

A black and white photograph of two women walking on a paved path. The woman in the foreground is seated in a wheelchair, wearing a light-colored t-shirt and dark trousers. She is looking slightly to her right. The woman behind her is standing, wearing a dark top, and looking in the same direction. They are walking on a paved path with a metal railing and a body of water in the background.

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

September 2018

Acknowledgments

Skills for Care would like to thank all of the employers who have completed NMDS-SC data. Without their efforts, estimates of this detail and accuracy would not be possible.

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

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

The state of the adult social care sector and workforce in England, 2018
Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP
www.skillsforcare.org.uk
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This work was researched and compiled by Skills for Care's Workforce Intelligence team. Bibliographical reference data for Harvard-style author/data referencing system:
Short: Skills for Care [or SfC] 2018
Long: Skills for Care, The state of the adult social care sector and workforce in England, 2018 (Leeds, 2018). Available at www.skillsforcare.org.uk/stateof.

Foreword from our CEO

I'm pleased to introduce the 2018 State of the Adult Social Care Sector and Workforce Report. It remains one of the key resources used in the sector particularly by the Department of Health and Social Care (DHSC) to monitor the changes and trends in our growing and evolving workforce and provider base.



Never has it been more vital that the adult social care sector and the Government have a robust evidence base to draw on when making decisions. The Department of Health and Social Care will soon be publishing a workforce strategy that covers the care workforce. I am pleased to say they have drawn heavily on our sector workforce intelligence which is summarised in this report.

As Brexit negotiations continue the Government has requested regular updates from us regarding the nationality breakdown of our workforce. And in their review of the way the sector is managed and funded, the National Audit Office used our existing workforce intelligence publications while also putting in their own requests for further data.

The demand for the intelligence we produce for DHSC, the Government and the key care sector organisations has never been higher. And by and large we meet these differing requests and supply high quality evidence for policy makers and decision makers at national, regional and local level.

We are able to do this because of the wealth of data submitted to the NMDS-SC service. We are never complacent and are

always grateful to the thousands of organisations who submit their workforce data. These organisations recognise the benefits for themselves as care providers, for example in being able to benchmark their own performance compared with others in the sector. Importantly, they also understand that it's in their interests for the sector's key organisations and policy makers to have access to high quality information when they are making decisions and forming key policies and initiatives, like the forthcoming workforce strategy.

In my foreword last year I talked about the NMDS-SC online service being 10 years old. That was something to celebrate and at the same time we were aware that 10 years is a long time in technology.

Recognising this, the DHSC commissioned two discovery reports about the service and I'm pleased to be able to advise that we are in the process of building NMDS-SC version 2. We are doing this working to Government Digital Standards.

Adult social care providers are at the heart of the build of the new service. While the content will remain consistent, we are aiming to build a service that is even more valued and that provides the best possible user experience. We're very excited about this new development that we hope will further drive up engagement with the service while providing a much improved experience for existing users. Thank you to everyone who has contributed to the development so far.

Watch out for further communications around this. And in the meantime please read this report. These are the figures that are informing Government policy, joint health and social care planning and local authority commissioning and market-shaping and I commend them to you.

Sharon Allen
CEO, Skills for Care

Executive summary

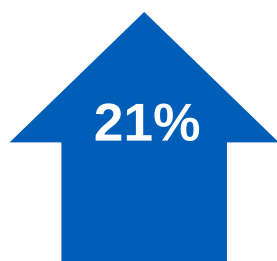
This report provides information about the adult social care sector including its size and shape, employment information, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts.

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

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

Adult social care is a growing sector that, in 2017, had around **21,200** organisations with **41,000** care providing locations and a workforce of around **1.6 million** jobs. The number of full-time equivalent jobs was estimated at **1.13** million and the number of people working in adult social care was estimated at **1.47** million.

The adult social care sector was estimated to contribute £38.5 billion per annum to the economy in England¹. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £19.4 billion in 2017/18 (up 17% from 2011/12).



The number of adult social care jobs **has increased by 21% since 2009** (by 275,000 jobs). The number of jobs increased by around 1.2% (by 19,000 jobs) between 2016 and 2017.

This rate of increase was slower than in previous years. Between 2014 and 2017 the workforce grew by around 15,000 jobs per year compared to an average increase of 45,000 per year between 2010 and 2014.

From here on, the executive summary refers to the 1.35 million jobs in the independent sector (78% of jobs) and the local authority sector (7% of jobs) only. Jobs for people using direct payments to employ their own care and support staff, and those working in the NHS are not included². The information in this report was taken from local authorities as at September 2017 and from independent sector employers as at March 2018³.

¹<https://www.skillsforcare.org.uk/About/News/News-Archive/Contribute-38-billion-to-English-economy.aspx>

² Detailed workforce information about jobs in the NHS were not available and therefore could not be included in the estimates by characteristics. Jobs for people using direct payments to employ their own care and support staff are shown separately in Chapter 6 of this report.

³ Local authority employers complete the NMDS-SC in September each year, independent sector employers have no fixed census date so March data is used as it is the end of the financial year, before National Living Wage changes.

Employment information

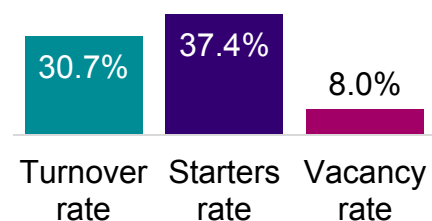
The majority (90%) of the adult social care workforce were employed on permanent contracts. Approximately half of the workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 12% had no fixed hours.

Around a quarter of the workforce were recorded as being on zero-hours contracts (25%, 335,000 jobs). Domiciliary care services had the highest proportion of workers on zero-hours contracts (49%), especially among care workers (58%). The percentage of workers on zero-hours contracts remained relatively stable between 2012/13 and 2017/18, going down by one percentage point over the period.

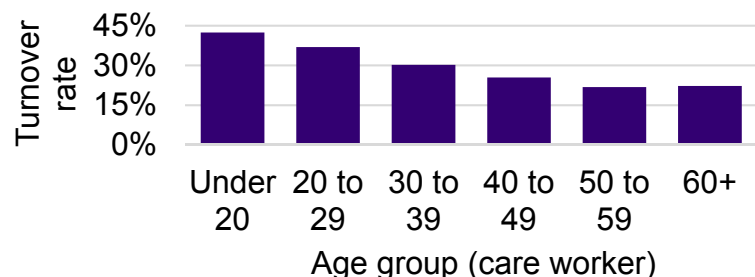
Recruitment and retention



Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 30.7%. This equates to approximately 390,000 people leaving jobs over the year. The majority of these leavers don't leave the sector however; 67% of recruitment in social care is from other roles within the sector. Turnover rates have increased steadily, by a total of 7.6 percentage points, between 2012/13 and 2017/18.



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

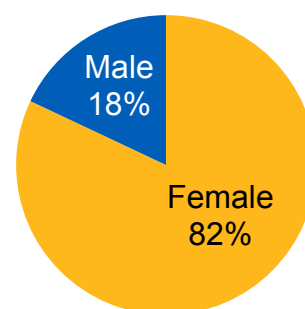


However, adult social care does have an experienced 'core' of workers that were found to be less likely to leave the sector and their jobs. Workers had, on average, eight years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years. In addition, turnover is not uniformly high as around 28% of employers have a turnover rate of less than 10%.

Skills for Care estimates that 8.0% of roles in adult social care are vacant, this gives an average of approximately 110,000 vacancies at any one time. The vacancy rate has risen by 2.5 percentage points between 2012/13 and 2017/18. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the population ages.

Workforce demographics

The adult social care workforce remained one where females made up the majority of the workforce (82%), with 18% being male. However, males did have a slightly higher prevalence in managerial jobs (21%) as well as other non-care providing roles which included ancillary and administrative positions (24%).



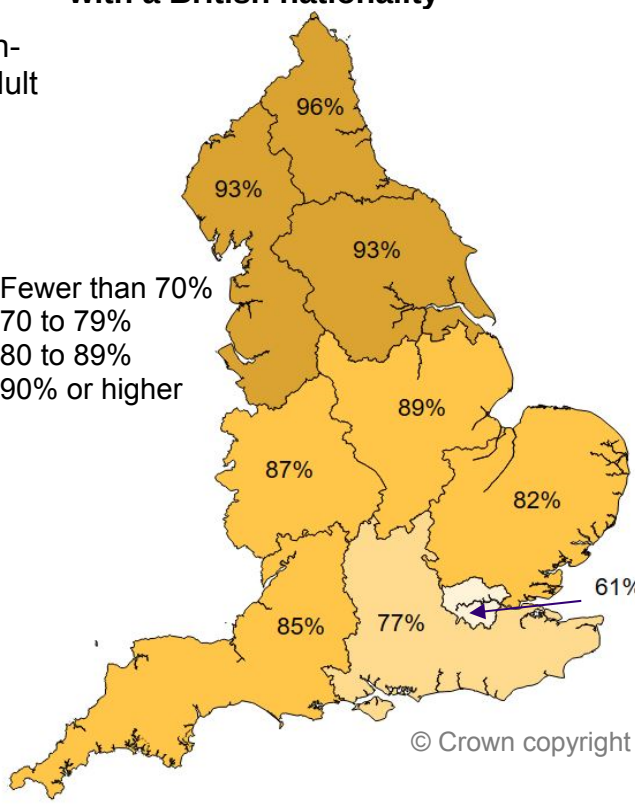
The average age of a worker was 43 years old and a quarter were over 55 years old (320,000 jobs) and therefore, from a workforce planning perspective, this group could retire within the next ten years. The age distribution of the workforce has remained very similar over the past six years, so there is little evidence of the workforce aging significantly.

Around 83% of the adult social care workforce were British, 8% (104,000 jobs) had an EU nationality and 10% (129,000 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU than EU workers.

Proportion of the workforce with a British nationality

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

- Fewer than 70%
- 70 to 79%
- 80 to 89%
- 90% or higher



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

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

According to the Government's "EU Settlement Scheme: statement of intent"⁴, the rights of EU citizens living in the UK will not change until after 31st 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.

⁴ EU Settlement Scheme: Statement of Intent – 21 June 2018

<https://www.gov.uk/government/publications/eu-settlement-scheme-statement-of-intent>

EU citizens and their family members who, by 31st December 2020, have been continuously residing in the UK for five years will be eligible for 'settled status', enabling them to stay indefinitely.

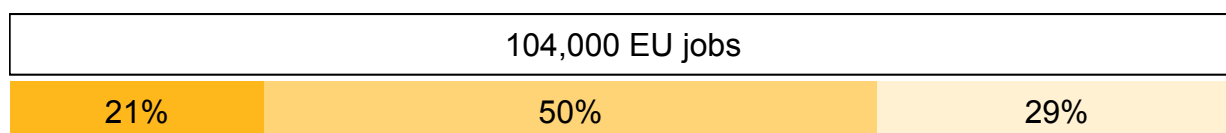
EU citizens and their family members who arrive by 31st December 2020 but will not yet have been continuously residing in the UK for five years will be eligible for 'pre-settled status', enabling them to stay until they have reached the five-year threshold. They can then also apply for settled status.

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

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

The NMDS-SC shows that around 21% of workers with an EU nationality already also have British Citizenship, these 21,500 workers will not have to apply for settled status.

Of people with an EU nationality 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 continuous residency required for eligibility for 'settled status'. This equates to around 52,000 workers (50% of EU jobs). The remaining 29% of workers with an EU nationality will be eligible to apply for 'pre-settled status'.



■ Hold British Citizenship ■ Eligible for 'settled status' ■ Eligible for 'pre-settled status'

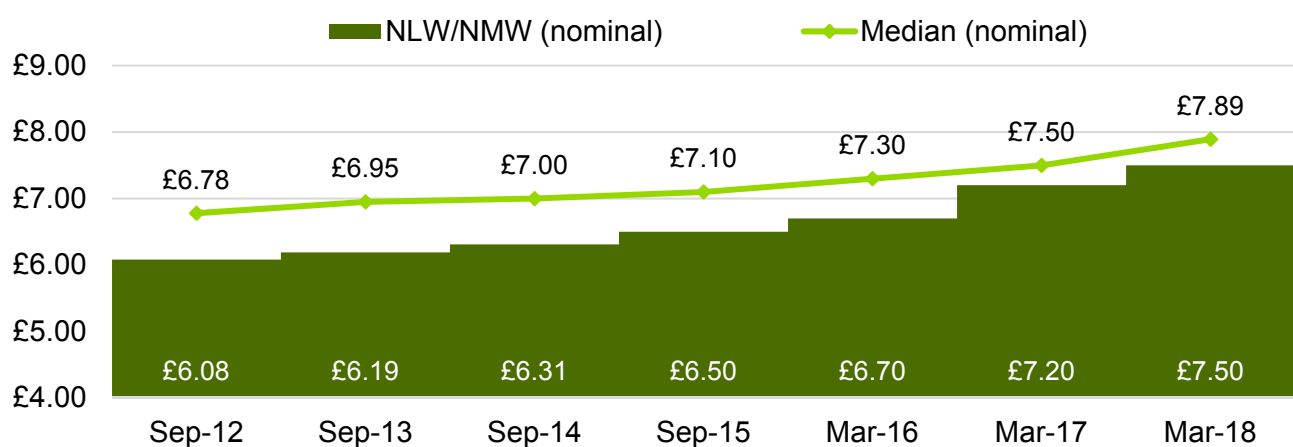
Skills for Care is a member of the Cavendish Coalition. The coalition, a group of 35 social care and health organisations working to ensure the system is properly staffed after the UK leaves the EU, has set out what the Government needs to focus on during EU withdrawal negotiations to maintain safe,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

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

Hourly and annual pay rates

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

Care worker hourly pay in the independent sector increased by 5.2% (39p) between 2016/17 and 2017/18 to £7.89. Prior to the introduction of the NLW their pay had increased by an average of 1.9% (13p) per year between September 2012 and March 2016. The chart below shows that over time the median hourly rate has become closer to the statutory minimum hourly rate. In February 2018, Skills for Care published its latest Pay Briefing⁵ which shows the proportion of care workers paid the statutory minimum amount has almost doubled since the introduction of the NLW (from 16% in March 2016 to 27% in February 2018).



A large proportion of care workers in the independent sector have received increased pay rates (both in nominal and real terms) to comply with the NLW. There are, however, several challenges for the adult social care sector emerging as a side effect of the increasing NLW, particularly in maintaining differentials with more senior roles and rewarding experienced workers and those with greater responsibilities.

Qualifications, training and skills



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

Over two thirds (68%) of direct care staff, who had started in the sector since January 2015, had engaged with the Care Certificate (achieved, partially completed or working towards).

Around half (50%) of care workers held a relevant adult social care qualification (49% held a qualification at level 2 or higher). Also, around four in five (84%) senior care workers held a relevant adult social care qualification at level 2 or above.

⁵ Pay in the adult social care sector – February 2018 - <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Pay-rates.aspx>

Of all workers without a relevant social care qualification, 81% had completed an induction, 37% had engaged with the Care Certificate, 40% had five or more years of experience in the adult social care sector and 81% had completed training relevant to their role.

Of workers with training recorded in the NMDS-SC, the most popular areas were moving and handling (75%), safeguarding adults (71%) and health and safety (63%).

Workforce forecasts

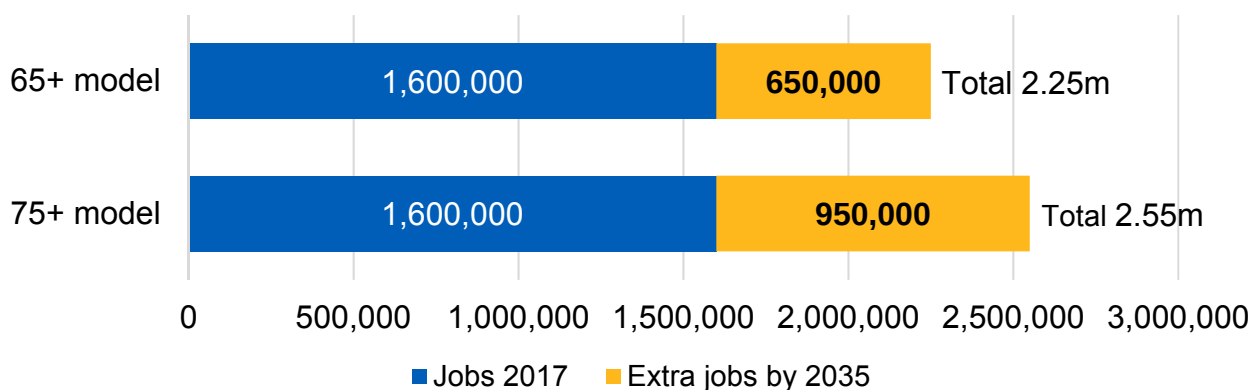


The 'Projecting Older People Population Information System' (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2017 to 2035. This population is projected to increase between 2017 and 2035 from 10 million to 14.5 million people in England, an increase of around 44%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

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

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2017 and 2035, an increase of 40% (650,000 jobs) would be required by 2035.

The population aged 75 and over is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 59% (950,000 jobs) increase would be required.



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

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Introduction

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

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

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

About Skills for Care

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

For more information about Skills for Care please see our website www.skillsforcare.org.uk

About the NMDS-SC

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

The NMDS-SC collects information on the size and structure of the whole adult social care sector including types of care services that are provided and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications.

For more information about the NMDS-SC please visit www.nmds-sc-online.org.uk.

For information about how workforce intelligence is used across the adult social care sector please see Chapter 8 'Further resources'.

NMDS-SC coverage of the adult social care sector

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

Local authorities (adult social services departments)

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

CQC regulated services

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

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

Methodology used to estimate characteristics of the adult social care sector

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

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

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

www.skillsforcare.org.uk/workforceestimates.

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

Terminology used in this report

Adult social care and terminology used to describe it, continues to change. We have tried to maintain a degree of consistency and comparability with previous reports, so we have:

- Used the term 'domiciliary care' to describe 'home care', to avoid any confusion or inadvertent word reversal with 'care home';
- Used the term 'local authority' to refer to councils' adult social services departments;
- Calculated the independent sector as the sum of the private and the voluntary (third) sectors.

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

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

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

- **Adult residential** includes care homes with nursing and care homes without nursing
- **Adult day care services**
- **Adult domiciliary** includes supported living and extra care housing
- **Adult community care** includes community support and outreach, social work and care management, carers support, occupational or employment related services and other adult community care services.

Size and structure

01

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 more details please see the report, www.skillsforcare.org.uk/sizeandstructure.

Overview of the size and structure of the adult social care sector and workforce in England, as at 2017

- An estimated **21,200** organisations were involved in providing or organising adult social care in England as at 2017.
- An estimated **41,000** establishments were involved in providing or organising adult social care in England as at 2017.
- The number of adult social care jobs in England at 2017 was estimated at **1.6 million**.
- The number of adult social care jobs was estimated to have increased by around 1.2% (by 19,000 jobs) between 2016 and 2017. This rate of increase was slower than in previous years.
- Since 2009 the number of adult social care jobs had increased by 21% (275,000 jobs).
- The number of full-time equivalent (FTE) jobs was estimated at **1.13 million**.
- The number of people working in adult social care was estimated at **1.47 million**.

21,200
Organisations

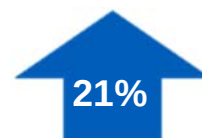
41,000
Establishments



1.6 million
adult social
care jobs



1.47 million
people work in
adult social
care



21%
275,000 more
jobs in the sector
since 2009

1.1. Introduction

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

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

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

1.2. Number of adult social care organisations (enterprises)

- The total number of PAYE or VAT registered whole organisations (enterprises) involved in providing or organising adult social care in England as at 2017 was estimated at **21,200**.

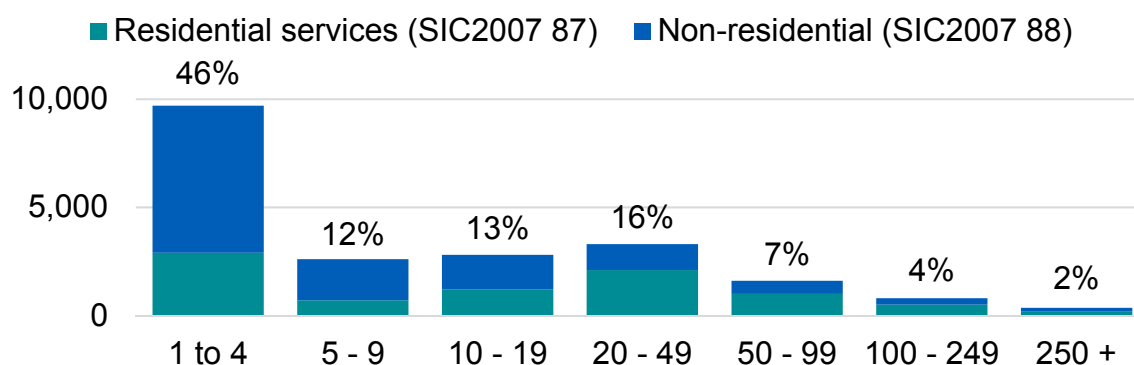
The definition of organisations ranges from large national employers, large charities and local authority adult social services departments to small independent care services. For example, a large company running multiple care homes would count once in these figures. This estimate does not include individuals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

Three in five (59%) adult social care organisations were providing non-residential services and two in five (41%) were providing residential services.

Chart 1 shows that the majority of adult social care organisations were micro (1 to 9 employees) or small (10 to 49 employees). Around 46% of organisations had 1 to 4 employees and around 87% had fewer than 50 employees. Organisations that were large (250+ employees) made up just 2% of the total but employed almost half (approximately 45%) of the total adult social care workforce as at 2017.

Chart 1. Estimated number of adult social care organisations in England, by size group (number of employees), 2017

Source. Skills for Care estimates based on ONS IDBR data



1.3. Number of adult social care establishments

- An estimated **41,000** establishments were involved in providing or organising adult social care in England as at 2017.

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

Chart 2 shows that 49% of adult social care establishments were providing residential services and 51% were providing non-residential services.

Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2017

Source. Skills for Care estimates based on ONS IDBR data

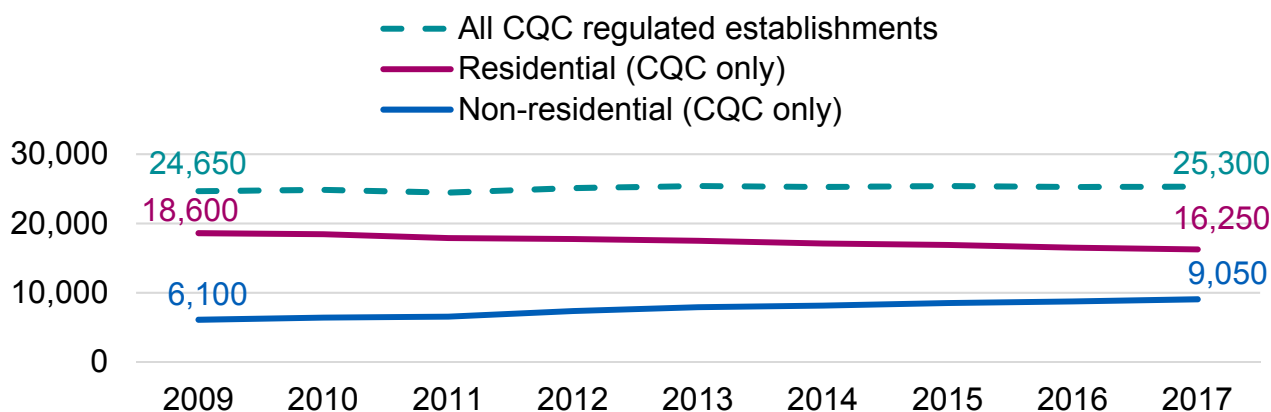


Around two thirds of establishments (62%) were regulated by the Care Quality Commission (CQC).

The chart below shows the change in the number of CQC regulated adult social care establishments by service type⁶. It shows there has been an overall increase of around 650 establishments (3%) between 2009 and 2017, despite a decrease in 2011, 2014 and 2016. The chart shows that the number of non-residential CQC regulated establishments increased by 2,950 over the period (49%) whereas the number of residential CQC regulated establishments decreased by 2,350 establishments (13%). This shift may be related to Government policy of promoting independence for people who have care and support needs.

Chart 3. Number of CQC regulated adult social care establishments, 2009-2017

Source. Skills for Care estimates and CQC data



Analysis of CQC data going back to 2009 shows that the total capacity for residential care homes remained fairly stable over the period despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may just be a consolidation in this part of the sector whereby a similar amount of care is provided, but by a smaller number of establishments. In addition to this, NMDS-SC data showed that the average number of staff employed per residential care home has increased since 2009 and that the total number of jobs for residential services has increased over the period. Again, this points towards a consolidation in this part of the sector rather than a genuine decrease in activity.

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

1.4. Economic contribution

The adult social care sector was estimated to contribute £38.5 billion per annum to the economy in England⁷. The total wage bill of the sector, calculated using NMDS-SC information, accounted for around half of this amount at £19.4 billion in 2017/18 (up 17% from 2011/12). Table 1 below shows wage bill trends between 2011/12 and 2017/18. The economic contribution estimate also includes private sector profits, indirect effects (adult social care's supply chain) and induced effects (money spent by people working in adult social care). There was not enough information available to produce a trend for these elements.

Table 1. Adult social care wage bill trend between 2011/12 and 2017/18

	Wage bill	Percentage increase from previous year
2011/12	£16.7 billion	
2012/13	£17.3 billion	4%
2013/14	£17.8 billion	3%
2014/15	£18.4 billion	3%
2015/16	£18.7 billion	2%
2016/17	£19.3 billion	3%
2017/18	£19.4 billion	1%

1.5. Individual employers

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

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

- Around 240,000 adults, older people and carers received direct payments in 2016/17 (Source: NHS Digital), of which, Skills for Care estimates that around 70,000 (29%) directly employed their own staff.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014 and 2017. Between 2008 and 2013 this figure increased by around 35,000, in line with the take-up of direct payments over the same period.
- Individual employers, on average, employed 2.1 PAs each, and there were an estimated 145,000 jobs for direct payment recipients in 2017.
- PAs held an average of 1.27 PA jobs each which means around 115,000 people were carrying out the 145,000 jobs in 2017.

For more information about individual employers and PAs please see Chapter 6 of this report and for more information about direct payment recipients and trends please see www.skillsforcare.org.uk.sizeandstructure.

⁷ 'The economic value of the adult social care sector – England 2018'

<https://www.skillsforcare.org.uk/Documents/About/sfcd/Economic-value-of-the-adult-social-care-sector-England.pdf>

1.6. The adult social care workforce

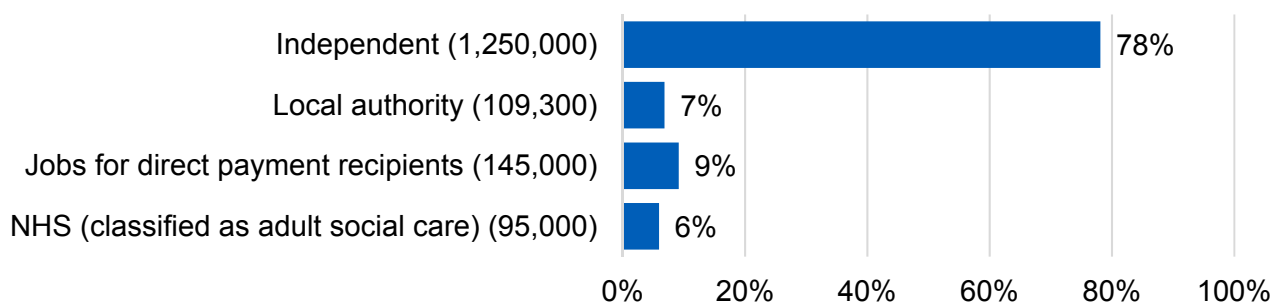
- The number of adult social care jobs in England as at 2017 was estimated at **1.6 million**.
 - o 1.35 million of these jobs were in local authorities and the independent sector.
- The number of full-time equivalent (FTE) jobs was estimated at **1.13 million**.
- The number of people working in adult social care was estimated at **1.47 million**.

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

1.6.1. Sector/type of employer

Chart 4 shows that over three quarters (78%) of jobs in adult social care were with 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.

Chart 4. Estimated number of adult social care jobs by employer type in England, 2017



Since 2009 the employer type distribution has changed considerably. The sector has seen a shift away from local authority jobs (14% of the workforce in 2009) and towards jobs for independent employers and jobs for direct payment recipients (73% and 8% respectively in 2009).

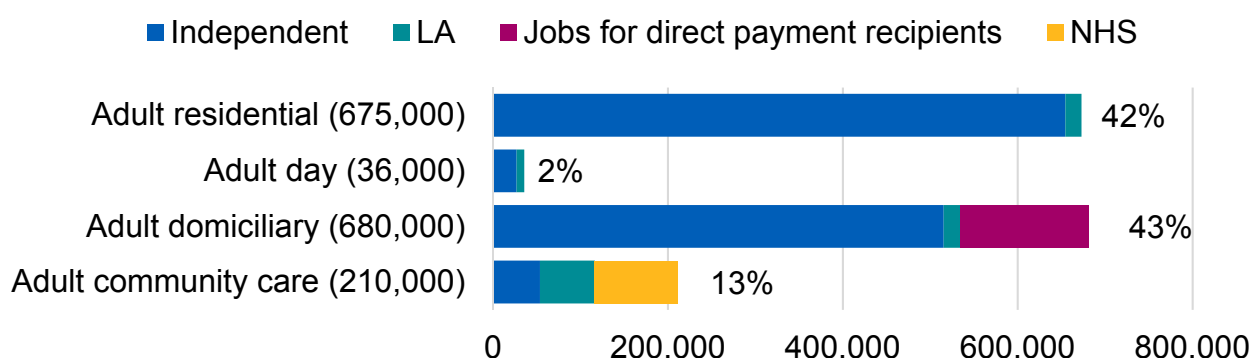
Jobs for independent sector employers could not be accurately split into 'private' and 'voluntary' as they were in previous years as this information is no longer reported by the CQC. Estimates from the NMDS-SC suggest that approximately 75% of the jobs for independent sector employers were in private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

The direct payment recipients' workforce accounted for 9% of all jobs. This estimate should be treated with caution given there is some uncertainty surrounding the estimates of the number of direct payment recipients that employ staff (see Section 1.5). Skills for Care estimate that the number of jobs for direct payment recipients is likely to be between 130,000 and 160,000 and therefore 8% to 10% of the total number of jobs.

1.6.2. Main care service

Chart 5 shows a breakdown of adult social care jobs by main service group. It shows that the majority of 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 5. Adult social care workforce estimates by care service of employment and type of employer, 2017



For two page summaries about care homes with nursing, without nursing and domiciliary care services please see www.skillsforcare.org.uk/stateof, and for more information about the workforce split by sector or care services please see www.skillsforcare.org.uk/sizeof.

1.6.3. Job role groups

Table 2 shows that around three-quarters of adult social care jobs were direct care providing (76%). Managerial and supervisory roles accounted for 7% of jobs, regulated professions accounted for 5% and the 'other' category accounted for 11% of jobs. This category includes administrative jobs, ancillary jobs including catering, cleaning, transport and maintenance roles, and other jobs not directly involved in providing care. For a list of job roles within each job role group please see the terminology section in the introduction of this report.

Table 2. Estimated number of adult social care jobs by job role in England, 2017

Job role group	Total jobs	Percentage of jobs
All job roles	1,600,000	
Direct care	1,220,000	76%
Managerial	119,000	7%
Regulated professional	83,000	5%
Other	180,000	11%

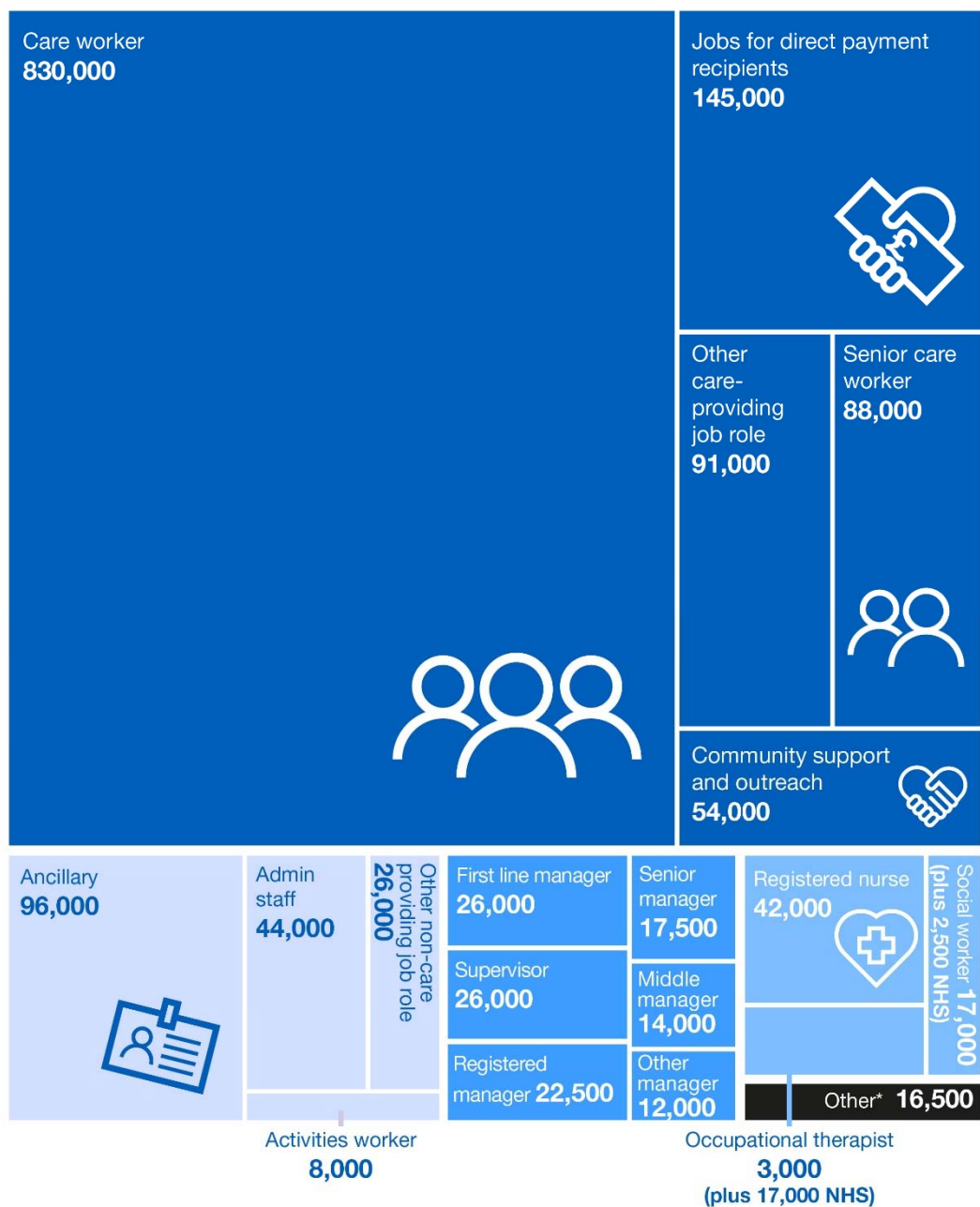
1.6.4. Individual job roles

This section provides a more detailed breakdown of the adult social care workforce by individual job roles. Chart 6 shows a breakdown of the number of jobs in the adult social care sector by job role. The size of each rectangle is proportional to the number of jobs for

each particular role and the rectangles are shaded according to the job role group each corresponds to (■ direct care, ■ managerial, ■ regulated professional or ■ other).

The chart shows that 'care worker' was by far the most common job role in the adult social care sector with an estimated 830,000 roles being carried out as at 2017. Care workers accounted for over half (52%) of all jobs in the adult social care sector. It also shows that 'jobs for direct payment recipients' (145,000) was the second most common job role and 'ancillary' jobs were the third most common (96,000).

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



* 'Others' includes 14 job roles where it was estimated there were fewer than 5,000 jobs.

Regulated professional roles

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

Registered nurses



As at 2017 there were an estimated 42,000 registered nurse jobs in the adult social care sector. The vast majority of these jobs were in care homes with nursing in the independent sector (37,500) and around 3,000 were for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS. For information about registered nurse job trends please see section 2.6.

Occupational therapists



There were 3,000 identified occupational therapists working in adult social care settings (2,500 of which were employed by local authorities) with at least a further 750 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). Although the majority of occupational therapists work within adult social care they will also be assessing the needs of disabled children. There are also 17,000 occupational therapist roles identified in the NHS.

Social workers



As at 2017 there were an estimated 19,500 social worker jobs in the adult social care sector. The majority of these jobs (16,200) were within local authorities and around 1,000 were in the independent sector. Data from NHS Digital shows that there were around 2,400 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be social care related.

1.7. Number of full-time equivalent jobs

- The number of full-time equivalent (FTE) adult social care jobs in England as at 2017 was estimated at 1.13 million.

In this section Skills for Care has produced FTE estimates of the size of the adult social care workforce. These estimates have been created by applying contracted and additional hours data collected by the NMDS-SC to estimates of the total number of jobs. 37 hours per week has been classed as 'full-time'. Please note that the methodology for producing these estimates was improved in 2016 to capture the hours worked by workers on zero hours contracts. This change resulted in a lower ratio in the independent sector than previously estimated.

Table 3 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2017, there were an estimated 1.13 million FTE adult social care jobs. This estimate was considerably smaller than the total number of jobs (1.6 million), which reflects the part-time nature of many adult social care jobs. This was especially true of jobs for direct payment recipients which make up a significantly smaller percentage of FTE jobs (6%) than all jobs (9%).

Table 3. Estimated adult social care jobs and FTE jobs in England, 2017

Employer type	Jobs	Percentage of jobs	FTE jobs	Percentage of FTE jobs
Total	1,600,000		1,130,000	
Independent	1,250,000	78%	890,000	79%
Local authority	109,300	7%	85,000	8%
Jobs for direct payment recipients	145,000	9%	70,000	6%
NHS	90,000	6%	85,000	7%

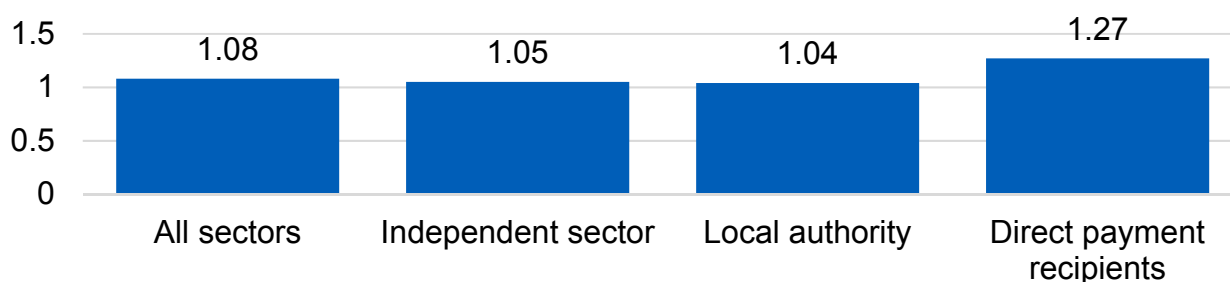
1.8. Number of people

- The number of people working in adult social care in England as at 2017 was estimated at **1.47 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 people doing more than one job in adult social care.

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

Chart 7. Estimated number of adult social care jobs per person by type of employer, 2017



According to the Labour Force Survey (LFS), England had an economically active population of 28.5 million people. Therefore, because the adult social care sector employed an estimated 1.47 million people, an estimated 5.2% of the economically active population worked within adult social care.

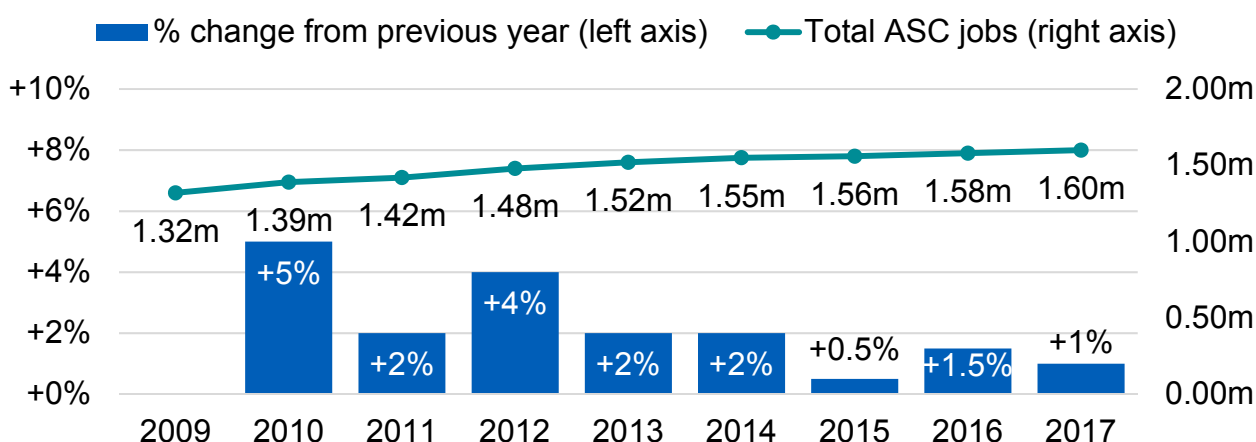
1.9. Job trends

The main changes in the adult social care sector since 2009 highlighted in ‘the size and structure of the adult social care sector and workforce in England 2018’ report were:

- (1) An increase in the size of the workforce (up 21% between 2009 and 2017)
- (2) An increase in independent sector jobs (up 28% or 280,000 jobs)
- (3) A decrease in local authority jobs (down 39% or 70,000 jobs)
- (4) An increase in jobs for care homes with nursing (up 23% or 54,000 jobs) – despite falling by around 5,000 jobs between 2016 and 2017
- (5) An increase in the number of jobs in domiciliary care (up 200,000 or 41%) – although the rate of increase has been slower in recent years (up by 20,000 jobs and 3% since 2014).

Chart 8 shows that the workforce has been increasing since 2009 at an average of 2.4% per year. The overall increase in the number of jobs between 2009 and 2017 was estimated at around 275,000 (a 21% increase). The rate of increase for adult social care jobs has slowed – between 2014 and 2017 the workforce grew by around 15,000 jobs per year compared to an average increase of 45,000 per year between 2010 and 2014.

Chart 8. Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009-2017



The number of adult social care jobs in England increased by around 1.2% (19,000 jobs) between 2016 and 2017 from 1.58 million to 1.6 million. Jobs for independent employers accounted for the majority of the increase at around 1.4% (17,000 new jobs). The number of adult social care jobs in the NHS also increased (by 4% and 4,000 jobs) over the period. The number of jobs for direct payment recipients remained broadly the same between 2016 and 2017, and the number of local authority jobs decreased by 3% (3,500 jobs) over the same period. The most frequently cited reasons for these decreases in local authorities were restructures (62 councils), service closures (34 councils), outsourcing of services (19 councils), and budget cuts (10 councils).

For more information about job trends between 2009 to 2017, by sector, by care service or job role please see <http://www.skillsforcare.org.uk/sizeandstructure>. For information about registered nurse job trends please see section 2.6 of this report.

1.10. People who receive care and support

The NMDS-SC collects information about the care and support needs that establishments offer services for. Employers can select from a list of 42 care needs. An establishment can offer services for people with multiple care and support needs.

A specialist in the table below refers to providers providing care and support for only one care and support need, a generalist refers to providers providing more than one care and support need. Within generalist care and support provisions, the proportion of time spent caring for people with each care need is not collected.

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

Jobs at establishments providing care for people with...				
		Dementia	Learning disabilities and/or autism	Mental disorders or infirmities
All sectors	Total	810,000	675,000	540,000
	Specialist	2%	22%	5%
	Generalist	98%	78%	95%
Local authority	Total	62,400	57,600	51,400
	Specialist	8%	11%	3%
	Generalist	92%	89%	97%
Independent	Total	740,000	575,000	480,000
	Specialist	1%	17%	3%
	Generalist	99%	83%	97%
Jobs for direct payment recipients	Total	5,400	40,000	12,000

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

Jobs at establishments providing care for people with...				
		Dementia	Learning disabilities and/or autism	Mental disorders or infirmities
All services	Total	810,000	675,000	540,000
	Specialist	2%	22%	5%
	Generalist	98%	78%	95%
Adult residential	Total	385,000	168,000	151,000
	Specialist	2%	34%	8%
	Generalist	98%	66%	92%
Adult day	Total	13,500	29,000	13,000
	Specialist	4%	28%	4%
	Generalist	96%	72%	96%
Adult domiciliary	Total	360,000	415,000	330,000
	Specialist	2%	17%	4%
	Generalist	98%	83%	96%
Adult community	Total	51,000	61,000	50,000
	Specialist	1%	17%	5%
	Generalist	99%	83%	95%

Employment overview

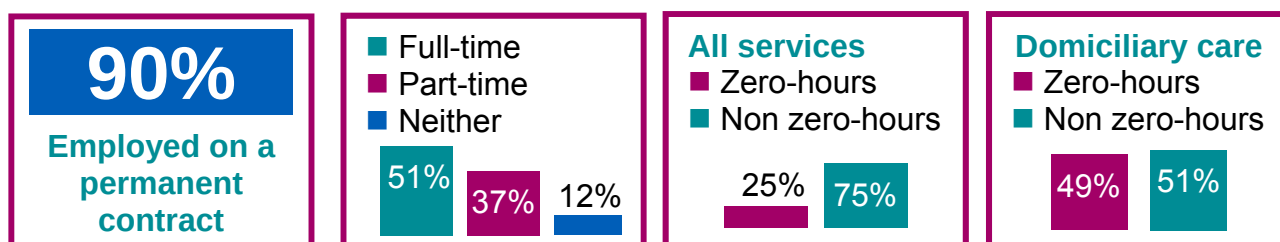
02

Important note about the data

From here on, this report refers to the adult social care workforce as the **1.35 million jobs in local authority and independent sector providers only**. Jobs for direct payment recipients and those working in the NHS are not included in the workforce estimates from here onwards⁸.

Overview of employment information of the adult social care workforce in England, as at 2017/18

- The majority (90%) of the adult social care workforce were employed on permanent contracts.
- Approximately half of the workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 12% had no fixed hours.
- Around a quarter of the workforce (25%) were on a zero-hours contract (335,000 jobs).
- Almost half (49%) of the domiciliary care workforce were on zero-hours contracts. This proportion was even higher for care workers in domiciliary care services (58%).
- The percentage of workers on zero-hours contracts between 2012/13 and 2017/18 has remained relatively stable, going down by one percentage point over this period.



2.1. Introduction

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

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

2.2. Employment status

The majority (90%) of the adult social care workforce were employed on a permanent contract (see Table 6). Employment status varied by job role, notably managerial staff and senior care workers were more likely to be on permanent contracts. Employers had a higher reliance on bank/pool registered nurses (12%) and agency social workers and occupational therapists (7% and 10% respectively) than any other job roles.

⁸ Detailed workforce information about jobs working in the NHS were not available and therefore could not be included in Skills for Care's estimates by characteristics. Details about the jobs for people using direct payments to employ their own care and support staff are shown in chapter six of this report.

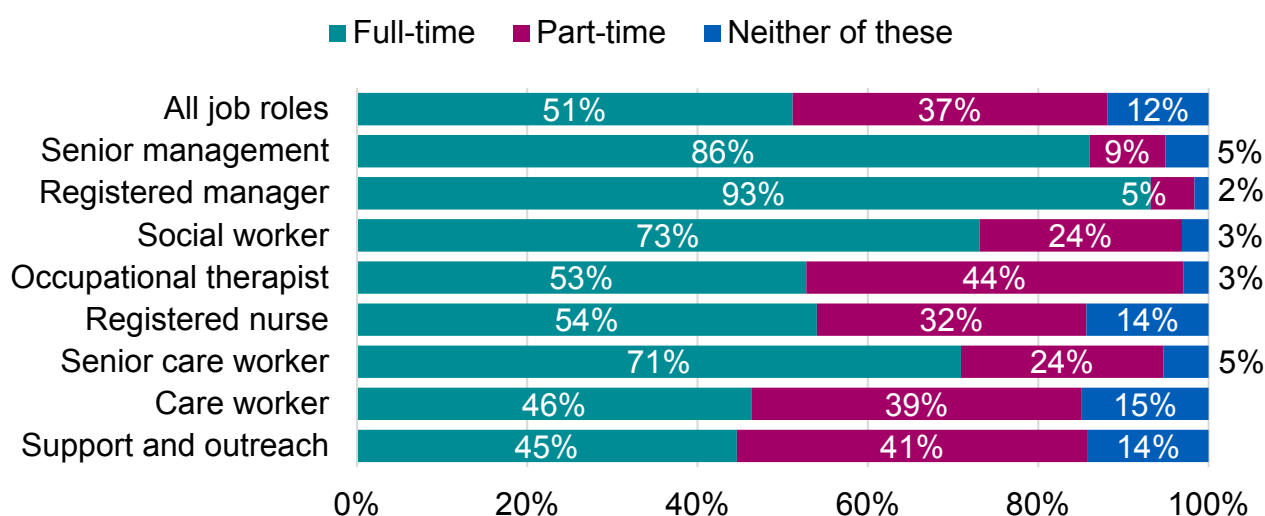
Table 6. Estimated employment status of the adult social care workforce, by selected job roles, 2017/18

	Permanent	Temporary	Bank or pool	Agency	Other
All job roles	90%	3%	5%	2%	1%
Senior management	98%	<1%	<1%	<1%	1%
Registered manager	99%	<1%	<1%	<1%	<1%
Social worker	89%	2%	<1%	7%	2%
Occupational therapist	84%	4%	1%	10%	1%
Registered nurse	85%	2%	12%	1%	<1%
Senior care worker	96%	1%	2%	<1%	<1%
Care worker	88%	3%	6%	3%	<1%
Support and outreach	84%	6%	6%	1%	3%

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

2.3. Full/part-time status

Approximately half of the adult social care workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 12% neither full nor part-time (workers without set hours). Chart 9 shows that, as with employment status, the full/part-time status varied by job role. The majority of registered managers (93%) and senior managers (86%) worked full-time, as did social workers (73%) and senior care workers (71%). Care workers (making up around half of the workforce) and support and outreach workers had the lowest proportion of full-time staff (46% and 45% respectively).

Chart 9. Estimated full/part-time status of the adult social care workforce, by selected job roles, 2016/17

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

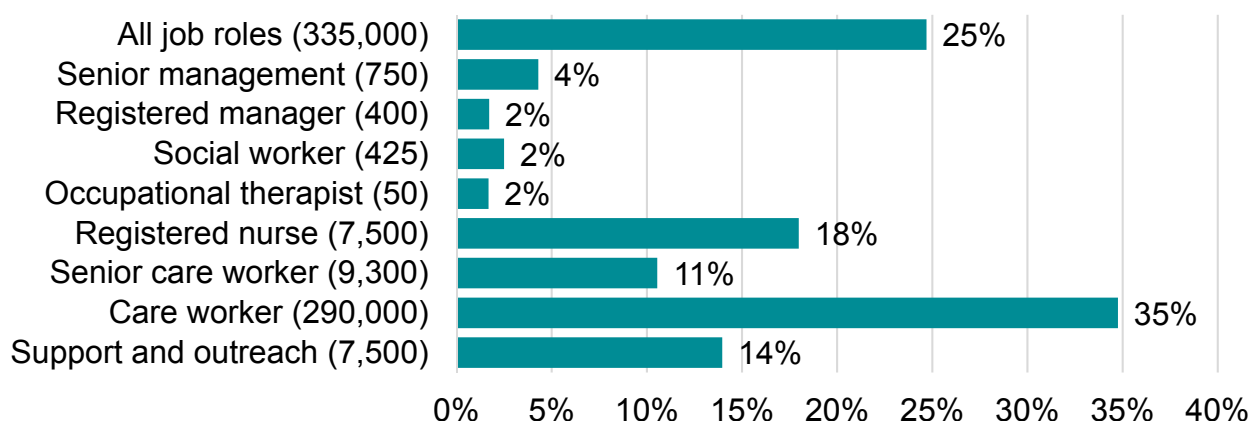
2.4. Zero-hours contract

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

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

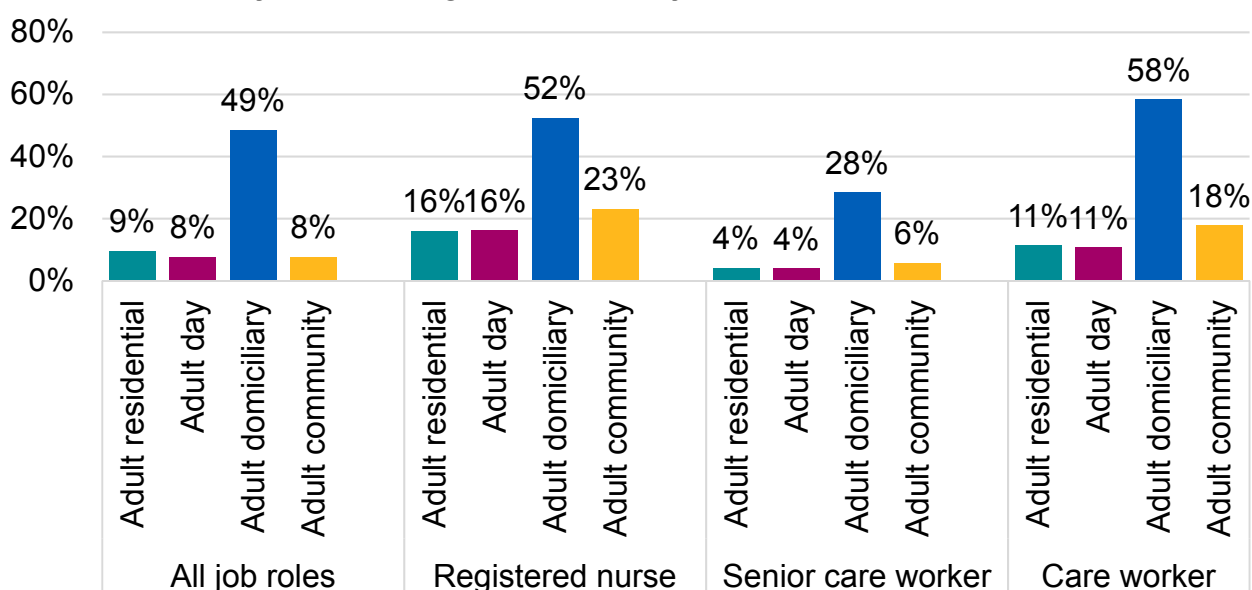
A quarter of the adult social care workforce (25%, 335,000 jobs) were on zero-hours contracts. This proportion varied by job role, with managerial staff, social workers, and occupational therapists having the lowest rates across the sector, as shown in Chart 10. Care workers had the highest proportion of workers on zero-hours contracts (35%), followed by registered nurses (18%) and support and outreach workers (14%). Chart 10 shows the proportion of zero-hours contracts and estimated number of zero-hours contract jobs in brackets.

Chart 10. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2017/18



As well as variation in the proportion of workers on zero-hours contracts by job role there was also large variation by care service provided. Chart 11 shows registered nurses, senior care workers and care workers by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts, with 58% of care workers and 52% of registered nurses recorded with this contract type. Generally residential, day care and community care services had lower proportions of zero-hours staff.

Chart 11. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, 2017/18



When making conclusions based on Chart 11 it should be noted that the majority of registered nurses work within residential care settings (38,000, 94%) and fewer work within domiciliary care (2,100, 5%), community care (1%) and day care services (<1%).

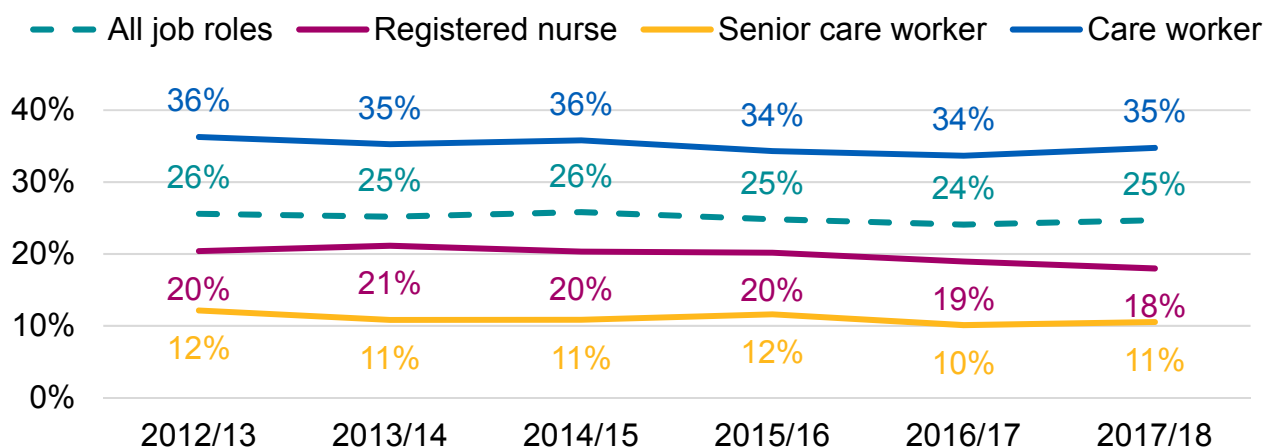
2.5. Zero-hours contract trends

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

Table 7. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2017/18

	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	Change since 2012/13 (percentage points)
All job roles	26%	25%	26%	25%	24%	25%	▼ -1%
Senior management	4%	4%	4%	5%	4%	4%	0%
Registered manager	3%	3%	3%	3%	1%	2%	▼ -2%
Social worker	3%	3%	3%	3%	3%	2%	▼ -1%
Occupational therapist	5%	2%	2%	2%	2%	2%	▼ -3%
Registered nurse	20%	21%	20%	20%	19%	18%	▼ -2%
Senior care worker	12%	11%	11%	12%	10%	11%	▼ -1%
Care worker	36%	35%	36%	34%	34%	35%	▼ -1%
Support and outreach	19%	18%	15%	17%	15%	14%	▼ -5%

Chart 12. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2017/18



2.6. Registered nurse job trends

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 9,500 jobs or 18% since 2012). The number of registered nurse jobs actually increased between 2012 and 2013 (from 51,100 to 51,500) before decreasing from 2014 onwards.

This could be related to the recruitment and retention problem facing employers of registered nurses (see Chapter 3) and that, anecdotally, some organisations are creating new 'nursing assistant' roles to take on some tasks previously carried out by nurses⁹.

Registered nurses of all types have been included in the Migration Advisory Committee's shortage occupation list (SOL) since 2015 as a result of the shortage of resident workers available to fill these roles. The vacancy rate for registered nurses in adult social care is 12.3% (see section 3.11).

In December 2015, the Government announced a plan to create a new nursing associate role. The new role will work alongside registered nurses and direct care staff to deliver hands-on-care, allowing for a number of clinical skills currently undertaken by nurses to be met through the new role. This will ensure high quality care and support to people who use services, and a clear career progression for those wanting to become a registered nurse. The nursing associate role will be regulated by the Nursing and Midwifery Council. There are currently around 2,000 trainee nursing associates undergoing a two-year education and training programme with a further 5,000 new starts in 2018 and 7,500 planned for 2019¹⁰. The first nursing associates will qualify and apply for registration from January 2019.

⁹ <https://www.scie.org.uk/news/opinion/nursing-assistants-providing-a-better-service.asp>

¹⁰ <https://www.nmc.org.uk/standards/nursing-associates/what-is-a-nursing-associate/>

Recruitment and retention

03

Overview of recruitment and retention of the adult social care workforce, 2017/18

- Skills for Care estimates that the turnover rate of directly employed staff working in the adult social care sector was 30.7%, equivalent to approximately 390,000 leavers over the year. Many of those that leave remain within the sector as 67% of recruitment is from within adult social care.
- The turnover rate was higher within registered nursing roles (32.4%) and care worker roles (37.6%), the care worker turnover rate within domiciliary providers was 42.3%.
- Turnover rates have increased steadily, by a total of 7.6 percentage points, between 2012/13 and 2017/18.
- Some employers are struggling to find and recruit suitable people to the sector. A large proportion of staff turnover was a result of people leaving the sector soon after joining.
- The average number of sickness days was 5.1, this equates to approximately 6.5 million days lost to sickness in the past 12 months.
- Skills for Care estimates that 8.0% of the roles in adult social care are vacant, equal to approximately 110,000 vacancies at any time. Between 2012/13 and 2016/17 the vacancy rate rose on average by 0.3 percentage points, but in 2017/18 the vacancy rate increased by 1.3 percentage points on the previous year.

30.7%

Leavers rate
in the past
12 months



67%

Of recruitment
is from within
adult social care

8 years

Average
experience in
the sector

8.0%

Vacancy rate
(110,000
vacancies)



3.1. Introduction

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

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

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

I Care...Ambassadors are a national team of care workers helping to promote career opportunities in adult social care through visiting schools and Jobcentres. After speaking to an I Care...Ambassador, 93% of people said they had a better idea of what it is like to work in adult social care. To find out more about I Care...Ambassadors, please visit: www.skillsforcare.org.uk/icare.

Good quality workforce intelligence, collected in the NMDS-SC and analysed by Skills for Care, is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing numerical, rather than just anecdotal, evidence. It has also been used to help provide evidence for the need to create recruitment and retention initiatives for the sector, such as the 'Values-based recruitment and retention toolkit'¹¹ and 'Recruiting for potential'¹². Intelligence from the NMDS-SC also helps to monitor the success of these initiatives.

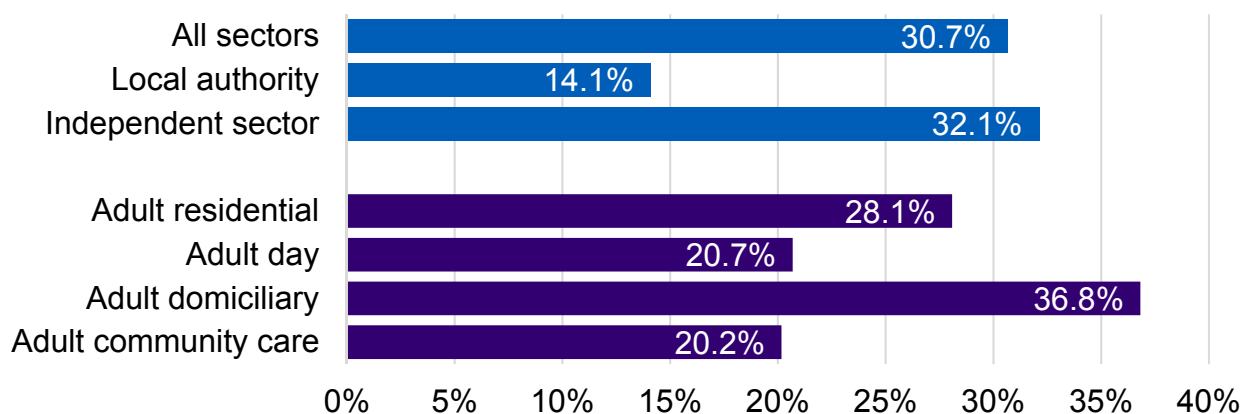
3.2. Leavers and staff turnover rates

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

Skills for Care estimates that the turnover rate of staff working in the adult social care sector was 30.7%. This is approximately 390,000 leavers in the previous 12 months. However, many leavers remain within the sector as 67% of recruitment is from within adult social care.

Turnover rates varied between sector, service and job role. Chart 13 below shows that local authorities had a much lower turnover rate (14.1%) than the independent sector (32.1%).

Chart 13. Estimated staff turnover rate, by sector and care service, 2017/18



The turnover rate was higher for domiciliary care providers than other service types, with over a third leaving their role within the past 12 months (36.8%). The turnover rate of care workers within domiciliary care providers was 42.3%, meaning around two in five left their role within the past 12 months.

Chart 14 below shows that care workers had the highest turnover rate of direct care providing roles at 37.5% - almost twice that of senior care workers at 20.5%. Registered

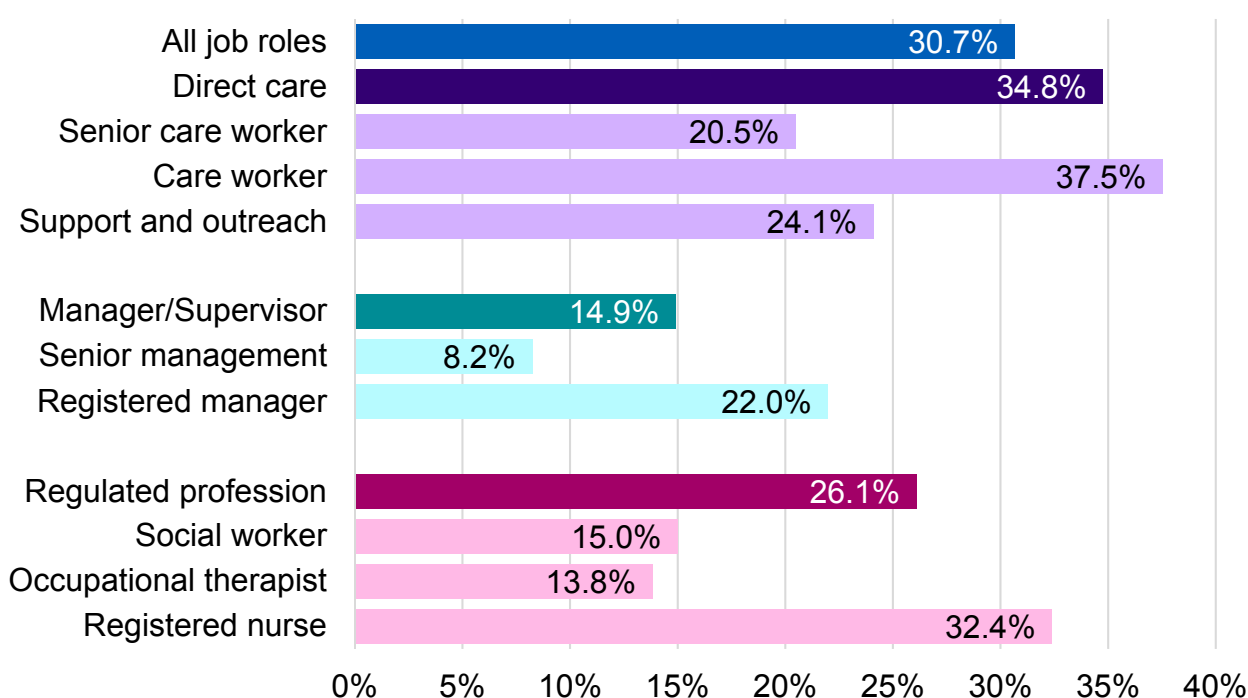
¹¹ www.skillsforcare.org.uk/vba

¹² www.skillsforcare.org.uk/seeingpotential

nurses had a relatively high turnover rate (32.4%), equivalent to around 11,500 leavers, compared to other regulated professions such as social workers (15.0%) and occupational therapists (13.8%). However, the majority of registered nurse roles are within independent social care providers, where turnover rates are known to be higher (see Chart 13), whereas social worker and occupational therapist jobs are mostly in local authorities.

Managerial roles had the lowest turnover rates at 14.9%, whereas direct care roles had the highest rates at 34.8%. There was also variation between specific roles within each job group.

Chart 14. Estimated staff turnover rates by selected job roles, 2017/18

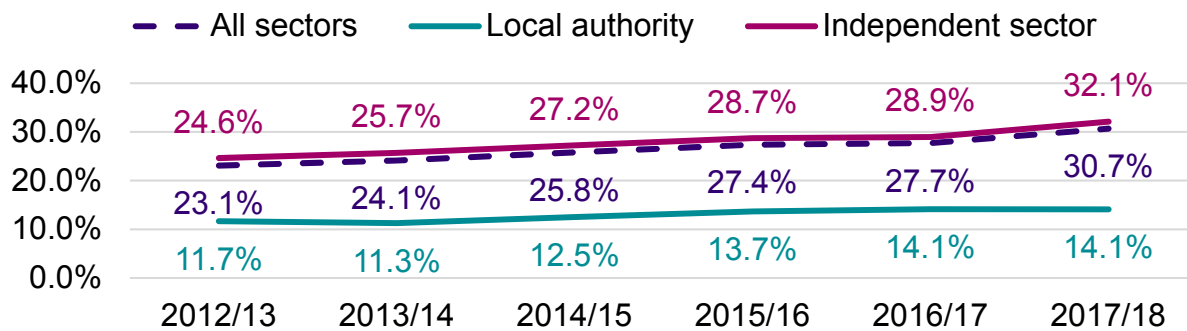


Around a fifth of registered managers left their role in the previous 12 months (22.0%) which was relatively high compared to other managerial roles and equates to around 4,900 leavers in the previous 12 months.

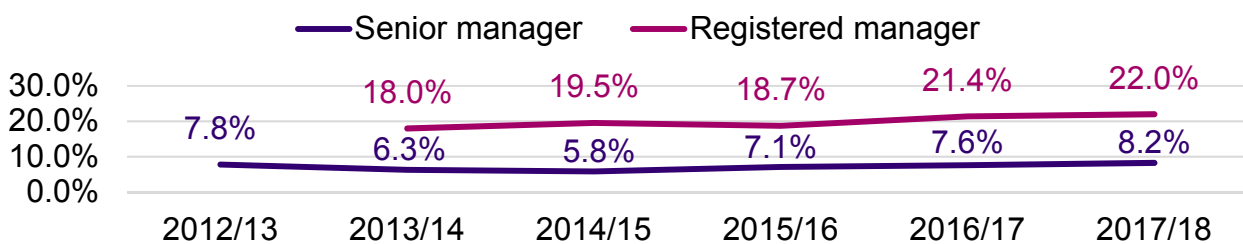
3.2.1. Turnover rate trends

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

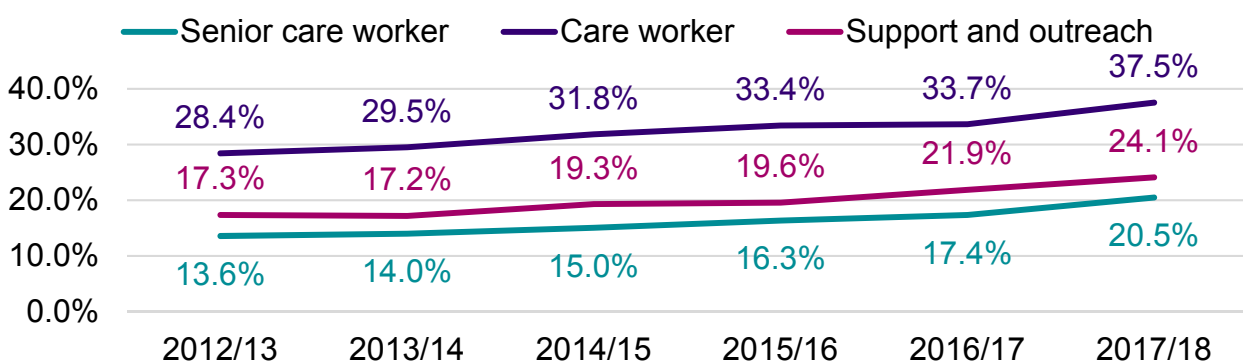
Turnover rates have increased steadily, by 7.6 percentage points between 2012/13 and 2017/18. Turnover rates within local authority providers increased at a slower rate (by 2.4 percentage points over the period) compared to the independent sector which rose by 7.6 percentage points. In 2017/18, turnover rates in the independent sector rose at a faster rate (by 3.2 percentage points) compared to the previous year, whereas in local authorities the turnover rate remained the same.

Chart 15. Turnover rate trend of all job roles, by sector between 2012/13 and 2017/18

The turnover rate of registered managers increased between 2013/14 and 2017/18 by 4.0 percentage points. Senior manager turnover rates remained fairly stable over the period at around 7%.

Chart 16. Turnover rate of selected managerial roles between 2012/13 and 2017/18

Each of the direct care roles in Chart 17 below showed an increase in turnover rate between 2012/13 and 2017/18. Care workers, which had the highest turnover rate at 37.5%, also showed the greatest increase since 2012/13, rising by 9.1 percentage points. Senior care worker turnover rose by 6.9 percentage points between 2012/13 and 2017/18.

Chart 17. Turnover rate of selected direct care roles between 2012/13 and 2017/18

Although the information in the section above shows the overall turnover rate, it is important to remember that the adult social care sector has an experienced core of workers and around a third (28%) of independent sector employers have an annual turnover rate of less than 10%.

In May 2017, Skills for Care published a research report called 'Recruitment and retention in adult social care: secrets of success'¹³ in which employers with a turnover rate of less than 10% were asked what it is that they do that they consider contributes to their success in relation to recruitment and retention. Results included:

- Recruitment tips about attracting more candidates
 - In addition to offering pay above the National Living Wage, employers stated the importance of good working conditions, especially flexible working, and developing a positive organisation structure where staff are supported and have opportunities to develop their skills.
 - Being honest about the realities of the job saves time for both potential applicants and the organisation. Building a strong reputation for being a good employer means that existing staff will spread the word and attract like-minded people that fit the organisations values.
- Using the most successful advertising channels
 - Around half of respondents (49%) stated their most successful method of advertising vacancies was through referring a friend.
- What to look for when selecting staff
 - Employers stated more often that values and behaviours were of higher importance than either prior work experience or qualifications.
- Developing talent and skills
 - Employers stated that the most popular way of identifying learning and development needs was through the induction process (94%) and regulated structured supervision sessions (91%).
- Keeping the right people
 - The majority of employers had seen a positive impact on staff retention as a result of investing in learning and development, embedding the values of their organisation and celebrating the organisation's and individual achievements (94%, 92% and 86% respectively).

3.3. Workforce factors affecting care workers turnover rates

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

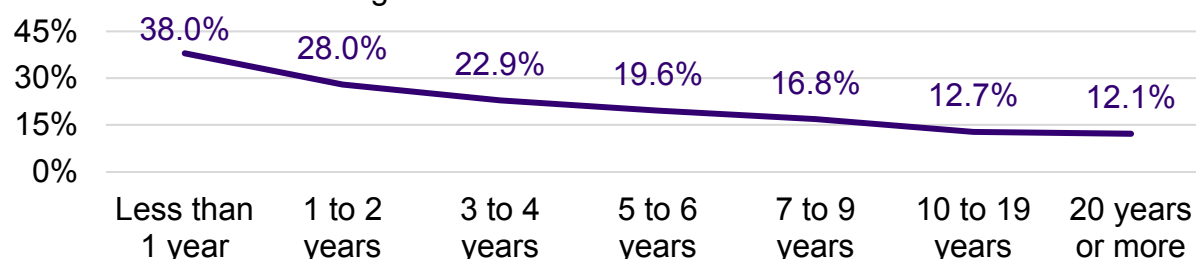
¹³ 'Recruitment and retention in adult social care: secrets of success' - <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Secrets-of-success/Recruitment-and-retention-secrets-of-success-report.pdf>

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

Chart 18 below shows turnover rates by length of time in role. The longer a care worker had been in role the less likely they were to leave. Around two fifths who had been in their roles for less than a year left during the year. This rate drops substantially for more experienced workers.

Chart 18. Care worker turnover rate by years of experience in role

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



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

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

www.skillsforcare.org/seeingpotential.

Those paid more were less likely to leave their role.

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

In both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. However, this decrease becomes less pronounced when looking at 2017/18. This is possibly a side-effect of the NLW where care workers at the top end of the scale have received smaller pay increases than those at the bottom (see section 5.3). Skills for Care will continue to monitor this potential trend.

Chart 19. Care worker turnover rate by average hourly pay bands

Source. NMDS-SC unweighted data

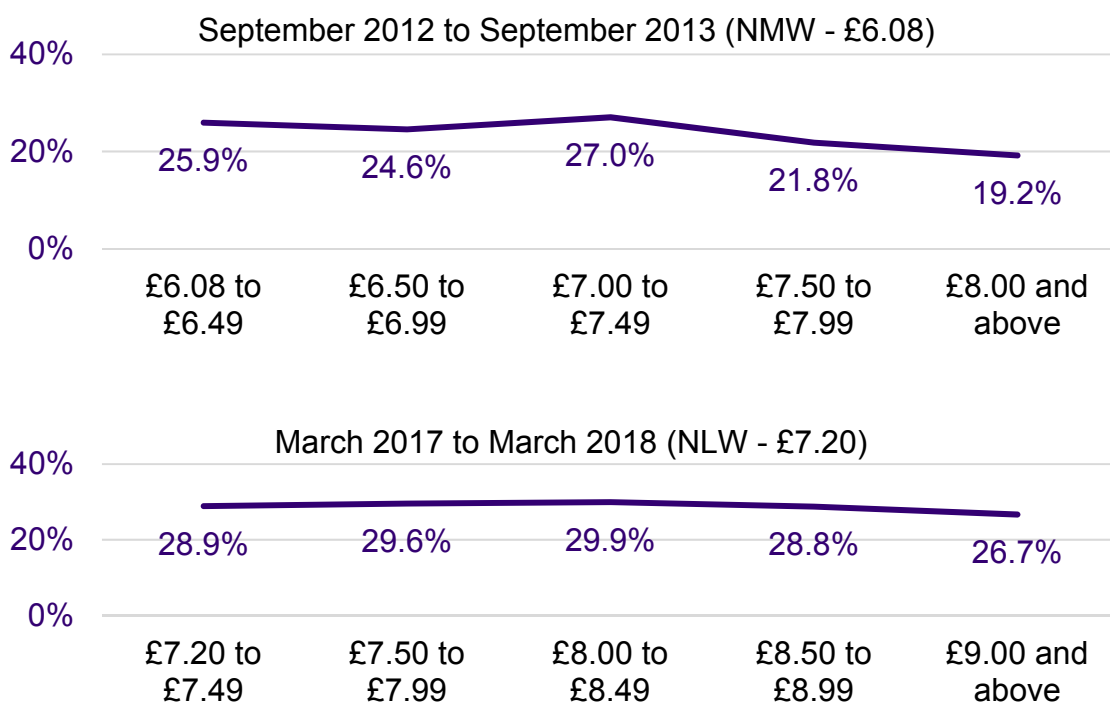
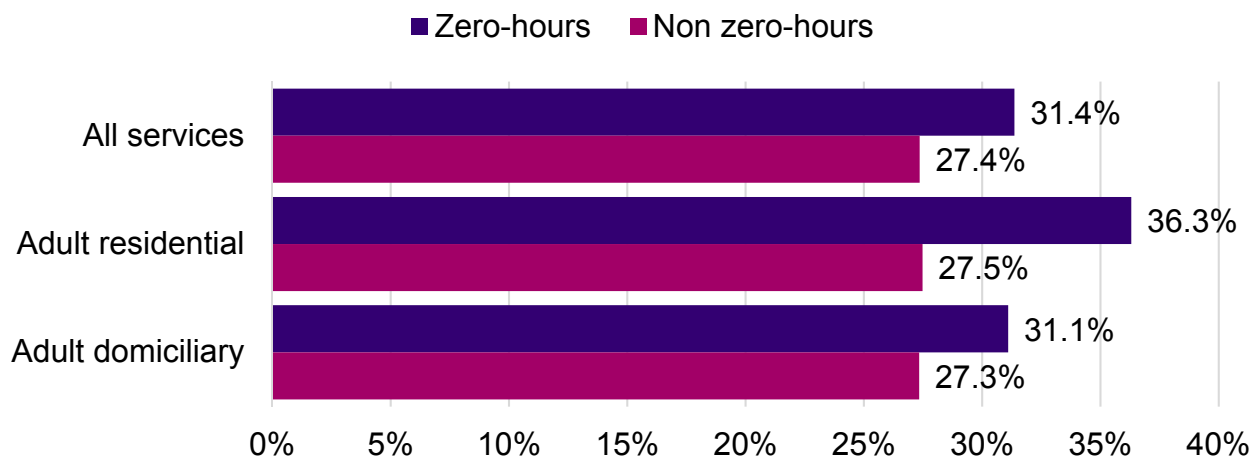
**Those on zero-hours contracts are more likely to leave than those not.**

Chart 20 shows the turnover rate by whether or not a care worker was on a zero-hours contract. Care workers on zero-hours contracts were found to have a higher turnover rate than those not on a zero-hours contract, at 31.4% compared to 27.4%. This was shown to have a greater influence on those in residential care providers compared to those in domiciliary care (in which zero-hours contracts are more prevalent).

Chart 20. Care worker turnover rate by zero-hour contract status

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

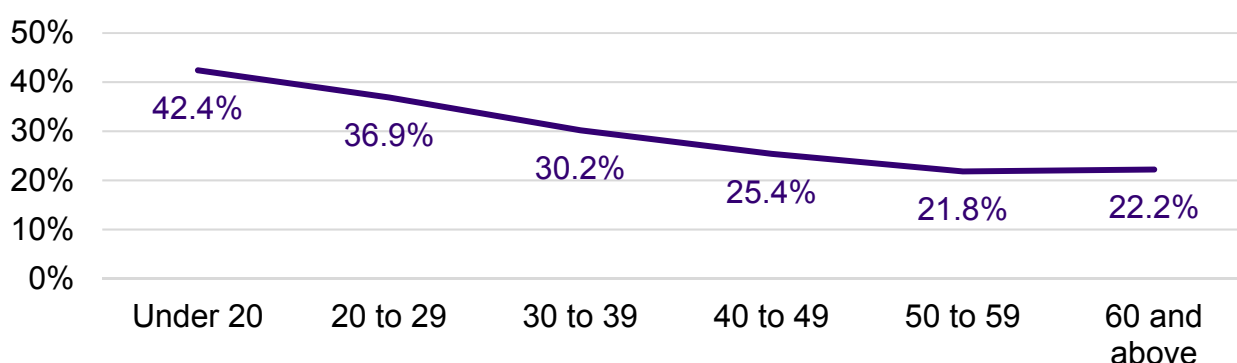


The sector also has difficulties in retaining younger workers.

The chart below shows care workers under 20 years old had the highest turnover rates, and turnover decreased as the age of worker increased. This trend continues until those aged 60 and above at which point turnover increases due to workers approaching retirement.

Chart 21. Care worker turnover rate by age bands

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



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

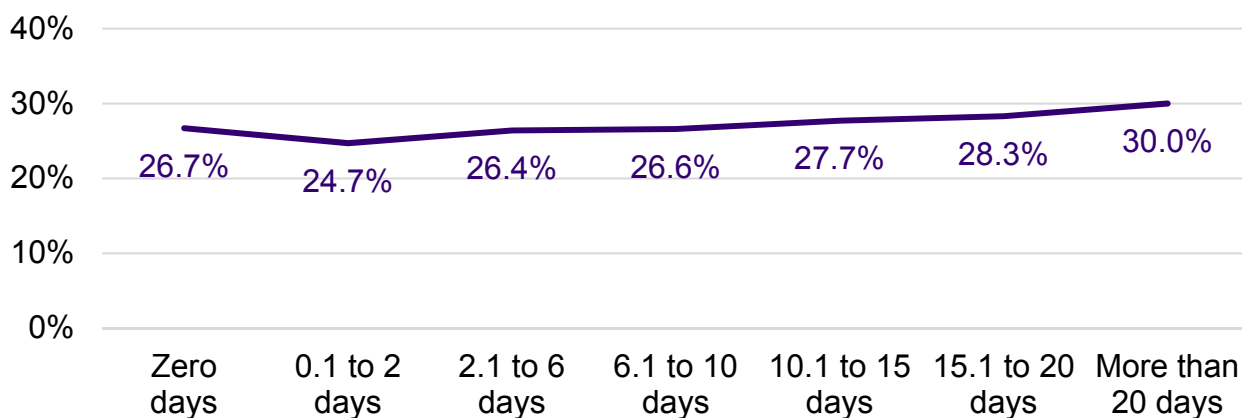
Workers with high sickness rates were more likely to leave.

Chart 22 below shows that turnover rates are lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Evidence suggests that by prioritising employees' health and wellbeing, their levels of engagement improve as do their feelings about their job, their loyalty and their performance. Skills for Care have developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance¹⁴.

¹⁴ <https://www.skillsforcare.org.uk/ppmt>

Chart 22. Care worker turnover by sickness group

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

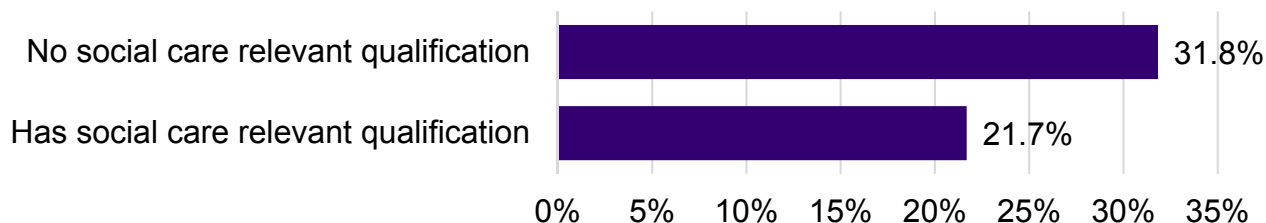


Those with a social care relevant qualification were less likely to leave.

The chart below compares the probability of leaving between those with social care relevant qualifications and those without. Of care workers that held a relevant social care qualification, 21.7% had left within the following 12 months compared to 31.8% of those that did not hold a relevant qualification. A similar trend appears for those care workers that have undertaken more training courses. This suggests that employers investing more in the training and development of their staff, on average, experience lower turnover rates.

Chart 23. Care worker turnover by social care qualification

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



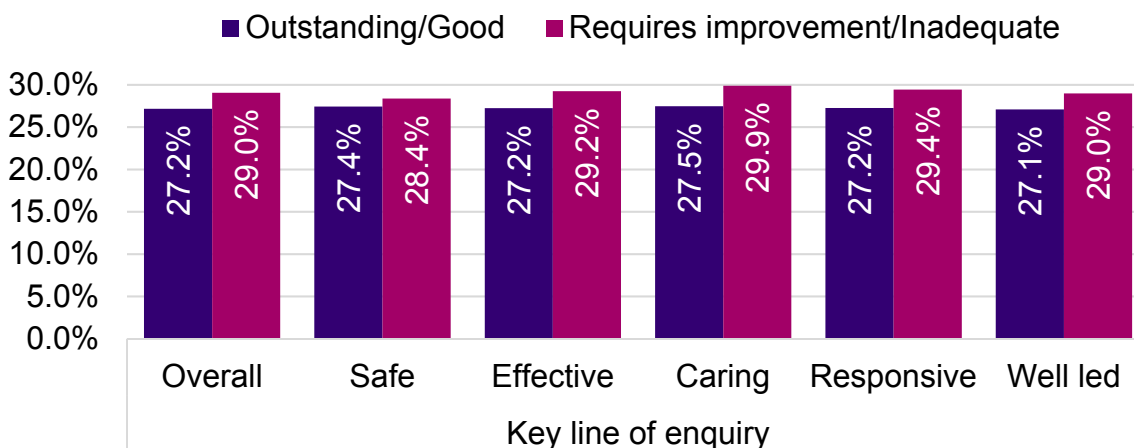
3.3.1. Relationship between turnover and CQC rating

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

At regulated services that were rated overall as either 'Outstanding' or 'Good', turnover was found to be lower than those rated as 'Requires Improvement' or 'Inadequate'. This trend was consistent across each Key Line of Enquiry (KLOE) with an average difference of 1.9%. The largest difference in turnover was shown for the KLOE 'Caring' which had 2.4% lower turnover at providers rated positively.

Chart 24. Turnover rate by inspection rating for each Key Line of Enquiry

Source. NMDS-SC unweighted data and CQC ratings between March 2016 and March 2018



Skills for Care are currently working in partnership with the University of Leeds to assess any relationships between care quality and workforce/employer characteristics in care homes regulated by the Care Quality Commission. One of the aims of this research is to model the relationships between staffing and quality of care to provide a platform for sector wide implementation for the benefit of residents, relatives and staff.

More information on the key lines of enquiry and CQC inspections can be found on the CQC website¹⁵. Skills for Care have developed guides to help organisations achieve a positive rating and offer support in preparation for an inspection and develop a plan to respond to workforce, staffing and leadership issues identified by the CQC¹⁶.

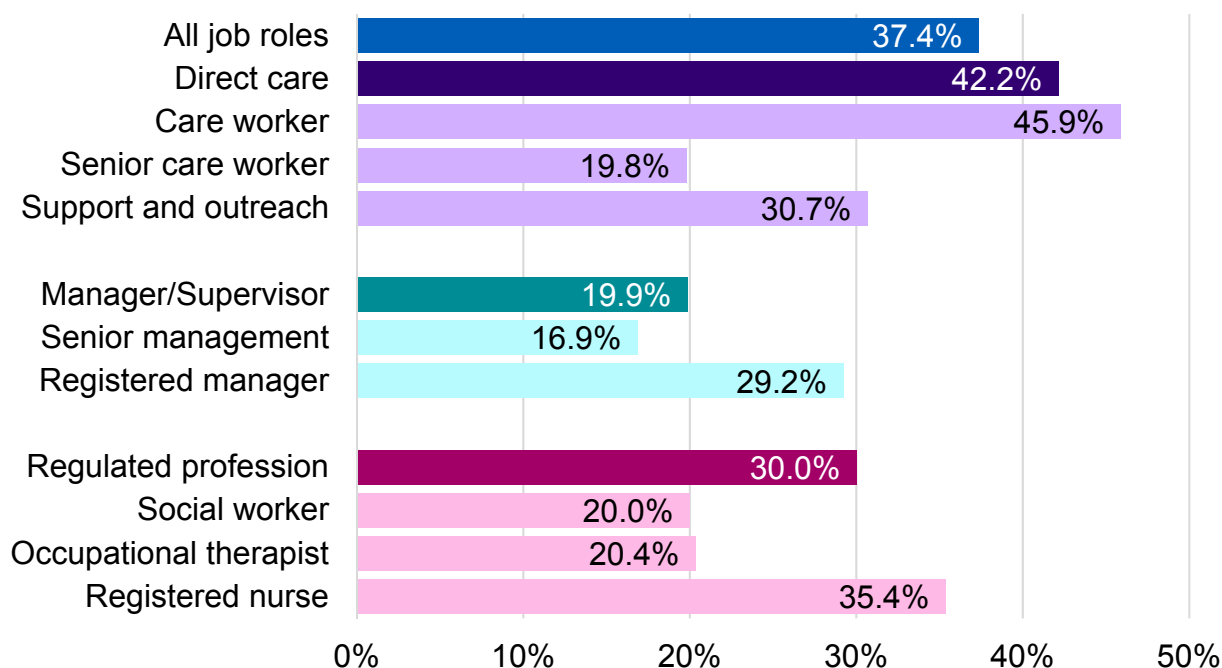
3.4. Starters in the past 12 months

The information below refers to directly employed staff (permanent and temporary staff). Skills for Care estimates that the starters rate in the past 12 months was 37.4%. This was approximately 470,000 new starters each year.

It should be noted that the starters rate shows people that are new to their role. This is a mixture of those new to the adult social care sector (33%) and churn within the adult social care sector (67%), i.e. people moving from different employers or within the same organisation. Please see section 3.8 for more information.

¹⁵ www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask

¹⁶ www.skillsforcare.org.uk/cqc

Chart 25. Estimated starters rate of directly employed workers, by job role, 2017/18

Care workers showed the highest starters rate at 45.9%, followed by registered nurses at 35.4% and support and outreach workers at 30.7%. These job roles also showed the highest turnover rates, highlighting the amount of churn within the sector.

3.5. Comparing starters and leavers rates

The starters rate was a mixture of replacing leavers and filling a growing demand for workers in the adult social care sector. This starters rate includes those workers that were new to their role within the past 12 months and all of the new roles within establishments that were newly opened within the last year. There were around 470,000 starters in the past 12 months.

The turnover rate includes leavers from social care establishments still operating as at March 2018 only, meaning that those workers that were employed by establishments that have closed in the last year were not included in this estimate. There were approximately 390,000 leavers from active establishments. Skills for Care analysis of NMDS-SC and the CQC database shows 1,956 service closures identified over the period with an estimated net of 65,000 more leavers than starters.

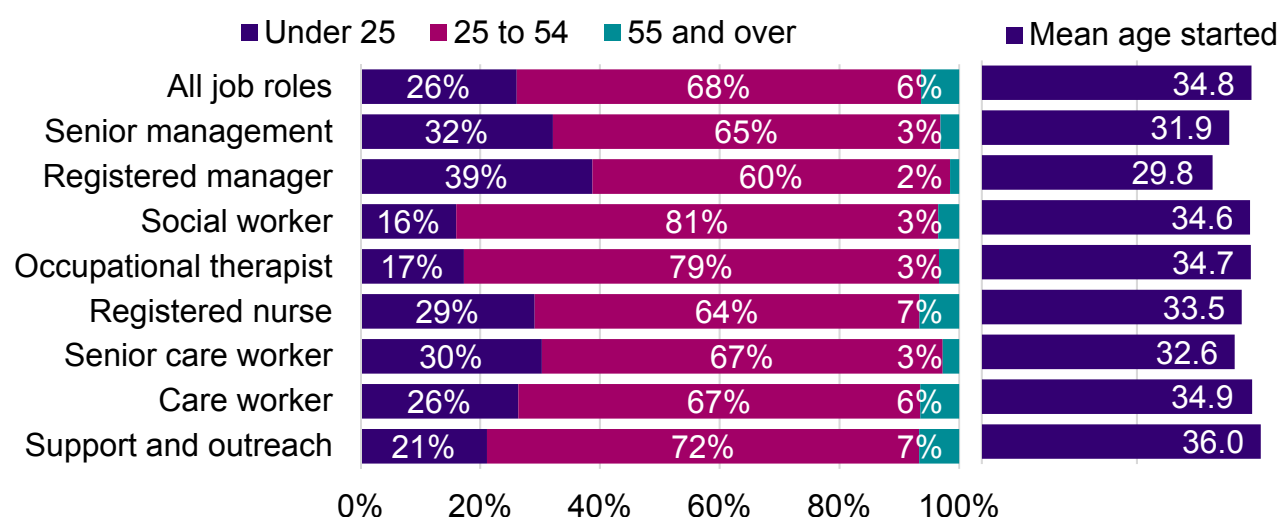
Section 1.9 shows that there was an estimated increase of 19,000 jobs between 2016 and 2017 in the adult social care sector, from a total workforce of 1.58 million to 1.6 million. Taking into account leavers from closed down services, the difference between the number of starters (470,000) and leavers (455,000) comes to a similar figure and corroborates these findings (note however that the time frames are slightly different).

3.6. Age started working in the adult social care sector

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

The average age of a person joining the adult social care workforce was 35 years old. Managers tended to join the sector at an earlier age, in particular registered managers who had an average start age of around 30 years old. This shows that there is career progression within the sector, as managers start out in the sector younger, and progress to more senior roles. For more information please see experience in sector (section 3.7.1) and career development (section 5.9).

Chart 26. Age bands and average age started working in the adult social care sector



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

3.7. Experience of the adult social care workforce

Although the turnover rate within the sector was estimated at 30.7%, turnover is not universally high. Approximately a third (28%) of employers have a turnover rate of less than 10%, and the sector does have an experienced core of workers.

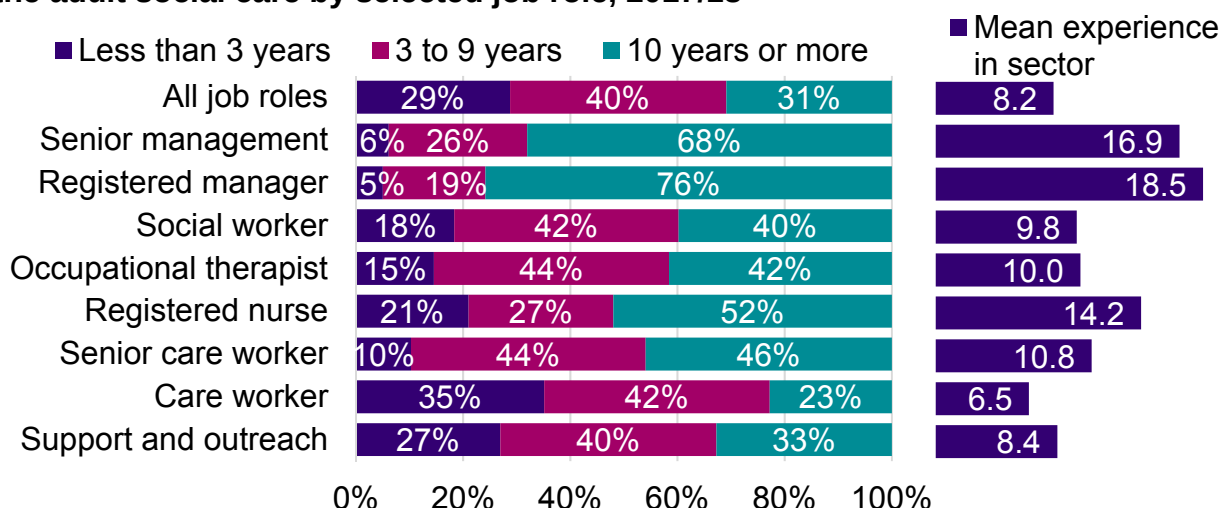
3.7.1. Experience in sector

Workers had, on average, eight years of experience in the sector and 71% of the workforce had been working in the sector for at least three years. Chart 27 shows that managers had the most experience in the sector, with registered managers having an average of 18.5 years and senior management 16.9 years.

Within regulated professional roles, registered nurses had the most experience in the sector, with 14.2 years compared to 9.8 years for social workers and 10.0 years for occupational therapists. Care workers had the lowest average number of years of experience at 6.5 years, and senior care workers had an average of 10.8 years.

Around a third (29%) of the workforce had fewer than three years of experience working in the sector. Care workers, who make up over half of the workforce, had the greatest proportion of workers with less than three years of experience (35%). In contrast, 76% of registered managers have been in the sector 10 years or more.

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

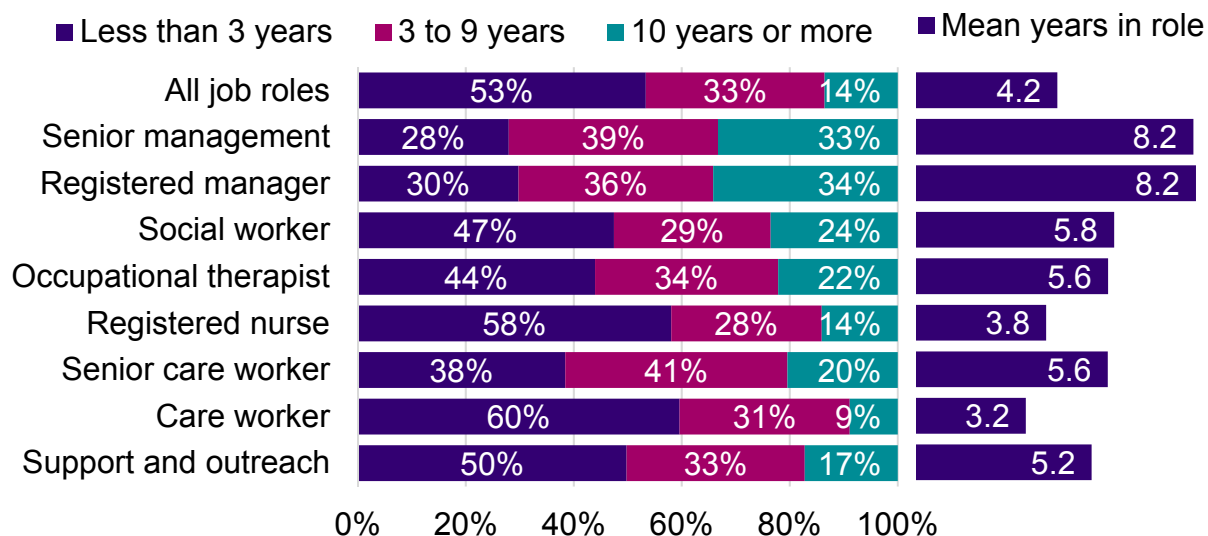


3.7.2. Experience in role

Workers had, on average, 4.2 years of experience in role (4 years less than experience in sector). Chart 28 shows information on workers' experience in their current role. The average number of years of experience for a care worker was 3.2 years, senior managers and registered managers had more experience in their current role, on average, at around 8.2 years.

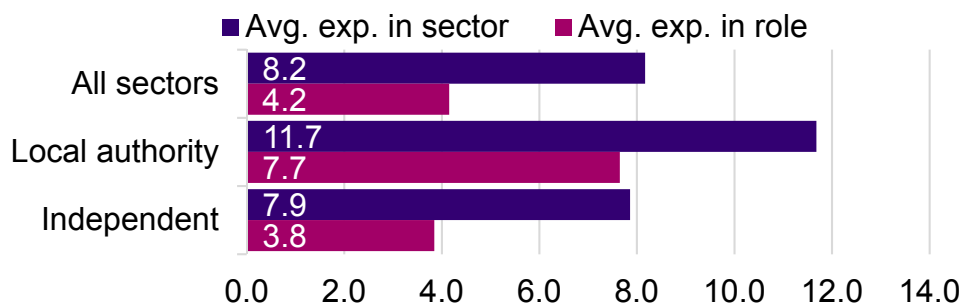
Registered nurses had an average of 3.8 years of experience in role, which was amongst the lowest of the job roles shown below. However they had amongst the highest average number of years of experience working in the sector (14.2 years). This is likely a result of the relatively high turnover rate for registered nurses (32.4%) and indicates that many nurses are moving between employers in the social care sector.

Chart 28. Estimated year bands and average number of years of experience in current role by selected job role, 2017/18



When comparing the number of years of experience in sector to experience in role, workers in local authorities had more experience in both measures than the independent sector. Both sectors showed an almost equally greater experience in the sector than in their role (around 4 years). This further highlights the level of churn within adult social care.

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

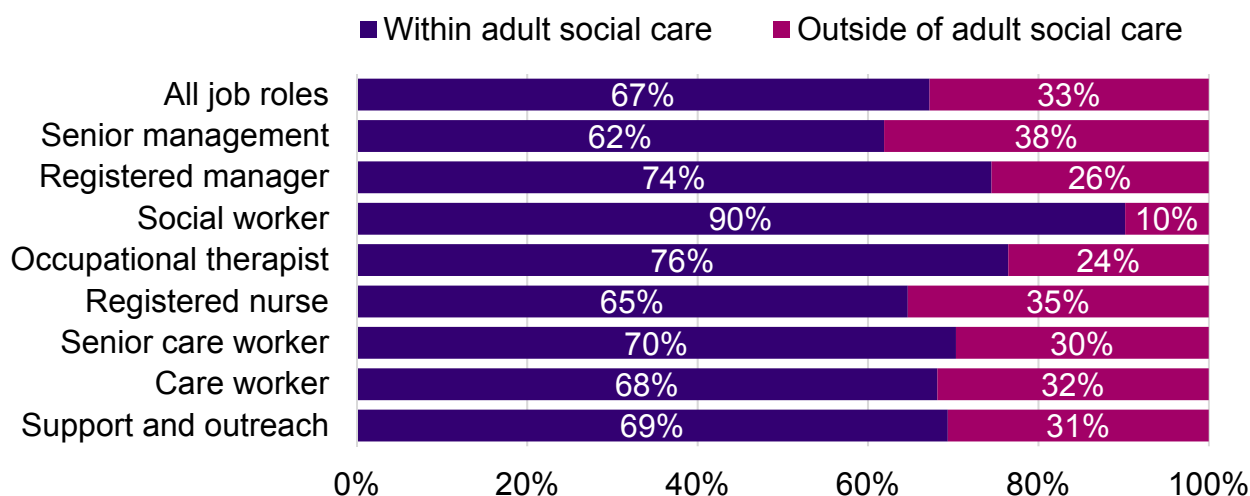


3.8. Source of recruitment

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

Although the turnover rate (30.7%) is relatively high, 67% of starters were recruited from within adult social care and therefore the sector has retained their skills and experience. It also means, however, that a large proportion of employers were going through the recruitment process with high regularity and at a large cost to the sector. The high proportion of workers recruited from within the sector also shows a large amount of movement between employers within the sector.

Chart 30. Estimated source of recruitment from within and outside of the adult social care sector, by selected job roles, 2017/18



3.9. Reasons for leaving

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

Workers were more than twice as likely to leave voluntarily (64%) than for involuntary reasons (25%). The most frequently observed voluntary reasons for leaving were for personal reasons, resignation and career development. Involuntary reasons were most likely to be transferring between employers and dismissal.

Retirement was more frequently reported as a reason for leaving within local authority providers (11%) compared with independent sector providers (3%). The average age of workers in local authority providers was higher (47.4 years old) than independent providers (42.9 years old). This trend is likely to continue as a higher proportion were aged 55 and over and therefore may retire within the next 10 years (30% in the local authority and 23% in the independent sector).

While only 3% overall reported pay as being their reason for leaving, it should be noted that other reasons for leaving (such as career development and competition from other employers) may also be influenced by pay rates. Also, employers may not always know the reasons why their staff leave, but section 3.3 demonstrated that turnover rates may be influenced by pay.

Table 8. Reasons for leaving

Source. NMDS-SC unweighted data 2017/18

	All sectors	Local authority	Independent sector
Voluntary	64%	56%	65%
<i>Career development</i>	11%	7%	12%
<i>Competition from other employers</i>	4%	1%	4%
<i>Conditions of employment</i>	1%	1%	1%
<i>Pay</i>	3%	2%	3%
<i>Personal reasons</i>	22%	6%	23%
<i>Resignation for other or undisclosed reasons</i>	14%	28%	13%
<i>Retirement</i>	4%	11%	3%
<i>Nature of the work</i>	6%	1%	6%
Involuntary	25%	32%	24%
<i>Death</i>	0%	1%	0%
<i>Dismissal</i>	8%	4%	8%
<i>End of contract term</i>	2%	8%	1%
<i>Redundancy</i>	1%	8%	1%
<i>Transferred to another employer</i>	14%	12%	14%
Other	11%	12%	11%

3.10. Sickness rates

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

www.skillsforcare.org.uk/culture

Skills for Care understand that the daily stress of care work can contribute to sickness absence so it's important for employers to support staff to become resilient and help them to cope better under pressure and protect them from mental and physical ill health. The 'Greater resilience, better care'¹⁷ resource has been developed to help managers with the wellbeing of their staff and give practical ideas on how they can improve things.

The average number of sickness days per worker in the past 12 months was 5.1 days. The average number of sickness days varied by job role, with social workers and support and outreach workers having the highest number of sickness days, at 9.2 and 7.2 days respectively. Registered nurses, however, had amongst the lowest sickness rates, at an average of 3.4 days. It should be noted that the majority of nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can be a reflection of a favourable sickness policy but on the other hand could also potentially provide an indication of low workplace wellbeing.

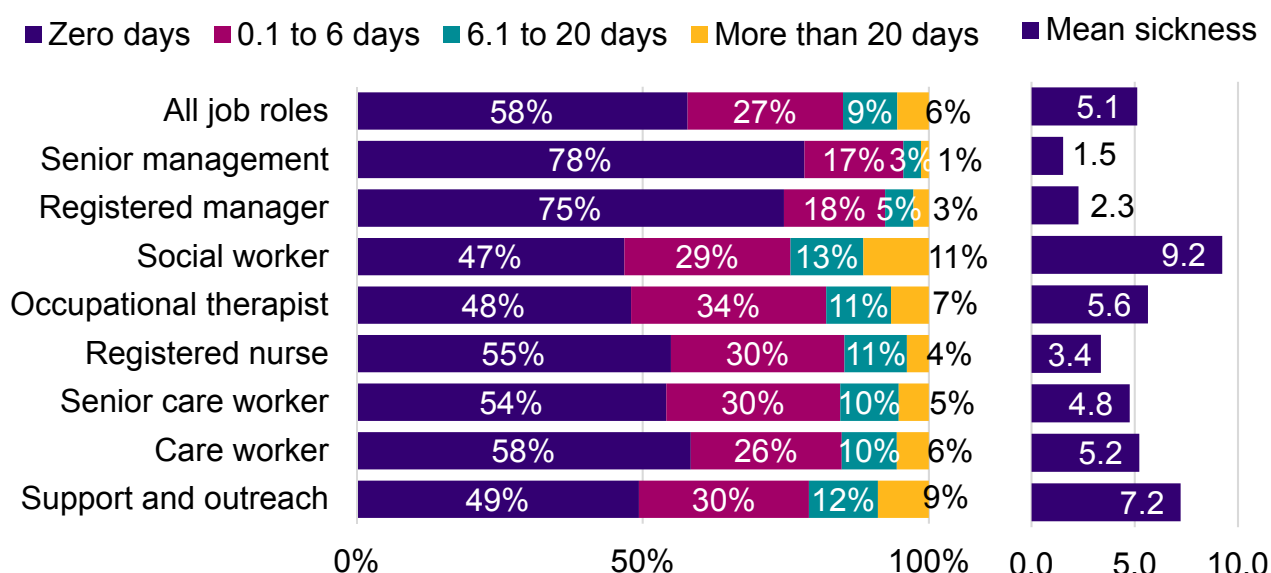
¹⁷ www.skillsforcare.org.uk/resilience

With an estimated directly employed workforce of 1.26 million within local authority and independent sector providers and an average of 5.1 sickness days, there is a total of approximately 6.5 million days lost to sickness every year.

The proportion of workers taking zero sickness days a year within the sector was high, at around three fifths (58%) of the workforce. Senior managers and registered managers had a lower number of average sickness days. Care workers and senior care workers had a similar average number of sickness days (5.2 and 4.8 days respectively).

On average, sickness rates were higher within the local authority (9.8 days for all job roles and 11.6 for care workers) than the independent sector providers (4.7 days for all job roles and 5.0 for care workers). This may be a reflection of differing terms and conditions.

Chart 31. Estimated sickness bands and average sickness days taken by selected job roles, 2017/18



3.11. Vacancy rates

Skills for Care estimates that 8.0% of roles in the adult social care sector were vacant, this gives an average of approximately 110,000 vacancies at any one time.

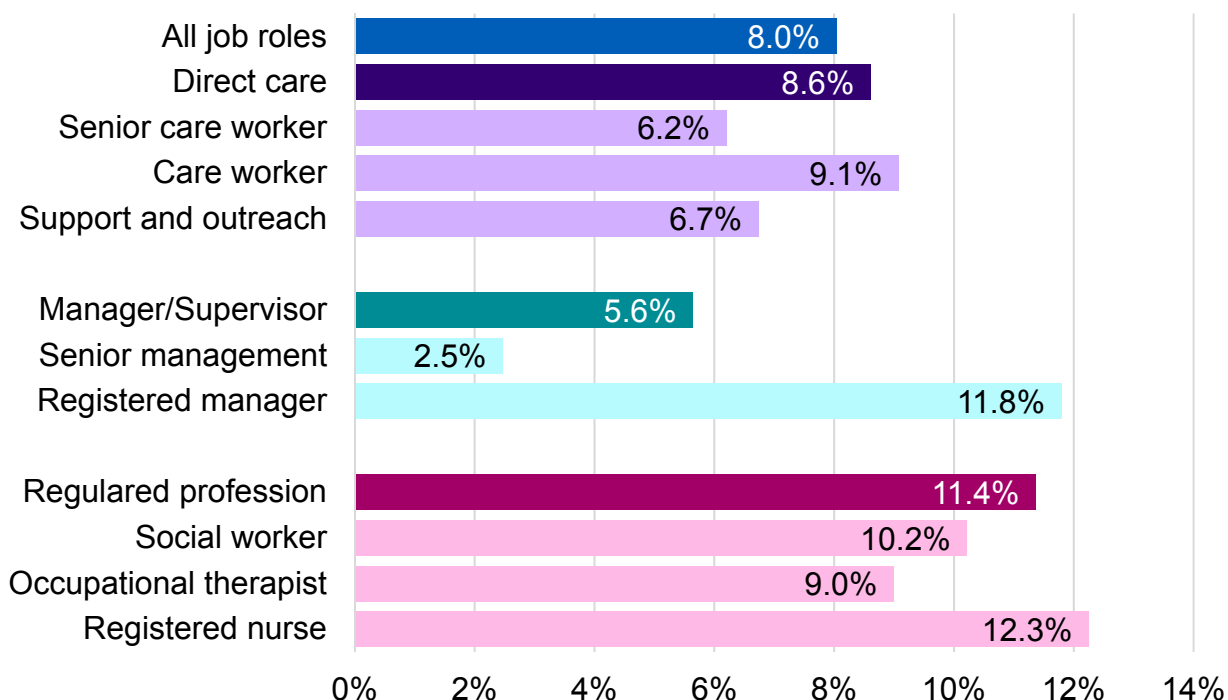
The majority (76,000) of the vacancies were for care worker jobs. The vacancy rate for care workers (9.1%) was also higher than for other direct care roles including senior care workers (6.2%) and support and outreach workers (6.7%).

Registered manager vacancies (11.8%) were double the average of other managerial roles (5.6%), equivalent to around 2,300 vacancies at any given point in 2017/18.

Regulated professions showed the highest vacancy rates (11.4%), and registered nurses in particular had the highest vacancy rate of all job roles at 12.3%. This role also had relatively high turnover and starter rates, which is likely a contributory factor to this high

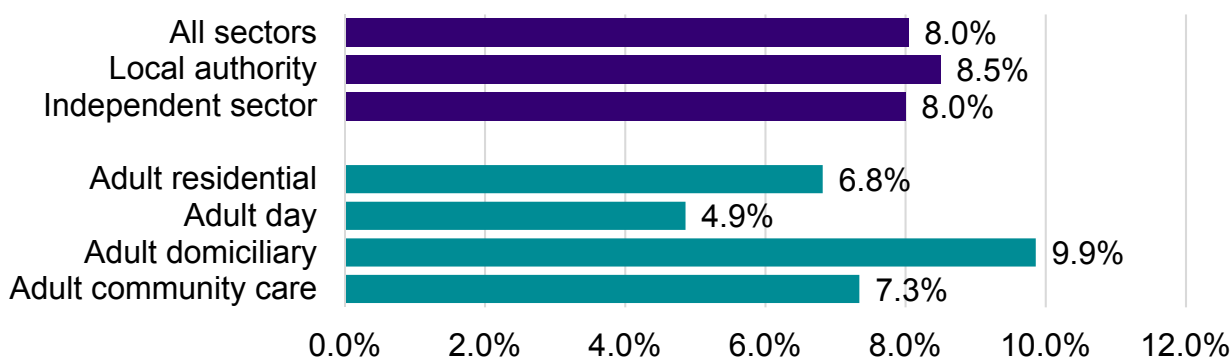
vacancy rate. Nurses were added to the UK Shortage Occupation List¹⁸ in 2015 and have remained listed since. The shortage occupation list is an official list of roles where the domestic labour market cannot meet the demand to fill vacant posts and can make it easier for employers to recruit migrant workers. Unlike any other listed role, employers are required to evidence that they have made efforts to recruit nurses from the domestic UK labour market before filling a vacancy with a migrant worker from outside the EU.

Chart 32. Estimated vacancy rate by selected job role, 2017/18



Overall vacancy rates were similar between the local authorities (8.0%) and the independent sector (8.5%). Chart 33 below shows that there is more variation based on the service provided. Domiciliary care services had the highest vacancy rates at 9.9% which was double that of adult day care services (4.9%).

Chart 33. Estimated vacancy rate by sector and service provided, 2017/18



¹⁸ <http://www.visabureau.com/uk/shortage-occupations-list.aspx>

3.11.1. Vacancy rate trends

The vacancy rate has risen by 2.5 percentage points between 2012/13 and 2017/18. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the population ages. Skills for Care will continue to monitor this trend and any side effects on other workforce measures.

The chart below shows that registered manager vacancy rates, which in 2017/18 were relatively high, have been fairly stable since 2012/13, varying between 11.1% and 12.5%. Skills for Care analysis of CQC ratings data shows that services without a registered manager in post when they are inspected (or in the year leading up to inspection) were less likely to achieve 'good' or 'outstanding' CQC ratings.

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

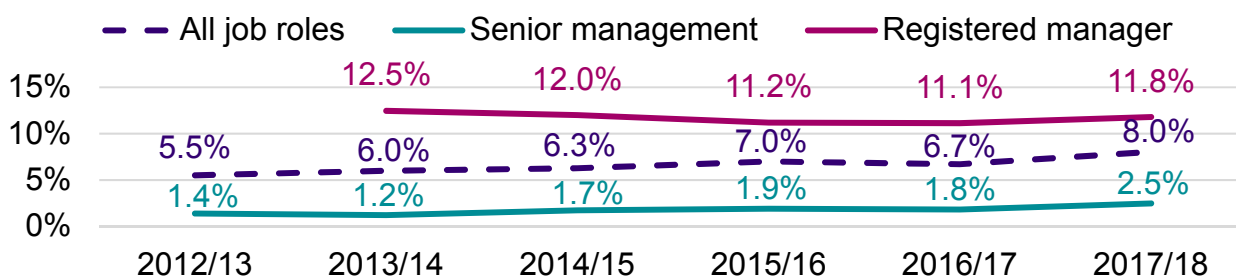
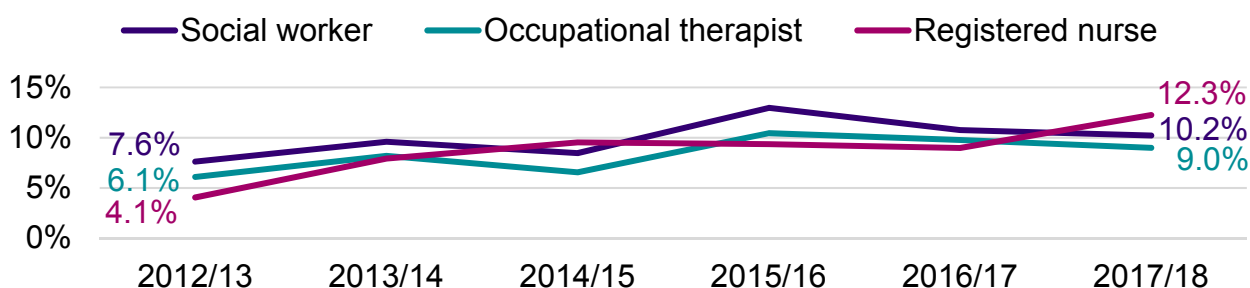


Chart 35 below shows the vacancy rate trend for regulated professions. Each of the roles listed showed increased vacancy rates since 2012/13.

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

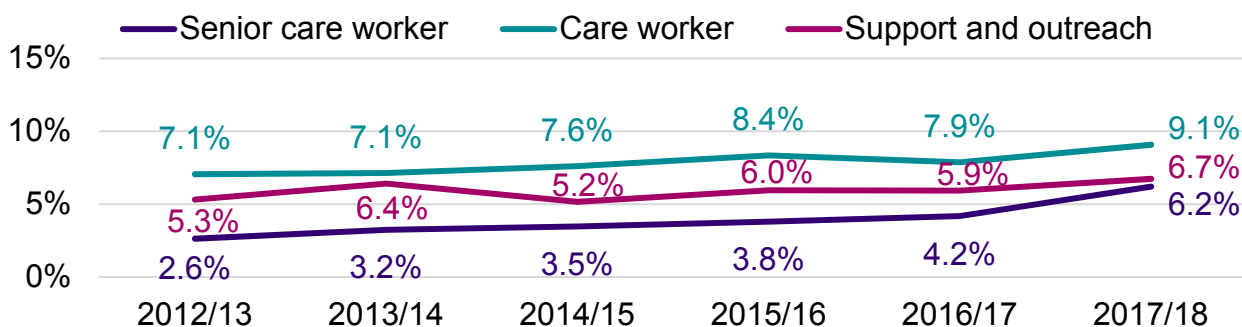
The vacancy rates for social workers and occupational therapists also increased over the period (by 2.6 and 2.9 percentage points respectively). Although the rate of increase was slower, this could point towards potential supply issues for adult social care.

Chart 35. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2017/18



The vacancy rate of selected direct care roles, shown below, increased steadily between 2012/13 and 2016/17. Between 2016/17 and 2017/18 care worker and senior care worker vacancy rates increased more than at any other point, increasing by 1.2 and 2.0 percentage points respectively.

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



The increase in vacancy rates for direct care roles could be linked to the fall in unemployment rates in the UK over the period. ONS data shows that the unemployment rate was 8% in 2012 and had fallen to 4% by 2018. This could have contributed to the increasing turnover rate for direct care workers as more jobs are available in other sectors and fewer people are looking for work.

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

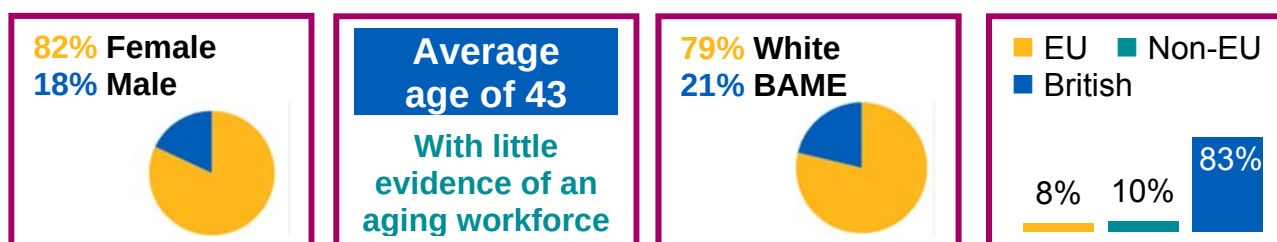
The Government has recognised the recruitment and retention challenge in adult social care and is developing a recruitment campaign for the sector. This is currently due to launch in January 2019. It will be designed to help employers attract people with the right values into social care and increase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

Workforce demographics

04

Overview of adult social care workforce demographics, 2017/18

- The adult social care workforce was 82% female and 18% male.
- The average age of a worker was 43 years old and a quarter (320,000 jobs) were aged over 55 years old.
- Adult social care employs people in all age groups with little evidence of an ageing workforce.
- Black, Asian and Minority Ethnic (BAME) workers made up 21% of the adult social care workforce. This was more diverse than the overall population of England (14% BAME).
- The majority (83%) of the adult social care workforce were British, 8% (104,000 jobs) had an EU nationality and 10% (129,000 jobs) a non-EU nationality.



4.1. Introduction

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

4.2. Gender

Chart 37 shows the gender breakdown of the economically active population in England and the adult social care workforce. The adult social care workforce continued to be made up of around 82% females. Male workers remained the minority, but proportions were slightly higher in day care and community care services (24% each).

Chart 37. Estimated gender of the adult social care workforce and the economically active population

Source. NMDS-SC workforce estimates 2017/2018, Labour Force Survey 2017/18

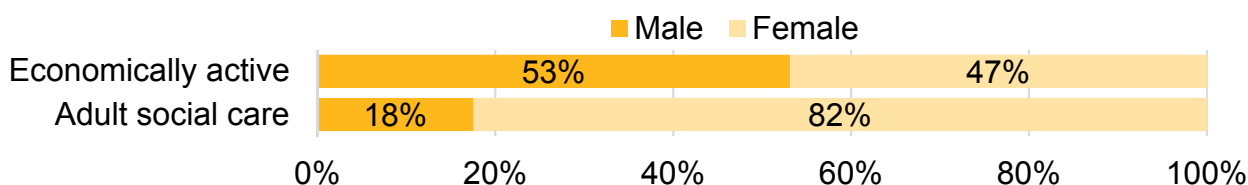
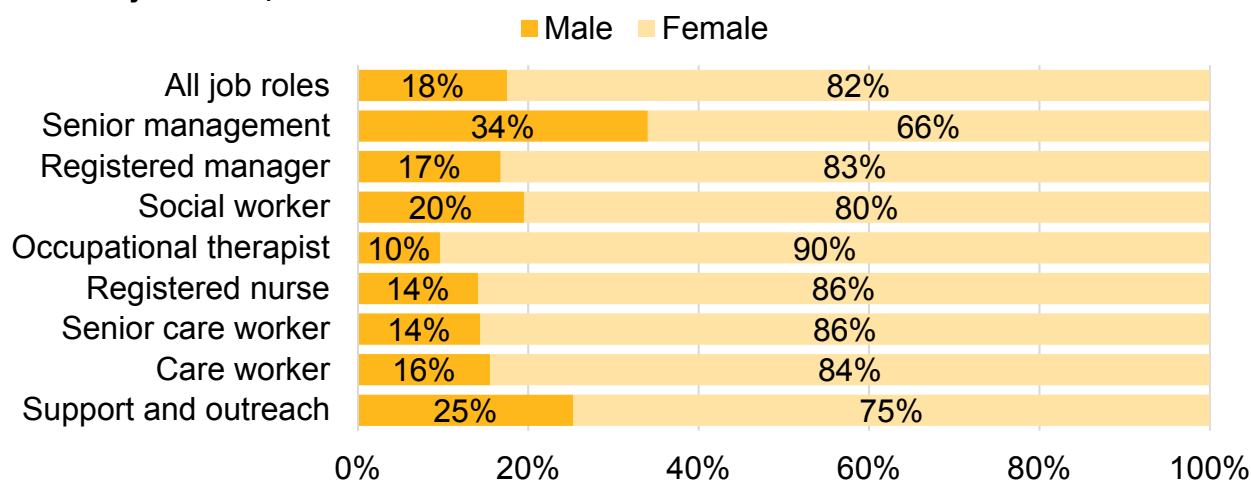


Chart 38 shows the estimated gender split of the adult social care workforce for selected job roles. Gender did not vary significantly between most job roles. However, some variation can be seen, with males more likely to be in senior management (34%) and support and outreach roles (25%) compared to other roles. Occupational therapists had the lowest proportion of male workers, at 10%.

Chart 38. Estimated proportional gender split in the adult social care workforce by selected job roles, 2017/18

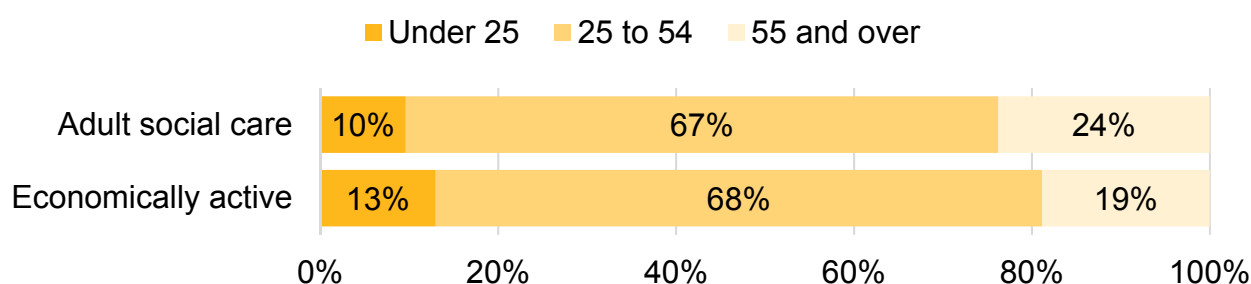


4.3. Age

Chart 39 below shows the age distribution of the adult social care workforce alongside the economically active population in England. The age profile of the adult social care workforce was skewed towards the older age bands, with 24% of workers aged 55 and over compared to 19% in the economically active population.

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

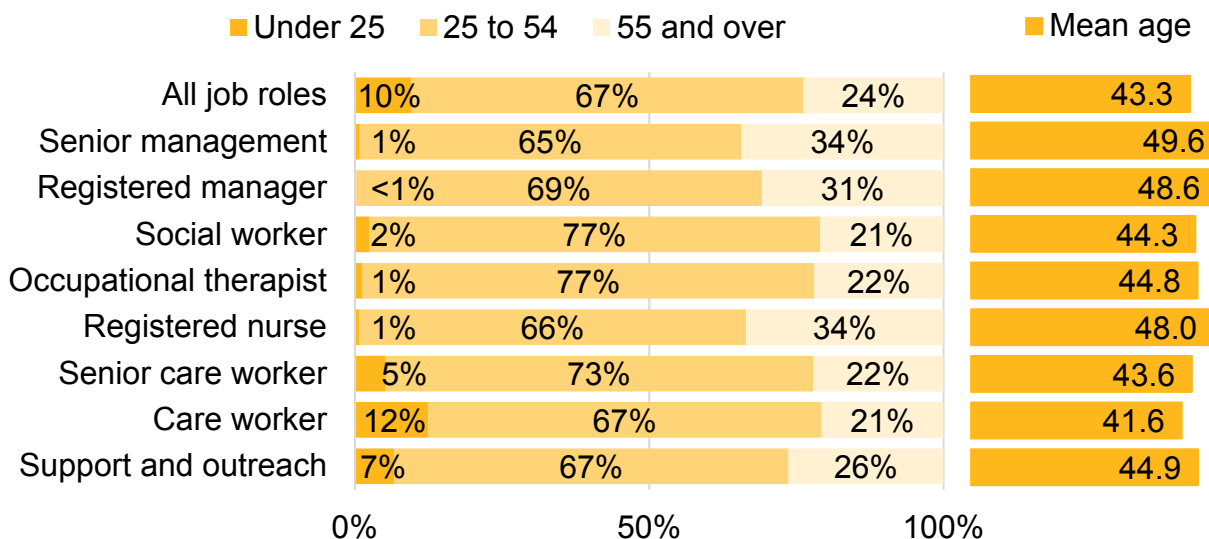
Source. NMDS-SC workforce estimates 2017/2018 and Labour Force Survey 2017/18



The following chart 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 43 years old. From a workforce planning point of view, workers aged 55 and over could retire within the next ten years. This age category accounted for almost a quarter of the workforce (24%, 320,000 jobs).

As you would expect, care workers had a slightly younger age profile, with 12% being under 25 years old compared to 1% for regulated professional roles. A third (34%) of registered nurses were aged 55 or over, with an average age of 48.

Chart 40. Estimated age bands and mean ages of the adult social care workforce by selected job roles, 2017/18

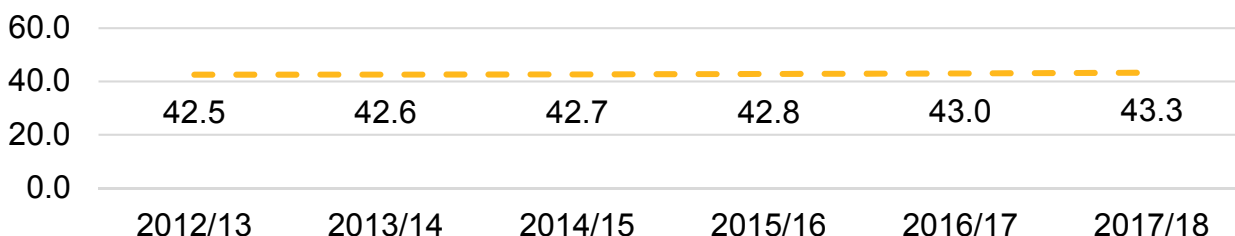


Skills for Care is working in conjunction with the Government and other social care employers on a number of initiatives to encourage younger people to join and stay in adult social care, for example 'I Care... Ambassadors' and apprenticeships. For more information about recruitment and retention please see Chapter 3.

4.3.1. Age trends

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

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



4.4. Disability

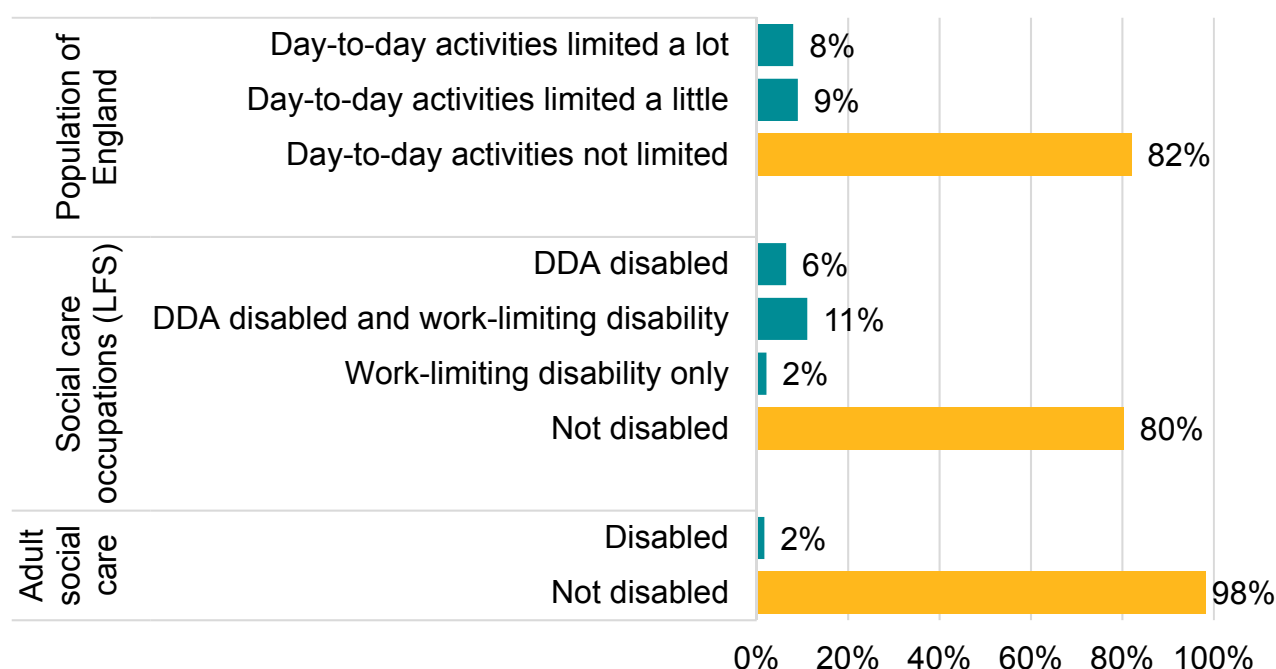
Chart 42 looks at the disability breakdown over three data sources: the population of England (2011 Census), workers in social care occupations (Labour Force Survey, LFS) and the Skills for Care workforce estimates for 2017/18.

The 2011 Census reported that there were 9.1 million disabled people in England (17% of the population). Within social care occupations the LFS identified 19% of workers as disabled, according to the Disability Discrimination Act 1995 (DDA) definition. The Skills for Care adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The NMDS-SC disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

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

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

Sources. Skills for Care workforce estimates 2017/18, Census 2011, Labour Force Survey 2017/18



Skills for Care has undertaken a project with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people within the social care sector. For more information please visit the Skills for Care website¹⁹.

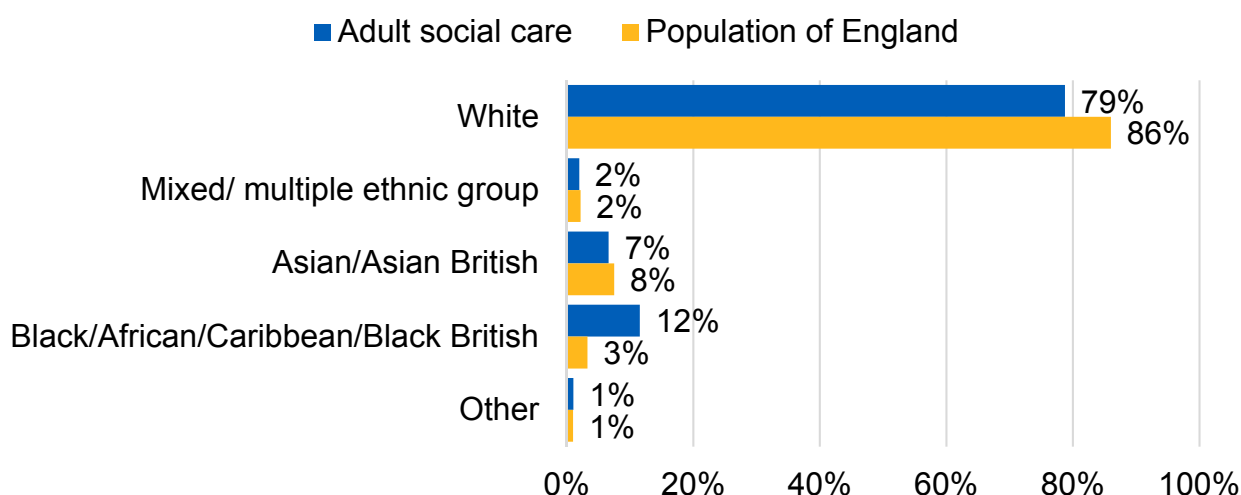
¹⁹ <http://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruitment-and-retention-of-disabled-people.pdf>

4.5. Ethnicity

Chart 43 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). Workers from a Black/African/Caribbean/Black British background (12%) accounted for over half of the BAME adult social care workforce. This compares to 3% in the overall population of England.

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

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



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

Chart 44. Estimated proportion of the adult social care workforce by ethnicity and region, 2017/18

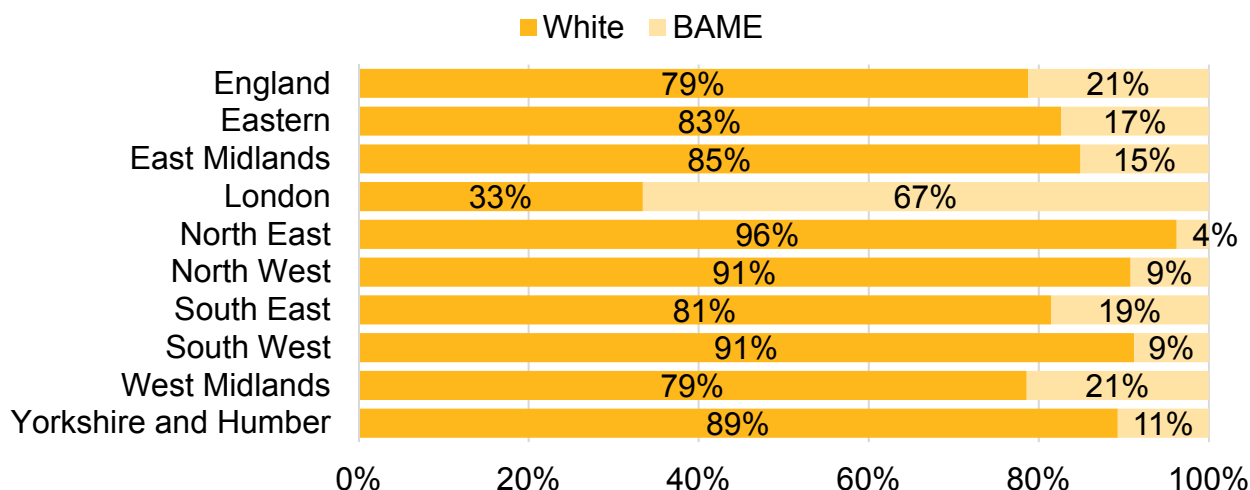
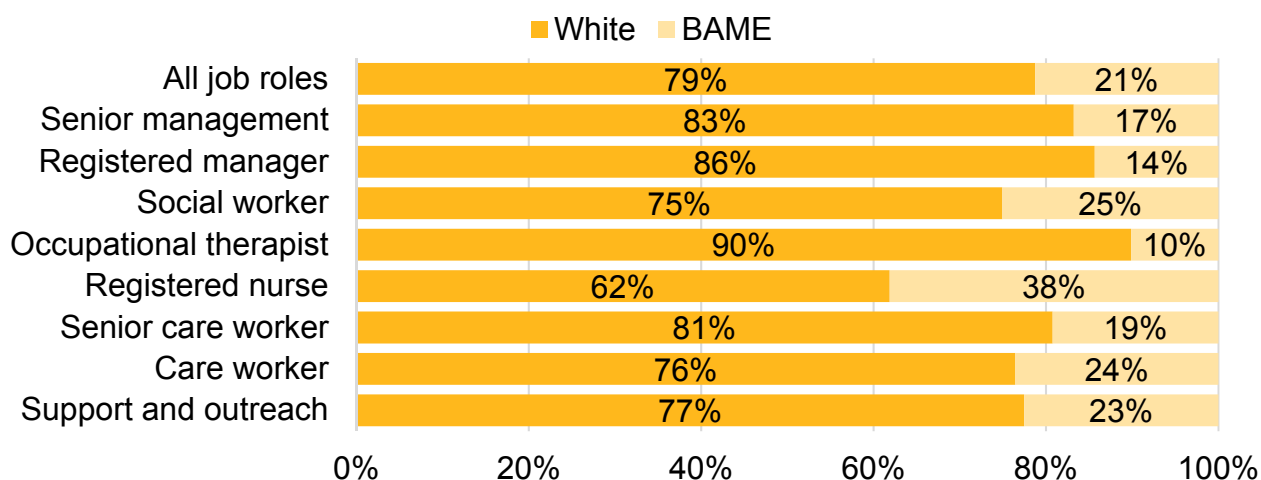


Chart 45 shows ethnic group by selected adult social care job roles. Registered nurses had the highest proportion of people with a BAME background (38%), whereas occupational therapists had the lowest (10%). Registered managers and senior managers also had relatively low proportions of people with a BAME background (14% and 17% respectively).

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



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

4.6. Nationality

Around 83% of the adult social care workforce were British, 8% (104,000 jobs) had an EU nationality and 10% (129,000 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU than EU workers.

The overall nationality of the adult social care sector (17% non-British) was more diverse than the population of England (8% with no British identity).

Chart 46. Estimated proportion of the adult social care workforce and population of England by nationality

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

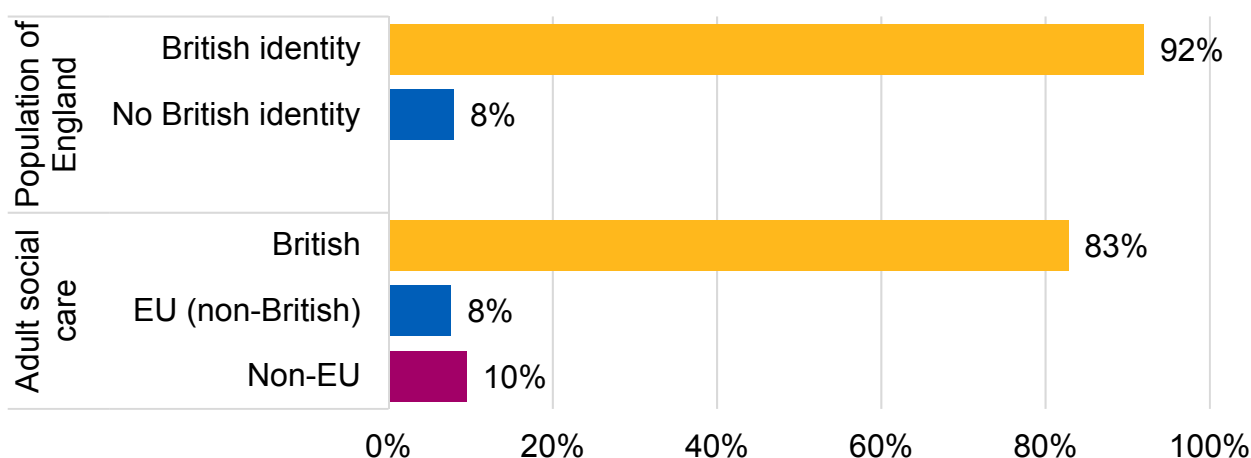
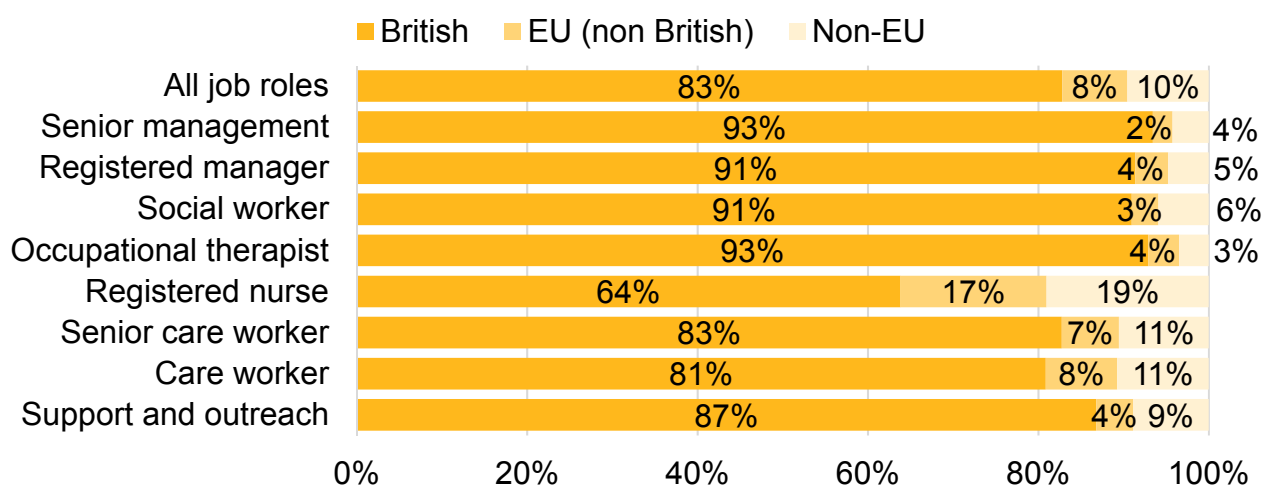


Table 9 and Chart 47 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

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

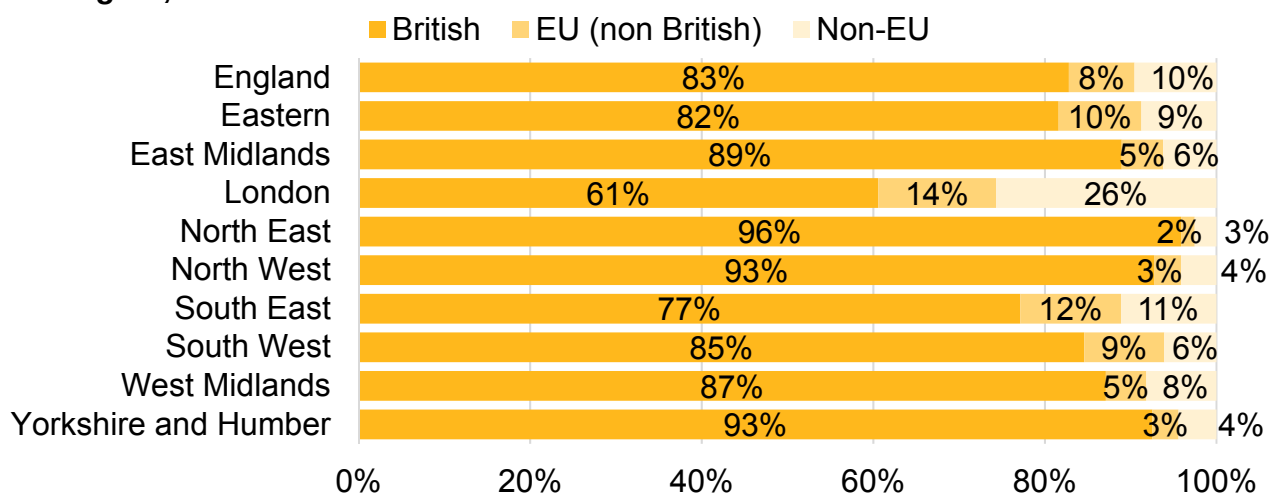
	British	EU (non-British)	Non-EU
All job roles	1,120,000	104,000	129,000
Managerial	107,000	4,700	6,300
Regulated professions	47,000	7,900	9,200
Direct care	815,000	79,000	105,000
Other	155,000	12,000	9,000

Chart 47. Estimated proportions of the adult social care workforce by nationality and job role, 2017/18



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

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



Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region, 2017/18

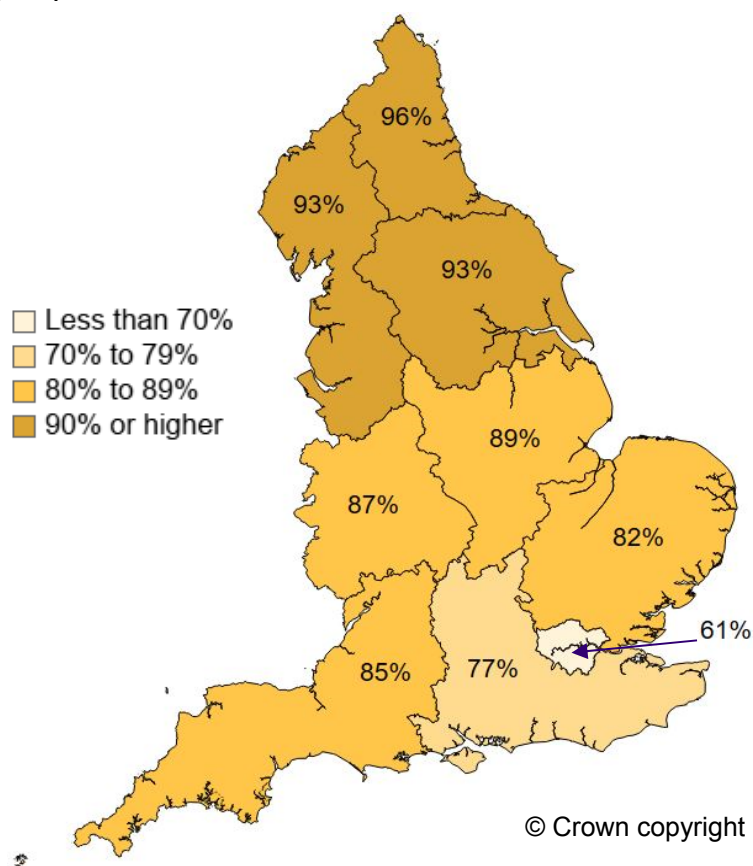
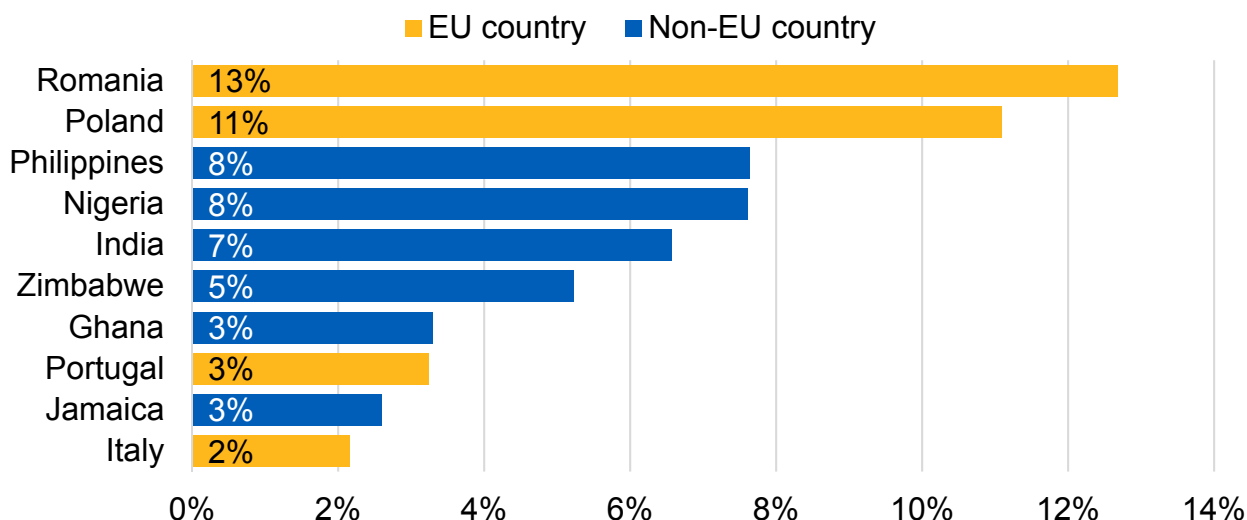


Chart 49 overleaf shows the top ten nationalities of non-British workers as recorded in the NMDS-SC. It is interesting to note that since 2014, when citizens of Romania could work in the EU without restriction, the proportion of Romanian's working in adult social care moved into the top ten list. Polish was the second most frequently recorded nationality at 11%, while six of the top ten nationalities were from non-EU countries.

The NHS has a slightly lower reliance on EU nationals than adult social care, with 12.5% of NHS staff holding nationalities of a country other than the UK. This includes 5.6% (62,000) who were nationals of other EU countries.

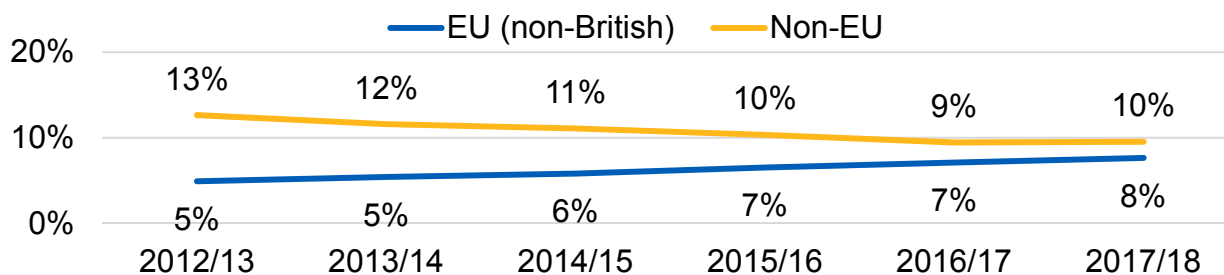
Chart 49. Top ten nationalities of non-British adult social care workforce

Source. NMDS-SC unweighted data 2017/18

**4.6.1. Nationality trends**

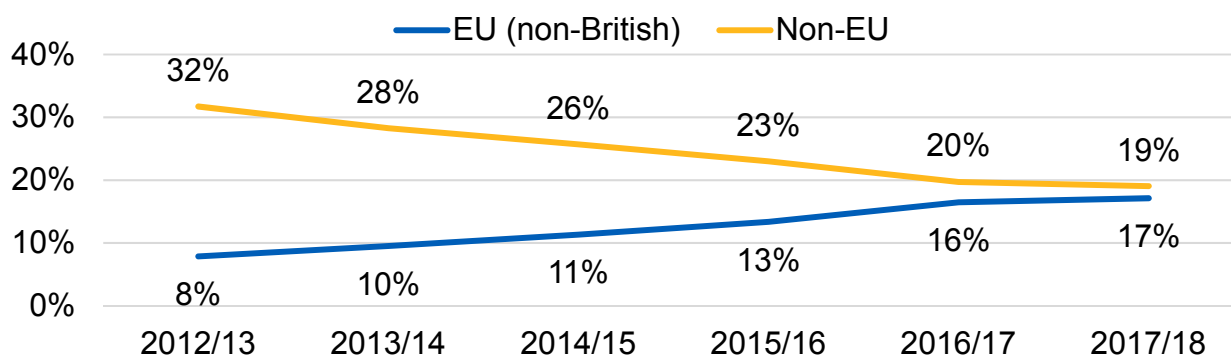
The proportion of the adult social care workforce with a British nationality has been consistent over the past five years (from 2012/13 to 2017/18), rising from 82% to 83% between 2012/13 and 2013/14 and remaining at 83% thereafter. However, the make-up of the non-British workforce has changed. Over the period the proportion of the workforce with an EU (non-British) nationality has seen a rise of three percentage points and non-EU a fall of three percentage points.

The result of the EU referendum appears, so far, to have had little effect on these trends with the number of EU nationals in the workforce continuing to increase and the number of non-EU nationals decreasing. Further evidence from the NMDS-SC showed that a large proportion of new starters were from the EU and there is little evidence of this decreasing at present. This goes some way to explaining the rising proportion of EU nationals in the adult social care workforce.

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

The trend for registered nurses was similar but more pronounced. The proportion of registered nurses with a British nationality has risen four percentage points from 60% in 2012/13 to 64% in 2017/18. The proportion of non-EU nurses has dropped 13 percentage points over the period, from 32% in 2012/13 to 19% in 2017/18. The proportion of EU nurses has risen nine percentage points, from 8% in 2012/13 to 17% in 2017/18.

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



4.6.2. British Citizenship

According to the Government's "EU Settlement Scheme: statement of intent"²⁰ which outlines the Government's intentions for the rights of EU citizens post-Brexit, the rights of EU citizens living in the UK will not change until after 31st December 2020. After this point, EU citizens will have until June 2021 to hold or be in the process of applying for UK immigration status through the EU Settlement Scheme.

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

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

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

²⁰ EU Settlement Scheme: Statement of Intent – 21 June 2018

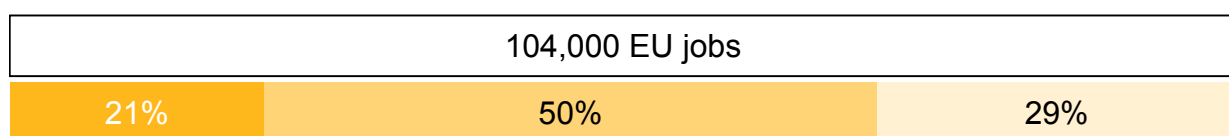
<https://www.gov.uk/government/publications/eu-settlement-scheme-statement-of-intent>

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

The NMDS-SC shows that around 21% of workers with an EU nationality already also have British Citizenship. These 21,500 workers will not have to apply for settled status.

Of people with an EU nationality 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 continuous residency required for eligibility for 'settled status'. This equates to around 52,000 workers (50% of all EU jobs). The remaining 29% of workers with an EU nationality will be eligible to apply for 'pre-settled status'.

Chart 52. Estimated proportion of EU workforce by settlement status



■ Hold British Citizenship ■ Eligible for 'settled status' ■ Eligible for 'pre-settled status'

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

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

The Cavendish Coalition believes it is absolutely critical that the Government also takes all possible measures to safeguard the future supply of health and social care workers needed to continue delivering safe, high quality care. The Coalition is ready and available to support the Government in a way which allows it to plan a future immigration system which assesses skill levels based on public service value, and ensures excellent, continuing care to communities, patients and residents.

Pay, qualifications and training

05

Overview of average pay rates in England, as at 2017/18

The information in this chapter was taken from local authorities as at September 2017 and from independent sector employers between April 2017 and March 2018.

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

- Since the introduction of the mandatory National Living Wage (NLW) on 1st April 2016, care workers pay in the independent sector has increased at a higher rate than previous years. Prior to the National Living Wage, pay rates increased by an average of 13p (1.9%) per year (September 2012 to March 2016). The launch of the NLW saw the average hourly rate increase by 20p (2.7%) then by 39p (5.2%) in the following year.
- Since the introduction of the NLW a higher proportion (over 30%) of care workers are paid at the minimum rate (£7.50) compared to less than 10% paid at the minimum rate in 2016 (£6.70).
- Care workers in the bottom 10% of the pay distribution benefitted the most from the introduction of the NLW (+6.8%) whereas the pay for the top 40% of earners increased at a slower rate.

£29,400

Registered nurse
independent
sector FTE pay

£34,900

Social worker
local authority
sector FTE pay

£17,100

Senior care worker
independent
sector FTE pay

Care worker
independent
sector median
hourly pay

£7.89

5.1. Introduction to pay rates

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

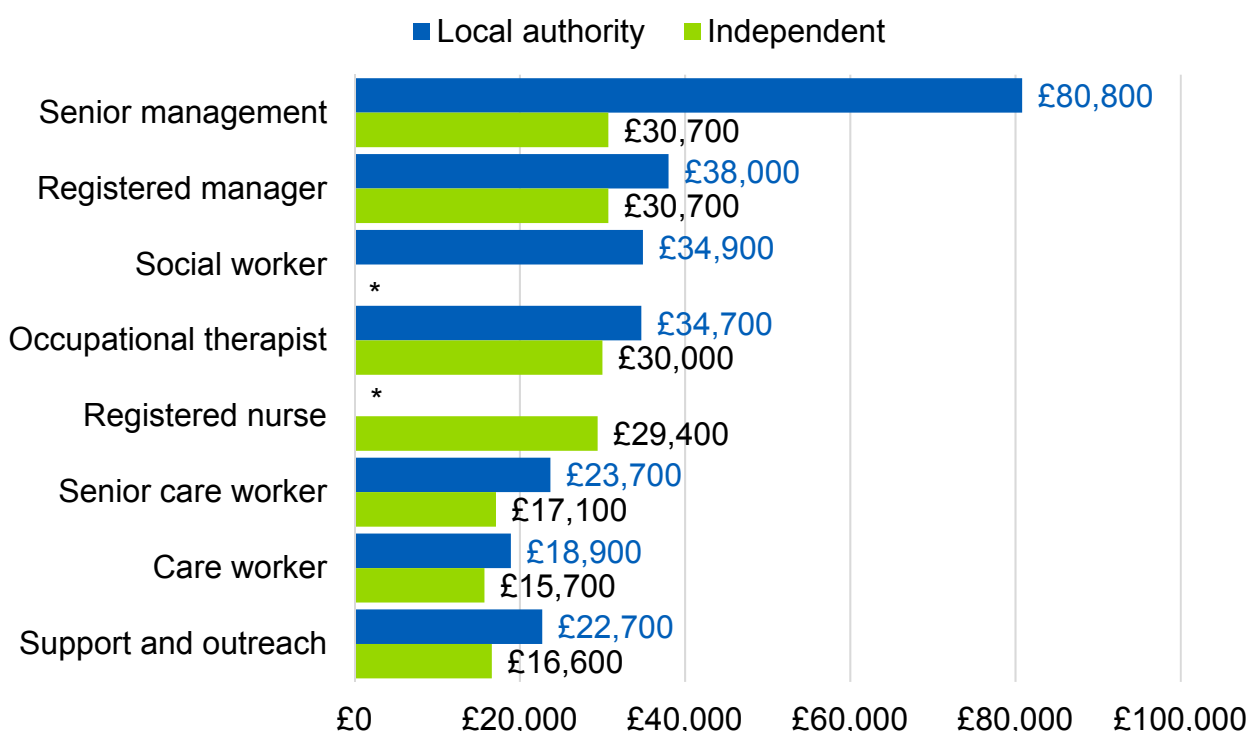
The data used in this analysis was gathered from independent sector employers between April 2017 and March 2018 and local authority sector employers as at September 2017.

5.2. Full-time equivalent annual pay

Chart 53 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 £29,400 in the independent sector. This average was slightly higher than NHS band 5 (£22,000 to £28,700) at which newly qualified nurses start at in the NHS, but lower than the NHS band 6 (£26,600 to £35,600).

Chart 53. Estimated full-time equivalent mean annual pay rate by selected job roles, 2017/18



*As there were only an estimated 200 registered nurses working in the local authority sector in England, and only 5% of social workers were employed within the independent sector, these pay rates are not included here.

5.2.1. Annual pay trends for regulated professionals

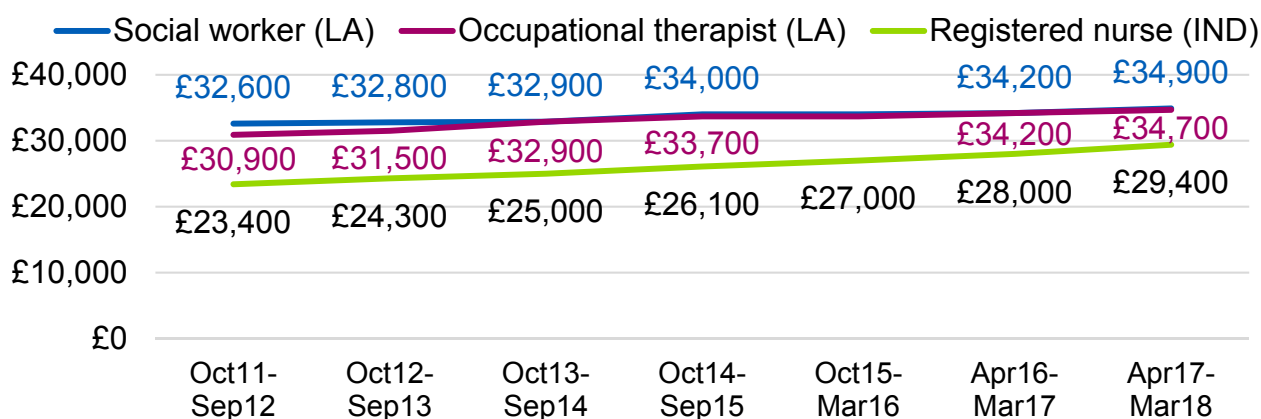
This section focuses on annual pay trends of selected professionals since 2011/12, making comparisons between 'nominal' and 'real term' pay rates.

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

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

Chart 54 shows that the nominal average pay for each selected professional job role increased steadily from 2011/12 to 2017/18. Registered nurses in the independent sector had the greatest increase, from £23,400 in 2011/12 to £29,400 in 2017/18. This equated to a 25% increase in annual pay over the six-year period. In local authorities, occupational therapists had an increase of 12% over the period from £30,900 in 2011/12 to £34,700 in 2017/18, and social workers had an increase of 7% from £32,600 to £34,900.

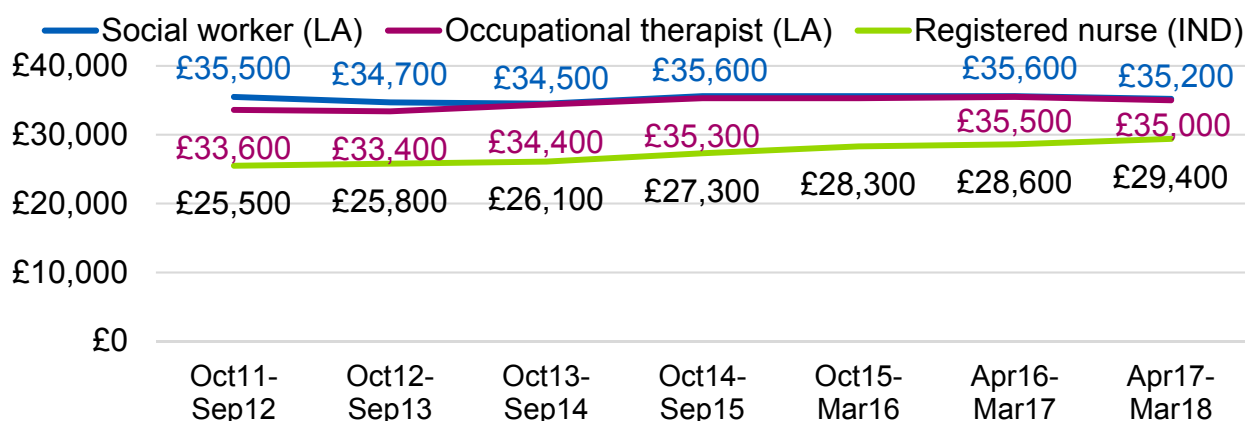
Chart 54. Nominal annual pay trends of selected professional roles between 2011/12 and 2017/18



The chart below shows the 'real term' annual pay rates of selected professionals between 2011/12 and 2017/18. Social workers in the local authority sector had a small 'real term' pay decrease between 2011/12 and 2017/18, which means that the nominal increase shown in Chart 54 above was not enough to outweigh the rise in inflation during that period.

Occupational therapists had an overall increase in real term pay by 4% over the six-year period, although this was largely due to an initial sharp increase between 2012/13 and 2014/15. Registered nurses had an increase in real term pay in each of the six years and saw their highest increase of 5% between 2013/14 and 2014/15. Over the whole period, registered nurse 'real term' pay has increased by 15%.

Chart 55. 'Real term' annual pay trends of selected professional roles between 2011/12 and 2017/18



5.3. Care worker hourly pay

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

On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW) of £7.20 per hour for all workers aged 25 or over, which increased to £7.50 in April 2017 and is forecast to increase to £9.00 by 2020. Prior to the introduction of the NLW, the statutory National Minimum Wage for workers aged 21 or over was £6.70, set in October 2015.

The Real Living Wage is separate to the National Living Wage (NLW) and is set by the charity Living Wage Foundation²¹ each November. This is a voluntary scheme which employers can sign up to and the hourly rate is independently calculated to reflect the basic cost of living. The current rate, announced in November 2017, is £10.20 in London and £8.75 across the rest of the UK.

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

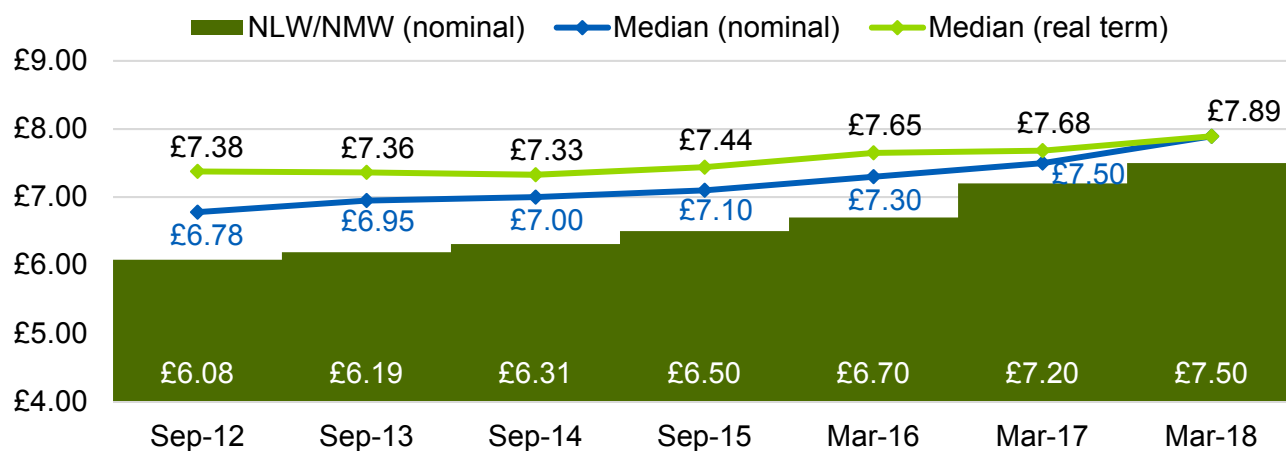
Time period	Referred to as	National Minimum Wage / National Living Wage	Real Living Wage - UK/London (announced each November)
Oct 11 to Sep 12	2011 NMW	£6.08 (NMW)	£7.20 / £8.30
Oct 12 to Sep 13	2012 NMW	£6.19	£7.45 / £8.55
Oct 13 to Sep 14	2013 NMW	£6.31	£7.65 / £8.80
Oct 14 to Sep 15	2014 NMW	£6.50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

**Data in this section taken as at March 2018.*

The median hourly rate for care workers in England was £7.89 as at March 2018, which was 39p higher than the National Living Wage. The chart below shows that the nominal hourly rate has increased by £1.11 since 2012 and the majority of this increase was since the start of the National Living Wage (NLW). Between September 2012 and March 2016, the median hourly rate increased by an average of 13p per year. After the NLW this increased to an average of 30p per year. In real terms the hourly rate has increased by around 51p since 2012.

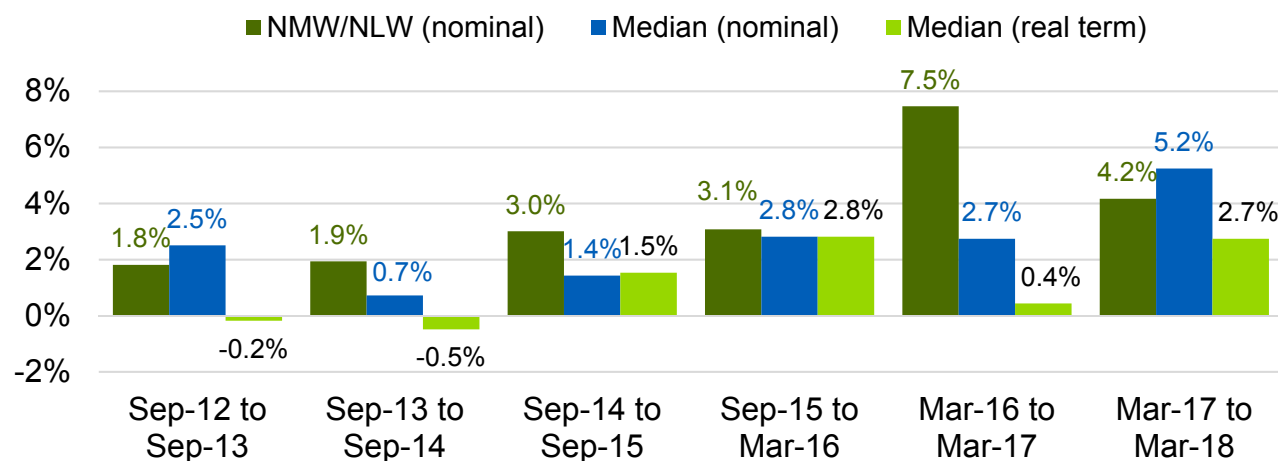
²¹ www.livingwage.org.uk/what-real-living-wage

Chart 56. Care worker nominal and real term median hourly rate trend 2012 to 2018, independent sector only



In April 2017 the NLW rose from £7.20 to £7.50 (4.2% in nominal terms). This increase contributed to a 5.2% increase in the care worker median hourly rate, the highest increase over the recorded time period. The chart below shows that since 2014, the median hourly rate has increased in real-terms each year by an average of 1.9%. Given the aim is for the NLW to reach £9.00 by 2020, care workers are likely to continue to see both nominal and real term increases up to 2020.

Chart 57. Percentage change in care worker median hourly rate and NMW/NLW, independent sector only

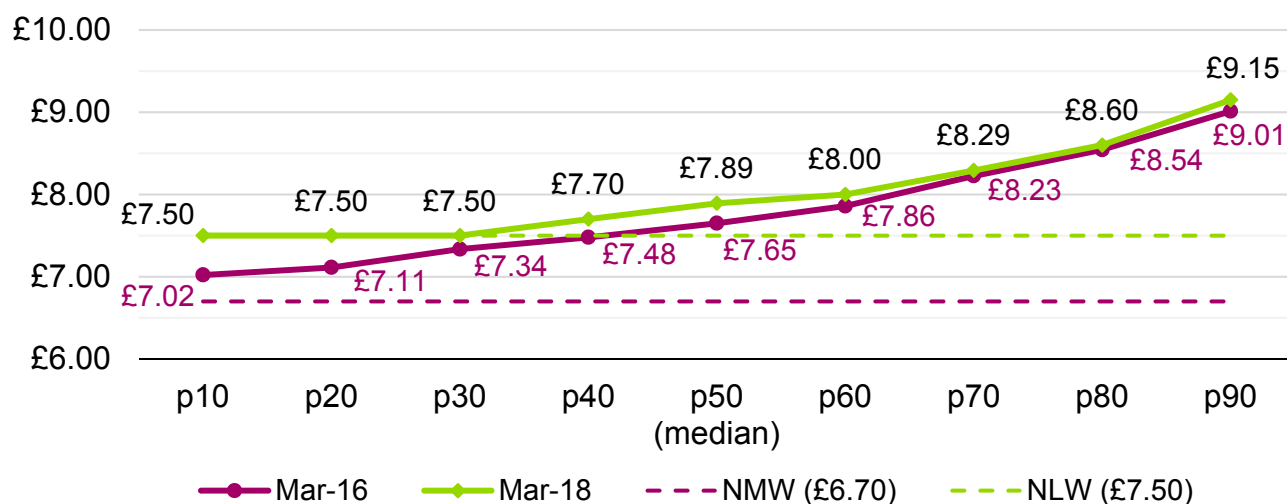


The information above has shown that the care worker hourly rate has increased in nominal terms for the previous six years. This increase has been greater since the introduction of the National Living Wage, but the impact varied depending on where each care worker falls within the range of pay rates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

The chart below shows how pay has changed for care workers at different levels of the pay scale. For example, the 10th percentile (p10) is the value at which 10 percent of care workers earned less than this value and 90 percent earned more.

The chart shows that since the introduction of the National Living Wage a higher proportion (over 30%) of care workers are paid at the minimum rate compared to less than 10% paid at the minimum rate in 2016.

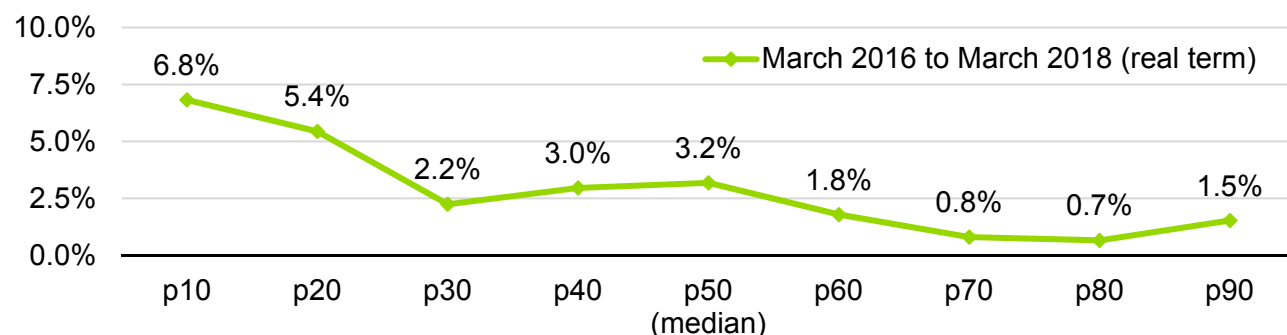
Chart 58. Care worker real term median hourly rate distribution as at March 2016 and March 2018, independent sector only



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

The chart below shows that care workers in the bottom 10% of the pay scale benefitted the most from the introduction of the NLW (+6.8%) whereas the pay for the top 40% of earners increased at a slower rate.

Chart 59. Care worker real term hourly rate change by percentile from March 2016 to March 2018, independent sector only

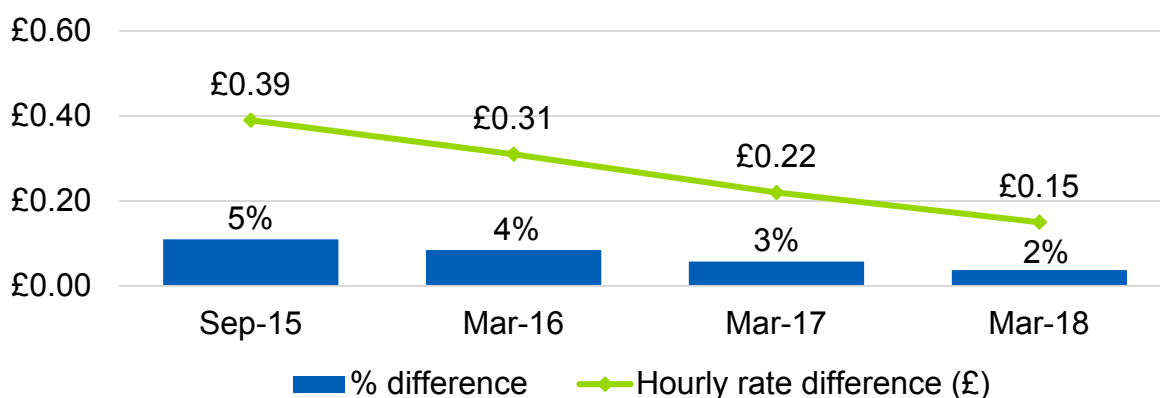


As at September 2015, a care worker with over 20 years of experience in the adult social care sector could expect an hourly rate which was, on average, 26p higher than a care worker with less than a year of experience (equivalent to 5% higher). However, this

experience pay gap has reduced each year to only 15p (2%) in March 2018, as shown in chart 60 below.

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

Chart 60. Difference in pay between care workers with less than one year and those with more than 20 years of experience over time



5.4. Comparison with other sectors

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since the 'First Report of the Low Pay Commission' on the National Minimum Wage in 1998 up to the 'Low Pay Commission report 2017'²² (using results provided by Annual Survey of Hours and Earnings (ASHE)).

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

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

²² 'Low Pay Commission 2017 report' - <https://www.gov.uk/government/publications/national-minimum-wage-low-pay-commission-report-2017>

Overview of qualification and training information, 2017/18

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

- Over two thirds (68%) of direct care staff who started in the sector since January 2015 had engaged with the Care Certificate.
- Around half of the direct care workforce (52%) held a qualification at level 2 or higher.
- The most popular areas of training received were within the categories of moving and handling (75%), safeguarding adults (71%) and health and safety (63%).

70%

Of new care workers have engaged with the Care Certificate

58%

Of new senior care workers have engaged with the Care Certificate

52%

Of direct care staff hold a qualification at level 2 or above

76%

Of managerial staff hold a relevant qualification

5.5. Introduction

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

Skills for Care identify the benefits of having qualifications as:

- Quality service - completing qualifications leads to highly skilled and competent workers providing high quality care and support.
- Safety - training and qualifications in the key areas of health and safety provide reassurance about workers confidence and competence.
- Value for money - qualification achievements give considerable added value and assist workforce planning in the organisation.
- Retention - workers who receive structured learning and development feel valued and supported and are more likely to remain in their post.

5.6. Care Certificate

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

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

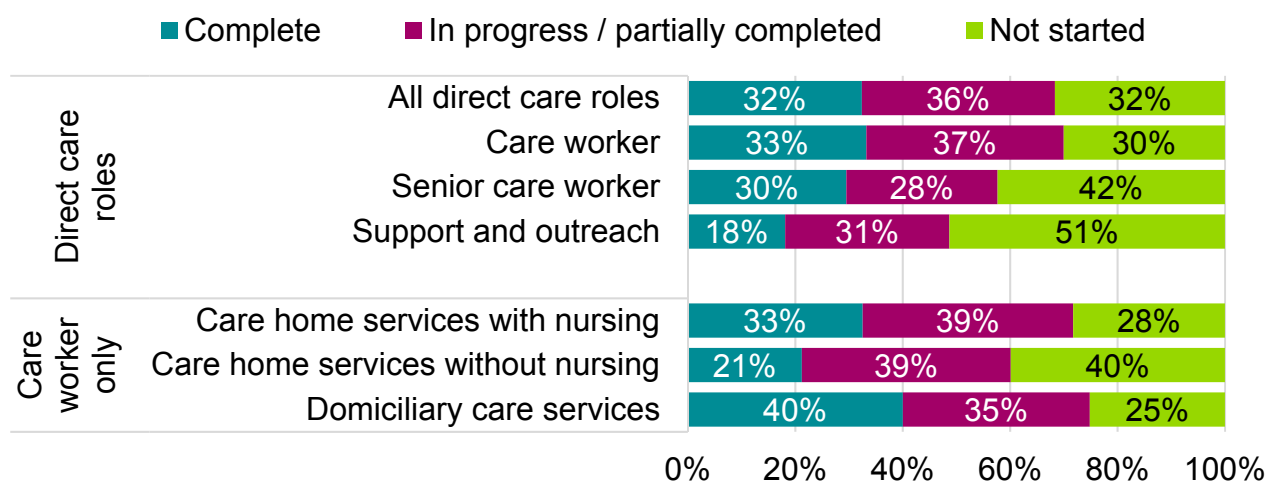
- applies across health and social care,
- links to National Occupational Standards and units in qualifications,
- covers what is required to be caring and gives workers a good basis from which they can further develop their knowledge and skills.

The NMDS-SC has been collecting information about the number of workers who have achieved or are working towards the Care Certificate since April 2015. For more information about the Care Certificate please visit www.skillsforcare.org.uk/CareCertificate.

Although the Care Certificate is available to all, the main target is workers who are new to social care. Chart 61 shows Care Certificate engagement of direct care workers who had started in the sector since January 2015. Over two thirds (68%) of these direct care staff have engaged with the Care Certificate (have either completed the Care Certificate or were in the process of doing so or partially completed it). Engagement was highest in domiciliary care services, where 75% of care workers had achieved, were in progress of completing or had partially completed the care certificate.

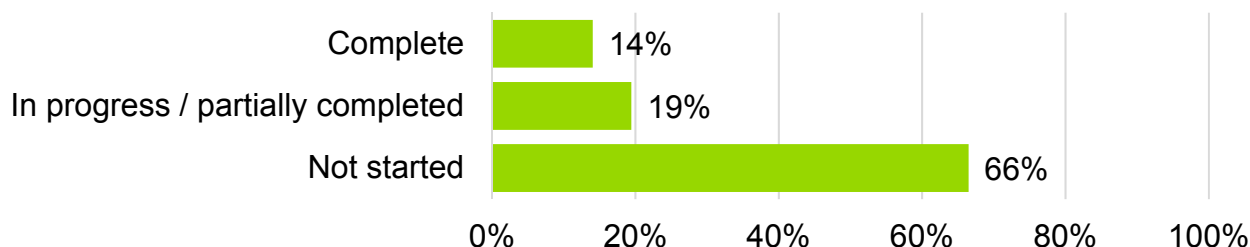
Chart 61. Care Certificate status of direct care workers new to the sector since January 2015

Source. NMDS-SC raw data 2017/18



The chart below shows that 34% of the *total* adult social care workforce had achieved or were working towards the Care Certificate. Around two thirds (66%) of the adult social care workforce had not started or were not engaged with the certificate.

Chart 62. Estimated proportion of the adult social care workforce by care certificate status, 2017/18



5.7. Qualifications held

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

Around half the workforce held a *relevant* social care qualification (51%), while 49% had no relevant social care qualifications recorded in the NMDS-SC. It should be noted that those staff not providing direct care (ancillary staff, administrative staff, etc.) may not necessarily require such qualifications.

Chart 63. Estimated highest qualification level of the adult social care workforce (excluding regulated professionals), 2017/18

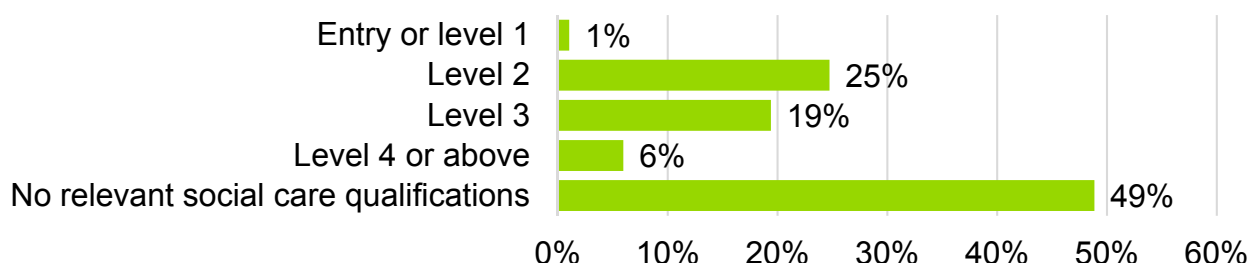


Chart 64 shows the highest qualification level held by job role group. As might be expected, direct care staff were more likely to be qualified at levels two and three (50%) while those in managerial roles were more likely to be qualified at levels three and four (66%).

Chart 64. Estimated highest qualification level of the adult social care workforce by job role group, 2017/18

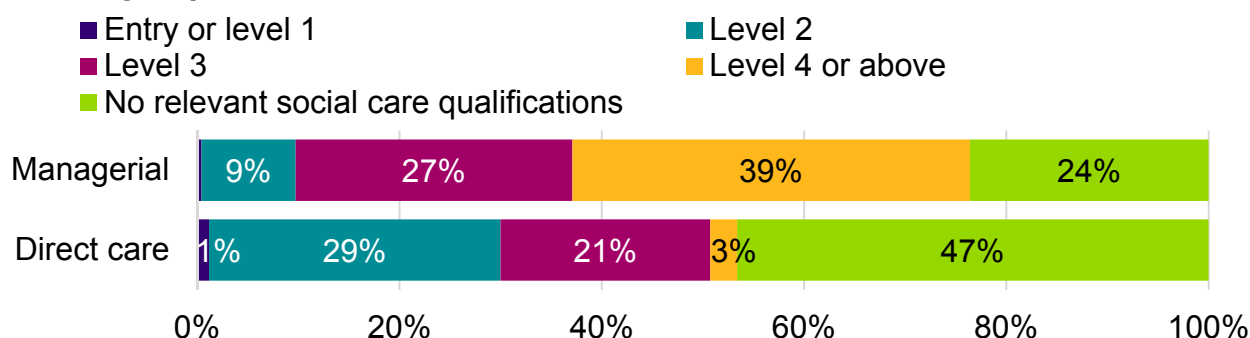
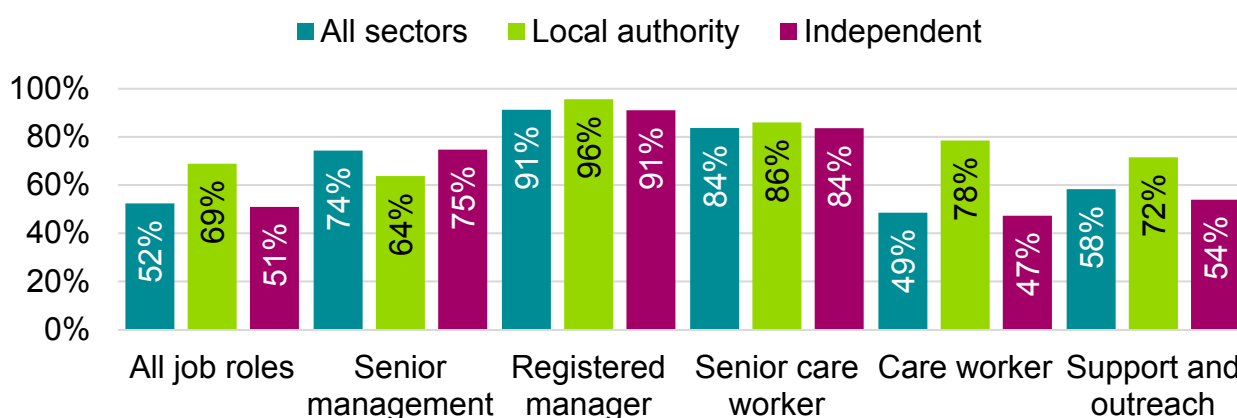


Chart 65 shows the proportion of workers who had achieved qualifications at level two or above for selected job roles split by sector. Around four in five (84%) senior care workers were recorded as having a qualification at level two or above, as were 49% of care workers. The workers who were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate or training relevant to their role (see section 5.10).

Chart 65. Estimated proportion of workers qualified to level two or above, by selected job role and sector, 2017/18



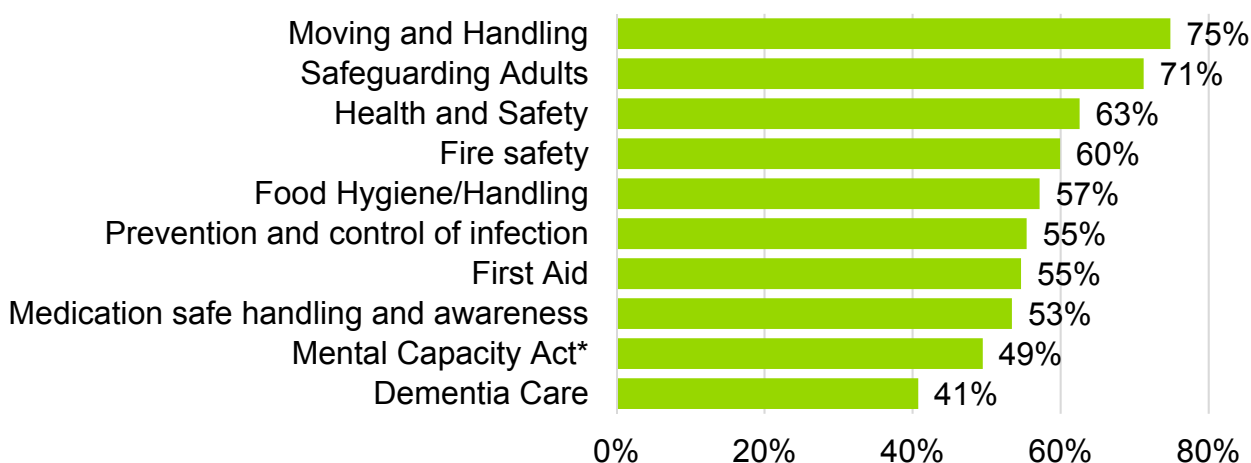
5.8. Training

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

Chart 66 is based on all workers at establishments with training data recorded. The most common areas of training were 'moving and handling' (75%) and 'safeguarding adults' (71%).

Chart 66. Top 10 categories of training recorded in NMDS-SC

Source: NMDS-SC unweighted data 2017/18



*Mental Capacity Act and Deprivation of Liberty safeguards

5.9. Career progression in adult social care

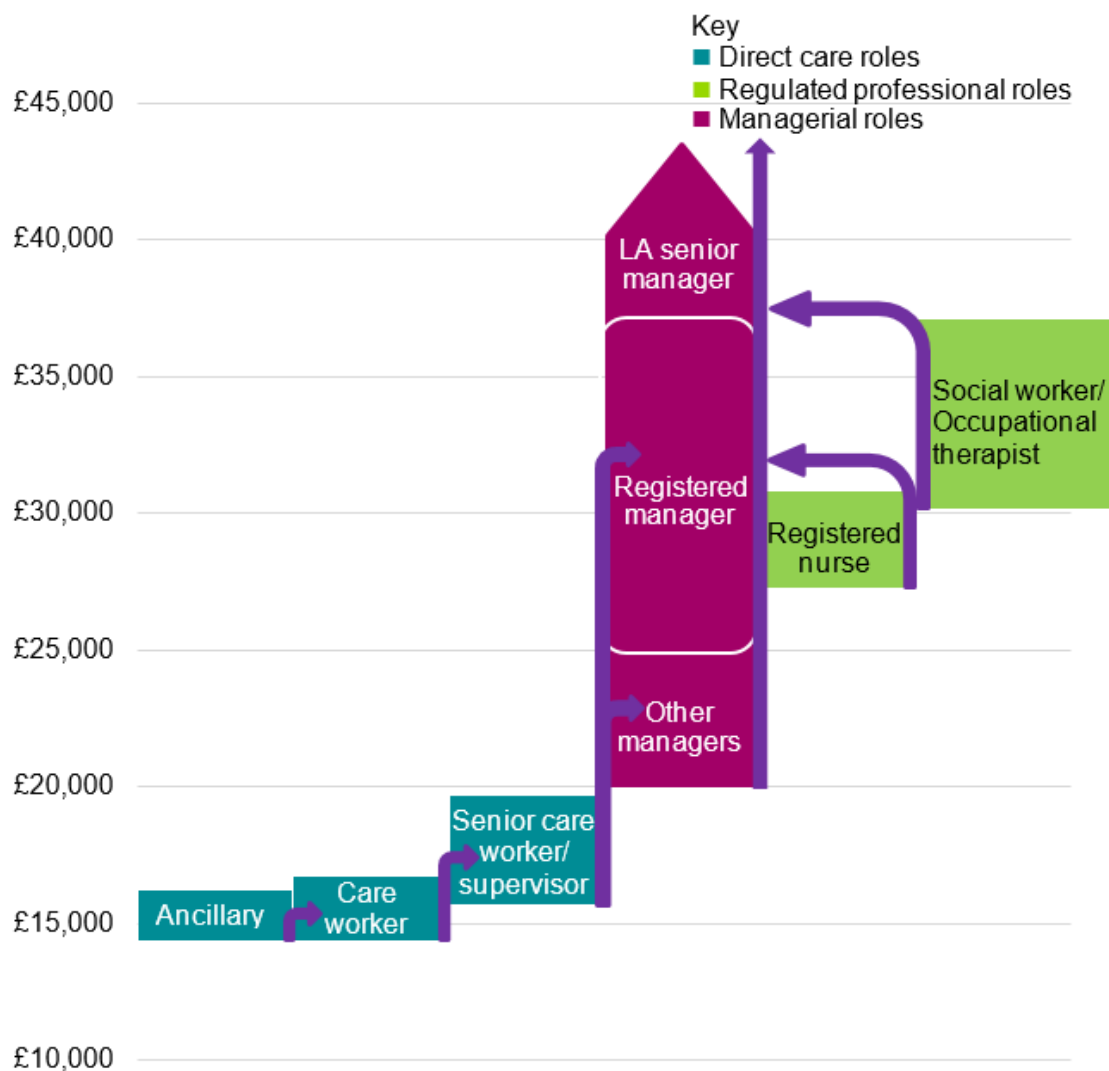
Skills for Care is working to promote careers in care. Adult social care is a growing sector which offers a range of rewarding careers, with many different job roles, and opportunities

for progression. A career in adult social care can offer progress, have job security, and give an enormous sense of personal achievement. For more information see www.skillsforcare.org.uk/Careers-in-care or www.skillsforcare.org.uk/Apprenticeships. The NMDS-SC was used to observe the career progression of workers in adult social care between 2010 and 2018. Chart 67 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

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

Chart 67. Career progression in adult social care

Source: NMDS-SC unweighted data 2017/18



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

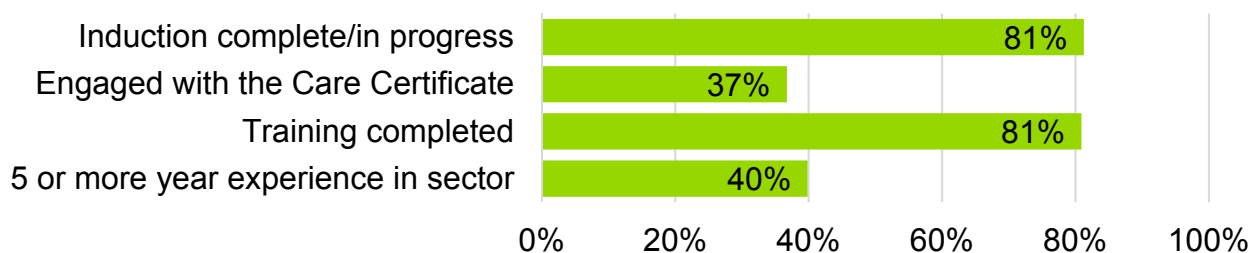
5.10. Skills, training and experience

Section 5.7 reported that just over half the workforce (51%) held a *relevant* social care qualification. This section looks at the skills, training and experience of those 49% that did not currently hold a relevant qualification.

The chart below shows that, of workers without a relevant social care qualification, 81% had completed an induction, 37% had engaged with the Care Certificate, 81% had completed training and 40% had more than five years of experience in the adult social care sector. As found in the 'Secrets of success' report, employers rate a person with good values and behaviours of high importance, often more so than formalised qualifications. Those without formalised qualifications can still add value to the adult social care sector due to their training and experience.

Chart 68. Skills, training and experience of workers without a relevant social care qualification

Source: NMDS-SC unweighted data 2017/18



5.11. Apprenticeships in adult social care

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

Benefits of an apprenticeship include:

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

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

- Adult Care Worker (level 2) – Launched in December 2016
- Lead Adult Care Worker (level 3) – Launched in December 2016
- Lead Practitioner in Adult Care (level 4) – Currently under review
- Leader in Adult Care (level 5) – Currently under review

More information can be found at www.skillsforcare.org.uk/newstandards.

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

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

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

For further information about Apprenticeships in adult social care please see the '[Think Care Careers](http://www.skillsforcare.org.uk/W/publications)'²³ For a detailed report on Apprenticeships in adult social care please see the focussed report at www.skillsforcare.org.uk/W/publications.

²³ <http://www.skillsforcare.org.uk/Careers-in-care/Think-Care-Careers.aspx>

Personal assistants

06

Summary of key findings for personal assistants

What is a personal assistant? A personal assistant (PA), for the purpose of this chapter, is someone who is employed directly by a person who needs care and support. They can also be employed by a family member or representative when the person they are supporting does not have the physical or mental capacity to be the employer. A PA always works directly with the individual they are supporting, in a person-centred way, to enable them to live their life according to their wishes and interests.

The following information is derived from Skills for Care survey data. This survey included personal assistants employed using direct payments (95%), those employed by self-funders (2%) and those employed using a mix of both sources (2%).

- PA jobs were less likely to be full-time (31%) than care worker jobs (46%).
- Zero-hours contracts were much less common amongst PAs (17%) than care workers (35%) in 2017/18.
- The mean hourly rate for PAs in England was £9.10. This was considerably higher than the rate for care workers employed in the independent sector (£7.76) in 2016/17.
- Almost half (45%) of PAs held a relevant adult social care qualification. This was similar to care workers (50%). PAs, however, were more likely to be qualified to level 3 and above (25%) than care workers (19%).
- Just over half (52%) of the responding PAs were a family or friend of their employer and just under half (48%) did not know their employer before accepting their current role.
- Across most workforce areas, differences can be seen between those PAs who support a friend or family member and those that did not know their employer before they accepted their role as a PA. For example, non-family/friend PAs were:
 - More experienced, on average, with 10.2 years working in the adult social care sector compared to 9.2 years for family/friend PAs
 - More likely to have held a role within social care before working in their current role (56%) than family/friend PAs (35%)
 - Paid, on average, a higher rate of pay than family/friend PAs (39p more per hour).
 - A greater proportion of non-family friend PAs held relevant adult social care qualifications (56% compared to 32%) and they also reported more training than family/friend PAs in almost all training categories.

£9.10

The mean hourly pay rate for PAs in England



The PA turnover rate reported by individual employers was 18.9%



The PA vacancy rate reported by individual employers was 7%

6.1. Introduction

Direct payments were a significant part of the main mechanism to deliver the personalisation agenda for adult social care in England. Personalisation was a step change from the traditional service-led approach of care, to offering **choice and control** to people, with an increased emphasis put on wellbeing and lifestyle.

Direct payments were first introduced for adults in 1997 and for older people in 2000. With the introduction of the Care Act in 2014, it became mandatory for local authorities to provide direct payments to individuals who needed, and were eligible, to receive them.

In 2015, the Department of Health²⁴ defined a direct payment as:

“A payment of money from the local authority to either the person needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. This ensures the adult can take full control over their own care.”

After a fairly slow start, the number of people receiving direct payments increased rapidly between 2008 and 2014 (from 65,000 to 234,000) and in 2017 reached 240,000 people. Many of these people were choosing to directly employ their own staff rather than using traditional adult social care services.

Skills for Care estimates that, in 2017, around 70,000 of the 240,000 adults and older people receiving a direct payment directly employed their own staff (creating 145,000 Personal Assistant (PA) jobs between them). Until 2017, very little was known about this relatively new and large part of the adult social care sector and workforce. Skills for Care, as the leading source of social care workforce intelligence, carried out research in this field to replicate the success it has had collecting and producing statistics via the NMDS-SC about the wider adult social care sector and workforce.

This chapter outlines the results of this project. The survey was designed to mirror the NMDS-SC allowing for PA workforce characteristics to be compared to care workers and the wider adult social care workforce. Skills for Care surveyed approximately 10,400 individual employers and their PAs via two national organisations that provide support to people that employ their own staff, as well as an online survey. There were 968 individual employers and 1,218 PA responses from people with varying care needs, ages and from each region of England. For the first time we have a solid basis for producing statistics about this part of the sector²⁵. **An update of this research is currently underway and will be reported in 2019.**

In order to provide some context to this PA workforce intelligence, as well as offer a comparison, information about PAs at times has been presented alongside that of care workers working in the adult social care sector. It is acknowledged that care workers and PAs have different roles and ways of working.

²⁴ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

²⁵ For more information about the methodology and a representativeness review please see the appendix <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Topics/Individual-employers-and-personal-assistants-report.aspx>

Skills for Care estimates that there were approximately **145,000 personal assistant jobs for direct payment recipients** in 2017. Please note that there will be more PAs than the 145,000 working in the adult social care sector. Those that are funded entirely privately will not be captured in this estimate. The workforce statistics in the rest of this chapter do include information from self-funders that completed Skills for Care's survey.

Just over half (52%) of the PAs responding to the survey were a family or friend of their employer and just under half (48%) did not know their employer before accepting their current role. For the purposes of this chapter, those that did not know their employer before starting work are called 'non-family/friend'.

6.2. Employment overview

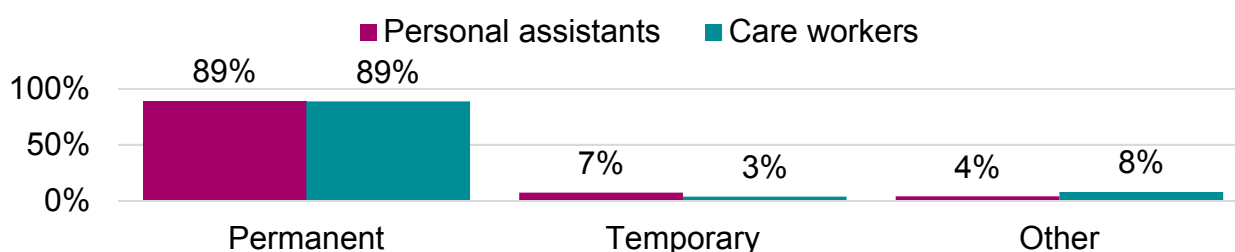
PAs hold an average of 1.27 PA jobs per person. This means that the 145,000 personal assistant jobs were carried out by around 115,000 people.

The following section includes information on employment status, full/part-time status and zero-hour contracts.

6.2.1. Employment status

The majority of PAs (89%) that responded to this survey were permanently employed, this was the same proportion as care workers. Of the remaining 11% of PAs, 7% were temporarily employed and 4% had other employment statuses.

Chart 69. Employment status of personal assistants and care workers in the adult social care sector, 2017/18

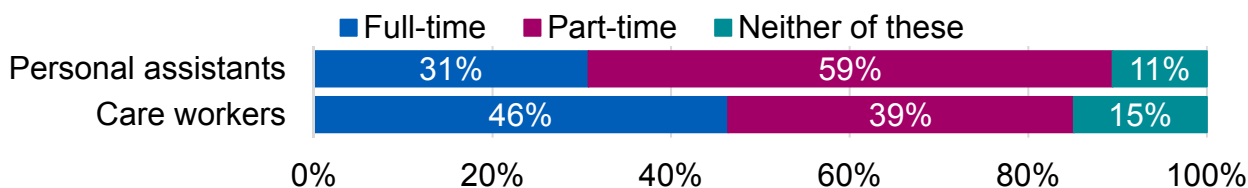


Non-family/friend PAs were slightly more likely to be employed on a permanent contract (91%) than a family/friend PA (87%) and were less likely to be on a temporary contract (non-family/friend at 5% and family/friend at 10%).

6.2.2. Full/part-time

PA jobs were more likely to be part-time than care worker jobs and had fewer 'usual hours worked per week'. Almost three fifths (59%) of PAs recorded themselves as being on a part-time contract, and a third (31%) on a full-time contract. This differs from care workers, where 46% were full-time and 39% were part-time.

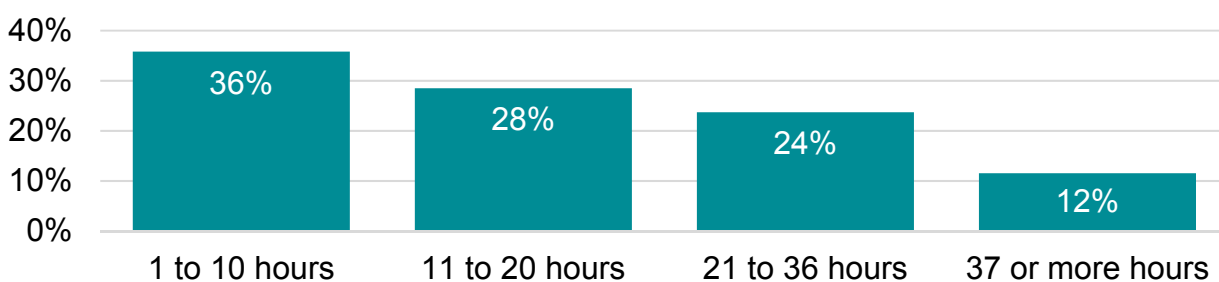
Chart 70. Full/part time status of personal assistants and care workers in the adult social care sector, 2017/18



Non-family/friend PAs were more likely to be working full-time than family/friend PAs (36% compared to 25%).

Chart 71 below shows the 'usual hours worked in a week' of PAs grouped into bands. One to ten hours was the most frequently reported group, with lower proportions as hours increased.

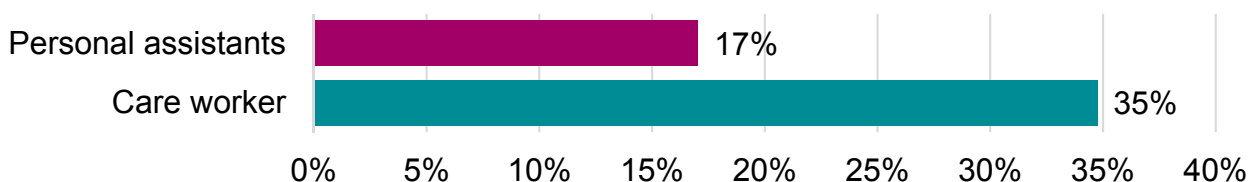
Chart 71. Personal assistants usual hours worked in a week, 2017/18



6.2.3. Zero-hours contracts

Zero-hours contracts were much less common amongst PAs (17%) than care workers (35%). Some social care employers, especially domiciliary care providers, use zero-hours contracts to deal with fluctuating demand. This is likely to be less of a problem for individual employers and could contribute to the lower usage of these contracts.

Chart 72. Zero-hours contract of personal assistants and care workers in the adult social care sector, 2017/18



Given individual employers have lower turnover rates and use zero-hours contracts less frequently, they are likely to benefit from more continuity of care than people receiving care via the independent sector. Continuity of care is a highly valued commodity by people receiving care.

6.3. Recruitment and retention

6.3.1. Finding and retaining personal assistants

Employers were asked about the ease of finding and retaining PAs and also for tips and issues faced. These results formed part of a separate report, looking specifically at recruitment and retention in the adult social care sector: secrets of success²⁶.

Employers were asked if they find it easy to retain (keep) their PAs. 75% said yes, they did not experience any problems, 19% said they experienced some difficulties and 6% said they did not find retaining staff easy. One of the recommendations was that “values and behaviours-based recruitment is generally more effective than recruitment solely focussed on qualifications or past experience”. For information about PAs training and qualifications please see section 6.6.

In terms of recruiting, a lower proportion of individual employers generally found it easy to recruit PAs (45% found it easy). Over half (55%) either experienced some difficulties (27%) or did not find it easy (27%).

The secrets of success report found individual employers often found it difficult to find somebody to meet their specific needs (in terms of hours, type of care, location or qualities).

Chart 73. Retaining PAs

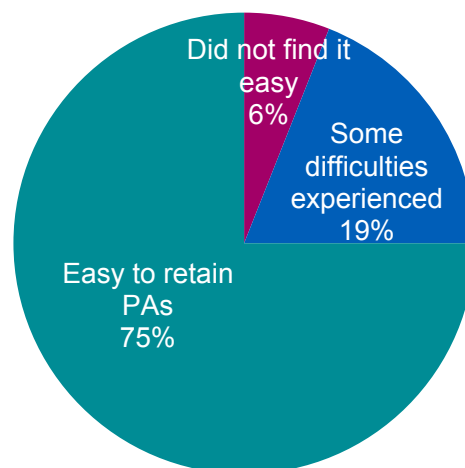
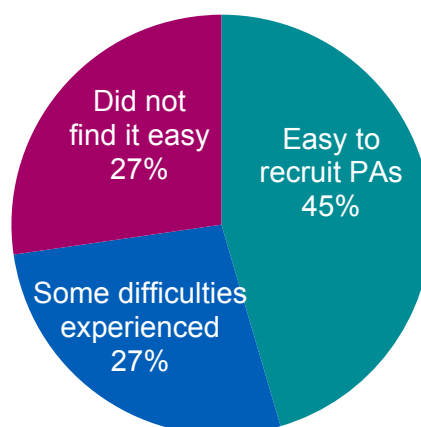


Chart 74. Recruiting PAs



²⁶ Please see <http://www.skillsforcare.org.uk/NMDS-SC-intelligence/Research-evidence/Our-research-reports/Our-research-reports.aspx> for the full report and individual employer infographic.

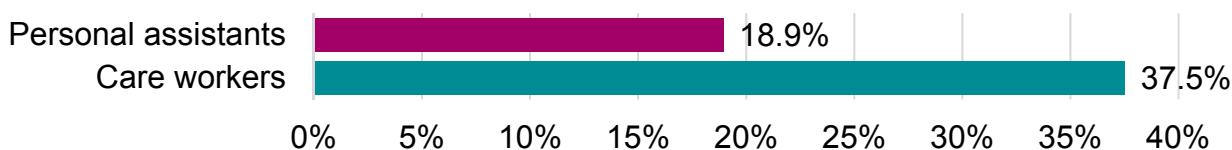
6.3.2. Leavers and staff turnover rates

The staff turnover rate reported by individual employers was 18.9%. This was considerably lower than directly employed care workers working for local authorities and independent sector employers, at 37.5%.

One possible reason that the PA turnover rate could be lower than care workers is the close relationships between PA and employer, and also differences in the nature of the work between the two roles. Terms of conditions were also generally better for PAs. For example, they had higher pay rates (see Chart 86) and lower reliance on zero-hours contracts (see Chart 72), which could result in better retention.

Turnover rates of PAs employed by family or friends was found to be lower (at around 14%) than those who did not know their employer before starting their role (at around 21%). The 'secrets of success' report found that many employers who had not experienced problems retaining PAs would recommend employing people that they already know.

Chart 75. Turnover rate of personal assistants and care workers in the adult social care sector, 2017/18



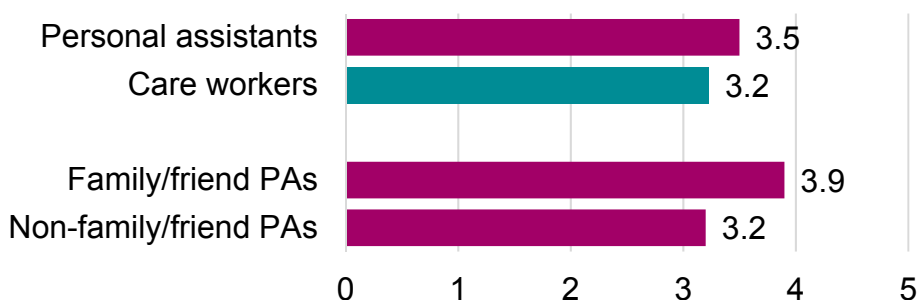
6.3.3. Experience in role

Personal assistants had an average of 3.5 years of experience in their current role, this is similar to care workers, who had an average of 3.2 years.

Non-family/friend PAs had, on average, less experience in role than family/friend PA, 3.2 years compared to 3.9 years.

Family and friend PAs had a lower turnover rate (15%) than non-family and friend PAs (21%) and these results could be a reflection of family and friend PAs being less likely to move jobs due to their relationship with their employer.

Chart 76. Experience in role



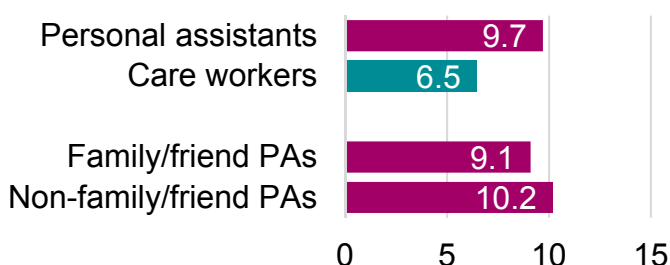
6.3.4. Experience in sector

Despite care workers and PAs having a similar amount of experience in their current roles, PAs did have, on average, more experience working in the social care sector (9.7 years for PAs and 6.5 years for care workers).

In contrast to experience in role, non-family/friend PAs had more experience in the sector than family/friend PAs (10.2 years compared to 9.1 years).

Chart 77. Experience in sector

This finding suggests that although non-family and friend PAs had a higher turnover rate, many will be moving between adult social care roles and therefore their experience, qualifications and skills are retained by the sector.



6.3.5. Source of recruitment

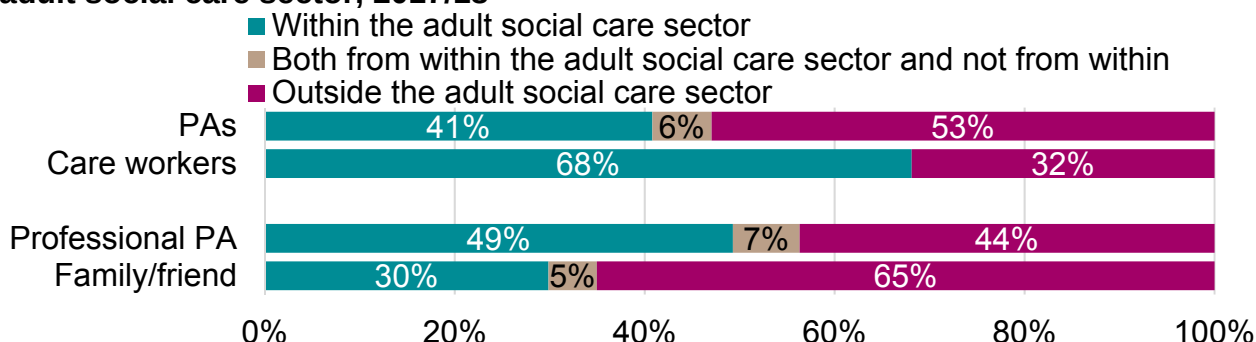
PAs were asked about their last role or source of recruitment. Chart 78 shows sources of recruitment grouped into 'from within social care', 'not from within social care' and 'both'.

Although PAs were asked to select one source of recruitment many selected multiple (perhaps due to them having more than one previous job). For the purposes of interpretation those selecting 'both' have been classified as 'from within the sector'.

Overall, PAs were less likely than care workers to have previously been employed in a social care role (47% compared to 68%). A fifth (20%) of PAs reported their previous role was as a PA, 12% worked for an independent sector provider and 13% for a local authority provider.

A contributory factor for this difference is that family/friend PAs were much less likely to have held a role within social care before working in their current role (35%).

Chart 78. Source of recruitment of personal assistants* and care workers in the adult social care sector, 2017/18



**Please note that individual sources of recruitment may add to more than the group total due to those who selected multiple sources of recruitment.*

PAs who were previously employed within local authority services had the most years of experience in the sector (an average of 18 years). PAs recruited from an independent sector provider had an average of 13.6 years and those who had previously worked as a PA had an average of 12.6 years.

This analysis shows that some very experienced workers are being attracted from the wider adult social care sector to work as PAs. Possible reasons for this could be the availability of part-time hours (Chart 70) or favourable pay and terms and conditions (Chart 86 and Chart 72) compared to some independent sector employers.

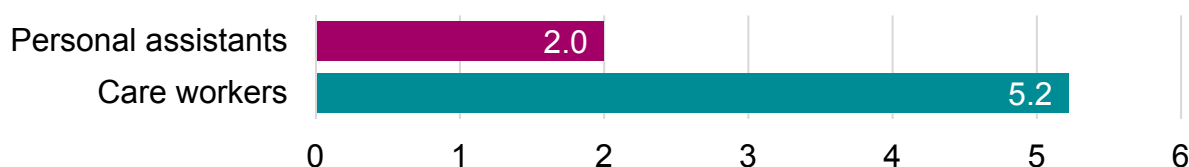
6.3.6. Sickness rate

PAs took an average of two days sickness in the past 12 months, this was fewer than the average days taken by care workers (5.2 days).

Sickness rates are often associated with job satisfaction and staff wellbeing. These findings could be a reflection of high job satisfaction for people in PA roles. Previous Skills for Care research (2008 and 2013) found high job satisfaction for PAs²⁷.

The close relationship between PAs and their employers could also be a contributory factor. For family/friend PAs the sickness rate was even lower at 1.1 days.

Chart 79. Personal assistants and care workers average sickness days in the past 12 months, 2017/18



6.3.7. Vacancy rates

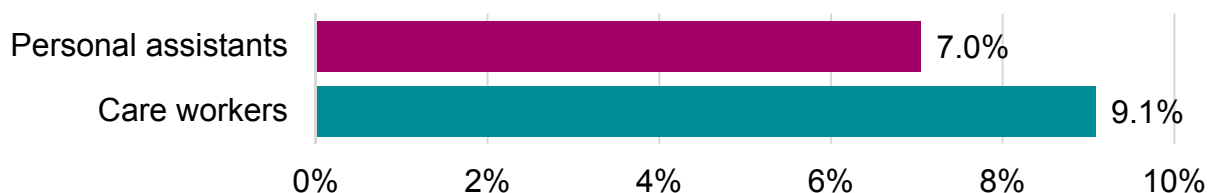
Chart 80 shows the vacancy rate for individual employers was 7.0%. This rate was lower than the rate for care workers (9.1%) in the wider sector where recruitment is a well-established issue.

The secrets of success report found there were some similarities in terms of the recruitment difficulties experienced by individual employers and independent sector employers with funding and pay being towards the top of both lists.

Individual employers did face some unique issues however, with those who only required a few hours support each day (possibly at unsociable times) finding it difficult to find people willing and able to take on the work. The other main difficulty noted was related to finding suitable staff to meet their needs, either because they had specific care or medical needs, or because they were looking for someone with specific qualities.

²⁷ The Social Workforce Research Unit (SCWRU) are currently conducting research into this area

Chart 80. Vacancy rate of personal assistants and care workers in the adult social care sector, 2017/18



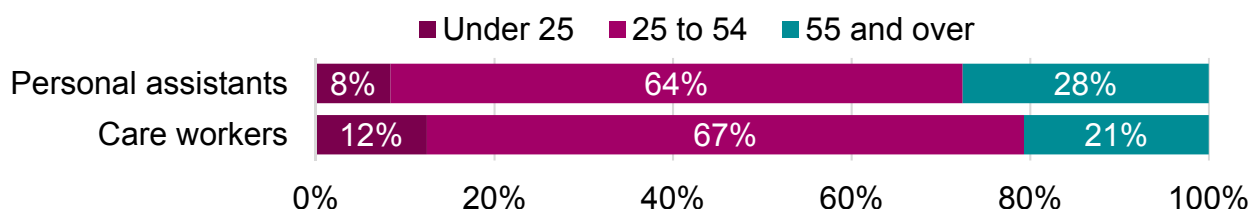
6.4. Demographics

Overall, the demographics of PAs is similar to that of care workers, with high proportions of female workers, and similar splits of ethnicity across geographical regions. There were some differences, however, which are outlined below.

6.4.1. Age

PAs were slightly older than care workers on average (44.4 years for PAs and 41.6 for care workers). This difference can also be seen when comparing the age bands of PAs and care workers, where more PAs were in the 55 and over age band (28% compared to 21% for care workers) and fewer PAs were in the under 25 group (8% compared to 12%).

Chart 81. Age bands of personal assistants and care workers in the adult social care sector, 2017/18



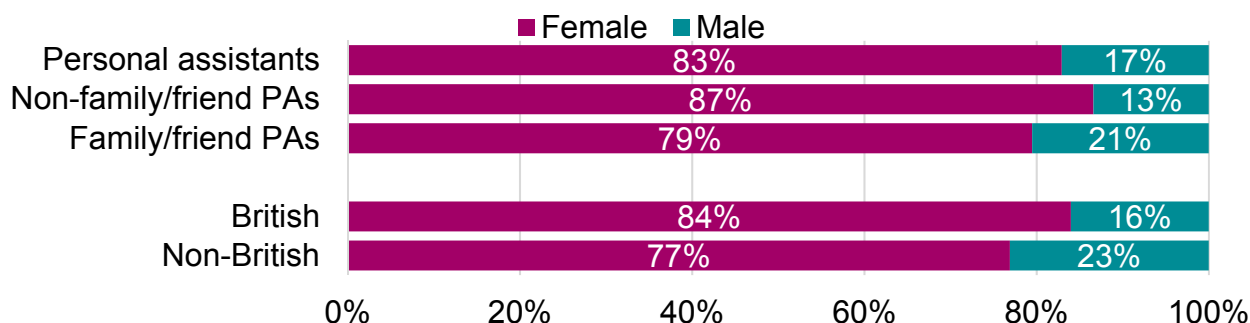
6.4.2. Gender

The gender split of the economically active population²⁸ is 53% males and 47% females. The picture of the adult social care workforce was very different, with the care worker split being 84% female and 16% male. The PA workforce mirrors this with 83% females and 17% males.

One difference that could be seen was family/friend PAs were more likely to be male (21%) compared to non-family friend PAs (13%).

²⁸ The population of England that is either in employment or actively seeking employment. Labour force Survey 2017/18.

Chart 82. Gender of personal assistants by relationship to employer and nationality, 2016/17



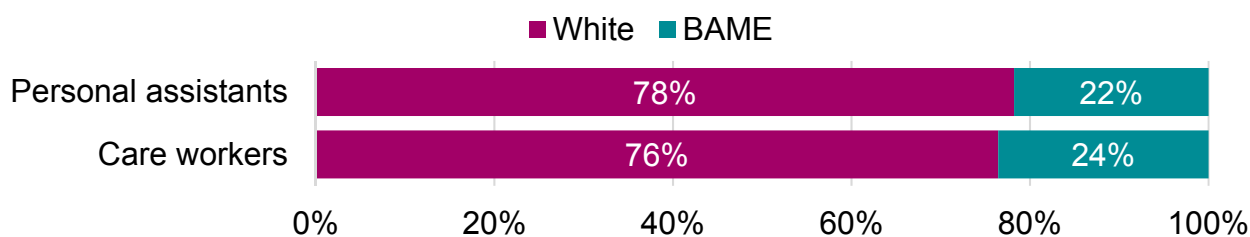
6.4.3. Disability

Results of the PA survey shows that 4% of the PA workforce recorded a disability, this was higher than is seen for care workers, at 1%. However, it should be noted that it is hard to tell if the difference is due to higher levels of disability amongst PAs or if the difference is due to the way the information was collected. The NMDS-SC is completed by the employer on behalf of the care workers (who may not always know their workers' disabilities), whereas the PA survey was completed by the PA themselves.

6.4.4. Ethnicity

Chart 83 shows that the ethnicity group split between 'White' and 'Black, Asian and Minority Ethnic' (BAME) of PAs and care workers was very similar.

Chart 83. Ethnicity group of personal assistants and care workers in the adult social care sector, 2017/18

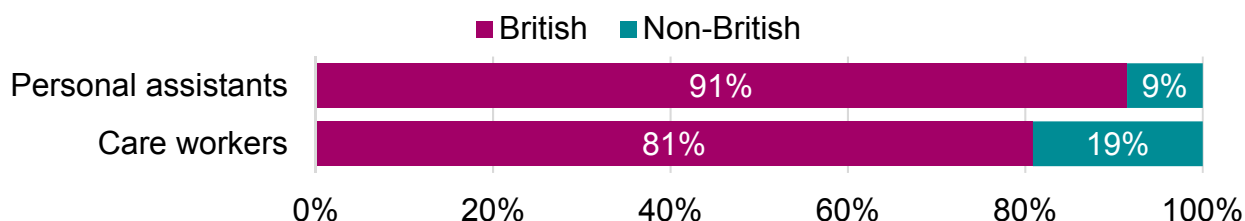


Ethnicity group of PAs differs by region, with London having the most ethnically diverse workforce (32% White, 68% BAME), and the North East had the least diverse (97% White, 3% BAME). This pattern is similar across the wider adult social care workforce and population of England.

6.4.5. Nationality

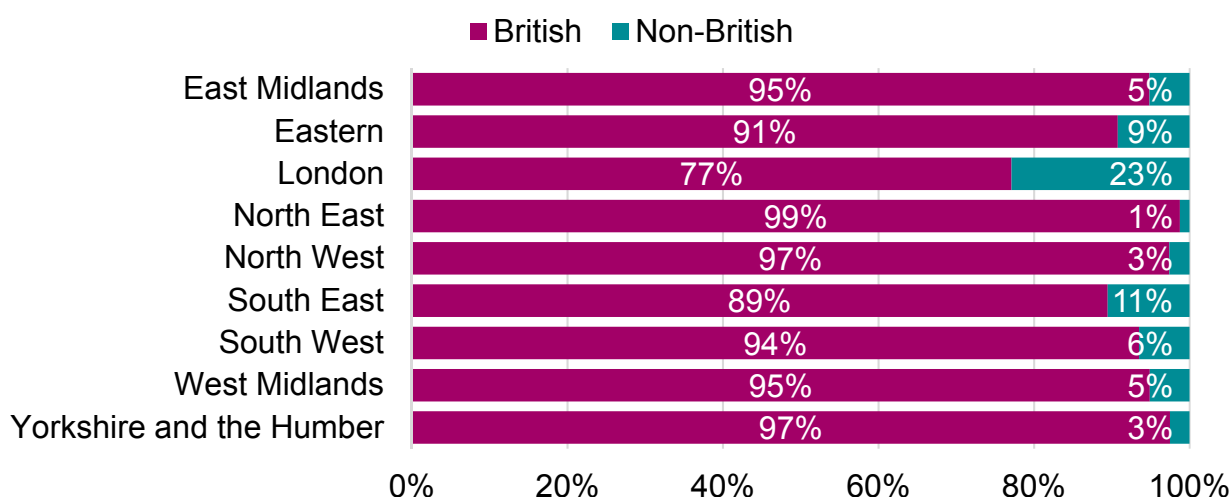
According to the Census 2011, the British/non-British split of the population of England was 92% British and 8% non-British, this is very similar to the split of PAs (91% and 9% respectively) as shown below. Independent sector employers were more reliant on non-British workers with 19% of care workers having a non-British nationality.

Chart 84. Nationality group of personal assistants and care workers in the adult social care sector, 2017/18



Like ethnicity, nationality also differs by region, with London and the South East being the most diverse and the North of England being the least diverse.

Chart 85. Nationality group of personal assistants in the adult social care sector by region, 2017/18



6.5. Pay rates

The mean hourly rate for PAs in England was £9.10. This was considerably higher than the rate for care workers employed in the independent sector during the same time period (£7.76). PAs were paid closer to the rate for local authority care workers (£9.80).

Chart 86. Mean hourly pay rates of personal assistants and care workers in the adult social care sector, 2016/17



Pay rates for PAs follows the same regional pattern as the rest of the adult social care sector, with a general north/south divide. PAs in London, the South and the Midlands were paid more than those working in the North and Yorkshire and Humber regions.

Non-family/friend PAs were paid, on average, 39p more than family/friend PAs. This could be a result of employers with more complex needs requiring a PA with more experience or specialist skills, and therefore demanding a higher rate of pay. Alternatively, some employers may be partially self-funding to provide better rates of pay to some PAs. Employers with a higher average number of PAs (four or more), and therefore possibly a higher dependency level and more complex needs, paid 28p more, on average, than those with a lower number of PAs (one to three).

PAs that held a relevant adult social care qualification were paid slightly more than those that did not have a qualification (19p more on average).

6.6. Training and qualifications

This section looks at the training and qualifications of PAs. Learning and development enables people to carry out their roles effectively, and with the right skills and knowledge people can provide a higher quality of care and support.

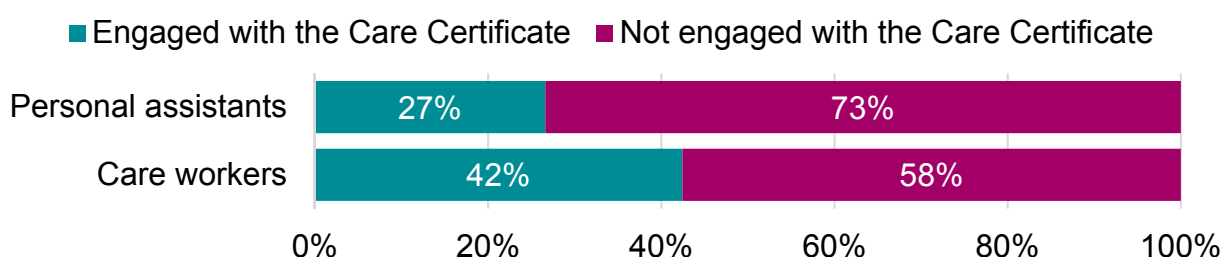
However, it is not always necessary for PAs to hold formal qualifications before starting employment. Increasingly employers are seeing positive improvements to recruitment and retention rates when adopting a holistic approach to values and behaviours²⁹.

6.6.1. Care Certificate

The Care Certificate is a set of standards that social care and health workers stick to in their daily working lives. The Care Certificate is designed for all new staff within a CQC regulated setting, and aims to provide learning of the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. A PA, employed by a direct payment recipient, does not have to complete the Care Certificate – it is up to their employer to judge if they think some, or all, of the standards within the Care Certificate would be beneficial.

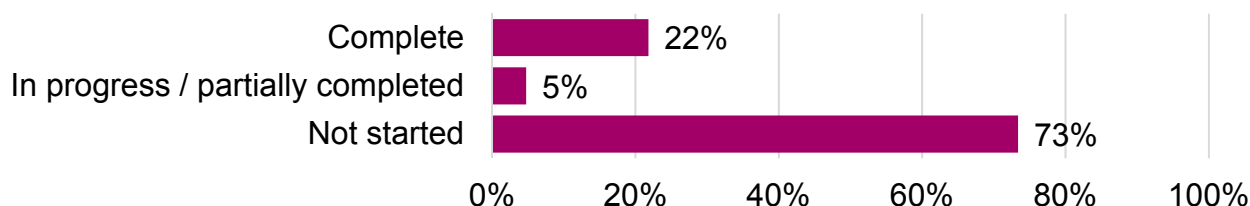
Chart 87 shows that 27% of PAs have been engaged with the Care Certificate, which is lower than care workers engagement, at 42%.

Chart 87. Care certificate status of personal assistants and care workers in the adult social care sector, 2017/18



The chart below shows that 5% of responding PAs were working towards or had partially completed the Care Certificate, 22% had completed it and 73% had not engaged with it.

²⁹ www.skillsforcare.org.uk/vba

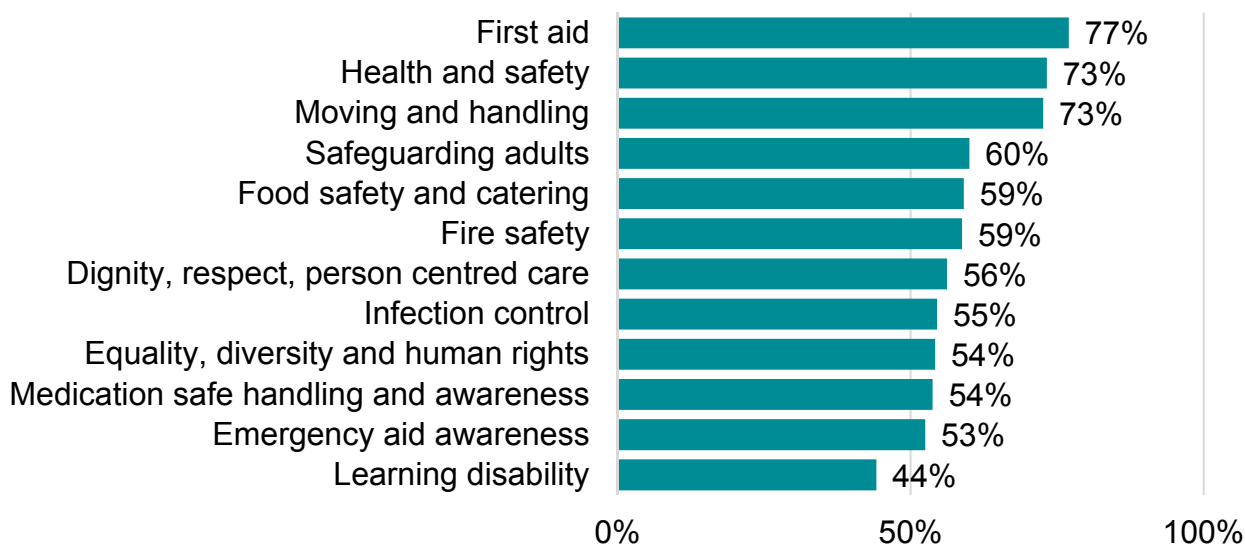
Chart 88. Personal assistants engagement with the Care Certificate, 2017/18

A greater proportion of non-family/friend PAs had engaged with the Care Certificate (32%) than family/friend PAs (20%). This could be due to a higher proportion of non-family/friend PAs engaging with the Care Certificate, or some standards from it, as part of a 'Support with Confidence scheme' or as a pre-requisite for being listed on a PA register. Please note that PAs could have engaged with the Care Certificate when with a previous employer.

For more information about the Care Certificate for PAs please see the employing your own staff section of the Skills for Care website³⁰.

6.6.2. Training

Chart 89 shows the top 12 categories of training by frequency of training held. The top training category selected by PAs was 'first aid' (77% selected), shortly followed by 'health and safety' and 'moving and handling' (both 73%).

Chart 89. Top 12 categories of training amongst personal assistants, 2017/18

The top five training categories amongst care workers were similar to that of PAs, with four of five categories appearing in both lists. The training category most frequently selected by PAs was 'first aid', however this was the eighth most popular for care workers.

³⁰ 'Care Certificate PA Induction Workbook' - <http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/Information-for-individual-employers/4-Managing-your-PA/Induction/Care-Certificate-workbook-for-PAs.pdf>

Non-family/friend PAs reported more training than family/friend PAs in almost all training categories. Notably 20% more non-family/friend PAs had received safeguarding adults training (69%) compared to family/friend PAs (49%). Similarly, 19% more had completed 'Dignity, respect, person-centred care' and 'Mental capacity and deprivation of liberty'. Please note that this training could have been with a previous employer.

6.6.3. Qualifications held

Chart 90 shows the highest relevant adult social care qualification, by level, of PAs and care workers. Overall the proportion of PAs and care workers holding a relevant social care qualification was almost the same (45% of PAs and 50% of care workers).

Just under two fifths (39%) of PAs held a qualification at level two or above, this was a slightly lower proportion than care workers, at 49%.

Chart 90. Highest relevant adult social care qualification, by level, of personal assistants and care workers in the adult social care sector, 2017/18

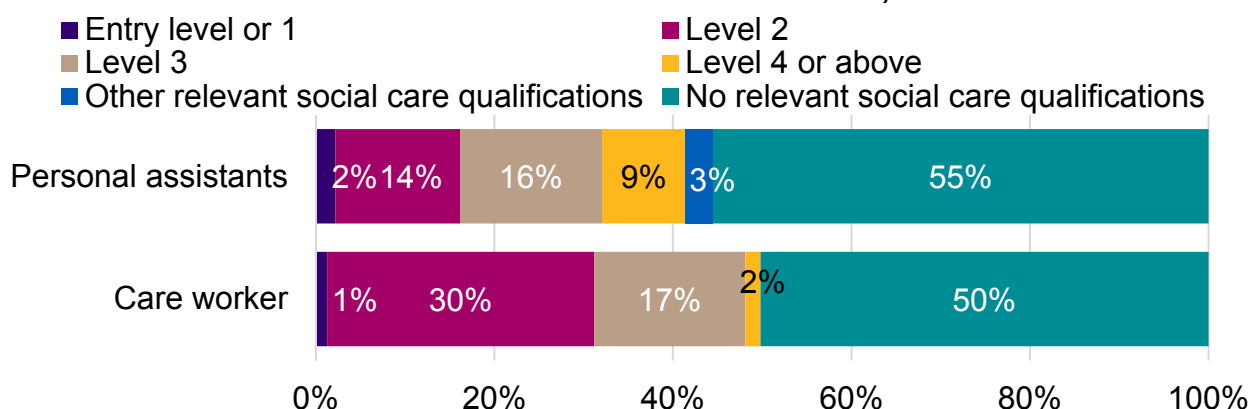
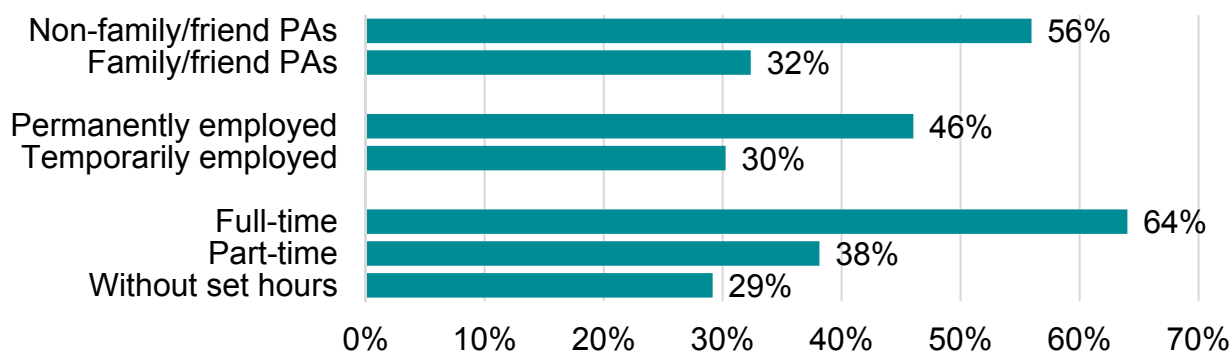


Chart 91 shows that the proportion of PAs who held any relevant social care qualifications differed by several factors. As with training, a higher proportion of non-family/friend PAs held relevant qualifications (56%) than family/friends (32%). Individuals employing family/friend PAs may have provided on the job training and the PAs may have been providing their care informally for a long time prior to being employed.

Chart 91. Summary of social care personal assistants qualification held rates, 2017/18



Workforce forecasts

07

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 2017 and 2035. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

The population aged 65 and above is projected to grow from **10 million** to **14.5 million** between 2017 and 2035

Based on population growth of those aged **65 and above**, by 2035 the sector may need

650,000 new jobs
40% growth

Based on population growth of those aged **75 and above**, by 2035 the sector may need

950,000 new jobs
59% growth

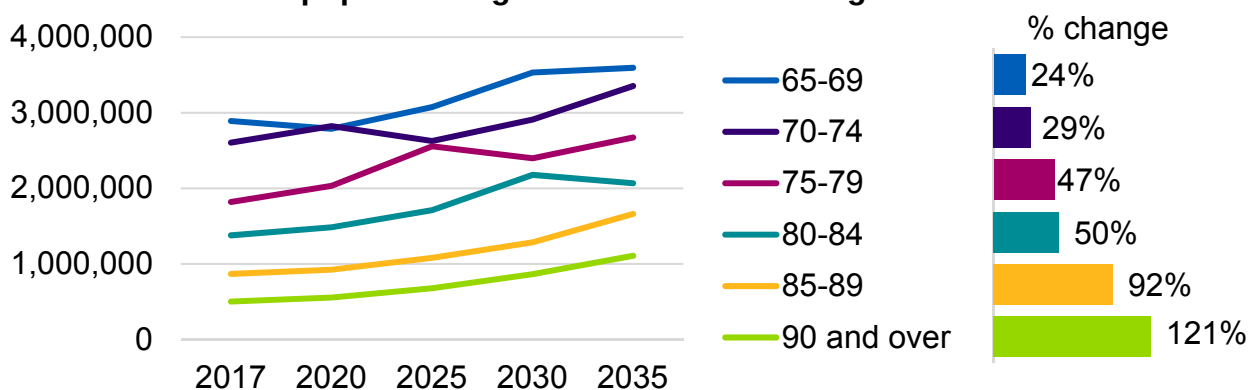
This chapter brings together adult social care workforce estimates with population projection information to forecast the number of adult social care jobs that may be needed to keep up with demand in the future.

7.1. Population statistics 2017-2035

The 'Projecting Older People Population Information System' (POPPI)³¹ uses figures taken from Office for National Statistics to project forward the population by age bands. The information in this section includes information about the population aged 65 and over from 2017 to 2035.

POPPI shows that the number of people aged 65 and above is projected to increase between 2017 and 2035 from 10 million to 14.5 million people in England, an increase of around 44%. The number of people aged 18-64 with a learning disability, mental health problem or physical disability is also projected to increase over the period³².

Chart 92. Estimated population aged 65 and above in England 2017 to 2035



³¹ Projecting Older People Population Information, www.POPPI.org.uk

³² Projecting Adult Needs and Service Information, www.PANSI.org.uk

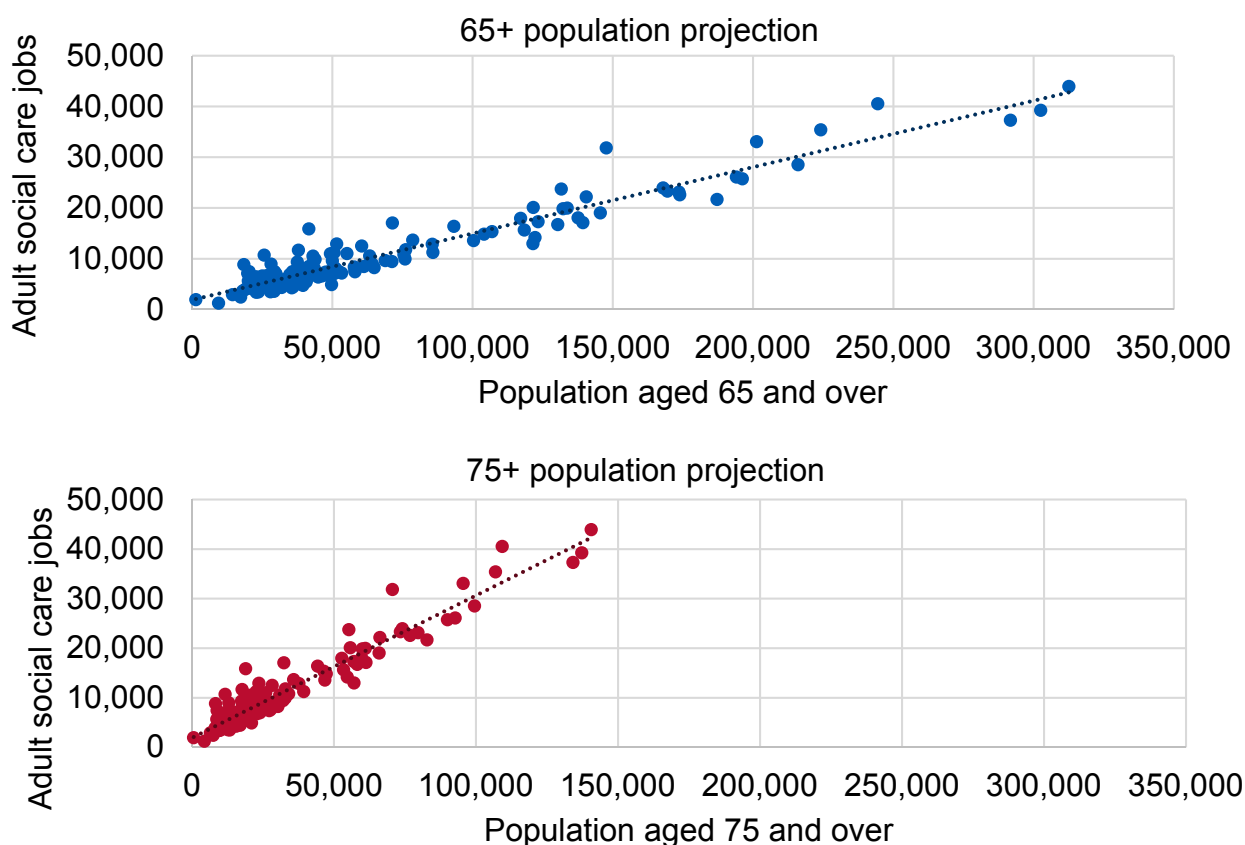
7.2. Relationship between people projections and jobs

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

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

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

Chart 93. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2017



7.3. Workforce forecasts between 2017 and 2035

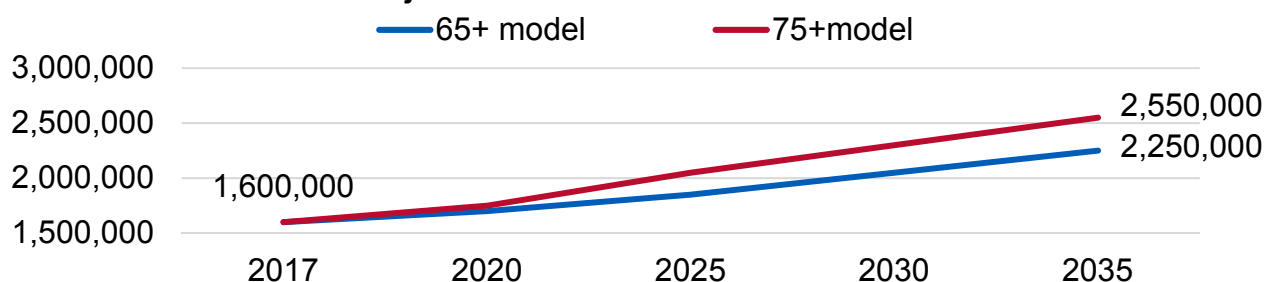
These models were then applied to POPPI estimates of the number of people aged 65 and 75 and above in 2020, 2025, 2030 and 2035 to create a forecast for the number of adult social care jobs over the period.

Table 11 and Chart 94 show the projected number of adult social care jobs required following changes to the population group aged 65+ and those aged 75+.

Table 11. Adult social care jobs forecasts between 2017 and 2035

Model	2017	2020	2025	2030	2035	% increase in jobs 2017-2035
65+ model	1.60m	1.70m	1.85m	2.05m	2.25m	40%
75+ model	1.60m	1.75m	2.05m	2.30m	2.55m	59%

Chart 94. Adult social care jobs forecasts between 2017 and 2035



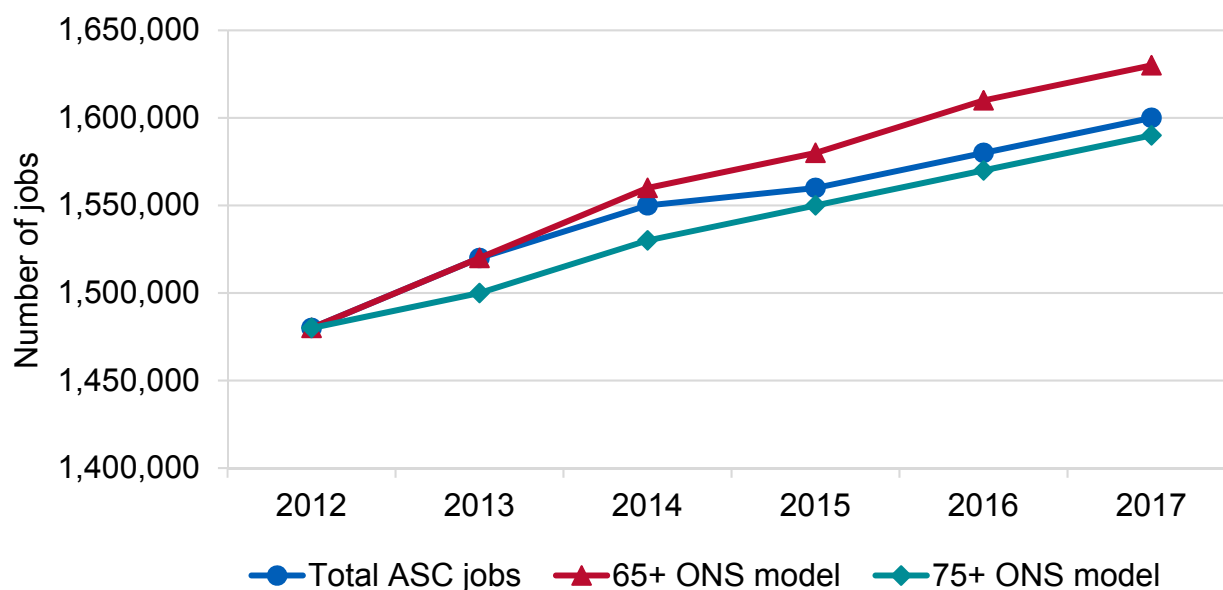
Following the trend based on population growth of those aged 65 and above, an increase of 40% (650,000 jobs) would be required by 2035. Following the population growth of those aged 75 and above, an increase of 59% (950,000 jobs) would be required.

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

A retrospective analysis of the models was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2017, and jobs as at 2012 from Skills for Care estimates, the same models were built for jobs between 2012 and 2017. The results from these models were then compared to the actual jobs trends as shown in Chapter 1.

Chart 95 shows the 65+ model projected the number of adult social care jobs from 2012 to 2017 within 2% of the actual jobs figures. The 75+ model projected within 1%. The largest differential between the actual jobs and projected jobs occurred after 2014 in the 65+ model. The 65+ and 75+ models were both close to the actual number of jobs supporting the validity of the models.

Chart 95. Adult social care job projections 2012 to 2017 based on the population aged 65 or 75 and over compared to actual job trends for the same period.



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

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

For information about regional forecasts please see the state of the adult social care sector and workforce regional reports, www.skillsforcare.org.uk/regionalreports.

Further resources

08

Skills for Care provides outstanding workforce intelligence relied upon by Government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who use services. NMDS-SC is recognised as the leading source of workforce intelligence for adult social care. This chapter provides an overview of some of the reports and resources published by Skills for Care that use NMDS-SC information.

8.1. Workforce intelligence publications

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

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



Regional reports



These nine annual regional reports provide an overview of adult social care services and the workforce in each region and have been generated using data from NMDS-SC. Each of these nine reports provides a regional look at much of the England level information provide in this report. To access any of these reports please visit www.skillsforcare.org.uk/regionalreports.

Latest version, October 2018

Local authority area reports

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

Reports published twice a year, in March and October

NMDS-SC briefings and trend briefings

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

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

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



8.2. Workforce planning

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

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

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

For more information about workforce planning, please visit www.skillsforcare.org.uk/workforceplanning.

8.3. Adult social care workforce estimates excel file

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

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

Please visit www.skillsforcare.org.uk/workforceestimates.

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

8.4. Analytical service

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

Our data services, available at the geographical level most relevant to you, can be used when you need:

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

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

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

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

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

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

8.5. Keeping informed



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



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