



Department
of Health &
Social Care



The Approved Mental Health Professional (AMHP) workforce in the social care sector

April 2026

Contact us: analysis@skillsforcare.org.uk

Contents

Foreword from Department of Health and Social Care	3
Glossary.....	4
Key findings.....	6
Introduction	7
1. Findings from the AMHP survey	9
1.1 Headcount	10
1.2 Headcount comparison, 2025 to 2026.....	12
1.3 Recruitment and retention	13
1.4 Employment overview.....	17
1.5 Service overview	23
1.6 Hours.....	25
2. Findings from the ASC-WDS.....	27
2.1 AMHP demographics	28
2.1.1 Age.....	28
2.1.2 Gender.....	29
2.1.3 Ethnicity	30
2.1.4 Nationality	32
2.2 Experience in role	32
2.3 Pay.....	33
Further resources	35
Our workforce intelligence publications	36
Compliance with the Code of Practice for Statistics.....	38

Foreword from Department of Health and Social Care

Now in its eighth 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.

We remain ever grateful to AMHP Leads and their colleagues for putting in the time and effort to respond to this survey. This year we had a 92% return from local authorities, a staggering achievement at a time when everyone remains so busy. It is hugely appreciated and provides valuable insight into the health of the AMHP workforce and some of the challenges we face. Once again, I am especially grateful for the support of colleagues at both Skills for Care and the AMHP Leads Network for their continued dedication in producing this survey.

This time last year, the Mental Health Bill was progressing through Parliament. The Bill reached Royal Assent on 18th December 2025 and is now the Mental Health Act 2025. At the time of this report, the process of implementation planning is under way and AMHPs will continue to play a central role in developing the new Code of Practice. With new responsibilities and criteria, the AMHP role remains central to operations of the amended Act. As does our role in helping to achieve the aims of that reform for the people we serve.

Alongside this survey, we continue with our efforts to secure a national AMHP dataset and guidance on data collection to AMHP services and local systems. Bringing the workforce and AMHP demand and activity data together will represent an important step in truly understanding the full scope of our work, the demands and the resources available to us, and improve our visibility to the wider system.

This year's survey confirms a continued trend toward colleagues working exclusively as AMHPs – although over half still maintain joint roles. We see an increase in AMHP service provision being provided through a single line-managed service, rather than split out across day and nighttime provision. There is a slight increase in the overall numbers of AMHPs currently approved, along with a continued disparity between the number of AMHP vacancies in the system compared to the estimated number of AMHP thought to be needed to maintain effective services.

My thanks once again to all who have contributed to this survey and to those who continue to regularly go above and beyond when carrying out the AMHP role.

Robert Lewis

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

Glossary

A [glossary](#) of adult social care terms has been created to support consistent understanding across Skills for Care's Workforce Intelligence reports, data visualisations and downloads. Below are terms relevant for this report.

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 are two flags within the ASC-WDS which allows us to identify those workers who are AMHP qualified.

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.

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

3,900



AMHP headcount in
England

1,500



Full-time equivalent
(FTE) AMHP filled posts

£49,300



Median AMHP FTE
annual salary

Findings from the AMHP survey

- Between 2025 and 2026, the estimated number of AMHPs in England increased from 3,800 to 3,900 (up 1%). The estimated full-time equivalent ratio was 0.38 and there were around 1,500 FTE AMHP filled posts in 2026.
- The majority of AMHPs were employed in the local authority sector (81%), 15% were employed in the NHS and 4% were either agency or freelance.
- Over half (57%) of AMHPs combine the AMHP role with another role. Over a quarter of AMHPs solely perform the role of an AMHP (28%) and the remaining 14% were not primarily working or regularly working as an AMHP.
- A sixth of AMHPs only work out-of-hours (16%), for example in emergency duty teams.
- In the previous 12 months, 2.5% of AMHPs had retired while 7.1% of the AMHP workforce were newly qualified or it was their first time in the role.
- Half of the respondents stated that their local authority ran a singular line-managed AMHP duty system covering 24-hours 7 days of the week (50%) while the other half had partnerships of different services arranged.
- To fully staff local authorities' 24-hour response service, there would need to be an increase of 23% in the number of FTE AMHP filled posts. Despite this, the vacancy rate was 7.7%, meaning the number of posts being advertised is less than the overall requirement.
- AMHP leads anticipate an additional 40% AMHPs starting over the coming 5 years, of which the majority will be newly qualified/first time in the role. A fifth (23%) will leave the role over the same period.

Findings from the ASC-WDS

- Around a third of the AMHP workforce (34%) were aged 55 and above and therefore could retire over the coming 10 years, compared to 25% of social workers.
- Around 20% of AMHPs were people of Black, African, Caribbean, or Black British ethnicities, compared to 22% of social workers.
- The average median pay for an AMHP with five or more years of experience was £49,300. This was 8% higher than the £45,500 for social workers with five or more years of experience.

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 2026. The survey is completed by each local authority's AMHP Lead and includes information about all AMHPs approved by the local authority in their area. Approvals can only be made by the local authority. Therefore, we are confident that the survey covers all AMHPs who are employed by local authorities and the NHS, and those who are agency and freelance workers. The survey collects aggregated data including the headcount of AMHPs in each authority, their roles, and their working patterns.

This report also includes data on the characteristics of social workers employed by local authority adult social services collected via the Adult Social Care Workforce Dataset (ASC-WDS), as at September 2025.

Skills for Care conducts this survey on behalf of the Department of Health and Social Care (DHSC) and the [AMHP Leads Network](#). We have carried out this survey annually since 2018 and it has provided important information for the DHSC and the AMHP Leads Network to better understand this key role. 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 DHSC, the AMHP 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.

In 2026, the survey was completed by 92% of local authorities in England (136 out of 148), a slight increase from 89% of local authorities last year. Local authorities who do not respond to the survey either have estimates calculated based on their previous data for AMHP headcount or full-time equivalent filled posts or are excluded from the analysis.

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

The survey collected data from 136 of 148 local authorities in 2026, a 92% return rate. Some local authorities submit a joint return with another local authority and are included with that local authority's response. 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 Approved Mental Health Professionals (AMHPs).

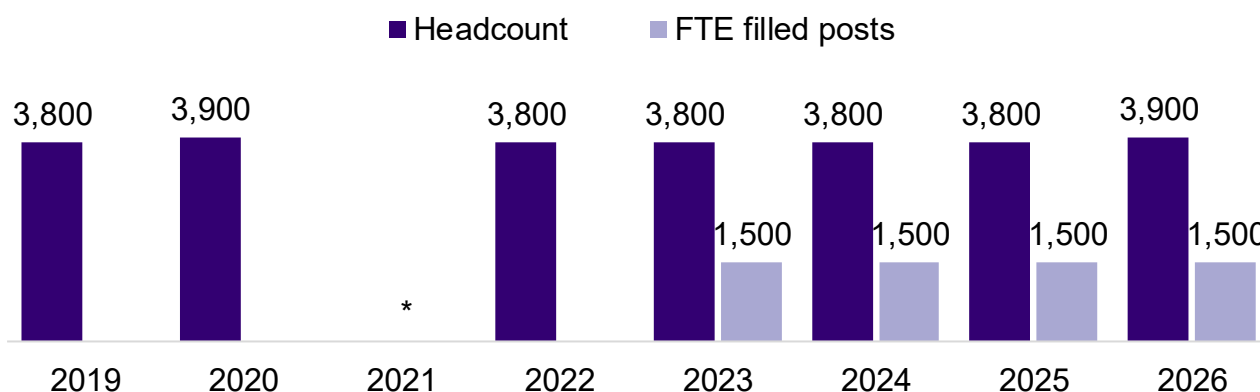
To estimate the number of AMHPs from local authorities that did not respond to the survey, or were received incorrectly in previous years, we have modelled the relationship between social worker filled posts (using data from the ASC-WDS) and the number of AMHPs (using the survey). These estimates were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

1.1 Headcount

The raw data from the 136 local authorities showed an overall headcount of 3,646 AMHPs approved by local authorities. Skills for Care's modelled estimate for the overall headcount of approved AMHPs in England was 3,900. Chart 1 compares the estimated overall headcount of AMHPs between 2019 and 2026, as well as the estimated number of full-time equivalent (FTE) AMHP filled posts. The number of FTE AMHP filled posts was only asked in recent surveys so is not available prior to 2023.

Chart 1. Estimated AMHP headcount and FTE AMHP filled posts, 2019 to 2026

Source: AMHPs survey

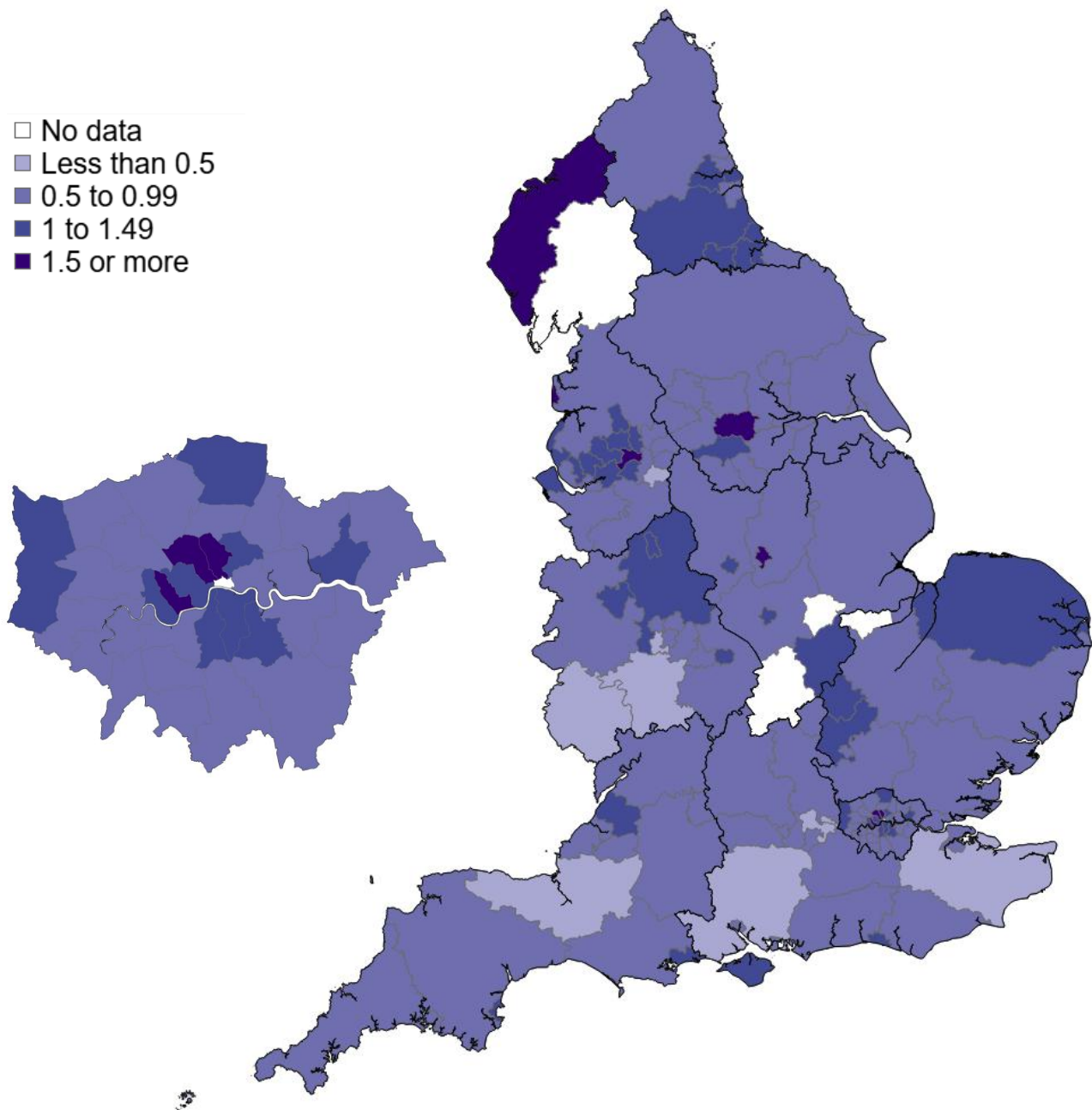


* The AMHP survey was not conducted in 2021 – data from this period is not available.

Map 1 shows the number of AMHPs per 10,000 people aged 16 and above in each local authority area. Most local authority areas had 0.5 to 0.99 AMHPs per 10,000 people aged over 16, with very few having 1.5 or more AMHPs per 10,000 people aged over 16.

Map 1. Number of AMHPs per 10,000 people aged 16 and above by local authority, 2026

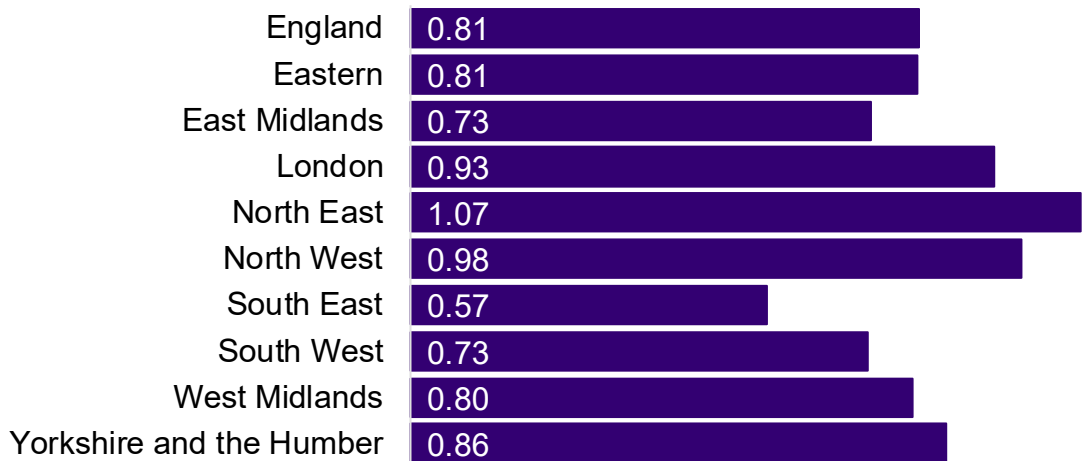
Source: AMHPs survey, [Nomis](#)



The South East region had the lowest number of AMHPs per people at around 0.57 whereas the North East had the highest at 1.07, 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.

Chart 2. Number of AMHPs per 10,000 people aged 16 and above by region, 2026

Source: AMHPs survey, [Nomis](#)

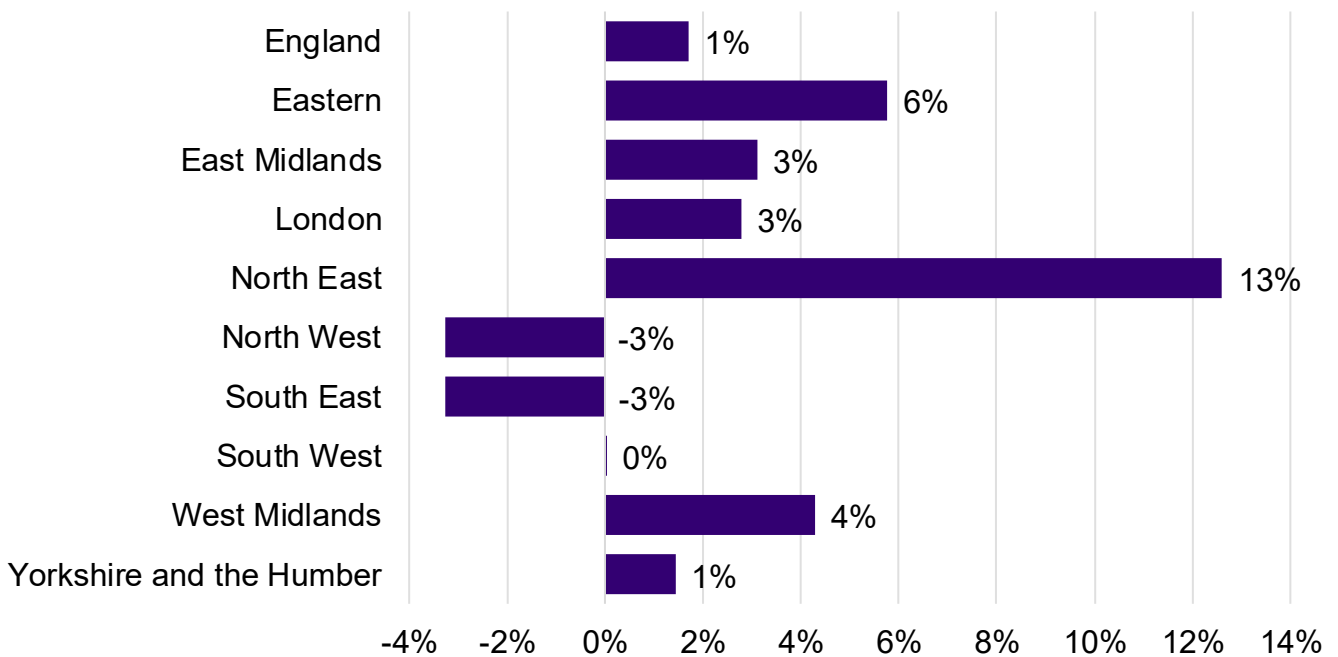


1.2 Headcount comparison, 2025 to 2026

Between 2025 and 2026, the overall number of AMHPs in England increased from 3,800 to 3,900, an increase of 1%. The chart below shows the percentage change in the estimated number of AMHPs between 2025 and 2026. The North East showed the largest increase at 13% (around 27 more AMHPs), whereas the South East (around 15 less AMHPs) and the North West (around 21 less AMHPs) showed the largest decreases at 3%.

Chart 3. Percentage change in the estimated number of AMHPs by region, between 2025 and 2026

Source: AMHP survey

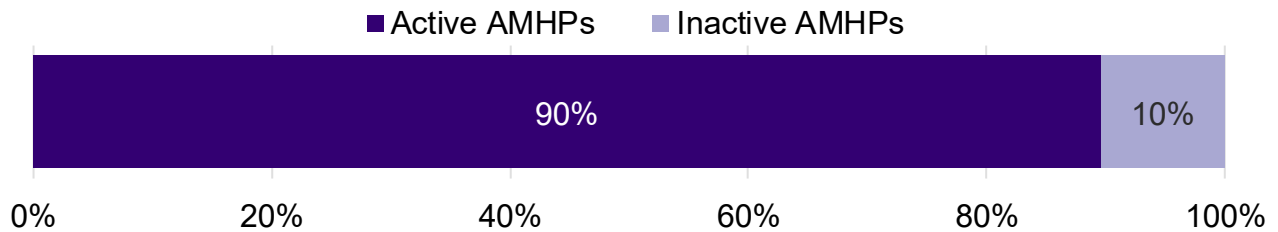


1.3 Recruitment and retention

The survey found that 10% of AMHPs were inactive, which equates to around 410 of the estimated 3,900 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 that are on maternity leave.

Chart 4. Proportion of AMHPs by active status, 2026

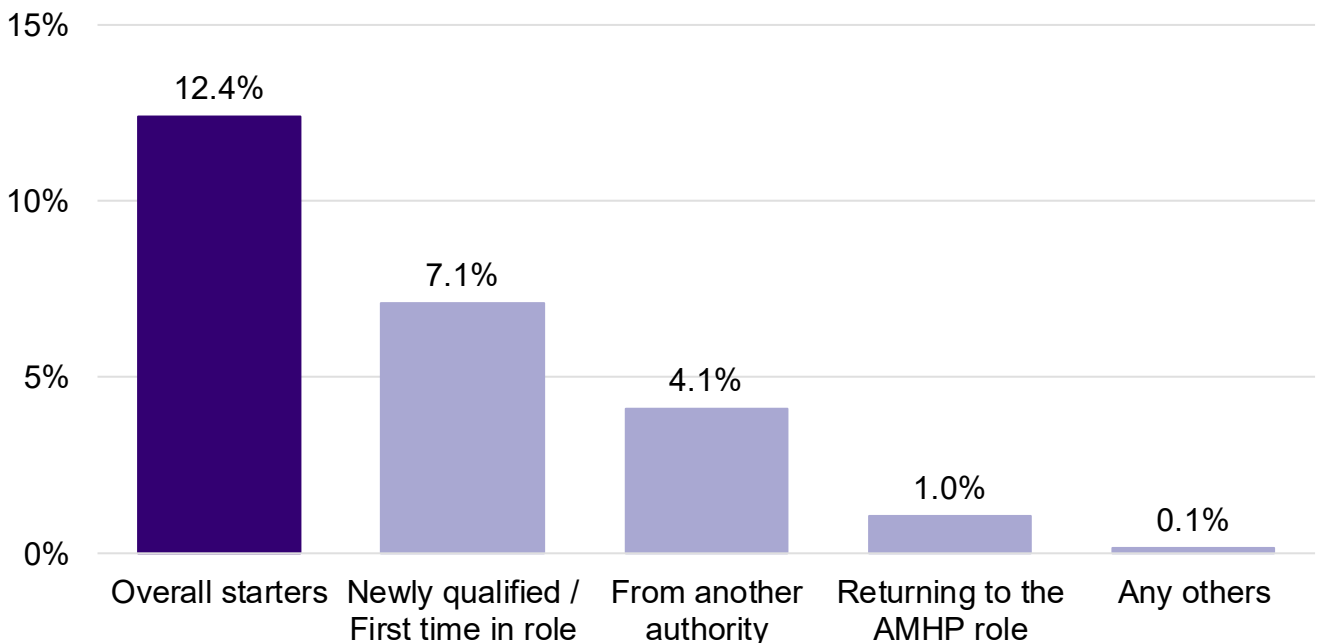
Source: AMHPs survey



The survey found that 12.4% of AMHPs had started active service in the previous 12 months, which equates to around 480 of the estimated 3,900 AMHPs in the workforce. Most starters were those newly qualified or this was their first time in the AMHP role (7.1%), followed by those transferring between local authorities (4.1%).

Chart 5. Proportion of AMHPs who started in the previous 12 months by category, 2026

Source: AMHPs survey

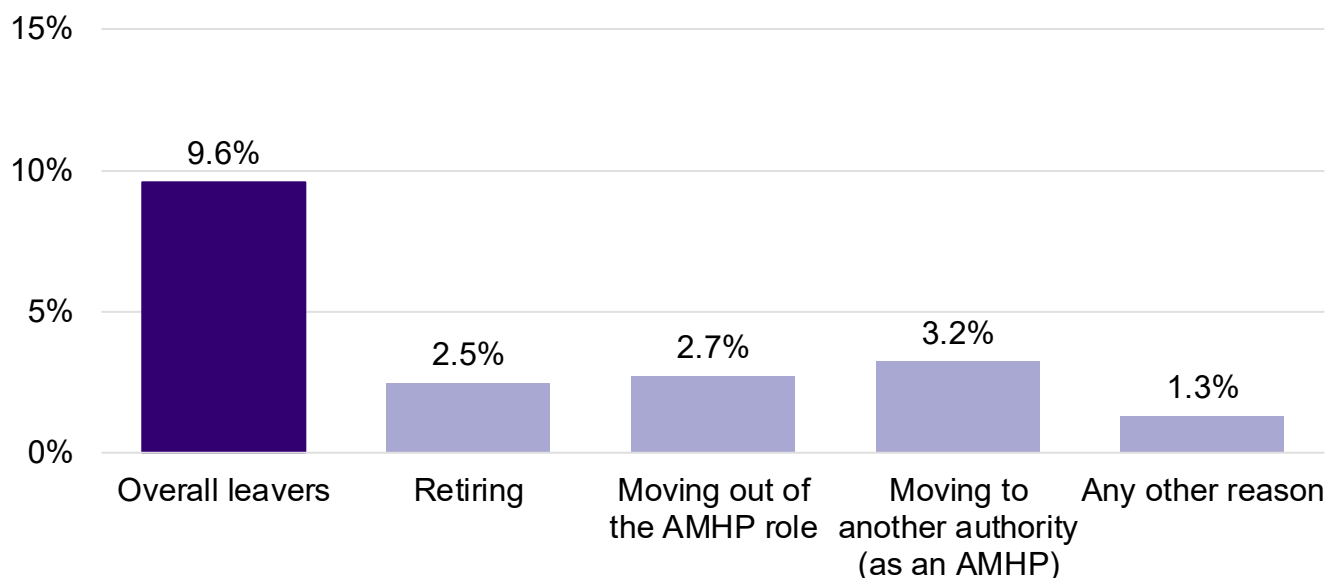


The survey found that 9.6% of AMHPs had left the role in the previous 12 months, which equates to around 370 of the estimated 3,900 AMHPs in the workforce. Many of these leavers had moved within the role to another authority (3.2%), but many also moved out of the AMHP

role (2.7%). Around 2.5% of AMHPs left due to retiring, which equates to around 100 of the estimated 3,900 AMHPs in the workforce.

Chart 6. Proportion of AMHPs who left in the previous 12 months by category, 2026

Source: AMHPs survey

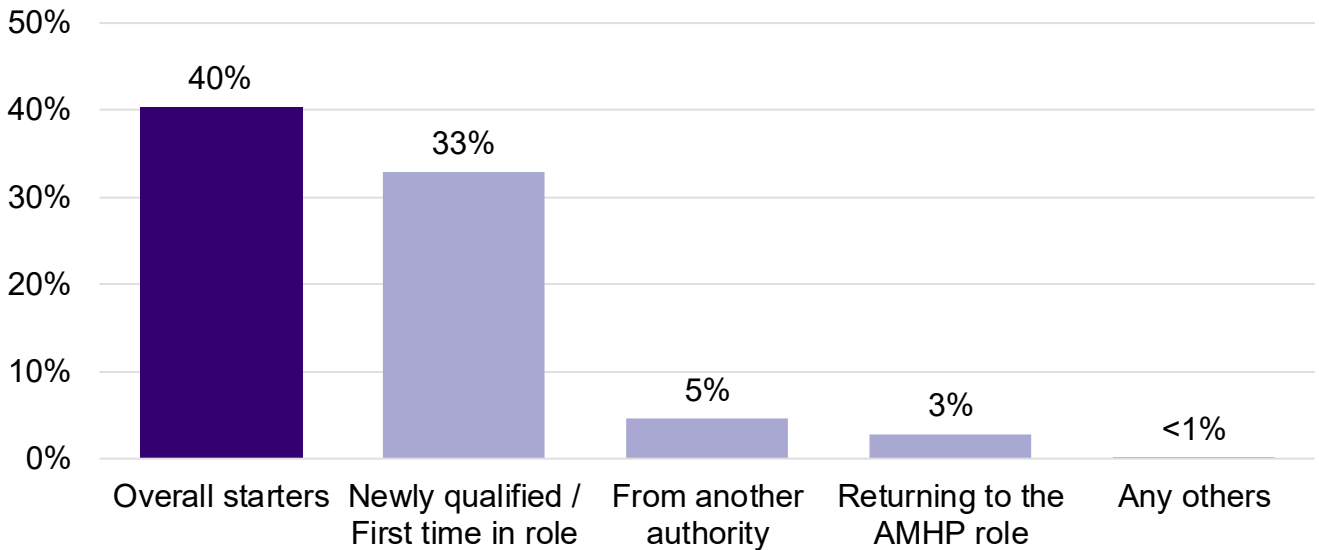


The survey asked AMHP leads to anticipate how many AMHPs will start in their authority over the coming 5 years. The survey found an expected 40% additional AMHPs would join the workforce over the coming 5 years, and the majority of these starters would come from people who were newly qualified.

The survey showed that 95% of AMHPs were social workers. The latest information presented in the [‘Social work education’](#) report shows that as at 2024/25, enrolments onto courses that could lead to social worker registration have 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, 2026

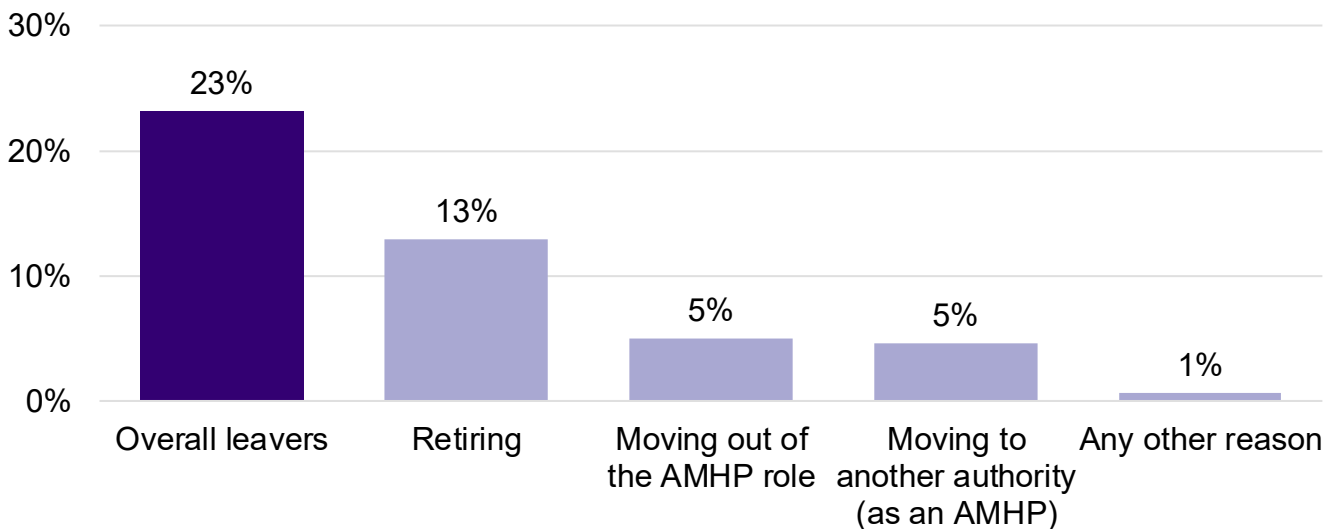
Source: AMHPs survey



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 23% of AMHPs would leave the workforce over the coming 5 years, and the majority of these leavers would be people retiring (13% of all AMHPs). Therefore, the workforce is only anticipated, by local authorities, to increase by 17% over this period.

Chart 8. Anticipated AMHP leavers in the coming 5 years by category, 2026

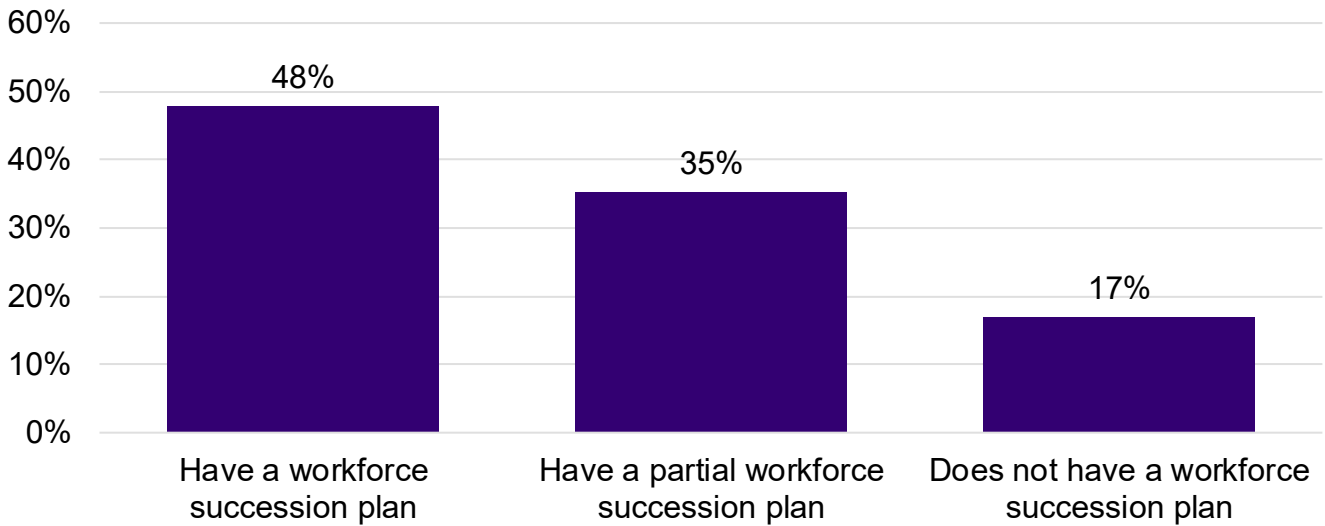
Source: AMHPs survey



Local authorities were asked whether they 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 (48% and 35% respectively), with only 17% of local authorities reporting no workforce succession plan.

Chart 9. Proportion of local authorities with an AMHP workforce succession plan, 2026

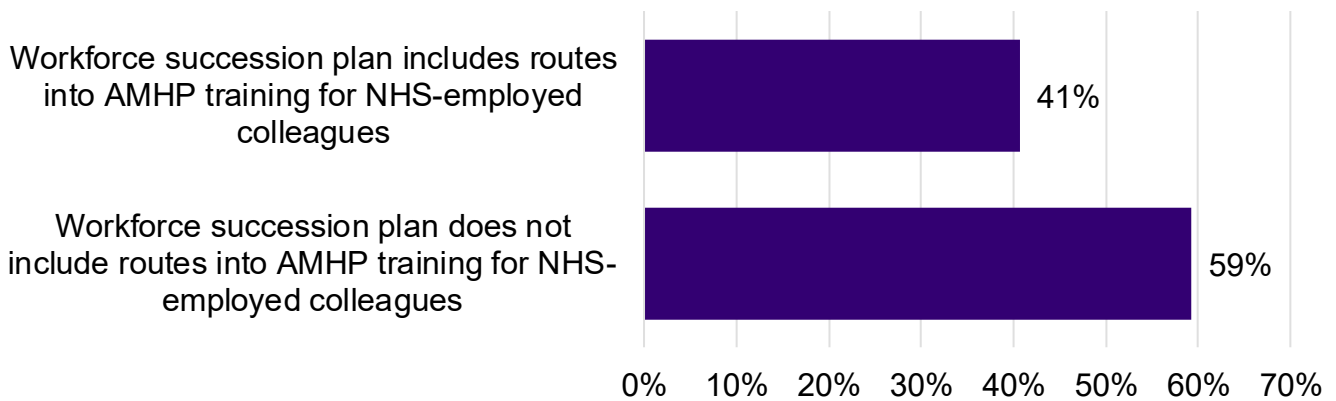
Source: AMHPs survey



Of those local authorities which had a full or partial workforce succession plan, 41% included routes into AMHP training for NHS-employed colleagues while 59% did not.

Chart 10. Proportion of local authorities with a full or partial plan, which included routes into AMHP training for NHS-employed colleagues, 2026

Source: AMHPs survey 2026



In 2026, a new question was added to the survey to ask whether local authorities offered improved pay or enhancement offers to AMHPs in the last three years to assist in attracting, recruiting, and retaining AMHPs. The responses found that over half of local authorities (59%) did not offer improved pay or enhancement offers to AMHPs.

Chart 11. Proportion of local authorities that offered improved pay or enhancement offers to AMHPs in the last three years, 2026

Source: AMHPs survey

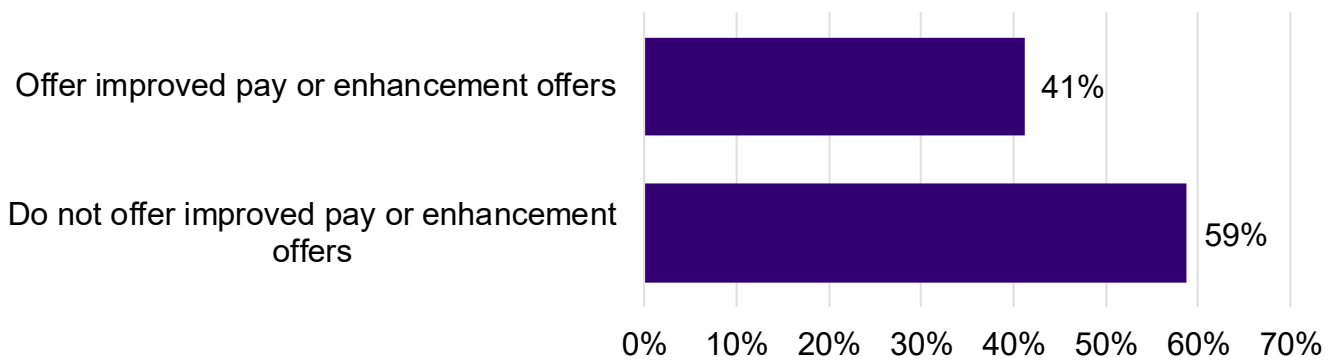
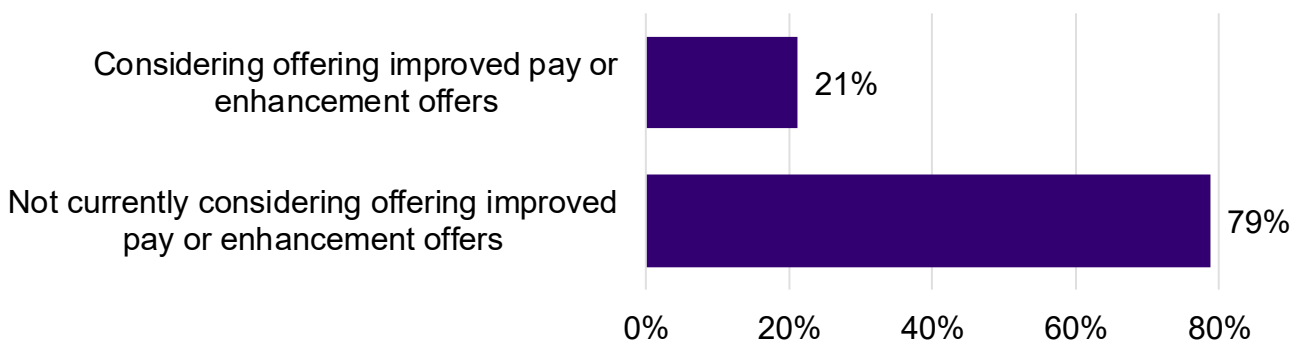


Chart 12 shows that of the local authorities that did not offer improved pay or enhancement offers to AMHPs, 21% were considering implementing them.

Chart 12. Proportion of local authorities that are considering offering improved pay or enhancement offers to AMHPs, 2026

Source: AMHPs survey

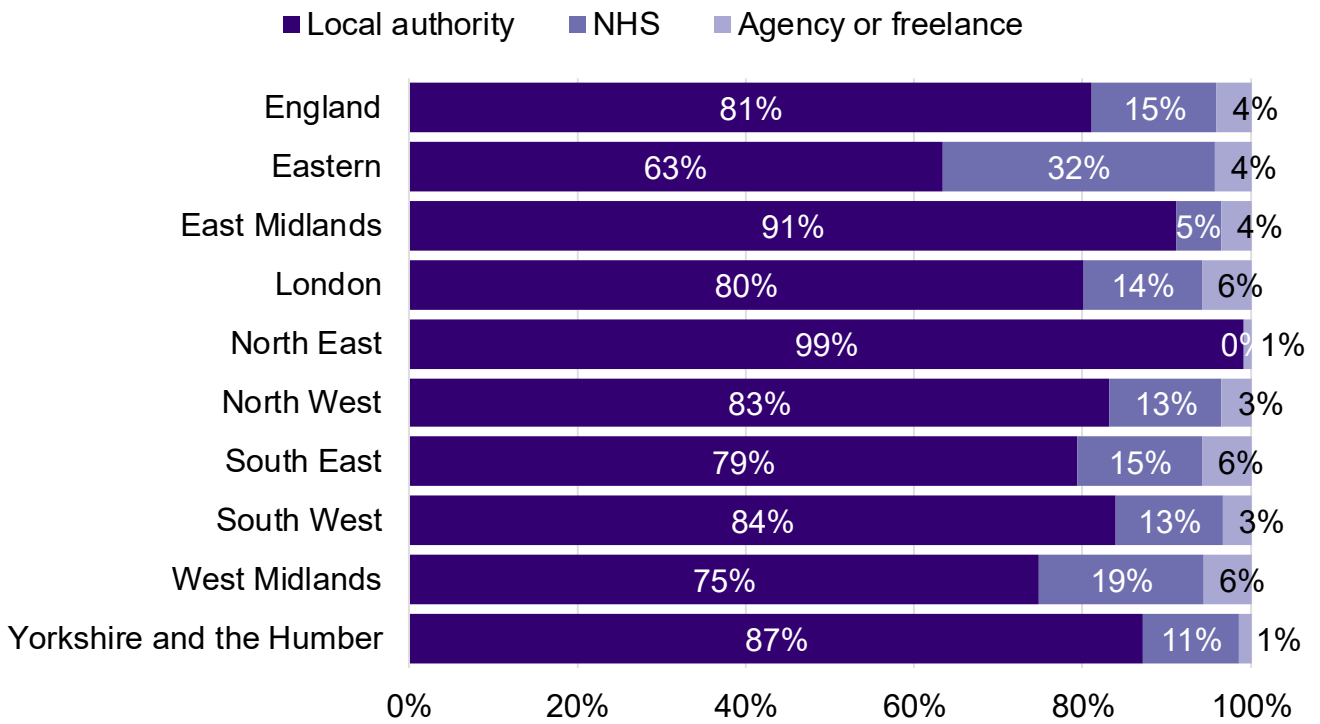


1.4 Employment overview

The survey showed that the majority of AMHPs were employed by the local authority (81%), compared to 15% who were employed by the NHS and 4% 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 (32%) whereas the North East had 99% of AMHPs employed by the local authority.

Chart 13. Proportion of AMHPs by employer type, 2026

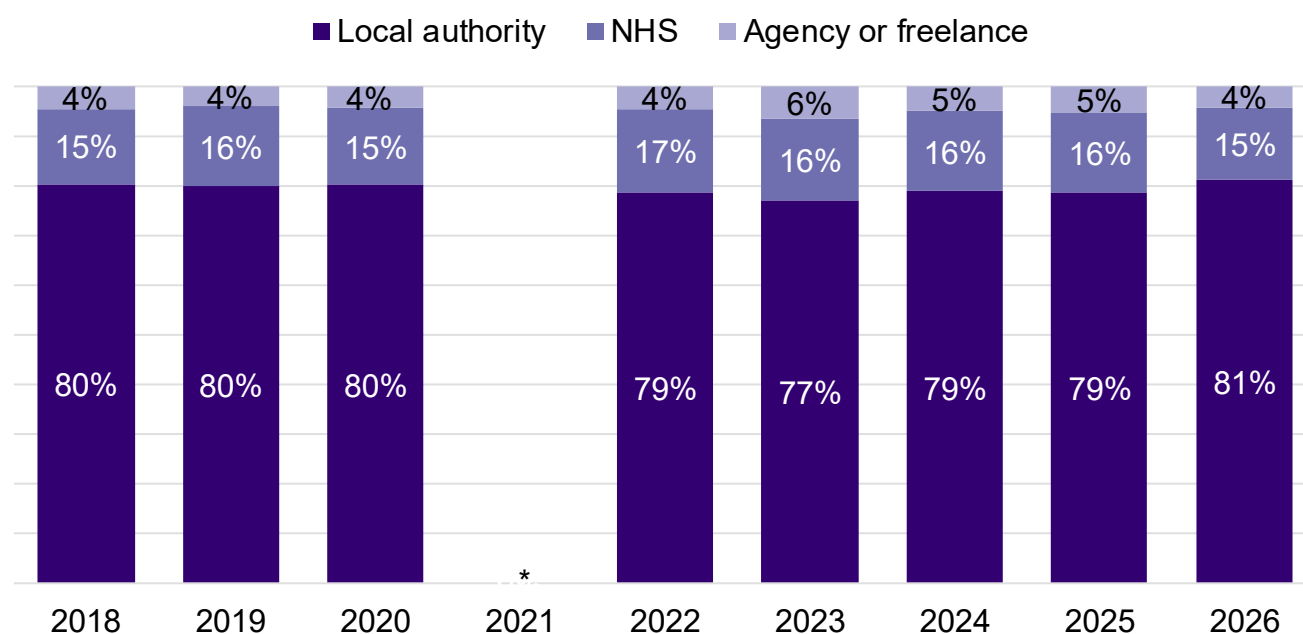
Source: AMHPs survey



Map 2 below shows the percentage of AMHPs employed by the NHS in each local authority area. The North East reported none of their AMHPs were employed by the NHS, while several areas showed a high concentration of AMHPs employed by the NHS. There was no data available for 19 local authorities.

Chart 14. Proportion of AMHPs by employer type, 2018 to 2026

Source: AMHPs survey



* The AMHP survey was not conducted in 2021 – data from this period is not available.

The 2026 survey found that 95% of AMHPs were social workers, 5% were registered nurses, 1% were occupational therapists and there were no psychologists. In more than half (58%) of local authority areas that were surveyed, all AMHPs were social workers. The Eastern region had the highest proportion of AMHPs whose primary role was as a registered nurse (16%).

Table 1. Proportion of AMHPs by profession, 2026

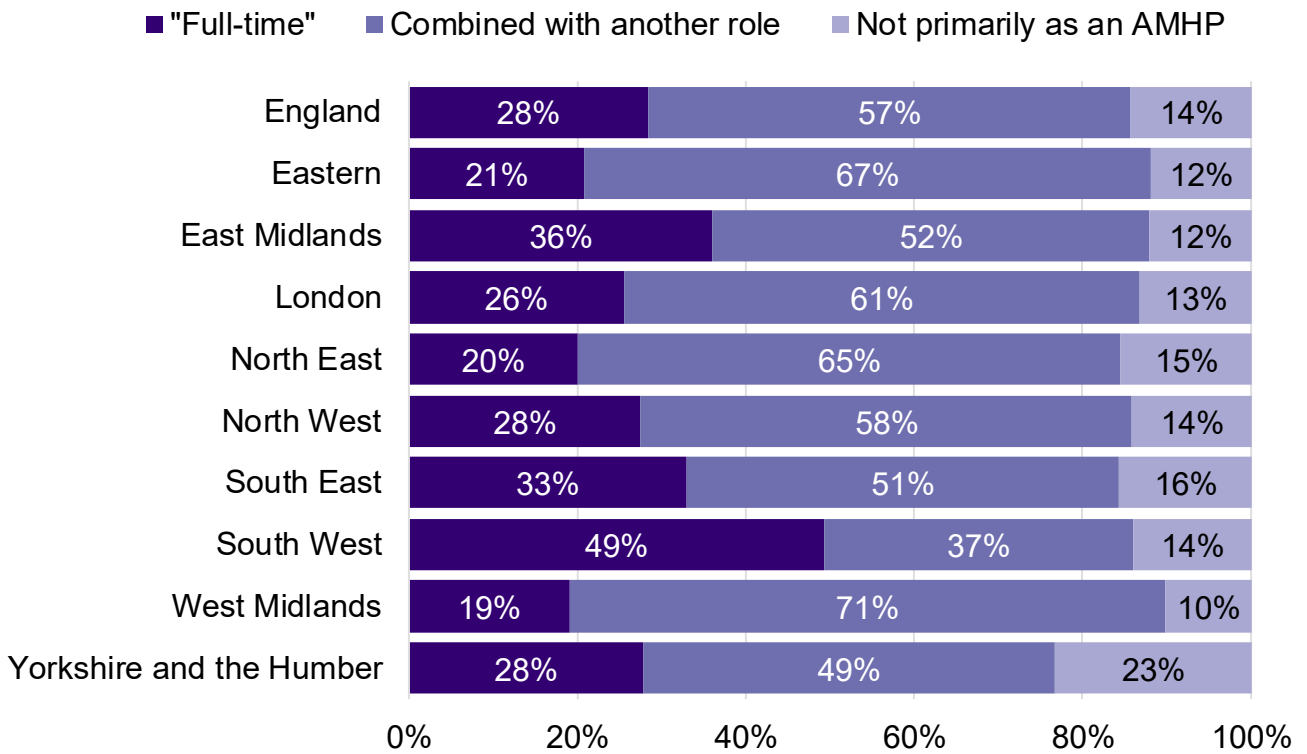
Source: AMHPs survey

	Social worker	Registered nurse	Occupational therapist	Psychologist
England	95%	5%	1%	0%
Eastern	83%	16%	<1%	0%
East Midlands	96%	4%	<1%	0%
London	94%	5%	1%	0%
North East	100%	0%	0%	0%
North West	97%	2%	1%	0%
South East	95%	4%	1%	0%
South West	96%	4%	1%	0%
West Midlands	98%	2%	<1%	0%
Yorkshire and the Humber	96%	4%	1%	0%

The survey found that 57% of AMHPs combine their role with another role, while 28% AMHPs solely perform the role of an AMHP. Less than a sixth were not primarily working as an AMHP (14%), meaning that of the estimated 3,900 AMHPs overall, around 560 were not regularly performing the role (e.g. sessional, senior management working occasional duty shifts).

Chart 15. Proportion of AMHPs by status of role, 2026

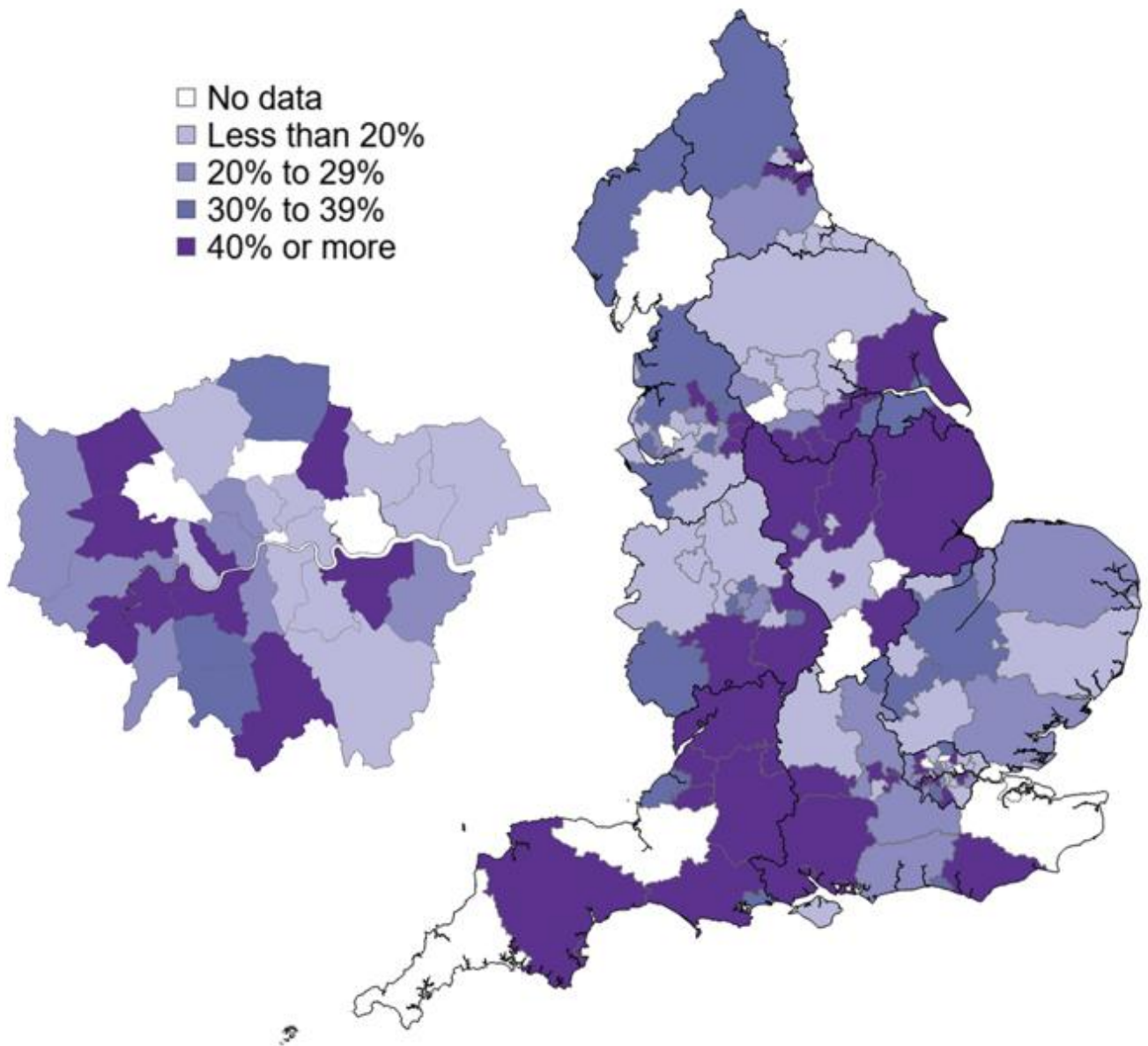
Source: AMHPs survey



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", 2026

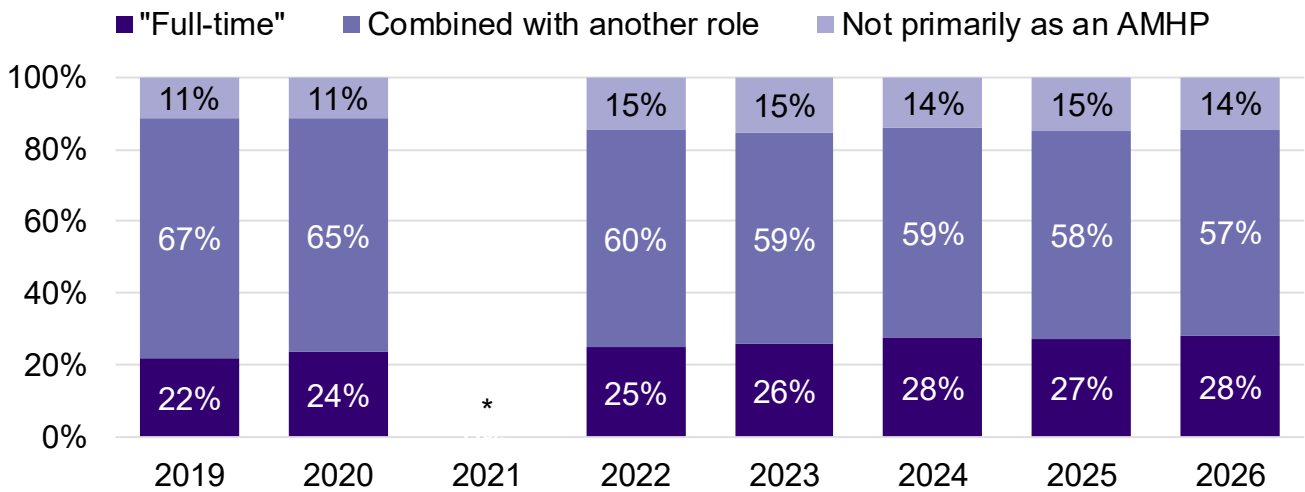
Source: AMHPs survey



Since 2019, the proportion of AMHPs who were “full-time” has steadily grown from 22% in 2019, to 28% in 2026. The 2026 survey showed a further decrease in the proportion of AMHPs who combined the AMHP role with another role.

Chart 16. Proportion of AMHPs by status of role, 2019 to 2026

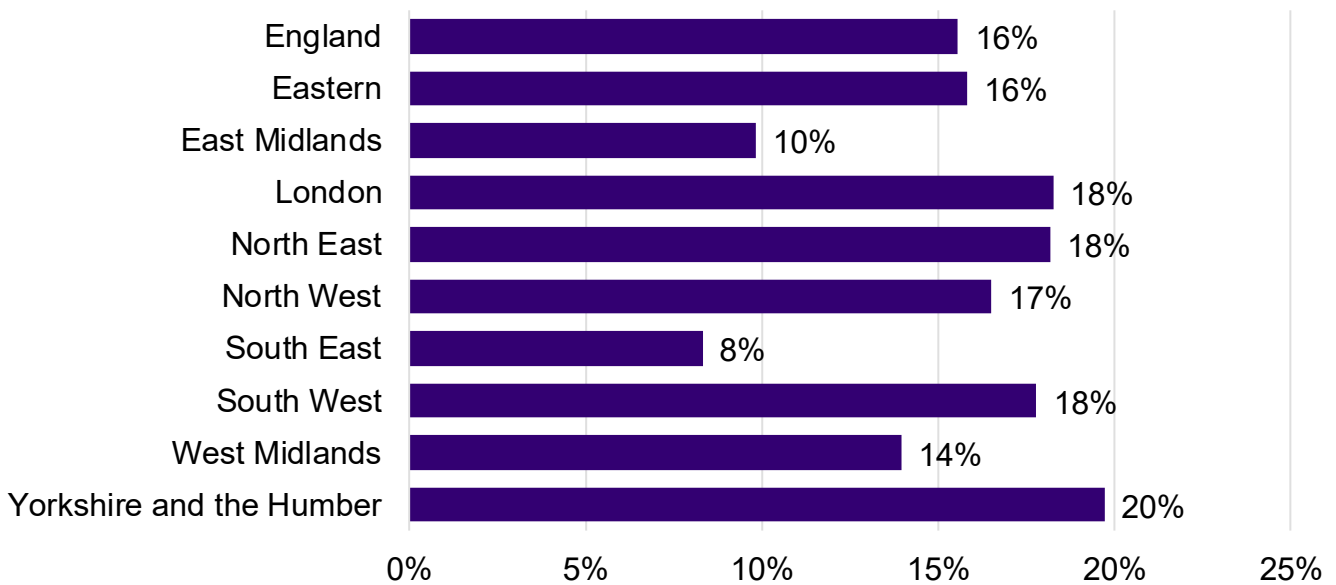
Source: AMHPs survey



The survey showed that 16% of AMHPs only work out-of-hours, for example in emergency duty teams. This proportion varied from 8% in the South East to 20% in Yorkshire and the Humber.

Chart 17. Proportion of AMHPs who only worked out-of-hours, 2026

Source: AMHPs survey

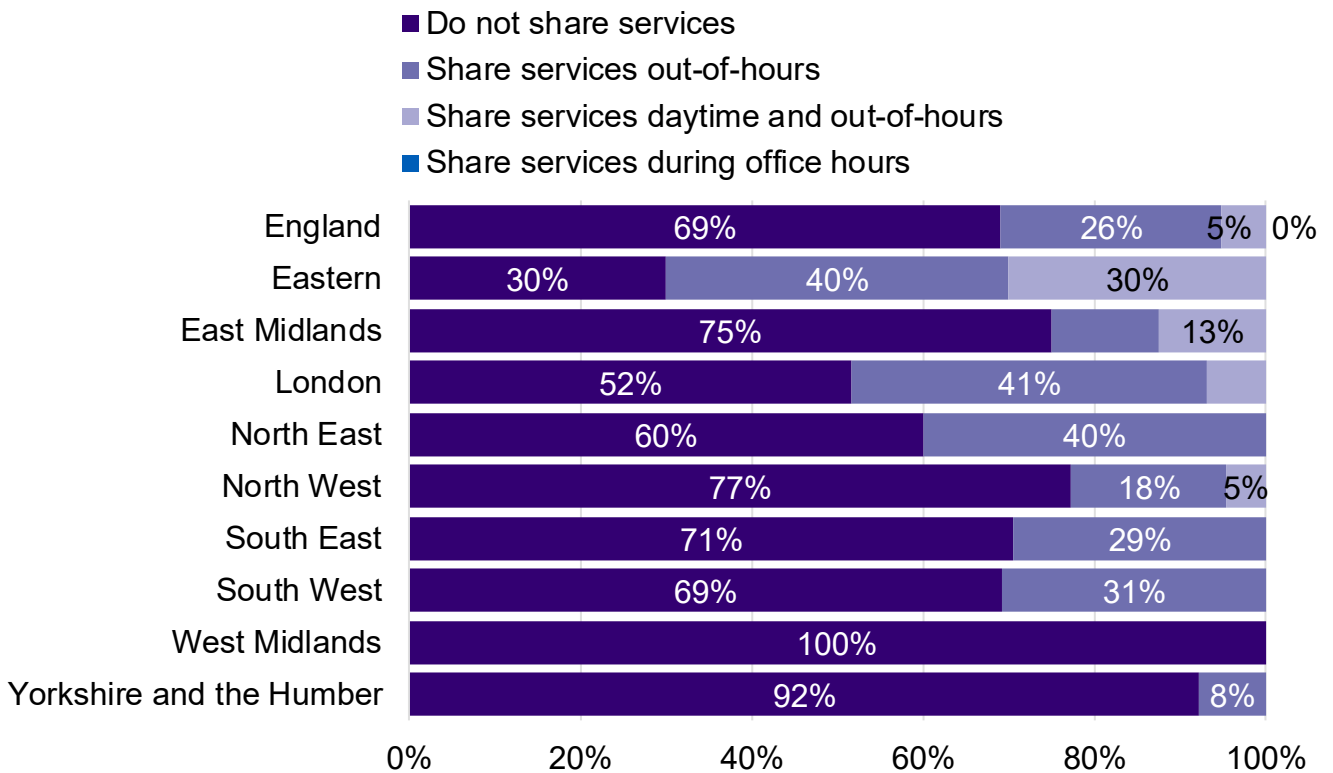


1.5 Service overview

The 2026 survey asked local authorities whether they shared their daytime and/or out-of-hours AMHP service with any other authority. Of the 136 local authorities that responded, 69% of authorities did not share services, 26% shared out-of-hours services, 5% of authorities shared both daytime and out-of-hours services. No local authorities shared services during office hours only. None of the authorities in the West Midlands shared their AMHP services.

Chart 18. Proportion of local authorities by whether they share AMHP services, 2026

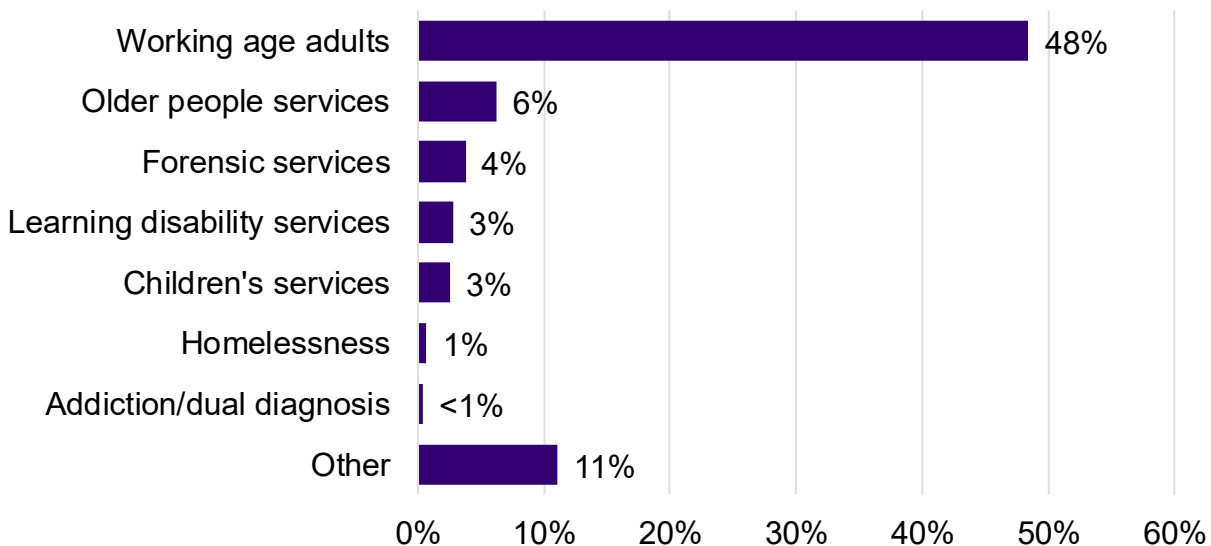
Source: AMHPs survey



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 19. Proportion of AMHPs by service type, 2026

Source: AMHPs survey



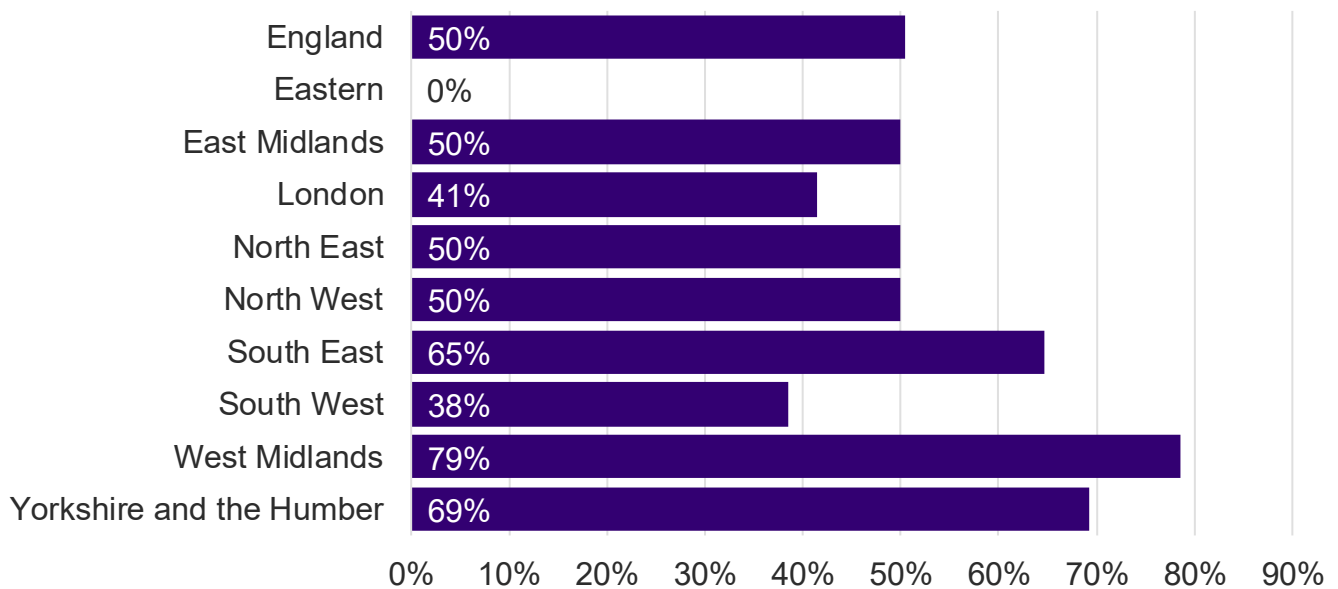
The survey asked respondents for the number of AMHP FTE filled posts needed to fully staff their 24-hour response service. Using the 129 responses to this question with the current AMHP FTE filled posts data, an average increase of 23% would be needed to fully staff 24-hour services in local authorities. 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 before the 2025 report, meaning this figure cannot be compared with older reports.

The survey also asked for the number of vacant AMHP posts in their AMHP rota. There was a vacancy rate of 7.7% across the 134 local authorities that responded to this question. Therefore, the number of 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. Half of the respondents had a singular line managed system (50%), but this proportion varied regionally, with the West Midlands having the highest proportion of singular line managed services (79%) and the Eastern region only having partnership arrangements.

Chart 20. Proportion of local authorities in each region with a singular line managed AMHP service, 2026

Source: AMHPs survey



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.

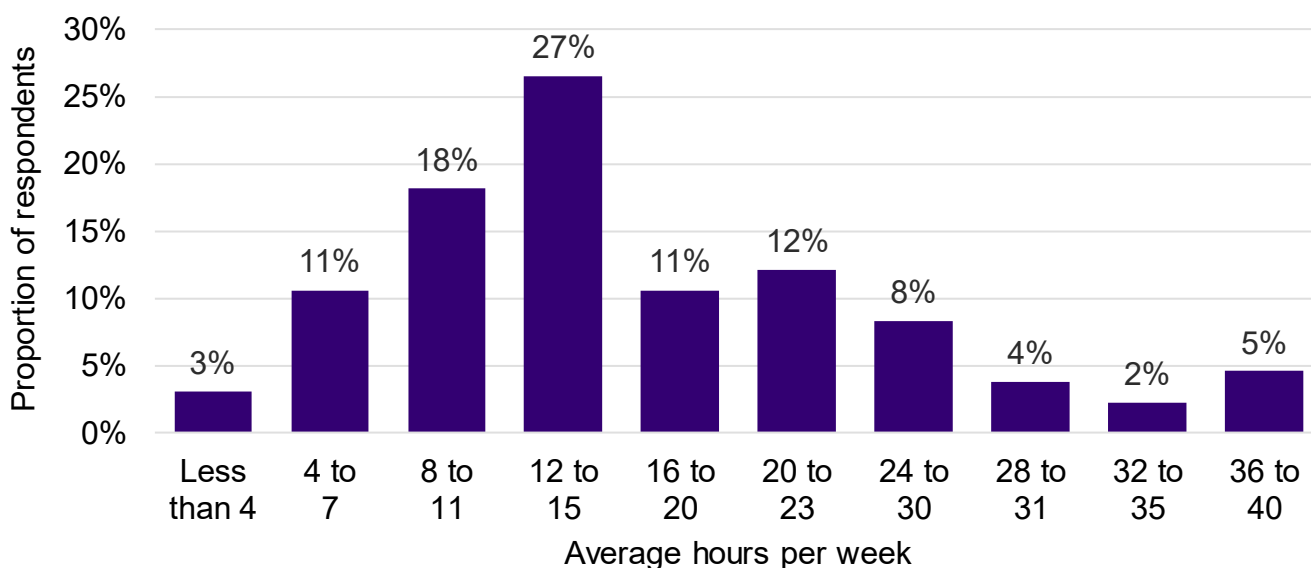
Skills for Care notes that it was difficult for respondents to answer this question as we are aware of the variety of working patterns that AMHPs undertake. The estimated AMHP headcount was 3,900 and the estimated FTE filled post ratio was 0.38, which equates to around 1,500 FTE AMHP filled posts in 2026.

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.

We estimate that AMHPs worked an average of 15 out of 40 hours per week in their statutory role. However, there was a wide range of responses across areas. Around 11% 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 30% 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 113 local authority areas.

Chart 21. Proportion of respondents by AMHPs' average hours per week in their statutory role, 2026

Source: AMHPs survey



2. Findings from the ASC- WDS

The chapter focuses on all adult social workers and social workers that are Approved Mental Health Professionals (AMHPs) who are employed by local authority services in England, as collected in the Adult Social Care Workforce Data Set (ASC-WDS). Social workers are shown alongside AMHPs because the survey analysed in the previous chapter showed that 95% of AMHPs were social workers.

This chapter uses unweighted ASC-WDS data from the local authority sector as at September 2025 to analyse AMHPs. This means the figures are not directly comparable with findings from the AMHP survey and may not be fully representative of the sector. In addition, this chapter uses Skills for Care's weighted estimates of the social worker workforce in local authorities as at September 2025 for comparison.

Within the ASC-WDS, we were able to identify 2,129 social workers that were employed within local authorities and defined as an AMHP, or held an AMHP qualification, as at September 2025. We used these records to identify some key characteristics of AMHPs in the workforce.

2.1 AMHP demographics

This section is about the age, gender, ethnicity and nationality of AMHP qualified social workers compared to all social workers in the local authority sector.

2.1.1 Age

The average (mean) age of AMHP qualified social workers was 48.2 years, which was higher than the average age of all social workers at 45.2 years.

A third (34%) of AMHP qualified social workers were aged 55 and above, which was higher than all social workers (25%). From a workforce planning perspective, this group may retire within the next ten years. The ASC-WDS also showed there was a notably lower proportion of qualified AMHPs aged under 30 (4%) compared to social workers (10%).

Chart 22. Proportion of qualified AMHPs and social workers by age group, 2025

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



2.1.2 Gender

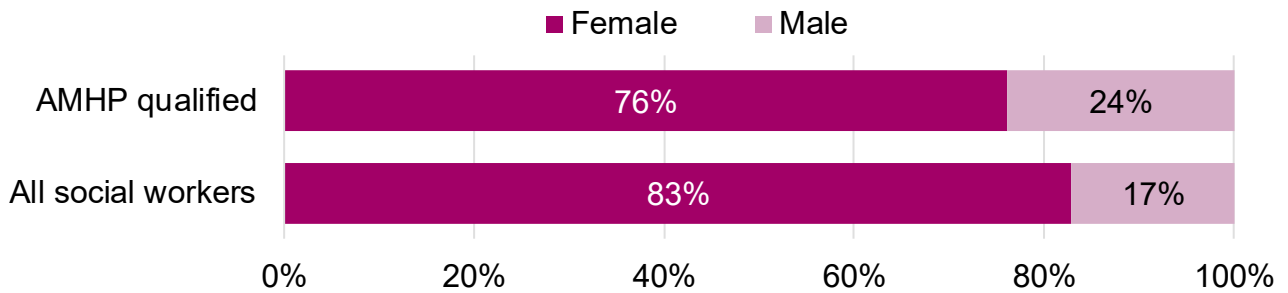
In 2020/21, the gender question in the ASC-WDS was updated from ‘gender’ to ‘gender identity’ and the option of ‘other’ was added alongside ‘male’, ‘female’ and ‘I don’t know’. As at September 2025, around 25 filled posts (0.02%) in local authorities were recorded as having ‘other’ gender identity.

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.

Across England, the AMHP role had a higher proportion of male workers (24%) compared to social workers overall (17%). This difference was greatest in the Eastern region (30% male AMHPs versus 16% male social workers) and smallest in the South West region (20% male AMHPs versus 17% male social workers).

Chart 23. Proportion of qualified AMHPs and social workers by gender, 2025

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



2.1.3 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.

Two thirds (67%) of social worker posts were filled by people of White ethnicities, while 71% of AMHPs were recorded as being of White ethnicities. A fifth (20%) of those who were AMHP qualified were people of Black, African, Caribbean, or Black British ethnicities, compared to 22% of all social workers.

The proportion of social workers and AMHPs by ethnicity is similar to the proportion of people with lived experience who are using the service. This includes those detained under the Mental Health Act, where 67% were people of White ethnicities and 13% were people of Black, African, Caribbean, or Black British ethnicities. The proportion of AMHPs (20%) and social workers (22%) of Black, African, Caribbean, or Black British ethnicities was greater than the proportion detained under the Mental Health Act (13%). The proportion of people detained under the Mental Health Act of Asian or Asian British ethnicities (9%) and Other ethnicities (5%) was higher than the proportion of AMHPs and social workers of those ethnicities.

It should be noted that the Mental Health Services Data Set classifies Chinese under the Other ethnicity group, whereas the ASC-WDS classifies it under the Asian or Asian British ethnicity group. If detentions of people of Chinese ethnicity were in the Asian or Asian British group, then

the proportion of detentions of people with Asian or Asian British ethnicities would be 10% rather than 9%, though there would be no change to the proportion for the Other ethnicity group. More information about [Detentions under the Mental Health Act](#) is collected in the [Mental Health Services Data Set](#).

Table 2. Proportion of qualified AMHPs, social workers, and people detained under the Mental Health Act by ethnicity and ethnicity group, 2025

Source: Skills for Care estimates, ASC-WDS unweighted data, and Mental Health Services Data Set

	Qualified AMHPs	Social workers	Detentions under the Mental Health Act
White ethnicities	71%	67%	67%
White British (English, Welsh, Scottish, Northern Irish)	63%	61%	60%
White Irish	2%	1%	<1%
White Gypsy or Irish Traveller	<1%	<1%	*
Other White ethnicities	6%	6%	7%
Mixed or multiple ethnicities	3%	3%	4%
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%	2%
Asian or Asian British ethnicities	5%	7%	9%
Indian	3%	3%	2%
Pakistani	1%	2%	3%
Bangladeshi	<1%	1%	1%
Chinese	<1%	<1%	<1%
Other Asian ethnicities	1%	1%	3%
Black, African, Caribbean or Black British ethnicities	20%	22%	13%
African	14%	16%	6%
Caribbean	4%	4%	4%
Other Black ethnicities	2%	3%	4%
Other ethnicities	<1%	1%	5%
Arab	<1%	<1%	*
Any other ethnicities	<1%	1%	5%

* The 2011 Census introduced the Gypsy or Irish Traveller and Arab categories. The Mental Health Services Data Set does not allow for data to be submitted with these new categories, so data for the Gypsy or Irish Traveller and Arab categories are not available for this analysis.

London was the region which showed the highest ethnic diversity (29% of AMHPs were people of White ethnicities) and the North East showed the least ethnic diversity (95% of AMHPs were people of White ethnicities).

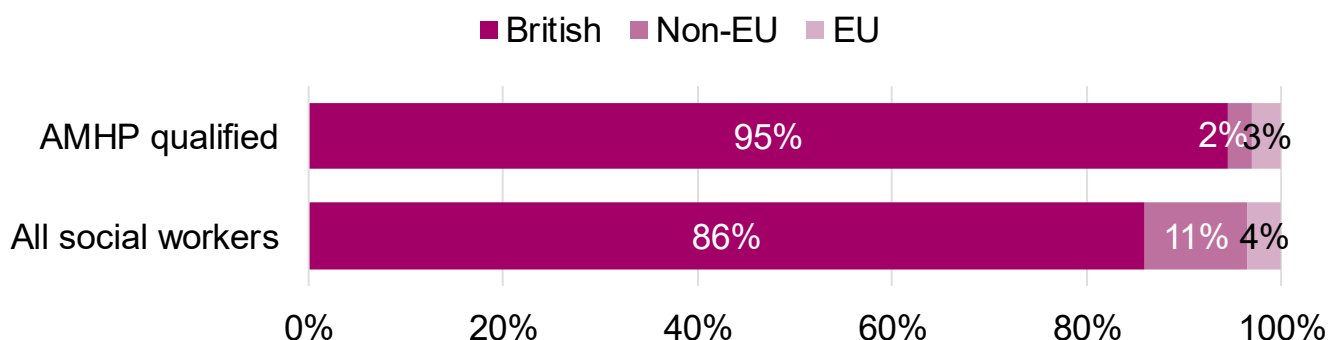
2.1.4 Nationality

Less than a quarter (23%) of qualified AMHPs in the ASC-WDS had nationality data reported by local authorities, which should be considered when comparing all social workers to AMHP qualified social workers.

The ASC-WDS showed that 95% of those qualified as an AMHP and 86% of social workers had a British nationality. The chart below also shows that 2% of AMHPs had a non-EU nationality and 3% had an EU nationality.

Chart 24. Proportion of qualified AMHPs and social workers by nationality, 2025

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



2.2 Experience in role

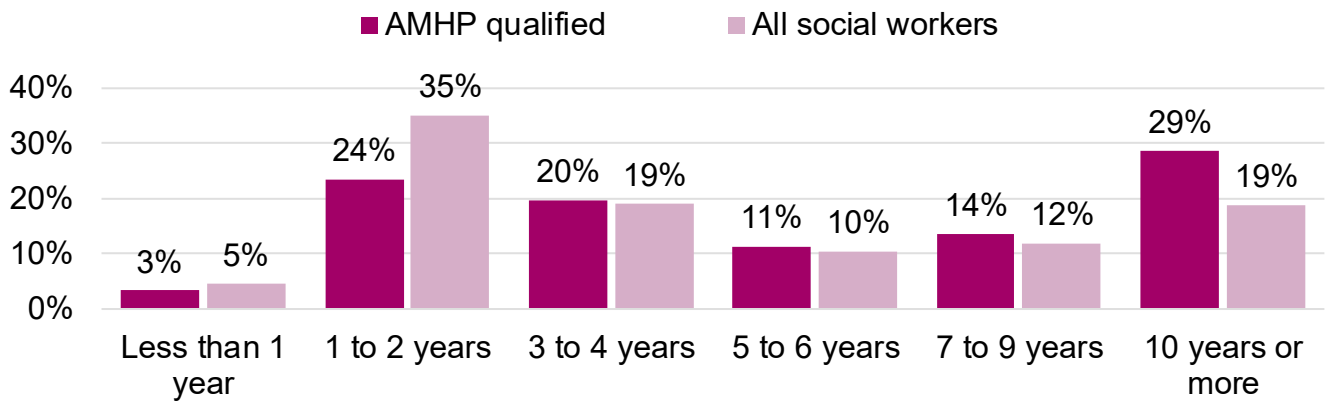
This section compares the years of experience of AMHPs in their role to all social workers in the local authority sector.

The average experience in their current role for an AMHP was 7.7 years compared to 6.0 years for all social workers. Chart 26 shows that of those with an AMHP qualification, 29% had ten years or more experience, compared to 19% of those without the AMHP qualification.

Only social workers with at least two years post-qualification experience can embark on AMHP training. AMHPs with less than 2 years in their current role may have been trained as an AMHP in a previous role. This requirement could also explain a lower proportion of AMHPs aged under 30 years.

Chart 25. Proportion of qualified AMHPs and social workers by experience in role, 2025

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



2.3 Pay

This section compares the median full-time equivalent (FTE) annual pay of qualified AMHPs to all social workers. 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. In 2026, a question was added to the AMHP survey that asked about improved pay or enhancement offers to AMHPs. Many local authorities did offer these, but most did not and had no plans on considering it in the future. For more information, see Charts 11 and 12 in Recruitment and Retention.

Across England, the median (FTE) annual pay for an AMHP was £49,300. This was 8% higher than the £45,500 for all social workers.

Chart 26. Median full-time equivalent (FTE) annual pay of qualified AMHPs and social workers with five years or more experience in their role, 2025

Source: ASC-WDS unweighted data

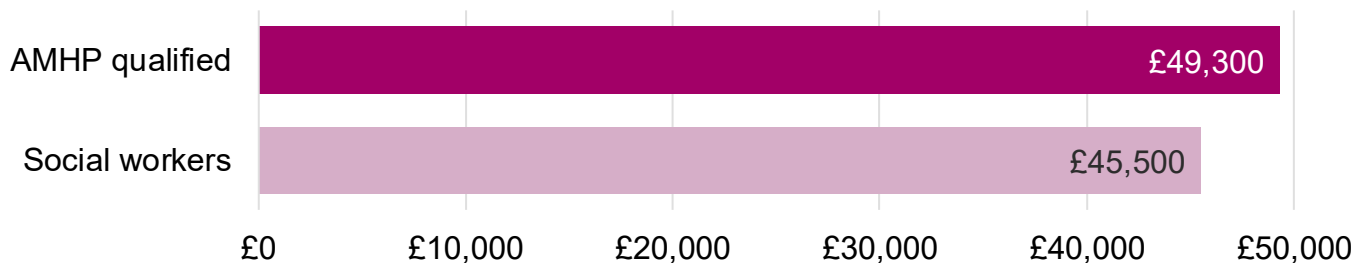
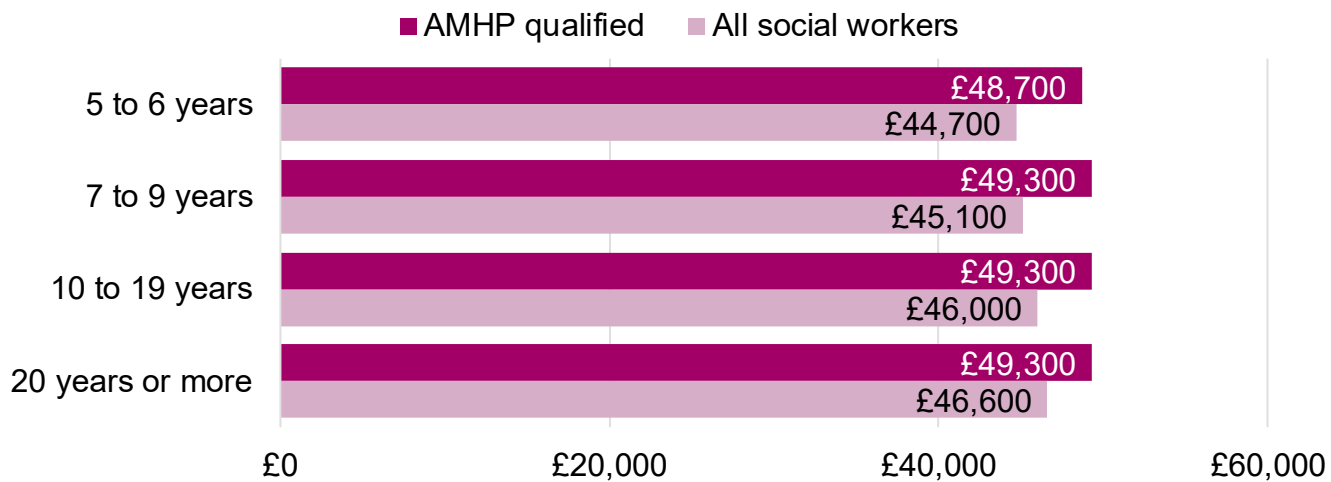


Chart 28 below shows that qualified AMHPs receive minimal increased pay with greater experience while social workers receive higher annual pay with greater experience. However, the average uplift in salary for qualified AMHPs compared with social workers is still substantial for those with the most experience in their role, at 6% for those with 20 years or more experience.

Chart 27. Median full-time equivalent (FTE) annual pay of qualified AMHPs and social workers by experience in role, 2025

Source: ASC-WDS unweighted data



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.

Commission our services

Our Workforce Intelligence team are the experts in adult social care workforce insight. The data we collect in the ASC-WDS gives an unrivalled overview of the adult social care workforce in England. Beyond the wealth of information already available publicly on our website, you can [commission the services](#) of the Workforce Intelligence team to produce bespoke reports and analysis for your organisation or area.

How we can help you

- We can partner with you or form part of your project team on tenders and bids. By using our expertise and sector knowledge, we can add value to your research or project.
- We can use advanced analytics techniques to help you understand how key outcomes such as CQC ratings, turnover or vacancy rates can be improved.
- We can produce bespoke reports and analysis to help you solve problems and provide data solutions to help you improve your services.
- We can provide a detailed analysis into the adult social care workforce in your local area or look at performance in comparison to other areas.
- You can request a feed of data to enhance or improve a product or service.

In addition to the information on our website, we also have a dedicated Workforce Intelligence LinkedIn showcase page. The page will help you to discover the latest insights into the data, reports and visualisations we publish throughout the year. We share how that data is being used by the Government, think tanks, the media and other organisations we work with to inform debate and support decision-making. To learn more, visit our [Adult Social Care Data LinkedIn page](#).

Our 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

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

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

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

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
- Apprenticeships
- Factors affecting turnover
- Individual employers and personal assistants
- Learning disability and/or autism workforce
- Nurses in social care
- Occupational therapists
- Registered managers
- Social work
- Workforce nationality and international recruitment

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

Compliance with the Code of Practice for Statistics

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](#).



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:

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