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

October 2020
Acknowledgements

We’re grateful to the many contributors to this report. Particular thanks are due to all of the employers who have completed ASC-WDS (Adult Social Care Workforce Data Set) data. Without their contributions, estimates of this detail and accuracy wouldn’t be possible.

This report was researched and compiled by Will Fenton, Gary Polzin, Roy Price, Rosy McCaffrey and Tanya Fozzard of our Workforce Intelligence team at Skills for Care. Feedback on any aspect of the report is welcomed and will improve future editions. Please contact our Workforce Intelligence team: analysis@skillsforcare.org.uk.
I’m happy to introduce our annual ‘State of the adult social care sector and workforce’ report. This report, and the data which informs it, is one of the most important resources in the adult social care sector. Social care is fundamentally about human connection; this makes those who work in adult social care, those who build and maintain relationships with the people they support, our most important asset.

It’s essential than any decisions we make are informed by robust data and this report is used by thousands of employers, sector leaders, the Department of Health and Social Care (DHSC), and other policy makers to monitor trends and understand more about the adult social care workforce.

We’d like to thank all of the employers and care providers who supply their information to the Adult Social Care Workforce Data Set (ASC-WDS) which informs this report. This information is key to influencing long-term change.

With a report like this, there’s always a delay between events and our analysis of these. We use data from 8,000 organisations and 650,000 workers to inform the report and, because of this, our reporting offers the most authoritative picture of the adult social care workforce. Our analysis allows us to see patterns over time and these trends allow us to see the impact of policy changes and economic shifts, which, in turn help to inform our longer-term thinking. This year, however, so much has changed in such a short period with the COVID-19 pandemic. The majority of this report focusses on the position before the pandemic, as well as some insight from ASC-WDS regarding the immediate impact of COVID-19.

There is no doubt that the adult social care workforce has been impacted by the pandemic. The crisis is a tragedy for many in the country, particularly for those who access and work in social care. I’m sure that we’ll see significant changes in the sector in the future, but the question continues to be what will change, for how long, and what this means for the adult social care workforce. Our primary challenge is to ensure that we have enough people, with the right skills and experience, working in the right jobs to support people to live their lives within their communities.

I believe in the people who work in adult social care. I believe that they will move mountains to make sure that the people they support can live their lives in their communities, doing whatever they need to do during the pandemic to make this happen.

I ask that people use the data in this report when thinking about any systemic changes that need to happen in social care, whether locally or nationally. I ask that employers use this data when planning for their workforce. Things are changing and we need to better understand the changes. This is the place to start.
8.1.1. Variables that influence turnover rates ................................................................. 113
8.1.2. Distance travelled to work .................................................................................. 114
8.1.3. Age ...................................................................................................................... 114
8.1.4. Experience in sector .......................................................................................... 115
8.1.5. Pay ...................................................................................................................... 117
8.1.6. Experience in role .............................................................................................. 118
8.1.7. Training .............................................................................................................. 120
8.1.8. Contracted hours and zero-hours contracts ....................................................... 121
8.1.9. Sickness days ..................................................................................................... 122
8.2. Social care qualifications ....................................................................................... 123
8.2.1. Historical turnover rate ...................................................................................... 123
8.3. Factors affecting CQC ratings .............................................................................. 124

Further resources ........................................................................................................ 126
COVID-19: Workforce changes after March 2020

It should be noted that the data used in this report for 2019/20 was collected prior to the height of the COVID-19 pandemic in England. The ASC-WDS data we used for the 2019/20 period was collected over the course of the year (April 2019 to March 2020). We analysed data submitted in March 2020 carefully to ensure it did not significantly impact the findings.

Therefore, this report does not show how COVID-19 has impacted the adult social care workforce. Rather it should be used as a baseline to reflect the composition of the workforce prior to COVID-19 and to give context to any further research or data collected after March 2020.

We’re analysing ASC-WDS data on a monthly basis to monitor the impact of COVID-19 on the sector and workforce. The outputs from this analysis can be found on the COVID-19 section of our Workforce Intelligence website. At the time of publication, analysis of ASC-WDS data indicated the following:

**Sickness**
The percentage of days lost to sickness was around 7.5% between March and August 2020, compared to 2.7% pre-COVID-19. Sickness days will include those self-isolating and shielding, as well as those who were unwell (including COVID-19 and non-COVID-19 related illness).

![Sickness chart](chart)

**Staff vacancies**
The staff vacancy rate of employers updating ASC-WDS data between March and August 2020 was 7.0%. This figure was lower than before COVID-19 when the rate for these employers was around 8.6%.

![Staff vacancies chart](chart)

**Occupancy rate and total jobs**
Using data from care homes updating ASC-WDS between March and August 2020, the occupancy rate had fallen from 87% to 79% in care homes with nursing and from 87% to 82% in care homes without nursing.

Over the same period, there was no evidence of the number of staff employed falling overall. It could be the case that the fall in the occupancy has served to reduce the shortfall in workforce supply rather than impacting staffing numbers (see the fall in the

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vacancy rate). Market Intelligence collected by Skills for Care from employers also found that some care homes were maintaining staff levels to cover sickness as well as to carry out new work now associated with running a safe service.

<table>
<thead>
<tr>
<th>Care homes with nursing</th>
<th>Pre-COVID-19</th>
<th>March to August 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87%</td>
<td>79%</td>
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</table>

<table>
<thead>
<tr>
<th>Care homes without nursing</th>
<th>Pre-COVID-19</th>
<th>March to August 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87%</td>
<td>82%</td>
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</tbody>
</table>

**Turnover rates and new starters**

At the time of writing, there was no evidence of a change in the staff turnover rate since the start of the pandemic. The profile of people leaving their roles was also similar to before the pandemic, with the exception of workers aged 65 and over who have been more likely to leave their roles since March 2020 than before (5% of leavers since March 2020 were aged 65 and over compared to 3% in 2019).

There was also no evidence of the starters rate changing substantially since the start of the pandemic. As with leavers however, there was some evidence of a shift in the demographics of new starters. The average age of care workers starting in the sector since March 2020 was lower at 31.5 years compared to 35 years over the same period in 2019. More care workers were observed to be starting in the under 25 age group (43% of starters in the sector) than before the pandemic (30% of starters) and fewer starters were seen in the older age brackets since March 2020.

There was also evidence of a reduction in the number of non-British people arriving in England to work in adult social care jobs since the start of the pandemic. This is mostly likely a result of less travel taking place over the period.

We'll continue to monitor these trends, and other workforce trends, over the coming months and will make them available on our Workforce Intelligence website.¹

Please note the analysis in this COVID-19 section covers only those employers that have updated ASC-WDS data since March 2020. The remainder of this report uses weighted and modelled figures to represent the adult social care sector as a whole.
Executive summary

This report provides information about the adult social care sector, 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, social care providers and related services to ensure dignity and respect are at the heart of service delivery.

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service which gathers information about the adult social care workforce in England. This service was formerly known as the National Minimum Data Set for Social Care (NMDS-SC). NMDS-SC online was launched in 2007 and collected data for 12 years.

Adult social care is a growing sector that, in 2019/20, was comprised of around 18,200 organisations across 38,000 care-providing locations, with a workforce of around 1.65 million jobs. The number of full-time equivalent jobs was estimated at 1.16 million and the number of people working in adult social care was estimated at 1.52 million in 2019/20; more than in the NHS (1.3 million people).

The adult social care sector was estimated to contribute £41.2 billion per annum to the economy in England. The total wage bill for the sector, calculated using ASC-WDS information, accounted for around half of this amount at £22.3 billion in 2019/20 (up 2% from 2018/19).

The number of adult social care jobs **increased by 9% since 2012/13** (by 130,000 jobs). The number of jobs increased by around 1% (by 17,000 jobs) between 2018/19 and 2019/20

This rate of increase was slower than in previous years. Between 2014/15 and 2019/20, the workforce grew by around 15,000 jobs per year, compared to an average increase of 26,000 per year between 2012/13 and 2014/15.

Domiciliary care jobs have increased at a faster rate (by 95,000, or 15%) than residential care jobs (by 25,000, or 4%) since 2012/13. Domiciliary care jobs, including personal assistants (43%) now account for more jobs in the sector than residential care (41%).

From here on, the executive summary of this report will refer to the 1.54 million jobs in the independent sector (79% of jobs), local authorities (7% of jobs), and jobs working for direct payment recipients (8%) unless otherwise stated. Adult social care jobs in the NHS are not included. The information in this report was taken from local authorities as of September 2019, from independent sector employers as of March 2020, and from direct payment recipients as of February 2020.

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2 Adult social care-related jobs in the NHS are included in estimates of the size of the workforce, but not enough detail is available to include them in further splits.
Employment information

The majority (89%) of the adult social care workforce were employed on permanent contracts. Around half of the workforce (50%) usually worked full-time hours and 50% were part-time.

Around a quarter of the workforce were recorded as being employed on a zero-hours contract (24%, or 375,000 jobs). Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (42%), especially among care workers (56%).

The number of registered nurses has continued to decrease, down 2,800 jobs (7%) between 2018/19 and 2019/20 and 15,500 jobs (30%) since 2012/13.

Recruitment and retention

We estimate that the staff turnover rate of directly employed staff working in the adult social care sector was 30.4% in 2019/20. This equates to approximately 430,000 people leaving their jobs over the course of the year.

However, most of these leavers don’t leave the sector. Around 66% 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 10.2 percentage points between 2012/13 and 2019/20 (up 1.2 percentage points between 2018/19 and 2019/20).

Care workers had one of the highest turnover rates at 38.1%. In contrast, personal assistant roles had a relatively low turnover rates at 16.3%. Registered nurses in adult social care had a much higher turnover rate (41.3%) than their counterparts in NHS3 (9.4% for registered nurses and health visitors).

There was an average of 4.7 sickness days taken annually per worker in 2019/2020. This equated to approximately 6.72 million days of work lost. Sickness rates have increased since the start of the COVID-19 pandemic; the average percentage of days lost to sickness was around 7.5% between March and August 2020, compared to 2.7% pre-COVID-19 for those updating ASC-WDS in that period. Sickness days will include those self-isolating and shielding, as well as those who were unwell (including COVID-19 and non-COVID-19 related illness).

We estimate that 7.3% of roles in adult social care were vacant at any one time in 2019/20, equivalent to 112,000 vacancies. This was highest amongst registered nurses at 12.3%. In 2019/20, the vacancy rate decreased by 0.3 percentage points (a decrease of around 4,500 vacancies), the first decrease seen in an eight-year period. Previously the rate had increased year-on-year between 2012/13 and 2018/19, from 4.4% to 7.6%.

Since the start of pandemic, there is evidence to suggest that the vacancy rate may have fallen further. The staff vacancy rate of employers updating ASC-WDS data between March and August 2020 was 7.0%. This figure was lower than before COVID-19 when the vacancy rate for these employers was around 8.6%.

However, despite the recent decreases, the estimated number of vacancies in 2019/20 (112,000) suggests that the supply of available workers is still substantially lower than the demand. Significant future challenges continue to exist in this area too, with a projected increase in demand as the population ages (see Chapter 7 - Workforce forecasts) and a potential reduction in workforce supply as a result of the new immigration rules due to come into effect on 1 January 2021 (see Section 4.6.2 for nationality analysis).

Workforce demographics

The adult social care workforce comprised of 82% workers identifying as female, compared to 47% of the economically active population. Workers indentifying as female were less likely to be in managerial jobs (79%), especially in senior management roles (67%), compared to direct care providing roles (83%).

The age distribution of the adult social care workforce was older than the economically active population (27% of adult social care workers were aged 55 and over compared to 20% of the economically active population). This age group accounted for around 410,000 jobs in adult social care and therefore, from a workforce-planning perspective, these workers may retire within the next ten years.

The average age of the workforce had marginally increased over the previous eight years (from age 42.5 in 2012/13 to age 44 in 2019/20). The average age of workers in the wider economy had also increased over this period (from 40 to 42), highlighting that it’s not exclusively the adult social care sector that is experiencing a marginally ageing workforce.

Around 21% of workers identified as being of an ethnicity that was black, Asian, mixed, or minority ethnic (BAME). Around 12% of adult social care workers identified as black, compared to 3% of the total population. London was the most diverse region (66% BAME).

Registered nurse remained one of the most diverse job roles with 38% of workers identifying as BAME. Workers identifying as being of BAME ethnicity were less likely to be in managerial roles (15% BAME) compared to direct providing roles (22% BAME).
Around 84% of the adult social care workforce were British, 7% (113,000 jobs) of an EU nationality and 9% (134,000 jobs) were of 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 (63%).

Between 2012/13 and 2019/20, the proportion of EU workers had risen three percentage points. The proportion of non-EU workers decreased by three percentage points over the period.

Up until March 2020, Brexit appeared 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. Since then, however, there has been a reduction in the number of people arriving in England to work in adult social care jobs. This is mostly likely a result of less travel taking place due to the pandemic.

According to the Government’s ‘EU Settlement Scheme’, 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.

By June 2020, over 3.4 million applications from across the UK had been fully processed through the scheme, of which 57% resulted in ‘Settled’ status and 41% resulted in ‘Pre-settled’.

The ASC-WDS showed that around 19% of workers with an existing EU nationality also held British Citizenship. These workers will not have to apply for settled status. Of those of an EU nationality but without British Citizenship, 63% had arrived in the UK either in or prior to 2015, and therefore may have gained the required five years’ continuous residency required to be eligible for ‘Settled’ status; this equates to 51% of workers of an EU nationality. The remaining 30% of workers of an EU nationality will be eligible to apply for ‘Pre-settled’ status.

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The UK will adopt a points-based immigration system from 1 January 2021.\(^5\) This includes a 'Skilled Workers route' which requires that people obtain 70 points, of which 50 come from the mandatory criteria of having:

- a job offer from a licenced sponsor
- a job offer which is at, or above, the minimum skill level of an RQF Level 3 or equivalent (A-level or equivalent).
- spoken English of an acceptable standard.

A further 20 'tradable' points might also be drawn from a combination of a worker's salary, a job in shortage occupation (as designated by the Migration Advisory Committee), or their possession of a relevant PhD.

At the time of writing, 'Care worker' was not listed as an eligible occupation on the 'Skilled Workers' route. Therefore, care workers will not be able to immigrate into the UK to take up these roles from 1 January 2021. Even if the occupation was eligible for the 'Skilled Workers' route, virtually none of these jobs meet the salary threshold and the occupation would therefore need to be listed on the shortage occupation list to allow for immigration into these roles (or for an alternative route to be made available).

The Cavendish Coalition (a group of 37 health and social care organisations, working to ensure that the system is properly staffed after the UK leaves the EU) submitted evidence to the Migration Advisory Committee on the Shortage Occupation List (SOL) in July 2020.\(^6\) The submission highlight the workforce supply challenges this will create for the sector and goes on to recommend that care workers should be recognised by the migration system by way of awarding points for occupations which provide a "high public value".

Social workers, registered nurses and occupational therapists are listed occupations for the 'Skilled Workers' route and are also on the Shortage Occupation List. Therefore, workers will be able to immigrate to the UK to take up these regulated professional roles in the sector after 1 January 2021 providing that they have a job offer from a licenced sponsor and can speak English to the required standard. As long as these occupations remain on the Shortage Occupation List, salary level will not be a factor.

For more information on the rules of immigration after 31 December 2020, please see Chapter 4.6.2 (British Citizenship).

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Hourly and annual pay rates

For the purposes of this report, the National Living Wage (NLW) of £8.21 per hour is referenced to match the period in which the data was collected. In April 2020, after the data in this report was analysed, the National Living Wage had increased to £8.72.

Nominal pay for regulated professions continued to increase.
Registered nurse roles saw the most significant nominal pay increase between 2018/19 and 2019/20, from £30,400 to £31,800 (+£1,500, or 5%). In real terms (taking account of inflation), the pay of registered nurses has increased by 23% from £25,900 since 2012/13. However, as previously shown, the staff turnover rate is still higher for people in registered nurse roles (41.3%).

Social workers' annual pay saw a nominal increase between 2018/19 and 2019/20, from £35,600 to £36,400. However, when adjusted to take account of inflation, social worker pay has in fact decreased by £300, or 1%, falling from £36,700 since 2012/13.

Care worker pay has increased at a faster rate since the introduction of the NLW.
Prior to the introduction of the NLW, care worker hourly pay had increased by an average of 1.9% (13 pence) per year between September 2012 and March 2016. Since the launch of the NLW, the hourly rate has increased by an average of 30 pence (3.9%) between March 2016 and March 2020. Hourly pay in the independent sector increased by 4.6% (38 pence) between March 2019 and March 2020, to £8.50.

However, the chart below shows that, over time, the median hourly rate for care workers has moved closer to the statutory minimum hourly rate. The proportion of care workers paid the statutory minimum amount has increased since the introduction of the NLW, from 16% in March 2016, to 22% in March 2020.

Pay at the lower end of the pay scale has risen at a faster pace than it has at the top. In terms of earnings, the top 10% (90th percentile) of care workers received a 5.2% pay increase between March 2016 and March 2020. Comparatively, the bottom 10% (10th percentile) received a 13.1% pay increase in the same period.

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7 In this section, nominal pay refers to the actual amount of money received at the time. Real terms pay, adjusts pay from previous years to remove the impact of inflation.
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. On average, care workers with five years’ (or more) experience in the sector are paid just 12 pence (1%) more per hour than care workers with less than one year of experience.

**Pay differentials between social care and other low paying occupations (defined by the low pay commission) have also been decreasing.** Historically, care worker median hourly pay was higher than for all of the selected job roles below. However, by 2019/20, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour in 2012/13 than care workers. By 2019/20, this gap had reduced to 15 pence. Similarly, sales and retail assistants earned 13 pence per hour less than care workers in 2012/13 but in 2019/20, they earned 24 pence per hour more on average than care workers.⁸

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hairdressers and barbers</td>
<td>£6.82</td>
<td>£8.25</td>
</tr>
<tr>
<td>Sales and retail assistants</td>
<td>£6.80</td>
<td>£8.35</td>
</tr>
<tr>
<td>Cleaners and domestics</td>
<td>£6.71</td>
<td>£8.40</td>
</tr>
<tr>
<td>Launderers, dry cleaners and pressers</td>
<td>£6.44</td>
<td>£8.21</td>
</tr>
<tr>
<td>Kitchen and catering assistants</td>
<td>£6.40</td>
<td>£8.74</td>
</tr>
</tbody>
</table>

**Qualifications, training, and skills**

We believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their roles effectively. Learning and development helps everyone to grow in the right skills and knowledge to enable them 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 were working towards) the Care Certificate. This was highest amongst care workers in domiciliary care services (74%).

Around half (50%) of direct care-providing staff held a relevant adult social care qualification (45% of care workers held a Level 2 qualification, or higher). Around four in five (79%) senior care workers held a relevant adult social care qualification at Level 2 or above.

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⁸ ONS Annual Survey of Hours and Earning – Resident Analysis, 2019
Of those direct care-providing workers that did not hold a relevant social care qualification, 57% had engaged with the Care Certificate, 36% had five years’ (or more) experience in the sector, and 77% had completed training relevant to their role.

Of all workers with training recorded, the most popular areas were ‘Moving and handling’ (76%), ‘Safeguarding adults’ (72%), and ‘Health and safety’ (62%).

**Around 38,200 people started a social care apprenticeship in 2018/19**, which was a similar number to the previous year, but around half the number that had done so in the years prior to 2017/18.

Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the ‘market share’ of adult social care apprenticeship starts decreased from 19% in 2016/17 to 10% in 2018/19.

**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.

The **population aged 65 and over was projected to increase between 2020 and 2035 from 10.5 million to 14.1 million people** in England, an increase of around 34%. 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 2020 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 sociological factors that could have an impact on the size of the workforce in the future.

Our 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 2020 and 2035, an increase of 32% (520,000 extra jobs) would be required by 2035.

<table>
<thead>
<tr>
<th>Jobs 2019/20</th>
<th>Extra jobs by 2035</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>65+ model</th>
<th>1,650,000</th>
<th>520,000</th>
<th>Total: 2.17m</th>
</tr>
</thead>
</table>
Data science

Factors affecting turnover

Working in partnership with a data science specialist, we used ASC-WDS information to create machine learning models. These 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. The information below shows the relationship between these key variables and turnover between March 2019 and March 2020.

Workers that travelled further were more likely to leave their role. Care workers travelling more than 20km had a higher turnover rate (32.3%), compared to those travelling less than 1km (25.0%). 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 46.9%. This issue is not endemic to adult social care, with many sectors experiencing the same problem. It may be that younger staff are using 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 41.4% 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** (33.2% turnover rate), compared to those that were not (26.7%). A similar trend was seen in workers with fewer hours (32.0% for those working 0.5 to 9 hours, compared to 25.8% for those working 26 to 35 hours).

- **Turnover rates were higher if the registered manager was new to their role.** The turnover rate of establishments where the registered manager had been in post for less than one year was 31.0%, which was higher than for those establishments with a registered manager in post for 20 years or more (21.0%).

- **Relatively small changes in hourly rates have little bearing on care worker turnover rates.** It’s only once care workers are paid significantly above the NLW that an improvement in turnover rates can be seen.

- **Care workers who received regular training and those with qualifications** were less likely to leave their roles than those who didn’t.

- **Turnover at regulated services that were rated overall by CQC as either ‘outstanding’ or ‘good’, was found to be lower (29.5%) than those rated ‘requires improvement’ or ‘inadequate’ (32.2%).**
Introduction

It’s 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. High-quality information about the workforce is vital in helping to improve the planning and quality of social care services, and this 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 (ASC-WDS), 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

We help 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 its issues (both present 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.9

About the Adult Social Care Workforce Data Set (ASC 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 14 years.

The ASC-WDS will maintain equally high standards by 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.

9 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 provided, as well as a detailed picture of the workforce, including retention, demographics, pay rates, and qualifications, both by job role, and employment status.

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

**ASC-WDS coverage of the adult social care sector**

The independent sector information in this report dates from March 2020, and local authority information dates from September 2019.

Based on the ASC-WDS, our estimates show that there were an estimated 1.65 million jobs in the adult social care sector as at 2019/20. Around 1.54 million of these jobs were employed by local authorities and independent sector employers, along with jobs working for direct payment recipients. Approximately half of the workforce were recorded in the ASC-WDS. This coverage varies by care services, job role and geographical area. The methodology used to estimate the size and characteristics of the whole workforce is outlined below.

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

For the past eight years, ASC-WDS has been the means of collection for the adult workforce data return for local authorities. In 2019, for the eighth year in a row, all 152 local authorities in England met the criteria of a full ASC-WDS return for people working in adult social services departments.

**Independent sector**

In March 2020, there were around 25,000 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 51% of them (12,650 out of 25,000). These CQC-regulated establishments had completed around 485,000 ASC-WDS worker records in total (out of a total population of around 1.1 million workers employed by CQC-regulated employers in the independent sector). 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.

All data in the ASC-WDS has been updated or confirmed as up to date within the last two years, and most employers have updated their data in the past 12 months. Every effort has been made to ensure that information derived from the ASC-WDS is reliable. All ASC-WDS data was validated at source and has been through rigorous data quality checks prior to analysis.

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10 asc-wds.skillsforcare.org.uk
Methodology used to estimate characteristics of the adult social care sector

As explained above, the ASC-WDS is a non-mandatory return for the independent sector; it does not have 100% coverage of the adult social care sector. However, it does have a sufficiently large 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.

Our Workforce Intelligence team use data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. In simple terms, the information is produced when we use ASC-WDS 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 the coverage/completeness of ASC-WDS data for the sector in each of the above areas. For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers, even if the ASC-WDS contains uneven levels of data coverage.

We have confidence in the quality of these estimates; the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates were produced, please visit the Workforce Intelligence website.¹¹

In this report, independent sector information is derived from the ASC-WDS as at March 2020 and local authority information is correct as at September 2019. The number of jobs working for direct payment recipients was calculated from a survey of individual employers and their personal assistants and was correct as at February 2020.

¹¹ [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates)
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 ASC-WDS collects information about 29 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.
- **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 ASC-WDS collects information about 36 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, social work and care management, carers’ support, occupational or employment-related services, and other adult community care services.
Size and structure
This chapter provides an analysis of the information presented in the ‘Size and structure of the adult social care sector and workforce in England’ report. For further detail, please refer to the report.\(^\text{12}\)

**Overview of the size and structure of the adult social care sector and workforce in England, as at 2019/20**

- An estimated **18,200** organisations were involved in providing or organising adult social care in England, as at 2019/20.
- An estimated **38,000** establishments were involved in providing or organising adult social care in England, as at 2019/20.
- The number of adult social care jobs in England at 2019/20 was estimated at **1.65 million**.
- The number of adult social care jobs was estimated to have increased by around 1% (an increase of 17,000 jobs) between 2018/19 and 2019/20. This rate of increase was slower than in previous years.
- Since 2012/13, the number of adult social care jobs had increased by 9% (an increase of 130,000 jobs).
- The number of full-time equivalent (FTE) jobs was estimated at **1.16 million**.
- The number of people working in adult social care was estimated at **1.52 million**.

1.1. Introduction

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

We’ve created workforce estimates and trends for the past seven years. Developments and improvements have been made to this methodology over the years and changes have been made retrospectively to ensure comparability over the period. We have confidence in the quality of these estimates and the methodologies used have been peer reviewed.

This chapter includes estimates of the number of adult social care organisations and establishments, the economic contribution of the adult social care sector, information about direct payment recipients, estimates of the number of adult social care jobs, full-time equivalent jobs, and the number of people in the workforce, as well as information about the number of jobs within the services that provide care and support to people with specific care needs.

\(^{12}\) [www.skillsforcare.org.uk/sizeandstructure](http://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 England as at 2019/20 was estimated at **18,200**.

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

Almost three in five (57%) adult social care organisations were providing non-residential services and just over two in five (43%) 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 38% of organisations had one to four employees, and around 85% had fewer than 50 employees. Organisations that were large (250+ employees) made up just 2% of the total but employed almost half (approximately 49%) of the total adult social care workforce as at 2019/20.

**Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2019/20**

Source: Skills for Care estimates based on ONS IDBR data
1.3. Number of adult social care establishments

- An estimated **38,000** establishments were involved in providing or organising adult social care in England as at 2019/20.

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 will have been counted in this section, whereas only the care-providing organisation as a whole was counted in the previous section. Chart 2 shows that 51% of adult social care establishments were providing residential services, and 49% were providing non-residential services.

**Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2019/20**
Source: Skills for Care estimates based on ONS IDBR data

![Chart showing proportion of adult social care establishments]

Around two thirds of establishments (68%) 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. It illustrates how there has been an overall increase of around 700 establishments (an increase of 3%) between 2012/13 and 2019/20, despite small decreases in 2014 and 2016.

The chart reveals that the number of non-residential CQC-regulated establishments increased by 2,850 over the period (an increase of 38%), whereas the number of residential CQC-regulated establishments decreased by 2,150 establishments (a decrease of 12%). 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.

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13 A precise trend in terms of all establishments could not be created due to changes in data sources over time.
Analysis of CQC and CSCI\textsuperscript{14} information dating from 2012/13 shows that the total capacity of 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, the ASC-WDS shows that the average number of staff employed per residential care home has increased since 2012/13, and that the total number of jobs employed 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 people using these services. Again, this points to a consolidation in this part of the sector, rather than a genuine decrease in activity.

\textbf{1.4. Economic contribution}

The adult social care sector was estimated to contribute £41.2 billion per annum to the economy in England. The total wage bill of the sector, calculated using ASC-WDS information, accounted for around half of this amount at £22.3 billion in 2019/20 (up 2\% from 2018/19). The chart below shows wage bill trends between 2018/19 and 2019/20. The economic contribution estimate also includes private sector profits, indirect effects (the adult social care sector’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.

\textsuperscript{14} The CQC replaced the CSCI (Commission for Social Care Inspection) in 2009.
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 of the total number of individual employers and PAs only include those using direct payments to employ staff and their PAs. It’s acknowledged that some people also employ PAs via other funding streams or by using their own funds.

- Around 230,000 adults, older people, and carers were receiving direct payments as at 2019/20.\(^{15}\) We estimate that around 70,000 (31%) of these direct payment recipients were directly employing their own staff in 2019/20.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014/15 and 2019/20. Between 2008 and 2013, this figure increased by around 35,000 in line with take-up of direct payments over the same period.
- Individual employers, on average, employed 1.9 PAs each, and there were an estimated 135,000 jobs working for direct payment recipients in 2019/20.
- PAs held an average of 1.29 PA jobs each, meaning that around 105,000 people were carrying out 135,000 jobs in 2019/20.

‘Personal assistants’ are listed as a job role throughout the charts and tables in this report and are included in the overall jobs total for England, unless otherwise stated.

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, 2020’ report.\(^ {16}\) For a detailed report focused on individual employers and their PAs, please see the ‘Individual employers and the personal assistant workforce, 2020’ report.\(^ {17}\)

\(^{15}\) NHS Digital - Adult social care activity and finance report, England 2018-19

\(^{16}\) www.skillsforcare.org.uk/sizeandstructure

\(^{17}\) www.skillsforcare.org.uk/IEPAreport
1.6. The adult social care workforce

- The number of adult social care jobs in England, as at 2019/20, was estimated at 1.65 million.
- 1.54 million of these jobs were in the independent sector, local authorities, and working for direct payment recipients.
- The number of full-time equivalent (FTE) jobs was estimated at 1.16 million.
- The number of people working in adult social care was estimated at 1.52 million.

We use data collected by the ASC-WDS to create workforce models which, 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.18

1.6.1. Sector/type of employer

Chart 5 shows that over three quarters (79%) of jobs in adult social care were employed by independent sector employers. Jobs in local authorities accounted for 7% of all jobs, and adult social care jobs in the NHS accounted for 6% of the total.

The workforce employed by direct payment recipients accounted for 8% 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).

In addition, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately 1.9 jobs per individual employer). Given this uncertainty, using confidence intervals, we estimate that the number of jobs working for direct payment recipients is likely to be between 131,000 and 143,000, and therefore equates to 8% to 9% of the total number of jobs.19

Chart 5. Estimated number of adult social care jobs by employer type in England, 2019/20
Source: Skills for Care estimates

18 www.skillsforcare.org.uk/weightingmethodology
19 Please see Appendix 1, ‘Size and Structure of the adult social care sector and workforce in England, 2020’ report for further detail: www.skillsforcare.org.uk/sizeandstructure
Since 2012/13, the distribution by type of employer has changed considerably. The sector has seen a shift away from local authority jobs (10% of the workforce in 2012/13) and towards independent employers (77% in 2012/13).

Jobs working for independent 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 ASC-WDS suggest that approximately 75% (975,000) of the jobs working for independent employers were in private establishments (around 59% of all jobs), and 25% (320,000) were jobs in voluntary establishments (around 20% of all jobs).

1.6.2. Main care service

Chart 6 shows a breakdown of adult social care jobs by main service group. It illustrates that most jobs were split between residential and domiciliary employers (just over 40% each), 2% of jobs were in day care services, and 13% were community based. The chart also shows the sector/type of employer.

Chart 6. Adult social care workforce estimates by employing care service and type of employer, 2019/20
Source: Skills for Care estimates

The majority of jobs employed by residential services were within CQC regulated care-only homes (310,000 jobs) and CQC regulated care homes with nursing (285,000 jobs) as well as 10,000 jobs employed by CQC regulated Shared Lives services20. There were also around 72,000 jobs for non-CQC regulated residential services.

For further information about care homes with nursing, without nursing, and for domiciliary care services, please see our two-page summaries,21 and for more information about how the workforce is split, by sector or by care service, please refer to the ‘Size and structure of the adult social care sector and workforce in England, 2020’ report.22

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20 This estimate includes self-employed carers and draws on data collected and published by Shared Lives Plus. For more information, please visit: https://sharedlivesplus.org.uk/england/
21 www.skillsforcare.org.uk/stateof
22 www.skillsforcare.org.uk/sizeandstructure
1.6.3. Job role groups

Table 1 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 1. Estimated number of adult social care jobs by job role in England, 2019/20

<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>1,650,000</td>
<td></td>
</tr>
<tr>
<td>Direct care</td>
<td>1,250,000</td>
<td>76%</td>
</tr>
<tr>
<td>Managerial</td>
<td>110,000</td>
<td>7%</td>
</tr>
<tr>
<td>Regulated professional</td>
<td>81,000</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>203,000</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 7 shows a breakdown of the number of jobs in the adult social care sector by job role. 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 (square for direct care, right triangle for managerial, up triangle for regulated professional or down triangle for other).

The chart shows that 'Care worker' was by far the most common job role in the adult social care sector with an estimated 865,000 roles being carried out as at 2019/20. Care workers accounted for over half (53%) of all jobs in the adult social care sector. Chart 7 also shows that 'Jobs working for direct payment recipients' (135,000) were the second most common job role, and ‘Ancillary’ jobs were the third most common (90,000).
Chart 7. Estimated number of adult social care jobs by individual job roles
Source: Skills for Care estimates

* 'Other' includes 11 job roles which were estimated to include fewer than 6,000 jobs each.
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 also in terms of integrated health and social care planning and delivery.

Registered nurses

In 2019/20, there were an estimated 36,000 registered nurse jobs in the adult social care sector. Most of these jobs were in care homes with nursing in the independent sector (33,000), and around 1,600 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 3,500 identified occupational therapists working in adult social care settings (2,900 of which were employed by local authorities), with at least a further 600 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 18,000 occupational therapist roles identified as working in the NHS. Although the majority of occupational therapists will perform adult social care related tasks, their roles may also involve assessing the needs of disabled children.

Social workers

As at 2019/20, there were an estimated 22,000 social worker jobs in the adult social care sector. Many of these jobs (17,400) were within local authorities, and around 1,900 were employed within the independent sector. Data from NHS Digital shows that there were also around 2,800 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 England as at 2019/20 was estimated at 1.16 million.

In this section, we produced FTE estimates of the size of the adult social care workforce. These estimates were 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 2 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2019/20, there were an estimated 1.16 million FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (1.65 million), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs working for direct payment recipients; these make up a smaller percentage of FTE jobs (5%) than all jobs (8%).
Table 2. Estimated adult social care jobs and FTE jobs in England, 2019/20
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>1,650,000</td>
<td>1,160,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>1,290,000</td>
<td>79%</td>
<td>920,000</td>
<td>79%</td>
</tr>
<tr>
<td>Local authority</td>
<td>113,200</td>
<td>7%</td>
<td>90,000</td>
<td>8%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>135,000</td>
<td>8%</td>
<td>60,000</td>
<td>5%</td>
</tr>
<tr>
<td>NHS</td>
<td>102,000</td>
<td>6%</td>
<td>90,000</td>
<td>8%</td>
</tr>
</tbody>
</table>

1.8. Number of people

- The number of people working in adult social care in England as at 2019/20 was estimated at 1.52 million.

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 those people doing more than one job in adult social care.

Chart 8 shows the estimated number of jobs per worker by type of employer. It illustrates 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.

According to the Labour Force Survey (LFS), England had an economically active population of 29 million people in 2019/20. Therefore, because the adult social care sector employed an estimated 1.52 million people, it’s estimated that 5.2% of the economically active population worked within adult social care.
1.9. Job trends

The main changes in the adult social care sector since 2012/13 highlighted in the ‘Size and structure of the adult social care sector and workforce in England, 2020’ report were:

1. an increase in the size of the workforce (up 9%, or 130,000 jobs, between 2012/13 and 2019/20)
2. an increase in independent sector jobs (up 11%, or 130,000 jobs)
3. a decrease in local authority jobs (down 25%, or 37,400 jobs)
4. an increase in jobs within independent sector care homes with nursing (up 4%, or 9,500 jobs)
5. an increase in the number of jobs in domiciliary care (up 95,000 jobs, or 15%).

Chart 9 shows that the workforce has been increasing since 2012/13 at an average rate of 1.2% per year. The overall increase in the number of jobs between 2012/13 and 2019/20 was estimated at around 130,000 (a 9% increase). The rate of increase for adult social care jobs has slowed; between 2014/15 and 2019/20, the workforce grew by around 15,000 jobs per year, compared to an average increase of 26,000 per year between 2012/13 and 2014/15.

Source: Skills for Care estimates

The number of adult social care jobs in England increased by around 1% (17,000 jobs) between 2018/19 and 2019/20, from 1.63 million to 1.65 million. Jobs within independent employers accounted for most of this increase, with around 15,000 new jobs (or an increase of 1.2%). The number of adult social care jobs in the NHS also increased (up by 6%, or 6,000 jobs) over the period, whilst jobs working for direct payment recipients remained broadly the same between 2018/19 and 2019/20.

From 2012/13 to 2017/18, in the local authority sector, there was an average decrease of 8,000 jobs each year. However, between 2017/18 and 2019/20, there was an average increase of 2,000 jobs. The percentage of all jobs employed within local authorities was
7% in 2019/20. This was lower than in 2012/13, when local authority jobs accounted for around 10% of all adult social care jobs.

Information collected from councils between 2013 and 2017 suggested that outsourcing, restructures, service closures, budget cuts, and redundancies were amongst the reasons for the decrease in jobs.

1.9.1. Registered nurse job trends

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 15,500 jobs, or 30% since 2012/13). The number of registered nurse jobs decreased year-on-year between 2012/13 and 2019/20 (from 51,000 to 36,000).

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.

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 skills 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 undergoing 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 2019.23 Some of these students may choose to join adult social care when they complete their training programme. We’ll continue to monitor any trends arising.

Registered nurses of all employment 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 12.3% (see Section 3.10). 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 health and social care.24

For further information about job trends from 2012/13 to 2019/20, by sector, care service, or job role, please refer to the ‘Size and structure of the adult social care sector and workforce in England, 2020’ report.25

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25 [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)
1.10. People who receive care and support

Information is collected about the care and support needs that providers offer services for. Employers can select from a list of 23 care needs. An establishment may offer services for people with multiple care and support needs.

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

**Table 3. Estimated jobs by care and support need and sector, 2019/20**  
Source: Skills for Care workforce estimates

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All sectors</strong></td>
<td>Total</td>
<td>870,000</td>
<td>705,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>2%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>98%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Local authority</strong></td>
<td>Total</td>
<td>65,000</td>
<td>59,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>93%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Independent</strong></td>
<td>Total</td>
<td>800,000</td>
<td>600,000</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</td>
<td>5,000</td>
<td>42,000</td>
</tr>
<tr>
<td></td>
<td>(Specialist)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 4. Estimated jobs by care and support need and service group, 2019/20**  
Source: Skills for Care workforce estimates

<table>
<thead>
<tr>
<th></th>
<th>Dementia</th>
<th>Learning disabilities and/or autism</th>
<th>Mental health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All services</strong></td>
<td>Total</td>
<td>870,000</td>
<td>705,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>2%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>98%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Adult residential</strong></td>
<td>Total</td>
<td>405,000</td>
<td>167,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>2%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>98%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Adult day care</strong></td>
<td>Total</td>
<td>11,000</td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>4%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>96%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Adult domiciliary</strong></td>
<td>Total</td>
<td>405,000</td>
<td>450,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Adult community</strong></td>
<td>Total</td>
<td>49,000</td>
<td>58,000</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>1%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Generalist</td>
<td>99%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Employment overview
Overview of employment information of the adult social care workforce in England, as at 2019/20

- The majority (89%) of the adult social care workforce were employed on permanent contracts.
- Approximately half of the workforce (50%) usually worked full-time hours and 50% worked part-time.
- Around a quarter of the workforce (24%) were employed on zero-hours contracts (375,000 jobs).
- Almost half (42%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (56%).
- The percentage of workers employed on zero-hours contracts between 2012/13 and 2019/20 has remained relatively stable, increasing by less than one percentage point over this period.

2.1. Introduction

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

This chapter looks at employment information, including permanent or temporary status, full-/part-time hours, and zero-hours contracts within local authorities, independent sector providers, and those working for direct payment recipients.

---

26 Detailed workforce information about jobs involving working in the NHS were not available and therefore could not be included in our estimates by characteristics.
2.2. Employment status

The majority (89%) of the adult social care workforce were employed on permanent contracts (see Table 5). Employment status varied by job role, notably managerial staff, and senior care workers; those who held these roles were more likely to be employed on permanent contracts. Employers showed a higher reliance on bank/pool registered nurses (14%), agency social workers (7%), and agency occupational therapists (7%), compared to other job roles.

Table 5. Estimated employment status of the adult social care workforce, by selected job roles, 2019/20
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>95%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>98%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Social worker</td>
<td>86%</td>
<td>5%</td>
<td>1%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>87%</td>
<td>4%</td>
<td>1%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>84%</td>
<td>1%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>95%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Care worker</td>
<td>87%</td>
<td>3%</td>
<td>7%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Support and outreach worker</td>
<td>85%</td>
<td>5%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>91%</td>
<td>5%</td>
<td>*</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

* Grouped into 'Other' due to nature of data collection.

It should be noted that when the ASC-WDS is completed, it reflects a snapshot in time; 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 used throughout the year that are not directly employed 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 ASC-WDS data.

2.3. Full-/part-time status

Approximately half of the adult social care workforce (50%) usually worked full-time hours, with 50% working part-time. Chart 10 shows that, as with employment status, full-/part-time status varied by job role. Most registered managers (93%) and senior managers (86%) worked full-time. This was also true for social workers (76%) and senior care workers (72%). Meanwhile, care workers (who made up 53% of jobs in the workforce), and support and outreach workers had considerably lower proportions of full-time staff (49% and 56% respectively).

Comparatively, personal assistants comprised the lowest proportion of full-time roles (12%), with 88% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of a survey we conducted found that around 53% of personal assistants worked part-time.

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27 Full-time was classified as working 32 or more hours per week and part-time was classified as 0.5 to 31.5 hours per week.
of personal assistants were employed by a family member or friend, and 19% held more than one personal assistant job. For more information, please see the ‘Individual employers and the personal assistant workforce, 2020’ report.28

Chart 10. Estimated full-/part-time status of the adult social care workforce, by selected job roles, 2019/20
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Senior management</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>Social worker</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Care worker</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Support and outreach workers</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>12%</td>
<td>88%</td>
</tr>
</tbody>
</table>

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 can be attractive to adult social care employers (especially domiciliary care providers) in helping 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 also offer an opportunity for some employees because it can offer work/life balance and a flexibility that may suit family or other commitments. However, it can also be ‘insecure work’ and prove negative in terms of financial planning and uncertainty for other employees.

Almost a quarter of the adult social care workforce (24%, or 375,000 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, as shown in Chart 10. Care workers represented the highest proportion of workers on zero-hours contracts (34%), followed by personal assistants (21%), registered nurses (16%) and support and outreach workers (16%). Chart 11 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract jobs in brackets.

28 www.skillsforcare.org.uk/IEPAreport
Chart 11. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2019/20
Source: Skills for Care estimates

As well as variation in the proportion of workers employed on zero-hours contracts by job role, there were also wide variations between different care service types. Chart 12 shows registered nurses, senior care workers, care workers, and personal assistants (PAs) categorised by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, with 56% of care workers and 48% 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 12. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, 2019/20
Source: Skills for Care estimates
When drawing conclusions based on Chart 12, it should be noted that the majority of registered nurses work within residential care settings (34,000, or 95%) and fewer work within domiciliary care (1,300, or 4%), community care (350, 1%), and day care services (25, <1%). The Living Wage Foundation 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.

We estimate that around 31% of adult social care jobs employed in the independent sector were roles with fewer than 16 contracted hours per week, or with zero-hours contracts.

It was 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 6 shows that the percentage of staff employed on zero-hours contracts remained relatively stable, decreasing by one percentage point between 2012/13 and 2019/20. Please note that trends do not include personal assistants as historical data is unavailable.

It should be noted that, although no precise trend is available, evidence suggests that the proportion of staff employed on zero-hours contracts was substantially lower prior to 2012.

Table 6. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2019/20 (independent and local authority sectors only)
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>All job roles</td>
<td>24%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>24%</td>
<td>24%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Senior management</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Social worker</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
<td>10%</td>
<td>10%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Care worker</td>
<td>35%</td>
<td>35%</td>
<td>36%</td>
<td>34%</td>
<td>34%</td>
<td>34%</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>14%</td>
<td>14%</td>
<td>15%</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

* Rows may not sum due to rounding.

Chart 13 highlights the change from 2012/13 to 2019/20 for registered nurses, senior care workers, and care workers. The proportions were relatively stable across all job roles.

Chart 13. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates
Recruitment and retention
Overview of recruitment and retention of the adult social care workforce, 2019/20

- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 30.4%, equivalent to approximately 430,000 leavers over the year. Many of those that leave their roles remain within the sector as 66% of recruitment is from within adult social care; this means that around 149,000 left the sector in 2019/20.
- The turnover rate was higher in registered nursing roles (41.3%) and care worker roles (38.1%); the care worker turnover rate within domiciliary providers was 39.1%.
- Turnover rates have increased steadily, by a total of 10.2 percentage points, between 2012/13 and 2019/20.
- Some employers were struggling to recruit and retain suitable candidates to join the sector. A significant proportion of staff turnover happened due to people leaving the sector soon after joining, as turnover was highest for those with less than one year of experience.
- We estimate that 7.3% of the roles in adult social care were vacant. This is equal to approximately 112,000 vacancies at any given time. In 2019/20, the vacancy rate decreased by 0.3 percentage points, the first decrease in an eight-year period.
- The average number of sickness days lost was 4.7 per employee; this equates to approximately 6.72 million days lost due to sickness in 2019/20.

3.1. Introduction

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

It’s vital that the adult social care sector is able to attract and retain staff members with the right values and behaviours, that are open to being supported to develop their skills 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 adverse impact on service delivery and continuity of care.

Our research found that employers using values-based recruitment and retention approaches attract staff who perform better, with lower sickness rates, and achieve 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 has 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.³⁰ For further information on recruiting for values, and more of our research into staff retention, please visit our website.³¹

We’ve been working in partnership with Neil Eastwood, author of Saving Social Care, to develop the Care Friends app which launched in June 2020. This app is a tool for employers to use to organise their employee referral schemes and to aim to combat some of the challenges these schemes face, such as keeping staff engaged and updated on the candidates that they refer. Their research found that employee referrals made up 36% of high-performing care workers, compared to 11% from internet job boards, despite the disparity of applicants from these two routes (internet job boards make up the majority of applications).

Care Friends have reported that, within the first six months following the app’s launch, care workers were on track to be half as likely to leave within their first year compared to the average rates for the sector (retention rates of 78%, and 58.3% respectively).

**Chart 14. First year retention of care workers in adult social care**
Source: Care Friends 2020, Skills for Care 2019

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³⁰ [www.skillsforcare.org.uk/recruitment-retention/retaining-staff](http://www.skillsforcare.org.uk/recruitment-retention/retaining-staff)
³¹ [www.skillsforcare.org.uk/values](http://www.skillsforcare.org.uk/values)
We’ve also been working with the University of Leeds and an independent data scientist to develop machine learning models which use ASC-WDS data to identify the key factors that influence turnover rates and CQC scores. For further information, please see Chapter 8 – Data Science.

The high-quality workforce intelligence that we collect and analyse 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’ and ‘Seeing potential: widen your talent pool’ workshops and resources.

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 which are still operational; leavers as a result of establishments closing down are not captured. Please see Section 3.5 for further details.

We estimate that the turnover rate of staff working in the adult social care sector was 30.4% in 2019/20. This equates to approximately 430,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 66% of recruitment comes from within adult social care, and 34% (149,000 employees) leave the sector.

Turnover rates varied between sector, service, and job role. Chart 13 shows that jobs working for local authorities (13.0%) and jobs working for direct payment recipients (16.7%) had much lower turnover rates than those in the independent sector (33.5%).

Chart 15. Estimated staff turnover rate, by sector and care service, 2019/20
Source: Skills for Care estimates

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32 [www.skillsforcare.org.uk/Recruitment-retention](http://www.skillsforcare.org.uk/Recruitment-retention)
33 [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
The turnover rate was higher for residential care providers than for other service types, with a third of all staff leaving their roles within the previous 12 months (32.1%). Domiciliary care services also had a relatively high turnover rate (31.0%), particularly for care workers, at 39.1%.

Chart 16 shows care workers had the highest turnover rate of direct care-providing roles, at 38.1%, almost twice that of senior care workers at 21.7%. Registered nurses also had a relatively high turnover rate (41.3%), equivalent to around 12,500 leavers, compared to other regulated professions, such as social workers (12.8%) and occupational therapists (14.9%). However, the majority of registered nurse roles were employed in independent social care providers, where turnover rates are known to be higher (see Chart 15 above), whereas social worker and occupational therapist roles were mostly employed within local authorities. For comparison, registered nurses and health visitors in the NHS had a turnover rate of 9.4% as at March 2020.34

Managerial roles had relatively lower turnover rates at 18.2%, whereas in direct care-providing roles, there were the highest rates, at 33.0%. There was also variation between specific roles within each job group.

**Chart 16. Estimated staff turnover rates by selected job roles, 2019/20**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>30.4%</td>
</tr>
<tr>
<td>Direct care</td>
<td>33.0%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>21.7%</td>
</tr>
<tr>
<td>Care worker</td>
<td>38.1%</td>
</tr>
<tr>
<td>Support and outreach personal assistant</td>
<td>24.6%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>16.7%</td>
</tr>
<tr>
<td>Managerial/Supervisor</td>
<td>18.2%</td>
</tr>
<tr>
<td>Senior management</td>
<td>8.5%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>25.4%</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>12.8%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>14.9%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>41.3%</td>
</tr>
</tbody>
</table>

Around a quarter of registered managers had left their roles in the preceding 12 months (25.4%); this was relatively high compared to other managerial roles and equates to around 5,700 leavers in the preceding 12 months in total.

3.2.1. Turnover rate trends

The charts in this section show the turnover rate trends of directly employed staff leaving their roles within the preceding 12 months for each year between 2012/13 and 2019/20. These trends do not include personal assistants working for direct payment recipients.

Turnover rates increased steadily, by 10.2 percentage points between 2012/13 and 2019/20. Turnover rates for staff employed by local authority providers increased at a slower rate (by 1.3 percentage points over the period) than the independent sector which rose by 10.5 percentage points. Since 2017/18, the turnover rate of local authorities has been lower compared to previous years, whereas the independent sector has consistently increased.

Chart 17. Turnover rate trend of all job roles by sector between 2012/13 and 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

![Turnover rate trend of all job roles by sector between 2012/13 and 2019/20](chart)

The turnover rate of registered managers increased between 2013/14 and 2016/17 by 3.6 percentage points. However, the turnover rate increased at a slower rate between 2016/17 and 2019/20, rising by 1.3 percentage points. Senior manager turnover rates rose over the period from 6.4% in 2012/13 to 8.5% in 2019/20.

Chart 18. Turnover rate of selected managerial roles between 2012/13 and 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

![Turnover rate of selected managerial roles between 2012/13 and 2019/20](chart)
Each of the direct care-providing roles in Chart 19 showed an increase in turnover rate between 2012/13 and 2019/20. Care workers, which had the highest turnover rate, at 38.1%, also showed the greatest increase since 2012/13, a rise of 11.4 percentage points. Senior care worker turnover rose by 8.8 percentage points between 2012/13 and 2019/20.

Chart 19. Turnover rate of selected direct care-providing roles between 2012/13 and 2019/20 (independent and local authority sectors only)

Source: Skills for Care estimates

Although the information in the section above shows the overall turnover rate, it’s important to remember that the adult social care sector has an experienced core of workers and that just under a quarter (23%) of independent sector employers have an annual turnover rate of less than 10%.

We published research\(^{35}\) in which employers with a turnover rate of less than 10% were asked to consider what they believe 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 the achievements of both the organisation and the individual (86%)
- involving colleagues in decision making (81%).

We also conducted research to measure the impact of values-based recruitment and retention.\(^{36}\) 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 our website.\(^{37}\)

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\(^{35}\) [www.skillsforcare.org.uk/Recruitment-retention/retaining-staff](www.skillsforcare.org.uk/Recruitment-retention/retaining-staff)


\(^{37}\) [www.skillsforcare.org.uk/randr](www.skillsforcare.org.uk/randr)
3.3. Workforce factors affecting turnover rates

Together with an independent data scientist and using data from the ASC-WDS in March 2019 and March 2020, we created 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 registered manager had been in post and the size of the establishment.

We’ve 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. We achieved this by connecting ASC-WDS data with CQC information and analysing the relationships within the data, using machine learning techniques. The University of Leeds plan to publish the results of this study in an academic paper.

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). We estimate that the starter rate in the past 12 months was 36.6%. This equates to approximately 520,000 new starters.

It should be noted that the starter rate reflects staff members that were new to their role. This will include a mixture of those new to the adult social care sector (34%), and ‘churn’ within the adult social care sector (66%), i.e. people moving from different employers or within the same organisation. Please see Section 3.8 for further information.

Chart 20. Estimated starter rate of directly employed workers by job role, 2019/20
Source: Skills for Care estimates
Care workers experienced the highest starter rate, at 44.9%, followed by registered nurses (41.9%) and personal assistants (38.8%). These job roles also had the highest turnover rates, highlighting the high degree of ‘churn’ within the sector.

3.5. Comparing starter and leaver rates

This section focuses only on the independent and local authority sectors. Comparable information for direct payment recipients was not available.

The starter rate consisted of a combination of needing to replace leavers and filling a growing demand for workers in the adult social care sector. This starter rate includes those workers that were new to their role in the previous 12 months and all new roles within establishments which were newly opened within the past year. There were around 465,000 starters in the independent and local authority sectors over the previous 12 months.

The turnover rate includes leavers from social care establishments in operation as at March 2020 only, meaning that those workers employed by establishments that closed within the preceding year were not included in this estimate. There were approximately 410,000 leavers from active establishments. Skills for Care analysis of the ASC-WDS and the CQC database shows 1,111 service closures identified over the period, with an estimated net of 30,000 more leavers than starters from these CQC-regulated services. In addition, non-CQC-regulated service closures throughout the period were estimated to include an additional 5,000 leavers.

There was an estimated increase of 16,500 jobs between 2018/19 and 2019/20 in the independent and local authority sectors combined, from a total workforce of 1.39 million to 1.4 million. Taking leavers from closed services into account, the difference between the number of starters (465,000) and leavers, including those at closed establishments (450,000) results in a similar figure, thereby corroborating these findings. However, it’s 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 workers and the years in which 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 35.6 years old. Managers tended to join the sector at an earlier age, in particular, registered managers that had an average starting age of around 29.9 years old. This shows that there is career progression within the sector, as managers start out in the sector younger, and go on to progress into more senior roles. For further information, please see ‘Experience in sector’ (Section 3.7.1) and ‘Career progression in adult social care’ (Section 6.5).
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 that employers and policy makers may need to look wider than the traditional care worker demographic for recruitment in the future.

We’re 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 or people with caring responsibilities, disabled people, people with mental health needs, people with criminal convictions, male workers, and younger workers. Please visit our website for further information.38

3.7. Experience of the adult social care workforce

Although the turnover rate within the adult social care sector was estimated at 30.4%, turnover is not universally high. Just under a quarter (23%) of independent sector 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 had, on average, 8.4 years of experience in the adult social care sector and 71% of the workforce had been working in the sector for at least three years. Chart 22 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.

38 www.skillsforcare.org.uk/seeingpotential
Within regulated professional roles, registered nurses had the most experience in the sector with 13.3 years, compared to 10.1 years for social workers, and 10.3 years for occupational therapists. Care workers had the lowest average number of years of experience at 6.7 years. Senior care workers and personal assistants had slightly higher averages (11.1 years, and 9.3 years respectively).

Around 29% of the workforce had fewer than three years of experience of working in the sector. Care workers, who make up 53% of the workforce, had the largest proportion of workers, with less than three years of experience (36%). In contrast, 75% of registered managers had been in the sector for 10 years or more.

Chart 22. Estimated year bands and average number of years of experience working in the adult social care sector by selected job role, 2019/20
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Mean experience in sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>8.4</td>
</tr>
<tr>
<td>Senior management</td>
<td>10.1</td>
</tr>
<tr>
<td>Registered manager</td>
<td>10.3</td>
</tr>
<tr>
<td>Social worker</td>
<td>13.3</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>11.1</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>8.8</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>9.3</td>
</tr>
<tr>
<td>Care worker</td>
<td>6.7</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>25%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>28%</td>
</tr>
</tbody>
</table>

3.7.2. Experience in role

Workers had, on average, 4.1 years of experience in role (4 years less than the average experience in sector). Chart 23 shows information on workers’ experience in their current role in years. The average number of years of experience for a care worker was 3.3 years, and this was also true for personal assistants. In contrast, senior managers (8.1 years) and registered managers (7.9 years) had more experience in their current role.

Registered nurses had an average of 3.8 years of experience in role; this was amongst the lowest levels of all of the job roles shown in Chart 23. However, registered nurses’ average years of experience of working in the adult social care sector were amongst the highest (13.3 years). This is likely a result of the relatively high turnover rate for registered nurses (41.3%) and indicates that many nurses have moved from employer to employer in the social care sector.
Throughout the adult social care sector, workers had more experience in the sector than they did in their role. Again, this highlights the level of ‘churn’ within the adult social care sector. Personal assistants had the largest difference, with significantly higher average years of experience in the sector (9.3 years) than in role (3.3 years), compared to other direct care-providing roles.

### Chart 24. Comparison of average number of years of experience in current role and adult social care by sector, 2019/20

Source: Skills for Care estimates

#### 3.8. Source of recruitment

Information is collected about the source of recruitment of adult social care workers. These sources can be grouped into ‘within the adult social care sector’, including the independent or local authority sectors, agencies, or internal promotions, and ‘outside the adult social care sector’, including the health sector, the retail sector, and other sources.
Although the turnover rate (30.4%) is relatively high, 66% of starters were recruited from within adult social care; therefore, the sector has retained their skills and experience. 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 employers.

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.39

**Chart 25. Estimated source of recruitment from within, and outside of, the adult social care sector, by selected job roles, 2019/20**

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>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior management</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Social worker</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Care worker</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>42%</td>
<td>58%</td>
</tr>
</tbody>
</table>

**3.9. Sickness rates**

Supporting the health and wellbeing of staff can have a positive impact on their performance, most especially when this is aligned with the culture of the organisation. Workplace culture is defined as the character and personality of an organisation and having a positive workplace culture has been found to be vital in the delivery of higher quality care and support. We’ve launched the ‘Culture for care’ toolkit to guide employers towards developing a positive workplace culture.40

We understand that the daily stress of care work can contribute to absence through sickness; it’s 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. The

39 [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
40 [www.skillsforcare.org.uk/culture](http://www.skillsforcare.org.uk/culture)
‘Greater resilience, better care’ resource has been developed to help managers to 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 1.42 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and jobs working for direct payment recipients, and an average of 4.7 sickness days per employee in 2019/20, a total of approximately 6.72 million days were lost to sickness over 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, at 9.5 and 7.5 days per year on average, respectively.

However, those in personal assistant roles had the lowest recorded rate, at 1.6 days. This result may be influenced by the nature of the role. Personal assistants employed by a friend or family member had, on average, 1.2 sickness days. Those employed by a non-friend or family member had an average of 2.0 days. More evidence on this is presented in the ‘Individual employers and the personal assistant workforce, 2020’ report.

Registered nurses also had lower sickness rates, at an average of 3.9 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.

On average, sickness rates were higher within local authorities (10.2 days for all job roles and 12.0 for care workers) than in independent sector providers (4.6 days for all job roles and 4.8 for care workers). This may reflect differing terms and conditions.

41 www.skillsforcare.org.uk/resilience
42 www.skillsforcare.org.uk/IEPAreport
Chart 26. Estimated sickness bands and average sickness days taken by selected job roles, 2019/20
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>0%</th>
<th>50%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>58%</td>
<td>27%</td>
<td>9%</td>
</tr>
<tr>
<td>Senior management</td>
<td>78%</td>
<td>17%</td>
<td>3%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>74%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>Social worker</td>
<td>43%</td>
<td>32%</td>
<td>13%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>44%</td>
<td>34%</td>
<td>13%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>58%</td>
<td>29%</td>
<td>9%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>52%</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>Care worker</td>
<td>57%</td>
<td>27%</td>
<td>10%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>50%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>75%</td>
<td>20%</td>
<td>4%</td>
</tr>
</tbody>
</table>

| Mean sickness | 4.7 | 1.5 | 2.3 | 9.5 | 7.5 | 3.9 | 4.7 | 5.1 | 7.5 | 1.6 |

We’re analysing ASC-WDS data on a monthly basis to monitor the impact of COVID-19 on the sector and workforce. The outputs from this analysis can be found on the COVID-19 section of our Workforce Intelligence website.\(^{43}\)

The percentage of days lost to sickness was around 7.5% between March 2020 and August 2020, compared to 2.7% pre-COVID-19. Sickness days will include those self-isolating and shielding, as well as those who were unwell (including COVID-19 and non-COVID-19 related illness).

3.10. Vacancy rates

We estimate that 7.3% of roles in the adult social care sector were vacant on any given day across England in 2019/20. This represents an average of approximately 112,000 vacancies at any one time. This was higher than that of the wider UK economy which had an estimated vacancy rate of 2.7%.\(^{44}\)

The majority (70,000) of the vacancies were care worker job roles. The vacancy rate for care workers (8.2%) was also higher than for other direct care-providing roles, including senior care workers (5.1%), and personal assistants (7.9%).

Registered manager vacancies (12.0%) were double the average rate of other managerial roles (5.5%), equivalent to around 2,700 vacancies at any given point in 2019/20.


\(^{44}\) ONS - Vacancies and jobs in the UK: March 2020 - [https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/march2020]
Vacancy rates for regulated professions were the highest of all job role groups (10.5%). The registered nurse vacancy rate was particularly high, at 12.3%. This role also had relatively high turnover and starter rates, which is a contributory factor to high vacancy rates. Nurses were added to the UK Shortage Occupation List (SOL) in 2015 and have remained listed ever since.

The Shortage Occupation List (SOL) is an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts. The List can make it easier for employers to recruit migrant workers. Registered nurses, social workers and occupational therapists are all on the SOL which will make post-Brexit immigration possible into these occupations regardless of salary level (see section 4.6.2 for more information).

**Chart 27. Estimated vacancy rate by selected job role, 2019/20**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>7.3%</td>
</tr>
<tr>
<td>Direct care</td>
<td>7.8%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>5.1%</td>
</tr>
<tr>
<td>Care worker</td>
<td>8.2%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>7.4%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>7.9%</td>
</tr>
<tr>
<td>Managerial/Supervisor</td>
<td>2.9%</td>
</tr>
<tr>
<td>Senior management</td>
<td>5.5%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>12.0%</td>
</tr>
<tr>
<td>Regulated professionals</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>8.1%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>9.0%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Vacancy rates were slightly lower in local authorities (6.6%) overall, compared to the independent sector (7.3%). Direct payment recipients had the highest vacancy rate by sector (7.9%). Our previous research has found that individual employers have difficulties finding and recruiting suitable personal assistants to support them. Further information on the resources available to assist in the recruitment of personal assistants can be found on our individual employer and personal assistant information hub.46

Chart 28 below shows that there is also variation based on the service provided. Domiciliary care services had the highest vacancy rates, at 9.0% - more than double that of adult day care services (4.3%).

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Chart 28. Estimated vacancy rate by sector and service provided, 2019/20
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Service</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sectors</td>
<td>7.3%</td>
</tr>
<tr>
<td>Local authority</td>
<td>6.6%</td>
</tr>
<tr>
<td>Independent</td>
<td>7.3%</td>
</tr>
<tr>
<td>Direct payment recipients</td>
<td>7.9%</td>
</tr>
<tr>
<td>Residential</td>
<td>4.3%</td>
</tr>
<tr>
<td>Day</td>
<td>5.7%</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>7.1%</td>
</tr>
<tr>
<td>Community care</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

3.10.1. Vacancy rate trends

This section does not include jobs working for direct payment recipients, as trends were unavailable. The vacancy rate was 0.3 percentage points lower in 2019/20 than 2018/19, which is the first decrease shown over the eight-year period. In nominal terms, there were around 4,500 fewer vacancies in 2019/20. The ‘Every Day is Different’ campaign, which began in February 2019, may have influenced this decrease.

During the COVID-19 pandemic, we’ve been monitoring the change in vacancy rates as employers provide updated information. The vacancy rate of employers updating their data up to August 2020 was 7.0%, down from 8.6% in February 2020. The reduction in occupancy rates in care homes is likely a contributing factor for this decrease in vacancies.

However, the number of vacancies in the adult social care sector is still relatively high compared to the wider economy. When the UK adopts the points-based immigration system on 1 January 2021, there will be no provision (at the time of writing) for care workers to immigrate to the UK. This has the potential to reduce supply when demand is forecast to increase (see Chapter 7 – Workforce forecasts).

The adult social care vacancy rate has risen by 2.8 percentage points between 2012/13 and 2019/20. This rise in vacancies over the period, 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 the effects of an ageing population. Although the vacancy rate has decreased slightly in 2019/20, the absolute number of vacancies remaining high presents a challenge for the sector. We’ll continue to monitor this trend and any side effects on other workforce measures.

Chart 29 shows that registered manager vacancy rates consistently decreased from 12.5% in 2012/13 to 11.1% in 2016/17. Their rate then increases after 2016/17, up to 12.0% in 2019/20. 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. For more information, please see Section 8.1.6.
Chart 29. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

Chart 30 shows the vacancy rate trend for regulated professions. Each of the roles listed showed higher vacancy rates compared with 2012/13.

The vacancy rate for registered nurses increased by 7.3 percentage points over the period. This suggests that supply of these workers is falling short of demand (there were 4,200 vacancies in 2019/20) and is 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 was higher in 2019/20 than in 2012/13 (8.1% compared to 7.6%). However, rates have been falling in recent years – from a high of 12.7% in 2015/16. Occupational therapist vacancy rates also increased over the period (by 3.5 percentage points) but, again, this rate has been falling since 2015/16. Although the vacancy rate appeared to be decreasing overall, there was still a relatively high number of vacancies for social workers (1,500) and occupational therapists (325) in 2019/20.

Chart 30. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

The vacancy rate of selected direct care-providing roles, shown below, increased steadily between 2012/13 and 2019/20. Vacancy rates amongst senior care workers saw a significant increase between 2016/17 and 2018/19, rising by two percentage points; this was greater than the increase over the previous four years (1.3 percentage points).
Support and outreach workers reflected this pattern, rising by 2.7 percentage points between 2016/17 and 2018/19.

Each of the roles shown below had a lower vacancy rate in 2019/20 when compared to 2018/19, and this fall was greatest for support and outreach workers (down 1.2 percentage points). Care workers, which make up 53% of the workforce, saw a decrease of 0.5 percentage points, equivalent to 4,100 fewer vacancies.

Chart 31. Vacancy rate trends for selected direct care-providing roles between 2012/13 and 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

The increase in vacancy rates for direct care-providing roles since 2012/13 may be linked to the fall in unemployment rates in the UK over the same period. In general, adult social care vacancy rates tend to be higher when whole economy unemployment rates are low, and vice versa. Data from the Office for National Statistics (ONS) shows that the general unemployment rate was 7.8% in 2012/13, but that it had fallen to 3.9% by 2019/20.47

Chart 32. Adult social care vacancy rate and unemployment rate
Source: Skills for Care estimates, ONS Annual Population Survey

This meant that the proportion of people that were economically inactive but seeking a job had also decreased from 24.7% in 2012/13 to 20.9% in 2019/20. In absolute terms, this

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47 ONS Annual Population Survey, 2019
was a decrease from 1.92 million people to 1.5 million people looking for work.\textsuperscript{48} Despite this decrease, there remained 112,000 vacant positions in adult social care in 2019/20 (across the independent sector, local authorities, and jobs working for direct payment recipients). These jobseekers represented a considerable pool of prospective workers that may have been available to work in adult social care at this time.

Another influencing factor in the increasing vacancy rates in adult social care, particularly in the care worker vacancy rate, may have been rates of pay. The median hourly rate for a care worker in adult social care was £8.50 in 2019/20. This was an increase of £1.57 since 2012/13, when median pay was £6.93 per hour.

However, although care worker pay has increased in adult social care, it’s still amongst the lowest of the economy in general.

Chart 33 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 all of the selected job roles. However, by 2019/20, the gap had narrowed. Notably, kitchen and catering assistants earned 53 pence less per hour on average in 2012/13 than care workers. By 2019/20, this gap had reduced to 15 pence. Similarly, sales and retail assistants earned 13 pence per hour less than care workers in 2012/13 but in 2019/20, they earned 24 pence per hour more on average than care workers.\textsuperscript{49}

\textbf{Chart 33. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy}

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning

\begin{table}[h]
\begin{tabular}{|c|c|c|c|c|}
\hline
                & 2012/13 &                & 2019/20 &                \\
\hline
Hairdressers  & £6.82   & Hairdressers   & £8.21   & Hairdressers   \\
and barbers   &         & and barbers    &         & and barbers    \\
Sales and     & £6.80   & Sales and      & £8.74   & Sales and      \\
retail        &         & retail        &         & retail        \\
assistants    &         & assistants    &         & assistants    \\
Cleaners and  & £6.71   & Cleaners and   & £8.65   & Cleaners and   \\
domestics     &         & domestics     &         & domestics     \\
Launderers,   & £6.44   & Launderers,    & £8.25   & Launderers,    \\
dry cleaners  &         & dry cleaners  &         & dry cleaners  \\
and pressers  &         & and pressers  &         & and pressers  \\
Kitchen and    & £6.40   & Kitchen and    & £8.35   & Kitchen and    \\
catering      &         & catering      &         & catering      \\
assistants    &         & assistants    &         & assistants    \\
\hline
\end{tabular}
\end{table}

\textsuperscript{48} ONS Annual Population Survey, 2019
\textsuperscript{49} ONS Annual Survey of Hours and Earning – Resident Analysis, 2019
Despite pay levels growing quickly, more workers were being paid the National Living Wage (NLW), or close to this, in adult social care in 2019/20; this may also be contributing to rising vacancy rates. For further information on pay, please see Chapter 5 – Pay.

At present, Brexit does not appear to have had a major impact on the vacancy rate. The number of people identifying as of 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 from 1 January 2021 when immigration to become a care worker (53% of the adult social care workforce) will not be possible.

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.50

An evaluation of this campaign between February 2019 and April 2019 found that over half of the target audience (people aged 20 to 39) took action as a result of seeing the advertisements, including such actions as job searches and applications. One in four (26%) care staff surveyed also reported having seen an increase in enquiries, applications, interviews, or vacancies filled.51

The COVID-19 outbreak has led to an increased need to recruit into the social care workforce urgently, while also highlighting the importance of the work of the adult social care sector. In response, the Department of Health and Social Care (DHSC) have launched their latest campaign ‘Care for others. Make a difference’.52

This campaign builds upon the success of the National Recruitment Campaign and aims to raise the profile of the social care sector and give recognition to the vital work of the workforce, as well as drive people with the right skills and values into the sector.

Resources have been made available so that key stakeholders can support the campaign. These include a campaign toolkit, a cover letter to accompany job advertisements and imagery to use on social media channels.

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50 [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
52 [https://www.everydayisdifferent.com/resources/Care-for-others-Make-a-difference.aspx](https://www.everydayisdifferent.com/resources/Care-for-others-Make-a-difference.aspx)
Workforce demographics
Overview of adult social care workforce demographics, 2019/20

- The adult social care workforce in 2019/20 comprised 82% female, and 18% male workers.
- The average age of a worker was 44 years old, and over a quarter of workers (410,000 jobs) 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 England (14% BAME).
- The majority (84%) of the adult social care workforce identified as British, 7% (113,000 jobs) identified as of an EU nationality and 9% (134,000 jobs) a non-EU nationality.
- The proportion of EU nationality workers had continued to increase, from 5% in 2012/13 to 8% in 2019/20.

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 34 shows the gender breakdown of the economically active population in England, compared to the adult social care workforce. The adult social care workforce continued to be made up of around 82% female workers. Male workers remained in the minority (18%).

Chart 34. Estimated gender of the adult social care workforce and the economically active population

<table>
<thead>
<tr>
<th>Economically active</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care</td>
<td>18%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Chart 35 shows the estimated gender split of the adult social care workforce for selected job roles. Gender did not vary significantly between most job roles. However, some variation can be seen, with female workers less likely to be in managerial roles (79%), especially senior management roles (67%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 11%.
4.3. Age

Chart 36 below shows the age distribution of the adult social care workforce in comparison to the economically active population in England. The age profile of the adult social care workforce was skewed towards the older age bands, with 27% of workers aged 55 and over, compared to 20% of workers in the economically active population as a whole.

Chart 37 shows the estimated age bands and average age of workers by selected job roles. In the adult social care sector, the average age of a worker was 44.2 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 a quarter of the workforce (27%, or 410,000 jobs).

Care workers had the youngest age profile, with 11% being under 25 years old. Over a third (36%) of registered nurses were aged 55 or over, with an average age of 49 years old.
4.3.1. Age trends

Chart 38 shows the average age of the adult social care workforce over time. The average age of the workforce rose marginally over an eight-year period, from 42.5 years in 2012/13 to 44 years in 2019/20. Over the same period, the average age of the economically active population had increased from 40 years to 42 years. This highlights that the marginally rising age of the workforce is not exclusive to the adult social care sector.

Chart 38. Average age trends of the adult social care workforce between 2012/13 and 2019/20 (independent and local authority sectors only)

Source: Skills for Care estimates

We’re 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 the adult social care sector, for example with the ‘I Care… Ambassadors’ project, apprenticeships, and the ‘Every Day is Different’ campaign. For further information, please see Chapter 3 – Recruitment and Retention.
4.4. Disability


The 2011 UK census reported that there were 9.4 million disabled people living in England (18% of the population). Within social care occupations, the LFS identified 22% of workers as disabled according to the Disability Discrimination Act 1995 (DDA) definition. The adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The ASC-WDS disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

The LFS and ASC-WDS also use different definitions of disability; this may account for some of the variation in results. The ASC-WDS likely only captured the LFS equivalent of ‘work-limiting’ disability (also 2%).

Chart 39. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status
Source: Skills for Care workforce estimates, 2019/20; UK census, 2011; Labour Force Survey, 2019

<table>
<thead>
<tr>
<th>Population of England</th>
<th>Day-to-day activities limited a lot</th>
<th>8%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day-to-day activities limited a little</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Day-to-day activities not limited</td>
<td>82%</td>
</tr>
<tr>
<td>Social care occupations (LFS)</td>
<td>DDA disabled</td>
<td>7%</td>
</tr>
<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>78%</td>
</tr>
<tr>
<td>Adult social care</td>
<td>Disabled</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Not disabled</td>
<td>98%</td>
</tr>
</tbody>
</table>

We’re involved with 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. Further information is available in our ‘Recruitment and retention of disabled people in adult social care report’.56

4.5. Ethnicity

Chart 40 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 England (14% BAME) in 2019/20. Workers from Black/African/Caribbean/Black British backgrounds (12%) accounted for over half of the BAME adult social care workforce. This compares to 3% of the overall population of England.

**Chart 40. Estimated proportion of the adult social care workforce and the population of England by ethnicity**

Source: Skills for Care workforce estimates 2019/20, Census 2011

![Chart showing ethnic profile of adult social care workforce and population by region](chart40)

Chart 41 shows the ethnic profile of the adult social care workforce by region. There were large variations by region, with London having the most diverse workforce (66% BAME) and the North East the least diverse workforce (3%). In general, these proportions reflect the populations resident in each area. Please note that this information only includes workforce data for local authorities and the independent sector. Ethnicity data for personal assistants working for direct payment recipients was not available at a regional level.
Chart 41. Estimated proportion of the adult social care workforce by ethnicity and region, 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Region</th>
<th>White</th>
<th>BAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Eastern</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>London</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>North East</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>North West</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>South East</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>South West</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>89%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Chart 42 shows ethnic group by selected adult social care job roles. Registered nurses had the highest proportion of workers with a BAME background (38%), whereas occupational therapists had the lowest (11%). Registered managers and senior managers also had a relatively low proportion of those with a BAME background (15% and 17% respectively).

Chart 42. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2019/20
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role</th>
<th>White</th>
<th>BAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Senior management</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>Social worker</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Care worker</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>83%</td>
<td>17%</td>
</tr>
</tbody>
</table>

We’ve developed the ‘Moving Up programme’ in response to the identified need for a more representative leadership profile for BAME leaders in the adult social care sector. The programme is designed to help individuals to develop the skills to progress their careers and to learn from others. For further information, please refer to our website.57

57 www.skillsforcare.org.uk/moving-up
4.6. Nationality

In 2019/20, around 84% of the adult social care workforce identified as British, 7% (113,000 jobs) identified as of an EU nationality and 9% (134,000 jobs) of a non-EU nationality. Therefore, on average, the adult social care sector showed a slightly greater reliance on non-EU workers than EU workers.

The adult social care sector (16% non-British) was more diverse than the population of England in terms of nationality (8% with no British identity).

**Chart 43. Estimated proportion of the adult social care workforce and population of England by nationality**

Source: Skills for Care workforce estimates 2019/20, Census 2011

<table>
<thead>
<tr>
<th>Population of England</th>
<th>British identity</th>
<th>No British identity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult social care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>EU (non-British)</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Non-EU</td>
<td></td>
<td>9%</td>
</tr>
</tbody>
</table>

Table 7 and Chart 44 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

**Table 7. Estimated number of jobs in the adult social care sector by nationality and job role group, 2019/20**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Job Role Group</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>All job roles</td>
<td>1,290,000</td>
<td>113,000</td>
<td>134,000</td>
</tr>
<tr>
<td>Managerial</td>
<td>100,000</td>
<td>4,300</td>
<td>5,500</td>
</tr>
<tr>
<td>Regulated professions</td>
<td>45,000</td>
<td>7,000</td>
<td>8,300</td>
</tr>
<tr>
<td>Direct care</td>
<td>970,000</td>
<td>87,000</td>
<td>111,000</td>
</tr>
<tr>
<td>Other</td>
<td>176,000</td>
<td>14,000</td>
<td>9,500</td>
</tr>
</tbody>
</table>
Chart 44. Estimated proportions of the adult social care workforce by nationality and job role, 2019/20
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>84%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Senior management</td>
<td>93%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Registered manager</td>
<td>92%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Social worker</td>
<td>89%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>93%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>65%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>84%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Care worker</td>
<td>81%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>88%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>93%</td>
<td>5%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Chart 45 shows that there were regional variations in workforce nationality. The North East, North West, and Yorkshire and the Humber had a relatively low reliance on non-British workers, with similar proportions of EU and non-EU nationalities. London had the highest proportion of non-British workers, followed by the South East. The map also highlights a north/south divide in terms of workforce nationality. Please note that Chart 45 and Map 1 only contain local authority and independent sector information. Nationality information about jobs working for direct payment recipients was not available at regional level.

Chart 45. Estimated proportions of the adult social care workforce by nationality and region, 2019/20 (independent and local authority sectors only)
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Region</th>
<th>British</th>
<th>EU (non-British)</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>83%</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Eastern</td>
<td>82%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>88%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>London</td>
<td>63%</td>
<td>13%</td>
<td>24%</td>
</tr>
<tr>
<td>North East</td>
<td>96%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>North West</td>
<td>92%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>South East</td>
<td>77%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>South West</td>
<td>86%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>88%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>93%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region, 2019/20
Source: Skills for Care estimates

Chart 46 shows data for the top ten nationalities of non-British workers. It’s interesting to note that, since 2014, when citizens of Romania could work in the EU without restriction, the proportion of those of Romanian origin working in adult social care moved into the top ten list. In 2019/20, Romanian was the most common nationality of non-British workers at 13%. Polish was the second most frequently recorded nationality, at 10%, while six of the top ten nationalities were non-EU countries.

The NHS has a slightly lower reliance on EU nationals than the adult social care sector, with 13.7% of NHS staff holding nationalities of a country other than the UK. This includes 5.5% (68,000) that were nationals of EU countries.
4.6.1. Nationality trends

The following trends are for local authorities and the independent sector only. They do not include jobs working for direct payment recipients.

The proportion of the adult social care workforce with a British nationality has remained consistent over the past seven years (from 2012/13 to 2019/20), varying by less than one percentage point.

However, the composition of the non-British workforce has changed. Over the same period, the proportion of the workforce holding an EU (non-British) nationality had increased by three percentage points and the percentage of those of non-EU nationality decreased by three percentage points.

Up until March 2020, Brexit appeared 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. Since then, however, there has been a reduction in the number of people arriving in England to work in adult social care jobs. This is mostly likely a result of less travel taking place due to the pandemic.

The introduction of the points-based immigration system in January 2021 will, at the time of writing, not allow for care workers to come from the EU and this will therefore impact the supply of such workers. We’ll monitor how this affects the composition of the adult social care workforce going forward.
Chart 47. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality, 2012/13 to 2019/20
Source: Skills for Care estimates

The nationality trend for registered nurses within the adult social care sector was similar to the general trend, although more pronounced. The proportion of registered nurses with a British nationality increased three percentage points from 61.2% in 2012/13 to 64.5% in 2019/20. The proportion of registered nurses of a non-EU nationality decreased 12 percentage points over the period, from 31.3% in 2012/13 to 19.0% in 2019/20.

This may have arisen as 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 was through the Nursing and Midwifery Council’s two-stage process. This involves significant financial cost and, until October 2018, required nurses from outside the EEA to work for at least 12 months after qualifying before they could apply to come and work in the UK.58

By comparison, the proportion of registered nurses with an EU nationality has risen by nine percentage points, from 7.5% in 2012/13 to 16.5% in 2019/20.

Chart 48. Estimated proportion of registered nurses with EU (non-British) and non-EU nationalities, 2012/13/ to 2019/20
Source: Skills for Care estimates

4.6.2. British Citizenship

According to the Government’s ‘EU Settlement Scheme’, 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.

EU citizens and their family members that, by 31 December 2020, have been continuously resident in the UK for five years will be eligible for ‘Settled’ status, which will enable them to stay indefinitely.

EU citizens and their family members that arrive by 31 December 2020 but will not yet have been continuously resident for five years, will be eligible for ‘Pre-settled’ status, which enables them to stay until they have reached the five-year threshold. These citizens can then also apply for ‘Settled’ status.

Therefore, under the Settlement Scheme, all workers with an EU nationality that currently work in the adult social care sector in England will be allowed to continue to work in the UK, provided that they apply to remain through the scheme.

By June 2020, over 3.4 million settlement applications were fully processed through the scheme, of which 57% resulted in ‘Settled’ and 41% resulted in ‘Pre-settled’ status.60

We estimate that 8% of the adult social care workforce in the local authority and independent sectors (106,000 jobs) were of an EU nationality in 2019/20. Data from the ASC-WDS shows that around 19% of workers that identified as of an EU nationality already also have British Citizenship. These 20,500 workers will not have to apply for settled status.

Of those people identifying as of an EU nationality, but without British Citizenship, 63% 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 54,000, or 51%, of workers of an EU nationality. The remaining 30% of workers of an EU nationality will be eligible to apply for ‘Pre-settled’ status.

59 EU Settlement Scheme – Accessed 01/08/2019 www.gov.uk/eusettledstatus
On 1 January 2021, the UK will adopt a points-based immigration system. This system requires that Skilled Workers obtain 70 points, of which 50 come from the mandatory criteria of having:

- a job offer from a licensed sponsor
- a job offer which is at, or above, the minimum skill level of an RQF Level 3 or equivalent (A-level or equivalent).
- spoken English of a required standard.

A further 20 ‘tradable’ points might also be drawn from a combination of a worker’s salary, a job in a shortage occupation, or their possession of a relevant PhD. These points are summarised in the table overleaf.

### Table 8. Summary of mandatory and tradable points


<table>
<thead>
<tr>
<th>Criteria</th>
<th>Tradable</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer of job by approved sponsor</td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td>Job at appropriate skill level</td>
<td>No</td>
<td>20</td>
</tr>
<tr>
<td>Speaks English at required level</td>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td>Salary of £20,480 (minimum) – £23,039</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>Salary of £23,040 – £25,599</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>Salary of £25,600 or above</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>Job in a shortage occupation (as designated by the MAC*)</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>Education qualification: PhD in subject relevant to the job</td>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>Education qualification: PhD in a STEM subject relevant to the job</td>
<td>Yes</td>
<td>20</td>
</tr>
</tbody>
</table>

*Migration Advisory Committee

At the time of writing, ‘Care worker’ was not listed as an eligible occupation on the ‘Skilled Workers’ route. Therefore, care workers will not be able to immigrate into the UK to take up these roles from 1 January 2021.

Even if the occupation was eligible for the ‘Skilled Workers’ route, virtually none of these jobs meet the salary threshold and the occupation would therefore need to be listed on the shortage occupation list to allow for immigration into these roles (or for an alternative route to be made available).
Social workers, registered nurses and occupational therapists are listed occupations for the ‘Skilled Workers’ route and are also on the Shortage Occupation List. Therefore, workers will be able to immigrate to the UK to take up these regulated professional roles in the sector after 1 January 2021 providing that they have a job offer from a licenced sponsor and can speak English to the required standard. As long as these occupations remain on the Shortage Occupation List, salary level will not be a factor.

We’re a member of the Cavendish Coalition. The Coalition, a group of 37 health and social care organisations, is working to ensure that the system is properly staffed after the UK leaves the EU.

The Cavendish Coalition believes it’s 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 Cavendish Coalition is committed to helping the UK Government to design and deliver post-Brexit policies which have a positive impact on the UK’s health and social care system.

The Cavendish Coalition submitted evidence to the Migration Advisory Committee on the Shortage Occupation List (SOL) in July 2020. The submission identifies that care workers are not included in the SOL and migration into these roles will therefore cease, with an effect of exacerbating the chronic crisis in the adult social care workforce. The report goes on to state that care workers should be recognised by the migration system by way of awarding points for occupations which provide a ‘high public value’.  

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Pay
Overview of pay rates in England, as at 2019/20
The information in this chapter was gathered from local authorities as at September 2019, and from independent sector employers between April 2019 and March 2020. Personal assistants working for direct payment recipients returned information in February 2020 as part of a survey we conducted.

Pay rate data was collected at the individual worker level, all annual 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 1 April 2016, care worker 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 13 pence per hour (1.9%) each year (September 2012 to March 2016). Since the launch of the NLW, the hourly rate has increased by an average of 30 pence (3.9%) (March 2016 to March 2020).
- Since the introduction of the NLW, a higher proportion (22%) of care workers are paid at the minimum hourly rate (£8.21), compared to around 16% paid at the minimum rate in 2016 (£6.70). The remainder were paid above the NLW rate.
- Care workers in the bottom 10% of the pay distribution gained the most benefit from the introduction of the NLW (an increase of 13.1%), whereas the pay for the top 40% of earners increased at a slower rate.

### Pay rates

<table>
<thead>
<tr>
<th>Role</th>
<th>FTE Pay</th>
<th>Hourly Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td>£31,800</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td>£36,400</td>
<td></td>
</tr>
<tr>
<td>Personal assistant for direct payment</td>
<td>£9.53</td>
<td>£8.80</td>
</tr>
<tr>
<td>Care worker independent sector</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.1. Introduction

The ASC-WDS collects pay data for both annual and hourly rates. The ASC-WDS also collects information about workers’ contracted hours and usual hours worked for both agency and zero-hours staff. 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 2019 and March 2020, and from local authority sector employers as at September 2019. Personal assistants working for direct payment recipients returned information in February 2020 as part of a survey we conducted.
5.2. Full-time equivalent annual pay

Chart 50 shows mean FTE annual pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Registered nurses were paid a mean annual salary of £31,800 in the independent sector. This average was slightly higher than NHS Band 5 (£24,200 to £30,100) at which newly qualified nurses start in the NHS, but lower than NHS Band 6 (£30,400 to £37,300).

**Chart 50. Estimated full-time equivalent mean annual pay rate by selected job roles, 2019/20**

*As there were only an estimated 200 registered nurses working in the local authority sector in England, and only 10% 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 the annual pay trends of selected regulated professional roles since 2011/12, making comparisons between nominal and real term pay rates.

Real term means that pay rates have been adjusted to take inflation into account and have been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in prices as at March 2020. ‘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 2% in a year. However, if inflation also rises by 2% then the worker will be no better off as a result of the pay rise; the nominal pay rise was 2%, but in real terms, the ‘rise’ would have been zero.

Chart 51 shows that the nominal average pay for each selected regulated professional job role increased steadily from 2011/12 to 2019/20. Registered nurses in the independent sector saw the highest pay increase, from £23,000 in 2011/12, to £31,800 in 2019/20. This equated to a 38% increase in annual pay over the eight-year period. In local authorities, pay for occupational therapists increased by 17% over the period, from £30,900 in 2011/12 to £36,200 in 2019/20, and social worker pay increased by 12%, from £32,600 to £36,400.

**Chart 51. Nominal mean annual pay trends of selected professional roles between 2011/12 and 2019/20**

Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Year</th>
<th>Social worker (LA)</th>
<th>Occupational therapist (LA)</th>
<th>Registered nurse (IND)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>£23,000</td>
<td>£30,900</td>
<td>£36,400</td>
</tr>
<tr>
<td>2013-2014</td>
<td>£32,600</td>
<td>£36,200</td>
<td></td>
</tr>
<tr>
<td>2015-2016</td>
<td>£31,200</td>
<td>£36,200</td>
<td></td>
</tr>
<tr>
<td>2017-2018</td>
<td>£36,400</td>
<td>£36,400</td>
<td></td>
</tr>
</tbody>
</table>

Chart 52 shows the real term annual pay rates of selected regulated professionals between 2011/12 and 2019/20. Social workers in the local authority sector had a small real term pay decrease between 2011/12 and 2019/20, which means that the nominal increase shown in Chart 51 above was not enough to outweigh the rise in inflation during that period.

Occupational therapists saw an overall increase in real term pay, up by 4% over the eight-year period, although this was largely due to a sharp increase initially between 2012/13 and 2014/15. Registered nurses’ real term pay increased each year after 2012/13.
Registered nurses also saw their highest pay increase (of 5%) between 2013/14 and 2014/15. Over the whole period, registered nurses’ real term pay increased by 23%.

Chart 52. Real term mean annual pay trends of selected professional roles between 2011/12 and 2019/20
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 ASC-WDS. This was captured in line with changes to the National Living Wage (NLW).

The NLW is set by the Government and is the amount of money per hour all employed 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, then to £7.83 on 1 April 2018, and £8.21 on 1 April 2019. The Government had set a target for it to reach 60% of median earnings by 2020 (estimated by the Low Pay Commission (LPC) at £8.62 per hour in April 2020). The NLW increased on 1 April 2020 to £8.72 per hour.

The LPC has announced that the age threshold for the NLW (currently 25 years) will reduce to 23 years in 2021 and further to 21 years by 2024. However, at the time of writing, future rates of the NLW have not yet been announced, given the level of uncertainty caused by COVID-19 to the labour market.

The Real Living Wage is separate to the National Living Wage (NLW); this is set by the Living Wage Foundation charity each November. This is a voluntary scheme which employers can sign up to; the hourly rate is independently calculated to reflect the basic cost of living. The current rate, announced in November 2019, is £10.75 per hour in London and £9.30 per hour for the rest of the UK.

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65 [www.livingwage.org.uk/what-real-living-wage](http://www.livingwage.org.uk/what-real-living-wage)
Table 9. 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>£7.85 / £9.15</td>
</tr>
<tr>
<td>Apr 16 to Mar 17</td>
<td>2016 NLW</td>
<td>£7.20 (NLW introduced)</td>
<td>£8.25 / £9.40</td>
</tr>
<tr>
<td>Apr 17 to Mar 18</td>
<td>2017 NLW</td>
<td>£7.50</td>
<td>£8.45 / £9.75</td>
</tr>
<tr>
<td>Apr 18 to Mar 19</td>
<td>2018 NLW</td>
<td>£7.83</td>
<td>£8.75 / £10.20</td>
</tr>
<tr>
<td>Apr 19 to Mar 20*</td>
<td>2019 NLW</td>
<td>£8.21</td>
<td>£9.00 / £10.55</td>
</tr>
<tr>
<td>Apr 20 to Mar 21</td>
<td>2020 NLW</td>
<td>£8.72</td>
<td>£9.30 / £10.75</td>
</tr>
</tbody>
</table>

*Data in this section gathered March 2020.

Chart 53 looks at the trend of care worker median hourly pay rates since September 2012, both nominal and real term. 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, or CPI, the official measure of inflation of consumer prices in the UK) and are expressed in March 2020 prices.

The nominal median care worker hourly rate increased steadily from £6.75 in September 2012 to £8.50 in March 2020. This was equivalent to a 26% increase in pay. However, in real terms, the average care worker is 90 pence per hour (12%) better off in March 2020 than they were in September 2012.

The median hourly rate for care workers in March 2020 was 29 pence higher than the NLW. Between September 2012 and March 2016, the nominal median hourly rate increased by an average of 13 pence per year. After the NLW, this rate increased to an average of 30 pence per year, highlighting the impact of the higher NLW on average rate changes each year.
In April 2019, the NLW rose from £7.83 to £8.21 (4.9% in nominal terms). This increase contributed to a 4.6% increase in the median nominal care worker hourly rate from March 2019 to March 2020. This was the highest increase over the recorded time period.

Chart 54 below shows that this led to the median hourly rate increasing, in real terms, by 3.1% between March 2019 and March 2020. This compares to an average of 1.4% per year since September 2012. At the time of writing, the Government intends to reduce the age threshold of the NLW to 21 years old by 2024, therefore young care workers are likely to see both nominal and real-term increases over the coming years if this takes place.
The information above shows that the care worker hourly rate has increased, in nominal terms, over the eight years preceding 2020. This increase has been greater since the introduction of the National Living Wage, but 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 55 shows the nominal care worker hourly rate change across the percentile distribution, where p10 refers to the bottom 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 2020), a higher proportion (22%) of care workers were paid at the minimum rate, compared to the 16% of care workers paid the minimum rate in 2016.

The median hourly rate for a care worker in the independent sector was £8.50 as at March 2020, with around a fifth (22%) of care workers in this part of the adult social care sector being paid the 2019 NLW rate of £8.21 or less.

The hourly rate difference between a top 10% earner (£9.75) and a bottom 10% earner (£8.21) was £1.54 per hour.

Chart 55. Care worker nominal median hourly rate distribution as at March 2016 and March 2020, independent sector only
Source: Skills for Care estimates

Chart 56 below shows that, since the introduction of the NLW, care workers in the bottom 10% of the pay scale gained, in real terms, the most benefit from the introduction of the NLW (an increase of 13.1% after inflation). This was a much larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 5.2% increase in real-term pay over the period.
With the increasing wage floor, some social care organisations have not been able to maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.

Chart 57 compares care worker pay based on their experience in the adult social care sector. Prior to March 2017, care workers with five or more years of experience in the sector could expect an hourly rate which was around 26 pence to 37 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of between 4% and 5%. However, since March 2016, the experience pay gap had more than halved to just 12 pence (or 1%) per hour by March 2020.

Chart 57. Mean care worker pay by experience in the sector (less than one year versus five years or more)
Source: ASC-WDS unweighted data

It will continue to be challenging for employers to reward those workers with higher levels of experience, greater responsibilities, or more relevant qualifications when they are already paid above the NLW rate.
5.4. The impact of the National Living Wage from April 2020 (£8.72)

On 1 April 2020, the mandatory NLW for workers aged 25 and above increased to £8.72. Chart 58 shows that, as at March 2020, around half (50%) of independent sector workers were paid less than the upcoming mandatory NLW rate (£8.72). This equates to around 640,000 jobs directly affected by the subsequent increase in the NLW.

Many of the 50% of workers that were already paid on or above the 2020 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained.

Chart 58. Hourly pay distribution of workers prior to the 2020 NLW
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Hourly Pay Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>£8.21 to £8.71</td>
<td>30%</td>
</tr>
<tr>
<td>£8.72 and above</td>
<td>20%</td>
</tr>
</tbody>
</table>

5.5. 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, until the ‘Low Pay Commission report 2019’ (using results provided by Annual Survey of Hours and Earnings (ASHE)).

The introduction of, and subsequent increase in, the NLW will have the most significant 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 rate continues to increase, more sectors are likely to begin to cluster close to the NLW rate. This could reduce the issue of pay as a barrier to entering the adult social care workforce. However, it could equally mean that jobs in other sectors with low pay will grow closer in pay to social care jobs than they were before (Chart 33 showed evidence of this already happening). We’ll continue to monitor the impact of this on recruitment and retention.

For more information on pay, please see our ‘Pay in the adult social care sector, September 2019’ report.

67 www.skillsforcare.org.uk/pay
Qualifications and training
Overview of qualification and training information, 2019/20
We believe that all of those who work 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 them to develop the right skills and knowledge of the workforce and enable them to provide high-quality care and support.

- Over two thirds (69%) of care workers that started in the sector after January 2015 had engaged with the Care Certificate.
- Around half of the direct care-providing workforce (48%) held a qualification at Level 2 or higher in 2019/20.
- The most popular areas of training received were within the categories of ‘Moving and handling’ (76%), ‘Safeguarding adults’ (72%), and ‘Health and safety’ (62%).

6.1. Introduction

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

We identify the benefits of workers holding qualifications as:

- High-quality service delivery - completing qualifications leads to highly skilled and competent workers that provide high-quality care and support.
- Excellence in practising safety - training and qualifications in the key areas of health and safety provide reassurance about workers’ confidence and competence.
- Value for money - qualification achievements contribute considerable added value to providers and assist in workforce planning for the organisation.
- Retention - workers that 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 for health and social care workers to adhere to in their daily working lives.

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 upon which they can develop their knowledge and skills.

Information about the number of workers that have achieved, or are working towards, the Care Certificate has been collected since April 2015. For further information about the Care Certificate, please visit our website.\(^{68}\)

Although the Care Certificate is available to all, the main demographic it’s aimed at is workers that are new to social care. Chart 59 shows engagement with the Care Certificate for direct care-providing workers that had started work in the sector since January 2015. Over two thirds (66%) of these direct care-providing staff have engaged with the Care Certificate (whether they had completed/were in the process of completing/had partially completed the Care Certificate). Engagement was highest in domiciliary care services, where 74% of care workers had achieved/were in the process of completing/had partially completed the Care Certificate.

**Chart 59. Care Certificate status of direct care-providing workers new to the sector since January 2015**
Source: ASC-WDS raw data 2019/20

<table>
<thead>
<tr>
<th>Direct care roles</th>
<th>Complete</th>
<th>In progress / partially completed</th>
<th>Not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>All direct care roles</td>
<td>38%</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Care worker</td>
<td>39%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>43%</td>
<td>19%</td>
<td>38%</td>
</tr>
<tr>
<td>Support and outreach</td>
<td>25%</td>
<td>19%</td>
<td>56%</td>
</tr>
<tr>
<td>Care worker only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care home with nursing</td>
<td>37%</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Care home without nursing</td>
<td>29%</td>
<td>30%</td>
<td>41%</td>
</tr>
<tr>
<td>Domiciliary care services</td>
<td>44%</td>
<td>30%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Chart 60 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.

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\(^{68}\) [www.skillsforcare.org.uk/CareCertificate](http://www.skillsforcare.org.uk/CareCertificate)
6.3. Qualifications held

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

Around half of the adult social care workforce held a relevant social care qualification (48%), while 52% had no relevant social care qualifications recorded. It should be noted that such qualifications may not necessarily be required of staff who do not provide direct care (including ancillary and administrative staff etc.).

Chart 61. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professionals), 2019/20

Source: Skills for Care estimates

Chart 62 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 Level 2 and Level 3 (44%), while those in managerial roles were more likely to be qualified at Level 3 and Level 4 (66%).
Chart 62. Estimated highest social care qualification level of the adult social care workforce by job role group, 2019/20
Source: Skills for Care estimates

Chart 63 shows the proportion of workers that had achieved social care qualifications at Level 2 or above for selected job roles, split by sector. Around four in five (79%) senior care workers were recorded as having a social care qualification at Level 2 or above, as were 45% of care workers. This proportion was slightly lower for personal assistants (42%). Workers that 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 63. Estimated proportion of workers with a social care qualification at Level 2 or above, by selected job role and sector, 2019/20
Source: Skills for Care estimates
6.4. Training

Employers can record training data in addition to accredited qualifications. At the time of writing, there were 36 training categories under which any training can be recorded.

Chart 64 is based on all workers at establishments with training data recorded. The most common areas of training were ‘Moving and handling’ (76%), and ‘Safeguarding adults’ (72%).

**Chart 64. Top 10 categories of training recorded in ASC-WDS**
Source: ASC-WDS unweighted data 2019/20

![Chart showing top 10 categories of training recorded in ASC-WDS]

*Mental Capacity Act and Deprivation of Liberty safeguards

6.5. Career progression in adult social care

We’re working with the Department of Health and Social Care to promote careers in the adult social care sector. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles, and opportunities for progression. A career in adult social care can offer progress, job security, and an enormous sense of personal achievement. For more information, please see the ‘Every Day is Different’ campaign.69

The ASC-WDS was used to observe the career progression of workers in adult social care between 2010 and 2020. Chart 65 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 career pathway was to progress 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 can progress up the pay scale within their individual roles and were also observed to move into managerial posts. Registered nurses generally progressed to registered manager roles, whilst social workers and occupational therapists moved into senior manager roles within their local authority.

69 [www.everydayisdifferent.com](http://www.everydayisdifferent.com)
Our ‘Aspiring and new registered managers’ briefing’\(^{70}\) noted that 70% of respondents were offered their first registered manager post by an existing employer.

We have developed several resources to support registered managers in their career progression.\(^{71}\) Registered managers have one of the highest age profiles of any adult social care jobs (32% 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 65. Career progression in adult social care**
Source: ASC-WDS unweighted data 2019/20

- 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 ASC-WDS over time.

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\(^{70}\) Skills for Care – Survey of registered managers: What do registered managers do, and who are they?, Skills for Care, 2018

\(^{71}\) [www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)
6.6. Skills, training, and experience

Section 6.3 reported that approximately half of the direct care-providing workforce (50%) held a relevant social care qualification. This section looks at the skills, training, and experience of the 50% of workers that did not hold a relevant qualification at the time of data collection.

Chart 66 shows that, of direct care-providing workers without a relevant social care qualification, 57% had engaged with the Care Certificate, 36% had five years or more experience in the adult social care sector, and 77% had completed training. As found in the ‘Secrets of success’ report, employers tend to rate values and behaviours that are well-suited to the care profession as being of high importance, often more so than formal qualifications. Workers without formal qualifications may continue to add value to the adult social care sector as a result of their training and experience.

Chart 66. Skills, training, and experience of direct care-providing workers without a relevant social care qualification
Source: ASC-WDS unweighted data 2019/20

6.7. Apprenticeships in adult social care

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

Benefits of apprenticeships:

- Employers creating and managing tailored apprenticeship programmes to meet needs specific to their businesses.
- A cost-effective and low-risk way to approach growing the workforce and helping to improve the recruitment and retention of staff.
- Opportunities for apprentices to gain work experience, achieve nationally recognised qualifications, and earn a wage.

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72 [www.skillsforcare.org.uk/randr](http://www.skillsforcare.org.uk/randr)
There are currently nine apprenticeship standards available for adult social care occupations:

- Adult Care Worker (Level 2)
- Lead Adult Care Worker (Level 3)
- Lead Practitioner in Adult Care (Level 4)
- Leader in Adult Care (Level 5)
- Nursing Associate (Level 5)
- Social Worker (Level 6)
- Occupational Therapist (Level 6)
- Physiotherapist (Level 6)
- Registered Nurse (Level 6)

The Adult Care Worker and Lead Adult Care Worker standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, for which enrolments closed at the end of December 2017.

The Leader in Adult Care and Lead Practitioner in Adult Care apprenticeship standards launched in February 2020 and March 2020 respectively, and replaced the Care Leadership and Management framework, which closed to enrolments in July 2020.

Chart 67. Transition from apprenticeship frameworks to standards
Source. Institute for apprenticeships

The Social Worker and Occupational Therapist degree apprenticeships launched in November 2018, and December 2018, respectively. Successful apprentices will be able to acquire an honours degree awarded by a partner university and will be eligible to apply to the Health and Care Professions Council register of social workers in England.

Around 38,200 people started a social care apprenticeship in 2018/19, which was a similar number to the previous year, but around half the number that had done so in the years prior to 2017/18.
Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the ‘market share’ of adult social care apprenticeship starts decreased from 19% in 2016/17 to 10% in 2018/19.

Chart 68. Number of apprenticeships starts and market share
Source: Education and Skills Funding Agency

For further information about apprenticeships in adult social care, please see the ‘Think Care Careers’ website. For a detailed report on apprenticeships in adult social care, please see the focused report on the Workforce Intelligence website.

Workforce forecasts
Overview of projections of the adult social care workforce

This section presents demand-based projections for the size of the adult social care workforce between 2019/20 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population changes over the period. They do not account for any political, economic, technological, or sociological factors which may impact on the future size of the workforce.

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 2020-2035

The ‘Projecting Older People Population Information System’ (POPPI)\(^7\) uses figures taken from Office for National Statistics (ONS) data to project forward the population by age band. This section includes information about the population aged 65 and over from 2020 to 2035.

POPPI shows that the number of people aged 65 and above is projected to increase between 2020 and 2035, from 10.5 million to 14.1 million people in England, an increase of around 34%. The number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period.\(^8\)

Chart 69. Estimated population aged 65 and above in England, 2020 to 2035

Source: Projecting Older People Population Information

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75 Projecting Older People Population Information, [www.POPPI.org.uk](http://www.POPPI.org.uk)
76 Projecting Adult Needs and Service Information, [www.PANSI.org.uk](http://www.PANSI.org.uk)
7.2. Relationship between population projections and jobs

This section presents demand-based projections for the size of the adult social care workforce between 2019/20 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 sociological factors which may also have an impact on the size of the workforce in the future. Neither do these projections include the impact of COVID-19. We know that occupancy rates in care homes has fallen in the short term and it remains to be seen what the long-term impact on demand will be. However, the medium- and long-term projected increases in the number of people aged 65 and over remains; this will continue to provide upward pressure on demand for adult social care services.

These projections use models that compare the number of adult social care jobs in each local authority area in England with the corresponding number of people aged 65 and over in the population. These two factors were found to be strongly correlated (on average, the more people aged 65 and over in an area, the larger the adult social care workforce). This relationship is demonstrated in the chart below, in which each dot represents a local authority area and each dotted line represents the relationship between the two factors. The ‘65+ model’ below shows that, on average in 2019/20, for every seven people aged 65 and over in the population, one adult social care job is required.

Chart 70. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2019/20
Source: Skills for Care estimates, POPPI information
7.3. Workforce forecasts between 2019/20 and 2035

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

Table 10 and Chart 71 show the results of the model. The model projects that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then a 32% increase (520,000 new jobs) will be required by 2035.

Table 10. Adult social care jobs forecasts between 2019/20 and 2035, based on the number of people in the population aged 65 and over
Source: Skills for Care estimates

<table>
<thead>
<tr>
<th>Model</th>
<th>2019/20</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>% increase in jobs 2019/20-2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ model</td>
<td>1,650,000</td>
<td>1,800,000</td>
<td>2,000,000</td>
<td>2,170,000</td>
<td>32%</td>
</tr>
</tbody>
</table>

Chart 71. Adult social care jobs forecasts between 2019/20 and 2035
Source: Skills for Care estimates

In previous editions of this report, an additional model was also presented which used the 75 and over population to model the number of jobs. The number of adult social care jobs has continued to increase at a rate more in line with the 65 and over population and, as such, the results from the 75+ model has not been presented in this report. We’ll continue to monitor its performance in future years.
7.3.1. Retrospective testing of models

A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2019, and our estimates of jobs in the 2012 adult social care workforce, models for both sets of data were built to project future jobs between 2012/13 and 2019/20.

As shown in Chart 72, the number of jobs has grown at a slower rate than was forecast by the model, by around 60,000 jobs. There are various factors which may influence this difference. One contributing factor is that the number of staff vacancies has grown in the sector over the period (the number of vacancies in local authority and independent sector employers increased by around 45,000 between 2012/13 and 2019/20). This suggests that the supply of workers has been struggling to keep up as demand for social care services grows. Other factors could include improvements in the health of the population (over 65s becoming less likely to require care), technological advances and different models of care being used.

Chart 72. Adult social care job projections, 2012/13 to 2019/20, based on the populations aged 65 and over compared to actual job trends for the same period
Source: Skills for Care estimates

As stated earlier in this section, a range of factors may influence the size of the adult social care workforce over the next 15 years and these 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.

For information about regional forecasts, please refer to ‘The state of the adult social care sector and workforce’ regional reports.77

77 [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)
Data Science
Overview of factors affecting turnover rates

Using machine learning, we’ve estimated the most influential factors on workers’ propensity to leave their jobs, from ASC-WDS data between March 2019 and March 2020.

- Care workers travelling more than 20km had a higher turnover rate (32.3%), compared to those travelling less than 1km (25.0%).
- The sector has difficulty retaining younger staff. Turnover rates amongst those under 20 years old was 46.9%.
- People leave soon after joining. Turnover rates were 41.4% for those with less than one year of experience in role.
- Workers are more likely to leave if they are on zero-hours contracts (33.2% turnover rate), compared to if they are not (26.7%).

Factors affecting CQC ratings

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

- Establishments with overall ratings of ‘inadequate’ or ‘requires improvement’ had higher turnover rates compared to those that had ‘good’ or ‘outstanding’ ratings (32.2%, and 29.5% respectively).
- This difference in turnover rates was greatest within the ‘Safe’ key line of enquiry (KLOE). ‘inadequate’/’requires improvement’-rated locations had an average turnover rate of 32.7% compared to locations rated ‘outstanding’/’good’ locations (29.3%).

| 7.3% | Difference in turnover rate between shortest and longest distance travelled to work groups |
| 24.5% | Higher turnover rate for workers under 20 years old, compared to those 60 and above |
| 27.7% | Difference in turnover rate between those new to their roles and the most experienced |
| 2.7% | Higher turnover at inadequate or require improvement CQC establishments |

This chapter brings together research that Skills for Care has contributed to alongside an independent data scientist. Information from the ASC-WDS was used to build several models and, using data science and machine learning techniques, it has been possible to provide information regarding factors which may influence turnover rates. Skills for Care is also continuing to work with the University of Leeds to publish an academic paper which aims to understand the factors that influence CQC ratings.

8.1. Factors affecting turnover rates

This section focuses on how workforce characteristics collected by the ASC-WDS relate to workers’ propensity to leave their roles. This was achieved by taking a longitudinal approach, looking at data held in the ASC-WDS in March 2019, again in March 2020, and then dividing the results by whether workers had left their roles. This method differs to the whole-sector estimates provided in Chapter 3 – Recruitment and retention, and as such, these are not directly comparable.
Using machine learning methods, (Random Forests) models were built to analyse the relative importance of each variable had on whether or not a worker left their role. From this, each variable may be assessed in terms of its influence on staff turnover. The most influential variables were then compared to turnover rates in order to highlight the impact and to aim to understand the nature of this relationship.

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

### 8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 11, along with the impact each had on the likelihood of a worker leaving their role. Only factors collected within the ASC-WDS have been considered here. It’s acknowledged that other factors may be involved.

<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 that 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 their posts.</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 that were not on zero-hours contracts were less likely to leave their posts.</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’ refers only to care workers as described in the introduction to this chapter. 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 Forests model used to predict turnover was more complex and accounted for all of the variables and also included their co-dependencies. For example, the effect of distance travelled to work could vary for people in different job roles or people of different ages.

### 8.1.2. Distance travelled to work

**Workers that travelled further were more likely to leave their role.** Chart 73 shows that turnover rates were higher amongst care workers that travelled further to work. If a worker travelled less than 1km, their average turnover rate was 25.0%, compared to 32.3% for those travelling more than 20km.

It should be noted that this measurement was 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 travel distances required to move between the individual locations of people who need care and support.

**Chart 73. Care worker turnover rate by distance travelled to work**
Source: NMDS-SC unweighted data between March 2019 and March 2020

### 8.1.3. Age

**The adult social care sector has found it difficult to retain younger workers.** Chart 74 shows care workers under 20 years old had the highest turnover rates (46.9%). The turnover rate decreased as the age of the worker increased. The decrease reduced as workers approached retirement.

**Chart 74. Care worker turnover rate by age bands**
Source: NMDS-SC unweighted data between March 2019 and March 2020
The reasons for this trend are not clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it’s not unique to adult social care. It could be the case that some younger workers had taken social care jobs as stopgaps 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 of higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choices, and subsequently do not remain in the sector long-term.

Skills for Care advocate 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.\(^7^8\)

### 8.1.4. Experience in sector

**Those with less experience in the adult social care sector were more likely to leave their posts.** Care workers that had worked (either as a care worker or in other roles) in adult social care for more than five years had a much lower average turnover rate (26.9\% (at five to six years of experience), which fell to 21.0\% for those with 20 years’ experience or more), compared to those with less than one year of experience (43.8\%).

**Chart 75. Care worker turnover rate by experience in sector**
Source: NMDS-SC unweighted data between March 2019 and March 2020

This falling turnover rate was even more pronounced amongst registered managers. Registered managers that had worked in the adult social care sector for 20 years or more (whether as a registered manager or in other roles) had a far lower turnover (14.7\%) than those new to the sector (40.8\% for those with less than one year of experience).

\(^{78}\) [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)
Chart 76. Registered manager turnover rate by years of experience in sector
Source: NMDS-SC unweighted data between March 2019 and March 2020

This suggests that those that 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 6.5 - Career progression in adult social care, for further information on the routes to management roles within the sector.

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 role for less than one year (39.3%). This fell sharply as greater experience was gained, with the turnover rate its lowest (9.2%) amongst registered managers with 20 or more years of experience in role.

Skills for Care has developed a range of resources to support the sector generally, and registered managers in particular.79 Turnover rates for registered managers have increased over the last seven years, and 32% of registered managers were 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 need to 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’s 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.80

79 www.skillsforcare.org.uk/registeredmanagers
8.1.5. Pay

Those paid more were less likely to leave their roles.
Chart 77 below compares the turnover rate of care workers at different rates of pay between 2012/13 and 2019/20.

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 has become less pronounced in more recent years. This is potentially a 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’ll continue to monitor this potential trend.

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

Chart 77. Care worker turnover rate by average hourly pay bands
Source: NMDS-SC unweighted data
It was also evident that more substantial differences in pay rates result in significantly lower turnover rates further up the pay scale. Chart 78 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 rates, when compared to direct care-providing roles.

It was found that registered nurses did not fit this trend particularly well as they had one of the higher pay rates, but also turnover rates which were higher than average. This could be connected to several other variables. High pay rates in the NHS (due to registered nurse pay bandings) may have influenced turnover rates.

Chart 78. Average turnover rate and average FTE annual pay by job role*  
Source: Skills for Care estimates

* Independent sector only, unless otherwise stated.

8.1.6. Experience in role

A large proportion of staff turnover arose from workers leaving their posts soon after joining. Chart 79 below shows turnover rates by length of time in role. The longer a care worker had been in role, the less likely they were to leave. Around two in five (41.4%) workers in post for less than a year left during the year. This rate dropped substantially for more experienced workers, to 13.7% for those with experience of 20 years or more.
This trend may be even more pronounced as some care workers that leave their jobs soon after joining may have left even before their employer had the opportunity to record them in the ASC-WDS.

These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It’s evident that some employers are struggling to find and recruit people that are likely to stay and to progress within the adult social care sector. Skills for Care advocate adopting values-based recruitment,\(^{81}\) wherever possible, as a way in which employers can target, attract, and take on the people with suitable values and skills and who are then more likely to stay long-term and to progress their careers within the adult social care sector.

Employers may also explore new and innovative ways to widen their talent pool,\(^{82}\) by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates that reflect the communities they serve.

We run ‘I Care…Ambassadors’, a national team of care workers which helps to promote career opportunities in adult social care through visiting schools and Job Centres. After speaking to an ‘I Care…Ambassador’, 91% of people said they had a better idea of what it’s like to work in adult social care.\(^{83}\) This helps to ensure that those recruited into adult social care understand their job roles better, and increases the chance of them remaining in their posts.

We’ve also been working in partnership with Neil Eastwood, author of ‘Saving Social Care’, to develop the ‘Care Friends’ app which launched in June 2020. This app is a tool for employers to use to organise their employee referral schemes, as well as to combat some of the challenges these schemes face, such as keeping staff engaged and updated on the candidates they refer.

Their research found that employee referrals make up 36% of high-performing care workers, compared to 11% from internet job boards, despite the disparity in the number of applicants from these two routes (internet job boards make up the majority of applications).

The Care Friends organisation reports that, within the first six months following the launch of the Care Friends app, care workers were on track to be half as likely to leave within their first year, compared to the average for the sector, with a retention rate of 78%, and 58.3% respectively.

**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 (31.0%) than if the registered manager was more experienced in their role (21.0% when the registered manager had 20 years of experience or more).

\(^{81}\) [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)
\(^{82}\) [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)
\(^{83}\) [www.skillsforcare.org.uk/icare](http://www.skillsforcare.org.uk/icare)
The chart above highlights the important role that stable leadership can have on improving retention rates. We’ve developed a range of resources to support new registered managers in their roles and to encourage their long-term development.84

8.1.7. Training

Retention was better when staff received training. The average turnover rate was 8.1 percentage points lower amongst care workers that had received some form of training (29.1%), compared to those that had not (37.2%). Some of the most common training types recorded included ‘Moving and handling’, ‘Safeguarding adults’, and ‘Health and safety’.

Chart 81. Care worker turnover rate by training records
Source: NMDS-SC unweighted data between March 2019 and March 2020

Of care workers that had received training that was recorded in the ASC-WDS, those that had more training opportunities also had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 34.4%. This decreased 14.4 percentage points to 20.0% 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.

84 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 83 below shows that turnover rates were up to 7.4 percentage points higher for care workers with zero contracted hours per week, compared to those with 16-45 contracted hours per week. Turnover rates were lowest amongst workers with 26-35 contracted hours per week (25.8%).

The Living Wage Foundation recently launched a campaign targeted at ‘Living hours’, with the aim of tackling work insecurity. Their research found that one in six workers were employed 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 compared to zero-hours contracts suggests that some workers were looking for more stable employment.

Zero-hours contracts were shown to have a greater influence on those working for residential care providers, where the turnover rate was 43.3% compared to 27.3% for those not on zero-hours contracts. However, the difference was also seen in domiciliary care (in which zero-hours contracts are more prevalent).

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85 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 85 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 up to six days of sickness (26.0%) and highest for those with more than 30 days (31.6%). Evidence suggests that prioritising employees’ health and wellbeing improves their levels of engagement, and also impacts their feelings about their job, their loyalty, and their performance. We’ve developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance.86

86 https://www.skillsforcare.org.uk/ppmt
8.2. Social care qualifications

Those with a relevant social care qualification were less likely to leave. Chart 86 analyses the probability of workers leaving their posts and compares those with social care relevant qualifications with those without. Of care workers that held a relevant social care qualification, 23.6% had left within the 12-month period, compared to 31.8% of those that did not hold a relevant qualification. A similar trend appears for care workers that had undertaken a higher number of training courses. This suggests that employers investing more in the training and development of their staff experience lower turnover rates, on average.

Chart 86. Care worker turnover by social care qualification
Source: NMDS-SC unweighted data between March 2019 and March 2020

<table>
<thead>
<tr>
<th>Has relevant social care qualification</th>
<th>23.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relevant social care qualification</td>
<td>31.8%</td>
</tr>
</tbody>
</table>

8.2.1. Historical turnover rate

Establishments with a higher turnover rate in the preceding 12 months were likely to continue to have higher than average turnover rates going forward, and vice versa. The establishments with the lowest turnover rates in 2018/19 had, on average, a turnover rate of 23.1% between 2019 and 2020; this was 5.3 percentage points lower than establishments with the highest turnover rates in 2018/19 (28.5%).

Chart 87. Comparison of historical turnover rate in establishments
Source: Previous turnover rate (NMDS-SC unweighted data as at March 2019) and current turnover rate (ASC-WDS unweighted data between March 2019 and March 2020)

This finding held true even after accounting for the other factors mentioned in this chapter (including pay, training, and/or contract types). This demonstrates that there are other, ‘softer’ factors which may affect the likelihood of establishments retaining staff successfully. Skills for Care research has found examples of these factors include embedding the values of the organisation, celebrating both the achievements of the organisation and of individuals, and involving staff at all levels in decision-making.87

87 [www.skillsforcare.org.uk/randr](http://www.skillsforcare.org.uk/randr)
It was also noted that large establishments where people work in well-functioning teams may achieve better levels of staff retention, as well as improved levels of care. Research showed that successful team-working was associated with lower levels of staff absenteeism, intentions to resign, and turnover. With this in mind, teams should not, ideally, exceed 8 to 12 people. For further information about effective team-working, please visit the Affina Organisation Development (AOD) website.

8.3. Factors affecting CQC ratings

We analysed the relationship between turnover and CQC ratings awarded to regulated services in England. This analysis collated the ratings of around 9,000 regulated service providers and paired them with ASC-WDS data.

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

Chart 88. Turnover rate by inspection rating for each Key Line of Enquiry
Source: NMDS-SC unweighted data and CQC ratings between March 2017 and March 2019

Further information on the key lines of enquiry and CQC inspections can be found on the CQC website. We’ve has developed guides to help organisations to achieve a positive rating, to offer support in preparation for an inspection, and to develop plans which support them to respond to any issues with their workforce, staffing, or leadership as identified by the CQC.

90 www.affinaod.com/library/key-research-findings
91 www.cqc.org.uk/what-we-do/how-we-do-our-job/5ve-key-questions-we-ask
92 www.skillsforcare.org.uk/cqc
We’re 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.

93 [www.journalslibrary.nihr.ac.uk/programmes/hsdr/1514429/](http://www.journalslibrary.nihr.ac.uk/programmes/hsdr/1514429/)
Further resources

We provide outstanding workforce intelligence which the Government, strategic bodies, employers, and individuals rely upon to help them make decisions that will improve outcomes for the people who use care services. The ASC 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. Latest version, August 2020

Regional reports

These nine regional reports provide an annual overview of adult social care services and the workforce in each region. Each of these nine reports examines regional findings in light of the findings for England as a whole, which are presented in this report. To access these, please visit www.skillsforcare.org.uk/regionalreports. Latest version, October 2020

Local authority area reports

This collection of summary reports gives an overview of the adult social care sector and workforce in each of the 151 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 2020.
Key topic areas

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.

- Learning disability and/or autism workforce
- Apprenticeships
- Pay rates
- Personal assistants
- Nurses in social care
- Recruitment and retention
- Registered managers
- Social work
- Workforce nationality

To access these topics, please visit www.skillsforcare.org.uk/topics.

Interactive visualisations

We’ve created interactive visualisations 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 applicable topic areas.

Users have been involved in the design of these visualisations to ensure that they are both simple to use and full of useful information. To access the visualisations, please refer to the relevant pages within www.skillsforcare.org.uk/WIpublications.

Adult social care workforce estimates Excel file

To support workforce intelligence publications, we’ve 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, qualification levels, and training information for England listed by region, sector, service, and job role. To access the spreadsheet, please visit: 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 which is able to produce a range of in-depth reports, 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’ve 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.

We’re 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 of 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

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