As Chair of Skills for Care, I’m very pleased to launch this important report: *The state of the adult social care sector and workforce report in England (2014)*. The report uses the best data available on the adult social care workforce taken from the National Minimum Data Set for Social Care (NMDS-SC) and builds on our other key workforce intelligence publication, *The size and structure of the adult social care sector and workforce in England 2014* to give a first rate picture of our adult social care workforce.

Throughout my career I have been conscious of the power of good information and how that has often been missing or poor in our sector. Robust information and evidence is invaluable for policy makers, commissioners and employers in both the adult social care and health sectors.

I would like to thank the thousands of employers who contribute their workforce data to the NMDS-SC without whom this report would not be possible and would encourage them to use the NMDS-SC in their own workforce and business planning.

It is not that long ago that we were unable to provide reliable statistics on a workforce of more than 1.4 million people. We are now in a position where workforce intelligence provided by Skills for Care via the NMDS-SC is used and relied upon by many of the sector’s key stakeholders including the Department of Health, the Care Quality Commission, the Health and Social Care Information Centre, the Association of Directors of Adult Social Services, Health Education England and many more.

There is no doubt that reliable and detailed information about the workforce is vital to offering them the right training and support as well as for those planning the provision of adult social care – both now and in the future. That is why we continue to work with employers to maintain and increase our NMDS-SC coverage. At the time of writing we have data from around 24,000 care-providing establishments and on around 750,000 individual workers which is a remarkable achievement.

No doubt the NMDS-SC will be particularly useful as the sector implements the significant changes to the way we deliver services as the Care Act comes into force in April 2015.

The report shows us once again that the sector continues to grow, but it also highlights areas of significant concern including high turnover (in some parts of the sector), low rates of pay, a large gender bias, a reliance on non-British workers (particularly for nurses), and an older workforce. Some of these issues are not new, but it is absolutely vital that as a sector we can provide evidence on the extent and direction of travel on these issues - always based on robust data and first rate analysis.

This report will be of interest to anyone involved in the delivery, planning, funding, market-shaping and commissioning of adult social care services or with an interest in labour market information and I hope help to continue to drive up the quality of adult social care nationally.

Dame Moira Gibb DBE, Chair of Skills for Care
Executive summary

By 2025, there will be an additional 1.5 million people aged 65 or over in England, while it is estimated that 1 in 3 babies born after 2013 will live to be 100 years old. While people living longer and healthier lives is to be celebrated it does of course place additional pressures on our health and social care systems. A key factor in being able to meet growing demands on these systems will be a workforce with the right skills performing the right roles. This report provides an overview of the adult social care workforce.

Size and structure of the sector and workforce
There are an estimated 17,300 organisations involved in the delivery and organisation of adult social care. These organisations are made up of some 39,000 establishments. Overall Skills for Care estimate there to be 1.52 million jobs involved in the adult social care sector being carried out by 1.45 million workers. This workforce is estimated to have grown by around 15% since 2009 with the creation of around 200,000 jobs. See chapter 2 for more details and further trend information.

Staff overview
There are an estimated 1.3 million jobs (excluding PAs working for direct payment recipients). The private sector is by far the largest employer employing over two thirds (circa 900,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers while the statutory sector employs just over 1 in 10 workers.

Around half of the workforce are employed in residential settings while a further 38% are employed in domiciliary care settings. Looking at the workforce by broad job role group, almost three quarters of the workforce are working in a direct-care providing role. Just over half the workforce (52%) are considered to be full-time while 36% hold a part-time role. It is estimated that almost a quarter of jobs in the adult social care sector (23%) are operating on a zero hour contract. Overall Skills for Care estimate there to be around 300,000 workers working on a zero hour basis.

Workforce demographics
The adult social care workforce remains one skewed in terms of gender with 80% of workers being female (this is higher still in direct-care providing roles). The workforce is also an older one with 1 in 5 workers being aged 55 or over. In terms of ethnicity, the workforce is predominantly white (80%), while over 1 in 10 workers hold a non-EEA nationality. Both ethnicity and nationality profiles vary considerably by region.

Recruitment and retention
Turnover remains an issue in adult social care with an overall turnover rate of 25.4% (equating to around 300,000 workers leaving their role each year). It should be noted however that turnover is not uniformly high although it tends to be higher in the private sector and amongst domiciliary care providers.

While turnover may be considered high in some parts of the sector, it should also be noted that around three quarters of the workforce have been in their current role for 12 months or more. It is also estimated that just under a third of workers started in their current role during the previous 12 months.
NMDS-SC analysis shows that around 2 in 5 of those that leave their role move within the sector (known as workforce churn). In a sector where continuity of staff is so vital to the experience of those who use care services, it is an issue that remains a high priority.

**Pay**
Pay rates in the sector remain the subject of debate. Care worker median pay rates are above the National Minimum Wage though vary by sector, service and region. It is also evident that many workers are working at rates substantially below the Living Wage. NMDS-SC data also shows that nurses are paid less than their NHS counterparts which may be contributing to their higher than average turnover rates.

**Qualifications and training**
Skills for Care believes good employers should develop and train their staff beyond induction to ensure that they have a capable, confident and skilled workforce. Analysis of NMDS-SC shows over two thirds of workers had completed an induction, while a further 11% had their induction in progress (through being new to their role). From April 2015 the induction will be replaced by the Care Certificate.

Over half the workforce holds a recognised social care qualification (56%), while 43% have no relevant qualifications recorded. Of the categories of training recorded in the NMDS-SC, the most populated areas of training were Moving and Handling (70%) and Safeguarding Adults (64%).

**Registered nurses**
Registered nurses play a vital role within the overall adult social care workforce. Skills for Care estimate there to be around 50,000 nurses working in the sector working predominantly in the private sector in CQC regulated care homes with nursing. There are particular issues with regard to nurses in the sector – turnover is high at over 30% (over 16,000 leave their role each year), while they have an older age profile to the wider sector (44% are aged 50 or over). It is also noteworthy that over 1 in 3 (37%) have a non-British nationality which suggests employers may have to be recruiting from abroad. In terms of pay, nurses are paid less on average (£24,350) than their NHS counterparts.

**Concluding remarks**
This report shows that the adult social care workforce continues to grow year on year, while providing an overview of the whole workforce the report has also performed a deep dive into data around registered nurses as well as providing a policy and research context. If the sector is to meet the growing demands of an increasing older population then such workforce information, derived from the NMDS-SC is vital. To plan the future workforce effectively, the starting point is to understand what is being delivered now and the construction of the workforce delivering those services.
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Introduction
1. Introduction

This latest edition of Skills for Care’s state of the Adult Social Care Sector and Workforce in England report is the most comprehensive yet.

Due to advances in participation and coverage rates of the sector in the National Minimum Data Set for Social Care (NMDS-SC), we are able to use this data and provide estimates of the whole of the adult social care sector. Increased volumes and improved quality of data held by the NMDS-SC means these estimates are the most detailed and reliable to date.

Adult social care is a rapidly growing sector, it is imperative to get the right people into the right jobs, resulting in improved quality of care and life for those using care services. A combination of longer life expectancy (due to better health care and healthier lifestyles) especially for people with disabilities and long-term health conditions is resulting in a greater demand for social care services.

According to the ‘Projecting Older People Population Information System’ there will be an additional 1.55 million people over the age of 65 by 2025. This is an increase of 17% from 2013 (The NHS Information Centre, 2013).

An aging population and less reliance on informal care has resulted in an increased demand for social care staff. The Size and Structure of the Adult Social Care Sector and Workforce in England 2014 report estimates that the number of paid adult social care jobs in 2025 could increase from the current 1.52 million to between 1.82 and 2.34 million; this is an increase of between 20% and 54% in a relatively short time period.

In addition to the number of new workers required to keep up with the increasing demand, the care sector has other issues such as high vacancy rates and staff retention. This stretches the numbers of workers required, to keep up with demand, even further. Although unemployment in England is high, the number of jobs needed to be filled was said by David Brindle in the Guardian in 2013 to be “a staggering and seemingly impossible-to-achieve number”.

This report uses data from the NMDS-SC to explore characteristics of the adult social care sector, including the size of the sector and workforce, the structure of the workforce, demographic information, recruitment and retention issues, pay rates, and qualifications and training information. This report also includes a chapter about recent research that has been conducted, the economic contribution of the sector and a review of how policy changes may affect it.

Each chapter of this report concludes with a section that contains links to further information and related resources. Additional data, including regional breakdowns of the information in this report, can be found in the statistical appendix on the Skills for Care website www.skillsforcare.org.uk/stateof2014.
1.1. About Skills for Care

Skills for Care is the employer-led workforce development body for adult social care in England, a growing sector that currently has around 17,300 organisations, 38,900 care providing locations and a workforce of around 1.52 million jobs contributing an estimated £43 billion per annum to the English economy.

Skills for Care work with employers across England to: make sure their people have the right skills and values to deliver high quality care, share best practice, to understand the bigger picture, to set the standards for quality care and look ahead. For more information about Skills for Care please see our website www.skillsforcare.org.uk.

1.2. About the NMDS-SC

The National Minimum Data Set for Social Care (NMDS-SC) is an online workforce data collection system for the social care sector. It is the leading source of robust workforce intelligence for adult social care. 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 2006.

The NMDS-SC collects information on the size and structure of the whole adult social care sector including:

- types of care services that are provided
- how much care provision there is
- a detailed picture of the workforce, including demographics, pay rates and qualifications.

Social care employers/providers use the NMDS-SC to help ensure their information better supports businesses and workforce planning. They register, maintain and access their business information through their online account, they can use it to track their workforce information with personalised reports and dashboards.

At the end of 2014 the NMDS-SC had 23,000 employers and 700,000 individual worker records. This included 55% of CQC regulated employers and all 152 statutory local authority services.

1.3. Terminology used in the report

Social care continues to change rapidly. Skills for Care has tried to maintain a degree of terminological consistency and comparability with our previous reports. So we have:

- Used the term ‘domiciliary care’ to describe ‘home care’, to avoid any confusion or inadvertent word reversal with ‘care home’.
- Generally used the term ‘people who use services’ in preference to ‘service user’, ‘client’ or ‘people in need of care and support’, although none of these is universally accepted.
- Used the term ‘statutory local authority’ to refer to councils with social services responsibilities, and ‘local authority area’ when the context is wider.
- Defined the independent sector as the sum of the private and the voluntary (third) sectors.
1.4. Acknowledgments

The authors Sarah Davison and Dave Griffiths are grateful to many people who have contributed to this report. Particular thanks are due to:

- All the employers who have completed NMDS-SC data as without their efforts estimates of this detail and accuracy would not be possible
- Adam Andrew and Will Fenton for producing some of the methodologies for creating the workforce projections, for providing data analysis and for the writing up of the first chapters pertaining to “The size and structure of the adult social care sector and workforce”.
- Lucy Selvon and Roy Price for their contribution to data analysis used to inform the workforce characteristics content of the report and help with compiling the data tables contained in the appendix.
- Paul Buchanan and David Hallaways for their contributions to the “Research evidence, economic contribution and policy” chapter
- Our colleagues from the Workforce Intelligence team who support and maintain the NMDS-SC.

Feedback on any aspect of the report will be very welcome and will help to improve future editions. Please contact Skills for Care’s analysis team analysis@skillsforcare.org.uk
Size and structure of the sector and workforce
Overview

- An estimated 17,300 organisations were involved in providing or organising adult social care in England as at 2013 - an increase of 1% from 2012.
- Around 214,000 adults, older people and carers received direct payments from councils’ social services departments as at 2013 - approximately 70,000 of these recipients were directly employing their own staff.
- The number of adult social care jobs was estimated to have increased by around 2% between 2012 and 2013 and by 15% since 2009 and since 2009 the workforce has continued to shift away from local authority jobs and towards independent sector jobs.

This chapter summarises the main findings from the ‘Size and structure of the adult social care sector and workforce in England, 2014’ report, for a copy of the full report please see the Skills for Care website.¹

2.1. Note on data sources

The estimates in this chapter draw on several data sources. The majority of the detail comes from the NMDS-SC. Some specific points to note are covered below (for more detail please refer to the size and structure report):

Organisations and establishments
These estimates were created using Office for National Statistics (ONS’s) Inter-Departmental Business Register data (IDBR). It should be noted that they do not include social care operations that are included in non-social care specific ‘Standard Industrial Classification’ (SIC) codes. They also required some assumptions and estimations to remove children’s organisations and some non-social care organisations coded under social care SIC codes.

They do not include individuals employing their own care and support staff (these employers have been covered separately) or operations that are not registered for PAYE or VAT, such as some sole traders and self-employed people.

Individuals employing their own staff
These estimates were created using Health and Social Care Information Centre (HSCIC) data and various ad-hoc pieces of Skills for Care research. Despite additional data collected this year, there is still a lot of uncertainty regarding this area and the figures should be treated with caution.

Number of jobs, people and whole time/ full-time equivalent (WTE) jobs
These estimates draw on several data sources. The majority of the detail comes from the NMDS-SC.

Unpaid carers play a major role in adult social care but are not usually included in employment statistics and are therefore not included in these workforce estimates. As at 2011 there were an estimated 5.4 million people who were carers in England² and this figure is expected to rise considerably in the future³.

¹ [http://www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
³ Carers UK - Valuing Carers (2011), the full report can be found at [http://www.carersuk.org](http://www.carersuk.org)
Workforce projections
These projections are based on the Skills for Care projections made in the state of the Social Care Workforce report 2010 (re-calibrated to take into account updated workforce estimates).

Skills for Care hope to include updated projections in next year’s Size and structure of the adult social care sector and workforce in England report.

2.2. Estimated number of adult social care organisations (enterprises)

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.

The total number of adult social care organisations was estimated to have increased by around 1 per cent between 2012 and 2013 and by 6 per cent (1,100 organisations) since 2009.

The definition of organisations ranges from the largest international companies, large charities and councils with social services responsibilities (CSSRs) to the smallest independent care homes. It does not, however, include individuals employing their own care and support staff.

Chart 1 shows a breakdown of the 17,300 organisations by size. It shows that the majority of adult social care organisations were small with around 85% having fewer than 50 staff.

<table>
<thead>
<tr>
<th>Size Group</th>
<th>Residential (SIC2007 87)</th>
<th>Non-residential (SIC2007 88)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>5 - 9</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>10 - 19</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>20 - 49</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>50 - 99</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>100 - 249</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>250+</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows that the number of adult social care organisations has increased steadily between 2009 and 2013 with increases of 1% between 2009 and 2010, 2% between 2010 and 2011, 3% between 2011 and 2012 and 1% between 2012 and 2013.
Table 1: Estimated number of adult social care organisations, 2009–2013
Source: Skills for Care estimates based on ONS IDBR data

<table>
<thead>
<tr>
<th>Service type</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>09-10</th>
<th>10-11</th>
<th>11-12</th>
<th>12-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>All organisations</td>
<td>16,200</td>
<td>16,400</td>
<td>16,700</td>
<td>17,100</td>
<td>17,300</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Residential services (SIC 87)</td>
<td>8,100</td>
<td>8,000</td>
<td>8,000</td>
<td>7,900</td>
<td>7,700</td>
<td>-1%</td>
<td>0%</td>
<td>-1%</td>
<td>-3%</td>
</tr>
<tr>
<td>Non-residential (SIC 88)</td>
<td>8,200</td>
<td>8,400</td>
<td>8,700</td>
<td>9,200</td>
<td>9,500</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

2.3. Estimated number of adult social care establishments (local units of employment)

The total number of PAYE- or VAT-registered establishments (i.e. local units) involved in providing or organising adult social care in England as at 2013 was estimated at 38,900.

In total the number of establishments increased by around 1,600 (4%) between 2009 and 2013, despite a decrease of 600 establishments (1%) between 2012 and 2013.

The definition of establishments used in this section includes all local units of employment as opposed to only whole organisations that were counted in the previous section. For example, each individual care home within a large care providing organisation will have been counted in this section, whereas only the care providing organisation as a whole was counted in the previous section.

Table 2 shows a breakdown of the 38,900 adult social care establishments in England as at 2013 by service type and CQC regulation status.

Table 2: Estimated number of adult social care establishments in England by service type, 2013
Source: Skills for Care estimates based on CQC and IDBR data

<table>
<thead>
<tr>
<th>Service type</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand total – Estimated PAYE/VAT-registered establishments</td>
<td>38,900</td>
<td></td>
</tr>
<tr>
<td>Total estimated PAYE/VAT-registered residential establishments</td>
<td>20,400</td>
<td>52%</td>
</tr>
<tr>
<td>CQC regulated residential establishments</td>
<td>17,500</td>
<td>45%</td>
</tr>
<tr>
<td>Estimated non-CQC regulated residential establishments</td>
<td>2,900</td>
<td>7%</td>
</tr>
<tr>
<td>Total estimated PAYE/VAT-registered non-residential establishments</td>
<td>18,500</td>
<td>48%</td>
</tr>
<tr>
<td>CQC regulated non-residential establishments</td>
<td>7,900</td>
<td>20%</td>
</tr>
<tr>
<td>Estimated non-CQC regulated non-residential establishments</td>
<td>10,600</td>
<td>27%</td>
</tr>
</tbody>
</table>

Chart 2 shows that there was roughly a 50/50 split between residential and non-residential establishments. Chart 3 shows that around one-third of the adult social care establishments were non-CQC regulated.
Table 3 and Chart 4 shows that the number of non-residential establishments increased by around 2,400 between 2009 and 2013 (13%), whereas the number of residential establishments has been falling (decreasing by 800 establishments over the period).

Table 3: Estimated number of adult social care establishments, 2009–2013
Source: Skills for Care estimates based on ONS IDBR data

<table>
<thead>
<tr>
<th>Service type</th>
<th>Estimated totals</th>
<th>Annual % change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>2010</td>
</tr>
<tr>
<td>All organisations</td>
<td>37,300</td>
<td>38,300</td>
</tr>
<tr>
<td>Residential services</td>
<td>21,200</td>
<td>21,100</td>
</tr>
<tr>
<td>Non-residential services</td>
<td>16,100</td>
<td>17,200</td>
</tr>
</tbody>
</table>

Chart 4: Estimated number of adult social care establishments by service type
Source. Skills for Care estimates based on ONS IDBR data
The reasons behind this shift may be related to government policy of promoting independence for people who have care and support needs. For example the increase in non-residential care establishments may be as a result of the flexibility offered by personal budgets with more people choosing care options that support them to continue to live at home.

Analysis of CQC and CSCI\textsuperscript{4} data going back to 2009 shows the total capacity for residential care homes remained fairly stable over the period despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may just be a consolidation in this part of the sector whereby care is provided to a similar number of people, but by a smaller number of establishments.

In addition to this, NMDS-SC data suggest that the average number of staff employed per residential care home has increased since 2009 and that the total number for jobs for residential services has increased over the period. Again this points towards a consolidation in this part of the sector rather than a genuine decrease in activity.

2.4. Direct payment recipients

Around 214,000 adults, older people and carers received direct payments from councils’ social services departments in 2012 / 2013 (HSCIC).

It is estimated that, as at 2013, approximately 70,000 (33\%) of these individuals were directly employing their own care and support staff.

Please note that the figures in this section should be treated with caution as, despite advances in this area, there is still a shortage of data about individual employers and their workforce. Skills for Care is continuing to explore ways to collect robust and reliable information about this part of the sector.

The direct payment recipient market is relatively new and has continued to evolve over recent years. Evidence suggests that increasingly people in receipt of direct payments are moving away from the model of becoming employers themselves, to a model of buying in the services they require. While the wider behaviour of this new and very sizeable market is of interest - for the purposes of this report the focus is on what proportion of people in receipt of a direct payment directly employ workers themselves. The answer to this question is used by Skills for Care to estimate the number of jobs for direct payment recipients and, in turn, to estimate the total size of the workforce.

For this year’s report, Skills for Care carried out some additional research to improve the estimates of the proportion of direct payment recipients that were employing staff. Local authorities were asked to provide or estimate the proportion of direct payment recipients that directly employ staff in their area. Overall, 35 of the 152 councils in England responded. Many did not collect the information and of those that did respond many could only provide estimated values.

Using this information, Chart 5 shows that as at 2013 an estimated one-third of direct payment recipients were directly employing one or more member of staff.

\textsuperscript{4} CQC replaced CSCI (Commission for Social Care Inspection) in 2009.
Despite the additional data collected this year, there is still a lot of uncertainty regarding the proportion of direct payment recipients that were employers in 2013.

Skills for Care estimate that the true proportion of direct payment recipients employing staff is likely to be between 25% and 40% (55,000 to 85,000 employing staff in total).

Data were not received from all councils (35 out of 152 responded) and many of the councils that did respond were only able to provide estimated figures with regard to this question. As such there is a large degree of uncertainty attached to the estimate of 33% of direct payment recipients being employers. This section attempts to quantify this uncertainty and should be considered when interpreting these estimates.

Chart 6 shows an estimated range for the proportion of direct payment recipients that employed staff as at 2013. It shows that, given the data received, Skills for Care estimate that the proportion of direct payment recipients that employed staff in 2013 was likely to be between 25% and 40%. This provides a range of 55,000 to 85,000 direct payment recipients employing staff.

The estimate of 33% (and 70,000 overall) will be used throughout this chapter. However the uncertainty shown in this chart should be taken into account when interpreting individual employer and jobs for direct payment recipients estimates.
As a result of the additional research carried out this year and despite the uncertainty highlighted above, the estimates of the number of direct payment recipients employing staff in this report are considerably more accurate than those provided in previous versions of this report.

Skills for Care is continuing to explore ways to collect more information about direct payment recipients to continue to provide more precise estimates in the future.

2.5. Direct payment recipients trends

The total number of direct payment recipients has increased rapidly since 2008. This trend continued between 2012 and 2013 with the total number increasing by over 20,000 (see Chart 7).

The chart also shows that the total number of direct payment recipients employing staff is estimated to have increased between 2008 and 2013. This increase occurred at a slower rate than for the total number of direct payment recipients due to an estimated decreasing proportion that employ staff. The total number employing staff may be beginning to reach a plateau with the increases between 2011-2012 and 2012-2013 (both 5%) being smaller than in all previous years.
These estimates will be used throughout this section to allow for trends to be produced, however they should be treated with caution due to the uncertainty with regard to the two estimates of the proportion of direct payment recipients employing staff used (for 2008 and 2013) and because the trend between these points is hypothetical due to a lack of available information (please see the Size and Structure report for more details).

**Other individuals employing their own staff (non-direct payment recipients)**

There is very little information available about the number of individuals directly employing care and support staff via other funding streams or as self-funders, or the use of self-employed personal assistants. As such, these workers are not included in the estimates provided in this section.

### 2.6. Number of adult social care jobs

The number of adult social care jobs in England as at 2013 was estimated at **1.52 million**.

Table 4 shows that around three quarters (76%) of jobs in adult social care were with independent employers (57% private and 19% voluntary). Jobs in local authorities accounted for just less than 10% of all jobs, and jobs in the NHS accounted for five per cent of the total.

The direct payment recipients’ workforce accounted for 9% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimates of the number of direct payment recipients that employ staff. In addition to this, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately 2 jobs per individual employer).

Given this uncertainty, Skills for Care estimate that the number of jobs for direct payment recipients is likely to be between 125,000 and 165,000 and therefore 8% to 11% of the total number of jobs in the sector.

**Table 4: Estimated number of adult social care jobs by employer type, 2013**

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Number of jobs</th>
<th>Percentage of jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>1,520,000</td>
<td></td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>141,000</td>
<td>9%</td>
</tr>
<tr>
<td>Independent</td>
<td>1,160,000</td>
<td>76%</td>
</tr>
<tr>
<td>Jobs for direct payments recipients</td>
<td>145,000</td>
<td>9%</td>
</tr>
<tr>
<td>NHS</td>
<td>80,000</td>
<td>5%</td>
</tr>
</tbody>
</table>

Chart 8 below shows a breakdown of the estimated 1.52 million jobs by main service group and Chart 9 shows the job role group.
2.7. Number of whole time equivalent (WTE) adult social care jobs

The number of whole time equivalent (WTE) adult social care jobs in England as at 2013 was estimated at **1.16 million**.

In this section, Skills for Care has produced whole time/full-time equivalent (WTE) estimates of the size of the adult social care workforce. These estimates have been created by applying contracted and additional hours data collected by the NMDS-SC to estimates of the total number of jobs presented previously in this section (37 hours per week has been classed as ‘whole time’), in line with the definition use by the Care Quality Commission.

Chart 10 shows that the overall ratio of jobs to WTE jobs was around 0.76 (i.e. on average 100 jobs equates to 76 whole time jobs). This ratio is fairly similar across employer types with the exception of direct payment recipient jobs where the ratio was around 0.5 and NHS jobs where the ratio was 0.86.

**Chart 10. Estimated adult social care jobs: WTE jobs ratio by employer type in England, 2013**

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Ratio of Jobs: WTE Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>76%</td>
</tr>
<tr>
<td>Local authority</td>
<td>79%</td>
</tr>
<tr>
<td>Independent</td>
<td>78%</td>
</tr>
<tr>
<td>Direct payments</td>
<td>49%</td>
</tr>
<tr>
<td>NHS</td>
<td>86%</td>
</tr>
</tbody>
</table>

**Legend:**
- **Green bar** represents the ratio of jobs to WTE jobs.
Table 5 shows the total number of jobs and the number of WTE jobs by employer type. It shows that, as at 2013, there were an estimated 1.16 million WTE adult social care jobs. This estimate is considerably smaller than the total number of jobs (1.52 million), which reflects the part-time nature of many adult social care jobs.

Table 5: Estimated adult social care jobs and WTE jobs by employer type in England, 2013

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Jobs</th>
<th>Percentage of jobs</th>
<th>WTE jobs</th>
<th>Percentage of WTE jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>1,520,000</td>
<td>1,160,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>141,000</td>
<td>9%</td>
<td>110,000</td>
<td>10%</td>
</tr>
<tr>
<td>Independent</td>
<td>1,160,000</td>
<td>76%</td>
<td>910,000</td>
<td>78%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>145,000</td>
<td>9%</td>
<td>70,000</td>
<td>6%</td>
</tr>
<tr>
<td>NHS</td>
<td>80,000</td>
<td>5%</td>
<td>70,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

2.8. Number of people working in adult social care

The number of people working in adult social care in England as at 2013 was estimated at 1.45 million.

In this section Skills for Care has made the distinction between the number of jobs and the number of people doing those jobs. The purpose of this is to take into account people doing more than one job in adult social care.

Chart 11 shows the estimated number of jobs per worker by type of employer. It shows that people working for direct payment recipients were much more likely to hold more than one adult social care job (135 jobs per 100 people) than those working for other types of employer (105 jobs per 100 people)\(^5\). This is not surprising given the part-time nature of many of these roles.

Chart 11: Estimated number of adult social care jobs per person by type of employer, 2013

Table 6 shows a breakdown by type of employer of the estimated 1.45 million people working in adult social care. It shows that the majority (79%) of people worked for independent employers.

\(^5\) Direct payment figures should be treated with some caution, however, due to relatively low sample sizes.
Table 6: Estimated number of people working in adult social care jobs by type of employer in England, 2013

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Number of people</th>
<th>Percentage of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors**</td>
<td>1,450,000</td>
<td></td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>134,000</td>
<td>9%</td>
</tr>
<tr>
<td>Independent</td>
<td>1,140,000</td>
<td>79%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>120,000</td>
<td>8%</td>
</tr>
<tr>
<td>NHS*</td>
<td>81,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

* NHS data is only available at job level.
** Employer type counts do not sum to the totals due to people with jobs in more than one type of employer.

2.9. Trend data – number of adult social care jobs

The number of adult social care jobs in England increased by around 2% between 2012 and 2013 from 1.49 million to 1.52 million.

The changes in the adult social care sector since 2009 highlighted in this section are:
(1) The increasing size of the workforce (up 15% between 2009 and 2013)
(2) The shift away from local authority services to independent employers
(3) The continued increase in the personalisation of adult social care services
(4) The increase in the number and percentage of jobs in domiciliary care.

The number of adult social care jobs increased between 2012 and 2013 for independent employers by around 3% (30,000 new jobs), for direct payment recipients by around 5% (around 7,500 new jobs) and in the NHS by around 6% (5,000 new jobs).

The number of local authority jobs decreased by around 7% (10,000 jobs) over the same period. Reasons were informally provided by 24 councils for these reductions in staff numbers, the most common reasons cited by these councils were budget cuts, restructures and the outsourcing of services.

Table 7: Estimated change in adult social care jobs by employer type, 2012–2013

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>2012</th>
<th>2013</th>
<th>2012-2013 change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>1,490,000</td>
<td>1,520,000</td>
<td>2%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>151,000</td>
<td>141,000</td>
<td>-7%</td>
</tr>
<tr>
<td>Independent</td>
<td>1,130,000</td>
<td>1,160,000</td>
<td>3%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>135,000</td>
<td>145,000</td>
<td>4%</td>
</tr>
<tr>
<td>NHS</td>
<td>76,000</td>
<td>81,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

Chart 12 shows the change in the number of adult social care jobs in England since 2009. It shows the workforce has been increasing steadily since 2009 at roughly 3% per year. The overall increase in the number of jobs between 2009 and 2012 was estimated at around 200,000 (a 15% increase).
Chart 12: Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009–2013

Chart 13 shows the change in the number of jobs between 2009 and 2013 by employer type. It shows that jobs by all employer types (except for local authorities) have grown since 2009.

The majority of the total increase came from new jobs for independent employers which increased by around 20% (150,000 new jobs). Jobs for direct payment recipients were the fastest growing part of the sector, increasing by around 50% (50,000 new jobs). The number of local authority jobs decreased over the period by around 20% (-38,000 jobs).

Chart 13: Estimated change in number of adult social care jobs by employer type in England, 2009-2013

Chart 14 shows the change in the number of adult social care jobs by main service type. The chart highlights the large increase in the number of domiciliary care jobs. These jobs increased by 160,000 between 2009 and 2013 (+35%). This increase included 120,000 new jobs in independent sector CQC regulated non-residential services and 50,000 new jobs for direct payment recipients.
Jobs in residential services also increased between 2009 and 2012 (by 60,000 or 10%) before decreasing by 2% between 2012 and 2013. The number of jobs in day care and community services remained broadly the same over the period.

Chart 14: Estimated adult social care jobs by main service type, 2009 to 2013

2.10. Projections of the future adult social care workforce

Skills for Care estimates of the number of adult social care workers that may be needed to meet the future social care needs of adults and older people in England can be found in the state of the Social Care Workforce report 2010. The key findings are summarised below.

These workforce projections were 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. The Base Case scenario assumed the rate of provision of services remained constant. The other scenarios were developed at a workshop involving Skills for Care staff and other social care experts.

Table 8 shows 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.

Table 8: Summary of four projections of adult social care workforce jobs in England 2013–2025

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Base case</td>
<td>1,520,000</td>
<td>1,615,000</td>
<td>1,885,000</td>
<td>2,190,000</td>
<td>665,000</td>
</tr>
<tr>
<td>Maximising choice</td>
<td>1,520,000</td>
<td>1,625,000</td>
<td>1,955,000</td>
<td>2,345,000</td>
<td>825,000</td>
</tr>
<tr>
<td>Contain and community</td>
<td>1,520,000</td>
<td>1,605,000</td>
<td>1,760,000</td>
<td>1,915,000</td>
<td>395,000</td>
</tr>
<tr>
<td>Restricted resources</td>
<td>1,520,000</td>
<td>1,595,000</td>
<td>1,700,000</td>
<td>1,820,000</td>
<td>295,000</td>
</tr>
</tbody>
</table>
Chart 15: Adult social care workforce jobs projections, 2013-2025

Chart 16 shows the four scenarios together with a projection line based on the growth of the workforce over the past five years.

The projection (at current rate of growth) line simply extrapolates the workforce in a straight line based on the current rate of growth since 2009 and does not account for any 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.

Chart 16: Adult social care workforce jobs projections including current rate of growth projection (000’s), 2013-2025
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 not much slower than projected under the ‘maximising choice’ scenario.

Adult social care has also experienced significant budget reductions over the period (LGA, 2013)\(^6\), 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 also on 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.

Skills for Care hope to include updated projections in next year’s ‘size and structure of the adult social care sector and workforce’ report.

2.11. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Estimated number of jobs in the adult social care sector
- Estimated number of people working in the adult social care sector
- Estimated number of care providing locations in the adult social care sector

Please see the Local Demand and Intelligence topic area within the NMDS-SC Dashboards. All three dashboards listed above show estimates at England, regional or local authority area level and show estimated split by sector, service and job role group.

The Open Access NMDS-SC Dashboards act as a diagnostic tool to a shine light on issues affecting the social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

\(^6\) Towards Excellence in Adult Social Care, LGA 2013
3. Staff overview

Overview

- The private sector is by far the largest employer employing over two thirds of all adult social care workers. The voluntary sector employs just over a fifth of all workers while the statutory sector employs just over 1 in 10 workers.
- Around half of all adult social care workers are employed in residential settings while a further 38% are employed in adult domiciliary care settings. The remaining workers are employed in adult community care, adult day care and other care settings.
- Looking at the workforce by broad job role group, almost three quarters of the workforce are working in a direct-care providing role.
- The majority of roles are directly employed (91%) and of these 95% are employed on a permanent basis.
- Just over half the workforce (52%) work full-time in their position, while 36% hold a part-time role – lastly 12% work in a role classed as neither of these.
- Almost a quarter of jobs in the adult social care sector (23%) operate on a zero hour contract. Overall Skills for Care estimate there to be around 300,000 workers working on a zero hour basis.

This chapter provides an overview of where adult social care is delivered; it includes a breakdown of jobs by region, service type and sector. It also provides information about employment status, full/part-time working and working arrangements, including the number of jobs on a zero hour contract.

3.1. About the data in chapters 3-8

Chapter 2 of this report shows that the estimated number of jobs in the adult social care sector is 1.52 million. This includes 141,000 jobs in the statutory local authority sector, 1,160,000 in the independent sector, 145,000 jobs for direct payment recipients and 80,000 jobs employed by the NHS but providing an adult social care service.

From here on, this report refers to the adult social care sector as those 1.3 million jobs working in the statutory local authority sector and the independent sector. Jobs for direct payment recipients and those working in the NHS are not included in the workforce estimate from here onwards.

3.1.1. Grossing up NMDS-SC data to provide a workforce estimate

The data in this report uses data collected in the NMDS-SC and grosses up that data in order to estimate the whole workforce. For a full methodology of how NMDS-SC data is grossed up please see Appendix 1 of the Size and Structure of the Adult Social Care Sector and Workforce in England 2014 report.

A simplified explanation of how the data is produced is that Skills for Care uses raw NMDS-SC data and applies the proportion of responses from the independent sector to estimate the independent sector, while checking for and removing any skew caused by region, service group, sector or job role. As the NMDS-SC has 100% coverage of the statutory local authority, in the most part, this data appears exactly how it is collected. Where there were gaps in the local authority data or a ‘not known’ response given, a method similar to the independent sector grossing up was used.

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7 [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
3.1.2. NMDS-SC data coverage

Statutory local authorities
For the past 4 years all 152 Local Authorities in England have been informed by the Health and Social Care Information Centre (HSCIC) that they are expected to complete an NMDS-SC return. In 2014, for the 3rd year in a row, all 152 local authorities in England have met the criteria of a full NMDS-SC return, which comprises of location/team information and 90% of all workers working within adult social care.

CQC regulated services
Skills for Care estimates that there are 38,900 care establishments/ employers providing or organising adult social care in England, 25,000 (64%) of these services are CQC regulated. At the end of December 2014 the NMDS-SC had 55% coverage of all CQC regulated social care establishments (14,000 out of 25,000). These CQC regulated establishments have completed around 550,000 NMDS-SC worker records between them (out of a total population of around 1 million workers employed by CQC registered employers). A sample of this size provides a solid basis for creating reliable and precise analyses about the regulated adult social care workforce at both a national and local level.

All data in the NMDS-SC has been updated or confirmed to be up to date within the last two years and 90% of employers updated their data in the past 12 months. Every effort is made to ensure that information derived from the NMDS-SC is reliable. All NMDS-SC data has been through rigorous data quality checks.

3.2. Workforce numbers

Skills for Care estimates that there are 1.3 million jobs working in the statutory local authority sector and the independent sectors. From here on, this report refers to the adult social care sector.

Around a third (30%) of the adult social care workforce in England is in London and the South East – equating to around 385,000 workers. The North East has the lowest amount of workers (around 64,000) while other regions have similar worker numbers ranging from 114,000 in the East Midlands to 175,000 in the North West. It is clear that in all regions, adult social care is a large and growing part of the economy.

Chart 17: Adult social care workforce estimate by region
Source: NMDS-SC workforce estimates 2013/2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
<th>Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>11%</td>
<td>142,000</td>
</tr>
<tr>
<td>East Midlands</td>
<td>9%</td>
<td>113,800</td>
</tr>
<tr>
<td>London</td>
<td>13%</td>
<td>163,000</td>
</tr>
<tr>
<td>North East</td>
<td>5%</td>
<td>63,600</td>
</tr>
<tr>
<td>North West</td>
<td>13%</td>
<td>174,700</td>
</tr>
<tr>
<td>South East</td>
<td>17%</td>
<td>221,000</td>
</tr>
<tr>
<td>South West</td>
<td>12%</td>
<td>151,900</td>
</tr>
<tr>
<td>West Midlands</td>
<td>11%</td>
<td>140,900</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>10%</td>
<td>127,100</td>
</tr>
</tbody>
</table>
In terms of number of workers by sector – the private sector is by far the largest employer employing over two thirds (or almost 900,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers (270,000), while the statutory sector employs just over 1 in 10 workers (141,000).

Chart 18: Adult social care workforce estimates by sector
Source: NMDS-SC workforce estimates 2013/2014

Around half (640,000) of all adult social care workers are employed in residential settings while a further 38% (or 485,000) are employed in adult domiciliary care settings. The remaining 170,000 workers are employed in adult community care, adult day care and other care settings.

Chart 19: Adult social care workforce estimates by service group
Source: NMDS-SC workforce estimates 2013/2014

With regards to individual CQC regulated services, Skills for Care estimate there to be almost half a million workers across both care homes with nursing and in care homes without nursing. In addition, there are an estimated 380,000 workers working in CQC regulated domiciliary care settings. Overall, there are an estimated 865,000 workers in these three major care providing services.
In terms of number of workers by sector – the private sector is by far the largest employer employing over two thirds (or almost 900,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers (270,000), while the statutory sector employs just over 1 in 10 workers (141,000).

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Source: NMDS-SC workforce estimates 2013/2014

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Source: NMDS-SC workforce estimates 2013/2014

With regards to individual CQC regulated services, Skills for Care estimate there to be almost half a million workers across both care homes with nursing and in care homes without nursing. In addition, there are an estimated 380,000 workers working in CQC regulated domiciliary care settings. Overall, there are an estimated 865,000 workers in these three major care providing services.

Chart 20: Adult social care workforce estimate by selected services
Source: NMDS-SC workforce estimates 2013/2014

Looking at the workforce by broad job role group, one can see that almost three quarters of the workforce are in a direct-care providing role. This equates to just under 950,000 workers. A further 110,000 are working in a managerial role while an estimated 75,000 are working in a professional role (social workers, nurses and occupational therapists). Lastly there are around 165,000 people working in ‘other’ roles (including administrative staff, ancillary staff, etc.). In terms of individual job roles, Skills for Care estimate there to be over 750,000 care workers working in adult social care.

Chart 21: Adult social care workforce estimate by job role group
Source: NMDS-SC workforce estimates 2013/2014

3.3. Employment status

Chart 22 shows that the majority of workers are employed on a permanent basis (87%) – the remainder of the workforce are mainly made up of temporary staff, bank/pool staff and agency staff.

Chart 22: Estimate of the adult social care workforce by employment status
Source: NMDS-SC workforce estimates 2013/2014
The chart below shows that the majority of workers in the adult social care sector are directly employed (91% directly employed compared to 9% non-directly employed. This proportion is similar across job role groups of direct care, professional and other. A greater proportion of workers in managerial roles (98%) are directly employed.

Chart 23: Estimate of the adult social care workforce by directly employed and non-directly employed
Source: NMDS-SC workforce estimates 2013/2014

3.4. Full/part-time status

Chart 24 shows that just over half the workforce (52%) work full-time in their position while 36% holds a part-time role, lastly 12% work in a role classed as neither of these.

Chart 24: Estimate of the adult social care workforce by full-time/part-time status
Source: NMDS-SC workforce estimates 2013/2014

Levels of full and part-time working vary by broad job group (see Chart 25). Those in managerial roles are far more likely to work full-time (82%), this compares to just 50% for those working in a direct care providing role. It is interesting to note that just 56% of those in the professional group work full-time, this figure will be influenced by nurses working in the sector on a part-time basis.
3.5. **Contract type**

In terms of contract types, perhaps of most note is the 23% of workers recorded as operating on a zero hour contract. Overall Skills for Care estimate there to be around 300,000 workers in the adult social care sector on a zero hour contract basis.

Chart 26: **Estimate of the adult social care workforce by working arrangement and service group**

*Source: NMDS-SC workforce estimates 2013/2014*

Chart 27 below looks at zero hour contracts in a little more depth – it shows the proportion of workers in each service group with a zero hour contract. Half of those working in adult domiciliary care (49%) are on a zero hour contract. This is followed by 12% of adult day care staff, 8% of adult residential staff, 8% of adult community care staff and 4% of staff in working in other services.
Chart 27: Estimate of where workers on a zero hour contract work, by broad service group
Source: NMDS-SC workforce estimates 2013/2014

For information about pay rates of workers on a zero hour contract please see section 6.5 of this report.

3.6. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Estimated number of jobs in the adult social care sector
- Estimated number of people working in the adult social care sector

Please see the Local Demand and Intelligence topic area within the NMDS-SC Dashboards. All the dashboards listed above show estimates at England, regional or local authority area level and show estimated split by sector, service and job role group.

The Open Access NMDS-SC Dashboards act as a diagnostic tool to a shine light on issues affecting the adult social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see www.skillsforcare.org.uk/stateof2014 for the appendix.
Workforce demographics
Chapter 4 of this report looks at demographic information about the adult social care workforce;

- Overall, the adult social care workforce remains one where females make up over 80% of the workforce.
- The average age of a worker is 42 years old, the average age of someone holding a managerial and a professional role is 47 and the average age of someone holding a direct care role is 42.
- Around 2% of the workforce are recorded as having a disability.
- Overall, 80% of the adult social care workforce in England has a white ethnic background. This proportion is significantly lower (36%) in the London region.
- Just over 80% of workers hold a British nationality, 11% of the workforce hold a non-EEA nationality, while 5% hold an EEA/ non-British nationality. Like ethnicity, the nationality of workers varies by region.

Chapter 4 of this report looks at demographic information the adult social care workforce, including a look at gender, age, disability, ethnicity, nationality, country of birth and year of entry if not from the UK.

4.1. Gender

Overall, the adult social care workforce remains one where females make up over 80% of the workforce (see Chart 28), there is also little difference between broad job role groups (Chart 30). Analysis at individual job role level however does show that males are more represented at senior management levels. Comparison to England’s workforce as a whole (Chart 29) demonstrates how polarised the adult social care workforce is. This pattern suggests pull factors to the sector for females (perhaps part-time working, the nature of the work) while also suggesting some push factors for males (potentially around salary levels and perceptions of the sector).

Chart 28: Gender of the adult social care workforce
*Source: NMDS-SC workforce estimates 2013/2014*

Chart 29: Gender distribution of the economically active
*Source: Labour Force Survey, 2013 quarter averages*
4. Workforce demographics

Overview

Chapter 4 of this report looks at demographic information about the adult social care workforce:

- Overall, the adult social care workforce remains one where females make up over 80% of the workforce.
- The average age of a worker is 42 years old, the average age of someone holding a managerial and professional role is 47 and the average age of someone holding a direct care role is 42.
- Around 2% of the workforce are recorded as having a disability.
- Overall, 80% of the adult social care workforce in England has a white ethnic background. This proportion is significantly lower (36%) in the London region.
- Just over 80% of workers hold a British nationality, 11% of the workforce hold a non-EEA nationality, while 5% hold an EEA/non-British nationality. Like ethnicity, the nationality of workers varies by region.

Chapter 4 of this report looks at demographic information the adult social care workforce, including a look at gender, age, disability, ethnicity, nationality, country of birth and year of entry if not from the UK.

4.1. Gender

Overall, the adult social care workforce remains one where females make up over 80% of the workforce (see Chart 28), there is also little difference between broad job role groups (Chart 30). Analysis at individual job role level however does show that males are more represented at senior management levels. Comparison to England’s workforce as a whole (Chart 29) demonstrates how polarised the adult social care workforce is. This pattern suggests pull factors to the sector for females (perhaps part-time working, the nature of the work) while also suggesting some push factors for males (potentially around salary levels and perceptions of the sector).

![Chart 28: Gender of the adult social care workforce](source)

Male: 18%, Female: 82%

![Chart 29: Gender distribution of the economically active](source)

Male: 46%, Female: 54%

4.2. Age

The sector has often been described as having ‘an ageing workforce’, however it is more accurate to say the sector has consistently had a workforce with an older age profile. Chart 31 (below) shows that 11% of workers are aged 24 or younger, while over a fifth of the workforce (21%) are aged 55 or over.

![Chart 31: Age group of the adult social care workforce](source)

As one would expect, those providing direct care have a slightly younger age profile than other broad job groups in the sector. It is interesting to note (from a workforce planning point of view in particular) that for both managerial and professional job role groups, more than 1 in 4 workers are aged 55 or over.

![Chart 32: Age group of the adult social care workforce by job role group](source)
Chart 33 below, taken from the Labour Force Survey, supports the view that the sector does not have an ageing workforce (i.e. one with an age profile that is getting increasingly polarised towards older age bands). The mean age of the occupational code ‘Care worker and home carers’ has remained fairly static for the last 7 years.

**Chart 33: Mean age of ‘Care workers and home carers’ from 2006 to 2013**
*Source: Labour Force Survey, 2006-2013 quarter averages*

Skills for Care is working in conjunction with the government and other social care employers on a number of initiatives to encourage younger people to join the adult social care, for example ‘I Care… Ambassadors’ and apprenticeships. For more information about recruitment and retention please see chapter 5.

### 4.3. Disability

Chart 34 and Chart 35 provide an overview of levels of disability within the adult social care workforce. Data from the NMDS-SC shows a low prevalence of disability among workers- however since NMDS-SC information is provided by the employer, rather than the worker, it is likely that levels of disability are under-reported.

**Chart 34: Disability status of the adult social care workforce**
*Source: NMDS-SC workforce estimates 2013/2014*
Analysing levels of disability by broad main service group shows that levels of disability are lowest amongst those working in regulated and perhaps more physically demanding settings.

**Chart 35: Disability status of the adult social care workforce by service type**  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Disability Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>1% 99%</td>
</tr>
<tr>
<td>Adult day</td>
<td>4% 96%</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>1% 99%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>5% 95%</td>
</tr>
<tr>
<td>Other</td>
<td>4% 96%</td>
</tr>
</tbody>
</table>

Skills for Care has undertaken a project in co-production with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people within the social care sector. For more information please the Skills for Care website⁸.

### 4.4. Ethnicity

Overall, 80% of the adult social care workforce in England has a white ethnic background; 10% of the workforce has a Black / African / Caribbean or Black British background and 7% has an Asian / Asian British background (see Chart 36). The remaining 3% of the workforce is made up by mixed and other groups.

**Chart 36: Ethnicity of the adult social care workforce**  
*Source. NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>80%</td>
</tr>
<tr>
<td>Black/ African/ Caribbean/ Black British</td>
<td>10%</td>
</tr>
<tr>
<td>Mixed/ Multiple ethnic group</td>
<td>2%</td>
</tr>
<tr>
<td>Asian/ Asian British</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Chart 37 shows how the adult social care workforce compares to the population of England and to the economically active cohort. These comparisons show that at a national level the adult social care workforce (20% Black Minority Ethnic (BME)) is more diverse than both the overall population (15% BME) and the economically active population (12% BME).

While it is not surprising to find that the ethnicity of the workforce varies by region, the extent of the variation is noteworthy with almost two thirds of adult social care workers in London being from a BME background.

Differences in patterns of ethnicity by broad job role group are also of interest. The direct care group reflect the overall workforce, with 1 in 5 workers being from a BME background. For the professional group, over 1 in 3 workers are from a BME background. In terms of managerial roles, the proportion of BME workers drops to around 1 in 8 workers.
4.5. Nationality

The overall nationality of the adult social care workforce follows a similar pattern to that of ethnicity with just over 80% of workers recording their nationality in the NMDS-SC as British. Chart 40 (below) shows that overall 11% (just over 1 in 10) of the workforce record their nationality in the NMDS-SC as non-EEA, while 5% record it as EEA (non-British nationality).

Chart 40: Nationality of the adult social care workforce
Source: NMDS-SC workforce estimates 2013/2014

Like ethnicity, nationality varies by region. London (55%) and the South East (77%) have the lowest proportion of workers recording their nationality as British. London in particular has a high reliance on non-EEA workers (30% of the workforce). Such levels of reliance on overseas workers raise questions regarding the workforce in terms of its sustainability. In addition there is potential for overseas workers to have issues around communication and language skills when working with people.

Chart 41: Nationality of the adult social care workforce by region
Source: NMDS-SC workforce estimates 2013/2014
Map 1: Nationality of the adult social care workforce by region

Source: NMDS-SC workforce estimates 2013/2014
Chart 42 shows nationality by broad job role group – non-British workers (in particular non-EEA workers) are over represented in the professional group (nurses, social workers) while being far less prevalent in managerial roles.

**Chart 42: Nationality of the adult social care workforce by job role group**  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Job Role</th>
<th>British</th>
<th>EEA (non-British)</th>
<th>Non EEA</th>
<th>Non-British (nationality not known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/Supervisor</td>
<td>90%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Professional</td>
<td>69%</td>
<td>7%</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>Direct care</td>
<td>81%</td>
<td>5%</td>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Chart 43 (below) shows the top 10 nationalities of non-British workers as recorded in the NMDS-SC. It is interesting to note that despite recent additions of countries to EU membership only Poland is in the top 5 nationalities, the remainder being made up by the Philippines, India, Nigeria and Zimbabwe.

**Chart 43: Top 10 nationalities of workers with a non-British nationality**  
*Source: Raw NMDS-SC data 2013/2014*

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>12%</td>
</tr>
<tr>
<td>Poland</td>
<td>11%</td>
</tr>
<tr>
<td>India</td>
<td>10%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>9%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>8%</td>
</tr>
<tr>
<td>Romania</td>
<td>3%</td>
</tr>
<tr>
<td>Ghana</td>
<td>3%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>3%</td>
</tr>
<tr>
<td>South Africa</td>
<td>2%</td>
</tr>
<tr>
<td>Ireland</td>
<td>2%</td>
</tr>
</tbody>
</table>

This reliance on workers from outside the EEA has associated risks in terms of European and UK employment law – changes to these laws (or in some cases their enforcement) could significantly impact on the adult social care workforce. An example is that nurses who began work in England prior to August 2011 must be earning £35,000 by August 2016 to gain leave to remain. In a general election year changes to employment laws remain a real possibility.
4.6. Country of birth

Looking at the country of birth of workers provides a slightly different perspective to that of nationality. Chart 44 shows that a greater proportion of the workforce was born outside the UK than the proportion of non-British workers – suggesting that some workers have gained British nationality since arriving in the UK.

**Chart 44: Country of birth of the adult social care workforce**  
*Source: NMDS-SC workforce estimates 2013/2014*

As we would expect, the regional pattern of country of birth closely matches ethnicity and nationality patterns. In London just 39% of workers were born in the UK, which contrasts with 94% in the North East.

**Chart 45: Country of birth of the adult social care workforce by region**  
*Source: NMDS-SC workforce estimates 2013/2014*

The NMDS-SC allows us to analyse workers born outside the UK by their year of entry into the UK. Chart 46 shows that just over a third of non-UK born workers arrived in the UK in the last seven years while a third of workers have been in the UK since pre-1995 and may now hold a British passport. The chart suggests a sharp rise in numbers between 2007 and 2010 with a drop in subsequent years (since 2011).

**Chart 46: Year of entry to the UK, of workers recorded in the NMDS-SC**  
*Source: Raw NMDS-SC data 2013/2014*
Chart 47 shows that India, the Philippines, Nigeria and Zimbabwe have been a source of workers for over 20 years. More recently Poland has become a growing source of workers and even more recently Romania.

**Chart 47: Top 10 countries of birth of workers with a non-UK country of birth by year of entry to the UK**

Source: Raw NMDS-SC data 2013/2014

While analysis of workers’ demographics has shown some diversity in terms of ethnicity and nationality – it remains a workforce dominated by females aged 40 and over. There is likely to be a large increase in demand for labour in the sector. This is driven by societal demographic change and will mean employers and policy makers need to look wider than the traditional care worker demographic for recruitment in the future. Particular focus could be given to making the sector more attractive to males and younger workers.
4.7. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce age profile
- Workforce gender profile
- Workforce ethnicity profile
- Workforce nationality profile
- Workforce disability profile

The Open Access NMDS-SC Dashboards act as a diagnostic tool to a shine light on issues affecting the adult social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. For more information about workforce demographics, including a regional breakdown of the data in this chapter, analysis of the census 2011 and comparisons of professionals in the adult social care sector with those employed in the NHS, please see the statistical appendix on the Skills for care Website www.skillsforcare.org.uk/stateof2014.
Recruitment and retention

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce age profile
- Workforce gender profile
- Workforce ethnicity profile
- Workforce nationality profile
- Workforce disability profile

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5. Recruitment and retention

Overview

- Just under a third of all workers were new to their role in the past 12 months, this is an estimated 372,000 jobs.
- 60% of those new to their roles were recruited from within the adult social care sector and 40% from elsewhere.
- 77% of workers have been in their role for over a year, around 910,000 jobs
- There is an estimated turnover rate of 25.4% across the whole sector, this is around 300,000 leavers each year
- It is estimated that 42% of leavers continue to work in the adult social care sector while 58% leave the sector all together.
- There is an estimated vacancy rate of 5.4% in the sector, which rises to 7.7% in domiciliary care services.
- The average number of sickness days taken by social care workers in the past 12 months was 4.5. This is at least 5,840,000 days lost to sickness in the past year.

In Skills for Care’s ‘Recruitment and retention strategy 2014-17’ the Minister of State for Care and Support, Norman Lamb, said that “effective recruitment and retention of a caring and skilled adult social care workforce has a central role to play in delivering high quality care and support to people who need it. Our challenge is to ensure the workforce has the right number of people, with the right skills, knowledge and behaviours to deliver the quality, compassionate care we all deserve.”

This chapter explores information about the number of starters and their source of recruitment, about stability of the workforce and number of years of experience, about leavers, turnover rates, reasons for leaving and destination of leavers, about the number of vacancies and also sickness rate information.

5.1. Starters

Skills for Care estimates that just under a third (31.4%) of all directly employed adult social care staff working in the statutory local authority, private or voluntary sectors started working in their current role within the past year. This is approximately 372,000 roles.

Chart 48 below shows that the starters rate differs by sector, notably that the statutory local authority sector has the lowest starters rate at 11.4% (approximately 15,000 starters). The voluntary sector has a starters rate of 23.9% (56,500 starters) and the private sector has the highest number, and percentages of its workforce that have started in the past 12 months at 36.7%, around 300,000 starters.

Chart 48: Estimated starters rate by sector
Source: NMDS-SC workforce estimates 2013/2014

An estimated 41.8% of directly employed staff working in adult domiciliary care services started their role in the last 12 months, this is 185,000 people. If you refer back to Chart 4 and Chart 14 in chapter 2, it is unsurprising to see the largest number of new starters in this area because this is the area of the sector that has seen the most growth in the past year. Chart 53 and Chart 57 also show that domiciliary care services have the lowest staff stability and highest turnover rates.

**Chart 49: Estimated starters rate by service group**
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Starters Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>27.0%</td>
</tr>
<tr>
<td>Adult day</td>
<td>18.0%</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>41.8%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

It should be noted however that the starters rate shows people that are new to their role, this could be a mixture of those new to the adult social care sector and churn within the adult social care sector, i.e. people moving from different employers or within the same organisations.

The following chart shows data from all adult social care providers within the NMDS-SC that have provided information about the source of recruitment of their staff. A total of 60% of the recorded new starters were from within the adult social care sector and 40% were new to the sector. This ratio differs slightly by job role group with higher numbers of internal starters from managers and professionals, and higher number of external starters in other job roles.

**Chart 50: Source of recruitment**
*Source: Raw NMDS-SC data 2013/2014*

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Source of recruitment - within the adult social care sector</th>
<th>Source of recruitment - outside the social care sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Manager/ Supervisor</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Professional</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Direct care</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Other</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Chart 51 shows a detailed breakdown of sources of recruitment and shows that 40% of starters were from the private or voluntary sectors and 13% were from the statutory local authority sector. Only 3% of those workers recorded reported their source of recruitment to have been the retail sector.
5.2. Stability and experience

Stability is the measure of the proportion of staff that have been in their role for more than a year. This measure is a useful addition to the measure of turnover rates because it shows staff with experience in their role. This measure is often similar to turnover, but turnover rates can be higher than stability if a number of people have joined and left the same role within the year.

Skills for Care estimates that there are approximately 910,000 adult social care staff who have been in their role for over a year, this is 77% of the workforce, or almost 8 out of 10 workers. Stability is highest in the statutory local authority sector (89%) and lowest in the private sector (73%).

Chart 52: Estimated stability rate by sector
Source: NMDS-SC workforce estimates 2013/2014

When looking at stability by service, day care has the highest (86%) closely followed by community care (8%) and domiciliary care has the lowest (71%).
The following chart shows the length of time workers have been in their current role. Across all job roles, 46% of people have been in their role for up to 3 years, 30% for 3 to 7 years and 24% for more than 7 years. The analysis shows that managers/supervisors have been in their roles longer, only 26% for up to 3 years, 29% from 3 to 7 years and 46% for more than 7 years. Half of all direct care staff (49%) have been in their roles for 3 years or less.

As seen in Chart 50, 60% of new starters are from within the adult social care sector therefore it is unsurprising to see that a larger proportion of the workforce have been in the sector for more than 3 years (70%) than have been in their current roles (55%).

Managers and professionals have the largest proportion of staff with more than 7 years’ experience in the sector (72% and 59% respectively). Direct care staff have similar proportions of staff who have worked in the sector for up to 3 years (33%), 3 to 7 years (31%) and more than 7 years (36%).
5.3. Leavers and turnover rates

Skills for Care estimates that the turnover rate of directly employed staff working in the statutory local authority, private and voluntary sectors is 25.4%, this is approximately 300,000 leavers a year. Turnover is lowest in the statutory local authority sector (11.9%) and highest in privately run services (29.2%).

Chart 56: Estimated turnover rate by sector
Source: NMDS-SC workforce estimates 2013/2014

- All sectors: 25.4%
- Statutory local authority: 11.9%
- Private: 29.2%
- Voluntary: 20.0%

Adult domiciliary services have the highest turnover rate at 30.6%, this is double the turnover rate of staff in day services (14.2%) and community care (14.6%). Almost a quarter of staff in residential services (24.2%) left their role in the past 12 months.

Chart 57: Estimated turnover rate by service group
Source: NMDS-SC workforce estimates 2013/2014

- Adult residential: 24.2%
- Adult day: 14.2%
- Adult domiciliary: 30.6%
- Adult community care: 14.6%

The NMDS-SC collects information about reasons for staff leaving and their employment destination after leaving. This information is not collected at job role level and therefore analysis of reason for leaving by role is not possible.

Chart 58 below shows that, of those with a reason for leaving recorded, almost a fifth (18%) leave for personal reasons, 15% transferred to another employer and 10% left for career development. Only 3% reported pay as being their reason for leaving, although it should be noted that other reasons for leaving (such as career development and competition from other employers) may also be influenced by pay rates. Nature of the work was also not stated as the reason for leaving by many (5%). In interpreting this information it should be noted that in the main, this is the employers view of the reason a worker left their role.
As with starters, not all leavers leave the sector- some move around within it. Chart 59 below shows that 42% of leavers move to another adult social care setting and 58% leave the sector altogether. Workers leaving from statutory local authority services are more likely (49%) to stay working in the sector after leaving their roles.

**Chart 58: Reason for leaving role**

*Source: Raw NMDS-SC data 2013/2014*

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
<th>Pay</th>
<th>Conditions of Employment</th>
<th>Nature of the Work</th>
<th>Competition from other employers</th>
<th>Transferred to another employer</th>
<th>Career Development</th>
<th>Personal reasons</th>
<th>Resignation, other/undisclosed reason</th>
<th>Retirement</th>
<th>Dismissal</th>
<th>Redundancy</th>
<th>End of contract term</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>15%</td>
<td>10%</td>
<td>18%</td>
<td>14%</td>
<td>7%</td>
<td>14%</td>
<td>2%</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Chart 59 and Chart 60: If destination after leaving is to another role within the adult social care sector**

*Source: Raw NMDS-SC data 2013/2014*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Within the sector</th>
<th>Outside the sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Statutory local authority</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Private</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>Voluntary</td>
<td>41%</td>
<td>59%</td>
</tr>
</tbody>
</table>

- **Destination of leavers - within the adult social care sector**
- **Destination of leavers - outside the adult social care sector**
Of those leaving the adult social care sector only 3% reported to leave to go to the retail sector, 2% left to work in the children’s social care sector and 13% left to work in health care.

5.4. Vacancy rates

Skills for Care estimates that 5.4% of roles in adult social care are vacant, which is approximately 68,000 vacant posts. The vacancy rate is higher in the statutory local authority sector, with a 6.6% vacancy rate and lowest in the voluntary sector, at 3.7%.

**Chart 61: Estimated vacancy rate by sector**  
*Source: NMDS-SC workforce estimates 2013/2014*

Analysis of vacancy rates by service group shows that day care (3.3%) and residential services (3.6%) have vacancy rates that are almost half that of community care (6.2%) and domiciliary care (7.7%).

**Chart 62: Estimated vacancy rate by service group**  
*Source: NMDS-SC workforce estimates 2013/2014*
5.5. Sickness rates

The average number of days sick per worker in the past 12 months was 4.5 days, the private sector (at 3.7 days) and voluntary sector (at 4 days) are similar. However, the statutory local authority sector has higher sickness at an average of 10.2 days per worker.

With an estimated workforce of 1,297,000 and an average of 4.5 sickness days that is a total of at least 5,840,000 days lost to sickness every year.

It should be noted that sickness rates in the NMDS-SC may be under-recorded in the private and voluntary sector, which could make them appear lower than the reality, especially when compared to the statutory local authority sector.

Chart 63: Average sickness days per worker by sector
Source: NMDS-SC workforce estimates 2013/2014

The average number of days sickness does not vary a large amount by job role group, with managers/supervisor staff having the lowest sickness at 3.8 days, and professionals having 4.7 days. Social workers had the highest average sickness days at 9.8 days, whereas registered nurses had lower sickness at an average of 2.7 days.

Chart 64: Average sickness days per worker by job group
Source: NMDS-SC workforce estimates 2013/2014

In Skills for Care’s ‘Recruitment and retention strategy 2014-17’ the Minister of State for Care and Support, Norman Lamb, said “Lastly it is important to remember that if we want the right people with the right qualities and skills we must expect to offer appropriate rewards and ensure that staff have sufficient time to carry out their caring roles. Commissioners must ensure their procurement of care reflects the National Minimum Wage and the actual amount of time necessary to deliver good quality care. Employers must ensure that they pay their staff the National Minimum Wage.” The next chapter of this report explores pay rates in the adult social care sector.
5.6. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce turnover rates
- Workforce vacancy rates
- Length of time in current job role
- Workforce sickness rates

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There is also lots of useful information on the Skills for Care website about finding and keeping workers, including:

- I Care… Ambassadors
- Latest government employment initiatives
- Practical toolkits
- Recruitment and retention strategy
- Sector route-way for adult social care
- Values based recruitment

Also, please visit www.skillsforcare.org.uk/Finding-and-keeping-workers

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see www.skillsforcare.org.uk/stateof2014 for the appendix.
Pay

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx.

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce turnover rates
- Workforce vacancy rates
- Length of time in current job role
- Workforce sickness rates

The Open Access NMDS-SC Dashboards act as a diagnostic tool to shine light on issues affecting the social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

There is also lots of useful information on the Skills for Care website about finding and keeping workers, including:

- I Care… Ambassadors
- Latest government employment initiatives
- Practical toolkits
- Recruitment and retention strategy
- Sector route-way for adult social care
- Values based recruitment

Also, please visit www.skillsforcare.org.uk/Finding-and-keeping-workers To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see www.skillsforcare.org.uk/stateof2014 for the appendix.
Overview of mean pay rates throughout
Registered manager annual pay is £28,400
Occupational therapist annual pay is £26,200
Registered nurse annual pay is £24,300
Social worker annual pay is £31,800
Senior care worker annual pay is £15,700 and hourly rate is £8.15. This is £1.87 above the National Minimum Wage (NMW) and £0.53 above the living wage.
Care worker annual pay is £14,000 and hourly rate is £7.32. This is £1.01 above the NMW and £0.33 below the living wage.

This chapter looks at the pay rates of the adult social care workforce, including annual and hourly salaries, by factors such as contract type. Care worker pay trend information is also discussed.

In the NMDS-SC employers can provide pay rates at either annual or hourly intervals or can state that a worker is unpaid. The NMDS-SC also collects information about workers contracted hours. The data in this chapter show whole time (or full-time) equivalent (WTE) average salaries. Pay data were converted into WTE annual salaries using an average working week of 37 hours (the full-time equivalent). Hourly pay data were also converted into annual salaries based on the full-time equivalent. Converting pay in this way allows for pay of full-time and part-time workers to be compared on an equal footing. Regional pay differences have also been adjusted, as such all pay rates are comparable.

6.1. Annual pay

The mean annual pay of a direct care worker is £14,600 a year, for professionals it is £26,300 and for managers/supervisors it is £25,900.

Chart 65: Whole time equivalent mean annual pay rate by job role group
Source: NMDS-SC workforce estimates 2013/2014

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>Mean Annual Pay Rate (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/Supervisor</td>
<td>£25,900</td>
</tr>
<tr>
<td>Professional</td>
<td>£26,300</td>
</tr>
<tr>
<td>Direct care</td>
<td>£14,600</td>
</tr>
<tr>
<td>Other</td>
<td>£15,600</td>
</tr>
</tbody>
</table>

Chart 64 below shows mean WTE annual pay rates by selected adult social care job roles. Registered managers are paid a mean annual wage of £28,400.

Registered nurses are paid a mean annual pay of £24,300, this is in line with those paid in the NHS Band 5 rate which starts at around £21,000 and goes up to just below £28,000. Occupational therapists’ mean pay is £26,200 and social workers’ is £31,800.
Chart 66: Whole time equivalent mean annual pay rate by selected job roles  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Mean Pay Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered manager</td>
<td>£28,400</td>
</tr>
<tr>
<td>Social worker</td>
<td>£31,800</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>£15,700</td>
</tr>
<tr>
<td>Care worker</td>
<td>£14,000</td>
</tr>
<tr>
<td>Community support and outreach work</td>
<td>£18,300</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>£26,200</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>£24,300</td>
</tr>
</tbody>
</table>

6.2. Hourly pay

Chart 67 below shows mean hourly pay for job role groups in the adult social care sector, and how these compare to the National Minimum wage and the UK Living Wage. The Living Wage is an independently-set hourly rate calculated according to the basic cost of living in the UK and as at 2013 was £7.65 outside of London and £8.80 in London10.

The mean hourly rate for a manager/supervisor was £13.25, for a professional it was £13.63 and for a direct care worker it was £7.57.

Chart 67: Mean hourly pay rate by job role group  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Mean Pay Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/ Supervisor</td>
<td>£13.25</td>
</tr>
<tr>
<td>Professional</td>
<td>£13.63</td>
</tr>
<tr>
<td>Direct care</td>
<td>£7.57</td>
</tr>
<tr>
<td>Other</td>
<td>£8.08</td>
</tr>
<tr>
<td>National minimum wage</td>
<td>£6.50</td>
</tr>
<tr>
<td>UK Living Wage</td>
<td>£7.65</td>
</tr>
</tbody>
</table>

Chart 68 shows mean hourly rates for selected job roles. The senior care worker hourly rate is £8.15; this is £1.65 above the NMW and 50p above the Living Wage. The care worker hourly rate is £7.27; this is 77p above the NMW and £0.38 below the Living Wage. For more information about the Living Wage and its effect on quality assurance please see chapter 9, section 1.2.

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10 For information about the Living Wage please visit [www.livingwage.org.uk](http://www.livingwage.org.uk)
6.3. Pay rates by region, service and sector

Chart 69 shows the annual pay of professionals in the adult social care sector by region. Registered nurses annual pay does not differ a large amount by region, notably the pay in London is not as different as with other job roles across the sector. Pay for social workers and occupational therapists are higher in London than the rest of England.
The chart below shows hourly pay rates by region. Both senior care workers and care workers are paid, on average, less in the north of England, and most in the south. The Living Wage Foundation say that the hourly pay needed to meet the basic cost of living in the UK was £7.65 in England but £8.80 in London in 2013. The National Minimum Wage was £6.50 and does not differ in the London region.

**Chart 70: Mean hourly pay rates by region**  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Region</th>
<th>Social care worker</th>
<th>Care worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>£7.95</td>
<td>£7.65</td>
</tr>
<tr>
<td>South West</td>
<td>£8.02</td>
<td>£7.30</td>
</tr>
<tr>
<td>South East</td>
<td>£7.94</td>
<td>£7.46</td>
</tr>
<tr>
<td>North West</td>
<td>£8.48</td>
<td>£7.11</td>
</tr>
<tr>
<td>North East</td>
<td>£7.76</td>
<td>£6.89</td>
</tr>
<tr>
<td>East Midlands</td>
<td>£7.80</td>
<td>£7.05</td>
</tr>
<tr>
<td>London</td>
<td>£8.93</td>
<td>£7.67</td>
</tr>
<tr>
<td>Eastern</td>
<td>£8.25</td>
<td>£7.11</td>
</tr>
<tr>
<td>National minimum wage</td>
<td>£6.50</td>
<td>£6.50</td>
</tr>
</tbody>
</table>

Annual pay rates of selected professionals shows that pay is higher in the statutory local authority sector and lowest in the private sector.

**Chart 71: Whole time equivalent mean annual pay rates by sector**  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Profession</th>
<th>Social worker</th>
<th>Occupational therapist</th>
<th>Registered nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>£20,200</td>
<td>£16,700</td>
<td>£24,100</td>
</tr>
<tr>
<td>Voluntary</td>
<td>£24,300</td>
<td>£19,300</td>
<td>£25,500</td>
</tr>
<tr>
<td>Statutory</td>
<td>£32,600</td>
<td>£19,300</td>
<td>£30,300</td>
</tr>
</tbody>
</table>
Map 2: Mean hourly pay rates by region
Source: NMDS-SC workforce estimates 2013/2014
Analysis of hourly pay rates for senior care workers and care workers show a similar picture across sectors as Chart 71 above, with the statutory local authority sector paying more than other parts of the sector.

**Chart 72: Mean hourly pay rates by sector**
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Pay level</th>
<th>National minimum wage</th>
<th>Private</th>
<th>Voluntary</th>
<th>Statutory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior care worker</strong></td>
<td>£6.50</td>
<td>£7.65</td>
<td>£8.80</td>
<td>£12.82</td>
</tr>
<tr>
<td><strong>Care worker</strong></td>
<td></td>
<td>£6.96</td>
<td>£7.57</td>
<td>£10.00</td>
</tr>
<tr>
<td><strong>UK Living Wage</strong></td>
<td></td>
<td></td>
<td></td>
<td>£7.65</td>
</tr>
</tbody>
</table>

An analysis of pay rates by service shows that pay rates are higher in community care services and day care services, and lower in domiciliary care and residential care. Similarly to analysis by region and sector, nurse pay does not differ as much as social worker and occupational therapist pay rates.

It should be noted that day care and community care services are largely provided by the statutory local authority sector where pay rates are generally higher, so differences in pay rates across service type will be affected by sector.

**Chart 73: Whole time equivalent mean annual pay rates by service group**
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Social worker</th>
<th>Adult residential</th>
<th>Adult day</th>
<th>Adult domiciliary</th>
<th>Adult community care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>£21,500</td>
<td>£29,400</td>
<td>£24,200</td>
<td>£32,600</td>
</tr>
<tr>
<td>Adult day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult community care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>£24,100</td>
<td>£27,100</td>
<td>£25,300</td>
<td>£28,400</td>
</tr>
<tr>
<td>Adult residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult community care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult residential</td>
<td>£16,900</td>
<td>£27,900</td>
<td>£22,900</td>
<td>£30,900</td>
</tr>
<tr>
<td>Adult day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult community care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>£24,100</td>
<td>£27,100</td>
<td>£25,300</td>
<td>£28,400</td>
</tr>
<tr>
<td>Adult residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult community care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chart 74 shows hourly pay rates. Both senior care workers and care workers are, on average, paid more in community care services and less in adult residual services.

Chart 74: Mean hourly pay rates by service group  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Senior Care Worker</th>
<th>Care Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>National minimum wage</td>
<td>£6.50</td>
<td>£6.50</td>
</tr>
<tr>
<td>Adult residential</td>
<td>£7.88</td>
<td>£7.01</td>
</tr>
<tr>
<td>Adult day</td>
<td></td>
<td>£8.39</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>£8.36</td>
<td>£7.36</td>
</tr>
<tr>
<td>Adult community care</td>
<td></td>
<td>£9.18</td>
</tr>
<tr>
<td>UK Living Wage</td>
<td></td>
<td>£7.65</td>
</tr>
</tbody>
</table>

Chart 75 shows hourly pay rates for care homes with nursing and care home without nursing. On average senior care workers and care workers are paid more in care homes without nursing than those with nursing.

Chart 75: Mean hourly pay rates by service group  
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Service Group</th>
<th>Senior Care Worker</th>
<th>Care Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>National minimum wage</td>
<td>£6.50</td>
<td>£6.50</td>
</tr>
<tr>
<td>Care home services with nursing</td>
<td>£7.44</td>
<td>£6.68</td>
</tr>
<tr>
<td>Care home services without nursing</td>
<td>£7.95</td>
<td>£7.10</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>£8.31</td>
<td>£7.33</td>
</tr>
<tr>
<td>UK Living Wage</td>
<td></td>
<td>£7.65</td>
</tr>
</tbody>
</table>
6.4. Zero hour contract

The NMDS-SC asks for information about a workers contract type, one contract type of particular interest is ‘zero hours contract’. Chart 76 shows an analysis of hourly pay rates of direct care staff on a zero hour contract.

**Chart 76: Hourly median pay for staff on a zero based hours contract by job group**

*Source: Raw NMDS-SC data 2013/2014*

<table>
<thead>
<tr>
<th>Job Group</th>
<th>Median Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior care worker</td>
<td>£7.52</td>
</tr>
<tr>
<td>Care worker</td>
<td>£7.00</td>
</tr>
<tr>
<td>Community support and outreach work</td>
<td>£7.57</td>
</tr>
</tbody>
</table>

For pay rates by the full list of working arrangements collected in the NMDS-SC please see the statistical appendix.

6.5. Care worker pay trends

This section focuses on trends in care worker pay since 2009.

**Independent sector nominal hourly rate trends**

Chart 77 shows that since 2009 average care worker pay in the private sector increased steadily from £6.40 in December 2009 to £7.01 in June 2014 (9.5% increase). Voluntary sector pay also increased over the same period from £7.22 to £7.60 (a 5.3% increase) despite decreasing by 3% during 2011.

**Chart 77: Care worker rate trends between 2009 and 2014**

*Source: NMDS-SC modelled pay information 2009/2014*
Chart 78 shows the ‘real term’ hourly rates for care workers in the independent sector between 2010 and 2014. ‘Real term’ hourly rates are discounted for inflation using CPI inflation\(^{11}\) and are expressed in 2012 prices. Real terms rates are particularly useful because they allow wage rates to reflect changes in the cost of goods and services and therefore provide a better indicator of the value of care worker hourly rates over time.

The chart shows that real term pay has decreased by 46p (6%) in the independent sector between 2010 and 2014. There is some evidence however that the rate of decrease in real term pay may be slowing, between 2012 and 2014 real term decreased by less than one percent. Skills for Care will continue to monitor this trend.

**Chart 78: Care worker ‘real term’ hourly rates trends between 2010 and 2014**

*Source: NMDS-SC modelled pay information 2009/2014*

For further analysis of care worker pay trends please see NMDS-SC trend briefing 1 on the Skills for Care website\(^{12}\). This briefing includes more comparisons of ‘nominal’ and ‘real’ terms.

Across adult social care there are employers who may base pay scales around level of qualification and experience. The next chapter of this report discusses qualifications and training held by the adult social care workforce.

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\(^{11}\) The Consumers Price Index (CPI) is the official measure of inflation of consumer prices in the UK

\(^{12}\) [www.skillsforcare.org.uk/nmdsscpublications](http://www.skillsforcare.org.uk/nmdsscpublications)
6.6. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce annual pay rates
- Workforce hourly pay rates
- Whole time equivalent workforce information

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To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. In regards to pay, there is more analysis about care worker trends and more information about the National Minimum Wage and Living Wage. Please see www.skillsforcare.org.uk/stateof2014 for the appendix.
Qualifications and training
Overview
Skills for Care believes good employers should develop their staff beyond induction to ensure that they are a capable, confident and skilled workforce. Analysis of NMDS-SC shows over two thirds of workers had completed an induction, while a further 11% had their induction in progress (through being new to their role). Over half the workforce holds a recognised social care qualification (56%), while 43% have no relevant qualifications recorded. Of the workers with training recorded in the NMDS-SC, the most populated categories of training were Moving and Handling (70%) and Safeguarding Adults (64%).

The Skills for Care website lists the following benefits of qualifications;

- **Quality service** - completion of qualifications develops a professional culture within an organisation which leads to highly skilled and competent workers providing high quality care and support.
- **Safety** - training and qualifications in the key areas of health and safety provide reassurance about workers confidence and competence.
- **Value for money** - it is in the interest of both the organisation and individual staff that employers make the most of their potential and realise the benefits. Qualification achievements give considerable added value and assist workforce planning in the organisation.
- **Retention** - workers who receive structured learning and development feel valued and supported and are more likely to remain in their post. This can reduce staff turnover meaning less spend on recruiting new staff.
- **Marketability** - A qualified workforce is flexible, inspired and more able to respond to change. Customer confidence and satisfaction is increased and the reputation of the organisation is enhanced.

This chapter explores the induction status, qualification held levels and training of the adult social care workforce. It also provides an overview of apprentices.

### 7.1. Induction status

Analysis of the NMDS-SC shows over two thirds of workers had completed an induction, while a further 11% had their induction in progress (through being new to their role). NMDS-SC data shows that for around 1 in 5 workers, employers recorded that induction was ‘not applicable’. For workers not providing direct care, it may be that only certain elements of induction are undertaken, although it is considered good practice to fully induct all workers regardless of role.
Overview
Skills for Care believes good employers should develop their staff beyond induction to ensure that they are a capable, confident and skilled workforce. Analysis of NMDS-SC shows over two thirds of workers had completed an induction, while a further 11% had their induction in progress (through being new to their role). Over half the workforce holds a recognised social care qualification (56%), while 43% have no relevant qualifications recorded. Of the workers with training recorded in the NMDS-SC, the most populated categories of training were Moving and Handling (70%) and Safeguarding Adults (64%).

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Chart 79: Induction status of the adult social care workforce
Source: NMDS-SC workforce estimates 2013/2014

Chart 80 splits the induction status of workers by service type – given the nature of work in residential settings and domiciliary care – it is little surprise that they have higher completion of induction than other settings where there is less direct care provision.

Chart 80: Induction status of the adult social care workforce
Source: NMDS-SC workforce estimates 2013/2014

7.2. Qualifications held
This section looks at the highest level of qualifications held by adult social care staff. Please note that professional roles are not included in the analysis below because they must be qualified, e.g. social worker, registered nurse or occupational therapist.

In terms of the highest level of qualification held, over half the workforce holds a recognised social care qualification (56%), while 43% have no relevant qualifications recorded. Skills for Care acknowledge that the accurate recording of qualifications data in the NMDS-SC is a slightly weaker area of the dataset – as such these results may over-estimate the numbers of workers lacking a care-related qualification. Equally those staff not providing direct care (ancillary staff / administrative staff, etc.) may not necessarily require such qualifications. In addition, anecdotal evidence suggests that employers are not always fully aware of the qualification profile of their workers.
Chart 81: Highest qualification level of the adult social care workforce
*Source: NMDS-SC workforce estimates 2013/2014*

Chart 82 shows highest qualification held by broad job group – as might be expected, direct care staff are more likely to hold no relevant qualifications (45%) while those in managerial roles are more likely to be qualified at levels 3 and 4. Again the possible under-recording of qualifications should be noted.

Chart 82: Highest qualification level of the adult social care workforce by job role group
*Source: NMDS-SC workforce estimates 2013/2014*
7.3. Training

The NMDS-SC provides employers with the option of recording training data in addition to accredited qualifications. Chart 83 is based on workers who have some form of training recorded for them. The most populated area of training is for Moving and Handling (70%) and for Safeguarding Adults (64%).

**Chart 83: Categories of training recorded in NMDS-SC**
*Source: Raw NMDS-SC data 2013/2014*
An Apprenticeship is a combination of on and off the job learning and development. As employees, apprentices work alongside experienced staff to gain job-specific skills, getting paid whilst working towards a number of qualifications and gaining experience.

The learning and development enables apprentices to gain relevant care skills that can include anything from supporting people to get dressed to transporting them to and from a care setting. Apprentices might work directly with people who use services as a care
worker, or team leader. Alternatively they may work in a non-direct social care role in catering or administration.

Skills for Care, in partnership with the Department of Health, actively promote social care Apprenticeship programmes.

**Benefits of Apprenticeships**

Apprenticeships provide benefits for both employers and employees.

88% of employers who employ apprentices believe that Apprenticeships lead to a more motivated and satisfied workforce (source: National Apprenticeship Service).

Employers can create and manage tailored Apprenticeship programmes to meet the needs of their business. Apprenticeships are a cost effective and low risk way for employers to grow their workforce and help improve the recruitment and retention of their staff.

For more information about apprentices, including guidance on employing young people, different levels of apprenticeships, funding and case studies please see the Skills for Care website.

http://www.skillsforcare.org.uk/Qualifications-and-Apprenticeships/Apprenticeships

**7.5. Qualifications, training and quality**

Chapter 9, section 9.2.1 includes information about some of the schemes and quality assurances that have recently been introduced to the social care sector including the Social Care Commitment and the Care Certificate.
7.6. Further information

For more information and to perform your own analysis of data held in the NMDS-SC in your area please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

There is a dashboard showing information about the following workforce areas discussed in this chapter:

- Workforce qualifications held profile
- Workforce qualification in progress profile
- Workforce induction status
- Workforce training profile

The Open Access NMDS-SC Dashboards act as a diagnostic tool to a shine light on issues affecting the social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

Skills for Care has a leading role in determining the structure and content of vocational qualifications in adult social care to ensure that they are fit for purpose. There is lots of information on the Skills for Care website about qualifications, apprenticeships, skills and standards, including tools such as the Skills Selector, information about training materials. Please see the Skills for Care website for more details. www.skillsforcare.org.uk

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level. Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report. Please see www.skillsforcare.org.uk/stateof2014 for the appendix.
Further information
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8. Registered nurses

Overview
- There are an estimated 51,400 registered nurses jobs in the adult social care sector
- 85% work in the private and 14% in the voluntary sector.
- 80% are directly employed. 51% work on a full-time basis, 31% part-time and 18% other.
- 87% are female. 44% are aged 50 and over. 37% of nurses have a non-British nationality, compared to 8% of the population of England and 16% of the adult social care workforce.
- The turnover rate for nurses is estimated at 32.1%, this is approximately 16,500 leavers per year.
- The vacancy rate for nurses is estimated at 7.6%, this is approximately 3,900 vacant posts.
- 57% of nurses, who were new to their role within the past 12 months, previously worked in the adult social care sector, 43% were recruited from elsewhere, including 19% from health services.
- The mean annual pay rate for nurses in adult social care £24,350, this is in line with NHS Band 5.

8.1. Introduction

This chapter focuses on a job that very much highlights the need for integrated health and social care workforce planning – registered nurses. Modelling of NMDS-SC data by Skills for Care shows there to be an estimated 51,400 registered nurses working in adult social care. While making up only a small part of the overall workforce (circa 1.52m) – it is absolutely vital that the sector can attract and retain these professionals. This chapter looks at some of the characteristics of nurses working in adult social care.

The importance of nurses to the social care system and the wider healthcare system has recently been highlighted by the pressures on Accident and Emergency Departments in hospitals across England. It has been reported that on the 30th November 2014 there were 5,200 patients in hospital who were ready for discharge but were not able to be discharged because there were not suitable care arrangements in place. Some of this pressure on the health and social care system has been attributed to a shortage of nursing staff e.g. in ‘reablement’ and ‘step down’ services including residential care with nursing. Representatives of independent social care providers have recently commented that whilst nurse workforce planning may be taking place in the NHS it has not been sufficient with respect to the independent sector. The workforce intelligence on nurses from NMDS-SC will be critical for future workforce planning across the whole system.

8.2. Estimated number of registered nurses and trends

Chart 84 shows that the majority of registered nurses in adult social care work in residential services (85%) and 97% of those services are CQC registered care homes with nursing. The remainder are mainly working in domiciliary services (13%), with a small proportion in community services (1%) and day care services (<1%). NMDS-SC analysis also shows that registered nurses are almost entirely employed within the independent sector, (85% private and 14% voluntary), with less than 1% (250 jobs) in the statutory local authority sector.
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- 80% are directly employed. 51% work on a full-time basis, 31% part-time and 18% other.
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Chart 85 shows that the number of registered nurses working in the adult social care sector has been fairly consistent in the past 3 years, dipping by 0.4% from 2011 (50,000) to 2012 (49,800) and increasing by 3.1% from 2012 to 2013 (49,800 to 51,400). The adult social care workforce as a whole has been estimated to have grown by 4% between 2011 and 2012, and grown again by 2% in 2013.

8.3. Employment status
In terms of employment status – 4 out of 5 nurses (80%) are directly employed on a permanent or temporary basis, while around 17% are part of a bank or pool of nursing staff. Also of interest is that only 51% are working full-time hours, with 31% classed as part-time and 18% as ‘neither of these’. This employment status data may suggest a workforce that is happy to have some flexibility in terms of their working lives and when considered alongside age data may highlight nurses moving to social care to fit in with family commitments.

Chart 86 shows that the number of registered nurses working in the adult social care sector has been fairly consistent in the past 3 years, dipping by 0.4% from 2011 (50,000) to 2012 (49,800) and increasing by 3.1% from 2012 to 2013 (49,800 to 51,400). The adult social care workforce as a whole has been estimated to have grown by 4% between 2011 and 2012, and grown again by 2% in 2013.

Chart 85: Estimate of the number of registered nurses from 2011 to 2013
Source: NMDS-SC workforce estimates 2013/2014

Chart 86: Employment status of the workforce, professionals and registered nurses
Source: NMDS-SC workforce estimates 2013/2014
8.4. Gender and age

The majority of nurses working in adult social care are female (87%), this is slightly higher than the proportion of social care professionals that are female (85%) and of the whole social care workforce (82%).

In terms of age there are some interesting issues to consider. Chart 87 shows that over 72% of nurses working in adult social care are aged 40 or over, while 44% (or just over 2 in 5) are aged 50 or over. Given this age breakdown, the sector should expect to lose close to half its nursing workforce to retirement in the next 10 to 15 years. The average age of a nurse working in the sector is 48 years old.

**Chart 87: Registered nurses by age band**
**Source: NMDS-SC workforce estimates 2013/2014**

![Chart 87: Registered nurses by age band](image)

Chart 88 shows the age breakdown of the adult social care workforce compared to registered nurses as well as the age bands that workers started working in adult social care. The chart shows that the pattern of when nurses started working in the sector is very similar to that of the whole workforce- therefore nurses are not necessarily joining the sector later, but more are approaching retirement age, with 29% over 55 compared to 21% for the whole social care workforce (suggesting nurses stay in the sector longer).

**Chart 88: Age bands and age band started working in adult social care**
**Source: NMDS-SC workforce estimates 2013/2014**

![Chart 88: Age bands and age band started working in adult social care](image)
8.5. Ethnicity and nationality

Nurses are far more likely to be from a black and minority ethnic community (BME) (43%) than the sector as a whole (20%) and when compared to all professionals in the sector (34%).

Chart 89: Nationality of the workforce, professionals and registered nurses
Source: NMDS-SC workforce estimates 2013/2014

Registered nurses are more likely to be of a non-EEA nationality than the rest of the sector. Chart 90 shows distinct patterns by region— in London 46% of nurses have a non-EEA nationality, while the figure is 34% in the South East. The North East (17%) and North West (18%) have the lowest proportion of non-EEA nurses.

Chart 90: Nationality of registered nurses by region
Source: NMDS-SC workforce estimates 2013/2014

Chart 91 below shows the proportion of registered nurses, the population of England and the whole adult social care workforce that have a non-British nationality. Overall, the social care workforce has a higher proportion of non-British workers (16%) than the population as a whole across England (8%) and registered nurses have a greater proportion still (29%). This is similar across all regions of England.

Some of the largest differences between the proportions of non-British nurses compared to the population can be seen in the South East region, where 52% of nurses are non-British compared to 7% of the general population. In London 62% of nurses are non-British compared to 22% of the population, and the Eastern region has 43% non-British nurses compared to 7% population.
Of those nurses with a Non-British nationality the top 5 nationalities were Indian (20%), Filipino (16%), Zimbabwean (10%), Nigerian (6%) and Romanian (6%).

There is evidence that employers may be filling (either now or in the recent past) a skills shortage of registered nurses in England by recruiting from abroad. In the paper ‘Nursing—a sector in crisis’ submitted to the Migration Advisory Committee, the Registered Nursing Home Association listed some issues regarding recruiting from abroad, including:

- “The common problem of low levels of language skill, since there is no requirement for English language skills when recruiting from the EU.”
- “Other issues raised are the different cultures and values of qualified staff from some parts of the EU”
- From “August 2011 nurses must be earning over £35,000 per annum by August 2016 to apply for leave to remain, otherwise they must leave the country.”
- “With countries across Europe recovering from the economic crisis of 2008, the UK’s ability to recruit from within the EU or EEA will diminish over time. Meaning that significant and sudden change will be needed within the health and social care system of the UK or the number of nurses needed from outside the EU/EEA will need to dramatically increase.”
8.6. Pay rates

NMDS-SC analysis shows that mean annual pay rates for nurses working in adult social care (£24,350) are in line with those paid in the NHS Band 5 rate which starts at around £21,000 and goes up to just below £28,000.

**Chart 92: Annual pay rates of professionals working in adult social care**
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Professional</th>
<th>Pay Rate (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>£24,350</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>£26,250</td>
</tr>
<tr>
<td>Social Worker</td>
<td>£31,850</td>
</tr>
</tbody>
</table>

8.7. Turnover and vacancies

Turnover for registered nurses in adult social care is higher than for other professions represented in the sector – namely social workers and occupational therapists. For registered nurses, a turnover rate of 32.1% means around 16,500 leaving their post each year. With a vacancy rate of 7.6%, this is an estimated 3,900 vacant nursing posts.

**Chart 93: Turnover and vacancy rates of professionals working in adult social care**
*Source: NMDS-SC workforce estimates 2013/2014*

<table>
<thead>
<tr>
<th>Professional</th>
<th>Turnover Rate (%)</th>
<th>Vacancy Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>32.1%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>15.6%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Social Worker</td>
<td>11.2%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

The Registered Nursing Home Association’s paper ‘Nursing- a sector in crisis’ highlighted some issues with the supply of nurses to fill these vacancies, including:

- “Local and national advertising is producing very few, and in many cases no applicants. Even when adverts are run on a regular basis, advertising for nurses is now seen as not worth the effort.”
- To cover vacant posts staff with nursing qualifications pick up the shifts on a temporary basis. Whilst this can address the issue in the short term it is not sustainable in the medium and long term.
- Homes often turn to agencies to cover vacant nursing posts. “Homes report that the use of agency staff is not just expensive (£30 per hour appears to be common) but also results in the nurses not knowing the resident population with the consequent reduction in the quality of care”

The turnover rate for registered nurses is one of the highest in adult social care, the average turnover rate for the sector as a whole is around 20%. Chart 94 shows that the turnover rate for registered nurses has increased between 2012 and 2014.
8.8. Influencing factors of registered nurse turnover rates

An analysis of factors that influence/affect registered nurses turnover rates, for example size of establishment, sector, region, was conducted and it was found that no one factor stood out over the others as having a large effect on turnover. However region (at 2.1%) did have the largest effect, followed by whether the establishment was part of a parent organisation or not (0.7%). As a guide 1% is generally considered a small effect, 6% a medium and 14% a large effect.

Therefore registered nurse turnover rates cannot be concluded as being effected by any one factor included in this model of analysis, but a combination of these and other factors. Nurse turnover, like other roles in the adult social care sector is most likely to be influenced by non-workforce factors, such as relationship with managers and other colleagues, job satisfaction, and ease of travel to work.

8.9. Source of recruitment

An analysis of the source of recruitment of nurses shows that 57% are from within the adult social care sector and 43% are from elsewhere. This is a similar picture to the workforce as a whole (60% from within adult social care) and other professions (65% from within adult social care). The top 5 sources of recruitment of nurses are: adult social care, independent sector (40%), health sector (19%), agency (8%), adult social care, local authority (6%) and from abroad (4%). The other 22% are from other sources.
8.10. Securing a supply of nurses

This report shows that registered nurses play a critical role in adult social care and it is imperative that the sector can be confident of the supply of nurses to meet future demand and the need to replace those leaving employment in adult social care. Previously the number of training places required for nurses was provided by Strategic Health Authorities, this responsibility has now passed to Health Education England. The recruitment source employers have some control over (or did in the past) is recruiting from overseas – and the nationality breakdown of nurses in the sector suggests that this has been a significant source of recruitment.

8.11. Further Information

For more information and to perform your own analysis of the 24,000 establishment records and over 700,000 worker records held in the NMDS-SC, including information about registered nurses, please visit the Skills for Care Open Access NMDS-SC Dashboards at: www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

There are six topic areas in the dashboards, in five of those six you can select a specific job role, for example registered nurses, and perform your own analysis of areas discussed in this chapter:

- Staff overview
- Recruitment and retention
- Workforce demographics
- Pay
- Qualifications and training

The Open Access NMDS-SC Dashboards act as a diagnostic tool to shine a light on issues affecting the social care sector. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. These dashboards are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence. With flexible social care workforce information dashboards you can access and understand social care workforce information, select a workforce area of interest and choose your own comparator group and you can see information by your choice of geographical area, service, sector, job role, service user group and more.

For a more detailed look at social workers please see NMDS-SC Briefing issue 22 on the Skills for Care website.

13 www.skillsforcare.org.uk/nmdsscpublications
Research, evidence, economic contribution and policy
9.1. Economic contribution and policy context

Recent years have seen significant legislative changes that continue to reform health care; a process that will continue for social care with the implementation of the Care Act 2014.

Increasing integration of social care, public health and health, along with allied sectors such as housing, will continue to be a key driver in service planning and delivery as a necessary part of achieving improvements in quality, efficiency, and productivity in the context of continued financial constraint.

Even though the current electoral cycle means that there is the possibility of a change in government in the short-term, the current over-arching policy imperatives are likely to remain for the foreseeable future. While there may be changes of emphasis and slightly different mechanisms employed to drive change it is unlikely that there will be whole scale reinvention or significant changes in overall budget allocation, although health and social care budgets may be more closely aligned.

The current direction of travel for the sector is towards more integrated holistic support tailored to individual needs where services are working together efficiently to promote people’s well-being and goals. There will be a focus on prevention and the empowerment of people who use services, carers and their families through access to information to enable them to make informed decisions and actions.

The key themes outlined above are likely to have a series of workforce related implications that can be grouped into topics which may be expected to be prevalent over the coming years. These may include:

1. market shaping - local determination, innovation and integration
2. quality assurance - services and people
3. information, advice and personalisation
4. an over-arching leadership role in all above.

9.1.1. Market shaping - local determination, innovation and integration

Health and well-being boards’ leadership of local health and care systems will increasingly be pivotal in improving the health and wellbeing of local populations and reducing health inequalities.

They are likely to have an increasing strategic influence over integrated commissioning decisions and strengthening working relationships across social care, public health and health, although there is also likely to be an increasing emphasis on openness,
accountability, democratic legitimacy and co-production which may result in some changes to their operation and membership.

The Care Act provides a framework within which local authorities will have a degree of autonomy to determine how local care services will be commissioned. Their role in shaping their local market will necessitate key knowledge of local population needs as well as service provider capacity and capability. Analysis of the supply and demand for care and well-being services should steer their commissioning decisions to shape their local market and promote innovation and quality.

9.1.2. Quality assurance – services and people

Care and well-being services will be increasingly held to account to ensure that they are safe, effective, compassionate and of high-quality. The Care Quality Commission’s (CQC) quality assurance role, based on new fundamental standards, will be pivotal in ensuring the public and commissioners are aware of how safe, effective, caring, well led and responsive to people’s needs care and well-being services are.

The CQC’s new specialist inspections are designed to enable them to predict, identify and respond more quickly to services that are failing as well as spot potential financial failure to help ensure there is continuity of care for people who need care and support. Additionally there will be more thorough tests for organisations that are applying to provide care, including making sure that named directors, managers and leaders commit to meeting the regulators standards and are tested on their ability to do so.

9.1.3. The Social Care Commitment

The workforce has a key role in providing high quality services. In addition to the fundamental workforce standards there is also likely to be an increasing role for voluntary quality assurance schemes that enable service providers to differentiate themselves in the market place. Schemes, such as the Social Care Commitment, are expected to supplement statutory registration and regulation schemes.

What is the Social Care Commitment?
The commitment is a sector led initiative that focuses on improving workforce quality, instilling shared values, and driving the right behaviours across adult social care. As the underlying foundation for workforce quality, it brings coherence to the existing initiatives and unites the sector in a common goal to improve quality and to demonstrate to the public that we have care services they can trust and a sector that they can be proud of.

It is based closely on the Code of Conduct, which sets the standard of conduct expected of all healthcare support workers and adult social care workers in England. Like the code, the commitment has seven statements, but where the code says, ‘You must...’ the commitment says, ‘I will...’, which means it can be utilised as a tool by the workforce to putting the code into practice.

It is seen by the Department of Health as a key part of the solution to raising the standard or, and public’s confidence in, care and support offered in the sector. The Minister for Care and Support Norman Lamb as encouraged every “employer and employee working in social care” to sign up to the commitment.
Committing to quality
The commitment is made by employers and employees, by signing up to seven statements and associated tasks. The statements focus on the key issues that are important to all care providers, including recruitment, induction and retention of staff, and equality and diversity and the tasks help put the statements into practice. The tasks that underpin the statements have been designed by the sector and can be easily translated into practice. For example, having up to date job descriptions and person specifications for all roles and providing effective training for supervisors.

For more information and to make the commitment visit www.thesocialcarecommitment.org.uk

9.1.4. The Care Certificate

Another component of quality assurance is ensuring that the workforce has the required values, behaviours, competences and skills to provide high quality, compassionate care. These are currently defined by the Common Induction Standards and National Minimum Training Standards. However, the new Care Certificate will be introduced in April 2015, replacing both the National Minimum Training Standards and the Common Induction Standards which will provide a pathway into qualifications throughout someone’s career in social care.

Achievement of the Care Certificate should ensure that the social care support worker and healthcare assistant has the required values, behaviours, competences and skills to provide high quality, compassionate care.

What is the Care Certificate?
The introduction of the Care Certificate should provide clear evidence to employers, patients and people who receive care and support that the health or social care support worker in front of them has been assessed against a specific set of standards and has demonstrated they have the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. These standards cover the areas that are common to both these workforces and meet the legal requirement for providers of regulated activities to ensure that their staff are suitably trained.

Overview of the certificate
- Applies across health and social care.
- Links to competences (National Occupational Standards) and units in qualifications.
- Covers what is required to be caring.
- Will equip workers with the fundamental skill they need to provide quality care.
- Gives workers a basis from which they can further develop their knowledge and skills as their career progresses.

The Care Certificate was field tested with a range of employers across health and social care over the spring and summer of 2014. The purpose of the testing was to ascertain that the content and delivery of the Care Certificate is effective and fit for purpose.

There is an expectation that the Care Certificate will begin being completed by new starters in social care or healthcare from April 2015, replacing the Common Induction Standards and the National Minimum Training Standards.
The Care Certificate standards

1) Understand your role
2) Your personal development
3) Duty of care
4) Equality and diversity
5) Work in a person centred way
6) Communication
7) Privacy and dignity
8) Fluids and nutrition
9) Dementia and cognitive issues
10) Safeguarding adults
11) Safeguarding children
12) Basic life support
13) Health and safety
14) Handling information
15) Infection prevention and control

Who is the Care Certificate for?

In adult social care:
- Activities workers
- Day care assistant
- Day care officer
- Domiciliary care worker
- Home care worker
- Personal assistants
- Reablement assistant
- Residential care worker
- Senior home care worker
- Support worker
- Nursing assistant (in a nursing home or hospice).

For more information about the Care Certificate, including the Cavendish Review report, links to technical, assessor and learner documents please visit the Skills for Care website.
www.skillsforcare.org.uk/carecertificate

In recognising the key role workforce has in providing high quality services, it is crucial that there is a mutually beneficial contract between employer and employee, as well as an emphasis on developing a positive workplace culture and investment in workforce learning and development.

A mutually beneficial contract will ensure that the employee receives, at the very least, the national minimum wage. We applaud and support employers committing to the Living Wage. As some employers are able to commit to the Living Wage it is apparent that an employer’s business model decisions are a factor in their ability to pay the Living Wage and it is likely that business models will come under increasing scrutiny in the future. Commissioners have a very real responsibility to ensure that their funding enables provides to fairly reward their staff and to invest in their professional development, including encouraging providers to pay the living wage wherever possible.

9.1.5. Information, advice and personalisation

Understanding local care and well-being markets, both in terms of ensuring sufficiency of supply of a diverse range of services and of workforces, to meet identified community needs will be increasingly important for health and well-being boards, commissioners, and the public. The publication of new CQC service ratings and inspection reports, NHS Choices, My NHS (a certified reliable source of both health and social care information) and other sources of aggregated information about service quality and workforce capability
and capacity will play an increasingly important role in informing decisions of health and well-being boards, local authorities and commissioners, and the public.

It is likely that there will be an increasing concern that people have access to, and are able to easily navigate, clear information that supports them in making informed choices. Local authorities will similarly need this information to support their market shaping and service planning functions but also crucially in order to meet their new responsibilities for providing information and advice services.

This information will also be essential for frontline staff so that they are best placed to support the development of responsive, personalised and integrated care and well-being organised around the needs and aspirations of local communities.

9.1.6. Leadership

The Care Act 2014 provides a framework which promotes greater integration of care and well-being services that are personalised around people's needs and goals, as well as putting greater emphasis on preventing and reducing care and support needs. Local areas working in partnership will have a degree of freedom to determine local solutions for meeting these aims. Achieving the required systems transformation, joint working and partnership agreements will continue to emphasise the importance of leadership within and across the care and well-being systems at all levels from the frontline, senior managers, directors and elected members.

Systematic change alone is unlikely to achieve the desired outcomes. Success is far more likely where there is shared visionary leadership that can bring about the necessary cultural changes capable of delivering the desired integrated and personalised care and well-being system built around people's needs and goals. Pivotal to this will be the increasingly important role of the registered managers in providing high quality care, which benefits people using services, their carers, their families, and their service provider.

The National Skills Academy for Social Care

The National Skills Academy for Social Care is a membership organisation for everyone committed to excellent adult social care in England. The Skills Academy was created by social care employers to transform the quality of leadership, management and commissioning skills and to endorse and provide access to excellent training provision in the sector.

Their aim is to improve the care and support received by people who use services by strengthening leadership at all levels of the social care workforce. They have developed the national adult social care leadership strategy, Leadership starts with me, alongside the Leadership Qualities Framework (LQF), which illustrates what good leadership looks like for people working in different roles and at different levels, and they design and deliver leadership development programmes to help embed leadership thinking at all levels in the sector. They believe that the Leadership Qualities Framework is the catalyst required to create this new culture.

The Skills Academy develop and run leadership programmes at all levels of a social care career. Examples of our leadership programmes are for everyone in the sector, including:
9.1.6. Leadership

Organisations will need to create this new culture.

Leadership development programmes to help embed leadership thinking at all levels in the sector audience for this programme, with learners from the private, voluntary and local authority sectors, enables networking and maximises learning.

Registered Management Support
As well as Leadership Programme we have Registered Managers Support Programme as registered managers are often the lead care professionals in their organisations, better equipped and placed to positively affect the quality of care in this country than almost anyone else. But often these key professionals feel isolated, lacking in support and recognition for the work they do. This programme offers tools to remedy this. Registered managers have a pivotal leadership role in social care. The 2012 Social Care White Paper, Caring for our future, highlighted the particular impact that Registered Managers can have on the experience people have of care and support. The Support Programme offers practical advice in the form of the Social Care Manager’s Handbook, access to a number of other benefits designed to support their leadership development.

Endorsement Framework
The Endorse Framework is the quality mark for learning and development providers in the adult social care sector. Endorsement under this framework indicates that training provision is exemplary.

9.1.7. Transition and change

The implementation of the Care Act is likely to be a period of transition and of service planning and delivery ‘bedding in’ over time. It will create opportunities for increased local determinism and innovation which should encourage greater sharing of knowledge and practice.

At a time when there will be an even greater drive for integration of social care, public health, health and allied services such as housing, we may see the development of area based health and social care plans where the health component forms a part of a localised but national health service while the social care component is more uniquely organised.
local provision that varies from area to area. Bringing these two approaches together into a harmonious whole, alongside the planning and delivery of other services that also support well-being in a way that is readily navigable by citizens where ever they may be will be the challenge that health and wellbeing boards, along with commissioners, will need to address over the coming years.

It is probable that increasingly high public expectations of services, in an environment of greater access to information, transparency and accountability but limited by financial constraint, will require careful consideration and management by service providers, local authorities and elected members. These considerations should include the workforce development implications for frontline staff working in these circumstances.

The Care Act introduces some measures around the future financing of social care. There are, however, many who believe that a sustainable settlement for the future funding of health and social care has yet to be realised. This situation, combined with the increasing future demand, will ensure that the future of health and social care in England remains at the forefront of public and political debate, as well as continued change, over the course of the next decade.

9.2. Evidence and Impact

Increasingly research evidence is being generated and used in social care to learn from others, establish best practice and avoid duplication of effort. At Skills for Care we are keen to continue to contribute to the research evidence base and work with employers to help integrate our findings into practice development where possible.

Research evidence projects conducted over the past two years include the following;

**Economic value of the adult social care sector in England**
To assist with intelligence, research and evaluation to inform policy, Skills for Care commissioned a study to explore the economic impact of the social care sector. Findings confirmed that the total economic value of the adult social care sector in England is estimated at £43 billion. It was also found that the sector supports a total of 2.8 million full-time equivalent jobs across the economy.

**Why are some employers more successful than others in retaining their workforce?**
Aware that some employers in the adult social care sector are experiencing high staff turnover rates, Skills for Care commissioned research to help uncover examples of good practice in relation to attracting and maintaining a stable workforce. Three key areas were witnessed across employers with high levels of staff retention: good levels of communication with staff, appropriate training arrangements and allowing staff to have autonomy over their work.

**What do we know about the role of the arts in social care delivery?**
Skills for Care along with partners from Skills for Care and Development and Creative and Cultural Skills commissioned an evidence review and mapping study to establish current knowledge of the role of the arts in social care delivery. The evidence review demonstrated support for the physical and psychological benefits of using arts with people in need of care and support. If delivered effectively interventions can facilitate social interaction and enable individuals to pursue creative interests. Using arts benefits social care staff as it challenges preconceptions of the abilities of individuals and can act as a catalyst for changing workforce culture.
Violence against the social care workforce

In an attempt to understand more about the issues facing employers and social care and support staff, the Department of Health asked Skills for Care to consider the issues. Estimates range from 93% of staff experiencing verbal abuse through to 56% experiencing physical abuse, but under-reporting, for a variety of reasons, is widely recognised. Employers highlighted that work to prevent a violent or abusive incident was crucial and included clear policies and procedures and staff training in management techniques.

Digital Capabilities

Skills for Care have launched a framework to help support digital capabilities in the adult social care workforce. We have worked with the sector to find out more about current use of digital technology, workforce confidence and learning and development in this area. The research found that the use of digital technology is widespread – 95% of participants use it for at least one work related activity. The benefits of using digital technology include improved efficiency, improved quality of care services and benefits for people that staff care for and support.

9.3. Further information

To find out more about workforce development evidence in adult social care please check out the evidence and impact section of the website (www.skillsforcare.org.uk) where you can register to receive future updates and briefings. Registration also provides you with access to the Research Knowledge Base, Skills for Care’s database of workforce development related research evidence.

Skills for Care is working to ensure research findings are presented in the most appropriate and relevant ways for employers in adult social care. If you are interested in helping us with this, or want more information about any of our research evidence, please email evidence@skillsforcare.org.uk.
Uses of NMDS-SC data and further resources
Overview
Skills for Care provides outstanding workforce intelligence relied upon by government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who use services. NMDS-SC is recognised as the leading source of workforce intelligence for adult social care.

This chapter includes;

- Users and uses of NMDS-SC information
- Workforce planning tips
- An overview of useful resources looking at the adult social care sector and workforce by region, by local area and the NMDS-SC open data analysis files
- Information about how to keep up to date with Skills for Care publications and how to request bespoke NMDS-SC analysis, reports or support.

This chapter provides an overview of the users and uses of NMDS-SC data across social care and links to other workforce intelligence publications, analysis tools and reports that you may find useful.

10.1. Key data users and uses

Skills for Care have published a number of NMDS-SC briefings on the topic of uses of NMDS-SC across the adult social care sector at www.skillsforcare.org.uk/nmdsscpublications

The following is an extract from briefing issue 24 entitled “The use of NMDS-SC data across the social care sector” published in December 2014.

Uses of NMDS-SC data
NMDS-SC workforce data is being used for:

- trend analysis of important workforce variables such as care worker pay
- work with Health Education England and the thirteen Local Education and Training Boards
- work on health and social care integration
- work by the Chief Social Worker (Adults) to better understand the social worker workforce
- implementation of the Care Act by local authorities

A range of reports using NMDS-SC data have been co-produced with the Centre for Workforce Intelligence (CfWI) e.g. to inform the workforce elements of the White Paper, Caring for our future: reforming care and support now enacted through the Care Act 2014.

Local authorities use the data for workforce planning and commissioning as do Higher Education Institutes and bodies such as the Kings Fund who work to improve health and social care in England. There are over 175 academic journal articles published which cite NMDS-SC data.
Other regular reports are provided to the DH to inform future policy on social care and other initiatives such as the introduction of the Care Certificate.

A full list of who uses NMDS-SC data can be found in the infographic on the following page.

Provider quality profiles using NMDS-SC data
As outlined in the government White Paper, Caring for our future: reforming care and support, NHS Choices publish clear and accessible information on staff training as part of social care and health provider quality profiles, so that people can understand for themselves the skill levels of staff at different care providers. In total there are eight quality measures two of which come from NMDS-SC data:

- Staff qualifications
- Staff turnover

The eight measures aim to give service users, carers and commissioners a rounded picture of the quality of the care provided by their local residential and domiciliary care providers. They provide one element of the proposed comparative information that gives providers the opportunity to demonstrate their reputation in the market.

Enabling DH to automatically populate NHS Choices with NMDS-SC data for the two of the proposed measures helps providers by enabling their performance on these quality measures to be published. Although employers can opt out of sharing their data a significant number of large providers and trade organisations are signed up to this voluntary industry-led compact to provide transparency on the quality of care.

Care Quality Commission (CQC)
The CQC were one of the stakeholders who advised on their requirements when the NMDS-SC was first being developed. The definitions of service types in NMDS-SC reflect the regulation framework adopted by CQC. Skills for Care is committed to the COUNT principle of ‘collect once and use numerous times’.

In October 2014 CQC implemented a new Provider Information Return (PIR) for all services including residential care services, community care services and shared lives services. CQC has agreed that where data has been submitted to Skills for Care through NMDS-SC on numbers of staff, staff roles, employment type, turnover and vacancies, reasons for staff leaving, qualifications and training of staff that providers will not have to submit it directly to CQC through the PIR.

10.2. The NMDS-SC data journey

The following infographic shows the journey of NMDS-SC data, from the employer to the adult social care sector and organisations who use the workforce intelligence.
The NMDS-SC data journey

With your permission, Skills for Care share selected data directly with:

- NHS Choices
- Care Quality Commission
- Your local authority

Data is then presented back to you in the form of dashboards and reports so that you can:

- Use for workforce planning
- Inform decisions
- Benchmark your organisation

Data is anonymised so that no organisation, employer or worker is identifiable. Information is then provided to the following organisations via reports and briefings:

- The College of Social Work
- Department for Business Innovation & Skills
- Local Education and Training Boards
- Department of Health
- House of Lords
- Employers
- adass
- No.10 Downing Street/Parliament
- NHS
- NHS Health Education England
- Trade bodies
- Local authorities
- Academics e.g. London School of Economics
- Department for Education
- e-Learning for Healthcare
- PSSRU
- The media e.g. The Guardian

Entering full and accurate information into the NMDS-SC helps your organisation and the sector make evidence-based decisions about funding, commissioning and planning the workforce. A better planned workforce means better services.
10.3. Workforce planning

Workforce planning is essential practice for organisations which provide high quality care and support. A good workforce plan will help an organisation to have the right people with the right knowledge, skills, values and experience in place to meet the changing needs of the business.

Skills for Care, in partnership with employers, have developed and tested a range of easy to use and effective workforce planning resources. The Practical approaches to workforce planning guide and workbook offer a clear way for organisations to develop a workforce plan. The Practical approach to workforce planning guide explains:

- What is workforce planning
- Why it’s important
- What are the principles for it
- Who should be involved in it
- How it fits with workforce commissioning
- How the NMDS-SC can be utilised to support workforce planning
- How it can be done using the practical Analyse-Plan-Do-Review approach

To access a copy of this guide and for more information about workforce planning, please visit [www.skillsforcare.org.uk/workforceplanning](http://www.skillsforcare.org.uk/workforceplanning).

Our guide for NMDS-SC account holders ‘Using data to benefit your business’ gives clear examples of how NMDS-SC screens called dashboards can be used in practice for workforce planning.

To download a copy please visit [www.skillsforcare.org.uk/nmds-scdashboards](http://www.skillsforcare.org.uk/nmds-scdashboards). The leaflet guides account holders through key areas within the NMDS-SC Dashboards:

**Do you know your workforce turnover rates?**

Turnover is one of the biggest costs to care organisations because the expense of recruiting, inducting and training new staff is considerable. Turnover is also a major influencing factor when it comes to the experience of service users.

- Use the ‘your data’ summary to see how much your turnover rate differs from your comparator group.
- Use your findings to help calculate what turnover is costing you and what it costs similar types of establishments; can you market yourself on the basis of low staff turnover?
- Use the resources section to explore free resources in the area of staff turnover, recruitment and retention from Skills for Care.

**Do you know your workforce sickness rates?**

Sickness is an expense to employers and finding patterns in terms of sickness may help you to plan for, or prevent any problems around lost time due to sickness in the future.

With the sickness rate dashboard, you can:

- see which of your job roles have the highest average days sickness
- see if your worker sickness rates are higher than those in your local area
- see the total number of days lost to sickness
Do you know your hourly pay rates?
Paying staff is a large cost for employers and an important consideration why a worker might choose to start and continue working for you. Understanding how your pay rates compare to other employers in your local area is one of the most useful functions of the NMDS-SC dashboards.

How can I use it in my business?

- Select the combination of geographical area, sector and service that you are interested in comparing and then use this benchmark information to help you review or set your staff pay rates.
- Use the resources section to explore free Skills for Care resources and reports about staff pay rates. These reports cover areas such as minimum wage, living wage, regional and local authority area differences in pay.
- You can use the pay dashboard in conjunction with other dashboards, for example turnover, vacancy rates or qualification rates, to see if you think your pay rates could be having an effect on other areas of your business.

10.4. Other resources

This section provides an overview of some of the reports and resources published by Skills for Care that use NMDS-SC information.

10.4.1. NMDS-SC Dashboards

Dashboards act as a diagnostic tool to shine light on issues affecting your business. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. Dashboards allow you to explore the following areas:

1. Recruitment and retention
2. Staff overviews
3. Workforce demographics
4. Pay
5. Qualifications and training
6. Local demand and intelligence

There are two sets of Dashboard available;

- **My NMDS-SC Dashboards**- available to social care providers registered with the NMDS-SC.
- **Open Access NMDS-SC Dashboards**- These are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence.

To access the NMDS-SC Dashboards and supporting materials please visit [www.skillsforcare.org.uk/nmds-scdashboards](http://www.skillsforcare.org.uk/nmds-scdashboards)

10.4.2. Regional reports

Skills for Care has published nine regional reports which provide an overview of adult social care services and the workforce in each region and have been generated using data from NMDS-SC. Each of these nine reports provides a regional look at much of the England level information provide in this report.
There are also two page summary reports for each of the 152 local authority areas in England. To access any of these reports please visit www.skillsforcare.org.uk/regionalreports

10.4.3. NMDS-SC briefings

Skills for Care published four to five short reports each year which highlight specific issues in the adult social care sector. Examples of briefing topics that have been covered in 2013/2014 include:

- Social workers in the adult social care sector
- Diversity of the adult social care sector
- Registered nurses in the adult social care sector
- Care worker pay

To access these briefings please visit www.skillsforcare.org.uk/nmdsscpublications.

10.4.4. Open Data analysis files

Skills for Care publishes aggregate level, anonymised information on all establishments held in the NMDS-SC system in Open Data analysis files. This data is stored as .csv files. Anonymised information relating to workers is also provided at establishment level.

The file is free to download and allows raw NMDS-SC information on issues such as recruitment and retention, sickness, pay rates, qualifications and demographics to be accessed.

The main purposes of Skills for Care’s publication of raw NMDS-SC information are to promote transparency in the collected data and also to further encourage use of the data by audiences such as government policymakers, academics, researchers, local authorities and workforce planners, as well as any other user with an interest in social care.

NMDS-SC files will are published in September and March each year. In accordance with the code of practice issued by the Information Commissioner’s Office in November 2012, the published dataset will be as granular and user-friendly as possible whilst ensuring that no single worker or establishment can be identified.

There are two NMDS-SC analysis files, the first at ‘establishment’ level, displaying each care-providing location as a separate row and the second at worker level, with each worker record as a separate row. Some establishment attributes are included in the worker file to enable analysis across the two files.

To access these files please visit www.nmds-sc-online.org.uk, in the reports section, “Accessing NMDS-SC data”\(^\text{14}\).

10.4.5. Analytical service

The Skills for Care analysis team can provide an external analysis services and produce a range of in-depth reports depending on your specific requirements.

\(^{14}\)https://www.nmds-sc-online.org.uk/content/view.aspx?id=Accessing%20NMDS-SC%20data
This service is designed for those who;

- Need specific information on the adult social care sector
- Know the information you need, but don’t have the time to do the analysis
- Don’t have the skills to do the analysis yourself.

Skills for Care’s highly experienced analysts can work with you to identify your requirements, and design and deliver bespoke workforce intelligence reports. They use NMDS-SC to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.

Examples of projects that may benefit from this service include:

- Benchmarking social care organisations/the workforce
- Extrapolating data
- Health and social care workforce integration
- Hypothesis testing/correlation/ regression
- Social care workforce planning and development
- Understanding current social care workforce issues
- Workforce and service commissioning
- ‘What if’ future planning

For more information about this service please email analysis@skillsforcare.org.uk

10.5. Statistical appendix

To support the data that has been published in this report, Skills for Care have produced two statistical appendixes in Excel, one at England level and one at regional level.

Each volume consists of tables of analysis contained in this report split by sector, service and job role. There is some additional detail and analysis included in the appendixes that are not included in this report.

Please see www.skillsforcare.org.uk/stateof2014 for the appendix.

10.6. Keeping informed

To be kept up to date with news from Skills for Care please join our mailing list by visiting myaccount.skillsforcare.org.uk and select your areas of interest. You can select “workforce intelligence publications” to receive alerts for all our workforce publications.

To be kept up to date with the latest reports, briefings and infographics from the NMDS-SC please follow us on twitter @SfC_NMDS_SC.
This service is designed for those who:

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