Adult social care sector and workforce in the East Midlands

January 2015
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The East Midlands region

This report provides an overview of adult social care services and the adult social care workforce in the East Midlands as at March 2014. The information in the report is mostly derived from the National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and their staff since early 2006. Improved quality of data held by the NMDS-SC means all estimates within the report are the most detailed and reliable to date. The report is aimed at anyone operating a care service or involved in the planning or commissioning of care services in the East Midlands.

For this report, Skills for Care has primarily used estimated data based on the NMDS-SC. For more information about the methodology for estimating these data please see Appendix 1 of The size and structure of the adult social care sector and workforce in England, 2014.

By using these data, this regional report can also be used in conjunction with The state of the adult social care sector and workforce in England 2014.

Where does the data come from?

Individual employers and organisations upload information about their establishments and their employees. Skills for Care would not be able to report on this valuable information without the data provided by organisations, establishments and individuals who provide social care services. For a comprehensive breakdown of the data contained within this report, or to do your own analysis, please see the NMDS-SC dashboards or The state of the adult social care sector and workforce in England 2014 statistical appendix.

1 www.skillsforcare.org.uk/sizeandstructure
2 www.skillsforcare.org.uk/stateof2014
3 https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx
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1. [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
3. [https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx](https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx)
Key uses of NMDS-SC data

- Workforce planning and development at a local, regional and national level.
- Estimating the size and structure of the adult social care workforce at local, regional and national level\(^4\).
- Forming the basis of forecasting models for the future size and structure of the adult social care workforce in England.
- Providing robust data on the independent sector workforce.
- Providing key benchmarked management information to individual care providing establishments via the dashboards.
- Influencing and monitoring government policy eg Care Act, Cavendish recommendations
- Informing the provider quality profile by sharing data with NHS choices.
- Informing Health Education England (HEE) to support local commissioning.
- Informing the Provider Information Return by sharing information with the Care Quality Commission (CQC).

Key background information for the East Midlands

The table below provides a breakdown of the estimated number and percentage of workers, jobs and establishments in the East Midlands and England.

<table>
<thead>
<tr>
<th>Table 1.1 Workers, jobs and establishments in the East Midlands and England (Source. Raw and estimated NMDS-SC data 2013/2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>England</strong></td>
</tr>
<tr>
<td>Workers</td>
</tr>
<tr>
<td>Jobs</td>
</tr>
<tr>
<td>Establishments</td>
</tr>
</tbody>
</table>

Adult social care employers

England

- An estimated 39,000 establishments\(^5\) were involved in providing or organising adult social care as at 2013.
- Around 214,000 adults, older people and carers received direct payments from councils’ social services departments as at 2013.

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\(4\) [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

\(5\) The total number of PAYE- or VAT-registered establishments (i.e. local units).
The total number of direct payment recipients directly employing their own staff was estimated to have increased by 5% between 2012 and 2013.

The East Midlands

- There are 9 local authorities in the East Midlands.
- An estimated 3,500 establishments were involved in providing or organising adult social care as at 2013.
- Around 21,000 adults, older people and carers received direct payments from councils’ social services departments as at 2013.

Adult social care workforce

England

- The number of adult social care jobs as at 2013 was estimated at 1.52 million.
- The number of people doing these jobs was estimated at 1.45 million.
- The number of whole time equivalent (WTE) jobs was estimated at 1.16 million.
- The growth in the number of adult social care jobs roughly follows that projected by the ‘base case’ scenario. Under this scenario the number of adult social care jobs is projected to grow to around 2.2 million by 2025 (see section 7).

The East Midlands

- There are estimated to be 135,000 adult social care jobs.
- Over 130,000 people are estimated to be working in the adult social care sector.
- Direct care workers make up nearly 95,000 (73%) of workers.
- Over 75% of these jobs are in the independent sector
- Around 24,000 (20%) adult social care workers are aged 55 and over.

The Care Act 2014

On 14 May 2014 the Care Act was introduced\(^6\). This Act will make provision to reform the law relating to the care and support for adults and their carers in need of social care and support. Local authorities, alongside partners such as health care providers and housing providers will be obliged to provide adult social care to everyone in their local area, including:

- care and support for adults
- support for carers

safeguarding adults from abuse or neglect
- to make provision about care standards
- to establish and make provision about Health Education England
- to establish and make provision about the Health Research Authority and
- to make provision about integrating care and support with health services.

The principles of the Act should underpin market-shaping and commissioning activity which focus on outcomes and wellbeing as well as promote quality services through workforce development and remuneration. It will also ensure appropriately resourced care and support, sustainable support and choice for service users. It will attempt to ensure partners are included in all aspects of the Act and will be ‘needs-led’ not ‘service-led’.

Local authorities will need to develop and implement local approaches to market-shaping and commissioning, including:
- provide high quality care
- working with communities to identify needs and resources available
- arranging services that help prevent care needs becoming more serious
- provide easily understandable information and guidance about
  - care and support in their areas
  - how and where to get the required information
  - independent financial advice and
  - how to raise concerns for others
- encourage reduced need/reliance on support services and independent skills
- consider if their care providers affect individual’s wellbeing in a positive light and change if not
- work with local providers to determine future needs, and
- treat everyone equally.

Local authorities and the Care Act

The Act creates a single, consistent route to establish an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers. The Act follows the individual’s journey through the care and support system. Where an adult is unable to fund their own care, the local authority is legally responsible to provide for the adults ‘eligible needs’ and must help
the person decide how they want their needs met and support them in finding the right care.

The local authority must produce a plan that sets out what was agreed and as part of this plan, will tell the person about their personal budget. This is the amount of money that the local authority has worked out it will cost to arrange the necessary care and support for that person. The personal budget helps the person decide how much control they want to have over arranging their own care and support. The direct payment is given directly to either the person needing care and support, or to someone acting on their behalf.

The Care Act also includes a number of other areas local authorities will be responsible for including a clear legal framework for how they, and other parts of the health and care system, will safeguard adults at risk of abuse or neglect.

The Care Act also ensures continuity of care for people transitioning from children’s to adult care and support services or those moving between local authority areas. These individuals are likely to have care and support needs after the age of 18 and therefore need information and advice so that they can make the necessary plans as they transition.

The Act also introduces a regime to oversee the financial stability of the most hard-to-replace care providers, and ensure people’s care is not interrupted if these providers fail. It also sets out the responsibilities of a local authority if a local care provider fails.

The Act establishes that the CQC, the independent regulator for health and care services in England, will take on the responsibility for assessing the financial sustainability of certain “hard-to-replace” care providers.

**Skills for Care, the NMDS-SC and the Care Act 2014**

Skills for Care has been commissioned by the Department of Health to deliver two programmes of work to help organisations prepare for the implementation of the Care Act in April 2015. These two areas include workforce capacity planning and learning
and development. Intelligence from the NMDS-SC can provide vital information to support these aspects within the introduction of the Care Act 2014.

**Workforce Capacity Planning**

A key question of many social care establishments will be ‘*Do we have the right number of people in the right roles to deliver change?*’ Using the NMDS-SC Dashboards, an establishment can gather workforce intelligence needed to understand the current status of workers in their organisations. This can include the job roles, qualifications and training, turnover and vacancy rates as well as pay rates of the workforce. These data can be compared to other providers to support workforce capacity planning, while identifying areas for current or future concern.

There are a number of other resources which support workforce capacity planning including workforce commissioning, workforce planning and the workforce outcome model, the principles of workforce redesign, the principles of workforce integration, think integration, think workforce and the social work demand and supply model. For more information, please visit [Workforce Capacity Planning](http://www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning.aspx).

**Learning and development**

A suite of learning materials has been developed by Skills for Care in partnership with The College of Social Work. These materials are available via: [Learning and development](http://www.skillsforcare.org.uk/Standards/Care-Act/Learning-and-development/Learning-and-development.aspx) and are an introduction to the changes brought about by the Care Act 2014. They are intended as a first step towards building a competent workforce in relation to the Act by providing information and learning about those changes.

The Act introduces wide reaching reforms to adult care and support in England. Implementation of the Act is a major reform programme and underpinning it is a need for cultural change. Successful implementation will therefore require good change management leadership. Skills for Care’s training materials are one tool that can be used to support staff along the journey.

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Estimated number of adult social care organisations and establishments (enterprises) in England and the East Midlands

Organisations

Organisations can include large international companies, charities, councils with social services responsibilities (CSSRs) or small independent care homes. It does not include individuals employing their own care and support staff.

The total number of PAYE or VAT-registered whole organisations (i.e. enterprises) involved in providing or organising adult social care in England as at 2013 was estimated at 17,300. Between 2009 and 2013 the number of adult social care organisations was estimated to have increased by around 6% or 1,100 organisations.

Establishments

Establishments include all local units of employment but not the organisation as a whole. For example, each individual care home within a large care providing organisation is known as the establishment and the total of all establishments makes up the care providing organisation. In 2013 there were around 39,000 adult social care establishments in England.

Around 25,300 establishments were active CQC registered locations under the Health and Social Care Act. The East Midlands has an estimated 3,500 establishments operating within 1,100 adult social care organisations. There are just under 2,300 active CQC locations for providers registered under the Health and Social Care Act in the East Midlands.
The size and structure of the adult social care workforce in England

The adult social care sector is growing and adapting to changing needs. These findings from the Size and Structure report 2014 highlight the growth in the adult social care workforce since 2009 and also the shift in the number of jobs for different employer types over the period.

### Estimated number of adult social jobs in England

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2025*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,320,000</td>
<td>1,390,000</td>
<td>1,430,000</td>
<td>1,490,000</td>
<td>1,520,000</td>
<td>2,200,000</td>
</tr>
</tbody>
</table>

### Job role group

- Total 1,520,000 jobs
- Direct care - 1,148,000
- Managerial - 113,000
- Professional - 94,000
- Other - 167,000

### How the sector is made up

#### Independent sector

- 2006: 975,000
- 2013: 1,155,000

#### Local Authority

- 2006: 179,000
- 2013: 141,000

#### Adult social care jobs in the NHS

- 2013: 1,155,000

#### Jobs for direct payment receipts

- 2013: 145,000
Personal budget holders

As at 2013, Health and Social Care Information Centre (HSCIC) data shows that there were around 715,000 people receiving a personal budget (up from around 605,000 in 2012 and 450,000 in 2011). Of these, around 214,000 adults, older people and carers in England (21,000 in the East Midlands) received direct payments from councils’ social services departments in 2012 / 2013 (HSCIC).

The chart below demonstrates the number of direct payment recipients and employers between 2008 and 2013 in England. As at 2013, there were approximately 70,000 direct payment employers employing their own care and support staff in England. There were 7,000 direct payment employers based in the East Midlands.

The remaining 500,000 personal budget holders were not receiving direct payments and are likely to have their care and support workers provided by domiciliary care agencies. Some personal budget holders (including those receiving direct payments) choose to have their care and support provided by self-employed personal assistants. Skills for Care is currently exploring ways to improve information about these workers in the future.

Main service and sector in the East Midlands

The map below shows the spread of care homes and domiciliary care services in the East Midlands. Please note that there may be more than one main service by postcode and therefore the map shows a selection of these services.

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9 Direct payment employers are those who directly employ staff
The East Midlands has a large spread of different services, the majority of which are care homes with nursing (20%), without nursing (50%) and domiciliary care (31%). The majority (75%) of establishments in the East Midlands are in the independent sector, local authorities make up only 9% of the establishments with the rest (15%) from ‘other’ sectors. The maps below demonstrate the widespread CQC registered services in the East Midlands.

**Chart 2.2 Illustration of the main service locations in the East Midlands**
(Source. CQC Provider Locations 2014)
Jobs and workers in adult social care in England and the East Midlands

The number of adult social care jobs in England as at 2013 was estimated at 1.52 million. The number of people working in adult social care in England as at 2013 was estimated at 1.45 million. The adult social care sector is one of a number of other sectors which employ workers on part time or zero hours contracts and therefore may have more than one job per person.

Table 3.1 Number of adult social care jobs/workers by employer type in England *(Source: NMDS-SC workforce estimates 2013/2014)*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Jobs</th>
<th></th>
<th>Workers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Independent</td>
<td>1,155,000</td>
<td>76%</td>
<td>1,140,000</td>
<td>79%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>140,000</td>
<td>9%</td>
<td>134,000</td>
<td>9%</td>
</tr>
<tr>
<td>Jobs for / direct payment recipients</td>
<td>141,000</td>
<td>9%</td>
<td>120,000</td>
<td>8%</td>
</tr>
<tr>
<td>NHS</td>
<td>80,000</td>
<td>5%</td>
<td>81,000</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,520,000</strong></td>
<td><strong>76%</strong></td>
<td><strong>1,450,000</strong></td>
<td><strong>79%</strong></td>
</tr>
</tbody>
</table>

** Please note the counts do not sum to the totals due to people with jobs in more than one type of employer.

Table 3.1 above shows a breakdown by type of employer of the people working in adult social care carrying out the 1.52 million jobs. It shows that the majority of both workers (79%) and jobs (76%) are in the independent sector.

Since 2009, the main changes in the workforce are:
- the increasing size of the workforce (up 15% between 2009 and 2013)
- the continued shift to independent employers from local authority services
- the continued increase in the personalisation of adult social care services, and
- the increase in the number and percentage of jobs in domiciliary care.

The workforce in the East Midlands includes 130,000 people working in 135,000 jobs. Like England as a whole, the majority of these jobs (75%) and workers (77%)
are in the independent sector. Local authorities have a much smaller workforce with an estimated 9% of jobs and workers.

Table 3.2 Adult social care jobs/workers by employer type in the East Midlands
(Source. NMDS-SC workforce estimates 2013/2014)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Jobs</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>101,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Jobs for/ direct payments recipients</td>
<td>7,000</td>
<td>7,000</td>
</tr>
<tr>
<td>NHS</td>
<td>14,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135,000</strong></td>
<td><strong>130,000</strong></td>
</tr>
</tbody>
</table>

** Please note counts do not sum to the totals due to people with jobs in more than one type of employer.

Adult social care workforce by sector

The private sector is by far the largest employer in both the East Midlands and England as a whole, employing over two thirds (or 80,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers (23,000) while the statutory (local authority) sector employs approximately 12,000 workers.

Chart 3.1 Adult social care workforce by sector
(Source. NMDS-SC workforce estimates 2013/2014)
Adult social care workforce by main service group in the East Midlands

An estimated half (58,000) of all adult social care workers are employed in residential settings while a further 38% (or 43,000) are employed in adult domiciliary care settings. The remaining 13,000 workers are employed in adult community care, adult day care and other care settings. Within individual CQC regulated services, Skills for Care estimate there to be approximately 52,500 workers based in care homes with nursing or care homes without nursing. In addition, there are an estimated 43,000 workers working in CQC regulated domiciliary care settings.

Adult social care workforce estimate by selected job role

Chart 3.3 Workers within the adult social care workforce in England and the East Midlands (Source. NMDS-SC workforce estimates 2013/2014)
Chart 3.3 above demonstrated that almost three quarters of the workforce are estimated to be working in a direct-care providing role, this equates to just under 84,000 workers, 70,000 of these being care workers. An estimated 9,500 are working in a managerial role while 6,000 are working in a professional role (eg social workers 1,200 and registered nurses 4,000). Lastly, there are around 14,500 people working in an ‘other’ role which includes administrative staff and ancillary staff).

**Employment status**

Chart 3.4 shows that the majority of workers are employed on a permanent basis (87%); the remainder of the workforce is made up by temporary staff (5%), bank/pool staff (7%), and agency staff (1%).

**Full and part time status**

Just over half the workforce (52%) are estimated to work full time in their position in both the East Midlands and England, while 36% hold a part-time role lastly 12% work in a role classed as neither of these Levels of full and part time working vary by broad job group (see chart 3.5). Those in managerial roles are more likely to work full time, eg registered managers (94%), compared to just 48% for care workers.

**Chart 3.5 Selected job roles by full time or part time status**
(Source. NMDS-SC workforce estimates 2013/2014)
Contract type

Workers in the main services in the East Midlands are on a variety of contract types, the majority are on either an annualised hours contract (20,500) or a zero hours contract (30,500). There are also a significant number of workers with flexitime arrangements (12,000) in the East Midlands. In terms of contract types by service, interestingly domiciliary care have a much higher percentage of workers who are on zero hours contract (46%) than other services whereas the residential services have a large percentage of workers operating on annualised hours contracts (care homes with nursing 33% and care homes without nursing 29%).

Whole time equivalent (WTE) annual and hourly pay

The estimated WTE\(^{10}\) mean annual pay within the East Midlands is largely influenced by job role. The chart below shows that the selected job roles earn slightly less annual pay than workers in the East Midlands than England as a whole.

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\(^{10}\) Whole time equivalents are calculated based on 37 or more contracted hours a week being classed as one whole time equivalent job. Any worker with less than 37 contracted hours is calculated as a proportion of a whole time worker.
The estimated WTE mean hourly pay in the East Midlands of care workers (£7.11) and senior care workers (£7.80) is also slightly lower than those in England.

**Chart 3.8 Whole time equivalent mean hourly pay by selected job role**
(Source. NMDS-SC workforce estimates 2013/2014)

The Living Wage

The Living Wage Campaign states the amount needed for workers to provide for themselves and their families. It is calculated according to the basic cost of living in the UK and is currently £9.15 in London and £7.85 in the rest of the UK.

“Over 10,000 London families have been lifted out of working poverty as a direct result of the Living Wage” Professor Jane Wills, Queen Mary University of London 2014.11

The modern UK Living Wage Campaign was launched by members of London Citizens in 2001. The founders were parents in the East End of London who both wanted to remain in work, but found that despite working two or more minimum wage jobs, they were struggling to make ends meet and were left with no time for family and community life. In 2005, following a series of successful Living Wage campaigns and growing interest from employers, the Greater London Authority established the Living Wage Unit to calculate the London Living Wage. This later became a national movement with local campaigns which began to emerging across the UK, offering the opportunity to involve many more employers and lift thousands of families out of working poverty.12

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11 http://www.livingwage.org.uk/what-are-benefits-accreditation
12 http://www.communitycare.co.uk/2014/02/11/london-boroughs-must-social-care-pay-says-london-assembly/
Starting in social care

Chart 4.1 below demonstrates that a small percentage of workers (10%) in the East Midlands began their career in adult social care before 1995. Fifteen percent of workers began their role between 1995 and 2002 and the largest proportion (58%) started over the last 7 years.

There is a considerable percentage of workers (28%) who started between 2007 and 2010 with care workers having the highest percentage (33%) and registered nurses and managers / supervisors the lowest (19%). Over half (55%) of all managers / supervisors started in social care before 2002 whereas over two thirds of all direct care job roles such as care workers (34%) started in the last 3 years.

Age of workers

The largest proportion of workers are aged between 40 and 54 years old (38%). Half of workers in roles such as managers/ supervisors (50%) and registered nurses (45%) are aged between 40 and 54 years old. Direct care staff are more likely to be aged 24 and under in the East Midlands such as care workers (16%).
There are an estimated 23,000 (20%) people currently working in the East Midlands in the adult social care sector who are aged 55 and over. A large proportion of workers over 55 are likely to be managers / supervisors or those working in professional roles such as registered nurses. All of these workers are due to reach the State Pension\(^{13}\) age in the next 5-10 years which could impact the number of skilled and qualified workers remaining in the region due to retirement or reduced working hours such as part time working.

Table 4.1 shows that the average age of adult social care workers is 43 in both England and the East Midlands. Direct care staff in the East Midlands have a lower average age (42 years old) and professionals (47 years old) and managers (47 years old) have a slightly older average profile.

**Gender of the workforce**

The percentage of workers who are female in the adult social care sector in the East Midlands is 83% and in England as a whole is 82%. This proportion differs by main job role, for example in the East Midlands 34% of senior managers and 23% of community support and outreach workers are male compared to only 11% of registered nurses and 14% of senior care workers.
The workforce

Nationality of the workforce

The largest proportion (89%) of workers in the East Midlands are British. There are a small proportion from other nationalities eg 3% from countries within the European Economic Area (EEA) and 7% from Non-EEA countries.

It is estimated that 25% of professional workers in social care in the East Midlands hold a non-British nationality. For example, Chart 4.5 below shows the estimated number of nurses from Non-EEA (26%) and EEA (5%) countries are much higher than registered managers who are primarily British (Non-EEA 3% and EEA 2%). There is a growing concern for workers from non-EEA countries due to the potential effect changes to government policies\(^\text{14}\) may have on the entitlement to live and work in the UK.

\(^{14}\) https://www.gov.uk/eu-eea
The workforce

Chart 4.6 below illustrates that non British workers in England and the East Midlands have similar workforce nationality profiles. The greatest number of workers are from countries such as Philippines, Poland, and India, alongside other countries such as Zimbabwe and Nigeria.

Chart 4.6 Top ten non-British nationalities in England
(Source. NMDS-SC workforce estimates 2013/2014)
The workforce

Ethnicity of the workforce

The chart below demonstrates that workers in adult social care in the East Midlands are primarily from a white background (87%). It is estimated that workers based in residential services have the highest proportion of black and minority ethnic (BME) workers in both the East Midlands and England as a whole. The majority of BME workers in the East Midlands are black/ African/ Caribbean/ black British (8%) and Asian/Asian British (9%).

Chart 4.8 Ethnicity of the East Midlands workforce by main service
(Source. NMDS-SC workforce estimates 2013/2014)
Chart 4.9 demonstrates that an average of 20% of workers (13% in the East Midlands) in England are from a BME ethnicity. The main exception are registered nurses who have slightly more BME workers (38%) in England and the East Midlands than other job roles.

Chart 4.9 Ethnicity in England and the East Midlands by main job role
(Source. NMDS-SC workforce estimates 2013/2014)
Recruitment and retention

Starters, leavers and vacancy rate

For any business owner, a high turnover rate can incur significant costs in both time
and resources to their organisation. When an organisation loses a worker, it is likely
to incur both recruitment and administrative costs which include time and resources
to find and train a replacement. Current or agency staff are then often needed to
carry out the tasks of the vacant post, which could incur further costs or overtime.
Before the new ‘starter’ is ready to step into the vacancy, the organisation could
therefore be forced to pay a higher rate per hour to accomplish the same amount of
work carried out before the worker (s) left.

NMDS-SC data shows, in the East Midlands, one in five (22.0%) workers left their job
in the last 12 months. Job roles such as care workers (27.9%) and registered nurses
(29.3%) have a high turnover (leavers) rate. Other job roles such as senior managers
(6.5%) and registered managers (8.7%) have a much lower turnover rate.

The percentage of workers who started their role in the last 12 months in the East
Midlands is 26.8%. The percentage of care workers (35.8%) and registered nurses
(30.5%) starting their current role in the last year are the highest of the selected job roles. With such a high turnover of staff, it is understandable that the number of starters, within the same time frame, is high.

At the time of writing, the East Midlands had 1,600 (5.1%) jobs which were vacant. The highest proportion of vacant jobs are in the professional job role group (6.7%) and the highest number of vacancies are in the direct care job role group (1,200 vacancies).

Source of recruitment

The largest proportion of workers in England (40%) and the East Midlands (48%) come from within the private or voluntary (independent) adult social care sector.

Interestingly, people starting in the main job role group ‘professional’ are recruited from a number of sectors including; the Independent sector (43%), local authorities (7%), the health sector (20%) and agency staff (4%). Other job groups such as managers/supervisors are recruited primarily from the independent sector (49%) and local authorities (6%).
Recruitment and retention

Reasons why workers left their job

The top reasons workers left their jobs in both the East Midlands and England are transferred to another employer, personal reasons and resignation for other or undisclosed reasons. The table below shows a breakdown of the top reasons workers left their job.

<table>
<thead>
<tr>
<th>Reason</th>
<th>England</th>
<th>The East Midlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal reasons</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Transferred to another employer</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Resignation for other or undisclosed reasons</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Career development</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Dismissal</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Pay</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Retirement</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Nature of the work</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Competition from other employers</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>End of contract term</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Conditions of employment</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Redundancy</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Death</td>
<td>&lt;0%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Destination of the leavers

In the last 12 months, data from the NMDS-SC shows that, workers who left their role often moved onto other roles in adult social care with 30% of workers moving into the independent adult care sector. Other popular destinations are the health sector (15%) and not straight to another job (15%). The table below shows a breakdown of the top destination of workers who left their job.

<table>
<thead>
<tr>
<th>Table 5.2 Destinations of workers who left their jobs in England and the East Midlands (Source. Raw NMDS-SC data 2013/2014)</th>
<th>England</th>
<th>The East Midlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult care sector private or voluntary</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Not to another job immediately</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Health sector</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Other sector</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Other destinations</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Adult care sector local authority</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Elsewhere within the organisation</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Retail sector</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Abroad</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Children’s sector local authority</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Children’s sector private or voluntary</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Induction

The chart shows that two thirds (72%) of adult social care workers in the East Midlands, and 68% in England, have completed the Skills for Care induction. NMDS-SC data also shows that for around 1 in 5 workers in the East Midlands and England, employers felt that an induction was ‘not applicable’. For workers not providing direct care, it maybe that only certain elements of induction are undertaken.

Skills for Care’s Common Induction Standards (CIS) are standards adult social care staff currently need to meet before they can safely work unsupervised. The CIS are for people new to social care and those changing roles or employers.

They are designed to be completed within 12 weeks to enable care workers to demonstrate their understanding of how to provide high quality care and support.

The CQC Essential Standards of Quality and Safety highlight the importance and value of a strong and comprehensive induction. It is still planned that the Care Certificate will be introduced in April 2015, replacing both the National Minimum Training Standards and the Common Induction Standards.

**The Care Certificate**

In 2013 a review carried out by Camilla Cavendish\(^{16}\) recommended that Health Education England alongside Skills for Care and Skills for Health should develop and be responsible for a new certificate aimed at support workers in social care and healthcare assistants in health. This Care Certificate would have to be completed before workers were allowed to work unsupervised with clients.

The forthcoming Care Certificate\(^{17}\) (expected April 2015) will look at ensuring that all those working in health and social care have a minimum level of training to ensure that they provide care, compassion, competence, communication, courage and commitment in their roles.

Skills for Care is working with Health Education England and Skills for Health on the Care Certificate which is expected to replace existing CIS requirements. In contrast, the Care Bill learning and development program will be focused on the knowledge and skills needed by the workforce that are required as a direct result of the new laws and legislation.

**Provider Information Return (PIR)**

From the 1st October 2014, CQC changed the way they regulate and inspect adult social care. CQC introduced a PIR, an important part of the new inspection process. CQC will collect data and some written information under the questions; is the service safe, effective, caring, responsive and well-led?

For those organisations registered on the NMDS-SC, and give permission, elements of this return will be pre-populated, therefore saving the organisation time and resources completing the full PIR.

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Qualifications

Within the East Midlands, Skills for Care estimates show that 58% of all adult social care workers have a social care qualification (57% in England). Chart 6.2 above shows that the highest qualifications workers held differ by job group. The majority of workers in professional job roles have a Level 4 or above qualification. The largest majority of direct care staff have a Level 2 qualification.

Training

The NMDS-SC provides employers with the option of recording training data, in addition to accredited qualifications. Chart 6.3 below is based on workers who have some form of training recorded for them.

Data from the NMDS-SC shows that workers in the East Midlands, like England as a whole, have trained in a variety of areas, the most popular being Moving and Handling (72%), Safeguarding (67%) and Health and Safety (60%).

These training areas, as well as a number of others, are part of the minimum training standards which Skills for Care and Skills for Health were commissioned by the Department for Health in 2013 for both healthcare support workers and adult social care workers in England.
Projections of the adult social care workforce

The demand for adult social care is projected to increase rapidly due to the ageing population. The size of the adult social care workforce will have to increase significantly to meet this demand.

The Size and Structure of the Social Care Workforce 2014 report estimates the number of adult social care workers that may be required to meet the future social care needs of adults and older people. The workforce projections are based on projections of demand made in 2008 by the Personal Social Services Research Unit (PSSRU) for the Department of Health. These in turn were based on government projections of the future population of England.

Table 7.1

Table 7.1 and Chart 7.1 show that, depending on the scenario, the number of jobs in adult social care is projected to grow by between 15% and 55% between 2013 and 2025. This means there could be between 1.8 million and 2.4 million jobs by 2025.
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**Table 7.1 Summary of projections of adult social care workforce jobs (000’s) in England 2013-2025** *(Source: NMDS-SC workforce estimates 2013/2014)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Base case</td>
<td>1,520</td>
<td>1,615</td>
<td>1,885</td>
<td>2,190</td>
<td>665</td>
</tr>
<tr>
<td>Maximising choice</td>
<td>1,520</td>
<td>1,625</td>
<td>1,955</td>
<td>2,345</td>
<td>825</td>
</tr>
<tr>
<td>Contain and community</td>
<td>1,520</td>
<td>1,605</td>
<td>1,760</td>
<td>1,915</td>
<td>395</td>
</tr>
<tr>
<td>Restricted resources</td>
<td>1,520</td>
<td>1,595</td>
<td>1,700</td>
<td>1,820</td>
<td>295</td>
</tr>
</tbody>
</table>

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**Chart 7.1 Adult social care workforce jobs projections 2013-2025** *(Source: NMDS-SC workforce estimates 2013/2014)*

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18 [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
Chart 7.2 shows the four scenarios together with a projection line based on the growth of the workforce over the past five years. This projection line extrapolates the workforce in a straight line based on the current rate of growth since 2009 and does not account for further additional increases in demand for adult social care services. It is included in the graph to allow a comparison between the current rate of growth and the original projections and should not be interpreted as a prediction.

Aspects of all four of these scenarios have materialised since the projections were made in 2009. The shift towards the personalisation of adult social care has continued. Even though the take-up of direct payments has slowed in recent years, the workforce is still growing at a rate similar to the ‘maximising choice’ scenario.

Adult social care has also experienced significant budget reductions over the period (LGA, 2013)\(^1\), however the workforce has still grown significantly faster than projected under the ‘restricted resources’ scenario. This scenario takes a very pessimistic view of how social care services will be delivered, most of which have not materialised.

Whether or not these trends continue depends largely on government policy and the resources available to adult social care. However, it should be noted that under all the scenarios (even the most pessimistic in terms of resources) the workforce is still projected to grow due to the ageing population.

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\(^{19}\) Towards Excellence in Adult Social Care, LGA 2013
Why you can trust the data in this report

Every effort is made to ensure that the data which makes up NMDS-SC information is reliable and fit for purpose. Reasons you can trust this data include:
- data is checked and validated when it is entered into the NMDS-SC
- any questionable data is filtered out
- all NMDS-SC information is less than 2 years old
- data is suppressed or not shown where sample sizes are too small to be trusted
- NMDS-SC data quality is checked every month.

Direct payment recipients directly employing their own staff

The direct payment recipient market is relatively new and has continued to evolve over recent years. Evidence suggests that increasingly direct payment recipients are moving away from the model of becoming employers themselves, to a model of buying in the services they require

In previous years, due to a lack of information, all direct payments recipients were treated as employers. This was acknowledged to be very likely to produce an overestimate of the number of individual employers in the adult social care sector. As such, this year Local authorities were asked to estimate the proportion of direct payments recipients that employ staff in their area. Finding that approximately half of direct payments recipients were directly employing one or more member of staff.

NMDS-SC online resources

To find out more about NMDS-SC, please follow the link at the end of this section. Skills for Care produce a number of reports for those who complete NMDS-SC. These include national, regional and local authority area reports which are specific to individual organisations. These reports have recently been updated to improve the quality of data and ensure they are as user friendly as possible. To have a look at the reports, please follow the link. http://www.nmds-sc-online.org.uk/content/gateway.aspx?id=5.

The NMDS-SC Support Service

Skills for Care employs a team of experts who are able to guide and support you through all aspects of completing NMDS-SC. For more information or if you require any help completing
Glossary of terms

For the purposes of this report, the following glossary provides a definition of terms used.

- **Care-providing location/establishment** - An establishment is defined as a single location or workplace at which care is provided or from which it is organised. For local authorities an establishment can be a team or department.

- **Employees** - Employees are all permanent and temporary staff at the establishment.

- **Jobs** - the number of jobs in adult social care. This figure will generally be higher than the number of workers, as a single worker may hold more than one social care job.

- **Workers** - Workers are a sum of all staff at the establishment (permanent, temporary, pool, agency, student, volunteers and other staff). The worker total is taken from the number of workers recorded at the establishment.

- **European Economic Area (EEA)** - Workers from this area (and members of their families) can currently come to, live in and work in the UK.

- **Vacancy rates** - this is calculated as the number of vacant positions on the day NMDS-SC is completed as a percentage of all posts i.e. vacancy rates divided by employees + vacancies.

- **Turnover rate** - this is the number of leavers in the 12 months prior to date of completion as a percentage of the total staff employed on the completion date i.e. number of leavers divided by the number of staff.

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20 https://www.gov.uk/browse/visas-immigration/eu-eea-commonwealth