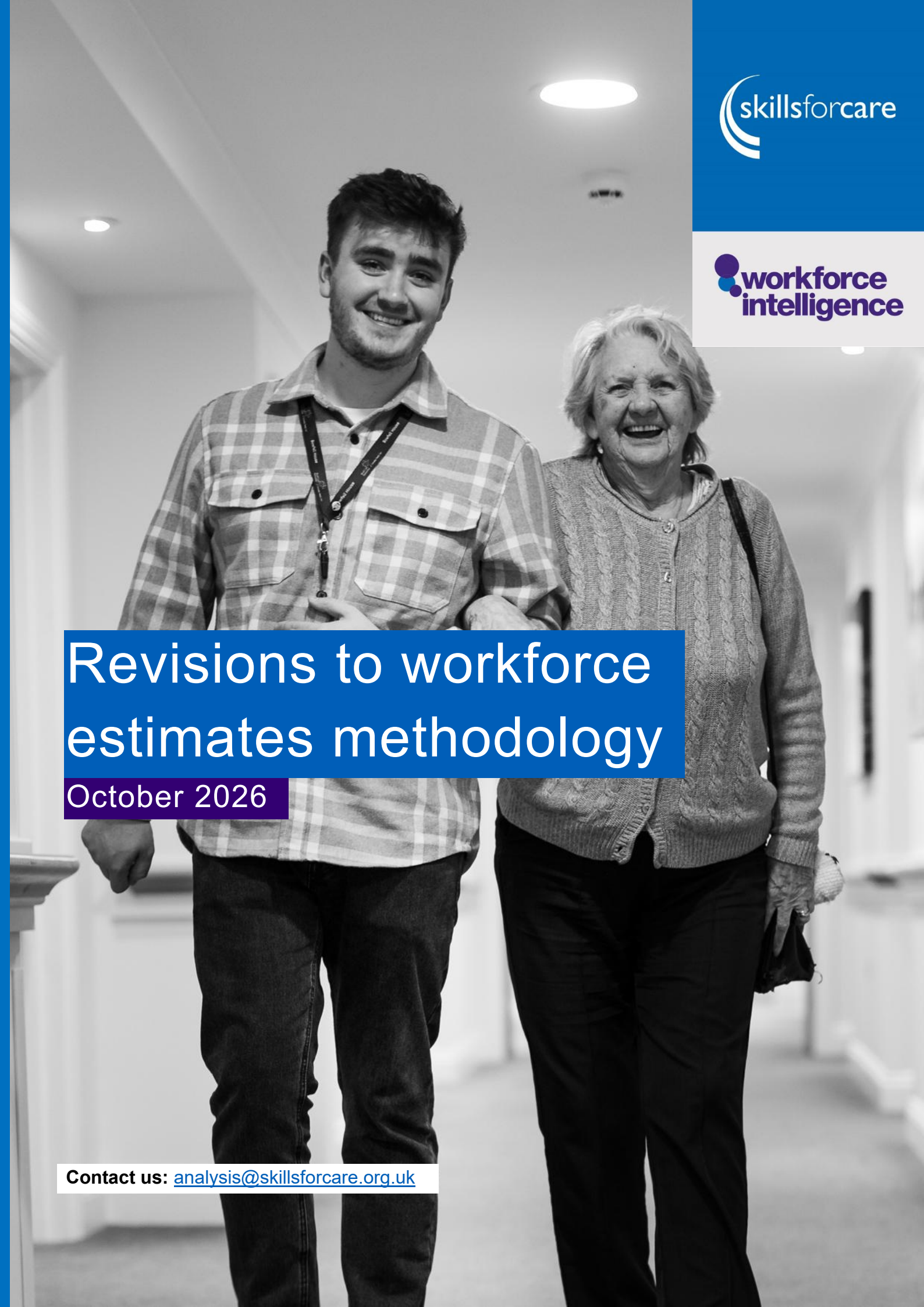


A black and white photograph of a young man and an elderly woman walking towards the camera in a brightly lit hallway. The man is on the left, wearing a plaid shirt and a lanyard, and the woman is on the right, wearing a cable-knit sweater. Both are smiling.

Revisions to workforce estimates methodology

October 2026

Contact us: analysis@skillsforcare.org.uk

Overview

Skills for Care publish estimates of the size and structure of the workforce each year using data from the Adult Social Care Workforce Data Set (ASC-WDS). When additional information becomes available or methodologies improve, we also make retrospective changes to previously published estimates to ensure our estimates are comparable across years and not a reflection of changes to methodologies.

In this document are descriptions of these changes and their impact on our workforce estimates over time. For more information about our methodology or to read our methodology paper in full, visit [our website](#).

We also have a separate methodology which relates specifically to our [filled post monthly tracker](#). The tracker shows filled posts estimates of the CQC-regulated workforce in the independent adult social care sector only. There is a revisions document for this methodology available on the same webpage.

Terminology used in this document reflects the definitions and categorisations used in our workforce intelligence reports. A full glossary of terms, variable definitions and calculations of key metrics can be found on our [Glossary](#) page.

If you have any questions or feedback in relation to the figures shown here or the changes to our methodology, contact us: analysis@skillsforcare.org.uk

Revisions history

The methodology revisions outlined in this paper are periodically reviewed and updated. For information about the revisions made between publications, see the table below.

Version and date		Item	Revision
V1	July 2025	First publication	Use of our data engineered pipeline for filled posts estimates of independent sector CQC-regulated services.
			Retrospective changes to the number of personal assistant filled posts in previous years.
			Removal of self-employed shared lives workers from our workforce estimates.
			Removal of adult social care related roles in the NHS from our workforce estimates.
V2	November 2025	Changes to job roles in the ASC-WDS	Between August 2023 and June 2024, 10 new job roles were added to the ASC-WDS and 2 job roles were removed.
V3	June 2026	Combining of methodology documents	No new revisions have been made to the methodology. Previous methodology change statements have been consolidated into this one reference document.
V4	October 2026	New service user groupings	Updated methodology to group establishments by the services they offer to support people with different care and support needs.

Changes to the filled posts estimates methodology

In 2024/25 we have used our automated data pipeline for the first time to estimate the number of filled posts over time in the CQC-regulated independent sector in 'The size and structure of the adult social care sector and workforce in England, 2025' report. Using this data pipeline allows us to publish data about the workforce more frequently (every month in our [filled posts monthly tracker](#)) and closer to the time period it refers to (estimates will be published in our tracker by the 15th of each month and refer to the position as at the end of the previous month).

In addition to speeding up processing times and bring forward publication dates, using an automated data pipeline has allowed us to make improvements to our estimates which are detailed below:

- The automated data pipeline makes use of all the data collected by ASC-WDS over time and can therefore make more accurate and consistent estimates. This includes the ability to make estimates at location level using data submitted at different time points (using forward and backwards imputation and interpolation between two known data points). Previous estimates were mostly based on independent snapshots of our data at the end of March each year.
- The automated pipeline accounts for the date that information was submitted to ASC-WDS in a more detailed way than the previous method and backdates previous estimates based on new information received. This use of dates has reduced the 'lag' between changes happening in the sector and being reflected in our estimates.
- Using the automated pipeline and cloud computing has allowed us to make use of more sophisticated models with more features to improve the accuracy of our estimates.
- We have been able to incorporate CQC's Provider Information Return (PIR) data into our estimates for non-residential locations. This has increased the amount of data available for making estimates for this part of the sector and therefore increased accuracy.

The automated data pipeline has been used to estimate the number of filled posts in independent sector CQC-regulated services for the first time in 2024/25. These were shown in 'The size and structure of the adult social care workforce in England, 2025' report with new figures for 2024/25, alongside retrospectively updated filled posts figures for previous years. These filled posts estimates are split by geography, main service type and job role.

For more information about the methodology used for our filled post monthly tracker, including a revisions document to accompany this, visit the [filled post monthly tracker](#) webpage.

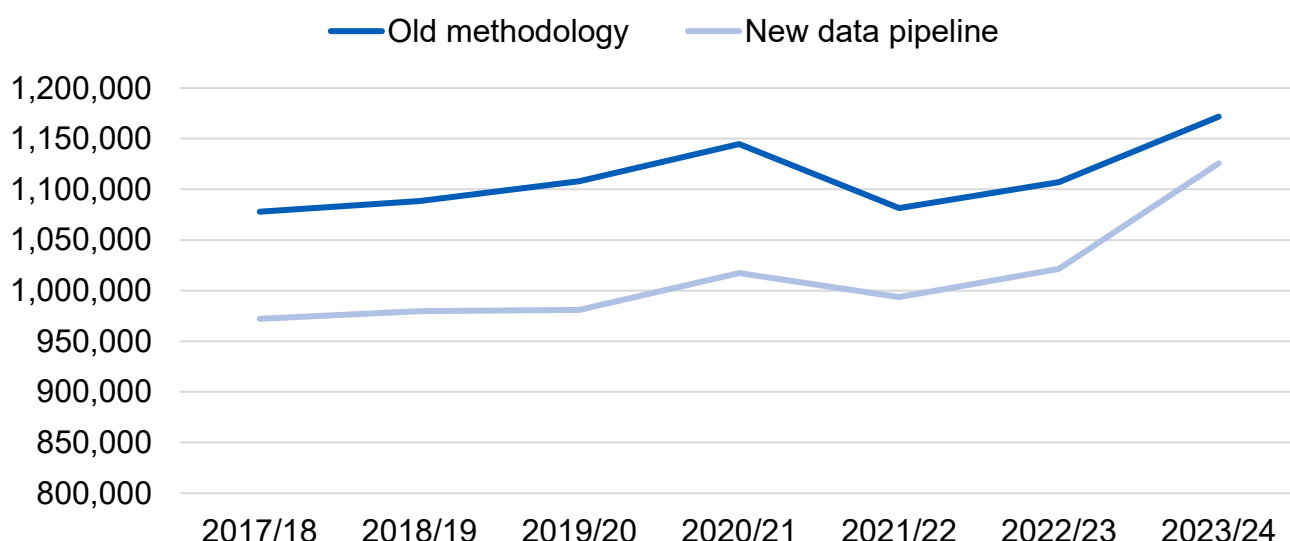
Analysis of changes from previously published data

Chart 1 below shows the difference between our new estimates and those previously published. It shows that, in general, the pattern is similar over time. Differences in the trend are mostly as a result of the new data pipeline responding faster to changes in the sector, for example in 2023/24 the new methodology identified the increase in staff caused by international recruitment sooner than the old methodology.

The new data pipeline generally estimates a lower overall total than previous estimates. The main reason for this is the inclusion of CQC's PIR data for non-residential locations which improved the coverage of new and smaller domiciliary care providers.

The chart shows data at a national level. The data pipeline has also improved accuracy and consistency at a lower geography allowing for more trends and insights to be generated at a local level.

Chart 1: Estimated number of filled posts in the independent CQC regulated sector by estimation type



Skills for Care continues to iterate and develop the automated data pipeline with a view to estimating more of the characteristics of adult social care sector and workforce in this way. The next areas for development are recruitment and retention metrics.

Changes to historical personal assistant filled posts figures

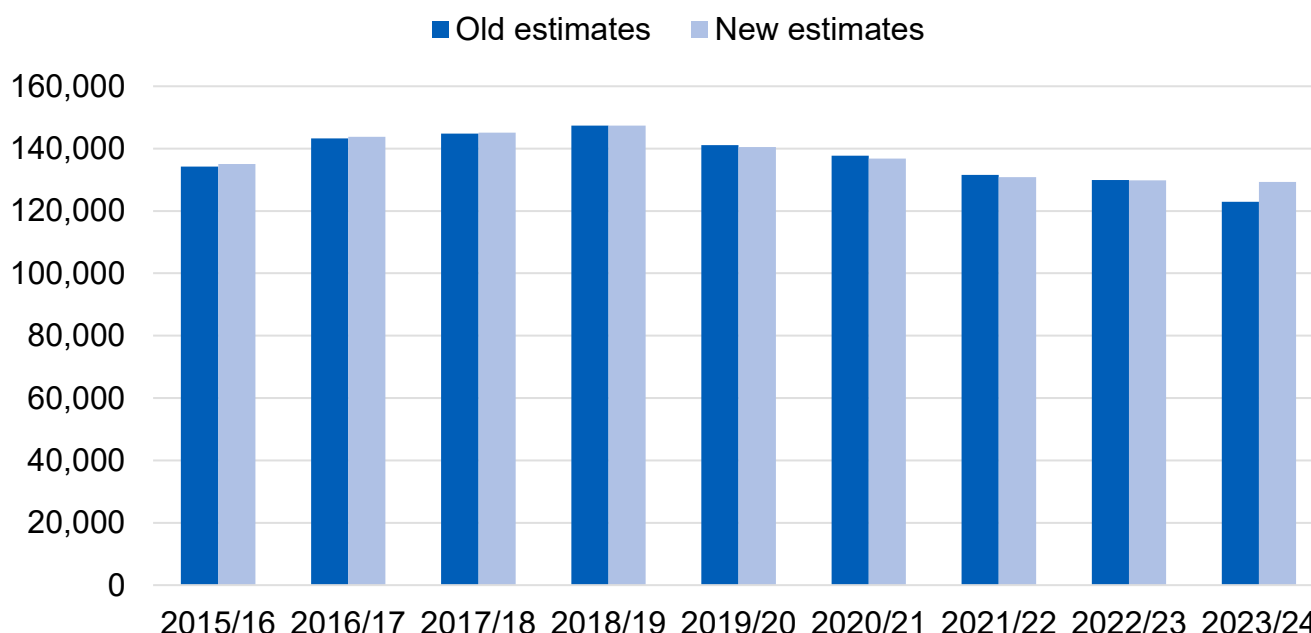
In our 'The size and structure of the adult social care sector and workforce in England, 2024' report, we estimated there were 123,000 personal assistant filled posts employed by direct payment recipients. This figure has been replaced by an improved estimate this year (129,000).

This year we have applied an improved quality filtering method, meaning that the current published estimate of personal assistant filled posts in 2023/24 is not comparable to our previous publication. This change has been retrospectively applied to previous years, so the trends in the current report are comparable over time.

A trend of the number of personal assistant filled posts and the percentage change over time can be found in the '[The size and structure of the adult social care sector and workforce in England](#)' data visualisation on our Workforce Intelligence website, in the "workforce" pages.

Chart 2 shows the impact of the change in filtering methodology. As above, this has changed the 2023/24 figure by 6,000 but has had a minimal effect to other years.

Chart 2: Estimated number of personal assistants by estimation type



Changes to direct payment recipient estimates

Social care personal budgets are an amount of money a local council will pay towards the social care and support a person requires based on a needs assessment. One way of accessing a personal budget is for the council to pay the money directly to the person or someone they choose to manage it; this is known as a direct payment.

Prior to 2025/26, we included unpaid carers within our direct payment recipient estimate. Unpaid carers play a major role in adult social care, however, statistics from NHS Digital's Short and Long Term Support (SALT) return in June 2025 did include people who received direct payments as a carer.

Table 1 shows the estimates of direct payment recipients (DPRs), DPRs employing staff, and personal assistant filled posts in 2024. The estimate of DPRs including carers was much higher (220,000) than the estimate of adults and older people only (137,000). However, the estimated number of DPRs employing staff was very similar, as carers rarely used direct payments to employ staff. This meant that the estimated personal assistant filled posts was also very similar. As such, this change will have had minimal impact on our estimates of individual employers, personal assistants, and trends over time.

Table 1. Estimated direct payment recipients, direct payment recipients employing staff, and personal assistant filled posts by direct payment recipient type, 2024

Source: Skills for Care workforce estimates

	Adults, older people, and carers who were receiving direct payments from local authorities	Adults and older people only who were receiving direct payments from local authorities
Direct payment recipients estimate	220,000	137,000
Direct payment recipients employing staff estimate	70,000	70,000
Personal assistant filled posts estimate	131,000	130,000

Adult social care related roles in the NHS

The NHS continues to play a role in providing adult social care. Integrated Care Boards (ICBs) work across all Integrated Care System areas (ICSs) to provide the vital integrated links between health and social care, bringing health and care organisations together to develop shared plans and joined-up services¹.

However, as of 2024/25, we are no longer including adult social care related roles employed by the NHS in our estimates of the size of the adult social care workforce. The reasons for this change include:

- There is not much detail available about the roles in the NHS that were previously included. As such they were only included in filled posts analysis but could not be included in any of breakdowns (for example, demographics).
- It was possible that not all the roles previously included were actually adult social care related on a daily basis. These workers were identified based on a fairly broad job role grouping.
- Including these roles in estimates for the size of the adult social care workforce and the NHS workforce could lead to accidental double counting.

Filled posts for adult social care workforce related roles in the NHS are now reported separately, as shown in the [‘The size and structure of the adult social care sector and workforce in England’](#) data visualisation on our Workforce Intelligence website.

Historically adult social care related filled posts in the NHS typically accounted for less than 7% of the total adult social care workforce each year². The majority of the adult social care workforce are employed by local authorities, independent care providers, charities, voluntary organisations and individuals employing their own staff. From 2024/25 onwards we will be focusing on these filled posts only in our workforce estimates.

A section on the change to our method for creating our workforce estimates was included in ‘The size and structure of the adult social care sector and workforce in England, 2025’ report where these changes have been made for 2024/25. A similar section was also included in following update to ‘The state of the adult social care sector and workforce in England, 2025’ report, published in October 2025.

¹ NHS England – what is integrated care: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

² Skills for Care’s workforce estimates, 2023/24

Changes to job roles in the ASC-WDS

At the point of data collection in the ASC-WDS, employers are given a choice of job roles to choose from to best reflect the role of each of their workers.

The ASC-WDS data collection process is continually reviewed and modified, with regular user-research sessions with our users to improve their experience and reflect the changing nature of the adult social care workforce. As a result, in August 2023, three new job roles were added to the ASC-WDS: deputy manager, learning and development lead and team leader. In June 2024 a further seven roles were added: data analyst, data governance manager, IT and digital support, IT manager, IT service desk manager, software developer and support worker. Two job roles were removed at the same time: technician and care navigator.

Since the introduction of these roles in the ASC-WDS, we have seen many staff records updated to more accurately reflect the worker's role. This has resulted in changes to the number of filled posts in some job roles, as staff have been re-coded to one of these new options when they were previously recorded as a different job role. It should be noted that some of these workers that are being re-coded will also have been genuine job role movements or promotions.

This re-coding of job roles has caused some slight discontinuity in trends for different job roles since 2023. This should be acknowledged when interpreting job role trend information.

We have minimised the impact of these changes by not showing trends for new jobs. The growth in the number of staff recorded under these roles has grown since 2023, but most of this growth will be associated with ASC-WDS users using these categories for the first time, rather than genuine growth in the numbers in the job role. We plan to show trends for these new roles in the future.

Number of staff recorded under new job roles

Table 1 shows the number of staff recorded under new job roles as at March 2025. The most common new job roles recorded were support worker, team leader and deputy manager. Some staff who were previously recorded in other jobs have been re-coded into these roles. The tables below explore the impact of these new job roles on trends for other job roles.

Table 1. Number of staff records for new job roles, March 2025

Source: Unweighted ASC-WDS data

Job role (2025)	Count of staff recorded in March 2025
Support worker	44,773
Team leader	7,094
Deputy manager	3,616
Learning and development lead	440
IT and digital support	427
Data analyst	292
IT manager	113
Software developer	36
Data governance manager	19
IT service desk manager	6

Support worker

Table 2 below shows that many support workers were previous recorded as care workers or community support and outreach in ASC-WDS. In our 2024/25 publications, we have not shown the trends for care workers as many support workers were previously recorded as care workers. We have also not shown trends for community support and outreach as many workers from this job role were also re-coded to be support workers.

In terms of trends, we have shown trends for 'care workers and support workers' grouped to provide a stable and reliable trend over time. Showing the care worker group alone in trends would show a decrease in the number of job roles (due to some care workers being re-coded into support workers), also some of the characteristics would have changed over time as support workers often show different characteristics to care workers.

It should be noted that trends for the direct care job role group remain unaffected by this change as nearly all support workers (which is in the direct care job role group) were previously recorded in other direct care providing roles.

Table 2. Previous job roles of workers recorded as 'support worker', between March 2024 and March 2025

Source: Unweighted ASC-WDS data

Previous job role (2024)	Count of workers recoded as support workers in 2025
Care worker	12,844
Community support and outreach	4,514
Senior care worker	296
Activities workers and co-ordinators	139

No other job roles had more than 100 staff re-coded to be support workers, therefore the impact is minimal.

Team leader and deputy manager

Tables 3 and 4 below show that much smaller numbers of staff were re-coded to be team leaders and/or deputy managers from other job roles.

As such, the impact on trends of other job roles will be minimal and therefore no adjustments have been made. There may be a slight impact on the trends for first line managers and supervisors, but these job roles are not shown individually in trends. The trend is usually shown for the ‘managers’ job role group which is unaffected because the new roles are in this group, as are the first line manager and supervisor roles.

There may be a small impact on trends for senior care workers. However, the number of re-codes identified in the tables below (554) only represents 0.7% of all senior care workers (82,000). As such, the impact on the statistics will be minimal.

Table 3. Previous job roles of workers recorded as ‘deputy manager’, between March 2024 and March 2025

Source: Unweighted ASC-WDS data

Previous job role (2024)	Count of workers recoded as deputy managers in 2025
First line manager	271
Senior care worker	177
Care worker	130

Table 4. Previous job roles of workers recorded as ‘team leader’, between March 2024 and March 2025

Source: Unweighted ASC-WDS data

Previous job role (2024)	Count of workers recoded as team leaders in 2025
Supervisor	745
Care worker	743
Senior care worker	377
First line manager	291

Updated service user groups

The ASC-WDS collects information about the care and support needs each establishment supports. Employers can select from a list of 23 care and support needs. An establishment may offer multiple services for people with different care and support needs.

Prior to 2025/26, in our workforce intelligence reports we identified whether each establishment provided services to people with dementia, learning disability and/or autism, or mental health care needs, using information from the CQC register. Establishments were then grouped according to whether they provided only one of these types of support (specialist services) or provided them alongside other types of support (generalist services). As establishments could offer support for more than one care need, they could be classified as a generalist in multiple categories. Because most establishments on the CQC register are registered to provide services for more than one care need, the majority of establishments were classified as generalists.

For our annual 'The state of the adult social care sector and workforce in England, 2026' report in 2025/26, we developed a new method, in consultation with the sector, to improve the usefulness of the estimates presented in this section. Under this approach, establishments were first identified according to whether they support older people (people aged 65 and over). Services for older people were then split into those that support people with dementia needs and those that do not (older people: non-dementia). Establishments not identified as services for older people were grouped as services for adults and categorised according to whether they support people with mental health needs, people with learning disability and/or autism needs, both of these care needs or other care needs (services for adults: other).

Although this new methodology represents an improvement on the previous approach, it does not fully capture the complexity of the sector. For example, some establishments provide services for people with multiple care and support needs, but they have been categorised according to what is considered most likely to be their primary purpose. Skills for Care continues to explore ways of describing the workforce and sector according to the care and support needs of people who draw on services. Future amendments to the methodology used to analyse service user groups will be noted in this document.



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