

A collage of black and white photographs showing diverse people in various settings, including a man laughing, a woman with glasses smiling, a woman in a hijab, and a group of people in a meeting.

# The state of the adult social care sector and workforce in England 2025

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## Acknowledgements

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

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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)

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## Foreword from our CEO

This report is one of Skills for Care's most important pieces of work every year. It's been [described by the Office for National Statistics](#) as '*the most comprehensive publicly available source of workforce statistics for the adult social care sector in England*' – so I wanted to take a moment to reflect on why that's the case.

This – like our other Workforce Intelligence reports – is built from the data we collect through our Adult Social Care Workforce Data Set (ASC-WDS), which has information on more than 700,000 staff in over 20,000 locations. While it's mandatory for local authorities to contribute, it's completely optional for the many thousands of independent care providers.

We're able to achieve such a high level of voluntary engagement because it's a mutually beneficial relationship. We have access to such important data, and the system offers benefits for providers like the ability to analyse and benchmark their data, a place to store training and qualifications records and access to funding via the Learning and Development Support Scheme.

If you're one of the thousands of care providers who already contribute to ASC-WDS, thank you. If you're one of the care providers who don't, we'd love to have you on board. You'll be able to benefit from all the ways ASC-WDS can make your life easier – and your data will give us, along with everyone who makes and influences policy, an even richer picture of the adult social care workforce so we can make sure it's understood, valued and gets the right support.

This year's report tells a complex and quite difficult story. It's unquestionably a good thing that our workforce is continuing to grow, with vacancy and turnover rates continuing to fall. But, with international recruitment still driving these improvements, a declining number of British nationals in the workforce – with no obvious drivers of new domestic recruitment – and falling qualification levels at a time when care roles are becoming more complex, we need to be realistic about the challenges we still face.

There's plenty happening to tackle these challenges, though. From the way the sector has come together to create and implement the Workforce Strategy that we published last year, to the government's commitment to workforce support, a Fair Pay Agreement and a National Care Service. All of this will help to ensure we have a thriving, skilled workforce able to play a vital role in neighbourhood health – and ultimately enabling people to live a good, independent life a place they can call home.

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



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# Introduction

This report provides information about the adult social care sector, including its size and structure, employment information, recruitment and retention, workforce demographics, pay, qualification and training, workforce projections, international recruitment and factors affecting staff turnover and Care Quality Commission (CQC) inspection ratings.

Key findings from each section 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 get 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.

Skills for Care is a producer of official statistics. As such, we ensure that as an organisation all our reports comply with the [Code of Practice for Statistics](#) set out by the Office for Statistics Regulation. We ensure that all our reports and statistics meet the highest standards of trustworthiness, quality and value.

### **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 get 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 have four areas of work 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. These four areas are:

- supporting workforce capabilities
- supporting culture and diversity
- increasing workforce capacity
- improving the social care system

## 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 complements the NHS Long Term Workforce Plan. Skills for Care has developed a number of [supporting documents and resources](#) to help the sector continue to implement the workforce strategy. For more information, 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 CQC as it has allowed them to plan, fund and monitor the sector for the past 19 years.

The ASC-WDS is completed by care providers (employers) on behalf of their workplace and staff. It collects information on the size and structure of the whole adult social care sector, the types of care services provided, and other information on the workforce including retention, demographics, pay rates, training and qualifications, both by job role and employment status. As such, the ASC-WDS helps not only provide useful workforce intelligence, it also helps employers to record their own information in a free, easy-to-use portal.

As of September 2025, there were 20,900 adult social care establishments using the ASC-WDS service and supplying workforce information on over 730,000 staff records. For more information about our data collection, visit the [ASC-WDS website](#).

In 2023 Skills for Care was added to the [Official Statistics Order](#) and became an official statistics producer. This means that all official statistics produced by Skills for Care's Workforce Intelligence team will include oversight from the [Office for Statistics Regulation](#) (OSR), ensuring that we follow the Code of Practice for Statistics. Our Workforce Intelligence Analysts are committed to the three pillars of trustworthiness, quality and value, and to the principles of the Code of Practice for Statistics. See our website for our full [statement](#).

In February 2025, our '[The workforce employed by adult social services departments in England](#)' report was badged as an [accredited official statistic](#) following an assessment by OSR. That publication analyses the information seen in this report on the workforce employed by local authorities.

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

The independent sector information in this report was collected between April 2024 and March 2025, and local authority information was collected as at September 2024.

Based on the ASC-WDS, our estimates show that there were an estimated 1.71 million total posts in adult social care in England as at 2024/25. This included an estimated 1.60 million filled posts and 111,000 vacant posts.

As at March 2025, just over half of CQC-regulated locations were recorded in the ASC-WDS (54.4%). This coverage varies by care sector, services 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. A full return from all local authorities was achieved in 2024.

#### **Independent sector**

Skills for Care estimates that there were 42,000 care establishments providing, or involved in organising, adult social care in England in 2024/25. In March 2025, there were around 29,000 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 51.5% of them (14,900 out of 29,000).

The estimated total number of workers employed by CQC-regulated employers in the independent sector in 2024/25 was 1.2 million. Around 561,000 of these workers had been recorded within ASC-WDS as at March 2025. A sample of this size provides a solid basis for creating reliable and precise analysis about the CQC-regulated adult social care workforce at both a national and local level.

### **Adult social care related roles in the NHS**

As of 2024/25, we are no longer including adult social care related roles employed in the NHS as part of our estimates for the size of the adult social care workforce in England. Information about the number of adult social care related filled posts in the NHS in 2024/25 is still available as part of our ['Size and structure' data visualisation](#), but these have not been included as part of our wider workforce estimates.

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 the breakdowns (e.g. 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.

For more information about these changes, see our ['Methodology changes 2024/25'](#) statement or Section 1.5.4 of this report.

### **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 our [Compliance with the Code of Practice for Statistics](#) webpage.

Our Workforce Intelligence team uses data collected by the ASC-WDS to create workforce models that, in conjunction with other datasets, 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 or employment statuses) for each geographical area, service type, employer type and job role combination by which we report.

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 our estimates were produced, including our full written methodology paper, see our [Methodology](#) webpage.

In this report, independent sector information is derived from the ASC-WDS as at March 2025, and local authority information is correct as at September 2024. 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 2025.

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've included key items below to accompany the analysis in this report.

### 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.

## Job roles and job role groups

In 2024/25 the ASC-WDS collected information on 37 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 'community support and outreach' throughout this report), support workers 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, data and IT related roles and other job roles that are not care providing.

In June 2024, seven roles were added to the ASC-WDS: 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've seen many staff records updated to reflect more accurately the worker's role. This has resulted in changes to the number of filled posts in some other job roles, as staff have been re-coded to one of these new options when they were previously recorded as being in a different job role. It should be noted that some of those being re-coded will have been genuine job role movements or promotions.

Where appropriate, the new job roles have been included in job role breakdowns throughout this report. Support workers have also been included in trends, grouped with care workers, as a large proportion of workers in this role were previously recorded as care workers in the ASC-WDS prior to June 2024. Where these trends are shown, we've made a note for users for transparency.

## A note on international recruitment

Skills for Care workforce intelligence reports define international recruitment as non-British workers who have come from outside the UK to start direct care providing roles in the independent sector. This definition has been used to track recent international recruitment via the Heath and Care Worker visa, although it does also capture people arriving via other routes.

Since 2022/23, international recruitment within adult social care has contributed to the growth in the number of direct care providing filled posts in the workforce. This in turn has contributed to

an overall increase in filled posts in adult social care in England and 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 and are typically younger. Those international recruits on a Health and Social Care Worker visa are less likely to be on a zero-hours contract and more likely to be full-time. 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 2025, an estimated 225,000 people have started direct care providing roles in the independent sector, having arrived in the UK during that period (75,000 in 2022/23, 105,000 in 2023/24 and 50,000 in 2024/25).

In March/April 2024, restrictions were added to existing immigration rules whereby only CQC-regulated employers could sponsor care workers and seniors and care workers, the salary threshold was increased for newly sponsored Health and Care Worker visa holders, and dependants were no longer able to accompany or join care workers or senior care workers.

Of the 50,000 people recruited internationally in 2024/25, an estimated 10,000 were recruited from outside the UK on the Health and Care Worker visa. This leaves an estimated 40,000 people arriving in the UK and starting direct care providing jobs in the independent sector via other routes. The ASC-WDS does not collect data on these routes, but available routes include, for example, people on a student visa (people on these visas are limited to 20 hours work per week) and dependents and family members of people arriving in the UK on other visa types.

The estimates shown in this report follow the same pattern as [figures published by the Home Office](#). In 2024/25, 7,891 Health and Care Worker visas were granted to people from outside the UK in the occupation group 'caring personal services', a decrease from 84,715 in 2023/24.

In July 2025, [changes to immigration rules](#) meant care workers and senior care workers were removed from the Health and Care Worker visa route for new overseas recruits. Transitional arrangements are in place until July 2028, where in-country applications (including from other visa routes) will continue to be permitted for care workers and senior care workers, provided individuals are already working in these roles in the adult social care sector.

These changes mean it is likely that international recruitment for these roles will drop in the future. In the quarter April to June 2025, there were an estimated 7,500 international recruits joining the workforce in direct care roles in the independent sector in England. This is a decrease on the previous year, when there was an average of 12,000 per quarter.

Skills for Care will continue to monitor these changes. You can view our quarterly estimates of international recruitment of direct care workers 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 by the care and support needs for which each establishment offers services.

As of 2024/25, we’re no longer including adult social care related roles employed by the NHS in our estimates of the size of the adult social care workforce. For more information, please see [our statement](#) on this change.



## Key findings

- An estimated 19,000 organisations were involved in providing or organising adult social care in England as at 2024/25.
- Those organisations delivered services in an estimated 42,000 establishments.
- The total number of posts (filled and vacant posts) in adult social care in England in 2024/25 stood at 1.71 million. This was an increase of 2.2% (36,000 total posts) from 2023/24.
- As at 2024/25, there were 1.60 million filled posts in adult social care in England, an increase of around 3.4% (52,000 filled posts) from 2023/24.
- There were 111,000 vacant posts, a decrease of 16,000 (12.4%) from 2023/24. For more information on vacant posts, see Section 3.2 (vacancy rates).
- The number of full-time equivalent (FTE) filled posts was estimated at 1.24 million.
- The number of people working in adult social care was estimated at 1.50 million.

Understanding the size and structure of adult social care, in terms of employers and filled posts, is fundamental to 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 created annual adult social care workforce estimates and trends going back to 2012/13. Developments and improvements have been made to this methodology over the years, and we’ve made changes 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

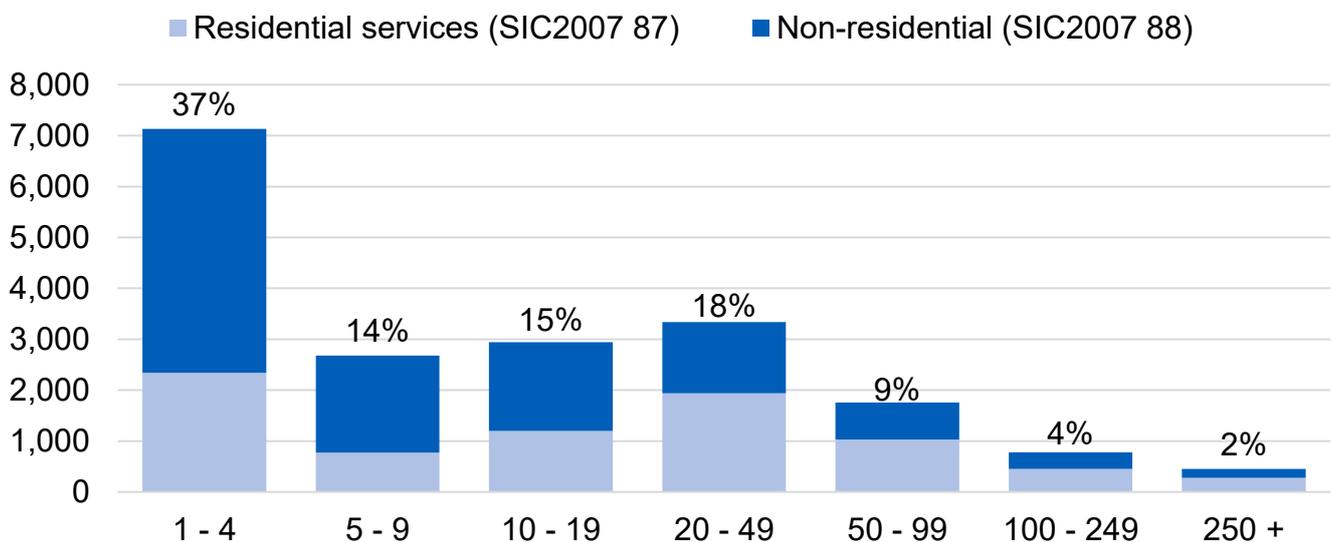
The definition of adult social care organisations in this report includes large national employers, large charities, local authority adult social services departments and small independent care services. An organisation may operate across multiple locations or establishments (e.g., a chain of care homes), 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 2024/25 was estimated at 19,000. Two in five (42%) were providing residential services and three in five (58%) 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 (one to four employees), and 84% 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 2024/25.

**Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2024/25**

Source: Skills for Care estimates based on Inter-Departmental Business Register (IDBR) data<sup>1</sup>



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

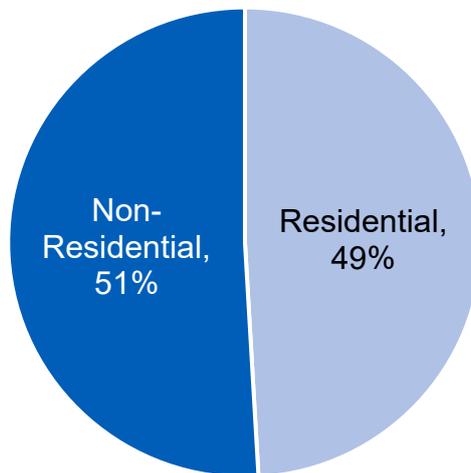
## 1.2 Number of adult social care establishments

The definition of adult social care ‘establishments’ in this report includes all locations where adult social care is provided or organised (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 42,000 establishments were involved in providing or organising adult social care in England as at 2024/25. Chart 2 shows that 49% of adult social care establishments were providing residential services, and 51% were providing non-residential services.

### Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2024/25

Source: Skills for Care estimates based on ONS IDBR data



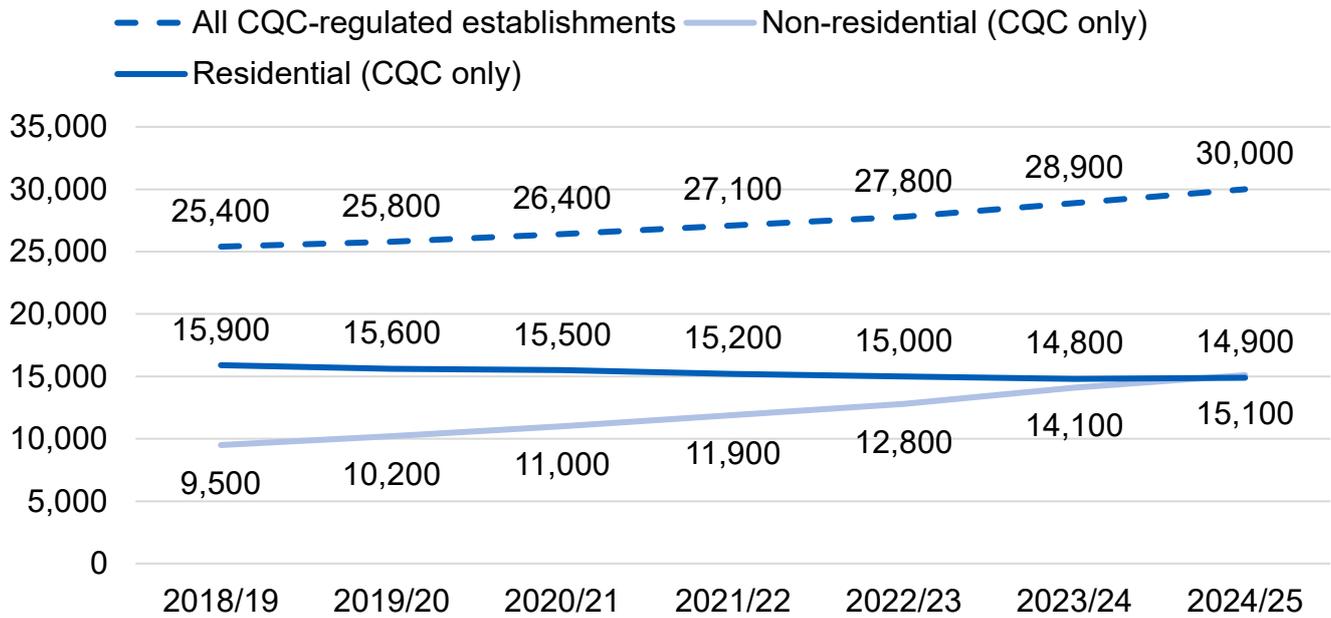
Nearly three-quarters of all adult social care establishments (72%) were regulated by the Care Quality Commission (CQC). Chart 3 shows the change in the number of CQC-regulated adult social care establishments by service type<sup>2</sup>. It illustrates that there has been an overall increase of around 4,600 establishments (an increase of 18%) between 2018/19 and 2024/25. Between 2023/24 and 2024/25, there was an increase of 3.8%.

The chart also shows that the number of non-residential CQC-regulated establishments increased by 5,600 (59.6%) between 2018/19 and 2024/25, whereas the number of residential CQC-regulated establishments decreased by 1,100 establishments (-6.7%) 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, 2018/19 to 2024/25**

Source: Skills for Care estimates and CQC data



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 adult social care sector provides a vital public service, helping people with their daily lives and ensuring they can live with dignity and respect, as well as delivering many other societal benefits. It also contributes significantly to the economy, which is the focus of this section. The total wage bill of the sector in 2024/25, calculated using ASC-WDS information, was around £31.8 billion (an increase of 12.6% from 2023/24). This includes all staff employed in the local authority and independent sectors as well as those employed by direct payment recipients. Adult social care related posts employed by the NHS are not included in line with the rest of this report.

The increase in the wage bill was largely driven by the increase in the size of the workforce, up by 3.4% (52,000 filled posts) and the increase in National Living Wage (NLW), up by 9.8% (£1.02). On 1 April 2024 the NLW rose from £10.42 (for workers aged 23 and over) to £11.44 per hour (for workers aged 21 and over). Increases in the average hours worked and pay increases across the whole distribution also had an impact on the increase in the wage bill. For more information on pay and the NLW increase, see Section 5.1.2.

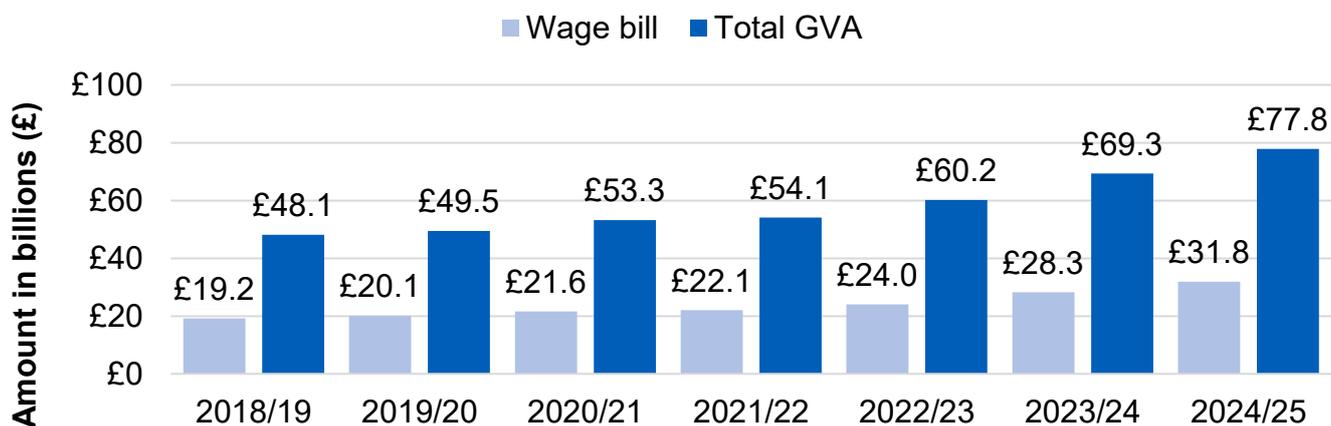
The adult social care sector was estimated to contribute £77.8 billion gross value added (GVA) per annum to the economy in England (up 12.2% from 2023/24). The economic contribution estimate includes the wage bill, private sector profits, indirect effects (the adult social care

sector's supply chain) and induced effects (money spent by people working in adult social care). In comparison, this was more than the 'Accommodation and food service activities' industry in 2023 according to data collected by the ONS (£69.6 billion in 2023).

Chart 4 shows the adult social care wage bill and total gross value added. The method we used to calculate economic contribution was developed by Alma Economics in 2023/24.

**Chart 4. Adult social care wage bill and total GVA, 2018/19 to 2024/25**

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 who needs care and support and directly employs one or more personal assistants to meet their needs.

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

In 2024/25, the number of direct payment recipients employing their own staff was around 70,000. This was a decrease of around 5,000 (-6%) since 2018/19. The latest figures available from NHS England show that in 2024/25, around 220,000 adults, older people and carers were receiving direct payments<sup>3</sup>. However, not all direct payment recipients use this payment to employ personal assistants. We estimate that 32% of direct payment recipients were directly employing their own staff in 2024/25.

Individual employers, on average, employed 1.87 personal assistants each in 2024/25, and there were an estimated 131,000 filled posts working for direct payment recipients. Personal

<sup>3</sup> NHS England - Adult social care activity and finance report, England 2023-24

<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

assistants held an average of 1.26 personal assistant posts each, meaning that around 104,000 people were filling the 131,000 posts for direct payment recipients.

Skills for Care has [online information](#) for supporting individual employers, personal assistants and organisations that support people employing their own care. There are also resources to support people in a personal assistant role and organisations who support both individual employers and personal assistants. For further information about direct payment recipients, with detailed focus on individual employers and their personal assistants, please see the '[Individual employers and the personal assistant workforce, 2025](#)' report.

Throughout this report, individual employers that employ their own staff as discussed in this section are grouped in their own sector, to distinguish them from other employer types. This sector is referred to as '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.

## 1.5 The adult social care workforce

We use data collected by the ASC-WDS to create workforce models that, in conjunction with other data sources, allow for estimates to be produced of the size of the adult social care workforce and workforce characteristics. These estimates can be divided and grouped into different categories, allowing us to show a representative picture of the whole workforce, as shown in the sections below.

### 1.5.1 Sector (type of employer)

Chart 5 shows that in 2024/25, over four in five (84.3%) filled posts in adult social care in England were for independent sector employers. Workers employed in local authority adult social services departments accounted for 7.5% of all filled posts, while the workforce employed by direct payment recipients accounted for 8.2%.

There were also an estimated 119,000 adult social care related filled posts employed by the NHS in 2024/25. These filled posts are no longer counted in our estimates for the size of the adult social care workforce. See the [statement](#) on our website for more information about this methodology change.

**Chart 5. Estimated proportion of adult social care filled posts by sector, 2024/25**

Source: Skills for Care estimates

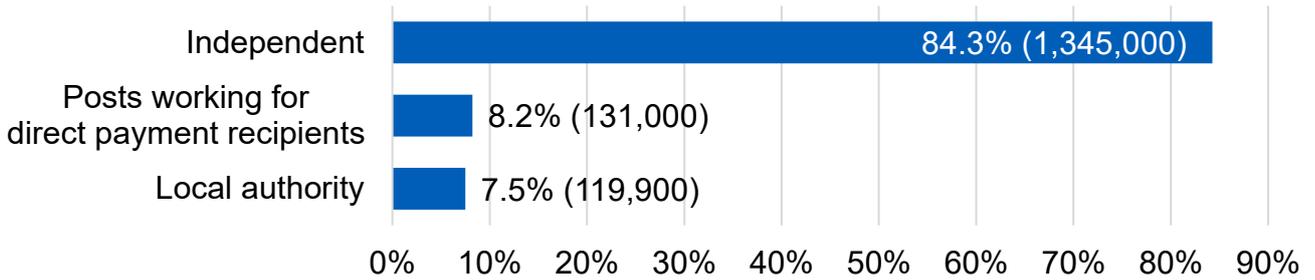
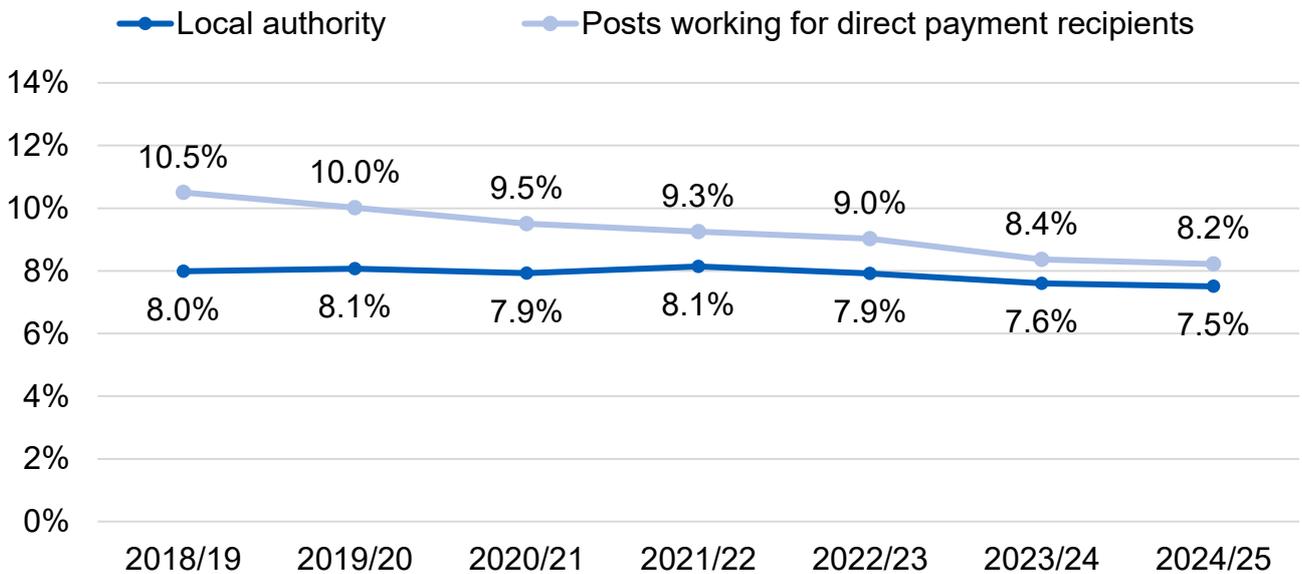


Chart 6 shows the proportion of the workforce employed in the local authority sector and for direct payment recipients. The proportion employed by local authorities fell from 8% in 2018/19 to 7.5% in 2024/25. The proportion of the workforce working in posts for direct payment recipients peaked at 10.5% in 2018/19 and has since decreased to 8.2% in 2024/25. The proportion of filled posts in the independent sector increased over the same period, increasing by 2.8 percentage points from 81.5% in 2018/19 to 84.3% in 2024/25.

**Chart 6. Estimated proportion of adult social care filled posts by selected sector, 2018/19 to 2024/25**

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 CQC. Estimates from the ASC-WDS suggest that approximately 74% (1,000,000) of the filled posts working for independent sector employers were in private sector establishments (around 63% of all posts), and 26% (345,000) were filled posts in voluntary/charity sector establishments (around 22% of all posts).

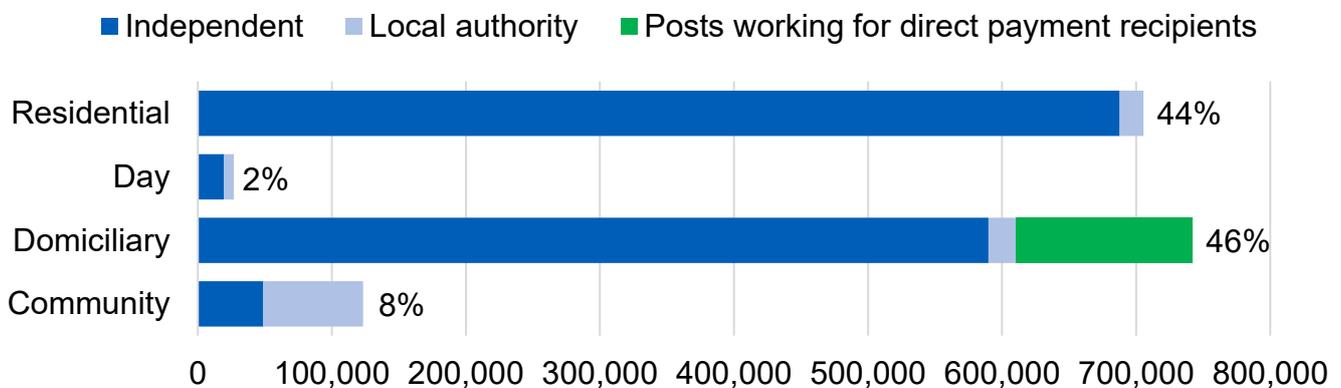
## 1.5.2 Main care service

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 section, these services are then grouped into four categories, as shown below.

Chart 7 shows a breakdown of adult social care filled posts by main care service group. Most filled posts were split between residential (44%, or 705,000 filled posts) and domiciliary services (46%, or 740,000 filled posts). Day care made up 2% (27,000) of filled posts and 8% were community-based (123,000). The chart also shows variation of sector within each main care service group.

**Chart 7. Estimated number of adult social care filled posts by main care service group and sector, 2024/25**

Source: Skills for Care estimates



The majority of filled posts employed in residential services were within CQC-regulated care only homes (320,000) and CQC-regulated care homes with nursing (290,000). There were also around 90,000 filled posts for non-CQC-regulated residential services, e.g. residential mental health services.

The number of filled posts employed in domiciliary services are split into four categories: CQC-regulated non-residential (595,000 filled posts); CQC-regulated other non-residential services (1,200 filled posts); non-CQC-regulated domiciliary services (15,000 filled posts); and 131,000 filled posts working for direct payment recipients.

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

## 1.5.3 Job roles

In June 2024, seven new job roles were added to the ASC-WDS and two roles were removed. Subsequently, new staff have been recorded under these roles, with some existing workers

being reclassified as working in these roles to better reflect their duties. For a full statement on the impact of these changes, visit our [Workforce Intelligence website](#).

The most significant change was adding the job role support worker to the ASC-WDS. Some workers who were previously recorded as care workers are now recorded as support workers. As a new role, the number of filled posts could not be accurately estimated at this time, however, as users of ASC-WDS have not all updated their job roles since its introduction. Therefore, we've not made an estimate for the number of support workers in this report.

Table 1 shows that three-quarters of adult social care filled posts were roles providing direct care (76%). Managers and supervisory roles accounted for 8% of filled posts, regulated professions roles accounted for 4%, and the 'Other' category accounted for 13%. 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, 2024/25**

Source: Skills for Care estimates

Job role group	Filled posts	Percentage of posts
<b>All job roles</b>	<b>1,595,000</b>	
Direct care	1,210,000	76%
Managers	123,000	8%
Regulated professions	62,000	4%
Other	201,000	13%

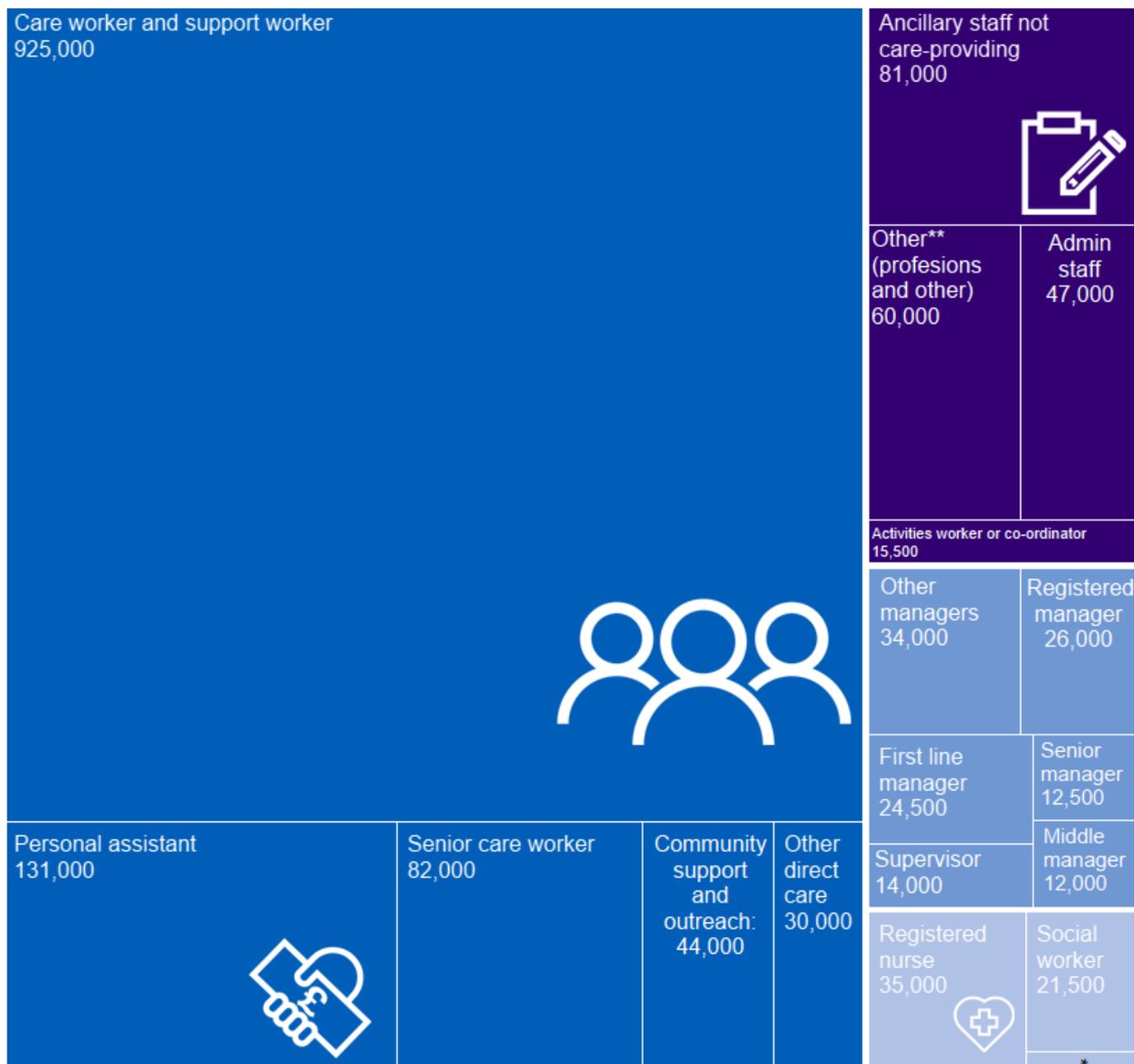
'Care worker and support worker' as a group were by far the most common job role in the adult social care sector, with an estimated 925,000 filled posts as at 2024/25. They accounted for over half (57.8%) of all filled posts in the adult social care sector. Personal assistant was the second most common job role (131,000 filled posts), followed by senior care worker (82,000 filled posts) and 'ancillary' posts (81,000 filled posts).

Chart 8 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. The rectangles of the chart are shaded according to the job role group each role corresponds to (■ direct care, ■ managers, ■ regulated professions, ■ other).

'Care worker and support worker' as a group were by far the most common job role in the adult social care sector, with an estimated 925,000 filled posts as at 2024/25. They accounted for over half (57.8%) of all filled posts in the adult social care sector. Personal assistant was the second most common job role (131,000 filled posts), followed by senior care worker (82,000 filled posts) and 'ancillary' posts (81,000 filled posts).

## Chart 8. Estimated number of adult social care filled posts by individual job role (all sectors), 2024/25

Source: Skills for Care estimates



- \* Occupational therapist, 3,900
- 'Other\*\* (professions and other)' excluding 11 job roles that were estimated to include fewer than 10,500 filled posts each as well as 'Other non-care providing job roles' which had around 41,000 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 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, visit the [CQC website](#).

As at 2024/25, there were 29,719 CQC-regulated adult social care establishments in England and around 26,400 registered managers in post. The registered manager vacancy rate was 11.4%, equivalent to an average of 3,400 vacant posts. See Chart 29 for more details.

We know that many registered managers have progressed into management from other roles within adult social care. While the ASC-WDS captures a worker's main job role, we can see that many registered managers in 2024/25 held qualifications relevant to other regulated professions. This shows that staff are staying within the sector and progressing into other areas during their career. For information, see Section 6.66.2 - Observed career progression in ASC-WDS.

Skills for Care offers various types of [support for registered managers](#), including [local peer-networks](#) across England, a series of 30-minute practical [webinars](#) and a [top tips for registered managers](#) guide. 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 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 2024/25, there were 7,400 deputy manager filled posts in adult social care in England. Around 32% 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 the people they support.

Commissioners are employed within 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 role, as is not a specified role in the ASC-WDS.

Commissioners are also employed by Integrated Care Boards. These commissioners are employed by the NHS and therefore do not form part of our estimates of the adult social care workforce.

## 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.

It should be noted that in this report, all analysis of regulated professions refers to workers where the profession is listed as their main job role within the ASC-WDS. We know that some qualified nurses, occupational therapists and social workers move into other roles in the sector. These professionals are included in our estimates but counted under the role they're currently performing.

### Registered nurses



In 2024/25, there were an estimated 35,000 registered nurse filled posts in the adult social care sector. Most of these were in care homes with nursing in the independent sector (33,000), and around 1,700 were working for independent sector non-residential care providers. This figure does not include registered nurses working in the NHS. For information about the trends in the number of registered nurse filled posts, see Section 1.8.2.

In addition to registered nurses, in 2024/25 there were 600 nursing associate filled posts. 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 registered nurses in the organisation. The nursing associate role is valued in its own right, but it can also be seen as a stepping-stone role to becoming a registered nurse, giving a clear career progression for nursing in the adult social care sector.

### Occupational therapists



There were 3,900 occupational therapist filled posts in adult social care in 2024/25, most of which were in the local authority sector (3,400 filled posts).

There were 450 occupational therapist filled posts in the independent sector.

In 2024/25, in addition to occupational therapists, there were 1,000 occupational therapist assistant filled posts in adult social care.

There were a further 20,000 occupational therapists employed by the NHS in 2024/25, which were not included in our estimates of the adult social care workforce.

### Social workers



As at 2024/25, there were an estimated 21,500 social worker filled posts in the adult social care sector. Many of these posts were within local authorities (19,200), and around 2,300 were employed within the independent sector. Data from NHS England shows that there were also around 4,900 adult social care social worker filled posts in the NHS, but they are not included in our estimates.

Skills for Care has a dedicated [regulated professions webpage](#) which includes 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.

### Role categories in the Care Workforce Pathway

[The Care Workforce Pathway for adult social care](#) has been developed by Skills for Care in partnership with the Department for Health and Social care. It outlines the knowledge, skills, values and behaviours needed for a career in adult social care and provides a clear career structure for staff. Employers will use the pathway to set out how staff can gain skills, learn and develop, and progress in their careers. For more information see Section 6.6.1 - The Care Workforce Pathway - or our [Care Workforce Pathway webpage](#), which explains more about the pathway and how it can help them develop the skills and knowledge of the workforce.

Within the pathway, there are eight role categories. These categories may not directly map to the specific job roles in an organisation, as we know different organisations may use different titles. However, most care providers will have staff in roles that either directly or indirectly link to these categories.

The eight role categories are:

- new to care
- care or support worker
- enhanced care worker
- personal assistant
- supervisor or leader
- practice leader
- deputy manager
- registered manager

Skills for Care will continue to work with sector leaders to support the implementation of the pathway and monitor its progress in helping develop staff through analysis from the ASC-WDS.

## 1.5.4 NHS data

The [methodology](#) for this year's report has changed from previous years. Adult social care related roles employed by the NHS are no longer included in the headline statistics for the size of the adult social care workforce.

This change has been applied retrospectively to previous years, so the trends in this report are consistent. Comparing figures from this report to previous reports will not produce a valid trend.

In 2024/25, there were 119,000 adult social care related filled posts in the NHS, including 4,900 social workers and 20,000 occupational therapists. There were also 88,000 direct care filled posts - direct care in this instance is used to describe NHS healthcare assistants. Since 2020/21, the number of adult social care filled posts in the NHS has increased by 15,000 (14.3%). During this period filled posts for social workers increased by 1,500 (46.3%), occupational therapist filled posts increased by 1,700 (9.3%) and direct care filled posts increased by 9,700 (12.4%). You can view more information about these roles and their trends on our ['Size and structure' data visualisation](#).

## 1.6 Number of 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. One FTE filled post has been classed as 37 hours per week or 'full-time equivalent' (on average, full-time hours in adult social care are 37 to 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 2024/25, there were an estimated 1.24 million FTE adult social care filled posts in England. This estimate was considerably smaller than the total number of filled posts (1.60 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 (8%). As outlined in Section 1.4, many of these posts were part-time.

**Table 2. Estimated number of adult social care filled posts and FTE filled posts by sector, 2024/25**

Source: Skills for Care estimates

Sector	Filled posts	Percentage of filled posts	FTE filled posts	Percentage of FTE filled posts
<b>Total</b>	<b>1,595,000</b>		<b>1,240,000</b>	
Local authority	119,900	8%	97,700	8%
Independent	1,345,000	84%	1,080,000	87%
Direct payment recipients	131,000	8%	62,000	5%

Table 3 shows the FTE ratio of ‘care worker and support worker’ and personal assistants. The FTE ratio is the relationship between the number of filled posts, and the number of FTE filled posts. The ‘care worker and support worker’ group accounted for 58.2% of the workforce and their FTE ratio was 0.78 in 2024/25, similar to the FTE ratio for all job roles (0.78). The FTE ratio for personal assistant was lower at 0.47, indicating that fewer workers in personal assistant roles were working full-time hours.

**Table 3. FTE ratio by selected job role, 2024/25**

Source: Skills for Care estimates

Job role	FTE filled posts	FTE ratio
<b>All job roles</b>	<b>1,240,000</b>	<b>0.78</b>
Care worker and support worker	720,000	0.78
Personal assistant	62,000	0.47

## 1.7 Number of people

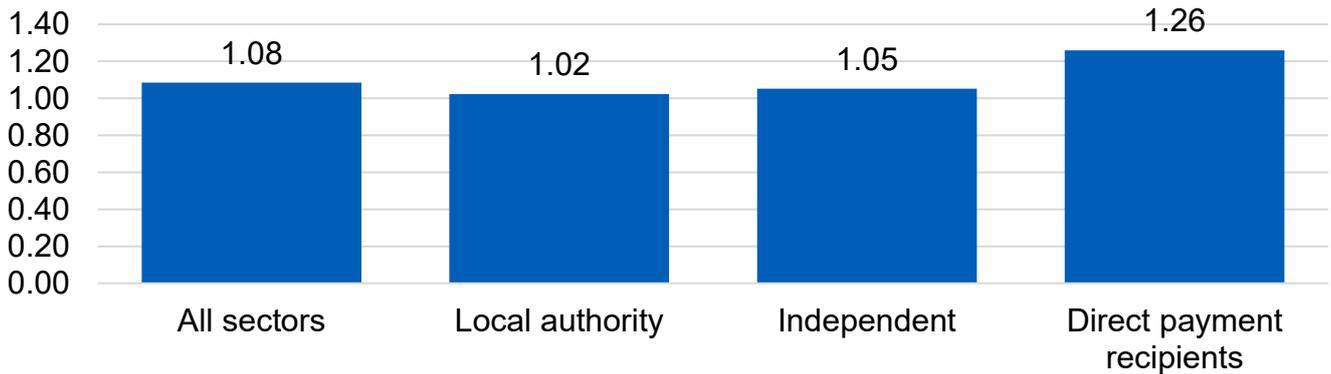
This section distinguishes between the number of filled posts and the number of people filling those posts. This takes into account people working in multiple posts in adult social care.

The number of people working in adult social care in England as at 2024/25 was estimated at 1.50 million. Chart 9 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 30.1 million people in 2024/25. Therefore, because the adult social care sector employed an estimated 1.50 million people, it is estimated that 4.9% of the economically active population worked within adult social care.

**Chart 9. Estimated number of adult social care filled posts per person by sector, 2024/25**

Source: Skills for Care estimates

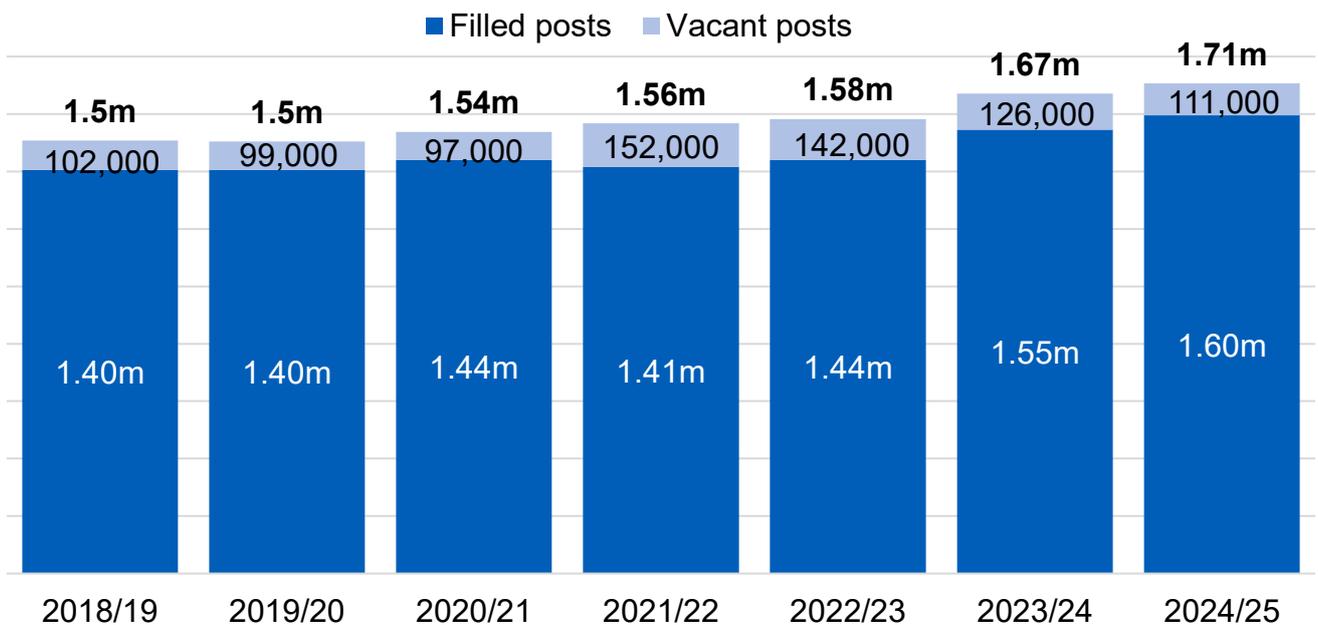


## 1.8 Trends in the number of adult social care posts

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 2024/25 there were 1.6 million filled posts and 111,000 vacant posts bringing the total number of posts in adult social care to 1.71 million. Chart 10 shows that the number of filled posts in 2024/25 was the highest on record, increasing beyond the previous peak of 1.55 million filled posts recorded in 2023/24. The increase over this period is in part due to international recruitment. For more information see Section 8 – International recruitment.

**Chart 10. Estimated number of adult social care posts (filled posts, vacant posts and total posts), in England, 2018/19 to 2024/25**

Source: Skills for Care estimates



In the sections below, we've 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've also analysed longer-term trends between 2018/19 and 2024/25.

### **Changes between 2023/24 and 2024/25**

- The number of filled posts increased by 52,000 (3.4%) across all sectors in adult social care.
- In the independent sector, the number of filled posts increased by 3.7%. This was driven by 27,000 (4.8%) more filled posts in domiciliary care services and 25,000 (3.7%) more filled posts in residential care services.
- The number of filled posts in local authorities increased by 2.1% overall, driven by an increase of regulated professions filled posts (up 4.6%, or 1,000 filled posts).
- Registered manager and personal assistant filled posts have had a relatively small increase over the period, up by 1.3% (325) and 1.5% (1,900) respectively.
- The grouped job roles, 'care worker and support worker' saw a 5.5% increase in filled posts (48,000 filled posts).
- Registered nurses saw one of the largest proportional increases in filled posts over the period, rising by 1,900 (5.7%).

### **Longer-term trends between 2018/19 and 2024/25**

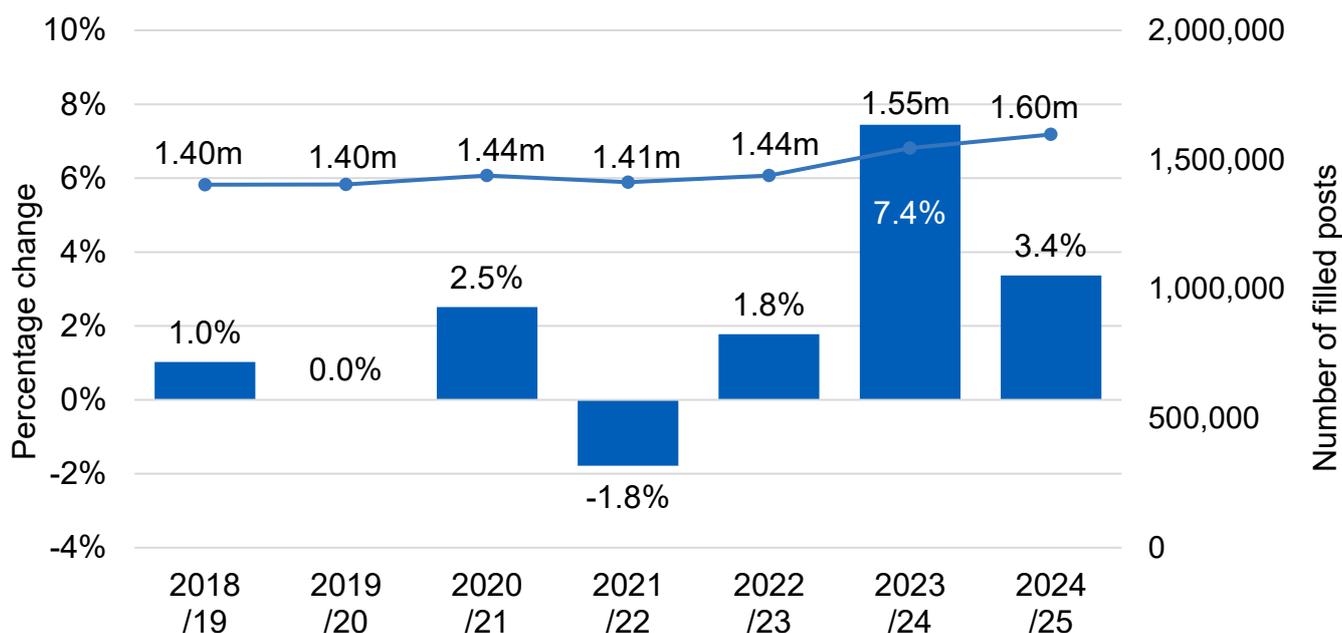
- Since 2018/19, the demand for social care staff has increased substantially. The total number of posts in adult social care has increased by 205,000 (13.5%).
- Overall, the number of vacant posts increased by around 8,500 between 2018/19 and 2024/25. However, during that period, the number of vacant posts did increase (peaking in 2021/22 at 152,000 vacant posts), before decreasing to 111,000 by 2024/25, as shown in Chart 11. For more information on vacancy trends, see Section 3.2.6.
- The number of filled posts in adult social care has increased by 195,000 (13.8%) with this being largely driven by international recruitment in 2023/24 and 2024/25.
- The number of filled posts increased by 6.9% (7,800) in the local authority sector and increased by 17.7% (202,000) in the independent sector.
- The number of filled posts in domiciliary services increased by 24% (143,000 filled posts).
- The personal assistant role saw one of the largest proportional decreases in filled posts over the period, down 10.9% (16,000 filled posts).
- The number of registered nurse filled posts fell by 4.6% (1,700) between 2018/19 and 2024/25. However, in the previous two years, the number of filled posts increased by 5% (2,000) in 2023/24 and by 5.7% and (2,000) in 2024/25.
- In the local authority sector, occupational therapist and social worker filled posts increased substantially over the period, up by 27.3% (750 filled posts) and 13.2% (2,250 filled posts) respectively.

Chart 11 shows that the number of filled posts had increased between 2018/19 and 2020/21 at an average rate of 1.2% per year, or an average of around 36,000 filled posts per year. In 2021/22, the number of filled posts decreased, for the only time over the period, by 1.8%, equivalent to a decrease of around 26,000 filled posts as the economy opened back up following the COVID-19 pandemic.

In 2023/24, filled posts increased at their fastest rate, by 7.4% or 107,000 filled posts. This was largely due to an increase in international recruitment. In 2024/25, the number of filled posts increased by 3.4% (52,000). This is around half the increase compared to the previous year with the level of international recruitment falling. For more information, see Section 8 – International recruitment.

**Chart 11. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2018/19 to 2024/25**

Source: Skills for Care estimates



### 1.8.1 Regular tracking of the adult social care workforce

Skills for Care has developed a number of trackers that monitor the workforce on a monthly or quarterly basis. This allows users to see recent changes in the size and characteristics of the workforce between our annual reports. Two of the trackers of interest to this section are detailed below.

#### Filed posts monthly tracking

This report provides estimates of the number of filled posts as at the end of March each year, up until March 2025. Since then, we have continued to monitor trends in the number of filled posts in the independent sector through our [‘filled posts tracking’](#). This tracker provides an updated estimate for the number of filled posts in the independent sector every month.

Between March 2025 and August 2025, the sector continued to grow, with the number of filled posts increasing by 1.7 percentage points over this period.

## Recruitment and retention monthly tracking

This report provides weighted estimates for the total number of starters, leavers and vacancies each year, up until 2024/25. As with the filled posts monthly tracking, we continue to monitor trends in vacancy, starter and turnover rates in the independent sector through our [‘recruitment and retention monthly tracking’](#).

It should be noted that the recruitment and retention monthly tracking is not weighted to represent the whole sector in the same way as our filled posts tracker is. It currently only reports on changes observed in ASC-WDS. Skills for Care is currently working on updating the methodology behind this tracker so that it can provide a weighted estimate for these metrics each month.

Based on data updated in ASC-WDS, there were no large changes in these recruitment and retention metrics between March 2025 and August 2025. The number of vacant posts decreased by 0.2 percentage points. The starter rate stayed roughly the same and the turnover rate decreased by 0.1 percentage point.

### 1.8.2 Filled post trends in selected job roles

This section looks at filled posts trends for social workers and occupational therapists in the local authority sector and registered nurses in the independent sector. The data reflects where the majority of these roles were employed.

Across all job roles between 2018/19 and 2024/25, the number of filled posts in adult social care in England increased by 194,000 (13.8%).

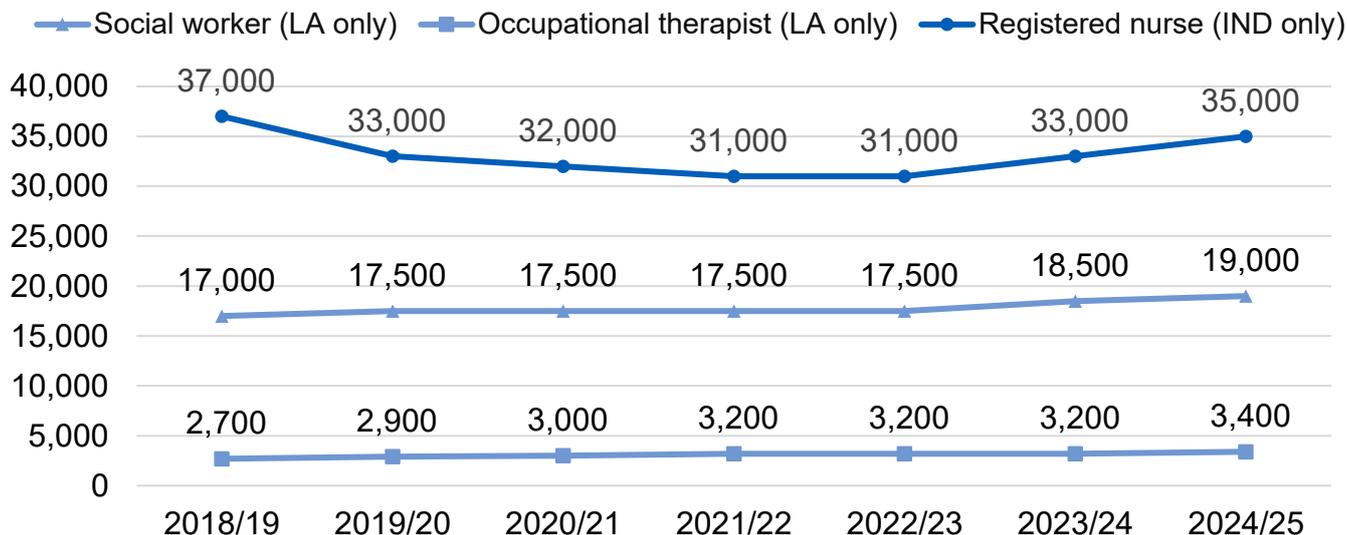
Chart 12 shows that in the local authority sector the number of social worker filled posts and occupational therapist filled posts grew at faster rate (13.2% and 27.3% respectively). Whereas, in the independent sector the number of registered nurse filled posts saw a decrease over the period (down 4.9%).

The increase in social worker filled posts in the previous two years can be linked to the increase in enrolments onto social worker higher education courses. In 2020/21 and 2021/22, there was a higher than average number of enrolments onto undergraduate social work courses. Therefore, many of those students will have graduated and been available to join the workforce in 2023/24 and 2024/25. For more information about social workers studying, qualifying and starting work in the sector, see the [‘Social work education in England’](#) page on our Workforce Intelligence website.

The number of occupational therapist filled posts increased from 3,200 in 2023/24 to 3,400 in 2024/25 in the local authority sector. The number of occupational therapists has been steadily increasing since 2018/19 when the number of filled posts was 2,700.

**Chart 12. Estimated number of filled posts in social worker, occupational therapist and registered nurse job roles, 2018/19 to 2024/25**

Source: Skills for Care estimates



The number of registered nurse filled posts increased from 33,000 in 2023/24 to 35,000 in 2024/25 in the independent sector. This marks the second consecutive year of growth since 2022/23. Previously, the number of registered nurse filled posts had decreased from 37,000 in 2018/19 to 31,000 in 2022/23.

In 2024/25, the vacancy rate for registered nurses in the independent sector was 6.7% or 2,100 vacant posts. This was a decrease from 2023/24 when the vacancy rate was higher at 8.9% (a decrease of 2.2 percentage points and 650 vacant posts). For further details, see Section 3.2 – vacancy rates.

Registered nurses are included on the UK Government’s [Immigration Salary List](#) which replaced the UK’s Shortage Occupation List in April 2024. As a result they are also a listed occupation on the [‘Skilled Worker’](#) visa route, meaning that workers can immigrate to the UK to take up a registered nurse role, 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 registered nurses and the employers of 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. Three of the different types of care services that establishments provide are to support people with dementia, learning disabilities and/or autism, or mental health needs. Of the establishments providing at least one of these services, 40% provided dementia services, 32% provided learning disabilities and / or autism services and 28% provided mental health needs services. 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 shows the same categories but split by main service.

In the tables below, 'specialist' refers to establishments that 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.

Of those establishments providing either specialist or generalist care, 7% provided specialist services while the remaining 93% provided generalist services. However, it should be noted that not all adult social care establishments in England will provide either specialist or generalist services.

**Table 4. Estimated filled posts by care and support need by sector, 2024/25**

Source: Skills for Care workforce estimates

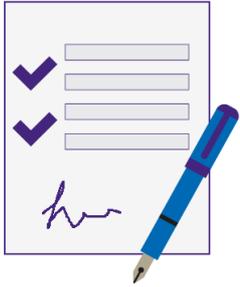
		Dementia	Learning disabilities and / or autism	Mental health needs
All sectors	<b>Total</b>	<b>925,000</b>	<b>760,000</b>	<b>660,000</b>
	Specialist	1%	16%	5%
	Generalist	99%	84%	95%
Local authority	<b>Total</b>	<b>71,000</b>	<b>66,000</b>	<b>62,000</b>
	Specialist	5%	8%	2%
	Generalist	95%	92%	98%
Independent	<b>Total</b>	<b>850,000</b>	<b>645,000</b>	<b>585,000</b>
	Specialist	0%	11%	4%
	Generalist	100%	89%	96%
Direct payment recipients	<b>Total (Specialist)</b>	<b>4,750</b>	<b>47,000</b>	<b>10,000</b>

**Table 5. Estimated filled posts by care and support need by main service, 2024/25**

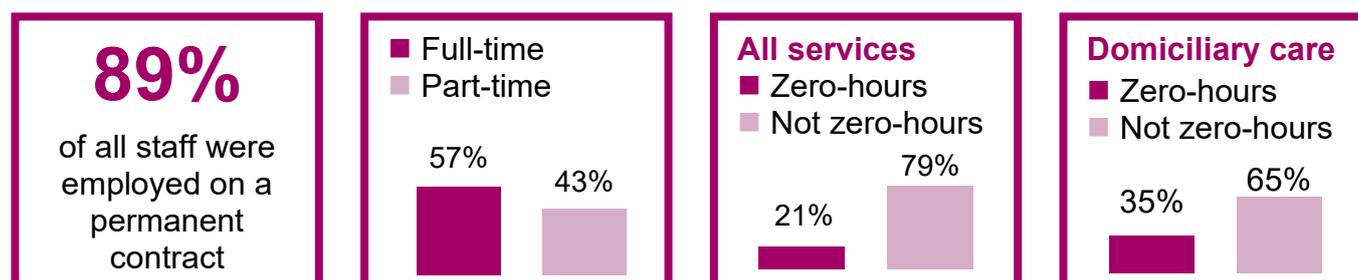
Source: Skills for Care workforce estimates

		Dementia	Learning disabilities and/or autism	Mental health needs
All services	<b>Total</b>	<b>925,000</b>	<b>760,000</b>	<b>660,000</b>
	Specialist	1%	16%	5%
	Generalist	99%	84%	95%
Adult residential	<b>Total</b>	<b>440,000</b>	<b>196,000</b>	<b>209,000</b>
	Specialist	1%	20%	10%
	Generalist	99%	88%	90%
Adult day care	<b>Total</b>	<b>7,500</b>	<b>21,000</b>	<b>6,800</b>
	Specialist	2%	29%	5%
	Generalist	97%	71%	95%
Adult domiciliary	<b>Total</b>	<b>425,000</b>	<b>470,000</b>	<b>385,000</b>
	Specialist	1%	14%	3%
	Generalist	99%	86%	97%
Adult community	<b>Total</b>	<b>53,000</b>	<b>70,000</b>	<b>54,000</b>
	Specialist	1%	20%	5%
	Generalist	99%	80%	95%

## 2. Employment overview



This section looks at employment information, including employment status, full-time/part-time hours, zero-hours contracts and employment conditions such as pension contributions and additional sick pay.



## Key findings

- Nearly nine out of ten (89%) of the adult social care workforce in 2024/25 were employed on permanent contracts (1.4 million filled posts).
- Over half of the workforce (57%) worked full-time hours (905,000 filled posts) and 43% worked part-time (695,000 filled posts).
- Around a fifth of the workforce (21%) were employed on a zero-hours contract (330,000 filled posts). This was highest among workers in domiciliary care services, where 35% were employed on a zero-hours contract (211,00 filled posts). This was even higher for care workers in domiciliary care services, where 42% were employed on zero-hours contracts.
- The proportion of workers in local authority and independent sectors employed on a zero-hours contract has continued to decrease over time. In 2024/25, 21% of workers in these sectors were employed on a zero-hours contract, down from 23% in 2020/21.
- As at March 2025, over two-fifths (43%) of responding employers (6,800) reported that they contribute more than the minimum 3% to their care workers' pensions.
- Nearly two-fifths (38%) of employers that responded (7,800) as at March 2025, reported that they pay care workers more than [Statutory Sick Pay](#) if they cannot work because of illness.
- As at March 2025, the median number of annual leave days given to care workers was 28. Around 44% of local authority establishments gave full-time care workers 29 days or more of annual leave, compared to 13% in the independent sector

Understanding employment information is useful because it provides insight into the employment practices used in the adult social care sector. New questions were added to the ASC-WDS in August 2023 to gain further understanding about working conditions in adult social care, in relation to pension contributions, sick pay and annual leave. Analysis of these questions has been included in this section for the first time.

Variables analysed in this section play a part in the sector's ability to recruit and retain staff. Whilst each individual worker may be affected by these in a different way, we've analysed how overall behaviour patterns relate to turnover. To review this analysis, see Section 9 – Factors affecting staff turnover and CQC ratings.

Throughout this section and the rest of this report the ‘personal assistant’ job role refers only to those workers 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 (89%) of the adult social care workforce were employed on permanent contracts in 2024/25, as shown in Table 6 below. Employment status varied by job role, with workers in manager roles 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. Less than one in ten (9%) of the adult social care workforce were employed in this way in 2024/25, and employers showed a higher reliance on indirectly employed registered nurses (16%) compared to other job roles.

**Table 6. Estimated employment status of the adult social care workforce by selected job role, 2024/25**

Source: Skills for Care estimates

	Permanent	Temporary	Indirectly employed
<b>All job roles</b>	<b>89%</b>	<b>2%</b>	<b>9%</b>
Senior management	96%	1%	3%
Registered manager	98%	<1%	<1%
Deputy manager	98%	<1%	2%
Social worker	82%	7%	11%
Occupational therapist	87%	3%	10%
Registered nurse	83%	<1%	16%
Senior care worker	95%	<1%	4%
Care worker	87%	3%	11%
Community support and outreach	85%	4%	11%
Personal assistant	91%	4%	5%

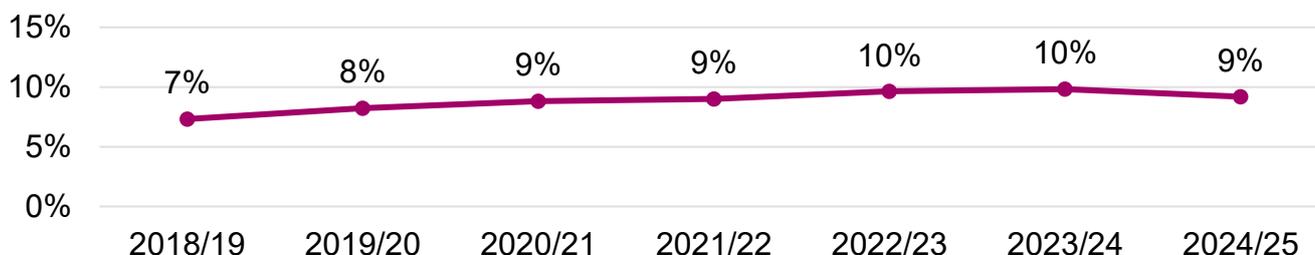
Social workers also had a high proportion of indirectly employed staff in 2024/25 (11%), most of which were workers employed via agencies. For more information see our [Headline social worker information](#) report which focuses on social workers employed in the local authority sector (where most social worker filled posts are employed).

In the local authority and independent sectors, employment status was consistent in most of the nine regions of England. Permanently employed workers accounted for between 88% and 92% of the workforce. However, in London this was slightly less at 82%. As a result, London had the highest proportion of indirectly employed staff (14%).

Chart 13 shows the annual trend of the indirectly employed adult social care workforce across the local authority and independent sectors. There was a 3 percentage point increase from 7% in 2018/19 to 10% in 2023/24. In 2024/25, this fell to 9% indicating that there could be a move away from indirect contract types. Skills for Care will continue to monitor this trend.

**Chart 13. Estimated proportion of indirectly employed staff in the adult social care workforce (local authority and independent sectors only), 2024/25**

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 (57%) worked full-time hours (32 or more hours per week), with 43% working part-time (0.5 to 31.5 hours per week). This was different to the proportions seen across the economically active population of England in 2024/25, where 75% of workers were recorded as working full-time and 25% part-time.

This variation indicates that adult social care has a much higher reliance on part-time staff and part-time contracts, which may be in part designed to better support those receiving care. Adult social care staff are known to work evenings, weekends and overnight, therefore some part-time workers may also be working irregular hours.

**Chart 14. Estimated full-time/part-time status of the adult social care workforce and the economically active population in England, 2024/25**

Source: Skills for Care estimates, Labour Force Survey 2024/25

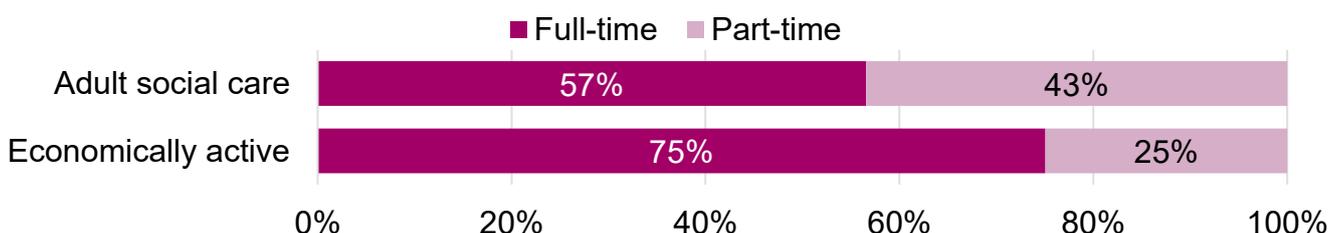
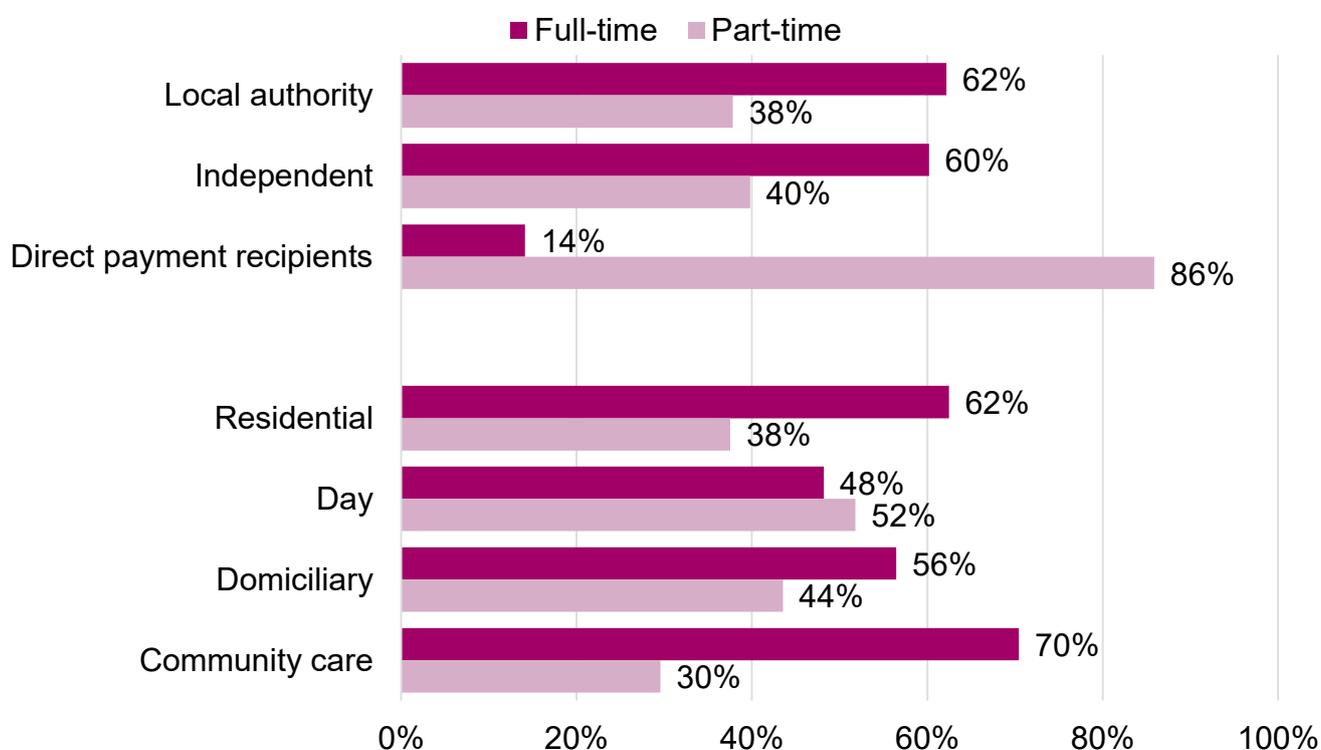


Chart 15 shows that nearly two-thirds of workers were full-time in both the local authority (62%) and independent sectors (60%). Meanwhile, personal assistants employed directly by direct payment recipients had the highest proportion of workers with part-time hours (86%) on any job role shown.

Day services had a higher proportion of part-time workers (52%) compared to full-time (48%). However, the majority of the adult social care workforce are employed in residential or domiciliary care services, where a greater proportion of staff work full-time hours (62% and 56% respectively).

**Chart 15. Estimated full-time/part-time status of the adult social care workforce by sector and main service type, 2024/25**

Source: Skills for Care estimates



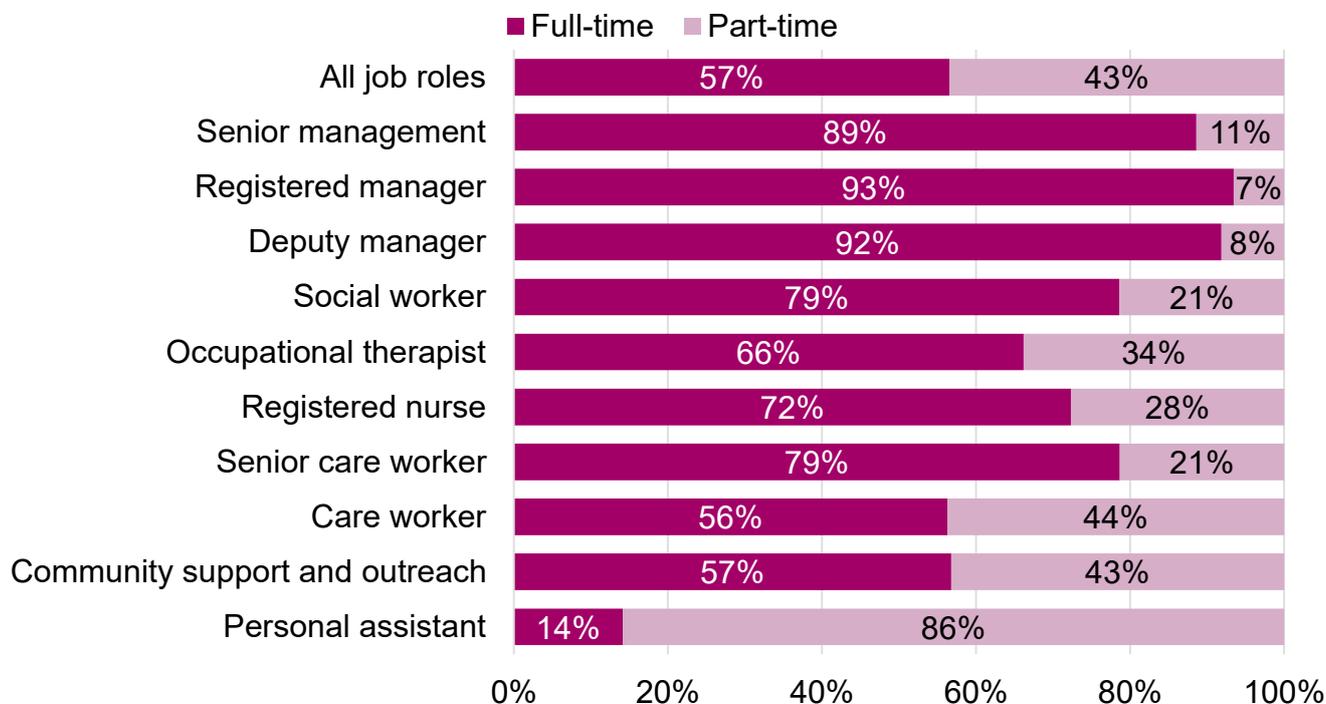
Job role saw the most variation in full-time or part-time status. Chart 16 shows that registered managers most likely work full-time (93%), as did a large proportion of deputy managers (92%) and senior management staff (89%). Meanwhile, staff in direct care roles were more likely to work part-time hours. Nearly half of care workers (44%) worked part-time along with 43% of community support and outreach workers.

Comparatively, personal assistants had the lowest proportion of full-time roles (14%), with 86% 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, 2025’](#)

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. Estimated full-time/part-time status of the adult social care workforce by selected job role, 2024/25**

Source: Skills for Care estimates

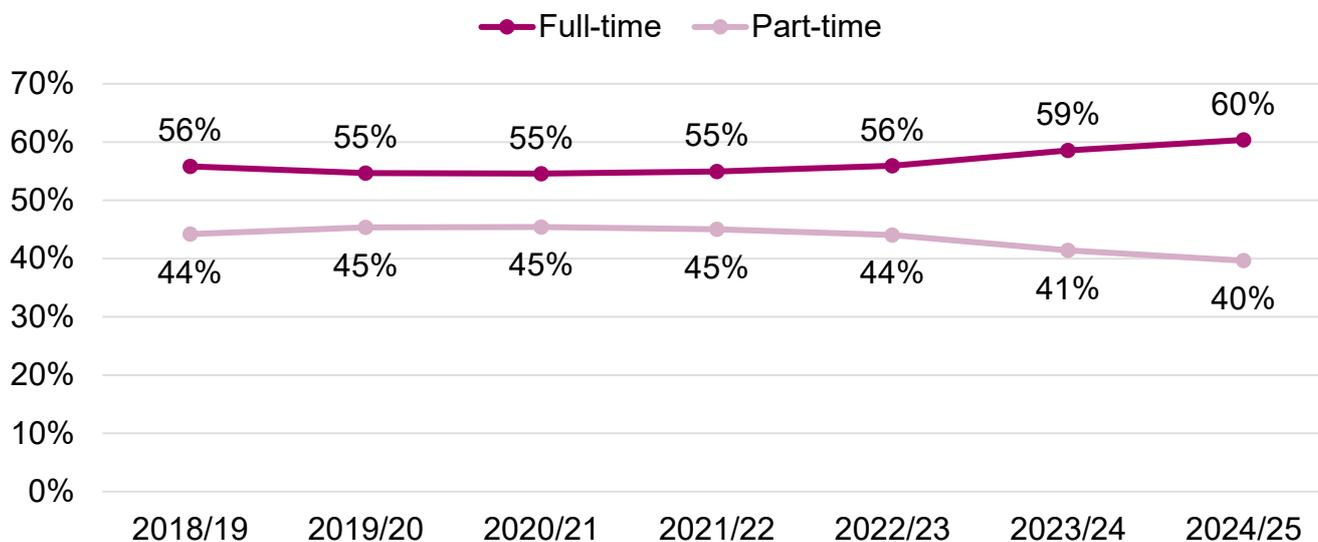


In the local authority and independent sectors in 2024/25, 60% of workers worked full-time and 40% worked part-time. This is similar to 2023/24 as shown in Chart 17 below, where 59% of workers worked full-time and 41% worked part-time. The proportion of staff working full-time hours has been increasing since 2019/20, with the proportion of part-time workers decreasing as a result.

This increase in full-time staff may be due to an increase in international recruitment, with people recruited internationally that are on the Health and Care Worker visa more likely to take up full-time roles to meet the salary requirements (see Section 8 – International recruitment for further details).

**Chart 17. Estimated trend of full-time/part-time status of the adult social care workforce, 2018/19 to 2024/25**

Source: Skills for Care estimates



## 2.3 Zero-hours contract status

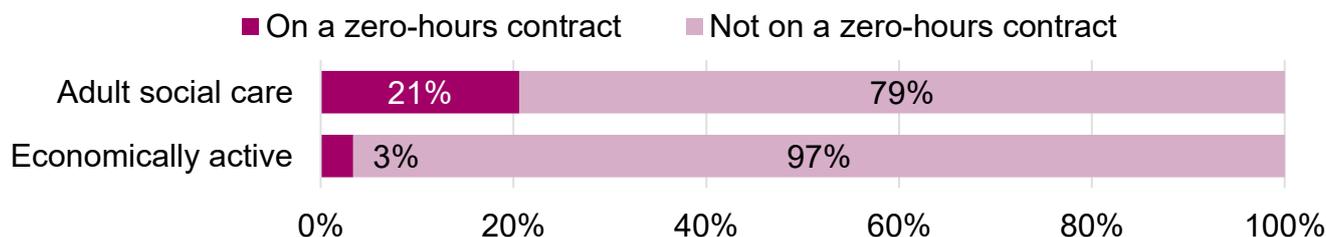
A zero-hours contract is a contract type in which the employer is not obliged to provide any minimum working hours. This contract type is often used by adult social care employers (especially domiciliary care providers) to help them to manage fluctuating demand for services (including the risk of losing 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 ‘insecure work’ and prove negative in terms of financial planning and uncertainty for an individual. Section 9.1.9 of this report highlights that care workers on zero-hours contracts are more likely to leave their roles, suggesting some people value guaranteed hours. However, a zero-hours contract can be beneficial for some workers 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).

Chart 18 below shows that just over a fifth of the adult social care workforce (21%, or 330,000 filled posts) were employed on a zero-hours contract in 2024/25. This compares to just 3% of the economically active population, according to the [Labour Force Survey](#).

### Chart 18. Number and proportion of workers in the adult social care sector employed on a zero-hours contract by selected job role, 2024/25

Source: Skills for Care estimates, Labour Force Survey 2024/25

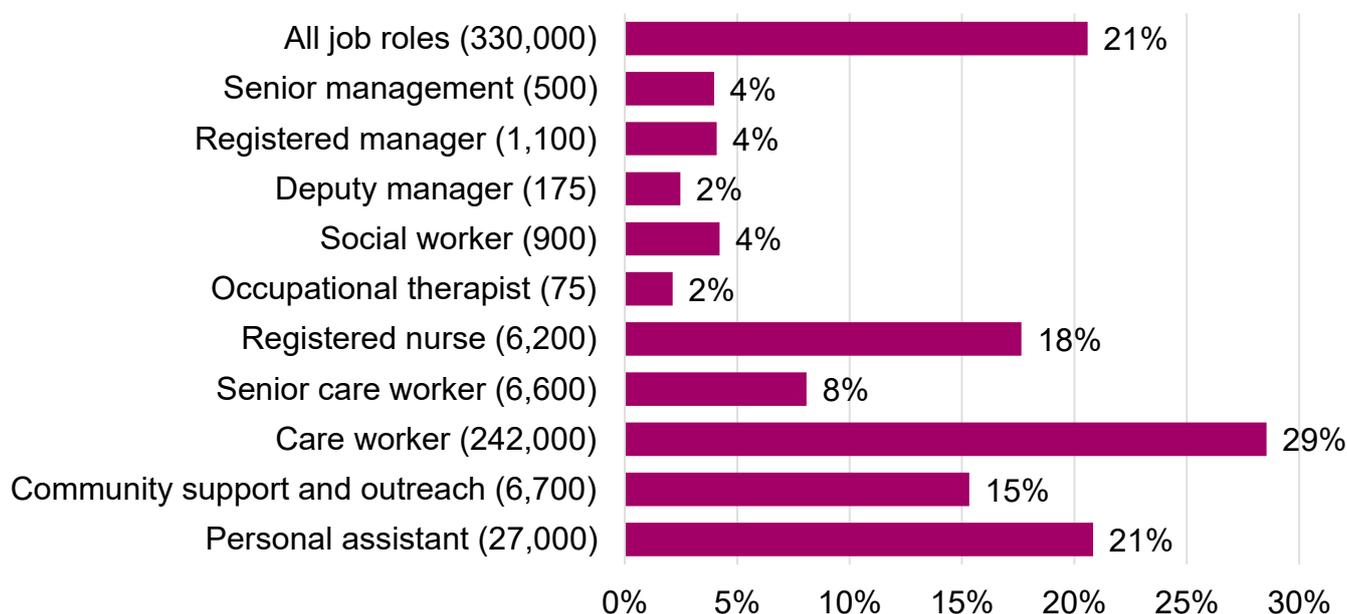


The proportion of the adult social care workforce employed on a zero-hours contract varied by job role. Chart 19 shows the proportion of workers on a zero-hours contract, with the estimated number of zero-hours contract filled posts in brackets for further context. The lowest proportion of staff employed on a zero-hours contract were workers in manager roles (5% across the managers job role group), social workers (4%) and occupational therapists (2%).

Care workers had the highest proportion of workers employed on a zero-hours contract (29%), followed by personal assistants (21%), registered nurses (18%).

### Chart 19. Estimated number and proportion of workers in the adult social care sector employed on a zero-hours contract by selected job role, 2024/25

Source: Skills for Care estimates

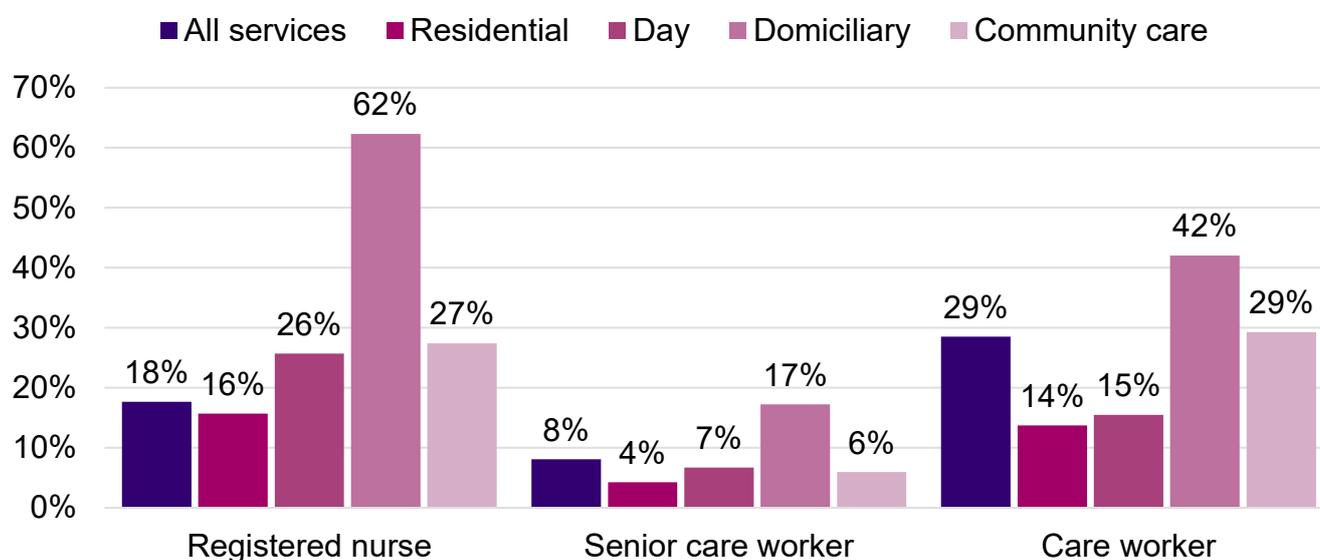


As well as variation in the proportion of workers employed on zero-hours contract by job role, there were also notable differences between care service types. Domiciliary care services have historically had the highest proportion of workers on zero-hours contracts. In general, residential, day care, and community care services had lower proportions of zero-hours staff across different job roles, compared to domiciliary care services in 2024/25.

Chart 20 shows registered nurses, senior care workers and care workers categorised by main service type. Around 62% of registered nurses and 42% of care workers in domiciliary care services were on zero-hours contracts. However, most registered nurses in adult social care worked within residential care services (34,000 filled posts, or 95%), whereas fewer worked within domiciliary care (1,400 filled posts, or 4%). As such, the high percentage of registered nurses on zero-hours contracts in domiciliary care (62%) represents a relatively small number of filled posts (850).

**Chart 20. Estimated proportion of workers in the adult social care sector on a zero-hours contract by main service type and selected job role, 2024/25**

Source: Skills for Care estimates



[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 work’ 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.

We estimate that around 350,000 filled posts (26%) employed in the adult social care independent sector were roles with fewer than 16 contracted hours per week or were employed on a zero-hours contract in 2024/25. It should be noted that not all zero-hours roles had a low number of hours per week. Analysis of data recorded in ASC-WDS showed that around 20% of zero-hours roles offered fewer than 16 hours per week on average.

The ASC-WDS collects information on a worker’s hours, but no information is collected if they’re happy with the number of hours they’re contracted to work. It’s 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. In 2023 Skills for Care and the University of Kent, in partnership with Ipsos, conducted the first [Adult social care workforce survey](#). Workers

themselves responded to this survey and gave details of their experiences in work in relation to their employment status and contract types. For more information, see the [full analysis of the results](#).

### 1.9.1 Zero-hours contract status trends

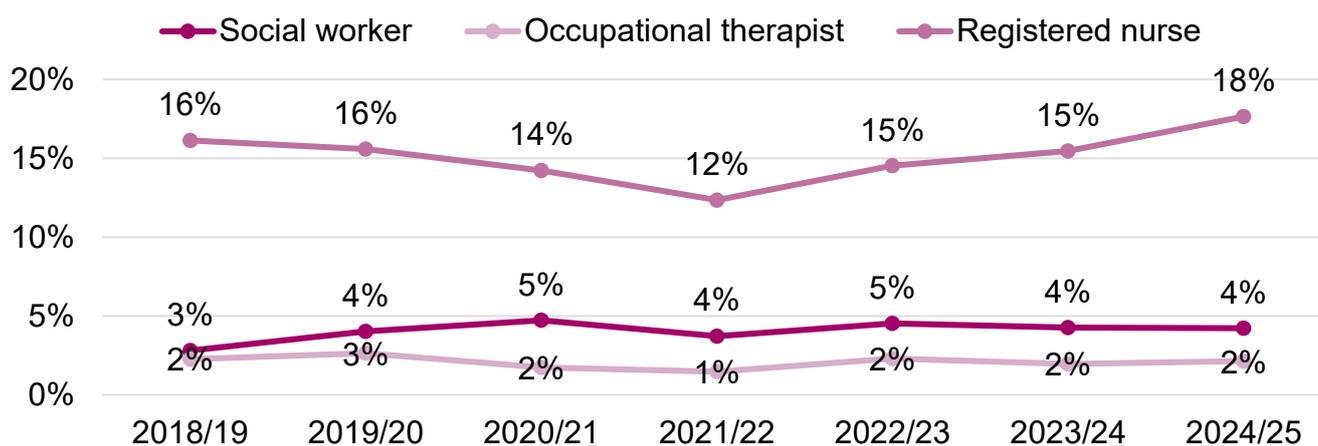
In 2024/25, the proportion of staff in the local authority and independent sectors employed on a zero-hours contract was 21%, the same as reported in 2023/24. This was a slight decrease from the proportion seen in 2021/22 and 2022/23 (22%) and 2020/21 (23%).

Chart 21 below shows the proportion of staff in regulated profession roles employed on zero-hours contracts within the local authority and independent sectors from 2018/19 to 2024/25. Social worker filled posts employed in this way have remained at 4% since 2023/24, and occupational therapists have also remained steady at a slightly lower proportion (2%) since 2022/23.

Registered nurses, as mentioned in the previous sub-section, have a much higher proportion of workers employed on a zero-hours contract. Between 2018/19 and 2024/25, this proportion has increased by two percentage points (from 16% to 18%) but it's important to note the decrease to 12% between 2018/19 and 2021/22. Since that time the proportion of registered nurses employed on a zero-hours contract has continued to rise, with the 18% seen in 2024/25 being the highest recorded. Skills for Care will continue to monitor this trend.

**Chart 21. Estimated proportion of staff in regulated professions roles employed on a zero-hours trend by selected job role (local authority and independent sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates



Among direct care related roles, there typically is a higher proportion of staff employed on a zero-hours contract. Table 7 shows the trend of workers employed in this way for selected job roles in this group.

In June 2024, the support worker role was added to the ASC-WDS and many workers now recorded under this role were previously recorded as care workers. Therefore, in the table the care worker and support worker roles are shown as a group so that a consistent trend can be shown. Around 28% of staff in the 'care worker and support worker' group were employed on zero-hours contracts in 2024/25, a 3 percentage point decrease from 2018/19.

**Table 7. Estimated proportion of staff in selected direct care roles employed on a zero-hours (local authority and independent sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Community support and outreach	13%	15%	14%	14%	15%	16%	15%
Care worker and support worker	31%	31%	32%	31%	30%	29%	28%

International recruitment has contributed to the decrease in care workers employed on a zero-hours contract, as people recruited internationally on the Health and Care Worker visa are less likely to be on a zero-hours contract (see Section 8 – International recruitment, for more information).

## 2.4 Enhanced care worker workplace pension

A workplace pension is the pension set up by an employer for each of their workers and is contributed to by them, on behalf of their staff. Employers use different pension providers and schemes for workplace pensions, and contributions vary depending on a workers job role, their salary and other workplace benefits. Workers themselves also contribute towards their workplace pension; the proportion they contribute varies on an individual basis.

As of April 2019, the [minimum employer contribution](#) for any workplace pension is 3%, while the minimum worker contribution is 5%, making a total minimum contribution of 8% of a worker's total earnings.

In August 2023, questions were added to the ASC-WDS to gain further understanding of adult social care workers employment conditions. A question relating specifically to workplace pensions for care workers was included: **Do you contribute more than the minimum 3% into workplace pensions for your care workers?**

Please note, this analysis relates to the local authority and independent sectors only. Individual employers were not asked this questions as part of the [annual survey of individual employers and personal assistants, 2025](#). The analysis shown for the local authority and independent sector workforce does not come from our weighted workforce estimates. It only shows

responses from those that have completed this question in the ASC-WDS and therefore may not reflect the sector as a whole.

As at March 2025, 6,800 care providing establishments responded to the question. Looking at these establishments only, 43% reported that they did contribute more than the minimum 3%, while 57% did not.

Between the local authority and independent sectors there were differing responses to this question. Table 8 shows that a much higher proportion of care workers in the local authority sector were receiving more than the minimum 3% contribution to their pension from their employer (99%), compared to the independent sector (30%). This indicates that local authorities are investing more in the long-term financial wellbeing of their staff.

Main service type also showed varying responses. In particular, CQC care home with nursing services were less likely (16%) to contribute more in the sample received.

**Table 8. Proportion of establishments contributing more than 3% into care worker workplace pensions by sector and main service (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data

	Base	Yes – contribute more	No – do not contribute more
All sectors / all services	6,800	43%	57%
<b>Sector</b>			
Local authority	1,300	99%	1%
Independent	5,500	30%	70%
<b>Main service</b>			
CQC Care only home	1,800	30%	70%
CQC Care home with nursing	650	16%	84%
CQC Non-residential	2,200	36%	64%

For comparison, between 1 April 2024 and 31 March 2025, workers in the NHS were entitled to varying levels of pension contribution, depending on their annual salary. At the lower end, staff earning £13,260 to £26,831 a year received a 6.5% contribution to their pension. Higher paid staff earning £49,079 to £62,924 received a 10.7% contribution to their pension and staff earning more than this were entitled to a 12.5% pension contribution. For information, see the [NHS Business Services Authority website](#).

## 2.5 Enhanced care worker sick pay

Statutory sick pay is the minimum amount of sick pay that an employer is legally required to pay their staff if they are unable to work due to illness. A worker will receive £118.75 per week for up

to 28 weeks. A worker cannot receive less than the statutory amount, providing they are eligible, but may receive more depending on their employment contract or if their employer has an additional sick pay scheme. For more information, see the [UK Government website](#).

In August 2023, a question was added to the ASC-WDS to look at sick pay for care workers. Employers were asked: **Do you pay your care workers more than Statutory Sick Pay if they cannot work because of illness?**

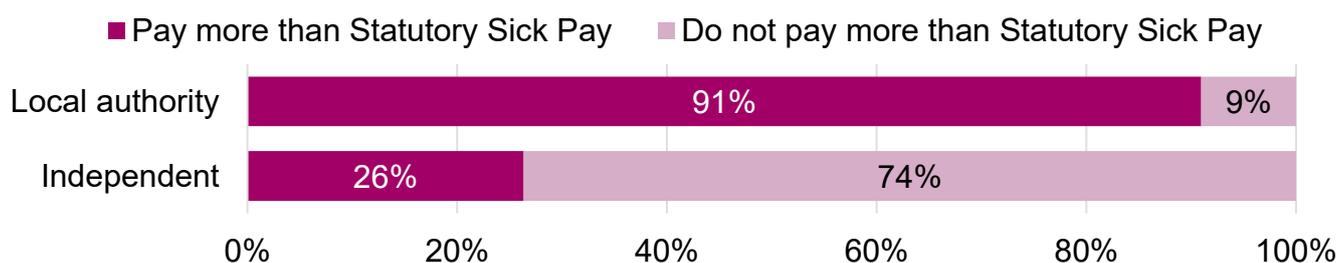
A question about statutory sick pay for personal assistants was not included as part of the [annual survey of individual employers and personal assistants, 2025](#). Personal assistants and care workers have similar responsibilities and are often compared. However, for this report personal assistant information cannot be included.

As of March 2025, 7,800 establishments in the ASC-WDS responded to this question. Of those 7,800 establishments, 38% responded that they do pay their care workers more than Statutory Sick Pay while 62% do not.

The local authority and independent sectors typically have different employment practices. The majority of the adult social care workforce is employed in the independent sector (84% in 2024/25). However, staff employed by local authorities typically have higher rates of pay and are known to receive other benefits as part of their employment contracts. Chart 22 below shows that 91% of care workers employed in local authority establishments were paid more than Statutory Sick Pay, compared to care workers employed in the independent sector establishments (26%).

### Chart 22. Proportion of establishments that pay care workers more than Statutory Sick Pay, 2024/25

Source: Unweighted ASC-WDS data



There were variations across different service types within adult social care. CQC care homes with nursing were much less likely to pay their care workers more than Statutory Sick Pay (12%).

**Table 9. Proportion of establishments that pay care workers more than Statutory Sick Pay by main care service, 2024/25**

Source: Unweighted ASC-WDS data

	Base	Pay more than Statutory Sick Pay	Do not pay more than Statutory Sick Pay
<b>All services</b>	<b>7,800</b>	<b>38%</b>	<b>62%</b>
CQC Care only home	2,200	26%	74%
CQC Care home with nursing	850	12%	88%
CQC Non-residential	2,600	29%	71%

Enhanced pension and sick pay are factors that contribute to a person's decision to take or leave their job. Analysis of care workers in the independent sector and their propensity to leave their role depending on a range of factors, including these factors, are shown in Section 9 - Factors affecting staff turnover and CQC ratings.

## 2.6 Care worker annual leave

Annual leave (or statutory leave entitlement) is a legal entitlement for people in the UK [classified as workers](#). The UK Government defines these workers as those employed on a full-time or part-time basis, agency workers, and workers with 'irregular hours'. The legal [annual leave entitlement](#) is 5.6 weeks paid leave, equivalent to 28 days for workers who work a five-day week. Employers may also choose to give their workers more than this and annual leave entitlement may include bank holiday days. For part-time workers the entitlement is reduced to reflect the number of regular hours they work.

In August 2023 a question was added to the ASC-WDS to ask establishments about the amount of annual leave they give their care workers. Employers were asked: **How many days leave do your full-time care workers get each year?**

As of March 2025, 8,800 establishments in the ASC-WDS responded to this question, with varying levels of annual leave reported. The median average number of days was 28, the legal entitlement for a full-time worker.

Full-time care workers were more likely to receive more than the legal entitlement at local authority establishments. Around 44% of local authority establishments gave 29 days or more annual leave, compared to 13% in the independent sector.

**Table 10. Median average and distribution of number of days of annual leave for full-time care workers by sector (local authority and independent sectors only), 2024/25**

Source: Unweighted ASC-WDS data

	Median days	28 days or below	29 days or more
Local authority	28	56%	44%
Independent	28	87%	13%

## 2.7 Conditions of employment

All of the employment conditions analysed in this section contribute to a worker’s wellbeing while at work. Hours, contract type and additional benefits such as pension contributions and rates of sick pay are key components of any employment contract.

At the time of writing, the [Employment Rights Bill](#) is passing its way through the final stages of the UK Parliament. This bill is important to the adult social care workforce in particular, as it will enable the establishment of a Social Care Negotiating Body, which can facilitate a Fair Pay Agreement for social care, and is expected to establish a legally binding sector minimum wage.

The Fair Pay Agreement process in adult social care is now in its [consultation phase](#). The Government have also published a [roadmap](#), which details the various steps that will be taken to create the agreement and provides clarity on when changes are expected to take place on the ground.

Skills for Care recognises the importance of this bill for the adult social care workforce, as social care roles are amongst the lowest paid in our economy (see Section 5.10). As an organisation, we have been working with the Department of Health and Social Care as an active member of the Fair Pay Agreement working group to deliver evidence and advice as an advocate for our sector.

We will continue to monitor pay and employment conditions of the adult social care workforce through the ASC-WDS.

# 3. Recruitment and retention



This section 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.



## Key findings

- The vacancy rate has consistently decreased from a peak of 10.5% in 2021/22 to 7.0% in 2024/25. This is a decrease of around 41,000 vacant posts over the previous three years.
- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 23.1%, equivalent to approximately 335,000 leavers over the year. Many of those who leave their roles remain within the sector, as 53% of recruitment is from within adult social care.
- The turnover rates for the 'care worker and support worker' group (28.5%) and registered managers (17.0%) are at their lowest points over the reporting period.
- The average number of sickness days lost was 4.5 per employee, which equates to approximately 6.6 million days lost due to sickness in 2024/25.

The information for 2024/25 shown in this report was gathered from local authorities as at September 2024, and from independent sector employers between April 2024 and March 2025. Personal assistants working for direct payment recipients returned information in February 2025 as part of a survey we conducted.

Trends have been provided within this section, but only leaver and vacancy rates contain personal assistant data. Other **trends contain only the independent and local authority 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

Skills for Care has developed a range of resources to help employers across the sector to attract, recruit and retain staff as part of their workforce. Recruiting people with the right skills, experience and values, as well as giving workers the opportunity to continue training and developing in their roles will help build a stable workforce, better able to deliver high-quality care to those who need it for years to come.

### 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 organisation. Our values-based recruitment toolkit demonstrates how employers can:

- articulate their organisation'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. 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 your staff to refer their friends for job opportunities and share job opportunities through social media. 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 that 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](#) for further information about recruiting for values and more of our 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 and 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, the application and selection process, and 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](#). Further information and support on retaining your workforce can be found on our [website](#).

However, turnover rates are not universally high in the sector. Around 22% 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 3.3.2 – Factors affecting turnover rates.

In our '[Secrets of success](#)' research from 2017, 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%).

## 3.2 Vacancy rates

The number of vacant posts includes posts that are vacant in the short term due to recent or anticipated staff turnover, as well as posts created by employers who want to expand and grow their businesses. It also includes more persistent vacancies where the offer to potential staff is not sufficiently competitive in the local labour market.

As such, not every vacant post represents an issue in terms of workforce supply. However, analysis of workforce trends over time shows that, alongside filled posts, the number of vacant posts and the vacancy rate are useful measures for understanding workforce supply and demand trends. When the number of filled posts increases faster than underlying demand for care (our 'base case' estimate of this rate is 2% per year (see Section 7 – Workforce projections)) then the number of vacant posts and the vacancy rate tend to decrease.

The following sections look at the number of vacant posts and vacancy rates across adult social care in 2024/25, as well as trended information to show changes over time.

### 3.2.1 Labour market

The total number of posts in adult social care in England (including filled posts and vacant posts) was 1.71 million as at 2024/25 (this was 2.2% higher than in 2023/24). The number of filled posts was estimated at 1.6 million and the number of vacant posts was 111,000.

The proportion of people in England who were economically inactive but wanted a job had decreased from 20.5% in 2018/19 to 19.4% in 2024/25. In absolute terms, this was a decrease from 1.5 million people to 1.45 million people<sup>4</sup>. These job seekers represent a considerable pool of prospective workers that may have been available to work in adult social care at this time.

### 3.2.2 Vacancy rate comparisons to other sectors

Chart 23 below compares the vacancy rate in adult social care to the NHS and other industries. Please note that the adult social care and NHS rates refer to England only, whereas other industries refer to a UK-wide statutory survey conducted by Office for National Statistics (ONS) which samples approximately 6,100 businesses.

It should also be noted that definitions vary between these data sources. The ASC-WDS defines a vacant post as a post which the employer is actively recruiting to fill. In 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

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<sup>4</sup> [ONS Annual Population Survey, 2025](#)

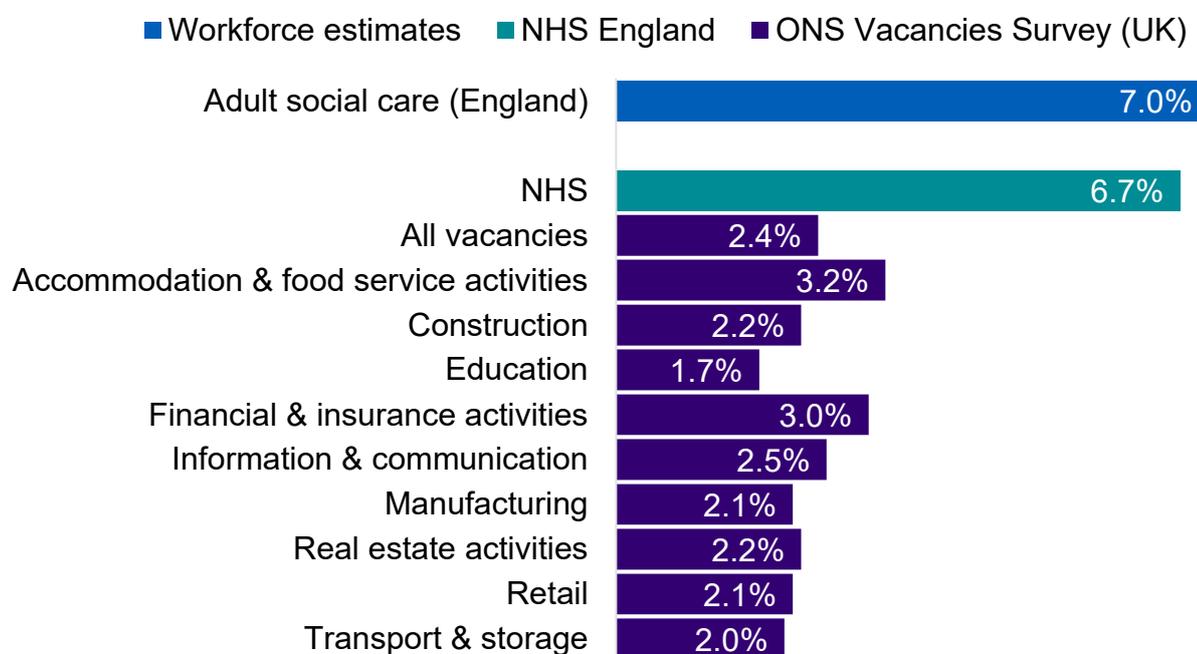
plus vacancies (if the ONS ratio was calculated in the same way as ASC-WDS, then the ‘all sectors’ rate would be around 2.3% rather than the 2.4% reported).

As described above, a vacant post may be as a result of a person leaving their job or it could be a vacancy for a new position to grow the workforce. Analysis of workforce trends over time shows that alongside filled posts, the number of vacant posts and the vacancy rate are useful measures for understanding workforce supply and demand trends.

While noting the difference in the data collections above, Chart 23 shows the 111,000 vacant posts in the adult social care sector across England in 2024/25 equates to a rate of 7.0%. This was higher than that of the NHS (6.7% as at March 2025)<sup>5</sup> and the wider UK economy, which had an estimated vacancy rate of 2.4 % (as at February to April 2025)<sup>6</sup>.

### Chart 23. Estimated vacancy rate by sector, 2024/25

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



Between 2023/24 and 2024/25, the number of filled posts increased by around 52,000 and the number of vacant posts decreased by around 16,000. International recruitment has contributed to this change, with 50,000 staff arriving from outside the UK to work in the sector.

### 3.2.3 Vacancy rates by job role

Chart 24 below compares the vacancy rate of selected job roles in adult social care. Registered managers had the highest vacancy rate at 11.4% in 2024/25, which is much higher than senior

<sup>5</sup> [NHS Vacancy Statistics England April 2015 – March 2025](#)

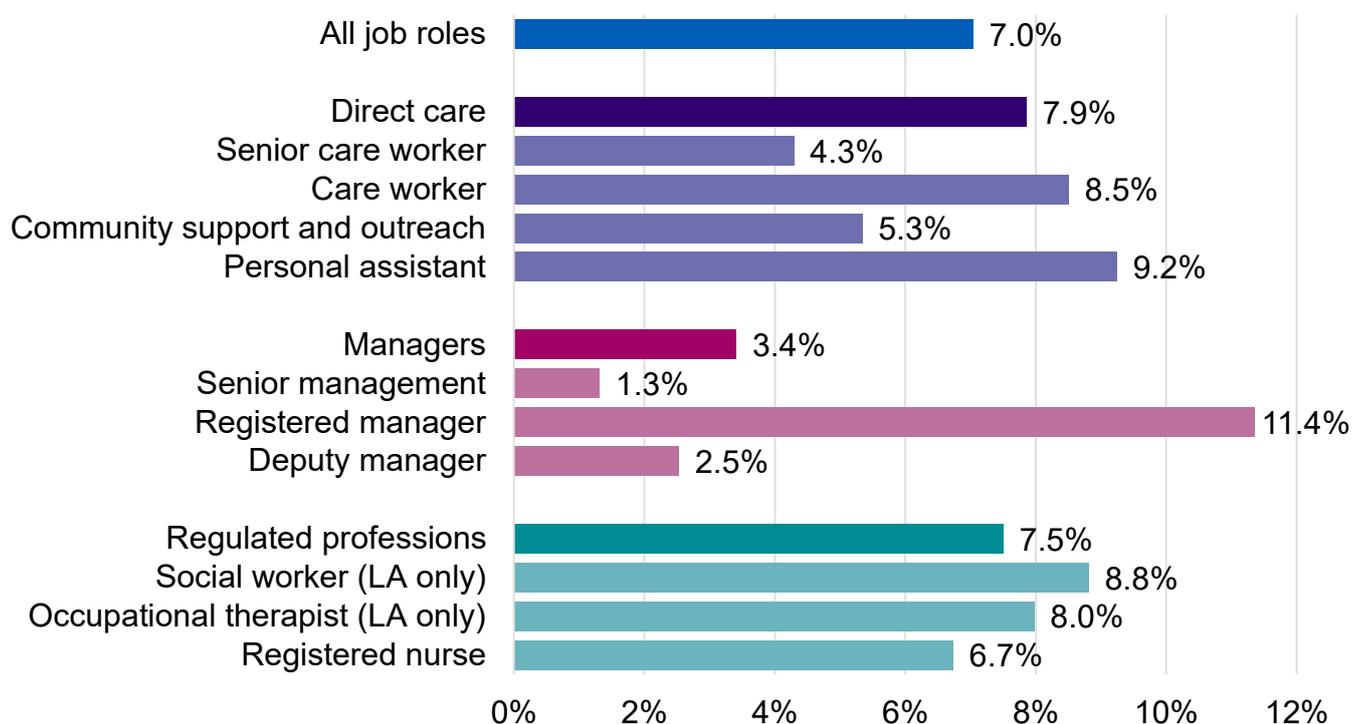
<sup>6</sup> [ONS - Vacancies and jobs in the UK: June 2025](#)

managers (1.3%). Personal assistants employed by direct payment recipients had a vacancy rate of 9.2%, equivalent to around 13,400 vacant posts as at 2024/25. This was higher than care workers (8.5%) and senior care workers (4.3%).

The vacancy rate of regulated professions varied between roles as registered nurses had a rate of 6.7%, social workers a rate of 8.8% and occupational therapists a rate of 8.0%. Please note that data for social workers and occupational therapists is from the local authority sector only. Registered nurses also had relatively high turnover, which is a contributory factor to high vacancy rates.

**Chart 24. Estimated vacancy rate by selected job role, 2024/25**

Source: Skills for Care estimates



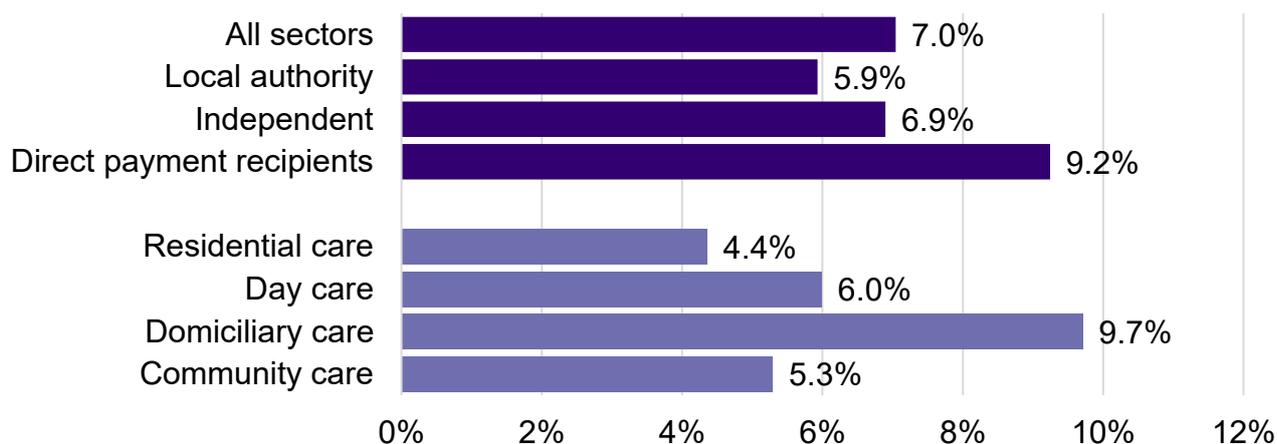
### 3.2.4 Vacancy rates by sector and service

Vacancy rates were slightly lower in local authorities (5.9%) overall, compared to the independent sector (6.9%). Direct payment recipients had the highest vacancy rate by sector at 9.2%. 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 25 below 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 9.7%, whereas residential care was lower at 4.4%.

**Chart 25. Estimated vacancy rate by sector and main care service, 2024/25**

Source: Skills for Care estimates



### 3.2.5 Immigration policy and vacancies

Changes to immigration rules came into effect in the UK 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 (SOL) and the Health and Care Worker visa route.

In February 2022, care workers were added to the SOL and the Health and Care Worker visa route. This meant that, providing workers met the salary threshold of £20,480 and had a licensed sponsor, they could come to the UK to take up care worker roles. The number of international recruits entering the sector increased substantially following this change.

In March/April 2024, the SOL was replaced by the Immigration Salary List. In addition, restrictions were added that allowed only employers regulated by the Care Quality Commission (CQC) to sponsor care workers and senior care workers, the salary threshold was increased for newly sponsored Health and Care Worker visa holders, and dependants were no longer able to accompany or join care workers or senior care workers. Following these changes, the estimated number of people starting direct care providing roles in the independent sector, after having arrived in the UK, showed a large decrease from 105,000 in 2023/24 to 50,000 in 2024/25.

In July 2025, changes to immigration rules meant care workers and senior care workers were removed from the Health and Care Worker visa route for new overseas recruits.

These changes to immigration policy have caused large changes in the number of people recruited internationally over the period which has also impacted the vacancy rate. For more information about numbers of people recruited internationally, see our [international recruitment tracker](#).

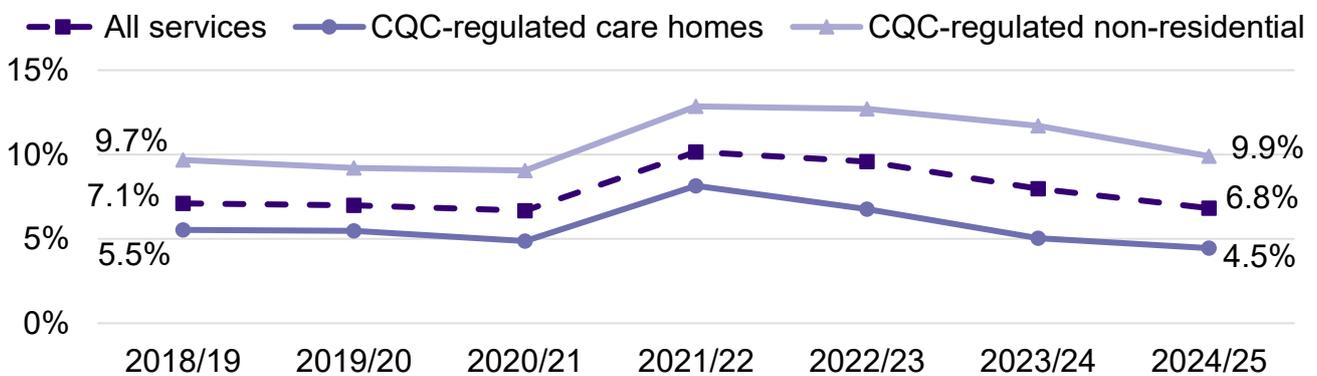
### 3.2.6 Vacancy rate trends

The vacancy rate reached a peak of 10.5% in 2021/22, the highest rate since records began in 2012/13. Since then, the rate has steadily decreased to 6.8% in 2024/25, similar to the rate of 7.1% in 2018/19.

Chart 26 below compares the overall vacancy rate trend to that of CQC-regulated care homes and CQC-regulated non-residential services between 2018/19 and 2024/25. The decrease in vacancy rates between 2021/22 and 2024/25 was slightly larger in CQC-regulated care homes (down from 8.1% to 4.5%) than it was in CQC-regulated non-residential services (down from 12.9% to 9.9%). CQC-regulated care home vacancy rates are similar to rates prior to the 2021/22 spike, though CQC-regulated non-residential services remain slightly higher.

**Chart 26. Estimated vacancy rate trends by main service, 2018/19 to 2024/25**

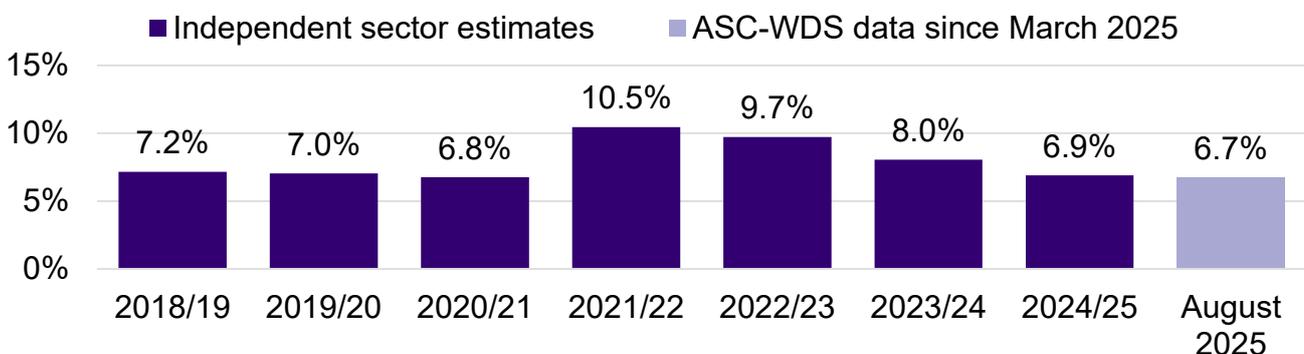
Source: Skills for Care estimates



Monthly tracking of data in the ASC-WDS has shown vacant posts continue to decrease in the independent sector. This information 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. From March to August 2025, the vacancy rate decreased from 6.9% to 6.7%. For the most up-to-date information for vacancy figures, see our [recruitment and retention trackers](#).

**Chart 27. Estimated vacancy rate (independent sector only), 2018/19 to August 2025**

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



Between 2022/23 and 2024/25, 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 produces estimates of the number of people recruited internationally on a quarterly basis in our [international recruitment tracker](#). Early indications suggest that the number of people recruited internationally is decreasing. Between April 2025 and June 2025, there were around 7,500 people recruited internationally. We’ll continue to monitor this trend and its impact on recruitment and retention. See our [website](#) for advice about international recruitment, including the process involved and how to support international recruits as they start in their roles.

The chart below 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. Over the previous three years, the vacancy rate for the adult social care sector and the NHS has been similar. As at 2024/25, the vacancy rate was 6.8% for adult social care and 6.7% for the NHS.

**Chart 28. Comparison of the estimated vacancy rates in adult social care, NHS and wider UK economy, 2018/19 to 2024/25**

Source. Skills for Care estimates, NHS England, ONS

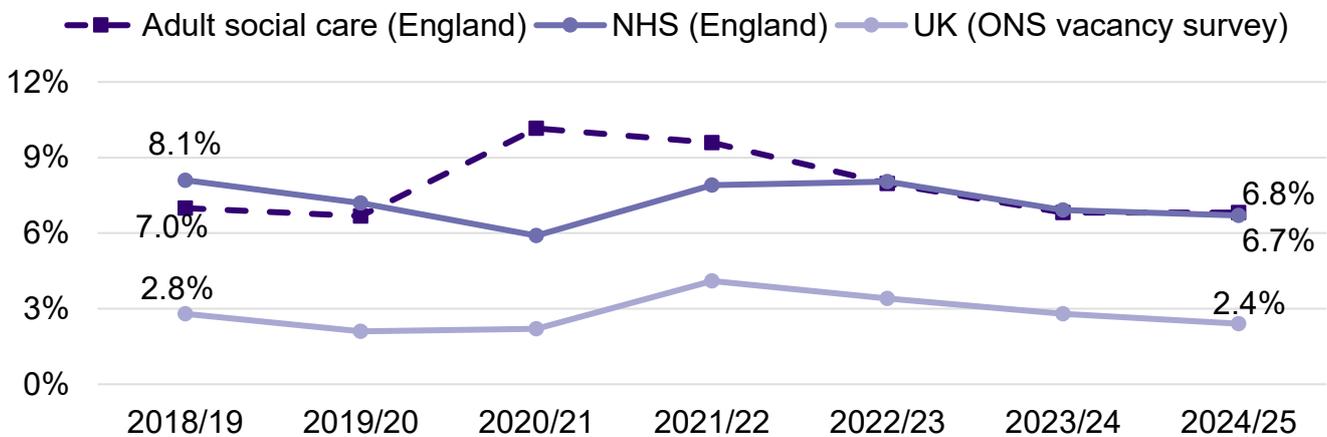


Chart 29 compares the vacancy rate trend of all job roles, senior managers and registered managers between 2018/19 and 2024/25. These roles showed a similar trend prior to 2024/25, although the rate for senior managers has remained considerably lower than registered managers over the whole period. However, between 2023/24 and 2024/25, the vacancy rate for registered managers increased from 9.8% to 11.4%, whereas the vacancy rates for all job roles and senior managers decreased.

**Chart 29. Estimated vacancy rate for all job roles and selected managers job roles, 2018/19 to 2024/25**

Source: Skills for Care estimates

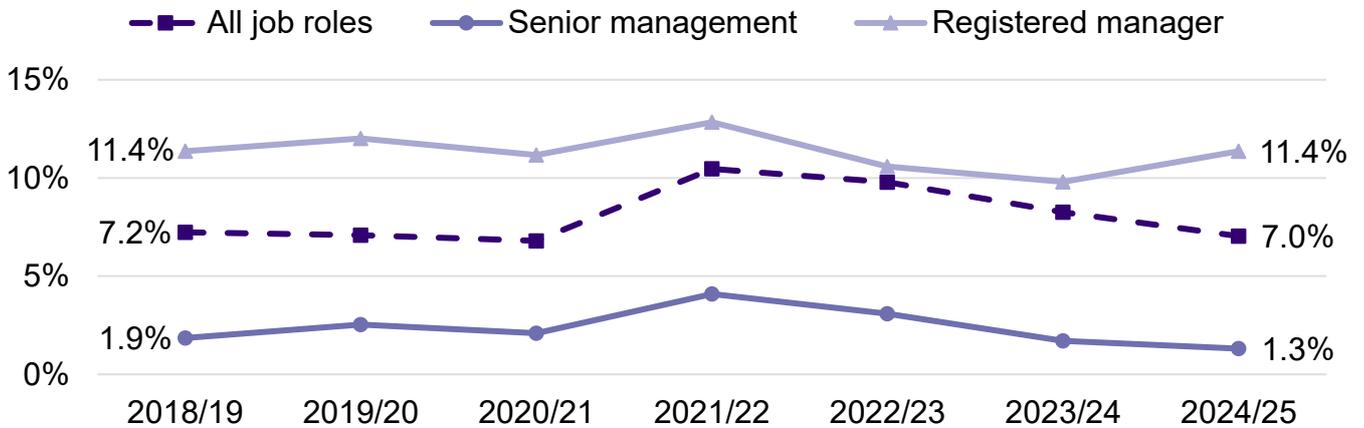


Chart 30 below compares the vacancy rate trend for regulated professions. There were 2,100 registered nurse vacant posts in 2024/25. Vacancy rates for registered nurses, in the independent sector, have consistently decreased from 14.5% in 2021/22 to 6.7% in 2024/25.

Social worker and occupational therapist vacancy rates, in the local authority sector, increased between 2020/21 and 2022/23. Since then, the vacancy rate for social workers has decreased from 11.6% to 8.8% and the rate for occupational therapists has decreased from 11.3% to 8.0% over the same period. There were 1,650 and 275 vacant posts in 2024/25 for social workers and occupational therapists respectively.

**Chart 30. Estimated vacancy rate for selected regulated professions job roles, 2018/19 to 2024/25**

Source: Skills for Care estimates

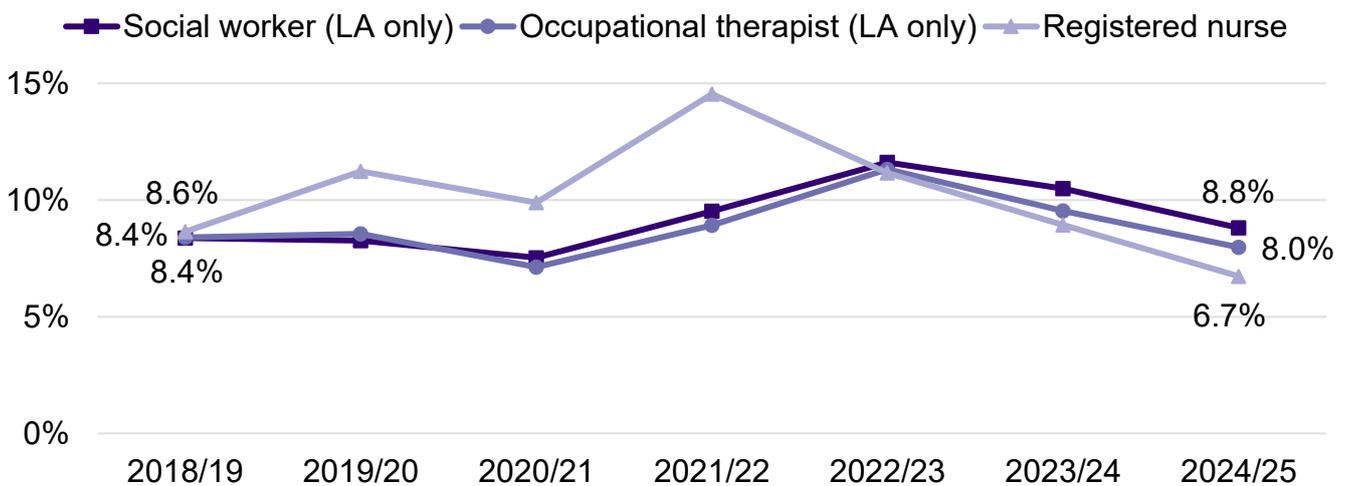


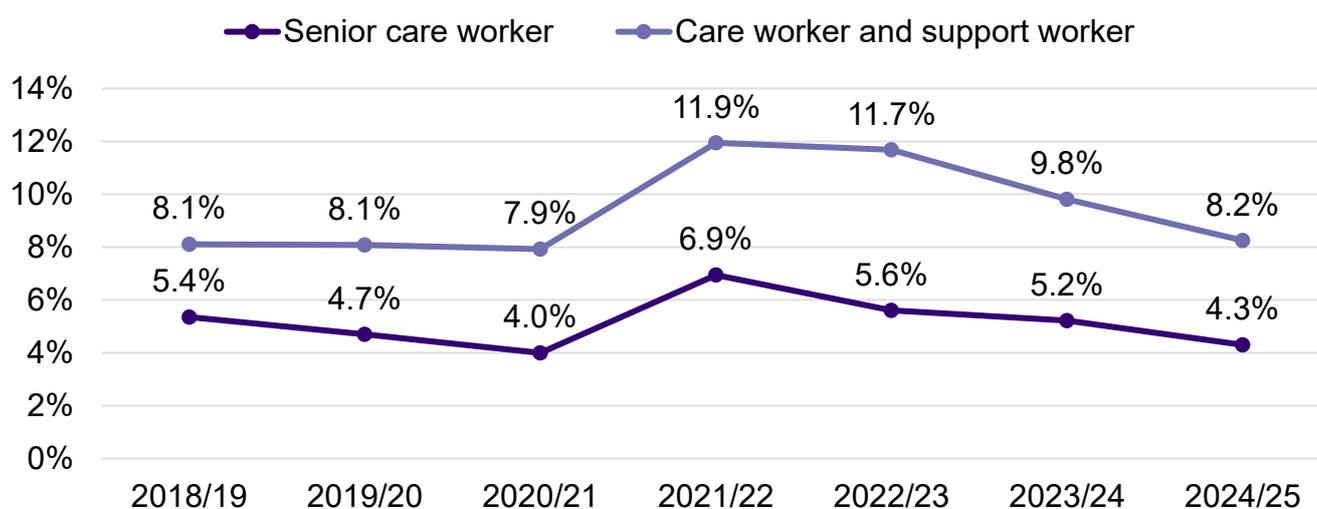
Chart 31 below compares the vacancy rate trend for senior care workers and the group ‘care worker and support worker’. The job role support worker was added to the ASC-WDS in June

2024; some workers who were previously recorded as care workers are now recorded as support workers, so the individual trends for these roles cannot be shown.

Each of these roles showed their highest vacancy rate in 2021/22 and since then the rate has steadily decreased. Care worker and support workers saw a decrease from 11.9% in 2021/22 to 8.2% in 2024/25. The vacancy rate for senior care workers decreased from 6.9% in 2021/22 to 4.3% in 2024/25. In 2024/25, the vacancy rate for care workers was 8.5% and for support workers it was 5.2%.

**Chart 31. Estimated vacancy rate for selected direct care job roles, 2018/19 to 2024/25**

Source: Skills for Care estimates



### 3.3 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 that are still operational; leavers as a result of establishments closing down aren't captured here.

We estimate that the turnover rate of staff working in the adult social care sector was 23.1% in 2024/25. This equates to approximately 335,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 53% of recruitment comes from within adult social care, and 47% comes from outside of the sector.

Turnover rates varied between sector, service and job role. Chart 32 below shows that employees working for local authorities (12.5%) and employees working for direct payment recipients (16.8%) had much lower turnover rates than those in the independent sector (24.7%). The turnover rate was higher for residential care (25.5%) and domiciliary care providers (22.2%) than for other service types.

**Chart 32. Estimated staff turnover rate by sector and main care service, 2024/25**

Source: Skills for Care estimates

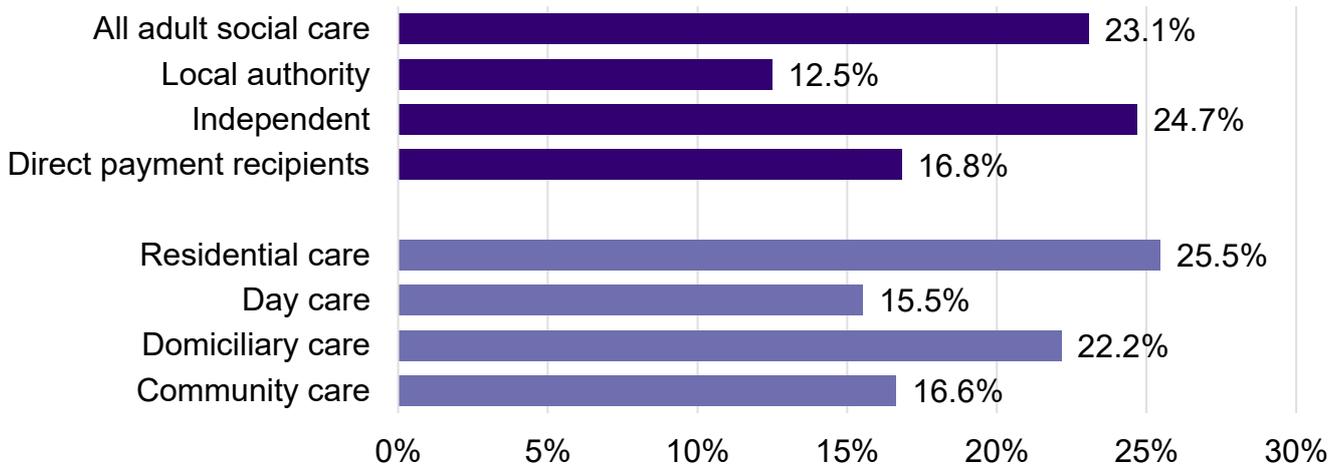


Chart 33 below shows care workers had a much higher turnover rate compared to other direct care providing roles at 29.7%; over double that of senior care workers at 14.1%.

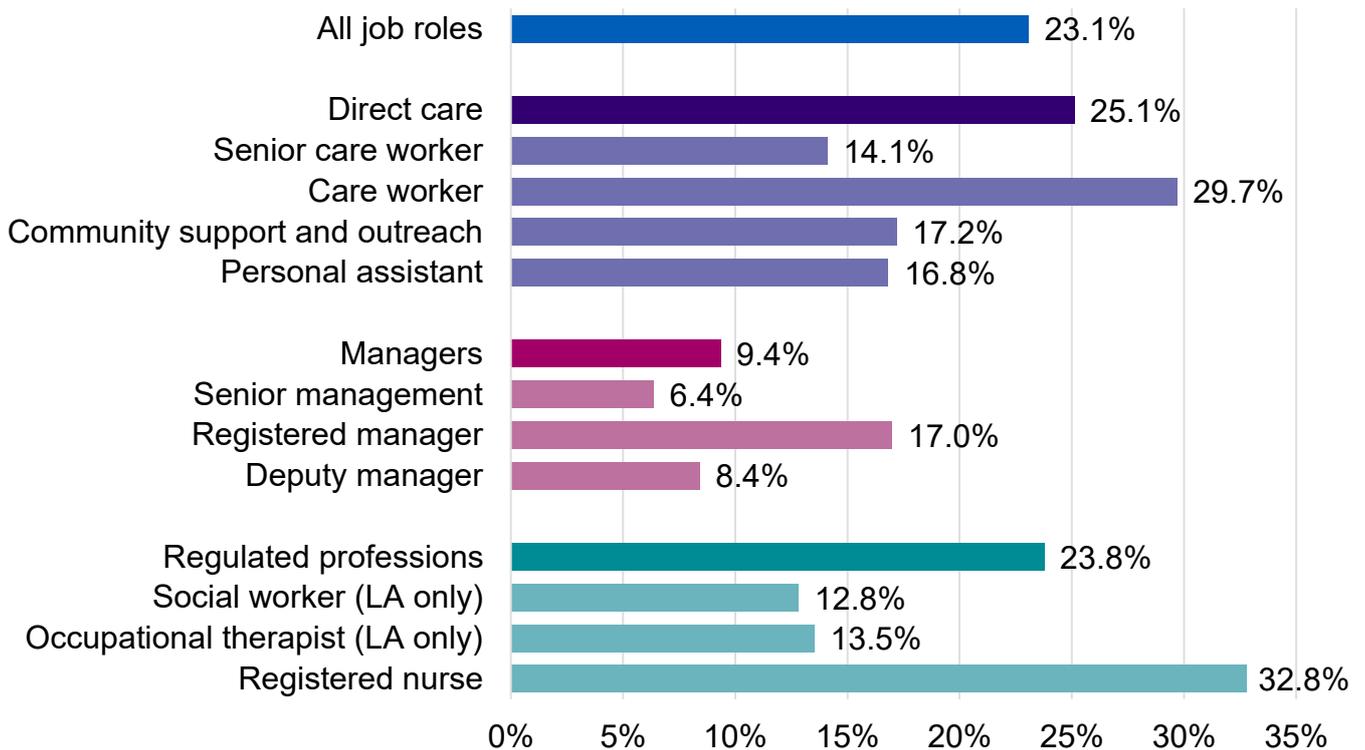
Registered nurses also had a relatively high turnover rate (32.8%), equivalent to around 9,700 leavers, compared to other regulated professions such as social workers (12.8%) and occupational therapists (13.5%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 32 above), whereas social worker and occupational therapist roles were mostly employed within local authorities. For comparison, registered nurses and health visitors in the NHS had a turnover rate of 8.4% as at March 2025<sup>7</sup>.

Registered managers had a turnover rate of 17.0%, equivalent to around 4,400 leavers during 2024/25. This rate was much higher than other managers roles such as deputy manager (8.4%) and senior management (6.4%).

<sup>7</sup> [NHS Workforce Statistics – March 2025](#)

**Chart 33. Estimated staff turnover rates by selected job roles, 2024/25**

Source: Skills for Care estimates



We analyse the factors that influence the turnover of care workers, such as pay, terms and conditions and training. For more information about how these factors affect care worker turnover, see Section 9.1– Factors affecting staff turnover rates.

In 2023, we also 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. Read the report, [‘Understanding the reasons care workers move on and their future intentions’](#), for further information.

### 3.3.1 Turnover rate trends

Trends in this section refer to data from the independent sector and local authorities only, unless otherwise stated. They do not include data from the direct payment sector; therefore, the figures may differ from other sections.

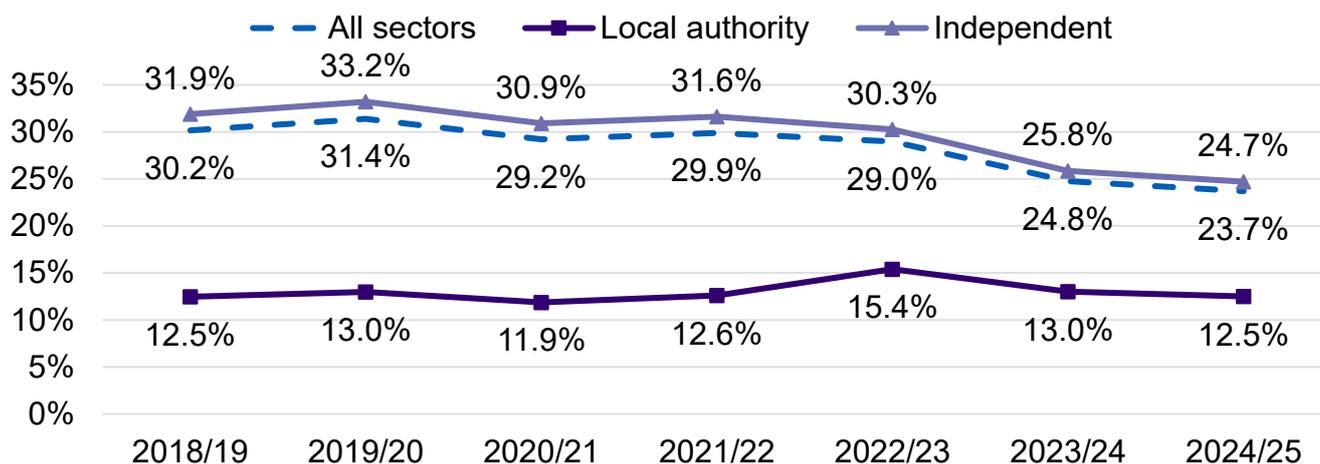
The charts in this section show the turnover rate trends of directly employed staff leaving their roles within the preceding 12 months for each year between 2018/19 and 2024/25. The turnover rate decreased from 24.8% in 2023/24 to 23.7% in 2024/25.

Chart 34 shows that the overall turnover rate in the independent and local authority sectors has been steadily decreasing from 30.2% in 2018/19 to 23.7% in 2024/25, a decrease of 6.5

percentage points. In the local authority sector the turnover rate was highest in 2022/23 (15.4%); however, it has since decreased to 12.5% in 2024/25. In the independent sector the turnover rate peaked at 33.2% in 2019/20 and has since decreased to 24.7% in 2024/25. The turnover rate in the local authority sector has always been lower than the independent sector.

**Chart 34. Estimated turnover rates of all job roles by sector (independent and local authority sectors only), 2018/19 to 2024/25**

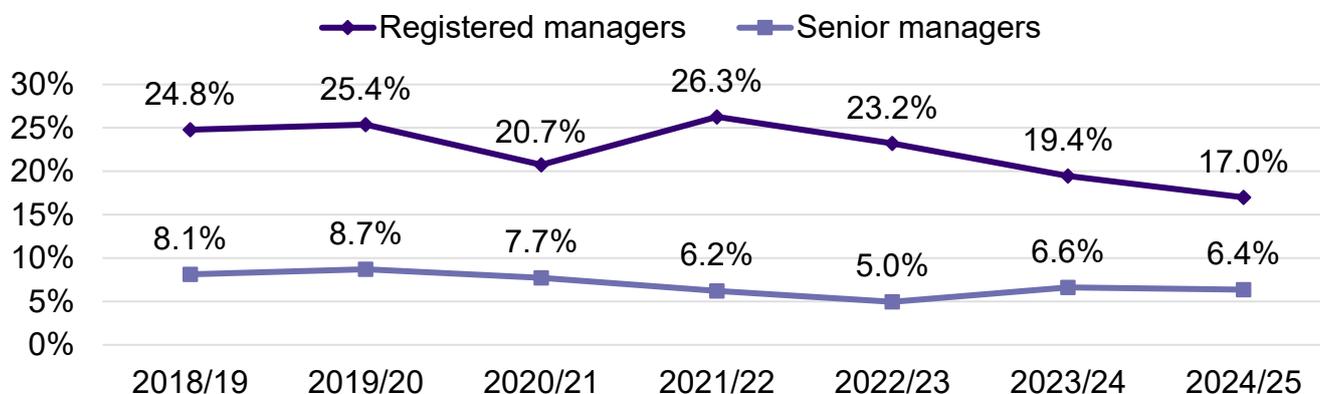
Source: Skills for Care estimates



The turnover rate of registered managers decreased to its lowest point (17.0%) in 2024/25 which equates to around 4,400 leavers. There has been a steady decrease in turnover rate for registered managers since a peak of 26.3% in 2021/2; however, it is still much higher than other managers roles. Senior managers had a turnover rate of 6.4% in 2024/25 and deputy managers had a turnover rate of 8.4%. As shown in Chart 33 the turnover rate for senior managers has remained similar over the seven-year period.

**Chart 35. Estimated turnover rates of selected managers roles (independent and local authority sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates

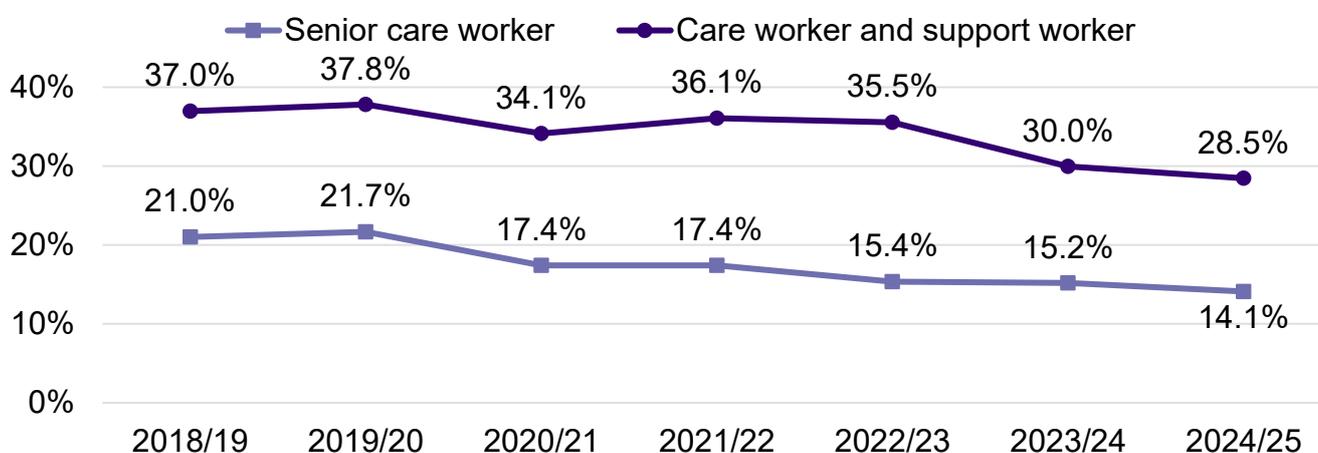


The pattern was similar for senior care workers and the ‘care worker and support worker’ group, as both roles saw a decrease in their turnover rates between 2018/19 and 2024/25. Care workers and support workers have consistently had much higher turnover rates than senior care workers, usually around double their rate.

The job role ‘support worker’ was added to the ASC-WDS in June 2024. Some workers who were previously recorded as care workers are now recorded as support workers, so the individual trends for these roles cannot be shown. Care worker and support worker saw a decrease in turnover rate from 37% in 2018/19 to 28.5% in 2024/25, whilst senior care workers saw a decrease from 21% to 14.1% over the same period.

**Chart 36. Estimated turnover rates of selected direct care roles (independent and local authority sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates



A decrease in turnover rate is positive for the sector, as retaining staff is important for ensuring person-centred care, reducing training and recruitment costs and improving staff wellbeing. The decrease in turnover rate is linked to international recruitment, with people recruited internationally being less likely to leave their roles. See Section 9.1.14 – International recruitment, for more information.

### 3.3.2 Factors affecting turnover rates

In addition to the information within this section on recruitment and retention, we’ve used models to calculate factors most likely to influence a worker to leave their post. Several factors were identified, including a worker’s contract type, travel to work distance and qualifications held, 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, see Section 9 – Factors affecting staff turnover and CQC ratings.

### 3.4 Starter rates

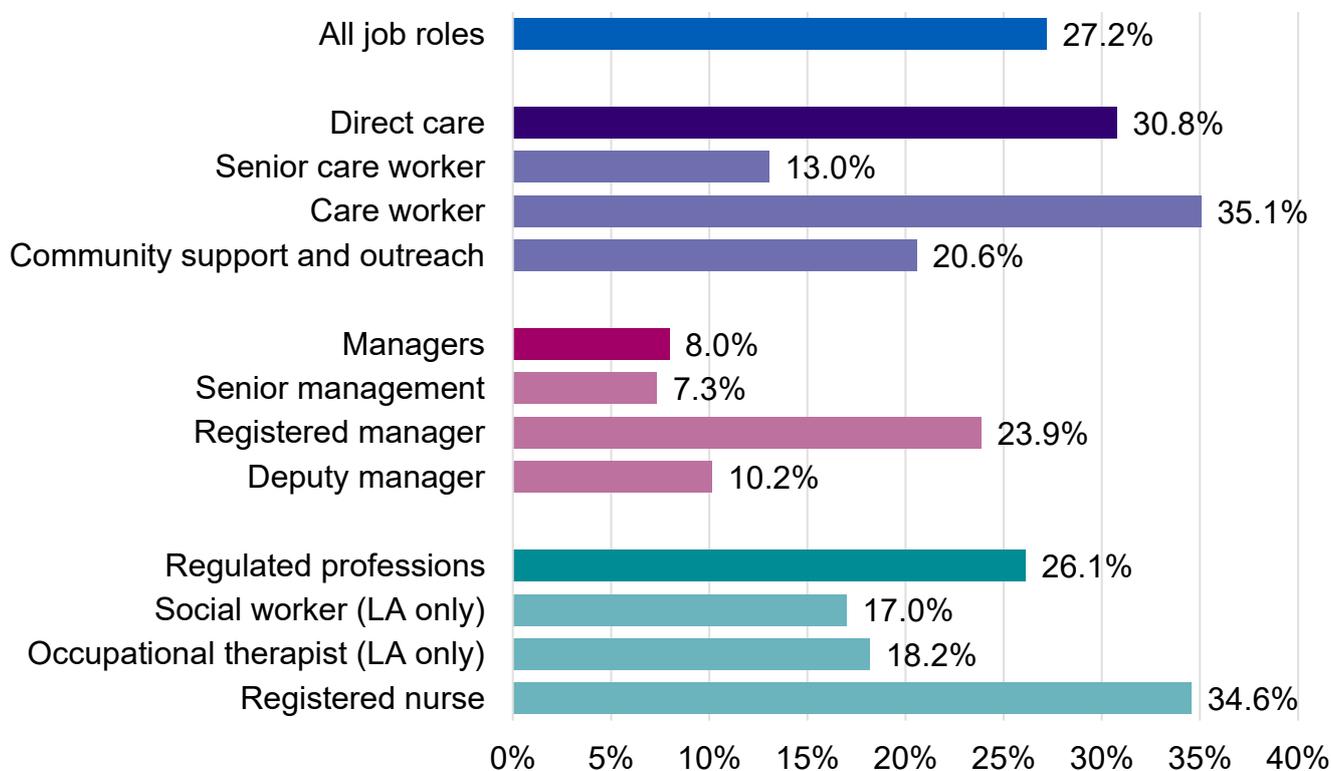
The information below refers to directly employed staff (permanent and temporary staff) in the local authority and independent sectors only. Data for direct payment recipients is not included.

We estimate that the starter rate in the past 12 months was 27.2%, which equates to approximately 360,000 new starters during 2024/25. Chart 37 below shows that care workers had the highest starter rate, at 35.1%, followed by registered nurses (34.6%) and registered managers (23.9%).

It should be noted that the starter rate reflects staff members who were new to their role. This will include a mixture of those new to the adult social care sector (47%), and ‘churn’ within the adult social care sector (53%), i.e. people moving from different employers or within the same organisation. See Section 3.7 for further information on the source of recruitment of new starters.

**Chart 37. Estimated starter rate of directly employed workers by job role, 2024/25**

Source: Skills for Care estimates



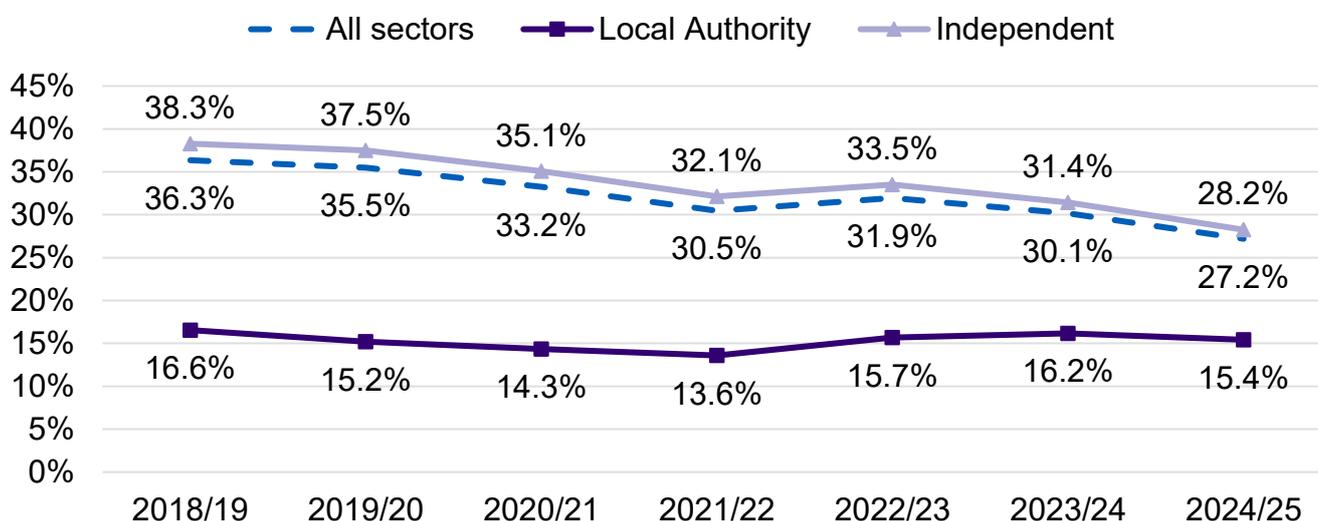
### 3.4.1 Starter rate trends

Chart 38 below shows the starter rate trend between 2018/19 and 2024/25, including data from the local authority and independent sectors only. Data for direct payment recipients is not included.

The starter rate is linked to the amount of staff turnover in the sector. Since 2021/22 the turnover rate has decreased and therefore there is less replacement demand for new starters. The starter rate was highest in 2018/19 at 36.3% and since then the rate has decreased steadily to 27.2% in 2024/25. As demonstrated in the chart below, this is the lowest starter rate over the seven-year period, showing a decrease of 9.2 percentage points.

**Chart 38. Estimated starter rate trend of all job roles by sector (independent and local authority sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates



### 3.5 Starters and leavers with a British nationality

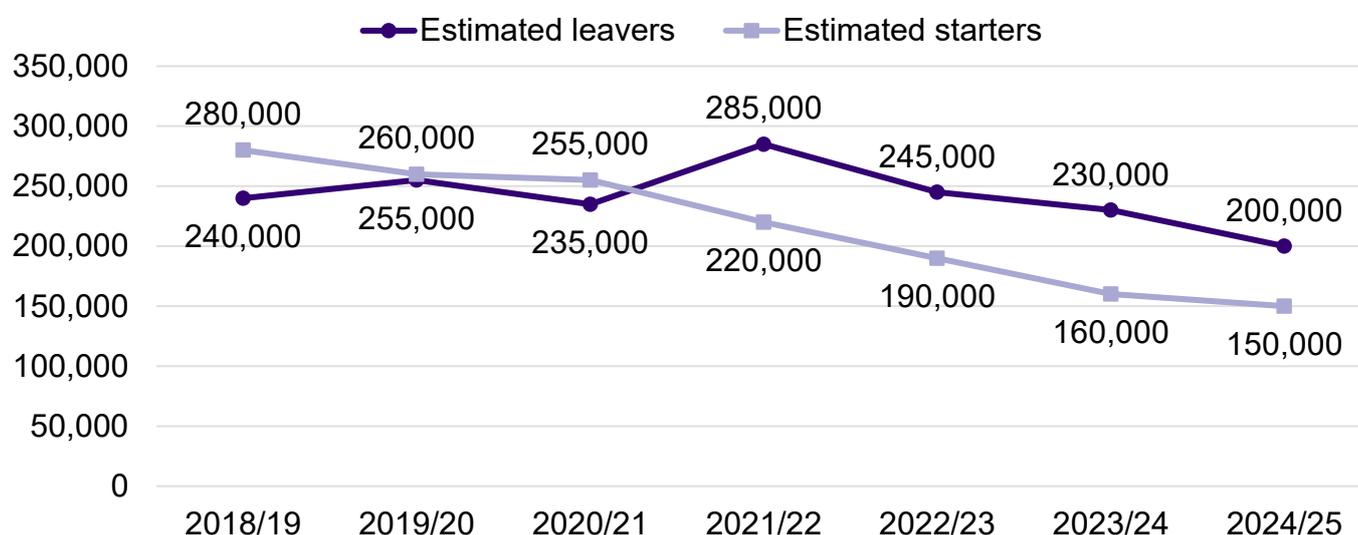
The following analysis shows estimates of the number of starters and leavers with a British nationality in direct care roles in the independent sector between 2018/19 and 2024/25. The independent sector accounts for the majority of the adult social care workforce, and the analysis of direct care workers means the starters figures are comparable to those shown in Section 8 – International recruitment. However, these analyses are not weighted in the same way as other estimates, meaning they are not directly comparable. These figures should therefore be treated as estimates rather than as precise counts.

Chart 39 below shows the estimated number of starters and leavers for direct care workers with a British nationality in the independent sector between 2018/19 and 2024/25. Between 2018/19 and 2020/21, the estimated number of starters was higher than the estimated number of

leavers. From 2020/21, the number of leavers was higher than the number of starters. Since then, both estimated starters and leavers with a British nationality declined at similar rates.

**Chart 39. Estimated number of British direct care worker starters and leavers in the independent sector, 2018/19 to 2024/25**

Source: ASC-WDS unweighted data



These figures indicate that the decreasing number of direct care workers with a British nationality in the workforce is related to fewer people with a British nationality starting in these roles over time.

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

The following section uses information about the age of workers and the years in which they started working in the adult social care sector. Therefore, the age at which they started working in the sector can be calculated.

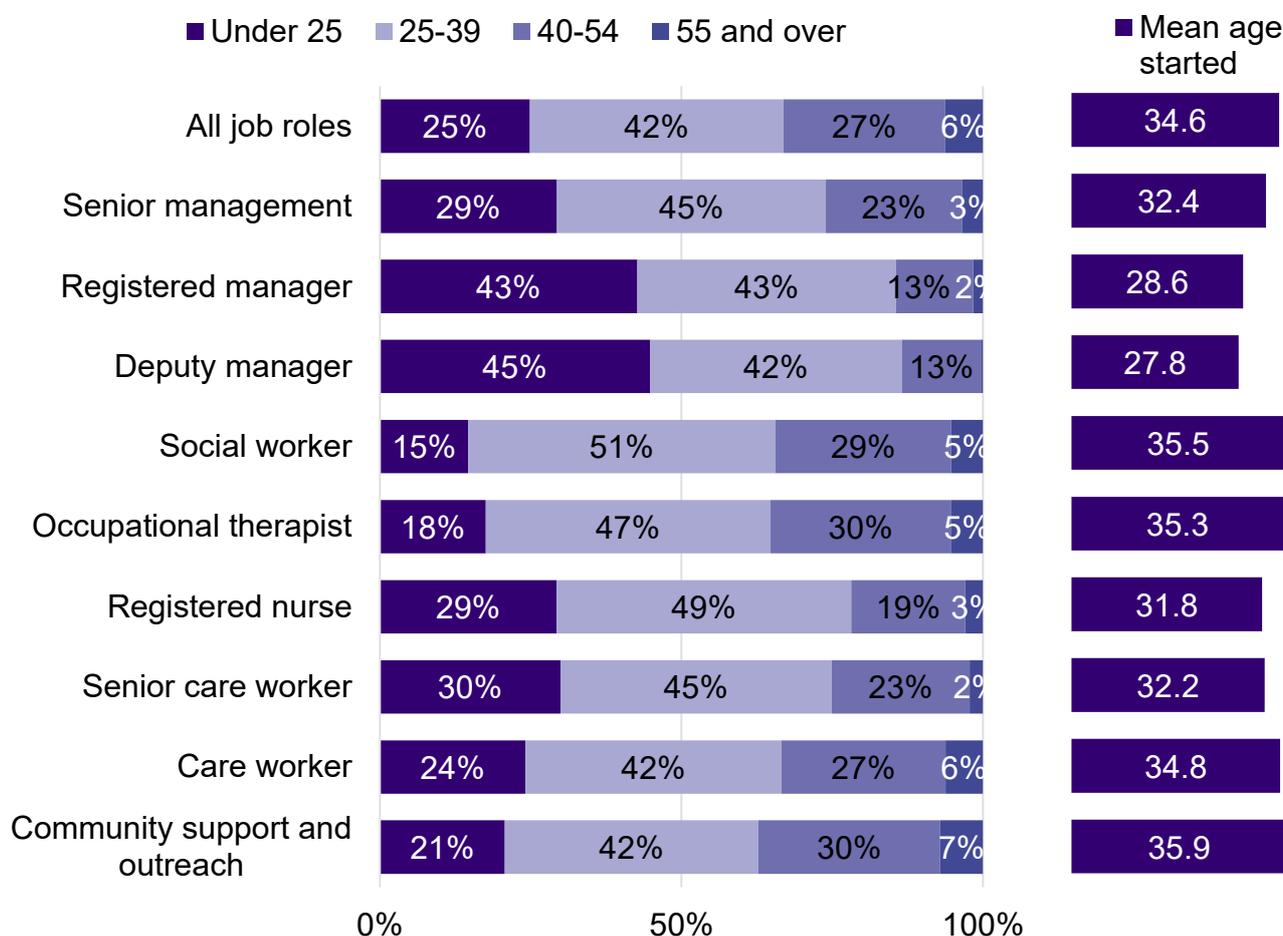
Chart 40 below shows the age bands and average age workers began working in the adult social care sector. This includes the independent and local authority sectors only.

The average age a person joined the adult social care workforce was 34.6 years old in 2024/25. Managers tended to join the sector at an earlier age; deputy managers had an average starting age of 27.8 whilst registered managers had an average starting age of 28.6 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, see Section 3.8.1 - Experience in sector, and Section 6.6.2 - Observed career progression in ASC-WDS.

**Chart 40. Estimated age distribution and average (mean) age started working in the adult social care sector by selected job roles (independent and local authority sectors only), 2024/25**

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 policymakers may need to look wider than the traditional care worker demographic for recruitment in the future.

### 3.7 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.

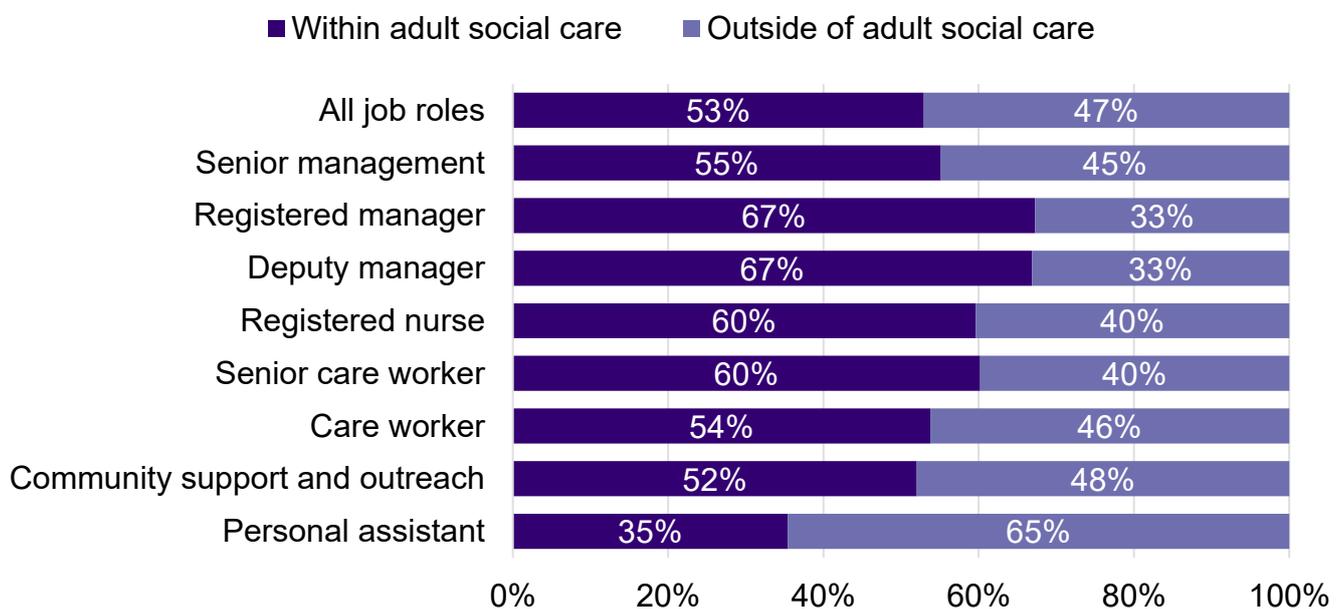
Although the turnover rate for all job roles is relatively high (23.1%), Chart 41 below shows that 53% of starters were recruited from within adult social care; therefore, the sector has retained their skills and experience. However, it also means that a large proportion of employers were

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 47% recruited from outside adult social care, around 7% were recruited from the health sector and 40% were recruited from other sources, including other sectors and international recruits.

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 41. Estimated source of recruitment in the adult social care sector by selected job role, 2024/25**

Source: Skills for Care estimates



## 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 9.2 years of experience in the adult social care sector and 71% of the workforce had been working in the sector for at least three years.

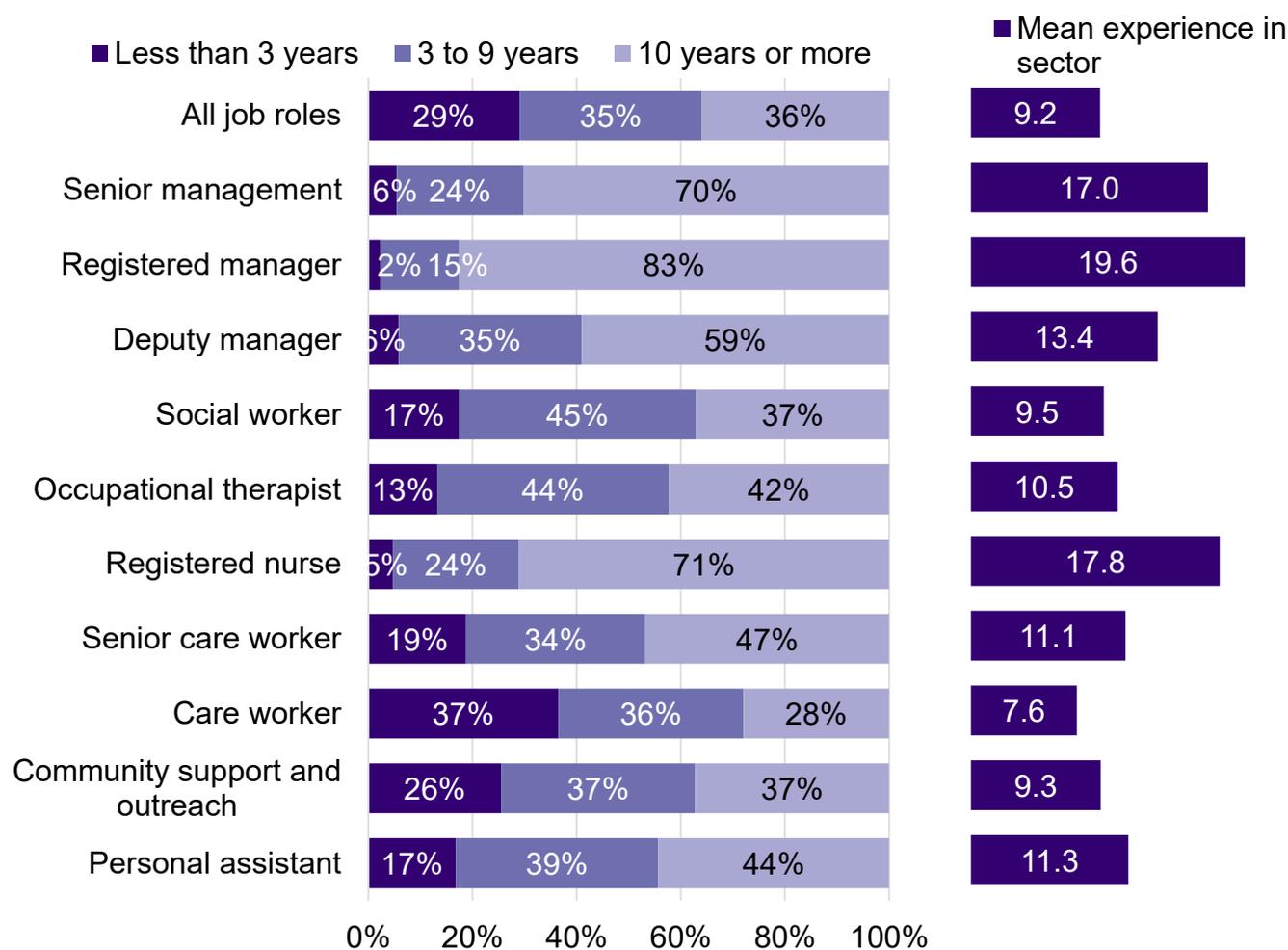
Chart 42 below shows that managers had the most experience in the sector, with an average of 19.6 years for registered managers and 17.0 years for senior management.

Within regulated profession roles, registered nurses had the most experience in the sector with 17.8 years, compared to 9.5 years for social workers and 10.5 years for occupational therapists. Care workers had the lowest average number of years of experience at 7.6 years. Direct care roles had less experience than regulated profession roles and managers.

Around 29% 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 larger proportion of workers with less than three years of experience (37%). In contrast, 83% of registered managers had been in the sector for 10 years or more.

**Chart 42. Estimated experience in sector and average (mean) number of years' experience by selected job role, 2024/25**

Source: Skills for Care estimates



### 3.8.2 Experience in role

On average, workers had 4.7 years of experience in their current role (4.5 years less than the average experience in sector). The average number of years of experience for a care worker was 3.9 years, slightly lower than personal assistants, who had an average of 5.4 years. In

contrast, senior managers (9.2 years) and registered managers (8.5 years) had more experience in their current role.

Registered nurses had an average of 4.7 years of experience in their role; this was amongst the lowest levels of all the job roles shown in Chart 43. However, registered nurses' average years of experience of working in the adult social care sector were amongst the highest (17.8 years). This is likely a result of the relatively high turnover rate for registered nurses (32.8%) and indicates that many nurses have moved between employers in the social care sector.

**Chart 43. Estimated experience in role and average (mean) number of years' experience by selected job role, 2024/25**

Source: Skills for Care estimates

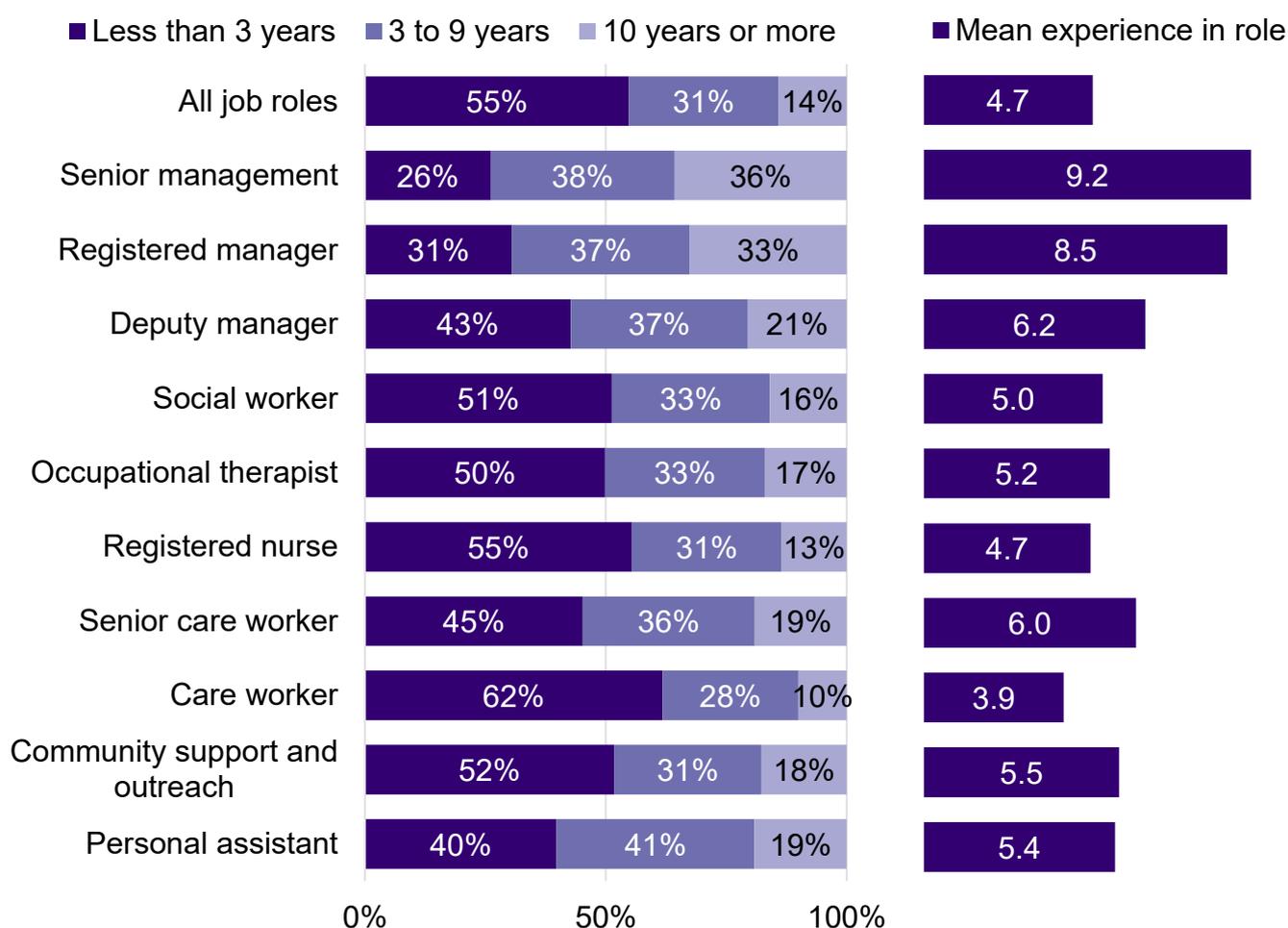
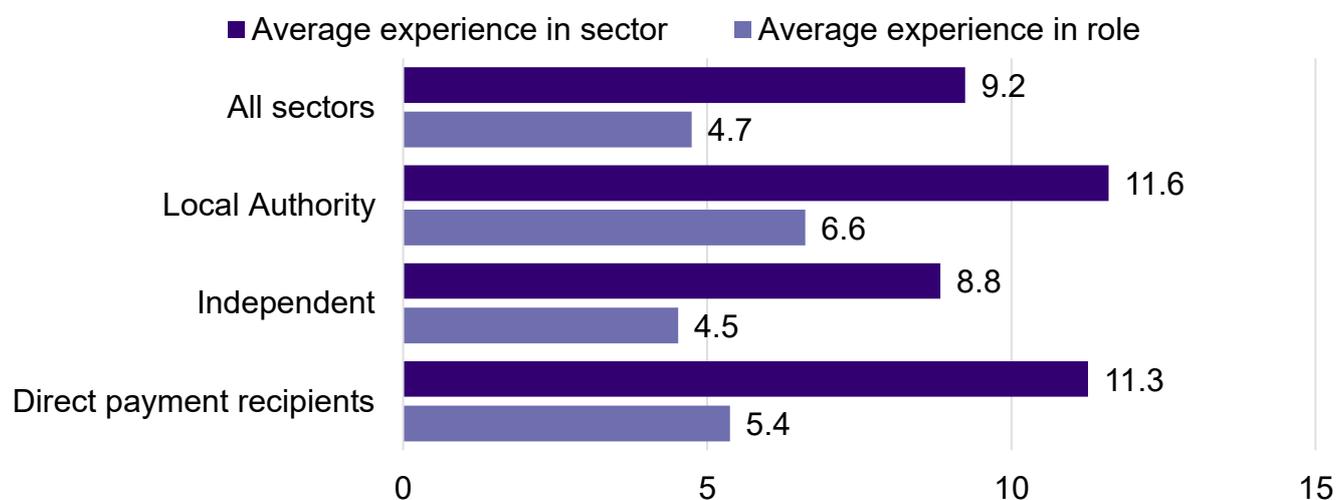


Chart 44 below shows that workers in the local authority sector had the most experience in the sector and remained in their role for longer. Workers employed in the independent sector had less experience on average, which reflects the higher turnover rates in this part of the sector.

**Chart 44. Estimated comparison of average (mean) number of years of experience in current role and adult social care by sector, 2024/25**

Source: Skills for Care estimates



Although the turnover rate was 23.1% in 2024/25, the workforce average experience in the sector (9.2 years) shows there was an experienced core of workers who have chosen adult social care as a career.

## 3.9 Staff wellbeing and sickness

The welfare of staff is an important marker for retention of the workforce, this can relate to both their physical and mental wellbeing. The following sub-sections look at this in more detail.

### 3.9.1 Wellbeing

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.

In 2023, Skills for Care and the University of Kent, in partnership with Ipsos, conducted the first [Adult social care workforce survey](#). Workers themselves responded to this survey and were asked four questions about their overall wellbeing. These questions cover life satisfaction, happiness, feelings of worthwhileness and anxiety. Analysis of these four questions shows that the wellbeing of the adult social care workforce is mixed. For more detail, see the '[The Adult Social Care workforce and their work-related quality of life](#)' report.

## 3.9.2 Average sickness rates

There was an estimated workforce of 1.47 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and posts working for direct payment recipients in 2024/25. These workers had an average of 4.5 sickness days per employee, meaning a total of approximately 6.6 million days were lost to sickness over the year.

Data from the Labour Force Survey<sup>8</sup> relating to sickness absence in the labour market shows that across the wider economy of England in 2023 and 2024, there were an average of 4.4 sickness days per worker, which was very similar to adult social care in 2024/25.

Chart 45 shows that the average number of sickness days varied by job role, with social workers and occupational therapists having the highest number of sickness days at 9.8 and 7.9 days per year on average, respectively. It should be noted that the majority of social workers and occupational therapists work within the local authority sector where they generally have higher rates of sickness compared to the independent sector.

However, those in personal assistant roles had a much lower sickness rate, at 1.8 days. Personal assistants employed by a friend or family member had on average 1.1 sickness days. Those employed by a non-friend or family member had an average of 2.5 days. More evidence about this topic is presented in our [‘Individual employers and the personal assistant workforce, 2025’](#) report.

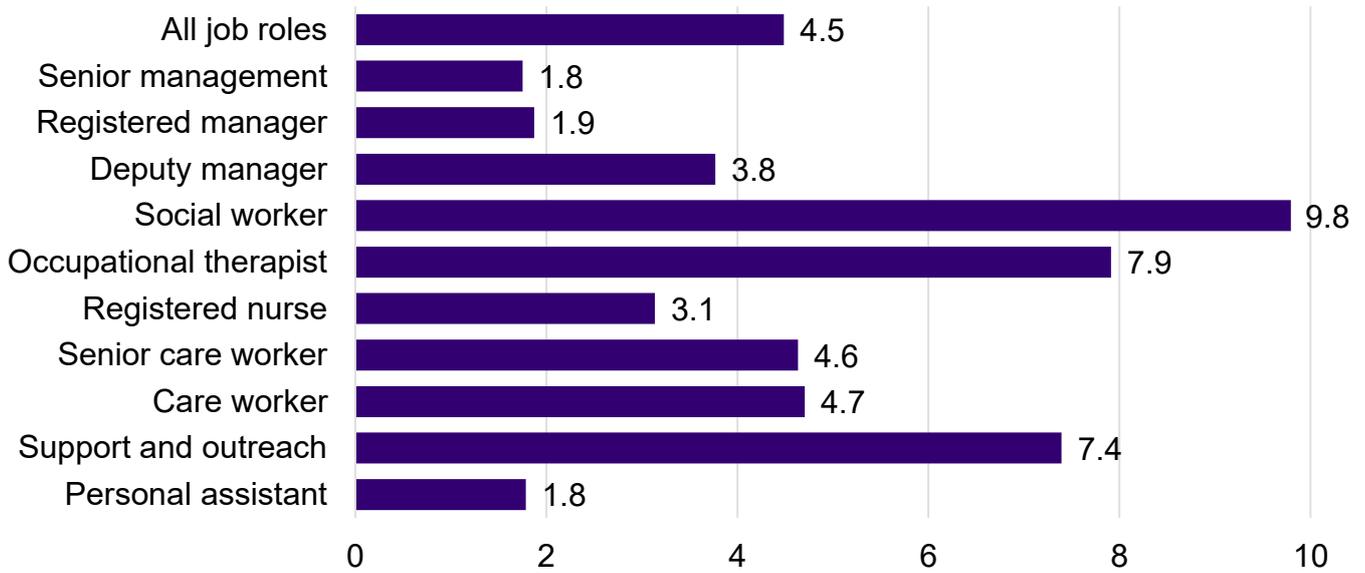
Registered nurses also had lower sickness rates, at an average of 3.1 days. It should be noted that most nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can reflect a favourable sickness policy, but on the other hand may also provide an indication of low rates of wellbeing in a workplace.

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<sup>8</sup> [Labour Force Survey – Sickness absence in the UK labour market](#)

**Chart 45. Estimated average sickness days taken by selected job roles, 2024/25**

Source: Skills for Care estimates

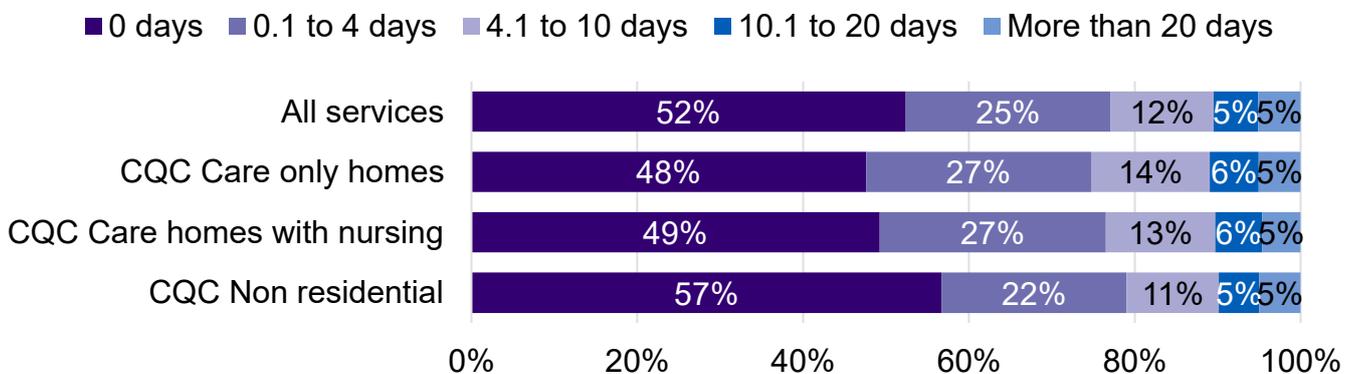


On average, sickness rates were higher within local authorities (10.8 days for all job roles and 13.7 for care workers) than in independent sector providers (4.2 days for all job roles and 4.4 for care workers). Analysis of responding establishments in the ASC-WDS showed that in 2024/25, the majority (91%) of care workers in the local authority sector establishments received more than the statutory rate of sick pay, compared to 26% of care workers in independent sector establishments. For more information, see Section 2.5 – Enhanced care worker sick pay.

Although the average number of sickness days was 4.5, unweighted data from the ASC-WDS showed that over half of workers in the independent sector had zero sickness days (52%). Chart 46 below shows that CQC care homes with nursing and CQC care only homes had more workers absent through sickness than domiciliary care services.

**Chart 46. Sickness distribution by service type (independent sector only), as at March 2025**

Source: Unweighted ASC-WDS data



### 3.9.3 Sickness trends

This section does not include employees working for direct payment recipients, as trends were unavailable for this part of the sector.

Levels of staff sickness nearly doubled over the course of the pandemic. An average of 7.7 days were lost to sickness in 2020/21 in the independent sector compared to 4.2 days before the pandemic in 2019/20. This was a mix of people being ill, self-isolation and people being unable to work for other reasons, such as childcare issues.

After 2020/21, following the relaxation of rules regarding testing and isolation, overall sickness rates began to decrease and are now similar to pre-pandemic levels. In 2024/25 in the independent sector an average of 4.2 days were lost due to sickness, the lowest point since 2019/20. In the local authority sector the average number of sickness days has remained relatively stable over the period. However, between 2022/23 and 2024/25, there was a decrease from 11.8 days of average sickness to 10.8 days.

**Chart 47. Estimated average (mean) number of sickness days by sector (independent and local authority sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates

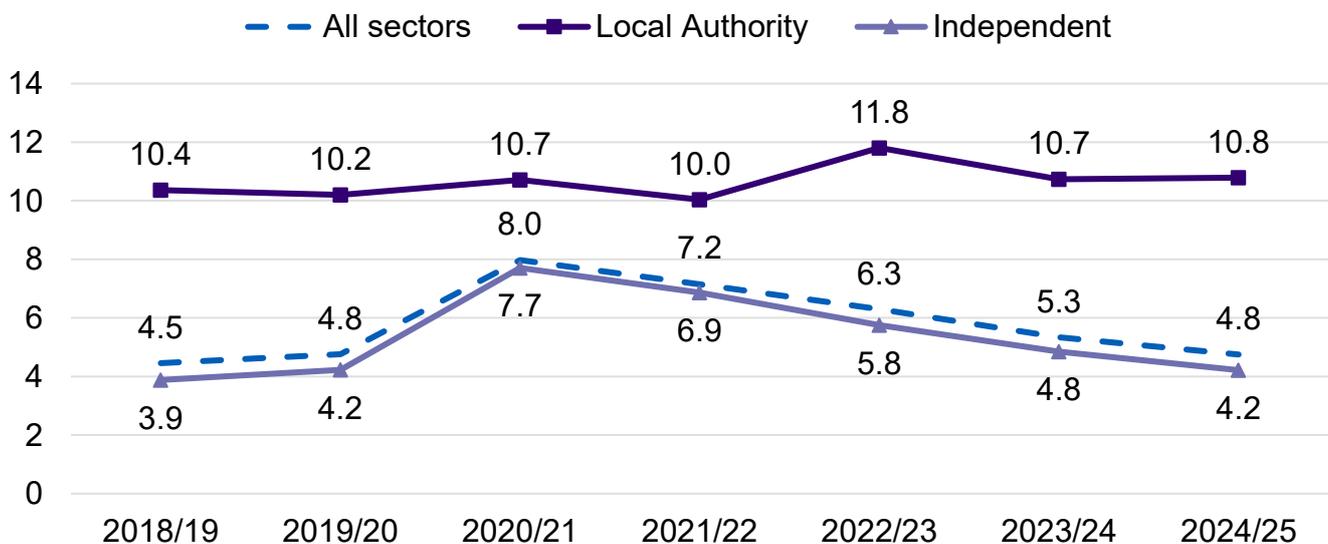
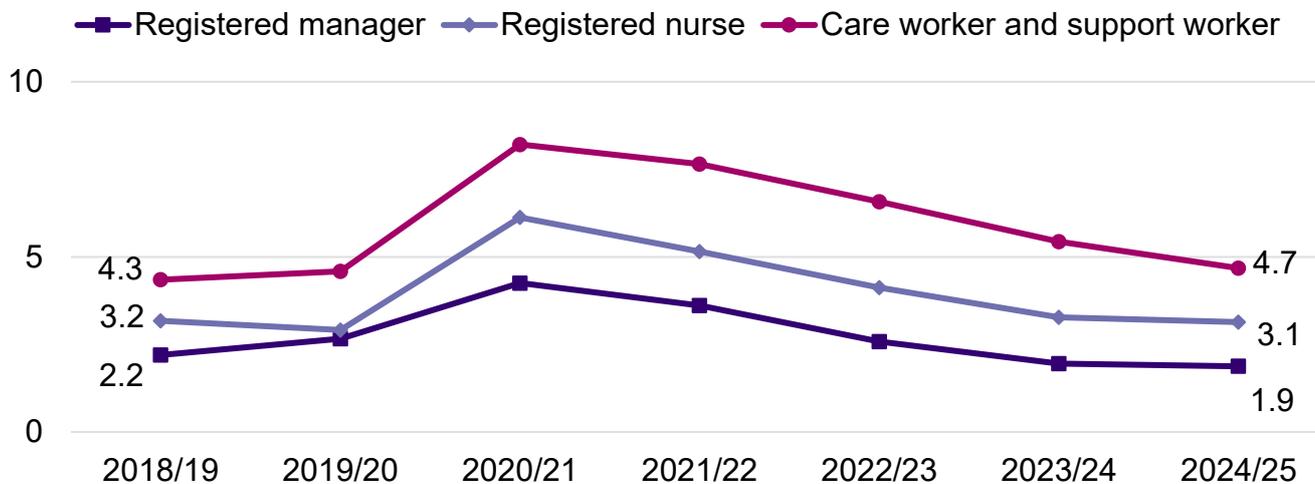


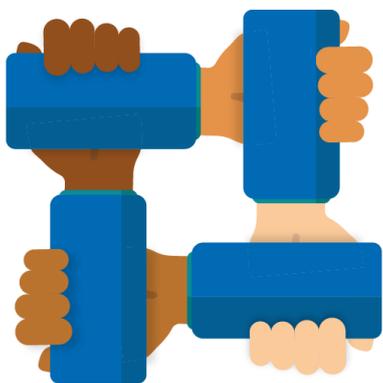
Chart 48 shows the sickness trend for selected jobs roles. Registered managers, nurses and staff in the ‘care worker and support worker’ group all experienced similar increases in sickness rates while COVID-19 restrictions were in place. Since the relaxation of restrictions, the average number of sickness days for these roles has decreased and are now similar to pre-pandemic levels.

**Chart 48. Estimated average sickness days taken by selected job roles, 2018/19 to 2024/25**

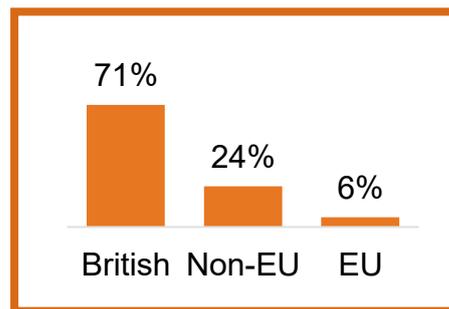
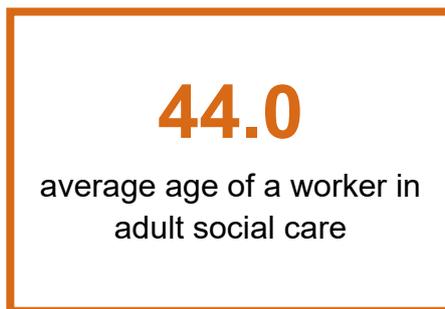
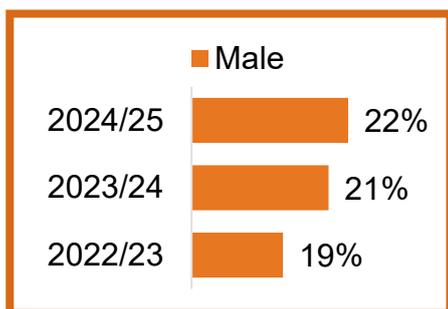
Source: Skills for Care estimates



# 4. Demographics



This section 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 in 2024/25 stood at 22%, the highest on record. The job role with the largest proportion of male workers was senior management (33%).
- The mean average age of a worker in adult social care was 44.0 and the proportion of staff aged 55 and over was 27%. The job role with the highest proportion of staff in this age band was personal assistant (40%) followed by senior management (36%).
- Workers with a White ethnicity made up 64% of the adult social care workforce, compared to 80% of the economically active population in England (according to the [Labour Force Survey](#)).
- The most ethnically diverse region in the adult social care workforce in the local authority and independent sectors in 2024/25 was in the London region, where 50% of staff had a Black, African, Caribbean or Black British ethnicity, and 22% had an Asian or Asian British ethnicity.
- In 2024/25, the proportion of workers in adult social care with a disclosed disability was 3%, an increase from 2% in 2023/24.
- The top three non-British nationalities represented in the adult social care workforce in 2024/25 were Nigerian (26%), Indian (17%) and Zimbabwean (9%).

## 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's vital that the adult social care workforce reflects the society we live in, that people feel included and have equitable opportunities. 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.

In addition to leadership, Skills for Care is committed to promoting equality and opportunity across the adult social care workforce. In 2021, the Department of Health and Social Care (DHSC), with the Department for Education (DfE) as partners, set up a project team in the Office of the Chief Social Worker to respond to the scoping review to develop a Workforce Race Equality Standard for social care. Initial testing of the [Social Care Workforce Race Equality Standard \(SC-WRES\)](#) took place in 2021/22 in partnership with 18 local authorities. Under Skills for Care's leadership the programme expanded to 23 local authorities in 2023/24, and again to 76 local authorities taking part in 2024/25. For more information, see Section 4.5.1 of this report.

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

In 2023, Skills for Care and the University of Kent, in partnership with Ipsos, conducted the first [Adult social care workforce survey](#). Workers themselves responded to this survey, as opposed to employers completing on behalf of staff in the ASC-WDS. This difference in collection resulted in some different results, especially with regard to staff with disabilities which was much higher in the self-reported workforce survey. The workforce survey also covered some additional demographics, due to staff being the respondents, such as sexual orientation and marital status. It also highlighted a higher proportion of staff reporting a gender other than 'male' or 'female'.

## 4.2 Gender

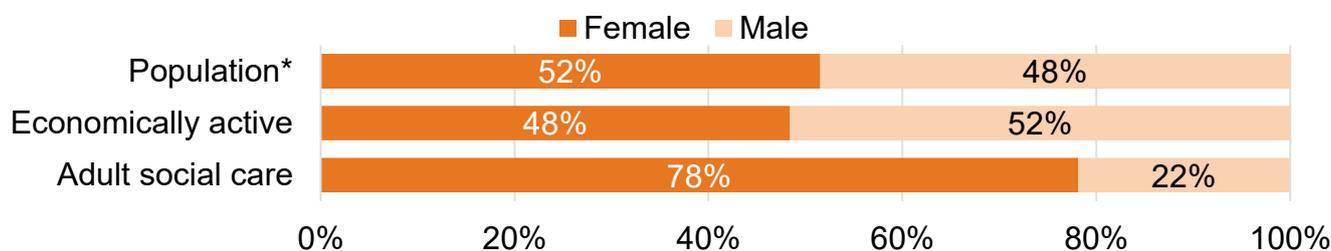
The ASC-WDS collects information on the gender of workers. In 2020/21 the gender question was updated from 'gender' to 'gender identity' and the option of 'other' was added alongside 'male', 'female' and 'I don't know'. It's important to note that our data is reported by employers and not the workers themselves, so this may result in an underestimation of people with a gender identity other than male or female being recorded. Skills for Care is aware that we are in a changing landscape with regard to gender identity and we continue to monitor the results of the gender identity question and will review the wording of the question with employers.

In 2024/25, around 0.04% of adult social care staff in England 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 (650 filled posts). 'Not known' responses are removed prior to the [weighting process](#), as with our other variables.

Chart 49 below shows the gender breakdown of the population in England aged over 15, the economically active population and the adult social care workforce in England. Females and males each made up around half of the population and around half of the economically active population. In the adult social care sector females made up a majority of the workforce at 78%, while only 22% of the workforce were male.

**Chart 49. Estimated gender of the adult social care workforce, the population\* and the economically active population, 2024/25**

Source: Skills for Care estimates, Labour Force Survey 2024/25, Census 2021



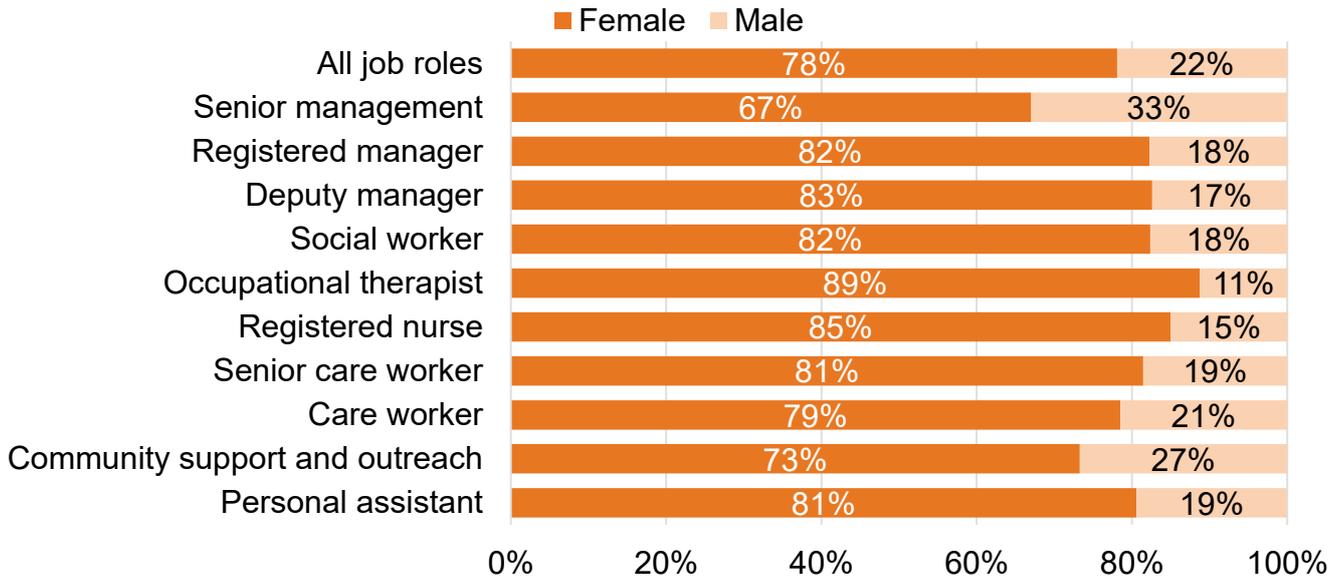
\* Population includes only those aged 15 and above due to comparison with other sectors

Over the last two years, Skills for Care has been contributing to [the MEND study](#) alongside [NICHE-Leeds](#) and the [National Care Forum](#). This study focuses on the need to attract and recruit more men into the adult social care workforce and the challenges currently faced. In addition to a quantitative study, qualitative research is taking place to investigate how improving workforce equality, diversity and inclusion would benefit men currently working in the sector and improve retention of male workers.

In 2024/25, gender proportions varied amongst job roles across the adult social care workforce; however, the majority of workers in each role were female. As shown in Chart 50 below, males were more likely to be in senior management roles (33%) and community support and outreach roles (27%). Males were much less likely to work in an occupational therapist role (11%) or a registered nurse role (15%).

**Chart 50. Estimated proportion of workers by gender for selected job roles, 2024/25**

Source: Skills for care estimates

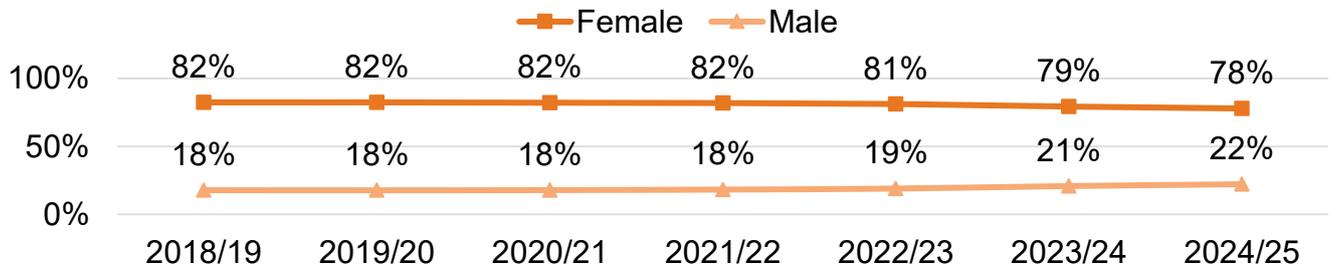


Across England the proportion of male and female workers was relatively consistent, with the London and South East regions reporting the highest proportion of male workers (both 24%) in the local authority and independent sectors in 2024/25. The North East saw the lowest proportion, with nearly one in five workers identifying as male (19%).

Between 2018/19 and 2021/22, the proportion of male workers in the local authority and independent sectors remained consistent at 18%. Since then, as shown in Chart 51, the proportion of male workers has increased to 22% in 2024/25, an additional 91,000 filled posts. This steady increase is related to international recruitment from 2022/23 onwards, as internationally recruited workers both on the Health and Care Worker visa and via other routes were more than twice as likely to be male (29% and 34% respectively) compared to domestic recruits (see Section 8 – International recruitment, for more detail).

**Chart 51. Estimated proportion of workers by gender (local authority and independent sectors only), 2018/19 to 2024/25**

Source: Skills for care estimates

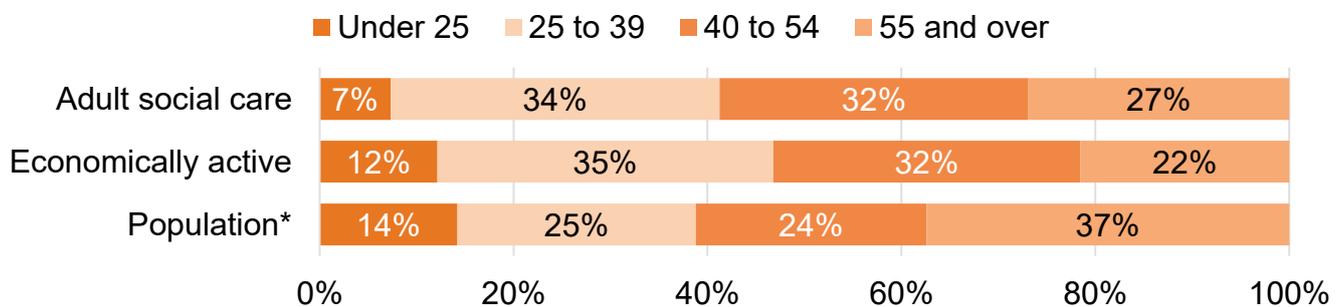


## 4.3 Age

The age profile of the adult social care workforce in 2024/25 was slightly older compared to the wider economically active population. As shown in Chart 52, younger workers (those under 25) were less likely to work in adult social care (7%) compared to the rest of the economically active population (12%). Both the 25 to 39 and 40 to 54 age groups accounted for around one-third of the adult social care workforce and the economically active population. Just over a quarter (27%) of adult social care workers were aged 55 and over, compared to 22% of the economically active population.

**Chart 52. Estimated age distribution of the adult social care workforce, economically active population and the England population, 2024/25**

Source: Skills for Care estimates, Labour Force Survey 2024/25, Census 2021

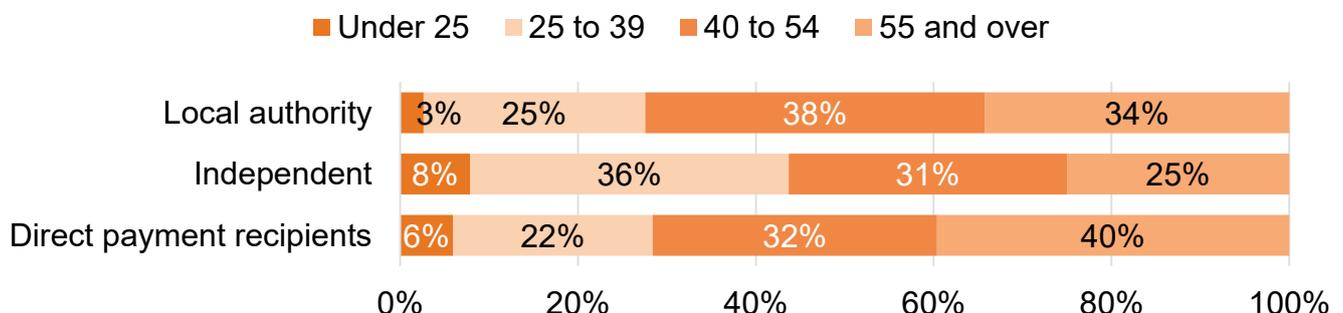


\* Population includes those aged 15 and above due to comparison with other sectors

Within adult social care, there was variation in age across the workforce in England in 2024/25, as shown in Chart 53. Workers in the independent sector had the largest proportion of younger workers, with 8% aged under 25. Conversely staff employed in the local authority sector were older, with 38% aged 40 to 54. Posts working for direct payment recipients (personal assistants) had the highest proportion of workers aged 55 and over at 40%.

**Chart 53. Estimated age distribution of the adult social care workforce by sector, 2024/25**

Source: Skills for Care estimates



The average age of a worker in the adult social care sector in any job role was 44.0, a decrease from 44.1 in 2023/24. Table 11 below shows average age varied across different job roles, with care workers (42.2) having the youngest average age of the job roles shown. Senior

management and personal assistants had the oldest average ages, at 49.8 and 48.2 respectively.

**Table 11. Estimated average (mean) age and age distribution of the adult social care workforce by selected job role, 2024/25**

Source: Skills for Care estimates

	Mean age	Under 25	25 to 39	40 to 54	55 and over
<b>All job roles</b>	<b>44.0</b>	<b>7%</b>	<b>34%</b>	<b>32%</b>	<b>27%</b>
Senior management	49.8	1%	20%	44%	36%
Registered manager	48.3	1%	23%	44%	32%
Deputy manager	42.6	3%	42%	38%	18%
Social worker	44.6	2%	35%	39%	24%
Occupational therapist	44.8	2%	33%	42%	23%
Registered nurse	47.8	1%	30%	36%	33%
Senior care worker	43.1	4%	40%	34%	22%
Care worker	42.2	9%	38%	30%	23%
Community support and outreach	45.0	6%	33%	33%	29%
Personal assistants	48.2	6%	22%	32%	40%

The under 25 age group represents an important part of the adult social care workforce, particularly in direct care roles. Most notable are care workers, where 9% of posts are filled by workers aged 24 or younger.

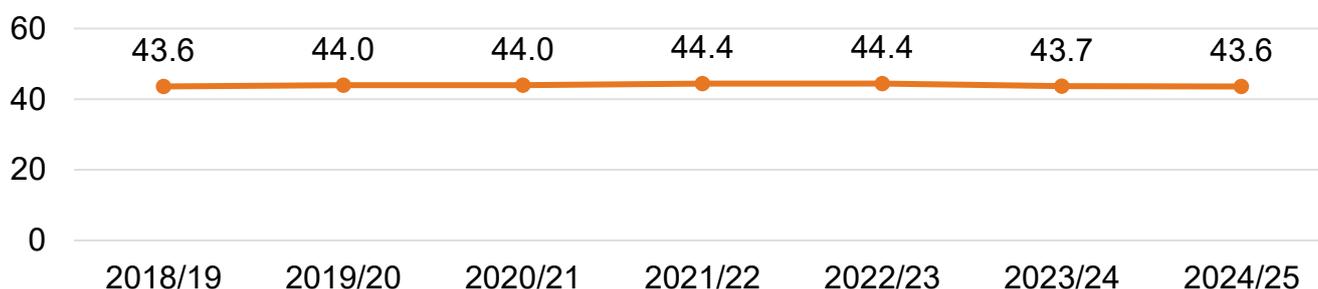
The Kings Fund is conducting research into [young people in adult social care](#), using data from the ASC-WDS alongside qualitative research to learn about the experience, recruitment challenges and opportunities for younger people. Skills for Care will continue to monitor age profiles across the adult social care workforce, as young people will make up the next generation of experienced workers.

As mentioned above, nearly three in five workers in the adult social care workforce are aged over 40 (59%). From a workforce planning perspective, workers aged 55 and over could retire in the next 10 years. While 27% of all social care staff fell into this age band in 2024/25, the job roles with the highest proportion of older workers were personal assistants (40%), senior management (36%) and registered nurses (33%).

In the local authority and independent sectors in 2024/25 the average age was 43.6. This was the same as reported in 2018/19, as shown in Chart 54, but 0.1 years younger than reported in 2023/24 (43.7). Between 2018/19 and 2020/21, the average had increased by 0.8 years to 44.4, but between 2022/23 and 2024/25, the average age has decreased again indicating the workforce is, on average, getting younger.

**Chart 54. Estimated mean average age trend of the adult social care workforce (local authority and independent sectors only), 2018/19 and 2024/25**

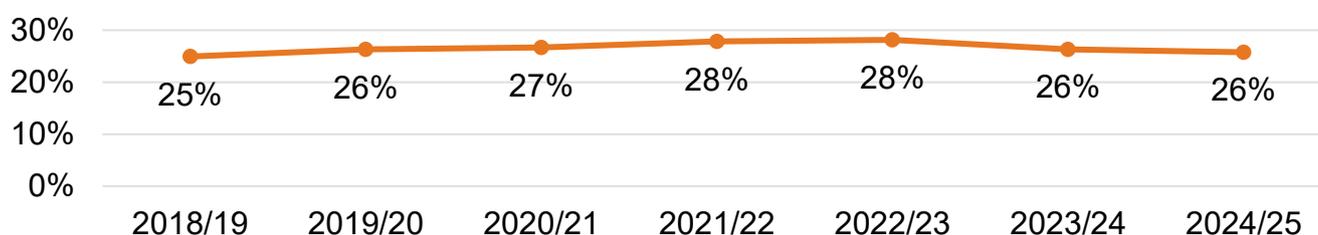
Source: Skills for Care estimates



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 and 2024/25. As shown in Chart 55, 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 because, as mentioned above, 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.

**Chart 55. Estimated proportion of the adult social care workforce aged 55 and over (local authority and independent sectors only), 2018/19 and 2024/25**

Source: Skills for Care estimates



The change in these trends, for both the average age and proportion of workers aged 55 and over, can be attributed in part to the increase in international recruitment since February 2022 when care workers were added to the Shortage Occupation List (SOL) and allowed to come to the UK and join the adult social care workforce. On average, workers recruited internationally in 2024/25 were younger, with an average age of 34.1 for those coming on a Health and Care Worker visa, and 31.0 for those coming via other routes. There were also fewer international recruits aged 55 and over, only 1% amongst those on the Health and Care Worker visa or otherwise.

Due to the number of workers recruited internationally in recent years, they now make up a significant proportion of the workforce. However, it's 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. For further analysis, see Section 8 – International recruitment.

## 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, so it could be physical or mental.

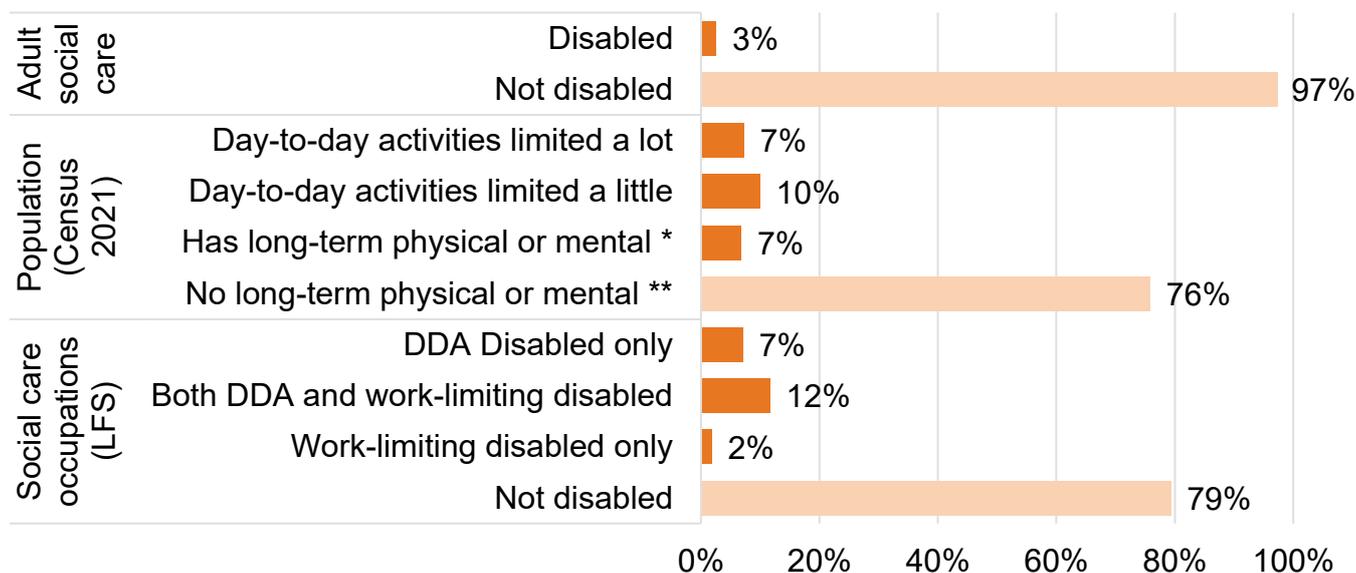
In 2024/25, the proportion of workers recorded as having a disability in the ASC-WDS was 3%, an increase from 2% in 2023/24. However, it is possible that the ASC-WDS disability records are under-reported because the information is provided by the employer. They are asked on behalf of the worker: 'Do they identify as having a disability?'. If workers were asked themselves, it's likely they may respond differently as their disability may not be visible to their employer, or they may not have disclosed it.

The proportion of workers recorded as disabled in the ASC-WDS 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 2024/25 identified that 21% of workers within social care occupations were disabled, according to the Disability Discrimination Act (DDA) 1995 definition.

As shown in Chart 56 below, it is possible that the proportion of disabled workers in the ASC-WDS (3%) is capturing the LFS equivalent of 'work-limiting' disability, which is 2%.

## Chart 56. Estimated proportion of the adult social care workforce, England population and economically active population by disability status, 2024/25

Source: Skills for care estimates, Census 2021, Labour Force Survey 2024/25



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

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

Analysis from the Office for National Statistics [Disability and Employment dataset](#) found that in 2020/21 the employment rate of disabled people aged 16 to 64 was 54% compared to 80.2% for people who were not disabled. Skills for Care is 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 benefits of employing disabled people in the adult social care workforce.

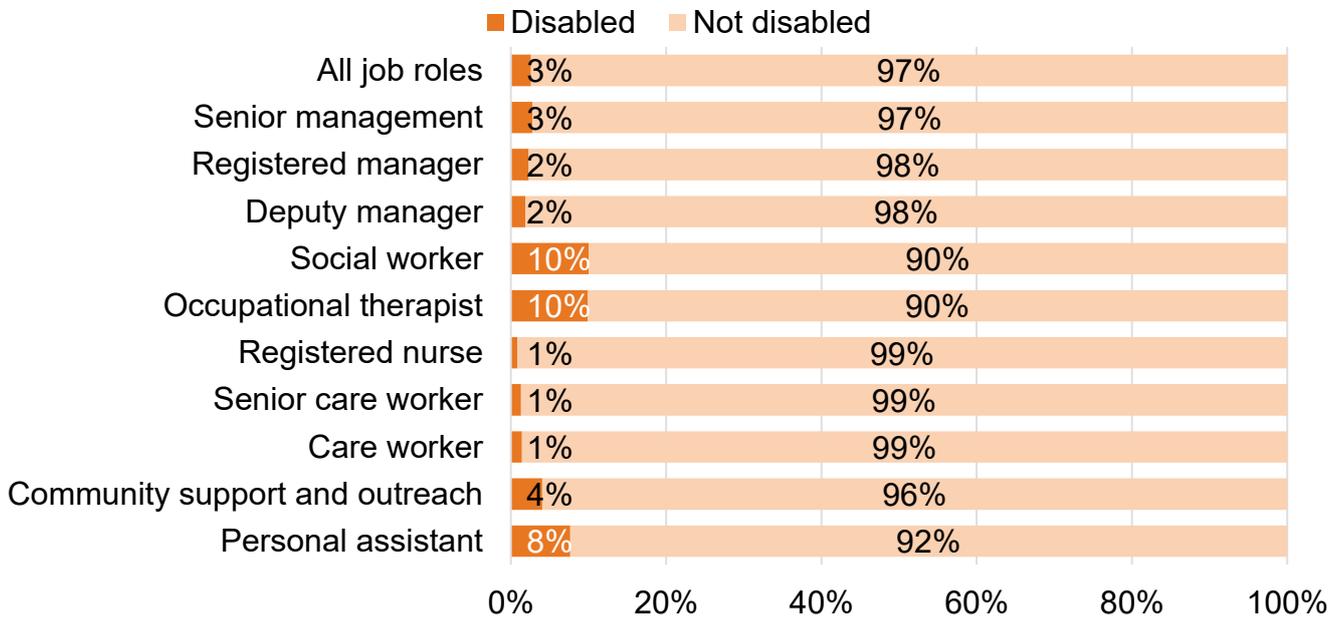
Skills for Care believes that having a diverse workforce is important in ensuring the sector has a wealth of perspectives, ideas and lived experiences. For more information on recruiting a diverse workforce, see our [widening your talent pool webpage](#).

Disability status varied little across different job roles in adult social care, typically with less than 5% of the workforce being recorded as having a disability in 2024/25. However, as shown in Chart 57 below, social workers and occupational therapists had the highest proportion of disabled workers (10% each). The majority of social workers (89%) and occupational therapists (88%) were employed within the local authority sector, where disclosure of this information may be higher than amongst the independent sector workforce.

Around 8% of personal assistants were recorded as having a disability, 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 likely to be a more accurate reflection.

**Chart 57. Estimated proportion of workers by disability status and selected job roles, 2024/25**

Source: Skills for Care estimates



## 4.5 Ethnicity

The adult social care workforce is ethnically diverse; as of 2024/25, nearly two thirds of workers were people of a White ethnicity (64%), while one in five were people of a Black, African, Caribbean or Black British ethnicity (21%) and just over one in ten were people of an Asian or Asian British ethnicity (12%). The adult social care workforce was more ethnically diverse in 2024/25 than the population of England according to the 2021 UK census and the Labour Force Survey in 2024/25, as shown in Chart 58.

As of 2021, 81% of the population in England had a White ethnicity, 4% had a Black, African, Caribbean or Black British ethnicity, and 10% had an Asian or Asian British ethnicity. More recently, the Labour Force Survey reported in 2024/25 that out of the economically active population four in five were people of a White ethnicity (80%), while 6% were of a Black, African, Caribbean or Black British ethnicity, and 10% were of an Asian or Asian British ethnicity. Both of these sources show a much less ethnically diverse population than that of the adult social care workforce.

### Chart 58. Proportion of the adult social care workforce, population in England and economically active population by ethnicity group, 2024/25

Source: Skills for Care estimates, Census 2021, Labour Force Survey 2024/25

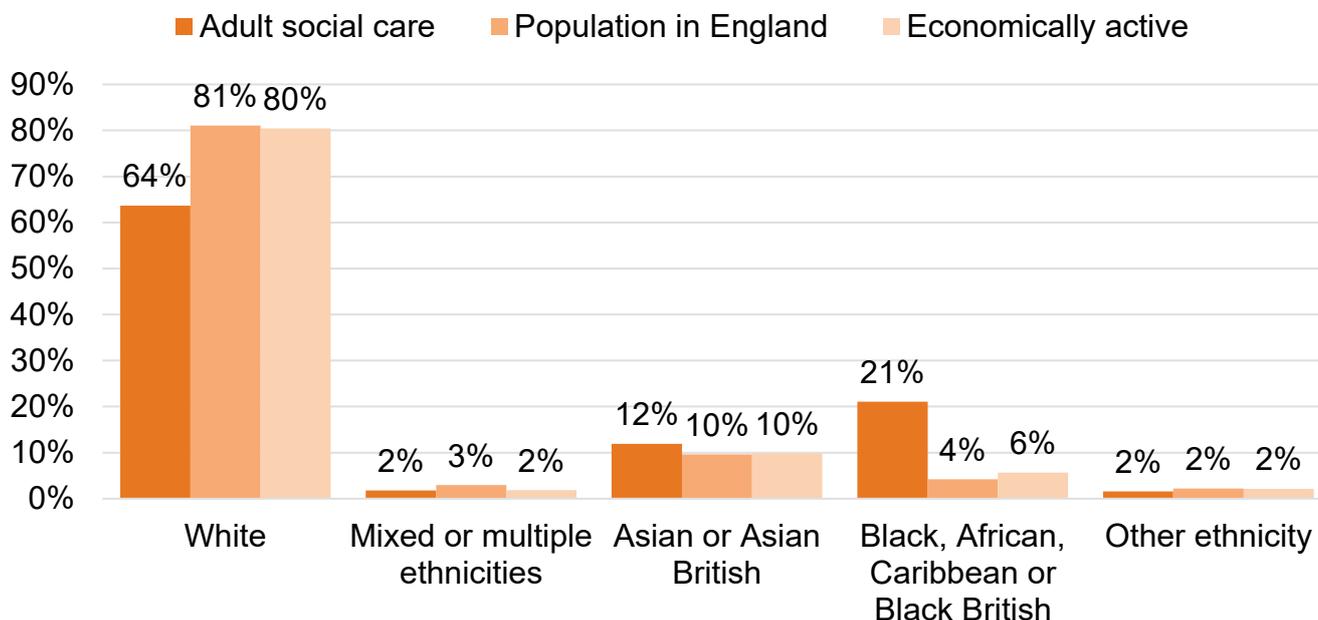


Table 12 below shows that across adult social care, the ethnic diversity of the workforce varied. The independent sector had the highest proportion of workers of a Black, African, Caribbean or Black British ethnicity (23%, or 310,00 filled posts), and the highest proportion of workers of an Asian or Asian British ethnicity (13%, or 173,000 filled posts).

The majority of the adult social care workforce are employed in either residential or domiciliary care services. Nearly two-thirds of staff in residential services (65%) were people of a White ethnicity in 2024/25, while 14% were of an Asian or Asian British ethnicity, and 17% were of a Black, African, Caribbean or Black British ethnicity. Domiciliary care services had the highest proportion of workers of a Black, African, Caribbean or Black British ethnicity (30%), and 12% of workers were of an Asian or Asian British ethnicity. Domiciliary care services had the smallest proportion of workers of a White ethnicity of any service group, at 55%.

**Table 12. Estimated proportion of the adult social care workforce by ethnicity group by sector and main service (local authority and independent sectors only), 2024/25**

Source: Skills for Care estimates

	White	Mixed, multiple ethnicities	Asian or Asian British	Black, African, Caribbean or Black British	Other ethnicity
<b>Sector</b>					
Local authority	79%	2%	6%	11%	1%
Independent	61%	2%	13%	23%	2%
Direct payment recipients	81%	1%	8%	8%	2%
<b>Main service</b>					
Residential	65%	2%	14%	17%	2%
Day	80%	1%	4%	14%	1%
Domiciliary	55%	2%	12%	30%	1%
Community care	76%	2%	7%	14%	1%

In 2024/25, the ethnic profile of the adult social care workforce also varied across different job roles. Table 13 below shows that registered nurses and care workers were the most ethnically diverse job roles, with the lowest proportions of workers of a White ethnicity (47% and 55% respectively). Occupational therapists had the highest proportion of workers of a White ethnicity, at 83%.

Nearly a quarter of registered nurses were staff of an Asian or Asian British ethnicity (24%), the highest of all job roles shown. 24% of workers in registered nurse roles were people of a Black, African, Caribbean or Black British ethnicity. Workers of a mixed or multiple ethnicities and those of 'other ethnicity' made up the smallest proportion of the workforce across all job roles in 2024/25, between 0% and 3%.

**Table 13. Estimated proportion of the adult social care workforce by ethnicity group and selected job roles, 2024/25**

Source: Skills for Care estimates

	White	Mixed, multiple ethnicities	Asian or Asian British	Black, African, Caribbean or Black British	Other ethnicity
<b>All job roles</b>	<b>64%</b>	<b>2%</b>	<b>12%</b>	<b>21%</b>	<b>2%</b>
Senior management	80%	2%	7%	10%	0%
Registered manager	76%	1%	7%	15%	1%
Deputy manager	78%	2%	9%	11%	1%
Social worker	69%	3%	7%	20%	1%
Occupational therapist	83%	3%	6%	8%	1%
Registered nurse	47%	2%	24%	24%	2%
Senior care worker	64%	1%	16%	17%	1%
Care worker	55%	2%	14%	27%	2%
Community support and outreach	68%	3%	7%	22%	1%
Personal assistant	81%	1%	8%	8%	2%

In the local authority and independent sectors, the ethnic profile of the adult social care in England differed between regions. As shown below in Table 14, the North East region had the least ethnically diverse workforce in 2024/25 (84% were workers of a White ethnicity), compared to London, which had the most ethnically diverse workforce (22% were workers of a White ethnicity). In general, the proportions of the adult social care workforce within each ethnicity group reflect a similar pattern to the local population for each region. However, as shown in Chart 58 above, the adult social care workforce is more ethnically diverse than the overall population.

Please note that this information includes only workforce data for the local authority and independent sectors. Ethnicity data for personal assistants working for direct payment recipients was not available at a regional level.

**Table 14. Estimated proportion of the adult social care workforce by ethnicity group and region (local authority and independent sectors only), 2024/25**

Source: Skills for Care estimates

	White	Mixed, multiple ethnicities	Asian or Asian British	Black, African, Caribbean or Black British	Other ethnicity
<b>England</b>	<b>62%</b>	<b>2%</b>	<b>12%</b>	<b>22%</b>	<b>1%</b>
Eastern	63%	2%	11%	22%	2%
East Midlands	65%	2%	10%	22%	1%
London	22%	3%	22%	50%	3%
North East	84%	1%	4%	11%	1%
North West	75%	2%	9%	13%	1%
South East	60%	2%	14%	22%	2%
South West	74%	1%	10%	13%	1%
West Midlands	60%	2%	14%	23%	1%
Yorkshire and the Humber	74%	2%	8%	15%	1%

The ethnic profile of the adult social care workforce in the local authority and independent sector remained relatively stable between 2018/19 and 2021/22, as shown in Table 15. Since 2022/23, the ethnic profile of the adult social care workforce has become more ethnically diverse. Specifically, the proportion of workers of a White ethnicity has decreased from 77% in 2021/22 to 62% in 2024/25. The proportion of workers of Black, African, Caribbean or Black British increased from 13% in 2021/22 to 22%, whilst workers of Asian or Asian British ethnicity increased from 7% to 12% over the same period.

**Table 15. Estimated proportion of the adult social care workforce by ethnicity group (local authority and independent sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates

	White	Mixed, multiple ethnicities	Asian or Asian British	Black, African, Caribbean or Black British	Other ethnicity
2018/19	80%	2%	6%	11%	1%
2019/20	80%	2%	7%	11%	0%
2020/21	79%	2%	7%	12%	1%
2021/22	77%	2%	7%	13%	1%
2022/23	74%	2%	9%	14%	1%
2023/24	67%	2%	11%	19%	1%
2024/25	62%	2%	12%	22%	1%

These changes over time are largely due to international recruitment from 2022/23 onwards, when care workers were added to the SOL and the Health and Care Worker visa route. As at March 2025, three-fifths of care workers recruited internationally on the Health and Care Worker visa were of Black, African, Caribbean or Black British ethnicity (61%), whilst around one-third were of Asian or Asian British ethnicity (35%). Similar proportions of care workers recruited internationally via other routes were of Black, African, Caribbean or Black British ethnicity (45%), and of Asian or Asian British ethnicity (46%).

For further analysis of the ethnicity of care workers recruited internationally and a comparison to domestically recruited care workers, see Section 9.1.4.

### 4.5.1 Social Care – Workforce Race Equality Standard

The Skills for Care [Social Care – Workforce Race Equality Standard](#) (SC-WRES) is a Continuous Improvement Programme that supports local authorities to address evidence of racial inequality in their workforces. This is achieved through the collection and analysis of their workforce data against nine key indicators, affecting change by implementing actions plans, supporting continuous tangible change and improvement by participation in Community of Practice sessions, and in sharing and engaging with staff teams in their local authorities. The SC-WRES draws on a clear improvement methodology that's been well-tested in the NHS and adapted for social care.

The SC-WRES Improvement Programme has three main components, which cannot be separated: data collection and a national annual report; peer-to-peer support and monthly community of practice sessions; and individual data reports and action plans. These are designed to ensure that evidence is acted on, by employers, within a continuous improvement framework.

The following indicators make up the SC-WRES data collection, helping to produce a clear picture of areas for improvements:

- pay bands
- people shortlisted and appointed
- employees entering the formal disciplinary process
- employees in regulated profession roles being referred to the fitness to practise process by their employer
- access to funded non-mandatory continuing professional development
- staff self-reported harassment, bullying or abuse from 'people who use social care, relatives or the public'
- staff self-reported harassment, bullying or abuse from colleagues and from managers
- employees leaving the organisation in the last 12 months
- senior management roles.

In May 2025, Skills for Care published the [SC-WRES 2024 report](#) which explored the experiences of workers of Black, Asian or minoritised ethnicity compared to employees of White ethnicity. This was achieved by analysing the nine indicators listed above and showing a relative likelihood against each. The report reveals challenging data: staff from minoritised ethnic backgrounds were 48% less likely to be appointed from shortlist; 37% more likely to face formal disciplinary action; and were underrepresented in senior management (12% of senior managers were of Black, Asian or Mixed ethnicity compared to 20% of the overall workforce).

## 4.6 Nationality

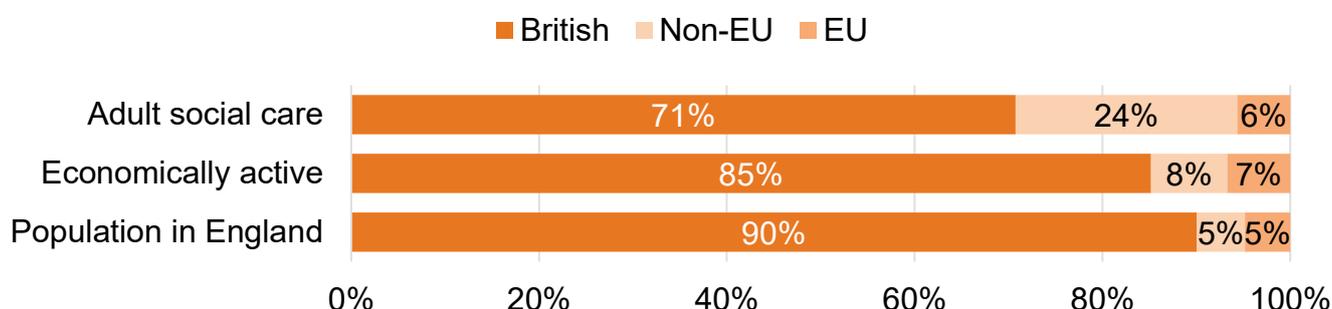
Nearly three-quarters (71%) of the adult social care workforce in 2024/25 had a British nationality, almost a quarter had a non-EU nationality (24%, 375,000 filled posts) and 6% had an EU nationality (90,000 filled posts). This greater reliance on non-EU workers than EU workers can be seen in Chart 59.

The Labour Force Survey in 2024/25 reported that 85% of the economically active population in England had a British nationality, 14 percentage points higher than the proportion of British workers in adult social care. Around 8% of the economically active population in England were reported to have a non-EU nationality, while 7% had an EU nationality.

In comparison, the 2021 UK census reported that 90% of the population in England self-determined their own national identity as being from the UK (where they feel they belong or which they think of as home), while 10% gave their national identity from another country. This was before the increase of non-British workers in the adult social care workforce began in 2022/23. It should be noted that the census information shown here is for the whole population, including those not of working age. Census respondents could also select multiple national identities whereas the ASC-WDS allows for only one nationality to be selected per worker.

**Chart 59. Estimated proportion of the adult social care workforce and population of England by nationality, 2024/25**

Source: Skills for Care estimates, Labour Force Survey 2024/25, Census 2021



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 CQC have published a [culturally appropriate care guide](#).

There was some variation of nationality by different job groups in adult social care, as shown in Table 16. There was a higher proportion of workers with a non-EU nationality in direct care (28%) and regulated professions roles (21%), than in managers roles (8%). This is likely due to international recruitment, which has allowed workers from non-EU countries to come to the UK, in particular to take up care worker, senior care worker and registered nurse roles in adult social care. This variation between job role groups was much smaller for workers with EU nationalities, which represented 9% of regulated professions, 5% of direct care roles and 5% of managers roles in 2024/25.

**Table 16. Estimated proportion and number of filled posts in the adult social care sector by nationality and job role group, 2024/25**

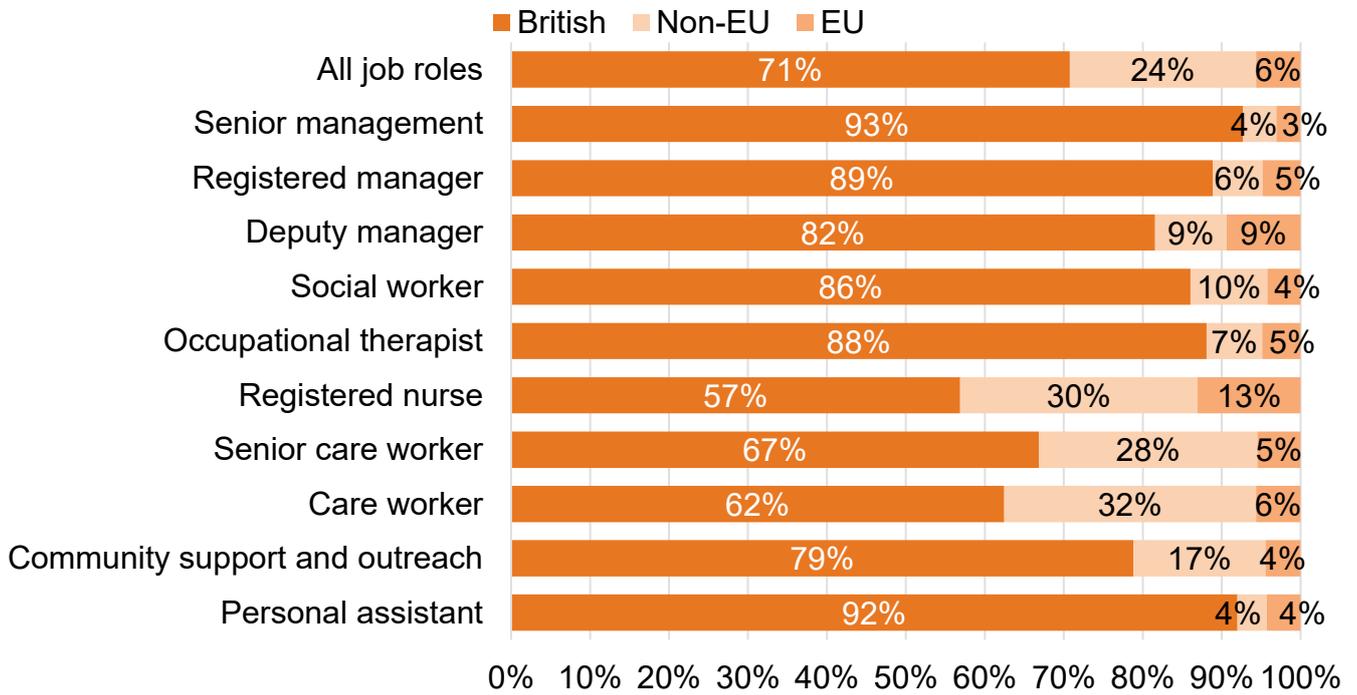
Source: Skills for Care estimates

	British		Non-EU		EU	
	Number	Proportion	Number	Proportion	Number	Proportion
<b>All job roles</b>	<b>1,130,000</b>	<b>71%</b>	<b>375,000</b>	<b>24%</b>	<b>90,000</b>	<b>6%</b>
Direct care	805,000	67%	340,000	28%	65,000	5%
Managers	108,000	87%	9,600	8%	6,300	5%
Regulated professions	43,000	70%	13,000	21%	5,800	9%
Other	172,000	85%	17,000	8%	12,500	6%

Chart 60 below shows in more detail the proportion of nationality in each job role, highlighting that senior management (93%) and personal assistant roles (92%) were predominantly filled by British workers. Registered nursing roles had the lowest proportion of workers with a British nationality (57%), while 30% had a non-EU nationality and 13% had an EU nationality. The care worker role had a similar nationality split, with 62% British workers, 32% non-EU workers and 6% EU workers.

**Chart 60. Estimated proportion of the adult social care workforce by nationality and selected job roles, 2024/25**

Source: Skills for Care estimates



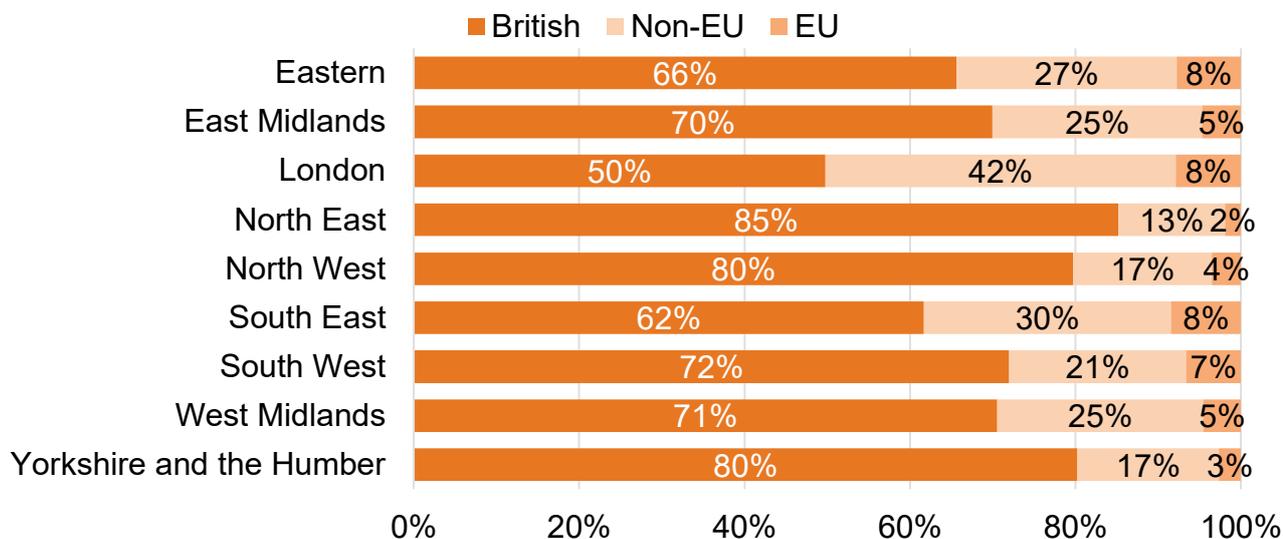
There were regional variations in workforce nationality as shown in Chart 61 for the local authority and independent sectors. Nationality information about filled posts working for direct payments was not available at regional level.

The proportion of British workers varies between regions, the lowest being in London where only half of adult social care workers had a British nationality (50%). The largest proportion of British workers was seen in the North East region (85%), followed by the North West and Yorkshire and the Humber (both 80%).

Adult social care has a higher proportion of non-British workers compared to the population of England as a whole, as shown above in Chart 59. The regional nationality distribution in adult social care, shown below, follows a similar pattern to the regional nationality distribution of the population in England, according to the 2021 census.

### Chart 61. Estimated proportion of the adult social care workforce by nationality and region (local authority and independent sectors only), 2024/25

Source: Skills for Care estimates

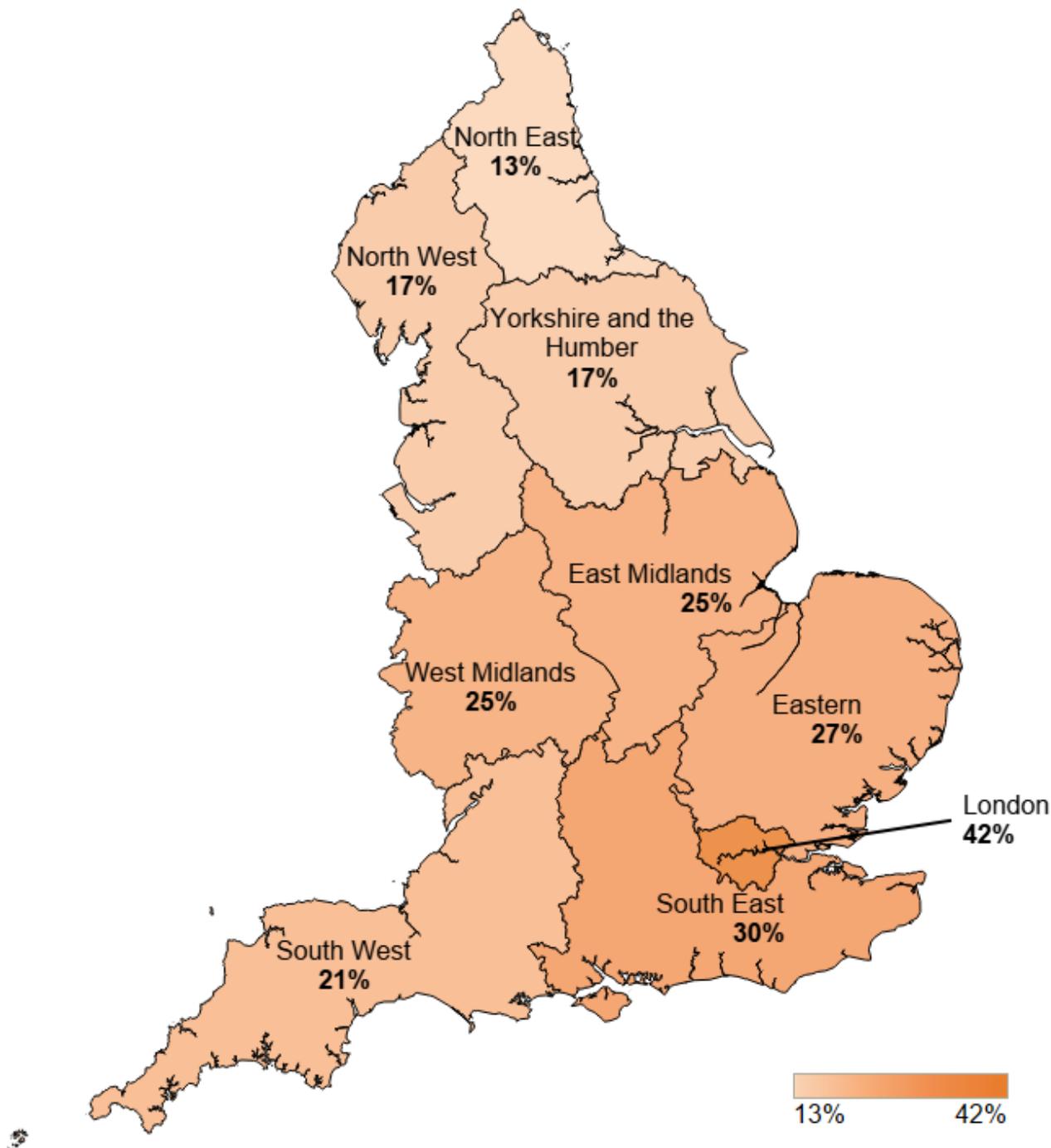


As highlighted in Map 1 below, there was a north/south divide in terms of workforce nationality, particularly in relation to non-EU workers. The lowest proportions of non-EU workers were seen in the north, with the North East region having the lowest (13%), followed by the North West and Yorkshire and the Humber (both 17%).

In the south, London had the highest proportion of non-EU workers at 42%. Around 30% of the workforce in the South East region had a non-EU nationality and the South West had a lower proportion at 21%.

**Map 1. Estimated proportion of the adult social care workforce with a non-EU nationality by region (local authority and independent sectors only), 2024/25**

Source: Skills for Care estimates



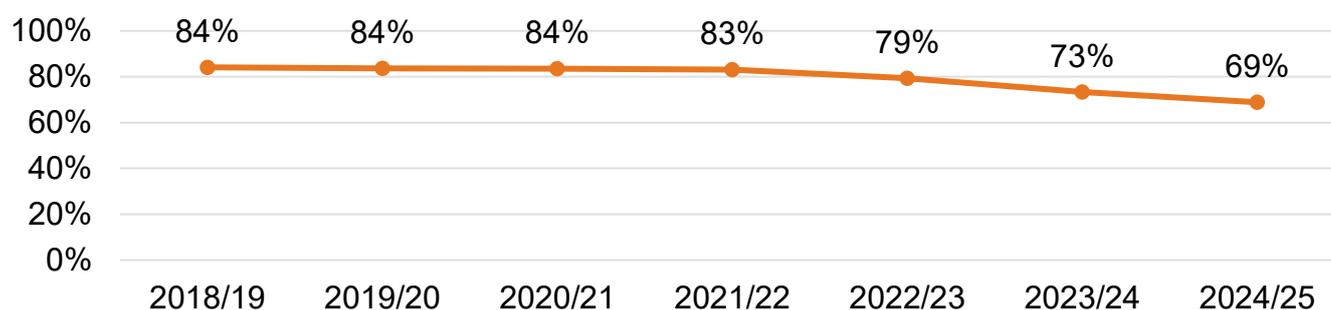
### 4.6.1 Nationality trends

The proportion of adult social care workers by nationality in the local authority and independent sectors over time is shown below. Nationality trend information about filled posts working for direct payment recipients was not available.

The proportion of workers with a British nationality in the local authority and independent sectors has decreased from 73% in 2023/24 to 69% in 2024/25. This equates to around 29,000 fewer posts filled by people with a British nationality. Over the longer term, Chart 62 shows that between 2018/19 and 2024/25 the proportion of workers with a British nationality has decreased by 15 percentage points (47,000 filled posts). This in part has been driven by the increase in workers arriving from overseas since 2022/23 to take up direct care roles. It is also partly driven by the falling number of British starters over the period. For more information, see Section 3.5.

**Chart 62. Estimated proportion of the adult social care workforce with a British nationality (local authority and independent sectors only), 2018/19 to 2024/25**

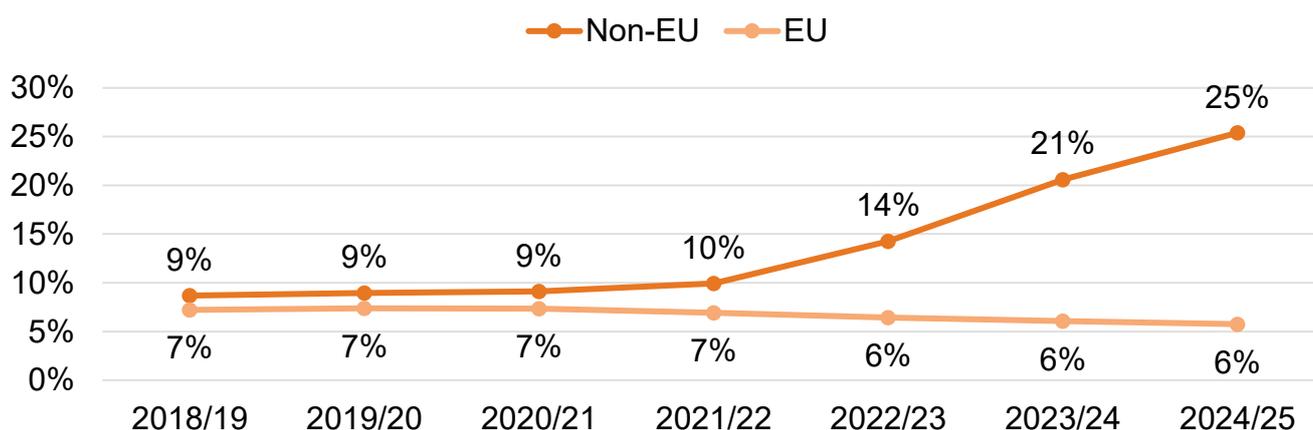
Source: Skills for Care estimates



Since 2021/22, there has been a 15 percentage point increase of non-EU workers from 10% to 25% in 2024/25 (around 245,000 filled posts). The overall proportion of EU workers in the local authority and independent sectors remained consistent between 2018/19 and 2024/25, as shown in Chart 63, resulting in a decrease of one percentage point over the period.

**Chart 63. Estimated proportion of the adult social care workforce with an EU and non-EU nationality (local authority and independent sectors only), 2018/19 to 2024/25**

Source: Skills for Care estimates



Since 2020/21, the proportion of non-British workers in direct care roles has been increasing sharply due to international recruitment. Between February 2022 and July 2025, employers have been able to sponsor workers from overseas to come to the UK on a Health and Care Worker visa, to take up either a care worker or senior care worker role. As a result, the

proportion of senior care workers with a non-EU nationality increased by 17 percentage points from 10% in 2021/22, to 28% in 2024/25 (around 15,000 filled posts).

The proportion of care workers with a non-EU nationality has also increased over the period. In June 2024 the role of support worker was added to the ASC-WDS at the request of adult social care providers. A large proportion of these support workers were previously recorded as care workers in the ASC-WDS, so, to accurately reflect the change over time care workers and support workers have been grouped.

In 2024/25, making 32% of the combined care worker and support worker group had a non-EU nationality. This is 21 percentage points higher than the 12% non-EU care workers reported in 2021/22, an increase of 208,000 filled posts with a non-EU nationality. For more information on international recruitment in these roles and the impact on the adult social care sector workforce, see Section 8.

In addition to direct care roles, registered nurse roles in adult social care have historically had a higher proportion of non-British workers. The nationality trend of non-British registered nurses was similar to that of the rest of the sector, although more pronounced. Chart 64 shows the trend of non-EU and EU registered nurses from 2012/13 to 2024/25.

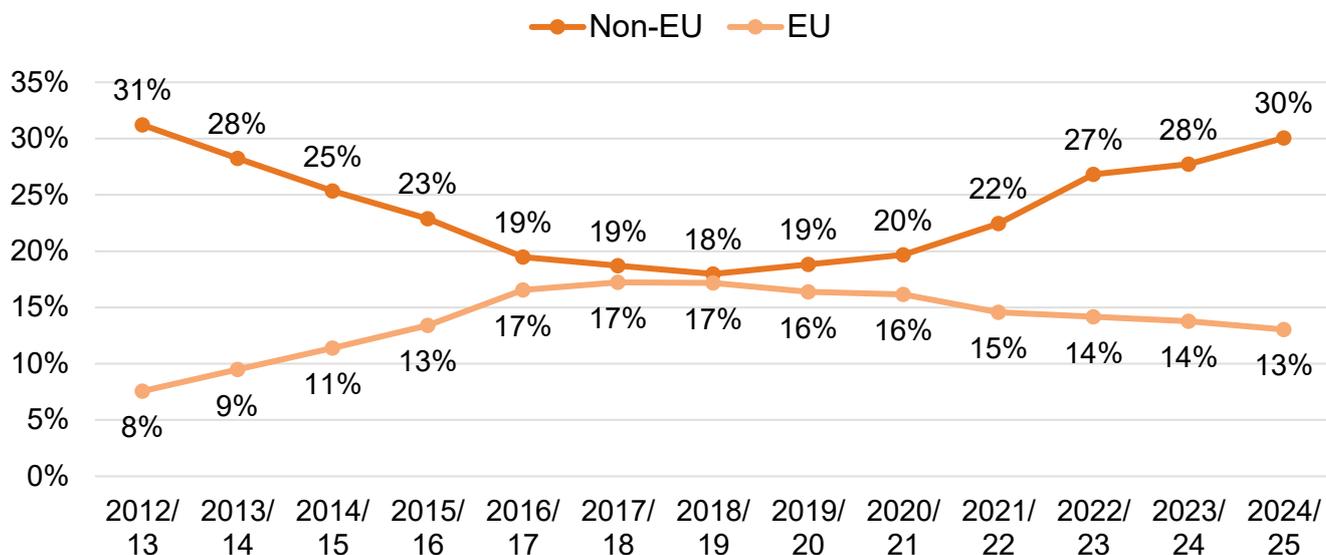
During this period nurses have always been able to come to the UK to work but there were periodic changes to immigration rules. From October 2014, the only route to registration for nurses educated outside of the European Economic Area (EEA) region was through the [Nursing and Midwifery Council's two-stage 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 2016/17. Meanwhile the proportion of registered nurses with a non-EU nationality decreased by 12 percentage points from 31% in 2012/13 to 19% in 2016/17.

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 10 percentage points between 2020/21 and 2024/25, from 20% to 30%. Meanwhile, the proportion of EU registered nurses has remained steady, with a small decrease of 3 percentage points from 16% to 13%.

**Chart 64. Proportion of registered nurses with an EU and non-EU nationality (local authority and independent sectors only), 2012/13 to 2024/25**

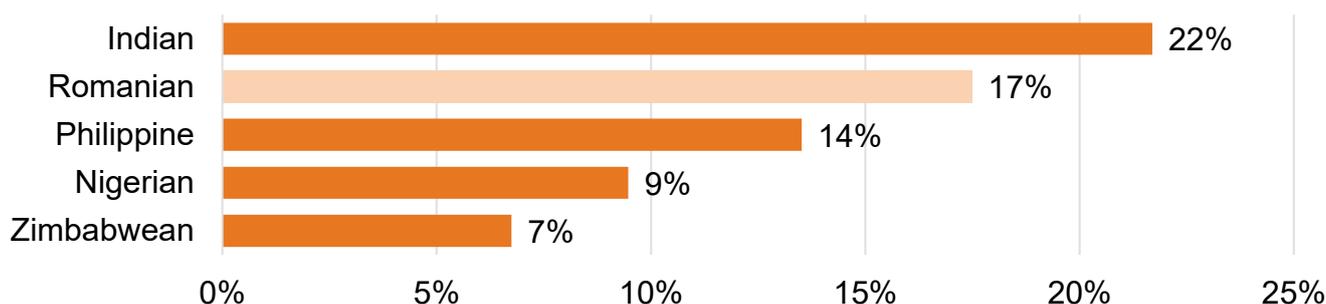
Source: Skills for Care estimates



There were around 130 different nationalities with 10 or more workers represented in the ASC-WDS as at March 2025. As shown above, registered nurses had the highest proportion of non-British workers across all job roles in adult social care. The top five non-British nationalities of registered nurses are shown below, with the only EU nationality (Romanian) shown in pale orange.

**Chart 65. Five most common nationalities of registered nurses with a non-British nationality, March 2025**

Source: ASC-WDS unweighted data

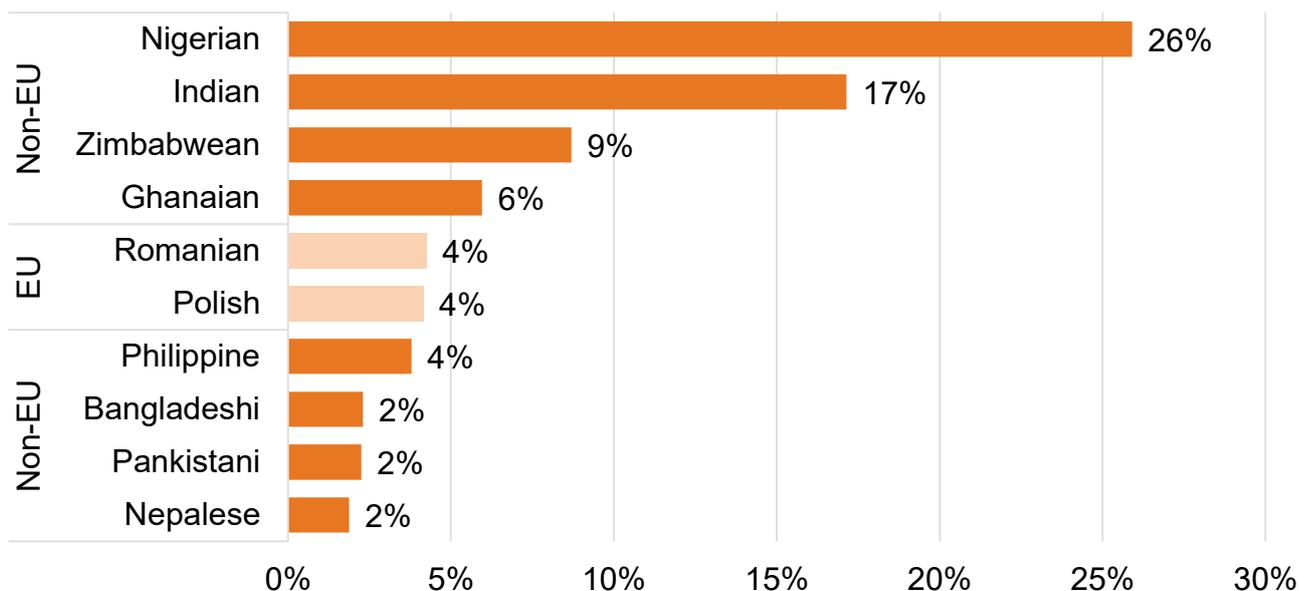


Across all job roles in the adult social care workforce, the top 10 non-British nationalities are highlighted in Chart 66 below. Only two of the top ten most common nationalities were EU countries, the rest were being outside of the EU again indicating the increase of international recruitment from non-EU countries in recent years. For more information on international recruitment, see Section 8.

The most common non-British nationality as at March 2025 was Nigerian, which made up over a quarter (26%) of the non-British workforce, followed by Indian (17%) and Zimbabwean (9%). Prior to care workers being added to the SOL in February 2022, the top three nationalities of people with a non-British nationality working in the adult social care sector were Romanian, Polish and Nigerian.

**Chart 66. 10 most common nationalities of the adult social care workforce with a non-British nationality, March 2025**

Source: ASC-WDS unweighted data



## 4.7 Sexual orientation

The ASC-WDS does not collect information on the sexual orientation of the adult social care workforce; employers submit data to the ASC-WDS on behalf of their staff therefore it's likely there would be low coverage due to employers not always knowing or collecting data on the sexual orientation of their staff. However, in 2023, Skills for Care and the University of Kent, in partnership with Ipsos conducted the first [Adult social care workforce survey](#). Workers themselves responded to this survey and were asked to provide their sexual orientation. [Results from the survey](#) showed that 86% of respondents were straight/heterosexual, 4% were gay or lesbian, 4% were bisexual, 1% were of 'other sexual orientation' and 5% preferred not to say.

Skills for Care has also worked in collaboration with the LGBT Foundation and the University of Strathclyde to develop an [LGBTQ+ learning framework](#). 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.

# 5. Pay



This section contains information on the hourly pay rates and annual salaries of the adult social care workforce. 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.

<b>£41,300</b> registered nurse mean FTE pay (independent)	<b>£43,000</b> social worker mean FTE pay (local authority)	<b>£12.89</b> personal assistant mean hourly pay	<b>£12.18</b> care worker mean hourly pay (independent)
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## Key findings

- The median hourly rate for care workers in March 2025 was £12.00, which was 56p higher than the [National Living Wage](#) (NLW) (£11.44). The median hourly rate for care workers has nominally increased by £1.00 (9.1%) since March 2024; however, taking inflation into account, it has increased in real terms by 71p (6.3%).
- Care workers had lower hourly rates (median - £12.00) compared to Band 3 NHS Healthcare Assistants (HCAs) who were new in role (£12.31) and were similar to those in Band 2 who were new in role (£12.08).
- Analysis of care workers from 2023/24 to 2024/25 shows that pay progression usually requires moving into a different role.
- Care workers with five or more years' experience were, on average, earning around 7p more per hour than care workers with less than one year's experience. This has dropped from 33p per hour in March 2016.
- 58% of care workers outside of London were earning the same or more than the [Real Living Wage](#) (RLW) (£12.00). However, only 33% of care workers in London were earning the same or more than the RLW for London (£13.15).
- Pay at the bottom 10% of the care worker pay distribution increased by 71% since March 2016 following the introduction of the National Living Wage, compared with a 55% increase at the top 10%.

The 1.5 million people who work in adult social care are vital to our society and our economy. The adult social care sector's contribution to the economy is estimated at £77.8 billion gross value added per annum in England (up 14.2% from 2023/24), see Section 1.3 - Economic contribution, for more information. However, as this section shows, social care roles remain among the lowest paid in our economy.

## 5.1 Pay in this report

The ASC-WDS collects pay data at the individual worker level, 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. As mentioned above, the information in this section shows full-time equivalent (FTE) average salaries and hourly rates of pay. Converting pay in this way allows for the pay of full-time and part-time workers to be compared.

### 5.1.1 Pay periods used in this report

The pay information for this report was gathered from local authorities as at September 2024, and from independent sector employers between April 2024 and March 2025. Personal assistants working for direct payment recipients returned information in February 2025 as part of a survey we conducted. Occasionally, data from other periods has been used for comparison with external data sources. Where this happens it is clearly labelled in the report.

At the time of data collection in this report, the NLW was £11.44 for all workers aged 21 and over.

Trended information elsewhere in this report runs from 2018/19 to 2024/25, but in this section, we have included data from 2016/17 to show the impact of the NLW since its introduction.

### 5.1.2 National Living Wage and Real Living Wage

The NLW was first introduced on 1 April 2016 at £7.20 per hour for workers aged 25 and over. Over time this has increased and in 2021 the age threshold was reduced to 23 years. From 1 April 2024 the age threshold was reduced again to 21 years. The NLW increased by 9.8% (£1.02) on 1 April 2024 from £10.42 (for workers aged 23 and over) to £11.44 per hour (for workers aged 21 and over). As of 1 April 2025, the NLW rate will be £12.21 per hour for workers aged 21 and over, an increase of 77 pence (6.7%).

The RLW is separate to the 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. The equivalent RLW rate to the £11.44 NLW rate used throughout this report is £13.15 in London and £12.00 across the rest of the UK.

**Table 17. Time periods of the NLW and RLW, 2016/17 to 2025/26**

Source: UK Government (2025) and Living Wage Foundation (2025)

Time period	Referred to as	NLW (introduced 2016/17)	RLW - UK/London (announced each November)
Apr 16 to Mar 17	2016 NLW	£7.20	£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
Apr 25 to Mar 26**	2025 NLW	£12.21	£12.60 / £13.85

\* Data in this section gathered March 2025

\*\* 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.

### 5.1.3 Increase in National Insurance contributions

From 6 April 2025, UK employers' (secondary) [Class 1 National Insurance Contributions](#) (NICs) increased from 13.8% to 15.05%, and the Secondary Threshold at which employers start paying NICs on a worker's earnings fell from £9,100 to £5,000 a year, meaning employers now pay the higher rate on all earnings above £5,000.

Based on March 2025 estimates, this change will mean employers will pay NI on an estimated additional 21,500 workers and a higher rate for all eligible workers. This means that adult social care employers will face increased costs to accommodate the increase in NI for their workers. To help smaller employers, the Employment Allowance, which supports eligible employers to reduce their NI liability, increased from £5,000 to £10,500 from 6 April 2025, and the previous £100,000 employer NICs liability cap for eligibility was removed.

This section will not include analysis of changes to the NICs or Employment Allowance. However, we're aware of their potential impact on employers within the adult social care sector.

### 5.1.4 The Employment Rights Bill

The Employment Rights Bill, first introduced to Parliament in October 2024, aims to enhance the rights of employees, including guaranteed hours for workers on zero-hours contracts and entitlement to Statutory Sick Pay from the first day of absence. As of summer 2025, the Bill had not yet finished passing through the parliamentary process, but we are aware of its potential implications for the adult social care sector. The Government have published [a roadmap for deliver change](#), which gives further detail about the steps required to put the Bill into action.

Skills for Care will continue to monitor workforce metrics that could be affected by the Employment Rights Bill, including zero-hours contracts (Section 2.3), enhanced Statutory Sick Pay (Section 2.5) and pay (Sections 5.2 to 5.10).

### 5.1.5 Fair pay agreements

Fair Pay Agreements (FPAs) are sector-wide agreements that set out minimum pay, terms and conditions for all workers within a given industry. The Government's plan is to make FPAs legally binding. The purpose of an FPA in adult social care, by establishing fairer and more predictable conditions, is to create a consistent baseline of employment standards across the workforce, helping to reduce low pay, improve job security, and support recruitment and retention.

The introduction of FPAs comes at a time when the adult social care sector is facing persistent workforce challenges, including high vacancy (see Section 3.2) and turnover rates (see Section 3.3), and ongoing reliance on zero-hours contracts (see Section 2.3). By providing a guaranteed foundation of fair pay and employment conditions, FPAs are designed to make roles in the sector more attractive and sustainable. This approach seeks not only to improve the working lives of care staff but also to enhance the stability and quality of services delivered to the people who rely on them.

The introduction of FPAs has significant implications for the adult social care workforce and providers. For staff, FPAs are expected to deliver greater consistency in pay, predictable working patterns and stronger entitlements to training and development. For employers, FPAs will likely increase baseline staffing costs but may also support improved recruitment and retention, reducing reliance on agency staff and turnover-related expenses. From a system-wide perspective, higher employment standards are anticipated to enhance the quality and continuity of care, although implementation will require careful planning to balance workforce investment with financial sustainability.

In England, the Department for Health and Social Care and the Department for Business and Trade have commenced the engagement process and are seeking views from the sector and trade unions. They have published an [impact assessment](#) and a [factsheet for social care negotiating bodies and fair pay agreements](#), that says that the scope of the FPA process is yet to be determined, and the details of individual FPAs will be subject to the negotiating process.

On 30 September 2025, the Government issued a [press release](#) stating that £500 million will be invested into the FPA for adult social care workers. The Adult Social Care Negotiating Body will be established through regulations in 2026 – with the first Fair Pay Agreement coming into force in 2028. The Government is now in the consultation phase for the Fair Pay Agreement – details of this can be found on their [website](#).

## 5.1.6 'Nominal' and 'Real term' pay

The pay section of this report makes comparisons between nominal and real term pay rates.

- **'Nominal'** pay shows the actual pay rates as they were at the time.
- **'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 2024 for the local authority sector and March 2025 for the independent sector.

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.

## 5.1.7 FTE annual pay

Managers and regulated profession 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.

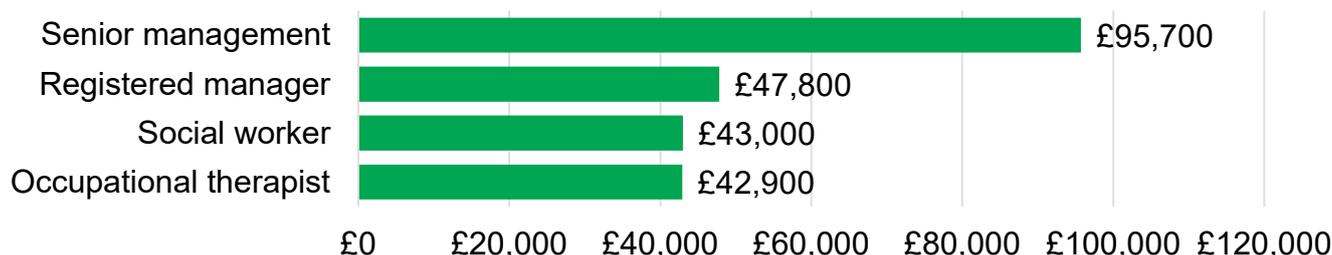
Similarly, the role of a senior manager in the local authority sector may have more responsibilities and need different skills and experience compared to a senior manager at a smaller, independent organisation. Because of this, we have analysed annual pay across the sectors separately.

## 5.2 Annual pay trends in the local authority sector

Chart 67 shows mean FTE annual pay rates by selected adult social care job roles in the local authority sector. Senior managers received the highest salaries (£95,700), while registered managers received higher salaries than the regulated professions roles, earning on average £47,800 per year. Social workers and occupational therapists both earned an average of £43,000 and £42,900 respectively. Generally, pay rates were higher in local authorities compared to independent sector employers.

### Chart 67. Estimated average (mean) FTE annual pay rate by selected job roles in the local authority sector, 2024/25

Source: Skills for Care estimates



## 5.3 Annual pay in the independent sector

In the independent sector, senior managers had the highest average salaries, at £44,700. Registered nurses earned slightly less than this (£41,300) and registered managers less still (£39,100).

### Chart 68. Estimated average (mean) FTE annual pay rate by selected job roles in the independent sector, 2024/25

Source: Skills for Care estimates



Registered nurses were paid a mean FTE annual pay rate of £41,300 in the independent sector. This average was slightly higher than the 2024/25 NHS Band 5 rates (£29,970 to £36,483) at which newly qualified nurses start in the NHS, and within 2024/25 NHS Band 6 rates (£37,338 to £44,962).<sup>9</sup> In independent sector care homes with nursing, registered managers earned more than registered nurses (£45,800 and £41,200 respectively).

## 5.4 Annual pay trends for regulated professions roles

Information in this section for social worker and occupational therapist roles is shown for workers employed in local authorities only, while information for registered nurses is shown for

<sup>9</sup> NHS pay scales 2024/25  
<https://www.nhsemployers.org/articles/pay-scales-202425>

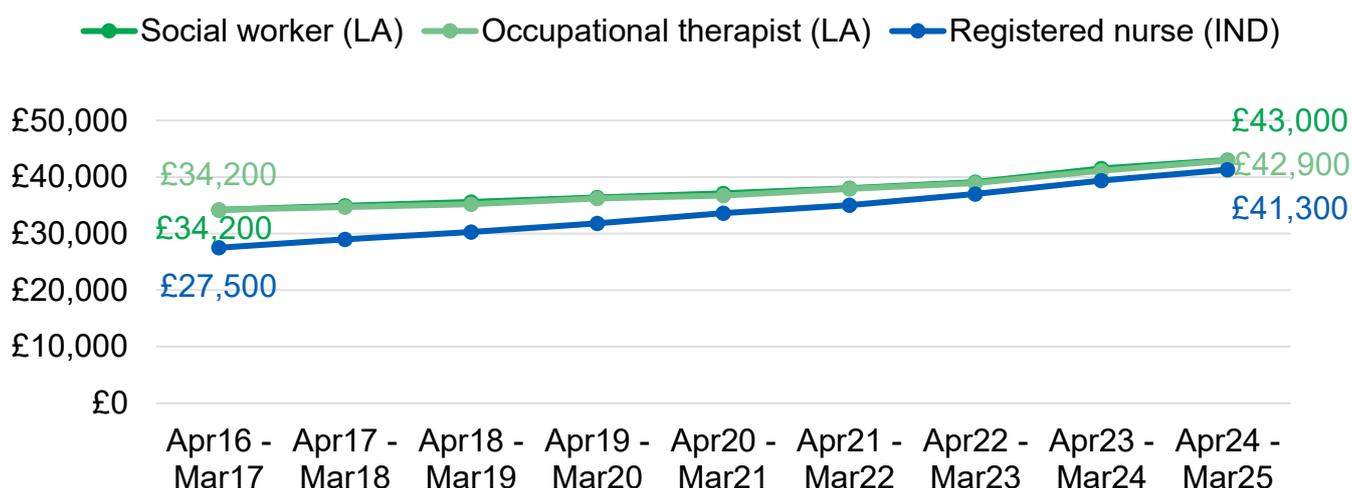
independent sector workers. This is because the majority of staff in these roles are employed in those respective sectors.

Chart 69 below shows the nominal average pay (pay that is not adjusted for inflation) for selected regulated professions job roles. It shows that nominal average pay increased steadily from 2016/17 to 2024/25. In local authorities, pay for occupational therapists increased by 4.4% in the past year, from £41,100 in 2023/24 to £42,900 in 2024/25. Since 2016/17, it has risen by 25.4%. Social workers pay increased by 3.6% in the past year, from £41,500 in 2023/24 to £43,000 in 2024/25. Since 2016/17, it has risen by 25.7%.

Registered nurses in the independent sector saw a nominal pay increase from £39,400 in 2023/24 to £41,300 in 2024/25, an increase of 4.8% in a year. Between 2016/17 and 2024/25, there was a 50.2% increase in annual pay for registered nurses.

### Chart 69. Estimated nominal average (mean) FTE annual pay trends of selected regulated professions roles, 2016/17 to 2024/25

Source: Skills for Care estimates

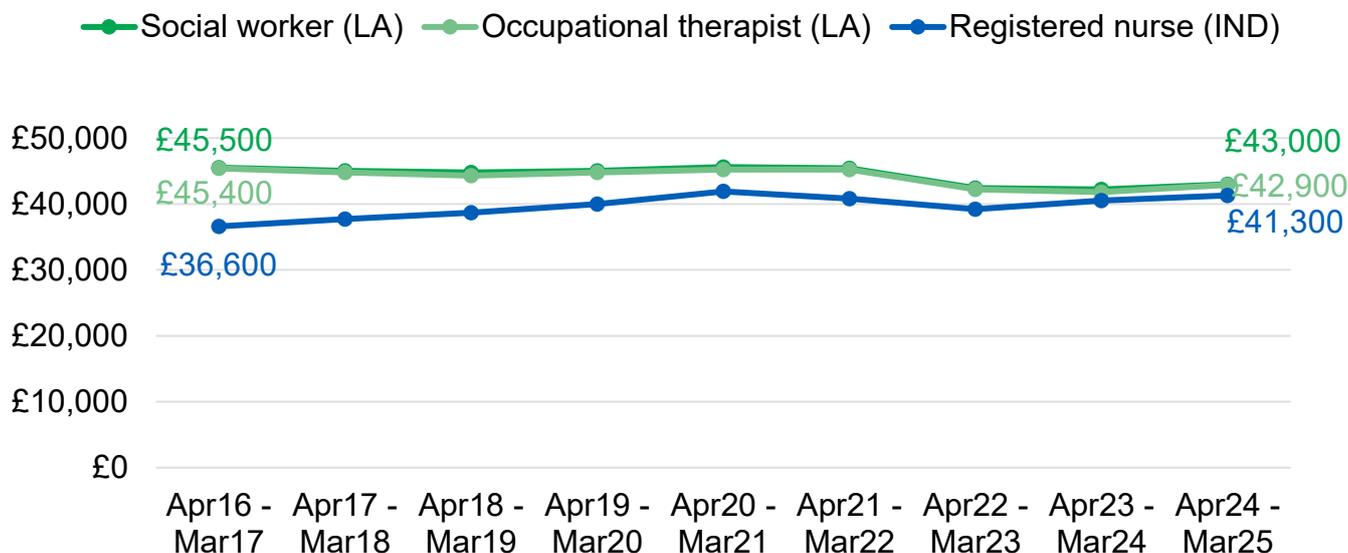


The chart below shows the real term (adjusted for inflation) annual pay rates of selected regulated professions roles between 2016/17 and 2024/25. Registered nurses in the independent sector saw a real term pay increase from £40,500 in 2023/24 to £41,300 in 2024/25, an increase of 2.0% in a year.

In local authorities, real term pay for occupational therapists increased by 2.6% in the past year, from £41,800 in 2023/24 to £42,900 in 2024/25. Social workers real term pay increased by 1.9% in the past year, from £42,200 in 2023/24 to £43,000 in 2024/25.

## Chart 70. Estimates real term (adjusted) average (mean) annual pay trends of selected regulated professions roles, 2016/17 to 2024/25

Source: Skills for Care estimates



In real terms, social workers in the local authority sector were paid 5.5% less in 2024/25 (£43,000) than they were in 2016/17 (£45,500). Occupational therapists also saw an overall decrease in real term pay of 5.5% over the same period. This means that the nominal increases shown in Chart 69 (above) weren't enough to outweigh the rise in inflation over this period.

However, registered nurses' real term pay in the independent sector shows an increase of 12.8% between 2016/17 and 2021/22. However, their rate has decreased by 1.2% in real terms between 2021/22 and 2024/25.

Overall, across England a whole, when adjusted for inflation, social workers and occupational therapists had a lower real term FTE salary in 2024/25 than in 2016/17 and registered nurses had a higher real term FTE salary.

## 5.5 Mean hourly pay

This section shows mean hourly pay rates for selected direct care job roles. Median pay rates are shown in the next section.

Overall, pay rates were higher in local authorities compared to independent sector employers. Care workers were paid a mean hourly rate of £12.18 in the independent sector and a mean hourly rate of £13.55 in the local authority sector. Senior care workers were paid a mean hourly rate of £12.91 in the independent sector and £16.00 in the local authority sector. Personal assistants were paid a mean of £12.89 an hour.

**Chart 71. Estimated mean hourly pay rate by selected job roles, 2024/25**

Source: Skills for Care estimates

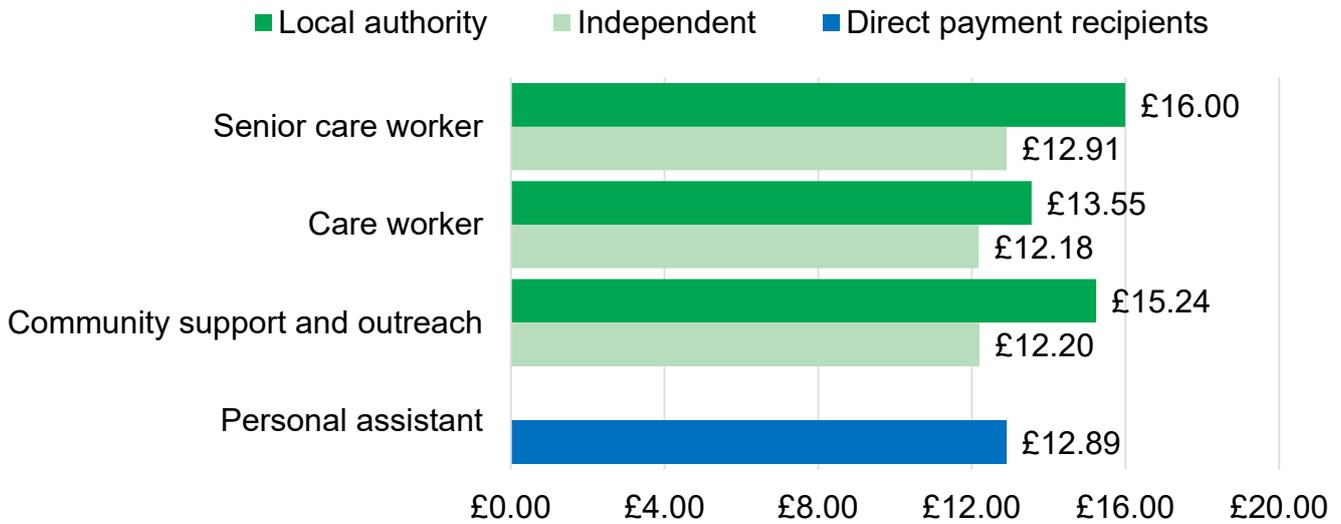
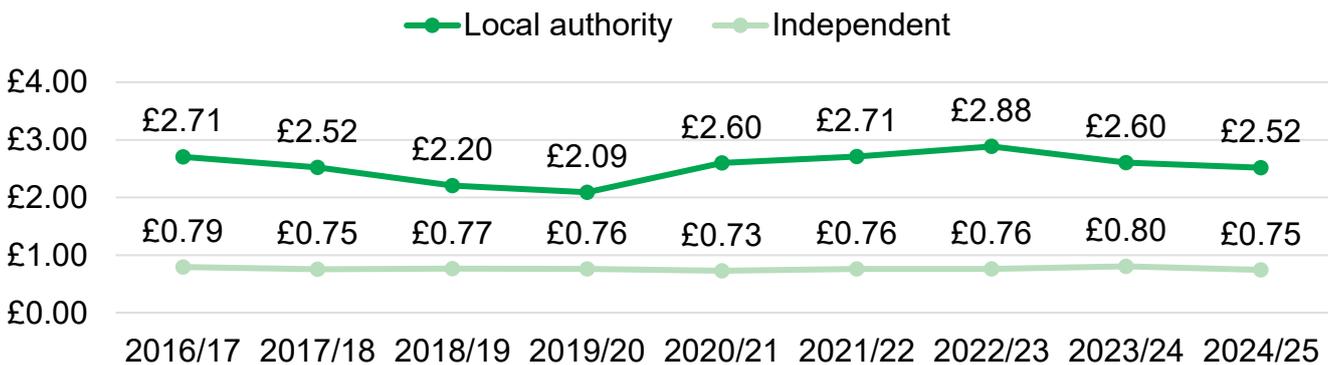


Chart 72 below shows difference in the mean pay rate between care workers and senior care workers by sector from 2016/17 to 2024/25. The support worker role was added to the ASC-WDS in 2024/25, and many of our users recoded their workers into this role. The majority of these were previously recorded as care workers. Support worker and care worker roles have been grouped to provide a consistent trend.

**Chart 72. Estimated difference in nominal (not adjusted) average (mean) hourly pay between ‘care worker and support worker’ and senior care worker job roles by sector, 2016/17 to 2024/25**

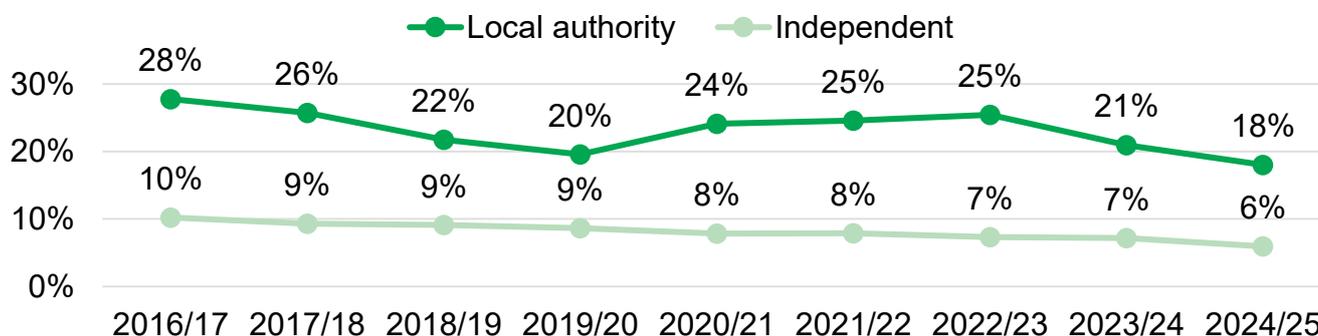
Source: Skills for Care estimates



In the independent sector, the pay gap between senior care workers and the ‘care worker and support worker’ group was 79p in 2016/17. This has shown little change over time; in 2024/25 it was 75p. However, Chart 72 shows the percentage difference between the two roles has decreased. In local authorities the percentage difference between senior care workers and care workers was 28% in 2016/17; this has fallen to 18% in 2024/25. In the independent sector the percentage difference was 10% in 2016/17; this has fallen to 6% in 2024/25.

**Chart 73. Estimated percentage difference in nominal (not adjusted) average (mean) hourly pay between ‘care worker and support worker’ and senior care worker job roles by sector, 2016/17 to 2024/25**

Source: Skills for Care estimates



## 5.6 Median care worker hourly pay

Please note that this section presents Skills for Care’s estimates of **median** hourly rates of care workers in the **independent sector only**. 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 2025 was £12.00.

Regional variation of care worker median hourly rates in the independent sector was relatively small, ranging from £11.77 in the West Midlands to £12.20 in London. Most regions, including the East Midlands, North East, North West, South East and Yorkshire and the Humber, had a median pay rate of £12.00, with the Eastern region slightly lower at £11.90 and the South West slightly higher at £12.10. Overall, the difference between the highest and lowest regional averages was 43 pence.

## Map 2. Estimated average (median) care worker hourly pay by region (independent sector only), 2024/25

Source: Skills for Care estimates

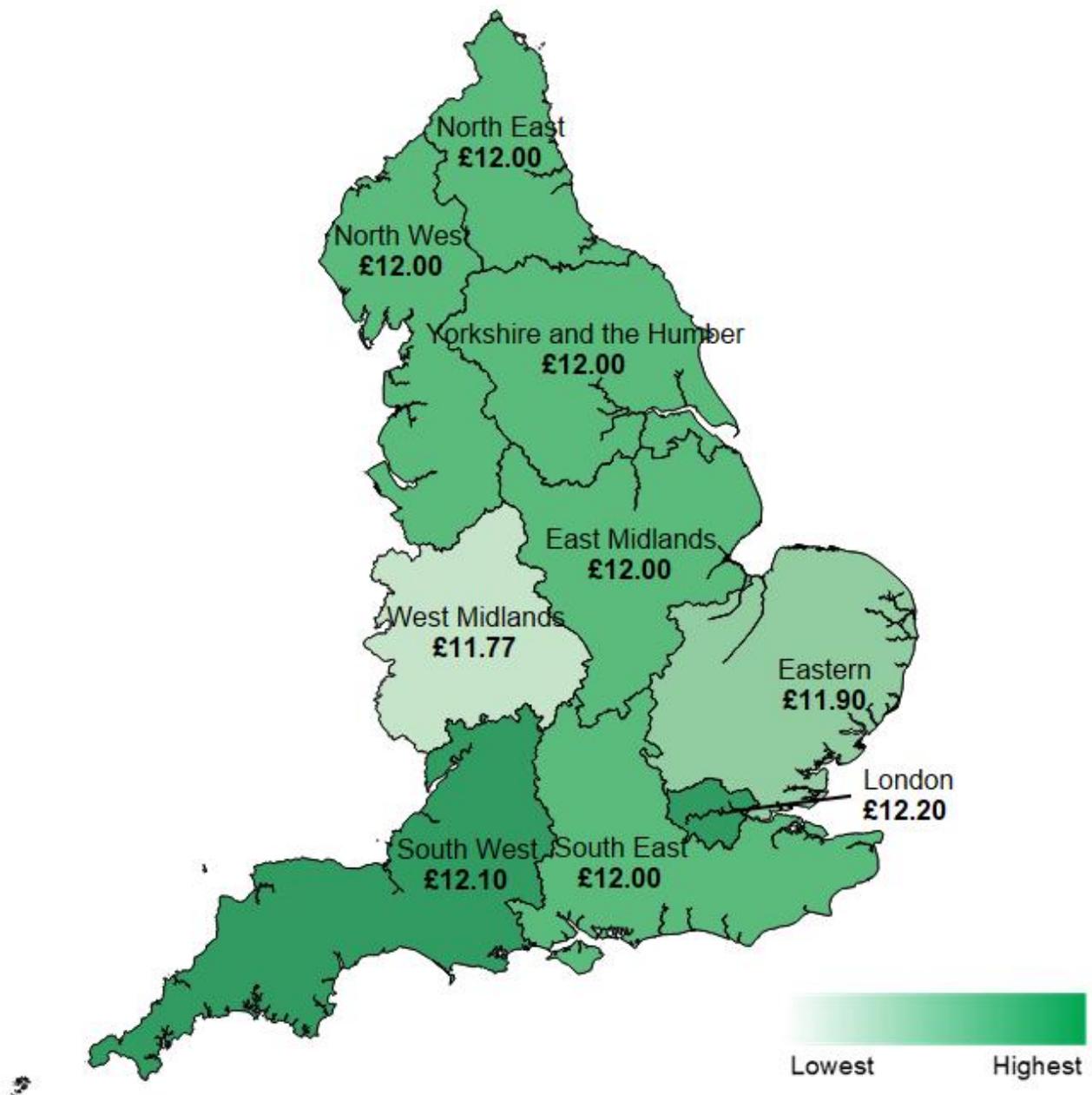


Chart 74 looks at the trend of care worker median hourly pay rates since March 2016, in both nominal and real terms. The support worker role was added to the ASC-WDS in 2024/25, and many of our users recoded their workers into this role. The majority of these were previously recorded as care workers. We have grouped support workers into the care worker role in the trends shown in this section to provide a consistent trend.

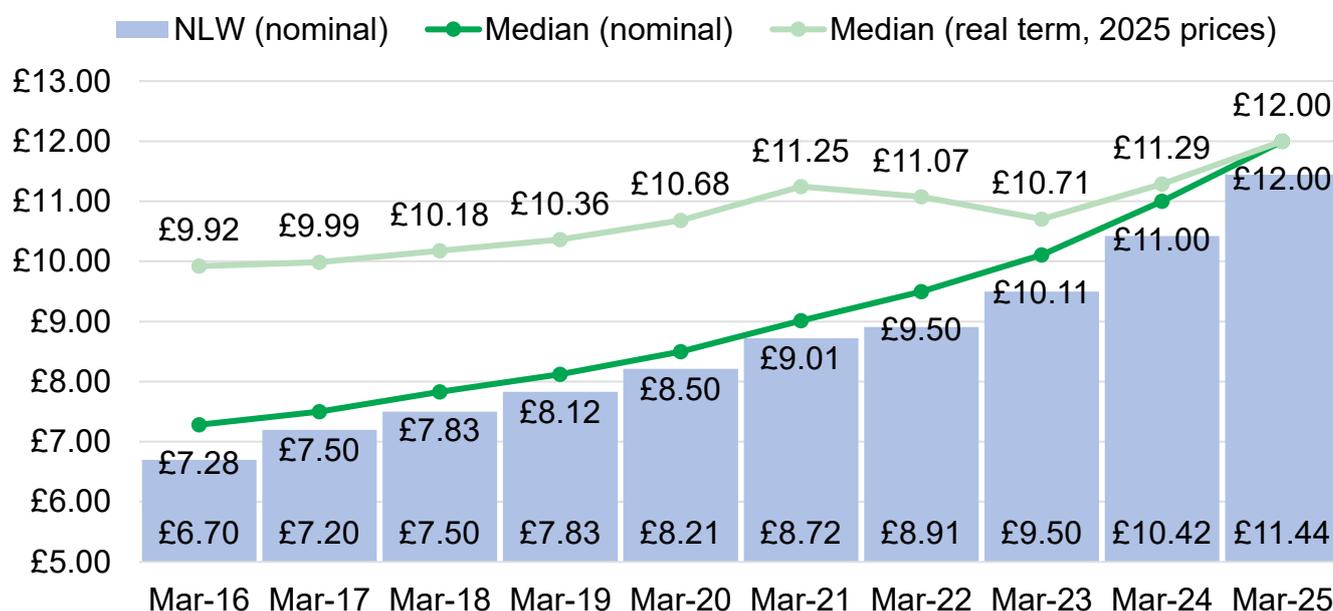
The nominal (not adjusted) median hourly rate of care workers and support workers increased steadily from £7.28 in March 2016 to £12.00 in March 2025, a nominal increase of £4.72 per

hour (65%). In real terms (adjusted for inflation), the average care worker or support worker is £2.08 per hour (21%) better off in March 2025 than they were in March 2016.

The median hourly rate for ‘care workers and support worker’ in March 2025 was 56p pence higher than the NLW. Between March 2016 and March 2025, the nominal median hourly rate increased by an average of 52 pence per year. During this period the NLW increased by an average of 53 pence per year. This suggests that care worker and support worker pay is keeping pace with increases to the NLW.

**Chart 74. Estimated nominal and real term average (median) care worker and support worker hourly rate (independent sector only), 2016 to 2025**

Source: Skills for Care estimates



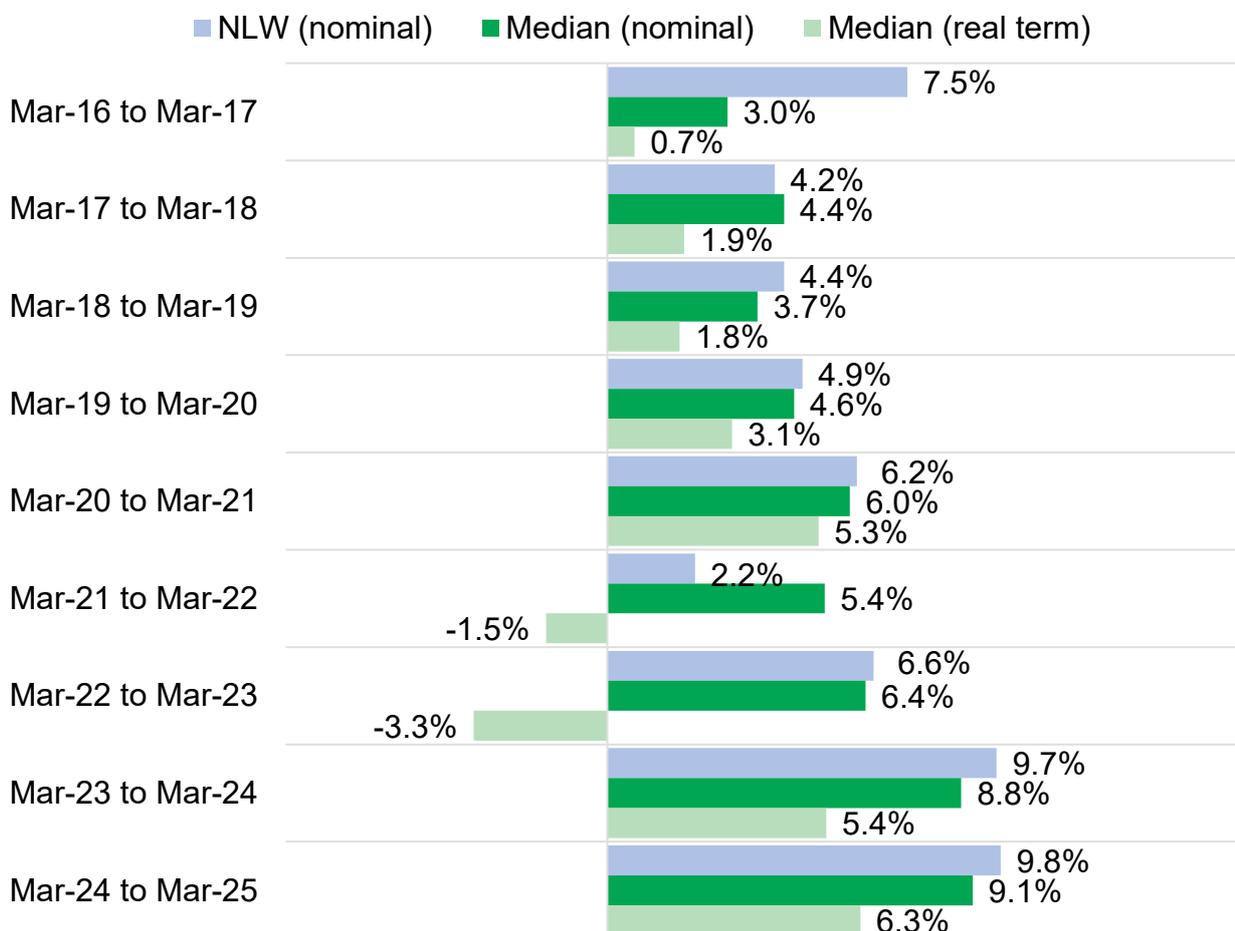
In April 2024, the NLW rose from £10.42 to £11.44 (9.8% in nominal terms). This increase contributed to an 9.1% increase in the median nominal ‘care worker and support worker’ hourly rate from March 2024 to March 2025. This was the highest increase in care worker median pay over the recorded period; an 8.8% increase between March 2023 and March 2024 was the second highest.

The ‘care worker and support worker’ real term hourly rate had decreased consecutively in March 2022 and March 2023. During this period, the [rate of inflation](#) increased from 7.0% to 10.1%. However, following this period, care workers and support workers received the highest real term increases in pay in the observed period, with a 5.4% increase in March 2024 and a 6.3% increase in March 2025.

Between April 2023 and April 2024, the median hourly rate of pay across the economy in England increased by 4.5% in real terms<sup>10</sup>. This shows that ‘care worker and support worker’ pay increased by more than the median pay across England.

### Chart 75. Estimated percentage change in average (median) care worker hourly rate and NLW (independent sector only), 2016 to 2025

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 and over the same period (2021/22 to 2024/25) vacancy rates have fallen. For more information, see Section 3.2.6 - Vacancy rates trends.

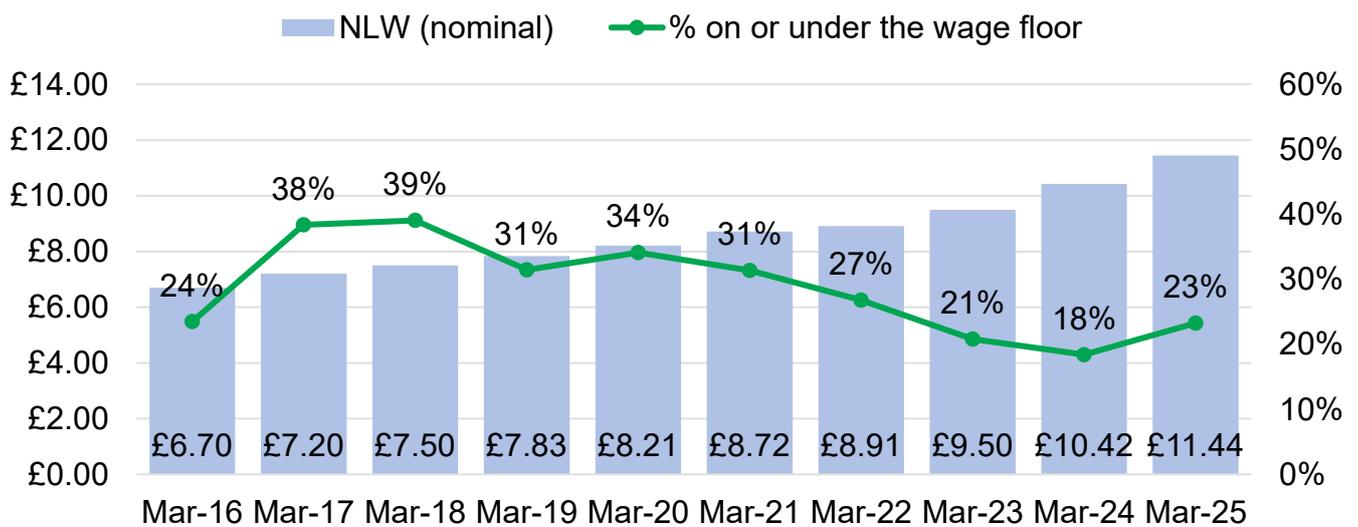
Chart 76 shows the NLW rate and proportion of care workers which were paid on or under the wage floor. We have defined the wage floor as those paid on or within 10 pence of the NLW.

<sup>10</sup> ONS - Annual Survey of Hours and Earnings – Gathered from [nomisweb.co.uk](https://nomisweb.co.uk)

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 2025, around 23% of care workers were paid on or under the wage floor, which had increased from 18% last year. This was the first increase seen since 2020. However, it should be noted that many care workers are still paid relatively close to the NLW, with the median being £12.00.

**Chart 76. Estimated proportion of care workers on the NLW and on or under the wage floor (NLW + 10 pence) (independent sector only), 2016 to 2025**

Source: Skills for Care estimates



The chart below 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 and support worker in the independent sector was £12.00 as at March 2025. The hourly rate difference between a top 10% earner (£13.15) and a bottom 10% earner (£11.44) was £1.71 (15%). This was proportionally less than in 2016 when the difference between a top 10% earner and a bottom 10% earner was £1.85 (28%).

**Chart 77. Estimated nominal average (median) care worker hourly rate distribution (independent sector only), as at March 2016 and March 2025**

Source: Skills for Care estimates

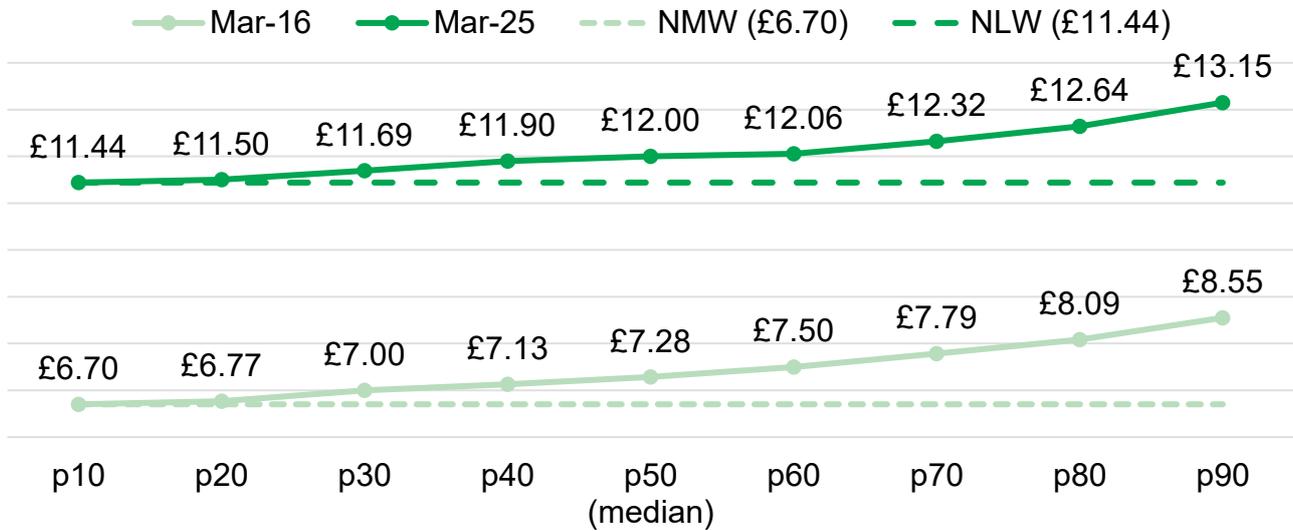
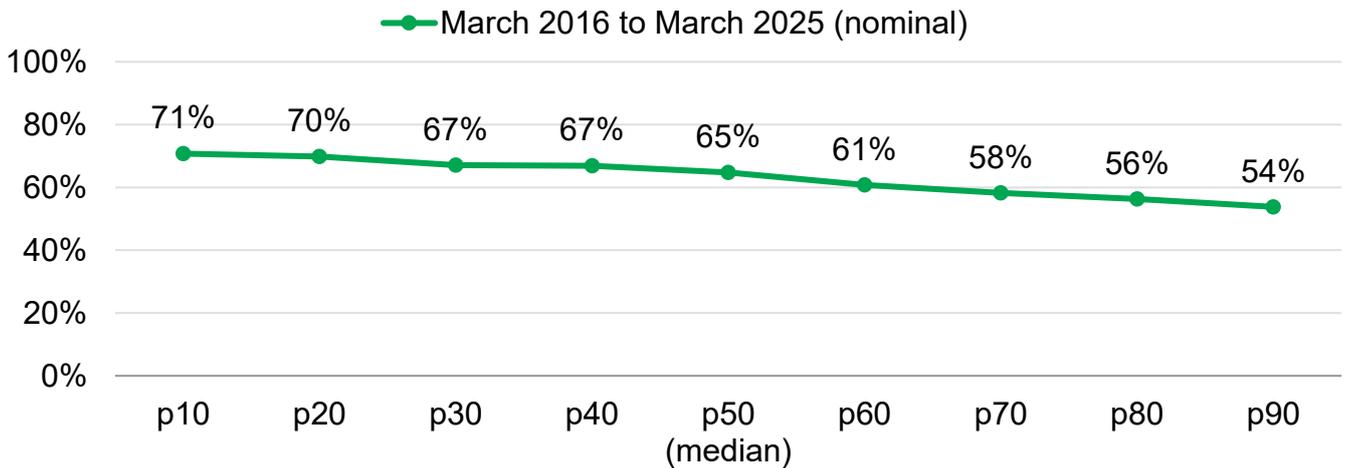


Chart 78 shows that, since the introduction of the NLW, care workers at the bottom of the pay scale have benefitted the most (an increase of 71% for the bottom 10% of earners). This was a larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 54% increase in pay over the period.

**Chart 78. Estimated nominal average (median) care worker hourly rate change by percentile (independent sector only), March 2016 to March 2025**

Source: Skills for Care estimates



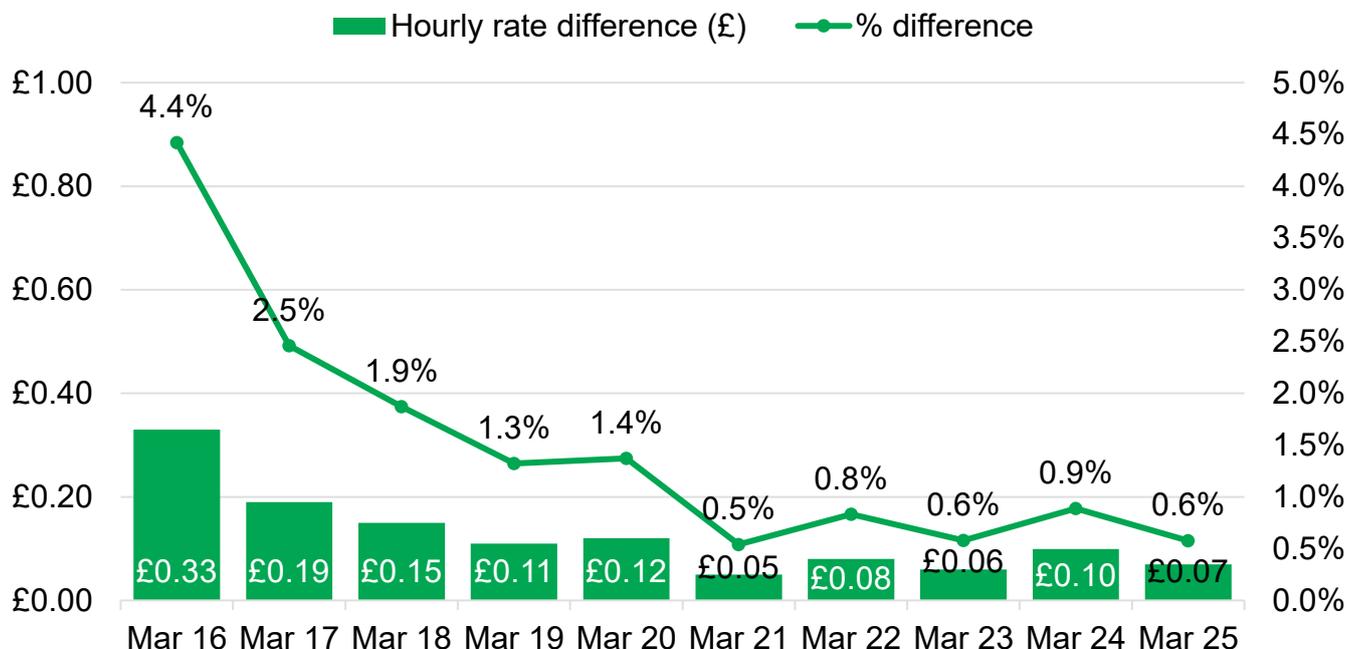
This shows that, after the introduction of the NLW, some social care organisations couldn't maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.

Chart 79 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 that 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, from March 2016, the experience pay gap shrank to 7 pence (or 0.6%) per hour as at March 2025.

**Chart 79. Average (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 2025**

Source: ASC-WDS unweighted data



In contrast, healthcare assistants (HCAs) in the NHS at band 3 with two or more years' experience are paid 82p more per hour than HCAs with no experience<sup>11</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.

## 5.7 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 2024 and again in March 2025. 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.

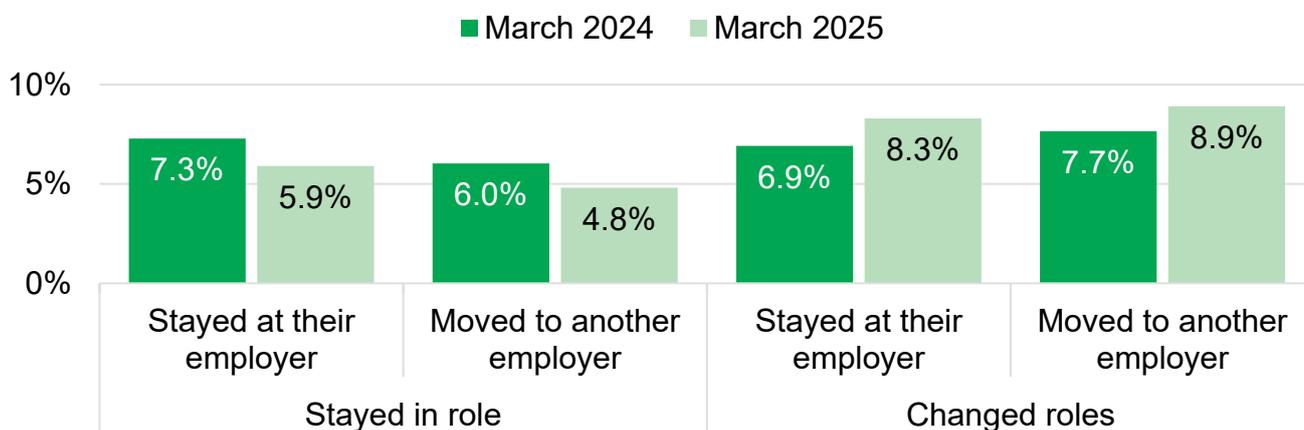
Chart 80 below compares the average percentage above the NLW that care workers received in March 2024 and March 2025. This is compared between the four groups. It shows that care

<sup>11</sup> NHS Employers – Pay scales for 2023/24 - <https://www.nhsemployers.org/articles/pay-scales-202324>

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.

**Chart 80. Care worker pay proportion above the NLW between those staying in role and staying at their employer in March 2024 and March 2025**

Source: ASC-WDS unweighted data



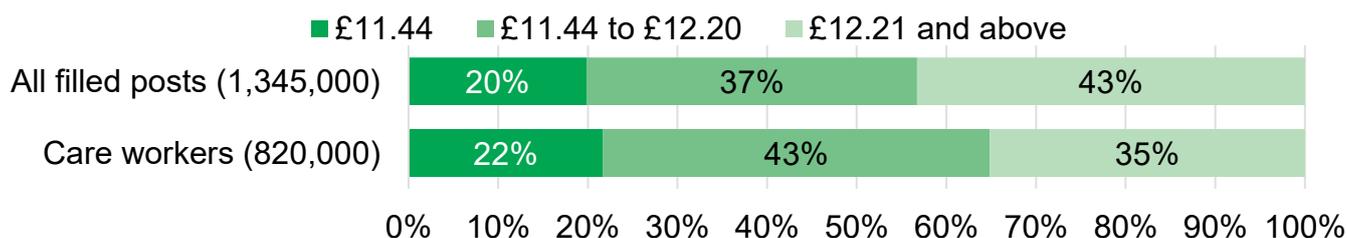
## 5.8 The impact of the NLW from April 2025 (£12.21)

On 1 April 2025, the mandatory NLW for workers increased by 77 pence to £12.21. This has been the smallest increase for the last three years, as it increased by 92 pence in 2023 and £1.02 in 2024. The chart below shows that, as at March 2025, over half (57%) of all independent sector workers were paid less than the upcoming mandatory NLW rate (£12.21). This equates to around 765,000 filled posts directly affected by the subsequent increase in the NLW.

Many of the 43% of workers that were already paid on or above the 2025 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 whom 65% (around 530,000 filled posts) were paid less than the new NLW rate (£12.21) as at March 2025.

**Chart 81. Estimated hourly pay distribution of workers prior to the 2024 NLW (independent sector only), as at March 2025**

Source: Skills for Care estimates



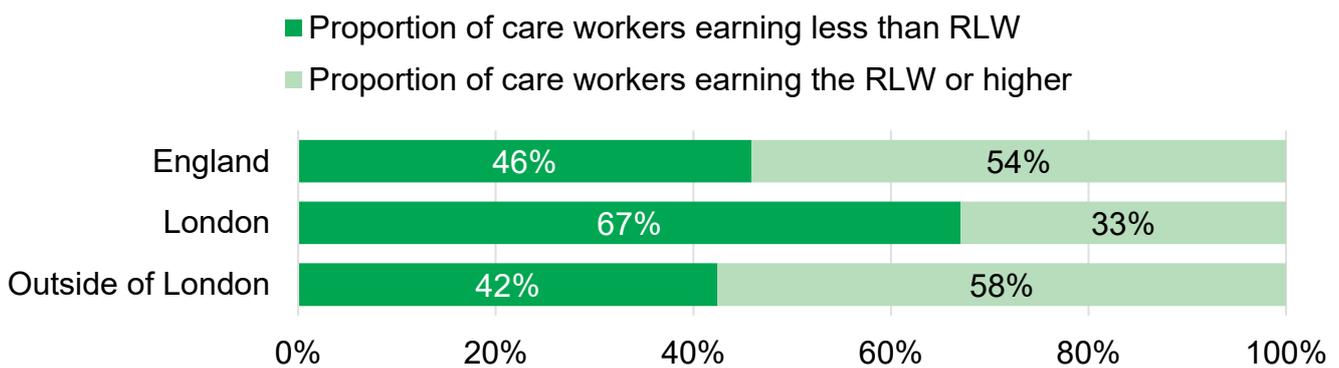
## 5.9 The RLW

The RLW is calculated and set by the Living Wage Foundation each year. It is calculated based on the cost of living, with separate rates for London and the rest of the UK as the cost of living in London is substantially higher. To be an RLW-accredited employer, organisations must pay the RLW to all employees by May each year. The rate that was required as at 1 April 2024 to be a RLW accredited employer was £13.15 in London and £12.00 for the rest of the UK.

As at March 2025, 42% of care workers outside of London were earning less than £12.00 and 67% of care workers in London were earning less than £13.15 (the highest percentage of any region). Whilst the median care worker pay is higher in London (£12.20), this is still 95 pence below the RLW in London. Overall, in England, around 46% of care workers were earning less than the RLW.

**Chart 82. Estimated proportion of care workers receiving the RLW (independent sector only), as at March 2025**

Source: Skills for Care estimates



## 5.10 Comparison with other sectors

Social care has been defined as a low-paying industry by the Low Pay Commission 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 2024](#)', 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 83 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 HCAs in the NHS.<sup>12</sup> Although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. Chart 83 shows that care worker median pay (£12.00) is below the rate for the 20th percentile of £12.50 (80% of jobs pay this value or more).

Average care worker pay is 31 pence per hour less than band 3 HCAs in the NHS who are new to their roles and equivalent to those employed in sales and retail assistants. However, it is 36 pence higher than kitchen and catering assistants and similar to sales and retail assistants as well as cleaners and domestics.

**Chart 83. Estimates average (median) care worker pay (independent sector only) compared to other job roles, as at March 2025**

Source: Skills for Care estimates, ONS Annual Survey of Hours and Earning (November 2024, all UK) and NHS Agenda for Change pay data (2024/25)

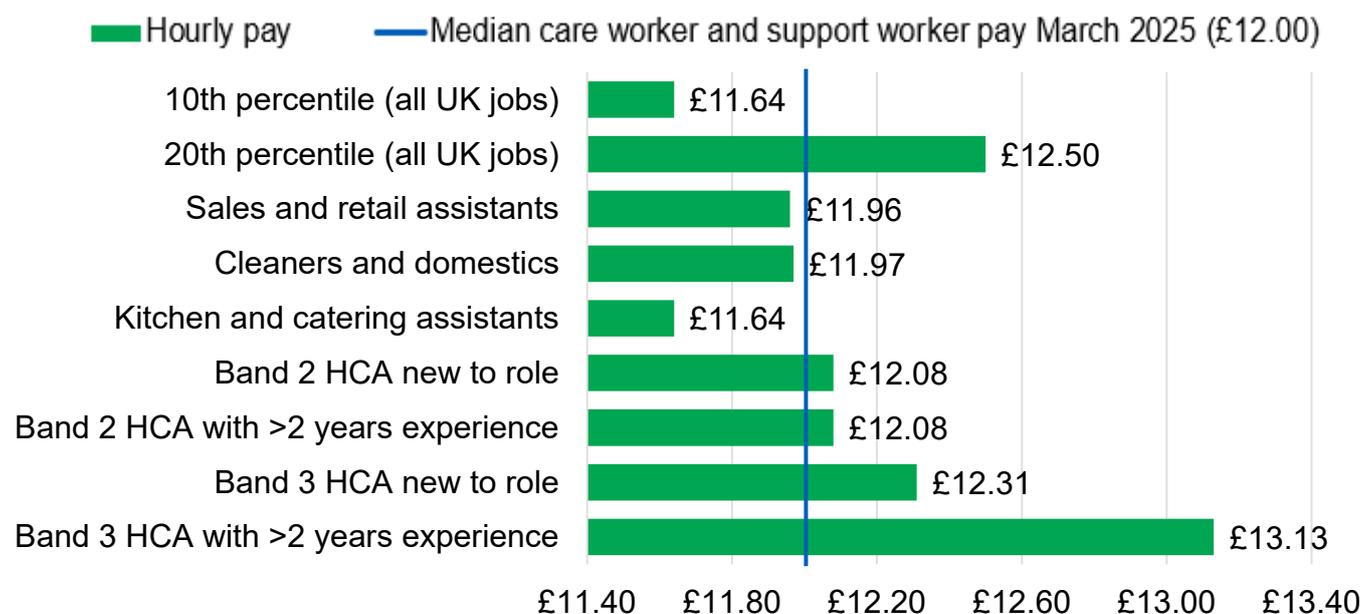


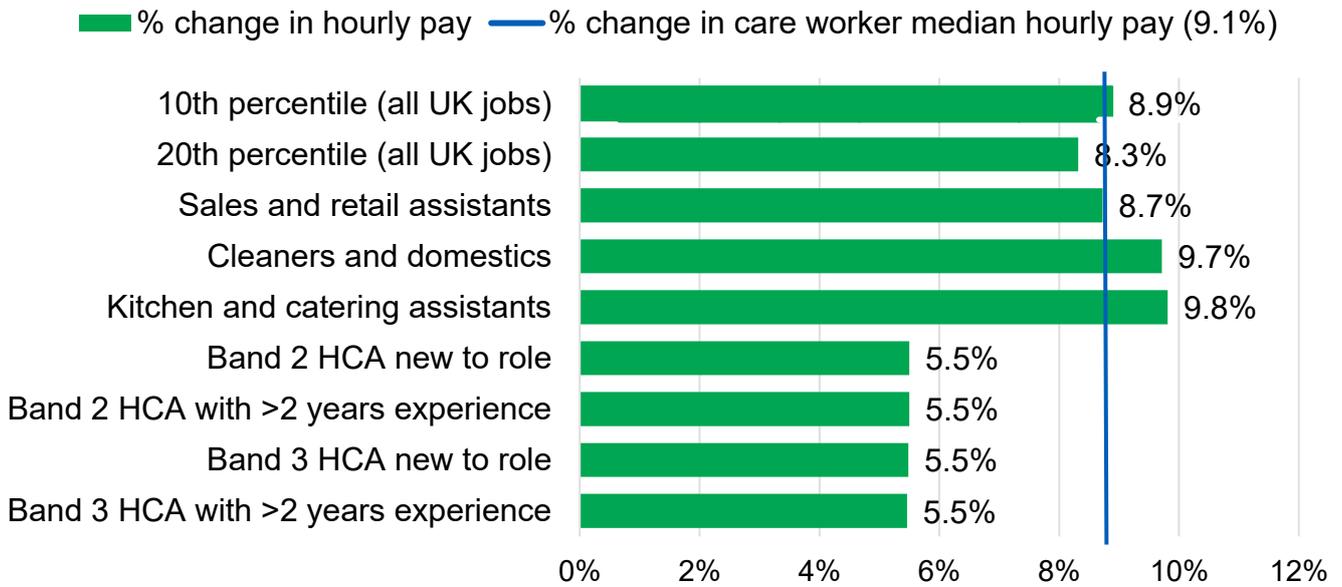
Chart 84 shows the percentage increase in nominal pay between 2023/24 and 2024/25 for each of the same job roles as Chart 83 (above). Care worker median pay increased by a similar amount to the lower pay percentile group and the low-paying roles in other sectors. However, the increase in care worker median pay (9.1%) was greater than HCA pay in the NHS (5.5%).

<sup>12</sup> ASHE data is as at April 2024 and ASC-WDS is updated between April 2024-March 2025. Although both datasets cover 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.

Cleaners and domestic staff pay increased by 9.7%, a greater percentage than care worker median pay.

**Chart 84. Estimated percentage change in nominal average (median) care worker and support worker pay (independent sector only) compared to other job roles, 2023/24 to 2024/25**

Source: Skills for Care estimates (March 2025), ONS Annual Survey of Hours and Earning (November 2024, all UK) and NHS Agenda for Change pay data (2024/25)



# 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.

**63%**

of direct care staff engaged with the Care Certificate standards

**45%**

of workers held a relevant social care qualification (excluding regulated professions)

**36%**

of direct care providing staff were qualified at Level 2 or Level 3

## Key findings

- Over half (56%) of posts in the adult social care workforce were filled by people who had achieved, were working towards or had partially completed the Care Certificate standards.
- Just under half of the adult social care workforce (excluding regulated professions) held a relevant social care qualification (45%), while 55% had no relevant social care qualifications recorded.
- Direct care providing staff were more likely to be qualified at Level 2 or Level 3 (36%), while those in managers roles were more likely to be qualified at Level 5 or above (33%).
- The proportion of staff in the 'care worker and support worker' group with a Level 2 or above qualification has decreased by 10 percentage points since 2018/19 (from 48% to 38%).
- The top three non-statutory training categories recorded in the ASC-WDS were 'assisting and moving people' (56%), 'basic life support and first aid' (50%) and 'food hygiene' (49%).
- Approximately half of the direct care workforce (54%) did not hold a relevant social care qualification in 2024/25. However, of those, 69% had engaged with the Care Certificate standards, 52% had five years or more experience in the adult social care sector, and 81% had completed non-statutory training.
- For people in 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.
- Workers in regulated professions can progress up the pay scale within their individual roles and were also observed to move into manager 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. They are made up of the 16 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, diversity, inclusion & human rights
- work in a person-centred way
- communication
- privacy and dignity
- fluids and nutrition
- awareness of mental health and dementia
- adult safeguarding
- safeguarding children
- basic life support
- health and safety
- handling information
- infection prevention and control
- awareness of learning disability and autism.

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

In 2024/25, 56% of all filled posts had achieved, were working towards or had partially completed the Care Certificate standards. Just under half (44%) of all filled posts hadn't started or weren't engaged with the certificate.

**Chart 85. Estimated Care Certificate standards status of all job roles, 2024/25**

Source: Skills for Care estimates

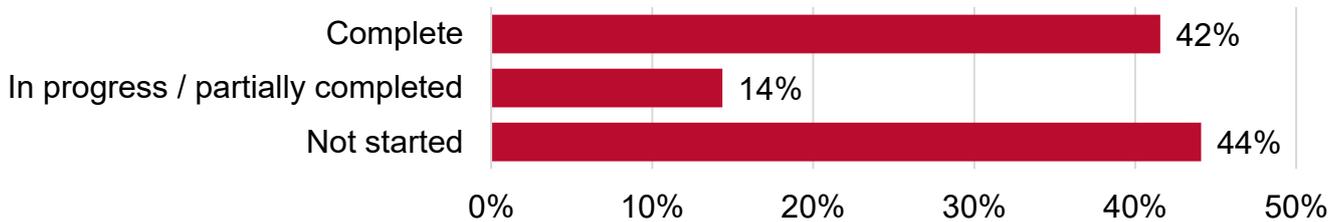
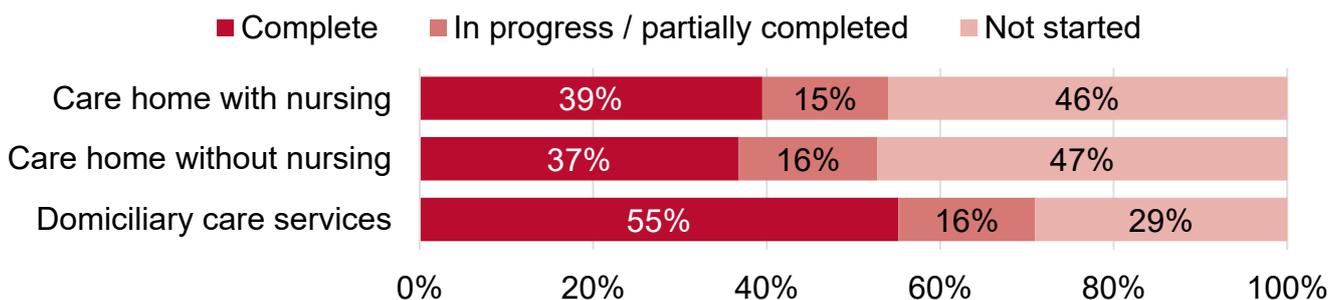


Chart 86 below shows engagement with the Care Certificate standards for three of the most provided services in adult social care. 'Engagement' is those who have completed or are in progress / partially completed. Engagement was highest in domiciliary care services (71%) compared to care homes without nursing (53%) and care homes with nursing (54%).

**Chart 86. Estimated Care Certificate standards status of direct care providing workers by main service, 2024/25**

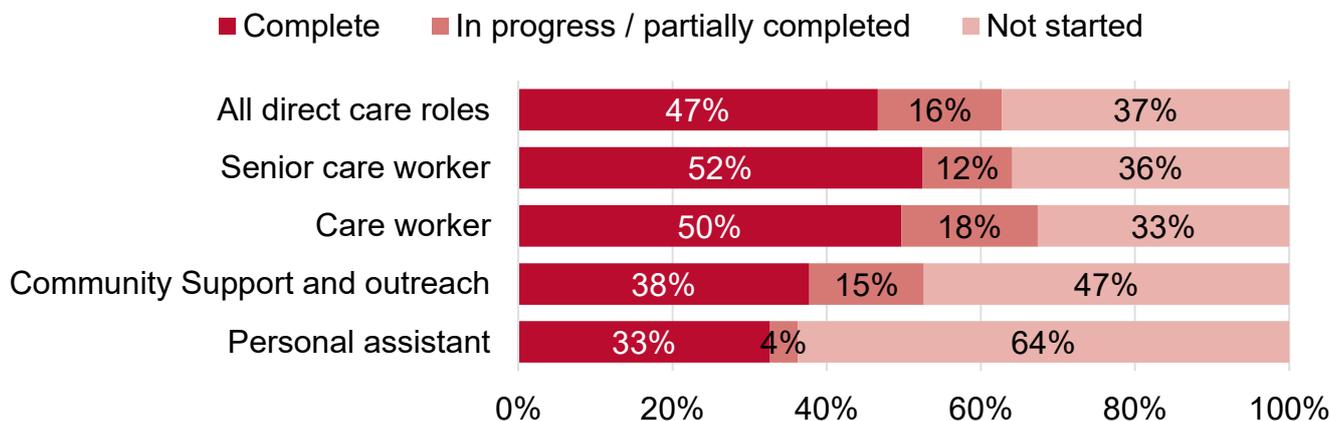
Source: Skills for Care estimates



Almost two-thirds (63%) of direct care providing staff have engaged with the Care Certificate standards. This was highest amongst care workers (68%). Personal assistant roles had the least engagement with the certificate in 2024/25, at 37%.

**Chart 87. Estimated Care Certificate standards status of direct care providing roles, 2024/25**

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 workers in 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 (45%), while 55% had no relevant social care qualifications recorded. It should be noted that such qualifications may not be required of staff who don't directly provide care (e.g. cooks, cleaners, administrative staff and activities workers etc.).

**Chart 88. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professions), 2024/25**

Source: Skills for Care estimates

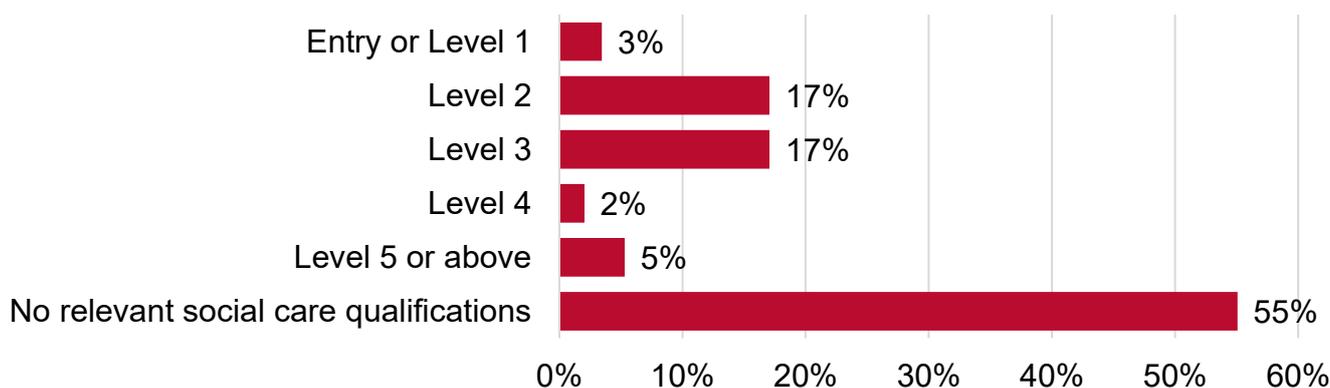


Chart 89 shows the highest qualification level held by job role group. As might be expected, direct care providing staff were more likely to be qualified at Level 2 or Level 3 (36%), while those in manager roles were more likely to be qualified at Level 5 or above (33%). The chart also shows that under a quarter (26%) of all manager staff have no relevant social care qualifications.

**Chart 89. Estimated highest social care qualification level of the adult social care workforce in the managers and direct care job role groups, 2024/25**

Source: Skills for Care estimates

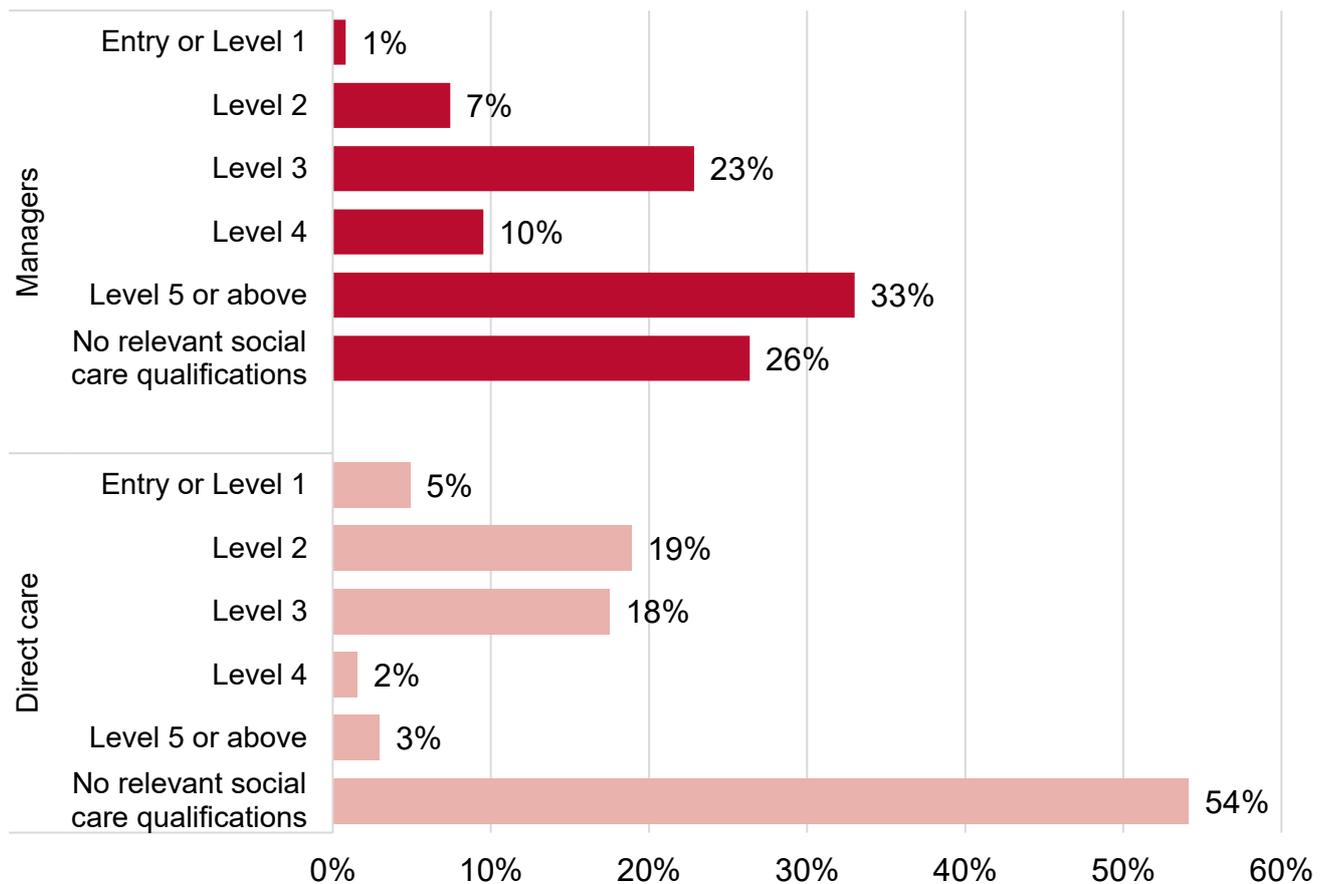


Chart 90 and Chart 91 show the proportion of workers in selected managers roles that had achieved a social care qualification at Level 5 or above, split by sector. An estimated 61% of registered managers were recorded as having a social care qualification at Level 5 or above. Also, an estimated 29% of deputy managers were recorded as having a social care qualification at Level 5 or above.

**Chart 90. Estimated proportion of managers roles at Level 5 and above by sector, 2024/25**

Source: Skills for Care estimates

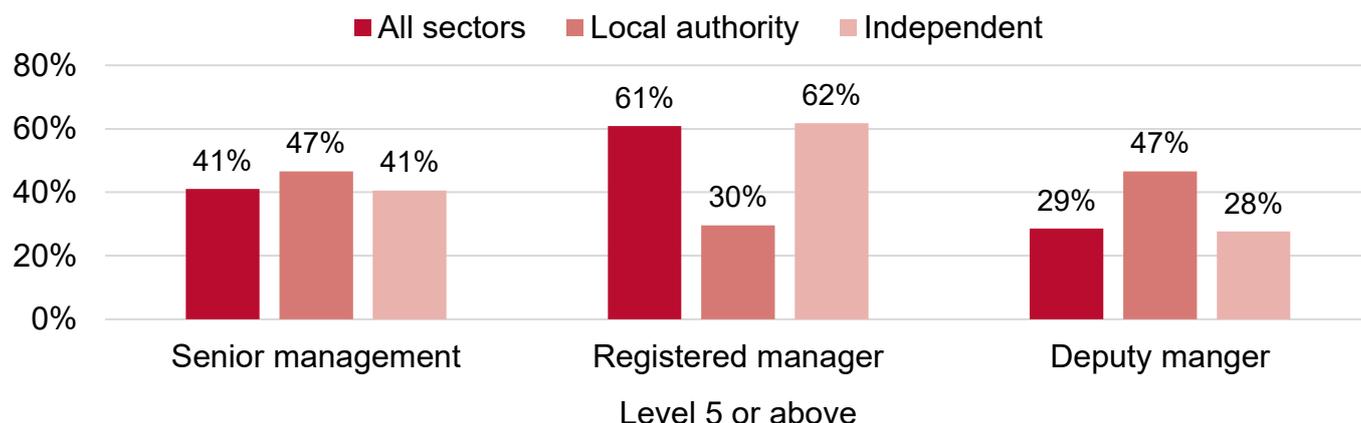
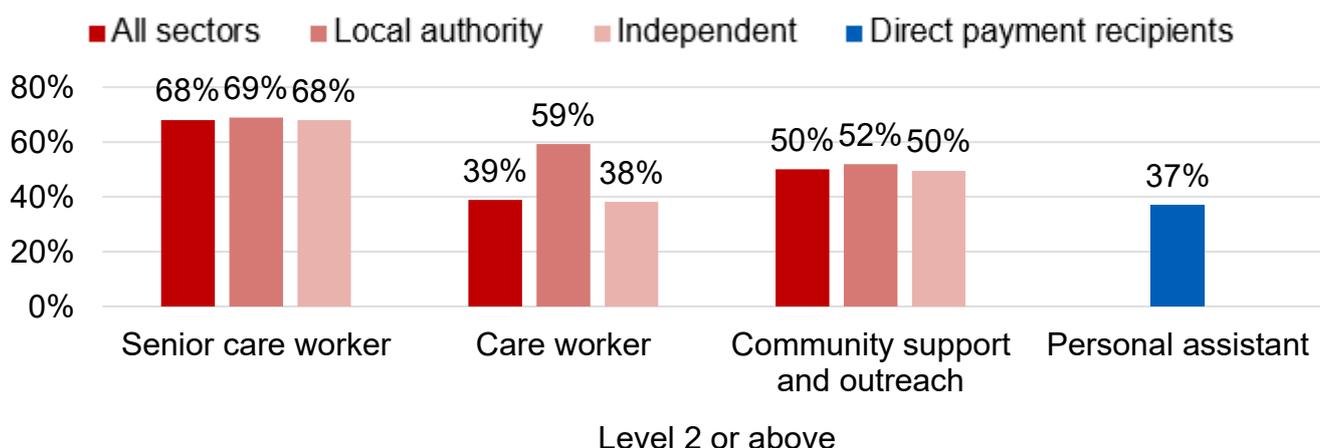


Chart 91 shows the same information for selected roles in the direct care job role group where the worker held a Level 2 qualification or higher. An estimated 68% of senior care workers were recorded as having a social care qualification at Level 2 or above, and 39% of care workers.

**Chart 91. Estimated proportion of direct care roles at Level 2 or above, by sector, 2024/25**

Source: Skills for Care estimates

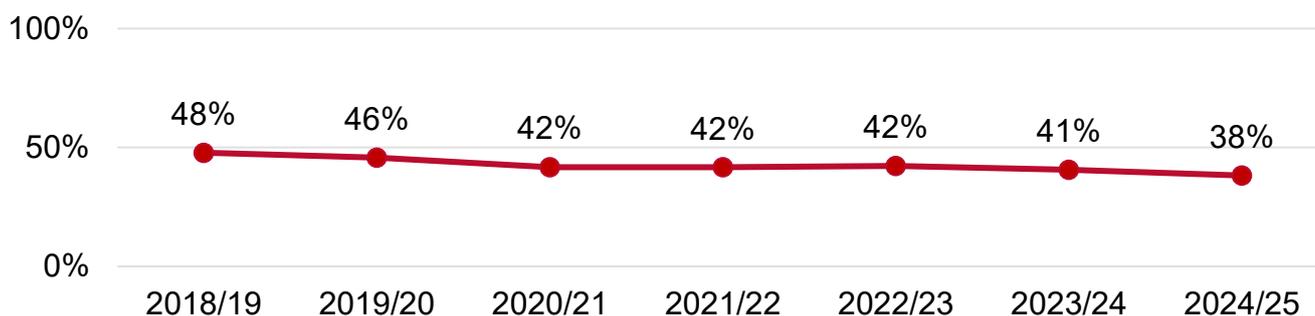


Workers that were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate standards or training relevant to their role (see Section 6.7 – Building skills through qualifications, training and experience).

The support worker role was added to the ASC-WDS in June 2024, and many of our users recoded their workers into this role. The majority of these were previously recorded as care workers. We have grouped the care worker and support worker roles in the figures to provide a consistent trend. This proportion of workers in the care worker and support worker group has decreased by 10 percentage points from 2018/19 to 2024/25.

## Chart 92. Estimated proportion of 'care worker and support worker' filled posts at Level 2 of above, 2018/19 to 2024/25

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 (52%) than workers within independent sector providers (44%). Workers within domiciliary care providers (46%) and care homes without nursing (45%) and had achieved higher levels of qualification than workers within care homes with nursing services (35%).

Analysis of factors affecting turnover amongst care workers in the independent sector shows that those with a relevant social care qualification were less likely to leave. Chart 126 (Section 9.1.11) 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, 21.0% left within the 12-month period, compared to 27.2% 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. See Section 9 – Factors affecting turnover and CQC ratings, for more information on factors affecting turnover.

### 6.2.1 Level 2 Adult Social Care Certificate qualification

The [Level 2 Adult Social Care Certificate](#) is a qualification based on the existing Care Certificate standards. It was introduced into the adult social care sector in 2024.

This is different to the Care Certificate standards that were introduced in 2015 and are a set of 16 standards that new adult social care and health workers should achieve as part of their induction. The Care Certificate standards are not a qualification, but an employer-led certificate of competence. The Level 2 Adult Social Care Certificate qualification is a regulated qualification. It provides a recognised benchmark of knowledge and skills at Level 2 and goes beyond the Care Certificate standards in terms of depth and formal assessment.

We'll explore the results of the first year of data collection of this qualification in the ASC-WDS in more depth in the next 'The state of the adult social care sector and workforce in England' report, due to be published in October 2026.

## 6.3 Apprenticeships in adult social care

This section includes the key findings of the 'Apprenticeships in adult social care 2023/24' report. For more details, including a glossary of terms, 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 that 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 nine 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 23,420 adult social care apprenticeship starts in 2023/24, 5% less than in 2022/23. Across all apprenticeships, the overall number of starts decreased by 1%.
- Between 2020/21 and 2023/24, there has been a 31% reduction in adult social care starts, in comparison with a 6% increase in all apprenticeship starts.
- There were around 1,390 starts in the Social Worker degree apprenticeship (Level 6) in 2023/24, which made up 20% of all degree level apprenticeship starts across Health and Social Care.
- The Lead Adult Care Worker apprenticeship and Adult Care Worker apprenticeship standards ranked 4th and 7th in terms of Intermediate/Advanced Level starts in 2023/24, out of all apprenticeships

### Apprenticeship achievements, leavers and retention

- In adult social care, 26% of achievements were in Level 4 and above apprenticeships, which was the highest among comparable sectors.
- The achievement rate of adult social care apprenticeships was 38.7% in 2022/23, which was lower than the average across all apprenticeships (54.6%).
- There were around 23,190 leavers from adult social care apprenticeships in 2022/23, of whom 40.0% completed their course, and of these 96.5% passed the end point assessment.
- The retention rate of adult social care apprenticeships in 2022/23 (40.0%) was lower than that of all apprenticeships (56.2%).

## Demographic trends

- Over three-quarters (81%) of adult social care apprenticeship starters were aged over 24.
- The proportion of adult social care apprenticeship starts aged under 25 has decreased from 21% in 2020/21 to 19% in 2023/24.
- The proportion of adult social care apprenticeship starts that identified as male in 2023/24 was 17%. This is a 1 percentage point increase from 2022/23.
- The proportion of adult social care apprenticeship starts that identified as having learning difficulties or disabilities has increased from 10% in 2016/17 to 17% in 2023/24.

A new [Health and social care foundation apprenticeship](#) launched in August 2025, which sees a reduction in the minimum apprenticeship duration from 12 to 8 months. This new approach creates more accessible pathways into health and social care careers, enabling faster training and deployment of staff.

[Skills England](#) works in partnership with employers, regional bodies, training providers and other stakeholders to build a clearer, demand-led qualifications and apprenticeship system, by providing sector-specific skills analysis, maintaining occupational maps and standards, and supporting the transition of technical education pathways across sectors, including adult social care.

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

## 6.4 Training

Regular learning and development will help ensure workers can remain up to date with best practice to provide high-quality care and support. Learning and development helps the workforce to:

- develop new skills and knowledge that 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
- 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 that helps to prepare workers for their role and requirements depend on a workers' roles and responsibilities. Please see [our website](#) for more about the 'statutory and mandatory training guide for adult social care employers' and our blog post about '[How we're simplifying statutory and mandatory training guidance](#)', published in September 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.

Adding training records to the ASC-WDS is non-mandatory for employers and not part of any funding criteria, so completion of the training records on ASC-WDS is based on users seeing the benefits for their own organisation and so it's not fully completed by all.

As such, **this year we're showing only the non-statutory training categories because workers must have statutory training to perform their roles.** We've excluded the following statutory training categories because they are training required by all workers in the adult social care sector:

- health and safety awareness
- fire safety
- moving and handling objects
- infection prevention and control
- adult safeguarding
- learning disability and autism awareness (including Oliver McGowan training)

Please note, training information for workers employed by direct payment recipients (personal assistants) is not included here. This is due to the different methods of data collection, meaning this data is not directly comparable to information collected in the ASC-WDS. To see analysis of the training information captured as part of the annual survey of individual employers and personal assistants, visit our [website](#).

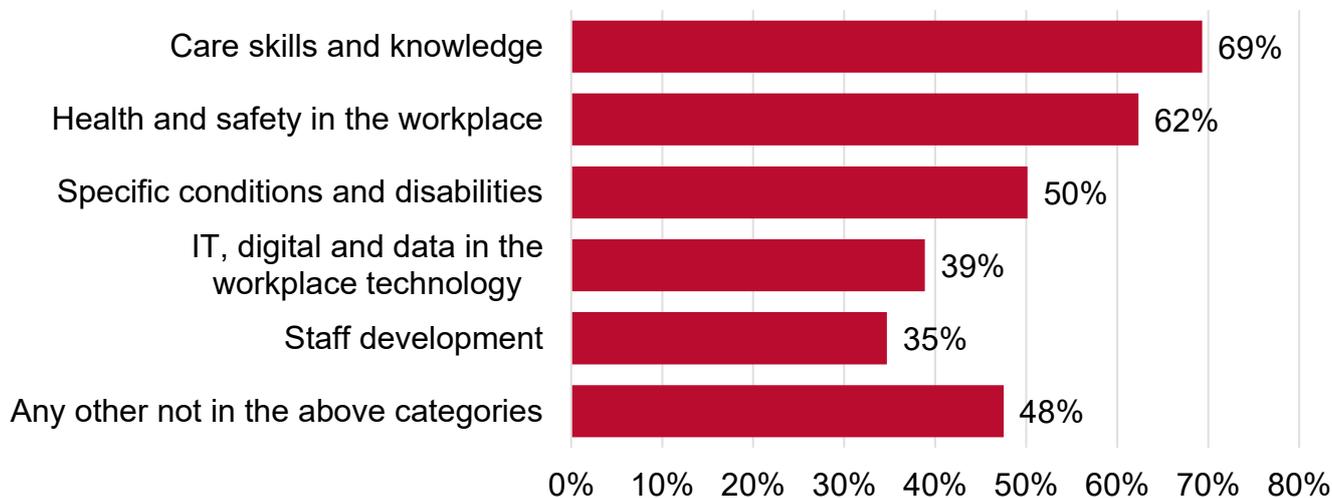
**Our methodology for analysing training data has changed from previous years – therefore, results shown in this report are not comparable to previous publications.** As before, the analysis included worker records with training recorded, as well as all staff at workplaces where any training was recorded (i.e., if at least one worker has training recorded, all workers at that workplace are included). The key difference this year is that only training recorded within the past two years is included. We first check each worker individually, and if anyone at a workplace has recent training, all staff at that workplace are included. This approach removes outdated records and ensures the data reflects current, active training, rather than including old entries that could make coverage appear higher than it really is. As a result, the total number of workers included in the analysis has decreased, while providing a more accurate picture of up-to-date training activity.

Using this new methodology, analysis of unweighted ASC-WDS data shows that 76% of workers had training recorded within non-statutory training categories in 2024/25. As stated above, completing training is not mandatory in ASC-WDS and therefore more workers may have received training that wasn't recorded in ASC-WDS.

When employers complete the ASC-WDS, the 47 training categories are organised into six broader lists. The charts below show the proportion of workers with training recorded in the non-statutory categories, presented according to these six groups. Chart 93 shows 69% of workers had training with the group of 'care skills and knowledge', 62% within the group 'health and safety in the workplace' and half within the group 'specific conditions and disabilities' (50%).

### Chart 93. Non-statutory training recorded in ASC-WDS by categories groups (local authority and independent sectors only), 2024/25

Source: ASC-WDS unweighted data



The following charts (Chart 94 to Chart 98) show the training categories within the groups above. Please note that the training employers provide depends on both the worker's role and the type of service their organisation delivers. The following charts present data across all job roles and services; however, not every type of training is relevant or available to every worker.

Across all six groups the top three training categories, recorded in the ASC-WDS were: 'assisting and moving people' with 56% of worker having training recorded within this category, 'basic life support and first aid' (50%) and 'food hygiene' (49%).

Chart 94 (below) shows the training categories within the 'care skills and knowledge' group. Overall, 69% of workers had at least one instance training record in ASC-WDS within the training categories in the chart.

**Chart 94. Training categories within the group ‘care skills and knowledge’ recorded in ASC-WDS (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data

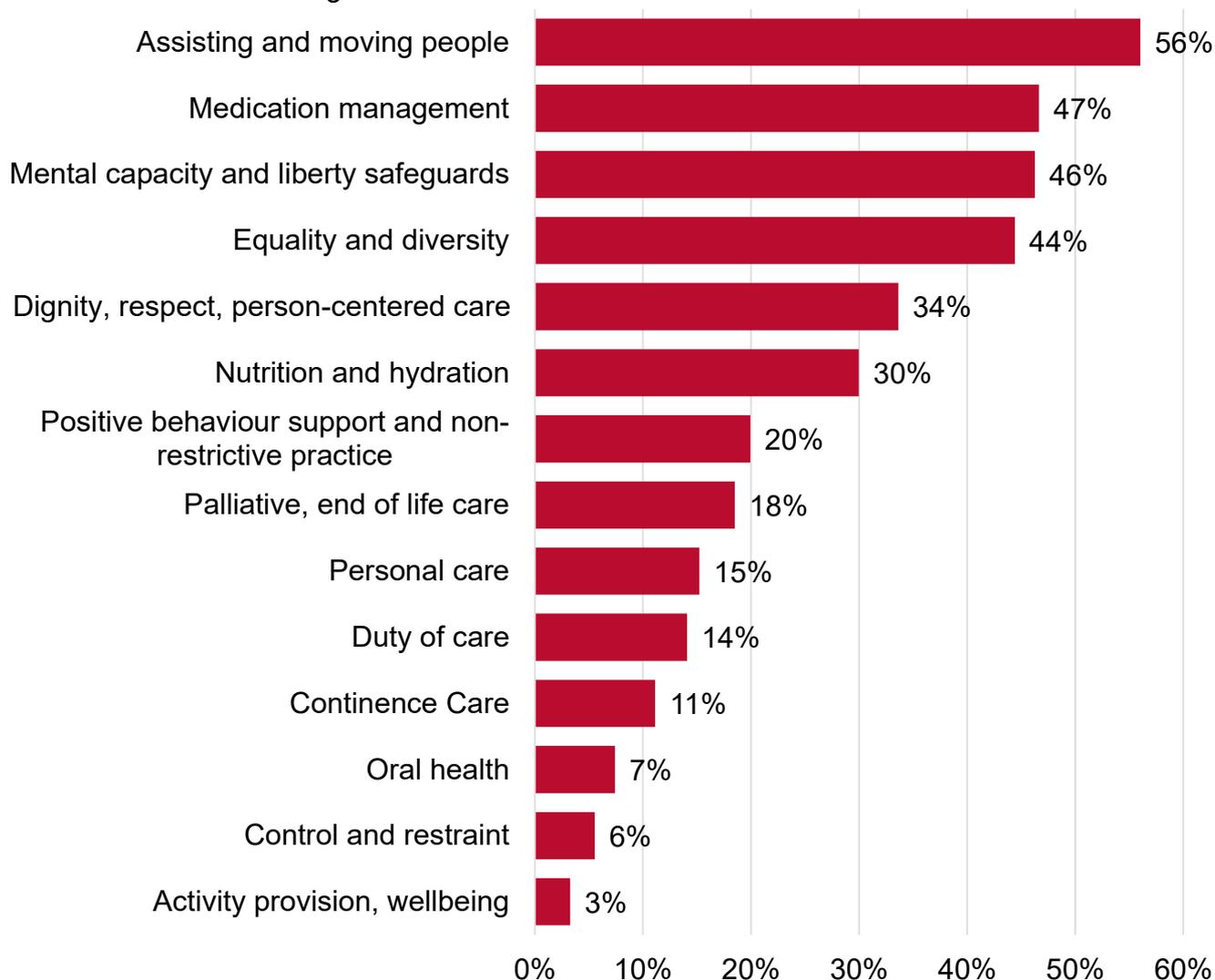


Chart 95 shows the training categories within the ‘health and safety in the workplace’ group. Overall, 62% of workers had at least one instance training record in ASC-WDS within the training categories in the chart.

**Chart 95. Training categories within the group ‘health and safety in the workplace’ recorded in ASC-WDS (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data

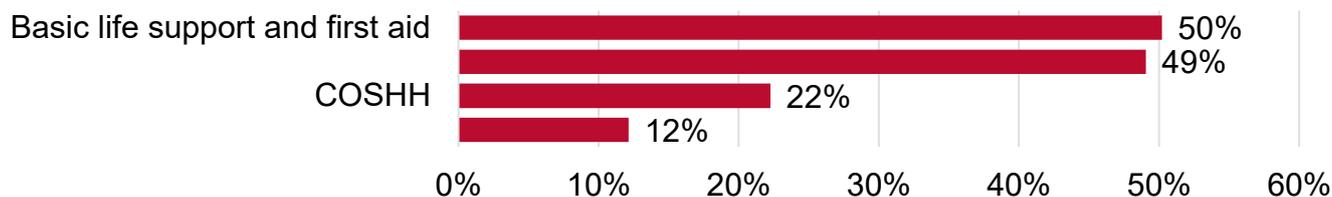


Chart 96 shows the training categories within the ‘IT, digital and data in the workplace technology’ group. Overall, 39% of workers had at least one instance training record in ASC-WDS within the training categories in the chart.

**Chart 96. Training categories within the group ‘IT, digital and data in the workplace technology’ recorded in ASC-WDS (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data

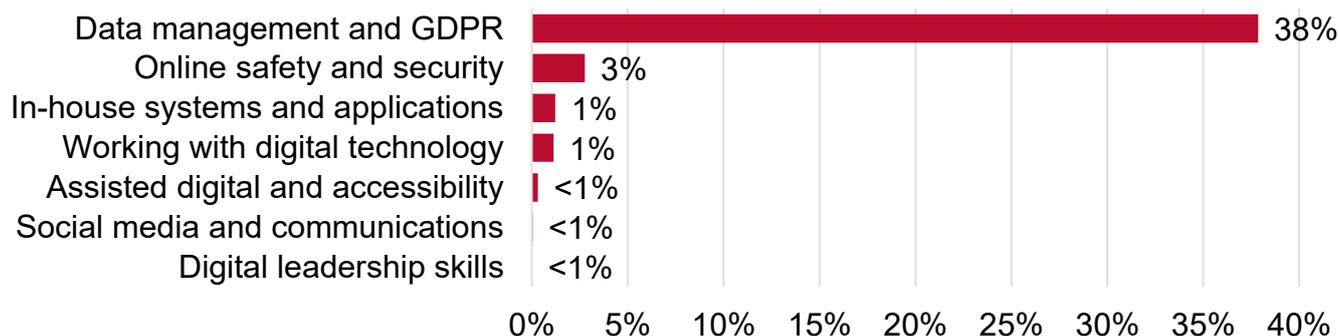


Chart 97 shows the training categories within the ‘specific conditions and disabilities’ group. Overall, 50% of workers had at least one instance training record in ASC-WDS within the training categories in the chart.

**Chart 97. Training categories within the group ‘Specific conditions and disabilities’ recorded in ASC-WDS (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data

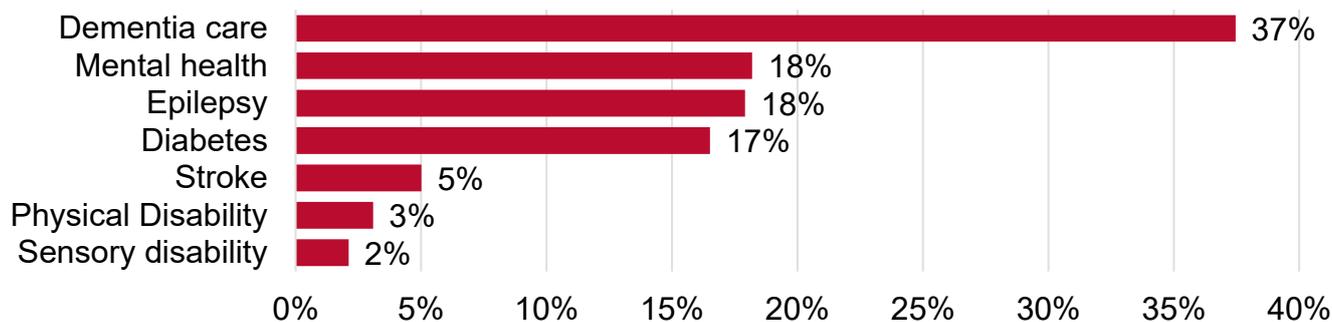
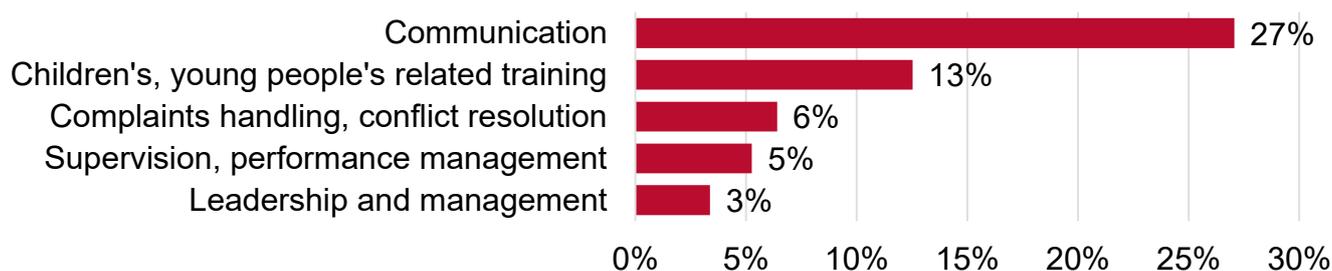


Chart 98 below shows the training categories within the 'staff development' group. Overall, 35% of workers had at least one instance training record in ASC-WDS within the training categories in the chart. As mentioned above, not all workers will be required to undertake training in this group. In particular, only managers might complete 'supervision, performance management' or 'leadership and management' training. For more information on managers and their training, see the following sub-section of this report.

**Chart 98. Training categories within the group 'Staff development' recorded in ASC-WDS (local authority and independent sectors only), 2024/25**

Source: ASC-WDS unweighted data



## 6.5 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.

There were an estimated 123,000 manager filled posts in the adult social care sector in 2024/25, of which 26,000 were registered managers in establishments regulated by the Care Quality Commission (CQC). The sector continues to experience a high turnover rate among registered managers, currently standing at 17.0%, alongside a vacancy rate of 11.4%, amounting to 3,400 vacant posts. For more information, see Section 3 - Recruitment and retention. Section 4.3 – Age, also shows that 32% of registered managers are aged 55 and over, potentially approaching retirement within the next decade.

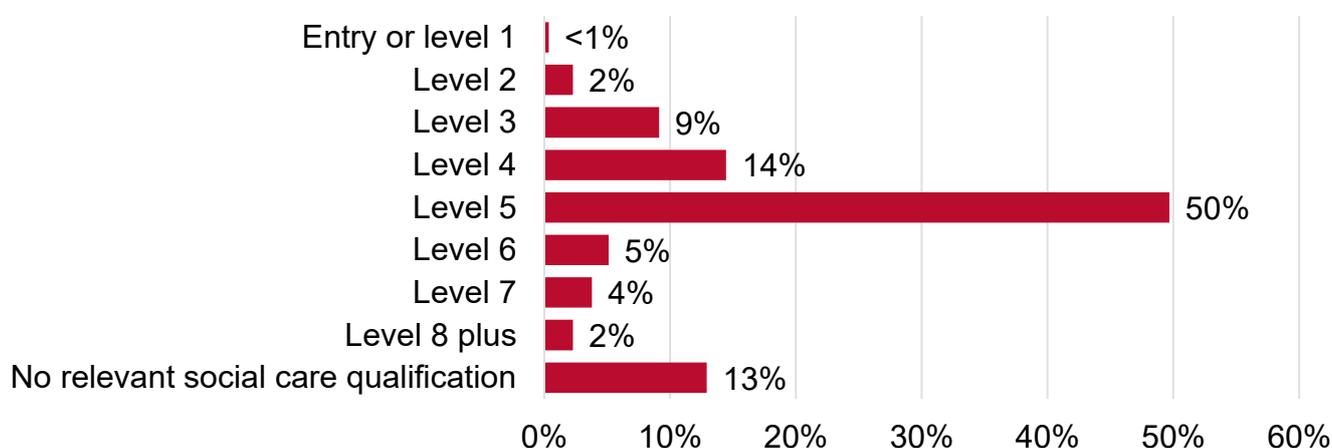
Analysis of factors influencing turnover (see Section 9 – Factors affecting turnover and CQC ratings) highlights that establishments with stable registered managers are more likely to achieve higher CQC ratings. Furthermore, experienced registered managers are associated with lower workforce turnover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

Chart 90 above shows that an estimated 61% of registered managers hold a qualification at Level 5 or above, and the chart below shows the qualification of registered managers in more detail. Half of registered managers (50%) were qualified to a Level 5.

The chart shows that an estimated 13% of registered managers do not hold any relevant social care qualifications. The CQC requires registered managers to demonstrate that they are fit, competent and experienced to lead a service. While a formal social care qualification is not always a prerequisite at the point of registration, managers are generally expected to hold or be working towards a relevant leadership qualification. In some cases, registration may be granted based on substantial experience alone, provided that suitable arrangements are in place to obtain the qualification.

### Chart 99. Estimated qualification level of registered managers in adult social care, 2024/25

Source: Skills for Care estimates



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.

Analysis of unweighted ASC-WDS information shows that 19% of staff in managers roles have training recorded under the category of 'Leadership and management' and 15% under the category of 'Supervision, performance management'.

Good leadership is very important to high quality care provision, yet some people struggle to understand what it means, either for themselves or their organisations. [The Leadership Qualities Framework](#) explains what good leadership looks like and describes the attitudes and behaviours needed for high-quality leadership at all levels across the social care workforce.

Skills for Care's 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).

## 6.6 Career progression in adult social care

Career progression can mean different things to different people. It could mean moving into a new role that has higher levels of responsibility, requires more training, or allows a worker to earn a higher salary. Alternatively, it could mean a worker staying in their role but taking opportunities to develop their skills or knowledge whilst continuing to gain experience. In the adult social care workforce there are many different roles that help deliver care and support to those who need it. These roles all require varying levels of skill, experience and/or qualifications, and these may also change over time.

Career progression must therefore not be regarded as a single route that all workers will follow. Progression will depend on the individual and their specific circumstances. The following subsections of this report outline various ways in which a worker may progress through the adult social care workforce.

### 6.6.1 The Care Workforce Pathway

[The Care Workforce Pathway](#) was developed by the Department of Health and Social Care, in partnership with Skills for Care. It's the first time the care sector has seen a universal career structure setting out the knowledge, skills, values and behaviours required to deliver high-quality, personalised care and support.

The pathway was launched in January 2024, covering four direct care role categories. Four more role categories were added in April 2025. ASC-WDS started collecting information about the pathway in September 2025. We'll explore the results of the first year of data collection in more depth in the next 'The state of the adult social care sector and workforce in England' report, due to be published in October 2026.

The care workforce pathway outlines the knowledge, skills, values and behaviours needed for a career in adult social care. It provides a clear career structure for staff. Employers can use the pathway to set out how staff can gain skills, learn and develop, and progress in their careers.

The questions being asked of the employer, in ASC-WDS are 'Is your workplace using the Care Workforce Pathway?' and if they are using it, to select all the reasons why they are using it.

The reasons employers might use the Care Workforce Pathway include:

- to help define their organisation's values
- to help update their job descriptions and their HR and learning and development policies
- to help identify skills and knowledge gaps in their staff
- to help identify learning and development opportunities for their staff
- to help set levels of pay
- to help with advertising job roles and recruitment
- to help demonstrate delivery and outcomes to commissioners and the CQC
- to help plan their future workforce.

The pathway includes eight role categories that an employer can assign to an employee:

1. New to care
2. Care or support worker
3. Enhanced care worker
4. Personal assistant
5. Supervisor or leader
6. Practice leader
7. Deputy manager
8. Registered manager

You can read more about the Care Workforce Pathway, including information about role category structure, links to wider adult social care workforce learning and development, developing the pathway and next steps, [here](#).

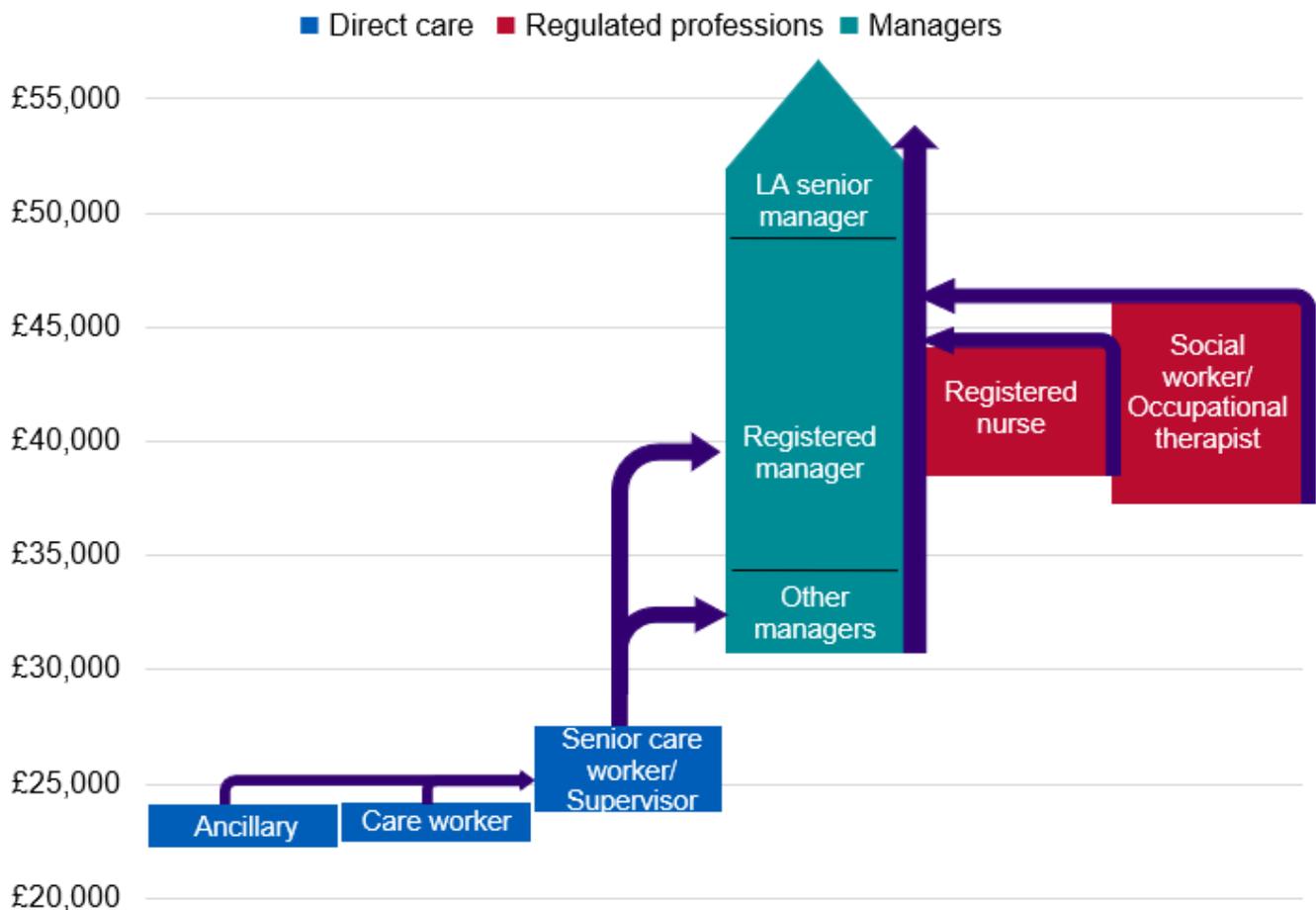
## 6.6.2 Observed career progression in ASC-WDS

The ASC-WDS was used to observe the career progression of workers in adult social care between 2010 and 2025. 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 (where there was a small difference in pay on average), 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 100. Career progression in adult social care using median salary, 2024/25**

Source: ASC-WDS unweighted data



- Pay ranges represent the 25th and 75th full-time equivalent (FTE) 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 (32% 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.

## 6.7 Building skills through qualifications, training or experience

An estimated 46% of the direct care workforce held a relevant social care qualification. This section explores the training and experience of the remaining 54% of direct care workers **who did not hold a qualification at the time of data collection**. This group includes care workers, senior care workers, support workers, community support and outreach workers, and others providing direct care.

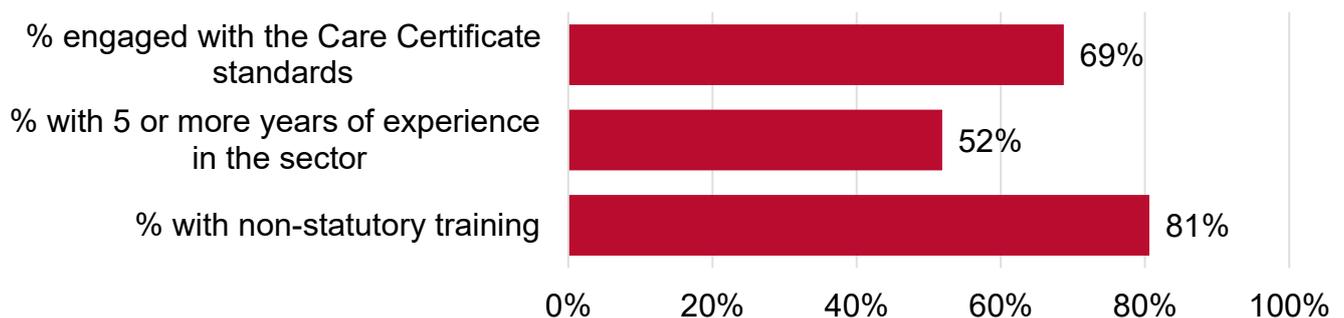
The chart below shows that qualifications are only one of several routes through which workers gain the skills needed to deliver high-quality care. Among direct care workers without a relevant qualification, 69% had engaged with the Care Certificate standards (either completed or partially completed / in progress), 52% had five or more years' experience working in the adult social care sector, and 81% had undertaken non-statutory training.

Taken together, this highlights that valuable knowledge and capability are developed through a combination of qualifications, training and on-the-job experience. Workers may not possess all three at once, or in equal measure, but each of these pathways provides a foundation for effective care, underlining the diverse ways in which skills are built across the workforce.

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 101. Skills, training and experience of direct care workers without a relevant social care qualification, 2024/25

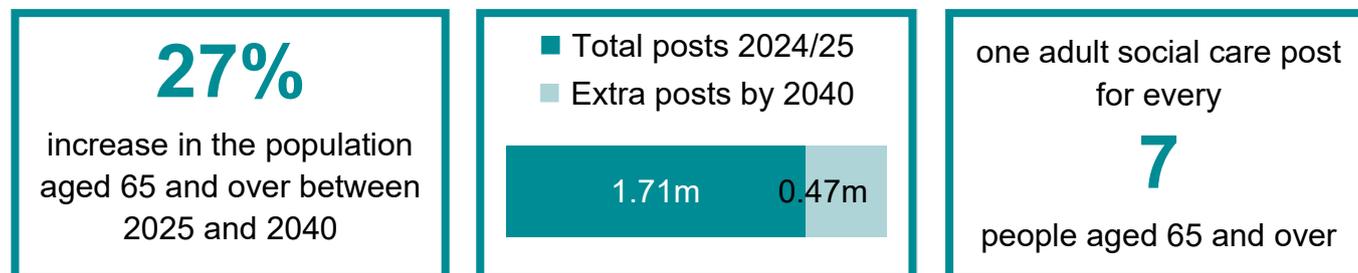
Source: ASC-WDS unweighted data



# 7. Workforce projections



This section presents demand-based projections for the size of the adult social care workforce between 2024/25 and 2040. The methodology for this year's report has changed, meaning adult social care related roles employed by the NHS are no longer included in our headline statistics, including projections. Comparing figures from this report to previous reports will not produce a valid trend.



## Key findings

- The population aged 65 and above is projected to grow from 11.5 million to 14.5 million between 2025 and 2040.
- By 2040, based on growth of the population aged 65 and above, the sector may need 470,000 extra new posts (27% growth).
- Our model estimates that there is currently one adult social care post for every seven 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 that 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.

In addition to our projections shown in this section, the Care Policy and Evaluation Centre (CPEC) at the London School of Economics have also published projections of demand for social care for older people aged 65 and over, as well as younger adults aged 18 to 64. You can read their paper from February 2025 [here](#).

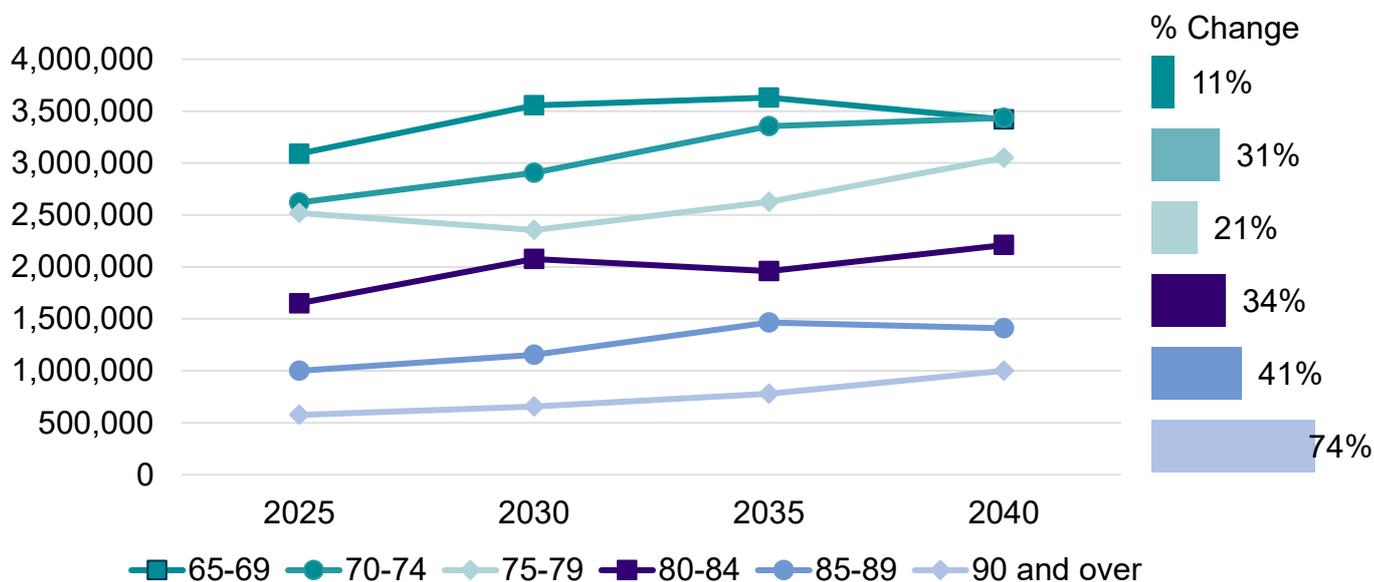
## 7.1 Population statistics 2025 to 2040

This section includes information about the population aged 65 and over from 2025 to 2040. We used [Nomis](#), a service provided by the Office for National Statistics, for the population estimates data, split by age band as part of the projections model.

Between 2025 and 2040, the number of people aged 65 and above in England is projected to increase from 11.5 million to 14.5 million people (an increase of 27%). Chart 102 below shows the estimated change in the population aged 65 and over between 2024 and 2040, split by age bands.

**Chart 102. Population aged 65 and above in England, 2025 to 2040**

Source: Nomis



Data from the [Institute of Public Care](#) suggests that the overall number of people aged 18 to 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.

Our projections capture the total increased demand for adult social care posts, including those supporting people aged 18 to 64 and those supporting people aged 65 and over. Our model, described below, uses those aged 65 as a predictor for the total increase in demand and we have found this to be accurate over time.

## 7.2 Relationship between population projections and posts

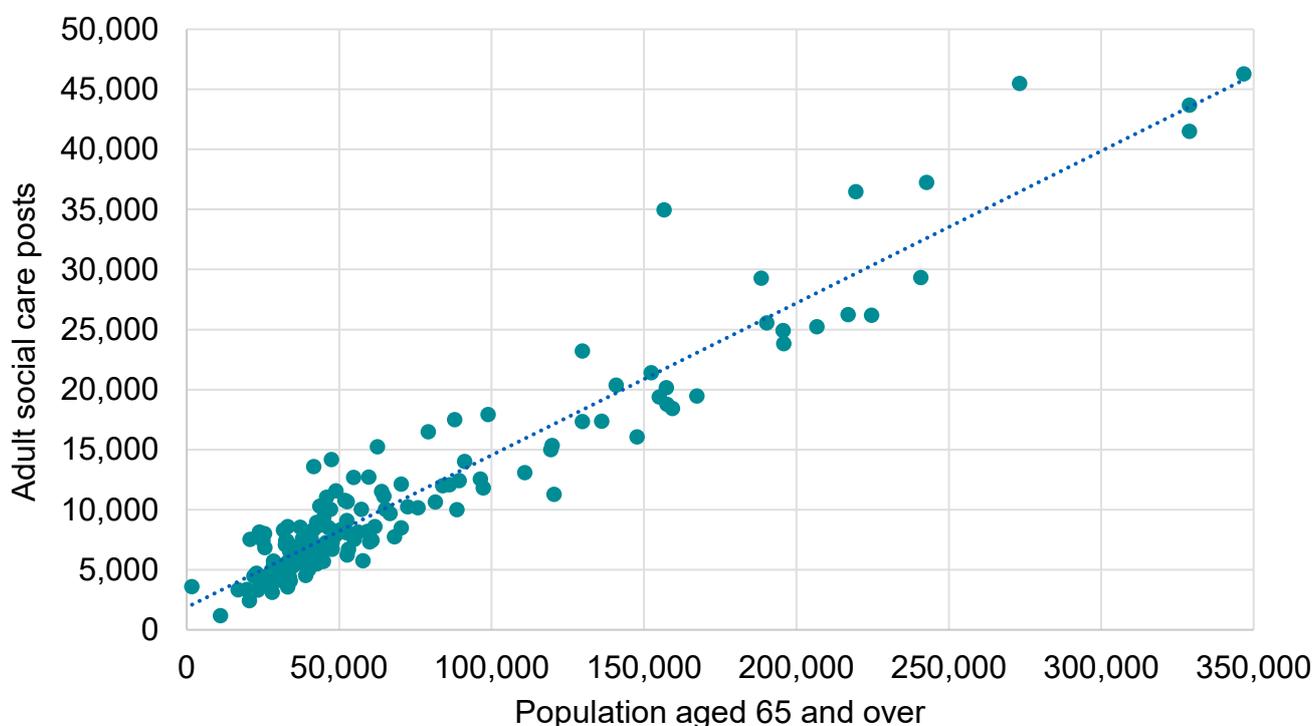
Our projections use a model that compares the total number of posts in adult social care (including filled posts and vacant posts) in each local authority area in England, with the corresponding number of people aged 65 and over in the population. These two factors were found to be strongly correlated: 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 103, 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

2024/25 there is one adult social care post for every seven people aged 65 and over in the population.

**Chart 103. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2024/25**

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 18 and Chart 104 (below) show the results of the model. The model forecasts that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then 360,000 new posts would be required by 2035. The number of posts required increases to 470,000 by 2040. Overall, by 2040, a total of 2.17 million adult social care posts would be needed, an increase of 27% from 2024/25. This estimate includes filled posts and vacant posts and does not account for whether there is enough supply of workers to fill the posts.

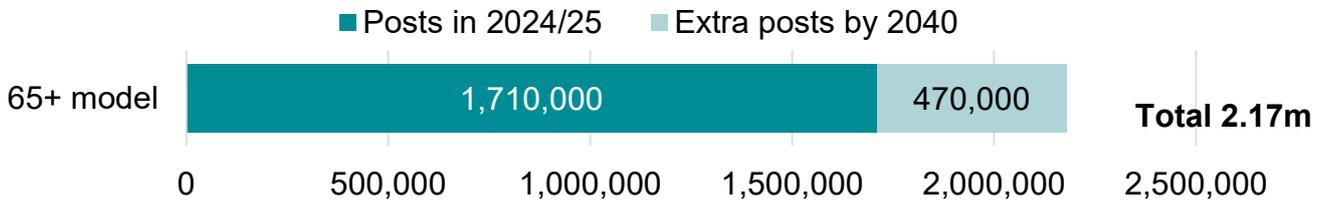
**Table 18. Adult social care posts projections between 2024/25 and 2040, based on the number of people in the population aged 65 and over**

Source: Skills for Care estimates

Model	2024/25	2030	2035	2040	% increase in posts 2024/25 to 2040
65+ model	1,710,000	1,910,000	2,070,000	2,170,000	27%

**Chart 104. Adult social care posts projections between 2024/25 and 2040**

Source: Skills for Care estimates



**7.3 Retrospective testing of models**

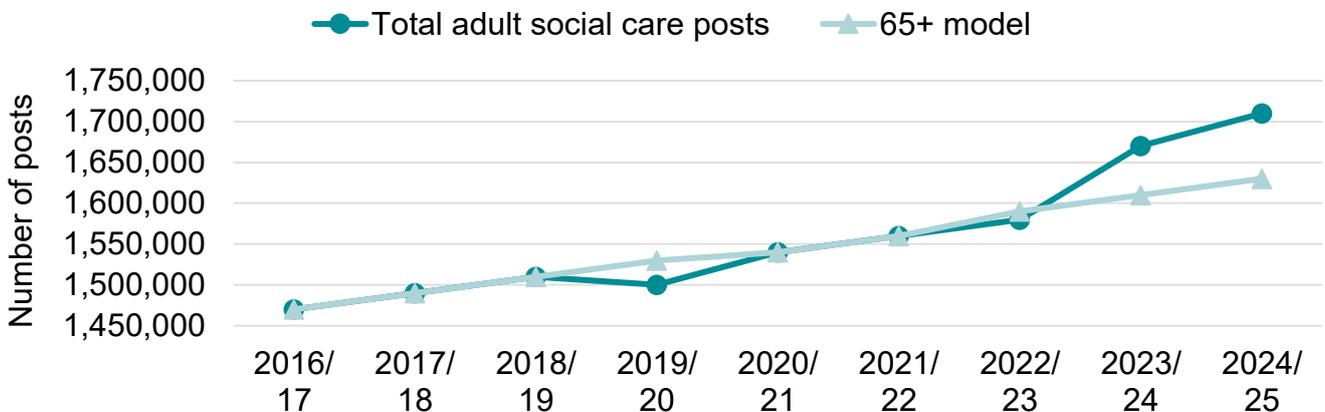
A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Nomis population data from 2016/17 to 2024/25, and our estimates of total posts (filled and vacant) in the 2016 adult social care workforce, the model results were compared to the actual growth in posts in the sector.

As shown in Chart 105, the growth in the number of posts was similar to the projections between 2016/17 and 2024/25. 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.

The total number of adult social care posts exceeded the 65+ model from 2023/24, with the gap sustained in 2024/25. The sector grew faster than anticipated due to high levels of international recruitment over this period, which the model does not account for.

**Chart 105. Adult social care total posts projections, 2016/17 to 2024/25, based on the population aged 65 and over, compared to actual trends of total posts (filled and vacant) for the same period**

Source: Skills for Care estimates



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

# 8. International recruitment



This section 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 workers recruited internationally on the Health and Care Worker visa and via other routes, their demographics, qualifications and training.



## Key findings

- The vacancy rate for employers with direct care workers recruited internationally decreased by 3.2 percentage points between March 2022 and March 2025, from 9.1% to 5.9%.
- The proportion of care workers recruited domestically who were male was 13%, lower than the proportion of all care workers (22%). The proportion was higher among care workers recruited internationally on the Health and Care Worker visa (29%) and for those recruited internationally via other routes (34%).
- Care workers recruited internationally on the Health and Care Worker visa had a lower average age (34.1) than those recruited domestically (36.9), but higher than care workers recruited internationally via other routes (31.0).
- Domestic recruitment remains a challenge for the sector. The number of filled posts filled by British people decreased by around 30,000 in 2024/25 and by 85,000 since 2020/21.

## 8.1 Policy changes

Changes to immigration rules came into effect in the UK 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 (SOL) and the Health and Care Worker visa route.

In February 2022, care workers were added to the SOL and the Health and Care Worker visa route. This meant that, providing workers met the salary threshold of £20,480 and had a licensed sponsor, they could come to the UK to take up care worker roles. The number of international recruits entering the sector increased substantially following this change.

In March/April 2024, the SOL was replaced by the [Immigration Salary List](#). In addition, restrictions were added that allowed only employers regulated by the Care Quality Commission (CQC) to sponsor care workers and senior care workers, the salary threshold was increased for

newly sponsored Health and Care Worker visa holders, and dependants were no longer able to accompany or join care workers or senior care workers. Following these changes, the estimated number of people starting direct care providing roles in the independent sector, after having arrived in the UK, showed a large decrease from 105,000 in 2023/24 to 50,000 in 2024/25.

In July 2025, [changes to immigration rules](#) meant care workers and senior care workers were removed from the Health and Care Worker visa route for new overseas recruits. More information about this change is described further on in this section.

## 8.2 Estimated number of direct care workers recruited internationally

The following shows estimates of international recruitment of direct care workers in the independent sector. ASC-WDS data has been weighted to represent the total number of direct care workers recruited internationally.

An internationally recruited worker is defined for this report as:

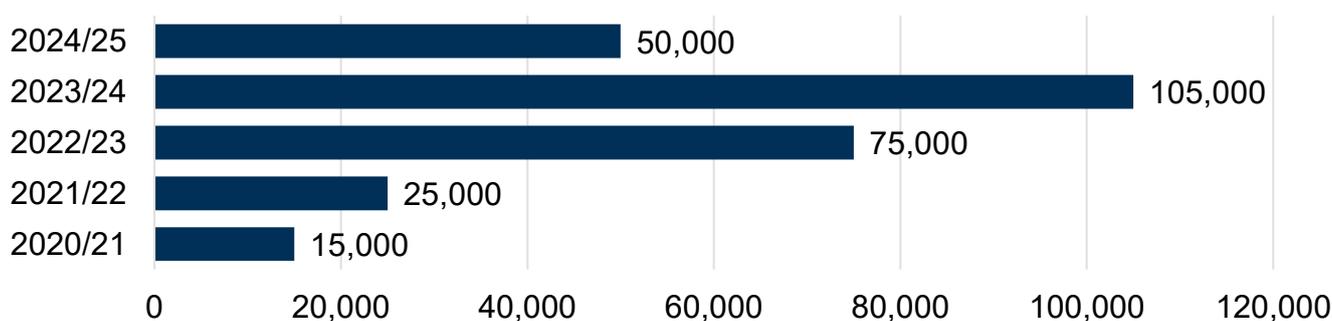
- A person with a non-British nationality
- who arrived in the UK in a given calendar year
- once arrived in the UK, the person started a direct care role in adult social care in the reporting year, e.g. in 2022/23 they arrived between 01 April 2022 and 31 March 2023
- the role was employed in the independent sector.

This definition includes those on the Health and Care Worker visa and those who arrived via other routes, such as a student or as a dependent on a family member's visa.

Between March 2024 and March 2025, an estimated 50,000 people started in direct care providing roles in the independent sector, having arrived in the UK during that period. As shown in Chart 106, this was a decrease of 55,000 from 2023/24, when the estimated number was 105,000.

### Chart 106. Estimated number of people starting direct care providing roles in the independent sector having arrived in the UK during each year, 2020/21 to 2024/25

Source: Skills for Care 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?'. This means we could identify that, of the 50,000 people recruited internationally in 2024/25, an estimated 10,000 were employed from outside the UK on the Health and Care Worker visa. The remaining estimated 40,000 people arrived in the UK and started direct care providing roles in the independent sector via other routes.

While the ASC-WDS does not collect data on these routes, other available routes for people joining the sector from outside the UK include student visas (people on these visas are limited to 20 hours work per week), and dependents and family members of people arriving in UK on other visa types.

These estimates follow the same pattern as figures published by the [Home Office](#) that show 7,891 Health and Care Worker visas were granted to people from outside of the UK in the occupation group 'caring personal services' in 2024/25, a decrease from 84,715 in 2023/24.

## 8.2.1 Recent trends

In July 2025, [changes to immigration rules](#) meant care workers and senior care workers were removed from the Health and Care Worker visa route for new overseas recruits. Transitional arrangements are in place until July 2028, where in-country applications (including from other visa routes) will continue to be permitted for care workers and senior care workers, provided individuals are already working in these roles in the adult social care sector.

These changes mean it is likely that international recruitment for these roles will fall in the future. However, international recruitment will still be possible via routes other than the Health and Care Worker visa (e.g. students). In 2024/25, there were 10,000 international recruits via the Health and Care Worker visa and there were a further 40,000 international recruits via other routes.

We produce quarterly estimates to track international recruitment in the independent sector over time during the year. In the quarter April to June 2025, there were an estimated 7,500 international recruits joining the workforce in direct care roles in the independent sector in England. This is a decrease on the previous year, when there was an average of 12,000 per quarter. Skills for Care will continue to monitor these changes and you can view our quarterly estimates of international recruitment of direct care workers in the independent sector workforce [on our website](#).

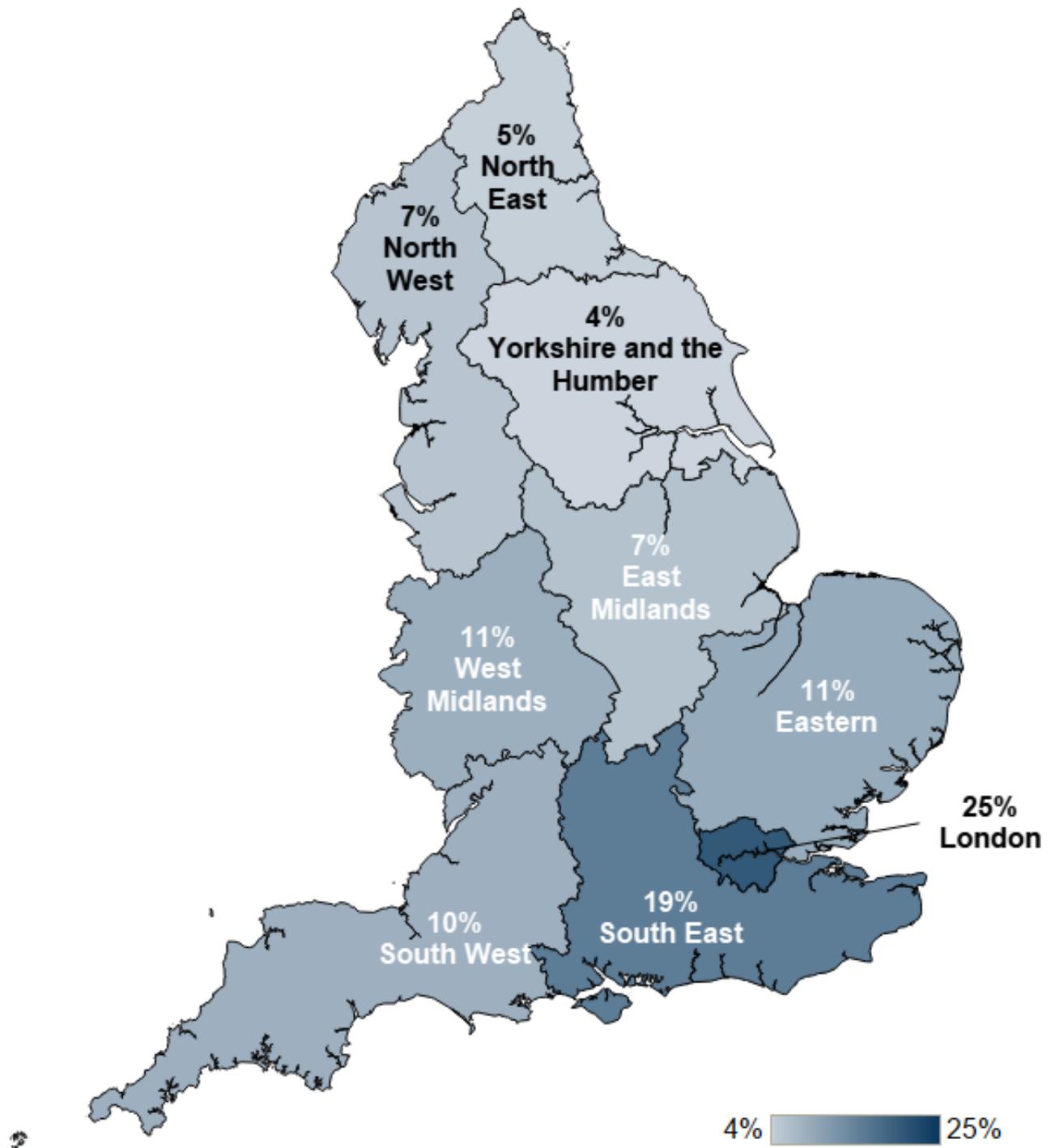
## 8.2.2 Regional international recruitment

Map 3 shows the distribution of people recruited internationally into direct care roles in the independent sector by region in 2024/25. There was a general north/south divide in the number

of people recruited internationally. In 2024/25, 25% of people recruited internationally were in employed in London and 19% were employed in the South East. This compares to 4% of international recruits being employed in Yorkshire and the Humber and 4% in the North East.

**Map 3. Estimated number of people recruited internationally starting direct care roles in the adult social care independent sector, 2024/25**

Source: Skills for Care estimates

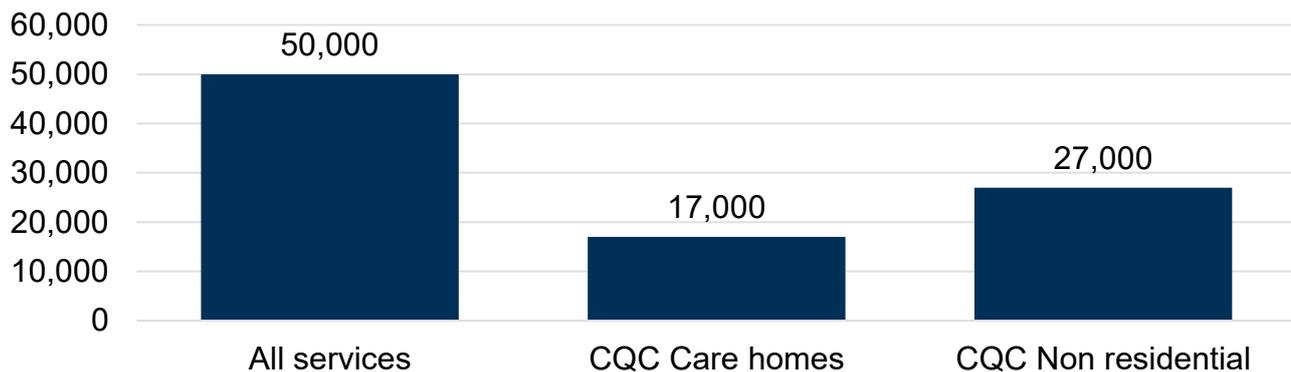


### 8.2.3 Main service

The majority of internationally recruited direct care workers in 2024/25 were employed in non-residential services (27,000). As shown in Chart 107, 17,000 direct care workers recruited internationally in 2024/25 were employed in care homes.

**Chart 107. Estimated number of internationally recruited direct care workers in the adult social care independent sector by main service, 2024/25**

Source: Skills for Care estimates



## 8.3 International recruiters

The following information is analysis of unweighted data held in the ASC-WDS between March 2022 and March 2025. This information 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 section (starters, turnover and vacancy rates) looks at establishments and organisations who employ direct care providing workers recruited internationally. Comparing their March 2022 rates with March 2025 indicates the impact international recruitment has had on recruitment and retention.

Organisations using international recruitment are defined, for this report, as having at least one establishment that has used international recruitment. Employers included in the analysis are defined below:

**‘Employers with direct care workers recruited internationally’** refers to workplaces in the independent sector that have at least one direct care worker with a non-British nationality who was recorded in the ASC-WDS as arriving in the UK between April 2022 and March 2025.

**‘Employers with NO direct care workers recruited internationally’** refers to workplaces in the independent sector who have completed nationality data, but where no direct care workers with a non-British nationality were recorded in the ASC-WDS as arriving in the UK between April 2022 and March 2025.

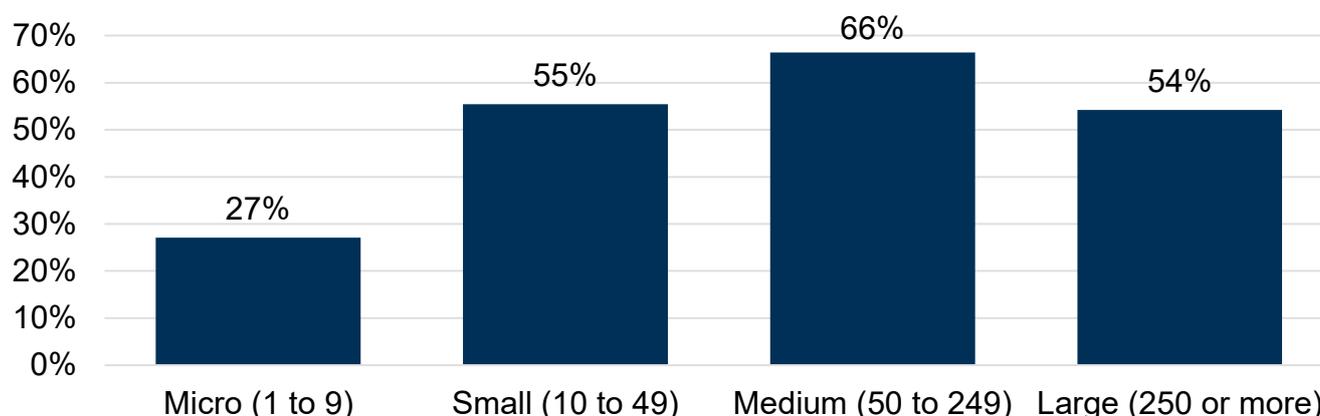
It should be noted that to identify international recruitment for this analysis, employers are required to complete 'year of arrival in the UK' data in the ASC-WDS. Some international recruits may not have been identified if the 'year of arrival in the UK' is not completed by the employer. In addition, 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.

### 8.3.1 Organisation size

International recruitment was used by all sizes of organisation; however, Medium-sized organisations (66%) were most likely to record using direct care worker international recruitment. Small (55%) and Large (54%) sized organisations were similarly likely to record using international recruitment of direct care workers. Micro-sized organisations were least likely to record using international recruitment of direct care workers, at 27%.

**Chart 108. Proportion of organisations in the ASC-WDS recording direct care workers recruited internationally by organisation size, as at March 2025**

Source: ASC-WDS unweighted data



### 8.3.2 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 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.

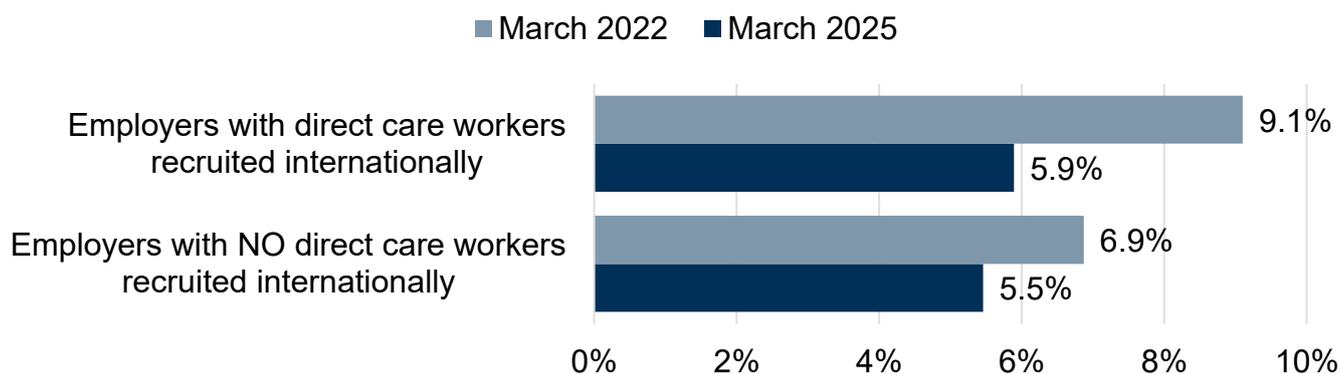
In March 2022, the direct care worker vacancy rate for employers who went on to become international recruiters was 9.1%. This was much higher than for employers who did not

become international recruiters (6.9%). This suggests that those with recruitment and retention difficulties were more likely to become international recruiters in response.

As at March 2025, the direct care worker vacancy rate had decreased for both groups, though the decrease was much larger for employers who recruited direct care workers internationally. For international recruiters, the vacancy rate decreased by 3.2 percentage points, and by 1.4 percentage points for those not recruiting internationally.

**Chart 109. Direct care worker vacancy rate of employers with and without direct care workers recruited internationally, March 2022 and March 2025**

Source: ASC-WDS unweighted data



### 8.3.3 Turnover rate

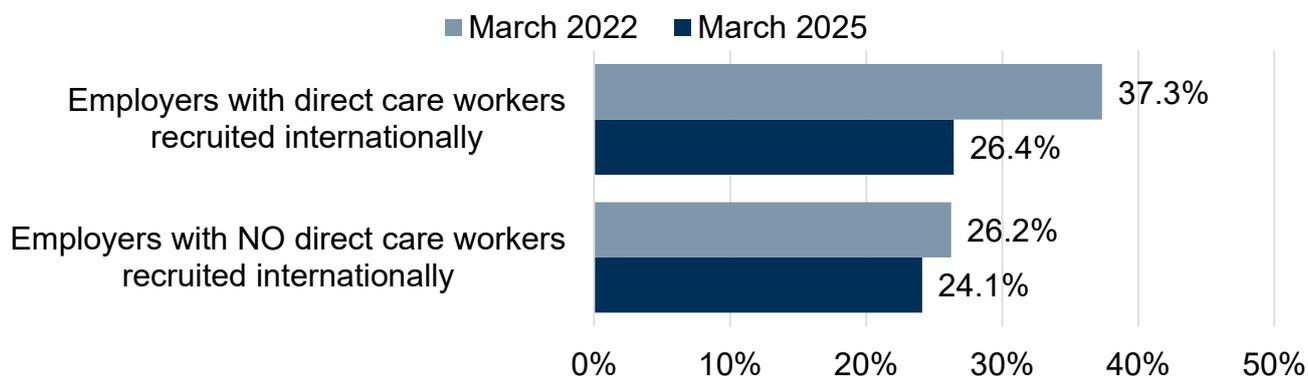
In March 2022, the direct care worker turnover rate for employers who went on to become international recruiters was 37.3%. This was higher than the rate for employers who did not go on to become international recruiters (26.2%). As with vacancy rates, this suggests that those employers with recruitment and retention difficulties were more likely to become international recruiters.

As shown in Chart 110, between March 2022 and March 2025, the turnover rate decreased to 26.4% for employers with direct care workers recruited internationally and to 24.1% for employers with no direct care workers recruited internationally.

While the turnover rate in March 2025 for employers with direct care workers recruited internationally was similar to the rate for employers with no direct care workers recruited internationally; the decrease in turnover rate over the three-year period was greater (10.9 percentage points compared to 2.1 percentage points). This indicates that employers utilising international recruitment were increasingly likely to retain their staff. This will be, in part, due to people arriving on a Health and Care worker visa requiring a sponsor and therefore having less job mobility than domestically recruited staff.

**Chart 110. Direct care worker turnover rate of employers with and without direct care workers recruited internationally, March 2022 and March 2025**

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 – Factors affecting turnover and CQC ratings), 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.

### 8.3.4 Support for international recruiters

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 were not recruiting internationally due to the costs, risks and paperwork associated with doing so.

Between July 2022 and December 2024, over 470 sponsor licenses in the care sector were revoked to address concerns of abuse and exploitation affecting over 39,000 workers associated with those sponsors since October 2020. [Rules implemented](#) in April 2025 mean care providers who want to recruit a new worker from overseas will first have to prove that they have attempted to recruit a worker from within England who needs new sponsorship.

The Department of Health and Social Care (DHSC) said tackling unethical international recruitment employment practices in the sector is a Government priority. In April 2025, the DHSC [updated guidance](#) intended for regional partnerships to support internationally recruited workers impacted by sponsor non-compliance or unethical practice and to address poor employment practices. A fund of £12.5 million is available to partnerships for the period of 2025 to 2026.

Skills for Care is similarly aware of complex barriers preventing effective recruitment and retention of displaced workers. One of the concerns we hear anecdotally is the cost of covering sponsorships and financial pressures. Some employers report that the increased salary

threshold and requirement for full-time posts for international recruits make it unfeasible for them to offer these positions.

Skills for Care has a number of resources related to [international recruitment](#) such as our ['international recruitment toolkit for social care'](#) which supports employers who employ recruited workers internationally to do so ethically and responsibly. [Regional support](#) is available for providers with vacancies in England who are seeking to recruit displaced international workers. We also have resources on recognising [exploitation/modern slavery](#) and on providing [pastoral support](#).

## 8.4 International recruit characteristics

The analysis of worker characteristics (sickness, demographics, employment overview, and qualifications and training) in this section 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 three groups, defined below:

**'Care workers recruited domestically'** refers to care workers who have a British nationality and started their role within 2024/25.

**'Care workers recruited internationally on the Health and Care Worker visa'** refers to care workers with a non-British nationality who have arrived in the UK and have started their role within 2024/25 on the Health and Care Worker visa.

**'Care workers recruited internationally via other routes'** refers to care workers with a non-British nationality who have arrived in the UK and have started their role within 2024/25 via routes other than the Health and Care Worker visa, e.g. on student visas or as dependents and family members of people arriving in the UK on other visa types.

### 8.4.1 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 burnout 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.

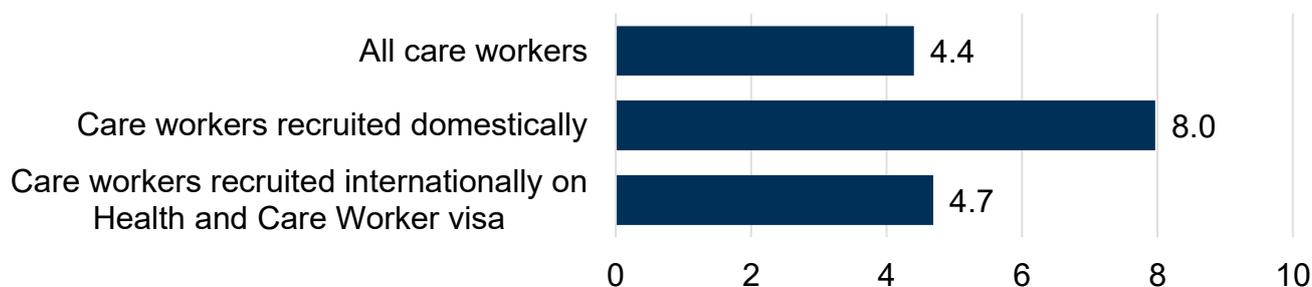
Skills for Care has lots of resources available for supporting [staff wellbeing](#). We've published a [positive culture toolkit](#) that helps to support workplaces to establish, maintain and improve workplace culture so that it's inclusive, compassionate and collaborative.

The average sickness days taken for care workers recruited internationally on the Health and Care Worker visa was similar (4.7 days) to all care workers (4.4 days), while the average

sickness days taken by care workers recruited domestically (8.0 days) was much higher, as shown in Chart 111.

**Chart 111. Average sickness days taken by all care workers, care workers recruited domestically, and care workers recruited internationally on the Health and Care Worker visa, March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



## 8.4.2 Employment status

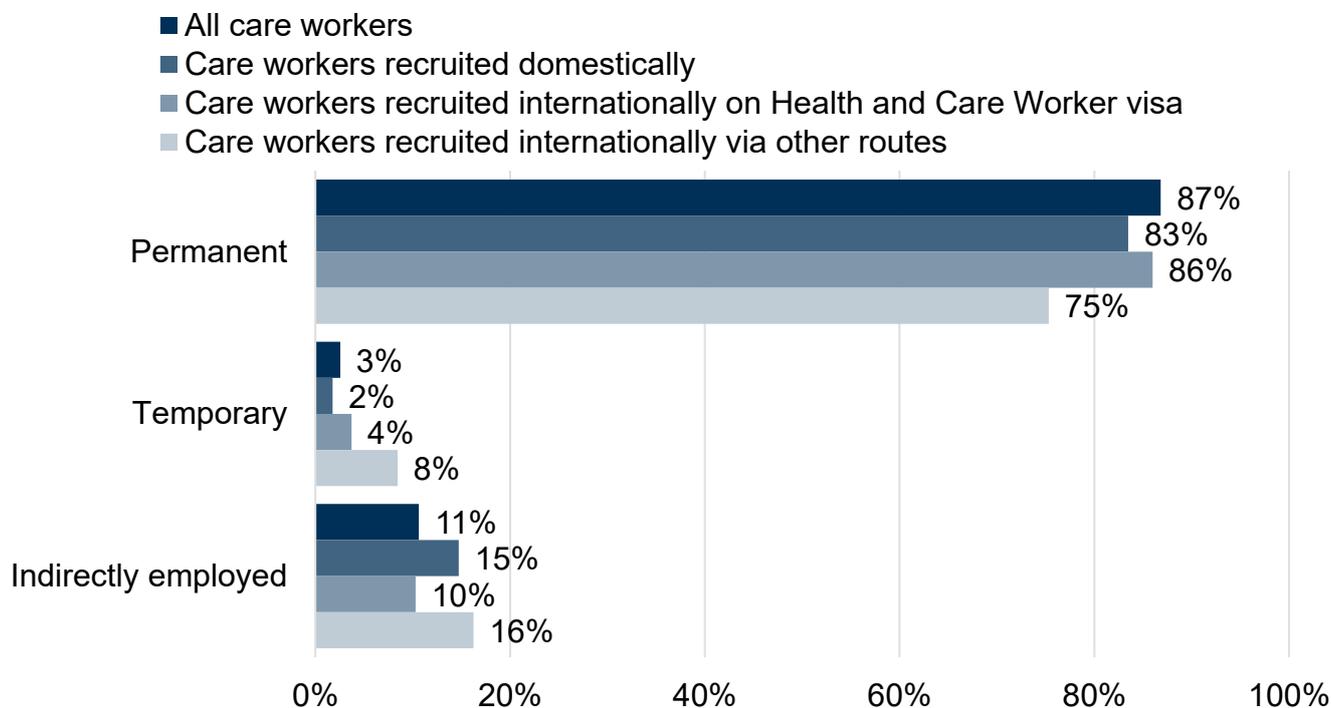
The majority of care workers in the adult social care sector were employed on permanent contracts (87%). There was little difference between the proportion of care workers recruited domestically on permanent contracts (83%) and care workers recruited internationally on the Health and Care Worker visa (86%) on permanent contracts. However, the proportion of care workers recruited internationally via other routes on permanent contracts was lower (75%), with a higher proportion on temporary contracts (8%) than other newly recruited care workers.

As shown in Chart 112 below, there was a small amount of variation in the proportion of indirectly employed workers. A smaller proportion of care workers recruited internationally on the Health and Care Worker visa (10%) were indirectly employed than care workers recruited domestically (15%) or recruited internationally via other routes (16%). This is expected due to visa requirements for care workers recruited internationally on a Health and Care Worker visa.

Some workers who have come to the UK via the Health and Care Worker visa may also have a second job which is not subject to the salary threshold. Their primary job, linked to their sponsorship, will likely be permanent, full-time and with guaranteed hours in order for it to meet the salary threshold. In the ASC-WDS, care workers on the Health and Care Worker visa who are recorded as being indirectly employed, part-time or on a zero-hours contract may be recorded for their second job.

**Chart 112. Employment status of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



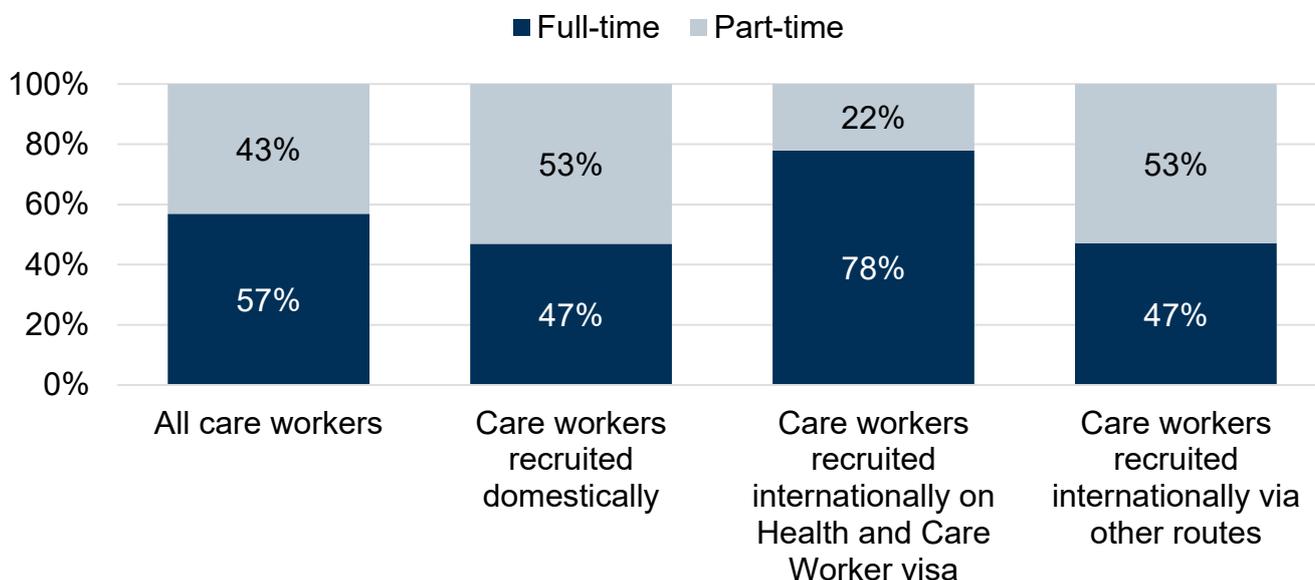
### 8.4.3 Full-time / part-time status

Over half of care workers in the adult social care workforce worked full-time hours (57%) and under half worked part-time (43%). The chart below shows that care workers recruited domestically, and care workers recruited internationally via other routes, were both more likely to work part-time hours (47%) than full-time hours (53%).

However, care workers recruited internationally on the Health and Care Worker visa were a lot more likely to be working full-time hours (78%) than part-time hours (22%). This is to be 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 113. Working time of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



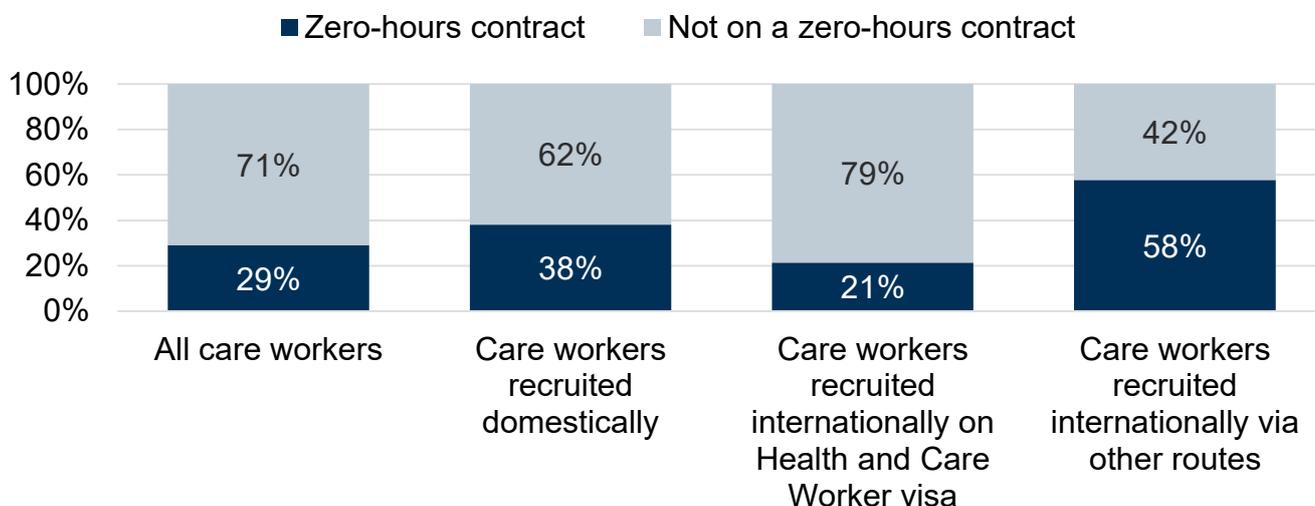
#### 8.4.4 Zero-hours contract status

Of all adult social care roles, care workers had the highest proportion of workers employed on a zero-hours contract (29%). Care workers recruited domestically had a higher proportion (38%), and care workers recruited internationally via other routes had a much higher proportion on zero-hours contracts (58%).

In contrast, care workers who were recruited internationally on the Health and Care Worker visa had the lowest proportion (21%), as shown in Chart 114 below. This is to be expected due to the minimum pay threshold for those on a visa, similar to their employment status and working time. Care workers recruited internationally via other routes would not be subject to the same requirements, which may account for these differences.

**Chart 114. Zero-hours contract status of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data

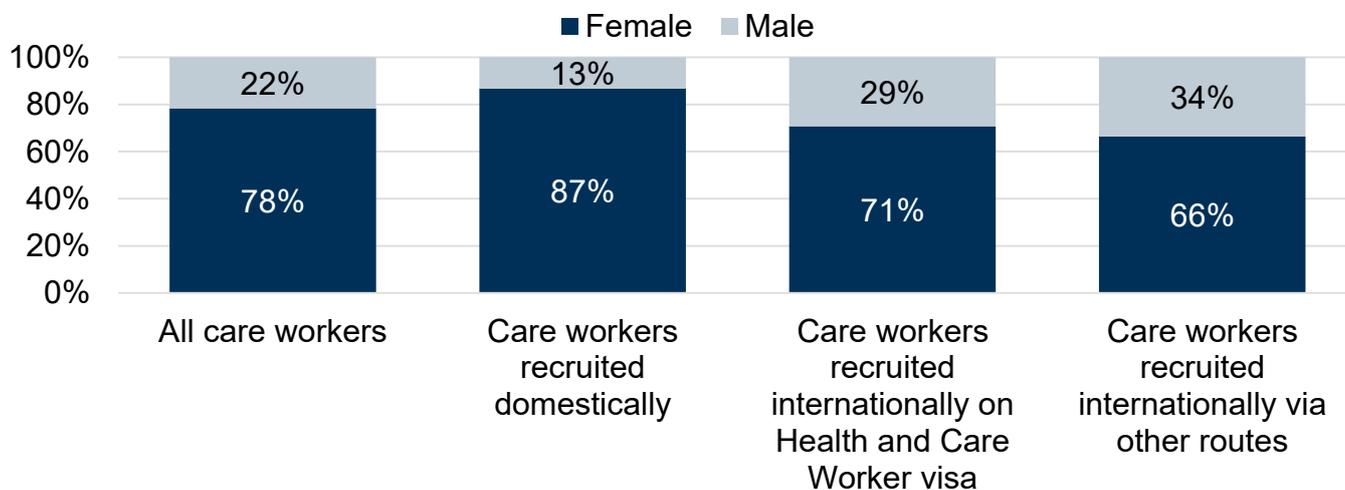


### 8.4.5 Gender

Across the adult social care sector, the proportion of male care workers (22%) is much lower than the economically active population (48%). Despite this, the adult social care workforce has seen an increase in male workers due to international recruitment. Chart 115 below shows that care workers recruited internationally both on the Health and Care Worker visa and via other routes were more than twice as likely to be male (29% and 34% respectively) than people recruited domestically (13%).

**Chart 115. Gender of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data

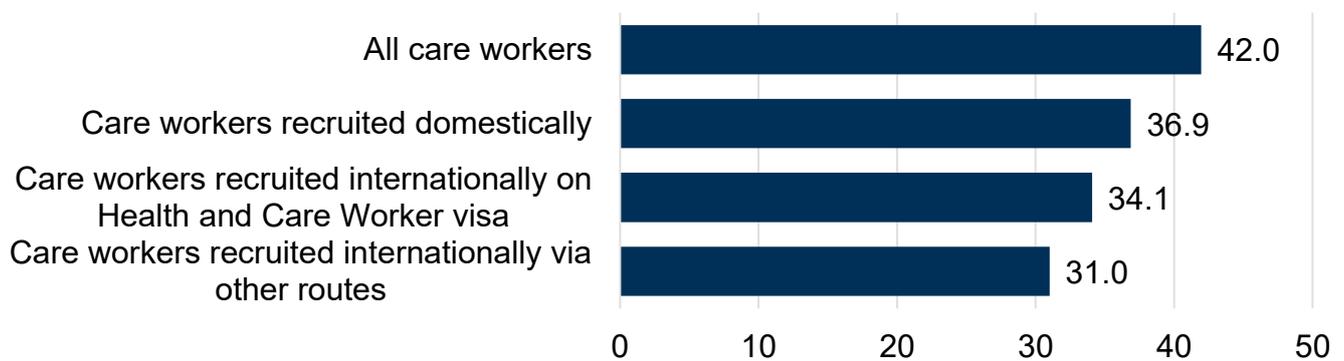


## 8.4.6 Age

The average age of care workers (42.0) was lower than the overall adult social care sector (43.2). As shown in Chart 116, the average age of care workers recruited internationally on the Health and Care Worker visa was lower (34.1) than those recruited domestically (36.9) but higher than those recruited internationally via other routes (31.0).

### **Chart 116. Average age of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



Although 22% of all care workers were aged 55 and over, just 1% of care workers recruited internationally were in this age group, both on the Health and Care Worker visa and via other routes. In comparison, 17% of workers who were recruited domestically were aged 55 and over.

The proportion of all care workers aged 25 to 39 (38%) was similar to domestically recruited care workers (32%). However, two-thirds (66%) of internationally recruited care workers on the Health and Care Worker visa and nearly three-fifths (57%) of care workers recruited internationally via other routes were in this age bracket. The breakdown of age groups can be found in Chart 117. See Section 4.3 for age trends in the adult social care workforce.

**Chart 117. Age groups of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



### 8.4.7 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 2024/25 were from non-EU countries (see Section 4.6 for the top 10 nationalities of all workers in adult social care). The most frequent countries of birth were India, Nigeria and Zimbabwe.

Table 19 below shows the breakdown of filled posts by nationality in the adult social care sector between 2021/22 and 2024/25. The number of posts filled by people with a British nationality across the whole adult social care sector has decreased by around 85,000 since 2020/21. The number of posts filled by people with a non-EU nationality has increased over the same period by 255,000.

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 this period. As described in Section 3.5, the reduction in workers with a British nationality in the adult social care workforce appears to be related to a reduction in starters, while internationally recruited staff have entered the workforce in greater numbers.

**Table 19. Number of adult social care filled posts by nationality, 2021/22 to 2024/25**

Source: Skills for Care estimates

Nationality	Filled posts					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
British	1,185,000	1,215,000	1,190,000	1,160,000	1,160,000	1,130,000
EU	100,000	100,000	95,000	90,000	90,000	90,000
Non-EU	115,000	120,000	130,000	190,000	295,000	375,000
Nationality	Percentage of filled posts					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
British	84.6%	84.5%	84.1%	80.6%	75.0%	70.8%
EU	7.1%	7.1%	6.7%	6.2%	5.9%	5.6%
Non-EU	8.3%	8.4%	9.2%	13.2%	19.1%	23.6%

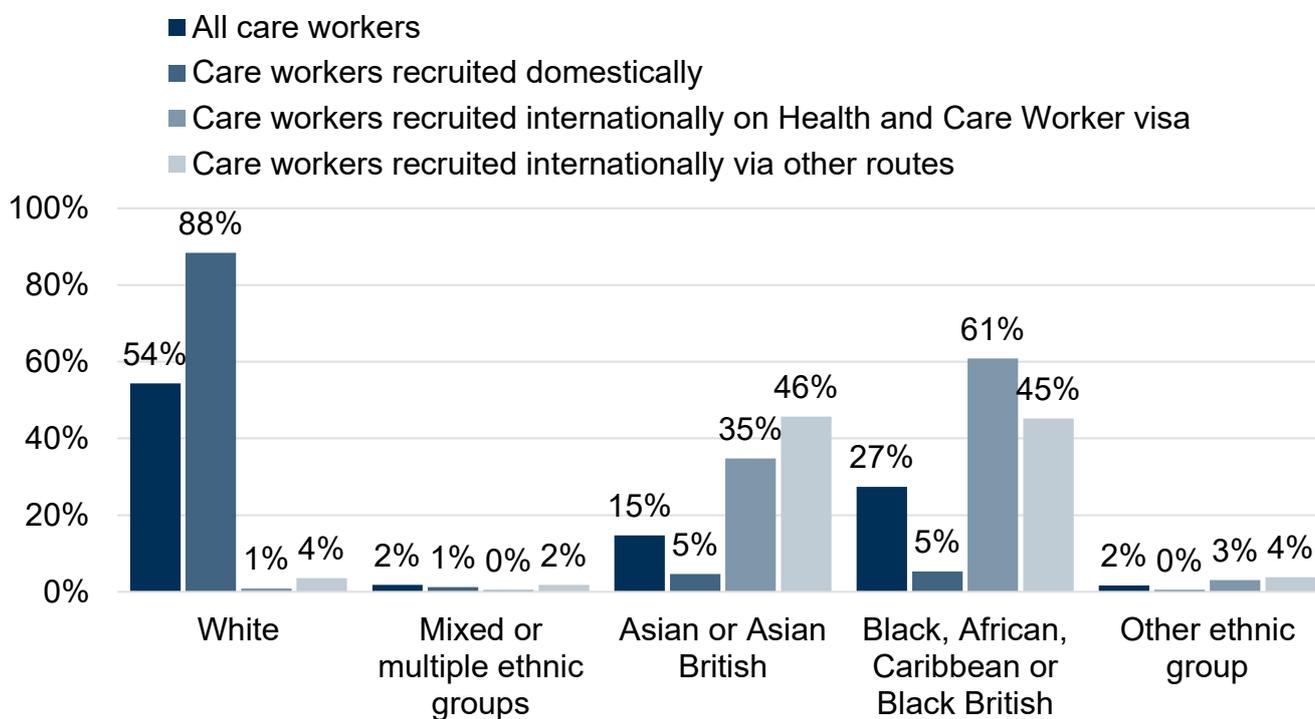
### 8.4.8 Ethnicity

The ethnic diversity of people recruited internationally both on the Health and Care Worker visa and via other routes was different to that of all care workers and people recruited domestically. As shown in the chart below, the proportion of care workers of White ethnicity was very small for those recruited internationally on the Health and Care Worker visa (1%) and via other routes (4%), compared to care workers recruited domestically (88%) and all care workers (54%).

Three-fifths of care workers recruited internationally on the Health and Care Worker visa were of Black, African, Caribbean or Black British ethnicity (61%), whilst around one third were of Asian or Asian British ethnicity (35%). Similar proportions of care workers recruited internationally via other routes were of Black, African, Caribbean or Black British ethnicity (45%) and of Asian or Asian British ethnicity (46%). See Section 4.5 for more detail on the ethnicity of the adult social care workforce.

**Chart 118. Ethnicity group of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

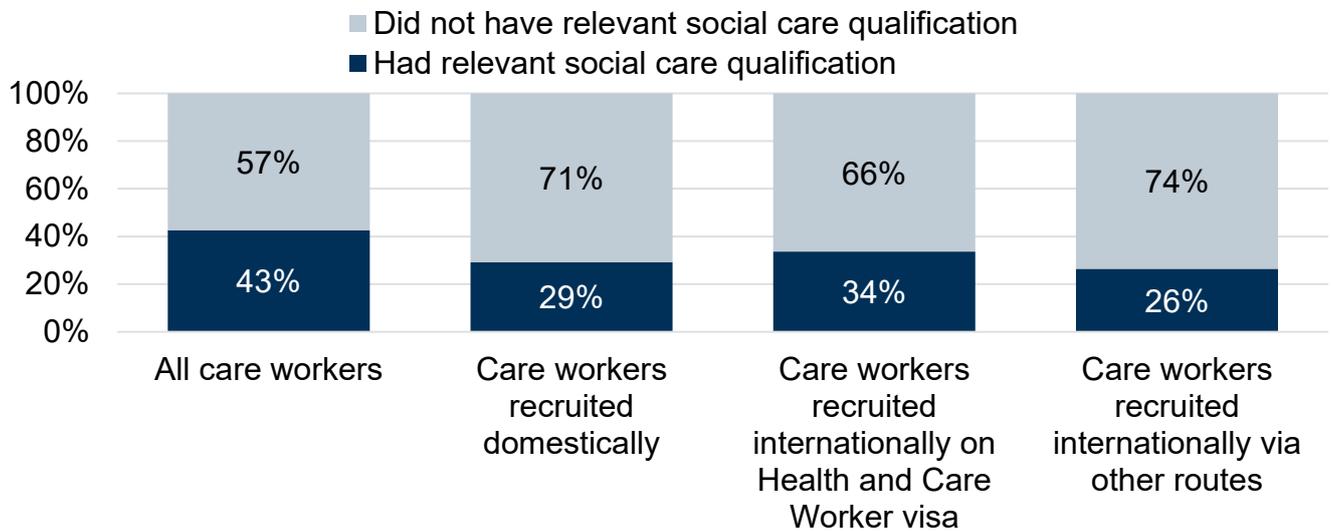
Source: Skills for Care estimates, ASC-WDS unweighted data



### 8.4.9 Social care qualification

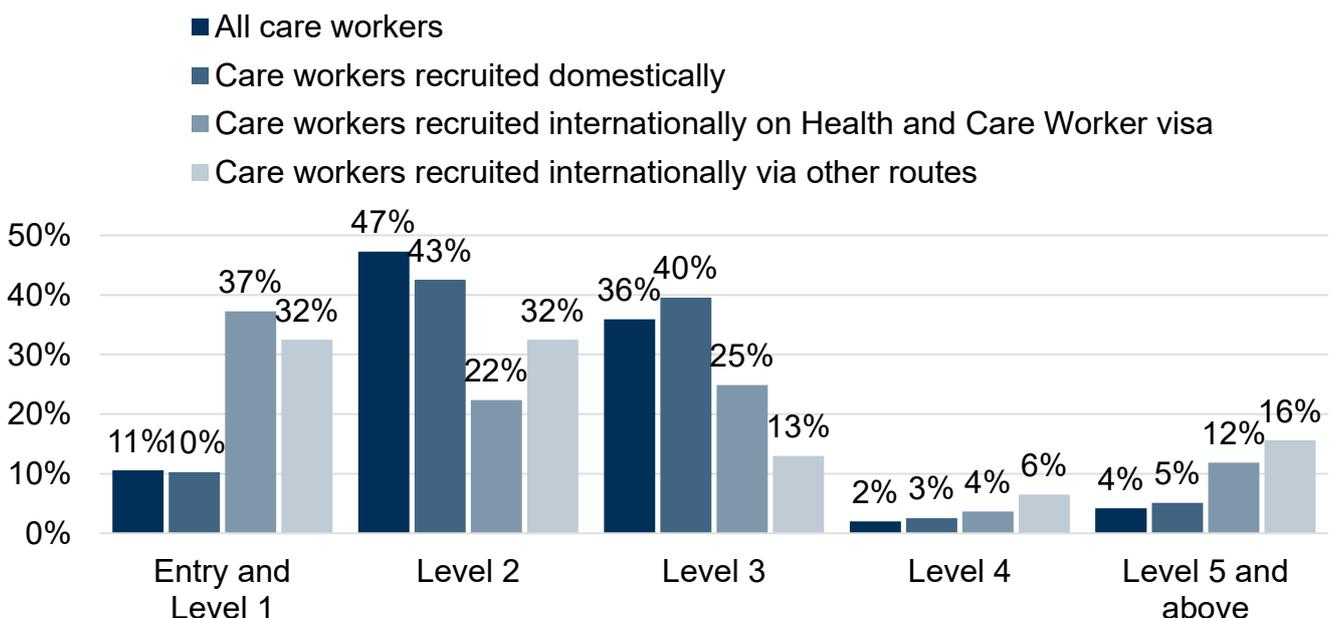
As at March 2025, over two-fifths (43%) of all care workers in the adult social care sector held a relevant social care qualification, while 57% had no qualification relevant to social care recorded. As shown in Chart 119, the proportion of care workers recruited internationally on the Health and Care Worker visa who held a qualification relevant to social care was slightly higher (34%) than those recruited domestically (29%) and care workers recruited internationally via other routes (26%).

**Chart 119. Relevant social care qualification status of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**  
 Source: Skills for Care estimates, ASC-WDS unweighted data



Although the proportion of workers with a qualification relevant to social care was similar for care workers across all groups, there was variation in the level of the highest qualification held, as shown in Chart 120.

**Chart 120. Highest social care qualification level held of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**  
 Source: Skills for Care estimates, ASC-WDS unweighted data



For those with a qualification, care workers recruited internationally on the Health and Care Worker visa and via other routes were much more likely to have an Entry or Level 1 qualification (37% and 32% respectively) than care workers recruited domestically (10%) or all care workers (11%). Care workers recruited internationally, both on the Health and Care Worker visa and via other routes, were also more likely to have a Level 5 or above qualification (12% and 16% respectively) than care workers recruited domestically (5%) and all care workers (4%).

The spread of qualifications amongst care workers recruited internationally both on the Health and Care Worker visa and via other routes was more even across the qualification levels. For those with a qualification, the majority of all care workers (83%) and care workers recruited domestically (82%) had either a Level 2 or Level 3 qualification.

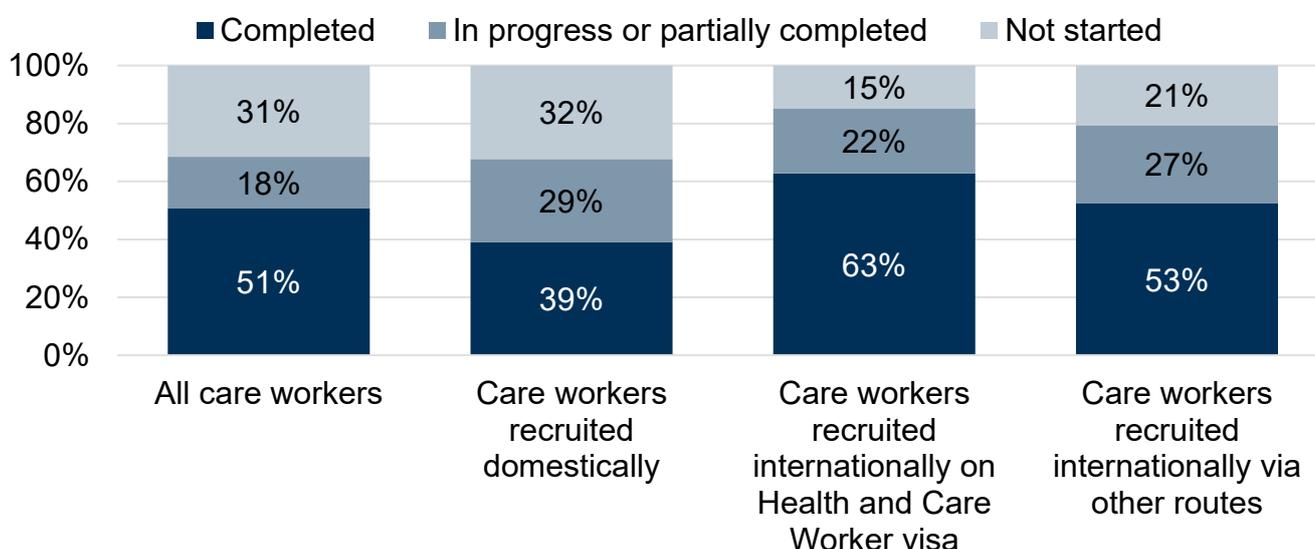
### 8.4.10 Care Certificate standards

Chart 121 below shows analysis of Care Certificate standards completion status of all care workers compared to care workers recruited domestically, internationally on the Health and Care Worker visa and internationally via other routes. Engagement with the Care Certificate standards is defined as those workers who have completed or are in progress or partially completed.

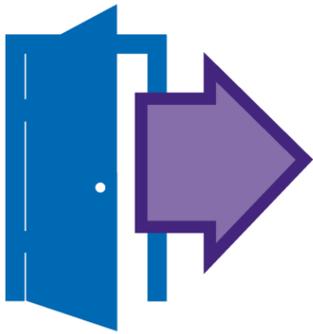
Over two-thirds (69%) of all care workers had engaged with the Care Certificate standards. This was similar for care workers recruited domestically (68%). However, the proportion was higher among care workers recruited internationally on the Health and Care Worker visa and via other routes who had engaged the Care Certificate standards (85% and 79% respectively). For more information, please see Section 6.1 – Care Certificate standards.

**Chart 121. Care Certificate standards status of all care workers, care workers recruited domestically, care workers recruited internationally on the Health and Care Worker visa, and care workers recruited internationally via other routes, as at March 2025**

Source: Skills for Care estimates, ASC-WDS unweighted data



# 9. Factors affecting turnover and CQC ratings



This section focuses on how workforce characteristics relate to workers' propensity to leave their roles. The main emphasis is on the care worker job role, but turnover for other job roles is also explored. The analysis shows the association between each variable and the turnover rate; this is not necessarily the cause or the reason for workers leaving.

**38.0%**

turnover rate of care workers aged under 25

**14.4%**

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

**30.6%**

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 38.0%. This decreased to 29.8% for those aged 25 to 29 years, while the lowest turnover rate was seen in care workers aged 50 to 59 (20.3%).
- 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 34.0%, compared to 15.3% turnover rate for those with 20 years or more experience.
- Care workers were more likely to leave if they were employed on a zero-hours contract (30.6% turnover rate), compared to those with more than 35 contracted hours (22.9%).
- Care workers recruited internationally were less likely to leave (25.9% turnover rate), compared to domestically recruited workers (38.9%).
- Care workers of an Asian or Asian British ethnicity were least likely to leave their posts (19.9%) compared to care workers of a Black, African, Caribbean or Black British ethnicity (26.5%).
- Care workers with five positive employment factors in place (pay up to 30% below the local authority average, guaranteed hours, receiving training, having a qualification relevant to social care, and working full-time) were more likely to remain in post (14.4% turnover), compared to workers with no positive employment factors in place (42.2%).

### Factors affecting turnover for CQC ratings

- Care homes with more staff in post per bed received better CQC ratings on average than those with lower staffing ratios.
- Higher care worker pay was associated with better CQC ratings. Care workers at the lowest scoring establishments had a median hourly rate of £12.04 compared to £12.33 at establishments with the highest scores.
- Turnover rates were highest in establishments with lower CQC ratings.
- Establishments with a registered manager with more experience in their role were more likely to receive higher CQC ratings.

## 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. While 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 anecdotal 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 2024, and again in March 2025 (see Table 20), then splitting the results by whether workers had left their roles. This method differs from the whole-sector estimates provided in Section 3.3 (leavers and staff turnover rates) and, as such, these are not directly comparable.

In 2024, 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 was assessed in terms of its influence on staff turnover. The most influential variables were then compared to turnover rates using ASC-WDS data to highlight the impact and to aim to understand the nature of this relationship.

In addition to the machine learning modelling, we also looked at the combined effect of workers having several positive employment metrics, ethnicity 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 20 (below) 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 will be involved. It should be highlighted from a demographics perspective that gender had no notable effect on turnover and therefore it has not been included in the factors affecting turnover analysis.

**Table 20. Variables that influence the likelihood of a worker leaving their role**

Source: ASC-WDS unweighted data, between March 2024 and March 2025

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.
Ethnicity	Care workers of Black, African, Caribbean, Black British and of White ethnicity were more likely to leave.
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.
Zero-hours contracts	Workers employed on zero-hours contracts were more likely to leave their post.
Sickness days	Workers with high sickness rates were more likely to leave.
Social care qualification	Workers with a social care qualification were less likely to leave their posts.
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 could not work due to illness.
International recruitment	Internationally recruited care workers were less likely to leave than domestically recruited care workers.
Historic turnover	Likelihood of high turnover rates increased if the establishment had historically high turnover.

For these sections from Section 9.1.2 onwards, **unless otherwise stated, information refers to care workers from the independent sector only**. The method of measuring turnover differs from the whole sector estimates of turnover in Section 3.3.

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, ethnicity and international recruitment.

The Adult Social Care Workforce Survey also collected data across the adult social care workforce and asked participants about their intentions to leave their roles. The [results of the survey](#) show some similarities to the results found in this section.

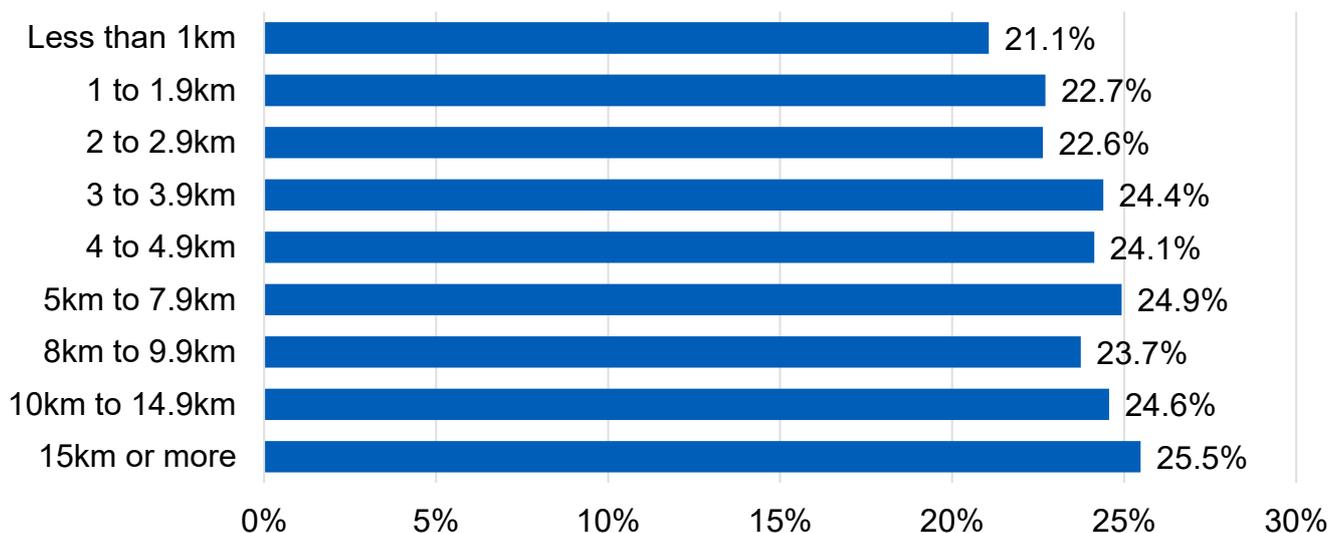
### 9.1.2 Distance travelled to work

**Workers who travelled less than 1km were less likely to leave their role than workers who travelled 15km or more.** The chart below shows that workers who travelled less than 1km had an average turnover rate of 21.1%, compared to 25.5% for those travelling 15km or more. There is a large amount of variation in turnover across the other distance to work bandings, which suggests the relationship between distance to work and turnover is complex.

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 would also be viewed positively in future CQC assessments due to the introduction of [CQC’s environmental sustainability focus](#).

**Chart 122. Care worker turnover rate by distance travelled to work (excluding domiciliary care), between March 2024 and March 2025**

Source: ASC-WDS unweighted data

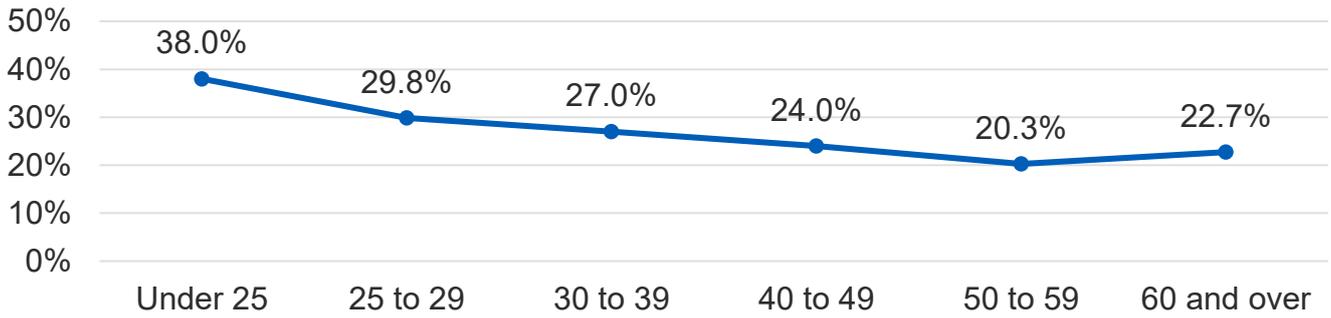


### 9.1.3 Age

**The adult social care sector has found it difficult to retain younger workers.** The chart below shows that care workers under 25 years old had the highest turnover rate (38.0%). The turnover rate decreased as the age of the worker increased. However, the trend reversed slightly as workers approached retirement.

**Chart 123. Care worker turnover rate by age bands, between March 2024 and March 2025**

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 who are more likely to stay and progress in the adult social care sector.

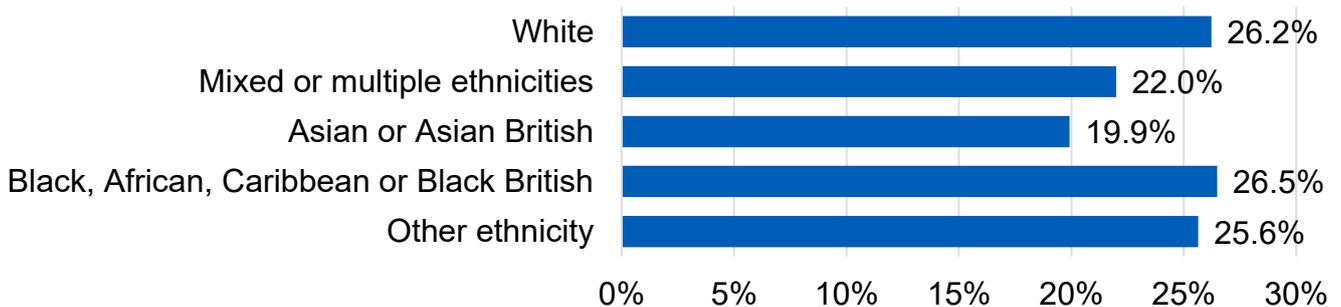
### 9.1.4 Ethnicity

**Care workers of an Asian or Asian British ethnicity were least likely to leave their posts.**

The chart below shows that the turnover rate for care workers of an Asian or Asian British ethnicity was 19.9%. Care workers of a Black, African, Caribbean or Black British ethnicity on the other hand were most likely to leave, having a turnover rate of 26.5%. Care workers of a White ethnicity had a slightly lower turnover rate (26.2%) than care workers of a Black, African, Caribbean or Black British ethnicity. Workers of mixed or multiple ethnic backgrounds had a 22.0% turnover rate.

**Chart 124. Care worker turnover rate by ethnicity, between March 2024 and March 2025**

Source: ASC-WDS unweighted data

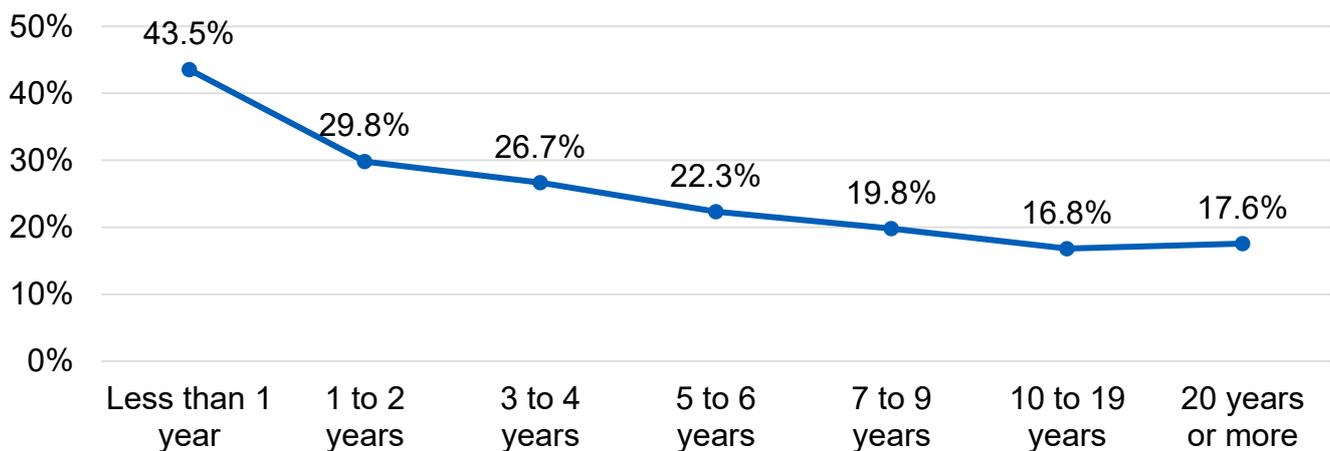


## 9.1.5 Experience in sector

**Those with less experience in the adult social care sector were more likely to leave their posts.** Care workers with 10 to 19 years of experience had a turnover rate of 16.8%, which is significantly less than workers with one year of experience (43.5%). There was a slight increase in turnover for workers with 20 years or more experience (17.6%), which is likely linked to retirement.

**Chart 125. Care worker turnover rate by experience in sector, between March 2024 and March 2025**

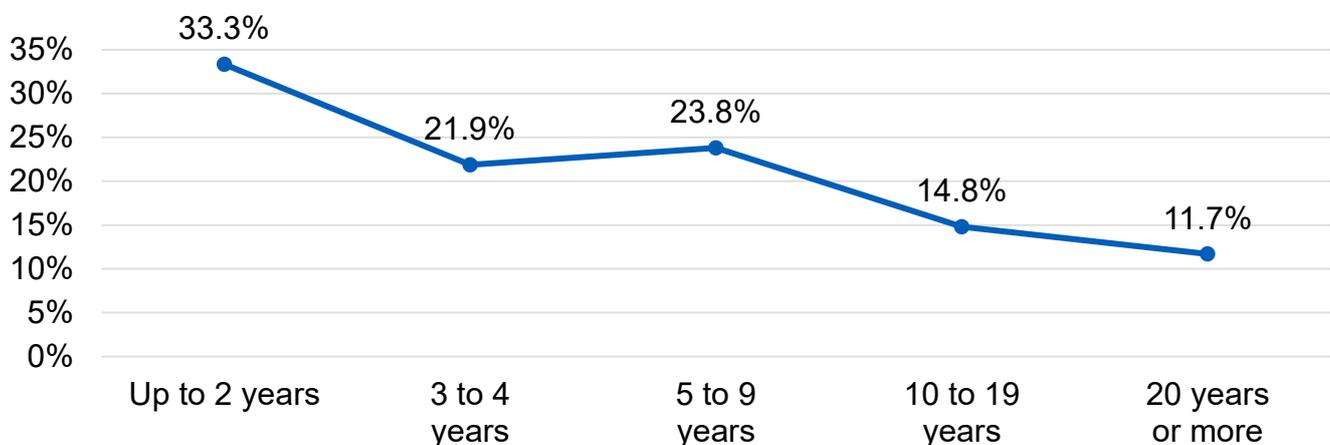
Source: ASC-WDS unweighted data



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 (11.7%) than those newer to the sector (33.3% for up to two years of experience).

**Chart 126. Registered manager turnover rate by years of experience in sector, between March 2024 and March 2025**

Source: ASC-WDS unweighted data



In general, this analysis suggests that those who have already worked in the sector are more likely to stay in their registered manager role, compared to those who are new to the sector. See Section 6.6 - Career progression in adult social care, 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.

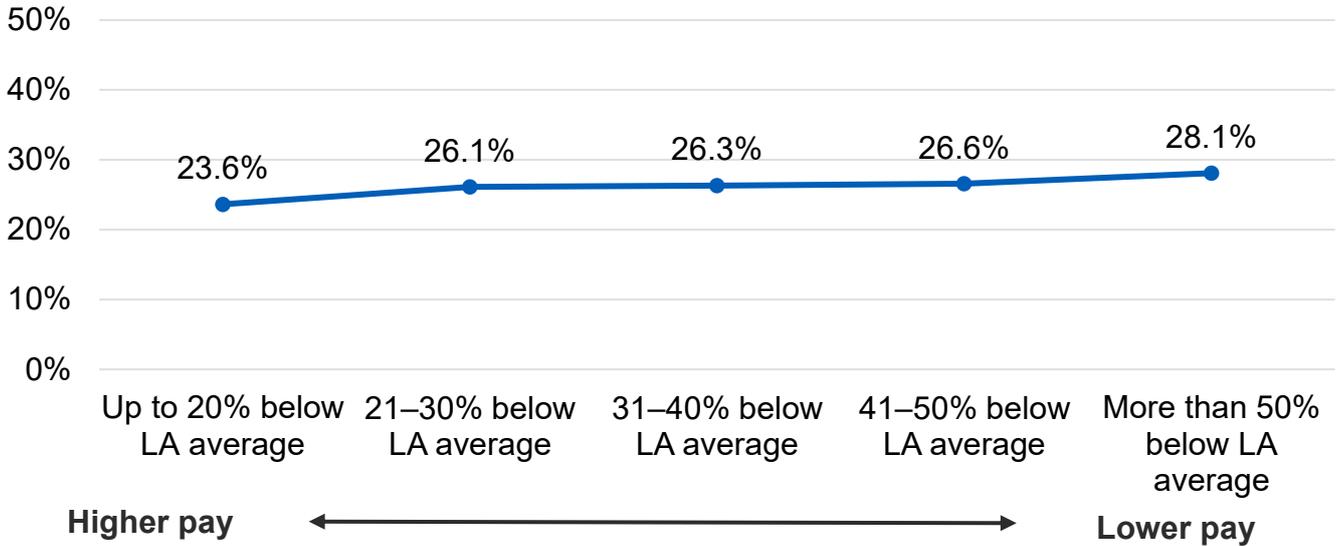
## 9.1.6 Pay

**Care workers who were paid more were less likely to leave their roles.** To analyse the relationship between pay and turnover, Nomis [Annual survey of hours and earnings](#) data was used to find the overall average hourly pay for all employees for each local authority area in England across all sectors. The difference between the hourly rate of each care worker in relation to the local authority average was calculated. Each care worker was grouped according to the percentage difference between their hourly rate and the 'all sectors' average of the local authority area in which they were employed. It should be noted that there are other compositional differences in between areas that could also have an impact, and this will be explored in future.

The chart below shows that care workers who were paid up to 20% below the local authority average had a turnover rate of 23.6%. In comparison, care workers who were paid more than 50% below the local authority average had a higher turnover rate (28.1%). This is evidence that higher rates of pay, relative to the general level of pay in an area, may reduce staff turnover in the adult social care sector. This reflects the findings of the Department of Health and Social Care's (DHSC) [Adult Social Care Workforce Survey](#), which identified low salary as being a key motivation for adult social care workers to leave their role.

**Chart 127. Care worker turnover rate by hourly pay rate difference to local authority (LA) hourly average pay, between March 2024 and March 2025**

Source: ASC-WDS unweighted data



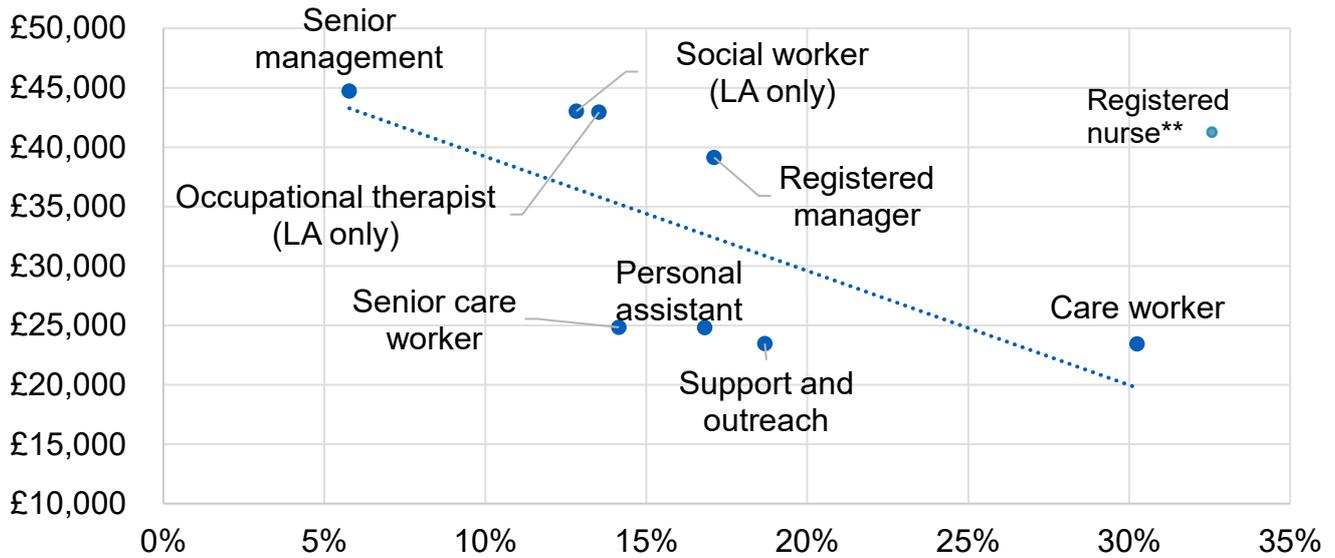
It was also evident that higher pay rates correlated with lower turnover rates further up the pay scale in different job roles.

The chart below shows average turnover rate by average full-time equivalent (FTE) annual pay for selected job roles in the independent sector (occupational therapist and social worker data is from the local authority sector). The trend shows that, in general, turnover rates increase as pay decreases. This is evidence that, in general, workers on lower pay are more likely to leave their role.

Registered nurses did not fit this trend well as they had one of the higher pay rates but a higher turnover rate than average. As was noted in Section 3.3 - Leavers and staff turnover rates, registered nurses had a much higher turnover rate (32.8%) in adult social care compared to registered nurses and health visitors in the NHS (8.4%). 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 128. Average turnover rate and average FTE annual pay by job role\*, 2024/25**

Source: Skills for Care estimates



\* Independent sector only, unless otherwise stated

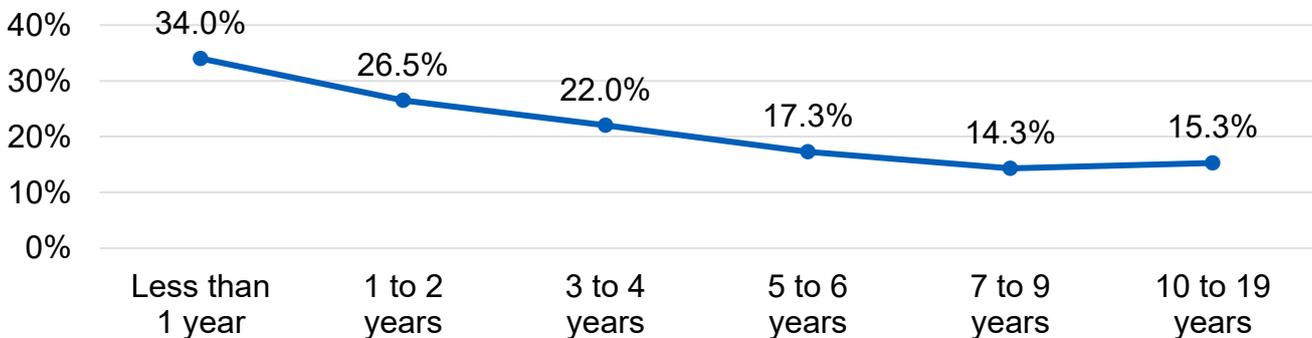
\*\* Registered nurse data does not contribute to trend line

### 9.1.7 Experience in role

**Staff were more likely to leave their posts soon after entering their role.** The chart 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. Just over one third (34.0%) of workers in post for less than a year left during the same year. This rate dropped substantially for more experienced workers, to 15.3% for those with 20 years of experience or more. This trend may be even more pronounced because some care workers may have left their role before their employer had the opportunity to record them in the ASC-WDS.

**Chart 129. Care worker turnover rate by years of experience in role, between March 2024 and March 2025**

Source: ASC-WDS unweighted data



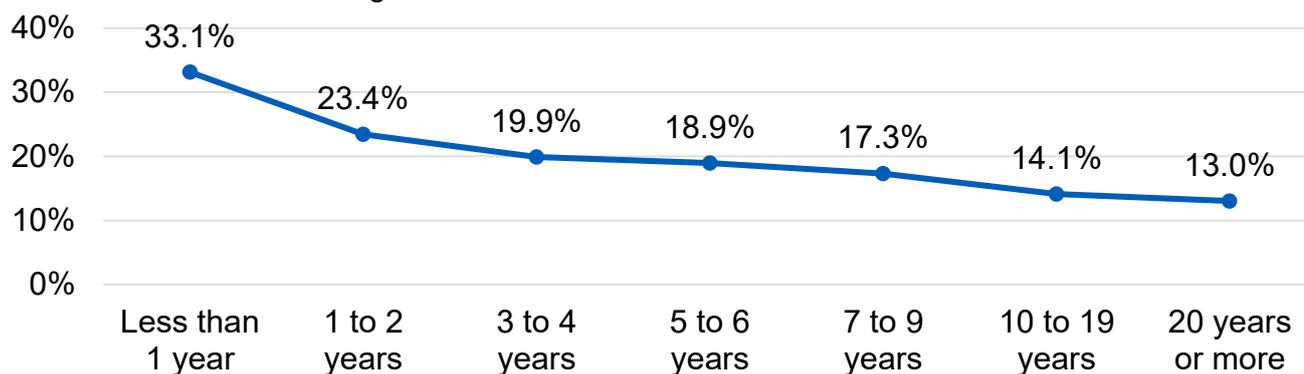
These findings highlight the importance of well-planned recruitment and induction practices in staff retention. It is clear that some employers struggle to find and recruit people who are likely to stay and progress within the adult social care sector.

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 less than a year, the turnover rate at that establishment was higher (33.1%) than if the registered manager was more experienced in their role (13.0% 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 130. Average turnover rate of establishments by experience of the registered manager, between March 2024 and March 2025**

Source: ASC-WDS unweighted data

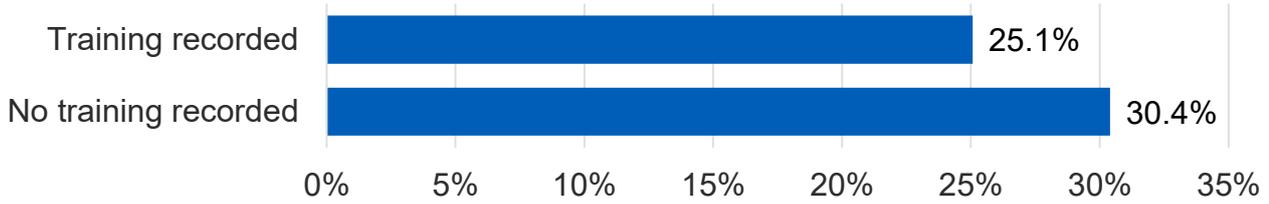


### 9.1.8 Training

**Retention was better for staff who received training.** The average turnover rate was 5.3 percentage points lower amongst care workers who had received some form of training (25.1%), compared to those who had not (30.4%). Some of the most common non-statutory training types recorded included: 'assisting and moving people', 'basic life support and first aid' and 'food hygiene'.

**Chart 131. Care worker turnover rate by training recorded, between March 2024 and March 2025**

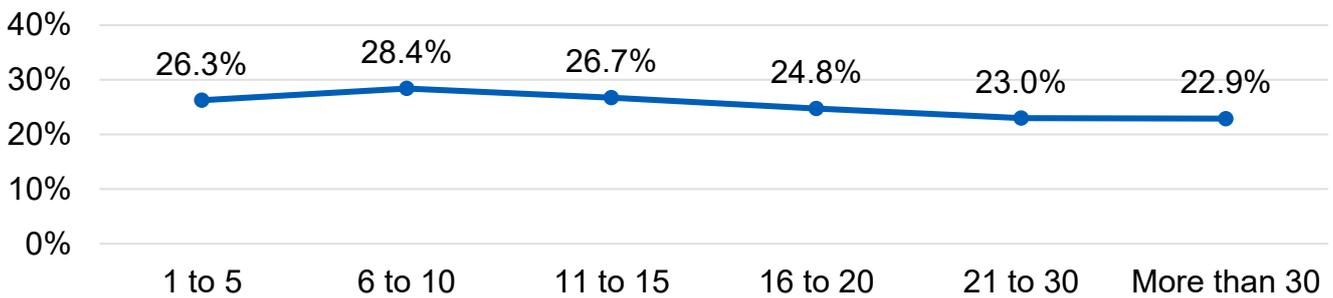
Source: ASC-WDS unweighted data



The care workers who received more training opportunities also generally had lower turnover rates. The average turnover rate amongst care workers with one to five instances of training recorded was 26.3%. This decreased by 3.4 percentage points to 22.9% for those with more than 30 instances of training. This shows that continued investment in staff training can positively impact retention rates. It should be noted that training is a non-mandatory part of ASC-WDS data collection. For more information on training, see Section 6.4 - Training.

**Chart 132. Care worker turnover rate by number of training instances recorded, between March 2024 and March 2025**

Source: ASC-WDS unweighted data

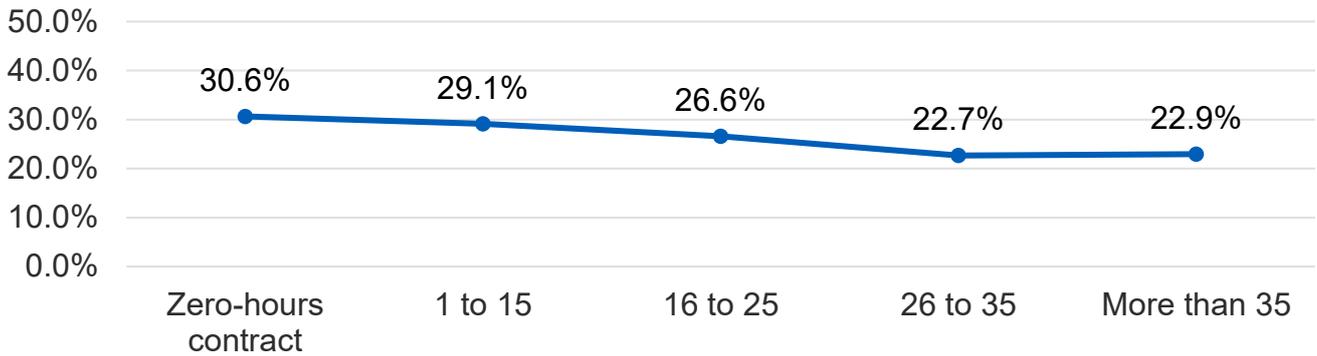


**9.1.9 Contracted hours and zero-hours contracts**

**Workers with fewer contracted hours were more likely to leave.** The chart below shows that the turnover rate was 7.7 percentage points higher for care workers employed on a zero-hours contract compared to those with more than 35 contracted hours per week. Employment terms and conditions, including zero-hours contracts, were also identified in the [Adult Social Care Workforce Survey results](#) as one of the main reasons that adult social care workers considered leaving their current roles.

**Chart 133. Care worker turnover rate by contracted hours, between March 2024 and March 2025**

Source: ASC-WDS unweighted data



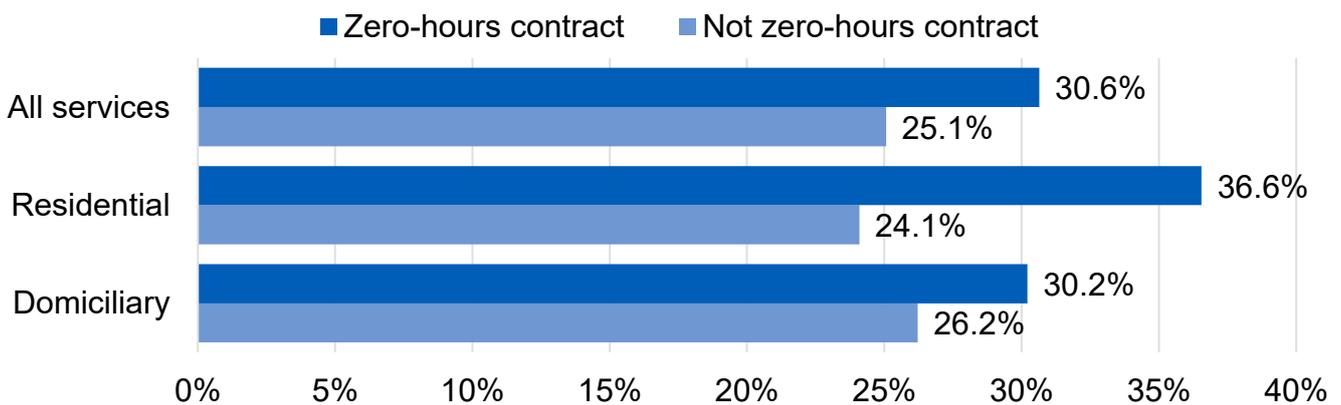
The Living Wage Foundation launched a [‘Living hours’ campaign](#) with the aim of tackling work insecurity. Their 2023 research found that 6.1 million workers in the UK were in insecure work, with 3.4 million being in low-paid insecure work.

The most common forms of insecure work in the UK were workers with pay or hours 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).

The chart below shows that care workers employed on a zero-hours contract have an impact across service types, including in domiciliary care where zero-hours contracts are more prevalent.

**Chart 134. Care worker turnover rate by zero-hours contract status split by service type, between March 2024 and March 2025**

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 the insecurity is increasing their likelihood of leaving.

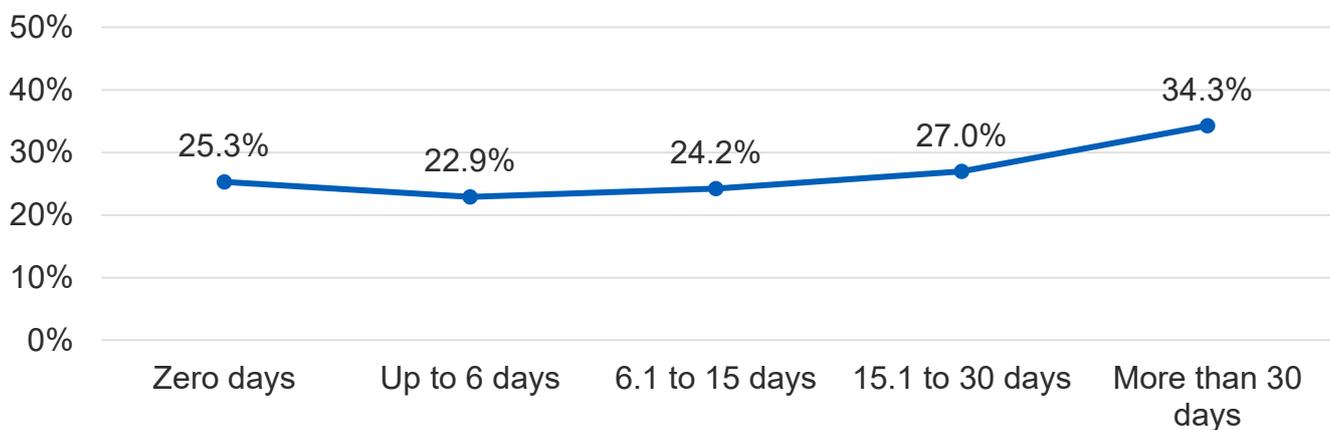
## 9.1.10 Sickness days

**Workers with high sickness rates were more likely to leave.** The chart below 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 (22.9%) and highest for those with more than 30 days (34.3%).

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 135. Care worker turnover by average sickness days, between March 2024 and March 2025

Source: ASC-WDS unweighted data



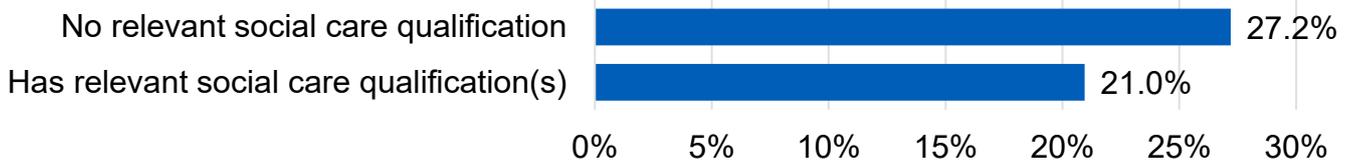
## 9.1.11 Social care qualifications

**Those with a relevant social care qualification were less likely to leave.** The chart below shows the proportion 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, 21.0% left within the 12-month period, compared to 27.2% 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 136. Care worker turnover by social care qualification, between March 2024 and March 2025

Source: ASC-WDS unweighted data

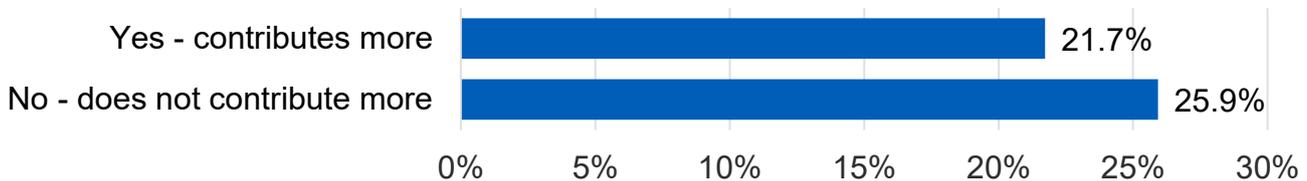


### 9.1.12 Enhanced care worker workplace pension

**Care workers whose employers contributed more than the minimum 3% into the workplace pension were less likely to leave.** Chart 137 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 that offered above the minimum pension contribution, 21.7% had left within the reporting period, compared to 25.9% 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 137. Care worker turnover by whether employer contributes more than the 3% minimum into their workplace pension, between March 2024 and March 2025

Source: ASC-WDS unweighted data



### 9.1.13 Enhanced care worker sick pay

**Care workers whose employers paid more than Statutory Sick Pay if they could not work due to illness were less likely to leave.** Chart 138 below compares the turnover rate for care workers by whether their employer paid more than [Statutory Sick Pay](#) (currently set at £118.75 per week for up to 28 weeks) if they could not work due to illness. Care workers that were in a workplace that paid more than Statutory Sick Pay had a 23.3% turnover rate compared to 26.0% 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 138. Care worker turnover by whether employer pays care workers more than Statutory Sick Pay if they cannot work because of illness, between March 2024 and March 2025**

Source: ASC-WDS unweighted data

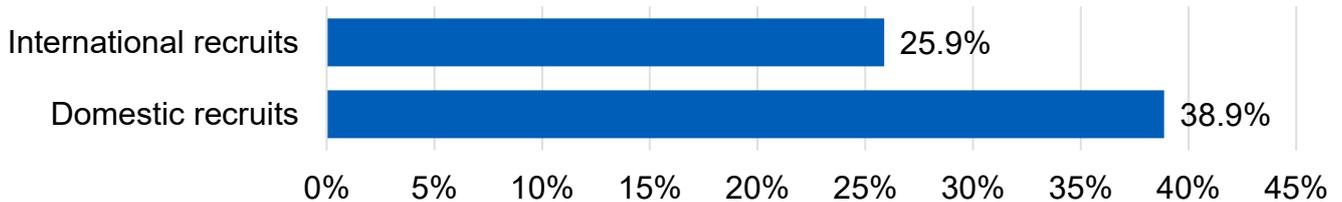


### 9.1.14 International recruitment

**Care workers recruited internationally were less likely to leave than care workers recruited domestically recently.** Chart 139 compares the turnover rate for internationally and domestically recruited care workers. Internationally recruited care workers had a 25.9% turnover rate in the reporting period, compared to 38.9% of recent domestically recruited care workers.

**Chart 139. Comparison of turnover rate by whether the care worker was recruited internationally or domestically, January 2024 to March 2025**

Source: ASC-WDS unweighted data



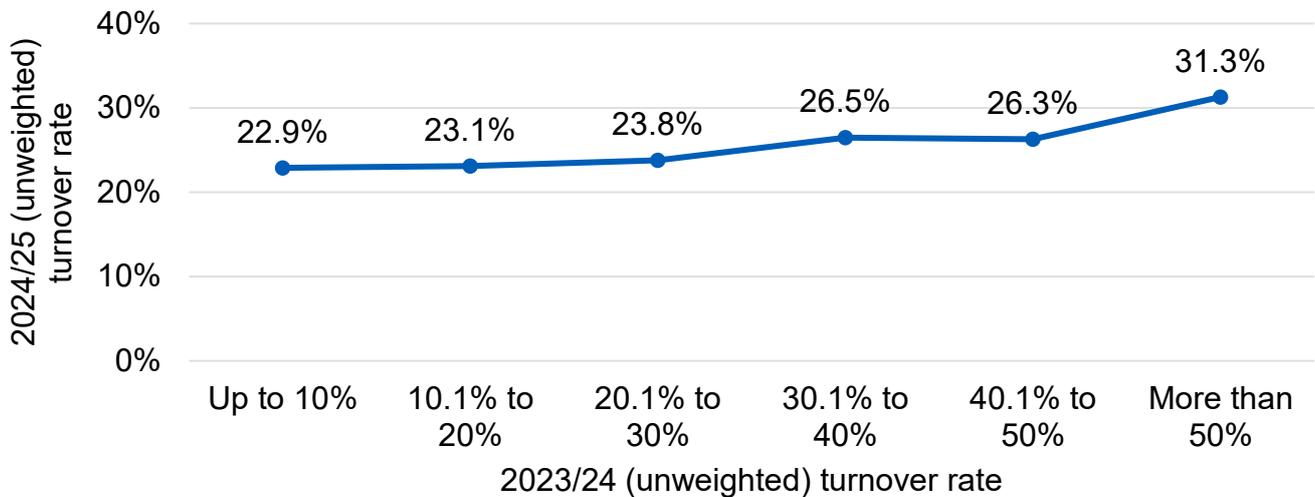
Care workers recruited internationally typically have their visa status connected to their employers, meaning they would be more likely to remain with the same employer for a longer period. See Section 8 – International recruitment, for more information.

### 9.1.15 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 (up to 10% turnover) in 2023/24 had on average a turnover rate of 22.9% between 2024 and 2025. This was 8.4 percentage points lower than establishments with the highest turnover rates in 2023/24 (31.3%).

### Chart 140. Comparison of historical turnover rate in establishments

Source: Previous turnover rate (ASC-WDS unweighted data as at March 2024) and current turnover rate (ASC-WDS unweighted data, between March 2024 and March 2025)



These findings held true even after accounting for the other variables mentioned in this section, 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.

Large establishments where people work in well-functioning teams may achieve better staff retention and improved levels of care. The Affina Organisation Development 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.

#### 9.1.16 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 that affect turnover were analysed to observe their combined effect. These variables were:

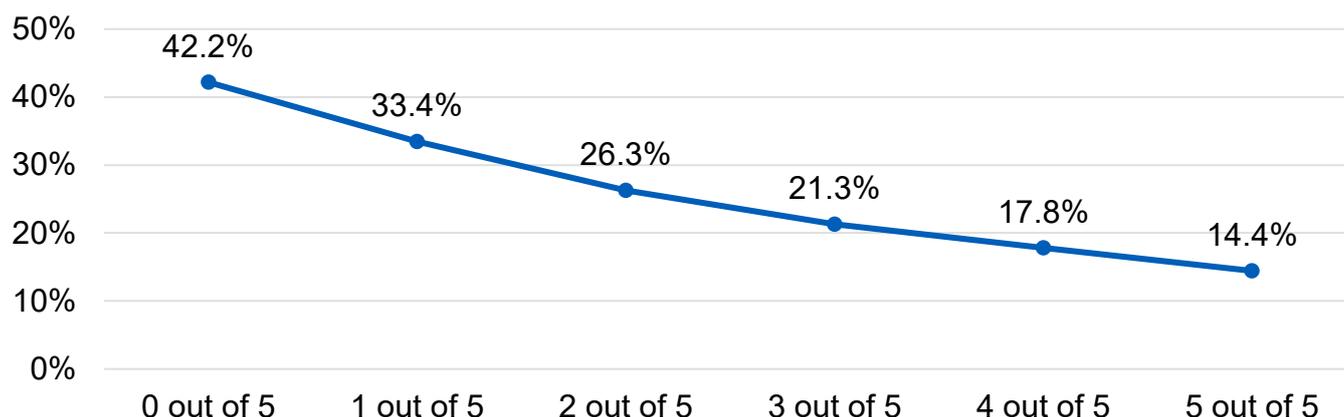
- pay up to 30% below the local authority average (the up to 30% group was analysed as it had a good base size and this level of pay would be favourable for care workers)
- not being on a zero-hours contract
- receiving training
- having a qualification relevant to social care
- working full-time.

Each of these variables was given a score of 1, if the worker had this positive employment factor in place, and they were added together to give a total score.

Chart 141 shows that care workers who had all of the five factors in place were 27.8 percentage points less likely to leave (14.4%) 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 increases, and employers may see a lower turnover rate if they offer more of these benefits.

### Chart 141. Care worker turnover by number of positive employment factors, between March 2024 and March 2025

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.

## 9.2 Factors affecting Care Quality Commission (CQC) ratings

In 2025, Skills for Care analysed ASC-WDS workforce data compared with CQC ratings to identify workforce metrics associated with higher CQC ratings. This included around 12,600 independent sector regulated locations across England.

Social care establishments inspected by the 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 21 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: Lowest (12 or below), Low (13 to 14), Medium (15) and High (16 or above). Location scores were distributed across the categories with 7% in the Lowest category, 18% in Low, 65% in Medium, and 10% in High. More than three quarters of locations had a Medium or High score.

**Table 21. Assessment rating and score**

Source: CQC assessment ratings

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

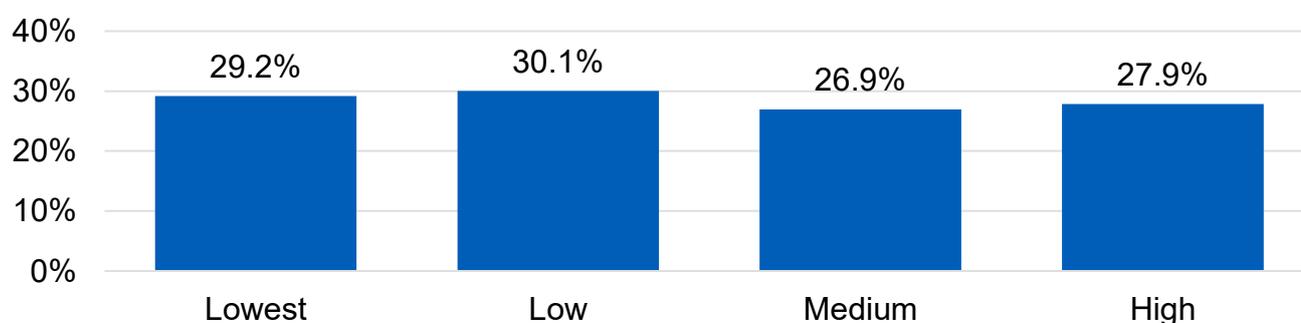
We have received feedback from adult social care service providers that they have been experiencing long waits for CQC inspections. This is likely linked to the introduction of the [Single Assessment Framework](#), a new inspection regime that was rolled out during 2024. There is information on our website 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 higher in establishments with lower CQC scores.** In general, establishments with lower CQC ratings had more issues retaining staff (those in the ‘Low’ CQC score group had an average turnover rate of 30.1%), compared to those with those with ‘Medium’ scores who had an average turnover of 26.9%. 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 142. Turnover rates by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings

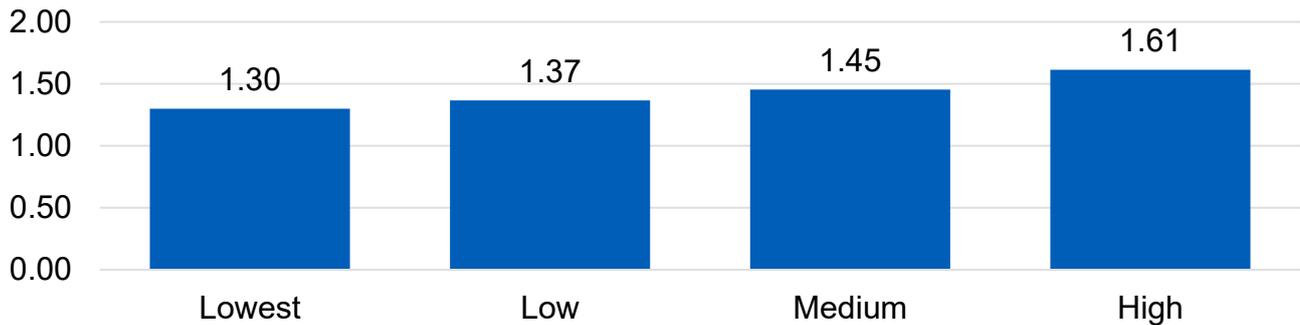


## 9.2.2 Ratio of staff per bed

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, but this finding demonstrates that those services that manage to maintain higher staffing ratios generally achieve better outcomes.

**Chart 143. Median ratio of staff per bed by CQC score, March 2025**

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 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 mean hourly rate of £12.04 compared to £12.33 at establishments with the highest score.

**Chart 144. Mean care worker hourly rate by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings



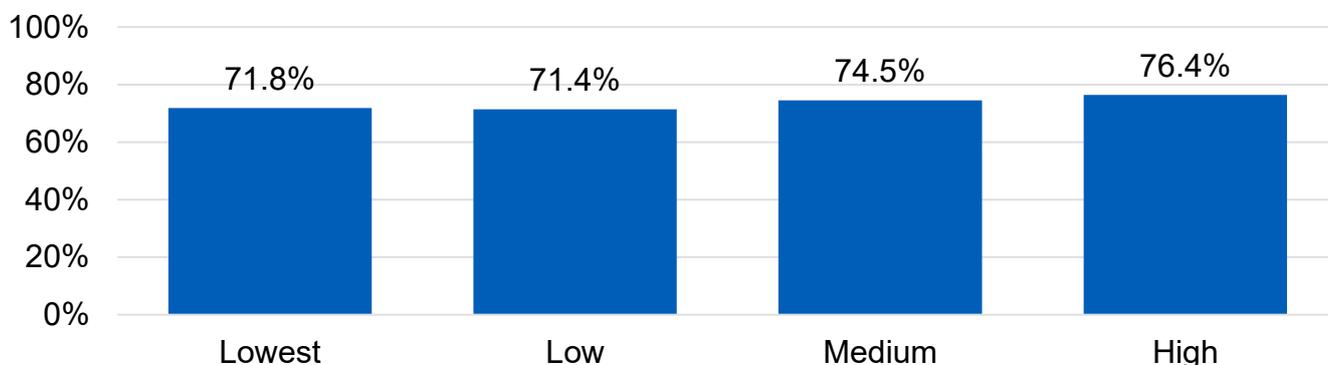
Pay was not the only worker incentive influencing scores. For example, establishments that had staff with higher levels of Care Certificate Standards take-up, more training and qualifications relevant to social care among their staff were more likely to receive better CQC ratings.

### 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 ratings.** Chart 145 shows that the High scoring establishments had a 4.6 percentage point larger proportion of care workers who have begun or completed the Care Certificate standards (76.4%) compared with the Lowest scoring establishments (71.8%).

**Chart 145. Proportion of care workers who had begun or completed the Care Certificate standards by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings

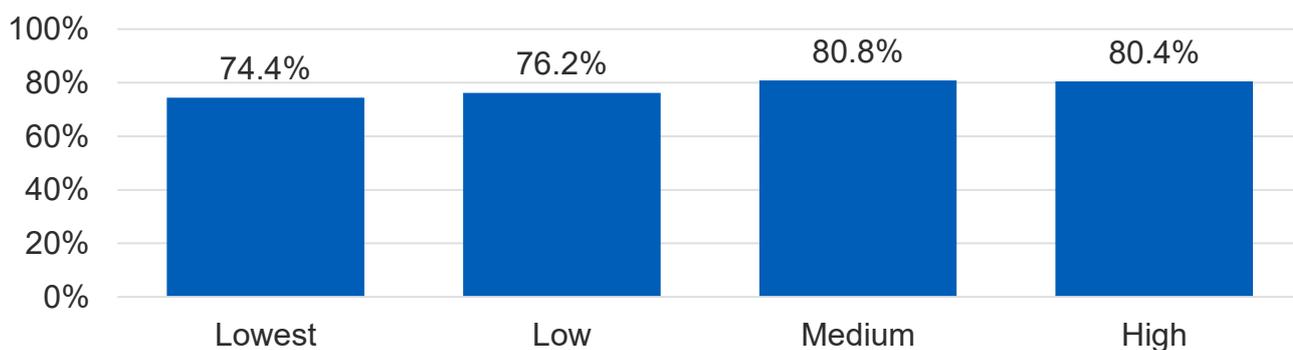


### 9.2.5 Care worker training

**Care worker training was associated with better CQC ratings.** Chart 146 shows that establishments with Medium to High CQC ratings had a larger proportion of care workers who had undertaken training. 80.4% of care workers at the High scoring establishments had training records on the ASC-WDS compared with 74.4% of those at the Lowest scoring establishments.

**Chart 146. Proportion of care workers who had training recorded by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings

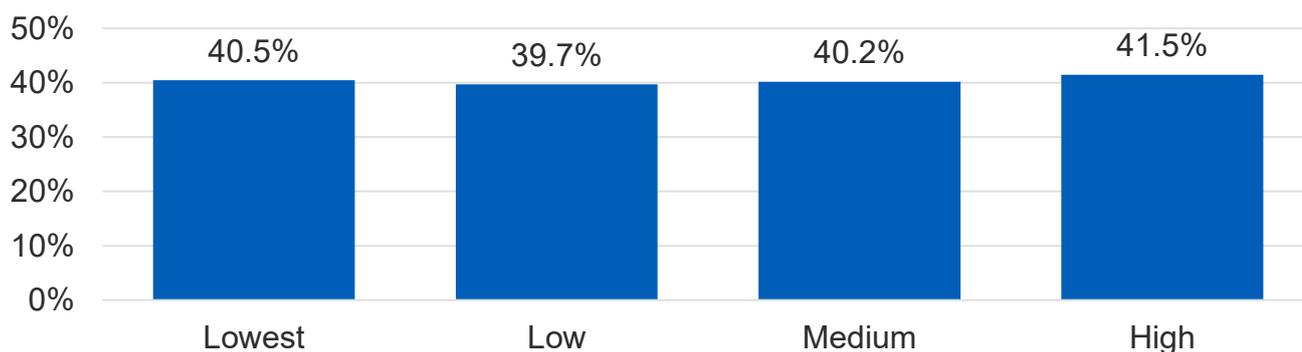


## 9.2.6 Care worker qualifications

**Care workers having qualifications relevant to social care was associated with better CQC ratings.** The chart below 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 (41.5%) than with Low scoring establishments (39.7%).

**Chart 147. Proportion of care workers who had a qualification relevant to social care by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings



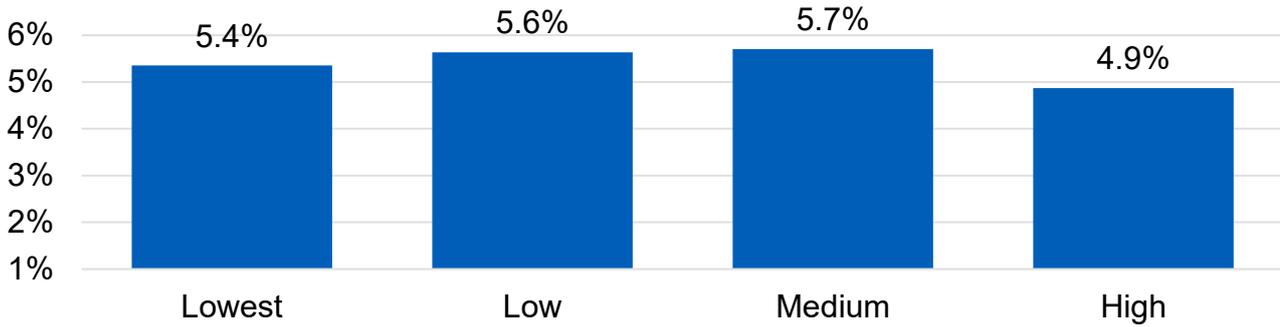
We have lots of information on our website about learning and development including pre-employment training, i.e. offering a traineeship, apprenticeship or work experience. This is especially useful for employers as we know that a large proportion of staff turnover arose from workers leaving their posts soon after joining (see Section 9.1.7 – Factors affecting staff turnover rates - Experience in role). We also know that retention was better when staff received training (see Section 6.4 - Training). We have a [guide to developing staff](#), as well as information about the [Care Workforce Pathway](#), finding learning providers, qualifications and more.

## 9.2.7 Vacancy rates

**Establishments with the lowest vacancy rates were more likely to receive the highest CQC ratings.** Establishments receiving High CQC ratings had an average vacancy rate of 4.9%. This compared to a rate of 5.4% for those with the Lowest scores, the pattern was not clear though suggesting the relationship is complex. Some vacancies arise from employers trying to expand and therefore a higher vacancy rate does not always indicate a recruitment and retention issue.

**Chart 148. Vacancy rates by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings



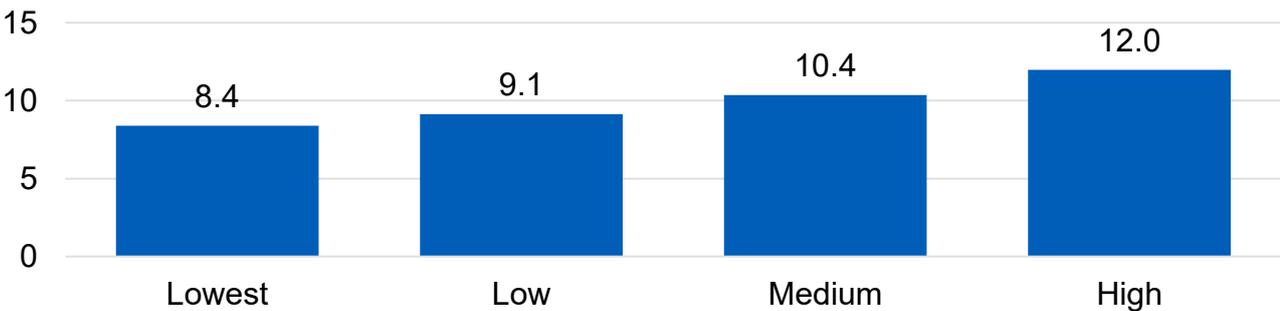
Further information about the key questions and CQC assessments can be found on the [CQC website](#). Skills for Care has developed [guides](#) to help organisations to achieve a positive rating, offer support in preparation for an assessment, and develop plans that support them to respond to any issues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

### 9.2.8 Registered manager experience in role

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

**Chart 149. Registered manager average years of experience in role by CQC score, March 2025**

Source: ASC-WDS unweighted data, CQC assessment ratings



# Further resources

## Our workforce intelligence publications

As a producer of official statistics, we provide outstanding workforce intelligence that 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 section 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 [our website](#).

### Regional information

There are three pages of [regional information](#) on our website, providing an annual overview of adult social care services and the workforce in each region:

- a visualisation looking at the workforce in each region area, one at a time
- our comparison report comparing key variables across the nine regions
- individual regional written summary reports, summarising the workforce statistics.

### Local area information

There are various pages on our website showing [local area information](#). These are split by either local authority area or NHS Integrated Care Board (ICB) geographical area.

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

### 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.

- workforce tracking of key metrics
- learning disability and/or autism workforce
- apprenticeships
- pay rates
- individual employers and personal assistants
- nurses in social care
- recruitment and retention
- registered managers
- social work
- workforce nationality and international recruitment
- Factors affecting staff turnover.

To access these topic pages, visit [our website](#).

## Adult social care workforce estimates and data downloads

Throughout this report we have presented analysis from our workforce estimates. To support this publication, we've published several additional Excel spreadsheets to provide further detail.

The 'Statistical appendix – adult social care workforce estimates' spreadsheet includes information on the size and structure of the workforce, recruitment and retention, employment characteristics, 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 files are designed for analysts to interrogate the data at a national (England), regional, local authority and/or ICB area level. A trended data download is also available, showing key variables trended from 2016/17 to 2024/25.

To access all of these files, visit the [data downloads](#) page of our website.

## 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 ratings, turnover or 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.

In addition to the information on our website, we also have a dedicated Workforce Intelligence LinkedIn showcase page. The page will help you to discover the latest insights into the data, reports and visualisations we publish throughout the year. We share how that data is being used by the Government, think tanks, the media and other organisations we work with to inform debate and support decision-making. To learn more, visit our [Adult Social Care Data LinkedIn page](#).

## Our values as producers of official statistics

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](#).

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 confidentiality 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 to the principles of the Code of Practice for Statistics. Visit 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).

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