

# The state of the adult social care sector and workforce in England 2024

2024

# StateOfReport

@ SfC\_data

## Acknowledgements

We're grateful to the many contributors to this report. Particular thanks are due to all 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, Gary Polzin, Natalie Fleming, Tanya Fozzard, Roy Price, Sarah Davison, Marion Holloway, Helen Liu, Anna O'Gara and Graham Geddes 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](mailto:analysis@skillsforcare.org.uk)

The state of the adult social care sector and workforce in England, 2024  
Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP  
[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)  
© Skills for Care 2024

Copies of this work may be made for non-commercial distribution to aid social care workforce development. Any other copying requires the permission of Skills for Care. Skills for Care is the employer-led strategic body for workforce development in social care for adults in England.

This work was researched and compiled by Skills for Care's Workforce Intelligence team. Bibliographical reference data for Harvard-style author/data referencing system:  
Short: Skills for Care [or SfC] 2024  
Long: Skills for Care, The state of the adult social care sector and workforce in England, 2024 (Leeds, 2024).  
Available at [www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof).

## Foreword from our CEO

On the face of it, there are plenty of reasons to be cheerful in this report. The adult social care workforce is the biggest it has been since we started counting, vacancy and turnover rates are down – and the gender balance in the workforce is improving.

All of that is definitely good news but, when we look beyond those headlines, a more nuanced – and perhaps more familiar – picture starts to emerge.

Everything is relative, and, despite the welcome growth in the workforce, we still have a lot of vacancies on any given day - and the vacancy rate for adult social care is still almost three times that of the wider economy. Turnover rates are still relatively high and men still only account for a relatively small proportion of the overall workforce.

The improvements we saw in 2023/24 are also largely driven by international recruitment. International recruits are a welcome and much-needed addition to our workforce, and it is important that we treat them with the respect and gratitude they deserve. But this type of recruitment is vulnerable to recent immigration policy changes, the effects of which it is still too early to understand. And the successes on the international recruitment front are masking ongoing challenges when it comes to domestic recruitment, with tens of thousands of people with a British nationality leaving the sector.

In last year's report we talked about the adult social care workforce being a 'leaky bucket', and this report shows that the bucket clearly still has holes. But there is one unequivocal reason to be cheerful and optimistic that we did not have this time last year.

In July 2024, we reached a real turning point for adult social care as we launched a new [Workforce Strategy](#), which Skills for Care developed in collaboration with the whole sector. The Strategy aims to improve the quality of social care roles, ensuring that the sector can attract and keep enough people with the right skills and values to provide the best possible care and support for the people who draw on it. So, we know what we need to do to tackle the challenges facing the adult social care sector and workforce; now we all just need to work together, with Government, to make it happen.

Not only is social care vital for our society and a fulfilling career for so many people, but it will also be central to the success of the new Government's missions to build an NHS fit for the future, kick-start the economy and break down barriers to opportunity. Its importance cannot and must not be overlooked.

**Professor Oonagh Smyth**  
Chief Executive, Skills for Care



---

# Contents

---

|  |    |
|--|----|
| Foreword from our CEO.....                                   | 3  |
| Introduction .....   | 7  |
| Glossary of terms .....                                      | 12 |
| A note on international recruitment.....                     | 13 |
| 1. Size and structure.....                                   | 14 |
| 1.1 Number of adult social care organisations.....           | 16 |
| 1.2 Number of adult social care establishments .....         | 17 |
| 1.3 Economic contribution .....                              | 18 |
| 1.4 Individual employers and personal assistants .....       | 20 |
| 1.5 The adult social care workforce .....                    | 21 |
| 1.5.1 Sector (type of employer).....                         | 21 |
| 1.5.2 Main care service.....                                 | 22 |
| 1.5.3 Job roles .....  | 23 |
| 1.6 Number of full-time equivalent (FTE) filled posts .....  | 28 |
| 1.7 Number of people .....                                   | 29 |
| 1.8 Trends in the number of adult social care posts .....    | 29 |
| 1.8.1 Filled post trends in selected job roles .....         | 32 |
| 1.9 People who receive care and support.....                 | 34 |
| 2. Employment overview.....                                  | 36 |
| 2.1 Employment status .....                                  | 38 |
| 2.2 Full-time / part-time status .....                       | 39 |
| 2.3 Zero-hours contracts.....                                | 40 |
| 2.4 Zero-hours contract trends .....                         | 43 |
| 3. Recruitment and retention.....                            | 44 |
| 3.1 Recruitment and retention resources.....                 | 46 |
| 3.1.1 Recruitment resources .....                            | 46 |
| 3.1.2 Recruitment planning and attracting people .....       | 46 |
| 3.1.3 Recruitment support .....                              | 47 |
| 3.1.4 Retention resources .....                              | 47 |
| 3.2 Vacancy rates.....                                       | 48 |
| 3.2.1 Vacancy rate trends.....                               | 52 |
| 3.3 Starter rates.....                                       | 56 |
| 3.3.1 Starter rate trends.....                               | 57 |
| 3.4 Age worker started in the adult social care sector ..... | 58 |
| 3.5 Source of recruitment .....                              | 59 |
| 3.6 Leavers and staff turnover rates .....                   | 60 |
| 3.6.1 Turnover rate trends .....                             | 62 |
| 3.7 Workforce factors affecting turnover rates .....         | 64 |
| 3.8 Experience of the adult social care workforce .....      | 65 |
| 3.8.1 Experience in sector .....                             | 65 |
| 3.8.2 Experience in role.....                                | 66 |

|       |  |     |
|-------|--|-----|
| 3.9   | Sickness rates .....   | 68  |
| 3.9.1 | Sickness trends .....  | 69  |
| 4.    | Demographics.....  | 71  |
| 4.1   | Diversity within adult social care .....                             | 72  |
| 4.2   | Gender.....  | 73  |
| 4.3   | Age .....  | 75  |
| 4.4   | Workers with a disability .....                                      | 77  |
| 4.5   | Ethnicity .....  | 79  |
| 4.5.1 | Social Care – Workforce Race Equality Standard .....                 | 82  |
| 4.6   | Nationality.....   | 83  |
| 5.    | Pay.....   | 90  |
| 5.1   | About this chapter.....  | 91  |
| 5.2   | Full-time equivalent annual pay .....                                | 93  |
| 5.3   | Annual pay trends in the local authority sector .....                | 93  |
| 5.4   | Annual pay in the independent sector.....                            | 94  |
| 5.5   | Annual pay trends for regulated professions .....                    | 94  |
| 5.6   | Mean hourly pay .....  | 96  |
| 5.7   | Median care worker hourly pay.....                                   | 97  |
| 5.8   | Care workers moving between employers and between roles.....         | 102 |
| 5.9   | The impact of the National Living Wage from April 2024 (£11.44)..... | 103 |
| 5.10  | The Real Living Wage .....   | 104 |
| 5.11  | Comparison with other sectors .....                                  | 104 |
| 6.    | Qualifications and training.....                                     | 107 |
| 6.1   | Care Certificate Standards .....                                     | 108 |
| 6.2   | Qualifications held .....  | 110 |
| 6.3   | Training.....  | 113 |
| 6.4   | Leadership and Management .....                                      | 115 |
| 6.5   | Career progression in adult social care .....                        | 116 |
| 6.6   | Skills, training, and experience .....                               | 117 |
| 6.7   | Apprenticeships in adult social care.....                            | 118 |
| 7.    | Workforce projections .....  | 120 |
| 7.1   | Population statistics 2020-2040.....                                 | 121 |
| 7.2   | Relationship between population projections and posts .....          | 122 |
| 7.3   | Retrospective testing of models.....                                 | 124 |
| 8.    | International recruitment .....                                      | 125 |
| 8.1   | Estimated number of people recruited internationally .....           | 127 |
| 8.1.1 | Recent trends .....  | 127 |
| 8.1.2 | Regional international recruitment .....                             | 128 |
| 8.1.3 | Main service .....   | 129 |
| 8.1.4 | Organisation size.....   | 130 |
| 8.1.5 | How we analyse international recruitment .....                       | 132 |
| 8.2   | Recruitment and retention .....                                      | 132 |
| 8.2.1 | Turnover rate .....  | 132 |
| 8.2.2 | Starters rate.....   | 133 |

|        |  |     |
|--------|--|-----|
| 8.2.3  | Vacancy rate.....  | 134 |
| 8.2.4  | Average sickness .....                                     | 135 |
| 8.3    | Employment overview.....                                   | 136 |
| 8.3.1  | Employment status .....                                    | 136 |
| 8.3.2  | Working time.....  | 137 |
| 8.3.3  | Zero-hours contracts .....                                 | 138 |
| 8.4    | Demographics.....  | 138 |
| 8.4.1  | Gender .....   | 138 |
| 8.4.2  | Age .....  | 139 |
| 8.4.3  | Nationality.....   | 140 |
| 8.4.4  | Ethnicity .....  | 141 |
| 8.5    | Qualifications and training .....                          | 141 |
| 8.5.1  | Social care qualification .....                            | 141 |
| 8.5.2  | Care Certificate Standards .....                           | 142 |
| 9.     | Factors affecting turnover and CQC ratings.....            | 144 |
| 9.1    | Factors affecting staff turnovers rates.....               | 145 |
| 9.1.1  | Variables that influence turnover rates .....              | 146 |
| 9.1.2  | Distance travelled to work.....                            | 148 |
| 9.1.3  | Age .....  | 148 |
| 9.1.4  | Experience in sector .....                                 | 149 |
| 9.1.5  | Pay .....  | 151 |
| 9.1.6  | Experience in role.....                                    | 152 |
| 9.1.7  | Training.....  | 153 |
| 9.1.8  | Contracted hours and zero-hours contracts .....            | 154 |
| 9.1.9  | Sickness days.....   | 156 |
| 9.1.10 | Social care qualifications .....                           | 156 |
| 9.1.11 | Historical turnover rate .....                             | 157 |
| 9.1.12 | Combined effect of variables affecting turnover.....       | 158 |
| 9.1.13 | Enhanced pension .....                                     | 158 |
| 9.1.14 | Enhanced sick pay .....                                    | 159 |
| 9.1.15 | International recruitment.....                             | 160 |
| 9.2    | Factors affecting CQC ratings.....                         | 160 |
| 9.2.1  | Turnover rates .....                                       | 161 |
| 9.2.2  | Ratio of staff per bed .....                               | 161 |
| 9.2.3  | Care worker pay .....                                      | 162 |
| 9.2.4  | Care worker uptake of the Care Certificate Standards ..... | 163 |
| 9.2.5  | Care worker training .....                                 | 163 |
| 9.2.6  | Care worker qualifications .....                           | 164 |
| 9.2.7  | Registered manager experience in role .....                | 164 |
| 9.2.8  | Vacant posts.....  | 165 |
|        | Further resources.....                                     | 166 |



# Introduction

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 and training rates, workforce projections, and factors affecting staff turnover and CQC ratings. This year, following changes to UK immigration rules, additional information has been provided regarding the level of international recruitment within adult social care and its impact on the workforce.

Please note, key findings from each chapter are presented in the accompanying '[Executive Summary](#)' publication. This summary is intended to give a brief overview, with more detail and further analysis on each topic shown in this report.

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) and from our experience of analysing and interpreting social care data. We also work with our network of locality managers based throughout England, who talk with, and learn from, adult social care employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

### **About Skills for Care**

Established in 2001, 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 now and in the future. For further information, please see our [website](#).

Our role is to work across the whole system to understand the key drivers of workforce change using insight, data and evidence. We provide managers and those involved in the delivery of social care with guidance on best practice, tools, resources and intelligence to support workforce recruitment, capabilities, and culture. This combination of strategic and operational activity is the cornerstone of our reach and insight into the sector.

Our vision is of a fair and just society where people can access the advice, care and support they need to live life to the fullest. By working with our partners, we're able to collaborate and bring together a vast array of expertise, support, and influence – which in turn increases the impact and reach of our work. Convening and developing [networks](#) is one of our core strengths.

### **Our strategic priorities**

In pursuit of our mission and vision, we are working on four strategic priorities that will help shape the make-up of the adult social care workforce, drive forward reform and ensure that



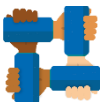
social care is seen as a valued and worthwhile career. Our approach is evolving as we deliver our strategy, to reflect data and insight, and feedback about the changing landscape.

### **Supporting workforce capabilities**



to ensure people working in care have the right skills, knowledge, competencies, values and behaviours to meet current and future needs in our communities.

### **Supporting culture and diversity**



to ensure the workforce is treated equally, feels included and valued, and is supported to stay well and pursue their careers in social care.

### **Increasing workforce capacity**



to make sure we have the right number of people, with the right values and behaviours, working in social care now and in the future.

### **Improving the social care system**



to ensure it is well funded, supports people to live the lives that they choose and attracts the right people to the workforce.

For more information about the Skills for Care strategy, our vision, mission, values and plans to achieve these, visit our [strategy webpages](#).

## **A workforce strategy for adult social care in England**

Skills for Care has led the development of 'A workforce strategy for adult social care in England', working in collaboration with a wide range of organisations and people with a stake in the future of the adult social care sector. It combines data from our workforce intelligence reports along with in-depth insights and experience of the sector to address the issues facing the workforce.

The strategy identifies the workforce needed over the next 15 years and sets out a plan for ensuring the sector has enough of the right people with the right skills. It will help employers and commissioners with workforce planning, support the reform agenda and complement the NHS Long Term Workforce Plan. For more information and to read the strategy in full, visit:

[www.ascworkforcestrategy.co.uk](http://www.ascworkforcestrategy.co.uk)

## **About the Adult Social Care Workforce Data Set**

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service that covers the adult social care workforce in England. Prior to 2019 it was known as the National Minimum Data Set for Social Care (NMDS-SC) service, which had been collecting information about social care providers and their staff since 2006. The data collected in the ASC-WDS is vital to the Government, the Department of Health and Social Care, local authorities and the Care Quality Commission as it has allowed them to plan, fund and monitor the sector for the past 18 years.

The ASC-WDS collects 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. As of September 2024, there were 20,700 adult social care establishments using the ASC-WDS service and supplying workforce information. For more information about our data collection, please visit the [ASC-WDS website](#).

In 2023 Skills for Care was added to the [Official Statistics Order 2023](#) and became an official statistics producer of the '[The workforce employed by adult social services departments in England](#)' publication. Our Workforce Intelligence analysts are committed to the three pillars of trustworthiness, quality and value, and principles of the Code of Practice for Statistics. Please see our website for our full [statement](#).

### **ASC-WDS coverage of the adult social care sector**

The independent sector information in this report was collected between April 2023 and March 2024, and local authority information dates from September 2023.

Based on the ASC-WDS, our estimates show that there were an estimated 1.84 million total posts in adult social care in England as at 2023/24. This included an estimated 1.705 million filled posts and 131,000 vacant posts. Around 1.59 million of these filled posts were employed by local authorities and independent sector employers, along with posts working for direct payment recipients.

As at March 2024, just over half of the CQC-regulated workforce were recorded in the ASC-WDS (53%). This coverage varies by care sector, 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)**

The ASC-WDS is the means of collection for the adult workforce data return for local authorities. Between 2012 and 2021 all local authorities in England met the criteria of a full ASC-WDS return for people working in adult social services departments. However, in 2022 all local authorities apart from Salford submitted a return. In 2023 Cumbria divided into two new local authority areas (Cumberland, and Westmoreland and Furness) but neither of the new areas provided a complete data return. Despite this, we are confident in the accuracy of our analysis due to our quality assurance processes and methodologies, as outlined in the sub-section below.

### **Independent sector**

Skills for Care estimates that there were 40,000 care establishments providing, or involved in organising, adult social care in England in 2023/24. In March 2024, there were around 28,000 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 51.5% of them (14,500 out of 28,000).

These CQC-regulated establishments had completed around 506,100 ASC-WDS worker records out of a total population of around 1.2 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.

### **Methodology used to create workforce estimates**

The ASC-WDS is a mandatory return for local authorities and is non-mandatory for the independent sector; therefore, 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.

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 last 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. For more information, see the 'Quality' section of the [Our Values](#) webpage.

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. 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, including our full written methodology paper, please visit our [methodology](#) webpage.

In this report, independent sector information is derived from the ASC-WDS as at March 2024 and local authority information is correct as at September 2023. The number of filled posts working for direct payment recipients was calculated from a survey of [individual employers and their personal assistants](#) and was correct as at February 2024.

Throughout this report, charts and tables will display rounded whole numbers and percentages. Therefore, it should be noted that charts and tables may not always total to 100%.

## Glossary of terms

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.

A full glossary of all terms and variables can be found on our [website](#), however we have included key items below to accompany the analysis in this report.

### Job roles and job role groups

In 2023/24 the ASC-WDS collected information on 29 job roles. These were then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

- **Managers**, including senior, middle and first-line managers, registered managers, deputy managers, team leaders, supervisors, managers and 'staff in care-related but not care providing roles'
- **Regulated professions**, including social workers, occupational therapists, registered nurses, allied health professionals, 'safeguarding and reviewing officers' and nursing associates
- **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, activities worker or co-ordinators, care co-ordinators, assessment officers and other job roles which are not care-providing.

### Main service type

The ASC-WDS collects information on 35 types of 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.

## A note on international recruitment

Over the past two years international recruitment within adult social care has contributed to the growth in the number of senior care worker and care worker filled posts in the workforce. This in turn has led to an overall increase in filled posts in adult social care in England and has contributed to turnover and vacancy rates decreasing. Our analysis shows that people recruited internationally have different demographics and employment characteristics to the rest of the workforce. For example, they are more likely to be male, they are typically younger and are less likely to be on a zero-hours contract. As such, many of the trends presented in this report are influenced by the level of international recruitment seen over the period.

Between March 2022 and March 2024 an estimated 185,000 people have started direct care providing roles in the independent sector, having arrived in the UK during that period (80,000 in 2022/23 and 105,000 in 2023/24).

From 11 March 2024, direct care workers arriving from outside of the UK were no longer allowed to bring dependants (that is, partners and/or children) on their visa. Care providers sponsoring international recruits were also required to register with the Care Quality Commission (CQC). Following the announcement of these changes, according to [data from the Home Office](#), the number of Health and Care Worker visas granted has decreased. In the year ending June 2024 there was a 26% decrease in visas granted to applicants. There was also a notable fall in visa applications over the last quarter, between April and June 2024, 81% lower than the same period in 2023.

The lower number of granted Health and Care Worker visas is likely to continue and it may therefore be challenging for the sector to continue growing as it has been prior to these changes. We produce quarterly estimates to track international recruitment in the independent sector during the year. In the quarter April to June 2024, there were an estimated 8,000 international recruits joining the workforce in direct care roles in the independent sector in England. This is a substantial decrease on the previous year where there was an average of 26,000 per quarter.

Skills for Care will continue to monitor these changes. You can view our quarterly estimates of international recruitment in the independent sector workforce [on our website](#).

# 1. Size and structure





This section provides further analysis of the information presented in the 'The size and structure of the adult social care sector and workforce in England' [report](#). This includes the number of adult social care organisations and establishments, the economic contribution of the adult social care sector, analysis of individual employers and personal assistants, the number of posts in adult social care, the number of full-time equivalent filled posts and the number of people working in those posts. We also show information about the number of filled posts within the services that provide care and support to people with specific care needs.

**18,500**

organisations in  
adult social care

**40,000**

establishments in  
adult social care

**1.84m**

total posts (filled  
and vacant posts)

**1.59m**

people working in  
adult social care

## Key findings

- An estimated 18,500 organisations were involved in providing or organising adult social care in England as at 2023/24.
- Those organisations delivered services in an estimated 40,000 establishments.
- The combined number of total posts (filled and vacant posts) in adult social care in England in 2023/24 stood at 1.84 million. The total number of posts increased by 2.6% (47,000 posts) from 2022/23.
- As at 2023/24, there were 1.705 million filled posts in adult social care in England, an increase of around 4.2% (70,000 filled posts) from 2022/23.
- There were 131,000 vacant posts, a decrease of 22,000 (14.6%) from the previous year. For more information on vacant posts, see Section 3.2 (vacancy rates).
- The number of full-time equivalent (FTE) filled posts was estimated at 1.27 million.
- The number of people working in adult social care was estimated at 1.59 million.

Understanding the size and structure of adult social care, in terms of employers and filled posts, is fundamental in understanding the sector. It allows us to evaluate the impact of current policies and external influences, and guides workforce planning for the future.

We've been creating annual adult social care workforce estimates and trends since 2012/13. 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. For further details on how we create our workforce estimates, visit our [website](#) or read our '[Methodology paper](#)'.

## 1.1 Number of adult social care organisations

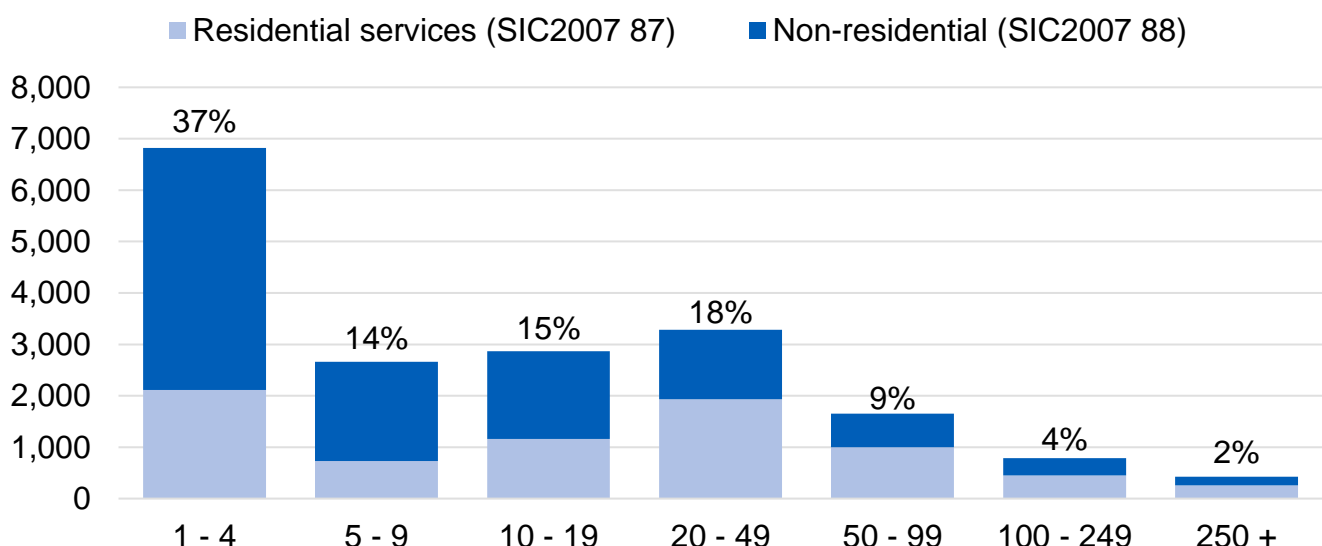
The definition of adult social care organisations in this report includes large national employers, large charities, local authority adult social services departments and small independent care services. An organisation may operate across multiple locations or establishments (for example, a chain of care homes), but in these figures would only count once, as a single organisation. Self-employed people and small organisations with zero employees that fall below the VAT registration threshold are not included here. This section also doesn't include individuals employing their own care and support staff (see Section 1.4 for details about these employers).

The total number of PAYE-registered or VAT-registered organisations (enterprises) involved in providing or organising adult social care in England as at 2023/24 was estimated at 18,500. Two in five (41%) were providing residential services and three in five (59%) were providing non-residential services.

Chart 1 shows the estimated number of adult social care organisations in England by size group, defined by Office of National Statistics (ONS) as the number of employees per organisation. Around 37% of organisations were micro (1 to 4 employees), and 85% had fewer than 50 employees. Large organisations (250+ employees) made up just 2% of the total number of organisations but employed almost half (46%) of the total adult social care workforce as at 2023/24.

**Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2023/24**

Source: Skills for Care estimates based on ONS IDBR data<sup>1</sup>



<sup>1</sup> ONS IDBR: <https://www.ons.gov.uk/aboutus/whatwedo/paidservices/interdepartmentalbusinessregisteridbr>

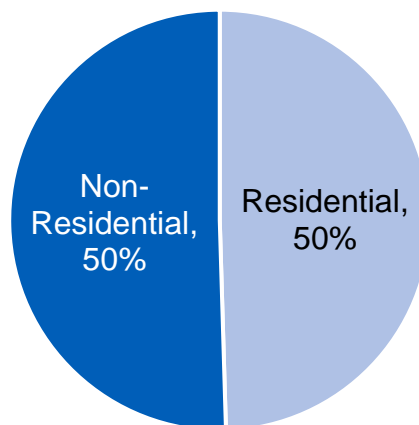
## 1.2 Number of adult social care establishments

The definition of adult social care ‘establishments’ in this report includes all locations where adult social care is provided (all local units of employment). This is different to the previous section which referred to whole organisations. In this section a chain of multiple care homes will be counted for each separate care home in the chain (once per establishment), rather than just once as a single organisation.

An estimated 40,000 establishments were involved in providing or organising adult social care in England as at 2023/24. Chart 2 shows that 50% of adult social care establishments were providing residential services, and 50% were providing non-residential services.

### Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2023/24

Source: Skills for Care estimates based on ONS IDBR data



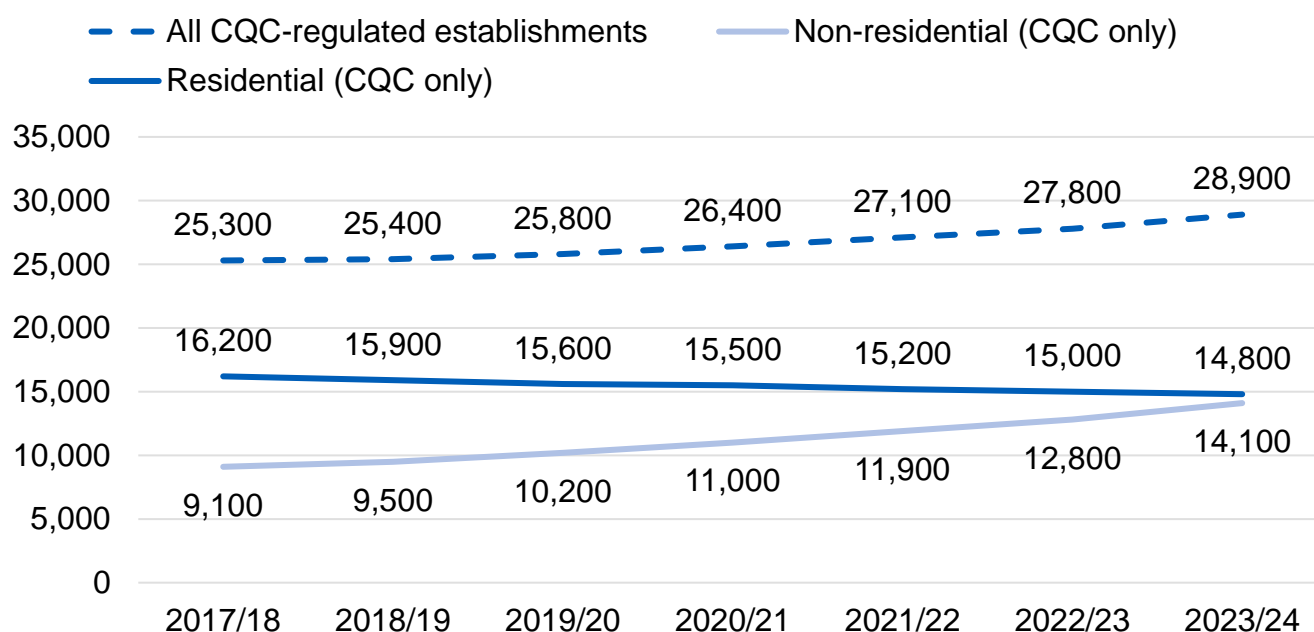
Nearly three quarters of all adult social care establishments (71.5%) were regulated by the Care Quality Commission (CQC). Chart 3 shows the change in the number of CQC-regulated adult social care establishments by service type<sup>2</sup>. It illustrates how there's been an overall increase of around 3,600 establishments (an increase of 14.1%) between 2017/18 and 2023/24. Between 2022/23 and 2023/24 there was an increase of 3.8%.

The chart also shows that the number of non-residential CQC-regulated establishments increased by 5,000 (55.3%) between 2017/18 and 2023/24, whereas the number of residential CQC-regulated establishments decreased by 1,400 establishments (-8.8%) over the period. The reasons behind this shift may be related to the Market Sustainability Plans of local authorities where ‘home first’ is a common theme.

<sup>2</sup> A precise trend in terms of all establishments could not be created due to changes in data sources over time.

**Chart 3. Number of CQC-regulated adult social care establishments, 2017/18 to 2023/24**

Source: Skills for Care estimates and CQC data



As at March 2024, there were 28,900 adult social care CQC-regulated establishments listed on the CQC register. By August 2024 this figure had increased by 1.8% to 29,400 establishments.

As part of our monthly tracking of filled posts, we track the number of CQC-regulated establishments in the independent sector. For more information, visit our [website](#).

## 1.3 Economic contribution

The total wage bill of the sector in 2023/24, calculated using ASC-WDS information, accounted for around £27.9 billion (an increase of 13.5% from 2022/23). This includes all staff employed in the local authority and independent sectors as well as those employed by direct payment recipients. This figure does not include adult social care related posts employed by the NHS.

The adult social care sector was estimated to contribute £68.1 billion gross value added (GVA) per annum to the economy in England (up 13.2% from 2022/23). 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). In comparison, this was less than the 'Accommodation and food service activities' industry according to data collected by the ONS (£70.6 billion in 2022) but more than 'Food and beverage service activities' alone (£49.6 billion in 2022).<sup>3</sup>

<sup>3</sup> ONS – Regional gross value added (balanced) by industry

<https://www.ons.gov.uk/economy/grossvalueaddedgva/datasets/nominalandrealregionalgrossvalueaddedbalancedbyindustry>

Skills for Care and Development commissioned Alma Economics to produce a report, calculating the wage bill and GVA for each of the four home nations. This report focussed on data for the 2022/23 reporting year but has also enabled improved methodologies for economic contribution calculations of 2023/24 data shown in this report. As such, our historical figures for England have now been updated as shown in Chart 4 below.

**Chart 4. Adult social care wage bill and total gross value added (GVA), 2017/18 to 2023/24**

Source: Skills for Care estimates

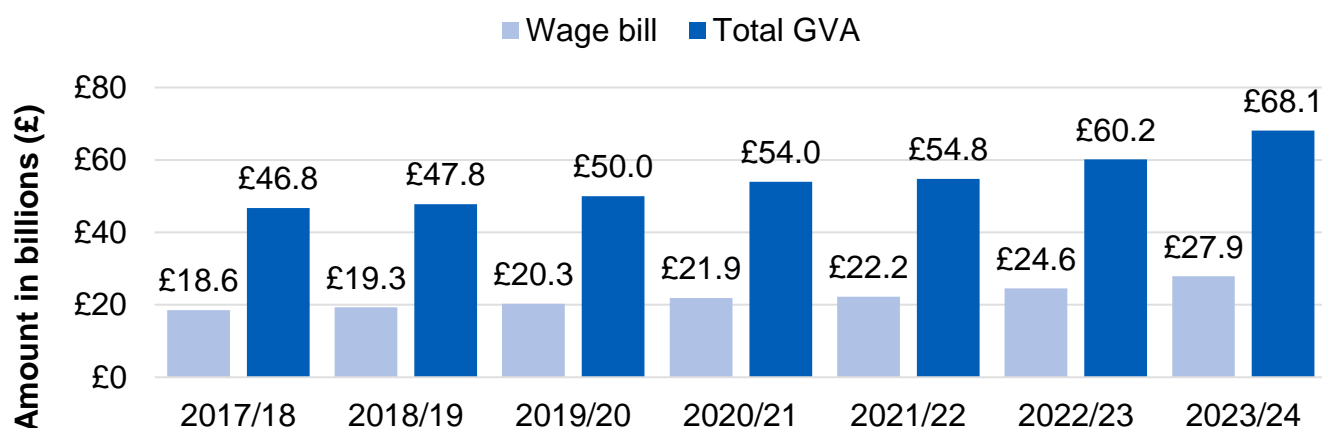
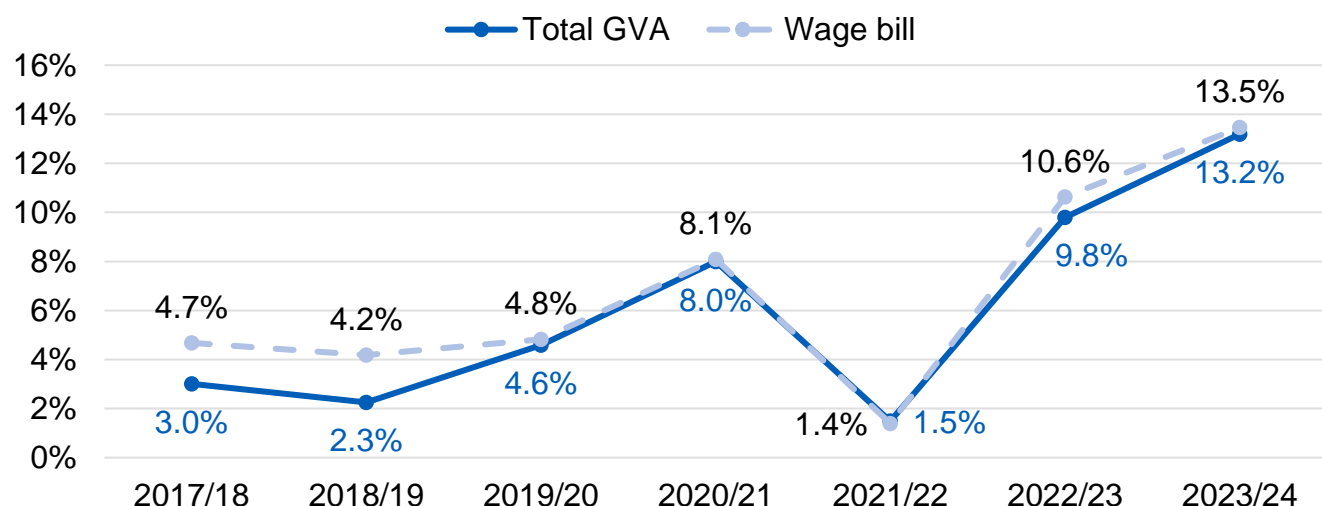


Chart 5 shows the year-on-year percentage change in wage bill and GVA between 2017/18 and 2023/24. Between 2022/23 and 2023/24 saw the biggest increase in both wage bill (13.5%) and GVA (13.2%). This increase was driven by the increase in pay in 2023/24 (see Section 5) and the increase in filled posts.

**Chart 5. Percentage change in adult social care wage bill and GVA, 2017/18 to 2023/24**

Source: Skills for Care estimates



## 1.4 Individual employers and personal assistants

This section contains information on individual employers and the 'personal assistant' job role. For the purposes of this report, an individual employer is someone needs care and support and directly employs one or more personal assistants (PAs) to meet their needs.

Individual employers may use their social care personal budget (a direct payment from their local authority) to employ their PAs. It's acknowledged that some individuals also employ PAs via other funding streams, or by using their own funds. Our estimates of the total number of individual employers and PAs only include those using direct payments to employ staff and their PAs.

In 2018/19, the total number of direct payment recipients employing staff was at its highest, at around 75,000. After this, the number has decreased down to 65,000 by 2023/24, with the largest decrease coming between 2022/23 and 2023/24 (down 4,000 or 5.6%).

The latest figures available from NHS England show that in 2022/23, around 210,000 adults, older people and carers were receiving direct payments<sup>4</sup>. However, not all direct payment recipients will use this payment to employ PAs. We estimate that 32% of direct payment recipients were directly employing their own staff in 2023/24.

Individual employers, on average, employed 1.85 PAs each in 2023/24, and there were an estimated 123,000 filled posts working for direct payment recipients. PAs held an average of 1.26 PA posts each, meaning that around 100,000 people were filling the 123,000 posts working for direct payment recipients.

Skills for Care has [online information](#) for supporting individual employers, personal assistants and supporting organisations for people employing their own care. There are also resources to support people in a PA role and organisations who support both individual employers and PAs.

For further information about direct payment recipients, with detailed focus on individual employers and their PAs, please see the '[Individual employers and the personal assistant workforce, 2024](#)' report.

Throughout this report, those individual employers that employ their own staff as discussed in this section are grouped as their own sector to distinguish them from other employer types. This sector is referred to 'direct payment recipients'. 'Personal assistants' are listed as a job role throughout the charts and tables in this report and are included in the overall filled posts total for England, unless otherwise stated.

---

<sup>4</sup> NHS England - Adult social care activity and finance report, England 2022-23  
<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>



## 1.5 The adult social care workforce

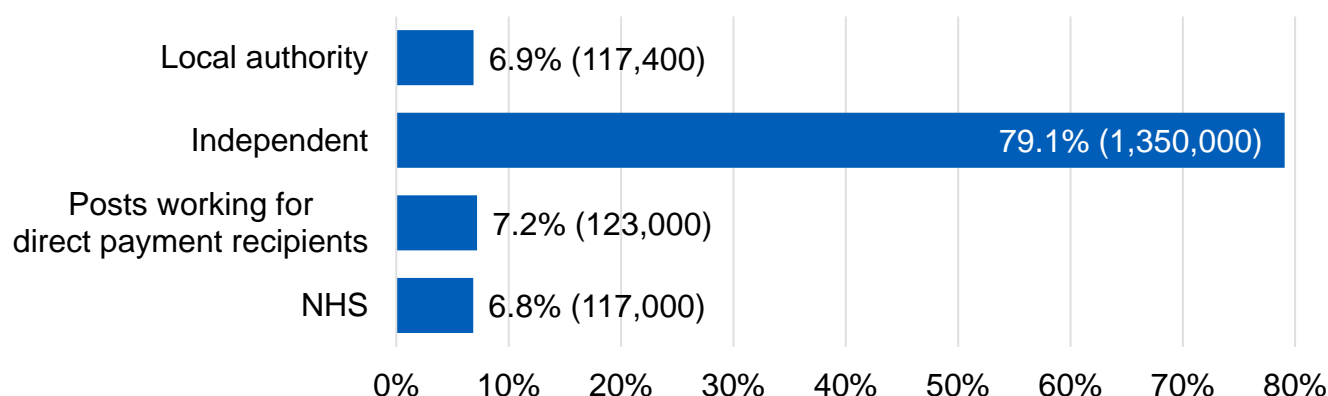
We use data collected by the ASC-WDS to create workforce models which, in turn, allow for estimates of the whole adult social care workforce, and workforce characteristics, to be produced. These estimates can be divided and grouped into different categories allowing us to show a true reflection of the workforce, as shown in the sections below.

### 1.5.1 Sector (type of employer)

Chart 6 shows that nearly four in five (79.1%) filled posts in adult social care in England were working for independent sector employers in 2023/24. Workers employed in adult social care services at local authorities accounted for 6.9% of all filled posts, while adult social care related filled posts in the NHS accounted for 6.8%. The workforce employed by direct payment recipients accounted for 7.2%.

**Chart 6. Proportion of adult social care filled posts by sector in England, 2023/24**

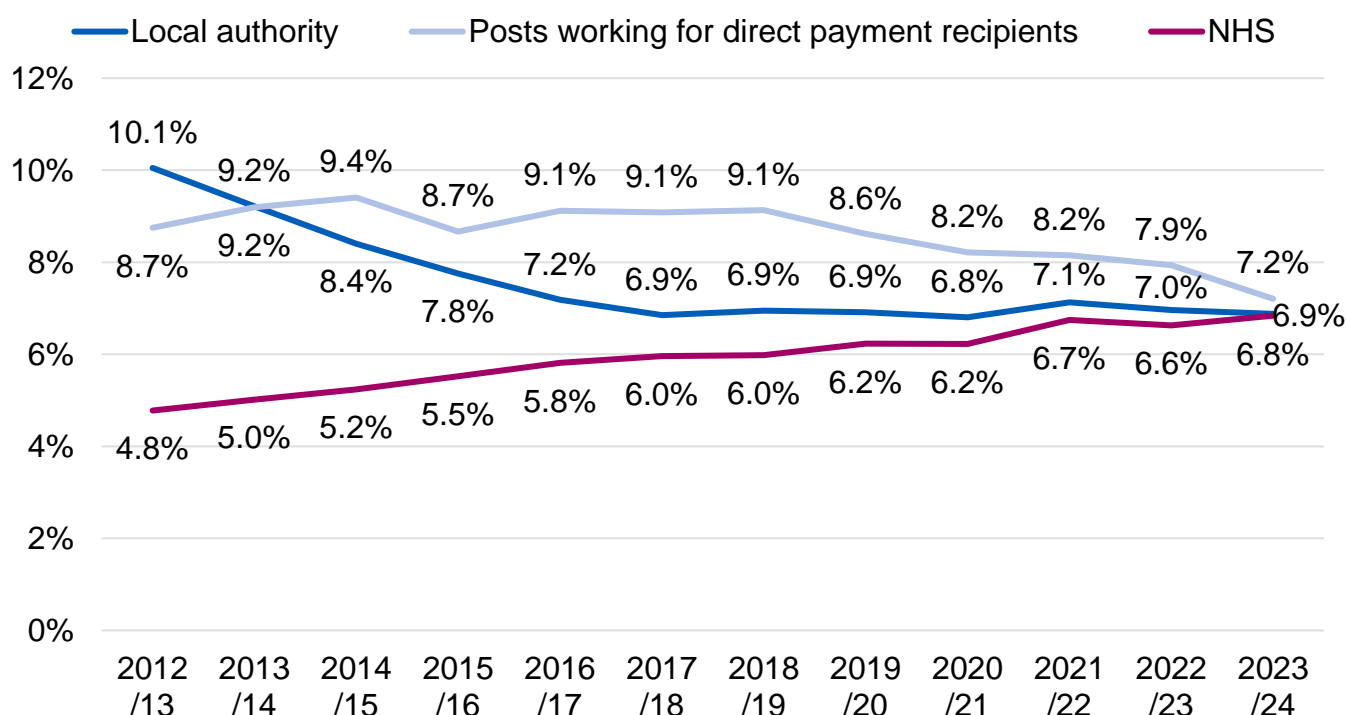
Source: Skills for Care estimates



The distribution of the workforce employed in the independent sector has increased steadily, increasing by 2.7 percentage points from 76.4% in 2012/13 to 79.1% in 2023/24. Chart 7 shows the proportion of the rest of the workforce employed in the other four sectors over the period. The proportion employed by local authorities fell from 10.1% in 2012/13 to 6.9% in 2017/18 and has remained stable since then. The proportion of the workforce working in posts for direct payment recipients was at its highest in 2014/15 (9.4%) but has steadily decreased to 7.2% in 2023/24. Conversely, the proportion of filled posts in adult social care roles in the NHS has increased from 4.8% to 6.8% from 2012/13 to 2023/24.

**Chart 7. Proportion of adult social care filled posts by selected sector in England, 2012/13 to 2023/24**

Source: Skills for Care estimates



Filled posts working for independent sector employers could not be accurately split into 'private' and 'voluntary' as this information is not reported by the Care Quality Commission (CQC). Estimates from the ASC-WDS suggest that approximately 74% (990,000) of the filled posts working for independent sector employers were in private sector establishments (around 58% of all posts), and 26% (355,000) were filled posts in voluntary/charity sector establishments (around 21% of all posts).

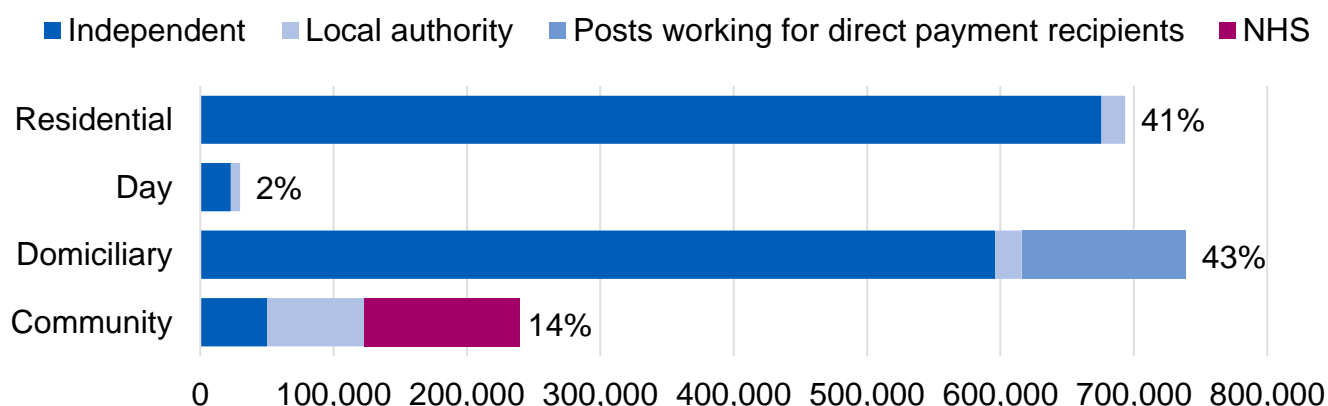
## 1.5.2 Main care service

When an establishment is added to the ASC-WDS, the employer is asked to select what they consider to be their main service from a list of 36 options. For the purposes of this report these services are then grouped into four categories, as shown below.

Chart 8 shows a breakdown of adult social care filled posts by main care service group. Most filled posts were split between residential (41%, or 700,000 filled posts) and domiciliary services (43%, or 740,000 filled posts). 2% of filled posts were in day care services (30,000), and 14% were community-based (240,000). The chart also shows variation of sector within each main care service group.

**Chart 8. Estimated number of adult social care filled posts by main care service group and sector, 2023/24**

Source: Skills for Care estimates



The majority of filled posts employed in residential services were within CQC-regulated care only homes (310,000) and CQC-regulated care homes with nursing (290,000), as well as 8,300 filled posts in Shared Lives services. There were also around 85,000 filled posts for non-CQC-regulated residential services, for example residential mental health services.

For information about care homes with nursing, without nursing, and for domiciliary care services, see our [service summaries](#) which accompany this report.

### 1.5.3 Job roles

Table 1 shows that three quarters of adult social care filled posts were roles providing direct care (76%). Managers and supervisory roles accounted for 7% of filled posts, regulated professions accounted for 5%, and the 'Other' category accounted for 12%. This category includes administrative posts, ancillary posts including catering, cleaning, transport and maintenance roles, and other posts not directly involved in providing care.

**Table 1. Estimated number of adult social care filled posts by job role group in England, 2023/24**

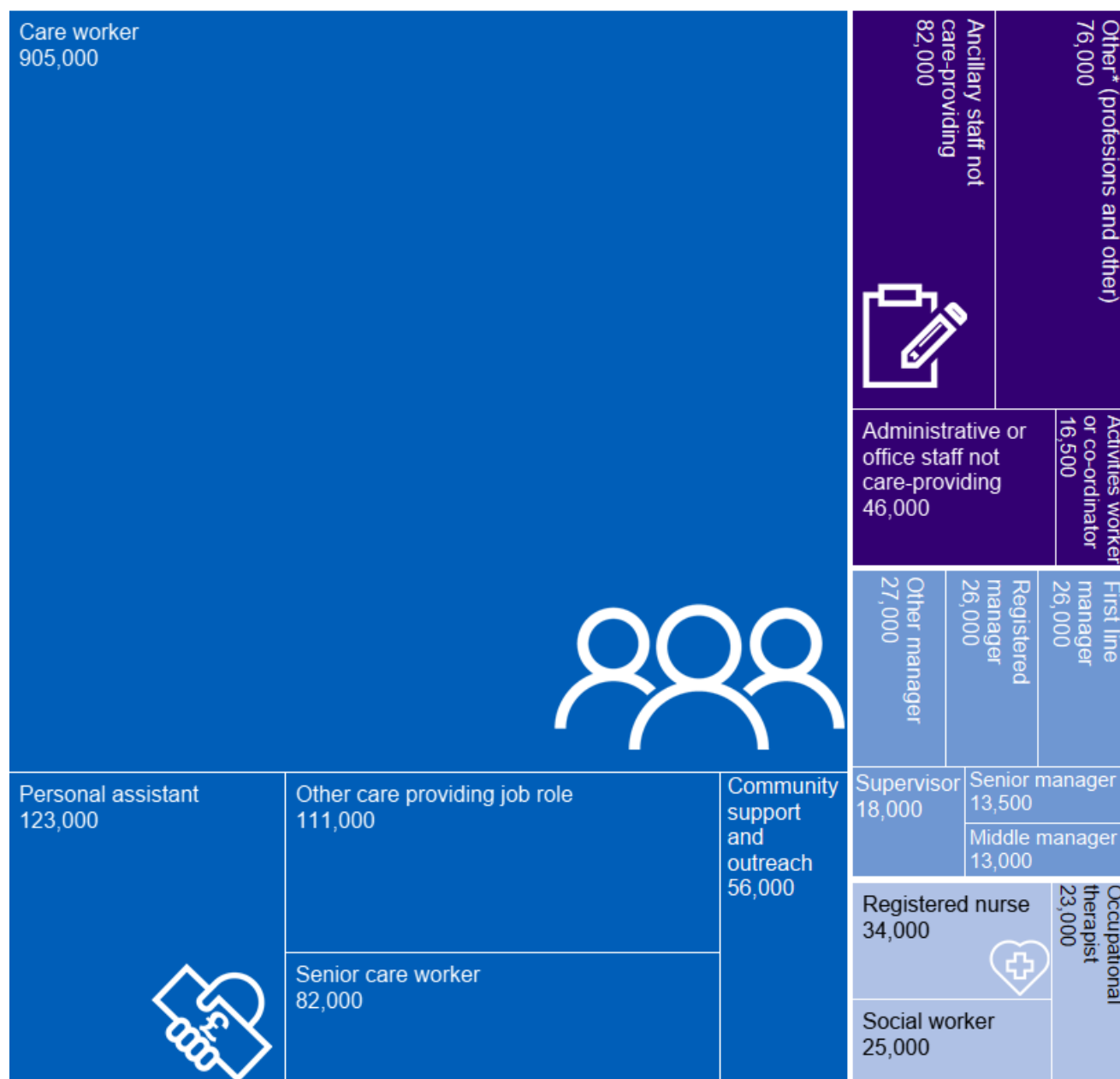
Source: Skills for Care estimates

| Job role group        | Filled posts     | Percentage of posts |
|-----------------------|------------------|---------------------|
| <b>All job roles</b>  | <b>1,705,000</b> |                     |
| Direct care           | 1,290,000        | 76%                 |
| Managers              | 123,000          | 7%                  |
| Regulated professions | 84,000           | 5%                  |
| Other                 | 210,000          | 12%                 |

Chart 9 shows a breakdown of the number of filled posts in the adult social care sector by job role, where the size of each rectangle is proportional to the number of filled posts for each role. This chart includes workers across all sectors, including staff in adult social care related posts in the NHS. The rectangles of the chart are shaded according to the job role group each role corresponds to (■ direct care, ■ managers, ■ regulated professions, ■ other).

### Chart 9. Estimated number of adult social care filled posts by individual job role (all sectors), 2023/24

Source: Skills for Care estimates



\* 'Other' includes 14 job roles which were estimated to include fewer than 11,000 filled posts each

The chart shows that care workers were by far the most common job role in the adult social care sector, with an estimated 905,000 filled posts as at 2023/24. Care workers accounted for

over half (53%) of all filled posts in the adult social care sector. Personal assistants were the second most common job role (123,000 filled posts), followed by senior care workers and 'ancillary' posts (both 82,000 filled posts).

## Managers

This sub-section looks at two of the manager roles typically found in adult social care. 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 excellent, high-quality care. It's also their responsibility to ensure that their staff are supported, recognised and valued.

### Registered managers



The role of a registered manager is critical in the adult social care sector. All services that are regulated by the Care Quality Commission (CQC) must be managed by a CQC-approved registered manager. They are legally responsible to meet the requirements of regulations at their establishments. For more information about the requirements of registered managers, please visit the [CQC website](#).

As at 2023/24, there are around 28,900 CQC-regulated adult social care establishments in England and 26,000 registered managers in post. The registered manager vacancy rate was 9.8%, equivalent to an average of 2,800 vacant posts. Please see Chart 20 for more details.

We know that many registered managers have progressed into management from other roles within adult social care. The ASC-WDS captures a worker's main job role, however we can see that many registered managers in 2023/24 held qualifications relevant to other regulated professions roles. This shows that staff are staying within the sector and progressing into other areas during their career. For information, see Section 6.5 -Career progression in adult social care.

Skills for Care offers various [support to registered managers](#), including [local peer-networks](#) across England and a series of short 30-minute practical [webinars](#). This information is to help managers preparing for, or responding to, CQC assessment. To find out how to become a member of our community of registered managers, [visit our website](#).

The Workforce Intelligence website also has a dedicated [registered manager page](#) showing detailed information about this role. Topics shown include workforce characteristics and key metrics such as turnover and vacancy rates.

### Deputy managers



Deputy managers play an important role in the adult social care sector by supporting the registered manager of the service. Deputies do not have to be approved by the CQC, but they are able to gain valuable experience working alongside colleagues in more senior management roles.

As at 2023/24, there were 4,400 deputy manager filled posts in adult social care in England. Around 31% of workers in registered manager filled posts were aged 55 and over, meaning they will be reaching retirement age in the next 15 years. In terms of workforce planning, deputy managers are the managers of the future, therefore supporting these workers in their role is crucial to the stability and continuity of services.

Skills for Care offers regional [deputy manager networks](#) to help deputies meet the challenges they face in their day-to-day work. Visit our website for more information and to [find a local network](#).

### Adult social care commissioners



Commissioners are a key part of the workforce and are responsible for a range of activities within the adult social care sector. They work within local authorities, to commission and manage care services in their local area. This includes assessing the needs and demands of local communities, strategic workforce planning and monitoring of existing services. It's acknowledged that many commissioners are also involved in other roles within the sector which allows them to bring greater knowledge and understanding of the workforce and user needs.

Commissioners are included with the local authority sector workforce and therefore will be within the ASC-WDS as part of the annual data collection of adult social services departments. However, it is not possible to complete a detailed analysis of this position as is not a specified role. Commissioners are also present in Integrated Care Boards (ICBs) in the NHS, but these staff are not captured in the ASC-WDS and therefore do not form part of our estimates.

### Regulated professions 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 2023/24, there were an estimated 34,000 registered nurse filled posts in the adult social care sector. Most of these were in care homes with nursing in the independent sector (32,000), and around 1,700 involved working for independent sector non-residential care providers. This figure doesn't include registered nurses working in the NHS. For information about the trends in the number of registered nurse filled posts, see Section 1.8.1.

It should be noted that in this report, all analysis of registered nurses refers those workers where 'registered nurse' is listed as their main job role within the ASC-WDS. We know that some nurses move into other roles in the sector, or nursing may not be their main role, but those workers are not included here.



In addition to registered nurses, in 2023/24 there were 700 nursing associate filled posts (a decrease of 50 from 2022/23). Nursing associates are a standalone regulated role and part of the nursing workforce. They have a vast scope of practice and like registered nurses, can enhance their role through appropriate learning and development. They do not always work alongside registered nurses, though there are often other registered nurses in the organisation. The nursing associate role is valued in its own right, but it can also be seen as a steppingstone role to becoming a registered nurse, giving a clear career progression for nursing in the adult social care sector.

### Occupational therapists



There were 3,800 occupational therapist filled posts working in adult social care in 2023/24, most of which were employed in the local authority sector (3,200 filled posts). There were 650 occupational therapist filled posts in the independent sector and a further 19,500 posts working in the NHS. Most occupational therapists will perform adult social care-related tasks, but their roles may also involve assessing the needs of children with disabilities.

In addition to occupational therapists, in 2023/24 there were 950 occupational therapist assistant filled posts in adult social care (excluding posts in the NHS). This is an increase of 125 posts from 2022/23 suggesting a greater uptake of this role across the sector.

Similarly to registered nurses, qualified occupational therapists are known to work in a range of other roles within adult social care, including management roles. In 2023/24, across the local authority and independent sectors it was observed within the ASC-WDS there were 475 filled posts where the worker held an occupational therapist qualification, but they were employed in a different job role.

### Social workers



As at 2023/24, there were an estimated 25,000 social worker filled posts in the adult social care sector. Many of these posts were within local authorities (18,500), and around 2,400 were employed within the independent sector. Data from NHS England shows that there were also around 4,300 social worker filled posts in the NHS. As with occupational therapists, these filled posts have been included as they're considered to be related to social care.

Skills for Care has a dedicated [regulated professions webpage](#) including a range of support, information and resources for people who employ staff in nursing, occupational therapy or social work roles 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.

## 1.6 Number of full-time equivalent (FTE) filled posts

In this section, we present FTE estimates of the size of the adult social care workforce. These estimates were created by applying contracted hours and 'usual hours' data to estimates of the total number of filled posts. 37 hours per week has been classed as one 'full-time equivalent' post (on average full-time hours in adult social care are 37-37.5 hours per week).

Table 2 shows the total number of filled posts and the number of FTE filled posts by employer type. It shows that, as at 2023/24, there were an estimated 1.27 million FTE adult social care filled posts in England. This estimate was considerably smaller than the total number of filled posts (1.705 million), which reflects the part-time nature of many adult social care posts.

This was especially true of posts working for direct payment recipients; these make up a smaller percentage of FTE filled posts (5%) than all filled posts (7%). As outlined in Section 1.4, many of these posts were part-time.

**Table 2. Estimated number of adult social care filled posts and full-time equivalent (FTE) filled posts by sector, 2023/24**

Source: Skills for Care estimates

| Sector                    | Filled posts     | Percentage of filled posts | FTE filled posts | Percentage of FTE filled posts |
|---------------------------|------------------|----------------------------|------------------|--------------------------------|
| <b>Total</b>              | <b>1,705,000</b> |                            | <b>1,275,000</b> |                                |
| Local authority           | 117,400          | 7%                         | 96,000           | 8%                             |
| Independent               | 1,350,000        | 79%                        | 1,015,000        | 80%                            |
| Direct payment recipients | 123,000          | 7%                         | 62,000           | 5%                             |
| NHS                       | 117,000          | 7%                         | 102,000          | 8%                             |

Table 3 shows the full-time equivalent (FTE) ratio of care workers and personal assistants. The FTE ratio is the relationship between the number of filled posts and the number of FTE filled posts. Care workers account for 53.2% of the workforce and their FTE ratio was 0.72 in 2023/24, similar to the FTE ratio for all job roles (0.74). The FTE ratio for personal assistants was lower at 0.50, indicating that fewer workers in personal assistant roles were working full-time hours.

**Table 3. Full-time equivalent (FTE) ratio by selected job role, 2023/24**

Source: Skills for Care estimates

| Job role             | FTE filled posts | FTE ratio   |
|----------------------|------------------|-------------|
| <b>All job roles</b> | <b>1,170,000</b> | <b>0.74</b> |
| Care worker          | 650,000          | 0.72        |
| Personal assistant   | 62,000           | 0.50        |

## 1.7 Number of people

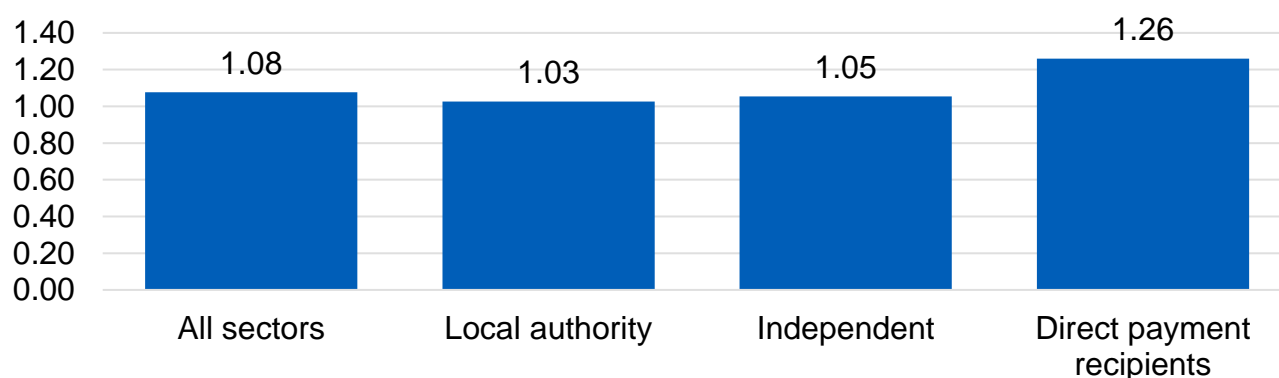
This section distinguishes between the number of filled posts and the number of people filling those posts. This takes into account those people filling multiple posts in adult social care.

The number of people working in adult social care in England as at 2023/24 was estimated at 1.59 million. Chart 10 shows the estimated number of filled posts per worker by sector. It illustrates that people employed by direct payment recipients were much more likely to hold more than one adult social care post (126 filled posts per 100 people) than the overall average (108 filled posts per 100 people). This is likely due to the part-time nature of many of these roles.

According to the [Labour Force Survey](#), England had an economically active population of 29.4 million people in 2023/24. Therefore, because the adult social care sector employed an estimated 1.59 million people, it's estimated that 5.4% of the economically active population worked within adult social care.

**Chart 10. Estimated number of adult social care filled posts per person by sector, 2023/24**

Source: Skills for Care estimates

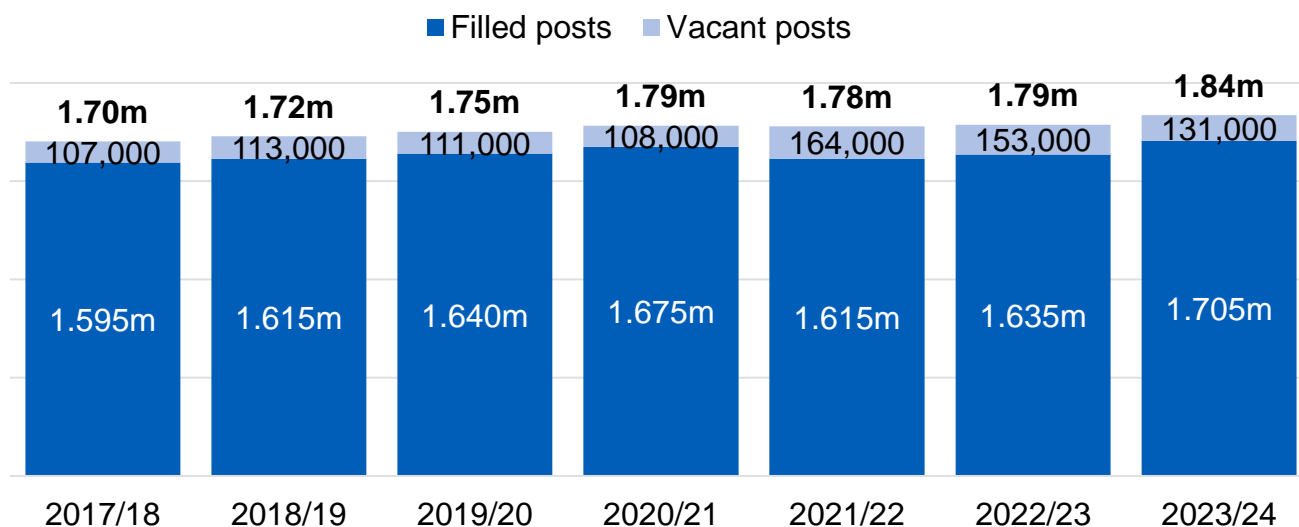


## 1.8 Trends in the number of adult social care posts

This section looks at the trends in the total number of posts and filled posts in adult social care over time. As outlined in Section 1.5, as at 2023/24 there were 1.705 million filled posts and 131,000 vacant posts bringing the total number of posts in adult social care to 1.84 million. Chart 11 shows that the number of filled posts in 2023/24 was the highest on record, increasing beyond the previous peak of 1.675 million filled posts recorded in 2020/21. This increase is in part due to an increase in international recruitment, for more information please see Section 8.

**Chart 11. Estimated number of adult social care posts (filled posts, vacant posts and total posts), in England, 2017/18 to 2023/24**

Source: Skills for Care estimates



In August 2023, three new job roles were added to the ASC-WDS. New staff have been recorded under these roles, with some existing workers being reclassified as working in these roles. This has impacted job role filled post trends in 2023/24 (the first year to report on these new roles). For a full statement on the impact of these changes, visit our [Workforce Intelligence website](#).

We have looked in detail at the changes in the number of filled posts from the previous year across adult social care, including sector, service and job role variations. We have also analysed longer term trends between 2017/18 to 2023/24.

#### Changes between 2022/23 and 2023/24

- The number of filled posts increased by 70,000 (4.2%) across all sectors in adult social care.
- Posts working in adult social care roles in the NHS saw the largest proportional sector increase (7.5% or 8,200 filled posts).
- In the independent sector, the number of filled posts increased by 5.0%. This was largely driven by an 7.5% increase in filled posts (42,000) in domiciliary care services.
- The number of filled posts in the local authorities increased by 3.0% overall, most notably in community care services (3.9%, or 2,800 filled posts).
- In terms of individual job roles, social workers filled posts increased the most over the period (1,800 or 7.7%), followed by care workers (48,000 or 5.6%).
- The number of personal assistants filled posts decreased by 7,000 (5.4%), the largest decrease of any job role.

#### Longer term trends (since 2017/18)

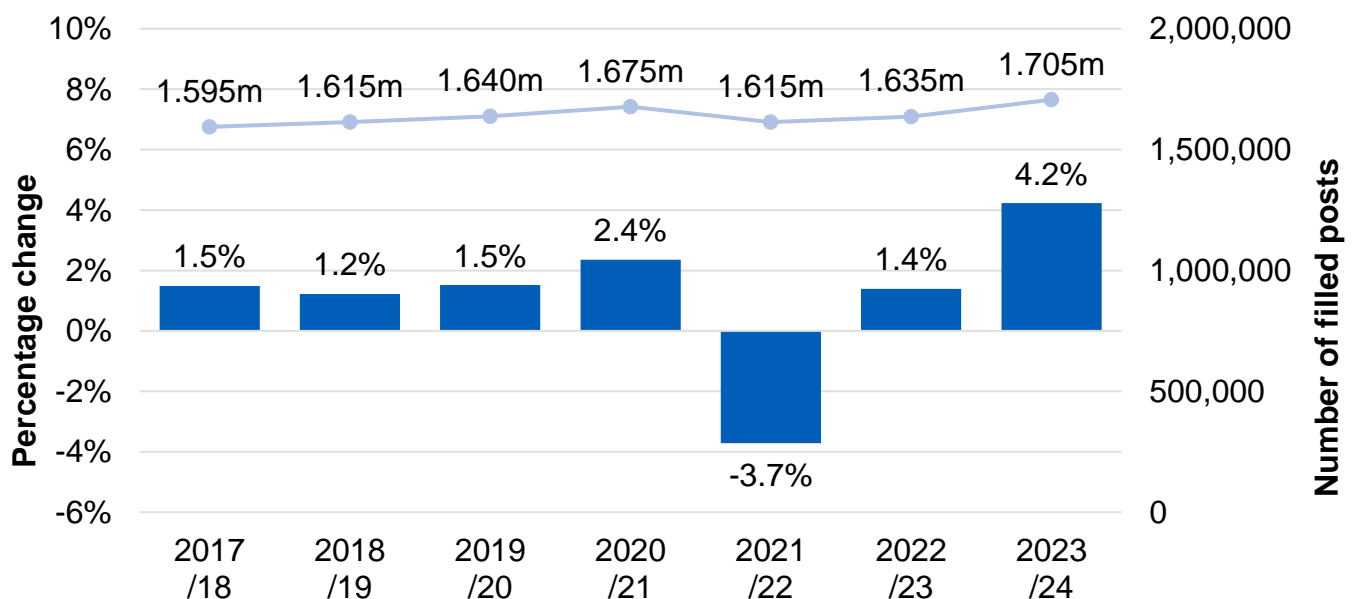
- Since 2017/18, the demand for social care staff has increased substantially. The number of total posts in adult social care has increased by 135,000 (8.0%).

- Overall, the number of vacant posts increased between 2017/18 and 2023/24, by around 23,000. However, during that period the number of vacant posts varied greatly, as shown in Chart 11. For more information on vacancy trends, see Section 3.2.1.
- The number of filled posts in adult social care has increased by 112,000 (7.0%) with this being largely driven by a rise in international recruitment in 2022/23 and 2023/24.
- Within the local authority and independent sectors, the number of filled posts has increased by a similar proportion over the period. Local authority filled posts increased by 7.5% (8,200) while the number of independent sector increased by 8.4% (104,000).
- The number of filled posts in domiciliary services increased by 10% (67,000 filled posts). Meanwhile the number of filled posts in residential services is now at its highest level since 2017/18 (700,000 filled posts in 2023/24), a 3% increase (23,000) over the period.
- Personal assistants and registered nurses saw the largest proportional decrease in filled posts over the period. Personal assistant filled posts fell by 15% (22,000) while registered nurse filled posts fell by 13% (5,100).
- Social workers saw a significant increase in filled posts over the period (up 5,400 filled posts or 27%) since 2017/18.

Chart 12 below shows that the number of filled posts had increased between 2017/18 and 2020/21 at an average rate of 1.6% per year, or a total of around 83,000 filled posts. In 2021/22, the number of filled posts decreased by 3.7%, equivalent to a decrease of around 65,000 posts as the economy opened back up following the COVID-19 pandemic. Between 2022/23 and 2023/24 filled posts increased by 4.2% or 70,000 posts. This was largely due to an increase in international recruitment, for more information see Section 8.

**Chart 12. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2022/23 to 2023/24**

Source: Skills for Care estimates



The workforce estimates analysed in this report cover the period between September 2023 to March 2024. Since that time, we continue to monitor trends in the number of filled posts in the independent sector via our [monthly tracking](#) of the ASC-WDS. This has shown that between March 2024 and August 2024, the number of filled posts has increased by a further 0.9 percentage points. The number of vacant posts has continued to decrease over the same period, by 1.0 percentage points.

It should be noted that monthly tracking data is not weighted to represent the whole sector in the same way as our workforce estimates. Results may also be revised throughout the year as more data is submitted to ASC-WDS. However, these trends are a good indicator of overall behaviour within the sector during the year.

### 1.8.1 Filled post trends in selected job roles

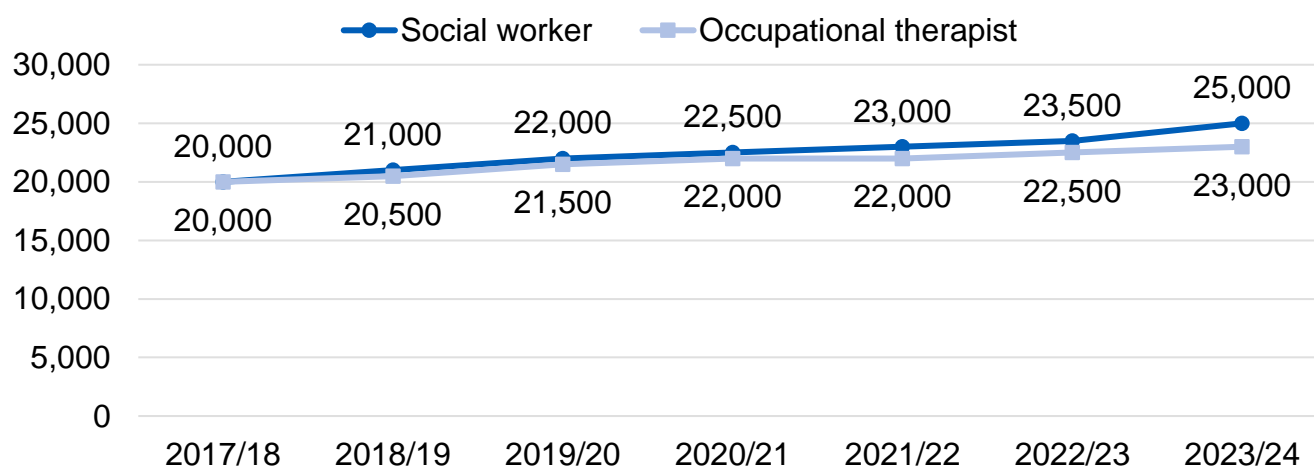
In general, the number of filled posts for specific job roles within adult social care reflect the overall trend across all job roles. This section looks at those job roles where filled post trends have differed from the overall pattern.

#### Increasing trends

Across all job roles between 2017/18 and 2023/24, the number of filled posts in adult social care in England increased by 7.0%. Among those workers, social workers saw the largest increase in filled posts of 27% (5,400 filled posts) followed by occupational therapists which increased by 2,900 filled posts (14%). Chart 13 below shows the increasing trend of these roles over time.

**Chart 13. Increase in social worker and occupational therapist filled posts, 2017/18 to 2023/24**

Source: Skills for Care estimates



The increase in social worker filled posts can be clearly linked to the increase in enrolments onto social worker higher education courses in recent years. For more information about social workers studying, qualifying and starting work in the sector, please see the '[Social work education in England](#)' page on our Workforce Intelligence website.

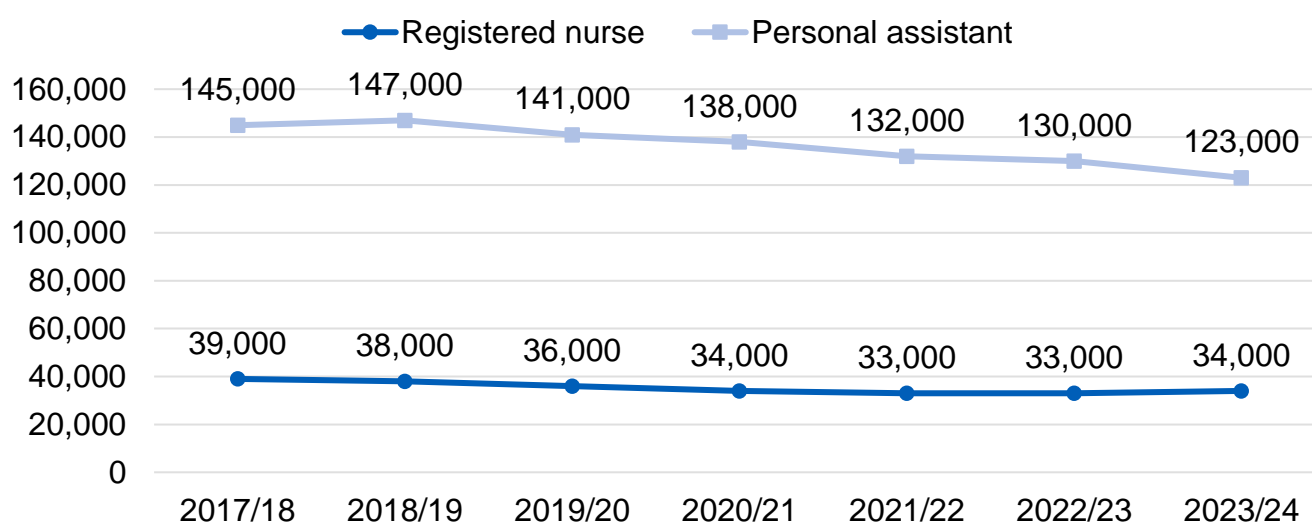
## Decreasing trends

Despite the overall increase in filled posts in adult social care in England between 2017/18 and 2023/24, not all job roles have followed this trend. The largest decrease was seen in personal assistants where the number of filled posts fell from 145,000 in 2017/18 to 123,000 in 2023/24, a decrease of 15% as shown in Chart 14. This was followed by registered nurses where the number of filled posts decreased by 5,100 (13%).

Please note, as referenced in Section 1.4, personal assistants in this analysis refers to those staff directly employed by an individual in receipt of a direct payment from their local authority to fund and support their care needs. Personal assistants employed by people using their own funds or other funding sources are not included.

**Chart 14. Decrease in registered nurse and personal assistant filled posts, 2017/18 to 2023/24**

Source: Skills for Care estimates



Personal assistants are those workers who are directly employed by individuals to meet their care and support needs. They form a large and integral part of the adult social care workforce, so this decrease in filled posts may be cause for concern. For more information about these workers see Section 1.4 of this report, or visit the [Workforce Intelligence website](#).

The number of registered nurse filled posts decreased between 2017/18 and 2023/24 (from 39,000 to 34,000), however there was an increase of 1,100 filled posts between 2022/23 and 2023/24. This shows that previous problems with recruitment for this job role are starting to improve. The vacancy rate for registered nurses in 2023/24 was 9.0% or 2,900 vacant posts. However, the vacancy rate for registered nurses in 2022/23 across all sectors was 11.3%, so this decrease in vacancy rate again suggests that recruitment and retention is improving. For further details, see Section 3.2 – Vacancy rates.



Registered nurses have been included in the Migration Advisory Committee's Shortage Occupation List (SOL) since 2013, due to the shortage of resident workers available to fill these roles. Registered Nurse is also a listed occupation on the 'Skilled Workers' visa route. Therefore, workers can immigrate to the UK to take up these roles, providing that they have a job offer from a licensed sponsor and can speak English to the required standard. Workers immigrating to the UK via this route may also bring their partner and children as 'dependants'. For further information about how Skills for Care supports the employers of/and registered nurses in the sector, visit our [website](#).

## 1.9 People who receive care and support

Information is collected in the ASC-WDS about the care and support needs that each establishment offers services for. Employers can select from a list of 23 care needs. An establishment may offer multiple services for people with different care and support needs.

Table 4 shows the estimated number of filled posts within dementia, learning disabilities and/or autism and mental health needs services, split by sector. Table 5 below shows the same categories but split by main service.

In the tables 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 multiple care and support needs. Within generalist care and support provisions, the proportion of time spent caring for people with each care need is not collected.

**Table 4. Filled posts by care and support need by sector, 2023/24**

Source: Skills for Care workforce estimates

|                           |                           | Dementia       | Learning disabilities and/or autism | Mental health needs |
|---------------------------|---------------------------|----------------|-------------------------------------|---------------------|
| All sectors               | <b>Total</b>              | <b>925,000</b> | <b>730,000</b>                      | <b>645,000</b>      |
|                           | Specialist                | 1%             | 16%                                 | 5%                  |
|                           | Generalist                | 99%            | 84%                                 | 95%                 |
| Local authority           | <b>Total</b>              | <b>69,000</b>  | <b>64,000</b>                       | <b>60,000</b>       |
|                           | Specialist                | 65             | 9%                                  | 2%                  |
|                           | Generalist                | 95%            | 91%                                 | 98%                 |
| Independent               | <b>Total</b>              | <b>850,000</b> | <b>625,000</b>                      | <b>575,000</b>      |
|                           | Specialist                | 0%             | 11%                                 | 4%                  |
|                           | Generalist                | 100%           | 89%                                 | 96%                 |
| Direct payment recipients | <b>Total (Specialist)</b> | <b>4,500</b>   | <b>43,000</b>                       | <b>9,500</b>        |

**Table 5. Filled posts by care and support need by main service, 2023/24**

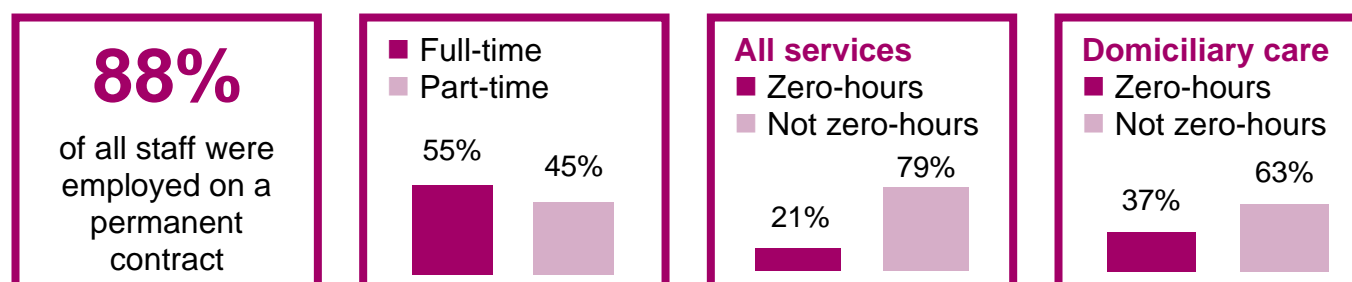
Source: Skills for Care workforce estimates

|                   |              | Dementia       | Learning disabilities and/or autism | Mental health needs |
|-------------------|--------------|----------------|-------------------------------------|---------------------|
| All services      | <b>Total</b> | <b>925,000</b> | <b>730,000</b>                      | <b>645,000</b>      |
|                   | Specialist   | 1%             | 16%                                 | 5%                  |
|                   | Generalist   | 99%            | 84%                                 | 95%                 |
| Adult residential | <b>Total</b> | <b>440,000</b> | <b>174,000</b>                      | <b>206,000</b>      |
|                   | Specialist   | 1%             | 18%                                 | 9%                  |
|                   | Generalist   | 99%            | 82%                                 | 91%                 |
| Adult day care    | <b>Total</b> | <b>7,030</b>   | <b>24,500</b>                       | <b>7,200</b>        |
|                   | Specialist   | 2%             | 35%                                 | 6%                  |
|                   | Generalist   | 98%            | 65%                                 | 94%                 |
| Adult domiciliary | <b>Total</b> | <b>425,000</b> | <b>465,000</b>                      | <b>375,000</b>      |
|                   | Specialist   | 1%             | 14%                                 | 3%                  |
|                   | Generalist   | 99%            | 86%                                 | 97%                 |
| Adult community   | <b>Total</b> | <b>50,000</b>  | <b>69,000</b>                       | <b>55,000</b>       |
|                   | Specialist   | 1%             | 22%                                 | 6%                  |
|                   | Generalist   | 99%            | 78%                                 | 94%                 |

## 2. Employment overview



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



## Key findings

- The majority (88%) of the adult social care workforce in 2023/24 were employed on permanent contracts (1.4 million filled posts).
- In 2023/24 over half of the workforce (55%) worked full-time hours (875,000 filled posts) and 45% worked part-time (710,000 filled posts)
- The percentage of full-time workers in local authority and independent sectors increased from 56% in 2022/23 to 59% in 2023/24.
- Around a fifth of the workforce (21%) were employed on a zero-hours contract (340,000 filled posts).
- The percentage of workers in local authority and independent sectors employed on a zero-hours contract has declined slightly on a year-to-year basis from its peak of 25% in 2020/2021, to 22% in 2023/24.
- Just over a third (37%) of the domiciliary care workforce were employed on a zero-hours contract (226,000 filled posts). This proportion was higher for care workers in domiciliary care (43%, or 203,000 filled posts).

Understanding employment information is useful because it provides insight into the employment practices used in the adult social care sector. These factors play a part in the sector's ability to recruit and retain staff. For further information, see Section 9 – Factors affecting staff turnover and CQC ratings.

The following information refers to the adult social care workforce as the 1.59 million filled posts working for independent sector care providers (85% of filled posts), local authorities (7% of filled posts), and posts working for direct payment recipients (8%) unless otherwise stated. Adult social care related posts in the NHS (117,000) are not included, as detailed workforce information about adult social care related posts in the NHS was not available.

Please note that 'personal assistants' refer only to those directly employed by direct payment recipients; these are not included in the trends shown, as historical information is not available.

## 2.1 Employment status

The majority (88%) of the adult social care workforce were employed on permanent contracts (see Table 6). Employment status varied by job role, with managers and senior care workers more likely to be employed on permanent contracts. 'Indirectly employed' staff include those on bank, pool, agency and/or other contract types. Employers showed a higher reliance on indirectly employed registered nurses (15%), as well as support and outreach workers (13%), care workers and social workers (both 12%) compared to other job roles.

**Table 6. Employment status of the adult social care workforce, by selected job role, 2023/24**

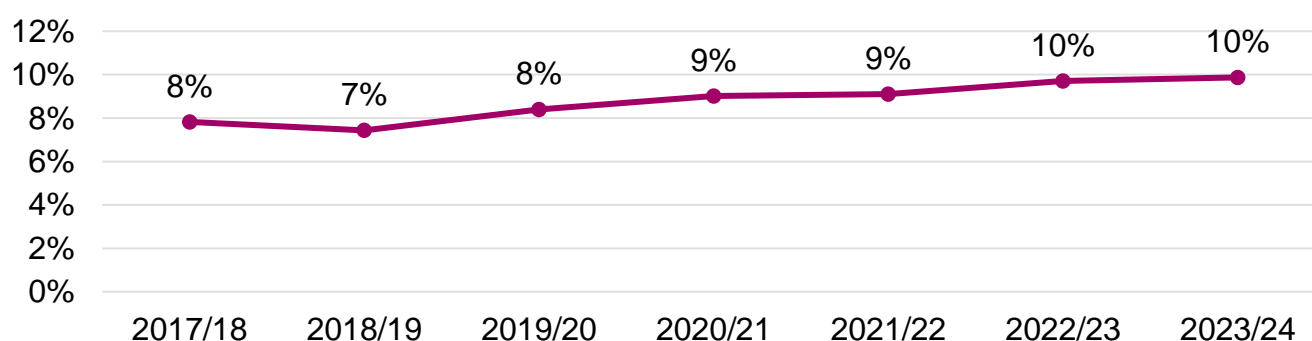
Source: Skills for Care estimates

|                             | Permanent | Temporary | Indirectly employed |
|-----------------------------|-----------|-----------|---------------------|
| <b>All job roles</b>        | 88%       | 2%        | 10%                 |
| Senior management           | 96%       | 1%        | 3%                  |
| Registered manager          | 98%       | <1%       | 1%                  |
| Social worker               | 82%       | 7%        | 12%                 |
| Occupational therapist      | 89%       | 3%        | 8%                  |
| Registered nurse            | 84%       | <1%       | 15%                 |
| Senior care worker          | 95%       | <1%       | 4%                  |
| Care worker                 | 86%       | 2%        | 12%                 |
| Support and outreach worker | 84%       | 3%        | 13%                 |
| Personal assistant          | 91%       | 3%        | 5%                  |

Chart 15 shows the annual trend of the indirectly employed adult social care workforce across the local authority and independent sectors. There has been an increase from 7% in 2018/19 to 10% in 2023/24.

**Chart 15. Trend of estimated proportion of the indirectly employed adult social care workforce (local authority and independent sectors only), 2023/24**

Source: Skills for Care estimates



It should be noted that when the ASC-WDS is completed by an employer, 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 are indirectly 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 employer completed their ASC-WDS data submission.

## 2.2 Full-time / part-time status

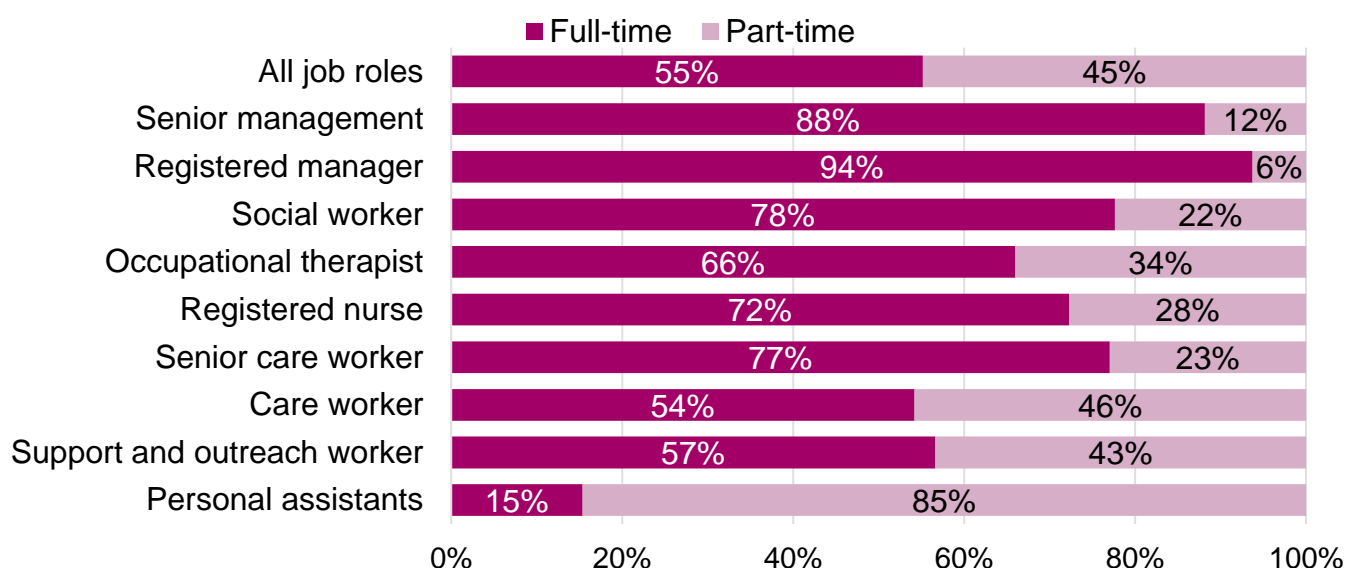
Over half of the adult social care workforce (55%) worked full-time hours (32 or more hours per week), with 45% working part-time (0.5 to 31.5 hours per week). In the local authority and independent sectors, there has been an increase in the proportion of the workforce working full-time from 2022/23 (from 56% in 2022/23 to 59% in 2023/24). This is likely due to an increase in international recruitment, with people recruited internationally more likely to take up full-time roles to meet the salary requirements (please see Section 8 – International Recruitment for further details).

Chart 16 shows that, as with employment status, full-time or part-time status varied by job role in 2023/24. Most registered managers worked full-time (94%), as did a large proportion of senior managers (88%). This was also true for social workers (78%) and senior care workers (77%). Meanwhile, care workers (who made up 57% of filled posts in the workforce), and support and outreach workers had considerably lower proportions of full-time staff (54% and 57% respectively).

Comparatively, personal assistants had the lowest proportion of full-time roles (15%), with 85% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of our [‘Individual employers and the personal assistant workforce, 2024’](#) report found that around 54% of personal assistants were employed by a family member or friend, and 21% held more than one personal assistant post.

**Chart 16. Full-time / part-time status of the adult social care workforce by selected job role, 2023/24**

Source: Skills for Care estimates



## 2.3 Zero-hours contracts

A zero-hours contract is a contract type in which the employer is not obliged to provide any minimum working hours. This contract type is often used by adult social care employers (especially domiciliary care providers) to help them to manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness. Therefore, depending on the employer's requirements, a worker may be employed on a zero-hours contract and usually work full-time or part-time hours, and be on a permanent or temporary contract.

A zero-hours contract can be beneficial for some employees because it can offer work/life balance and a flexibility that may suit family or other commitments. For example, some staff study as well as work or may be caring for others (such as friends or family). The flexibility of zero-hours contracts may also be seen as a stepping-stone towards other employment.

However, for other employees, it can be 'insecure work' and prove negative in terms of financial planning and uncertainty. Section 9.1.8 highlights that care workers on zero-hours contracts are more likely to leave their roles, suggesting some people value guaranteed hours. It should be noted that some workers who prefer to be employed on a zero-hours contract may also leave due to their other commitments or career plans.

Just over a fifth of the adult social care workforce (21%, or 340,000 filled posts) were employed on a zero-hours contract. This compares to 3.5% in the wider economy, according to the [Labour Force Survey](#). The proportion of the adult social care workforce employed on a zero-hours contract varied by job role, with managers, social workers and occupational therapists having

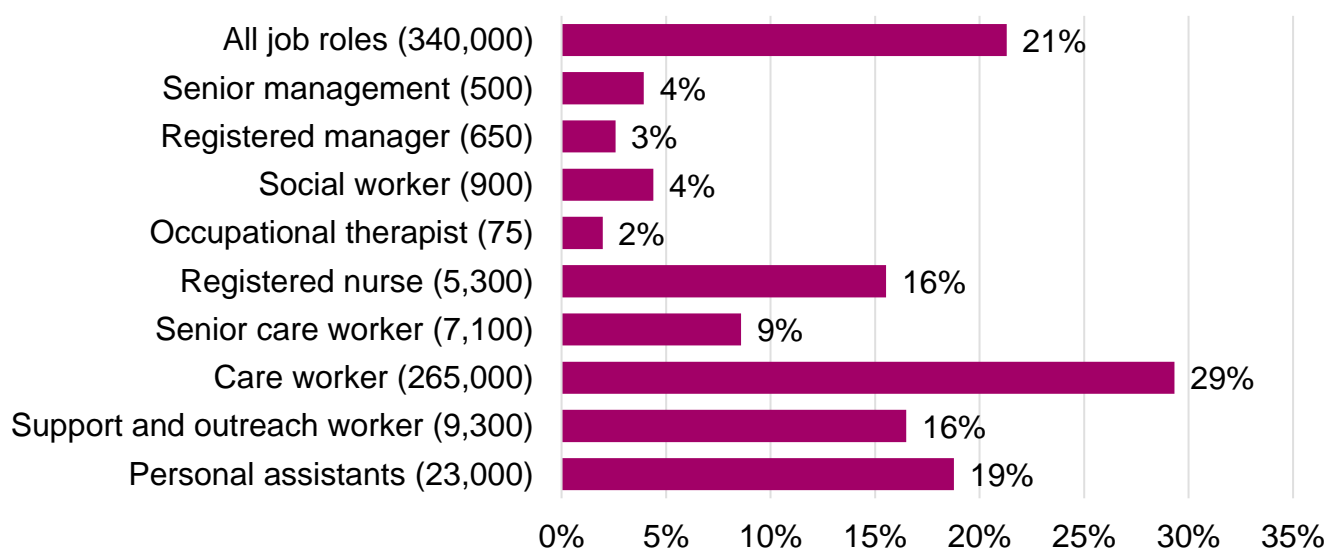


the lowest rates across the sector, as shown in Chart 17. Care workers had the highest proportion of workers employed on a zero-hours contract (29%), followed by personal assistants (19%), registered nurses and support and outreach workers (both 16%).

Chart 17 shows the proportion of workers on a zero-hours contract with the estimated number of zero-hours contract filled posts in brackets.

**Chart 17. Number and proportion of workers in the adult social care sector employed on a zero-hours contract by selected job role, 2023/24**

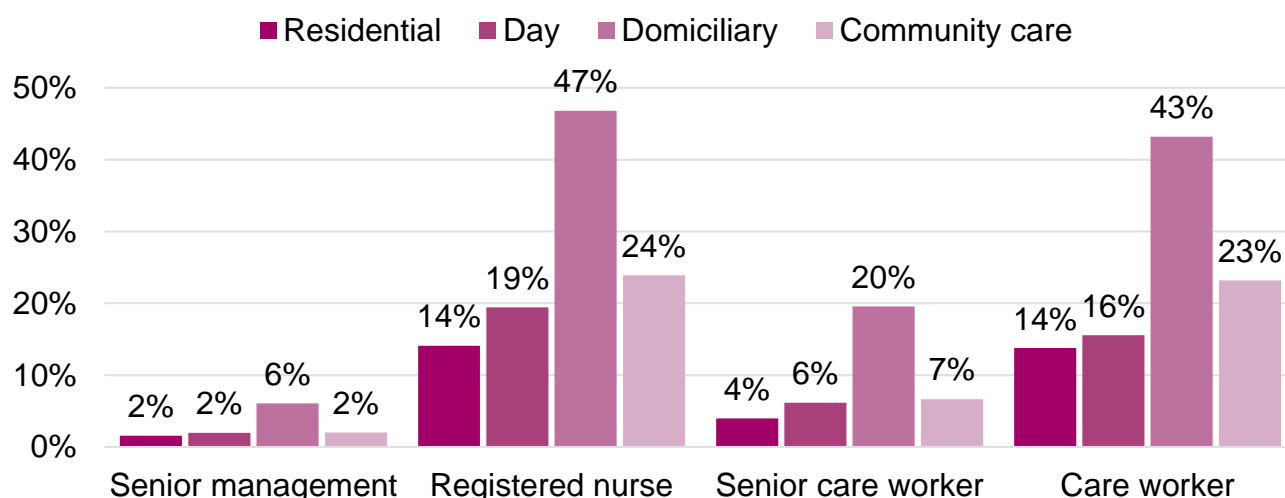
Source: Skills for Care estimates



As well as variation in the proportion of workers employed on zero-hours contract by job role, there were also notable differences between care service types. Chart 18 (below) shows senior management, 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. Around 47% of registered nurses and 43% of care workers in domiciliary care services were recorded with this contract type. In general, residential, day care, and community care services had lower proportions of zero-hours staff compared to domiciliary care services.

**Chart 18. Proportion of workers in the adult social care sector on a zero-hours contract by service type and selected job role, 2023/24**

Source: Skills for Care estimates



Most registered nurses worked within residential care services (32,500, or 95%), whereas fewer worked within domiciliary care (1,400, or 4%), community care (375, 1%), and day care services (10, <1%). As such, the high percentage of registered nurses on zero-hours contracts in domiciliary care (47%) represents a relatively small number of staff (650)

From a regional perspective, the proportion of the adult social care workforce in London employed on a zero-hours contract (36%) was much larger than other regions (West Midlands had the second largest proportion at 22%). The North East had the smallest proportion of workers on a zero-hours contract, at 15%.

[Research](#) conducted by the Living Wage Foundation found that almost one in five workers (19%) across all sectors were in insecure work in 2023. The definition of 'insecure workers' included people who report working less than 16 hours a week despite wanting to work more, as well as workers on a zero-hours contract.

The ASC-WDS collects information on a worker's hours, but no information is collected about if they are happy with the number of hours they are contracted to work. Therefore we are not able to fully replicate the research by the Living Wage Foundation. It is possible that some of those workers contracted to 16 hours per week or less are underemployed, but others will have chosen to fill positions based on this criteria.

We estimate that around 27% of adult social care filled posts employed in the independent sector were roles with fewer than 16 contracted hours per week or were employed on a zero-hours contract in 2023/24.

## 2.4 Zero-hours contract trends

Table 7 shows that the proportion of staff employed on zero-hours contracts within the local authority and independent sectors has declined slightly on a year-to-year basis from its peak of 25% in 2020/2021, to 22% in 2023/24. This is most prominent for care workers, where over a third (34%) were on a zero-hours contract in 2020/21 which decreased to 29% in 2023/24. International recruitment has contributed to this, as people recruited internationally are less likely to be on a zero-hours contract, particularly those in care worker roles (please see Chapter 8 for more information).

**Table 7. Zero-hours contract status trend by selected job role (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates

|                        | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|------------------------|---------|---------|---------|---------|---------|---------|---------|
| <b>All job roles</b>   | 24%     | 24%     | 24%     | 25%     | 24%     | 23%     | 22%     |
| Senior management      | 4%      | 4%      | 4%      | 4%      | 4%      | 5%      | 4%      |
| Registered manager     | 2%      | 2%      | 2%      | 2%      | 3%      | 3%      | 3%      |
| Social worker          | 3%      | 3%      | 4%      | 5%      | 4%      | 5%      | 4%      |
| Occupational therapist | 2%      | 2%      | 3%      | 2%      | 1%      | 2%      | 2%      |
| Registered nurse       | 17%     | 17%     | 16%     | 15%     | 13%     | 15%     | 16%     |
| Senior care worker     | 10%     | 10%     | 10%     | 9%      | 9%      | 8%      | 9%      |
| Care worker            | 34%     | 34%     | 34%     | 34%     | 33%     | 32%     | 29%     |
| Support and outreach   | 14%     | 14%     | 16%     | 15%     | 15%     | 15%     | 16%     |

\* Rows may not sum due to rounding

# 3. Recruitment and retention



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

**24.2%**

turnover rate  
in the past  
12 months

**57%**

of recruitment  
was from within  
adult social care

**9.4**

average years of  
experience in the  
sector

**8.3%**

vacancy rate  
(131,000 vacant  
posts)

## Key findings

- The vacancy rate has consistently decreased from a peak of 10.6% in 2021/22 to 8.3% in 2023/24. This is a decrease of around 33,000 vacant posts over the previous two years. Levels of international recruitment since February 2022 has contributed to the reduction in vacant posts since 2021/22.
- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 24.2%, equivalent to approximately 350,000 leavers over the year. Many of those that leave their roles remain within the sector, as 57% of recruitment is from within adult social care.
- The turnover rate in the local authority and independent sectors was 24.8%. This is its lowest point since 2014/15 and is a decrease from 29.1% in 2022/23.
- The average number of sickness days lost was 5.0 per employee; this equates to approximately 7.2 million days lost due to sickness in 2023/24.

The information in this chapter was gathered from local authorities as at September 2023, and from independent sector employers between April 2023 and March 2024. Personal assistants working for direct payment recipients returned information in February 2024 as part of a survey we conducted.

Trends have been provided within this chapter, but only vacancy rates contain personal assistant data. Other trends contain **only** the local authority and independent sectors, as personal assistant data is based on a relatively small sample so precise trends between years for these variables cannot be produced.

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 develop [resources to support recruitment](#) within the sector.

Employers who [sign up to the ASC-WDS](#) can compare their workforce turnover rate, vacancy rate, pay, sickness and qualifications against that of other employers in their local area using our benchmark tools.

## 3.1 Recruitment and retention resources

### 3.1.1 Recruitment resources

Skills for Care encourages employers to take a values-based approach to recruitment. This approach is a way of recruiting people with values, behaviours and attitudes that align with those of the establishment. Our values-based recruitment toolkit demonstrates how employers can:

- [Articulate](#) their establishment's values
- [Attract](#) suitable candidates through advertising
- Design an application process that helps candidates [Apply](#) for the role in a way that demonstrates their values
- Choose suitable selection tools to [Assess](#) the candidate's values
- Induct new recruits in a way that smoothly [Assimilates](#) them into the organisation

The toolkit also includes checklists for each stage of the process and guidance on how to make recruitment processes inclusive of neurodiverse candidates. For more information, visit our web page about [values-based recruitment](#). Skills for Care can provide additional support programmes to your organisation with regards to values-based recruitment. For more information on the services available, explore our [values-based recruitment support programmes](#) or contact [information.team@skillsforcare.org.uk](mailto:information.team@skillsforcare.org.uk).

We have also worked in partnership with Care Friends to develop an employee referral app. Care Friends allows staff to refer their friends for job opportunities and share job opportunities through social media. Staff attracted through this process had a 50% lower year-one attrition rate compared to the sector average. For more information, visit the [Care Friends website](#).

A supportive and inclusive induction process is important for all new starters at all levels and in all types of roles in adult social care. Our [induction toolkit](#) can support employers to offer a robust induction which supports and inspires new starters, implements expected standards, and creates the right first impression.

### 3.1.2 Recruitment planning and attracting people

It's vital that the adult social care sector can attract and retain staff members with the right values and behaviours. They must be open to being supported to develop their skills with the aim of raising standards and delivering quality care for the people who use social care services.

The high level of movement within the current adult social care workforce may have an adverse effect on service delivery and continuity of care.

We have received anecdotal evidence that employers using values-based recruitment and retention approaches attract staff who perform better, have lower sickness rates, and achieve greater success in developing the skills needed for their roles. This approach may also reduce the cost of recruitment and training, as well as reducing turnover. See our [recruitment support webpages](#) for further information about recruiting for values and further research into staff retention.

### 3.1.3 Recruitment support

Getting recruitment right ensures that your service has enough of the right staff to deliver safe and effective care that's responsive to people's needs.

Skills for Care provides support to find and keep the right people. We have practical tools and resources to help. We offer guidance on safe staffing, workforce planning and effective recruitment practices. We provide information and advice on how to attract and select the right people to join your organisation, including how to use values-based recruitment to ensure that your new staff will be able to deliver the person-centred care needed.

There is support for:

- Recruitment planning
- Attracting people
- Application and selection process
- Retaining your workforce

More information can be found at the [recruitment support hub](#) on our website.

### 3.1.4 Retention resources

Staff retention is an ongoing issue for many employers across the adult social care sector. Skills for Care has worked with employers and developed [top tips for adult social care workforce retention](#) which are available to view on our website.

However, turnover rates are not universally high in the sector. Around 17% of independent sector establishments (with 50 or more staff) had a turnover rate below 10%. Some of the common traits of these establishments are discussed below and in Section 3.7.

In our [“Secrets of success” research](#), 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%)

For more information and support on retaining your workforce, visit our [website](#).

## 3.2 Vacancy rates

The total number of posts in adult social care in England (including filled posts and vacant posts) was 1.84 million as at 2023/24 (this was 2.6% higher than in 2022/23). The number of filled posts was estimated at 1.705 million and the number of vacant posts was 131,000.

Chart 19 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 vacancies survey conducted by ONS which samples approximately 6,100 businesses.

It should also be noted that definitions vary between these data sources. ASC-WDS defines a vacant post as a post that is being actively recruited to. In the NHS statistics, a vacant post is the number of 'unfilled' posts (the NHS may not be actively recruiting to all these vacancies and therefore the NHS vacancy rate would be lower if it was collected in the same way as the ASC-WDS). The ONS vacancies survey calculates the vacancy rate as a ratio of vacancies to employees compared to ASC-WDS which is a ratio of vacancies to employees plus vacancies (if the ONS ratio was calculated in the same way as ASC-WDS then the 'all sectors' rate would be around 2.7% rather than the 2.8% reported).

While noting the differences in the data collections above, the 131,000 vacant posts in the adult social care sector across England in 2023/24 equates to a rate of 8.3%. This was higher than that of the NHS (6.9% as at March 2024)<sup>5</sup> and the wider UK economy, which had an estimated vacancy rate of 2.8% (as at February-April 2024)<sup>6</sup>.

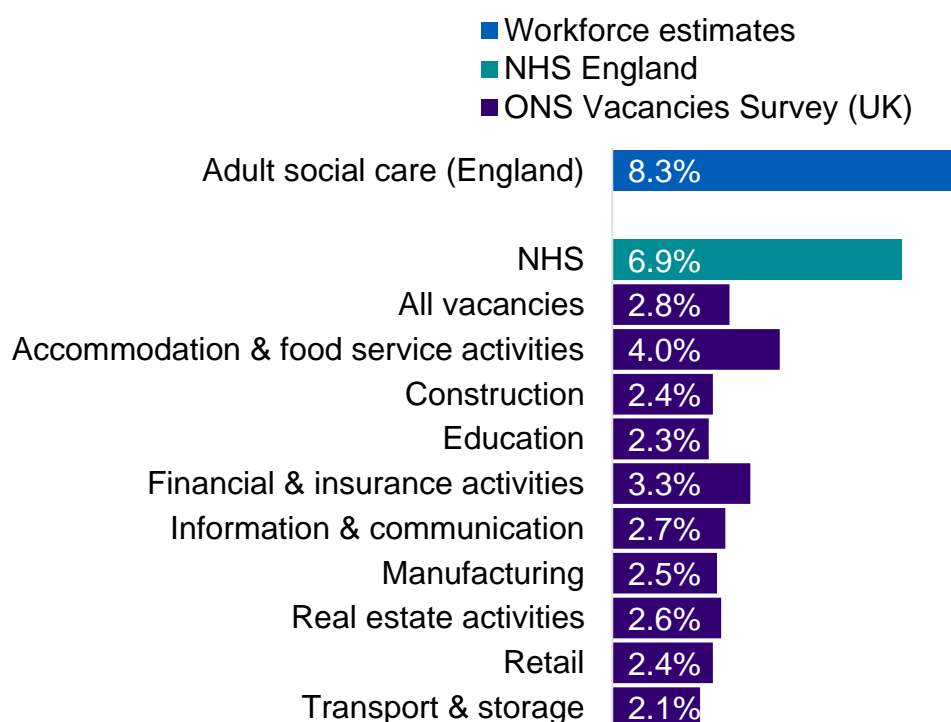
The number of vacant posts includes posts that are vacant in the short term due to recent or anticipated staff turnover, posts created by employers seeking to expand and grow their businesses, as well as more persistent vacancies where the offer to potential staff is not sufficiently competitive in the local labour market. Therefore, the higher rate in adult social care is likely due to a combination of these factors. Specifically for adult social care, the growing demand for staff and the large number of employers potentially seeking to expand to meet this demand could be contributing. Recruitment and retention could also be contributory factor in adult social care, Skills for Care has received anecdotal evidence that recruitment and retention difficulties have eased for some employers in 2023/24 but for others it remains challenging.

<sup>5</sup> [NHS Vacancy Statistics England April 2015 – March 2024](#)

<sup>6</sup> [ONS - Vacancies and jobs in the UK: July 2024](#)

### Chart 19. Estimated vacancy rate by sector, 2023/24

Source: Skills for Care estimates, NHS England, ONS Vacancies Survey



The number of filled posts across all sectors in adult social care reached 1.68 million in 2020/21 but then decreased by around 65,000 in 2021/22. This was the first decrease in filled posts since records began in 2012/13. During the same period, the number of vacant posts increased by around 55,000, reaching a peak of 164,000 in 2021/22, an increase of around 51%. This increase in vacant posts demonstrated that the decrease in filled posts was a result of recruitment and retention difficulties, rather than a decrease in demand for care staff.

Between 2022/23 and 2023/24 the number of filled posts increased by around 70,000 and the number of vacant posts decreased by around 22,000. Adding care workers to the Shortage Occupation List in February 2022 has contributed to this change in direction.

[Monthly tracking](#) of data in the ASC-WDS has shown that since March 2024 the vacancy rate continues to decrease and is now similar to the vacancy rate prior to the COVID-19 pandemic (7.3% in 2019/20). The information in the tracker has not been weighted to represent the whole sector so may not be precise, but it does give a good indication of the general trends. The monthly tracking data, up until the end of August 2024, has shown the vacancy rate decrease to 7.1% in the independent sector from the 2021/22 peak of 10.7%.

Chart 20 below compares the vacancy rate of selected job roles in adult social care. Social workers and occupational therapist information shown in this chart refers to those filled posts in the local authority sector only, as staff in these roles are predominantly employed in this sector.

Information for all other job roles refer to the local authority, independent and direct payment recipient sectors.

Personal assistants employed by direct payment recipients had the highest vacancy rate at 11.0% in 2023/24, which was higher than care workers (9.9%), and much higher than senior care workers (5.4%). Registered managers had a vacancy rate of 9.8%, which was much higher than other managers roles (3.7%), and equivalent to around 2,800 vacant posts during 2023/24.

The vacancy rate of regulated professions did not vary much between roles as registered nurses had a rate of 9.0%, social workers had a rate of 10.5%, and occupational therapists had a rate of 9.5%. Registered nurses also had relatively high turnover and starter rates, which is a contributory factor to high vacancy rates.

The Shortage Occupation List (SOL) was an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts. The list made it possible for employers to recruit migrant workers, though immigration rules and regulations still had to be adhered to by anyone employing staff from overseas. Registered nurses, social workers and occupational therapists were all on the SOL in 2023/24. For further information about recruiting international nurses, see the NHS Employers article [‘Recruitment of overseas nurses and midwives’](#).

In 2021, registered managers and senior care workers were added to the SOL, followed by care workers in 2022. All roles on the list had to meet a points-based criteria, and points were acquired by having a job at the appropriate skill level, having an approved employment sponsor and minimum pay criteria. For more information about numbers of people recruited internationally, see our [international recruitment tracker](#).

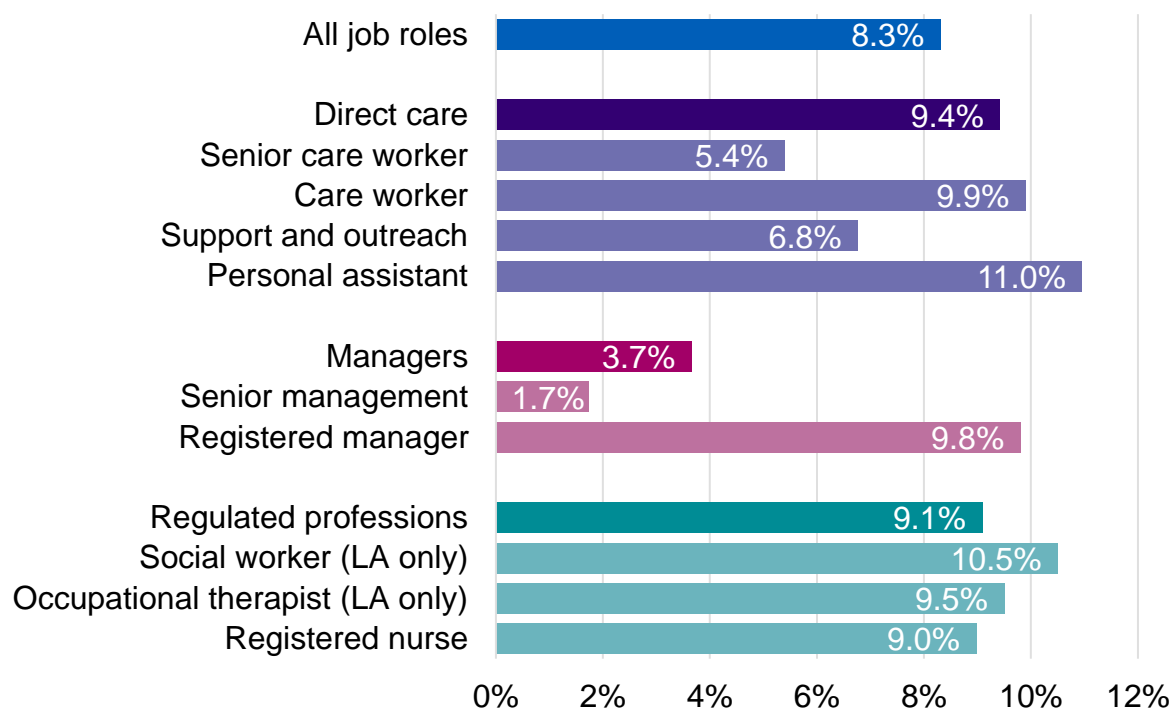
In April 2024, the SOL was replaced by the [Immigration Salary List](#) (ISL). The same adult social care sector job roles remain eligible occupations on the skilled worker route as before<sup>7</sup>. Care workers and Senior Care worker roles are on the ISL, this allows workers to be paid a minimum of £23,200 in these roles (up from £20,960). Some occupations are subject to national pay scales requiring people in those jobs to be paid in line with the rates on the relevant national scale.

---

<sup>7</sup> <https://www.gov.uk/government/publications/skilled-worker-visa-eligible-occupations/skilled-worker-visa-eligible-occupations-and-codes>

**Chart 20. Estimated vacancy rate by selected job role, 2023/24**

Source: Skills for Care estimates

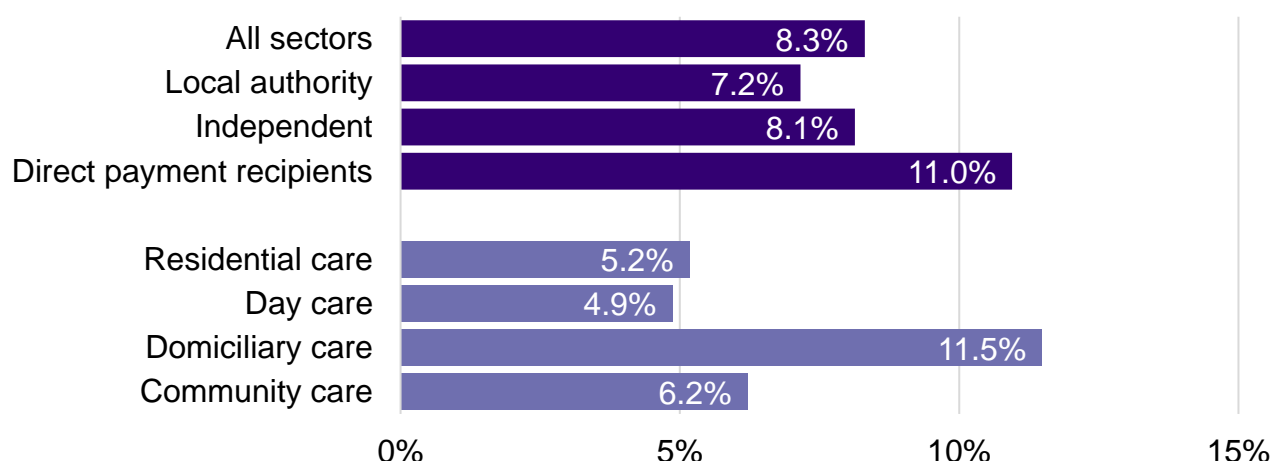


Vacancy rates were slightly lower in local authorities (7.2%) overall, compared to the independent sector (8.1%). Direct payment recipients had the highest vacancy rate by sector at 11.0%. Our previous research has found that individual employers have difficulties finding and recruiting suitable personal assistants to support them. For further information about the resources available to assist in the recruitment of personal assistants, see our [support for individual employers and personal assistants](#).

Chart 21 shows that there's also variation in vacancy rate depending on the main care service provided at an establishment. Domiciliary care services had the highest vacancy rates at 11.5% whereas residential care was lower at 5.2%.

**Chart 21. Estimated vacancy rate by sector and main care service, 2023/24**

Source: Skills for Care estimates



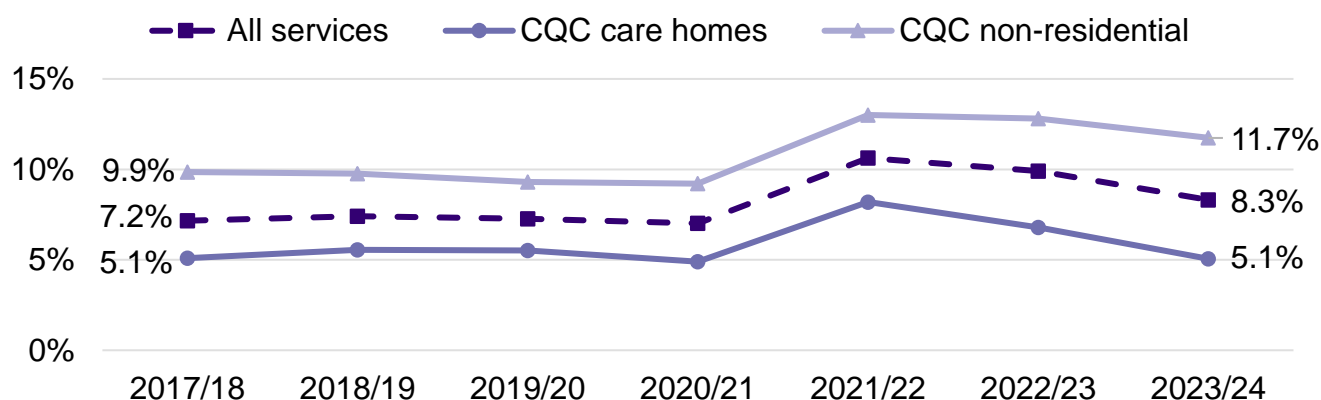
### 3.2.1 Vacancy rate trends

The vacancy rate reached a peak of 10.6% in 2021/22, the highest rate since records began in 2012/13. The rate decreased to 9.9% in 2022/23 and decreased again to 8.3% in 2023/24. The decrease in the vacancy rate in 2023/24 corresponds to an increase in the number of filled posts, however the vacancy rate remains relatively high compared to historical levels and other sectors. This shows that recruitment and retention difficulties in the sector persist despite improvements this year.

Chart 22 below compares the overall vacancy rate trend to that of CQC-regulated care homes and CQC-regulated non-residential services between 2017/18 and 2023/24. The decrease in vacancy rates between 2022/23 and 2023/24 was larger in CQC care homes (down from 6.8% to 5.1%) than it was in CQC non-residential services (down from 12.8% to 11.7%). CQC care home vacancy rates are closer to rates prior to the 2021/22 spike, though CQC non-residential services remain higher.

**Chart 22. Vacancy rate trends by main service, 2017/18 to 2023/24**

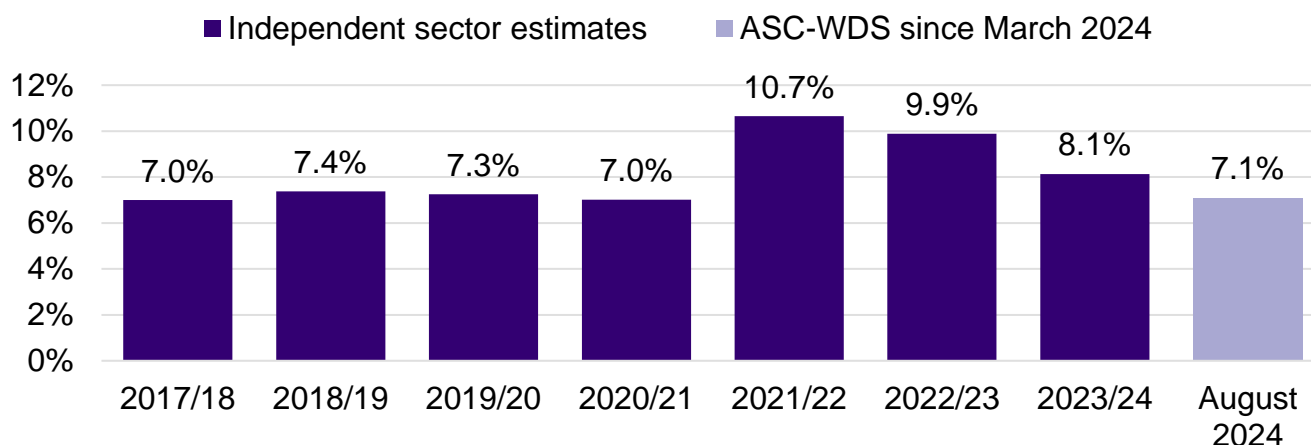
Source: Skills for Care estimates



Monthly tracking of data in the ASC-WDS from independent sector employers since March 2024 (not weighted to represent the whole sector) has shown the vacancy trend continuing to decrease towards rates seen prior to 2021/22. For the most up-to-date information for vacancy figures, see our [recruitment and retention trackers](#).

### Chart 23. Vacancy rate trend (independent sector only), 2017/18 to August 2024

Source: Skills for Care estimates and Skills for Care monthly tracking



In 2022/23 and 2023/24, there were substantially more people recruited internationally compared to 2021/22 or earlier, which has played a part in the increase in filled posts and reduction in vacant posts seen over the period. For further information, see Section 8 – International recruitment.

Skills for Care will continue to monitor this vacancy rate trend. See our [website](#) for advice about international recruitment, including the process involved and how to support international recruits as they start in their roles. Chart 24 compares the adult social care vacancy rate to that of the NHS and the wider UK economy. The trend shows that adult social care has consistently had a higher vacancy rate than the wider UK economy and has been higher than the NHS vacancy rate since 2019/20.

**Chart 24. Comparison of vacancy rate in adult social care, NHS and wider UK economy, 2017/18 to 2023/24**

Source: Skills for care estimates, NHS England, ONS

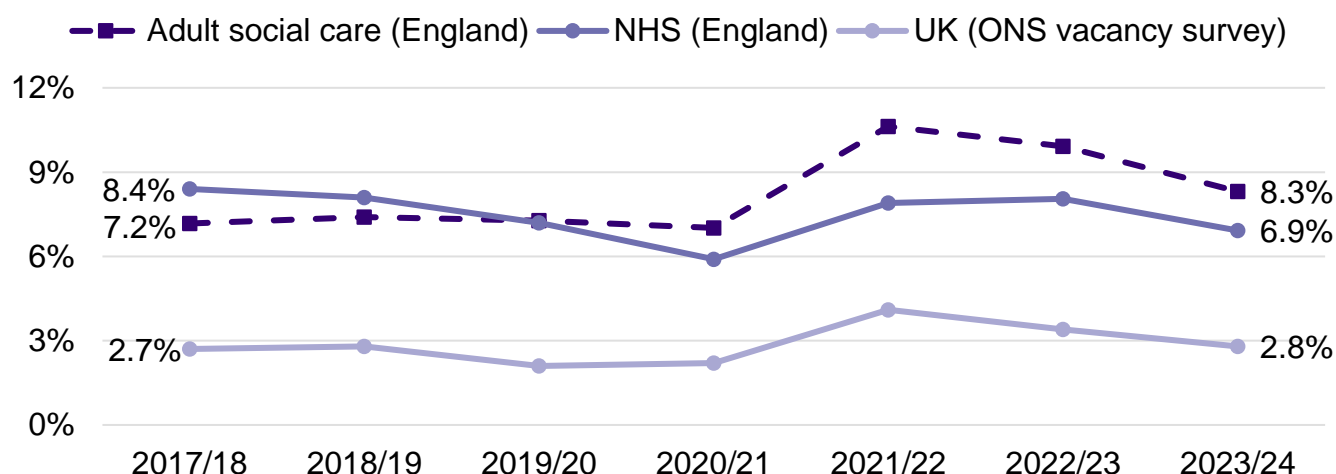


Chart 25 compares the vacancy rate trend of senior managers and registered managers between 2017/18 and 2023/24. Both roles showed a similar trend, however the rate for senior managers has remained considerably lower than registered managers.

**Chart 25. Vacancy rate trends for all job roles and selected managers job roles, 2017/18 to 2023/24**

Source: Skills for Care estimates

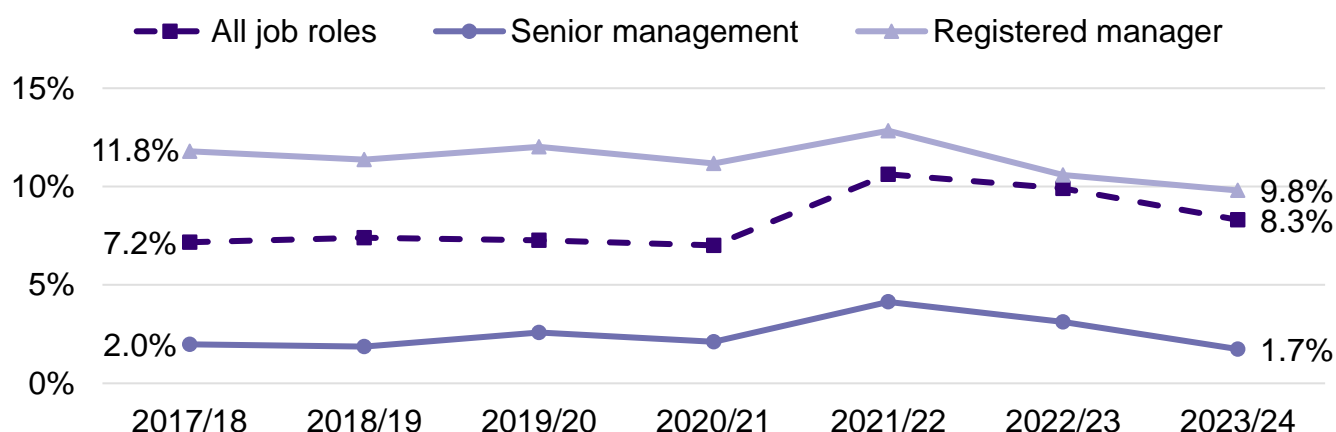


Chart 26 below compares the vacancy rate trend for regulated professions. Social workers and occupational therapist information shown in this chart refers to those filled posts in the local authority sector only, as staff in these roles are predominantly employed in this sector. Information for all other job roles refer to the local authority and independent sectors.

There were 2,900 registered nurse vacant posts in 2023/24. Vacancy rates for registered nurses have consistently decreased from 14.6% in 2021/22 to 9.0% in 2023/24. Social worker and occupational therapist vacancy rates continued to increase between 2021/22 and 2022/23,



though vacancy rates for both roles decreased in 2023/24. There were 1,900 and 300 vacant posts in 2023/24 for social workers and occupational therapists respectively.

**Chart 26. Vacancy rate trends for selected regulated professions job roles, 2017/18 to 2023/24**

Source: Skills for Care estimates

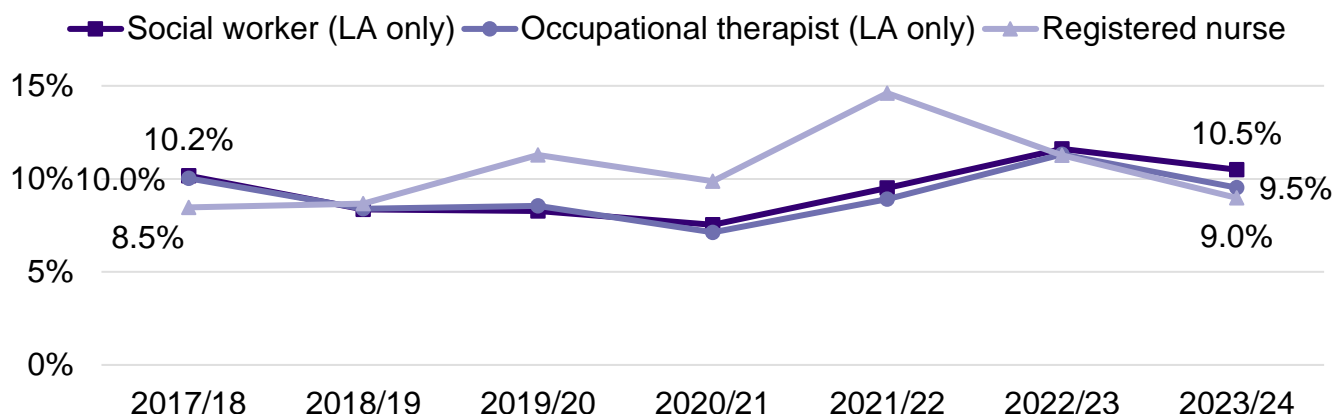


Chart 27 compares the vacancy rate trend for direct care providing job roles. Each of these roles showed their highest vacancy rate in 2021/22. Between 2022/23 and 2023/24, the vacancy rate of senior care workers remained similar whereas the rates for care workers and support and outreach workers decreased by 1.9 and 3.4 percentage points respectively. Some gains made from international recruitment from outside of the EU have been offset by a reduction in British workers employed over the period. For more information, please see Section 8 – International Recruitment.

**Chart 27. Vacancy rate trends for selected direct care job roles, 2017/18 to 2023/24**

Source: Skills for Care estimates

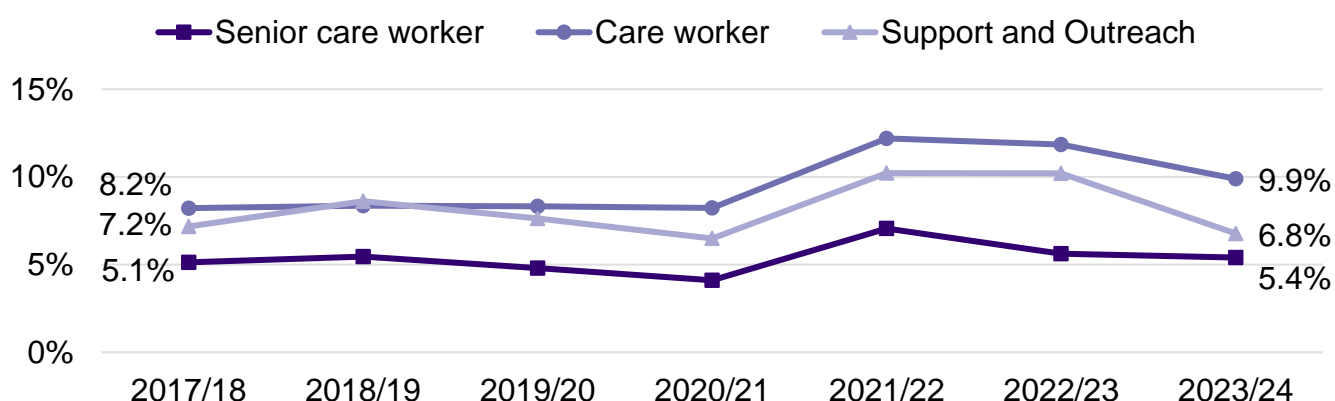
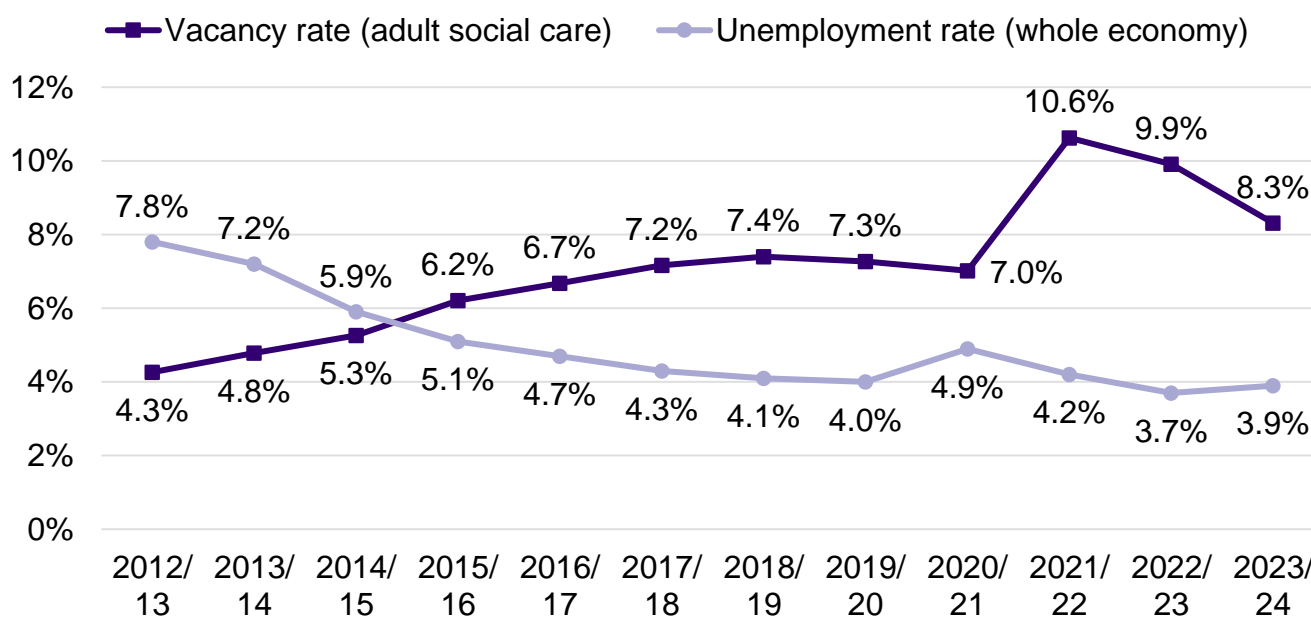


Chart 28 below compares the adult social care vacancy rate and whole economy unemployment rate. The chart shows how the adult social care vacancy rate is correlated with the number of jobs available in the wider economy. Although there are other factors influencing these figures, in general, when there are more jobs available in other sectors,

fewer adult social care posts get filled.

### Chart 28. Adult social care vacancy rate and unemployment rate, 2012/13 to 2023/24

Source: Skills for Care estimates, ONS Labour Force Survey



Over the same period, the proportion of people in England that were economically inactive but seeking a job had decreased from 22.4% in 2017/18 to 17.5% in 2023/24. In absolute terms, this was a decrease from 1.66 million people to 1.3 million people looking for work.<sup>8</sup> These jobseekers represent a considerable pool of prospective workers that may have been available to work in adult social care at this time.

Another influencing factor for vacancy rates in adult social care, particularly in the care worker vacancy rate, is rates of pay. For more information about pay, see Section 5.

## 3.3 Starter rates

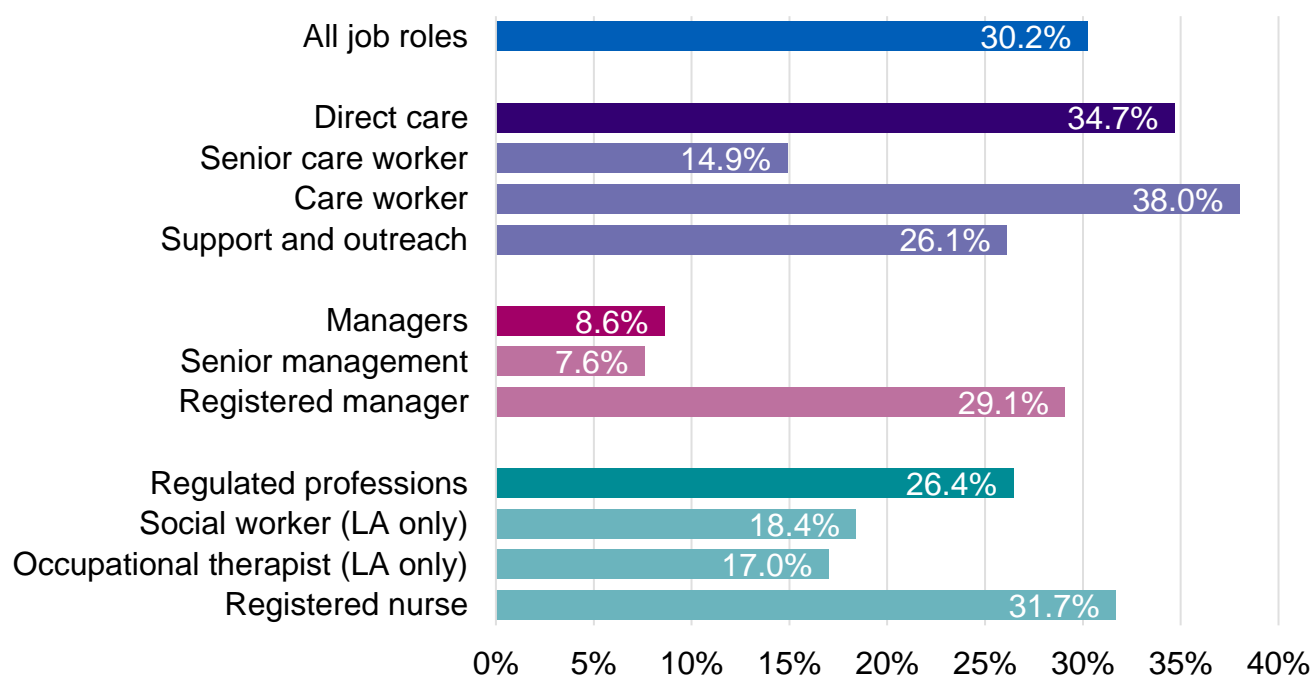
The information below refers to directly employed staff (permanent and temporary staff) in the local authority and independent sectors only. Data for direct payment recipients is not included.

We estimate that the starter rate in the past 12 months was 30.2%, which equates to approximately 400,000 new starters during 2023/24. Care workers had the highest starter rate, at 38.0%, followed by registered nurses (31.7%) and registered managers (29.1%).

<sup>8</sup> [ONS Annual Population Survey, 2024](#)

**Chart 29. Estimated starter rate of directly employed workers by job role, 2023/24**

Source: Skills for Care estimates



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 (43%), and 'churn' within the adult social care sector (57%), i.e., people moving from different employers or within the same organisation. Please see Section 3.5 for further information.

### 3.3.1 Starter rate trends

Chart 30 below shows the starter rate trend between 2017/18 and 2023/24 and includes the local authority and independent sectors only. Data for direct payment recipients is not included.

The starter rate peaked in 2018/19 at 37.2%, then fell to 30.8% in 2021/22, a decrease of 6.4 percentage points. This low point was at the time when the wider economy re-opened and the easing of restrictions after the COVID-19 pandemic. This partially explains why the overall number of filled posts in adult social care fell for the first time in 2021/22.

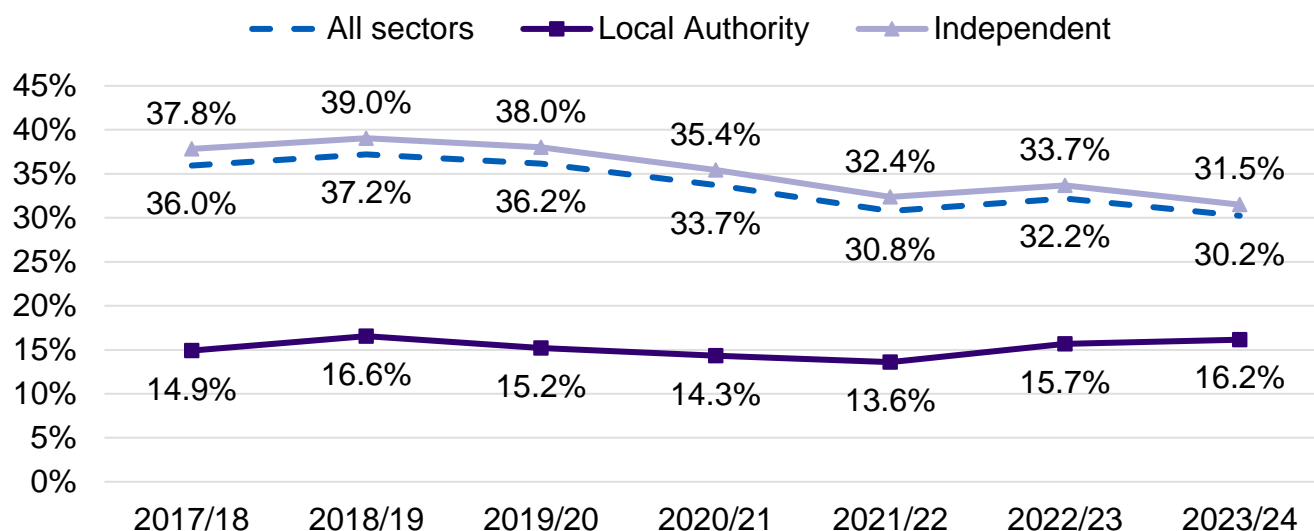
The starters rate has stabilised since 2021/22, which is in part due to international recruitment. International recruitment provides an additional option for employers to bring in care workers.

The starters rate is also linked to the amount of turnover in the sector. Since 2021/22 the turnover rate has decreased and in 2023/24 the turnover rate reached its lowest point since 2014/15. This contributed to the starters rate decreasing to the lowest level of this period in 2023/24 (30.2%). Due to the decreasing turnover rate, there is less replacement demand for

new starters. See Section 8 for more information about turnover rate differences between international recruits and domestically recruited workers.

**Chart 30. Estimated starter rate trend of all job roles by sector (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates



### 3.4 Age worker started in the adult social care sector

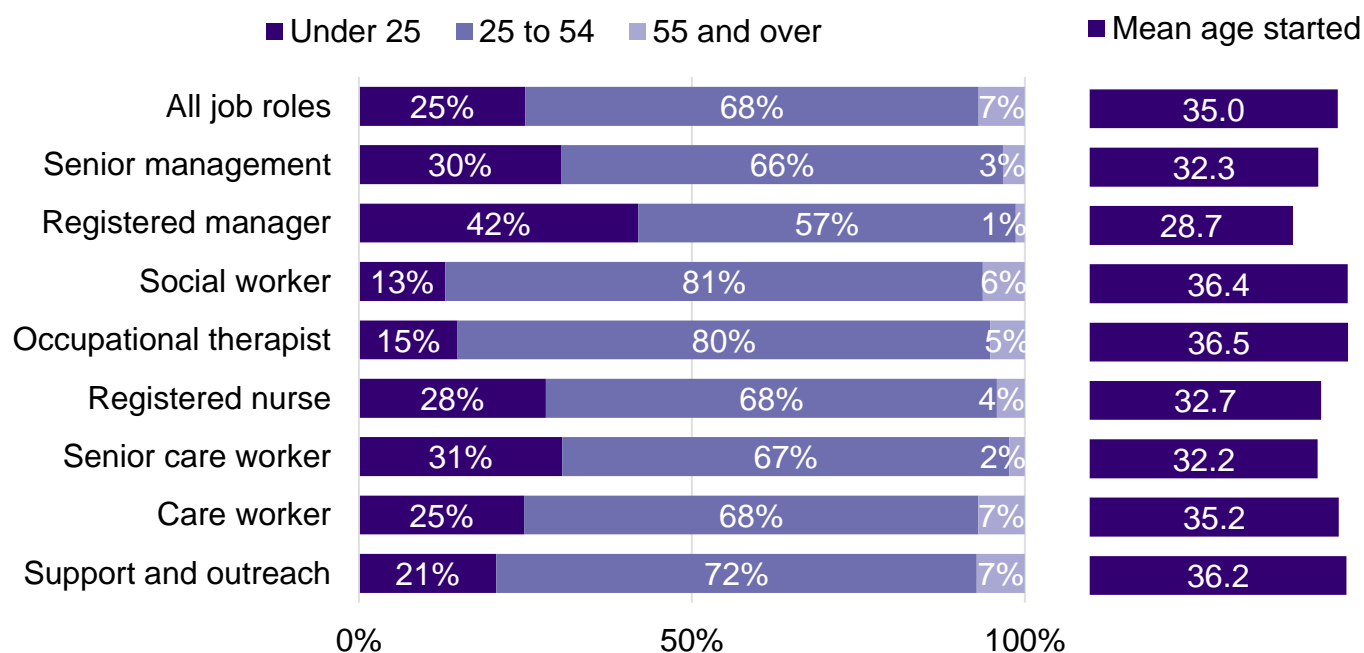
Information about the age of workers and the years in which they started working in the adult social care sector is collected in the ASC-WDS. Therefore, the age at which a person started working in the sector can be calculated. Chart 31 below shows the age bands and average age workers began working in the adult social care sector. This includes the local authority and independent sectors only.

The average age a person joined the adult social care workforce was 35.0 years old in 2023/24. Managers tended to join the sector at an earlier age; registered managers had an average starting age of 28.7 years old. This shows that there's career progression within the sector, as younger people can go on to progress into more senior roles.

For further information, please see 'Experience in sector' (Section 3.8.1) and 'Career progression in adult social care' (Section 6.5).

**Chart 31. Estimated age bands and average age started working in the adult social care sector by selected job roles (local authority and independent sectors only), 2023/24**

Source: Skills for Care estimates



A significant increase in demand for labour in the sector is forecast (see Section 7 – Workforce projections). 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.

### 3.5 Source of recruitment

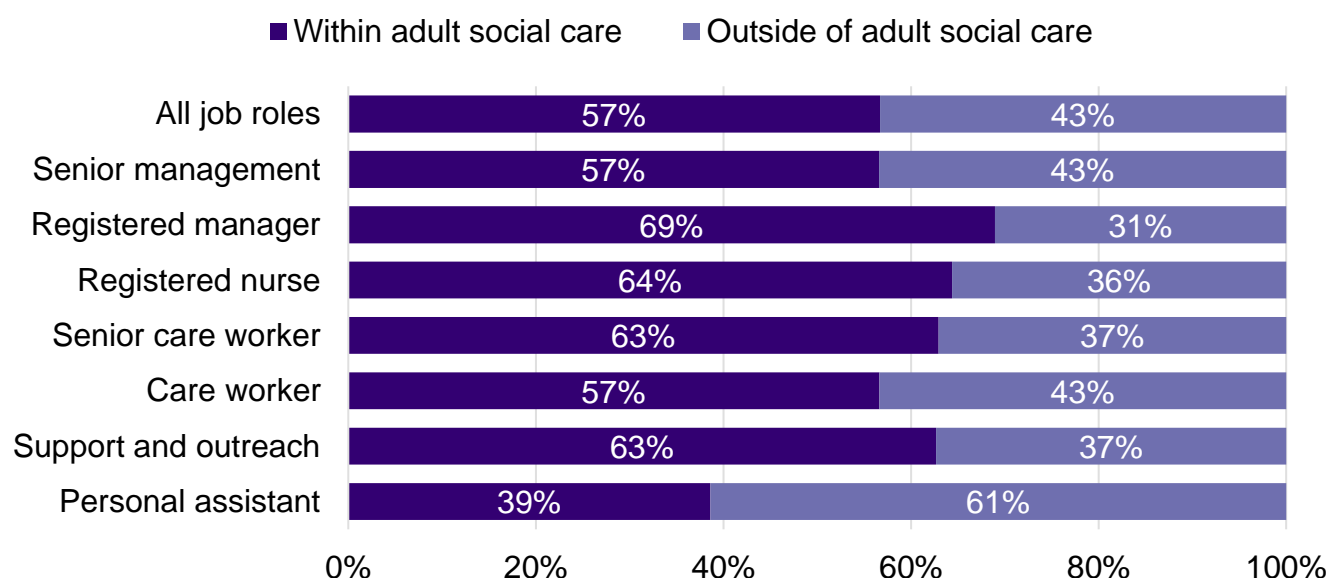
Information is collected in the ASC-WDS about the source of recruitment of adult social care workers. These sources can be grouped into ‘within the adult social care sector’, including the independent or local authority sectors, agencies or internal promotions, and ‘outside the adult social care sector’,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

Although the turnover rate for all job roles is relatively high (24.2%), 57% 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. Of those 43% recruited from outside adult social care, around 7% were recruited from the health sector and 37% were recruited from other sectors which could include retail and hospitality.

Skills for Care's website has information about a range of sources of recruitment for employers, including [international recruitment](#) and [widening your talent pool](#) to remove unfair and unnecessary barriers for people previously underrepresented in the care workforce.

**Chart 32. Estimated source of recruitment in the adult social care sector by selected job role, 2023/24**

Source: Skills for Care estimates



## 3.6 Leavers and staff turnover rates

The information below refers to directly employed staff only (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 aren't captured here.

We estimate that the turnover rate of staff working in the adult social care sector was 24.2% in 2023/24. This equates to approximately 350,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 57% of recruitment comes from within adult social care, and 43% come from outside of the sector.

Turnover rates varied between sector, service and job role. Chart 33 shows that employees working for local authorities (13.0%) and employees working for direct payment recipients (18.2%) had much lower turnover rates than those in the independent sector (25.8%).

The turnover rate was higher for residential care (27.1%) and domiciliary care providers (23.4%) than for other service types.

### Chart 33. Estimated staff turnover rate by sector and main care service, 2023/24

Source: Skills for Care estimates

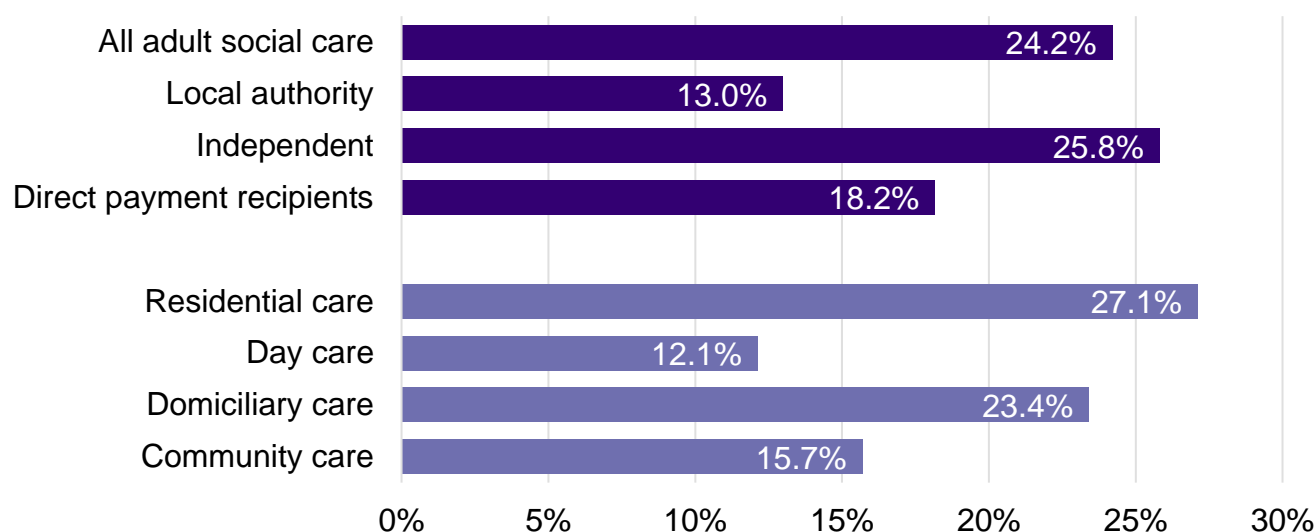


Chart 34 shows care workers had a much higher turnover rate compared to other direct care-providing roles at 29.9%; nearly double that of senior care workers at 15.1%.

Registered nurses also had a relatively high turnover rate (30.5%), equivalent to around 8,900 leavers, compared to other regulated professions such as social workers (17.2%) and occupational therapists (21.6%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 33 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 9.2% as at March 2024.<sup>9</sup>

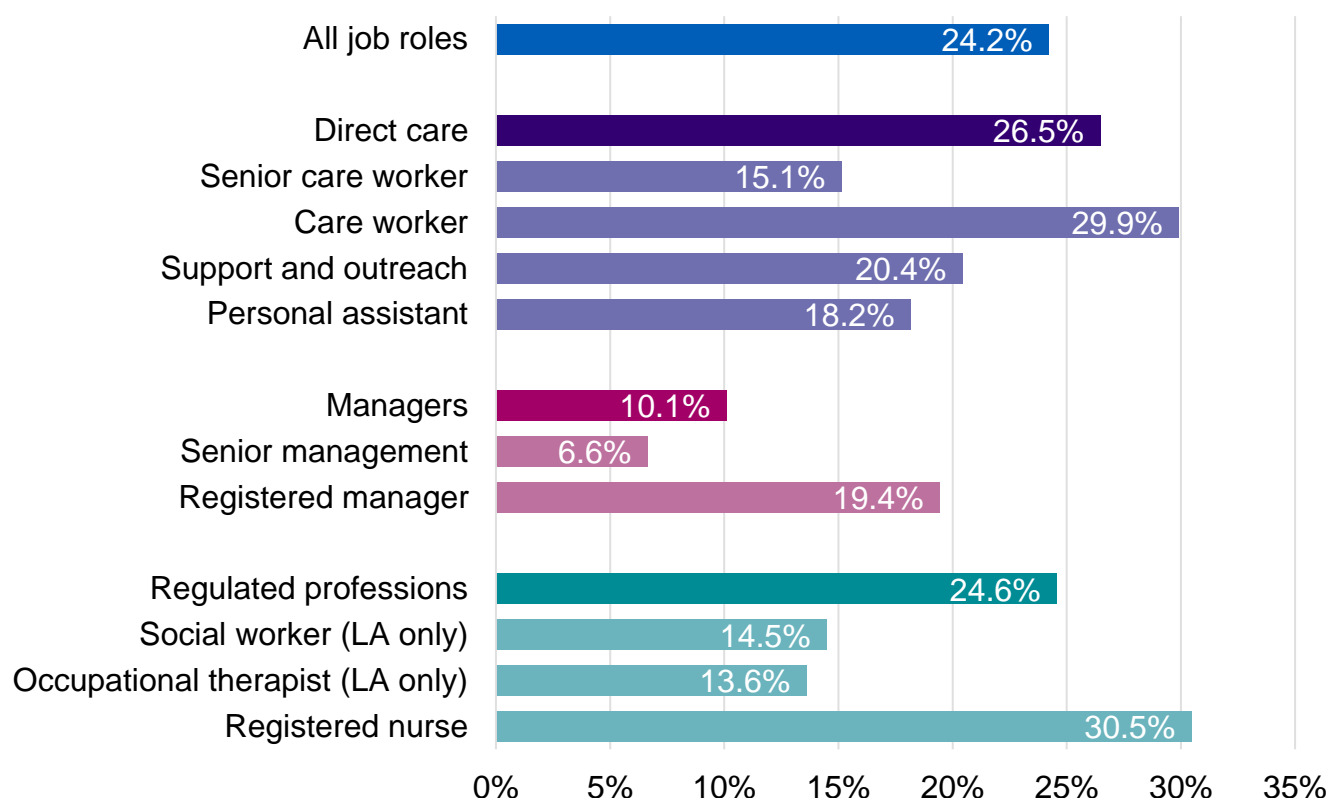
Registered managers had a turnover rate of 19.4%, equivalent to around 5,000 leavers during 2023/24. This rate was much higher than other managers roles.

<sup>9</sup> [NHS Workforce Statistics – March 2024](#)



**Chart 34. Estimated staff turnover rates by selected job roles, 2023/24**

Source: Skills for Care estimates



The ASC-WDS also collects information about the benefits offered to staff working in adult social care, including whether employers offered enhanced sick pay and pensions, on top of the statutory requirements. For more information about how these factors affect care worker turnover, see Section 9 – Factors affecting turnover and CQC ratings.

We commissioned research from Qa Research to understand more about the reasons why care workers leave their jobs in social care, what factors motivate them to stay or leave, and their future intentions. For further information, you can read the [‘Understanding the reasons care workers move on and their future intentions’](#) report.

### 3.6.1 Turnover rate trends

Please note the trends in this section, from this point, refer to data from the independent sector and local authorities only, unless otherwise stated. They do not include data from the direct payment sector or adult social care roles in the NHS. Therefore, the figures may differ from other chapters.

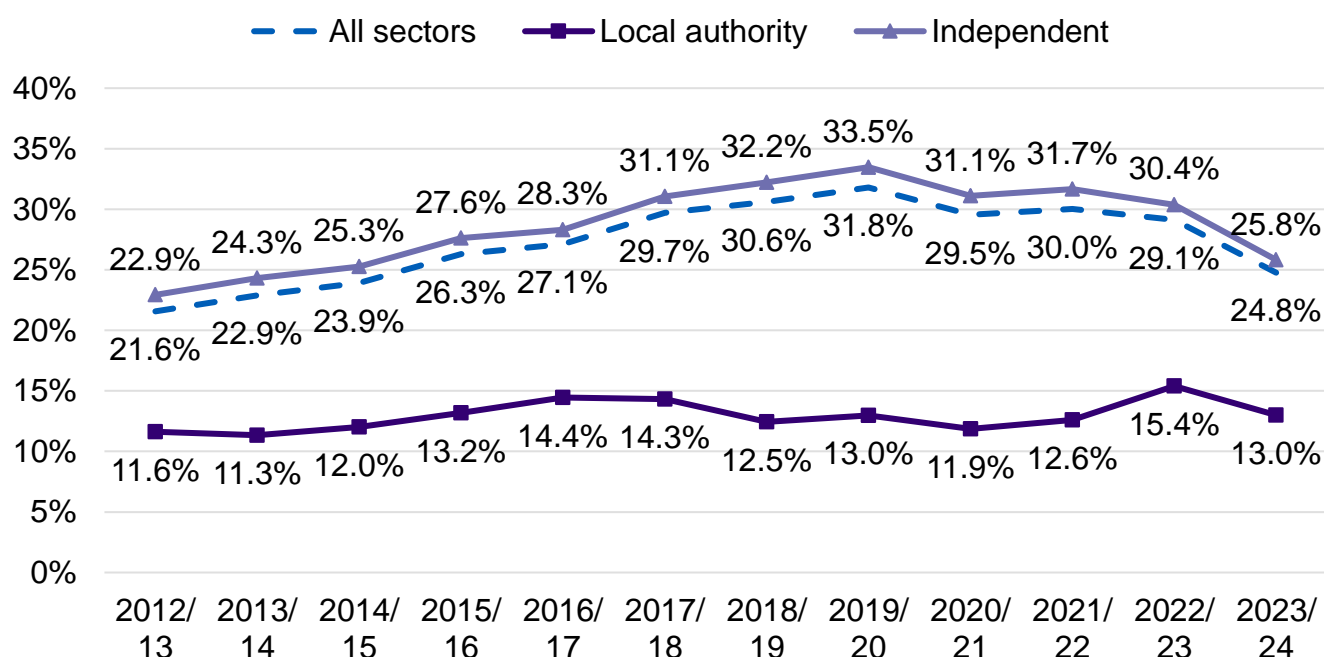
The charts in this section show the turnover rate trends of directly employed staff leaving their roles within the preceding 12 months for each year between 2012/13 and 2023/24. The turnover

rate decreased from 29.1% in 2022/23 to 24.8% in 2023/24. This is the lowest the turnover rate has been since 2014/15 (23.9%).

Chart 35 shows that the turnover rate in the local authority and independent sectors increased each year from 2017/18 to 2019/20. The overall rate then fell in 2020/21 to 29.5%, during the COVID-19 pandemic, where it remained in recent years until it decreased to its lowest point since 2014/15 in 2023/24. In 2023/24, the independent sector turnover rate was 25.8%, a decrease from 30.4% in 2022/23. The turnover rate in the local authority sector has always been lower than the independent sector.

**Chart 35. Turnover rate trend of all job roles by sector (local authority and independent sectors only), 2012/13 to 2023/24**

Source: Skills for Care estimates

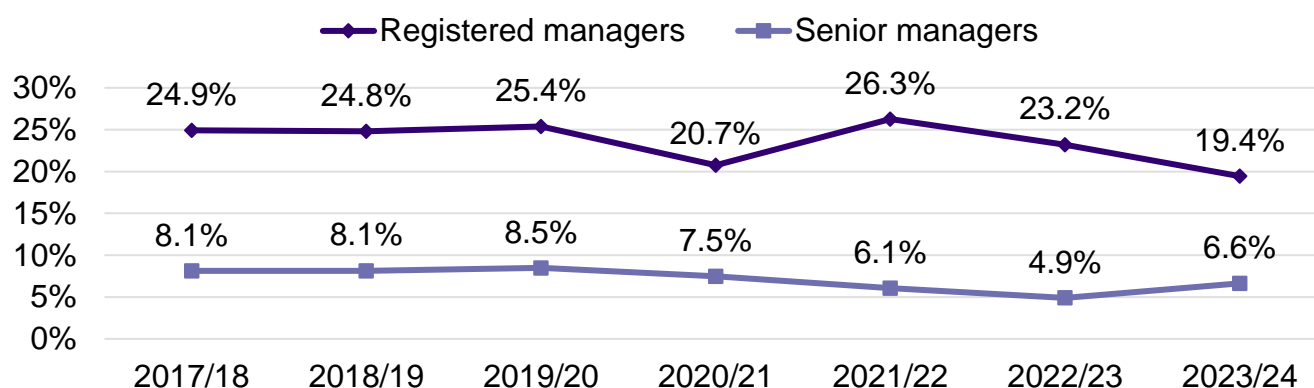


This decrease in turnover rate may be due in part to the increase in people recruited internationally as we know that these workers are less likely to leave their role than people recruited domestically. For further information, see Section 9 – Factors affecting turnover and CQC ratings.

The turnover rate of registered managers decreased to its lowest point (19.4%) in 2023/24, lower than before the COVID-19 pandemic.

**Chart 36. Turnover rate of selected managers roles (local authority and independent sectors only), 2017/18 to 2023/24**

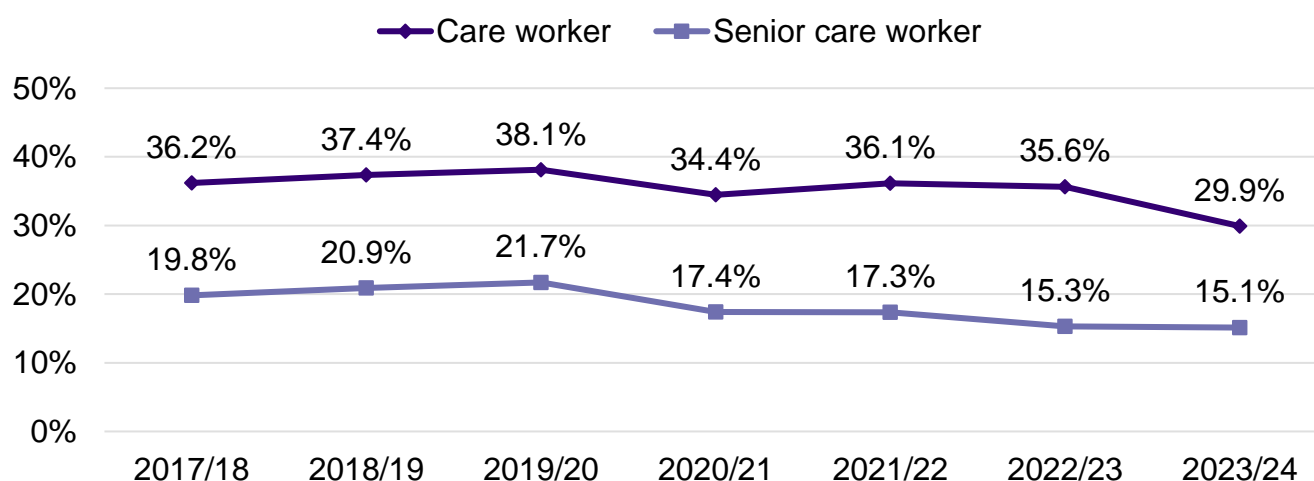
Source: Skills for Care estimates



The pattern was similar for care workers and senior care workers as both roles saw a decrease in their turnover rates in 2020/21. This is likely due to fewer opportunities available in the wider economy during the COVID-19 pandemic. Care workers have consistently had much higher turnover rates than senior care workers, usually around double their rate. In 2023/24, the turnover rate for care workers decreased more significantly than for senior care workers (5.7 and 0.2 percentage points respectively).

**Chart 37. Turnover rate of selected direct care roles (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates



## 3.7 Workforce factors affecting turnover rates

In addition to the information within this chapter, we have used models to calculate the most influential factors on workers' propensity to leave their jobs. Several factors were identified, including a worker's contract type, travel to work distance, level of training and pay, as well as variables at the establishment level, such as how long a registered manager had been in post.

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 between them. For further information, please see Section 9 – Factors affecting staff turnover and CQC ratings.

## 3.8 Experience of the adult social care workforce

Promoting opportunities for career development can help with retaining experienced staff. Our website has tips on how to [promote career development](#) within your organisation, and how to [develop your leaders and managers](#) to maintain the highest standards of quality care.

### 3.8.1 Experience in sector

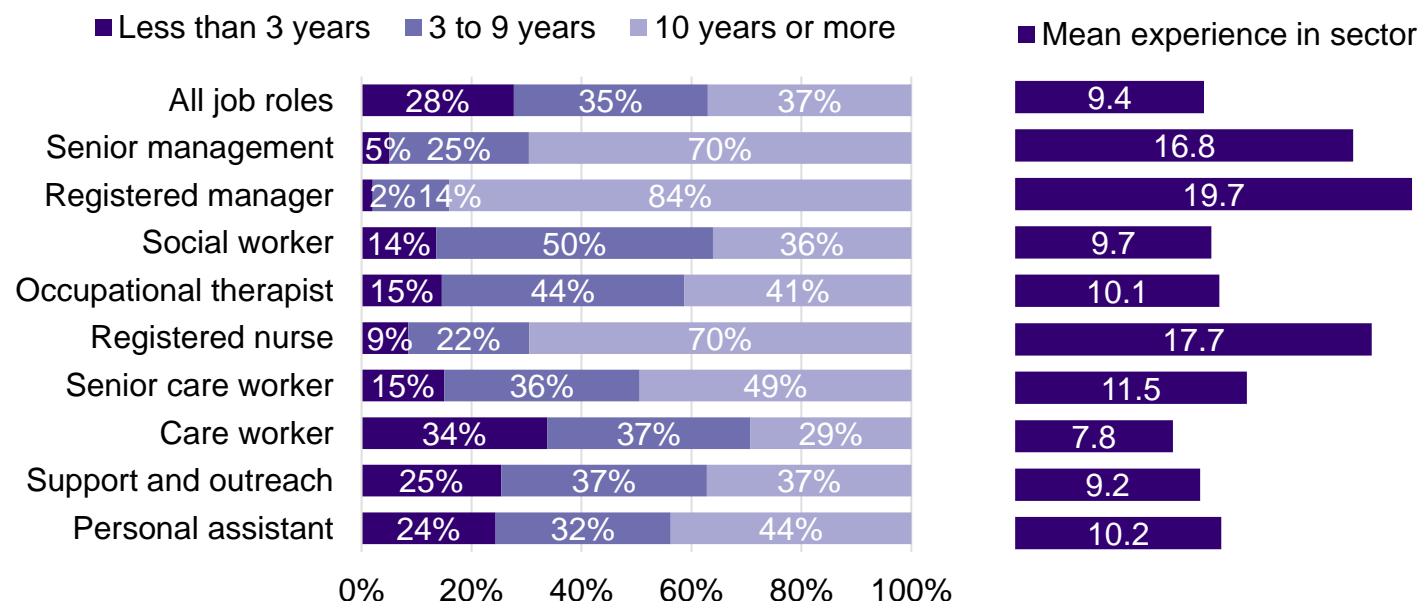
On average, workers had 9.4 years of experience in the adult social care sector and 72% of the workforce had been working in the sector for at least three years. Chart 38 shows that managers had the most experience in the sector, with an average of 19.7 years for registered managers and 16.8 years for senior management.

Within regulated professions roles, registered nurses had the most experience in the sector with 17.7 years, compared to 9.7 years for social workers and 10.1 years for occupational therapists. Care workers had the lowest average number of years of experience at 7.8 years. Senior care workers and personal assistants had higher averages (11.5 years, and 10.2 years respectively).

Around 28% 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 (34%). In contrast, 84% of registered managers had been in the sector for 10 years or more.

**Chart 38. Estimated experience in sector and average number of years' experience by selected job role, 2023/24**

Source: Skills for Care estimates



### 3.8.2 Experience in role

On average, workers had 4.9 years of experience in their current role (4.5 years less than the average experience in sector). Chart 39 shows information on workers' experience in their current role in years. The average number of years of experience for a care worker was 4.1 years, slightly lower than personal assistants, which had an average of 4.7 years. In contrast, senior managers (9.1 years) and registered managers (8.7 years) had more experience in their current role.

Registered nurses had an average of 4.9 years of experience in role; this was amongst the lowest levels of all the job roles shown in Chart 39. However, registered nurses' average years of experience of working in the adult social care sector were amongst the highest (17.7 years). This is likely a result of the relatively high turnover rate for registered nurses (30.5%) and indicates that many nurses have moved between employers in the social care sector.

**Chart 39. Estimated experience in role and average number of years' experience by selected job role, 2023/24**

Source: Skills for Care estimates

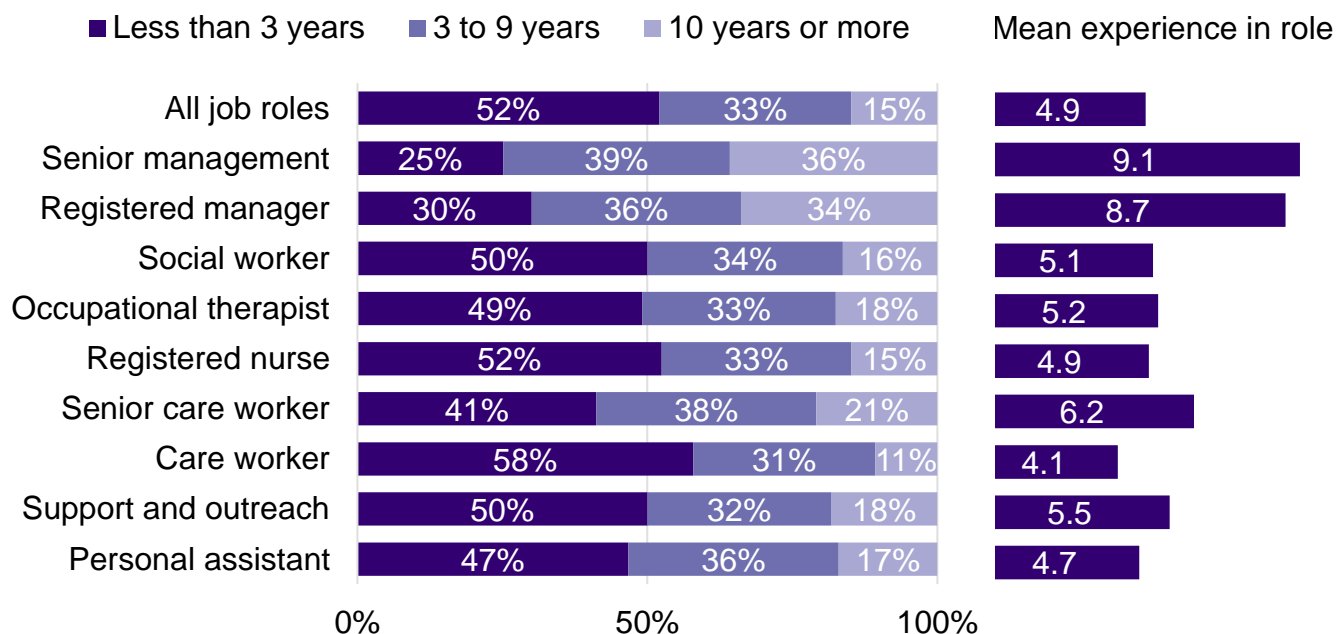
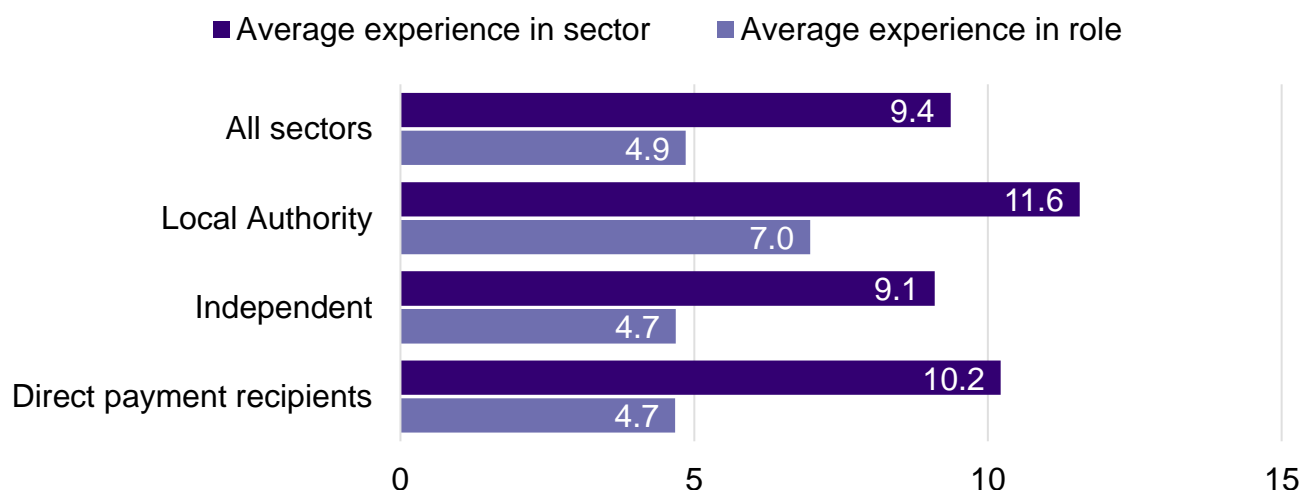


Chart 40 below shows that workers in the local authority sector had the most experience in the sector and remained in their role for longer. Workers employed in the independent sector had less experience on average, which reflects the higher turnover rates in this part of the sector.

**Chart 40. Comparison of average number of years of experience in current role and adult social care by sector, 2023/24**

Source: Skills for Care estimates



Although the turnover rate was 24.2% in 2023/24, the workforce average experience in the sector (9.4 years) shows there are an experienced core of workers that have chosen adult social care as a career.

## 3.9 Sickness rates

Wellbeing at work relates to every aspect of working life, from the working environment to how the workforce feels about themselves. Stress and burnout are prominent issues for adult social care staff and workforce wellbeing is paramount. Supporting the health and wellbeing of the workforce is essential to make sure people with care and support needs and their families receive good quality care so they can live as independently as possible. Our website has many resources to support managers to promote [staff wellbeing](#). We've launched a [positive culture toolkit](#) to support managers and staff to understand positive workplace culture and how to achieve it.

There was an estimated workforce of 1.44 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and posts working for direct payment recipients in 2023/24. These workers had an average of 5.0 sickness days per employee, meaning a total of approximately 7.2 million days were lost to sickness over the year.

Data from the Labour Force Survey<sup>10</sup> relating to sickness absence in the labour market was not available for 2023. However, across the wider economy of England in 2022, there were an average of 5.5 sickness days per worker, which was very similar to adult social care in 2023/24.

Chart 41 shows that the average number of sickness days varied by job role, with social workers and support and outreach workers having the highest number of sickness days at 9.9 and 9.1 days per year on average, respectively.

However, those in personal assistant roles had a much lower sickness rate, at 1.7 days. Personal assistants employed by a friend or family member had on average 1.4 sickness days. Those employed by a non-friend or family member had an average of 2.1 days. More evidence about this topic is presented in our [‘Individual employers and the personal assistant workforce, 2024’](#) report.

Registered nurses also had lower sickness rates, at an average of 3.3 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.

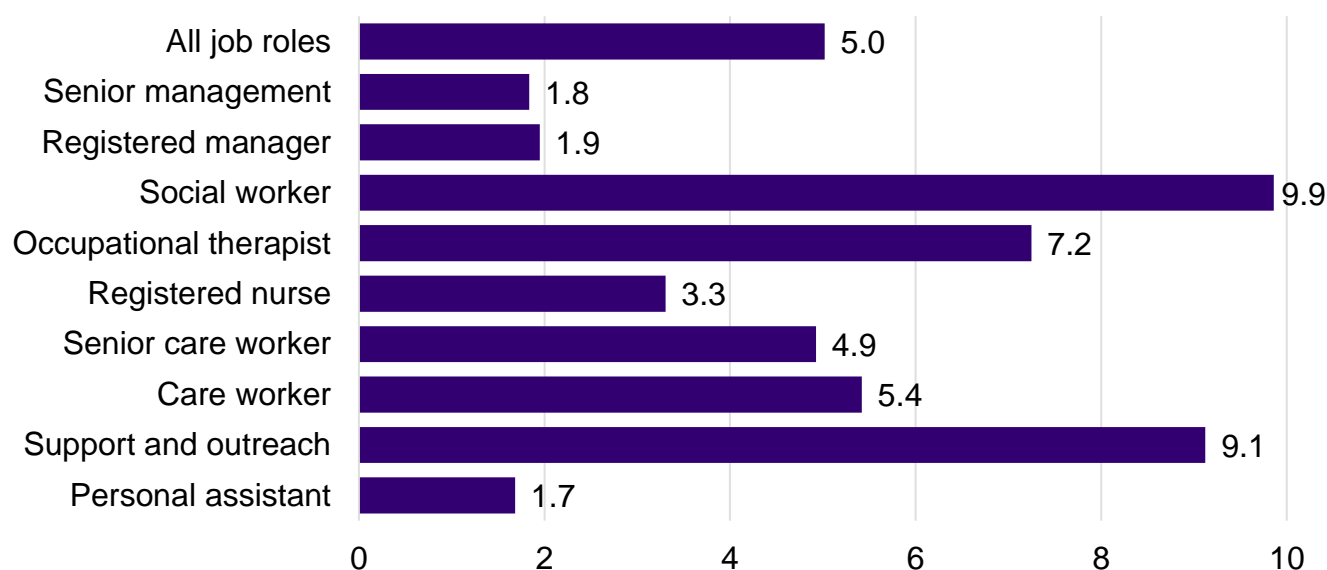
---

<sup>10</sup> [Labour Force Survey – Sickness absence in the UK labour market](#)



**Chart 41. Estimated average sickness days taken by selected job roles, 2023/24**

Source: Skills for Care estimates

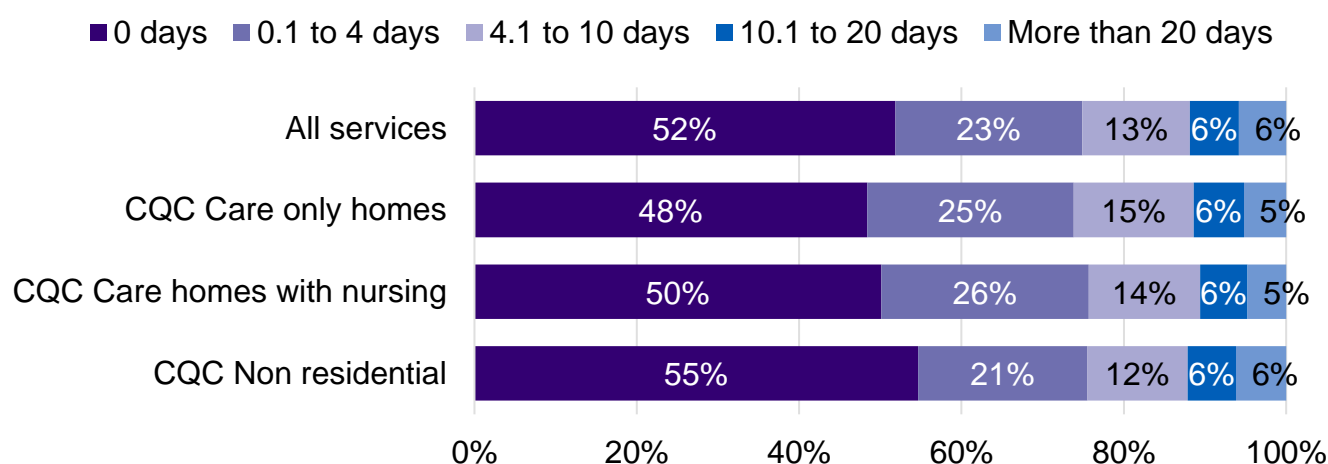


On average, sickness rates were higher within local authorities (10.7 days for all job roles and 14.1 for care workers) than in independent sector providers (4.9 days for all job roles and 5.1 for care workers). This may reflect differing terms and conditions.

Although the average number of sickness days was 5.0, unweighted data from the ASC-WDS showed that around half of workers in the independent sector had zero sickness days (52%). Chart 42 below shows that CQC care homes with nursing and CQC care only homes had more workers absent through sickness than domiciliary care services.

**Chart 42. Sickness distribution by service type, 2023/24**

Source. Independent sector unweighted ASC-WDS data



### 3.9.1 Sickness trends

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

Levels of staff sickness nearly doubled over the course of the pandemic. An average of 7.6 days were lost to sickness in 2020/21 in the independent sector compared to 4.2 days before the pandemic. This was a mix of people being ill, self-isolation, and people unable to work for other reasons, such as childcare issues.

After 2020/21, following the relaxation of rules regarding testing and isolation, sickness rates began to decrease but are still higher than before the pandemic.

**Chart 43. Average number of sickness days by sector (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates

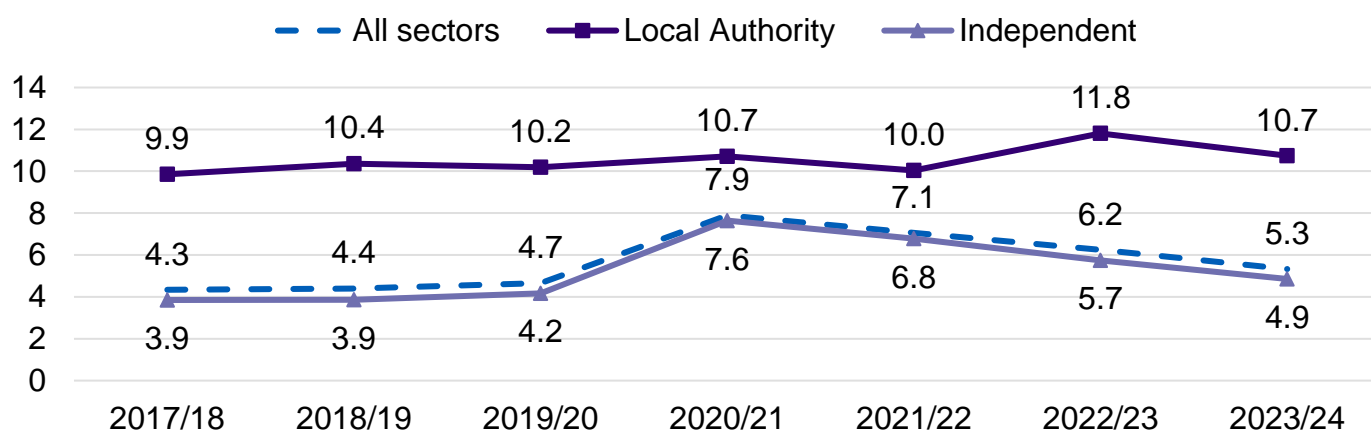
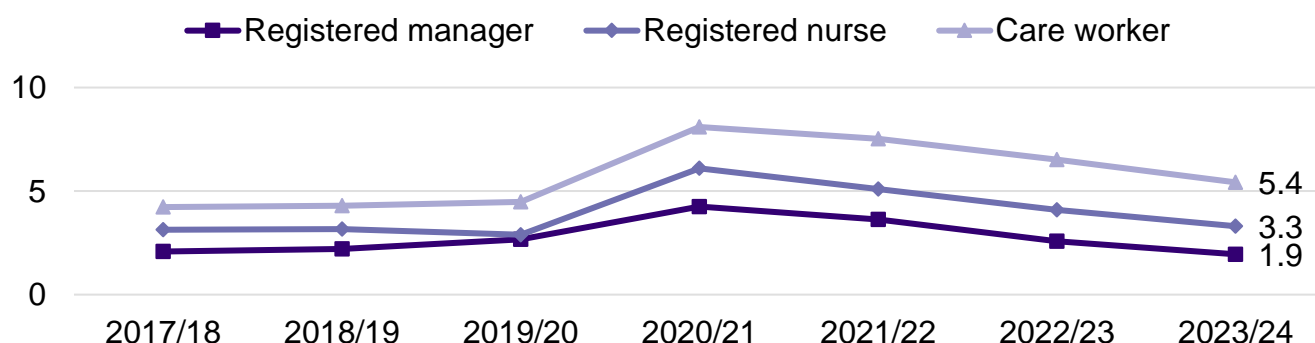


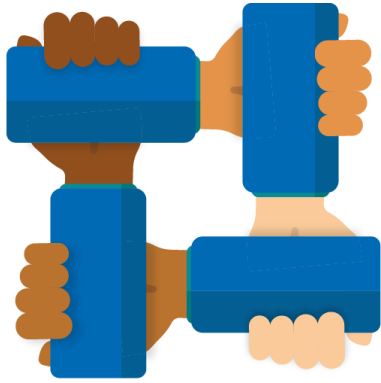
Chart 44 below shows the sickness trend for selected jobs roles. Registered managers, nurses and care workers all experienced similar increases in sickness rates while COVID-19 restrictions were in place.

**Chart 44. Estimated average sickness days taken by selected job roles, 2017/18 to 2023/24**

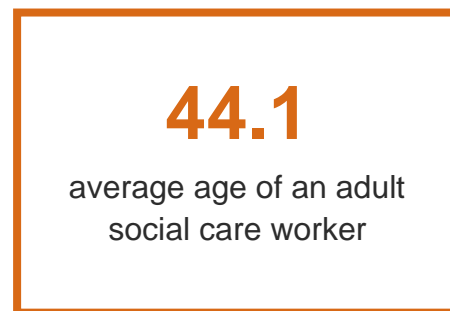
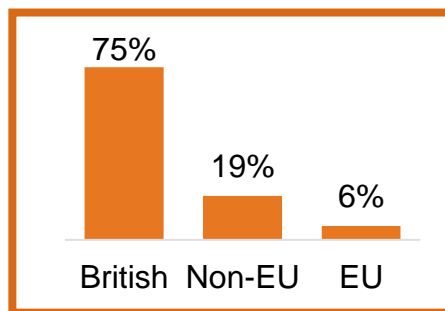
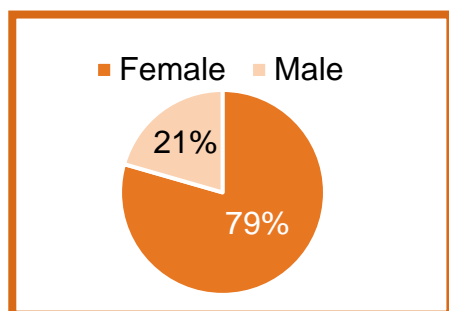
Source: Skills for Care estimates



## 4. Demographics



This chapter looks at the demographics of the adult social care workforce, including equality diversity and inclusion within adult social care, gender, age, disability, ethnicity and nationality.



## Key Findings

- The proportion of male workers in the adult social care sector increased from 19% in 2022/23 to 21% in 2023/24. The job role with the largest proportion of male workers was senior management (32%).
- Workers with a white ethnic background made up 68% of the adult social care workforce, compared to 83% of the population of England. Workers with an Asian/ Asian British ethnicity made up 11% of the workforce and 9% of the population. Workers with a Black/ African/ Caribbean/ Black British ethnicity made up 18% of the workforce compared to 4% of the population.

## 4.1 Diversity within adult social care

The strength of social care is in celebrating, valuing, and recognising what makes people unique and supporting them to overcome challenges. To do this, it is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally. Skills for Care is committed to using our data and insight to focus attention on areas and issues where there is more work to do, to ensure that diversity is valued and that organisational cultures are positive.

Supporting culture and diversity is 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.

Skills for Care promotes diverse and compassionate leadership across all services to ensure the workforce feels equal, valued and included. We have resources available for managers supporting the workforce such as [supporting a diverse workforce](#), guidance on [creating an inclusive organisation](#) and a [positive culture toolkit](#) to help deliver the best possible support to the workforce.

Skills for Care have also developed the [Moving Up programme](#) which supports Black and Asian minoritised groups who are managers, or aspiring managers, looking to progress in their careers. This programme is delivered through self-learning and online sessions which provide tools to understand and help influence career progression.

In collaboration with the LGBT foundation, Dr Trish Hafford-Letchfield from the University of Strathclyde developed an LGBTQ [learning framework](#), funded by Skills for Care. The framework aims to provide a base for identifying the insights, knowledge and skills that the social care workforce requires to work effectively and inclusively with sexually diverse communities. Currently, the ASC-WDS does not collect information on the sexual orientation of the adult social care workforce.

## 4.2 Gender

In 2020/21 the gender question in the ASC-WDS was updated from 'gender' to 'gender identity' and the option of 'other' was added alongside 'male', 'female' and 'I don't know'. In 2023/24, around 0.04% of workers were recorded as identifying as an 'other' gender by their employer in ASC-WDS.

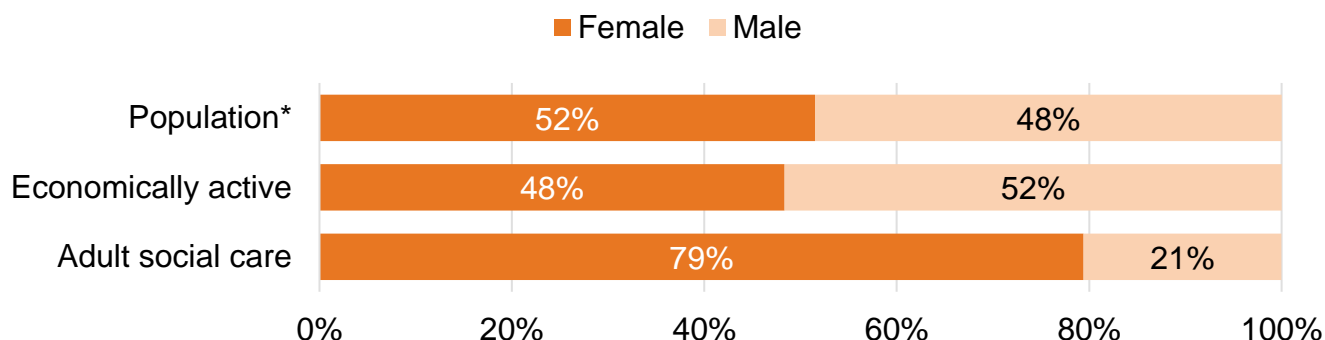
The following detailed analysis includes 'male' and 'female' gender identities. The 'other' gender identity responses are not included in the detailed analysis because the national base is very low, and we are still understanding its representativeness. 'Not known' responses are removed prior to the [weighting process](#), as with our other variables.

It is important to note that our data is reported by employers and not the workers themselves, therefore this may result in an underestimation of people with a gender identity other than male or female being recorded. Skills for Care is continuing to monitor the results of the gender identity question and will review the question wording with employers.

Chart 45 shows the gender breakdown of the whole population, economically active population and the adult social care workforce in England. Females and males made up around half of the population each and around half of the economically active population. In the adult social care sector females made up a majority of the workforce (79%) and only a fifth (21%) of the workforce were male.

**Chart 45. Gender of the adult social care workforce, the population and the economically active population\*, 2023/24**

Source: Skills for Care estimates, Labour Force Survey 2023/24, Census 2021

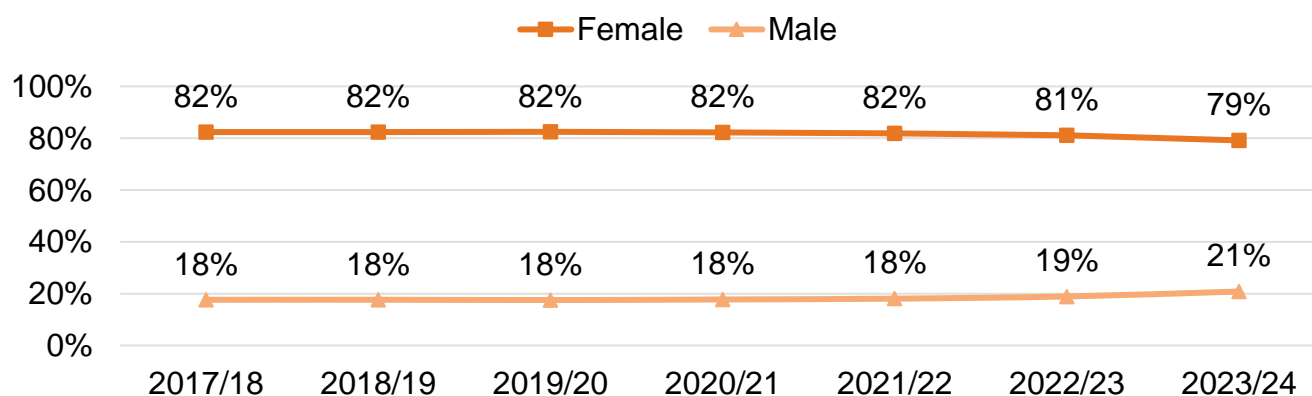


\* Population includes those aged 15 and above due to comparison with other sectors

Between 2012/13 and 2021/22 the proportion of male workers in the local authority and independent sectors remained consistent at 18%. More recently, as shown in Chart 46 below the proportion of male workers has increased to 19% in 2022/23 and 21% in 2023/24. This increase is related to an increase in international recruitment over the same period as internationally recruited workers were more likely to be male (29%) (see Section 8 – International recruitment for more detail).

**Chart 46. Proportion of workers by gender (local authority and independent sectors only), 2016/17 to 2023/24**

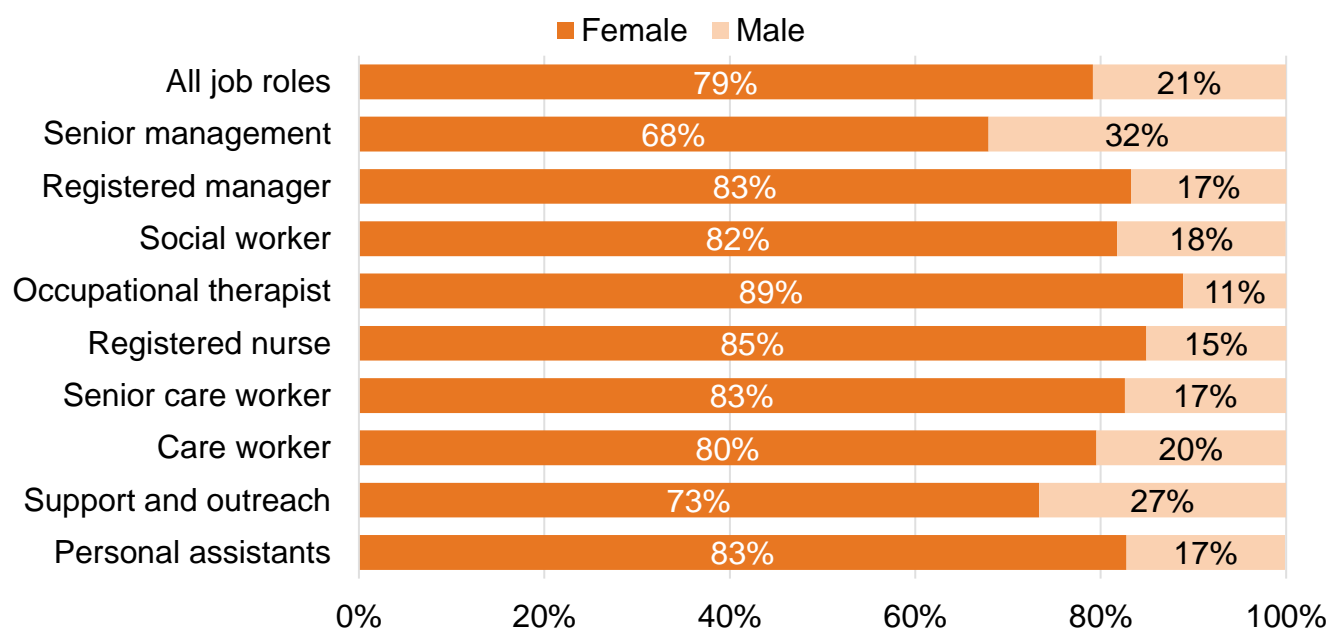
Source: Skills for care estimates



In 2023/24 gender varied across job roles, however the majority of workers in each role were female. As shown in Chart 47, males were more likely to be in senior management (32%) and support and outreach (27%) roles and less likely to be an occupational therapist (11%) or a registered nurse (15%).

**Chart 47. Proportion of workers by gender for selected job roles, 2023/24**

Source: Skills for care estimates

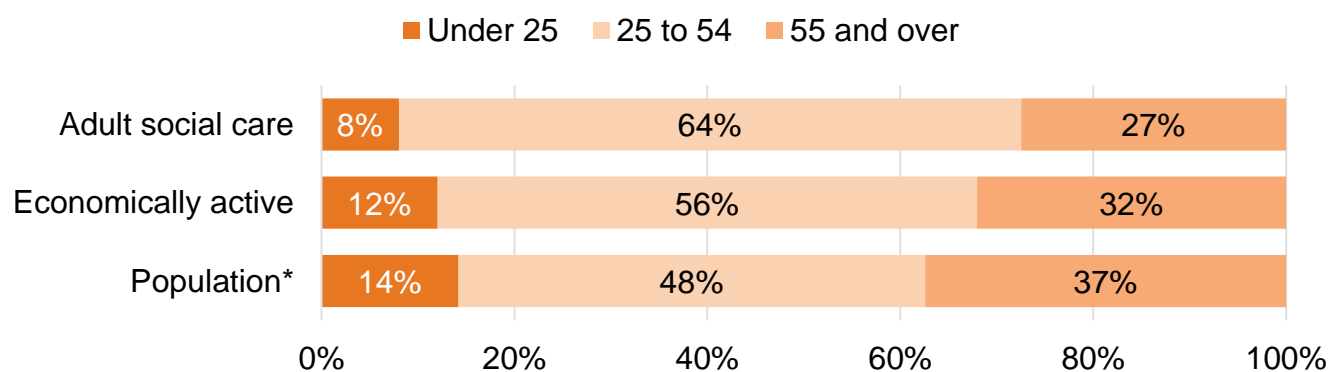


## 4.3 Age

The age profile of the adult social care workforce was different to the economically active population. Just over a quarter (27%) of adult social care workers being aged 55 and over compared to 32% of the economically active population. Two thirds (64%) of adult social care workers were in the 25 to 54 age bracket compared to around half of the population (48%) and two fifths of the economically active population (56%). As shown in Chart 48, younger workers (those under 25) were less likely to work in adult social care (8%) compared to the rest of the economically active population (12%).

**Chart 48. Age distribution of the adult social care workforce, economically active population and the England population, 2023/24**

Source: Skills for Care estimates, Labour Force Survey 2023/24, Census 2021



\* Population includes those aged 15 and above due to comparison with other sectors

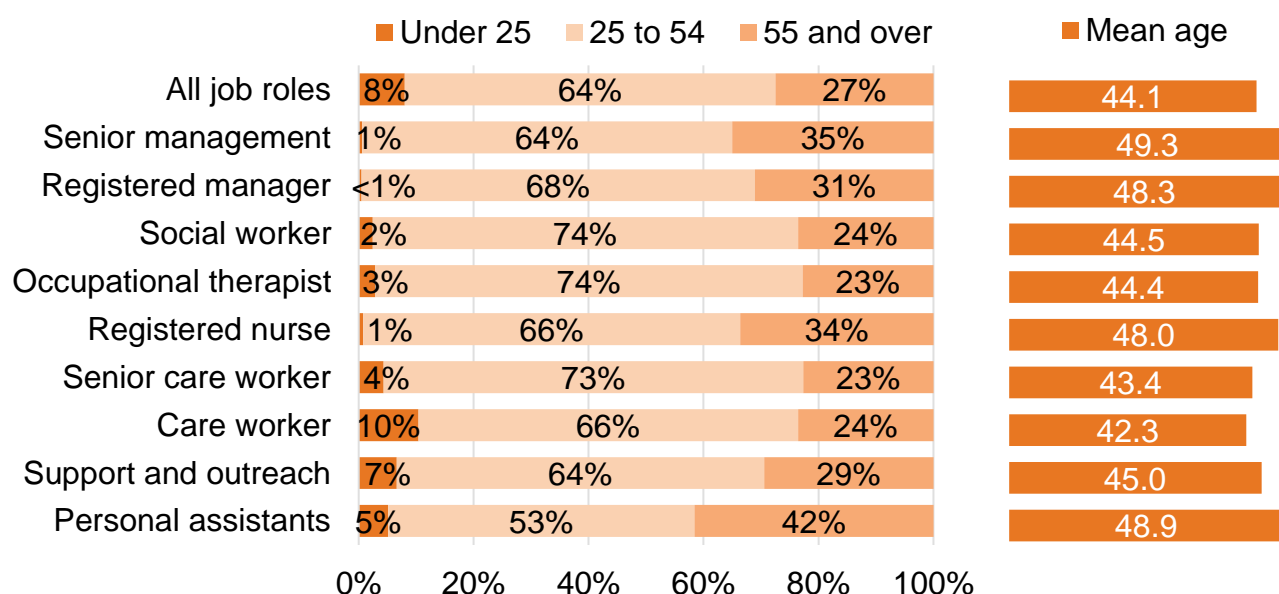


The average age of a worker in the adult social care sector was 44.1. This varied across different job roles with senior managers (49.3) and personal assistants (48.9) having the oldest average age. Care workers (42.3) and senior care workers (43.4) had the youngest average ages of each of the job roles shown.

Chart 49 shows that over a third of registered nurses were aged 55 and over (34%), with an average age of 48. This is relevant from a workforce planning perspective as these workers could retire in the next 10 years.

#### Chart 49. Age bands and mean ages of the adult social care workforce by selected job role, 2023/24

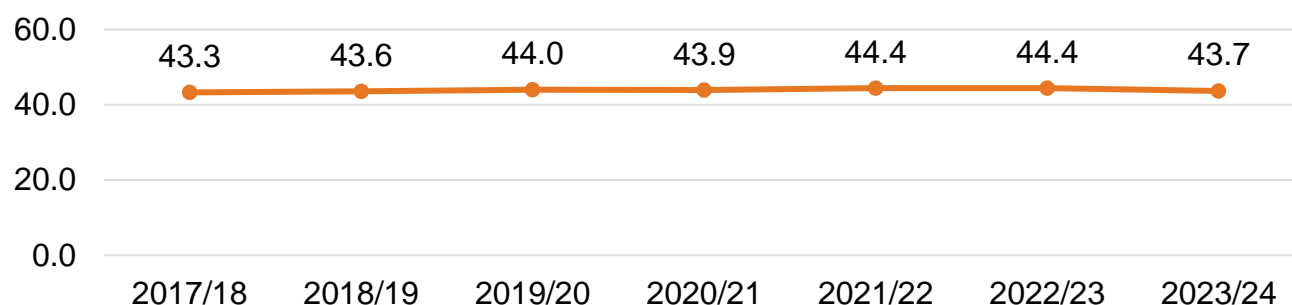
Source: Skills for Care estimates



In the local authority and independent sectors, the average age of the adult social care workforce has been increasing steadily since 2012/13, however in 2023/24 the average age was 43.7, almost a year younger than in 2022/23. This is partly due to the increase in international recruitment as workers recruited internationally were younger, with an average age of 34.1 (see Section 8 – International recruitment for more information). Chart 50 shows the average age trend between 2017/18 and 2023/24 for the local authority and independent sectors.

**Chart 50. Average age trends of the adult social care workforce (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates

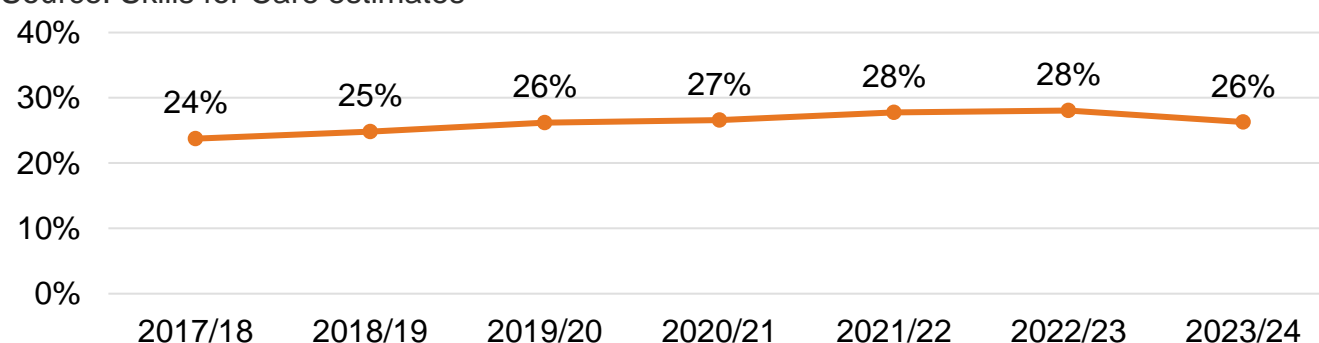


In addition to the decrease in average age across the adult social care workforce, the proportion of workers aged 55 and over has also decreased from 28% in 2022/23 to 26% in 2023/24. As shown in Chart 51, the proportion of workers aged 55 and over had been steadily increasing until 2022/23. From a workforce planning perspective, the shift towards a younger workforce could be positive for the sector, as workers aged 55 and over are closer to retirement and may therefore leave the sector (retire) within the next 10 years. For further information and resources for recruitment and retention of the workforce, see Section 3.1.

However, as mentioned above the decrease in the number of older workers in adult social care is partly due to the increase in international recruitment, as only 1% of internationally recruited workers were aged 55 and over in 2023. It is not yet clear from the data we have how long people recruited internationally are staying in the UK to work in adult social care roles. Therefore, this decrease in staff aged 55 may not be a continuous trend in future years.

**Chart 51. Proportion of the adult social care workforce aged 55 and over (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates



## 4.4 Workers with a disability

In line with the Equality Act 2010, we are using disabled to mean having a physical or mental impairment that has a 'substantial' and 'long-term' negative affect on ability to do normal daily

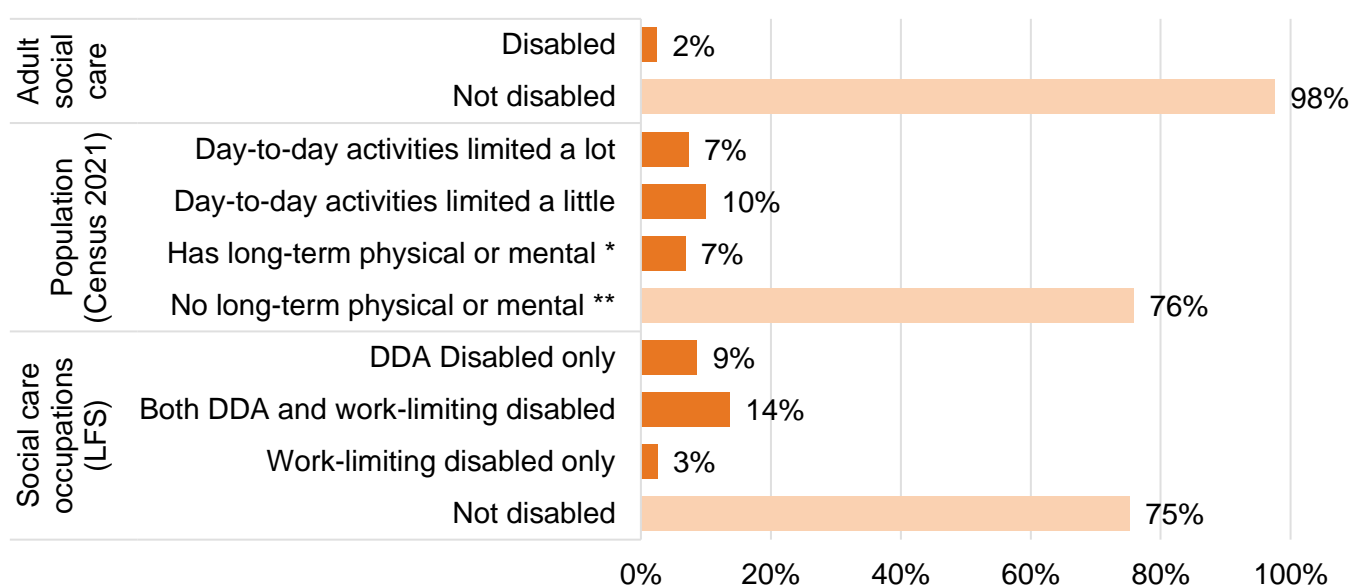
activities. The ASC-WDS does not specify what kind of disability the worker has therefore it could be physical or mental.

In 2023/24 the proportion of workers recorded as having a disability in the ASC-WDS was 2%. This is much lower than the proportion of people in England with a disability according to the 2021 UK census (24%). Additionally, the Labour Force Survey (LFS) in 2023/24 identified that 31% of workers within social care occupations were disabled, according to the Disability Discrimination Act (DDA) 1995 definition. It is possible that the ASC-WDS disability records are under-reported because the information is provided by the employer, they are asked on behalf of the worker 'Do they identify as having a disability?'. If workers were asked themselves, it is likely they may respond differently as disabilities may not be disclosed to their employer or be visible.

As shown in Chart 52, it is possible that the proportion of disabled worked in the ASC-WDS (2%) is capturing the LFS equivalent of 'work-limiting' disability, which is 3%.

**Chart 52. Proportion of adult social care workforce, England population and economically active population by disability status, 2023/24**

Source: Skills for care estimates, UK census 2021, Labour Force Survey 2023/24



\* Has long-term physical or mental health condition but day-to-day activities are not limited

\*\* No long-term physical or mental health conditions

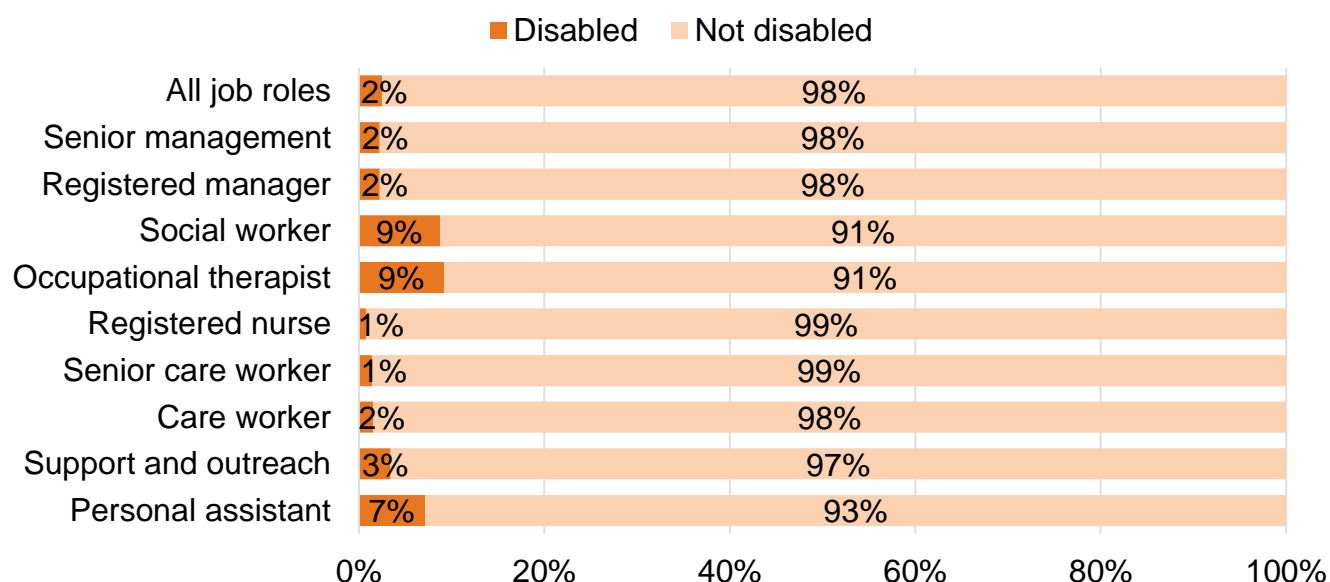
Disability status varied little across different job roles, however, as shown in Chart 53, occupational therapists and social workers had the highest proportion of disabled workers (9% each). The majority of occupational therapists (83%) and social workers (89%) were employed within the local authority sector.

Around 7% of personal assistants were recorded as having a disability in 2023/24, a higher proportion than the majority of other roles. It should however be noted that personal assistants

complete this information themselves in Skills for Care's [Individual employers and the personal assistant workforce](#) annual survey and it is therefore more reflective than the employer filling it out on their behalf.

**Chart 53. Proportion of workers by disability status by selected job roles, 2023/24**

Source: Skills for Care estimates



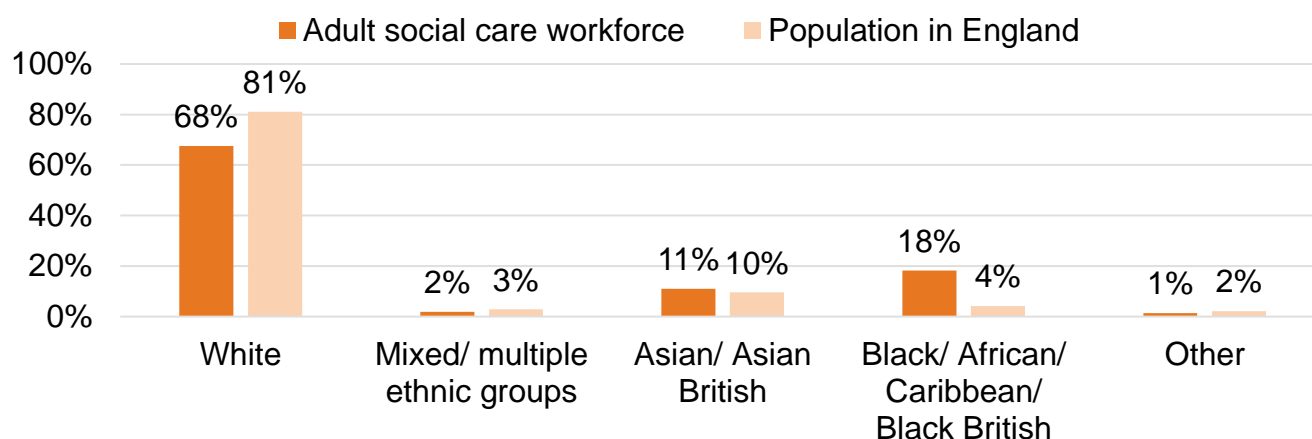
Analysis from the ONS [Disability and Employment dataset](#) found that in 2020/21 the employment rate of disabled people aged 16-64 was 54% compared to 80.2% for people who were not disabled. Skills for Care are continually supporting employers to be able to make practical steps to support disabled workers. In co-production with Disability Rights UK and the British Association of Support Employment, the [Recruitment and Retention of disabled people](#) in adult social care report was published and highlights the importance of employing disabled people in the adult social care workforce. Having a diverse workforce is important in ensuring the sector has a wealth of perspectives, ideas and lived experiences. For more information on recruiting a diverse workforce, see our [widening your talent pool webpage](#).

## 4.5 Ethnicity

The adult social care sector was more diverse in 2023/24 than the population of England as shown in Chart 54. In particular, there was a much higher proportion of people with a Black/ African/ Caribbean/ Black British ethnicity within adult social care (18%) compared to the wider population (4%). The proportion of adult social care workers with a white ethnicity was 68% compared to 81% of the population in England.

## Chart 54. Proportion of the adult social care workforce and population in England by ethnicity, 2023/24

Source: Skills for Care estimates, Census 2021



The ethnic profile of the adult social care in England varied by region in the local authority and independent sectors. As shown below in Table 8, the North East was the least diverse workforce (88% with a white ethnicity) compared to London with the most diverse workforce (25% with a white ethnicity). In general, the proportions of the adult social care workforce within each ethnicity group reflects a similar pattern to the local population for each region, however the adult social care workforce is more diverse than the overall population. Please note that this information only includes workforce data for the local authority and independent sector. Ethnicity data for personal assistants working for direct payment recipients was not available at a regional level.

**Table 8. Proportion of the adult social care workforce by ethnicity and region (local authority and independent sectors only), 2023/24**

Source: Skills for Care estimates

|                          | White      | Mixed/<br>multiple<br>ethnic<br>groups | Asian/<br>Asian<br>British | Black/<br>African/<br>Caribbean/<br>Black<br>British | Other     |
|--------------------------|------------|--|----------------------------|--|-----------|
| <b>England</b>           | <b>66%</b> | <b>2%</b>                              | <b>11%</b>                 | <b>19%</b>   | <b>1%</b> |
| Eastern                  | 69%        | 2%                                     | 10%                        | 18%  | 1%        |
| East Midlands            | 69%        | 2%                                     | 11%                        | 18%  | 1%        |
| London                   | 25%        | 3%                                     | 21%                        | 49%  | 3%        |
| North East               | 88%        | 1%                                     | 3%                         | 8%   | 1%        |
| North West               | 79%        | 2%                                     | 8%                         | 10%  | 1%        |
| South East               | 66%        | 2%                                     | 13%                        | 17%  | 2%        |
| South West               | 80%        | 1%                                     | 8%                         | 10%  | 1%        |
| West Midlands            | 62%        | 2%                                     | 13%                        | 21%  | 1%        |
| Yorkshire and the Humber | 78%        | 2%                                     | 8%                         | 12%  | 1%        |

In 2023/24 the ethnic profile of the adult social care workforce also varied across different job roles. Table 9 shows registered nurses were the most diverse job role with the lowest proportion of workers with a white ethnicity (52%). Personal assistants (84%) and senior managers (81%) had the highest proportion of workers with a white ethnicity. Around a quarter of care workers (24%) had a Black/ African/ Caribbean/ Black British ethnicity, the highest of any of the job roles.

**Table 9. Proportion of the adult social care workforce by ethnicity and selected job roles, 2023/24**

Source: Skills for Care estimates

|                        | White      | Mixed/<br>multiple<br>ethnic<br>groups | Asian/<br>Asian<br>British | Black/<br>African/<br>Caribbean/<br>Black<br>British | Other     |
|------------------------|------------|--|----------------------------|--|-----------|
| <b>All job roles</b>   | <b>68%</b> | <b>2%</b>                              | <b>11%</b>                 | <b>18%</b>   | <b>1%</b> |
| Senior management      | 81%        | 2%                                     | 7%                         | 10%  | 0%        |
| Registered manager     | 78%        | 1%                                     | 7%                         | 13%  | 1%        |
| Social worker          | 70%        | 3%                                     | 7%                         | 19%  | 1%        |
| Occupational therapist | 80%        | 2%                                     | 5%                         | 12%  | 1%        |
| Registered nurse       | 52%        | 2%                                     | 22%                        | 22%  | 2%        |
| Senior care worker     | 68%        | 1%                                     | 15%                        | 14%  | 1%        |
| Care worker            | 60%        | 2%                                     | 13%                        | 24%  | 1%        |
| Support and outreach   | 69%        | 2%                                     | 6%                         | 21%  | 1%        |
| Personal assistant     | 84%        | 2%                                     | 7%                         | 6%   | 2%        |

The ethnic profile of the adult social care workforce in the local authority and independent sector has remained relatively stable between 2017/18 and 2021/22, as shown in Table 10. Since 2022/23 the diversity of the adult social care workforce has increased. Specifically, the proportion of workers with a white ethnicity has decreased from 77% in 2021/22 to 66% in 2023/24. The proportion of workers with a Black/ African/ Caribbean/ Black British increased from 13% in 2021/22 to 19%, whilst workers with an Asian/ Asian British ethnicity increased from 7% to 11% over the same period. These changes are largely due to international recruitment over this period, see Section 8.4 for more information.

**Table 10. Proportion of the adult social care workforce by ethnicity (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates

|         | White | Mixed/<br>multiple<br>ethnic<br>groups | Asian/ Asian<br>British | Black/ African/<br>Caribbean/<br>Black British | Other |
|---------|-------|--|-------------------------|--|-------|
| 2017/18 | 79%   | 2%                                     | 7%                      | 11%  | 1%    |
| 2018/19 | 79%   | 2%                                     | 7%                      | 11%  | 1%    |
| 2019/20 | 79%   | 2%                                     | 7%                      | 12%  | 0%    |
| 2020/21 | 78%   | 2%                                     | 7%                      | 12%  | 1%    |
| 2021/22 | 77%   | 2%                                     | 7%                      | 13%  | 1%    |
| 2022/23 | 73%   | 2%                                     | 9%                      | 14%  | 1%    |
| 2023/24 | 66%   | 2%                                     | 11%                     | 19%  | 1%    |

### 4.5.1 Social Care – Workforce Race Equality Standard

Skills for Care has developed the [Social Care Workforce Race Equality Standard \(SC-WRES\)](#) which is an improvement programme that has been designed for local authorities on their journey to race equity. It comprises of nine indicators which organisations can use to measure the experiences of people from minoritised ethnic backgrounds, develop action plans from the findings and make improvements. The SC-WRES draws on clear improvement methodology that's been well-tested in the NHS and adapted for social care.

SC-WRES sets the direction to achieve meaningful and sustainable organisational change. Interested local authorities attend an information session to learn more about SC-WRES and how to sign up and participate. Once registered to participate in the SC-WRES improvement programme, local authorities can attend monthly community of practise sessions to gain support from peers, problem-solve on difficult issues, access a range of experts, speakers and support materials as well as receiving our SC-WRES data collection tool.

Local authorities are asked to collect and submit data annually, for nine key areas that may highlight differences in experiences of people from ethnic minority backgrounds. The indicators listed below allow organisations to compare staff experience across issues including bullying, harassment, and learning and development.



### The nine key indicators:

- Pay bands
- Appointed from short list
- Disciplinary process
- Fitness-to-practice
- Funded non-mandatory continuous professional development
- Harassment, bullying or abuse from service users, relatives or the public
- Harassment, bullying or abuse from colleagues and managers
- Turnover of directly employed staff
- Senior management membership

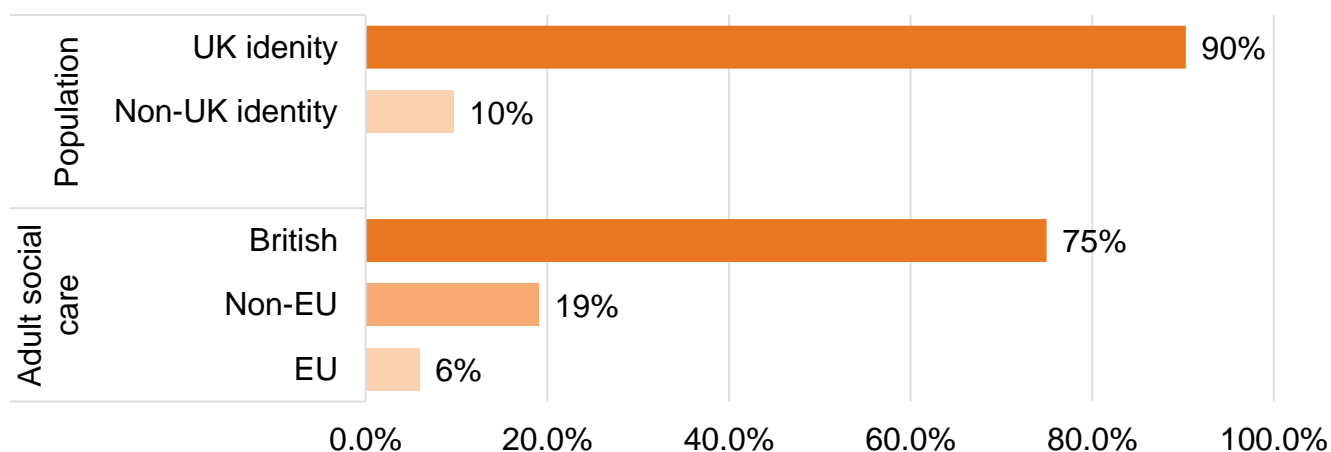
In March 2024 Skills for Care published the [SC-WRES 2023 report](#) which highlighted the differences in experience of workers from a Black, Asian and minority ethnic background between September and November 2023. Headline findings from the report show that if you're a colleague from a Black, Asian or minority ethnic background you're more likely to experience a disadvantage across most of the SC-WRES indicators compared to white staff.

## 4.6 Nationality

Three quarters (75%) of the adult social care workforce had a British nationality in 2023/24, 19% (300,000 filled posts) had a non-EU nationality and 6% (94,000 filled posts) had an EU nationality. In comparison, in the 2021 census 90% of population in England self-determined their own national identity as from the UK (where they feel they belong or think of as home), while 10% of the population gave their national identity from another country. It should be noted that in the census, respondent could select multiple national identities whereas in the ASC-WDS allows for only one nationality to be selected per worker. The adult social care sector had a greater reliance on non-EU workers than EU workers, as shown in Chart 55.

**Chart 55. Proportion of the adult social care workforce and population of England by nationality, 2023/24**

Source: Skills for Care estimates, Census 2021



There was some variation of nationality by different job groups as shown in Table 11. There was a higher proportion of workers with a non-EU nationality in direct care (22%) and regulated professions roles (19%), than in managers roles (6%). This variation was much smaller for EU workers, workers with non-EU nationalities represented 10% of regulated professions, 6% of direct care roles and 5% of managers roles.

**Table 11. Proportion and number of filled posts in the adult social care sector by nationality and job role group, 2023/24**

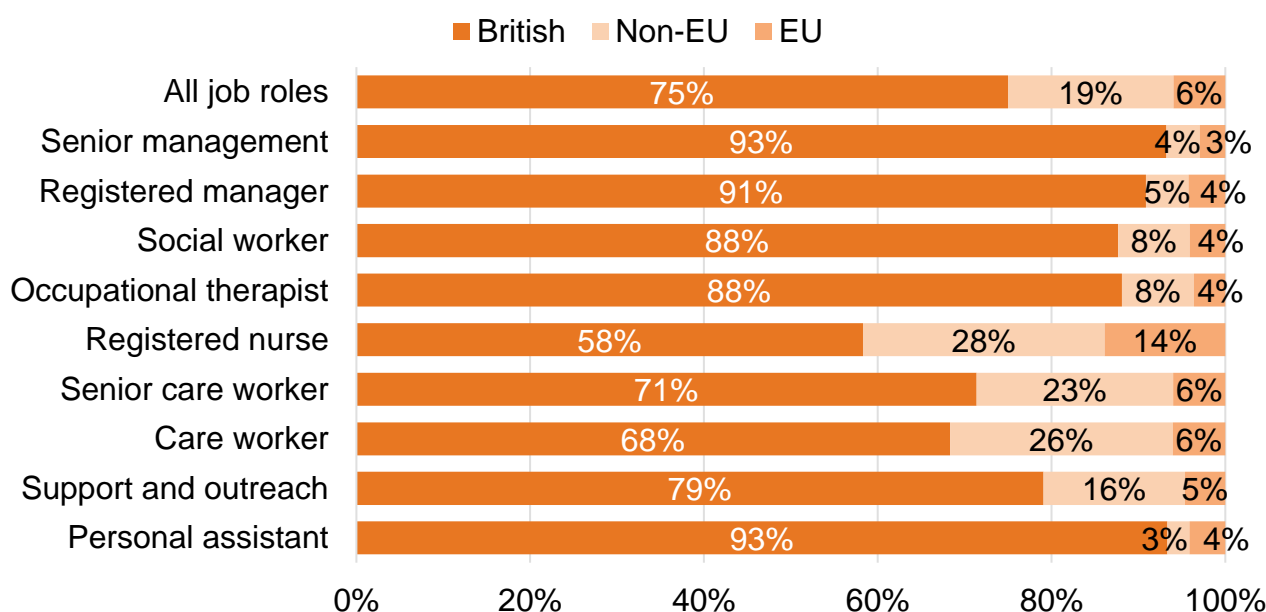
Source: Skills for Care estimates

|                       | British          |            | Non-EU         |            | EU            |           |
|-----------------------|------------------|------------|----------------|------------|---------------|-----------|
| <b>All job roles</b>  | <b>1,190,000</b> | <b>75%</b> | <b>300,000</b> | <b>19%</b> | <b>94,000</b> | <b>6%</b> |
| Direct care           | 860,000          | 72%        | 270,000        | 22%        | 69,000        | 6%        |
| Managers              | 109,000          | 89%        | 7,300          | 6%         | 6,000         | 5%        |
| Regulated professions | 43,000           | 71%        | 12,000         | 19%        | 5,800         | 10%       |
| Other                 | 176,000          | 86%        | 15,500         | 8%         | 13,500        | 7%        |

Chart 56 shows in more detail the proportion of nationality in each job role, highlighting the difference between registered nursing roles compared to others. Although over half of registered nurses had a British nationality (58%), they had the largest proportion of non-EU (28%) and EU (14%) workers.

**Chart 56. Proportion of the adult social care workforce by nationality and selected job roles, 2023/24**

Source: Skills for Care estimates



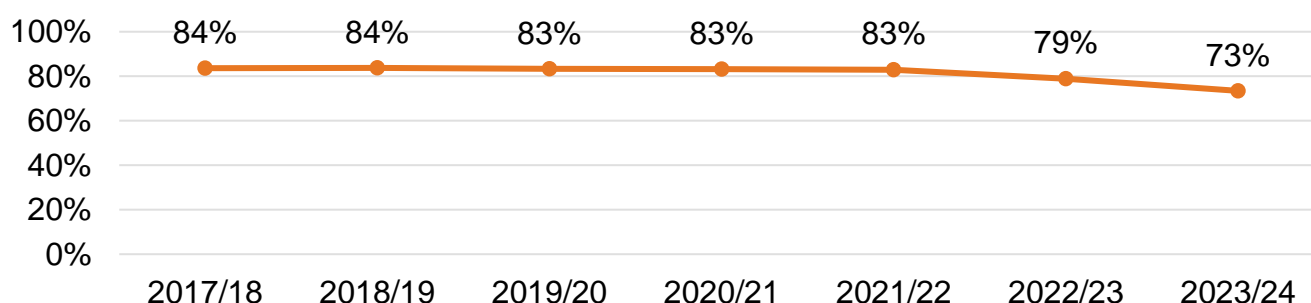
In 2023/24, over a quarter of care workers (26%) and just under a quarter of senior care workers (23%) had a non-EU nationality. This is largely due to international recruitment. Since

February 2022, employers have been able to sponsor workers from overseas to come to the UK on a Health and Social Work visa, to take up either a care worker or senior care worker role. As a result, the proportion of non-EU care workers increased in the local authority and independent sectors from 12% in 2021/22 to 26% in 2023/24. A similar trend can be seen for senior care workers where in 2021/22 10% of workers had a non-EU nationality which has increased to 23% in 2023/24. For more information on international recruitment and its impact on the adult social care sector in 2023/24, see Section 8.

The proportion of adult social care workers with a British nationality in the local authority and independent sectors has decreased from 79% in 2022/23 to 73% in 2023/24. This equates to around 30,000 fewer posts filled by people with a British nationality.

**Chart 57. Proportion of the adult social care workforce with a British nationality (local authority and independent sectors only), 2017/18 to 2023/24**

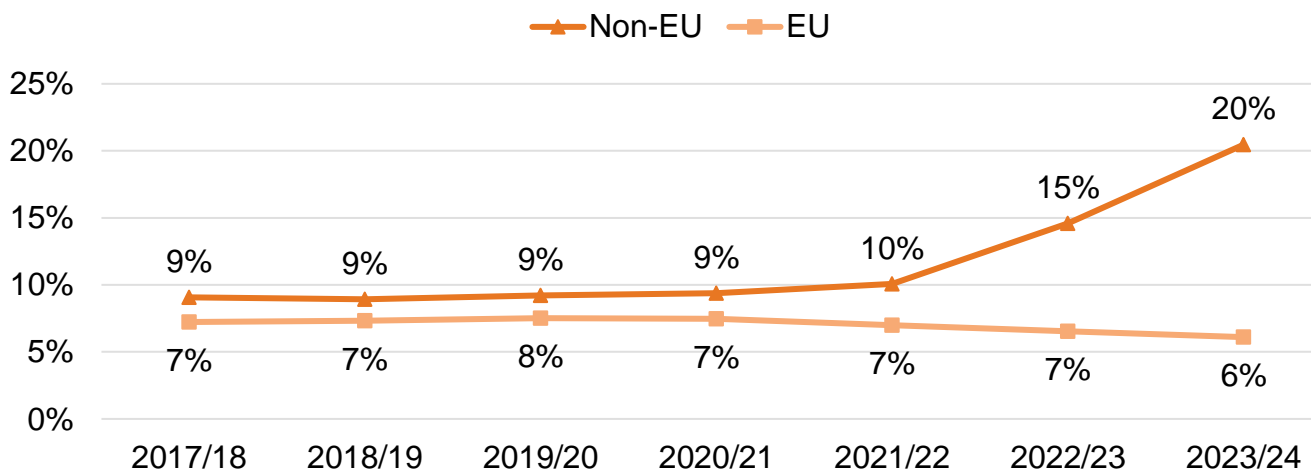
Source: Skills for Care estimates



Since 2021/22 there has been a ten percentage point increase of non-EU workers from 10% to 20% in 2023/24. The overall proportion of EU workers in the local authority and independent sectors remained consistent between 2017/18 and 2023/24 as shown in Chart 58, resulting in a decrease of one percentage point over the period.

**Chart 58. Proportion of the adult social care workforce with an EU and non-EU nationality (local authority and independent sectors only), 2017/18 to 2023/24**

Source: Skills for Care estimates



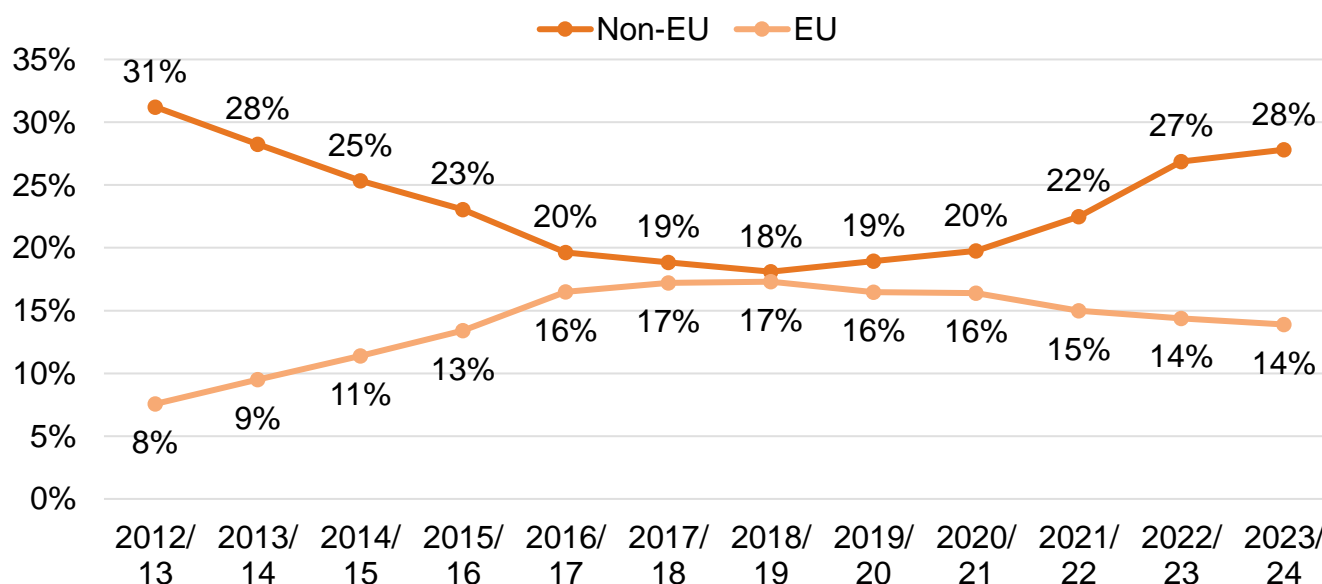
The nationality trend of non-British registered nurses was similar to that of the rest of the sector, although more pronounced. Chart 59 (below) shows the trend of non-EU and EU registered nurses from 2012/13 to 2023/24. During this period there were changes to immigration rules which impacted the ability to work in the UK as a nurse. From 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 involved 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.

The proportion of registered nurses with an EU nationality rose by nine percentage points from 8% in 2012/13 to 17% in 2017/18. Meanwhile the proportion of registered nurses with a non-EU nationality decreased by twelve percentage points from 31% in 2012/13 to 19% in 2017/18.

Since the introduction of new immigration rules on 1 January 2021, nurses from EU and non-EU countries can immigrate to the UK providing they have a job offer from a licensed sponsor, meet the salary criteria, and can speak English to the required standard. Following this change, the proportion of registered nurses with a non-EU nationality has increased by six percentage points between 2020/21 and 2023/24 from 20% to 28%. Meanwhile, the proportion of EU registered nurses has remained steady, with a small decrease of two percentage points from 16% to 14%.

**Chart 59. Proportion of registered nurses with an EU and non-EU nationality (local authority and independent sectors only), 2012/13 to 2023/24**

Source: Skills for Care estimates

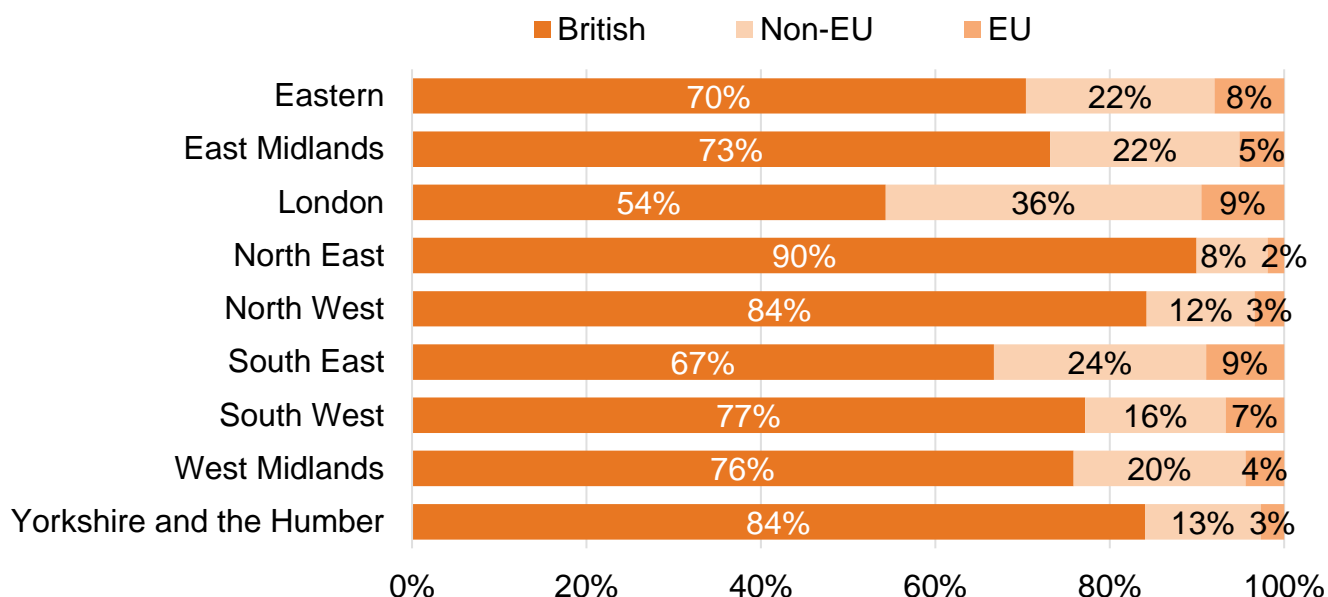


There were regional variations in workforce nationality as shown in Chart 60 for the local authority and independent sectors. The proportion of workers with a non-EU nationality ranged

from 8% in the North East to 36% in London, whilst the proportion of workers with an EU nationality ranged from 2% in the North East to 9% in London and the South East.

**Chart 60. Proportion of the adult social care workforce by nationality and region (local authority and independent sectors only), 2023/24**

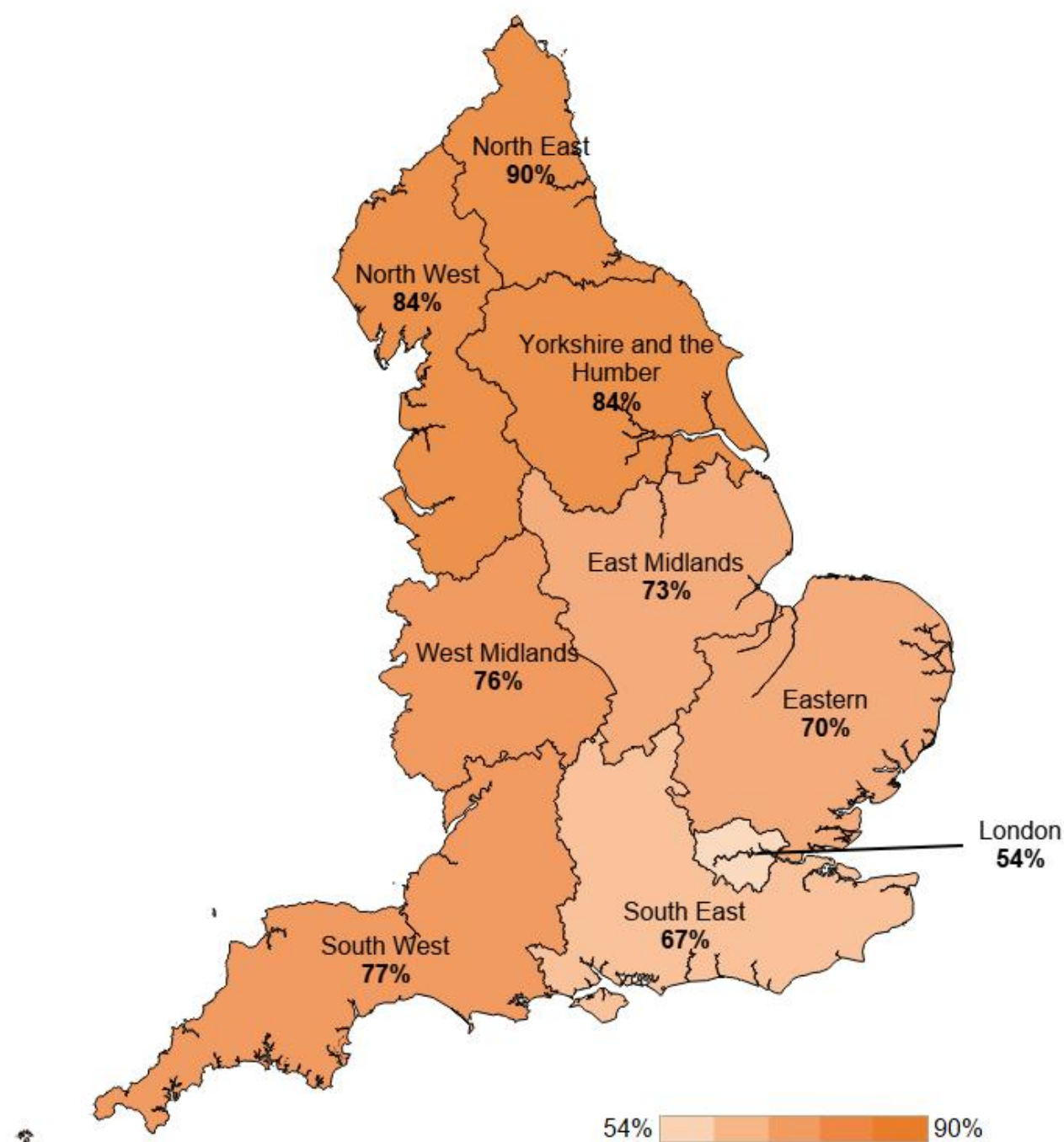
Source: Skills for Care estimates



As highlighted in Map 1 below, there was a north/south divide in terms of workforce nationality. London (54%) and the South East (67%) had a relatively low proportion of British workers compared to the North East (90%) and North West (84%). Nationality information about filled posts working for direct payments was not available at regional level, therefore the map only includes information for the local authority and independent sectors.

**Map 1. Proportion of the adult social care workforce with a British nationality by region (local authority and independent sectors only), 2023/24**

Source: Skills for Care estimates

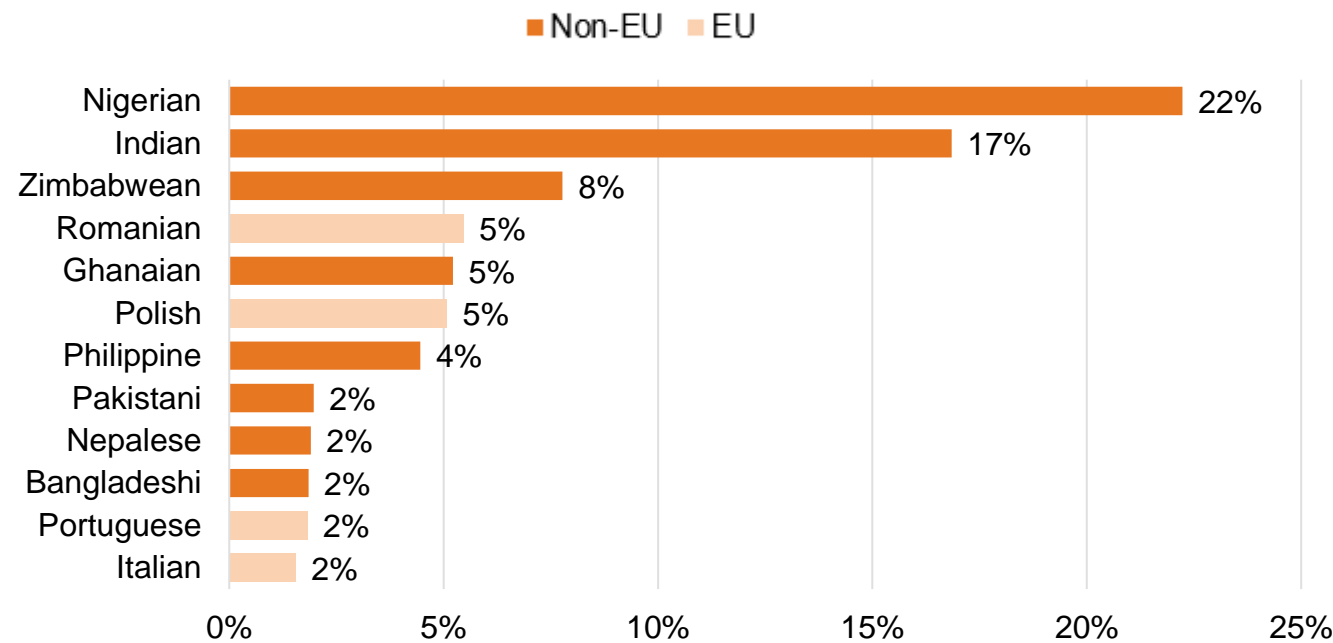


There were around 130 different nationalities with 10 or more workers represented in the ASC-WDS as at March 2024. Amongst those, the top 10 are highlighted in Chart 61. Eight of the top ten most common nationalities were non-EU countries, for more information on international recruitment see Section 8. The most common nationality was Nigerian which made up almost a quarter (22%) of the non-British workforce, followed by Indian (17%) and Zimbabwean (8%).

Prior to care workers being added to the Shortage Occupation List, the top three nationalities of non-British people working in the adult social care sector were Romanian, Polish and Nigerian.

**Chart 61. Twelve most common nationalities of the non-British adult social care workforce, March 2024**

Source: ASC-WDS unweighted data



Skills for Care has many resources available to help employers [support a diverse workforce](#), including our [culture toolkit](#) which enables employers to build and improve workplace culture. Additionally, the Care Quality Commission (CQC) have published a [culturally appropriate care guide](#).



# 5. Pay



This chapter contains information on the hourly pay rates and annual salaries of the adult social care workforce. Pay rate data was collected at the individual worker level; all annual pay information is presented as full-time equivalent (FTE), based on 37 contracted hours per week being classed as one FTE filled post.

|   |  |  |  |
|---|--|--|--|
| <b>£39,500</b><br>registered nurse<br>mean FTE pay<br>(independent) | <b>£41,500</b><br>social worker<br>mean FTE pay<br>(local authority) | <b>£11.87</b><br>personal assistant<br>mean hourly pay | <b>£11.23</b><br>care worker<br>mean hourly pay<br>(independent) |
|---|--|--|--|

## Key findings

- The median hourly rate for care workers in March 2024 was £11.00, which is 58p higher than the national living wage. The median hourly rate for care workers has nominally increased by 89p (8.8%) since March 2023 however, taking inflation into account, it has increased in real terms by 57p (5.4%).
- Care workers had lower hourly rates (median - £11.00) compared to NHS healthcare assistants (HCAs) who were new in role (£11.67) and HCAs with 2 years of experience (£12.45).
- Care workers who remained in this role in 2023/24 had a slight decrease in pay relative to the National Living Wage. Care workers that changed roles, within the sector, saw an increase in pay. This indicates that pay progression usually requires promotion into a different role.
- Care workers with five or more years' experience are, on average, earning around 10p more per hour than care workers with less than one years' experience. This has dropped from 33p per hour in March 2016.
- 64% of care workers outside of London are earning the same or more than the real living wage (£10.90). However, only 37% of care workers in London are earning the same or more than the real living wage for London (£11.95).
- Care workers in the bottom 10% of the pay distribution saw a greater benefit from the introduction of the National Living Wage (an increase of 56% since March 2016), whereas the pay for the top 10% of earners increased by 42%).

The pay data in this report was gathered from local authorities as at September 2023, and from independent sector employers between April 2023 and March 2024. Personal assistants working for direct payment recipients returned information in February 2024 as part of a survey we conducted. As such, all figures refer to the 2023/24 National Living Wage period (£10.42).

## 5.1 About this chapter

The ASC-WDS collects pay data as both annual and hourly rates. It 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 [National Living Wage](#) (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. In 2021, the age threshold for the NLW was reduced from 25 years to 23 years. The NLW increased on 1 April 2023 to £10.42 per hour. Trended information elsewhere in this report runs from 2017/18 to 2023/24 but in this section, we have included data from 2016/17 to show the impact of the NLW since its introduction.

The Government had set a target for the NLW to reach two thirds of median earnings by 2024 (estimated by the [Low Pay Commission in November 2022](#) to be £11.08 per hour in April 2024) and this target was exceeded as the NLW increased to £11.44 on 1 April 2024, and the age threshold was reduced to those aged 21 years and over. Data for this report is correct as at 2023/24 so the NLW used for a comparison is £10.42.

The [Real Living Wage](#) (RLW) is separate to the National Living Wage (NLW); this is set by the Living Wage Foundation charity 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.

**Table 12. Timescale of the National Living Wage and Real Living Wage**

Source: UK Government (2024) and Living Wage Foundation (2024)

| Time period        | Referred to as | National Living Wage   | Real Living Wage - UK/London (announced each November) |
|--------------------|----------------|------------------------|--|
| Apr 16 to Mar 17   | 2016 NLW       | £7.20 (NLW introduced) | £8.25 / £9.40  |
| Apr 17 to Mar 18   | 2017 NLW       | £7.50                  | £8.45 / £9.75  |
| Apr 18 to Mar 19   | 2018 NLW       | £7.83                  | £8.75 / £10.20   |
| Apr 19 to Mar 20   | 2019 NLW       | £8.21                  | £9.00 / £10.55   |
| Apr 20 to Mar 21   | 2020 NLW       | £8.72                  | £9.30 / £10.75   |
| Apr 21 to Mar 22   | 2021 NLW       | £8.91                  | £9.50 / £10.85   |
| Apr 22 to Mar 23   | 2022 NLW       | £9.50                  | £9.90 / £11.05   |
| Apr 23 to Mar 24*  | 2023 NLW       | £10.42                 | £10.90 / £11.95  |
| Apr 24 to Mar 25** | 2024 NLW       | £11.44                 | £12.00 / £13.15  |

\* Data in this section gathered March 2024

\*\* The current rate. This rate is not used as a comparison for this report because the date is after the data collected for this report.

This section makes comparisons between nominal and real term pay rates. 'Real term' means that historical 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 September 2023 for the local authority sector and March 2024 for the independent sector.

'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 because of the pay rise; the nominal pay rise was 2%, but in real terms, the 'rise' would have been zero.

## 5.2 Full-time equivalent annual pay

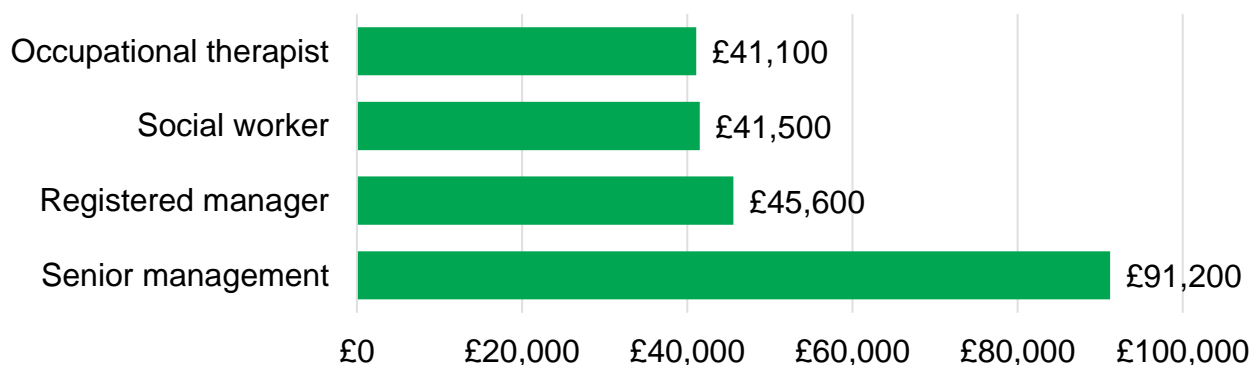
Managers and regulated professions roles vary in frequency and responsibility between the local authority independent sectors. For example, most social workers are employed in the local authority sector, whereas most registered nurses working in adult social care are employed in the independent sector. Similarly, the role of a senior manager in the local authority sector may have more responsibilities and need different skills and experience compared to a senior manager at a smaller, independent organisation. Because of this, we have analysed annual pay across the sectors separately.

## 5.3 Annual pay trends in the local authority sector

Chart 62 shows mean FTE annual pay rates by selected adult social care job roles in the local authority sector. Generally, pay rates were higher in local authorities compared to independent sector employers. Senior managers received the highest salaries (£91,200), registered managers received higher salaries than the regulated professions roles, earning on average £45,600 per year. Social workers and occupational therapists both earned an average of £41,500 and £41,100 respectively.

**Chart 62. Estimated full-time equivalent mean annual pay rate by selected job roles in the local authority sector, 2023/24**

Source: Skills for Care estimates



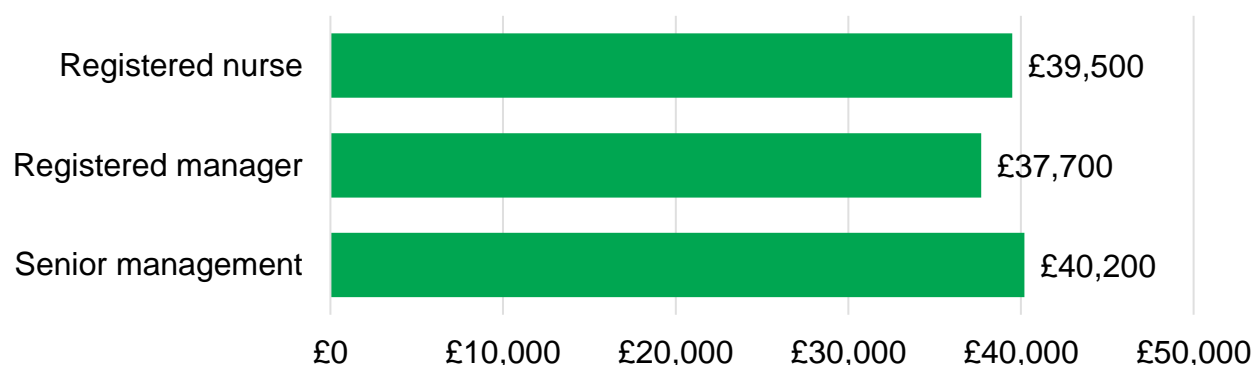
## 5.4 Annual pay in the independent sector

Chart 63 shows mean FTE annual pay rates by selected salaried adult social care job roles in the independent sector. Generally, pay rates were higher in local authorities compared to independent sector employers.

In the independent sector, senior managers had the highest salaries on average, at £40,200. Registered nurses earned slightly less than this (£39,500) and registered managers less still (£37,700).

**Chart 63. Estimated full-time equivalent mean annual pay rate by selected job roles in the independent sector, 2023/24**

Source: Skills for Care estimates



Registered nurses were paid a mean annual salary of £39,500 in the independent sector. This average was slightly higher than the 2023/24 NHS Band 5 rates (£28,407 to £34,581) at which newly qualified nurses start in the NHS, and within 2023/24 NHS Band 6 rates (£35,392 to £42,618).<sup>11</sup> In independent sector care homes with nursing, registered managers earned more than registered nurses (£43,000 and £39,400 respectively).

## 5.5 Annual pay trends for regulated professions

Chart 64 shows that the nominal (not adjusted) average pay for each selected regulated professions job role increased steadily from 2016/17 to 2023/24. Registered nurses in the independent sector saw a nominal pay increase from £37,000 in 2022/23 to £39,500 in 2023/24, an increase of 6.8% in a year. Between 2016/17 and 2023/24, there was an 43.6% increase in annual pay for registered nurses.

In local authorities, pay for occupational therapists increased by 5.7% in the past year, from £38,900 in 2022/23 to £41,100 in 2023/24. Since 2016/17 it has risen by 20.2%. Social worker

<sup>11</sup> NHS pay scales 2023/24

<https://www.nhsemployers.org/articles/pay-scales-202324>

pay increased by 6.1% in the past year, from £39,100 in 2021/22 to £41,500 in 2023/24. Since 2016/17 it has risen by 21.3%.

#### Chart 64. Nominal mean annual pay trends of selected regulated professions roles, 2016/17 to 2023/24

Source: Skills for Care estimates

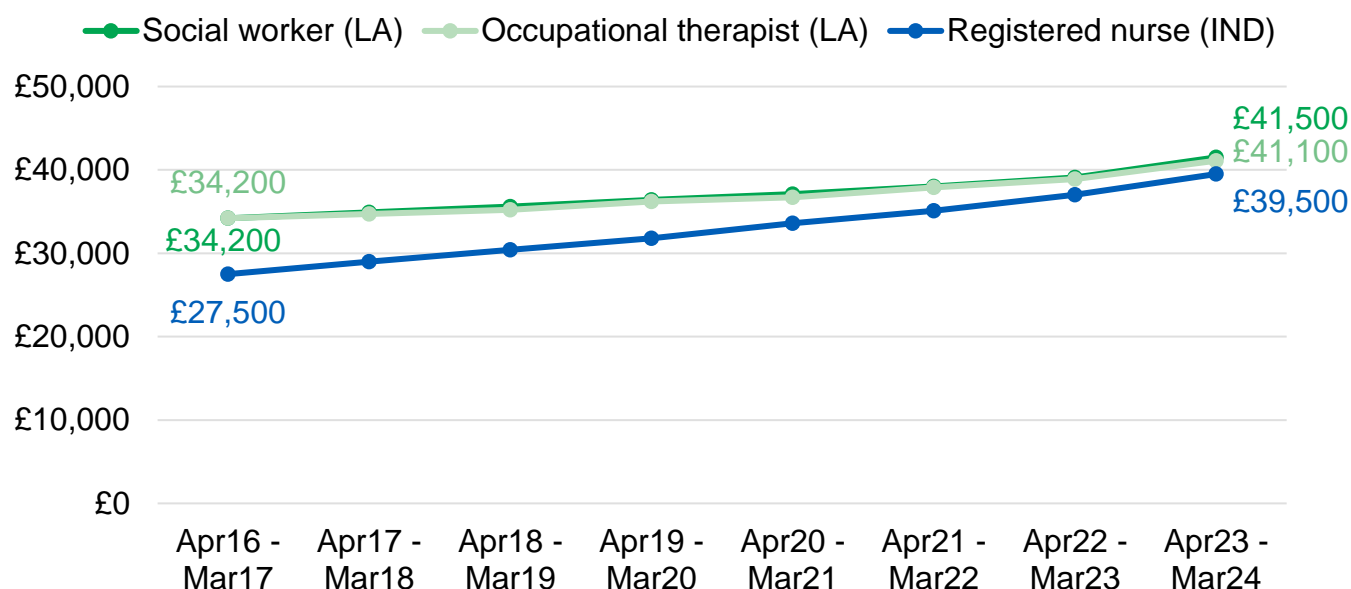


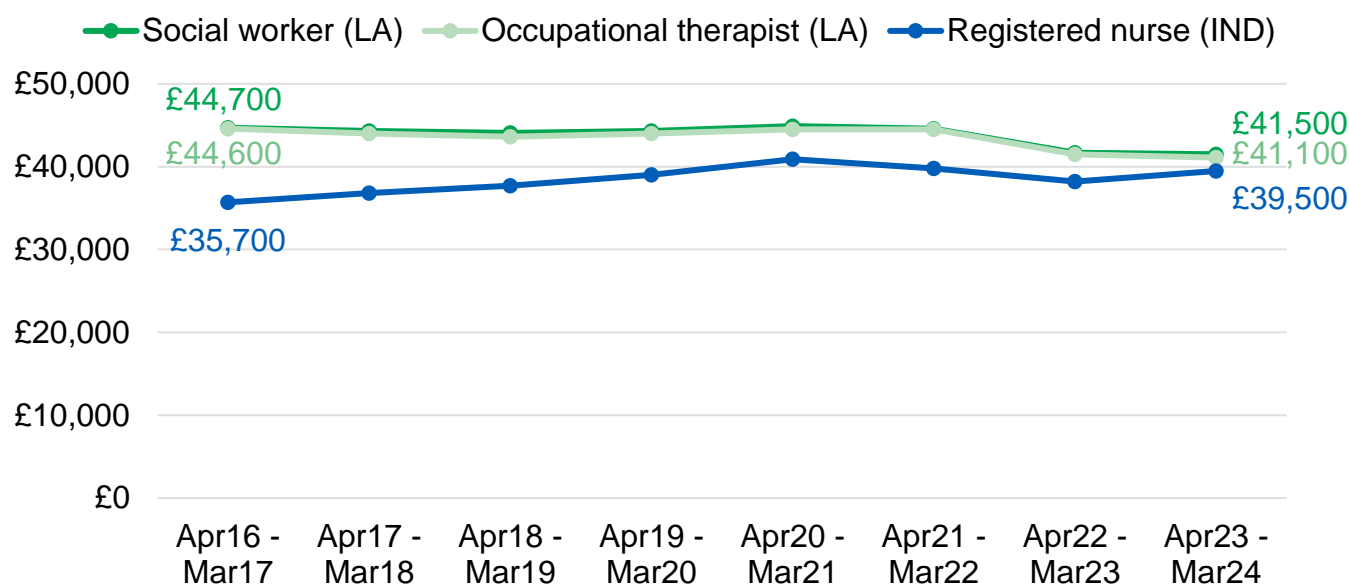
Chart 65 shows the real term (adjusted) annual pay rates of selected regulated professions between 2016/17 and 2023/24. In real terms, social workers in the local authority sector were paid 7.2% less in 2023/24 (£41,500) than they were in 2016/17 (£44,700). Occupational therapists also saw an overall decrease in real term pay of 7.8% over the same period. This means that the nominal increases shown in Chart 64 (above) weren't enough to outweigh the rise in inflation over this period.

However, registered nurses' real term pay in the independent sector increased each year between 2016/17 until it peaked in 2020/21 at £40,900. Their pay decreased in real terms over the next two periods to 2022/23, however they saw a real term increase in the latest year, increasing by 3.4% in 2023/24 to £39,500. Since 2016/17, registered nurses' real term pay increased by 10.6%. This means that the nominal increases shown in Chart 64 above outweighed the rise in inflation over this period.

Overall, across England a whole, when adjusted for inflation, social workers and occupational therapists had a lower real term FTE salary in 2023/24 than in 2016/17 and registered nurses had a higher real term FTE salary.

**Chart 65. Real term (adjusted) mean annual pay trends of selected regulated professions roles, 2016/17 to 2023/24**

Source: Skills for Care estimates



## 5.6 Mean hourly pay

Chart 66 shows mean hourly pay rates for selected direct 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 £11.23 (median £11.00) in the independent sector and a mean hourly rate of £12.43 in the local authority sector. Senior care workers were paid a mean hourly rate of £12.04 in the independent sector and £15.04 in the local authority sector. Personal assistants were paid a mean of £11.87 an hour.

**Chart 66. Estimated mean hourly pay rate by selected job roles, 2023/24**

Source: Skills for Care estimates

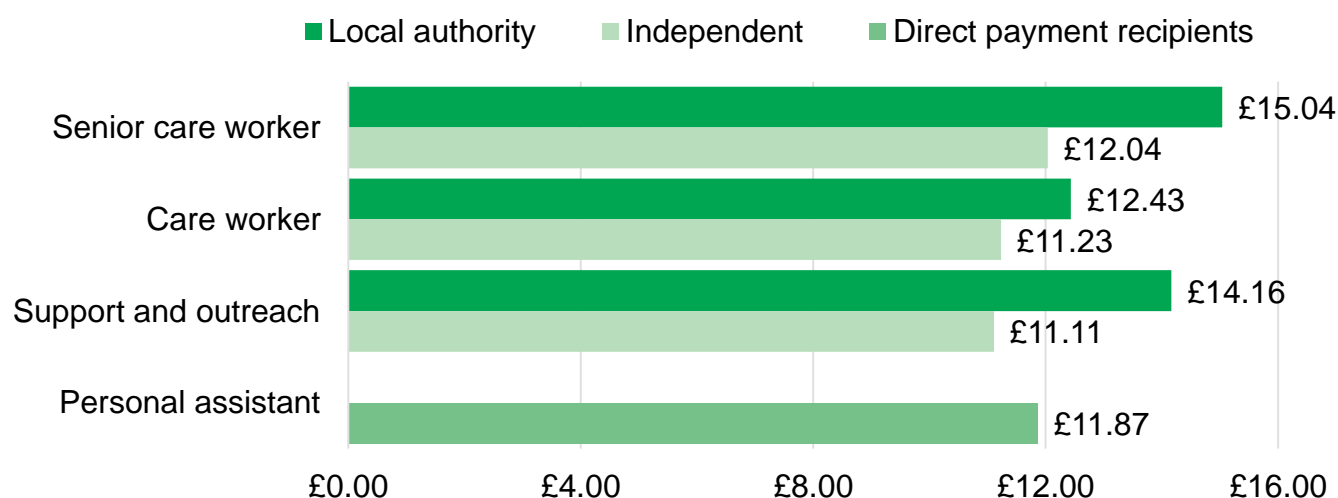
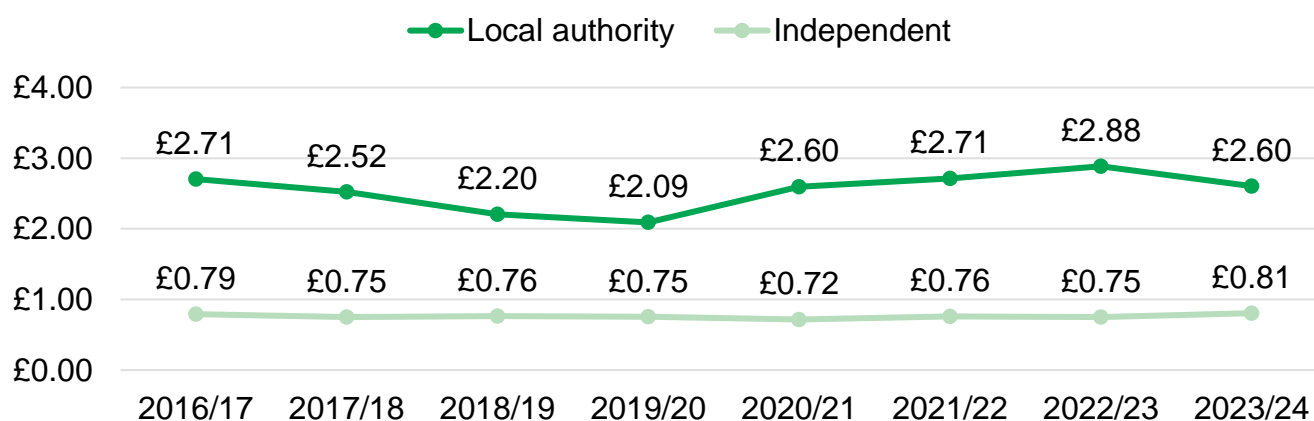


Chart 67 shows difference in the mean pay rate between care workers and senior care workers by sector from 2016/17 to 2023/24. In the independent sector, the pay gap between the care worker and senior care worker job roles was 79p in 2016/17. This has shown little change over time, in 2023/24 it was 81p. Therefore, employers have been able to maintain the difference in pay rates, despite the national living wage increases over the period.

The pay gap between care worker and senior care worker roles in the local authority sector decreased from £2.71 in 2016/17 to £2.09 in 2019/20, before increasing again to £2.88 in 2022/23. However, in 2023/24 the difference fell to £2.60.

**Chart 67. Difference in nominal (not adjusted) mean hourly pay between care worker and senior care worker job roles in the local authority and independent sectors, 2016/17 to 2023/24**

Source: Skills for Care estimates



## 5.7 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 NLW. The median hourly rate for a care worker in the independent sector as at March 2024 was £11.00.

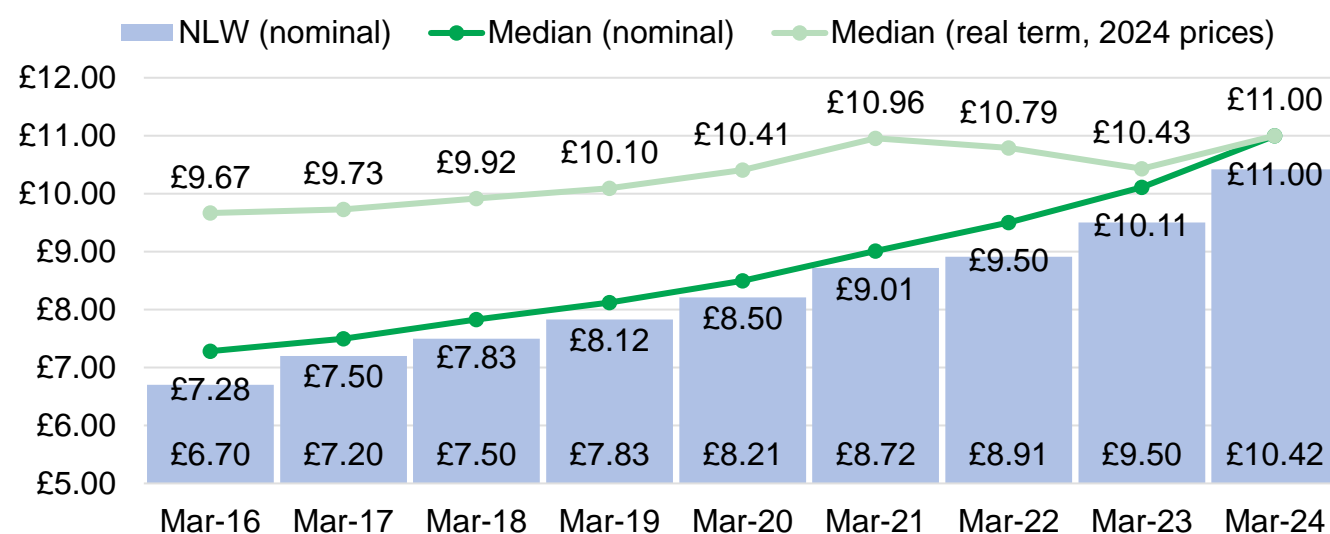
Chart 68 looks at the trend of care worker median hourly pay rates since March 2016, in both nominal and real terms. The nominal (not adjusted) median care worker hourly rate increased steadily from £7.28 in March 2016 to £11.00 in March 2024, a nominal increase of £3.72 per hour (51%). In real terms (adjusted for inflation), the average care worker is £1.33 per hour (14%) better off in March 2024 than they were in March 2016.

The median hourly rate for care workers in March 2024 was 58p pence higher than the NLW. Between March 2016 and March 2024, the nominal median hourly rate increased by an average of 46 pence per year. During this period the NLW increased by an average of 47 pence per year. This suggests that care worker pay is keeping pace with increases to the NLW.



**Chart 68. Care worker nominal and real term median hourly rate trend (independent sector only), 2016 to 2024**

Source: Skills for Care estimates



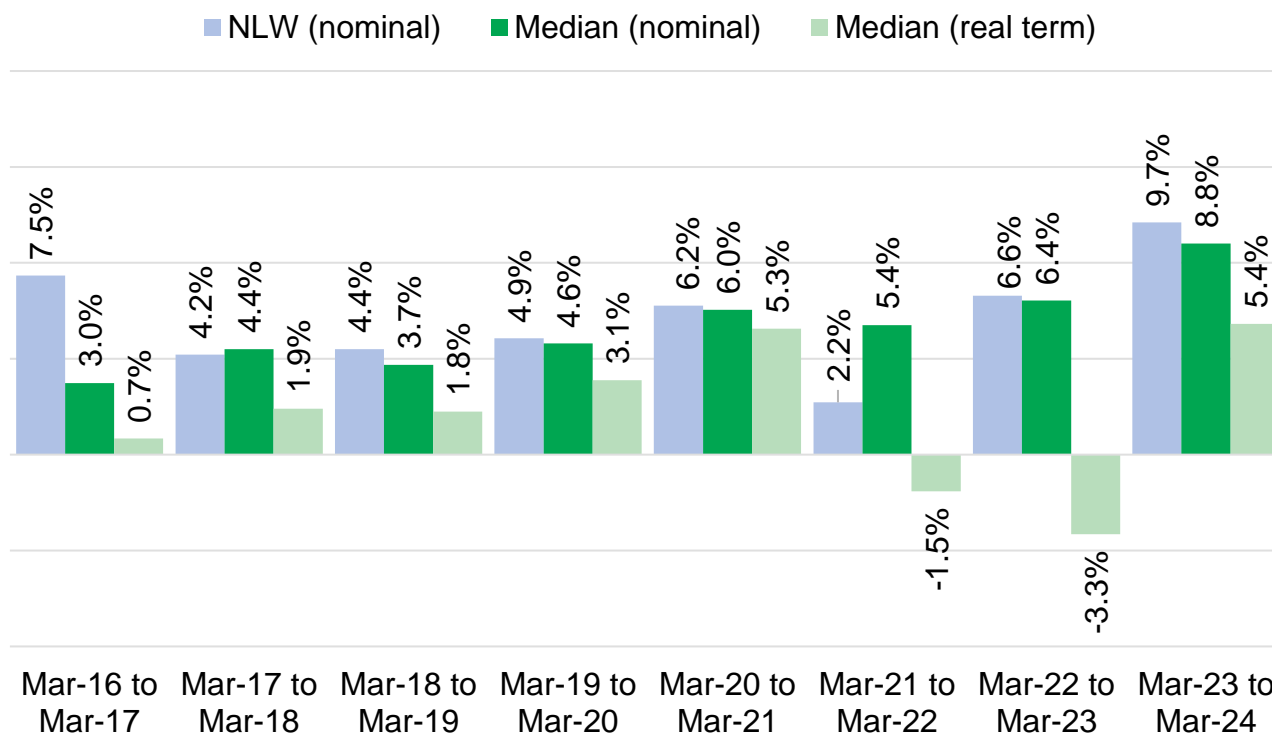
In April 2023, the NLW rose from £9.50 to £10.42 (9.7% in nominal terms). This increase contributed to an 8.8% increase in the median nominal care worker hourly rate from March 2023 to March 2024. This was the highest increase in care worker median pay over the recorded period; a 6.4% increase between March 2022 and March 2023 was the second highest.

The [rate of inflation](#) was relatively high in the 12 months to March 2022 (7%) and higher still in the 12 months to March 2023 (10.1%). Chart 69 below shows that this led to the median hourly rate for care workers in England decreasing, in real terms, by 1.5% and then 3.3% during this time. This compares to a real term decrease in median pay in the UK of 3.8% between April 2021 and April 2022<sup>12</sup>. This suggests that care worker independent sector pay in England decreased less in real terms than the median pay in the UK. Care worker real term pay then increased in 2023/24 by 5.4%.

<sup>12</sup> ONS - Annual Survey of Hours and Earnings time series of selected estimates - <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/ashe1997to2015selectedestimates>

**Chart 69. Percentage change in median care worker hourly rate and NLW (independent sector only), 2016 to 2024**

Source: Skills for Care estimates



The information above shows that the nominal care worker hourly rate usually increased by a similar amount to the NLW increase. However, between March 2021 and March 2022 their nominal rate increased by 5.4%, more than double the NLW increase over the same period (2.2%). It was reported to Skills for Care that some employers had been responding to rising vacant posts by increasing wages to attract and retain more staff. This appears to not have continued after March 2022 as nominal pay increased at a similar rate to the NLW, as it has done in previous years.

Chart 70 (below) shows the national living wage rate and proportion of care workers which were paid on or under the wage floor. We have defined the wage floor as those paid on or within 10 pence of the NLW. When the NLW was first introduced in (April 2016) the proportion of care workers paid on or under the wage floor increased from 24% to 38%, however since then this proportion has usually decreased. In March 2024, around 18% of care workers were paid on or under the wage floor which is the lowest proportion since the NLW was introduced. However, it should be noted that many care workers are still paid relatively close to NLW with the median being £11.00.

**Chart 70. Proportion of care workers on or under the wage floor (NLW + 10 pence) and the NLW, 2016 to 2024**

Source: Skills for Care estimates

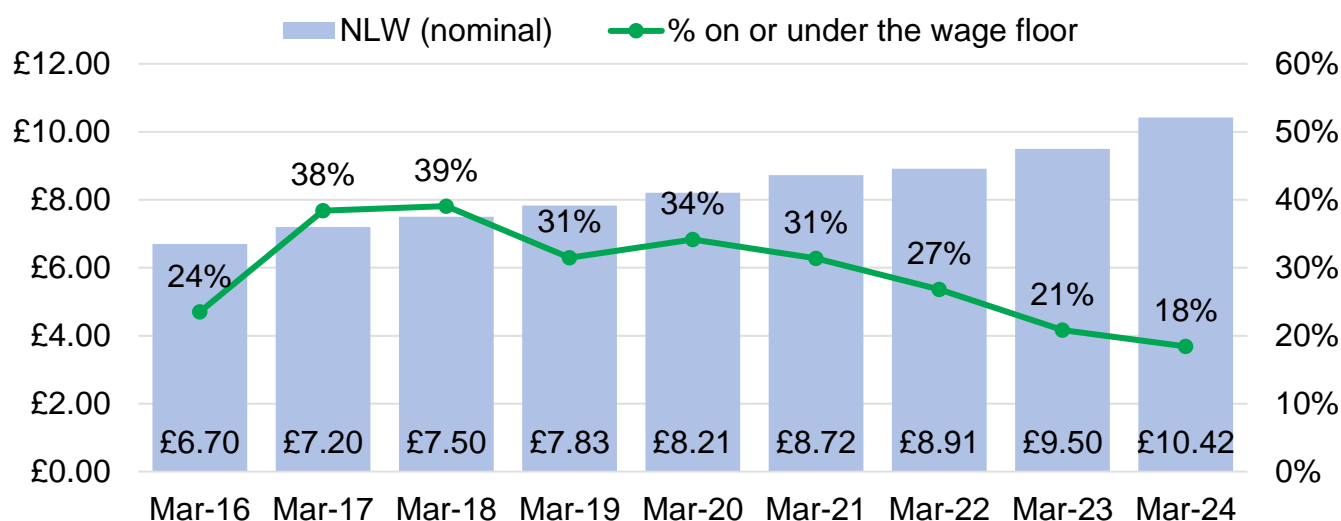


Chart 71 shows the nominal care worker hourly rate change across the percentile distribution, where p10 refers to the bottom 10% of earners, p50 is the median earner, and p90 refers to the top 10% of earners.

The median hourly rate for a care worker in the independent sector was £11.00 as at March 2024. The hourly rate difference between a top 10% earner (£12.16) and a bottom 10% earner (£10.42) was £1.74 (15%). This was proportionally less than in 2016 when the difference between a top 10% earner and a bottom 10% earner was £1.85 (24%).

**Chart 71. Care worker nominal median hourly rate distribution (independent sector only), as at March 2016 and March 2024**

Source: Skills for Care estimates

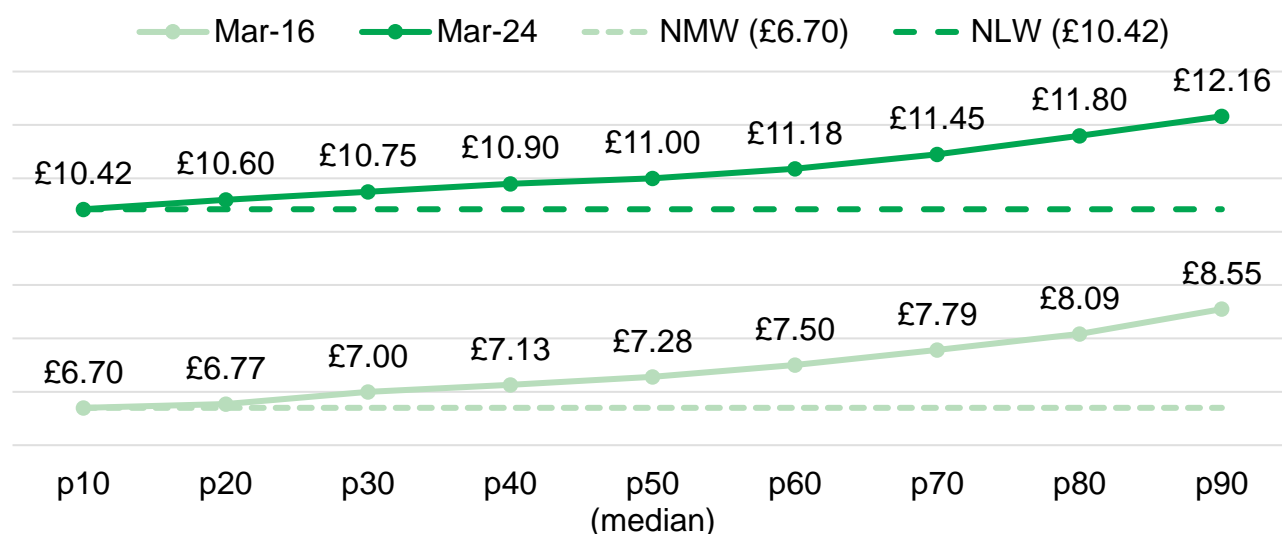
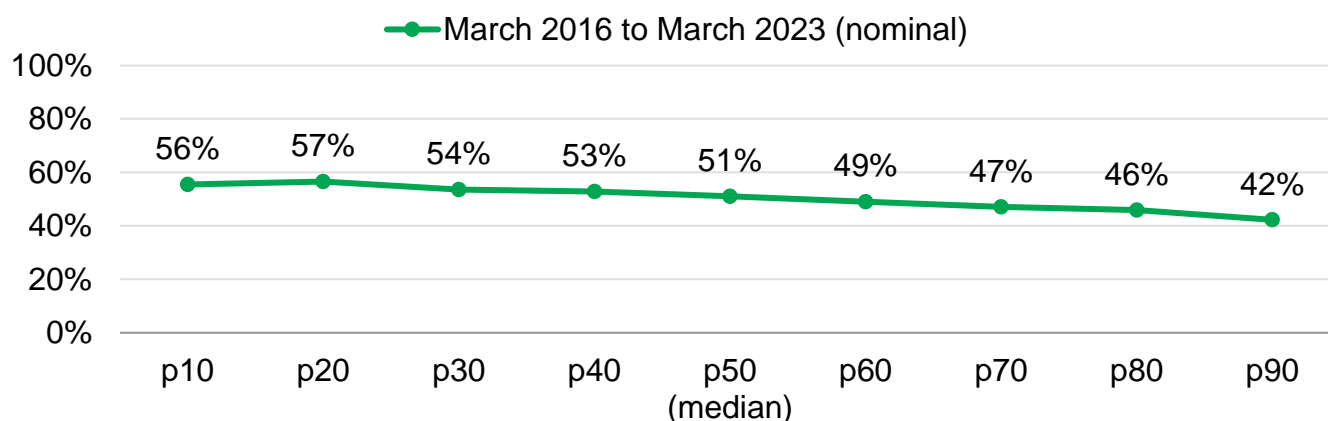


Chart 72 shows that, since the introduction of the NLW, care workers at the bottom of the pay scale have benefitted the most, from the introduction of the NLW (an increase of 56% for the bottom 10% of earners). This was a larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 42% increase in pay over the period. This difference was greatest in London, in which the bottom 10% of earners have seen an increase of 54% since March 2016 and the top 10% have seen an increase of 36%.

### Chart 72. Nominal care worker median hourly rate change by percentile (independent sector only), March 2016 to March 2024

Source: Skills for Care estimates

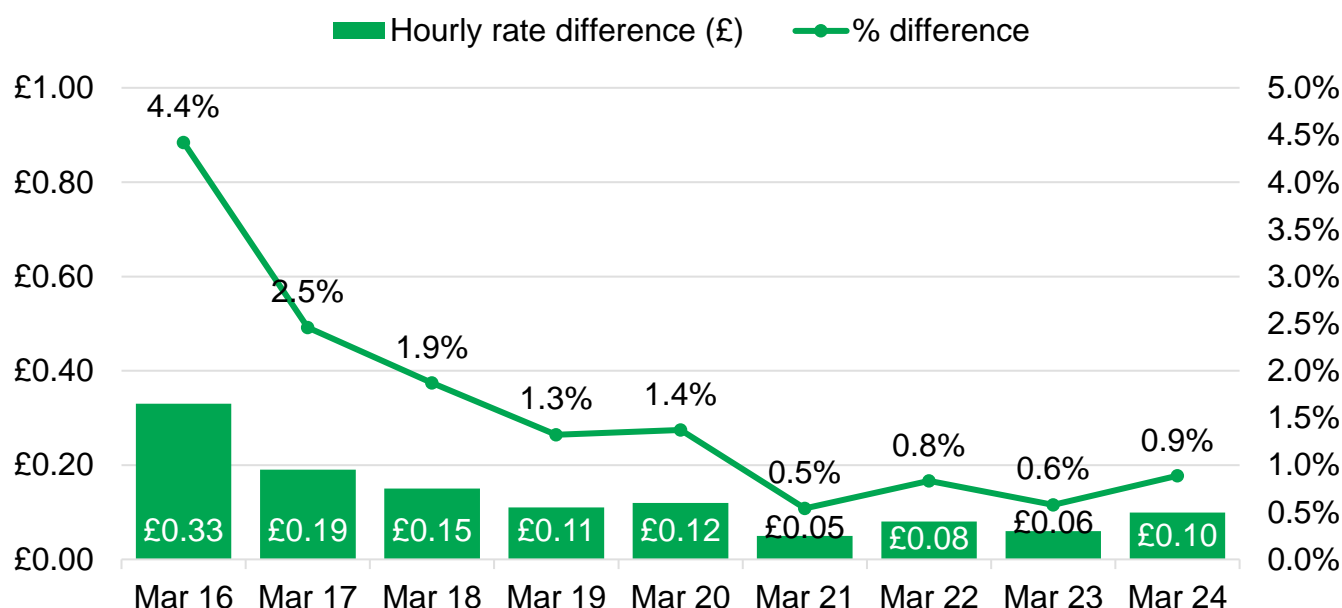


This shows that, after the introduction of the NLW, some social care organisations couldn't maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.

Chart 73 (below) compares care worker pay based on their experience in the adult social care sector. In March 2016, care workers with five or more years of experience in the sector could expect an hourly rate which was 33 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of 4.4%. However, since March 2016, the experience pay gap had shrunk to 10 pence (or 0.9%) per hour as at March 2024.

**Chart 73. Mean care worker pay by experience in the sector (less than one year vs. five years or more) independent sector only, March 2016 to March 2024**

Source: ASC-WDS unweighted data



In contrast, healthcare assistants (HCAs) in the NHS with two or more years' experience are paid 78p more per hour than HCAs with no experience<sup>13</sup>. This is a pay rise of approximately 6.7%. Without additional funding, it will continue to be challenging for some employers to reward workers with higher levels of experience, greater responsibilities, or more relevant qualifications.

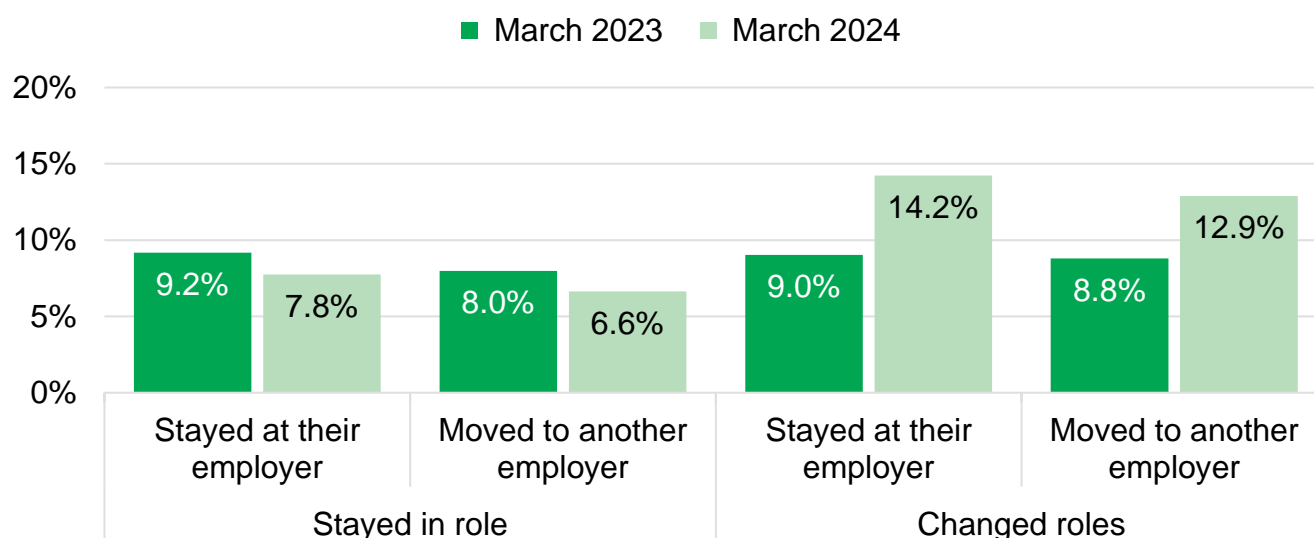
## 5.8 Care workers moving between employers and between roles

Using unweighted data from the ASC-WDS, we have compared pay rates of care workers relative to the NLW in March 2023 and again in March 2024. We have split these care workers into four groups; whether they stayed in the same role as a care worker, or not, and then whether they stayed with the same employer, or not.

Chart 74 below compares the average percentage above the NLW that care workers received in March 2023 and March 2024. This is compared between the four groups. It shows that care workers who stayed in role as a care worker had a slight reduction in their pay relative to the NLW whereas care workers who changed roles had a relative increase in pay. This indicates that pay progression usually requires promotion into a different role.

<sup>13</sup> NHS Employers – Pay scales for 2023/24 - <https://www.nhsemployers.org/articles/pay-scales-202324>

**Chart 74. Care worker pay proportion above the NLW between those staying in role and staying at their employer in March 2023 and March 2024**



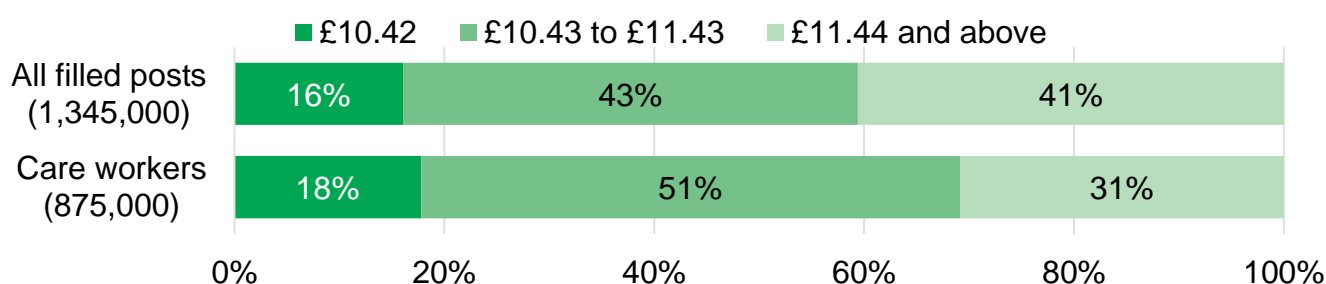
## 5.9 The impact of the National Living Wage from April 2024 (£11.44)

On 1 April 2024, the mandatory NLW for workers increased by £1.02 to £11.44 and the age this rate applies to was reduced from 23 to 21 years. This is the largest increase in the NLW since its introduction in April 2016. Chart 75 shows that, as at March 2024, over half (59%) of all independent sector workers were paid less than the upcoming mandatory NLW rate (£11.44). This equates to around 800,000 filled posts directly affected by the subsequent increase in the NLW.

Many of the 41% of workers that were already paid on or above the 2024 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained. The impact of the new living wage will be greater for care workers in the independent sector, of which 69% (around 605,000 filled posts) were paid less than the new NLW rate (£11.44) as at March 2024.

**Chart 75. Hourly pay distribution of workers prior to the 2024 NLW (independent sector only), as at March 2024**

Source: Skills for Care estimates



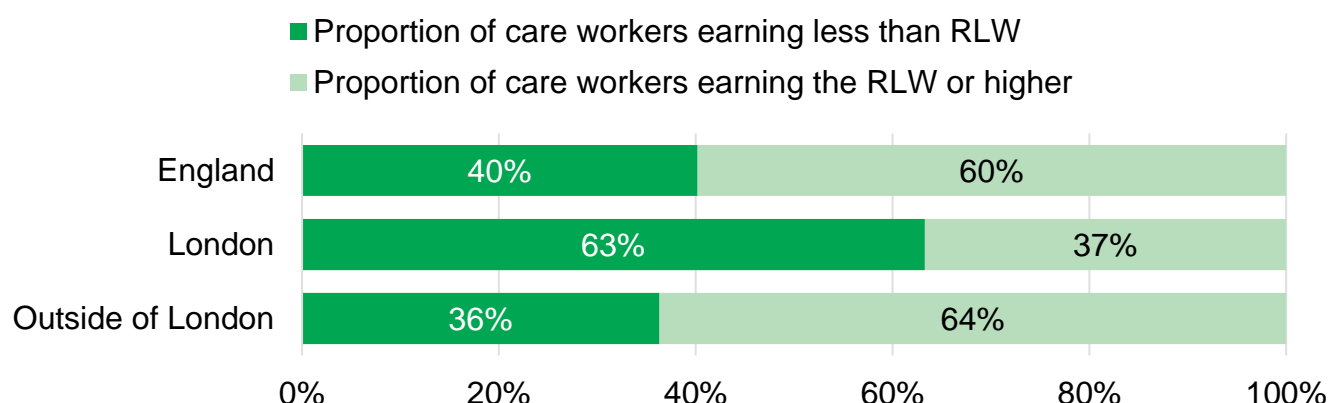
## 5.10 The Real Living Wage

The Real Living Wage (RLW) is calculated and set by the Living Wage Foundation each year. It is calculated based on the cost of living and there are separate rates for London and the rest of the UK, as the cost of living in London is substantially higher. To be a RLW accredited employer, organisations must pay the RLW to all employees by May each year. The rate that was required as at May 2023 to be a RLW accredited employer was £11.95 in London and £10.90 for the rest of the UK.

As at March 2024, 36% of care workers outside of London were earning less than £10.90 and 63% of care workers in London were earning less than £11.95 (the highest percentage of any region). Whilst the median care worker pay is higher in London (£11.40), this is still 55 pence below the RLW in London. Overall, in England, around 40% of care workers were earning less than the RLW.

**Chart 76. Proportion of care workers receiving the Real Living wage (independent sector only), as at March 2024**

Source: Skills for Care estimates



## 5.11 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 2023](#)' (using results provided by Annual Survey of Hours and Earnings (ASHE)). A list of low paying occupations and industry groups can be found in the [Low Pay Commission – Low paying sectors review](#).

The introduction of, and subsequent increase in, the NLW has 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 historically lower pay will grow closer in pay to social care jobs than they were before, generating additional competition for workers.

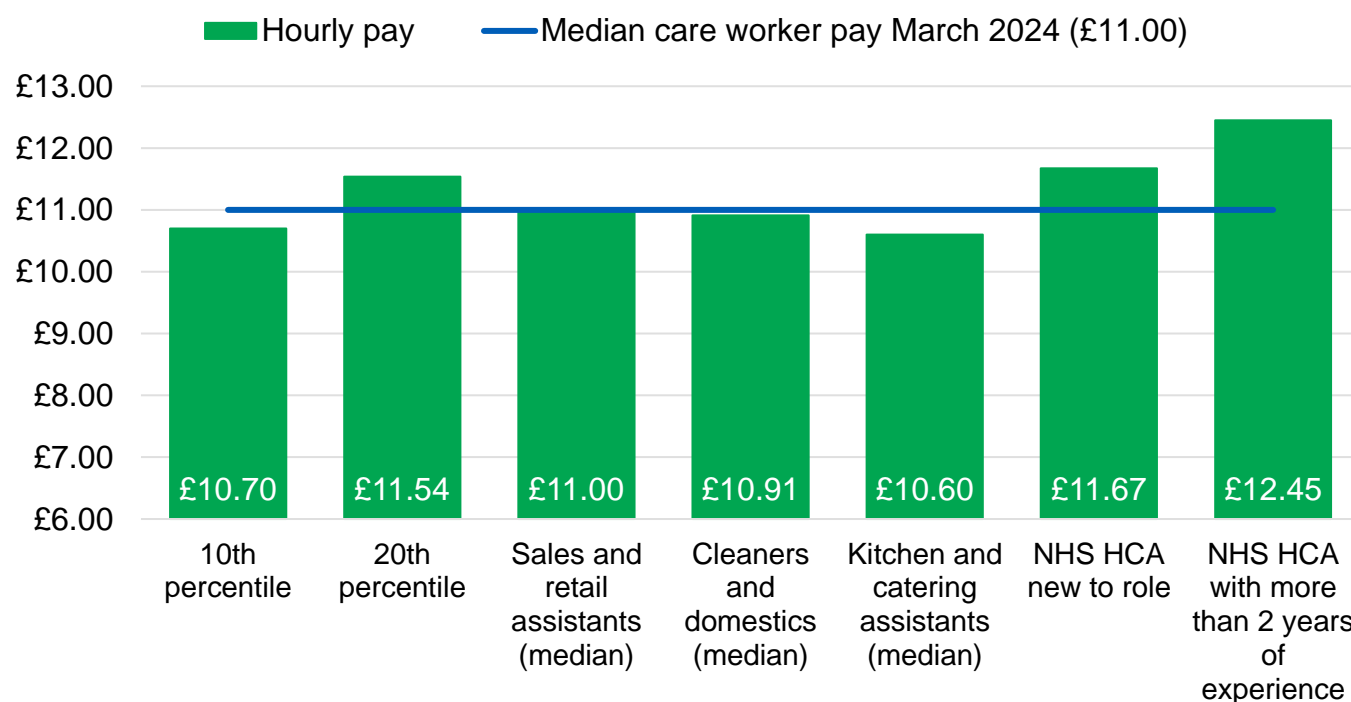
Chart 77 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission) as well as healthcare assistants (HCA) in the NHS.<sup>14</sup>

Although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. Chart 77 shows that care worker median pay (£11.00) is below the rate for the 20th percentile of £11.54 (80% of jobs pay more than this value).

Average care worker pay is 67 pence per hour less than healthcare assistants (HCAs) in the NHS that are new to their roles and equivalent to those employed in sales and retail assistants. However, it is still 9 pence higher than cleaners and domestics, and 40 pence higher than kitchen and catering assistants.

#### Chart 77. Median care worker pay (independent sector only) compared to other job roles, 2023/24

Source: Skills for Care estimates (March 2024), ONS Annual Survey of Hours and Earning (November 2023, all UK) and NHS agenda for change pay data (2023/24)



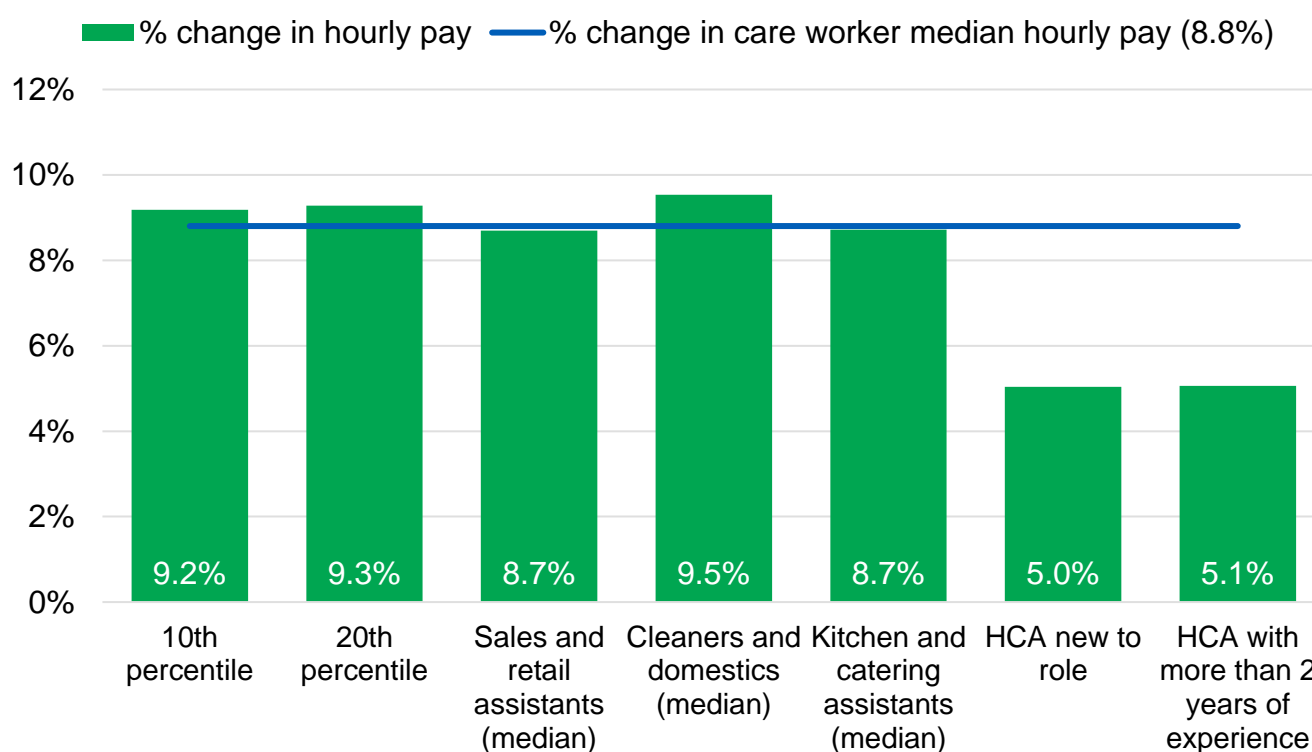
<sup>14</sup> ASHE data is as at April 2023 and ASC-WDS is updated between April 2023-March 2024. Although both datasets are the same NLW period, ASHE is at the start whereas ASC-WDS data is at the end of the period so will account for some in-year pay rises. Therefore, other sectors may be higher, in comparison to social care, if the time periods were the same.



Chart 78 shows the percentage increase in nominal pay between 2022/23 and 2023/24 for each of the same job roles as Chart 77 (above). Care worker median pay increased by a similar amount to the lower pay percentile group and the low paying roles in other sectors. However, the increase in care worker median pay (8.8%) was greater than healthcare assistant in the NHS (5.0%).

### Chart 78. Percentage change in nominal median care worker pay compared to other job roles, 2022/23 to 2023/24

Source: Skills for Care estimates (March 2024), ONS Annual Survey of Hours and Earning (November 2023, all UK) and NHS agenda for change pay data (2023/24)



## 6. Qualifications and training



This section includes information about engagement with the Care Certificate Standards, qualifications held, and the training and skills of the adult social care workforce. We believe that it's important that staff are equipped with the right skills and knowledge to provide high quality care and support. Investing in learning and development also supports staff retention. Workers feel valued because they can see you're investing in them.

**61%**

direct care staff engaged  
with the Care Certificate  
Standards

**46%**

of workers held a relevant  
social care qualification

**39%**

direct care-providing staff  
were qualified at Level 2  
and Level 3

## Key findings

- Over half (54%) of all filled posts had achieved or were working towards achievement of the Care Certificate Standards.
- Just under half of the adult social care workforce (excluding regulated professions) held a relevant social care qualification (46%), while 54% had no relevant social care qualifications recorded, the same proportion as 2022/23.
- Direct care-providing staff were more likely to be qualified at Level 2 and Level 3 (39%), while those in manager roles were more likely to be qualified at Level 5 or above (33%).
- The most common areas of training reported in ASC-WDS were 'Moving and handling' (49%), 'Safeguarding adults' (49%) and 'Infection control' (45%).
- Approximately half of the direct-care workforce 51% did not hold a relevant social care qualification in 2023/24. However, of those, 67% had engaged with the Care Certificate Standards, 44% had five years or more experience in the adult social care sector, and 73% had completed training.
- For care worker roles the most common career pathway was to progress to senior care worker, or supervisory roles. Senior care workers or supervisors were most likely to move into first-line manager or registered manager roles.
- Regulated professions workers can progress up the pay scale within their individual roles and were also observed to move into managers posts. Registered nurses generally progressed to registered manager roles, whilst social workers and occupational therapists moved into management roles within their local authority.

## 6.1 Care Certificate Standards

The Care Certificate Standards are an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The Care Certificate Standards are made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

## The standards

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

For further information about the Care Certificate Standards, please visit [our website](#).

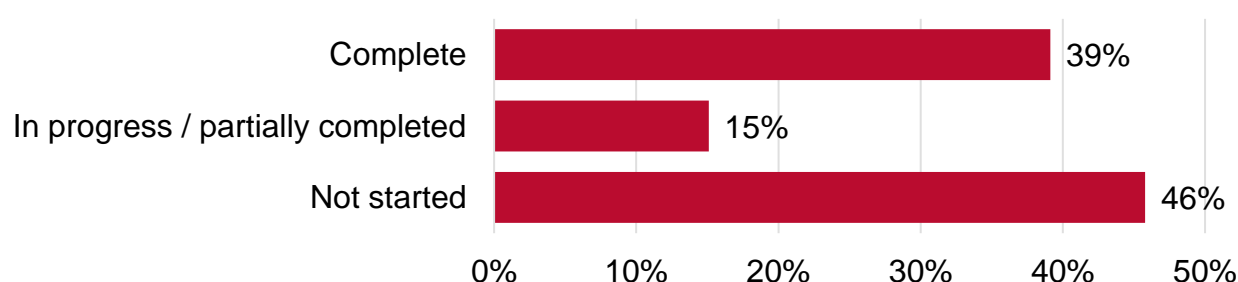
Skills for Care was commissioned by the Department of Health and Social Care (DHSC) to develop a specification for the development of a new Care Certificate qualification based on the existing Care Certificate Standards. Awarding organisations have developed the Level 2 Adult Social Care Certificate qualification, which was launched in June 2024.

The information in this report was taken from local authorities as of September 2023, from independent sector employers as of March 2024, and from direct payment recipients as of February 2024, therefore this information was taken before the launch of the Care Certificate qualification.

Chart 79 shows that 54% of all filled posts had achieved or were working towards achievement of the Care Certificate Standards. Just under half (46%) of all filled posts hadn't started or weren't engaged with the certificate.

### Chart 79. Care Certificate Standards status of all adult social care roles, 2023/24

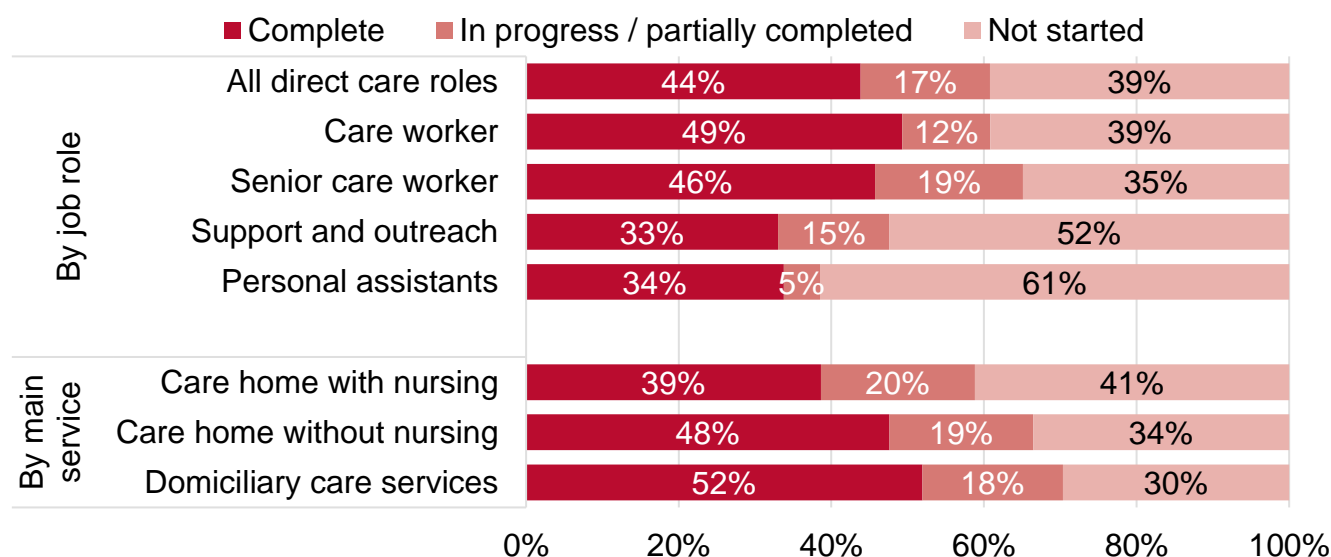
Source: Skills for Care estimates



The chart below shows engagement with the Care Certificate Standards for direct care roles. 'Engagement' is those completed or in progress / partially completed. Almost two thirds (61%) of these direct care providing staff have engaged with the Care Certificate Standards. Engagement was highest in domiciliary care services (70%) compared to Care homes without nursing (66%) and Care homes with nursing (59%).

**Chart 80. Care Certificate Standards status of direct care providing workers, by job role and main service, 2023/24**

Source: Skills for Care estimates



## 6.2 Qualifications held

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

Just under half of the adult social care workforce held a relevant social care qualification (46%), while 54% had no relevant social care qualifications recorded, this is the same proportion as 2022/23. 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 81. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professions), 2023/24**

Source: Skills for Care estimates

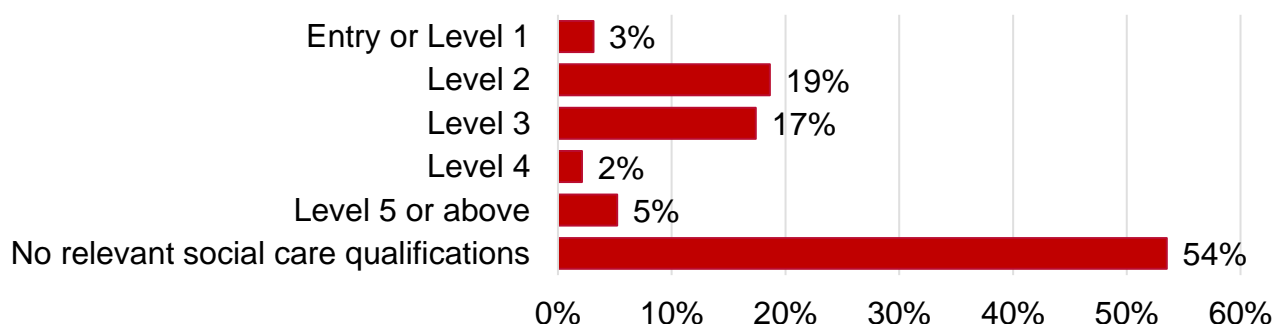
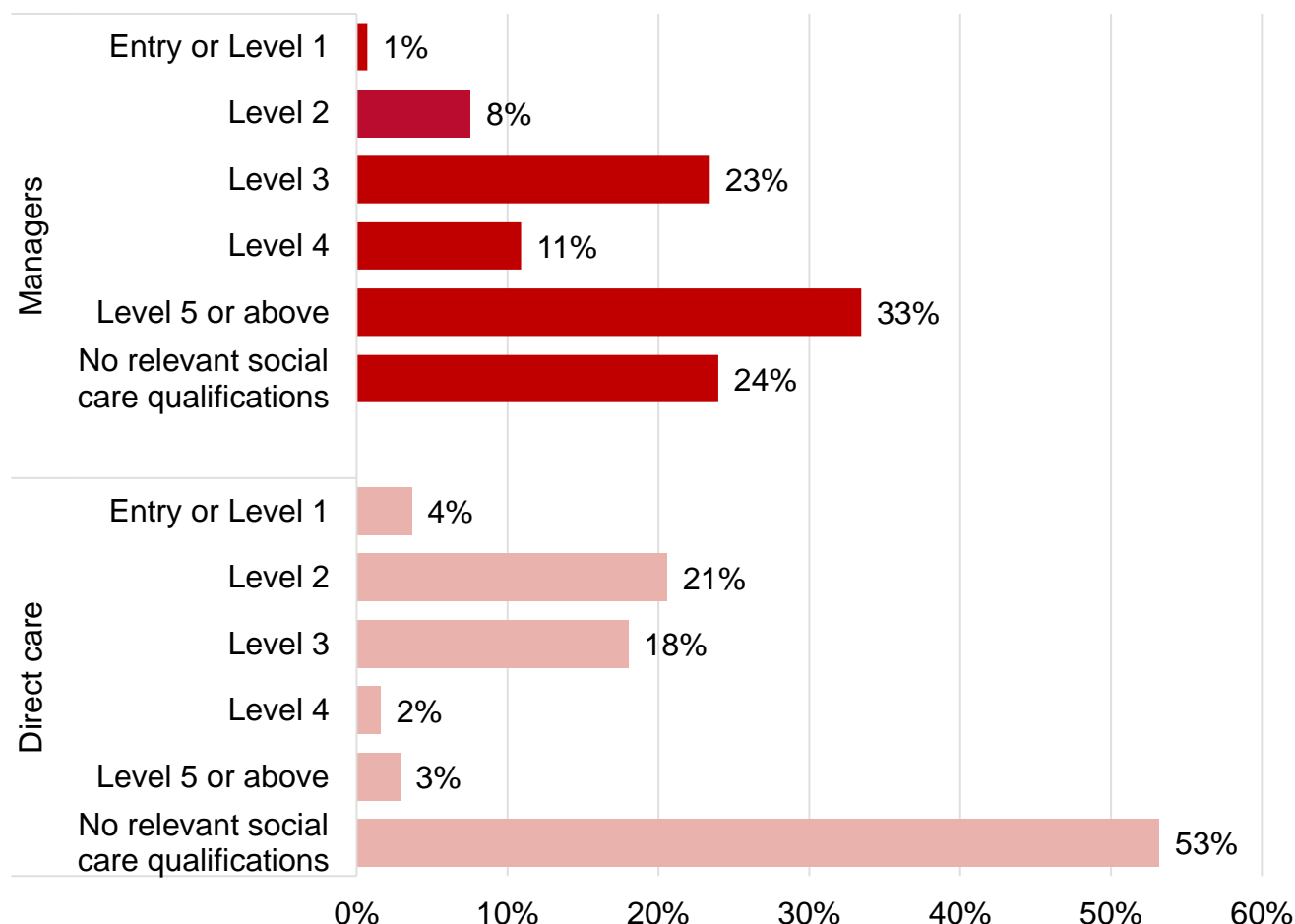


Chart 82 below shows the highest qualification level held by job role group. As might be expected, direct care-providing staff were more likely to be qualified at Level 2 and Level 3

(39%), while those in manager roles were more likely to be qualified at Level 5 or above (33%). The chart also shows that a quarter of all manager staff have no relevant social care qualifications, however this is only 9% for registered managers.

**Chart 82. Estimated highest social care qualification level of the adult social care workforce by job role group, 2023/24**

Source: Skills for Care estimates



The chart below shows the proportion of selected manager and direct care roles that had achieved a social care qualification at Level 5 or above and Level 2 or above respectively, split by sector. Around three quarters (71%) 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 (38%). Workers that were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate Standards, or training relevant to their role (see Section 6.7).

**Chart 83. Estimated proportion of managers roles at Level 5 and above and direct care roles at Level 2 or above, by selected job role and sector, 2023/24**

Source: Skills for Care estimates

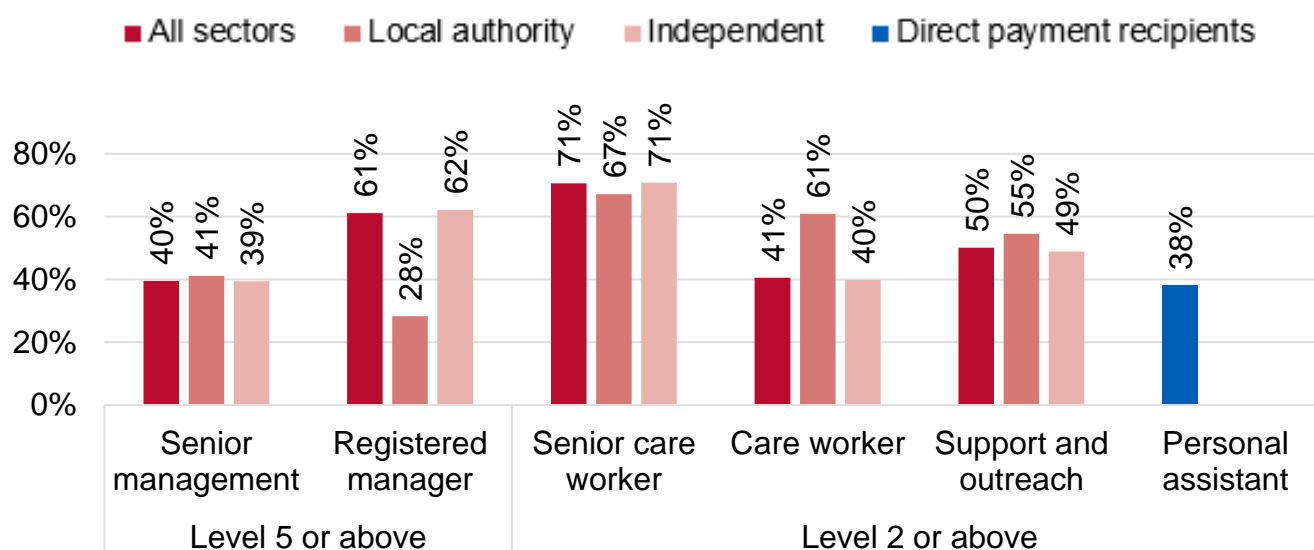
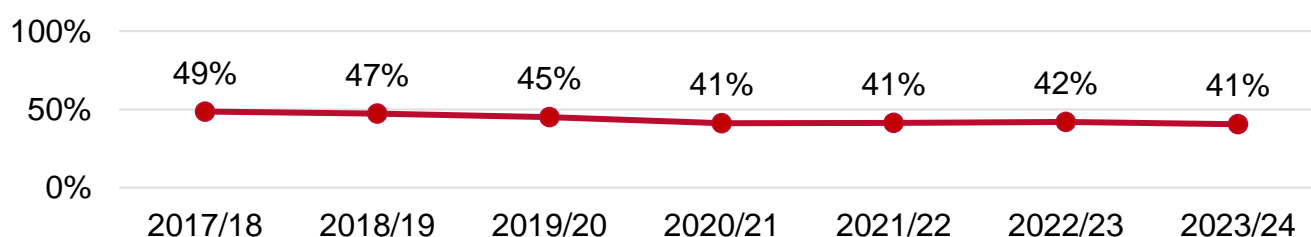


Chart 84 shows the trend of the estimated proportion of care workers with a Level 2 qualification or higher. Whilst the proportion of care workers with a Level 2 or higher has decreased by eight percentage points from 2017/18 to 2023/24 many have skills, training, and experience (as shown in Section 6.3).

**Chart 84. Trend of estimated proportion of care workers at Level 2 of above, 2023/24**

Source: Skills for Care estimates



A closer look at the data also shows that workers within local authority providers had higher levels of qualifications achieved (51%) than workers within independent sector providers (46%). It shows that workers within care homes without nursing (49%) and domiciliary care providers (48%) had higher levels of qualification achieved than workers within care homes with nursing services (36%).

Analysis of factors affecting turnover show that those with a relevant social care qualification were less likely to leave. Chart 112 (Section 9) shows the probability of workers leaving their posts and compares those with relevant social care qualifications to with those without. Of care workers who held a relevant social care qualification, 24.9% left within the 12-month period, compared to 33.2% of those who did not hold a relevant qualification. A similar trend is evident for care workers that had undertaken a higher number of training courses.

These findings could suggest that employers who put greater investment in the training and development of their staff experienced lower turnover rates on average, or it could be that people who have decided they want to pursue social care as a career are less likely to leave and those people are also more likely to gain formal qualifications. Please see Section 9 for more information on factors affecting turnover.

## 6.3 Training

Regular learning and development will help ensure workers can remain up to date with best practice to provide the best care and support.

Learning and development helps the workforce to:

- Develop new skills and knowledge which can boost confidence
- Make work more interesting and varied
- Save time by being more efficient and effective
- Help people to think differently and influence change or improvements
- To improve the care and support provided
- Improve the lives of those people who access care and support services

Statutory and mandatory training is a key aspect of an overarching induction process which helps to prepare workers for their role. Requirements depend on the workers' roles and responsibilities. Please see [our website](#) for more about the 'statutory and mandatory training guide for adult social care employers', published in summer 2024.

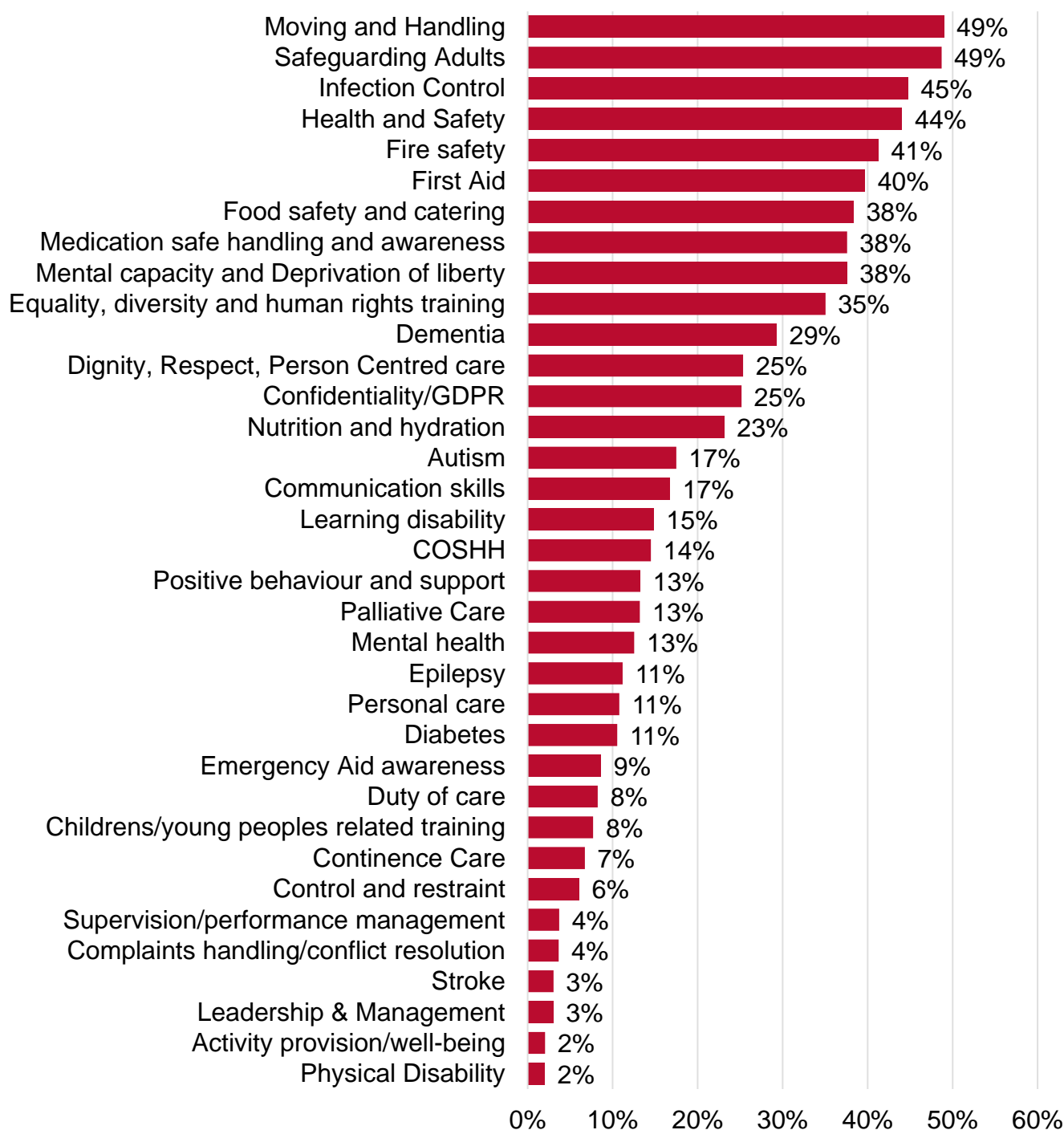
In the ASC-WDS, employers can record training data in addition to accredited qualifications. At the time of writing, there were 47 training categories under which any training can be recorded. For more information, please see [our website](#).

The chart below is based on staff at workplaces where some training information has been recorded in ASC-WDS and shows the most common areas of training were: 'Moving and handling' (49%), 'Safeguarding adults' (49%) and 'Infection control' (45%). Please note that this is a methodology change from previously reported training information. We previously only included staff with training recorded and now we include staff at workplaces with training included. The percentages reported are lower than previously seen due to this method change and not a change in the training levels of the workforce.



**Chart 85. Categories of training recorded in ASC-WDS, 2023/24**

Source: ASC-WDS unweighted data



The Health and Care Act 2022 introduced a requirement that all CQC-regulated service providers must ensure their staff have training on learning disability and autism that is appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake.

This training was added to ASC-WDS in May 2023, as such is not included in the chart above this year. Skills for Care will monitor the recording of this training within ASC-WDS and report on it when the data has had time to populate.

A [news article published by NHS England](#) in November 2023 reported that over one million people had completed the mandatory training e-learning on learning disability and autism in the year since it was launched.

## 6.4 Leadership and Management

Effective leadership can transform social care settings. Leaders and managers shape the culture of an organisation, through every interaction they have, every day. Skilled, knowledgeable and compassionate leaders and managers are needed to achieve well led organisations.

The recruitment and retention of managers and leaders remains a priority. Creating the conditions where people want to stay, including a commitment to continuous professional development at all levels of leadership and management, is crucial.

The sector continues to experience a high turnover rate among CQC-regulated managers, currently standing at 19.4%, alongside a vacancy rate of 9.8%, amounting to 2,800 vacant posts, see Section 3 (recruitment and retention). Section 4.3 (demographics – age) of this report reveals that 31% of registered managers are aged 55 and over, potentially approaching retirement within the next decade.

Analysis of factors influencing turnover (Section 9) highlights that establishments with stable registered managers are more likely to achieve higher CQC ratings. Furthermore, experienced registered managers are associated with lower workforce turnover rates, reinforcing the importance of stable leadership in improving retention.

Chart 87 indicates that an estimated 61% of registered managers hold a qualification at Level 5 or above. You can find further information about qualifications available to managers on our [website](#), including the [Level 4 Certificate in Principles of Leadership and Management for Adult Care](#) and the [Level 5 Diploma in Leadership Management for Adult Care](#).

Skills for Care actively supports the upskilling of all staff, recognising them as part of the talent pipeline and potential future leaders and managers. A variety of resources are available on [our website](#) to assist in manager development, including the Manager Induction Standards, the Developing New Managers and Deputies Guide, and digital learning modules for managers.

In 2022, '[Leadership for a collaborative and inclusive future](#)' was published following a review led by Sir Gordon Messenger and Dame Linda Pollard. Commonly known as "The Messenger Review", the review examined the state of leadership and management in the health and social

care sector. Skills for Care's resources can be used to address the recommendations set out in the Messenger Review, promoting practices of collaboration, inclusion, and compassion. The leadership development programmes, tools, and resources support aspiring leaders and managers through to senior directors, including: [introductory modules for managers](#), the [Culture Toolkit](#), and [Moving Up](#) - a programme supporting managers or aspiring managers from Black and Asian minoritised groups who face barriers to career progression.

## 6.5 Career progression in adult social care

The care workforce pathway will set out clearly what a career in social care means and the level of knowledge, experience and skills required to deliver high-quality, personalised, care and support. It will empower people working in social care to develop themselves and their career by setting out how they can gain skills, access learning and development, and progress in their careers in a way that meets their aspirations.

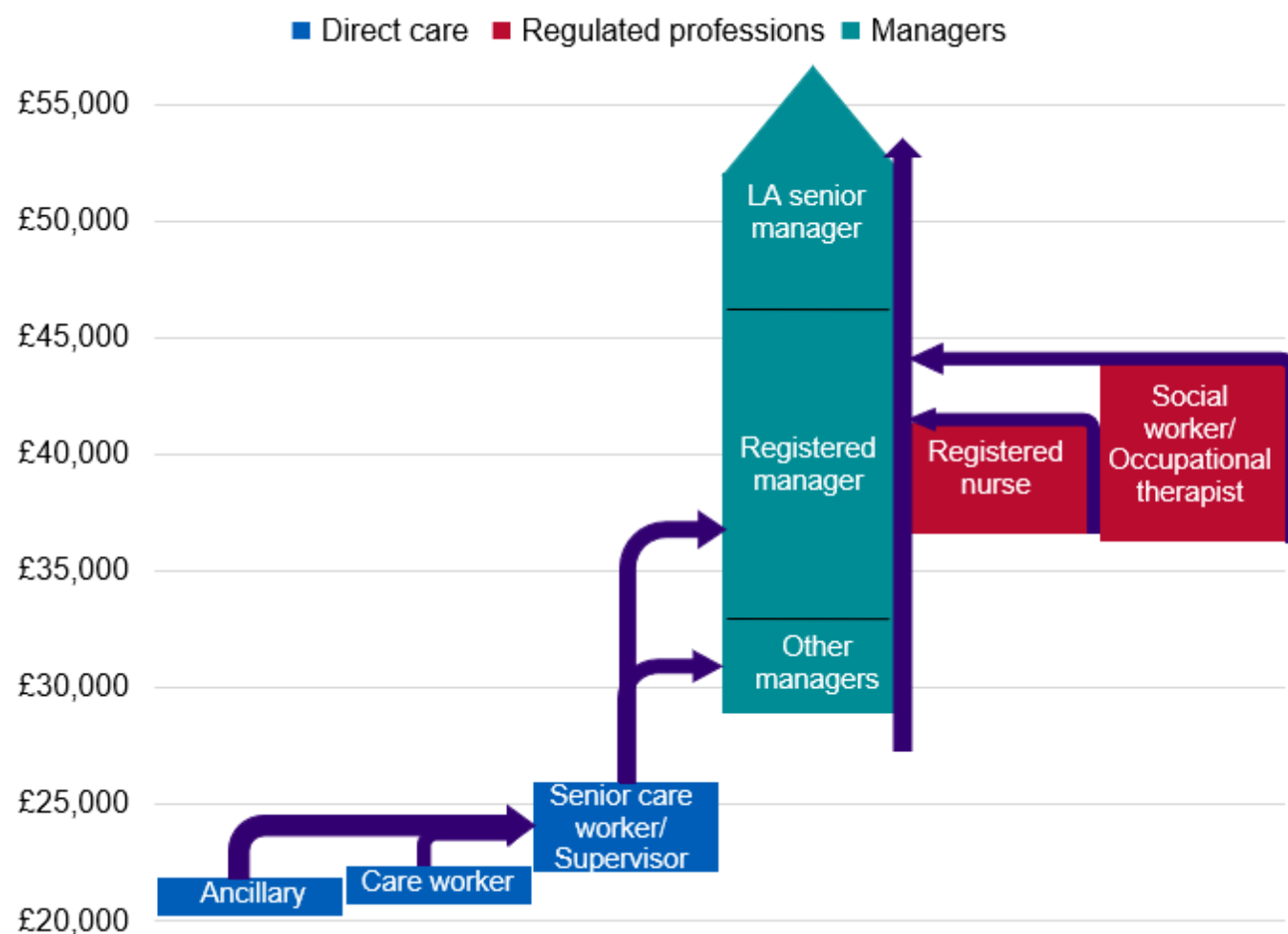
We've been working in partnership with the Department of Health and Social Care (DHSC) to develop the first part of the pathway, which focuses on staff working in direct care roles and outlines an initial four role categories: 'New to Care', 'Care or Support Worker', 'Supervisory/Leadership' and 'Practice Leader (developed in partnership with BILD)'. For more information on the development of the care workforce pathway please see [our website](#).

The ASC-WDS was used to observe the career progression of workers in adult social care between 2010 and 2024. The chart below 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 manager or registered manager roles. Regulated professions workers can progress up the pay scale within their individual roles and were also observed to move into managers posts. Registered nurses generally progressed to registered manager roles, whilst social workers and occupational therapists moved into management roles within their local authority.

**Chart 86. Career progression in adult social care using median salary, 2023/24**

Source: ASC-WDS unweighted data



- 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

We have developed several resources to support registered managers in their career progression, including a [registered manager network](#). Registered managers have one of the highest age profiles of any adult social care roles (31% of registered managers are aged 55 or over) and there will be increasing demand to train new managers to fill the vacancies created by those retiring in the coming years.

## 6.6 Skills, training, and experience

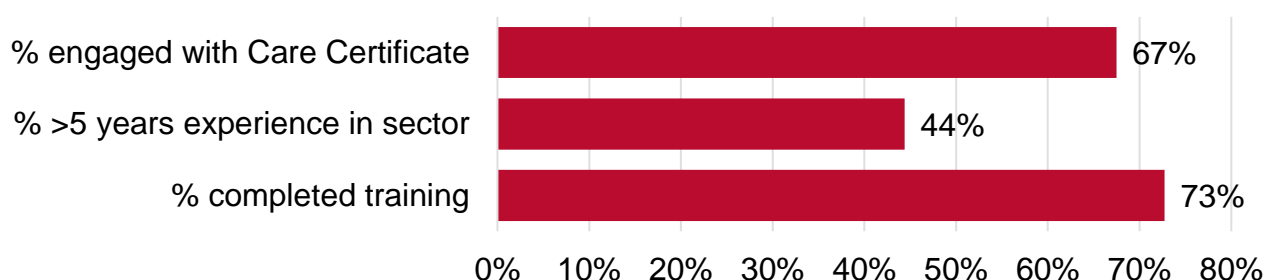
Approximately half of the direct-care workforce (49%) held a relevant social care qualification in 2023/24. This section looks at the skills, training and experience of the 51% of direct care workers that did not hold a relevant qualification at the time of data collection. This includes care workers, senior care workers, support and outreach workers as well as other job roles where workers directly provide care.

Chart 87 shows that, of direct care workers without a relevant social care qualification, 67% had engaged with the Care Certificate Standards (either completed them or were working towards them), 44% 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 87. Skills, training, and experience of direct care workers without a relevant social care qualification, 2023/24**

Source: ASC-WDS unweighted data



## **6.7 Apprenticeships in adult social care**

This section includes the key findings of the 'Apprenticeships in adult social care 2022/23' report. For more details, including a glossary of terms, please see the full report which is published on Skills for Care's [workforce intelligence website](#).

The report describes the number of adult social care apprenticeships which were started and achieved during the academic year. It covers factors such as apprenticeship level, demographics, regional make-up, trend analysis and comparisons to other frameworks to provide context.

Apprenticeships are a way of developing new staff and providing new skills for existing staff by studying and learning through work. There are currently 10 apprenticeship standards that are open to entrants with either a direct link to adult social care or multidisciplinary learning between health and social care.

#### **Apprenticeship starts**

- There were around 24,600 adult social care apprenticeship starts in 2022/23, 14% less than in 2021/22. Across all apprenticeships, the overall number of starts decreased by 3%.
- Employers of the Lead Adult Care Worker apprenticeship (Level 3) received around 10,180 starts, Adult Care Worker (Level 2) employers received 7,460 starts, Leader in Adult Care

apprenticeship (Level 5) received 3,930 starts and Lead Practitioner in Adult Care apprenticeship (Level 4) received 1,890 starts.

- There were around 1,060 starts in the Social Worker degree apprenticeship (Level 6) in 2022/23, which made up 13% of all degree level apprenticeship starts across Health and Social Care.
- The Lead Adult Care Worker and Adult Care Worker apprenticeship standards ranked 4th and 5th in terms of Intermediate/Advanced Level starts in 2022/23 out of all apprenticeships.

### **Apprenticeship achievements**

- There were around 26,000 leavers from adult social care apprenticeships in 2021/22, of which 42.8% completed their course, and of these 97.2% passed the end point assessment.
- Over three quarters (81%) of adult social care achievements in 2022/23 were from the Adult Care Worker and Lead Adult Care Worker apprenticeship standards.

### **Demographic trends**

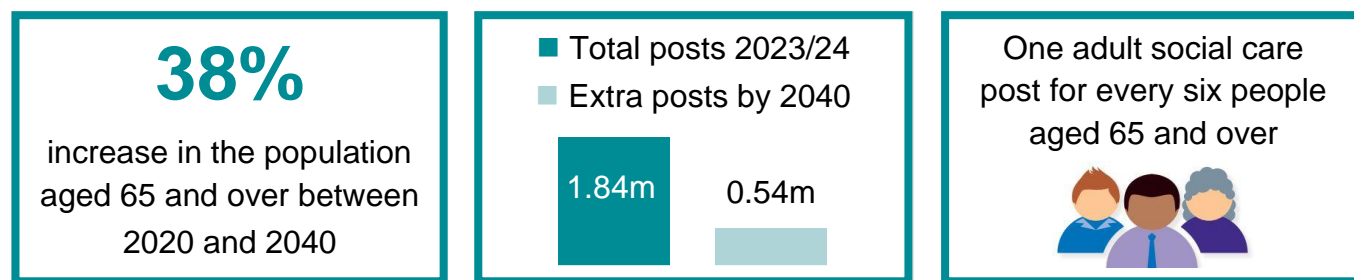
- The proportion of adult social care apprenticeship starts aged under 25 has decreased from 25% in 2016/17 to 19% in 2022/23. This is also a decrease from 2021/22, when the proportion of adult social care apprenticeship starts aged under 25 was 20%.
- The proportion of adult social care apprenticeship starts that identified as male in 2022/23 was 16%, the same as in 2021/22. The proportion of male adult social care apprenticeship starts has been between 16% and 17% since 2016/17.
- The proportion of adult social care apprenticeship starts that identified as having learning difficulties or disabilities has increased from 10% in 2016/17 to 16% in 2022/23. This was the same proportion as in 2021/22.

For further information about apprenticeships in adult social care, including apprenticeship standards, getting started, apprenticeship funding or social work apprenticeship, please see the [Skills for Care website](#).

## 7. Workforce projections



This section presents demand-based projections for the size of the adult social care workforce between 2023/24 and 2040.



## Key findings

- The population aged 65 and above is projected to grow from 10.5 million to 14.5 million between 2020 and 2040.
- Based on growth of the population aged 65 and above, by 2040 the sector may need 540,000 extra new posts (29% growth).
- Our model estimates that there is currently one adult social care post for every six people aged 65 and over.

These projections should be treated as 'base case' projections as they only account for demographic and population changes over the period. They do not account for any political, economic, technological or sociological factors which may impact on the future size of the workforce. Please note that demand due to replacing leavers will be in addition to the figures shown below.

The approach to calculating workforce projections involves combining adult social care workforce estimates and population projection information. This can be used to forecast the number of adult social care posts that may be needed to meet demand in the future.

## 7.1 Population statistics 2020 to 2040

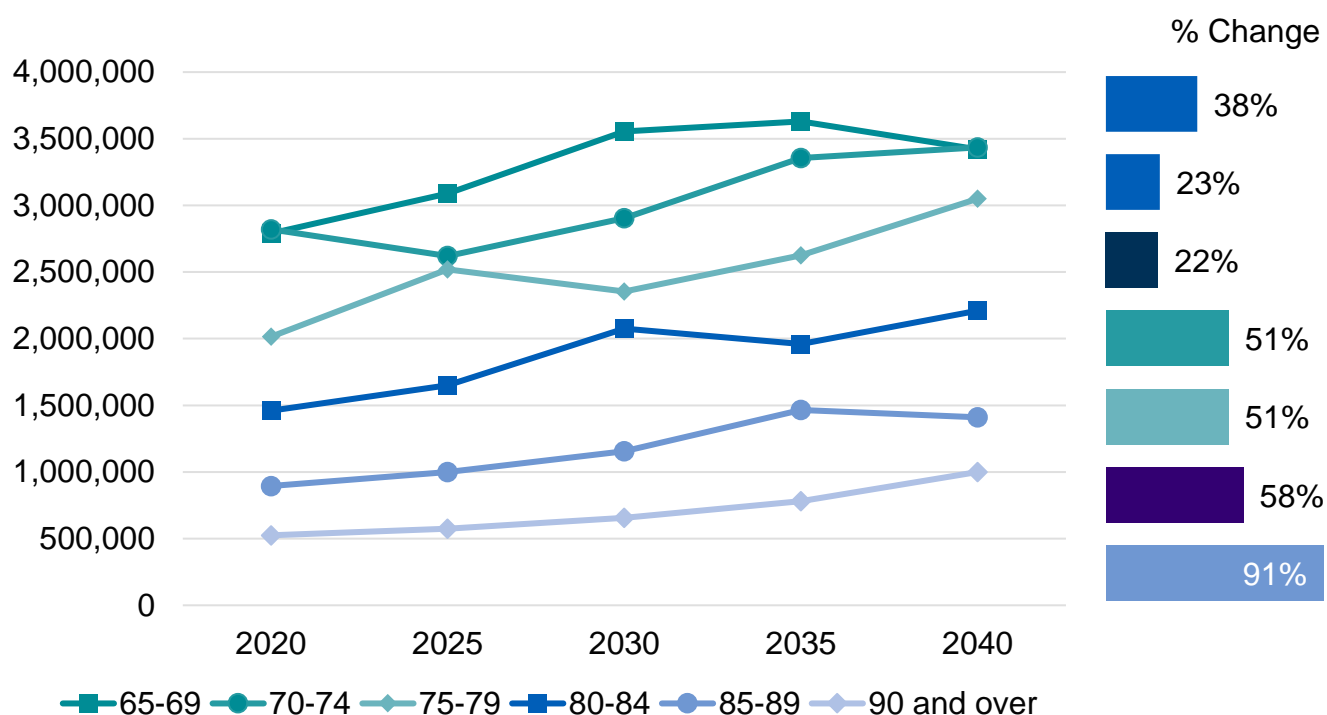
This section includes information about the population aged 65 and over from 2020 to 2040. We have used [Nomis](#) (a service provided by the Office for National Statistics (ONS)), for the population estimates data, split by age band as part of the projections model.

The number of people aged 65 and above is projected to increase between 2020 and 2040, from 10.5 million to 14.5 million people in England (an increase of 38%). Chart 88 below shows the estimated change in the population aged 65 and over between 2020 and 2040, split by age bands.



**Chart 88. Population aged 65 and above in England, 2020 to 2040**

Source: Nomis



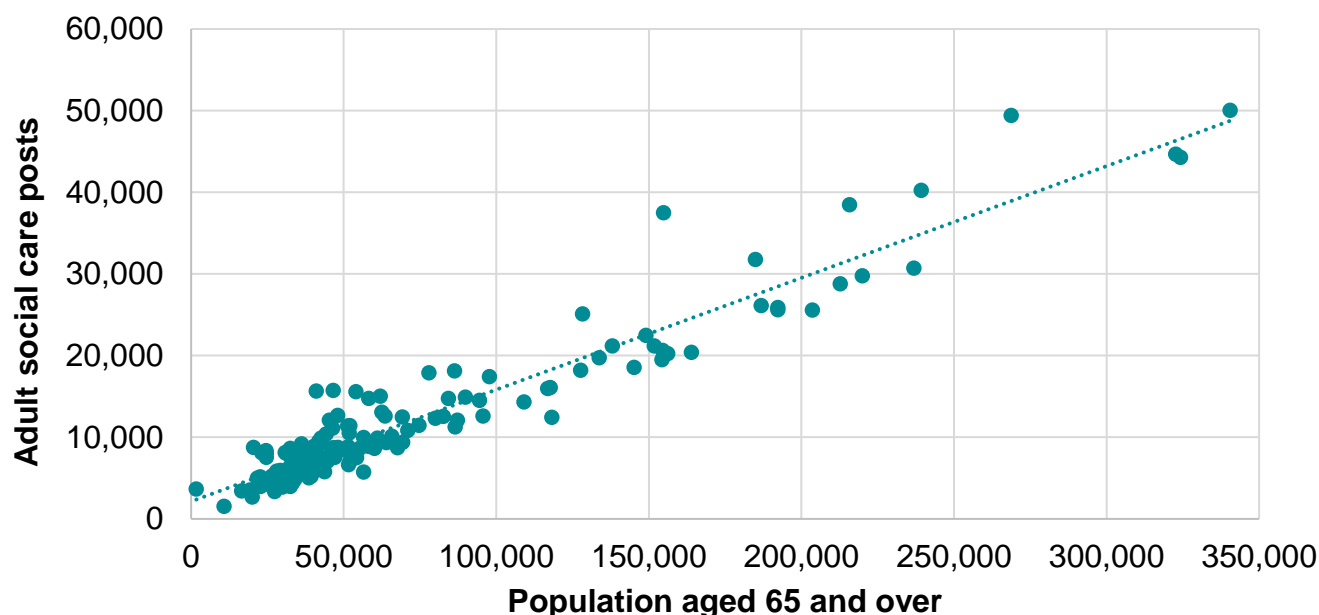
Data from the [Institute of Public Care \(IPC\)](#) suggests that the overall number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period. This is likely to create additional demand for adult social care provision.

## 7.2 Relationship between population projections and posts

Our projections use models that compare the total number of posts in adult social care (including filled posts and vacant posts) 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 shown in Chart 89, in which each dot represents a local authority area, and the line represents the relationship between the two factors. The '65+ model' shows that in 2023/24 there is one adult social care post for every six people aged 65 and over in the population.

**Chart 89. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2023/24**

Source: Skills for Care estimates, Nomis



The model above was applied to Nomis estimates of the number of people aged 65 and over in 2030, 2035 and 2040 to create a projection for the number of adult social care posts required going forward.

Table 13 and Chart 90 show the results of the model. The model predicts that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then 430,000 new posts would be required by 2035. The number of posts required increases to 540,000 by 2040. Overall, by 2040 a total of 2.38 million adult social care posts would be needed, an increase of 29% from 2023/24. This estimate includes filled posts and vacant posts and does not account for if there is enough supply of workers to fill the posts.

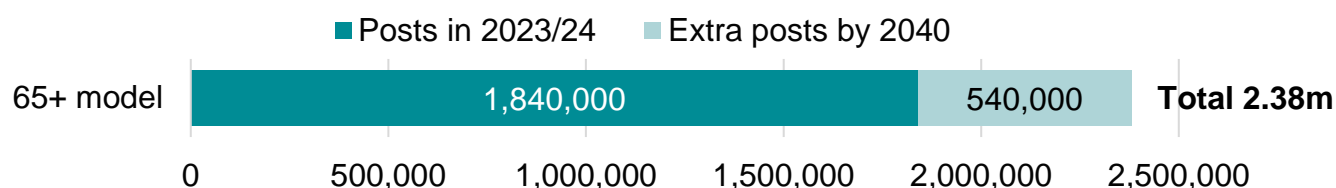
**Table 13. Adult social care posts projections between 2023/24 and 2040, based on the number of people in the population aged 65 and over**

Source: Skills for Care estimates

| Model     | 2023/24   | 2030      | 2035      | 2040      | % increase in posts 2023/24 to 2040 |
|-----------|-----------|-----------|-----------|-----------|-------------------------------------|
| 65+ model | 1,840,000 | 2,090,000 | 2,270,000 | 2,380,000 | 29%                                 |

**Chart 90. Adult social care posts projections between 2023/24 and 2040**

Source: Skills for Care estimates



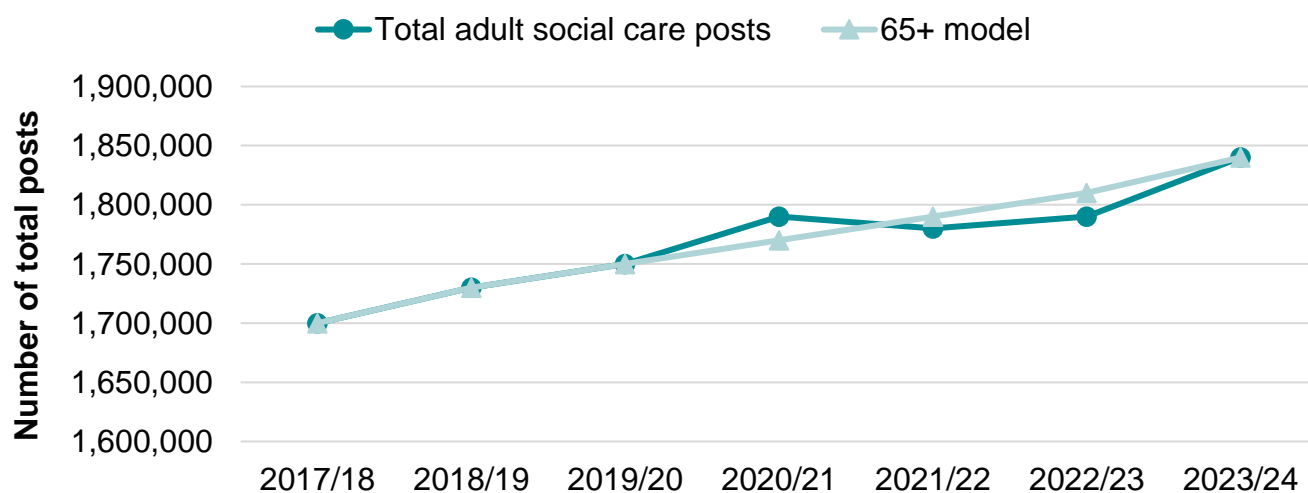
## 7.3 Retrospective testing of models

A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Nomis population data from 2012/13 to 2023/24, and our estimates of total posts (filled and vacant) in the 2012 adult social care workforce, the model results were compared to the actual growth in posts in the sector.

As shown in Chart 91 the growth in the number of posts was similar to the projections between 2017/18 and 2023/24. The number of posts has historically increased to keep up with the rising demand for care due to an aging population and an increasing number of working- age adults requiring care.

**Chart 91. Adult social care total posts projections, 2017/18 to 2023/24, based on the population aged 65 and over, compared to actual trends of filled posts for the same period**

Source: Skills for Care estimates

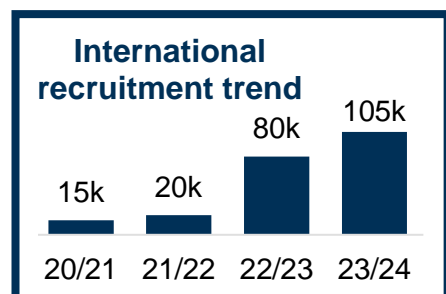


For information about regional projections, please refer to the [regional information](#) pages of our Workforce Intelligence website.

## 8. International recruitment



This chapter looks at international recruitment within the adult social care sector, including information on organisation size and type, recruitment and retention, an overview of employment of internationally recruited workers, their demographics, qualifications and training.



**29%**  
of people recruited internationally were male

**34.1**  
average age of a person recruited internationally

## Key findings

- The vacancy rate for employers with people recruited internationally decreased by 4.3 percentage points between March 2022 and March 2024, from 12.8% to 8.5%.
- People recruited internationally had fewer average sickness days (2.3) than those recruited domestically (8.9).
- Domestic recruitment remains a challenge for the sector with the number of filled posts filled by British people decreasing by around 70,000 over the previous two years.
- Skills for Care has a number of resources related to [international recruitment](#) such as our [tool kit](#) which supports employers in deciding whether to recruit from overseas and how to do so ethically and responsibly.

Changes to [immigration rules](#) in the UK came into effect on 1 January 2021. These rules effectively meant that people could not come to the UK to take up care worker roles, but people could still arrive to take up some regulated professions roles. From April 2021 people could also come to the UK to take up senior care worker roles after this role was added to the Shortage Occupation List and the Health and Care worker visa route.

In February 2022, the care worker role was added to the Shortage Occupation List and the Health and the Care worker visa route. This meant that providing workers met the salary threshold of £20,480 or £10.10 per hour (based on a 39 hour week) and had a licenced sponsor, they could come to the UK to take up care worker roles.

In April 2024, the SOL was replaced by the [Immigration Salary List](#) (ISL). The same adult social care sector job roles remain eligible occupations on the skilled worker route as before<sup>15</sup>. Care workers and Senior Care worker roles are on the ISL, this allows workers to be paid a minimum of £23,200 in these roles (up from £20,960). Some occupations are subject to national pay scales requiring people in those jobs to be paid in line with the rates on the relevant national scale.

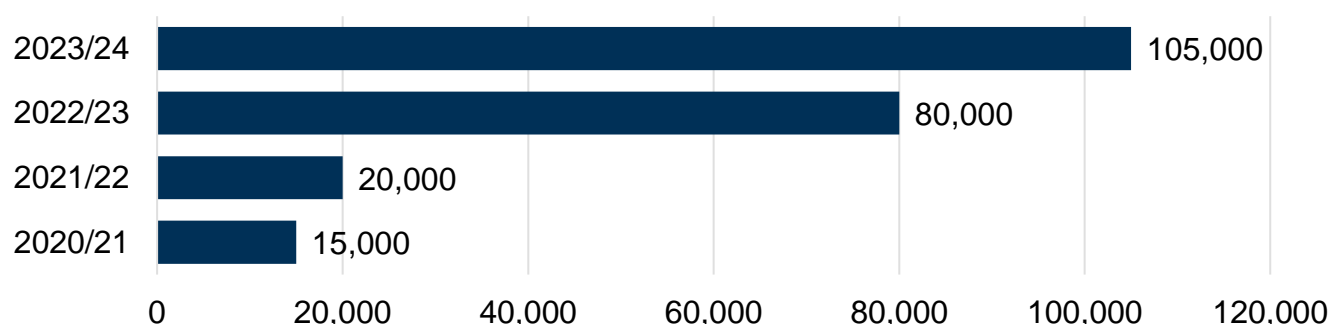
<sup>15</sup> <https://www.gov.uk/government/publications/skilled-worker-visa-eligible-occupations/skilled-worker-visa-eligible-occupations-and-codes>

## 8.1 Estimated number of people recruited internationally

Between March 2022 and March 2024 an estimated 185,000 people have started direct care providing roles in the independent sector, having arrived in the UK during that period (80,000 in 2022/23 and 105,000 in 2023/24). This is a substantial increase in international recruitment on previous years as shown in Chart 92, and has played a part in the increase in filled posts and reduction in vacant posts seen over the period.

**Chart 92. Estimated number of people starting direct care providing roles in the independent sector having arrived in the UK during each year, 2020/21 to 2023/24**

Source: Skills for Care estimates



This estimate is higher than the [Home Office figures](#) which show that 141,000 Health and Care Worker visas were issued to care workers and senior care workers over the same period. The estimate of 185,000 in this report includes some international recruits moving between jobs, people arriving in the UK and taking up adult social care jobs via other routes (such as family permits), and those people arriving on Health and Care Worker visas.

### 8.1.1 Recent trends

From 11 March 2024, care workers arriving from outside of the UK were no longer allowed to bring dependants (that is, partners and/or children) on their visa. Care providers sponsoring international recruits were also required to register with the Care Quality Commission (CQC). Following the announcement of these changes, according to [data from the Home Office](#), the number of Health and Care Worker visas granted has decreased. In the year ending June 2024 there was a 26% decrease in visas granted to applicants. There was also a notable fall in visa applications over the last quarter, between April and June 2024, 81% lower than the same period in 2023.

The lower number of granted Health and Care Worker visas is likely to continue and it may therefore be challenging for the sector to continue growing as it has been prior to these changes. We produce quarterly estimates to track international recruitment in the independent

sector over time during the year. In the quarter April to June 2024, there were an estimated 8,000 international recruits joining the workforce in direct care roles in the independent sector in England. This is a substantial decrease on the previous year where there was an average of 26,000 per quarter.

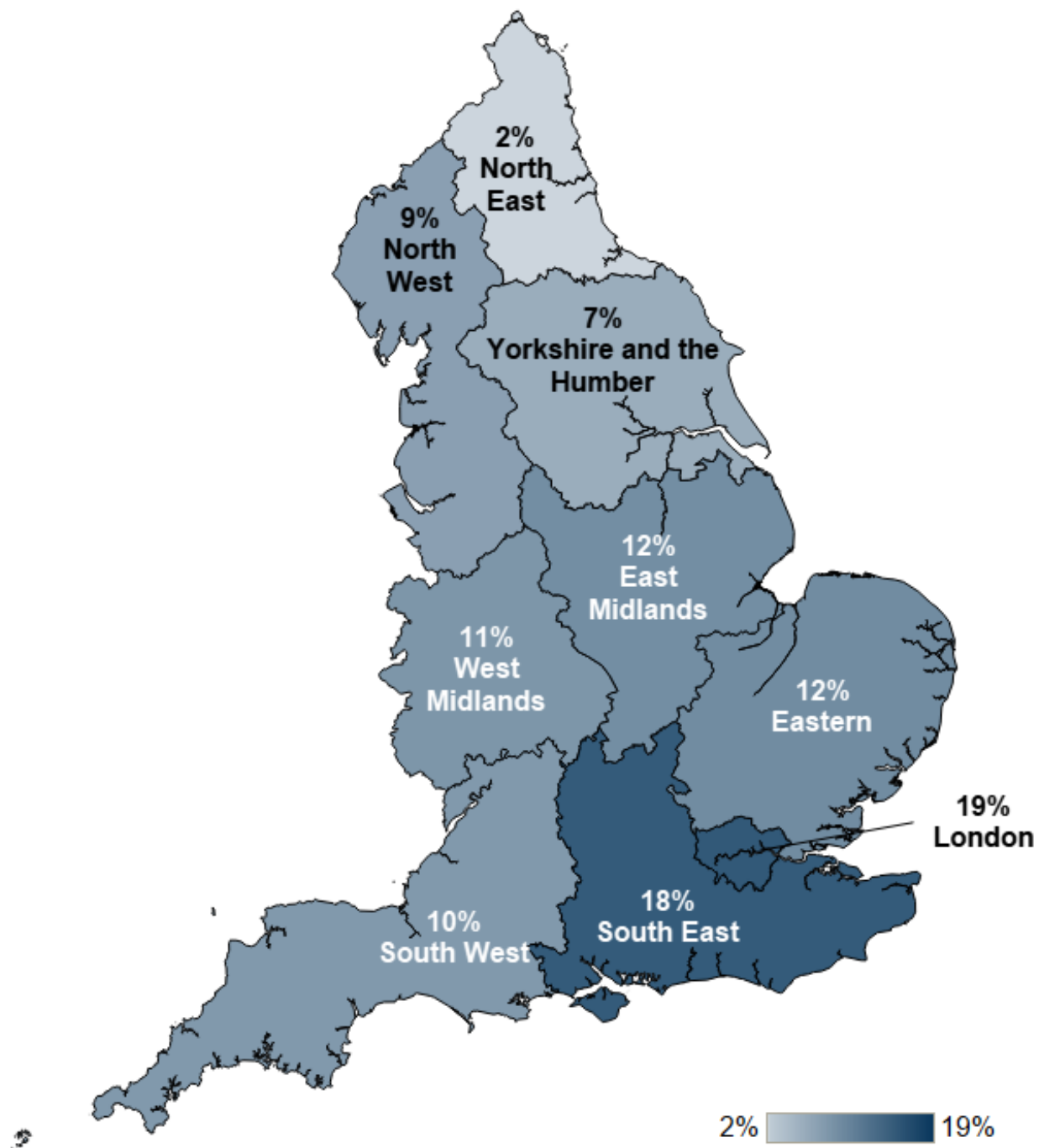
Skills for Care will continue to monitor these changes. You can view our quarterly estimates of international recruitment in the independent sector workforce [on our website](#).

### **8.1.2 Regional international recruitment**

Map 2 shows the estimated number of people recruited internationally into direct care roles in the independent sector, split by region. The proportion of people recruited internationally was much higher in London (19%) and the South East (18%) than in the other regions. The North East had the smallest proportion of people recruited internationally (2%).

**Map 2. Estimated number of people recruited internationally starting care worker roles in the adult social care independent sector, 2023/24**

Source: Skills for Care estimates



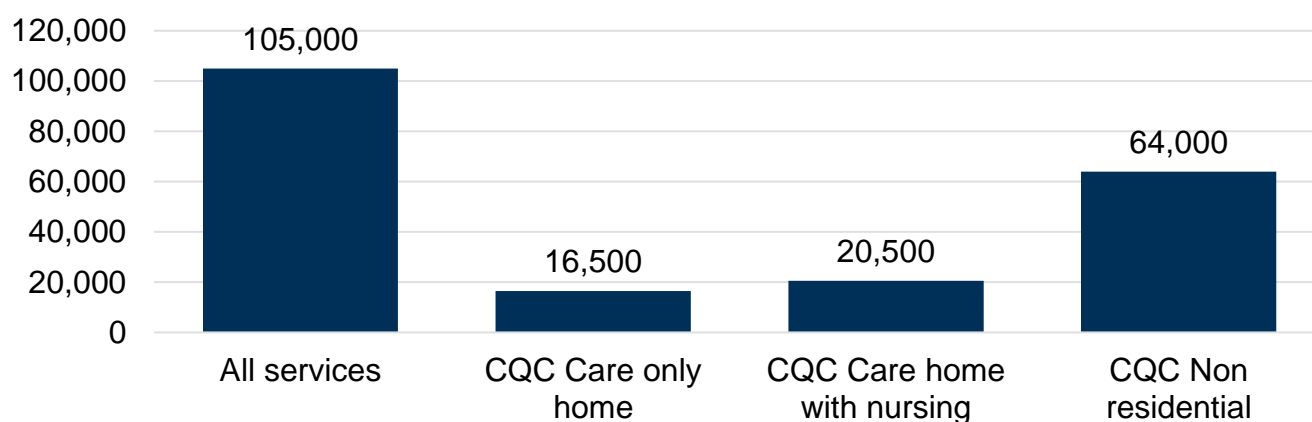
### 8.1.3 Main service

The majority of internationally recruited direct care workers in 2023/24 were in non-residential roles (64,000). As shown in Chart 93 care homes with nursing had 20,500 workers recruited internationally whilst care only homes had 16,500 workers recruited internationally in 2023/24.



**Chart 93. Estimated number of people starting direct care providing roles in the adult social care independent sector by main service, 2023/24**

Source: Skills for Care estimates



### 8.1.4 Organisation size

Organisations using international recruitment are defined, for this report, as having at least one establishment that has used international recruitment. An establishment using international recruitment is defined as having one or more care workers with a non-British nationality who have arrived in the UK and have started their role between April 2022 and March 2024.

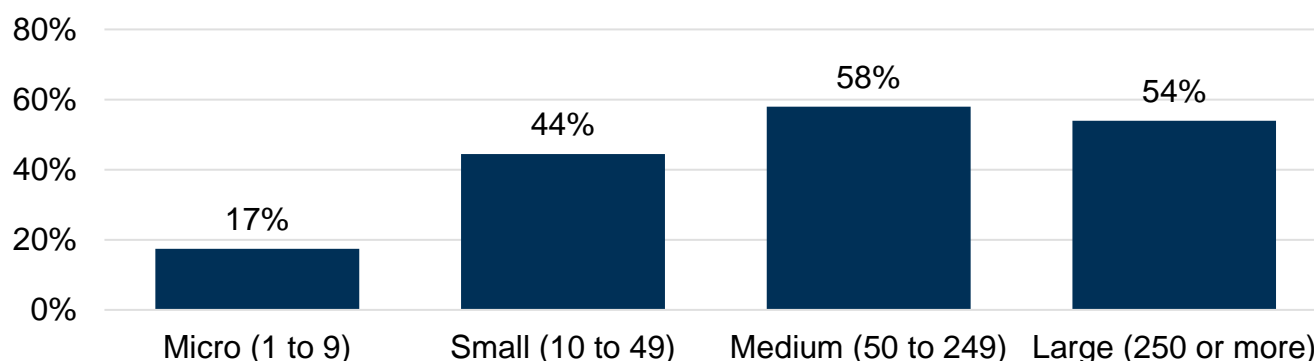
It should be noted that to identify international recruitment, employers are required to complete 'year of arrival in the UK' data in the ASC-WDS. Some international recruits may not have been identified if the 'year of arrival in the UK' is not completed by the employer. In addition, unweighted data is used for this analysis which has not undergone our weighting process so is not representative of the whole sector (weighting is the process used to make workforce estimates – for details about our methodology visit our [website](#)). The information presented here should be treated as a general indication of patterns, rather than precise estimates.

In July 2024 two questions were added to the ASC-WDS; 'Are they on a Health and Care Worker Visa' and 'Did your organisation employ them from outside the UK or from inside the UK' which will allow us to better identify workers that are employed via the Health and Care Worker Visa in the future.

International recruitment was used by all sizes of organisation, however medium (58%) and large (54%) organisations were more likely to record using international recruitment than smaller (44%) and micro (17%) sized organisations.

**Chart 94. Proportion of organisations in the ASC-WDS recording people recruited internationally by organisation size, as at March 2024**

Source: ASC-WDS unweighted data



Skills for Care has received varied feedback from employers about their experience of recruiting internationally. Whilst many have found success with international recruitment, others have told us they are still not recruiting internationally due to the costs, risks and paperwork associated with doing so.

There has been an increase in reports of un-ethical employment practices within the sector. The Department of Health and Social Care (DHSC) said they remained dedicated to continuing the use of international recruitment to bolster the adult social care workforce as well as enhancing efforts to ensure the ethical and sustainable employment of international recruits within the care system. In May 2024 DHSC [published guidance](#) that is intended for regional partnerships to create strategies for preventing and addressing exploitative employment practices, while also supporting the continuity of care provision. A fund of £16 million is available to partnerships for the period of 2024 to 2025.

Skills for Care is similarly aware of instances of non-ethical recruitment. One of the key risks that we hear anecdotally is ensuring the wellbeing and pastoral care of international recruits and their families. Some employers have told us they are fearful of this risk, and some have even reported hearing of, or witnessing, exploitation by other employers and agencies, and of agencies arranging for international recruits to come to the UK even though there is not enough work for these recruits.

Skills for Care has a number of resources related to [international recruitment](#) such as our [tool kit](#) which supports employers in deciding whether to recruit from overseas and how to do so ethically and responsibly. We also have resources on recognising [exploitation/modern slavery](#) and on providing [pastoral support](#). The Local Government Association have also published [guidance](#) to help explore and maximise opportunities that overseas recruitment offers.

## 8.1.5 How we analyse international recruitment

The following information is analysis of unweighted data held in the ASC-WDS between March 2022 and March 2024. This data has not been weighted to represent the whole sector but should be indicative of recent changes and developments.

The longitudinal analysis of workplace information in this chapter (starters, turnover and vacancy rates) looks at establishments and organisations who employ direct care providing workers who were recruited internationally. Comparing their March 2022 rates with March 2024 indicates the impact international recruitment has had on recruitment and retention. Employers included in the analysis are defined below:

**‘Employers with people recruited internationally’** refers to those workplaces that have at least one worker with a non-British nationality who was recorded in the ASC-WDS arriving in the UK between April 2022 and March 2024.

**‘Employers with NO people recruited internationally’** refers to those workplaces who have completed nationality data, but where no people with a non-British nationality were recorded in the ASC-WDS arriving in the UK between April 2022 and March 2024.

The analysis of worker characteristics (demographics, employment overview, qualifications and training and sickness) in this chapter compares newly recruited care workers with Skills for Care’s workforce estimates of all care workers. The newly recruited care workers have been split into two groups ‘people recruited domestically’ and ‘people recruited internationally’, defined below:

**‘People recruited domestically’** refers to care workers, who have a British nationality and started their role within 2023/24.

**‘People recruited internationally’** refers to care workers, with a non-British nationality who have arrived in the UK and have started their role within 2023/24.

## 8.2 Recruitment and retention

Analysis of starters rate, turnover rate, vacant posts and average sickness is shown in the sections below.

### 8.2.1 Turnover rate

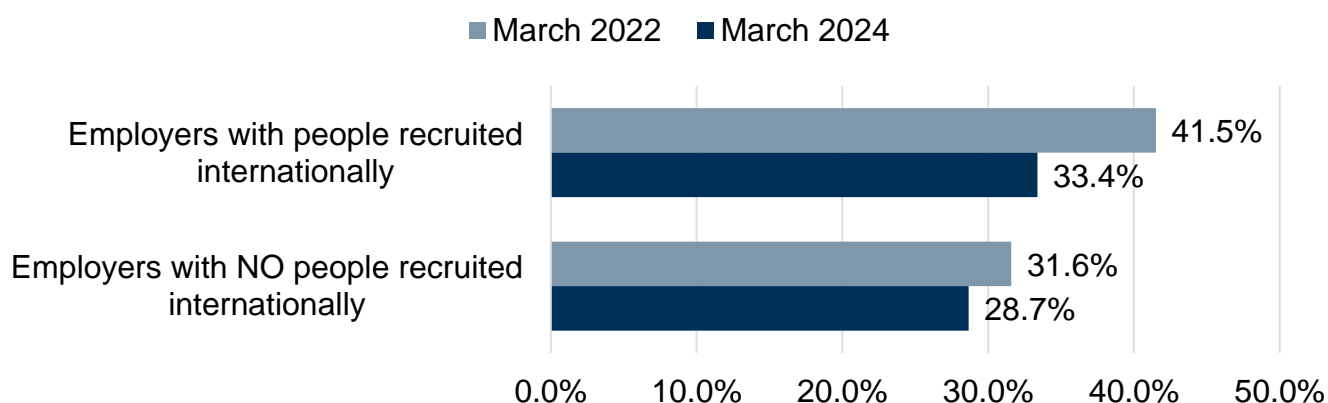
In March 2022 the turnover rate for employers with people recruited internationally was 41.5%, which was much higher than the rate for employers with no people recruited internationally (31.6%). As shown in Chart 95, between March 2022 and March 2024 the turnover rate

decreased to 33.4% for employers with people recruited internationally and to 28.7% for employers with no people recruited internationally.

Although the turnover rate in March 2024 for employers with people recruited internationally was still higher than the rate for employers with no people recruited internationally, the decrease in turnover rate over the two-year period was greater (8.1 percentage points compared to 2.9 percentage points). This indicates that employers utilising international recruitment were increasingly likely to retain their staff. It also suggests that those using international recruitment were more likely to be struggling with retention and may have chosen to use international recruitment as a result.

#### **Chart 95. Turnover rate: comparing people recruited internationally and domestically between March 2022 and March 2024**

Source: ASC-WDS unweighted data



These findings are consistent with the findings from our analysis of factors affecting turnover across adult social care (see Section 9), which shows that people recruited internationally were less likely to leave their roles than those recruited domestically. Workers who arrive on a Health and Care Worker visa will have a sponsor and can only move roles to a different position that meets the criteria of their visa.

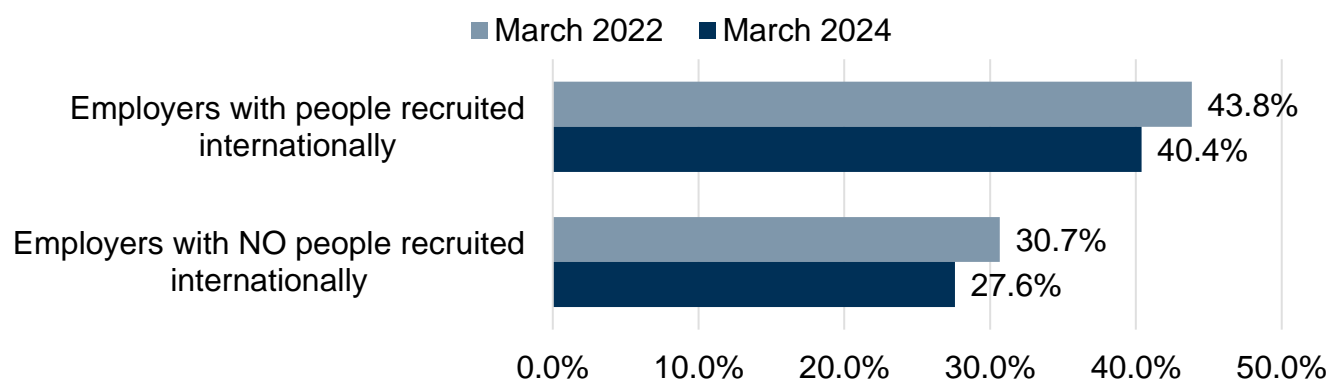
### **8.2.2 Starters rate**

The starters rate for employers with people recruited internationally in March 2022 was 43.8%. This was higher than the rate for employers with no people recruited internationally (30.7%) in the same period. As shown in Chart 96 the starters rate for both groups decreased between March 2022 and March 2024, this decrease was slightly bigger for employers with people recruited internationally (3.5 percentage points) than those without (3.1 percentage points).

The starters rate of an establishment is closely linked to the turnover rate. We would expect there to be fewer starters for employers where their turnover rate was lower.

**Chart 96. Starters rate: comparing people recruited internationally and domestically, between March 2022 and March 2024**

Source: ASC-WDS unweighted data



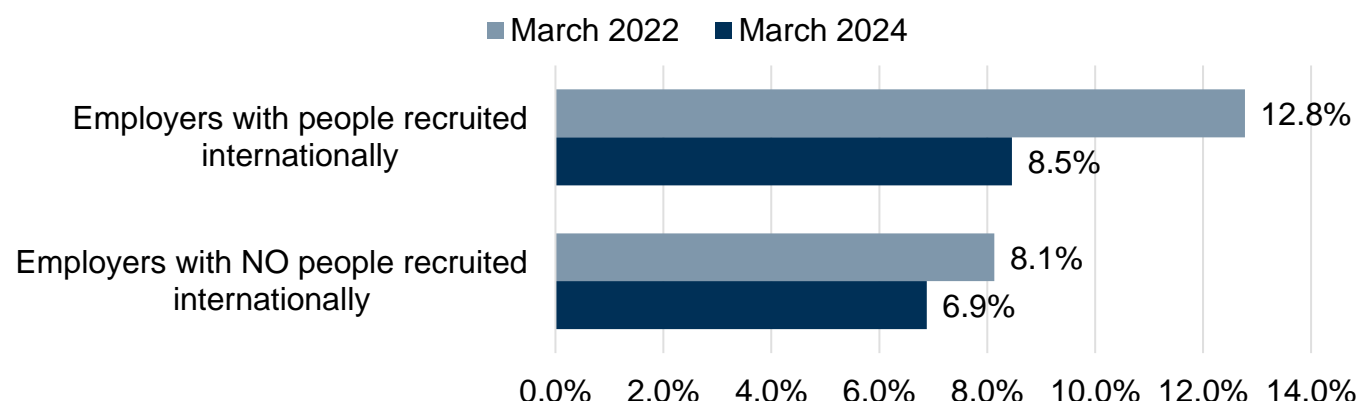
### 8.2.3 Vacancy rate

The vacancy rate is related to the starters and leavers rate (a result of recruitment and retention). If an employer has more starters and than leavers in a given period, then the vacancy rate at their establishment is likely to decrease. However, the rate can also be influenced by employers wanting to increase their number of staff and therefore creating vacancies as a result.

In March 2022 the vacancy rate for employers with people recruited internationally was 12.8%, much higher than for employers with no people recruited internationally (8.1%) again suggesting that those with recruitment and retention difficulties were more likely to become international recruiters in response. As at March 2024, the vacancy rate had decreased for both groups. Although, the vacancy rate is still higher for employers with people recruited internationally, the decrease was much larger. In March 2024, the vacancy rate for employers with people recruited internationally was 8.5%, compared to 6.9% for employers with no people recruited internationally.

**Chart 97. Vacancy rate: comparing people recruited internationally and domestically between March 2022 and March 2024**

Source: ASC-WDS unweighted data



Employers who have used international recruitment have benefitted from improving their recruitment of workers, and those new internationally recruited starters are more likely to be retained (meaning fewer leavers) due to the contract types required for visa criteria to be met. These two factors combined has helped employers that have used international recruitment to lower their vacancy rates.

## 8.2.4 Average sickness

Wellbeing at work relates to every aspect of working life, from the working environment to how the workforce feels about themselves. Stress and burn out are real issues for adult social care staff and workforce wellbeing is paramount. Supporting the health and wellbeing of the workforce is essential 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.

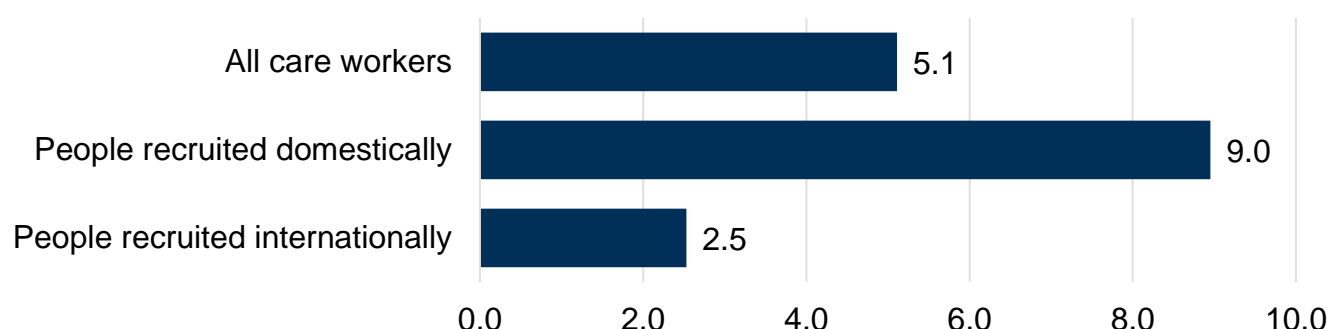
Skills for Care has lots of resources available for supporting with [staff wellbeing](#). We've published a [positive culture toolkit](#) that helps to support workplaces to establish, maintain and improve workplace culture so that it's inclusive, compassionate and collaborative.

The average sickness days taken for people recruited internationally was much lower (2.5 days) compared to people recruited domestically (9.0 days) and all care workers (5.1 days) as shown in Chart 98.

The ASC-WDS collects information on the number of sickness days taken per worker, but no information is collected on reason for sickness. We have received anecdotal evidence that people recruited internationally may not take as many days sick as their domestic counterparts due to a lack of awareness about sick pay or a willingness to work even when sick. Other reasons could be due to financial certainty, with some people being less able to take sickness days and reduce their earnings. However, without further research it is not possible to draw a firm conclusion.

**Chart 98. Average sickness days taken: comparing people recruited internationally and domestically, March 2024**

Source: ASC-WDS unweighted data



People recruited internationally were also more likely to take zero sickness days (59%), compared to people recruited domestically (31%) and all care workers (52%).

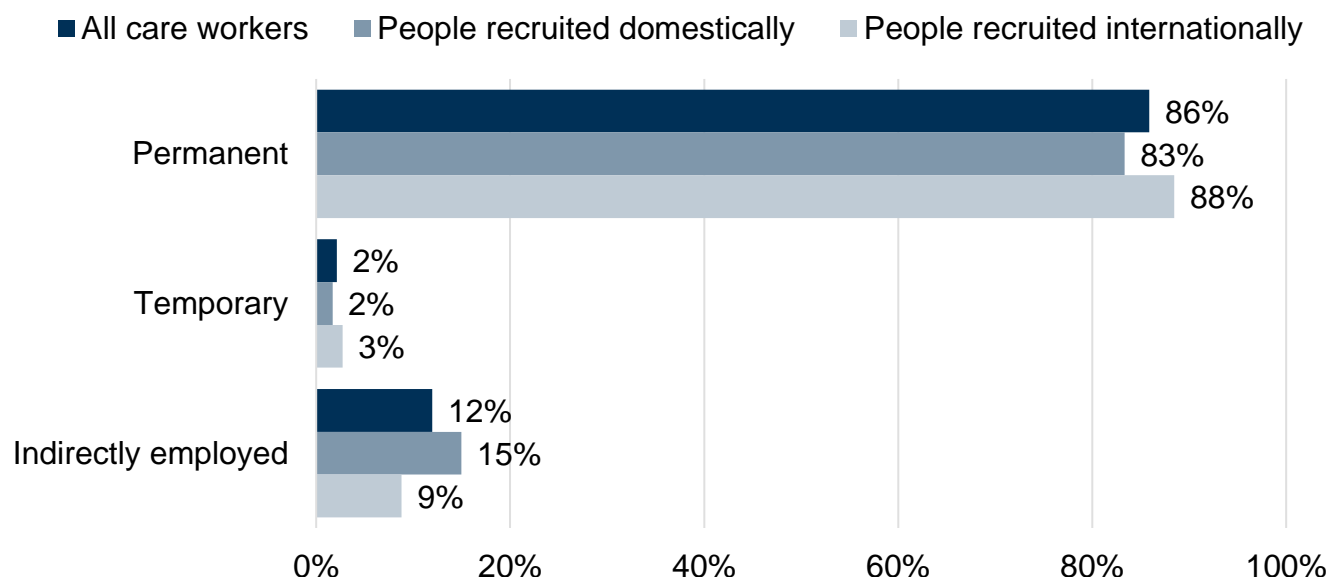
## 8.3 Employment overview

### 8.3.1 Employment status

The majority of care workers in the adult social care sector were employed on permanent contracts (86%). There was little difference between the proportion of care workers recruited domestically on permanent contracts and care workers recruited internationally on permanent contracts. As shown in Chart 99 there was a little bit of variation in the proportion of indirectly employed workers, with people recruited internationally having a smaller proportion (9%) than people recruited domestically (15%). Due to visa requirements care workers recruited internationally on a Health and Care Worker visa are likely to be on permanent contracts.

**Chart 99. Employment status: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data

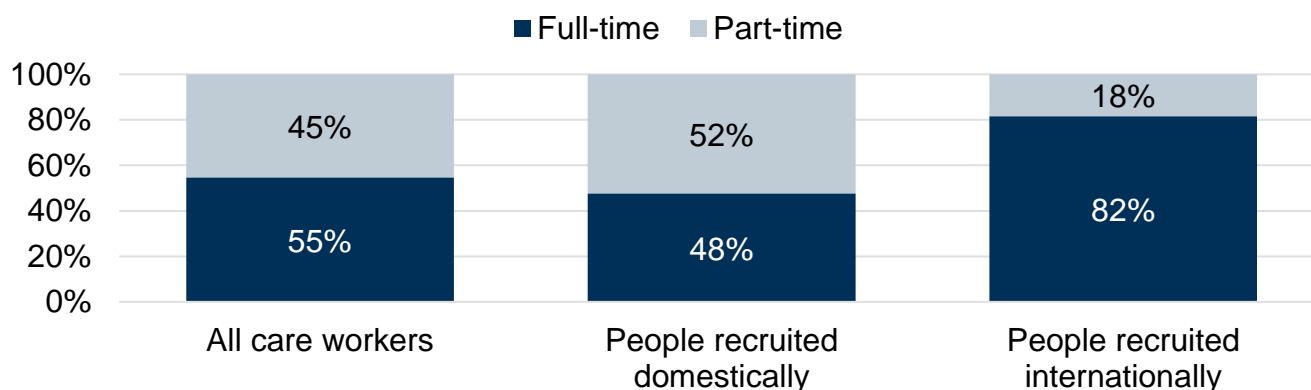


### 8.3.2 Working time

Over half of care workers in the adult social care workforce worked full-time hours (55%) and under half worked part-time (45%). As shown in Chart 100, this was similar to people recruited domestically, however people recruited internationally were a lot more likely to be working full-time hours (82%) than part-time hours (18%). This is expected given that for the majority of care workers on the Health and Care Worker visa, full-time hours would be required to meet the salary threshold.

**Chart 100. Working time: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data





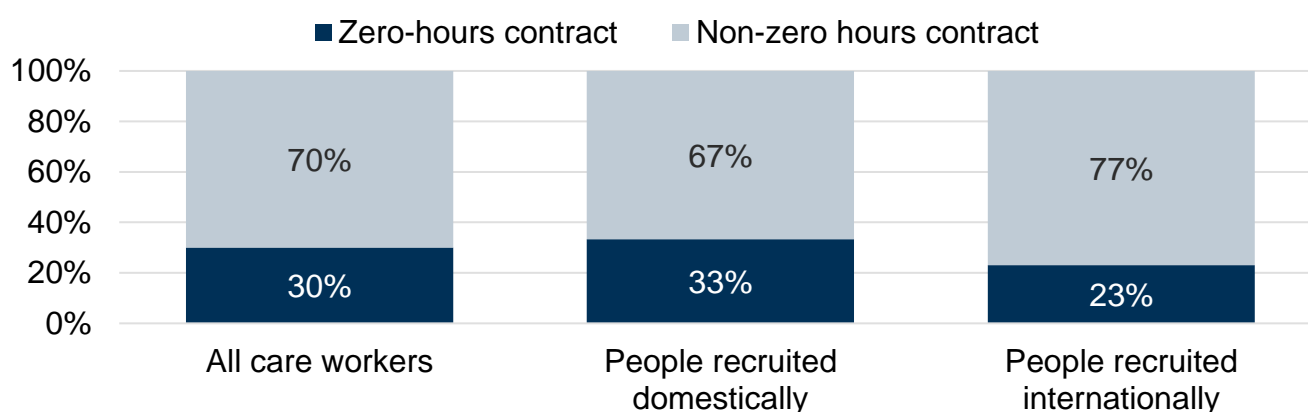
### 8.3.3 Zero-hours contracts

Of all adult social care roles, care workers had the highest proportion of workers employed on a zero-hours contract (30%). Care workers who were recruited domestically had a similar proportion (33%) on zero-hours contracts whereas care workers who were recruited internationally had a lower proportion (23%), as shown in Chart 101. This is to be expected due to the minimum pay threshold for those on a visa, similar to their employment status and working time. It is likely the case that some of the 23% of international recruits that are on a zero-hours contract could have come to the UK via routes other than the Health and Social Care visa, therefore would not be subject to the same visa requirements.

For more information about zero-hours contracts for the whole of the adult social care workforce see Section 2.3.

**Chart 101. Zero-hours contracts: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data



Please note that workers who are employed on part-time hours or a zero-hours contract may not be employed via the Health and Care Worker visa and therefore not subject to the salary threshold. Also, some workers who have a visa may have a second job which is not subject to the salary threshold. As mentioned previously, in July 2024 two questions were added to the ASC-WDS which will allow us to better identify workers that are employed via the Health and Care Worker visa in the future.

## 8.4 Demographics

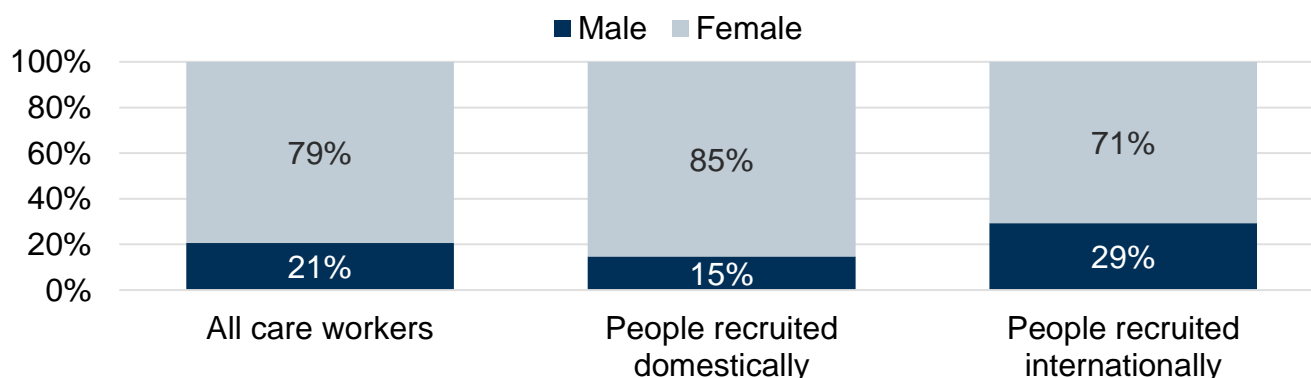
### 8.4.1 Gender

Across the adult social care sector, the proportion of male care workers (21%) is much lower than the economically active population (49%). Despite this, the adult social care workforce has seen an increase in male workers due to international recruitment. As shown in Chart 102

people recruited internationally were almost twice as likely to be male (29%) than people recruited domestically (15%).

**Chart 102. Gender: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data

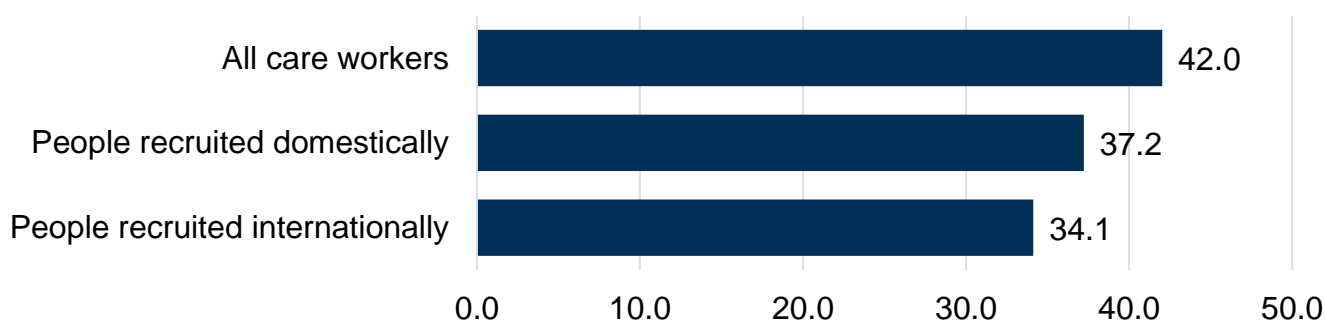


## 8.4.2 Age

The average age of care workers (42.0) was lower than the overall adult social care sector (44.1). As shown in Chart 103 the average age of care workers recruited internationally was lower (34.1) than those recruited domestically (37.2).

**Chart 103. Average age: comparing people recruited internationally and domestically, as at March 2024**

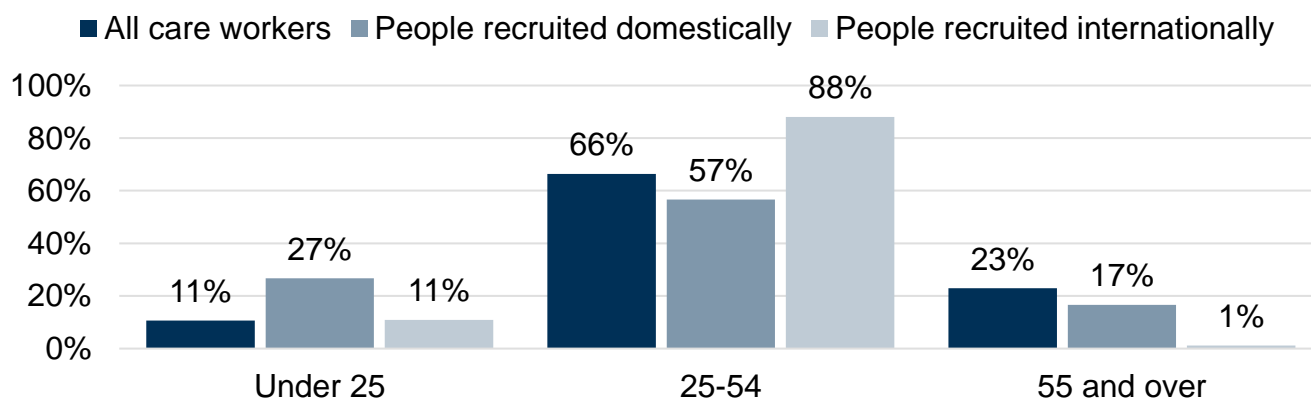
Source: ASC-WDS unweighted data



Although nearly a quarter (23%) of all care workers were aged 55 and over, just 1% of care workers recruited internationally were in this age group compared to 17% of workers who were recruited domestically. The majority of all care workers (66%) were within the 25 to 54 age bracket; however, this was higher for people recruited internationally (88%) than those recruited domestically (57%). The breakdown of age groups can be found in Chart 104, (see Section 4.3 for age trends of the adult social care workforce).

**Chart 104. Age group: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data



### 8.4.3 Nationality

Where data was recorded in the ASC-WDS, over 95% of people arriving from outside of the UK to take up direct care providing adult social care posts since 2022/23 were from non-EU countries (see Section 4.6 for the top 10 nationalities of all workers in adult social care). Prior to care workers being added to the Shortage Occupation List, the top three nationalities of non-British people working in the adult social care sector were Romanian, Polish and Nigerian.

The number of posts filled by people with a British nationality has decreased by around 70,000 since 2021/22. The number of posts filled by people with a non-EU nationality has increased over the same period by 160,000. These trends demonstrate how the increase of international recruitment has played an important part in the increase of filled posts since 2021/22. They also show there are still challenges with domestic recruitment with the number of British people in the workforce falling over the past two years. Table 14 shows the breakdown of filled posts by nationality between 2021/22 and 2023/24.

**Table 14. Number of adult social care filled posts by nationality, 2021/22 to 2023/24**

Source: Skills for care estimates

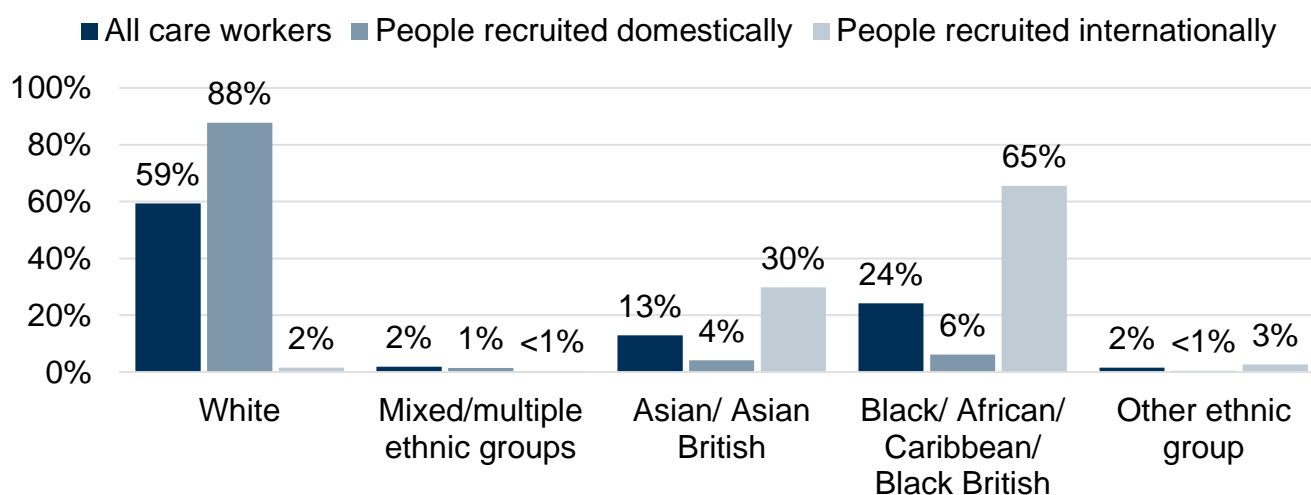
| Nationality         | Filled posts     |                  |                  | Percentage of filled posts |         |         |
|---------------------|------------------|------------------|------------------|----------------------------|---------|---------|
|                     | 2021/22          | 2022/23          | 2023/24          | 2021/22                    | 2022/23 | 2023/24 |
| <b>Filled posts</b> | <b>1,500,000</b> | <b>1,520,000</b> | <b>1,590,000</b> |                            |         |         |
| British             | 1,260,000        | 1,220,000        | 1,190,000        | 84%                        | 80%     | 75%     |
| EU                  | 100,000          | 95,000           | 95,000           | 7%                         | 6%      | 6%      |
| Non-EU              | 140,000          | 205,000          | 300,000          | 9%                         | 14%     | 19%     |

## 8.4.4 Ethnicity

The ethnic profile of people recruited internationally was different to that of all care workers and people recruited domestically. As shown in Chart 105 the proportion of people with a white ethnic background was very small for people recruited internationally (2%) compared to people recruited domestically (88%) and all care workers (60%). Two thirds of care workers recruited internationally had a Black/ African/ Caribbean/ Black British ethnicity (65%), whilst almost a third had an Asian/ Asian British ethnicity (30%). See Section 4.5 for more detail on the ethnicity of the adult social care workforce.

**Chart 105. Ethnicity: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data



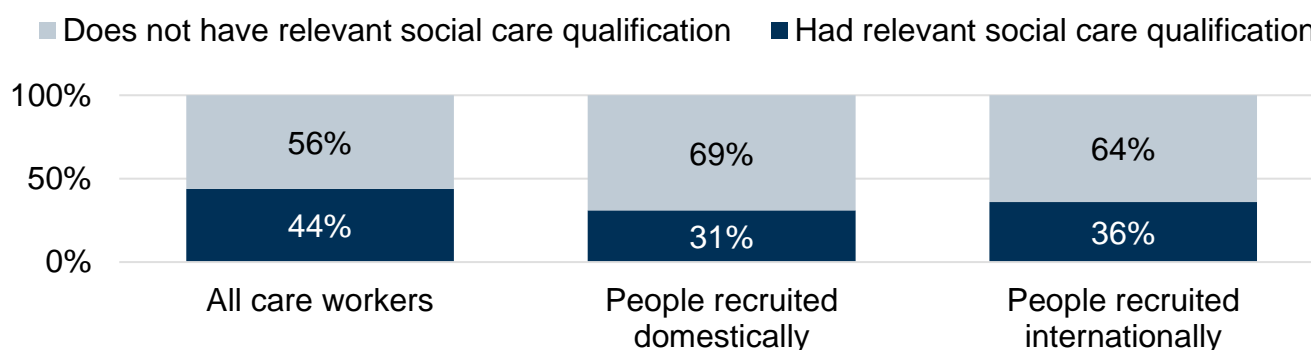
## 8.5 Qualifications and training

### 8.5.1 Social care qualification

As at March 2024, over two fifths (44%) of all care workers in the adult social care sector held a relevant social care qualification, while 56% had no qualification relevant to social care recorded. As shown in Chart 106 the proportion of people recruited internationally who held a qualification relevant to social care was slightly higher (36%) than those recruited domestically (31%).

**Chart 106. Relevant social care qualification: comparing people recruited internationally and domestically, as at March 2024**

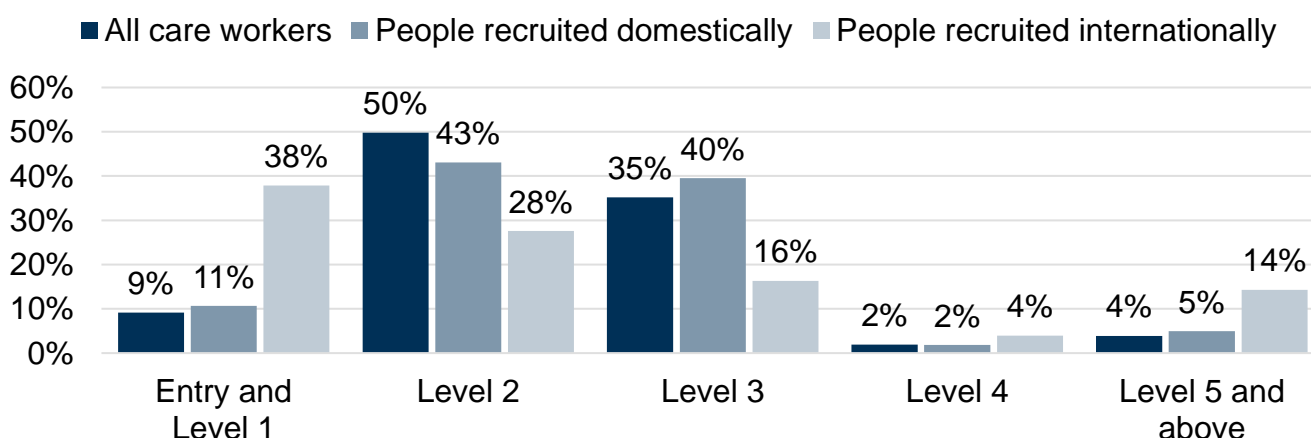
Source: ASC-WDS unweighted data



Although the proportion of workers with a qualification relevant to social care was similar for people recruited internationally and those recruited domestically, there was variation in the level of the highest qualification held as shown in Chart 107. For those with a qualification, people recruited internationally were a lot more likely to have an Entry or Level 1 qualification (38%) than people recruited domestically (11%) or all care workers (9%). People recruited internationally were also more likely to have a Level 5 or above qualification (14%) than people recruited domestically (5%) and care workers (4%). The spread of qualifications amongst people recruited internationally was more even across the qualification levels. For those with a qualification, the majority of care workers (85%) and people recruited domestically (83%) had either a Level 2 or Level 3 qualification.

**Chart 107. Highest social care qualification level held: comparing people recruited internationally and domestically, as at March 2024**

Source: ASC-WDS unweighted data



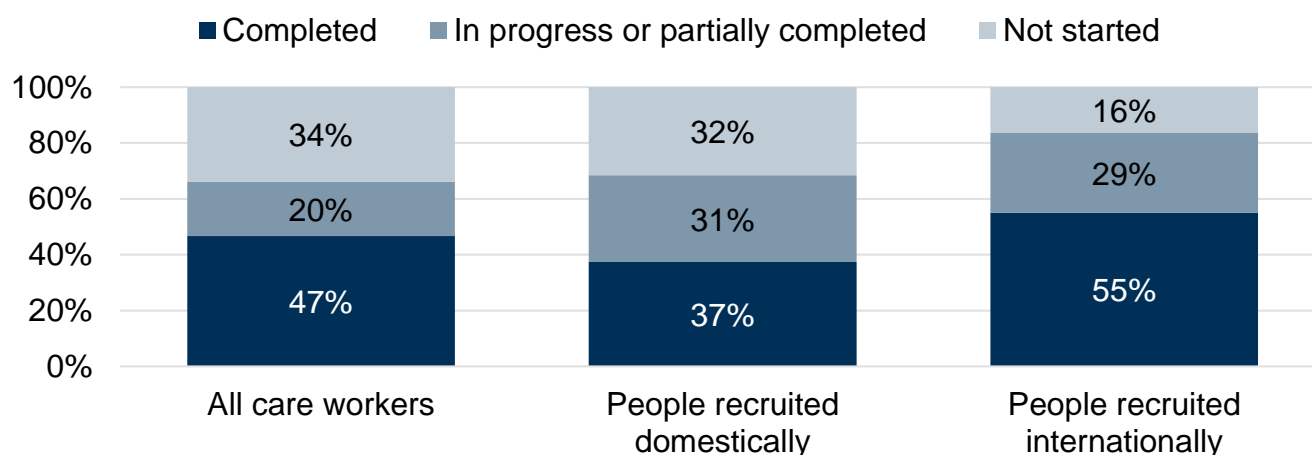
## 8.5.2 Care Certificate Standards

Care Certificate Standards information in Chart 108 shows analysis of care workers compared to people recruited domestically and internationally. Engagement with the Care Certificate

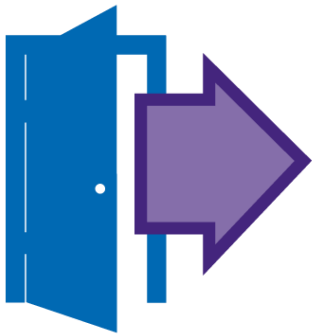
Standards is defined as those workers who have completed or are in progress, or partially completed. Around three quarters (66%) of all care workers had engaged with the Care Certificate Standards. The proportion of people recruited internationally (84%) who had engaged with (started or completed) the Care Certificate Standards was higher than the proportion of domestically recruited care workers (68%). For more information, please see Section 6.1.

### Chart 108. Care Certificate Standards: comparing people recruited internationally and domestically, as at March 2024

Source: ASC-WDS unweighted data



## 9. Factors affecting turnover and CQC ratings



This chapter focuses on how workforce characteristics relate to workers' propensity to leave their roles. The analysis shows the association between each variable and the turnover rate; this is not necessarily the cause or the reason for workers leaving.

**44.6%**

turnover rate of care workers aged under 25

**20.4%**

turnover rate of care workers with multiple positive employment factors in place

**36.0%**

turnover rate of care workers employed on a zero-hours contract

## Key findings

### Factors affecting turnover for care workers

- The sector has difficulty retaining younger staff. The turnover rate among care workers aged under 25 years was 44.6%. This decreased to 38.6% for those aged 25 to 29 years, while the lowest turnover rate for care workers aged 50 to 59 (25.0%).
- Care workers were more likely to leave soon after starting their role. The turnover rate for those with less than one year of experience in their role was 39.0%, compared to 19.7% turnover rate for those with 20 years or more experience.
- Care workers were more likely to leave if they are on a zero-hours contract (36.0% turnover rate), compared to those with 35 or more contracted hours (29.7%).
- Care workers recruited internationally were less likely to leave (30.0% turnover rate), compared to domestically recruited workers (41.1%).

### Factors affecting turnover for CQC scores

- Care homes with more staff in post per bed received better CQC scores on average than those with lower staffing ratios.
- Turnover rates were highest in establishments with lowest CQC scores.

This section 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 machine learning techniques, it has been possible to provide information regarding factors which may influence turnover rates. Skills for Care has also included some analysis of workforce factors associated with quality ratings given by the Care Quality Commission (CQC).

## 9.1 Factors affecting staff turnovers rates

This section focuses on how workforce characteristics collected by the ASC-WDS relate to workers' propensity to leave their roles. The analysis shows the association between each variable and the turnover rate, this is not necessarily the cause or the reason for workers



leaving. Where applicable we have added sector insight to provide context to the information shown.

The methodology used in this section took a longitudinal approach, analysing data held in the ASC-WDS in March 2023, and again in March 2024 (see Table 15), then splitting the results by whether workers had left their roles. This method differs from the whole-sector estimates provided in Section 3.6 (leavers and staff turnover rates) and, as such, these are not directly comparable.

Using machine learning methods (Random Forests), models were built to analyse the relative importance of each variable on whether 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 to highlight the impact and to aim to understand the nature of this relationship.

Please note that the methodology has improved for this section in 2023, therefore these results should not be compared to those from previous reports. We plan to continue working on these models with a view to providing tailored insights at both local and employer levels in the future.

In addition to the machine learning modelling, we also looked at the combined effect of workers having several positive employment metrics and newer questions on pension contributions and sick pay. We plan to build these into the modelling in future.

### **9.1.1 Variables that influence turnover rates**

The most influential variables are listed in Table 15 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 though it is acknowledged that other factors may be involved.

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

Source: ASC-WDS unweighted data between March 2023 and March 2024

| Variable                   | Influence on likelihood of turnover  |
|----------------------------|--|
| Distance travelled to work | Care workers that travelled further were more likely to leave.   |
| Age                        | Care workers under 25 were more likely to leave their posts.   |
| Experience in sector       | Likelihood of leaving decreased with higher levels of experience.  |
| Pay                        | Care workers likelihood of leaving decreased as pay levels increased.  |
| Experience in role         | Likelihood of leaving decreased with higher levels of experience.  |
| Training                   | Likelihood of leaving decreased if workers had more training.  |
| Contracted hours           | Likelihood of leaving decreased if workers had a higher number of contracted hours.  |
| Number of sickness days    | Likelihood of leaving decreased if workers had fewer sickness days.  |
| Social care qualification  | Workers with a social care qualification were less likely to leave their posts.  |
| Zero-hours contracts       | Workers on zero-hours contracts were more likely to leave their post.  |
| Historic turnover rate     | Likelihood of high turnover rates increased if the establishment had historically high turnover                                    |
| Enhanced pension           | Care workers were less likely to leave if their employers contributed more than minimum 3% into workplace pensions.                |
| Enhanced sick pay          | Care workers were less likely to leave if their employers offered more than Statutory Sick Pay if they cannot work due to illness. |
| International recruitment  | Internationally recruited care workers were less likely to leave than domestically recruited care workers.                         |

For these sections from Section 9.1.2 onwards, unless otherwise stated, information refers to care workers from the independent sector only. This method of measuring turnover differs from the whole sector estimates of turnover in Section 3.6.

The simple relationship between each variable and turnover is shown in the charts. The Random Forests model used to predict turnover was more complex and accounted for most of the variables and 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. This model does not include enhanced pension, enhanced sick pay and international recruitment.

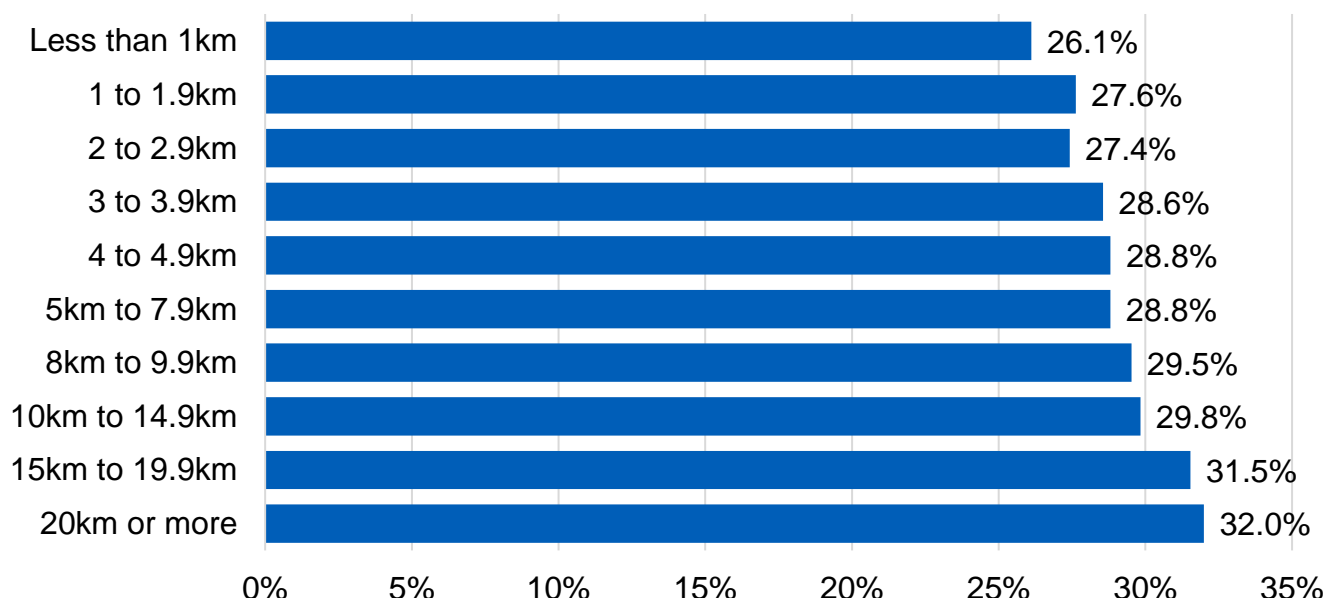
## 9.1.2 Distance travelled to work

**Workers that travelled further were more likely to leave their role.** Chart 109 shows that turnover rates were higher amongst care workers who travelled further to work. Workers who travelled less than 1km had an average turnover rate of 26.1%, compared to 32.0% for those travelling 20km or more.

It should be noted that this measurement was from the worker's home address to the address of their employer. For domiciliary care services, it was not possible to consider the travel distances required to move between the individual locations of people who need care and support. It should also be noted that reducing travel distance will also be viewed positively in future assessments due to the introduction of [CQC's environmental sustainability focus](#).

**Chart 109. Care worker turnover rate by distance travelled to work (excluding domiciliary care), between March 2023 and March 2024**

Source: ASC-WDS unweighted data

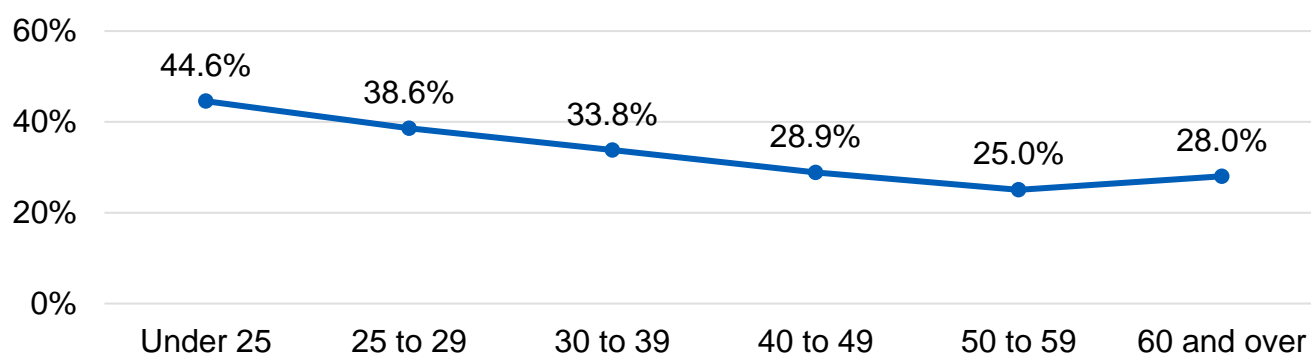


## 9.1.3 Age

**The adult social care sector has found it difficult to retain younger workers.** Chart 110 (below) shows that care workers under 25 years old had the highest turnover rate (44.6%). The turnover rate decreased as the age of the worker increased. However, the trend reverses as workers approached retirement.

**Chart 110. Care worker turnover rate by age bands between March 2023 and March 2024**

Source: ASC-WDS unweighted data



The reasons for this trend are not clear, although anecdotal evidence suggests that this trend is seen in other sectors, so it is not unique to adult social care. It may be that some younger workers took social care jobs as stopgaps whilst studying or searching for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower-paid roles, which is also an influencing factor of higher turnover rates. Some younger people could also take adult social care jobs due to a lack of employment options, and subsequently do not remain in the sector long-term.

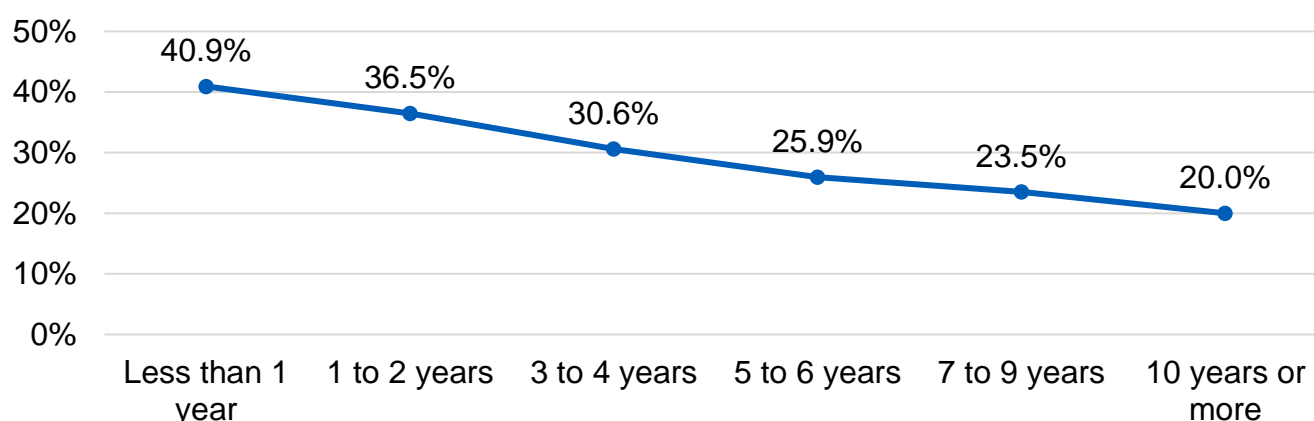
Skills for Care advocate adopting [values-based recruitment](#) wherever possible, as a way for employers to target, attract, and recruit suitable candidates that are more likely to stay and progress in the adult social care sector.

### 9.1.4 Experience in sector

**Those with less experience in the adult social care sector were more likely to leave their posts.** Chart 111 below shows care workers that had worked either as a care worker or in other roles within adult social care for ten years or more had around half the turnover rate (20.0%) of workers with less than one year of experience (40.9%).

### Chart 111. Care worker turnover rate by experience in sector between March 2023 and March 2024

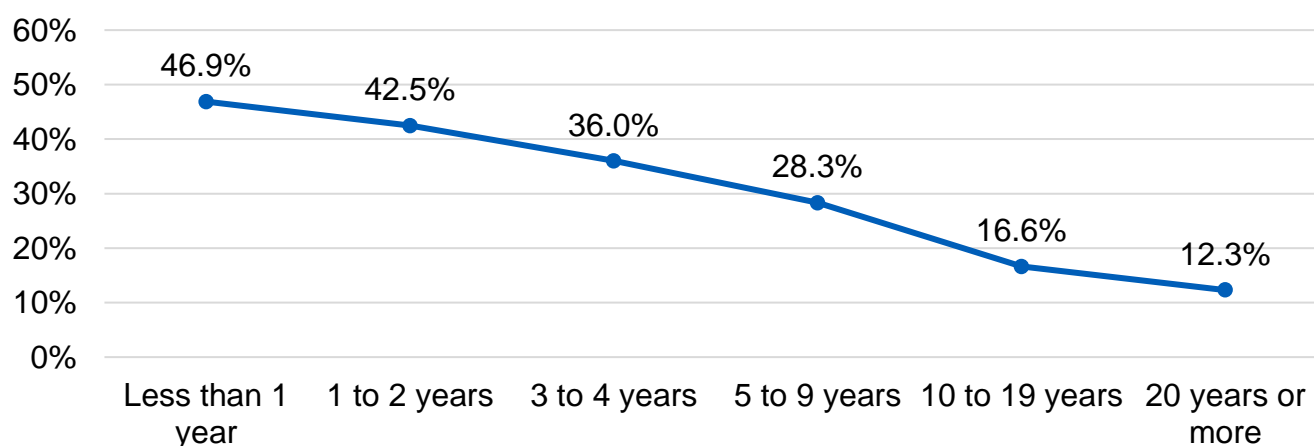
Source: ASC-WDS unweighted data



This falling turnover rate was also present 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 (12.3%) than those new to the sector (46.9% for less than one year of experience).

### Chart 112. Registered manager turnover rate by years of experience in sector between March 2023 and March 2024

Source: ASC-WDS unweighted data



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 for further information on the routes into management roles within the sector.

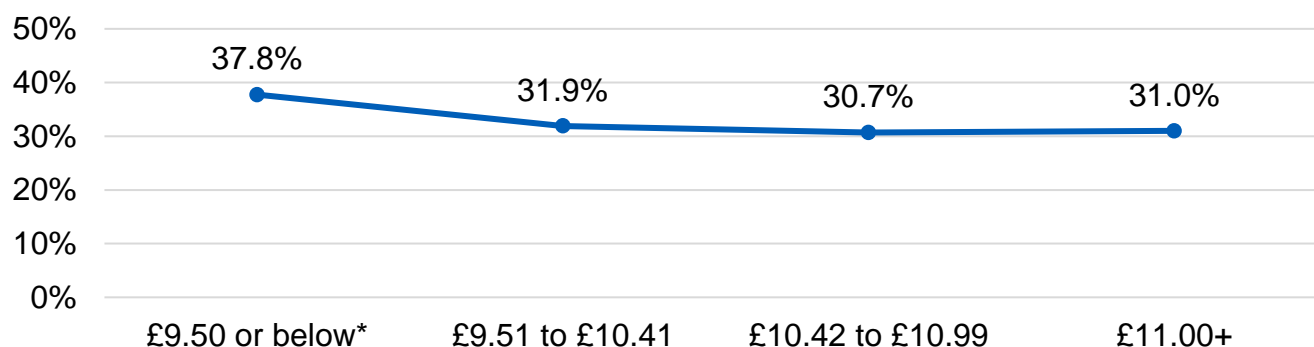
Skills for Care has developed a range of [resources](#) to support registered managers including networks and communities to create connections and share best practice.

## 9.1.5 Pay

**Care workers who were paid more were less likely to leave their roles.** Chart 113 shows the turnover rate of care workers at different rates of pay. As at March 2023, the National Living Wage (NLW) was £9.50. In that period, those paid more than £11.00 per hour had a lower turnover rate than those paid around the NLW (by 6.8 percentage points)

**Chart 113. Care worker turnover rate by average hourly pay bands between March 2023 and March 2024**

Source: ASC-WDS unweighted data



\* Those below £9.50 include under 23s and apprentices

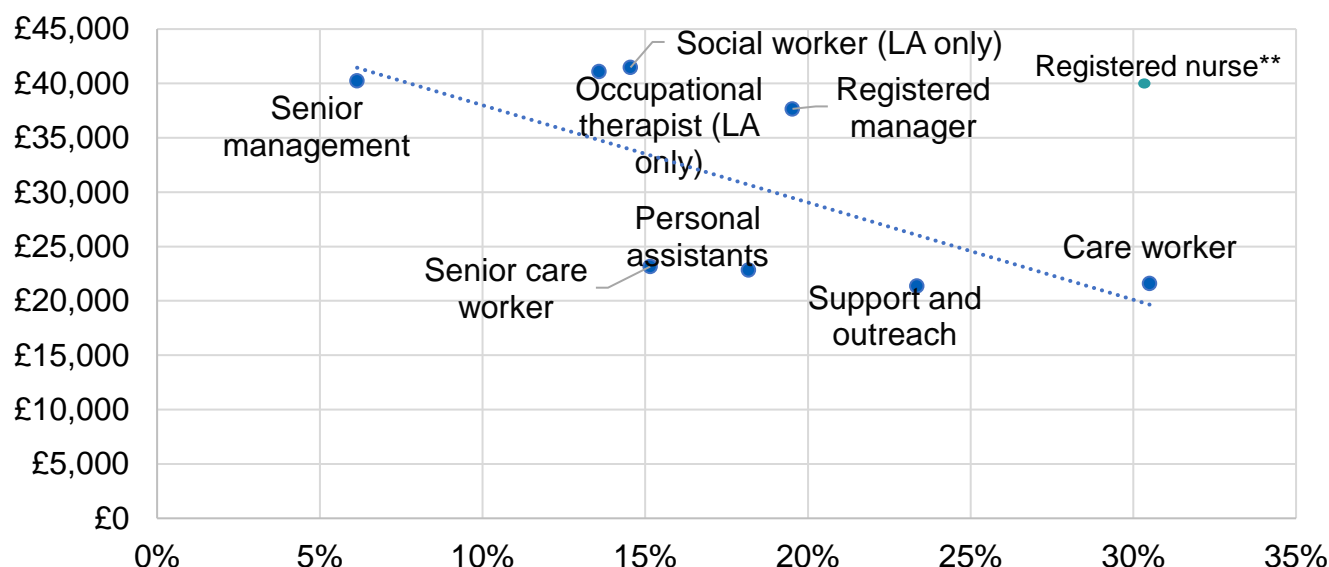
It was also evident that higher pay rates resulted in significantly lower turnover rates further up the pay scale in different job roles.

Chart **114** below shows average turnover rate by average full-time equivalent (FTE) annual pay for selected job roles in the independent sector (unless otherwise stated). The trend shows that, in general, turnover rates increase as pay decreases. Regulated professions and manager roles had lower turnover rates and higher pay rates compared to direct care providing roles.

Registered nurses did not fit this trend especially well as they had one of the higher pay rates but a higher turnover rate than average. High pay rates and career progression opportunities for NHS nurses due to registered nurse pay bandings may influence turnover rates of nurses in adult social care.

**Chart 114. Average turnover rate and average FTE annual pay by job role\*, 2023/24**

Source: Skills for Care estimates



\* Independent sector only, unless otherwise stated

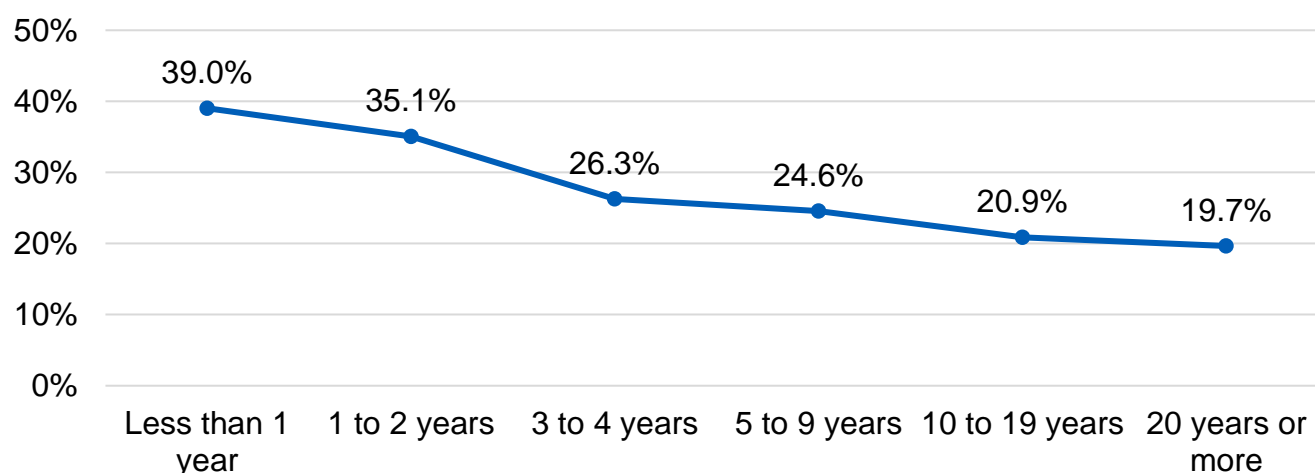
\*\* Registered nurse data does not contribute to trend line

## 9.1.6 Experience in role

**Staff were more likely to leave their posts soon after entering their role.** Chart 115 below shows care worker turnover rates by length of time in role. The longer a worker had been in role, the less likely they were to leave. Nearly two fifths (39.0%) of workers in post for less than a year left during the same year. This rate dropped substantially for more experienced workers to 19.7% for those with 20 years of experience or more.

**Chart 115. Care worker turnover rate by years of experience in role between March 2023 and March 2024**

Source: ASC-WDS unweighted data



This trend may be even more pronounced as some care workers may have left their role before their employer had the opportunity to record them in the ASC-WDS.

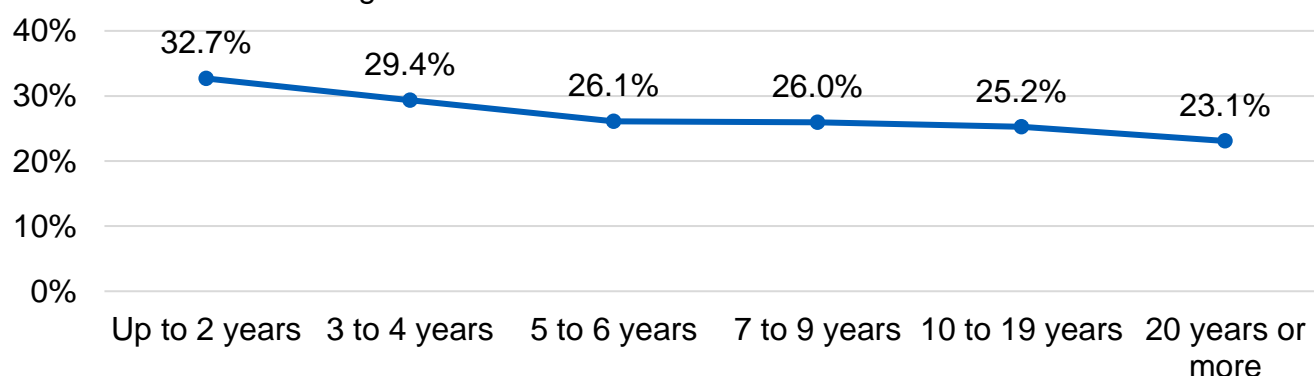
These findings highlight the importance of well-planned recruitment and induction practices in staff retention. It is clear that some employers struggle to find and recruit people who are likely to stay and progress within the adult social care sector.

Skills for Care offers [resources](#) to employers so may also explore new and innovative ways to widen their talent pool by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates that reflect the communities they serve.

**Turnover rates also increased if the registered manager was new to their role.** The duration the registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in their role for up to two years, the turnover rate at that establishment was higher (32.7%) than if the registered manager was more experienced in their role (23.1% when the registered manager had 20 years of experience or more). This highlights the important role that stable leadership can have on improving retention rates.

**Chart 116. Average turnover rate of establishments by experience of the registered manager between March 2023 and March 2024**

Source: ASC-WDS unweighted data



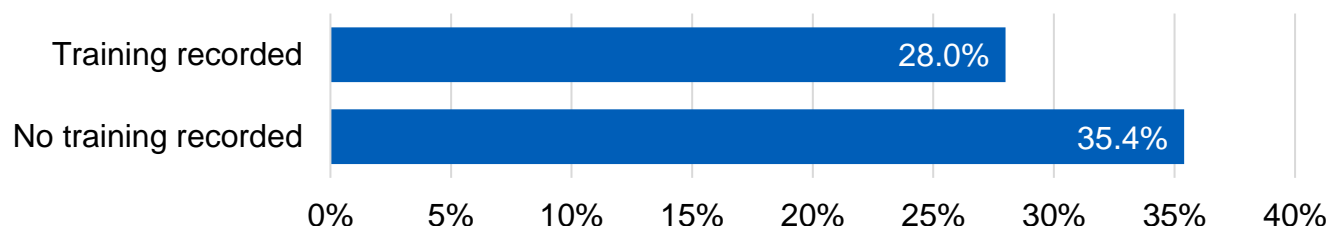
### 9.1.7 Training

**Retention was better for staff who received training.** The average turnover rate was 7.4 percentage points lower amongst care workers who had received some form of training (28.0%), compared to those who had not (35.4%). Some of the most common training types recorded included 'Moving and handling', 'Safeguarding adults' and 'Infection control'.



**Chart 117. Care worker turnover rate by training recorded between March 2023 and March 2024**

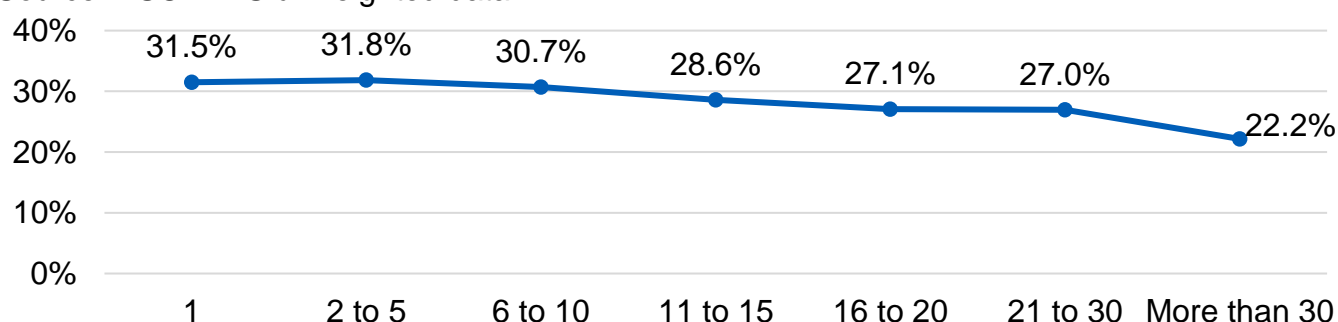
Source: ASC-WDS unweighted data



The care workers who received more training opportunities also had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 31.5%. This decreased by 9.3 percentage points to 22.2% for those with more than 30 instances of training. This shows that continued investment in staff training can positively impact retention rates. For more information on training, see Section 6.3.

**Chart 118. Care worker turnover rate by number of training instances recorded between March 2023 and March 2024**

Source: ASC-WDS unweighted data

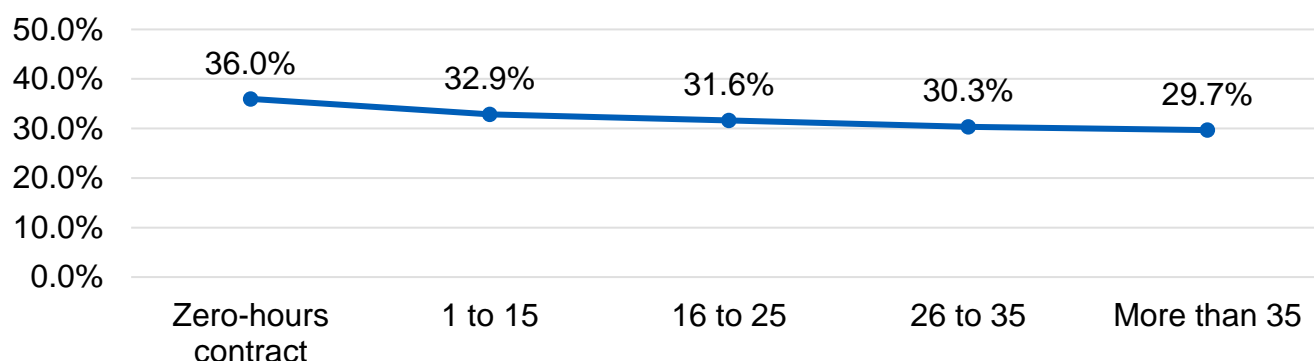


### 9.1.8 Contracted hours and zero-hours contracts

**Workers with fewer contracted hours were more likely to leave.** Chart 119 shows that the turnover rate was 6.3 percentage points higher for care workers on zero-hours contracts compared to those with more than 35 contracted hours per week.

**Chart 119. Care worker turnover rate by contracted hours between March 2023 and March 2024**

Source: ASC-WDS unweighted data



The Living Wage Foundation launched a [‘Living hours’ campaign](#) with the aim of tackling work insecurity. Their 2023 research found that 6.1 million workers in the UK were in insecure work, with 3.4 million being in low paid insecure work. This represents a slight decrease from 2021, when 6.6 million workers were in insecure work and 3.7 million were in low paid insecure work.

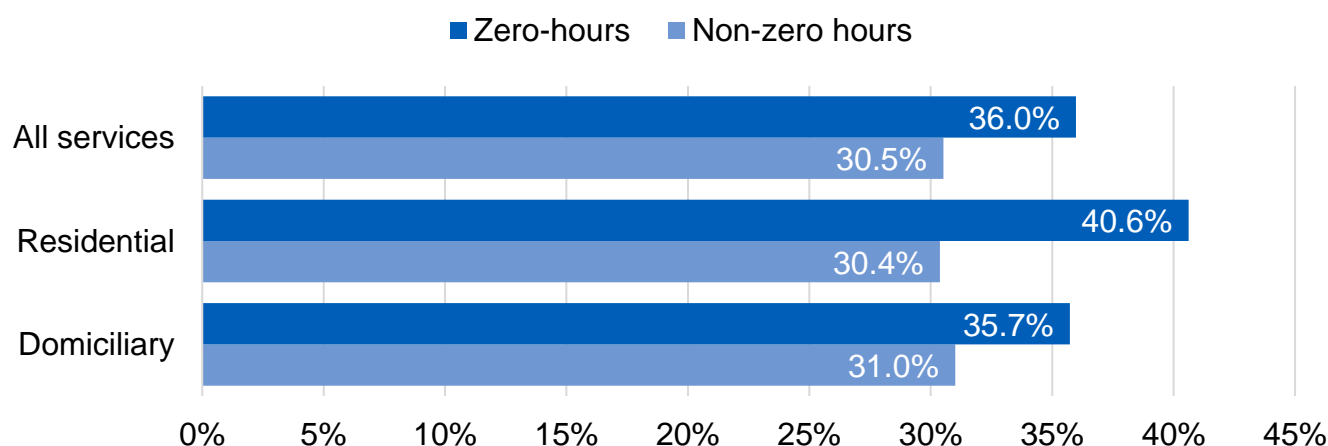
The most common forms of insecure work in the UK are workers with pay or hour volatility (2.9 million workers). Slightly less common forms of insecure work include having a non-permanent job (1 million workers) or being on a zero-hours contract (1 million workers).

Chart 120 shows care workers on zero-hours contracts were shown to have an impact across service types, including in domiciliary care where zero-hours contracts are more prevalent.

It should be noted that some workers who prefer to be employed on a zero-hours contract may also leave due to other commitments or career plans (as suggested in Section 2.3).

**Chart 120. Care worker turnover rate by zero-hours contract status between March 2023 and March 2024**

Source: ASC-WDS unweighted data



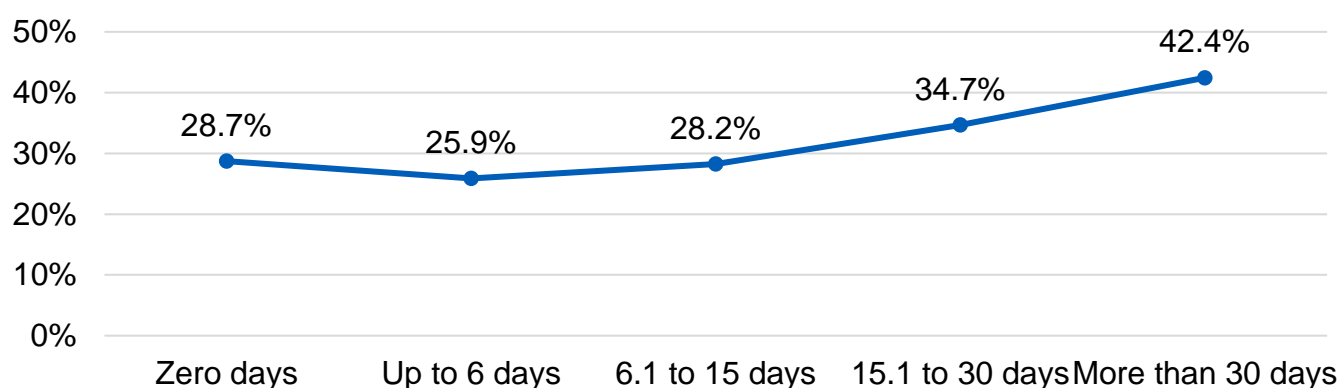
Some workers will prefer part-time hours, or a zero-hours contract may suit them. However, these findings suggest that some people in 'insecure work' would prefer more hours or guaranteed hours, and this is increasing their likelihood of leaving.

### 9.1.9 Sickness days

**Workers with high sickness rates were more likely to leave.** Chart 121 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 sickness days (25.9%) and highest for those with more than 30 days (42.4%).

Successful performance management contributes to a more valued, supported, and engaged workforce who can deliver outstanding services. We have developed the [People Performance Management Toolkit](#) as a resource for managers to understand the driving forces behind improving performance.

**Chart 121. Care worker turnover by sickness group between March 2023 and March 2024**  
Source: ASC-WDS unweighted data



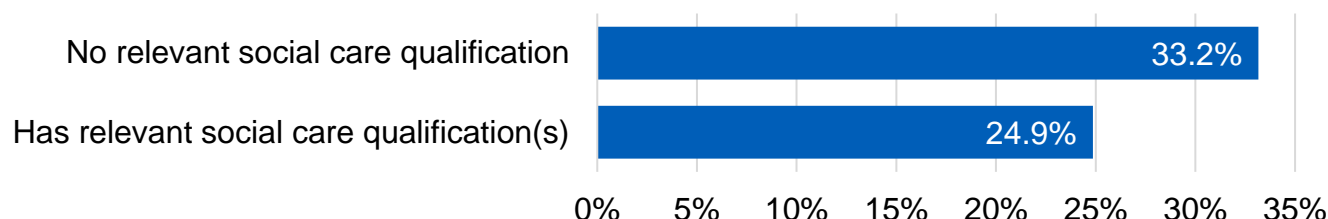
### 9.1.10 Social care qualifications

**Those with a relevant social care qualification were less likely to leave.** Chart 122 shows the probability of workers leaving their posts and compares those with relevant social care qualifications to those without. Of care workers who held a relevant social care qualification, 24.9% left within the 12-month period, compared to 33.2% of those who did not hold a relevant qualification.

It should be noted that gaining a qualification may not make somebody more likely to stay in their role. It could be the case that people who have decided they want to pursue social care as a career are less likely to leave and those people are also more likely to gain formal qualifications.

**Chart 122. Care worker turnover by social care qualification between March 2023 and March 2024**

Source: ASC-WDS unweighted data

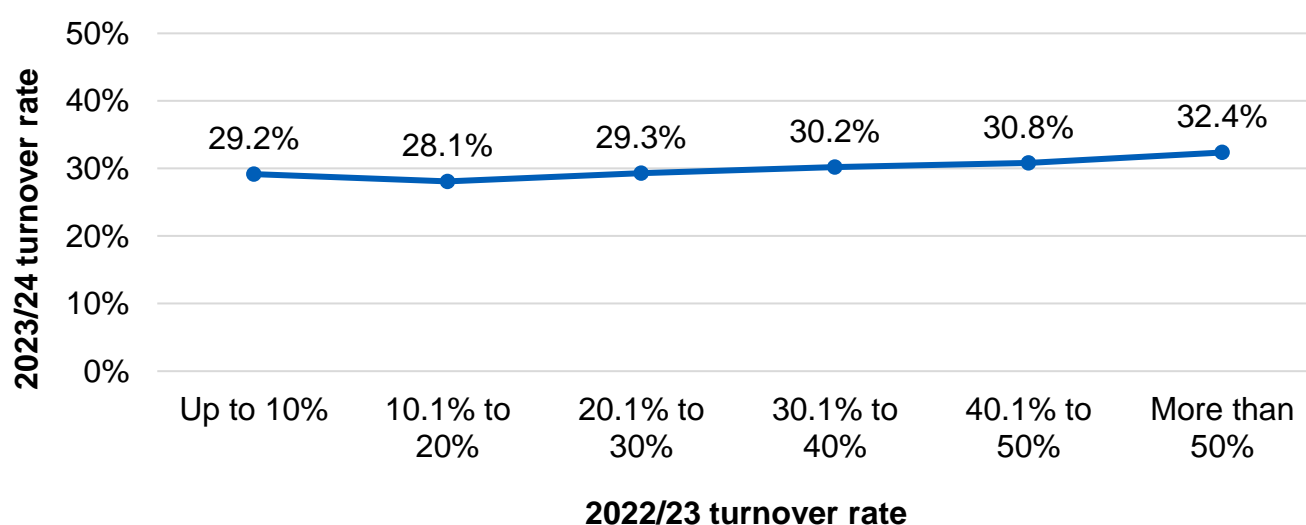


### 9.1.11 Historical turnover rate

**Establishments with a higher turnover rate in the preceding 12 months were likely to continue to have higher turnover rates going forward.** Establishments with the lowest turnover rates in 2022/23 had on average a turnover rate of 29.2% between 2023 and 2024. This was 3.2 percentage points lower than establishments with the highest turnover rates in 2022/23 (32.4%).

**Chart 123. Comparison of historical turnover rate in establishments**

Source: Previous turnover rate (ASC-WDS unweighted data as at March 2023) and current turnover rate (ASC-WDS unweighted data between March 2023 and March 2024)



This finding held true even after accounting for the other variables mentioned in this chapter, which suggests that there are other, ‘softer’ factors influencing turnover rates. Skills for Care offers [support for leaders and managers](#) including 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.

It was also noted that large establishments where people work in well-functioning teams may achieve better staff retention and improved levels of care. The Affina Organisation Development

(AOD) website highlights [key research findings](#), including that good team working is associated with lower levels of stress, sickness absence, intention to resign, and turnover among other positive wellbeing indicators.

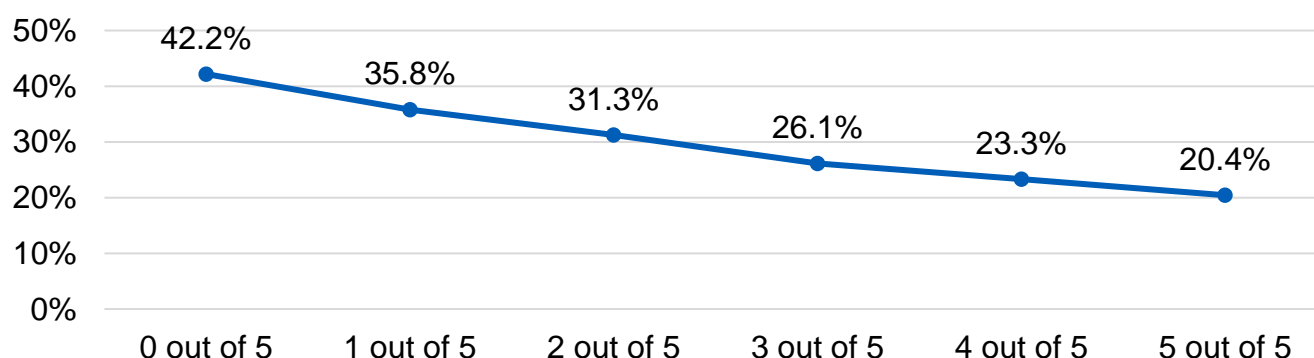
### 9.1.12 Combined effect of variables affecting turnover

**Care workers in a post with several positive employment factors were more likely to remain in post than care workers in posts without these factors in place.** Five of the variables which affect turnover were analysed to observe their combined effect. These variables were: pay on and above £10.42 (during the £9.50 NLW period), not being on a zero-hours contract, receiving training, having a qualification relevant to social care, and working full-time. Each of these variables were given a score of 1 and combined to give a total score for job quality.

Chart 124 shows that care workers who were paid on and over £10.42, worked full-time hours, were not on a zero-hours contract, received training, and had a qualification relevant to social care were 21.8 percentage points less likely to leave (20.4%) than care workers whose role did not fit any of the criteria (42.2%). This suggests that care workers are more likely to remain in their role as the number of positive employment factors increased, and employers may see a lower turnover rate if they offer more of these benefits.

**Chart 124. Care worker turnover by number of positive employment factors between March 2023 and March 2024**

Source: ASC-WDS unweighted data



As mentioned in Section 6.2, gaining a qualification may not make somebody more likely to stay in their role. It could be the case that people who have decided they want to pursue social care as a career are less likely to leave and those people are also more likely to gain formal qualifications.

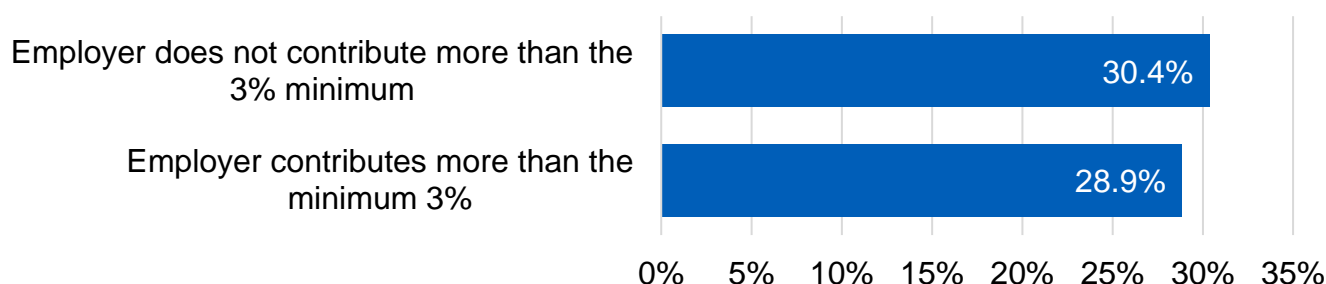
### 9.1.13 Enhanced pension

**Care workers whose employers contributed more than the minimum 3% into the workplace pension were less likely to leave.** Chart 125 compares the turnover rate for care

workers by whether their employer offered more than the minimum pension contribution. Of care workers who were in a workplace which offered above the minimum pension contribution, 28.9% had left within the reporting period, compared to 30.4% of those whose workplace did not contribute above the minimum. This suggests that employers who offer a greater pension contribution and long-term investment in their care workers experienced lower turnover rates on average.

**Chart 125. Care worker turnover by whether employer contributes more than the 3% minimum into workplace pensions between March 2023 and March 2024**

Source: ASC-WDS unweighted data

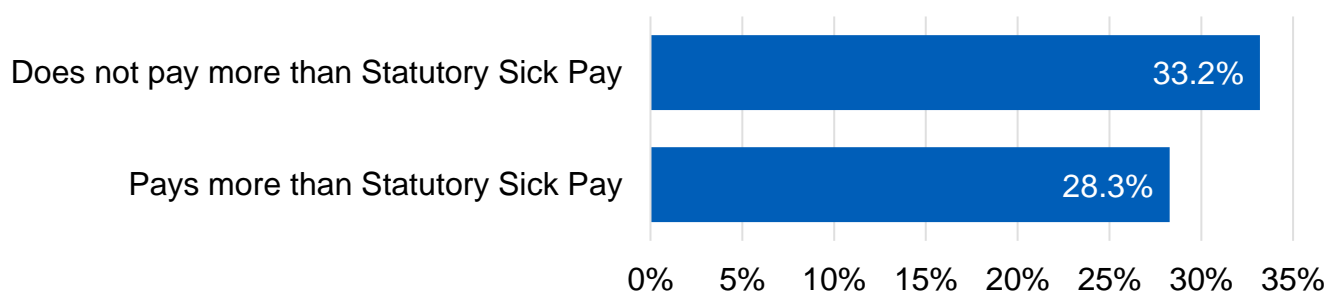


#### 9.1.14 Enhanced sick pay

**Care workers whose employers paid more than Statutory Sick Pay if they cannot work due to illness were slightly less likely to leave.** Chart 126 compares the turnover rate for care workers by whether their employer paid more than Statutory Sick Pay if they could not work due to illness. Care workers that were in a workplace which paid more than Statutory Sick Pay had a 28.3% turnover rate compared to 33.2% of those whose workplace did not pay more than this. This shows that employers who were more generous with sick pay for their care workers experienced lower turnover rates on average.

**Chart 126. Care worker turnover by whether employer pays care workers more than Statutory Sick Pay if they cannot work because of illness between March 2023 and March 2024**

Source: ASC-WDS unweighted data

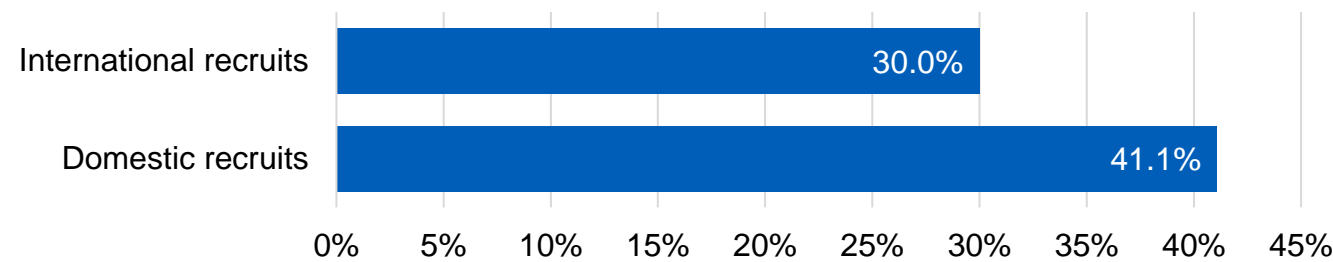


### 9.1.15 International recruitment

Care workers recruited internationally were less likely to leave than care workers recruited domestically. Chart 127 compares the turnover rate for internationally and domestically recruited care workers. Internationally recruited care workers had a 30.0% turnover rate in the reporting period, compared to 41.1% of domestically recruited care workers.

**Chart 127. Comparison of turnover rate by whether the care worker was recruited internationally or domestically, January 2023 to March 2024**

Source: ASC-WDS unweighted data



Care workers recruited internationally typically have their visa status connected to their employers, meaning they would be more likely to remain with the same employer for a longer period. See Section 8 for more information.

## 9.2 Factors affecting CQC ratings

In 2024, Skills for Care analysed ASC-WDS workforce data compared with CQC scores to identify workforce metrics associated with higher CQC scores. This included around 13,000 regulated locations across England. This followed analysis completed by Skills for Care in 2022 which included around 11,700 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 questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

We 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 five key questions received a score of 5. These scores were then grouped into categories for 2024: Lowest (12 or below), Low (13 to 14), Medium (15) and High (16 or above). Location scores were distributed across the categories with 9% in the Lowest

category, 19% in Low, 62% in Medium, and 10% in High. More than three quarters of locations had a Medium or High score.

**Table 16. Assessment rating and score**

Source: CQC assessment ratings

| Assessment rating    | Score |
|----------------------|-------|
| Outstanding          | 4     |
| Good                 | 3     |
| Requires improvement | 2     |
| Inadequate           | 1     |

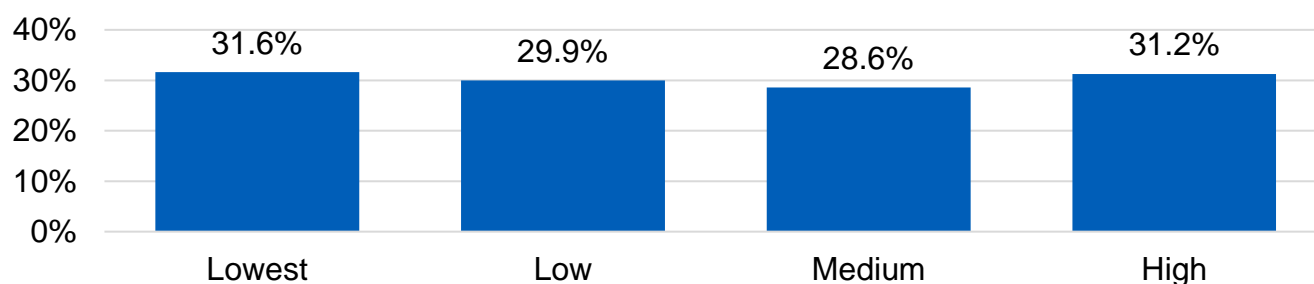
There is information on our website about [CQC-provider support](#), including 'delivering 'good' and 'outstanding' care' resources and information about consultancy and tailored support.

## 9.2.1 Turnover rates

**Turnover rates were lower in establishments receiving between low and medium CQC scores.** In general, establishments with lower CQC scores had more issues retaining staff (those with the lowest CQC scores had an average turnover rate of 31.6%), compared to those with those with 'medium' scores who had an average turnover of 28.6%. The base for the 'high' group was relatively small and the same pattern could not be observed. This is possibly due to the sample size rather than the pattern not continuing.

**Chart 128. Turnover rates by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



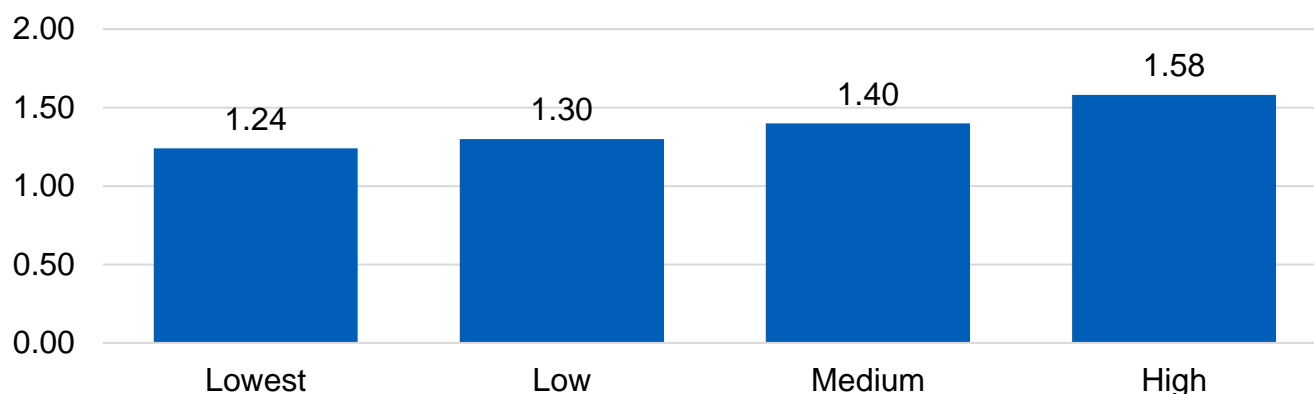
## 9.2.2 Ratio of staff per bed

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



**Chart 129. Median ratio of staff per bed by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



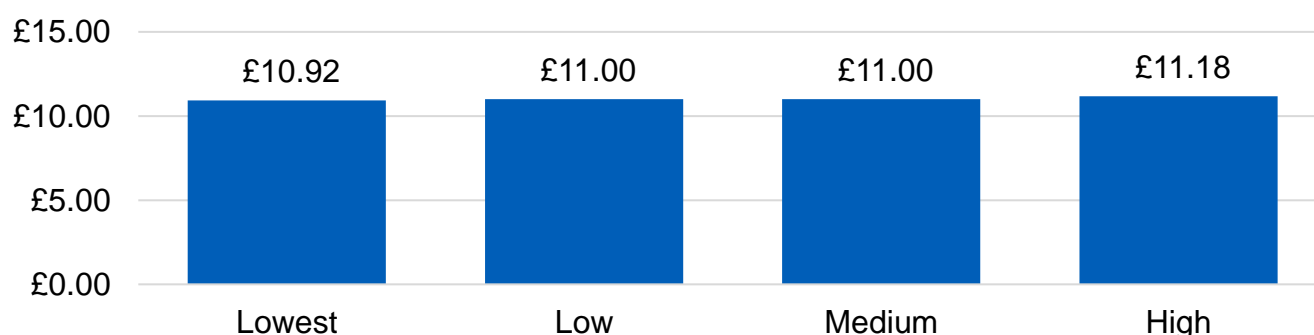
Skills for Care has a [guide](#) to support employers to get the right quantity and quality of staff to meet the needs of services and meet the regulatory standards of the Care Quality Commission (CQC). The guide includes tips about deciding how many staff are required to provide a safe service, contingency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

### 9.2.3 Care worker pay

**Higher care worker pay was associated with better CQC scores.** Care workers at the lowest scoring establishments had a median hourly rate of £10.92 compared to £11.18 at establishments with the highest score.

**Chart 130. Median care worker hourly rate by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



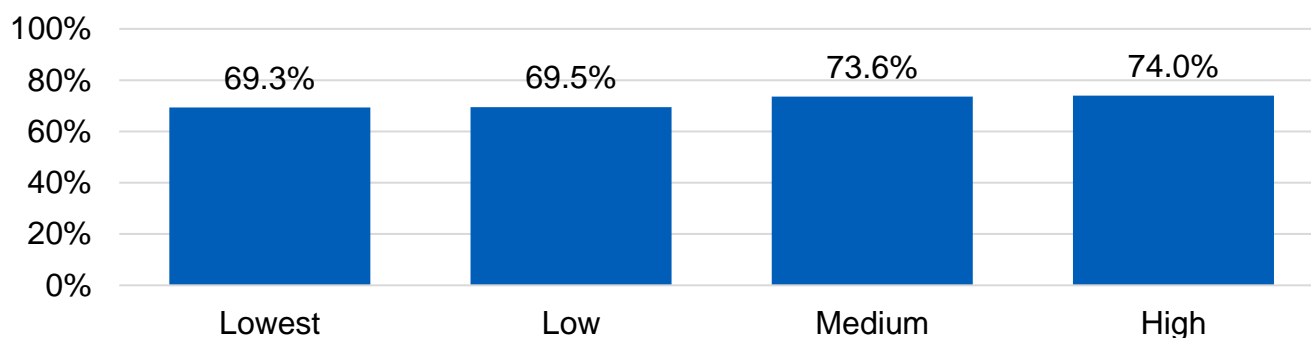
Pay was not the only worker incentive influencing scores. For example, establishments that had staff with higher levels of Care Certificate Standards take up, more training, and qualifications relevant to social care among their staff were more likely to receive better CQC scores.

## 9.2.4 Care worker uptake of the Care Certificate Standards

**Greater care worker uptake of the Care Certificate Standards was associated with better CQC scores.** Chart 131 shows that the high scoring establishments had a 4.7 percentage point increased proportion of care workers who has begun or completed the Care Certificate Standards (74.0%) compared with the lowest scoring establishments (69.3%).

**Chart 131. Proportion of care workers who had begun or completed the Care Certificate Standards by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings

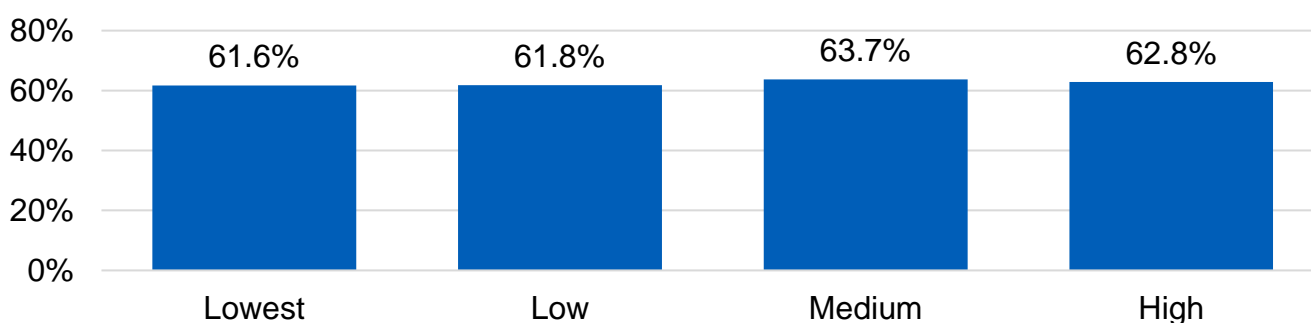


## 9.2.5 Care worker training

**Care worker training was associated with better CQC scores.** Chart 132 shows that establishments with medium to high CQC scores had a larger proportion of care workers who had undertaken training. 63.7% of care workers at the medium scoring establishments had training records on the ASC-WDS compared with 61.6% of those at the lowest scoring establishments.

**Chart 132. Proportion of care workers who had training recorded by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings

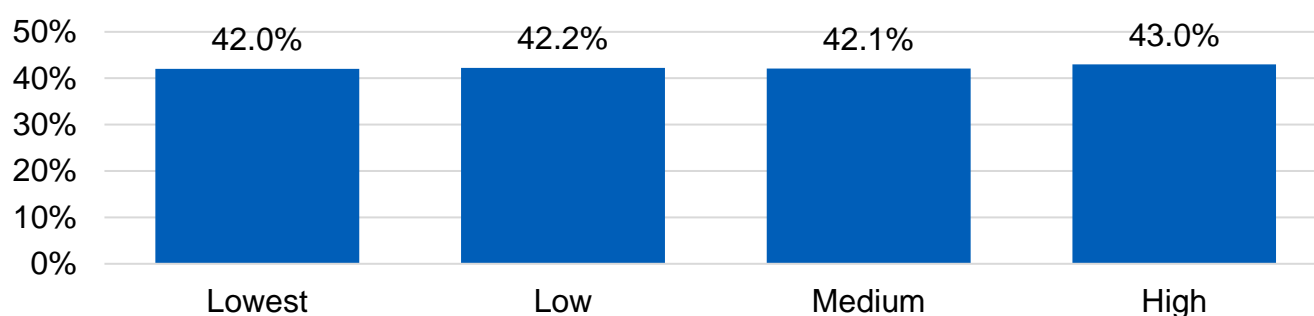


## 9.2.6 Care worker qualifications

**Care workers having qualifications relevant to social care was associated with better CQC scores.** Chart 133 compares the proportion of care workers with qualifications relevant to social care by CQC score and shows that high scoring establishments had a greater proportion (43.0%) than with the lowest scoring (42.0%).

**Chart 133. Proportion of care workers who had a qualification relevant to social care by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



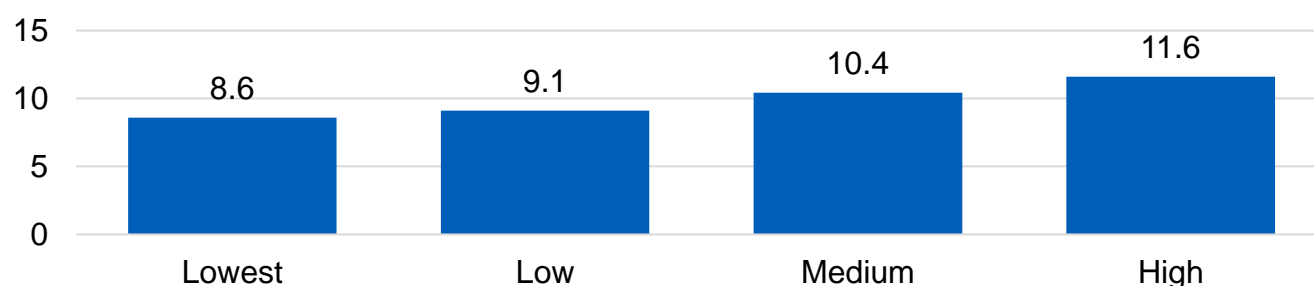
We have lots of information on our website about learning and development including pre-employment training, i.e. offering a traineeship, apprenticeship, or work experience. This is especially useful for employers as we know that a large proportion of staff turnover arose from workers leaving their posts soon after joining (see Section 9.1.6 Experience in role). We also know that retention was better when staff received training (see Section 6.3). We have a [guide to developing staff](#), information about the [care workforce pathway](#), finding learning providers, qualifications and more.

## 9.2.7 Registered manager experience in role

**Establishments with a registered manager with more experience in their role were more likely to receive higher CQC scores.** As with turnover rates, this points towards the importance of stable management in delivering a high-quality service.

**Chart 134. Registered manager average years of experience in role by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



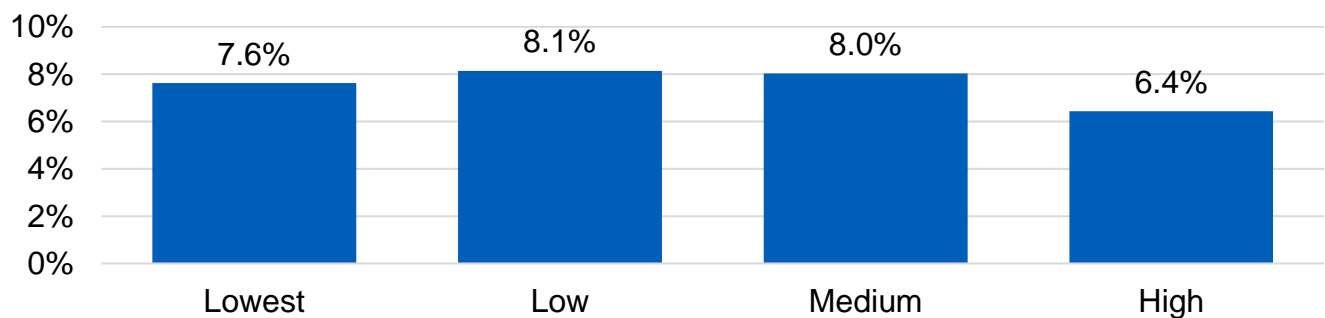
## 9.2.8 Vacant posts

**Establishments with lower vacancy rates were more likely to receive better CQC scores.**

Establishments receiving high CQC scores had an average vacancy rate of 6.4% compared to a rate of 7.6% for those with the lowest scores. This suggests that those employers who managed to fill their vacant posts were, on average, able to deliver a high-quality service.

**Chart 135. Vacancy rates by CQC score, March 2024**

Source: ASC-WDS unweighted data, CQC assessment ratings



Further information about the key questions and CQC assessments can be found on the [CQC website](#). Skills for Care has developed [guides](#) to help organisations to achieve a positive rating, to offer support in preparation for an assessment, and to develop plans which support them to respond to any issues with their workforce, staffing, or leadership as identified by the CQC.

# Further resources

## Our workforce intelligence publications

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. This chapter provides an overview of some of the reports and resources published by our Workforce Intelligence team. To access these reports and visualisations, please refer to the relevant pages on our [Workforce Intelligence website](#).

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

This report provides estimates of the number of organisations and establishments involved in providing or organising adult social care, as well as the size and structure of the workforce, including people and filled posts estimates, trend data, and future projections.

To access this information, visit [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

Latest version, June 2024. Updated information is due in June 2025.

### Regional information

We have data visualisations and written reports which provide an annual overview of adult social care services and the workforce in each region. We have two data visualisations that show regional information: one looks at one region at a time, the other looks at key variables and compares the nine regions. Alongside these data visualisations are written summaries.

To access this information, visit [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)

Latest version, October 2024. Updated information is due October 2025.

### Local area information

There are six pages of local area information on our website. These are split by either local authority area or NHS Integrated Care Board (ICB) geography area.

- Individual areas: we have one report looking at the workforce in each local authority area or ICB area, one at a time.
- Our comparison reports compare key variables across local areas or ICB areas.
- Each local area has a written summary report, summarising the workforce statistics.
- Our 'My ICB area (MH and LD&A)' report shows the latest information from the ASC-WDS for the mental health and learning disability and/or autism workforces, split into ICB areas.

To access this information, visit [www.skillsforcare.org.uk/local-information](http://www.skillsforcare.org.uk/local-information)

Latest versions, October 2024. Updated information is due in October 2025.

### Key topic areas

We also produce information on popular topic areas. Each topic includes a summary of the workforce information available, and signposts to other relevant resources.

- Monthly tracking of key metrics
- 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 topic pages, visit [www.skillsforcare.org.uk/topics](http://www.skillsforcare.org.uk/topics)

### **Adult social care workforce estimates**

Throughout this report we have presented analysis from our workforce estimates. To support this publication, we've published several additional spreadsheets to provide further insights. To access these, visit: [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates)

The 'Adult social care workforce estimates' spreadsheet includes the size and structure of the workforce, recruitment and retention information, employment information, demographics, pay rates, qualification and training information and workforce projections. Each of these areas are split by region, sector, service, and job role.

We've also published 'Data download' spreadsheets which provide more granular information. These display data at a national (England), regional, local authority and/or ICB area level.

### **Commission our services**

Our Workforce Intelligence team are the experts in adult social care workforce insight. The data we collect in the ASC-WDS gives an unrivalled overview of the adult social care workforce in England. Beyond the wealth of information already available publicly on our website, you can commission the services of the Workforce Intelligence team to produce bespoke reports and analysis for your organisation or area.

### **How we can help you**

- We can partner with you or form part of your project team on tenders and bids. By using our expertise and sector knowledge we can add value to your research or project.
- We can use advanced analytics techniques to help you understand how key outcomes such as CQC scores, turnover and vacancy rates can be improved.
- We can produce bespoke reports and analysis to help you solve problems and provide data solutions to help you improve your services.
- We can provide a detailed analysis into the adult social care workforce in your local area or look at performance in comparison to other areas.
- You can request a feed of data to enhance or improve a product or service.

### **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, visit [our website](http://ourwebsite).

All analysts leading on the production of this report are certified statisticians, meaning we work to the standard of the 'five safes'. 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.

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.

In 2023 Skills for Care became an official statistics provider, having been added to the [Official Statistics Order 2023](#). We, Skills for Care's Workforce Intelligence team, are committed to the three pillars of trustworthiness, quality and value, as well as the principles of the Code of Practice for Statistics. Please see our website for our full [statement](#).

For more information about the services listed above, please email:  
[analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk).





## Skills for Care

West Gate  
6 Grace Street  
Leeds  
LS1 2RP

T: **0113 245 1716**

E: [info@skillsforcare.org.uk](mailto:info@skillsforcare.org.uk)

[skillsforcare.org.uk](https://skillsforcare.org.uk)



[twitter.com/skillsforcare](https://twitter.com/skillsforcare)

[facebook.com/skillsforcare](https://facebook.com/skillsforcare)

[linkedin.com/company/skills-for-care](https://linkedin.com/company/skills-for-care)