The adult social care sector and workforce in West Midlands

2019
Acknowledgments
Skills for Care would like to thank all of the employers involved in contributing data to the NMDS-SC. Without their efforts, estimates of this level of detail and accuracy wouldn't be possible.

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

Feedback on any aspect of this report is welcomed as it will help to improve future editions. Please contact our analysis team: analysis@skillsforcare.org.uk.

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I am delighted to be asked to introduce the 2019 edition of ‘The adult social care sector and workforce in West Midlands’ report. Skills for Care would like to thank all the employers who have input their data into the NMDS-SC, which is now known as ASC-WDS (Adult Social Care Workforce Data Set) as it is this information that makes the intelligence produced by our Workforce Intelligence team robust and fit for purpose.

At a regional level Skills for Care is working closely with West Midlands Association of Directors of Social Services (ADASS). I am very pleased that our data has increasingly been recognised and valued by them and other by key stakeholders within the region. More work has been prioritised during 2019 which will go forward into 2020.

Skills for Care were delighted to be to be asked to attend a summit meeting in July 2019 which was filmed by CLGdotTV to promote joint working. This was attended by Public Health England West Midlands, West Midlands Academic Health Science Network, Local Government Association, National Institute for Care and Health Excellence, University of Birmingham, Health Education England, NHS Confederation, National Health Service England, West Midlands ADASS and several of the region’s 14 local authorities. It was agreed that data is pivotal and going forward we will share intelligence, especially around workforce so that we can address issues around recruitment, retention, training and development together. We also agreed we would work on changing the message that is disseminated out about the sector to focus on the positive – for example by building on work that Skills for Care have undertaken demonstrating the contribution of social care to the regional economy. I am looking forward to our next meeting – it is really encouraging that we are building such a strong joint dialogue.

The Midlands team continues also to work closely with health colleagues to support understanding of the social care workforce and future requirements in relation to Sustainable Transformation Partnerships and related Local Workforce Action Board groups. As plans move forward now with the implementation of the Primary Care Networks and placed based services, it is really important that this work continues, to promote systems wide thinking.

The West Midlands has continued to experience challenges around recruitment and retention in the sector. However, as well as the excellent regional initiative I have mentioned above, the Skills for Care Midlands team is trying to ensure that we build on best practice in the region. We held a Midlands-wide event at the end of November 2018 bringing together colleagues from both the East and West Midlands, sharing information. Importantly this involved colleagues from local authorities and also the Department of Work and Pensions/Job Centre Plus. I was delighted that the Department of Health and Social Care’s (DHSC) national recruitment campaign lead was able to join this to talk about the forthcoming national recruitment campaign, prior to its launch at the start of 2019. We hope to build on this event by holding a further Midlands-wide event in the summer of 2020 which will focus, in particular, on work across the region with new entrants into the sector, young people, schools and colleges.

Interestingly, as this year’s report highlights, adult social care does have an experienced ‘core’ of workers that were found to be less likely to leave the sector and their jobs. These workers had, on average, eight years of experience in the sector. In addition, around 21%
of employers in the region have a much lower turnover rate than average of less than 10%. A really important role for the area teams is to spread understanding about what employers can do to implement good recruitment and retention practice. The DHSC’s national recruitment campaign focused on the West Midlands as one of the priority areas and I was delighted that we were able to run two very well attended events in Birmingham and Worcester. In addition, Skills for Care were delighted to be asked to attend and speak at the DHSC’s own event in Birmingham which received some national publicity on the BBC. The DHSC recruitment toolkit has been a really useful overview of what employers can implement at no extra cost to help them attract and retain the right people into their business.

The team has again run several free ‘Getting Started’ workshops to support local employers to understand the first steps to take in using a values-based approach throughout their recruitment process. High-quality services depend on having the right people in place with the right values as well as the right skills. We were delighted to run two of our highly regarded Well Led programmes for providers in Staffordshire during 2019 and we are running one in Warwickshire during the autumn. This year’s Midlands programmes have had the extra benefit of the involvement of the East Midlands based NEMS Community Benefit Services team. This has happened because of the recognition that our social care workforce needs to be up-skilled in order to promote good and outstanding care for people who need care and support. We know that people’s needs are becoming ever more complex, so it is imperative that the workforce is skilled up appropriately.

Another key forum for supporting employers is through our Registered Manager Networks (RMNs) which are chaired by Registered Managers themselves. I am so delighted that these have grown from strength to strength over the past year, thanks to the diligent work of our Locality Managers and the much-valued support of local care partnerships. The RMNs are important as they provide managers with the opportunity to network and gain support from one another in a role which can often feel incredibly pressured and isolated.

One area of discussion regionally has continued to be around nursing – an event was held in Birmingham to promote the Return to Practice project. Going forward we are looking forward to working with colleagues in Health Education England and the Local Government Association as well as ADASS on the continued promotion and implementation of the relatively new role of Nursing Associates within the social care sector. This new role will be beneficial for both the employer and employee as well as, most importantly, people receiving care and support.

Using the information in this report enables us to understand where gaps and challenges exist, targeting the support to where it’s needed and where it can make the most significant difference. I hope you will find this report further strengthens your knowledge and understanding of the social care sector and workforce requirements and enables you to take effective decisions within your role. If you would like to understand more about how Skills for Care can support you in your role, or would like bespoke workforce information to answer any specific questions you have about the adult social care workforce please get in touch.

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Executive summary

This report provides information about the adult social care sector in the West Midlands region, including its size and structure, 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 skilled, valued and better-led adult social care workforce. We provide the practical tools and support to help adult social care organisations in England to 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) was an online workforce data collection system for the adult social care sector. NMDS-SC online was launched in 2007 and collected data for 12 years. However, the service has now been updated and will be known as the Adult Social Care Workforce Data Set (ASC-WDS) from 2019.

Adult social care is a growing sector that, in the West Midlands region, in 2018, comprised of around 1,900 organisations across 4,000 care-providing locations, with a workforce of around 171,000 jobs. The number of full-time equivalent jobs was estimated at 119,000 and the number of people working in adult social care was estimated at 157,000.

The adult social care sector was estimated to contribute £4.22 billion per annum to the economy in the West Midlands region. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £2.2 billion in 2018/19 (up 1% from 2017/18).

The number of adult social care jobs has increased by 9.4% since 2012 (by 14,500 jobs). The number of jobs increased by around 0.7% (by 1,200 jobs), between 2017 and 2018.

This rate of increase was slower than in previous years. Between 2014 and 2018, the workforce grew by around 2,700 jobs per year compared to an average increase of 1,900 per year between 2012 and 2014.

From here on, the executive summary of this West Midlands report will refer to the 149,000 jobs in the independent sector (81% of jobs) and local authorities (6% 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 2018 and from independent sector employers as at March 2019.

2 Detailed workforce information about jobs in the NHS wasn’t available and therefore couldn’t be included in the estimates by characteristics.
3 Local authority employers complete 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. Direct payment recipients employing staff, as well their personal assistants, were surveyed in February 2019.
Employment information

In the West Midlands region, the majority (92%) of the adult social care workforce were employed on permanent contracts. Approximately half of the workforce (50%) worked on a full-time basis, 39% were part-time and the remaining 11% had no fixed hours.

Around a quarter of the workforce in the West Midlands, were recorded as being employed on zero-hours contracts (24%, or 36,000 jobs). Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (48%), especially in care worker roles (57%).

The number of registered nurses in the West Midlands has continued to decrease, down 14% since 2012/13.

Recruitment and retention

Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 31.2% in 2018/19. This equates to approximately 44,000 people leaving their jobs over the course of the year.

However, most of these leavers don’t leave the sector. Around 69% of jobs were recruited from other roles within the sector. Turnover rates (local authority and independent sectors only) have increased steadily, by a total of 8.2 percentage points, between 2012/13 and 2018/19.

Skills for Care estimates that, in the West Midlands region, 7.4% of roles in adult social care were vacant, equivalent to 11,500 vacancies at any one time. The vacancy rate increased by 2.7 percentage points between 2012/13 and 2018/19. 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 pace with demand as the population ages.

National, economy-wide unemployment had fallen to 4.1% in 2018/19 (from 4.3% in 2017/18). This equates to fewer people seeking employment and may be related to the increasing vacancy rate in adult social care. However, in absolute terms, 1.50 million people, in England, were classed as looking for employment, a higher figure than that of the number of adult social care vacancies. Therefore, there remained a substantial pool of potential employees. In partnership with the Department of Health and Social Care, we have launched the ‘Every Day is Different’ recruitment campaign in February 2019^4 to promote careers in the sector.

^4 www.everydayisdifferent.com
In the West Midlands, the adult social care workforce was found to be 85% female, compared to 46% of the economically active population identifying as female. There was a slightly higher prevalence of males in managerial jobs (19%), especially in senior management roles (30%).

The age distribution of the adult social care workforce in the West Midlands, was similar to the economically active population (24% and 20% respectively were aged 55 and over). This age group accounted for around 35,000 jobs and therefore, from a workforce-planning perspective, this number of workers could potentially retire within the next ten years.

The average age of the workforce had marginally increased over the previous seven years. The proportion of workers over 45 years old in the wider economy had also increased over this period, highlighting that it is not exclusively the adult social care sector that is experiencing a marginally ageing workforce.

Around 21% of workers identified as having an ethnicity that was black, Asian, mixed or minority ethnic (BAME). Around 10% of adult social care workers identified as black, compared to 3% of the total population. ‘Registered nurse’ remained the most ethnically diverse job role across England (36% BAME).

Around 87% of the adult social care workforce in the West Midlands region was British, 5% (7,600 jobs) had an EU nationality and 7% (11,000 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU, rather than EU, workers.

Nationality varied 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 (62%).

Between 2012/13 and 2018/19, the proportion of EU workers in the West Midlands had risen two percentage points. The proportion of non-EU workers decreased by two percentage points over the period.

So far, Brexit appears 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’ which outlines the Government’s intentions about the rights of EU citizens post-Brexit, the rights of EU citizens living in the UK will not change until after 31 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.\(^5\) In the event of a ‘No-deal’ Brexit, those resident by 31 October 2019 will have until 31 December 2020 to apply to the EU settlement scheme.\(^6\)

Following the Government’s White Paper on ‘The UK’s future skills-based immigration system’ in December 2018\(^7\), the specifics of immigration post-Brexit remain unclear. The impact on the supply of workers to the adult social care sector may have a potential negative effect on the sector.

The NMDS-SC showed that, in the West Midlands, **around 35% of workers with an existing EU nationality also had British Citizenship**. These 2,700 workers will not have to apply for settled status. Of those with an EU nationality, but without British Citizenship, 65% had arrived in the UK either in or prior to 2015, and therefore may have gained, by 2020, the required five years’ continuous residency required to be eligible for ‘settled status’. The remaining 22% of workers with an EU nationality will be eligible to apply for ‘pre-settled status’.

<table>
<thead>
<tr>
<th>7,600 EU jobs</th>
<th>35%</th>
<th>42%</th>
<th>22%</th>
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<tbody>
<tr>
<td>Hold British Citizenship</td>
<td>Eligible for ‘settled status’</td>
<td>Eligible for ‘pre-settled status’</td>
<td></td>
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</tbody>
</table>

At the time of writing, in England, 909,300 individuals had applied to the scheme, including 865,700 EU, EEA and Swiss citizens. Although it is not possible to estimate the exact number of people who need to apply, this figure represents around 30% of all EU, EEA and Swiss people living in the UK.\(^8\)

Skills for Care is a member of the Cavendish Coalition. The Coalition, a group of 36 health and social care organisations, is working to ensure that the adult social care sector is properly staffed after the UK leaves the EU. The group sets out what the Government needs to focus on during EU withdrawal negotiations to maintain safe and high-quality health and social care services.

The group submitted evidence to the Health and Social Care Committee to its ‘Impact of a ‘No-deal’ Brexit on health and social care’ inquiry (23 October 2018). This included

\(^5\) For details on this scheme, please see Chapter 4 – Demographics.
\(^8\) [commonslibrary.parliament.uk/home-affairs/immigration/the-progress-of-the-eu-settlement-scheme-so-far/](https://commonslibrary.parliament.uk/home-affairs/immigration/the-progress-of-the-eu-settlement-scheme-so-far/)
highlighting the Coalitions’ concerns regarding a ‘No-deal’ Brexit and the implications this may have for the workforce.\(^9\) Brexit negotiations were ongoing at the time of writing.

### Hourly and annual pay rates

For the purposes of this report, the National Living Wage (NLW) of £7.83 per hour is referenced to match the period in which the data was collected. In April 2019, after the data in this report was analysed, the National Living Wage had increased to £8.21.

**Nominal pay for regulated professionals continued to increase.** In the West Midlands, occupational therapist roles saw the most significant increase between 2017/18 and 2018/19 (£1,800) from £31,300 to £33,100. However, in real terms (considering inflation), the increase was £1,200 (from £31,900 to £33,100).

Social worker roles saw a lower nominal increase between 2017/18 and 2018/19, from £33,900 to £34,400. However, since 2011/12, social worker pay has decreased in real terms, from £35,300 to £34,400 in 2018/19.

**Care worker pay has increased at a faster rate since the introduction of the NLW.** In the West Midlands, hourly pay in the independent sector increased by 4% (31 pence) between March 2018 and March 2019, to £8.00. Prior to the introduction of the NLW, care worker hourly pay had increased by an average of 15 pence per year between September 2012 and March 2016.

The chart below shows that, over time, the median nominal hourly rate has moved closer to the statutory minimum hourly rate. Our latest Pay Briefing\(^{10}\) shows that, in England, the proportion of care workers paid the statutory minimum amount had almost doubled since the introduction of the NLW (from 17% in March 2016 to 28% in March 2019).

A substantial proportion of care workers in the independent sector have received increased pay rates (both in nominal and real terms) to comply with the NLW. In terms of earnings, the top 10% (90th percentile) of care workers received a 2.8% pay increase between March 2018 and March 2019. Comparatively, the bottom 10% (10th percentile) received a 9.4% pay increase in the same period.


\(^{10}\) Pay in the adult social care sector – August 2019. www.skillsforcare.org.uk/pay
There are several challenges emerging as side effects of the increasing NLW, particularly in maintaining differentials with more senior roles and in rewarding experienced workers and those with greater responsibilities.

**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 helps to develop the right skills and knowledge to enable workers to provide high quality care and support.

**Over two thirds (69%) of direct care-providing staff** who had started work in the sector since January 2015, **had engaged with** (achieved, partially completed or working towards) **the Care Certificate**.

**Around half (53%) of direct care-providing staff held a relevant adult social care qualification** (51% held a Level 2 or higher qualification). Also, around four in five (86%) senior care workers held a relevant adult social care qualification at Level 2 or above.

Of those direct care-providing workers without a relevant social care qualification, 76% had completed an induction, 41% had engaged with the Care Certificate, 45% had five or more years of experience in the sector, and 80% had completed training relevant to their role.

Of all workers with training recorded, the most popular areas were moving and handling (76%), safeguarding adults (69%) and health and safety (63%).

**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 2018 to 2035.

In the West Midlands region, the **population aged 65 and over was projected to increase between 2018 and 2035 from 1.09 million to 1.44 million people**, an increase of around 32%. 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 2018 and 2035. These projections should be treated as ‘base case’ projections as they only account for changes in demographics and in population during the period. They do not account for any political, economic, technological or social factors that could have an impact on the size of the workforce in the future.

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 2018 and 2035, **an increase of 30% (55,000 jobs) would be required by 2035**.
The population aged 75 and over is forecast to grow at a faster rate than that aged 65-74 and, if the workforce increases proportionally to this demographic, then a 43% increase (75,000 jobs) would be required.

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<thead>
<tr>
<th>Jobs 2018</th>
<th>Extra jobs by 2035</th>
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<tr>
<td>65+ model</td>
<td>170,000</td>
</tr>
<tr>
<td>75+ model</td>
<td>170,000</td>
</tr>
<tr>
<td>Total</td>
<td>55,000</td>
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<tr>
<td>Total</td>
<td>225,000</td>
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<td>Total</td>
<td>245,000</td>
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**Data science**

**Factors affecting turnover**
Between March 2018 and March 2019, together with a data science specialist, we used NMDS-SC information to create machine learning models that were used to assess which variables had an effect on adult social care workers’ propensity to leave their jobs. From this, key variables were identified that could be compared to turnover rates.

**Workers who travelled further were more likely to leave their role.** Care workers who travelled more than 20km had a higher turnover rate (32.5%), compared to those travelling less than 1km (23.3%). This refers only to the distance travelled to the address of their employer. This does not include travelling between different locations if, for example, the individual was a domiciliary care worker.

**The sector has a problem retaining younger staff.** Turnover rates amongst those under 20 was 40.3%. This issue is not endemic to adult social care, with many sectors experiencing the same problem. It may be that younger staff use care sector jobs as a stopgap whilst pursuing education, additional training, or working whilst they consider pursuing a career of their choice.

Other findings included:
- **People left soon after joining.** Turnover rates were 38.4% for those with less than one year of experience in role.
- **Workers were more likely to leave if they were employed on zero-hours contracts** (34.1% turnover rate) compared to those who were not (24.3%).
- **Those paid more were less likely to leave their role.** In 2018/19, care workers paid £9.50 per hour and above were found to have an average turnover rate of 8.6%. However, in 2012/13, those in the top band (£8.00 and above) of pay were found to have a turnover rate of 16.7%.
Introduction

It is crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. Good quality information about the workforce is vital in helping to improve the planning and quality of social care services, which will, in turn, improve outcomes for the 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 that we collect in the Adult Social Care Workforce Data Set (ASC-WDS), formerly the National Minimum Data Set for Social Care (NMDS-SC), from our experience of analysing and interpreting social care data, from our network of Locality Managers based throughout England, and from 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 to create a skilled, valued and well-led adult social care workforce. We support adult social care employers to deliver what the people they support need and what commissioners and regulators expect. We do this by helping employers get the best from their most valuable resource - their people.

Using our workforce intelligence, in conjunction with what we hear from employers, we understand the adult social care workforce, its strengths and issues (including current issues, future risks and opportunities). Based on this understanding, we provide practical support to help leaders and managers to recruit, develop, lead and retain their staff from entry level, right through to senior leadership and management roles.

For further information about Skills for Care, please see our website.  

About the Adult Social Care Workforce Data Set

The Adult Social Care Workforce Data Set (ASC-WDS) is an online workforce data collection system for the adult social care sector. We manage the ASC-WDS on behalf of the Department of Health and Social Care.

The Adult Social Care Workforce Data Set is the new name for the updated National Minimum Data Set for Social Care (NMDS-SC) service. The NMDS-SC had been collecting information about social care providers and their staff since 2006. The NMDS-SC was dated in its look and feel, but had performed well and provided Skills for Care and the Government with high quality workforce and sector intelligence, to help shape and inform the sector for 13 years.

The ASC-WDS will maintain equally high standards, giving our users an improved experience and ensuring that our service reflects the needs of our users, whilst delivering the level of data and intelligence that the data set has been created to collect.

11 www.skillsforcare.org.uk
The ASC-WDS continues to collect information on the size and structure of the whole adult social care sector, including the types of care services that are provided, and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications, both by job role and employment status.

For information about how workforce intelligence is used in the adult social care sector, please see the ‘Further resources’ section of this report. For more information, please visit the ASC-WDS.12

**NMDS-SC coverage of the adult social care sector**

The independent sector information in this report dates from March 2019, and from September 2018 for local authority information; both prior to the launch of the ASC-WDS. As a result, this report’s data references the NMDS-SC.

There were an estimated 1.62 million jobs in the adult social care sector in England (171,000 in the West Midlands). Around 1.37 million of these were within local authority and independent sector employers (149,000 in the West Midlands). Approximately half of the workforce was 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 seven years, NMDS-SC has been the medium for the adult workforce data return for local authorities. In 2018, for the seventh year in a row, all 152 local authorities in England met the criteria of a full NMDS-SC return for people working in adult social services departments.

**CQC-regulated services**

Skills for Care estimates that there were 39,000 care establishments providing or involved in organising adult social care in England in 2018, around 24,500 of which were CQC-regulated. In 2018, the NMDS-SC had coverage of 54.3% of all CQC-regulated social care establishments (13,050 out of 24,500).

These CQC-regulated establishments had completed around 565,000 NMDS-SC worker records in total (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 West Midlands region, Skills for Care estimates that there were around 4,000 care establishments providing or involved in organising adult social care in 2018, with around 2,850 of these services regulated by the CQC. The NMDS-SC had coverage of 54% of all CQC-regulated social care establishments in the West Midlands region (1,550 out of 2,850). These CQC-regulated establishments had completed around 66,000 NMDS-SC worker records between them (out of a total population of around 125,000 workers employed by CQC regulated employers).

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

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12 [asc-wds.skillsforcare.org.uk](http://asc-wds.skillsforcare.org.uk)
NMDS-SC data was validated at source and has been through rigorous data quality checks prior to analysis.

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

As explained above, the NMDS-SC is a non-mandatory return for the independent sector; it does not have 100% coverage of the adult social care sector. However, it does contain 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 uses 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 we 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 the analysis to be representative of all adult social care workers, even if the NMDS-SC contains uneven levels of data coverage.

Skills for Care has confidence in the quality of these estimates; the methodologies used have been peer reviewed by universities as well as an independent statistician. For a detailed methodology of how these estimates were produced, please visit the Workforce Intelligence website.\(^\text{13}\)

**Terminology used in this report**

Adult social care, and the terminology used to describe it, continues to change. Our aim has been 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, 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 (referred to as ‘support and outreach workers’ throughout this report), and other care-providing job roles.

\(^{13}\) [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates)
- **other roles**, including: administrative or office staff who are not providing care, ancillary staff who are not providing care, and other job roles which are not care-providing.

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**, including care homes with nursing and care homes without nursing
- **adult day care services**
- **adult domiciliary care**, including supported living and extra care housing
- **adult community care**, including community support and outreach workers, 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 refer to the report.14

Overview of the size and structure of the adult social care sector and workforce in the West Midlands region, as at 2018

- An estimated 1,900 organisations were involved in providing or organising adult social care in the West Midlands as at 2018.
- An estimated 4,000 establishments were involved in providing or organising adult social care in the West Midlands as at 2018.
- The number of adult social care jobs in the West Midlands in 2018 was estimated at 171,000.
- The number of adult social care jobs in the West Midlands was estimated to have increased by around 9.4% (by 14,500 jobs) between 2012 and 2018.
- The number of full-time equivalent (FTE) jobs was estimated at 119,000.
- The number of people working in adult social care was estimated at 157,000.

1.1. Introduction

Knowledge of the size and structure of adult social care, in terms of employers and jobs, is fundamental in understanding the sector as a whole, 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. Skills for Care is confident in the quality of these estimates and the methodologies used have also 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 the number of people in the workforce, as well as information about the number of jobs within services that provide care and support to people with specific care needs.

14 www.skillsforcare.org.uk/sizeandstructure
1.2. Number of adult social care organisations (enterprises)

- The total number of whole PAYE or VAT-registered organisations (enterprises) involved in providing or organising adult social care in the West Midlands region, as at 2018, was estimated at 1,900.

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, which fall below the VAT registration threshold, are not included.

Around 54% of adult social care organisations were providing non-residential services and 46% were providing residential services.

Chart 1 shows that most adult social care organisations were micro (one to nine employees) or small (10-49 employees). Around 39% of organisations had one to four employees and around 84% 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 2018.

Chart 1. Estimated number of adult social care organisations in the West Midlands by size group (number of employees), 2018
Source: Skills for Care estimates based on ONS IDBR data

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

- An estimated 4,000 establishments were involved in providing or organising adult social care in the West Midlands region as at 2018.

The definition of establishments used in this section includes all local units of employment, as opposed to only the whole organisations which were counted in the previous section. For example, each individual care home within a large care-providing organisation has been 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 53% of adult social care establishments were providing residential services and 47% were providing non-residential services.

**Chart 2. Estimated proportion of adult social care establishments in the West Midlands region, by service type, 2018**
Source: Skills for Care estimates based on ONS IDBR data

<table>
<thead>
<tr>
<th></th>
<th>Residential</th>
<th>Non-residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Around two thirds of establishments (71%) were regulated by the Care Quality Commission (CQC). Chart 3 shows the change in the number of CQC-regulated adult social care establishments by service type.\(^{15}\) It shows that there has been an overall increase of around 150 establishments (an increase of 7%) between 2012 and 2018.

The chart shows that the number of non-residential CQC-regulated establishments increased by 350 over the period (an increase of 38%), whereas the number of residential CQC-regulated establishments decreased by 100 establishments (a decrease of 7%). The reasons behind this shift may be related to the Government’s policy of promoting independence for people who have care and support needs.

For example, the increase in non-residential care establishments may have been a result of the flexibility offered by personal budgets, with more people choosing care options that support them to continue to live at home.

**Chart 3. Number of CQC-regulated adult social care establishments, 2012-2018**
Source: Skills for Care estimates and CQC data

\(^{15}\) A precise trend in terms of all establishments could not be created due to changes in data sources over time.
Analysis of CQC data dating from 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 have been merely a consolidation of this part of the sector, whereby a similar amount of care was being provided by a smaller number of establishments.

In addition, 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 in residential services has increased over the period. The average number of jobs per bed has also increased over the period, suggesting a higher level of dependency of those using these services. Again, this points towards a consolidation in this part of the sector, rather than a genuine decrease in activity.

1.4. Economic contribution

The adult social care sector was estimated to contribute £40.5 billion per annum to the economy in England. Around £4.22 billion of this was contributed from the West Midlands region. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £21.0 billion in 2018/19 (up 4% from 2017/18) and £2.2 billion in the West Midlands region in 2018/19 (up 1% from 2017/18).

Table 1 shows wage bill trends between 2016/17 and 2018/19 (since the introduction of the National Living Wage (NLW)). The 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>England Wage bill</th>
<th>Percentage change from previous year</th>
<th>West Midlands Wage bill</th>
<th>Percentage change from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>£19.3 billion</td>
<td></td>
<td>£2.0 billion</td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>£20.3 billion</td>
<td>5%</td>
<td>£2.2 billion</td>
<td>6%</td>
</tr>
<tr>
<td>2018/19</td>
<td>£21.0 billion</td>
<td>4%</td>
<td>£2.2 billion</td>
<td>1%</td>
</tr>
</tbody>
</table>

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.

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Around 17,000 adults, older people and carers in the West Midlands region received direct payments in 2017/18. Skills for Care estimates that around 6,500 (38%) of these were directly employing their own staff.

Individual employers, on average, employed 2.0 PAs each, and there were an estimated 15,000 jobs working for direct payment recipients in 2018.

PAs held an average of 1.29 PA jobs each, meaning that around 10,000 people were carrying out the 15,000 jobs in 2018.

For further information about direct payment recipients and trends, please see the ‘Size and Structure of the adult social care sector and workforce in England, 2019’ report. For a detailed report, focused on individual employers and their PAs, please see the ‘Individual employers and the personal assistant workforce, 2019’ report.

1.6. Number of adult social care jobs

The number of adult social care jobs in the West Midlands region, as at 2018, was estimated at 171,000. 149,000 of these jobs were in local authorities and the independent sector.

The number of full-time equivalent (FTE) jobs was estimated at 119,000.

The number of people working in adult social care was estimated at 157,000.

The West Midlands region accounted for 11% of the 1.62 million adult social care jobs in England.

Skills for Care uses 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 our website for details.

1.6.1. Sector/type of employer

Chart 4 shows that, in the West Midlands region, around four in five (81%) jobs in adult social care were within the independent sector. Jobs in local authorities accounted for 6% of all jobs, and adult social care jobs in the NHS accounted for 5% of the total.

The workforce employed by direct payment recipients accounted for 7% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimated number of direct payment recipients employing their own staff (see Section 1.5).

17 www.skillsforcare.org.uk/sizeandstructure
18 www.skillsforcare.org.uk/IEPAreport
19 www.skillsforcare.org.uk//weightingmethodology
Since 2012, the distribution by type of employer has changed considerably in the West Midlands region, and in England as a whole. The sector has seen a shift away from local authority jobs and towards jobs working for independent employers and direct payment recipients. The number of local authority jobs decreased by 40% from 2012 to 2018, whilst the independent sector and jobs working for direct payment recipients increased by 18% and 4% respectively.

Jobs working for independent sector employers could not be accurately split into ‘private’ and ‘voluntary’ as they were in previous years, as this information is not reported by the Care Quality Commission (CQC). Estimates from the NMDS-SC suggest that approximately 75% of the jobs working for independent sector employers were in private establishments and 25% were in voluntary sector establishments.

1.6.2. Main care service

Chart 5 shows a breakdown of adult social care jobs by main service group in the West Midlands region. It shows that most jobs were split between residential and domiciliary employers (44% and 43% respectively), 2% of jobs were in day care services and 12% were community based. The chart also shows the sector/type of employer.
1.6.3. Job role groups

Table 2 shows that around three-quarters of adult social care jobs were directly providing care (76%). Managerial and supervisory roles accounted for 7% of jobs, regulated professions accounted for 5% and the ‘Other’ category accounted for 12% 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.

<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>171,000</td>
<td>76%</td>
</tr>
<tr>
<td>Direct care</td>
<td>130,000</td>
<td>76%</td>
</tr>
<tr>
<td>Managerial</td>
<td>12,000</td>
<td>7%</td>
</tr>
<tr>
<td>Regulated professional</td>
<td>8,700</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>20,500</td>
<td>12%</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 West Midlands 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 93,000 roles being carried out as at 2018. Care workers accounted for just over half (54%) of all jobs in the adult social care sector. It also shows that ‘Jobs working for direct payment recipients’ (15,000) was the second most common job role and ‘Ancillary’ jobs were the third most common (10,500).
Chart 6. Estimated number of adult social care jobs by individual job roles
Source: Skills for Care estimates

* ‘Other’ includes 18 job roles, which were estimated to include fewer than 450 jobs in total.
Regulated professional roles

The sub-sections below focus on the three main regulated professions in the adult social care sector. Although these roles represent 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 in terms of integrated health and social care planning and delivery.

Registered nurses

In 2018, there were an estimated 4,500 registered nurse jobs in the adult social care sector. Most of these jobs were in care homes with nursing in the independent sector (4,200) and around 225 involved working 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 1.9.1.

Occupational therapists

There were 300 occupational therapists identified as working in adult social care settings (225 of which were employed by local authorities), with at least a further 75 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 1,600 occupational therapist roles identified in the NHS. Although the majority of occupational therapists work within adult social care, their roles will also involve assessing the needs of disabled children.

Social workers

As at 2018, there were an estimated 1,800 social worker jobs in the adult social care sector. Many of these jobs (1,700) were within local authorities, and around 75 were in the independent sector. Data from NHS Digital shows that there were around 350 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be related to social care.

1.7. Number of full-time equivalent jobs

- The number of full-time equivalent (FTE) adult social care jobs in the West Midlands region, as at 2018, was estimated at 119,000.

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 hours and additional hours data to estimates of the total number of jobs. 37 hours per week has been classed as ‘full-time’.

Table 3 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2018, there were an estimated 119,000 FTE adult social care jobs. This estimate was considerably lower than the total number of jobs (171,000), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs
working for direct payment recipients which make up a smaller percentage of FTE jobs (5%) than all jobs (7%).

Table 3. Estimated adult social care jobs and FTE jobs in the West Midlands, 2018
Source: Skills for Care estimates

<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>171,000</td>
<td>119,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>139,000</td>
<td>81%</td>
<td>97,000</td>
<td>81%</td>
</tr>
<tr>
<td>Local authority</td>
<td>10,600</td>
<td>6%</td>
<td>8,700</td>
<td>7%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>15,000</td>
<td>7%</td>
<td>5,000</td>
<td>5%</td>
</tr>
<tr>
<td>NHS</td>
<td>9,100</td>
<td>5%</td>
<td>7,700</td>
<td>6%</td>
</tr>
</tbody>
</table>

1.8. Number of people

- The number of people working in adult social care in the West Midlands region, as at 2018, was estimated at 157,000.

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

Chart 7 shows the estimated number of jobs per worker by type of employer in the West Midlands region. It shows that people employed by direct payment recipients were much more likely to hold more than one adult social care job (129 jobs per 100 people) than the overall average (109 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 West Midlands region, 2018
Source: Skills for Care estimates

According to the Labour Force Survey (LFS), the West Midlands region had an economically active population of 2.93 million people in 2018/19. Therefore, because the adult social care sector employed an estimated 157,000 people, it is estimated that 5.4% 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 West Midlands region were:

1. an increase in the size of the workforce (up 9.4%, or 14,500 jobs, between 2012 and 2018)
2. an increase in independent sector jobs (up 18.1%, or 21,500 jobs)
3. a decrease in local authority jobs (down 39.6%, or 6,900 jobs)
4. an increase in jobs for care homes with nursing (up 14.9%, or 4,400 jobs)
5. an increase in the number of jobs in domiciliary care (up 17.3%, or 11,000 jobs).

Chart 8 shows the overall growth of the workforce, which has been increasing since 2012, at an average rate of 1.5% per year. The overall increase in the number of jobs between 2012 and 2018 was estimated at around 14,500 jobs (an increase of 9.4%).

**Chart 8. Estimated number of adult social care jobs and percentage change in the number of jobs in the West Midlands region, 2012-2018**

Source: Skills for Care estimates

The number of adult social care jobs in the West Midlands region increased by around 0.7% (1,200 jobs) between 2017 and 2018, from 170,000 to 171,000. Jobs working for independent employers increased by 3.7% (4,900 more jobs). The number of adult social care jobs in the NHS decreased (down by 29%, or 3,700 jobs) over the period. The number of local authority jobs decreased by 5.3% (600 jobs) over the same period.

For further information about job trends by sector, by care service or job role at a national level, please refer to the ‘Size and structure of the adult social care sector and workforce, 2019’ report.20

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20 [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
1.9.1. Registered nurse job trends

In the West Midlands, registered nurses were one of the only jobs in adult social care to see a significant decrease since 2012 (down 750 jobs, or 14%).

This could be related to the recruitment and retention problem facing employers of registered nurses (see Chapter 3 – Recruitment and retention) and that ‘Nursing assistant’ roles are increasing, resulting in some tasks previously carried out by nurses being taken on by these new staff members.

Also, in December 2015, the Government announced a plan to create a new ‘Nursing associate’ role. The new role is designed to work alongside registered nurses and direct care-providing staff to deliver hands-on care, allowing for a number of clinical tasks currently undertaken by nurses to be met by the new role. This would also ensure that high quality care and support could be delivered to the people who use services, and offer a clear career progression for those wanting to become a registered nurse.

The nursing associate role is regulated by the Nursing and Midwifery Council. In 2017, there were around 2,000 student nursing associates undertaking a two-year education and training programme. The first associates joined the register from 28 January 2019. A further 5,000 students were recruited in 2018 and 7,500 recruits were planned for 2019.21 Some of these students may choose to join adult social care when they complete their training programme. Skills for Care will continue to monitor any trends arising.

Registered nurses of all types have been included in the Migration Advisory Committee’s Shortage Occupation List (SOL) since 2013 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 7.8% (see section Error! Reference source not found.). It was noted, in the May 2019 review of the SOL, that numbers of registered nurses have continued to fall, with recommendations from the committee that nursing roles remain on the SOL due to ongoing difficulties in recruitment of nurses across the health and social care sector.22

1.10. People who receive care and support

Information is collected about the care and support needs that establishments offer services for. Employers can select from a list of 42 care needs. An establishment may offer services for people with multiple care and support needs.

In the table below, ‘Specialist’ refers to providers that provide care and support for only one care and support need. The term ‘Generalist’ refers to providers that meet 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.

21 www.nmc.org.uk/standards/nursing-associates/
22 www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019
(See pages 95-99 for nurse information)
### Table 4. Estimated jobs by care and support need and sector, 2018/19
Source: Skills for Care estimates

<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><strong>All sectors</strong></td>
<td>Total</td>
<td>96,000</td>
<td>72,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Local authority</strong></td>
<td>Total</td>
<td>6,600</td>
<td>6,500</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>97%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Independent</strong></td>
<td>Total</td>
<td>88,000</td>
<td>62,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Direct payment recipients</strong></td>
<td>Total (Specialist)</td>
<td>500</td>
<td>3,800</td>
</tr>
</tbody>
</table>

### Table 5. Estimated jobs by care and support need, and service group, 2018/19
Source: Skills for Care estimates

<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><strong>All services</strong></td>
<td>Total</td>
<td>96,000</td>
<td>72,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Adult residential</strong></td>
<td>Total</td>
<td>46,000</td>
<td>19,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Adult day care</strong></td>
<td>Total</td>
<td>950</td>
<td>2,800</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>5%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>95%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>Adult domiciliary</strong></td>
<td>Total</td>
<td>44,000</td>
<td>43,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Adult community</strong></td>
<td>Total</td>
<td>4,400</td>
<td>6,400</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>100%</td>
<td>68%</td>
</tr>
</tbody>
</table>
Using CQC provider information, we analysed establishments over time to assess any changes in the proportions of CQC establishments that were ‘Specialist’ or ‘Generalist’. The number of regulated services provided by establishments had remained relatively stable over the period, with 89% of locations providing just one regulated service in 2018. Table 6 highlights these changes.

Please note that one regulated service is classed as a ‘Specialist’ in Table 4 and 5.

**Table 6. Number of regulated services at CQC-regulated locations in England**  
Source: CQC provider information, October 2014 to October 2018

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>One service</td>
<td>88%</td>
<td>88%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Two services</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Three or more services</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Employment overview
Overview of employment information of the adult social care workforce in the West Midlands region, as at 2018/19

- The majority (92%) of the adult social care workforce in the West Midlands region were employed on permanent contracts.
- Approximately half of the workforce (50%) worked on a full-time basis, 39% were part-time and the remaining 11% had no fixed hours.
- Around a quarter of the workforce (24%) was employed on a zero-hours contract (36,000 jobs).
- Around half (48%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (57%).
- The percentage of workers employed on zero-hours contracts between 2012/13 and 2018/19 has remained relatively stable over this period.

### 2.1. Introduction

Understanding employment information is useful because it provides insight into both flexible/part-time working and employment practices in 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 within local authorities, independent sector providers and those working for direct payment recipients.

### 2.2. Employment status

The majority (92%) of the adult social care workforce in the West Midlands region were employed on a permanent contract (see Table 7). Employment status varied by job role, notably managerial staff and senior care workers, who were more likely to be employed on permanent contracts. Employers had a higher reliance on bank/pool registered nurses 8% than any other job roles.
Table 7. Estimated employment status of the adult social care workforce in the West Midlands region, by selected job roles, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>All job roles</th>
<th>Permanent</th>
<th>Temporary</th>
<th>Bank or pool</th>
<th>Agency</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>97%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>2%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>99%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>90%</td>
<td>3%</td>
<td>1%</td>
<td>6%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>86%</td>
<td>10%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>88%</td>
<td>2%</td>
<td>8%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>98%</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Care worker</td>
<td>91%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Support and outreach worker</td>
<td>91%</td>
<td>3%</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; these estimates should be interpreted as an indication of the average number of the above types of worker being utilised at any one time. The total number of workers that are not directly employed used throughout the year will be much higher. For example, an establishment may have used several agency staff throughout the year, but none may be in post on the date that the organisation completed their NMDS-SC data.

2.3. Full/part-time status

Approximately half of the adult social care workforce (50%) in the West Midlands region worked on a full-time basis, whilst 39% were part-time. The remaining 11% were neither full nor part-time (workers without set hours). Chart 9 shows that full/part-time status varied by job role. Most registered managers (93%) and senior managers (91%) worked full-time. This was also true for senior care workers (72%) and social workers (75%). Care workers (making up around half of the workforce) had the lowest proportion of full-time staff (45%).

Chart 9. Estimated full-/part-time status of the adult social care workforce in the West Midlands region, by selected job role, 2018/19
Source: Skills for Care estimates
2.4. Zero-hours contracts

A zero-hours contract is a contract type in which 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 them to 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 can offer a positive opportunity for some employees because it can offer good work/life balance and a flexibility that could suit family or other commitments. However, it can be ‘insecure work’ and prove negative in terms of financial planning and uncertainty for other employees.

In the West Midlands region, around a quarter of the adult social care workforce (24%, or 36,000 jobs) were employed on zero-hours contracts. 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 (34%), followed by support and outreach workers (14%) and registered nurses (14%). Chart 10 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract jobs in brackets.

Chart 10. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job role, in the West Midlands region, 2018/19

Source: Skills for Care estimates

As well as variation in the proportion of workers employed on zero-hours contracts by job role, there was also wide 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 57% of care workers and 63% of registered nurses recorded with this contract type. In general, residential, day care and community care services had lower proportions of zero-hours staff.
Chart 11. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, in the West Midlands region, 2018/19

Source: Skills for Care estimates

When drawing conclusions based on Chart 11, it should be noted that the majority of registered nurses work within residential care settings (4,300, or 95%) and fewer work within domiciliary care (200, or 4%), community care (25 or 1%) and day care services (<25).

The Living Wage Foundation (LWF) recently launched a campaign targeted at ‘living hours’ work with the aim of tackling work insecurity. Their research found that one in six workers across all sectors were in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as ‘insecure’ for the purposes of this research.

Using NMDS-SC information for the independent sector only, around 30% of adult social care jobs were roles with fewer than 16 contracted hours per week or zero-hours contracts.

We also found that workers with fewer contracted hours were more likely to leave their role. For further information, please see Chapter 8 – Data science.

2.5. Zero-hours contract trends

Table 8 shows that the percentage of staff employed on a zero-hours contracts in the West Midlands region remained relatively stable between 2012/13 and 2018/19.

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24 Please note that this information was correct as at March 2019 and included only those workers that had contracted hours recorded, meaning that coverage of the workforce is not 100%.
It should be noted that, although no precise trend is available, evidence suggests that the proportion of workers employed on zero-hours contracts was substantially lower prior to 2012.

**Table 8. Estimated zero-hours contract trend of selected job roles within the adult social care workforce in the West Midlands region, 2012/13 to 2018/19**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>-</td>
<td>1%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>-</td>
<td>-1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>-</td>
<td>-1%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>17%</td>
<td>18%</td>
<td>18%</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
<td>11%</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>-3%</td>
</tr>
<tr>
<td>Care worker</td>
<td>35%</td>
<td>34%</td>
<td>33%</td>
<td>34%</td>
<td>31%</td>
<td>32%</td>
<td>34%</td>
<td>-2%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>12%</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>3%</td>
</tr>
</tbody>
</table>

* Rows may not sum due to rounding.

Chart 12 highlights the change from 2012/13 to 2018/19 for registered nurses, senior care workers and care workers. Registered nurses presented the largest decrease of the selected job roles (from 17% to 14%).

**Chart 12. Estimated zero-hours contract trend of selected job roles within the adult social care workforce in the West Midlands region, 2012/13 to 2018/19**

Source: Skills for Care estimates
Recruitment and retention
Overview of recruitment and retention of the adult social care workforce in the West Midlands region, 2018/19

- Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector in the West Midlands region was 31.2%, equivalent to approximately 44,000 leavers over the year. Many of those that leave remain within the sector, as 69% of recruitment is from within adult social care.
- The turnover rate was higher in registered nursing roles (32.2%) and care worker roles (38.3%); the care worker turnover rate within domiciliary providers was 41.7%.
- Turnover rates have increased steadily, by a total of 8.2 percentage points, between 2012/13 and 2018/19.
- Some employers were struggling to find and recruit suitable candidates to join the sector. A significant proportion of staff turnover was a result of people leaving the sector soon after joining.
- Skills for Care estimates that 7.4% of the roles in adult social care were vacant in the West Midlands region, equal to approximately 11,500 vacancies at any time. Between 2012/13 and 2018/19, the vacancy rate rose by 2.7 percentage points. In 2018/19, the vacancy rate increased by 1.1 percentage points when compared with the previous year.
- The average number of sickness days lost was 4.8; this equates to approximately 680,000 days lost due to sickness in the past 12 months.

31.2% Leavers rate in the past 12 months
69% of recruitment was from within adult social care
8 years Average experience in the sector
7.4% Vacancy rate (11,500 vacancies)

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 the adult social care sector is able to attract and retain staff with the appropriate skills, values and behaviours, to raise and deliver quality standards for the people who use social care services. The high level of movement within the current adult social 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 staff members who perform better, with lower sickness rates, and greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. Additional research also found that retention was influenced by the level of learning and development, the values of the organisation and the involvement of colleagues in decision-making.25

25 www.skillsforcare.org.uk/recruitment-retention/retaining-staff
For further information on recruiting for values, and other Skills for Care research into staff retention, please visit the Skills for Care website. 

We have also been working with the University of Leeds and an independent data scientist to develop machine learning models that use NMDS-SC data to identify the key factors that influence turnover rates and CQC scores. For further information, please see Chapter 8 – Data Science.

Good quality workforce intelligence, collected and analysed by Skills for Care, 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 statistical, rather than just anecdotal, evidence. It has also been used to help in providing evidence for the need to create recruitment and retention initiatives for the sector, such as the ‘Values-based recruitment and retention toolkit’ and ‘Seeing potential: widen your talent pool’.

### 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 3.5 for further details.

Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector in the West Midlands region was 31.2%. This equates to approximately 44,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 69% of recruitment comes from within adult social care. Turnover rates varied between sectors, services and job roles. Chart 13 shows that local authorities (15.1%) had a much lower turnover rate than that of the independent sector (32.4%).

#### Chart 13. Estimated staff turnover rate in the West Midlands region, by sector and care service, 2018/19

<table>
<thead>
<tr>
<th>Sector</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>31.2%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>15.1%</td>
</tr>
<tr>
<td>Independent</td>
<td>32.4%</td>
</tr>
<tr>
<td>Residential</td>
<td>28.7%</td>
</tr>
<tr>
<td>Day</td>
<td>15.5%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>36.5%</td>
</tr>
<tr>
<td>Community care</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

Source: Skills for Care estimates

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26 [www.skillsforcare.org.uk/values](http://www.skillsforcare.org.uk/values)
27 [www.skillsforcare.org.uk/vba](http://www.skillsforcare.org.uk/vba)
28 [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
The turnover rate was higher for domiciliary care providers than for other service types, with around a third leaving their roles within the past 12 months (36.5%). This was highest for care workers, with a turnover rate of 41.7%, meaning that around two in five had left their roles within the past 12 months.

Chart 14 shows that care workers had the highest turnover rate of direct care-providing roles, at 38.3%, almost twice that of senior care workers at 20.8%. Registered nurses also had a relatively high turnover rate (32.2%), equivalent to around 1,300 leavers, compared to other regulated professions, such as social workers (16.5%) and occupational therapists (14.7%). However, the majority of registered nurse roles were employed in independent social care providers, where turnover rates are known to be higher (see Chart 13), whereas social worker and occupational therapist roles were mostly employed by local authorities.

Managerial roles had relatively low turnover rates at 17.0%, whereas direct care-providing roles had the highest rates at 35.3%. There was also variation between specific roles within each job group.

### Chart 14. Estimated staff turnover rates in the West Midlands region by selected job roles, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Role</th>
<th>2018/19 Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>31.2%</td>
</tr>
<tr>
<td>Direct care</td>
<td>35.3%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>20.8%</td>
</tr>
<tr>
<td>Care worker</td>
<td>38.3%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>20.0%</td>
</tr>
<tr>
<td>Managerial/Supervisor</td>
<td>17.0%</td>
</tr>
<tr>
<td>Senior management</td>
<td>10.9%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>23.7%</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td>26.6%</td>
</tr>
<tr>
<td>Social worker</td>
<td>16.5%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>14.7%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

Around a quarter of registered managers left their role in the previous 12 months (23.7%); this was relatively high compared to other managerial roles and equates to around 600 leavers in total 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 members leaving their roles within the previous 12 months for each year between 2012/13 and 2018/19, in the West Midlands region.

Turnover rates increased by 8.2 percentage points between 2012/13 and 2018/19. Turnover rates for those employed by local authority providers increased at a slower rate (by less than one percentage point over the period) compared to those in the independent sector which rose by 8.2 percentage points.

**Chart 15. Turnover rate trend of all job roles in the West Midlands region, by sector, between 2012/13 and 2018/19**
Source: Skills for Care estimates

The turnover rate of registered managers increased between 2013/14 and 2018/19, by 5.7 percentage points. Senior manager turnover rates also increased over the period from 6.3% to 10.9%.

**Chart 16. Turnover rate of selected managerial roles in the West Midlands region between 2012/13 and 2018/19**
Source: Skills for Care estimates

Each of the direct care-providing roles in Chart 17 showed an increase in turnover rate between 2012/13 and 2018/19. Care worker roles, which had the highest turnover rate, at 38.3%, also showed a large increase since 2012/13, rising by 9.5 percentage points. Senior care worker turnover rose by 9.4 percentage points between 2012/13 and 2018/19.
Chart 17. Turnover rate of selected direct care-providing roles in the West Midlands region between 2012/13 and 2018/19
Source: Skills for Care estimates

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 around a quarter (26.5%) of independent sector employers have an annual turnover rate of less than 10% in the West Midlands region.

Skills for Care published research (2017) in which employers with a turnover rate of less than 10% were asked to consider what they believed contributed to their success in relation to recruitment and retention. Results included:
▪ investing in learning and development (94%)
▪ embedding the values of the organisation (92%)
▪ celebrating both the achievements of the organisation and the individual (86%)
▪ involving colleagues in decision making (81%).

Research was also conducted to measure the impact of values-based recruitment. This report found that:
▪ 58% of staff recruited for values were better at developing the skills needed for their role
▪ 72% of staff recruited for values performed better than those recruited using traditional methods
▪ 62% of staff recruited for values had lower rates of sickness and absence
▪ 3 in 4 employers reported that staff recruited for values exhibited better social care values than those recruited using traditional methods.

For further information, please visit Skills for Care’s website.

29 [www.skillsforcare.org.uk/Recruitment-retention/retaining-staff](http://www.skillsforcare.org.uk/Recruitment-retention/retaining-staff)
31 [www.skillsforcare.org.uk/randr](http://www.skillsforcare.org.uk/randr)
3.3. Workforce factors affecting care worker turnover rates

Together with an independent data scientist, we used data from the NMDS-SC in March 2018 and March 2019, to create machine learning models to provide insights into the factors which influence a worker’s propensity to leave their role. Several factors were identified, including: a worker’s age, their experience in role, sickness rates and pay, as well as variables at the establishment level, such as how long a manager had been in post and the size of the establishment.

Skills for Care has also been working with the University of Leeds to build models which assess the impact that workforce variables may have on the quality of care. This was achieved by connecting NMDS-SC data with CQC information and analysing the relationships within the data using machine learning techniques. Results of this study will be published in an academic paper in due course. For more details on this analysis, please refer to Chapter 8 – Data Science.

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 39.4% in the West Midlands region. This equates to 56,000 new starters.

It should be noted that the starters rate reflects staff that are new to their roles. This is a mixture of those new to the adult social care sector (31%) and churn within the adult social care sector (69%), i.e. people moving from different employers or within the same organisation. Please see Section 3.8 for further information.

Chart 18. Estimated starters rate of directly employed workers in the West Midlands region, by selected job role, 2018/19
Source: Skills for Care estimates
Care workers experienced the highest starters rate, at 49.0%, followed by registered nurses (35.1%) and support and outreach workers, at (25.1%). These job roles also had the highest turnover rates, highlighting the amount of churn within the sector.

3.5. Comparing starters and leavers rates

The starters rate consisted of a combination of needing to replace leavers and filling a growing demand for workers in the adult social care sector. This starters rate includes those workers who were new to their roles in the previous 12 months and all new roles within establishments that were newly established within the past year. There were around 56,000 starters in the past 12 months.

The turnover rate includes leavers from social care establishments still operating as at March 2019 only, meaning that those workers employed by establishments that closed within the last year were not included in this estimate. There were approximately 39,000 leavers from active establishments. Skills for Care analysis of NMDS-SC and the CQC database shows 172 service closures identified over the period, with an estimated net of 6,000 more leavers than starters from these CQC services.

Section 1.9 shows that there was an estimated increase of 1,200 jobs between 2017 and 2018 in the adult social care sector, from a total workforce of 170,000 to 171,000. Taking leavers from closed services into account, the difference between the number of starters and leavers, including those at closed establishments, results in a similar figure, thereby corroborating these findings. However, it is worthy of note that the time frames are slightly different.

3.6. Age worker started in the adult social care sector

Information about the age of a worker and the year they started working in the adult social care sector is collected; therefore the age at which they started working in the sector can be calculated.

The average age of a person joining the adult social care workforce was 34 years old in the West Midlands 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 further information, please see ‘Experience in sector’ (Section 3.7.1) and ‘Career progression in adult social care’ (Section 6.6).
A significant increase in demand for labour in the sector is forecast (see Chapter 7 – Workforce forecasts). 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 several initiatives to encourage employers to see potential in people who have traditionally been under-represented in the sector, or those 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, male workers and younger workers. Please visit the Skills for Care website for further information.32

### 3.7. Experience of the adult social care workforce

In the West Midlands region, although the turnover rate within the sector was estimated at 31.2%, turnover is not universally high. Approximately a quarter (26.5%) of employers reported a turnover rate of less than 10%. The sector also has an experienced core of workers.

#### 3.7.1. Experience in sector

Workers in the West Midlands region had, on average, eight years of experience in the sector and 69% of the workforce had been working in the sector for at least three years. Chart 20 shows that managers had the most experience in the sector, an average of 18.3 years for registered managers and 16.6 years for senior management.

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32 [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
Within regulated professional roles, registered nurses had the most experience in the sector, with 14.3 years, compared to 10.4 years for social workers and 9.5 years for occupational therapists. Care workers had the lowest average number of years of experience at 6.5 years, and senior care workers had an average of 10.8 years.

Around a third (31%) 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 a larger proportion of workers with less than three years of experience (38%). In contrast, 75% of registered managers have worked in the sector for 10 years or more.

**Chart 20. Estimated year bands and average number of years of experience working in the adult social care by selected job role in the West Midlands region, 2018/19**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</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>31%</td>
<td>37%</td>
<td>32%</td>
</tr>
<tr>
<td>Senior management</td>
<td>5%</td>
<td>25%</td>
<td>69%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>5%</td>
<td>20%</td>
<td>75%</td>
</tr>
<tr>
<td>Social worker</td>
<td>19%</td>
<td>39%</td>
<td>43%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>17%</td>
<td>28%</td>
<td>55%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>11%</td>
<td>42%</td>
<td>47%</td>
</tr>
<tr>
<td>Care worker</td>
<td>38%</td>
<td>38%</td>
<td>24%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>26%</td>
<td>37%</td>
<td>37%</td>
</tr>
</tbody>
</table>

**3.7.2. Experience in role**

In the West Midlands region, workers had, on average, 4.2 years of experience in role (4 years less than experience in sector). Chart 21 shows information on workers’ experience in their current role. The average number of years of experience for a care worker was 3.2 years. By contrast, senior managers and registered managers had more experience in their current role. On average, this was around 7.4 years and 7.7 years respectively.

Registered nurses had an average of 3.6 years of experience in role, which was amongst the lowest of the job roles shown in Chart 21. However, they had amongst the highest average number of years of experience of working in the sector (14.3 years). This is likely a result of the relatively high turnover rate for registered nurses (32.2%) 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 those in the independent sector. The local authority sector showed a greater level of experience in sector than in role (around 10.5 years) compared to the independent sector (3.7 years). This further highlights the level of churn within adult social care.

### Chart 22. Comparison of average number of years of experience in current role and adult social care, by sector, in the West Midlands region, 2018/19

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Sector</th>
<th>Avg. exp. in sector</th>
<th>Avg. exp. in role</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>4.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Local authority</td>
<td>3.7</td>
<td>7.9</td>
</tr>
<tr>
<td>Independent</td>
<td>13.0</td>
<td>10.5</td>
</tr>
</tbody>
</table>

3.8. **Source of recruitment**

Information is collected about the source of recruitment of workers. These sources can 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 and other sources.

Although the turnover rate (31.2%) is relatively high, 69% of starters were recruited from within adult social care; therefore, the sector has retained the skills and experience of these workers.
However, it also means that a large proportion of employers were going through the recruitment process at any one time, with workers moving between employers with high regularity, and at considerable cost to the sector.

The Department of Health and Social Care launched a new recruitment campaign in February 2019, ‘Every Day is Different’. The campaign aims to showcase the breadth of jobs on offer within the sector and to encourage the recruitment of individuals with the necessary values.

For further information, please visit the ‘Every Day is Different’ website.33

Chart 23. Estimated source of recruitment from within, and outside of, the adult social care sector, by selected job roles, in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Within adult social care</th>
<th>Outside of adult social care</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Senior management</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Social worker</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Care worker</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>71%</td>
<td>29%</td>
</tr>
</tbody>
</table>

3.9. Reason for leaving

It should be noted that coverage of reasons for leaving is lower than for other areas of this report, as employers do not always know why staff members 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 9 groups responses into voluntary and involuntary reasons for leaving. Workers were more than twice as likely to leave voluntarily (61%) than for involuntary reasons (25%). The most frequently observed voluntary reasons for leaving were: 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 (5%), compared with independent sector providers (3%). The average age of workers in local authority providers was higher (48.0 years old) than in independent providers (42.6 years old). This trend is likely to continue; a higher proportion of staff

33 [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
members were aged 55 and over, and therefore likely to retire within the next 10 years (31% in the local authority and 23% in the independent sector).

Whilst only 3% (overall) reported that pay was their reason for leaving their posts, it should be noted that other reasons for leaving (such as career development and competition from other employers) may be influenced by pay rates. Also, employers may not always know the reasons why their staff leave. By observing workers over time, turnover has been demonstrated to be correlated with pay, with workers on higher rates of pay less likely to leave their roles (for further details, please see Chapter 8 – Data science).

Table 9. Reasons for leaving
Source: NMDS-SC unweighted data 2018/19

<table>
<thead>
<tr>
<th></th>
<th>All sectors</th>
<th>Independent</th>
<th>Local authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career development</td>
<td>11%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Competition from other employers</td>
<td>4%</td>
<td>4%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Conditions of employment</td>
<td>1%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Pay</td>
<td>3%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Personal reasons</td>
<td>20%</td>
<td>22%</td>
<td>1%</td>
</tr>
<tr>
<td>Resignation (other or undisclosed reasons)</td>
<td>12%</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>Retirement</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Nature of the work</td>
<td>7%</td>
<td>7%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Involuntary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Dismissal</td>
<td>8%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>End of contract term</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Redundancy</td>
<td>2%</td>
<td>1%</td>
<td>12%</td>
</tr>
<tr>
<td>Transferred to another employer</td>
<td>13%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>11%</td>
<td>47%</td>
</tr>
</tbody>
</table>

3.10. Sickness rates

Supporting the health and wellbeing of staff can have a positive impact on their performance, but especially when this is aligned with the culture of the organisation. Workplace culture is the character and personality of your organisation; having a positive workplace culture has been found to be vital in the delivery of higher quality care and support. Skills for Care has launched the ‘Culture for care’ toolkit to guide employers towards developing a positive workplace culture.34

Skills for Care understands that the daily stress of care work can contribute to absence through sickness; it is crucial that employers support their staff to become resilient, help them to cope better under pressure, and to protect them from mental and physical ill health.

34 [www.skillsforcare.org.uk/culture](http://www.skillsforcare.org.uk/culture)
The ‘Greater resilience, better care’ resource has been developed to help managers approach the wellbeing of their staff positively and to offer practical ideas on how they are able to improve the working environment for their staff. With an estimated workforce of 142,000 directly employed staff (permanent and temporary only) within local authorities and independent sector providers, and an average of 4.8 sickness days in 2018/19, a total of approximately 680,000 days were lost due to sickness in the year.

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, with 8.6 and 7.8 days per year on average, respectively.

However, registered nurses had amongst the lowest sickness rates, with an average of 3.4 days. It should be noted that most 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, may also provide an indication of low rates of wellbeing in a workplace.

The proportion of workers taking zero sickness days within the year was high across the sector, at almost two thirds (62%) of the workforce. Senior managers (83%) and registered managers (74%) had the highest proportions of zero sickness. Care workers and senior care workers had a similar proportion of zero sickness days (62% and 55% respectively).

On average, sickness rates were higher within the local authority (9.3 days for all job roles and 10.4 days for care workers) than the independent sector providers (4.4 days for all job roles and 4.8 days for care workers). This may reflect differing terms and conditions.

Chart 24. Estimated sickness bands and average sickness days taken by selected job role in the West Midlands region, 2018/19
Source: Skills for Care estimate, 2018/19

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Zero 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>62%</td>
<td>25%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Senior management</td>
<td>83%</td>
<td>14%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>74%</td>
<td>18%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Social worker</td>
<td>53%</td>
<td>25%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>58%</td>
<td>24%</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>63%</td>
<td>27%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>55%</td>
<td>29%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Care worker</td>
<td>62%</td>
<td>24%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>50%</td>
<td>28%</td>
<td>12%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Mean sickness: 4.8, 1.1, 2.3, 8.6, 6.2, 3.4, 4.5, 5.0, 7.8
3.11. Vacancy rates

Skills for Care estimates that, in the West Midlands region, 7.4% of roles in the adult social care sector were vacant. This represents an average of approximately 11,500 vacancies at any one time.

The majority (8,500) of the vacancies were for care worker jobs. The vacancy rate for care workers (8.9%) was also higher than for other direct care-providing roles, including senior care workers (5.1%) and support and outreach workers (6.1%).

Vacancy rates for registered managers were higher (11.5%) than for other managerial roles (5.7%), equivalent to around 350 vacancies at any given point in 2018/19.

Vacancy rates for direct care were the highest out of all job role groups (8.3%). Registered managers had the highest vacancy rate of all job roles, at 11.5%. Social workers also had relatively high turnover and starter rates, which is likely to be a contributing factor to this high vacancy rate. Nurses were added to the UK Shortage Occupation List\(^{36}\) in 2015 and have remained listed as such ever since.

The Shortage Occupation List is an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts; it can make it easier for employers to recruit migrant workers. Unlike any other listed role, employers are required to supply 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 25. Estimated vacancy rate by selected job role in the West Midlands region, 2018/19
Source: Skills for Care estimates

[Chart showing vacancy rates by job role]

\(^{36}\) [http://www.visabureau.com/uk/shortage-occupations-list.aspx]
Chart 26 shows that there is also variation between the services provided. Domiciliary care services had the highest vacancy rates at 11.3%, which was more than four times that of adult day care services (2.7%).

**Chart 26. Estimated vacancy rate by sector and service provided in the West Midlands region, 2018/19**
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>7.4%</td>
</tr>
<tr>
<td>Local authority</td>
<td>3.5%</td>
</tr>
<tr>
<td>Independent</td>
<td>7.7%</td>
</tr>
<tr>
<td>Residential</td>
<td>4.7%</td>
</tr>
<tr>
<td>Day</td>
<td>2.7%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>4.2%</td>
</tr>
<tr>
<td>Community care</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

**3.11.1. Vacancy rate trends**

The vacancy rate has risen by 2.7 percentage points between 2012/13 and 2018/19. 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 adult social care sector continues to grow, coupled with an ageing population. We will continue to monitor this trend and any side effects on other workforce measures.

Chart 27 shows that the registered manager vacancy rates have been stable since 2013/14, the highest and lowest rates were 9.9% (2015/16) and 12.6% (2014/15) respectively. Our analysis of CQC ratings data shows that services without a registered manager in post at the time of inspection (or in the year leading up to inspection) were less likely to achieve ‘good’ or ‘outstanding’ CQC ratings.

**Chart 27. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2018/19, West Midlands**
Source: Skills for Care estimates
The vacancy rate for registered nurses increased by 3.8 percentage points over the period. This suggests that supply of these workers is falling short of demand and 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, occupational therapists and registered nurses fluctuated between 2012/13 and 2018/19. The largest increase in vacancy rate between 2012/13 and 2018/19 was for registered nurses (3.8%). These report findings could point towards potential supply issues for adult social care.

**Chart 28. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2018/19, West Midlands**
Source: Skills for Care estimates

In the West Midlands region, the vacancy rate of senior care workers and care workers, shown below, increased steadily between 2012/13 and 2018/19. The senior care worker vacancy rates increased by 3.2 percentage points between 2012/13 and 2018/19. The care worker vacancy rates increased by 2.7 percentage points over the whole period.

**Chart 29. Vacancy rate trends for selected direct care-providing roles between 2012/13 and 2018/19, West Midlands**
Source: Skills for Care estimates

The increase in vacancy rates for direct care-providing roles could be linked to the fall in unemployment rates in the West Midlands region over the period. Office for National
Statistics (ONS) data shows that the unemployment rate was 7.7% in 2012/13, but that it had fallen to 4.6% by 2018/19.\textsuperscript{37}

The proportion of people that were economically inactive but seeking a job had increased from 22.2% in 2012/13 to 22.5% in 2018/19. In absolute terms, this was a decrease from 145,000 people, to 139,000 people looking for work.\textsuperscript{38} Despite this decrease, there were 11,500 vacant positions in adult social care in the West Midlands in 2018/19, representing a considerable pool of prospective workers that may have been available to work in adult social care.

Another influencing factor in the increasing vacancy rates in adult social care, particularly in care worker roles, may have been rates of pay. The median hourly rate for a care worker in adult social care was £8.00 in the West Midlands region in 2018/19. This was an increase of £1.43 since September 2012, when median pay was £6.57 per hour.

However, although care worker pay has increased in adult social care, it is still amongst the lowest across the economy. Chart 30 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission).

Historically, care worker median hourly pay was higher than for all of the selected job roles. However, by 2018/19, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour than care workers, on average, in 2012/13. By 2018/19, this gap had reduced to 14 pence. Comparably, sales and retail assistants earned 13 pence per hour less in 2012/13, but in 2018/19, they earned 10 pence per hour more than care workers, on average.\textsuperscript{39}

Despite pay growing quickly, more workers were being paid the National Living Wage (NLW), or close to this, in adult social care; this may also be contributing to rising vacancy rates. For further information on pay, please see Chapter 5 – Pay rates.

\textsuperscript{37} ONS Annual Population Survey, 2019
\textsuperscript{38} ONS Annual Population Survey, 2019
\textsuperscript{39} ONS Annual Survey of Hours and Earning – Resident Analysis, 2019
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 rise since the referendum (see Section 4.6.1). However, Brexit continues to have the potential to cause future supply issues for the adult social care workforce, depending on the immigration rules applied post Brexit.

The Government has recognised the recruitment and retention challenge in adult social care and launched the ‘Every Day is Different’ campaign in February 2019. The campaign aims to:

- attract new people with values suited to the sector
- increase interest in working in the sector as a vocation
- showcase the range of job roles on offer, with an initial focus on direct care-providing roles including care workers
- equip the sector with tools to campaign, recruit and retain staff
- provide advice on recruitment and retention of the right staff.

For further information, please visit the ‘Every Day is Different’ website.\(^{40}\)

As the information in this report was correct as at March 2019 for the independent sector, this recruitment campaign had not yet had time to impact the vacancy rates. Skills for Care will review vacancy rate trends moving forwards to identify any changes considering the campaign.

\(^{40}\) [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
Overview of adult social care workforce demographics in the West Midlands region, 2018/19

- The adult social care workforce was comprised of 85% female and 15% male workers.
- The average age of a worker was 43 years old, and 24% (35,000 jobs) of workers were over 55 years old.
- Black, Asian and Minority Ethnic (BAME) workers made up 21% of the adult social care workforce. This was more diverse than the overall population of the West Midlands region (17% BAME).
- The majority (87%) of the adult social care workforce identified as British, 5% (7,600 jobs) had an EU nationality and 7% (11,000 jobs) a non-EU nationality.
- The proportion of EU nationality workers had continued to increase, from 3% in 2012/13 to 5% in 2018/19.

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 31 shows the gender breakdown of the economically active population in the West Midlands region and compares it to the adult social care workforce. The adult social care workforce was made up of around 85% female workers. Male workers remained in the minority, but proportions were slightly higher in day care and community care services (22% and 23% respectively).

Chart 31. Estimated gender of the adult social care workforce and the economically active population in the West Midlands region

<table>
<thead>
<tr>
<th>Economically active</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>15%</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

Chart 32 shows the estimated gender split of the adult social care workforce for selected job roles in the West Midlands region. Gender did not vary significantly between most job roles. However, some variation can be seen, with male workers more likely to be in senior management roles (30%) and support and outreach roles (23%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 10%.
Chart 32. Estimated proportional gender split in the adult social care workforce by selected job roles in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Senior management</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>Social worker</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>Care worker</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>23%</td>
<td>77%</td>
</tr>
</tbody>
</table>

4.3. Age

Chart 33 below shows the age distribution of the adult social care workforce in comparison to the economically active population in the West Midlands region. The age profile of the adult social care workforce was skewed towards the older age bands, with 24% of workers aged 55 and over compared to 20% of the economically active population.

Chart 33. Estimated age distribution of the adult social care workforce and the economically active population in the West Midlands region
Source: Skills for Care workforce estimates 2018/19 and Labour Force Survey 2018/19

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Adult social care</th>
<th>Economically active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>25 to 54</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>55 and over</td>
<td>24%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Chart 34 shows the estimated age bands and average age of workers by selected job roles in the West Midlands region. In the adult social care sector, the average age of a worker was 43 years old. From a workforce planning point of view, workers aged 55 and over may retire within the next ten years. This age category accounted for almost a quarter of the workforce (24% or 35,000 jobs).

As you would expect, care workers had a slightly younger age profile, with 13% under 25 years old, compared to 1% for regulated professional roles. Around a third (34%) of registered nurses were aged 55 or over, with an average age of 48 years old.
Chart 34. Estimated age bands and mean ages of the adult social care workforce by selected job roles in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>All job roles</th>
<th>Under 25</th>
<th>25 to 54</th>
<th>55 and over</th>
<th>Mean age</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>10%</td>
<td>67%</td>
<td>24%</td>
<td>43.0</td>
</tr>
<tr>
<td>Senior management</td>
<td>0%</td>
<td>71%</td>
<td>29%</td>
<td>48.1</td>
</tr>
<tr>
<td>Registered manager</td>
<td>0%</td>
<td>71%</td>
<td>29%</td>
<td>48.0</td>
</tr>
<tr>
<td>Social worker</td>
<td>3%</td>
<td>76%</td>
<td>20%</td>
<td>44.3</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>1%</td>
<td>82%</td>
<td>17%</td>
<td>43.3</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>1%</td>
<td>66%</td>
<td>34%</td>
<td>48.1</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>5%</td>
<td>74%</td>
<td>21%</td>
<td>43.3</td>
</tr>
<tr>
<td>Care worker</td>
<td>13%</td>
<td>67%</td>
<td>21%</td>
<td>41.4</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>8%</td>
<td>66%</td>
<td>26%</td>
<td>43.9</td>
</tr>
</tbody>
</table>

Skills for Care is working in conjunction with the Government and other social care employers to develop a number of initiatives to encourage younger people to join, and remain, in adult social care, for example, ‘I Care… Ambassadors’, apprenticeships, and the ‘Every Day is Different’ campaign. For further information, please see Chapter 3 – Recruitment and Retention.

4.3.1. Age trends

Chart 35 shows the average age of the adult social care workforce over time. The average age of the workforce rose marginally over the seven-year period. The proportion of workers over 45 years old in the wider economy had also increased over the course of this period, from 41% of the economically active population in 2012/13, to 43% in 2018/19. This highlights that the marginally ageing workforce is not impacting on the adult social care workforce exclusively.

Chart 35. Average age trends of the adult social care workforce between 2012/13 and 2018/19 in the West Midlands region
Source: Skills for Care estimates

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41 www.skillsforcare.org.uk/iCare
42 www.everydaysisdifferent.com
43 Office for National Statistics – Annual population survey – regional – labour market status by age.
4.4. Disability

This section looks at the disability breakdown over three data sources: the population of the West Midlands region (2011 Census), workers in social care occupations in the region (Labour Force Survey, [LFS]) and the Skills for Care workforce estimates for 2018/19.

The 2011 UK census reported that 19% of the population in the West Midlands region were disabled. Within social care occupations, the LFS identified 19% 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%. NMDS-SC disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

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

Chart 36. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status in the West Midlands region


<table>
<thead>
<tr>
<th>Population of West Midlands</th>
<th>Day-to-day activities limited a lot</th>
<th>9%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day-to-day activities limited a little</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Day-to-day activities not limited</td>
<td>81%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social care occupations (LFS)</th>
<th>DDA disabled</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DDA disabled and work-limiting disabled</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Work-limiting disabled only</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Not disabled</td>
<td>81%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult social care</th>
<th>Disabled</th>
<th>2%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not disabled</td>
<td>98%</td>
</tr>
</tbody>
</table>

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 working in the social care sector. For further information, please visit the Skills for Care website.44

4.5. Ethnicity

Chart 37 shows that the ethnic profile of the adult social care workforce (21% Black, Asian and Minority Ethnic [BAME]) was more diverse than the population of the West Midlands region (17% BAME). Workers from Black/African/Caribbean/Black British backgrounds (10%) accounted for over half of the BAME adult social care workforce. This compares to 3% of the overall population of the West Midlands region.

Chart 37. Estimated proportion of the adult social care workforce and the population of the West Midlands region by ethnicity
Source: Skills for Care workforce estimates 2018/19, 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 population resident in each geographical area.

Chart 38. Estimated proportion of the adult social care workforce by ethnicity and region, 2018/19
Source: Skills for Care estimates
Chart 39 shows ethnic group by selected adult social care job roles in the West Midlands region. Registered nurses had the highest proportion of workers with a BAME background (36%), whereas registered managers had the lowest (14%). Senior managers and occupational therapist also had a relatively low proportion of those with a BAME background (16% and 16% respectively).

**Chart 39. Estimated proportion of the adult social care workforce by ethnic group for selected job roles in the West Midlands region, 2018/19**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>All job roles</th>
<th>White</th>
<th>BAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Social worker</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Care worker</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>79%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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 is designed to help individuals to develop the skills to progress their career and to learn from others. For further information, please refer to Skills for Care’s website.45

### 4.6. Nationality

In the West Midlands region, around 87% of the adult social care workforce was British, 5% (7,600 jobs) were of an EU nationality and 7% (11,000 jobs) were of a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU workers than EU workers.

The overall nationality of the adult social care sector (13% non-British) was more diverse than the population of the West Midlands region (6% with no British identity).

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45 [www.skillsforcare.org.uk/moving-up](http://www.skillsforcare.org.uk/moving-up)
Chart 40. Estimated proportion of the adult social care workforce and population of the West Midlands region, by nationality
Source: Skills for Care workforce estimates 2018/19, Census 2011

Table 10 and Chart 41 show nationality by selected job group and role in the West Midlands region. There was a lower proportion of non-British workers in managerial roles, and a higher proportion in regulated professional roles; this was largely due to those in the registered nurse roles.

Table 10. Estimated number of jobs in the adult social care sector, by nationality and job role group in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>130,000</td>
<td>7,600</td>
<td>11,000</td>
</tr>
<tr>
<td>Managerial</td>
<td>11,500</td>
<td>200</td>
<td>450</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td>5,500</td>
<td>550</td>
<td>750</td>
</tr>
<tr>
<td>Direct care</td>
<td>94,000</td>
<td>6,100</td>
<td>9,300</td>
</tr>
<tr>
<td>Other</td>
<td>19,000</td>
<td>700</td>
<td>600</td>
</tr>
</tbody>
</table>

Chart 41. Estimated proportions of the adult social care workforce by nationality and job role in the West Midlands region, 2018/19
Source: Skills for Care estimates
The chart below shows that there were regional variations in nationality in the workforce. 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 42. Estimated proportions of the adult social care workforce by nationality and region, 2018/19**

Source: Skills for Care estimates

The map on the following page highlights the differences between local authority areas within the West Midlands region. Stoke on Trent has the highest proportion of British workers (94%), whilst Coventry has the lowest proportion (79%).
Map 1. Estimated proportion of the adult social care workforce with a British nationality, by local authority area, in the West Midlands region, 2018/19
Source: Skills for Care estimates

Chart 43 shows the top ten nationalities of non-British workers recorded. Polish was the most frequently recorded nationality, at 10%. It is interesting to note that, since 2014, when citizens of Romania became able to work in the EU without restriction, the proportion of Romanians working in adult social care moved into the top ten list. In 2018/19, Zimbabwean (10%) was the second most common nationality of non-British workers. Six of the top ten nationalities were from non-EU countries.
The NHS has a slightly lower reliance on EU nationals than adult social care, with 8.7% of NHS staff holding nationalities of a country other than the UK. This includes 2.8% (around 3,000) who were nationals of other EU countries.

Chart 43. Top ten nationalities of non-British adult social care workforce, West Midlands region, 2018/19
Source: Skills for Care estimates

4.6.1. Nationality trends

The proportion of the adult social care workforce with a British nationality has decreased from 88% in 2012/13 to 87% in 2018/19. Over the same period, the proportion of the workforce with an EU (non-British) nationality has seen a rise of two percentage points and a fall of two percentage point for those with a non-EU nationality.

The result of the EU referendum appears, so far, to have had little effect on these trends, with the number of EU nationals in the workforce continuing to increase and the number of non-EU nationals decreasing. Further evidence from ongoing monthly analysis of the NMDS-SC showed, as of July 2019, that there is no evidence of the number of EU workers decreasing. We will continue to monitor this situation.
The trend for registered nurses was similar, but more pronounced. The proportion of registered nurses with a British nationality has increased by six percentage points between 2012/13 and 2018/19. The proportion of non-EU nurses has decreased 13 percentage points over the period, from 28% in 2012/13, to 15% in 2018/19. The proportion of EU nurses has risen 7 percentage points, from 4% in 2012/13 to 11% in 2018/19. This may have been a result of changes to immigration rules – since October 2014 the only route to registration for nurses educated outside of the European Economic Area (EEA) region has been through the Nursing and Midwifery Council’s two-part process. This incurs significant financial costs and, until October 2018, required nurses from outside of the EEA to work for at least 12 months after qualifying before they could apply to come and work in the UK.46

**Chart 44. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality in the West Midlands, 2012/13 to 2018/19**

Source: Skills for Care estimates

**Chart 45. Estimated proportion of registered nurses with an EU (non-British) and non-EU nationality in the West Midlands region, 2012/13 to 2018/19**

Source: Skills for Care estimates

4.6.3. British Citizenship

According to the Government’s ‘EU Settlement Scheme’\(^{47}\) which, at the time of writing, outlined 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\(^{st}\) 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\(^{st}\) 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\(^{st}\) December 2020, but who will not yet have been continuously resident 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 settlement scheme are implemented (negotiations with the EU were ongoing at the time of writing), 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. In the event of a ‘No-deal’ Brexit, those resident by 31 October 2019 will have until 31 December 2020 to apply to the EU settlement scheme.\(^{48}\)

At the time of writing, 909,300 individuals had applied to the scheme, including 865,700 EU, EEA and Swiss citizens. Although it is not possible to estimate the exact number of people who need to apply, this figure represents around 30% of all EU, EEA and Swiss people living in the UK.\(^{49}\)

Following the Government’s white paper on ‘The UK’s future skills-based immigration system’ in December 2018\(^{50}\), the specifics of immigration post-Brexit remain unclear. There could be a significant impact on the supply of workers to the adult social care sector in the future.

The NMDS-SC shows that around 35% of workers in the West Midlands region with an EU nationality already also have British Citizenship. These 2,700 workers will not have to apply for settled status. Of people with an EU nationality without British Citizenship, 65% had arrived in the UK either in or prior to 2015 and therefore may have gained, by 2020, the required five years of continuous residency required for eligibility for ‘settled status’. This equates to around 3,200 workers (42% of EU jobs). The remaining 22% of workers with an EU nationality will be eligible to apply for ‘pre-settled status’.

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47 EU Settlement Scheme – Accessed 01/08/2019 [www.gov.uk/eusettledstatus](http://www.gov.uk/eusettledstatus)
Chart 46. Estimated proportion of EU workforce by settlement status in the West Midlands region

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th></th>
<th>Hold British Citizenship</th>
<th>Eligible for 'settled status'</th>
<th>Eligible for 'pre-settled status'</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,600 EU jobs</td>
<td></td>
<td>35%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

Skills for Care is a member of the Cavendish Coalition. The Coalition, a group of 36 health and social care organisations, is working to ensure that the system is properly staffed after the UK leaves the EU. The group sets 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 believes it is critical that the Government 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 any 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.

The group submitted evidence to the Health and Social Care Committee to its ‘Impact of a ‘No-deal’ Brexit on health and social care’ inquiry (23 October 2018). This included highlighting the Coalitions’ concerns regarding a ‘No-deal’ Brexit and the implications this may have for the workforce.51

Negotiations for Brexit were ongoing at the time of writing.

Pay rates
Overview of average pay rates in the West Midlands region, as at 2018/19

The information in this chapter was taken from local authorities as at September 2018 and from independent sector employers between April 2018 and March 2019.

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 in previous years. Prior to the National Living Wage, pay rates increased by an average of 15 pence (2.1%) per year (September 2012 to March 2016). The launch of the NLW saw the average hourly rate increase by 29 pence (3.9%), then by 31 pence (4.1%) in the following year.
- Since the introduction of the NLW, a higher proportion (over 20%) of care workers are paid at the minimum hourly rate (£7.83), compared to over 20% paid at the minimum rate in 2016 (£6.70).
- Care workers in the lowest 10% of the pay distribution benefited most from the introduction of the NLW (+9.4%), whereas 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 2018 and March 2019 and from local authority sector employers as at September 2018.

5.2. Full-time equivalent annual pay

Chart 47 shows mean FTE annual pay rates by selected adult social care job roles in the West Midlands region. Overall, pay rates were higher in local authorities, compared to independent sector employers.

<table>
<thead>
<tr>
<th>Role</th>
<th>Pay Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td>£30,400</td>
</tr>
<tr>
<td>Social worker</td>
<td>£34,400</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>£17,200</td>
</tr>
<tr>
<td>Care worker</td>
<td>£8.00</td>
</tr>
</tbody>
</table>
Registered nurses were paid a mean annual salary of £30,400 in the independent sector in the West Midlands. In England, the average pay for newly qualified nurses starting work in the NHS was £23,000 to £29,600, and band 6 was £28,000 to £37,300.

**Chart 47. Estimated full-time equivalent mean annual pay rate by selected job roles in the West Midlands region, 2018/19**

Source: Skills for Care estimates

*As there were estimated to be less than 500 registered nurses working in the local authority sector in the West Midlands 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); this is expressed in prices as at March 2019. ‘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, the worker will be no better off as a result of the pay rise. While the nominal pay rise was two percent, in real-terms, it was zero.
Chart 48 shows that the nominal average pay for each selected professional job role in the West Midlands region increased steadily from 2011/12 to 2018/19. Registered nurses in the independent sector had the greatest increase, from £23,400 in 2011/12 to £30,400 in 2018/19. This equated to a 30% increase in annual pay over the seven-year period. In local authorities, occupational therapists had an increase of 20% over the period; from £27,500 in 2011/12 to £33,100 in 2018/19, and social workers had an increase of 8%, from £31,900 to £34,400.

**Chart 48. Nominal annual pay trends of selected professional roles between 2011/12 and 2018/19 in the West Midlands region**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Role</th>
<th>2011/12</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse (IND)</td>
<td>£23,400</td>
<td>£30,400</td>
</tr>
<tr>
<td>Occupational therapist (LA)</td>
<td>£27,500</td>
<td>£33,100</td>
</tr>
<tr>
<td>Social worker (LA)</td>
<td>£23,400</td>
<td>£34,400</td>
</tr>
</tbody>
</table>

The chart below shows the real-term annual pay rates of selected professionals between 2011/12 and 2018/19. Social workers in the local authority sector had a real-term pay decrease from £35,300 in 2011/12, to £34,400 in 2018/19, which means that the nominal increase shown in Chart 48 (above) was not enough to outweigh the rise in inflation over that period.

Occupational therapists had an overall increase in real-term pay by 9% over the seven-year period. Registered nurses had an increase in real-term pay of 18%, with increases each year.

**Chart 49. ‘Real-term’ annual pay trends of selected professional roles between 2011/12 and 2018/19 in the West Midlands region**

Source: Skills for Care estimates
5.3. Care worker hourly pay

Please note that 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.

The NLW is set by the Government and is the amount of money all workers aged 25 and over are legally entitled to. It was first introduced on 1 April 2016, at £7.20 per hour, before increasing to £7.50 on 1 April 2017 and to £7.83 on 1 April 2018. The NLW increased again on 1 April 2019 to £8.21, and the Government has set a target for it to reach 60 per cent of median earnings by 2020 (currently estimated by the Low Pay Commission\(^\text{52}\) [LPC] at £8.62 for April 2020).

The Real Living Wage is separate to the National Living Wage (NLW) and is set by the charity Living Wage Foundation\(^\text{53}\) each November. This is a voluntary scheme which employers can sign up to and the hourly rate is calculated independently to reflect the basic cost of living. The current rate, announced in November 2018, is £10.55 in London and £9.00 across the rest of the UK.

### Table 11. 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>£9.00 / £10.55</td>
</tr>
<tr>
<td>Apr 19 to Mar 20</td>
<td>2019 NLW</td>
<td>£8.21</td>
<td>Announced Nov 2019</td>
</tr>
</tbody>
</table>

\*Data in this section was as at March 2019.

The chart below looks at the trend of median care worker hourly pay rates since September 2012, in both nominal and real-term pay rates. Nominal pay shows the pay rates as they were at the time. Real-term rates are adjusted to take inflation into account (calculated using the Consumers Price Index (CPI), the official measure of inflation of consumer prices in the UK) and are expressed in 2019 prices.

The median hourly rate for care workers in the West Midlands region was £8.00 as at March 2019, which was 17 pence higher than the National Living Wage. The chart below shows that the nominal hourly rate has increased by £1.43 since 2012, and that the


\(^{53}\) [www.livingwage.org.uk/what-real-living-wage](www.livingwage.org.uk/what-real-living-wage)
majority of this increase has come about since the introduction of the National Living Wage (NLW). Between September 2012 and March 2016, the median hourly rate increased by an average of 15 pence per year. After the introduction of the NLW, this increased to an average of 27 pence per year. In real terms, the average care worker is 71 pence per hour better off than they were in September 2012.

Chart 50. Care worker nominal and real-term median hourly rate trend 2012 to 2018 in the West Midlands region, independent sector only
Source: Skills for Care estimates

In April 2018, the NLW rose from £7.50 to £7.83 (4.4% in nominal terms). This increase contributed to a 4.1% increase in the care worker median hourly rate. The chart below shows that, since 2014, the median hourly rate has increased, in real-terms, each year by an average of 1.3%. Given that the NLW is estimated to reach £8.62 by April 2020, it is likely that care workers will see both nominal and real-term increases for at least another year.

Chart 51. Percentage change in care worker median hourly rate and NMW/NLW in the West Midlands region, independent sector only
Source: Skills for Care estimates
The information above has shown that care worker hourly rate has increased in nominal terms for the previous seven years. This increase has been greater since the introduction of the National Living Wage, but that the impact has varied, depending on where each care worker falls within the range of pay rates offered in the adult social care sector.

Chart 52 (below) shows how pay has changed for care workers at different levels of the pay scale in the West Midlands region. This is shown using a percentile (p) distribution, where p10 refers to the lowest 10% of earners, p50 is the median earner and p90 refers to the top 10% of earners.

The chart shows that, since the introduction of the NLW (March 2016 to March 2019), a higher proportion (over 20%) of care workers have been paid at the minimum rate, compared to 10% paid the minimum rate in 2016.

The median hourly rate for a care worker in the independent sector was £8.00 as at March 2019, with around a third (34%) being paid the 2019 NLW rate of £7.83 or less. The hourly rate difference between a top 10% earner (£9.00) and the lowest 10% earner (£7.83) was £1.17 per hour.

**Chart 52. Care worker real-term median hourly rate distribution as at March 2016 and March 2019 in the West Midlands region (independent sector only)**
Source: Skills for Care estimates

It will be challenging, going forward, for employers to continue to reward those workers with more experience, greater responsibilities, or those who are more qualified that are already paid above the NLW rate.

Chart 53 below shows that, in the West Midlands region, care workers in the lowest 10% of the pay scale benefited the most from the introduction of the NLW (an increase of 9.4%), whereas pay for the top 10% of earners increased at a slower rate.
Chart 53. Care worker real-term hourly rate change by percentile from March 2016 to March 2019 in the West Midlands region (independent sector only)
Source: Skills for Care estimates

With the increasing wage ‘floor’, some social care organisations have not maintained the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers and higher paid staff receiving slower pay growth.

5.4. Comparison with other sectors

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 until the ‘Low Pay Commission report 2018’\(^\text{54}\) (using results provided by Annual Survey of Hours and Earnings [ASHE]).

The introduction of, 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, the pay in more sectors is likely to cluster around the NLW rate. This could reduce pay as a barrier to entry for adult social care. However, it could also have the opposite effect, whereby jobs in other low-paying sectors will now be closer in pay to that of social care jobs than they were before. Skills for Care will continue to monitor the impact on recruitment and retention.

For further information on pay, please see Skills for Care’s ‘Pay in the adult social care sector, September 2019’ report.\(^\text{55}\)


\(^{55}\) [www.skillsforcare.org.uk/pay](http://www.skillsforcare.org.uk/pay)
Qualifications and training
Overview of qualification, training and skills information in the West Midlands region, 2018/19

Skills for Care believes that all those working in adult social care should be able to take part in learning and development, to enable them to carry out their roles effectively. This will help develop the right skills and knowledge to provide high quality care and support.

- Around 69% of direct care-providing staff who started in the sector since January 2015 had engaged with the Care Certificate.
- Around half of the direct care-providing workforce (54%) held a qualification at level 2 or higher.
- The most popular areas of training received were within the categories of moving and handling (76%), safeguarding adults (69%) and health and safety (63%).

6. Qualifications, training and skills

6.1. Introduction

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

Skills for Care identifies the benefits of workers holding qualifications as:

- Quality service – we believe that completing qualifications leads to highly skilled and competent workers who provide 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 – achievements/qualifications contribute considerable added value and assist in workforce planning for the organisation.
- Retention - workers who receive structured learning and development feel valued and supported and are more likely to remain in their posts.

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 level of introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It:

- is applicable to job roles across the health and social care sectors
- 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 develop their knowledge and skills further.
Information about the number of workers who have achieved or are working towards the Care Certificate has been collected 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 demographic it is aimed at is workers who are new to social care. Chart 54 shows Care Certificate engagement in the West Midlands region of direct care-providing workers who had started work in the sector since January 2015. Around 69% of these direct care-providing staff engaged with the Care Certificate (had either completed the Care Certificate, were in the process of doing so or had partially completed it). Engagement was highest in domiciliary care services, where 75% of care workers had achieved, were in progress of completing, or had partially completed the care certificate.

Chart 54. Care Certificate status of direct care workers new to the sector since January 2015 in the West Midlands region
Source: NMDS-SC raw data 2018/19

<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>36%</td>
<td>33%</td>
<td>31%</td>
</tr>
<tr>
<td>Care worker</td>
<td>35%</td>
<td>28%</td>
<td>37%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>36%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>35%</td>
<td>22%</td>
<td>43%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care worker only</th>
<th>Complete</th>
<th>In progress / partially completed</th>
<th>Not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care home services with nursing</td>
<td>32%</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>Care home services without nursing</td>
<td>25%</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>43%</td>
<td>32%</td>
<td>25%</td>
</tr>
</tbody>
</table>

The chart below shows that 40% of the total adult social care workforce had achieved or were working towards achievement of the Care Certificate. Around two thirds (60%) of the adult social care workforce had not started or were not engaged with the certificate.

Chart 55. Estimated proportion of the adult social care workforce by care certificate status in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td>18%</td>
</tr>
<tr>
<td>In progress / partially completed</td>
<td>21%</td>
</tr>
<tr>
<td>Not started</td>
<td>60%</td>
</tr>
</tbody>
</table>
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 West Midlands region, just under half the adult social care workforce held a *relevant* social care qualification (53%), while 47% had no relevant social care qualifications recorded in the NMDS-SC. It should be noted that such qualifications may not necessarily be required of staff members who do not provide direct care (including ancillary and administrative staff, etc.).

Chart 56. Estimated highest qualification level of the adult social care workforce (excluding regulated professionals) in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Qualification Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry or Level 1</td>
<td>2%</td>
</tr>
<tr>
<td>Level 2</td>
<td>26%</td>
</tr>
<tr>
<td>Level 3</td>
<td>19%</td>
</tr>
<tr>
<td>Level 4 or above</td>
<td>6%</td>
</tr>
<tr>
<td>No relevant social care qualifications</td>
<td>47%</td>
</tr>
</tbody>
</table>

Chart 57 shows the highest qualification level held by job role group. As might be expected, direct care-providing staff were more likely to be qualified at levels two and three (51%), while those in managerial roles were more likely to be qualified at levels three and four (69%).

Chart 57. Estimated highest qualification level of the adult social care workforce by job role group in the West Midlands region, 2018/19
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4 or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial</td>
<td>1%</td>
<td>8%</td>
<td>26%</td>
</tr>
<tr>
<td>Direct care</td>
<td>2%</td>
<td>30%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Chart 58 shows the proportion of workers who had achieved qualifications at level two or above for selected job roles, split by sector. Around four in five (86%) senior care workers were recorded as having a qualification at level two or above, as were 51% of care workers. 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).

**Chart 58. Estimated proportion of workers qualified to level two or above, by selected job role and sector in the West Midlands region, 2018/19**  
Source: Skills for Care estimates

![Chart showing estimated proportion of workers qualified to level two or above]

### 6.4. Training

The NMDS-SC provided employers with the option of recording training data in addition to accredited qualifications. The NMDS-SC had 23 training categories under which any training can be recorded. The Adult Social Care Workforce Data Set collects 37 training categories; the list has been updated to better reflect the sector.

Chart 59 is based on all workers at establishments with training data recorded. The most common areas of training were 'moving and handling' (76%), ‘safeguarding adults’ (69%) and ‘health and safety’ (63%).

**Chart 59. Top 10 categories of training recorded in NMDS-SC in the West Midlands region**  
Source: NMDS-SC unweighted data, 2018/19

*Mental Capacity Act and Deprivation of Liberty safeguards*
6.5. Skills, training and experience

Section 6.3 reported that in the West Midlands region just under half of the workforce (53%) held a relevant social care qualification. This section looks at the skills, training and experience of the 47% that did not hold a relevant qualification at the time of the data collection.

The chart below shows that, of workers without a relevant social care qualification, 76% had completed an induction, 41% had engaged with the Care Certificate, 80% had completed training, and 45% had more than five years of experience in the adult social care sector. As found in the ‘Secrets of success’ report, employers rate a worker with values and behaviours that are well-suited to the care profession as being of high importance, often more so than formalised qualifications. Those without formalised qualifications may continue to add value to the adult social care sector as a result of their training and experience.

Chart 60. Skills, training and experience of workers without a relevant social care qualification
Source: NMDS-SC unweighted data, 2018/19

<table>
<thead>
<tr>
<th>Skills, Training &amp; Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction complete/in progress</td>
<td>76%</td>
</tr>
<tr>
<td>Engaged with the Care Certificate</td>
<td>41%</td>
</tr>
<tr>
<td>Training recorded</td>
<td>80%</td>
</tr>
<tr>
<td>5 or more years of experience in sector</td>
<td>45%</td>
</tr>
</tbody>
</table>

6.6. Career progression in adult social care

Skills for Care is working with the Department of Health and Social Care to promote careers in the adult social care sector. The sector is growing, and this offers a range of rewarding careers, with many different job roles and opportunities for progression. A career in adult social care can offer progress, job security, and an enormous sense of personal achievement. For more information, please see the ‘Every Day is Different’ campaign.

The NMDS-SC was used to observe the career progression of workers in adult social care between 2010 and 2019. Chart 61 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 worker or supervisory roles. Senior care workers or supervisors were most likely to move into first line managerial or registered manager roles. Regulated professional workers progress within their individual roles and were also observed to move into managerial posts. Registered nurses generally progressed to registered manager roles, whilst social

56 [www.skillsforcare.org.uk/randr](http://www.skillsforcare.org.uk/randr)
57 [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
workers and occupational therapists were seen to move into senior manager roles within their local authority.

Skills for Care’s ‘Aspiring and new registered managers’ briefing 58 noted that 70% of respondents were offered their first registered manager post by an existing employer. Skills for Care has developed several resources to support registered managers in their career progression. 59 Registered managers have one of the highest age profiles of any adult social care jobs (31% of registered managers are aged 55 or over); there will be increasing demand to train new managers to fill the vacancies created by those retiring in the coming years.

Chart 61. Career progression in adult social care
Source: NMDS-SC unweighted data, 2018/19

- 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.

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58 Skills for Care – Survey of registered managers: What do registered managers do, and who are they?, Skills for Care, 2018
59 www.skillsforcare.org.uk/registeredmanagers
6.7. Apprenticeships in adult social care

Apprenticeships are periods of paid employment that include on and off-the-job training, in combination with studying for recognised qualifications. Under the reformed system of apprenticeship standards, it is no longer mandatory to include qualifications, although the adult social care standards do require these. An apprenticeship can be undertaken to gain knowledge and skills specific to a sector or as a valuable programme of training.

Benefits of apprenticeships include:
- Employers creating and managing tailored apprenticeship programmes to meet the needs of their business.
- A cost-effective and low-risk way to approach growing the workforce and helping to improve the recruitment and retention of staff.
- Giving apprentices the opportunity to gain work experience, achieve nationally recognised qualifications and earn a wage.

There were three apprenticeship standards open to enrolments in 2018/19. These were the Adult Care Worker (Level 2) for frontline staff helping adults with care and support needs, Lead Adult Care Worker (Level 3) for workers who take on the additional responsibilities of supervising others and exercising judgement and accountability and Social Worker (Level 6) which allows apprentices to gain an approved degree, as well as eligibility to join the Health and Care Professions Council (HCPC) register of social workers.

The first two standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, which closed to enrolments at the end of December 2017. The Social Worker Apprenticeship Degree was launched in November 2018.

Currently in development are two additional standards. These are the Lead Practitioner in Adult Care (Level 4), which offers the opportunity to gain specialist skills and knowledge of conditions experienced by adults in social care, and Leader in Adult Care (Level 5), for those with responsibility for managing community-based or residential services and for ensuring regulatory compliance of the services provided. These Level 5 standards will ultimately replace the current framework, ‘Care Leadership and Management’, which will be closed to enrolments in December 2019.

Across England, over 38,000 people started a social care apprenticeship in 2017/18, which was a decrease of 58% compared to the previous year. Contributing factors to the decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of new starters in other sectors has also fallen, the decrease in social care was more pronounced and the ‘market share’ of adult social care apprenticeship starters decreased from 19% in 2016/17, to 10% in 2017/18. The recently launched Adult Care Worker and Lead Adult Care Worker standards showed consistent growth in participants throughout 2017/18.
In England the total number of people participating in a social care apprenticeship throughout 2017/18 was around 126,700, with around 73,200 participants in any given month. These figures include those who started apprenticeships in previous years.

Almost three quarters (69%) of the 71,800 participants that finished their apprenticeship in 2017/18 had achieved their learning aim, up from 63% in the previous year. In the West Midlands region, 75% achieved their learning aim. Apprentices in the West Midlands had the highest achievement rate at 75%, and the lowest achievement rates were in the Eastern region, with 63%.

For further information about apprenticeships in adult social care, please see the ‘Think Care Careers’. For a detailed report on apprenticeships in adult social care, please see the focused report at http://www.skillsforcare.org.uk/WIApprenticeships.

60 http://www.skillsforcare.org.uk/Careers-in-care/Think-Care-Careers.aspx
Workforce forecasts
Overview of projections of the adult social care workforce in the West Midlands

This section presents demand-based projections for the size of the adult social care workforce between 2018 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 1.09 million to 1.44 million between 2018 and 2035

Based on population growth of those aged 65 and above, by 2035 the sector may need 55,000 new jobs (30% growth)

Based on population growth of those aged 75 and above, by 2035 the sector may need 75,000 new jobs (43% growth)

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

7.1. Population statistics 2018 to 2035

The ‘Projecting Older People Population Information System’ (POPPI)\(^61\) uses figures taken from Office for National Statistics data to project forward the population by age bands. This section includes information about the population aged 65 and over from 2018 to 2035 in the West Midlands region.

POPPI shows the number of people aged 65 and above is projected to increase between 2018 and 2035, from 1.09 million to 1.44 million people in the West Midlands, an increase of around 32%. The number of people aged 18-64 with a learning disability, mental health problem or a physical disability is also projected to increase over the period.\(^62\)

Chart 62. Estimated population aged 65 and above in the West Midlands 2018 to 2035

Source: Projecting Older People Population Information

\(^{61}\) Projecting Older People Population Information, [www.POPPI.org.uk](http://www.POPPI.org.uk)

\(^{62}\) Projecting Adult Needs and Service Information, [www.PANSI.org.uk](http://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 2018 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.

These projections use models that compare the number of adult social care jobs in each local authority area in the West Midlands 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 found to be). 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 ‘Aged 65 and over’ model shows that, on average in 2018, one adult social care job was required for every seven people aged 65 and above in the population. The ‘Aged 75 and over’ model shows that one adult social care job was required for every three people aged 75 and above in the population.

Chart 63. Relationship between adult social care workforce size and population aged 65 and over in each local authority area in the West Midlands region, 2018
Source: Skills for Care estimates, POPPI information
7.3. Workforce forecasts between 2018 and 2035

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

Table 12 and Chart 64 shows the projected number of adult social care jobs required following changes to the population group aged 65 and over and those aged 75 and over in the West Midlands region.

Table 12. Adult social care jobs forecasts between 2018 and 2035 in the West Midlands region

<table>
<thead>
<tr>
<th>Model</th>
<th>2018</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>% increase in jobs 2018-2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ model</td>
<td>170,000</td>
<td>175,000</td>
<td>190,000</td>
<td>210,000</td>
<td>225,000</td>
<td>30%</td>
</tr>
<tr>
<td>75+ model</td>
<td>170,000</td>
<td>180,000</td>
<td>210,000</td>
<td>225,000</td>
<td>245,000</td>
<td>43%</td>
</tr>
</tbody>
</table>

Chart 64. Adult social care jobs forecasts between 2018 and 2035, West Midlands

In the West Midlands region, following the trend, based on population growth, of those aged 65 and above, an increase of 30% (55,000 jobs) would be required by 2035. Following the population growth of those aged 75 and above, an increase of 43% (75,000 jobs) would be required.

Between 2012 and 2018, the population aged 65 and over, and that aged 75 and over, grew at a similar rate; both are equally correlated with the size of the workforce. Therefore, it is difficult, at this stage, to predict which of the two models will be most accurate when the population aged 75 and over continues to grow faster than that of the population aged 65 and over between 2018 and 2035, as it is projected to.

7.3.1. Retrospective testing of models

A retrospective analysis of the models was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2018,
and jobs in the adult social care workforce as at 2012 from our estimates, models for both sets of data were built to project future jobs between 2012 and 2018.

As shown in Chart 65, the model for the population aged 65 and over projected the number of adult social care jobs from 2012 to 2018 to within 1% of the actual jobs figure. The model for the population aged 75 and over also projected this number to within 1%. The largest differential between actual jobs and projected jobs in the aged 65 and over model occurred in 2015. The aged 65 and over and aged 75 and over, models were both close to the actual number of jobs, and hence support the validity of these projections.

The growth in the workforce appears to be tracking the growth in the number of people aged 65 and over most closely at present. This may change as the population aged 75 and over begins to grow at a faster rate from 2018 onwards. We will continue to monitor the accuracy of these models as the population and landscape of adult social care continues to change.

**Chart 65. Adult social care job projections 2012 to 2018, based on the population aged 65 or 75 and over, compared to actual job trends for the same period.**

Source: Skills for Care estimates

As stated earlier in this section, there are a range of factors which may influence the size of the adult social care workforce over the next 15 years, which have not been factored into this modelling. However, these results do provide a useful baseline in terms of the likely demand created by the ageing population.

Data Science
Overview of data science applications to adult social care workforce information

Factors affecting turnover rates

Using machine learning, we estimated the most influential factors on workers’ propensity to leave their jobs, from NMDS-SC data between March 2018 and March 2019.

- Care workers travelling more than 20km had a higher turnover rate (32.5%), compared to those travelling less than 1km (23.3%).
- The sector has difficulty retaining younger staff. Turnover rates amongst those under aged 20 years old was 40.3%.
- People leave soon after joining. Turnover rates were 40.4% for those with less than one year of experience in role.
- Workers are more likely to leave if they are on zero-hours contracts (34.1% turnover rate), compared to those who are not (24.3%).

Factors affecting CQC ratings

The following section uses NMDS-SC and CQC provider information from between August 2017 and March 2019.

- In England, establishments with overall ratings of ‘inadequate’ or ‘requires improvement’ had higher turnover rates, compared to those with ‘good’ or ‘outstanding’ ratings (32.2% and 29.5% respectively).
- In England, this difference was greatest within the ‘safe’ key line of enquiry (KLOE). Locations rated ‘inadequate’ or ‘requires improvement’ had an average turnover rate of 32.7%, compared to ‘outstanding’/’good’ locations, at 29.3%.

| 9.2% | Difference in turnover rate between shortest and longest distance travelled to work |
| 21.6% | Higher turnover rate for those under 20 years compared to those 60 years and above |
| 20.4% | Difference in turnover rate between those new to their roles and the most experienced |
| 11.1% | Difference in turnover rate between zero hours contracts and non-zero hours contracts |

This chapter brings together work that Skills for Care has contributed to alongside an independent data scientist. Information from the NMDS-SC was used to build several models and, using data science and machine-learning techniques, it has been possible to provide information regarding factors that influence turnover rates. Skills for Care is also continuing to work with the University of Leeds to understand the factors that influence CQC ratings. This academic paper will be published in due course.

8.1. Factors affecting turnover rates

This section focuses on how workforce characteristics collected by the NMDS-SC relate to workers’ propensity to leave their roles. This was achieved by taking a longitudinal approach, looking at data held in the NMDS-SC in March 2018 and again in March 2019, and dividing the results by whether workers had left their role. This method differs to whole sector estimates provided in Chapter 3 – Recruitment and retention and, as such, are not directly comparable.
Using machine learning methods (Random Forest), models were built to analyse the relative importance each variable had on whether or not a worker left their role. From this, each variable can be assessed in terms of its influence on staff turnover. The most influential variables were then compared to turnover rates to highlight their impact and to understand the nature of the relationships.

We plan to continue working on these models, with a view to providing tailored insights at both a local, and an employer level, in the future.

8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 13, along with the impact each had on the likelihood of a worker leaving their role. This can only include factors collected in the NMDS-SC. It is acknowledged that other factors may be involved which are not collected.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Influence on likelihood of turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance travelled to work</td>
<td>Workers who travelled further were more likely to leave</td>
</tr>
<tr>
<td>Age</td>
<td>Those under 25, and over 60 years old, were more likely to leave</td>
</tr>
<tr>
<td>Experience in sector</td>
<td>Likelihood of leaving decreased with higher levels of experience</td>
</tr>
<tr>
<td>Pay</td>
<td>Likelihood of leaving decreased as pay levels increased</td>
</tr>
<tr>
<td>Experience in role</td>
<td>Likelihood of leaving decreased with higher levels of experience</td>
</tr>
<tr>
<td>Training</td>
<td>Likelihood of leaving decreased if workers had more training</td>
</tr>
<tr>
<td>Contracted hours</td>
<td>Likelihood of leaving decreased if workers had a higher number of contracted hours</td>
</tr>
<tr>
<td>Number of sickness days</td>
<td>Likelihood of leaving decreased if workers had fewer sickness days</td>
</tr>
<tr>
<td>Social care qualification</td>
<td>Workers with a social care qualification were less likely to leave their posts</td>
</tr>
<tr>
<td>Zero-hours contracts</td>
<td>Workers who were not on zero-hours contracts were less likely to leave</td>
</tr>
<tr>
<td>Historic turnover rate</td>
<td>Likelihood of high turnover rates increased if the establishment had historically high turnover</td>
</tr>
</tbody>
</table>

From Section 8.1.2 onwards, unless otherwise stated, information refers to care workers from the independent sector only. Turnover only refers to care workers as described in the introduction to this chapter, and this method of measuring turnover differs from the whole sector estimates of turnover in Section 3.2.

The simple relationship between each variable and staff turnover is shown in the charts. The Random Forest model used to predict turnover was more complex, accounted for all of the variables and also included their co-dependencies. For example, the effect of the
distance travelled to work could vary for people in different job roles or for those of different age groups.

8.1.2. Distance travelled to work

Workers that travel further are more likely to leave their role.

Chart 66 shows that turnover rates were higher amongst care workers who travelled further to work. If a worker travelled less than 2km, the establishment’s average turnover rate was 23.3%, compared to 32.5% for those travelling more than 20km.

It should be noted that this measurement was taken from the worker’s home address to the address of their employer. In terms of domiciliary care services, it was not possible to consider the distances required to travel between the individual locations of the people who need care and support.

Chart 66. Care worker turnover rate by distance travelled to work, West Midlands
Source: NMDS-SC unweighted data between March 2018 and March 2019

8.1.3. Age

The adult social care sector also has difficulties in retaining younger workers

The chart below shows care workers under 20 years old had the highest turnover rates (40.3%). The turnover rate decreased as the age of the worker increased. This decrease reduced as workers approached retirement.

Chart 67. Care worker turnover rate by age bands, West Midlands
Source: NMDS-SC unweighted data between March 2018 and March 2019
The reasons for this trend are not 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 had taken social care jobs as a stopgap whilst studying or waiting for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower skilled and lower paid roles, both of which are also influencing factors in higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choice, and subsequently choosing not to remain in the sector long term.

Skills for Care advocates adopting values-based recruitment, wherever possible, as a way for employers to target, attract and recruit suitable candidates that are more likely to stay and to progress in the adult social care sector.  

8.1.4. Experience in sector

Those with less experience in the adult social care sector were more likely to leave their role.

Care workers who had worked (either as a care worker or in another role) in adult social care for more than five years had a much lower average turnover rate (26.3% at five to six years of experience, falling to 20.0% with 20 years or more), compared to those with less than one year of experience (40.4%).

Chart 68. Care worker turnover rate by experience in sector, West Midlands
Source: NMDS-SC unweighted data between March 2018 and March 2019

This falling turnover rate was even more pronounced amongst registered managers. Across England, registered managers that had worked in the adult social care sector for 20 years or more (whether as a registered manager or in another role) had a far lower turnover rate (15.5%) than those new to the sector (46.9% for those with less than one year of experience).

63 www.skillsforcare.org.uk/vbr
Chart 69. Registered manager turnover rate by years of experience in sector, England
Source: NMDS-SC unweighted data between March 2018 and March 2019

This suggests that those who have already worked in the sector are much more likely to stay in their registered manager role, compared to those that are new to the sector. Please see Section 6.6 - Career progression in adult social care for further information on the routes to management roles within the sector.

Across England, registered managers also showed lower turnover rates as their experience in role increased. The turnover rate was highest amongst those registered managers that had been in their role for less than one year (30.5%). This fell sharply as greater experience was gained, with the turnover rate amongst registered managers with 20 or more years of experience in role at the lowest rate (10.0%).

Skills for Care has developed a range of resources to support the sector generally, and registered managers in particular. Turnover rates for registered managers have increased over the course of the last seven years, and 31% of registered managers across England are aged 55 or over. This may lead to further turnover rate increases over the coming years as registered managers retire. Please see Chapter 4 - Workforce demographics, for further information. Therefore, there will be an increased focus on the recruitment, development and retention of registered managers across the adult social care sector to ensure high quality leadership within the sector in the future.

It is evident that some employers are struggling to retain new registered managers. Skills for Care conducted a pilot of a structured programme of support with new registered managers. The results of this pilot scheme were under review at the time of writing; further information and sources of support can be found on Skills for Care’s website.

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64 [www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)

8.1.5. Pay

Those paid more were less likely to leave their role

Chart 70 below compares the turnover rate of care workers at different rates of pay between 2012/13 and 2018/19.

For both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. However, this decrease becomes less pronounced when looking at 2018/19. This is a potential result of the impact of the NLW, with care workers at the top end of the scale receiving lower pay increases than those at the bottom (see Section 5.3). We will continue to monitor this possible trend.

For both periods, the charts illustrate that relatively small changes in hourly rates have little bearing on turnover rates. It is only once care workers are paid significantly above the NLW that an improvement in turnover rates can be seen.

Chart 70. Care worker turnover rate by average hourly pay bands, West Midlands
Source: NMDS-SC unweighted data between March 2018 and March 2019

It was also found that larger changes in pay rates resulted in significantly lower turnover rates further up the pay scale. Chart 71 shows average turnover rate by average FTE annual pay for selected job roles in the independent sector (unless otherwise stated). The trend highlights the relationship between increasing turnover rates and decreasing pay. Regulated professional and managerial roles had lower turnover rates and higher pay compared to direct care roles.

Excluded from this chart are registered nurses. It was found that registered nurses had one of the higher pay rates, but also higher average turnover rates. This could be
connected to several other variables. High pay rates in the NHS (due to the banding of registered nurse pay) may be influencing turnover rates. Around 9% of registered nurses in adult social care were employed as bank, pool or agency staff. These more temporary contract types often experience higher turnover rates, and these, in turn, influence the relationship between pay and turnover rates.

**Chart 71. Average turnover rate and average FTE annual pay by job role**, West Midlands
Source: NMDS-SC unweighted data between March 2018 and March 2019

* Independent sector only, unless otherwise stated.

### 8.1.6. Experience in role

A large proportion of staff turnover is a result of people leaving their roles soon after joining

Chart 72 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 two in five (38.4%) who had been in their roles for less than a year left during the year. This rate drops substantially for more experienced workers, to 12.4% for those with experience of 20 years or more.

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66 Please see section 2.2. Employment status.
This relationship could be even more pronounced because some care workers that leave their jobs soon after joining may 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 values-based recruitment, wherever possible, as a way for employers to target, attract and recruit 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.

Skills for Care also runs ‘I Care… Ambassadors’, 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’, 91% of people said they had a better idea of what it is like to work in adult social care. This helps to ensure that those recruited into adult social care understand their job role better, in turn increasing the chance of them remaining in their role.

Turnover rates also increased if the registered manager was new to their role.

How long a registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in role for less than a year, the turnover rate at that establishment was higher (33.6%) than if the registered manager was more experienced in their role (21.3% when the registered manager had more than 20 years of experience).
This highlights the important role that stable leadership can have on improving retention rates. Skills for Care has developed a range of resources to support new registered managers in their role to encourage long-term development.70

8.1.7. Training

Retention is better amongst staff that receive training

The average turnover rate was 6.6 percentage points lower amongst care workers that had received some form of training (28.6%), compared to those who had not (35.2%). Some of the most common training types recorded included moving and handling, safeguarding adults and health and safety.

Of care workers that had training recorded, those who had more instances of training also had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 32.0%. This decreased 21.0 percentage points to 11.1% for those with more than 30 instances of training recorded. This highlights that continued investment in staff training can have a positive impact on retention rates.

For more information on training, please see Section 6.4.

70 www.skillsforcare.org.uk/registeredmanagers
8.1.8. Contracted hours and zero-hours contracts

Those with fewer contracted hours were more likely to leave

Chart 76 (below) shows that turnover rate was 11.4 percentage points higher for care workers with zero contracted hours, compared to those with 16 to 35 contracted hours. Turnover rates were lowest amongst workers with 26 to 35 contracted hours per week (23.3%).

The Living Wage Foundation recently launched a campaign targeted at ‘living hours’ work with the aim of tackling work insecurity.71 Their research found that one in six workers were in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as ‘insecure’ in this research. The lower turnover rates amongst workers with more than 16 hours of work may suggest that workers are looking for more stable employment rather than to zero-hours contracts.

Zero-hours contracts were shown to have a greater influence on those working in residential care providers where the turnover rate was 38.0% compared to 24.8% for those not on zero-hours contracts. This was much higher compared to those working in domiciliary care (in which zero-hours contracts are more prevalent).

71 www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity
8.1.9. Sickness days

Workers with high sickness rates were more likely to leave

Chart 78 shows that turnover rates were lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with 6.1 to 15 days of sickness (24.4%) and highest for those with 15.1 to 30 days of sickness (32.3%). 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.72

8.1.10. Social care qualifications

Those with a social care relevant qualification were less likely to leave

Chart 79 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, 23.6% had left within the following 12 months, compared to 28.7% 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.

72 https://www.skillsforcare.org.uk/ppmt
8.1.11. Historic turnover rate

Establishments with higher turnover rates in the previous 12 months were likely to continue to have higher than average turnover rates going forward, and vice versa. Establishments with the lowest turnover rates in 2017/18 had, on average, a turnover rate of 19.3% between 2018 and 2019, which was 8.4 percentage points lower than those with the highest turnover rates in 2017/18 (27.6%).

This finding held true, even after accounting for the other factors mentioned in this chapter (for example: pay, training and contract types), demonstrating that there are other ‘softer’ factors which affect the likelihood of establishments retaining staff successfully. Skills for Care research has found that examples of these factors include: embedding the values of the organisation, celebrating the achievements of both the organisation and the individual, and involving colleagues in decision-making.73

It was also noted that large establishments, where people work in well-functioning teams, may have better levels of staff retention as well as improved care. Research showed that good team-working was associated with lower levels of staff absenteeism, intention to quit and turnover.74 Ideally, teams should not exceed 8 to 12 people.75 For more information

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73 www.skillsforcare.org.uk/randr
about effective team-working, please visit the Affina Organisation Development (AOD) website. 

8.2. Factors affecting CQC ratings in England

Skills for Care analysed the relationship between turnover and CQC ratings awarded to regulated services across England. This analysis collated the ratings of around 9,000 regulated service providers and paired them with NMDS-SC data.

At regulated services that were rated overall as either ‘outstanding’ or ‘good’, turnover was found to be lower (29.5%) than those rated ‘requires Improvement’ or ‘inadequate’ (32.2%). This trend was consistent across each ‘Key Line of Enquiry’ (KLOE), with an average difference of 2.7%. The largest difference in turnover was shown for the KLOE ‘Safe’ for which providers with positive ratings had 3.4% lower turnover.

Chart 81. Turnover rate by inspection rating for each Key Line of Enquiry, England

Source: NMDS-SC unweighted data and CQC ratings between March 2017 and March 2019

More information on the Key Lines of Enquiry and CQC inspections can be found on the CQC website. Skills for Care have developed guides to help organisations to achieve positive ratings, offer support in preparation for inspections and develop plans to respond to workforce, staffing and leadership issues identified by the CQC.

Skills for Care are currently working in partnership with the University of Leeds to assess 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. An academic paper will be published in due course.

76 www.affinaod.com/library/key-research-findings
77 www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask
78 www.skillsforcare.org.uk/cqc
79 www.journalslibrary.nihr.ac.uk/programmes/hsdr/1514429/
Further resources

Skills for Care provides outstanding workforce intelligence relied upon by the Government, strategic bodies, employers and individuals to help them make decisions that will improve outcomes for the people who use care services. The Adult Social Care Workforce Data Set (ASC-WDS) 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 our Workforce Intelligence team.

Workforce intelligence publications

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

This report provides estimates of the number of organisations and establishments involved in providing or organising adult social care, as well as the size and structure of the workforce, including people and job estimates, trend data and future projections. To access this report, please visit www.skillsforcare.org.uk/sizeandstructure


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

This report provides comprehensive workforce characteristics about the 1.62 million jobs working in adult social care in England. It includes: employment information, recruitment and retention, workforce demographics, pay, qualifications and skills, workforce forecasts. Also, for the first time, data science is used to look at factors affecting turnover rates and CQC ratings. To access this report please visit www.skillsforcare.org.uk/stateof


Local authority area reports

This collection of summary reports gives an overview of the adult social care sector and workforce in each of the 152 local authority areas in England. They are accompanied by two interactive visualisations which look at individual areas in greater detail. To access these reports, please visit www.skillsforcare.org.uk/lasummaries

Latest version, October 2019.

Key workforce topics

The Workforce Intelligence website includes information on the following popular topic areas. Each topic includes a summary of the workforce information available, and signposts to the latest publications and relevant resources. Many of the topic areas include an interactive visualisation.
To access these topics, please visit [www.skillsforcare.org.uk/topics](http://www.skillsforcare.org.uk/topics)

**Interactive visualisations**

Interactive visualisations have been created to enable you to see and understand our publications and workforce intelligence in a more visual and interactive way.

By clicking on and moving around the visualisations you can discover and compare the characteristics of the adult social care workforce in the applicable topic areas.

They have been designed with users, to ensure that they are simple to use, whilst full of useful information. To access the visualisations, please refer to the relevant pages within [www.skillsforcare.org.uk/WIpublications](http://www.skillsforcare.org.uk/WIpublications).

**Adult social care workforce estimates Excel file**

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

**Analytical service**

Our analysis team provides an external analysis service; they can produce a range of in-depth reports, which can be tailored to your specific requirements.

**How we can help you**

We use our expertise and sector knowledge to turn adult social care data into meaningful information and insights. You can commission us to help you:

- understand the sector and prepare for the future
- identify recent trends and use them to project forward into the future
- compare your organisation/area to others to explore how you are performing
- discover how key outcomes (such as CQC scores, turnover rates and vacancy rates) can be improved
- win tenders and bids by partnering with us.
Why we're the right people to talk to

We're the experts because:

- the data we collect in the Adult Social Care Workforce Data Set (ASC-WDS) offers an unrivalled overview of the adult social care workforce in England
- we have more than 10 years of experience in analysing and interpreting social care data - it's what we do
- our analysts have worked with leading universities and data scientists to create our workforce models.

Skills for Care is committed to improving both the sector and outcomes for the people that use adult social care services. Our team combines this commitment with many years of experience in understanding the sector.

The following testimonial was offered by Senior Consultant of iESE, Vanda Leary, February 2019. We supported iESE’s redevelopment of their online negotiation tool, ‘CareCubed’, which enables commissioners/providers to secure fair prices for specialist care:

“Skills for Care offered us the data and analytics that we needed, in a working relationship that was both flexible and very collaborative. They enabled the redevelopment of CareCubed to be informed by the most reliable and transparent sector data available.

Skills for Care’s analysts were ideal partners for us, with their proficiency in explaining alternative methodologies and their accommodating approach to our requirements. With their support for the transition to CareCubed from the CFC (Care Funding Calculator), iESE has been able to reaffirm our commitment to sharing the accurate, up-to-date and robust information that results in fairly priced care that fully meets needs.”

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

Keeping Informed

To be kept up to date with Workforce Intelligence news, please join our mailing list by registering with us and selecting ‘Workforce Intelligence publications’.

You can also follow us on Twitter @SfC_NMDS_SC or visit www.skillsforcare.org.uk/contactWI