The adult social care sector and workforce in North East
Acknowledgments
Skills for Care would like to thank all of the employers who have completed NMDS-SC data, as without their efforts estimates of this detail and accuracy would not be possible.

This report has been researched and compiled by Skills for Care’s Workforce Intelligence Analysis team: Dave Griffiths, Will Fenton, Gary Polzin, Roy Price, Jess Arkesden and Rosy McCaffrey.

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

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The following report provides an overview of adult social care services and their workforce in the North East area in 2018, including the size and structure of this part of the sector and detailed workforce information. The information in the report is mostly derived from the National Minimum Data Set for Social Care (NMDS-SC).

As you are reading our latest workforce intelligence report about our region of the North East, you understand the importance and the value of robust and up to date workforce data for social care. The ability to be able to analyse and interrogate the workforce data taken from the National Minimum Data Set for Social Care, helps us at both a regional and an organisational level to workforce plan for the future and consider succession planning, skills gaps and new roles that may be needed.

The need for care and support continues to grow, creating more demand to increase the size, knowledge and skills of the adult social care workforce. As the social care landscape changes to one where social care and health services integrate to fit closer to the needs of the person involved, we need to have a clear picture of the workforce’s capacity and capability to deliver these services now and in the future.

Employers tell us that their biggest challenge is recruitment and retention and NMDS-SC data provides evidence of this, with 27.1% turnover in staff with 7.1% vacancy rate in the North East at any time regardless of the type of provider or if they deliver services in a rural or urban setting. Using the NMDS-SC data gives employers the ability to benchmark and evaluate if initiatives around recruitment and retention are having an impact.

We are able to produce robust workforce data because social care employers regularly enter and update their data and we thank those employers. With the launch of the new NMDS-SC system in the spring of 2019 we hope that those employers that have not yet engaged will come on board. Adult social care providers are at the heart of the build of the new service.

If you require a more bespoke or more detailed analysis of workforce data our analysis team are able to help.

Sally Gretton, Head of Area (Yorkshire, Humber and North East)
**Executive summary**

This report provides information about the adult social care sector in the North East region including its size and shape, employment information, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts.

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

The National Minimum Data Set for Social Care (NMDS-SC) is an online workforce data collection system for the adult social care sector. NMDS-SC online was launched in 2007 and has now been collecting workforce intelligence about the sector for over a decade.

Adult social care is a growing sector that, in 2017, had around 750 organisations with 2,050 care providing locations and a workforce of around 89,000 jobs in the North East region. The number of full-time equivalent jobs was estimated at 62,000 and the number of people working in adult social care was estimated at 84,000.

The adult social care sector was estimated to contribute £2.03 billion per annum to the economy in the North East region. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £1.09 billion in 2017/18 (up 22% from 2011/12).

The number of adult social care jobs has increased by 9.2% since 2012 (by 7,500 jobs). The number of jobs decreased by around 2.5% (by 2,000 jobs) between 2016 and 2017.

This rate differs from previous years. Between 2014 and 2017 the workforce grew by around 1,000 jobs per year compared to an average increase of 3,000 per year between 2012 and 2014.

From here on, the executive summary refers to the 71,000 jobs in the North East region in the independent sector (74% of jobs) and the local authority sector (7% of jobs) only. Jobs for people using direct payments to employ their own care and support staff, and those working in the NHS are not included. The information in this report was taken from local authorities as at September 2017 and from independent sector employers as at March 2018.

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1. Regional estimates of the economic value of the adult social care sector – ICF, 19 October 2018
2. Detailed workforce information about jobs working in the NHS and jobs for people using direct payments to employ their own care and support staff were not available and therefore could not be included in Skill for Cares estimates by characteristics.
3. Local authority employers compete the NMDS-SC in September each year, independent sector employers have no fixed census date so March data is used as it is the end of the financial year, before National Living Wage changes.
**Employment information**

In the North East region, the majority (91%) of the adult social care workforce were employed on permanent contracts. Approximately half of the workforce (53%) worked on a full-time basis, 34% were part-time and the remaining 13% had no fixed hours.

Around a quarter of the workforce were recorded as being on zero-hours contracts (27%, 19,000 jobs). Domiciliary care services had the highest proportion of workers on zero-hours contracts (51%), especially among care workers (60%). The percentage of workers on zero-hours contracts remained relatively stable between 2012/13 and 2017/18, going up by five percentage points over the period.

**Recruitment and retention**

Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 27.1%. This equates to approximately 18,000 people leaving jobs over the year. The majority of these leavers don’t leave the sector however, with 74% of recruitment in social care is from other roles within the sector. Turnover rates have increased steadily, by a total of 7.5 percentage points, between 2012/13 and 2017/18.

This level of turnover and churn indicates that employers are struggling to find, recruit and retain suitable people to the sector. A large proportion of staff turnover is a result of people leaving jobs soon after joining. A longitudinal analysis of turnover showed that care workers under 30 years old were more likely to leave their jobs, as were those with relatively lower rates of pay. Workers holding a relevant social care qualification had lower turnover than those without a relevant qualification.

However, adult social care does have an experienced ‘core’ of workers that were found to be less likely to leave the sector and their jobs. Workers had, on average, nine years of experience in the sector and around 75% of the workforce had been working in the sector for at least three years. In addition, turnover is not uniformly high as around 28% of employers have a turnover rate of less than 10%.

Skills for Care estimates that 7.1% of roles in adult social care are vacant, this gives an average of approximately 5,100 vacancies at any one time. The vacancy rate has risen by 3.5 percentage points between 2012/13 and 2017/18. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the population ages.
**Workforce demographics**

The adult social care workforce remained one where females made up the majority of the workforce (84%), with 16% being male. However, males did have a slightly higher prevalence in senior manager jobs (29%) as well as support and outreach roles (27%) in the North East region.

The average age of a worker was 44 years old and 31% were aged 55 years old and over (18,500 jobs) and therefore, from a workforce planning perspective, this group could retire within the next ten years. The age distribution of the workforce has remained very similar over the past six years, so there is little evidence of the workforce aging significantly.

Around 96% of the adult social care workforce were British, 2% (1,100 jobs) had an EU nationality and 3% (1,800 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU than EU workers.

Nationality varies by region (see map) with the North having a higher proportion of British workers than the Midlands or the South. London had the lowest proportion of British workers (61%).

In the North East region, the proportion of the adult social care workforce with a British nationality has been consistent over the past six years (from 2012/13 to 2017/18), rising one percentage point over the period. The proportion of EU (non-British) workers has risen one percentage point and non-EU workers has fallen one percentage point over the period.

The result of the EU referendum appears, so far, to have had little effect on these trends with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing.

According to the Government’s “EU Settlement Scheme: statement of intent”\(^4\), the rights of EU citizens living in the UK will not change until after 31\(^{st}\) December 2020. After this point, EU citizens will have until June 2021 to hold or be in the process of applying for UK immigration status through the EU Settlement Scheme.

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\(^4\) EU Settlement Scheme: Statement of Intent – 21 June 2018
EU citizens and their family members who, by 31st December 2020, have been continuously residing in the UK for five years will be eligible for ‘settled status’, enabling them to stay indefinitely.

EU citizens and their family members who arrive by 31st December 2020 but will not yet have been continuously residing in the UK for five years will be eligible for ‘pre-settled status’, enabling them to stay until they have reached the five-year threshold. They can then also apply for settled status.

Therefore, if the rules set out in the statement of intent are finalised (this was not guaranteed at the time of writing), then all workers with an EU nationality currently working in adult social care will be allowed, if they choose, to continue to work in the UK provided that they remain living in the UK and do not have any criminal convictions. As will any people with an EU nationality who move to the UK between now and December 2020.

At the time of writing, it was still unclear how immigration will work after the UK leaves the EU. Depending on the rules, there is still a risk in terms of workforce supply depending on what restrictions are in place.

An analysis of the number of jobs held by EU nationals and their eligibility for different settled statuses as outlined above was conducted for each region. However, due to very low bases, an analysis at the regional level for the North East was unavailable. It is estimated that a large portion of workers with an EU nationality already hold British Citizenship in the region, with the majority of the remainder being eligible to apply for "settled status" as outlined. As only 2% of the workforce in the region hold an EU nationality, the majority of the workforce will not be affected by any changes.

Skills for Care is a member of the Cavendish Coalition. The coalition, a group of 35 social care and health organisations working to ensure the system is properly staffed after the UK leaves the EU, has set out what the Government needs to focus on during EU withdrawal negotiations to maintain safe, high quality health and social care services.

The Cavendish Coalition welcome the ‘EU Settlement Scheme statement of intent’ in terms of providing clarity for people from the EU currently working in health and social care. The Cavendish Coalition believes it is absolutely critical that the Government also takes all possible measures to safeguard the future supply of health and social care workers needed to continue delivering safe, high quality care. The Coalition is ready and available to support the Government in a way which allows it to plan a future immigration system which assesses skill levels based on public service value, and ensures excellent, continuing care to communities, patients and residents.
Hourly and annual pay rates

For the purposes of this report, the National Living Wage (NLW) of £7.50 will be quoted to match the timescale in which the data was collected. In April 2018, after the data in this report was analysed, the National Living Wage increased to £7.83.

In the North East region, care worker hourly pay in the independent sector increased by 4.4% (32p) between 2016/17 and 2017/18 to £7.60. Prior to the introduction of the NLW their pay had increased by an average of 1.3% (9p) per year between September 2012 and March 2016. The chart below shows that over time the median hourly rate has become closer to the statutory minimum hourly rate. In February 2018, Skills for Care published its latest Pay Briefing which shows that, across England, the proportion of care workers paid the statutory minimum amount has almost doubled since the introduction of the NLW (from 16% in March 2016 to 27% in February 2018).

Qualifications, training and skills

Skills for Care believes that everyone working in adult social care should be able to take part in learning and development so that they can carry out their role effectively. This will help to develop the right skills and knowledge so that they can provide high quality care and support.

In the North East region, around 70% of direct care staff, who had started in the sector since January 2015, had engaged with the Care Certificate (achieved, partially completed or working towards).

Around three in five (59%) of the workforce held a relevant adult social care qualification. Around 58% of care workers and around 90% of senior care workers held a relevant adult social care qualification at level 2 or above.

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Of all workers without a relevant social care qualification, 80% had completed an induction, 37% had engaged with the Care Certificate, 40% had five or more years of experience in the adult social care sector and 73% had completed training relevant to their role.

Of workers with training recorded in the NMDS-SC, the most popular areas were safeguarding adults (72%), moving and handling (71%) and health and safety (65%).

**Workforce forecasts**

The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2017 to 2035. This population is projected to increase between 2017 and 2035 from 520,000 to 710,000 people in the North East region, an increase of around 37%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

This section presents demand-based projections for the size of the adult social care workforce between 2017 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2017 and 2035, an increase of 33% (30,000 jobs) would be required by 2035.

The population aged 75 and over is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 53% (45,000 jobs) increase would be required.

It is acknowledged that other factors, as previously mentioned, could have a large influence on the size of the workforce over the next 20 years. The projections do, however, give an indication on the pressures created by demographic change on the size of the adult social care workforce.
Introduction

It is crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape, this will help reinforce its position as a major part of the economy. Good quality information about the workforce is vital to help improve the planning and quality of social care services, which will improve outcomes for people who use these services, both now and in the future.

Skills for Care is the leading source of adult social care workforce intelligence

Our expertise comes from the workforce intelligence we collect in the National Minimum Data Set for Social Care (NMDS-SC), from our experience of analysing and interpreting social care data, and from our network of Locality Managers all over England, talking with, and learning from employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

About Skills for Care

Skills for Care helps create a better-led, skilled and valued adult social care workforce. Using our workforce intelligence, in conjunction with what we hear from employers, we understand the adult social care workforce, its strengths, issues (both present issues, future risks and opportunities). Based on this we provide practical tools and support, to help adult social care organisations in England recruit, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.

For more information about Skills for Care please see our website [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

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. The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and Social Care and has been collecting information about social care providers and their staff online since 2007. That is 11 years of workforce intelligence helping shape and inform the sector.

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 and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications.

For more information about the NMDS-SC please visit [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk).

For information about how workforce intelligence is used across the adult social care sector please see Chapter 8 ‘Further resources’.
**NMDS-SC coverage of the adult social care sector**

There were an estimated 1.6 million jobs in the adult social care sector. Around 1.35 million of these were within local authority and independent sector employers in 2017. Approximately half of the workforce were recorded in the NMDS-SC. This coverage varies by care services, job role and geographical area.

**Local authorities (adult social services departments)**

For the past six years NMDS-SC has been the adult workforce data return for local authorities. In 2017, for the 6th year in a row, all 152 local authorities in England have met the criteria of a full NMDS-SC return for people working in their adult social services departments.

**CQC regulated services**

Skills for Care estimates that there were 41,000 care establishments providing or organising adult social care in England in 2017, around 25,300 of these services were CQC regulated. In 2017, the NMDS-SC had 55% coverage of all CQC regulated social care establishments (13,900 out of 25,300). These CQC regulated establishments had completed around 545,000 NMDS-SC worker records between them (out of a total population of around 1.1 million workers employed by CQC regulated employers). A sample of this size provides a solid basis for creating reliable and precise analysis about the regulated adult social care workforce at both a national and local level.

In the North East region, Skills for Care estimates that there were around 2,050 care establishments providing or organising adult social care in 2017, with around 1,100 of these services regulated by CQC. The NMDS-SC had 64% coverage of all CQC regulated social care establishments in the North East region (700 out of 1,100). These CQC regulated establishments had completed around 34,000 NMDS-SC worker records between them (out of a total population of around 55,000 workers employed by CQC regulated employers).

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 is validated at source and has been through rigorous data quality checks before analysis.

**Methodology used to estimate characteristics of the adult social care sector**

As explained above, the NMDS-SC, as a non-mandatory return for the independent sector and does not have 100% coverage of the adult social care sector. However, it does have a large enough sample to provide a solid basis for creating reliable and precise adult social care sector and workforce estimates at both a national and local level.

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

Skills for Care is confident in the quality of these estimates and the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates are produced please see www.skillsforcare.org.uk/workforceestimates.

In this report, independent sector information is derived from the NMDS-SC as at March 2018, and local authority information is correct as at September 2017.

**Terminology used in this report**

Adult social care and terminology used to describe it, continues to change. We have tried to maintain a degree of consistency and comparability with 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’;
- Used the term ‘local authority’ to refer to councils’ adult social services departments;
- Calculated the independent sector as the sum of the private and the voluntary (third) sectors.

The NMDS-SC collects information about 36 job roles. These are then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

- **Managerial**, including: senior, middle and first line managers, registered managers, supervisors and managers and staff in care-related but not care-providing roles.
- **Regulated professions**, including: social workers, occupational therapists, registered nurses, allied health professionals and other regulated professions.
- **Direct care**, including: senior care workers, care workers, community support and outreach workers (called support and outreach throughout this report) and other care-providing job roles.
- **Other roles**, including: administrative or office staff not care-providing, ancillary staff not care-providing and other non-care-providing job roles.

Similarly, the NMDS-SC collects information about 59 care services, these are also then aggregated into four groups for the purposes of analysis. Selected main care services within each group are as follows:

- **Adult residential** includes care homes with nursing and care homes without nursing
- **Adult day care services**
- **Adult domiciliary** includes supported living and extra care housing
- **Adult community care** includes community support and outreach, social work and care management, carers support, occupational or employment related services and other adult community care services.
Size and structure
This chapter provides a regional analysis of the information presented in the ‘Size and structure of the adult social care sector and workforce in England’ report. For more details please see the report, [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure).

### Overview of the size and structure of the adult social care sector and workforce in the North East region, as at 2017

- An estimated 750 organisations were involved in providing or organising adult social care.
- An estimated 2,050 establishments were involved in providing or organising adult social care.
- The number of adult social care jobs at 2017 was estimated at 89,000.
- The number of adult social care jobs in the North East region was estimated to have increased by around 9.2% (by 7,500 jobs) between 2012 and 2017.
- The number of full-time equivalent (FTE) jobs was estimated at 62,000.
- The number of people working in adult social care was estimated at 84,000.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Establishments</th>
<th>Adult Social Care Jobs</th>
<th>People Working</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>750</td>
<td>2,050</td>
<td>89,000</td>
<td>84,000</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

### 1.1. Introduction

Understanding the size and structure of adult social care in terms of employers and jobs is fundamental for understanding the sector, evaluating the impact of current policies and external influences, and planning for the future.

Workforce estimates and trends have been created by Skills for Care for the past seven years. Developments and improvements have been made to this methodology over the years and changes have been made retrospectively to ensure comparability over the period. Skills for Care is confident in the quality of these estimates and the methodologies used have been peer reviewed.

This chapter includes estimates of the number of adult social care organisations and establishments, the economic contribution of the adult social care sector, information about direct payment recipients, estimates of the number of adult social care jobs, full-time equivalent jobs and number of people in the workforce and also information about the number of jobs within services proving care and support to people with certain care needs.
1.2. **Number of adult social care organisations (enterprises)**

- The total number of PAYE or VAT registered whole organisations (enterprises) involved in providing or organising adult social care in the North East region as at 2017 was estimated at **750**.

The definition of organisations ranges from large national employers, large charities and local authority adult social services departments to small independent care services. For example, a large company running multiple care homes would count once in these figures. This estimate does not include individuals employing their own care and support staff (see Section 1.5 for details about these employers). Also, self-employed people and small organisations with zero employees that fall below the VAT registration threshold are not included.

Around 66% adult social care organisations were providing non-residential services and 34% were providing residential services.

Chart 1 shows that the majority of adult social care organisations were micro (1 to 9 employees) or small (10 to 49 employees). Around 46% of organisations had 1 to 4 employees and around 83% had fewer than 50 employees. Across England, organisations that were large (250+ employees) made up just 2% of the total but employed almost half (approximately 45%) of the total adult social care workforce as at 2017.

**Chart 1. Estimated number of adult social care organisations in the North East region**

Source. Skills for Care estimates based on ONS IDBR data

<table>
<thead>
<tr>
<th>Employees</th>
<th>Residential services (SIC2007 87)</th>
<th>Non-residential (SIC2007 88)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>46%</td>
<td>11%</td>
</tr>
<tr>
<td>5-9</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>10-19</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>20-49</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>50-99</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>100-249</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.3. **Number of adult social care establishments (local units of employment)**

- An estimated **2,050** establishments were involved in providing or organising adult social care in the North East region as at 2017.

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.
Chart 2 shows that 34% of adult social care establishments were providing residential services and 66% were providing non-residential services.

**Chart 2. Estimated proportion of adult social care establishments in the North East region, by service type, 2017**

Source. Skills for Care estimates based on ONS IDBR data

<table>
<thead>
<tr>
<th>Residential</th>
<th>Non-residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Just over half of establishments (55%) were regulated by the Care Quality Commission (CQC).

Chart 3 below shows the change in the number of CQC regulated adult social care establishments by service type. It shows there has been an overall decrease of around 100 establishments (8%) between 2012 and 2017. The chart shows that the number of non-residential CQC regulated establishments did not change greatly over the period (with only a small increase in 2015 and 2016) whereas the number of residential CQC regulated establishments decreased by 100 establishments (11%). This shift may be related to Government policy of promoting independence for people who have care and support needs.

**Chart 3. Number of CQC regulated adult social care establishments, 2012-2017**

Source. Skills for Care estimates and CQC data

Analysis of CQC data going back to 2012 shows that 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 a similar amount of care is provided, but by a smaller number of establishments. In addition to this, NMDS-SC data showed that the average number of staff employed per residential care home has increased since 2012 and that the total number of 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.

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6 A precise trend in terms of all establishments could not be created due changes in data sources over time.
1.4. Economic contribution

The adult social care sector was estimated to contribute £38.5 billion per annum to the economy in England and around £2.03 billion of this was contributed from the North East region. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount, and was £19.4 billion in England and £1.09 billion in the North East in 2017/18. Since 2011/12 the wage bill had increased in the North East, up 22% from £0.89 billion.

Table 1. Adult social care wage bill trends, 2011/12-2017/18

<table>
<thead>
<tr>
<th>Year</th>
<th>Wage bill to England</th>
<th>Percentage increase from 2011/12</th>
<th>Wage bill to North East</th>
<th>Percentage increase from 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>£16.7 billion</td>
<td></td>
<td>£0.89 billion</td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>£17.3 billion</td>
<td>4%</td>
<td>£0.90 billion</td>
<td>1%</td>
</tr>
<tr>
<td>2013/14</td>
<td>£17.8 billion</td>
<td>3%</td>
<td>£0.95 billion</td>
<td>6%</td>
</tr>
<tr>
<td>2014/15</td>
<td>£18.4 billion</td>
<td>3%</td>
<td>£1.00 billion</td>
<td>12%</td>
</tr>
<tr>
<td>2015/16</td>
<td>£18.7 billion</td>
<td>2%</td>
<td>£1.02 billion</td>
<td>15%</td>
</tr>
<tr>
<td>2016/17</td>
<td>£19.3 billion</td>
<td>3%</td>
<td>£1.08 billion</td>
<td>22%</td>
</tr>
<tr>
<td>2017/18</td>
<td>£19.4 billion</td>
<td>1%</td>
<td>£1.09 billion</td>
<td>22%</td>
</tr>
</tbody>
</table>

The total economic contribution estimate also includes private sector profits, indirect effects (adult social care’s supply chain) and induced effects (money spent by people working in adult social care). There was not enough information available to produce a trend for these elements.

1.5. Individual employers

An individual employer is someone who needs care and support and who directly employs one or more personal assistants (PAs) to meet their needs.

The estimates below, on the total number of individual employers and PAs, only include those using direct payments to employ staff and their PAs. It is acknowledged that some people also employ PAs via other funding streams or by using their own funds.

- Around 12,000 adults, older people and carers in the North East region received direct payments in 2016/17, of which Skills for Care estimates that around 4,000 (36%) directly employed their own staff.
- Individual employers, on average, employed 2.1 PAs each, and there were an estimated 10,000 jobs for direct payment recipients in 2017.
- PAs held an average of 1.27 PA jobs each which means around 7,000 people were carrying out the 10,000 jobs in 2017.

For more information about direct payment recipients and trends please see the “Size and structure of the adult social care sector and workforce” report. For more information about

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7 NHS Digital (2018) data
8 www.skillsforcare.org.uk.sizeandstructure
individual employers and PAs at an England level, please see Chapter 6 of the ‘State of the adult social care sector and workforce in England, 2018’ report\(^9\).

### 1.6. Number of adult social care jobs

- There are an estimated **89,000** adult social care jobs in the North East as at 2017.
  - 71,000 of these jobs were in local authorities and the independent sector.
- The number of full-time equivalent (FTE) jobs was estimated at **62,000**.
- The number of people working in adult social care was estimated at **68,000**.
- The North East accounted for 6\% of the 1.6 million adult social care jobs in England.

Skills for Care use data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce, and workforce characteristics to be produced. For a methodology of how these estimates are produced please see [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates).

### 1.6.1. Sector/type of employer

Chart 4 shows that, in the North East region around three quarters (74\%) jobs in adult social care were within the independent sector. Jobs in local authorities accounted for 7\% of all jobs, and adult social care jobs in the NHS accounted for 9\% of the total.

**Chart 4. Estimated number of adult social care jobs by employer type in the North East region, 2017**

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>74%</td>
</tr>
<tr>
<td>Local authority</td>
<td>7%</td>
</tr>
<tr>
<td>NHS (classified as adult social care)</td>
<td>9%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>10%</td>
</tr>
</tbody>
</table>

Since 2012 the employer type distribution has changed considerably in the North East region. The sector has seen a shift away from local authority jobs and towards jobs for independent employers and direct payment recipients. The number of local authority jobs decreased by 28\% from 2012 to 2017, whilst the independent sector increased 15\% and jobs for direct payment recipients decreased 10\%. The estimate for direct payment recipients should be treated with caution as there is some uncertainty surrounding the estimates of the number of direct payment recipients that employ staff (see Section 1.5).

Jobs for independent sector employers could not be accurately split into ‘private’ and ‘voluntary’ as they were in previous years as this information is no longer reported by the CQC. Estimates from the NMDS-SC suggest that approximately 75\% of the jobs for independent sector employers were in private establishments and 25\% were in voluntary sector establishments.

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\(^9\) [www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof)
1.6.2. Main care service

Chart 5 shows a breakdown of adult social care jobs by main service group in the North East region. It shows that the majority of jobs were split between residential and domiciliary employers (40% and 41% respectively), 3% of jobs were in day care services and 17% were community based. The chart also shows the sector/type of employer.

Chart 5. Adult social care workforce estimates by care service of employment and type of employer, 2017

1.6.3. Job role groups

Table 2 shows that around three quarters of adult social care jobs were direct care providing (78%). Managerial and supervisory roles accounted for 6% of jobs, regulated professions accounted for 5% and the ‘other’ category accounted for 11% of jobs. This category includes administrative jobs, ancillary jobs including catering, cleaning, transport and maintenance roles, and other jobs not directly involved in providing care. For a list of job roles within each job role group please see the terminology section in the introduction of this report.

Table 2. Estimated number of adult social care jobs in the North East region, 2017

<table>
<thead>
<tr>
<th>Job role group</th>
<th>Total jobs</th>
<th>Percentage of jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>89,000</td>
<td></td>
</tr>
<tr>
<td>Direct care</td>
<td>69,000</td>
<td>78%</td>
</tr>
<tr>
<td>Managerial</td>
<td>5,000</td>
<td>6%</td>
</tr>
<tr>
<td>Regulated professional</td>
<td>5,000</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>10,000</td>
<td>11%</td>
</tr>
</tbody>
</table>

1.6.4. Individual job roles

This section provides a more detailed breakdown of the adult social care workforce by individual job roles. Chart 6 shows a breakdown of the number of jobs in the adult social care sector by job role in the North East region. The size of each rectangle is proportional to the number of jobs for each particular role and the rectangles are shaded according to the job role group each corresponds to ( ■ direct care, ■ managerial, ■ regulated professional or ■ other).

The chart shows that ‘care worker’ was by far the most common job role in the adult social care sector with an estimated 44,000 roles being carried out as at 2017. Care workers
accounted for around half (50%) of all jobs in the adult social care sector. It also shows that ‘jobs for direct payment recipients’ (10,000) was the second most common job role and ‘ancillary’ jobs were the third most common (5,100).

Chart 6. Estimated number of adult social care jobs by individual job roles

* ‘Others’ includes 14 job roles where it was estimated there were fewer than 1,000 jobs.
Regulated professional roles

The sub-sections below focus on the three main regulated professions in the adult social care sector. Although these roles make-up a relatively small proportion of the total adult social care workforce, they are vital in terms of the success of the social care system and also in terms of integrated health and social care planning and delivery.

Registered nurses

As at 2017 there were an estimated 2,200 registered nurse jobs in the adult social care sector. The vast majority of these jobs were in care homes with nursing in the independent sector (2,000) and around 125 were for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS. For information about registered nurse job trends please see section 2.6.

Occupational therapists

There were 175 identified occupational therapists working in adult social care settings (150 of which were employed by local authorities) with at least a further 25 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). Although the majority of occupational therapists work within adult social care they will also be assessing the needs of disabled children. There are also 1,100 occupational therapist roles identified in the NHS.

Social workers

As at 2017 there were an estimated 1,300 social worker jobs in the adult social care sector. The majority of these jobs (1,000) were within local authorities and around 50 were in the independent sector. Data from NHS Digital shows that there were around 225 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be social care related.

1.7. Number of full-time equivalent jobs

- The number of full-time equivalent (FTE) adult social care jobs in the North East region as at 2017 was estimated at 62,000.

In this section Skills for Care has produced FTE 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. 37 hours per week has been classed as ‘full-time’. Please note that the methodology for producing these estimates was improved in 2016 to capture the hours worked by workers on zero hours contracts. This change resulted in a lower ratio in the independent sector than previously estimated.

Table 3 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2017, there were an estimated 62,000 FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (89,000), which reflects
the part-time nature of many adult social care jobs. This was especially true of jobs for direct payment recipients which make up a significantly smaller percentage of FTE jobs (7%) than all jobs (10%).

Table 3. Estimated adult social care jobs and FTE jobs in the North East, 2017

<table>
<thead>
<tr>
<th>Employer type</th>
<th>Jobs</th>
<th>Percentage of jobs</th>
<th>FTE jobs</th>
<th>Percentage of FTE jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>89,000</td>
<td>62,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>66,000</td>
<td>74%</td>
<td>46,000</td>
<td>73%</td>
</tr>
<tr>
<td>Local authority</td>
<td>6,300</td>
<td>7%</td>
<td>5,100</td>
<td>8%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>10,000</td>
<td>10%</td>
<td>5,000</td>
<td>7%</td>
</tr>
<tr>
<td>NHS</td>
<td>8,200</td>
<td>9%</td>
<td>7,200</td>
<td>11%</td>
</tr>
</tbody>
</table>

1.8. Number of people

- The number of people working in adult social care in the North East region as at 2017 was estimated at 84,000.

This section distinguishes between the number of jobs and the number of people doing those jobs. The purpose of this is to consider people doing more than one job in adult social care.

Chart 7 shows the estimated number of jobs per worker by type of employer in the North East region. It shows that people employed by direct payment recipients were much more likely to hold more than one adult social care job (127 jobs per 100 people) than the overall average (108 jobs per 100 people). This is not surprising given the part-time nature of many of these roles.

Chart 7. Estimated number of adult social care jobs per person by type of employer in the North East region, 2017

According to the Labour Force Survey (LFS), the North East region had an economically active population of 1.3 million people. Therefore, because the adult social care sector employed an estimated 84,000 people, an estimated 6.4% of the economically active population worked within adult social care.
1.9. Job trends

The main changes in the adult social care sector since 2012 in the North East region were:
1. An increase in the size of the workforce (up 9.2% between 2012 and 2017, or 7,500 jobs)
2. An increase in independent sector jobs (up 14.9% or 8,500 jobs)
3. A decrease in local authority jobs (down 28.0% or 2,400 jobs)
4. A small increase in jobs for care homes with nursing (up 0.1%)
5. An increase in the number of jobs in domiciliary care (up 17.9% or 5,500 jobs).

Chart 8 shows the overall growth of the workforce, which has been increasing since 2012 at an average of 1.8% per year. The overall increase in the number of jobs between 2012 and 2017 was estimated at around 7,500 jobs (9.2% increase). The rate of increase for adult social care jobs has slowed – between 2014 and 2017 the workforce grew by around 1,000 jobs per year compared to an average increase of 3,000 per year between 2012 and 2014.

Chart 8. Estimated number of adult social care jobs and percentage change in the number of jobs in North East region, 2012-2017

The number of adult social care jobs in the North East region decreased by around 2.5% (2,300 jobs) between 2016 and 2017 from 91,000 to 89,000. Jobs for independent employers decreased by 2.6% (1,700 jobs). The number of adult social care jobs in the NHS also decreased (by 2% and 150 jobs) over the period. The number of jobs for direct payment recipients remained broadly the same between 2016 and 2017, and the number of local authority jobs decreased by 6.0% (400 jobs) over the same period.

For more information about job trends by sector, by care service or job role at a national level, please see www.skillsforcare.org.uk/sizeandstructure. For information about registered nurse job trends please see section 2.6 of this report.

1.10. People who receive care and support

The NMDS-SC collects information about the care and support needs that establishments offer services for. Employers can select from a list of 42 care needs. An establishment can offer services for people with multiple care and support needs.
A specialist in the table below refers to providers providing care and support for only one care and support need, a generalist refers to providers providing more than one care and support need. Within generalist care and support provisions, the proportion of time spent caring for people with each care need is not collected.

Table 4. Estimated jobs by care and support need, and sector, 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental disorders or infirmities</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>Total</td>
<td>42,000</td>
<td>39,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>76%</td>
</tr>
<tr>
<td>Local authority</td>
<td>Total</td>
<td>2,700</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>4%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>96%</td>
<td>68%</td>
</tr>
<tr>
<td>Independent</td>
<td>Total</td>
<td>39,000</td>
<td>33,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>0%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>100%</td>
<td>84%</td>
</tr>
<tr>
<td>Jobs for direct payment recipients</td>
<td>Total</td>
<td>375</td>
<td>3,200</td>
</tr>
</tbody>
</table>

Table 5. Estimated jobs by care and support need, and service group, 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental disorders or infirmities</th>
</tr>
</thead>
<tbody>
<tr>
<td>All services</td>
<td>Total</td>
<td>42,000</td>
<td>39,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>76%</td>
</tr>
<tr>
<td>Residential</td>
<td>Total</td>
<td>22,500</td>
<td>10,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>61%</td>
</tr>
<tr>
<td>Day</td>
<td>Total</td>
<td>650</td>
<td>2,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>Total</td>
<td>17,500</td>
<td>23,500</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>2%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>98%</td>
<td>79%</td>
</tr>
<tr>
<td>Community care</td>
<td>Total</td>
<td>1,900</td>
<td>3,600</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Employment overview
Overview of employment information of the adult social care workforce in the North East region, as at 2017/18

The majority (91%) of the adult social care workforce in the North East region were employed on permanent contracts. Approximately half of the workforce (53%) worked on a full-time basis, 34% were part-time and the remaining 13% had no fixed hours. Around a quarter of the workforce (27%) were on a zero-hour contract (19,000 jobs). Around half (51%) of the domiciliary care workforce were on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (60%). The percentage of workers on zero-hour contracts between 2012/13 and 2017/18 has remained relatively stable, increasing by five percentage points over this period.

2.1. Introduction

Understanding employment information is useful because it provides insight into flexible/part-time working and employment practices for the adult social care workforce. These factors play a part in the sector’s ability to recruit and retain staff.

This chapter looks at employment information, including permanent or temporary status, full/part-time hours, and zero-hours contracts of the adult social care workforce within local authority and independent sector providers.

2.2. Employment status

The majority (91%) of the adult social care workforce in the North East region were employed on a permanent contract, see Table 6. Employment status varied by job role, notably managerial staff and senior care workers were more likely to be on permanent contracts. Employers had a higher reliance on bank/pool registered nurses (18%) and senior care workers (10%) than any other job roles.

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10 Detailed workforce information about jobs working in the NHS were not available and therefore could not be included in Skills for Care’s estimates by characteristics. Details about the jobs for people using direct payments to employ their own care and support staff are shown in chapter six of this report.
Table 6. Estimated employment status of the adult social care workforce in the North East region, by selected job role, 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Permanent</th>
<th>Temporary</th>
<th>Bank or pool</th>
<th>Agency</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>91%</td>
<td>2%</td>
<td>7%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Senior management</td>
<td>95%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>97%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social worker</td>
<td>90%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>93%</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>80%</td>
<td>2%</td>
<td>18%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>89%</td>
<td>1%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Care worker</td>
<td>91%</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>91%</td>
<td>4%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

It should be noted that the NMDS-SC is completed as a snapshot and therefore these estimates should be interpreted as an indication of the average number of these types of worker that are being utilised at any one time. The total number of non-directly employed workers used throughout the year will be much larger. For example, an establishment may have used several agency staff throughout the year, but none may be in post on the date they completed the NMDS-SC.

2.3. Full/part-time status

Approximately half of the adult social care workforce (53%) in the North East worked on a full-time basis, 34% were part-time and the remaining 13% neither full nor part-time (workers without set hours). This is similar to the England average (51%, 37% and 12% respectively). Chart 9 shows that the full/part-time status varied by job role. The majority of registered managers (95%) and senior managers (86%) worked full-time, as did social workers (74%) and senior care workers (70%). Care workers (making up around half of the workforce) and support and outreach workers had the lowest proportion of full-time staff (50% and 48% respectively). Again, similar proportions were seen across England.

A large proportion of workers with neither full- nor part-time status were employed on zero-hours contracts.

2.4. Zero-hours contract

A zero-hours contract is a contract type where the employer is not obliged to provide any minimum working hours. This contract type could be attractive to adult social care employers (especially domiciliary care providers) to help manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness.

This contract type could be seen as positive for some employees because it could offer a good work/life balance and flexibility that could suit family or other commitments, however it can be seen as ‘insecure work’ and negative in terms of financial planning and uncertainty for others.

In the North East region, around a quarter of the adult social care workforce (27%, 19,000 jobs) were on zero-hours contracts. This is similar to the England average (25%). This proportion varied by job role, with managerial staff, social workers, and occupational therapists having the lowest rates across the sector. Care workers had the highest proportion of workers on zero-hours contracts (36%), followed by registered nurses (22%) and senior care workers (15%). Chart 10 shows the proportion of zero-hours contracts and estimated number of zero-hours contract jobs in brackets.

Chart 10. Estimated proportion of workers in the adult social care sector on a zero-hours contract in the North East region, 2017/18

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles (19,000)</td>
<td>27%</td>
</tr>
<tr>
<td>Senior management (&lt;25)</td>
<td>3%</td>
</tr>
<tr>
<td>Registered manager (&lt;25)</td>
<td>2%</td>
</tr>
<tr>
<td>Social worker (&lt;25)</td>
<td>1%</td>
</tr>
<tr>
<td>Occupational therapist (&lt;25)</td>
<td>1%</td>
</tr>
<tr>
<td>Registered nurse (475)</td>
<td>22%</td>
</tr>
<tr>
<td>Senior care worker (650)</td>
<td>15%</td>
</tr>
<tr>
<td>Care worker (16,000)</td>
<td>36%</td>
</tr>
<tr>
<td>Support and outreach (250)</td>
<td>8%</td>
</tr>
</tbody>
</table>

As well as variation in the proportion of workers on zero-hours contracts by job role there was also large variation by care service provided. Chart 11 shows registered nurses, senior care workers and care workers by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, with 60% of care workers and 65% of registered nurses recorded with this contract type. Generally residential, day care and community care services had lower proportions of zero-hours staff.
When making conclusions based on Chart 11 it should be noted that the majority of registered nurses work within residential care settings (2,100, 94%) and fewer work within domiciliary care (100, 5%), community care (1%) and day care services (<1%).

2.5. Zero-hours contract trends

Table 7 shows that the percentage of staff that were on a zero-hours contract in the North East region remained relatively stable, increasing by five percentage points between 2012/13 and 2017/18. It should be noted that, although no precise trend is available, evidence from the NMDS-SC suggests that the proportion of workers on zero-hours contracts was substantially lower before 2012.

Table 7. Zero-hours contract trend of selected job roles within the adult social care workforce in the North East region, 2012/13 to 2017/18

<table>
<thead>
<tr>
<th>All job roles</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>Change from 2012/13 (percentage points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All jobs roles</td>
<td>22%</td>
<td>22%</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
<td>27%</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>Senior management</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>▼ 0%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>▼ -1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>▼ 0%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>▼ 0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>20%</td>
<td>20%</td>
<td>18%</td>
<td>23%</td>
<td>24%</td>
<td>22%</td>
<td>▲ 2%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>9%</td>
<td>7%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
<td>15%</td>
<td>▲ 7%</td>
</tr>
<tr>
<td>Care worker</td>
<td>31%</td>
<td>31%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>▲ 6%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>17%</td>
<td>15%</td>
<td>8%</td>
<td>▼ -8%</td>
</tr>
</tbody>
</table>
2.6. Registered nurse job trends

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period in the North East region (down 550 jobs or 21% since 2012).

This could be related to the recruitment and retention problem facing employers of registered nurses (see Chapter 3) and that, anecdotally, some organisations are creating new ‘nursing assistant’ roles to take on some tasks previously carried out by nurses\(^{11}\).

Registered nurses of all types have been included in the Migration Advisory Committee’s shortage occupation list (SOL) since 2015 as a result of the shortage of resident workers available to fill these roles. The vacancy rate for registered nurses in adult social care is 11.8% in the North East region (see section 3.11).

In December 2015, the Government announced a plan to create a new nursing associate role. The new role will work alongside registered nurses and direct care staff to deliver hands-on-care, allowing for a number of clinical skills currently undertaken by nurses to be met through the new role. This will ensure high quality care and support to people who use services, and a clear career progression for those wanting to become a registered nurse. The nursing associate role will be regulated by the Nursing and Midwifery Council. Across England, there are currently around 2,000 trainee nursing associates undergoing a two-year education and training programme with a further 5,000 new starts in 2018 and 7,500 planned for 2019\(^{12}\). The first nursing associates will qualify and apply for registration from January 2019.

\(^{11}\) [https://www.scie.org.uk/news/opinion/nursing-assistants-providing-a-better-service.asp](https://www.scie.org.uk/news/opinion/nursing-assistants-providing-a-better-service.asp)

\(^{12}\) [https://www.nmc.org.uk/standards/nursing-associates/what-is-a-nursing-associate/](https://www.nmc.org.uk/standards/nursing-associates/what-is-a-nursing-associate/)
Recruitment and retention
Overview of the recruitment and retention of the adult social care workforce in the North East region, 2017/18

- Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector in the North East region was 27.1%, equivalent to approximately 18,000 leavers over the year. Many of those that leave remain within the sector as 74% of recruitment is from within adult social care.
- The turnover rate was higher within registered nursing roles (35.9%) and care worker roles (32.8%), with care worker turnover rates within domiciliary providers at 38.7%.
- Turnover rates have increased steadily by a total of 7.5 percentage points, between 2012/13 and 2017/18.
- Some employers are struggling to find and recruit suitable people to the sector. A large proportion of staff turnover was a result of people leaving the sector soon after joining.
- The average number of sickness days was 5.8 equating to approximately 380,000 days lost to sickness in the past 12 months.
- Skills for Care estimates that 7.1% of the roles in adult social care are vacant in the North East region, equal to approximately 5,100 vacancies at any time. Between 2012/13 and 2017/18 the vacancy rate rose by 3.5 percentage points, but in 2017/18 the vacancy rate increased by 1.9 percentage points on the previous year.

3.1. Introduction

This chapter shares workforce intelligence about recruitment and retention in the adult social care workforce, including leavers information, starter rates, experience, vacancy information and sickness rates.

It is vital that adult social care can attract and retain staff with the right skills, values and behaviours, to raise and deliver quality standards for people using social care services. The high level of movement within the current care workforce may have an impact on service delivery and continuity of care.

Skills for Care research found that employers using values-based recruitment can attract better performing staff, with lower sickness rates and were better at developing the skills needed for their role. This approach can result in reducing the cost of recruitment and training as well as the reducing turnover. For more information on recruiting for values, please visit: www.skillsforcare.org.uk/values.

I Care...Ambassadors are a national team of care workers helping to promote career opportunities in adult social care through visiting schools and Jobcentres. After speaking to an I Care...Ambassador, 93% of people said they had a better idea of what it is like to work in adult social care. To find out more about I Care...Ambassadors, please visit: www.skillsforcare.org.uk/icare.
Good quality workforce intelligence, collected in the NMDS-SC, is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing numerical, rather than just anecdotal, evidence. It has also been used to help provide evidence for the need to create recruitment and retention initiatives for the sector, such as the ‘Values-based recruitment and retention toolkit’ and ‘Recruiting for potential’. Intelligence from the NMDS-SC also helps to monitor the success of these initiatives.

3.2. Leavers and staff turnover rates

The information below refers to directly employed staff (permanent and temporary staff). Leavers from agency roles, for example, are not included. This section also refers only to leavers from establishments that are still operational, leavers from establishments that have closed down are not captured. Please see section 3.4 for more details.

Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector in the North East region was 27.1%. This is approximately 18,000 leavers in the previous 12 months. In England, the average was 30.7% (around 390,000 leavers). However, many leavers remain within the sector as 74% of recruitment is from within adult social care.

Turnover rates varied between sector, service and job role. Chart 13 below shows that local authorities had a much lower turnover rate (13.5%) than the independent sector (28.5%).

Chart 13. Estimated staff turnover rate in the North East region, by sector and care service, 2017/18

<table>
<thead>
<tr>
<th>Service</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>27.1%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>13.5%</td>
</tr>
<tr>
<td>Independent</td>
<td>28.5%</td>
</tr>
<tr>
<td>Residential</td>
<td>23.5%</td>
</tr>
<tr>
<td>Day</td>
<td>19.8%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>34.0%</td>
</tr>
<tr>
<td>Community care</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

The turnover rate was higher for domiciliary care providers than other service types, with around a third leaving their role within the past 12 months (34.0%). The turnover rate of care workers within domiciliary care providers was 38.7%, meaning almost two in five left their role within the past 12 months.

13 [www.skillsforcare.org.uk/vba](http://www.skillsforcare.org.uk/vba)
14 [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
Chart 14 below shows that care workers had the highest turnover rate of direct care providing roles at 32.8% - almost twice that of senior care workers at 18.3%. Registered nurses had a relatively high turnover rate (35.9%), equivalent to around 650 leavers, compared to other regulated professions such as social workers (12.1%) and occupational therapists (8.9%). However, the majority of registered nurse roles are within independent social care providers, where turnover rates are known to be higher (see Chart 13), whereas social worker and occupational therapist jobs are mostly in local authorities.

Managerial roles had the lowest turnover rates at 14.4%, whereas direct care roles had the highest rates at 30.5%. There was also variation between specific roles within each job group.

**Chart 14. Estimated staff turnover rates in the North East region by selected job roles, 2017/18**

![Chart showing turnover rates](chart)

Around a quarter of registered managers left their role in the previous 12 months (24.8%) which was relatively high compared to other managerial roles and equates to around 275 leavers in the previous 12 months.

**3.2.1. Turnover rate trends**

The charts in this section show the turnover rate trends of directly employed staff leaving their role within the previous 12 months for each year between 2012/13 and 2017/18 in the North East region.

Turnover rates have increased, by 7.5 percentage points between 2012/13 and 2017/18. Turnover rates within local authority providers increased at a slower rate (by 6.7 percentage points over the period) compared to the independent sector which rose by 6.9 percentage points. In 2017/18, turnover rates in the independent sector rose at a faster rate (by 4.4 percentage points) compared to the previous year, whereas in local authorities the turnover rate increased by 1.6 percentage points.
The turnover rate of registered managers increased between 2013/14 and 2017/18 by 6.2 percentage points. Senior manager turnover rates remained fairly stable over the period between 5.8% and 10.5%.

Each of the direct care roles in Chart 17 below showed an increase in turnover rate between 2012/13 and 2017/18. Care workers, which had the highest turnover rate at 32.8%, also showed a large increase since 2012/13, rising by 9.3 percentage points. Senior care worker turnover rose by 3.9 percentage points between 2012/13 and 2017/18.
Although the information in the section above shows the overall turnover rate, it is important to remember that the adult social care sector has an experienced core of workers and just over a quarter (28%) of independent sector employers have an annual turnover rate of less than 10% in the North East region.

In May 2017, Skills for Care published a research report called ‘Recruitment and retention in adult social care: secrets of success’ in which employers with a turnover rate of less than 10% were asked what it is that they do that they consider contributes to their success in relation to recruitment and retention. Results included:

- Recruitment tips about attracting more candidates
  - In addition to offering pay above the National Living Wage, employers stated the importance of good working conditions, especially flexible working, and developing a positive organisation structure where staff are supported and have opportunities to develop their skills.
  - Being honest about the realities of the job saves time for both potential applicants and the organisation. Building a strong reputation for being a good employer means that existing staff will spread the word and attract like-minded people that fit the organisations values.

- Using the most successful advertising channels
  - Around half of respondents (49%) stated their most successful method of advertising vacancies was through referring a friend.

- What to look for when selecting staff
  - Employers stated more often that values and behaviours were of higher importance than either prior work experience or qualifications.

- Developing talent and skills
  - Employers stated that the most popular way of identifying learning and development needs was through the induction process (94%) and regulated structured supervision sessions (91%).

- Keeping the right people
  - The majority of employers had seen a positive impact on staff retention as a result of investing in learning and development, embedding the values of their organisation and celebrating the organisation’s and individual achievements (94%, 92% and 86% respectively).

3.3. Workforce factors affecting care workers turnover rates

This section focuses on how workforce characteristics collected by the NMDS-SC relate to care workers’ propensity to leave their roles. This was done by taking a longitudinal approach, looking at care worker data held in the NMDS-SC in March 2017 and again in March 2018, and splitting them by whether or not they had left their role. This section refers to care workers from the independent sector only. In this section, turnover only refers to care workers as described above, and this method of measuring turnover differs from the whole sector estimates of turnover in section 3.2.

A large proportion of staff turnover is a result of people leaving the sector soon after joining.

Chart 18 below shows turnover rates by length of time in role. The longer a care worker had been in role the less likely they were to leave. Around a third (34.2\%) workers who had been in their roles less than a year at the start of the year but left within the following 12 months. This rate drops substantially for more experienced care workers.

In reality, this relationship could be even more pronounced because some care workers that leave their jobs soon after joining could have left before their employer had chance to record them in the NMDS-SC.

These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It is evident that some employers are struggling to find and recruit people that are likely to stay and progress within the adult social care sector. Skills for Care advocates adopting a holistic approach to values and behaviours recruitment and retention, wherever possible, as a way for employers to target, attract and take on the right people that are more likely to stay and progress in the adult social care sector. Employers can also explore new and innovative ways to widen their talent pool, actively targeting people from all kinds of backgrounds and attracting a diverse range of candidates who reflect the communities they serve. For more information visit: www.skillsforcare.org/seeingpotential.

Those paid more were less likely to leave their role.

The charts below compare the turnover rate of care workers at different rates of pay between 2012/13 and 2017/18.

In both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. This decrease becomes more pronounced when looking at 2017/18, however other regions have seen this decrease become less pronounced. This is possibly a side-effect of the NLW where care workers at the top end of the scale have received smaller pay increases than those at the bottom (see section 5.3). Skills for Care will continue to monitor this potential trend.
Those on zero-hours contracts are more likely to leave than those not.

Chart 20 shows the turnover rate by whether or not a care worker was on a zero-hours contract. Care workers on zero-hours contracts were, overall, found to have a higher turnover rate than those not on a zero-hours contract, at 24.2% compared to 22.2%. This was shown to have a greater influence on those in residential care providers compared to those in domiciliary care (in which zero-hours contracts are more prevalent).
The sector also has difficulties in retaining younger workers.

The chart below shows care workers under 20 years old had the highest turnover rates at 35.0%, and turnover decreased as the age of worker increased. In other regions, the turnover rate has started to increase for those aged 60 and above as workers approach retirement. This may begin to occur in the North East region as well.

**Chart 21. Care worker turnover rate by age bands, North East**

Source: NMDS-SC unweighted data between March 2017 and March 2018

The reasons for this trend are not absolutely clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it is not unique to adult social care. It could be the case that some younger workers are taking social care jobs as a stop gap while they study or wait for a job in their preferred sector. Typically, younger workers are more likely to be in lower skilled and lower paid roles, both of which are also influencing factors of higher turnover rates. Some younger people could be taking adult social care jobs due to a lack of choices, and subsequently not lasting long in the sector. Again, Skills for Care advocates adopting a holistic approach to values and behaviours recruitment and retention, wherever possible, as a way for employers to target, attract and take on the right people that are more likely to stay and progress in the adult social care sector.

**Workers with high sickness rates were more likely to leave.**

Chart 22 below shows that turnover rates are lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Evidence suggests that by prioritising employees’ health and wellbeing, their levels of engagement improve as do their feelings about their job, their loyalty and their performance. Skills for Care have developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance\(^\text{16}\).

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\(^{16}\) [https://www.skillsforcare.org.uk/ppmt](https://www.skillsforcare.org.uk/ppmt)
Those with a social care relevant qualification were less likely to leave.

The chart below compares the probability of leaving between those with social care relevant qualifications and those without. Of care workers that held a relevant social care qualification, 15.6% had left within the following 12 months compared to 25.5% of those that did not hold a relevant qualification. A similar trend appears for those care workers that have undertaken more training courses. This suggests that employers investing more in the training and development of their staff, on average, experience lower turnover rates.

Chart 23. Care worker turnover by social care qualification, North East
Source: NMDS-SC unweighted data between March 2017 and March 2018

3.3.1. Relationship between turnover and CQC rating

Skills for Care has analysed the relationship between turnover and CQC ratings awarded to regulated services across England. This analysis collated the ratings of around 8,000 regulated service providers and paired them with data provided to the NMDS-SC.

At regulated services that were rated overall as either ‘Outstanding’ or ‘Good’, turnover was found to be lower than those rated as ‘Requires Improvement’ (“Req. Imp” in chart) or ‘Inadequate’. This trend was consistent across each Key Line of Enquiry (KLOE) with an average difference of 1.9%. The largest difference in turnover was shown for the KLOE Caring which had 2.4% lower turnover at providers rated positively.
Skills for Care are currently working in partnership with the University of Leeds to assess any relationships between care quality and workforce/employer characteristics in care homes regulated by the Care Quality Commission. One of the aims of this research is to model the relationships between staffing and quality of care to provide a platform for sector wide implementation for the benefit of residents, relatives and staff.

More information on the key lines of enquiry and CQC inspections can be found on the CQC website\textsuperscript{17}. Skills for Care have developed guides to help organisations achieve a positive rating and offer support in preparation for an inspection and develop a plan to respond to workforce, staffing and leadership issues identified by the CQC\textsuperscript{18}.

3.4. Starters in the past 12 months

The information below refers to directly employed staff (permanent and temporary staff). Skills for Care estimates that the starters rate in the past 12 months was 32.7\% in the North East region. This was approximately 21,500 new starters each year.

It should be noted that the starters rate shows people that are new to their role. This is a mixture of those new to the adult social care sector (26\%) and churn within the adult social care sector (74\%), i.e. people moving from different employers or within the same organisation. Please see section 3.8 for more information.

Care workers showed the highest starters rate at 41.4\%, followed by registered nurses at 29.5\% and registered manager at 29.1\%. These job roles also showed the highest turnover rates, highlighting the amount of churn within the sector.

\begin{itemize}
  \item \textsuperscript{17} www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask
  \item \textsuperscript{18} www.skillsforcare.org.uk/cqc
\end{itemize}
3.5. Comparing starters and leavers rates

The starters rate was a mixture of replacing leavers and filling a growing demand for workers in the adult social care sector. This starters rate includes those workers that were new to their role within the past 12 months and all of the new roles within establishments that were newly opened within the last year. There were around 21,500 starters in the past 12 months.

The turnover rate includes leavers from social care establishments still operating as at March 2018 only, meaning that those workers that were employed by establishments that have closed in the last year were not included in this estimate. There were approximately 18,000 leavers from active establishments. Skills for Care analysis of NMDS-SC and the CQC database shows 91 service closures identified over the period with an estimated net of 6,300 more leavers than starters.

Section 1.9 shows that there was an estimated decrease of 2,300 jobs between 2016 and 2017 in the adult social care sector, from a total workforce of 91,000 to 89,000. Considering leavers from closed down services, the difference between the number of starters and leavers comes to a similar figure and corroborates these findings (note however that the time frames are slightly different).
3.6. Age started working in the adult social care sector

The NMDS-SC collects information about the age of a worker and the year they started working in the adult social care sector, therefore the age when they started working in the sector can be calculated.

The average age of a person joining the adult social care workforce was 35 years old in the North East region. Managers tended to join the sector at an earlier age, in particular registered managers who had an average start age of around 30 years old. This shows that there is career progression within the sector, as managers start out in the sector younger, and progress to more senior roles. For more information please see experience in sector (section 3.7.1) and career development (section 6.5).

Chart 26. Age bands and average age started working in the adult social care sector in the North East region, 2017/18

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Under 25</th>
<th>25 to 54</th>
<th>55 and over</th>
<th>Mean age started</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>27%</td>
<td>67%</td>
<td>6%</td>
<td>34.8</td>
</tr>
<tr>
<td>Senior management</td>
<td>33%</td>
<td>65%</td>
<td>2%</td>
<td>31.6</td>
</tr>
<tr>
<td>Registered manager</td>
<td>41%</td>
<td>56%</td>
<td>2%</td>
<td>29.7</td>
</tr>
<tr>
<td>Social worker</td>
<td>19%</td>
<td>79%</td>
<td>2%</td>
<td>34.4</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>24%</td>
<td>74%</td>
<td>2%</td>
<td>33.5</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>29%</td>
<td>63%</td>
<td>8%</td>
<td>34.8</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>29%</td>
<td>69%</td>
<td>2%</td>
<td>32.9</td>
</tr>
<tr>
<td>Care worker</td>
<td>29%</td>
<td>65%</td>
<td>6%</td>
<td>34.6</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>24%</td>
<td>70%</td>
<td>7%</td>
<td>35.5</td>
</tr>
</tbody>
</table>

There is forecast to be a large increase in demand for labour in the sector (see Chapter 7). This is driven by demographic changes and will mean employers and policy makers may need to look wider than the traditional care worker demographic for recruitment in the future. Skills for Care is working in conjunction with the Government and other social care employers on a number of initiatives to encourage employers to see potential in people who have traditionally been underrepresented in the sector or who may experience barriers to employment. This could include, for example, care leavers, single parents, disabled people, people with mental health needs, ex-offenders, people who are homeless or at risk of homelessness, males and younger workers. Visit www.skillsforcare.org.uk/seeingpotential for more information.

3.7. Experience of the adult social care workforce

In the North East region, although the turnover rate within the sector was estimated at 27.1%, turnover is not universally high. Over a quarter (28%) of employers have a turnover rate of less than 10%, and the sector also has an experienced core of workers.
3.7.1. Experience in sector

Workers in the North East region had, on average, nine years of experience in the sector and 75% of the workforce had been working in the sector for at least three years. Chart 27 shows that managers had the most experience in the sector, with registered managers having an average of 20.0 years and senior management 17.6 years.

Within regulated professional roles, registered nurses had the most experience in the sector, with 15.7 years compared to 10.4 years for social workers and 10.9 years for occupational therapists. Care workers had the lowest average number of years of experience at 6.9 years, and senior care workers had an average of 11.7 years.

Around a quarter (25%) of the workforce had fewer than three years of experience working in the sector. Care workers, who make up over half of the workforce, had the greatest proportion of workers with less than three years of experience (31%). In contrast, 81% of registered managers have been in the sector 10 years or more.

Chart 27. Estimated year bands and average number of years of experience working in the adult social care by selected job role in the North East region, 2017/18

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Mean experience in sector</th>
<th>Less than 3 years</th>
<th>3 to 9 years</th>
<th>10 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td></td>
<td>25%</td>
<td>41%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior management</td>
<td></td>
<td>5%</td>
<td>25%</td>
<td>70%</td>
</tr>
<tr>
<td>Registered manager</td>
<td></td>
<td>7%</td>
<td>12%</td>
<td>81%</td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td>17%</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td>14%</td>
<td>40%</td>
<td>47%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td></td>
<td>17%</td>
<td>23%</td>
<td>60%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td></td>
<td>3%</td>
<td>41%</td>
<td>52%</td>
</tr>
<tr>
<td>Care worker</td>
<td></td>
<td>31%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td></td>
<td>20%</td>
<td>39%</td>
<td>41%</td>
</tr>
</tbody>
</table>

3.7.2. Experience in role

In the North East region, workers had, on average, 4.7 years of experience in role (4 years less than experience in sector). Chart 28 shows information on workers’ experience in their current role. The average number of years of experience for a care worker was 3.8 years, senior managers and registered managers had more experience in their current role, on average, at around 8.6 years and 7.9 years respectively.

Registered nurses had an average of 3.9 years of experience in role, which was amongst the lowest of the job roles shown below. However, they had amongst the highest average number of years of experience working in the sector (15.7 years). This is likely a result of the relatively high turnover rate for registered nurses (35.9%) and indicates that many nurses are moving between employers in the social care sector.
When comparing the number of years of experience in sector to experience in role, workers in local authorities had more experience in both measures than the independent sector. Both sectors showed an almost equally greater experience in the sector than in their role (around 4 years). This further highlights the level of churn within adult social care.

Chart 29. Comparison of average number of years of experience in current role and adult social care by sector in the North East region, 2017/18

3.8. Source of recruitment

The NMDS-SC collects information about the source of recruitment of workers. These sources can then be grouped into ‘within the adult social care sector’, including the independent or local authority sectors, agency or internal promotion, and ‘outside the adult social care sector’, including the health sector, retail or other sources.

Although the turnover rate (27.1%) is relatively high, 74% of starters were recruited from within adult social care and therefore the sector has retained their skills and experience. It also means, however, that a large proportion of employers were going through the recruitment process with high regularity and at a large cost to the sector.
3.9. Reason for leaving

It should be noted that NMDS-SC coverage of reasons for leaving is lower than for other areas of this report, as employers do not always know why people leave or where they go. As such these figures should be treated with some caution. Also, this information is not available by job role. Table 8 groups responses into voluntary and involuntary reasons for leaving.

Workers were more than twice as likely to leave voluntarily (62%) than for involuntary reasons (28%). The most frequently observed voluntary reasons for leaving were for personal reasons, resignation and career development. Involuntary reasons were most likely to be transferring between employers and dismissal.

Retirement was more frequently reported as a reason for leaving within local authority providers (12%) compared with independent sector providers (3%). The average age of workers in local authority providers was higher (48.3 years old) than independent providers (43.3 years old). This trend is likely to continue as a higher proportion were aged 55 and over and therefore may retire within the next 10 years (32% in the local authority and 25% in the independent sector).

While only 2% overall reported pay as being their reason for leaving, 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. Also, employers may not always know the reasons why their staff leave, and section 3.3 demonstrated that high turnover rates are associated with low pay.
Recruitment and retention

Table 8. Reasons for leaving
Source. NMDS-SC unweighted data 2017/18

<table>
<thead>
<tr>
<th>Voluntary</th>
<th>All sectors</th>
<th>Independent</th>
<th>Local authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career development</td>
<td>62%</td>
<td>61%</td>
<td>69%</td>
</tr>
<tr>
<td>Competition from other employers</td>
<td>12%</td>
<td>11%</td>
<td>26%</td>
</tr>
<tr>
<td>Conditions of employment</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Pay</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Sickness rates</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Resignation for other or undisclosed reasons</td>
<td>16%</td>
<td>15%</td>
<td>28%</td>
</tr>
<tr>
<td>Retirement</td>
<td>4%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td>Nature of the work</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Involuntary</strong></td>
<td><strong>28%</strong></td>
<td><strong>29%</strong></td>
<td><strong>22%</strong></td>
</tr>
<tr>
<td>Death</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Dismissal</td>
<td>9%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>End of contract term</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Redundancy</td>
<td>1%</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td>Transferred to another employer</td>
<td>16%</td>
<td>18%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
</tr>
</tbody>
</table>

3.10. Sickness rates

Supporting the health and wellbeing of staff can have a positive impact on their performance but only when these actions are aligned with the culture of the organisation. Workplace culture is the character and personality of your organisation and having a positive workplace culture is vital for delivering higher quality care and support. Skills for Care have launched the ‘Culture for care’ toolkit to guide employers towards developing a positive workplace culture, more information can be found at: [www.skillsforcare.org.uk/culture](http://www.skillsforcare.org.uk/culture)

Skills for Care understand that the daily stress of care work can contribute to sickness absence so it’s important for employers to support staff to become resilient and help them to cope better under pressure and protect them from mental and physical ill health. The ‘Greater resilience, better care’ resource has been developed to help managers with the wellbeing of their staff and give practical ideas on how they can improve things.

In the North East region, the average number of sickness days per worker in the past 12 months was 5.8 days. The average number of sickness days varied by job role, with social workers and support and outreach workers having the highest number of sickness days, at 12.1 and 8.1 days respectively. Registered nurses, however, had amongst the lowest sickness rates, at an average of 3.8 days. It should be noted that the majority of nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can reflect a favourable sickness policy but on the other hand could also potentially provide an indication of low workplace wellbeing.

[19](http://www.skillsforcare.org.uk/resilience)
With an estimated directly employed workforce of 66,000 within local authority and independent sector providers and an average of 5.8 sickness days, there is a total of approximately 380,000 days lost to sickness every year.

The proportion of workers taking zero sickness days a year within the sector was high, at around three fifths (59%) of the workforce. Senior managers and registered managers had a lower number of average sickness days. Care workers and senior care workers had a similar average number of sickness days (5.5 and 5.9 days respectively).

On average, sickness rates were higher within the local authority (12.8 days for all job roles and 15.5 for care workers) than the independent sector providers (5.1 days for all job roles and 5.0 for care workers). This may reflect differing terms and conditions.

**Chart 31. Estimated sickness bands and average sickness days taken by selected job role in the North East region, 2017/18**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Zero</th>
<th>0.1 to 6 days</th>
<th>6.1 to 20 days</th>
<th>More than 20 days</th>
<th>Mean Sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>59%</td>
<td>26%</td>
<td>9%</td>
<td>7%</td>
<td>5.8</td>
</tr>
<tr>
<td>Senior management</td>
<td>79%</td>
<td></td>
<td>15%</td>
<td>2%</td>
<td>2.4</td>
</tr>
<tr>
<td>Registered manager</td>
<td>76%</td>
<td></td>
<td>18%</td>
<td>3%</td>
<td>2.4</td>
</tr>
<tr>
<td>Social worker</td>
<td>44%</td>
<td>26%</td>
<td>14%</td>
<td>16%</td>
<td>12.1</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>54%</td>
<td>27%</td>
<td>9%</td>
<td>10%</td>
<td>7.2</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>58%</td>
<td>28%</td>
<td>11%</td>
<td>3%</td>
<td>3.8</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>54%</td>
<td>28%</td>
<td>9%</td>
<td>8%</td>
<td>5.9</td>
</tr>
<tr>
<td>Care worker</td>
<td>59%</td>
<td>26%</td>
<td>9%</td>
<td>6%</td>
<td>5.5</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>50%</td>
<td>28%</td>
<td>11%</td>
<td>11%</td>
<td>8.1</td>
</tr>
</tbody>
</table>

**3.11. Vacancy rates**

Skills for Care estimates that in the North East region 7.1% of roles in the adult social care sector were vacant. This gives an average of approximately 5,100 vacancies at any one time.

The majority (3,200) of the vacancies were for care worker jobs. The vacancy rate for care workers (7.3%) was lower than for senior care workers (15.2%), but higher than support and outreach workers (6.3%).

Registered manager vacancies (12.1%) were higher than other managerial roles (4.5%), equivalent to around 125 vacancies at any given point in 2017/18.

Regulated professions showed the highest vacancy rates (8.4%), and registered nurses in particular had the highest vacancy rate of all job roles at 11.8%. This role also had
Relatively high turnover and starter rates, which is likely a contributory factor to this high vacancy rate. Nurses were added to the UK Shortage Occupation List\(^2\) in 2015 and have remained listed since. The shortage occupation list is an official list of roles where the domestic labour market cannot meet the demand to fill vacant posts and can make it easier for employers to recruit migrant workers. Unlike any other listed role, employers are required to evidence that they have made efforts to recruit nurses from the domestic UK labour market before filling a vacancy with a migrant worker from outside the EU.

Chart 32. Estimated vacancy rate by selected job role in the North East, 2017/18

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>7.1%</td>
</tr>
<tr>
<td>Direct care</td>
<td>7.8%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>15.2%</td>
</tr>
<tr>
<td>Care worker</td>
<td>7.3%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>6.3%</td>
</tr>
<tr>
<td>Managerial/Supervisor</td>
<td>4.5%</td>
</tr>
<tr>
<td>Senior management</td>
<td>1.7%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>12.1%</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>3.5%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>1.9%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Overall vacancy rates were lower in the local authority (2.9%) than the independent sector (7.6%). Chart 33 below shows that there is also variation between the services provided. Domiciliary care services had the highest vacancy rates at 8.5% which was higher than that of adult day care services (4.1%).

Chart 33. Estimated vacancy rate of care workers by care service provided in the North East region, 2017/18

<table>
<thead>
<tr>
<th>Care Service</th>
<th>Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>7.1%</td>
</tr>
<tr>
<td>Local authority</td>
<td>2.9%</td>
</tr>
<tr>
<td>Independent</td>
<td>7.6%</td>
</tr>
<tr>
<td>Residential</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>4.1%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>8.5%</td>
</tr>
<tr>
<td>Community care</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

\(^2\) [http://www.visabureau.com/uk/shortage-occupations-list.aspx](http://www.visabureau.com/uk/shortage-occupations-list.aspx)
3.11.1. Vacancy rate trends

The vacancy rate has risen by 3.5 percentage points between 2012/13 and 2017/18. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the population ages. Skills for Care will continue to monitor this trend and any side effects on other workforce measures.

The chart below shows that registered manager vacancy rates, which in 2017/18 were relatively high, have been fairly stable since 2012/13, varying between 9.9% and 12.1%. Skills for Care analysis of CQC ratings data shows that services without a registered manager in post when they are inspected (or in the year leading up to inspection) were less likely to achieve ‘good’ or ‘outstanding’ CQC ratings.

Chart 34. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2017/18, North East

Chart 35 below shows the vacancy rate trend for regulated professions. Social workers and registered nurses showed increased vacancy rates since 2012/13.

The vacancy rate for registered nurses increased by 8.2 percentage points over the period. This suggests that the supply for these workers is falling short of demand and this is likely part of the reason why the number of registered nurses working in adult social care has decreased in recent years.

The vacancy rates for social workers also increased over the period (by 0.1 percentage points). Although the rate of increase was slower, this could point towards potential supply issues for adult social care.
In the North East region, the vacancy rate of senior care workers, shown below, increased rapidly between 2012/13 and 2017/18. Senior care worker vacancy rates increased by 13.3 percentage points, whilst care worker vacancy rates increased by 2.4 percentage points.

**Chart 36. Vacancy rate trends for selected direct care roles between 2012/13 and 2017/18, North East**

The increase in vacancy rates for direct care roles could be linked to the fall in unemployment rates in the North East region over the period. ONS data shows that the unemployment rate was 10.0% in 2012 and had fallen to 5.5% by 2018. This could have contributed to the increasing vacancy rate for care workers as more jobs are available in other sectors and fewer people are looking for work.

The vacancy rate is also potentially influenced by the difference between wages in adult social care and the wider economy. The median hourly rate for care workers in adult social care in the North East region was £7.60 in 2017/18. However, the median rate in the wider economy in the region was £11.52. This could mean vacancy rates in adult social care are increasing as people search for work in higher paying roles elsewhere. With government targets to continue to increase the National Living Wage, the differential between the wider economy and care worker roles may be reduced which could help to reduce pay as a barrier to entry for people looking for jobs.

In addition to this, the ONS Annual Population Survey found that of the economically inactive population in the North East region, 22% wanted a job. Finding talent within this potential pool of workers could also help to reduce vacancy rates.

At present, Brexit does not appear to be a major contributory factor to the high vacancy rate. The number of people with an EU nationality in the adult social care workforce has continued to increase since the referendum (see section 4.6.1). Brexit could still cause future supply issues for the adult social care workforce depending on immigration rules post-Brexit.

The Government has recognised the recruitment and retention challenge in adult social care and is developing a recruitment campaign for the sector. This is currently due to launch in January 2019. It will be designed to help employers attract people with the right values into social care and increase public awareness of the wide range of rewarding opportunities available.
Workforce demographics
Overview of adult social care workforce demographics in the North East region, 2017/18

- The adult social care workforce was 84% female and 16% male.
- The average age of a worker was 44 years old and 31% (18,500 jobs) were aged 55 years old and over.
- Adult social care employs people in all age groups with little evidence of an ageing workforce.
- Black, Asian and Minority Ethnic (BAME) workers made up 4% of the adult social care workforce. This was less diverse than the overall population of the North East region (5% BAME).
- The majority (96%) of the adult social care workforce were British, 2% (1,100 jobs) had an EU nationality and 3% (1,800 jobs) a non-EU nationality.

4.1. Introduction

This chapter looks at the demographic information of the adult social care workforce including gender, age, ethnicity, nationality and citizenship.

4.2. Gender

Chart 37 shows the gender breakdown of the economically active population in the North East region and the adult social care workforce. The adult social care workforce was made up of around 84% females. Male workers remained the minority, but proportions were slightly higher in day care and community care services (24% and 22% respectively).

<table>
<thead>
<tr>
<th>Economically active</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>16%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Chart 38 shows the estimated gender split of the adult social care workforce for selected job roles in the North East region. Gender did not vary significantly between most job roles. However, some variation can be seen, with males more likely to be in senior management (29%) and support and outreach roles (27%) compared to other roles. Occupational therapists had the lowest proportion of male workers, at 10%.
Chart 38. Estimated proportional gender split in the adult social care workforce by selected job roles in North East region, 2017/18

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>Senior management</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Social worker</td>
<td>18%</td>
<td>82%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Care worker</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>27%</td>
<td>73%</td>
</tr>
</tbody>
</table>

4.3. Age

Chart 39 below shows the age distribution of the adult social care workforce alongside the economically active population in the North East region. The age profile of the adult social care workforce was skewed towards the older age bands, with 26% of workers aged 55 and over compared to 19% in the economically active population.

Chart 39. Estimated age distribution of the adult social care workforce and the economically active population in the North East region


The following chart shows the estimated age bands and average age of workers by selected job roles in the North East region. In the adult social care sector, the average age of a worker was 44 years old. From a workforce planning point of view, workers aged 55 and over could retire within the next ten years. This age category accounted for almost a quarter of the workforce (26%, 18,500 jobs).

As you would expect, care workers had a slightly younger age profile, with 13% being under 25 years old compared to 1% for regulated professional roles. Around two in five (41%) of registered nurses were aged 55 or over, with an average age of 51.
Chart 40. Estimated age bands and mean ages of the adult social care workforce by selected job roles in the North East region, 2017/18

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 and stay in adult social care, for example ‘I Care… Ambassadors’ and apprenticeships. For more information about recruitment and retention please see Chapter 3.

4.3.1. Age trends

The adult social care sector has been described as having ‘an ageing workforce’, however it is more accurate to say that the sector has consistently had a workforce with an older than average age profile, particularly for job roles other than care worker. Chart 41 shows the average age of the adult social care workforce over time in the North East region. The average age of the workforce marginally increased over the six years.

Chart 41. Average age trends of the adult social care workforce between 2012/13 and 2017/18 in the North East region

4.4. Disability

This section looks at the disability breakdown over three data sources: the population of the North East region (2011 Census), workers in social care occupations in the region (Labour Force Survey, LFS) and the Skills for Care workforce estimates for 2017/18.
The 2011 Census reported that 22% of the population in the North East region were disabled. Within social care occupations the LFS identified 18% of workers as disabled, according to the Disability Discrimination Act 1995 (DDA) definition. The Skills for Care adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The NMDS-SC disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

Also, the LFS and NMDS-SC have different definitions of disability which could account for some of the variation in results. The NMDS-SC is likely to only capture the LFS equivalent of ‘work-limiting’ disability.

**Chart 42. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status in the North East region**


Skills for Care has undertaken a project 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 visit the Skills for Care website²¹.

4.5. Ethnicity

Chart 43 shows that the ethnic profile of the adult social care workforce (4% Black, Asian and Minority Ethnic (BAME)) was less diverse than the population of the North East region (5% BAME). Workers from an Asian/Asian British background (2%) accounted for around half of the BAME adult social care workforce. This compares to 3% in the overall population of the North East region.

**Chart 43. Estimated proportion of the adult social care workforce and the population of the North East region by ethnicity**

Source. Skills for Care workforce estimates 2017/18, Census 2011

The chart below shows the ethnic profile of the adult social care workforce by all regions in England. There were large variations with London having the most diverse workforce (67% BAME) and the North East the least diverse workforce (4%). In general, these proportions reflect the populations in each area.

**Chart 44. Estimated proportion of the adult social care workforce by ethnicity and region, 2017/18**
Chart 45 shows ethnic group by selected adult social care job roles in the North East region. Registered nurses had the highest proportion of people with a BAME background (17%), whereas occupational therapists and registered managers had the lowest (1%). Senior managers also had relatively low proportions of people with a BAME background (2%).

Chart 45. Estimated proportion of the adult social care workforce by ethnic group for selected job roles in the North East region, 2017/18

Skills for Care has developed the ‘Moving Up programme’ in response to the identified need for a more representative leadership profile for BAME social care leaders in the sector. The programme provides access to learning and network development days, one-to-one coaching sessions and a professional mentor, and a workplace review session. For more information please email leadership@skillsforcare.org.uk.
4.6. Nationality

In the North East region, around 96% of the adult social care workforce were British, 2% (1,100 jobs) had an EU nationality and 3% (1,800 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU than EU workers.

The overall nationality of the adult social care sector (4% non-British) was more diverse than the population of the North East region (3% with no British identity).

Chart 46. Estimated proportion of the adult social care workforce and population of the North East region by nationality

Source. Skills for Care workforce estimates 2017/18, Census 2011

Table 9 and Chart 47 show nationality by selected job group and role in the North East region. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

Table 9. Estimated number of jobs in the adult social care sector by nationality and job role group in the North East region, 2017/18

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>68,000</td>
<td>1,100</td>
<td>1,800</td>
</tr>
<tr>
<td>Managerial</td>
<td>5,000</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td>3,200</td>
<td>125</td>
<td>250</td>
</tr>
<tr>
<td>Direct care</td>
<td>51,000</td>
<td>800</td>
<td>1,300</td>
</tr>
<tr>
<td>Other</td>
<td>9,000</td>
<td>100</td>
<td>125</td>
</tr>
</tbody>
</table>
Chart 47. Estimated proportions of the adult social care workforce by nationality and job role in the North East region, 2017/18

The chart below shows that there were regional variations to workforce nationality. The North East and North West had a relatively low reliance on non-British workers, with similar proportions of EU and non-EU nationalities, whereas London had the highest proportion of non-British workers.

Chart 48. Estimated proportions of the adult social care workforce by nationality and region, 2017/18

The map on the following page highlights the differences between local authority areas within the North East region. Hartlepool has the highest proportion of British workers (99%), whilst Newcastle upon Tyne has the lowest proportion (90%).
Map 1. Estimated proportion of the adult social care workforce with a British nationality, by local authority area, in the North East region, 2017/18

Chart 49 overleaf shows the top ten nationalities of non-British workers as recorded in the NMDS-SC. The largest proportion of non-British workers were from Philippines (13%). Polish was the second most frequently recorded nationality at 12%, while six of the top ten nationalities were from non-EU countries.

The NHS has a similar reliance on EU nationals than adult social care, with 5.1% of NHS staff holding nationalities of a country other than the UK. This includes 1.9% (around 1,000) who were nationals of other EU countries.
4.6.1. **Nationality trends**

The proportion of the adult social care workforce with a British nationality has risen from 95% in 2012/13 to 96% in 2017/18. Over the same period, the proportion of the workforce with an EU (non-British) nationality has seen a rise of one percentage points and non-EU a fall of one percentage points.

The result of the EU referendum appears, so far, to have had little effect on these trends with the proportion of EU nationals in the workforce remaining the same between 2016/17 and 2017/18, whilst the number of non-EU nationals increased slightly. Further evidence from the NMDS-SC showed that a large proportion of new starters were from the EU and there is little evidence of this decreasing at present. This goes some way to explaining the overall rising proportion of EU nationals in the adult social care workforce.

**Chart 49. Top ten nationalities of non-British adult social care workforce**

Source. NMDS-SC unweighted data 2017/18

<table>
<thead>
<tr>
<th>Country</th>
<th>EU country</th>
<th>Non-EU country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Poland</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Romania</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>India</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>South Africa</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Ireland</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Italy</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Chart 50. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality in the North East, 2012/13 to 2017/18**

The trend for registered nurses was similar but more pronounced. The proportion of registered nurses with a British nationality has increased by three percentage points from 81% in 2012/13 to 84% in 2017/18. The proportion of non-EU nurses has decreased seven percentage points over the period, from 18% in 2012/13 to 11% in 2017/18. The
proportion of EU nurses has risen four percentage points, from 1% in 2012/13 to 5% in 2017/18.

Chart 51. Estimated proportion of registered nurses with an EU (non-British) and non-EU nationality in the North East region, 2012/13 to 2017/18

<table>
<thead>
<tr>
<th>Year</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>18%</td>
<td>1%</td>
</tr>
<tr>
<td>2013/14</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>2014/15</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>2015/16</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>2016/17</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>2017/18</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
</table>

4.6.2. British Citizenship

According to the Government’s “EU Settlement Scheme: statement of intent”\textsuperscript{22} which outlines the Government’s intentions for the rights of EU citizens post-Brexit, the rights of EU citizens living in the UK will not change until after 31\textsuperscript{st} December 2020. After this point, EU citizens will have until June 2021 to hold or be in the process of applying for UK immigration status through the EU Settlement Scheme.

EU citizens and their family members who, by 31\textsuperscript{st} December 2020, have been continuously resident in the UK for five years will be eligible for ‘settled status’, enabling them to stay indefinitely.

EU citizens and their family members who arrive by 31\textsuperscript{st} December 2020 but will not yet have been continuously resident here for five years, will be eligible for ‘pre-settled status’, enabling them to stay until they have reached the five-year threshold. They can then also apply for settled status.

Therefore, if the rules set out in the statement of intent are finalised (this was not guaranteed at the time of writing), then all workers with an EU nationality currently working in adult social care will be allowed, if they choose, to continue to work in the UK provided that they remain living in the UK and do not have any criminal convictions. This is the same as any individual with an EU nationality who moves to the UK between now and December 2020.

At the time of writing, it was still unclear how immigration will work after the UK leaves the EU. Depending on the rules, there is still a risk in terms of workforce supply depending on what restrictions are in place.

An analysis of the number of jobs held by EU nationals and their eligibility for different settled statuses as outlined above was conducted for each region. However, due to very low bases, an analysis at the regional level for the North East was unavailable. It is

\textsuperscript{22} EU Settlement Scheme: Statement of Intent – 21 June 2018
estimated that a large portion of workers with an EU nationality already hold British Citizenship in the region, with the majority of the remainder being eligible to apply for "settled status" as outlined. As only 2% of the workforce in the region hold an EU nationality, the majority of the workforce will not be affected by any changes.

Skills for Care is a member of the Cavendish Coalition. The coalition, a group of 35 social care and health organisations working to ensure the system is properly staffed after the UK leaves the EU, has set out what the Government needs to focus on during EU withdrawal negotiations to maintain safe, high quality health and social care services.

The Cavendish Coalition welcome the ‘EU Settlement Scheme statement of intent’ in terms of providing clarity for people from the EU currently working in health and social care.

The Cavendish Coalition believes it is absolutely critical that the Government also takes all possible measures to safeguard the future supply of health and social care workers needed to continue delivering safe, high quality care. The Coalition is ready and available to support the Government in a way which allows it to plan a future immigration system which assesses skill levels based on public service value, and ensures excellent, continuing care to communities, patients and residents.
Pay rates
Overview of average pay rates in the North East region, as at 2017/18
The information in this chapter was taken from local authorities as at September 2017 and from independent sector employers between April 2017 and March 2018.

Pay rates were collected at the individual worker level, all pay information is full-time equivalent (FTE) based on 37 contracted hours per week being classed as one full-time equivalent job.

- Since the introduction of the mandatory National Living Wage (NLW) on 1st April 2016, care workers pay in the independent sector has increased at a higher rate than previous years. Prior to the National Living Wage, pay rates increased by an average of 9p (1.3%) per year (September 2012 to March 2016). The launch of the NLW saw the average hourly rate increase by 46p (6.7%) then by 32p (4.4%) in the following year.
- Since the introduction of the NLW a higher proportion (over 40%) of care workers are paid at the minimum rate (£7.50) compared to over 30% paid at the minimum rate in 2016 (£6.70).
- Care workers in the bottom 10% of the pay distribution benefitted the most from the introduction of the NLW (+6.8%) whereas the pay for the top 40% of earners increased at a slower rate.

5.1. Introduction to pay rates

The NMDS-SC collects pay rates at annual or hourly intervals. The NMDS-SC also collects information about workers’ contracted hours. The information in this section shows full-time equivalent (FTE) average salaries. Pay data was converted into FTE annual salaries using an average working week of 37 hours (the full-time equivalent). Hourly pay data was also converted into annual salaries based on the full-time equivalent. Converting pay in this way allows for the pay of full-time and part-time workers to be compared.

The data used in this analysis was gathered from independent sector employers between April 2017 and March 2018 and local authority sector employers as at September 2017.

5.2. Full-time equivalent annual pay

Chart 52 shows mean FTE annual pay rates by selected adult social care job roles in the North East region. Overall, pay rates were higher in local authorities compared to independent sector employers.
Registered nurses were paid a mean annual salary of £28,700 in the independent sector. This average is the same as for NHS band 5 (£22,000 to £28,700) at which newly qualified nurses start at in the NHS, but in the lower part the NHS band 6 (£26,600 to £35,600).

Chart 52. Estimated full-time equivalent mean annual pay rate by selected job roles in the North East region, 2017/18

As there were only estimated to be less than 50 registered nurses working in the local authority sector in the North East region, and only 4% of social workers were employed within the independent sector, these pay rates are not included here.

5.2.1. Annual pay trends for regulated professionals

This section focuses on annual pay trends of selected professionals since 2011/12, making comparisons between ‘nominal’ and ‘real term’ pay rates.

‘Real term’ means that the pay rate has been adjusted to take inflation into account and has been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and are expressed in prices as at March 2018. ‘Nominal’ pay is not adjusted for inflation and shows the actual pay rates as they were at the time.

As an example, a worker’s wage may have increased by two percent in a year. However, if inflation also rises by two percent then the worker will be no better off from the pay rise – the nominal pay rise was two percent but in ‘real terms’ it was zero.

Chart 53 shows that the nominal average pay for each selected professional job role in the North East region increased steadily from 2011/12 to 2017/18. Registered nurses in the
independent sector had the greatest increase, from £23,600 in 2011/12 to £28,700 in 2017/18. This equated to a 21% increase in annual pay over the six-year period. In local authorities, occupational therapists had an increase of 12% over the period from £28,200 in 2011/12 to £31,600 in 2017/18, and social workers had an increase of 9% from £30,900 to £33,500.

**Chart 53. Nominal annual pay trends of selected professional roles between 2011/12 and 2017/18 in the North East region**

The chart below shows the ‘real term’ annual pay rates of selected professionals between 2011/12 and 2017/18. Social workers in the local authority sector had a ‘real term’ pay decrease from £33,600 in 2011/12 to £33,500 in 2017/18, which means that the nominal increase shown in Chart 53 above was not enough to outweigh the rise in inflation during that period.

Occupational therapists had an overall increase in real term pay by 3% over the six-year period. However, real term pay fluctuated year on year. Meanwhile, registered nurses had an increase in real term pay of 12%, with increases each year.

**Chart 54. ‘Real term’ annual pay trends of selected professional roles between 2011/12 and 2017/18 in the North East region**
5.3. Care worker hourly pay

Please note this section refers to median hourly rates of care workers in the independent sector only using data from the NMDS-SC captured in line with changes to the National Living Wage.

On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW) of £7.20 per hour for all workers aged 25 or over, which increased to £7.50 in April 2017 and current projections from HM Treasury put NLW at £8.62 in 2020. Prior to the introduction of the NLW, the statutory National Minimum Wage for workers aged 21 or over was £6.70, set in October 2015.

The Real Living Wage is separate to the National Living Wage (NLW) and is set by the charity Living Wage Foundation23 each November. This is a voluntary scheme which employers can sign up to and the hourly rate is independently calculated to reflect the basic cost of living. The current rate, announced in November 2017, is £10.20 in London and £8.75 across the rest of the UK.

Table 10. Timescale of the National Living Wage and Real Living Wage

<table>
<thead>
<tr>
<th>Time period</th>
<th>Referred to as</th>
<th>National Minimum Wage / National Living Wage</th>
<th>Real Living Wage - UK/London (announced each November)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 11 to Sep 12</td>
<td>2011 NMW</td>
<td>£6.08 (NMW)</td>
<td>£7.20 / £8.30</td>
</tr>
<tr>
<td>Oct 12 to Sep 13</td>
<td>2012 NMW</td>
<td>£6.19</td>
<td>£7.45 / £8.55</td>
</tr>
<tr>
<td>Oct 13 to Sep 14</td>
<td>2013 NMW</td>
<td>£6.31</td>
<td>£7.65 / £8.80</td>
</tr>
<tr>
<td>Oct 14 to Sep 15</td>
<td>2014 NMW</td>
<td>£6.50</td>
<td>£7.85 / £9.15</td>
</tr>
<tr>
<td>Oct 15 to Mar 16</td>
<td>2015 NMW</td>
<td>£6.70</td>
<td>£8.25 / £9.40</td>
</tr>
<tr>
<td>Apr 16 to Mar 17</td>
<td>2016 NLW</td>
<td>£7.20 (NLW introduced)</td>
<td>£8.45 / £9.75</td>
</tr>
<tr>
<td>Apr 17 to Mar 18*</td>
<td>2017 NLW</td>
<td>£7.50</td>
<td>£8.75 / £10.20</td>
</tr>
<tr>
<td>Apr 18 to Mar 19</td>
<td>2018 NLW</td>
<td>£7.83</td>
<td>Announced Nov 2018</td>
</tr>
</tbody>
</table>

*Data in this section taken as at March 2018.

The median hourly rate for care workers in the North East region was £7.60 as at March 2018, which was 10p higher than the National Living Wage. The chart below shows that the nominal hourly rate has increased by £1.12 since 2012 and the majority of this increase was since the start of the National Living Wage (NLW). Between September 2012 and March 2016, the median hourly rate increased by an average of 9p per year. After the introduction of the NLW this increased to an average of 39p per year. In real terms the hourly rate has increased by around 55p since 2012.

23 www.livingwage.org.uk/what-real-living-wage
In April 2017 the NLW rose from £7.20 to £7.50 (4.2% in nominal terms). This increase contributed to a 4.4% increase in the care worker median hourly rate, one of the largest increases over the recorded time period. The chart below shows that since 2014, the median hourly rate has increased in real-terms each year by an average of 2.9%. Given current projections from HM Treasury put NLW at £8.62 in 2020, care workers are likely to continue to see both nominal and real term increases up to 2020.

The information above has shown that the care worker hourly rate has increased in nominal terms over the last six years. This increase has been greater since the introduction of the National Living Wage, but the impact varied depending on where each care worker falls within the range of pay rates offered in the adult social care sector.

Chart 57 below shows how pay has changed for care workers at different levels of the pay scale in the North East region. For example, the 10th percentile (p10) is the value at which 10 percent of care workers earned less than this value and 90 percent earned more.
The chart shows that since the introduction of the National Living Wage a higher proportion (over 40%) of care workers are paid at the minimum rate compared to over 30% paid at the minimum rate in 2016.

Chart 57. Care worker real term median hourly rate distribution as at March 2016 and March 2018 in the North East region, independent sector only

A challenge for employers will be to attract people into the role when competing against other sectors offering the same hourly rates, as well as continuing to reward the workers with more experience, greater responsibilities or those who are more qualified that are already paid above the NLW rate.

Chart 58 below shows that, in the North East region, care workers in the bottom 10% of the pay scale benefitted the most from the introduction of the NLW (+6.8%) whereas the pay for the top 10% of earners increased at a slower rate.

Chart 58. Care worker real term hourly rate change by percentile from March 2016 to March 2018 in the North East region, independent sector only

As at September 2015, a care worker with over 20 years of experience in the adult social care sector could expect an hourly rate which was, on average, 43p higher than a care worker with less than a year of experience (equivalent to 6% higher). However, this experience pay gap has fallen each year before becoming negative in 2017/18. Care
worker vacancies in the North East have been rising over the past 6 years reaching 7.3% in 2017/18. Turnover rates for care workers have also risen, reaching 32.8% in 2017/18. As a result, higher starting pay may be on offer to attract new workers into the sector which may help account for the 4p negative difference between those with less than 1 year of experience and those with more than 20 years of experience.

A challenge for employers will be continuing to reward the workers with more experience, greater responsibilities or those who are more qualified that are already paid above the NLW rate.

**Chart 59. Difference in pay between care workers with less than one year and those with more than 20 years of experience over time in the North East region**

<table>
<thead>
<tr>
<th></th>
<th>Sep-15</th>
<th>Mar-16</th>
<th>Mar-17</th>
<th>Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% difference</td>
<td>6%</td>
<td>6%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>Hourly rate difference (£)</td>
<td>£0.43</td>
<td>£0.45</td>
<td>£0.06</td>
<td>£0.04</td>
</tr>
</tbody>
</table>

**5.4. Care worker hourly pay**

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since the ‘First Report of the Low Pay Commission’ on the National Minimum Wage in 1998 up to the ‘Low Pay Commission report 2017’24 (using results provided by Annual Survey of Hours and Earnings (ASHE)).

The introduction and subsequent increase in the NLW will have the largest impact on the lowest paying sectors. Unless the higher paying sectors can increase wages at the same rate, adult social care will become proportionally closer to these other sectors in terms of pay. As the NLW continues to increase, more sectors are likely to converge on the NLW rate which could reduce pay as a barrier to choosing a career in adult social care.

There is currently no evidence of the NLW having a large impact on recruitment and retention in the adult social care sector although Skills for Care will continue to monitor this.

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Qualifications, training and skills
Overview of qualification and training information in the North East region, 2017/18

Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their role effectively. This will help to develop the right skills and knowledge so that they can provide high quality care and support.

- Around 70% of direct care staff who started in the sector since January 2015 had engaged with the Care Certificate.
- Around two thirds of the direct care workforce (61%) held a qualification at level 2 or higher.
- The most popular areas of training received were within the categories of safeguarding adults (72%), moving and handling (71%) and health and safety (65%).

6.1. Introduction

The following sections include information about the Care Certificate, qualifications held, training and skills of the adult social care workforce.

Skills for Care identify the benefits of having qualifications as:

- Quality service - completing qualifications 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 - 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.

6.2. Care Certificate

The Care Certificate was launched in April 2015 and replaced the Common Induction Standards (CIS). The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It:

- applies across health and social care,
- links to National Occupational Standards and units in qualifications,
- covers what is required to be caring and gives workers a good basis from which they can further develop their knowledge and skills.
The NMDS-SC has been collecting information about the number of workers who have achieved or are working towards the Care Certificate since April 2015. For more information about the Care Certificate please visit www.skillsforcare.org.uk/CareCertificate.

Although the Care Certificate is available to all, the main target is workers who are new to social care. Chart 60 shows Care Certificate engagement in the North East region of direct care workers who had started in the sector since January 2015. Around 70% of these direct care staff have engaged with the Care Certificate (have either completed the Care Certificate or were in the process of doing so or partially completed it). Engagement was highest in domiciliary care services, where 77% of care workers had achieved, were in progress of completing or had partially completed the care certificate.

Chart 60. Care Certificate status of direct care workers new to the sector since January 2015 in the North East region

Source. NMDS-SC raw data 2017/18

<table>
<thead>
<tr>
<th>Direct care roles</th>
<th>Complete</th>
<th>In progress / partially completed</th>
<th>Not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>All direct care roles</td>
<td>38%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>Care worker</td>
<td>26%</td>
<td>13%</td>
<td>61%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>39%</td>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>14%</td>
<td>32%</td>
<td>54%</td>
</tr>
<tr>
<td>Care worker only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care home services with nursing</td>
<td>43%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td>Care home services without nursing</td>
<td>19%</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>44%</td>
<td>33%</td>
<td>23%</td>
</tr>
</tbody>
</table>

The chart below shows that 32% of the total adult social care workforce had achieved or were working towards the Care Certificate. Around two thirds (68%) of the adult social care workforce had not started or were not engaged with the certificate.

Chart 61. Estimated proportion of the adult social care workforce by care certificate status in the North East region, 2017/18
6.3. 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 to perform their roles, e.g. social worker, registered nurse or occupational therapist.

In the North East region, over half the workforce held a relevant social care qualification (59%), while 41% had no relevant social care qualifications recorded in the NMDS-SC. It should be noted that those staff not providing direct care (ancillary staff, administrative staff, etc.) may not necessarily require such qualifications.

Chart 62. Estimated highest qualification level of the adult social care workforce (excluding regulated professionals) in the North East region, 2017/18

Chart 63 shows the highest qualification level held by job role group. As might be expected, direct care staff were more likely to be qualified at levels two and three (59%) while those in managerial roles were more likely to be qualified at levels three and four (71%).

Chart 63. Estimated highest qualification level of the adult social care workforce by job role group in the North East region, 2017/18

Chart 64 shows the proportion of workers who had achieved qualifications at level two or above for selected job roles split by sector. Around 90% of senior care workers were recorded as having a qualification at level two or above, as were 58% of care workers. The workers who were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate or training relevant to their role (see section 6.6).
6.4. Training

The NMDS-SC provides employers with the option of recording training data in addition to accredited qualifications. The NMDS-SC has 23 training categories under which any training can be recorded.

Chart 65 is based on all workers at establishments with training data recorded. The most common areas of training were ‘safeguarding adults’ (72%), ‘moving and handling’ (71%) and ‘health and safety’ (65%).

Chart 65. Top 10 categories of training recorded in NMDS-SC in the North East
Source: NMDS-SC unweighted data 2017/18

<table>
<thead>
<tr>
<th>Category</th>
<th>All sectors</th>
<th>Local authority</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Adults</td>
<td>72%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Moving and Handling</td>
<td>71%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Health and Safety</td>
<td>65%</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td>62%</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Fire safety</td>
<td>62%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Food safety and catering</td>
<td>53%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Infection Control</td>
<td>45%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Medication safe handling and awareness</td>
<td>45%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act*</td>
<td>45%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>45%</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

*Mental Capacity Act and Deprivation of Liberty safeguards

6.5. Career progression in adult social care

Skills for Care is working to promote careers in care. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles, and opportunities for progression. A career in adult social care can offer progress, have job security, and
give an enormous sense of personal achievement. For more information see www.skillsforcare.org.uk/Careers-in-care or www.skillsforcare.org.uk/Apprenticeships.

The NMDS-SC was used to observe the career progression of workers in adult social care between 2010 and 2018. Chart 66 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

For ancillary staff, the most common pathway was to care worker, and then to senior care workers or a supervisory role. Senior care workers or supervisors were most likely to move into first line or registered managerial roles. Regulated professional roles can progress within their roles and were also observed to move towards managerial roles. Within the managerial job role group there was a pathway from other managerial roles to registered managers to senior managers.

Chart 66. Career progression in adult social care
Source: NMDS-SC unweighted data 2017/18

- Pay ranges represent the 25th and 75th full time equivalent percentiles for these roles
- Movement between roles has been identified by tracking anonymised national insurance numbers in NMDS-SC over time.
6.6. **Skills, training and experience**

Section 6.3 highlighted that in the North East region over half the workforce (59%) held a *relevant* social care qualification. This section looks at the skills, training and experience of those 41% that did not currently hold a relevant qualification.

The chart below shows that, of workers without a relevant social care qualification, 80% had completed an induction, 37% had engaged with the Care Certificate, 73% had completed training and 40% had more than five years of experience in the adult social care sector. As found in the ‘Secrets of success’ report, employers rate a person with good values and behaviours of high importance, often more so than formalised qualifications. Those without formalised qualifications can still add value to the adult social care sector due to their training and experience.

**Chart 67. Skills, training and experience of workers without a relevant social care qualification**

Source: NMDS-SC unweighted data 2017/18

<table>
<thead>
<tr>
<th>Induction complete/in progress</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged with Care Certificate</td>
<td>37%</td>
</tr>
<tr>
<td>Training completed</td>
<td>73%</td>
</tr>
<tr>
<td>5 or more years of experience in sector</td>
<td>40%</td>
</tr>
</tbody>
</table>

6.7. **Apprenticeships in adult social care**

An apprenticeship is a combination of on and off the job learning and development. Apprentices work as employees with experienced staff to gain job-specific skills, whilst working towards a number of qualifications and gaining experience. All whilst getting paid.

Benefits of an apprenticeship include:
- Employers create and manage tailored Apprenticeship programmes to meet the needs of their business.
- They are a cost effective and low risk way to grow the workforce and help improve the recruitment and retention of staff.
- For apprentices, it gives them a chance to gain work experience, achieve nationally recognised qualifications and earn a wage.

A person interested in becoming an apprentice in the social care sector can start on one of four Standards which have been developed by employer groups called ‘trailblazers’. Skills for Care are supporting these employer groups. The four apprenticeship standards are:

- Adult Care Worker (level 2) – Launched in December 2016
- Lead Adult Care Worker (level 3) – Launched in December 2016
- Lead Practitioner in Adult Care (level 4) – Currently under review
- Leader in Adult Care (level 5) – Currently under review
More information can be found at [www.skillsforcare.org.uk/newstandards](http://www.skillsforcare.org.uk/newstandards).

Across England, there were over 91,000 people who started a social care Apprenticeship in 2016/17, which was 4% more than the previous year. Social care has the largest market share for apprenticeships having risen from 14% of all apprenticeships in 2012/13 to 19% in 2016/17.

The total number of people participating in a social care apprenticeship throughout 2016/17 was around 170,500, with around 90,000 participants in any given month. This represents a 4% increase compared to the previous year.

Almost three quarters (70%) of the 86,600 participants that finished their apprenticeship in 2016/17 had achieved their learning aim, up from 60% in the previous year. In the North East region, 71% achieved their learning aim. Apprentices in London had the highest achievement rate at 76%, and the lowest achievement rates were in the East Midlands and the North West with 69% each. The average length of time an apprentice took to achieve their learning aim was around 13 months.

For further information about Apprenticeships in adult social care please see the ‘Think Care Careers’[25] For a detailed report on Apprenticeships in adult social care please see the focussed report at [www.skillsforcare.org.uk/WIpublications](http://www.skillsforcare.org.uk/WIpublications).

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Workforce forecasts
Overview of projections of the adult social care workforce in the North East region

This section presents demand-based projections for the size of the adult social care workforce between 2017 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

The population aged 65 and above is projected to grow from 520,000 to 710,000 between 2017 and 2035.

Based on population growth of those aged 65 and above, by 2035 the sector may need 30,000 new jobs 33% growth

Based on population growth of those aged 75 and above, by 2035 the sector may need 45,000 new jobs 53% growth

This chapter brings together adult social care workforce estimates with population projection information to forecast the number of adult social care jobs that may be needed to keep up with demand in the future.

7.1. Population statistics 2017-2035

The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from Office for National Statistics to project forward the population by age bands. The information in this section includes information about the population aged 65 and over from 2017 to 2035 in the North East region.

POPPI shows that the number of people aged 65 and above is projected to increase between 2017 and 2035 from 520,000 to 710,000 people in the North East region, an increase of around 37%. The number of people aged 18-64 with a learning disability, mental health problem or physical disability is also projected to increase over the period.

Chart 68. Estimated population aged 65 and above in the North East region 2017 to 2035

26 Projecting Older People Population Information, www.POPPI.org.uk
27 Projecting Adult Needs and Service Information, www.PANSI.org.uk
7.2. Relationship between people projections and jobs

This section presents demand-based projections for the size of the adult social care workforce between 2017 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological change, or for different models of care or social factors that could have an impact on the future size of the workforce.

The projections use models that compare the number of adult social care jobs in each local authority area in the North East region with the corresponding number of people aged 65 or 75 and over in the population. These two factors were found to be strongly correlated (on average the more people aged 65 or 75 and over in an area, the larger the adult social care workforce was). These relationships are demonstrated in the charts below where each dot represents a local authority area and the dotted line represents the relationship between the two factors.

The 65+ model shows that, on average in 2017, one adult social care job is required for every six people aged 65 and above in the population. The 75+ model shows that one adult social care job is required for every three people aged 75 and above in the population.

Chart 69. Relationship between adult social care workforce size and population aged 65 and over in each local authority area in the North East region, 2017
7.3. **Workforce forecasts between 2017 and 2035**

These models were then applied to POPPI estimates of the number of people aged 65 and 75 and above in 2020, 2025, 2030 and 2035 to create a forecast for the number of adult social care jobs over the period.

Table 11 and Chart 70 show the projected number of adult social care jobs required following changes to the population group aged 65+ and those aged 75+ in the North East region.

**Table 11. Adult social care jobs forecasts between 2017 and 2035 in the North East region**

<table>
<thead>
<tr>
<th>Model</th>
<th>2017</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>% increase in jobs 2017-2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ model</td>
<td>85,000</td>
<td>90,000</td>
<td>100,000</td>
<td>105,000</td>
<td>115,000</td>
<td>33%</td>
</tr>
<tr>
<td>75+ model</td>
<td>85,000</td>
<td>90,000</td>
<td>105,000</td>
<td>120,000</td>
<td>130,000</td>
<td>53%</td>
</tr>
</tbody>
</table>

**Chart 70. Adult social care jobs forecasts between 2017 and 2035, North East**

In the North East region, following the trend based on population growth of those aged 65 and above, an increase of 33% (30,000 jobs) would be required by 2035. Following the population growth of those aged 75 and above, an increase of 53% (45,000 jobs) would be required.

Between 2012 and 2017 the population aged 65 and over and 75 and over grew at a similar rate, and both are equally correlated with the size of the workforce. It is therefore difficult, at this stage, to predict which of the two models will be most accurate when the 75 and over population starts to grow faster than the 65 and over population between 2017 and 2035 as it is projected to.

A retrospective analysis of the models was conducted to test the accuracy of these projections across England. Using Office for National Statistics (ONS) population data from 2012 to 2017, and jobs as at 2012 from Skills for Care estimates, the same models were built for jobs between 2012 and 2017. The results from these models were then compared to the actual jobs trends from the period.
Chart 71 shows that, for England, the 65+ model projected the number of adult social care jobs from 2012 to 2017 within 2% of the actual jobs figures. The 75+ model projected within 1%. The largest differential between the actual jobs and projected jobs occurred after 2014 in the 65+ model. The 65+ and 75+ models were both close to the actual number of jobs supporting the validity of the models.

**Chart 71. Adult social care job projections 2012 to 2017 based on the population aged 65 or 75 and over compared to actual job trends for the same period.**

The growth in the workforce being slower than projected by the 65+ model could be related to the slower than average growth in the workforce and increasing number of vacancies. Skills for Care will continue to monitor this trend.

The results presented in this section provide a useful baseline in terms of the likely demand created by the aging population, however as previously stated there are other factors that could impact the future size of the workforce.

For information about projections for England please see the state of the adult social care sector and workforce report, [www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof).
Further resources
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 provides an overview of some of the reports and resources published by Skills for Care that use NMDS-SC information.

8.1. Workforce intelligence publications

The size and structure of the adult social care sector and workforce in England

This report includes estimates of the number of care providing organisations, establishments/care providing locations, people and job estimates, trend data and future projections. To access this report please visit www.skillsforcare.org.uk/sizeandstructure. Latest version, July 2018

The state of the adult social care sector and workforce report in England

This report uses data from the NMDS-SC to explore characteristics of the adult social care sector, including demographic information, recruitment and retention issues, pay rates and qualification and training information. This report also includes information about workforce trends between 2012/13 and 2017/18, including turnover rates, vacancy rates, zero-hours contracts and pay rates. To access this report please visit www.skillsforcare.org.uk/stateof. Latest version, September 2018

Local authority area reports

There are a series of two page summary reports for each of the 152 local authority areas in England, these reports are published twice a year, the latest reports focus on job role estimates by local authority area. To access any of these reports please visit www.skillsforcare.org.uk/lasummaries. Reports published twice a year, in March and October

NMDS-SC briefings and trend briefings

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

- Care worker pay (post national living wage)
- Nationality of the adult social care workforce
- Social workers in the adult social care sector
- Diversity of the adult social care sector
- Registered nurses in the adult social care sector

To access these briefings please visit www.skillsforcare.org.uk/topics
8.2. Workforce planning

A good workforce plan will help your organisation be more successful and make sure that you have the right people in place to meet the changing needs and future opportunities for your business. The right people are those who are keen, skilled, have the right values and behaviours and know what they are doing. These people will provide high quality care and support and help your business to grow.

Our resources are especially developed for small and medium sized organisations and explain:

- what workforce planning is and why it’s important
- what are the principles for it and who should be involved in it
- how it fits with how services are commissioned
- how workforce information should be used including data from the NMDS-SC
- how to do workforce planning using a step by step method.

For more information about workforce planning, please visit [www.skillsforcare.org.uk/workforceplanning](http://www.skillsforcare.org.uk/workforceplanning).

8.3. Adult social care workforce estimates excel file

To support workforce intelligence publications, Skills for Care has published an ‘Adult social care workforce estimates excel file’. This file includes the size and structure of the workforce, recruitment and retention information, employment information, demographics, pay rates, qualifications and training information, in England, by region, sector, service and job roles.

Skills for Care uses data from the NMDS-SC as a basis for creating estimates of the size, structure and characteristics of the whole adult social care workforce. The 2018 adult social care workforce estimates are as at 2017/18. NMDS-SC data is as at March 2018 for the independent sector and September 2017 for local authorities.

Please visit [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates).

*New estimates are published in September each year, and updates made throughout the year when new workforce intelligence publications are released.*

8.4. Analytical service

The Skills for Care analysis team provide an external analysis service and can produce a range of in-depth reports depending on your specific requirements. Our experienced analysts can work with you to identify your requirements and deliver bespoke workforce intelligence reports to suite your needs. We use NMDS-SC data to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.
Our data services, available at the geographical level most relevant to you, can be used when you need:

- evidence to help you make an important decision or develop a strategy
- information/analysis and a report that’s more in-depth and tailored to your needs
- trend information or help looking ahead with forecasts
- information for a bid
- benchmarking social care organisations/the workforce
- contributions to health and social care workforce integration projects.

Testimonial received by one of the directors of Carterwood, Ben Hartley, in 2017;

“Skills for Care has recently supplied Carterwood with data, and overall the service has proved to be very helpful, flexible, and prompt. The data provided has so far been exceedingly useful and exactly as agreed, and the Skills for Care team was keen to ensure it was exactly in the format that was most suitable for our needs.

The data has helped form our understanding of the staffing market in the care sector, and provided some useful benchmarks with which to compare against in our new care home staffing report. I would most certainly recommend.”

Our locality staff deliver regular roadshows and events which include promoting NMDS-SC, and our support service offers free advice and support. If you and your organisation are looking for some more in-depth and one-to-one support in a variety of areas, for example ‘evidence-based decisions getting the most from your NMDS-SC account for leaders and managers’ please email us so we can discuss your requirement in more detail.

For more information about these services please email analysis@skillsforcare.org.uk.

8.5. Keeping Informed

To be kept up to date with Workforce Intelligence news please join our mailing list by registering with Skills for Care and selecting ‘workforce intelligence publications’. You can also follow us on twitter @SfC_NMDS_SC or visit www.skillsforcare.org.uk/contactWI.