

A collage of six black and white photographs showing various social care workers in different settings. Top left: Two women sitting at a desk, smiling. Top middle: A woman and a man standing outdoors, smiling. Top right: A man and a woman sitting at a desk, smiling. Bottom left: Two women sitting at a desk, smiling. Bottom right: Two women standing in a hallway, looking at a tablet together.

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

2026

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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

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Foreword from our CEO



This feels like a defining moment for adult social care. The Prime Minister has set out an ambition to build a National Care Service, free at the point of use, with greater recognition for care workers and a stronger relationship with the NHS. That ambition reflects the fact that there can be no sustainable reform of care without a sustainable, skilled and valued workforce. Through its analysis of our rich Adult Social Care Workforce Data Set, this report shows both progress and challenges. Vacancies and turnover have fallen, but workforce growth is slowing, fewer British people are joining and international recruitment has fallen significantly. The task ahead is not simply to fill vacancies, but to build a workforce people choose to join, develop and stay in.

We see from the data that better pay, terms and conditions matter. So do good induction, training, qualifications, secure hours and opportunities to develop. And leadership – in the form of experienced registered managers – matters enormously. Many of these factors are associated with both better retention and higher-quality care. Workforce investment and quality improvement are not competing priorities - they are two sides of the same coin. The Care Workforce Pathway gives us an important foundation on which to build. Its early adoption demonstrates employers' appetite for a clearer career structure, and for a shared language around skills, development and progression. As the Fair Pay Agreement develops, we have an opportunity to connect pay, recognition, skills and careers in a way the sector has never achieved before.

We see from the report that social care workers are taking on delegated healthcare activities, with important implications for workforce planning, regulation and funding. It also highlights a broader challenge: are our ambitions for prevention, personalisation, choice and care closer to home being matched by the way the workforce is developing? Growth in community-based services and personal assistants suggests the workforce is changing, but not always in ways that are fully recognised in policy or funding arrangements.

Finally, our projections show the scale of future demand, but prevention, technology, productivity and service redesign can all change the workforce we will need. The challenge now is to turn evidence into choices about future models of care, the people and skills required to deliver them, and the infrastructure that will make all this a reality. The data and insights in this report inform workforce planning, investment and organisational strategy across the sector and have helped shape the Skills for Care-led, sector-owned Adult Social Care Workforce Strategy.

That strategy reflects a growing recognition that, while Government of course has a role, the sector itself also has power to drive change for its workforce and cannot simply wait for change to happen to it. This will ensure people who draw on care and support can live the lives they want, with choice, independence and consistently high-quality care whenever and wherever they need it.

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, qualifications and training, workforce projections, international recruitment and factors affecting both 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. We've also produced a data visualisation, which displays the data shown in this report and can be filtered by sector, service or job role to provide further detail. To explore the visualisation, visit our [website](#).

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, support and learn from adult social care employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

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 principles of trustworthiness, quality and value, and to the principles of the Code of Practice for Statistics. Visit our website to read our full [statement](#).

In February 2025, our report '[The workforce employed by adult social services departments in England](#)' was badged as an [accredited official statistic](#) following an assessment by OSR. The latest publication was released in February 2026, which shows the same data from the local authority sector as seen in this report.

About Skills for Care

Established in 2001, Skills for Care is the only national charity focused on building a stronger workforce for the quality adult social care we all need. We work with employers, the Government and sector partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future. 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 three strategic priorities that will help shape the make-up of the adult social care workforce, drive forward reform and ensure that social care is seen as a valued and worthwhile career. Our approach is evolving to reflect data and insights, and to feedback about the changing landscape. Our three strategic priorities are:

- **Influence:** Continue to shape and deliver workforce reform and secure a mandate for our system leadership role.
- **Deliver:** Accelerate workforce development and improvement across all parts of the workforce.
- **Sustainable:** Achieve growth for impact and ensure financial sustainability.

A workforce strategy for adult social care in England

In 2024, Skills for Care launched '[A Workforce Strategy for Adult Social Care in England](#)'. This sector-led Strategy was developed in collaboration with a wide range of organisations and people with a stake in the future of the adult social care sector, including people who draw on care and support as well as colleagues from the health and education sectors. 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 can help employers and commissioners with workforce planning, supports the reform agenda and complements the [NHS Long Term Workforce Plan](#). Since its launch, progress to implement the Strategy has been taking place across the sector with over half of the 56 recommendations currently underway and some already complete.

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 20 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, qualifications and training, 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 at September 2026, there were 20,900 adult social care establishments using the ASC-WDS service and supplying workforce information on over 765,000 staff records. For more information about our data collection, visit the [ASC-WDS website](#).

ASC-WDS coverage of the adult social care sector

The independent sector information in this report was collected between April 2025 and March 2026, and local authority information was collected in September 2025.

Based on the ASC-WDS, our estimates show that there were an estimated 1.69 million total posts in adult social care in England as at 2025/26. These included an estimated 1.59 million filled posts and 96,000 vacant posts. As at March 2026, just over half of CQC-regulated establishments in the local authority and independent sectors were recorded in the ASC-WDS (54.1%). 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 and 2025.

Independent sector

Skills for Care estimates that there were 41,000 care establishments providing, or involved in organising, adult social care in England in 2025/26. In March 2026, there were around 29,400 CQC-regulated establishments in the independent sector, and the ASC-WDS held data for 53.0% of them (15,600 out of the 29,400).

The estimated total number of posts employed by CQC-regulated employers in the independent sector in 2025/26 was 1.2 million. Around 575,000 (47.7%) of workers in these posts had been recorded within the ASC-WDS as at March 2026. 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.

We track the estimated number of filled posts and CQC-regulated establishments in adult social care in the independent sector on a monthly basis. This workforce tracker is a monthly statistic and has been designated an official statistic. At the time of writing, it is being reviewed by the OSR with a view to it becoming an accredited official statistic in the near future. To view the tracker, visit the [Filled posts in the adult social care workforce in England: monthly statistics](#) page of our website.

Adult social care related roles in the NHS

Since 2024/25, we have not included 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 2025/26 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.

For more information about these and other updates to our workforce estimates methodology, see our ['Revisions to workforce estimates methodology'](#) or Section 1.2.5 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 2026, and local authority information is correct as at September 2025. 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 2026.

The ASC-WDS data collection process is continually reviewed and modified, with regular user-research sessions with our users to improve their experience. As a result, new job roles have been added and removed from the ASC-WDS over time to reflect the changing nature of the adult social care workforce. Since the introduction of these roles in the ASC-WDS, we’ve seen many staff records updated to reflect these new roles. This has resulted in changes to the number of filled posts in some other job roles too, 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. For information about these changes, see our [‘Revisions to workforce estimates methodology’](#) statement.

Where appropriate, the new job roles have been included in job role breakdowns throughout this report. Of particular note is the support worker role, which was added to the ASC-WDS in June 2024. In this report we have grouped this role with care workers for trended analysis, 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.

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](#), including main service groupings and job role groupings.

1. Size and structure



This chapter provides further analysis of the information presented in our report, [‘The size and structure of the adult social care sector and workforce in England’](#). It includes the number of adult social care organisations and establishments, the sector’s economic contribution, individual employers and personal assistants, and the number of posts, full-time equivalent (FTE) filled posts, and people working in those posts. It also shows filled posts by the care and support needs that each establishment provides services for.

19,000

organisations in
adult social care

41,000

establishments in
adult social care

1.69m

total posts (filled
and vacant posts)

1.59m

filled posts in
adult social care

Key findings

- An estimated 19,000 organisations were involved in providing or organising adult social care in England in 2025/26.
- Those organisations delivered services from an estimated 41,000 establishments.
- The total wage bill of the adult social care sector in England in 2025/26 was £33.6 billion, while the sector contributed £81.8 billion in Gross Value Added (GVA) to the economy.
- The total number of posts (filled and vacant posts) in adult social care in England in 2025/26 stood at 1.69 million. This was an increase of 0.6% (10,500 total posts) from 2024/25.
- As at 2025/26, there were 1.59 million filled posts in adult social care in England, an increase of around 1.4% (22,000 filled posts) from 2024/25.
- There were 96,000 vacant posts, a decrease of 11,500 (10.5%) from 2024/25. For more information on vacancy rates, see Section 3.2 – Vacancy rates.
- Of workers who were assigned to a [Care Workforce Pathway role category](#) in the ASC-WDS, over three quarters (76%) were assigned to the ‘care or support worker’ role.
- The number of FTE filled posts was estimated at 1.24 million.
- The number of people working in adult social care was estimated at 1.46 million.

Information about the size and structure of adult social care, including employers and filled posts, provides an essential foundation for understanding the sector. It enables planning for its future workforce needs and also allows us to evaluate the impact of current policies and external influences.

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’](#).

Since 2024/25, our estimates of the size of the adult social care workforce have no longer included adult social care-related roles employed by the NHS. For more information about this change, please see our ['Revisions to workforce estimates methodology'](#) statement.

1.1 Adult social care employers

This section looks at the number and types of employers providing adult social care in England. It includes organisations that provide or organise care, the establishments where care is delivered or arranged, and individuals who employ personal assistants using direct payments. These measures show the size of the sector and its structure, and how this varies across the sector.

1.1.1 Number of adult social care organisations

The definition of adult social care organisations in this report is organisations whose primary purpose is to provide direct care and/or support for adults in their everyday lives. This includes large national employers, large charities, local authority adult social services departments and independent care services. An organisation may operate across multiple locations or establishments (for example, a chain of care homes), but in these figures would only count once as a single organisation. Self-employed people and small organisations with zero employees that fall below the VAT registration threshold are not included here. This section also doesn't include individuals employing their own care and support staff (see 1.1.3 for details about these employers).

The total number of PAYE-registered or VAT-registered organisations (referred to as enterprises by the Office for National Statistics (ONS)) involved in providing or organising adult social care in England in 2025/26 was estimated at 19,000. Two in five (43%) were providing residential services and three in five (57%) were providing non-residential services.

Chart 1 shows the estimated number of adult social care organisations in England by size group. Around 37% of organisations had one to four employees, and 84% had fewer than 50 employees. Organisations with 250 or more employees made up just 3% of the total number of organisations but employed almost half (47%) of the total adult social care workforce in 2025/26.

Non-residential services made up a higher proportion of smaller organisations. Two-thirds (67%) of organisations with fewer than 10 employees were non-residential services, while residential services made up 60% of organisations with 250 or more employees.

Chart 1. Estimated number and proportion of adult social care organisations in England by size group (number of employees) and service type, 2025/26

Source: Skills for Care estimates based on [Inter-Departmental Business Register \(IDBR\)](#) data

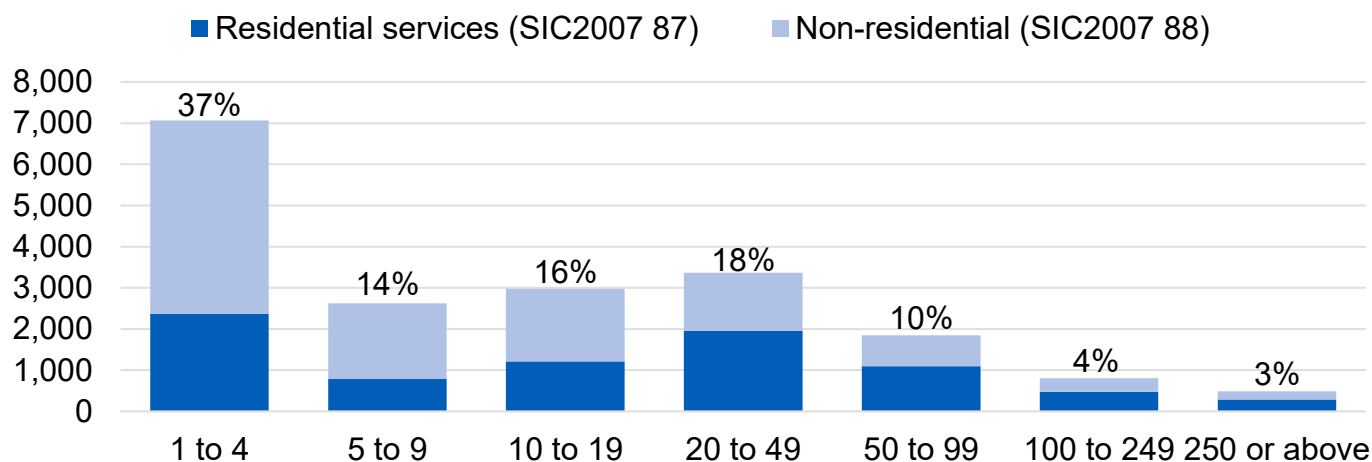
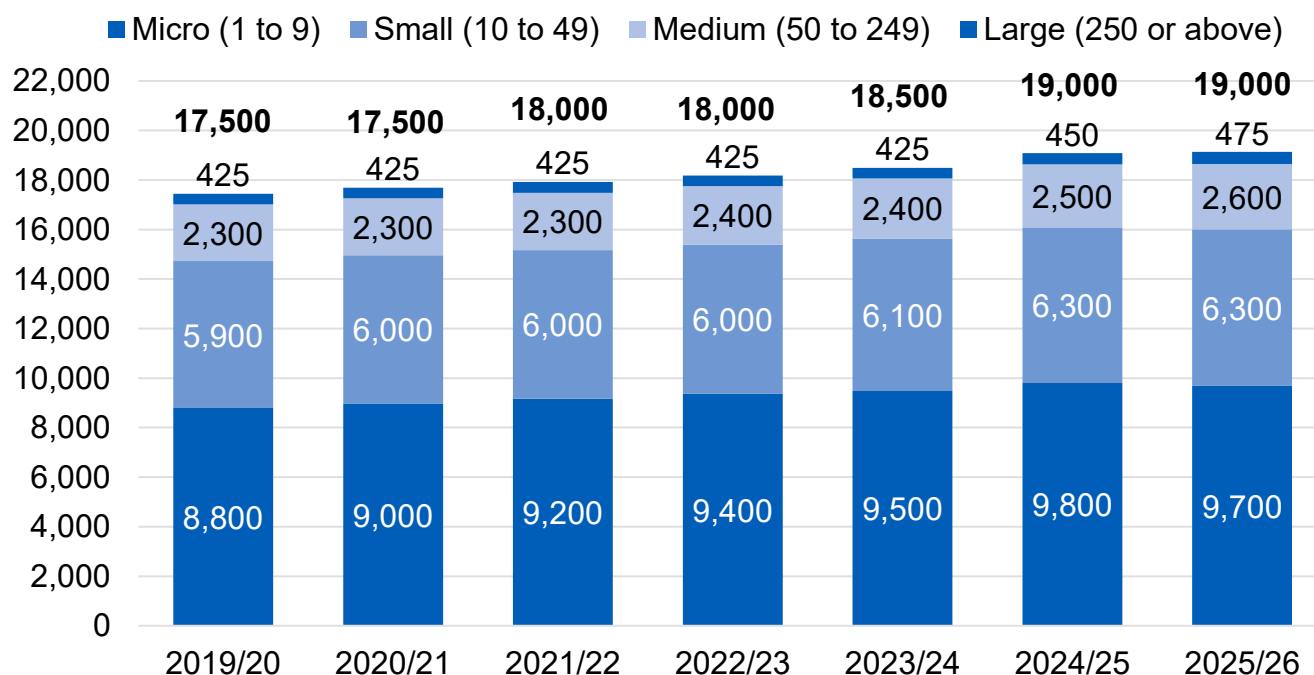


Chart 2 shows that the number of social care organisations generally increased year on year between 2019/20 and 2025/26. The number of organisations remained stable at around 19,000 between 2024/25 and 2025/26. However, the number of micro organisations decreased for the first time since 2019/20, from 9,800 to 9,700, while the number of medium and large organisations increased.

Chart 2. Estimated number of adult social care organisations in England by size group (number of employees), 2019/20 to 2025/26

Source: Skills for Care estimates based on Inter-Departmental Business Register (IDBR) data



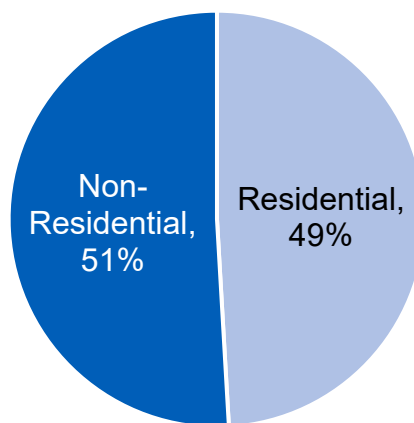
1.1.2 Number of adult social care establishments

The definition of adult social care ‘establishments’ in this report includes all locations where adult social care is provided or organised (defined by the ONS as all local units of employment). This is different from 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 41,000 establishments were involved in providing or organising adult social care in England in 2025/26. Chart 3 shows that 49% of adult social care establishments were providing residential services, and 51% were providing non-residential services.

Chart 3. Estimated proportion of adult social care establishments in England, by service type, 2025/26

Source: Skills for Care estimates based on ONS IDBR and CQC data

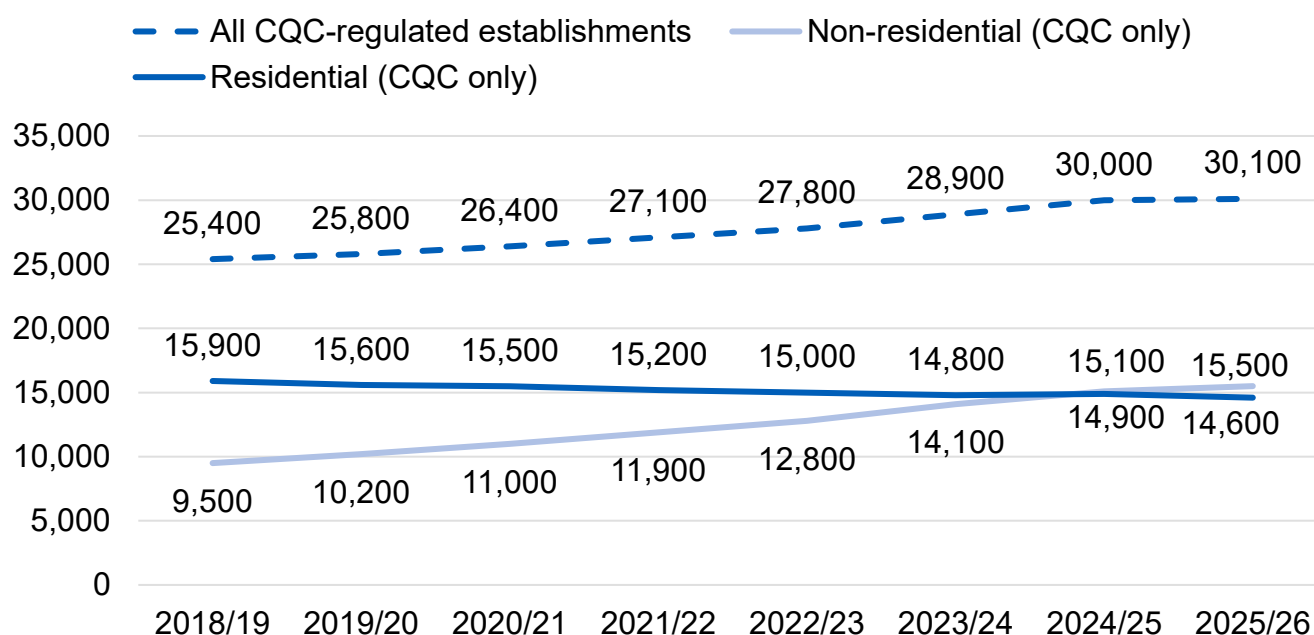


Nearly three-quarters (73%) of all adult social care establishments were regulated by the Care Quality Commission (CQC). Chart 4 below shows the change in the number of CQC-regulated adult social care establishments by service type. It illustrates that there has been an overall increase of around 4,600 establishments (an increase of 18.3%) between 2018/19 and 2025/26. However, the increase between 2024/25 and 2025/26 was much smaller at 0.2%. Please note, a precise trend in terms of all establishments could not be created due to changes in data sources over time.

The chart also shows that the number of non-residential CQC-regulated establishments was higher than residential CQC-regulated establishments for the first time in 2024/25, and this trend continued in 2025/26. The number of non-residential CQC-regulated establishments increased by 6,000 (63.4%) between 2018/19 and 2025/26, whereas the number of residential CQC-regulated establishments decreased by 1,400 establishments (-8.6%) over the period. The reasons behind this shift may be related to the [market sustainability plans](#) of local authorities, where [expanding domiciliary care markets and supply](#) was a common theme.

Chart 4. Number of CQC-regulated adult social care establishments, 2018/19 to 2025/26

Source: 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](#).

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

Individual employers may use their social care personal budget (a direct payment from their local authority) to employ their personal assistants. 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 include individual employers who use direct payments to fully or partly fund their personal assistant arrangements, including where they also use other sources of funding. They do not include individuals who only use their own funds or other funding streams.

The latest figures available from the [Department of Health and Social Care](#) show that in 2024/25, around 139,000 people with care and support needs were receiving direct payments. However, not all direct payment recipients use this payment to employ personal assistants. We estimate that 50% (69,000) of direct payment recipients were directly employing their own staff in 2025/26. This was a decrease of around 4,500 (-6%) since 2019/20.

Previous versions of our workforce estimates included people who received direct payments as a carer. These have now been excluded, though this had limited impact on the estimated

number of direct payment recipients employing staff, as carers rarely used direct payments to employ staff. For more information, visit our [website](#) or read our [‘Methodology’ paper](#).

Individual employers on average employed 1.88 personal assistants each in 2025/26, making an estimated 129,000 filled posts working for direct payment recipients. Personal assistants held an average of 1.27 personal assistant posts each, meaning that around 102,000 people were filling the 129,000 posts for direct payment recipients.

The Skills for Care website has [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, 2026’](#) 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.

1.2 Adult social care workforce

This section looks at the adult social care workforce in England, including the total number of posts, made up of filled posts and vacant posts. It also breaks down filled posts by sector, main service and job role, along with information about the Care Workforce Pathway and adult social care related roles in the NHS.

For the purposes of our analysis, we define the adult social care workforce as all the people paid to work within adult social care organisations, including those indirectly employed (such as agency staff) and those in non-care-providing roles (such as managers and ancillary staff).

1.2.1 Total posts, filled posts and vacant posts

As at 2025/26, there were 1.59 million filled posts and 96,000 vacant posts, bringing the total number of posts in adult social care to 1.69 million. The overall size of the adult social care workforce has increased substantially since 2018/19, with the total number of posts increasing by 13.1%, or 195,000 posts.

Chart 5 shows a continued increase in the number of filled posts in 2025/26, while vacant posts fell for a third successive year. Filled posts reached a record high of 1.59 million, up 22,000 (1.4%) from the previous peak in 2024/25. Vacant posts fell from a peak of 150,000 in 2021/22

to 96,000 in 2025/26, returning to pre-pandemic levels. For more information about vacancy rates over time, see Section 3.2 – Vacancy rates.

Chart 5. Estimated number of adult social care posts (filled posts, vacant posts and total posts) in England, 2018/19 to 2025/26

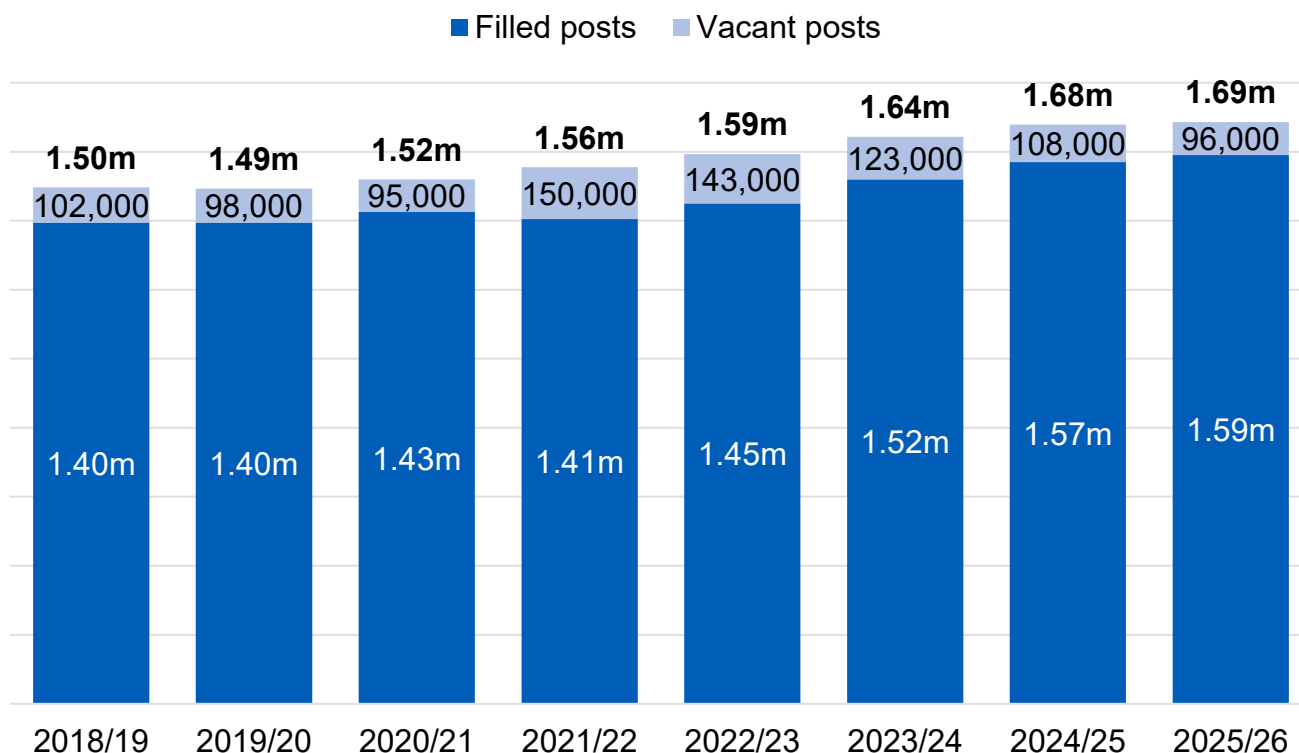
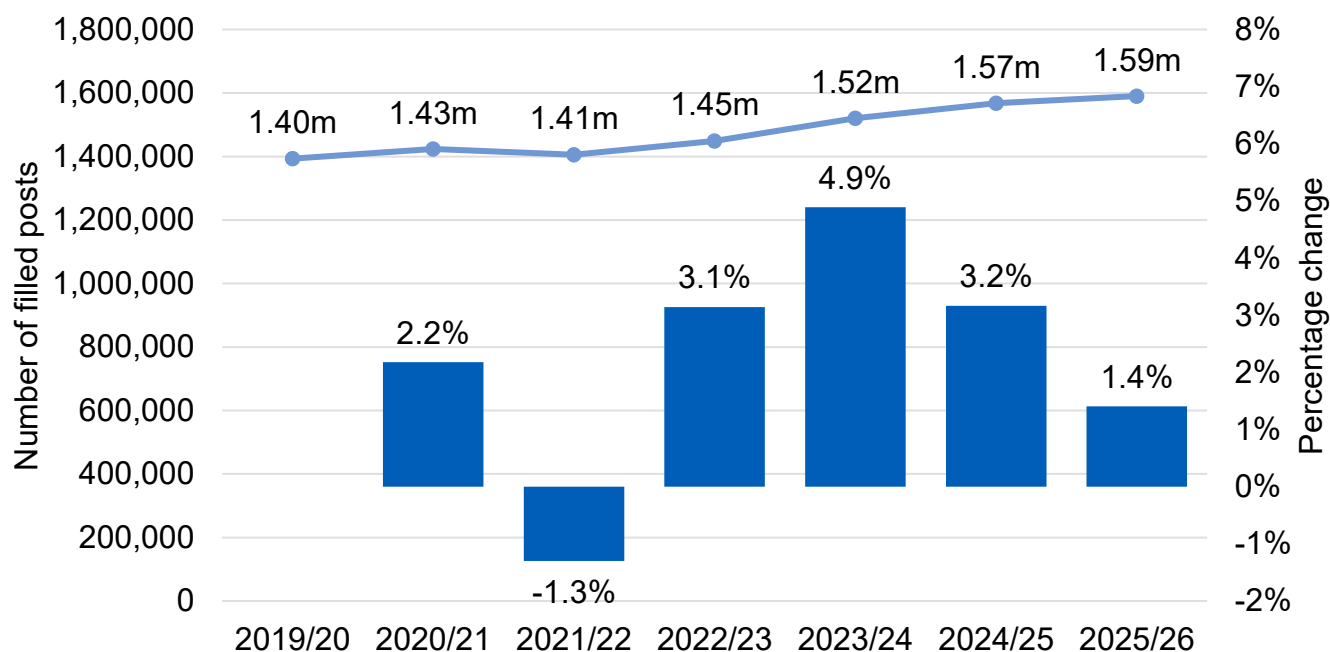


Chart 6 below shows that the number of filled posts generally increased each year between 2019/20 and 2025/26. The only decrease was in 2021/22, when filled posts fell by 1.3% or around 18,500 posts, as the economy opened back up following the COVID-19 pandemic.

Filled posts increased following this point and in 2023/24 filled posts increased at their fastest rate, by 4.9% or 71,000 filled posts. This was largely due to an increase in international recruitment. Since then, filled posts have increased at a slower rate and in 2025/26, the number of filled posts increased by 1.4% (22,000); this is less than half the increase compared to the previous year, coinciding with the level of international recruitment continuing to fall. For more information, see Chapter 8 – International recruitment.

Chart 6. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2019/20 to 2025/26

Source: Skills for Care estimates



1.2.2 Filled posts breakdown

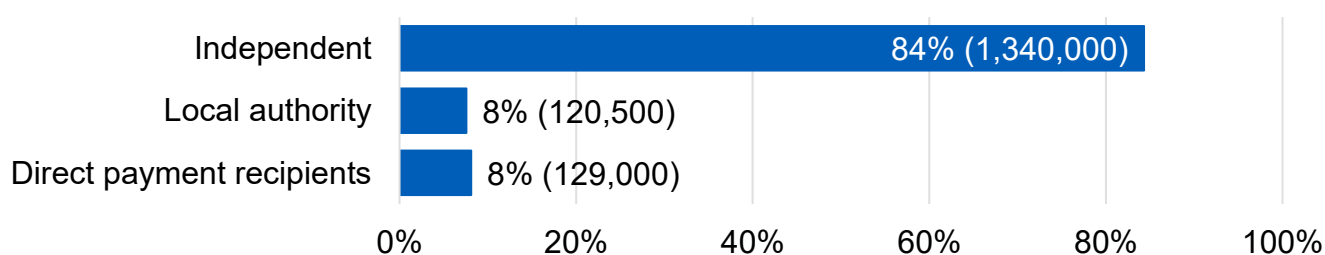
We use data collected in the Adult Social Care Workforce Data Set (ASC-WDS) to create workforce models that, in conjunction with other data sources, allow us to estimate the size of the adult social care workforce and workforce characteristics. These estimates can be divided and grouped into different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

Sector (type of employer)

Chart 7 shows that in 2025/26, over four in five (84%) filled posts in adult social care in England were working for independent sector employers. Workers employed in local authority adult social services departments accounted for 8% of all filled posts, while the workforce employed by direct payment recipients accounted for 8%.

Chart 7. Estimated proportion of adult social care filled posts by sector, 2025/26

Source: Skills for Care estimates



Since 2018/19, the number of filled posts has increased by 18.1% (205,000 posts) in the independent sector and by 7.5% (8,400) in the local authority sector. Growth continued between 2024/25 and 2025/26, with filled posts increasing by 1.6% in the independent sector, and by 0.5% in the local authority sector. In contrast, filled posts for direct payment recipients decreased by 11.8% (17,250 posts) since 2018/19, and 0.2% (500 posts) since 2024/25.

Table 1 shows the proportion of the workforce employed by sector since 2018/19. The proportion employed by local authorities fell slightly from 8.0% in 2018/19, to 7.6% in 2025/26. The proportion of the workforce working in posts for direct payment recipients fell from 10.5% in 2018/19 to 8.1% in 2025/26. 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 2025/26.

Table 1. Estimated proportion of adult social care filled posts by sector, 2018/19 to 2025/26

Source: Skills for Care estimates

	Independent	Local authority	Direct payment recipients
2018/19	81.5%	8.0%	10.5%
2019/20	81.9%	8.1%	10.0%
2020/21	82.4%	8.0%	9.5%
2021/22	82.5%	8.2%	9.3%
2022/23	83.2%	7.9%	8.9%
2023/24	83.8%	7.7%	8.4%
2024/25	84.1%	7.6%	8.3%
2025/26	84.3%	7.6%	8.1%

Estimates from the ASC-WDS suggest that around 76% (1,015,000) of filled posts working for independent sector employers were in private sector establishments (around 64% of all filled posts), while around 24% (325,000) were in voluntary and charity sector establishments (around 20% of all filled posts). This split is estimated, as information on whether establishments are private or voluntary is not reported by the CQC.

There were an estimated 124,000 adult social care related filled posts employed by the NHS in 2025/26. These filled posts are not included in our estimates for the size of the adult social care workforce. For more information, please see our [‘Revisions to workforce estimates methodology’](#) statement.

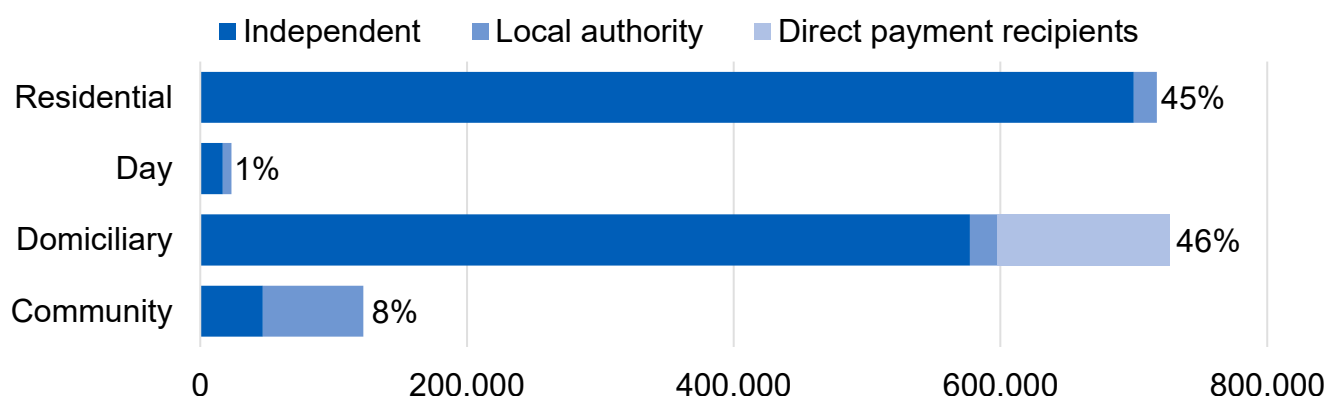
Main service type

In the ASC-WDS, establishments are 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 in Chart 8 below.

Most filled posts were in residential (45%, or 715,000 filled posts) and domiciliary care services (46%, or 725,000 filled posts). Day care made up 1% (23,500) of filled posts and 8% were community-based (122,000). The chart also shows variation in sector within each main care service group. Filled posts working for direct payment recipients were classified as domiciliary care services. In contrast, a smaller proportion of local authority filled posts were in CQC-regulated residential and domiciliary care services.

Chart 8. Estimated proportion of adult social care filled posts by main care service group and sector, 2025/26

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 (295,000). There were also around 98,000 filled posts for non-CQC-regulated residential services, e.g. residential mental health services.

The number of filled posts employed in domiciliary care services were split into four categories: CQC-regulated non-residential (580,000 filled posts); CQC-regulated other non-residential services (1,700 filled posts); non-CQC-regulated domiciliary services (14,500 filled posts); and 129,000 filled posts working for direct payment recipients.

For information specifically about care homes with nursing, care only homes (without nursing), or domiciliary care services, see our [service summaries](#) which accompany this report, or use our [interactive visualisation](#) to filter information by these services.

Job roles

The ASC-WDS data collection process is continually being reviewed and modified, with regular user research sessions with our users to improve their experience and reflect the changing nature of the adult social care workforce. This includes making changes to the list of job roles added to the service. For more information, visit our '[Revisions to workforce estimates methodology](#)' statement.

Table 2 below shows that three-quarters (75%) of adult social care filled posts were roles providing direct care. Managers 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 2. Estimated number of adult social care filled posts by job role group in England, 2025/26

Source: Skills for Care estimates

Job role group	Filled posts	Percentage of posts
All job roles	1,590,000	
Direct care	1,195,000	75%
Managers	127,000	8%
Regulated professions	64,000	4%
Other	202,000	13%

Chart 9 below 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.

In June 2024, support worker was added as a role to the ASC-WDS service. Many support workers were previously recorded as care workers within the service. For the purpose of this analysis, we have combined care workers and support workers to provide a stable and reliable trend over time.

The 'Care worker and support worker' group was by far the most common job role group in the adult social care sector, with an estimated 925,000 filled posts as at 2025/26. They accounted for over half (58%) of all filled posts in the adult social care sector. There was a 2.4% increase in care worker and support worker filled posts since 2024/25, equivalent to an additional 21,500 filled posts.

Personal assistant was the second most common job role (129,000 filled posts), followed by ancillary staff not providing care (85,000 filled posts) and senior care workers (80,000 filled posts).

Chart 9. Estimated number of adult social care filled posts by individual job role (all sectors), 2025/26

Source: Skills for Care estimates



- 'Other* (professions and other)' includes 12 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 39,000 filled posts.
- ** Occupational therapist, 3,900 filled posts

1.2.3 Job role breakdown

This section looks in more detail at selected job roles within the adult social care workforce. It covers direct care roles, managers, regulated professions, and other roles that are important to planning and delivering adult social care. It includes the number of filled posts, recent trends, and links to wider workforce issues such as recruitment, retention, and information on the Care Workforce Pathway.

Direct care roles

Direct care workers constitute the majority of the adult social care workforce in England. They work directly with people with care and support needs to help them live as independently as possible while supporting their wellbeing, dignity and choice. The size of this workforce means that recruitment, retention, training and progression for direct care staff are central to the stability and quality of adult social care services.



Care workers and support workers

Care workers and support workers provide day-to-day care and support, including personal care, practical support, social support and support with daily activities. These roles are found across a range of services.

In June 2024, the 'support worker' role was added to the ASC-WDS. Many workers recorded as support worker were previously recorded as care workers. For this reason, care workers and support workers are presented together in this section.

In 2025/26, there were an estimated 925,000 care worker and support worker filled posts, an increase of 2.4% (21,500) since 2024/25 and 22.3% (168,000) since 2019/20. Care workers and support workers had one of the highest turnover rates of all job roles in the adult social care workforce in 2025/26 at 26.9%, equivalent to 221,000 leavers in the previous 12 months. For more information about retaining staff, see Section 3.1.3 – Retention resources. The starter rate for care workers and support workers was 31.0% in 2025/26.

The continued growth of care worker and support worker roles reflects the sustained demand for these roles. However, the relatively high turnover rate shows that retaining experienced care workers and support workers, and recruiting new people into these roles, remains a central workforce challenge.

Senior care workers



Senior care workers provide direct care and support while also taking on additional responsibilities, including mentoring colleagues, coordinating tasks or shifts, and guiding the day-to-day practice of a service. In 2025/26, there were an estimated 80,000 senior care worker filled posts, a decrease of 1.0% from 2024/25 (equivalent to 750 filled posts).

This role is a crucial progression route for experienced care workers and support workers, and people in these roles frequently move into first-line manager or registered manager roles. For more information, see Section 6.6.1 – Observed career progression in the ASC-WDS. Additionally, Section 1.2.4 – The Care Workforce Pathway - below explores career pathways for direct care staff into leadership and management roles.

Management roles

At the heart of every outstanding service is a manager who works hard to create a person-centred culture that delivers excellent, high-quality care. They are also responsible for ensuring that their staff are supported, recognised, and valued. For more information about leadership and management, see Section 6.5 - Leadership and management.

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 for meeting the requirements of regulations at their establishments. For more information about the requirements of registered managers, visit the [CQC website](#).

As at March 2026, there were around 30,100 CQC-regulated adult social care establishments in England and around 27,000 registered manager filled posts in 2025/26. The number of registered manager filled posts increased by 19% (4,300) since 2019/20. The registered manager vacancy rate was 10.2%, equivalent to an average of 3,100 vacant posts.

We know that many registered managers have progressed into management from other roles within adult social care. We can observe within the ASC-WDS that many registered managers in 2025/26 were previously senior care workers, supervisors or registered nurses. This shows that staff are staying within the sector and progressing into other areas during their career. For more information about observed career progression in the ASC-WDS, see Section 6.6.1 – Observed career progression in the ASC-WDS. Additionally, Section 1.2.4 – The Care Workforce [Pathway](#) below discusses how following the Care Workforce Pathway can support staff to progress into roles, including becoming a registered manager.

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 assessments. There is [great value](#) in connecting with peers outside your organisation, so 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 managers page](#) showing detailed information about this role. Topics shown include workforce characteristics and key metrics such as turnover and vacancy rates.

Deputy managers



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

In 2025/26, there were 10,500 deputy manager filled posts in adult social care in England. Around 31% of workers in registered manager filled posts were aged 55 and over, meaning they will be reaching retirement age in the next 15 years. In terms of workforce planning, deputy managers are the managers of the future, so supporting these workers in their role is crucial to the stability and continuity of services.

Skills for Care's [aspiring and deputy manager networks](#) provide safe spaces for deputies, team leaders, and aspiring leaders to connect with peers, share experiences, and learn alongside others.

Regulated professions roles

The three main regulated professions in the adult social care sector are registered nurses, occupational therapists and social workers. Although these roles represent a relatively small proportion of the total adult social care workforce, they're vital to the success of the social care system, and to integrated health and social care planning and delivery.

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. Our Workforce Intelligence site also has additional information relating to [regulated professions](#).

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 are counted under the role they're currently performing.

Registered nurses



In 2025/26, there were an estimated 36,000 registered nurse filled posts in the adult social care sector. Most of these were in care homes with nursing in the independent sector (34,000), and around 1,600 were working for independent sector non-residential care providers. The number of registered nurse filled posts increased by around 3.9% from 2024/25, equivalent to around 1,400 filled posts. These figures do not include registered nurses working in the NHS.

In 2025/26, the vacancy rate for registered nurses in the independent sector was 5.0% or 1,600 vacant posts. This was a decrease from 2024/25 when the vacancy rate was 6.7%, and a marked decrease since 2021/22 when the vacancy rate was 14.6% (a decrease of 9.6 percentage points and 3,100 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](#) on their visa. For further information about how Skills for Care supports registered nurses and the employers of registered nurses in the sector, visit our [website](#).

In addition to registered nurses, there were 550 nursing associate filled posts in 2025/26. 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 learning and development. They do not always work alongside registered nurses, though there are often registered nurses within the same organisation. The nursing associate role is valued but can also be seen as a stepping-stone role to becoming a registered nurse, offering 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 2025/26, most of which were employed in the local authority sector (3,500 filled posts), while 400 were employed within the independent sector. There were also 1,000 occupational therapist assistant filled posts.

A further 21,000 occupational therapists were employed by the NHS in 2025/26, which were not included in our estimates of the adult social care workforce.

Social workers



As at 2025/26, there were an estimated 22,000 social worker filled posts in the adult social care sector. Most of these posts were within local authorities (20,100), and around 1,900 were employed within the independent sector. There were also around 5,300 adult social care social workers employed in the NHS, but they are not included in our estimates.

Regulated professions trends

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, reflecting where the majority of these roles were employed.

In the local authority sector, the number of social worker and occupational therapist filled posts grew between 2018/19 and 2025/26 (18.1% and 31.2% respectively).

The increase in social worker filled posts in the previous three years can be linked to the increase in enrolments onto social worker higher education courses, reaching 5,470 in 2024/25, the highest since 2010/11. Since 2020/21, there have been a higher number of enrolments onto undergraduate social work courses, meaning many of those students will have graduated and entered the workforce in recent years. For more information about social workers studying, qualifying and starting work in the sector, see our [Social work education](#) webpage.

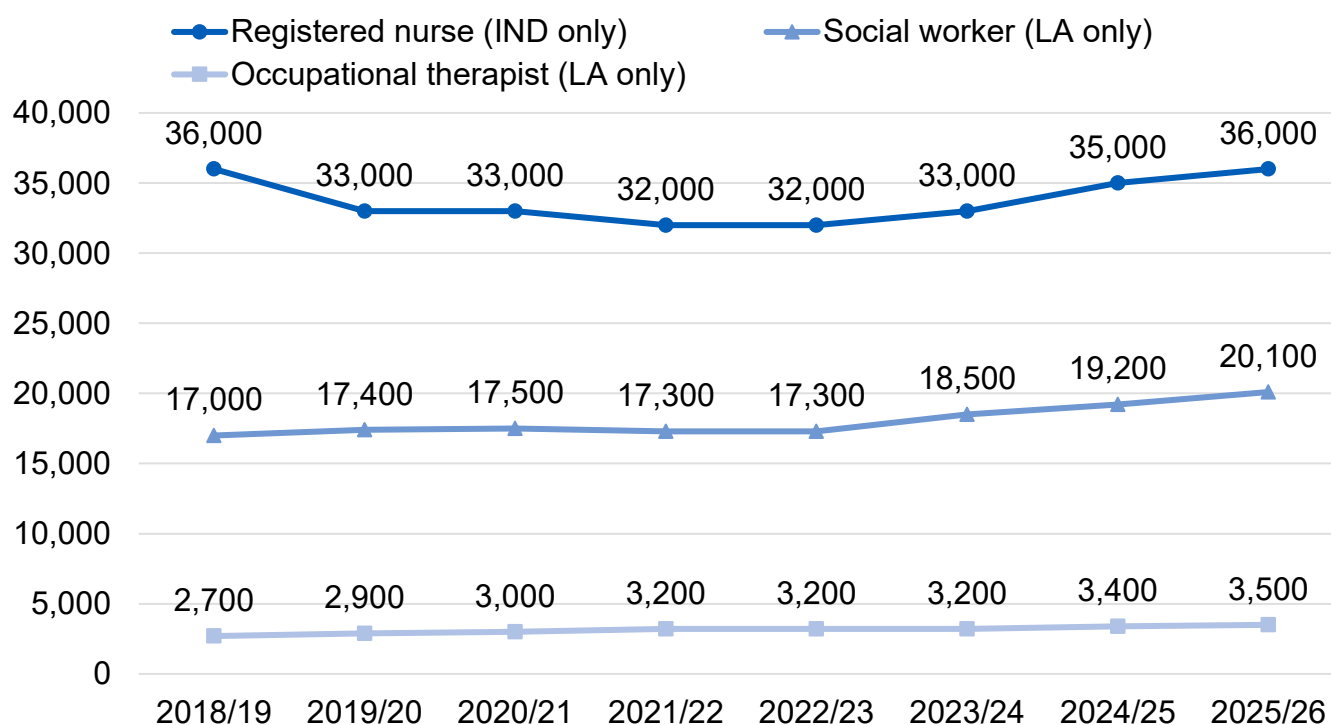
The number of occupational therapist filled posts in the local authority sector increased from 3,400 in 2024/25 to 3,500 in 2025/26. The number of occupational therapists has been steadily increasing since 2018/19, when the number of filled posts was 2,700.

The number of registered nurse filled posts in the independent sector increased from 35,000 in 2024/25 to 36,000 in 2025/26, marking the third consecutive year of growth since 2022/23. Skills for Care provides a range of resources to support employers to attract, develop and retain nurses and nursing associates. This includes our [‘We Are Social Care Nursing’](#) webpage and information about [nursing careers in social care](#).

In July 2025, we published our [‘Strategy to enable social care placements for student nurses and nursing associates’](#), developed in collaboration with the Council of Deans of Health and funded by the Department of Health and Social Care. This aims to support high-quality placement opportunities in social care settings, alongside [resources](#) to help employers develop practice learning environments. These may support future entry and retention of nurses in social care.

Chart 10. Estimated number of filled posts in social worker and occupational therapist roles in the local authority (LA) sector and registered nurse roles in the independent (IND) sector, 2018/19 to 2025/26

Source: Skills for Care estimates



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 is 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 employed within the local authority sector workforce will therefore 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 it is not a specified role in the ASC-WDS.

Some commissioners are also employed by Integrated Care Boards. These commissioners are employed by the NHS, rather than within local authorities, and therefore do not form part of our estimates of the adult social care workforce.

1.2.4 The Care Workforce Pathway

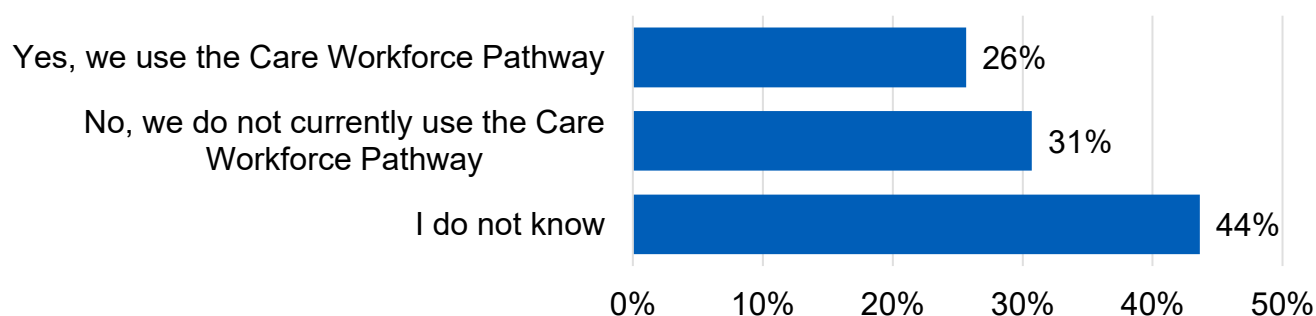
[The Care Workforce Pathway \(CWP\) for adult social care](#) has been developed by Skills for Care in partnership with the Department of Health and Social Care. It outlines the knowledge, skills, values and behaviours needed for a career in adult social care and provides a clear career structure for staff. The pathway is intended to support employers to set out opportunities for staff development and career progression.

Questions related to the CWP were added to the ASC-WDS in June 2025, to explore employers' awareness, use of the Pathway, and reasons for its use. The analysis 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.

Chart 11 shows that just over a quarter (26%) of respondents were using the CWP in their workplace as at March 2026, this is a promising level of uptake as the CWP is relatively new and still embedding into the sector. Skills for Care will continue to monitor this in future and its impact on the workforce.

Chart 11. Proportion of establishments using the Care Workforce Pathway (independent sector only), March 2026

Source: ASC-WDS unweighted data



Respondents reported using the CWP for a range of reasons, as shown by Table 3. Nearly three quarters of respondents who were using the CWP in their workplace reported using it to identify skills and knowledge gaps (74%), and learning and development opportunities amongst their staff (73%). This suggests that the pathway was most commonly used to support the development of the current workforce rather than for recruitment or setting pay rates.

Table 3. Establishments' reasons for using the Care Workforce Pathway (independent sector only), March 2026

Source: ASC-WDS unweighted data

Reason for using the Care Workforce Pathway	
To help identify skills and knowledge gaps in our staff	74%
To help identify learning and development opportunities for our staff	73%
To help define our organisation's values	57%
To help update our job descriptions	56%
To help demonstrate delivery and outcomes to commissioners and CQC	55%
To help update our HR and learning and development policies	53%
To help plan our future workforce	52%
To help with advertising job roles and recruitment	31%
To help set levels of pay	28%
For something else	1%

As these questions were added recently to the ASC-WDS service, they act as an early indicator of how the CWP is being embedded in the sector.

Since the Pathway was published in January 2024, some employers who have implemented it [report benefits](#) including reduced staff turnover, increased manager confidence, and staff feeling clearer about their development. More information about the CWP is available on the Skills for Care [website](#).

Role categories in the CWP

The CWP includes [role categories](#) intended to cover nearly all roles in adult social care that are not regulated health or social work roles. These are role categories, not individual job titles, and organisations may have roles with different names. However, most care providers will have staff in roles that either directly or indirectly link to these categories.

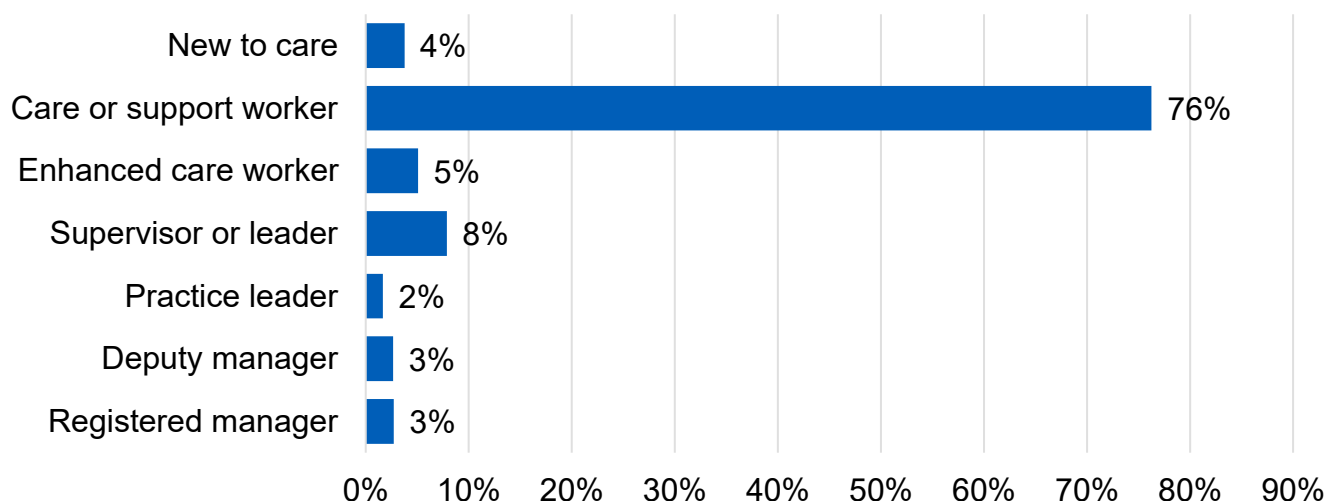
Between January 2024 and April 2025, eight role categories were added to the Care Workforce Pathway. These were:

- New to care (less than one year in role)
- Care or support worker
- Enhanced care worker
- Personal assistant
- Supervisor or leader
- Practice leader
- Deputy manager
- Registered manager.

In June 2025, a question was added to the ASC-WDS to assign workers to these role categories. Chart 12 shows how workers were assigned to the role categories. Of those who were assigned to a role category, over three-quarters (76%) were assigned to the care or support worker role.

Chart 12. Proportion of workers by their role category on the Care Workforce Pathway (independent sector only), March 2026

Source: ASC-WDS unweighted data



In July 2026, 10 additional role categories were [added](#). These were:

Direct role categories:

- Nominated individual
- Care technologist
- Activity coordinator.

Supporting role categories:

- Quality assurance leads
- Learning and development practitioners
- Corporate middle/senior managers
- Admin
- Domestic
- Maintenance
- Catering.

Skills for Care has produced an [infographic](#) showing Care Workforce Pathway progression pathways, including these 10 additional role categories. Additionally, Section 6.6.2 explores this topic further. We will continue working with sector leaders to support implementation of the Care Workforce Pathway and monitor its progress in developing the workforce through analysis of ASC-WDS data.

1.2.5 Adult social care related roles in the NHS

Adult social care-related roles employed by the NHS are not included in the headline statistics for the size of the adult social care workforce. These filled posts are no longer included in our estimates for the size of the adult social care workforce. For more information, visit our [‘Revisions to workforce estimates methodology’](#) statement.

In 2025/26, there were 124,000 adult social care related filled posts in the NHS, including 5,300 social workers and 21,000 occupational therapists. There were also 92,000 direct care filled posts, in this instance mostly describing NHS healthcare assistants. Since 2020/21, the number of adult social care filled posts in the NHS has increased by 19,500 (18.6%). Social worker filled posts increased by 2,000 (58.8%), occupational therapist filled posts increased by 2,500 (13.5%) and direct care filled posts increased by 13,500 (17.1%). You can view more information about these roles and their trends on our ['Size and structure' data visualisation](#).

1.3 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 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 4 shows the total number of filled posts and the number of FTE filled posts by employer type. It shows that in 2025/26, 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 (1.59 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%).

Table 4. Estimated number of adult social care filled posts and FTE filled posts by sector, 2025/26

Source: Skills for Care estimates

Sector	Filled posts	Percentage of filled posts	FTE filled posts	Percentage of FTE filled posts
Total	1,590,000		1,240,000	
Local authority	120,500	8%	99,400	8%
Independent	1,340,000	84%	1,080,000	87%
Direct payment recipients	129,000	8%	61,000	5%

1.4 Number of people working in adult social care

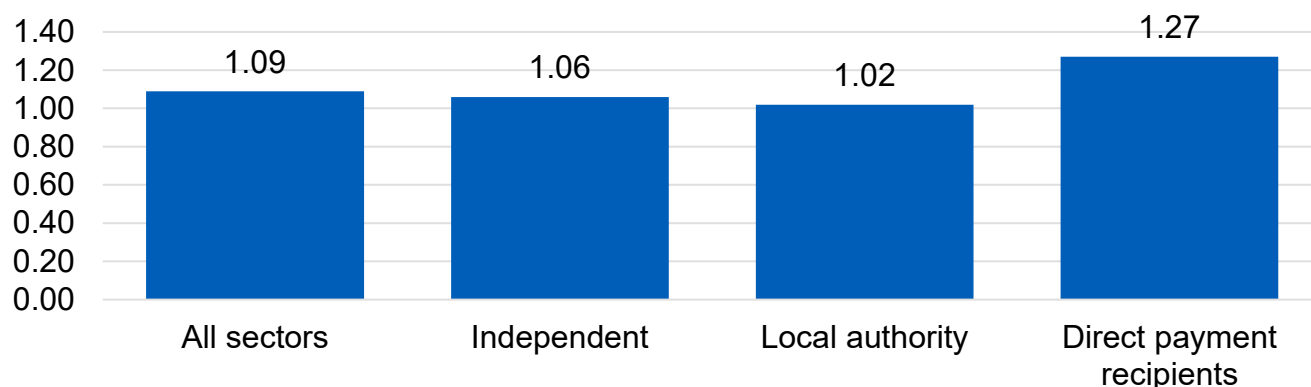
This section distinguishes between the number of filled posts and the number of people filling those posts. This considers people working in multiple posts in adult social care.

The number of people working in adult social care in England in 2025/26 was estimated at 1.46 million. Chart 13 shows the estimated number of filled posts per worker by sector. People employed by direct payment recipients were much more likely to hold more than one adult social care post (127 filled posts per 100 people) than the overall average (109 filled posts per 100 people).

According to the [Labour Force Survey](#), England had an economically active population of 30.8 million people in 2025/26. Therefore, because the adult social care sector employed an estimated 1.46 million people, it is estimated that 4.7% of the economically active population worked within adult social care. In comparison, there were 1.55 million people [working in the NHS](#), as at March 2026.

Chart 13. Estimated number of adult social care filled posts per person by sector, 2025/26

Source: Skills for Care estimates



1.5 Filled posts monthly tracking of the adult social care workforce – official statistics

Skills for Care has developed numerous 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.

This report provides estimates of the number of filled posts as at the end of March each year, up until March 2026. We continue to monitor trends in the number of filled posts in CQC-regulated establishments in the independent sector through our [Filled posts in the adult social care workforce in England: monthly statistics](#). These monthly figures are an official statistic, providing a regular and transparent view of recent changes in filled posts. They are also in the assessment process to become an accredited official statistic.

Between March 2026 and August 2026, the CQC-regulated independent sector continued to grow, with the number of filled posts increasing by 0.4 percentage points over this period to an estimated 1.175 million filled posts.

1.6 People who receive care and support

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

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

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

Although this methodology represents an improvement on the previous approach, it does not fully capture the complexity of the sector. For example, some establishments provide services for people with multiple care and support needs, but they have been categorised according to what is considered most likely to be their primary purpose. Skills for Care continues to explore ways of describing the workforce and sector according to the care and support needs of people who draw on services. This change in methodology can also be found in our '[Revisions to workforce estimates methodology](#)' statement.

Table 5 below shows the estimated number of filled posts by sector split between services by care and support need. Nearly three-quarters (74%) of all filled posts were in services providing support to older people. However, this varied by sector, with less than a third (31%) of filled posts working for direct payment recipients providing support for older people.

Filled posts in services supporting people with learning disability and/or autism needs also varied by sector. In the local authority sector, 5% of filled posts provided care for adults with a learning disability and/or autism need, while this was 11% and 34% of filled posts in the independent and direct payment recipient sectors respectively.

Table 5. Estimated filled posts by care and support need by sector, 2025/26

Source: Skills for Care estimates

	All sectors	Local authority	Independent	Direct payment recipients
All filled posts	1,590,000	120,500	1,340,000	129,000
Older people services				
Total: older people services	1,180,000	90,200	1,050,000	40,000
Dementia	885,000	68,600	810,000	3,600
Older people: non-dementia	295,000	21,500	239,000	37,000
Services for adults				
Total: services for adults	410,000	30,300	290,000	89,000
Learning disability and/or autism	194,000	6,300	144,000	44,000
Mental health	47,000	1,300	37,000	8,400
Learning disability and/or autism <u>and</u> mental health	71,000	2,000	69,000	<10
Services for adults: other	98,000	20,700	40,000	37,000

Table 6 below shows estimated filled posts by care and support need by main service. Over three-fifths (61%) of filled posts in residential services supported older people with dementia care needs, while this was only 23% in day care services. Over half (52%) of day services provided support for adults, compared with 26% of all services.

Table 6. Estimated filled posts by care and support need by main service, 2025/26

Source: Skills for Care estimates

	All services	Residential	Day	Domiciliary	Community
All filled posts	1,590,000	715,000	23,500	725,000	122,000
Older people services					
Total: older people services	1,180,000	555,000	11,500	540,000	74,000
Dementia	885,000	440,000	5,300	390,000	51,000
Older people: non-dementia	295,000	116,000	5,900	152,000	22,500
Services for adults					
Total: services for adults	410,000	163,000	12,000	186,000	49,000
Learning disability and/or autism	194,000	91,000	8,500	81,000	14,000
Mental health	47,000	30,000	100	13,500	3,500
Learning disability and/or autism <u>and</u> mental health	71,000	30,000	2,100	36,000	3,000
Services for adults: other	98,000	13,000	1,600	55,000	28,000

1.7 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 2025/26, calculated using ASC-WDS information, was around £33.6 billion (an increase of 7.5% from 2024/25). 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).

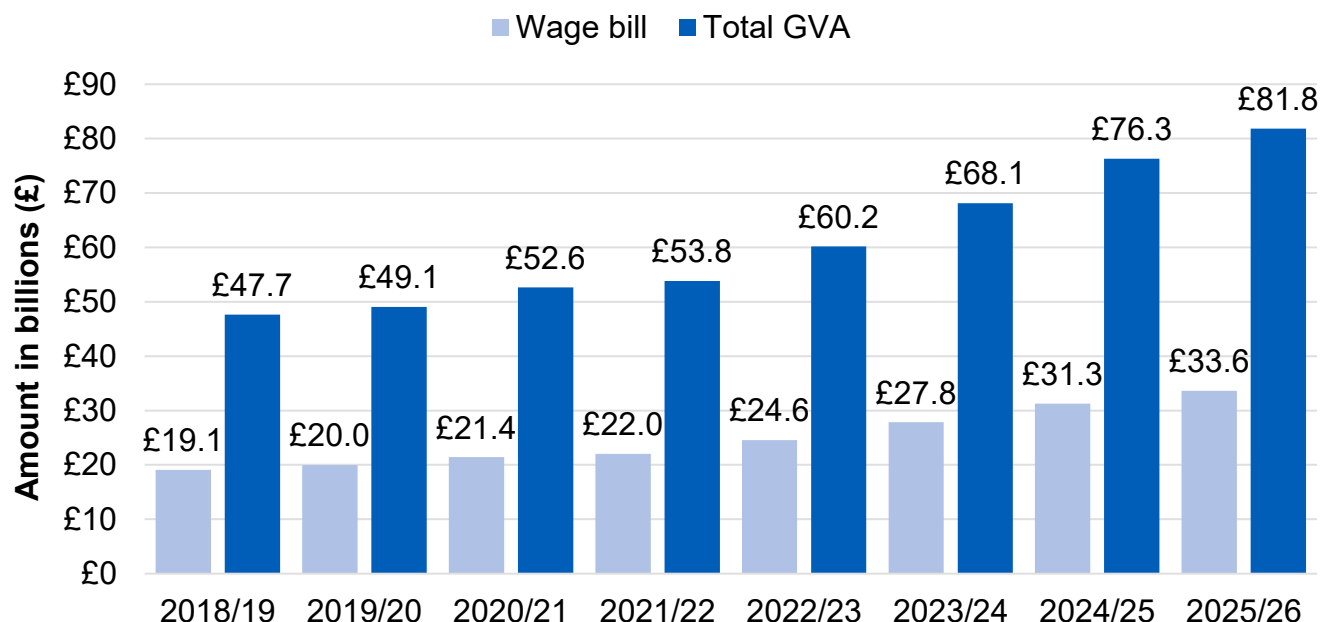
The increase in the wage bill was largely driven by the increase in the size of the workforce, up by 1.4% (22,000 filled posts) and the increase in National Living Wage (NLW), up by 6.7% (£0.77). On 1 April 2025, the NLW rose from £11.44 per hour to £12.21 for workers aged 21 and over. An increase in the proportion of workers in full-time roles 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 – National Living Wage and Real Living Wage.

Chart 14 shows the adult social care wage bill and total GVA. The adult social care sector was estimated to contribute £81.8 billion GVA per annum to the economy in England (up 7.3% from 2024/25). 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 was in 2024 according to data collected by the ONS (£73.0 billion).

Chart 14. Estimated adult social care wage bill and total GVA, 2018/19 to 2025/26

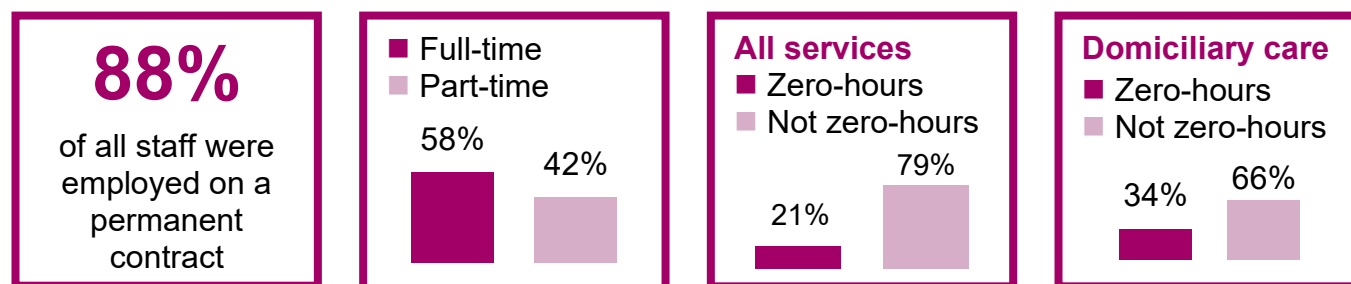
Source: Skills for Care estimates



2. Employment overview



This chapter 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 10 (88%) of the adult social care workforce in 2025/26 were employed on permanent contracts (1.40 million filled posts).
- Over half of the workforce (58%) worked full-time hours (920,000 filled posts) and 42% worked part-time hours (670,000 filled posts).
- Around a fifth of the workforce (21%) were employed on a zero-hours contract (325,000 filled posts). This was highest among workers in domiciliary care services where 34% were employed on a zero-hours contract (202,000 filled posts) and was even higher for care workers in domiciliary care services where 44% were employed on zero-hours contracts.
- The proportion of workers in local authority and independent sectors employed on a zero-hours contract has decreased over time. In 2025/26, 20% of workers in these sectors were employed on a zero-hours contract, down from 22% in 2020/21.
- Around a quarter (26%) of independent sector employers that responded in the Adult Social Care Workforce Data Set (ASC-WDS) reported that they contribute more than the minimum 3% to their care workers' pensions.
- Around a quarter (24%) of independent sector employers that responded in the ASC-WDS reported that they pay care workers more than [Statutory Sick Pay](#) if they cannot work because of illness.
- As at March 2026, the median number of annual leave days given to full-time care workers was 28. Around 42% of local authority establishments gave full-time care workers 29 days or more of annual leave, compared to 12% in the independent sector.

All employment conditions analysed in this chapter contribute to a workers' wellbeing at work. Hours, contract type and extra benefits such as pension contributions and sick pay are key parts of an employment contract. Understanding employment information is useful because it provides insight into the employment practices used in the adult social care sector.

The [Employment Rights Act](#) became law in December 2025. Skills for Care recognises the importance of this legislation for the adult social care workforce, as social care roles are among the lowest paid in the economy (see Section 5.1.6). We have been supporting the Department of Health and Social Care as an active member of the Fair Pay Agreement working group. Our role is to provide evidence and advice, and to advocate for the sector.

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 have analysed how employment patterns relate to turnover. To review this analysis, see Chapter 9 – Factors affecting staff turnover and CQC assessment 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 workers are not included in trended analysis, as historical information is not available.

2.1 Employment status

The majority of the adult social care workforce (88%) were employed on permanent contracts in 2025/26, as shown in Table 7. Employment status varied by job role. Senior managers (96%), registered managers (98%) or deputy managers (97%), and senior care workers (95%) were more likely to be employed on permanent contracts than other roles.

'Indirectly employed' staff include workers on bank, pool, agency and/or other contract types. In 2025/26, fewer than one in 10 (9%) of the adult social care workforce were employed in this way. Employers relied more on indirectly employed registered nurses (16%) than other roles, with most of the indirectly employed registered nurses employed on bank or pool contracts.

Table 7. Estimated employment status of the adult social care workforce by selected job roles, 2025/26

Source: Skills for Care estimates

	Permanent	Temporary	Indirectly employed
All job roles	88%	3%	9%
Senior management	96%	1%	2%
Registered manager	98%	1%	1%
Deputy manager	97%	1%	2%
Social worker	83%	6%	11%
Occupational therapist	88%	3%	9%
Registered nurse	84%	<0.5%	16%
Senior care worker	95%	1%	4%
Care worker	86%	3%	11%
Community support and outreach	87%	3%	10%
Support worker	85%	2%	13%
Personal assistant	90%	3%	7%

ASC-WDS data reflects a snapshot in time. This means these estimates show the average number of indirectly employed workers in post on the day the employer completed the return. The total number of indirectly employed workers used during a full year will be much higher. For example, an establishment may use several agency workers during the year, even if none are in post on the date the ASC-WDS return is completed.

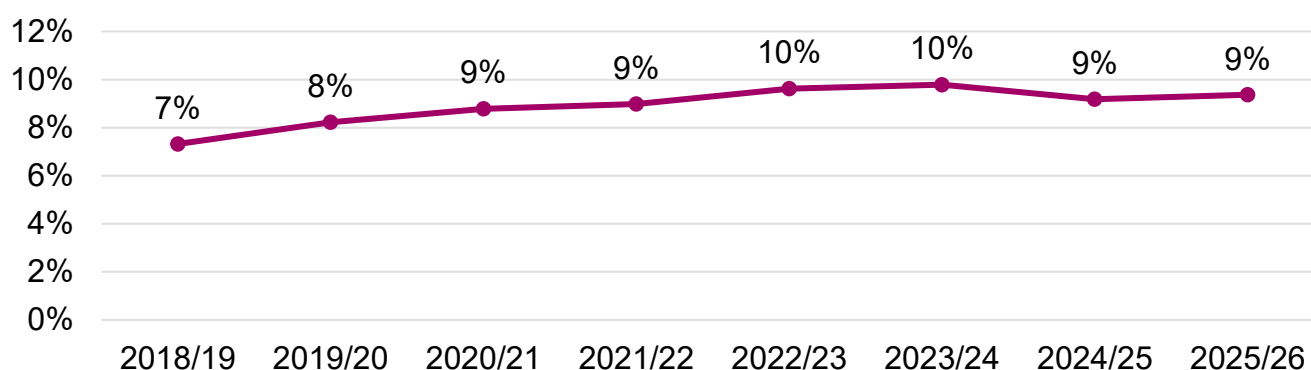
Social workers also had a high proportion of indirectly employed staff in 2025/26 (11%), most of whom were agency workers. For more information, see our [‘Headline social worker information’](#) report, which focuses on social workers employed in the local authority sector, where the majority of social workers are employed.

In the local authority and independent sectors, employment status was broadly similar in each region across England. Permanently employed workers accounted for between 88% and 91% of the workforce in most regions. However, in London, this was slightly less at 83%. As a result, London had the highest proportion of indirectly employed staff (13%).

Chart 15 shows the annual trend of the indirectly employed adult social care workforce across the local authority and independent sectors. The proportion of indirectly employed staff increased from 7% in 2018/19 to 10% in 2022/23. Since then, the rate has remained stable at around 9% through to 2025/26.

Chart 15. Estimated proportion of indirectly employed staff in the adult social care workforce (local authority and independent sectors only), 2025/26

Source: Skills for Care estimates



2.2 Full-time/part-time status

Over half of the adult social care workforce (58%) worked full-time hours (32 or more hours per week). The remaining 42% worked part-time hours (0.5 to 31.5 hours per week). This represents a higher level of part-time working than in the economically active population in England in 2025/26, where 75% of workers were full-time and 25% were part-time.

This shows that adult social care depends more on part-time workers than the wider workforce does. This may help services support people who need care at different times of the day. Adult social care staff often work evenings, weekends and nights, so some part-time workers may also work irregular hours.

Chart 16. Estimated full-time/part-time status of the adult social care workforce and the economically active population in England, 2025/26

Source: Skills for Care estimates, Labour Force Survey 2025/26

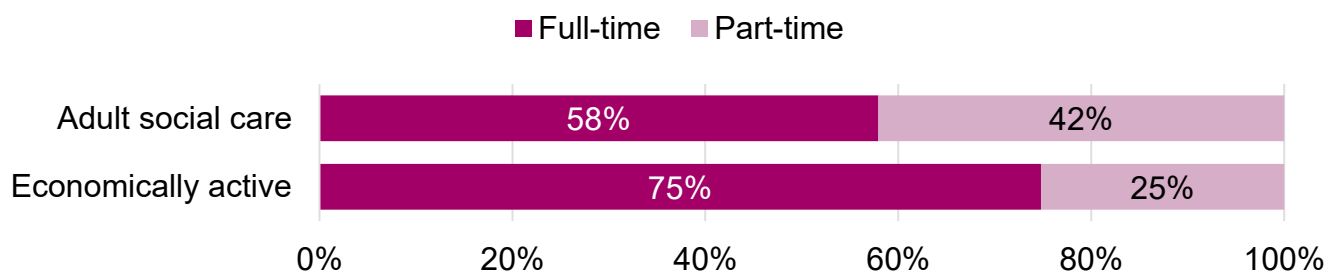
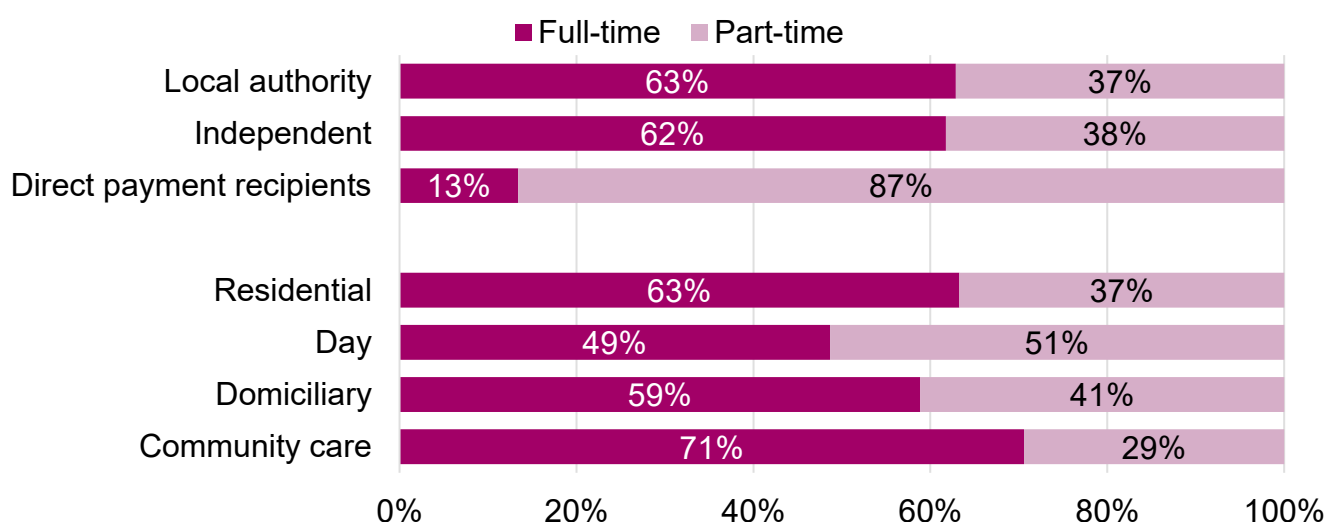


Chart 17 shows that nearly two-thirds of workers were full-time in both the local authority (63%) and independent sectors (62%). Personal assistants employed directly by direct payment recipients had the lowest proportion of workers with full-time hours (13%) of any job role shown. This is likely due to the nature of the work involved in these roles. 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 19% held more than one personal assistant post.

Day services had a similar proportion of part-time workers (51%) compared to full-time (49%). 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 (63% and 59% respectively).

Chart 17. Estimated full-time/part-time status of the adult social care workforce by sector and main service type, 2025/26

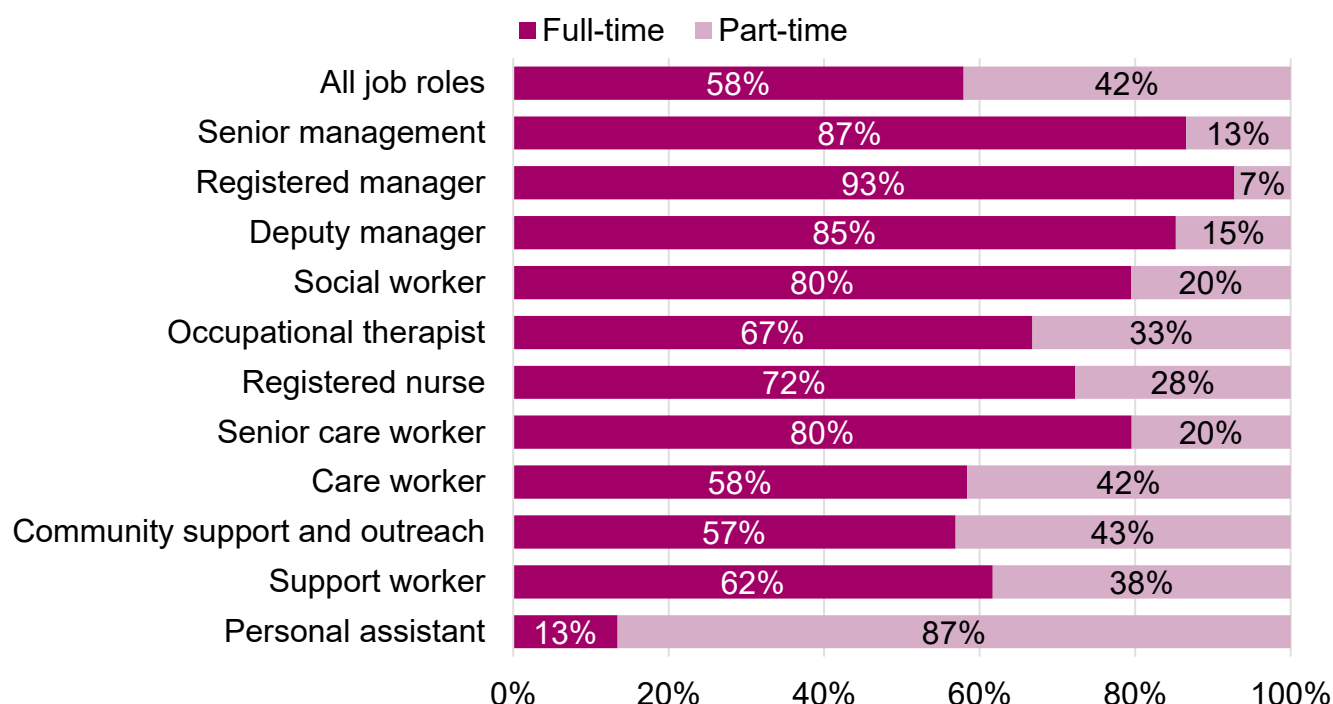
Source: Skills for Care estimates



There was more variation in full-time or part-time status across different job roles. Chart 18 shows that registered managers were most likely to work full-time (93%), as did a large proportion of deputy managers (85%) and senior management staff (87%). In contrast, those in direct care roles were less likely to work full-time than other roles. This included 58% of care workers and 57% of community support and outreach workers.

Chart 18. Estimated full-time/part-time status of the adult social care workforce by selected job roles, 2025/26

Source: Skills for Care estimates

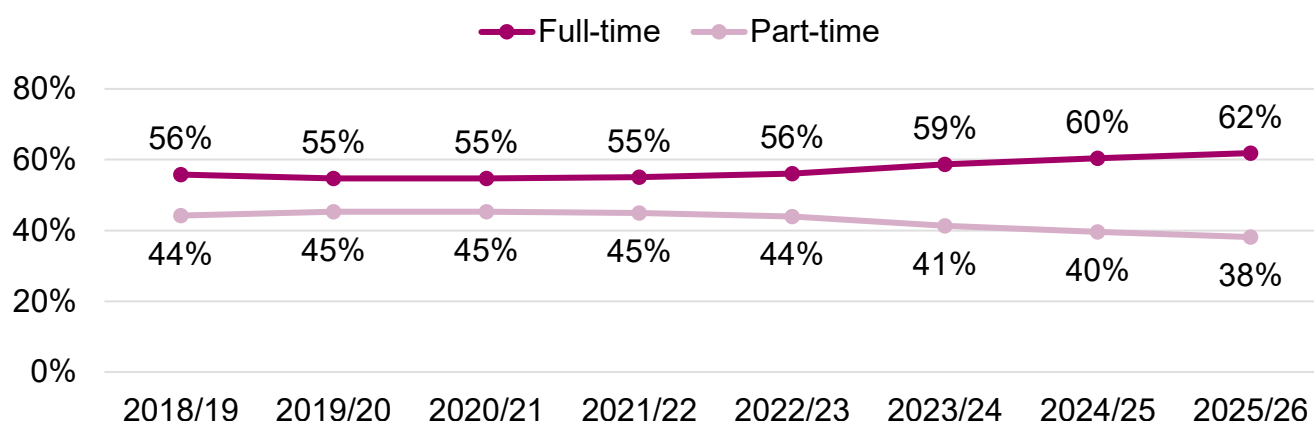


In the local authority and independent sectors in 2025/26, 62% of workers were employed full-time and 38% part-time. This was a slight increase from 2024/25, when 60% worked full-time and 40% worked part-time, as shown in the chart below. The proportion of staff working full-time was similar between 2018/19 and 2022/23 but has since increased to the current peak of 62%, while part-time working has decreased.

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

Chart 19. Estimated trend of full-time/part-time status of the adult social care workforce, 2018/19 to 2025/26

Source: Skills for Care estimates



2.3 Zero-hours contract status

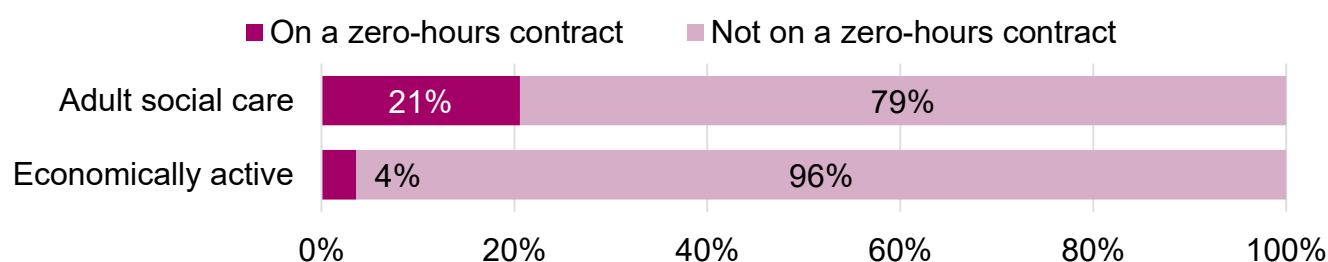
A zero-hours contract is a contract where the employer does not have to offer a minimum number of working hours. This contract type is common in adult social care – especially among domiciliary care providers. It can help manage changing demand for services, including the risk of losing contracts, or as a short-term response to staff shortages caused by turnover or sickness. A worker on a zero-hours contract may still work full-time or part-time hours and may have either a permanent or temporary contract.

A zero-hours contract can be considered a form of insecure work and may create financial uncertainty for workers. Section 9.1.9 of this report shows that care workers on zero-hours contracts are more likely to leave their roles. This suggests that some workers value guaranteed hours. However, zero-hours contracts can also work well for some people because they offer greater flexibility and can fit around study, family or caring responsibilities.

Chart 20 shows that just over a fifth of the adult social care workforce (21%, or around 325,000 filled posts) were employed on a zero-hours contract in 2025/26. This compares with 4% of workers in the economically active population, according to the [Labour Force Survey](#).

Chart 20. Estimated zero-hours contract status of the adult social care workforce and the economically active population in England, 2025/26

Source: Skills for Care estimates, Labour Force Survey 2025/26

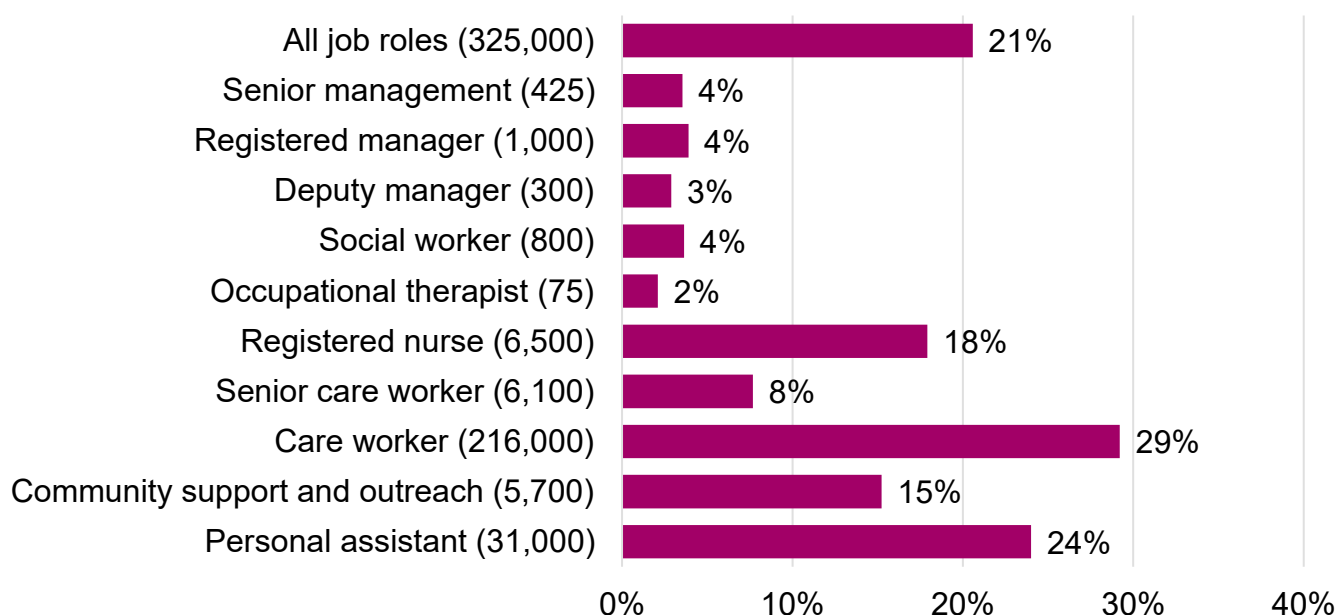


The proportion of the adult social care workforce employed on a zero-hours contract varied by job role. Chart 21 shows the proportion of workers on a zero-hours contract, with the estimated number of zero-hours contract filled posts in brackets for further context. The lowest proportion of staff employed on a zero-hours contract were workers in manager roles (between 3 and 4%), 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 (24%) and registered nurses (18%).

Chart 21. Estimated number and proportion of workers in the adult social care sector employed on a zero-hours contract by selected job role, 2025/26

Source: Skills for Care estimates

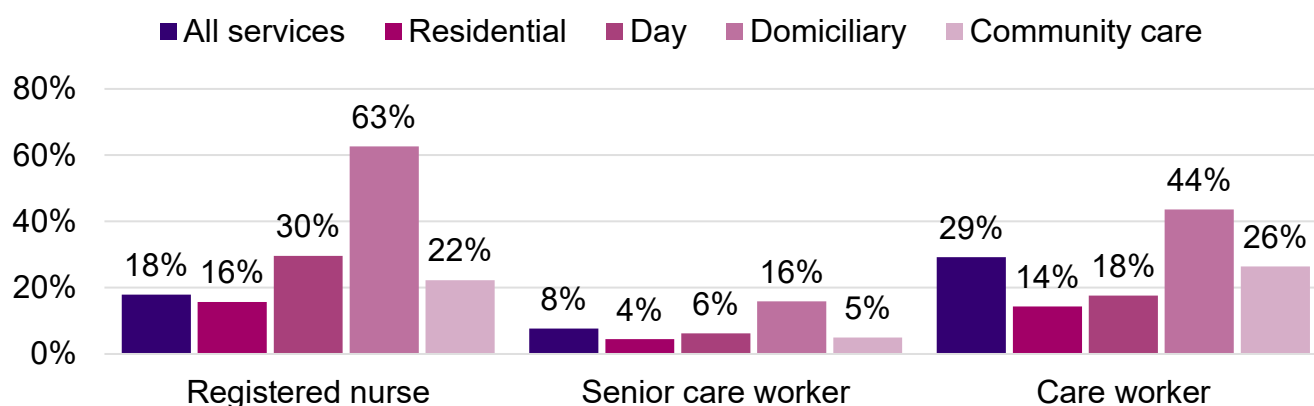


As well as variation by job role, there were also notable differences between care service types. Domiciliary care services have historically had the highest proportion of workers on zero-hours contracts. In contrast, residential, day care and community care services generally had lower proportions of zero-hours staff across different job roles in 2025/26 compared to domiciliary care services.

Chart 22 shows registered nurses, senior care workers and care workers by main service type. Around 63% of registered nurses and 44% of care workers in domiciliary care services were employed on zero-hours contracts. However, most registered nurses in adult social care worked within residential care services (35,000 filled posts, or 95%), with fewer working in domiciliary care (1,700 filled posts, or 5%). Therefore, the high percentage of registered nurses on zero-hours contracts in domiciliary care (63%) represents a relatively small number of filled posts (around 1,000).

Chart 22. Estimated proportion of workers in the adult social care sector on a zero-hours contract by main service type and selected job role, 2025/26

Source: Skills for Care estimates



[Research](#) conducted by the Living Wage Foundation found that almost one in five workers (19%) across all employment sectors were in insecure work in 2023. Their definition of ‘insecure work’ included workers on zero-hours contracts and people who reported working fewer than 16 hours per week despite wanting to work more.

Although the ASC-WDS does not ask workers whether they would like to work more hours, it can be used to estimate the number of roles with low contracted hours. We estimate that around 380,000 filled posts (28%) in the adult social care independent sector were either on a zero-hours contract or had contracted hours of 16 hours per week or fewer in 2025/26. Not all zero-hours roles involved a low number of hours. Skills for Care workforce estimates show that around 30% of zero-hours roles offered an average of 16 hours per week or fewer.

These figures should not be interpreted as a measure of insecure work, as the ASC-WDS does not capture whether workers would prefer to work additional hours. Some workers contracted for 16 hours per week or fewer may wish to increase their hours, while others may have chosen to work fewer hours.

In 2025, Skills for Care and the University of Kent, in partnership with Ipsos, conducted the second wave of the [Adult social care workforce survey](#). Workers responded to the survey themselves, giving insight into their experiences of employment status and contract types. The top five job-related benefits and conditions found in the survey were paid annual leave, flexible working hours, pay for training time and courses, guaranteed hours and additional pay for anti-social hours. For more information, see the [full analysis of the results](#).

2.3.1 Zero-hours contract status trends

In 2025/26, 20% of staff in the local authority and independent sectors were employed on a zero-hours contract. This was the same proportion as in 2024/25. It was slightly lower than the level seen between 2018/19 and 2022/23, when the proportion was 22%.

The chart below shows the proportion of staff in domiciliary care services on a zero-hours contract. The proportion of staff on zero-hours contracts has steadily decreased since 2018/19, falling from 46% to 41% by 2022/23. Since then, it has decreased further to 36% in 2023/24 before levelling off at 34% in both 2024/25 and 2025/26, the lowest points across the period. This reflects a sustained reduction in reliance on zero-hours contracts within domiciliary care services.

Chart 23. Estimated proportion of zero-hours contracts in domiciliary care services, 2018/19 to 2025/26

Source: Skills for Care estimates

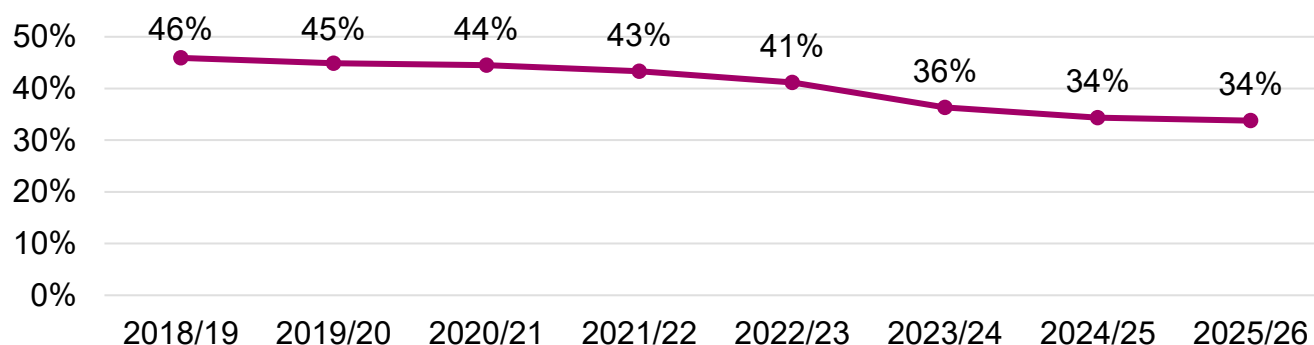


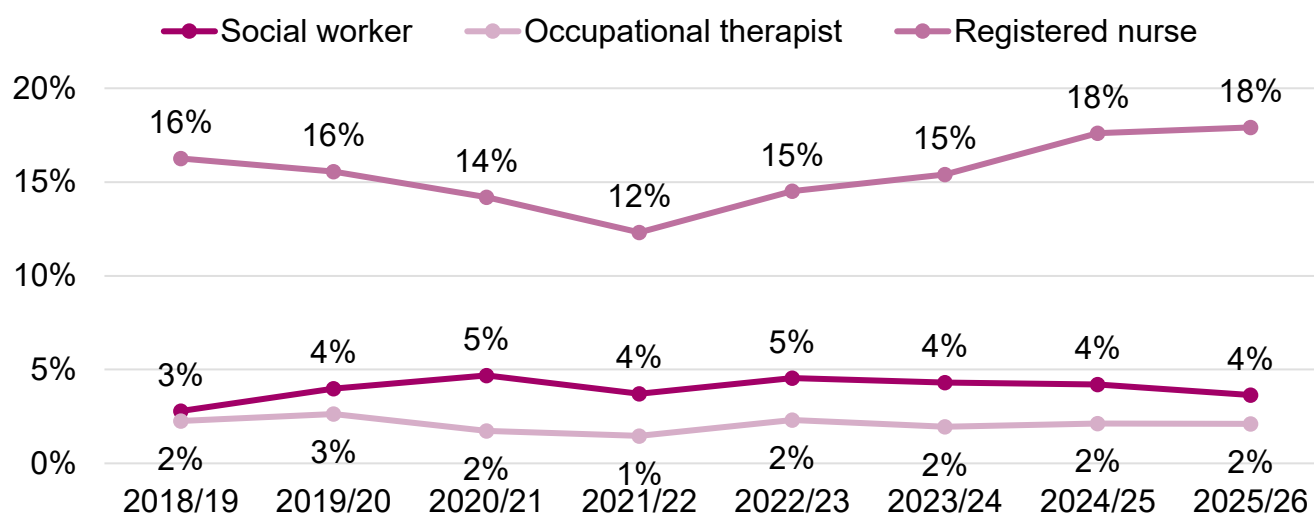
Chart 24 below shows the proportion of staff in regulated profession roles employed on zero-hours contracts within the local authority and independent sectors from 2018/19 to 2025/26. Registered nurses consistently had the highest proportion of zero-hours contracts over this period. The proportion fell from 16% in 2018/19 to 12% in 2021/22, then rose to 18% in 2024/25 and stayed at this level in 2025/26.

By contrast, social workers and occupational therapists had much lower and more stable proportions of workers on zero-hours contracts. Social worker posts fluctuated between 3% and 5% and have stayed at 4% since 2023/24. Occupational therapists remained lower, between 1% and 3% and have stayed at 2% since 2022/23.

These trends show that zero-hours contracts remain more common among registered nurses than among other regulated professions. Registered nurses are predominantly employed in the independent sector, whereas social workers and occupational therapists are usually employed within the local authority sector. Overall, local authorities use fewer zero-hours contracts (5%) than the independent sector (22%).

Chart 24. Estimated proportion of staff in regulated professions roles employed on a zero-hours contract trend by selected job role (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates

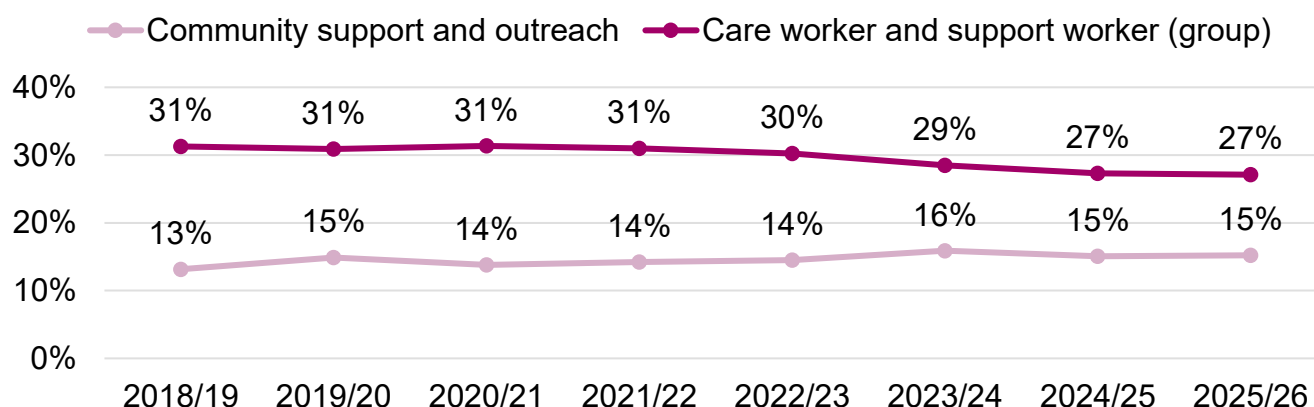


Direct care related roles usually had a higher proportion of staff employed on zero-hours contracts. The chart below shows the trend for selected job roles in this group.

In June 2024, the support worker role was added to the ASC-WDS. Many workers now recorded under this role were previously recorded as care workers. To keep the trend consistent over time, the chart groups the care worker and support worker roles together. In 2025/26, around 27% of staff in the 'care worker and support worker' group were employed on zero-hours contracts. This was 4 percentage points lower than in 2018/19.

Chart 25. Estimated proportion of staff in selected direct care roles employed on a zero-hours contract (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates



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 Chapter 8 – International recruitment, for more information).

2.4 Delegated healthcare activities

Delegated healthcare activities (DHAs) are activities that a regulated healthcare professional delegates to a colleague in a non-regulated job role. The regulated professional may be a registered nurse, nursing associate, occupational therapist, physiotherapist, speech and language therapist or paramedic. Delegation should only happen after a clinical assessment of a person's needs. It must be safe, appropriate and in the person's best interests.

2.4.1 Who undertakes DHAs in adult social care

DHAs are carried out in a range of adult social care settings. They are usually undertaken by:

- Senior care workers
- Care workers in regulated services who have received appropriate training and competency assessment.
- Enhanced care workers, whose role aligns closely with delegation practice (this Care Workforce Pathway role category is explored further in Section 1.2.4).
- Personal assistants employed by individual employers.
- Other direct care roles where the employer has established delegation arrangements.

Skills for Care received anecdotal evidence from the sector in 2025/26, that indicated many care providers were already undertaking elements of delegation, although not always through a formalised process. This has contributed to variation in interpretation, governance, training routes and clarity around roles and responsibilities.

To support consistent adoption, Skills for Care has produced a range of [supporting resources](#) in partnership with the Department of Health and Social Care and other sector stakeholders. These include a [governance toolkit](#), [short guides](#) and a [decision tree](#).

2.4.2 Definitions and principles

National [guiding principles](#) for delegation were co-developed by Skills for Care, the Department of Health and Social Care and other partners, including the Care Quality Commission (CQC), in 2023 and reviewed in 2024. They set out expectations for safe and effective delegation across four areas:

- Person Centred Care.
- Governance, regulation and accountability.
- Learning, development, skills and competency.
- Monitoring and review.

There is no fixed list of activities that can or cannot be delegated. The decision to delegate a healthcare activity should be person-centred and based on the individual's circumstances and desired outcomes, alongside clinical judgement about whether the activity is safe and appropriate. This means that an activity that is right for one person may not be right for another, even where their needs or health conditions appear similar.

Although delegation is always person-specific, examples of activities that may be delegated include: supporting skin integrity and wound care, supporting medication management, catheter care and routine maintenance, and supporting a person to use a mental health crisis plan.

2.4.3 Estimated number of establishments providing DHAs

In 2025/26, an estimated 17,000 CQC-regulated establishments across England had non-nursing staff who carried out DHAs. This was equivalent to 59% of establishments that said they did carry out DHAs, compared with 41% that said they did not.

The proportion of establishments providing DHAs was similar across the nine regions. London had the lowest proportion (49%), while Yorkshire and the Humber had the highest proportion (64%). Care homes with nursing had the highest proportion of establishments where non-nursing staff carried out DHAs (65%), compared with care only homes (60%) and non-residential services (56%).

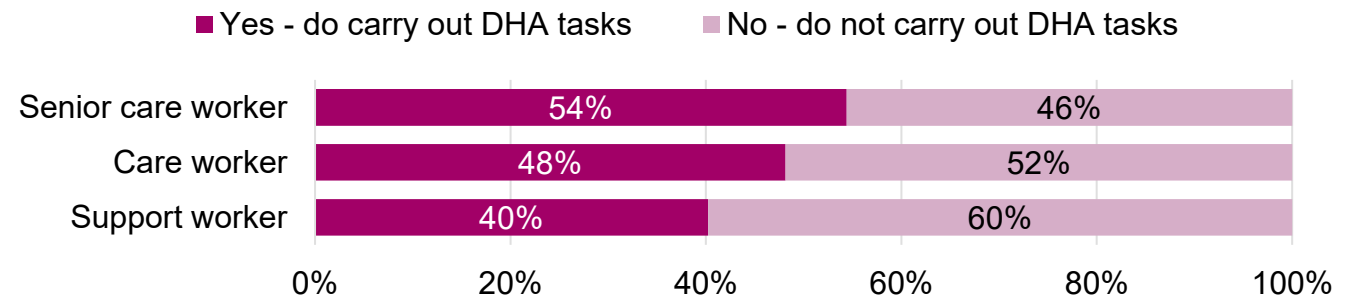
2.4.4 Number of non-nursing staff carrying out DHAs

In 2025/26 an estimated 46% of direct care workers were recorded as having carried out DHAs, which varied by job role. As shown in Chart 26 this included around 54% of senior care workers and 48% of care workers. Support workers (40%) were less likely to carry out DHAs.

In the [Adult social care workforce survey](#) conducted in collaboration with Skills for Care and the University of Kent in partnership with Ipsos, it was reported that 59% of people in direct care roles said they sometimes or often carried out DHAs. This is higher than Skills for Care’s estimate for direct care workers (46%). It should be noted that the survey was completed by the worker themselves and the ASC-WDS is completed by the employer on behalf of their workforce, which could account for some of the difference.

Chart 26. Proportion of non-nursing staff in direct care roles carrying out DHAs by selected job roles (independent sector only), 2025/26

Source: Skills for Care estimates



2.5 Enhanced care worker workplace pension

A workplace pension is set up by an employer for their workers. Employers make contributions on behalf of their staff. Employers use different pension providers and schemes, and contributions can vary by job role, salary and other workplace benefits. Workers also contribute to their workplace pension, but the amount they contribute varies by individual.

Since April 2019, the [minimum employer contribution](#) for a workplace pension has been 3%. The minimum worker contribution is 5%, making a total minimum contribution of 8% of qualifying earnings.

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

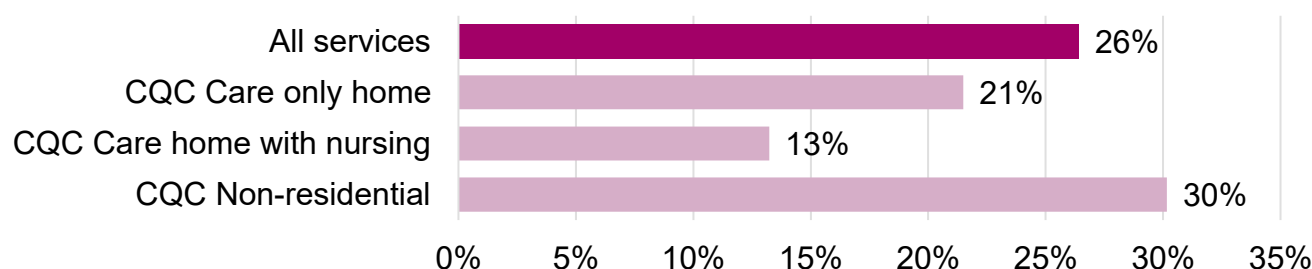
In 2025/26, 7,400 CQC regulated independent sector establishments responded to the question. Among these establishments, 25% reported that they contributed more than the minimum 3%, while 75% did not. Responses varied by main service type. Almost a third (30%) of CQC non-residential services contributed more than the minimum 3%. CQC care only homes and CQC care homes with nursing were less likely to contribute more (21% and 13% respectively).

Responses from local authority employers differed substantially from those of independent sector employers, with 99% reporting that they contributed more than the minimum 3% to workplace pensions. As a result, local authority employers have been excluded from the analysis presented here, which focuses on CQC regulated independent sector establishments. This means the findings are not directly comparable with those published in 2025.

In April 2026, a further question was added to the ASC-WDS. This asked employers that contribute more than the minimum 3% to give the actual amount they contribute. There is not yet enough data to analyse this, but Skills for Care will continue to monitor it.

Chart 27. Proportion of establishments contributing more than 3% into care worker workplace pensions by main service (independent sector only), 2025/26

Source: ASC-WDS unweighted data



For comparison, the NHS Pension Scheme employer contribution rate was 23.7% of pensionable pay in 2025/26. This is substantially higher than the minimum employer pension contribution of 3%. For more information, see the [NHS Employers website](#).

2.6 Enhanced care worker sick pay

Statutory Sick Pay is the minimum amount of sick pay that an employer must legally pay eligible staff if they cannot work because of illness. Between April 2025 and March 2026, a worker would receive £118.75 per week for up to 28 weeks. A worker cannot receive less than the statutory amount if they are eligible, but they 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](#).

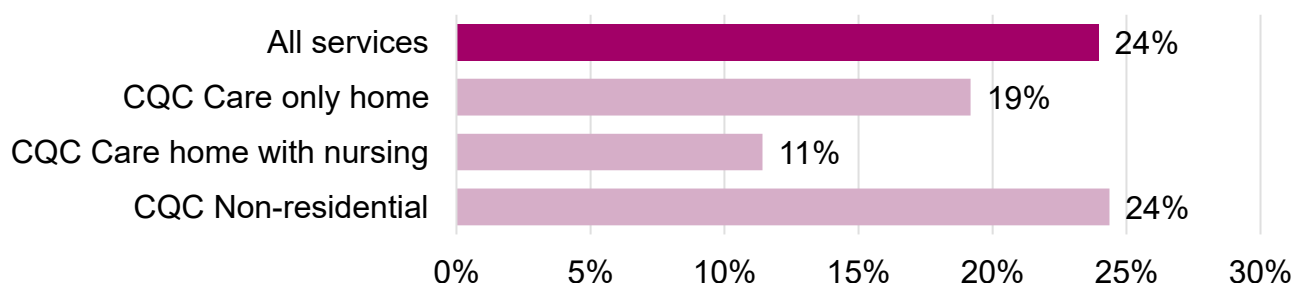
In August 2023, a question was added to the ASC-WDS to look at sick pay for care workers. Employers were asked: **Do you pay your care workers more than Statutory Sick Pay if they cannot work because of illness?**

In 2025/26, around 21% of establishments said that they paid their care workers more than Statutory Sick Pay while 79% did not. Please note, this analysis relates to the independent sector only. There were variations in enhanced sick pay across adult social care service types, as shown in the chart below CQC care homes with nursing were much less likely to pay their care workers more than Statutory Sick Pay (11%) compared to CQC non-residential (24%) and CQC care only homes (19%).

Responses from local authority employers differed substantially from those of independent sector employers, with 95% reporting that they paid more than Statutory Sick Pay. As a result, local authority employers have been excluded from the analysis presented here, which focuses on CQC regulated independent sector establishments. This means the findings are not directly comparable with those published in 2025.

Chart 28. Proportion of establishments that pay care workers more than Statutory Sick Pay by main care service (independent sector only), 2025/26

Source: ASC-WDS unweighted data



Enhanced pension and sick pay can affect a person's decision to take or leave a job. Analysis of care workers in the independent sector and whether they are more likely to leave their role

depending on some employment conditions is shown in Chapter 9 - Factors affecting staff turnover and CQC assessment ratings.

2.7 Care worker annual leave

Annual leave, also called statutory leave entitlement, is a legal right for people in the UK [for people who are classed as workers](#). The UK Government defines workers as people 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, equal to 28 days for workers who work a five-day week. Employers may also choose to give more than this and annual leave entitlement may include bank holidays. 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?**

Using unweighted ASC-WDS data, as at March 2026, 9,900 establishments 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 42% of local authority establishments gave 29 days or more annual leave, compared with 12% in the independent sector.

Table 8. Median average and distribution of number of days of annual leave for full-time care workers by sector (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

	Median days	28 days or below	29 days or more
Local authority	28	58%	42%
Independent	28	88%	12%

While the statutory minimum annual leave entitlement is 28 days for a full-time worker, this is based on a five-day working week. Some employers define full-time hours differently (for example, four longer days), meaning the legal minimum may be pro-rated to fewer than 28 days. In these cases, entitlement is calculated according to the number of days or hours worked rather than the job being labelled as full-time.

3. Recruitment and retention



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

22.1%

turnover rate
in 2025/26

50%

of recruitment
was from within
adult social care

9.0

average years of
experience in the
sector

6.2%

vacancy rate
(96,000 vacant
posts)

Key findings

- The vacancy rate decreased steadily from a peak of 10.4% in 2021/22 to 6.2% in 2025/26, with the number of vacant posts falling by around 54,000 over the period.
- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 22.1%, equivalent to approximately 320,000 leavers over the year. Many of those who leave their roles remain within the sector, as half (50%) of recruitment is from within adult social care.
- The turnover rate for the 'care worker and support worker' group was 26.9% in 2025/26, the lowest point over the reporting period.
- The average number of sickness days lost in the previous year was 4.9 per employee, which equates to approximately 7.2 million days lost due to sickness in 2025/26.

The information for 2025/26 shown in this report was gathered from local authorities in September 2025, and from independent sector employers between April 2025 and March 2026. Personal assistants working for direct payment recipients returned information in February 2026 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 local authority and independent sectors**, as personal assistant data is based on a relatively small sample, so precise trends between years for these variables cannot be produced.

The high-quality workforce intelligence that we collect and analyse is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing statistical, rather than just anecdotal, evidence. It has also been used to develop [resources to support recruitment](#) within the sector.

Employers who [sign up to the Adult Social Care Workforce Data Set \(ASC-WDS\)](#) can compare their workforce turnover rate, vacancy rate, pay, sickness and qualifications against those of other employers in their local area using our benchmarking 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, one that is 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 our Information team](#).

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 is vital that the adult social care sector can attract and retain staff 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. 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.

3.1.3 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](#). We've launched [A positive culture toolkit](#) to support managers and staff to understand positive workplace culture and how to achieve it. Further information and support on retaining your workforce can be found on our [website](#). Turnover rates are not universally high in the sector, however. Around 23% 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 believed contributed to their success in 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%), and involving colleagues in decision-making (81%).

In March 2026 we also published '[Recruitment and retention in adult social care, within and across systems](#)', a report researched by the Evaluation and Policy Analysis Unit at Edge Hill University on behalf of Skills for Care. The research brought together multiple sources of evidence, including a [rapid evidence review](#), two national surveys involving 29 providers and 21 system stakeholders and in-depth interviews with 10 providers and 28 system stakeholders. Findings from across these sources were triangulated to identify the strongest and most consistent evidence. The study concludes with a set of pilot-ready delivery models, designed to be tested during 2026/27.

3.2 Vacancy rates

In 2025/26, there were 96,000 vacant posts in adult social care, equivalent to a vacancy rate of 6.2%. Vacant posts include 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. Vacant posts 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 Chapter 7 – Workforce projections), then the number of vacant posts and the vacancy rate tend to decrease.

It should be noted that that registered manager vacancy, turnover and starter rates in this chapter are calculated using the Care Quality Commission (CQC) register, rather than workforce data from the ASC-WDS.

The following sections look at the number of vacant posts and vacancy rates across adult social care in 2025/26, as well as trended information to show changes over time.

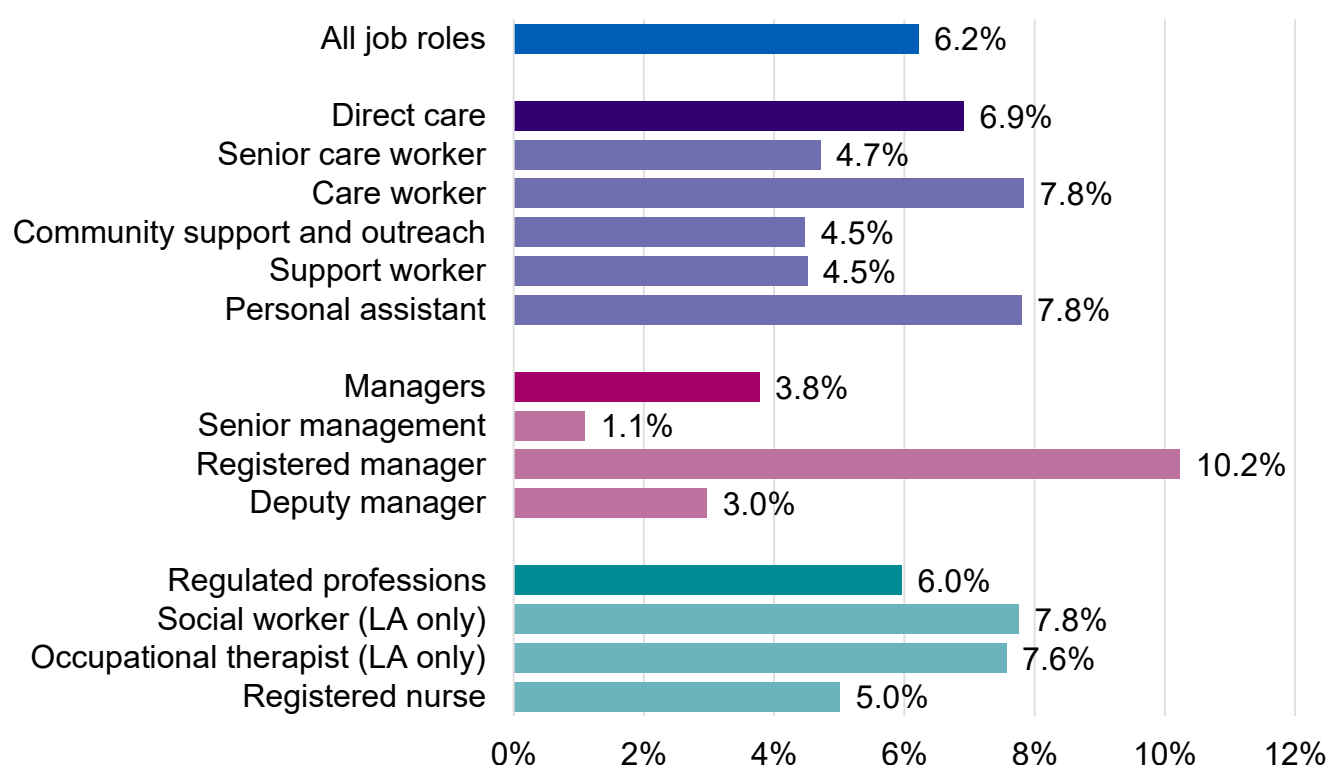
3.2.1 Vacancy rates by job role

Chart 29 below compares the vacancy rate across selected job roles in adult social care. Registered managers had the highest vacancy rate at 10.2% in 2025/26, with senior management having the lowest at 1.1%. Personal assistants employed by direct payment recipients had a vacancy rate of 7.8%, equivalent to around 11,000 vacant posts in 2025/26. This was the same as the vacancy rate for care workers (7.8%) and higher than those for support workers (4.5%) and senior care workers (4.7%).

The vacancy rate of regulated professions varied slightly between roles, as registered nurses had a rate of 5.0%, social workers had a rate of 7.8%, and occupational therapists had a rate of 7.6%. Please note that data for social workers and occupational therapists is from the local authority sector only.

Chart 29. Estimated vacancy rate by selected job roles*, 2025/26

Source: Skills for Care estimates



* Social worker and occupational therapist vacancy rates are shown the local authority (LA) sector only, as this is where the majority of these workers are employed.

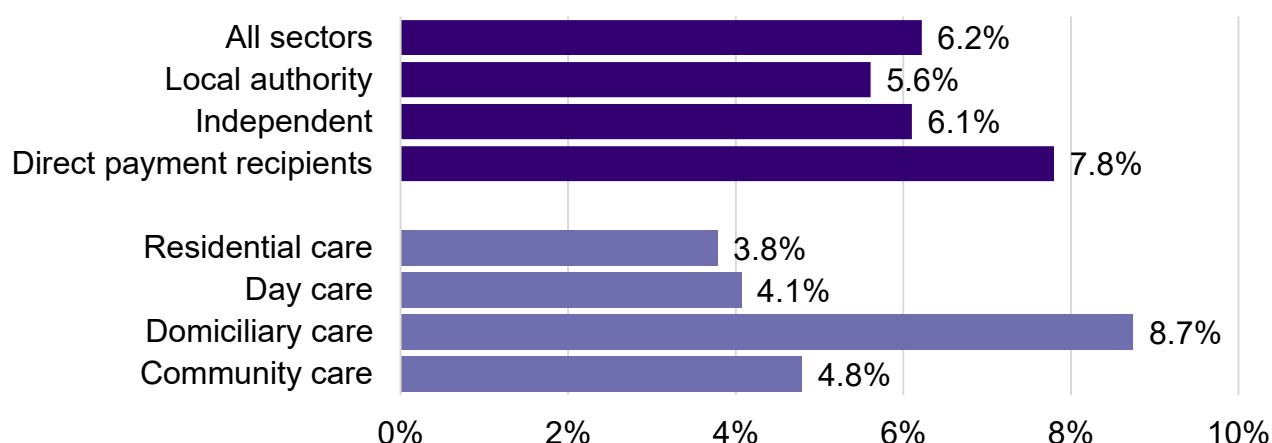
3.2.2 Vacancy rates by sector and service

Vacancy rates were slightly lower in local authorities (5.6%) overall compared to the independent sector (6.1%). Direct payment recipients had the highest vacancy rate by sector at 7.8%. Our previous research 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 30 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 8.7%, whereas residential care was lower at 3.8%.

Chart 30. Estimated vacancy rate by sector and main care service, 2025/26

Source: Skills for Care estimates



3.2.3 Vacancy rate comparisons to other sectors

Chart 31 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 the Office for National Statistics (ONS), which sampled approximately 6,100 businesses.

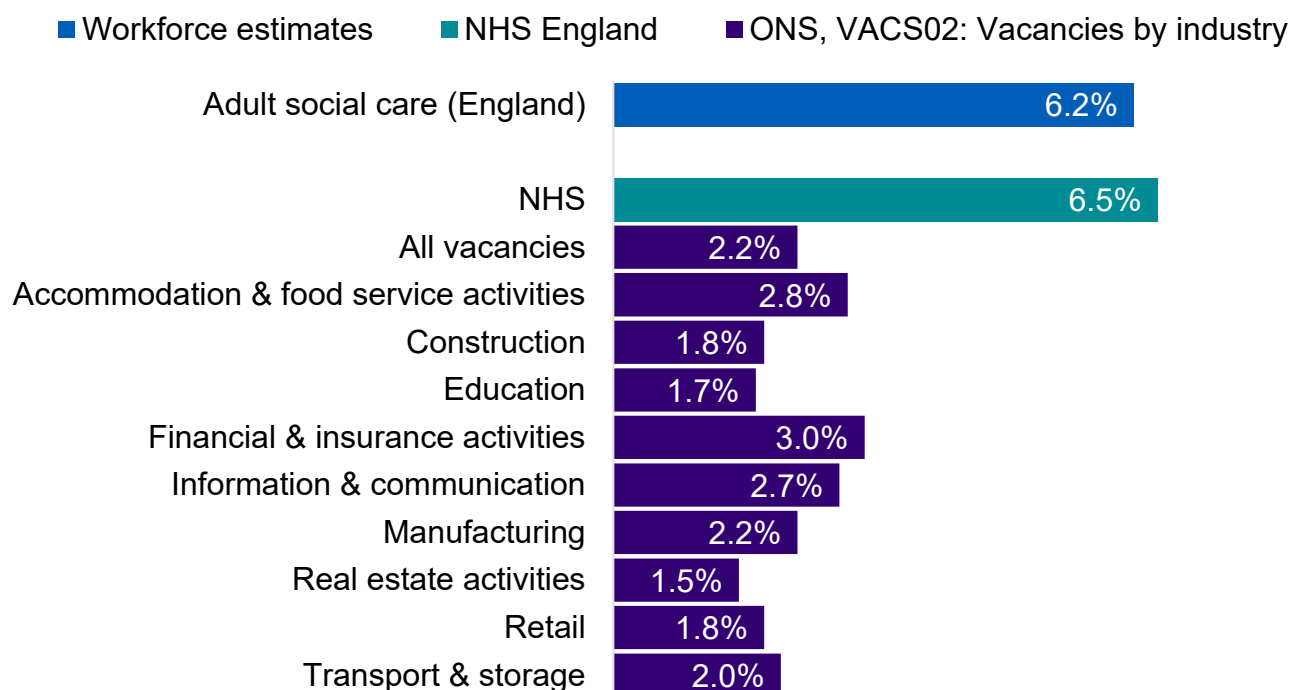
It should also be noted that definitions vary between these data sources. The ASC-WDS defines a vacant post as a post that the employer is actively recruiting to fill. In NHS statistics, a vacant post is the number of 'unfilled' posts (the NHS may not be actively recruiting to all these vacancies and therefore, the NHS vacancy rate would be lower if it were collected in the same way as the ASC-WDS). The ONS vacancies survey calculates the vacancy rate as a ratio of vacancies to employees, while we use ASC-WDS data to calculate the vacancy rate as a ratio of vacancies to employees plus vacancies. This difference in methodology has only a small impact on the vacancy rate and would not affect the rate reported here.

As described above, a vacant post may be the 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 differences between the data collections described above, Chart 31 shows that the 96,000 vacant posts in the adult social care sector across England in 2025/26 equated to a vacancy rate of 6.2%. This was slightly lower than that of the [NHS](#) (6.5% as at March 2026), but higher than the [wider UK economy](#), which had an estimated vacancy rate of 2.2% (as at February to April 2026).

Chart 31. Estimated vacancy rate by sector, 2025/26

Source: Skills for Care estimates, NHS England, ONS, VACS02: Vacancies by industry



3.2.4 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 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 30,000 in 2025/26.

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 contributed to large changes in the number of people recruited internationally over the period, which has also contributed to changes in the vacancy rate. For more information about numbers of people recruited internationally, see Chapter 8 – International recruitment.

3.2.5 Labour market

The wider labour market can influence recruitment and retention outcomes in adult social care. In recent years, changes in economic inactivity and job-seeking behaviour may have affected the number of people available to work in the sector. At the same time, vacancies across the wider economy fell, which may have reduced competition for workers from other sectors. Together, these factors may have supported recruitment activity and contributed to improvements in adult social care vacancy rates.

3.2.6 Vacancy rate trends

The vacancy rate reached a peak of 10.4% in 2021/22, the highest rate since records began in 2012/13. Since then, the rate has steadily decreased to 6.1% in 2025/26, one percentage point lower than in 2018/19.

Monthly tracking of data in the ASC-WDS has shown that vacant posts in the independent sector have stayed at a similar level since March 2026. 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 2026, the vacancy rate has stayed consistently between 6.4% and 6.1%. For the most up-to-date information for vacancy figures, see our [Recruitment and retention tracker](#).

Chart 32. Estimated vacancy rate (independent sector only), 2018/19 to August 2026

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

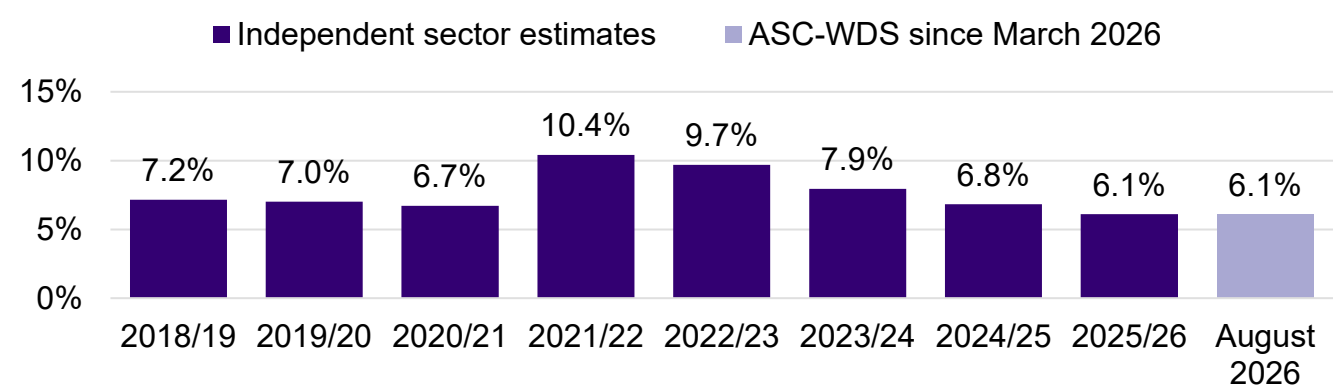
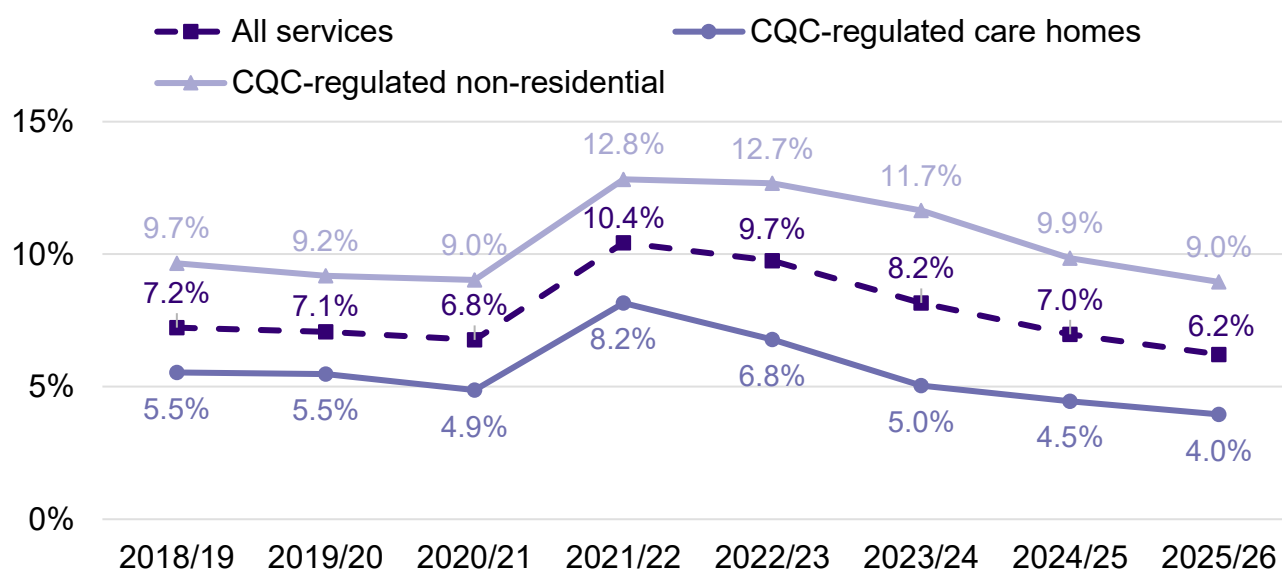


Chart 33 below compares the overall vacancy rate trend to that of CQC-regulated care homes and CQC-regulated non-residential services between 2018/19 and 2025/26. The decrease in vacancy rates between 2021/22 and 2025/26 was slightly larger in CQC-regulated care homes (down from 8.2% to 4.0%) than it was in CQC-regulated non-residential services (down from 12.8% to 9.0%). Vacancy rates for both CQC-regulated care homes and CQC-regulated non-residential services were similar to those seen prior to the 2021/22 spike.

Chart 33. Estimated vacancy rate trends by main service, 2018/19 to 2025/26

Source: Skills for Care estimates



Between 2022/23 and 2025/26, 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 the reduction in vacant posts seen over the period. Between 2024/25 and 2025/26, the number of filled posts increased by around 22,000 and the number of vacant posts decreased by around 11,500. During the same period, 30,000 staff arrived from outside the UK to work in the sector. For further information, see Chapter 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 2026 and June 2026, there were around 2,000 people recruited internationally. We will continue to monitor this trend and its impact on recruitment and retention.

The chart below compares the adult social care vacancy rate to that of the NHS and the wider UK economy over time. The trend shows that adult social care has consistently had a higher vacancy rate than the wider UK economy. Since 2021/22, the adult social care vacancy rate has steadily decreased, while the NHS vacancy rate has remained broadly stable.

Chart 34. Comparison of the estimated vacancy rates in adult social care, the NHS and the wider UK economy, 2018/19 to 2025/26

Source: Skills for Care estimates, NHS England, ONS, VACS02: Vacancies by industry

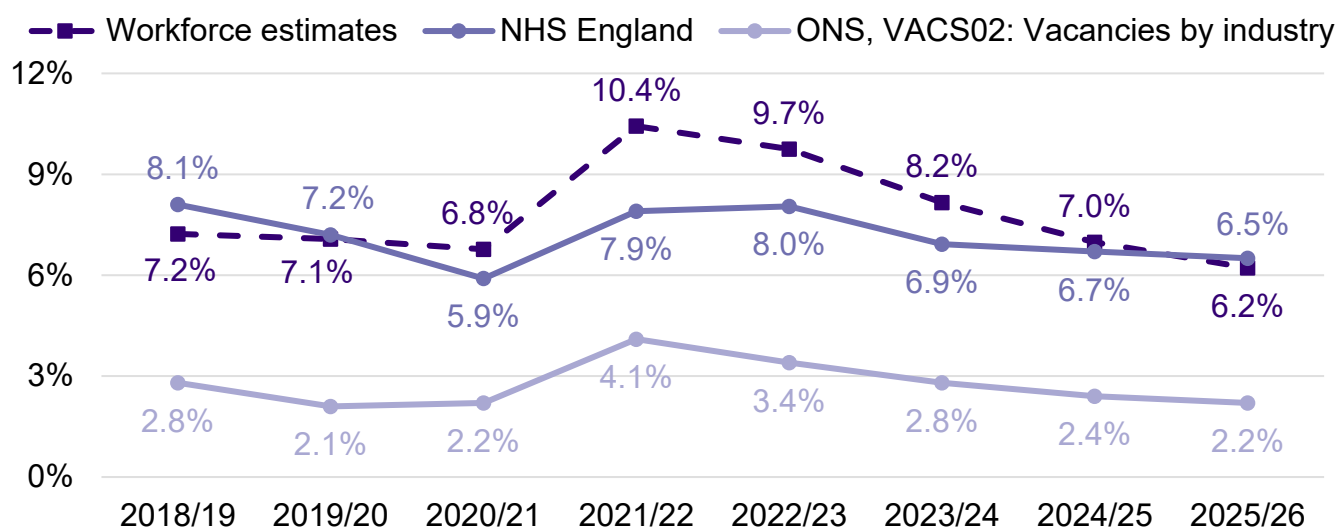


Chart 35 compares the vacancy rate trend of all job roles, senior management and registered managers between 2018/19 and 2025/26. The vacancy rate for senior management has remained considerably lower than registered managers over the whole period. Since their peaks in 2021/22, the vacancy rates for all job roles and senior management have consistently decreased, while the rate for registered managers fluctuated. Between 2023/24 and 2024/25, the vacancy rate for registered managers increased from 9.8% to 11.4%, then decreased in 2025/26 to 10.2%.

Chart 35. Estimated vacancy rate for all job roles and selected manager job roles, 2018/19 to 2025/26

Source: Skills for Care estimates

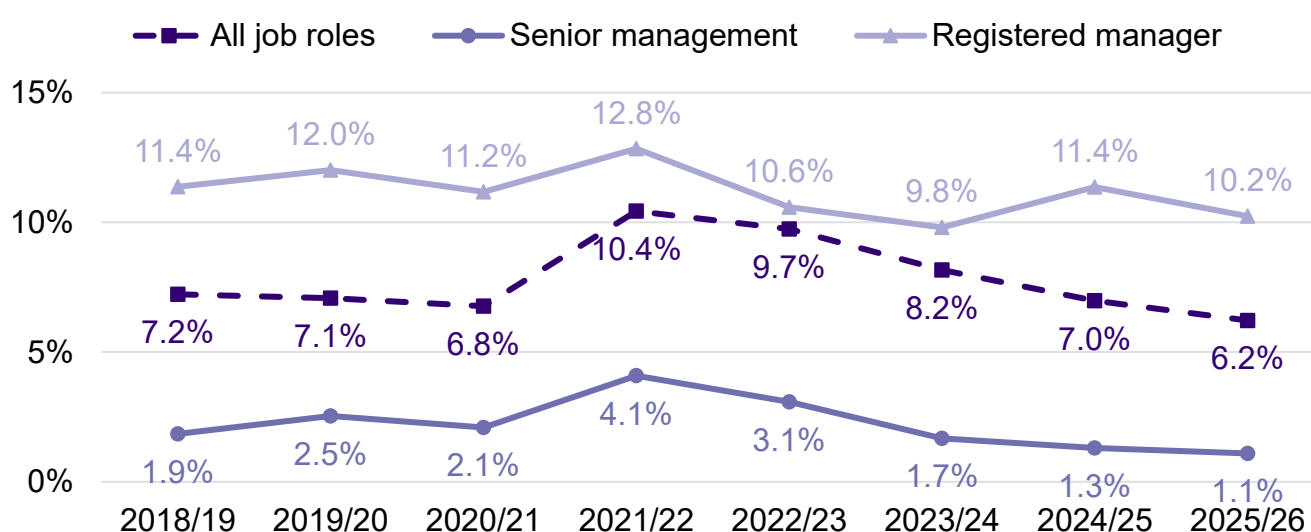


Chart 36 below compares the vacancy rate trend for regulated professions. There were 1,600 registered nurse vacant posts in 2025/26. Vacancy rates for registered nurses, in the local

authority and independent sector, have consistently decreased from a peak of 14.5% in 2021/22 to 5.0% in 2025/26.

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 decreased from 11.6% to 7.8% and the rate for occupational therapists decreased from 11.3% to 7.6% over the same period. There were 1,500 and 250 vacant posts in 2025/26 for social workers and occupational therapists respectively.

Chart 36. Estimated vacancy rates in social worker and occupational therapist roles in the local authority (LA) sector and registered nurse roles in the local authority (LA) and independent (IND) sector, 2019/20 to 2025/26

Source: Skills for Care estimates

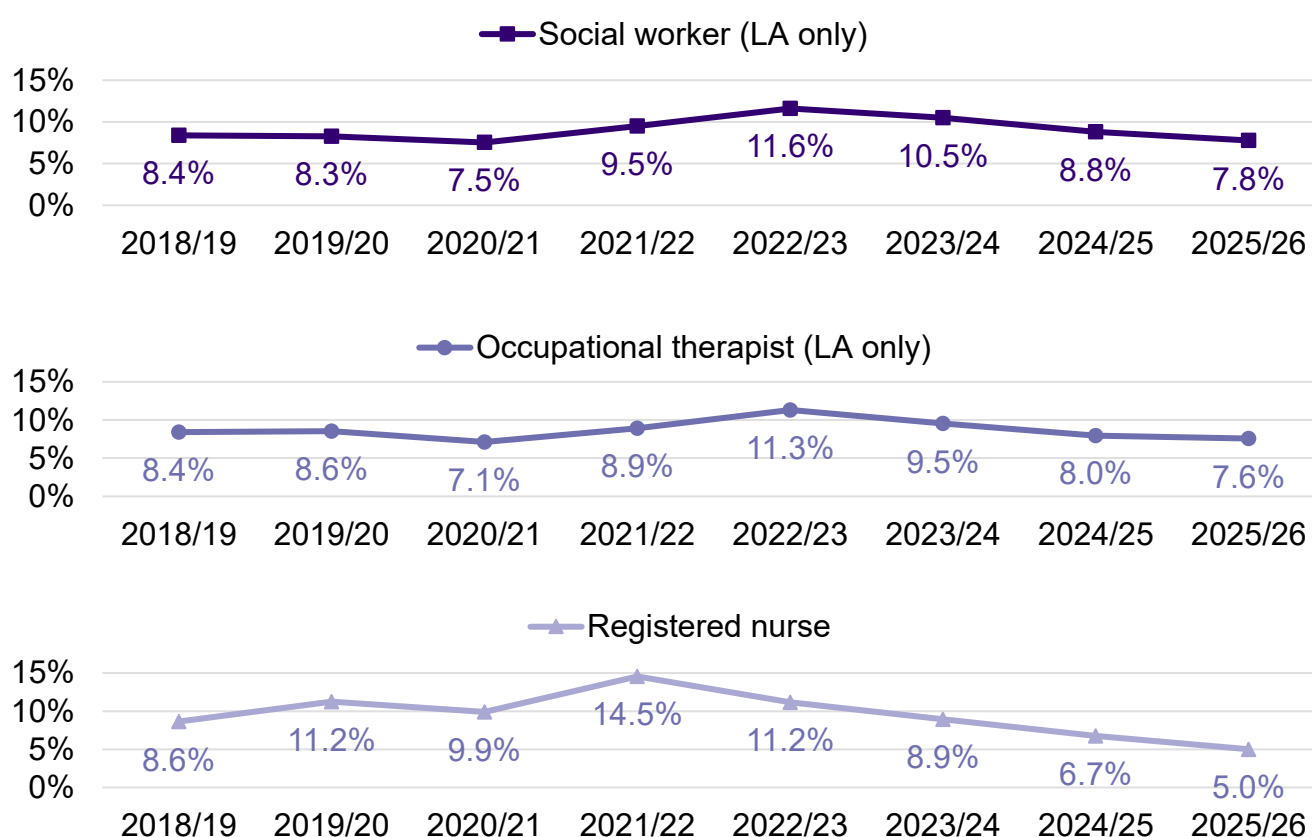
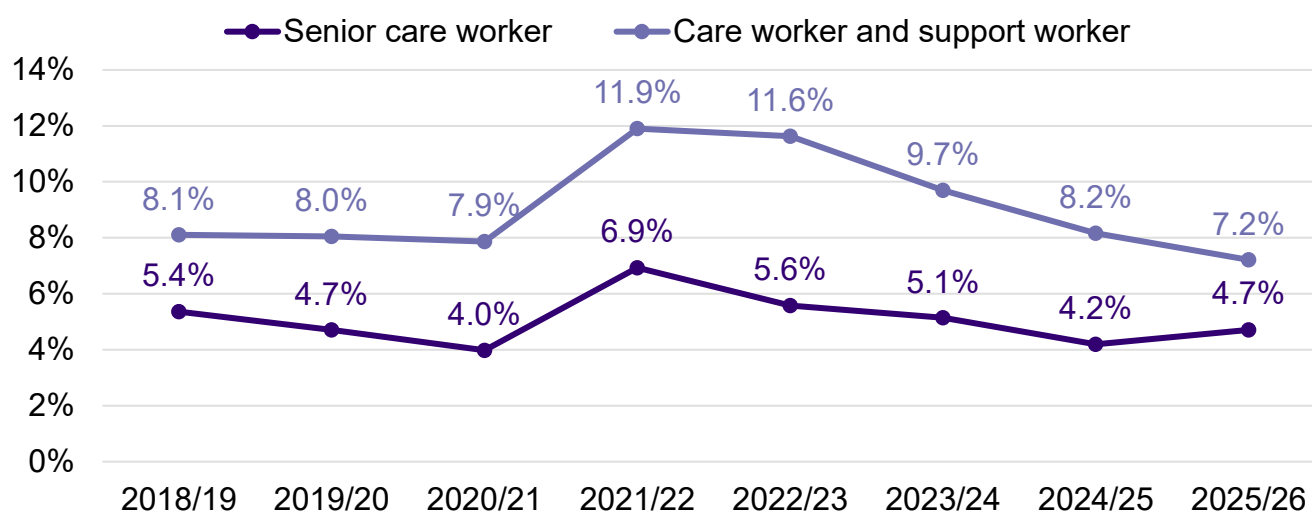


Chart 37 below compares the vacancy rate trend for senior care workers and the group 'care worker and support worker'. The support worker job role was added to the ASC-WDS service in June 2024; some workers who were previously recorded as care workers are now recorded as support workers. The roles have therefore been grouped together to provide a consistent trend between years.

Each of these roles had a peak vacancy rate in 2021/22, which has since steadily decreased. Care worker and support workers saw a decrease from 11.9% in 2021/22 to 7.2% in 2025/26. The vacancy rate for senior care workers decreased from 6.9% in 2021/22 to 4.7% in 2025/26.

Chart 37. Estimated vacancy rate for selected direct care job roles, 2018/19 to 2025/26

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, are not 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.

We estimate that the turnover rate of staff working in the adult social care sector was 22.1% in 2025/26. This equates to approximately 320,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 50% of recruitment comes from within the adult social care sector.

Turnover rates varied between sector, service and job role. Chart 38 below shows that employees working for local authorities (11.5%) and employees working for direct payment recipients (17.7%) had much lower turnover rates than those in the independent sector (23.6%). The turnover rate was higher for residential care (23.7%) and domiciliary care providers (22.2%) than for other service types.

Chart 38. Estimated staff turnover rate by sector and main care service, 2025/26

Source: Skills for Care estimates

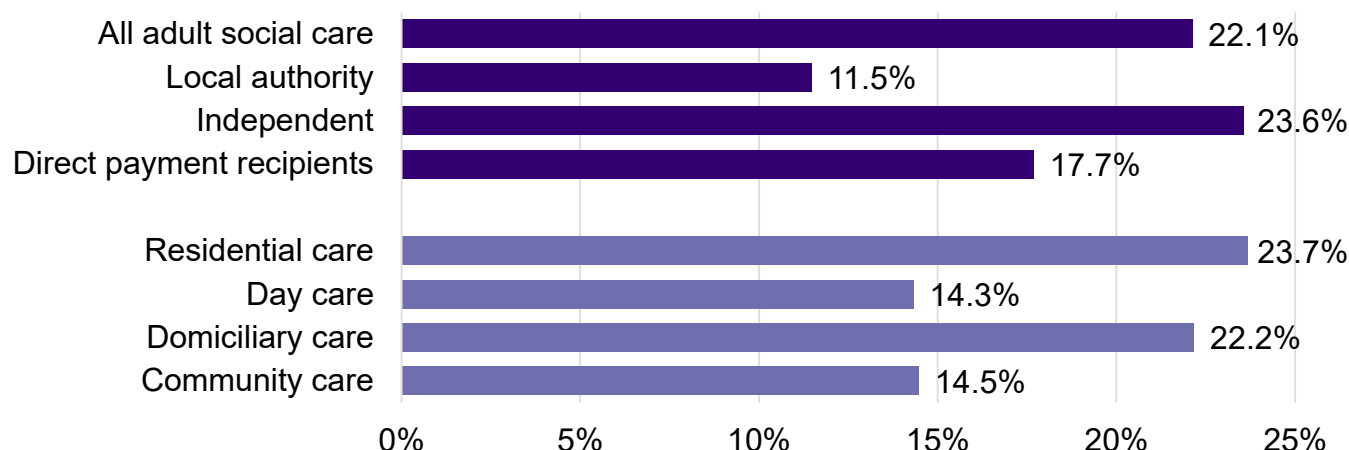


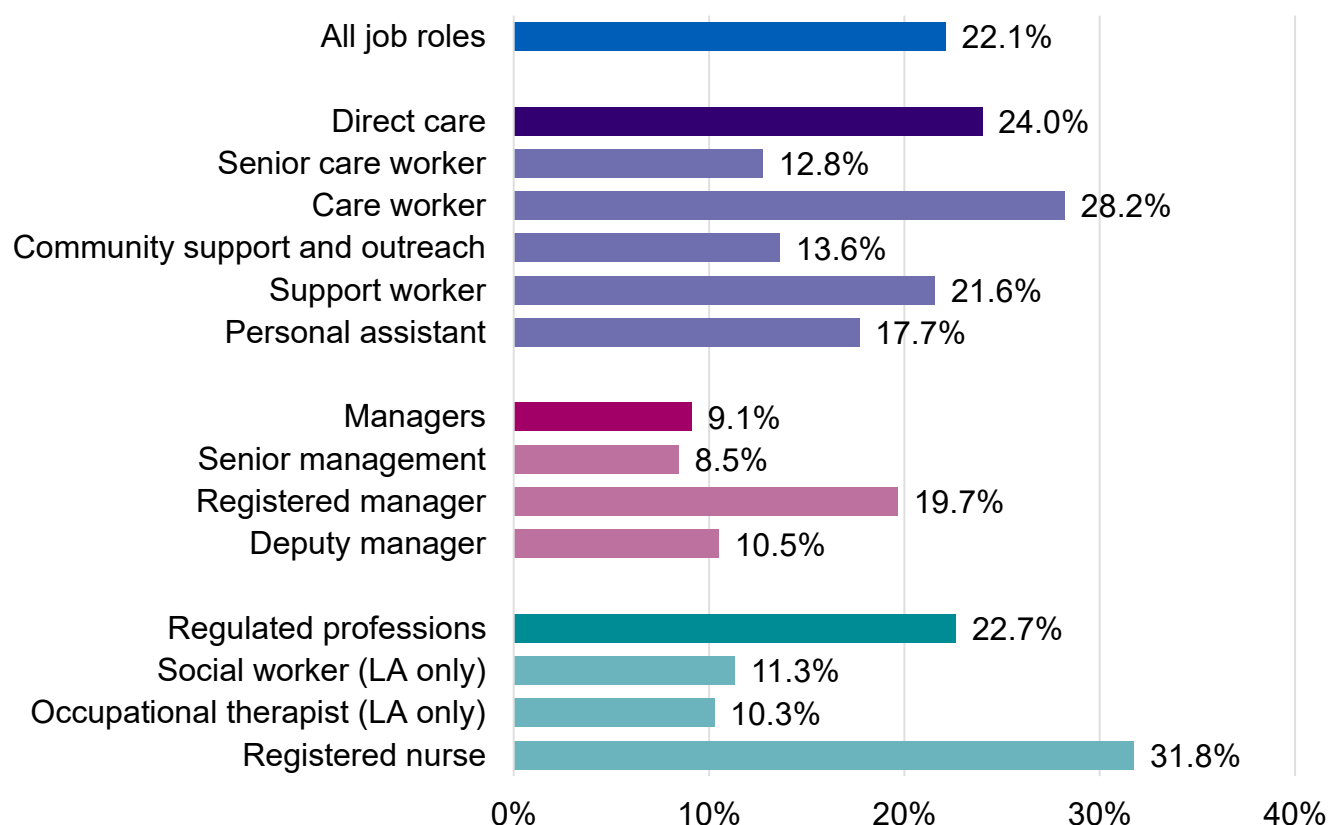
Chart 39 below shows that the care worker turnover rate (28.2%) was much higher compared to other direct care roles, including being more than double that of senior care workers (12.8%).

Registered nurses also had a relatively high turnover rate (31.8%), equivalent to around 9,700 leavers, compared to other regulated professions such as social workers (11.3%) and occupational therapists (10.3%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 38 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 8.3% as at March 2026. 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.

Registered managers had a turnover rate of 19.7%, equivalent to around 5,200 leavers during 2025/26. This rate was much higher than other manager roles such as deputy managers (10.5%) and senior management (8.5%).

Chart 39. Estimated staff turnover rates by selected job roles*, 2025/26

Source: Skills for Care estimates



* Social worker and occupational therapist turnover rates are shown the local authority (LA) sector only, as this is where the majority of these workers are employed.

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

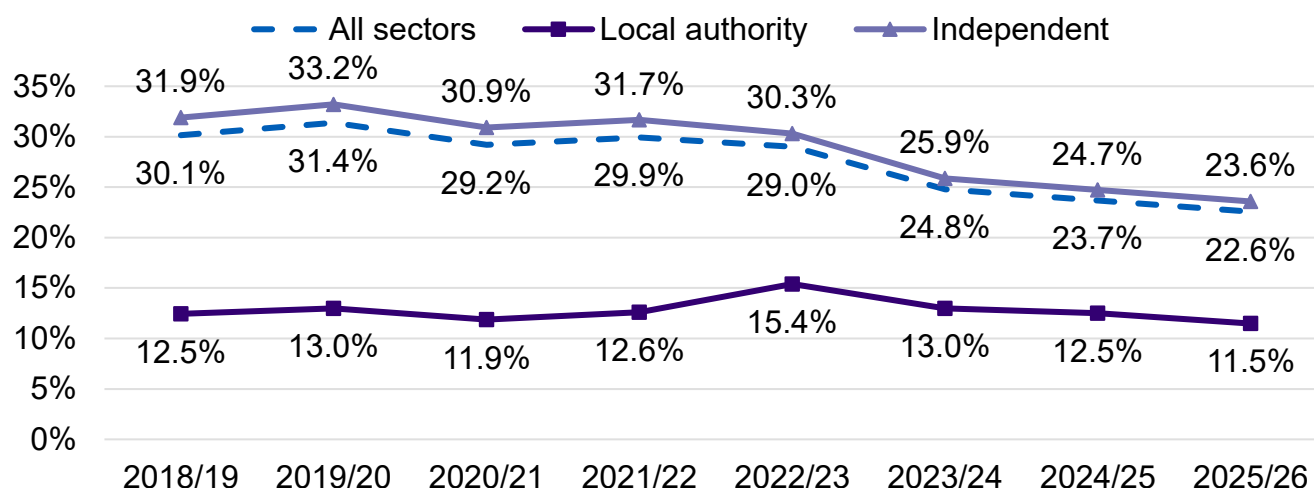
Trends in this section refer to data from the independent sector and local authorities only, unless otherwise stated. They do not include data from the direct payment sector; therefore, the figures may differ from other sections.

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 2025/26. The overall turnover rate decreased from 23.7% in 2024/25 to 22.6% in 2025/26.

Chart 40 shows that the overall turnover rate in the local authority and independent sectors has steadily decreased from 30.1% in 2018/19 to 22.6% in 2025/26, a decrease of 7.5 percentage points. In the local authority sector, the turnover rate was highest in 2022/23 (15.4%) and has since decreased to 11.5% in 2025/26. In the independent sector, the turnover rate peaked at 33.2% in 2019/20 and has since decreased to 23.6% in 2025/26. The turnover rate in the local authority sector has always been lower than the independent sector.

Chart 40. Estimated turnover rates of all job roles by sector (local authority and independent sectors only), 2018/19 to 2025/26

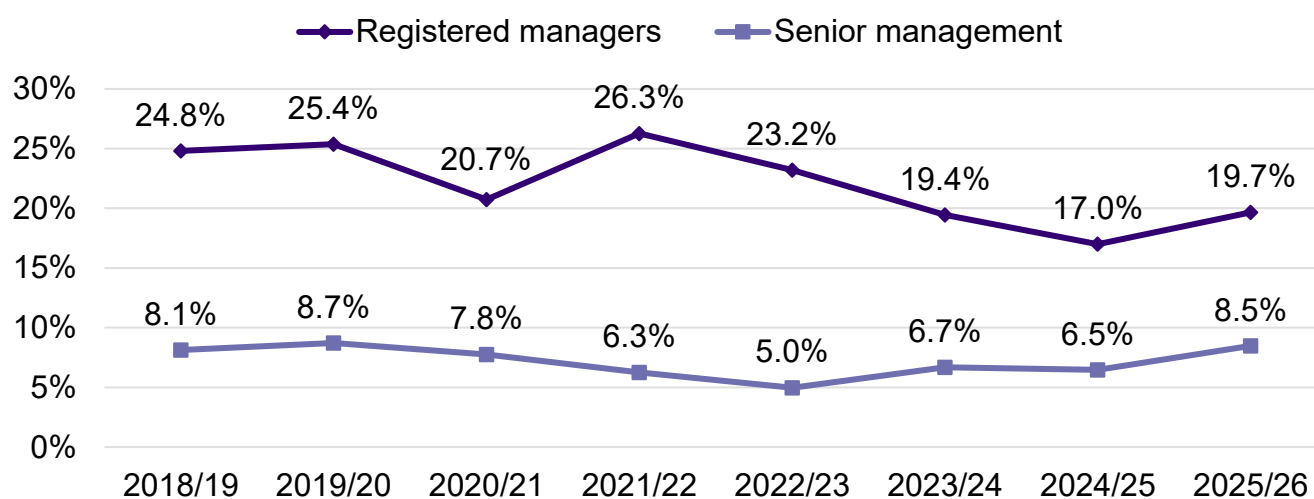
Source: Skills for Care estimates



In 2025/26, the turnover rate for registered managers was 19.7%, equivalent to around 5,200 leavers, up from 17.0% in 2024/25. This followed a steady decrease from a peak of 26.3% in 2021/22. The turnover rate for registered managers remained much higher than for other manager roles. In 2025/26, deputy managers had a turnover rate of 10.5% while senior management had a rate of 8.5%. As shown in the chart below, the turnover rate for senior management has remained similar over the eight-year period.

Chart 41. Estimated turnover rates of selected manager roles (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates

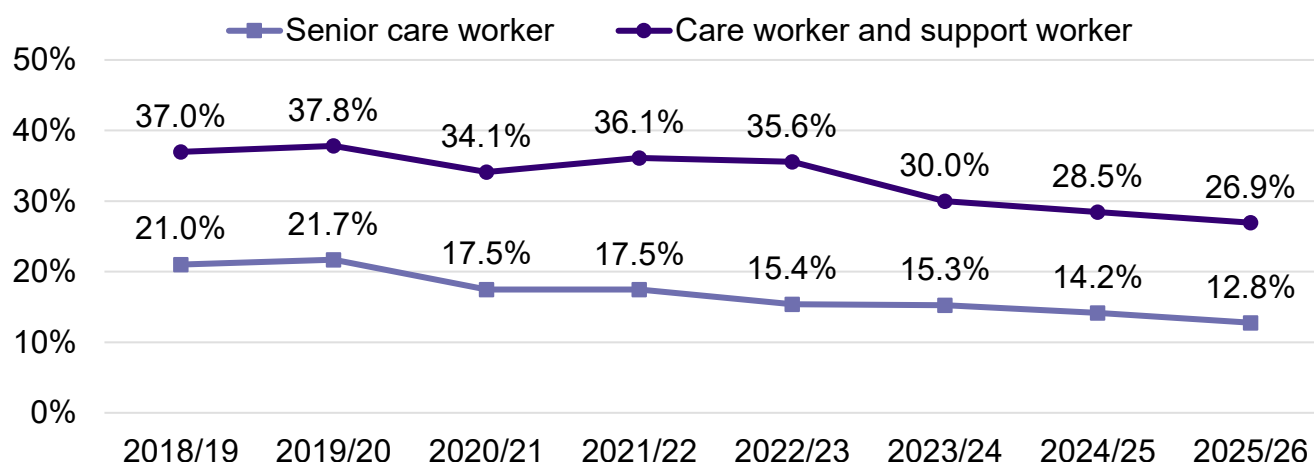


A similar pattern was seen for senior care workers and the 'care worker and support worker' group, as both roles saw a decrease in their turnover rates between 2018/19 and 2025/26. Care workers and support workers have consistently had much higher turnover rates than senior care workers, usually around 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 these roles have been grouped together to provide a consistent trend. The care worker and support worker group saw a decrease in turnover rate from 37.0% in 2018/19 to 26.9% in 2025/26, whilst senior care workers saw a decrease from 21.0% to 12.8% over the same period.

Chart 42. Estimated turnover rates of selected direct care roles (local authority and independent sectors only), 2018/19 to 2025/26

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 may be linked to several factors, including international recruitment, with people recruited internationally being less likely to leave their roles. See Section 9.1.13 – International recruitment, for more information. Other factors, such as employment conditions, pay and workforce characteristics, may also influence turnover rates.

3.3.2 Factors affecting turnover rates

In addition to the information within this section on recruitment and retention, we have used longitudinal ASC-WDS data to identify factors associated with workers leaving their roles. 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 Chapter 9 – Factors affecting staff turnover and CQC assessment ratings.

3.4 Starter rates

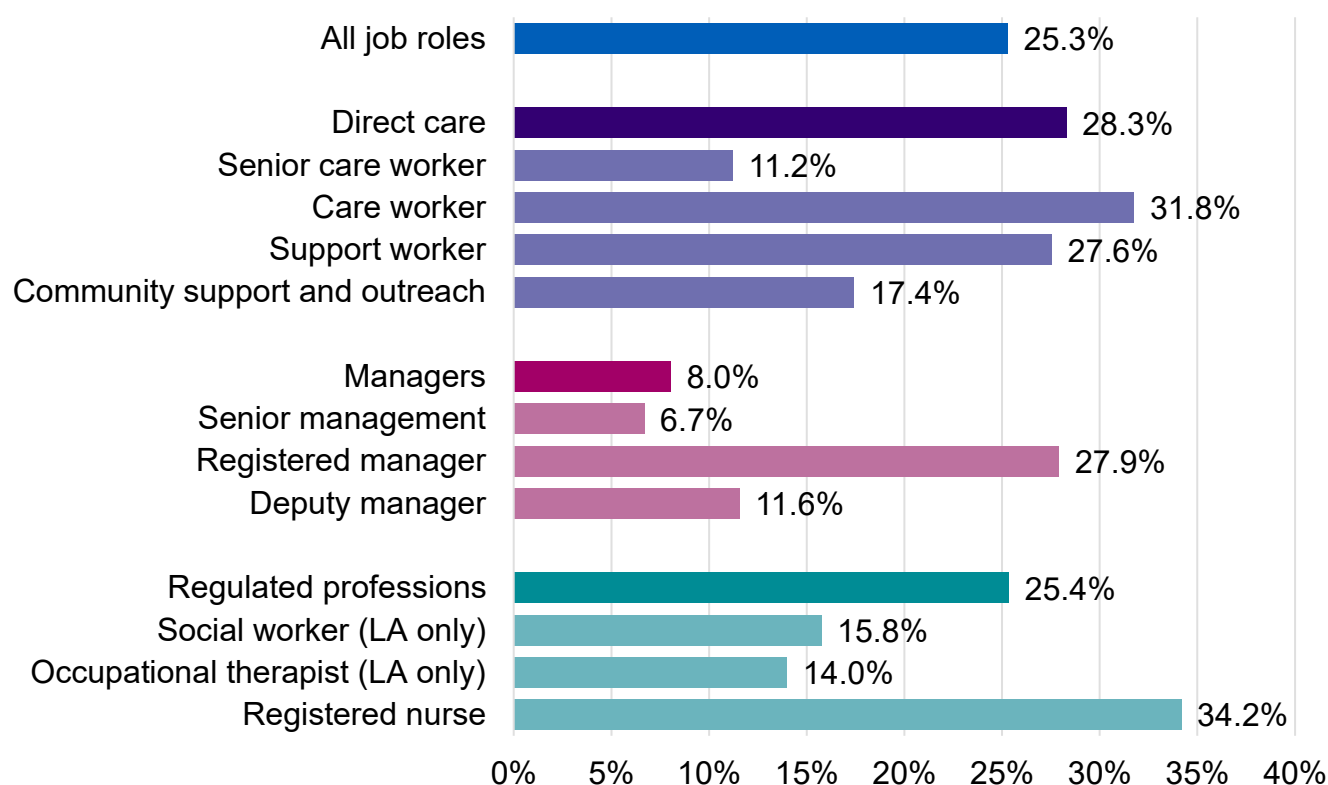
The information below refers to directly employed staff (permanent and temporary staff) in the local authority and independent sectors only. Data for direct payment recipients is not included.

We estimate that the starter rate in the past 12 months was 25.3%, which equates to approximately 335,000 new starters during 2025/26. Chart 43 below shows that registered nurses had the highest starter rate at 34.2%, followed by care workers (31.8%) and registered managers (27.9%).

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 (50%), and 'churn' within the adult social care sector (50%), 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 43. Estimated starter rate of directly employed workers by job role*, 2025/26

Source: Skills for Care estimates



* Social worker and occupational therapist starter rates are shown the local authority (LA) sector only, as this is where the majority of these workers are employed.

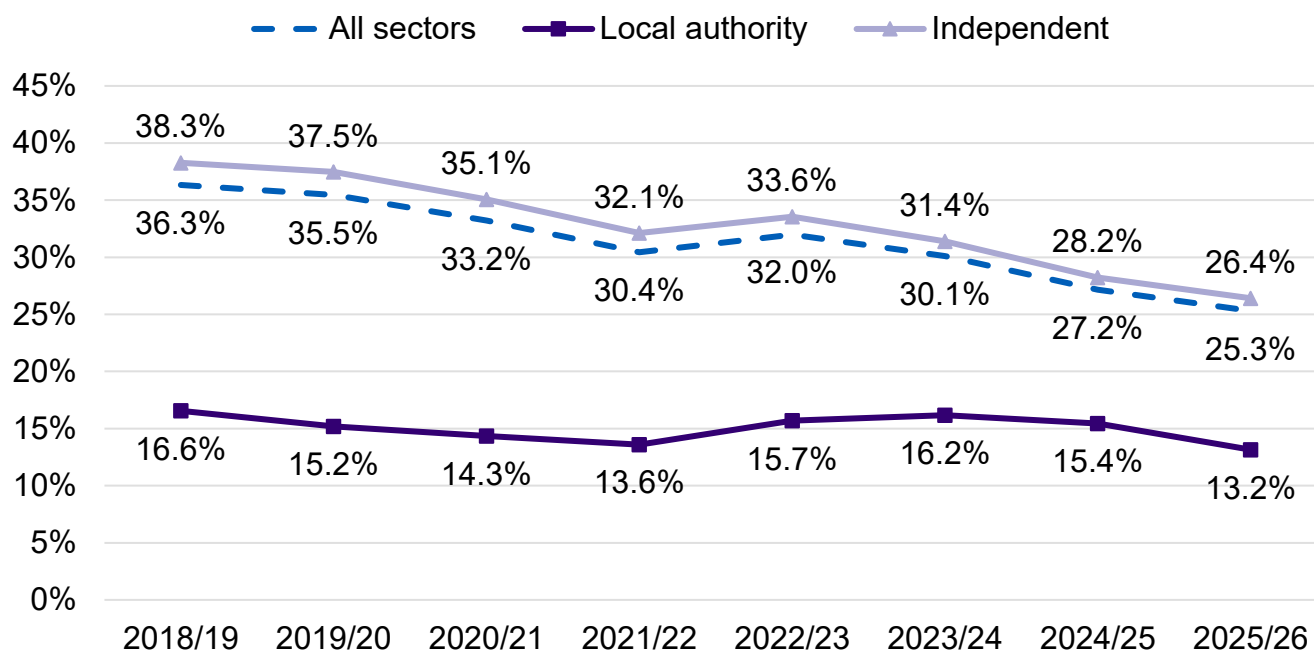
3.4.1 Starter rate trends

The chart below shows the starter rate trend between 2018/19 and 2025/26, 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 25.3% in 2025/26. As shown in the chart below, this was the lowest starter rate over the period, showing a decrease of 11.0 percentage points. However, the starter rate in 2025/26 remained higher than the turnover rate, meaning that the number of starters was sufficient to support continued growth in filled posts.

Chart 44. Estimated starter rate trend of all job roles by sector (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates



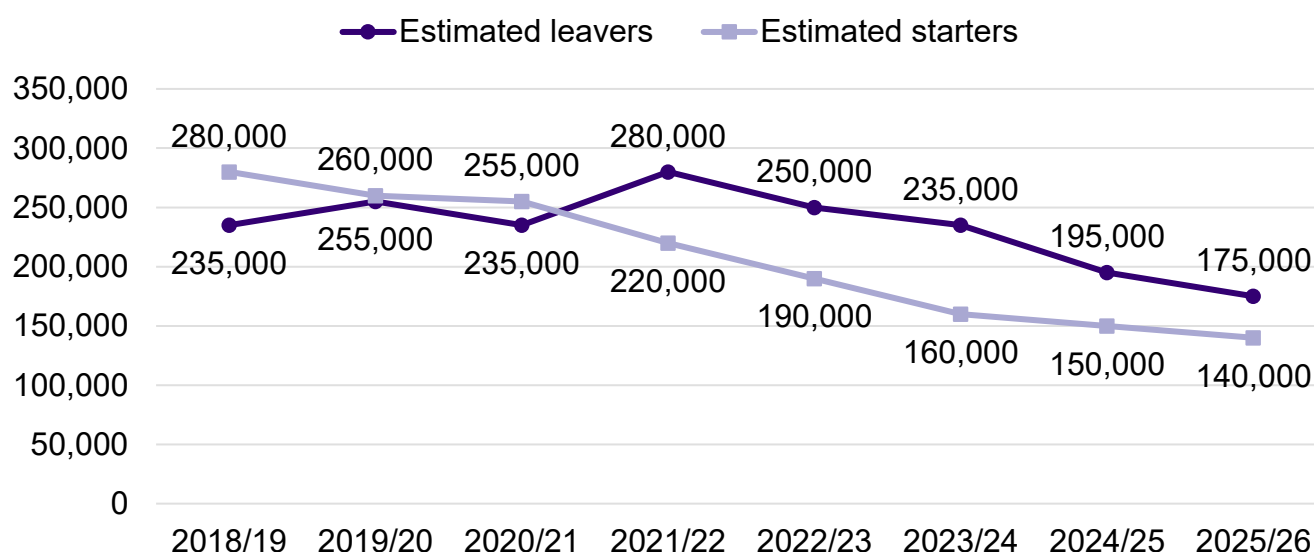
3.5 Starters and leavers by nationality

The following analysis shows estimates of the number of starters and leavers with a British and non-British nationality in direct care roles in the independent sector between 2018/19 and 2025/26. The independent sector accounts for the majority of the adult social care workforce, and the analysis of direct care workers means that the starters figures cover the same segment of the workforce shown in Chapter 8 – International recruitment. However, these analyses are weighted differently to other estimates presented in this report, meaning they are not directly comparable. These figures should therefore be treated as estimates rather than as precise counts.

Chart 45 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 2025/26. Since 2021/22, the number of starters with a British nationality has remained below the number of leavers. This provides context to the decreasing number of people with a British nationality in the adult social care workforce over the same period.

Chart 45. Estimated number of British direct care worker starters and leavers in the independent sector, 2018/19 to 2025/26

Source: ASC-WDS unweighted data

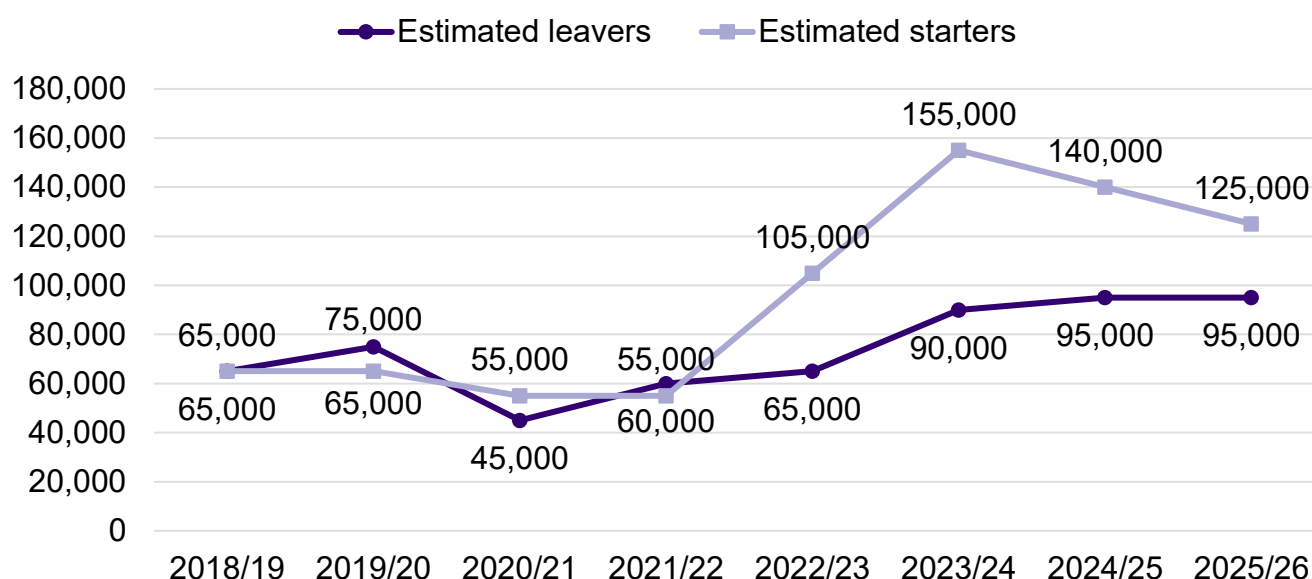


These figures indicate that the decreasing number of direct care workers with a British nationality in the workforce is related to fewer people with a British nationality starting in these roles over time, rather than an increase in the number of British workers leaving these roles.

In contrast to workers with a British nationality, Chart 46 below shows that from 2022/23, the estimated number of starters for direct care workers with a non-British nationality was higher than the estimated number of leavers. While starters increased sharply from 55,000 in 2021/22 to 155,000 in 2023/24 before declining, leavers increased more gradually and remained below the number of starters throughout the remainder of the period. These figures include non-British workers who were already living in the UK before joining the adult social care workforce and are therefore not directly comparable with the international recruitment estimates.

Chart 46. Estimated number of non-British direct care worker starters and leavers in the independent sector, 2018/19 to 2025/26

Source: ASC-WDS unweighted data



3.5.1 Recruitment and retention monthly tracking

Skills for Care has developed numerous 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. This report provides weighted estimates for the total number of starters, leavers and vacancies each year, up until 2025/26. We continue to monitor trends in vacancy, starter and turnover rates in the independent sector through our [Recruitment and retention tracker](#).

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. It currently only reports on changes observed in the ASC-WDS. Skills for Care is working on updating the methodology behind this tracker so it can provide a weighted estimate for these metrics each month.

Based on data updated in the ASC-WDS, there were no large changes in these recruitment and retention metrics between March 2026 and August 2026. The number of vacant posts remained roughly the same. The starter rate decreased by 0.7 percentage points, while the turnover rate increased by 0.3 percentage points.

3.6 Age workers started in the adult social care sector

The following section uses information about the age of workers and the year 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.

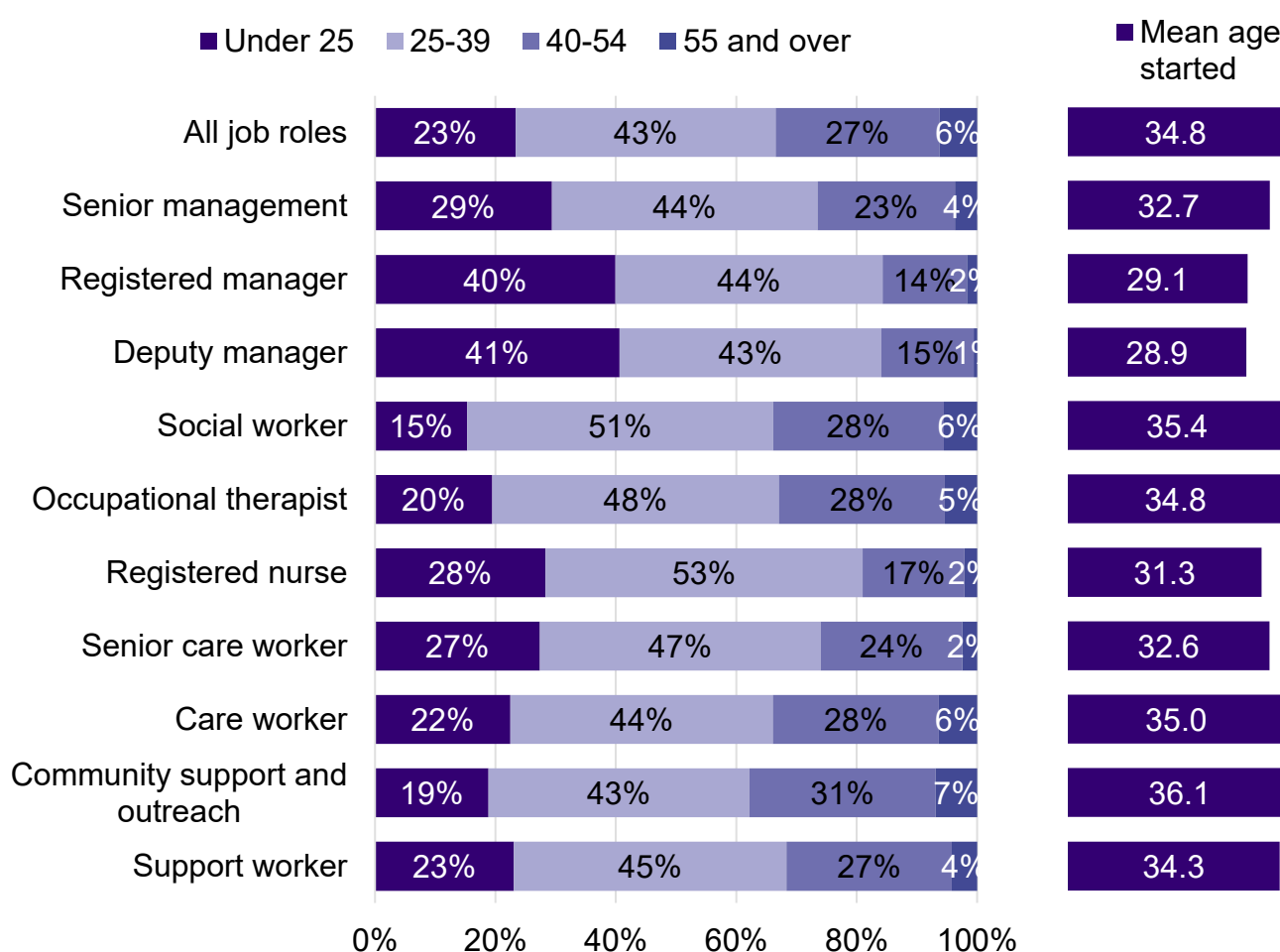
Chart 47 shows the age bands and average age workers began working in the adult social care sector. This includes the local authority and independent sectors only.

The average age a person joined the adult social care workforce was 34.8 years old in 2025/26. Managers tended to join the sector at an earlier age; deputy managers had an average starting age of 28.9 whilst registered managers had an average starting age of 29.1 years old. This suggests that there is career progression within the sector, as younger people can progress into more senior roles.

For further information, see Section 3.8.1 - Experience in sector, and Section 6.6.1 - Observed career progression in the ASC-WDS.

Chart 47. Estimated age distribution and average (mean) age started working in the adult social care sector by selected job roles (local authority and independent sectors only), 2025/26

Source: Skills for Care estimates



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

3.7 Source of recruitment

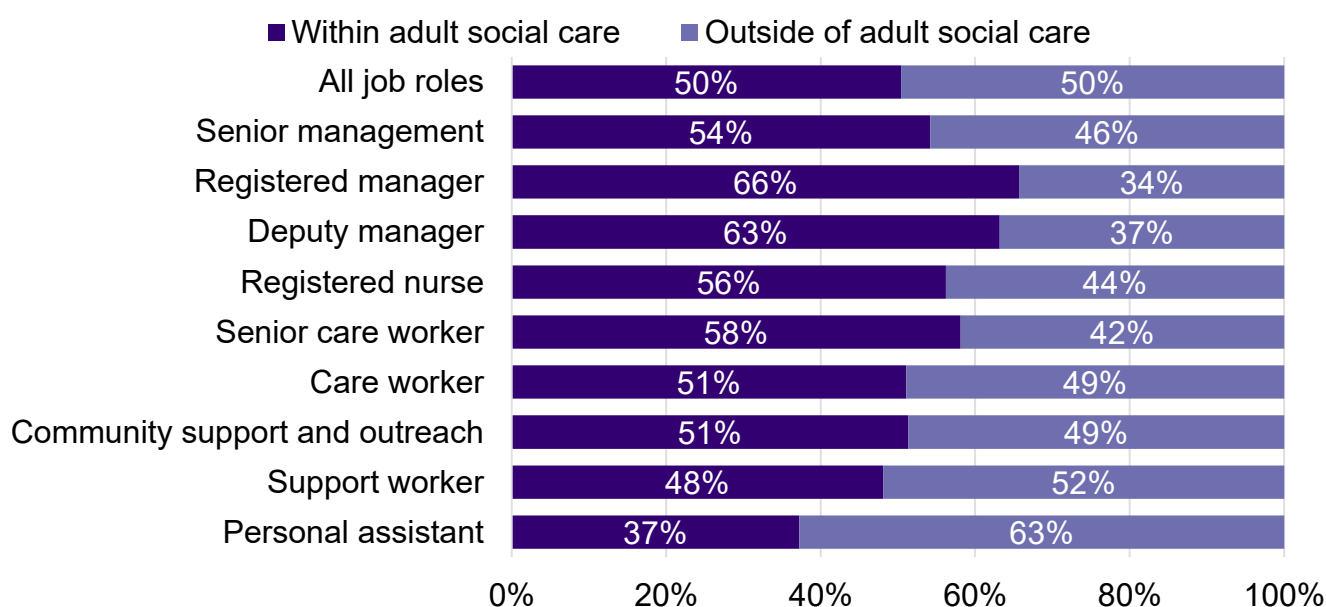
Information is collected in the ASC-WDS about the source of recruitment of adult social care workers. These sources can be grouped into 'within the adult social care sector', including the independent or local authority sectors, agencies or internal promotions, and 'outside the adult social care sector',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

Although the turnover rate for all job roles is relatively high (22.1%), Chart 48 below shows that 50% 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 50% recruited from outside adult social care, around 7% were recruited from the health sector and 43% 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 [recruiting young people](#) to remove unfair and unnecessary barriers for people previously underrepresented in the adult social care workforce.

Chart 48. Estimated source of recruitment in the adult social care sector by selected job roles, 2025/26

Source: Skills for Care estimates



3.8 Experience of the adult social care workforce

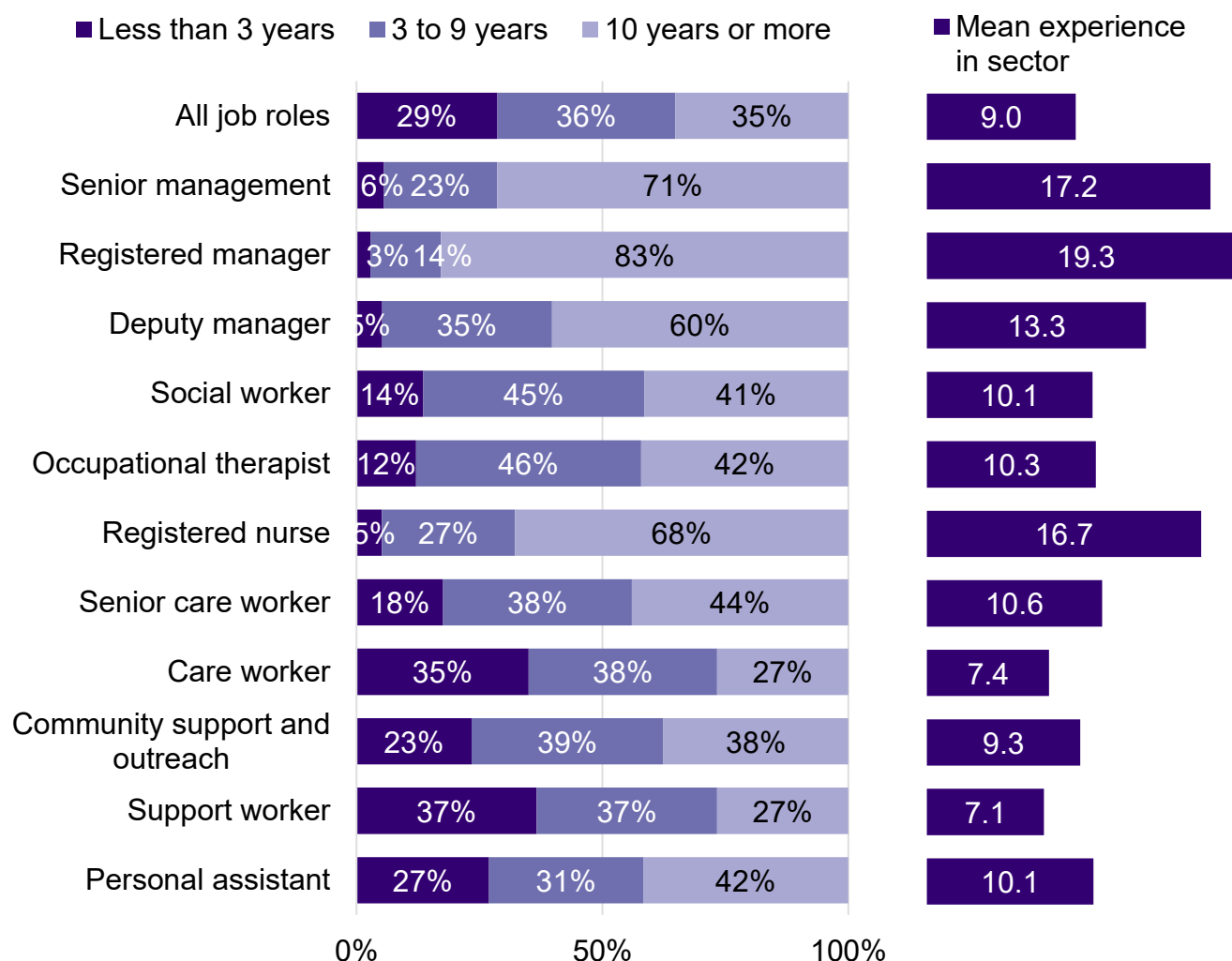
Promoting opportunities for career development can help with retaining experienced staff. Our website has tips on how to [promote career development](#) within your organisation, and how to [develop your leaders and managers](#) to maintain the highest standards of quality care.

3.8.1 Experience in sector

On average, workers had 9.0 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. The chart below shows that managers had the most experience in the sector, with an average of 19.3 years for registered managers and 17.2 years for senior management.

Chart 49. Estimated experience in sector and average (mean) number of years' experience by selected job roles, 2025/26

Source: Skills for Care estimates



Within regulated profession roles, registered nurses had the most experience in the sector with 16.7 years, compared to 10.1 years for social workers and 10.3 years for occupational therapists. Care workers had the lowest average number of years of experience at 7.4 years. Direct care workers had less experience than regulated professions and managers.

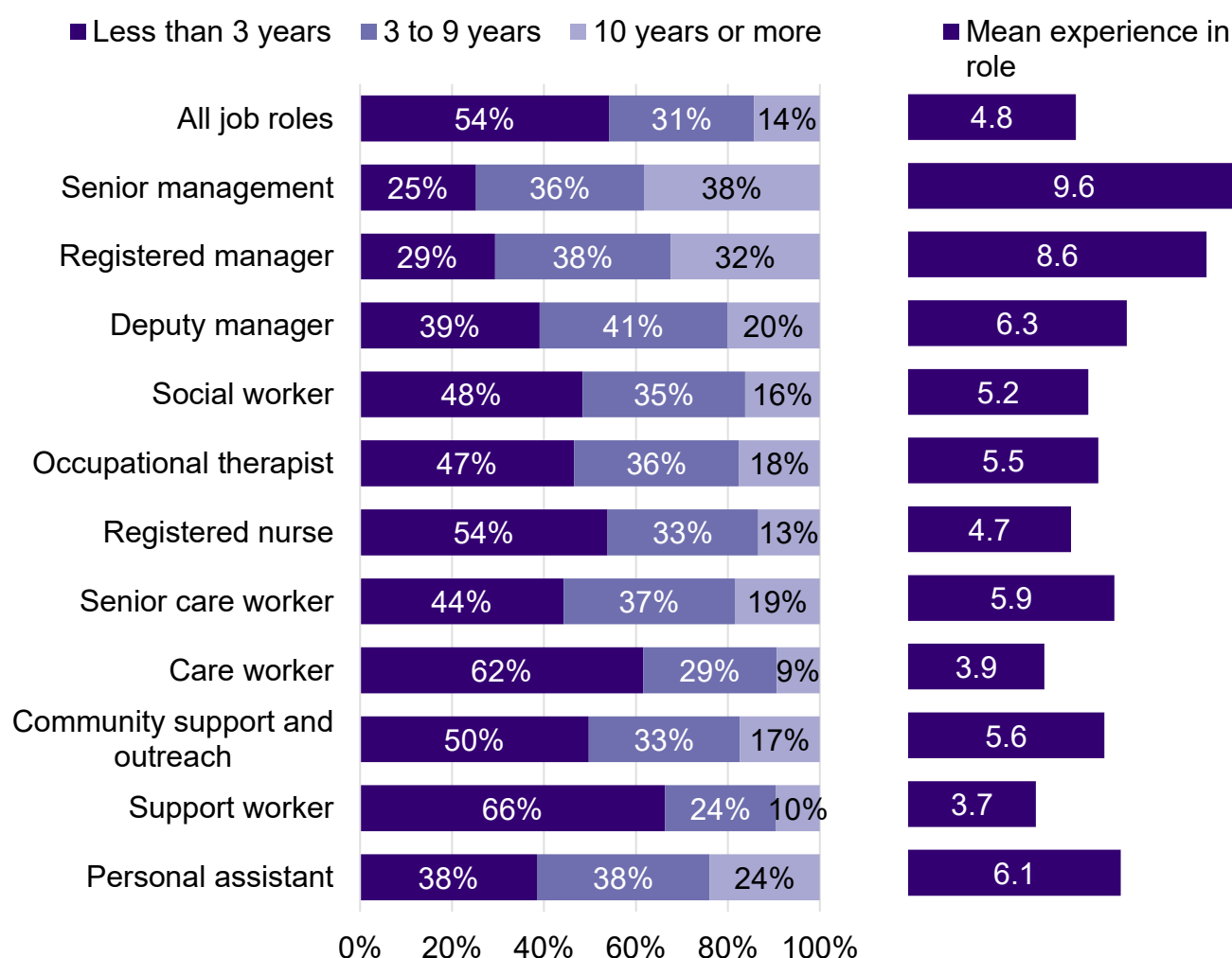
Around 29% of the workforce had less than three years of experience of working in the sector. Care workers, who make up 47% of the workforce, had a larger proportion of workers with less than three years of experience (35%). In contrast, 83% of registered managers had been in the sector for 10 years or more.

3.8.2 Experience in role

On average, workers had 4.8 years of experience in their current role (4.2 years less than the average experience in the sector). The average number of years of experience for a care worker was 3.9 years, which was lower than personal assistants, who had an average of 6.1 years. In contrast, senior managers (9.6 years) and registered managers (8.6 years) had more experience in their current role.

Chart 50. Estimated experience in role and average (mean) number of years' experience by selected job roles, 2025/26

Source: Skills for Care estimates

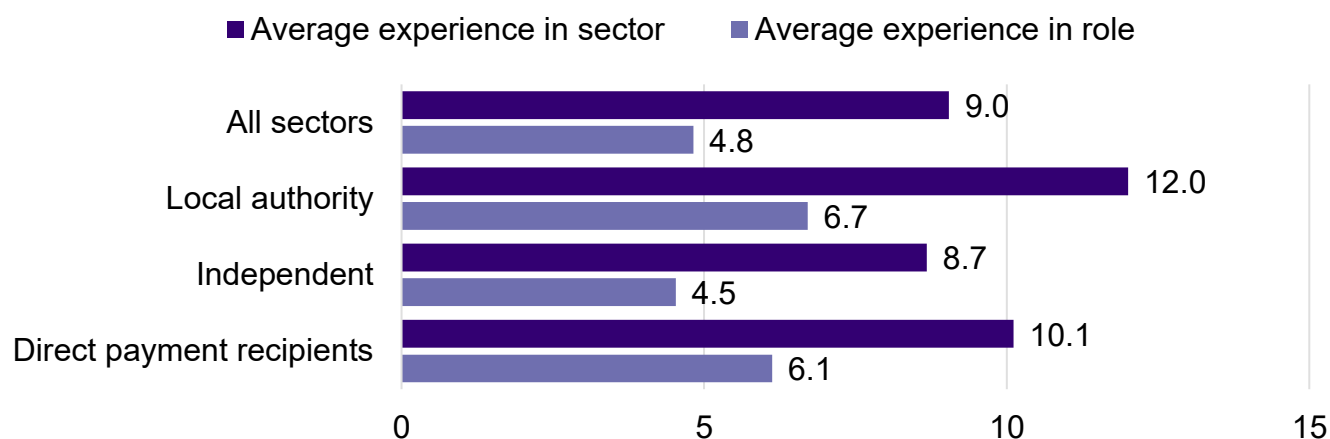


Registered nurses had an average of 4.7 years of experience in their role; this was amongst the lowest levels of all the job roles shown in Chart 50. However, registered nurses' average years of experience of working in the adult social care sector were amongst the highest (16.7 years). This is likely a result of the relatively high turnover rate for registered nurses (31.8%) and indicates that many nurses have moved between employers in the social care sector.

Chart 51 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 51. Estimated comparison of estimated average (mean) number of years of experience in current role and adult social care by sector, 2025/26

Source: Skills for Care estimates



Although the turnover rate was 22.1% in 2025/26, the workforce's average experience in the sector (9.0 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. Note that the methodology used to estimate sickness rates was updated for 2025/26. Sickness estimates are now based on data submitted within the previous three years, rather than the adjustments applied in previous years to account for the impact of COVID-19. Analysis has shown that this does not impact on the trend data that we show.

In 2025, Skills for Care and the University of Kent, in partnership with Ipsos, conducted Wave 2 of the [Adult social care workforce survey](#), which was repeated in 2025. 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 latest [‘The Adult Social Care workforce and their work-related quality of life’](#) report.

3.9.1 Average sickness rates

There was an estimated workforce of 1.45 million directly employed staff (permanent and temporary only) within local authorities, independent sector employers and posts working for

direct payment recipients in 2025/26. These workers had an average of 4.9 sickness days per employee, meaning a total of approximately 7.2 million days were lost to sickness over the year.

Data from the [Labour Force Survey](#) relating to sickness absence in the labour market shows that across the wider economy in 2025, there were an average of 4.4 sickness days per worker, which was slightly lower than adult social care in 2025/26.

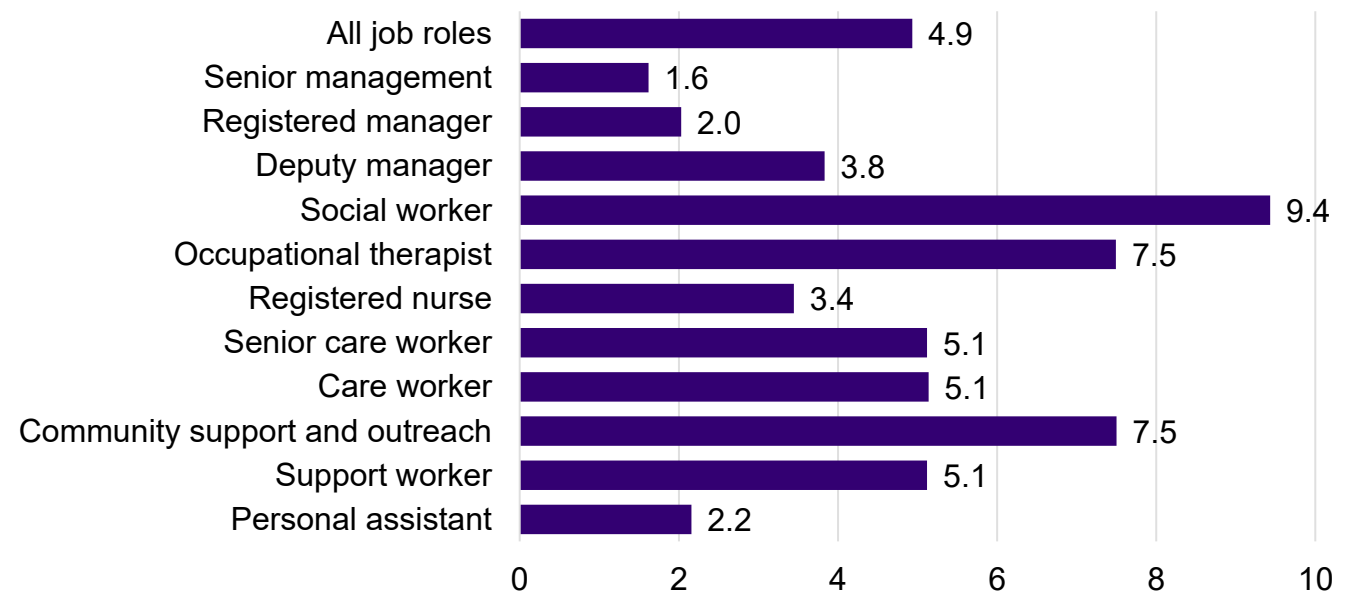
Chart 52 below shows that the average number of sickness days varied by job role. Social workers, support and outreach, and occupational therapists had the highest average numbers of sickness days, at 9.4, 7.5 and 7.5 days per year respectively. It should be noted that the majority of social workers and occupational therapists work within the local authority sector where they generally have higher rates of sickness compared to the independent sector.

Senior managers had the lowest average number of sickness days, at 1.6 days, followed by registered managers at 2.0 days and personal assistants at 2.2 days. Personal assistants employed by a friend or family member had on average 1.6 sickness days while those employed by a non-friend or family member had an average of 2.8 days. More information about this topic is presented in our [‘Individual employers and the personal assistant workforce, 2026’](#) report.

Registered nurses also had lower sickness rates, at an average of 3.4 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.

Chart 52. Estimated average sickness days taken by selected job roles, 2025/26

Source: Skills for Care estimates



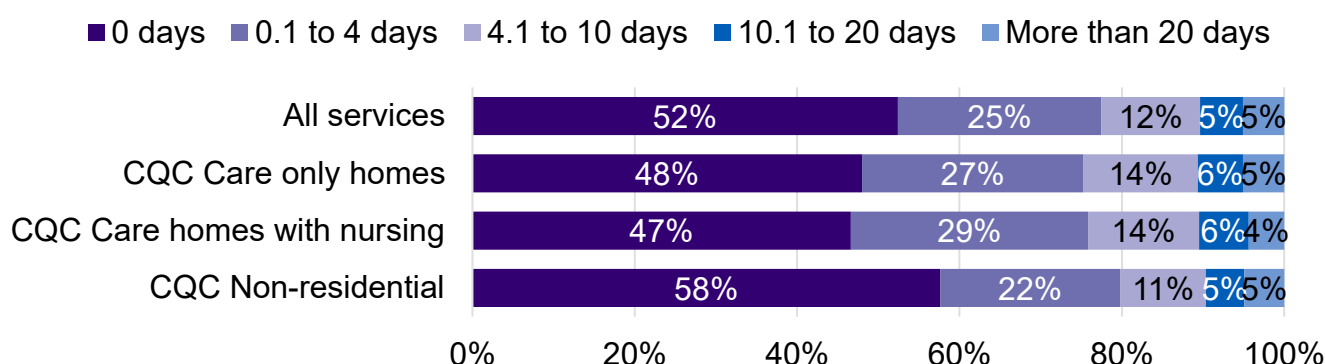
On average, sickness rates were higher within local authorities (10.5 days for all job roles and 13.4 for care workers) than among independent sector employers (4.7 days for all job roles and 4.9 for care workers). Differences in employment terms and conditions may contribute to this

variation. Analysis of responding establishments in the ASC-WDS showed that in 2025/26, the majority (95%) of care workers in the local authority sector establishments received more than the statutory rate of sick pay, compared to 24% of care workers in independent sector establishments. For more information, see Section 2.6 – Enhanced care worker sick pay.

Although the average number of sickness days was 4.9, unweighted data from the ASC-WDS showed that over half of workers in the independent sector had zero sickness days (52%). Chart 53 below shows that CQC care homes with nursing and CQC care only homes had more workers absent through sickness than domiciliary care services.

Chart 53. Sickness distribution by service type (independent sector only), as at March 2026

Source: ASC-WDS unweighted data



3.9.2 Sickness trends

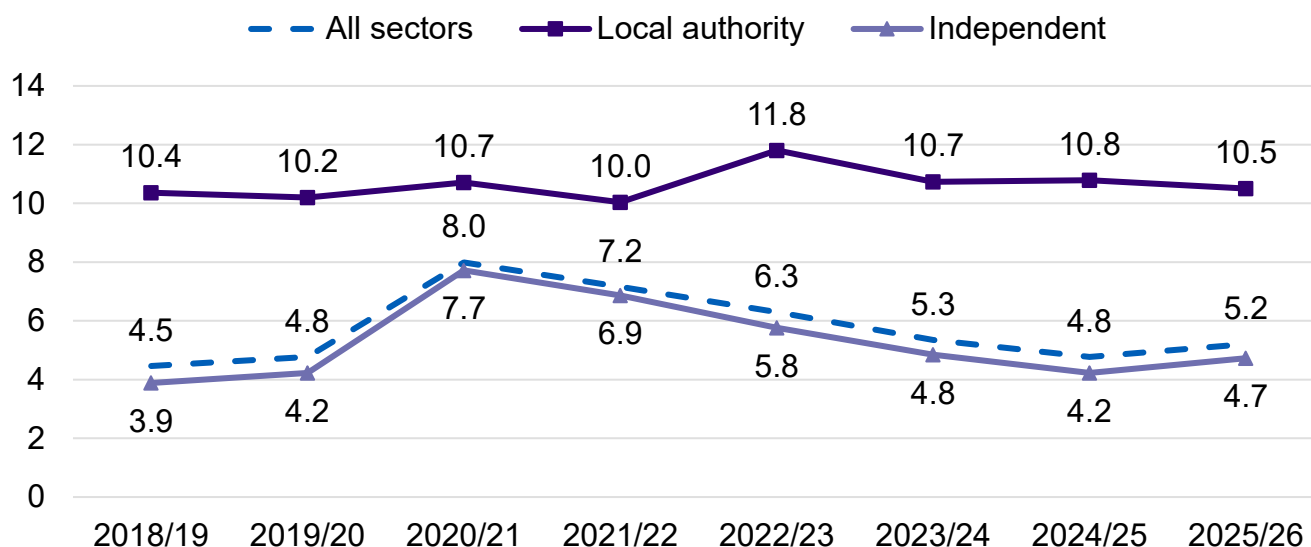
This section does not include employees working for direct payment recipients, as trends were unavailable for this part of the sector.

Levels of staff sickness absence 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 included 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 2025/26, an average of 4.7 days were lost to sickness in the independent sector, an increase of 0.5 days from 2024/25. In the local authority sector, the average number of sickness days has remained relatively stable over the period. However, it decreased from a peak of 11.8 days in 2022/23 to 10.5 days in 2025/26.

Chart 54. Estimated average (mean) number of sickness days by sector (local authority and independent sectors only), 2018/19 to 2025/26

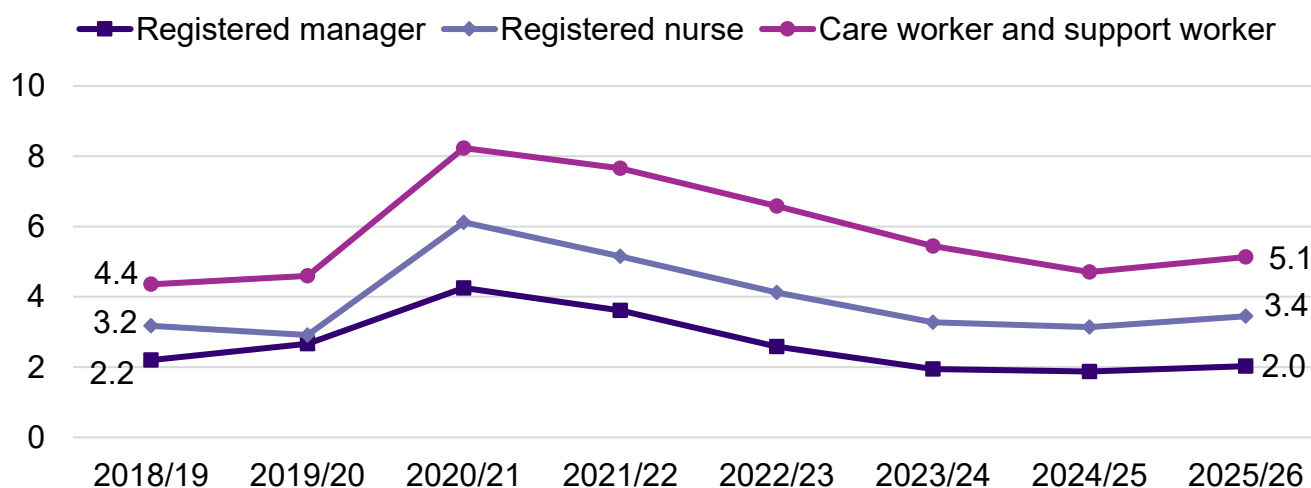
Source: Skills for Care estimates



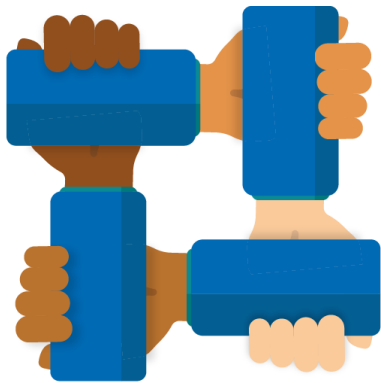
The chart below shows the sickness trend for selected job roles. Registered managers, nurses and staff in the 'care worker and support worker' group all experienced similar increases in sickness rates while COVID-19 restrictions were in place. Since the relaxation of restrictions, the average number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

Chart 55. Estimated average sickness days taken by selected job roles, 2018/19 to 2025/26

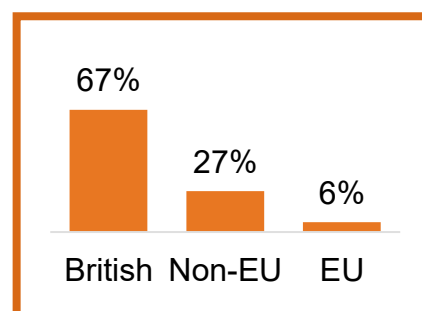
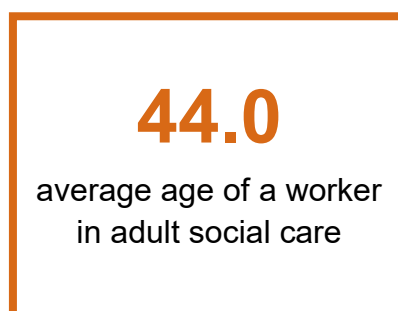
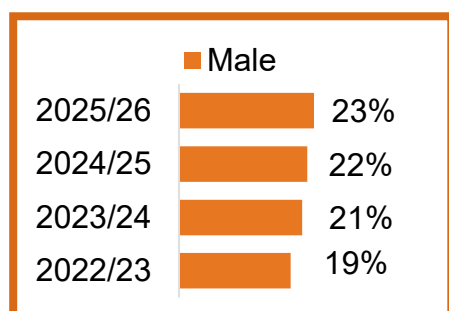
Source: Skills for Care estimates



4. Demographics



This chapter explores the diversity of the adult social care workforce through analysis of workforce characteristics including gender, age, disability status, ethnicity and nationality.



Key findings

- In 2025/26, 23% of the adult social care workforce identified as male, the highest proportion recorded over the reported period. The proportion was highest among senior management roles and support workers, where 32% of the workforce in these roles identified as male.
- The mean average age of the adult social care workforce was 44.0 years in 2025/26, with 27% aged 55 and over. This highlights both the experience within the current workforce and the importance of understanding and planning for future workforce changes. The job role with the highest proportion aged 55 and over was personal assistant (40%), followed by senior management (37%).
- In 2025/26, the adult social care workforce was ethnically diverse, with 61% being people of White ethnicities. This was lower than the [economically active population in England](#) (79%). This demonstrates the important role that people from a range of ethnicities play in sustaining the adult social care workforce and highlights the importance of effective recruitment, retention and workforce planning.
- There was substantial regional variation in the ethnic diversity of the adult social care workforce in 2025/26. London had the highest proportion of workers of Black, Asian or minority ethnicities (80%), compared with 20% to 43% across the other regions.
- The three most common non-British nationalities among adult social care workers in 2025/26 were Nigerian (27%), Indian (17%) and Zimbabwean (9%). Understanding the nationalities represented in the workforce is important for workforce planning, particularly in relation to international recruitment, retention and future workforce supply.

4.1 Diversity within adult social care

Adult social care has a diverse workforce, reflecting the diversity of the people and communities it supports. Understanding who works in adult social care is important for workforce planning and for understanding whether different groups are represented across the workforce. It can also help organisations consider whether their recruitment, retention, development and progression practices support a workforce in which everyone has the opportunity to thrive.

However, diversity is about more than representation. A workforce can be diverse in its demographic composition while people from different backgrounds experience work differently

or have unequal opportunities to progress. Understanding equality and inclusion therefore requires us to consider not only who is represented, but also how different groups experience work. Demographic characteristics can also overlap, and people's experiences cannot always be understood by considering one characteristic in isolation.

The data in this chapter provides insight into the demographic profile of the adult social care workforce and highlights differences in representation across roles and settings. These insights form an important foundation for understanding how well the workforce reflects the communities it supports and where further action may be needed to promote equality and inclusion.

Skills for Care is committed to supporting equality, equity, diversity and inclusion across adult social care. We promote diverse and compassionate leadership and provide resources to help managers and organisations create inclusive workplaces, including guidance on [supporting a diverse workforce](#) and developing a [positive culture toolkit](#) to help deliver the best possible support to the workforce.

Alongside demographic data, Skills for Care uses workforce data and insight to identify differences in representation and experience. This includes our [Social Care Workforce Race Equality Standard \(SC-WRES\)](#), which examines differences in workforce experience and outcomes by ethnicity. The SC-WRES provides evidence to help local authorities understand where racial inequalities may exist within their workforce and to support action to address them.

In May 2026, Skills for Care published the '[SC-WRES 2025](#)' report which explored the experiences of employees of Black, Asian or minoritised ethnicities compared to employees of White ethnicities. This was achieved by analysing the nine indicators listed above and showing a relative likelihood and relative rates against each. The report reveals challenging data: staff from minoritised ethnic backgrounds are 44% less likely to be appointed from a shortlist, 50% more likely to face formal disciplinary action and are underrepresented in senior management (12% vs. 20% overall workforce).

Skills for Care has also developed the [Moving Up programme](#), which supports managers and aspiring managers from Black and Asian minoritised ethnic groups to progress in their careers through self-learning and facilitated online sessions.

4.2 Gender identity

Understanding the gender identity of the adult social care workforce provides an important insight into workforce diversity. This information helps employers, workforce planners and other stakeholders understand representation within the workforce and can support inclusive approaches to recruitment, retention and progression. For Skills for Care, it also helps us understand how the composition of the workforce is changing over time and provides evidence to inform our work to support a diverse and inclusive adult social care workforce.

The Adult Social Care Workforce Data Set (ASC-WDS) collects information on the gender identity of workers. In 2020/21 the gender question was updated from 'gender' to 'gender

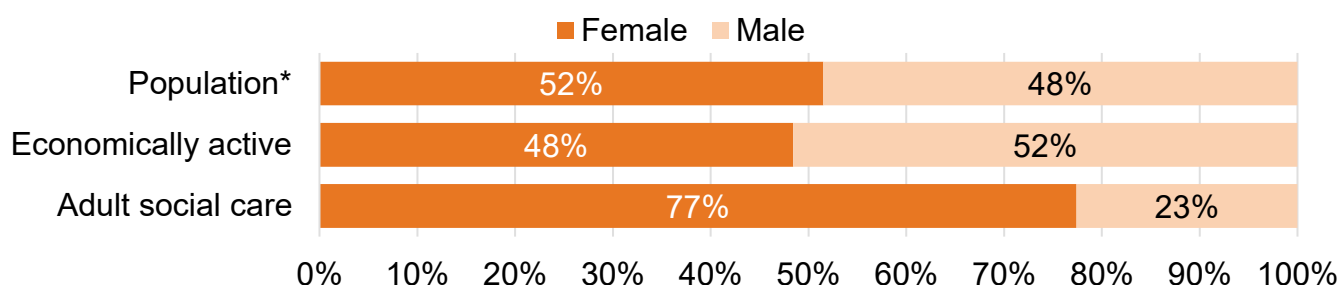
identity' and the option of 'other' was added alongside 'male', 'female' and 'I don't know'. It is important to note that this information is reported by employers rather than workers themselves, which may mean that people with a gender identity other than male or female could be less likely to be recorded in the ASC-WDS. 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.

In 2025/26, around 0.05% of adult social care staff in England were recorded by their employer as identifying as an 'other' gender. 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 (750 filled posts). 'Not known' responses were removed prior to the [weighting process](#), as with our other variables.

Chart 56 shows the gender breakdown of the population 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 contrast, the 77% of people working in adult social care identified as females and 23% of the workforce identified as male.

Chart 56. Estimated gender of the adult social care workforce, the population* and the economically active population, 2025/26

Source: Skills for Care estimates, Labour Force Survey 2025/26, Census 2021



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

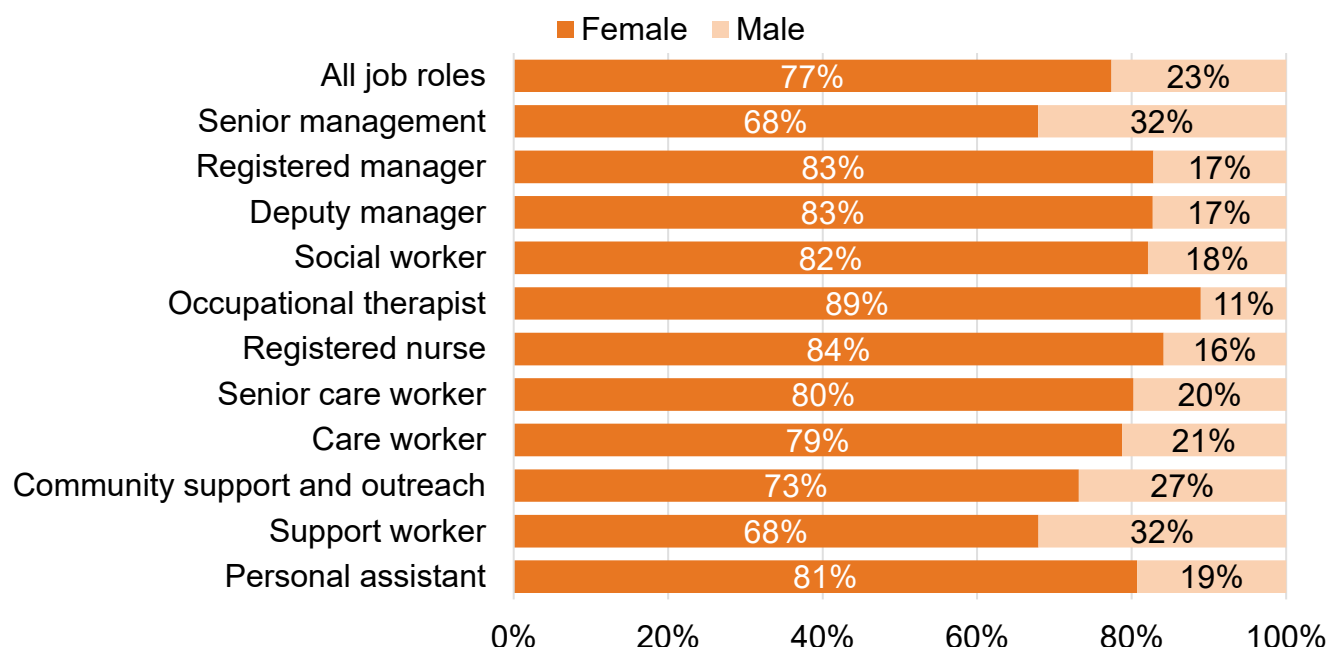
Over the last two years, Skills for Care has been contributing to [the MEND study](#) alongside [NICHE-Leeds](#) and the [National Care Forum](#). This study explores how to attract and recruit more men into the adult social care workforce, retain those already working in the sector, and understand the challenges they face. Alongside quantitative analysis of ASC-WDS data, qualitative research is examining how improving workforce equality, diversity and inclusion would benefit men currently working in the sector and improve retention of male care workers. Phase 2 of this project will explore how other sectors such as nurseries and primary schools have increased the number and diversity of male staff.

In 2025/26, gender proportions varied across job roles in the adult social care workforce; however, most workers in each role were female. As shown in

Chart 57 chart below, the proportion of workers who were male ranged from 11% in occupational therapist roles to 32% in both support worker roles and in senior management roles.

Chart 57. Estimated proportion of workers by gender for selected job roles, 2025/26

Source: Skills for care estimates

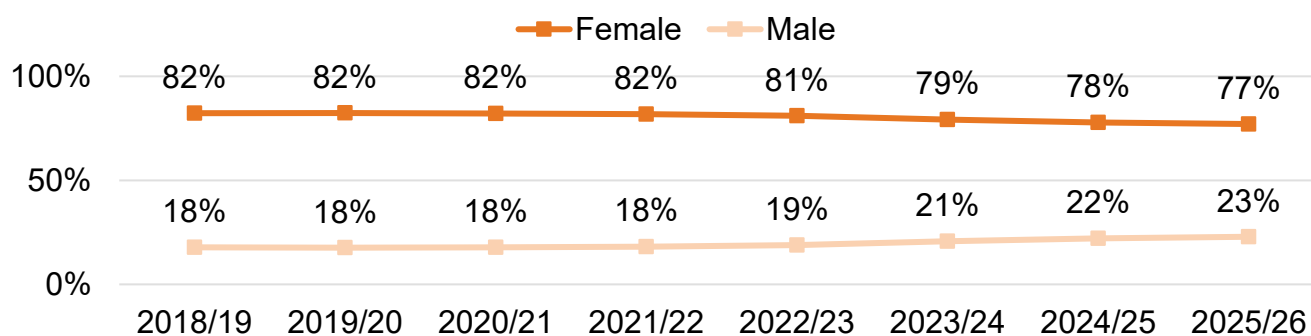


Between 2018/19 and 2021/22, the proportion of workers who identify as male in the local authority and independent sectors remained consistent at 18%. Since then, as shown in the chart below, the proportion of workers who identify as male has increased to 23% in 2025/26, an increase of around 100,000 filled posts.

The substantial growth in international recruitment since 2022/23 has contributed to the increase in the proportion of male workers. Care workers and support workers recruited internationally both on the Health and Care Worker visa and via other routes, were more than twice as likely to be male (39% and 35% respectively) than domestic recruits (16%). See Chapter 8 – International recruitment, for further detail.

Chart 58. Estimated proportion of workers by gender (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates



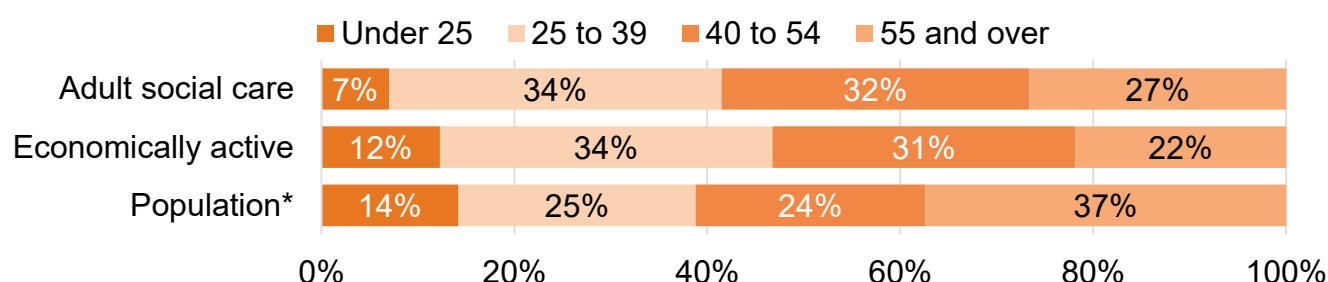
4.3 Age

Understanding the age profile of the adult social care workforce provides insight into the experience and diversity of people working in the sector. It is also important for workforce planning, helping employers and other stakeholders anticipate how the workforce may change over time. This supports planning for recruitment, retention, development and succession across the sector.

The age profile of the adult social care workforce in 2025/26 was slightly older compared to the wider economically active population. As shown in Chart 59, younger workers (under 25) were less represented in adult social care (7%) compared with the economically active population (12%). 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 with 22% of the economically active population.

Chart 59. Estimated age distribution of the adult social care workforce, economically active population and the England population, 2025/26

Source: Skills for Care estimates, Labour Force Survey 2025/26, Census 2021

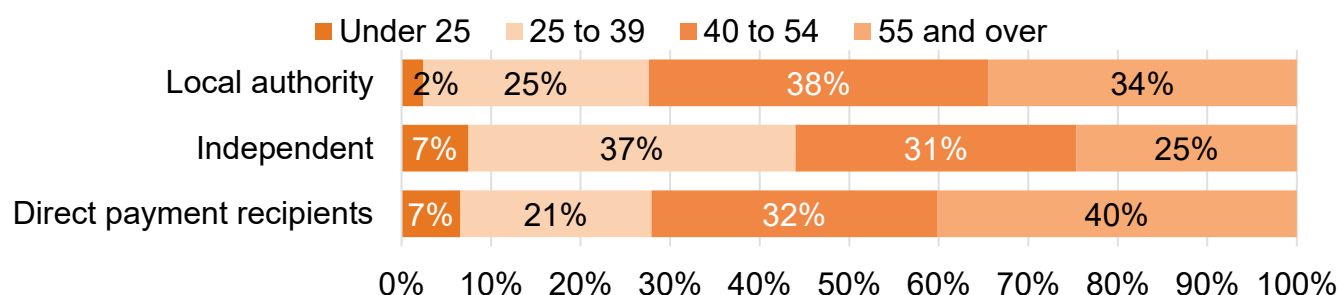


* Population includes those aged 15 and above due to comparison with other sectors

Within adult social care, there was variation in age across the workforce in England in 2025/26, as shown in Chart 60. Workers in the independent sector had the largest proportion of younger workers, with 7% aged under 25. Conversely, staff employed in the local authority sector were older on average, with 38% aged 40 to 54. Personal assistants working for direct payment recipients had the highest proportion of workers aged 55 and over at 40%.

Chart 60. Estimated age distribution of the adult social care workforce by sector, 2025/26

Source: Skills for Care estimates



The average age of a worker in the adult social care sector in any job role was 44.0. The table below shows average age varied across different job roles, with care workers (42.1) having the youngest average age of the job roles shown. Senior management and personal assistants had the oldest average ages, at 49.9 and 48.7 respectively.

Table 9. Estimated average (mean) age and age distribution of the adult social care workforce by selected job roles, 2025/26

Source: Skills for Care estimates

	Mean age	Under 25	25 to 39	40 to 54	55 and over
All job roles	44.0	7%	35%	32%	27%
Senior management	49.9	1%	20%	43%	37%
Registered manager	48.3	<0.5%	24%	44%	31%
Deputy manager	43.4	2%	40%	39%	19%
Social worker	45.0	2%	34%	40%	24%
Occupational therapist	44.9	2%	33%	42%	24%
Registered nurse	47.5	1%	31%	38%	31%
Senior care worker	43.1	3%	41%	35%	21%
Care worker	42.1	9%	39%	30%	22%
Community support and outreach	45.4	5%	33%	33%	31%
Support worker	42.0	8%	39%	30%	22%
Personal assistants	48.7	7%	21%	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.

Skills for Care is supporting the [OSCAR Study](#), funded by NIHR Social Care Workforce Research Partnership. This study aims to identify organisational factors and approaches with potential to support social care employers to attract, recruit and retain younger people (aged up to 30 years) as care workers and regulated professionals in adult social care.

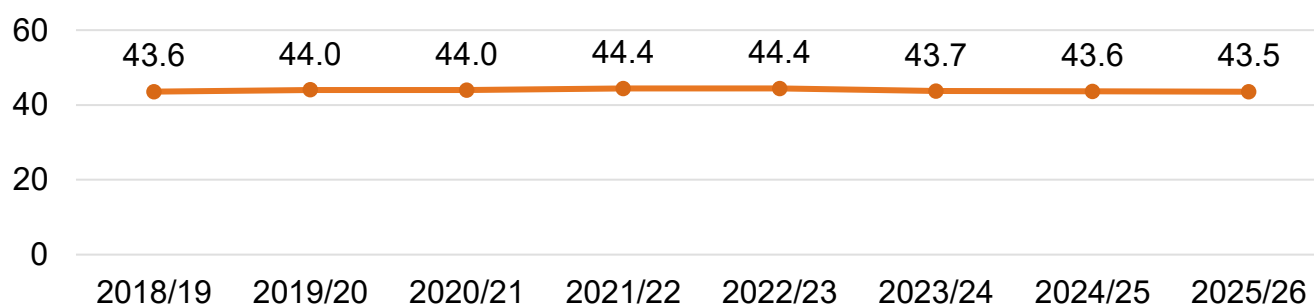
As mentioned above, nearly three in five workers in the adult social care workforce are aged over 40 (59%). This highlights the experience within the current workforce, while also demonstrating the importance of understanding and planning for future workforce changes. In 2025/26, 27% of social care staff were aged 55 and over, meaning a significant proportion of the workforce could reach traditional retirement age over the next 10 years. The highest proportions of older workers were found among personal assistants (40%) and senior management (37%).

Workers aged 55 and over were more likely to work part-time than other workers. This may reflect changes in working patterns as people get older and highlights the importance of considering both age and working patterns when planning for the future workforce.

In the local authority and independent sectors in 2025/26, the average age was 43.5. This was 0.1 years younger than reported in 2018/19 and in 2024/25 (43.6), as shown in Chart 61. Between 2018/19 and 2022/23, the average had increased by 0.8 years to 44.4, but between 2022/23 and 2025/26, the average age has decreased again from 44.4 to 43.5.

Chart 61. Estimated mean average age trend of the adult social care workforce (local authority and independent sectors only), 2018/19 to 2025/26

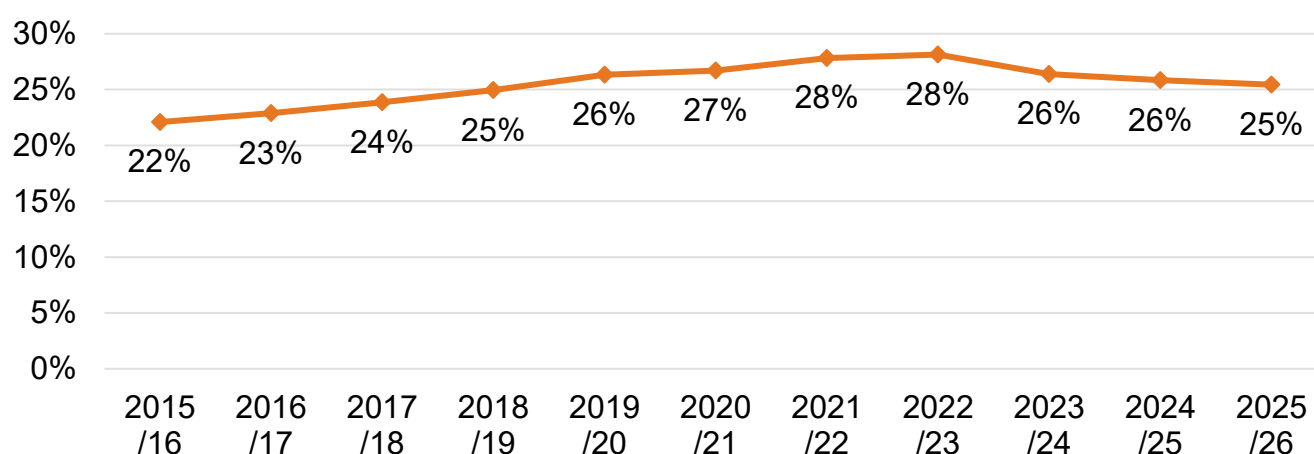
Source: Skills for Care estimates



The proportion of workers aged 55 and over has decreased slightly, from 28% in 2022/23 to 25% in 2025/26. As shown in Chart 62, this follows a period of steady increases up to 2021/22. While this represents a modest change in the age profile of the workforce, workers aged 55 and over continue to make up a significant proportion of the workforce. Understanding these trends is important for workforce planning, both to recognise the experience within the current workforce and to anticipate future changes in workforce composition. For further information and resources for recruitment and retention of the workforce, see Section 3.1.

Chart 62. Estimated proportion of the adult social care workforce aged 55 and over (local authority and independent sectors only), 2018/19 and 2025/26

Source: Skills for Care estimates



The substantial growth in international recruitment since 2022/23 has contributed to the decrease in the average age of the workforce in the independent sector. Care workers and support workers recruited internationally, both via the Health and Care Worker visa and via other routes, had a lower average age (35.0 and 37.0 respectively) than domestic recruits (39.8). This is also reflected in the proportion aged 55 and over: 1% of those recruited on the

Health and Care Worker visa and 6% of those recruited via other routes were aged 55 and over, compared with 22% of domestic recruits. For further analysis of the characteristics of internationally recruited workers, see Chapter 8 – International recruitment.

4.4 Workers with a disability

Understanding disability within the adult social care workforce is important for understanding representation and supporting an inclusive workforce. Disabled workers bring valuable skills, experience and perspectives to the sector, and understanding their representation can help employers and workforce planners consider recruitment, retention, development and progression. It is also important to understand whether disabled workers experience barriers or differences in their working lives, and what employers can do to support them to remain and progress in the workforce.

In line with the Equality Act 2010, we use ‘disabled’ to mean having a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to do normal daily activities. The ASC-WDS does not specify the type of disability recorded, so this will include physical and mental disabilities.

The ASC-WDS collects disability information from employers rather than directly from workers. Employers are asked: ‘Do they identify as having a disability?’. This means that the information recorded may not fully reflect workers’ own identification or disclosure of disability. A disability may not be visible to an employer, or a worker may choose not to disclose it. As a result, the proportion recorded as disabled in the ASC-WDS may underestimate the actual proportion of disabled workers in the sector.

Despite these limitations, the large size and coverage of the ASC-WDS makes it an important source of information about the adult social care workforce. Findings should be considered alongside other sources of evidence, however, particularly those that collect disability information directly from workers.

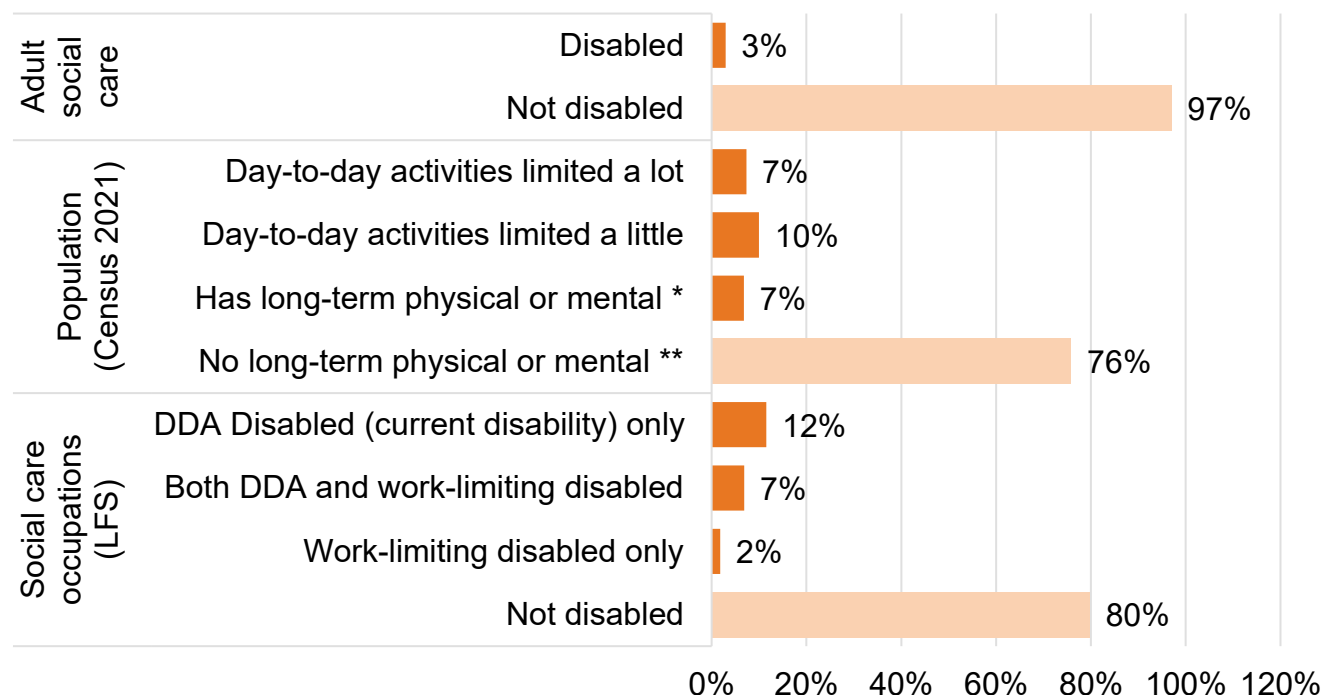
Comparing the ASC-WDS estimate with other sources provides useful context when interpreting the data. Estimates vary between data sources, reflecting differences in the populations covered, the questions asked and, importantly, whether information is self-reported by workers or provided by employers.

In 2025/26, an estimated 3% of workers were recorded as having a disability, an increase from 2% in 2024/25. This proportion was lower than the proportion of people in England with a disability, according to the 2021 UK census (24%). The Labour Force Survey (LFS) also identified a higher proportion of disabled workers in social care occupations in 2025/26, with 20% meeting the Disability Discrimination Act (DDA) 1995 definition.

As shown in Chart 63 below, it is possible that the proportion of disabled workers in the ASC-WDS (3%) is more comparable with the LFS ‘work-limiting’ disability category, which is 2%.

Chart 63. Estimated proportion of the adult social care workforce, England population and economically active population by disability status, 2025/26

Source: Skills for Care estimates, Census 2021, Labour Force Survey 2025/26



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

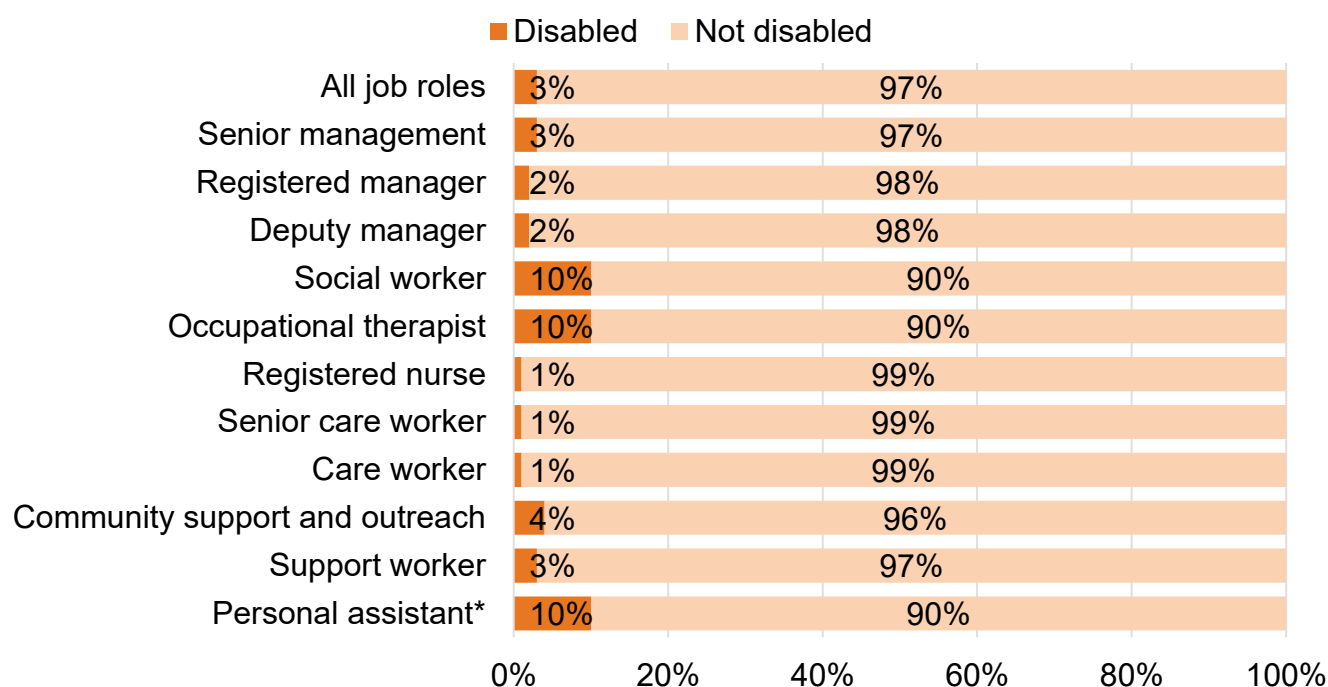
** No long-term physical or mental health conditions

Disability status varied little across different job roles in adult social care, with an average of 3% of the workforce being recorded as having a disability in 2025/26. However, as shown in Chart 64 below, social workers and occupational therapists had the highest proportion of disabled workers (10% each). The majority of social workers (95%) and occupational therapists (91%) were employed within the local authority sector.

Around 10% 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 capture all types of disability.

Chart 64. Estimated proportion of workers by disability status and selected job roles, 2025/26

Source: Skills for Care estimates



* Personal assistants self-report their disability status when they complete the annual Personal Assistant survey. This differs to other job roles where disability status is reported by the employer on behalf of their workers in the ASC-WDS.

The [Adult social care workforce survey](#) provides additional insight because workers reported their own disability status and were asked about their experiences at work. The survey was led by Ipsos in partnership with the University of Kent, Skills for Care and King's College London. The [Wave 1 survey](#) took place in 2023 just as the adult social care sector was coming out of the COVID-19 pandemic. The [Wave 2 survey](#) aimed to measure if and how the wellbeing and work-related quality of life of the workforce had changed between 2023 and 2025.

The second wave report shows that, in 2025, 24% of respondents identified as disabled. The survey also found differences between disabled and non-disabled workers across several measures of wellbeing, workplace experience and intention to leave:

- The survey highlights potential implications for retention. Workers with a disability were more likely than workers with no disability to report an intention to leave their organisation or look for another job.
- Workers with a disability reported different experiences of physical violence. Half (50%) said they had experienced physical violence from people they cared for or supported at least once, compared with 37% of workers with no disability.
- Workers with a disability reported higher levels of anxiety than workers with no disability.

These findings highlight the importance of considering both the representation of disabled people within the workforce and their experiences at work when developing approaches to workforce wellbeing, retention and future workforce planning.

4.5 Ethnicity

Understanding the ethnic diversity of the adult social care workforce is important for understanding representation across the sector and whether people from different ethnicities have equitable opportunities to enter, progress and remain in the workforce. This information helps employers, workforce planners and other stakeholders understand the composition of the workforce and identify differences in representation that may require further consideration. For Skills for Care, understanding the ethnicity of the workforce also provides important context for our work to understand and address racial inequalities through the SC-WRES.

The ASC-WDS holds information on workers ethnicity, with 18 ethnicity options available to choose from, which are then grouped into five categories. These five category groups use the same groupings as the Office for National Statistics (ONS) in their [Ethnic group classification 6a](#) to analyse Census 2021 data, however the titles of these groups have been decided by the Skills for Care Workforce Intelligence team:

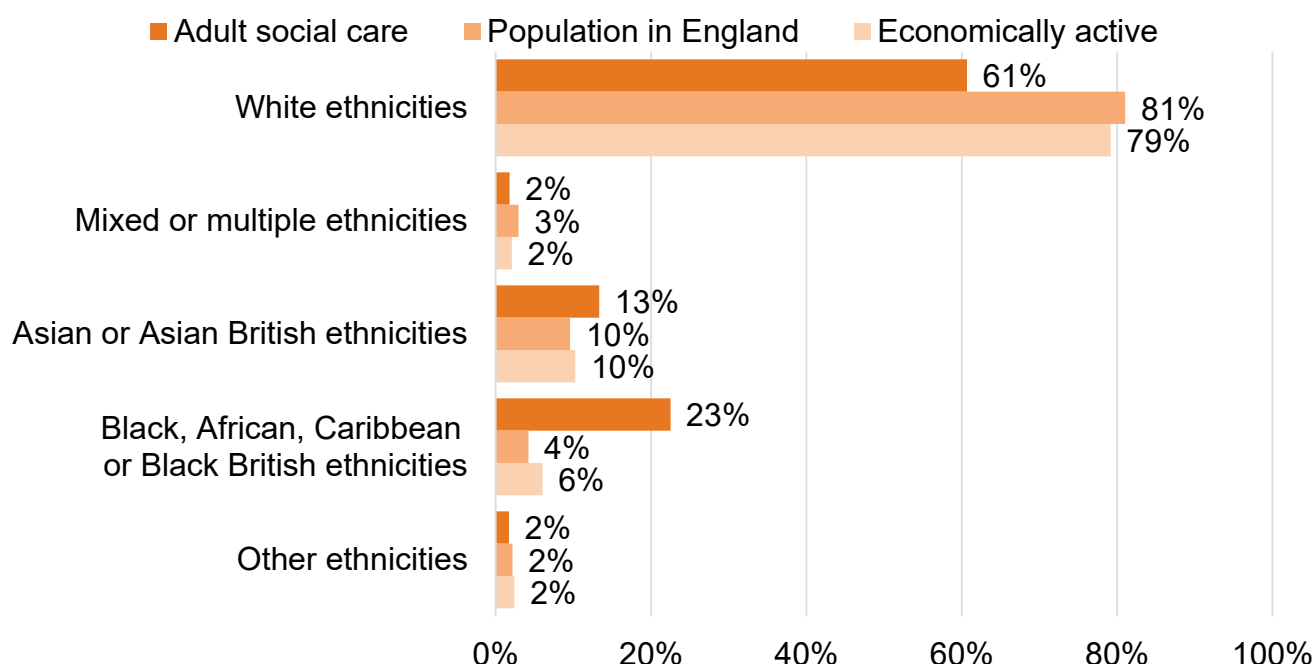
- White ethnicities.
- Mixed or multiple ethnicities.
- Asian or Asian British ethnicities.
- Black, African, Caribbean or Black British ethnicities.
- Other ethnicities.

Prior to 2025, we have analysed ethnicity each year using the five groups. For our analysis of data from September 2025 onwards, we will analyse both the groups and the individual ethnicities to better describe the full ethnic diversity of the workforce.

The adult social care workforce is ethnically diverse; as of 2025/26, nearly two-thirds of workers were people of White ethnicities (61%), while over one in five were people of Black, African, Caribbean or Black British ethnicities (23%) and 13% were people of Asian or Asian British ethnicities. The adult social care workforce was more ethnically diverse in 2025/26 than the population of England according to the 2021 UK census and the Labour Force Survey.

Chart 65. Estimated proportion of the adult social care workforce, population in England and economically active population by ethnicity group, 2025/26

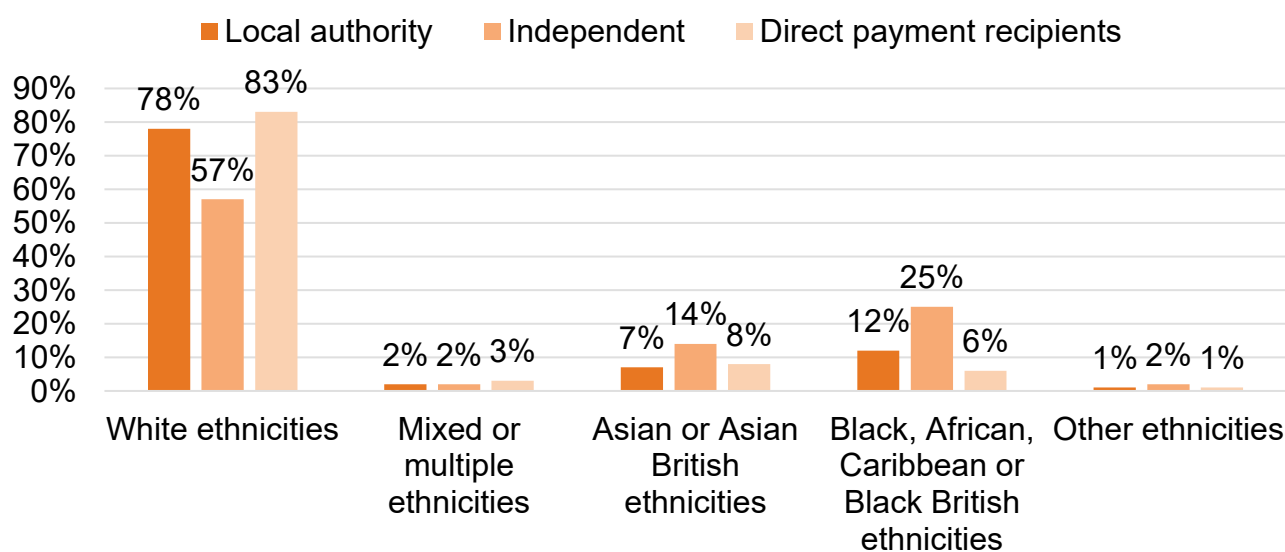
Source: Skills for Care estimates, Census 2021, Labour Force Survey 2025/26



The chart 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 (25% or 335,000 filled posts), and the highest proportion of workers of an Asian or Asian British ethnicity (14% or 193,000 filled posts).

Chart 66. Estimated proportion of filled posts by ethnicity group and sector, 2025/26

Source: Skills for Care estimates



The table below shows both ethnicity groups and individual ethnicities, in order to better describe the full ethnic diversity of the workforce.

Table 10. Estimated proportion of filled posts by ethnicity, ethnicity group and sector, 2025/26

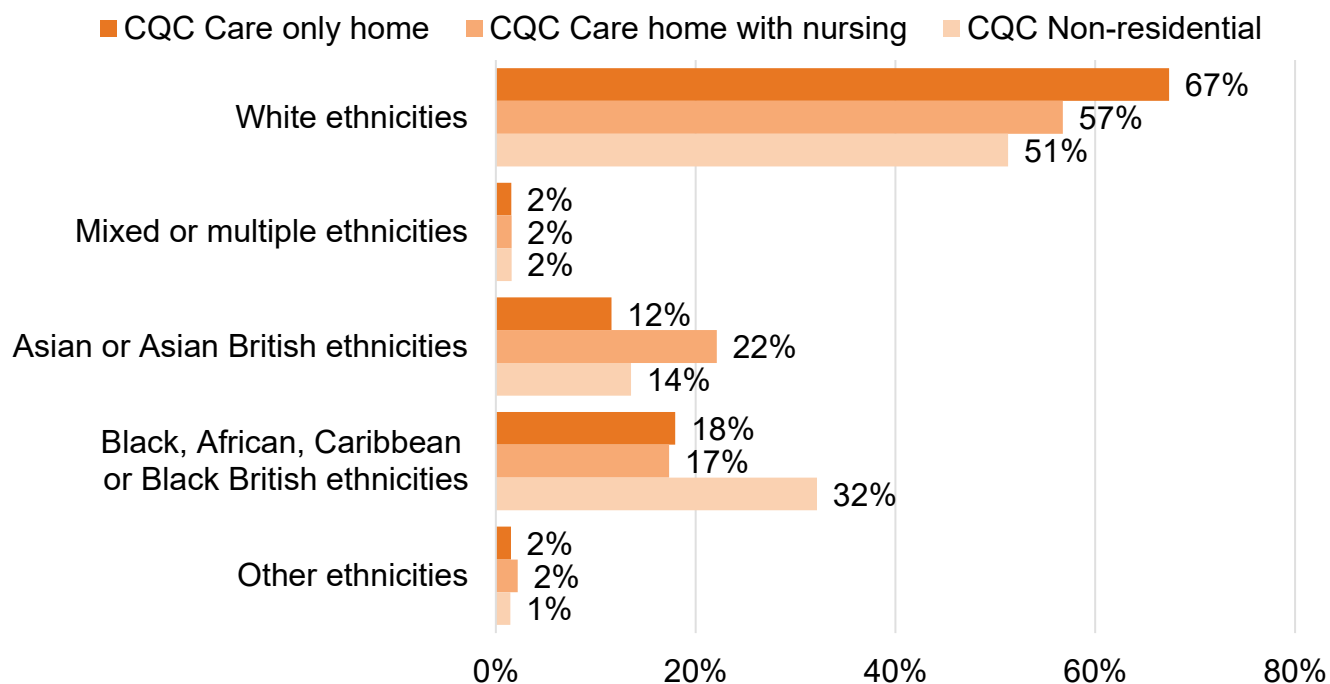
Source: Skills for Care estimates

	All sectors	Local authority	Independent	Direct payment recipients
White ethnicities	61%	78%	57%	83%
White British (English, Welsh, Scottish, Northern Irish)	56%	72%	52%	79%
White Irish	<0.5%	1%	<0.5%	1%
Gypsy or Irish Traveller	<0.5%	<0.5%	<0.5%	<0.5%
Other White ethnicities	5%	5%	5%	3%
Mixed or multiple ethnicities	2%	2%	2%	3%
White and Asian	<0.5%	<0.5%	<0.5%	1%
White and Black African	<0.5%	1%	<0.5%	<0.5%
White and Black Caribbean	<0.5%	1%	<0.5%	1%
Other mixed or multiple ethnicities	1%	1%	1%	1%
Asian or Asian British ethnicities	13%	7%	14%	8%
Bangladeshi	1%	1%	1%	1%
Chinese	<0.5%	<0.5%	<0.5%	1%
Indian	6%	3%	7%	2%
Pakistani	2%	1%	2%	3%
Other Asian ethnicities	3%	1%	4%	1%
Black, African, Caribbean or Black British ethnicities	23%	12%	25%	6%
African	18%	8%	21%	4%
Caribbean	2%	3%	1%	1%
Other Black ethnicities	2%	2%	3%	<0.5%
Other ethnicities	2%	1%	2%	1%
Arab	<0.5%	<0.5%	<0.5%	<0.5%
Any other ethnicities	2%	1%	2%	<0.5%

The chart and table below show estimated proportion of filled posts by selected main services. CQC non-residential has the most ethnically diverse workforce, with 49% of people in filled posts being of Black, Asian or minority ethnicities, compared to 43% of people within CQC Care home with nursing and 33% of people within CQC Care only homes (without nursing).

Chart 67. Estimated proportion of filled posts by ethnicity group and selected main services, 2025/26

Source: Skills for Care estimates



The table below shows both ethnicity groups and individual ethnicities, this is to better describe the full ethnic diversity of the workforce.

Table 11. Estimated proportion of filled posts by ethnicity, ethnicity group and selected main services, 2025/26

Source: Skills for Care estimates

	CQC Care only home	CQC Care home with nursing	CQC Non-residential
All filled posts	320,000	295,000	580,000
White ethnicities	67%	57%	51%
White British (English, Welsh, Scottish, Northern Irish)	63%	50%	47%
White Irish	<0.5%	<0.5%	<0.5%
Gypsy or Irish Traveller	<0.5%	<0.5%	<0.5%
Other White ethnicities	4%	7%	4%
Mixed or multiple ethnicities	2%	2%	2%
White and Asian	<0.5%	<0.5%	<0.5%
White and Black African	<0.5%	<0.5%	<0.5%
White and Black Caribbean	<0.5%	<0.5%	<0.5%
Other mixed or multiple ethnicities	1%	1%	<0.5%
Asian or Asian British ethnicities	12%	22%	14%
Bangladeshi	1%	1%	2%
Chinese	<0.5%	<0.5%	<0.5%
Indian	6%	13%	6%
Pakistani	1%	1%	3%
Other Asian ethnicities	3%	7%	2%
Black, African, Caribbean or Black British ethnicities	18%	17%	32%
African	15%	13%	28%
Caribbean	1%	1%	2%
Other Black ethnicities	2%	3%	3%
Other ethnicities	2%	2%	1%
Arab	<0.5%	<0.5%	<0.5%
Any other ethnicities	1%	2%	1%

In 2025/26, the ethnic diversity of the adult social care workforce also varied across different job roles. The table below shows that registered nurses and care workers were the most ethnically diverse job roles, with the highest proportions of workers of Black, Asian or minority ethnicities (56% and 49% respectively). Personal assistants and occupational therapists had the highest proportion of workers of White ethnicities, at 83% and 81% respectively.

Table 12. Estimated proportion of the adult social care workforce by ethnicity group and selected job roles, 2025/26

Source: Skills for Care estimates

	White ethnicities	Mixed or multiple ethnicities	Asian or Asian British ethnicities	Black, African, Caribbean or Black British ethnicities	Other ethnicities
All job roles	61%	2%	13%	23%	2%
Senior management	78%	2%	8%	11%	1%
Registered manager	75%	1%	8%	15%	1%
Deputy manager	78%	2%	7%	12%	1%
Social worker	67%	3%	7%	21%	1%
Occupational therapist	81%	3%	6%	9%	1%
Registered nurse	44%	2%	26%	25%	3%
Senior care worker	60%	1%	18%	19%	2%
Care worker	51%	2%	17%	28%	2%
Community support and outreach	66%	3%	7%	23%	2%
Support worker	48%	2%	9%	39%	2%
Personal assistant	83%	3%	8%	6%	1%

Detailed ethnicity information by job role can be found as part of our [‘The state of the adult social care sector and workforce in England’ data visualisation](#).

In the local authority and independent sectors, the ethnic diversity of people working in the adult social care workforce in England differed between regions. As shown below in the table below, the North East region had the least ethnically diverse workforce in 2025/26 (80% were workers of White ethnicities), compared to London, which had the most ethnically diverse workforce (80% were workers of Black, Asian or minority ethnicities). 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 65 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 13. Estimated proportion of the adult social care workforce by ethnicity group and region (local authority and independent sectors only), 2025/26

Source: Skills for Care estimates

	White ethnicities	Mixed or multiple ethnicities	Asian or Asian British ethnicities	Black, African, Caribbean or Black British ethnicities	Other ethnicities
England	59%	2%	14%	24%	2%
Eastern	60%	2%	13%	24%	2%
East Midlands	63%	2%	11%	24%	1%
London	20%	3%	24%	49%	4%
North East	80%	1%	5%	13%	1%
North West	71%	2%	11%	16%	1%
South East	57%	2%	17%	23%	2%
South West	71%	1%	11%	15%	2%
West Midlands	57%	2%	15%	25%	1%
Yorkshire and the Humber	70%	1%	10%	18%	1%

The ethnic profile of the adult social care workforce in the local authority and independent sectors remained relatively stable between 2018/19 and 2020/21, as shown in Table 14. Since 2021/22, the ethnic profile of the adult social care workforce has become more ethnically diverse. Specifically, the proportion of workers of White ethnicities decreased from 79% in 2020/21 to 59% in 2025/26.

Table 14. Estimated proportion of the adult social care workforce by ethnicity group (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates

	White ethnicities	Mixed or multiple ethnicities	Asian or Asian British ethnicities	Black, African, Caribbean or Black British ethnicities	Other ethnicities
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%
2025/26	59%	2%	14%	24%	2%

The substantial growth in international recruitment since 2022/23 has contributed to the changing ethnicity profile of the workforce. Among care workers and support workers recruited

internationally, 99% of those on the Health and Care Worker visa and 91% of those recruited via other routes were of Black, Asian and minority ethnicities, compared with 14% of those recruited through domestic routes. This difference suggests that international recruitment has been a key factor in the changing ethnic profile of the workforce. See Section 9.1.4 for further analysis of the ethnicity of internationally recruited care workers and support workers, and comparisons with domestically recruited care workers.

4.6 Nationality

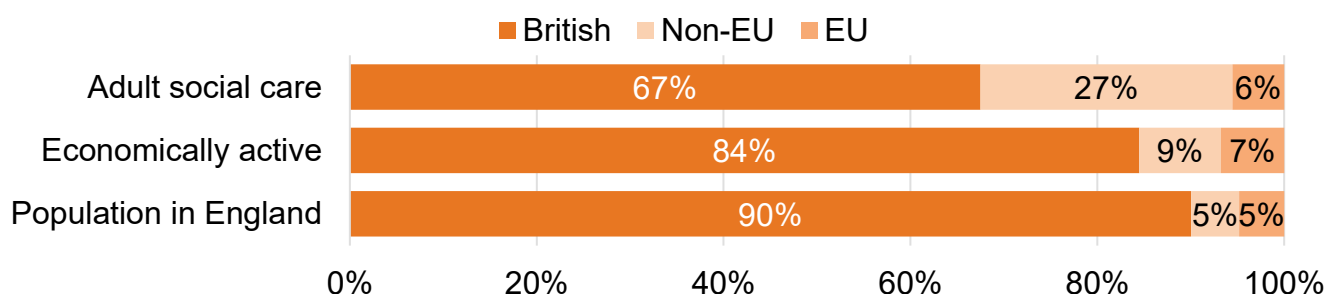
Nationality and ethnicity provide different perspectives on the diversity of the adult social care workforce. Nationality generally refers to the country of which a person is a citizen. Understanding the nationalities represented in the workforce is particularly important for understanding the role of international recruitment in adult social care. This information helps employers, workforce planners and other stakeholders understand the diversity and international contribution of the workforce and supports planning for future recruitment and retention needs.

Two-thirds (67%, 1.075 million filled posts) of the adult social care workforce in 2025/26 had a British nationality, just over a quarter had a non-EU nationality (27%, 430,000 filled posts) and 6% had an EU nationality (88,000 filled posts). Adult social care had a higher proportion of non-EU than EU workers.

The LFS in 2025/26 reported that 84% of the economically active population in England had a British nationality, which is 17 percentage points higher than the proportion of British workers in adult social care. Around 9% of the economically active population were reported to have a non-EU nationality, while 7% had an EU nationality.

Chart 68. Estimated proportion of the adult social care workforce and population of England by nationality, 2025/26

Source: Skills for Care estimates, Labour Force Survey 2025/26, 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 the table below. There were higher proportions of workers with a non-EU nationality in direct

care (32%) and regulated professions roles (24%), than in managers roles (9%). 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 2025/26.

Table 15. Estimated proportion and number of filled posts in the adult social care sector by nationality and job role group, 2025/26

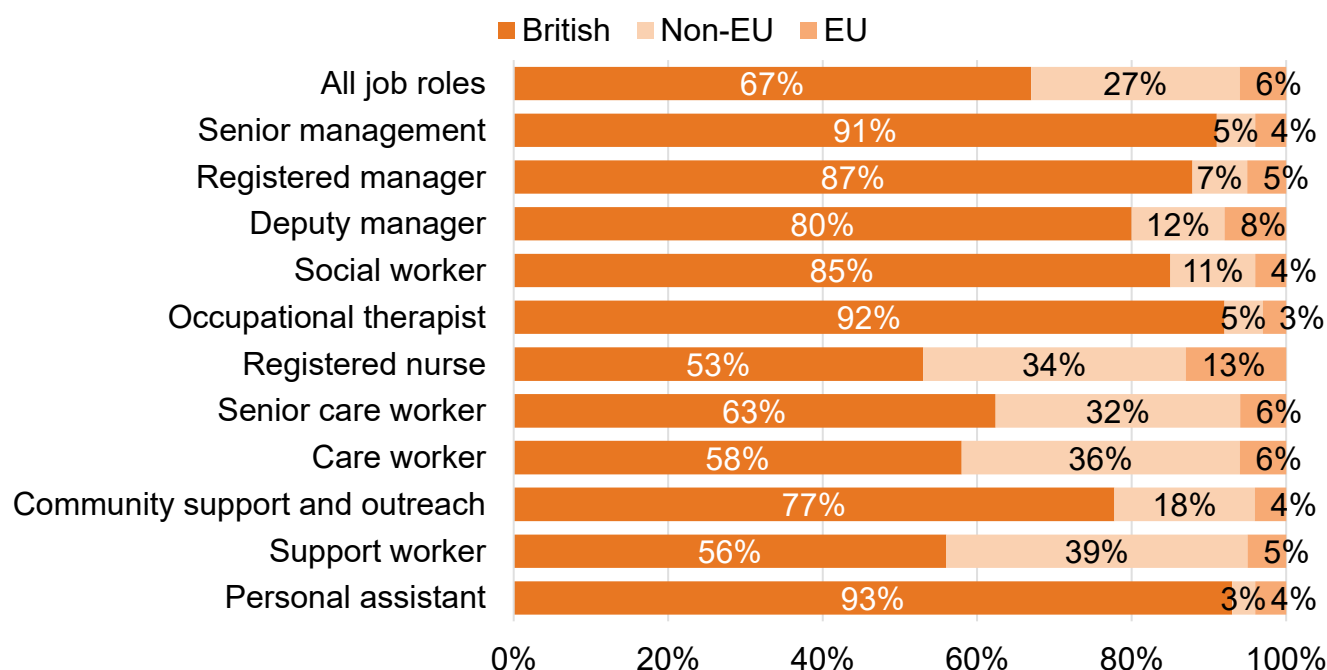
Source: Skills for Care estimates

	British		Non-EU		EU	
All job roles	1,075,000	67%	430,000	27%	88,000	6%
Managers	108,000	85%	12,000	9%	6,800	5%
Regulated professions	43,000	67%	15,000	24%	5,800	9%
Direct care	750,000	63%	385,000	32%	62,000	5%
Other	170,000	84%	19,000	9%	13,500	7%

The chart below shows in more detail the proportion of nationality in each job role, highlighting that senior management (91%) and personal assistant roles (93%) were predominantly filled by British workers. Registered nursing roles had the lowest proportion of workers with a British nationality (53%), while 34% had a non-EU nationality and 13% had an EU nationality. The care worker role had a similar nationality split, with 58% British workers, 36% non-EU workers and 6% EU workers.

Chart 69. Estimated proportion of the adult social care workforce by nationality and selected job roles, 2025/26

Source: Skills for Care estimates



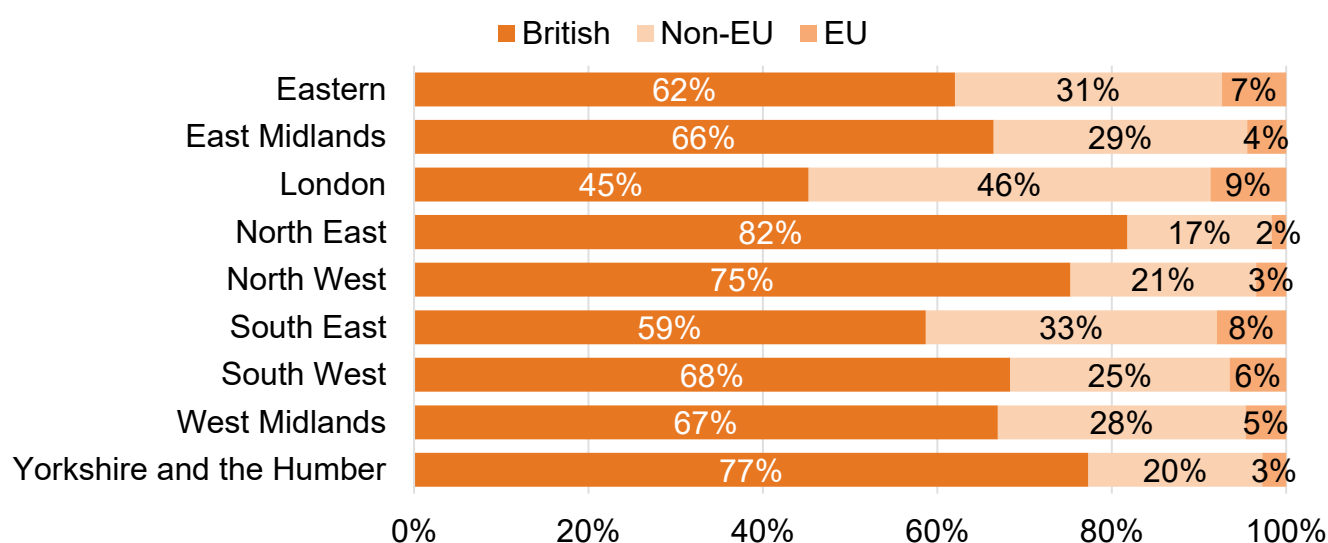
There were regional variations in workforce nationality as shown in Chart 70 for the local authority and independent sectors. Nationality information about filled posts working for direct payment recipients was not available at regional level.

The proportion of British workers varied between regions, the lowest being in London where just under half of adult social care workers had a British nationality (45%). The largest proportion of British workers was seen in the North East region (82%), followed by the Yorkshire and the Humber (77%) and the North West region (75%).

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 68. The regional nationality distribution in adult social care, shown below, follows a similar pattern to that of the population in England, according to the 2021 census.

Chart 70. Estimated proportion of the adult social care workforce by nationality and region (local authority and independent sectors only), 2025/26

Source: Skills for Care estimates

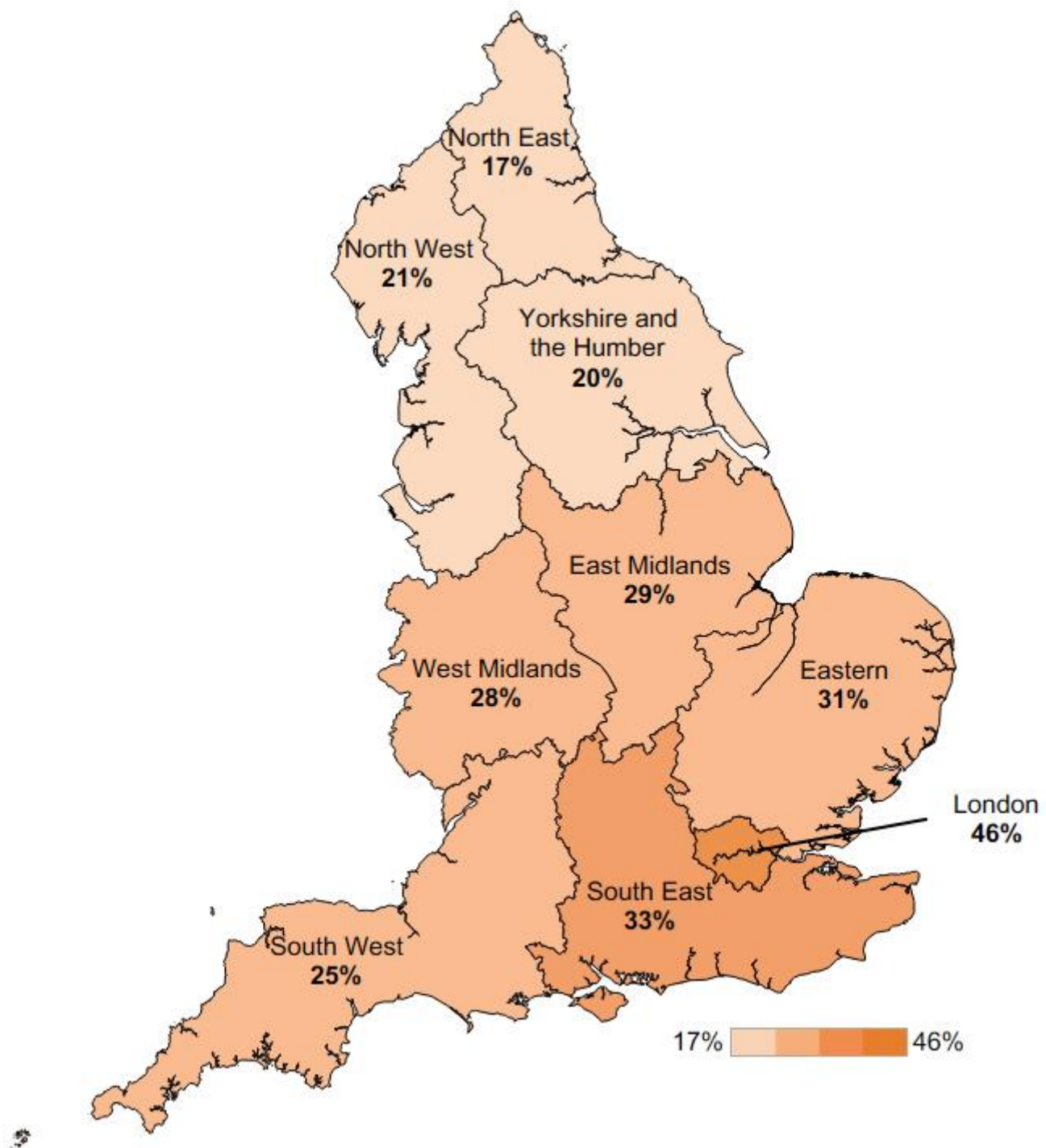


As highlighted in Map 1 below, there was a north/south divide in terms of workforce nationality, particularly in relation to non-EU workers. The lowest proportions of non-EU workers were seen in the north, with the North East region having the lowest (17%), followed by Yorkshire and the Humber (20%) and the North West region (21%).

In the south, London had the highest proportion of non-EU workers at 46%. A third (33%) of the workforce in the South East region had a non-EU nationality and the South West had a lower proportion at 25%.

Map 1. Estimated proportion of the adult social care workforce with a non-EU nationality by region (local authority and independent sectors only), 2025/26

Source: Skills for Care estimates



4.6.1 Nationality trends

The nationality profile of the workforce has changed substantially in recent years as a result of changing UK immigration rules. From 2021, changes to the immigration system introduced routes for overseas workers to take up senior care worker roles and, from 2022, care worker roles. This contributed to a substantial increase in international recruitment, particularly

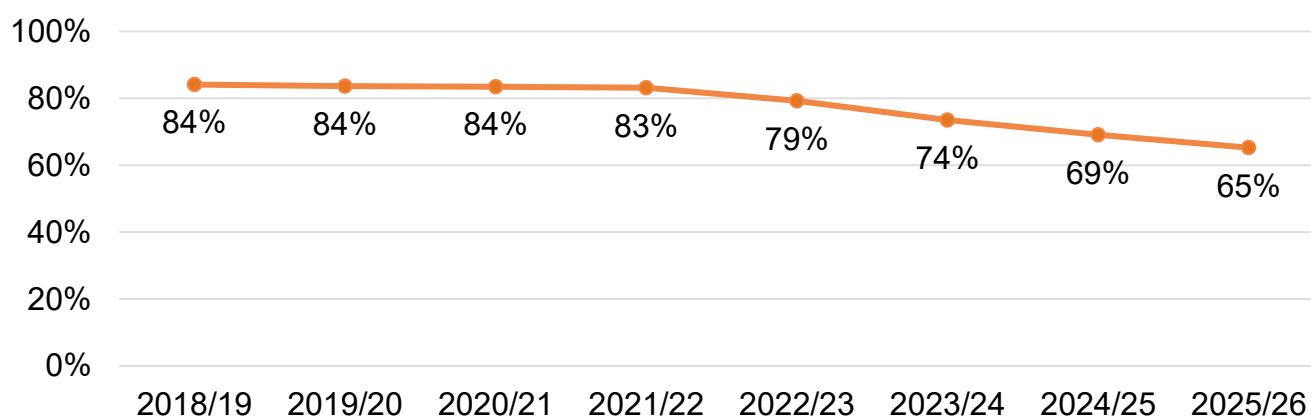
from 2022 onwards. Subsequent changes from 2024 restricted eligibility for overseas recruitment, with care workers and senior care workers removed from the Health and Care Worker visa route for new overseas recruits in July 2025. However, people already in the UK working in these roles can continue to apply for or renew their visas under transitional arrangements until July 2028.

The proportion of workers with a British nationality in the local authority and independent sectors has decreased from 83% in 2021/22 to 65% in 2025/26. This equates to around 107,000 fewer posts filled by people with a British nationality. See Chart 71. 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 decreased from 69% in 2024/25 to 65% in 2025/26. This equates to around 40,000 fewer posts filled by people with a British nationality.

Chart 71. Estimated proportion of the adult social care workforce with a British nationality (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates

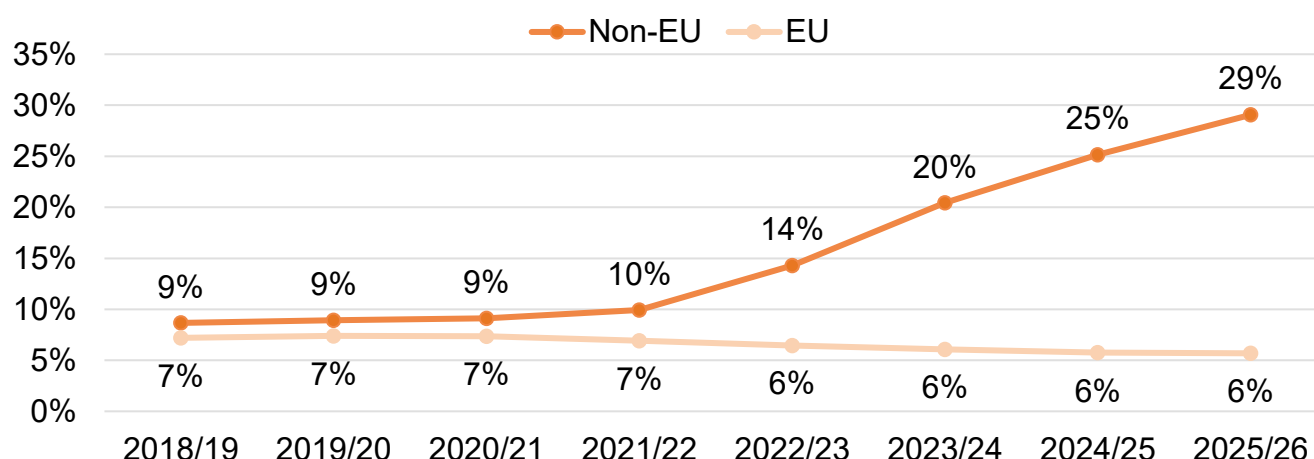


Over the same period there was a 19 percentage point increase of non-EU workers from 10% in 2021/22 to 29% in 2025/26 (around 300,000 filled posts). The substantial growth in international recruitment since 2022/23 has contributed to this increase of non-EU workers. For further analysis of international recruitment trends please see Section 8.1 - Policy changes over time, and Section 8.2- Estimated number of internationally recruited workers.

The overall proportion of EU workers in the local authority and independent sectors remained consistent between 2018/19 and 2025/26, as shown in Chart 72, resulting in a decrease of one percentage point over the period.

Chart 72. Estimated proportion of the adult social care workforce with an EU and non-EU nationality (local authority and independent sectors only), 2018/19 to 2025/26

Source: Skills for Care estimates



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 employers. 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 2025/26, 37% of the combined care worker and support worker group had a non-EU nationality. This is 25 percentage points higher than the 12% reported in 2021/22, an increase of 250,000 filled posts. For more information on international recruitment in these roles and the impact on the adult social care sector workforce, see Chapter 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 73 shows the trend of non-EU and EU registered nurses from 2012/13 to 2025/26.

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 work in the UK.

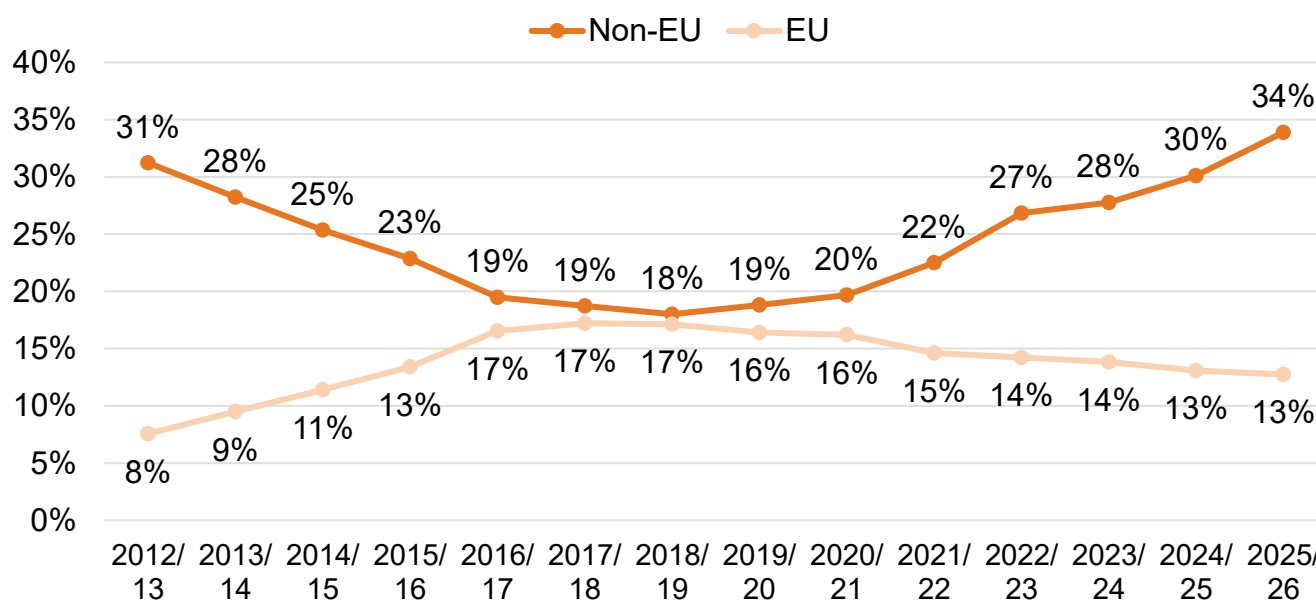
The proportion of registered nurses with an EU nationality rose by nine percentage points from 8% in 2012/13 to 17% in 2016/17. Over the same period, the proportion of registered nurses with a non-EU nationality decreased by 12 percentage points from 31% in 2012/13 to 19% in 2016/17.

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 increased by 14 percentage points between 2020/21 and 2025/26, rising from 20% to 34%. Meanwhile, the proportion of EU registered nurses has remained relatively stable, with a small decrease of 3 percentage points from 16% to 13%.

Chart 73. Estimated proportion of registered nurses with an EU and non-EU nationality (local authority and independent sectors only), 2012/13 to 2025/26

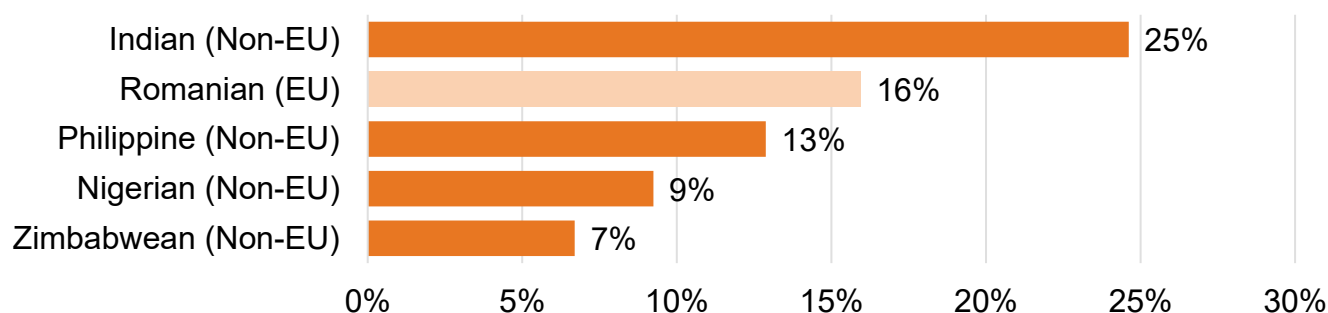
Source: Skills for Care estimates



There were around 130 different nationalities with 10 or more workers represented in the ASC-WDS as at March 2026. 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 74. Five most common nationalities of registered nurses with a non-British nationality, March 2026

Source: ASC-WDS unweighted data



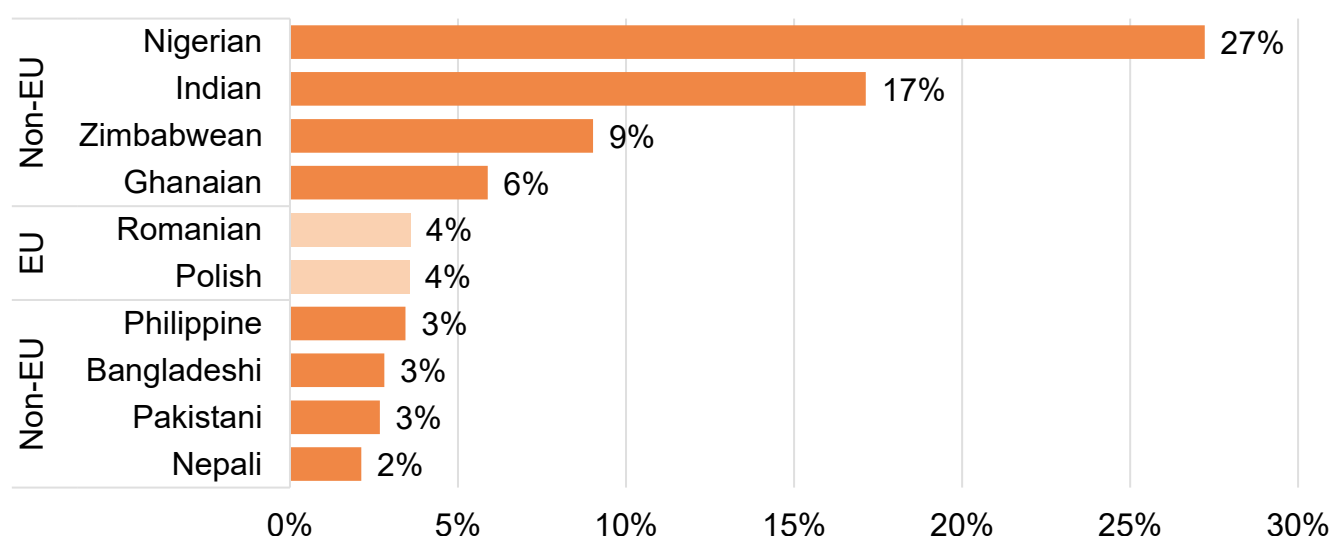
Across all job roles in the adult social care workforce, the top 10 non-British nationalities are highlighted in Chart 75 below. Only two of the top 10 most common nationalities were EU countries, the rest being outside of the EU again, indicating the increase of international

recruitment from non-EU countries in recent years. For more information on international recruitment, see Chapter 8.

The most common non-British nationality as at March 2026 was Nigerian, which made up over a quarter (27%) of the non-British workforce, followed by Indian (17%) and Zimbabwean (9%). Prior to care workers being added to the shortage occupational list 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 75. 10 most common nationalities of the adult social care workforce with a non-British nationality, March 2026

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 so 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 chapter contains information on the hourly pay rates and annual salaries of the adult social care workforce. Hourly and annual salary pay data was converted into full-time equivalent (FTE) annual salaries, using an average working week of 37 hours.

£12.60

Care worker and support worker median hourly pay (independent)

27%

Care worker and support workers paid on the wage floor (NLW+10p)

Care worker and support workers with 5+ years' experience earned

12p

more than those with 1 year

Key findings

These key findings are for care workers and support workers in the independent sector.

- The median hourly rate for care workers and support workers in March 2026 was £12.60, which was 39p higher than the [National Living Wage](#) (NLW) (£12.21).
- The median care worker and support worker hourly rate has nominally increased by 60p (5.0%) since March 2025; however, taking inflation into account, it has increased in real terms by 20p (1.6%).
- Care workers and support workers had lower hourly rates (median - £12.60) compared to Band 3 NHS Healthcare Assistants (HCAs) who were new in role (£12.75); however, they were paid more than those in Band 2 who were new in role (£12.51).
- Care workers and support workers with five or more years' experience were, on average, earning around 12p more per hour than those with less than one year's experience. This is considerably lower than in March 2016, when the gap was 33p per hour.
- Analysis of care workers and support workers from 2024/25 to 2025/26 shows that pay progression usually requires moving into a different role.
- 56% of care workers and support workers outside of London were earning the same or more than the [Real Living Wage](#) (RLW) (£12.60). However, only 31% of care workers and support workers in London were earning the same or more than the RLW for London (£13.85).
- As at March 2026, almost half (49%) of all independent sector workers were paid less than the upcoming mandatory NLW rate (£12.71). This equates to around 655,000 filled posts directly affected by the subsequent increase in the NLW.

The 1.46 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 £81.8 billion in gross value added per annum in England (up 7.3% from 2024/25), see Section 1.7 - Economic contribution, for more information. However, as this chapter shows, adult social care roles remain among the lowest paid in our economy.

5.1 Pay in this report

The Adult Social Care Workforce Data Set (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 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 2025, and from independent sector employers between April 2025 and March 2026. Personal assistants working for direct payment recipients returned information in February 2026 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.

Trended information in this report runs from 2018/19 to 2025/26. However, we have included data from 2016/17 to show the impact of the NLW since its introduction where appropriate. At the time of data collection in this report, the NLW was £12.21 for all workers aged 21 and over.

5.1.2 Comparing the NLW and the RLW

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 6.7% (77 pence) on 1 April 2025, from £11.44 to £12.21 per hour. From 1 April 2026, the NLW rate is £12.71 per hour for workers aged 21 and over, an increase of 50 pence (4.1%).

The RLW is separate from the NLW and is set by the [Living Wage Foundation](#) charity each November. This is a voluntary scheme that employers can sign up to; the hourly rate is independently calculated to reflect the basic cost of living. To be an RLW-accredited employer, organisations must pay the RLW to all employees by May each year. The equivalent RLW rate to the £12.21 NLW rate used throughout this report is £13.85 in London and £12.60 across the rest of the UK.

Table 16. Time periods of the NLW and RLW, 2016/17 to 2026/27

Source: UK Government (2026) and Living Wage Foundation (2026)

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
Apr 26 to Mar 27**	2026 NLW	£12.71	£13.45 / £14.80

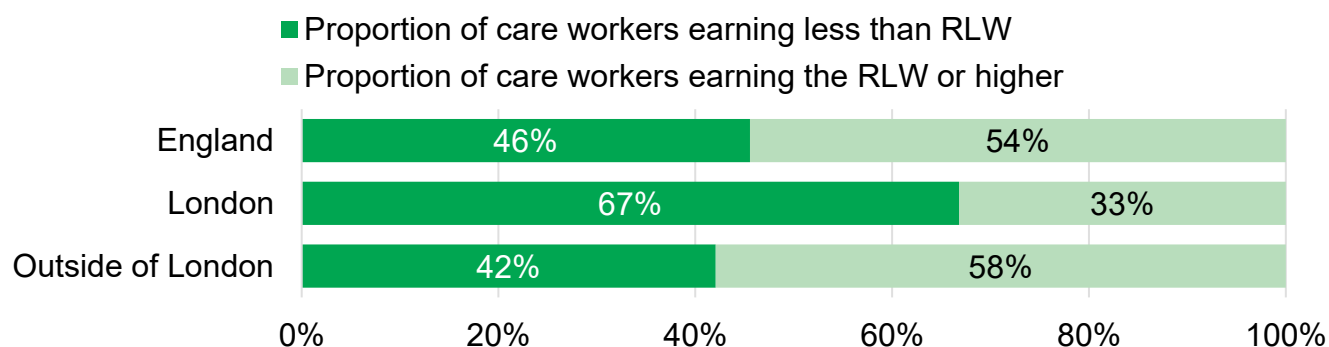
* Data in this section gathered March 2026

** 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.

As at March 2026, 42% of care workers outside of London were earning less than £12.60 and 67% of care workers in London were earning less than £13.85 (the highest percentage of any region). Whilst the median care worker pay is higher in London (£13.15), this is still 70 pence below the RLW in London. Overall, in England, around 46% of care workers were earning less than the RLW.

Chart 76. Estimated proportion of care workers receiving the RLW (independent sector only), as at March 2026

Source: Skills for Care estimates



5.1.3 '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](#) (the official measure of inflation)

of consumer prices in the UK) and expressed in prices as at September 2025 for the local authority sector and March 2026 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 not feel better off because of the pay rise; the nominal pay rise was 2% but, in real terms, it has stayed the same.

5.1.4 Increase in National Insurance contributions

On 6 April 2025, UK employers' (secondary) [Class 1 National Insurance Contributions](#) (NICs) increased from 13.8% to 15%, and the Secondary Threshold at which employers started 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 workers earnings above £5,000.

This change means employers pay NICs on more workers and at a higher rate for all eligible workers, increasing staffing costs across the adult social care sector. To support smaller employers, the Employment Allowance, which reduces eligible employers' NICs liability, increased from £5,000 to £10,500 on 6 April 2025, and the previous £100,000 employer NICs liability cap for eligibility was removed.

5.1.5 The Employment Rights Act

The Employment Rights Act, which became law in December 2025, 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.

Skills for Care will continue to monitor workforce metrics relevant to the Employment Rights Act, including zero-hours contracts (Section 2.3), enhanced Statutory Sick Pay (Section 2.6) and pay (Sections 5.2 to 5.5).

5.1.6 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. 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 care 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.

The Government has said that £500 million will be invested into the FPA for adult social care workers in its first year. The Adult Social Care Negotiating Body is being established through regulations in 2026 – with the first Fair Pay Agreement coming into force in 2028. The Government [completed a public consultation](#) on the Fair Pay Agreement in 2026.

5.2 Care worker and support worker pay

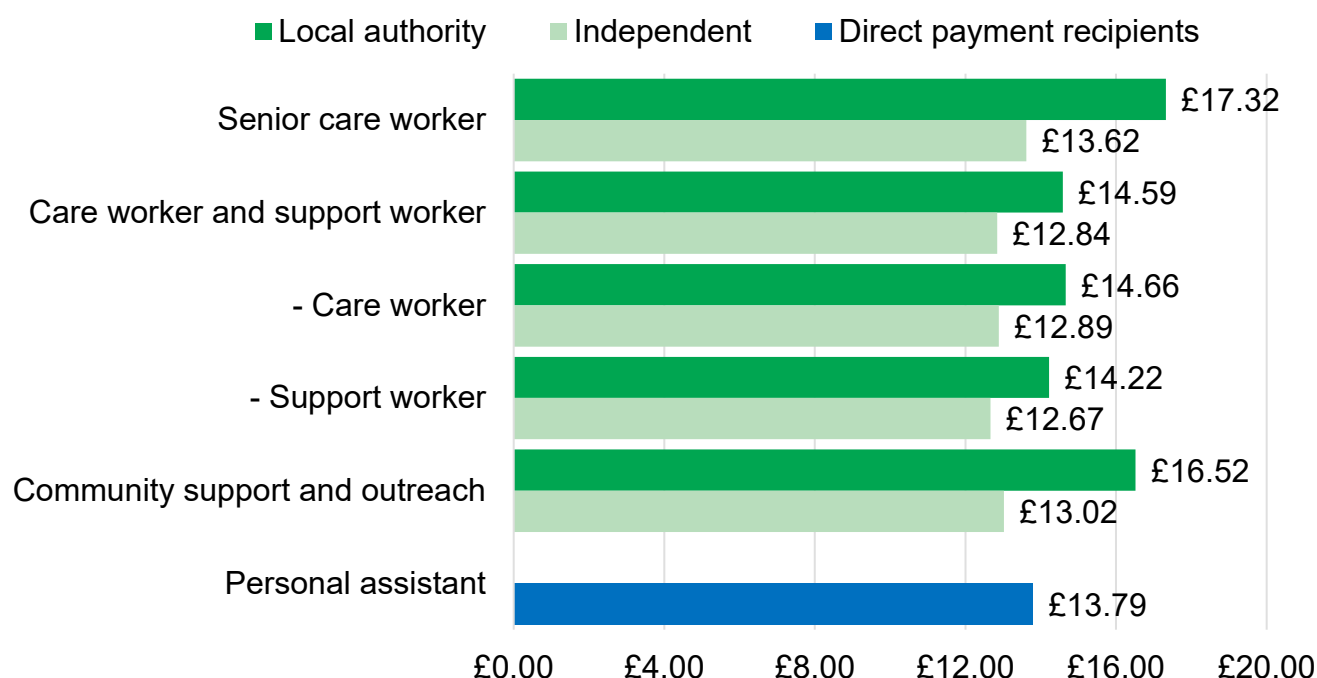
This section shows mean and median hourly pay rates for workers in selected direct care roles. Mean pay is the average pay across all workers, while median pay is the midpoint of the pay distribution, with half of workers earning more and half earning less.

5.2.1 Mean hourly pay

Overall, pay rates were higher in local authorities compared to independent sector employers. Care workers were paid a mean hourly rate of £12.89 in the independent sector and a mean hourly rate of £14.66 in the local authority sector. Senior care workers were paid a mean hourly rate of £13.62 in the independent sector and £17.32 in the local authority sector. Personal assistants, who work directly for individuals rather than for independent sector providers or local authorities, were paid a mean of £13.79 an hour. This was slightly more than independent sector care workers, but less than care workers in the local authority sector.

Chart 77. Estimated mean hourly pay rate by selected job roles, 2025/26

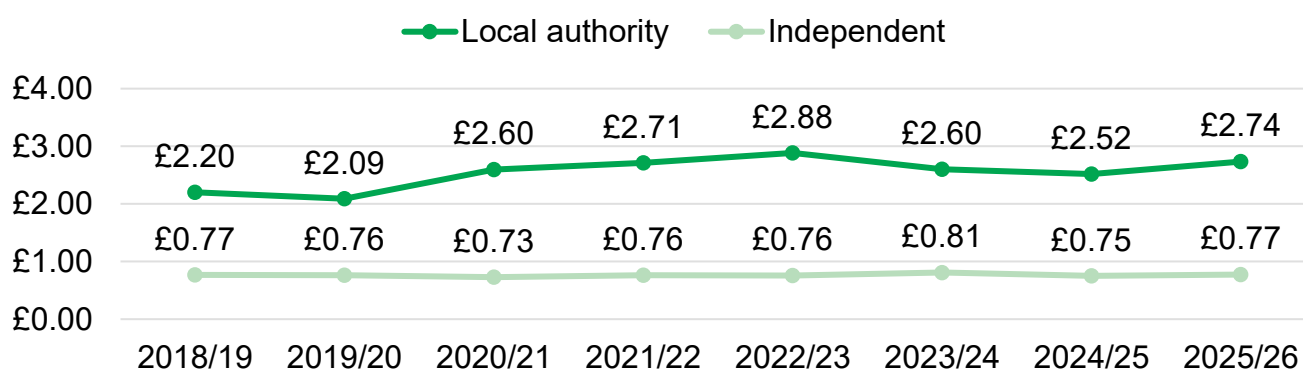
Source: Skills for Care estimates



The chart below shows difference in the mean pay rate between care workers and senior care workers by sector from 2018/19 to 2025/26. The support worker role was added to the ASC-WDS in 2024/25, and many of our users recoded their care workers into this role. Support worker and care worker roles have therefore been grouped to provide a consistent trend.

Chart 78. Estimated difference in nominal (not adjusted) average (mean) hourly pay between care worker and support worker and senior care worker job roles by sector, 2018/19 to 2025/26

Source: Skills for Care estimates

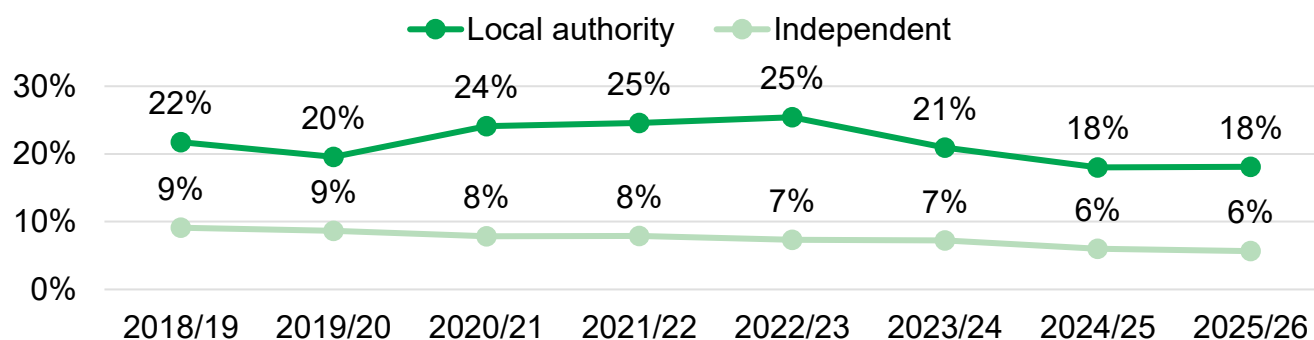


In the independent sector, the pay gap between senior care workers and the 'care worker and support worker' group was 77p in 2025/26. This has shown little change over time; in 2018/19 it was also 77p. However, Chart 79 shows the gap between the two roles has decreased over time in percentage terms. In local authorities the percentage difference between senior care workers and care workers was 22% in 2018/19, which has fallen to 18% in 2025/26. In the

independent sector the percentage difference was 9% in 2018/19, which has fallen to 6% in 2025/26.

Chart 79. 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, 2018/19 to 2025/26

Source: Skills for Care estimates



5.2.2 Median care worker and support worker hourly pay

Please note that this section presents Skills for Care's estimates of **median** hourly rates of care workers and support workers in the **independent sector only**. This was captured in line with changes to the NLW. The median hourly rate for a care worker and support worker in the independent sector as at March 2026 was £12.60.

Regional variation of care worker and support worker median hourly rates in the independent sector was relatively small, ranging from £12.45 in the East Midlands to £13.00 in London. Overall, regions in the Midlands and the North had lower median care worker pay than regions in the South. The difference between the highest and lowest regional averages was 55p. After London, the South West region had the highest average median care worker hourly pay (£12.80) followed by the South East (£12.72).

Map 2. Estimated average (median) care worker and support worker hourly pay by region (independent sector only), 2025/26

Source: Skills for Care estimates

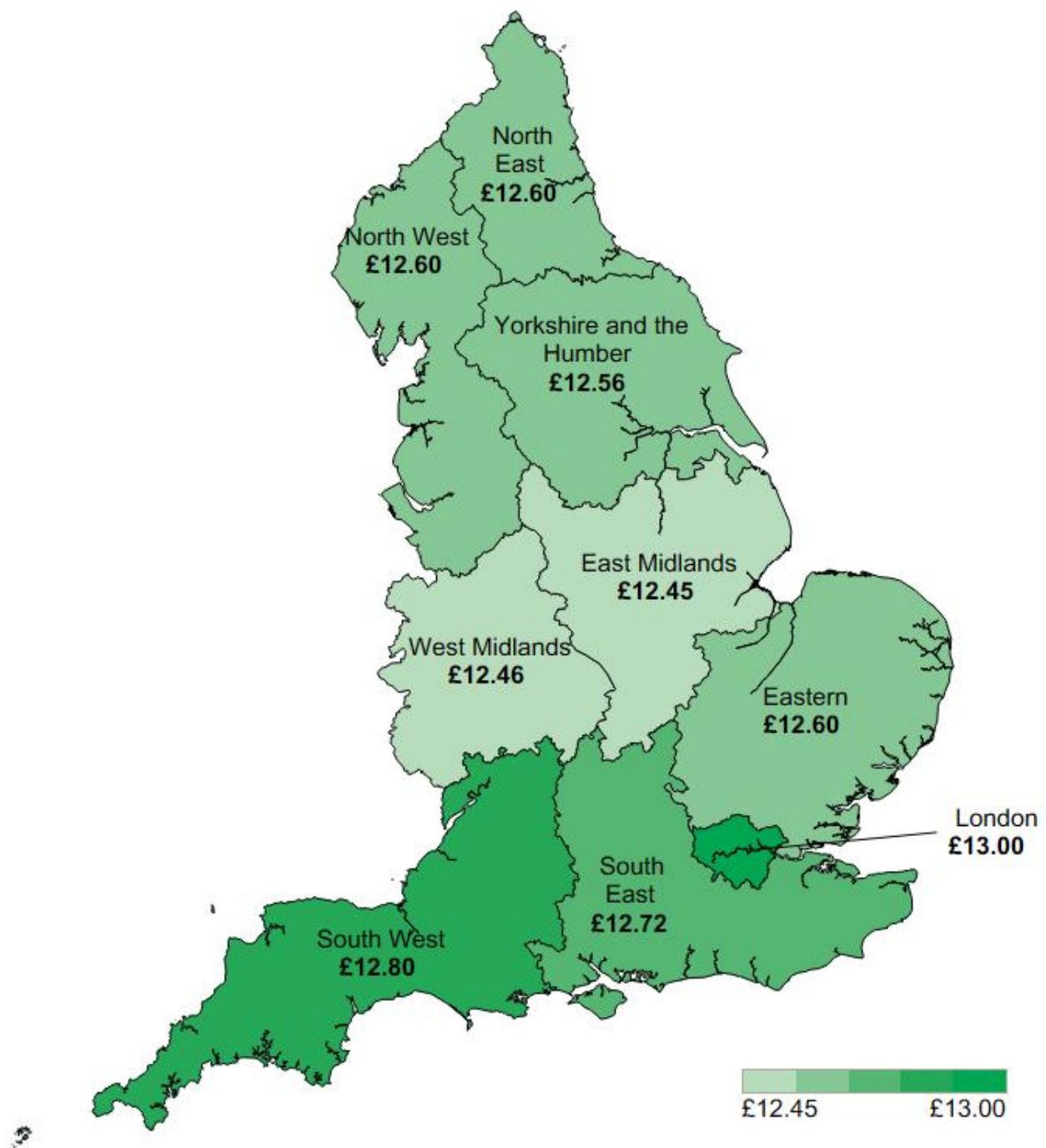


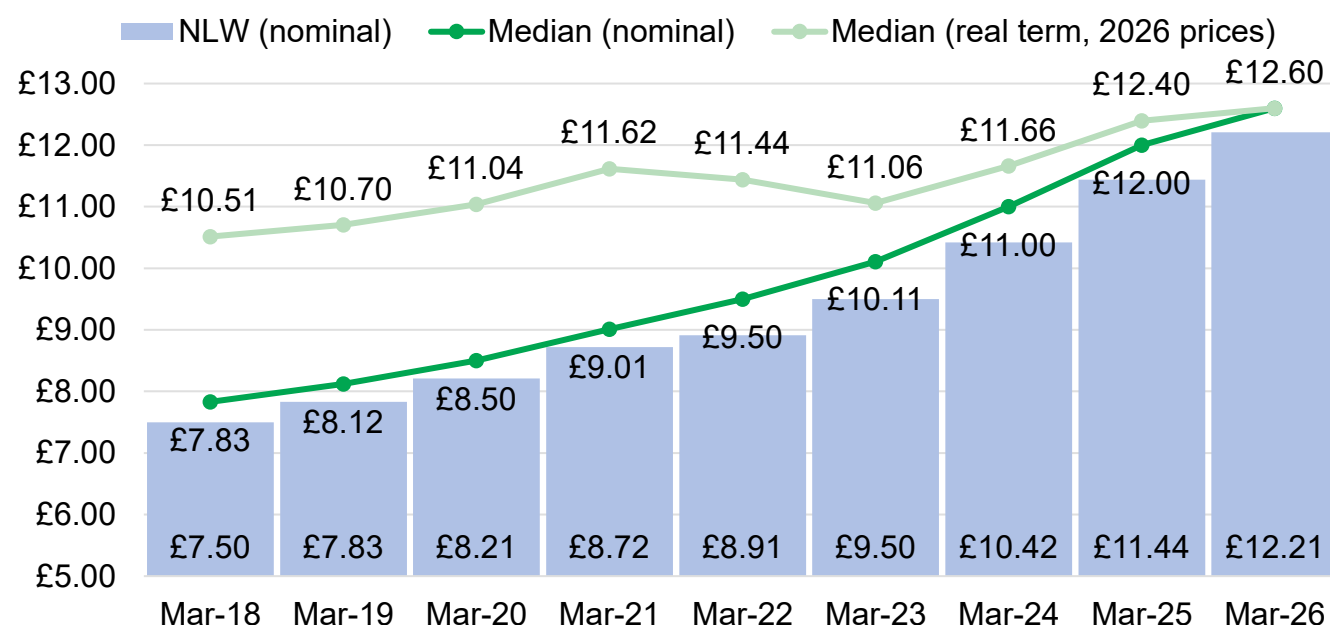
Chart 80 below looks at the trend of care worker and support worker median hourly pay rates since March 2018, in both nominal and real terms. The support worker role was added to the ASC-WDS in 2024/25, and many of our users recoded their workers into this role. The majority of these were previously recorded as care workers. We have therefore grouped support workers into the care worker role in the trends shown in this section to provide consistency.

The nominal (not adjusted) median hourly rate of care workers and support workers increased steadily from £7.83 in March 2018 to £12.60 in March 2026, a nominal increase of £4.77 per hour (61%). In real terms (adjusted for inflation), the average care worker or support worker is £2.09 per hour (20%) better off in March 2026 than they were in March 2018.

The median hourly rate for care workers and support workers in March 2026 was 39 pence higher than the NLW. Between March 2018 and March 2025, the nominal median hourly rate increased by an average of 57 pence per year while the NLW rose by an average 56 pence per year. This indicates that pay for care workers and support workers has broadly kept pace with increases to the NLW. However, the gap between the two rates widened between 2022 and 2025 before narrowing again in 2026, suggesting that pay growth temporarily exceeded increases in the NLW during that period.

Chart 80. Estimated nominal and real term average (median) care worker and support worker hourly rate (independent sector only), 2018 to 2026

Source: Skills for Care estimates

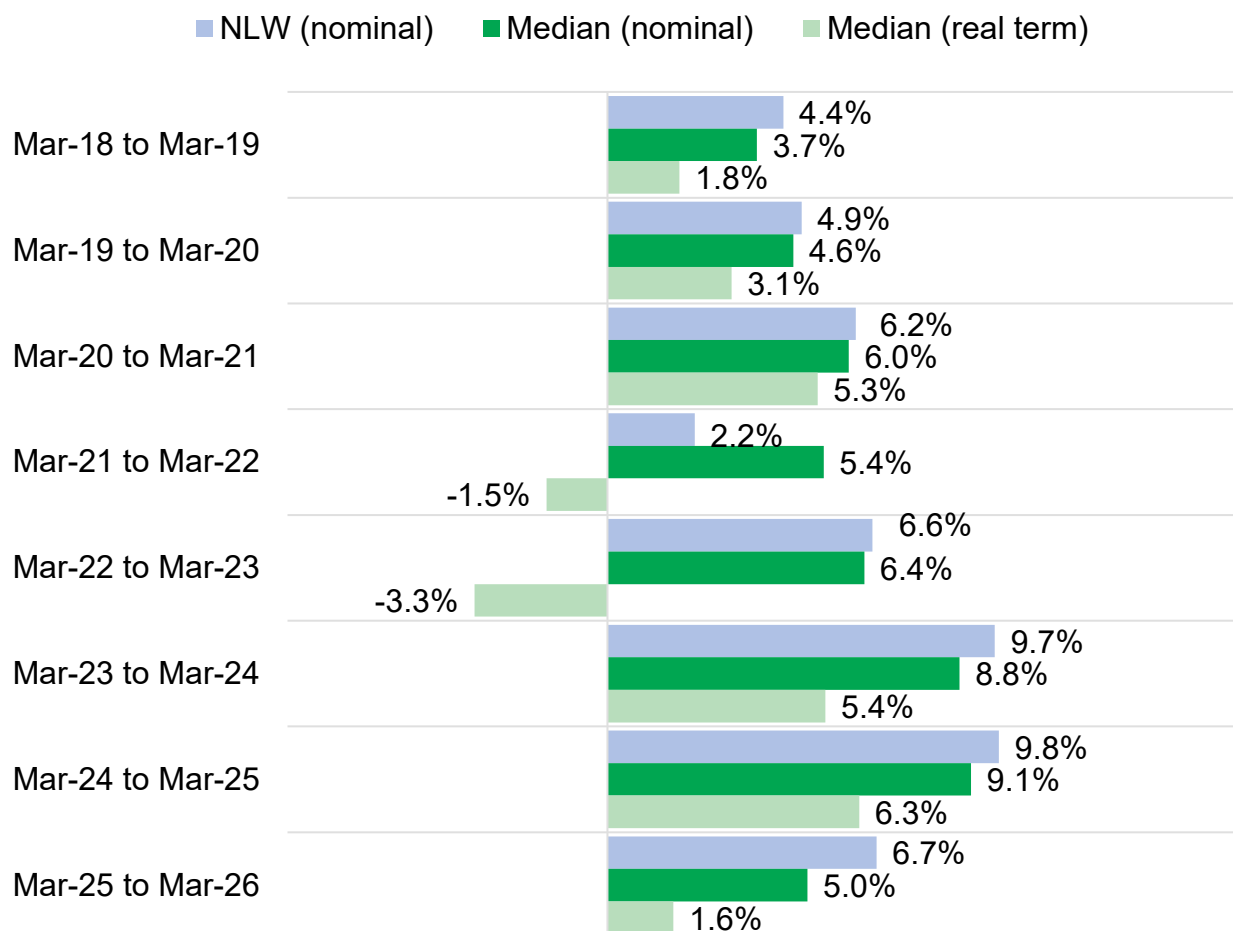


In April 2025, the NLW rose from £11.44 to £12.21 (6.7% in nominal terms). This increase contributed to a 5.0% increase in the median nominal care worker and support worker hourly rate from March 2025 to March 2026. This is a smaller increase than between March 2024 and March 2025, when the care worker and support worker median pay increased by 8.8%.

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: 5.4% increase in March 2024 and 6.3% increase in March 2025. In March 2026, this increased at a slower rate (1.6%), the lowest since March 2023.

Chart 81. Estimated percentage change in average (median) care worker and support worker hourly rate and NLW (independent sector only), 2018 to 2026

Source: Skills for Care estimates



The information above shows that the nominal care worker and support worker hourly rate usually increases by a similar amount to the NLW. The only exception was between March 2021 and March 2022, when the 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 during this period.

Chart 82 shows the NLW rate and proportion of care workers and support workers who were paid on or under the wage floor. We have defined the wage floor as those paid on or within 10 pence of the NLW. When the NLW was first introduced in April 2016, the proportion of care workers and support workers paid on or under the wage floor increased from 24% to a peak of 39% in March 2018. Between March 2018 and March 2024, this proportion decreased to a low of 18%. Since then, it has increased to 27% in March 2026.

In March 2026, around 27% of care worker and support workers were paid on or under the wage floor, increasing from 23% in March 2025. However, it should be noted that many care workers and support workers were still paid relatively close to the NLW, with the median being £12.60.

Chart 82. Estimated proportion of care workers and support workers on the NLW and on or under the wage floor (NLW + 10 pence) (independent sector only), 2018 to 2026

Source: Skills for Care estimates

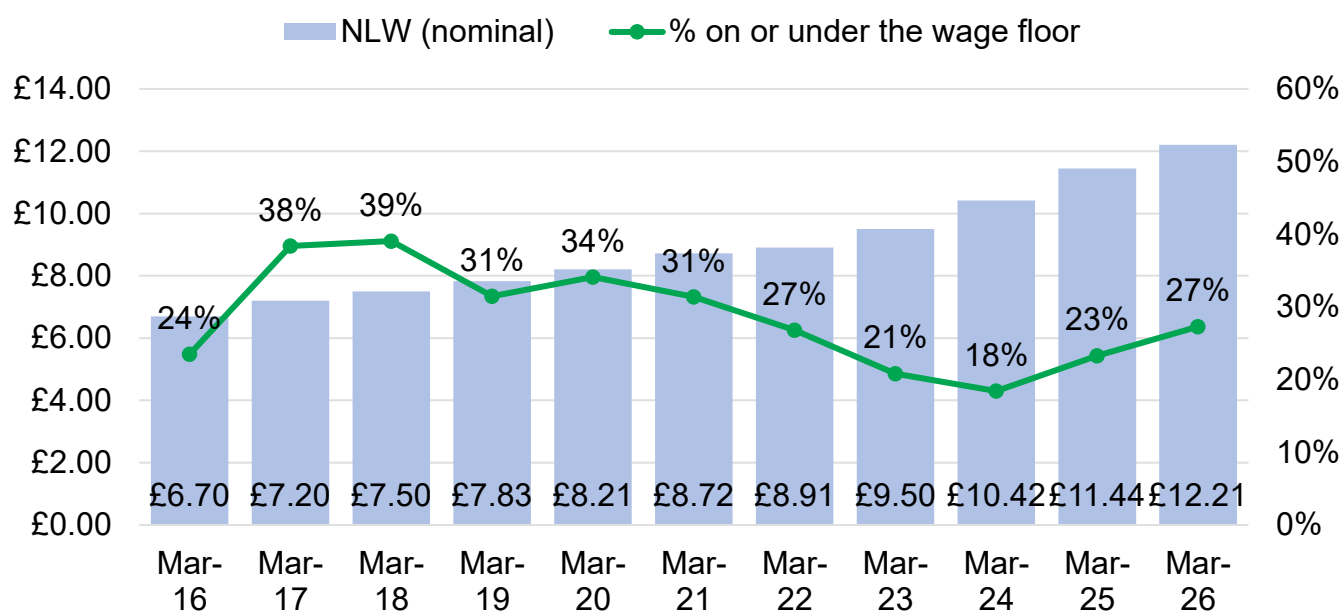


Chart 83 below shows the nominal care worker and support worker hourly rate change across the percentile distribution, where p10 refers to the bottom 10% of earners, p50 is the median earner and p90 refers to the top 10% of earners.

The median hourly rate for a care worker and support worker in the independent sector was £12.60 as at March 2026. The hourly rate difference between a top 10% earner (£13.85) and an earner in the bottom 10% (£12.21) was £1.64 (13%). 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 83. Estimated nominal average (median) care worker and support worker hourly rate distribution (independent sector only), as at March 2016 and March 2026

Source: Skills for Care estimates

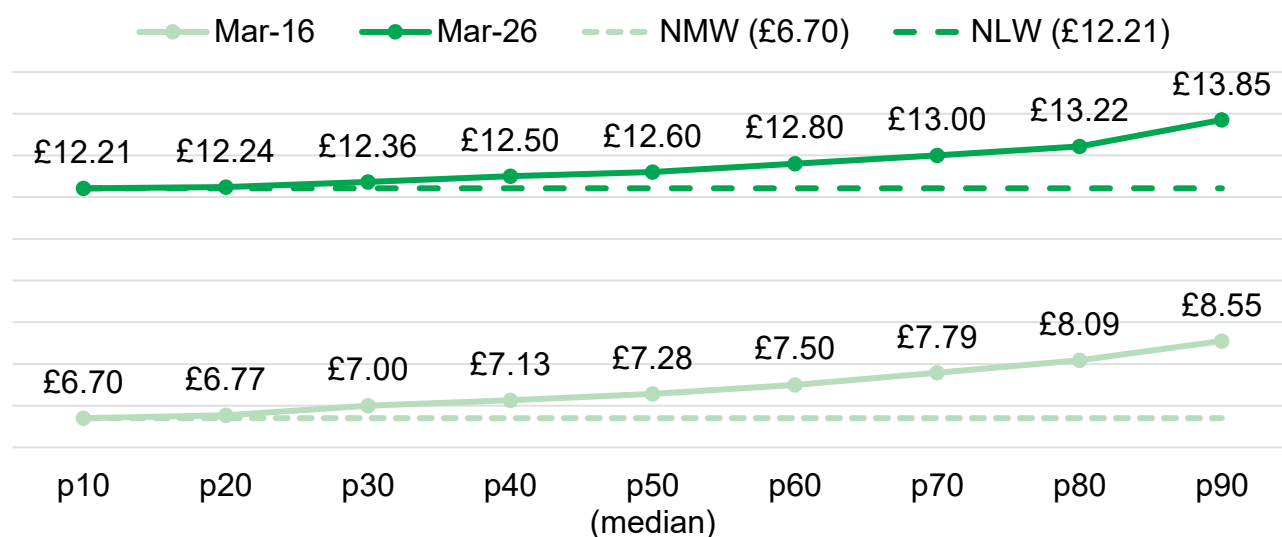
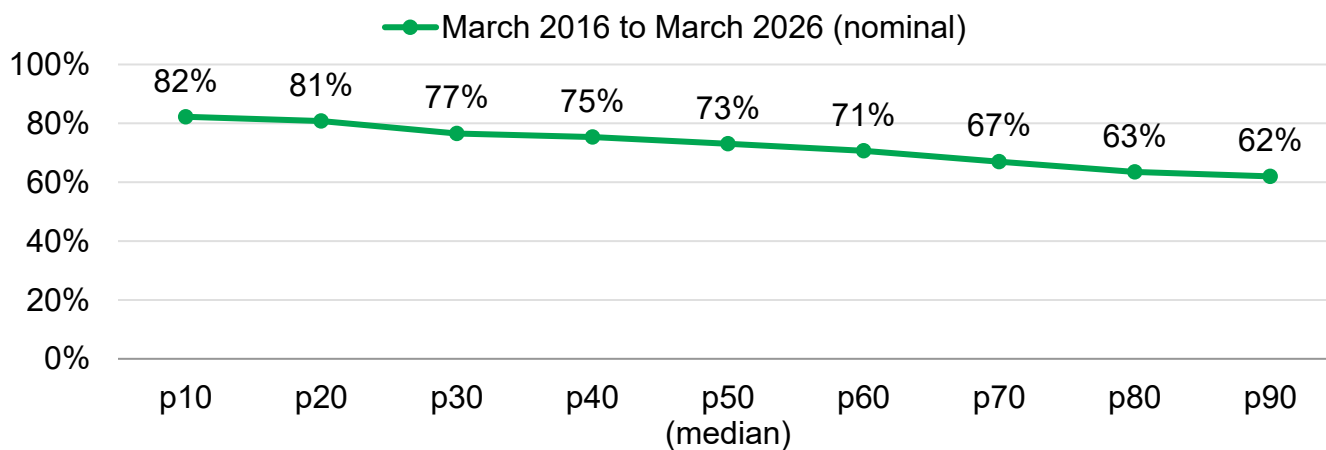


Chart 84 shows that, since the introduction of the NLW, care workers and support workers at the bottom of the pay scale have benefitted the most (an increase of 82% for the bottom 10% of earners). This was a larger increase than for those at the top of the pay scale, with care workers and support workers in the top 10% of earners seeing a 62% increase in pay over the period.

Chart 84. Estimated nominal average (median) care worker and support worker hourly rate change by percentile (independent sector only), March 2016 to March 2026

Source: Skills for Care estimates



This shows that, after the introduction of the NLW, some social care employers 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.

Table 17 below compares care worker and support worker pay based on their experience in the adult social care sector. In March 2016, care workers and support 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 and support 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 12 pence (or 0.9%) per hour as at March 2026.

Table 17. Average (mean) care worker and support worker pay by experience in the sector: less than one year vs. five years or more (independent sector only), March 2016 to March 2026

Source: ASC-WDS unweighted data

Year	Less than 1 year experience	5 years or more experience	Hourly rate difference (£)	Difference (%)
March 16	£7.30	£7.63	£0.33	4.4%
March 17	£7.63	£7.82	£0.19	2.5%
March 18	£7.94	£8.09	£0.15	1.9%
March 19	£8.26	£8.37	£0.11	1.3%
March 20	£8.69	£8.81	£0.12	1.4%
March 21	£9.22	£9.27	£0.05	0.5%
March 22	£9.57	£9.65	£0.08	0.8%
March 23	£10.32	£10.38	£0.06	0.6%
March 24	£11.18	£11.28	£0.10	0.9%
March 25	£12.09	£12.16	£0.07	0.6%
March 26	£12.69	£12.81	£0.12	0.9%

In contrast, healthcare assistants (HCAs) in the NHS at band 3 with two or more years' experience are paid 85p more per hour than HCAs with no experience¹. This is a pay rise of approximately 6.7%. The introduction of an FPA for adult social care may help create more scope for social care employers to recognise experience, additional responsibilities and relevant qualifications in future pay structures. For more information, see Section 5.1.6.

5.2.3 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 the 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 had 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.

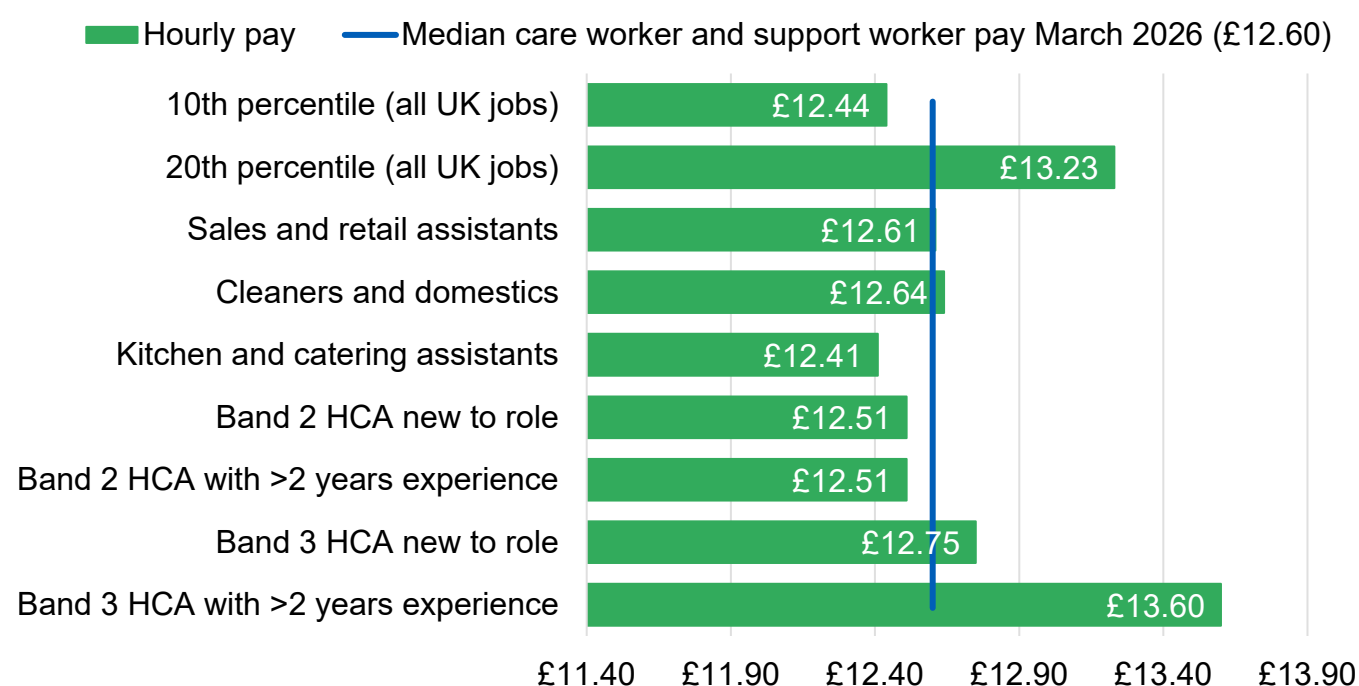
¹ NHS Employers – Pay scales for 2025/26: www.nhsemployers.org/articles/pay-scales-202526

Chart 85 compares median care worker and support 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 NHS². Although care worker and support worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. The chart shows that care worker median pay (£12.60) is below the rate for the 20th percentile of £13.23 for all UK jobs (80% of jobs pay this value or more).

Average care worker and support worker pay is 15 pence per hour less than Band 3 HCAs in the NHS who are new to their roles. However, it is 19 pence higher than kitchen and catering assistants and similar to sales and retail assistants as well as cleaners and domestics.

Chart 85. Estimated average (median) care worker and support worker pay (independent sector only) compared to other job roles, as at March 2026

Source: Skills for Care estimates, ONS Annual Survey of Hours and Earnings (November 2025, all UK) and NHS Agenda for Change pay data (2025/26)

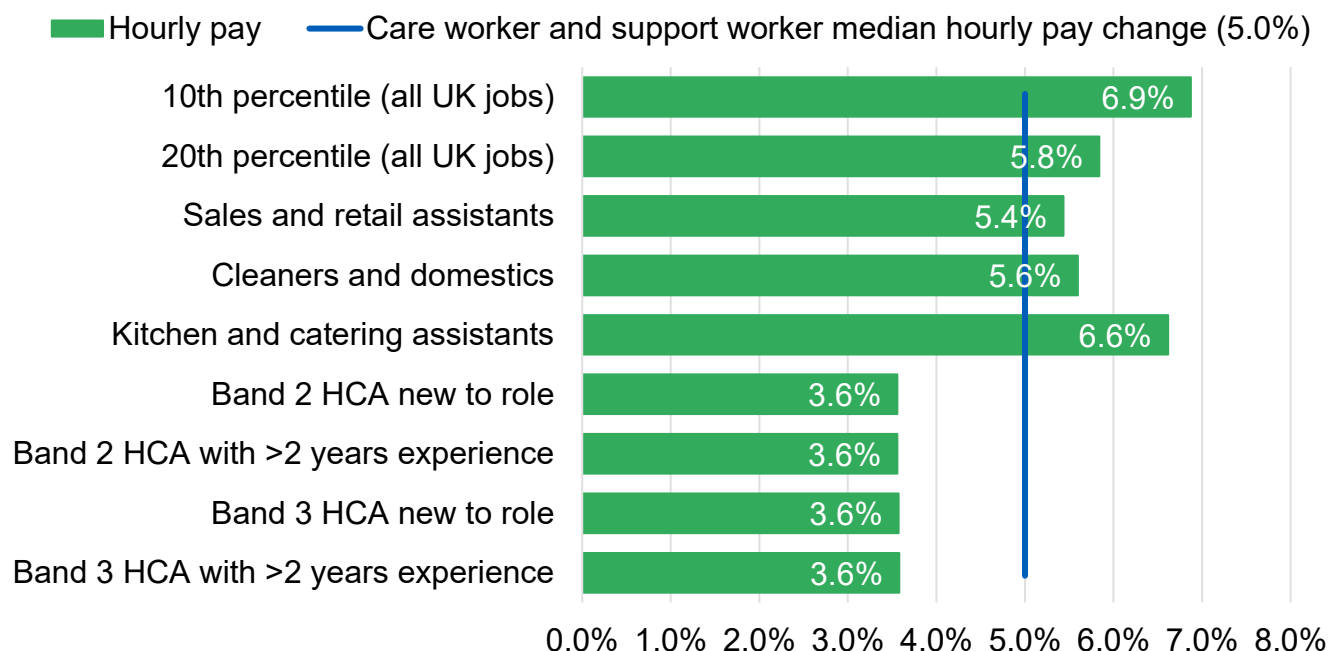


The chart below shows the percentage increase in nominal pay between 2024/25 and 2025/26 for each of the same job roles as Chart 85 (above). Care worker and support worker median pay increased by around 5.0%, which was a similar amount to the lower pay percentile group and the low-paying roles in other sectors. However, the increase in care worker median pay (5.0%) was greater than HCA pay in the NHS (3.6%). Kitchen and catering assistants pay increased by 6.6%, a greater percentage than care worker and support worker median pay.

² ASHE data is as at April 2025 and ASC-WDS is updated from April 2025 to March 2026. 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.

Chart 86. Estimated percentage change in nominal average (median) care worker and support worker pay (independent sector only) compared to other job roles, 2024/25 to 2025/26

Source: Skills for Care estimates (March 2026), ONS Annual Survey of Hours and Earning (November 2025, all UK) and NHS Agenda for Change pay data (2025/26)



5.3 Annual pay trends

This section focuses on pay for job roles that are usually paid annual salaries such as managers and regulated professions. Their roles vary in frequency and responsibility between the local authority and independent sectors. For example, most social workers are employed in the local authority sector, whereas most registered nurses working in adult social care are employed in the independent sector.

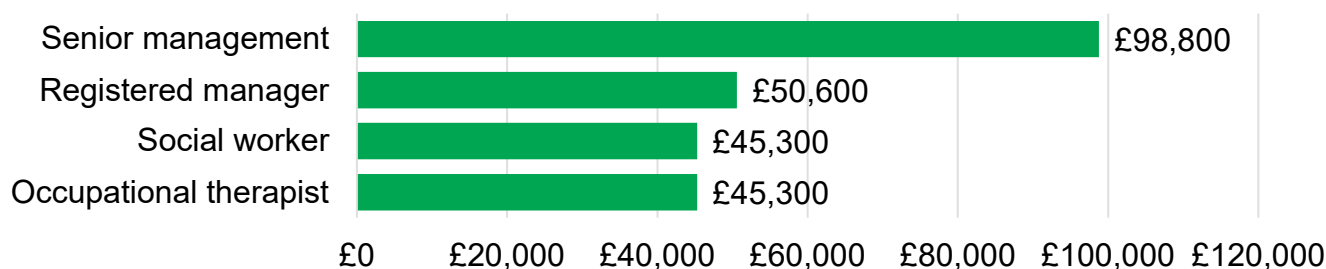
Similarly, the role of a senior manager in the local authority sector may have more responsibilities and need different skills and experience compared to a senior manager at a smaller, independent organisation. Because of this, we have analysed annual pay across the sectors separately.

5.3.1 Annual pay in the local authority sector

Chart 87 shows mean FTE annual pay rates by selected adult social care job roles in the local authority sector. Senior managers received the highest salaries (£98,800), while registered managers received higher salaries than the regulated professions roles, earning on average £50,600 per year. Social workers and occupational therapists both earned an average of £45,300. Generally, pay rates were higher in local authorities compared to independent sector employers.

Chart 87. Estimated average (mean) FTE annual pay rate by selected job roles in the local authority sector, 2025/26

Source: Skills for Care estimates



5.3.2 Annual pay in the independent sector

In the independent sector, senior managers had the highest average salaries, at £46,900. Registered nurses and registered managers earned slightly less than this (£42,600 and £39,800 respectively).

Chart 88. Estimated average (mean) FTE annual pay rate by selected job roles in the independent sector, 2025/26

Source: Skills for Care estimates



Registered nurses were paid a mean FTE annual pay rate of £42,600 in the independent sector. This average was higher than the 2025/26 NHS Band 5 rates (£31,049 to £37,796) at which newly qualified nurses start in the NHS, and within 2025/26 NHS Band 6 rates (£38,682 to £46,580)³. In independent sector care homes with nursing, registered managers earned more than registered nurses (£43,700 and £42,400 respectively).

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

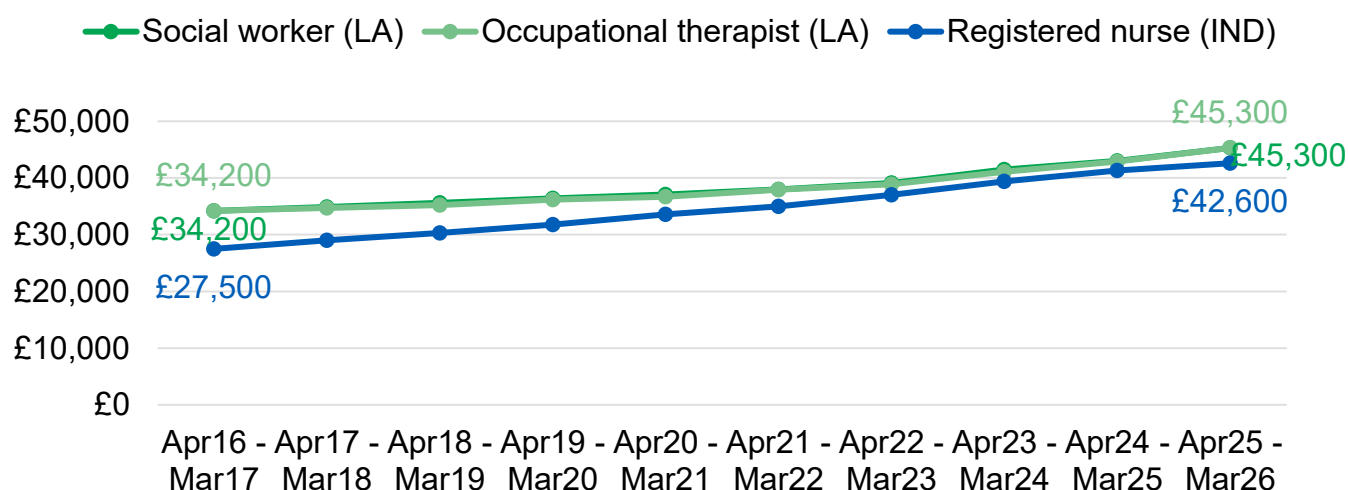
³ NHS Employers – Pay scales for 2024/25: www.nhsemployers.org/articles/pay-scales-202425

Chart 89 below shows the nominal average pay (not adjusted for inflation) for selected regulated professions job roles. Nominal average pay increased steadily from 2016/17 to 2025/26. In local authorities, pay for occupational therapists and social workers increased by 5.4% between 2024/25 and 2025/26, with both being paid £45,300 in 2025/26. Since 2016/17 social workers average pay has increased by 32.4% whilst occupational therapist average pay increased by 32.5% over the same period.

Registered nurses in the independent sector saw a nominal pay increase from £41,300 in 2024/25 to £42,600 in 2025/26, an increase of 3.0% in a year. Between 2016/17 and 2025/26, there was a 54.9% increase in annual pay for registered nurses.

Chart 89. Estimated nominal average (mean) FTE annual pay trends of selected regulated professions roles, 2016/17 to 2025/26

Source: Skills for Care estimates

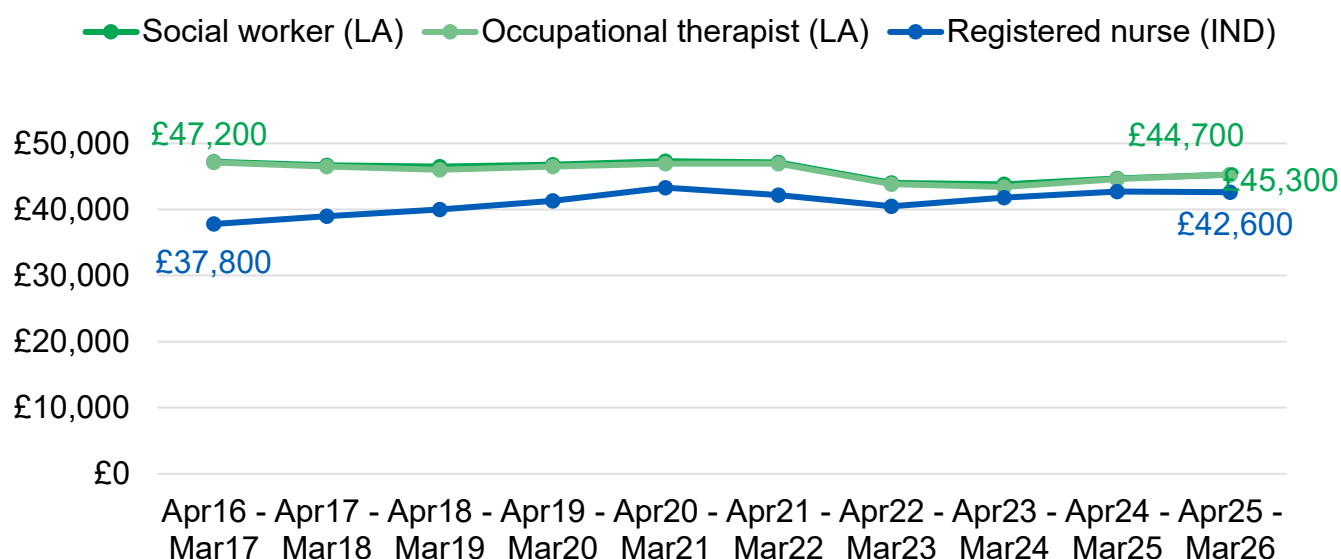


The chart below shows the real term (adjusted for inflation) annual pay rates of selected regulated professions roles between 2016/17 and 2025/26. Registered nurses in the independent sector saw a real term pay decrease from £42,700 in 2024/25 to £42,600 in 2024/26, a decrease of 0.3% in a year. This was the first decrease since 2022/23.

In local authorities, real term pay for occupational therapists increased by 1.6% in the past year from £44,600 in 2024/25, to £45,300 in 2025/26. Social workers real term pay increased by 1.5% in the past year from £44,700 in 2024/25, to £45,300 in 2025/26.

Chart 90. Estimates real term (adjusted) average (mean) annual pay trends of selected regulated professions roles, 2016/17 to 2025/26

Source: Skills for Care estimates



In real terms, social workers in the local authority sector were paid 3.9% less in 2025/26 (£45,300) than they were in 2016/17 (£47,200). Occupational therapists also saw an overall decrease in real term pay of 3.8% over the same period. This means that the nominal increases shown in Chart 89 (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 12.6% between 2016/17 and 2025/26.

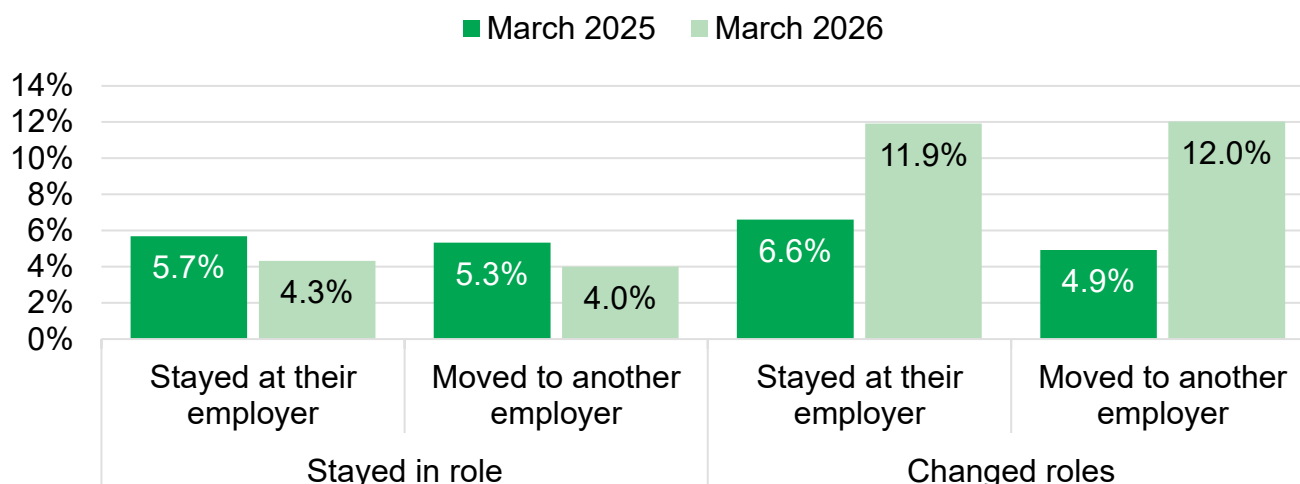
5.4 Care workers and support workers moving between employers and between roles

Using unweighted data from the ASC-WDS, we have compared pay rates of care workers and support workers relative to the NLW in March 2025 and again in March 2026. We have split these workers into four groups: whether they stayed in the same role as a care worker or support worker, or not; and then whether they stayed with the same employer, or not.

The chart below compares the average percentage above the NLW that care workers and support workers received in March 2025 and March 2026 across these four groups. It shows that care workers and support workers who stayed in their role had a slight reduction in their pay relative to the NLW, whereas those who changed roles had a relative increase in pay. This indicates that pay progression usually requires promotion into a different role.

Chart 91. Care worker pay proportion above the NLW between those staying in role and staying at their employer in March 2025 and March 2026

Source: ASC-WDS unweighted data



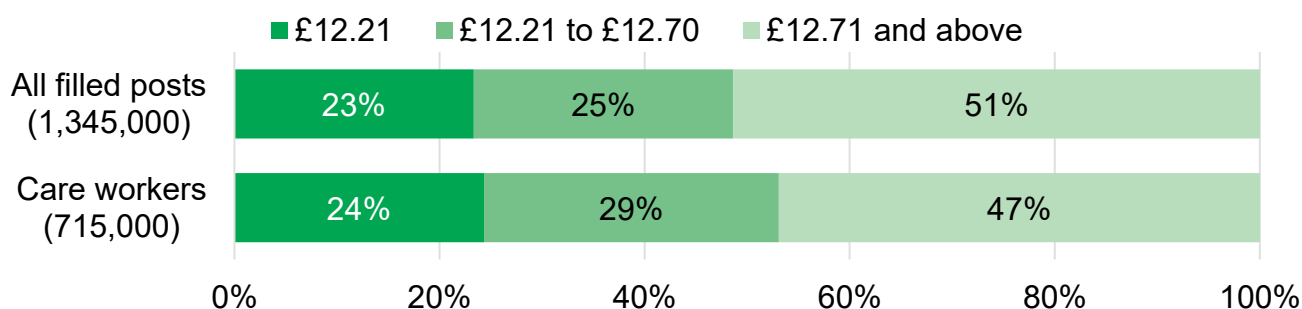
5.5 The impact of the NLW from April 2026 (£12.71)

On 1 April 2026, the mandatory NLW for workers increased by 50 pence to £12.71. This has been the smallest increase for the last three years, as it increased by £1.02 in 2024 and 77 pence in 2025. The chart below shows that, as at March 2026, almost half (49%) of all independent sector workers were paid less than the upcoming mandatory NLW rate (£12.71). This equates to around 655,000 filled posts directly affected by the subsequent increase in the NLW.

Many of the 51% of workers that were already paid on or above the 2026 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained. The impact of the new NLW will be greater for care workers in the independent sector, of whom 53% (around 380,000 filled posts) were paid less than the new NLW rate (£12.71) as at March 2026.

Chart 92. Estimated hourly pay distribution of workers prior to the 2026 NLW (independent sector only), as at March 2026

Source: Skills for Care estimates



6. Qualifications and training



This chapter includes information about induction programmes for joining the adult social care workforce (the Care Certificate standards and the Level 2 Adult Social Care Certificate), qualifications held, recorded training, leadership and management, career progression and the Care Workforce Pathway.

45%

held a relevant social care qualification (excluding regulated professions)

62%

of direct care staff had engaged with the Care Certificate standards

68%

had an instance of training recorded (local authority and independent sectors)

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 induction programme.
- Just under half of the 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 usually qualified at level 2 or above (40%), while those in manager roles were usually qualified at level 5 or above (34%).
- The proportion of staff in the 'care worker and support worker' group with a level 2 or above qualification has decreased by 11 percentage points since 2018/19 (from 48% to 37%).
- The top three non-statutory training categories recorded in the Adult Social Care Workforce Data Set (ASC-WDS) were 'assisting and moving people' (54%), 'basic life support and first aid' (52%), and 'food hygiene' (51%).
- Approximately half of the direct care workforce (55%) did not hold a relevant social care qualification in 2025/26. However, of those, 81% had non-statutory training recorded in the ASC-WDS, 78% had engaged with the Care Certificate standards and 47% had five years or more experience in the adult social care sector.
- For people in care worker roles, the most common career pathway was to progress to senior care worker roles. Senior care workers or supervisors were most likely to move into team leader or other management 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.

We believe that it's important that the adult social care workforce is equipped with the right skills and knowledge to provide high-quality care and support. Investing in learning and development of staff also supports retention because it shows workers that they are valued members of the workforce. Opportunities for staff to gain relevant qualifications and undergo training are likely to increase visibility of the adult social care sector as a viable career choice, with clear routes for progression.

6.1 Induction to adult social care

Workers joining the adult social care workforce for the first time at any level have lots to learn about their role and the wider adult social care sector. To support employers with induction of new staff and guide them through the required initial training and development, Skills for Care has developed a number of resources that are available on [our website](#).

The following sections look specifically at two options available to employers to help induct their new staff: the Care Certificate standards and the Level 2 Adult Social Care Certificate. The Care Certificate standards are a set of training standards designed to support onboarding of staff who are new to the sector, while the Level 2 Adult Social Care Certificate is an accredited qualification. This qualification launched in 2024 and is designed to provide a baseline standard for care, reducing the need for repeated training as well as providing recognition that adult social care is a professional career.

Both of these induction formats will support workers who are new to the adult social care sector. They are also recognisable standards of attainment, should the worker decide to move between social care employers. However, the Level 2 Adult Social Care Certificate also forms part of the [‘New to care’ role category](#) of the Care Workforce Pathway, as set out by the Department of Health and Social Care. For more information about the pathway, see Section 6.6.2 – The Care Workforce Pathway.

6.1.1 Care Certificate standards

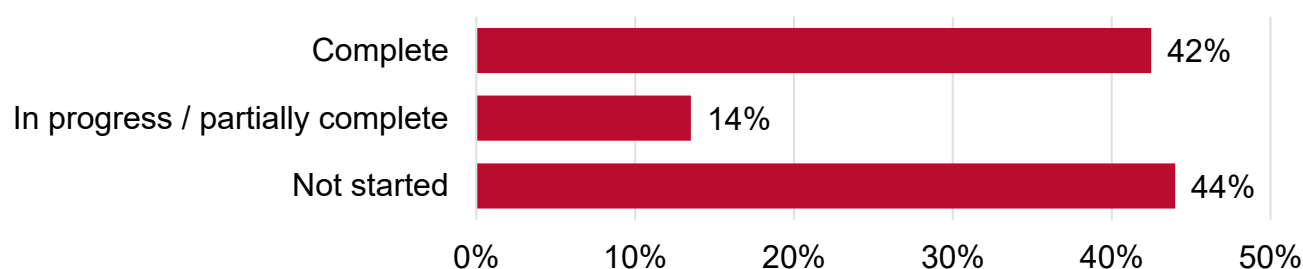
The Care Certificate standards are an agreed set of 16 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Introduced in 2015, they have been developed jointly by Skills for Care, [NHS England](#) and [Skills for Health](#). They are periodically reviewed and the latest updates were released in March 2025.

The Care Certificate standards are not a formal qualification - they are an employer-led certificate of competence designed to support a robust induction programme for workers that are ‘new’ to the sector. For further information about the standards, including assessment guidance and ‘question and answer’ documents, visit [our website](#).

The ASC-WDS collects information about workers’ Care Certificate standards status. Workers who have completed or are ‘in progress / partially completed’ the standards, are classified as ‘engaged’. The chart below shows that in 2025/26, 56% of the workforce had engaged with the Care Certificate standards. This was 3 percentage points higher than 53% of workers the previous year. However, just under half (44%) hadn’t started, or weren’t engaged with the standards, suggesting that not all employers use the standards as part of their induction programmes.

Chart 93. Estimated Care Certificate standards status of all job roles, 2025/26

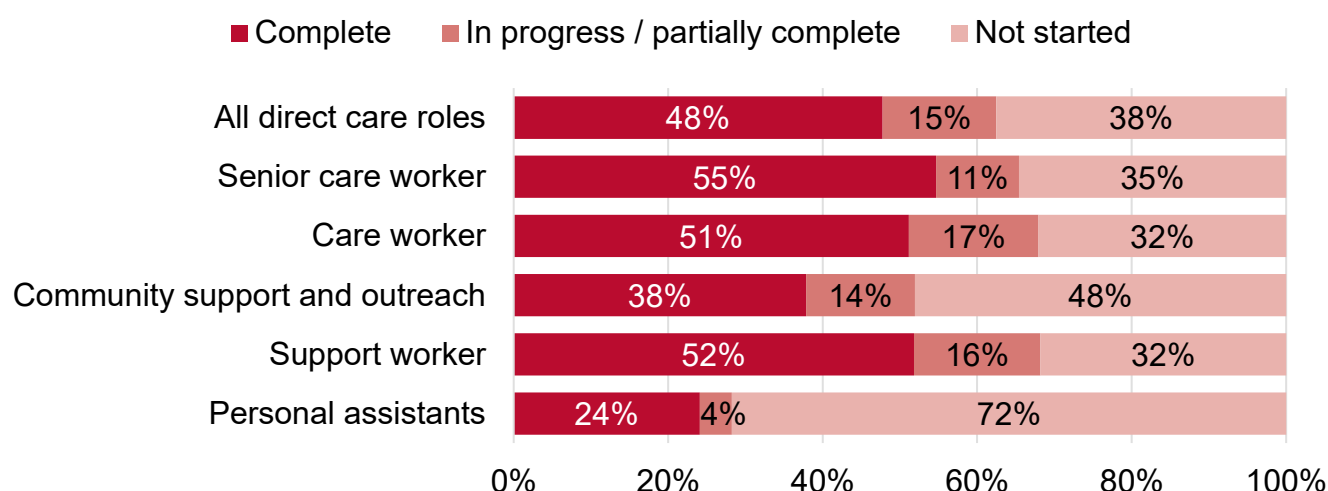
Source: Skills for Care estimates



The Care Certificate standards are available to all new workers across the adult social care sector but engagement is highest among workers in direct care job roles where three in five workers (62%) had engaged with the Care Certificate standards. This was highest amongst care workers and support workers (both 68%).

Chart 94. Estimated Care Certificate standards status of selected direct care job roles, 2025/26

Source: Skills for Care estimates

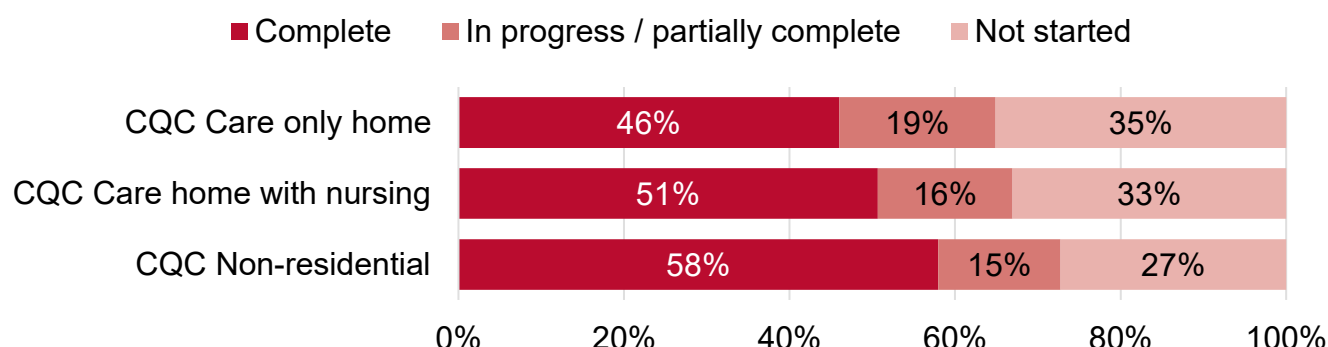


Workers in personal assistant roles had the least engagement with the standards, at 28%. Skills for Care has published a dedicated '[Frequently asked questions about personal assistants \(PAs\) and the Care Certificate standards](#)' report for individual employers to support them through engaging their new personal assistants with the standards.

Uptake and engagement with the Care Certificate standards varies not only between job roles, but between services. Chart 95 below shows engagement with the standards among direct care workers for the three largest services in adult social care. In 2025/26, engagement was highest in CQC non-residential services (73%) compared to care homes with nursing (67%) and care only homes (65%).

Chart 95. Estimated Care Certificate standards status of workers in direct care roles by main service, 2025/26

Source: Skills for Care estimates



6.1.2 Level 2 Adult Social Care Certificate

The [Level 2 Adult Social Care Certificate](#) is an Ofqual-regulated qualification, available to non-regulated care staff over the age of 19 years. It provides a recognised benchmark of knowledge and skills at Level 2 and goes beyond the Care Certificate standards induction programme in terms of depth and formal assessment. For new learners it is expected to take six to eight months to complete, while an experienced care worker may complete the qualification in a shorter period of time. The qualification also complements the 'New to care' role category of the Care Workforce Pathway, for more information see Section 6.6.2.

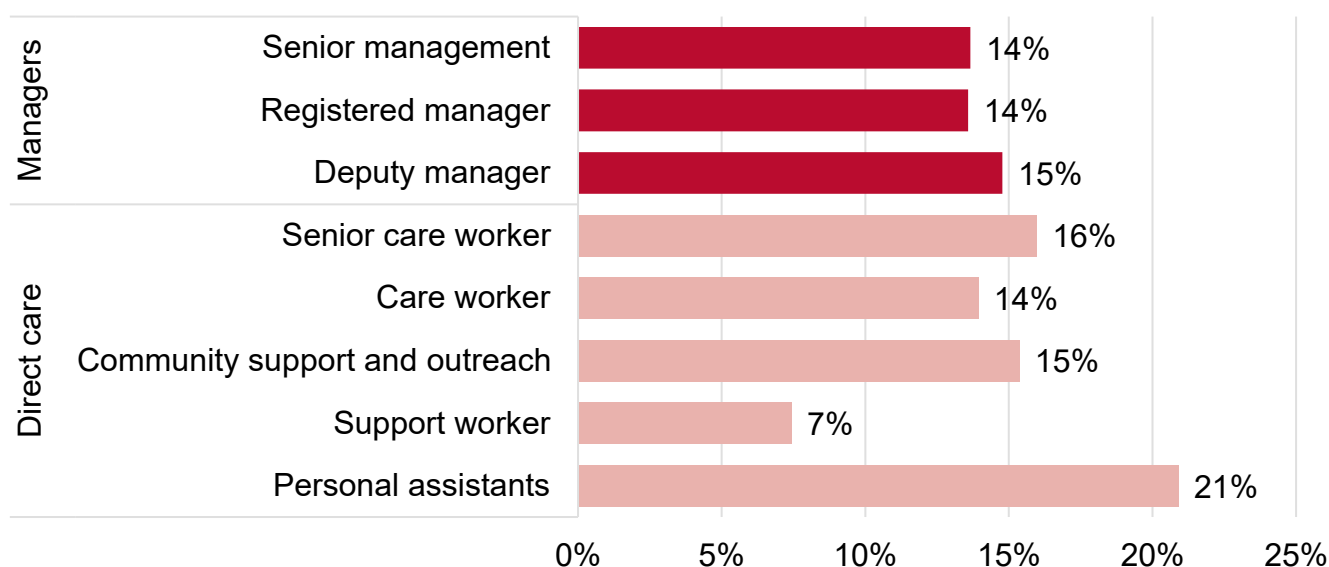
To help the workforce engage with the Level 2 Adult Social Care Certificate, employers can claim funding via The Learning and Development Support Scheme (known as the LDSS). To claim funding, employers and their staff must meet eligibility criteria such as having a recently updated ASC-WDS account. For more information about the scheme, eligibility criteria and how to claim, visit the [Government website](#).

While the Level 2 Adult Social Care Certificate is available to all workers in the adult social care workforce, it is predominantly managers and direct care workers who engage with it. As with the Care Certificate standards, engagement with the qualification is defined as those workers who have either started or have already completed the qualification.

Chart 96 below shows the proportion of staff in selected job roles within the managers and direct care job role groups that engaged with the qualification in 2025/26: 11% of managers had engaged, in particular registered managers (14%) and deputy managers (15%). Among direct care workers the uptake was slightly higher at 14%, predominantly driven by personal assistants (21%). However, engagement was lower among support workers (7%).

Chart 96. Estimated proportion of workers who had engaged with the Level 2 Adult Social Care Certificate by selected job roles, 2025/26

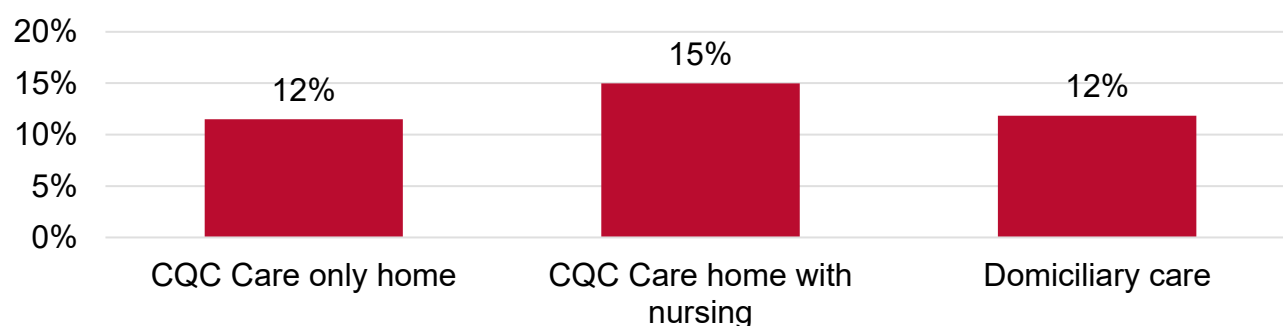
Source: Skills for Care estimates



Among the three main adult social care services there has also been variation in engagement with the Level 2 Adult Social Care Certificate among direct care staff, as shown in Chart 97. Workers in care homes providing nursing services had the highest levels of engagement, with 15% engagement in 2025/26. Workers in care only homes and domiciliary care services had slightly lower levels of engagement, with 12% of direct care workers either having started or completed this qualification.

Chart 97. Estimated proportion of workers in direct care roles who had engaged with the Level 2 Adult Social Care Certificate by main care service, 2025/26

Source: Skills for Care estimates



6.2 Qualifications held

This section looks at the highest level of qualifications held by adult social care staff that are relevant to social care. In the ASC-WDS, employers are asked to provide information about the relevant qualifications of their staff, including types and level. There are 137 qualifications to choose from, over a range of levels.

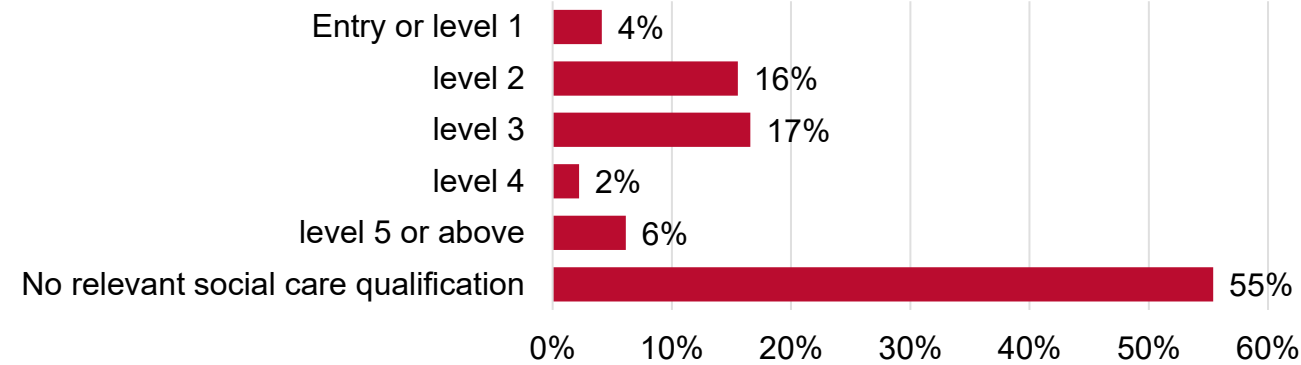
It should also be noted that **workers in regulated professions roles are not included in the analysis within this section** because these workers must be qualified to perform their roles, e.g. social workers, registered nurses or occupational therapists.

In 2025/26, just under half of the adult social care workforce (excluding regulated professions) held a relevant social care qualification (45%), an increase from 41% in 2024/25; 55% of the workforce had no relevant social care qualifications recorded.

A wide range of relevant adult social care courses and qualifications are available to learners, ranging from Entry or level 1 courses (for example, courses aimed at preparing learners for working in adult social care), to apprenticeships (qualification will vary between levels 2 and 7 depending on the course) and degree-level qualifications (level 6 or above). Chart 98 shows the highest level of adult social care qualification across the workforce.

Chart 98. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professions), 2025/26

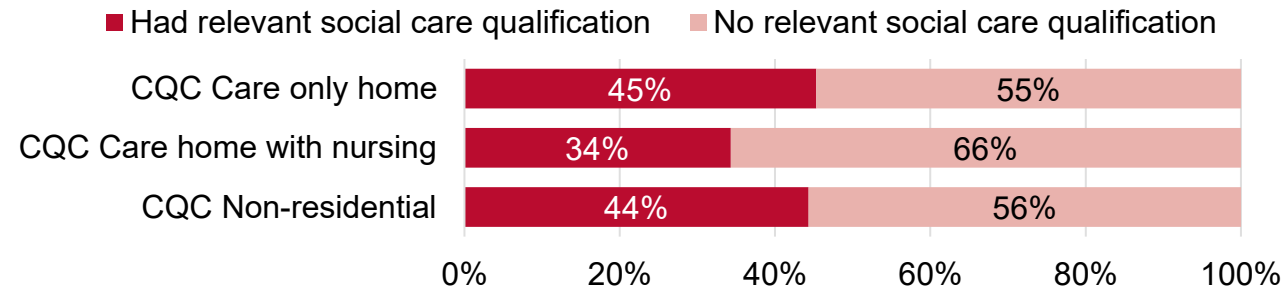
Source: Skills for Care estimates



Levels of qualification in the workforce will vary due to a variety of factors. Chart 99 shows that in 2025/26, there were differences in the proportion of workers (excluding regulated professions) with a relevant social care qualification working in different service types. A higher proportion of the workforce held a relevant social care qualification in care only homes (45%) and in non-residential services (44%), compared to care homes with nursing services (34%).

Chart 99. Estimated proportion of workers with a relevant social care qualification (excluding regulated professions) by main service type, 2025/26

Source: Skills for Care estimates

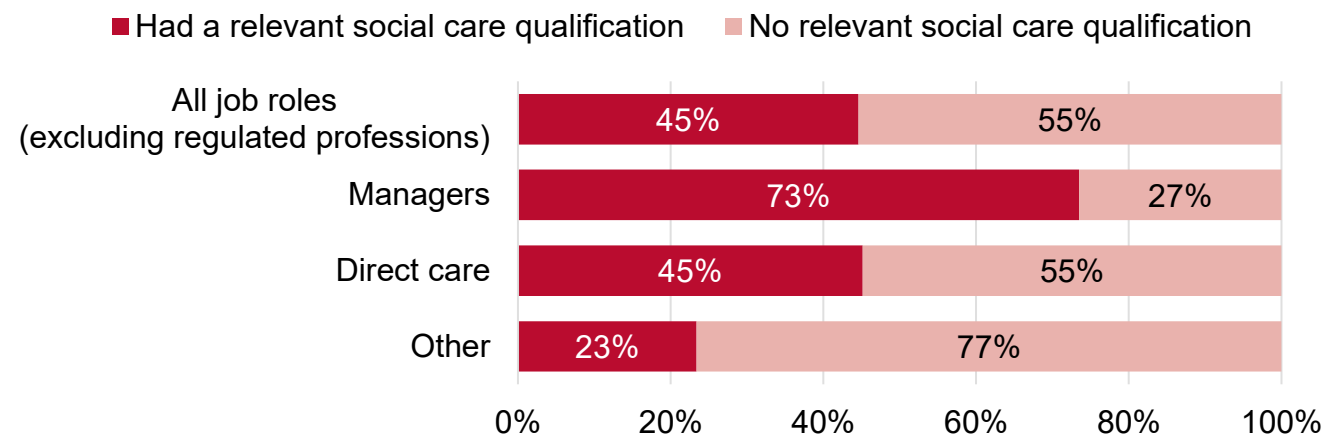


Engagement with qualifications varies across the workforce, and particularly between job roles. For example, 73% of managers in 2025/26 held a relevant social care qualification but this was 45% among workers in direct care roles, as shown in Chart 100.

Around 13% of the adult social care workforce in 2025/26 were workers in ‘other’ job roles (for example cooks, cleaners, administrative staff or activities workers) who may not be required to have a relevant social care qualification. However, nearly a quarter (23%) of these workers did hold a relevant social care qualification, suggesting an interest in social care and that they’ve developed skills that could support movement into care roles in the future.

Chart 100. Estimated proportion of workers with a relevant social care qualification (excluding regulated professions), 2025/26

Source: Skills for Care estimates



Across adult social care, levels of qualification of workers typically vary by job role. Chart 101 shows the highest qualification level held by managers in 2025/26; this includes registered managers and deputy managers, as well as supervisors that are not as senior. While it could be expected that managers are more highly qualified, only a third (34%) were qualified at level 5 or above and 27% did not hold a relevant social care qualification.

Chart 101. Estimated highest social care qualification level of managers in the adult social care workforce, 2025/26

Source: Skills for Care estimates

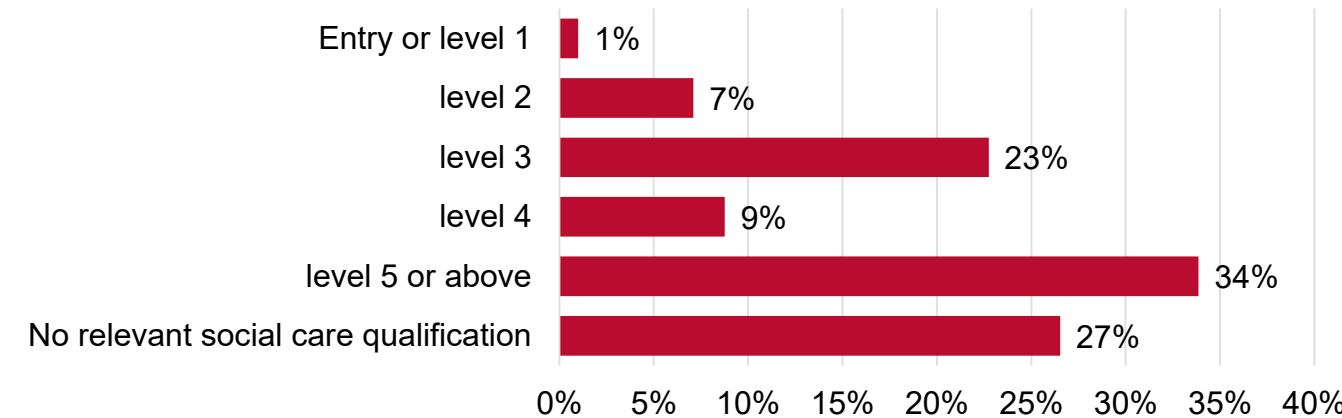
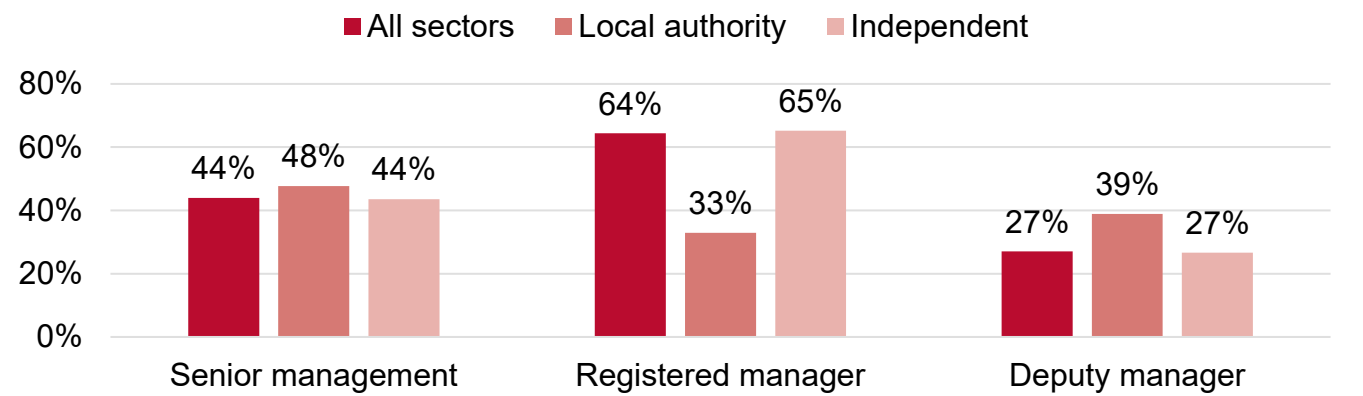


Chart 102 shows the proportion of workers in selected managers roles who had achieved a social care qualification at level 5 or above, split by sector. Similar rates of qualification were seen in senior managers between the sectors while a higher proportion of deputy managers were qualified to this level in local authority settings (39%) compared to the independent sector (27%). Conversely, only 33% of registered managers held a level 5 qualification or above in the local authority sector, compared to 65% in the independent sector.

Chart 102. Estimated proportion of managers roles at level 5 or above by sector, 2025/26
Source: Skills for Care estimates



Staff in direct care roles are typically at either level 2 or level 3. Chart 103 shows the level of qualification for workers in the direct care job role group, two-fifths (40%) of whom were qualified at level 2 or above. However, over half (55%) did not hold a relevant social care qualification.

Chart 103. Estimated highest social care qualification level of workers in direct care roles in the adult social care workforce, 2025/26
Source: Skills for Care estimates

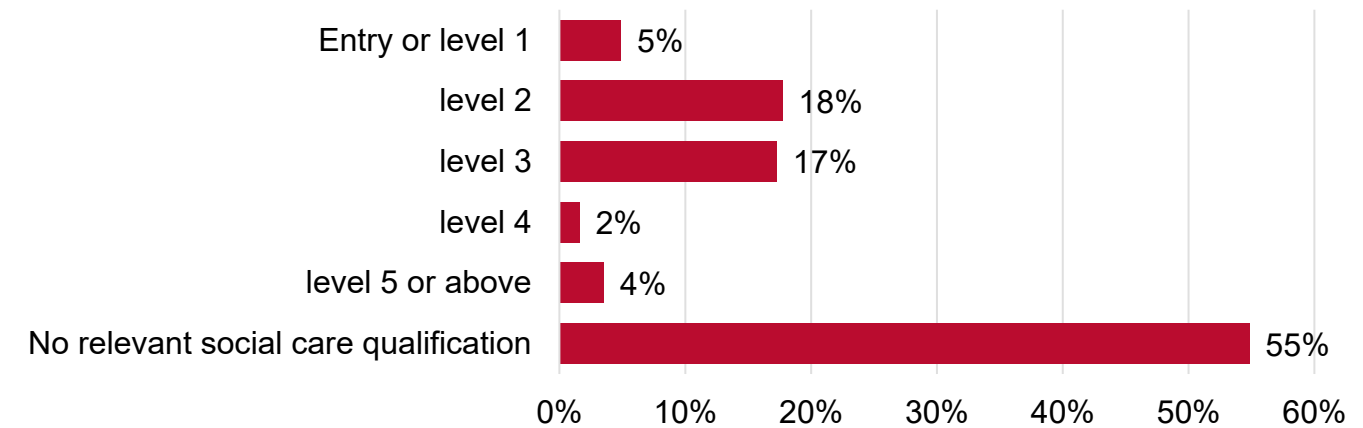


Table 18 shows how the proportion of workers qualified at level 2 or above in selected roles in the direct care job role group varies between sectors within adult social care. 67% of senior care workers were recorded as having a social care qualification at level 2 or above, and 39% of care workers. Two in five personal assistants (40%) had a level 2 qualification or above, suggesting a similar level of engagement with formal qualifications in this part of the workforce.

Table 18. Estimated proportion of direct care roles at level 2 or above by sector, 2025/26

Source: Skills for Care estimates

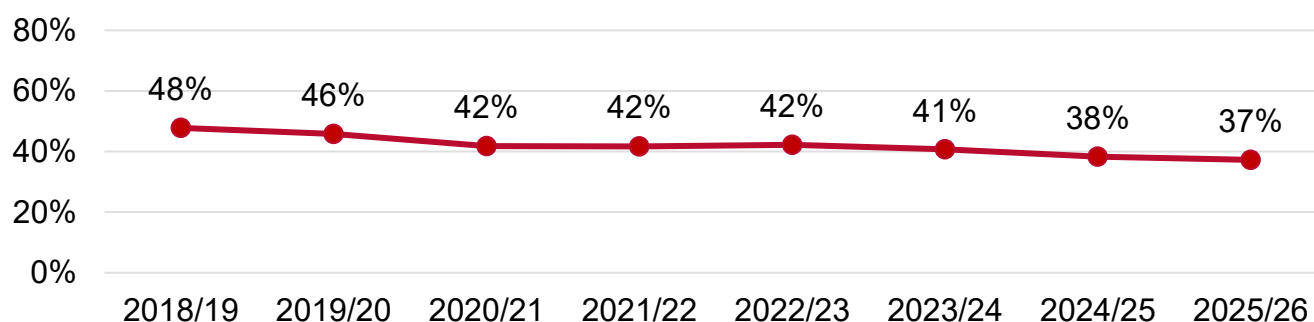
	All sectors	Local authority	Independent	Direct payment recipients
Direct care	40%	56%	39%	40%
Senior care worker	67%	72%	66%	-
Care worker	39%	58%	38%	-
Community support and outreach	49%	51%	48%	-
Support worker	31%	60%	30%	-
Personal assistant	40%	-	-	40%

Skills for Care believes that investing in qualifications and ongoing training supports the delivery of high-quality care and support. Care workers and support workers make up the largest proportion of the workforce in 2025/26 (77% of direct care filled posts, and 58% of all filled posts). We have seen the proportion of care workers and support workers qualified to level 2 or above steadily decreasing overtime from 48% in 2018/19, to 37% 2025/26.

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. For trended analysis we therefore group these two roles together for data consistency.

Chart 104. Estimated proportion of 'care worker and support worker' filled posts at level 2 or above, 2018/19 to 2025/26

Source: Skills for Care estimates



In both 2024/25 and 2025/26, only 31% of support workers were qualified at level 2 or above while 39% of care workers were qualified at level 2 or above. This suggests that the staff working in support worker roles are not engaging with formal qualifications in the same way as those in care worker roles.

Prior to the introduction of the support worker role however, the proportion of care workers and support workers qualified to level 2 or above had already been steadily falling (a decrease of 10 percentage points between 2018/19 and 2024/25). Skills for Care has received anecdotal evidence that many employers do not always require staff to gain qualifications, with relevant experience, training or completion of the Care Certificate often accepted instead. In addition, the

take-up of social care apprenticeships (typically level 2 or above) has decreased, with only 24,650 starts in 2024/25 compared to 40,570 in 2018/19. For trended analysis of apprenticeship starts, see our '[Apprenticeships in adult social care](#)' report.

Workers who have no relevant social care qualifications recorded may have many years of relevant experience, or may have completed an induction such as the Care Certificate standards, or training relevant to their role (see Section 6.7 – Building skills through qualifications, training and experience). The Care Workforce Pathway builds on this by supporting learning across the adult social care workforce and providing opportunities for structured career progression.

6.3 Apprenticeships in adult social care

Apprenticeship courses are periods of paid employment where the apprentice develops new knowledge and skills through a mixture of on-and-off the job learning. At least 20% of an apprentice's working hours are spent doing off-the-job studying and developing the skills needed for their new role. Information for employers and future learners about apprenticeships in adult social care, including apprenticeship standards, getting started, apprenticeship funding or social work apprenticeship, can be found on the [Skills for Care website](#).

This section shows the key findings of the 'Apprenticeships in adult social care 2024/25' report, which analysed apprenticeship starts and leavers data from the Department for Education between 1 April 2024 and 31 March 2025. It includes learners from five adult social care apprenticeship courses: Adult Care Worker, Lead Adult Care Worker, Leaders in Adult Care, Lead Practitioner in Adult Care and Social Worker (Integrated degree). Four additional healthcare courses are also mentioned, as these also support job roles in the adult social care workforce as well: Nursing Associate, Occupational Therapist, Physiotherapist and Registered Nurse.

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. For more details, including a glossary of terms, see the full report which is published on our [Workforce Intelligence website](#).

Apprenticeship starts

- There were around 24,650 adult social care apprenticeship starts in 2024/25, 5% more than in 2023/24. All apprenticeships had around 353,500 starters in 2024/25, a 4% increase from 2023/24.
- Between 2020/21 and 2024/25 there was a 27% reduction in adult social care starters, in comparison with a 10% increase in all apprenticeship starters.
- There were around 1,290 starters on the Social Worker degree apprenticeship (level 6) in 2024/25, which made up 20% of all degree level apprenticeship starts across health and social care. The Registered Nurse degree had 3,040 starts, making up 44% of starts across health and social care.

- The Lead Adult Care Worker apprenticeship and Adult Care Worker apprenticeship standards were most common, ranked 4th and 8th in terms of Intermediate/Advanced Level starts in 2024/25, out of all apprenticeships.

Apprenticeship achievements, leavers and retention

- In adult social care, in 2024/25 28% of achievements were in level 4 and above apprenticeships, which was the highest among comparable sectors.
- Using the most recent data available from 2023/24, there were 19,870 adult social care apprenticeship leavers, of whom 9,400 completed their course (47.3% retention rate) and 9,170 who passed (46.1% achievement rate) and of these, 97.5% passed the end point assessment.
- The retention rate of adult social care apprenticeships in 2023/24 (47.3%) was lower than that of all apprenticeships (61.9%). Therefore, a greater proportion of people drop out of adult social care apprenticeships prior to completing compared to other apprenticeships.

Demographic trends of apprenticeship starters

- Over three-quarters (83%) of adult social care apprenticeship starters were aged over 24, compared to 51% for all apprenticeships.
- The proportion of adult social care apprenticeship starters aged under 25 has decreased from 21% in 2020/21, to 17% in 2024/25.
- The proportion of adult social care apprenticeship starters who identified as male in 2024/25 was 21%. This is a 3 percentage point increase from 2023/24.
- The proportion of adult social care apprenticeship starters who identified as having learning difficulties or disabilities has increased from 10% in 2016/17, to 16% in 2024/25.

In 2024/25, there were nine apprenticeship standards open to entrants with either a direct link to adult social care or multidisciplinary learning between health and social care. In August 2025, the new [Health and social care foundation apprenticeship](#) (level 2) launched by Skills England, aimed particularly at applicants aged 16 to 21. We have not yet analysed the uptake of this new qualification, as it was introduced after the cut-off of our annual '[Apprenticeships in adult social care](#)' report. However, it will be included in the analysis shown in the next publication, due in February 2027.

[Skills England](#) is working in partnership with employers, regional bodies, training providers and other stakeholders to build a clearer, demand-led qualifications and apprenticeship system. It does this 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.

6.4 Training

Regular learning and development through training helps ensure workers stay engaged with all aspects of their role. It also keeps staff up to date with best practices to provide high-quality care and support. Some workforce training is legally required (statutory training), while some will

be part of an employer's mandatory training package for their staff or be specific to a particular role. Training can also be an opportunity for continued career progression.

Statutory and mandatory training are integral to an overarching induction process that helps to prepare workers for their role. Individual training requirements will depend on a worker's roles and responsibilities. In the ASC-WDS, employers can record training data in addition to accredited qualifications. At the time of writing, there were 48 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 in the ASC-WDS is based on users seeing the benefits for their own organisation. As a result, as at 31 March 2026 we had over 3.25 million instances of training recorded in the ASC-WDS.

In this section we only show non-statutory training categories. We've excluded the following statutory training categories as outlined in our ['Statutory and mandatory training guide'](#) 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, and learning disability and autism awareness (this includes Oliver McGowan Mandatory Training).

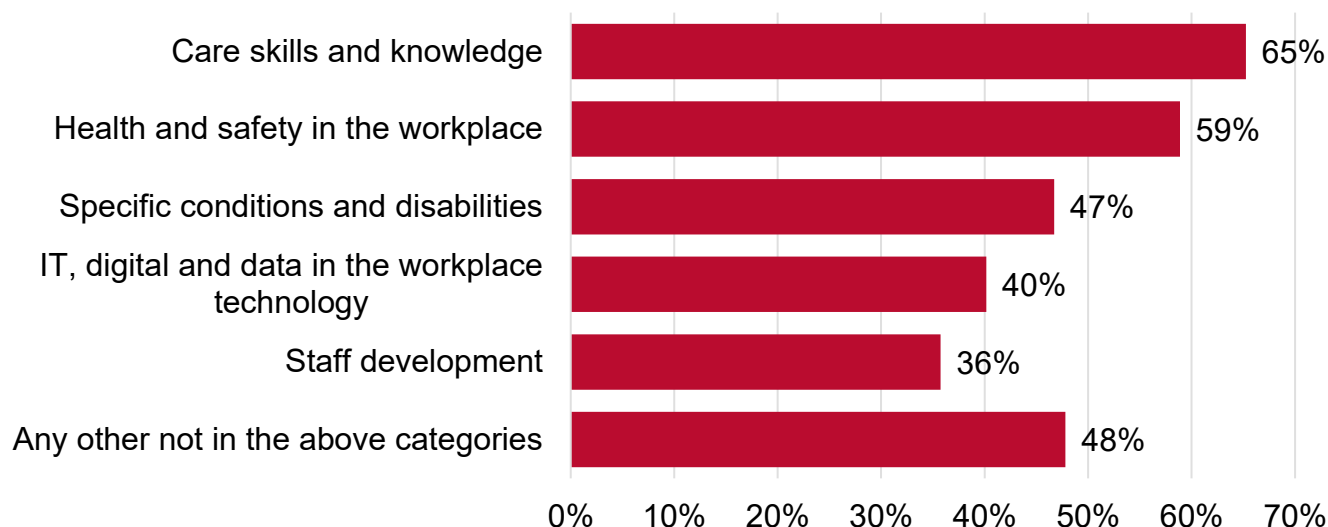
A worker will only need to undertake a qualification once, but many training courses should be refreshed and repeated on a regular basis. Our analysis of training records in the ASC-WDS shown in this report only includes data that was recorded within the last two years. To achieve this, we first check each worker individually and if anyone at an establishment has recent training, all staff at that establishment are included for analysis. This approach removes outdated records and ensures the data reflects currently active training, rather than including out-dated entries in the ASC-WDS system.

Our training analysis also only includes workers in the local authority and independent sectors of the workforce. Training information relating to personal assistants employed by individuals in receipt of a direct payment from their local authority is not included. 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](#).

In 2025/26, 68% of workers had training recorded within non-statutory training categories. It is not a mandatory data requirement for employers to provide training information about their staff. Therefore, more workers may have received training that isn't recorded in the ASC-WDS. Chart 105 shows the proportion of completed training recorded in the ASC-WDS across six category groups: 65% of workers had training within the 'care skills and knowledge' group, 59% within the group 'health and safety in the workplace' and 47% within the group 'specific conditions and disabilities' (this includes Oliver McGowan training).

Chart 105. Proportion of non-statutory training recorded in the ASC-WDS by training category group (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data



Across all six groups the top three training categories recorded in the ASC-WDS were: 'assisting and moving people' (54%), 'basic life support and first aid' (52%) and 'food hygiene' (51%).

The following charts (Chart 106 to Chart 110) show the training categories within the groups above. The charts include data across all job roles and services within the local authority and independent sectors; however, not every type of training is relevant or available to every worker.

Chart 106 shows the training categories within the 'care skills and knowledge' group. Overall, 65% of workers had at least one instance of training recorded in the ASC-WDS within the training categories in the chart.

Chart 106. Proportion of training categories recorded in the ASC-WDS within the 'Care skills and knowledge' group (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

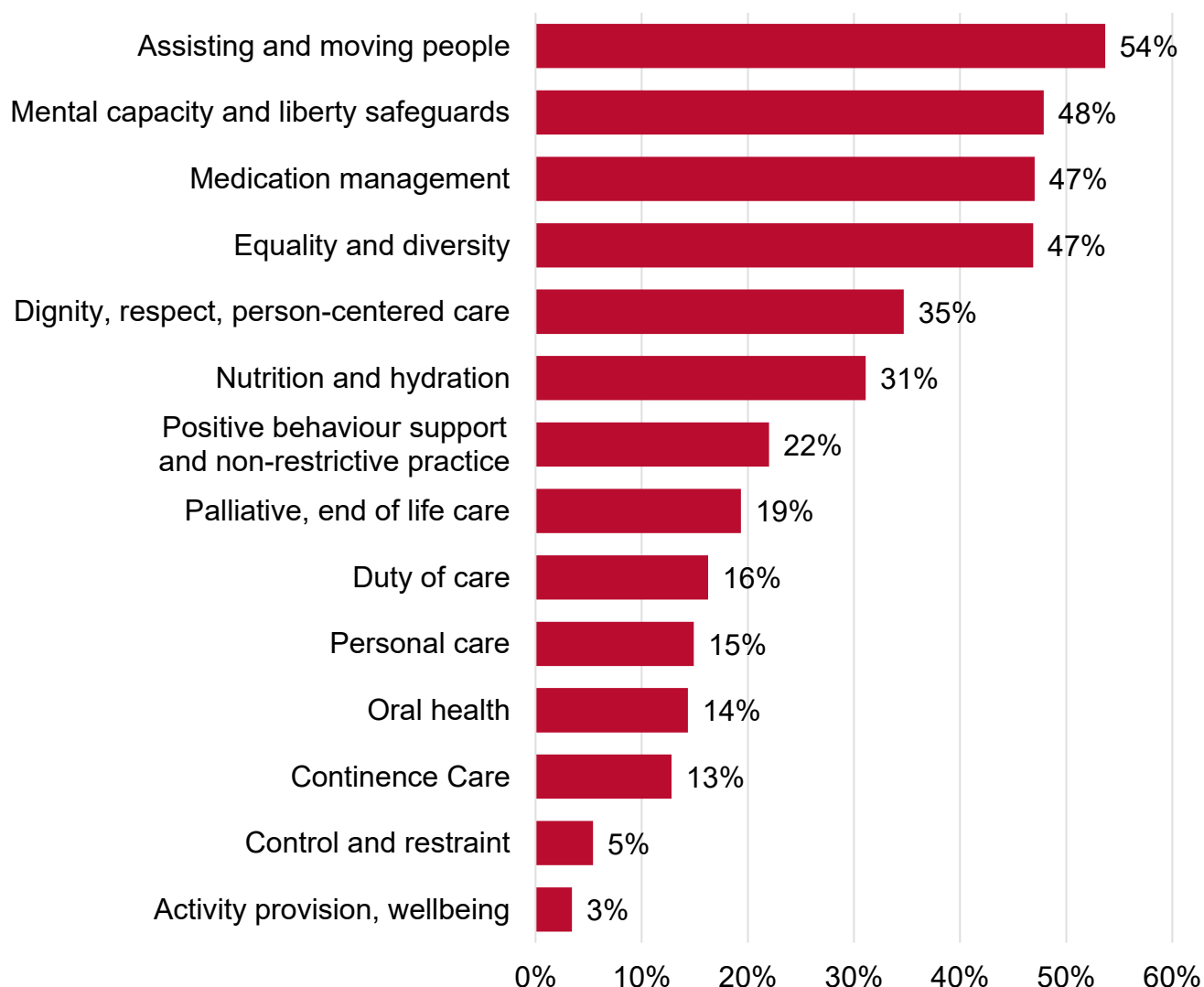


Chart 107 below shows the training categories within the 'health and safety in the workplace' group. Overall, 59% of workers had at least one instance of training recorded in the ASC-WDS within the training categories in the chart.

Chart 107. Proportion of training categories recorded in the ASC-WDS within the 'Health and safety in the workplace' group (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

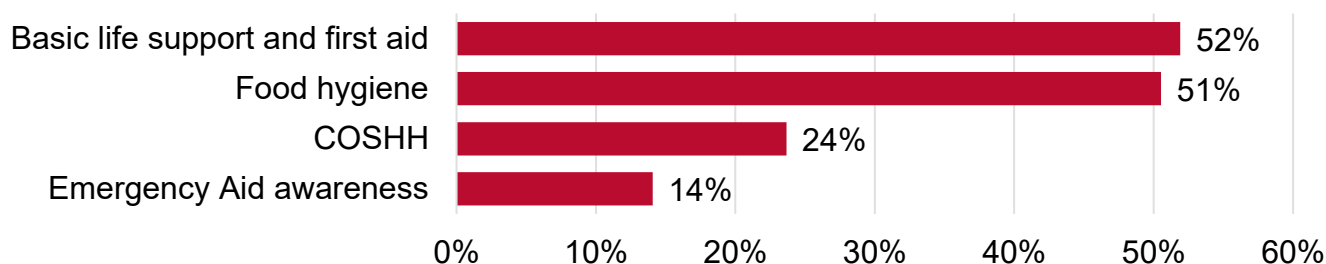


Chart 108 shows the training categories within the 'specific conditions and disabilities' group. Overall, 47% of workers had at least one instance of training recorded in the ASC-WDS within the training categories in the chart.

Chart 108. Proportion of training categories recorded in the ASC-WDS within the 'Specific conditions and disabilities' group (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

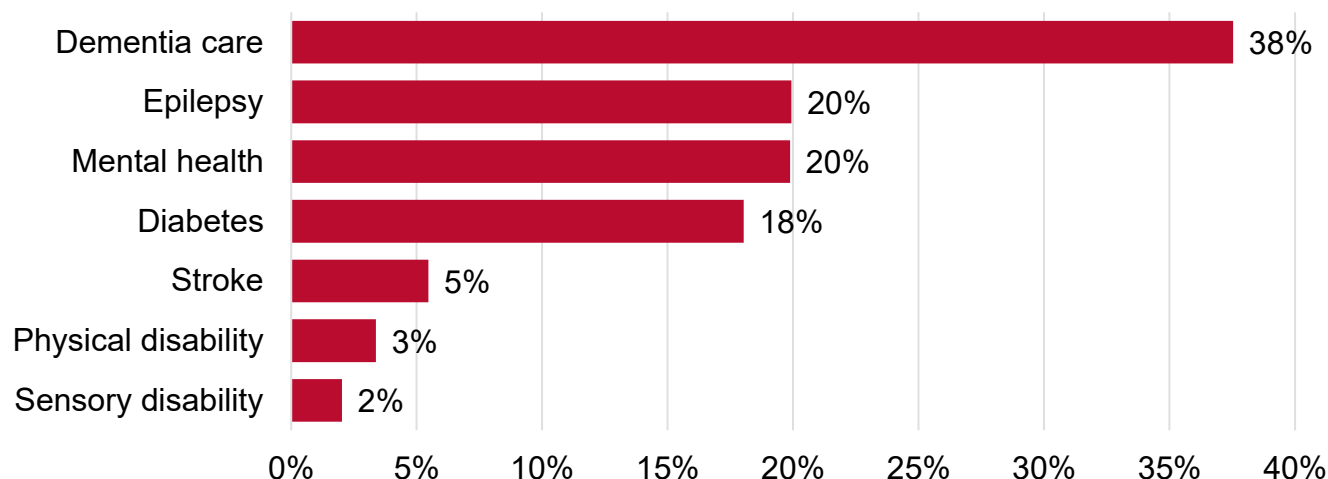


Chart 109 below shows the training categories within the 'IT, digital and data in the workplace technology' group. Overall, 40% of workers had at least one instance of training recorded in the ASC-WDS within the training categories in the chart.

Chart 109. Proportion of training categories recorded in the ASC-WDS within the 'IT, digital and data in the workplace technology' group (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

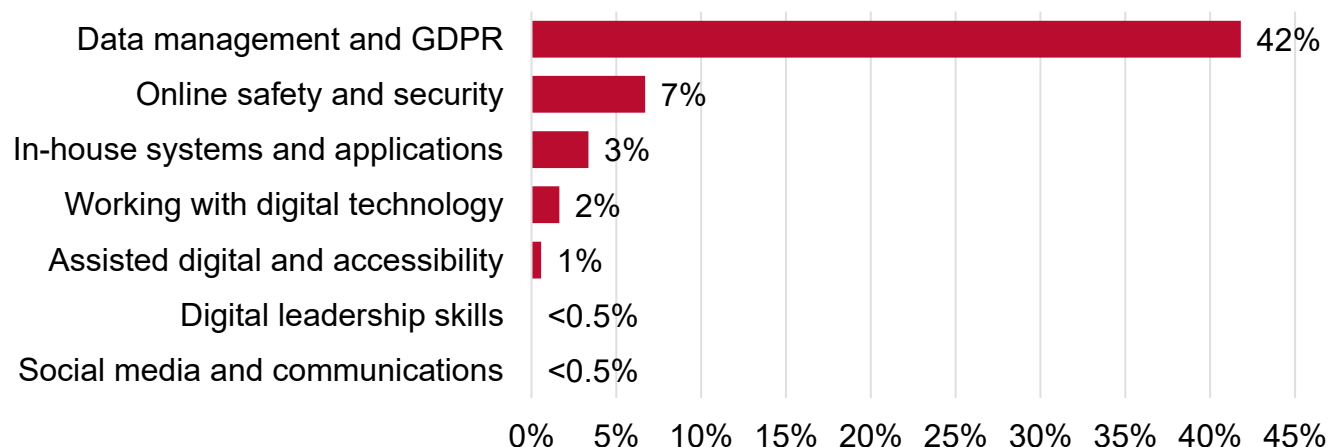
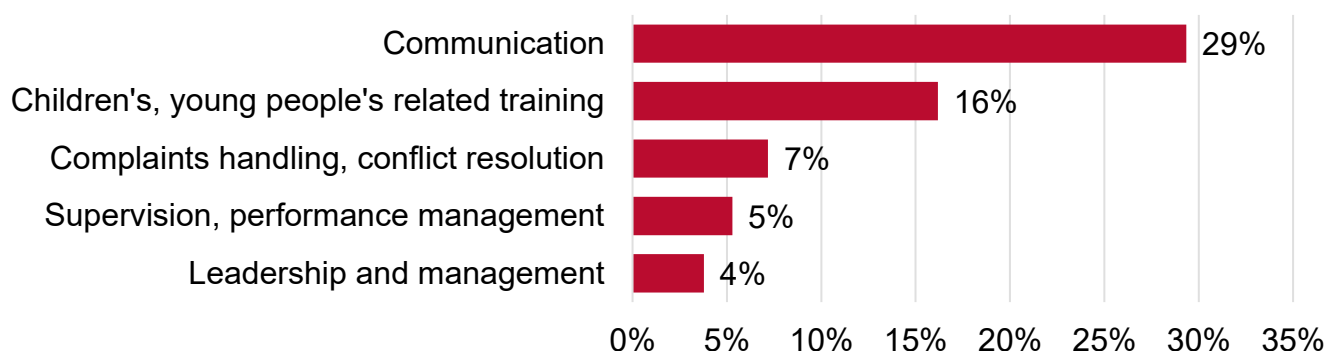


Chart 110 below shows the training categories within the 'staff development' group. Overall, 34% of workers had at least one instance of training recorded in the ASC-WDS within the training categories in the chart. As mentioned above, not all workers will be required to

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 110. Proportion of training categories recorded in the ASC-WDS within the 'Staff development' group (local authority and independent sectors only), 2025/26

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 every day, through every interaction they have. 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 for the sector. 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 127,000 manager filled posts in the adult social care sector in 2025/26, up from 122,000 in 2024/25. Of those managers, 27,000 were workers in registered manager roles in establishments regulated by the Care Quality Commission (CQC). The sector continues to experience a high turnover rate among registered managers, currently standing at 19.7%, alongside a vacancy rate of 10.2%, amounting to 3,100 vacant posts. For more information, see Section 3 - Recruitment and retention. Furthermore, the average age of registered managers in 2025/26 was 48.3 years, and 31% were aged 55 and over, potentially approaching retirement within the next decade.

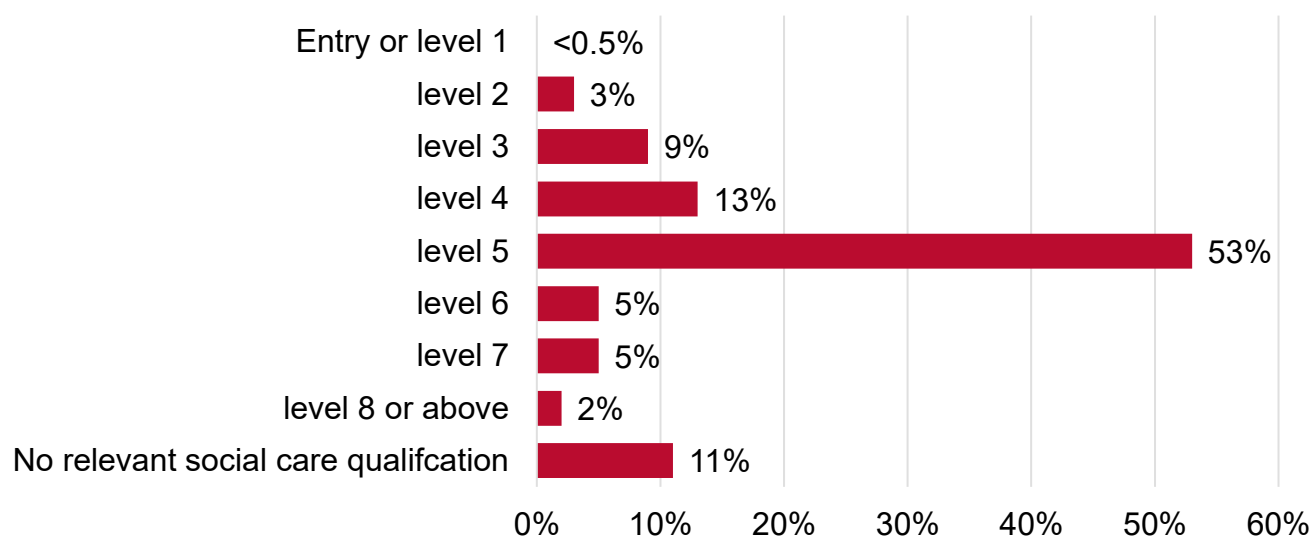
Analysis of factors influencing turnover (see Chapter 9 - Factors affecting turnover and CQC assessment ratings) highlights that establishments with stable registered managers are more likely to achieve higher CQC assessment ratings. Experienced registered managers are associated with lower workforce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

Previously we showed that 64% of registered managers in 2025/26 were qualified at level 5 or above (Chart 102 – Section 6.2 Qualifications held). The chart below shows the qualification level of registered managers in more detail, with just over half qualified at level 5 (53%).

However, a quarter (24%) were qualified below level 5, and one-in-10 (11%) had no recorded relevant adult social care qualification.

Chart 111. Estimated qualification level of registered managers in adult social care, 2025/26

Source: Skills for Care estimates



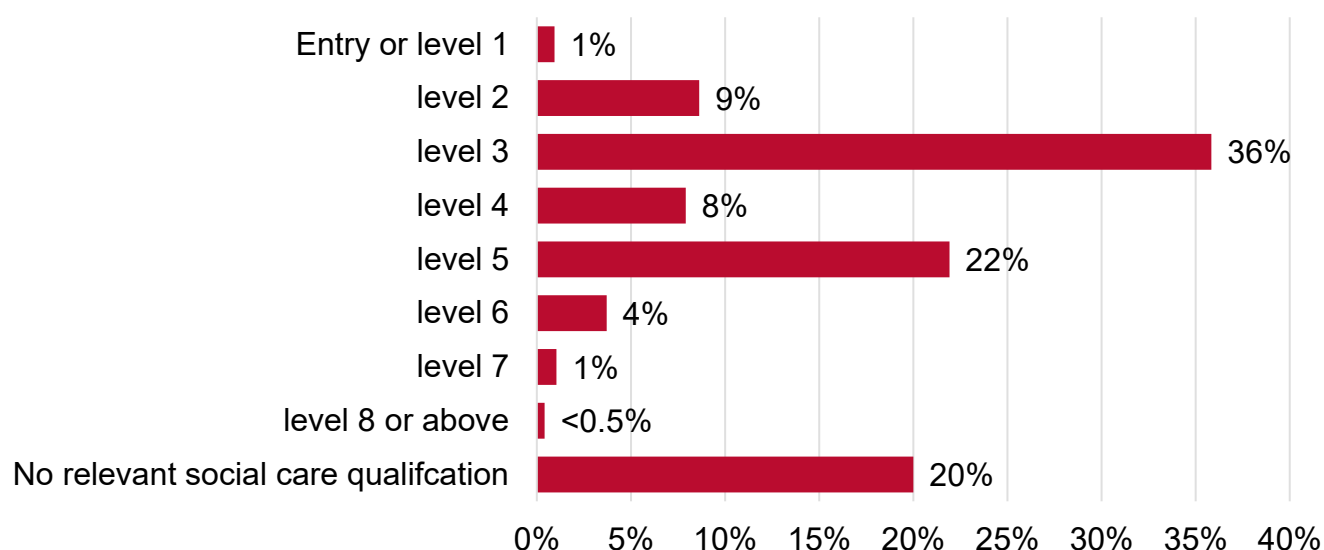
The CQC requires registered managers to demonstrate that they are fit, competent and experienced to lead a service. While a formal social care qualification is not always a prerequisite at the point of registration, managers are generally expected to hold or be working towards a relevant leadership qualification. In some cases, registration may be granted based on substantial experience alone, provided that suitable arrangements are in place to obtain the qualification. You can find further information about qualifications available to managers on our [website](#), including the '[Level 5 Diploma in Leadership and Management in Adult Care](#)' guide.

As well as registered managers, there were 10,500 deputed manager filled posts in 2025/26. This role is important for management succession planning, with many deputies working alongside and learning from more senior managers. Our analysis shows that deputy managers are typically younger than registered managers with an average age of 43.4 years, and the majority (81%) are aged below 55 years.

Deputy managers do not have to be approved by the CQC and they are not usually expected to be as highly qualified as registered managers. However, Chart 112 shows that 27% were already qualified at level 5 or above and a further 44% were qualified at level 3 or level 4, showing a broad level of engagement with formal qualifications amongst this part of the workforce.

Chart 112. Estimated qualification level of deputy managers in adult social care, 2025/26

Source: Skills for Care estimates



In addition to qualifications achieved, analysis of unweighted ASC-WDS information shows that nearly half (44%) of managers had training recorded within the 'staff development' training category group, with 18% of staff in managers with 'leadership and management' training recorded and 15% under the category of 'supervision, performance management'.

Skills for Care actively supports the upskilling of all staff, recognising them as part of the talent pipeline and potential future leaders and managers. Our leadership development programmes, tools and resources support aspiring leaders and managers through to senior directors, including: [Introductory modules for managers](#), the [A positive culture toolkit for adult social care](#) and [Moving Up](#) (a programme supporting managers or aspiring managers from Black and Asian minoritised groups who face barriers to career progression). 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.

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 cannot be regarded as a single route that all workers will follow, it will depend on the individual and their specific circumstances. The following sub-sections of this

report outline various ways in which a worker may progress through the adult social care workforce.

6.6.1 Observed career progression in the ASC-WDS

Workers move between different job roles in the adult social care sector as they progress through their careers. A new job role may indicate a promotion at the same establishment or moving to a new employer to take on a new opportunity. In the ASC-WDS we can observe both of these types of movement of workers between roles. This allows us to see patterns of movements and follow career progression through the sector.

In 2025/26, there were over 750,000 staff records in the ASC-WDS and all have an assigned job role. Where a previous job role was recorded, we identified the most popular changes in role, for example from working as a care worker to a senior care worker. Table 19 shows the proportions of movement observed within and between job role groups in 2025/26, based on the most frequent movements from one role to another. It should be noted that this data does not include personal assistant information and is limited to those workers where a previous job role was recorded.

By looking at each previous role in turn and then identifying the role workers most frequently moved into, we observed that workers were regularly moving into a new role within the same job role group, thereby retaining their skills and relevant experience. For example, we saw middle managers progressed into senior managers while care workers progressed into senior care worker roles. However, 8% of workers who were previously recorded in a regulated professions role (such as a social worker, occupational therapist or registered nurse) moved into a management role. Also of note, 11% of staff working in roles that were not directly providing care – ‘other’ job role group – had moved into direct care roles (such as care workers or support workers).

Table 19. Observed progression of workers between job role groups (local authority and independent sectors only), 2025/26

Source: ASC-WDS unweighted data

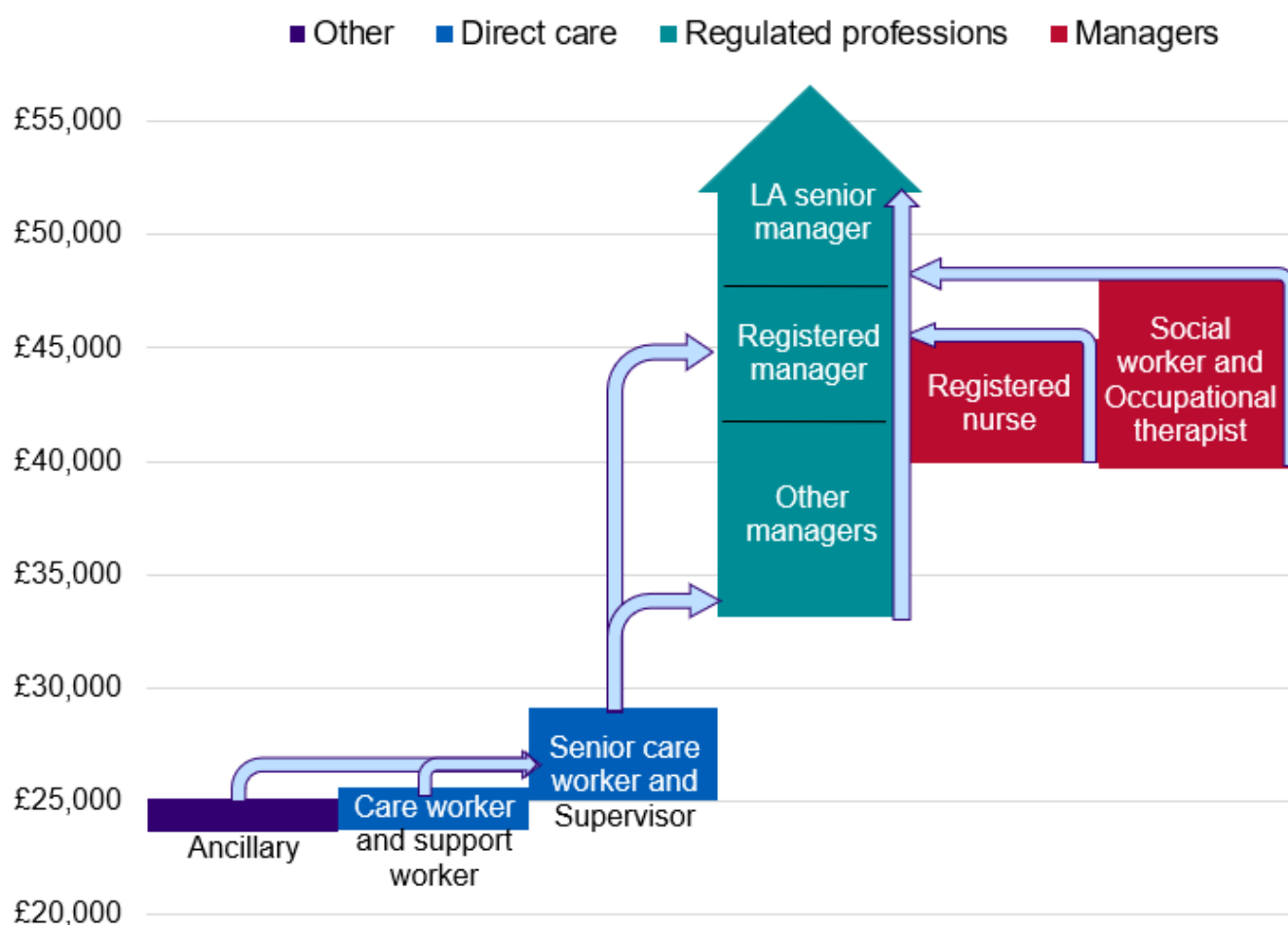
Movement between job role groups	Proportion of observed movement between job role groups
Managers	
Movement within same group	19%
Managers > Other	5%
Managers > Direct care	5%
Managers > Regulated professions	<0.5%
Regulated professions	
Regulated professions > Managers	8%
Movement within same group	3%
Regulated professions > Direct care	3%
Regulated professions > Other	3%
Direct care	
Movement within same group	14%
Direct care > Managers	3%
Direct care > Other	3%
Direct care > Regulated professions	3%
'Other' job roles	
Movement within same group	11%
Other > Direct care	11%
Other > Managers	5%
Other > Regulated professions	5%

A common reason for moving into a new job role can be an increase in salary. The chart below shows the most common job roles a worker may progress through over time and the median salary ranges of those roles. As career progression varies across the workforce, it's not possible to identify a set route that workers may follow. However, we saw that typically 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 further 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 113. Career progression in adult social care using median salary, 2025/26

Source: ASC-WDS unweighted data



- Pay ranges represent the 25th and 75th full-time equivalent (FTE) percentiles for these roles

6.6.2 The Care Workforce Pathway

[The Care Workforce Pathway](#) (CWP) 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. Employers can also use the Pathway to set out how staff can gain skills, learn and develop, and progress in their careers.

The CWP was launched in January 2024, and the ASC-WDS started collecting information about it in September 2025. During the 2025/26 reporting year (1 April 2025 to 31 March 2026) there were eight role categories on the Pathway, and a further 10 were added in July 2026. It should be noted that CWP role categories do not directly correlate to job roles within the ASC-WDS, though there are some categories where there is obvious overlap (for example, registered manager). Section 1.2.4 – The Care Workforce Pathway of this report shows the uptake of the CWP in the independent sector as at March 2026. Chart 12 also shows the proportion of workers recorded against each role category.

Over time as we collect more data, we expect to see movement of workers between role categories as they progress through the Pathway, similarly to how we observe career progression between job roles in the ASC-WDS. Skills for Care has a [webpage](#) dedicated to career progression through the CWP, including an interactive infographic showing the possible progression routes between role categories and. It also highlights the expected qualification level associated with each category.

There are currently four main CWP progression routes:

- Joining the adult social care workforce (core functional skills through to level 3).
- Pathway into leadership and management (level 3 and above).
- Pathway to advanced or specialist practice (level 3 and above).
- Other specialist pathways (level 3 to level 5).

The CWP is not designed to be linear, and workers may remain within a particular role category while they upskill or undertake training or qualifications required to step into the next role category. While we cannot yet observe progression through the CWP, we have an indication of the current qualification levels associated with the workers recorded in each of the eight role categories.

Table 20 shows qualification information against each of the role categories as at March 2026. Please note that the analysis shown here has not been weighted and only reflects the information that we have collected in the ASC-WDS so far. The table includes independent sector workers only, where the employer has selected a role category for them in the ASC-WDS, and where qualification information was provided. Expected levels of qualification per role category are referenced in the [interactive infographic](#).

Table 20. Level of qualification of workers by Care Workforce Pathway role category where this is recorded in the ASC-WDS (independent sector only), March 2026

Source: ASC-WDS unweighted data

Care Workforce Pathway role category	Expected level of qualification	Proportion of workers with a recorded qualification at or above the expected level
New to care	Entry to level 3	12%
Care or support worker	level 2 or above	38%
Enhanced care worker	level 3 or above	40%
Supervisor or leader	level 3 or above	57%
Practice leader	level 4 or above	49%
Deputy manager	level 4 or above	42%
Registered manager	level 5 or above	68%

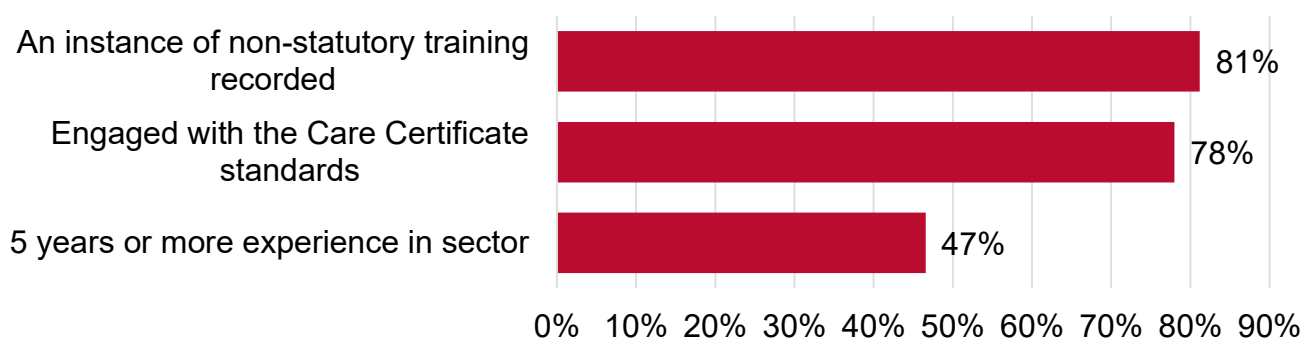
6.7 Building skills through induction, training or experience

An estimated 45% of the direct care workforce held a relevant social care qualification. This section explores the training and experience of the remaining 55% of direct care workers **who did not hold a qualification at the time of data collection**. This group includes care workers, community support and outreach workers, senior care workers, support workers and others directly providing care.

The chart below shows that qualifications are only one of several routes through which workers could have gained the skills needed to deliver high-quality care. Among direct care workers without a relevant qualification, 78% had engaged with the Care Certificate standards (either completed or partially completed / in progress), 47% had five or more years' experience working in the adult social care sector, and 81% had undertaken non-statutory training.

Chart 114. Skills, training and experience of direct care workers without a relevant social care qualification, 2025/26

Source: ASC-WDS unweighted data



Taken together, this highlights that valuable knowledge and capability are developed through a combination of robust induction, 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. However, formal qualifications remain important as they provide a recognised and transferable demonstration of competence that complements induction, training and experience.

The '[Secrets of success](#)' report explains that 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.

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 149(Section 9.1.11) shows the probability of workers leaving their posts and compares those with relevant social care qualifications to those without. Of care workers who held a relevant social care

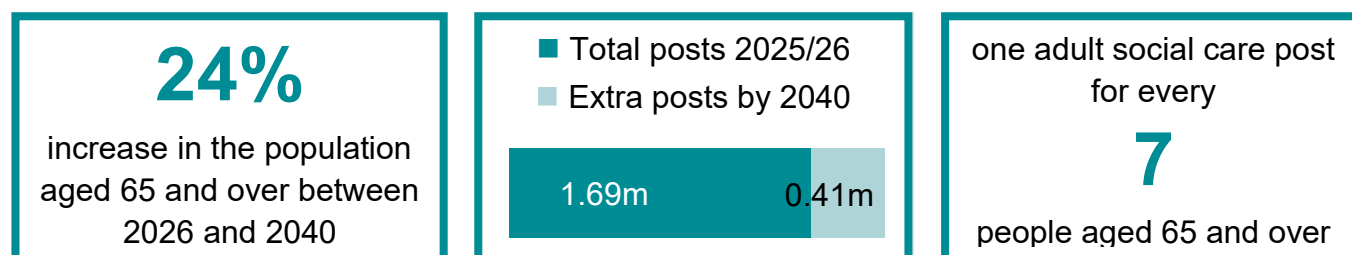
qualification, 19.4% left within the 12-month period, compared to 24.4% of those who did not hold a relevant qualification. A similar trend is evident for care workers that had undertaken a higher number of training courses.

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 Chapter 9- Factors affecting turnover and CQC assessment ratings, for more information on factors affecting turnover.

7. Workforce projections



This chapter presents demand-based projections for the size of the adult social care workforce between 2025/26 and 2040.



Key findings

- The population in England aged 65 and above is projected to grow from 11.4 million to 14.1 million between 2026 and 2040.
- The 90 and over age group is expected to see the greatest amount of growth, with a 79% increase between 2026 and 2040 (from 550,000 to 990,000 people). The 85 to 89 age group is expected to see the second greatest amount of growth, increasing by 41% from 960,000 people in 2026 to 1.36 million in 2040.
- By 2040, if the adult social care workforce grows proportionally to the projected growth in the population aged 65 and over, an additional 410,000 posts (24% growth) will be needed by 2040.
- Our model estimates that there is currently one adult social care post for every seven people aged 65 and over.
- Based on projections of the number of people expected to receive care in the future from the [Care Policy and Evaluation Centre \(CPEC\)](#), and ASC-WDS staffing ratios per person receiving care, we project that around 33% more adult social care posts will be needed by 2040.

Skills for Care's projections based on the 65 and over population 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 workers who have left the sector 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 project the number of adult social care posts that may be needed to meet demand in the future.

This year, we have also included estimates based on projections of the number of people receiving care produced by CPEC at the London School of Economics. These estimates provide an additional perspective on future workforce demand and are presented later in this chapter. You can read their paper from February 2025 [on their website](#).

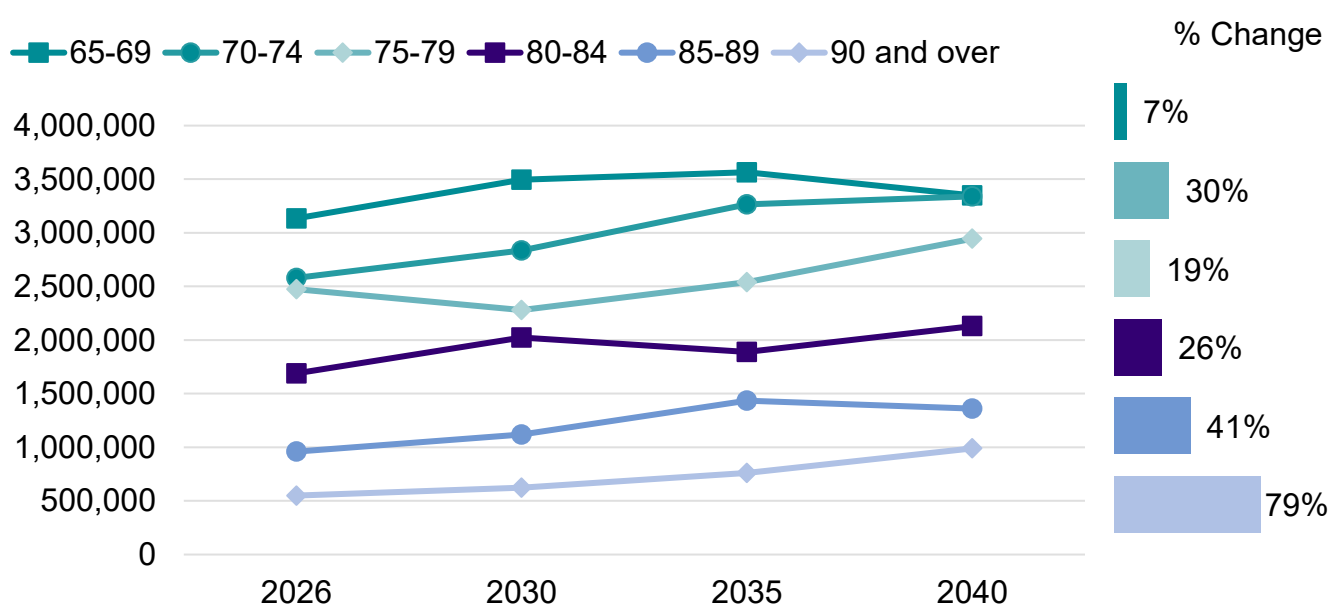
7.1 Population statistics, 2026 to 2040

This section includes information about the population aged 65 and over from 2026 to 2040. We used population projections from [Nomis](#), a service provided by the Office for National Statistics, with the data split by age band as part of the projections model.

Between 2026 and 2040, the number of people aged 65 and above in England is projected to increase from 11.4 million to 14.1 million people (an increase of 24%). Although the overall population aged 65 and over is projected to increase by 24%, the largest percentage increases are projected among people aged 90 and over (79%) and those aged 85 to 89 (41%).

Chart 115. Population projections for those aged 65 and above in England, 2026 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. In 2025/26, around three-quarters (74%) of filled posts were in services providing support to older people, while approximately one-quarter were in services supporting working-age adults. Growth in both groups is therefore likely to contribute to future workforce demand. See Section 1.6 - People who receive care and support, for further information on care and support needs.

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 uses those aged 65 as a predictor for the total increase in demand and we have found this to be accurate over time.

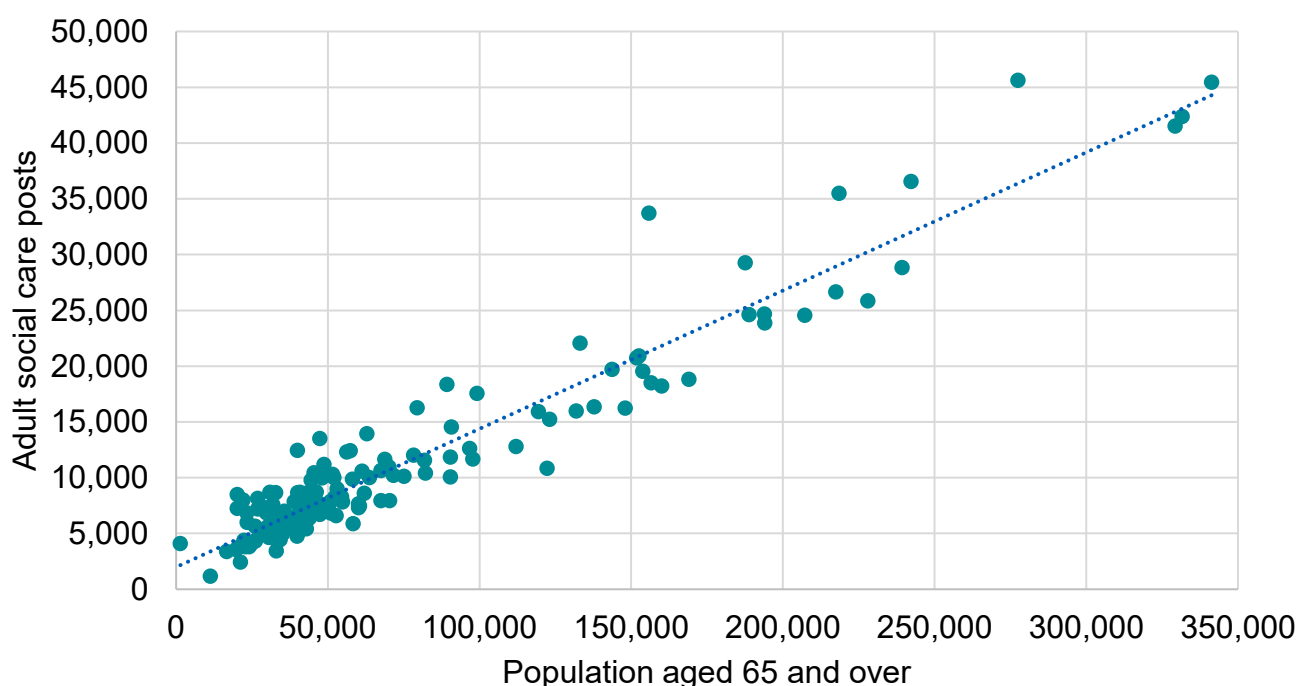
7.2 Relationship between population projections and posts

Our projections use a model, referred to as the '65+ 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 116, 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 2025/26, there was one adult social care post for every seven people aged 65 and over in the population.

Chart 116. Relationship between estimated size of the adult social care workforce and the population aged 65 and over in each local authority area, 2025/26

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.

The table below shows the modelled projections: if the adult social care workforce grows proportionally to the projected number of people aged 65 and over, an estimated 2.09 million adult social care posts would be required by 2040, an increase of 24% from 2025/26. This estimate includes both filled and vacant posts and does not account for whether there will be sufficient labour supply to fill these posts.

Table 21. Estimated adult social care posts projections based on the number of people in the population aged 65 and over, 2025/26 to 2040

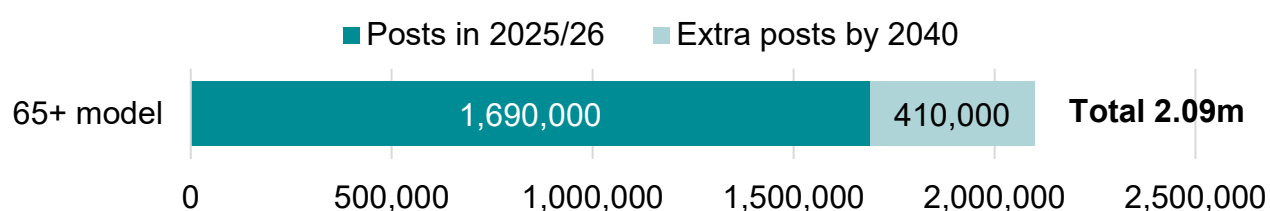
Source: Skills for Care estimates

Model	2025/26	2030	2035	2040	% increase in posts 2025/26 to 2040
65+ model	1,690,000	1,850,000	2,000,000	2,090,000	24%

To meet this expected growth in the workforce, an extra 320,000 new posts would be required by 2035, increasing to 410,000 extra posts needed by 2040, as shown in Chart 117.

Chart 117. Estimated adult social care posts projections, 2025/26 to 2040

Source: Skills for Care estimates



7.3 Retrospective testing of models

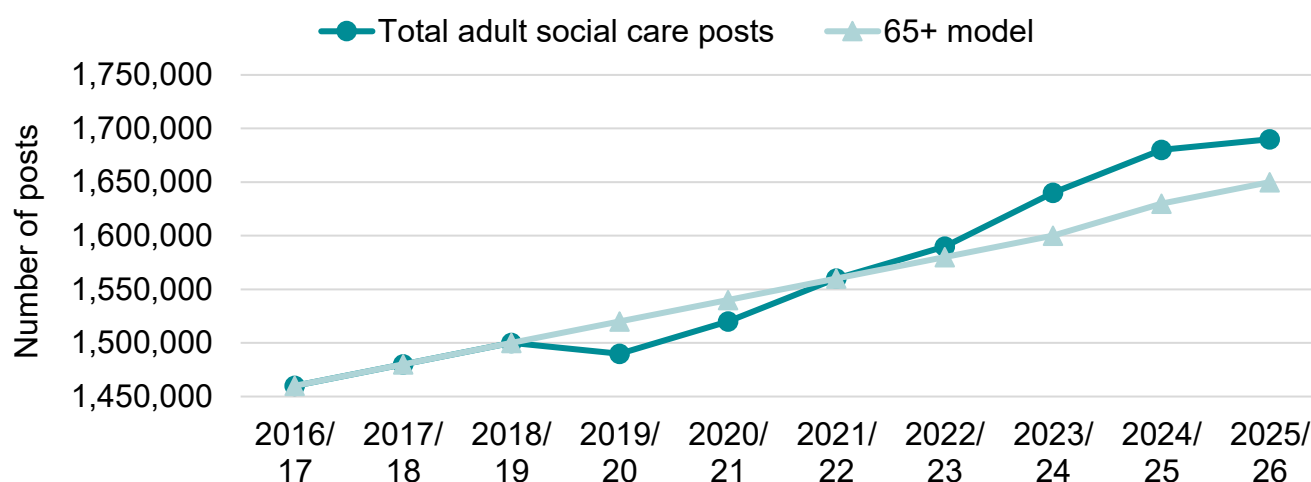
A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Nomis population data from 2016/17 to 2025/26, and our estimates of total posts (filled and vacant) in the 2016 adult social care workforce, the model results were compared to the actual growth in posts in the sector.

As shown in Chart 118, the growth in the number of posts was similar to the projections between 2016/17 and 2025/26. The number of posts has historically increased broadly in line with rising demand for care due to an aging population and an increasing number of adults aged 18 to 64 requiring care.

The total number of adult social care posts exceeded the 65+ model projections from 2022/23. The sector grew faster than anticipated during this period, in part, due to high levels of international recruitment, which the model does not account for.

Chart 118. Adult social care total posts projections based on the population aged 65 and over, compared to actual estimated trends of total posts (filled and vacant) for the same period, 2016/17 to 2025/26

Source: Skills for Care estimates



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

7.4 Workforce estimates using CPEC demand projections

This section uses projections produced by the [CPEC](#) to estimate future adult social care workforce demand. The projections are based on assumptions about future population change, care needs and service use. CPEC estimates the number of older people aged 65 and over as well as younger adults aged 18 to 64 expected to receive adult social care, split by direct payments recipients, residential care and non-residential care. In this section, direct payments refer to people receiving direct payments and are not limited to people directly employing their own care staff.

The number of people receiving adult social care is projected to increase by around 35% between 2025 and 2040 based on CPEC projections under their base case assumptions. The largest increases are projected among older people receiving care, with growth of between 41% and 51% across the three service types. In comparison, the number of younger adults receiving care is projected to increase by between 6% and 8%.

Table 22. Projected percentage change in the number of people receiving adult social care, by age group and service types, 2025 to 2040

Source: Care Policy and Evaluation Centre (CPEC), London School of Economics and Political Science

	All adults	Older people	Younger adults
All services	35%	46%	7%
Direct payment recipients	19%	47%	7%
Residential	37%	41%	8%
Non-residential	38%	51%	6%

CPEC projections were combined with ASC-WDS ratios of adult social care posts to people receiving care to create projections of the number of adult social care posts required in the future. Based on this approach, an estimated 33% more adult social care posts (filled and vacant posts) would be required by 2040. This is broadly consistent with our 65+ model, which estimates that 24% more adult social care posts would be required by 2040, despite the two approaches being calculated independently.

8. International recruitment



This chapter looks at international recruitment of direct care workers into the independent sector of the adult social care workforce, including information on number of recruits, data relating to employers that recruit internationally and the characteristics of international recruited workers.

30,000

internationally recruited direct care workers joined the independent sector in 2025/26

150,000

posts filled by people employed on the Health and Care Worker visa, as at March 2026

Vacancy rate of international recruiters

9.9%
2022

5.6%
2026

Key findings

- The estimated number of internationally recruited workers in 2025/26 was 30,000 – a decrease from 50,000 the previous year. This in part was due to the closure of the Health and Care Worker visa route to new overseas applicants from July 2025.
- An estimated 150,000 posts were filled by people employed on the Health and Care Worker visa as at March 2026, working in direct care roles at establishments regulated by the Care Quality Commission (CQC) in the independent sector.
- The vacancy rate for employers with direct care workers recruited internationally decreased by 4.3 percentage points between March 2022 and March 2026, from 9.9% to 5.6%.
- Around a third of internationally recruited care workers and support workers between March 2022 and March 2026 were male: 33% among those on the Health and Care Worker visa and 36% among those recruited internationally via other routes. Only 16% of domestically recruited care workers and support workers were male over the same period.
- Care workers and support workers recruited internationally between March 2022 and March 2026 had a lower average age of 35.0 years, both via the Health and Care Worker visa and via other routes, compared to those recruited domestically (40.0 years).
- Domestic recruitment remains challenging for the sector. The overall number of posts filled by British workers across all job roles decreased from 85% of the workforce in 2020/21, to 67% in 2025/26. This is a decrease of 130,000 posts over the period, including 40,000 over the last year.

The adult social care workforce is predominantly comprised of workers with a British nationality; however, non-British nationals have always been a key part of the workforce. Between 2018/19 and 2020/21, British nationals typically accounted for 85% of adult social care filled posts in a given year and the remaining 15% were filled by workers of other nationalities. In recent years these patterns have changed as a result of changing UK immigration rules, with the proportion of non-British workers steadily increasing from 16% in 2021/22, to 33% in 2025/26. For more information about nationality trends over time, see Section 4.6.1 – Nationality trends.

In our workforce intelligence reports, we are focussing on internationally recruited workers who have a non-British nationality, who came to the UK to start a direct care role (e.g. a care worker)

in the independent sector. Workers who have come to the UK to take up other roles such as registered nurses are not included in our analysis as they are not subject to the same visa requirements. Our definition of international recruitment includes workers on the [Health and Care Worker visa](#) and those who arrived via other routes, such as students or as dependents on a family member's visa. As a result, figures shown in this report may differ from [figures published by the Home Office](#) on visa application numbers.

8.1 Policy changes over time

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 direct care 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 April 2024, the SOL was replaced by the [Immigration Salary List](#). In addition, restrictions were added that allowed only employers regulated by the CQC to sponsor 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 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, further 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. From this time only people already in the UK could apply for this visa type or renew their existing visa provided individuals were already working in adult social care. The Government issued a [statement](#), confirming that transitional arrangements will be 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.

In May 2025, the Government published a white paper policy document that proposed [changes to rules around 'indefinite leave to remain'](#) – the mechanism whereby non-British people are granted leave to permanently reside, study and work in the UK. This can be a stepping-stone to gaining British citizenship and currently non-British workers must usually have lived and worked in the UK for five years before applying. However, under the proposed changes this could increase to 10 or 15 years. A public consultation on this topic was conducted in February 2026 and at the time of writing the [Government has not yet published a timetable](#) for implementation.

8.2 Estimated number of internationally recruited workers

The analysis shown here provides estimates of international recruitment in adult social care. Data from the Adult Social Care Workforce Data Set (ASC-WDS) has been weighted to represent the total number of direct care workers recruited internationally into the independent sector.

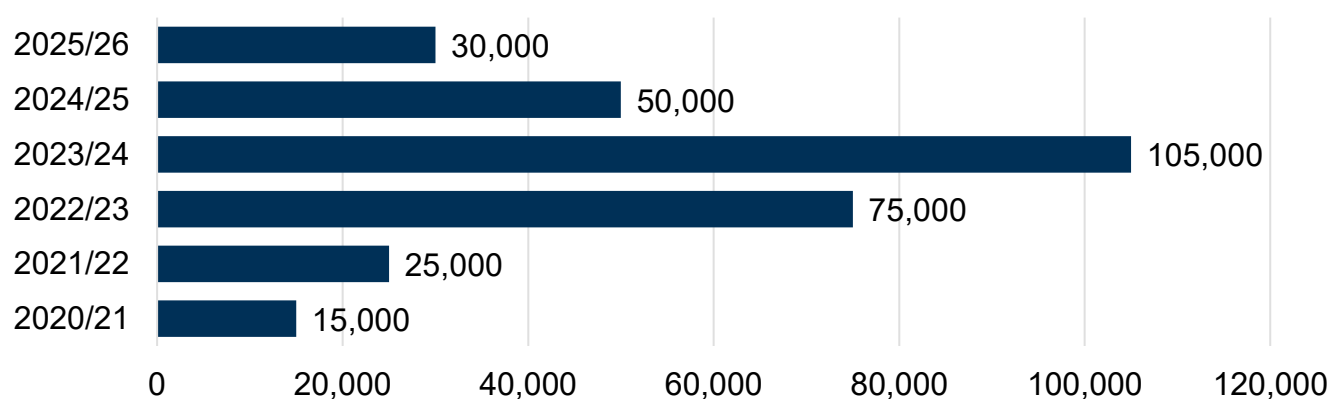
In this section, we define an internationally recruited worker as:

- 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 and started their role between 01 April 2022 and 31 March 2023.
- The role was employed in the independent sector.

Between March 2025 and March 2026, an estimated 30,000 people started in direct care roles in the independent sector, having arrived in the UK during that period. As shown in Chart 119, this was a decrease of 20,000 from the previous year and likely driven by the immigration rule changes introduced in July 2025, which meant new applicants for the Health and Care Worker visa from overseas were no longer permitted – only in-country applications are currently allowed at the time of writing.

Chart 119. Estimated number of people starting direct care roles in the independent sector having arrived in the UK during each year, 2020/21 to 2025/26

Source: Skills for Care estimates



In 2025/26, the Health and Care Worker visa was only open to new overseas applicants for three months (in the period of April 2025 to July 2025). During this time, an estimated 1,500 people were recruited from outside the UK via the Health and Care Worker visa. These estimates follow the same pattern as [Home Office data](#), which shows a declining trend in the number of Health and Care Worker visas in the occupation group 'caring personal services'

granted to people from outside the UK: 84,715 in 2023/24, 7,891 in 2024/25 and 1,398 in 2025/26.

Due to the closure of the Health and Care Worker visa route to new overseas applicants in July 2025, we know that unlike in previous years the majority (95%) of international recruits in 2025/26 joined the sector from outside the UK via routes such as a Student visa, or as dependants or family members of people arriving in the UK on other visa types. Some students may work in adult social care while remaining on the [Student visa](#) (people on these visas can be limited to 20 hours work per week during term time), while others may later switch to the Health and Care Worker visa (a subsidiary of the Skilled Worker visa route).

[Data from The Migration Observatory at the University of Oxford](#) shows that between January 2021 and March 2026, 44% of those people that moved from a Student visa to a Skilled Worker visa did so to become a care worker. This implies that in-country transition from studying to joining the adult social care workforce on a permanent basis is still a common route, though they do note that the changes to the UK's indefinite leave to remain policies may impact future students' decisions to remain and work in the UK.

The chart above shows the estimated number of internationally recruited workers who arrived and started working in the sector each year. A large proportion of international recruits in adult social care are people who came to the UK on the Health and Care Worker visa; we estimate that as at March 2026, there were 150,000 posts filled by people employed on this visa having arrived between 2022 and 2026. These were posts working in direct care roles at CQC-regulated establishments in the independent sector as their primary role linked to their visa sponsorship.

A proportion of the workers employed on the Health and Care Worker visa who are filling the estimated 150,000 posts will also fill another adult social care post, in a similar way to others in the workforce that have an additional secondary role. However, only their primary role will be linked to their visa sponsorship. We estimate that 122,000 people were employed on the Health and Care Worker visa and working in adult social care, filling the estimated 150,000 posts as at March 2026. It should be noted however that to create these estimates, coverage of some of the required variables in the ASC-WDS is not as high as for other variables used to create most of the estimates shown in this report. For this reason, this figure should be treated as an estimate, rather than a precise count.

For more information about the relationship between the number of filled posts and the number of people working in adult social care see Sections 1.3 (Number of full-time equivalent (FTE) filled posts) and 1.4 (Number of people working in adult social care).

We produce estimates to track the level of international recruitment in the independent sector on a quarterly and annual basis. In the quarter April to June 2026, there were an estimated 2,000 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 estimated 7,500 in the

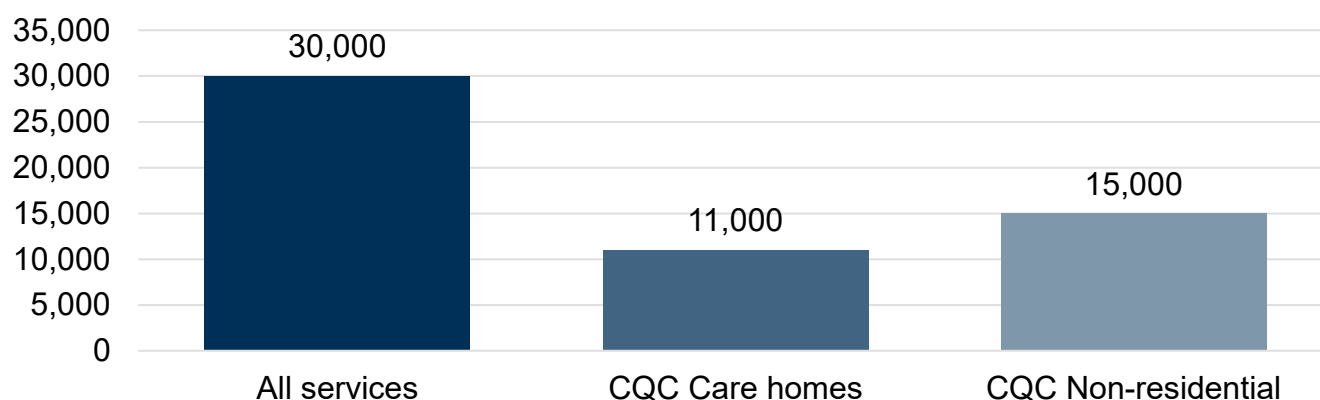
same quarter. Skills for Care will continue to monitor these changes and you can view our quarterly estimates of international recruitment of direct care workers in the independent sector workforce [on our website](#).

8.2.1 Main service

Half of internationally recruited direct care workers in 2025/26 were employed in non-residential services regulated by the CQC (51%, or 15,000). As shown in Chart 120, a further estimated 11,000 were employed in care homes with 5,900 in care homes with nursing services and 5,300 in care only homes.

Chart 120. Estimated number of internationally recruited direct care workers by main service (independent sector only), 2025/26

Source: Skills for Care estimates

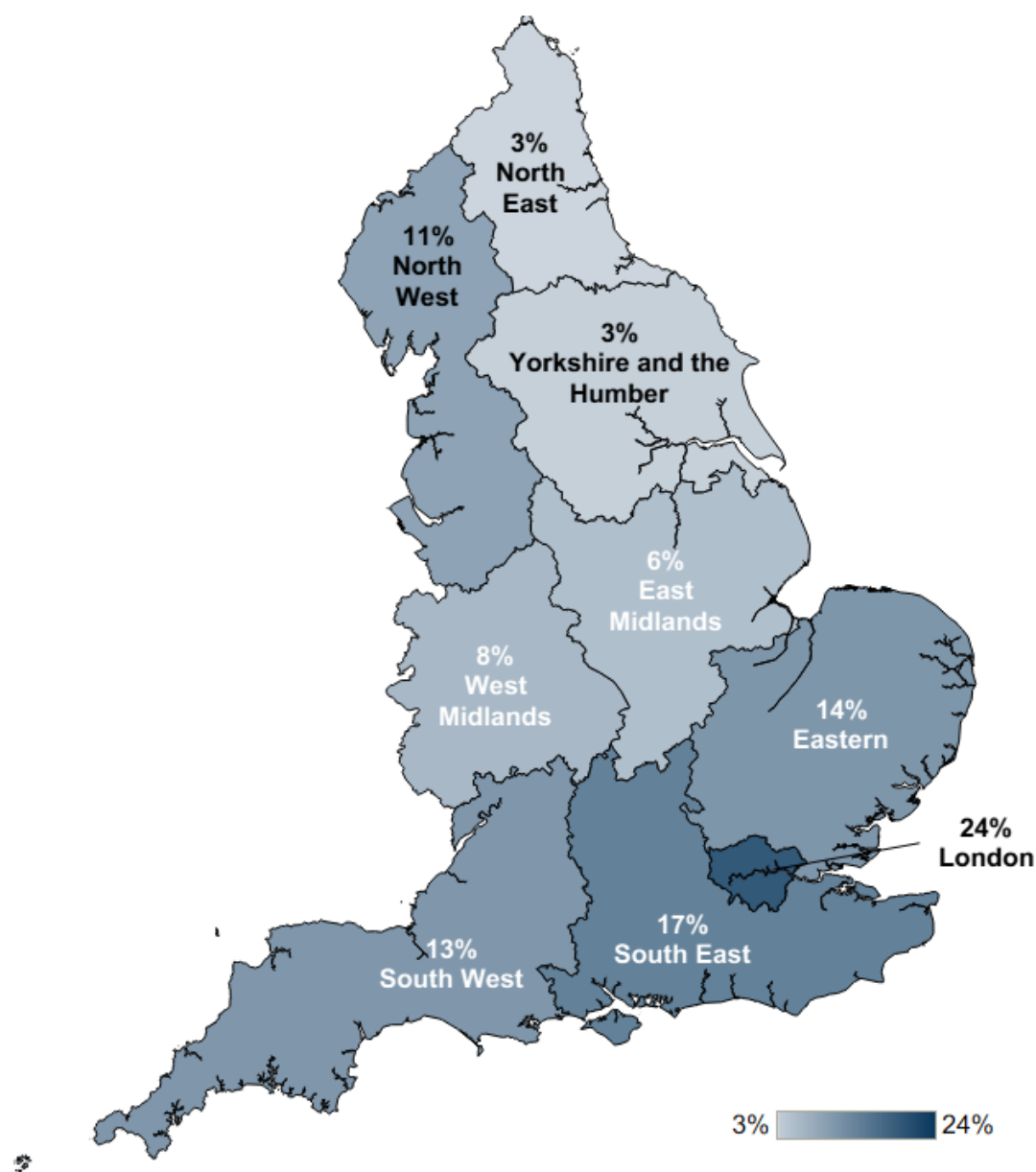


8.2.2 Regional international recruitment

In 2025/26, there was a general north/south divide in the number of people recruited internationally, as shown in Map 3 below. Over half (55%) of all people recruited internationally were employed in London, the South East or the South West regions. Less than a fifth (17%) of new international recruits were employed in the North East, North West or Yorkshire and the Humber regions, with the remaining 28% employed in the East or West Midlands and the Eastern regions.

Map 3. Estimated proportion of internationally recruited direct care workers by region (independent sector only), 2025/26

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 2026. This information has not been weighted to represent the whole sector but should be indicative of recent changes and developments (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.

The longitudinal analysis of starters, turnover and vacancy rates information in this section looks at establishments and organisations that employ internationally recruited workers, as defined in the introduction to this chapter. Comparing their March 2022 rates with March 2026 indicates the impact international recruitment has had on recruitment and retention.

Employers included in the analysis are defined as:

- **‘Employers with international recruits’** – this refers to independent sector employers that have at least one worker recorded in the ASC-WDS as being on the Health and Care Worker visa, or with 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 2026.
- **‘Employers with NO international recruits’** – this refers to independent sector employers that have completed nationality data for their staff, 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 2026.

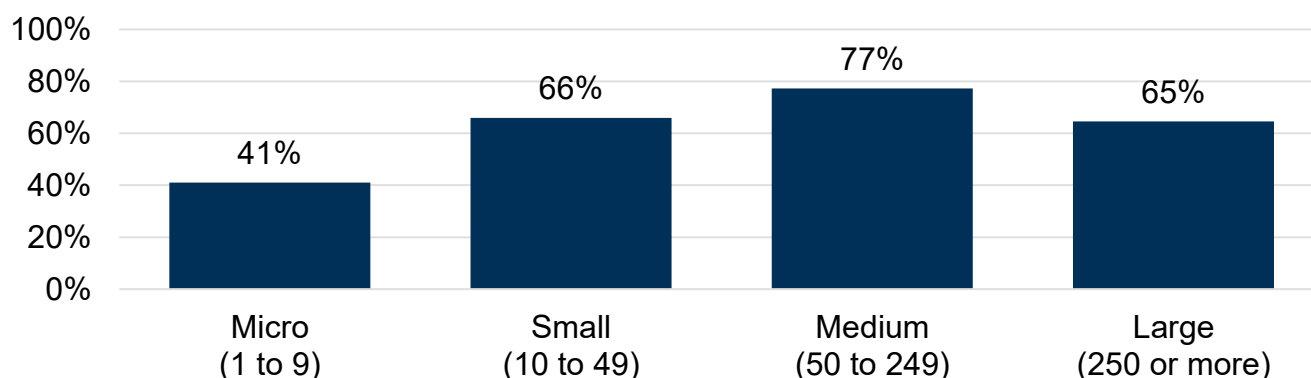
We are able to identify international recruits and their employers within the ASC-WDS using the information provided by employers for each of their worker’s staff records. To successfully identify internationally recruited workers, employers must have provided data relating to the Health and Care Worker visa status of their non-British staff, and their year of arrival in the UK. If this information has not been provided then some international recruits may not have been identified. It should also be noted that questions relating to the Health and Care Worker visa were added to the ASC-WDS in July 2024; before this time, it is not possible to identify international recruitment using this information unless it has retrospectively been added to a staff record by the employer.

8.3.1 Organisation size

International recruitment has been used as a recruitment avenue by organisations of all sizes, as shown in the chart below. Medium organisations employ between 50 and 249 staff, and nearly three-quarters of organisations of this size (77%) had recorded employment of internationally recruited workers. Small (66%) and Large (65%) sized organisations were similarly likely to record using international recruitment. Micro organisations employ between one and nine staff members overall, and were least likely to record using international recruitment, at 41%.

Chart 121. Proportion of organisations in the ASC-WDS recording internationally recruitment by organisation size, March 2026

Source: ASC-WDS unweighted data



8.3.2 Vacancy rate

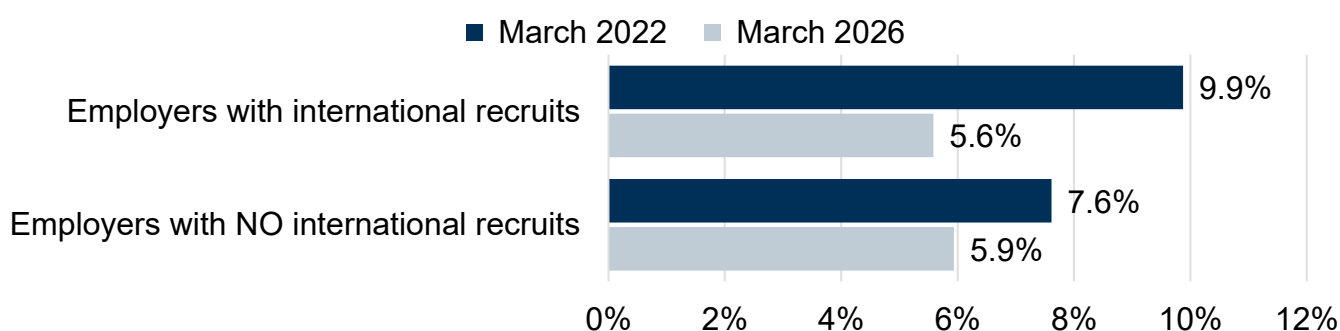
The vacancy rate of an organisation is related to their starter and leaver rate (a result of recruitment and retention). If an employer has more starters than leavers in a given period, then the vacancy rate is likely to decrease. However, the rate can also be influenced by employers wanting to increase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

In March 2022, the vacancy rate among direct care workers (such as care workers or senior care workers) for employers who went on to recruit workers from overseas was 9.9%. Chart 122 shows that this was higher than for employers who did not become international recruiters (7.6%) and suggests that those with recruitment and retention difficulties were more likely to recruit workers internationally in response to managing their vacancies.

As at March 2026, the vacancy rate among direct care workers 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 4.3 percentage points, and by 1.7 percentage points for those not recruiting internationally.

Chart 122. Vacancy rate of direct care workers at employers with and without international recruits, March 2022 and March 2026

Source: ASC-WDS unweighted data



Skills for Care is aware that some employers that recruit internationally are very dependent on this form of recruitment to fill their vacancies. As mentioned in Section 8.2, we estimate that there were 150,000 posts filled by internationally recruited workers employed on the Health and Care Worker visa as at March 2026.

Vacancy rates between both employer groups at March 2026 shown in the chart above are now very similar at 5.6% and 5.9%. For more information about vacancy rates in the wider adult social care sector, see Section 3.2 – Vacancy rates.

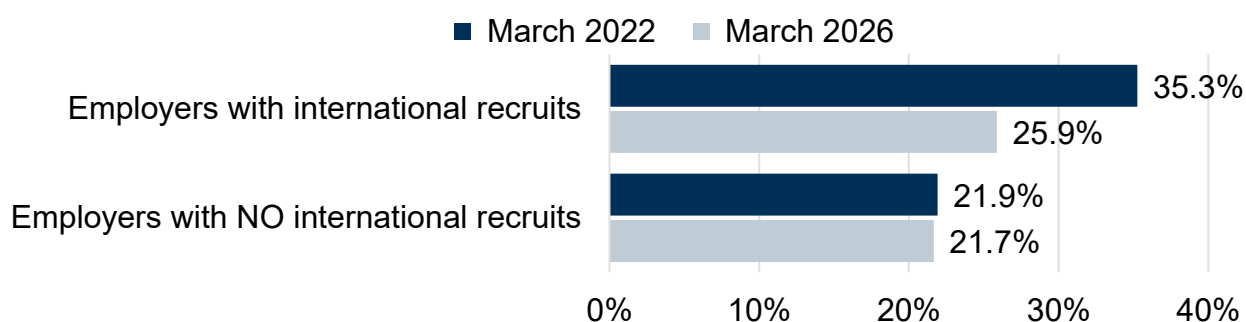
8.3.3 Turnover rate

In March 2022, the turnover rate for direct care workers at employers who went on to become international recruiters was 35.3%. This was higher than the turnover rate at employers who did not go on to become international recruiters (21.9%). As with vacancy rates, this suggests that those employers with recruitment and retention difficulties were more likely to become international recruiters.

Chart 123 shows that between March 2022 and March 2026, the turnover rate decreased to 25.9% for employers with direct care workers recruited internationally and remained low at 21.7% for employers with no direct care workers recruited internationally.

Chart 123. Turnover rate of direct care workers at employers with and without international recruits, March 2022 and March 2026

Source: ASC-WDS unweighted data



While the turnover rate in March 2026 for employers with international recruits was still higher than the turnover rate for employers with no international recruits, the decrease over the period was greater (9.4 percentage points compared to 0.3 percentage points). This indicates that employers utilising international recruitment were able to improve their staff retention, in part due to people arriving in the UK on the Health and Care worker visa requiring a sponsor and therefore having less job mobility than domestically recruited staff.

These findings are consistent with the findings from our analysis of factors affecting turnover across adult social care (see Chapter 9 - Factors affecting turnover and CQC assessment ratings), which shows that people recruited internationally were less likely to leave their roles

than those recruited domestically. Workers who come to the UK on the 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, [the government revoked over 470 sponsor licenses](#) in the social care sector to address concerns of abuse and exploitation affecting over 39,000 workers associated with those sponsors since October 2020. As a result, a number of internationally recruited workers were displaced when their employer could no longer sponsor them. The Department of Health and Social Care issued a [support offer to international ASC workers whose employer's sponsor licence has been revoked](#) and employers are encouraged to recruit displaced international workers before sponsoring a new worker.

The Department of Health and Social Care has also said tackling unethical international recruitment employment practices in the sector is a government priority. In April 2025, guidance was issued for regional partnerships to support internationally recruited workers impacted by sponsor non-compliance or unethical practice and to address poor employment practices alongside a regional fund of £12.5 million for the partnerships in 2025/26. In April 2026, [updated guidance](#) was issued for 2026/27 with a new regional fund of £7.5 million to support international care workers impacted by sponsor licence revocations to find new, sponsored employment.

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. Skills for Care has published a number of resources related to [international recruitment](#) and we have resources on recognising [exploitation and modern slavery](#).

8.4 Characteristics of international recruits

As noted in Section 8.2 (Estimated number of internationally recruited workers) above, an estimated 255,000 internationally recruited workers joined the adult social care workforce between 2022/23 and 2025/26 (1 April 2022 to 31 March 2026). We estimate that as at March 2026 there were 150,000 posts filled by people employed on the Health and Care Worker visa.

The analysis in the following sections shows worker characteristics of **all internationally recruited care workers and support workers that started a new role in the independent**

sector since 2022. We have focussed on these two job roles as they account for the majority (88%) of all independent sector direct care worker filled posts in 2025/26. The characteristics presented here include employment and contracted hours information, sickness rates, demographics and qualifications.

To show comparisons within this part of the workforce we have split the following charts in Sections 8.4.1 to 8.4.4 into four categories. Information for 'all care workers and support workers' comes from our weighted workforce estimates as at 2025/26. Information split into the three recruitment categories below comes from unweighted ASC-WDS data and has not been weighted to represent the whole sector but should be indicative of workforce characteristics.

- **All care workers and support workers:** all care workers and support workers employed in the independent sector as at March 2026. This is the comparison group, and the data is derived from our weighted workforce estimates.
- **Domestic recruit:** care workers and support workers who have a British nationality and started in their role since 1 April 2022.
- **International recruit (Health and Care Worker visa):** care workers and support workers who have a non-British nationality, who are recorded in the ASC-WDS as being on the Health and Care Worker visa⁴ and started in their role since 1 April 2022.
- **International recruit (other routes):** care workers and support workers who have a non-British nationality, who are not recorded in the ASC-WDS as being on the Health and Care Worker visa, who have entered the UK and started in their role since 1 April 2022. This includes people on a Student visa or dependents and family members of other people arriving in the UK on different visa types.

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 that came to the UK via routes other than the Health and Care Worker visa may not have been identified if the 'year of arrival in the UK' is not completed by their employer.

8.4.1 Employment overview characteristics

Understanding employment information is useful because it provides insight into the employment practices and the impact these have on staff. These can be particularly important for new starters, in particular for workers on the Health and Care Worker visa who need to earn a minimum salary to meet their visa requirements. This section looks at the employment and full-time/part-time status of international recruits and zero-hours contract information.

⁴ Health and Care Worker visa information has been collected in the ASC-WDS since July 2024. Visa questions are asked about all new non-British workers and some workers have had this information retrospectively add to their staff record.

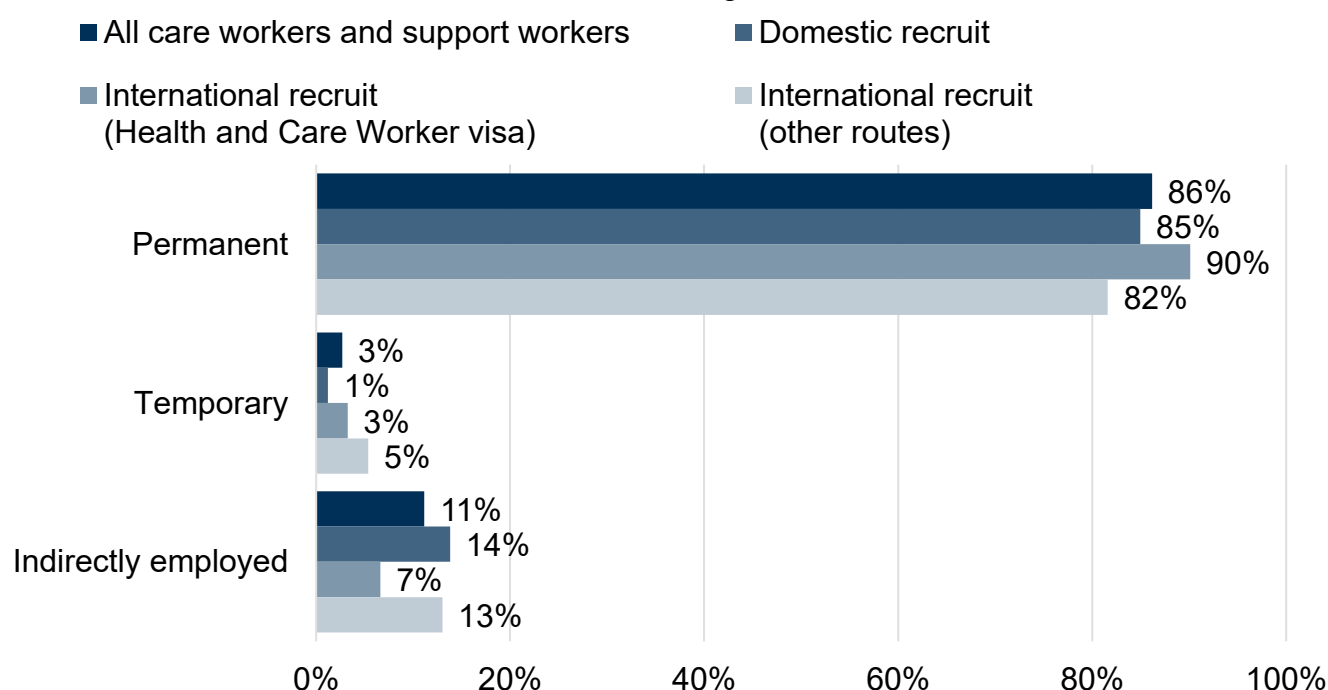
Employment status

The majority (86%) of care workers and or support workers in 2025/26 were employed on a permanent contract, as shown in Chart 124 below. A higher proportion of workers recruited internationally since 2022 on the Health and Care Worker visa (90%) were employed on permanent contracts, compared to workers recruited domestically (85%). The proportion of workers recruited internationally via other routes that were employed on permanent contracts was slightly lower (82%). This was expected due to the visa requirements for workers recruited internationally on the Health and Care Worker visa.

There was a small amount of variation in the proportion of indirectly newly employed care workers and support workers – that is workers employed via an agency, bank or pool staff or other contract types. A smaller proportion of workers recruited internationally on the Health and Care Worker visa were indirectly employed (7%) than workers recruited domestically (14%) or recruited internationally via other routes (13%). This was again expected of the other routes these internationally recruited workers have taken, such as coming to the UK and working alongside university study, where they were more likely to pick up shifts through an agency, bank or pool employer.

Chart 124. Employment status of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Some workers who have come to the UK via the Health and Care Worker visa may also have a second job that 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, 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 in the dataset under their second job.

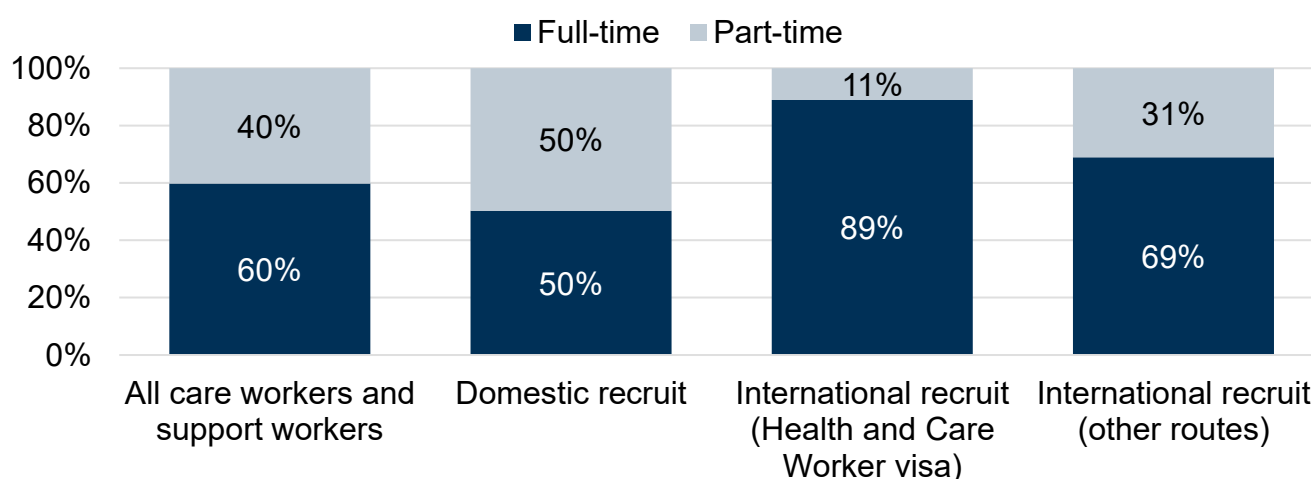
Full-time/part-time status

In 2025/26, three-in-five (60%) care workers and support workers worked full-time hours (we define full-time hours as working 32 hours or a more per week). The remaining two-fifths (40%) worked part-time, between 0.5 and 31.5 hours per week. The chart below shows that domestically recruited staff were evenly split between full-time and part-time workers (both 50%).

Internationally recruited workers showed much higher proportions of full-time hours: 89% among those employed on the Health and Care Worker visa, and 69% among those recruited via other routes. For workers employed on the Health and Care Worker visa, the high proportion of full-time workers is to be expected, as this would be required to meet the salary threshold for sponsorship.

Chart 125. Full-time/part-time status of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Zero-hours contract status

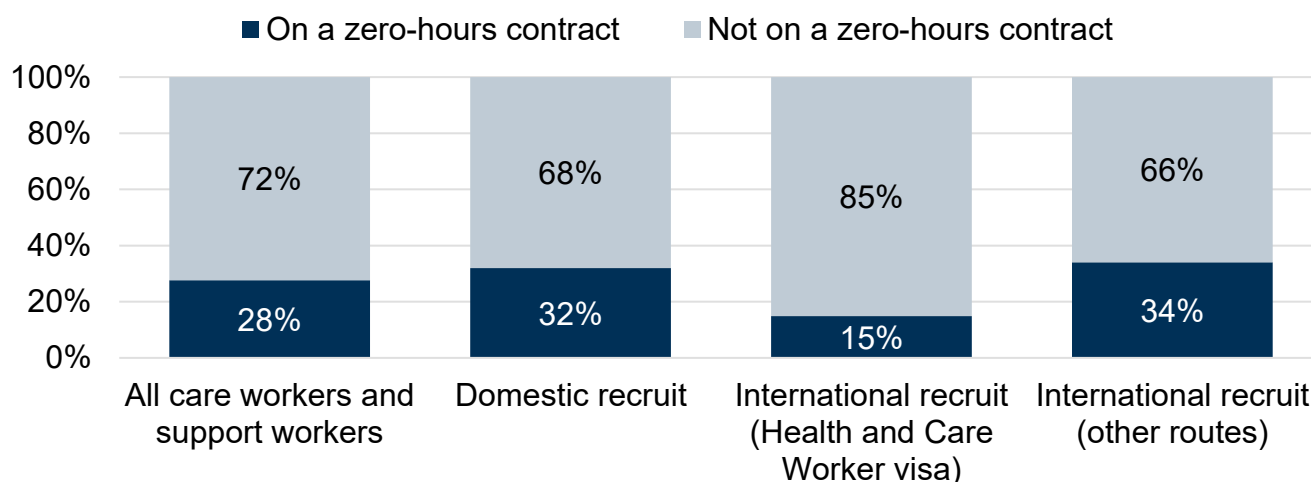
Of all adult social care roles, care workers and support workers have the highest proportion of workers employed on a zero-hours contract each year. Chart 126 below shows that domestic recruits (32%), and workers recruited internationally via other routes (34%) had a much higher proportion of staff employed on a zero-hours contract.

In contrast, care workers who were recruited internationally on the Health and Care Worker visa had the lowest proportion (15%). This is to be expected due to the minimum pay threshold for those on a visa, similar to their employment status and working time. Workers who were

recruited internationally via other routes would not be subject to the same requirements, which may account for these differences.

Chart 126. Zero-hours contract status of care workers and support workers by international recruitment category (independent sector only), March 2026

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



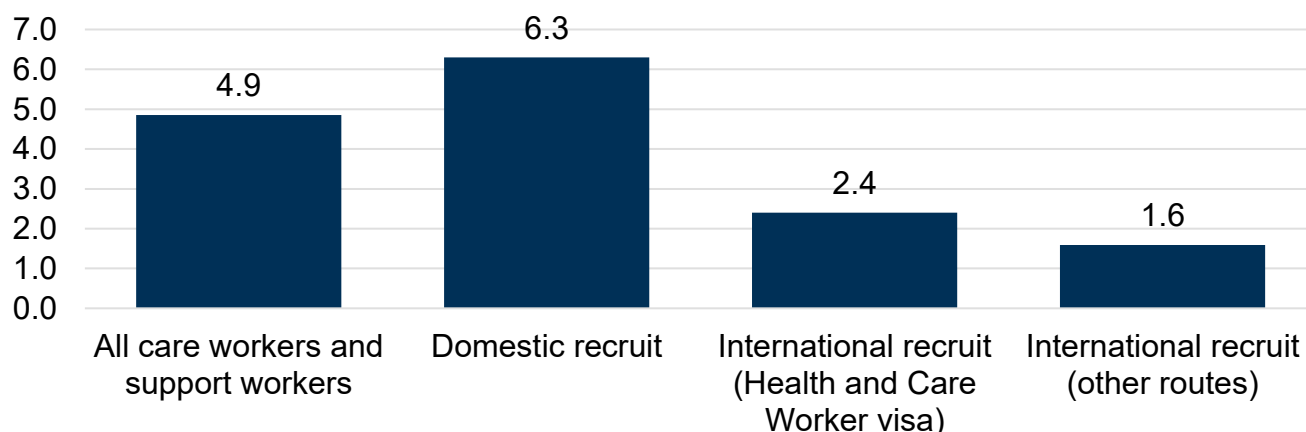
8.4.2 Average sickness

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 for making sure that people with care and support needs, and their families, receive the highest quality care.

Across all care workers and support workers who were new in 2025/26, the average number of sickness days was 4.9 days. Domestically recruited workers had a comparatively higher average number of sickness days at 6.3 days. Workers recruited on the Health and Care Worker visa had an average of 2.4 sickness days, and workers recruited internationally via other routes had the lowest average sickness at 1.6 days.

Chart 127. Average number of sickness days of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Skills for Care has received anecdotal evidence that internationally recruited workers may be less likely to take time off sick as a result of cultural differences; UK employment law allows for more flexibility for workers who cannot work due to illness compared to some other countries around the world. We have heard that some internationally recruited workers have less awareness of workplace sickness policies when they first join the UK workforce.

8.4.3 Demographics characteristics

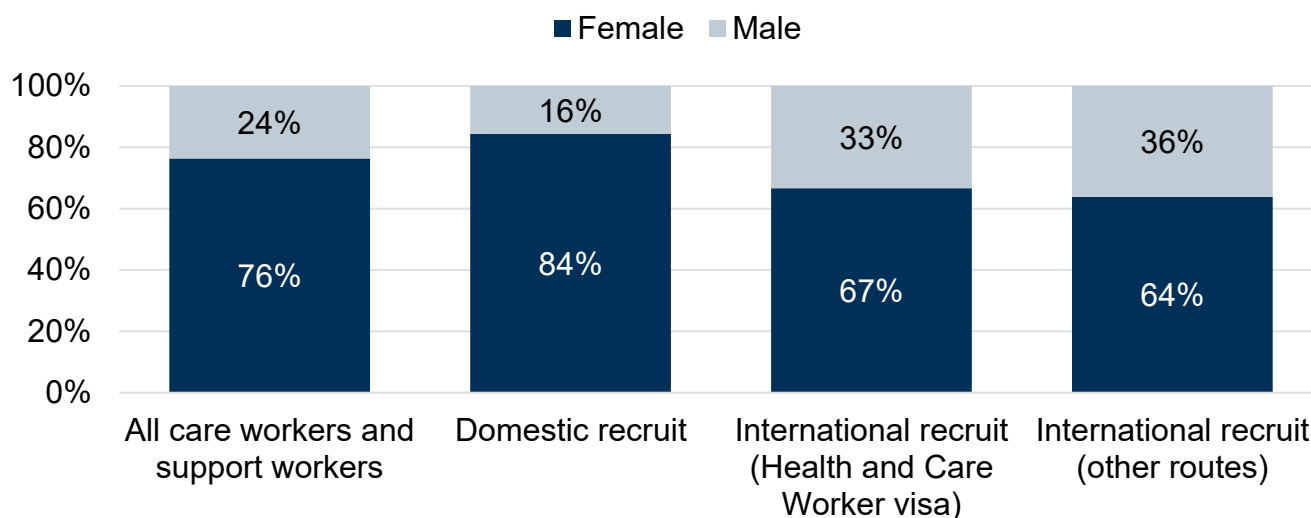
As noted in the introduction of this report, for the last few years we have tracked the demographic information of international recruits. We have typically found that these workers are more likely to be male and younger than other adult social care workers. This section presents demographic information relating to gender, age, ethnicity and nationality of internationally recruited workers.

Gender

Across the adult social care sector, the proportion of male workers is much lower than the economically active population in England (see Section 4.2 – Gender identity). Despite this, the adult social care workforce has seen an increase in male workers from 2022 as a result of international recruitment over the period. Chart 128 shows care workers and support workers recruited internationally both on the Health and Care Worker visa and via other routes were more than twice as likely to be male (33% and 36% respectively) than domestic recruits (16%).

Chart 128. Gender of care workers and support workers by international recruitment category (independent sector only), March 2026

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

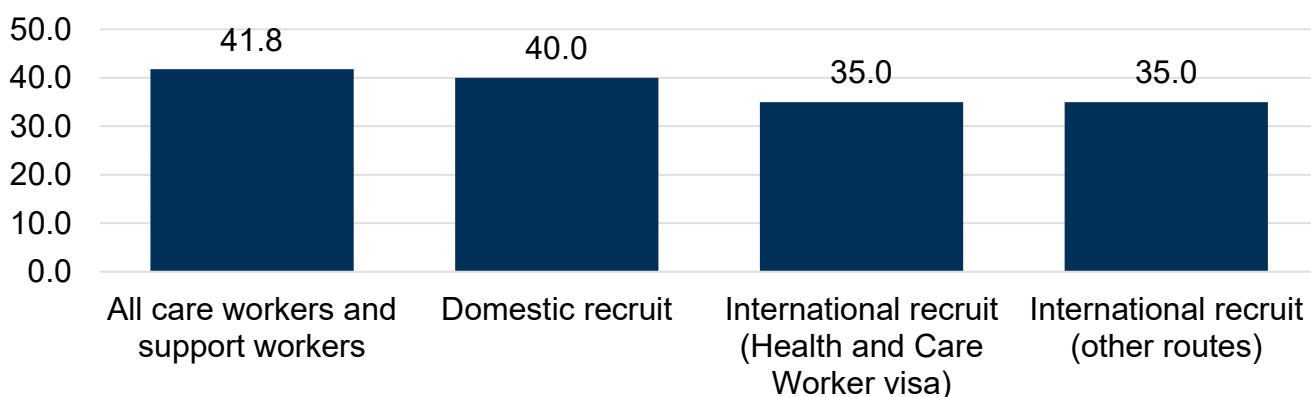


Age

The average age of care workers and support workers in 2025/26 was 41.8 years, which was lower than the overall adult social care sector (44.0). In previous publications we reported that the average age of the workforce has decreased over time due to the increase in international recruitment. See Section 4.3 - Age for age trends in the adult social care workforce. Chart 129 shows that domestic recruits were typically older on average, at 40.0 years. Meanwhile, international recruits were younger, at 35.0 years among workers recruited via the Health and Care Worker visa and via other routes.

Chart 129. Average age of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Domestically recruited workers had a reasonably even distribution of ages across the four age bands shown in

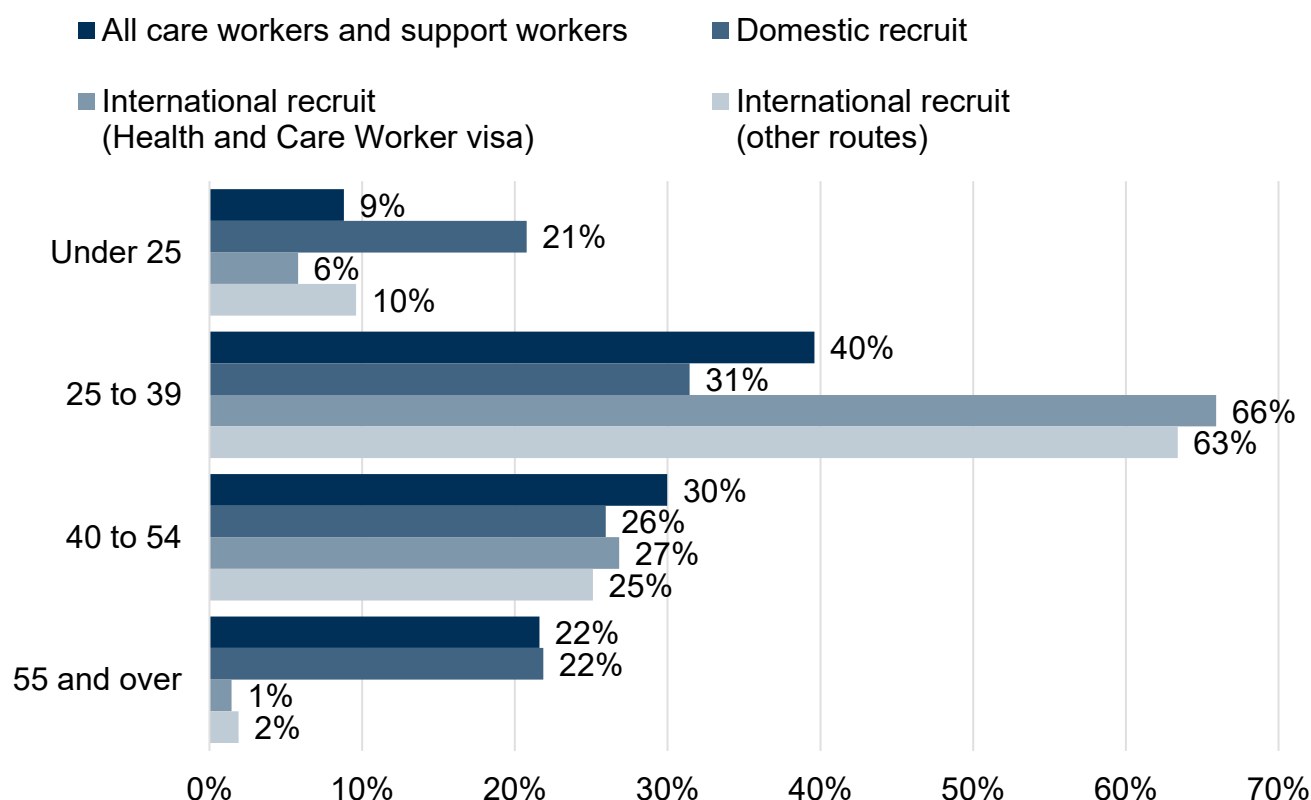
Chart 130 below. One-in-five new domestically recruited workers was aged under 25 (21%) and over half were aged under 40 (52%). This suggests a steady rate of interest in joining the adult social care sector across younger adults of working age.

In contrast, a much higher proportion of international recruits were younger than 40 years of age. Two-thirds of workers on the Health and Care Worker visa were aged between 25 and 39 (66%), and over half of workers recruited internationally via other routes were also of this age (63%). However, across both international recruitment categories a lower proportion of workers were aged under 25.

Nearly all workers recruited internationally on the Health and Care Worker visa were aged under 55 years (99%), and a slightly higher proportion of workers recruited via other routes were of this age (98%). In terms of workforce planning, a younger workforce overall could allow for better development of services if people stay in their jobs for longer, building their skills and knowledge through experience. Skills for Care will continue to monitor this trend/

Chart 130. Age distribution of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Ethnicity group

The adult social care workforce was more ethnically diverse than the economically active population of England in 2025/26, a trend that has repeated for a number of years. Chart 131

below shows that the ethnic diversity of workers recruited into care worker and support worker roles since 2022 varies between international recruitment categories. In the ASC-WDS there are 18 ethnicities to choose from, which have been grouped into five ethnicity groups for the purpose of this analysis. For more information about the overall adult social care workforce across the 18 ethnicities in 2025/26, see Section 4.5 - Ethnicity.

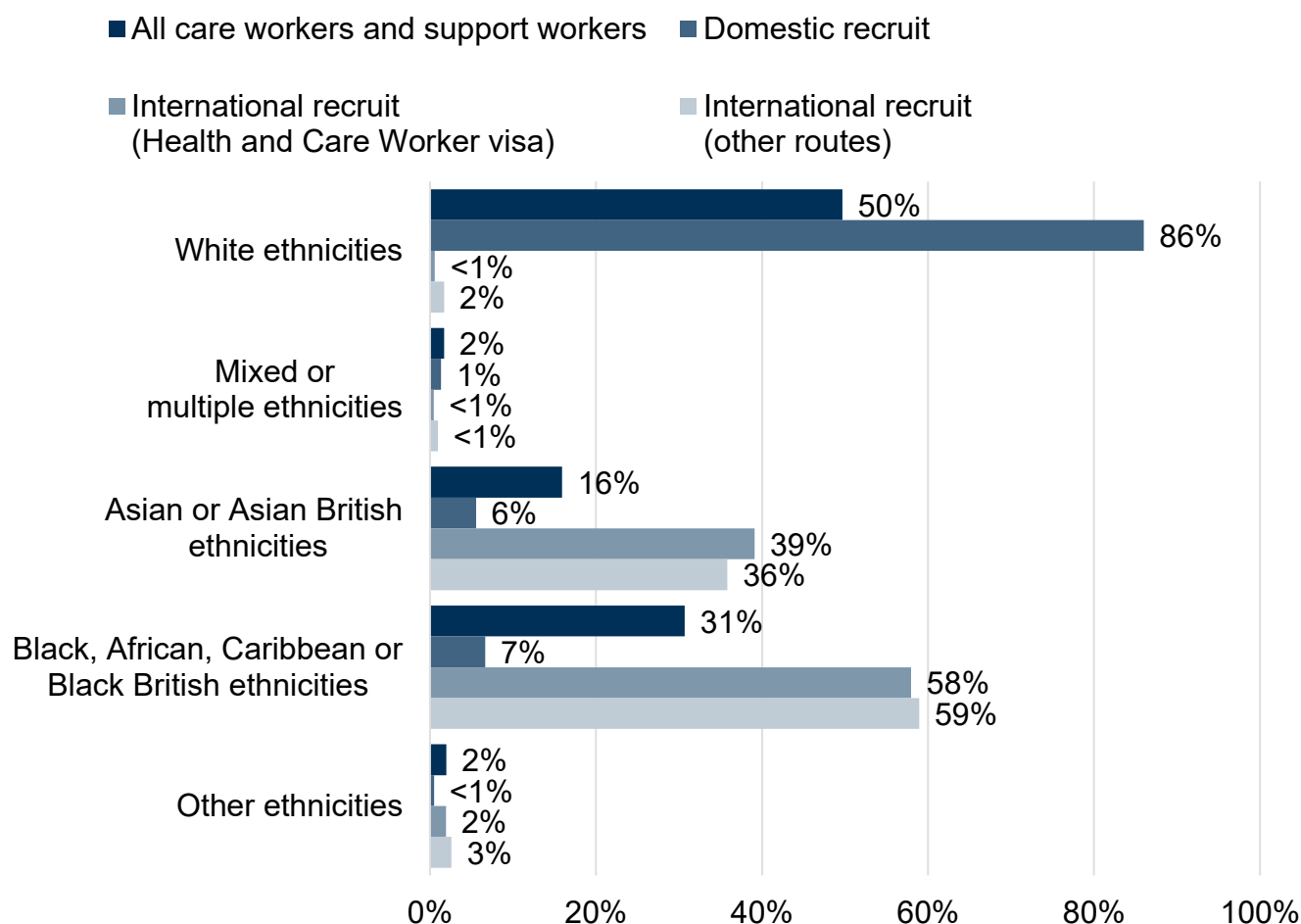
In 2025/26, care worker and support worker posts were predominantly filled by people of White ethnicities (50%) or Black, African, Caribbean or Black British ethnicities (31%). Among domestic recruits, the majority were people of White ethnicities (86%) while fewer than one-tenth were people of Black, African, Caribbean or Black British ethnicities (7%), or people of Asian or British Asian ethnicities (6%).

People recruited internationally via routes other than the Health and Care Worker visa (such as students or dependents of other visa holders) had the highest proportion of workers of Black, African, Caribbean or Black British ethnicities at 59%. Over a third of international recruits that were not on the visa were people of Asian or Asian British ethnicities (36%).

International recruits on the Health and Care Worker visa had the highest proportion of workers of Asian or Asian British ethnicities at 39%. A further 58% were workers of Black, African, Caribbean or Black British ethnicities. Overall, internationally recruited workers on the Health and Care Worker visa were the most ethnically diverse of the three international recruitment categories (less than 1% of workers were people of White ethnicities).

Chart 131. Ethnicity group of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Nationality

Over time the nationality makeup of the adult social care workforce has been changing, with the proportion of workers with a British or EU nationality slowly decreasing and the proportion of workers with a non-EU nationality increasing. These changes have been driven largely by the numbers of internationally recruited workers joining the adult social care workforce in recent years. For more information about these trends see Section 4.6.1 – Nationality trends.

Earlier in this report we also showed the trend of posts filled by British, non-EU and EU workers. Section 4.6.1 - Nationality trends - showed that the proportion of workers with a non-EU nationality has increased between 2018/19 and 2025/26, again linked to workers coming from overseas to take up adult social care roles.

By the definitions of our workforce intelligence reports, international recruits must be people of a non-British nationality. We have therefore analysed the nationalities of international recruits, split between those workers who were recruited via the Health and Care Worker visa and those

recruited via other routes. The table below shows the top five of the 24 different nationalities recorded in the ASC-WDS for internationally recruited workers.

Table 23. Five most common nationalities of internationally recruited care workers and support workers by international recruitment category (independent sector only), March 2026

Source: ASC-WDS unweighted data

	All international recruits	International recruit (Health and Care Worker visa)	International recruit (other routes)
Nigerian	29%	27%	35%
Indian	23%	24%	21%
Zimbabwean	15%	17%	11%
Ghanaian	7%	7%	6%
Bangladeshi	6%	7%	3%

The top five nationalities are all from non-EU countries. Ukrainian was the highest placed EU nationality recorded among internationally recruited workers (20th position). This suggests that recruitment has been more common for non-EU workers in recent years compared to workers from EU countries.

8.4.4 Induction and qualifications

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. This is essential to demonstrate to both domestically and internationally recruited workers that they are a valued part of the workforce. This section presents information relating to the Care Certificate standards and relevant social care qualifications.

Care Certificate standards

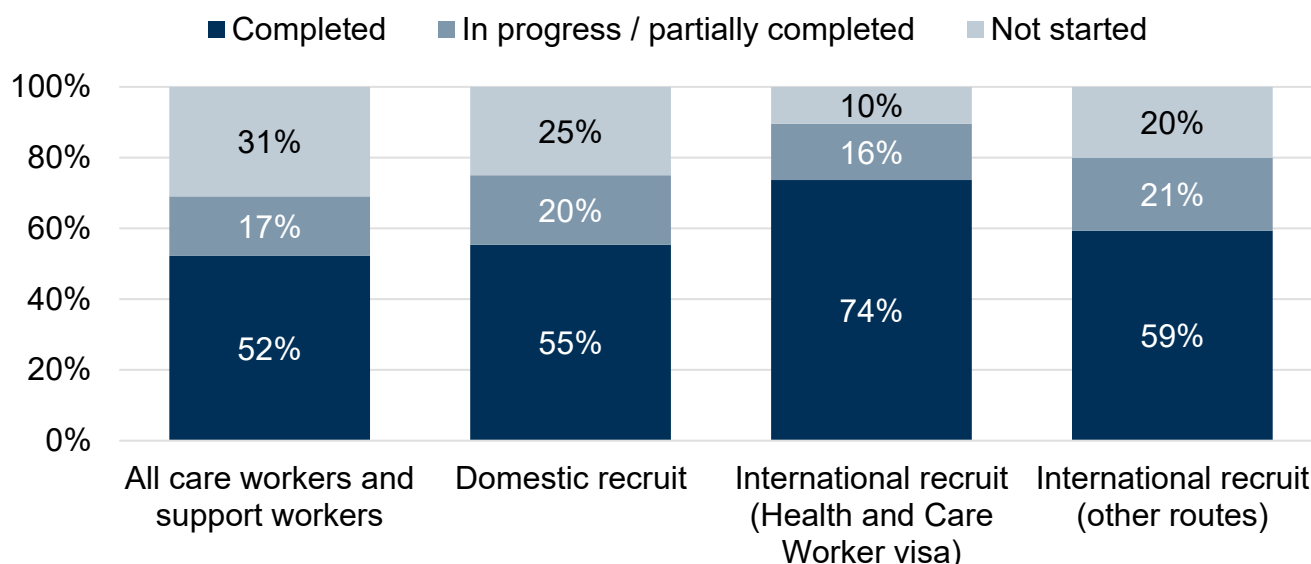
Chart 132 shows analysis of engagement with [the Care Certificate standards](#) among domestic and international recruits. The standards are an agreed set of 16 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They are designed to support a robust induction programme for workers who are 'new' to the sector. For more information about the Care Certificate standards and their role in inducting new workers into adult social care, see Section 6.1.1 – Care Certificate standards.

In the ASC-WDS employers can record a worker's completion status of the Care Certificate standards. Workers who have completed, or are 'in progress / partially completed' the standards, are classified as 'engaged'. The chart shows that engagement with the standards was highest among workers recruited internationally via the Health and Care Worker visa (90%), and workers recruited internationally via other routes were similarly engaged at a slightly

lower level (80%). Domestic recruits had a lower level of engagement with the standards at 75%.

Chart 132. Care Certificate standards status of care workers and support workers by international recruitment category (independent sector only), March 2026

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



Social care provision and the expectations of the workforce providing it differ between countries. The variation in engagement with the Care Certificate standards among recently recruited care workers and support workers may be linked to employers using the standards as part of a wider introduction for internationally recruited workers to working in adult social care in the UK.

Relevant social care qualification

In the ASC-WDS, employers are asked to provide information about the qualifications of their staff, including types and levels. In 2025/26, 41% of care workers and support workers held a relevant social care qualification, while 59% held no relevant qualification.

As shown in Chart 133, the proportion of workers recruited internationally on the Health and Care Worker visa who held a qualification relevant to social care was slightly higher (40%) than those recruited domestically (31%) and workers recruited internationally via other routes (27%).

Chart 133. Relevant social care qualification status of care workers and support workers by international recruitment category (independent sector only), March 2026

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

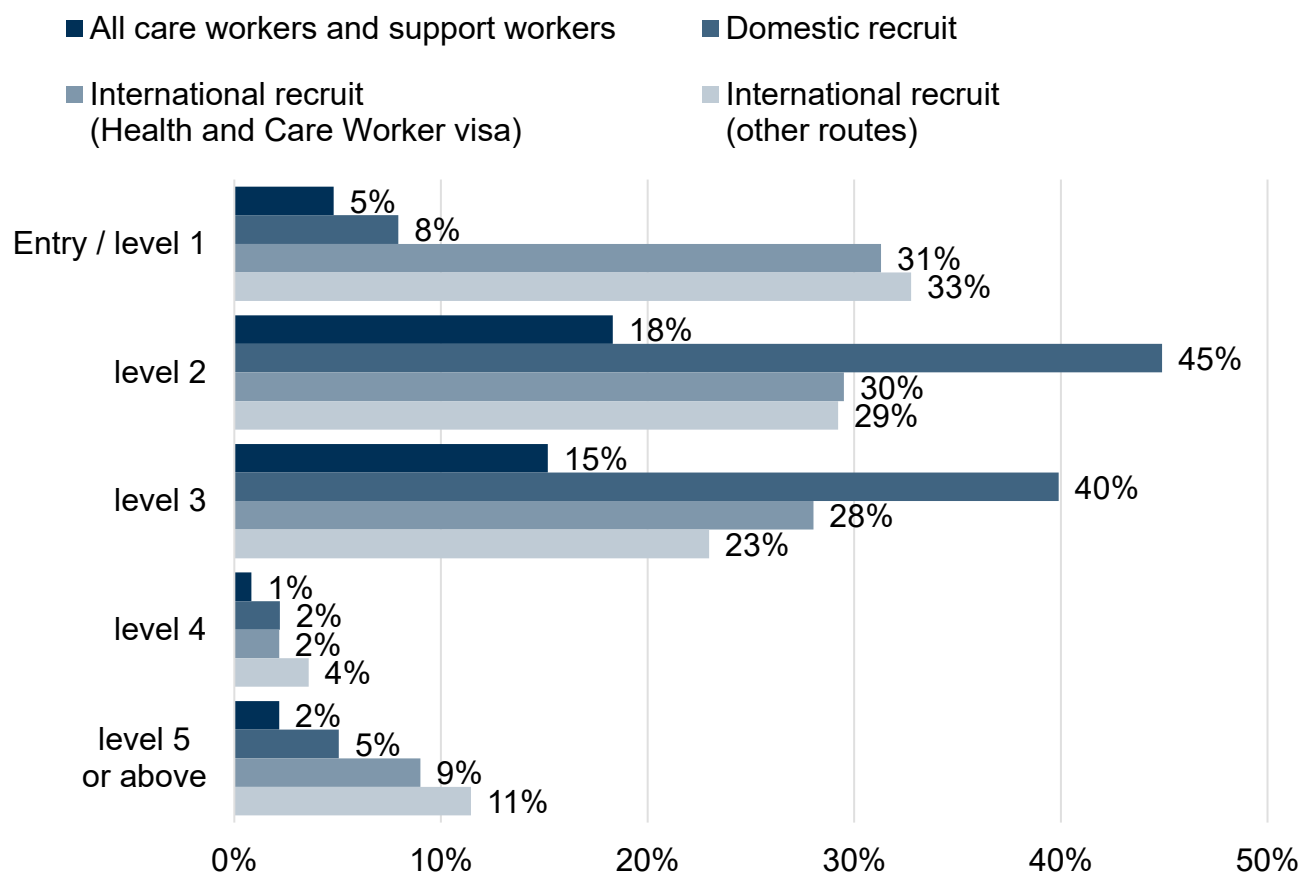


Care workers and support workers are typically qualified at level 2 or above, as discussed in Section 6.2 – Qualifications held. However, the highest level of qualification recorded among domestic recruits showed that the majority (92%) had a level 2 or higher qualification recorded in the ASC-WDS, with 45% having a level 2 and 40% having a level 3 qualification as at March 2026.

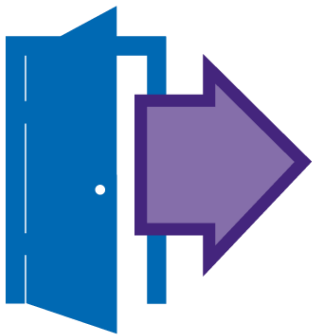
A lower proportion of international recruits held a level 2 qualification or above. Workers on the Health and Care Worker visa had the highest proportion qualified at Entry level or level 1 (31%) and the majority of international recruits across both categories were qualified between Entry and level 3. However, 9% of workers recruited via the Health and Care Worker visa and 11% of workers recruited internationally via other routes held a qualification at level 5 or above. This suggests that some workers are coming to the UK to take up direct care roles but may be qualified to progress into other roles in the near future.

Chart 134. Highest social care qualification level held of care workers and support workers by international recruitment category (independent sector only), March 2026

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



9. Factors affecting turnover and CQC assessment ratings



This chapter focuses on how workforce characteristics relate to workers' likelihood of leaving their roles, as well as how these characteristics are related to the Care Quality Commission (CQC) assessment ratings of establishments. This chapter focuses on analysis of **workers and establishments in the independent sector only**, unless specifically stated otherwise.

Care workers with **less experience in their roles or the sector** were **more** likely to leave

Care workers with **five positive employment factors in place** were **less** likely to leave

Care workers with **zero-hours contracts or low guaranteed hours** were **more** likely to leave

Key findings

Factors affecting turnover for care workers

- The turnover rate was highest among care workers aged under 25 years at 35.5%. This decreased to 27.3% for those aged 25 to 29 years, while the lowest turnover rate was seen in care workers aged 50 to 59 (18.4%).
- Turnover was higher among care workers who had recently started their role. The turnover rate for those with less than one year of experience in their role was 33.7%, compared to 12.6% turnover rate for those with 20 years or more experience.
- Establishments with a registered manager in post for less than a year had higher care worker turnover rates (28.3%) than those with registered managers that had 20 or more years of experience in their role (20.6%).
- Turnover rates were highest among care workers employed on a zero-hours contract (29.8%), compared to those with more than 35 contracted hours (19.1%).
- Care workers recruited internationally were less likely to leave (21.6%), compared to domestically recruited workers (38.2%).
- Care workers of Asian or Asian British ethnicities were less likely to leave their posts (18.7%) compared to care workers of White ethnicities (24.5%).
- Care workers with five positive employment factors in place (paid the local authority area average or more, guaranteed hours, receiving training, having a qualification relevant to social care, and working full-time) had lower turnover rates (15.3%) than workers with no positive employment factors in place (34.3%).

Factors affecting CQC assessment ratings

- Care homes with more staff in post per bed received better CQC assessment ratings on average than those with lower staffing ratios.
- Higher care worker pay was associated with better CQC assessment ratings. Care workers at the lowest scoring establishments had a median hourly rate of £12.60 compared to £12.82 at establishments with the highest scores.
- Establishments with a registered manager with more experience in their role were more likely to receive higher CQC assessment ratings.

The analysis shown in Section 9.1 looks at the association between the turnover rate of a care worker against each variable; this is not necessarily the cause of, or the reason for, workers leaving. The main emphasis is on the care worker job role, but turnover for registered managers is also explored. The method of measuring turnover differs from the whole sector estimates of turnover in Section 3.3 – Leavers and staff turnover rates.

In Section 9.2 we have also analysed turnover information from the Adult Social Care Workforce Data Set (ASC-WDS) and compared this with CQC assessment ratings given since March 2021 to identify workforce metrics associated with higher ratings.

9.1 Factors affecting staff turnover rates

This section focuses on how workforce characteristics collected by the Adult Social Care Workforce Data Set (ASC-WDS) relate to workers' likelihood of leaving 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 2025, and again in March 2026 (see Table 24), then splitting the results by whether or not workers had left their roles. Binary logistic regression models were used to analyse the strength of the relationship between each variable and whether a care worker left their role. Each variable was then assessed according to its relative influence on the likelihood of leaving. The most influential variables were subsequently compared with turnover rates using ASC-WDS data to explore and better understand these relationships.

9.1.1 Variables that influence turnover rates

The most influential variables are listed in Table 24 (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 may also influence turnover. It should be noted that gender had no notable effect on turnover and neither did care worker enhanced pension contributions, therefore these were not included in the factors affecting turnover analysis.

The charts in the following sections show the simple relationship between each variable and turnover. Binary logistic regression models were also used to test whether the differences observed were statistically significant.

Table 24. Variables that influence the likelihood of a worker leaving their role, between March 2025 and March 2026

Source: ASC-WDS unweighted data

Variable	Influence on likelihood of turnover
Distance travelled to work	Care workers who travelled further were more likely to leave.
Age	Care workers aged under 25 were more likely to leave.
Ethnicity	Care workers of Asian or Asian British ethnicities were less likely to leave.
Experience in sector	Care workers with more experience working in the adult social care sector were less likely to leave.
Pay	Care workers paid lower than the local authority area average for care workers were more likely to leave.
Care worker experience in role	Care workers with more experience in their role were less likely to leave.
Registered manager experience in role	Care workers were more likely to leave if the registered manager of their workplace had less experience in post.
Training	Care workers undertaking more training were less likely to leave.
Contracted hours	Care workers with more contracted hours were less likely to leave.
Zero-hours contracts	Care workers employed on zero-hours contracts were more likely to leave their post.
Sickness days	Care workers with high sickness rates were more likely to leave.
Social care qualification	Care workers with a social care qualification were less likely to leave.
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	An establishment was more likely to have high turnover rates if turnover rates had been high the previous year.

The second wave of 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

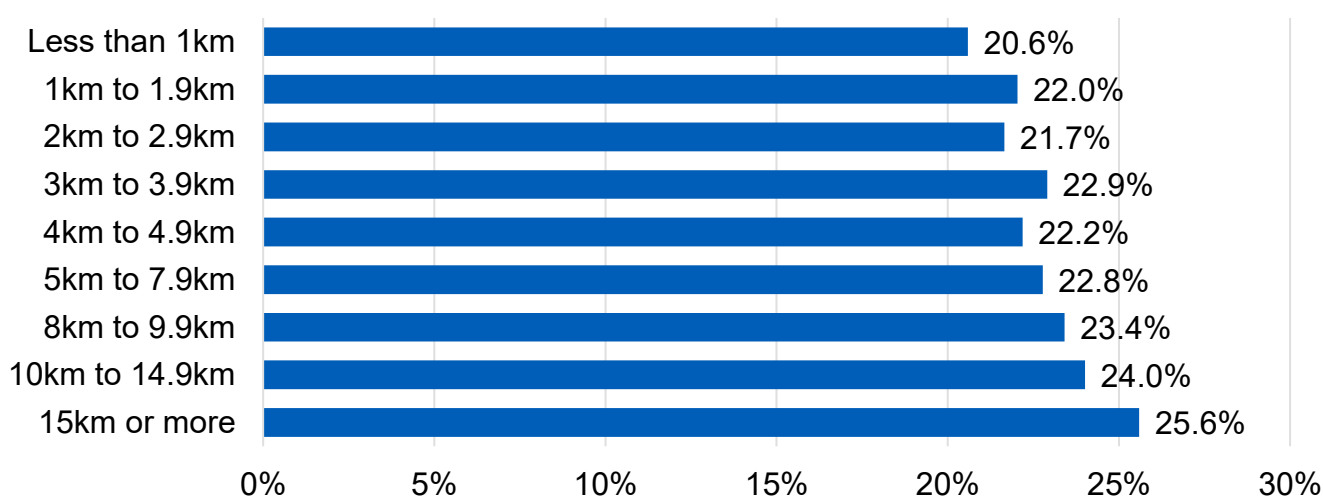
Workers who travelled less than 1km were less likely to leave their role than workers who travelled 15km or more. The chart below shows that workers who travelled less than 1km had an average turnover rate of 20.6%, compared to 25.6% for those travelling 15km or more. There

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, therefore this section only analyses residential care establishments. Reducing travel distances may also support employers to demonstrate consideration of environmental sustainability, which is an area of increasing focus in [CQC assessments](#).

Chart 135. Care worker turnover rate by distance travelled to work (excluding domiciliary care), between March 2025 and March 2026

Source: ASC-WDS unweighted data

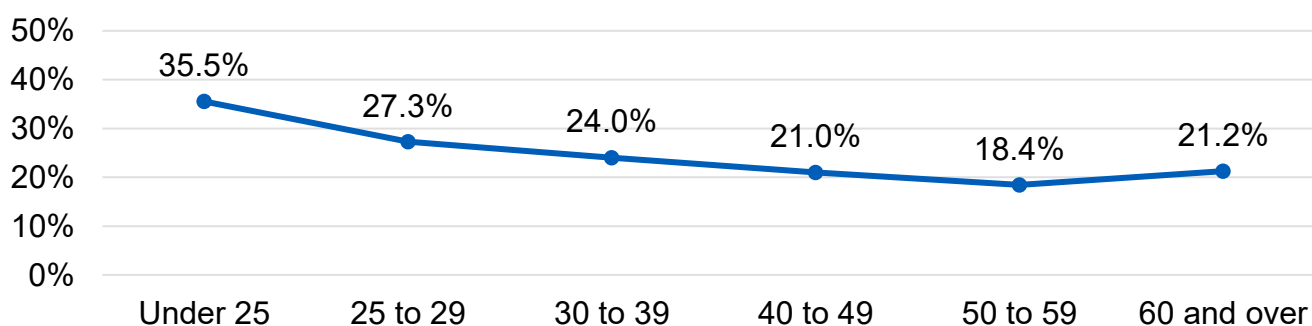


9.1.3 Age

Younger workers were more likely to leave than older workers. The chart below shows that care workers under 25 years old had the highest turnover rate (35.5%). The turnover rate decreased as the age of the worker increased. However, the trend reversed slightly as workers approached retirement.

Chart 136. Care worker turnover rate by age bands, between March 2025 and March 2026

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 advocates 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 group

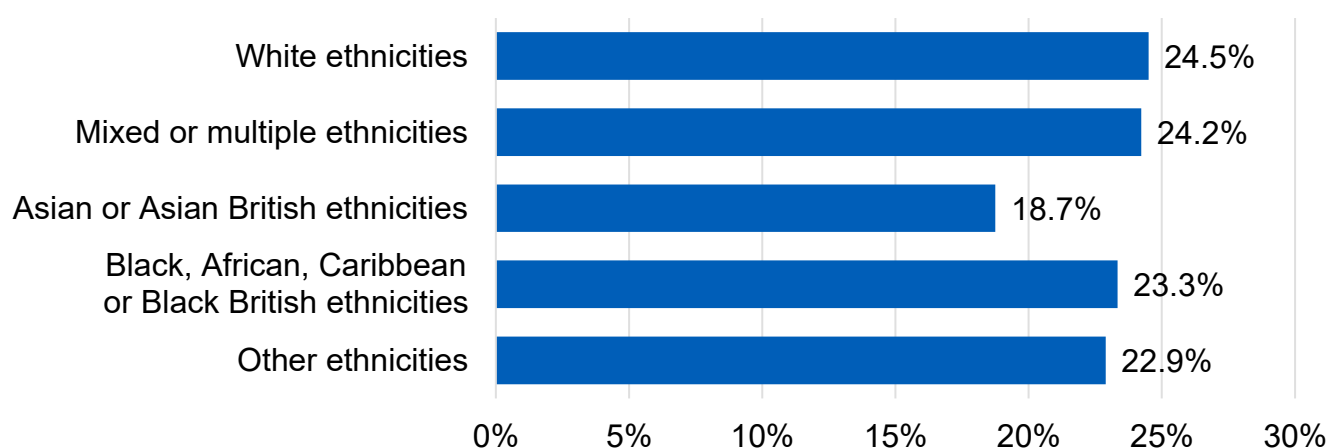
Care workers of Asian or Asian British ethnicities were least likely to leave their posts.

The chart below shows that the turnover rate for care workers of Asian or Asian British ethnicities was lower than any other ethnicity group at 18.7%. Care workers of White ethnicities were most likely to leave (24.5%), with care workers of Mixed or multiple ethnicities and Black, African, Caribbean or Black British ethnicities having a similarly higher turnover.

Although the ASC-WDS collects ethnicity data using 18 response options, the analysis shown here is of the five ethnicity groups as outlined in Section 4.5 – Ethnicity. These replicate the five Office for National Statistics ONS Ethnic group classification 6a categories from Census 2021 and have been used to provide a sufficient base for modelling the relationship between ethnicity and turnover.

Chart 137. Care worker turnover rate by ethnicity, between March 2025 and March 2026

Source: ASC-WDS unweighted data



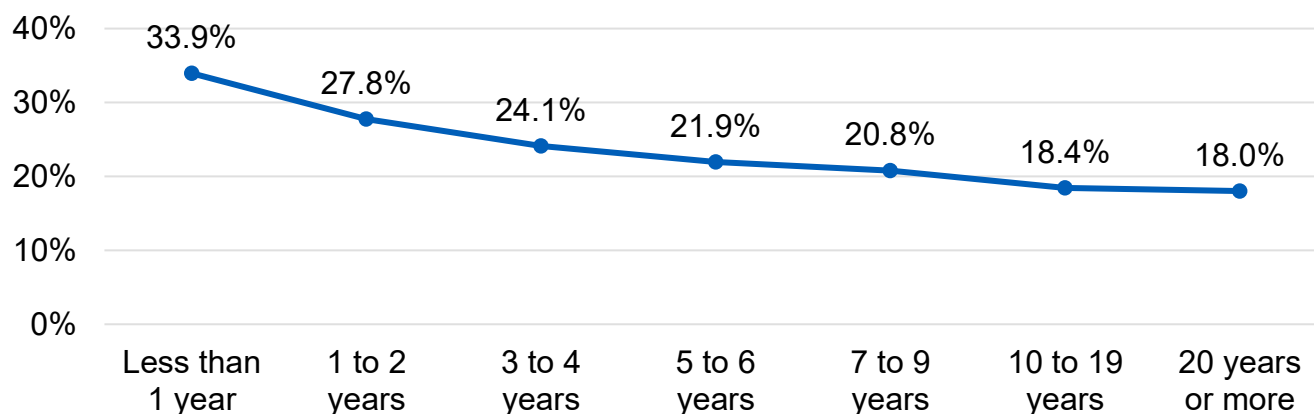
Skills for Care offers [resources](#) to employers, who may also explore new and innovative ways to widen their talent pool by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates that reflect the communities they serve.

9.1.5 Experience in sector

Those with less experience in the adult social care sector were more likely to leave their posts. Turnover rates peaked in care workers with one year of experience in the sector (33.9%) while care workers with 20 years or more experience had the lowest turnover rates at 18.0%.

Chart 138. Care worker turnover rate by experience in sector, between March 2025 and March 2026

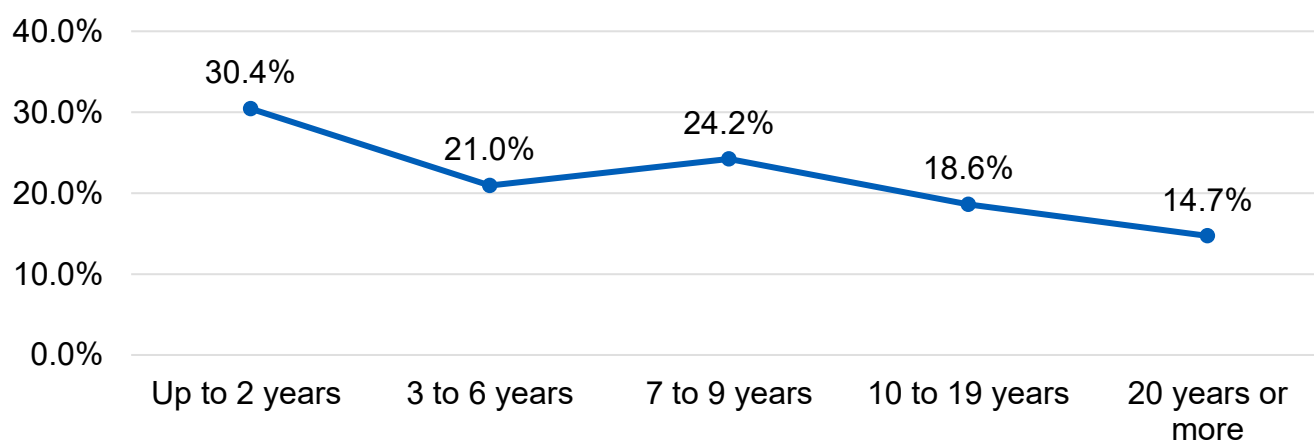
Source: ASC-WDS unweighted data



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 lower turnover (14.7%) than those newer to the sector (30.4% for up to two years of experience).

Chart 139. Registered manager turnover rate by years of experience in sector, between March 2025 and March 2026

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 registered managers 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.

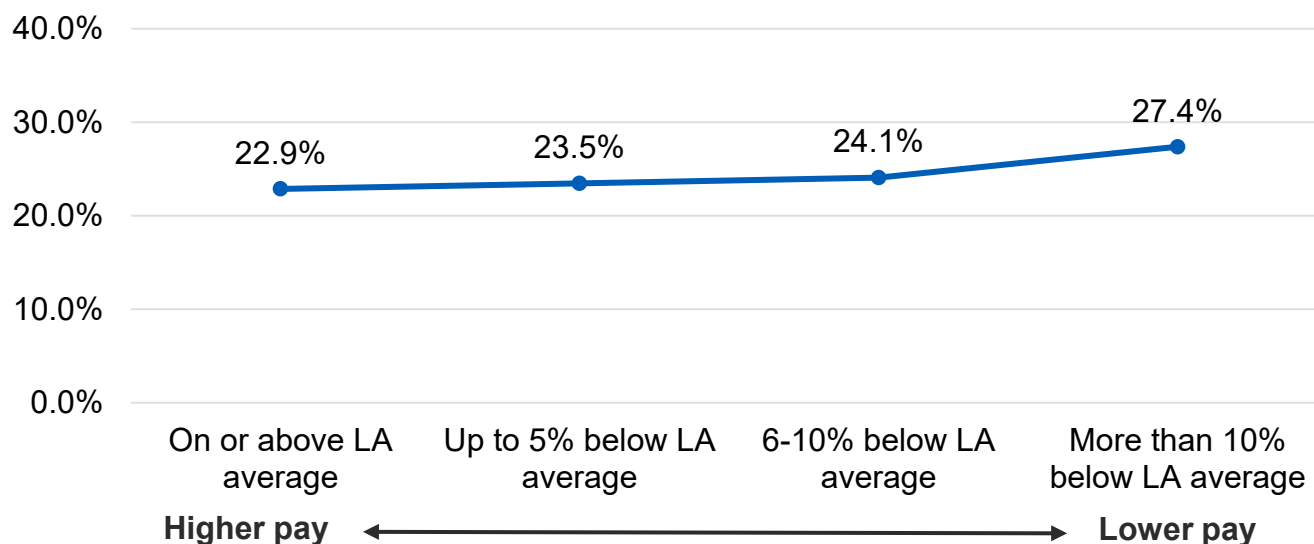
9.1.6 Pay

To analyse the relationship between pay and turnover, the percentage difference between the hourly rate of each care worker and the median hourly rate for care workers in their local authority area was calculated using the ASC-WDS. Each care worker was grouped according to the percentage difference between their hourly rate and the median hourly rate for independent sector care workers in the local authority area where they were employed. It should be noted that there are other compositional differences between and within areas that could also have an impact.

Care workers who were paid more, relative to the pay in their area, were less likely to leave their role. The chart below shows that care workers being paid on or above the average hourly rate for care workers in that local authority area were more likely to remain in their role (22.9%) than care workers who were paid more than 10% less than the average care worker pay for that local authority area (27.4%).

Chart 140. Care worker turnover rate by hourly pay rate difference to local authority area (LA) hourly median pay, between March 2025 and March 2026

Source: ASC-WDS unweighted data



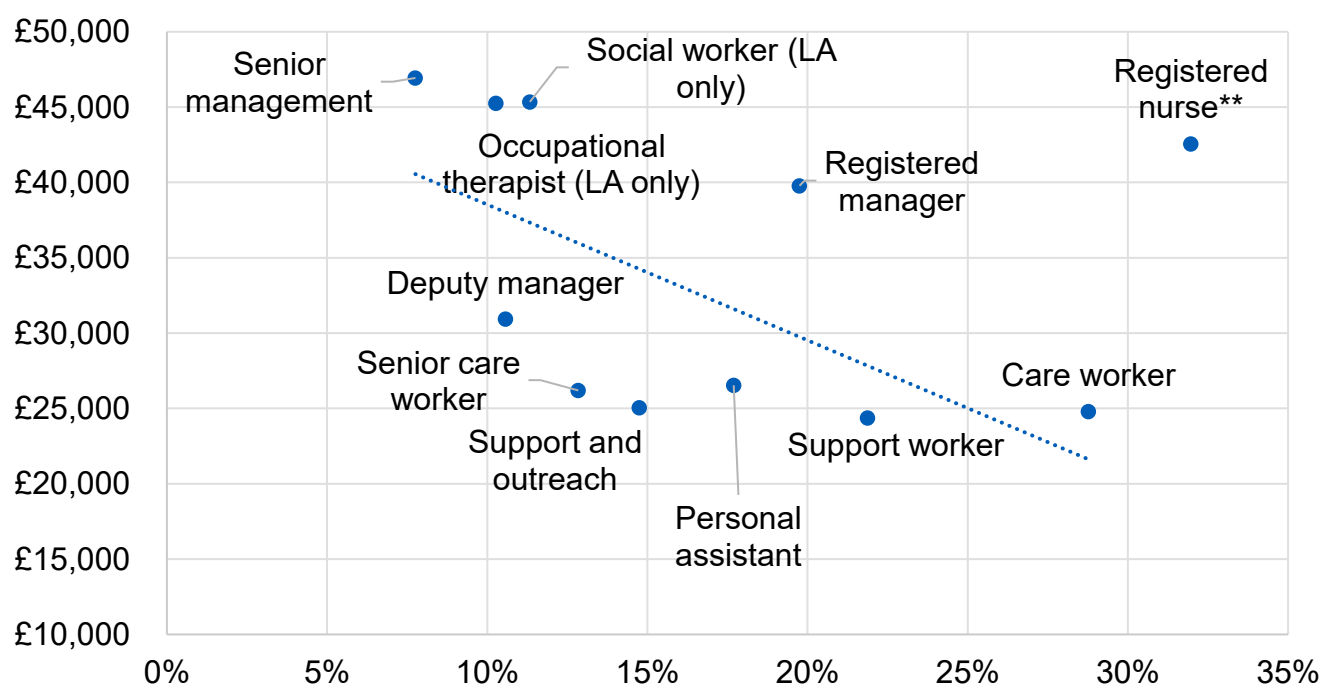
It was also evident that higher pay rates correlated with lower turnover rates further up the pay scale in different job roles.

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 suggests that, in general, workers on lower pay are more likely to leave their roles.

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 (31.8%) in adult social care compared to registered nurses and health visitors in the NHS (8.3%). 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 141. Estimated average turnover rate and average FTE annual pay by job role (independent sector only unless otherwise stated*), 2025/26

Source: Skills for Care estimates



* Social worker and occupational therapist roles are shown the local authority (LA) sector only, as this is where the majority of these workers are employed.

** Registered nurse data does not contribute to the trend line.

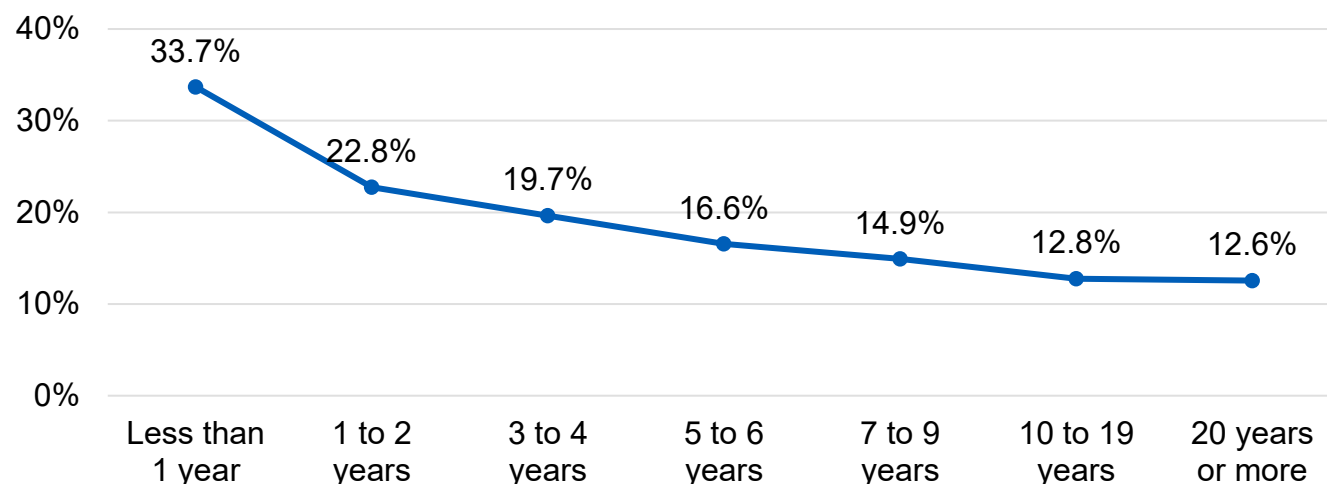
9.1.7 Experience in role

Care workers were more likely to leave their role soon after joining. Turnover rates decreased the longer a care worker had been in post. Nearly one-third (33.7%) of workers who had been in their role for less than a year left. This rate dropped substantially for more experienced workers, to 12.6% for those with 20 years of experience or more. This trend may be even more pronounced than shown in the chart because some care workers may have

started and left their roles before their employer had the opportunity to record them in the ASC-WDS.

Chart 142. Care worker turnover rate by years of experience in role, between March 2025 and March 2026

Source: ASC-WDS unweighted data

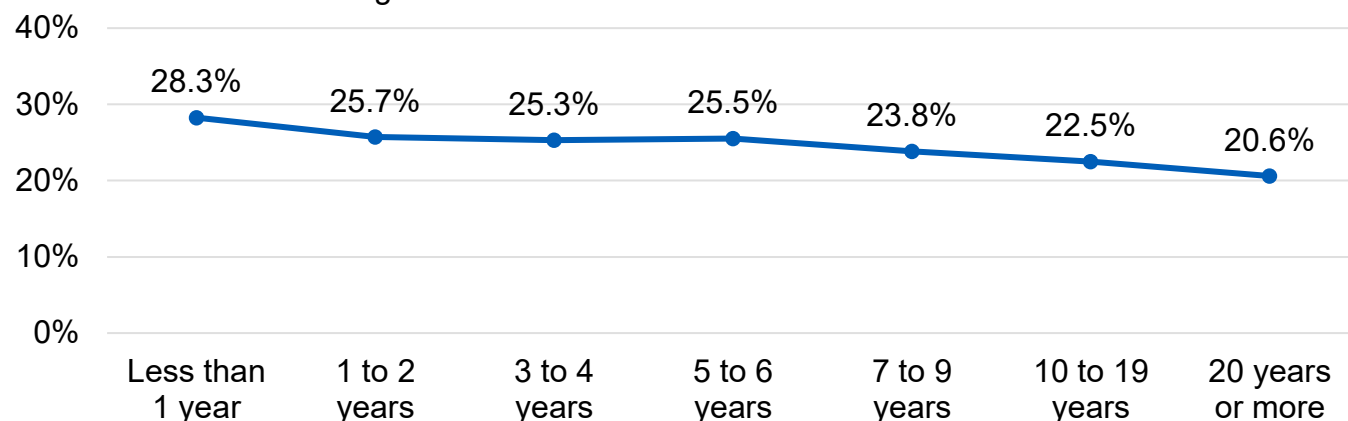


These findings highlight the challenges some employers may face in recruiting and retaining workers who stay and progress within the adult social care sector, as well as the importance of well-planned recruitment and induction practices in staff retention.

Turnover rates of care workers also increased if the registered manager was new to their role. The length of time 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 (28.3%) than if the registered manager was more experienced in their role (20.6% 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 143. Care worker turnover rate of establishments by experience of the registered manager, between March 2025 and March 2026

Source: ASC-WDS unweighted data

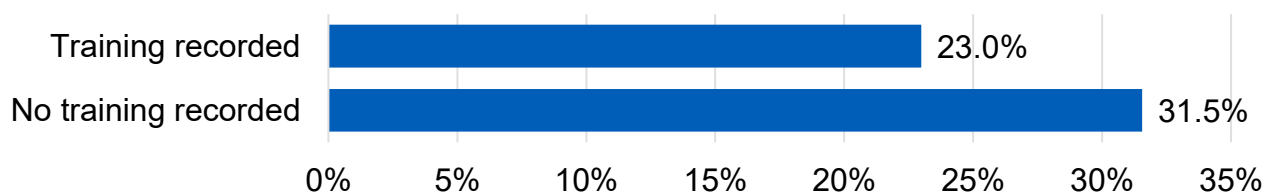


9.1.8 Training

Turnover rates were lower for care workers who undertook more training. The average turnover rate amongst care workers who had training recorded was 23.0%, compared to those who had no training recorded (31.5%). Some of the most common non-statutory training types recorded included: 'first aid', 'safe handling of medication' and 'food hygiene'.

Chart 144. Care worker turnover rate by training recorded, between March 2025 and March 2026

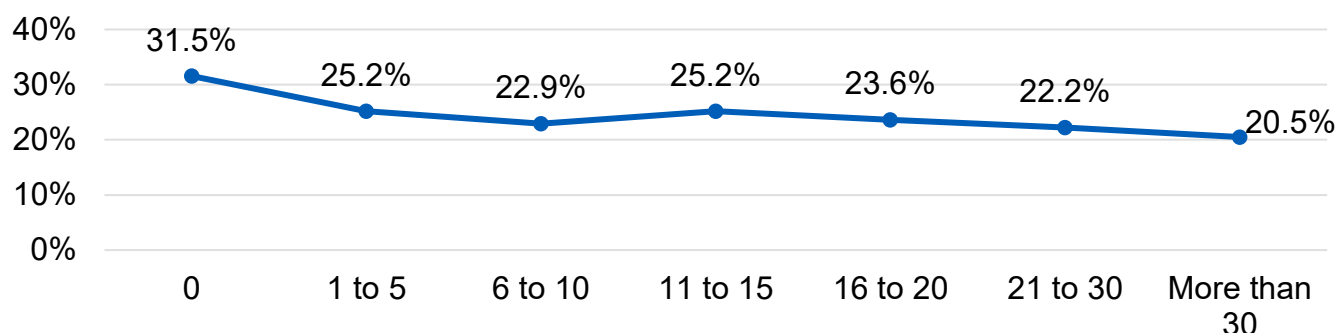
Source: ASC-WDS unweighted data



The care workers who had more instances of training recorded also generally had lower turnover rates. The average turnover rate amongst care workers with one to five instances of training recorded was 25.2%. This decreased by 4.7 percentage points to 20.5% for those with more than 30 instances of training. This suggests that providing care workers with more training in their roles may improve retention. 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 145. Care worker turnover rate by number of training instances recorded, between March 2025 and March 2026

Source: ASC-WDS unweighted data



9.1.9 Contracted hours and zero-hours contracts

Care workers with fewer guaranteed hours or on zero-hours contracts were more likely to leave. The turnover rate was 10.7 percentage points higher for care workers employed on a zero-hours contract (29.8%) compared to those with more than 35 contracted hours per week (19.1%). The turnover rate was similarly higher for those with fewer guaranteed hours (29.7%).

Chart 146. Care worker turnover rate by contracted hours, between March 2025 and March 2026

Source: ASC-WDS unweighted data

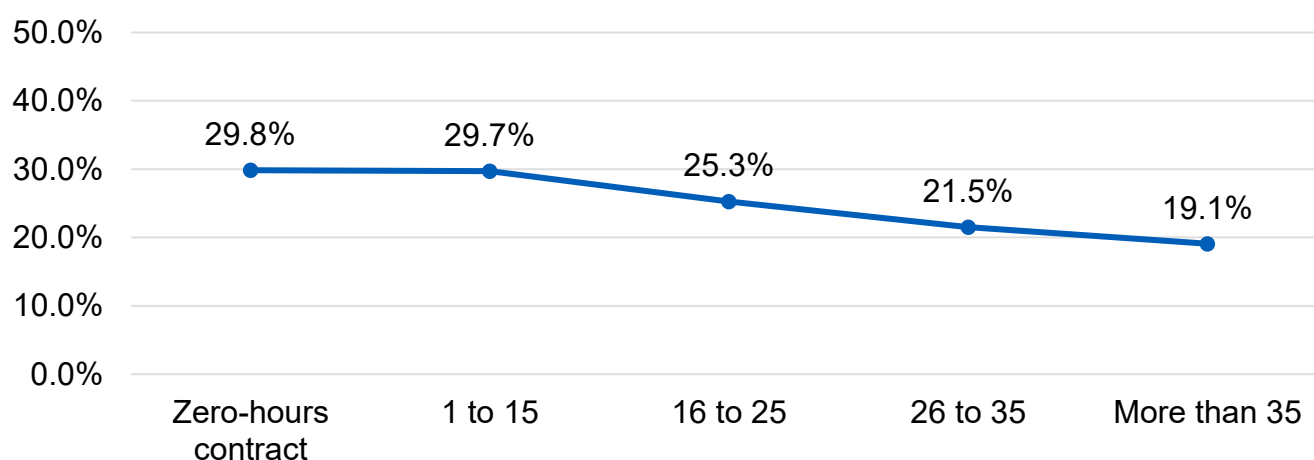
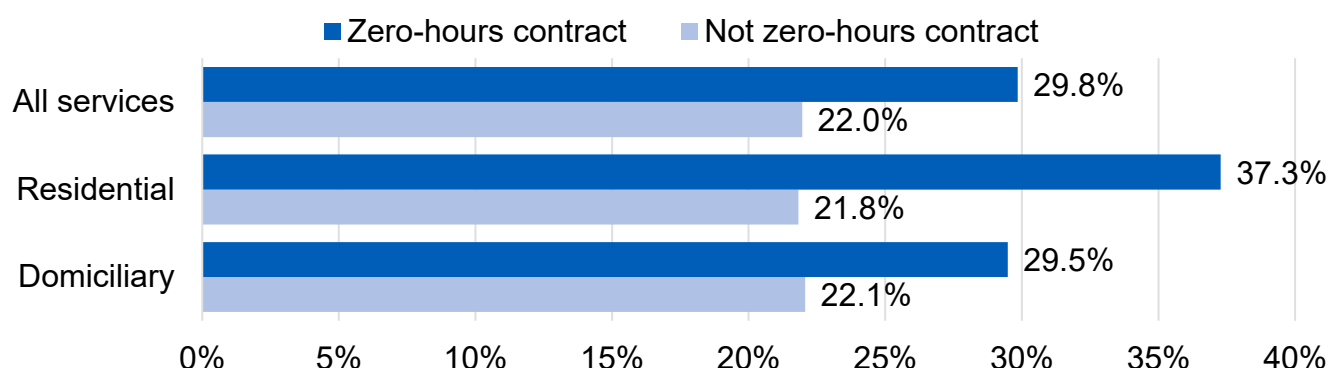


Chart 147 shows that care workers employed on a zero-hours contract have higher turnover rates across service types, including in residential care where zero-hours contracts are less prevalent than domiciliary care (37.3%).

Chart 147. Care worker turnover rate by zero-hours contract status split by service type, between March 2025 and March 2026

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.

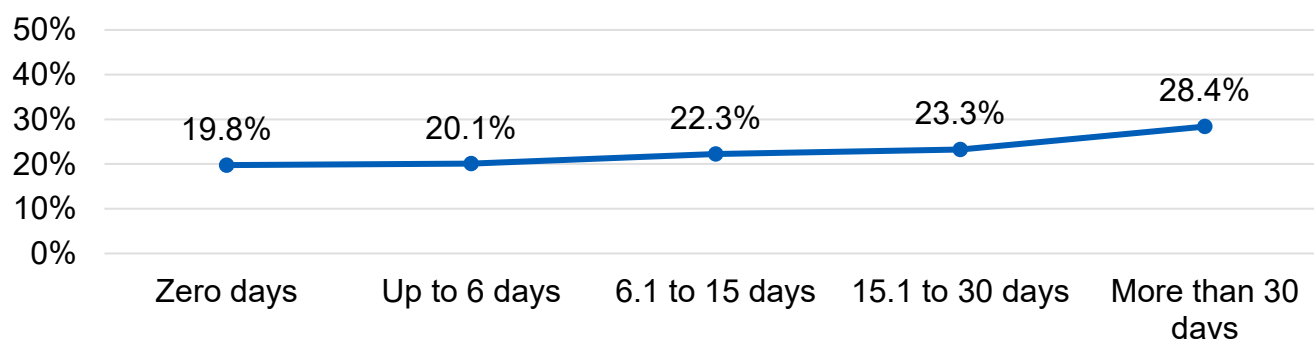
9.1.10 Sickness days

Workers with more sickness days recorded were more likely to leave. The chart below shows turnover rates were lower for those with fewer sickness days in a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with zero sickness days (19.8%) and highest for those with more than 30 days (28.4%).

Supporting staff wellbeing is looked at as part of the [Well-led framework](#) in CQC assessments. Skills for Care have resources focusing on [workforce wellbeing and enablement](#) to support managers in protecting the wellbeing of their workforce.

Chart 148. Care worker turnover by average sickness days, between March 2025 and March 2026

Source: ASC-WDS unweighted data



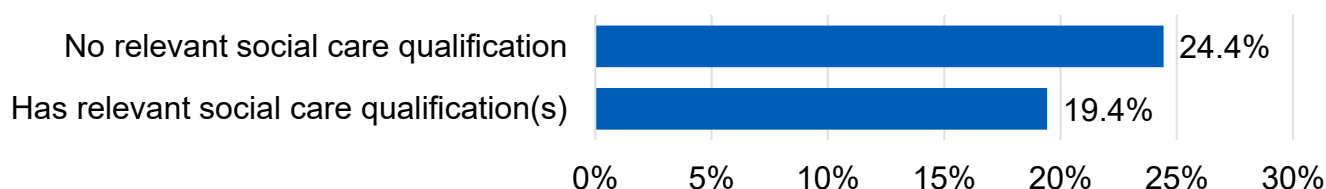
9.1.11 Social care qualifications

Care workers 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, 19.4% left within the 12-month period, compared to 24.4% of those who did not hold a relevant qualification.

It should be noted that gaining a qualification itself may not make a care worker 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 149. Care worker turnover by social care qualification, between March 2025 and March 2026

Source: ASC-WDS unweighted data

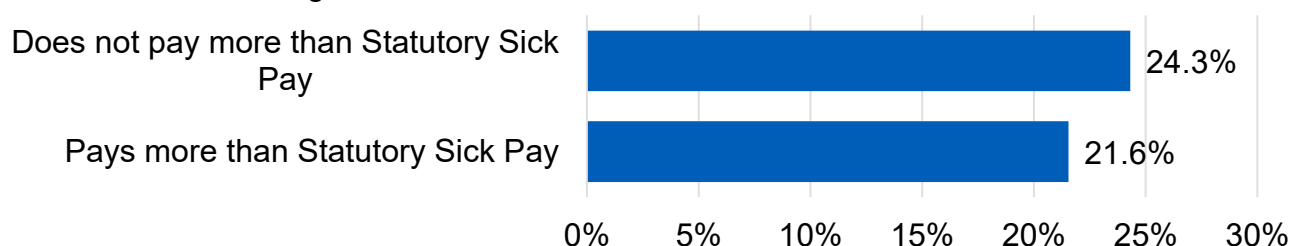


9.1.12 Enhanced care worker sick pay

Care workers whose employers paid more than Statutory Sick Pay if they could not work due to illness were less likely to leave. The chart below compares the turnover rate for care workers by whether their employer paid more than [Statutory Sick Pay](#) (£116.75 per week for up to 28 weeks, as at [March 2025](#)) if they could not work due to illness. Care workers who were in a workplace that paid more than Statutory Sick Pay had a 21.6% turnover rate compared to 24.3% of those whose workplace did not pay more than this. This shows that employers who paid their care workers more than Statutory Sick Pay were more likely to retain them.

Chart 150. Care worker turnover by whether employer pays care workers more than Statutory Sick Pay, between March 2025 and March 2026

Source: ASC-WDS unweighted data

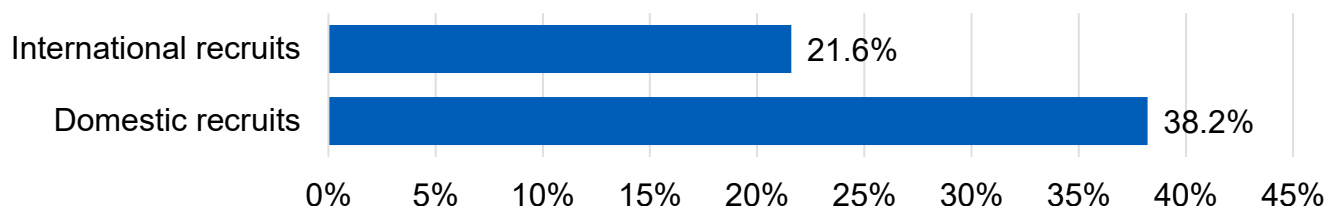


9.1.13 International recruitment

Care workers recently recruited internationally were less likely to leave than recently recruited domestic care workers. Chart 151 compares the turnover rate for internationally and domestically recruited care workers. Internationally recruited care workers had a 21.6% turnover rate in the reporting period, compared to 38.2% of recent domestically recruited care workers.

Chart 151. Comparison of turnover rate by whether the care worker was recruited internationally or domestically, March 2025 to March 2026

Source: ASC-WDS unweighted data



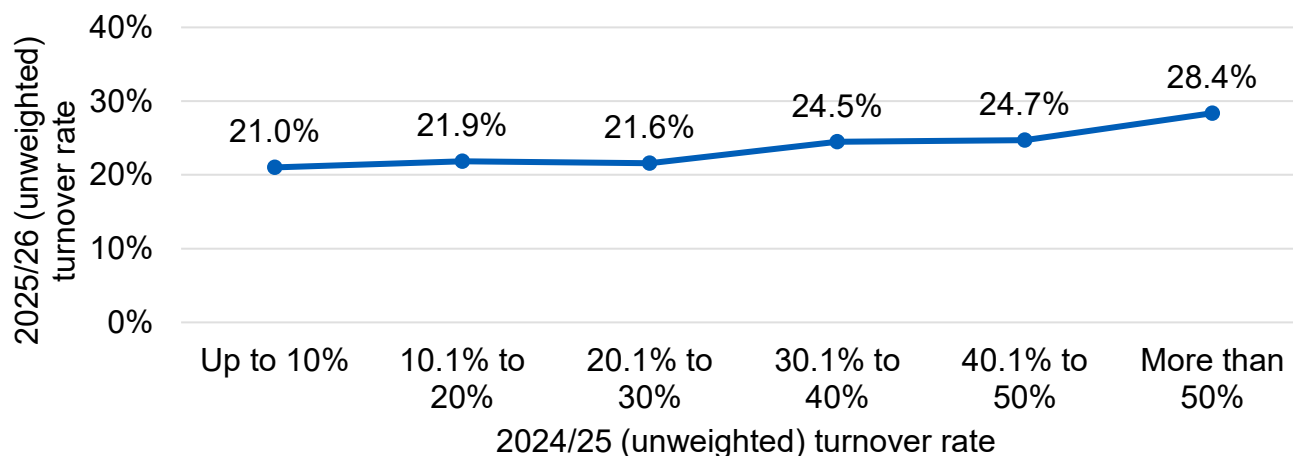
Some care workers recruited internationally have their visa status connected to their employers, meaning they would be more likely to remain with the same employer for a longer period. For more information, see Chapter 8 – International recruitment.

9.1.14 Historical turnover rate

Establishments with a higher turnover rate in the preceding 12 months also tended to have higher turnover rates going forward. Establishments with the lowest turnover rates (up to 10% turnover) in 2024/25 had on average a turnover rate of 21.0% between 2025 and 2026. This was 7.4 percentage points lower than establishments with the highest turnover rates in 2024/25 (28.4%).

Chart 152. Comparison of historical turnover rate in establishments: 2024/25 vs 2025/26

Source: ASC-WDS unweighted data - March 2025 (previous turnover rate), ASC-WDS unweighted data - March 2026 (current turnover rate)



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 [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.

9.1.15 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:

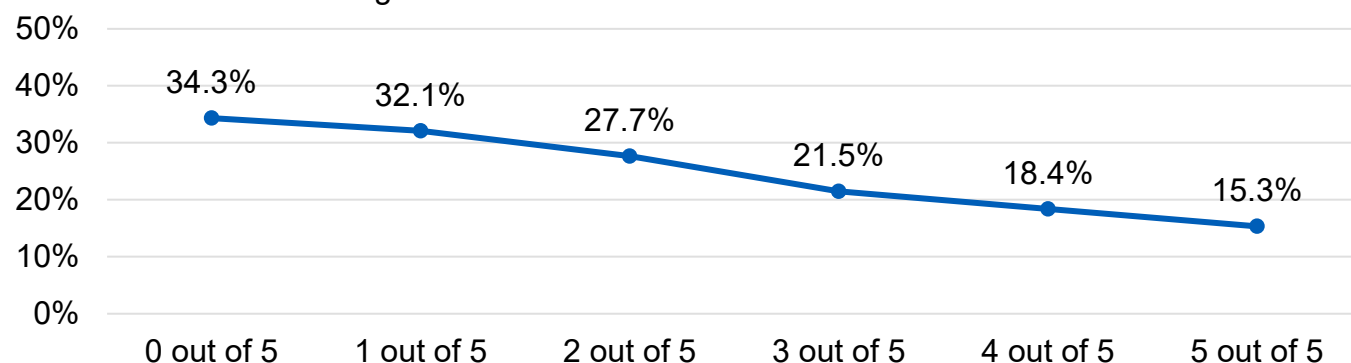
- Pay on or above the local authority area average (this group had the lowest turnover rate of care workers).
- Not being on a zero-hours contract.
- Receiving training.
- Having a qualification relevant to social care.
- Working full-time.

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 153 shows that care workers who had all of the five factors in place were 19 percentage points less likely to leave (15.3%) than care workers whose role did not fit any of the criteria (34.3%). 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 153. Care worker turnover by number of positive employment factors, between March 2025 and March 2026

Source: ASC-WDS unweighted data



As mentioned in Section 6.1.2, 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 CQC assessment ratings

In 2026, Skills for Care analysed ASC-WDS workforce data compared with CQC assessment ratings given since March 2021 to identify workforce metrics associated with higher CQC assessment ratings. This included around 7,100 independent sector regulated establishments 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 25 below, to derive an overall score between 5 and 20 for each inspected establishment. For example, an establishment 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). Establishment scores were distributed across the categories, with 11% in the Lowest category, 20% in Low, 63% in Medium, and 6% in High. Over two-thirds of establishments had a Medium or High score.

Table 25. CQC assessment rating and score

Source: CQC assessment ratings

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

There are lots of resources on our website about [Good and Outstanding care \(GO\)](#), including preparing for CQC assessments, delivering 'Outstanding' care resources, and information about improving your CQC assessment rating. Users of the ASC-WDS can also use the benchmarking feature of the ASC-WDS service to compare key metrics such as pay and vacancy rates at their establishment against 'Good' and 'Outstanding' rated establishments providing the same service type in their local authority area.

Table 26. Variables that influence an establishment's CQC assessment rating, March 2026

Source: ASC-WDS unweighted data

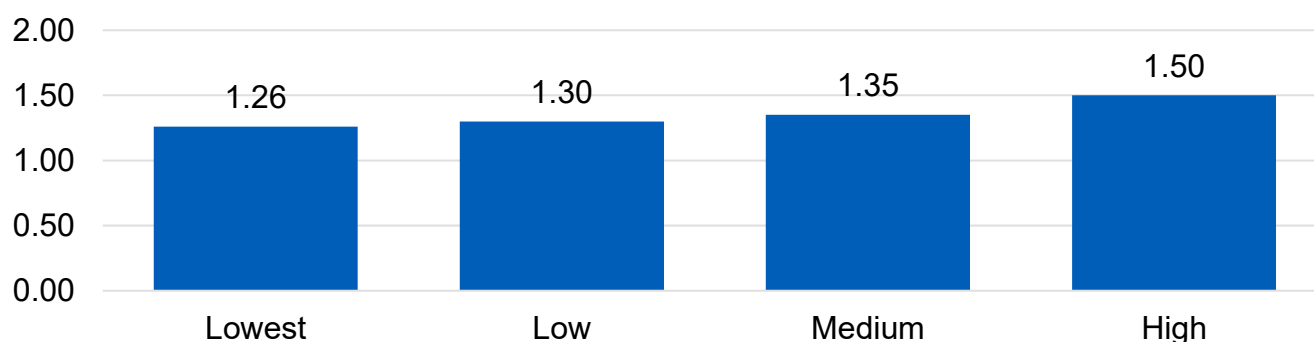
Variable	Influence on CQC assessment rating
Ratio of staff to bed	CQC assessment ratings were higher as the ratio of care workers to beds in care home establishments increased.
Pay	CQC assessment ratings were higher as care worker pay increased.
Care Certificate standards	Having more care workers who have either completed or partially completed the Care Certificate standards was associated with higher CQC assessment ratings.
Training	Having more care workers who have undergone training was associated with higher CQC assessment ratings.
Vacancy rates	Lower vacancy rates were associated with higher CQC assessment ratings.
Experience of the registered manager in their role	Registered managers with more experience in their role were associated with higher CQC assessment ratings.

9.2.1 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 suggests that those services that manage to maintain higher staffing ratios generally received higher CQC scores.

Chart 154. Median ratio of staff per bed by CQC score, March 2026

Source: ASC-WDS unweighted data, CQC assessment ratings



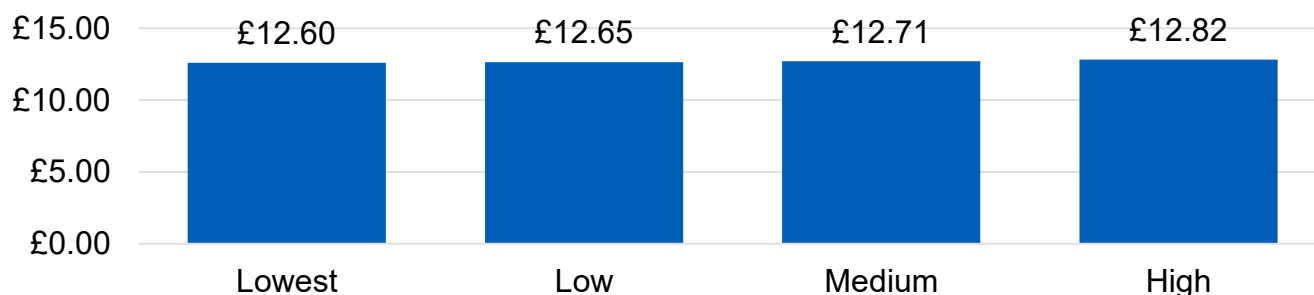
Skills for Care has a [guide](#) to support employers to get the right quantity and quality of staff to meet the needs of services and meet the regulatory standards of the CQC. The guide includes tips about deciding how many staff are required to provide a safe service, contingency planning for short-term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

9.2.2 Care worker pay

Higher care worker pay was associated with better CQC scores. Care workers at establishments with a Low CQC score had a median hourly rate of £12.60 compared to £12.82 at establishments with the highest scores.

Chart 155. Median care worker hourly rate by CQC score, March 2026

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 assessment ratings.

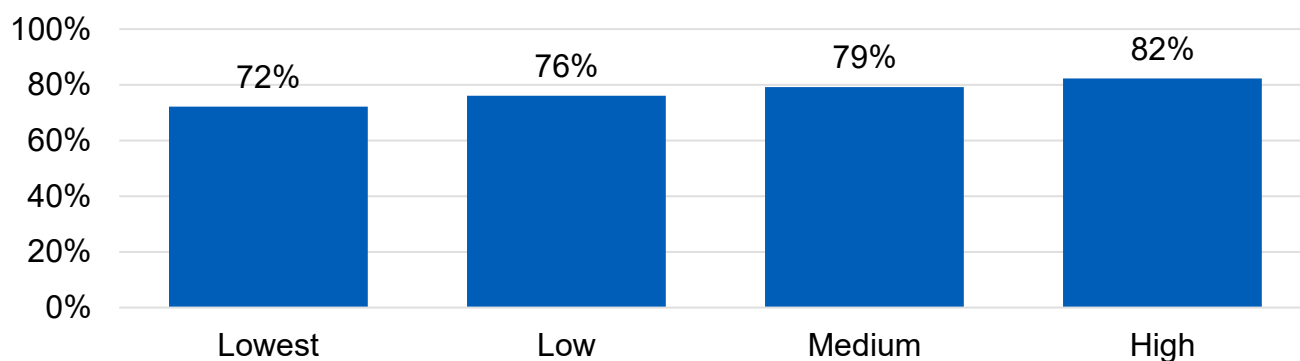
9.2.3 Care worker uptake of the Care Certificate standards

Greater care worker uptake of the Care Certificate standards was associated with better CQC assessment ratings.

Establishments with High CQC scores had a larger proportion of care workers who have begun or completed the Care Certificate standards (82%) compared with the establishments with Lowest CQC scores (72%), as shown in the chart below.

Chart 156. Proportion of care workers who had begun or completed the Care Certificate standards by CQC score, March 2026

Source: ASC-WDS unweighted data, CQC assessment ratings



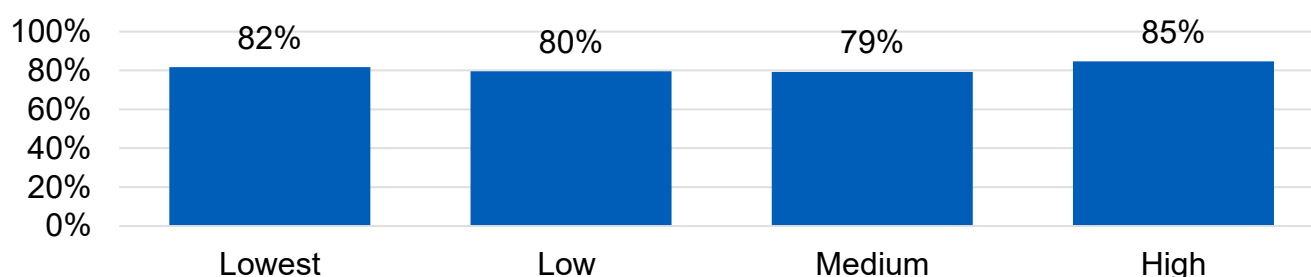
9.2.4 Care worker training

Care worker training was associated with better CQC assessment ratings.

The chart shows that establishments with High CQC scores had a larger proportion of care workers who had undertaken training (85%) compared with establishments with the Lowest scores (82%). The greatest difference was between establishments with High and Medium scores (85% to 79%).

Chart 157. Proportion of care workers who had training recorded by CQC score, March 2026

Source: ASC-WDS unweighted data, CQC assessment ratings



Skills for Care provides a range 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.

9.2.5 Vacancy rates

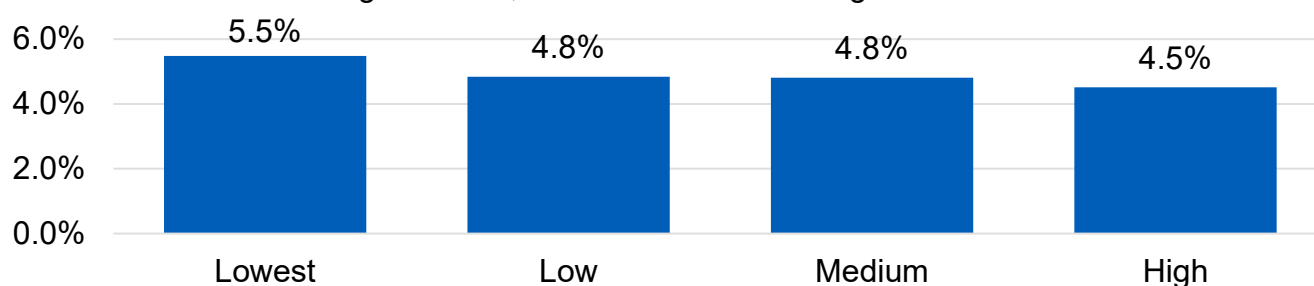
Vacancy rates increased in the adult social care sector during the COVID-19 pandemic (10.4% in 2021/22). To account for this, vacancy rates were analysed only in the 1,100 establishments who received a CQC rating in the past two years.

Lower vacancy rates were associated with higher CQC assessment ratings.

Establishments with the Lowest CQC scores had the highest vacancy rates (5.5%) compared to establishments with High CQC scores (4.5%). Some vacancies arise from employers trying to expand and therefore a higher vacancy rate does not always indicate a recruitment and retention issue.

Chart 158. Vacancy rates by CQC score, March 2026

Source: ASC-WDS unweighted data, CQC assessment ratings



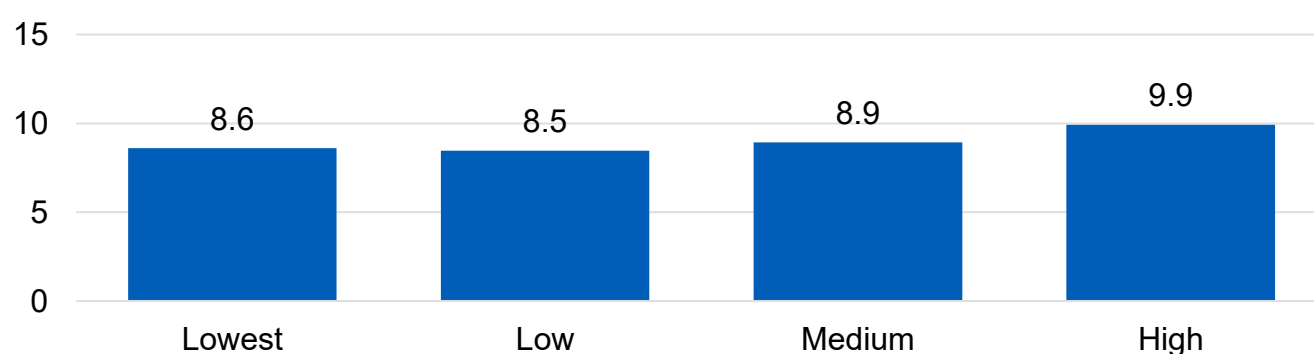
Further information about the key questions and CQC assessments can be found on the [CQC website](#). Skills for Care has developed [guides](#) to help organisations to achieve a positive rating, offer support in preparation for an assessment, and develop plans that support them to respond to any issues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

9.2.6 Registered manager experience in role

Establishments with a registered manager with more experience in their role were more likely to receive higher CQC assessment ratings. Establishments with the highest CQC scores had registered managers with more experience in their role (9.9 years) compared to lower scoring establishments. As with turnover rates, this points towards the importance of stable management in delivering a high-quality service.

Chart 159. Registered manager average years of experience in role by CQC score, March 2026

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 and local area information

There are three pages of [regional information](#) on our website, and three pages showing [local area information](#). Each of these pages provides an annual overview of adult social care services and the workforce in a given area:

- A visualisation looking at the workforce in each region or local authority area, one at a time.
- A comparison visualisation comparing key variables across the nine regions or the 153 local authority areas in England.
- Individual regional or local authority area written reports, summarising the workforce statistics.

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:

- Apprenticeships
- Factors affecting staff turnover.
- Individual employers and personal assistants
- Learning disability and/or autism workforce
- Nurses in social care
- Occupational therapists
- Pay rates
- Registered managers
- Social work
- Workforce nationality and international recruitment
- Workforce tracking of key variables as part of our Monthly Statistics.

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 topic areas show data 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 2025/26 data at a national (England), regional and local authority area levels. A trended data download is also available, showing key variables trended from 2016/17 to 2025/26.

To access any 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 Adult Social Care Workforce Data Set (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 assessment 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. Our Workforce Intelligence Analysts who lead on the production of this report have trained as certified statisticians, meaning we work to the standard of the 'five safes'. We always make sure that our research

and outputs are appropriate and trustworthy, and that there's no risk of misuse or confidentially breach. When creating outputs, we always adhere to statistical disclosure controls.

As a Workforce Intelligence team, we:

- Help people to understand what's already available without commissioning our services and what options are available.
- Aren't selling the data - we're selling our analysis and sector expertise.
- Carry out bespoke work in particular areas that we can't cover in general outputs.
- Have a 'good for the sector' aim on all projects we work on.

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:
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