



Department
of Health &
Social Care



The Approved Mental Health Professional workforce in the social care sector

April 2025

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Foreword from Department of Health and Social Care

Now in its seventh year, the annual national Approved Mental Health Professional (AMHP) workforce survey published by Skills for Care remains a vital resource in maintaining our collective understanding of the viability of our AMHP services, as well as helping to identify our future workforce needs.

At the time of this report, the Mental Health Bill is progressing through Parliament. This once again brings the AMHP role into sharp focus, providing as it does such an important safeguard for those who find themselves subject to our considerations. Such legislative changes will inevitably impact on the work we do and increase the demands placed upon us. Anticipating such impact and demand is never easy. Having access to the insights created by this report helps us meet that challenge. Along with our ongoing session planning and workforce building, this data raises a number of specific questions for those dedicated to ensuring the health of our AMHP workforces for the years ahead:

- How do local authorities and mental health trusts ensure our AMHP succession plans are truly robust, involve system partners, and ensure clear and sustainable routes into AMHP training for all qualifying professional groups?
- How do systems continue to make this critical role attractive to prospective AMHPs and build system-wide appreciation for the role of the AMHP?
- How do we collectively address the disparity in AMHP numbers for our global majority and racialised colleagues in AMHP services to ensure our services are safe, supportive, and welcoming spaces for all colleagues and reflect our local communities?
- What opportunities are there for encouraging those with the most experience and considering leaving to remain connected to AMHP practice and help us bring through the next generation?

As AMHPs, AMHP leaders, workforce planners and policy leads, access to and utilising this workforce intelligence is essential. It is for this reason that I am extremely grateful to colleagues at Skills for Care, the AMHP Leads Network, and to the consistently high number of AMHP leads, who complete the survey each year. I know just how busy everyone is, which makes such high return rates so impressive.

I would also like to take this opportunity to pay tribute to Steve Chamberlain. Steve has consistently championed this survey, as part of the AMHP Leads Network. Every year he provides individual support to colleagues across the country to help complete the survey and help to keep submission numbers high, while ensuring also that we keep refining the dataset to remain relevant and have impact. Thank you, Steve.

Robert Lewis

Mental Health Social Work Lead, Office of the Chief Social Worker, Department of Health and Social Care

Glossary

AMHP

Approved Mental Health Professional (AMHP). These are registered professionals (social worker, nurse, occupational therapist or psychologist) who have undertaken additional training, approved by the Secretary of State and regulated by Social Work England, to carry out specific duties under the Mental Health Act 1983.

AMHPs will have been approved by a local social services authority to act on its behalf in carrying out these duties. AMHPs are (amongst other duties) responsible for setting up and co-ordinating assessments under the Mental Health Act and, if necessary, making applications to detain (“section”) people in hospital for assessment and treatment of their mental health needs.

ASC-WDS

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service that covers the adult social care workforce in England. Prior to 2019 it was known as the National Minimum Data Set for Social Care (NMDS-SC) service, which had been collecting information about social care providers and their staff since 2006.

The ASC-WDS collects information on the size and structure of the whole adult social care sector, including the types of care services provided, as well as a detailed picture of the workforce, including retention, demographics, pay rates and qualifications, both by job role and employment status.

There is a flag within the ASC-WDS which allows us to identify those workers who are AMHPs.

FTE filled post

A full-time equivalent (FTE) filled post. This takes into account contracted hours – one FTE filled post is equivalent to 40 hours worked per week.

Headcount

Headcount refers to the number of AMHPs approved by local authorities in England. This is different from filled posts as one AMHP may hold multiple posts.

Job role

ASC-WDS users can select one main job role for each filled post at their establishment. We then use their main job role to categorise workers into the groupings below.

- **Managers** - Grouping of individual manager roles which include senior management, middle management, first line manager, registered manager, deputy manager, supervisor, team

leader, data governance manager, IT manager, IT service desk manager, and managers and staff in care-related but not care-providing roles.

- **Regulated professions** - Grouping of individual roles which require registration with a regulatory body. This includes social worker, occupational therapist, registered nurse, allied health professional, safeguarding and reviewing officer and registered nursing associate.
- **Direct care** - Grouping of individual direct care providing roles which include senior care worker, care worker, support worker, community support and outreach work, employment support, advice guidance and advocacy, nursing assistant and other care-providing job roles*.
- **Other** - Grouping of individual roles which includes administrative or office staff not care-providing, ancillary staff not care-providing, other non-care-providing job roles*, activities worker or co-ordinator, occupational therapist assistant, assessment officer, care co-ordinator, any children's/young people's job role, learning and development lead, data analyst, IT and digital support, and software developer.

*Other care/non-care providing role is a category directly chosen by employers submitting data and is used when a role does not fit into another selection in their opinion.

Sector

ASC-WDS users can select one of four different sectors to describe their establishment: local authority, private sector, voluntary/charity and other. Within our reports we use four sector groupings:

- Local authority - The workforce employed by local authorities in England.
- Independent - The workforce employed by private sector, voluntary and other services in England.
- Direct payment recipients (DPRs) - The workforce employed by direct payment recipients. These employers are individuals who receive direct payments from their local authority to pay for their care.
- NHS - The workforce employed by the NHS to undertake adult social care related work. Please note, the NHS sector is only included when analysing the size of the whole adult social care sector, workforce characteristics are not analysed for this part of the workforce.

Service

ASC-WDS users can select one main service and many additional services from a list of 36 different types that describe their establishment. We use their main service to categorise establishments into the groupings below:

- CQC Care home with nursing - Care homes that provide nursing services regulated by the CQC.
- CQC Care only home - Care homes that do not provide nursing services regulated by the CQC.
- CQC Non residential - A grouping of non-residential CQC regulated services which includes domiciliary care, extra care housing and supported living services.
- CQC Other - A grouping of other CQC regulated services not in the above categories which includes shared lives and community based services amongst others.

- Non CQC - A grouping of non-regulated services which includes day care centres, community outreach services and domiciliary services which are not personal care providing such as cooking and cleaning amongst others.

Service sharing

AMHP services are often shared between areas, therefore some AMHPs work across different areas.

The AMHP survey

Skills for Care conducts the 'Approved Mental Health Professionals workforce survey' on behalf of the Department of Health and Social Care (DHSC) and the Approved Mental Health Professionals Leads Network (AMHP Leads Network).

We have carried out this survey since 2018 and it has provided important information to better understand this key role. The survey provides data on the overall number of AMHPs and intelligence about their role and working patterns. The survey did not run in 2021 as there was a separate activity around distributing funding to train new AMHPs during that year.

Workforce estimates

We use data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. We use ASC-WDS data to make estimates of workforce characteristics (e.g. demographics, pay rates, employment statuses) for each geographical area, service type, employer type and job role combination that we report by. These estimates are then 'weighted' according to the coverage/completeness of ASC-WDS data for the sector in each of the above areas. For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers, even if the ASC-WDS contains uneven levels of data coverage.

The ASC-WDS is a mandatory return for local authorities and is non-mandatory for the independent sector; therefore, it doesn't have 100% coverage of the adult social care sector. However, it does have a sufficiently large sample to provide a solid basis for creating reliable and precise adult social care sector and workforce estimates at both a national and local level.

Skills for Care is confident in the quality of these estimates and the methodologies used have been peer reviewed by universities and an independent statistician. See our [methodology](#) page for further information about how these estimates are produced.

Key findings

3,800



**AMHP headcount in
England**

1,600



**Full-time equivalent
(FTE) AMHP filled posts
in England**

£45,300



**Median AMHP FTE
annual salary**

Findings from the AMHP survey

- Since 2019, the estimated number of AMHPs has remained stable at around 3,800. We estimate the full-time equivalent ratio was 0.41 and there were around 1,600 FTE AMHP filled posts in 2025, which was similar to the previous year.
- The majority of AMHPs were employed in the local authority sector (79%), 16% were employed in the NHS and 5% were either agency or freelance.
- Over half (58%) of AMHPs combine their role with another role. Over a quarter of AMHPs solely perform the role of an AMHP (27%) and the remaining 15% were not primarily working or regularly working as an AMHP.
- 15% of AMHPs only work out-of-hours, for example in emergency duty teams.
- 2.4% of AMHPs had retired in the previous 12 months, while 7.4% of the AMHP workforce were newly qualified/first time in the role in the previous 12 months.
- 51% of respondents stated that their local authority ran a singular line-managed AMHP duty system covering 24-hours 7 days of the week, indicating a range of different delivery models.
- To fully staff their 24-hour response service, there would need to be an increase of 25% in the number of FTE AMHP filled posts. Despite this, the vacancy rate was 8.3%, meaning the number of posts being advertised is less than the overall requirement.
- AMHP leads anticipate an additional 43.0% AMHPs starting over the coming 5 years, of which the majority will be newly qualified/first time in the role, and 26.1% will leave the role over this same period.

Findings from the ASC-WDS

- Around a third of the AMHP workforce (31%) were aged 55 and above and therefore could retire over the coming 10 years, compared to 24% of social workers.
- Around 14% of AMHPs were from a Black/African/Caribbean/Black British ethnic background, compared to 19% of social workers.
- The median pay for an AMHP was £45,300, which was 6% higher than the £42,600 for all social workers.

Introduction

Skills for Care, as the leading source of adult social care workforce intelligence, helps to create a skilled, valued and better-led adult social care workforce. We provide the practical tools and support to help adult social care organisations in England recruit, retain, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.

This report presents data collected via a dedicated Approved Mental Health Professional (AMHP) Leads Survey, as at March 2025. Skills for Care conducts this survey on behalf of the Department of Health and Social Care and the Approved Mental Health Professionals Leads Network. This report also includes data on social workers from local authorities collected via the Adult Social Care Workforce Dataset (ASC-WDS), as at September 2024.

We have carried out this survey since 2018 and it has provided important information for the Department of Health and Social Care and the AMHP Leads Network to better understand this key role. The survey provides data on the overall number of AMHPs and intelligence about their role and working patterns. The findings from this survey have been used along with data collected by the ASC-WDS on the characteristics of individual social workers. The survey did not run in 2021 as there was a separate activity around distributing funding to train new AMHPs during that year.

The results of this survey, and data from the ASC-WDS, enables Skills for Care, the Department of Health and Social Care, the Approved Mental Health Professionals Leads Network and other stakeholders to have clear, robust workforce intelligence and to better understand this key role. This information is vital to help improve the planning and quality of social care services, which will improve outcomes for people who use these services, both now and in the future.

This year (2025) the survey was completed by 89% of local authorities in England (131 out of 148), a slight decrease from 93% of local authorities last year. The findings from this survey, and those from previous years, are presented in this report as well as data from the ASC-WDS covering social workers who are AMHP qualified employed by local authority adult social care services departments.

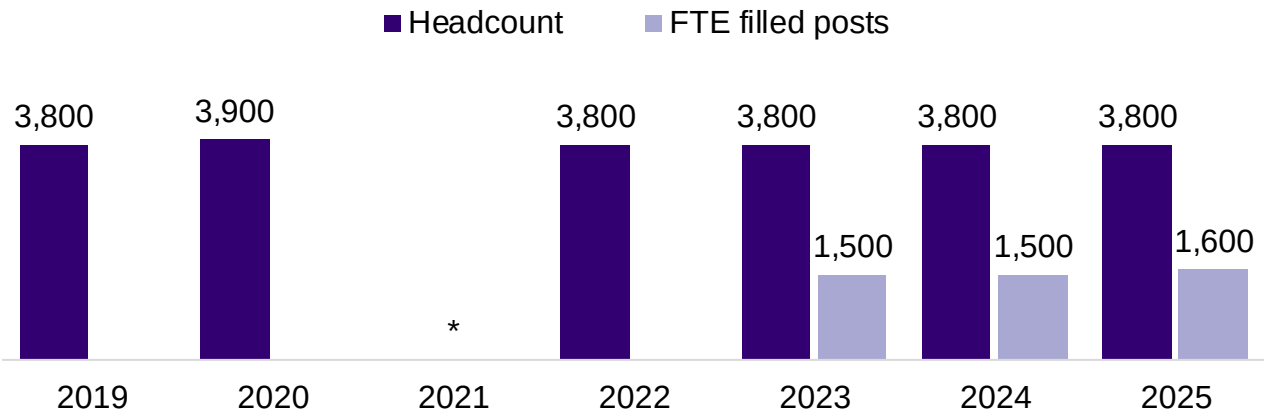
1. Findings from the AMHP survey

1.1 Headcount

The survey collected data from 131 of 148 local authorities in 2025, an 89% return rate. For this survey, Westmorland and Furness was included with Cumberland, Rutland was included with Leicestershire, the Isles of Scilly were included with Cornwall, City of London was included with Hackney and West Northamptonshire was included with North Northamptonshire as these local authorities operate a shared service without any of their own AMHPs.

The raw data from the 131 local authorities showed an overall headcount of 3,374 AMHPs approved by local authorities. Skills for Care’s modelled estimate for the overall headcount of approved AMHPs in England was 3,800. Chart 1 compares the estimated overall headcount of AMHPs between 2019 and 2025, as well as the estimated number of full-time equivalent (FTE) AMHP filled posts. The number of FTE AMHP filled posts was asked in recent surveys so is not available prior to 2023.

Chart 1. Estimated AMHP headcount and FTE AMHP filled posts, 2019 to 2025
Source: AMHPs survey 2025



To estimate the number of AMHPs from local authorities that did not respond to the survey, or were received incorrectly in previous years, we have modelled the relationship between social worker filled posts (using data from the ASC-WDS) and the number of AMHPs (using the survey). These estimates were checked against the average number of AMHPs between years if a local authority had responded previously.

Map 1 shows the number of AMHPs per 10,000 people aged 16 and above in each local authority area. The South East region had the lowest number of AMHPs per people at around 0.60 whereas the North West had the highest at 1.03, as shown in Chart 2. Please note there are multiple factors which influence the demand for AMHPs – this is not a suggestion of an optimal number, but this presents the variation across England.

Map 1. Number of AMHPs per 10,000 people aged 16 and above by local authority

Source: AMHPs survey 2025, Nomis

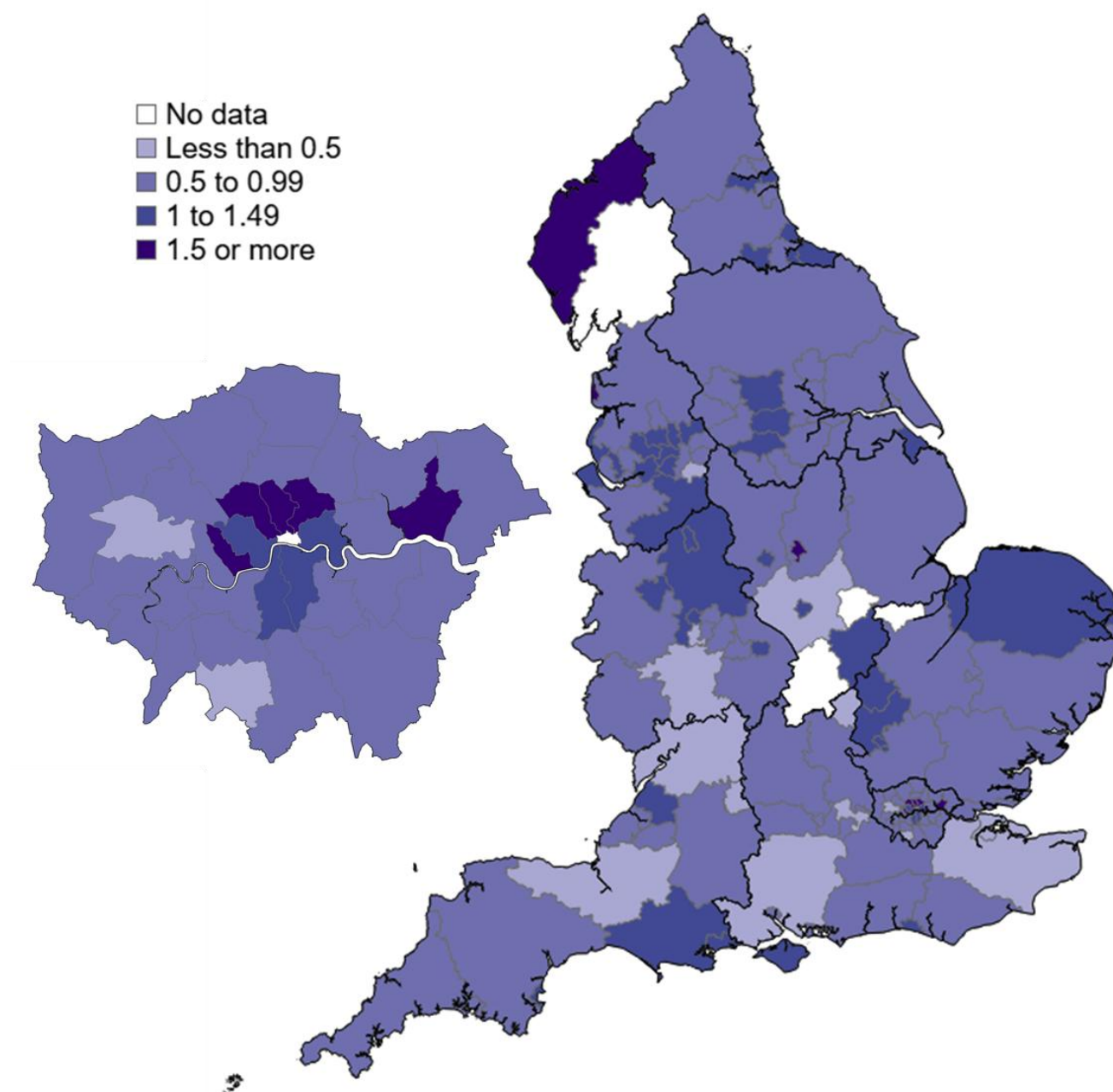
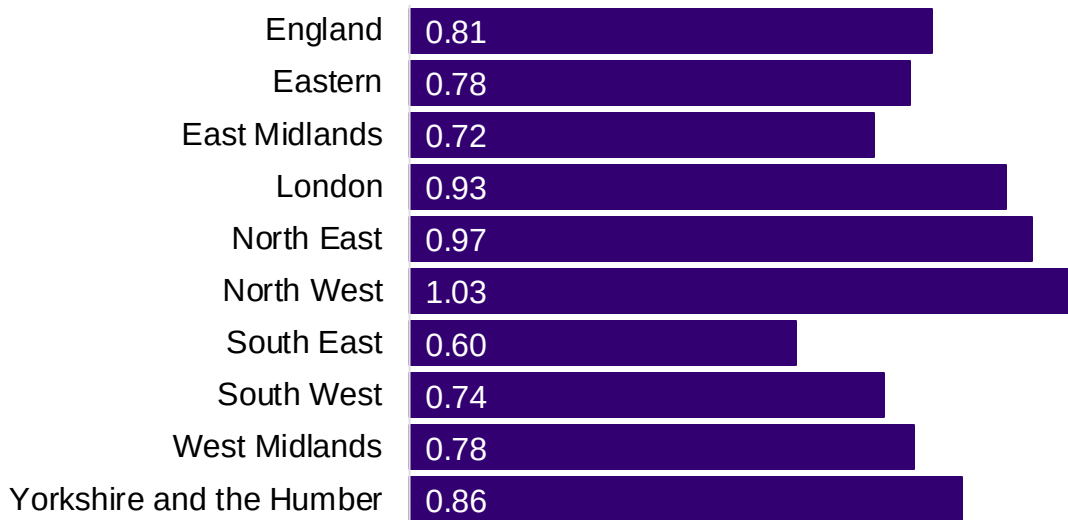


Chart 2. Number of AMHPs per 10,000 people aged 16 and above by region

Source: AMHPs survey 2025, Nomis

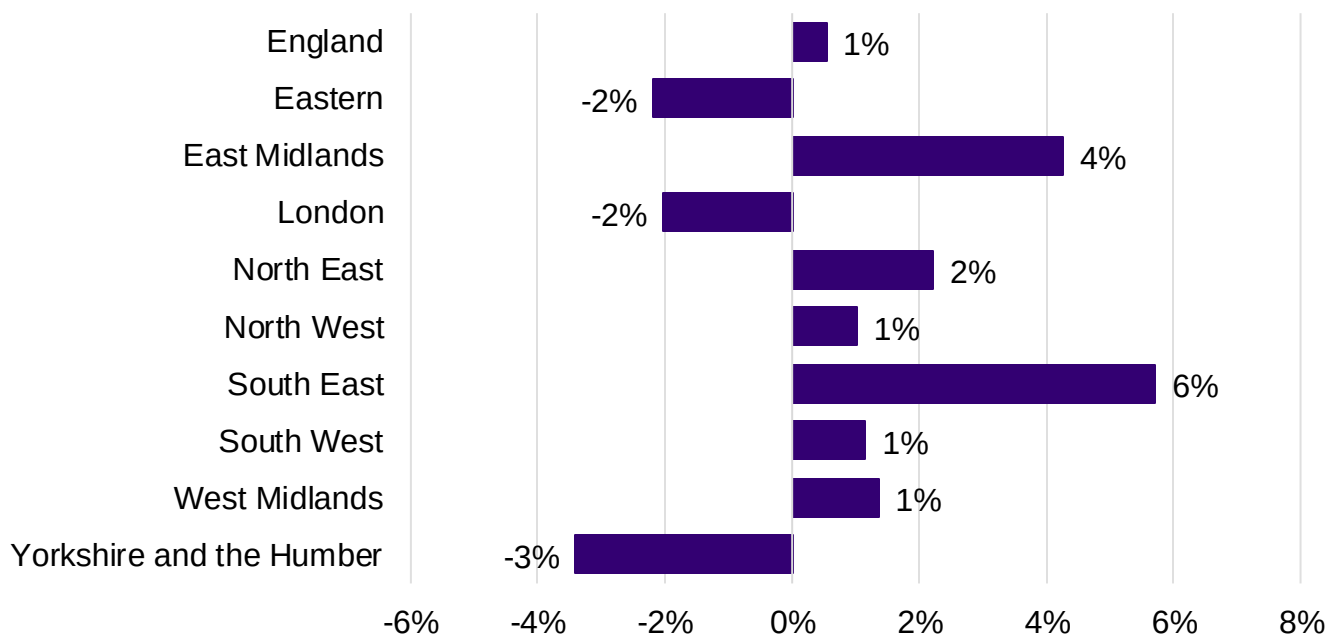


1.2 Headcount comparison, 2024 to 2025

The chart below shows the change in the estimated number of AMHPs between 2024 and 2025. The overall number of AMHPs (headcount of around 3,800) was around the same in each year. The South East showed the largest increase at 6% (around 25 more AMHPs), whereas the North East showed the largest decrease at 5% (around 14 fewer AMHPs).

Chart 3. Percentage change in the estimated number of AMHPs between 2024 and 2025 by region

Source: AMHP survey 2025

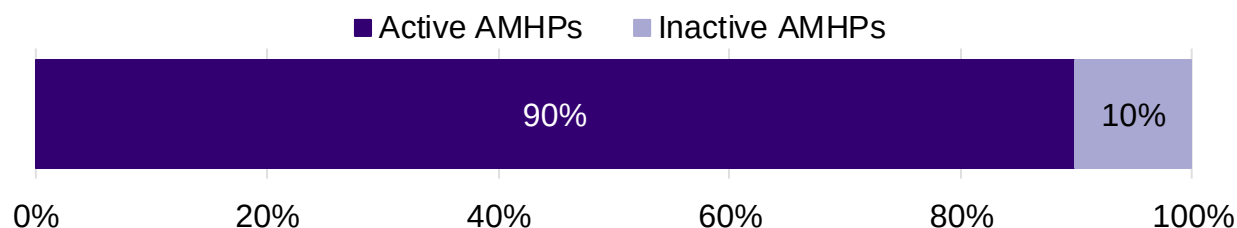


1.3 Recruitment and retention

The survey found that 10% of AMHPs were inactive, which equates to around 380 of the estimated 3,800 AMHPs in the workforce. Inactive AMHPs were those who are approved by a local authority and employed in local services but were not practicing as an AMHP. This could include people working entirely as a manager or on maternity leave.

Chart 4. Proportion of AMHPs by active status

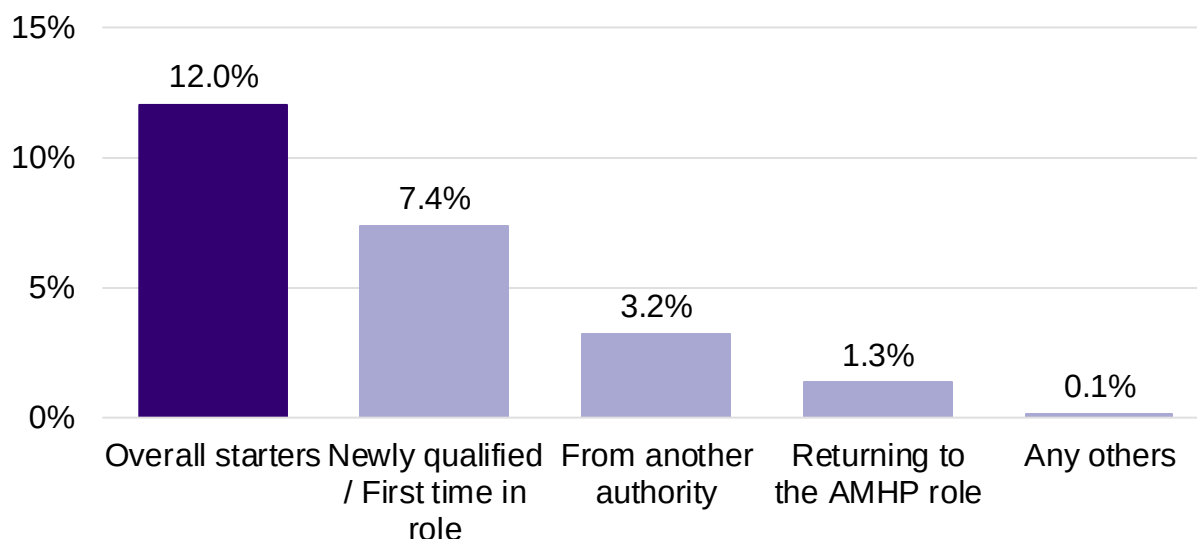
Source: AMHP survey 2025



The survey found that 12.0% of AMHPs had started active service in the previous 12 months, which equates to around 450 of the estimated 3,800 AMHPs in the workforce. Most starters were newly qualified and this was their first time in the AMHP role (7.4%), followed by those transferring between local authorities (3.2%).

Chart 5. Proportion of AMHPs who started in the previous 12 months by category

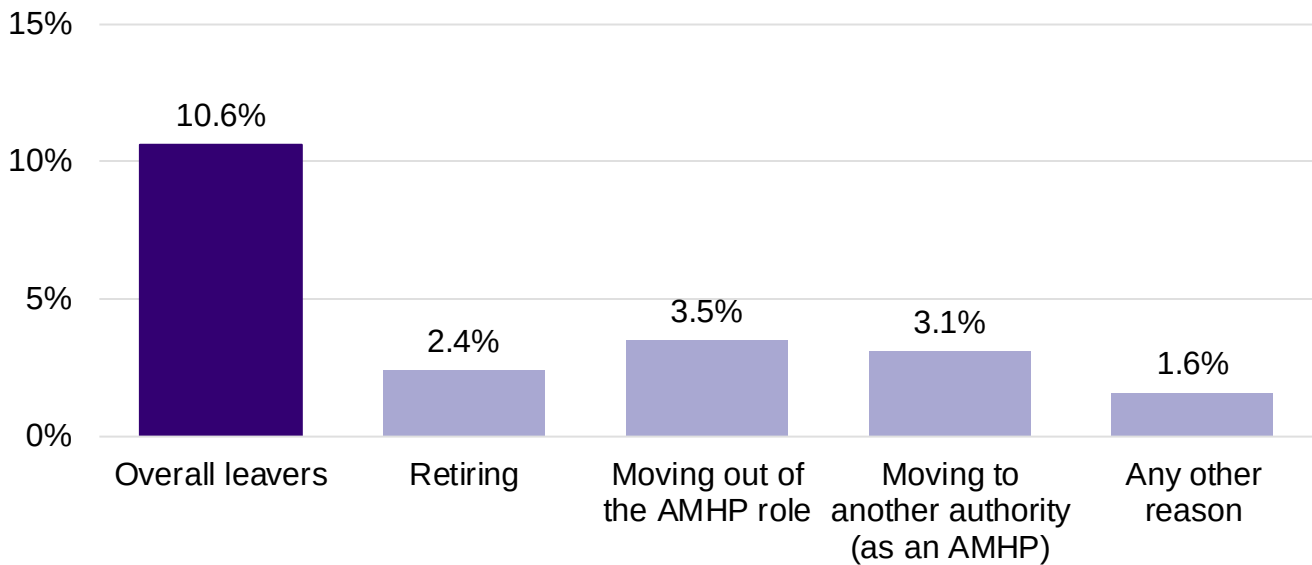
Source: AMHP survey 2025



The survey found that 10.6% of AMHPs had left the role in the previous 12 months, which equates to around 410 of the estimated 3,800 AMHPs in the workforce. Many of these leavers had moved out of the AMHP role (3.5%), but many also moved within the role to another authority (3.1%). Around 2.4% of AMHPs left due to retiring, which equates to around 100 of the estimated 3,800 AMHPs in the workforce.

Chart 6. Proportion of AMHPs who left in the previous 12 months by category

Source: AMHP survey 2025

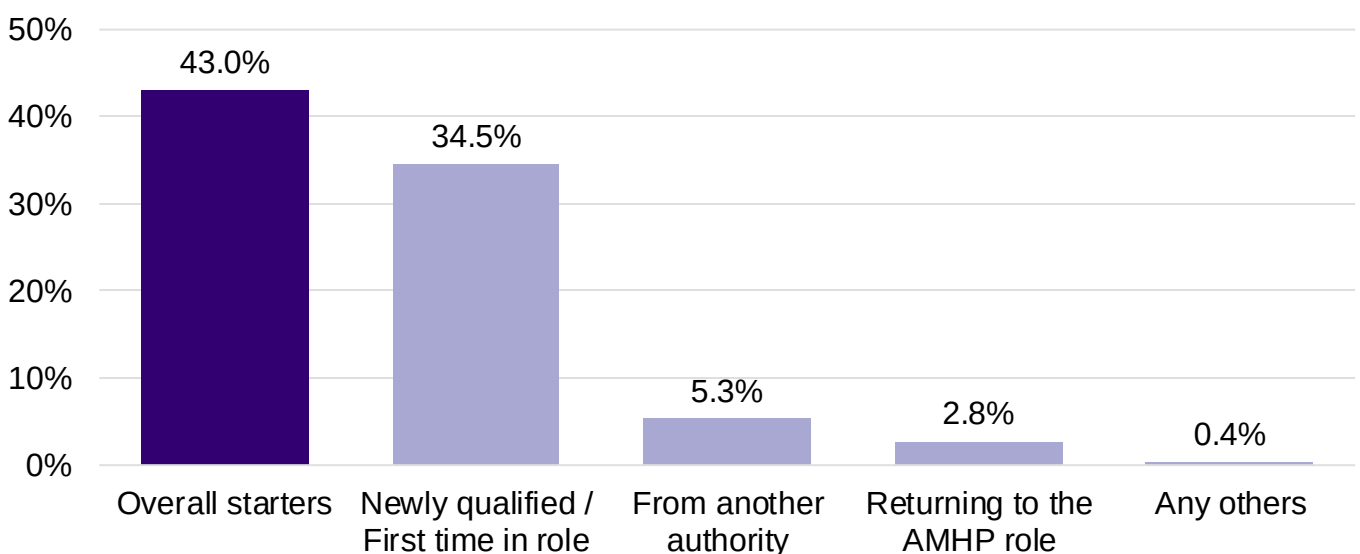


The survey asked AMHP leads to anticipate how many AMHPs will start in their authority over the coming 5 years. The survey found an expected 43.0% additional AMHPs would join the workforce over the coming 5 years, and the majority of these starters would come from people who were newly qualified.

The survey showed that 93% of AMHPs were social workers. The latest information presented the [‘Social work education’](#) report shows that as at 2021/22, enrolments onto courses that could lead to social worker registration broadly increased since 2018/19. It is important to note that eligibility for AMHP training requires a minimum of two years’ post-qualification experience. As such, individuals who began their studies during this period may only now be reaching the stage where they are eligible to undertake AMHP training.

Chart 7. Anticipated AMHP starters in the coming 5 years by category

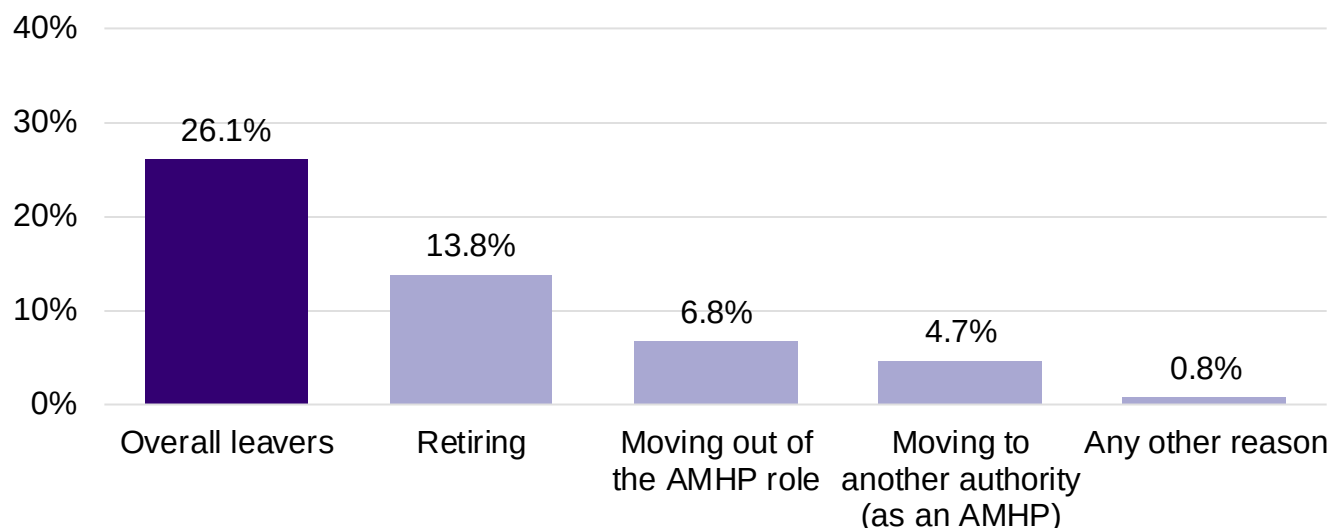
Source: AMHP survey 2025



The survey also asked AMHP leads to anticipate how many AMHPs will leave their authority over the coming 5 years. The survey found an expected 26.1% AMHPs would leave the workforce over the coming 5 years, and the majority of these leavers would be people retiring (13.8% of all AMHPs). Therefore, the workforce is only anticipated to increase by 16.9% over this period.

Chart 8. Anticipated AMHP leavers in the coming 5 years by category

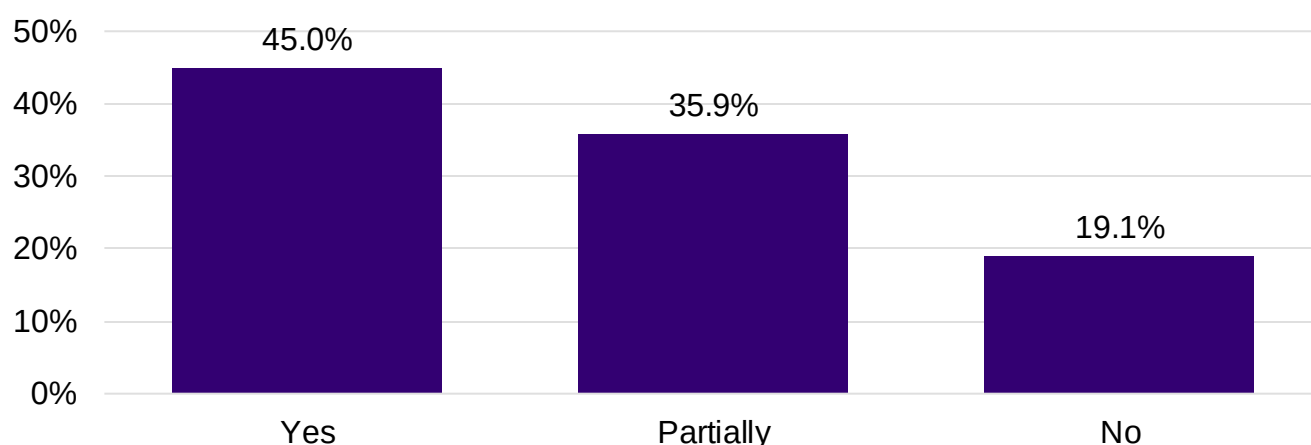
Source: AMHP survey 2025



In 2025 a new question was added to the survey to ask whether local authorities had an AMHP workforce succession plan in relation to attracting, recruiting, and retaining AMHPs. The responses found that the majority of local authorities had a full or partial plan (45.0% and 35.9% respectively), with only 19.1% of local authorities reporting no workforce succession plan.

Chart 9. Proportion of local authorities with an AMHP workforce succession plan

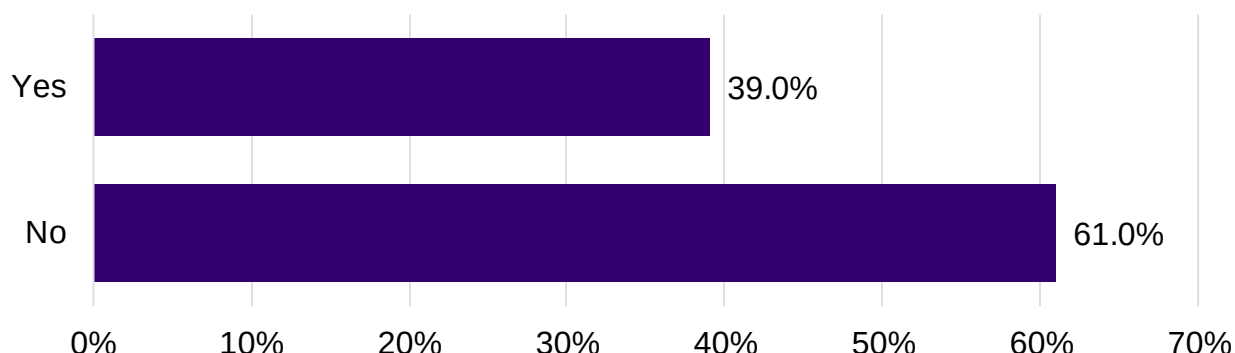
Source: AMHP survey 2025



Of those local authorities which had a full or partial workforce succession plan, 39.0% included routes into AMHP training for NHS-employed colleagues while 61.0% did not.

Chart 10. Proportion of local authorities with a full or partial plan, which included routes into AMHP training for NHS-employed colleagues

Source: AMHP survey 2025

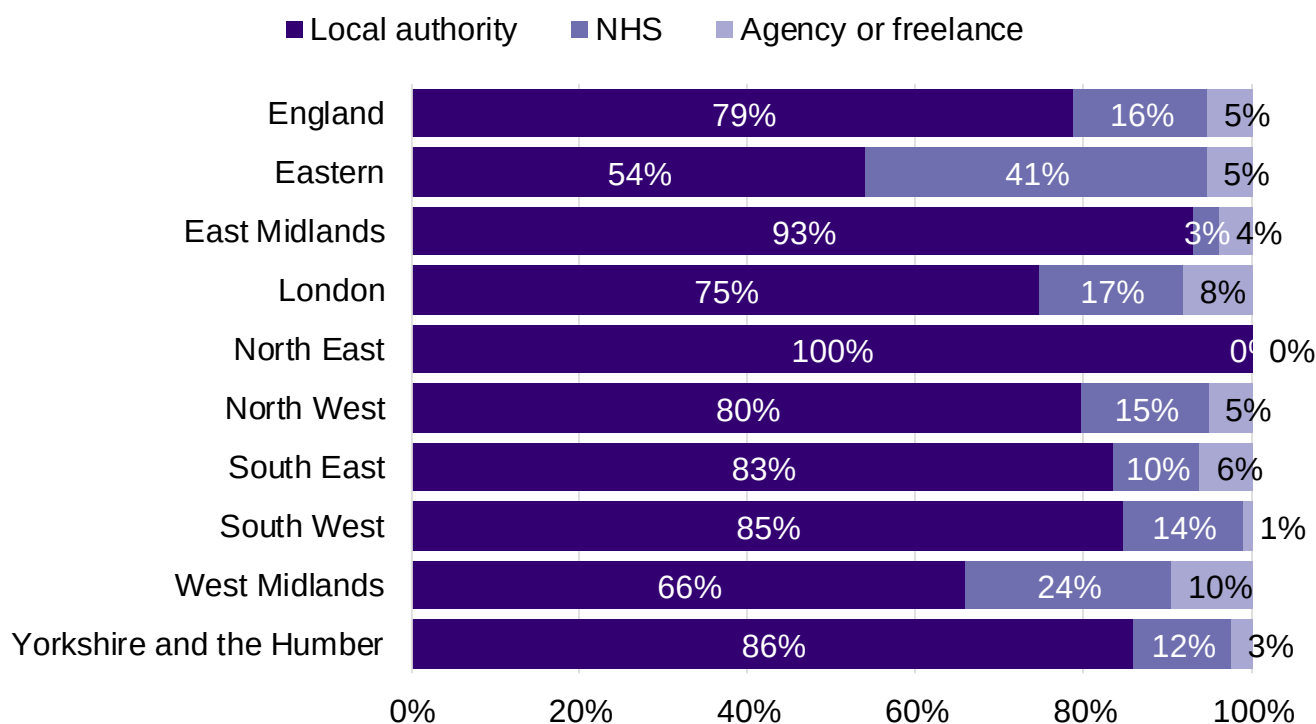


1.4 Employment overview

The survey showed that the majority of AMHPs were employed by the local authority (79%), compared to 16% who were employed by the NHS and 5% who were agency or freelance workers. This pattern was generally reflected regionally, however there was some variance. For example, the Eastern region had much higher proportion of AMHPs employed by the NHS (41%) whereas the North East had 100% of AMHPs employed by the local authority.

Chart 11. Proportion of AMHPs by employer type

Source: AMHP survey 2025



Map 2 below shows the percentage of AMHPs employed by the NHS in each local authority area. Many areas reported none of their AMHPs were employed by the NHS, such as all areas

within the North East. However, the map also shows a high concentration from Herefordshire in the west to Suffolk in the east.

Map 2. Percentage of AMHPs employed by the NHS

Source: AMHP survey 2025

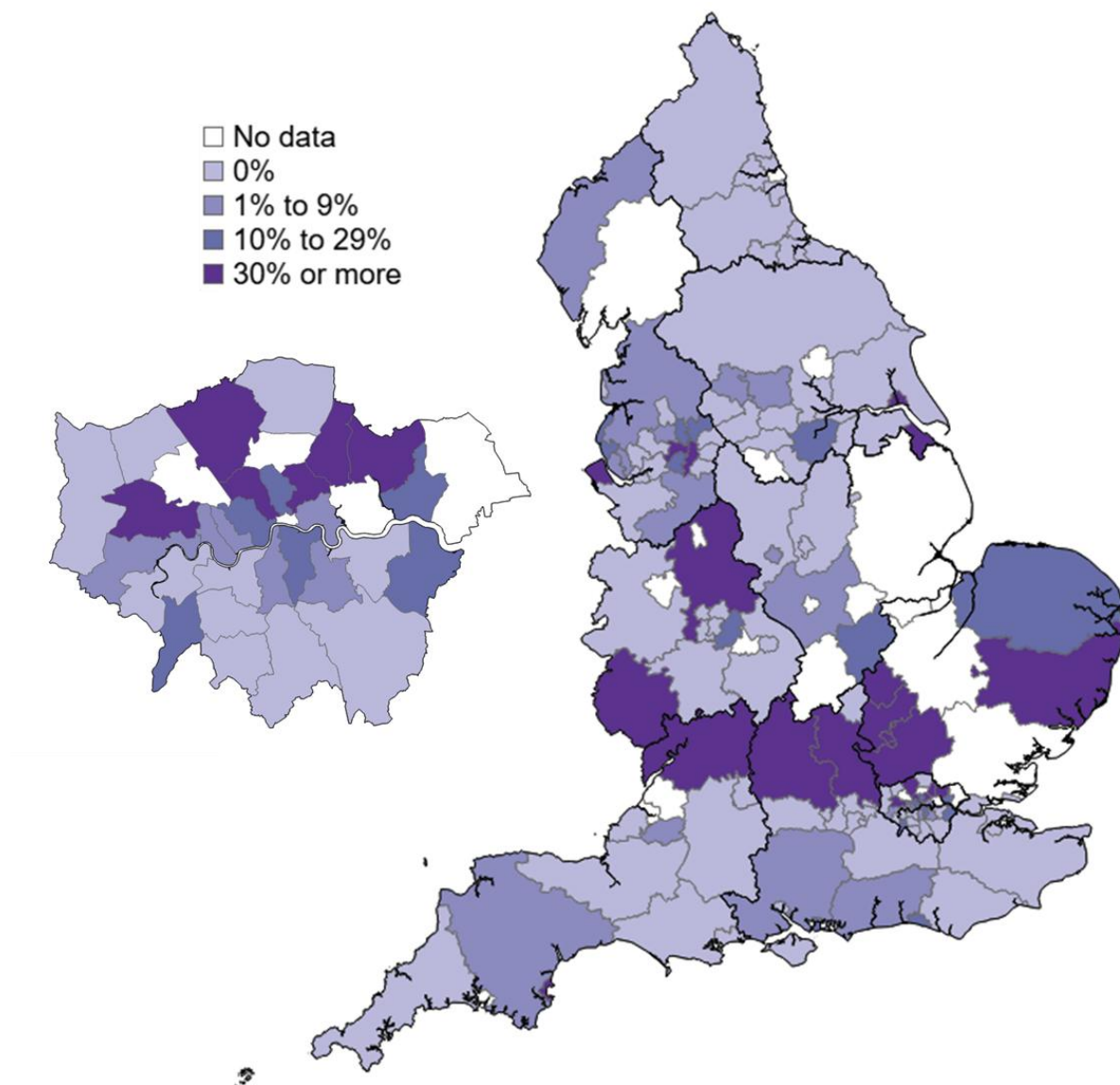
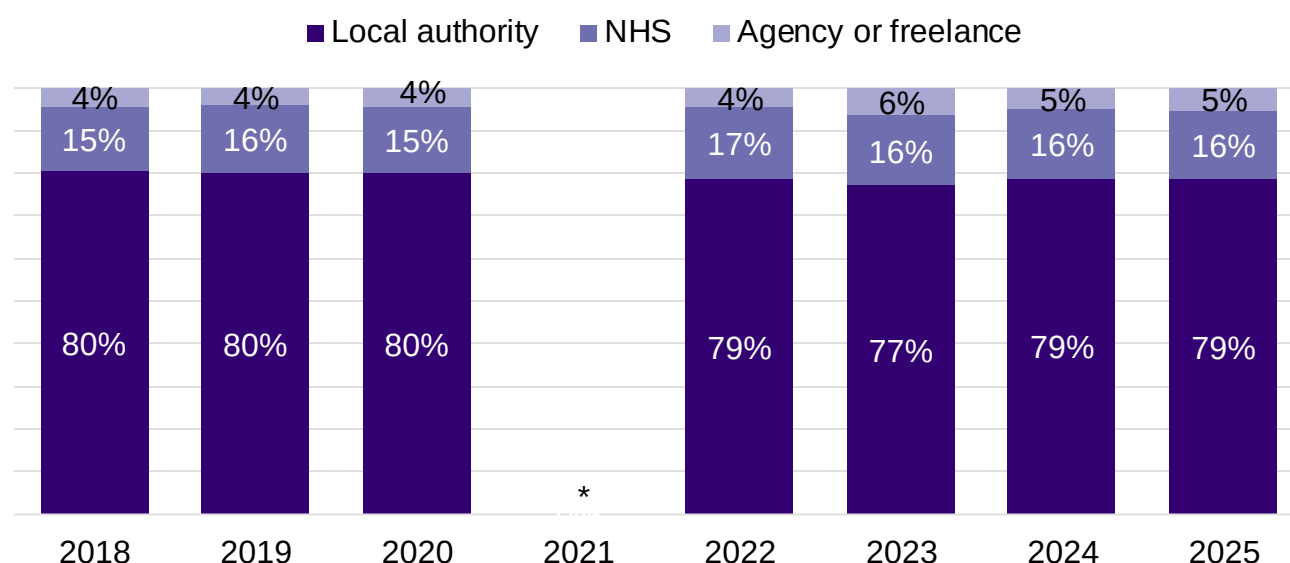


Chart 12 below shows the proportion of AMHPs by employer type remained the same between 2024 and 2025, with 79% employed by local authorities, 16% by NHS, and 5% agency or freelance.

Chart 12. Proportion of AMHPs by employer type, 2018 to 2025

Source: AMHP survey 2025



The 2025 survey found that 93% of AMHPs were social workers, with 6% registered nurses, 1% occupational therapists and very few psychologists. In more than half of local authority areas that were surveyed, all AMHPs were social workers, which means no AMHPs from these local authorities were from nursing, occupational therapy or psychology professions. The Eastern region had the highest proportion of AMHPs whose primary role was as a registered nurse (34%).

Table 1. Proportion of AMHPs by profession

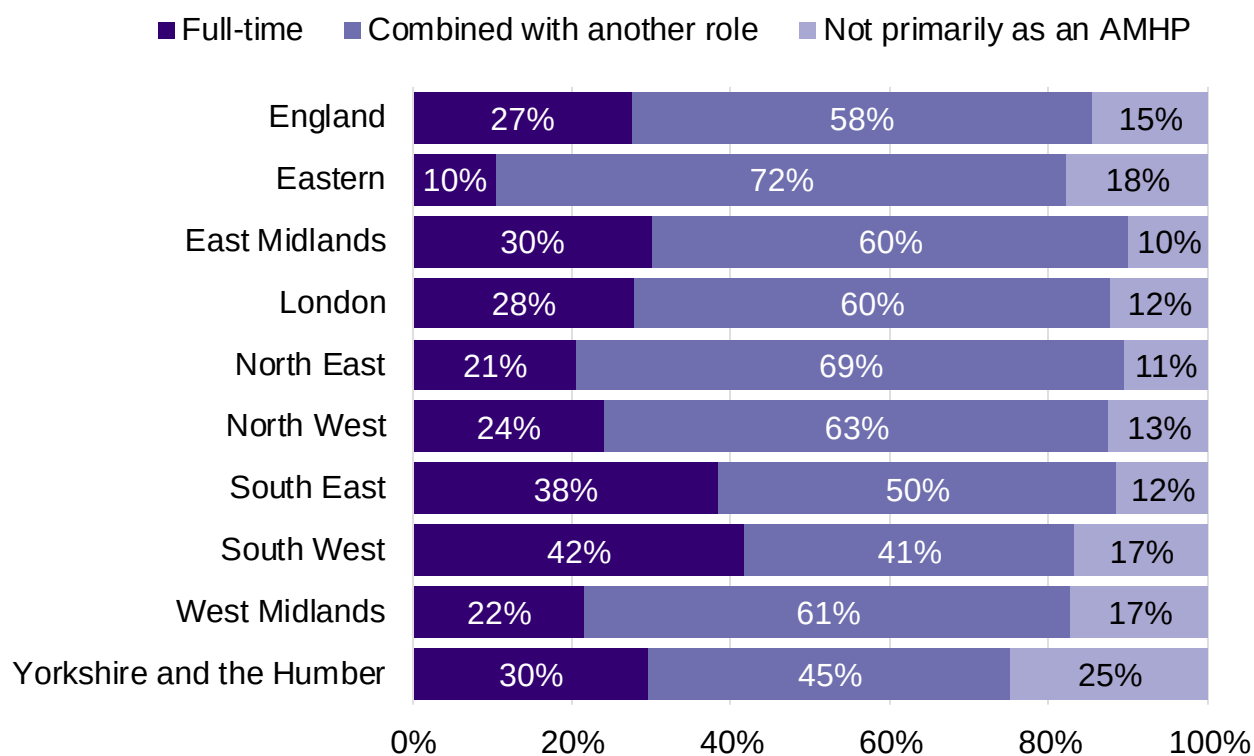
Source: AMHP survey 2025

	Social worker	Registered nurse	Occupational therapist	Psychologist
England	93%	6%	1%	0%
Eastern	66%	34%	0%	0%
East Midlands	97%	2%	0%	0%
London	93%	6%	1%	0%
North East	100%	0%	0%	0%
North West	97%	2%	0%	0%
South East	95%	4%	1%	0%
South West	96%	4%	1%	0%
West Midlands	97%	3%	0%	0%
Yorkshire and the Humber	96%	4%	0%	0%

The survey found that 58% of AMHPs combine their role with another role, while 27% AMHPs solely perform the role of an AMHP. 15% were not primarily working as an AMHP, meaning that of the estimated 3,800 AMHPs overall, around 560 were not regularly performing the role (e.g. sessional, senior management working occasional duty shifts).

Chart 13. Proportion of AMHPs by status of role

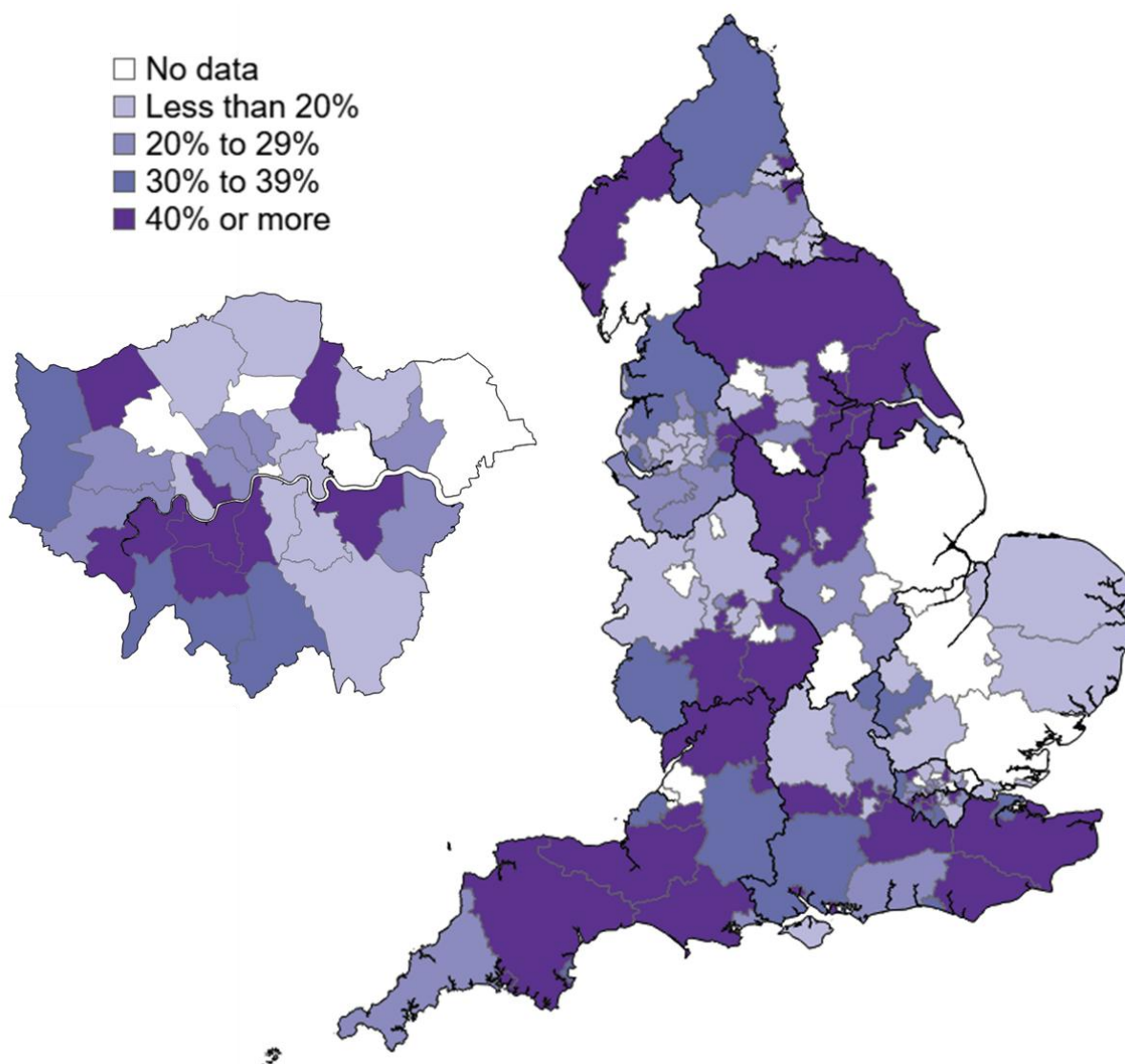
Source: AMHP survey 2025



Map 3 below shows the percentage of AMHPs which were “full-time”, meaning they acted as the AMHP as their primary function even if not working full-time hours, by local authority area. This map demonstrates the diversity of AMHP teams across England.

Map 3. Percentage of AMHPs who were "full-time"

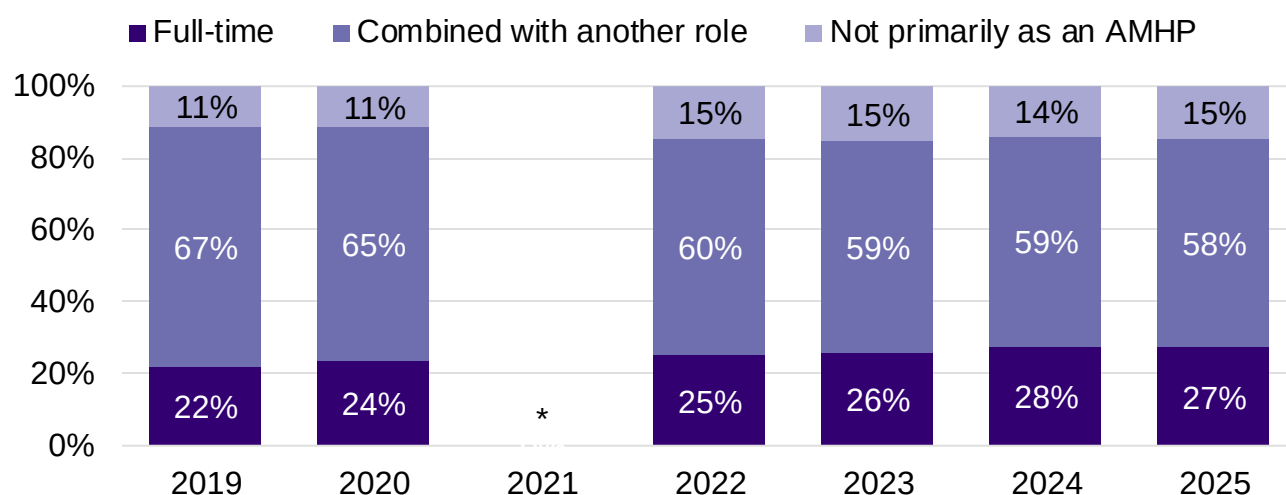
Source: AMHP survey 2025



Since 2019, the proportion of AMHPs who were "full-time" has fluctuated between 22% and 28% whereas those combining the AMHP role has generally decreased. The 2025 survey showed a further decrease in the proportion of AMHPs who combined the AMHP role with another role.

Chart 14. Proportion of AMHPs by status of role, 2019 to 2025

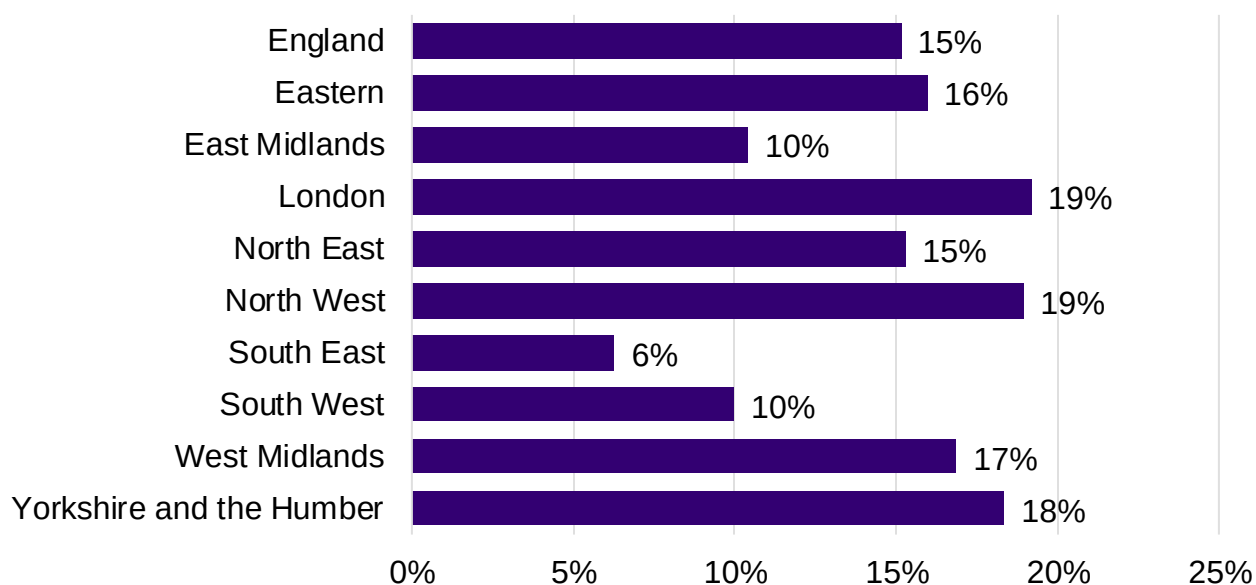
Source: AMHP survey 2025



The survey showed that 15% of AMHPs only work out-of-hours, for example in emergency duty teams. This proportion varied from 6% in the South East to 19% in the London and the North West.

Chart 15. Proportion of AMHPs who only worked out-of-hours

Source: AMHP survey 2025



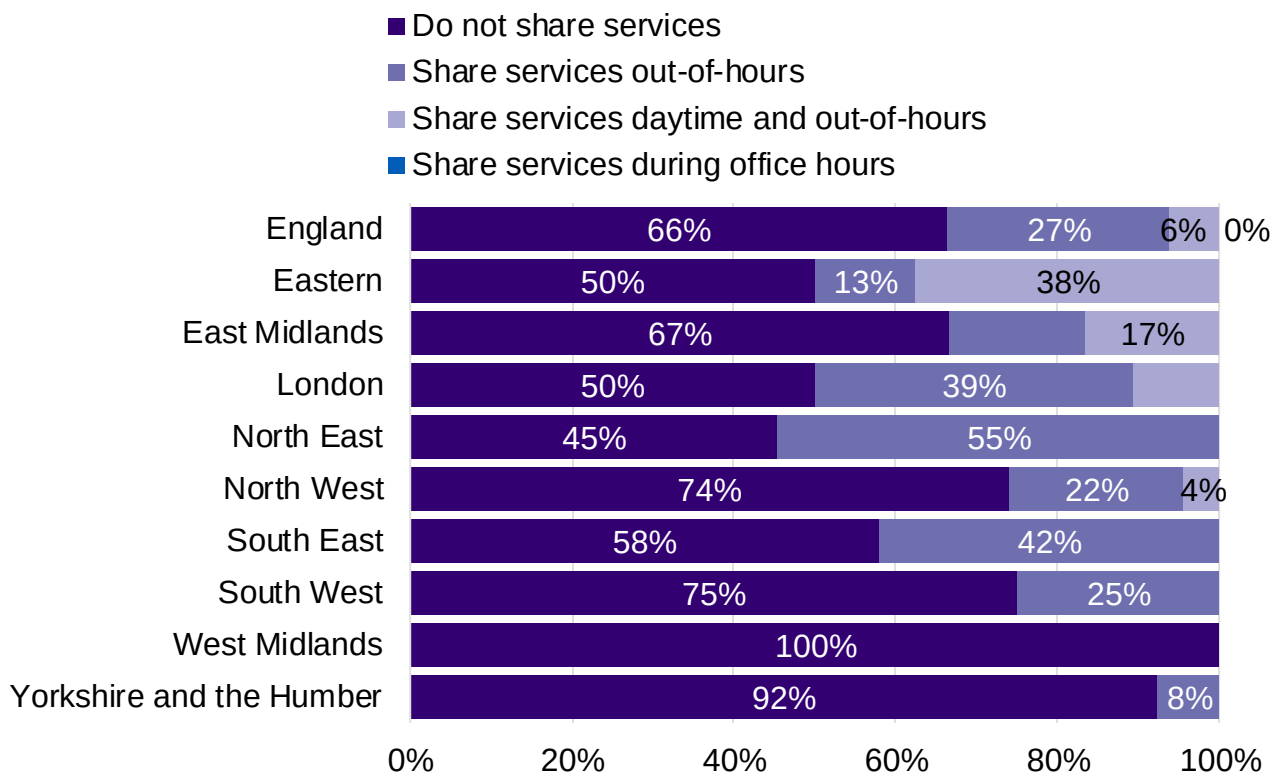
1.5 Service overview

The 2025 survey also asked local authorities whether they shared their daytime and/or out-of-hours AMHP service with any other authority. Of the 131 local authorities that responded, 66% of authorities did not share services, 27% shared out-of-hours services, 6% of authorities shared both daytime and out-of-hours services. No local authorities shared services during

office hours only. As reported since the 2022 survey, none of the authorities in the West Midlands shared their AMHP services.

Chart 16. Proportion of local authorities by whether they share AMHP services

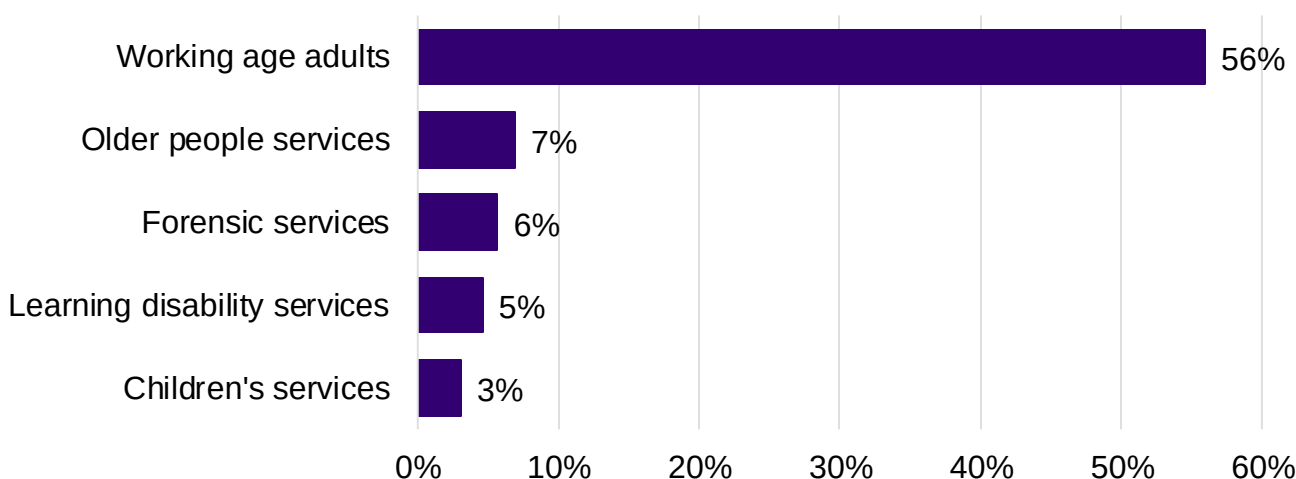
Source: AMHP survey 2025



The survey asked for the headcount of AMHPs that worked in specific services such as working age adults, forensic, older people or children's services. The responses in the chart below show the majority of AMHP teams provide services to working age adults. Respondents were also given a free-text option for this question, into which 'mental health', 'safeguarding' and 'deprivation of liberty safeguards / DoLS' were frequently given.

Chart 17. Proportion of AMHPs by service type

Source: AMHP survey 2025



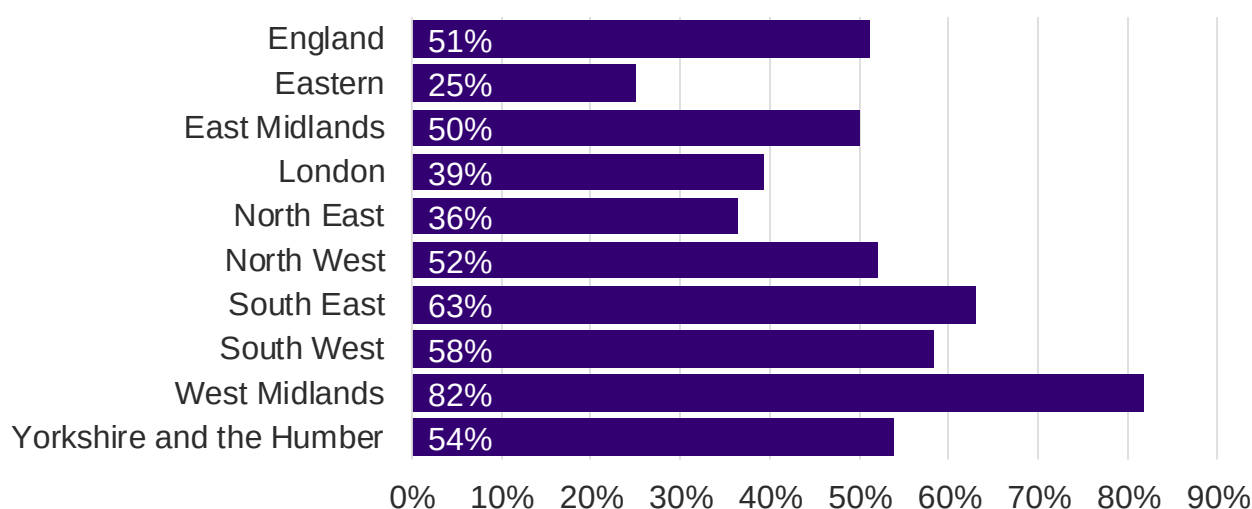
The survey asked respondents for the number of AMHP FTE filled posts needed to fully staff their 24-hour response service. From the 126 respondents to this question, they required an increase in staff of 25%. This does not imply that local authorities are not meeting their statutory duty to provide 24-hour services. The methodology used to estimate the required increase in staff was improved for this report, meaning this figure cannot be compared with previous reports. For further information, see Appendix A.

We also asked for the number of AMHP vacant posts in their AMHP rota. From 131 respondents to this question, they had a vacancy rate of 8.3%. Therefore, the number posts being advertised is less than the overall requirement to fully staff a 24-hour AMHP service.

The survey asked respondents if their local authority ran a singular line managed AMHP duty system covering 24-hours 7 days of the week or did it have a partnership arrangement. 51% of respondents had a singular line managed system, but this proportion varied regionally, with the West Midlands having the highest proportion of 24/7 services (82%) and the Eastern region having the lowest (25%).

Chart 18. Proportion of local authorities in each region with a 24/7 AMHP service

Source: AMHP survey 2025



1.6 Hours

The survey asked respondents for the number of full-time equivalent (FTE) AMHP filled posts, in addition to the headcount. To help respondents calculate this, we provided a tool which would give their overall FTE filled post figure based on the total hours worked per AMHP over their rota period. Full-time was classified as working 40 hours per week.

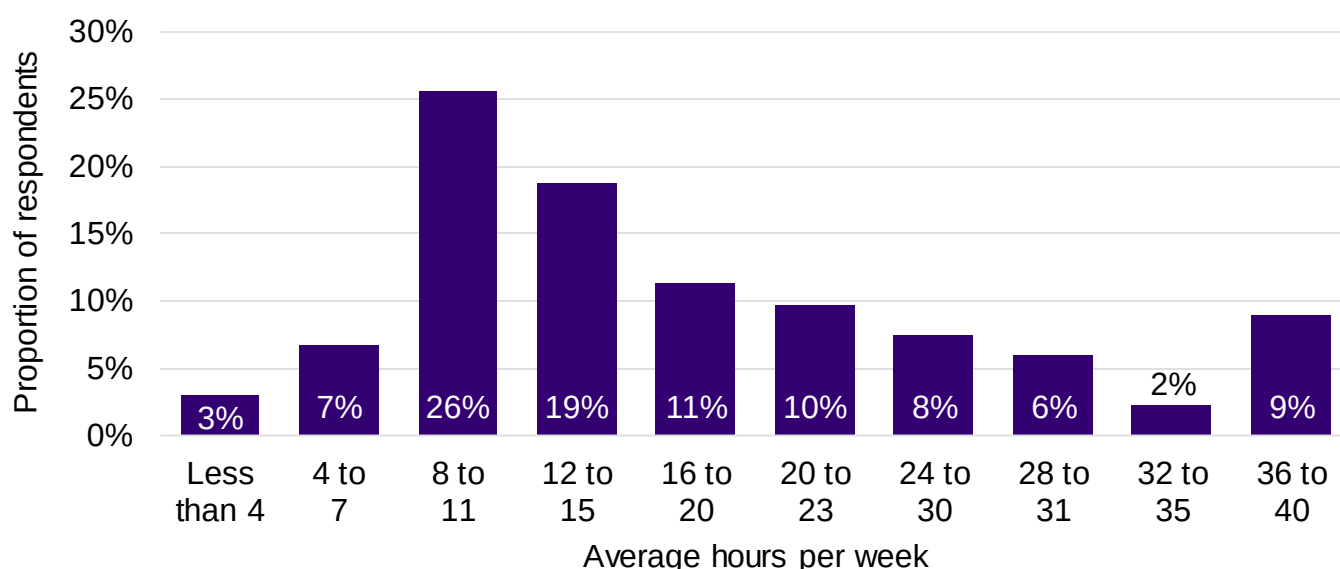
Skills for Care have noted that it was difficult for respondents to answer this question as we are aware of the variety of working patterns that AMHPs undertake. The estimated AMHP headcount was 3,800 and the estimated FTE filled post ratio was 0.41, which equates to around 1,600 FTE AMHP filled posts in 2025.

As we have collected the number of FTE AMHP filled posts over multiple years, we have used these returns to quality check the responses and fill gaps from areas that did not respond. Therefore, the FTE filled post figures in this report are an estimate based on the data available at the time and may be different to previous reports.

On average, we estimated that AMHPs worked 17 out of 40 hours per week in their statutory role. However, there was a wide range of responses across areas. Around 17% of local authorities had an FTE filled post ratio of 0.7 or more, meaning their AMHPs worked 28 or more hours per week in their statutory role. Around 35% of respondents had an FTE filled post ratio less than 0.3, meaning their AMHPs worked less than 12 hours per week in their statutory role. The chart below includes 133 local authority areas.

Chart 19. Proportion of respondents by AMHPs' average hours per week in their statutory role

Source: AMHP survey 2025



2. Findings from the ASC-WDS

This chapter uses unweighted ASC-WDS data from the local authority sector as at September 2024, which means the figures differ from our workforce estimates. The chapter focuses on social workers and AMHPs who are employed by local authority services in England, as collected in the ASC-WDS. Social workers are shown alongside AMHPs because the survey analysed in the previous chapter showed that 93% of AMHPs were social workers.

Within the ASC-WDS, we were able to identify 2,412 social workers that were employed within local authorities and defined as an AMHP, or held an AMHP qualification, as at September 2024. We have used these records to identify some of the key characteristics of AMHPs in the workforce.

2.1 AMHP demographics

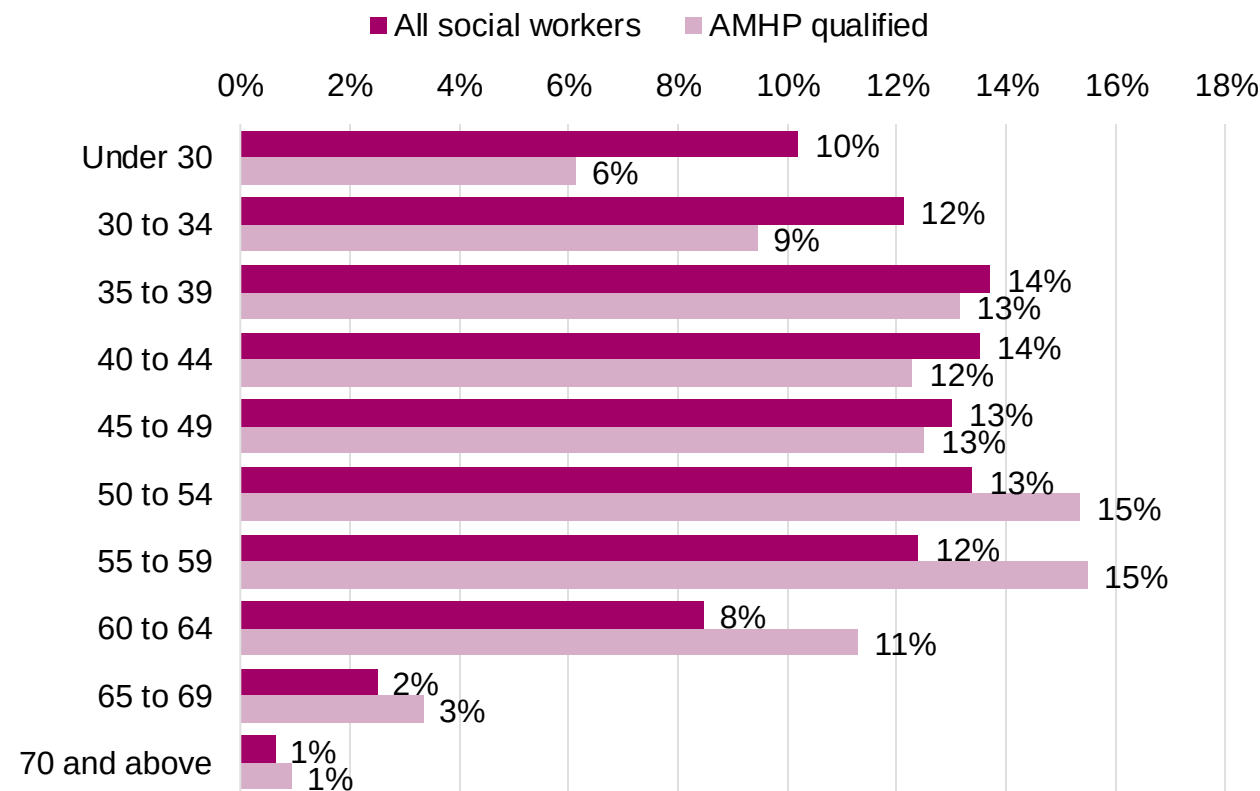
2.1.1 Age

The ASC-WDS showed that the mean age of all social workers was 44.8 years, which was lower than the mean age of AMHP qualified social workers at 47.3 years.

Around 24% of social workers were aged 55 and above, which was lower than for those qualified as an AMHP (31%). From a workforce planning perspective, this group may retire within the next ten years. The ASC-WDS also showed there were notably fewer qualified AMHPs aged under 30 compared to social workers.

Chart 20. Proportion of social workers and qualified AMHPs by age group

Source: ASC-WDS unweighted data September 2024



2.1.2 Gender

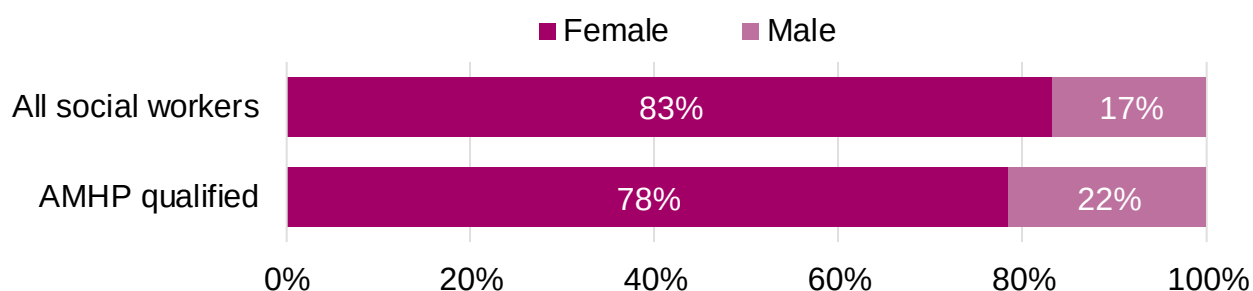
Across England, the AMHP role had a higher proportion of male workers (22%) compared to social workers overall (17%). This difference was greatest in the West Midlands region (28% male AMHPs versus 17% male social workers) and lowest in the Eastern region (17% male AMHPs versus 16% male social workers).

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

The following detailed analysis includes 'male' and 'female' gender identities. The 'other' gender identity responses are not included in the detailed analysis because the national base is very low, and we are still understanding its representativeness.

Chart 21. Proportion of social workers and qualified AMHPs by gender

Source: ASC-WDS unweighted data September 2024



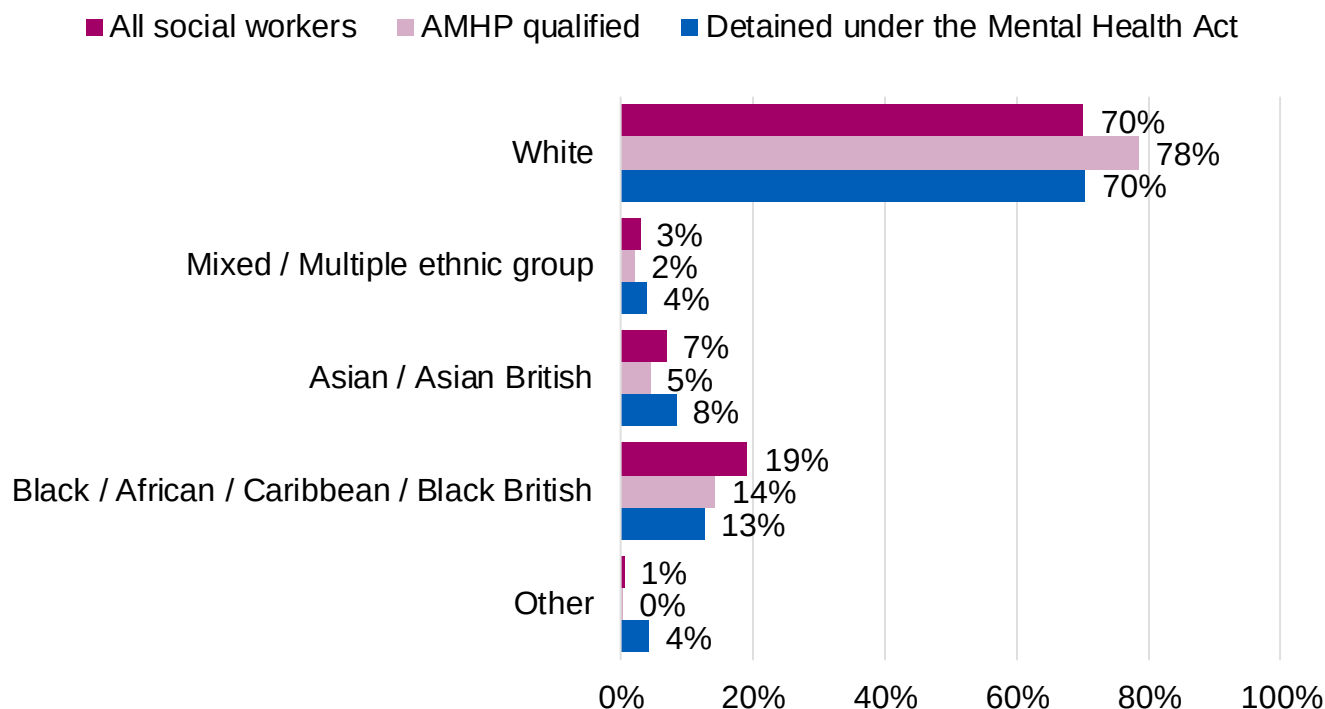
2.1.3 Ethnicity

The ASC-WDS showed that 70% of social workers had a white ethnicity compared to 78% of AMHP qualified social workers. 19% of social workers and 14% of those who were AMHP qualified had a Black/African/Caribbean/Black British ethnicity.

The proportion of social workers and AMHPs by ethnicity was similar to the proportion of people with lived experience who are using the service. This includes those detained under the Mental Health Act, where 70% had a white ethnicity and 13% had a Black/African/Caribbean/Black British ethnicity. More information about [Detentions under the Mental Health Act](#) is collected in the [Mental Health Services Data Set](#).

Chart 22. Proportion of social workers, qualified AMHPs, and people detained under the Mental Health Act by ethnicity

Source: ASC-WDS unweighted data September 2024, Mental Health Services Data Set August 2024



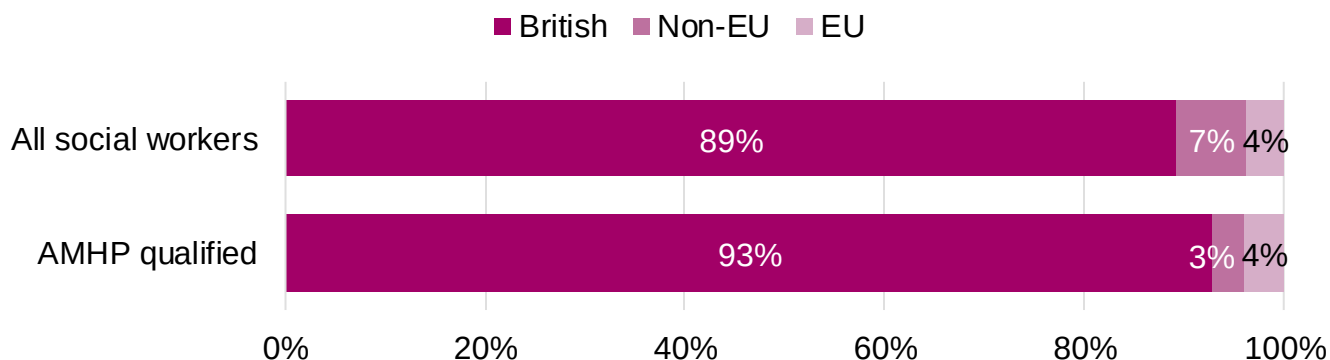
London showed the highest ethnic diversity (36% of AMHPs with a white ethnicity) and the North East showed the least ethnic diversity (95% of AMHPs with a white ethnicity).

2.1.4 Nationality

The ASC-WDS showed that 89% of social workers and 93% of those qualified as an AMHP had a British nationality. The chart below shows that 3% of AMHPs had a non-EU nationality and the 4% had an EU nationality.

Chart 23. Proportion of social workers and qualified AMHPs by nationality

Source: ASC-WDS unweighted data September 2024



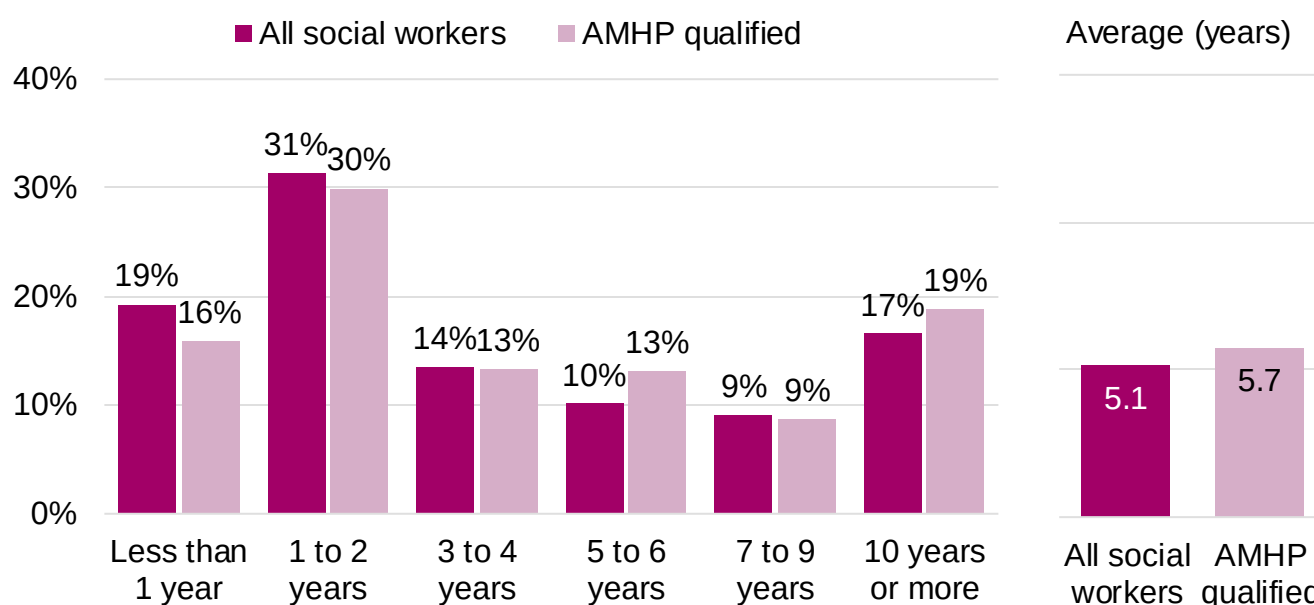
2.2 Experience in role

ASC-WDS data also allows us to look at how long social workers have been working in their current role. The average experience in current role for an AMHP was 5.7 years compared to 5.1 years for all social workers. Of those with an AMHP qualification, 19% had ten years or more experience, compared to 17% of those without the AMHP qualification.

A reason for this trend is that only social workers with at least two years post-qualification experience can embark on AMHP training. This requirement could also explain why there are fewer AMHPs aged under 30 years as there were relatively fewer social workers in this age band.

Chart 24. Proportion of social workers and qualified AMHPs by experience in role*

Source: ASC-WDS unweighted data September 2024



*Those with less than two years in their current role in may have been trained as an AMHP in a previous role.

2.3 Pay

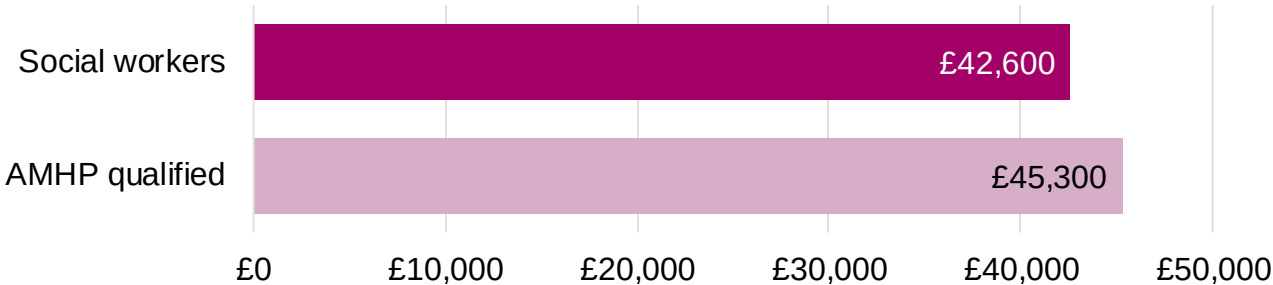
Chart 25 compares the median full-time equivalent (FTE) annual pay of a social worker to those identified as an AMHP. As AMHPs tend to have a greater amount of experience in their role, only those with five years or more experience in their role were included in both groups. It is also acknowledged that many local authorities pay a premium for practicing AMHPs as either a fixed payment or an incremental increase, but this is inconsistent across the sector¹.

¹ Who wants to be an Approved Mental Health Professional? – King's College London – 2018
https://kclpure.kcl.ac.uk/portal/files/101007101/Stevens_et_al_2018_AMHP_Report.pdf

Across England, the median (FTE) annual pay for an AMHP was £45,300, which was 6% higher than the £42,600 for all social workers.

Chart 25. Median full-time equivalent (FTE) annual pay of social workers and qualified AMHPs*

Source: ASC-WDS unweighted data September 2024

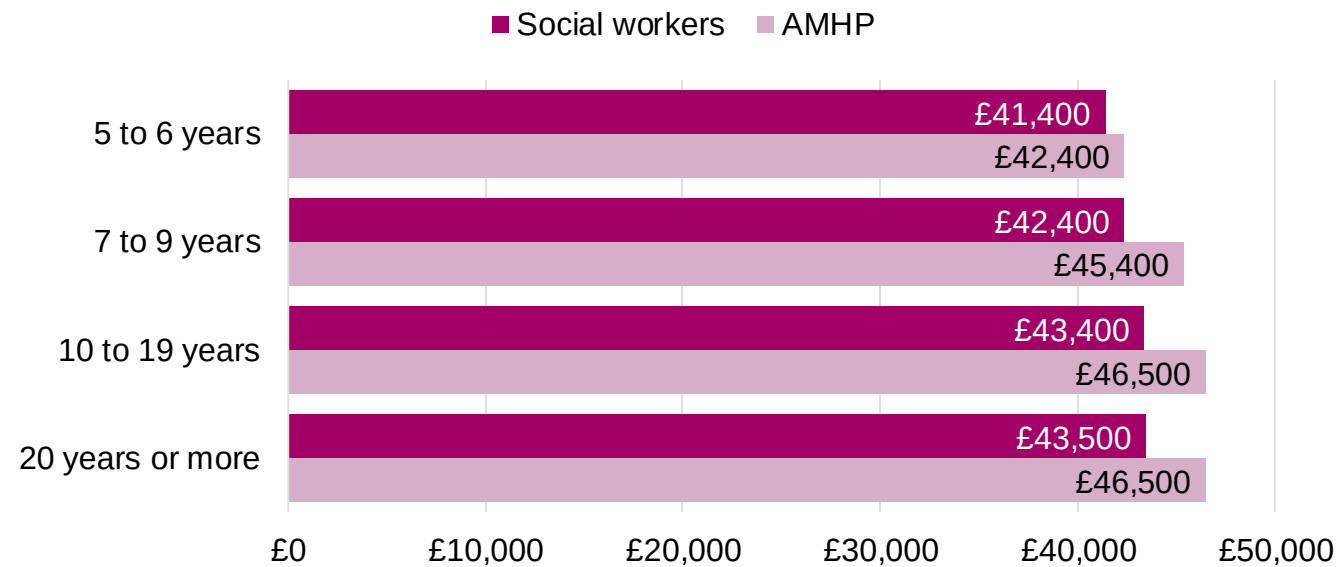


*Note: only social workers and qualified AMHPs with five years or more experience in their role were included

Chart 26 below shows that both social workers and qualified AMHPs receive higher annual pay with greater experience, and that the increase for qualified AMHP is still substantial for those the most experience in their role, at 7% for those with 20 years or more experience.

Chart 26. Median full-time equivalent (FTE) annual pay of social workers and qualified AMHPs by experience in role

Source: ASC-WDS unweighted data September 2024



Further resources

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

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, 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 www.skillsforcare.org.uk/sizeandstructure

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

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

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

Regional information

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

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

Local area information

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

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

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

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

Key topic areas

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

- | | |
|--|--|
| ▪ Monthly tracking of key metrics | ▪ Nurses in social care |
| ▪ Apprenticeships | ▪ Occupational therapists |
| ▪ Factors affecting turnover | ▪ Registered managers |
| ▪ Individual employers and personal assistants | ▪ Social work |
| ▪ Learning disability and/or autism workforce | ▪ Workforce nationality and international recruitment. |

To access these topic pages, visit www.skillsforcare.org.uk/Topics

Our values

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

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

As a Workforce Intelligence team, we:

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

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

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.



For more information about the services listed above, to be kept up to date with Workforce Intelligence news or please get in touch via the following routes:

Email: analysis@skillsforcare.org.uk

X (Twitter): [@SfC_Data](#) or [@skillsforcare](#)

Website: www.skillsforcare.org.uk/contactWI

Appendix

Appendix A: Methodology change to estimate FTE AMHP filled posts required to provide a 24-hour service

We have noted that it was difficult for respondents to answer questions regarding FTE filled posts and FTE filled posts required as we are aware of the variety of working patterns that AMHPs undertake.

Our methodology has changed to estimate the increase in FTE AMHP filled posts required to provide a 24-hour service.

Table 2. Example responses relating to the question of FTE AMHP filled posts required to provide a 24-hour service.

	Headcount	Current FTE AMHP filled posts	FTE AMHP filled posts needed
Example A	30	15	14
Example B	20	4	21

Last year, we attempted to fix outliers based on assumptions about how services may have interpreted questions, however we couldn't be certain that this was correct.

Last year, we would have considered the FTE needed figure provided by Example A to be "in addition" as it was lower than current FTE, meaning their FTE needed would be updated to 29. We also would have considered the FTE needed figure provided by Example B to be a headcount as this would have been a large increase in FTE needed while being close to the headcount. After applying the changes above, we would then apply a filter to remove the results where the percentage increase needed was outside the 5th and 95th percentiles. If we applied last year's method to this year's data, we would have estimated 34% increase in FTE AMHP filled posts required.

This year, rather than trying to fix outliers based on assumptions, we filtered out the outliers on the top and bottom end. We considered all FTE AMHP filled posts needed submissions to be a total required, which would mean Example A's FTE needed would remain at 14. We considered all FTE needed submissions to be FTE. We made no changes to the figures provided and applied a filter to remove the results where the percentage increase needed was outside the 10th and 90th percentiles. As a result, we estimate a 25% increase in FTE AMHP filled posts is required to provide a 24-hour service.

As we've changed our method for this figure, it's not comparable to what we published last year. We will review the question to try to improve data quality in the future.



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