West Midlands report, 2013

From the National Minimum Data Set for Social Care (NMDS-SC)

October 2013

“we provide statistics on your local social care workforce”
**Foreword**

In an environment where the demand on the adult social care sector continues to grow it is essential that we have the right information about the size and structure of the adult social care workforce. This helps the sector to ensure that it has the right people, in the right places, with the right skills to deliver high quality care and support services.

Social Care employers and Local Authorities in the area continue to show great support in completing the National Minimum Dataset – Social care (NMDS-SC). As a result of this the NMDS-SC continues to provide an invaluable source of information for key partners and stakeholders, helping to inform policy decisions, local commissioning plans and workforce planning nationally, regionally and locally.

Our regional report contains national and local information on the adult social care workforce to support the sector, key partners and those taking workforce planning decisions in responding effectively to changes and new challenges, ensuring that we have a workforce now and in the future which is able to deliver high quality care and support.

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1. Introduction

This report provides an overview of adult social care services and the adult social care workforce in the West Midlands region. The information in the report is mostly derived from the National Minimum Data Set for Social Care (NMDS-SC). The report looks at the size and structure of this key sector in the West Midlands region, while also looking at key workforce issues such as retention and worker demographics. The report is aimed at anyone operating a care service in the West Midlands region and anyone involved in the planning or commissioning of care services in the region.

The NMDS-SC is the national system which Skills for Care, the sector skills council for adult social care in England developed and manages. Funded by the Department of Health (DH), the NMDS-SC has been collecting data on the adult social care workforce since late 2005.

1.1. Where does the data come from?
Individual employers and organisations upload information about their establishments and their employees. The information gathered is used at national level to inform and influence policy within adult social care. At a local level the information is used to facilitate good workforce planning and commissioning. Skills for Care would not be able to report on this valuable information without the data provided by organisations and establishments who provide social care services and individual employers.

The data in this report is based on the data held in the NMDS-SC as at May 2013 and at the time of the analysis, in England there are;
- 26,000 establishments
- 820,000 workers in these establishments
- 734,000 worker records in NMDS-SC

A comprehensive breakdown of data from all the West Midlands local authority areas contained within this report is available in the NMDS-SC dashboards- please click here to use the Open Access NMDS-SC Dashboards or navigate to www.nmgs-sc-online.org.uk/reportengine/dashboard.aspx

1.2. Key uses of NMDS-SC data include:
- Workforce planning and development at a local, regional and national level
- Estimating the size and structure of the adult social care workforce at local, regional and national level¹
- Forming the basis of forecasting models for the future size and structure of the adult social care workforce in England
- Providing robust data on the independent sector workforce
- Providing key benchmarked management information to individual care providing establishments
- Influencing and monitoring government policy
- Informing the provider quality profile by sharing data with the NHS choices website
- Informing Health Education England (HEE) to support local commissioning
- Informing the Quality Risk Profile by sharing information with the Care Quality Commission (CQC)

¹ www.skillsforcare.org.uk/sizeandstructure2013
1.3. Key users of NMDS-SC data include:

- Department of Health
- Department for Education
- Department for Business, Innovation and Skills
- Health Education England
- Local Education and Training Boards (LETBs)
- Care Quality Commission (CQC)
- Local Authorities
- Centre for Workforce Intelligence
- Association of Directors of Adult Social Services (ADASS)
- Trade Associations
- Employers/Care Providers
- Members of Parliament
- The media
- UK Border Agency
- Migration Advisory Committee
- Institute of Public Care
- Personal Social Services Research Unit
- Social Care Workforce Research Unit at Kings College London

1.4. Key background information for the West Midlands

- There are 14 local authorities in the West Midlands
- There are just over 81,800 worker records in the NMDS-SC in the West Midlands
- There are just under 3,000 records in the NMDS-SC from establishments that provide or organise adult social care in the West Midlands

1.5. Summary of Key Findings

- There are estimated to be almost 177,000 adult social care jobs in the West Midlands.
- Almost 162,000 people are working in the adult social care sector in the West Midlands.
- Workers who provide direct care make up more than 135,000 (77%) of these jobs
- Over 85% of these jobs are in the independent sector (including those working for people who receive direct payment)
- More than 32,000 social care workers in the West Midlands may retire in the next 10 years (21% over 55 years old).
- There are 20,343 direct payment recipients in the West Midlands - it is estimated that they employ over 25,300 workers.
2. Organisation level information

There are an estimated 3,900 establishments involved in providing or organising adult social care in the West Midlands region. The majority of the jobs in these establishments are in the independent sector (70%) while 10% are in the local authorities and over a quarter (14%) are direct payment recipients (see Chart 1). In terms of main services offered, residential settings made up 38%, domiciliary care services made up 43%. Adult community care services made up 15%, mainly from NHS services and adult day care made up 4% of the services. Data from the Care Quality Commission (CQC) shows that overall in the West Midlands there are 3,656 registered services, of these 1,890 (52%) are care homes. As at May 2013, the NMDS-SC held information on nearly 3,000 separate care-providing locations in West Midlands.

2.1. Turnover Rates

Turnover is one of the biggest costs to care organisations and a major influencing factor when it comes to the experience of service users. NMDS-SC data demonstrates that the private sector has a higher turnover level than other sectors. The chart demonstrates that the West Midlands (21.7%) and England (20.6%) as a whole have similar staff turnover rates. Care workers have the highest turnover of all the selected job roles with over a quarter leaving their post per annum (28.1% in the West Midlands and 25.9% in England as a whole). It is interesting to note that more than one in five social care workers left their position in the previous 12 months.

2.2. Vacancy rate

Vacancy rates in the West Midlands vary by sector and by job role. The chart below demonstrates that the West Midlands (5.3%) has a slightly lower overall vacancy rate than the rest of England (5.6%). Community Support and Outreach Workers have the highest vacancy rates of all the main job roles in the chart below (West Midlands 11.3% and England as a whole (7.4%).
2.3. Why do people leave their roles?

NMDS-SC data shows that the top five reasons for leaving are; personal reasons (19% in England and 17% in the West Midlands), resignation or other undisclosed reasons (14% in England and 16% in the West Midlands), transferred to another employer (14% in England and 13% in the West Midlands), career development (10% in England and 9% in the West Midlands) and ‘other’ (12% in England and 9% in the West Midlands).

Destinations of those employees who departed included; moving on to other roles in the independent adult care sector (28% in England and 28% in the West Midlands), not moved to another job straightaway (16% in England and 16% in the West Midlands), the health sector (12% in England and 14% in the West Midlands), other sectors (10% in England and 13% in the West Midlands) and other destinations (13% in England and 10% in the West Midlands).
3. Individual worker characteristics

This section contains information about workers in the West Midlands as at May 2013 and is derived from individual worker level data collected by the NMDS-SC. This information includes age, gender, nationality, job role and qualifications of each worker. The NMDS-SC held information on almost 735,000 individual social care workers in England and on 81,000 individual workers in the West Midlands. The following section examines what the NMDS-SC is telling us about this vital part of the workforce and what issues those involved in workforce planning and commissioning in the sector should be aware of.

3.1. Disability
The majority of workers in the West Midlands (98.2%) and England (98.1%) are not recorded as having a disability.

3.2. Age
The average age of people working in adult social care in both England and the West Midlands is 43 years old. Care workers have a slightly younger average age in England and the West Midlands (41 years old) while registered managers have an older average age (48 years old) as do senior managers (50 years old in England and the West Midlands). The chart shows the age distribution of workers in England and the West Midlands. The largest percentage of workers are aged 40-49 (26% in the West Midlands and England). In the West Midlands, only 10% of workers are aged below 25 and 21% are over 55. Given an estimated workforce of 162,000 in the West Midlands this could mean approximately 32,000 workers retiring over the next 10 years.

3.3. Gender
There is a much higher proportion of women in the adult social care workforce than men. The proportion of males to females is similar in the West Midlands (84%) and England (82%). Gender distributions display some differences across job role groups in the West Midlands. The proportion of women is highest in senior care workers (88%) and supervisors (87%). Men are more represented working as senior managers (30%).

3.4 Ethnicity
A large percentage of workers in the NMDS-SC in the West Midlands are from white ethnic background (83%), the same as England as a whole (83%). The ethnicity of workers differs by job role (see chart 7).
where the percentage of white workers is highest among registered managers (92%) and lowest among supervisors (72%).

3.4. Nationality

Nationality of workers in the West Midlands is similar to that of the rest of England. Increasingly, an influencing factor is the number and percentage of workers that are of a non-European Economic Area (EEA) nationality and therefore potentially working on a restricted basis or on a work permit. In England, 11% of workers are of a non-EEA nationality, this falls to 10% in the West Midlands. Workers who are from a non-EEA country may be employed on a restricted basis or through a work permit. This may affect each local authority differently and needs consideration when workforce planning.

The table below shows the proportion of non-British workers in each Local Authority in the West Midlands. Birmingham has the largest percentage (18%) of non-British workers of all the local authorities in the West Midlands. Over two thirds of the local authorities have more than 90% of their workers being from a British nationality.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Proportion of non-British workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>18%</td>
</tr>
<tr>
<td>Coventry</td>
<td>15%</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>14%</td>
</tr>
<tr>
<td>Herefordshire</td>
<td>11%</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>9%</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>9%</td>
</tr>
<tr>
<td>Solihull</td>
<td>9%</td>
</tr>
<tr>
<td>Staffordshire</td>
<td>7%</td>
</tr>
<tr>
<td>Sandwell</td>
<td>7%</td>
</tr>
<tr>
<td>Stoke on Trent</td>
<td>6%</td>
</tr>
<tr>
<td>Shropshire</td>
<td>6%</td>
</tr>
<tr>
<td>Walsall</td>
<td>5%</td>
</tr>
<tr>
<td>Dudley</td>
<td>4%</td>
</tr>
<tr>
<td>Telford &amp; Wrekin</td>
<td>4%</td>
</tr>
</tbody>
</table>
4.  Employment details

Chart 9 shows that about half of the social care workers in the NMDS-SC are considered to work full time (49% in England and 48% in the West Midlands). However there is a significant level of part time working (38% in England and 41% in the West Midlands).

Chart 10 shows that 86% of the workforce recorded are permanently employed; this figure is similar to that of the West Midlands (87%). NMDS-SC shows that in the West Midlands there are a similar percentage of employees who are bank or pool (7% in England and 6% in the West Midlands) and temporarily employed (4% in England and the West Midlands). The adult social care workforce has around 30,000 workers on zero hour contracts in the West Midlands region and around 300,000 in England as a whole.

4.1. Pay

NMDS-SC data shows that in general social care workers in the West Midlands are paid similar wages to the median rates in England. The variance in the rate of pay varies by job role. For example care workers median pay rates in the West Midlands are £6.52 hour compared to the median in England of £6.75 per hour whereas community support and outreach workers are paid a median hourly rate of £7.00 per hour in England but £7.28 in the West Midlands. The median annual wages in the West Midlands are similar to the England’s median annual wages, for example the median annual pay rate for registered managers in the West Midlands is £29,674 and the median annual pay rate in England as a whole is £29,000.

Chart 10: Employment Status in England and the West Midlands

Chart 11 illustrates the National Minimum Wage for those aged over 21 (as at October 2012)

Chart 11: Median hourly pay by main job role in England and the West Midlands

Chart 12: Median annual pay by main job role in England and the West Midlands

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2National Minimum Wage- £6.19 - the main rate for workers aged 21 and over, £4.98 - the 18-20 rate, £3.68 - the 16-17 rate for workers above school leaving age but under 18 and £2.65 - the apprentice rate, for apprentices under 19 or 19 or over and in the first year of their apprenticeship.

3Chart 11 illustrates the National Minimum Wage for those aged over 21 (as at October 2012)
4.2. Qualifications

Within the West Midlands, the NMDS-SC shows that two thirds (65%) of its workers have a social care qualification, slightly more than England as a whole (60%). Nearly a third of workers in the West Midlands are qualified to level 2 (30%) and 14% to a level 3. Nearly a quarter (24%) of workers in the West Midlands are working towards a qualification. The majority of these workers are aiming to achieve either a Level 2 qualification (6%) or a different social care qualification (7%).

The 2013\(^4\) review carried out by Camilla Cavendish\(^5\) recommended that Health Education England alongside Skills for Care should develop and be responsible for a new qualification aimed at support workers in social care and healthcare assistants in health. This qualification, a Certificate in Fundament Care, would have to be completed before workers were allowed to work unsupervised with clients. The review also recommended Health Education England, alongside Skills for Care and Skills for Health should development a rigorous system of quality assurance for training.

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\(^4\) Please note that at the time of publishing this report there has been no decision by the Department for Health, Health Education England or Skills for Care about how to proceed with these recommendations.

4.3. Workforce Development Funding
Please follow the link below for information on identifying relevant courses and funding availability including for the Workforce Development Funding: http://www.skillsforcare.org.uk/funding/funding.aspx.

Registering with the NMDS-SC gives your staff the opportunity to access free e-learning resources to enhance their training and education. You can access more information about these resources by navigating to this link: http://www.e-lfh.org.uk/

4.4. Apprenticeships
An apprenticeship is a work based learning programme designed around the needs of the employers which leads to a number of qualifications. There are three types of social care Apprenticeships, Intermediate Apprenticeship in Health and Social Care- Level 2, Advanced Apprenticeship in Health and Social Care- Level 3 and Higher Apprenticeship in Care Leadership and Management (England) Level 5.

Apprenticeships are not just for young people but for all ages. In 2011/12, nearly 71,000 apprentices worked towards qualifications in England that will boost their knowledge and skills to deliver high quality social care. According to the National Apprenticeship Service, almost 370,000 apprenticeship applications, across all sectors, were submitted online between February and April 2013.6

For more information, please email apprenticeships@skillsforcare.org.uk or navigate to this link http://www.skillsforcare.org.uk/qualifications_and_training/apprenticeships/apprenticeships_introduction.aspx

The development and launch of the NMDS-SC dashboards has provided a key tool for employers and workforce planners. The new Open Access NMDS-SC Dashboards complement the existing My NMDS-SC Dashboards for NMDS-SC account holders. Open Access NMDS-SC Dashboards are aimed at anyone interested in gaining knowledge and understanding of social care data and those working in labour market intelligence. The dashboards show aggregated NMDS-SC information in an easy to understand format. Workforce planners and commissioners, as well as other interested parties, can select the workforce area of interest and choose a comparator group, including comparing Health Education areas.

The dashboards also provide a number of other data sources (local demand and intelligence) relevant to social care including Census data, population projections and CQC information in one easy to access location. The dashboards provide tailored interpretation, simple guidance and links to related resources within Skills for Care.

There is a NMDS-SC Dashboard guide to help you use and understand the Open Access NMDS-SC Dashboards and the My NMDS-SC Dashboards.
https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx
6. Workforce Developments

6.1. Health Education England

HEE was established as a Special Health Authority in June 2012, taking on some functions from October 2012 before assuming full operational responsibilities in April 2013. HEE provide leadership for the new education and training system and will ensure that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change. HEE will ensure that the workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and drive improvements. HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards (LETBs), which are statutory committees of HEE.

Skills for Care are working with Health Education England to support the delivery of the government’s agenda in relation to the need for a greater understanding of integrated workforce planning across health, public health and adult social care as well as the wider sector involvement such as housing and leisure. Skills for Care and ADASS developed three pilot reports which sought to establish the LETBs’ adult social care workforce intelligence needs and identify what analysis could be undertaken to support their early development. Skills for Care are currently supporting HEE by providing workforce data on social care using the NMDS-SC through an overall Health Education England report as well as general data analysis.

6.2. Nurses

One aspect of support Skills for Care is able to supply to Health Education includes data around registered nurses, occupational therapists and allied health professionals. Skills for Care has developed a briefing based on nurses please click here for the link or navigate to www.nmds-sc-online.org.uk/Get.aspx?id=802623

Skills for Care estimate that there are 50,000 registered nurses who work in adult social care in England. The majority (81%) of nurses work are based in CQC care homes with nursing.

Chart 15: Main service of registered nurses in NMDS-SC

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7 http://hee.nhs.uk/about/
Following the gender trend in social care, the majority of nurses are female (87%) and employed on a permanent basis (77%). The majority of nurses (70%) are over 40 years old while over 40% (or 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.

Within the NMDS-SC, just over 3 out of 4 nurses (77%) are employed on a permanent basis, while around 18% are part of a bank or pool of nursing staff. It is interesting to note that only 53% work full time and 30% part time (16% as ‘neither of these’). This may suggest that nurses in the adult social care workforce follow the NHS example of working flexibility to retain experienced and qualified staff. The median pay rates for nurses working in care homes with nursing (£24,000) are in line with those paid in the NHS Band 5 rate (£21,000 - £28,000).

Data from the NMDS-SC demonstrates that nurses are less likely to be of White ethnicity (than the sector as a whole) and far more likely to hold a non-EEA nationality than the rest of the sector. This high level of workers from overseas suggests that employers may be filling (either now or in the recent past) a skills shortage in England by recruiting from abroad.

Turnover and vacancy rates for registered nurses in adult social care are higher than for other professions represented in the sector – namely social workers and occupational therapists. This may be due to the fact that nurses predominantly work in the independent sector while other professional; job roles are within local authorities. For registered nurses, a turnover rate of 29% means, 14,500 leaving their post each year.

6.3. Workforce Planning

Effective workforce planning anticipates potential future imbalances between the supply and demand for different skills in time for action to be taken. To perform effective workforce planning you need information on the current workforce and an idea of future demand. The NMDS-SC provides an unrivalled overview of the current adult social care workforce across the statutory, private and voluntary sectors. The NMDS-SC dashboards also provide information on future demand as well as population projections at the local authority level.

This report, the NMDS-SC dashboards and NMDS-SC Briefings all provide valuable information for those involved in workforce planning, either within your own organisation or at a more strategic level. Use NMDS-SC data to answer questions such as:

 How many workers can I expect to leave my organisation / the sector per annum (turnover rates / replacement demand)?
 What are the median pay rates for workers?
 How well qualified are workers in the sector?
 How do I compare against local and national benchmarks?
 How many people are employed in adult social care?

All this information and more is just a click away.

https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx

7. Emerging Population Trends

This section reports on Skills for Care’s estimates of the numbers of social care workers that may be needed to meet the future social care needs of adults and older people in England. These projections include a number of hypothetical scenarios and are intended to contribute to policy development and planning. They should be interpreted as illustrative and as a basis for further work, rather than as Skills for Care’s prescription for the future. The work was performed in 2009/10.

As demographic trends indicate, people in the UK are living longer and their needs becoming more complex. This need reinforces the growing demands on social care services and the changing expectations of service users who require a workforce which is highly skilled and supported, and able to work in flexible ways.

7.1. Direct payment recipients

The Health and Social Care Information Centre for reported in March 2012 that there are nearly 193,000 adults and older people in England in receipt of direct payments and 20,343 people in the West Midlands. These direct payment recipients employ an estimated 25,300 people. Expenditure by the government on direct payments for adults and older people in England was £1.13 billion in 2011-12 compared to £0.963 million in 2010-11. The chart below shows that since 2002, there has been a steady increase in the number of people choosing to organise their own care via the use of direct payments.

![Chart 16: Number of direct payment recipients in the West Midlands and sub regions 2002-12](image)

7.2. Workforce projections

Estimates of the demand for service increase in the future

The State of the Adult Social Care Workforce Report 2010 includes projections of the future social care workforce; these projections include numbers of social care workers that may be needed to meet the future social care needs of adults and older people in England, to 2025. All of the workforce scenarios presented in this report have been re-calibrated to take into account the new workforce estimates for 2012.

The Base Case scenario

The Base Case scenario assumes the same patterns of service which existed in 2008–9 continue at a constant rate while demand for services increases as anticipated. The number of jobs could rise by around 50% to 2.4 million in 2025.

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10 [http://www.skillsforcare.org.uk/research/research_reports/state_of_the_adult_social_care_workforce_reports.aspx](http://www.skillsforcare.org.uk/research/research_reports/state_of_the_adult_social_care_workforce_reports.aspx)
Maximising Choice
Under the Maximising Choice scenario, all who wish to have their publicly funded-social care provided in a highly personalised way in their own homes could do so. The number of jobs would increase to 2.6 million (by 60%) by 2025. Most jobs will be personal assistants.

Contain and Community
The Contain and Community scenario envisages that most care and support would be provided by a largely unpaid workforce of family carers and community volunteers. The paid workforce would focus on managing these resources and on front-line professionalised support at whole family level. Paid jobs would increase by 27% to 2.1 million in 2025.

Restricted Resources
The Restricted Resources scenario assumes that future resources for adult social care will be very limited. Consequently, it envisages fewer but more stringent assessments and reviews, greater roles for community advice and guidance services and higher client-staff ratios in publicly-funded residential care. The number of jobs would increase by 19% to just over 1.9 million.

Chart 17 demonstrates that depending on the scenario, the number of jobs in adult social care is projected to grow by between 19% and 59% between 2012 and 2025. This means there could be between 1.9 million and 2.6 million jobs in England by 2025.

7.3 Population changes
Population estimates published by the Office of National Statistics for 2012 show that there are an estimated 42 million people aged 18 and over in England. The population in West Midlands of those aged over 65 is projected to rise from 0.9 to 1.48 million, an increase of 58% by 2035. Please see the chart for details of the population by age group in West Midlands. The population in West Midlands is projected to increase gradually from 5.5 million in 2010 to 6.5 million in 2035.
7.4. Council with Social Services Responsibilities (CSSR) level estimates

The number of jobs in the adult social care workforce in 2012 is estimated at 1.63 million and the number of people working in the sector is 1.50 million. There is an estimated 170,000 social care jobs in the West Midlands, the largest number (121,000) are in the independent sector, 17,500 in local authorities and 25,000 are those employed by direct payment recipients.

Chart 19: Estimated number of adult social care jobs by sector and CSSR, 2012 the West Midlands region

Please note that NHS data is not available and therefore not included.
8. Additional information

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

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

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

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

8.4. The NMDS-SC Support Service
Skills for Care employs a team of experts who are able to guide and support you through all aspects of completing NMDS-SC. For more information or if you require any help completing NMDS-SC, please call the NMDS-SC Support Service on 0845 873 0129 or use the online ‘Contact Us’ form by following this link: [https://www.nmds-sc-online.org.uk/contactus/](https://www.nmds-sc-online.org.uk/contactus/).
9. Glossary of terms

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

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

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

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

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

- **Worker records** - A worker record is collected about each individual worker, this includes information about demographics, pay, qualifications and other topics. The number of worker records may be lower than the total number of workers at an establishment if a worker record has not been provided for all staff.

- **Direct Payment recipients** - The direct payments scheme is a UK Government\(^\text{11}\) initiative which the gives recipients money directly, to pay for their own care. Direct payments can be used to purchase any service or services that meet the person's assessed needs and enable independence within their own home and community. For example, the payment can be used to directly employ personal assistants (the direct payments recipient may legally be classed as an employer) or care workers. Skills for Care acknowledge that there is currently very little information available about the percentage of direct payments recipients that directly employ their own staff (see 6.2 for further details).

- **European Economic Area (EEA)\(^\text{12}\)** – Workers from this area (and members of their families) can currently come to, live in and work in the UK.

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

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

\(^{11}\)www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Disabledpeople/DG_10018721(last viewed August 2012)

\(^{12}\)http://www.ukba.homeoffice.gov.uk/eucitizens/(last viewed August 2012)