.

In April 2016 Skills for Care published the results of a study into the impact of values based approach to recruitment and retention. The results of the employer survey found that staff turnover was 6.4 percentage points lower amongst employers using a ‘values based’ approach to recruitment and retention than those using ‘traditional’ methods. It was also reported that sickness absence and punctuality were improved.

“We can train people up on skills. You’ve either got care values or you haven’t”

The infographic below shows the key findings of the report. For more information, and to view the report, please see [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr).

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13 [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)
Recruiting for values
Measuring the impact of a values based approach to recruitment and retention

Staff turnover for employers who recruit for values (19%) compared to the whole sector average (25.4%).

Employers reported that staff recruited for values are better at exhibiting social care values than those recruited using traditional methods.

4.6 Destinations after leaving

It should be noted NMDS-SC coverage of reasons for leaving and destinations of leavers is lower than for other areas of this report as employers do not always know where leavers go. As such these figures should be treated with some caution. Also, this information is not available by job role.
Analysis of reported destinations after leaving supports the sources of recruitment information in section 4.2; showing that a higher proportion of workers from statutory local authority providers leave to work within other statutory local authority providers than independent providers, and vice versa.

A larger proportion of leavers moving to the health sector left from the independent sector (14%) than the statutory local authority sector (1%). And throughout, a low proportion of leavers moved to work within the retail sector (4%).

Table 7: Destinations after leaving
Source: NMDS-SC unweighted data 2015/16

<table>
<thead>
<tr>
<th>Destination</th>
<th>Statutory local authority sector</th>
<th>Independent sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult care sector private or voluntary</td>
<td>2%</td>
<td>33%</td>
</tr>
<tr>
<td>Health sector</td>
<td>1%</td>
<td>14%</td>
</tr>
<tr>
<td>Not to another job immediately</td>
<td>41%</td>
<td>13%</td>
</tr>
<tr>
<td>Other sector</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Adult care sector local authority</td>
<td>35%</td>
<td>7%</td>
</tr>
<tr>
<td>Retail sector</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Abroad</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Other destinations</td>
<td>18%</td>
<td>13%</td>
</tr>
</tbody>
</table>

4.7 Reason for leaving

Table 8 shows, where data was recorded, reasons for leaving of workers that left within the past 12 months. Reasons varied by sector but the most frequent reason reported were ‘personal reasons’, ‘resignation for other or undisclosed reasons’, ‘transferred to another employer’ and ‘career development’.

Although percentages were fairly small, ‘redundancy’ rates were higher, and ‘pay’ rates, as a reason for leaving, were lower within statutory local authority providers than in the independent sector providers. While only 3% 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 also be influenced by pay rates. And, as seen in chart 26, care workers with higher pay were less likely to leave.

Retirement was also a more frequently reported reason for leaving of statutory local authority providers (13%) compared with independent sector providers (3%). The average age of workers in statutory local authority providers was higher (47 years old) than independent providers (42 years old) and a higher proportion were aged 55 and over and therefore may retire within the next 10 years (29% LA and 21% independent).
Recruitment and retention

Table 8: Reasons for leaving
*Source: NMDS-SC unweighted data 2015/16*

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
<th>Statutory local authority sector</th>
<th>Independent sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferred to another employer</td>
<td>5%</td>
<td>21%</td>
</tr>
<tr>
<td>Resignation for other/undisclosed reasons</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Career development</td>
<td>32%</td>
<td>14%</td>
</tr>
<tr>
<td>Dismissal</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Nature of the work</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Competition from other employers</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Pay</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Retirement</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Redundancy</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td>End of contract term</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>11%</td>
</tr>
</tbody>
</table>

4.8 Vacancy rates

Skills for Care estimates that 6.8% of roles in the adult social care sector were vacant, this gives an average of approximately 84,000 vacancies at any one time.

Regulated professional roles had amongst the highest vacancy rates of job roles within the adult social care sector; social workers with a vacancy rate of 12.6%, registered nurses at 9.2% and occupational therapists at 8.2%. Regulated professional roles have high entry requirements compared to other roles in social care (e.g. direct care roles), and they tend to require specialised qualifications and experience. As a result, candidates for these roles are in relatively low supply compared to care workers where entry requirements are not as stringent.

Senior care workers had a lower vacancy rate than other direct care roles, at 3.5% compared to 8.3% for care workers and 5.4% for support and outreach workers.

**Chart 31: Proportion of vacant roles by selected job role**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>6.8%</td>
</tr>
<tr>
<td>Senior management</td>
<td>1.6%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>11.2%</td>
</tr>
<tr>
<td>Social worker</td>
<td>12.6%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>8.2%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>9.2%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>3.5%</td>
</tr>
<tr>
<td>Care worker</td>
<td>8.3%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
Vacancy rates were higher within statutory local authority than independent providers across all roles apart from care workers. The care worker vacancy rate, as shown in Chart 32 below, was more than double within domiciliary care providers (11.4%) than residential care providers (4.9%).

**Chart 32: Vacancy rate of care workers by care service provided**

<table>
<thead>
<tr>
<th>Service</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>4.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult day</td>
<td>5.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td></td>
<td></td>
<td></td>
<td>11.4%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4.8.1 Vacancy rate trends**

This section looks at vacancy rate between 2012/13 and 2015/16, the vacancy rate over this period had risen each year, from 4.5% in 2013 to 6.8% in 2015/16. Chart 33 to Chart 36 below show vacancy rate trends by selected job roles.

**Chart 33: Vacancy rate trends for all job roles, 2012/13-2015/16**

<table>
<thead>
<tr>
<th>Year</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>4.5%</td>
<td>5.7%</td>
<td>6.1%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

Vacancy rate for senior managers and registered managers were relatively consistent between 2013/14 and 2015/16, both rising by 0.4 percentage points over this period.

**Chart 34: Vacancy rate trends for selected managerial roles, 2013/14-2015/16**

<table>
<thead>
<tr>
<th>Year</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>10.8%</td>
<td>11.7%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>1.1%</td>
<td>1.6%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
Chart 35 shows the vacancy rate of social workers, occupational therapists and registered nurses. Social worker and occupational therapist vacancy rates had both followed the same pattern between 2012/13 and 2015/16, both rising between 2012/13 and 2013/14, then dropping slightly between 2013/14 and 2014/15 and then rising again by 2015/16. Social workers vacancy rates had risen 5.5 percentage points over the period and occupational therapists by 4.1 percentage points.

The vacancy rate of registered nurses increased by 5.3 percentage points between 2012/13 and 2015/16, rising steadily between 2012/13 and 2014/15 then rising sharply between 2014/15 and 2015/16.

Chart 35: Vacancy rate trends for selected regulated professional roles, 2012/13-2015/16

The vacancy rate of selected direct care roles, shown below, have been fairly consistent between 2012/13 and 2015/16. Senior care workers rising by one percentage point, support and outreach workers by 0.6 percentage points and care workers by 2.7 percentage points. The vacancy rate of support and outreach workers decreased from 5.7% to 5% between 2013/14 and 2014/15 then increased again, from 5% to 5.4% by 2015/16.

Chart 36: Vacancy rate trends for selected direct care roles, 2012/13-2015/16
4.9 Sickness rates

The average number of days sick per worker in the past 12 months was 5.2. The average number of days’ sickness did vary by job role, with social workers and occupational therapists taking the most days sickness, at 10.1 and 7.2 days respectively. Registered nurses however had amongst the lowest sickness rates, at an average of 2.9 days. It should be noted that the majority of nurses are employed in the independent sector where sickness are generally lower. Sickness rates, particularly for regulated professionals, are often taken to reflect workplace wellbeing.

With an estimated workforce of 1.34 million within statutory local authority and independent sector providers and an average of 5.2 sickness days, that is a total of approximately seven million days lost to sickness every year.

Chart 37: Average sickness days taken by selected job roles

The proportion of workers taking zero days sickness a year within the sector was high at around three fifths (58%) of the workforce. Senior managers and registered managers had lower average days of sickness and a higher proportion of workers taking zero days.

Care workers and senior care workers both had the same average number of sickness days (5.2) and support and outreach workers had more, at 7.0 days. Just over half of senior care workers (53%), 54% of support and outreach worker and 58% of care workers had zero days sickness.
On average sickness rates were higher within statutory local authority (10.8 days for all job roles and 12.7 for care workers) than the independent sector providers (4.6 days for all job roles and 4.8 for care workers).

### 4.10 Further information

There is also lots of useful information on the Skills for Care website about recruiting and retaining workers, including finding and keeping workers and adopting a holistic approach to values and behaviours based recruitment and retention. [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk).

We offer bespoke support to help you with your recruitment and retention challenges, including help to attract more people, recruit candidates with the right values and behaviours, as well as create a work environment where employees want to stay. For more information please contact randr@skillsforcare.org.uk.

For more information and to perform your own analysis of recruitment and retention data held in the NMDS-SC please visit the Skills for Care Open Access NMDS-SC Dashboards at: [www.nmds-sc-online.org.uk/reportengine/dashboard.aspx](http://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx).

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- workforce turnover rates
- workforce vacancy rates
- length of time in current job role
- workforce sickness rates.

For a bespoke analysis of recruitment and retention information from the NMDS-SC; in more detail, in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.
To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see http://www.skillsforcare.org.uk/stateof for the appendix.
Workforce demographics
Overview
This chapter looks at demographic information about the adult social care workforce.
- The adult social care workforce was 82% female and 18% male.
- The average age of a worker was 43 years old and a fifth (295,000 jobs) were aged over 55 years old.
- Adult social care employs people in all age groups with little evidence of an ageing workforce.
- Black, Asian and Minority Ethnic (BAME) workers made up 20% of the adult social care workforce. This was more diverse than the overall population of England (15% BAME).
- The majority (83%) of the adult social care workforce were British, 7% (90,000 jobs) had an EU nationality and 11% (140,000 jobs) a non-EU nationality.

This chapter looks at the demographic information of the adult social care workforce including gender, age, disability, ethnicity, nationality, country of birth and year of entry if not from the UK.

5.1 Gender

Chart 39 shows the gender breakdown of the overall population, the economically active in England and within the adult social care sector. The adult social care workforce continued to be made up of over 80% females. Men remained in the minority, but were most represented in adult day (25%) and community care (25%) services.

Chart 39: Gender of the adult social care workforce, the population of England and the economically active population
Source: NMDS-SC workforce estimates 2015-2016 and 2011 Census, Office for National Statistics

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Economically active</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Adult social care</td>
<td>18%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Chart 40 shows the gender split of the adult social care workforce by selected job roles. Gender did not vary significantly between the broad job role groups, however there was variation between individual job roles with senior managers having the highest proportion of male workers (34%) and occupational therapists the highest proportion of females (90%).
5.2 Age

Chart 41 below shows the age distribution of the adult social care workforce alongside the overall population and economically active in England. The age profile of the adult social care workforce was skewed towards the older age bands, with seven per cent more workers in the 45 to 59 year old age category compared to the economically active population of England.

Chart 41: Age distribution of the adult social care workforce, the population of England and the economically active population

Source: NMDS-SC workforce estimates 2015-2016 and 2011 Census

Chart 42 shows the age bands and average age of workers by selected job roles. In the adult social care sector the average age of a worker was 43 years old. From a workforce planning point of view, workers aged 55 and over could retire within the next 10 years. This age category accounted for just over a fifth of the adult social care workforce (22% 295,000 jobs), and more than a quarter of workers in managerial and professional job role groups.

As one would expect, care workers had a slightly younger age profile than other job roles in the sector, with 12% being under 25 compared to 2% of managerial and 1% of regulated professional roles. Registered nurses were on average older, see section 8.2 for more information about nurses.
Skills for Care is working in conjunction with the government and other social care employers on a number of initiatives to encourage younger people to join and stay in the adult social care, for example ‘I Care… Ambassadors’ and apprenticeships. For more information about recruitment and retention please see chapter 4.

### 5.2.1 Age trends

The adult social care sector has often been described as having ‘an ageing workforce’, however it is more accurate to say the sector has consistently had a workforce with an older than average age profile, particularly for job roles other than care workers, as shown in Chart 42 above. Chart 43 shows the average age of the adult social care workforce compared to the economically active population of England. Both have marginally increased over the last four years, although there is little evidence of the workforce aging significantly.

The average age of an adult social care worker remained around 1.5 years older than the average age of the economically active population.
5.3 Disability


The 2011 Census reported that there were 9.4 million disabled people in England (18% of the population), while the LFS identified 17% of workers as disabled in social care occupations according to the Disability Discrimination Act 1995 (DDA) definition. The NMDS-SC showed a lower prevalence of disability amongst workers, at 2%. The NMDS-SC disability records are likely to be under-reported since the information was provided by the employer, rather than the individuals themselves. Also, the LFS and NMDS-SC have different definitions of disability which could account for some of the variation in results. The NMDS-SC is likely to only capture the LFS equivalent of ‘work-limiting disability’.

Chart 44: Disability status of the adult social care workforce

Sources: NMDS-SC workforce estimates 2015/16, Labour Force Survey (LFS) and 2011 Census

Skills for Care has undertaken a project in co-production with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people within the social care sector. For more information please visit the Skills for Care website.14

5.4 Ethnicity

Chart 45 shows that the ethnic profile of the adult social care workforce (20% Black, Asian and Minority Ethnic (BAME)) was more diverse than the population of England (15% BAME). Workers from a Black/African/Caribbean/Black British background (11%) accounted for over half of the BAME adult social care workforce; this compares to 3% in the overall population of England.

Although it is not surprising that the ethnicity of the workforce varied by region, London was the only region to have a minority white workforce with almost two thirds of adult social care workers being from a BAME background.

The chart below shows the proportion of white and BAME workers by job role group. Regulated professionals have the highest proportion of BAME workers (32%). This was largely due to registered nurses, where 39% have recorded an ethnicity of non-white. Occupational therapists had the lowest proportion of BAME workers, at 9%.
5.5 Nationality

British nationals made up the vast majority of the adult social care workforce, with over 80% of workers recorded by employers as having a British nationality in the NMDS-SC. The overall nationality of the adult social care workforce (17% non-British) was more diverse than the population of England (8% with no British identity).

Chart 48: Nationality of the adult social care sector and the population of England
Source: NMDS-SC workforce estimates 2015 and 2011 Census

The nationality of the adult social care workforce varied by region, with London having a particularly high reliance on non-EU workers (29% of the workforce). We don’t yet know how the adult social care workforce will be affected following the EU referendum result. However given this high reliance on overseas workers, it raises questions regarding the sustainability of the workforce and could create challenges with workforce supply.

Chart 49: Nationality of the adult social care sector by region
Map 1: Proportion of the adult social care workforce with a British nationality, by region

Table 9 and Chart 50 show nationality by job role group. There was a lower proportion of non-British workers in managerial roles while the higher proportion of non-British regulated professionals were largely due to registered nurses, where 36% were non-British.

Table 9: Nationality of the adult social care sector by job role group
Source: Statuary local authority and independent sector workforce estimate

<table>
<thead>
<tr>
<th></th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All job roles</strong></td>
<td>1,103,000</td>
<td>90,000</td>
<td>140,000</td>
</tr>
<tr>
<td>Managerial</td>
<td>104,500</td>
<td>4,500</td>
<td>6,000</td>
</tr>
<tr>
<td>Regulated professions</td>
<td>50,000</td>
<td>7,500</td>
<td>12,500</td>
</tr>
<tr>
<td>Direct care</td>
<td>791,000</td>
<td>67,000</td>
<td>111,500</td>
</tr>
<tr>
<td>Other</td>
<td>157,500</td>
<td>11,500</td>
<td>10,500</td>
</tr>
</tbody>
</table>

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Chart 50: Nationality of the adult social care sector by job role group

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>83%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Managerial</td>
<td>91%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Regulated professions</td>
<td>72%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Direct care</td>
<td>82%</td>
<td>7%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Chart 51 shows the top ten nationalities of non-British workers as recorded in the NMDS-SC. It is interesting to note that since 2014, when citizens of Romania could work in the EU without restrictions, they are now represented in the top five nationalities. Polish workers were the most represented nationality at 11%, while five of the top seven nationalities were from non-EU countries.

Chart 51: Top ten nationalities of non-British adult social care workers

Source: NMDS-SC unweighted data 2015-2016

- Poland: 11%
- Philippines: 9%
- India: 8%
- Nigeria: 8%
- Romania: 3%
- Zimbabwe: 3%
- Ghana: 2%
- Portugal: 3%
- Jamaica: 3%
- Ireland: 2%

5.6 Nationality trends

The nationality breakdown of the adult social care workforce has remained fairly consistent over the four year period. The proportion of non-British EU workers has increased by two percentage points from 2012/13 to 2015/16 while non-EU workers have fallen by two percentage points over the same period. It should be noted that NMDS-SC does not collect data on second nationalities or workers’ immigration status. Some 'non-British' workers may have gained indefinite leave to remain.

Chart 52: Nationality of the adult social care from 2012/13 to 2015/16

<table>
<thead>
<tr>
<th>Year</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>83%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>2014/15</td>
<td>83%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>2013/14</td>
<td>82%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>2012/13</td>
<td>82%</td>
<td>5%</td>
<td>13%</td>
</tr>
</tbody>
</table>
5.7 Country of birth

The country of birth of workers provides a slightly different perspective to that of nationality. Chart 53 shows that a greater proportion of the workforce were born outside the UK than the proportion of non-British workers, suggesting that some workers have gained British nationality since arriving in the UK. Again registered nurses were the most likely to be filled by non-UK born workers, at 48%.

**Chart 53: Country of birth group of the adult social care workforce by job role group**

<table>
<thead>
<tr>
<th></th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>78%</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Managerial</td>
<td>86%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Regulated profession</td>
<td>62%</td>
<td>10%</td>
<td>27%</td>
</tr>
<tr>
<td>Direct care</td>
<td>77%</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>86%</td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The regional pattern of country of birth closely matches nationality patterns. In London just 38% of workers were born in the UK, which contrasts with 95% in the North East.

**Chart 54: Country of birth group of the adult social care workforce by region**

<table>
<thead>
<tr>
<th></th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>78%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>86%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>London</td>
<td>38%</td>
<td>11%</td>
<td>51%</td>
</tr>
<tr>
<td>North East</td>
<td>95%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>North West</td>
<td>90%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>South East</td>
<td>74%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>South West</td>
<td>84%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>85%</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>91%</td>
<td>3%</td>
<td>6%</td>
</tr>
</tbody>
</table>

The chart below shows the top ten countries of birth of non-UK born workers as recorded in the NMDS-SC. India, Poland, the Philippines and Nigeria have been the main source of non-UK workers.
5.7 Country of birth

The country of birth of workers provides a slightly different perspective to that of nationality. Chart 53 shows that a greater proportion of the workforce were born outside the UK than the proportion of non-British workers, suggesting that some workers have gained British nationality since arriving in the UK. Again registered nurses were the most likely to be filled by non-UK born workers, at 48%.

Chart 53: Country of birth group of the adult social care workforce by job role group

The regional pattern of country of birth closely matches nationality patterns. In London just 38% of workers were born in the UK, which contrasts with 95% in the North East.

Chart 54: Country of birth group of the adult social care workforce by region

The chart below shows the top ten countries of birth of non-UK born workers as recorded in the NMDS-SC. India, Poland, the Philippines and Nigeria have been the main source of non-UK workers.

Chart 55: Top ten countries of birth of non-UK born adult social care workers

Source: NMDS-SC unweighted data 2015-2016

5.7.1 Year of entry to the UK

The NMDS-SC allows us to analyse workers born outside the UK by their year of entry into the UK. Chart 56 shows that half of non-UK born workers have arrived in the UK since 2007 while 50% have been in the UK since pre-2007 and may now hold a British passport.

Chart 56: Year of entry to the UK of non-UK born adult social care workers

Chart 57 shows the year of entry to the UK of non-UK born adult social care workers by job role group. Almost a third (31%) of direct roles occupied by non-UK born workers entered the UK after 2010, compared to an equivalent of 4% in managerial roles.
5.8 **Further information**

For more information and to perform your own analysis of workforce demographic data held in the NMDS-SC please visit the Skills for Care Open Access NMDS-SC Dashboards at: [www.nmds-sc-online.org.uk/reportengine/dashboard.aspx](http://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx).

There are dashboards showing information about the following workforce areas discussed in this chapter:

- workforce age profile
- workforce gender profile
- workforce ethnicity profile
- workforce nationality profile
- workforce disability profile.

For a bespoke analysis of workforce demographic information from the NMDS-SC; in more detail, in your geographical area or to answer any specific questions you have about the adult social care workforce please contact [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk).

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see [http://www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof) for the appendix.
Pay rates
Overview
This chapter looks at hourly and annual pay rates in the adult social care workforce as at 2015/2016.
- Registered manager average FTE annual pay was £28,600.
- Occupational therapist average FTE annual pay was £29,500.
- Registered nurse average FTE annual pay was £25,000.
- Social worker average FTE annual pay was £33,100.
- Senior care worker average hourly rate was £8.28. This was £1.08 above the National Living Wage (NLW) and 3p above the UK Living Wage.
- Care worker average hourly rate was £7.46; this was 26p above the NLW and 79p below the UK Living Wage.

6. Pay rates
The NMDS-SC collects pay rates at annual or hourly intervals, or the user can state that a worker is unpaid. 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 pay of full-time and part-time workers to be better compared.

It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016, so some hourly wages may fall below the £7.20 limit. Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. Skills for Care will be publishing analysis on the NLW later this year, however early evidence from NMDS-SC shows that rates have increased since April 2016, please see section 6.6.

6.1 Full-time equivalent annual pay
The chart below shows the mean full-time equivalent annual salaries by job role group. Regulated professionals were the highest paid job role group (£27,400), closely followed by managerial staff, at £26,300. The mean FTE annual salary of a direct care worker was £14,800.

Chart 58: Full-time equivalent mean annual pay rate by job role group

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>Mean FTE Annual Pay Rate (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial</td>
<td>£26,300</td>
</tr>
<tr>
<td>Regulated professions</td>
<td>£27,400</td>
</tr>
<tr>
<td>Direct care</td>
<td>£14,800</td>
</tr>
<tr>
<td>Other</td>
<td>£15,600</td>
</tr>
</tbody>
</table>

Chart 59 shows mean FTE annual pay rates by selected adult social care job roles. Social workers were the highest paid role with a mean annual wage of £33,100, while senior managers were not far behind on £32,200.

Registered nurses were paid a mean annual salary of £25,000; this was in line with the NHS band five rate which ranges from around £22,000 to just below £28,500. Occupational therapists’ mean pay was £29,500.
### Chart 59: Full-time equivalent mean annual pay rate by selected job roles

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Pay Rate (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>32,200</td>
</tr>
<tr>
<td>Registered manager</td>
<td>28,600</td>
</tr>
<tr>
<td>Social worker</td>
<td>33,100</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>29,500</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>25,000</td>
</tr>
<tr>
<td>Allied health professional</td>
<td>32,600</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>16,000</td>
</tr>
<tr>
<td>Care worker</td>
<td>14,400</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>17,800</td>
</tr>
</tbody>
</table>

For variation in pay rates by sector, service and geographical area please see section 6.3.

#### 6.2 Hourly pay

In April 2016 a new mandatory National Living Wage (NLW) for workers aged 25 and over was introduced at £7.20. The National Minimum Wage for workers aged 21 to 24 was £6.70 at October 2015. It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016, so some hourly wages may fall below the £7.20 limit. Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. Early evidence from NMDS-SC shows that (as expected) rates have increased since April 2016.

The UK Living Wage is an independently-set hourly rate calculated according to the basic cost of living in the UK and as at November 2015 was £9.40 in London and £8.25 for the rest of the UK.\(^{15}\)

Chart 60 below shows mean hourly pay for job role groups in the adult social care sector, and how these compare to the National Living Wage (NLW) and the UK Living Wage (UK LW). The mean hourly rate for managerial staff was £13.46, for a regulated professional it was £14.19 and for a direct care worker it was £7.69.

#### Chart 60: Mean hourly pay rate by job role group

<table>
<thead>
<tr>
<th>Job Role</th>
<th>NLW - £7.20</th>
<th>UK LW - £8.25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial</td>
<td></td>
<td>£13.46</td>
</tr>
<tr>
<td>Regulated profession</td>
<td></td>
<td>£14.19</td>
</tr>
<tr>
<td>Direct care</td>
<td>£7.69</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>£8.07</td>
<td></td>
</tr>
</tbody>
</table>

\(^{15}\) For information about the Living Wage please visit [www.livingwage.org.uk](http://www.livingwage.org.uk)
Chart 61 shows mean hourly rates for selected job roles. The senior care worker hourly rate was £8.28; this was £1.08 above the NLW and 3p above the UK Living Wage. The care worker hourly rate was £7.46; this was 26p above the NLW and 79p below the UK Living Wage.

**Chart 61: Mean hourly pay rate by selected job roles**

Analyzing the data, the pay rates are significantly higher for roles in the statutory local authority sector, with registered managers earning £14.45 and senior care workers £12.65, compared to £7.20 and £9.67 respectively in the independent sector. This can be attributed to a variety of factors including different roles, responsibilities, and levels of experience. Despite the pay data predating the introduction of the National Living Wage in April 2016, it is clear that care workers in local authorities were paid above the NLW, which was £7.20, while average hourly rates in the independent sector were much closer, just 15p above.

Despite these differences, further analysis is needed to understand the underlying causes and implications of these pay gaps. The importance of considering job roles, sectors, and regions highlights the need for targeted interventions to address disparities and ensure fair pay practices.
workers in the North East fell below the NLW, set at £7.20 in April 2016, although it is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW). Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016.

Chart 63: Mean hourly pay rates of senior care workers and care workers by region

The maps overleaf show the breakdown of the mean hourly pay rates of care workers by region and councils with social services responsibilities (CSSR).
Map 2: Mean hourly pay rates of care workers by region

© Crown copyright
Map 3: Mean hourly pay rates of care workers by CSSR

© Crown copyright
Chart 64 shows the full-time equivalent annual pay of professionals in the adult social care sector by region. Pay for social workers and occupational therapists were at least £6,500 higher in London than in any other region. The annual pay for registered nurses was fairly consistent throughout the country, ranging from £23,600 (North West) to £25,900 (South East). Notably the pay in London was not as varied as for other job roles.

As with the analysis by region and sector, registered nurse full-time equivalent mean annual pay was fairly similar across the main service groups. For social workers and occupational therapists, pay rates were higher in community and day care services and lower in domiciliary and residential care. It should be noted that community and day care services are largely provided by the statutory local authority sector where pay rates were generally higher.
Chart 64 shows the full-time equivalent annual pay of professionals in the adult social care sector by region. Pay for social workers and occupational therapists were at least £6,500 higher in London than in any other region. The annual pay for registered nurses was fairly consistent throughout the country, ranging from £23,600 (North West) to £25,900 (South East). Notably the pay in London was not as varied as for other job roles.

Chart 65: Full-time equivalent mean annual pay rates by service group

Chart 66 shows hourly pay rates for senior care workers and care workers. On average, both job roles were paid more in community care services and less in adult residential services. Within residential services, senior care workers and care workers were paid more in care homes without nursing than those with nursing. Again it is important to note that the data used in this analysis is from September 2015 so predates the mandatory £7.20 hourly wage introduced in April 2016.

Chart 66: Mean hourly pay rates by service group
6.4 Annual pay trends

This section focuses on annual pay trends of selected professionals since 2012/13. For comparison, charts shown in this section will show ‘nominal’ and ‘real term’ pay rates.

‘Real term’ means that the pay rate had been adjusted to take inflation into account and has been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in 2016 prices.

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

As an example, a worker’s wage may have increased by two percent in a year. However, if inflation also rises by two percent then the worker will be no better off from the pay rise; the nominal pay rise was two percent but in ‘real terms’ it was zero.

Chart 67 shows that the nominal average pay for each selected professional job role increased steadily from 2012/13 to 2015/16. Occupational therapists in the statutory local authority sector had the greatest increase, from £30,500 in 2012/13 to £33,700 in 2015/16. This equated to a 10% increase in annual pay over the four year period, despite a minor decrease in 2013/14. Registered nurses pay also increased over the same period from £23,000 to £25,000 (9% increase) while social workers in the statutory local authority sector pay increased from £32,100 to £34,000 (6% increase).

Chart 68 shows the ‘real term’ annual pay rates of selected professionals between 2012/13 and 2015/16. Despite the ‘real term’ pay decreasing between 2012/13 and 2013/14, each of the selected job roles recorded an increased annual salary by 2015/16. Occupational therapists in the statutory local authority sector saw a real term pay increase of nearly ten percent between 2013/14 and 2015/16; a six percent increase over the four year period. Social worker pay decreased by an average of £500 a year in both 2013/14 and 2014/15 before increasing by almost five percent to £34,000; a ‘real term’ increase of £600 over the four year period.
6.4 Annual pay trends

This section focuses on annual pay trends of selected professionals since 2012/13. For comparison, charts shown in this section will show 'nominal' and 'real term' pay rates. ‘Real term’ means that the pay rate had been adjusted to take inflation into account and has been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in 2016 prices.

‘Nominal’ pay is not adjusted for inflation and shows the pay rates as they were at the time. As an example, a worker’s wage may have increased by two percent in a year. However, if inflation also rises by two percent then the worker will be no better off from the pay rise; the nominal pay rise was two percent but in ‘real terms’ it was zero.

Chart 67 shows that the nominal average pay for each selected professional job role increased steadily from 2012/13 to 2015/16. Occupational therapists in the statutory local authority sector had the greatest increase, from £30,500 in 2012/13 to £33,700 in 2015/16. This equated to a 10% increase in annual pay over the four year period, despite a minor decrease in 2013/14. Registered nurses pay also increased over the same period from £23,000 to £25,000 (9% increase) while social workers in the statutory local authority sector pay increased from £32,100 to £34,000 (6% increase).

Chart 68: ‘Real term’ annual pay trends of selected professional roles since 2012/13

Chart 68 shows the ‘real term’ annual pay rates of selected professionals between 2012/13 and 2015/16. Despite the ‘real term’ pay decreasing between 2012/13 and 2013/14, each of the selected job roles recorded an increased annual salary by 2015/16. Occupational therapists in the statutory local authority sector saw a real term pay increase of nearly ten percent between 2013/14 and 2015/16; a six percent increase over the four year period. Social worker pay decreased by an average of £500 a year in both 2013/14 and 2014/15 before increasing by almost five percent to £34,000; a ‘real term’ increase of £600 over the four year period.

6.5 Hourly pay trends

This section focuses on nominal and ‘real term’ trends in senior care worker and care worker pay in the independent sector since 2012/13. ‘Real term’ hourly rates are discounted for inflation using CPI inflation and are expressed in 2016 prices (see section 6.4 for more information).

Chart 69 shows that the average nominal senior care worker pay increased steadily from £7.70 in 2013 to £8.12 in 2015/16 (5% increase). ‘Real term’ senior care worker pay decreased by 4p between 2012/13 and 2014/15 before increasing by nearly two percent to £8.12 in 2015/16.

Nominal care worker pay also increased over the same period from £6.98 to £7.35 (5% increase). ‘Real term’ care worker pay decreased by 6p in 2013/14 before increasing by nearly two percent to £7.35 in 2015/16. This was an increase of 1% over the four year period.

Chart 69: Senior care worker and care worker nominal and ‘real term’ hourly rates trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Nominal</th>
<th>'Real term'</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>£8.02</td>
<td>£7.27</td>
</tr>
<tr>
<td>2013/14</td>
<td>£7.98</td>
<td>£7.22</td>
</tr>
<tr>
<td>2014/15</td>
<td>£7.98</td>
<td>£7.21</td>
</tr>
<tr>
<td>2015/16</td>
<td>£8.12</td>
<td>£7.35</td>
</tr>
<tr>
<td>Senior care worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>£6.98</td>
<td>£7.11</td>
</tr>
<tr>
<td>2013/14</td>
<td>£7.02</td>
<td>£7.21</td>
</tr>
<tr>
<td>2014/15</td>
<td>£7.02</td>
<td>£7.35</td>
</tr>
<tr>
<td>2015/16</td>
<td>£7.02</td>
<td>£7.35</td>
</tr>
<tr>
<td>Care worker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The next chapter of this report discusses qualifications and skills held by the adult social care workforce.

6.6 Further information

Skills for Care will be publishing analysis on the National Living Wage later in 2016. To receive our workforce intelligence newsletter, visit www.skillsforcare.org.uk/register and select “workforce intelligence publications”. You can also follow us on Twitter @sfc_nmds_sc.

For further information about pay rates please the two statistical appendixes, one at England level and one at regional level, http://www.skillsforcare.org.uk/stateof. Or and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

For a bespoke analysis of pay information from the NMDS-SC; in more detail, in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.
Qualifications and training
Overview
Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

- Nearly two thirds (62%) of direct care staff who were new to their role had either achieved the Care Certificate or were in the process of doing so.
- Of the workers with training recorded in the NMDS-SC, the most populated categories of training were moving and handling (74%) and safeguarding adults (70%).
- Around 99% of the adult social care workforce had either achieved or were working towards a relevant social care qualification, the Care Certificate, an induction, training relevant to their role or had five or more years of experience working in the sector.

These are the benefits of having qualifications:

- **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 give considerable added value and assist workforce planning in the organisation.
- **Retention** - workers who receive structured learning and development feel valued and supported and are more likely to remain in their post.
- **Marketability** - customer confidence and satisfaction is increased and the reputation of the organisation is enhanced.

This chapter explores the Care Certificate, qualifications held, training and skills of the adult social care workforce.

7.1 Care Certificate

The Care Certificate 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 introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It:

- applies across health and social care
- links to National Occupational Standards and units in qualifications
- covers what is required to be caring, giving workers a good basis from which they can further develop their knowledge and skills.

The NMDS-SC has been collecting information about the number of workers who have achieved or working towards the Care Certificate since April 2015. For more information about the Care Certificate please visit [www.skillsforcare.org.uk/CareCertificate](http://www.skillsforcare.org.uk/CareCertificate).
Although the Care Certificate is available to all, the main target is workers who are new to social care. Chart 70 shows the Care Certificate breakdown of NMDS-SC data for direct care staff who joined the adult social care sector from January 2015 and started their current role from April 2015. Nearly two thirds (62%) of these direct care staff had either achieved the Care Certificate or were in the process of doing so. Engagement for direct care staff was highest in care homes with nursing services, where 74% recorded their Care Certificate status as achieved or in progress.

Chart 70: Care Certificate status of direct care workers new to the sector since January 2015
Source: NMDS-SC unweighted data 2015-2016

<table>
<thead>
<tr>
<th>Direct care</th>
<th>Achieved</th>
<th>In progress</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>All direct care</td>
<td>17%</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>15%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Care worker</td>
<td>18%</td>
<td>46%</td>
<td>36%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>10%</td>
<td>38%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Chart 71 shows that 24% of the adult social care workforce (not just new starters) had achieved or were working towards the Care Certificate. Just over three quarters (77%) of the adult social care workforce were not engaged with the certificate.

Chart 71: Care Certificate status of the adult social care workforce
Source: NMDS-SC workforce estimates 2015-2016

<table>
<thead>
<tr>
<th>Care worker</th>
<th>Achieved</th>
<th>In progress</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care home services without nursing</td>
<td>11%</td>
<td>51%</td>
<td>38%</td>
</tr>
<tr>
<td>Care home services with nursing</td>
<td>26%</td>
<td>48%</td>
<td>38%</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>18%</td>
<td>44%</td>
<td>38%</td>
</tr>
</tbody>
</table>

7.2 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.
In terms of the highest level of qualification held, over half the workforce held a relevant social care qualification (52%), while 48% had no relevant qualifications recorded in the NMDS-SC. Skills for Care acknowledge that the accurate recording of qualifications data in the NMDS-SC is a challenge for some employers - as such these results may overestimate the numbers of workers lacking a care-related qualification. Equally those staff not providing direct care (ancillary staff/administrative staff, etc.) may not necessarily require such qualifications. In addition, anecdotal evidence suggests that employers are not always fully aware of or record the qualification profile of their workers.

Chart 72: Highest qualification level of the adult social care workforce (excluding regulated professionals)

Chart 73 shows highest qualification level held by job role group – as might be expected, direct care staff were most likely to be qualified at levels two and three (44%) while those in managerial roles were most likely to be qualified at levels three and four (67%).

Chart 73: Highest qualification level of the adult social care workforce by job role group

Chart 74 below shows the proportion of workers who had achieved qualifications at level two or above for selected job roles split by sector. Four out of five senior care workers were recorded as having a qualification at level two or above, as were 44% of care workers. The care workers who were recorded as holding no relevant social care qualifications may hold an induction, the Care Certificate or training relevant to their role.
7.3 Training

The NMDS-SC provides employers with the option of recording training data in addition to accredited qualifications; the NMDS-SC has 23 training categories under which any training can be recorded.

Chart 75 is based on all workers at establishments with training data recorded. The most populated area of training was for Moving and handling (74%) and for Safeguarding adults (70%).

Chart 75: Top 10 categories of training recorded in NMDS-SC
Source: NMDS-SC unweighted data 2015-2016

- Moving and handling: 74%
- Safeguarding adults: 70%
- Health and safety: 61%
- Fire safety: 59%
- Food safety and catering: 57%
- Infection control: 54%
- First aid: 49%
- Medication safe handling and awareness: 49%
- Mental capacity and deprivation of liberty: 43%
- Dementia: 39%

* Mental Capacity Act and Deprivation of Liberty safeguards
7.4 Skills

In this section, a skilled worker will refer to any worker who has either achieved or was working towards a relevant social care qualification, the Care Certificate, an induction, training relevant to their role or if the worker has had five or more years of experience within the adult social care sector.

Section 7.2 reported that just over half the workforce (52%) held a relevant social care qualification. Chart 76 below shows the skills acquired by the remaining 48% of the workforce who did not hold a relevant social care qualification.

Of workers without a relevant social care qualification, 83% had completed an induction, 21% had completed or were in the process of completing the recently launched Care Certificate, 81% had completed training relevant to their role and 42% had more than five years of experience in the adult social care sector.

Chart 76: Skills recorded in NMDS-SC for workers without a relevant social care qualification
Source: NMDS-SC unweighted data 2015-2016

Almost all, around 99%, of the adult social care workforce had achieved or were working towards a relevant social care qualification, the Care Certificate, an induction, training relevant to their role or had more than five years of experience in the sector.

Chart 77: Skills recorded by the adult social care workforce
Source: NMDS-SC unweighted data 2015-2016
7.5 Apprenticeships in adult social care

An Apprenticeship is a combination of on and off the job learning and development. Apprentices work as employees with experienced staff to gain job-specific skills, whilst working towards a number of qualifications and gaining experience. All whilst getting paid.

Benefits of an Apprenticeship include:

- 88% of apprentice employers believe they lead to a more motivated and satisfied workforce, leading to greater loyalty and quality of work (source: National Apprenticeship Service)\(^\text{16}\)
- Employers create and manage tailored Apprenticeship programmes to meet the needs of their business
- They are a cost effective and low risk way to grow the workforce and help improve the recruitment and retention of staff
- For apprentices, it gives them a chance to gain work experience, achieve nationally recognised qualifications and earn a wage.

In December 2013 Skills for Care published a paper about the return on investment in adult social care Apprenticeships, you can view this report [here]\(^\text{17}\).

A person interested in becoming an apprentice in the social care sector can start on either the ‘health and social care framework’ for learning at levels two and three, or the ‘care leadership and management framework’ at level five.

There were around 87,000 people who started a social care Apprenticeship in 2014/15. This was 32% more than in 2013/14 and 17% of the half a million starts across all frameworks. Social care were the largest Apprenticeship framework, there were 38,000 more starts in social care than the second largest framework (business administration).

The achievement rate of social care apprentices was 79% in 2014/2015. Social care Apprenticeship achievements made up 12% of all achievements (260,900).

Estimated trends show that the number of participating social care apprentices has been increasing at a steady rate since 2010/11 as well as increasing relative to all working apprentices.

For more information about Apprenticeships in adult social care please see the ‘Think Care Careers’ for more information ([www.skillsforcare.org.uk/thinkcarecareers](http://www.skillsforcare.org.uk/thinkcarecareers)). For a data report about adult social care Apprenticeships please see [www.skillsforcare.org.uk/nmdsscpublications](http://www.skillsforcare.org.uk/nmdsscpublications).

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7.6 Further information

Skills for Care has a leading role in determining the structure and content of vocational qualifications in adult social care to ensure that they are fit for purpose. There is lots of information on the Skills for Care website about qualifications, apprenticeships, skills and standards, including tools such as the Skills Selector, information about training materials. Please see the Skills for Care website for more details. www.skillsforcare.org.uk.

For more information and to perform your own analysis of qualification or training data held in the NMDS-SC please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- workforce qualifications held profile
- workforce qualification in progress profile
- workforce induction status
- workforce training profile.

For a bespoke analysis of workforce qualification levels, training, skills or care certificate information from the NMDS-SC; in more detail, in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see http://www.skillsforcare.org.uk/stateof for the appendix.
Specialist job roles
Overview
This chapter includes information about three crucial roles within adult social care; registered managers, registered nurses and social workers.

Registered managers
- As at March 2016 there were around 22,500 registered managers in post.
- 40% had been in the sector for over 20 years and averaged eight years in their current role.
- Around 20% left their role in the previous 12 months (approximately 4,700 leavers).
- Their vacancy rate of 11.2% was higher than the sector as a whole (6.8%).
- Around 6,500 (29%) were aged 55 or over and could retire within the next 10 years.

Registered nurses
- There were an estimated 47,000 registered nurse jobs working in adult social care.
- The number of nursing roles in the sector had decreased by 4% between 2012/13 and 2015/16.
- 85% of nurses worked in care home services with nursing and were employed almost entirely within the independent sector.
- The recruitment and retention of nurses in the social care system is under significant pressure.
- Just over a third of nurses (36%) were estimated to have left their role within the past 12 months, this was approximately 14,700 leavers. Nurses turnover rates increased year on year from 2012/13 to 2015/16.
- There was an estimated vacancy rate of 9% for nurses; this gives an average of 4,300 vacancies at any one time.

Social workers
- There were an estimated 16,100 social worker jobs working in statutory local authorities in adult social care in 2015.
- Registered social workers accounted for 13% of the statutory workforce in 2015, up from 10% in 2012.
- The total numbers of jobs, people and FTE jobs has been consistent since 2012, despite the statutory workforce decreasing and turnover rate of social workers increasing.
- Just over a fifth (22%) were aged 55 or over and could retire within the next 10 years.
- The vacancy rate for social workers in the statutory sector increased from 7.3% in 2012 to 13.1% in 2015.
- Social workers in the statutory sector were paid a mean annual salary of £34,000; this was in line with the NHS band six rate which ranged from £26,300 to £35,225 in 2015.

8.1 Registered managers

A registered manager is a manager of a CQC regulated establishment. According to the CQC website “The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations”. Registered managers have “a pivotal leadership role. Strong leadership is fundamental to the provision of high quality care. To
be effective, leadership must be rooted in strong values, and based on a clear, shared understanding that it involves accountability for whatever is done in the name of care.”18

At the end of March 2016 there were an estimated 25,400 CQC regulated care providers in adult social care in England. The Health and Social Care Act, 200819 states that providers of care should have a registered manager who is of good character; is able to properly perform tasks that are intrinsic to their role; has the necessary qualifications, competence, skills and experience; has evidenced these requirements.

CQC data as at March 2016 shows that there were around 22,500 registered managers in post. Around 2,900 services did not have a registered manager in post, either due to vacancies or, in some circumstances services do not require a registered manager.

The majority of registered managers in adult social care work in the independent sector (96%) with only 4% working in the statutory local authority sector.

8.1.1 Employment overview

Almost all of registered managers (99%) were employed on permanent contracts, with 91% working on a full-time basis.

8.1.2 Recruitment and retention

Registered managers joined the sector at a younger age than the average adult social care worker, with an average start age of 30 compared to 35 years old. Alongside starting at a younger age, 73% of registered managers were recruited from within the adult social care sector so had accrued a high level of experience, both in the sector and their current role.

Chart 78 shows that registered managers have an average of 18 years of experience in the adult social care sector, with 40% having been in the sector for over 20 years. Those working in care homes with nursing had the most experience (21 years) which may suggest career progression opportunities (e.g. from a registered nurse to a registered manager).

Registered managers had been in their current role for an average of eight years; this was double the experience of the workforce as a whole. Those in care homes without nursing had been in their current role longer than their counterparts in other services.

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18 www.cqc.org.uk
19 http://www.legislation.gov.uk/ukpga/2008/14/contents
Skills for Care estimates that the staff turnover rate of all directly employed staff working in the adult social care sector was 27.3%. Analysis of CQC data shows that around one in five registered managers (20.9%) left their role in the previous 12 months; this equates to approximately 4,700 leavers. Care homes with nursing had the highest turnover of registered managers (26.7%) while care homes without nursing and domiciliary care were lower, at 19.7% and 18.6% respectively.

Unlike turnover, analysis of CQC data shows that the vacancy rate of registered managers was higher than the sector as a whole, at 11.2% and 6.8% respectively. This was an average of around 2,800 registered manager vacancies at any one time. Care homes with nursing had the highest vacancy rate (13.2%).

There was little difference in turnover and vacancy rates at regional level, although London had the lowest turnover rate (18.4%) and the highest vacancy rate (12.2%).

Chart 79: Registered manager turnover and vacancy rates by service
Source: CQC March 2016

For registered manager turnover and vacancy trends please see charts 29 and 34.
8.1.3 Demographics

Similar to the adult social care workforce, the majority of registered managers were female (83%). Care homes with nursing had the highest proportion of female workers, at 86%.

Registered managers were around six years older than a typical adult social care worker, with an average age of 49 compared to 43 years old for the workforce as a whole. Assuming a retirement age of 65, around 6,500 (29%) registered managers were aged 55 or over and could retire within the next 10 years. Care homes with nursing services had the oldest workforce with an average age of 50 and one in three registered managers were within 10 years of retirement.

Chart 80: Age of adult social care workforce and registered managers by service

Registered managers tend to be less diverse than the overall adult social care workforce, with 87% being of white ethnicity (80% overall) and 93% being British (83% overall). Chart 81 shows that there were clear regional differences for both demographics, particularly in London where over half (52%) were of Black, Asian and Minority Ethnic (BAME) ethnicity and one in five (20%) were non-British. In contrast, 99% of registered managers in the North East were of white ethnicity and 98% were British.

Chart 81: Ethnicity and nationality of registered managers by region
8.1.4 Pay

The average full-time equivalent (FTE) annual salary for a registered manager was £28,600; this was higher than the average FTE pay for a registered nurse (£25,000) and lower than a social worker within statutory local authority (£34,000). Registered managers in care homes with nursing had the highest salary, at £32,400, while those in care homes without nursing or domiciliary care were lower, at £27,800 and £27,400 respectively.

Chart 82: Registered manager annual pay

Chart 83 shows the nominal and ‘real term’ trends annual pay trends of registered managers since 2013. ‘Real term’ hourly rates are discounted for inflation using CPI inflation and are expressed in 2016 prices (see section 6.4 for more information).

The nominal registered manager salary increased by nearly 7% from £26,800 in 2012/13 to £28,600 in 2015/16. In terms of ‘real term’ pay, Chart 83 shows that registered managers’ annual pay slightly decreased between 2012/13 and 2014/15 before increasing by £1,100 by 2015/16. Over the four year period and accounting for inflation, registered managers were £700 better off in 2015/16 than 2012/13; a ‘real term’ pay increase of 2.5%.

Chart 83: Annual pay trends of registered managers since 2012/13

The annual pay for registered managers was fairly consistent throughout the country, ranging from £26,600 (North West) to £30,200 (South East). Similar to registered nurses (Chart 86), the pay in London was not as noticeably higher as it was for other roles. Chart 84 also shows the ‘real term’ change in pay since 2013 (accounting for inflation). Registered managers in both the Eastern region and London had a nominal pay increase of £1,000 between 2012 and 2015, however in real terms this accounted for a 1% decrease, equivalent to a £200 deduction in annual pay. South East and East Midlands registered managers had the largest real term pay increase, at 5%.
Skills for Care supports registered managers through a network of locality managers and has developed a range of resources to assist with the role. These resources include leadership and management courses, help with CQC inspections, online tools and resources and help with induction. Skills for Care also facilitate local registered manager networks. For more information visit www.skillsforcare.org.uk/registeredmanagers.

8.2 Registered nurses

As at 2015 there were an estimated 47,000 registered nurse jobs in the adult social care sector. The vast majority of these jobs were in care homes with nursing in the independent sector (40,500) and around 5,000 were for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS. The main workforce issue facing employers of registered nurses is recruitment and retention.

It is commonly held that there is a significant recruitment and retention problem facing employers of registered nurses. This has led to the inclusion of nurses on the Migration Advisory Committee’s shortage occupation list (SOL) pending a review of all the evidence. The outcome of the review may mean that some specific areas of nursing may remain on the SOL and others not. The decision that is made regarding nurses in the adult social care sector will be crucial to future workforce planning and recruitment.

The integration of health and social care services is one of the key political drivers for future planning and has a direct impact on workforce planning. Consideration will need to be given to the roles that nurses play in the delivery of integrated adult social care services through key policy and planning processes, including the current development of Sustainability and Transformation plans.

As part of addressing the skills needs of the workforce a new ‘nursing associate role’ has been proposed. The proposal, is to create a new role within the wider nursing workforce
between health and care assistants and registered nurses, allowing for a number of clinical skills currently undertaken by nurses to be met through the new role. An appropriate level of qualification will be set, and it is hoped the role will be part of the career pathway for aspiring nurses.

Further challenges are likely to be placed on the system by the changes to the funding arrangements for registered nurse training. It is being proposed that the current bursary arrangements, which provide free degree level qualifications leading to registration as a nurse, will be stopped in 2017 in favour of a system of loans similar to that already in place for all other graduate programmes. The impact of these proposed changes on the numbers of nurses being trained will need to be monitored closely to determine the impact on future workforce supply.

8.2.1 Estimated number of registered nurses

There were an estimated 47,000 registered nurses working in the adult social care sector. Despite a rise of 3% in 2012, the number of nursing roles in the adult social care sector decreased by 4% between 2011 and 2015, reducing from 49,000 to 47,000.

Chart 85: Estimated number of register nurses working in adult social care, 2011-2015

Although the number of nursing roles in the sector decreased between 2011 and 2015, the estimated number of all adult social care staff working in care homes with nursing services in the same period increased by 10%, from 264,000 to 290,000. In addition to this, there were consistently high turnover and vacancy rates of nurses over the same period. These numbers support the notion that recruitment and retention of nurses in the social care system is under significant pressure (see section 8.2.4).

The chart below shows the number of registered nurses by region. The proportion of nurses by region was similar to the adult social care workforce as a whole, where the South East had the most adult social care workers and the North East the least.
Specialist job roles

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The chart below shows the number of registered nurses by region. The proportion of nurses by region was similar to the adult social care workforce as a whole, where the South East had the most adult social care workers and the North East the least.

8.2.2 Registrations and specialisms

In July 2015 two new questions were added to the NMDS-SC to collect information about which category nurses were registered with the Nursing and Midwifery Council and which specialisms nurses most used in their current roles. The majority of the nurses (86%) were registered with the Nursing and Midwifery Council as an ‘adult nurse’.

Chart 86: Estimated number of registered nurses working in adult social care, by region

Employers completing the NMDS-SC were asked to select which specialisms nurses most used in their role, ‘older people, including dementia, elderly care and end of life care’ was the most frequently selected (70%), followed by ‘adults’ with 36%. Employers can select more than one nursing specialism so numbers in Chart 88 sum to more than 100%.

Chart 87: Category of registration with the Nursing and Midwifery Council

Source: NMDS-SC unweighted data 2015-2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult nurse</td>
<td>86%</td>
</tr>
<tr>
<td>Mental health nurse</td>
<td>8%</td>
</tr>
<tr>
<td>Learning disabilities nurse</td>
<td>3%</td>
</tr>
<tr>
<td>Childrens nurse</td>
<td>0%</td>
</tr>
<tr>
<td>Enrolled nurse</td>
<td>3%</td>
</tr>
</tbody>
</table>

Employers completing the NMDS-SC were asked to select which specialisms nurses most used in their role, ‘older people, including dementia, elderly care and end of life care’ was the most frequently selected (70%), followed by ‘adults’ with 36%. Employers can select more than one nursing specialism so numbers in Chart 88 sum to more than 100%.

Chart 88: Which specialisms nurses most use in their current roles

<table>
<thead>
<tr>
<th>Specialism</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people*</td>
<td>70%</td>
</tr>
<tr>
<td>Adults</td>
<td>36%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>5%</td>
</tr>
<tr>
<td>Mental health</td>
<td>10%</td>
</tr>
<tr>
<td>Community care</td>
<td>2%</td>
</tr>
<tr>
<td>Other/NA</td>
<td>1%</td>
</tr>
</tbody>
</table>

* (including dementia, elderly care and end of life care)
8.2.3 Employment overview

Chapter three gives an overview of employment information of the adult social care workforce and shows that the majority (90%) of roles were employed on a permanent basis while the proportion of registered nurses on a permanent contract was lower, at 84%. The chart below shows the employment status of nurses who were not permanently employed. Just over one in 10 nurses working in the adult social care sector were employed on a bank or pool contract.

Chart 89: Employment status, if not permanent, of registered nurse

Almost a fifth of nurses (18%) were estimated to be working on zero-hours contracts. The majority of registered nurses worked in residential services (88%) and the proportion of nurses on zero-hours contracts within these services was lower, at 14%. The majority of these zero-hours contract nurses (70%) were employed on bank or pool contracts.

An estimated 4,500 (10%) of registered nurses worked in domiciliary care service and over half of these nurses (57%) were estimated to be working on zero-hours contracts. Half of nurses on a zero-hours contract were employed as agency nurses (50%) and just under a third (30%) were temporarily employed.

Chart 90 shows zero-hours contracts trends between 2012/13 and 2015/16. Registered nurses saw a 2% rise over the period, with rates being fairly consistent since 2013/14.

8.2.4 Recruitment, retention and experience

The recruitment and retention of nurses in the health and social care system is under significant pressure. The turnover rate of registered nurses had risen year on year from 2012/13-2015/16. Just over a third of nurses (35.9%) were estimated to have left their role within the past 12 months, this was approximately 16,900 leavers in the past year.
Skills for Care estimates that the starters rate of nurses in the past 12 months was 42.8%, this was approximately 17,600 new directly employed starters each year.

Nurses that were working in the adult social care sector had an average of 13.6 years of experience in the sector and four years of experience in their current role. Almost half of nurses (44%) had been in their current role for three or more years.

The vacancy rate of registered nurses was high, at 9.2%; an average of 4,300 vacancies at any one time. Regulated professional roles have higher entry requirements compared to other roles in social care (e.g. direct care roles), and they tend to require specialised qualifications and experience. As a result, candidates for these roles are in relatively low supply compared to care workers where entry requirements are not as stringent.

In October 2015 the government announced temporary changes to restrictions on nurse recruitment from outside the European Union and have added the role to the shortage occupation list. As a longer term solution to the nursing shortage the government are increasing nursing training places, estimating that an additional 23,000 nursing posts, in both health and social care, by 2019. The government have also announced proposals for the development of a ‘nursing associate’ role.

Registered nurses had a low sickness rates compared to other regulated professional roles, with an average of 2.9 days sickness in the past 12 months compared to 10.7 for social workers and 7.6 for occupational therapists. It should be noted that the majority of nursing jobs are in the independent sector where sickness rates are generally lower.

### 8.2.5 Demographics

Registered nurses working in the adult social care sector were predominately female (86%). The average age of a nurse was 48 years old and almost a third of registered nurses were aged over 55 so may retire within the next 10 years.

The nationality profile of nurses working in the sector was different to the sector as a whole, with a larger proportion of non-British nurses than the sector average. Just over two
thirds (64%) of nurses had a British nationality and 36% non-British. Regional differences can be seen in chart 92. The top four nationalities of registered nurses who were non-British were Romanian (20%), Indian (16%), Zimbabwean (12%) and Filipino (10%). Registered nurses, like the adult social care workforce as a whole, had a larger reliance of non-EU than EU workers.

Chart 92: Nationality group of registered nurses by region

8.2.6 Average annual pay rate

Please note that pay rates are shown in full-time equivalent rates (37 hours is counted as full-time). Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. For more information please see chapter 6.

Registered nurses were paid a mean annual salary of £25,000; this was in line with the NHS band five rate which ranges from around £22,000 to just below £28,500. The annual pay for registered nurses did not vary a great deal by region. Notably the pay in London was in line with the rest of the country; this was not the case for most other adult social care job roles.

Chart 93: Registered nurses average FTE annual pay rates by region
Average annual FTE pay rates of registered nurses between 2012/13 and 2015/16 shows that nurse’s pay rose 5% in real terms over the period. For information about ‘real term’ and ‘nominal’ annual pay rates please see section 6.4.

**Chart 94: Registered nurses average FTE annual pay rates trends, 2012/13-2015/16**

<table>
<thead>
<tr>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>£23,000</td>
<td>£23,400</td>
<td>£24,100</td>
<td>£25,000</td>
</tr>
<tr>
<td>£23,900</td>
<td>£23,800</td>
<td>£24,100</td>
<td>£25,000</td>
</tr>
</tbody>
</table>

### 8.2.7 Summary

Population and workforce demographics in this section give a strong indication about the current pressure on recruitment and retention of nursing provision in adult social care, with high vacancy rates, high and rising turnover rates and a significant proportion approaching retirement age.

Information suggests that there will continue to be significant pressures on the adult social care nursing workforce in the short to medium term. Whilst a number of initiatives are being implemented to meet the demand for nurses the high level of movement within the current workforce will remain a challenge, and will continue to have an impact on service delivery and continuity of care for people using social care services.

### 8.3 Social workers

Social worker is a protected title which can only be used when registered with the Health and Care Professions Council (HCPC) following completion of a HCPC approved honours or postgraduate degree. As the NMDS-SC has been a mandatory workforce return for local authorities since 2011 it contains information on all statutory sector social workers working within adult services. Although some social workers work in the independent and health sector, the term ‘social workers’ in this section will refer to registered social workers in the statutory local authority sector.
8.3.1 Number of social workers and 2011-2015 trends

There were 16,100 social workers employed by England’s local authorities in 2015, see Chart 95 below. Despite the total number of statutory sector jobs being reduced by a quarter from 2011 to 2015, the total number of social worker jobs stayed relatively stable with a reduction of approximately 100 jobs (around 0.5%) during the same period. This might suggest that councils need to employ a consistent number of social workers in order to respond to shifting role priorities in response to things such as the Deprivation of Liberty rulings and the Care Act. Social workers accounted for 13% of the statutory workforce, up from 10% in 2011.

Chart 95: Social worker jobs in the adult statutory sector

There were 15,900 people carrying out 16,100 social worker jobs in 2015. This indicates the vast majority of social workers only held one job, with an average of 101 social worker jobs per every 100 people. There were 14,600 FTE social worker jobs in 2015 which reflects that most social worker jobs were full time.

Chart 96: People (headcount) and full time equivalent social worker jobs in the adult statutory sector

8.3.2 Employment overview

The majority of social workers were employed on permanent contracts (88%), with 7% being agency workers and 5% on temporary contracts. Nearly three quarters (73%) worked full-time and only 2% were recorded as being on zero-hours contracts (4% for all statutory sector roles)
8.3.3 Experience

Chart 97 shows that around a fifth (19%) of social workers in the statutory sector had been in their current role for less than a year. This was slightly higher than the overall statutory sector workforce where 13% had less than one year of experience in their current role. Although it is worth noting that their previous role may have been a social worker elsewhere, a large proportion will have been newly qualified social workers (NQSW).

The implementation of the Care Act could be an explanation of the increase of NQSWs as most 2014 graduates will have been trained with the Care Act's legal and procedural changes integrated it into their learning\(^\text{20}\).

Social workers also had less experience in the adult social care sector than the statutory workforce as a whole, although the average social worker still had 10 years of experience.

### Chart 97: Number of years of experience in current role and adult social care sector

<table>
<thead>
<tr>
<th>Experience in role</th>
<th>All job roles</th>
<th>Social worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>3 to 10 years</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>29%</td>
<td>22%</td>
</tr>
<tr>
<td>Average years</td>
<td>7.8</td>
<td>6.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experience in sector</th>
<th>All job roles</th>
<th>Social worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>3 to 10 years</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>46%</td>
<td>38%</td>
</tr>
<tr>
<td>Average years</td>
<td>11.0</td>
<td>9.6</td>
</tr>
</tbody>
</table>

Over the past two years the majority of statutory local authorities (89%) in England engaged with Skills for Care’s ‘Assessed and Supported Year in Employment’ (ASYE), which is aimed at newly qualified social workers with less than two years of experience. Results from the ASYE baseline survey July 2016\(^\text{21}\) indicate that employers believe that ASYE is contributing to culture change within organisations and is having a positive impact on the retention of social workers beyond their first year of practice. For more information please see [www.skillsforcare.org.uk/ASYE](http://www.skillsforcare.org.uk/ASYE).

8.3.4 Recruitment and retention

The turnover rate has been steadily increasing for social workers in the statutory sector, rising from 9.8% in 2012 to 13.4% in 2015. Despite the turnover rate increasing, the number of social workers has stayed consistent over the same period.

\(^{20}\) Social work report- [www.skillsforcare.org.uk/nmdsscpublications](http://www.skillsforcare.org.uk/nmdsscpublications)

\(^{21}\) To be published in autumn 2016. Please see section 10.6 for information about receiving Skills for Care publications
The vacancy rate for social workers in the statutory sector increased from 7.3% in 2012 to 13.1% in 2015. The increased turnover rate indicates that some of the vacancies can be attributed to staff retention issues, however some will be new social workers roles which did not previously exist. Workforce plans from councils revealed that up to 90 local authorities planned to recruit more social workers in order to implement the Care Act22. The vacancy rate for local authorities as a whole was lower, at 8.1%, which reflects that councils were maintaining/reducing other areas of their workforce whilst employing more social workers.

Chart 98: Social worker starter, turnover and vacancy rates in the statutory sector

8.3.5 Demographics

The demographic profile of social workers was close to that of the whole statutory sector. In terms of gender, 80% of social workers were female compared to 81% in the sector.

Social workers tended to be younger than the workforce as a whole, with an average age of 45 years old compared to 47 overall. Since 2013 the average age of a worker in the statutory sector has increased by six months and the average age of social workers decreased by six months. Chart 99 shows that 46% of social workers were younger than 45 years old compared to 36% for workers in the statutory sector. Just over a fifth (22%) of social workers were aged 55 or over and could retire within the next 10 years.

Chart 99: Age of adult social care workforce and social workers

22 http://www.communitycare.co.uk/2015/04/01/care-act-drives-6-rise-social-work-posts/
Around one in five (22%) of social workers were from a Black, Asian and Minority Ethnic (BAME) background, this was more than the statutory sector as a whole, at 14%. The majority of BAME social workers were Black/African/Caribbean/Black British (13%) and Asian/Asian British (6%).

Chart 100 shows that the ethnicity profile varied greatly by region. Just over half of social workers in London (52%) were filled by BAME workers, as were over a third (35%) of workers in the West Midlands.

### 8.3.6 Pay

Social workers in the statutory sector were paid a mean annual salary of £34,000; this was in line with the NHS band six rate which ranged from £26,300 to £35,225 in 2016.

Chart 101 shows the nominal and ‘real term’ trends annual pay trends of social workers since 2012. ‘Real term’ hourly rates are discounted for inflation using CPI inflation and are expressed in 2016 prices (see section 6.4 for more information).

The nominal social worker salary increased each year from 2012 to 2015, from £32,100 to £34,000, equivalent to an increase of 6%. However, in ‘real terms’, social worker pay decreased by £1,000 from 2012 to 2014 before increasing by £1,600 by 2015. Social workers were £600 better off in 2015 than 2013; a ‘real term’ pay increase of 2%.
Chart 102 and 103 show the nominal and ‘real term’ pay trends for social workers at regional level.

On average, social workers were paid less in the north of England and more in the south, most noticeably in London. Social workers in London recorded the largest nominal pay increase (11%) during the period from 2013 to 2015, rising from £36,500 to £40,500. As a result, the salary gap between London and the second highest paying region has increased from £4,000 in 2013 to £7,100 in 2015.

Chart 102: Social worker nominal pay since 2012 by region

Chart 103 shows the ‘real term’ change in pay since 2012 (accounting for inflation). On average, social workers in the South East and South West saw a real term pay decrease of 2% from 2012 to 2015, with the East Midlands and the North West also experiencing a minor fall in real term wages. Outside of London, Yorkshire and Humber and the Eastern region had the largest real term pay increases, at 3% and 2% respectively.

Chart 103: Social worker ‘real term’ pay since 2012 by region
Workforce forecasts

Chart 102 and 103 show the nominal and 'real term' pay trends for social workers at regional level. On average, social workers were paid less in the north of England and more in the south, most noticeably in London. Social workers in London recorded the largest nominal pay increase (11%) during the period from 2013 to 2015, rising from £36,500 to £40,500. As a result, the salary gap between London and the second highest paying region has increased from £4,000 in 2013 to £7,100 in 2015.

Chart 102: Social worker nominal pay since 2012 by region

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Chart 103: Social worker ‘real term’ pay since 2012 by region
Overview
This chapter looks at the future projections of the adult social care workforce.

- The total number of people aged 65 and over is projected to increase by 21% between 2015 and 2025.
- If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs will increase by 18% (275,000 jobs) to 1.83m jobs by 2025.

This chapter brings together adult social care workforce estimates with population projection statistics to forecast the number of adult social care jobs that may be needed to keep up with demand in the future.

9.1 Population statistics 2015-2025

The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from Office for National Statistics to project forward the population by age bands. The information in this section includes information about the population aged 65 and over from 2015 to 2025.

POPPI shows that the total number of people aged 65 and over is projected to increase by 21% between 2015 and 2025 from 9,737,600 to 11,806,600 in England. The number of people aged 18-64 with a learning disability, mental health problem or physical disability is also predicted to increase by 2025.

Chart 104: Estimated projections of people aged 65 and over in England

Source: Projecting Older People Information System (POPPI)

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23 Projecting Older People Population Information, www.POPPI.org.uk
24 Projecting Adult Needs and Service Information, www.PANSI.org.uk
9.2 England level forecasts

This section presents a demand based projection for the size of the adult social care workforce between 2015 and 2025. This projection should be treated as a ‘base case’ projection as it only accounts for demographic and population change over the period. It does not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

The projection uses a model that compares the number of adult social care jobs in each local authority area in England with the corresponding number of people aged 65 and over in the population.

These two factors were found to be highly correlated (on average the more people aged 65 and over in an area, the larger the adult social care workforce was). This relationship is demonstrated in the chart below where each dot represents a local authority area and the dotted line represents the relationship between the two factors.

The model predicts that, on average in 2015, for every six people aged 65 or over in the population, one adult social care job is required.

**Chart 105: Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2015**

This model was then applied to POPPI estimates of the number of people aged 65 or over in 2018, 2020 and 2025 to create a forecast for the number of adult social care jobs over the period.

Table 10 and Chart 106 overleaf show the results of the model and also an extrapolation based on the current rate of the growth of the workforce (which has been included for comparative purposes).
Table 10: Adult social care jobs forecasts between 2015 and 2025 based on the number of people in the population aged 65 and over

<table>
<thead>
<tr>
<th>Year</th>
<th>Jobs</th>
<th>Total increase from 2015</th>
<th>Percentage increase from 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1,550,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>1,630,000</td>
<td>75,000</td>
<td>5%</td>
</tr>
<tr>
<td>2020</td>
<td>1,680,000</td>
<td>125,000</td>
<td>8%</td>
</tr>
<tr>
<td>2025</td>
<td>1,830,000</td>
<td>275,000</td>
<td>18%</td>
</tr>
</tbody>
</table>

Chart 106: Adult social care jobs forecasts between 2015 and 2025

As stated earlier in this section, there are numerous factors that could influence the size of the adult social care workforce over the next 10 years that have not been factored into this modelling. The results do, however, provide a useful baseline in terms of the likely demand created by the aging population.

The model projects that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then an 18% increase (275,000 new jobs) will be required by 2025.

Chart 107: Number and percentage increase of jobs be required by 2025
9.3  Regional level forecasts

Chart 108 shows the current adult social care workforce estimate and additional number of jobs needed by 2025 if, at regional level, the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population. And Chart 109 shows this as a percentage increase of workers that may be needed to keep up with demand in the future.

**Chart 108: Additional adult social care workforce jobs forecasts 2015 to 2025 by region, the 65+ model**

<table>
<thead>
<tr>
<th>Region</th>
<th>Current Workforce</th>
<th>Additional Workforce by 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>165,000</td>
<td>35,000</td>
</tr>
<tr>
<td>East Midlands</td>
<td>140,000</td>
<td>30,000</td>
</tr>
<tr>
<td>London</td>
<td>205,000</td>
<td>35,000</td>
</tr>
<tr>
<td>North East</td>
<td>95,000</td>
<td>15,000</td>
</tr>
<tr>
<td>North West</td>
<td>210,000</td>
<td>30,000</td>
</tr>
<tr>
<td>South East</td>
<td>250,000</td>
<td>50,000</td>
</tr>
<tr>
<td>South West</td>
<td>165,000</td>
<td>30,000</td>
</tr>
<tr>
<td>West Midlands</td>
<td>165,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>155,000</td>
<td>25,000</td>
</tr>
</tbody>
</table>

**Chart 109: Proportion of adult social care jobs forecasts 2015 to 2025, the 65+ model**

- Eastern: 20%
- East Midlands: 20%
- London: 17%
- North East: 16%
- North West: 14%
- South East: 20%
- South West: 18%
- West Midlands: 16%
- Yorkshire and Humber: 16%
9.4 Further information

Skills for Care is working to promote careers in care. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles, and lots of opportunities for progression. A career in adult social care can offer progress, have job security, and get an enormous sense of personal achievement. For more information please visit the 'Think Care Careers' site or 'Thinking of going an Apprenticeship' site.

Skills for Care is also working in conjunction with the government and other social care employers on a number of initiatives to encourage younger people to join and stay in the adult social care sector, for example ‘I Care… Ambassadors’ and apprenticeships.

For more information and to perform your own analysis of population data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- population projections - ages 18-64
- population projections - ages 65 and over.

For a bespoke analysis of NMDS-SC in your geographical area or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see http://www.skillsforcare.org.uk/stateof for the appendix.

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Further resources

Skills for Care provides outstanding workforce intelligence relied upon by government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who use services. NMDS-SC 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 Skills for Care that use NMDS-SC information.

10.1 Other workforce intelligence publications

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

The annual report includes estimates of the number of care providing organisations, establishments/care providing locations, people and job estimates, trend data and future projections. To access this report please visit www.skillsforcare.org.uk/sizeandstructure. Latest version, July 2016

The state of the adult social care sector and workforce by region

These nine regional reports provide an overview of adult social care services and the workforce in each region and have been generated using data from NMDS-SC. Each of these nine reports provides a regional look at much of the England level information provide in this report. To access any of these reports please visit www.skillsforcare.org.uk/regionalreports. 2016 reports to be published in October. 2015 reports available now

Local authority area reports

There are a series of two page summary reports for each of the 152 local authority areas in England, these reports are published twice a year, the latest reports focus on job role estimates by local authority area. To access any of these reports please visit www.skillsforcare.org.uk/regionalreports. Reports published twice a year, in March and October

NMDS-SC briefings and trend briefings

Skills for Care publishes four to five short reports each year which highlight specific issues in the adult social care sector. Examples of briefing topics that have been covered in 2015-2016 include:

- the use of NMDS-SC data across the social care sector
- experience of the adult social care workforce
- care work pay trends
- recruitment and retention trends
- diversity of the adult social care workforce.

To access these briefings please visit www.skillsforcare.org.uk/briefings.
10.2 Workforce planning

A good workforce plan will help your organisation be more successful and make sure that you have the right people in place to meet the changing needs and future opportunities for your business. The right people are those who are keen, skilled, have the right values and behaviours and know what they are doing. These people will provide high quality care and support and help your business to grow.

Our resources are especially developed for small and medium sized organisations and explain:

- what workforce planning is and why it’s important
- what are the principles for it and who should be involved in it
- how it fits with how services are commissioned
- how workforce information should be used including data from the NMDS-SC
- how to do workforce planning using a step by step method.

To access a copy of this guide and for more information about workforce planning, please visit www.skillsforcare.org.uk/workforceplanning.

10.3 NMDS-SC Dashboards

Dashboards act as a diagnostic tool to shine light on issues affecting the adult social care sector and workforce. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. Dashboards allow you to explore the following areas:

![Dashboard diagram]

There are two sets of Dashboard available:

- **My NMDS-SC Dashboards** - available to social care providers registered with the NMDS-SC.
- **Open Access NMDS-SC Dashboards** - These are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence.

To access the NMDS-SC Dashboards and supporting materials please visit [www.nmds-sc-online.org.uk/reportengine/dashboard.aspx](http://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx).

Our guide for NMDS-SC account holders ‘Using data to benefit your business’ gives clear examples of how NMDS-SC screens called dashboards can be used in practice for workforce planning. To download a copy visit [www.skillsforcare.org.uk/gettingthemost](http://www.skillsforcare.org.uk/gettingthemost).
10.4 Analytical service and one to one support with NMDS-SC

The Skills for Care analysis team provide an external analysis service and can produce a range of in-depth reports depending on your specific requirements. Skills for Care’s highly experienced analysts can work with you to identify your requirements, and design and deliver bespoke workforce intelligence reports. We use NMDS-SC data to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.

Our data services can be used when you need:

- evidence to help you make an important decision or develop a strategy
- information/analysis and a report that’s more in-depth and tailored to your needs
- trend information or help looking ahead with forecasts
- information for a bid
- benchmarking social care organisations/the workforce
- contributions to health and social care workforce integration projects.

All available at the geographical level most relevant to your needs.

A review from a recent user said ‘Skills for Care provided a professional, expert service to support our workforce development project. Their approach was flexible and accommodating. Our nominated analyst produced a report of excellent quality that made the data very accessible to those without a workforce data background. We are very pleased with the work completed by Skills for Care in support of our project and would be happy to work with them again should the need arise.’

Our locality staff deliver regular roadshows and events promoting NMDS-SC, and our support service offer free advice and support. If you and your organisation are looking for some more in-depth and one-to-one support in a variety of areas, for example ‘evidence-based decisions- getting the most from your NMDS-SC account for leaders and managers’ please email us to arrange an appointment.

For more information about these services please email analysis@skillsforcare.org.uk or call 0113 2410969.

10.5 Statistical appendix

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10.6 Keeping informed

To be kept up to date with Workforce Intelligence news please join our mailing list by registering with Skills for Care and selecting ‘workforce intelligence publications’. You can also follow us on twitter @SfC_NMDS_SC.
The Skills for Care analysis team provide an external analysis service and can produce a range of in-depth reports depending on your specific requirements. Skills for Care's highly experienced analysts can work with you to identify your requirements, and design and deliver bespoke workforce intelligence reports. We use NMDS-SC data to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.

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