



The workforce employed by adult social services departments in England

Workers employed by local authorities
in the adult social care sector

Data as at September 2025

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Adult social care in the local authority sector

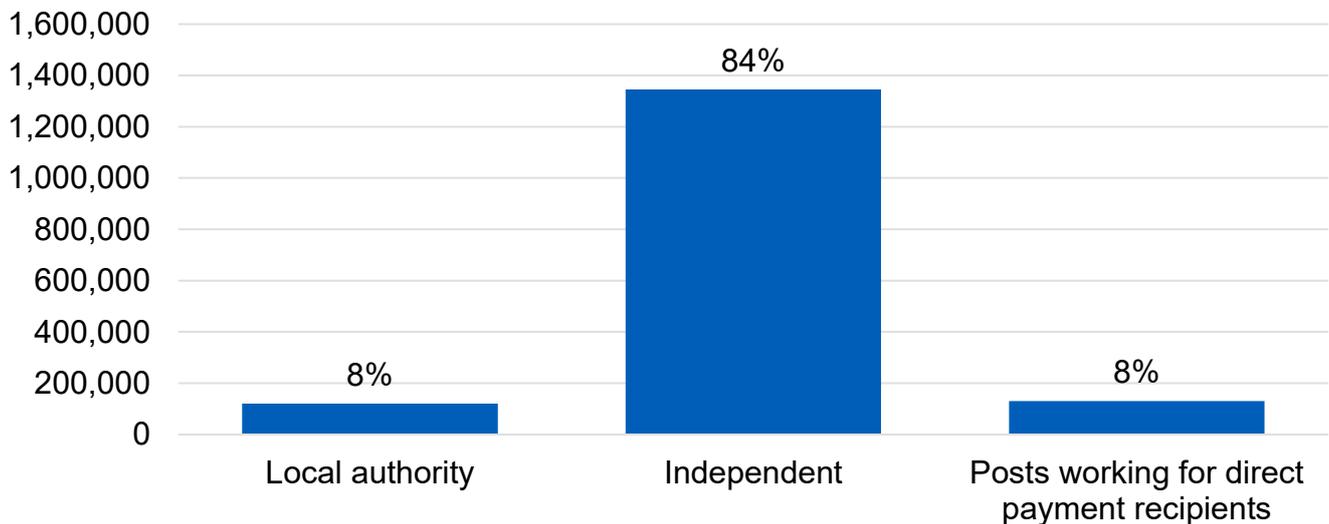
This report contains information on staff employed by local authority adult social services departments in England, who provide social care services to members of the public. In September 2025, all 153 local authority adult social services departments in England provided a data return to the Adult Social Care Workforce Data Set (ASC-WDS).

This workforce is referred to as the ‘local authority sector’ within adult social care in this report. In September 2025, there were 120,500 adult social care filled posts within local authorities. This report focuses on this part of the adult social care sector only.

As reported in [‘The size and structure of the adult social care sector and workforce in England’](#) report for 2024/25, Skills for Care estimated that the whole adult social care sector had 1.60m filled posts. This covered the period from 1 April 2024 to 31 March 2025. For context for this report, Chart 1 shows the proportion of the workforce employed in each sector of adult social care at that time. Adult social care filled posts in local authorities accounted for 8% of all adult social care filled posts as at 2024/25.

Chart 1. Estimated proportion of adult social care filled posts by sector, 2024/25

Source: Skills for Care estimates



Our estimates of the size of the adult social care workforce are published annually. They include local authority data from September, along with direct payment recipient and independent sector data from the following March. Estimates of the size of the rest of the adult social care workforce as at March 2026 will be published by Skills for Care in June 2026, as part of the 2025/26 figures.

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Revisions

This report was originally published on 18 February 2026.

Key findings

This report provides the key findings from the Adult Social Care Workforce Dataset (ASC-WDS) relating to staff in local authority adult social services departments as at September 2025.

8%

of adult social care filled posts in England were in **the local authority sector** in 2024/25

127,100

total adult social care posts in local authorities (filled and vacant posts) in September 2025

117,800

people working in adult social care in local authorities in September 2025

Workforce size

- There were a total of 127,100 posts in local authorities in England as at September 2025, made up of 120,500 filled posts and 6,600 vacant posts.
- Between 2024 and 2025, the number of filled posts in the local authority sector in England increased by 0.5% (600 filled posts). Meanwhile the number of vacant posts fell by 350.
- A person can fill more than one post. There were 117,800 people working in the local authority sector in 2025. The number of full-time equivalent (FTE) filled posts was 99,400.
- One in ten workers (10%) were employed in care only homes (12,300 filled posts), 3% in care homes with nursing (3,300 filled posts) and 16% in CQC non-residential services (19,300 filled posts).
- Two in five filled posts across all service types in 2025 were in direct care providing job roles (49,000 filled posts or 41%).
- The number of staff working in regulated professions roles increased in 2025 by 4%, to 24,600 filled posts. This is an increase of around 1,000 filled posts from 2024.
- The turnover rate across all adult social care staff in the local authority sector was 11.5%. This was a decrease from 12.5% in 2024.

Workforce characteristics

- 5% of the local authority adult social care workforce were employed on a zero-hours contract. This was higher among workers in direct care roles, including care workers (12%).
- The average number of sickness days was 10.5 days, a decrease of 0.3 days from 2024.
- The mean average age of adult social care staff in the local authority sector was 47.7 years. This was 4.5 years higher than the latest data from the independent sector (March 2025).
- One in five (19%) of the workforce identified as male, this is unchanged from 2024.
- Local authority adult social care staff saw an increase in their average (mean) nominal full-time equivalent (FTE) annual pay¹ between 2024 and 2025. Care worker pay rose by 8.2% to £28,200.
- Historical real term pay is adjusted to account for inflation². Between 2024 and 2025, care worker real term pay increased by 4.0%.
- Over half (52%) of adult social care staff in the local authority sector held a relevant social care qualification in 2025 (this excludes workers in regulated professions who must be qualified to perform their role).

¹ 'Nominal pay': pay is not adjusted for inflation and shows the actual pay rates as they were at the time.

² 'Real term pay' rates have been calculated using the [Consumers Price Index](#), as at September 2025.

Classification of statistics

Skills for Care is the leading source of workforce intelligence for the adult social care workforce in England. We publish reports and data visualisations each year using information collected in the Adult Social Care Workforce Data Set (ASC-WDS). From 1 October 2021, responsibility for publishing the 'Personal Social Services: Staff of Social Services Departments' report moved from NHS Digital (now part of NHS England) to Skills for Care. In 2021, staff from the Adult Social Care Statistics team in NHS Digital worked with Skills for Care during the transition period. They also supported Skills for Care with their voluntary adoption of the [Code of Practice for Statistics](#).

The code plays an important role in ensuring that producers of official statistics inspire public confidence by demonstrating trustworthiness, quality and value in the statistics they produce. Details of Skills for Care's commitment to and compliance with the Code of Practice for Statistics can be found on our [website](#).

In 2023, Skills for Care became an official statistics producer, having been added to the [Official Statistics Order 2023](#). This means that all official statistics produced by Skills for Care will include oversight from the [Office for Statistics Regulation](#) (OSR), ensuring it follows the Code of Practice for Statistics. In February 2025, this report was badged as an [Accredited official statistic](#) following an assessment from OSR.

In terms of data collection, Skills for Care has managed the collection process since 2011. There were no changes of contact arrangements for local authority data providers despite the change in ownership of this report from NHS Digital to Skills for Care. Mandating the data collection through the single data list continues, however the list has been updated to reflect the change in statistics producer.

This is an annual publication, as such there are no scheduled revisions after publication. If any unscheduled revisions are required, we would follow the revisions policy as outlined in our [Compliance with the Code of Practice for Statistics statement](#) on our website.

Users and uses of this report

This publication may be of interest to members of the public, policy officials and other stakeholders to monitor the quality and effectiveness of services. It can also be used to monitor workforce trends and to make local, regional and national comparisons.

It is appropriate to use this report when specifically thinking about the adult social care workforce employed by local authorities. The data analysed here is a snapshot in time as at September 2025.

Please note, when discussing the adult social care sector workforce as a whole (including those working for local authorities, independent sector providers and posts working for direct payment recipients), this report should be looked at alongside other workforce intelligence publications by

Skills for Care. Information about these can be found on our [website](#) or in the 'Further resources' section of this report.

A number of external partners also use the data shown in this report as part of their own reporting and processes. Some key stakeholders are mentioned here:

Stakeholders at the national level

These organisations use our workforce data to understand, influence and advocate for the adult social care workforce.

- Academics and accredited researchers from universities and research organisations across the UK
- Association of Directors of Adult Social Services (ADASS) - www.adass.org.uk
- Care England - www.careengland.org.uk
- National Care Forum - www.nationalcareforum.org.uk
- NHS England - www.england.nhs.uk/integratedcare
- Social Care Institute for Excellence - www.scie.org.uk
- Social Work England - www.socialworkengland.org.uk
- The King's Fund - www.kingsfund.org.uk

Stakeholders at a local level

These organisations work at a local level to monitor and improve services. This often involves comparing our workforce intelligence with other data sources to inform in key areas, such as workforce planning.

- Local authorities across England
- Local Government Association (LGA) - www.local.gov.uk
- NHS Integrated Care Systems (ICSs) and NHS Integrated Care Boards (ICBs)

The Care Quality Commission (CQC)

Adult social care workforce data is shared by Skills for Care with the CQC, with permission from employers. This information forms part of their local and national reporting about the state of the CQC-regulated workforce in England. It is also used as part of the CQC [local authority assessments](#) and [CQC local authority assurance](#), to help understand the workforce employed by local authorities and assess how they meet their duties under Part 1 of the [Care Act \(2014\)](#).

UK Parliament

The data presented here is regularly used in parliamentary debates and research by the House of Commons Library. This included a research briefing on '[Adult social care workforce in England](#)', published in October 2024.

Data analysed in previous editions in this report have been also used in formal parliamentary discussions; an example from December 2025 can be found on the [UK Parliament website](#) which refers to analysis published in the '[The state of the adult social care sector and workforce in England, 2025](#)' report.

Introduction

This publication contains information on posts filled by people in the 153 local authority adult social services departments in England, as at September 2025. This workforce referred to as 'the local authority sector', to distinguish these workers from those employed by independent providers and those employed by individuals that draw on care and support. In this report we use the term 'local authority sector' or 'local authority workforce', by which we mean only those people working in local authority adult social services departments.

Please note that this report refers to the adult social care local authority workforce only. The Department for Education publish separate statistics on the [children's social work workforce](#).

In this report we have compared our findings to other data sources where a comparison is useful and appropriate. Links to these sources are provided at the point of discussion. Further comparison of the data in this report with other similar data, such as adult social care statistics from other UK nations can be found on the [Analysis Function website](#).

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

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service that gathers information about 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. For more information about the ASC-WDS, visit the [Skills for Care website](#).

The ASC-WDS is the means of collection for the adult social care workforce data return for local authorities. This report uses estimates created from all local authority data returns to analyse the workforce in this sector (see the Data coverage section of this introduction). For further information on all variables analysed in this report, including trended data, please see the accompanying [reference tables](#).

Between 2012 and 2021, all local authorities in England met the [mandatory criteria](#) of an ASC-WDS return for people working in adult social care in local authorities. In 2022 and 2023 not all local authorities met this, however in 2024 and 2025 all local authorities did again meet the mandatory criteria of the annual data collection.

In 2022, all local authorities apart from Salford submitted a return. In 2023 Cumbria divided into two new local authority areas (Cumberland, and Westmoreland and Furness) but neither of the new areas provided a complete data return. Despite this we are confident in the accuracy of our analysis over this period due to our quality assurance processes and methodologies, as outlined below.

We have published a [glossary](#), which includes variable definitions and other terminology used in this report. For information about this, our other publications and how our workforce intelligence is used in the adult social care sector, see the 'Users and uses of this report' section of this report.

Data coverage

This report analyses the 153 local authorities in England. From 2012 to 2021, all local authorities completed a data return. In 2022 and 2023, not all local authorities submitted a full data return. From 2024 to 2025, all local authorities provided Skills for Care with a data return.

In 2022, Salford local authority did not submit a data return to Skills for Care. To account for the missing information, we made estimates for that year based on the 2021 Salford submission.

In 2023, Cumbria local authority separated into two new authority areas: 'Cumberland' and 'Westmoreland and Furness'. Both of these local authorities only provided a total number of filled and vacant posts via email for each area in September 2023. No further information about the workforce for either area was provided via the ASC-WDS or via a data return. Data from Cumbria local authority area in 2022 was used to create 2023 estimates for Cumberland and Westmoreland and Furness.

There is no evidence to suggest that local authorities systematically omit information from a data return. As such, we trust the information provided to be unbiased. Any missing information identified during data quality checks in the data return period is assessed accordingly by the Workforce Intelligence team.

When local authorities do not provide a complete data submission, we use proxy information and estimations in place of the missing data. For further information on response rates for each question across all local authorities in 2025, please see the accompanying [reference tables](#).

- For variables that are similar year on year, e.g. average age, gender and ethnicity, we use the local authority's data from the previous year as a proxy (where possible).
- For variables that are likely to change e.g. starters, leavers, sickness and pay using a proxy is not appropriate. Instead, we use estimates based on the local authority's data return from the previous year alongside regional trends to try and reduce the impact on national and regional totals.

From 2012 to 2021, and 2024 to 2025, all local authorities in England completed a data return. However, some individual data items for specific workers or local authorities are missing each year. Workforce estimates are therefore created to compensate for any missing data items across all local authorities. Despite this and the lack of coverage in the three local authorities in 2022 and 2023 referenced above, there is still minimal uncertainty in the dataset due to the high levels of overall coverage and our [methodologies](#) in place to create our workforce estimates (see the following section below).

Findings shown in this report that are derived from our workforce estimates are noted as such in chart and tables. The number of filled posts from 2012 to 2021, and 2024 to 2025, are actual counts of data submitted in the annual data returns with no estimation required. Filled posts trends in this report however are taken from our workforce estimates due to the missing local authorities in 2022 and 2023.

Please note, all information included in this report has been aggregated and rounded. Exact counts are not shown unless specifically stated.

Methodology used to estimate characteristics of the adult social care sector

Meeting the criteria for a full ASC-WDS return means that for each workplace the following fields must be completed: type of organisation, service provided, service user groups for whom care is provided, capacity, number of service users, number of staff, number of vacant posts, and number of leavers in the past year.

Also, for every worker a staff record must be completed with the main job role and the employment status. And at least 90% of staff records must have the following information: gender, date of birth, ethnicity, contracted/average hours, sickness, pay and qualifications. The ASC-WDS collects other data items including staff training, experience in sector, and nationality but these data items were voluntary for local authorities to complete and have not been included in this publication.

Due to the mandatory criteria for local authorities, we have high response rates for most data fields from this part of the sector. For further information on response rates across all local authorities in 2025, please see the accompanying [reference tables](#).

To ensure that the data we provide in our publications is trustworthy and adds value to the sector, and as part of our commitment to the Code of Practice for Statistics, we use several methods to quality assure the data. In September each year, Skills for Care works with each local authority to collect a complete and accurate data return. Applicable data is validated at the point of entry into the ASC-WDS and data from each local authority is also checked by the Workforce Intelligence team. Issues with data quality (if any) are then fed back to the local authority who are asked to re-submit their data return. This can be a time-consuming process, but Skills for Care is dedicated to working with local authorities to provide high-quality intelligence about their workforces.

Despite the rigorous checking and validation of data at the point of collection, not all local authorities are able to provide high quality data for every question. We therefore use our workforce estimates methodology to filter the data and to fill any gaps in our coverage, in order to create a better picture of the adult social care local authority sector and workforce. We have confidence in the quality of these estimates; the methodologies used have been peer reviewed

by universities and an independent statistician. To learn more, you can read our full detailed methodology paper on our [website](#).

Throughout this report we have adhered to statistical disclosure controls whereby we have aggregated the data and suppressed our findings where appropriate. This is to protect individuals from being identified in this publication and any accompanying documents. As a result, charts and tables shown here display rounded whole numbers and percentages. It should be noted therefore that charts and tables may not always total to 100%. For more information on our suppression and rounding rules and the rationale behind these, please visit the [methodology webpage](#).

Prior to publication this report undergoes an internal peer review process within the analysis team. This is an additional measure to maintain our high standards of quality assurance.

Job roles within the ASC-WDS

At the point of data collection, local authorities are given a choice of job roles to choose from to best reflect the role of each of their workers. Skills for Care understands that within each local authority there will be differences in the skills, requirements and responsibilities associated with each job role and that the information provided is the best reflection of the staff in each local authority.

In June 2024 seven new job roles were added to the ASC-WDS, and two roles were removed. Subsequently new staff have been attributed to these roles and some existing staff have been re-coded into different roles to better reflect their duties. Visit [our website](#) to read our 'Statement on job role changes in 2024' for further information.

At the time of data collection for this report in September 2025, the ASC-WDS collected information on 37 different job roles. These roles were then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

- **Managers:** senior, middle and first-line managers, registered managers, supervisors, deputy managers, team leaders, data governance managers, IT managers, IT service desk managers, and 'managers and staff in care-related but not care providing roles'.
- **Regulated professions:** social workers, occupational therapists, registered nurses, Allied Health Professionals (AHPs), safeguarding and reviewing officers, and nursing associates.
- **Direct care:** senior care workers, care workers, community support and outreach workers (referred to as 'community support and outreach' throughout this report), support workers, employment support workers, advice guidance and advocacy workers, nursing assistants, and other care-providing job roles.
- **Other roles:** administrative or office staff who are not providing care, ancillary staff who are not providing care, activities worker or co-ordinators, care co-ordinators, assessment officers, learning and development leads, occupational therapist assistants, and other job roles which are not providing care directly.

Information provided in this report is either reported by job role group, or for selected individual job roles of interest.

A note on international recruitment

Changes to [immigration rules](#) in the UK came into effect on 1 January 2021 following Brexit. 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. These rules have remained in place for regulated professions roles but have been updated periodically for direct care roles (care workers and senior care workers); details of this are outlined below for clarity.

Social workers, occupational therapists and registered nurses were listed occupations on the Shortage Occupation List (SOL) on 1 January 2021 and were eligible for the [Skilled Worker visa](#) route. Therefore, workers in these roles could still immigrate to the UK under those rules providing they had a job offer and could speak English to the required standard. These rules have remained in place since this time and workers in these roles continue to come to the UK.

From 1 January 2021 people could no longer come to the UK to take up direct care providing roles. However, from April 2021 the senior care worker role was added to the SOL and the [Health and Care Worker visa](#) route. This meant people could come to the UK if they met the entry requirements, including having a licenced sponsor and a job offer which met the minimum salary threshold. They could also bring their dependants with them (that is, partners and/or children). In February 2022, the care worker role was also added to the SOL and became eligible to apply for immigration via the Health and Care Worker visa. As a result of this change there was a large increase in the number of people coming to the UK to take up care worker posts in the independent sector. Our [international recruitment tracker](#) shows this increase from 2020/21 onwards.

From 11 March 2024, care providers sponsoring international recruits were required to register with the Care Quality Commission (CQC). There were also changes for direct care workers arriving from outside of the UK, meaning they were no longer allowed to apply to bring dependants to the UK on their visa (workers in regulated professions arriving on a Skilled Worker visa were not affected by this change in legislation). This has led to a decrease in the number of workers being recruited internationally into the adult social care workforce. In 2024/25, [figures published by the Home Office](#) show that 7,891 Health and Care Worker visas were granted to people from outside the UK in the occupation group 'caring personal services', a decrease from 84,715 in 2023/24.

In July 2025, 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. Transitional arrangements are in place until July 2028, where in-country applications (including from other visa routes) will continue to be permitted for care workers and senior care workers,

provided individuals are already working in these roles in the adult social care sector. These changes mean it is likely that international recruitment for these roles will drop in the future.

Skills for Care workforce intelligence reports define international recruitment as non-British workers who have come from outside the UK to start direct care providing roles. Nationality and year of entry to the UK information are not mandatory fields in the local authority data collection. Therefore, they have low response rates in the dataset. This means it is not possible to quantify the number of international recruits joining the local authority sector. Our other workforce intelligence reports therefore analyse international recruitment in the independent sector only.

The table below shows that of local authority workers with nationality recorded, the proportion of posts filled by non-British workers has increased over time. This table should be treated with some caution however due to the level of missing data in each year (42% of staff did not have nationality data recorded in 2025). The available evidence in Table 1 suggests, however, that there has been some international recruitment in local authorities. The percentage of non-British workers increased from 13% in 2021 to 19% in 2025.

Table 1. Breakdown of nationality data recorded in ASC-WDS for local authority staff, 2021 to 2025

Source: Unweighted ASC-WDS data, September 2025

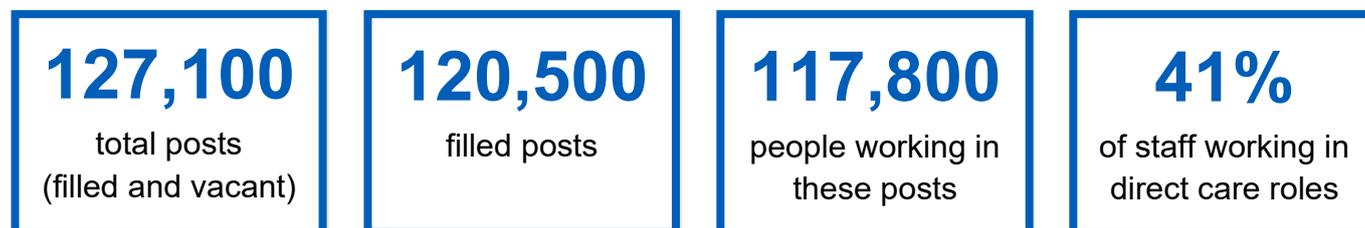
Nationality	2021	2022	2023	2024	2025
British	87%	86%	85%	84%	81%
Non-British (subtotal)	13%	14%	15%	16%	19%
Non-EU	3%	3%	4%	4%	5%
EU	2%	3%	3%	3%	3%
Non-British (not known)	8%	8%	9%	9%	12%
Total known staff records	65,053	62,902	63,348	67,257	70,231
Not recorded/unknown	49,999	51,029	53,099	52,634	50,265

This trend was more pronounced in the independent sector over the same period, where the proportion of non-British staff increased from 17% in 2020/21 to 33% in 2024/25. Evidence from the ASC-WDS shows that recent international recruits that have arrived in the UK via the Health and Care Worker visa have on average, different demographic and employment characteristics compared to British workers. For example, international recruits are younger on average and a higher proportion are male compared to the workforce as a whole. International recruits that have arrived via other routes, such as students, do not show as many variations in their characteristics. For more information on international recruits in the independent sector, see Section 9 of the latest [‘The state of the adult social care sector and workforce in England’](#) report.

1. Size of the workforce



In this section we have analysed trended filled posts information from September 2012 to September 2025, due to substantial changes in the size of the workforce between 2012 and 2017. **For subsequent sections we have analysed trends from September 2017 to September 2025 only.** Further analysis of the local authority workforce in this report, including splits by local authority, can be found in the [reference tables](#) that accompany this report.



Key findings

- There were a total of 127,100 adult social care posts in local authorities in England as at September 2025, made up of 120,500 filled posts and 6,600 vacant posts.
- The number of filled posts increased by 0.5% or 600 filled posts from 2024. The number of filled posts fell by 28% (41,400 filled posts) between 2012 and 2017. Since 2017, filled posts have increased by 10%, an increase of 11,300.
- One full-time equivalent (FTE) filled post equates to a person working 37 hours per week or more in their role. In 2025, there were 99,400 FTE filled posts in local authorities.
- Two in five of all local authority filled posts in 2025 (49,000 filled posts or 41%) were direct care providing job roles.
- The number of staff working in regulated professions roles increased in 2025, to 24,600 filled posts. This is an increase of 1,000 filled posts (4%) from 2024.

In this report, total posts refers to the number, or sum, of filled and vacant posts. A filled post is defined as a role filled by a worker (person) and a vacant post is defined as a post that is not currently filled and was being actively recruited to by the local authority at the time of data collection. In adult social care, workers frequently fill a single post but may also fill multiple posts. Therefore, in this report 'people' (headcount) refers to the number of individuals working in these posts, which may differ from the number of filled posts due to people working in more than one post.

The adult social care filled posts in local authorities accounted for 8% of the 1.60 million estimated adult social care filled posts in 2024/25 (local authority data as at September 2024, independent sector and direct payment recipient data as at March 2025).

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

In terms of this publication, removing adult social care related roles in the NHS from our estimates will only impact the overall proportions of filled posts from each sector within adult social care. The rest of the analysis shown here focuses on the local authority sector only, with comparisons to the independent sector and post working for direct payment recipients.

In March 2025, over four in five (84%) of filled posts in adult social care were in the independent sector, as shown previously in Chart 1. Table 2 shows that in 2025, there were 120,500 filled posts within local authorities. This was an increase of 0.5% from 119,900 the previous year (600 filled posts).

Table 2. Estimated number of adult social care filled posts by sector*, 2012 to 2025

Source: Skills for Care estimates

Year	All filled posts	Local authority		Independent		Posts working for direct payment recipients	
	Filled posts	Filled posts	%	Filled posts	%	Filled posts	%
2012/13	1,425,000	150,600	11%	1,140,000	80%	130,000	9%
2013/14	1,445,000	140,700	10%	1,165,000	81%	140,000	10%
2014/15	1,460,000	130,100	9%	1,185,000	81%	145,000	10%
2015/16	1,375,000	120,100	9%	1,205,000	81%	135,000	10%
2016/17	1,385,000	112,800	8%	1,220,000	81%	145,000	10%
2017/18	1,390,000	109,200	8%	1,240,000	82%	145,000	10%
2018/19	1,405,000	112,100	8%	1,255,000	82%	145,000	11%
2019/20	1,405,000	113,300	8%	1,275,000	82%	140,000	10%
2020/21	1,440,000	114,100	8%	1,315,000	83%	135,000	10%
2021/22	1,415,000	115,100	8%	1,255,000	83%	130,000	9%
2022/23	1,440,000	113,900	8%	1,280,000	83%	130,000	9%
2023/24	1,545,000	117,400	8%	1,345,000	84%	135,000	8%
2024/25	1,595,000	119,900	8%	1,345,000	84%	130,000	8%
2025/26	*	120,500	*	*	*	*	*

* In the year row, 2012/13 is referring to local authority data as at September 2012, and independent sector and direct payment recipient data as at March 2013. This is repeated for all subsequent rows.

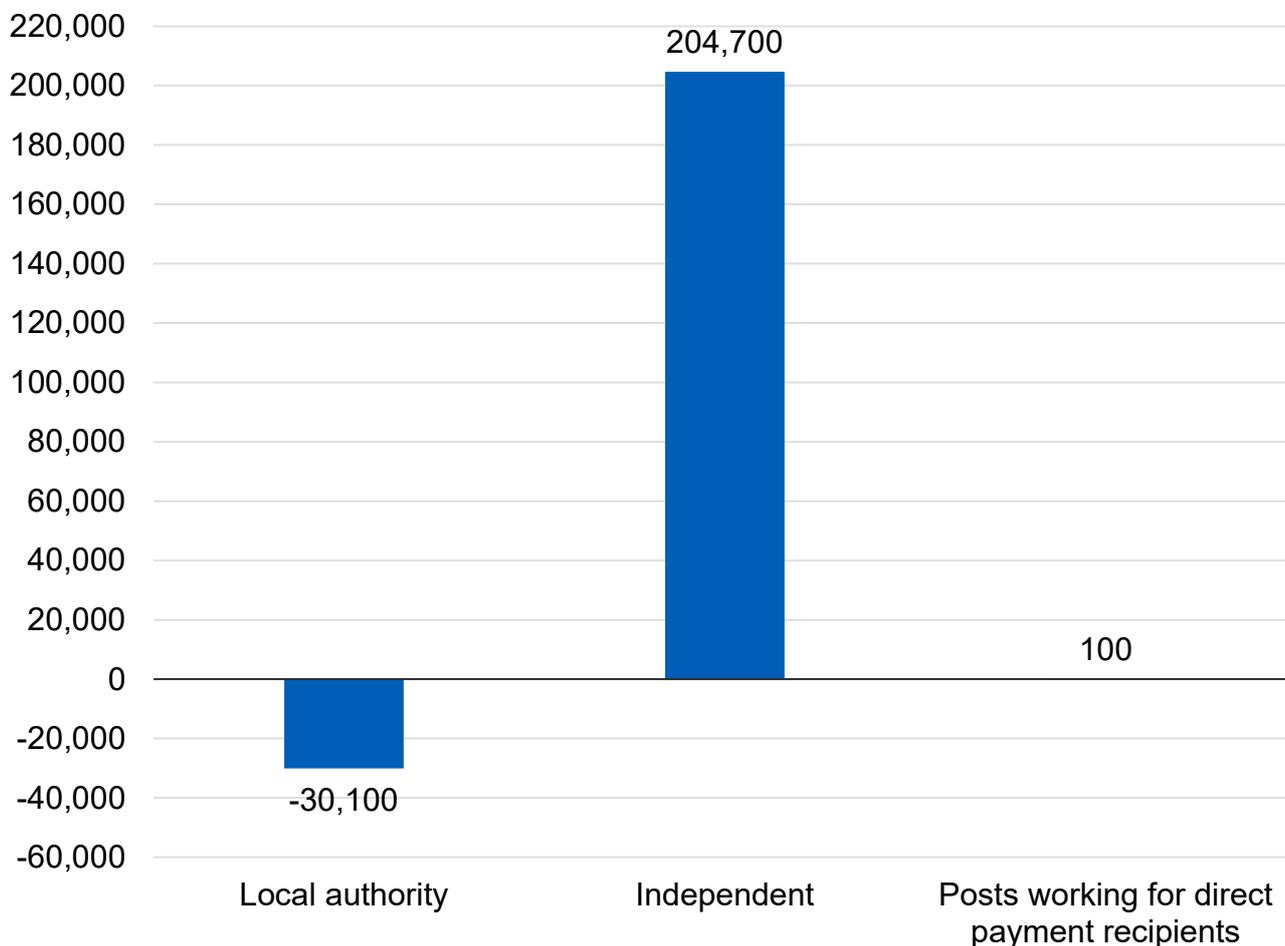
Between 2012 and 2017 the number of filled posts in local authorities decreased by around 41,400 (28%). This was driven predominantly by local authorities moving towards outsourcing adult social care to independent providers. Between 2017 and 2025, the number of filled posts increased by around 11,300 (10%). Filled posts in the local authority sector are now just above where they stood in 2015 (120,100 filled posts).

Chart 2 below shows the change in the number of filled posts in adult social care across the different sectors between 2012 and 2025. In particular, the independent sector has grown,

increasing by 204,700 filled posts (18%) between 2013 and 2025. The number of posts working for direct payment recipients has remained around the same as in 2024.

Chart 2. Estimated change in the number of adult social care filled posts by sector, 2012 to 2025*

Source: Skills for Care estimates



* Local authority data as at September each year and independent sector and direct payment recipient data as at the following March.

New estimates for the whole adult social care workforce in 2025/26, which will include local authority information analysed in this report, will be published in June 2026 as part of ['The size and structure of the adult social care sector and workforce in England'](#) report.

In September 2025, the total number of adult social care posts in local authorities stood at 127,100. This is the sum of the 120,500 filled posts and 6,600 vacant posts. Table 3 below shows that the total number of posts decreased between 2012 and 2017, in line with the decrease in filled posts shown in Table 2. In 2012, the total number of posts was at its highest (161,700) and steadily decreased to a low of 118,600 in 2017. Since then, the number of filled posts has increased, as has the total number of posts.

Table 3. Estimated number of total, filled and vacant posts, 2012 to 2025

Source: Skills for Care estimates

Year	Total posts	Filled posts	Vacant posts
2012	161,700	150,600	11,000
2013	152,000	140,700	11,300
2014	139,200	130,100	9,100
2015	130,600	120,100	10,500
2016	121,800	112,800	8,900
2017	118,600	109,200	9,300
2018	119,400	112,100	7,300
2019	120,600	113,300	7,300
2020	120,700	114,100	6,600
2021	123,100	115,100	8,000
2022	123,200	113,900	9,300
2023	125,700	117,400	8,300
2024	126,800	119,900	6,900
2025	127,100	120,500	6,600

The number of vacant posts has varied over time but has remained between 5% and 8% of the total size of the local authority workforce year-on-year. The number of vacant posts was at its highest in 2013 at 11,300, but this decreased over time to a low of 6,600 vacant posts in 2020.

After 2020, the number of vacant posts increased to 9,300 in 2022, in part due to the reopening of other parts of the economy following the COVID-19 pandemic restrictions in England. From 2022 to 2025 the number of vacant posts in local authorities has again steadily fallen by 2,700 posts, to 6,600 vacant posts in 2025. This is the same number of vacant posts as recorded in 2020, and the lowest again since 2012.

Across all sectors of the adult social care workforce it is possible for a person to fill more than one post. The number of people working in these posts (headcount) is therefore different to the number of filled posts. As at September 2025, there were 117,800 people working in adult social care in the local authority sector in England with a ratio of 0.98 posts per person.

In addition to staff filling multiple posts, not all staff work full-time hours. In 2025, over a third (37%) of workers worked part-time hours and two-thirds (63%) worked full-time. For more information see Section 2.2 – Working time. To account for these variations in staff working patterns, we must also estimate the number of full-time equivalent (FTE) filled posts.

FTE filled post estimates were created by applying contracted hours and average hours data to estimates of the number of filled posts. 37 hours per week has been used to calculate one full-time equivalent filled post. There were 99,400 FTE filled posts in local authorities in 2025. The FTE filled posts ratio was 0.82, which reflects the full-time nature of many posts.

Across all in local authorities in England, the 99,400 FTE filled posts equated to an estimated 3.7 million hours worked per week by adult social care staff. This is a decrease of 13,000 hours from the previous year.

Table 4 shows the estimated number of filled posts, the estimated number of FTE filled posts and the estimated number of people filling those posts (headcount) and in local authorities over time. Since 2012, the relationship between people and filled posts has been relatively consistent.

In 2025, there were 117,800 people working in 120,500 adult social care filled posts in local authorities, an increase of 650 people from 2024. The ratio of people to filled posts in 2025 was 100 filled posts per 98 people, the same as in 2024. This indicates that there are a relatively small number of people filling more than one post (in other words, workers usually work in only one role).

The number of FTE filled posts has increased by 14% between 2017 and 2025, to 99,400 FTE filled posts. A small decrease was seen in FTE filled posts between 2024 and 2025, where FTE filled posts fell by 350 (down 0.4%). This was a smaller increase than the number of filled posts over the period (up 0.5%).

Table 4. Estimated number of filled posts, full-time equivalent (FTE) filled posts and people, 2012 to 2025

Source: Skills for Care estimates

Year	Filled posts	FTE filled posts	People
2012	150,600	115,500	143,600
2013	140,700	108,200	134,300
2014	130,100	101,300	125,200
2015	120,100	95,000	116,300
2016	112,800	89,900	109,800
2017	109,200	86,900	105,300
2018	112,100	89,500	108,300
2019	113,300	91,900	109,600
2020	114,100	93,000	110,400
2021	115,100	93,700	111,100
2022	113,900	93,900	111,100
2023	117,400	96,100	114,500
2024	119,900	99,700	117,200
2025	120,500	99,400	117,800

1.1 Reasons for changes in the number of filled posts

Between 2012 and 2017 the number of filled posts fell from 150,600 to 109,200 (see Table 2). Each year on completion of their data return, local authorities are asked to provide reasons for

changes in the number of filled posts compared to the previous year. They are also asked for any other comments, including any structural changes that might have affected the types of filled posts within the local authority. Free text responses from local authorities are then coded by Skills for Care.

Table 5 shows a breakdown of the responses local authorities provided for these questions in 2025. Local authorities can name multiple reasons for changes in their total number of filled posts. The most commonly stated reason was restructure.

When looking at the responses from just those local authorities which had an increase in the number of filled posts between 2024 and 2025, the most commonly stated reasons were restructure, agency / casual staff increase, and recruitment / filling vacancies.

Table 5. Reasons for differences in the total number of filled posts in local authorities between 2024 and 2025

Source: Information provided by local authorities alongside their annual data return

Reasons for changes in total filled posts	All local authorities (LAs)		LAs with an increase in filled posts		LAs with a decrease in filled posts	
	Total	%	Total	%	Total	%
No change / small change	74	48%	38	44%	33	53%
Restructure	21	14%	14	16%	7	11%
Agency / casual staff increase	14	9%	14	16%		0%
Recruitment / filling vacancies	14	9%	14	16%		0%
Natural turnover, resignations and/or retirement	8	5%	3	3%	5	8%
Agency / casual staff decrease	7	5%		0%	7	11%
Other	5	3%	4	5%	1	2%
Not filling vacancies / unfilled vacancies	4	3%	1	1%	3	5%
Additional funding	3	2%	3	3%	0	0%
Budget cuts/freeze	3	2%		0%	3	5%
Closures	3	2%		0%	3	5%
Data quality issues affecting last year's data	3	2%	2	2%	1	2%
Redundancy	3	2%		0%	3	5%
Total	153		87		62	

1.2 Number of filled posts by service group

Adult social care filled posts are categorised by the 35 care service types offered in ASC-WDS, these are grouped into four service groups: residential care, day care, domiciliary and community care. The service types allocated into each service group are listed on the [glossary](#) on our website.

Table 6 shows that the community care service group accounts for nearly two thirds (63%) of filled posts in the local authority sector in 2025. This service group is historically the largest of all the service groups in the local authority sector and includes social work and care management services, carers support, community support and outreach, occupational or employment related services and other services that are delivered within the community. Commissioning and organisation of these services, such as management and associated office staff, are also included in the community care service group.

Table 6. Estimated number of filled posts by service group, 2012 to 2025

Source: Skills for Care estimates

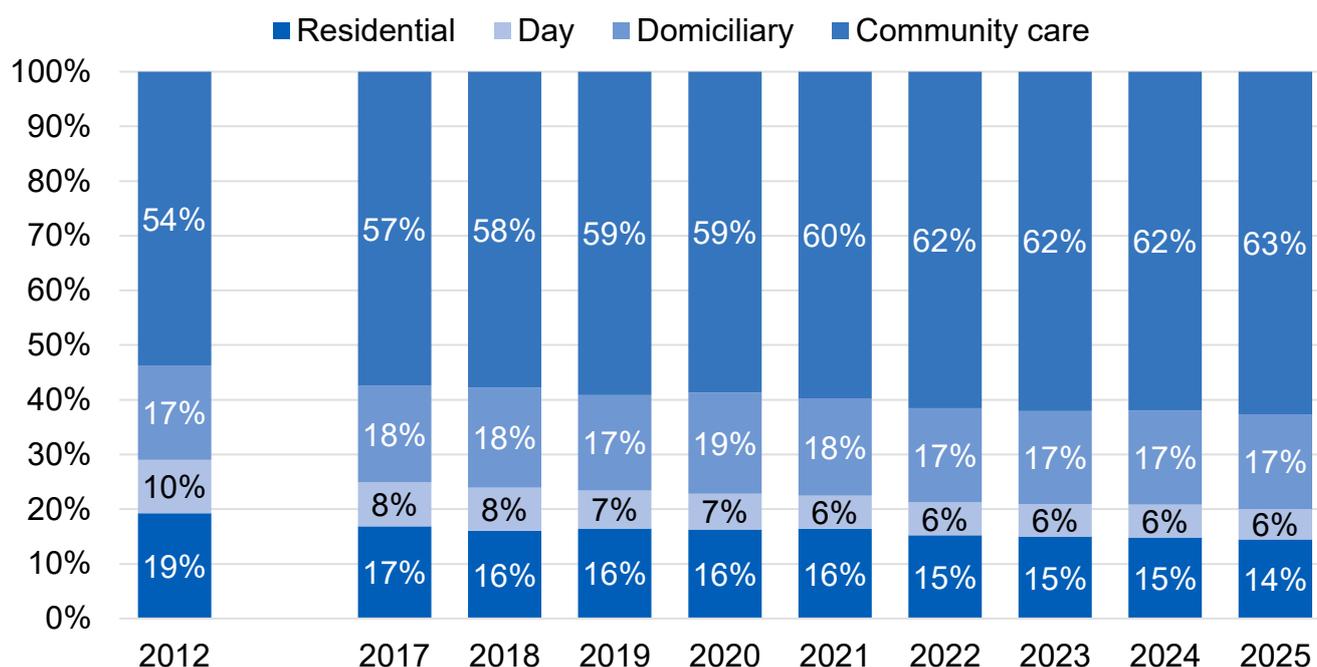
Year	All services	Residential	Day	Domiciliary	Community care
2012	150,600	29,000	14,700	26,000	80,900
2013	140,700	26,000	15,300	25,300	74,000
2014	130,100	25,500	13,200	23,700	67,700
2015	120,100	22,300	11,300	21,900	64,600
2016	112,800	19,000	9,600	21,300	63,000
2017	109,200	18,400	8,800	19,200	62,800
2018	112,100	18,000	8,900	20,500	64,800
2019	113,200	18,600	7,900	19,800	67,000
2020	114,100	18,600	7,500	21,100	66,900
2021	115,100	18,800	7,000	20,500	68,700
2022	113,900	17,300	6,900	19,700	70,100
2023	117,400	17,600	7,000	19,900	72,900
2024	119,900	17,800	7,200	20,600	74,300
2025	120,500	17,400	6,700	20,900	75,500

Since 2012, the number of filled posts in day care services has more than halved (down 55%, or 8,000 filled posts) while filled posts in residential services fell by two fifths (40%). Filled posts in domiciliary and community care service groups also decreased between 2012 and 2025 but by a smaller proportion. In 2016, there were more filled posts in local authority domiciliary than residential services for the first time, this is a pattern that has continued to 2025.

Between 2024 and 2025, the change in the number of filled posts in each service group varied. Domiciliary services increased by 2% (350 posts) and community care services increased by 1% (1,100 posts). At the same time, the number of filled posts in residential services decreased by 2% (350 posts) and day services also decreased by 7% (500 posts).

Chart 3. Estimated proportion of filled posts by service group, 2012 and 2017 to 2025

Source: Skills for Care estimates



1.3 Number of filled posts by job role

Local authorities provided the number of filled posts split by a set list of 37 job roles. During the analysis we group these job roles into four job role group categories: ‘managers’, ‘regulated professions’, ‘direct care’ and ‘other’. For a full list of individual job roles attributed to each job role group, see the introduction of this report (Job roles within the ASC-WDS).

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. In 2023, three new job roles were added to the ASC-WDS: ‘deputy manager’, ‘learning and development lead’ and ‘team leader’. Around 85% of staff in these new job roles in 2023, were previously coded in the same job role group so this change won’t have had a large impact on any trend analysis by job role group.

In 2024, a further seven roles were added: ‘data analyst’, ‘data governance manager’, ‘IT and digital support’, ‘IT manager’, ‘IT service desk manager’, ‘software developer’ and ‘support worker’. Around 93% of staff in these new job roles in 2023, were previously coded in the same job role group so we don’t expect this change to have had a large impact on any trend analysis by job role group. However, this change should be considered when looking at the individual job roles such as care workers, where around 1,200 care workers were re-coded into the new support worker job role as at September 2024. In September 2025, this figure had risen to 2,000 support workers who were previously coded as care workers.

Also in 2024, two job roles were removed: 'technician' and 'care navigator'. Around 79% of care navigators were coded into the same job role group and therefore this will have had little impact on job role group trends. Technicians, however, were mostly re-coded into a different job role group; technicians were classed as 'direct care' in 2023, but most of them were re-coded into the 'other' job role group in 2024. As such, when interpreting job role group changes between 2023 and 2024, around 400 of the decrease in direct care roles and 400 of the increase in 'other' roles was due to this change.

Further detail about all of these changes can be found on our website, in our statement on '[job role changes in the local authority sector in 2024](#)'.

Table 7 shows the number of filled posts in local authorities, split by job role group. The change in the number of filled posts, between both 2012 and 2025 and between 2024 and 2025, has not been evenly distributed in terms of job role groups.

Table 7. Estimated number of filled posts by job role group, 2012 to 2025

Source: Skills for Care estimates

Year	All job roles	Managers	Regulated professions	Direct care	Other
2012	150,600	21,600	20,000	82,900	26,100
2013	140,700	20,200	20,100	74,800	25,500
2014	130,100	18,700	19,000	68,500	23,800
2015	120,100	18,000	19,200	60,700	22,200
2016	112,800	17,200	19,200	55,700	20,700
2017	109,200	17,100	19,400	52,600	20,100
2018	112,100	17,600	20,400	52,600	21,500
2019	113,200	17,300	21,100	52,500	22,400
2020	114,100	18,200	21,200	52,100	22,600
2021	115,100	18,100	21,300	52,400	23,300
2022	113,900	18,400	21,300	50,400	23,800
2023	117,400	18,800	22,600	50,700	25,300
2024	119,900	19,600	23,600	49,800	26,800
2025	120,500	19,500	24,600	49,000	27,500
Change 2012-25	-30,100	-2,200	4,600	-33,900	1,400
% change 2012-25	-20%	-10%	23%	-41%	5%
Change 2024-25	600	-150	1,000	-850	650
% change 2024-25	1%	-1%	4%	-2%	2%

Over the 2012 to 2025 period, two of the four job role groups have increased in absolute terms: regulated professions, which have seen an increase of 4,600 filled posts, and 'other' job roles which increased by 1,400 filled posts. This trend shows that even during the period of local authority outsourcing of adult social care (2012 to 2017), regulated professions job roles were

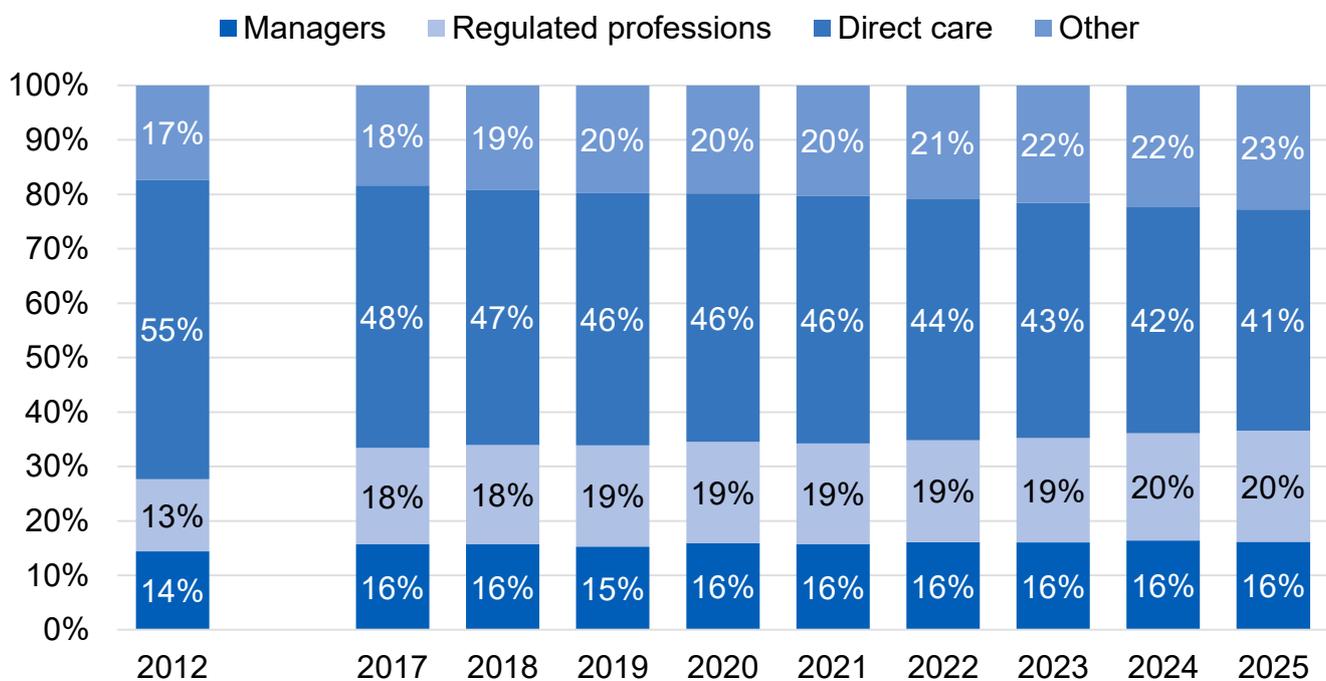
generally kept within the local authority employed workforce. In 2025, there were 24,600 regulated professions filled posts; the highest number recorded.

Around two in five of all filled posts in 2025 (49,000 or 41%), were in direct care providing roles, a decrease of 850 from 2024. Overall, filled posts in direct care providing roles have decreased by 33,900 (41%) between 2012 and 2025. The number of staff in managers filled posts has also fallen; between 2024 and 2025 the number of filled posts decreased by 150 (1%).

The adult social care workforce in local authorities has over time seen a gradual proportional shift away from direct care providing roles, as shown in Chart 4. Direct care accounted for 55% of the workforce in 2012, but only 41% in 2025. In contrast the other three job role groups have all increased in proportion over time. Regulated professions saw the largest change, increasing from 13% in 2012, to 20% of the local authority workforce in 2025.

Chart 4. Estimated proportion of filled posts by job role group, 2012 and 2017 to 2025

Source: Skills for Care estimates



Across the adult social care sector, social workers are predominantly employed in local authorities. In 2024/25 the local authority sector accounted for 90% of the social worker workforce overall. In addition, there were also 4,900 social worker filled posts employed in the NHS. For more information about adult social care related roles in the NHS, see the [‘Size and structure’ data visualisation](#).

As at September 2025, there were 24,600 regulated professions filled posts in the local authority sector. This was predominantly made up of social worker filled posts (20,100 filled posts, or 82% of the local authority regulated professions workforce). Occupational therapist filled posts accounted for 14% of the regulated professions workforce (3,500 filled posts).

Table 8. Estimated number of local authority filled posts as a proportion of the whole adult social care sector, 2025

Source: Skills for Care estimates

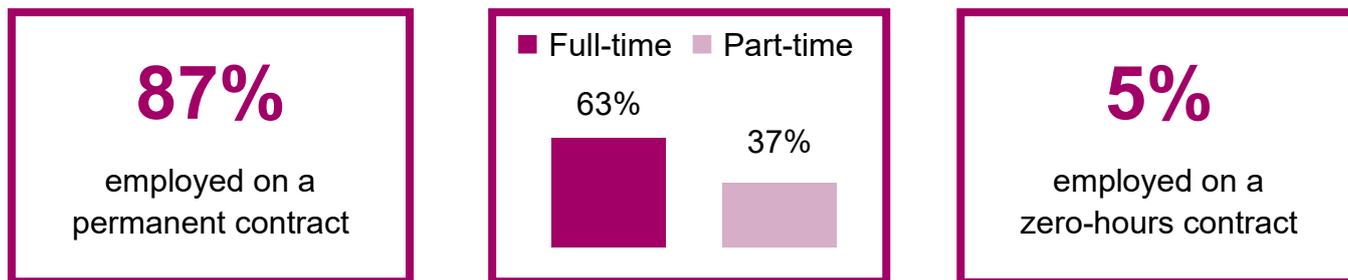
Job role	All sectors * (Mar-2025 and Sep-2025)	Local authority only (Sep-2025)	Proportion of all sectors
All job roles	1,600,000	120,500	8%
Managers	123,000	19,500	16%
Regulated professions	63,000	24,600	39%
Social worker	22,500	20,100	90%
Occupational therapist	4,000	3,500	89%
Direct care	1,210,000	49,000	4%
Other	202,000	27,500	14%

* 'All sectors' data here refers to the independent sector and posts working for direct payment recipients as at March 2025, local authority information is as at September 2025. As such the figures shown are weighted workforce estimates.

2. Employment overview



This section covers employment status and zero-hours contract information for the local authority adult social care workforce. Understanding employment information is useful because it provides insight into the employment practices used in the adult social care sector.



Key findings

- The majority (87%) of the workforce in 2025 were employed on permanent contracts (104,700 filled posts).
- 11% of the regulated professions workforce were indirectly employed (agency, bank/pool or other contracts). Nearly one in ten (9%) of both social worker and occupational therapist filled posts were filled by agency workers.
- Nearly two-thirds (63%) of the adult social care workforce in local authorities worked full-time hours (75,800 filled posts) and 37% worked part-time (44,700 filled posts).
- 5% of workers were employed on a zero-hours contract in 2025 (6,500 filled posts), the same as recorded in 2024. This varied between job roles, 12% of care workers were employed on a zero-hours contract in 2025.

2.1 Employment status

The majority (92%) of the 120,500 filled posts in 2025 were permanent and temporary roles (directly employed by the local authority). Most posts (87%) were filled by workers on permanent contracts (104,700 filled posts), with a further 5% of filled posts filled by those working on a temporary basis (5,700 filled posts). The remaining 8% (10,100 filled posts) were filled by workers indirectly employed by local authorities (defined as agency, bank or pool, or 'other' contract types). Chart 5 below shows that the proportion of staff employed on different contract types has remained at similar levels over time.

It should be noted that these figures refer to a snapshot in time. Therefore, these estimates should be interpreted as an indication of the average number of the above types of worker being utilised at any one time. The total number of workers used throughout the year that are indirectly employed will be higher.

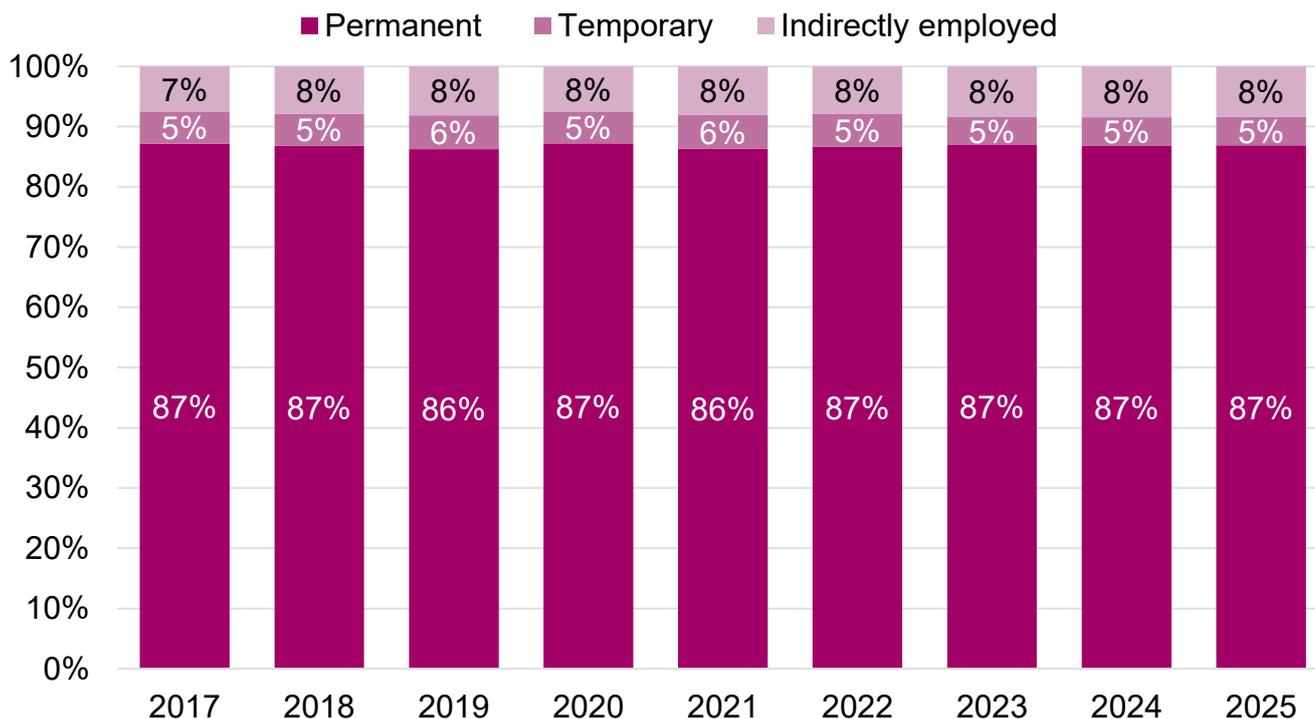
The employment status of the workforce has remained relatively stable between 2017 and 2025, as shown in Chart 5. While the employment status proportions of the workforce has remained the same, between 2024 and 2025 there was an increase of 600 filled posts in local

authorities. This was predominantly driven by an increase in workers employed on permanent contracts (up 650 filled posts, or 1%).

Between 2024 and 2025, the proportion of indirectly employed staff remained at 8%. However, in 2025, a higher proportion of indirectly employed workers were agency workers (up 2%, or 125 filled posts) and the proportion of workers employed on bank or pool contracts had fallen (down 4%, or 200 filled posts) compared to the previous year.

Chart 5. Estimated proportion of filled posts by employment status, 2017 to 2025

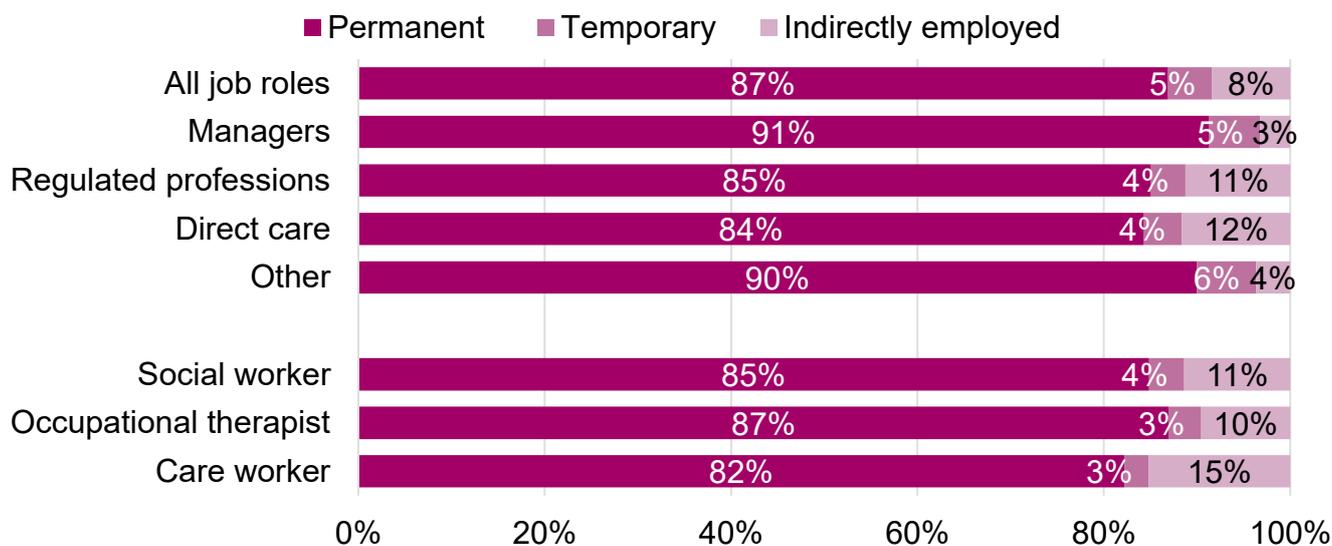
Source: Skills for Care estimates



In terms of job role groups, employment status type varied slightly, as seen in Chart 6 below. Notably, a higher proportion of permanent workers were seen in managers roles (91%), which is unchanged from 2023. Key selected job roles within the local authority workforce are shown in the chart below (social workers, occupational therapists and care workers).

Chart 6. Estimated proportion of filled posts by employment status by job role group and selected job roles, 2025

Source: Skills for Care estimates



2.2 Working time

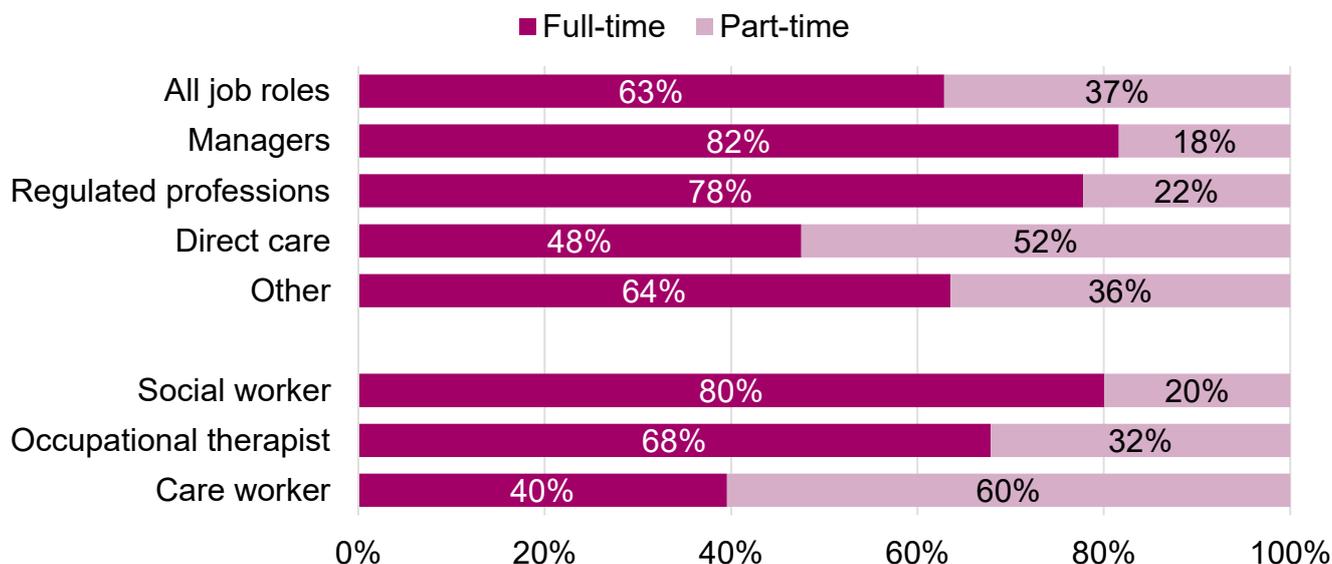
Nearly two in three of the workforce in local authorities (63%) worked full-time hours (32 or more hours per week) in 2025. This equated to 75,800 filled posts, a 2% increase from 2024 (up 1,200 filled posts). The remaining 37% of posts in 2025 were filled by staff working part-time (0.5 to 31.5 hours per week), accounting for 44,700 filled posts.

Between September 2022 and September 2025, the proportion of adult social care staff working full-time hours increased from 60% to 63%. This increase was also seen more broadly across adult social care: in the independent sector the proportion of the workforce working full-time increased from 56% in March 2023, to 60% in March 2025. International recruitment has contributed to this increase in full-time workers in the independent sector due to the requirements of the Health and Care Worker visa. For more information, see the chapter on international recruitment in [‘The state of the adult social care sector and workforce in England’](#) report.

The proportion of adult social care staff working either full-time or part-time hours in local authorities in 2025 varied across different job roles. Chart 7 below shows that in 2025, managers had the highest proportion of workers working full-time hours (82%) while staff in direct care roles had the highest proportion of part-time hours (52%). Care workers in particular are notable with a lower proportion of full-time filled posts (40%), which is likely due to the typical shift patterns of this role.

Chart 7. Estimated proportion of filled posts working full-time or part-time hours by job role group and selected job roles, 2025

Source: Skills for Care estimates



2.3 Zero-hours contracts

A zero-hours contract is a contract type where the employer is not obliged to provide any minimum working hours. For some workers, a zero-hours contract can lead to challenges around financial planning and feelings of job insecurity. For others, the flexibility can appeal.

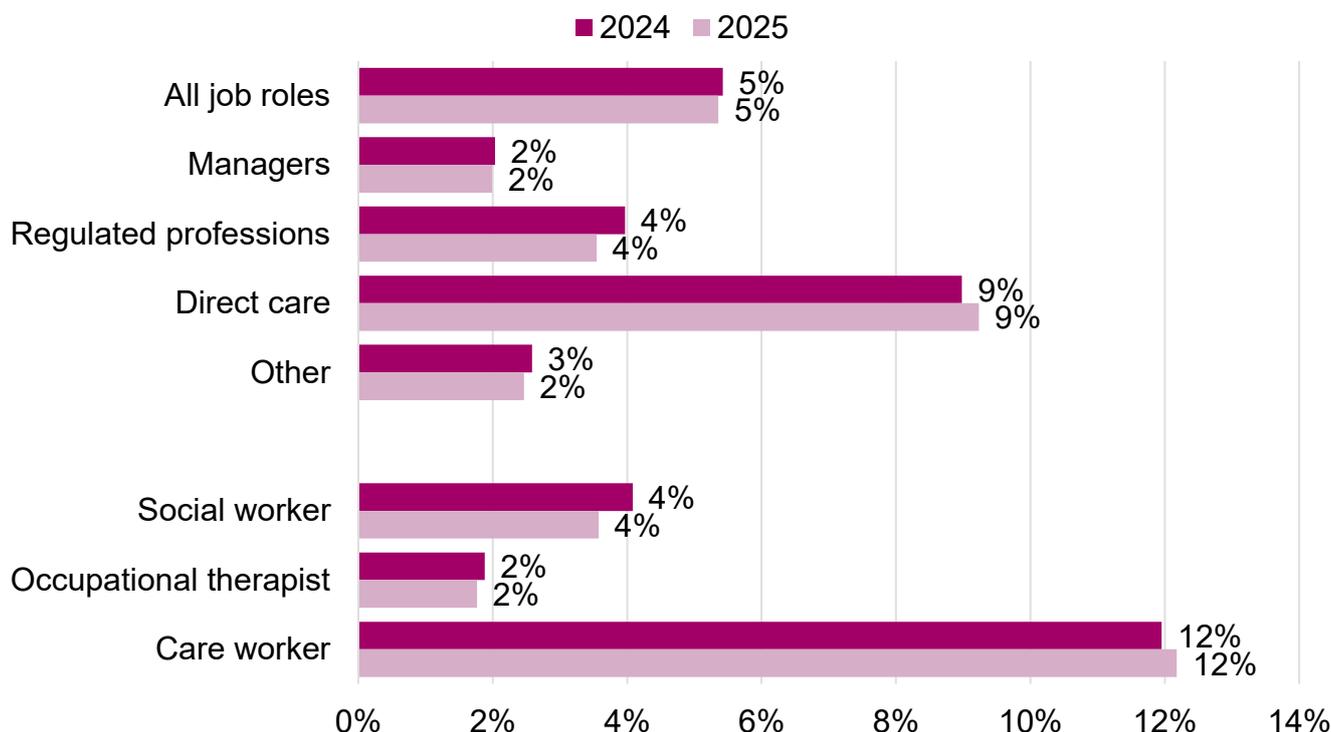
In 2025, across all job roles there were 6,500 filled posts in local authorities were employed on a zero-hours contract (5%). This is the same proportion as recorded in 2023 and 2024.

Among the four job role groups, workers in direct care roles had the highest proportion of workers employed on a zero-hours contract at 9%. This was a slight increase from the previous year (up 0.3 percentage points), as shown in Chart 8 below.

A smaller proportion of staff in regulated professions were employed on a zero-hours contract (4%), and an even smaller proportion amongst managers and other job roles (both 2%). The proportion of workers in regulated professions employed on a zero-hours contract has decreased since 2024 (down 0.4 percentage points), while the proportion of managers employed on a zero-hours contract remained the same.

Chart 8. Estimated proportion of filled posts employed on a zero-hours contract by job role group and selected job roles, 2024 and 2025

Source: Skills for Care estimates



Between 2021 and 2024, the number of social worker filled posts employed on a zero-hours contract increased year-on-year from 475 to 800 filled posts. In 2025, the number of social worker filled posts employed in this way decreased by 9% to 700 filled posts, indicating that local authorities are employing more social workers with contracted hours. For more information about the social worker job role within the local authority workforce, see our [‘Headline social worker information’](#) report which looks at the same data as this report.

The use of zero-hours contracts within local authorities is considerably lower than within the independent sector where 22% of all job roles were zero-hours contracts in 2024/25. [The state of adult social care sector and workforce in England](#) report also found that in 2024/25, workers on zero-hours contracts were more likely to be employed in domiciliary care services. Across all sectors of adult social care, 35% of all workers in domiciliary care services were employed on zero-hours contracts at that time. However, as at September 2025, only 8% of local authority sector staff in domiciliary care services were employed on a zero-hours contract.

2.4 Enhanced employment conditions for care workers

It’s widely accepted by employers that good employment terms and conditions, alongside other employee benefits, play a key role in attracting and retaining staff. Each year Skills for Care analyses factors affecting turnover of care workers as part of [The state of the adult social care sector and workforce in England report](#) (Section 9).

The following section of this report will look at the care worker job role only, with a focus on enhanced care worker conditions including workplace pension contributions and sick pay.

The analysis shown in the following sections shows only responses from those local authorities that have completed this question as part of their data return. These questions do not form part of the mandatory criteria and the analyses shown here do not come from our weighted workforce estimates; results therefore may not represent all local authorities.

It should also be noted that responses to the questions analysed in the following sub-sections have been grouped. A local authority will typically have multiple care-providing establishments across their geographical area. Questions around workplace pension contributions and sick pay are asked of each establishment, each of which may respond differently. Therefore, responses shown here have been grouped to reflect the overall employment practices of local authorities.

2.4.1 Enhanced care worker workplace pension contributions

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

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

Local authorities were asked if their care-providing establishments contributed more than the minimum 3% to their care workers' workplace pensions. Table 9 shows results from the 87 local authorities that responded to this question.

Table 9. Number of local authorities that contribute more than 3% into care worker workplace pensions, September 2025

Source: ASC-WDS unweighted data

	Responding local authorities	
Base	87	
Yes – contribute more	75	86%
No – do not contribute more	2	2%
Don't know	11	13%

For comparison, [workers in the NHS were entitled to varying levels of pension contribution](#), depending on their annual salary. From 1 April 2025, the lowest earners in the NHS (that is staff earning up to £13,259 a year) receive a 5.2% contribution to their pension. Therefore, all NHS workers were entitled to more than a 3% contribution to their pension.

2.4.2 Enhanced care worker sick pay

Statutory Sick Pay is the minimum amount of sick pay that an employer is legally required to pay their staff if they are unable to work due to illness. A worker will receive £118.75 per week for up to 28 weeks. A worker cannot receive less than the statutory amount, providing they are eligible, but may receive more depending on their employment contract or if their employer has an additional sick pay scheme. For more information, see the [UK Government website](#).

In September 2025, local authorities were asked if their care-providing establishments pay more than the minimum Statutory Sick Pay to their care workers. The responses from responding local authorities are shown in the table below.

Table 10. Number of local authorities that pay care workers more than Statutory Sick Pay, September 2025

Source: ASC-WDS unweighted data

	Responding local authorities	
Base	87	
Yes – pay more than Statutory Sick Pay	76	87%
No – do not pay more than Statutory Sick Pay	3	3%
Don't know	8	9%

Analysis from [The state of the adult social care sector and workforce in England](#) report for 2024/25 showed that between 01 April 2024 and 31 March 2025, a quarter (26%) of responding independent sector employers paid their care workers more than Statutory Sick Pay. Similarly to this report, those results were not taken from weighted workforce estimates and therefore do not represent all independent sector employers, but they give an indication of employment practices across the wider adult social care.

3. Recruitment and retention



This section covers information about starters, leavers, vacant posts, experience in role and average sickness for staff in local authorities.



Key findings

- The starter rate for across all job roles in 2025 was 13.2%, down from 15.4% in 2024. Of those new starters from October 2024 to September 2025, workers in regulated professions roles had the highest starter rate (15.3%).
- The turnover rate was 11.5% as at September 2025, this equates to around 12,700 leavers over the previous 12 months.
- Between 2024 and 2025, the turnover rate of adult social care staff in local authorities fell from 12.5% to 11.5%, indicating increased retention within the workforce.
- The vacancy rate has consistently decreased from 8.1% as at September 2022, to 5.6% at September 2025. This is a decrease of around 2,700 vacant posts over the period.
- The average number of sickness days lost was 10.5 per employee; this is equivalent to approximately 1.16 million days lost due to sickness in the previous 12 months.

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

3.1 Starter and turnover rates

Between September 2024 and September 2025, there were 14,500 starters in adult social care roles in local authorities, equivalent to a starter rate of 13.2%. This includes those workers that were new to their role in the previous 12 months and all new roles within adult social care services department teams. The number of starters has decreased by 2,400 since 2024.

Chart 9 (below) shows the turnover rate in 2025 was 11.5% (12,700 leavers); this includes leavers from adult social care teams or services in local authorities which were in operation as at September 2025. Local authorities also reported that there were an additional 1,200 leavers which were employed by teams or services that closed between September 2024 and September 2025.

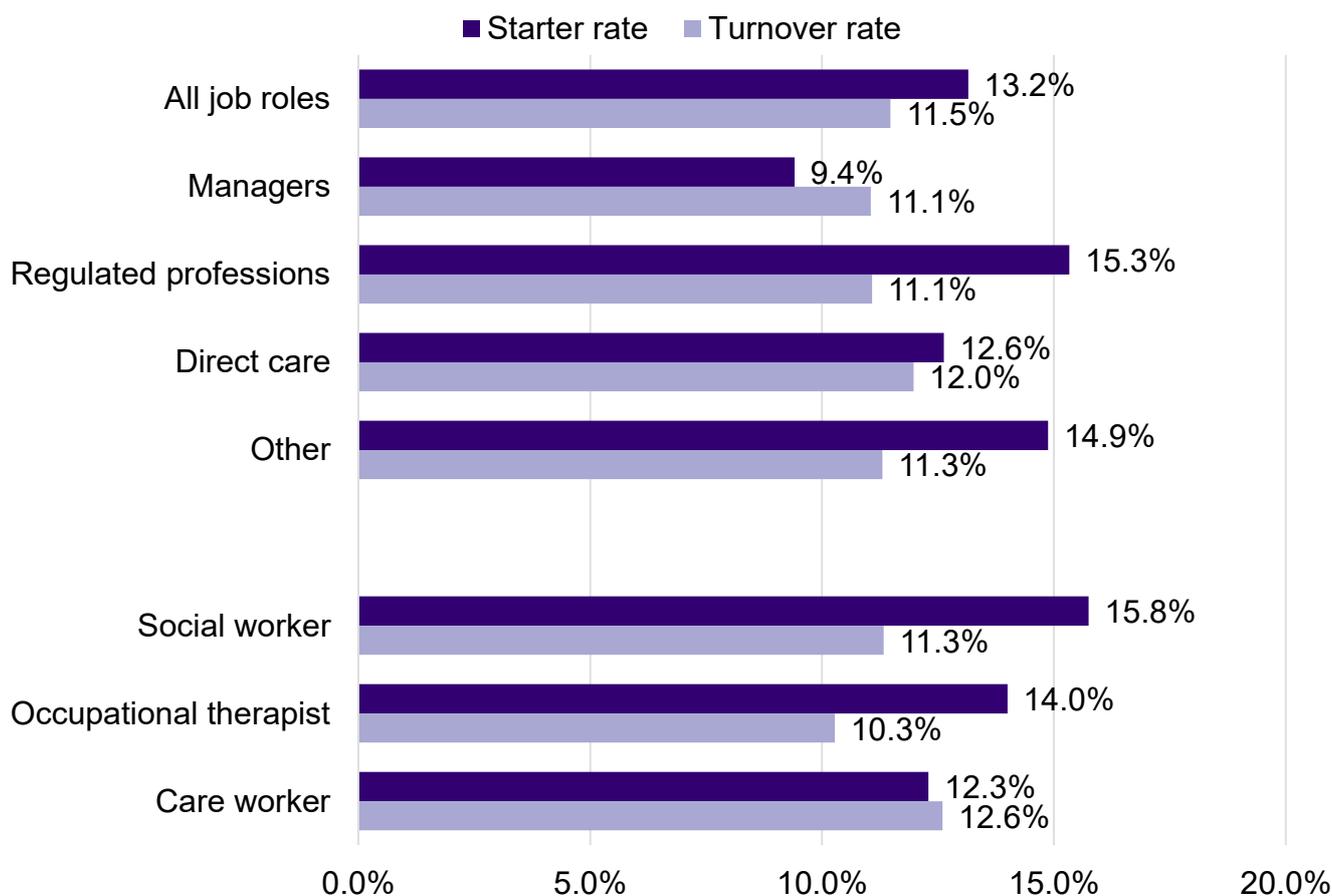
The number of starters also decreased between 2024 and 2025, but this was still higher than the number of leavers (14,500 starters compared to 12,700 leavers, and 1,200 leavers from closed down teams or services). This overall lead to the number of filled posts increasing by 600 between September 2024 and September 2025.

In 2025, workers in direct care roles had the highest turnover rate (12.0%), but the starter rate was lower at 12.6%. Starter rates were highest amongst regulated professions at 15.3%, and the turnover rate for this job role group was lower at 11.1%. Overall this indicates that there are good levels of retention in local authorities, with little variation between job role groups.

Starter rates were higher than turnover rates for all job role groups except for managers, where the turnover rate (11.1%) was 1.7 percentage points higher than the starter rate (9.4%). Of the selected job roles analysed, occupational therapists had the lowest turnover rate at 10.3% (325 leavers). Social workers had the highest starter rate as at September 2025 (15.8% or 2,800 starters), while care workers had the lowest starter rate (12.3% or 2,700 starters). However, care workers had a similar turnover rate at 12.6% (2,800 leavers).

Chart 9. Estimated starter and turnover rates by job role group and selected job roles, 2025

Source: Skills for Care estimates

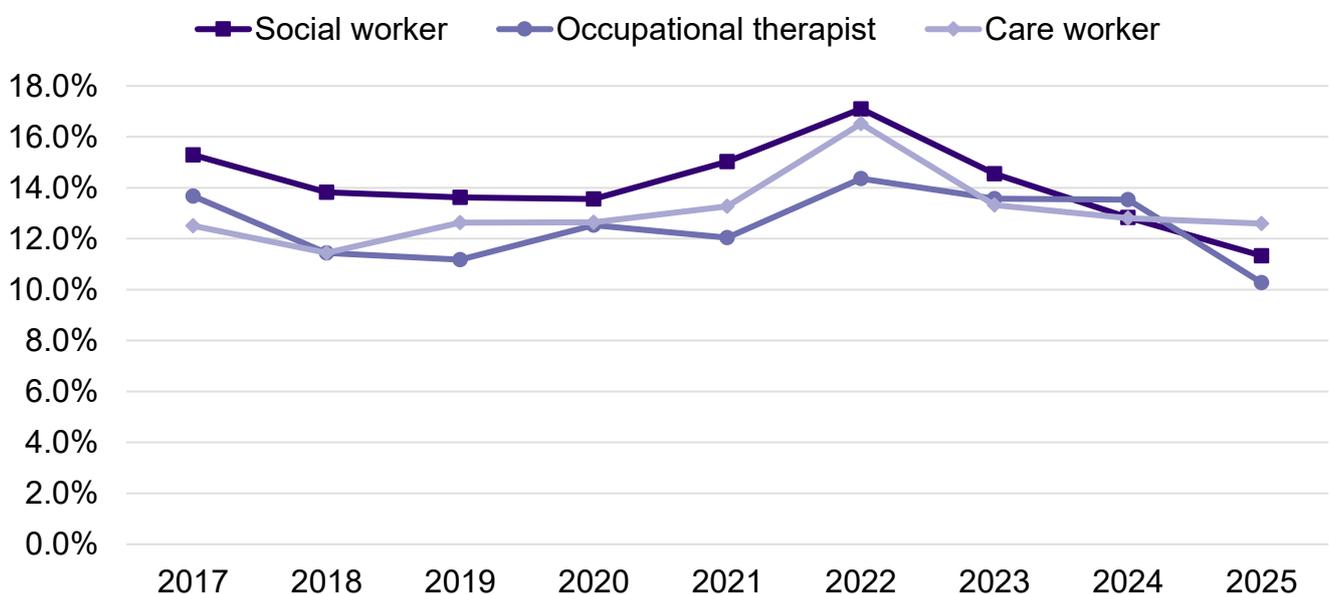


In 2025, turnover rates were lower across all job roles analysed in this report, compared to those previously seen in 2024, as shown in Chart 10. This indicates fewer people are leaving their roles and therefore there are higher levels of retention, which has contributed to the increase in filled posts over the period.

The turnover rates for all three job roles analysed below peaked in 2022 and have since been decreasing year-on-year. Social worker and occupational therapist turnover rates as at September 2025 had fallen to their lowest point over the reported period. The turnover rate for care workers in 2025 (12.6%) has returned to the same level as seen in 2019 and 2020 but is still 1.2 percentage points above the lowest turnover rate of the period (11.4%, recorded in 2018).

Chart 10. Estimated turnover rates by selected job roles, 2017 to 2025

Source: Skills for Care estimates



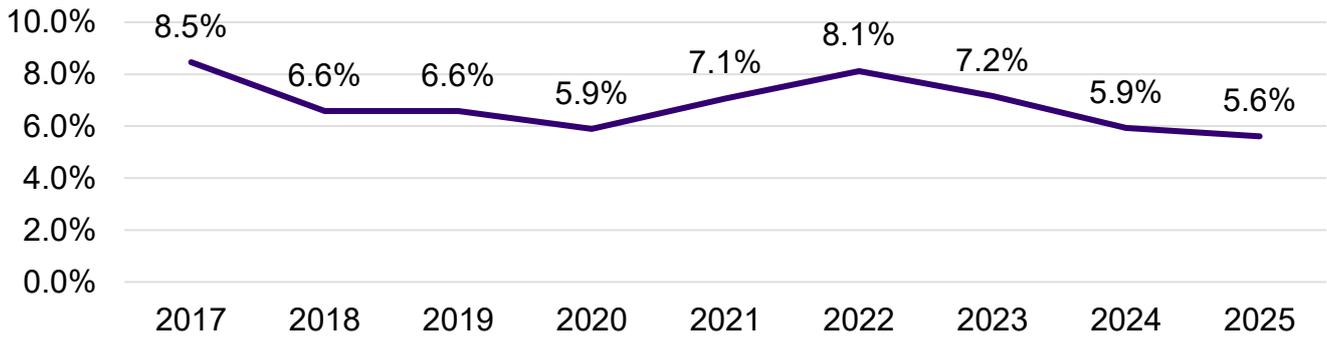
In general, the turnover rates for staff in local authorities are much lower than rates in the independent social care sector. As at March 2025, the turnover rate for all job roles in the independent sector was 24.7%, 13.2 percentage points higher than the local authority sector at September 2025. Further analysis of this can be found in the latest [‘The state of the adult social care sector and workforce in England’](#) report.

3.2 Vacancy rates

There were 6,600 adult social care vacant posts in local authorities as at September 2025, a decrease of 350 from September 2024. This equates to a vacancy rate of 5.6% in September 2025, a slight decrease from 5.9% in September 2024 and 7.2% in 2023 as shown in the chart below.

Chart 11. Estimated local authority sector vacancy rate, 2017 to 2025

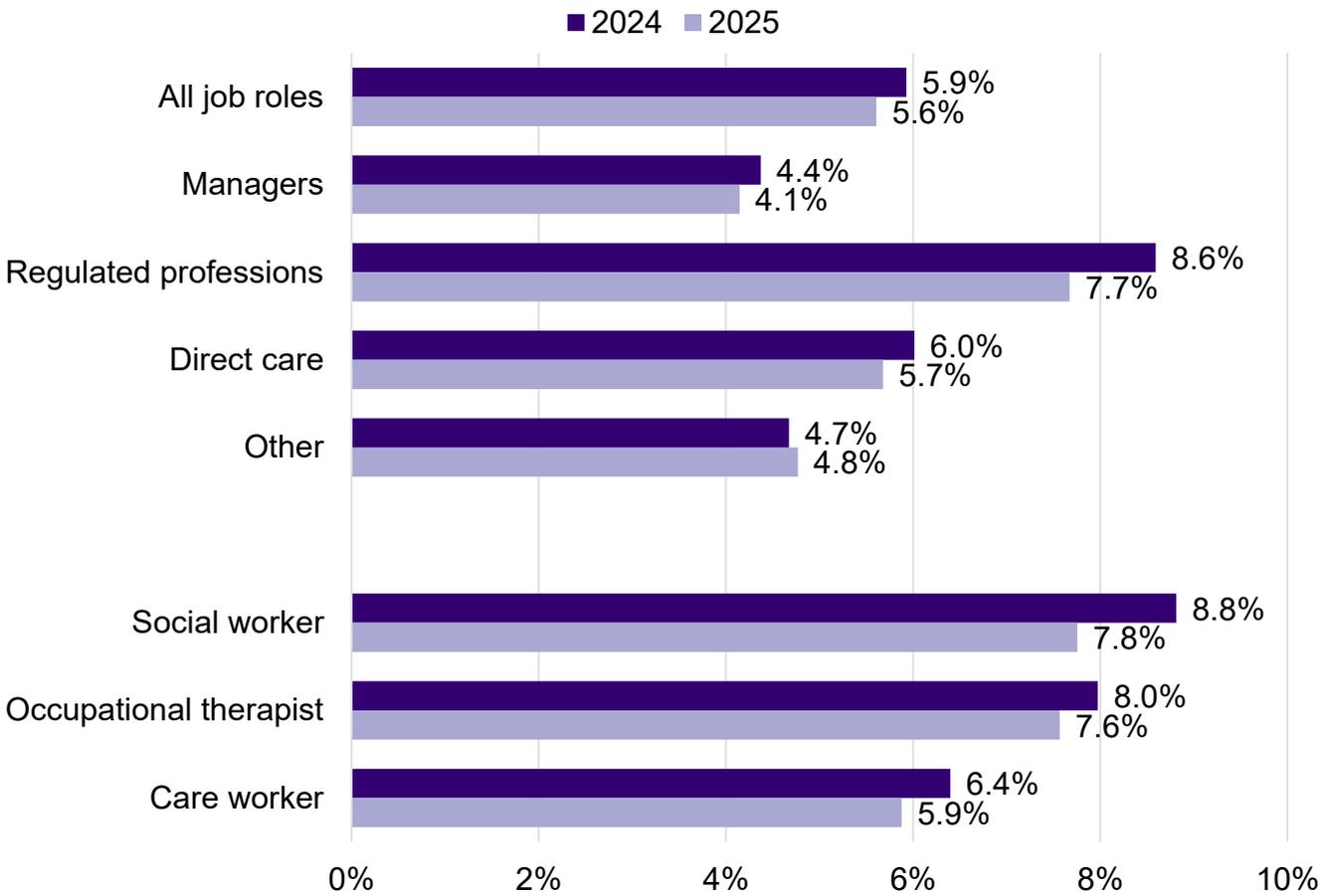
Source: Skills for Care estimates



As at September 2025, all job role groups saw a decrease in vacancy rates. Chart 12 shows that regulated professions saw the biggest decrease from 8.6% to 7.7% between 2024 and 2025 (or 150 vacant posts). However, this group still had the highest vacancy rate in 2025. Managers had the lowest vacancy rate (4.1%) which remained at a similar level to the previous year (4.4%), suggesting an adequate or good supply of people taking these roles.

Chart 12. Estimated vacancy rates by job role group and selected job roles, 2024 to 2025

Source: Skills for Care estimates



As at September 2025, care workers accounted for one in five (22%) filled posts of the adult social care workforce in local authorities. The vacancy rate for care workers in September 2022 was 9.2%, the highest ever recorded for this job role. However, in September 2023 the vacancy rate had fallen to 7.2% and has continued decreasing year-on-year to 5.9% in September 2025. For further details of care worker vacancy trends, please see Table T6.2 (Number of vacant posts by local area and year) of the accompanying [reference tables](#).

Vacancy rates across the whole adult social care sector have been decreasing since 2022; the independent sector in particular continues to see falling vacancy rates from 10.5% in 2022, to 6.9% in 2025. This was the lowest vacancy rate recorded in the independent sector since 2021. For more information about vacancy rates across the adult social care sector, visit our [website](#).

The decrease in vacancy rates among care workers in the independent sector may be in part be due to international recruitment, after the care worker job role was added to the Shortage Occupation List in February 2022. For more information on how international recruitment has impacted the local authority sector, see the A note [on international recruitment](#) section of this report. Alternatively, a full analysis of the impact of international recruitment in the independent sector in 2024/25 can be found on the [Workforce Intelligence website](#).

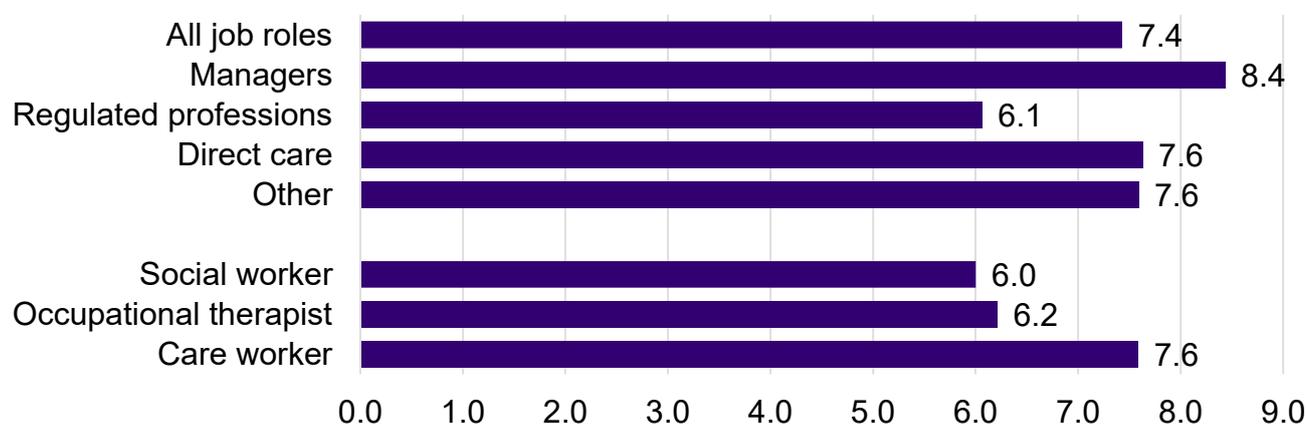
3.3 Experience in role

A further indication of good retention rates is the average experience of a worker in their role, which is the length of time they have been employed in a specific post. The more experience a worker has, then the more skills and knowledge are retained by the employer. In 2025, the average experience of a worker in their current role was 7.4 years.

Experience in role varied between job role groups, with managers having the highest levels of experience in role (8.4 years) while staff in regulated professions roles had the lowest levels of experience in role with 6.1 years.

Chart 13. Estimated average years of experience in role by job role group and selected job roles, 2025

Source: Skills for Care estimates



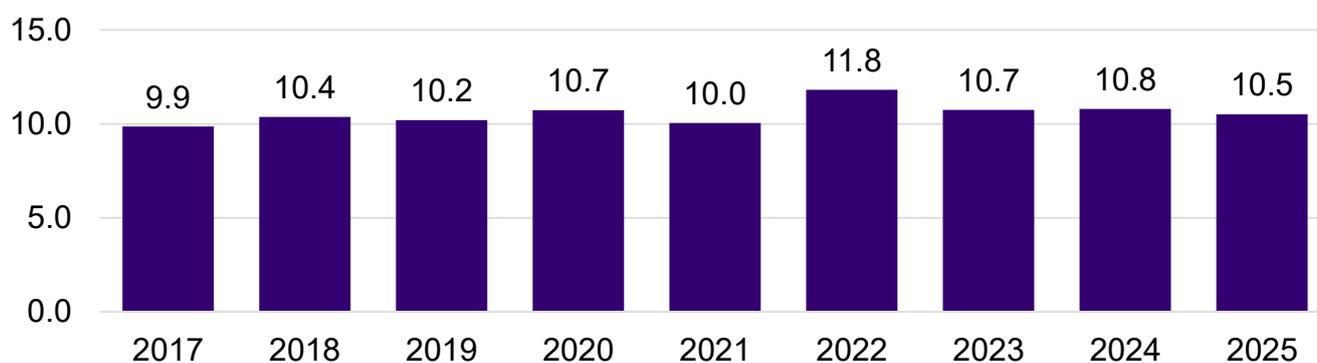
3.4 Average sickness days

The average (mean) number of sickness days for the 110,400 directly employed (permanent and temporary contracted workers only) adult social care staff in local authorities across all job roles was 10.5 days as at September 2025. This is a decrease of 0.3 days from 2024, and still lower than the peak average sickness in as at September 2022 (11.8 days) as shown in Chart 14.

At 10.5 days the average (mean) number of sickness days for workers in local authorities in September 2025 was relatively high, compared to the independent sector (4.2 days mean average number of sickness days in March 2025). This may reflect differing working terms and conditions between the two sectors. The 10.5 mean average days of sickness in local authorities in 2025 equates to just under 1.16 million estimated days lost to sickness in the year.

Chart 14. Estimated mean number of sickness days, 2017 to 2025

Source: Skills for Care estimates



In 2025, workers in direct care job roles had the highest number of sickness days with an average of 12.9 days. Managers had fewer sickness days on average, at 8.0 days.

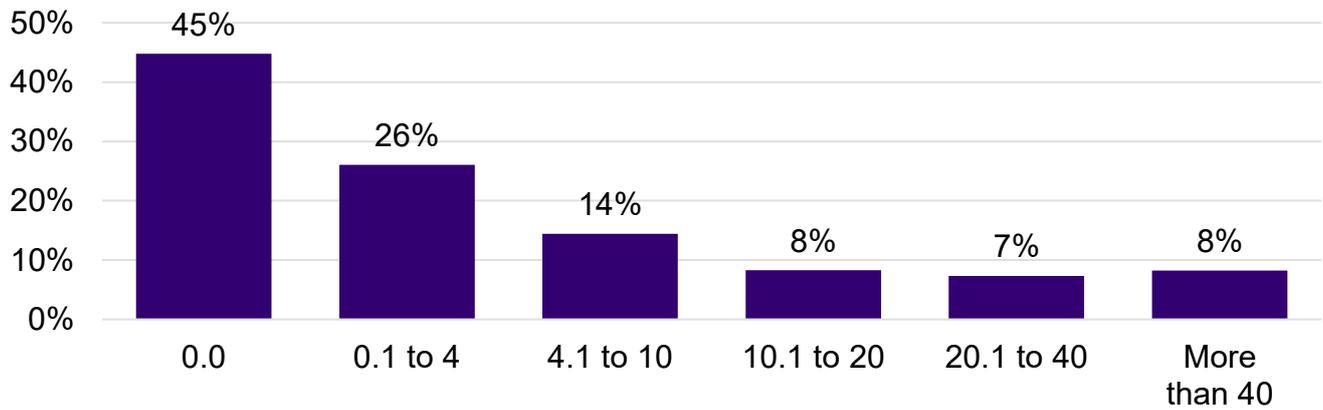
In addition to collecting information on average sickness, local authorities were asked if they pay care workers more than Statutory Sick Pay if they cannot work because of illness. This is not part of the mandatory criteria, but data from the ASC-WDS showed that as at September 2025, of the 87 local authorities that responded, 76 (87%) said that they do pay care workers more than Statutory Sick Pay. For more information, see Section 2.4.2 – Enhanced care worker sick pay.

The latest available data from the [Labour Force Survey](#) relating to sickness absence in the UK labour market shows that across the wider economy of England in 2023 and 2024, there was an average of 4.4 sickness days per worker. This suggests that adult social care workers in local authorities took on average 6.1 more days sickness compared to other sectors.

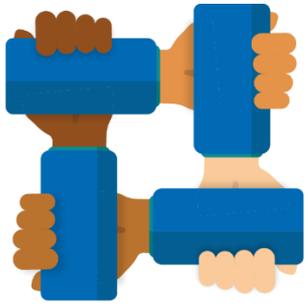
It is important to note, as shown in Chart 15, that nearly half of workers in local authorities (45%) had no sickness days in 2025. Furthermore, 71% had four or fewer sickness days in the previous 12 months, an increase from 64% in 2024. Less than one in ten (8%) of workers in 2025 had over 40 sickness days, and particularly high numbers of sickness days can have an impact on the overall mean.

Chart 15. Estimated distribution of sickness days, 2025

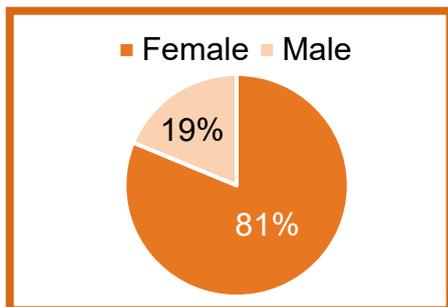
Source: Skills for Care estimates



4. Demographics



This section contains detailed demographics information about local authority staff in 2025 including gender, age and ethnicity.



12%
of posts were filled by people of Black, African, Caribbean or Black British ethnicities

47.7
average age of a worker

Key Findings

- The proportion of male workers in local authorities increased from 18% in 2023, to 19% in 2024 and has remained at this level in 2025. The 'other' job role group had the largest proportion of male workers (24%).
- Workers of White ethnicities made up 78% of the adult social care workforce in local authorities, compared to 80% of the economically active population of England (according to the [Labour Force Survey](#)). Workers of Asian or Asian British ethnicities made up 7% of the workforce and 10% of the economically active population. Workers of Black, African, Caribbean or Black British ethnicities made up 12% of the workforce, compared to 6% of the economically active population.
- The average age of staff in local authorities as at September 2025 was 47.7 years. This was 4.5 years older than the average adult social care worker in the independent sector as at March 2025 (43.2 years).

4.1 Diversity in the adult social care workforce in local authorities

Local authorities are asked to provide demographic information about their workforce in relation to gender, age and ethnicity, as part of their annual data return to the ASC-WDS. These three variables are analysed within this section of the report. Local authorities may also provide additional demographic data as part of their return that are questions in the ASC-WDS, such as nationality and disability information. No data is collected in the ASC-WDS about other protected characteristics, such as sexual orientation or religious beliefs.

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

marital status. It also highlighted a higher proportion of staff reporting a gender other than 'male' or 'female'. You can read the full results from this survey on the Department of Health and Social Care's [website](#).

Skills for Care is committed to promoting equality and opportunity across the adult social care workforce. In 2021, the Department of Health and Social Care (DHSC), with the Department for Education (DfE) as partners, set up a project team in the Office of the Chief Social Worker to respond to the scoping review to develop a Workforce Race Equality Standard for social care. Initial testing of the [Social Care Workforce Race Equality Standard \(SC-WRES\)](#) took place in 2021/22 in partnership with 18 local authorities. Under Skills for Care's leadership the programme expanded to 23 local authorities in 2023/24, and again to 76 local authorities taking part in 2025/26. For more information, see Section 4.4.1 of this report.

4.2 Gender

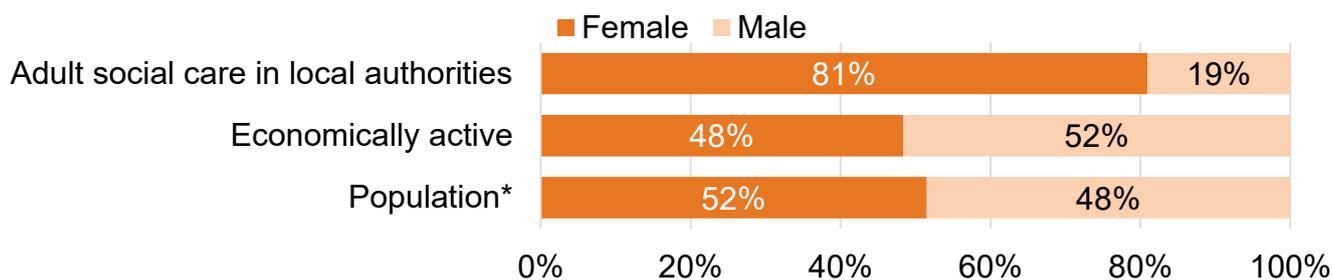
In 2020 the gender question was changed in the ASC-WDS from 'gender' to 'gender identity' and the option of 'other' was added alongside 'male', 'female' and 'I don't know'. In 2025, around 25 filled posts (0.02%) in local authorities were recorded as having 'other' gender identity.

It is important to note that our data is reported by employers (local authorities), not the workers themselves. This may result in an underestimation of people with a gender identity other than male or female recorded. The following detailed analysis includes 'male' and 'female' gender identities only. The 'other' gender identity responses are not included in the detailed analysis because the national base is very low. 'Not known' responses are removed prior to the weighting process, as with our other variables. You can read more about our methodology for creating our weighted workforce estimates on our [methodology webpage](#).

As at September 2025, of the 120,500 filled posts in local authorities 81% of workers identified as female and 19% as male. Chart 16 below shows this gender breakdown compared to the population in England aged over 15 (according to the [Census 2021](#)), the economically active population (according to the [Labour Force Survey](#)) and the adult social care workforce in local authorities in England. Females and males each made up around half of the population and around half of the economically active population, showing that the gender breakdown in adult social care workforce in local authorities is much more skewed towards females.

Chart 16. Estimated gender of the adult social care workforce in local authorities, the population, and the economically active population, 2025

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



* Population includes those aged 15 and above (people of working age only) to allow for better comparison

These were the same proportions as recorded in 2024, which was the first year since 2015 that 19% of the workforce were male workers. This increase in male workers has also been seen in the independent sector, where 22% of the workforce were male as at March 2025 up from 18% in March 2022.

International recruitment could be a cause for the increase in the proportion of male workers in local authorities. However, the variables we use to identify international recruits are not all part of the mandatory criteria of the annual data collection (for example, this does not include nationality and year of entry to the UK). From the voluntary responses we do have from local authorities, 24% of non-British workers were male. For more information, see the [A note on international recruitment](#) section of the introduction of this report.

In the independent sector, the increase in male staff across adult social care has largely been driven by international recruitment of workers into direct care roles in the UK. Between 1 April 2024 and 31 March 2025, 29% of care workers recruited internationally via the Health and Care Worker visa were male and 34% of care workers recruited internationally via other routes were male. In comparison, only 13% of the independent sector care workers recruited domestically over the period were male. For more information, visit our [website](#).

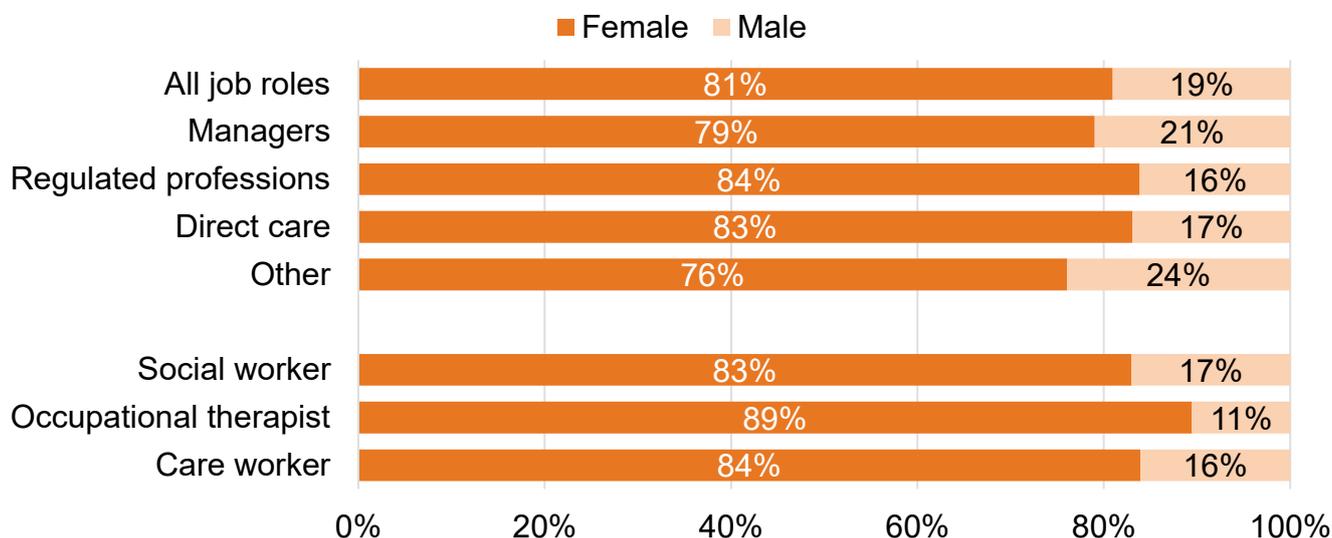
Chart 17 below shows that the proportion of female workers was highest in the regulated professions and direct care job role groups (84% and 83% respectively). The majority of occupational therapists were female workers (89%) but there was a lower proportion of females in social worker roles (83%). The 'other' job role group had the highest proportion of male workers (24%), followed by managers at 21%.

The proportion of male and female workers in all the job roles analysed here saw minimal change between 2024 and 2025. Of the four job role groups, only direct care saw a 1 percentage point increase in the proportion of posts filled by males. Among the three job roles analysed here, the care worker role saw a 1 percentage point increase in male filled posts over the period, but the proportion of male social worker and occupational therapist filled posts

remained the same. As discussed above, the increase in male care workers is likely linked to an increase in international recruitment of care workers over the period.

Chart 17. Estimated proportion of filled posts by gender (where known) by job role group and selected job roles, 2025

Source: Skills for Care estimates



4.3 Age

The mean age of workers in the local authority sector in 2025 was 47.7 years. The average age was 0.1 years higher than in 2024, and it has been at a similar level since 2014, when the average age first increased to over 47 years (from 46.9 years to 47.2 years).

Local authority sector workers are older, on average, than workers in the independent sector. In March 2025, the average age for independent sector workers was 43.2 years, 4.5 years younger than the average for local authority workers in September 2025. The average age of workers in the independent sector decreased between 2024 and 2025, from 43.3 years to 43.2 years, which can be attributed to a large increase in international recruitment within the independent sector, with those workers coming from overseas typically being younger than workers who were recruited domestically.

The average age of workers in adult social care in local authority filled posts in 2025 varied slightly by job role group. Chart 18 below shows workers in direct care roles had the highest average age of 48.8 years, predominantly seen in care worker roles where the average age was 49.2 years. Managers also had a higher average age of 48.7 years. Staff in regulated professions had the lowest average age of 45.4 years.

Chart 18. Estimated average age of workers by job role group and selected job roles, 2025

Source: Skills for Care estimates

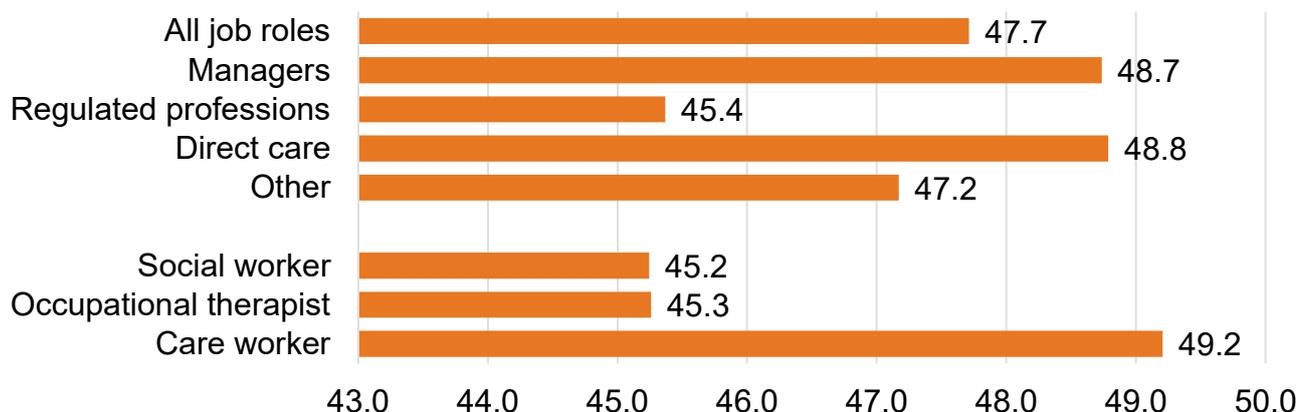
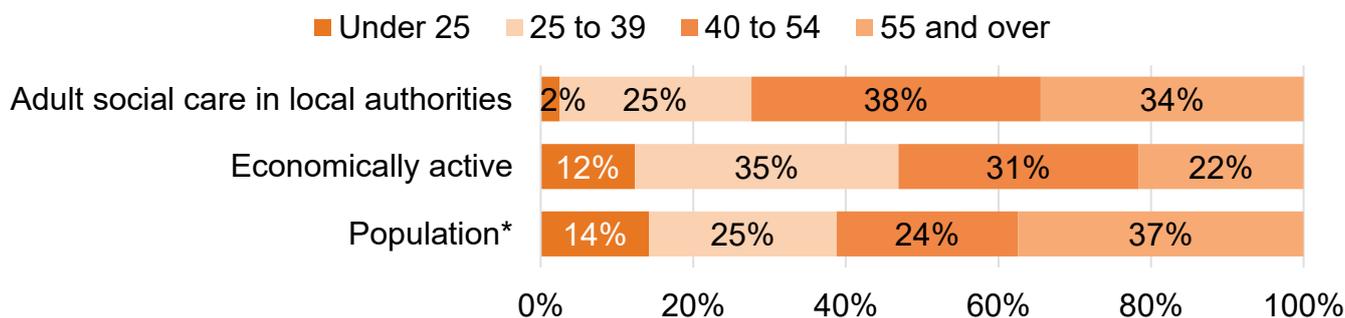


Chart 19 shows the age distribution of workers in local authorities at September 2025 compared to the population in England aged over 15 and the economically active population. Very few filled posts in local authorities (2%) were filled by workers aged under 25, while a quarter (25%) of posts were filled by workers aged 25 to 39. Nearly three-quarters of the workforce were aged 40 or over (72%) and a third of workforce were aged 55 and over (34%). From a workforce planning point of view, workers aged 50 and over could retire within the next ten to fifteen years.

In comparison, the economically active population has a larger proportion of younger workers. According to the Labour Force Survey, 12% of workers were aged under 25 and a further 35% were aged 25 to 39. This indicates that local authorities are not employing younger workers into their workforces at a similar rate to other sectors in England.

Chart 19. Estimated age distribution of the adult social care workforce in local authorities, the population, and the economically active population

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



* Population includes those aged 15 and above (people of working age only) to allow for better comparison

4.4 Ethnicity

The ASC-WDS holds information on workers ethnicity, collected as part of the annual local authority data submission. There are 18 ethnicity options available to choose from, which are then grouped into five categories. These five category groups are use the same groupings as the ONS in their [Ethnic group classification 6a](#) to analyse Census 2021 data, however the titles of these groups has 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, we will analyse both the groups and the individual ethnicities to better describe the full ethnic diversity of the workforce.

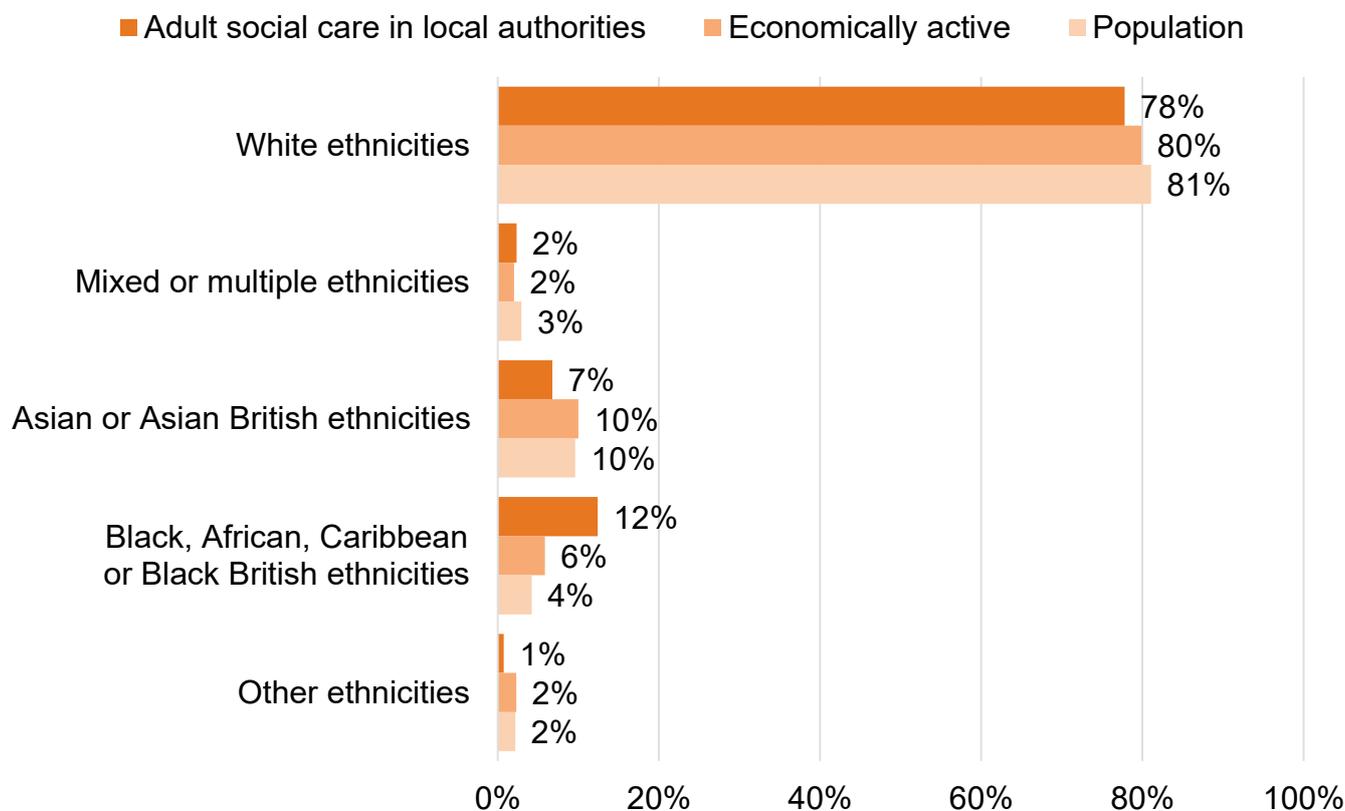
In September 2025, over three-quarters of local authority posts were filled by people of White ethnicities (78%), while 12% were people of Black, African, Caribbean or Black British ethnicities and 7% were people of Asian or Asian British ethnicities.

As mentioned in the A note [on international recruitment](#) section of this report, there are internationally recruited workers within the adult social care workforce in local authorities. Of those workers we can identify as being of a non-British nationality, 51% were people of White ethnicities. This is a lower proportion compared to the adult social care workforce in local authorities as a whole.

The local authority adult social care workforce was slightly more ethnically diverse in 2025 than the population of England according to the 2021 UK census and the Labour Force Survey in 2025/26, as shown in Chart 20 below. As of 2021, 81% of the population in England were of White ethnicities, 4% of Black, African, Caribbean or Black British ethnicities, and 10% were people of Asian or Asian British ethnicities. More recently, the Labour Force Survey reported in 2025/26 that out of the economically active population four in five were people of White ethnicities (80%), while 6% were people of Black, African, Caribbean or Black British ethnicities, and 10% were people of Asian or Asian British ethnicities.

Chart 20. Estimated ethnicity distribution of the adult social care workforce in local authorities, the population, and the economically active population

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



Ethnic diversity varied between job role groups, as shown in Table 11 below. Table 12 shows the ethnic diversity of three selected job roles analysed for this report: social worker, occupational therapist and care worker. Further breakdowns and trended ethnicity information see Tables 10.1 to 10.3 of the accompanying [reference tables](#).

Table 11 shows that in 2025, the regulated professions job role group was the most ethnically diverse with 69% of posts filled by a worker of White ethnicities. This was predominantly people of a White British (English, Welsh, Scottish or Northern Irish) ethnicity (63%). Regulated professions also had the highest proportion of workers of Black, African, Caribbean or Black British ethnicities (19%), mostly driven by workers of an African ethnicity (14%).

In comparison, managers had the least ethnically diverse workforce; 7% were workers of Black, African, Caribbean or Black British ethnicities, 5% were workers of Asian or Asian British ethnicities, 2% were workers of a Mixed or multiple ethnicities and 1% were workers of Other ethnicities.

Table 11. Estimated proportion of filled posts by ethnicity, ethnicity group and job role group, 2025

Source: Skills for Care estimates

	All job roles	Managers	Regulated professions	Direct care	Other
White ethnicities	78%	85%	69%	77%	82%
White British (English, Welsh, Scottish, Northern Irish)	72%	78%	63%	71%	76%
White Irish	1%	1%	1%	1%	1%
White Gypsy or Irish Traveller	<1%	<1%	<1%	<1%	<1%
Other White ethnicities	5%	6%	6%	5%	5%
Mixed or multiple ethnicities	2%	2%	3%	2%	2%
White and Black Caribbean	1%	1%	1%	1%	1%
White and Black African	1%	<1%	1%	1%	<1%
White and Asian	<1%	<1%	1%	<1%	<1%
Other mixed or multiple ethnicities	1%	1%	1%	1%	1%
Asian or Asian British ethnicities	7%	5%	7%	7%	7%
Indian	3%	2%	3%	3%	3%
Pakistani	1%	1%	2%	1%	1%
Bangladeshi	1%	1%	1%	1%	1%
Chinese	<1%	<1%	<1%	<1%	<1%
Other Asian ethnicities	1%	1%	1%	2%	1%
Black, African, Caribbean or Black British ethnicities	12%	7%	19%	14%	7%
African	8%	4%	14%	9%	4%
Caribbean	3%	2%	3%	3%	3%
Other Black ethnicities	2%	1%	2%	2%	1%
Other ethnicities	1%	1%	1%	1%	1%
Arab	<1%	<1%	<1%	<1%	<1%
Any other ethnicities	1%	<1%	1%	1%	1%

Amongst the three job roles analysed, social workers were the most ethnically diverse with 22% of posts filled by workers of Black, African, Caribbean or Black British ethnicities (16% by a workers of an African ethnicity) and 7% of posts filled by workers of Asian or Asian British ethnicities.

Care worker filled posts also had a larger proportion of workers of an African ethnicity (11%) and 7% were workers of Asian or Asian British ethnicities. Occupational therapists were the least ethnically diverse of the three job roles, with 75% of posts filled by people of a White British (English, Welsh, Scottish or Northern Irish) ethnicity.

Table 12. Estimated proportion of filled posts by ethnicity, ethnicity group and selected job roles, 2025

Source: Skills for Care estimates

	Social worker	Occupational therapist	Care worker
White ethnicities	67%	82%	73%
White British (English, Welsh, Scottish, Northern Irish)	61%	75%	67%
White Irish	1%	1%	<1%
White Gypsy or Irish Traveller	<1%	<1%	<1%
Other White ethnicities	6%	6%	6%
Mixed or multiple ethnicities	3%	3%	2%
White and Black Caribbean	1%	1%	1%
White and Black African	1%	<1%	1%
White and Asian	<1%	1%	<1%
Other mixed or multiple ethnicities	1%	1%	1%
Asian or Asian British ethnicities	7%	6%	7%
Indian	3%	3%	3%
Pakistani	2%	1%	1%
Bangladeshi	1%	<1%	1%
Chinese	<1%	<1%	<1%
Other Asian ethnicities	1%	1%	2%
Black, African, Caribbean or Black British ethnicities	22%	9%	16%
African	16%	5%	11%
Caribbean	4%	2%	3%
Other Black ethnicities	3%	1%	2%
Other ethnicity	1%	1%	1%
Arab	<1%	<1%	<1%
Any other ethnicities	1%	<1%	1%

The ethnic diversity of the workforce varied between regions; in the North East 96% of workers were of White ethnicities, while in London this was 39%. The ethnicity of workers in the wider population also varied across regions (as reported in the [Census 2021](#)). Table 13 shows that in general, the ethnicity of workers in local authorities reflected that of the wider population.

However, in September 2025, there was a lower proportion of workers in adult social care filled posts in local authorities of Asian or Asian British ethnicities (7%), compared to the general population in 2021 (10%). Conversely, there was a higher proportion of workers of Black, African, Caribbean or Black British ethnicities (12%) compared to the general population (4%).

Table 13. Estimated proportion of filled posts by ethnicity group and region, compared to the wider general population, 2025

Source: Skills for Care estimates, Census 2021

Region	White ethnicities	Mixed or multiple ethnicities	Asian or Asian British ethnicities	Black, African, Caribbean or Black British ethnicities	Other ethnicities
Adult social care workforce in the local authority sector					
England	78%	2%	7%	12%	1%
Eastern	76%	3%	5%	14%	1%
East Midlands	82%	3%	7%	8%	1%
London	39%	5%	13%	41%	2%
North East	96%	1%	1%	2%	<1%
North West	85%	2%	5%	8%	<1%
South East	81%	2%	7%	9%	1%
South West	90%	2%	3%	5%	<1%
West Midlands	72%	2%	11%	14%	<1%
Yorkshire and the Humber	85%	2%	6%	6%	1%
General population					
England	81%	3%	10%	4%	2%
Eastern	86%	3%	6%	3%	1%
East Midlands	86%	2%	8%	3%	1%
London	54%	6%	21%	14%	6%
North East	93%	1%	4%	1%	1%
North West	86%	2%	8%	2%	1%
South East	86%	3%	7%	2%	1%
South West	93%	2%	3%	1%	1%
West Midlands	77%	3%	13%	5%	2%
Yorkshire and the Humber	85%	2%	9%	2%	1%

4.4.1 Social Care Workforce Race Equality Standard

As referenced in Section 4.1 of this report, Skills for Care leads the [Social Care Workforce Race Equality Standard \(SC-WRES\)](#) improvement programme which supports local authorities to make meaningful, ongoing improvements to workforce practice and culture. It is grounded in human rights principles and supported by structured, measurable organisational change that builds and sustains an anti-racist approach. We work with the wider sector to encourage systemic anti-racist change and support diversity, recruitment and retention in the social care workforce.

Local authorities collect and review data against the following nine indicators:

- Percentage of employees within different **pay bands**
- Likelihood of being **appointed from shortlist**
- Likelihood of entering the **formal disciplinary process**
- Likelihood of being referred to the **fitness to practise** process by the employer
- Likelihood of accessing **funded non-mandatory continuous professional development**
- Likelihood of employees reporting **harassment, bullying or abuse** from people who use social care, relatives or the public, from colleagues or from managers
- Likelihood of **leaving** the organisation
- Likelihood of being in senior manager roles.

In May 2025, Skills for Care published the [Social Care Workforce Race Equality Standard \(SC-WRES\) 2024 report](#). The national report presented anonymous evidence from the responding local authorities of the indicators of workplace experience between employees of white ethnicities and employees from minoritised ethnicities. It also provides wider context and interpretation, outlining the rationale for the SC-WRES, the continuous improvement methodology used, and key themes emerging across local authorities. It includes learning points, examples of good practice, and practical guidance to support organisations to understand their results and embed anti-racist principles into workforce policy and practice. The next report is due to be published in Spring 2026, using information collected in Autumn 2025.

5. Pay



This section contains local authority pay information about adult social care staff in **September 2025** including mean average full-time equivalent (FTE) annual pay, nominal pay trends and real terms pay trends.

£98,800 senior management mean FTE pay	£45,300 social worker mean FTE pay	£28,200 care worker mean FTE pay	£26,900 ancillary staff mean FTE pay
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Key findings

- Senior management had the highest mean average full-time equivalent (FTE) annual pay in local authorities as at September 2025, at £98,800. This was £34,500 more than the next highest average FTE salary (middle manager job role).
- Ancillary staff had the lowest mean average FTE annual pay at £26,900. The next lowest average FTE salary was for the support worker job role, at £27,400.
- All job roles saw a rise in their nominal salary between 2024 and 2025. This was partly due to the increase in the National Living Wage (NLW), (rose from £11.44 to £12.21 on 1 April 2025) which impacted more of the lower paying roles.
- Notable increases in nominal pay between 2024 and 2025 were seen among direct care roles: senior care worker pay increased by 8.3% (up £2,500), care worker pay by 8.2% (up (£2,100) and community support and outreach staff pay increased by 8.4% (up £2,500).
- In real terms (adjusting for inflation) between 2016 and 2025, workers in many roles saw their pay increase. Among direct care roles, care worker average FTE annual pay increased the most (up 10.0%, or £2,600).
- Staff in social worker and occupational therapist roles both saw a decrease in their real term FTE annual pay between 2016 and 2025. Real term pay in both of these roles decreased by 3.2% over the period (down £1,500).

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

Comparisons to pay information in previous years always refers to the data as at September of that year (when the annual data collection takes place). **Trends in this pay section go back to 2016**, as this marks the change from the National Minimum Wage to the National Living Wage (NLW).

The [National Living Wage](#) (NLW) was introduced at an hourly pay rate of £7.20 per hour on 1 April 2016 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. As at September 2025, less than 1% of the filled posts in adult social care in local authorities were filled by staff aged under 20 years old. Therefore, the majority of the workforce were entitled to at least the NLW (£12.21 at the time of data collection).

Further analysis of pay in the adult social care workforce in local authorities, including a regional breakdown and trended information, can be found in Tables T11.1 to T11.3 of the accompanying [reference tables](#).

5.1 Factors influencing changing pay in adult social care

Pay in the adult social care sector is an influential factor in recruiting and retaining staff. Pay rates typically differ across the country, between job roles and service types. Workers employed by local authorities typically receive higher rates of pay compared to workers employed by in the independent sector. For example in 2025, an independent sector care worker had an average FTE annual salary of £23,400 (as at March) whereas a local authority sector care worker was paid an average FTE annual salary of £28,200 (as at September).

Over the last 18 months there have been three key areas which have impacted costs for adult social care employers, including local authorities, which are listed below. While costs are not directly linked to pay rates, some of these areas have been outlined below for context of this rapidly developing landscape. It should be noted that these are not the focus of Sections 5.2 to 5.4 of this report, but are useful to keep in mind when interpreting the analysis shown there.

Increase in National Insurance Contributions (NICs)

From 6 April 2025, UK employers' (secondary) [Class 1 National Insurance Contributions](#) (NICs) increased from 13.8% to 15.05% and the Secondary Threshold at which employers start paying NICs on a worker's earnings fell from £9,100 to £5,000 a year, meaning employers now pay the higher rate on all earnings above £5,000. Skills for Care has received anecdotal evidence that this increase in contributions has impacted overall budgets and costs for employers; we continue to monitor pay within the ASC-WDS.

The Employment Rights Act

The Employment Rights Act became law in December 2025. Its aim is 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. The Government have published [a roadmap for delivering change](#), which gives further details about the steps required to implement the Act.

Skills for Care will continue to monitor workforce metrics that could be affected by the Employment Rights Act, including zero-hours contracts (Section 2.3), enhanced Statutory Sick Pay (Section 2.4.2) and pay (Sections 5.2 to 5.4).

Fair Pay Agreement for adult social care

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.

By providing a guaranteed foundation of fair pay and employment conditions, FPAs are designed to make roles in the sector more attractive and sustainable. This approach seeks not only to improve the working lives of care staff but also to enhance the stability and quality of services delivered to the people who rely on them.

The introduction of FPAs has significant implications for the adult social care workforce and providers. For staff, FPAs are expected to deliver greater consistency in pay, predictable working patterns and stronger entitlements to training and development. For employers, FPAs will likely increase baseline staffing costs but may also support improved recruitment and retention, reducing reliance on agency staff and turnover-related expenses. From a systemwide 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.

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

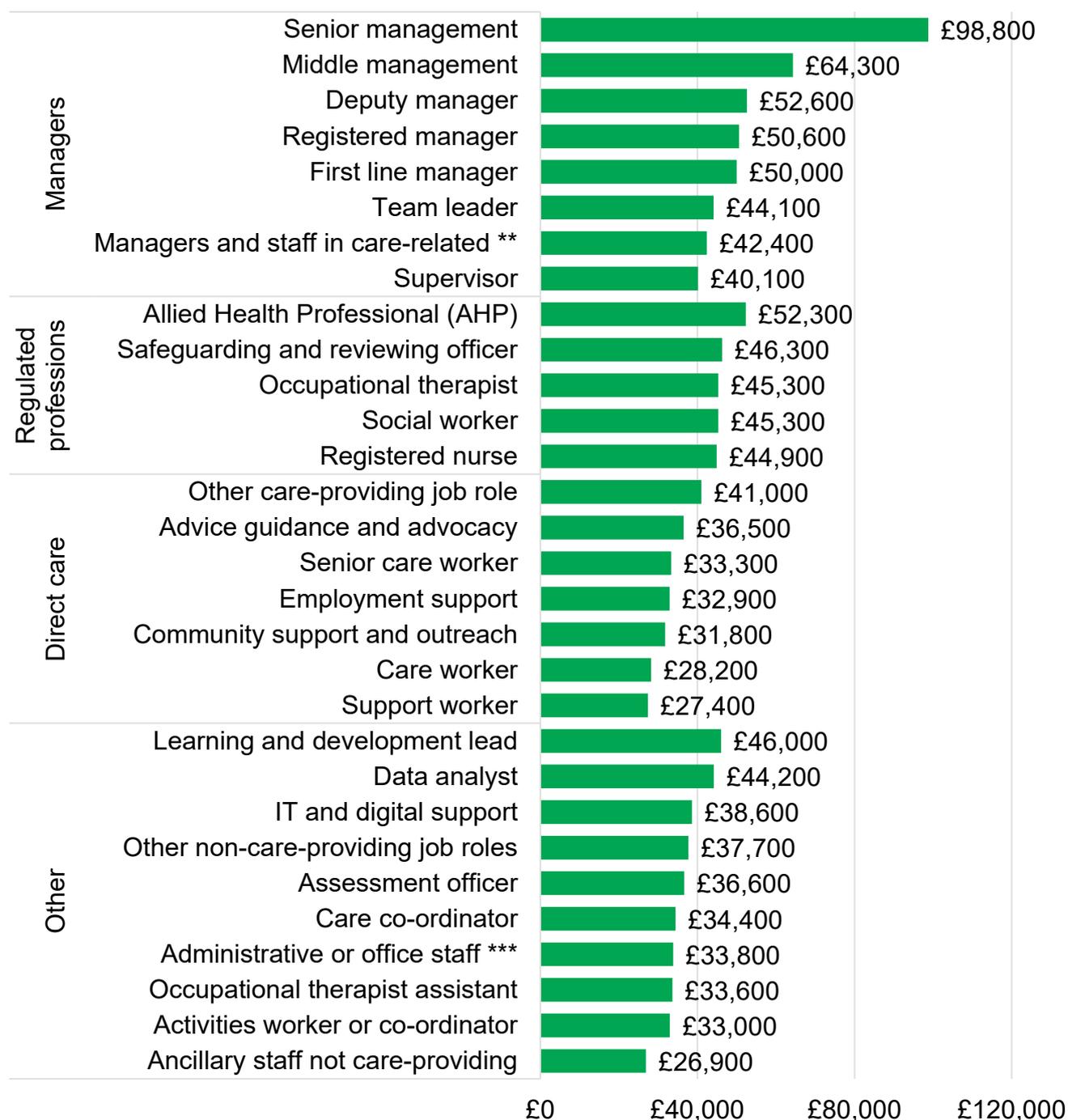
5.2 Average (mean) full-time equivalent (FTE) annual pay

FTE salaries vary across different job roles in the local authority sector, as shown in Chart 21 below. All job roles collected in the ASC-WDS are shown here, where there were more than 100 filled posts (7 roles have been excluded due to having less than 100 filled posts in 2025). By showing each role within its job role group we can see managers are on higher average salaries than other roles and staff in direct care roles typically receive lower rates of pay. However, it should be noted that there is variation in pay rates between job roles within each group.

As at September 2025, senior management roles were the highest paid of all job roles with an average FTE salary of £98,800. Ancillary staff and support workers were the lowest paid with an average FTE salary of £26,900 for ancillary staff, and £27,400 for support workers.

Chart 21. Estimated mean average full-time equivalent (FTE) annual pay by job role*, September 2025

Source: Skills for Care estimates



* Only job roles with 100 or more filled posts are shown here

** Managers and staff in care-related but not care-providing roles

*** Administrative or office staff not care-providing

5.3 Nominal pay trends

‘Nominal’ pay is the actual FTE annual pay rate as at the time of data collection. These have not been adjusted for inflation (for adjusted pay see Section 5.4 – Real term pay trends).

Table 14 shows the nominal increase in pay for selected job roles in local authorities. These roles were chosen as they are key, long-standing established job roles in the ASC-WDS and have over 2,000 filled posts in each year shown (apart from the senior manager role), allowing for robust trend analysis.

All roles shown here received a nominal pay increase in pay between September 2024 and September 2025. Administrative staff received the highest proportional nominal increase in pay since September 2024, increasing by 9.3% (or £2,900). Senior manager roles saw the lowest proportional increase of 3.2%, equivalent to £3,100. Senior manager the highest actual increase in pay, alongside staff in supervisor roles.

Between 2016 and 2025, all job roles shown in Table 14 saw a nominal pay increase. Ancillary staff again had the biggest percentage increase (up 60.0% or £10,100), followed by care workers (up 50.6% or £9,500). Senior managers again had the smallest increase in nominal pay over the period (up 28.7%), but in terms of monetary value their pay increased the most over the period (up £22,000).

Table 14. Estimated mean full-time equivalent (FTE) annual nominal pay by year and selected job roles, September 2025

Source: Skills for Care estimates

Job role	Year			Percentage change	
	2016	2024	2025	2016-2025	2024-2025
Managers					
Senior manager	£76,800	£95,700	£98,800	28.7%	3.2%
Supervisor	£27,200	£37,000	£40,100	47.3%	8.3%
Managers in non care-providing roles	£31,800	£40,400	£42,400	33.6%	4.9%
Regulated professions					
Social worker	£34,200	£43,000	£45,300	32.4%	5.4%
Occupational therapist	£34,200	£42,900	£45,300	32.5%	5.4%
Direct Care					
Senior care worker	£23,900	£30,800	£33,300	39.2%	8.3%
Care worker	£18,700	£26,100	£28,200	50.6%	8.2%
Community support and outreach	£22,200	£29,300	£31,800	43.1%	8.4%
Other					
Administrative non care-providing	£23,200	£30,900	£33,800	45.6%	9.3%
Ancillary staff not care-providing	£16,800	£24,800	£26,900	60.0%	8.5%

5.4 Real terms pay trends

‘Real terms’ pay means that pay rates have been adjusted to take inflation into account. This adjustment relates to historical pay information only, pay data from the latest data collection is still shown at the nominal rate of pay.

Real terms pay rates in this report have been calculated using the ONS [Consumer Price Index](#) (CPI), expressed in prices as at September 2025. The CPI is the official measure of inflation of consumer prices in the UK. Over time the rate of inflation changes and it is important to keep this fluctuation in the CPI inflation rate in mind when looking at the trend in annual pay in real terms.

Between 2021 and 2022, the rate of inflation rose rapidly to a peak of 9.6% in October 2022. After this time, it gradually fell to a low of 2.6% in September 2024. Since then inflation has been relatively stable, rising slowly to 4.1% in September 2025 when the data collection for this report took place. For more information on inflation rates, visit the [Office for National Statistics website](#).

Table 15 below shows trends in real term FTE annual pay between September 2016 and September 2025. It shows the same job roles as analysed in Table 14, to allow for comparison between nominal and real term pay rates over time.

Between September 2024 and September 2025, all job roles analysed saw an increase in their average FTE annual pay in real terms, apart from the senior manager role which saw pay decrease in real terms by 0.8% (down £800). The largest increases in real term pay of the roles shown were for administrative workers (up 5.6% or £1,800) and ancillary staff (up 4.9% or £1,200).

In real terms between September 2016 and September 2025, four of the job roles analysed in Table 15 showed a decrease in their average FTE annual pay. Senior manager roles showed the largest decrease, down 5.9% (£6,200) over this period. Regulated professions also saw decreases: both social worker and occupational therapist average real term FTE annual pay decreased by 3.2% (£1,500).

Many job roles however did see a real term increase in their average FTE annual pay between September 2016 and September 2025. Ancillary staff had the largest increase in FTE annual pay in real terms (up 16.5% or £3,800). Care worker average FTE annual pay also increased by 10.0% (£2,600). This is due to the large nominal pay increases for these roles, influenced by the increasing NLW, which were higher than the rate of inflation over the period.

Table 15. Estimated mean full-time equivalent (FTE) annual real terms pay by year and selected job roles, September 2025

Source: Skills for Care estimates

Job role	Year			Percentage change	
	2016	2024	2025	2016-2025	2024-2025
Managers					
Senior manager	£105,100	£99,600	£98,800	-5.9%	-0.8%
Supervisor	£37,400	£38,300	£40,100	7.2%	4.6%
Managers in non care-providing roles	£43,600	£41,900	£42,400	-2.8%	1.4%
Regulated professions					
Social worker	£46,900	£44,800	£45,300	-3.2%	1.3%
Occupational therapist	£46,800	£44,700	£45,300	-3.2%	1.3%
Direct care					
Senior care worker	£32,800	£32,000	£33,300	1.7%	4.1%
Care worker	£25,600	£27,100	£28,200	10.0%	4.0%
Community support and outreach	£30,400	£30,500	£31,800	4.6%	4.2%
Other					
Administrative non care-providing	£31,900	£32,000	£33,800	6.0%	5.6%
Ancillary staff not care-providing	£23,100	£25,700	£26,900	16.5%	4.9%

6. Qualifications



This section includes information about the qualifications of the workforce in the local authority sector. 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.

52%

of workers held a relevant social care qualification

33%

of managers held a Level 5 and above qualification

46%

of direct care staff held a Level 2 or Level 3 qualification

Key findings

- Over half (52%) of adult social care staff in local authorities held a relevant social care qualification. This excludes staff in regulated professions roles, as they must be qualified to do their job.
- Nearly two-thirds (61%) of managers held a social care qualification, with 33% holding a social care qualification at Level 5 and above.
- A similar proportion of direct care staff held a social care qualification (59%); 52% of care workers held a Level 2 or Level 3 qualification, and 22% of senior care workers held a qualification at Level 4 and above.

Within adult social care there are many different job roles, and the training and qualifications required for these roles varies accordingly. Some roles do not have fixed qualification requirements, but there are desired levels of qualification and experience. Staff in regulated professions (social workers, registered nurses or occupational therapists) must be qualified in order to perform their role; therefore these workers have not been included in analysis of this section.

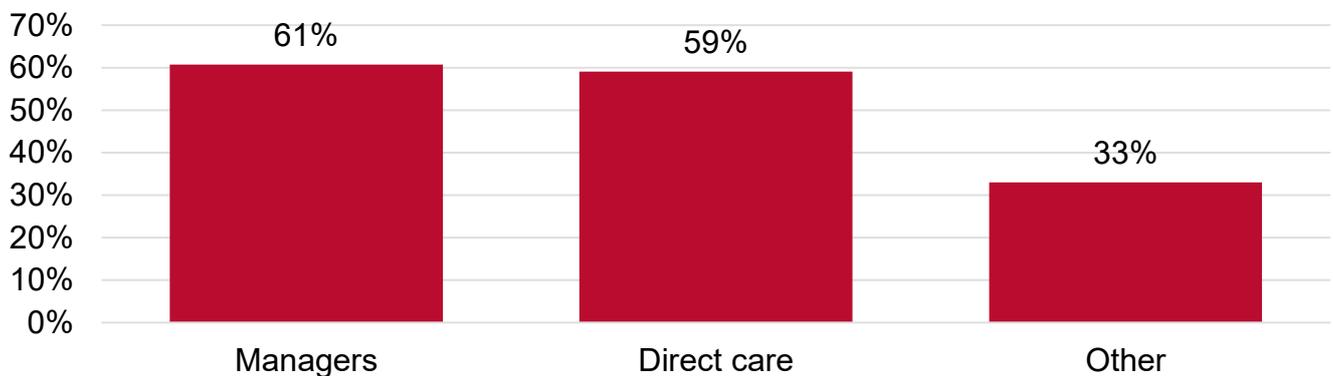
Excluding workers in regulated professions, there were 95,900 adult social care filled posts in local authorities in 2025. Of those, 52% held a relevant social care qualification (49,800 filled posts). This is the same proportion as recorded in 2024.

The proportion of staff with a relevant social care qualification varied between job roles. Chart 22 (below) shows that 61% of managers held a relevant social care qualification, and 59% of workers in direct care roles.

One in three (33%) staff working in 'other' roles, for example in administration or ancillary roles, held a relevant social care qualification. However, it should be noted that these workers may not require a specific qualification relating to social care.

Chart 22. Estimated proportion of filled posts (excluding regulated professions) with a relevant social care qualification by job role group, 2025

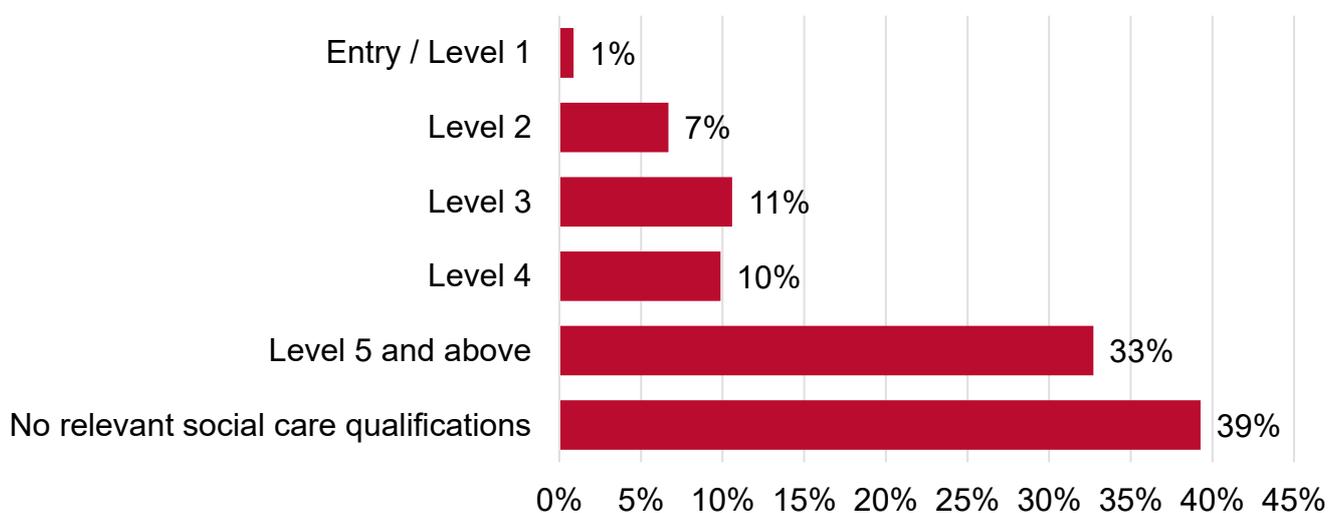
Source: Skills for Care estimates



As part of the annual data collection, local authorities are asked to provide the highest level of qualification of their staff. In 2025, one in three managers (33%) held a Level 5 qualification or above.

Chart 23. Estimated proportion of managers filled posts by highest level of social care qualification, 2025

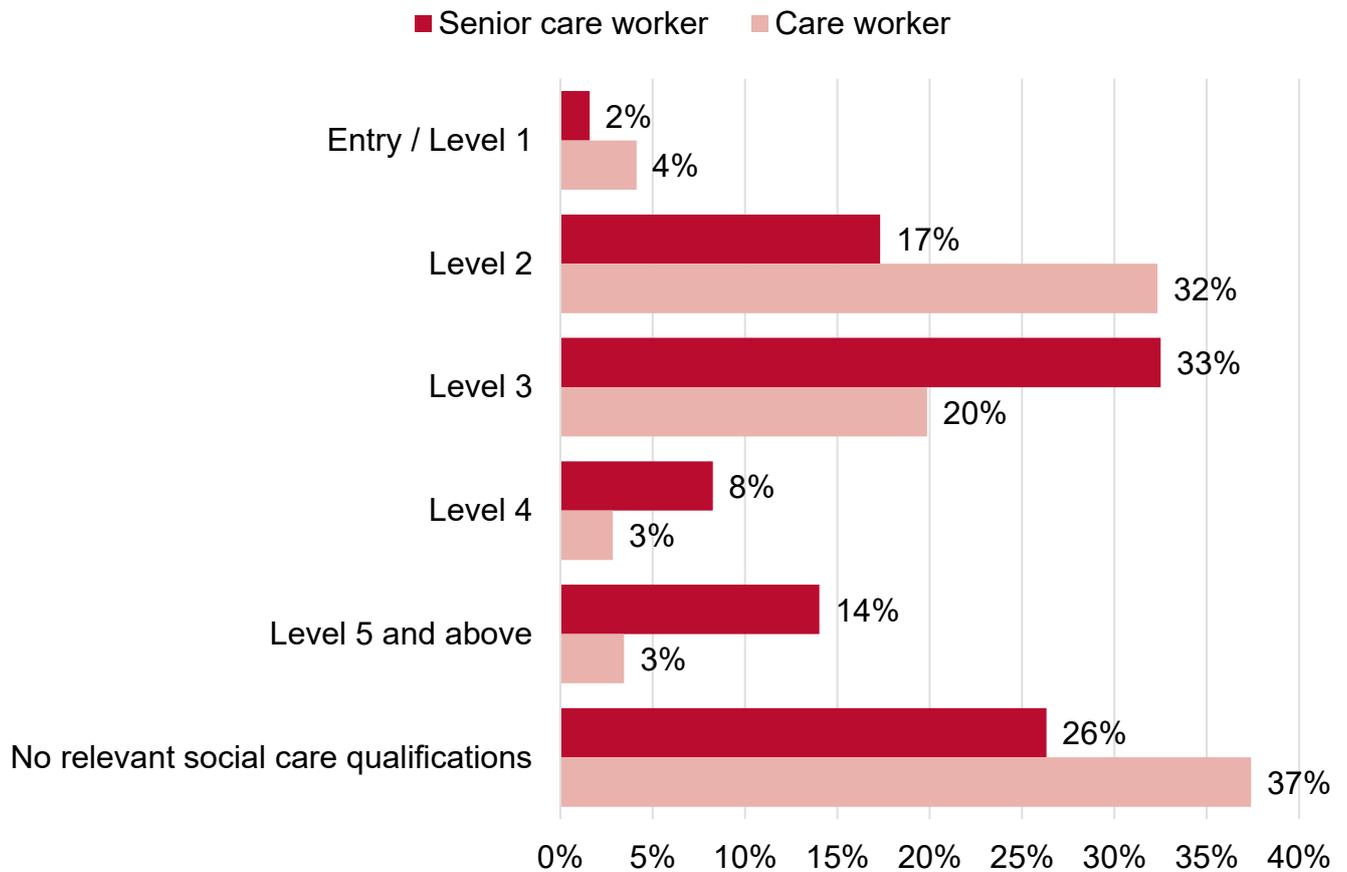
Source: Skills for Care estimates



In general, workers in direct care roles are qualified to a lower level than managers. In 2025, 59% of direct care staff in local authorities held a relevant social care qualification. Chart 24 below shows that senior care workers held higher levels of qualifications; 55% of staff in this role held a Level 3 qualification or above. Meanwhile care workers had a higher proportion of staff at Level 2 (32%).

Chart 24. Estimated proportion of selected direct care job role filled posts by highest level of social care qualification, 2025

Source: Skills for Care estimates



Further resources

We provide robust workforce intelligence which the Government, strategic bodies, employers, and individuals rely upon to help them make decisions that will improve outcomes for the people who use care services.

To accompany this report, we have published a data visualisation and ‘The workforce employed by adult services departments in England – reference tables’ excel file. This file includes further information and trends of the areas covered in chapters of this report split by region, local authority area, service and job role. To access this information, visit our [website](#).

The ASC-WDS is recognised as the leading source of workforce intelligence for adult social care in England. We’re grateful to all the employers who have completed ASC-WDS data. Without their contributions, this workforce intelligence wouldn’t be possible. For similar information on the adult social care workforce in the other UK nations please see:

- Scotland – [Scottish Social Services Council \(SSSC\)](#)
- Wales – [Social Care Wales](#)
- Northern Ireland – [Northern Ireland Social Care Council \(NISCC\)](#)

Our workforce intelligence publications

Listed here are some of the key reports and topic areas that we have published using information from the ASC-WDS. To access these, 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](#).

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

This report and accompanying documents provides estimates from ‘The size and structure of the adult social care sector and workforce in England’ report, as well as detailed estimates of workforce characteristics including: employment overview, recruitment and retention, workforce demographics, pay, qualification and training, future projections and international recruitment. We also analyse the factors affecting staff turnover across the sector.

To access this information, visit www.skillsforcare.org.uk/stateof

Regional information

There are three pages of [regional information](#) on our website, providing an annual overview of adult social care services and the workforce in each region:

- a visualisation looking at the workforce in each region area, one at a time
- our comparison report comparing key variables across the nine regions
- individual regional written summary reports, summarising the workforce statistics.

Local area information

There are various pages on our website showing [local area information](#). These are split by either local authority area or NHS Integrated Care Board (ICB) geographical area.

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

Key topic areas

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

- workforce tracking of key metrics
- learning disability and/or autism workforce
- apprenticeships
- pay rates
- individual employers and personal assistants
- nurses in social care
- recruitment and retention
- registered managers
- social work
- workforce nationality and international recruitment
- factors affecting staff turnover.

To access these topic pages, visit [our website](#).

Our values

Skills for Care is guided by core values. Throughout everything we do, we're inclusive, motivated, passionate, ambitious, collaborative and trustworthy. For more information about the wider Skills for Care strategy, vision, mission, values and plan to achieve our mission, visit the [Skills for Care website](#).

All analysts leading on the production of this report are certified statisticians, meaning we work to the standard of the 'five safes'. We always make sure that our research and outputs are appropriate and trustworthy, and that there's no risk of misuse or confidentially breach. When creating outputs, we always adhere to statistical disclosure controls.

As a Workforce Intelligence team, we:

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

In 2023 Skills for Care became an official statistics provider, having been added to the [Official Statistics Order 2023](#). We, Skills for Care's Workforce Intelligence team, are committed to the three pillars of trustworthiness, quality and value, as well as the principles of the Code of Practice for Statistics. Please see our website for more information about our [compliance with the Code of Practice for Statistics](#).



User engagement is important to us and we welcome any feedback on the collection of this data and the findings of this report, as well as the accompanying reference tables and data visualisation on our website. To contact us, please use one of the options below.

Email: analysis@skillsforcare.org.uk

Website: <http://www.skillsforcare.org.uk/WorkforceIntelligenceContactUs>



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