The state of the adult social care sector and workforce in England 2021
Acknowledgements

We’re grateful to the many contributors to this report. Particular thanks are due to all of the employers who have completed ASC-WDS (Adult Social Care Workforce Data Set) data. Without their contributions, estimates of this detail and accuracy wouldn’t be possible.

This report was researched and compiled by Will Fenton, Sarah Davison, Gary Polzin, Roy Price, Rosy McCaffrey, Tanya Fozzard and Anthony Wheatley of our Workforce Intelligence team at Skills for Care. Feedback on any aspect of the report is welcomed and will improve future editions. Please contact our Workforce Intelligence team: analysis@skillsforcare.org.uk.
The pandemic has been tough for all of us but for people drawing on and working in social care, it has been a time of real challenge and heartache. But we have also seen people using the best of their skills, their incredible creativity, and their compassion to support people in our communities and families during COVID-19.

We should celebrate this. But we should also use the data in this report, collected during the pandemic, from employers to reflect on how, in the future, we can keep the best elements of new ways of working we’ve developed, the improved integration between services and improved personal relationships. We need to build on the increased awareness of the fundamental part social care plays in our society, while also making sure that we see the changes needed to ensure that people who work in social care are valued, developed, and rewarded.

The data tells us a story of a workforce that risks burn-out, with levels of staff sickness doubling over the last year. It tells a story of employers struggling to recruit and retain their staff. Despite more people coming into social care at the start of the pandemic, we now have more vacancies than we did before COVID-19, and our market intelligence suggests that employers expect this to get worse with the mandatory vaccination policy. This might indicate that we need to break social care’s sensitivity to labour market conditions by making roles in social care more financially rewarding and attractive. The report also tells a story of changes to the make-up of social care with a 7.4% increase in homecare jobs over the year.

We see the workforce continuing to grow, by 20,000 since last year, and predicted to grow by almost half a million additional jobs by 2035.

The pandemic highlighted the pressures on the social care workforce and the need for long-term investment and support to recognise and value people working in social care, to invest in their training and offer real career pathways. The pandemic showed the need to enhance social justice, equality, diversity and inclusion. We have a very diverse workforce – indeed we now have almost a quarter of the workforce (22%) from Black, Asian and Minority Ethnic backgrounds which is a 1% increase from last year. However, that workforce tells us that they can face discrimination, racism and lack of development and we know that there were stark inequalities in terms of the impact of COVID-19 among different groups of the population. COVID-19 also highlighted the need to have a workforce strategy which starts from a vision of the kind of social care we all want to see – social care that is personalised, preventative and focuses on wellbeing.

All of this points to the need for significant reform for the social care workforce, which we know is expected in a White Paper in late 2021, and we will be using the data in this report to make sure the workforce voice is heard. Reform should always be based on robust data and this report is used by thousands of employers, leaders, and policy makers to understand more about the social care workforce and make the right decisions about where to focus changes and reform. That is why I am happy to be able once again to
present our State of the Adult Social Care Sector and Workforce report, which helps us better understand the trends in the workforce, so that we can better understand where to target any changes and reforms.

I would like to thank all the employers and care providers who supply their information to the Adult Social Care Workforce Data Set (ASC-WDS) which informs this report. This report is made up of data from 8,000 organisations and 650,000 workers. It is the most authoritative source of adult social care workforce data and allows us to see trends over time and be able to respond to them.

We have short term challenges in social care with many vacancies and high turnover, and we have long-term challenges with an ageing workforce who are likely to retire quite soon, and not enough younger staff coming into the sector, combined with a growing need for more social care because of our growing and ageing population. But this also offers us opportunities – instead of talking about 104,000 vacancies, let us start talking about 104,000 opportunities for people to work in a job that has value and a future. Where other sectors are shrinking because of increased automation, there is an opportunity for us to offer social care as a real and rewarding long term alternative. Our young people and more men (both of whom are under-represented in the workforce) should be seeing social care as a sector that they can develop and grow a successful career. And people working in social care now, with experience, compassion, and the right values, should feel valued and developed.

We have a moment in time to shape a social care system that achieves our vision of a fair and just society, where people can access the advice, care and support they need to live life to the fullest.
Contents

COVID-19 ................................................................................................................................. 8
Executive summary ..................................................................................................................... 15
Introduction .............................................................................................................................. 24

1. Size and structure .................................................................................................................. 28
   1.1. Introduction ....................................................................................................................... 29
   1.2. Number of adult social care organisations (enterprises) ................................................. 30
   1.3. Number of adult social care establishments ..................................................................... 31
   1.4. Economic contribution ..................................................................................................... 33
   1.5. The adult social care workforce ....................................................................................... 34
       1.5.1. Sector/type of employer ............................................................................................ 35
       1.5.2. Main care service ....................................................................................................... 35
       1.5.3. Job role groups .......................................................................................................... 36
       1.5.4. Individual job roles .................................................................................................... 37
   1.6. Number of full-time equivalent jobs .............................................................................. 40
   1.7. Number of people ............................................................................................................ 40
   1.8. Job trends ......................................................................................................................... 41
       1.8.1. Registered nurse job trends ....................................................................................... 43
   1.9. People who receive care and support .............................................................................. 44

2. Employment overview .......................................................................................................... 45
   2.1. Introduction ....................................................................................................................... 46
   2.2. Employment status .......................................................................................................... 47
   2.3. Full-/part-time status ........................................................................................................ 47
   2.4. Zero-hours contracts ........................................................................................................ 48
   2.5. Zero-hours contract trends ............................................................................................... 50

3. Recruitment and retention .................................................................................................... 53
   3.1. Introduction ....................................................................................................................... 54
   3.2. Leavers and staff turnover rates ...................................................................................... 56
       3.2.1. Turnover rate trends .................................................................................................. 58
   3.3. Workforce factors affecting turnover rates ....................................................................... 60
   3.4. Starters in the past 12 months .......................................................................................... 60
   3.5. Comparing starter and leaver rates .................................................................................. 61
   3.6. Age worker started in the adult social care sector .......................................................... 61
   3.7. Experience of the adult social care workforce .................................................................. 62
       3.7.1. Experience in sector .................................................................................................. 62
       3.7.2. Experience in role ...................................................................................................... 63
3.8. Source of recruitment ........................................................................... 64
3.9. Sickness rates ....................................................................................... 65
  3.9.1. Sickness trends ................................................................................ 67
3.10. Vacancy rates ...................................................................................... 67
  3.10.1. Vacancy rate trends ........................................................................ 70
4. Workforce demographics ........................................................................ 77
  4.1. Introduction ......................................................................................... 78
4.2. Gender ................................................................................................ 78
4.3. Age .................................................................................................... 79
  4.3.1. Age trends ...................................................................................... 80
4.4. Ethnicity ............................................................................................. 81
4.5. Diversity within adult social care .......................................................... 82
4.6. Nationality .......................................................................................... 84
  4.6.1. Nationality trends .......................................................................... 88
  4.6.2. British citizenship .......................................................................... 90
4.7. People with a disability ......................................................................... 92
5. Pay ....................................................................................................... 93
  5.1. Introduction ......................................................................................... 94
  5.2. Full-time equivalent annual pay ........................................................... 95
    5.2.1. Annual pay trends for regulated professionals ......................... 95
  5.3. Mean hourly pay ................................................................................ 97
  5.4. Median care worker hourly pay .......................................................... 98
  5.5. The impact of the National Living Wage from April 2021 (£8.91) ...... 103
  5.6. Comparison with other sectors ............................................................ 103
6. Qualifications and training ...................................................................... 105
  6.1. Introduction ......................................................................................... 106
  6.2. Care Certificate .................................................................................. 106
  6.3. Qualifications held ............................................................................ 108
  6.4. Training ............................................................................................. 109
  6.5. Career progression in adult social care .............................................. 110
  6.6. Skills, training, and experience ............................................................ 111
  6.7. Apprenticeships in adult social care .................................................... 112
7. Workforce forecasts ............................................................................... 115
  7.1. Population statistics 2020-2035 ......................................................... 116
  7.2. Relationship between population projections and jobs .................... 117
  7.3. Workforce forecasts between 2020/21 and 2035 ............................. 118
    7.3.1. Retrospective testing of models ................................................. 118
8. Data Science .......................................................................................... 121
8.1. Factors affecting turnover rates ................................................................. 122
  8.1.1. Variables that influence turnover rates ........................................ 123
  8.1.2. Distance travelled to work .............................................................. 124
  8.1.3. Age .............................................................................................. 124
  8.1.4. Experience in sector ...................................................................... 125
  8.1.5. Pay ............................................................................................... 126
  8.1.6. Experience in role .......................................................................... 128
  8.1.7. Training ......................................................................................... 130
  8.1.8. Contracted hours and zero-hours contracts .................................... 131
  8.1.9. Sickness days ................................................................................. 132
  8.2. Social care qualifications .................................................................... 133
  8.2.1. Historical turnover rate .................................................................. 133
  8.3. Factors affecting CQC ratings ......................................................... 134

Further resources ....................................................................................... 138
COVID-19

Changes in the adult social care workforce during the COVID-19 pandemic

The information in this section looks at changes in the workforce since the start of the COVID-19 pandemic using Skills for Care’s weighted *local authority and independent* sector data collected between 2019/20 and 2020/21.\(^1\)

It also shows, where relevant, more recent changes between April 2021 and August 2021 using Adult Social Care Workforce Dataset (ASC-WDS) data completed by independent sector employers during that period. This information has not been weighted to represent the whole sector but should still be indicative of recent changes and developments. Skills for Care is continuing to track these metrics on a monthly basis and that information can be found on the workforce intelligence website.\(^2\)

Skills for Care has also included qualitative information and evidence gathered from employers to add context to the statistics.

### i. Sickness

Levels of staff sickness have nearly doubled over the course of the pandemic (an average of 9.5 days lost were lost to sickness in 2020/21 compared to 5.1 days before the pandemic). This will be a mixture of people being ill, self-isolation and people unable to work for other reasons, such as childcare issues. In total, around six million extra days were lost to sickness than in the year before.

**Chart 1. Average number of sickness days in the previous 12 months**

*Source: Skills for Care estimates (local authority and independent sector only)*

\[\begin{array}{ccc}
\text{All job roles} & \text{Direct care} & \text{Registered manager} \\
5.1 & 5.2 & 2.3 \\
9.5 & 9.9 & 5.4 \\
\end{array}\]

\(^1\) The 2019/20 period is comprised of data from local authority staff as of September 2019 but is predominantly made up of independent sector workers from March 2020 (close to the start of the epidemic in England). 2020/21 is comprised of local authority staff as of September 2020 and independent sector staff as of March 2021.

It remains to be seen if the relaxing of the rules on self-isolation that came into place on 16 August 2021 or the levels COVID-19 vaccinations among the workforce\(^3\) will help this figure return closer to pre-pandemic levels in 2021/22.

Some employers have informed Skills for Care that their employees and registered managers are at risk of 'burnout' due to the pandemic. Sickness levels running at double their usual level will have increased the workload for the rest of the workforce and contributed to this issue.

**ii. Bed occupancy and staffing numbers**

Since the start of the pandemic, occupancy levels in care homes have fallen. There were a high number of deaths among care home residents in 2020/21 as well as a shift in demand away from residential care and towards domiciliary care, both contributing to the decrease.

**Chart 2. Care home utilisation**

Source: Skills for Care COVID-19 monthly tracking (independent sector only)

<table>
<thead>
<tr>
<th></th>
<th>Pre-COVID (March 2020)</th>
<th>Aug 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care home with nursing</td>
<td>84%</td>
<td>76%</td>
</tr>
<tr>
<td>Care home without nursing</td>
<td>87%</td>
<td>81%</td>
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The shift in demand away from care homes and towards domiciliary care can be seen in the change in the number of jobs (filled posts) in the two service types. Between 2019/20 and 2020/21 jobs in domiciliary care increased by 40,000 (a 7% increase).

Over the same period, despite a decrease in occupancy rates, jobs in care homes remained broadly the same. Skills for Care market intelligence suggests that despite lower occupancy there were more tasks associated with COVID-19, meaning employers needed to maintain similar staffing levels.

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ASC-WDS data collected between March 2021 and August 2021 shows a decrease in jobs (filled posts) in recent months. Overall, the decrease was around -1.8%, and was higher in care homes (-2.2%) than in domiciliary care (-0.8%).

A decrease in jobs in the sector is unusual. Jobs over the past several years have consistently increased to keep up with the rising demand for care due to the aging population. Given the vacancy rate has also risen over the same period, this points towards recruitment and retention difficulties for the sector rather than a decrease in demand with employers not being able to find and recruit the staff they need.

The decrease in jobs (filled posts) coincides with the announcement of the mandatory vaccination policy for care homes\(^4\) which may be putting some people off joining the sector and contributing to others deciding to leave. Market intelligence gathered from employers suggests that this is already the case for some staff who are already leaving to take up roles in the NHS or other sectors where vaccination is not required.

The decrease in staff also coincides with an increase in the staff vacancy rate. Vacancy rates fell during the start of the pandemic, potentially due to fewer jobs being available in the wider economy during this period.

Vacancy rates have been steadily rising again since as the wider economy has opened back up. As of August 2021, vacancy rates are now back above their pre-pandemic levels.

This trend matches feedback we’ve had from employers who advise that recruitment and retention has been especially problematic in recent months as other sectors such as hospitality and tourism have opened back up.

The mandatory vaccination policy for care home staff will add to the sector’s recruitment and retention issues. According to government estimates, between 17,000 and 70,000 staff may choose to not take up the vaccine before the policy comes in to place in November 2021\(^5\) and would therefore be unable to work in care homes. If these staff were to leave and replacements were not found it would push the staff vacancy rate up to its highest level on record.

iii. New immigration rules/travel restrictions

New immigration rules came into place in the UK on 1 January 2021\(^6\). The new rules effectively mean that people cannot come to the UK to take up care worker roles (people can still arrive to take up some regulated professional roles).

This change provides an additional supply challenge for the sector. Since 2012/13 the sector has become increasingly reliant on workers from the EU with 7.2% of workers (113,000) holding an EU nationality as at 2020/21, up from 4.7% in 2012/13.

There has been no evidence of the existing non-British workforce leaving at an increased rate since the new rules came into place. However, with this route of supply no longer available for front line workers, employers will have to find more staff from the domestic labour market in order keep up with demand.

Data collected since March 2021, as would be expected given the new rules and COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019).

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iv. Staff turnover/burn-out

As previously highlighted, Skills for Care has received feedback from employers in the sector about staff and registered managers experiencing ‘burn-out’ due to the pressures of the pandemic and that there’s a risk of staff leaving as a result.

Skills for Care’s estimates, however, show that staff turnover rates decreased during the pandemic. The chart below shows that registered manager turnover rates were down by 4.7 percentage points and care workers turnover was down by 3.7 percentage points. Before the pandemic, these figures usually saw year on year increases.

It’s been reported to Skills for Care that during 2020, some registered managers and care workers felt a duty to stay with their employer and help those that they care for during this unprecedented period.

It could also be the case that fewer job opportunities in the wider sector during this period due to lockdowns and restrictions contributed to workers staying in the sector.
Skills for Care will continue to monitor these statistics as ‘burn-out’ could still be a factor that causes people to leave the sector in the future. Recent feedback from some employers suggests that many staff and managers continue to withstand the pressures of the pandemic.

Workforce wellbeing has never been so important. Supporting the good health and wellbeing of the social care workforce is a significant factor in making sure that people with care and support needs and their families receive good quality care so they can live as independently as possible. Please see our website for information, both nationally and locally, including wellbeing offers and resources to support workforce wellbeing and mental health.\(^7\)

Since March 2021, the opening up of the wider economy has been reported by employers to be adversely affecting retention, with many reporting that recruitment and retention is now more difficult than before the pandemic.

v. Characteristics of the workforce

There were no large changes in the characteristics of the workforce during the pandemic in terms of demographics. The table below shows that gender, ethnicity, people with a disability and age distributions all remained broadly the same during the pandemic. The largest change was the percentage of the workforce with a Black, Asian and minority ethnicity, which increased by one percentage point.

<table>
<thead>
<tr>
<th>Table 1. Characteristics of the workforce</th>
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<td>Source: Skills for Care estimates (local authority and independent sector only)</td>
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Skills for Care will continue to monitor these characteristics, especially considering mandatory vaccination, which may affect some demographics more than others.

\(^7\) https://www.skillsforcare.org.uk/Leadership-management/managing-people/Wellbeing/Wellbeing.aspx
vi. Pay

Independent sector care worker median pay increased by 6.0% during the pandemic (March 2020 to March 2021). This increase was mostly driven by an increase in the National Living Wage of 6.2% in April 2020.

It’s been reported to Skills for Care that some employers are responding to rising staff vacancies by increasing wages since March 2021. Using ASC-WDS data we’re yet to see a substantial increase in average wages during 2021 but will continue to monitor this potential trend.
Executive summary

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

Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government, and partners to ensure social care has the right people, skills, and support required to deliver the highest quality care and support, now and in the future. Our role is to respond and adapt to the emerging trends and needs within social care, using data and evidence to drive forward widescale change.

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service which gathers information about the adult social care workforce in England. This service was formerly known as the National Minimum Data Set for Social Care (NMDS-SC). NMDS-SC online was launched in 2007 and collected data for 14 years.

Adult social care is a growing sector that, in 2020/21, it comprised of around 17,700 organisations across 39,000 care-providing locations, with a workforce of around 1.67 million jobs. The number of full-time equivalent jobs was estimated at 1.19 million and the number of people working in adult social care was estimated at 1.54 million in 2020/21; more than in the NHS (1.3 million people).

The adult social care sector was estimated to contribute £50.3 billion per annum to the economy in England. The total wage bill for the sector, calculated using ASC-WDS information, accounted for around half of this amount at £23.9 billion in 2019/20 (up 8% from 2019/20).

The number of adult social care jobs increased by 12% since 2012/13 (by 170,000 jobs). The number of jobs increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21. In recent months (since March 2021), however, ASC-WDS data shows a decrease in jobs (filled posts). Overall, the decrease was around -1.8% and is likely driven by recruitment and retention difficulties as the wider economy opens back up.

Since 2012/13, the workforce has continued to shift away from local authority jobs (a decrease of 24%, or 37,000 jobs) and towards independent sector jobs (an increase of 16%, or 180,000 jobs). The number of jobs in domiciliary services increased at a faster rate between 2012/13 and 2020/21 (an increase of 135,000 jobs and 22%) than jobs in residential services (an increase of 25,000 jobs and 4%).
This shift was particularly evident between 2019/20 and 2020/21 where the vast majority of the increase in adult social care jobs was in CQC regulated domiciliary care services (increasing by 40,000 jobs or 7%). The number of care home jobs remained broadly the same over the same period despite decreases in occupancy rates from 85% pre-COVID to 77% in March 2021.

From here on, the executive summary of this report will refer to the 1.56 million jobs in the independent sector (84% of jobs), local authorities (7% of jobs), and jobs working for direct payment recipients (8%) unless otherwise stated. Adult social care jobs in the NHS are not included. The information in this report was taken from local authorities as of September 2020, from independent sector employers as of March 2021, and from direct payment recipients as of February 2021.

Employment information

The majority (89%) of the workforce were employed on permanent contracts. Half of the workforce (50%) usually worked full-time hours and 50% were part-time.

Around a quarter of the workforce were recorded as being employed on a zero-hours contract (24%, or 380,000 jobs). Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (42%), especially among care workers (55%).

There were 34,000 registered nurses in 2020/21, and this number has continued to decrease, down 1,800 jobs (5%) between 2019/20 and 2020/21 and almost 17,000 jobs (33%) since 2012/13.

Recruitment and retention

We estimate that the staff turnover rate of directly employed staff working in the adult social care sector was 28.5% in 2020/21. This equates to approximately 410,000 people leaving their jobs over the course of the year.

Most leavers don’t leave the sector. Around 63% of jobs were recruited from other roles within the sector.

Turnover rates (local authority and independent sectors only) have increased steadily by a total of 10.2 percentage points between 2012/13 and 2019/20 but decreased in 2020/21 by 2.3 percentage points. This was likely caused by fewer job opportunities in the wider economy during 2020 and employees feeling a duty to stay and help during the pandemic. Please see section iv for more information.

Care workers had one of the highest turnover rates at 34.4%. In contrast, personal assistant roles had relatively low turnover rates at 18.2%. Registered nurses in adult social care had a much higher turnover rate (38.2%) than their counterparts in NHS8 (8.8% for registered nurses and health visitors).

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The local authority and independent sector workforce had an average of 9.5 sickness days taken annually per worker in 2020/2021. This equated to approximately 12.5 million days of work lost. The previous year has shown a large increase in sickness during the COVID-19 pandemic. The average number of days lost to sickness across all job roles in 2019/20 was 5.1, and this almost doubled to 9.5 in 2020/21. Sickness days will include those self-isolating and shielding, as well as those who were unwell (including COVID-19 and non-COVID-19 related illness).

We estimate that, on average, 6.8% of roles in adult social care were vacant in 2020/21, which is equivalent to 105,000 vacancies being advertised on an average day. This was highest amongst registered managers at 11.2%. In 2020/21, the vacancy rate decreased by 0.4 percentage points (a decrease of around 4,300 vacancies), a continued decrease from the year before that. Previously, the rate had increased year-on-year between 2012/13 and 2018/19, from 4.4% to 7.6%.

Monthly tracking of ASC-WDS data shows that the vacancy rate fell during the start of the pandemic, potentially due to fewer jobs being available in the wider economy during this period. Since May 2021, vacancy rates have steadily risen as the wider economy has opened back up. As of August 2021, vacancy rates are now back above their pre-pandemic levels. The increase in the vacancy rate at the same time as jobs (filled posts) decreasing points towards a supply and demand mismatch, with employers unable to find the staff they need to meet the demand for services. See section ii for more details.

Even before accounting for recent increases in the rate, the average number of vacancies in 2020/21 (105,000) suggests that the supply of available workers is still substantially lower than the demand. Significant future challenges continue to exist in this area too, with a projected increase in demand as the population ages (see Chapter 7 - Workforce forecasts), along with the impact of mandatory vaccination in care homes and a reduction in workforce supply as a result of the new immigration rules that came into effect on 1 January 2021 (see Section 4.6.2 for nationality analysis).

Workforce demographics

There were no large changes in the characteristics of the workforce during the pandemic in terms of demographics.

The adult social care workforce comprised of 82% workers identifying as female, compared to 47% of the economically active population. Workers indentifying as female were less likely to be in managerial jobs (79%), especially in senior management roles (68%), compared to direct care providing roles (83%).

The age distribution of the adult social care workforce was older than the economically active population. 27% of adult social care workers were aged 55 and over compared to 21% of the economically active population. This age group accounted for around 425,000 jobs in adult social care and therefore, from a workforce planning perspective, these workers may retire within the next ten years.

The average age of the workforce had marginally increased over the previous eight years (from age 42.5 in 2012/13 to age 43.3 in 2020/21). The average age of workers in the wider economy had also
increased over this period (from 40 to 42), highlighting that it’s not exclusively the adult social care sector that is experiencing a marginally ageing workforce.

Adult social care workforce (21% Black, Asian and minority ethnicity) was more diverse than the population of England (14% Black, Asian and minority ethnicity) in 2020/21. The largest difference can be seen for people with black ethnicity, who made up 12% of the adult social care workforce and 3% of the total population. London was the most diverse region (67% Black, Asian and minority ethnic groups).

‘Registered nurse’ remained one of the most diverse job roles, with 40% of workers identifying as Black, Asian and minority ethnic. Workers identifying as being of Black, Asian and minority ethnicity were less likely to be in managerial roles (15% Black, Asian and minority ethnic groups) compared to direct providing roles (24% Black, Asian and minority ethnic groups).

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black, Asian and minority ethnic groups</th>
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<tbody>
<tr>
<td>All job roles</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Direct care providing</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Managerial</td>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Around 84% of the adult social care workforce were British, 7% (113,000 jobs) were of an EU nationality and 9% (137,000 jobs) were of a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU, rather than EU, workers.

Nationality varied by region (See map), with the North having a higher proportion of British workers than the Midlands or the South. London had the lowest proportion of British workers (63%).

Between 2012/13 and 2020/21, the proportion of EU workers had risen two percentage points. The proportion of non-EU workers decreased by three percentage points over the same period.

New immigration rules came into place in the UK on 1 January 2021. The new rules effectively mean that people can’t come to the UK to take up care worker roles, though they can still arrive to take up some regulated professional roles.
There’s been no evidence of the existing non-British workforce leaving at an increased rate since the new rules came into place. However, with this route of supply no longer available for front line workers, employers will have to find more staff from the domestic labour market in order keep up with demand.

Data collected since March 2021, as would be expected given these new rules and the COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019). Please see section iii for more information on new immigration rules and travel restrictions.

**Hourly and annual pay rates**

For the purposes of this report, the National Living Wage (NLW) of £8.72 per hour is referenced to match the period in which the data was collected. In April 2021, after the data in this report was analysed, the National Living Wage had increased to £8.91.

**Nominal pay for regulated professions continued to increase.**

Registered nurse roles saw the highest nominal pay increase between 2019/20 and 2020/21, from £31,800 to £33,600 (+£1,800, or 6%). In real terms (taking account of inflation), the pay of registered nurses has increased by 29% from £26,100 since 2011/12. However, as previously shown, the staff turnover rate is still higher for people in registered nurse roles (38.2%).

Social workers’ annual pay saw a nominal increase between 2019/20 and 2020/21, from £36,400 to £37,100 (2%). This increase was greater than the rate of inflation in 2019/20, however, social worker pay is still similar, in real terms, to what it was in 2011/12.

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

In April 2020, the NLW rose from £8.21 to £8.72 (6.2% in nominal terms). This increase contributed to a 6.0% increase in the median nominal care worker hourly rate from March 2020 to March 2021. This was the highest increase over the recorded time period.

The chart below shows that this led to the median hourly rate increasing, in real terms, by 5.3% between March 2020 and March 2021. This compares to an average of 1.8% per year since September 2012. However, the chart below shows that, over time, the median hourly rate for care workers has moved closer to the statutory minimum hourly rate. The proportion of care workers paid the statutory minimum amount has increased since the introduction of the NLW, from 16% in March 2016, to 21% in March 2021.
Pay at the lower end of the pay scale has risen at a faster pace than it has at the top. In terms of earnings, the top 10% (90th percentile) of care workers received a 9.3% pay increase between March 2016 and March 2021. Comparatively, the bottom 10% (10th percentile) received a 19.2% pay increase in the same period.

There are several challenges emerging as side effects of the increasing NLW, particularly in maintaining differentials with more senior roles, and in rewarding experienced workers and those with greater responsibilities. On average, care workers with five years’ (or more) experience in the sector are paid just 6 pence (1%) more per hour than care workers with less than one year of experience. Prior to March 2017, this gap was between 26 pence and 37 pence per hour.

Pay differentials between social care and other low paying occupations (defined by the low pay commission) have also been decreasing. Historically, care worker median hourly pay was higher than all of the selected job roles. However, by 2020/21, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour on average in 2012/13 than care workers. By 2020/21, this gap had reduced to 29 pence. Similarly, sales and retail assistants earned 13 pence per hour less than care workers in 2012/13 but in 2020/21, on average, they earned 21 pence per hour more than care workers.

Qualifications, training, and skills

We believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their roles effectively. Learning and development helps everyone to grow in the right skills and knowledge to enable them to provide high-quality care and support.

Over two thirds (67%) of direct care-providing staff who had started work in the sector since January 2015, had engaged with (achieved, partially completed, or were working towards) the Care Certificate. This was highest amongst care workers in domiciliary care services (71%).

Around half (45%) of direct care-providing staff held a relevant adult social care qualification (41% of care workers held a Level 2 qualification, or higher). Around four in five (75%) senior care workers held a relevant adult social care qualification at Level 2 or above.
Of those direct care-providing workers that did not hold a relevant social care qualification, 58% had engaged with the Care Certificate, 41% had five years’ (or more) experience in the sector, and 73% had completed training relevant to their role.

Of all workers with training recorded, the most popular areas were ‘Moving and handling’ (76%), ‘Safeguarding adults’ (74%), and ‘Infection Control’ (65%).

**Around 29,900 people started a social care apprenticeship in 2019/20**, which was 26% less than in the previous year, and around 69% less than the number that had done so in the years prior to 2017/18.

Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the ‘market share’ of adult social care apprenticeship starters decreased from 20% in 2016/17 to 9% in 2019/20.

**Workforce forecasts**

The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2020 to 2035.

The population aged 65 and over was projected to increase between 2020 and 2035 from 10.5 million to 13.8 million people in England, an increase of around 32%. This poses potential challenges for the adult social care sector and workforce.

This section presents demand-based projections for the size of the adult social care workforce between 2020 and 2035. These projections should be treated as ‘base case’ projections as they only account for changes in demographics and in population during the period. They don’t account for any political, economic, technological, or sociological factors that could have an impact on the size of the workforce in the future.

Our forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2020 and 2035, an increase of 29% (490,000 extra jobs) would be required by 2035.
Data science

Factors affecting turnover

Working in partnership with a data science specialist, we used ASC-WDS information to create machine learning models. These were used to assess which variables had an effect on adult social care workers’ propensity to leave their jobs. From this, key variables were identified that could be compared to turnover rates. The information below shows the relationship between these key variables and turnover between March 2020 and March 2021.

A large proportion of staff turnover arose from workers leaving their posts soon after joining. Care workers with less than one year of experience had a much higher turnover rate (36.7%) than those with 10 years or more (12.0%).

The sector has a problem retaining younger staff. Turnover rates amongst those under 20 was 39.1%. This issue is not endemic to adult social care, with many sectors experiencing the same problem. It may be that younger staff are using jobs as a stopgap whilst pursuing education, additional training, or working whilst they consider pursuing a career of their choice.

Other findings included:

- **Workers were more likely to leave if they were employed on zero-hours contracts** (32.1% turnover rate), compared to those that were not (22.6%). A similar trend was seen in workers with fewer hours (28.8% for those working 0.5 to nine hours, compared to 21.5% for those working 26 to 35 hours).
- **Turnover rates were higher if the registered manager was new to their role.** The turnover rate of establishments where the registered manager had been in post for less than one year was 26.9%, which was higher than for those establishments with a registered manager in post for 20 years or more (18.7%).
- **Relatively small changes in hourly rates have little bearing on care worker turnover rates.** It’s only once care workers are paid significantly above the NLW that an improvement in turnover rates can be seen.
- **Care workers who received regular training and those with qualifications** were less likely to leave their roles than those who didn’t.
Skills for Care has also analysed ASC-WDS workforce data compared to CQC scores to see which workforce metrics are associated with higher CQC scores. For more information, see chapter 8 Data Science.

- **Turnover rates were lower in establishments receiving high CQC scores.** Establishments with the lowest score had an average turnover rate of 33.7%, compared to those with the highest score which had an average of 29.2%.

- **Establishments with lower vacancy rates, on average, received better scores.** Those receiving high CQC scores had an average vacancy rate of 5.0% compared to a rate of 6.1% for those with lower scores.

- **Care homes with more staff in post per bed, on average, received better CQC scores** than those with lower staffing ratios.

- **Higher care worker pay was associated with higher CQC scores.** Care workers at the lowest scoring establishments had an average hourly rate of £8.86 compared to £9.20 with the highest score. This was also true when comparing care worker pay to the average in the wider economy in the local area. Employers paying closer to the average for their area were more likely to receive high scores.

- **Establishments with higher levels of staff undertaking learning and development were more likely to receive higher CQC scores** (for example, take up of the care certificate, training and qualifications).

- **Establishments with a stable registered manager were likely to receive higher CQC scores.** The more time across the previous year an establishment spent without a registered manager in post, the lower the CQC score was on average.
Introduction

It’s crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. High-quality information about the workforce is vital in helping to create a fair and just society, where people can access the advice, care and support they need to live life to the fullest.

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

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

About Skills for Care

Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support, now and in the future. Our role is to respond and adapt to the emerging trends and needs within social care, using data and evidence to drive forward widespread change. We provide best practice, tools, resources and intelligence to support workforce recruitment, capabilities and culture.

For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit strategy.skillsforcare.org.uk. For further information about Skills for Care, please see our website.9

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

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

The Adult Social Care Workforce Data Set is the new name for the updated National Minimum Data Set for Social Care (NMDS-SC) service. The NMDS-SC had been collecting information about social care providers and their staff since 2006. The NMDS-SC was dated in its look and feel but had performed well and provided Skills for Care and the Government with high-quality workforce and sector intelligence to help shape and inform the sector for 14 years.

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

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

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

ASC-WDS coverage of the adult social care sector

The independent sector information in this report was collected between April 2020 and March 2021, and local authority information dates from September 2020.

Based on the ASC-WDS, our estimates show that there were an estimated 1.67 million jobs in the adult social care sector as at 2020/21. Around 1.56 million of these jobs were employed by local authorities and independent sector employers, along with jobs working for direct payment recipients. Just under half of the CQC workforce regulated were recorded in the ASC-WDS. This coverage varies by care services, job role and geographical area. The methodology used to estimate the size and characteristics of the whole workforce is outlined below.

Local authorities (Adult social services departments)

ASC-WDS is the means of collection for the adult workforce data return for local authorities. In 2020, for the ninth year in a row, all 152 local authorities in England met the criteria of a full ASC-WDS return for people working in adult social services departments.

Independent sector

Skills for Care estimates that there were 39,000 care establishments providing, or involved in organising, adult social care in England in 2020/21. In March 2021, there were around 25,600 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 46% of them (11,800 out of 25,600).

These CQC-regulated establishments had completed around 482,000 ASC-WDS worker records out of a total population of around 1.15 million workers employed by CQC-regulated employers in the independent sector. A sample of this size provides a solid basis for creating reliable and precise analysis about the regulated adult social care workforce at both a national and local level.

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

asc-wds.skillsforcare.org.uk
Methodology used to estimate characteristics of the adult social care sector

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

Our Workforce Intelligence team use data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. In simple terms, the information is produced when we use ASC-WDS 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 the coverage/completeness of ASC-WDS data for 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 ASC-WDS contains uneven levels of data coverage.

We have confidence in the quality of these estimates; the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates were produced, please visit the Workforce Intelligence website. 11

In this report, independent sector information is derived from the ASC-WDS as at March 2021 and local authority information is correct as at September 2020. The number of jobs working for direct payment recipients was calculated from a survey of individual employers and their personal assistants, and was correct as at February 2021.

11 www.skillsforcare.org.uk/workforceestimates
**Terminology used in this report**

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

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

The ASC-WDS collects information on about 29 job roles. These are then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

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

Similarly, the ASC-WDS collects information about 36 care services. These are also then aggregated into four groups for the purposes of analysis. Selected main care services within each group are:

- **adult residential**, including care homes with nursing and care homes without nursing
- **adult day care services**
- **adult domiciliary care**, including supported living and extra care housing
- **adult community care**, including community support and outreach, social work and care management, carers’ support, occupational or employment-related services, and other adult community care services.
Size and structure
This chapter provides an analysis of the information presented in the ‘Size and structure of the adult social care sector and workforce in England’ interactive visualisation. For further detail, please refer to our website.\(^{12}\)

### Overview of the size and structure of the adult social care sector and workforce in England, as at 2020/21

- An estimated **17,700** organisations were involved in providing or organising adult social care in England, as at 2020/21.
- An estimated **39,000** establishments were involved in providing or organising adult social care in England, as at 2020/21.
- The number of adult social care jobs in England at 2020/21 was estimated at **1.67 million**.
- The number of adult social care jobs (filled posts) was estimated to have increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21. This figure has seen a decrease of around 1.8% since March 2021.
- Since 2012/13, the number of adult social care jobs had increased by 12% (an increase of 174,000 jobs).
- The number of full-time equivalent (FTE) jobs was estimated at **1.19 million**.
- The number of people working in adult social care was estimated at **1.54 million**.

### 1.1. Introduction

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

We’ve created workforce estimates and trends for the past eight years. Developments and improvements have been made to this methodology over the years, and changes have been made retrospectively to ensure comparability over the period. We have confidence in the quality of these estimates and the methodologies used have been peer reviewed.

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

\(^{12}\) [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
1.2. Number of adult social care organisations (enterprises)

- The total number of whole PAYE- or VAT-registered organisations (enterprises) involved in providing or organising adult social care in England as at 2020/21 was estimated at 17,700.

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

Three in five (59%) adult social care organisations were providing non-residential services and just over two in five (41%) were providing residential services.

Chart 9 shows that most adult social care organisations were micro (one to nine employees) or small (10-49 employees). Around 37% of organisations had one to four employees, and around 85% had fewer than 50 employees. Organisations that were large (250+ employees) made up just 2% of the total but employed almost half (49%) of the total adult social care workforce as at 2020/21.

**Chart 9. Estimated number of adult social care organisations in England by size group (number of employees), 2020/21**

Source: Skills for Care estimates based on ONS IDBR data
1.3. Number of adult social care establishments

- An estimated 39,000 establishments were involved in providing or organising adult social care in England as at 2020/21.

The definition of ‘establishments’ used in this section includes all local units of employment, as opposed to only the whole organisations which were counted in the previous section. For example, each individual care home within a large care-providing organisation will have been counted in this section, whereas only the care-providing organisation as a whole was counted in the previous section. Chart 10 shows that 51% of adult social care establishments were providing residential services, and 49% were providing non-residential services.

Chart 10. Estimated proportion of adult social care establishments in England, by service type, 2020/21
Source: Skills for Care estimates based on ONS IDBR data

Around two thirds of establishments (68%) were regulated by the Care Quality Commission (CQC). Chart 11 shows the change in the number of CQC-regulated adult social care establishments by service type.\(^{13}\) It illustrates how there’s been an overall increase of around 1,350 establishments (an increase of 5.3%) between 2012/13 and 2020/21.

The chart reveals that the number of non-residential CQC-regulated establishments increased by 3,600 over the period (an increase of 48.6%), whereas the number of residential CQC-regulated establishments decreased by 2,250 establishments (a decrease of 12.7%). The reasons behind this shift may be related to the Government’s policy of promoting independence for people who have care and support needs. For example, the increase in non-residential care establishments may have been a result of the flexibility offered by personal budgets, with more people choosing care options that support them to continue to live at home.

\(^{13}\) A precise trend in terms of all establishments could not be created due to changes in data sources over time.
Chart 11. Number of CQC-regulated adult social care establishments, 2012/13-2020/21
Source: Skills for Care estimates and CQC data

Analysis of CQC and CSCI\textsuperscript{14} information dating from 2012/13 shows that the total capacity of residential care homes remained fairly stable over the period, despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may have been merely a consolidation of this part of the sector, whereby a similar amount of care was being provided by a smaller number of establishments.

Since the start of the pandemic, occupancy levels in care homes have fallen. There were a high number of deaths among care home residents in 2020/21 as well as a shift in demand away from residential care and towards domiciliary care, both contributing to the decrease.

Chart 12. Care home utilisation
Source: Skills for Care estimates and Skills for Care COVID-19 monthly tracking

The shift in demand away from residential care and towards domiciliary care can be seen in the change in the number of jobs (filled posts) in the two service types. Between 2019/20 and 2020/21 jobs in domiciliary care increased by 40,000 (a 7% increase).

\textsuperscript{14} The CQC replaced the CSCI (Commission for Social Care Inspection) in 2009.
Over the same period, despite a decrease in occupancy rates, jobs in care homes remained broadly the same. Skills for Care’s market intelligence suggests that despite lower occupancy, there were more tasks associated with COVID-19, meaning employers needed to maintain similar staffing levels.

For more information about bed occupancy and staffing numbers, please see section ii of the COVID-19 chapter above. Skills for Care has created monthly tracking information, showing the estimated number of jobs in adult social care and residential care occupancy rates each month, and shows the impact of the COVID-19 pandemic.\(^\text{15}\)

1.4. Economic contribution

The adult social care sector was estimated to contribute £50.3 billion per annum to the economy in England. The total wage bill of the sector, calculated using ASC-WDS information, accounted for around half of this amount at £23.9 billion in 2020/21 (up 8% from 2019/20). The economic contribution estimate also includes private sector profits, indirect effects (the adult social care sector’s supply chain) and induced effects (money spent by people working in adult social care).

Chart 13. Adult social care wage bill between 2012/13 and 2020/21 (£ billion)
Source: Skills for Care estimates

Skills for Care’s recent report\(^\text{16}\) “The value of adult social care in England” also considers the wider societal value of the sector, and monetarises the benefits of some of these key societal values. This includes, improved wellbeing and employment opportunities for carers (up to £1.6bn) and for working age adults (around £6.1bn). It also explored benefits to the NHS in terms of reduced A&E attendances and the associated reduction in delayed transfers of care (£0.3bn). The report also recommends outcome-based commissioning to drive up quality in the workforce and improve the outcomes for people receiving care.


Individual employers

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

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

- Around 230,000 adults, older people and carers were receiving direct payments as at 2020/21.\(^{17}\) We estimate that around 70,000 (30%) of these direct payment recipients were directly employing their own staff in 2020/21.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014/15 and 2020/21. Between 2008 and 2013, this figure increased by around 35,000 in line with take-up of direct payments over the same period.
- Individual employers, on average, employed 1.85 PAs each, and there were an estimated 130,000 jobs working for direct payment recipients in 2020/21.
- PAs held an average of 1.29 PA jobs each, meaning that around 100,000 people were carrying out 130,000 jobs in 2020/21.

‘Personal assistants’ are listed as a job role throughout the charts and tables in this report and are included in the overall jobs total for England, unless otherwise stated.

For further information about direct payment recipients and trends, and for a detailed focus on individual employers and their PAs, please see the ‘Individual employers and the personal assistant workforce, 2021’ report\(^ {18}\).

1.5. The adult social care workforce

- The number of adult social care jobs in England, as at 2020/21, was estimated at 1.67 million.
- 1.57 million of these jobs were in the independent sector, local authorities, and working for direct payment recipients.
- The number of full-time equivalent (FTE) jobs was estimated at 1.19 million.
- The number of people working in adult social care was estimated at 1.54 million.

We use data collected by the ASC-WDS to create workforce models which, in turn, allow for estimates of the whole adult social care workforce, and for workforce characteristics to be produced. For a methodology of how these estimates are produced, please see our website.\(^ {19}\)

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\(^{17}\) NHS Digital - Adult social care activity and finance report, England 2018-19

\(^{18}\) www.skillsforcare.org.uk/IEPAreport

\(^{19}\) www.skillsforcare.org.uk//weightingmethodology
1.5.1. Sector/type of employer

Chart 14 shows that over three quarters (79%) of jobs in adult social care were employed by independent sector employers. Jobs in local authorities accounted for 7% of all jobs, while adult social care jobs in the NHS accounted for 6% of the total.

The workforce employed by direct payment recipients accounted for 8% of all jobs. This estimate should be treated with some caution due to the smaller sample size available to make this estimate.

**Chart 14. Estimated number of adult social care jobs by employer type in England, 2020/21**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Jobs (in 000s)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>1,325,000</td>
<td>79%</td>
</tr>
<tr>
<td>Local authority</td>
<td>114,100</td>
<td>7%</td>
</tr>
<tr>
<td>NHS</td>
<td>104,000</td>
<td>6%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>130,000</td>
<td>8%</td>
</tr>
</tbody>
</table>

Since 2012/13, the distribution by type of employer has changed considerably. The sector has seen a shift away from local authority jobs (10% of the workforce in 2012/13) and towards independent employers (76% in 2012/13).

Jobs working for independent employers couldn’t be accurately split into ‘private’ and ‘voluntary’ as this information isn’t reported by the Care Quality Commission (CQC). Estimates from the ASC-WDS suggest that approximately 77% (1,020,000) of the jobs working for independent employers were in private establishments (around 61% of all jobs), and 23% (305,000) were jobs in voluntary establishments (around 18% of all jobs).

1.5.2. Main care service

Chart 15 shows a breakdown of adult social care jobs by main service group. It illustrates that most jobs were split between residential and domiciliary employers (just over 40% each), 2% of jobs were in day care services, and 13% were community-based. The chart also shows the sector/type of employer.
Chart 15. Adult social care workforce estimates by employing care service and type of employer, 2020/21
Source: Skills for Care estimates

The majority of jobs employed by residential services were within CQC regulated care-only homes (295,000 jobs) and CQC regulated care homes with nursing (280,000 jobs), as well as 10,000 jobs employed by CQC regulated Shared Lives services. There were also around 70,000 jobs for non-CQC regulated residential services.

For further information about care homes with nursing, without nursing, and for domiciliary care services, please see our two-page summaries. For more information about how the workforce is split by sector or care service, please refer to the ‘Size and structure of the adult social care sector and workforce in England, 2021’ data visualisation.

1.5.3. Job role groups

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

Table 2. Estimated number of adult social care jobs by job role in England, 2020/21
Source: Skills for Care estimates

<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>1,670,000</td>
<td></td>
</tr>
<tr>
<td>Direct care</td>
<td>1,280,000</td>
<td>76%</td>
</tr>
<tr>
<td>Managerial</td>
<td>110,000</td>
<td>7%</td>
</tr>
<tr>
<td>Regulated professional</td>
<td>81,000</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>205,000</td>
<td>12%</td>
</tr>
</tbody>
</table>

This estimate includes self-employed carers and draws on data collected and published by Shared Lives Plus. For more information, please visit: https://sharedlivesplus.org.uk/england/

www.skillsforcare.org.uk/stateof

www.skillsforcare.org.uk/sizeandstructure
1.5.4. **Individual job roles**

This section provides a more detailed breakdown of the adult social care workforce, by individual job roles. Chart 16 shows a breakdown of the number of jobs in the adult social care sector by job role. The size of each rectangle is proportional to the number of jobs for each particular role and the rectangles are shaded according to the job role group each corresponds to (◼ direct care, □ managerial, △ regulated professional or ○ other).

The chart shows that ‘Care worker’ was by far the most common job role in the adult social care sector, with an estimated 895,000 roles being carried out as at 2020/21. Care workers accounted for over half (53%) of all jobs in the adult social care sector. Chart 16 also shows that ‘Jobs working for direct payment recipients’ (130,000) were the second most common job role, and ‘Ancillary’ jobs were the third most common (85,000).
Chart 16. Estimated number of adult social care jobs by individual job roles
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Jobs working for direct payment recipients</th>
<th>Other care-providing job role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care worker</td>
<td>130,000</td>
<td>99,000</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>84,000</td>
<td></td>
</tr>
<tr>
<td>Support and outreach</td>
<td>61,000</td>
<td></td>
</tr>
<tr>
<td>Ancillary</td>
<td>85,000</td>
<td></td>
</tr>
<tr>
<td>Other non-care providing job role</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>First line manager</td>
<td>26,000</td>
<td></td>
</tr>
<tr>
<td>Registered manager</td>
<td>23,500</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>34,000</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>19,500 (plus 3,300 NHS)</td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td>28,000</td>
<td></td>
</tr>
<tr>
<td>Activities worker</td>
<td>18,000</td>
<td></td>
</tr>
</tbody>
</table>

* ‘Other’ includes 11 job roles which were estimated to include fewer than 9,000 jobs each.
Regulated professional roles

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

Registered nurses

In 2020/21, there were an estimated 34,000 registered nurse jobs in the adult social care sector. Most of these jobs were in care homes with nursing in the independent sector (31,000), and around 1,400 involved working for independent sector non-residential care providers. This figure doesn’t include registered nurse jobs in the NHS. For information about registered nurse job trends, please see Section 1.8.1.

Occupational therapists

There were 3,500 identified occupational therapists working in adult social care settings (3,000 of which were employed by local authorities), with at least a further 1,100 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 18,500 occupational therapist roles identified as working in the NHS. Although the majority of occupational therapists will perform adult social care-related tasks, their roles may also involve assessing the needs of disabled children.

Social workers

As at 2020/21, there were an estimated 23,000 social worker jobs in the adult social care sector. Many of these jobs (17,500) were within local authorities, and around 2,000 were employed within the independent sector. Data from NHS Digital shows that there were also around 3,300 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they’re considered to be related to social care.

Skills for Care has a dedicated webpage including a range of support, information and resources for people who employ nurses, occupational therapists and social workers in adult social care. Our programmes and resources are designed to help employers address the challenges of recruiting and retaining these roles in the sector. There’s also support and guidance in response to the COVID-19 crisis.23

Registered managers

The role of registered managers is critical in the adult social care sector. At the heart of every outstanding service is a manager who’s working hard to ensure that they can create a person-centred culture that delivers great, high-quality care. There are around 26,400

CQC regulated establishments or care-providing locations in adult social care in England. In 2020/21 there were around 23,500 registered managers in post.

The Workforce Intelligence website has a dedicated page showing registered manager workforce information via an interactive visualisation, which enables you to see and understand this job role in a more visual and interactive way.24

Skills for Care also has lots of support and information for registered managers on our website, including information about COVID-19.25

1.6. Number of full-time equivalent jobs

The number of full-time equivalent (FTE) adult social care jobs in England as at 2020/21 was estimated at 1.19 million.

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

Table 3 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2020/21, there were an estimated 1.19 million FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (1.67 million), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs working for direct payment recipients; these make up a smaller percentage of FTE jobs (5%) than all jobs (8%).

Table 3. Estimated adult social care jobs and FTE jobs in England, 2020/21
Source: Skills for Care estimates

<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>1,670,000</td>
<td>79%</td>
<td>1,190,000</td>
<td>80%</td>
</tr>
<tr>
<td>Independent</td>
<td>1,325,000</td>
<td>79%</td>
<td>945,000</td>
<td>80%</td>
</tr>
<tr>
<td>Local authority</td>
<td>114,100</td>
<td>7%</td>
<td>93,000</td>
<td>8%</td>
</tr>
<tr>
<td>NHS</td>
<td>104,000</td>
<td>6%</td>
<td>92,000</td>
<td>8%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>130,000</td>
<td>8%</td>
<td>58,000</td>
<td>5%</td>
</tr>
</tbody>
</table>

1.7. Number of people

- The number of people working in adult social care in England as at 2020/21 was estimated at 1.54 million.

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

Chart 17 shows the estimated number of jobs per worker by type of employer. It illustrates that people employed by direct payment recipients were much more likely to hold more than one adult social care job (129 jobs per 100 people) than the overall average (108 jobs per 100 people). This isn’t surprising, given the part-time nature of many of these roles.

Chart 17. Estimated number of adult social care jobs per person by type of employer, 2020/21
Source: Skills for Care estimates

According to the Labour Force Survey (LFS), England had an economically active population of 29 million people in 2020/21. Therefore, because the adult social care sector employed an estimated 1.54 million people, it’s estimated that 5.4% of the economically active population worked within adult social care.

1.8. Job trends

The number of adult social care jobs in England as at 2020/21 was estimated at 1.67 million, which increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21.

Changes since 2012/13

- Since 2012/13, the workforce has continued to shift away from local authority jobs (a decrease of 24%, or 37,000 jobs) and towards independent sector jobs (an increase of 16%, or 180,000 jobs).
- The number of jobs in domiciliary services increased at a faster rate between 2012/13 and 2020/21 (an increase of 135,000 jobs and 22%) than jobs in residential services (an increase of 25,000 jobs and 4%).
- Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 17,000 or 33% since 2012/13).

Chart 18 shows that the workforce has been increasing since 2012/13 at an average rate of 1.4% per year. The overall increase in the number of jobs between 2012/13 and 2020/21 was estimated at around 174,000 (a 12% increase).
Chart 18. Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2012/13-2020/21
Source: Skills for Care estimates

From 2012/13 to 2017/18, in the local authority sector, there was an average decrease of 8,000 jobs each year. However, between 2017/18 and 2020/21, there was an average increase of 1,600 jobs. The percentage of all jobs employed within local authorities was 7% in 2020/21. This was lower than in 2012/13, when local authority jobs accounted for around 10% of all adult social care jobs.

Information collected from councils between 2013 and 2017 suggested that outsourcing, restructures, service closures, budget cuts and redundancies were amongst the reasons for the decrease in jobs.

Changes since 2019/20 (start of COVID-19 pandemic)

- The number of adult social care jobs in England increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21, from 1.63 million to 1.67 million.
- Between 2019/20 and 2020/21 the vast majority of the increase in adult social care jobs was in CQC regulated non-residential care services (increasing by 40,000 jobs or 7%).
- The number of care home jobs remained broadly the same over the same period, despite decreases in occupancy rates from 85% pre-COVID to 77% in March 2021.
- ASC-WDS data collected between March 2021 and August 2021 shows a decrease in jobs (filled posts) in recent months. Overall, the decrease was around -1.8%, and was higher in care homes (-2.2%) than in domiciliary care (-0.8%).
- The number of adult social care jobs in the NHS also increased (up by 2%, or 2,300 jobs) over the period, whilst jobs working for direct payment recipients remained broadly the same between 2019/20 and 2020/21.

Skills for Care continues to monitor the impact of the COVID-19 pandemic on the adult social care workforce and has created interactive visualisations which are updated with the latest workforce information each month.²⁶

1.8.1. Registered nurse job trends

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 16,900 jobs, or 33% since 2012/13). The number of registered nurse jobs decreased year-on-year between 2012/13 and 2019/20 (from 51,000 to 34,000).

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

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

The nursing associate role is regulated by the Nursing and Midwifery Council. In 2017, there were around 2,000 student nursing associates undergoing a two-year education and training programme. The first associates joined the register from 28 January 2019. A further 5,000 students were recruited in 2018, and 7,500 recruits were planned for 2019.27 Some of these students may choose to join adult social care when they complete their training programme. We'll continue to monitor any trends arising.

Registered nurses of all employment types have been included in the Migration Advisory Committee’s Shortage Occupation List (SOL) since 2013, as a result of the shortage of resident workers available to fill these roles. The vacancy rate for registered nurses in adult social care is 9.9% (see Section 3.10). It was noted in the May 2019 review of the SOL that numbers of registered nurses have continued to fall, with recommendations from the committee that nursing roles remain on the SOL due to ongoing difficulties in the recruitment of nurses across health and social care.28

Social workers are also listed occupations for the ‘Skilled Workers’ route. Therefore, workers will be able to immigrate to the UK to take up these roles in the sector after 1 January 2021 providing that they have a job offer from a licensed sponsor and can speak English to the required standard.

For further information about how Skills for Care supports the employers of/and registered nurses in the sector, please visit our website.29 Please also see our website for a dedicated page on the COVID-19 response, updated for registered nurses.30

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27 www.nmc.org.uk/standards/nursing-associates/
29 https://www.skillsforcare.org.uk/Learning-development/Regulated-professionals/Nursing/Nursing.aspx
1.9. People who receive care and support

Information is collected about the care and support needs that providers offer services for. Employers can select from a list of 23 care needs. An establishment may offer services for people with multiple care and support needs.

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

Table 4. Estimated jobs by care and support need and sector, 2020/21
Source: Skills for Care workforce estimates

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All sectors</strong></td>
<td>890,000</td>
<td>735,000</td>
<td>610,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>2%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>Generalist</td>
<td>98%</td>
<td>81%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Local authority</strong></td>
<td>64,000</td>
<td>59,000</td>
<td>54,800</td>
</tr>
<tr>
<td>Specialist</td>
<td>8%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Generalist</td>
<td>92%</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Independent</strong></td>
<td>820,000</td>
<td>635,000</td>
<td>545,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>1%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Generalist</td>
<td>99%</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Direct payment recipients</strong></td>
<td>4,600</td>
<td>42,000</td>
<td>9,800</td>
</tr>
<tr>
<td>(Specialist)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Estimated jobs by care and support need and service group, 2020/21
Source: Skills for Care workforce estimates

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All services</strong></td>
<td>890,000</td>
<td>735,000</td>
<td>610,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>2%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>Generalist</td>
<td>98%</td>
<td>81%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Adult residential</strong></td>
<td>415,000</td>
<td>173,000</td>
<td>173,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>2%</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>Generalist</td>
<td>98%</td>
<td>74%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Adult day care</strong></td>
<td>11,000</td>
<td>33,000</td>
<td>10,500</td>
</tr>
<tr>
<td>Specialist</td>
<td>4%</td>
<td>37%</td>
<td>4%</td>
</tr>
<tr>
<td>Generalist</td>
<td>96%</td>
<td>63%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Adult domiciliary</strong></td>
<td>420,000</td>
<td>470,000</td>
<td>380,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>1%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Generalist</td>
<td>99%</td>
<td>85%</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Adult community</strong></td>
<td>46,000</td>
<td>58,000</td>
<td>48,000</td>
</tr>
<tr>
<td>Specialist</td>
<td>1%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Generalist</td>
<td>99%</td>
<td>86%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Employment overview
Overview of employment information of the adult social care workforce in England, as at 2020/21

- The majority (89%) of the adult social care workforce were employed on permanent contracts.
- Half of the workforce (50%) usually worked full-time hours and 50% worked part-time.
- A quarter of the workforce (24%) were employed on zero-hours contracts (380,000 jobs).
- Just under half (42%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (55%).
- The percentage of workers employed on zero-hours contracts between 2012/13 and 2020/21 has remained relatively stable, increasing by one percentage point over this period.

2.1. Introduction

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

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

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

The majority (89%) of the adult social care workforce were employed on permanent contracts (see Table 6). Employment status varied by job role, notably managerial staff and senior care workers; those who held these roles were more likely to be employed on permanent contracts. Employers showed a higher reliance on bank/pool registered nurses (13%), agency social workers (7%) and agency occupational therapists (6%), compared to other job roles.

Table 6. Estimated employment status of the adult social care workforce, by selected job roles, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>All job roles</th>
<th>Permanent</th>
<th>Temporary</th>
<th>Bank or pool</th>
<th>Agency</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>96%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>98%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>85%</td>
<td>7%</td>
<td>1%</td>
<td>7%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>90%</td>
<td>3%</td>
<td>&lt;1%</td>
<td>6%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>85%</td>
<td>1%</td>
<td>13%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>95%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Care worker</td>
<td>86%</td>
<td>3%</td>
<td>7%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Support and outreach worker</td>
<td>85%</td>
<td>5%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>92%</td>
<td>4%</td>
<td>*</td>
<td>*</td>
<td>5%</td>
</tr>
</tbody>
</table>

* Grouped into ‘Other’ due to nature of data collection.

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

2.3. Full-/part-time status

Half of the adult social care workforce (50%) usually worked full-time hours, with 50% working part-time.\(^{32}\) Chart 19 shows that, as with employment status, full-/part-time status varied by job role. Most registered managers (92%) and senior managers (87%) worked full-time. This was also true for social workers (76%) and senior care workers (72%). Meanwhile, care workers (who made up 53% of jobs in the workforce), and support and outreach workers had considerably lower proportions of full-time staff (49% and 56% respectively).

Comparatively, personal assistants comprised the lowest proportion of full-time roles (13%), with 87% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of a survey we conducted found that around 52%...

\(^{32}\) Full-time was classified as working 32 or more hours per week and part-time was classified as 0.5 to 31.5 hours per week.
of personal assistants were employed by a family member or friend, and 21% held more than one personal assistant job. For more information, please see the ‘Individual employers and the personal assistant workforce, 2021’ report.\textsuperscript{33}

**Chart 19. Estimated full-/part-time status of the adult social care workforce, by selected job roles, 2020/21**

Source: Skills for Care estimates

![Chart](chart.png)

### 2.4. Zero-hours contracts

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

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

Almost a quarter of the adult social care workforce (24%, or 380,000 jobs) were employed on zero-hours contracts. This proportion varied by job role, with managerial staff, social workers and occupational therapists having the lowest rates across the sector, as shown in Chart 20. Care workers represented the highest proportion of workers on zero-hours contracts (35%), followed by personal assistants (20%), registered nurses (15%) and support and outreach workers (15%). Chart 20 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract jobs in brackets.

\textsuperscript{33} \url{www.skillsforcare.org.uk/IEPAreport}
Chart 20. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2020/21
Source: Skills for Care estimates

As well as variation in the proportion of workers employed on zero-hours contracts by job role, there were also wide variations between different care service types. Chart 21 shows registered nurses, senior care workers and care workers categorised by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, with 55% of care workers and 43% of registered nurses recorded with this contract type. In general, residential, day care, and community care services had lower proportions of zero-hours staff.

Chart 21. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, 2020/21
Source: Skills for Care estimates
When drawing conclusions based on Chart 21, it should be noted that the majority of registered nurses work within residential care settings (32,000, or 94%) and fewer work within domiciliary care (1,500, or 5%), community care (400, 1%), and day care services (fewer than 25, <1%).

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

We estimate that around 33% of adult social care jobs employed in the independent sector were roles with fewer than 16 contracted hours per week, or with zero-hours contracts.

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

2.5. Zero-hours contract trends

Table 7 shows that the percentage of staff employed on zero-hours contracts remained relatively stable, increasing by one percentage point between 2012/13 and 2020/21. Please note that trends do not include personal assistants as historical data is unavailable.

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

Table 7. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2020/21 (independent and local authority sectors only)

<table>
<thead>
<tr>
<th>Source: Skills for Care estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>All job roles</td>
</tr>
<tr>
<td>Senior management</td>
</tr>
<tr>
<td>Registered manager</td>
</tr>
<tr>
<td>Social worker</td>
</tr>
<tr>
<td>Occupational therapist</td>
</tr>
<tr>
<td>Registered nurse</td>
</tr>
<tr>
<td>Senior care worker</td>
</tr>
<tr>
<td>Care worker</td>
</tr>
<tr>
<td>Support and outreach</td>
</tr>
</tbody>
</table>

* Rows may not sum due to rounding.

Chart 22 highlights the change from 2012/13 to 2020/21 for registered nurses, senior care workers and care workers. The proportions were relatively stable across all job roles.

34 www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity
Chart 22. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2020/21 (independent and local authority sectors only)
Source: Skills for Care estimates

- All job roles
- Registered nurse
- Senior care worker
- Care worker


<table>
<thead>
<tr>
<th>Year</th>
<th>All job roles</th>
<th>Registered nurse</th>
<th>Senior care worker</th>
<th>Care worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>34%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>35%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>35%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>34%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>34%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>34%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018/19</td>
<td>34%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019/20</td>
<td>34%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020/21</td>
<td>35%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Range: 0% to 40%
Recruitment and retention
Overview of recruitment and retention of the adult social care workforce, 2020/21

- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 28.5%, equivalent to approximately 410,000 leavers over the year. Many of those that leave their roles remain within the sector, as 63% of recruitment is from within adult social care; this means that around 152,000 left the sector in 2020/21.
- The turnover rate was higher in registered nursing roles (38.2%) and care worker roles (34.4%); the care worker turnover rate within domiciliary providers was 35.4%.
- Turnover rates have increased steadily, by a total of 10.2 percentage points, between 2012/13 and 2019/20. But decreased during 2020/21 by 2.3 percentage points.
- We estimate that, on average, 6.8% of the roles in adult social care were vacant. This is equal to approximately 105,000 vacancies. In 2020/21, the vacancy rate decreased by 0.4 percentage points; a continued decreased from the previous year.
- Vacancy rates decreased during the start of the pandemic - likely due to fewer jobs being available in the wider economy - but since March 2021, they’ve returned to pre-pandemic levels.
- The average number of sickness days lost was 8.9 per employee; this equates to approximately 12.7 million days lost due to sickness in 2020/21.

3.1. Introduction

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

It’s vital that the adult social care sector is able to attract and retain staff members with the right values and behaviours, that are open to being supported to develop their skills to raise and deliver quality standards for the people who use social care services. The high
level of movement within the current adult social care workforce may have an adverse impact on service delivery and continuity of care.

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

We’ve been working in partnership with Neil Eastwood, author of Saving Social Care, to develop the Care Friends app which launched in June 2020. This app is a tool for employers to use to organise their employee referral schemes, and to aim to combat some of the challenges these schemes face - such as keeping staff engaged and updated on the candidates that they refer. The research captured through this app found that employee referrals made up 36% of high-performing care workers, compared to 11% from internet job boards, despite the disparity of applicants from these two routes (internet job boards make up the majority of applications).

Care Friends have reported that, within the first six months following the app’s launch, care workers were on track to be half as likely to leave within their first year compared to the average rates for the sector (retention rates of 78%, and 58.3% respectively).

Chart 23. First year retention of care workers in adult social care
Source: Care Friends 2020, Skills for Care 2019

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35 [www.skillsforcare.org.uk/recruitment-retention/retaining-staff](http://www.skillsforcare.org.uk/recruitment-retention/retaining-staff)
36 [www.skillsforcare.org.uk/values](http://www.skillsforcare.org.uk/values)
We’ve also been working with an independent data scientist to develop machine learning models which use ASC-WDS data to identify the key factors that influence turnover rates. For further information, please see Chapter 8 – Data Science.

The high-quality workforce intelligence that we collect and analyse is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing statistical, rather than just anecdotal, evidence. It’s also been used to help provide evidence for the need to create recruitment and retention initiatives for the sector, such as the ‘Values-based recruitment and retention’ and ‘Seeing potential: widen your talent pool’ workshops and resources.

3.2. Leavers and staff turnover rates

The information below refers to directly employed staff (permanent and temporary staff). Leavers from agency roles, for example, aren’t included. This section also refers only to leavers from establishments which are still operational; leavers as a result of establishments closing down aren’t captured. Please see Section 3.5 for further details.

We estimate that the turnover rate of staff working in the adult social care sector was 28.5% in 2020/21. This equates to approximately 410,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 63% of recruitment comes from within adult social care, and 37% (152,000 employees) leave the sector.

Turnover rates varied between sector, service and job role. Chart 24 shows that jobs working for local authorities (11.9%) and jobs working for direct payment recipients (18.2%) had much lower turnover rates than those in the independent sector (31.1%).

Chart 24. Estimated staff turnover rate, by sector and care service, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>28.5%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>11.9%</td>
</tr>
<tr>
<td>Independent</td>
<td>31.1%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>18.2%</td>
</tr>
<tr>
<td>Residential</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>24.3%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>28.8%</td>
</tr>
<tr>
<td>Community care</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

The turnover rate was higher for residential care providers than for other service types, with a third of all staff leaving their roles within the previous 12 months (30.3%).

37 www.skillsforcare.org.uk/Recruitment-retention
38 www.skillsforcare.org.uk/seeingpotential
Chart 25 shows care workers had the highest turnover rate of direct care-providing roles, at 34.4%; almost twice that of senior care workers at 17.4%. Registered nurses also had a relatively high turnover rate (38.2%), equivalent to around 11,000 leavers, compared to other regulated professions such as social workers (12.8%) and occupational therapists (12.7%). However, the majority of registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 24 above), whereas social worker and occupational therapist roles were mostly employed within local authorities. For comparison, registered nurses and health visitors in the NHS had a turnover rate of 8.8% as at March 2021.\(^{39}\)

Managerial roles had relatively lower turnover rates at 16.6%, whereas in direct care-providing roles, there were the highest rates, at 30.5%. There was also variation between specific roles within each job group.

### Chart 25. Estimated staff turnover rates by selected job roles, 2020/21

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>28.5%</td>
</tr>
<tr>
<td>Direct care</td>
<td>30.5%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>17.4%</td>
</tr>
<tr>
<td>Care worker</td>
<td>34.4%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>22.8%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>18.2%</td>
</tr>
<tr>
<td>Managerial/Supervisor</td>
<td>16.6%</td>
</tr>
<tr>
<td>Senior management</td>
<td>7.5%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>20.7%</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>12.8%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>12.7%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

Skills for Care has received feedback from employers in the sector about staff and registered managers experiencing ‘burnout’ due to the pressures of the pandemic and that there’s a risk of staff leaving as a result.

Our estimates show that staff turnover rates decreased during the pandemic. Registered manager turnover rates were down by 4.7 percentage points between 2019/20 and 2020/21. Before the pandemic, these figures usually saw year-on-year increases.

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It's been reported to Skills for Care that during 2020, some registered managers felt a duty to stay with their employer and help those they care for during this unprecedented period. Since March 2021, the opening up of the wider economy has been reported by employers to be adversely affecting retention, with many reporting that recruitment and retention is now more difficult than before the pandemic.

### 3.2.1. Turnover rate trends

The charts in this section show the turnover rate trends of directly employed staff leaving their roles within the preceding 12 months for each year between 2012/13 and 2020/21. These trends do not include personal assistants working for direct payment recipients.

Turnover rates increased steadily by 10.2 percentage points between 2012/13 and 2019/20 but have since fallen in 2020/21 by 2.3 percentage points. This change in direction shows the influence of the COVID-19 pandemic, with fewer jobs available in the wider economy and some employees feeling the duty to stay with their employers and help the people they care for through the pandemic.

**Chart 26. Turnover rate trend of all job roles by sector between 2012/13 and 2020/21 (independent and local authority sectors only)**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Year</th>
<th>All sectors</th>
<th>Local authority</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>23.0%</td>
<td>24.3%</td>
<td>25.3%</td>
</tr>
<tr>
<td>2013/14</td>
<td>27.6%</td>
<td>28.3%</td>
<td>31.1%</td>
</tr>
<tr>
<td>2014/15</td>
<td>28.3%</td>
<td>29.7%</td>
<td>32.2%</td>
</tr>
<tr>
<td>2015/16</td>
<td>31.1%</td>
<td>30.6%</td>
<td>33.5%</td>
</tr>
<tr>
<td>2016/17</td>
<td>32.2%</td>
<td>31.8%</td>
<td>31.1%</td>
</tr>
<tr>
<td>2017/18</td>
<td>33.5%</td>
<td>29.5%</td>
<td></td>
</tr>
<tr>
<td>2018/19</td>
<td>29.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019/20</td>
<td>29.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020/21</td>
<td>29.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Chart 27. Turnover rate of selected managerial roles between 2012/13 and 2020/21 (independent and local authority sectors only)**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Year</th>
<th>Senior manager</th>
<th>Registered manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>6.4%</td>
<td>20.5%</td>
</tr>
<tr>
<td>2013/14</td>
<td>5.5%</td>
<td>22.2%</td>
</tr>
<tr>
<td>2014/15</td>
<td>4.5%</td>
<td>21.1%</td>
</tr>
<tr>
<td>2015/16</td>
<td>6.5%</td>
<td>24.1%</td>
</tr>
<tr>
<td>2016/17</td>
<td>7.1%</td>
<td>24.9%</td>
</tr>
<tr>
<td>2017/18</td>
<td>8.1%</td>
<td>24.8%</td>
</tr>
<tr>
<td>2018/19</td>
<td>8.5%</td>
<td>25.4%</td>
</tr>
<tr>
<td>2019/20</td>
<td>8.5%</td>
<td>20.7%</td>
</tr>
<tr>
<td>2020/21</td>
<td>7.5%</td>
<td></td>
</tr>
</tbody>
</table>

Each of the direct care-providing roles in Chart 28 showed a decrease in turnover rate between 2019/20 and 2020/21. Care worker turnover, which historically showed the
greatest increase, fell by 3.7 percentage points. Senior care workers showed the greatest
decrease in this period, falling by 4.3 percentage points, while support and outreach
workers fell by 1.8 percentage points.

**Chart 28. Turnover rate of selected direct care-providing roles between 2012/13 and
2020/21 (independent and local authority sectors only)**
Source: Skills for Care estimates

For more information about care worker turnover and burnout during the pandemic, please
see section iv of the COVID-19 chapter.

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

We published research[^40] in which employers with a turnover rate of less than 10% were
asked to consider what they believe contributed to their success, in relation to recruitment
and retention. Results included:
- investing in learning and development (94%)
- embedding the values of the organisation (92%)
- celebrating the achievements of both the organisation and the individual (86%)
- involving colleagues in decision-making (81%).

We also conducted research to measure the impact of values-based recruitment and
retention.[^41] This report found that:
- 58% of staff recruited for values were better at developing the skills needed for their
  role.
- 72% of staff recruited for values performed better than those recruited using traditional
  methods.
- 62% of staff recruited for values had lower rates of sickness and absence.
- 3 in 4 employers reported that staff recruited for values exhibited better social care
  values than those recruited using traditional methods.

For further information, please visit our website.42

3.3. Workforce factors affecting turnover rates

Together with an independent data scientist and using data from the ASC-WDS in March 2020 and March 2021, we created machine learning models to provide insights into the factors which influence a worker’s propensity to leave their role. Several factors were identified, including a worker’s age, experience in the role and sickness rates, as well as variables at the establishment level, such as how long a registered manager had been in post and the size of the establishment.

We’ve also used ASC-WDS data to assess the impact that workforce variables may have on the quality of care. We achieved this by connecting ASC-WDS data with CQC information and analysing the relationships within the data. For more details on this analysis, please refer to Chapter 8 – Data Science.

3.4. Starters in the past 12 months

The information below refers to directly employed staff (permanent and temporary staff). We estimate that the starter rate in the past 12 months was 34.3%. This equates to approximately 490,000 new starters.

It should be noted that the starter rate reflects staff members that were new to their role. This will include a mixture of those new to the adult social care sector (37%), and ‘churn’ within the adult social care sector (63%), i.e. people moving from different employers or within the same organisation. Please see Section 3.8 for further information.

Chart 29. Estimated starter rate of directly employed workers by job role, 2020/21
Source: Skills for Care estimates

![Chart 29](chart.png)

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42 [www.skillsforcare.org.uk/randr](http://www.skillsforcare.org.uk/randr)
Care workers had the highest starter rate, at 41.0%, followed by personal assistants (40.1%) and registered nurses (36.5%). These job roles also had the highest turnover rates, highlighting the high degree of ‘churn’ within the sector.

3.5. Comparing starter and leaver rates

This section presents data from directly employed staff in the independent sector only. Comparable information for direct payment recipients wasn’t available.

The starter rate consisted of a combination of needing to replace leavers and filling a growing demand for workers in the adult social care sector. This starter rate includes those workers that were new to their role in the previous 12 months and all new roles within establishments which were newly opened within the past year. There were around 425,000 starters in the independent sector over the previous 12 months.

The turnover rate includes leavers from social care establishments in operation as at March 2021 only, meaning that those workers employed by establishments that closed within the preceding year weren’t included in this estimate. There were approximately 375,000 leavers from active establishments. Skills for Care’s analysis of the ASC-WDS and the CQC database shows 889 service closures identified over the period, with an estimated net of 26,000 more leavers than starters from these CQC-regulated services. In addition, non-CQC-regulated service closures throughout the period were estimated to include an additional 4,000 leavers.

There was an estimated increase of 30,000 employees between 2019/20 and 2020/21 in the independent sector, from 1.17 million to 1.2 million. Taking leavers from closed services into account, the difference between the number of starters (425,000) and leavers, including those at closed establishments (405,000), results in a similar figure, thereby corroborating these findings. However, it’s worthy of note that the time frames are slightly different.

3.6. Age worker started in the adult social care sector

Information about the age of workers and the years in which they started working in the adult social care sector is collected. Therefore, the age at which they started working in the sector can be calculated.

The average age of a person joining the adult social care workforce was 35.6 years old. Managers tended to join the sector at an earlier age; registered managers, in particular, had an average starting age of around 31.5 years old. This shows that there’s career progression within the sector, as managers start out in the sector younger, and go on to progress into more senior roles. For further information, please see ‘Experience in sector’ (Section 3.7.1) and ‘Career progression in adult social care’ (Section 6.5).
Chart 30. Age bands and average age started working in the adult social care sector, 2020/21

Source: Skills for Care estimates

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

3.7. Experience of the adult social care workforce

Although the turnover rate within the adult social care sector was estimated at 28.5%, turnover isn’t universally high. Around a quarter (26%) of independent sector employers reported a turnover rate of less than 10%. The sector also has an experienced core of workers.

3.7.1. Experience in sector

Workers had, on average, 8.9 years of experience in the adult social care sector and 79% of the workforce had been working in the sector for at least three years. Chart 31 shows that managers had the most experience in the sector, with an average of 17.3 years for registered managers and 16.5 years for senior management.

Within regulated professional roles, registered nurses had the most experience in the sector with 13.6 years, compared to 10.0 years for social workers and 10.5 years for occupational therapists. Care workers had the lowest average number of years of experience at 7.7 years. Senior care workers and personal assistants had slightly higher averages (11.1 years, and 8.6 years respectively).

Around 21% of the workforce had fewer than three years of experience of working in the sector. Care workers, who make up 53% of the workforce, had a slightly larger proportion of workers with less than three years of experience (23%). In contrast, 76% of registered managers had been in the sector for 10 years or more.
Chart 31. Estimated year bands and average number of years of experience working in the adult social care sector by selected job role, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Mean experience in sector</th>
<th>Less than 3 years</th>
<th>3 to 9 years</th>
<th>10 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td></td>
<td>21%</td>
<td>45%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior management</td>
<td></td>
<td>4%</td>
<td>26%</td>
<td>70%</td>
</tr>
<tr>
<td>Registered manager</td>
<td></td>
<td>2%</td>
<td>22%</td>
<td>76%</td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td>13%</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td>10%</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td></td>
<td>5%</td>
<td>41%</td>
<td>54%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td></td>
<td>6%</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Care worker</td>
<td></td>
<td>23%</td>
<td>49%</td>
<td>28%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td></td>
<td>17%</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td></td>
<td>32%</td>
<td>35%</td>
<td>34%</td>
</tr>
</tbody>
</table>

3.7.2. Experience in role

Workers had, on average, 4.2 years of experience in role (4.6 years less than the average experience in sector). Chart 32 shows information on workers’ experience in their current role in years. The average number of years of experience for a care worker was 3.4 years; slightly less than personal assistants, which had an average of 4.3 years. In contrast, senior managers (8.3 years) and registered managers (7.9 years) had more experience in their current role.

Registered nurses had an average of four years of experience in role; this was amongst the lowest levels of all the job roles shown in Chart 32. However, registered nurses’ average years of experience of working in the adult social care sector were amongst the highest (13.6 years). This is likely a result of the relatively high turnover rate for registered nurses (38.2%) and indicates that many nurses have moved from employer to employer in the social care sector.
Throughout the adult social care sector, workers had more experience in the sector than they did in their role. Again, this highlights the level of ‘churn’ within adult social care. Senior care workers had the largest difference, with a higher average years of experience in the sector (11.1 years) than in role (5.8 years), compared to other direct care-providing roles.

### Chart 33. Comparison of average number of years of experience in current role and adult social care by sector, 2020/21

<table>
<thead>
<tr>
<th>Source: Skills for Care estimates</th>
</tr>
</thead>
</table>

| Source of recruitment Information is collected about the source of recruitment of adult social care workers. These sources can be grouped into ‘within the adult social care sector’, including the independent or local authority sectors, agencies or internal promotions, and ‘outside the adult social care sector’, including the health sector, the retail sector and other sources. Although the turnover rate (28.5%) is relatively high, 63% of starters were recruited from within adult social care; therefore, the sector has retained their skills and experience. |
However, it also means that a large proportion of employers were going through the recruitment process at any one time, with workers moving between employers with high regularity, and at considerable cost to employers.

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

For further information, please visit the ‘Every Day is Different’ website.\(^{43}\)

**Chart 34. Estimated source of recruitment from within, and outside of, the adult social care sector, by selected job roles, 2020/21**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Within adult social care</th>
<th>Outside of adult social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Senior management</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Social worker</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Care worker</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**3.9. Sickness rates**

Supporting the health and wellbeing of staff can have a positive impact on their performance, most especially when this is aligned with the culture of the organisation. Workplace culture is defined as the character and personality of an organisation. Having a positive workplace culture has been found to be vital in the delivery of higher quality care and support. We’ve launched the ‘Culture for care’ toolkit to guide employers towards developing a positive workplace culture\(^{44}\) and a workforce wellbeing resource finder all social care workers and employers.\(^{45}\)

We understand that the daily stress of care work can contribute to absence through sickness; it’s crucial that employers support their staff to become resilient, help them to cope better under pressure, and to protect them from mental and physical ill-health. The

\(^{43}\) [www.everydayisdifferent.com](http://www.everydayisdifferent.com)

\(^{44}\) [www.skillsforcare.org.uk/culture](http://www.skillsforcare.org.uk/culture)

‘Greater resilience, better care’ resource has been developed to help managers to approach the wellbeing of their staff positively, and to offer practical ideas on how they’re able to improve the working environment for their staff.

With an estimated workforce of 1.44 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and jobs working for direct payment recipients, and an average of 8.9 sickness days per employee in 2020/21, a total of approximately 12.7 million days were lost to sickness over the year.

The average number of sickness days varied by job role, with support and outreach workers and social workers having the highest number of sickness days at 13 and 9.8 days per year on average, respectively.

However, those in personal assistant roles had the lowest recorded rate, at 1.9 days. This result may be influenced by the nature of the role. Personal assistants employed by a friend or family member had, on average, 1.3 sickness days. Those employed by a non-friend or family member had an average of 2.6 days. More evidence on this is presented in the ‘Individual employers and the personal assistant workforce, 2021’ report.

Registered nurses also had lower sickness rates, at an average of 7.7 days. It should be noted that most nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can reflect a favourable sickness policy, but, on the other hand, may also provide an indication of low rates of wellbeing in a workplace.

On average, sickness rates were higher within local authorities (10.7 days for all job roles and 13.9 for care workers) than in independent sector providers (9.4 days for all job roles and 9.7 for care workers). This may reflect differing terms and conditions.

### Chart 35. Estimated average sickness days taken by selected job roles, 2020/21

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Average Sickness Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>8.9</td>
</tr>
<tr>
<td>Senior management</td>
<td>5.3</td>
</tr>
<tr>
<td>Registered manager</td>
<td>5.4</td>
</tr>
<tr>
<td>Social worker</td>
<td>9.8</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>9.6</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>7.7</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>9.3</td>
</tr>
<tr>
<td>Care worker</td>
<td>9.8</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>13.0</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>1.9</td>
</tr>
</tbody>
</table>

46 www.skillsforcare.org.uk/resilience
47 www.skillsforcare.org.uk/IEPAreport
3.9.1. Sickness trends

Please note that this section does not include jobs working for direct payment recipients, as trends were unavailable.

Levels of staff sickness have nearly doubled over the course of the pandemic; in the local authority and independent sector, an average of 9.5 days lost were lost to sickness in 2020/21 compared to 5.1 days before the pandemic. This will be a mixture of people being ill, self-isolation and people unable to work for other reasons, such as childcare issues. In total, around six million extra days were lost to sickness than in the year before.

Chart 36. Estimated average sickness days taken by selected job roles, 2020/21
Source: Skills for Care estimates

It remains to be seen whether the relaxing of the rules on self-isolation that came into place on 16 August 2021, or the levels of COVID-19 vaccinations among the workforce, will help this figure return closer to pre-pandemic levels in 2021/22.

Some employers have informed Skills for Care that their employees and registered managers are at risk of ‘burnout’ due to the pandemic. Sickness levels running at double their usual level will have increased the workload for the rest of the workforce and contributed to this issue.

We’re analysing ASC-WDS data on a monthly basis to monitor the impact of COVID-19 on the sector and workforce. The outputs from this analysis can be found on the COVID-19 section of our Workforce Intelligence website.

3.10. Vacancy rates

We estimate that, on average, 6.8% of roles in the adult social care sector were vacant across England in 2020/21. This represents an average of approximately 105,000

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vacancies. This was higher than that of the NHS (5.9%)\(^{50}\) and the wider UK economy, which had an estimated vacancy rate of 2.1\(^{51}\).

Chart 37 below compares the vacancy rate in adult social care to the NHS and other industries. Please note that the adult social care and NHS rates refer to England only, whereas other industries refer to a UK-wide statutory survey conducted by ONS which samples approximately 6,000 businesses.

**Chart 37. Estimated vacancy rate by selected job role, 2020/21**
Source: Skills for Care estimates, NHS Digital, ONS Vacancies Survey

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Skills for Care estimates</th>
<th>NHS Digital</th>
<th>ONS Vacancies Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS total</td>
<td>5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All vacancies</td>
<td>2.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accomodation &amp; food service activities</td>
<td>1.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>1.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial &amp; insurance activities</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information &amp; communication</td>
<td>3.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>2.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate activities</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport &amp; storage</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The majority (66,000) of the vacancies were care worker job roles. The vacancy rate for care workers (7.6%) was also higher than for other direct care-providing roles, including senior care workers (3.7%) and support and outreach workers (6.6%).

Registered manager vacancies (11.2%) were double the average rate of other managerial roles (5.8%), equivalent to an average of 2,900 in 2020/21.

Vacancy rates for regulated professions were the highest of all job role groups (9.0%). The registered nurse vacancy rate was particularly high, at 9.9%. This role also had relatively high turnover and starter rates, which is a contributory factor to high vacancy rates. Nurses were added to the UK Shortage Occupation List (SOL)\(^ {52}\) in 2015 and have remained listed ever since.

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The Shortage Occupation List (SOL) is an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts. The List can make it easier for employers to recruit migrant workers. Registered nurses, social workers and occupational therapists are all on the SOL, which makes post-Brexit immigration possible into these occupations, regardless of salary level (see section 4.6.2 for more information).

**Chart 38. Estimated vacancy rate by selected job role, 2020/21**
Source: Skills for Care estimates

Vacancy rates were slightly lower in local authorities (5.9%) overall, compared to the independent sector (6.8%). Direct payment recipients had the highest vacancy rate by sector (7.9%). Our previous research has found that individual employers have difficulties finding and recruiting suitable personal assistants to support them. Further information on the resources available to assist in the recruitment of personal assistants can be found on our individual employer and personal assistant information hub.53

Chart 39 below shows that there’s also variation based on the service provided. Domiciliary care services had the highest vacancy rates at 8.7% whereas residential care had the lowest at 4.7%.

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3.10.1. Vacancy rate trends

Please note that this section does not include jobs working for direct payment recipients, as trends were unavailable.

In 2020/21, the vacancy rate decreased by 0.4% percentage points (a decrease of around 4,300 vacancies) from the previous year; a continued decrease from the year before that.

Chart 40 below shows that the decrease in the vacancy rate between 2019/20 and 2020/21 was driven by care homes, which decreased from 5.7% to 4.6%, whereas the rate in domiciliary care decreased from 9.2% to 9.1%. This is potentially due to fewer jobs being available in the wider economy during this period.

Since May 2021, vacancy rates have steadily risen as the wider economy has opened back up. As of August 2021, vacancy rates are now back above their pre-pandemic levels, see chart below. The increase in the vacancy rate at the same time as jobs (filled posts) decreasing points towards a supply and demand mismatch, with employers unable to find the staff they need to meet the demand for services.
During the COVID-19 pandemic, we’ve been monitoring the change in vacancy rates as employers provide updated information. For the most up-to-date information, please see our vacancy information monthly tracker.\textsuperscript{54}

The adult social care vacancy rate has risen by 2.3 percentage points between 2012/13 and 2020/21. This rise in vacancies over the period suggests that the sector is struggling to keep up with demand as the adult social care sector continues to grow, coupled with the effects of an ageing population. Although the vacancy rate has decreased slightly in 2020/21, the absolute number of vacancies remaining high presents a challenge for the sector. We’ll continue to monitor this trend and any side effects on other workforce measures.

Chart 42 shows that registered manager vacancy rates consistently decreased from 12.5\% in 2012/13 to 11.1\% in 2016/17. Their rate then increases after 2016/17, up to 12.0\% in 2019/20 before declining sharply in 2020/21. Our analysis of CQC ratings data shows that services without a registered manager in post at the time of inspection (or in the year leading up to inspection) were less likely to achieve ‘good’ or ‘outstanding’ CQC ratings. For more information, please see Section 8.1.6.

\textbf{Chart 42. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2020/21 (independent and local authority sectors only)}

Source: Skills for Care estimates

\textsuperscript{54} \url{https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx}
Chart 43 shows the vacancy rate trend for regulated professions. Each of the roles listed showed higher vacancy rates compared with 2012/13. The vacancy rate for registered nurses increased by five percentage points over the period. This suggests that supply of these workers is falling short of demand (there were 3,200 vacancies in 2020/21) and is part of the reason why the number of registered nurses working in adult social care has decreased in recent years.

The vacancy rates for social workers was also higher in 2020/21 than in 2012/13 (8.1% compared to 7.6%). However, rates have been falling in recent years, from a high of 12.7% in 2015/16. Occupational therapist vacancy rates also increased over the period (by 1.2 percentage points), but again, this rate has been falling since 2015/16. Although the vacancy rate appeared to be decreasing overall, there was still a relatively high number of vacancies for social workers (1,600) and occupational therapists (225) in 2020/21.

**Chart 43. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2020/21 (independent and local authority sectors only)**

Source: Skills for Care estimates

The vacancy rate of selected direct care-providing roles, shown below, increased steadily between 2012/13 and 2018/19. Vacancy rates amongst senior care workers saw a significant increase between 2016/17 and 2018/19, rising by two percentage points; this was greater than the increase over the previous four years (1.3 percentage points).

Since 2018/19, and during the COVID-19 pandemic, each of the roles has shown a decreasing vacancy rate; this was greatest for senior care workers which fell by 1.3 percentage points between 2019/20 and 2020/21. Since May 2021, however, vacancy rates have steadily risen as the wider economy has opened back up. As of August 2021, vacancy rates are now back above their pre-pandemic levels.\(^{55}\)

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The increase in vacancy rates for direct care-providing roles since 2012/13 may be linked to the fall in unemployment rates in the UK over the same period. In general, adult social care vacancy rates tend to be higher when whole economy unemployment rates are low, and vice versa. Data from the Office for National Statistics (ONS) shows that the general unemployment rate was 7.9% in 2012/13, but that it had fallen to 4.9% by 2020/21.\textsuperscript{56}

Another influencing factor in the increasing vacancy rates in adult social care, particularly in the care worker vacancy rate, is rates of pay. The median hourly rate for a care worker in adult social care was £9.00 in 2020/21. This was an increase of £2.07 since 2012/13,\textsuperscript{56} ONS Annual Population Survey, 2021
\textsuperscript{57} ONS Labour Force Survey, 2021
when median pay was £6.93 per hour. However, although care worker pay has increased in adult social care, it’s still amongst the lowest of the economy in general. Chart 46 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission).

Historically, care worker median hourly pay was higher than all of the selected job roles. However, by 2020/21, the gap had narrowed. Notably, kitchen and catering assistants earned 10% less per hour on average in 2012/13 than care workers. By 2020/21, this gap had reduced to 3% less. Sales and retail assistants earned 2% less per hour than care workers in 2012/13, compared to 2% more in 2020/21. Cleaners and domestic workers earned 3% less than care workers in 2012/13, compared to 1% more in 2020/21.  

**Chart 46. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy**

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

Despite pay levels growing quickly, more workers were being paid the National Living Wage (NLW), or close to this, in adult social care in 2020/21; this may also be contributing to rising vacancy rates. For further information on pay, please see Chapter 5 – Pay.

Even before accounting for recent increases in the rate, the average number of vacancies in 2020/21 (105,000) suggests that the supply of available workers is still substantially lower than the demand. Significant future challenges continue to exist in this area too, with a projected increase in demand as the population ages (see Chapter 7 - Workforce forecasts), the impact of mandatory vaccination in care homes (see COVID-19 chapter) and a reduction in workforce supply as a result of the new immigration rules that came into effect on 1 January 2021 (see Section 4.6.2 for nationality analysis).

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58 ONS Annual Survey of Hours and Earning – Resident Analysis, 2020
The Government has recognised the recruitment and retention challenge in adult social care and launched the ‘Every Day is Different’ campaign in February 2019. The campaign aims to:

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

For further information, please visit the ‘Every Day is Different’ website.\(^{59}\)

An evaluation of this campaign between February 2019 and April 2019 found that over half of the target audience (people aged 20 to 39) took action as a result of seeing the advertisements, including such actions as job searches and applications. One in four (26%) care staff surveyed also reported having seen an increase in enquiries, applications, interviews or vacancies filled.\(^{60}\)

The COVID-19 outbreak has led to an increased and urgent need to recruit into the social care workforce, while also highlighting the importance of the work of the adult social care sector. In response, the Department of Health and Social Care (DHSC) have launched their latest campaign ‘Care for others. Make a difference’.\(^{61}\)

This campaign builds upon the success of the National Recruitment Campaign and aims to raise the profile of the social care sector and give recognition to the vital work of the workforce, as well as drive people with the right skills and values into the sector.

Resources have been made available so that key stakeholders can support the campaign. These include a campaign toolkit, a cover letter to accompany job advertisements and imagery to use on social media channels.

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\(^{59}\) [www.everydayisdifferent.com](http://www.everydayisdifferent.com)


\(^{61}\) [https://www.everydayisdifferent.com/resources/Care-for-others-Make-a-difference.aspx](https://www.everydayisdifferent.com/resources/Care-for-others-Make-a-difference.aspx)
Workforce demographics
Overview of adult social care workforce demographics, 2020/21

- There were no large changes in the characteristics of the workforce during the pandemic in terms of demographics.
- The adult social care workforce in 2020/21 comprised 82% female and 18% male workers.
- The average age of a worker was 44 years old, and over a quarter of workers (425,000 jobs) were over 55 years old.
- Black, Asian, and Minority Ethnic workers made up 21% of the adult social care workforce. This was more diverse than the overall population of England (14% from Black, Asian and minority ethnic groups).
- The majority (84%) of the adult social care workforce identified as British, 7% (113,000 jobs) identified as of an EU nationality and 9% (137,000 jobs) a non-EU nationality.
- The proportion of EU nationality workers had continued to increase, from 5% in 2012/13 to 7% in 2020/21.

4.1. Introduction

This chapter looks at the demographic information of the adult social care workforce, including gender, age, ethnicity, nationality and citizenship. It also includes a section about diversity within adult social care.

4.2. Gender

Chart 47 shows the gender breakdown of the economically active population in England, compared to the adult social care workforce. The adult social care workforce continued to be made up of around 82% female workers. Male workers remained in the minority (18%).

Chart 47. Estimated gender of the adult social care workforce and the economically active population
Source: Skills for Care estimates 2020/21, Labour Force Survey 2020/21

Chart 48 shows the estimated gender split of the adult social care workforce for selected job roles. Gender did not vary significantly between most job roles. However, some variation can be seen, with female workers less likely to be in managerial roles (79%),
especially senior management roles (68%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 11%.

Chart 48. Estimated proportional gender split in the adult social care workforce by selected job roles, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>18%</td>
<td>82%</td>
</tr>
<tr>
<td>Senior management</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>Social worker</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Care worker</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>17%</td>
<td>83%</td>
</tr>
</tbody>
</table>

4.3. Age

Chart 49 below shows the age distribution of the adult social care workforce in comparison to the economically active population in England. The age profile of the adult social care workforce was skewed towards the older age bands, with 27% of workers aged 55 and over, compared to 21% of workers in the economically active population as a whole.

Chart 49. Estimated age distribution of the adult social care workforce compared with the economically active population
Source: Skills for Care estimates 2020/21 and Labour Force Survey 2020/21

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Under 25</th>
<th>25 to 54</th>
<th>55 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economically active</td>
<td>12%</td>
<td>67%</td>
<td>21%</td>
</tr>
<tr>
<td>Adult social care</td>
<td>9%</td>
<td>64%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Chart 50 shows the estimated age bands and average age of workers by selected job roles. In the adult social care sector, the average age of a worker was 44.1 years old. From a workforce planning point of view, workers aged 55 and over may retire within the next ten years. This age category accounted for a quarter of the workforce (27%, or 425,000 jobs).

Care workers had the youngest age profile, with 12% being under 25 years old. Over a third (36%) of registered nurses were aged 55 or over, with an average age of 49 years old.
Chart 50. Estimated age bands and mean ages of the adult social care workforce by selected job roles, 2020/21
Source: Skills for Care estimates

We’re working in conjunction with the Government and social care employers to develop a number of initiatives to encourage younger people to join, and remain, in the adult social care sector – including through the ‘I Care… Ambassadors’ project, apprenticeships, and the ‘Every Day is Different’ campaign. For further information, please see Chapter 3 – Recruitment and Retention.

4.3.1. Age trends

Chart 51 shows the average age of the adult social care workforce over time. The average age of the workforce rose marginally over an eight-year period, from 42.5 years in 2012/13 to 43.3 years in 2020/21. Over the same period, the average age of the economically active population had increased from 40 years to 42 years. This highlights that the marginally rising age of the workforce is not exclusive to the adult social care sector.

Chart 51. Average age trends of the adult social care workforce between 2012/13 and 2020/21 (independent and local authority sectors only)
Source: Skills for Care estimates

62 www.skillsforcare.org.uk/iCare
63 www.everydaysisdifferent.com
64 ONS - Labour Force Survey
4.4. Ethnicity

Chart 52 shows that the ethnic profile of the adult social care workforce (21% Black, Asian and minority ethnicity) was more diverse than the population of England (14% Black, Asian and minority ethnicity) in 2020/21. Workers from Black/African/Caribbean/Black British backgrounds (12%) accounted for over half of the Black, Asian and Minority Ethnic adult social care workforce. This compares to 24% of the Black, Asian and Minority Ethnic population of England.

Chart 52. Estimated proportion of the adult social care workforce and the population of England by ethnicity
Source: Skills for Care workforce estimates 2020/21, Census 2011

Chart 53 shows the ethnic profile of the adult social care workforce by region. There were large variations by region, with London having the most diverse workforce (67% from Black, Asian and Minority Ethnic groups) and the North East the least diverse workforce (4%). In general, these proportions reflect the populations resident in each area. Please note that this information only includes workforce data for local authorities and the independent sector. Ethnicity data for personal assistants working for direct payment recipients wasn’t available at a regional level.

Chart 53. Estimated proportion of the adult social care workforce by ethnicity and region, 2020/21 (independent and local authority sectors only)
Source: Skills for Care estimates
Chart 54 shows ethnicity group by selected adult social care job roles. Registered nurses had the highest proportion of workers with a Black, Asian and minority ethnicity background (40%), whereas occupational therapists had the lowest (12%). Registered managers and senior managers also had a relatively low proportion of those with a Black, Asian and minority ethnicity background (16% each).

**Chart 54. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2020/21**

**Source:** Skills for Care estimates

<table>
<thead>
<tr>
<th>Role</th>
<th>White</th>
<th>Black, Asian and Minority Ethnic groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Senior management</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Social worker</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Care worker</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>84%</td>
<td>16%</td>
</tr>
</tbody>
</table>

4.5. Diversity within adult social care

People from ethnic minority communities account for one in five of the adult social care workforce in England, and play a vital role in the day-to-day care of people in our communities. Skills for Care has been acutely aware of the challenges facing people from Black, Asian and ethnic minority groups; COVID-19 has highlighted and brought these challenges to the forefront for many communities. Analysis of workforce data from the ASC-WDS in 2020/21 shows that there were no substantial differences in pay according to the gender or ethnicity of care workers after accounting for their geographic location, sector, service type and experience. We'll continue to monitor this information.

Workforce factors that affected pay were experience (see section 3.7) and training and qualifications (see chapter 6). Care workers with more years of experience in the sector and higher levels of training and qualifications were paid more on average.

There were, however, differences in diversity between job roles. Notably, there were proportionally more males and more white people in senior roles than front line roles; please see the charts below. The root cause of this difference can’t be ascertained from ASC-WDS data alone. However, it’s a concern as it could indicate a lack of equal opportunities or discrimination in the sector.
Chart 55. Estimated proportional gender split in the adult social care workforce by selected job roles, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
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<td>74%</td>
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<td>Personal assistant</td>
<td>17%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Chart 56. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>White</th>
<th>Black, Asian and Minority Ethnic groups</th>
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</thead>
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<td>16%</td>
</tr>
<tr>
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<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Care worker</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Support and outreach</td>
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</tr>
<tr>
<td>Personal assistant</td>
<td>84%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Skills for Care is currently working in partnership on the Social Care Workforce Race Equality Standard (WRES) project. This data collection, initially from 18 local authorities, asks for information by ethnicity for nine workforce areas, including pay, job role, shortlisting and appointment of staff, as well as continuous professional development and turnover. A report is due to be published in early 2022 which should help to identify any issues that exist.

Culture and diversity are a key focus for us, as one of our strategic priority areas in support of the adult social care workforce. Our three-to-five-year long-term objective is to create equity among all those working in social care, so that people feel valued for the work they do and are motivated to stay in the sector, whilst having the choice to develop and progress in their careers.
We’ll use a combination of tools, resources, and our platform (and voice) to raise awareness of the importance of inclusive and positive workplace cultures. We’ll also promote leadership styles that model compassion. We enable leaders to create inclusive and positive cultures in their organisations and in the wider system as part of integrated care.

We’ve continued to support leaders and managers from ethnic minorities and have provided a platform to share their experiences during the pandemic. We’ve undertaken surveys, webinars and peer coaching to learn more and help deliver the best possible support to this important part of the workforce. Please see ‘Supporting the diverse workforce within adult social care’ webpage for information, opportunities to get involved, webinars and blogs such as ‘Discrimination and care workers’ rights’ and ‘How to become an anti-racist organisation’.

Skills for Care has also developed the ‘Moving Up programme’ in response to the identified need for a more representative leadership profile for Black, Asian and Minority Ethnic leaders in the adult social care sector. More than ever before, it’s important to offer opportunities and support to those from diverse backgrounds who wish to fulfil their career goals. The programme is designed to help individuals to develop the skills to progress their careers, and to learn from others. For further information, please refer to our website.

4.6. Nationality

In 2020/21, around 84% of the adult social care workforce identified as British, 7% (113,000 jobs) identified as of an EU nationality and 9% (137,000 jobs) of a non-EU nationality. Therefore, on average, the adult social care sector showed a slightly greater reliance on non-EU workers than EU workers.

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

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66 [www.skillsforcare.org.uk/moving-up](http://www.skillsforcare.org.uk/moving-up)
Chart 57. Estimated proportion of the adult social care workforce and population of England by nationality
Source: Skills for Care workforce estimates 2020/21, Census 2011

Table 8 and Chart 58 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

Table 8. Estimated number of jobs in the adult social care sector by nationality and job role group, 2020/21
Source: Skills for Care estimates

<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>1,315,000</td>
<td>113,000</td>
<td>137,000</td>
</tr>
<tr>
<td>Managerial</td>
<td>100,000</td>
<td>4,600</td>
<td>5,000</td>
</tr>
<tr>
<td>Regulated professions</td>
<td>44,000</td>
<td>6,700</td>
<td>8,400</td>
</tr>
<tr>
<td>Direct care</td>
<td>995,000</td>
<td>87,000</td>
<td>114,000</td>
</tr>
<tr>
<td>Other</td>
<td>178,000</td>
<td>14,000</td>
<td>9,900</td>
</tr>
</tbody>
</table>

Chart 58. Estimated proportions of the adult social care workforce by nationality and job role, 2020/21
Source: Skills for Care estimates
Chart 59 shows that there were regional variations in workforce nationality. The North East, North West, and Yorkshire and the Humber had a relatively low reliance on non-British workers, with similar proportions of EU and non-EU nationalities. London had the highest proportion of non-British workers, followed by the South East. The map also highlights a north/south divide in terms of workforce nationality. Please note that Chart 59 and Map 1 only contain local authority and independent sector information. Nationality information about jobs working for direct payment recipients wasn’t available at regional level.

**Chart 59. Estimated proportions of the adult social care workforce by nationality and region, 2020/21 (independent and local authority sectors only)**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Region</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>83%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Eastern</td>
<td>82%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>88%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>London</td>
<td>63%</td>
<td>13%</td>
<td>24%</td>
</tr>
<tr>
<td>North East</td>
<td>96%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>North West</td>
<td>93%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>South East</td>
<td>77%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>South West</td>
<td>86%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>87%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>93%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region, 2020/21
Source: Skills for Care estimates

Chart 60 shows data for the top ten nationalities of non-British workers. It’s interesting to note that, since 2014, when citizens of Romania could work in the EU without restriction, the proportion of those of Romanian origin working in adult social care moved into the top ten list. In 2020/21, Romanian was the most common nationality of non-British workers at 12%. Polish was the second most frequently recorded nationality, at 10%, while six of the top ten nationalities were non-EU countries.

The NHS has a slightly lower reliance on EU nationals than the adult social care sector, with 14.6% of NHS staff holding nationalities of a country other than the UK. This includes 5.4% (70,700) that were nationals of EU countries.
4.6.1. Nationality trends

The following trends are for local authorities and the independent sector only. They don’t include jobs working for direct payment recipients.

The proportion of the adult social care workforce with a British nationality has remained consistent over the past seven years (from 2012/13 to 2020/21), varying by less than one percentage point.

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

New immigration rules came into place in the UK on 1 January 2021. The new rules effectively mean that people can’t come to the UK to take up care worker roles, although they can still arrive to take up some regulated professional roles.

There has been no evidence of the existing non-British workforce leaving at an increased rate since the new rules came into place. However, with this route of supply no longer available for front line workers, employers will have to find more staff from the domestic labour market in order keep up with demand.

Data collected since March 2021, as would be expected given these new rules and the COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019). Please see section iii for more information on new immigration rules and travel restrictions.
Chart 61. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality, 2012/13 to 2020/21

Source: Skills for Care estimates

The nationality trend for registered nurses within the adult social care sector was similar to the general trend, although more pronounced. The proportion of registered nurses with a British nationality increased by around three percentage points from 61.2% in 2012/13 to 63.8% in 2020/21. The proportion of registered nurses of a non-EU nationality decreased 11 percentage points over the period, from 31.2% in 2012/13 to 19.8% in 2020/21.

This may have arisen as a result of changes to immigration rules; since October 2014, the only route to registration for nurses educated outside of the European Economic Area (EEA) region was through the Nursing and Midwifery Council’s two-stage process. This involves significant financial cost and, until October 2018, required nurses from outside the EEA to work for at least 12 months after qualifying before they could apply to come and work in the UK. By comparison, the proportion of registered nurses with an EU nationality has risen by nine percentage points, from 7.6% in 2012/13 to 16.4% in 2020/21.

Since the introduction of the new immigration rules on 1 January 2021, nurses from EU and non-EU countries are able to immigrate to the UK providing that they have a job offer from a licenced sponsor and can speak English to the required standard.

Chart 62. Estimated proportion of registered nurses with EU (non-British) and non-EU nationalities, 2012/13 to 2020/21

Source: Skills for Care estimates

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4.6.2. British citizenship

According to the Government’s ‘EU Settlement Scheme’, the rights of EU citizens living in the UK didn’t change until after 31 December 2020. After this point, EU citizens had until June 2021 to hold, or be in the process of applying for, UK immigration status through the EU Settlement Scheme.

Under the Settlement Scheme, all workers with an EU nationality that worked in the adult social care sector in England as at 31 December 2020 were allowed to continue to work in the UK, provided that they apply to remain through the scheme.

We estimate that 7% of the adult social care workforce in the local authority and independent sectors (107,000 jobs) were of an EU nationality in 2020/21. Data from the ASC-WDS shows that around 21% of workers that identified as being of an EU nationality already also have British Citizenship. These 23,000 workers didn’t have to apply for settled status.

By June 2021, take-up of the scheme was high; around 4.9 million settlement applications were fully processed through the scheme, of which 52% resulted in ‘Settled’ and 43% resulted in ‘Pre-settled’ status.

There’s been no evidence of the existing non-British workforce leaving at an increased rate since the EU referendum or since the new immigration rules came into place on 1 January 2021.

Data collected since March 2021, as would be expected given these new rules and the COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019). Therefore, it’s expected that the number of non-British workers in frontline roles will start to decrease.

On 1 January 2021, the UK adopted a points-based immigration system. This system requires that Skilled Workers obtain 70 points, of which 50 come from the mandatory criteria of having:

- a job offer from a licensed sponsor
- a job offer which is at, or above, the minimum skill level of an RQF Level 3 or equivalent (A-level or equivalent)
- spoken English of a required standard.

A further 20 ‘tradable’ points might also be drawn from a combination of a worker’s salary, a job in a shortage occupation, or their possession of a relevant PhD. These points are summarised in the table overleaf.

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68 EU Settlement Scheme – Accessed 01/08/2019 www.gov.uk/eusettledstatus
69 https://www.gov.uk/government/publications/eu-settlement-scheme-caseworker-guidance
At the time of writing, ‘Care worker’ isn’t listed as an eligible occupation on the ‘Skilled Workers’ route. Therefore, care workers are no longer able to immigrate into the UK to take up these roles since 1 January 2021.

Even if the occupation was eligible for the ‘Skilled Workers’ route, virtually none of these jobs meet the salary threshold and the occupation would therefore need to be listed on the shortage occupation list to allow for immigration into these roles (or for an alternative route to be made available).

Social workers, registered nurses and occupational therapists are listed occupations for the ‘Skilled Workers’ route and are also on the Shortage Occupation List. Therefore, workers are able to immigrate to the UK to take up these regulated professional roles in the sector under the new rules, providing that they have a job offer from a licenced sponsor and can speak English to the required standard. As long as these occupations remain on the Shortage Occupation List, salary level will not be a factor.

We’re a member of the Cavendish Coalition. The Coalition, a group of 37 health and social care organisations, is working to ensure that the system is properly staffed after the UK leaves the EU. The Cavendish Coalition believes it’s critical that the Government takes all possible measures to safeguard the future supply of health and social care workers needed to continue delivering safe, high-quality care. The Cavendish Coalition is committed to helping the UK Government to design and deliver post-Brexit policies which have a positive impact on the UK’s health and social care system.

The Cavendish Coalition submitted evidence to the Migration Advisory Committee on the Shortage Occupation List (SOL) in July 2020. The submission identified that care workers weren’t included in the SOL and migration into these roles would therefore cease, with an effect of exacerbating the chronic crisis in the adult social care workforce. The report goes on to state that care workers should be recognised by the migration system by way of awarding points for occupations which provide a ‘high public value’.70

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70 https://www.nhsemployers.org/case-studies-and-resources/2020/07/cavendish-coalition-submission-to-migration-advisory-committee-on-shortage-occupation-list

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Table 9. Summary of mandatory and tradable points


<table>
<thead>
<tr>
<th>Criteria</th>
<th>Tradable</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer of job by approved sponsor</td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td>Job at appropriate skill level</td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td>Speaks English at required level</td>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td>Salary of £20,480 (minimum) – £23,039</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>Salary of £23,040 – £25,599</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>Salary of £25,600 or above</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>Job in a shortage occupation (as designated by the MAC*)</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>Education qualification: PhD in subject relevant to the job</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>Education qualification: PhD in a STEM subject relevant to the job</td>
<td>Yes</td>
<td>20</td>
</tr>
</tbody>
</table>

*Migration Advisory Committee
4.7. People with a disability


The 2011 UK census reported that there were 9.4 million people with a disability living in England (18% of the population). Within social care occupations, the LFS identified 22% of workers as disabled according to the Disability Discrimination Act 1995 (DDA) definition. The adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The ASC-WDS disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

The LFS and ASC-WDS also use different definitions of disability; this may account for some of the variation in results. The ASC-WDS likely only captured the LFS equivalent of 'work-limiting' disability (3%).

Chart 63. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status
Source: Skills for Care workforce estimates, 2020/21; UK census, 2011; Labour Force Survey, 2020/21

We’re involved with a project with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people working in the social care sector. Further information is available in our ‘Recruitment and retention of disabled people in adult social care report’.71

Pay

05
Overview of pay rates in England, as at 2020/21

The information in this chapter was gathered from local authorities as at September 2020, and from independent sector employers between April 2020 and March 2021. Personal assistants working for direct payment recipients returned information in February 2021 as part of a survey we conducted.

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

- Since the introduction of the mandatory National Living Wage (NLW) on 1 April 2016, care worker pay in the independent sector has increased at a higher rate than in previous years. Prior to the National Living Wage, pay rates increased by an average of 13 pence per hour (1.9%) each year (September 2012 to March 2016). Since the launch of the NLW, the hourly rate has increased by an average of 35 pence (4.4%) (March 2016 to March 2021).
- Since the introduction of the NLW, a higher proportion (21%) of care workers are paid at the minimum hourly rate (£8.72), compared to around 16% paid at the minimum rate in 2016 (£6.70). The remainder were paid above the NLW rate.
- Care workers in the bottom 10% of the pay distribution gained the most benefit from the introduction of the NLW (an increase of 19.2% since March 2016), whereas the pay for the top 40% of earners increased at a slower rate.

5.1. Introduction

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

The data used in this analysis was gathered from independent sector employers between April 2020 and March 2021, and from local authority sector employers as at September 2020. Personal assistants working for direct payment recipients returned information in February 2021 as part of a survey we conducted.
5.2. Full-time equivalent annual pay

Chart 64 shows mean FTE annual pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Registered nurses were paid a mean annual salary of £33,600 in the independent sector. This average was slightly higher than NHS Band 5 (£25,655 to £31,534) at which newly qualified nurses start in the NHS, but lower than most of NHS Band 6 (£32,306 to £39,027).

Chart 64. Estimated full-time equivalent mean annual pay rate by selected job roles, 2020/21
Source: Skills for Care estimates

*As there were only an estimated 225 registered nurses working in the local authority sector in England, and only 11% of social workers were employed within the independent sector, these pay rates aren’t included here.

5.2.1. Annual pay trends for regulated professionals

This section focuses on the annual pay trends of selected regulated professional roles since 2011/12, making comparisons between nominal and real term pay rates.
‘Real terms’ means that pay rates have been adjusted to take inflation into account and have been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in prices as at March 2021. ‘Nominal’ pay isn’t adjusted for inflation and shows the actual pay rates as they were at the time.

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

Chart 65 and table 10 shows that the nominal (not adjusted) average pay for each selected regulated professional job role increased steadily from 2011/12 to 2020/21. Registered nurses in the independent sector saw the highest pay increase, from £31,800 in 2019/20 to £33,600 in 2020/21, this was an increase of 5.7% in a year. Over the past nine years, from 2011/12 (£23,000) to 2020/21 there was an 46% increase in annual pay.

In local authorities, pay for occupational therapists increased by 1.4% in the past year, from £36,200 in 2019/20 to £36,700 in 2020/21. Since 2011/12 it has risen by 19%. Social worker pay increased by 1.9% in the past year, from £36,400 in 2019/20 to £37,100 in 2020/21. Since 2011/12 it has risen by 14%.

### Table 10. Nominal (not adjusted) mean annual pay trends of selected professional roles between 2016/17 and 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker (LA)</td>
<td>£34,200</td>
<td>£34,900</td>
<td>£35,600</td>
<td>£36,400</td>
<td>£37,100</td>
</tr>
<tr>
<td>Occupational therapist (LA)</td>
<td>£34,200</td>
<td>£34,700</td>
<td>£35,200</td>
<td>£36,200</td>
<td>£36,700</td>
</tr>
<tr>
<td>Registered nurse (IND)</td>
<td>£27,500</td>
<td>£29,000</td>
<td>£30,400</td>
<td>£31,800</td>
<td>£33,600</td>
</tr>
</tbody>
</table>

### Chart 65. Nominal (not adjusted) mean annual pay trends of selected professional roles between 2011/12 and 2020/21
Source: Skills for Care estimates
Chart 66 shows the real term (adjusted) annual pay rates of selected regulated professionals between 2011/12 and 2020/21. Social workers in the local authority sector had a real term pay increase of around £100 between 2011/12 and 2020/21, which means that the nominal increase shown in Chart 65 above wasn’t enough to outweigh the rise in inflation in most years.

Occupational therapists saw an overall increase in real term pay, up by 5% over the nine-year period. Registered nurses’ real term pay increased each year after 2012/13. Over the whole period, registered nurses’ real term pays increased by 29%.

### Table 11. Real term (adjusted) mean annual pay trends of selected professional roles between 2016/17 and 2020/21

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker (LA)</td>
<td>£36,500</td>
<td>£36,400</td>
<td>£36,400</td>
<td>£36,700</td>
<td>£37,100</td>
</tr>
<tr>
<td>Occupational therapist (LA)</td>
<td>£36,500</td>
<td>£36,200</td>
<td>£36,000</td>
<td>£36,500</td>
<td>£36,700</td>
</tr>
<tr>
<td>Registered nurse (IND)</td>
<td>£29,300</td>
<td>£30,300</td>
<td>£31,000</td>
<td>£32,100</td>
<td>£33,600</td>
</tr>
</tbody>
</table>

Chart 66. Real term (adjusted) mean annual pay trends of selected professional roles between 2011/12 and 2020/21

Source: Skills for Care estimates

#### 5.3. Mean hourly pay

The chart below shows mean hourly pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Care workers were paid a mean hourly rate of £9.29 (median £9.01) in the independent sector and a mean hourly rate of £10.77 in the local authority sector. Senior care workers were paid a mean hourly rate of £10.00 in the independent sector and £13.37 in the local authority sector. Personal assistants were paid a mean of £9.95 an hour.
The table below shows the mean pay rate from 2016/17 to 2020/21, this has been consistent across the period shown. The pay gap between care workers and senior care workers is getting slightly smaller, at 79p in 2016/17 to 71p in 2020/21.

Table 12. Nominal (not adjusted) mean hourly pay trends of selected direct care roles between 2016/17 and 2020/21
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>NMW/NLW during period</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMW/NLW during period</td>
<td>£7.20</td>
<td>£7.50</td>
<td>£7.83</td>
<td>£8.21</td>
<td>£8.72</td>
</tr>
<tr>
<td>Senior care worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authority</td>
<td>£12.44</td>
<td>£12.33</td>
<td>£12.33</td>
<td>£12.76</td>
<td>£13.37</td>
</tr>
<tr>
<td>Independent</td>
<td>£8.57</td>
<td>£8.85</td>
<td>£9.18</td>
<td>£9.54</td>
<td>£10.00</td>
</tr>
<tr>
<td>Care worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authority</td>
<td>£9.74</td>
<td>£9.80</td>
<td>£10.13</td>
<td>£10.67</td>
<td>£10.77</td>
</tr>
<tr>
<td>Independent</td>
<td>£7.78</td>
<td>£8.10</td>
<td>£8.42</td>
<td>£8.79</td>
<td>£9.29</td>
</tr>
<tr>
<td>Support and outreach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authority</td>
<td>£11.54</td>
<td>£11.79</td>
<td>£12.10</td>
<td>£12.49</td>
<td>£12.56</td>
</tr>
<tr>
<td>Independent</td>
<td>£8.44</td>
<td>£8.64</td>
<td>£8.78</td>
<td>£8.97</td>
<td>£9.53</td>
</tr>
</tbody>
</table>

5.4. Median care worker hourly pay

Please note that this section refers to median hourly rates of care workers in the independent sector only, using data from the ASC-WDS. This was captured in line with changes to the National Living Wage (NLW). The median hour rate for a care worker in the independent sector in 2020/21 was £9.01.

The NLW is set by the Government and is the amount of money per hour all employed workers are legally entitled to. It was first introduced on 1 April 2016 for workers aged 25 and over to receive £7.20 per hour, before increasing to £8.72 by 1 April 2020. The Government had set a target for it to reach two thirds of median earnings by 2024.
(estimated by the Low Pay Commission (LPC)\textsuperscript{72} at £10.33 per hour in April 2021). The NLW increased on 1 April 2021 to £8.91 per hour. In 2021, the age threshold for the NLW was reduced from 25 years to 23 years. This will be reduced further in 2024 to 21 years.\textsuperscript{73}

The Real Living Wage is separate to the National Living Wage (NLW); this is set by the Living Wage Foundation charity\textsuperscript{74} each November. This is a voluntary scheme which employers can sign up to; the hourly rate is independently calculated to reflect the basic cost of living. The current rate, announced in November 2020, is £10.85 per hour in London and £9.50 per hour for the rest of the UK.

### Table 13. Timescale of the National Living Wage and Real Living Wage

<table>
<thead>
<tr>
<th>Time period</th>
<th>Referred to as</th>
<th>National Minimum Wage / National Living Wage</th>
<th>Real Living Wage - UK/London (announced each November)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 11 to Sep 12</td>
<td>2011 NMW</td>
<td>£6.08 (NMW)</td>
<td>£7.20 / £8.30</td>
</tr>
<tr>
<td>Oct 12 to Sep 13</td>
<td>2012 NMW</td>
<td>£6.19</td>
<td>£7.45 / £8.55</td>
</tr>
<tr>
<td>Oct 13 to Sep 14</td>
<td>2013 NMW</td>
<td>£6.31</td>
<td>£7.65 / £8.80</td>
</tr>
<tr>
<td>Oct 14 to Sep 15</td>
<td>2014 NMW</td>
<td>£6.50</td>
<td>£7.85 / £9.15</td>
</tr>
<tr>
<td>Oct 15 to Mar 16</td>
<td>2015 NMW</td>
<td>£6.70</td>
<td>£7.85 / £9.15</td>
</tr>
<tr>
<td>Apr 16 to Mar 17</td>
<td>2016 NLW</td>
<td>£7.20 (NLW introduced)</td>
<td>£8.25 / £9.40</td>
</tr>
<tr>
<td>Apr 17 to Mar 18</td>
<td>2017 NLW</td>
<td>£7.50</td>
<td>£8.45 / £9.75</td>
</tr>
<tr>
<td>Apr 18 to Mar 19</td>
<td>2018 NLW</td>
<td>£7.83</td>
<td>£8.75 / £10.20</td>
</tr>
<tr>
<td>Apr 19 to Mar 20</td>
<td>2019 NLW</td>
<td>£8.21</td>
<td>£9.00 / £10.55</td>
</tr>
<tr>
<td>Apr 20 to Mar 21*</td>
<td>2020 NLW</td>
<td>£8.72</td>
<td>£9.30 / £10.75</td>
</tr>
<tr>
<td>Apr 21 to Mar 22</td>
<td>2021 NLW</td>
<td>£8.91</td>
<td>£9.50 / £10.85</td>
</tr>
</tbody>
</table>

\*Data in this section gathered March 2021.

Chart 68 looks at the trend of care worker median hourly pay rates since September 2012, both nominal and real term. Nominal pay shows the pay rates as they were at the time. Real term rates are adjusted to take inflation into account (calculated using the Consumers Price Index, or CPI, the official measure of inflation of consumer prices in the UK) and are expressed in March 2021 prices.

The nominal (not adjusted) median care worker hourly rate increased steadily from £6.75 in September 2012 to **£9.01 in March 2021**, a nominal increase of £2.26 per hour (34%). However, in real terms (adjusted for inflation), the average care worker is **£1.36 per hour (18%) better off in March 2021 than they were in September 2012**.

The median hourly rate for care workers in March 2021 was 29 pence higher than the NLW. Between September 2012 and March 2016, the nominal median hourly rate

\textsuperscript{72} \url{https://www.gov.uk/government/publications/low-pay-commission-report-2020}

\textsuperscript{73} \url{https://www.gov.uk/government/publications/the-national-minimum-wage-in-2021}

\textsuperscript{74} \url{www.livingwage.org.uk/what-real-living-wage}
increased by an average of 13 pence per year. After the NLW, this rate increased to an average of 35 pence per year, highlighting the impact of the higher NLW on average rate changes each year.

Chart 68. Care worker nominal and real-term median hourly rate trend, 2012 to 2021, independent sector only
Source: Skills for Care estimates

In April 2020, the NLW rose from £8.21 to £8.72 (6.2% in nominal terms). This increase contributed to a 6.0% increase in the median nominal care worker hourly rate from March 2020 to March 2021. This was the highest increase over the recorded time period.

Chart 69 below shows that this led to the median hourly rate increasing, in real terms, by 5.3% between March 2020 and March 2021. This compares to an average of 1.8% per year since September 2012.

Chart 69. Percentage change in median care worker hourly rate and NMW/NLW, independent sector only
Source: Skills for Care estimates
The information above shows that the care worker hourly rate has increased, in nominal terms (not adjusted), over the nine years preceding 2021. This increase has been greater since the introduction of the National Living Wage, but the impact has varied depending on where each care worker falls within the range of pay rates offered in the adult social care sector.

Chart 70 shows the nominal care worker hourly rate change across the percentile distribution, where p10 refers to the bottom 10% of earners, p50 is the median earner, and p90 refers to the top 10% of earners.

The chart shows that, since the introduction of the NLW (March 2016 to March 2021), a higher proportion (21%) of care workers were paid at the minimum rate, compared to the 16% of care workers paid the minimum rate in 2016.

The median hourly rate for a care worker in the independent sector was £9.01 as at March 2021. The hourly rate difference between a top 10% earner (£10.20) and a bottom 10% earner (£8.72) was £1.48 per hour. This difference has narrowed since 2016 when the difference between a top 10% earner and a bottom 10% earner was £1.85.

Chart 70. Care worker nominal median hourly rate distribution as at March 2016 and March 2021, independent sector only
Source: Skills for Care estimates

Chart 71 below shows that, since the introduction of the NLW, care workers in the bottom 10% of the pay scale gained, in real terms, the most benefit from the introduction of the NLW (an increase of 19.2% after inflation). This was a much larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 9.3% increase in real-term pay over the period.
With the increasing wage floor, some social care organisations haven't been able to maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.

Chart 72 compares care worker pay based on their experience in the adult social care sector. Prior to March 2017, care workers with five or more years of experience in the sector could expect an hourly rate which was around 26 pence to 37 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of between 4% and 5%. However, since March 2016, the experience pay gap had more than halved to just 6 pence (or 1%) per hour by March 2021.

Chart 72. Mean care worker pay by experience in the sector (less than one year versus five years or more)
Source: ASC-WDS unweighted data

It will continue to be challenging for employers to reward those workers with higher levels of experience, greater responsibilities, or more relevant qualifications if the National Living Wage continues to rise as planned.
5.5. The impact of the National Living Wage from April 2021 (£8.91)

On 1 April 2021, the mandatory NLW for workers aged 23 and above increased to £8.91. Chart 73 shows that, as at March 2021, around a third (33%) of independent sector workers were paid less than the upcoming mandatory NLW rate (£8.91). This equates to around 435,000 jobs directly affected by the subsequent increase in the NLW.

Many of the 67% of workers that were already paid on or above the 2021 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained.

It’s been reported to Skills for Care that some employers are responding to rising staff vacancies by increasing wages since March 2021. Using ASC-WDS data, we’re yet to see a substantial increase in average wages during 2021 but will continue to monitor this potential trend.

Chart 73. Hourly pay distribution of workers prior to the 2021 NLW
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th></th>
<th>£8.72</th>
<th>£8.73 to £8.90</th>
<th>£8.91 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>All jobs (1,325,000)</td>
<td>19%</td>
<td>14%</td>
<td>67%</td>
</tr>
<tr>
<td>Care worker (860,000)</td>
<td>21%</td>
<td>17%</td>
<td>62%</td>
</tr>
</tbody>
</table>

5.6. Comparison with other sectors

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since the ‘First Report of the Low Pay Commission’ on the National Minimum Wage in 1998, including the current ‘Low Pay Commission report 2020’ (using results provided by Annual Survey of Hours and Earnings (ASHE)).

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

Chart 74 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission).

Historically, care worker median hourly pay was higher than all of the selected job roles. However, by 2020/21, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour on average in 2012/13 than care workers. By 2020/21, this gap had reduced to 29 pence. Similarly, sales and retail assistants earned 13 pence per hour less than care workers in 2012/13 but in 2019/20, they earned 21 pence per hour more on average than care workers.\footnote{ONS Annual Survey of Hours and Earning – Resident Analysis, 2019}

Although care worker pay has increased in adult social care, it’s still amongst the lowest of the economy in general. Care workers in the independent sector earn on average around £3,500 less than similar roles in the NHS, for example support clinical staff were paid £21,370 compared to £17,900 for care workers.

**Chart 74. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy**

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning
Qualifications and training
Overview of qualification and training information, 2020/21

We believe that all of those who work in adult social care should be able to take part in learning and development to enable them to carry out their roles effectively. This will help them to develop the right skills and knowledge of the workforce and enable them to provide high-quality care and support.

- Over two thirds (69%) of care workers that started in the sector after January 2015 had engaged with the Care Certificate.
- Just under half of the direct care-providing workforce (43%) held a qualification at Level 2 or higher in 2020/21.
- The most popular areas of training received were within the categories of ‘Moving and handling’ (76%), ‘Safeguarding adults’ (74%), and ‘Infection Control’ (65%).

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69%</td>
<td>of new care workers have engaged with the Care Certificate</td>
</tr>
<tr>
<td>63%</td>
<td>of new senior care workers have engaged with the Care Certificate</td>
</tr>
<tr>
<td>43%</td>
<td>of direct care staff hold a qualification at Level 2 or above</td>
</tr>
<tr>
<td>73%</td>
<td>of managerial staff hold a relevant qualification</td>
</tr>
</tbody>
</table>

6.1. Introduction

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

We identify the benefits of workers holding qualifications as:

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

6.2. Care Certificate

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

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

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

Information about the number of workers that have achieved, or are working towards, the Care Certificate has been collected since April 2015. For further information about the Care Certificate, please visit our website.\(^77\)

Although the Care Certificate is available to all, the main demographic it’s aimed at is workers that are new to social care. Chart 75 shows engagement with the Care Certificate for direct care-providing workers that had started work in the sector since January 2015. Over two thirds (67\%) of these direct care-providing staff have engaged with the Care Certificate (whether they had completed/were in the process of completing/had partially completed the Care Certificate). Engagement was highest in domiciliary care services, where 71\% of care workers had achieved/were in the process of completing/had partially completed the Care Certificate.

**Chart 75. Care Certificate status of direct care-providing workers new to the sector since January 2015**

Source: ASC-WDS raw data 2020/21

<table>
<thead>
<tr>
<th>Direct care roles</th>
<th>Complete</th>
<th>In progress / partially completed</th>
<th>Not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>All direct care roles</td>
<td>41%</td>
<td>26%</td>
<td>33%</td>
</tr>
<tr>
<td>Care worker</td>
<td>42%</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>47%</td>
<td>17%</td>
<td>37%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>32%</td>
<td>15%</td>
<td>53%</td>
</tr>
<tr>
<td>Care home with nursing</td>
<td>33%</td>
<td>22%</td>
<td>44%</td>
</tr>
<tr>
<td>Care home without nursing</td>
<td>30%</td>
<td>23%</td>
<td>47%</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>45%</td>
<td>26%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Chart 76 shows that 45\% of the total adult social care workforce had achieved or were working towards achievement of the Care Certificate. Over half (55\%) of the adult social care workforce hadn’t started or weren’t engaged with the certificate.

\(^77\) [www.skillsforcare.org.uk/CareCertificate](http://www.skillsforcare.org.uk/CareCertificate)
6.3. Qualifications held

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

Around half of the adult social care workforce held a relevant social care qualification (44%), while 56% had no relevant social care qualifications recorded. It should be noted that such qualifications may not necessarily be required of staff who don’t provide direct care (including ancillary and administrative staff etc.).

Chart 77 shows the highest qualification level held by job role group. As might be expected, direct care-providing staff were more likely to be qualified at Level 2 and Level 3 (40%), while those in managerial roles were more likely to be qualified at Level 3 and Level 4 (64%).
Chart 78. Estimated highest social care qualification level of the adult social care workforce by job role group, 2020/21
Source: Skills for Care estimates

Chart 79 shows the proportion of workers that had achieved social care qualifications at Level 2 or above for selected job roles, split by sector. Around three quarters (75%) of senior care workers were recorded as having a social care qualification at Level 2 or above, as were 41% of care workers. This proportion was slightly lower for personal assistants (35%). Workers that were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate, or training relevant to their role (see Section 6.6).

Chart 79. Estimated proportion of workers with a social care qualification at Level 2 or above, by selected job role and sector, 2020/21
Source: Skills for Care estimates

6.4. Training

Employers can record training data in addition to accredited qualifications. At the time of writing, there were 36 training categories under which any training can be recorded.

Chart 80 is based on all workers at establishments with training data recorded. The most common areas of training were ‘Moving and handling’ (76%), and ‘Safeguarding adults’ (74%).
6.5. Career progression in adult social care

We’re working with the Department of Health and Social Care to promote careers in the adult social care sector. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles and opportunities for progression. A career in adult social care can offer progress, job security and an enormous sense of personal achievement. For more information, please see the ‘Every Day is Different’ campaign.\(^78\)

The ASC-WDS was used to observe the career progression of workers in adult social care between 2010 and 2021. Chart 81 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

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

Our ‘Aspiring and new registered managers’ briefing\(^79\) noted that 70% of respondents were offered their first registered manager post by an existing employer.

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\(^78\) [www.everydayisdifferent.com](http://www.everydayisdifferent.com)

\(^79\) Skills for Care – Survey of registered managers: What do registered managers do, and who are they?, Skills for Care, 2018
We have developed several resources to support registered managers in their career progression. Registered managers have one of the highest age profiles of any adult social care jobs (32% of registered managers are aged 55 or over); there’ll be increasing demand to train new managers to fill the vacancies created by those retiring in the coming years.

Chart 81. Career progression in adult social care
Source: ASC-WDS unweighted data 2020/21

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

6.6. Skills, training, and experience

Section 6.3 reported that approximately half of the direct care-providing workforce (44%) held a relevant social care qualification. This section looks at the skills, training and experience of the 56% of workers that didn’t hold a relevant qualification at the time of data collection.

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[www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)
Chart 82 shows that, of direct care-providing workers without a relevant social care qualification, 58% had engaged with the Care Certificate, 41% had five years or more experience in the adult social care sector, and 73% had completed training. As found in the ‘Secrets of success’ report, employers tend to rate values and behaviours that are well-suited to the care profession as being of high importance, often more so than formal qualifications. Workers without formal qualifications may continue to add value to the adult social care sector as a result of their training and experience.

Chart 82. Skills, training, and experience of direct care-providing workers without a relevant social care qualification
Source: ASC-WDS unweighted data 2020/21

| % engaged with Care Certificate | 58% |
| % >5 years experience in sector | 41% |
| % completed training | 73% |

6.7. Apprenticeships in adult social care

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

Benefits of apprenticeships:

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

[81 www.skillsforcare.org.uk/randr]
There are currently nine apprenticeship standards available for adult social care occupations:

- Adult Care Worker (Level 2)
- Lead Adult Care Worker (Level 3)
- Lead Practitioner in Adult Care (Level 4)
- Leader in Adult Care (Level 5)
- Nursing Associate (Level 5)
- Social Worker (Level 6)
- Occupational Therapist (Level 6)
- Physiotherapist (Level 6)
- Registered Nurse (Level 6)

The Adult Care Worker and Lead Adult Care Worker standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, for which enrolments closed at the end of December 2017.

The Leader in Adult Care and Lead Practitioner in Adult Care apprenticeship standards launched in February 2020 and March 2020 respectively, and replaced the Care Leadership and Management framework, which closed to enrolments in July 2020.

**Chart 83. Transition from apprenticeship frameworks to standards**

*Source. Institute for apprenticeships*

The Social Worker and Occupational Therapist degree apprenticeships launched in November 2018 and December 2018, respectively. Successful apprentices will be able to acquire an honours degree awarded by a partner university and will be eligible to apply to the register of their respective regulator: Social Work England and the Health and Care Professions Council.

Around 29,900 people started a social care apprenticeship in 2019/20, which was fewer than the previous year and around a third of the number that had done so in the years prior to 2017/18.
Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the ‘market share’ of adult social care apprenticeship starts decreased from 19% in 2016/17 to 9% in 2019/20.

Chart 84. Number of apprenticeships starts and market share
Source: Education and Skills Funding Agency

For further information about apprenticeships in adult social care, please see the ‘Think Care Careers’ website.82 For a detailed report on apprenticeships in adult social care, please see the focused report on the Workforce Intelligence website.83

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Workforce forecasts
Overview of projections of the adult social care workforce

This section presents demand-based projections for the size of the adult social care workforce between 2020/21 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population changes over the period. They don’t account for any political, economic, technological or sociological factors which may impact on the future size of the workforce.

The population aged 65 and above is projected to grow from 10.5 million to 13.8 million between 2020 and 2035

One adult social care job is required for every six people aged 65 and over

Based on growth of the population aged 65 and above, by 2035 the sector may need 490,000 extra jobs (29% growth)

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

7.1. Population statistics 2020-2035

The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from Office for National Statistics (ONS) data to project forward the population by age band. This section includes information about the population aged 65 and over from 2020 to 2035.

POPPI shows that the number of people aged 65 and above is projected to increase between 2020 and 2035, from 10.5 million to 13.8 million people in England, an increase of around 32%. The number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period.

Chart 85. Estimated population aged 65 and above in England, 2020 to 2035
Source: Projecting Older People Population Information

% Change
- 65-69: 30%
- 70-74: 19%
- 75-79: 30%
- 80-84: 34%
- 85-89: 64%
- 90 and over: 49%

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84 Projecting Older People Population Information, www.POPPI.org.uk
85 Projecting Adult Needs and Service Information, www.PANSI.org.uk
7.2. Relationship between population projections and jobs

This section presents demand-based projections for the size of the adult social care workforce between 2020/21 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They don’t account for any political, economic, technological or sociological factors which may also have an impact on the size of the workforce in the future. Neither do these projections include the impact of COVID-19. We know that occupancy rates in care homes have fallen in the short term and it remains to be seen what the long-term impact on demand will be. However, the medium- and long-term projected increases in the number of people aged 65 and over remains; this will continue to provide upward pressure on demand for adult social care services.

These projections use models that compare the number of adult social care jobs in each local authority area in England with the corresponding number of people aged 65 and over in the population. These two factors were found to be strongly correlated (on average, the more people aged 65 and over in an area, the larger the adult social care workforce). This relationship is demonstrated in the chart below, in which each dot represents a local authority area, and the dotted line represents the relationship between the two factors. The ‘65+ model’ below shows that, on average in 2020/21, for every six people aged 65 and over in the population, one adult social care job is required.

Chart 86. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2020/21
Source: Skills for Care estimates, POPPI information
7.3. Workforce forecasts between 2020/21 and 2035

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

Table 14 and Chart 87 show the results of the model. 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 a 29% increase (490,000 new jobs) will be required by 2035.

Table 14. Adult social care jobs forecasts between 2020/21 and 2035, based on the number of people in the population aged 65 and over
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Model</th>
<th>2020/21</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>% increase in jobs 2020/21-2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ model</td>
<td>1,670,000</td>
<td>1,810,000</td>
<td>1,990,000</td>
<td>2,160,000</td>
<td>29%</td>
</tr>
</tbody>
</table>

Chart 87. Adult social care jobs forecasts between 2020/21 and 2035
Source: Skills for Care estimates

In previous editions of this report, an additional model was also presented which used the 75 and over population to model the number of jobs.

The number of adult social care jobs has continued to increase at a rate more in line with the 65 and over population and, as such, the results from the 75+ model hasn’t been presented in this report. We’ll continue to monitor its performance in future years.

7.3.1. Retrospective testing of models

A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2020, and our estimates of jobs in the 2012 adult social care workforce, the model results were compared to the actual growth in jobs in the sector.

As shown in Chart 88, the number of jobs had grown at a similar to rate to that projected by the model, although the actual growth was slightly slower than projected by the model.

Historically there were various factors which may have influence the difference.
Given the vacancy rate has also risen over the same period, this points towards recruitment and retention difficulties for the sector rather than a decrease in demand with employers not being able to find and recruit the staff they need.

Other factors could have included improvements in the health of the population (over 65s becoming less likely to require care), technological advances, tightening of eligibility criteria, different models of care being used and the demand shift towards domiciliary care; all which result in fewer jobs being required per person aged 65+.

**Chart 88. Adult social care job projections, 2012/13 to 2020/21, based on the populations aged 65 and over compared to actual job trends for the same period.**

Source: Skills for Care estimates

As stated earlier in this section, a range of factors may influence the size of the adult social care workforce over the next 15 years, and these haven’t been factored into this modelling. These include the recent challenges the workforce is facing in terms of recruitment and retention, new immigration rules or mandatory vaccination. However, these results do provide a useful baseline in terms of the likely demand created by the ageing population.

For information about regional forecasts, please refer to ‘The state of the adult social care sector and workforce’ regional reports.86

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86 [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)
Data Science
Overview of factors affecting turnover rates

Using machine learning, we’ve estimated the most influential factors on workers’ propensity to leave their jobs, from ASC-WDS data between March 2020 and March 2021.

- The sector has difficulty retaining younger staff. The turnover rate amongst those under 20 years old was 41.6%.
- People leave soon after joining. Turnover rates were 36.7% for those with less than one year of experience in role.
- Workers are more likely to leave if they’re on zero-hours contracts (32.1% turnover rate), compared to if they’re not (22.6%).

Factors affecting CQC ratings

Using ASC-WDS and CQC-provider information from between August 2017 and March 2021 we’ve look at which workforce factors are associated with higher/lower CQC scores.

- Turnover rates were lower in establishments receiving high CQC scores.
- Establishments with lower vacancy rates, on average, received better scores.
- Establishments with higher levels of staff undertaking learning and development were more likely to receive higher CQC scores.
- Establishments with a stable registered manager were likely to receive higher CQC scores.

<table>
<thead>
<tr>
<th>9.5%</th>
<th>19.5%</th>
<th>23.7%</th>
<th>29.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference in turnover rate between zero-hours and non-zero hours contract workers</td>
<td>Higher turnover rate for workers under 20 years old, compared to those 60 and above</td>
<td>Difference in turnover rate between those new to their roles and the most experienced</td>
<td>Turnover rates were lower in establishments receiving high CQC scores</td>
</tr>
</tbody>
</table>

This chapter brings together research that Skills for Care has contributed to, alongside an independent data scientist. Information from the ASC-WDS was used to build several models and, using data science and machine learning techniques, it’s been possible to provide information regarding factors which may influence turnover rates. Skills for Care has also included some analysis that looks at workforce factors associated with CQC quality ratings.

8.1. Factors affecting turnover rates

This section focuses on how workforce characteristics collected by the ASC-WDS relate to workers’ propensity to leave their roles. This was achieved by taking a longitudinal approach, looking at data held in the ASC-WDS in March 2020, and again in March 2021, and then dividing the results by whether workers had left their roles. This method differs to the whole-sector estimates provided in Chapter 3 – Recruitment and retention, and as such, these aren’t directly comparable.

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

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

8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 15, along with the impact each had on the likelihood of a worker leaving their role. Only factors collected within the ASC-WDS have been considered here. It’s acknowledged that other factors may be involved.

Table 15. Variables which influence the likelihood of a worker leaving their role

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

* Data analysed between March 2019 and March 2020.

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

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

**Workers that travelled further were more likely to leave their role.** Chart 89 shows that turnover rates were higher amongst care workers that travelled further to work. If a worker travelled less than 1km, their average turnover rate was 25.0%, compared to 32.3% for those travelling more than 20km.

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

**Chart 89. Care worker turnover rate by distance travelled to work**
Source: ASC-WDS unweighted data between March 2020 and March 2021

8.1.3. Age

**The adult social care sector has found it difficult to retain younger workers.** Chart 90 shows care workers under 20 years old had the highest turnover rates (41.6%). The turnover rate decreased as the age of the worker increased. The decrease reduced as workers approached retirement.

**Chart 90. Care worker turnover rate by age bands**
Source: ASC-WDS unweighted data between March 2020 and March 2021

The reasons for this trend aren’t clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it’s not unique to adult social care. It could be the case that some younger workers had taken social care jobs as stopgaps whilst studying or waiting for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower-paid roles, which is also an influencing factors of higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choices, and subsequently don’t remain in the sector long-term.
Skills for Care advocate adopting values-based recruitment, wherever possible, as a way for employers to target, attract, and recruit suitable candidates that are more likely to stay and to progress in the adult social care sector.  

8.1.4. Experience in sector

Those with less experience in the adult social care sector were more likely to leave their posts. Care workers that had worked (either as a care worker or in other roles) in adult social care for more than five years had a much lower average turnover rate (23.8%, which fell to 19.6% for those with 20 years’ experience or more), compared to those with less than one year of experience (39.9%).

Chart 91. Care worker turnover rate by experience in sector
Source: ASC-WDS unweighted data between March 2020 and March 2021

This falling turnover rate was more pronounced amongst registered managers. Those who had worked in the adult social care sector for 20 years or more (whether as a registered manager or in other roles) had a far lower turnover (11.4%) than those new to the sector (30.6% for those with less than one year of experience).

Chart 92. Registered manager turnover rate by years of experience in sector
Source: ASC-WDS unweighted data between March 2020 and March 2021

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

Registered managers also showed lower turnover rates as their experience in role increased. The turnover rate was highest amongst those registered managers that had been in role for less than one year (28.4%). This fell sharply as greater experience was gained, with the turnover rate at its lowest (6.4%) amongst registered managers with 20 or more years of experience in role.

Skills for Care has developed a range of resources to support the sector generally, and registered managers in particular. Turnover rates for registered managers have increased over the last seven years, and 32% of registered managers were aged 55 or over. This may lead to further turnover rate increases over the coming years as registered managers retire. Please see Chapter 4 – Workforce demographics, for further information. Therefore, an increased focus will be needed on the recruitment, development and retention of registered managers across the adult social care sector to ensure high-quality leadership within the sector in the future.

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

8.1.5. Pay

Those paid more were less likely to leave their roles.

Chart 93 below compares the turnover rate of care workers at different rates of pay between 2012/13 and 2020/21.

For both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. However, this decrease has become less pronounced in more recent years. This is potentially a result of the impact of the National Living Wage (NLW), with care workers at the top end of the scale receiving lower pay increases than those at the bottom (see Section 5.3). We’ll continue to monitor this potential trend.

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

88 www.skillsforcare.org.uk/registeredmanagers
It was also evident that more substantial differences in pay rates result in significantly lower turnover rates further up the pay scale. Chart 94 shows average turnover rate by average FTE annual pay for selected job roles in the independent sector (unless otherwise stated). The trend highlights the relationship between increasing turnover rates and decreasing pay. Regulated professional and managerial roles had lower turnover rates and higher pay rates, when compared to direct care-providing roles.

It was found that registered nurses didn’t fit this trend particularly well as they had one of the higher pay rates, but also turnover rates which were higher than average. High pay rates and career progression opportunities for NHS nurses (due to registered nurse pay bandings) may be influencing turnover rates of nurses in adult social care.
8.1.6. Experience in role

A large proportion of staff turnover arose from workers leaving their posts soon after joining. Chart 95 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. Around a third (36.7%) of workers in post for less than a year left during the same year. This rate dropped substantially for more experienced workers to 13.0% for those with experience of 20 years or more.

Chart 95. Care worker turnover rate by years of experience in role
Source: ASC-WDS unweighted data between March 2020 and March 2021

This trend may be even more pronounced as some care workers that leave their jobs soon after joining may have left even before their employer had the opportunity to record them in the ASC-WDS.
These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It’s evident that some employers are struggling to find and recruit people that are likely to stay and to progress within the adult social care sector. Skills for Care advocates adopting values-based recruitment\(^90\) as a way for employers to target, attract and take on the people with suitable values and skills. These people are more likely to stay long-term and progress within the adult social care sector.

Employers may also explore new and innovative ways to widen their talent pool,\(^91\) by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates that reflect the communities they serve.

We run ‘I Care...Ambassadors’, a national team of care workers which helps to promote career opportunities in adult social care through visiting schools and Job Centres. After speaking to an ‘I Care...Ambassador’, 91% of people said they had a better idea of what it’s like to work in adult social care.\(^92\) This helps to ensure that those recruited into adult social care understand their job roles better and increases the chance of them remaining in their posts.

We’ve also been working in partnership with Neil Eastwood, author of ‘Saving Social Care’, to develop the ‘Care Friends’ app which launched in June 2020. This app is a tool for employers to use to organise their employee referral schemes, as well as to combat some of the challenges these schemes face, such as keeping staff engaged and updated on the candidates they refer.

Their research found that employee referrals make up 36% of high-performing care workers, compared to 11% from internet job boards, despite the disparity in the number of applicants from these two routes (internet job boards make up the majority of applications).

The Care Friends organisation reports that, within the first six months following the launch of the Care Friends app, care workers were on track to be half as likely to leave within their first year, compared to the average for the sector, with a retention rate of 78%, and 58.3% respectively.

**Turnover rates also increased if the registered manager was new to their role.**
How long a registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in role for less than a year, the turnover rate at that establishment was higher (26.9%) than if the registered manager was more experienced in their role (18.7% when the registered manager had 20 years of experience or more).

\(^90\) [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)
\(^91\) [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
\(^92\) [www.skillsforcare.org.uk/icare](http://www.skillsforcare.org.uk/icare)
Chart 96. Average turnover rate of establishments by experience of the registered manager
Source: ASC-WDS unweighted data between March 2020 and March 2021

The chart above highlights the important role that stable leadership can have on improving retention rates. We’ve developed a range of resources to support new registered managers in their roles and to encourage their long-term development.93

8.1.7. Training

Retention was better when staff received training. The average turnover rate was 9.2 percentage points lower amongst care workers that had received some form of training (25.4%), compared to those that hadn’t (34.6%). Some of the most common training types recorded included ‘Moving and handling’, ‘Safeguarding adults’, and ‘Health and safety’.

Chart 97. Care worker turnover rate by training records
Source: ASC-WDS unweighted data between March 2020 and March 2021

The care workers who received more training opportunities recorded in the ASC-WDS had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 28.2%. This decreased 9.1 percentage points to 19.1% for those with more than 30 instances of training recorded. This highlights that continued investment in staff training can have a positive impact on retention rates. For more information on training, please see Section 7.4.

93 www.skillsforcare.org.uk/registeredmanagers
8.1.8. Contracted hours and zero-hours contracts

Those with fewer contracted hours were more likely to leave. Chart 99 below shows that turnover rates were up to 11.1 percentage points higher for care workers with zero contracted hours per week, compared to those with 16-45 contracted hours per week. Turnover rates were lowest amongst workers with more than 35 contracted hours per week (21.3%).

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

Zero-hours contracts were shown to have a slightly greater influence on those working for residential care providers, where the turnover rate was 37.5% compared to 23.6% for those not on zero-hours contracts. However, the difference was also seen in domiciliary care (in which zero-hours contracts are more prevalent).

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8.1.9. Sickness days

Workers with high sickness rates were more likely to leave. Please note, this section refers to changes between March 2019 and March 2020, before the COVID-19 pandemic, which has had a significant impact on sickness in adult social care. For more information, see section i in the COVID-19 chapter at the start of this report.

Chart 101 shows turnover rates were lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with up to six days of sickness (26.0%) and highest for those with more than 30 days (31.6%). Evidence suggests that prioritising employees’ health and wellbeing improves their levels of engagement, and also impacts their feelings about their job, their loyalty, and their performance. We’ve developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance.

Chart 101. Care worker turnover by sickness group
Source: ASC-WDS unweighted data between March 2019 and March 2020

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95 [https://www.skillsforcare.org.uk/ppmt](https://www.skillsforcare.org.uk/ppmt)
8.2. Social care qualifications

Those with a relevant social care qualification were less likely to leave. Chart 102 analyses the probability of workers leaving their posts and compares those with social care relevant qualifications with those without. Of care workers that held a relevant social care qualification, 20.5% had left within the 12-month period, compared to 28.2% of those that didn’t hold a relevant qualification. A similar trend appears for care workers that had undertaken a higher number of training courses. This suggests that employers investing more in the training and development of their staff experience lower turnover rates on average.

Chart 102. Care worker turnover by social care qualification
Source: ASC-WDS unweighted data between March 2020 and March 2021

<table>
<thead>
<tr>
<th>Has relevant social care qualification(s)</th>
<th>20.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relevant social care qualification</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

8.2.1. Historical turnover rate

Establishments with a higher turnover rate in the preceding 12 months were likely to continue to have higher than average turnover rates going forward, and vice versa. The establishments with the lowest turnover rates in 2019/20 had, on average, a turnover rate of 21.9% between 2020 and 2021; this was 5.2 percentage points lower than establishments with the highest turnover rates in 2019/20 (27.1%).

Chart 103. Comparison of historical turnover rate in establishments
Source: Previous turnover rate (ASC-WDS unweighted data as at March 2020) and current turnover rate (ASC-WDS unweighted data between March 2020 and March 2021)

This finding held true even after accounting for the other factors mentioned in this chapter (including pay, training, and/or contract types). This demonstrates that there are other, ‘softer’ factors which may affect the likelihood of establishments retaining staff successfully. Skills for Care’s research has found examples of these factors include embedding the values of the organisation, celebrating both the achievements of the organisation and of individuals, and involving staff at all levels in decision-making.\(^{96}\)

\(^{96}\) [www.skillsforcare.org.uk/randr]
It was also noted that large establishments where people work in well-functioning teams may achieve better levels of staff retention, as well as improved levels of care. Research showed that successful team-working was associated with lower levels of staff absenteeism, intentions to resign, and turnover. With this in mind, teams should not, ideally, exceed eight to 12 people. For further information about effective team-working, please visit the Affina Organisation Development (AOD) website.

8.3. Factors affecting CQC ratings

Skills for Care has analysed ASC-WDS workforce data compared to CQC scores to identify workforce metrics that are associated with higher CQC scores. This included around 8,000 regulated locations across England.

Locations inspected by the Care Quality Commission (CQC) are given a rating of either Outstanding, Good, Requires improvement or Inadequate under each of five Key Lines of Enquiry (KLOE: Safe, Effective, Caring, Responsive, Well led).

We have allocated a score to each of these ratings, as shown in Table 16 below, to derive an overall score between 5 and 20 for each inspected location. For example, a location rated as Inadequate under each of the 5 KLOE’s received a score of 5. These scores were then grouped into categories: Lowest (12 or below), Low (13), Medium (14) and High (15 or above).

### Table 16. Inspection rating and score

<table>
<thead>
<tr>
<th>Inspection rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>2</td>
</tr>
<tr>
<td>Inadequate</td>
<td>1</td>
</tr>
</tbody>
</table>

We have lots of information on our website about CQC provider support, including ‘delivering ‘good’ and ‘outstanding’ care’ resources and information about consultancy and tailored support.

Turnover rates were lower in establishments receiving high CQC scores. Establishments with the lowest CQC scores had more issues retaining staff (an average turnover rate of 33.7%), compared to those with the highest scores which had an average turnover of 29.2%.

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99 [www.affinaod.com/library/key-research-findings](https://www.affinaod.com/library/key-research-findings)
100 [https://www.skillsforcare.org.uk/CQC-provider-support/CQC-provider-support.aspx](https://www.skillsforcare.org.uk/CQC-provider-support/CQC-provider-support.aspx)
Establishments with lower vacancy rates, on average, received better scores. Those receiving high CQC scores had an average vacancy rate of 5.0% compared to a rate of 6.1% for those with lower scores. This suggests that those employers who struggle to find all the staff they need, and therefore carry vacancies, find it harder to deliver a high-quality service.

Care homes with more staff in post per bed, on average, received better CQC scores than those with lower staffing ratios. There are no prescribed staffing levels in adults social care, however this finding demonstrates that those services that manage to maintain higher staffing ratios, generally have better outcomes.

Skills for Care has a guide to help employers get the right quantity and quality of staff to meet the needs of services and meet the regulatory standards of the Care Quality Commission (CQC). The guide includes tips about deciding how many staff are needed to provide a safe service, contingency planning for short-term staff shortages, doing the right recruitment checks and how to effectively use bank and agency staff.\(^\text{101}\)

Higher care worker pay was associated with higher CQC scores. Care workers at the lowest scoring establishments had a median hourly rate of £8.86 compared to £9.20 with the highest score. This was also true when comparing care worker pay to the average in the wider economy in the local area. Employers paying closer to the average for their area were more likely to receive high scores.

Establishments with higher levels of staff undertaking learning and development were more likely to receive higher CQC scores. For example, those with higher levels of take up of the care certificate, more frequent training, and higher levels of qualifications among their staff were more likely to receive better CQC scores.

We have lots of information on our website about learning and development, including pre-employment training, i.e. offering a traineeship, apprentice or work experience, this is especially useful for employers because we know that a large proportion of staff turnover arose from workers leaving their posts soon after joining (see section 8.1.6). We also know that retention was better when staff received training (see section 8.1.7). We have a guide to developing staff, information about funding for training, ongoing learning and development, qualifications and more.¹⁰²

Establishments with a stable registered manager were likely to receive higher CQC scores. The more time across the previous year an establishment spent without a registered manager in post, the lower the CQC score was on average. As with turnover

rates, this points towards the importance of stable management in delivering a high-quality service.

**Chart 108. Number of months registered manager was in post in previous 12 months by CQC score**

Source. ASC-WDS unweighted data and CQC

Skills for Care has been a partner on a project led by the University of Leeds to establish how staffing is related to quality in care homes. This study is due to report in early 2022 with findings available later in the year. As part of this project, a synthesis of available literature has been compiled and is published here.\(^\text{103}\)

Further information on the key lines of enquiry and the CQC inspections can be found on the CQC website.\(^\text{104}\) We’ve developed guides to help organisations to achieve a positive rating, to offer support in preparation for an inspection, and to develop plans which support them to respond to any issues with their workforce, staffing, or leadership as identified by the CQC.\(^\text{105}\)

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\(^{104}\) [www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask](www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask)

\(^{105}\) [www.skillsforcare.org.uk/cqc](www.skillsforcare.org.uk/cqc)
Further resources

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

Workforce intelligence publications

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

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


Regional reports

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


Local area information

There are three pages of local area information:

- Local area comparison page, where you'll find the local authority comparison interactive visualisation which allows you to compare two or more local areas in England.
- ‘My local area’ page is a detailed interactive visualisation showing local areas in England one at a time, and summary reports for each area.
- ‘My ICS area’, showing the latest information from ASC-WDS split into Integrated Care System (ICS) areas.

To access these data visualisations and reports, please visit www.skillsforcare.org.uk/lasummaries.

Latest version, October 2021. Updated information is due in October 2022.
**Key topic areas**

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

- COVID-19
- Learning disability and/or autism workforce
- Apprenticeships
- Pay rates
- Personal assistants
- Nurses in social care
- Recruitment and retention
- Registered managers
- Social work
- Workforce nationality.

To access these topics, please visit [www.skillsforcare.org.uk/topics](http://www.skillsforcare.org.uk/topics).

**Interactive visualisations**

We’ve created interactive visualisations to enable you to see and understand our publications and workforce intelligence in a more visual and interactive way.

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

Users have been involved in the design of these visualisations to ensure that they’re both simple to use and full of useful information. To access the visualisations, please refer to the relevant pages within [www.skillsforcare.org.uk/WIpublications](http://www.skillsforcare.org.uk/WIpublications).

**Adult social care workforce estimates Excel file**

To support workforce intelligence publications, we’ve published an ‘Adult social care workforce estimates’ spreadsheet. This file includes the size and structure of the workforce, recruitment and retention information, employment information, demographics, pay rates, qualification levels, and training information for England listed by region, sector, service, and job role. To access the spreadsheet, please visit: [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates).
Commission our services

Our analysis team provides an external analysis service which can produce a range of in-depth reports, tailored to your specific requirements.

How we can help you

We use our expertise and sector knowledge to turn the ASC-WDS data into meaningful information and insight.

You can commission us to help you:
- Partner with us to draw on our adult social care data and expertise to win bids and tenders
- Provide a detailed analysis of a geographic area, including analysis below local authority level
- Draw on our data science capabilities - discover how key outcomes (such as CQC scores, turnover rates and vacancy rates) can be improved
- Provide trends back to 2012/13 and forecasts for how the workforce could look in the future
- Request a feed of data to enhance or improve a product or service.

Why we’re the right people to talk to

We’re the experts because:
- the data we collect in the Adult Social Care Workforce Data Set (ASC-WDS) offers an unrivalled overview of the adult social care workforce in England
- we’ve more than 15 years of experience in analysing and interpreting social care data - it’s what we do
- our analysts have worked with leading universities and data scientists to create our workforce models.

Our values

Skills for Care is guided by core values. Throughout everything we do, we’re inclusive, motivated, passionate, ambitious, collaborative and trustworthy. For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit strategy.skillsforcare.org.uk.

As a Workforce Intelligence team, we,
- help people to understand what’s already available without commissioning our services and what options are available
- aren’t selling the data, we’re selling our analysis and sector expertise
- carry out bespoke work in particular areas that we can’t cover in general outputs
- have a ‘good for the sector’ aim on all projects we work on
- channel any money we earn straight back into the sector.

Many of our analysts are certified statisticians, meaning we work to the standard of the ‘five safes’. We make it a priority to keep these front-of-mind when conducting research
and analysis, or storing and sharing any research or data. We always make sure that our research and outputs are appropriate and trustworthy, and that there’s no risk of misuse or confidentially breach. When creating outputs, we always adhere to statistical disclosure controls.

Testimonials

The following testimonials were given by people who’ve commissioned our services during 2020/21.

▪ “This data enables us to help our clients make more informed decisions with regards to staffing recruitment or challenges in a given market and increase the focus of this element in decision-making when assessing new developments.”

**Luke Sefton, Associate at Carterwood**

June 2021

▪ “This information has allowed us to identify the areas that North Lincolnshire will need to address in order to ensure the sustainability of our workforce over the next decade.

This has had a significant impact on the way we interpret the local authority's role in local recruitment. We have stepped up our engagement in local recruitment and tailored our initiatives in a way in which is receptive to our new knowledge of recruitment and demographics, as a consequence of the Skills for Care data.”

**Harry Palmer, Project and Development Officer**

North Lincolnshire Council

June 2021

▪ “Skills for Care’s analysts were ideal partners for us, with their proficiency in explaining alternative methodologies and their accommodating approach to our requirements.”

**Vanda Leary, Senior Consultant, iESE**

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

Keeping informed

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