



# The State of the adult social care sector and workforce in England

## 2022



#

StateOfReport

## Acknowledgements

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

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The state of the adult social care sector and workforce in England, 2022  
Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP  
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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] 2022  
Long: Skills for Care, The state of the adult social care sector and workforce in England, 2022 (Leeds, 2022). Available at [www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof).

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## Foreword from our CEO

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Social care is a fundamental part of all our communities, it supports people to live their lives every day. We know that most people who work in social care find it incredibly rewarding. We must talk much more about how rewarding working in social care is so that we attract more people, and we must make it easier for the people who love working in social care to stay by improving terms and conditions and investing in their career development.

Adult social care is also a significant economic contributor, adding an estimated £51.5 billion per annum to the economy in England in 2021/22. Many people are unaware that social care has a bigger workforce than the NHS, construction, transport, or food and drink service industries. With such a large workforce there are so many exciting career opportunities for people with the right skills and values who might to support people directly, specialise or progress into management roles.



Oonagh Smyth, CEO

But the data we collect from employers shows that there are also significant challenges for the workforce.

Since 2012/13, we have published annual 'The state of the adult social care sector and workforce' reports which help us and our partners understand the trends in the workforce, identify challenges and target solutions. Tracking those trends informs how we plan our work with employers. For instance, the data shows that vacancy rates in that period have increased from 3.8% to 10.7%, the average age of our workforce has aged from 42.5 in 2012/13 to 44.4 in 2021/22 and that the number of workers identifying as men in our sector has stayed the same at around 18%.

The decade during which we have published these reports has been one of great change. Our previous reports have been used to inform key decisions made by government, the Department of Health and Social Care, employers and our sector partners about the care services people in our communities draw on.

Having that detailed data and analysis has proved particularly important with COVID-19, to help us to meet the challenges and opportunities. We are grateful to the 20,000 care providing locations who have continued to give us their data as we know they are operating under unprecedented pressure.

The data that employers have given us has allowed us to identify the ongoing recruitment and retention challenges employers face. This is reflected in the following statistics:

- The number of vacant posts in adult social care have increased by 52% in one year and it is now the highest rate since records began in 2012/13. This means on any given day there are around 165,000 vacancies.
- We may need an extra 480,000 people working in social care by 2035 to keep pace with demand. In addition, we may lose a further 430,000 people in the next 10-years if those aged 55 and over decide to retire.

- While vacancy rates are growing, and demand is growing, the number of people in the workforce has shrunk by 50,000. So, at a time that we need more people, we have fewer.
- On average, care workers with five years' (or more) experience in the sector are paid 7p per hour more than a care worker with less than one year experience.
- 4 out of 5 jobs in the economy (or the 80% figure) pay more than jobs in social care.
- Average care worker pay is £1 per hour less than healthcare assistants in the NHS that are new to their roles.
- Turnover rates remain high at 29% meaning that 400,000 people left their jobs last year, but 63% are recruited from elsewhere within the sector. This represents significant costs to employers.
- Turnover rates are even higher for our youngest staff at 52.6% and for registered nurses as 44%.
- We still have a very diverse workforce with nearly a quarter (23%) from black, Asian and minority ethnic backgrounds but this figure drops to 16% for all managerial roles.

These are unwelcome trends and we cannot forget that behind every statistic are people's lives, people who might not be getting the support that they need.

The high vacancy rate is an opportunity to recruit more people to work in a job that is rewarding, increasingly valued by the public and offers long-term career opportunities. To recruit and keep these people, there are several things that we will need to do differently.

We will have to do more to attract and retain younger workers and men by showing what a rewarding job social care is and providing good development and career pathways.

We will have to focus on tackling the discrimination, racism and lack of development opportunities, especially into leadership roles, that people from diverse backgrounds tell us they are still facing.

We will have to improve pay for social care staff and the quality of jobs, our rates of zero hours contracts are 24% compared to 3% in the wider population and while flexibility is valued by some, we know that people on zero hours contracts have higher turnover.

We will have to support people in social care to develop in their careers. Social care requires much more complex skills than it did even 10-years ago as we support people with more complex needs and so investing in learning and development is essential. We know investing in learning and development reduces the average turnover rate for care workers by 9.5 percentage points to 31.7% amongst those that received some form of training compared to 41.2% amongst those that hadn't. We also know that continued investment in staff training, reduces average turnover amongst care workers. Turnover is reduced by 9.1 percentage points for care workers who received more than 30 instances of training (24.7%) when compared to care workers with one instance of training (33.8%). Our data clearly show investing in workforce learning and development works.

We must start by building upon the ambition and implementing the initiatives set out in the 'People at the heart of care' white paper which will set the foundations to stabilise this essential workforce. We need to think now about the long-term workforce requirements with workforce planning so that we know how we are going to increase capacity so that we have enough people with the right skills and knowledge to meet increased demand.

After COVID-19 I hope that the commitment and skills of our workforce are better understood by the public. I hope that this results in a step change in how society values social care, the people who draw on social care and the people who provide it.

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## Recent trends – workforce supply and demand

The adult social care sector is facing unprecedented challenges in workforce supply and demand. The information in this opening section, which is placed at the start of this report to draw attention and add vital context, highlights the most recent trends and changes.

The section looks at changes in the workforce since the start of the COVID-19 pandemic, and before where relevant, using Skills for Care's weighted *local authority and independent* sector data collected between 2012/13 and 2021/22.<sup>1</sup>

It also shows more recent changes between April 2022 and August 2022 using Adult Social Care Workforce Dataset (ASC-WDS) data completed by independent sector employers during that period. This information has not been weighted to represent the whole sector but should be indicative of recent changes and developments. Skills for Care is continuing to track these metrics every month. This information can be found on the workforce intelligence website.<sup>2</sup>

Skills for Care has also included qualitative information and evidence gathered from care providers to add context to the statistics.

The number of adult social care posts increased by 0.3% in 2021/22

The number of posts that were filled decreased by 3% (50,000 posts)

The staff vacancy rate increased by 52% (to 165,000 vacant posts)

The vacancy rate (10.7%) is the highest since records began in 2012/13

### i. Introduction

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

It's crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. High-quality information about the adult social care 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.

Our expertise comes from the workforce intelligence that we collect in the Adult Social Care Workforce Data Set (ASC-WDS), which is an online data collection service that covers the adult social care workforce in England. There are currently around 20,000 care providers using the ASC-WDS service.

We use the data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. We estimate the

<sup>1</sup> The 2019/20 period is comprised of data from local authority staff as of September 2019 but is predominantly made up of independent sector workers from March 2020 (close to the start of the epidemic in England).

<sup>2</sup> [www.skillsforcare.org.uk/COVID19Data](http://www.skillsforcare.org.uk/COVID19Data)

size, structure and characteristics of the adult social care workforce in England and at a local level, annually.

In 2021/22 the adult social care sector was comprised of around **17,900** organisations across **39,000** care-providing locations with **1.79 million posts** (1.62 million filled posts and 165,000 vacancies). The number of full-time equivalent filled posts was estimated at 1.17 million and the number of people working in adult social care was estimated at 1.50 million in 2021/22; more than in the NHS (headcount of 1.4 million).

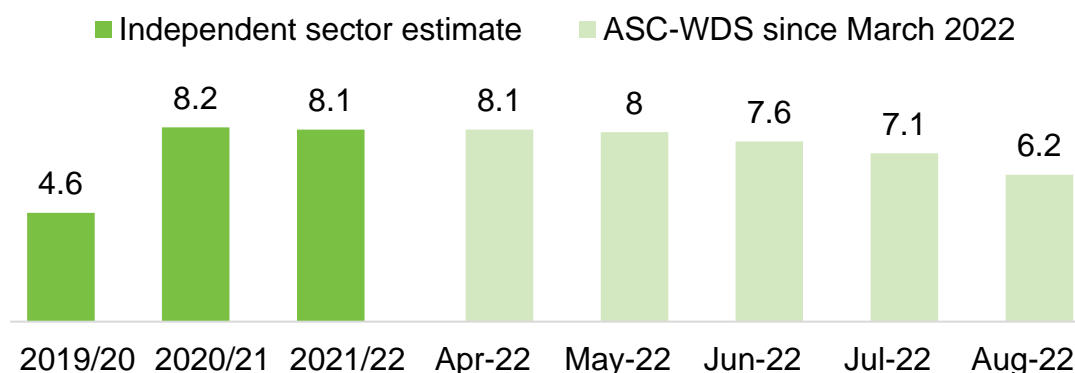
This section highlights the most significant recent trends and changes in workforce supply and demand that we want to draw attention to at the start of this report, it adds vital context to what is happening in the sector. An executive summary, introduction to the full report and chapters about size, structure and characteristics of the adult social care workforce in England follow.

## ii. Sickness/absence

Levels of staff sickness nearly doubled over the course of the pandemic. An average of 8.1 days were lost to sickness in 2021/22 in the independent sector compared to 4.6 days before the pandemic. This was a mix of people being ill, self-isolation, and people unable to work for other reasons such as childcare issues.

### Chart 1. Average number of sickness days, 2019/20-2021/22 and April-August 2022

Source: Skills for Care estimates (independent sector only)



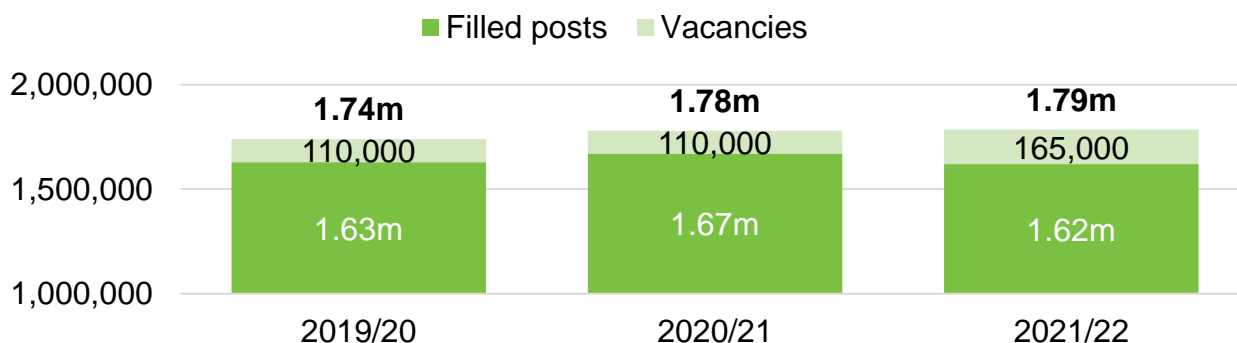
During 2022, following the relaxation of rules regarding testing and isolation, sickness rates have begun to decrease towards pre-pandemic levels (6.2 days as at August 2022). Across the whole adult social care sector, we estimated an average 7.8 days lost to sickness in 2021/22. Equivalent to around 10.7 million days lost to sickness over the previous 12 months.

## iii. Total posts, filled posts and vacancies

The total number of posts in adult social care in England as at 2021/22 was 1.79 million (up 0.3% from 2020/21). Of these posts, 1.62m were currently filled by a person (filled posts) and 165,000 were posts that employers were actively seeking to recruit somebody to (vacancies).

**Chart 2. Estimated number of adult social care posts (including filled posts and staff vacancies), in England, 2019/20-2021/22**

Source: Skills for Care estimates

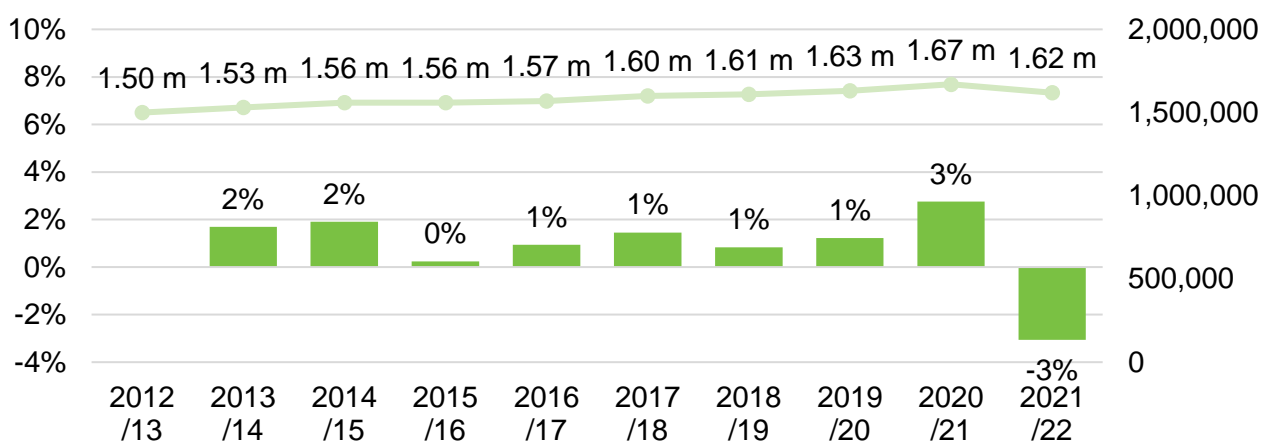


Skills for Care workforce estimates show a decrease in the number of filled posts in 2021/22. Overall, the decrease was around 3% (50,000 posts). Since March 2022, data completed in ASC-WDS suggests this figure has stopped decreasing but it remains below 2020/21 levels.

This is the first decrease in filled posts since records began in 2012/13. Between 2012/13 and 2020/21, filled posts have consistently increased to keep up with the rising demand for care.

**Chart 3. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2012/13-2021/22**

Source: Skills for Care estimates

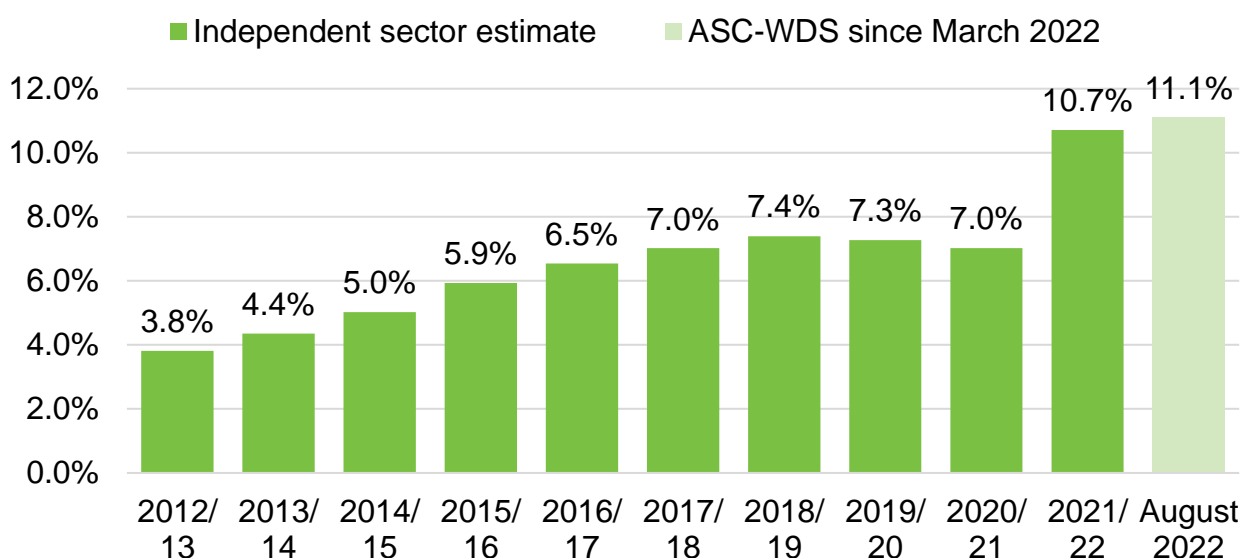


The vacancy rate has risen over the same period to the highest rate since records began in 2012/13. The number of vacant posts increased by 52% in 2021/22 (by 55,000 to 165,000 vacant posts).

This shows that the decrease in filled posts is due to recruitment and retention difficulties in the sector rather than a decrease in demand. Employers have not been able to recruit and keep all the staff they need. As a result, an increasing number of posts remain vacant.

#### Chart 4. Change in the adult social care vacancy rate (independent sector only)

Source: Skills for Care estimates and Skills for Care COVID-19 monthly tracking



The high staff vacancy rate can impact the ability of care providers to deliver care and support. If more of these posts were filled, providers would be able to deliver support to more people and maintain higher ratios of staff to people receiving care.

In chapter 3.7.1 we show that the starter rate has fallen from 37.3% in 2018/19 to 30.8% in 2021/22, and in chapter 3.4.1 we show that the turnover rate during these periods is about the same. Therefore, around the same proportion of people are leaving their roles, but there are fewer people replacing them.

#### iv. Social care vacancies vs availability of jobs in the wider economy

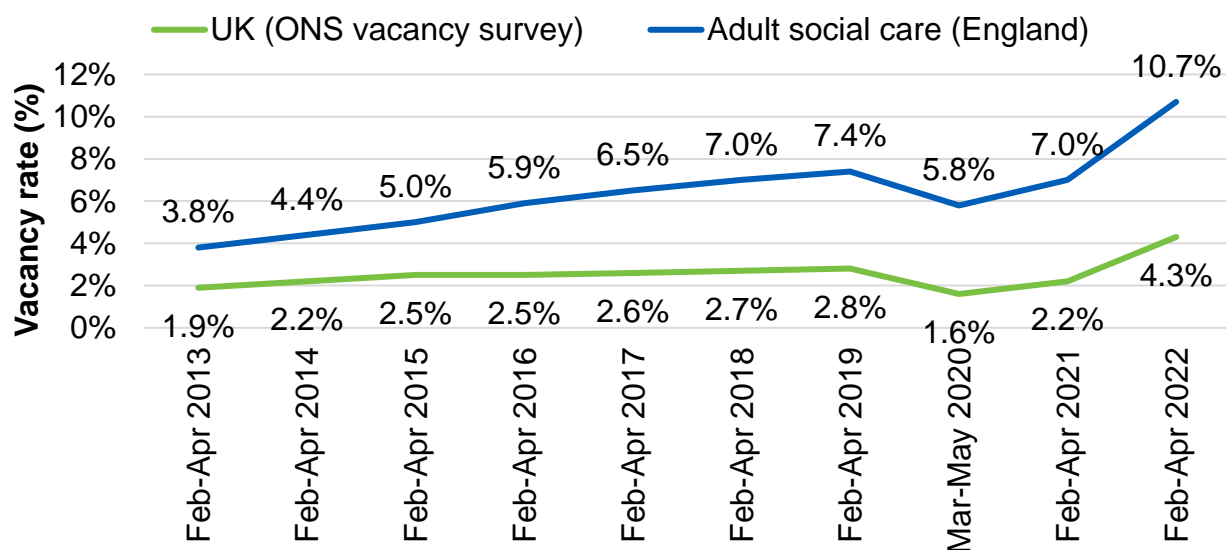
At the beginning of the pandemic, there were fewer jobs available in the wider economy (there were 340,000 vacancies or 1.8%). This contributed to a fall in vacancy rates in adult social care as people losing their jobs elsewhere took up roles in the care sector while fewer people left their care roles.

As of March 2022, there were more job opportunities in the wider economy with 1.3m vacancies at this point (4.3%). At the same time, adult social care vacancy rates increased substantially and were back above their pre pandemic levels at 10.7%.

The chart below shows how the adult social care vacancy rate is correlated with the number of jobs available in the wider economy. There are other factors influencing these figures but it demonstrates that, in general, when there are more jobs available in other sectors, fewer adult social care posts get filled.

### Chart 5. Adult social care vacancy rate trend in comparison to the wider economy vacancy rate

Source: ASC-WDS and ONS: Vacancies and jobs in the UK

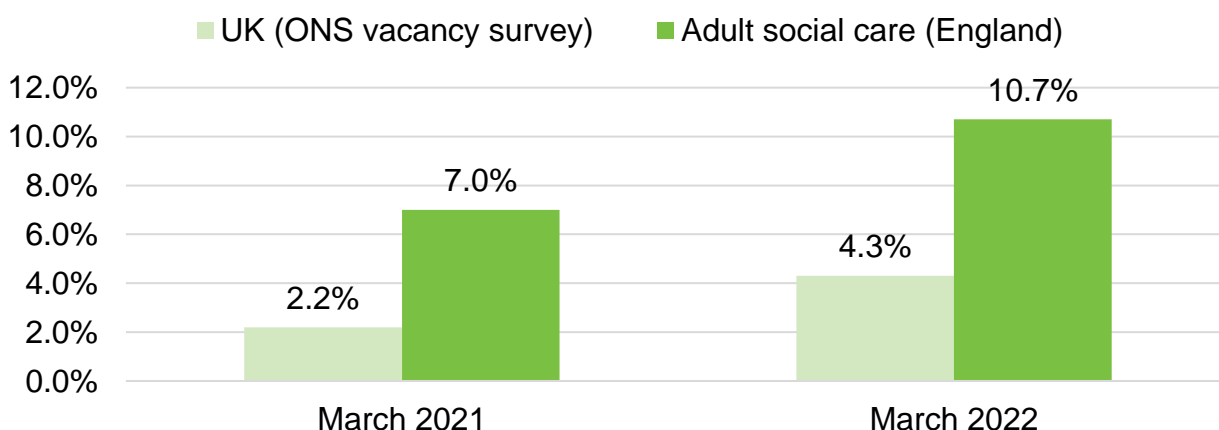


This trend matches feedback received from care providers who advise that recruitment has been especially problematic in 2022 with opportunities in other sectors providing competition for labour. Skills for Care workforce estimates support this, with the starters rate (the number of people starting adult social care roles) falling by 2.9 percentage points to 30.8% in 2021/22.

The chart below shows how the UK vacancy rate (the wider economy) has increased rapidly in the past year. This increase has created competition for staff and contributed to the increase in the adult social care vacancy rate over the same period.

### Chart 6. Adult social care vacancy rate trend in comparison to the wider economy vacancy rate, March 2021 and March 2022

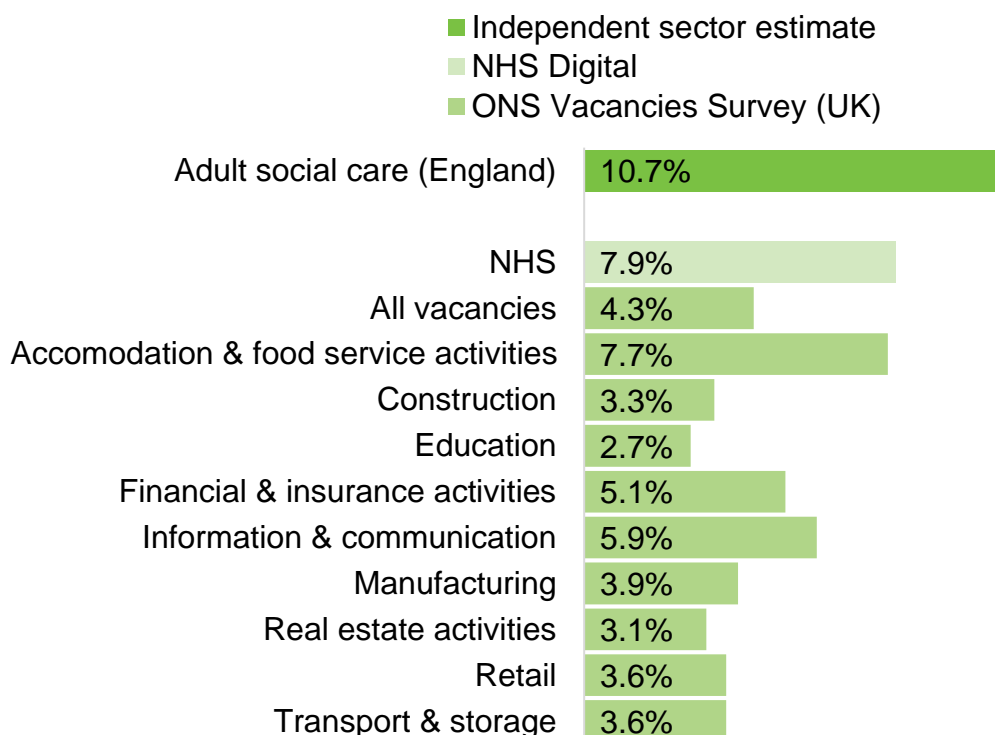
Source: ASC-WDS and ONS: Vacancies and jobs in the UK



Increasing vacancy rates have not been unique to adult social care during the last year. However, the chart below shows that the adult social care sector is under significant pressure with a vacancy rate much higher than the NHS, the economy as a whole, and many other sectors.

### Chart 7. Adult social care vacancy rate in comparison to the NHS and the wider economy

Source: Skills for Care estimates, NHS Digital and ONS: Vacancies and jobs in the UK



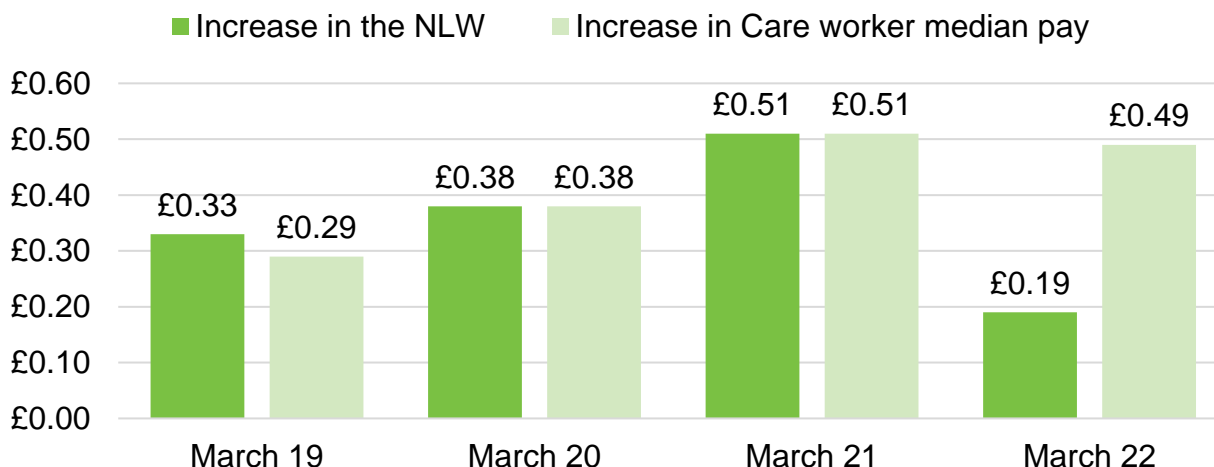
### v. Pay

It has been reported to Skills for Care that some care providers have been able to respond to rising staff vacancies by increasing wages to attract and retain more staff. Some have also reported giving signing on bonuses and other incentive payments.

The chart below shows that care worker median pay previously rose in line with increases in the national living wage. However, in 2021/22 pay increases were larger, on average, with pay going up 49p compared to a 19p increase in the national living wage.

### Chart 8. Increase in care worker median pay compared to increases in the national living wage rate, independent sector only

Source: Skills for Care estimates



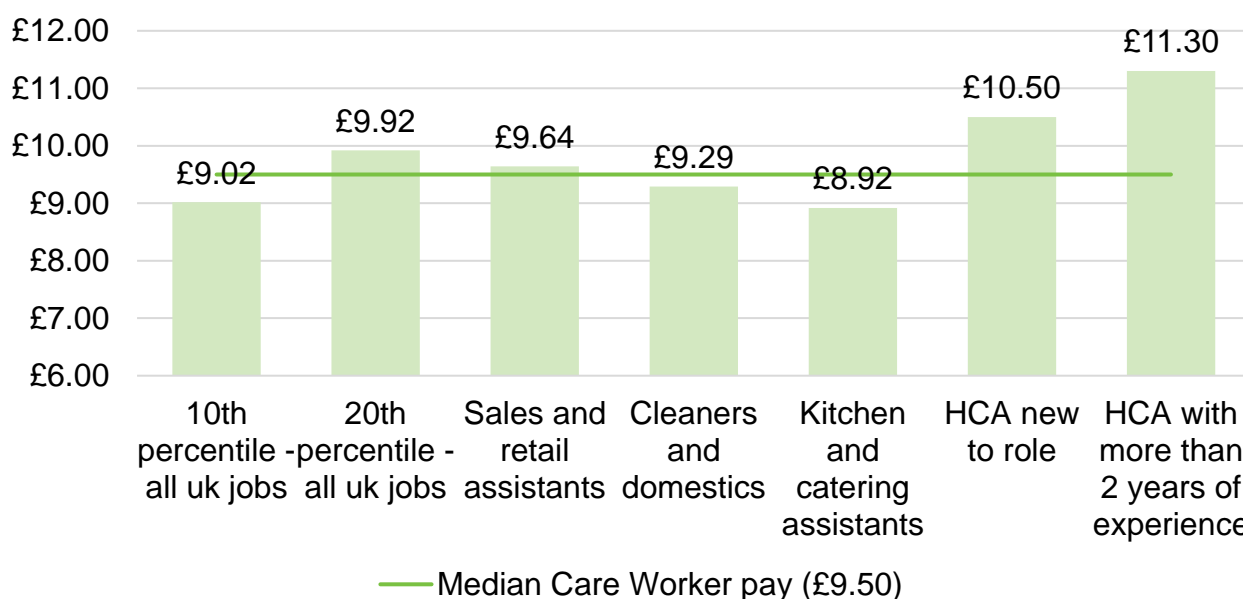
Analysis of pay data completed in ASC-WDS since March 2022 shows this trend continuing with employers giving larger than expected pay increases for care workers.

Despite these pay rises, average pay rates for care workers are still some of the lowest in the economy. The chart below shows that care workers median pay (£9.50) is below the rate for the 20<sup>th</sup> percentile of £9.92 (80% of jobs pay more than this value).

Average care worker pay is £1 per hour less than healthcare assistants (HCAs) in the NHS that are new to their roles, and £1.80 below HCA's with more than two years of experience. In comparison care workers with five years' experience only get, on average, 7p more on average than new care workers.

### Chart 9. Median care worker pay compared to other job roles, 2021/22.

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning NHS agenda for change pay data



Despite recent pay increases, the availability of higher-paid roles in other sectors, some of which may be seen as less demanding, is contributing to the high vacancy rate in adult social care.

Also, according to feedback from care providers, the current high cost of living is contributing to the current recruitment and retention difficulties in the sector. More workers are considering moving jobs to increase their income. Fuel price inflation can be especially problematic for domiciliary care workers who travel between clients.

## vi. New immigration rules

New immigration rules came into effect in the UK on 1 January 2021<sup>3</sup>. The new rules effectively meant that people could not come to the UK to take up care worker roles (people could still arrive to take up senior care worker roles and some regulated professional roles).

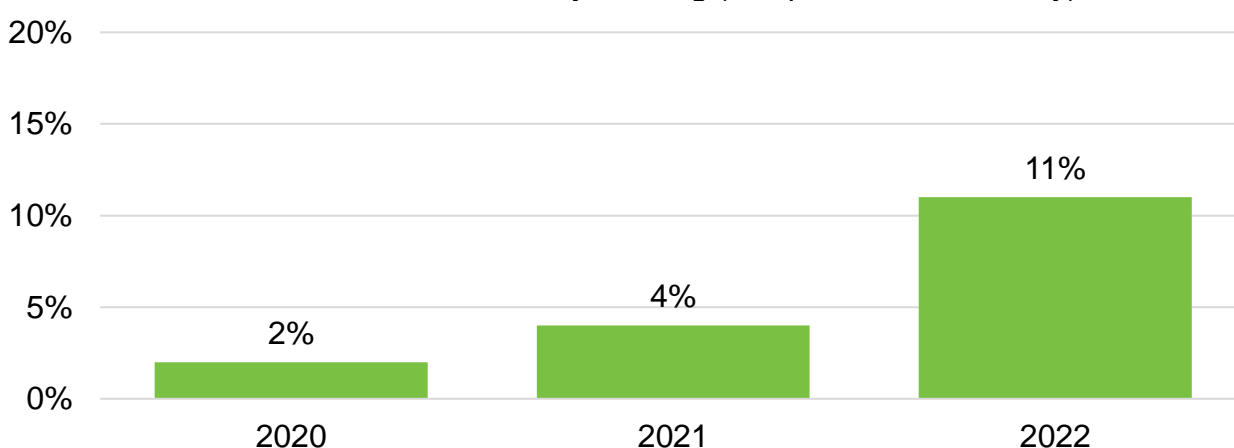
<sup>3</sup> <https://www.gov.uk/guidance/new-immigration-system-what-you-need-to-know>

In February 2022, however, care workers were added to the shortage occupation list and the Health and Care worker visa route. This means that providing workers meet the salary threshold of £20,480 and have a licenced sponsor they can come to the UK to take up care worker roles. Early evidence from care providers completing ASC-WDS in 2022/23 suggests that around 47% of filled care worker posts in adult social care are paid above this amount.

Where nationality data was recorded, over 90% of people arriving from outside of the UK to take up adult social care jobs in 2022 were from non-EU countries.

### Chart 10. Proportion of new starters arriving in the UK to start an adult social care job

Source: Skills for Care COVID-19 monthly tracking (independent sector only)



International recruitment provides an additional option for employers to recruit care workers and it has already helped to fill some vacancies. It is estimated (using ASC-WDS data) that approximately 10,000-15,000 people have moved to the UK to take up care worker roles since the start of 2022<sup>4</sup>. As this policy is relatively new, more employers could start to use this option once they have met all the requirements (such as becoming a licensed sponsor) and assessed the costs and benefits for their organisations. Skills for Care will continue to monitor this trend.

### vii. Mandatory Vaccination Policy

Another factor which we would expect, from our sector insights, to have influenced the decrease in filled posts and increase in vacancies was the mandatory vaccination policy for care home staff that was in place from November 2021 until February 2022. Insights from care providers suggest that it played a part in the decision making for some people to leave the sector.

The cessation of this policy increases the potential supply of workers who can take adult social care jobs. As at February 2022, 10.5% of the 18+ population in England had not

<sup>4</sup> Estimates in this section using year of arrival data should not be treated as precise: year of arrival in the UK data from ASC-WDS is less well completed than other variables in the dataset



received a vaccination<sup>5</sup> and therefore became eligible to work in the adult social care sector following the removal of the policy.

### viii. Summary

Since March 2022, data completed in ASC-WDS shows that the number of filled posts has stopped falling (the number of filled posts increased slightly by 0.4 percentage points between March 2022 and August 2022).

However, the vacancy rate remains at a record high level (11.1% in August 2022).

A few factors have changed recently which could increase the supply of workers in the sector:

- The higher than expected increase in pay rates for care workers
- Care workers being added to the shortage occupation list in February 2022.
- The removal of the mandatory vaccination policy in February 2022

However, the availability of jobs in the wider economy is still at a high level. These jobs are often higher paid and perceived to be less demanding than social care jobs. At the time of writing, this competition for staff from other sectors appears to be cancelling out any gains made from the increased supply of available workers.

Skills for Care will continue to monitor filled posts and vacancies in the sector every month.

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<sup>5</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/datasets/coronavirusandvaccinationratesinpeopleaged18yearsandoverbysociodemographiccharacteristicandregionengland>, table 3. To sign up for monthly newsletter describing the latest developments in vaccines, and vaccination policies and procedures, please visit <https://www.gov.uk/government/collections/vaccine-update>

## Executive summary

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

Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future.

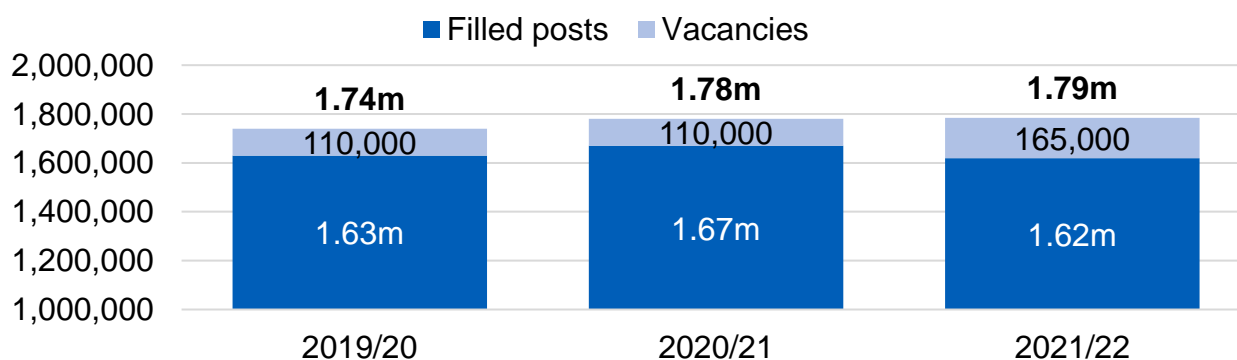
The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service which gathers information about the adult social care workforce in England. This service was formerly known as the National Minimum Data Set for Social Care (NMDS-SC). Skills for Care has been collecting workforce data for over 16 years.

In 2021/22 the adult social care sector was comprised of around **17,900** organisations across **39,000** care-providing locations with 1.62 million filled posts and 165,000 vacancies. The number of full-time equivalent filled posts was estimated at **1.17 million** and the number of people working in adult social care was estimated at **1.50 million** in 2021/22; more than in the NHS (headcount of 1.4 million).

The adult social care sector was estimated to contribute £51.5 billion per annum to the economy in England in 2021/22<sup>6</sup>. The total wage bill for the sector, calculated using ASC-WDS information, accounted for around half of this amount at £24.7 billion in 2021/22 (up 3% from 2020/21).

The total number of posts in adult social care in England (including filled posts and staff vacancies) was 1.79m as at 2021/22 (this was 0.3% higher than in 2020/21). The number of filled posts was estimated at 1.62 million and the number of vacant posts was 165,000.

The number of filled posts has decreased by around 3% (50,000) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13. Over the same period the number of vacant posts has increased (by 55,000 or 52%) which shows that the decrease in filled posts is a result of recruitment and retention difficulties rather than a decrease in demand for care staff.



<sup>6</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>

Between 2020/21 and 2021/22 the majority of the decrease in filled posts was in the independent sector (down by 45,000). Filled posts in local authorities remained broadly the same (up by around 1,000). In residential services, the number of filled posts fell by 13,000 in care only homes (4%) and 15,000 in care homes with nursing (5%). For non-residential services, the number of filled posts fell by 19,000 (3%). In terms of job roles, the majority of the decrease in filled posts was for direct care providing roles (down 55,000 and 4%). Registered nurse filled posts also decreased by 4.5% (1,600 posts).

Since 2012/13, the number of filled posts in adult social care has increased by 120,000 (8%). Over the same period, the workforce has moved away from the local authority sector (a decrease of 24%, or 36,000) and towards the independent sector (an increase of 12%, or 135,000). The number of filled posts in domiciliary services increased at a faster rate between 2012/13 and 2021/22 (an increase of 120,000 and 27%) than filled posts in residential services which are now at a similar level to 2012/13 after decreasing by 4% in the previous 12 months.

**From here on, the executive summary of this report will refer to the 1.51 million filled posts in the independent sector (85% of filled posts), local authorities (8% of filled posts), and filled posts working for direct payment recipients (8%) unless otherwise stated.** Adult social care related posts in the NHS (109,000) are not included.<sup>7</sup> The information in this report was taken from local authorities as of September 2021, from independent sector employers as of March 2022, and from direct payment recipients as of February 2022.

## Employment information

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The majority (**89%**) of the workforce were **employed on permanent contracts**. Half of the workforce (51%) usually worked full-time hours and 49% were part-time.

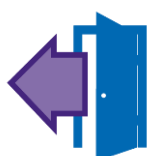


**Around a quarter** of the workforce were recorded as being employed **on a zero-hours contract** (24%, or 358,000 filled posts). Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (45%), especially among care workers (54%). An increase of one percentage point in the last year.

There were **32,000 registered nurse** filled posts in 2021/22, and this number has continued to decrease, **down by 1,600 filled posts (5%) between 2019/20 and 2020/21 and down by almost 18,500 filled posts (36%) since 2012/13.**

## Recruitment and retention

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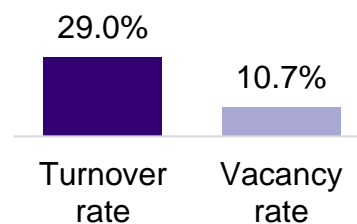


We estimate that the **staff turnover rate** of directly employed staff working in the adult social care sector was **29.0%** in 2021/22. This equates to approximately **400,000 people leaving their jobs** over the course of the year.

Most leavers don't leave the sector. **Around 63% of jobs were recruited from other roles within the sector.**

<sup>7</sup> Adult social care-related jobs in the NHS are included in estimates of the size of the workforce, but not enough detail is available to include them in further splits.

Turnover rates in the local authority and independent sector consistently increased between 2012/13 and 2019/20, by a total of 10.2 percentage points. The rate fell by 1.8 percentage points by 2021/22. This was likely caused by fewer job opportunities in the wider economy during 2020 and employees feeling a duty to stay and help during the pandemic. The turnover began to increase again in 2021/22 (by 0.5 percentage points) as the economy opened back up and more opportunities were available in other sectors. Please see Section iv for more information.



Care workers had one of the highest turnover rates in adult social care at 36.1% in 2021/22, up from 34.4% in 2020/21. In contrast, personal assistant roles had relatively low turnover rates at 18.3%. Registered nurses in adult social care had a much higher turnover rate (44.1%) than their counterparts in the NHS<sup>8</sup> (10.9% for registered nurses and health visitors).

The workforce had an **average of 7.8 sickness days** taken annually per worker in 2021/22, equivalent to approximately **10.7 million days of work lost**. This was an increase of 63% compared to 2019/20 (before COVID-19), when the average was 5.1 days. Sickness days will include those self-isolating and shielding, as well as those who were unwell (including COVID-19 and non-COVID-19 related illnesses). Across the wider economy of the UK, the Labour Force Survey showed an average of 4.6 sickness days per worker in 2021, 41% less compared to adult social care.



We estimate that, on average, **10.7% of roles in adult social care were vacant in 2021/22**, which is equivalent to **165,000 vacancies being advertised on an average day**. The number of vacancies has increased by around 55,000 (52%) since 2020/21, and the number of filled posts has decreased by around 50,000. Therefore, the total number of posts in the sector has increased slightly, however, a greater number of posts are vacant in 2021/22. Registered nurses had the highest vacancy rate at 14.6%. Registered managers had a slightly lower rate at 12.8%, and care workers had a rate of 12.3%.

Monthly data from the ASC-WDS has shown that vacancies have slightly increased, from 10.7% in 2021/22 to 11.1% in August 2022. The increase in the vacancy rate at the same time as filled posts decreasing points towards a supply and demand mismatch, with employers unable to find the staff they need to meet the demand for services.

The increase in vacancies in 2021/22 suggests that the supply of available workers is substantially lower than the demand. Significant future challenges continue to exist in this area too, with a projected increase in demand as the population ages (see Chapter 7 - Workforce forecasts).

## Workforce demographics

The adult social care workforce comprised of **82% of workers identifying as female**, compared to 48% of the economically active population. Workers identifying as female were less likely to be in managerial roles (79%), especially in senior management roles (68%), compared to direct care-providing roles (83%) .

<sup>8</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2021>

The **age distribution of the adult social care workforce was older than the economically active population**. 28% of adult social care workers were aged 55 and over compared to 21% of the economically active population. This age group accounted for around 430,000 filled posts in adult social care and therefore, from a workforce planning perspective, these workers may retire within the next ten years.

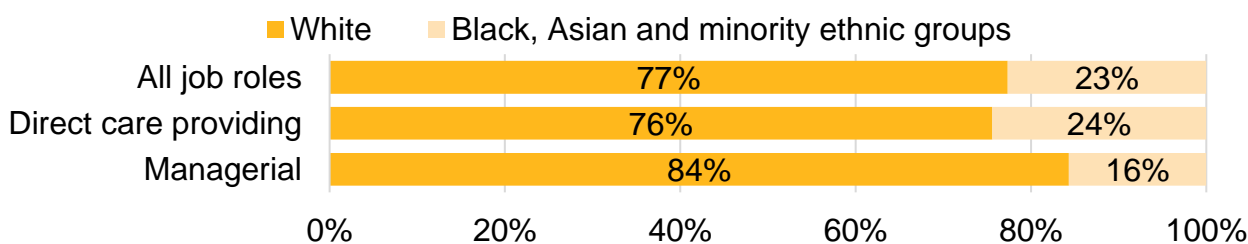
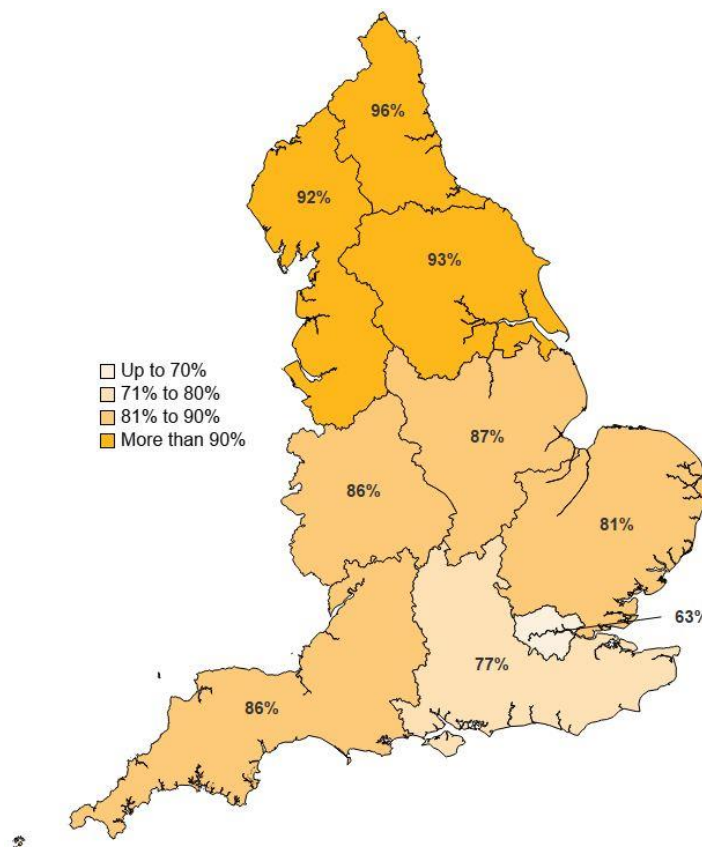
The average age of the workforce had marginally increased over the previous nine years (from age 42.5 in 2012/13 to age 44.4 in 2021/22). The average age of workers in the wider economy had also increased over this period (from 40 to 43), highlighting that it's not exclusively the adult social care sector that is experiencing a marginally ageing workforce.

The adult social care workforce (23% Black, Asian and minority ethnicity) was more diverse than the population of England (14% Black, Asian and minority ethnicity) in 2021/22.

The largest difference can be seen for people of black ethnicity, who made up 12% of the adult social care workforce and 3% of the total population. London was the most diverse region (68% Black, Asian and minority ethnic groups).

'Registered nurse' remained one of the most diverse job roles, with 42% of workers identifying as Black, Asian and minority ethnic. Workers identifying as being of Black, Asian and minority ethnicity were less likely to be in managerial roles (16% Black, Asian and minority ethnic groups) compared to direct providing roles (24% Black, Asian and minority ethnic groups).

### Proportion of workforce with British nationality



**Around 84%** of the adult social care workforce were **British** (1.3 million filled posts), 7% (103,000 filled posts) were of an EU nationality and 9% (143,000 filled posts) were of a non-EU nationality. Therefore, on average, the adult social care sector had a greater reliance on non-EU, rather than EU, workers.

Nationality varied by region (see map), with the North having a higher proportion of British workers than the Midlands or the South. London had the lowest proportion of British workers (63%).

The proportion of non-EU workers increased by 0.7 percentage points in 2021/22, whereas the proportion of EU workers decreased by 0.5 percentage points.

New immigration rules came into place in the UK on 1 January 2021. The new rules effectively meant that people could not come to the UK to take up care worker roles, though they could still arrive to take up senior care worker and some regulated professional roles.

In February 2022, however, care workers were added to the shortage occupation list and the Health and Care worker visa route. This means that providing workers meet the salary threshold of £20,480 and have a licenced sponsor they can come to the UK to take up care worker roles.

Data collected in ASC-WDS since care workers were added to the shortage occupation list suggests that more people are arriving in the UK to take up social care jobs than in 2020 or 2021. Over 90% of people arriving from outside of the UK to take adult social care jobs were from non-EU countries.

International recruitment provides an additional option for employers to bring in care workers and it has already helped to fill some vacancies. It is estimated (using ASC-WDS data) that approximately 10,000-15,000 people have moved to the UK to take up care worker roles since the start of 2022.

### Hourly and annual pay rates

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For the purposes of this report, the National Living Wage (NLW) of £8.91 per hour is referenced to match the period in which the data was collected. In April 2022, after the data in this report was analysed, the National Living Wage had increased to £9.50.

**Nominal pay for regulated professions continued to increase.** Registered nurse roles saw a nominal pay increase between 2020/21 and 2021/22, from £33,600 to £35,100 (+ £1,500, or 4.2%).

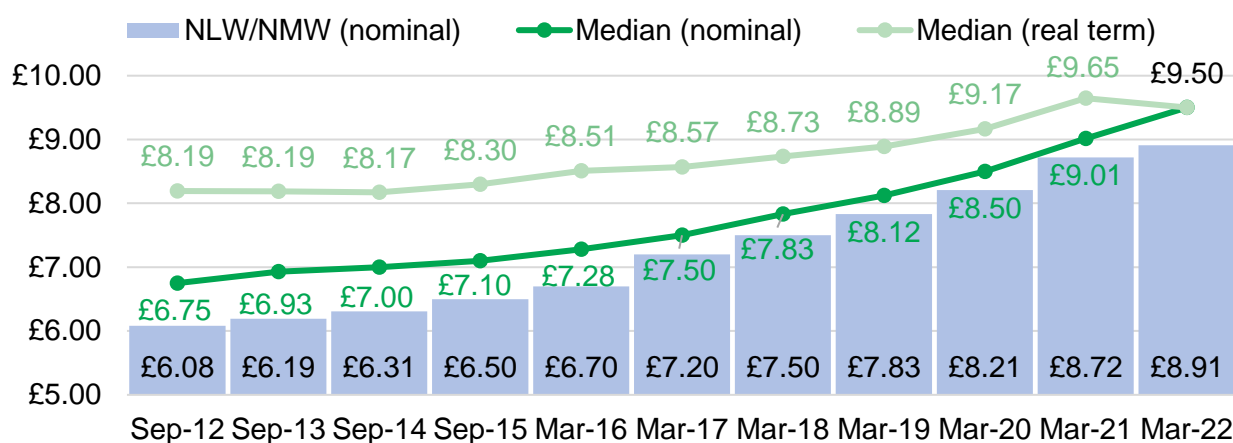
In real terms (taking account of inflation), the pay of registered nurses has increased by 25% from £27,900 since 2011/12. However, as previously shown, the staff turnover rate is still higher for people in registered nurse roles (44.1%). Over the same period, the real-term pay for nurses and health visitors in the NHS has decreased by 3.1%.

Social workers' annual pay saw a nominal increase between 2020/21 and 2021/22, from £37,100 to £38,000 (2.5%). This increase, however, has not outweighed recent inflation and therefore social worker pay, in real terms, is the same as what it was in 2012/13.

**Care worker pay has increased at a faster rate since the introduction of the NLW.** In April 2021, the NLW rose from £8.72 to £8.91 (2.2% in nominal terms). This increase contributed to a 5.4% increase in the median nominal care worker hourly rate from March

2021 to March 2022. This was the second highest increase over the recorded period; a 6.0% increase between March 2020 and March 2021 was the highest.

The chart below shows, however, that the median hourly rate decreased, in real terms, by 1.5% between March 2021 and March 2022. This compares to an average increase of 1.8% per year since September 2012. This decrease was driven by the high cost of living in 2021/22 with inflation rising to 7.0%.

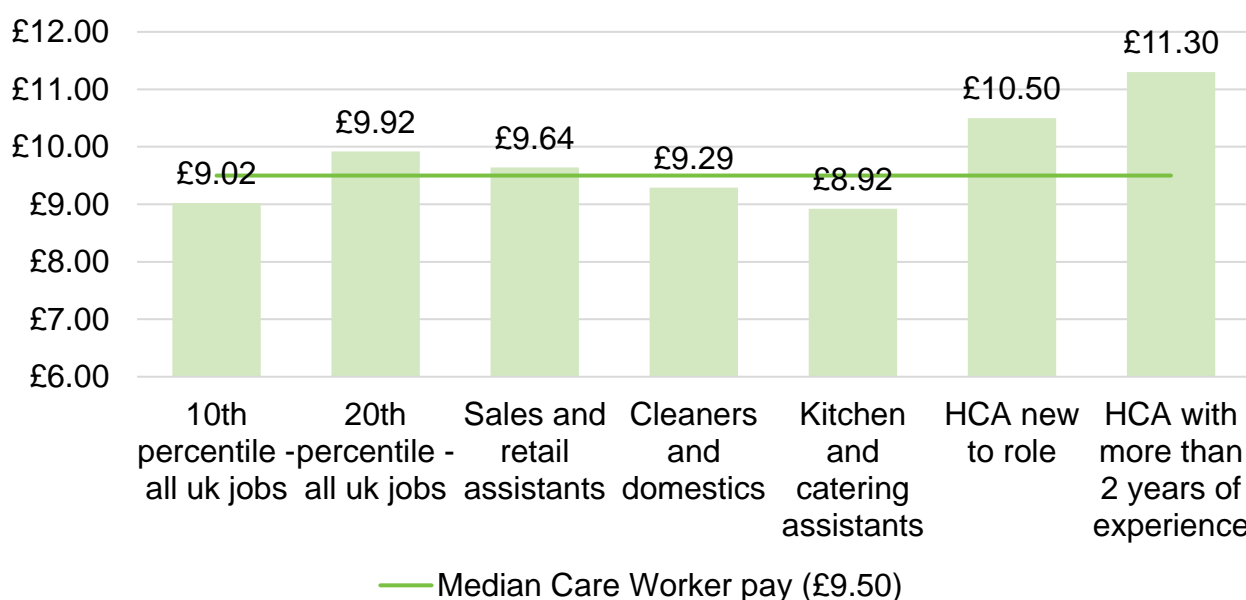


Pay at the lower end of the pay scale has risen at a faster pace than it has at the top. In terms of earnings, the **top 10% (90<sup>th</sup> percentile) of care workers received a 7.6% pay increase**, in real terms, between March 2016 and March 2022. Comparatively, the **bottom 20% (20<sup>th</sup> percentile) received a 13.8% pay increase** in the same period.

The median hourly rate of care workers has most often increased by a similar proportion to changes in the NMW/NLW. However, between March 2021 and March 2022, the median care worker rate increased by 5.4% whereas the NLW increased by 2.2%. However, even though this increase was exceptional, in real terms the hourly rate of care workers fell by 1.5%.

Several challenges are emerging as side effects of the increasing NLW, particularly in maintaining differentials with more senior roles, and in rewarding experienced workers and those with greater responsibilities. On average, care workers with five years' (or more) experience in the sector are paid just seven pence (0.7%) more per hour than care workers with less than one year of experience. Before March 2017, this gap was between 26 pence and 37 pence per hour.

**Care worker pay rates are among the lowest in the economy.** Care worker median pay (£9.50) is below the rate for the 20<sup>th</sup> percentile of £9.92 (80% of jobs pay more than this value). Average care worker pay is £1 per hour less than healthcare assistants (HCAs) in the NHS that are new to their roles, and £1.80 below HCA's with more than two years' experience.



## Qualifications, training, and skills



We believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their roles effectively. Learning and development helps everyone to develop the right skills and knowledge to enable them to provide high-quality care and support.

**Over two thirds (68%) of direct care-providing staff** who had started work in the sector since January 2015 **had engaged with** (achieved, partially completed, or were working towards) **the Care Certificate**. This was highest amongst care workers in domiciliary care services (75%).

**Around half (44%) of direct care-providing staff held a relevant adult social care qualification** (41% of care workers held a Level 2 qualification, or higher). Around four in five (74%) senior care workers held a relevant adult social care qualification at Level 2 or above.

Of those direct care-providing workers that did not hold a relevant social care qualification, 57% had engaged with the Care Certificate, 48% had five years' (or more) experience in the sector, and 70% had completed training relevant to their role.



Of all workers with training recorded, the most popular areas were 'Moving and handling' (76%), 'Safeguarding adults' (75%), and 'Infection Control' (68%).

**Around 33,900 people started a social care apprenticeship in 2020/21**, which was 13% more than in the previous year, but around 66% less than the number that had done so in 2016/17.

Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the 'market share' of adult social care apprenticeship starters decreased from 20% in 2016/17 to 11% in 2020/21.



## Workforce forecasts

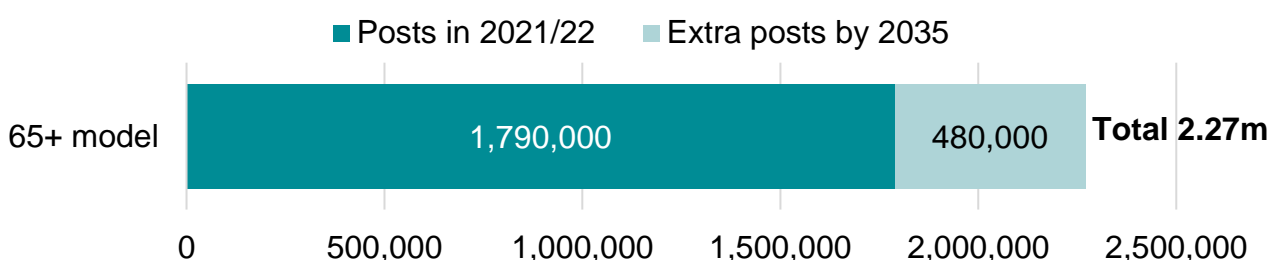


The 'Projecting Older People Population Information System' (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2020 to 2035.



The **population aged 65 and over was projected to increase between 2020 and 2035 from 10.5 million to 13.8 million people** in England, an increase of around 32%. This poses potential challenges for the adult social care sector and workforce.

Our forecasts show that **if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population between 2021 and 2035, an increase of 27% (480,000 extra posts) would be required by 2035.**



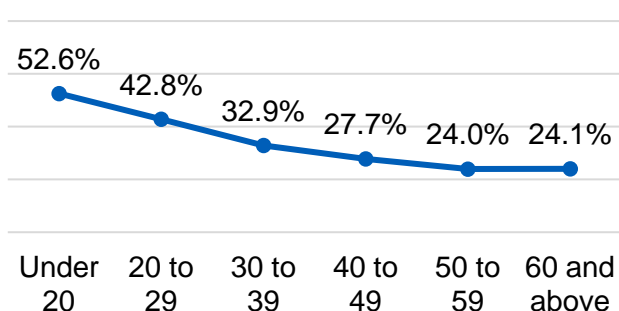
These projections should be treated as 'base case' projections as they only account for changes in demographics and in population during the period. They don't account for any political, economic, technological, or sociological factors that could have an impact on the size of the workforce in the future.

## Factors affecting staff turnover and CQC ratings

### Factors affecting staff turnover

Using ASC-WDS information, we created data science and machine learning models to assess which variables influenced adult social care workers' propensity to leave their jobs. From this, key variables were identified that could be compared to turnover rates. The information below shows the relationship between these key variables and turnover between March 2021 and March 2022.

**A large proportion of staff turnover arose from workers leaving their posts soon after joining.** Care workers with less than one year of experience had a much higher turnover rate (43.5%) than those with 10 years or more (15.3%).



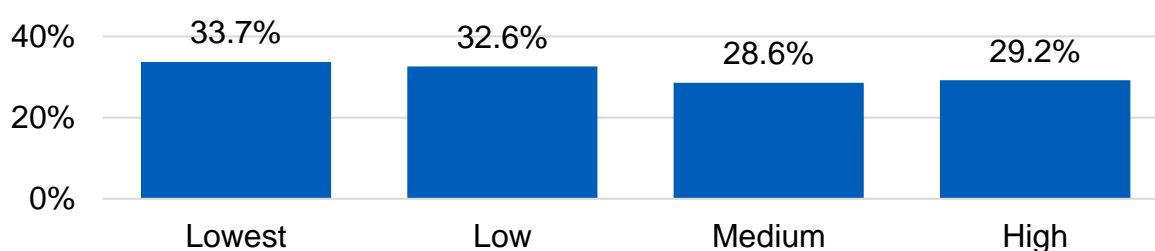
**The sector has a problem retaining younger staff.** Turnover rates amongst those under 20 was 52.6%. This issue is not just seen in adult social care, with many sectors experiencing the same problem. It may be that younger staff are using jobs as a stopgap whilst pursuing education, additional training, or working whilst they consider pursuing a career of their choice.

- **Workers were more likely to leave if they were employed on zero-hours contracts** (33.9% turnover rate), compared to those that were not (30.8%). A similar trend was seen in workers with fewer hours (35.1% for those working 0.5 to nine hours, compared to 31.2% for those working 26 to 35 hours).
- **Turnover rates were higher if the registered manager was new to their role.** The turnover rate of establishments where the registered manager had been in post for less than one year was 32.7%, which was higher than for those establishments with a registered manager in post for 20 years or more (23.2%).
- **Relatively small changes in hourly rates have little bearing on care worker turnover rates.** It's only once care workers are paid around 60p above the NLW that an improvement in turnover rates can be seen.
- **Care workers who received regular training and those with qualifications** were less likely to leave their roles than those who didn't.

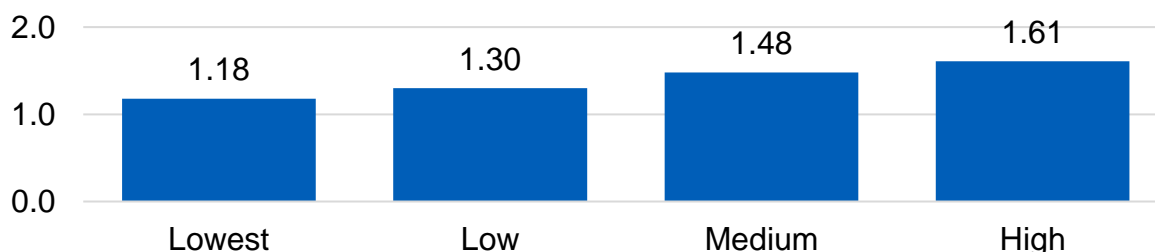
### Factors affecting CQC scores

In 2021 Skills for Care analysed ASC-WDS workforce data compared to CQC scores to see which workforce metrics are associated with higher CQC scores.

- **Turnover rates were lower in establishments receiving high CQC scores.** Establishments with the lowest score had an average turnover rate of 33.7%, compared to those with the highest score which had an average of 29.2%.



- **Establishments with lower vacancy rates, on average, received better scores.** Those receiving high CQC scores had an average vacancy rate of 5.0% compared to a rate of 6.1% for those with lower scores.
- **Care homes with more staff in post per bed, on average, received better CQC scores** than those with lower staffing ratios.



- **Higher care worker pay was associated with higher CQC scores.** Care workers at the lowest scoring establishments had an average hourly rate of £8.86 compared to £9.20 with the highest score. This was also true when comparing care worker pay to the average in the wider economy in the local area. Employers paying closer to the average for their area were more likely to receive high scores.

- **Establishments with higher levels of staff undertaking learning and development were more likely to receive higher CQC scores** (for example, take up of the care certificate, training and qualifications).
- **Establishments with a stable registered manager were likely to receive higher CQC scores.** The more time across the previous year an establishment spent without a registered manager in post, the lower the CQC score was on average.

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## Introduction

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It's crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. High-quality information about the workforce is vital in helping to create a fair and just society, where people can access the advice, care and support they need to live life to the fullest.

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

Our expertise comes from the workforce intelligence that we collect in the Adult Social Care Workforce Data Set (ASC-WDS), formerly the National Minimum Data Set for Social Care (NMDS-SC), from our experience of analysing and interpreting social care data, from our network of locality managers based throughout England, and from talking with, and learning from, employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

### About Skills for Care

Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future.

Our role is to work across the whole system to understand the key drivers of workforce change using insight, data and evidence. We provide managers and those involved in the delivery of social care with guidance on best practice, tools, resources and intelligence to support workforce recruitment, capabilities, and culture. This combination of strategic and operational activity is the cornerstone of our reach and insight into the sector.

Our vision is of a fair and just society where people can access the advice, care and support they need to live life to the fullest. We know that we can't deliver this without collaboration – one of our core values. By working with our partners we're able to bring together a vast array of expertise, support, and influence – which in turn increases the impact and reach of our work. Convening and developing networks is one of our core strengths.

### Strategic priorities

In pursuit of our mission and vision, over the next three years, we will pursue four strategic priorities that will help shape the make-up of the adult social care workforce, drive forward reform and ensure that social care is seen as a valued and worthwhile career. Our approach will evolve over the three years to reflect feedback and the changing landscape.

### Supporting workforce capabilities



to ensure staff have the right skills, knowledge, competencies, values, and behaviours to meet current and future needs in our communities.

### Supporting culture and diversity



to ensure the workforce is treated equally, feels included and valued, and is supported to stay well and pursue their careers in social care.

### Increasing workforce capacity



to make sure we have the right number of people, with the right values and behaviours, working in social care now and in the future.

### Improving the social care system



to ensure it is well funded, supports people to live the lives that they choose and attracts the right people to the workforce.

For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit [strategy.skillsforcare.org.uk](https://www.skillsforcare.org.uk). For further information about Skills for Care, please see our website.<sup>9</sup>

### About the Adult Social Care Workforce Data Set (ASC-WDS)

The Adult Social Care Workforce Data Set (ASC-WDS) is an online data collection service that covers the adult social care workforce in England. There are currently, in September 2022, 19,800 care providers using the ASC-WDS service.

The Adult Social Care Workforce Data Set is the new name for the updated National Minimum Data Set for Social Care (NMDS-SC) service. The NMDS-SC had been collecting information about social care providers and their staff since 2006.

The data collected has been vital to the Government, the Department of Health and Social Care, local authorities and the Care Quality Commission as it has allowed them to plan, fund and monitor the sector for the past 16 years.

The ASC-WDS collects information on the size and structure of the whole adult social care sector, including the types of care services provided, as well as a detailed picture of the workforce, including retention, demographics, pay rates and qualifications, both by job role and employment status.

For more information, please visit the ASC-WDS.<sup>10</sup> For information about how workforce intelligence is used in the adult social care sector, please see the 'Further resources' section of this report.

The Skills for Care Workforce Intelligence team are committed to the three pillars of trustworthiness, quality and value, and principles of the Code of Practice for Statistics. Please see our website for our full statement.<sup>11</sup>

<sup>9</sup> [www.skillsforcare.org.uk](https://www.skillsforcare.org.uk)

<sup>10</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Adult-Social-Care-Workforce-Data-Set/Adult-Social-Care-Workforce-Data-Set.aspx>

<sup>11</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/about-us/Our-Values.aspx>

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

The independent sector information in this report was collected between April 2021 and March 2022, and local authority information dates from September 2021.

Based on the ASC-WDS, our estimates show that there were an estimated 1.79 million posts in adult social care in England as at 2021/22 (including filled posts and staff vacancies). The number of filled posts was estimated at 1.62 million and the number of vacant posts was 165,000. Around 1.51 million of these filled posts were employed by local authorities and independent sector employers, along with posts working for direct payment recipients.

Just under half of the CQC regulated workforce were recorded in the ASC-WDS (47%). This coverage varies by care services, job role and geographical area. The methodology used to estimate the size and characteristics of the whole workforce is outlined below.

### Local authorities (adult social services departments)

ASC-WDS is the means of collection for the adult workforce data return for local authorities. In 2021, for the tenth year in a row, all local authorities in England (100%) met the criteria of a full ASC-WDS return for people working in adult social services departments.

### Independent sector

Skills for Care estimates that there were 39,000 care establishments providing, or involved in organising, adult social care in England in 2021/22. In March 2022, there were around 26,300 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 47% of them (12,200 out of 26,300).

These CQC-regulated establishments had completed around 447,000 ASC-WDS worker records out of a total population of around 1.1 million workers employed by CQC-regulated employers in the independent sector. A sample of this size provides a solid basis for creating reliable and precise analysis about the regulated adult social care workforce at both a national and local level.

All data in the ASC-WDS has been updated or confirmed to be up to date within the last two years and most employers have updated their data in the past 12 months. Every effort has been made to ensure that information derived from the ASC-WDS is reliable. All ASC-WDS data was validated at source and has been through rigorous data quality checks prior to analysis. For more information please see the 'Quality' section of Our Values webpage.<sup>12</sup>

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

The ASC-WDS is a mandatory return for local authorities and is non-mandatory for the independent sector; therefore, it doesn't have 100% coverage of the adult social care sector. However, it does have a sufficiently large sample to provide a solid basis for creating reliable and precise adult social care sector and workforce estimates at both a national and local level.

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<sup>12</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/about-us/Our-Values.aspx>

Our Workforce Intelligence team use data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. We use ASC-WDS data to make estimates of workforce characteristics (e.g. demographics, pay rates, employment statuses) for each geographical area, service type, employer type and job role combination that we report by.

These estimates are then 'weighted' according to the coverage/completeness of ASC-WDS data for the sector in each of the above areas. For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers, even if the ASC-WDS contains uneven levels of data coverage.

We have confidence in the quality of these estimates; the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates were produced, please visit the Workforce Intelligence website.<sup>13</sup>

In this report, independent sector information is derived from the ASC-WDS as at March 2022 and local authority information is correct as at September 2021. The number of filled posts working for direct payment recipients was calculated from a survey of individual employers and their personal assistants, and was correct as at February 2022.

### Terminology used in this report

Adult social care, and the terminology used to describe it, continues to change. Our aim has been to maintain a degree of consistency and comparability with previous reports, so we have:

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

The ASC-WDS collects information on 29 job roles. These are then aggregated into four groups for the purposes of analysis. The main roles within each job role group are as follows:

- **Managerial**, including senior, middle and first-line managers, registered managers, supervisors, managers and 'staff in care-related but not care-providing roles'.
- **Regulated professions**, including social workers, occupational therapists, registered nurses, allied health professionals, 'safeguarding and reviewing officer' and nursing associates.
- **Direct care**, including senior care workers, care workers, community support and outreach workers (referred to as 'support and outreach workers' throughout this report) and other care-providing job roles.
- **Other roles**, including administrative or office staff who are not providing care, ancillary staff who are not providing care, activities worker or co-ordinators, care co-ordinators, assessment officers and other job roles which are not care-providing.

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<sup>13</sup> [www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates)

Similarly, the ASC-WDS collects information on 35 types of care services. These are also then aggregated into four groups for the purposes of analysis. Selected main care services within each group are:

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



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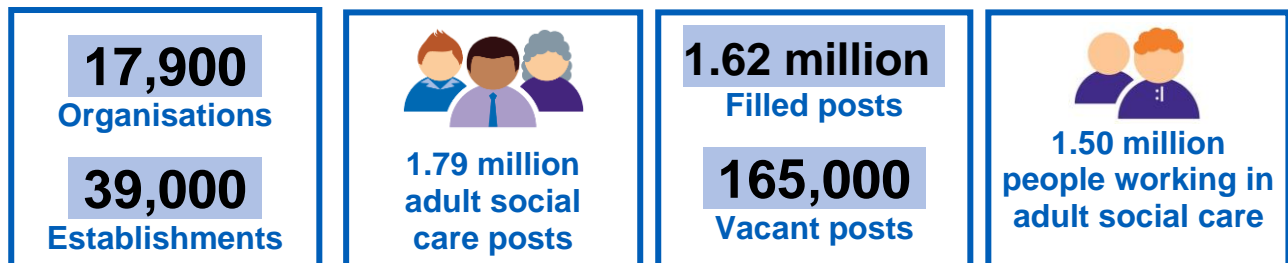
# Size and structure

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’ interactive visualisation<sup>14</sup>. For further detail, please refer to our website.<sup>15</sup>

### Overview of the size and structure of the adult social care sector and workforce in England, as at 2021/22

- An estimated **17,900** organisations were involved in providing or organising adult social care in England as at 2021/22. Those services were delivered in an estimated **39,000** establishments.
- The total number of posts in adult social care in England (including filled posts and staff vacancies) was **1.79 million** as at 2021/22 (this was 0.3% higher than in 2020/21).
- The number of filled posts was estimated at **1.62 million** and the number of vacant posts was **165,000**.
- The number of filled posts has decreased by around 3% (50,000 posts) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13.
- Over the same period the number of vacant posts has increased (by 55,000 or 52%), which shows that the decrease in filled posts is a result of recruitment and retention difficulties, rather than a decrease in demand for care staff.
- The decrease in filled posts and corresponding increase in vacancies across adult social care comes as the number of vacancies in the wider economy has increased creating competition for labour.
- The number of full-time equivalent (FTE) filled posts was estimated at **1.17 million** and the number of people working in adult social care was estimated at **1.50 million**.



#### 1.1. Introduction

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

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

This chapter includes estimates of the number of adult social care organisations and establishments, the economic contribution of the adult social care sector, information

<sup>14</sup> Please see the further recourse chapter for more details about what a data visualisation is

<sup>15</sup> [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

about direct payment recipients, estimates of the number of adult social care jobs/filled posts, full-time equivalent filled posts, and the number of people in the workforce, as well as information about the number of filled posts within the services that provide care and support to people with specific care needs.

## 1.2. Number of adult social care organisations (enterprises)

- The total number of whole PAYE- or VAT-registered organisations (enterprises) involved in providing or organising adult social care in England as at 2021/22 was estimated at **17,900**.

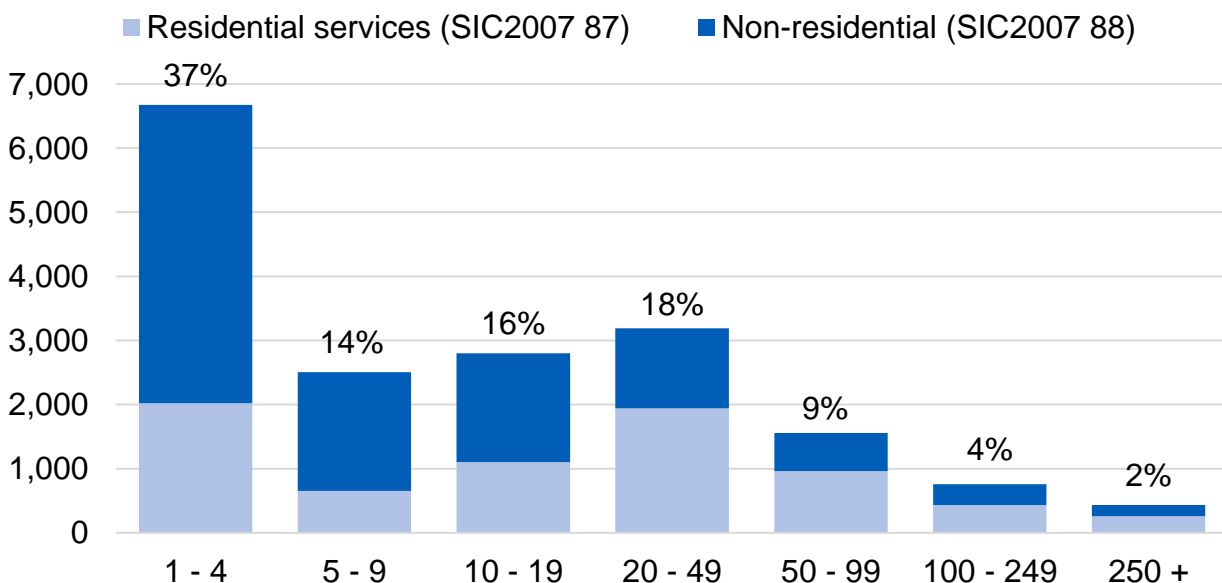
The definition of organisations includes large national employers, large charities, local authority adult social services departments and small independent care services. For example, a large company running multiple care homes would count once in these figures. This estimate doesn't include individuals 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.

Two in five (40%) adult social care organisations were providing residential services and three in five (60%) were providing non-residential services.

Chart 11 shows that most adult social care organisations were micro (one to nine employees) or small (10-49 employees). Around 37% of organisations had one to four employees, and 85% had fewer than 50 employees. Organisations that were large (250+ employees) made up just 2% of the total organisations but employed almost half (49%) of the total adult social care workforce as at 2021/22.

### Chart 11. Estimated number of adult social care organisations in England by size group (number of employees), 2021/22

Source: Skills for Care estimates based on ONS IDBR data



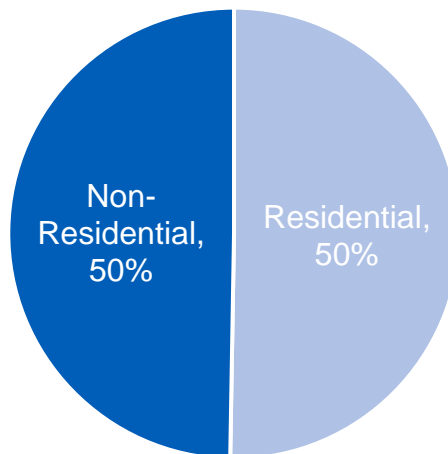
### 1.3. Number of adult social care establishments

- An estimated **39,000** establishments were involved in providing or organising adult social care in England as at 2021/22.

The definition of ‘establishments’ used in this section includes all local units of employment, as opposed to only the whole organisations which were counted in the previous section. For example, each individual care home within a large care-providing organisation will have been counted in this section, whereas only the care-providing organisation as a whole was counted in the previous section. Chart 12 shows that 50% of adult social care establishments were providing residential services, and 50% were providing non-residential services.

#### Chart 12. Estimated proportion of adult social care establishments in England, by service type, 2021/22

Source: Skills for Care estimates based on ONS IDBR data



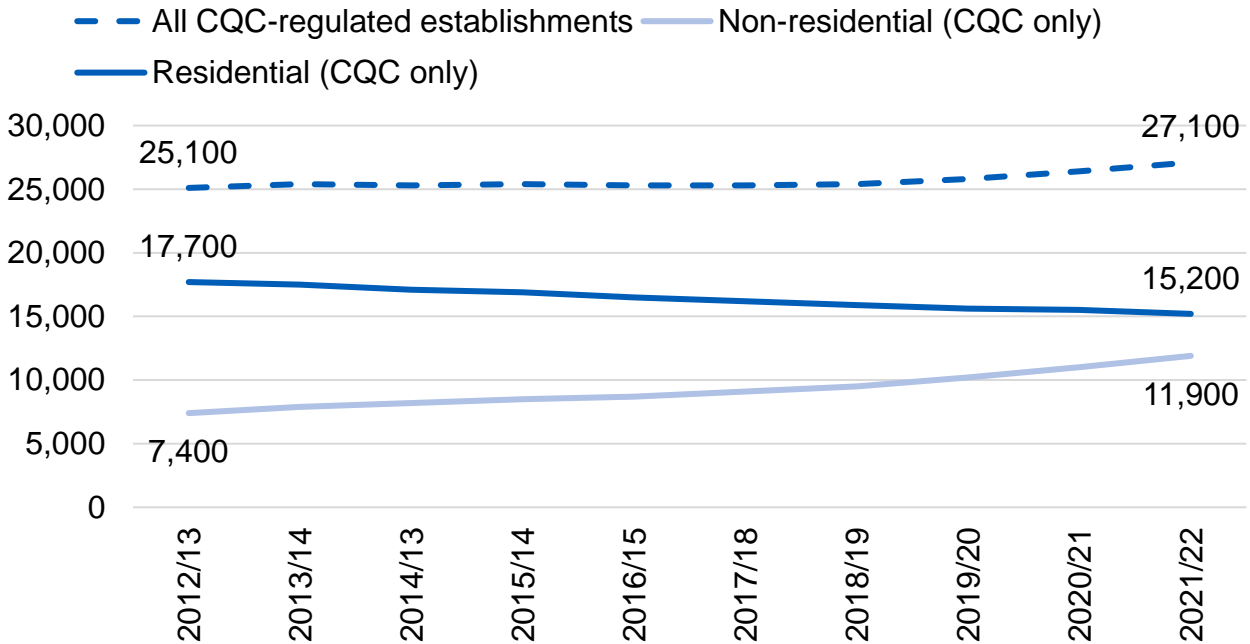
Around two thirds of establishments (69%) were regulated by the Care Quality Commission (CQC). Chart 13 shows the change in the number of CQC-regulated adult social care establishments by service type.<sup>16</sup> It illustrates how there’s been an overall increase of around 2,000 establishments (an increase of 7.8%) between 2012/13 and 2021/22.

The chart reveals that the number of non-residential CQC-regulated establishments increased by 4,500 over the period (an increase of 60.8%), whereas the number of residential CQC-regulated establishments decreased by 2,500 establishments (a decrease of 14.3%). The reasons behind this shift may be related to the Government’s policy of promoting independence for people who have care and support needs.

<sup>16</sup> A precise trend in terms of all establishments could not be created due to changes in data sources over time.

**Chart 13. Number of CQC-regulated adult social care establishments, 2012/13-2021/22**

Source: Skills for Care estimates and CQC data

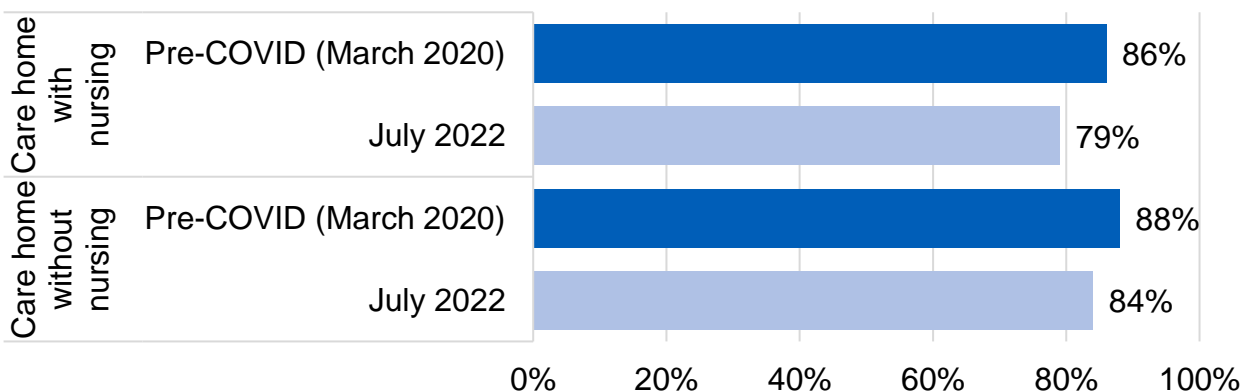


Analysis of CQC information dating from 2012/13 shows that the total capacity of residential care homes remained fairly stable over the period, despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may have been merely a consolidation of this part of the sector, whereby a similar amount of care was being provided by a smaller number of establishments.

Since the start of the pandemic, occupancy levels in care homes have fallen. An increased mortality rate among care home residents in 2020/21 as well as a shift in demand away from residential care and towards domiciliary care have contributed to the decrease.

**Chart 14. Care home utilisation/occupancy levels**

Source: Skills for Care estimates and Skills for Care COVID-19 monthly tracking



The shift in demand away from residential care and towards domiciliary care can be seen in the change in the total number of posts in the two service types. Between 2019/20 and 2021/22 the total number of posts in domiciliary care increased by 46,000 (an 8% increase). Over the same period, the total number of posts in care homes decreased by 14,500 (-2%).

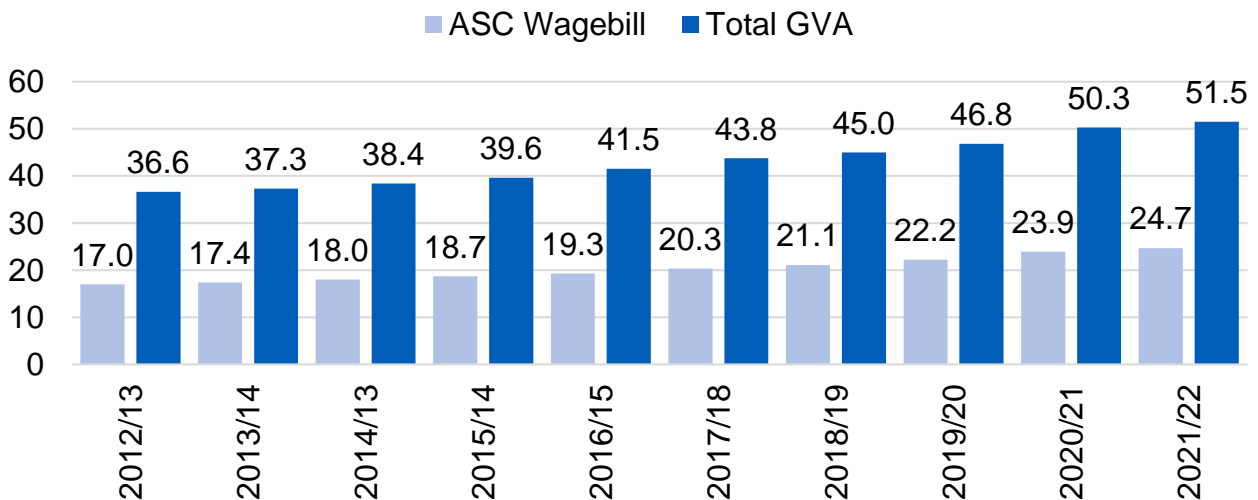
Skills for Care has created monthly tracking information, which shows the estimated number of filled posts in adult social care and residential care occupancy rates each month.<sup>17</sup>

#### 1.4. Economic contribution

The adult social care sector was estimated to contribute £51.5 billion gross value added (GVA) per annum to the economy in England (up 2% from 2020/21). The total wage bill of the sector, calculated using ASC-WDS information, accounted for around half of this amount at £24.7 billion in 2021/22 (up 3% from 2020/21). The economic contribution estimate also includes private sector profits, indirect effects (the adult social care sector's supply chain) and induced effects (money spent by people working in adult social care).

#### Chart 15. Adult social care wage bill between 2012/13 and 2021/22 (£ billion)

Source: Skills for Care estimates



Skills for Care's 2021 report<sup>18</sup> "The value of adult social care in England" also considers the wider societal value of the sector and monetarises the benefits of some of these key societal values.

<sup>17</sup> [www.skillsforcare.org.uk/COVID19Data](http://www.skillsforcare.org.uk/COVID19Data)

<sup>18</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>

## 1.5. Individual employers

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

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

- Around 220,000 adults, older people and carers were receiving direct payments as at 2021/22.<sup>19</sup> We estimate that around 65,000 (29%) of these direct payment recipients were directly employing their own staff in 2021/22.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014/15 and 2021/22. Between 2008 and 2013, this figure increased by around 35,000 in line with take-up of direct payments over the same period.
- Individual employers, on average, employed 1.87 PAs each, and there were an estimated 120,000 filled posts working for direct payment recipients in 2021/22.
- PAs held an average of 1.29 PA filled posts each, meaning that around 90,000 people were carrying out 120,000 filled posts in 2021/22.

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

For further information about direct payment recipients and trends, and for a detailed focus on individual employers and their PAs, please see the 'Individual employers and the personal assistant workforce, 2022' report<sup>20</sup>.

## 1.6. The adult social care workforce

- The total number of posts in adult social care in England (including filled posts and staff vacancies) was **1.79 million** as at 2021/22 (this was 0.3% higher than in 2020/21).
- The number of filled posts was estimated at **1.62 million** and the number of vacant posts was 165,000. See chapter three for more details.
- The number of filled posts has decreased by around 3% (50,000 filled posts) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13.
- Over the same period the number of vacant posts has increased (by 55,000 or 52%), **which shows that the decrease in filled posts is a result of recruitment and retention difficulties rather than a decrease in demand for care staff.**
- The number of full-time equivalent (FTE) filled posts was estimated at 1.17 million and the number of people working in adult social care was estimated at 1.50 million.

We use data collected by the ASC-WDS to create workforce models which, in turn, allow for estimates of the whole adult social care workforce, and for workforce characteristics to

<sup>19</sup> NHS Digital - Adult social care activity and finance report, England 2018-19

<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

<sup>20</sup> [www.skillsforcare.org.uk/IEPareport](http://www.skillsforcare.org.uk/IEPareport)

be produced. For a methodology of how these estimates are produced, please see our website.<sup>21</sup>

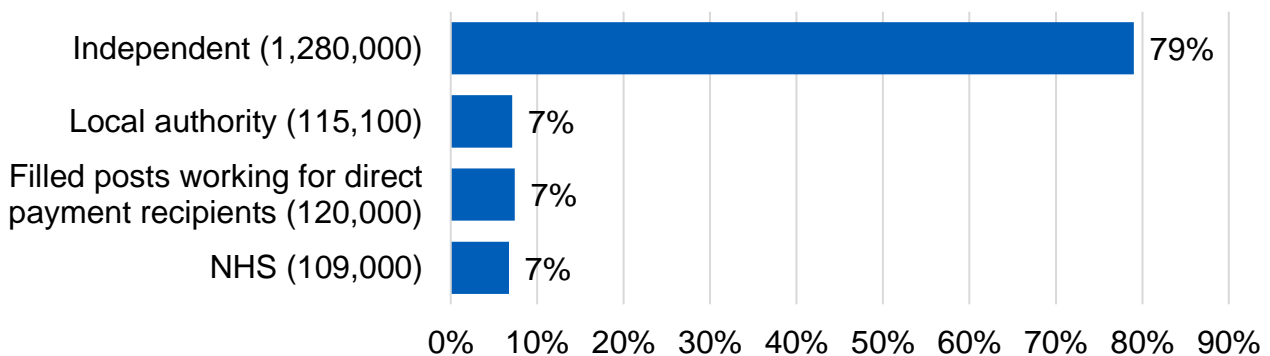
### 1.6.1. Sector/type of employer

Chart 16 shows that over three quarters (79%) of filled posts in adult social care were for independent sector employers. Local authorities accounted for 7% of all filled posts, while adult social care related filled posts in the NHS accounted for 7% of the total.

The workforce employed by direct payment recipients accounted for 7% of all filled posts. This estimate should be treated with some caution due to the smaller sample size available to make this estimate.

#### Chart 16. Estimated number of adult social care filled posts by employer type in England, 2021/22

Source: Skills for Care estimates



Since 2012/13, the distribution by type of employer has changed. The sector has seen a shift away from local authority employers (10% of the workforce in 2012/13) and towards independent employers (76% in 2012/13).

Filled posts working for independent employers couldn't be accurately split into 'private' and 'voluntary' as this information isn't reported by the Care Quality Commission (CQC). Estimates from the ASC-WDS suggest that approximately 73% (930,000) of the filled posts working for independent employers were in private establishments (around 57% of all posts), and 27% (345,000) were filled posts in voluntary/charity establishments (around 21% of all posts).

### 1.6.2. Main care service

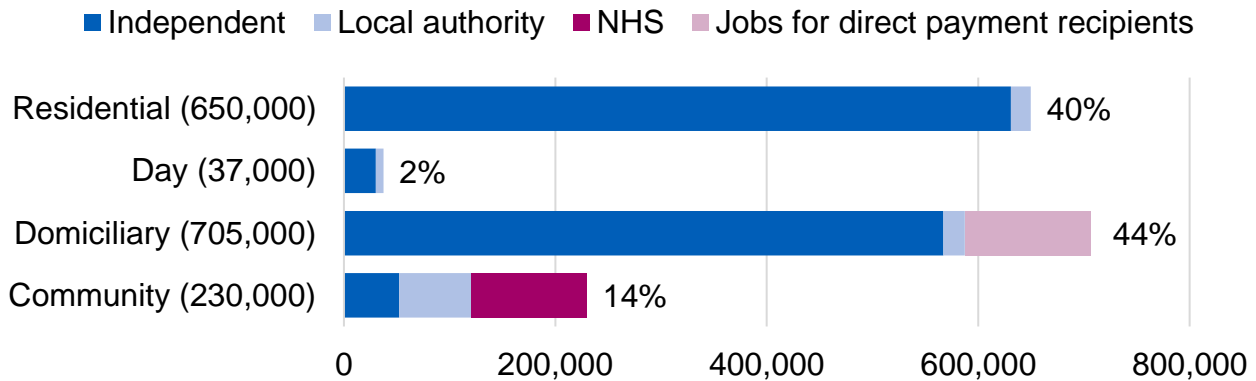
Chart 17 shows a breakdown of adult social care filled posts by main service group. It illustrates that most filled posts were split between residential (40%) and domiciliary employers (44%), 2% of filled posts were in day care services, and 14% were community-based. The chart also shows the sector/type of employer.

<sup>21</sup> [www.skillsforcare.org.uk/weightingmethodology](http://www.skillsforcare.org.uk/weightingmethodology)



**Chart 17. Adult social care workforce estimates by employing care service and type of employer, 2021/22**

Source: Skills for Care estimates



The majority of filled posts employed by residential services were within CQC regulated care-only homes (298,000 filled posts) and CQC regulated care homes with nursing (269,000 filled posts), as well as 8,000 filled posts employed by CQC regulated Shared Lives services<sup>22</sup>. There were also around 75,000 filled posts for non-CQC regulated residential services, e.g., residential mental health services.

For further information about care homes with nursing, without nursing, and for domiciliary care services, please see our two-page summaries.<sup>23</sup> For more information about how the workforce is split by sector or care service, please refer to the 'Size and structure of the adult social care sector and workforce in England, 2022' data visualisation.<sup>24</sup>

### 1.6.3. Job role groups

Table 1 shows that three quarters of adult social care filled posts were directly providing care (75%). Managerial and supervisory roles accounted for 7% of filled posts, regulated professions accounted for 5%, and the 'Other' category accounted for 13%. This category includes administrative posts, ancillary posts including catering, cleaning, transport and maintenance roles, and other posts not directly involved in providing care.

**Table 1. Estimated number of adult social care filled posts by job role in England, 2021/22**

Source: Skills for Care estimates

| Job role group         | Total filled posts | Percentage of posts |
|------------------------|--------------------|---------------------|
| <b>All job roles</b>   | <b>1,620,000</b>   |                     |
| Direct care            | 1,225,000          | 75%                 |
| Managerial             | 113,000            | 7%                  |
| Regulated professional | 80,000             | 5%                  |
| Other                  | 207,000            | 13%                 |

<sup>22</sup> This estimate includes self-employed carers and draws on data collected and published by Shared Lives Plus. For more information, please visit: <https://sharedlivesplus.org.uk/england/>

<sup>23</sup> [www.skillsforcare.org.uk/stateof](http://www.skillsforcare.org.uk/stateof)

<sup>24</sup> [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

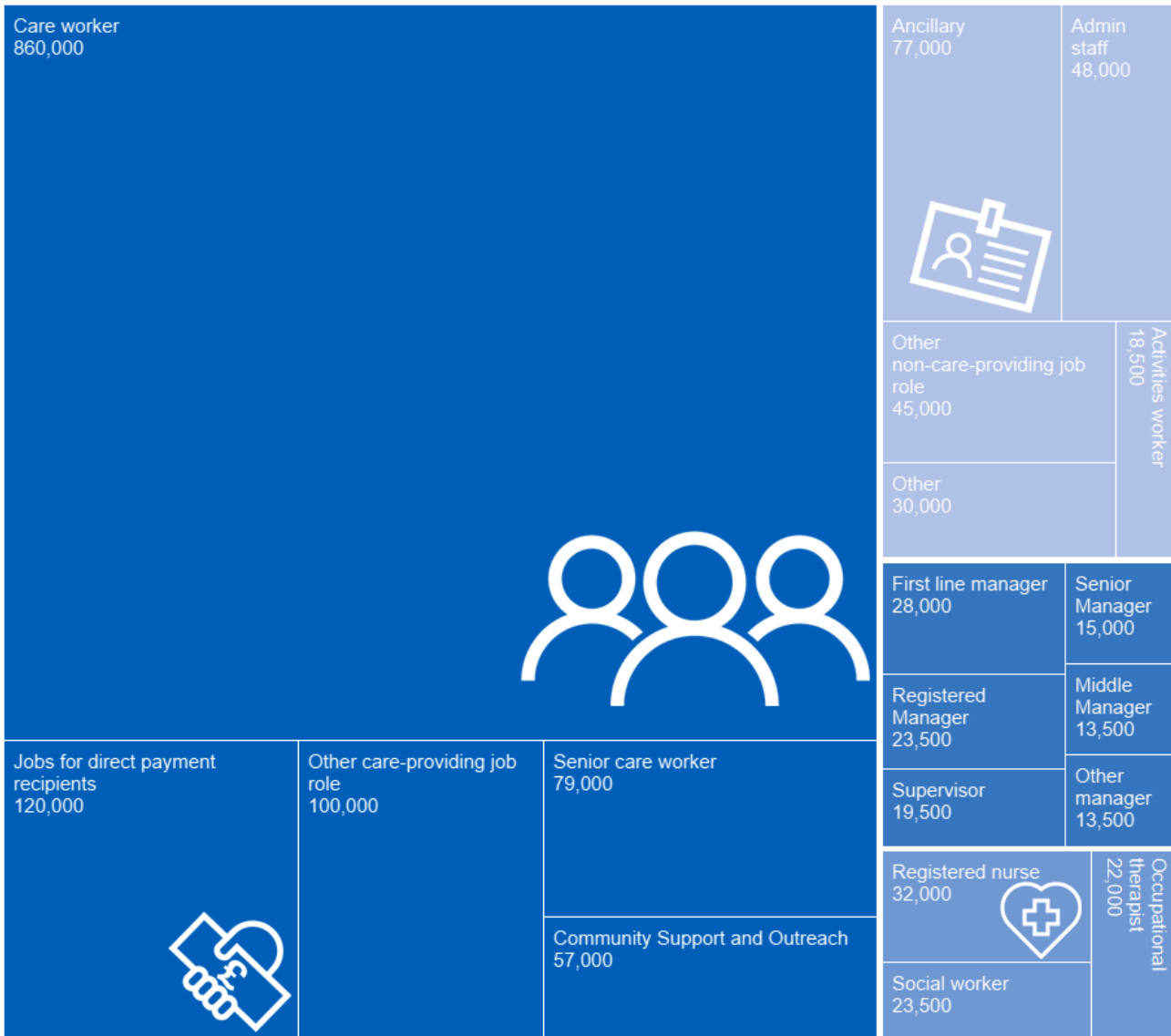
1.6.4. Individual job roles

Chart 18 shows a breakdown of the number of filled posts in the adult social care sector by job role. The size of each rectangle is proportional to the number of filled posts 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 860,000 roles being carried out as at 2021/22. Care workers accounted for over half (53%) of all filled posts in the adult social care sector. Chart 18 also shows that ‘Filled posts working for direct payment recipients’ (120,000) were the second most common job role, and ‘Ancillary’ posts were the third most common (77,000).

**Chart 18. Estimated number of adult social care filled posts by individual job roles**

Source: Skills for Care estimates



\* ‘Other’ includes 11 job roles which were estimated to include fewer than 9,000 filled posts each.

## Regulated professional roles

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

### Registered nurses



In 2021/22, there were an estimated 32,000 registered nurse filled posts in the adult social care sector. Most of these were in care homes with nursing in the independent sector (30,000), and around 1,800 involved working for independent sector non-residential care providers. This figure doesn't include registered nurses working in the NHS. For information about the trends in the number of registered nurse filled posts, please see Section 1.9.1.

### Occupational therapists



There were 3,700 identified occupational therapist filled posts working in adult social care settings (3,200 of which were employed by local authorities), with at least a further 1,000 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). There were also 18,500 occupational therapist roles identified as working in the NHS. Although most occupational therapists will perform adult social care-related tasks, their roles may also involve assessing the needs of disabled children.

### Social workers



As at 2021/22, there were an estimated 23,500 social worker filled posts in the adult social care sector. Many of these (17,300) were within local authorities, and around 2,500 were employed within the independent sector. Data from NHS Digital shows that there were also around 4,000 social worker filled posts in the NHS. As with occupational therapists, these filled posts have been included as they're considered to be related to social care.

Skills for Care has a dedicated webpage including a range of support, information and resources for people who employ nurses, occupational therapists and social workers in adult social care. Our programmes and resources are designed to help employers address the challenges of recruiting and retaining these roles in the sector.

### Registered managers

The role of registered managers is critical in the adult social care sector. At the heart of every outstanding service is a manager who's working hard to ensure that they can create a person-centred culture that delivers great, high-quality care – and that their staff are supported, recognised and valued. There are around 27,000 CQC regulated establishments or care-providing locations in adult social care in England. In 2021/22 there were around 23,600 registered managers in post.

Please note that the difference between establishments and managers are not all vacancies because some services are structured to have one manager registered for multiple services. The registered manager vacancy rate was 12.8%, equivalent to an average of 3,450 in 2021/22. Please see chart 26 for more details.

Skills for Care offers support to registered managers through local peer-networks across England, a series of short 30-minute practical webinars and other dedicated resources, including information to support managers preparing for, or responding to, CQC inspection. More information about this support can be found [on our website](#).

The Workforce Intelligence website has a dedicated page showing registered manager workforce information via an interactive visualisation, which enables you to see and understand this job role in a more visual and interactive way.<sup>25</sup>

## Deputy managers

Deputy managers play an important role in the adult social care sector by supporting the registered manager of the service. With 7,500 registered managers (32%) due to retire in the next 15 years and with a high turnover of registered managers across the sector, succession planning is key to ensuring that services continue to provide well-led, consistent quality care. Deputies are the managers of the future and supporting them in their role is crucial to the stability and continuity of services.

Skills for Care offers regional deputy manager networks<sup>26</sup> to help deputies meet the challenges they face in their day-to-day work.

### 1.7. Number of full-time equivalent filled posts

**The number of full-time equivalent (FTE) adult social care filled posts in England as at 2020/21 was estimated at 1.17 million.**

In this section, we present FTE estimates of the size of the adult social care workforce. These estimates were created by applying contracted hours and 'usual hours' data to estimates of the total number of filled posts. 37 hours per week has been classed as 'full-time'<sup>27</sup>.

Table 2 shows the total number of filled posts and the number of FTE filled posts by employer type. It shows that, as at 2021/22, there were an estimated 1.17 million FTE adult social care filled posts. This estimate was considerably smaller than the total number of filled posts (1.62 million), which reflects the part-time nature of many adult social care posts. This was especially true of posts working for direct payment recipients; these make up a smaller percentage of FTE filled posts (5%) than all filled posts (7%).

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<sup>25</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Registered-managers.aspx>

<sup>26</sup> [deputy manager networks](#)

<sup>27</sup> On average, full-time hours in adult social care is 37-37.5 hours per week.

**Table 2. Estimated adult social care filled posts and FTE filled posts in England, 2021/22**

Source: Skills for Care estimates

| Employer type             | Filled posts     | Percentage of filled posts | FTE filled posts | Percentage of FTE filled posts |
|---------------------------|------------------|----------------------------|------------------|--------------------------------|
| <b>Total</b>              | <b>1,620,000</b> |                            | <b>1,170,000</b> |                                |
| Independent               | 1,280,000        | 79%                        | 923,000          | 79%                            |
| Local authority           | 115,100          | 7%                         | 93,700           | 8%                             |
| NHS                       | 109,000          | 7%                         | 95,000           | 8%                             |
| Direct payment recipients | 120,000          | 7%                         | 55,000           | 5%                             |

### 1.8. Number of people

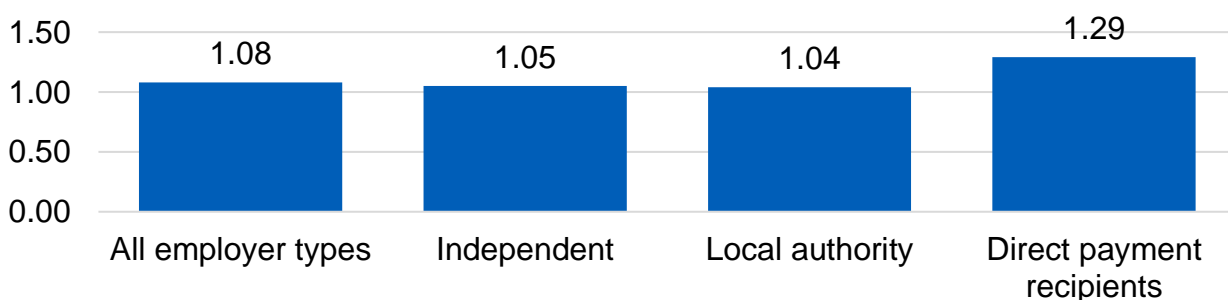
- The number of people working in adult social care in England as at 2021/22 was estimated at **1.50 million**.

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

Chart 19 shows the estimated number of filled posts per worker by type of employer. It illustrates that people employed by direct payment recipients were much more likely to hold more than one adult social care posts (129 filled posts per 100 people) than the overall average (108 filled posts per 100 people). This isn't surprising, given the part-time nature of many of these roles.

**Chart 19. Estimated number of adult social care filled posts per person by type of employer, 2021/22**

Source: Skills for Care estimates



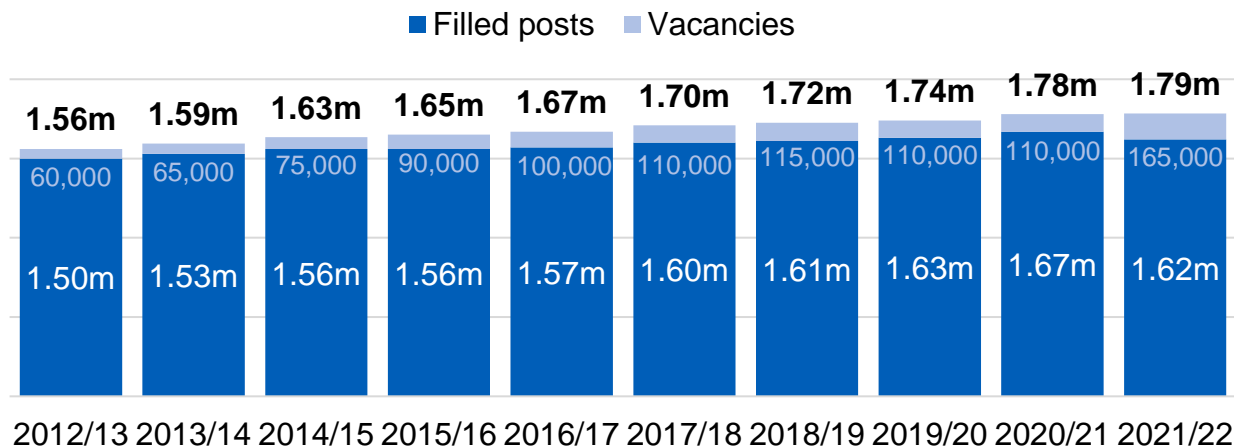
According to the Labour Force Survey (LFS), England had an economically active population of 28.8 million people in 2021/22. Therefore, because the adult social care sector employed an estimated 1.50 million people, it's estimated that 5.3% of the economically active population worked within adult social care.

### 1.9. Trends in the number of posts and filled posts

- The total number of posts in adult social care in England (including filled posts and staff vacancies) was **1.79 million** as at 2021/22 (this was 0.3% higher than in 2020/21).
- The number of filled posts was estimated at **1.62 million** and the number of vacant posts was 165,000.
- The number of filled posts has decreased by around 3% (50,000) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13.
- Over the same period the number of vacant posts has increased (by 55,000 or 52%) which shows that the decrease in filled posts is a result of recruitment and retention difficulties rather than a decrease in demand for care staff.

**Chart 20. Estimated number of adult social care posts (including filled posts and staff vacancies) and percentage change, in England, 2012/13-2021/22**

Source: Skills for Care estimates



#### Changes in the previous 12 months (since 2020/21)

- Between 2020/21 and 2021/22 the majority of the decrease in filled posts was in the independent sector (down by 45,000). Filled posts in local authorities remained broadly the same (up by around 1,000).
- In residential services, the number of filled posts fell by 13,000 in care only homes (4%) and 15,000 in care homes with nursing (5%).
- For non-residential services, the number of filled posts fell by 19,000 (3%).
- In terms of job roles, the majority of the decrease in filled posts was for direct care providing roles (down 55,000 and 4%). Registered nurse filled posts also decreased by 4.5% (1,600 posts).

#### Longer term trends (since 2012/13)

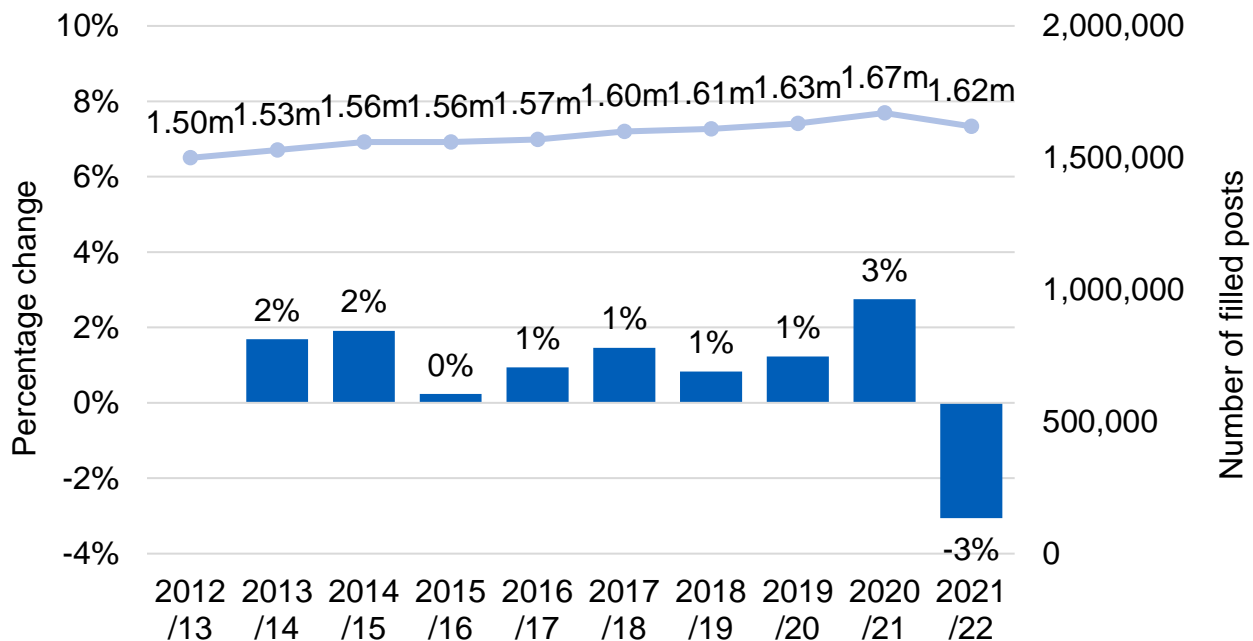
- Since 2012/13, the demand for social care staff has increased substantially. The total number of posts in adult social care has increased by 230,000 (15%)
- Since 2012/13, the number of filled posts in adult social care has increased by 120,000 (8%) with vacancies also increasing by around 105,000.

- Over the same period, the workforce has moved away from the local authority sector (a decrease of 24%, or 36,000) and towards the independent sector (an increase of 12%, or 135,000).
- The number of filled posts in domiciliary services increased at a faster rate between 2012/13 and 2021/22 (an increase of 120,000 and 27%) than filled posts in residential services which are now at a similar level to 2012/13 after decreasing by 4% in the previous 12 months.
- Registered nurses were one of the only job roles in adult social care to see a significant decrease over the period (down 18,000 filled posts or 36% since 2012/13). Please see section 1.9.1 for more information.

Chart 21 shows that the number of filled posts had been increasing between 2012/13 and 2020/21 at an average rate of 1.4% per year, and by a total of around 175,000 posts. In 2021/22, the number of filled posts decreased by 3%, equivalent to a decrease of around 50,000 posts.

**Chart 21. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2012/13-2021/22**

Source: Skills for Care estimates



From 2012/13 to 2017/18, in the local authority sector, there was an average decrease of 8,000 filled posts each year. However, between 2017/18 and 2021/22, there was an average increase of 1,500 filled posts. The percentage of all filled posts employed within local authorities was 7% in 2021/22, this was lower than in 2012/13, when local authority filled posts accounted for around 10% of all adult social care filled posts.

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

### **A summary of workforce supply and demand recent trends**

- Levels of staff sickness nearly doubled over the course of the pandemic, from 4.6 days before the pandemic to 8.1 days during. Following the relaxation of rules regarding testing and isolation, sickness rates have begun to decrease towards pre-pandemic levels (6.2 days as at August 2022).
- There was, for the first time since records started in 2021/13, a decrease in the number of filled posts. Filled posts over recent years have consistently increased to keep up with the rising demand for care due to the aging population.
- At the beginning of the pandemic there was a fall in vacancy rates in adult social care as people losing their jobs elsewhere took up roles in the care sector while fewer people left their care roles. But vacancy rates have been rising again since, as the wider economy has opened back up. Employers have not been able to recruit and keep all the staff they need. As a result, an increasing number of posts remain vacant.
- The high vacancy rate shows that the decrease in filled posts is due to recruitment and retention difficulties in the sector rather than a decrease in demand.
- Recruitment has been especially problematic in 2022 with opportunities in other sectors providing competition for labour. Although increasing vacancy rates are not unique to adult social care during the last year.
- It has been reported to Skills for Care that some care providers have been able to respond to rising staff vacancies by increasing wages to attract and retain more staff. Some have also reported giving bonuses, golden hellos, and incentive payments.
- In February 2022, care workers were added to the shortage occupation list, which means that providing workers meet the salary threshold of £20,480 and have a licenced sponsor they can come to the UK to take up care worker roles.
- Data collected in ASC-WDS since care workers were added to the shortage occupation list suggests that more people are arriving in the UK to take up social care jobs than in 2020 or 2021. Over 90% of people arriving to take adult social care jobs were from non-EU countries.
- Despite recent increases in pay, the availability of jobs in the wider economy is still at a high level, and these jobs are often higher paid and perceived to be less demanding than social care jobs. At the time of writing, this competition for staff from other sectors appears to be cancelling out any gains made from the increased supply of available workers.

Skills for Care continues to monitor the impact of the COVID-19 pandemic on the adult social care workforce and has created interactive visualisations which are updated with the latest workforce information each month.<sup>28</sup>

#### **1.9.1. Trends in the number of registered nurse filled posts**

Registered nurses were one of the only job roles in adult social care to see a significant decrease in filled posts over the period (down 18,500 filled posts, or 36% since 2012/13). The number of registered nurse filled posts decreased year-on-year between 2012/13 and 2021/22 (from 51,000 to 32,000). This could be related to the recruitment and retention

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<sup>28</sup> [www.skillsforcare.org.uk/COVID19Data](http://www.skillsforcare.org.uk/COVID19Data)



problem facing employers of registered nurses, with a vacancy rate of 14.6%, which is around 4,900 vacancies (see Chapter 3 – Recruitment and retention).

Nursing assistant and nursing associate roles exist to work alongside registered nurses and direct care-providing staff to deliver hands-on care, allowing for a number of clinical skills previously undertaken by nurses to be met by these roles. These roles help to ensure that high-quality care and support could be delivered and provide a clear career progression for those wanting to become a registered nurse.

Registered nurses of all employment types have been included in the Migration Advisory Committee's Shortage Occupation List (SOL) since 2013, as a result of the shortage of resident workers available to fill these roles. The vacancy rate for registered nurses in adult social care is 14.6% (see Section 3.2). It was noted in the May 2019 review of the SOL that numbers of registered nurses have continued to fall, with recommendations from the committee that nursing roles remain on the SOL due to ongoing difficulties in the recruitment of nurses across health and social care.<sup>29</sup>

Registered Nurse is also a listed occupation on the 'Skilled Workers' route. Therefore, workers are able to immigrate to the UK to take up these roles providing that they have a job offer from a licensed sponsor and can speak English to the required standard. For further information about how Skills for Care supports the employers of/and registered nurses in the sector, please visit our website.<sup>30</sup>

### 1.10. People who receive care and support

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

In the table below, 'Specialist' refers to establishments which provide care and support for only one care and support need. The term 'Generalist' refers to establishments that meet more than one care and support need. Within generalist care and support provisions, the proportion of time spent caring for people with each care need is not collected.

Table three shows the estimated number of filled posts within dementia, learning disabilities and/or autism and mental health needs services by sector and table three shows by service group.

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<sup>29</sup> [www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019](http://www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019) (Pages 95-99 for nurse information)

<sup>30</sup> <https://www.skillsforcare.org.uk/Learning-development/Regulated-professionals/Nursing/Nursing.aspx>

**Table 3. Estimated filled posts by care and support need and sector, 2021/22**

Source: Skills for Care workforce estimates

|                           |                           | Dementia       | Learning disabilities<br>and/or autism | Mental health<br>needs |
|---------------------------|---------------------------|----------------|--|------------------------|
| All sectors               | <b>Total</b>              | <b>870,000</b> | <b>711,000</b>                         | <b>598,000</b>         |
|                           | Specialist                | 2%             | 18%                                    | 4%                     |
|                           | Generalist                | 98%            | 82%                                    | 96%                    |
| Local authority           | <b>Total</b>              | <b>65,000</b>  | <b>60,000</b>                          | <b>56,000</b>          |
|                           | Specialist                | 8%             | 10%                                    | 4%                     |
|                           | Generalist                | 92%            | 90%                                    | 96%                    |
| Independent               | <b>Total</b>              | <b>800,000</b> | <b>611,000</b>                         | <b>533,000</b>         |
|                           | Specialist                | 1%             | 13%                                    | 3%                     |
|                           | Generalist                | 99%            | 87%                                    | 97%                    |
| Direct payment recipients | <b>Total (Specialist)</b> | <b>4,400</b>   | <b>40,000</b>                          | <b>8,900</b>           |

**Table 4. Estimated filled posts by care and support need and service group, 2021/22**

Source: Skills for Care workforce estimates

|                   |              | Dementia       | Learning disabilities<br>and/or autism | Mental health<br>needs |
|-------------------|--------------|----------------|--|------------------------|
| All services      | <b>Total</b> | <b>870,000</b> | <b>711,000</b>                         | <b>598,000</b>         |
|                   | Specialist   | 2%             | 18%                                    | 4%                     |
|                   | Generalist   | 98%            | 82%                                    | 96%                    |
| Adult residential | <b>Total</b> | <b>400,000</b> | <b>165,000</b>                         | <b>171,000</b>         |
|                   | Specialist   | 2%             | 25%                                    | 7%                     |
|                   | Generalist   | 98%            | 75%                                    | 93%                    |
| Adult day care    | <b>Total</b> | <b>11,000</b>  | <b>32,000</b>                          | <b>11,000</b>          |
|                   | Specialist   | 3%             | 34%                                    | 4%                     |
|                   | Generalist   | 97%            | 66%                                    | 96%                    |
| Adult domiciliary | <b>Total</b> | <b>411,000</b> | <b>452,000</b>                         | <b>364,000</b>         |
|                   | Specialist   | 1%             | 15%                                    | 3%                     |
|                   | Generalist   | 99%            | 85%                                    | 97%                    |
| Adult community   | <b>Total</b> | <b>48,000</b>  | <b>62,000</b>                          | <b>51,000</b>          |
|                   | Specialist   | 1%             | 18%                                    | 7%                     |
|                   | Generalist   | 99%            | 82%                                    | 93%                    |

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# Employment overview

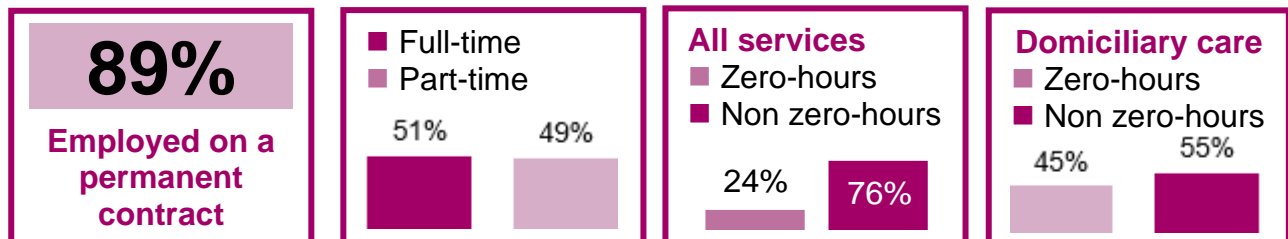
02

### Important note about the data

For the information which follows, this report refers to the adult social care workforce as the **1.51 million filled posts working for independent sector providers (85% of filled posts), local authorities (8% of filled posts), and filled posts working for direct payment recipients (8%)** unless otherwise stated. Please note that ‘personal assistants’ refer only to those directly employed by direct payment recipients; these are not included in the trends shown, as historical information wasn’t available. Adult social care related posts in the NHS (109,000) are not included.<sup>31</sup>

### Overview of employment information of the adult social care workforce in England, as at 2021/22

- The majority (89%) of the adult social care workforce were employed on permanent contracts.
- Half of the workforce (51%) usually worked full-time hours and 49% worked part-time.
- A quarter of the workforce (24%) were employed on zero-hours contracts (358,000 filled posts).
- Just under half (45%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers (54%).
- The percentage of workers employed on zero-hours contracts between 2012/13 and 2021/22 has remained relatively stable, increasing by one percentage point over this period.



## 2.1. Introduction

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

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

<sup>31</sup> Detailed workforce information about jobs involving working in the NHS were not available and therefore could not be included in our estimates by characteristics.

## 2.2. Employment status

The majority (89%) of the adult social care workforce were employed on permanent contracts (see Table 5). Employment status varied by job role, notably managerial staff and senior care workers; those who held these roles were more likely to be employed on permanent contracts. Employers showed a higher reliance on bank/pool registered nurses (11%), agency social workers and agency occupational therapists (both 7%), compared to other job roles.

**Table 5. Estimated employment status of the adult social care workforce, by selected job roles, 2021/22**

Source: Skills for Care estimates

|                             | Permanent | Temporary | Bank or pool | Agency | Other |
|-----------------------------|-----------|-----------|--------------|--------|-------|
| <b>All job roles</b>        | 89%       | 3%        | 6%           | 2%     | 1%    |
| Senior management           | 96%       | 1%        | 1%           | <1%    | 2%    |
| Registered manager          | 98%       | 1%        | <1%          | <1%    | 1%    |
| Social worker               | 82%       | 9%        | 2%           | 7%     | <1%   |
| Occupational therapist      | 89%       | 3%        | <1%          | 7%     | <1%   |
| Registered nurse            | 87%       | 1%        | 11%          | 1%     | <1%   |
| Senior care worker          | 96%       | 1%        | 2%           | 1%     | <1%   |
| Care worker                 | 86%       | 2%        | 8%           | 2%     | 2%    |
| Support and outreach worker | 85%       | 4%        | 8%           | 1%     | 1%    |
| Personal assistant          | 91%       | 5%        | *            | *      | 5%    |

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

It should be noted that when the ASC-WDS is completed, it reflects a snapshot in time; these estimates should be interpreted as an indication of the average number of the above types of worker being utilised at any one time. The total number of workers used throughout the year that aren't directly employed will be much higher. For example, an establishment may have used several agency staff throughout the year, but none may be in post on the date that the organisation completed their ASC-WDS data.

## 2.3. Full-/part-time status

Half of the adult social care workforce (51%) usually worked full-time hours, with 49% working part-time.<sup>32</sup> Chart 22 shows that, as with employment status, full-/part-time status varied by job role. Most registered managers (93%) and senior managers (88%) worked full-time. This was also true for social workers (75%) and senior care workers (73%). Meanwhile, care workers (who made up 53% of filled posts in the workforce), and support and outreach workers had considerably lower proportions of full-time staff (48% and 57% respectively).

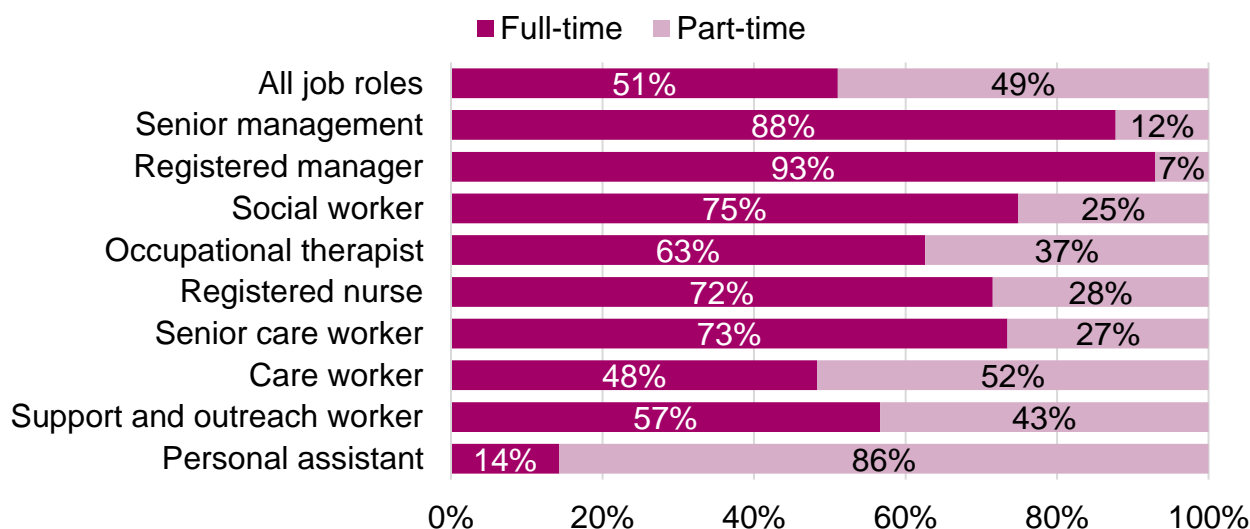
Comparatively, personal assistants comprised the lowest proportion of full-time roles (14%), with 86% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of a survey we conducted found that around 55%

<sup>32</sup> Full-time was classified as working 32 or more hours per week and part-time was classified as 0.5 to 31.5 hours per week.

of personal assistants were employed by a family member or friend, and 21% held more than one personal assistant post. For more information, please see the 'Individual employers and the personal assistant workforce, 2022' report.<sup>33</sup>

### Chart 22. Estimated full-/part-time status of the adult social care workforce, by selected job roles, 2021/22

Source: Skills for Care estimates



## 2.4. Zero-hours contracts

A zero-hours contract is a contract type in which the employer isn't obliged to provide any minimum working hours. This contract type is often used by adult social care employers (especially domiciliary care providers) to help them to manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness.

This contract type can also offer an opportunity for some employees because it can offer work/life balance and a flexibility that may suit family or other commitments. However, for other employees, it can be 'insecure work' and prove negative in terms of financial planning and uncertainty.

Almost a quarter of the adult social care workforce (24%, or 358,000 filled posts) were employed on zero-hours contracts. This compares to 3.4% in the wider economy according to the Labour Force Survey.<sup>34</sup>

The proportion of the adult social care workforce on zero-hours contracts varied by job role, with managerial staff, social workers and occupational therapists having the lowest rates across the sector, as shown in Chart 23. Care workers represented the highest proportion of workers on zero-hours contracts (34%), followed by personal assistants

<sup>33</sup> [www.skillsforcare.org.uk/IEPAREport](http://www.skillsforcare.org.uk/IEPAREport)

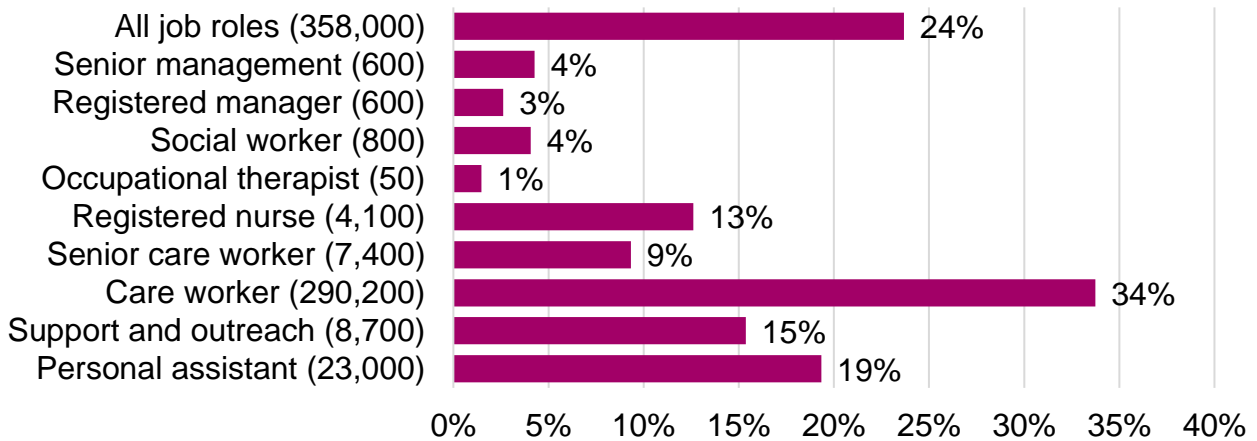
<sup>34</sup> Rate of people aged 16 and over on zero-hours contracts, April to June 2022.

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/emp17peopleinemploymentonzerohourscontracts>

(19%), registered nurses (13%) and support and outreach workers (15%). Chart 23 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract filled posts in brackets.

**Chart 23. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2021/22**

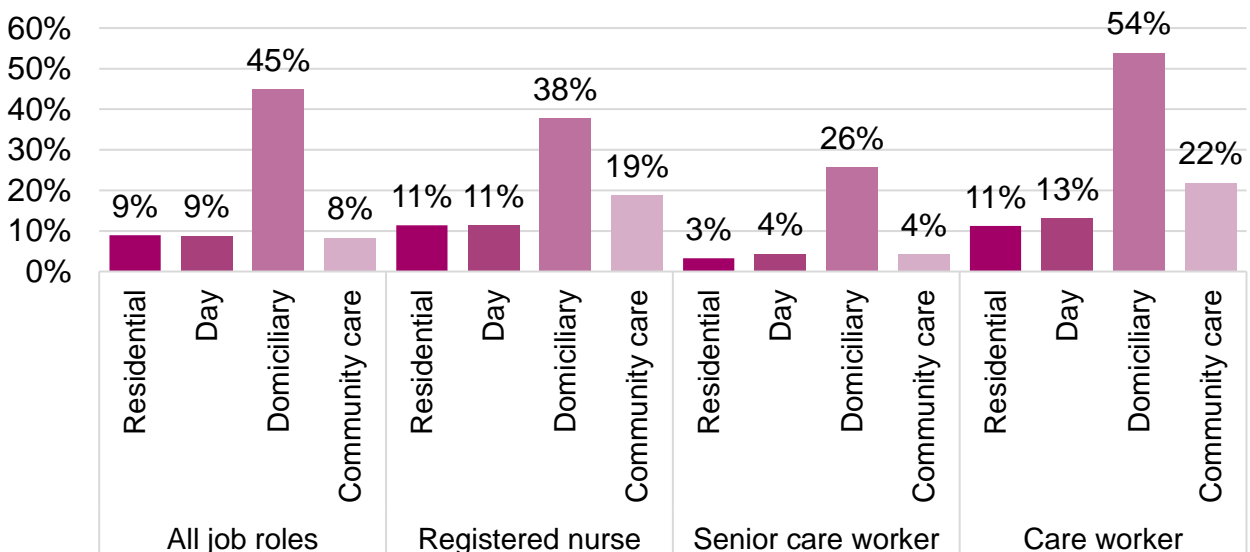
Source: Skills for Care estimates



As well as variation in the proportion of workers employed on zero-hours contracts by job role, there were also wide variations between different care service types. Chart 24 shows registered nurses, senior care workers and care workers categorised by care service. Domiciliary care services had the highest proportion of workers on zero-hours contracts. Fifty-four percent of care workers and 38% of registered nurses were recorded with this contract type. In general, residential, day care, and community care services had lower proportions of zero-hours staff.

**Chart 24. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by care setting and selected job roles, 2021/2122**

Source: Skills for Care estimates



When drawing conclusions based on Chart 24, it should be noted that the majority of registered nurses work within residential care settings (30,700, or 94%) and fewer work within domiciliary care (1,300, or 4%), community care (400, 1%), and day care services (fewer than 25, <1%).

The Living Wage Foundation launched a campaign targeted at 'living hours' work with the aim of tackling work insecurity.<sup>35</sup> Their research found that one in six workers across all sectors were in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as 'insecure' for the purposes of this research.

We estimate that around 30% of adult social care filled posts employed in the independent sector were roles with fewer than 16 contracted hours per week, or with zero-hours contracts.

It was also found that workers with fewer contracted hours were more likely to leave their role. For further information, please see Chapter 8 – Factors affecting staff turnover and CQC ratings.

## 2.5. Zero-hours contract trends

Table 6 shows that the percentage of staff employed on zero-hours contracts remained relatively stable, increasing by one percentage point between 2012/13 and 2021/22. Please note that trends do *not* include personal assistants as historical data is unavailable.

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

**Table 6. Estimated zero-hours contract trend of selected job roles within the adult social care workforce, 2012/13 to 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

|                        | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>All job roles</b>   | 24%     | 24%     | 25%     | 25%     | 24%     | 24%     | 24%     | 24%     | 25%     | 24%     |
| Senior management      | 4%      | 4%      | 5%      | 5%      | 4%      | 4%      | 4%      | 5%      | 4%      | 4%      |
| Registered manager     | 2%      | 3%      | 3%      | 3%      | 1%      | 2%      | 2%      | 2%      | 2%      | 3%      |
| Social worker          | 3%      | 3%      | 4%      | 3%      | 4%      | 3%      | 3%      | 4%      | 5%      | 4%      |
| Occupational therapist | 3%      | 1%      | 2%      | 2%      | 2%      | 2%      | 2%      | 3%      | 2%      | 1%      |
| Registered nurse       | 18%     | 18%     | 17%     | 19%     | 18%     | 17%     | 17%     | 16%     | 15%     | 13%     |
| Senior care worker     | 10%     | 10%     | 10%     | 11%     | 10%     | 10%     | 11%     | 10%     | 9%      | 9%      |
| Care worker            | 34%     | 35%     | 35%     | 34%     | 33%     | 34%     | 34%     | 34%     | 35%     | 34%     |
| Support and outreach   | 14%     | 14%     | 15%     | 16%     | 14%     | 14%     | 14%     | 16%     | 15%     | 15%     |

\* Rows may not sum due to rounding.

<sup>35</sup> [www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity](http://www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity)





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# Recruitment and retention

03

### Important note about the data

For the fourth year, personal assistants working for direct payment recipients have been included in our annual workforce estimates. We've successfully collected sufficient data on this important aspect of the adult social care sector, so that it can be included in our estimates.

Trends have been provided within this chapter, but **only** for the independent and local authority sectors. The personal assistant data is based on a relatively small sample so precise trends between cannot be produced.

### Overview of recruitment and retention of the adult social care workforce, 2021/22

- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 29.0%, equivalent to approximately 400,000 leavers over the year. Many of those that leave their roles remain within the sector, as 63% of recruitment is from within adult social care; this means that around 150,000 left the sector in 2021/22.
- The turnover rate was higher in registered nursing roles (44.1%) and care worker roles (36.1%).
- Turnover rates increased steadily, by a total of 10.2 percentage points, between 2012/13 and 2019/20. The turnover rate decreased by 1.8 percentage points during the beginning of the pandemic (2020/21) before increasing by 0.5 percentage points in 2021/22,
- We estimate that, on average, 10.7% of the roles in adult social care were vacant. This is equal to approximately 165,000 vacancies.
- Between 2020/21 and 2021/22 the number of vacancies increased from 110,000 to 165,000 (52%). The greatest change since records began in 2012/13.
- The average number of sickness days lost was 7.8 per employee; this equates to approximately 10.7 million days lost due to sickness in 2021/22.

**29.0%**

Leavers rate  
in the past  
12 months 

**63%**

of recruitment  
was from within  
adult social care

**9.3 years**

Average  
experience in  
the sector

**10.7%**

Vacancy rate  
(165,000  
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 levels, vacancy information and sickness rates.

The high-quality workforce intelligence that we collect and analyse is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing statistical, rather than just

anecdotal, evidence. It's also been used to help provide evidence for the need to create recruitment support for the sector.<sup>36</sup>

### 3.2. Vacancy rates

The total number of posts in adult social care in England (including filled posts and staff vacancies) was 1.79 million as at 2021/22 (this was 0.3% higher than in 2020/21). The number of filled posts was estimated at 1.62 million and the number of vacant posts was **165,000**.

The number of filled posts has decreased by around 3% (50,000) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13. Over the same period the number of vacant posts has increased (by 55,000 or 52%) which shows that the decrease in filled posts is a result of recruitment and retention difficulties rather than a decrease in demand for care staff.

Chapter 3.7.1 shows that starter rate has fallen from 37.3% in 2018/19 to 30.8% in 2021/22, and chapter 3.4.1 shows the turnover rate during these periods is about the same. Therefore, around the same proportion of people are leaving, but there are fewer people replacing them.

The decrease in filled posts and corresponding increase in vacancies across adult social care comes as the wider economy has reopened following the height of the COVID-19 pandemic.

Those 165,000 vacancies equate to a rate of 10.7% in the adult social care sector across England in 2021/22. This was higher than that of the NHS (7.9%)<sup>37</sup> and the wider UK economy, which had an estimated vacancy rate of 4.3%<sup>38</sup>.

Chart 25 below compares the vacancy rate in adult social care to the NHS and other industries. Please note that the adult social care and NHS rates refer to England only, whereas other industries refer to a UK-wide statutory survey conducted by ONS which samples approximately 6,000 businesses.

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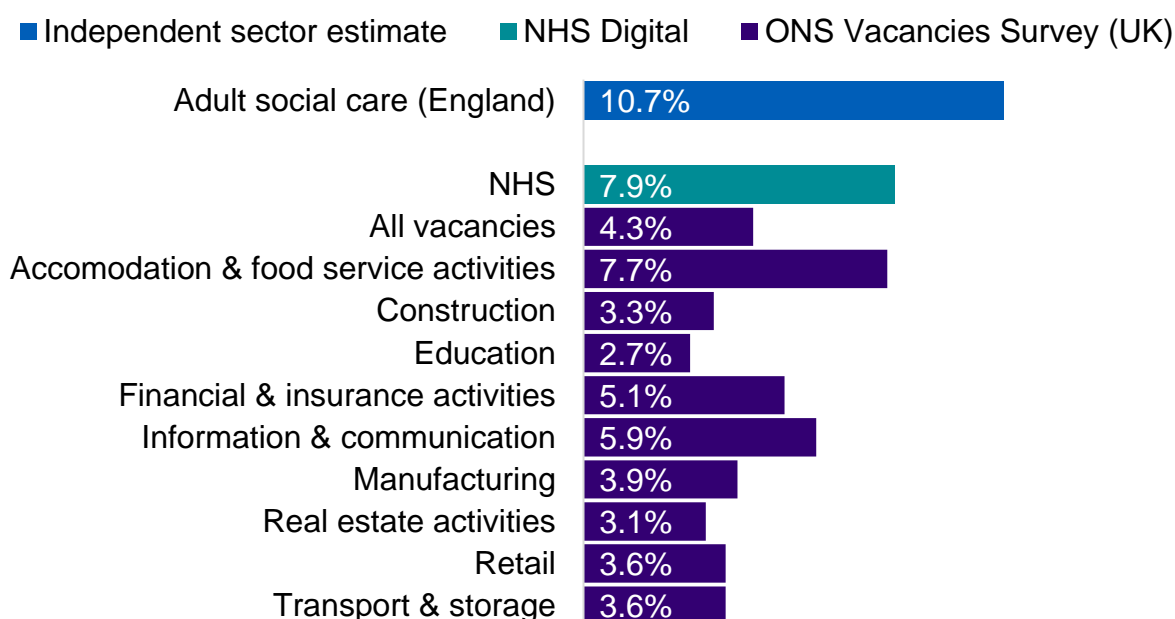
<sup>36</sup> <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-support.aspx>

<sup>37</sup> NHS Vacancy Statistics England April 2015 – March 2022 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---march-2022-experimental-statistics>

<sup>38</sup> ONS - Vacancies and jobs in the UK: August 2022 - <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/vacanciesbyindustryvacs02>

**Chart 25. Estimated vacancy rate by selected job role, 2021/22**

Source: Skills for Care estimates, NHS Digital, ONS Vacancies Survey



The majority (107,000) of the vacancies were care worker job roles. The vacancy rate for care workers (12.3%) was also higher than for other direct care-providing roles, including senior care workers (7.1%) and support and outreach workers (10.2%).

Registered manager vacancies (12.8%) were double the average rate of other managerial roles (6.3%), equivalent to an average of 3,450 in 2021/22.

Vacancy rates for regulated professions were the highest of all job role groups (12.3%). The registered nurse vacancy rate was particularly high, at 14.6%. This role also had relatively high turnover and starter rates, which is a contributory factor to high vacancy rates. Nurses were added to the UK Shortage Occupation List (SOL)<sup>39</sup> in 2015 and have remained listed ever since.

The Shortage Occupation List (SOL) is an official list of roles for which the domestic labour market cannot meet the demand to fill vacant posts. The List can make it easier for employers to recruit migrant workers. Registered nurses, social workers and occupational therapists are all on the SOL. In 2021, registered managers and senior care workers were added to the list, followed by care workers in 2022.

All roles on the list must meet a points-based criteria, and points are acquired by having a job at the appropriate skill level, having an approved employment sponsor and minimum pay criteria, for more information about criteria please see our nationality interactive visualisation.<sup>40</sup>

<sup>39</sup> <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>

<sup>40</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx>

Being on the SOL makes post-Brexit immigration possible into these occupations (see section 4.6.2 for more information).

**Chart 26. Estimated vacancy rate by selected job role, 2021/22**

Source: Skills for Care estimates

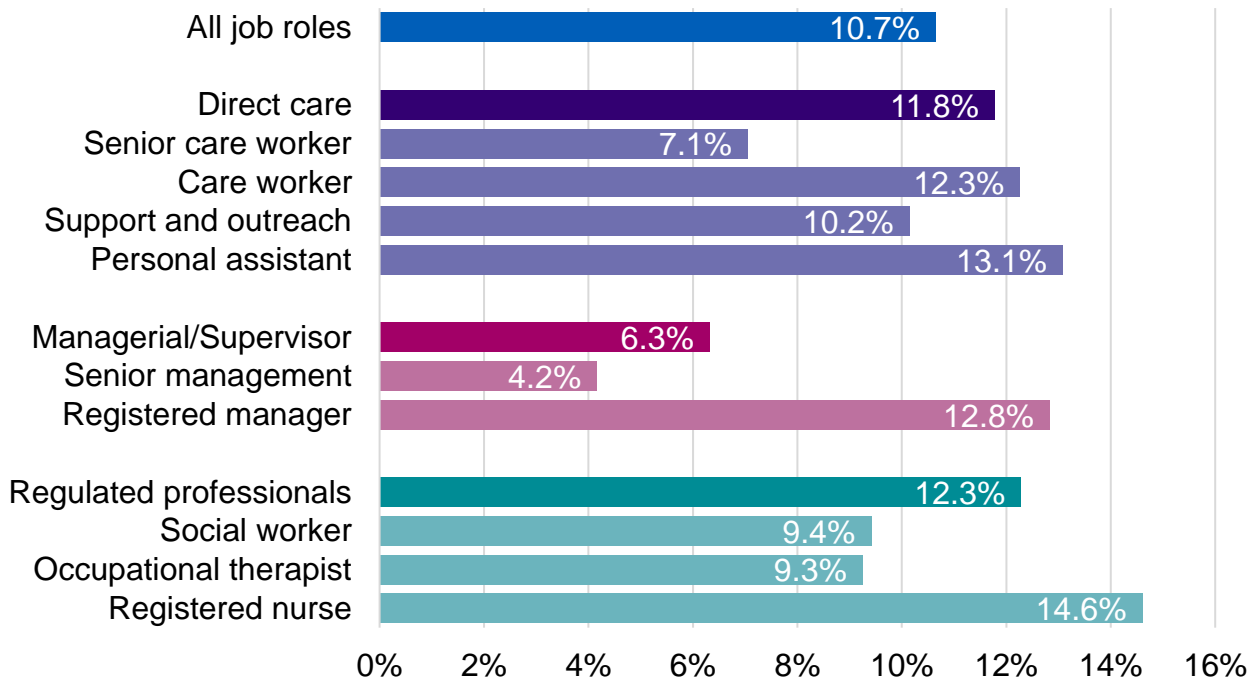
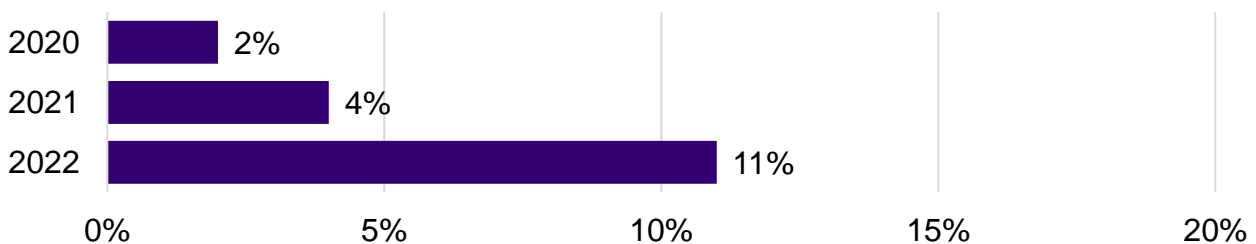


Chart 27 shows data collected by the ASC-WDS suggests, since care workers were added to the shortage occupation list, more people are arriving in the UK to take up adult social care jobs when compared to 2020 and 2021. In 2022, 11% of those new to their role were people that had arrived in the UK within the year, and this compares to 4% in 2021 and 2% in 2020. Travel restrictions during the COVID-19 pandemic will have impacted these figures, however, the average proportion of new starters arriving in the UK prior to 2020 was around 5% each year.

**Chart 27. Proportion of new starters arriving in the UK to start an adult social care job, 2021/22**

Source: Skills for Care estimates



International recruitment provides an additional option for employers to bring in care workers and it has already helped to fill some vacancies. It is estimated (using ASC-WDS

data) that approximately 10,000-15,000 people have moved to the UK to take up care worker roles since the start of 2022<sup>41</sup>. As this policy is relatively new, more employers could start to take advantage of this option once they have met all the requirements (such as becoming a licensed sponsor) and assessed the costs and benefits for their organisations. Skills for Care will continue to monitor this trend.

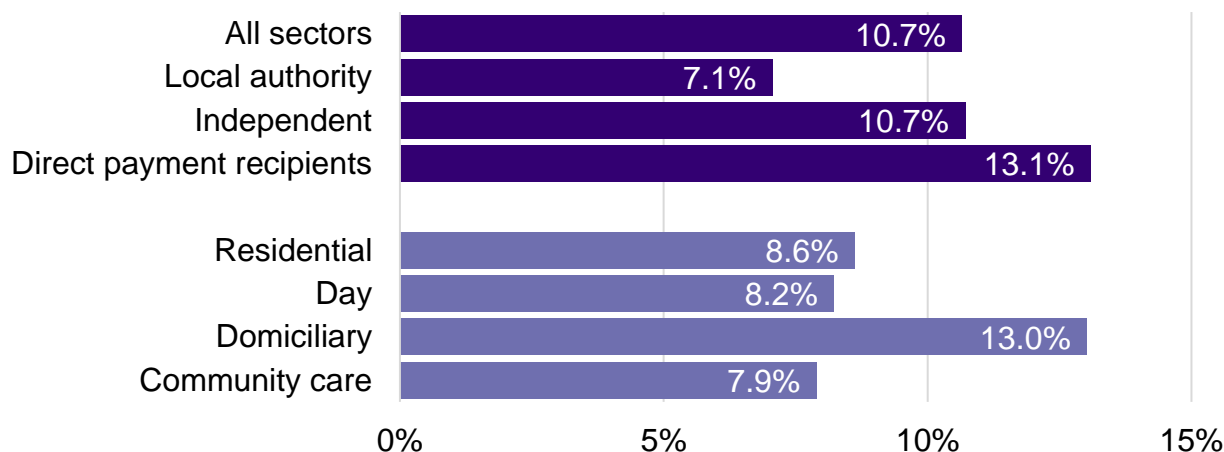
We will continue to monitor the impact of the new roles being added to the SOL in the coming year but there is lots to be done to support employers with international recruitment.

Vacancy rates were slightly lower in local authorities (7.1%) overall, compared to the independent sector (10.7%). Direct payment recipients had the highest vacancy rate by sector (13.1%). Our previous research has found that individual employers have difficulties finding and recruiting suitable personal assistants to support them. Further information on the resources available to assist in the recruitment of personal assistants can be found on our individual employer and personal assistant information hub.<sup>42</sup>

The chart below shows that there's also variation based on the service provided. Domiciliary care services had the highest vacancy rates at 13.0% whereas residential care was lower at 8.6%.

### Chart 28. Estimated vacancy rate by sector and service provided, 2021/22

Source: Skills for Care estimates



#### 3.2.1. Vacancy rate trends

We estimate there were around 165,000 vacancies across the whole adult social care sector in 2021/22. This figure has increased by around 55,000 from the previous year and represents the largest increase since records began in 2012/13. During this period, the number of filled posts fell from 1.67 million to 1.62 million, a decrease of around 50,000, which demonstrates the increase in vacancies was due to recruitment and retention issues rather than a drop in demand for services.

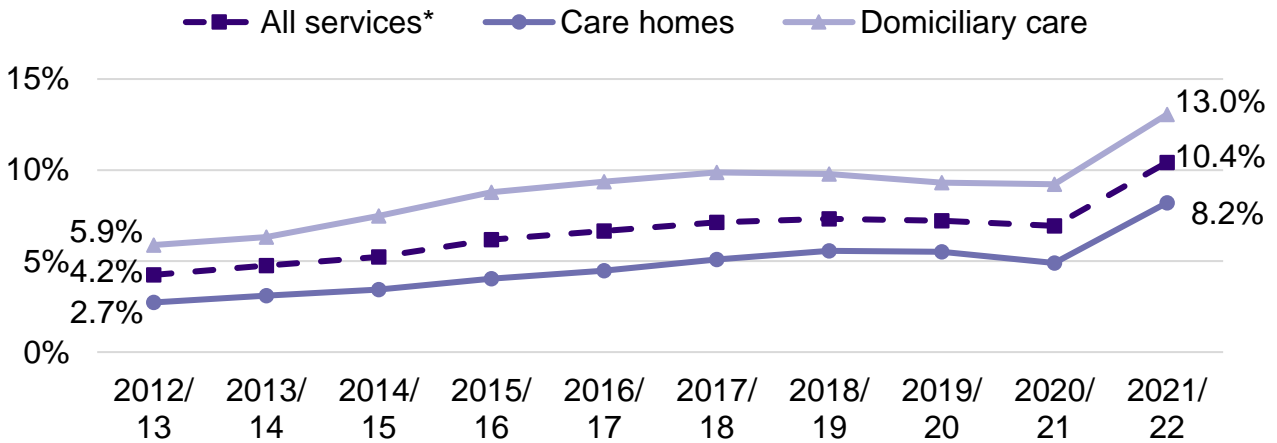
<sup>41</sup> This estimate should not be treated as precise: it uses year of arrival in the UK data from ASC-WDS which is less well completed than other variables in the dataset

<sup>42</sup> [www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx](http://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx)

Chart 29 below shows that the vacancy rate across local authority and independent sector services increased from 6.9% in 2020/21 to 10.4% in 2021/22. This increase was apparent in both care homes and domiciliary care services.

**Chart 29. Vacancy rate trends by main service between 2012/13 and 2021/22 (Local authority and independent sector only)**

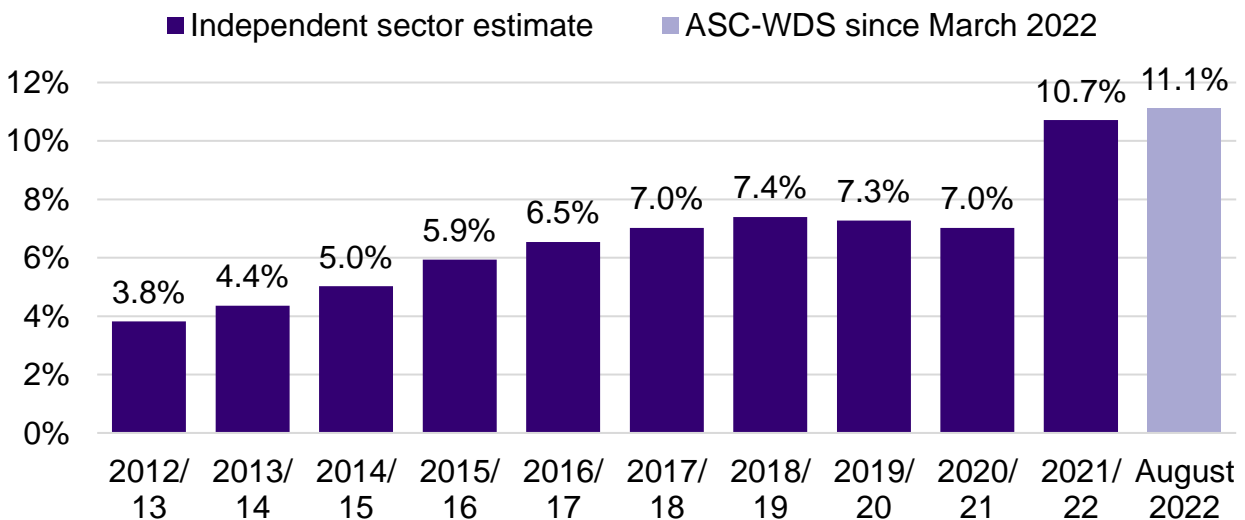
Source: Skills for Care estimates



Skills for Care have been monitoring the vacancy rate trend in the independent sector each month. The analysis shows vacancies have increased slightly since March 2022 and reached 11.1% by August 2022. For the most up-to-date information, please see our vacancy information monthly tracker.<sup>43</sup>

**Chart 30. Vacancy rate trend (independent sector only)**

Source: Skills for Care estimates and Skills for Care monthly tracking



The rise in vacancies and decrease in filled posts in recent periods suggests that the supply of care staff is not keeping up with demand.

<sup>43</sup> [www.skillsforcare.org.uk/COVID19Data](http://www.skillsforcare.org.uk/COVID19Data)



Chart 31 below compares adult social care to the NHS (2017/18 to 2021/22 only) and the wider UK economy. The trend shows that adult social care has consistently had a higher vacancy rate than other sectors.

**Chart 31. Comparison of vacancy rate in adult social care (independent sector), NHS and wider UK economy**

Source. Skills for care estimates

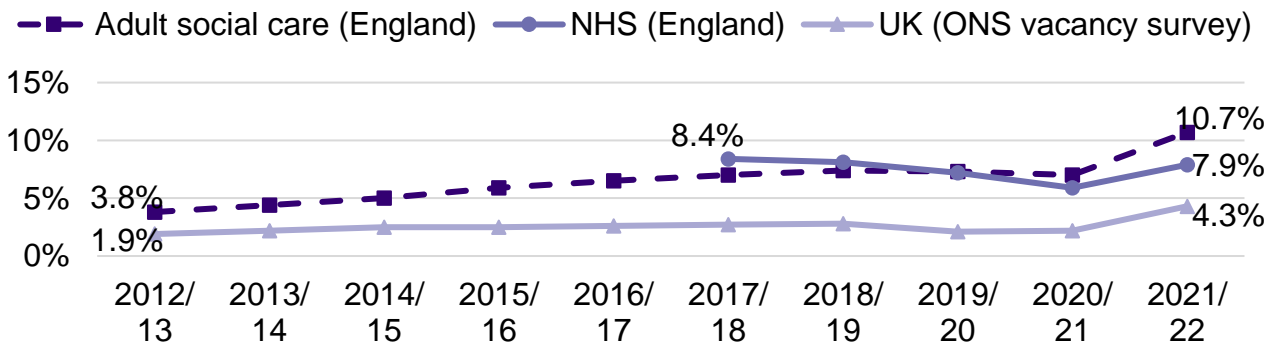


Chart 32 shows that registered manager vacancy rates consistently decreased from 12.5% in 2013/14 to 11.1% in 2016/17. Their rate then fluctuates slightly between 2016/17 and 2020/21 before increasing in the most recent period. Our analysis of CQC ratings data shows that services without a registered manager in post at the time of inspection (or in the year leading up to inspection) were less likely to achieve ‘good’ or ‘outstanding’ CQC ratings. For more information, please see Section 8.2.

**Chart 32. Vacancy rate trends for all job roles and selected managerial roles between 2012/13 and 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

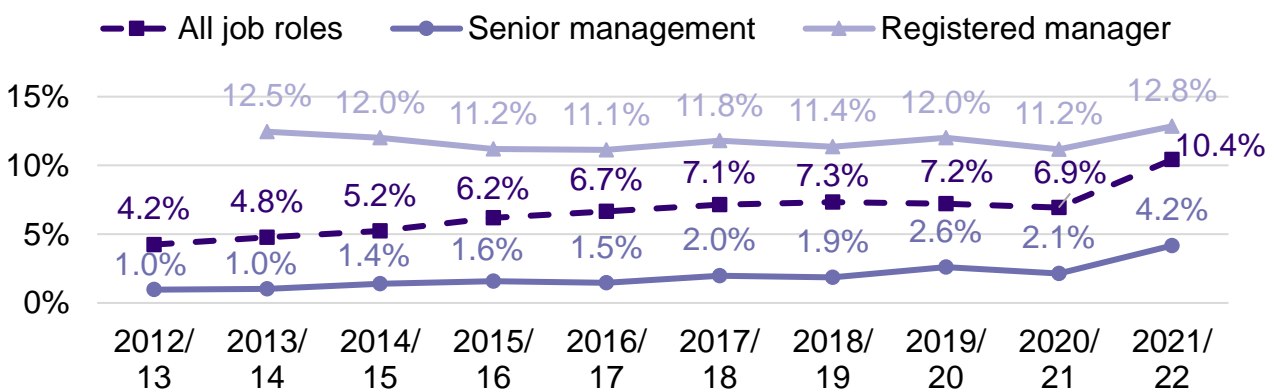
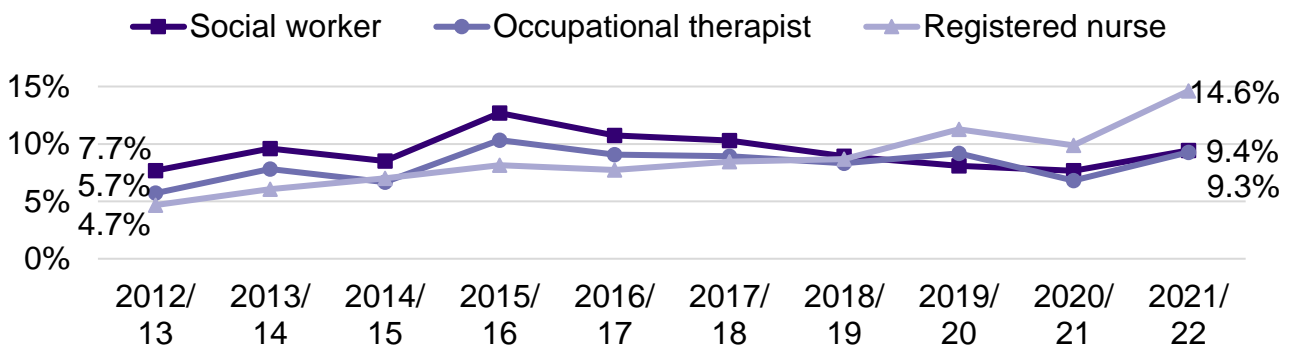


Chart 33 shows the vacancy rate trend for regulated professions. Each of the roles listed showed higher vacancy rates compared with 2012/13. The vacancy rate for registered nurses increased by 9.9 percentage points over the period. This suggests that supply of these workers is falling short of demand (there were 4,900 vacancies in 2021/22) and is part of the reason why the number of registered nurses working in adult social care has decreased in recent years.

The vacancy rate for social workers was also higher in 2021/22 than in 2012/13 (9.4% compared to 7.7%). However, rates had been falling, from a high of 12.7% in 2015/16. Occupational therapist vacancy rates also increased over the period (by 3.5 percentage points), but again, this rate had been falling since 2015/16. Both roles showed a smaller increase in 2021/22 than registered nurses.

**Chart 33. Vacancy rate trends for selected regulated professional roles between 2012/13 and 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

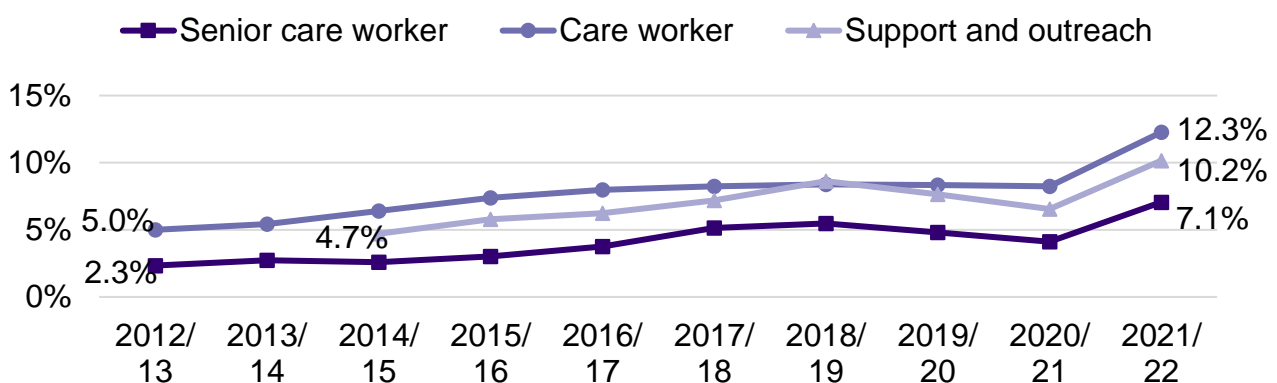


The vacancy rate of selected direct care-providing roles, shown below, increased steadily between 2012/13 and 2018/19.

Between 2018/19 and 2020/21, each of the roles has shown a decreasing vacancy rate; this was greatest for support and outreach workers which fell by 2.1 percentage points. However, in 2021/22 the vacancy rate of each of these roles is now the highest since records began in 2012/13.

**Chart 34. Vacancy rate trends for selected direct care-providing roles between 2012/13 and 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

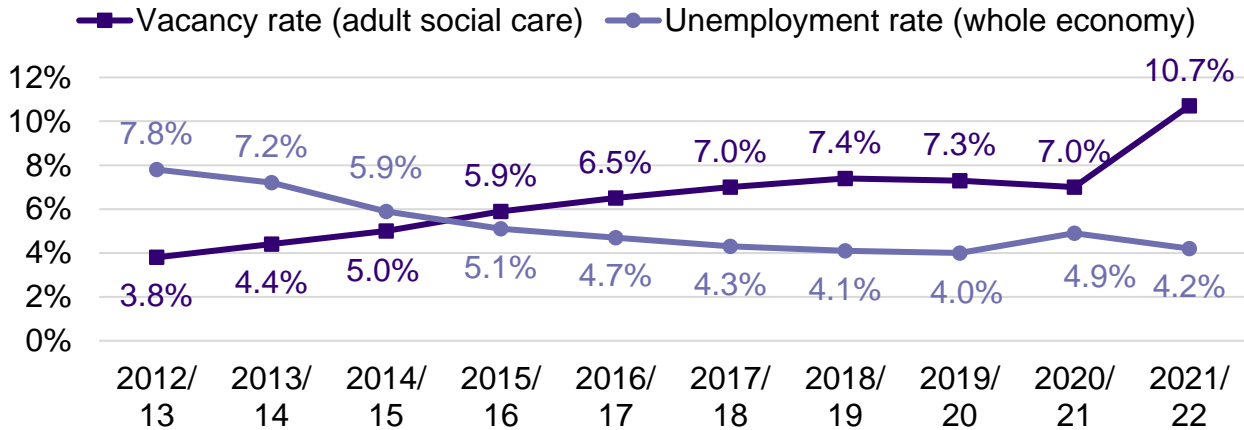


The increase in vacancy rates for direct care-providing roles since 2012/13 may be linked to the fall in unemployment rates in the UK over the same period. In general, adult social care vacancy rates tend to be higher when whole economy unemployment rates are low,

and vice versa. Data from the Office for National Statistics (ONS) shows that the general unemployment rate was 7.8% in 2012/13, but that it had fallen to 4.2% by 2021/22.<sup>44</sup>

**Chart 35. Adult social care vacancy rate and unemployment rate**

Source: Skills for Care estimates, ONS Labour Force Survey

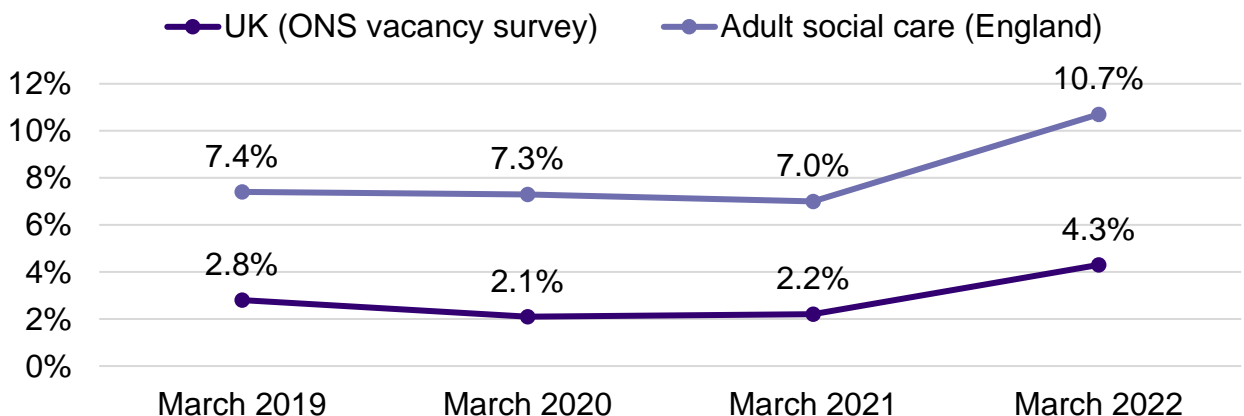


This meant that the proportion of people that were economically inactive but seeking a job had also decreased from 24.7% in 2012/13 to 18.6% in 2021/22. In absolute terms, this was a decrease from 1.92 million people to 1.37 million people looking for work.<sup>45</sup> These jobseekers represent a considerable pool of prospective workers that may have been available to work in adult social care at this time.

The increase in vacancies was not unique to adult social care. The vacancy rate across the UK also increased from 2.2% in March 2021 to 4.3% in March 2022. This increase in vacancies in the wider economy will be creating competition for the adult social care sector as other employers also try to attract people into roles.

**Chart 36. Adult social care vacancy rate trend vs wider economy vacancy rate, March 2019 – March 2022**

Source: Skills for Care estimates, ONS Labour Force Survey



<sup>44</sup> ONS Annual Population Survey, 2021

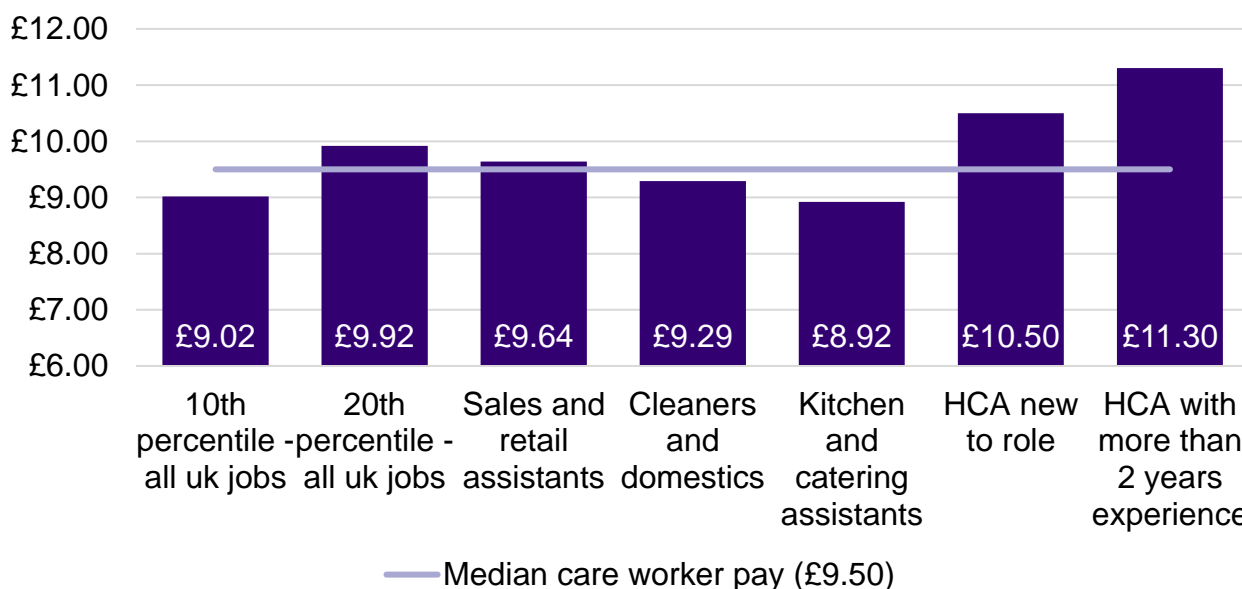
<sup>45</sup> ONS Labour Force Survey, 2022

Another influencing factor in the increasing vacancy rates in adult social care, particularly in the care worker vacancy rate, is rates of pay. The median hourly rate for a care worker in adult social care was £9.50 in 2021/22. This was an increase of £2.57 since 2012/13, when median pay was £6.93 per hour. However, although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general.

Chart 37 compares median care worker hourly pay to some of the lowest paid jobs in the economy (as defined by the Low Pay Commission), as well as healthcare assistants (HCA) in the NHS. As at March 2022, care workers had a median hourly rate of £9.50, which was a lower hourly rate than 20% of all UK jobs and less than healthcare assistants who are new to the role receive in the NHS (£10.50).

### Chart 37. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning NHS agenda for change pay data



### 3.3. Recruitment planning and attracting people

It's vital that the adult social care sector can attract and retain staff members with the right values and behaviours. They must be open to being supported to develop their skills to raise and deliver quality standards for the people who use social care services. The high level of movement within the current adult social care workforce may have an adverse impact on service delivery and continuity of care.

Our research found that employers using values-based recruitment and retention approaches attract staff who perform better, with lower sickness rates, and achieve greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. Additional research has also found that retention was influenced by the level of learning and development, the values of the organisation, and the involvement of colleagues in

decision-making. For further information on recruiting for values, and more of our research into staff retention, please visit our website.<sup>46</sup>

### 3.4. Leavers and staff turnover rates

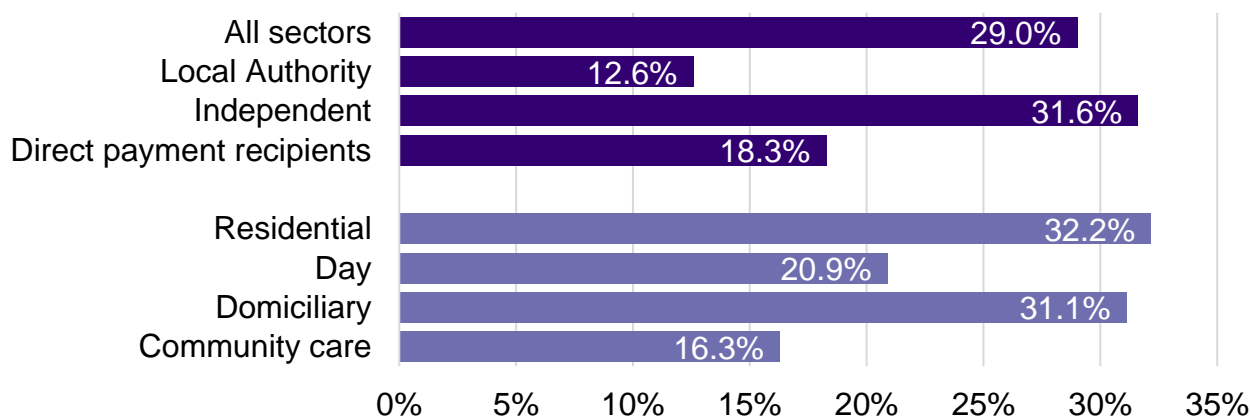
The information below refers to directly employed staff (permanent and temporary staff). Leavers from agency roles, for example, aren't included. This section also refers only to leavers from establishments which are still operational; leavers as a result of establishments closing down aren't captured.

We estimate that the turnover rate of staff working in the adult social care sector was 29.0% in 2021/22. This equates to approximately 400,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 63% of recruitment comes from within adult social care, and 37% (150,000 employees) come from outside of the sector.

Turnover rates varied between sector, service and job role. Chart 38 shows that employees working for local authorities (12.6%) and employees working for direct payment recipients (18.3%) had much lower turnover rates than those in the independent sector (31.6%).

#### Chart 38. Estimated staff turnover rate, by sector and care service, 2021/22

Source: Skills for Care estimates



The turnover rate was higher for residential care (32.2%) and domiciliary care providers (31.1%) than for other service types.

The increase in the cost of living during 2022, particularly the cost of fuel, may also be influencing staff turnover. This could be a particular issue for domiciliary care services as staff are required to travel between people's homes.

Chart 39 shows care workers had the highest turnover rate of direct care-providing roles, at 36.1%; twice that of senior care workers at 17.5%. Registered nurses also had a

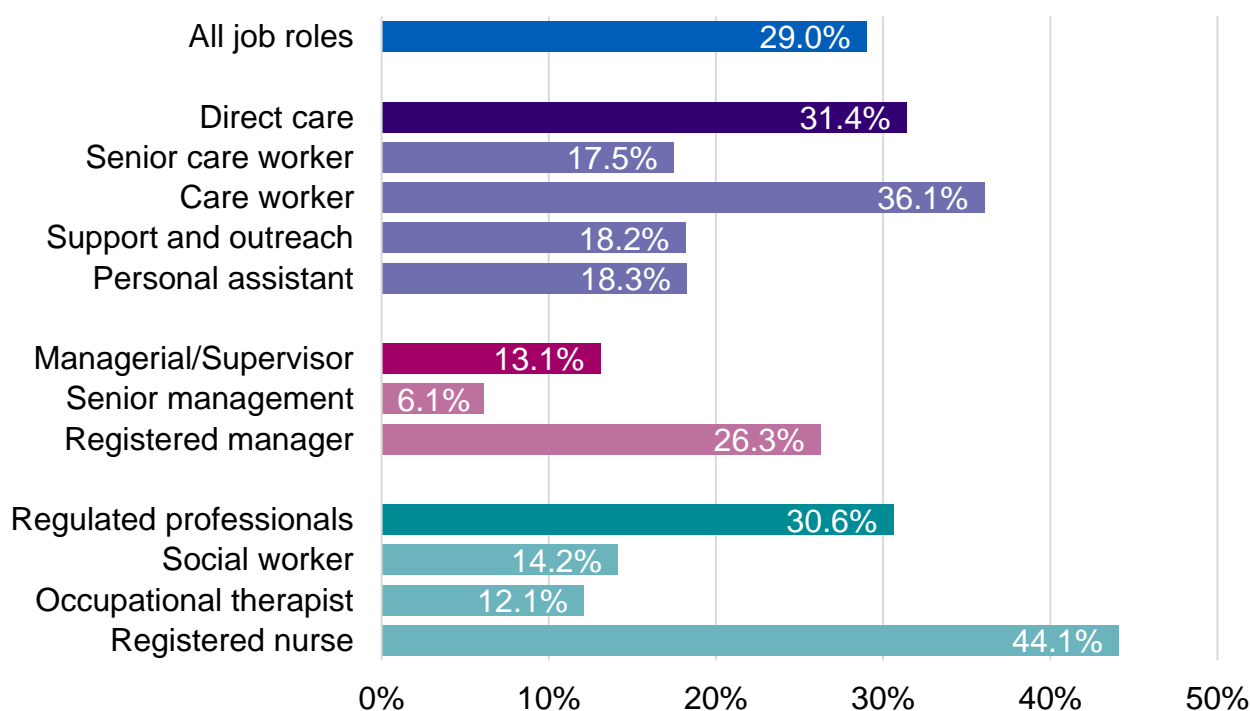
<sup>46</sup> [www.skillsforcare.org.uk/Recruitment-support](http://www.skillsforcare.org.uk/Recruitment-support)

relatively high turnover rate (44.1%), equivalent to around 12,500 leavers, compared to other regulated professions such as social workers (14.2%) and occupational therapists (12.1%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 38 above), whereas social worker and occupational therapist roles were mostly employed within local authorities. For comparison, registered nurses and health visitors in the NHS had a turnover rate of 10.9% as at March 2022.<sup>47</sup>

Managerial roles had relatively lower turnover rates at 13.1%, whereas in direct care-providing roles, there were the highest rates, at 31.4%. There was also variation between specific roles within each job group.

### Chart 39. Estimated staff turnover rates by selected job roles, 2021/22

Source: Skills for Care estimates



#### 3.4.1. Turnover rate trends

The charts in this section show the turnover rate trends of directly employed staff leaving their roles within the preceding 12 months for each year between 2012/13 and 2021/22. These trends do **not** include personal assistants working for direct payment recipients. Chart 40 shows that turnover rates consistently increased between 2012/13 and 2019/20, by a total of 10.2 percentage points. The rate decreased by 1.8 percentage points in 2020/21. This change in direction shows the influence of the COVID-19 pandemic, with fewer jobs available in the wider economy and some employees feeling the duty to stay with their employers and help the people they care for through the pandemic. The rate

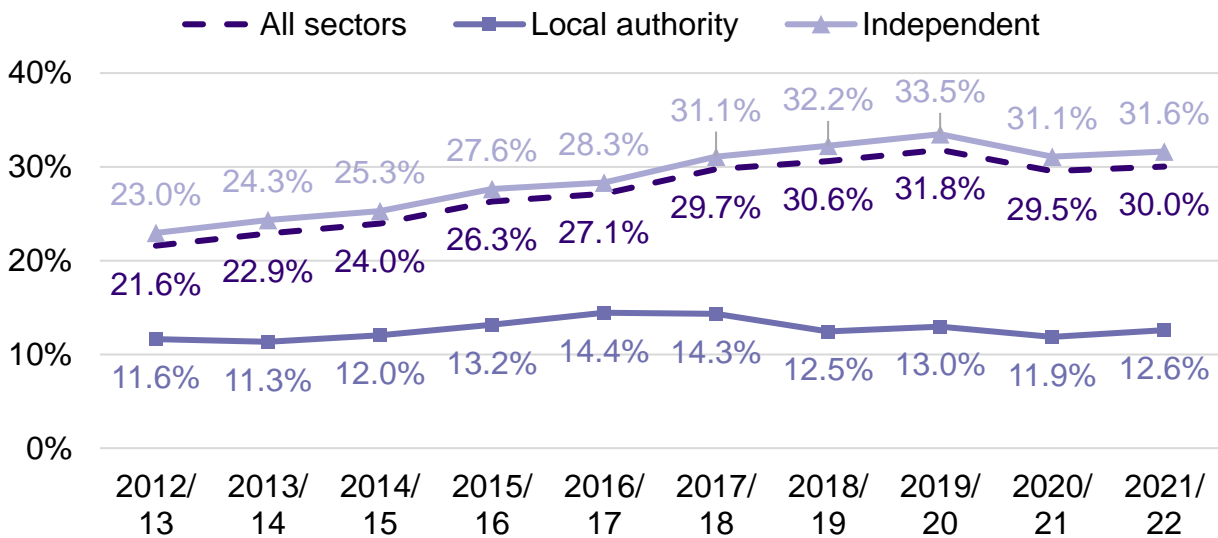
<sup>47</sup> NHS Workforce Statistics – March 2021 Available at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2022>

began to increase again in 2021/22 (by 0.5 percentage points) with the wider economy opening back up and more opportunities becoming available in other sectors.

**Chart 40. Turnover rate trend of all job roles by sector between 2012/13 and 2021/22 (independent and local authority sectors only)**

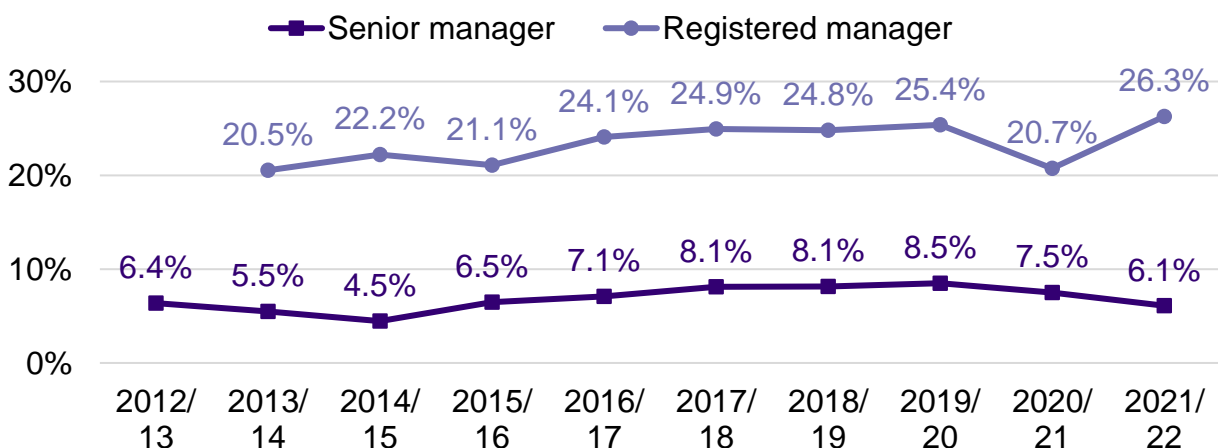
Source: Skills for Care estimates



The turnover rate of registered managers decreased in 2020/21, after being stable for the previous four years. However, their rate has quickly reverted and in 2021/22 was the highest since records began in 2013/14.

**Chart 41. Turnover rate of selected managerial roles between 2012/13 and 2021/22 (independent and local authority sectors only)**

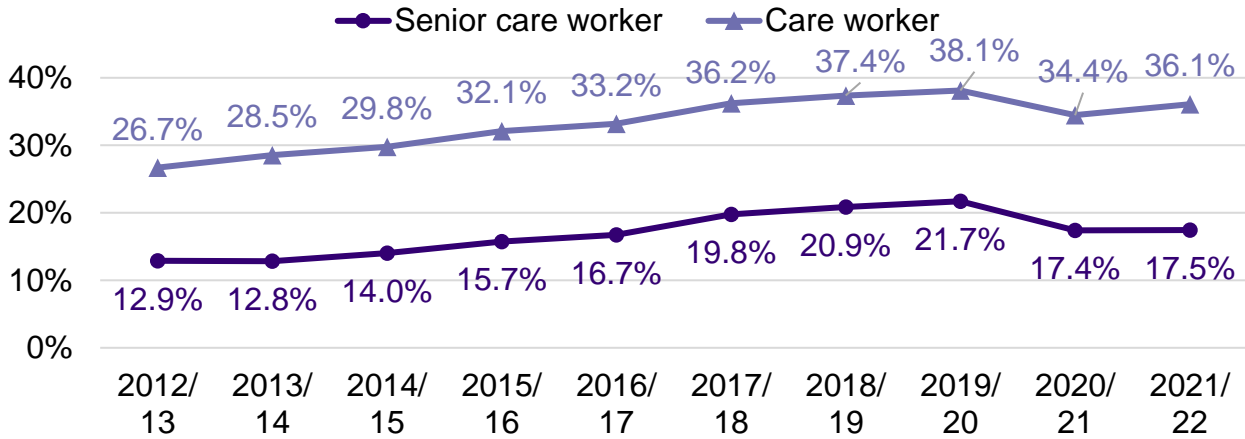
Source: Skills for Care estimates



The pattern was similar for care workers and senior care workers. Both roles saw a decrease in the turnover rate in 2020/21 before an increase in 2021/22. The increase in 2021/22 was larger for care workers (1.7 percentage points) than for senior care workers (0.1 percentage points).

**Chart 42. Turnover rate of selected direct care-providing roles between 2012/13 and 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates



### 3.5. Retaining your workforce

Turnover rates are not universally high in the sector. Around 20% of independent sector establishments (with 50 or more staff) had a turnover rate below 10%. Some of the common traits of these establishments are discussed below and in Section 3.6.

We published research<sup>48</sup> in which employers with a turnover rate of less than 10% were asked to consider what they believe contributed to their success, in relation to recruitment and retention. Results included:

- investing in learning and development (94%)
- embedding the values of the organisation (92%)
- celebrating the achievements of both the organisation and the individual (86%)
- involving colleagues in decision-making (81%).

We also conducted research to measure the impact of values-based recruitment and retention.<sup>49</sup> This report found that:

- 58% of staff recruited for values were better at developing the skills needed for their role
- 72% of staff recruited for values performed better than those recruited using traditional methods
- 62% of staff recruited for values had lower rates of sickness and absence
- 3 in 4 employers reported that staff recruited for values exhibited better social care values than those recruited using traditional methods.

For further information, please visit the recruitment support section of our website.<sup>50</sup>

<sup>48</sup> <https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Retaining-your-staff/Secrets-of-Success/Recruitment-and-retention-secrets-of-success-report.pdf>

<sup>49</sup> [www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-the-right-people-section/Key-findings-infographic-2019.pdf](http://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-the-right-people-section/Key-findings-infographic-2019.pdf)

<sup>50</sup> <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-support.aspx>



### 3.6. Workforce factors affecting turnover rates

In addition to the information within this chapter we have used models to calculate the most influential factors on workers' propensity to leave their jobs. Several factors were identified, including a worker's contract type, travel to work distance, qualification level and pay. As well as variables at the establishment level, such as how long a registered manager had been in post.

Establishments with less than 10% turnover were found, on average, to be performing better on these workforce metrics.

We've also used ASC-WDS data to assess the impact that workforce variables may have on the quality of care. We achieved this by connecting ASC-WDS data with CQC information and analysing the relationships within the data. For further information, please see Chapter 8 – Factors affecting staff turnover and CQC ratings.

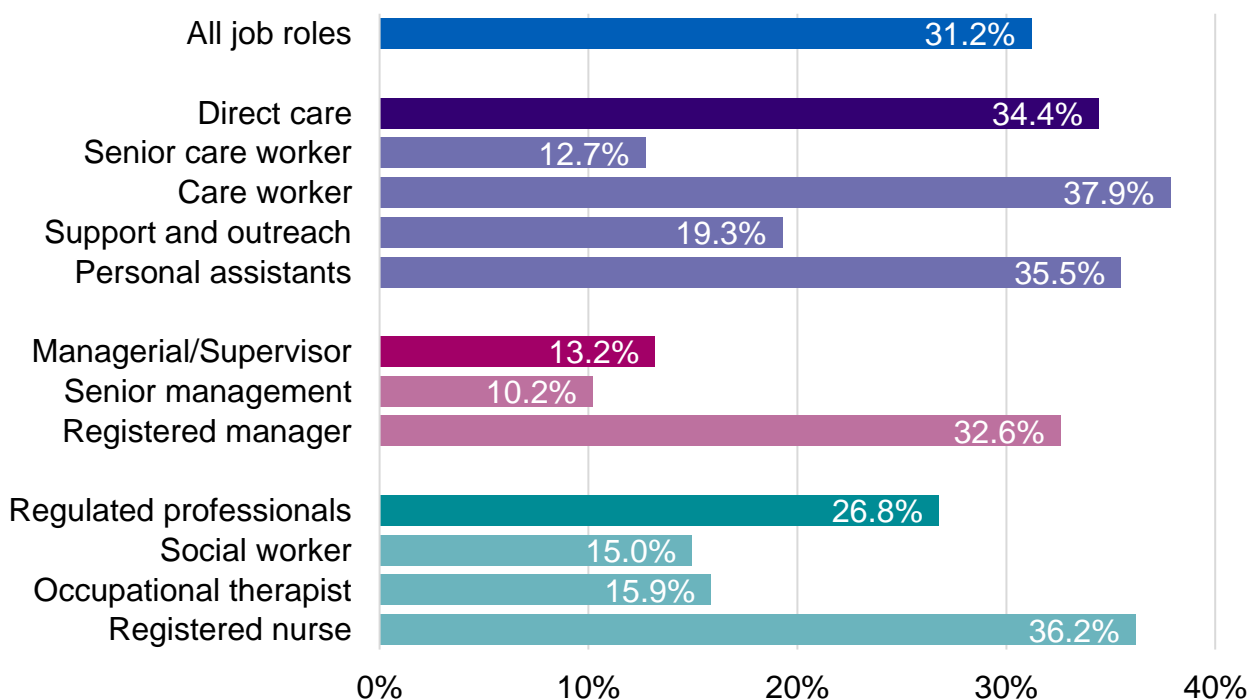
### 3.7. Starters in the past 12 months

The information below refers to directly employed staff (permanent and temporary staff). We estimate that the starter rate in the past 12 months was 31.2%. This equates to approximately 430,000 new starters.

It should be noted that the starter rate reflects staff members that were new to their role. This will include a mixture of those new to the adult social care sector (37%), and 'churn' within the adult social care sector (63%), i.e., people moving from different employers or within the same organisation. Please see Section 3.8 for further information.

#### Chart 43. Estimated starter rate of directly employed workers by job role, 2021/22

Source: Skills for Care estimates



Care workers had the highest starter rate, at 37.9%, followed by registered nurses (36.2%) and personal assistants (35.5%). These job roles also had the highest turnover rates, highlighting the high degree of ‘churn’ within the sector.

### 3.7.1. Starter rate trends

The chart below shows the starter rate trend between 2012/13 and 2021/22 and includes the local authority and independent sectors only. Data for direct payment recipients is not included.

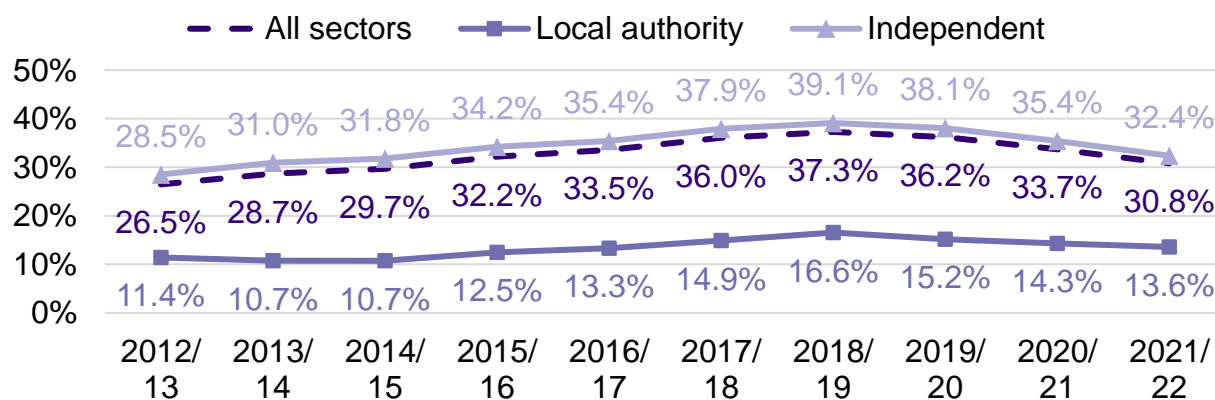
The trend shows that starters rates increased continuously between 2012/13 and 2018/19, and this pattern was reflected in the turnover rate trend shown in section 3.4.1 above. Therefore, the proportion of workers starting and leaving were running in parallel during this period.

The starter rate peaked in 2018/19 at 37.3% but has since fallen to 30.8% in 2021/22, a decrease of 6.5 percentage points. This partially explains why the overall number of filled posts in adult social care has fallen for the first time since records began in 2012/13.

This trend also highlights that recruitment is a key issue in the adult social care sector, more so than retaining staff.

#### Chart 44. Starter rate trend of all job roles by sector between 2012/13 and 2021/22 (independent and local authority sectors only)

Source: Skills for Care estimates



### 3.8. Comparing starter and leaver rates

This section presents data from directly employed staff in the independent sector only. Comparable information for direct payment recipients wasn't available.

The starter rate consisted of a combination of needing to replace leavers and filling a growing demand for workers in the adult social care sector. This starter rate includes those workers that were new to their role in the previous 12 months and all new roles within establishments which were newly opened within the past year. There were around 375,000 starters in the independent sector over the previous 12 months.

The turnover rate includes leavers from social care establishments in operation as at March 2022 only, meaning that those workers employed by establishments that closed within the preceding year weren't included in this estimate. There were approximately 365,000 leavers from active establishments. Skills for Care's analysis of the ASC-WDS and the CQC database shows around 1,050 service closures identified over the period, with an estimated net of 31,000 more leavers than starters from these CQC-regulated services. In addition, non-CQC-regulated service closures throughout the period were estimated to include an additional 5,000 leavers.

There was an estimated decrease of 42,000 employees between 2020/21 and 2021/22 in the independent sector, from 1.2 million to 1.16 million. Taking leavers from closed services into account, the difference between the number of starters (375,000) and leavers, including those at closed establishments (400,000), results in a similar figure, thereby corroborating these findings. However, it's worthy of note that the time frames are slightly different.

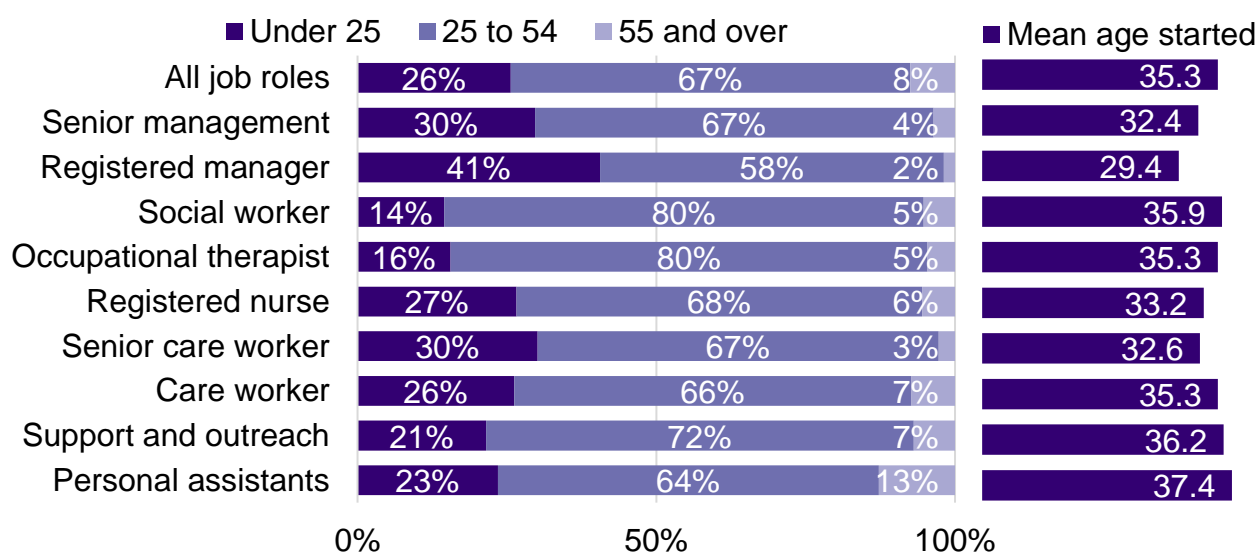
### 3.9. Age worker started in the adult social care sector

Information about the age of workers and the years in which they started working in the adult social care sector is collected. Therefore, the age at which they started working in the sector can be calculated.

The average age of a person joining the adult social care workforce was 35.3 years old. Managers tended to join the sector at an earlier age; registered managers, in particular, had an average starting age of around 29.4 years old. This shows that there's career progression within the sector, as managers start out in the sector younger, and go on to progress into more senior roles. For further information, please see 'Experience in sector' (Section 3.10.1) and 'Career progression in adult social care' (Section 6.6).

#### Chart 45. Age bands and average age started working in the adult social care sector, 2021/22

Source: Skills for Care estimates



A significant increase in demand for labour in the sector is forecast (see Chapter 7 – Workforce forecasts). This is driven by demographic changes and will mean that employers and policy makers may need to look wider than the traditional care worker demographic for recruitment in the future.

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

#### 3.10.1. Experience in sector

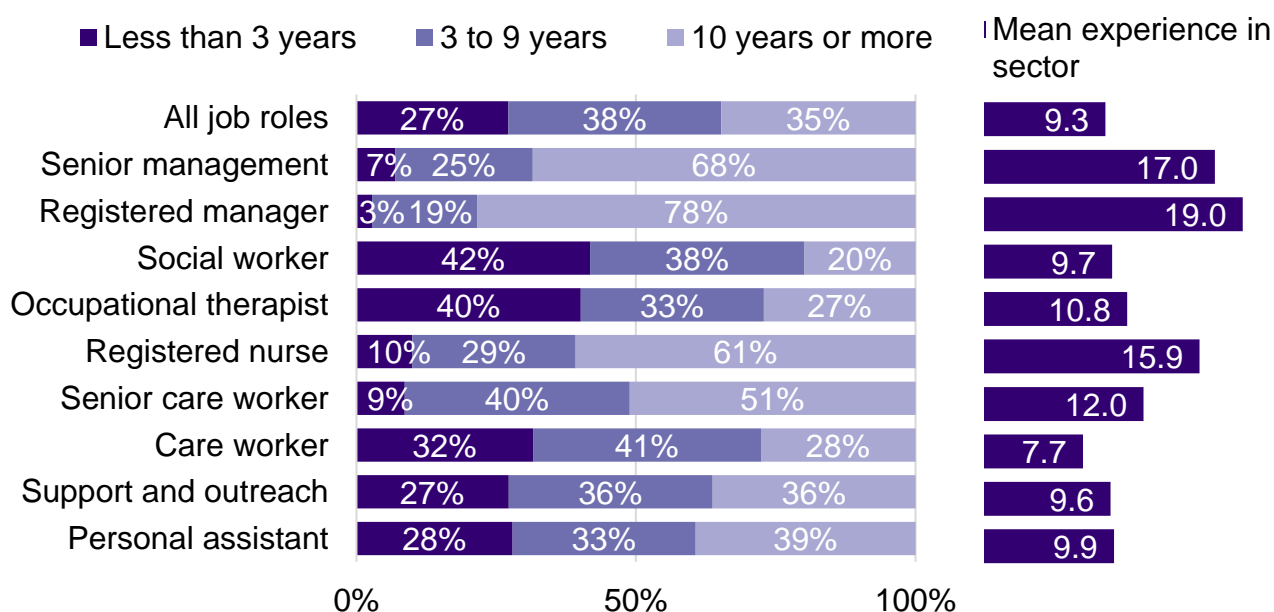
On average workers had 9.3 years of experience in the adult social care sector and 73% of the workforce had been working in the sector for at least three years. Chart 46 shows that managers had the most experience in the sector, with an average of 19 years for registered managers and 17 years for senior management.

Within regulated professional roles, registered nurses had the most experience in the sector with 15.9 years, compared to 9.7 years for social workers and 10.8 years for occupational therapists. Care workers had the lowest average number of years of experience at 7.7 years. Senior care workers and personal assistants had slightly higher averages (12 years, and 9.9 years respectively).

Around 27% of the workforce had fewer than three years of experience of working in the sector. Care workers, who make up 53% of the workforce, had a slightly larger proportion of workers with less than three years of experience (32%). In contrast, 78% of registered managers had been in the sector for 10 years or more.

**Chart 46. Estimated year bands and average number of years of experience working in the adult social care sector by selected job role, 2021/22**

Source: Skills for Care estimates



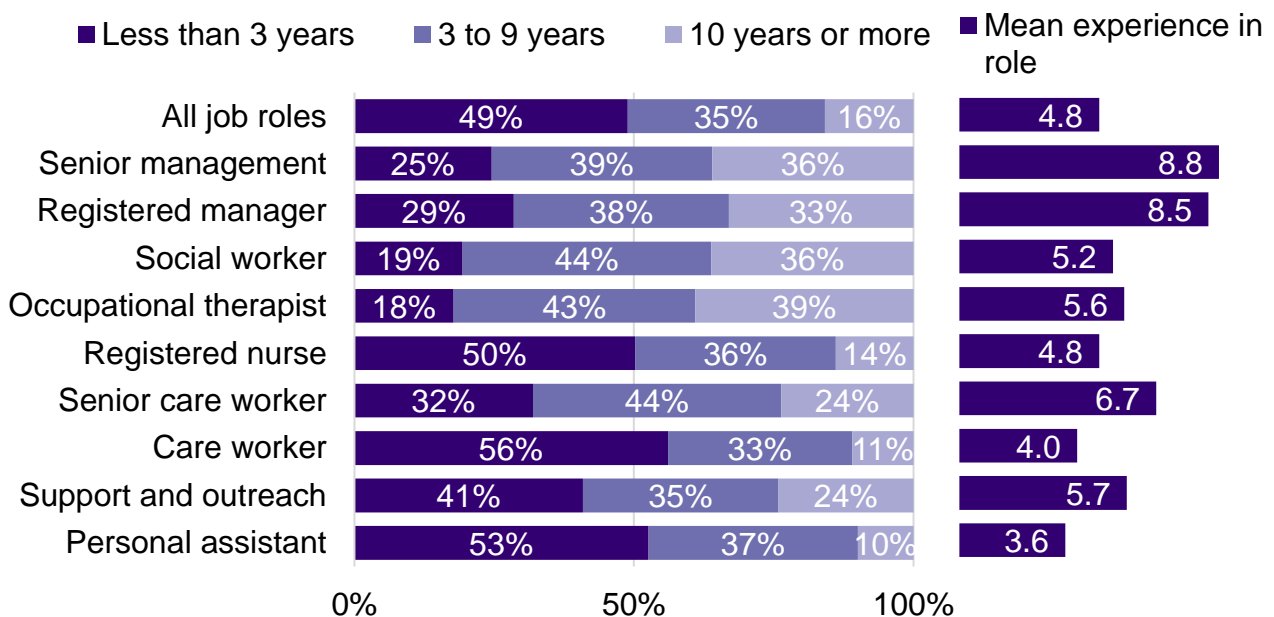
### 3.10.2. Experience in role

On average worker had 4.8 years of experience in their current role (4.5 years less than the average experience in sector). Chart 47 shows information on workers' experience in their current role in years. The average number of years of experience for a care worker was four years; slightly more than personal assistants, which had an average of 3.6 years. In contrast, senior managers (8.8 years) and registered managers (8.5 years) had more experience in their current role.

Registered nurses had an average of 4.8 years of experience in role; this was amongst the lowest levels of all the job roles shown in Chart 47. However, registered nurses' average years of experience of working in the adult social care sector were amongst the highest (15.9 years). This is likely a result of the relatively high turnover rate for registered nurses (44.1%) and indicates that many nurses have moved between employers in the social care sector.

**Chart 47. Estimated year bands and average number of years of experience in current role by selected job role, 2021/22**

Source: Skills for Care estimates

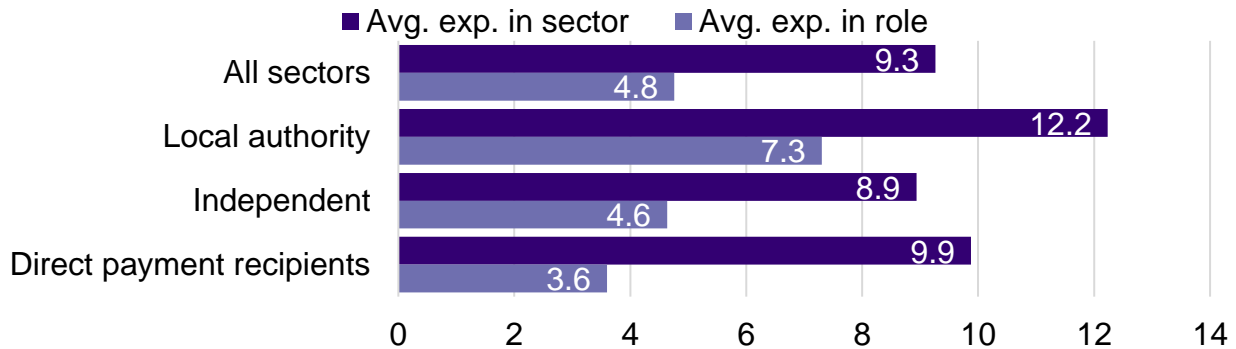


Throughout the adult social care sector, workers had more experience in the sector than they did in their role. Again, this highlights the level of 'churn' within adult social care. Senior care workers had the largest difference amongst direct care-providing roles, with an average of 12 years of experience in the sector and 6.7 years of experience in role.

Chart 48 below shows that workers in the local authority sector had the most experience in the sector and remained in their role for longer. Workers employed in the independent sector had less experience on average, which reflects the higher turnover rates in this part of the sector.

**Chart 48. Comparison of average number of years of experience in current role and adult social care by sector, 2021/22**

Source: Skills for Care estimates



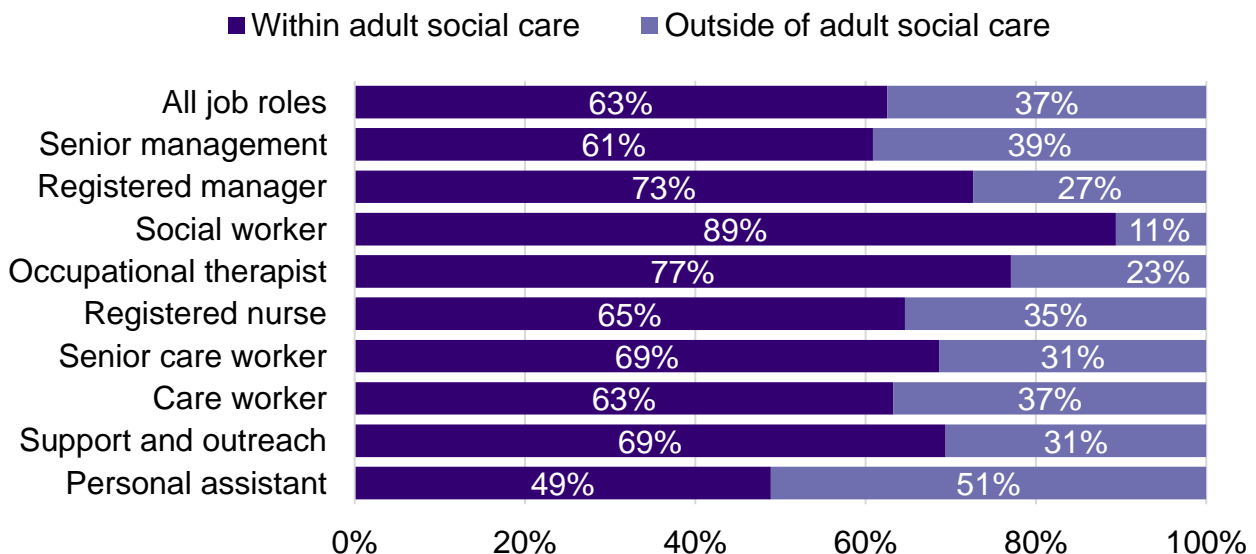
### 3.11. Source of recruitment

Information is collected about the source of recruitment of adult social care workers. These sources can be grouped into 'within the adult social care sector', including the independent or local authority sectors, agencies or internal promotions, and 'outside the adult social care sector', including the health sector, the retail sector and other sources.

Although the turnover rate (30.0%) is relatively high, 63% of starters were recruited from within adult social care; therefore, the sector has retained their skills and experience. However, it also means that a large proportion of employers were going through the recruitment process at any one time, with workers moving between employers with high regularity, and at considerable cost to employers. Of those 37% recruited from outside adult social care, around 6% were recruited from the health sector and 31% were recruited from other sectors which could include retail and hospitality.

**Chart 49. Estimated source of recruitment from within, and outside of, the adult social care sector, by selected job roles, 2021/22**

Source: Skills for Care estimates



### 3.12. Sickness rates

Wellbeing at work relates to every aspect of working life, from the working environment to how the workforce feels about themselves. Stress and burn out are real issues for adult social care staff and with the added challenges and restrictions of the pandemic, workforce wellbeing has never been so important.

Supporting the health and wellbeing of the workforce is essential in making sure that people with care and support needs and their families receive good quality care so they can live as independently as possible.

We've launched a wellbeing tool to support managers and staff<sup>51</sup> called 'creating a positive workplace culture'<sup>52</sup>. This guide helps to understand positive workplace culture and how to achieve it.

With an estimated workforce of 1.38 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and posts working for direct payment recipients, and an average of 7.8 sickness days per employee in 2021/22, a total of approximately 10.7 million days were lost to sickness over the year.

Across the wider economy of the UK, data from the Labour Force Survey<sup>53</sup> showed there were an average of 4.6 sickness days per worker in 2021, around 41% lower than the adult social care sector.

The average number of sickness days varied by job role, with support and outreach workers and social workers having the highest number of sickness days at 12.5 and 9.3 days per year on average, respectively.

However, those in personal assistant roles had the lowest recorded rate, at 2.2 days. Personal assistants employed by a friend or family member had, on average, 1.4 sickness days. Those employed by a non-friend or family member had an average of 3.2 days. More evidence on this is presented in the 'Individual employers and the personal assistant workforce, 2022' report.<sup>54</sup>

Registered nurses also had lower sickness rates, at an average of 6.7 days. It should be noted that most nurses are employed in the independent sector where sickness rates are generally lower. High sickness rates can reflect a favourable sickness policy, but, on the other hand, may also provide an indication of low rates of wellbeing in a workplace.

On average, sickness rates were higher within local authorities (10 days for all job roles and 13 for care workers) than in independent sector providers (8.1 days for all job roles and 8.4 for care workers). This may reflect differing terms and conditions.

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<sup>51</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-people/Wellbeing/Wellbeing.aspx>

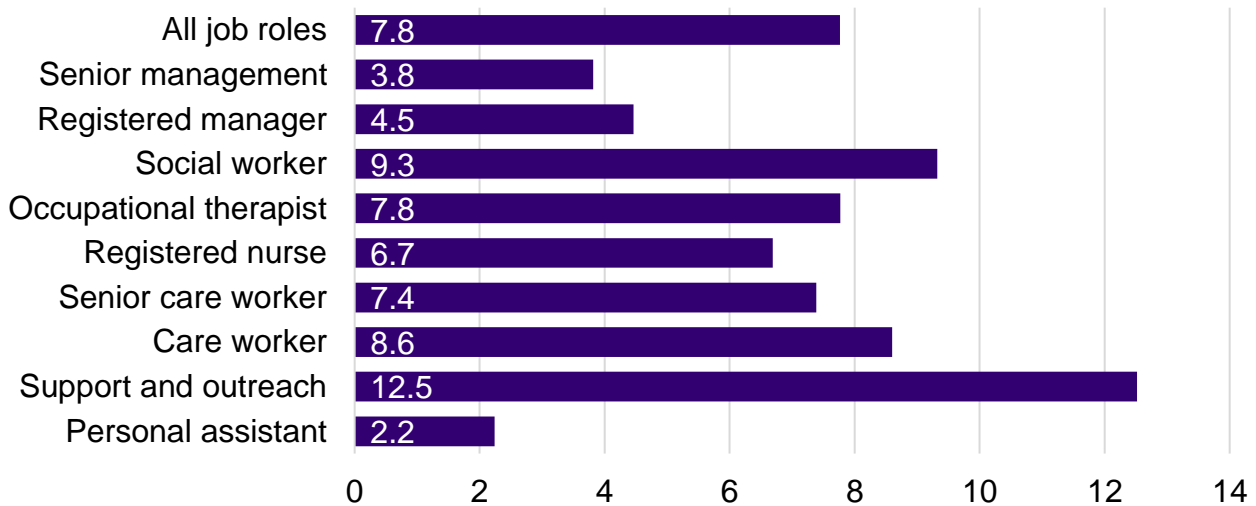
<sup>52</sup> [www.skillsforcare.org.uk/culture](https://www.skillsforcare.org.uk/culture)

<sup>53</sup> <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/latest>

<sup>54</sup> [www.skillsforcare.org.uk/IEPareport](https://www.skillsforcare.org.uk/IEPareport)

**Chart 50. Estimated average sickness days taken by selected job roles, 2021/22**

Source: Skills for Care estimates



### 3.12.1. Sickness trends

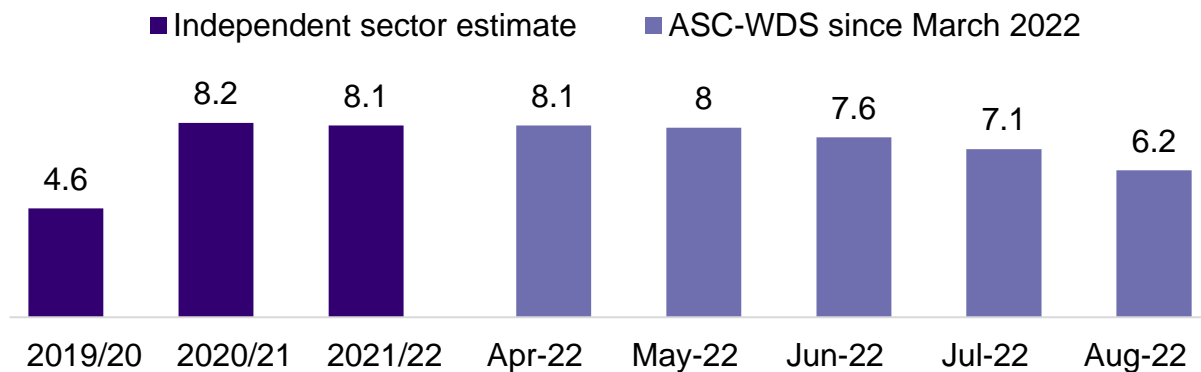
Please note that this section does not include employees working for direct payment recipients, as trends were unavailable.

Levels of staff sickness nearly doubled over the course of the pandemic. An average of 8.1 days were lost to sickness in 2021/22 in the independent sector compared to 4.6 days before the pandemic. This is a mix of people being ill, self-isolation, and people unable to work for other reasons, such as childcare issues.

During 2022, following the relaxation of rules regarding testing and isolation, sickness rates have begun to decrease towards pre-pandemic levels (6.2 days as at August 2022).

**Chart 51. Average number of sickness days, 2019/20-2021/22 and April-August 2022**

Source: Skills for Care estimates (independent sector only)

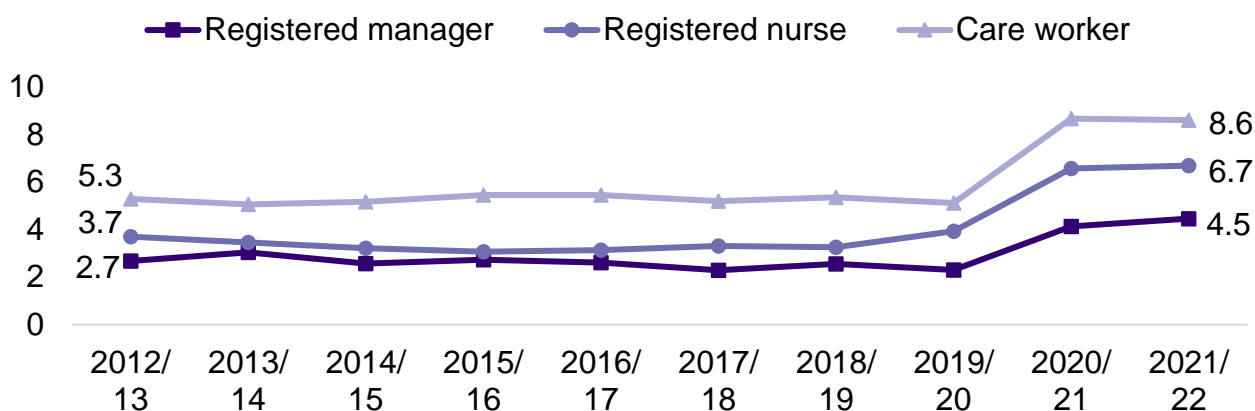


The chart below shows the sickness trend for selected jobs roles. Registered managers, nurses and care workers all experienced similar increases in sickness rates while COVID-19 restrictions were in place.



**Chart 52. Estimated average sickness days taken by selected job roles, 2021/22**

Source: Skills for Care estimates



Some employers informed Skills for Care that their employees and registered managers were at risk of ‘burnout’ during to the pandemic. Sickness levels during the pandemic were running at double their usual level, which increased the workload for the rest of the workforce and contributed to this issue. Although staff shortages are still prevalent within the sector due to high vacancy rates; sickness rates returning to normal levels should alleviate some pressure.

We’re analysing ASC-WDS data every month to monitor the impact of COVID-19 on the sector and workforce. The outputs from this analysis can be found on the COVID-19 section of our Workforce Intelligence website.<sup>55</sup>

### 3.13. Recruitment support

Getting recruitment right ensures that your service has enough of the right staff to deliver safe and effective care that’s responsive to people’s needs.

Skills for Care provides support to find and keep the right people. We have practical tools and resources to help. We offer guidance on safe staffing, workforce planning and effective recruitment practices. We provide information and advice on how to attract and select the right people to join your organisation, including how to use values-based recruitment to ensure that your new staff will be able to deliver the person-centred care needed.

There is support for

- recruitment planning
- attracting people
- application and selection process
- retaining your workforce.

To find out more please visit our website.<sup>56</sup>

<sup>55</sup> [www.skillsforcare.org.uk/COVID19Data](https://www.skillsforcare.org.uk/COVID19Data)

<sup>56</sup> <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-support.aspx>

The Government also recognises the recruitment and retention challenges in adult social care and have announced that £5.4bn raised by the Health and Care Levy will be invested in adult social care, including £500 million to support training and career development for the workforce. For further information, please visit the 'Made with Care' website.<sup>57</sup>

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<https://www.adultsocialcare.co.uk/home.aspx>

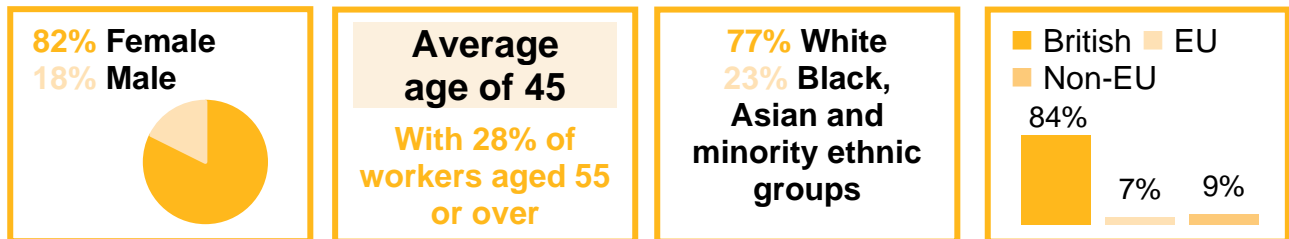
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# Workforce demographics

04

**Overview of adult social care workforce demographics, 2021/22**

- There were no large changes in the characteristics of the workforce during the pandemic in terms of demographics.
- The adult social care workforce in 2021/22 comprised 82% female and 18% male workers.
- The average age of a worker was 45 years old, and over a quarter of workers (430,000 filled posts) were over 55 years old.
- Black, Asian, and minority ethnic workers made up 23% of the adult social care workforce. This was more diverse than the overall population of England (14% from black, Asian and minority ethnic groups).
- The majority (84%) of the adult social care workforce identified as British, 7% (103,000 filled posts) identified as of an EU nationality and 9% (143,000 filled posts) a non-EU nationality.
- The proportion of EU nationality workers had increased from 5% in 2012/13 to 7% in 2021/22.



**4.1. Introduction**

This chapter looks at the demographic information of the adult social care workforce, including gender, age, ethnicity, nationality and citizenship. It also includes a section about diversity within adult social care.

**4.2. Gender**

Chart 53 shows the gender breakdown of the whole population, the economically active population, and the adult social care workforce in England. The adult social care workforce continued to be made up of around 82% female workers. Male workers remained in the minority (18%).

**Chart 53. Estimated gender of the adult social care workforce and the economically active population**

Source: Skills for Care estimates 2021/22, Labour Force Survey 2021/22, Census 2021

\*Population includes those aged 15 and above due to comparison with other sectors.

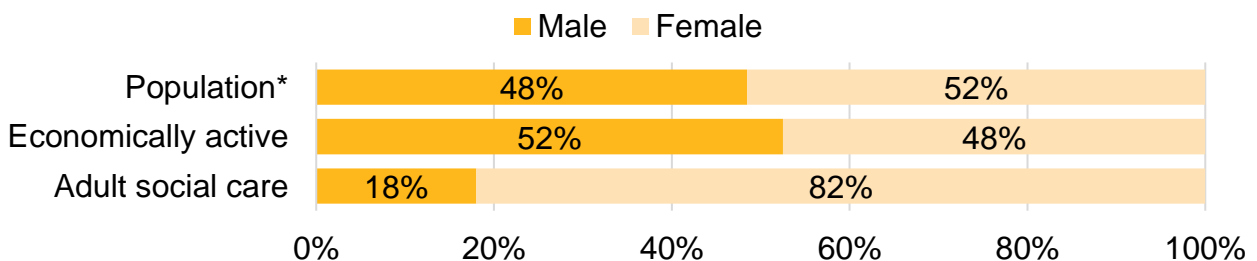
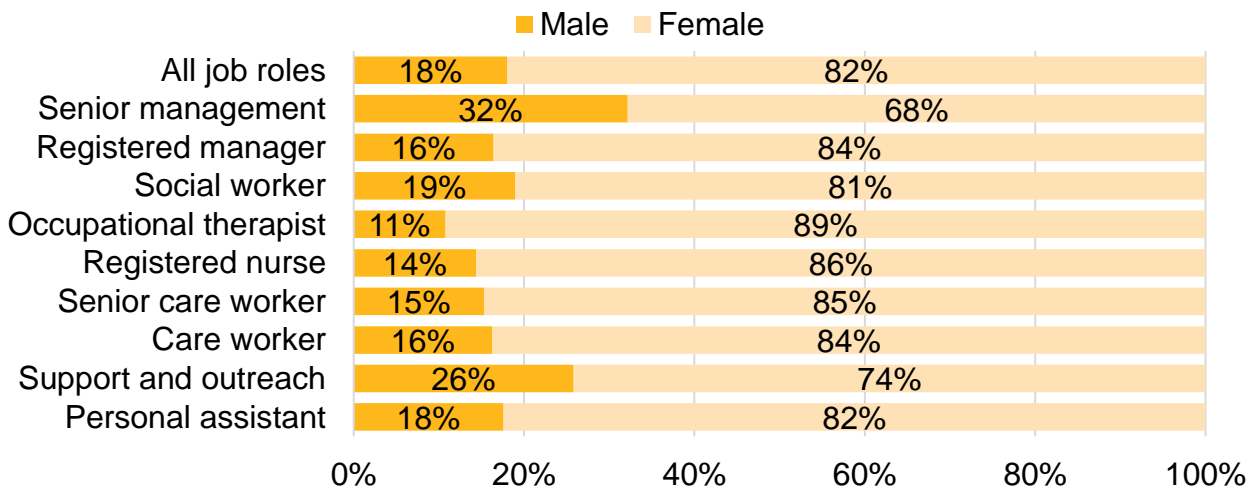


Chart 54 shows the estimated gender split of the adult social care workforce for selected job roles. Gender did not vary significantly between most job roles. However, some variation can be seen, with female workers less likely to be in managerial roles (79%), especially senior management roles (68%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 11%.

**Chart 54. Estimated proportional gender split in the adult social care workforce by selected job roles, 2021/22**

Source: Skills for Care estimates



**4.3. Age**

Chart 55 shows the age distribution of the adult social care workforce in comparison to the economically active population and the whole population in England. The age profile of the adult social care workforce was skewed towards the older age bands, with 28% of workers aged 55 and over, compared to 21% of workers in the economically active population and 37% of the whole population.

**Chart 55. Estimated age distribution of the adult social care workforce compared with the economically active population**

Source: Skills for Care estimates 2021/22, Labour Force Survey 2020/21, Census 2021

\*Population under 25 includes those aged 15 to 24 only due to comparison with other sectors.

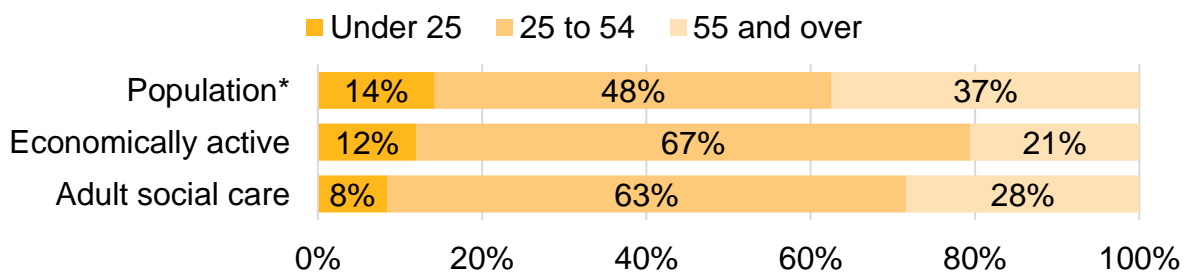


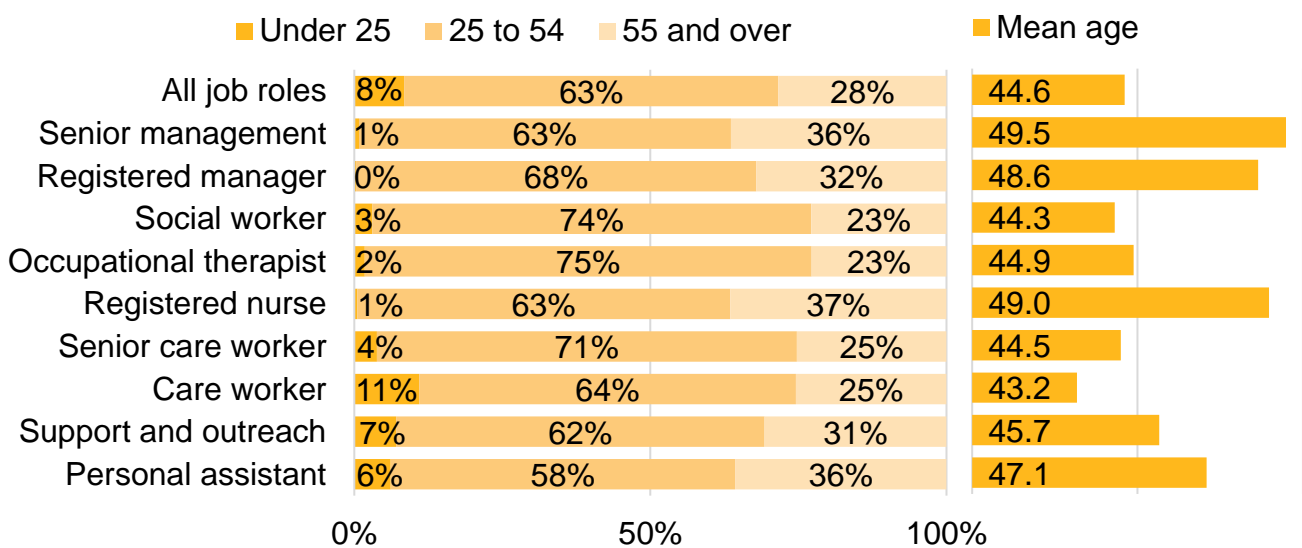
Chart 56 shows the estimated age bands and average age of workers by selected job roles. In the adult social care sector, the average age of a worker was 44.6 years old.

From a workforce planning point of view, workers aged 55 and over may retire within the next ten years. This age category accounted for a quarter of the workforce (28%, or 430,000 filled posts).

Care workers had the youngest age profile, with 11% being under 25 years old. Over a third (37%) of registered nurses were aged 55 or over, with an average age of 49 years old.

### Chart 56. Estimated age bands and mean ages of the adult social care workforce by selected job roles, 2021/22

Source: Skills for Care estimates



We're working in conjunction with the Government and social care employers to develop a number of initiatives to encourage younger people to join, and remain, in the adult social care sector – including through the 'I Care... Ambassadors'<sup>58</sup> project and apprenticeships. For further information, please see Chapter 3 – Recruitment and Retention.

#### 4.3.1. Age trends

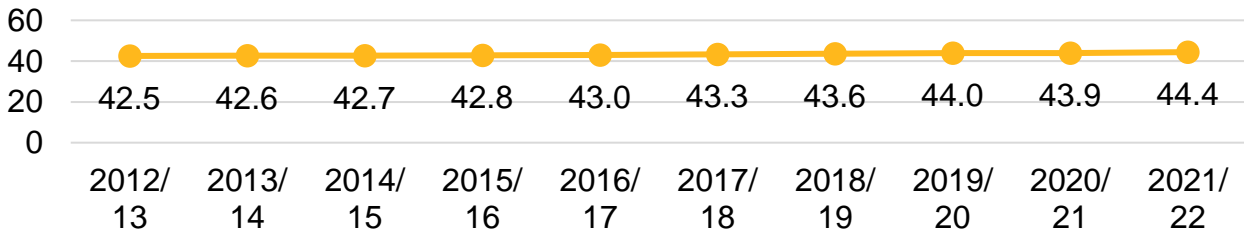
Chart 57 shows the average age of the adult social care workforce employed by local authorities and the independent sector over time. The average age of the workforce rose marginally over an eight-year period, from 42.5 years in 2012/13 to 44.4 years in 2021/22. Over the same period, the average age of the economically active population had increased from 40 years to 43 years.<sup>59</sup> This highlights that the marginally rising age of the workforce is not exclusive to the adult social care sector.

<sup>58</sup> [www.skillsforcare.org.uk/iCare](http://www.skillsforcare.org.uk/iCare)

<sup>59</sup> ONS - Labour Force Survey

**Chart 57. Average age trends of the adult social care workforce between 2012/13 and 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates



**4.4. Ethnicity**

Chart 58 shows that the ethnic profile of the adult social care workforce (23% black, Asian and minority ethnicity) was more diverse than the population of England (14% black, Asian and minority ethnicity) in 2021/22. Workers from black/African/Caribbean/black British backgrounds (12%) accounted for over half of the black, Asian and minority ethnic adult social care workforce. This compares to 24% of the black, Asian and minority ethnic population of England.

**Chart 58. Estimated proportion of the adult social care workforce and the population of England by ethnicity**

Source: Skills for Care workforce estimates 2021/22, Census 2011

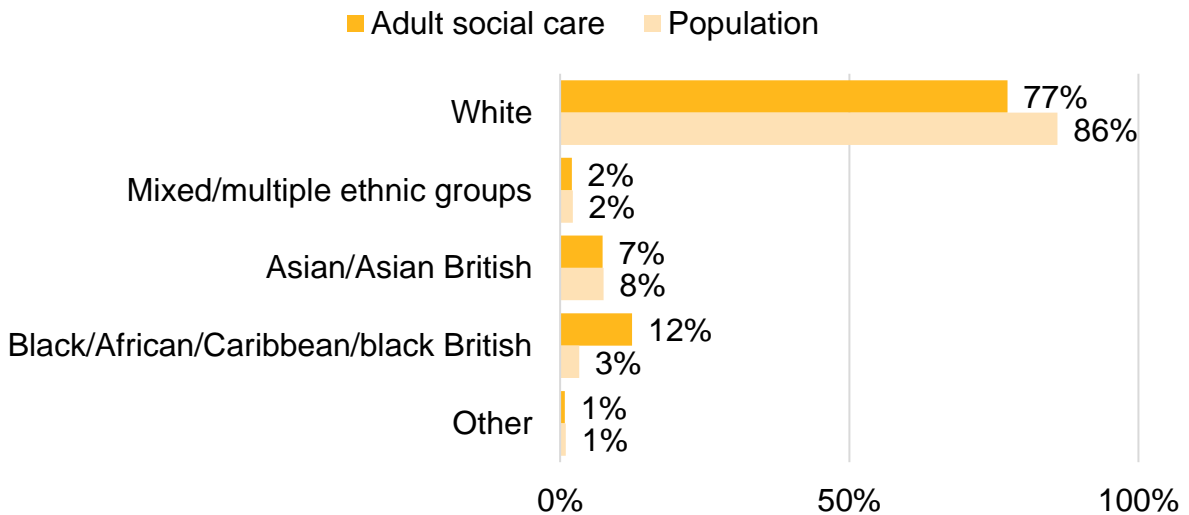


Chart 59 shows the ethnic profile of the adult social care workforce by region. There were large variations by region, with London having the most diverse workforce (68% from black, Asian and Minority Ethnic groups) and the North East the least diverse workforce (5%). In general, these proportions reflect the population in each area. Please note that this information only includes workforce data for local authorities and the independent sector. Ethnicity data for personal assistants working for direct payment recipients wasn't available at a regional level.

**Chart 59. Estimated proportion of the adult social care workforce by ethnicity and region, 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

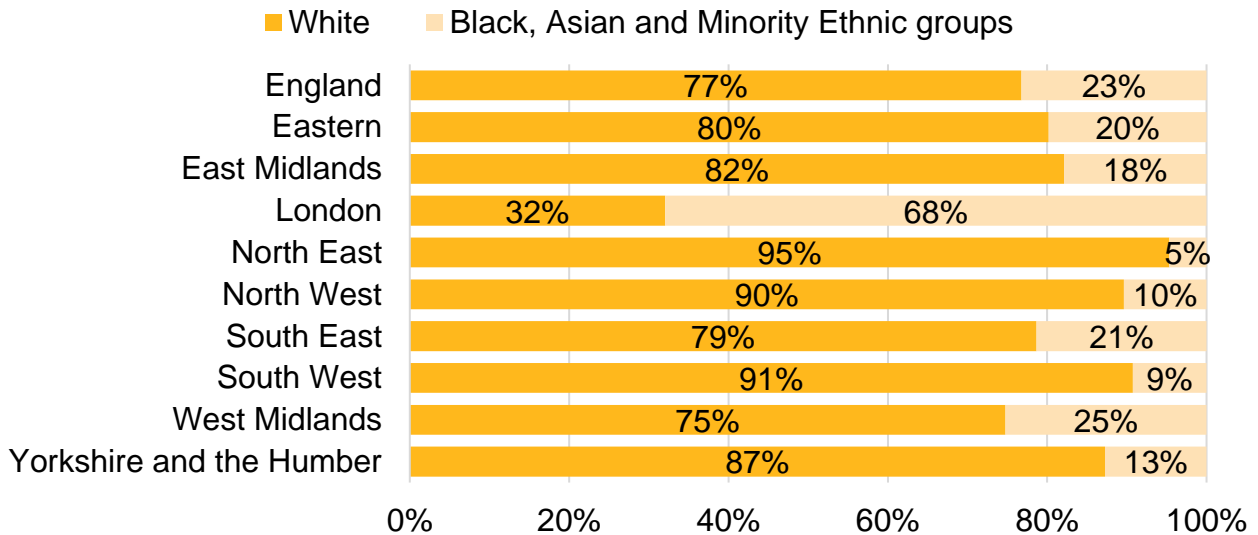
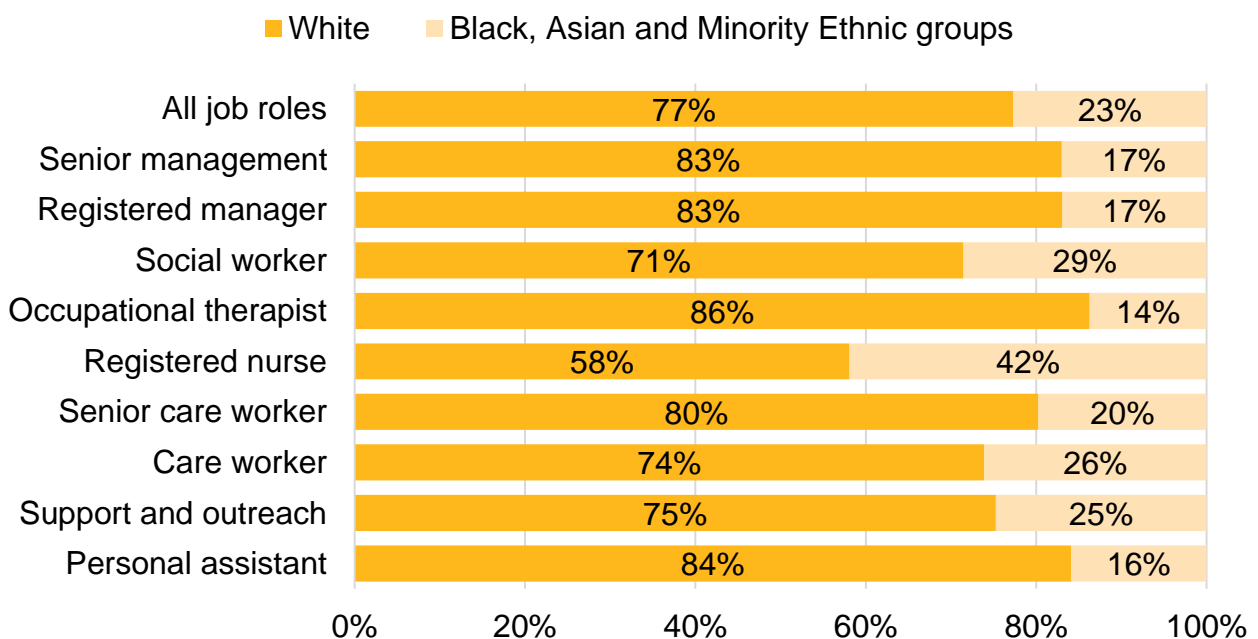


Chart 60 shows ethnicity group by selected adult social care job roles. Registered nurses had the highest proportion of workers with a black, Asian and minority ethnicity background (42%), whereas occupational therapists had the lowest (14%). Registered managers and senior managers also had a relatively low proportion of those with a black, Asian and minority ethnicity background (17% each).

**Chart 60. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2021/22**

Source: Skills for Care estimates





#### 4.5. Diversity within adult social care

The strength of social care is in celebrating, valuing, and recognising what makes people unique and supporting them to overcome challenges. To do this, it is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally. Skills for Care is committed to using our data and insight to focus attention on areas and issues where there is more work to do, to ensure that diversity is valued and that organisational cultures are positive.

To do this Skills for Care is:

- developing and promoting tools and resources to help employers and the workforce implement inclusive and positive organisational cultures. This includes development of competencies and behaviours focussed on the implementation of the Workforce Race Equality Standard, which will allow us to monitor progress and drive-up standards and practice across the sector
- promoting diverse and compassionate leadership across all their services to ensure the workforce feels equal, valued and included, with a culture that encourages wellbeing and progression
- supporting the sector to monitor and report on progress in implementing employee diversity objectives, using standardised data and measures, and identify opportunities to continually improve.

Culture and diversity are a key focus for us, as one of our strategic priority areas in support of the adult social care workforce. Our three-to-five-year long-term objective is to create equity among all those working in social care, so that people feel valued for the work they do and are motivated to stay in the sector, whilst having the choice to develop and progress in their careers.

People from ethnic minority communities account for one in five of the adult social care workforce in England and play a vital role in the day-to-day care of people in our communities. Skills for Care has been acutely aware of the challenges facing people from black, Asian and ethnic minority groups; COVID-19 has highlighted and brought these challenges to the forefront for many communities.

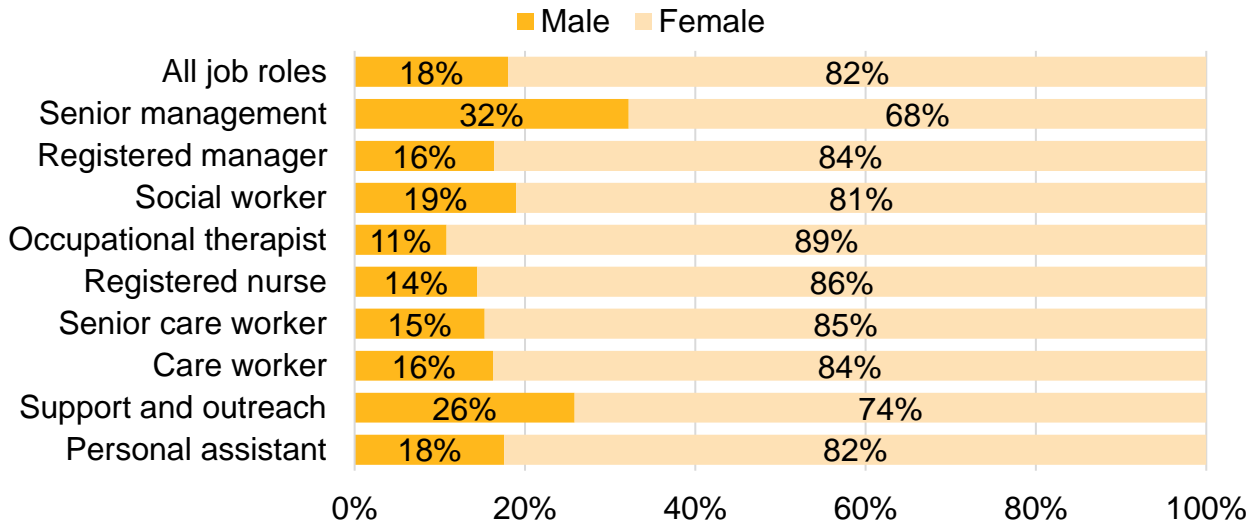
Analysis of workforce data from the ASC-WDS in 2020/21 shows that there were no substantial differences in pay according to the gender or ethnicity of care workers after accounting for their geographic location, sector, service type and experience. We'll continue to monitor this information.

Workforce factors that affected pay were experience (see section 8.1) and training and qualifications (see chapter 8). Care workers with more years of experience in the sector and higher levels of training and qualifications were paid more on average.

There were, however, differences in diversity between job roles. Notably, there were proportionally more males and more white people in senior roles than front line roles; please see the charts below. The root cause of this difference can't be ascertained from ASC-WDS data alone. However, it's a concern as it could indicate a lack of equal opportunities or discrimination in the sector.

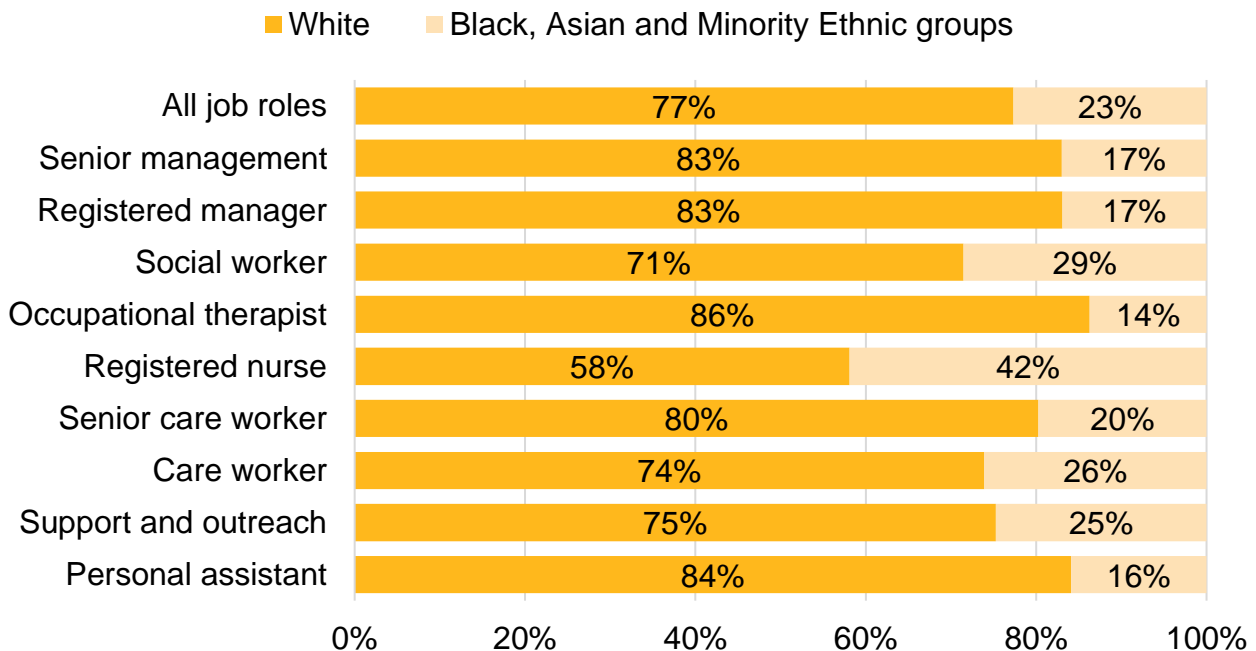
**Chart 61. Estimated proportional gender split in the adult social care workforce by selected job roles, 2021/22**

Source: Skills for Care estimates



**Chart 62. Estimated proportion of the adult social care workforce by ethnic group for selected job roles, 2021/22**

Source: Skills for Care estimates

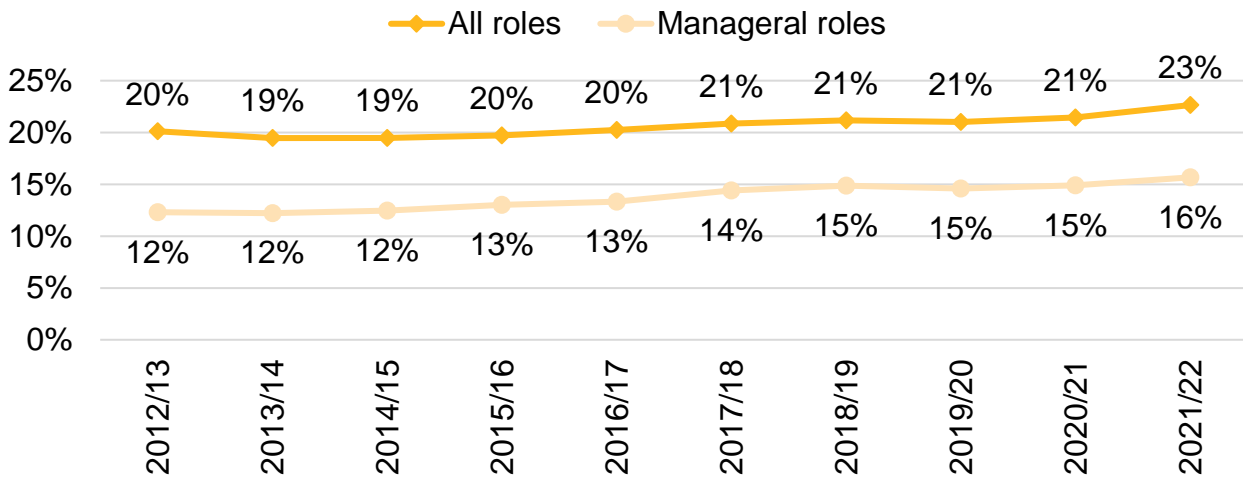


Gender has remained 18% male and 82% female since 2012/13 with no variation between years. There has also been no variation in managerial roles with 21% female.

The proportion of workers with a black, Asian or ethnic minority background has increased slowly over the period (see chart 63) from 20% of all workers in 2012/13 to 23% in 2021/22 and 12% of all managerial roles in 2012 to 16% in 2021/22.

**Chart 63. Estimated proportion of roles with a black, Asian or ethnic background, from 2012/13 to 2021/22.**

Source: Skills for Care estimates



To promote diverse and compassionate leadership across all services to ensure the workforce feels equal, valued, and included, with a culture that encourages wellbeing and progression, we use a combination of tools, resources, and our platform (and voice) to raise awareness of the importance of inclusive and positive workplace cultures. We also promote leadership styles that model compassion. We enable leaders to create inclusive and positive cultures in their organisations and in the wider system as part of integrated care.

We continued to support leaders and managers from ethnic minorities and have provided a platform to share their experiences during the pandemic. We've undertaken surveys, webinars and peer coaching to learn more and help deliver the best possible support to this important part of the workforce. Please see 'Supporting the diverse workforce within adult social care webpage for information'<sup>60</sup>, opportunities to get involved, webinars and blogs such as 'Discrimination and care workers' rights' and 'How to become an anti-racist organisation'.

Skills for Care has also developed the two programmes to support leaders and managers and a diverse workforce. Forefront<sup>61</sup>, a new programme being supported by Skills for Care, is aimed at those from minority ethnic backgrounds who work directly with people drawing on care and support. The 'Moving Up programme'<sup>62</sup> was developed in response to the identified need for a more representative leadership profile for black, Asian, and Minority

<sup>60</sup> <https://www.skillsforcare.org.uk/Leadership-management/developing-leaders-and-managers/Supporting-the-diverse-workforce-within-adult-social-care.aspx>

<sup>61</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Forefront.aspx>

<sup>62</sup> [www.skillsforcare.org.uk/moving-up](http://www.skillsforcare.org.uk/moving-up)

Ethnic leaders in the adult social care sector. More than ever before, it's important to offer opportunities and support to those from diverse backgrounds who wish to fulfil their career goals. These programmes are designed to help individuals to develop the skills to progress their careers, and to learn from others.

These two programmes have been successful, with cohorts expanded, and but there is still not enough diversity of senior leadership over the past few years. Chart 62 shows that people with a black, Asian, or monitory ethnic background make up 16% of all managerial roles, up from 12% in 2012/13. The Social Care Workforce Race Equality Standard (WRES) project aims to identify where more needs to be done and action taken.

The WRES data collection, initially from 18 local authorities, asks for information by ethnicity for nine workforce areas, including pay, job role, shortlisting and appointment of staff, as well as continuous professional development and turnover. It helps employers to create action plans and to breakdown some of the internal barriers and challenges.<sup>63</sup> This new project aims to bring more accountability.

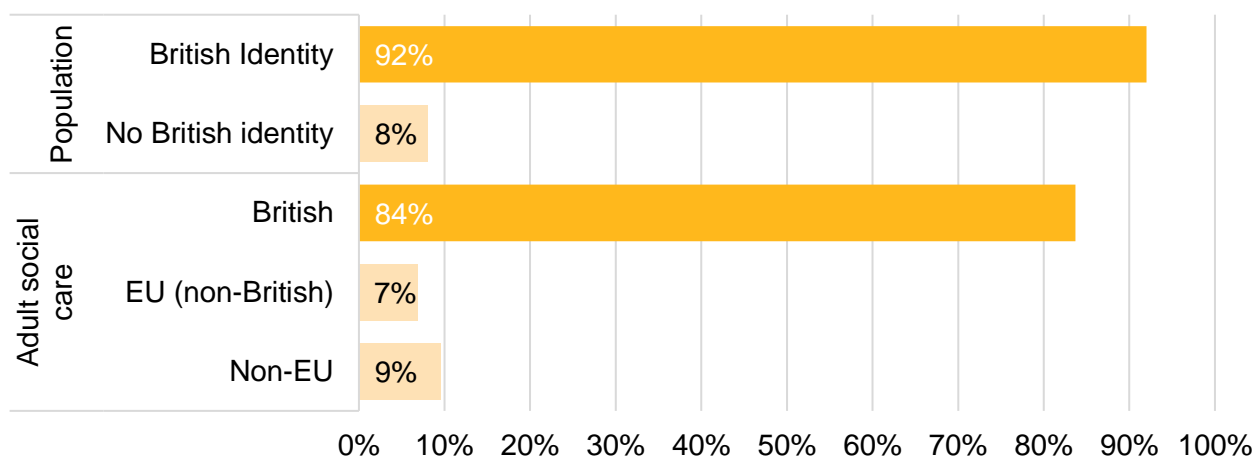
#### 4.6. Nationality

In 2021/22 around 84% of the adult social care workforce identified as British, 7% (103,000 filled posts) identified as of an EU nationality and 9% (143,000 filled posts) of a non-EU nationality. Therefore, on average, the adult social care sector showed a slightly greater reliance on non-EU workers than EU workers.

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

#### Chart 64. Estimated proportion of the adult social care workforce and population of England by nationality

Source: Skills for Care workforce estimates 2021/22, Census 2011



<sup>63</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Workforce-Race-Equality-Standard.aspx>

Table 7 and Chart 65 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

**Table 7. Estimated number of filled posts in the adult social care sector by nationality and job role group, 2021/22**

Source: Skills for Care estimates

|                       | British          | EU (non-British) | Non-EU         |
|-----------------------|------------------|------------------|----------------|
| <b>All job roles</b>  | <b>1,265,000</b> | <b>103,000</b>   | <b>143,000</b> |
| Managerial            | 102,000          | 4,600            | 5,100          |
| Regulated professions | 43,000           | 6,000            | 9,100          |
| Direct care           | 940,000          | 79,000           | 119,000        |
| Other                 | 179,000          | 13,000           | 10,500         |

**Chart 65. Estimated proportions of the adult social care workforce by nationality and job role, 2021/22**

Source: Skills for Care estimates

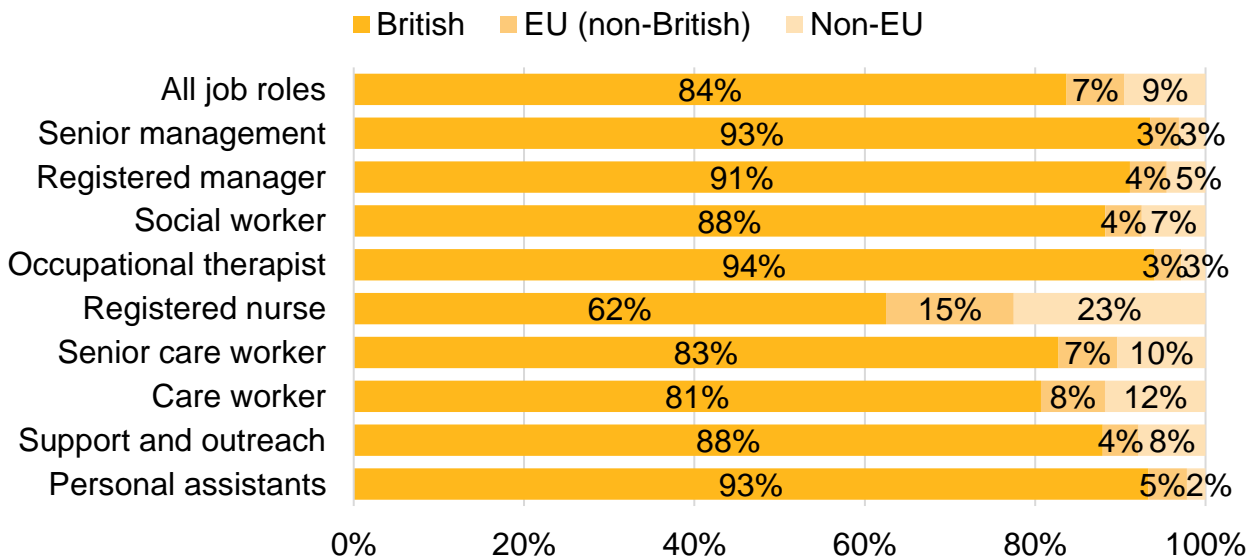
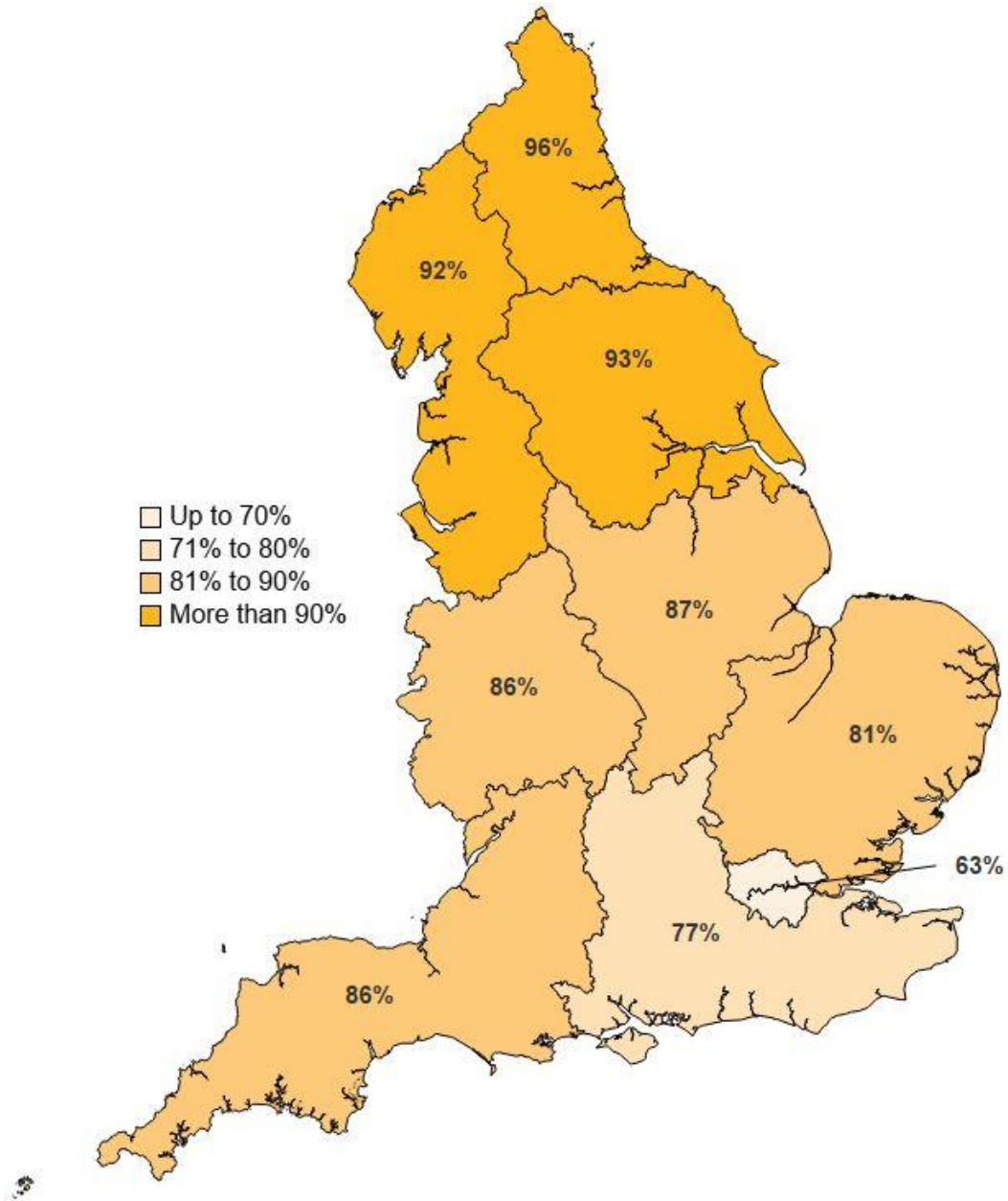


Chart 66 shows that there were regional variations in workforce nationality. The North East, North West, and Yorkshire and the Humber had a relatively low percentage of non-British workers, with similar proportions of EU and non-EU nationalities. London had the highest proportion of non-British workers, followed by the South East. The map also highlights a north/south divide in terms of workforce nationality. Please note that chart 66 and Map 1 only contain local authority and independent sector information. Nationality information about filled posts working for direct payment recipients wasn't available at regional level.

**Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region, 2021/22**

Source: Skills for Care estimates



**Chart 66. Estimated proportions of the adult social care workforce by nationality and region, 2021/22 (independent and local authority sectors only)**

Source: Skills for Care estimates

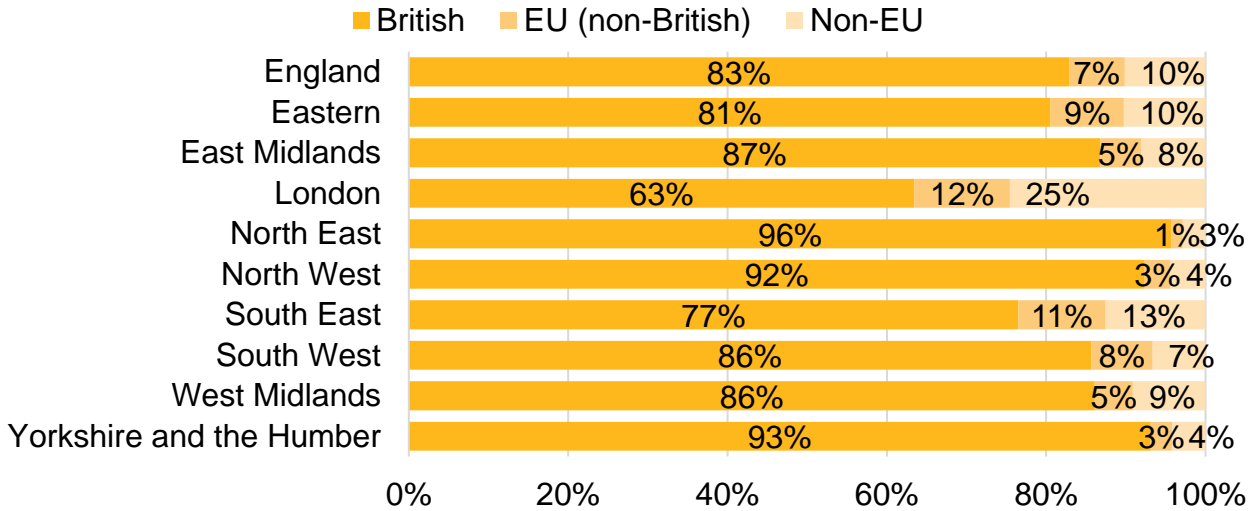
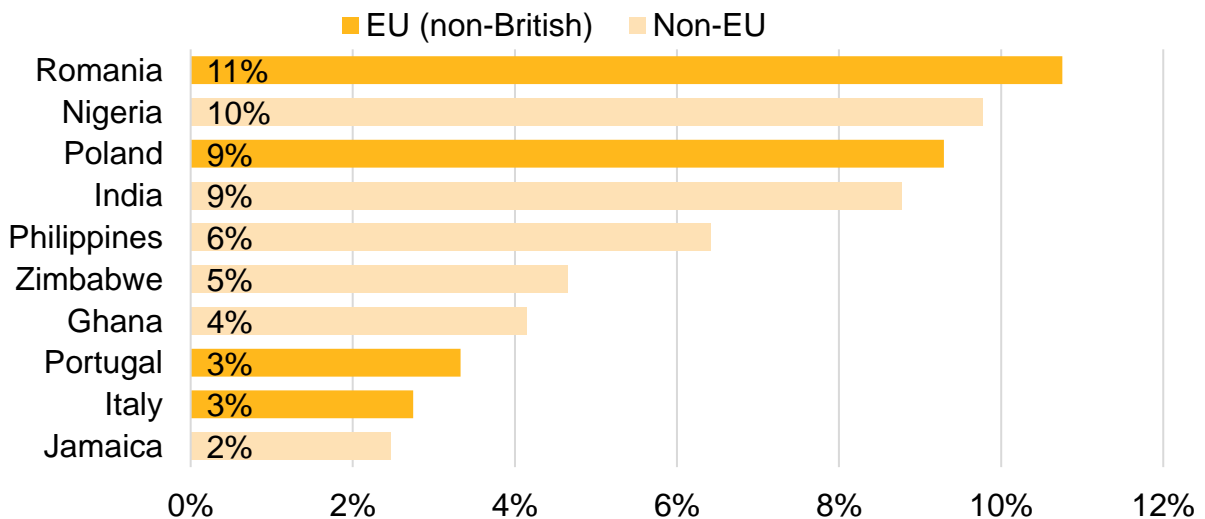


Chart 67 shows data for the ten most common nationalities of non-British workers. It's interesting to note that, since 2014, when citizens of Romania could work in the EU without restriction, the proportion of those of Romanian origin working in adult social care moved into the top ten list. In 2021/22, Romanian was the most common nationality of non-British workers at 11% and Nigerian was the second most frequently recorded nationality at 10%. Six of the ten most common nationalities were non-EU countries.

The NHS has a slightly lower proportion of EU nationals than the adult social care sector, with 15% of NHS staff holding nationalities of a country other than the UK. This includes 6% (70,700) that were nationals of EU countries.

**Chart 67. Ten most common nationalities of the non-British adult social care workforce**

Source: ASC-WDS unweighted data 2021/22



#### 4.6.1. Nationality trends

The following trends are for local authorities and the independent sector only. They don't include filled posts working for direct payment recipients.

The proportion of the adult social care workforce with a British nationality has remained consistent over the past seven years (from 2012/13 to 2021/22), varying by one percentage point.

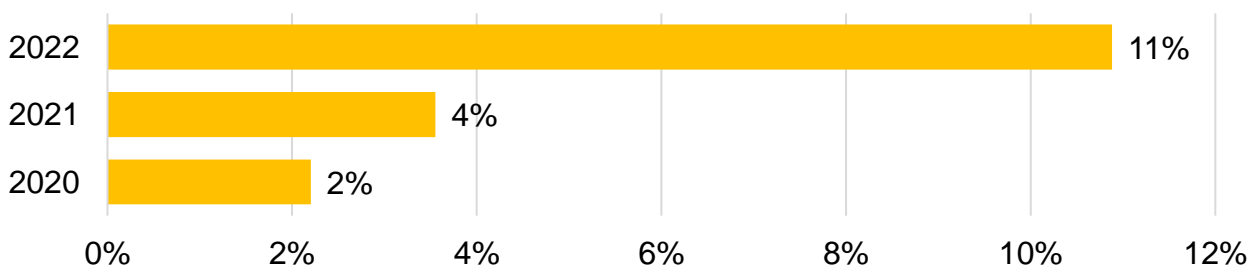
However, the composition of the non-British workforce has changed. Chart 69 shows that over the same period, the proportion of the workforce holding an EU (non-British) nationality had increased by two percentage points and the percentage of those of non-EU nationality decreased by two percentage points.

New immigration rules came into place in the UK on 1 January 2021. The rules effectively meant that people could not come to the UK to take up care worker roles, although they could still arrive to take up senior care worker and some regulated professional roles. In February 2022, care workers were added to the shortage occupation list and therefore could immigrate into the UK, providing the job meets the minimum salary level of £20,480 per year. Early evidence from data in the ASC-WDS in 2022/23 suggests that around 47% of care workers in adult social care are paid above this amount.

Data collected in the ASC-WDS since care workers were added to the shortage occupation list showed more people were arriving in the UK to take up adult social care jobs. In 2022, between February and August, 11% of workers new to their role within the year had also arrived in the UK within the year. This was greater than the equivalent period in 2021 (4%) and in 2020 (2%). Where nationality data was recorded, over 90% of people arriving from outside of the UK to take up adult social care jobs in 2022 were from non-EU countries.

#### Chart 68. Proportion of workers new to their role that arrived in the UK within the year

Source: Skills for Care estimates and ASC-WDS unweighted data 2021/22



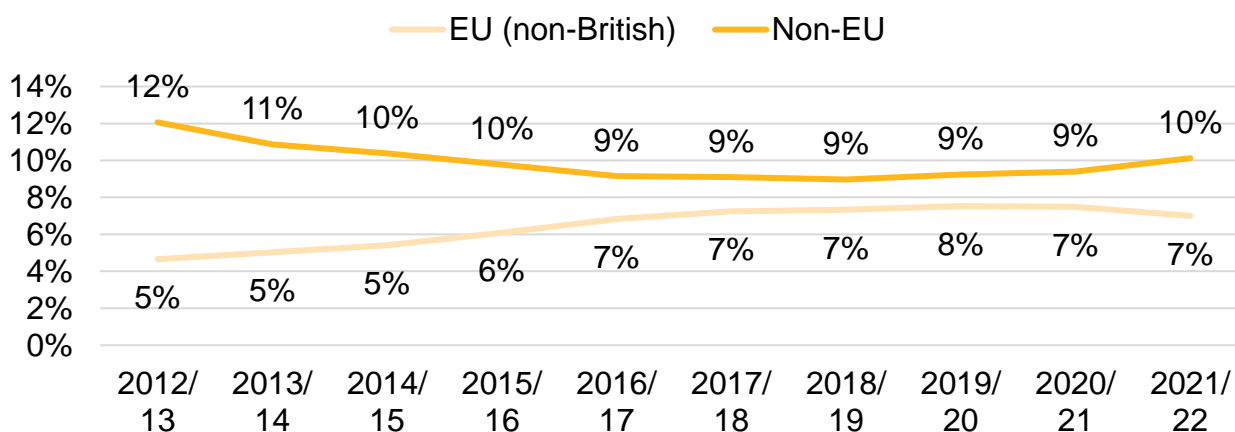
International recruitment provides an additional option for employers to bring in care workers and it has already helped to fill some vacancies. It is estimated (using ASC-WDS data) that approximately 10,000-15,000 people have moved to the UK to take up care



worker roles since the start of 2022<sup>64</sup>. As this policy is relatively new, more employers could start to use this option once they have met all the requirements (such as becoming a licensed sponsor) and assessed the costs and benefits for their organisations. Skills for Care will continue to monitor this trend in future reports.

### Chart 69. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality, 2012/13 to 2021/22

Source: Skills for Care estimates



The nationality trend for registered nurses within the adult social care sector as shown in Chart 70, was similar to the general trend although more pronounced. The proportion of registered nurses with a British nationality increased by one percentage point from 61% in 2012/13 to 62% in 2021/22. The proportion of registered nurses of a non-EU nationality decreased nine percentage points over the period, from 31% in 2012/13 to 23% in 2021/22.

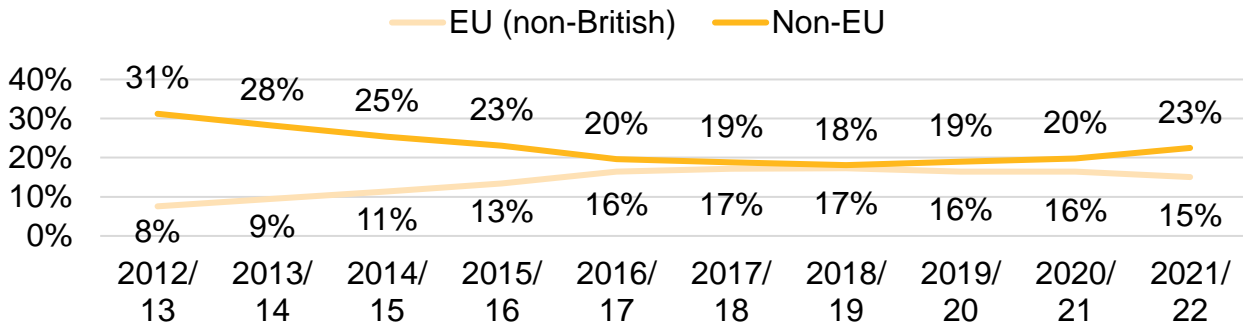
This may have arisen because of changes to immigration rules; since October 2014, the only route to registration for nurses educated outside of the European Economic Area (EEA) region was through the Nursing and Midwifery Council's two-stage process. This involves significant financial cost and, until October 2018, required nurses from outside the EEA to work for at least 12 months after qualifying before they could apply to come and work in the UK.<sup>65</sup> By comparison, the proportion of registered nurses with an EU nationality has risen by seven percentage points, from 8% in 2012/13 to 15% in 2021/22. Since the introduction of the new immigration rules on 1 January 2021, nurses from EU and non-EU countries can immigrate to the UK providing that they have a job offer from a licenced sponsor, meet the salary criteria, and can speak English to the required standard.

<sup>64</sup> Estimates in this section using year of arrival data should not be treated as precise: year of arrival in the UK data from ASC-WDS is less well completed than other variables in the dataset

<sup>65</sup> [www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/overseas-nurses-and-midwives](http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/overseas-nurses-and-midwives)

**Chart 70. Estimated proportion of registered nurses with EU (non-British) and non-EU nationalities, 2012/13 to 2021/22**

Source: Skills for Care estimates



#### 4.7. British citizenship

According to the Government's 'EU Settlement Scheme',<sup>66</sup> the rights of EU citizens living in the UK didn't change until after 31 December 2020. After this point, EU citizens had until June 2021 to hold, or be in the process of applying for, UK immigration status through the EU Settlement Scheme.

Under the Settlement Scheme, all workers with an EU nationality that worked in the adult social care sector in England as at 31 December 2020 were allowed to continue to work in the UK, provided they apply to remain through the scheme.

We estimate that 7% of the adult social care workforce employed by local authorities and the independent sector (98,000 filled posts) were of an EU nationality in 2021/22. Data from the ASC-WDS shows that around 25% of workers that identified as being of an EU nationality already also have British Citizenship. These 24,000 workers didn't have to apply for settled status.

By June 2022, take-up of the scheme was high; around 6.5 million settlement applications were fully processed through the scheme, of which 51% resulted in 'Settled' and 41% resulted in 'Pre-settled' status.

There's been no evidence of the existing non-British workforce leaving at an increased rate since the EU referendum or since the new immigration rules came into place on 1 January 2021.

Skills for Care has many resources on our website to help employers to support a diverse workforce<sup>67</sup> and the Care Quality Commission launched a Culturally appropriate care guide in spring 2022.<sup>68</sup>

<sup>66</sup> EU Settlement Scheme – Accessed 01/08/2019 [www.gov.uk/eusetledstatus](http://www.gov.uk/eusetledstatus)

<sup>67</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Supporting-a-diverse-workforce.aspx>

<sup>68</sup> <https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

4.8. People with a disability

Chart 71 looks at the breakdown of people with a disability from three data sources: the population of England (2011 UK census), workers in social care occupations (Labour Force Survey (LFS 2021/22)) and Skills for Care workforce estimates for 2021/22.

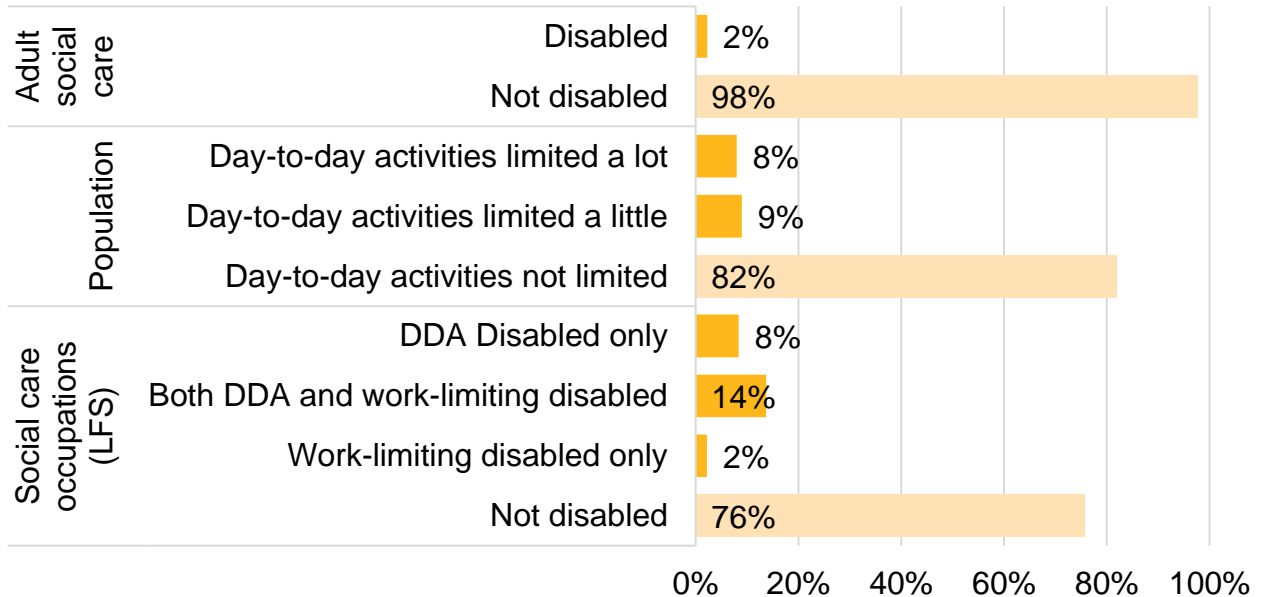
The 2011 UK census reported that there were 9.4 million people with a disability living in England (18% of the population). Within social care occupations, the LFS identified 24% of workers as disabled according to the Disability Discrimination Act 1995 (DDA) definition. The adult social care workforce estimate showed a lower prevalence of disability among workers, at 2%. The ASC-WDS disability records are likely to be under-reported because the information was provided by the employer, rather than the individuals themselves.

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

**Chart 71. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status**

Source: Skills for Care workforce estimates, 2021/22; UK census, 2011; Labour Force Survey, 2021/22

Check



We are involved with a project with Disability Rights UK and the British Association of Supported Employment to look at the recruitment, retention and progression of disabled people working in the social care sector. Further information is available in our ‘Recruitment and retention of disabled people in adult social care report’.<sup>69</sup>

<sup>69</sup> <https://www.dimensions-uk.org/wp-content/uploads/Recruitment-and-retention-of-disabled-people.pdf>



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Pay

05

### Overview of pay rates in England, as at 2021/22

The information in this chapter was gathered from local authorities as at September 2021, and from independent sector employers between April 2021 and March 2022. Personal assistants working for direct payment recipients returned information in February 2022 as part of a survey we conducted.

Pay rate data was collected at the individual worker level; all annual pay information is full-time equivalent (FTE), based on 37 contracted hours per week being classed as one FTE filled post.

- Analysis of pay data completed in ASC-WDS shows that employers gave higher than expected pay rises to care workers in 2021/22 and this continued in 2022. Insight from care providers suggests this was an attempt to combat high staff vacancies.
- The median hourly rate for care workers in March 2022 was 59 pence higher than the NLW. Between September 2012 and March 2016, the nominal median hourly rate increased by an average of 13 pence per year. After the NLW, this rate increased to an average of 37 pence per year, highlighting the impact of the higher NLW on average rate changes each year.
- Between the launch of the NLW and 2020/21, as each new rate was implemented, a higher proportion of care workers were paid at this minimum amount. However, due to the higher-than-expected pay rises in 2021/22, this pattern has stopped.
- Care workers in the bottom 20% of the pay distribution gained the most benefit from the introduction of the NLW (an increase of 13.8% after inflation since March 2016), whereas the pay for the top 10% of earners increased at 7.6% real-term.

|   |  |  |   |
|---|--|--|---|
| <p><b>£35,100</b><br/>Registered nurse<br/>independent<br/>sector <i>mean</i> FTE<br/>pay</p> | <p><b>£38,000</b><br/>Social worker<br/>local authority<br/>sector <i>mean</i> FTE<br/>pay</p> | <p>Personal assistant<br/>for direct payment<br/>recipients <i>mean</i><br/>hourly pay<br/><b>£10.21</b></p> | <p>Care worker<br/>independent<br/>sector <i>mean</i><br/>hourly pay<br/><b>£9.66</b></p> |
|---|--|--|---|

#### 5.1. Introduction

The ASC-WDS collects pay data for both annual and hourly rates. The ASC-WDS also collects information about workers' contracted hours and usual hours worked for both agency and zero-hours staff. The information in this section shows full-time equivalent (FTE) average salaries. Pay data was converted into FTE annual salaries using an average working week of 37 hours (the full-time equivalent). Hourly pay data was also converted into annual salaries, based on the full-time equivalent. Converting pay in this way allows for the pay of full-time and part-time workers to be compared.

The NLW is set by the Government and is the amount of money per hour all employed workers are legally entitled to. It was first introduced on 1 April 2016 for workers aged 25 and over to receive £7.20 per hour, before increasing to £8.72 by 1 April 2020. The Government had set a target for it to reach two thirds of median earnings by 2024

(estimated by the Low Pay Commission (LPC)<sup>70</sup> at £10.33 per hour in April 2021). The NLW increased on 1 April 2022 to £9.50 per hour. In 2021, the age threshold for the NLW was reduced from 25 years to 23 years. This will be reduced further in 2024 to 21 years.<sup>71</sup>

The Real Living Wage is separate to the National Living Wage (NLW); this is set by the Living Wage Foundation charity<sup>72</sup> each November. This is a voluntary scheme which employers can sign up to; the hourly rate is independently calculated to reflect the basic cost of living. Data for this report is correct as at 2021/22 so the national living wage used for a comparison is £8.91.

**Table 8. 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  | £7.85 / £9.15  |
| Apr 16 to Mar 17   | 2016 NLW       | £7.20 (NLW introduced)                       | £8.25 / £9.40  |
| Apr 17 to Mar 18   | 2017 NLW       | £7.50  | £8.45 / £9.75  |
| Apr 18 to Mar 19   | 2018 NLW       | £7.83  | £8.75 / £10.20   |
| Apr 19 to Mar 20   | 2019 NLW       | £8.21  | £9.00 / £10.55   |
| Apr 20 to Mar 21   | 2020 NLW       | £8.72  | £9.30 / £10.75   |
| Apr 21 to Mar 22*  | 2021 NLW       | £8.91  | £9.50 / £10.85   |
| Apr 22 to Mar 23** | 2022 NLW       | £9.50  | £9.90 / £11.05   |

\* Data in this section gathered March 2022.

\*\* The current rate. This rate is not used as a comparison for this report because the date is after the data collected for this report.

This section chapter makes comparisons between nominal and real term pay rates.

‘Real terms’ means that pay rates have been adjusted to take inflation into account and have been calculated using the Consumers Price Index (CPI) (the official measure of inflation of consumer prices in the UK) and expressed in prices as at March 2022.

‘Nominal’ pay isn’t adjusted for inflation and shows the actual pay rates as they were at the time.

<sup>70</sup> <https://www.gov.uk/government/publications/low-pay-commission-report-2020>

<sup>71</sup> <https://www.gov.uk/government/publications/the-national-minimum-wage-in-2021>

<sup>72</sup> [www.livingwage.org.uk/what-real-living-wage](http://www.livingwage.org.uk/what-real-living-wage)

As an example, a worker's wage may have increased by 2% in a year. However, if inflation also rises by 2% then the worker will be no better off as a result of the pay rise; the nominal pay rise was 2%, but in real terms, the 'rise' would have been zero.

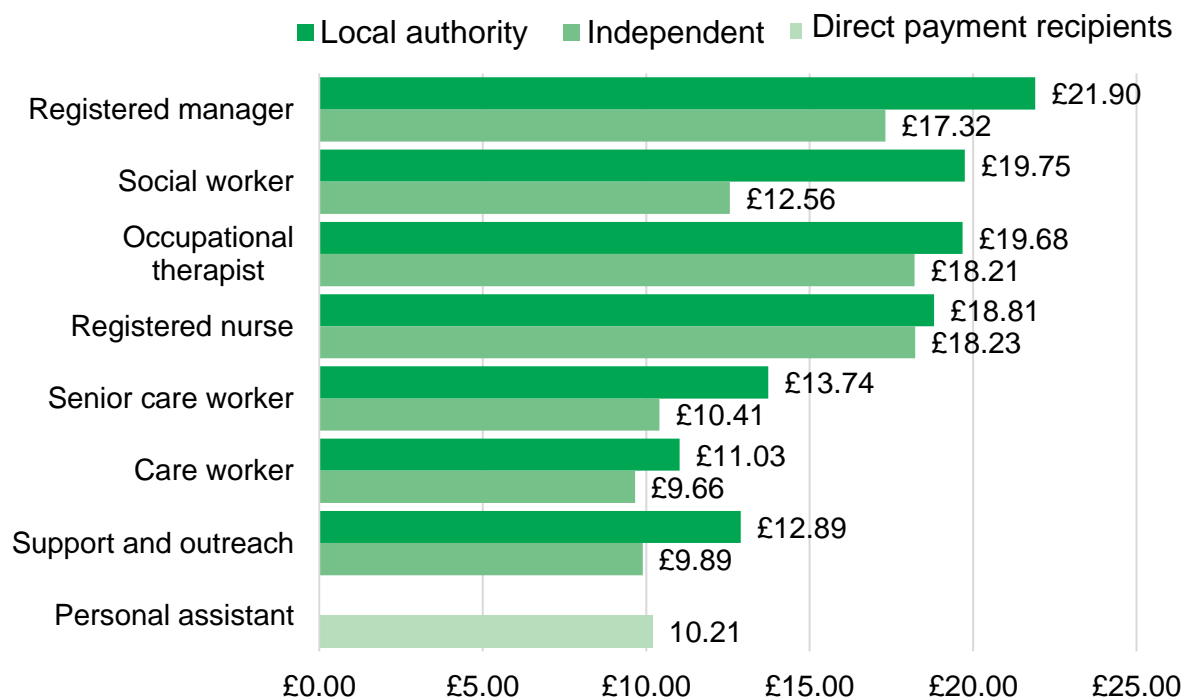
## 5.2. Mean hourly pay

The chart below shows mean hourly pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Care workers were paid a mean hourly rate of £9.66 (median £9.50) in the independent sector and a mean hourly rate of £11.03 in the local authority sector. Senior care workers were paid a mean hourly rate of £10.41 in the independent sector and £13.74 in the local authority sector. Personal assistants were paid a mean of £10.21 an hour.

### Chart 72. Estimated mean hourly pay rate by selected job roles, 2021/22

Source: Skills for Care estimates



The table below shows the mean pay rate from 2016/17 to 2021/22. The pay gap between care workers and senior care workers in the independent sector is getting slightly smaller as the national living wage increases, from 79p in 2016/17 to 75p in 2021/22. It was lowest in 2020/21 at 71p.



**Table 9. Nominal (not adjusted) mean hourly pay trends of selected direct care roles between 2016/17 and 2021/22**

Source: Skills for Care estimates

|                              |                 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|------------------------------|-----------------|---------|---------|---------|---------|---------|---------|
| <i>NMW/NLW during period</i> |                 | £7.20   | £7.50   | £7.83   | £8.21   | £8.72   | £8.91   |
| Senior care worker           | Local authority | £12.44  | £12.33  | £12.33  | £12.76  | £13.37  | £13.74  |
|                              | Independent     | £8.57   | £8.85   | £9.18   | £9.54   | £10.00  | £10.41  |
| Care worker                  | Local authority | £9.74   | £9.80   | £10.13  | £10.67  | £10.77  | £11.03  |
|                              | Independent     | £7.78   | £8.10   | £8.42   | £8.79   | £9.29   | £9.66   |
| Support and outreach         | Local authority | £11.54  | £11.79  | £12.10  | £12.49  | £12.56  | £12.89  |
|                              | Independent     | £8.44   | £8.64   | £8.78   | £8.97   | £9.53   | £9.89   |

### 5.3. Median care worker hourly pay

Please note that this section refers to *median* hourly rates of care workers in the **independent sector only**, using data from the ASC-WDS. This was captured in line with changes to the National Living Wage (NLW). The median hourly rate for a care worker in the independent sector in 2021/22 was £9.50.

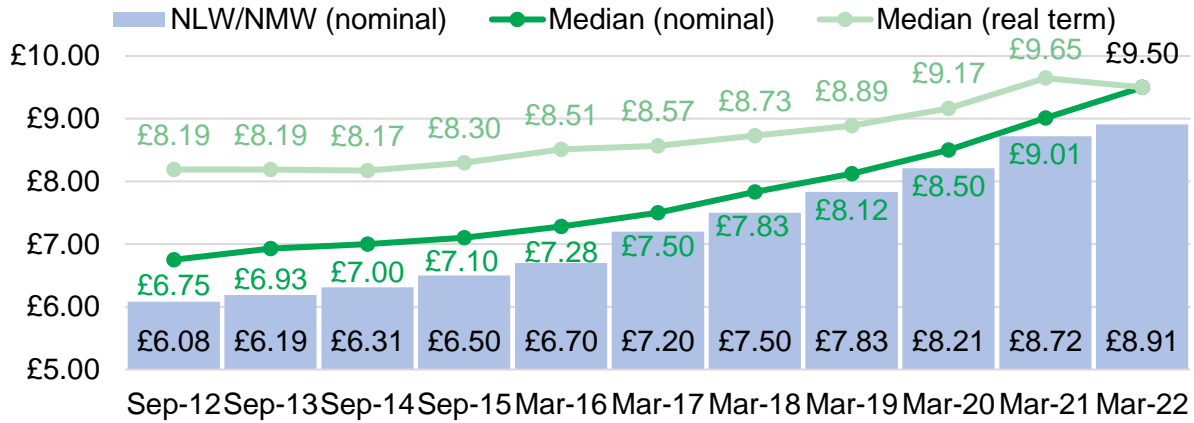
Chart 73 looks at the trend of care worker median hourly pay rates since September 2012, both nominal and real term. Nominal pay shows the pay rates as they were at the time. Real term rates are adjusted to take inflation into account (calculated using the Consumers Price Index, or CPI, the official measure of inflation of consumer prices in the UK) and are expressed in March 2022 prices.

The nominal (not adjusted) median care worker hourly rate increased steadily from £6.75 in September 2012 to £9.50 in March 2022, a nominal increase of £2.75 per hour (41%). In real terms (adjusted for inflation), **the average care worker is £1.31 per hour (16%) better off in March 2022 than they were in September 2012.**

The median hourly rate for care workers in March 2022 was 59 pence higher than the NLW. Between September 2012 and March 2016, the nominal median hourly rate increased by an average of 13 pence per year. After the NLW, this rate increased to an average of 37 pence per year, highlighting the impact of the higher NLW on average rate changes each year.

**Chart 73. Care worker nominal and real-term median hourly rate trend, 2012 to 2022, independent sector only**

Source: Skills for Care estimates

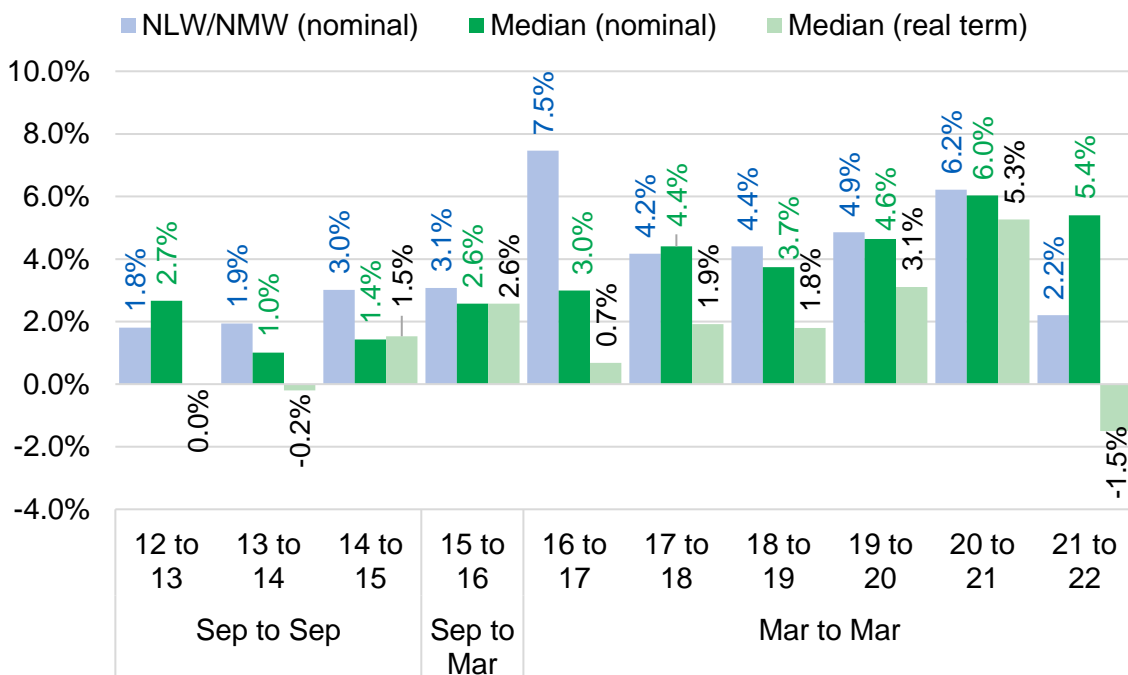


In April 2021, the NLW rose from £8.72 to £8.91 (2.2% in nominal terms). This increase contributed to a 5.4% increase in the median nominal care worker hourly rate from March 2021 to March 2022. This was the second highest increase over the recorded period; a 6.0% increase between March 2020 and March 2021 was the highest.

The rate of inflation was high at 7.0% in 2021/22. Chart 74 below shows that this led to the median hourly rate decreasing, in real terms, by 1.5% between March 2021 and March 2022. This compares to an average increase of 1.8% per year since September 2012.

**Chart 74. Percentage change in median care worker hourly rate and NMW/NLW, independent sector only**

Source: Skills for Care estimates



The information above shows that the nominal care worker hourly rate usually increased by a similar amount to the NLW increase. However, between March 2021 and March 2022 their nominal rate increased by 5.4%, more than double the NLW increase over the same period (2.2%). It has been reported to Skills for Care that some care providers have been responding to rising staff vacancies by increasing wages to attract and retain more staff. Some have also reported giving bonuses, golden hellos, and incentive payments.

Chart 75 shows the nominal care worker hourly rate change across the percentile distribution, where p10 refers to the bottom 10% of earners, p50 is the median earner, and p90 refers to the top 10% of earners.

The chart shows that since the introduction of the NLW (March 2016 to March 2022), a similar proportion (12%) of care workers were paid at the minimum rate, compared to the 16% of care workers paid the minimum rate in 2016. In previous years, when the NLW has increased, the proportion of care workers paid at the minimum also increased. In March 2021, 21% of care workers were paid the minimum rate. This is further evidence of the above expected pay increases in 2021/22.

The median hourly rate for a care worker in the independent sector was £9.50 as at March 2022. The hourly rate difference between a top 10% earner (£10.75) and a bottom 10% earner (£8.91) was 19%. This was less than in 2016 when the difference between a top 10% earner and a bottom 10% earner was 24%.

### Chart 75. Care worker nominal median hourly rate distribution as at March 2016 and March 2022, independent sector only

Source: Skills for Care estimates

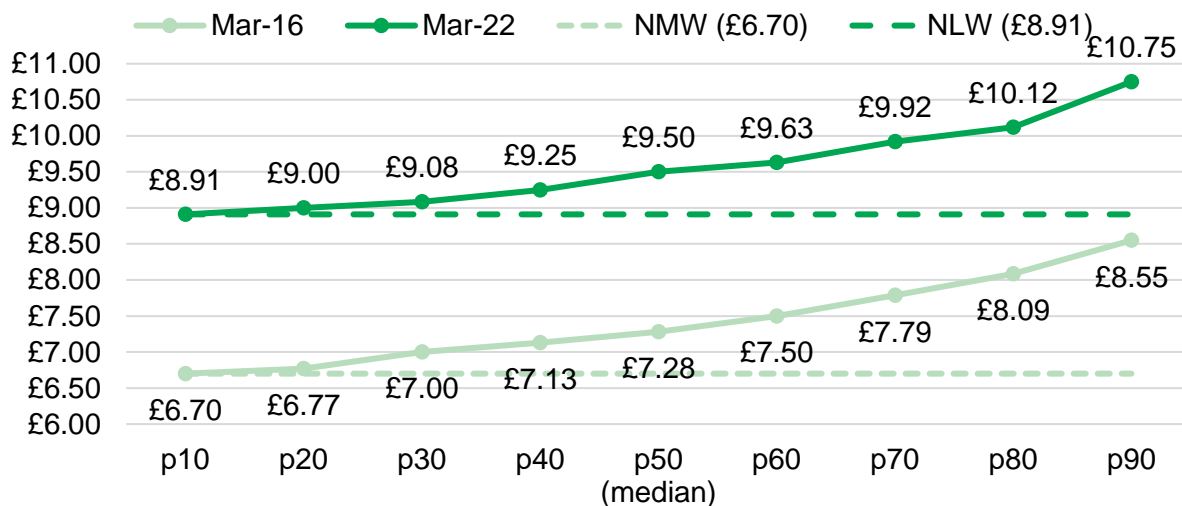
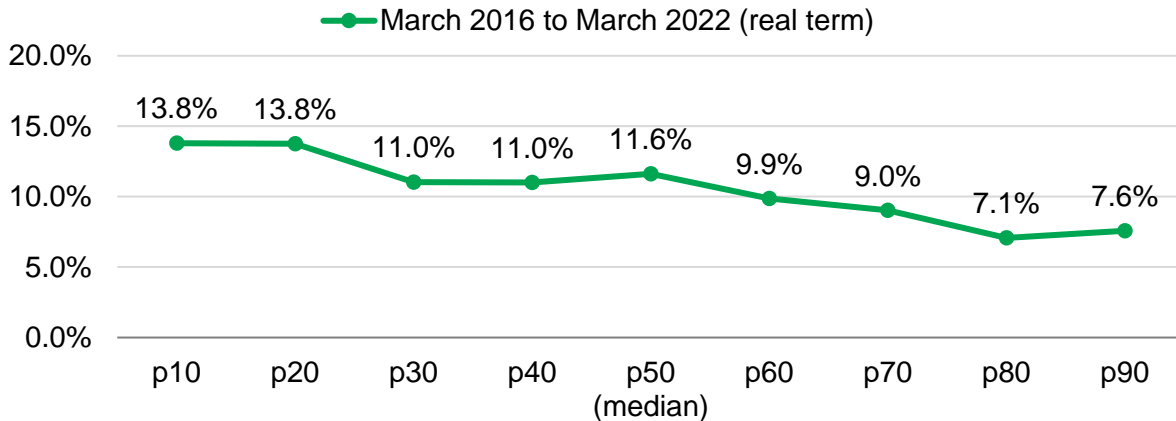


Chart 76 shows that, since the introduction of the NLW, care workers in the bottom 20% of the pay scale benefitted the most, in real terms, from the introduction of the NLW (an increase of 13.8% after inflation). This was a larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 7.6% increase in real-term pay over the period.

**Chart 76. Real-term care worker median hourly rate change by percentile from March 2016 to March 2022, independent sector only**

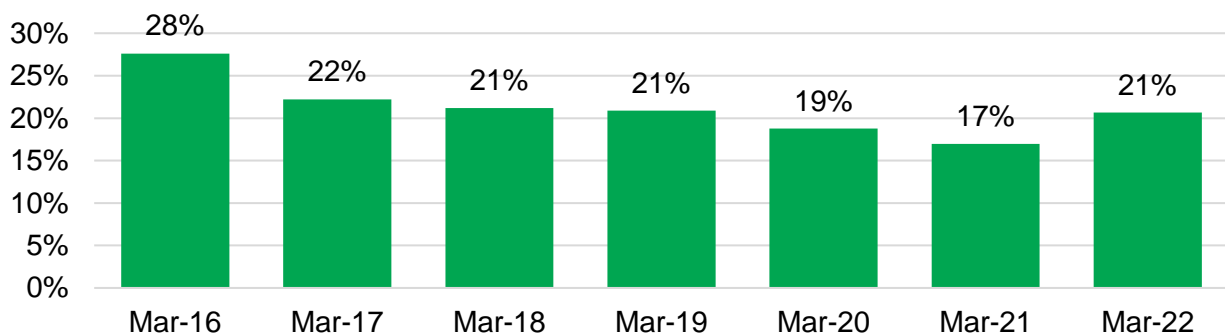
Source: Skills for Care estimates



However, Chart 77 shows the percentage difference between care workers at the bottom (10<sup>th</sup> percentile) and top of the pay scale (90<sup>th</sup> percentile). Between March 2016 and March 2021, the difference between the top and bottom earners was narrowing. However, in March 2022 this trend reversed with the gap increasing. This is another side effect of some employers providing above pay increases to try combat higher vacancy rates. Some care providers in ASC-WDS recorded pay increases for their care workers in excess of 10%.

**Chart 77. Real-term care worker median hourly rate change of lowest and highest paid care workers from March 2016 to March 2022, independent sector only**

Source: Skills for Care estimates

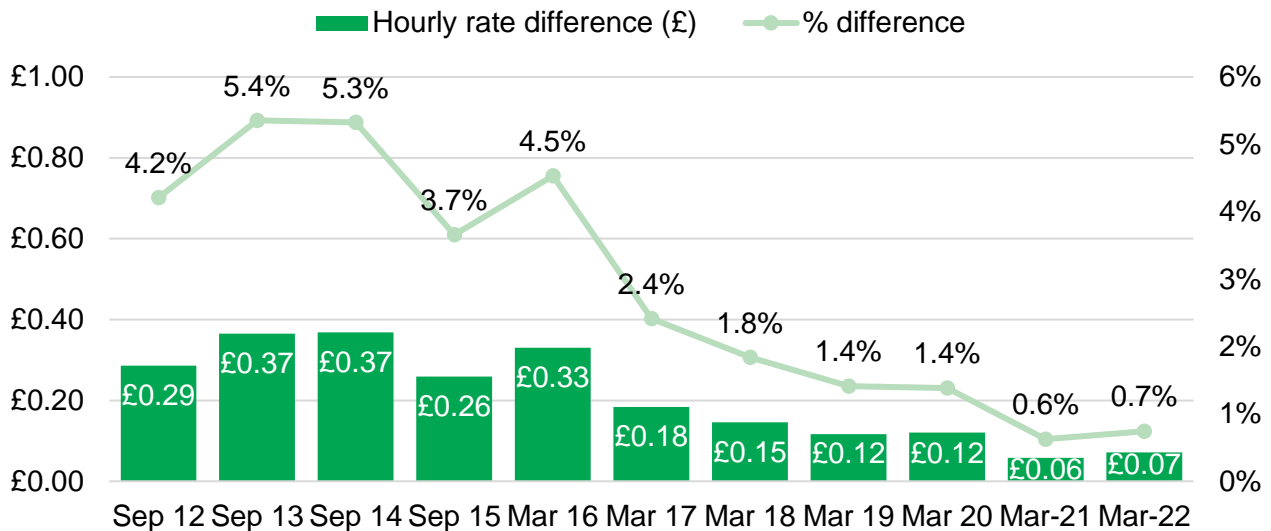


With the increasing wage floor, some social care organisations haven't been able to maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.

Chart 78 compares care worker pay based on their experience in the adult social care sector. Prior to March 2017, care workers with five or more years of experience in the sector could expect an hourly rate which was around 26 pence to 37 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of between 3.7% and 5.4%. However, since March 2016, the experience pay gap had more than halved to just seven pence (or 0.7%) per hour by March 2022.

**Chart 78. Mean care worker pay by experience in the sector (less than one year versus five years or more)**

Source: ASC-WDS unweighted data



Without additional funding, it will continue to be challenging for employers to reward those workers with higher levels of experience, greater responsibilities, or more relevant qualifications if the National Living Wage continues to rise substantially as planned.

#### 5.4. The impact of the National Living Wage from April 2022 (£9.50)

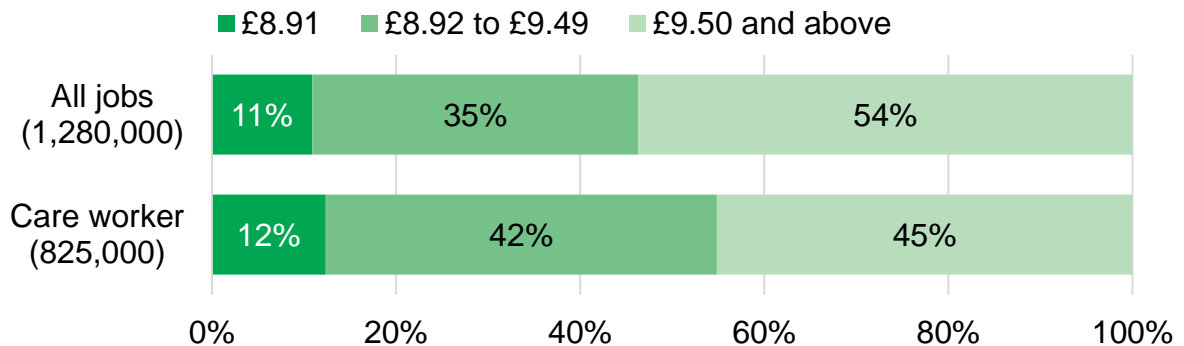
On 1 April 2022, the mandatory NLW for workers aged 23 and above increased to £9.50. Chart 79 shows that, as at March 2022, around a half (46%) of independent sector workers were paid less than the upcoming mandatory NLW rate (£9.50). This equates to around 590,000 filled posts directly affected by the subsequent increase in the NLW.

Many of the 54% of workers that were already paid on or above the 2022 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained.

Analysis of pay data completed in ASC-WDS between April and August 2022 suggests that employers have given larger than expected pay increases to care workers. Anecdotal evidence from Skills for Care Sector Insights, gathered through Skills for Care's contacts and networks across England, suggests that some employers are responding to rising staff vacancies by increasing wages to attract and retain more staff. Some have also reported giving bonuses and other incentive payments.

**Chart 79. Hourly pay distribution of workers prior to the 2022 NLW**

Source: Skills for Care estimates



### 5.5. Comparison with other sectors

Social care has been defined as a low-paying industry by the Low Pay Commission (LPC) every year since the 'First Report of the Low Pay Commission' on the National Minimum Wage in 1998, including the current 'Low Pay Commission report 2021'<sup>73</sup> (using results provided by Annual Survey of Hours and Earnings (ASHE)).

The introduction of, and subsequent increase in, the NLW will have the most significant impact on the lowest-paying sectors. Unless the higher-paying sectors can increase wages at the same rate, adult social care will become proportionally closer to these other sectors in terms of pay. As the NLW rate continues to increase, more sectors are likely to begin to cluster close to the NLW rate. This could reduce the issue of pay as a barrier to entering the adult social care workforce. However, it could equally mean that jobs in other sectors with low pay will grow closer in pay to social care jobs than they were before.

Chart 80 compares median care worker hourly pay to some of the lowest paid jobs in the economy as a whole (as defined by the Low Pay Commission) as well as healthcare assistants (HCA) in the NHS.<sup>74</sup>

Although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. The chart below shows that care worker median pay (£9.50) is below the rate for the 20th percentile of £9.92 (80% of jobs pay more than this value).

Average care worker pay is £1 per hour less than healthcare assistants (HCAs) in the NHS that are new to their roles, and £1.80 below HCA's with more than two years' experience. In comparison care workers with 5 years' experience only get 7p more on average than new care workers.

<sup>73</sup> <https://www.gov.uk/government/publications/low-pay-commission-report-2021>

<sup>74</sup> ASHE data is as at April 2021 and ASC-WDS is updated between April 2021-March 2022. Although both datasets are the same NLW period, ASHE is at the start whereas ASC-WDS data is at the end of the period so will account for some in-year pay rises. Therefore, other sectors may be higher, in comparison to social care, if the time periods were the same.

**Chart 80. Median care worker pay compared to other job roles, 2021/22.**

Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning and NHS agenda for change pay data

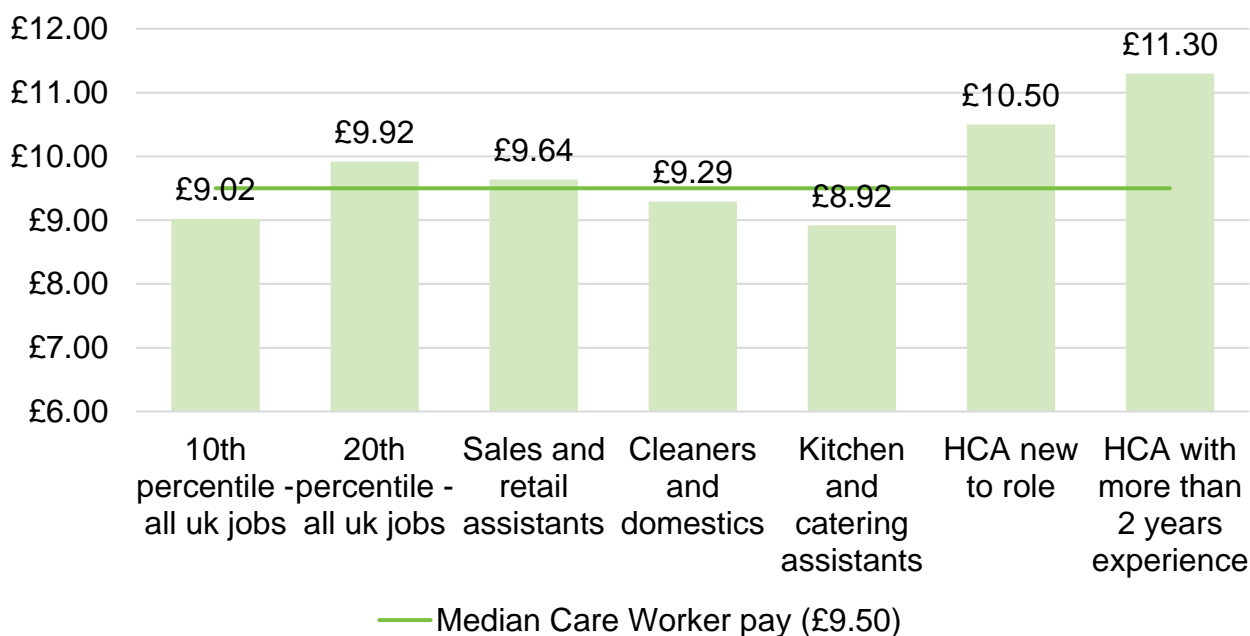
**5.6. Full-time equivalent annual pay**

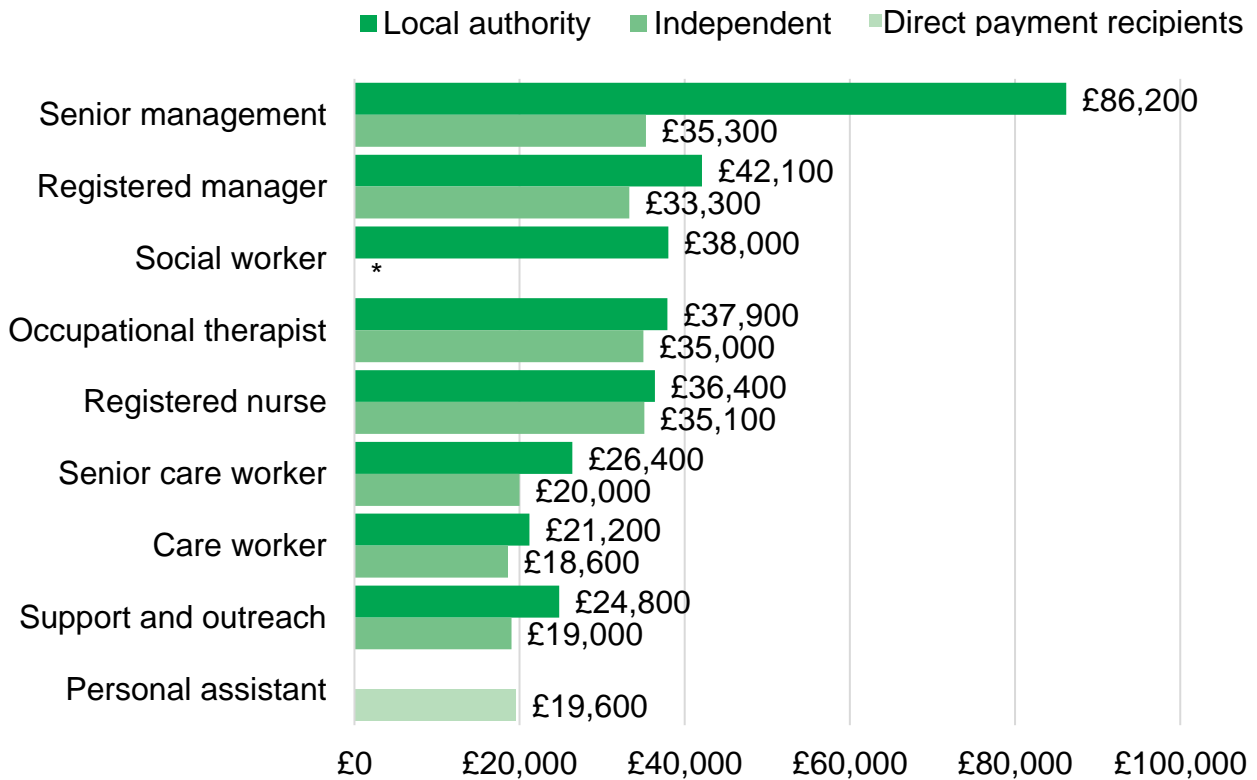
Chart 81 shows mean FTE annual pay rates by selected adult social care job roles. Overall, pay rates were higher in local authorities compared to independent sector employers.

Registered nurses were paid a mean annual salary of £35,100 in the independent sector. This average was slightly higher than NHS Band 5 (£25,655 to £31,534) at which newly qualified nurses start in the NHS, and within NHS Band 6 (£32,306 to £39,027).<sup>75</sup>

<sup>75</sup> <https://www.nhsemployers.org/articles/annual-pay-scales-202122>

**Chart 81. Estimated full-time equivalent mean annual pay rate by selected job roles, 2021/22**

Source: Skills for Care estimates



\*As only 13% of social workers were employed within the independent sector, these pay rates aren't included here.

### 5.6.1. Annual pay trends for regulated professionals

Chart 82 and Table 10 shows that the nominal (not adjusted) average pay for each selected regulated professional job role increased steadily from 2011/12 to 2021/22. Registered nurses in the independent sector saw a nominal pay increase from £33,600 in 2020/21 to £35,100 in 2021/22, an increase of 4.5% in a year. Over the past 10 years, from 2011/12 (£23,000) to 2021/22, there was an 52% increase in annual pay.

In local authorities, pay for occupational therapists increased by 3.1% in the past year, from £36,700 in 2020/21 to £37,900 in 2021/22. Since 2011/12 it has risen by 23%. Social worker pay increased by 2.5% in the past year, from £37,100 in 2020/21 to £38,000 in 2021/22. Since 2011/12 it has risen by 17%.



**Table 10. Nominal (not adjusted) mean annual pay trends of selected professional roles between 2016/17 and 2021/22**

Source: Skills for Care estimates

|                             | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|-----------------------------|---------|---------|---------|---------|---------|---------|
| Social worker (LA)          | £34,200 | £34,900 | £35,600 | £36,400 | £37,100 | £38,000 |
| Occupational therapist (LA) | £34,200 | £34,700 | £35,200 | £36,200 | £36,700 | £37,900 |
| Registered nurse (IND)      | £27,500 | £29,000 | £30,400 | £31,800 | £33,600 | £35,100 |

**Chart 82. Nominal (not adjusted) mean annual pay trends of selected professional roles between 2011/12 and 2021/22**

Source: Skills for Care estimates

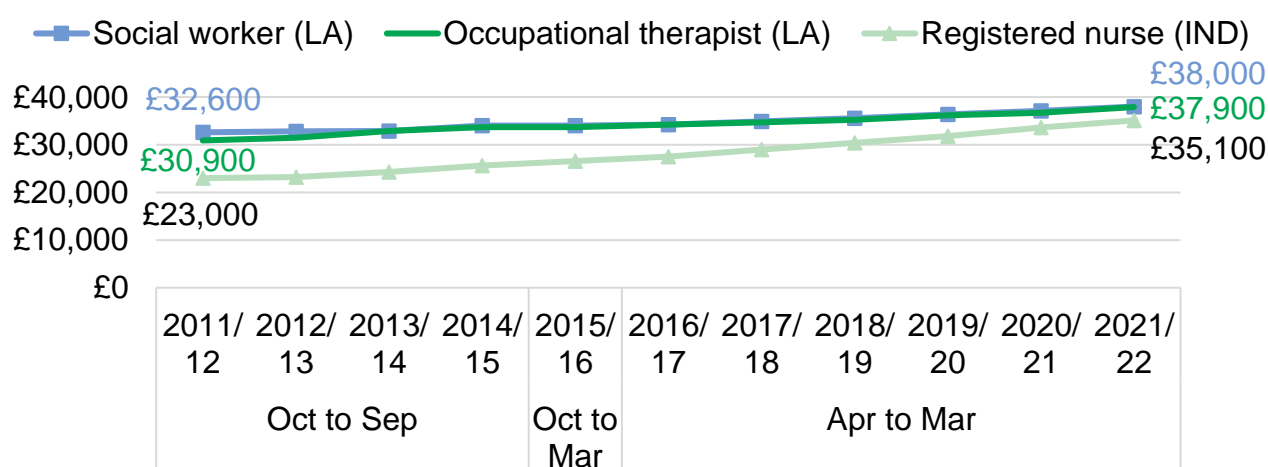


Chart 83 shows the real term (adjusted) annual pay rates of selected regulated professionals between 2012/13 and 2021/22. In real terms social workers in the local authority sector were paid the same in 2012/13 as they were in 2021/22 (£38,000), which means that the nominal increase shown in chart 82 above wasn't enough to outweigh the rise in inflation over this period.

Occupational therapists saw an overall increase in real term pay, up by 5% over the 10 year period. Registered nurses' real term pay increased each year after 2013/14 until 2021/22 where it decreased by around £900. Over the whole period, registered nurses' real term pays increased by 25%.

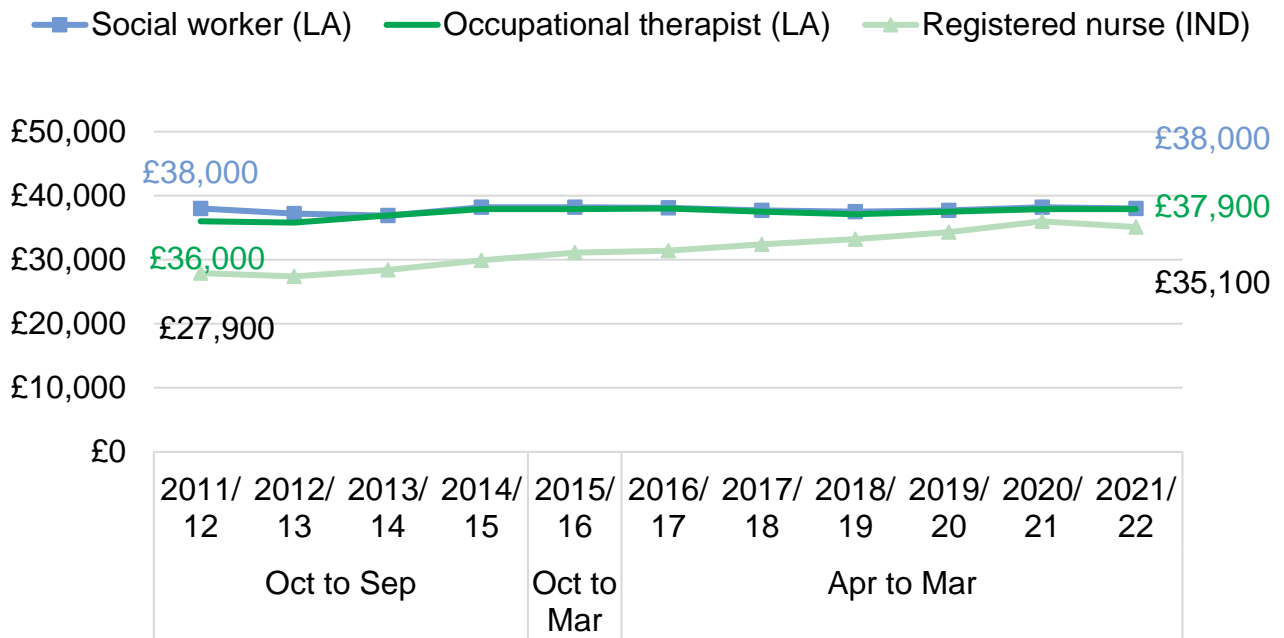
**Table 11. Real term (adjusted) mean annual pay trends of selected professional roles between 2016/17 and 2021/22**

Source: Skills for Care estimates

|                             | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|-----------------------------|---------|---------|---------|---------|---------|---------|
| Social worker (LA)          | £38,100 | £37,700 | £37,500 | £37,700 | £38,200 | £38,000 |
| Occupational therapist (LA) | £38,000 | £37,500 | £37,100 | £37,500 | £37,900 | £37,900 |
| Registered nurse (IND)      | £31,400 | £32,400 | £33,200 | £34,300 | £36,000 | £35,100 |

**Chart 83. Real term (adjusted) mean annual pay trends of selected professional roles between 2012/13 and 2021/22**

Source: Skills for Care estimates



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# Qualifications and training

6

### Overview of qualification and training information, 2021/22

We believe that all of those who work in adult social care should be able to access learning and development opportunities throughout their careers so they can carry out their roles. This will help them to develop the right skills and knowledge of the workforce and enable them to provide high-quality care and support.

- Over two thirds (70%) of care workers that started in the sector after January 2015 had engaged with the Care Certificate.
- Just under half of the direct care-providing workforce (44%) held a qualification at Level 2 or higher in 2020/21.
- The most popular areas of training received were within the categories of 'Moving and handling' (76%), 'Safeguarding adults' (75%), and 'Infection Control' (68%).

**70%**

of new care workers have engaged with the Care Certificate

**65%**

of new senior care workers have engaged with the Care Certificate

**44%**

of direct care staff hold a qualification at Level 2 or above

**73%**

of managerial staff hold a relevant qualification

#### 6.1. Introduction

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

It's important that staff are equipped with the right skills and knowledge to provide high quality care and support. Investing in learning and development also supports staff retention. Workers feel valued because they can see you're investing in them.

#### 6.2. Care Certificate

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The Care Certificate is made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

##### The standards

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

For further information about the Care Certificate, please visit our website.<sup>76</sup>

<sup>76</sup> [www.skillsforcare.org.uk/CareCertificate](http://www.skillsforcare.org.uk/CareCertificate)

Although the Care Certificate is available to all, the main demographic it's aimed at is workers that are new to social care. Chart 84 shows engagement with the Care Certificate for direct care-providing workers that had started work in the sector since January 2015. 'Engagement' is those completed or in progress/ partially completed. Over two thirds (68%) of these direct care-providing staff have engaged with the Care Certificate (whether they had completed/were in the process of completing/had partially completed the Care Certificate). Engagement was highest in domiciliary care services, where 75% of care workers had achieved/were in the process of completing/had partially completed the Care Certificate.

**Chart 84. Care Certificate status of direct care-providing workers new to the sector since January 2015**

Source: ASC-WDS raw data 2021/22

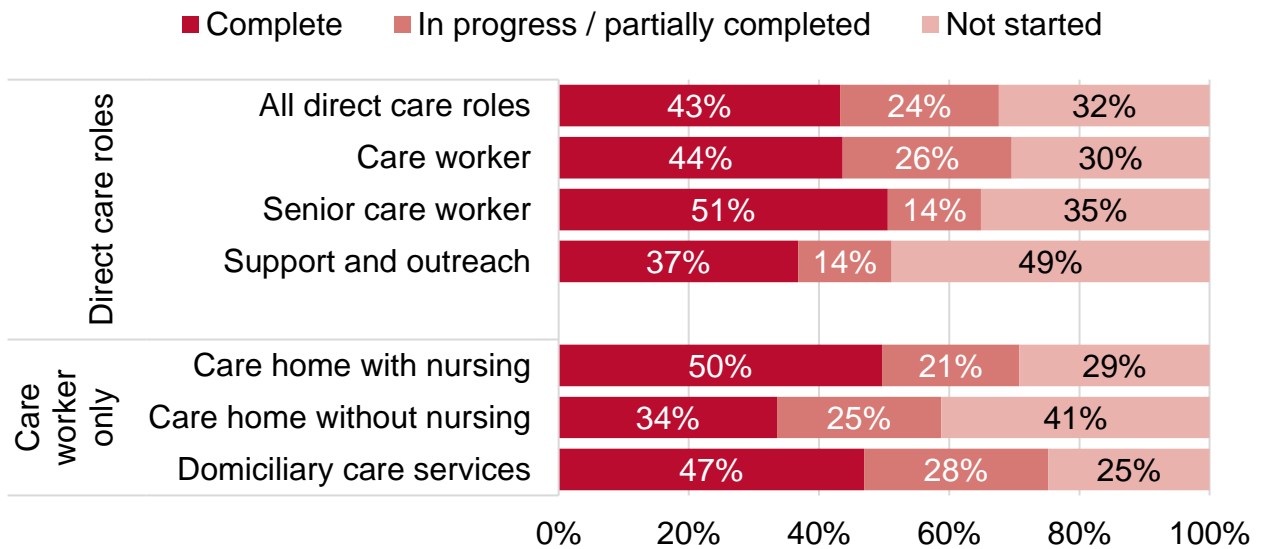
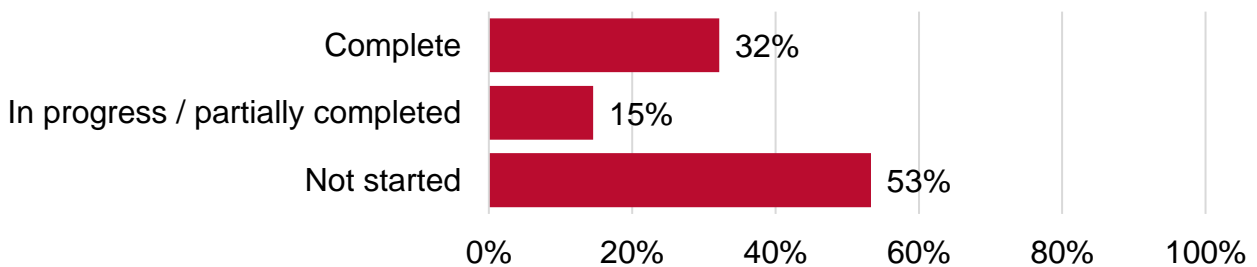


Chart 85 shows that 47% of all filled posts had achieved or were working towards achievement of the Care Certificate. Around half (53%) of all filled posts hadn't started or weren't engaged with the certificate.

**Chart 85. Estimated proportion of the adult social care workforce by Care Certificate status, 2021/22**

Source: Skills for Care estimates



**6.3. Qualifications held**

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

Around half of the adult social care workforce held a *relevant* social care qualification (44%), while 56% had no relevant social care qualifications recorded. It should be noted that such qualifications may not necessarily be required of staff who don't provide direct care (including ancillary and administrative staff etc.).

**Chart 86. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professionals), 2021/22**

Source: Skills for Care estimates

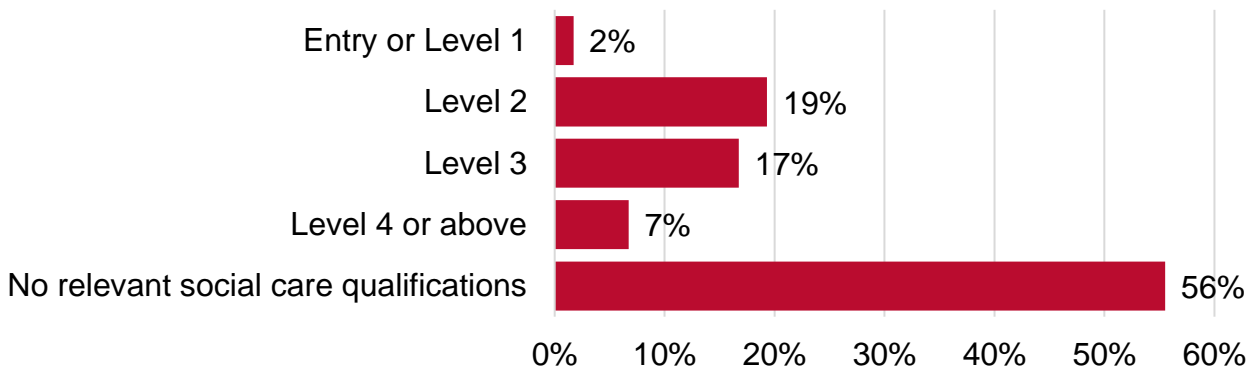


Chart 87 shows the highest qualification level held by job role group. As might be expected, direct care-providing staff were more likely to be qualified at Level 2 and Level 3 (40%), while those in managerial roles were more likely to be qualified at Level 3 and Level 4 (66%).

**Chart 87. Estimated highest social care qualification level of the adult social care workforce by job role group, 2021/22**

Source: Skills for Care estimates

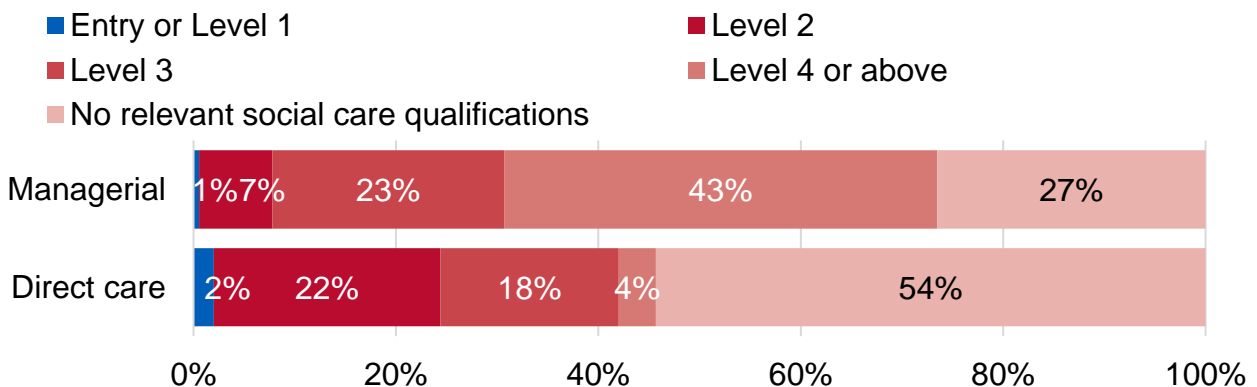
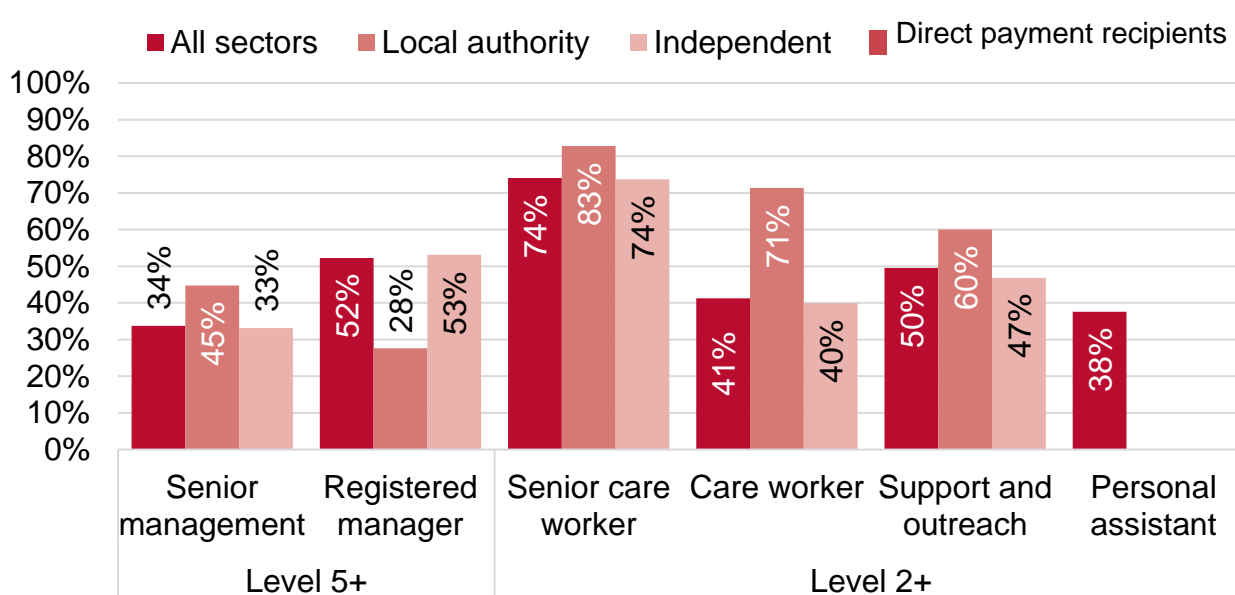


Chart 88 shows the proportion of selected managerial and direct care roles that had achieved a social care qualification at Level 5 or above and Level 2 or above respectively, split by sector. Around three quarters (74%) of senior care workers were recorded as having a social care qualification at Level 2 or above, as were 41% of care workers. This proportion was slightly lower for personal assistants (38%). Workers that were recorded as holding no relevant social care qualifications may have completed an induction, the Care Certificate, or training relevant to their role (see Section 6.7).

**Chart 88. Estimated proportion of managerial roles at Level 5 and above and direct care roles at Level 2 or above, by selected job role and sector, 2021/22**

Source: Skills for Care estimates



Analysis of factors affecting turnover show that those with a relevant social care qualification were less likely to leave. Chart 111 (chapter eight) shows the probability of workers leaving their posts and compares those with social care relevant qualifications with those without. Of care workers that held a relevant social care qualification, 26.3% had left within the 12-month period, compared to 33.6% of those that didn't hold a relevant qualification. A similar trend appears for care workers that had undertaken a higher number of training courses. This suggests that employers investing more in the training and development of their staff experience lower turnover rates on average. Please see chapter eight for more information on factors affecting turnover.

## 6.4. Training

Core and mandatory training guidance has been produced in partnership with a panel of social care employers, learning providers and representative organisations and was updated in line with CQC's revised inspection framework. Requirements depend on the workers roles and responsibilities.

### Topics

- Assisting and moving people
- Basic life support and first aid
- Communication
- Dignity
- Equality and Diversity
- Fire safety
- Food hygiene
- Health and safety awareness
- Infection prevention and control
- Medication management
- Mental capacity and liberty safeguards
- Moving and handling objects
- Nutrition and hydration
- Oral health
- Person-centred care
- Positive behaviour support and non-restrictive practice
- Recording and reporting
- Safeguarding adults
- Specific conditions

Each topic area has a defined minimum learning outcome, suggested frequency of refresher training, and how the topic area links to the CQC key lines of enquiry and fundamental standards.

In the ASC-WDS, employers can record training data in addition to accredited qualifications. At the time of writing, there were 36 training categories under which any training can be recorded. For more information, please see our website <sup>77</sup>.

Chart 89 is based on all workers at establishments with training data recorded. The most common areas of training were 'Moving and handling' (76%), 'Safeguarding adults' (74%) and 'Infection control' (68%).

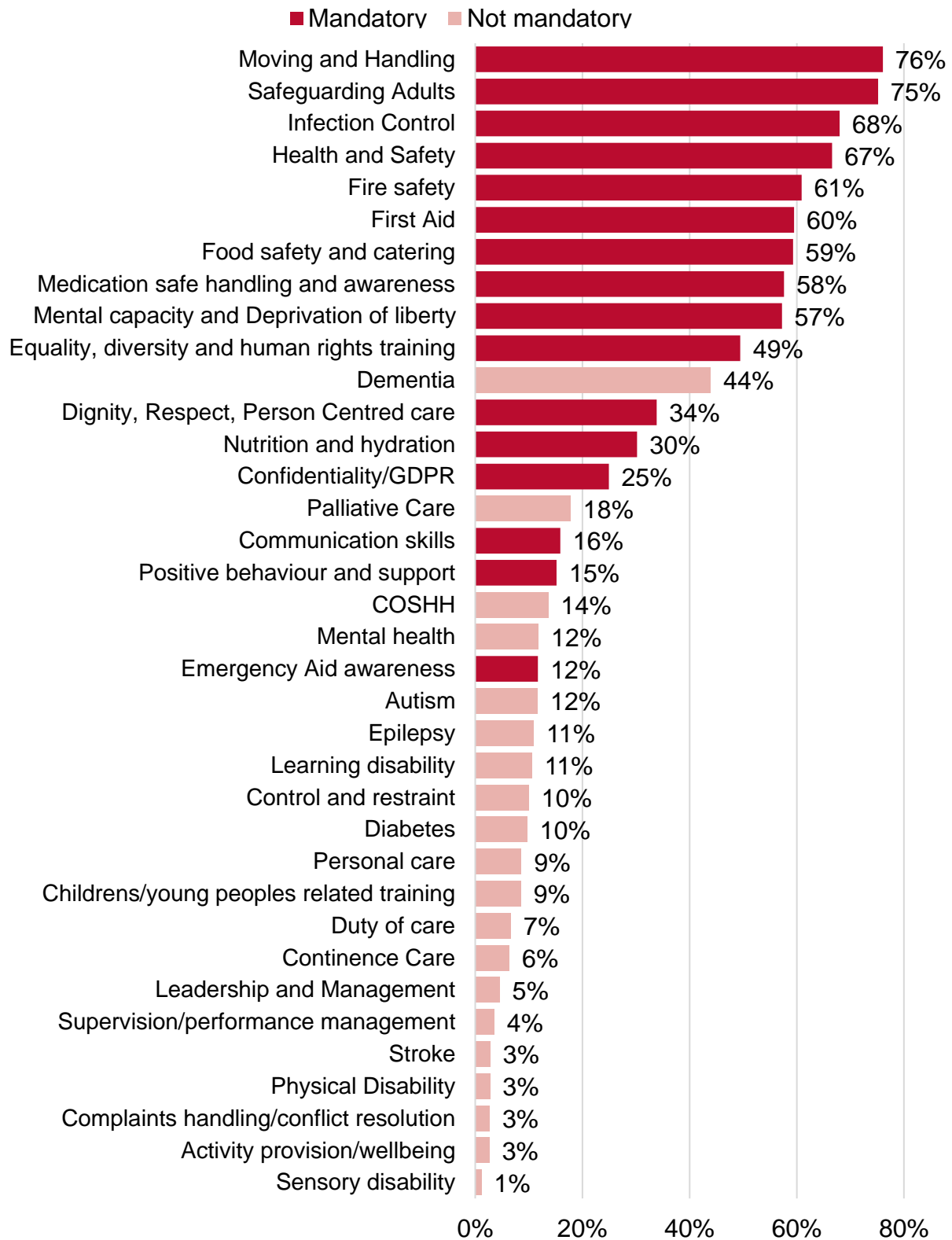
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<sup>77</sup> <https://www.skillsforcare.org.uk/Developing-your-workforce/Developing-your-workforce.aspx>



**Chart 89. Categories of training recorded in ASC-WDS by mandatory/not mandatory**

Source: ASC-WDS unweighted data 2021/22



## 6.5. Leadership and management

Leaders and managers should have the opportunity to develop themselves if the highest standards of quality in social care are to be met and maintained across the sector. Investing in leaders and managers at all levels is crucial. Our leadership development programmes, tools and resources support aspiring managers through to top leaders.

The Recruitment and retention chapter (chart 39) shows that the turnover rate for managerial staff is 13.1% and they have a vacancy rate of 6.3% (chart 26). The vacancy rate of the role of registered manager is higher, at 12.8% (3,450 vacancies). In Chapter 4, Chart 56 shows that 32% of registered managers are aged 55 and over, and therefore are approaching retirement within the next 10 years. This information shows that, like the rest of the sector, managerial roles face recruitment and retention challenges.

Chart 88 shows that an estimated 52% of all registered managers have a qualification at level 5 or above. Skills for Care supports the upskilling of managerial staff, team leaders and deputy managers, as the talent pipeline and possible future managers. There are lots of resources for Developing leaders and managers on our website, including manager Induction Standards, leadership Qualities Framework, developing new managers and deputies guide, leadership programmes and CPD, Moving Up and digital learning for managers. For more information, please see our website.<sup>78</sup>

## 6.6. Career progression in adult social care

The ASC-WDS was used to observe the career progression of workers in adult social care between 2010 and 2022. Chart 90 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

For ancillary staff, the most common career pathway was to progress to care worker, and then to senior care worker, or supervisory roles. Senior care workers or supervisors were most likely to move into first-line managerial or registered manager roles. Regulated professional workers can progress up the pay scale within their individual roles and were also observed to move into managerial posts. Registered nurses generally progressed to registered manager roles, whilst social workers and occupational therapists moved into management roles within their local authority.

We have developed several resources to support registered managers in their career progression, including a registered manager network.<sup>79</sup> Registered managers have one of the highest age profiles of any adult social care jobs (32% of registered managers are aged 55 or over); there will be increasing demand to train new managers to fill the vacancies created by those retiring in the coming years.

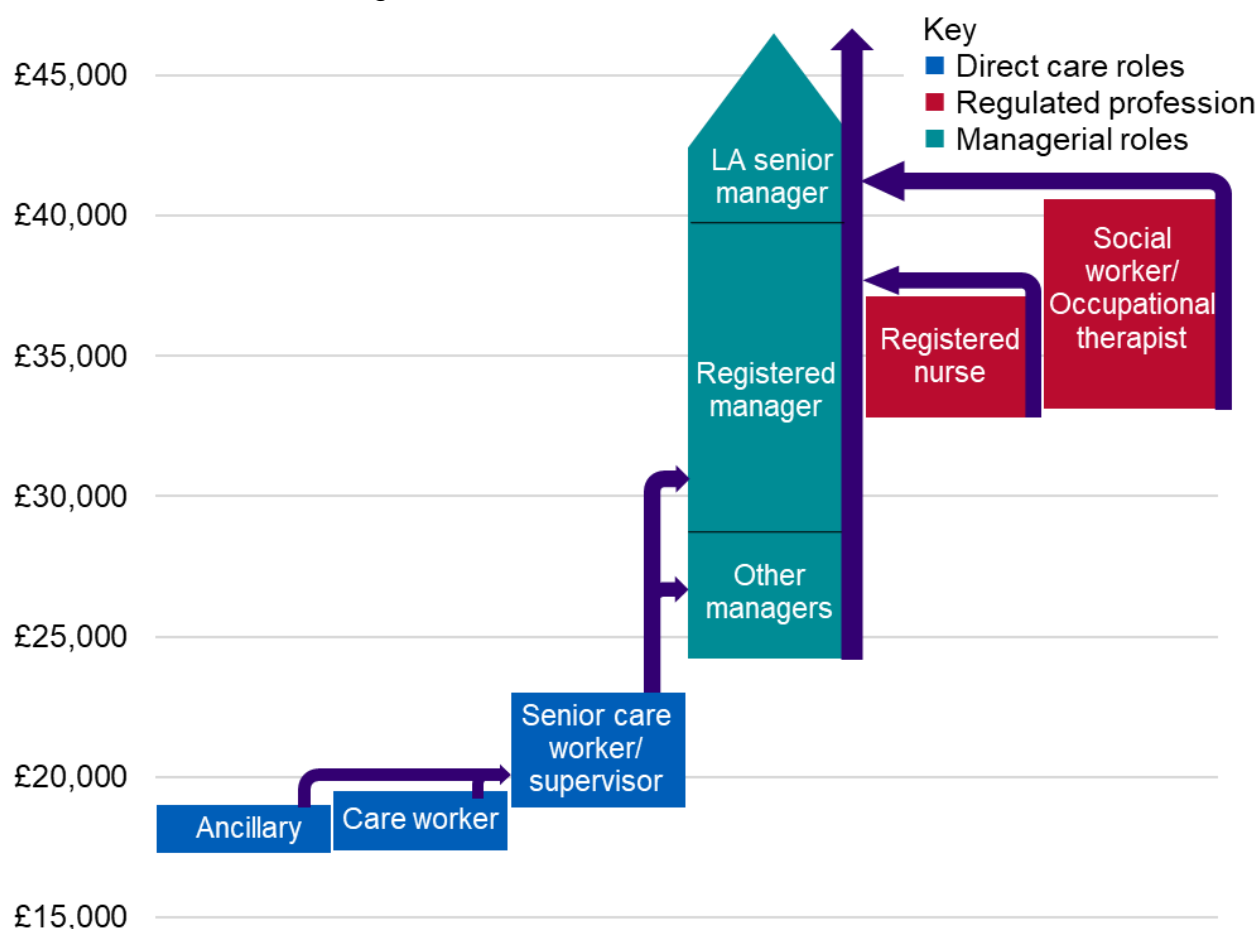
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<sup>78</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Developing-leaders-and-managers.aspx>

<sup>79</sup> [www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)

**Chart 90. Career progression in adult social care**

Source: ASC-WDS unweighted data 2021/22



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

### 6.7. Skills, training, and experience

Section 6.3 reported that approximately half of the direct care-providing workforce (46%) held a relevant social care qualification. This section looks at the skills, training and experience of the 54% of workers that didn't hold a relevant qualification at the time of data collection.

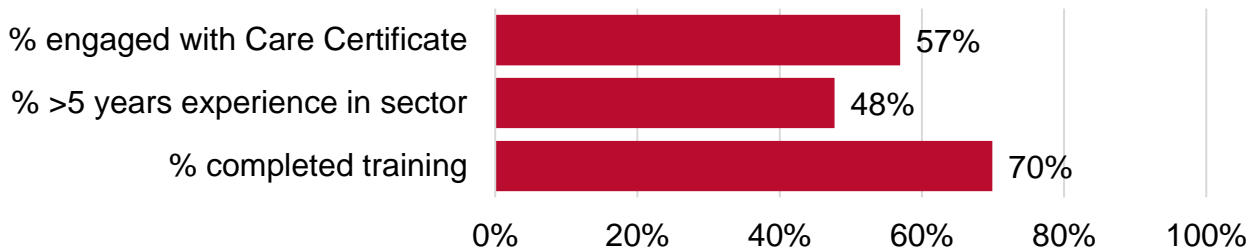
Chart 91 shows that, of direct care-providing workers without a relevant social care qualification, 57% had engaged with the Care Certificate (either completed it or were working towards it), 48% had five years or more experience in the adult social care sector, and 70% had completed training. As found in the 'Secrets of success' report,<sup>80</sup> employers tend to rate values and behaviours that are well-suited to the care profession as being of high importance, often more so than formal qualifications. Workers without formal

<sup>80</sup> <https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Retaining-your-staff/Secrets-of-Success/Recruitment-and-retention-secrets-of-success-report.pdf>

qualifications may continue to add value to the adult social care sector as a result of their training and experience.

### Chart 91. Skills, training, and experience of direct care-providing workers without a relevant social care qualification

Source: ASC-WDS unweighted data 2021/22



## 6.8. Apprenticeships in adult social care

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

### Benefits of apprenticeships:

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

There are currently nine apprenticeship standards available for adult social care occupations:

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

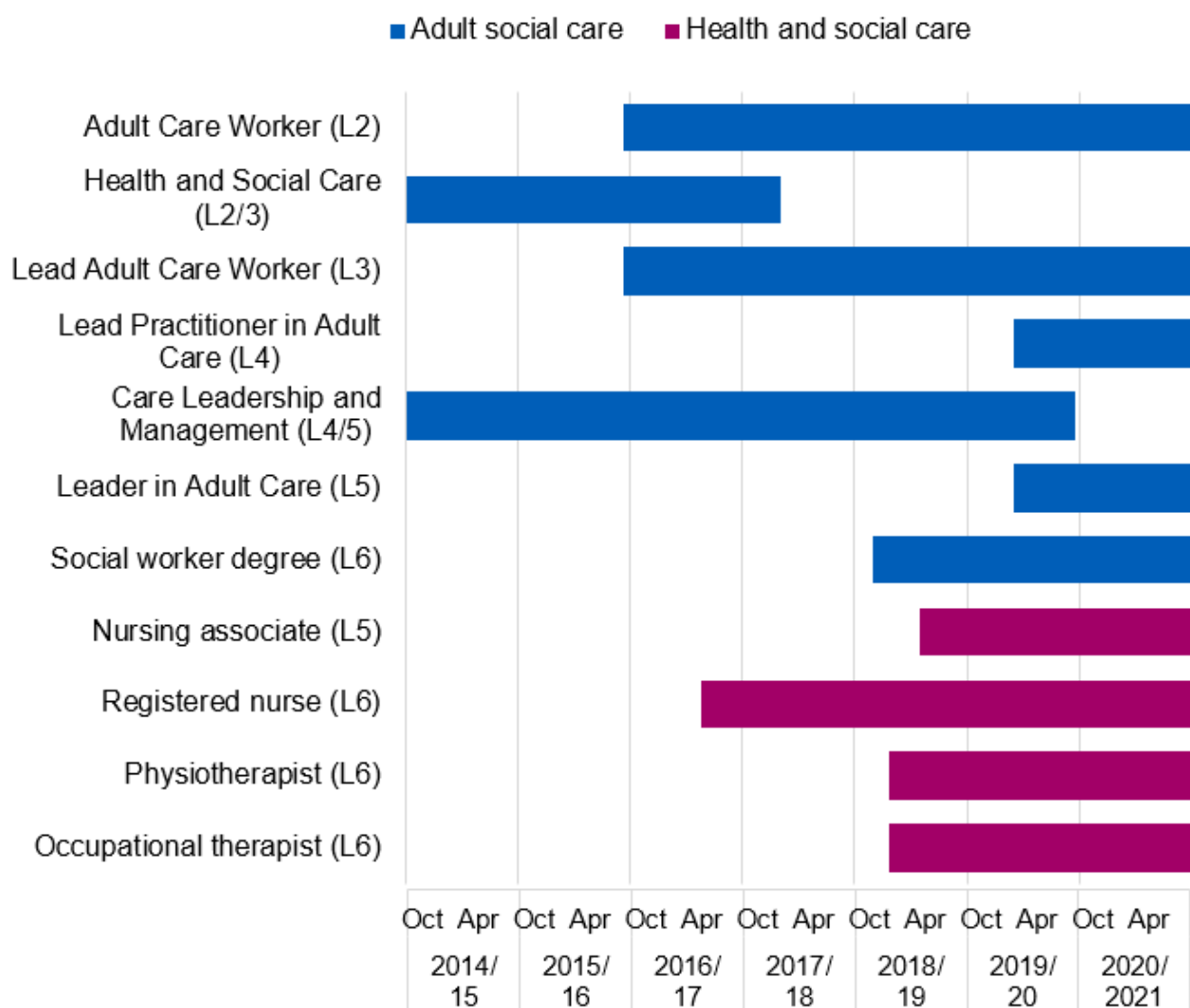
The Adult Care Worker and Lead Adult Care Worker standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, for which enrolments closed at the end of December 2017.

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

The chart below shows the periods when apprenticeships were active to new starters and the transition from frameworks to standards.

### Chart 92. Transition from apprenticeship frameworks to standards

Source. Institute for apprenticeships



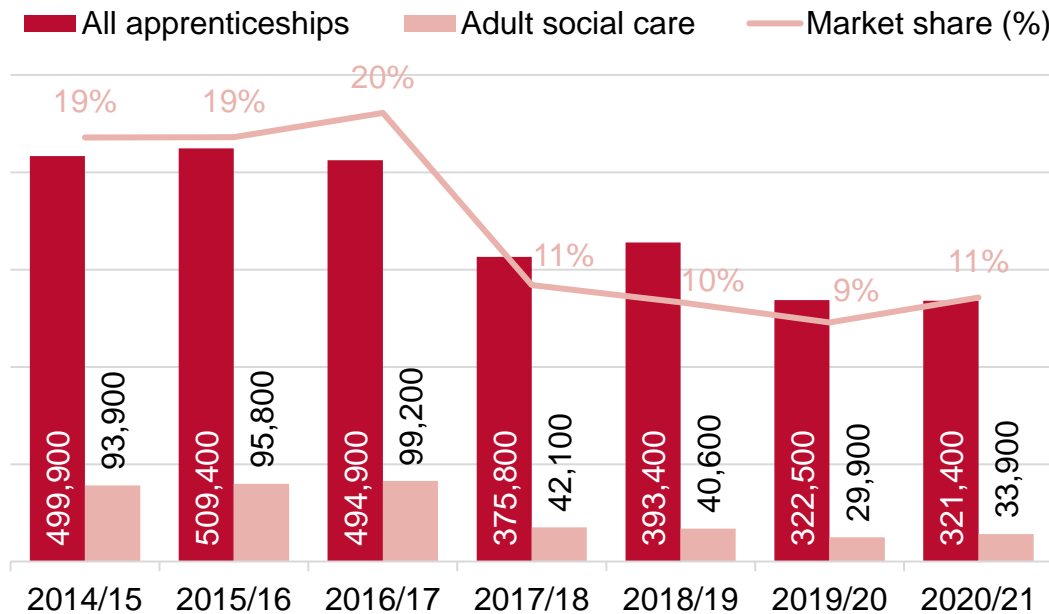
The Social Worker and Occupational Therapist degree apprenticeships launched in November 2018 and December 2018, respectively. Successful apprentices will be able to acquire an honours degree awarded by a partner university and will be eligible to apply to the register of their respective regulator: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

Around 33,900 people started a social care apprenticeship in 2020/21, which was 13% more than the previous year but around 66% less than in 2016/17.

Contributing factors to this decrease include the transition from frameworks to standards, and the changes to apprenticeship funding through the apprenticeship levy. Although the number of starters in other sectors has also fallen, the decrease in adult social care was more pronounced and the 'market share' of adult social care apprenticeship starts decreased from 19% in 2016/17 to 11% in 2020/21.

### Chart 93. Number of apprenticeships starts and market share

Source: Education and Skills Funding Agency



For further information about apprenticeships in adult social care, please see our website.<sup>81</sup> For a detailed report on apprenticeships in adult social care, please see the focused report on the Workforce Intelligence website.<sup>82</sup>

<sup>81</sup> <https://www.skillsforcare.org.uk/Developing-your-workforce/Apprenticeships/Apprenticeships.aspx>

<sup>82</sup> [www.skillsforcare.org.uk/ASC-WDS-intelligence/Workforce-intelligence/publications/Topics/Apprenticeships.aspx](https://www.skillsforcare.org.uk/ASC-WDS-intelligence/Workforce-intelligence/publications/Topics/Apprenticeships.aspx)

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# 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 2021/22 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population changes over the period. They do not account for any political, economic, technological or sociological factors which may impact on the future size of the workforce.

|  |  |  |
|--|--|--|
| <p>The population aged 65 and above is projected to grow from <b>10.5 million</b> to <b>13.8 million</b> between 2020 and 2035</p> | <p>One adult social care post is required for every <b>six</b> people aged 65 and over</p> | <p>Based on growth of the population aged 65 and above, by 2035 the sector may need <b>480,000 extra filled posts</b> (27% growth)</p> |
|--|--|--|

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

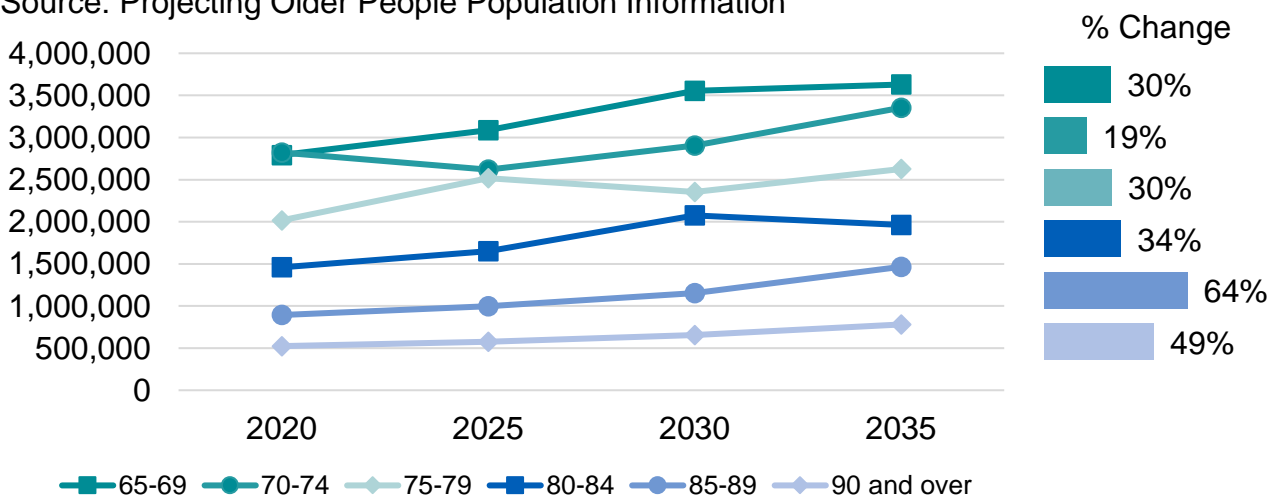
**7.1. Population statistics 2020-2035**

The ‘Projecting Older People Population Information System’ (POPPI)<sup>83</sup> uses figures taken from Office for National Statistics data to project forward the population by age band. This section includes information about the population aged 65 and over from 2020 to 2035.

POPPI shows that the number of people aged 65 and above is projected to increase between 2020 and 2035, from 10.5 million to 13.8 million people in England, an increase of around 32%. The number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period.<sup>84</sup>

**Chart 94. Estimated population aged 65 and above in England, 2020 to 2035**

Source: Projecting Older People Population Information



<sup>83</sup> Projecting Older People Population Information, [www.POPPI.org.uk](http://www.POPPI.org.uk)

<sup>84</sup> Projecting Adult Needs and Service Information, [www.PANSI.org.uk](http://www.PANSI.org.uk)



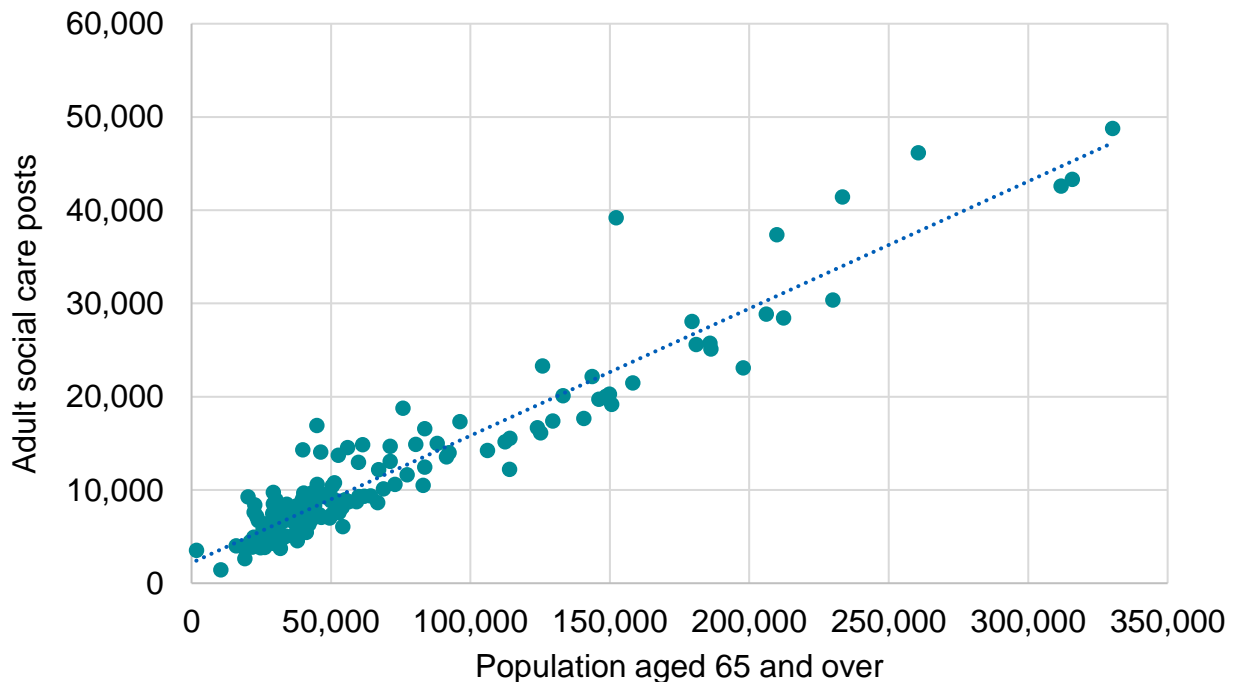
## 7.2. Relationship between population projections and posts

This section presents demand-based projections for the size of the adult social care workforce between 2021/22 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They don’t account for any political, economic, technological or sociological factors which may also have an impact on the size of the workforce in the future. Neither do these projections include the impact of COVID-19. We know that occupancy rates in care homes have fallen in the short-term<sup>85</sup> and it remains to be seen what the long-term impact on demand will be. However, the medium- and long-term projected increases in the number of people aged 65 and over remains; this will continue to provide upward pressure on demand for adult social care services.

These projections use models that compare the total number of posts in adult social care (including filled posts and staff vacancies) in each local authority area in England with the corresponding number of people aged 65 and over in the population. These two factors were found to be strongly correlated (on average, the more people aged 65 and over in an area, the larger the adult social care workforce). This relationship is demonstrated in the chart below, in which each dot represents a local authority area, and the dotted line represents the relationship between the two factors. The ‘65+ model’ below shows that, on average in 2020/21, for every six people aged 65 and over in the population, one adult social care post is required.

**Chart 95. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2021/22**

Source: Skills for Care estimates, POPPI information



<sup>85</sup> See chart 14 for more information.

### 7.3. Workforce forecasts between 2020/21 and 2035

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

Table 12 and Chart 96 show the results of the model. The model projects that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population, then a 27% increase (480,000 new posts) will be required by 2035.

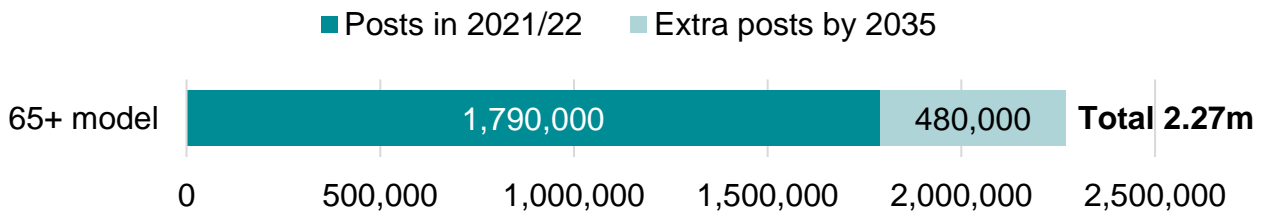
**Table 12. Adult social care posts forecasts between 2021/22 and 2035, based on the number of people in the population aged 65 and over**

Source: Skills for Care estimates

| Model     | 2021/22   | 2025      | 2030      | 2035      | % increase in posts 2021/22 to 2035 |
|-----------|-----------|-----------|-----------|-----------|-------------------------------------|
| 65+ model | 1,790,000 | 1,905,000 | 2,100,000 | 2,270,000 | 27%                                 |

**Chart 96. Adult social care posts forecasts between 2021/22 and 2035**

Source: Skills for Care estimates



#### 7.3.1. Retrospective testing of models

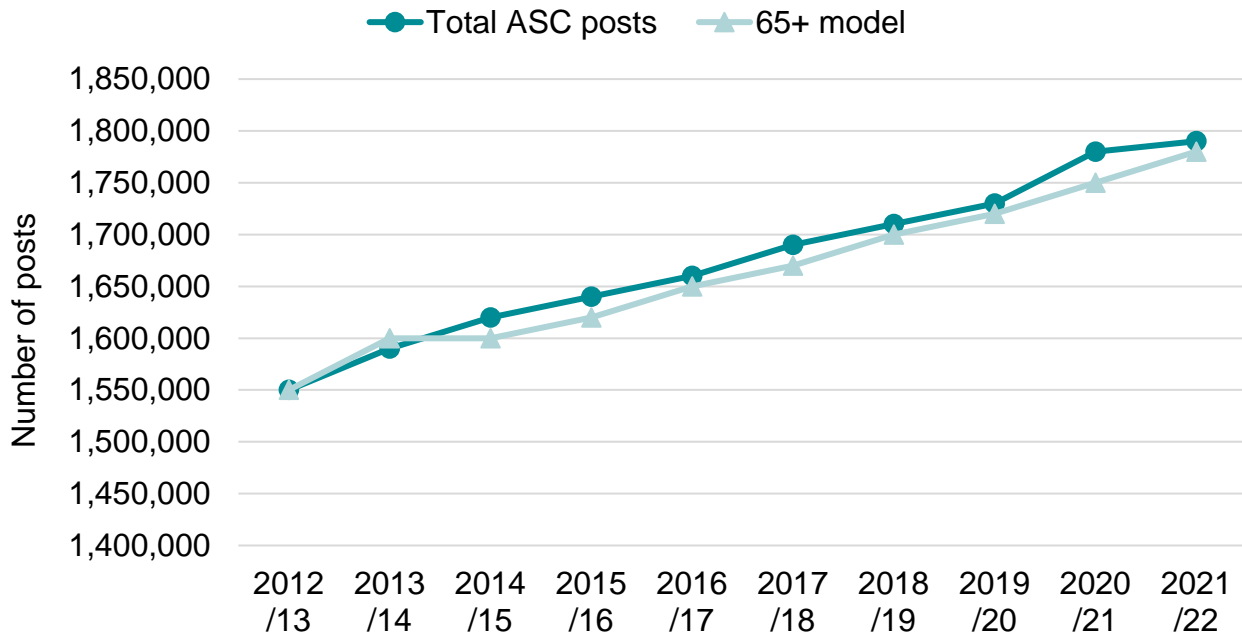
A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2021, and our estimates of all posts (filled and vacant) in the 2012 adult social care workforce, the model results were compared to the actual growth in posts in the sector.

As shown in Chart 97, the number of posts had grown at a similar rate to that projected by the model, although the actual growth was slightly higher than projected by the model.

The number of posts has historically increased to keep up with the rising demand for care due to an aging population and an increasing number of working-age adults requiring care.

**Chart 97. Adult social care job projections, 2012/13 to 2021/22, based on the populations aged 65 and over compared to actual trends of filled posts for the same period**

Source: Skills for Care estimates



As stated earlier in this section, a range of factors may influence the size of the adult social care workforce over the next 15 years, and these haven't been factored into this modelling.

These projections also do not account for workforce supply. The increase in the vacancy rate at the same time as filled posts decreasing in 2021/21 point towards supply not keeping up with demand, with employers unable to find the staff they need to meet the demand for services.

For information about regional forecasts, please refer to 'The state of the adult social care sector and workforce' regional reports.<sup>86</sup>

<sup>86</sup> [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)



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# Factors affecting staff turnover and CQC ratings

08

## Overview of factors affecting turnover rates and CQC ratings

### Factors affecting staff turnover rates

*Using data models, we've estimated the most influential factors on workers' propensity to leave their jobs, from ASC-WDS data between March 2021 and March 2022.*

- The sector has difficulty retaining younger staff. The turnover rate amongst those under 20 years old was 52.6%.
- People leave soon after joining. Turnover rates were 43.5% for those with less than one year of experience in role.
- Workers are more likely to leave if they're on zero-hours contracts (33.9% turnover rate), compared to if they're not (30.8%).

### Factors affecting CQC ratings

*Using ASC-WDS and CQC-provider information from between August 2017 and March 2021 we've looked at which workforce factors are associated with higher/lower CQC scores.*

- Turnover rates were lower in establishments receiving high CQC scores.
- Establishments with lower vacancy rates, on average, received better scores.
- Establishments with higher levels of staff undertaking learning and development were more likely to receive higher CQC scores
- Establishments with a stable registered manager were likely to receive higher CQC scores

**3.2 percentage points**

**higher turnover rate between zero-hours and non-zero hours contract workers**

**28.5 percentage points**

**higher turnover rate for workers aged under 20, compared to those 60 and above**

**26.7 percentage points**

**higher turnover rate between those new to their roles and the most experienced**

**4.6 percentage points**

**higher turnover rate between establishments with lower CQC scores**

This chapter brings together research that Skills for Care has contributed to, alongside an independent data scientist. Information from the ASC-WDS was used to build several models and, using data science and machine learning techniques, it's been possible to provide information regarding factors which may influence turnover rates. Skills for Care has also included some analysis that looks at workforce factors associated with CQC quality ratings.

### 8.1. Factors affecting staff turnover rates

This section focuses on how workforce characteristics collected by the ASC-WDS relate to workers' propensity to leave their roles. This is an analysis of our numeric data. The analysis shows the association between each variable and the turnover rate, this is not

necessarily the cause/the reason for workers leaving. Where applicable we have added sector insight to provide context to the information shown.

The methodology took a longitudinal approach, looking at data held in the ASC-WDS in March 2021, and again in March 2022, and then splitting the results by whether workers had left their roles. This method differs from the whole-sector estimates provided in Chapter 3 – Recruitment and retention, and as such, these aren't directly comparable.

Using machine learning methods, (Random Forests) models were built to analyse the relative importance of each variable had on whether a worker left their role. From this, each variable may be assessed in terms of its influence on staff turnover. The most influential variables were then compared to turnover rates to highlight the impact and to aim to understand the nature of this relationship.

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

### 8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 13, along with the impact each had on the likelihood of a worker leaving their role. Only factors collected within the ASC-WDS have been considered here. It's acknowledged that other factors may be involved.

**Table 13. Variables which influence the likelihood of a worker leaving their role**

Source: ASC-WDS unweighted data between March 2021 and March 2022

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

From Section 8.1.2 onwards, unless otherwise stated, information refers to care workers from the independent sector only. 'Turnover' refers only to care workers as described in the introduction to this chapter. This method of measuring turnover differs from the whole sector estimates of turnover in Section 3.4.

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

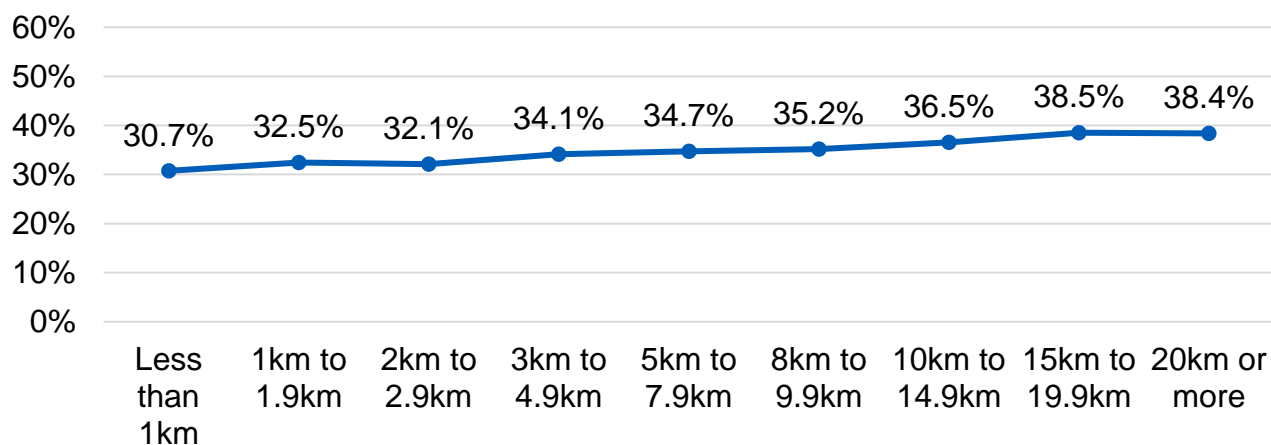
### 8.1.2. Distance travelled to work

**Workers that travelled further were more likely to leave their role.** Chart 98 shows that turnover rates were higher amongst care workers that travelled further to work. If a worker travelled less than 1km, their average turnover rate was 30.7%, compared to 38.4% for those travelling 20km or more.

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

#### Chart 98. Care worker turnover rate by distance travelled to work

Source: ASC-WDS unweighted data between March 2021 and March 2022



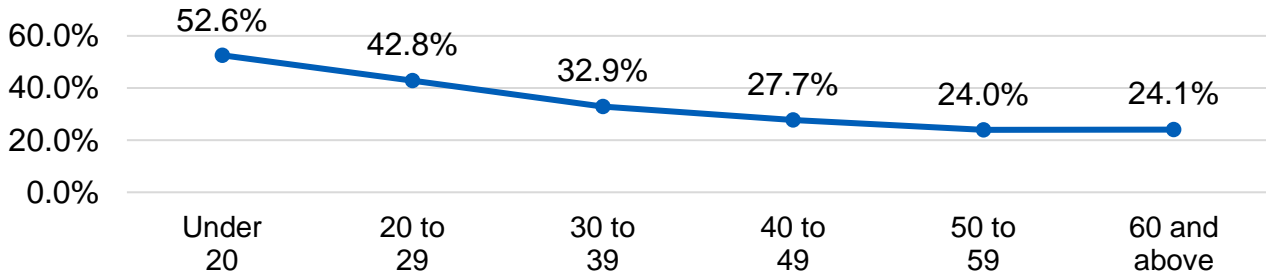
### 8.1.3. Age

**The adult social care sector has found it difficult to retain younger workers.** Chart 99 shows care workers under 20 years old had the highest turnover rates (52.6%). The turnover rate decreased as the age of the worker increased. The decrease reduced as workers approached retirement.



### Chart 99. Care worker turnover rate by age bands

Source: ASC-WDS unweighted data between March 2021 and March 2022



The reasons for this trend aren't clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it's not unique to adult social care. It could be the case that some younger workers had taken social care jobs as stopgaps whilst studying or waiting for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower-paid roles, which is also an influencing factors of higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choices, and subsequently don't remain in the sector long-term.

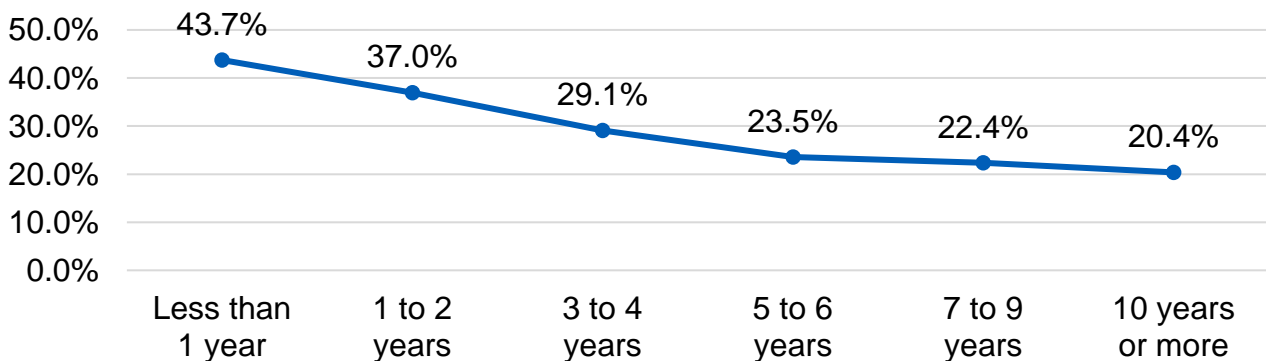
Skills for Care advocate adopting values-based recruitment, wherever possible, as a way for employers to target, attract, and recruit suitable candidates that are more likely to stay and to progress in the adult social care sector.<sup>87</sup>

#### 8.1.4. Experience in sector

**Those with less experience in the adult social care sector were more likely to leave their posts.** Care workers that had worked (either as a care worker or in other roles) in adult social care for more than five years had a much lower average turnover rate (23.5%, which fell to 20.4% for those with 10 years' experience or more), compared to those with less than one year of experience (43.7%).

### Chart 100. Care worker turnover rate by experience in sector

Source: ASC-WDS unweighted data between March 2021 and March 2022

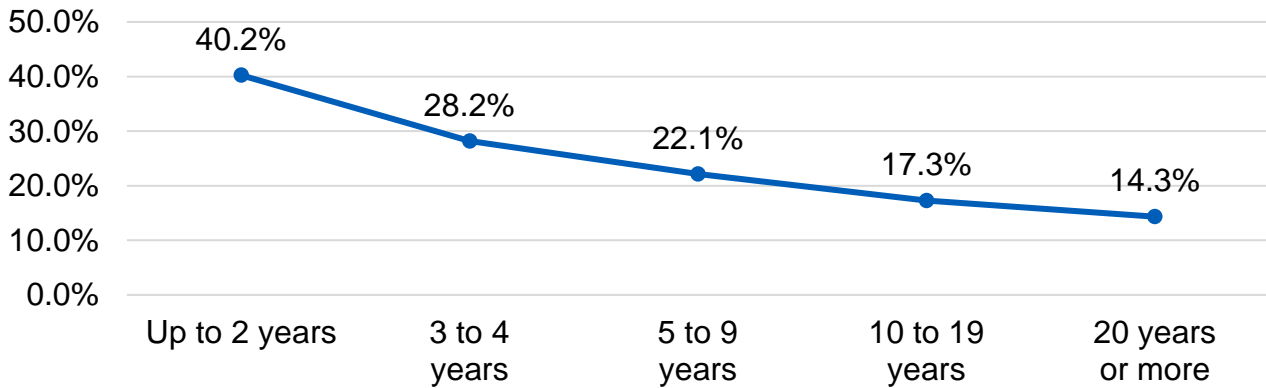


<sup>87</sup> [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)

This falling turnover rate was more pronounced amongst registered managers. Those who had worked in the adult social care sector for 20 years or more (whether as a registered manager or in other roles) had a far lower turnover (14.3%) than those new to the sector (40.2% for those with up to two years of experience).

**Chart 101. Registered manager turnover rate by years of experience in sector**

Source: ASC-WDS unweighted data between March 2021 and March 2022



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

Registered managers also showed lower turnover rates as their experience in role increased. The turnover rate was highest amongst those registered managers that had been in role for one to two years (32.9%). This fell sharply as greater experience was gained, with the turnover rate at its lowest (11.3%) amongst registered managers with 20 or more years of experience in role.

Skills for Care has developed a range of resources to support the sector generally, and registered managers in particular.<sup>88</sup> Turnover rates for registered managers are at their highest since records began in 2013/14, and 32% of registered managers were aged 55 or over. This may lead to further turnover rate increases over the coming years as registered managers retire. Please see Chapter 4 – Workforce demographics, for further information. Therefore, an increased focus will be needed on the recruitment, development and retention of registered managers across the adult social care sector to ensure high-quality leadership within the sector in the future.

### 8.1.5. Pay

**Those paid more were less likely to leave their roles.**

Chart 102 compares the turnover rate of care workers at different rates of pay between 2012/13 and 2021/22.

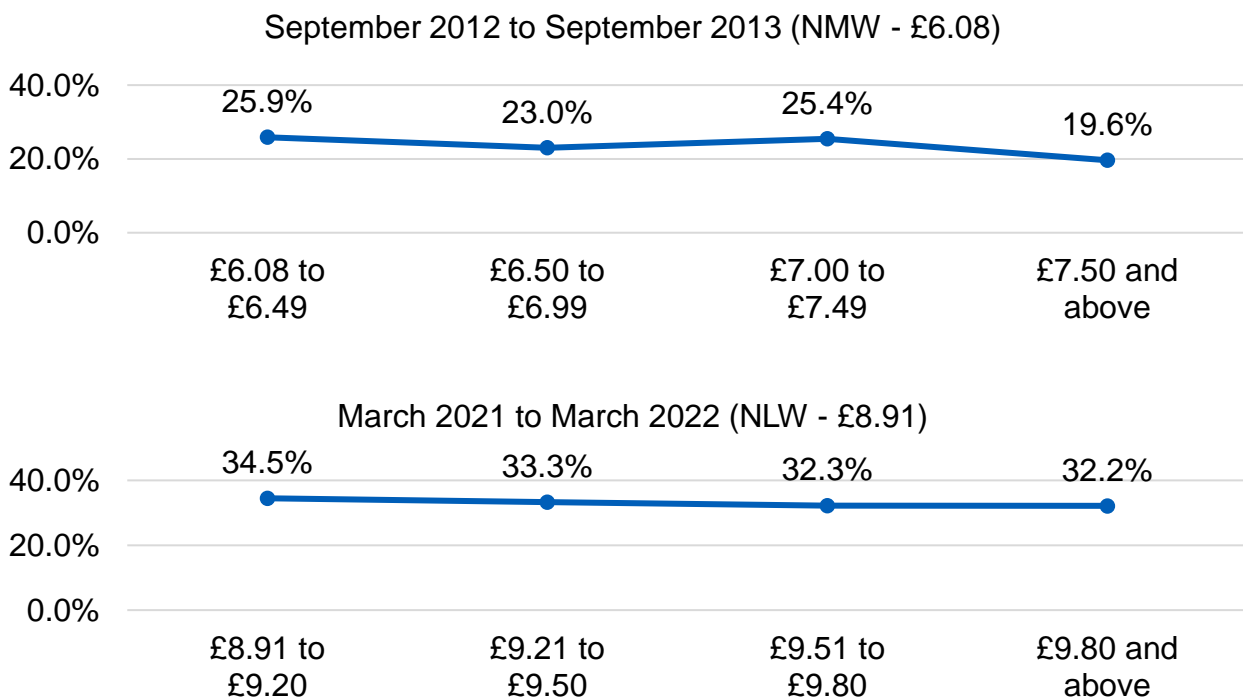
<sup>88</sup> [www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)

For both periods, those at the top end of the pay scale had a lower turnover rate than those further down the scale. However, this decrease has become less pronounced in more recent years. This is potentially a result of the impact of the National Living Wage (NLW), with care workers at the top end of the scale receiving lower pay increases than those at the bottom (see Section 5.2) We'll continue to monitor this potential trend.

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

### Chart 102. Care worker turnover rate by average hourly pay bands

Source: ASC-WDS unweighted data



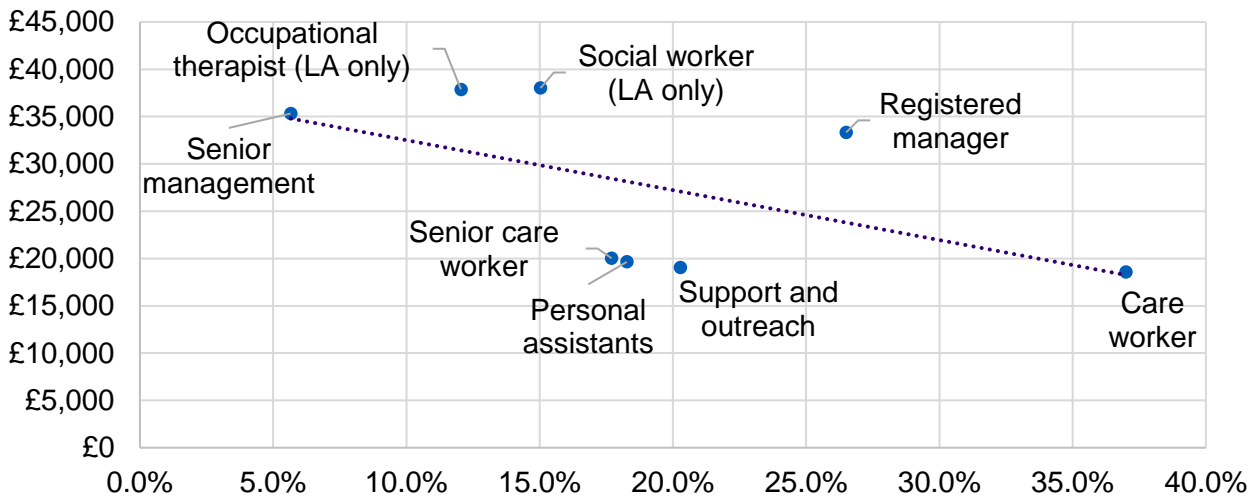
It was also evident that more substantial differences in pay rates result in significantly lower turnover rates further up the pay scale. Chart 103 shows average turnover rate by average FTE annual pay for selected job roles in the independent sector (unless otherwise stated). The trend highlights the relationship between increasing turnover rates and decreasing pay. Regulated professional and managerial roles had lower turnover rates and higher pay rates, when compared to direct care-providing roles.

It was found that registered nurses didn't fit this trend particularly well as they had one of the higher pay rates, but also turnover rates which were higher than average. High pay rates and career progression opportunities for NHS nurses (due to registered nurse pay bandings) may be influencing turnover rates of nurses in adult social care.

Most social workers and occupational therapists are employed by the local authority sector, where turnover rates are generally lower (section 3.4), and pay is generally higher (section 5.2).

**Chart 103. Average turnover rate and average FTE annual pay by job role\***

Source: Skills for Care estimates



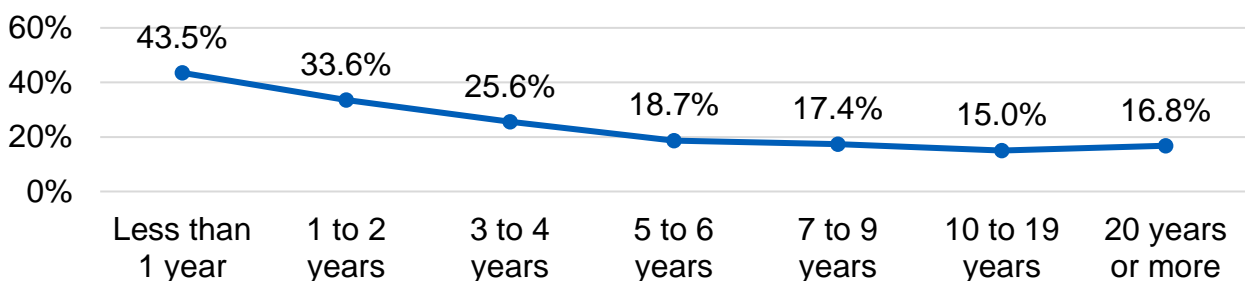
\* Independent sector only, unless otherwise stated.

**8.1.6. Experience in role**

**A large proportion of staff turnover arose from workers leaving their posts soon after joining.** Chart 104 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 (43.5%) of workers in post for less than a year left during the same year. This rate dropped substantially for more experienced workers to 16.8% for those with experience of 20 years or more.

**Chart 104. Care worker turnover rate by years of experience in role**

Source: ASC-WDS unweighted data between March 2021 and March 2022



This trend may be even more pronounced as some care workers that leave their jobs soon after joining may have left even before their employer had the opportunity to record them in the ASC-WDS.

These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It's evident that some employers are struggling to find and recruit people that are likely to stay and to progress within the adult social care sector. Skills for Care advocates adopting values-based recruitment<sup>89</sup> as a way for employers to target, attract and take on the people with suitable values and skills. These people are more likely to stay long-term and progress within the adult social care sector.

Employers may also explore new and innovative ways to widen their talent pool,<sup>90</sup> by actively targeting people from all backgrounds and aiming to attract a diverse range of candidates that reflect the communities they serve.

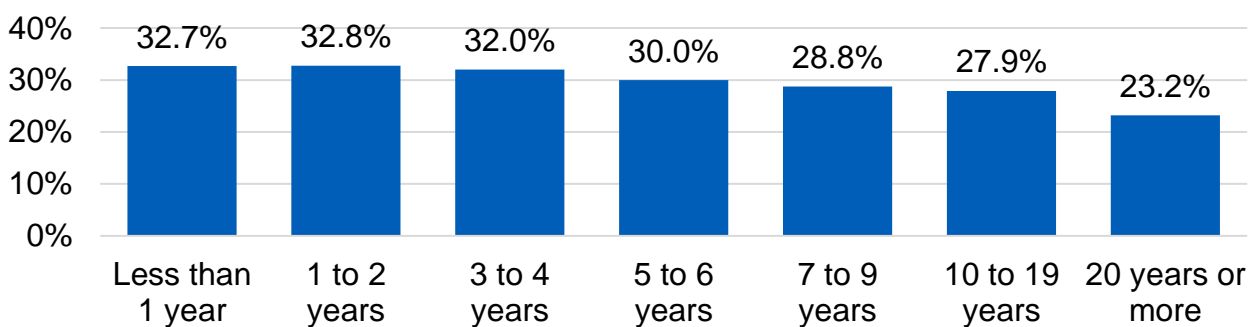
We run 'I Care...Ambassadors', a national team of care workers which helps to promote career opportunities in adult social care through visiting schools and Job Centres. After speaking to an 'I Care...Ambassador', 91% of people said they had a better idea of what it's like to work in adult social care.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

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

How long a registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in role for less than a year, the turnover rate at that establishment was higher (32.7%) than if the registered manager was more experienced in their role (23.2% when the registered manager had 20 years of experience or more).

#### **Chart 105. Average turnover rate of establishments by experience of the registered manager**

Source: ASC-WDS unweighted data between March 2021 and March 2022



The chart above highlights the important role that stable leadership can have on improving retention rates. We've developed a range of resources to support new registered managers in their roles and to encourage their long-term development.<sup>92</sup>

<sup>89</sup> [www.skillsforcare.org.uk/vbr](http://www.skillsforcare.org.uk/vbr)

<sup>90</sup> [www.skillsforcare.org.uk/seeingpotential](http://www.skillsforcare.org.uk/seeingpotential)

<sup>91</sup> [www.skillsforcare.org.uk/icare](http://www.skillsforcare.org.uk/icare)

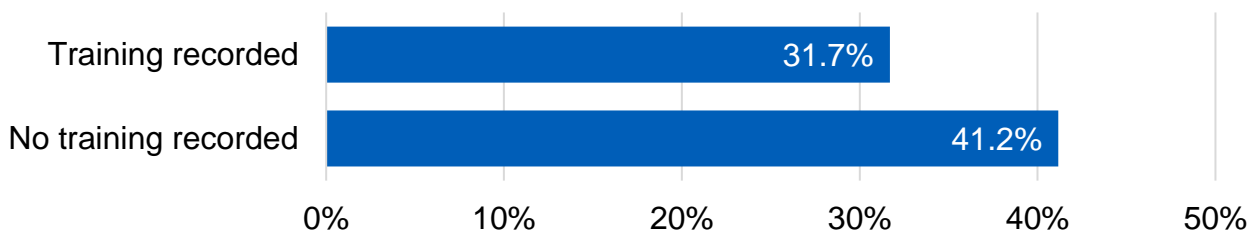
<sup>92</sup> [www.skillsforcare.org.uk/registeredmanagers](http://www.skillsforcare.org.uk/registeredmanagers)

### 8.1.7. Training

**Retention was better when staff received training.** The average turnover rate was 9.5 percentage points lower amongst care workers that had received some form of training (31.7%), compared to those that hadn't (41.2%). Some of the most common training types recorded included 'Moving and handling', 'Safeguarding adults' and 'Infection control'.

#### Chart 106. Care worker turnover rate by training records

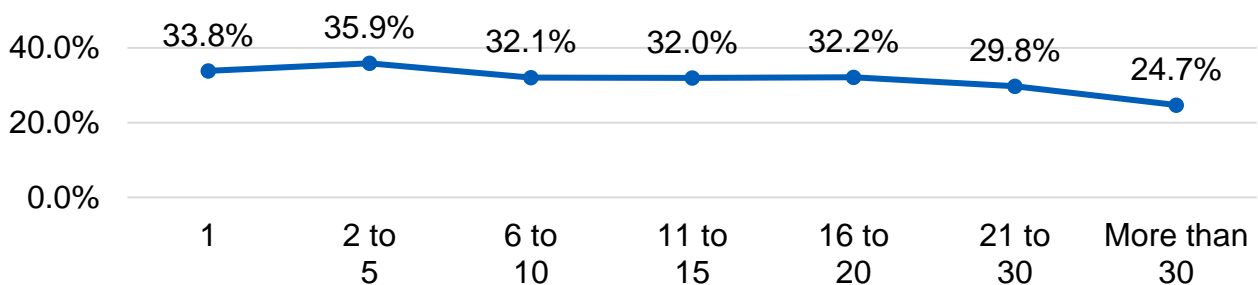
Source: ASC-WDS unweighted data between March 2021 and March 2022



The care workers who received more training opportunities recorded in the ASC-WDS had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 33.8%. This decreased 9.1 percentage points to 24.7% for those with more than 30 instances of training recorded. This highlights that continued investment in staff training can have a positive impact on retention rates. For more information on training, please see Section 6.4.

#### Chart 107. Care worker turnover rate by number of training instances recorded

Source: ASC-WDS unweighted data between March 2021 and March 2022

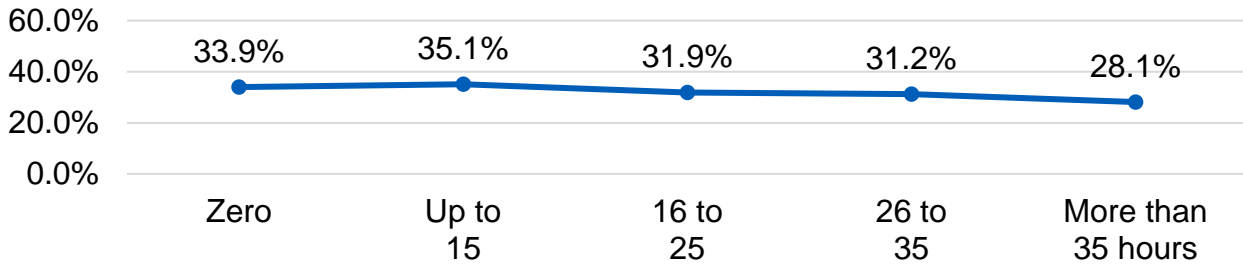


### 8.1.8. Contracted hours and zero-hours contracts

**Those with fewer contracted hours were more likely to leave.** Chart 108 below shows that turnover rates were 5.8 percentage points higher for care workers with zero contracted hours per week, compared to those with more than 35 contracted hours per week.

**Chart 108. Care worker turnover rate by contracted hours**

Source: ASC-WDS unweighted data between March 2021 and March 2022

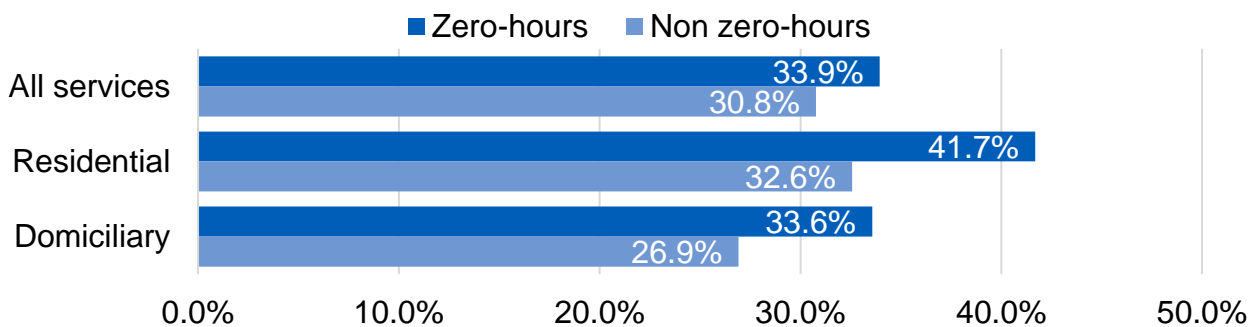


The Living Wage Foundation recently launched a campaign targeted at 'Living hours', with the aim of tackling work insecurity.<sup>93</sup> Their research found that one in six workers were employed in insecure, low-paid work in 2019. Less than 16 hours per week of paid work was classed as 'insecure' in this research. The lower turnover rates amongst workers with more than 16 hours of work compared to zero-hours contracts suggests that some workers were looking for more stable employment.

Chart 109 shows that zero-hours contracts were shown to have a slightly greater influence on those working for residential care providers, where the turnover rate was 41.7% compared to 32.6% for those not on zero-hours contracts. However, the difference was also seen in domiciliary care (in which zero-hours contracts are more prevalent).

**Chart 109. Care worker turnover rate by zero-hours contract status**

Source: ASC-WDS unweighted data between March 2021 and March 2022

**8.1.9. Sickness days**

**Workers with high sickness rates were more likely to leave.** Chart 110 shows turnover rates were lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with zero sickness days (28.1%) and highest for those with more than 30 days (31.6%).

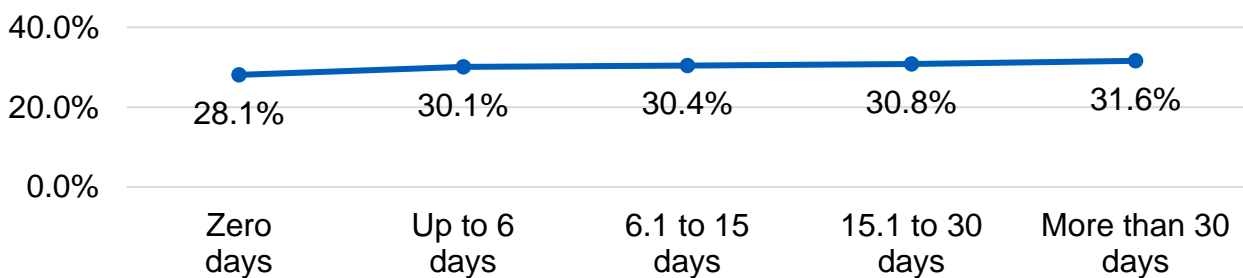
<sup>93</sup> [www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity](http://www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity)

Evidence suggests that prioritising employees' health and wellbeing improves their levels of engagement, and impacts their feelings about their job, their loyalty, and their performance. We've developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance.<sup>94</sup>

A large proportion of sickness days during this period were due to COVID-19 isolation rules in place during the time. As such, the link between wellbeing and sickness days may not be as apparent as it would have been otherwise.

### Chart 110. Care worker turnover by sickness group

Source: ASC-WDS unweighted data between March 2021 and March 2022

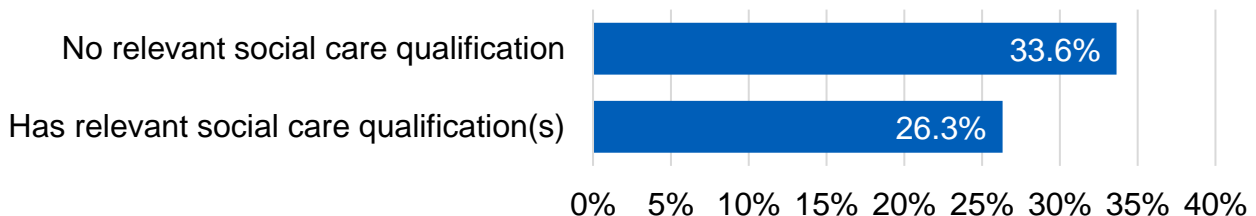


#### 8.1.10. Social care qualifications

**Those with a relevant social care qualification were less likely to leave.** Chart 111 analyses the probability of workers leaving their posts and compares those with social care relevant qualifications with those without. Of care workers that held a relevant social care qualification, 26.3% had left within the 12-month period, compared to 33.6% of those that didn't hold a relevant qualification. A similar trend appears for care workers that had undertaken a higher number of training courses. This suggests that employers investing more in the training and development of their staff experience lower turnover rates on average.

### Chart 111. Care worker turnover by social care qualification

Source: ASC-WDS unweighted data between March 2021 and March 2022



<sup>94</sup> <https://www.skillsforcare.org.uk/ppmt>

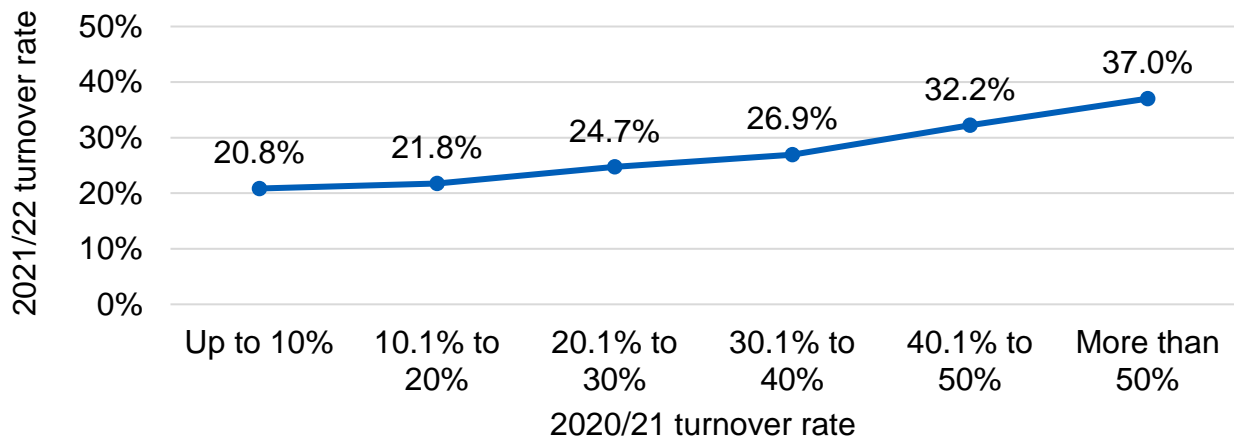


### 8.1.11. Historical turnover rate

Establishments with a higher turnover rate in the preceding 12 months were likely to continue to have higher than average turnover rates going forward, and vice versa. The establishments with the lowest turnover rates in 2020/21 had, on average, a turnover rate of 20.8% between 2021 and 2022; this was 6.1 percentage points lower than establishments with the highest turnover rates in 2020/21 (37.0%).

#### Chart 112. Comparison of historical turnover rate in establishments

Source: Previous turnover rate (ASC-WDS unweighted data as at March 2021) and current turnover rate (ASC-WDS unweighted data between March 2021 and March 2022)



This finding held true even after accounting for the other factors mentioned in this chapter (including pay, training, and/or contract types). This demonstrates that there are other, 'softer' factors which may affect the likelihood of establishments retaining staff successfully.

Skills for Care's research has found examples of these factors include embedding the values of the organisation, celebrating both the achievements of the organisation and of individuals, and involving staff at all levels in decision-making.<sup>95</sup>

It was also noted that large establishments where people work in well-functioning teams may achieve better levels of staff retention, as well as improved levels of care. Research showed that successful team-working was associated with lower levels of staff absenteeism, intentions to resign, and turnover.<sup>96</sup> For further information about effective team-working, please visit the Affina Organisation Development (AOD) website.<sup>97</sup>

<sup>95</sup> <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Support-for-leaders-and-managers.aspx>

<sup>96</sup> West, M., Lyubovnikova, J. (2013) Illusions of team working in health care, Journal of Health Organization and Management.

<sup>97</sup> [www.affinaod.com/library/key-research-findings](http://www.affinaod.com/library/key-research-findings)

## 8.2. Factors affecting CQC ratings

In 2021 Skills for Care analysed ASC-WDS workforce data compared to CQC scores to identify workforce metrics that are associated with higher CQC scores. This included around 8,000 regulated locations across England.

Locations inspected by the Care Quality Commission (CQC) are given a rating of either Outstanding, Good, Requires improvement or Inadequate under each of five Key Lines of Enquiry (KLOE: Safe, Effective, Caring, Responsive, Well led).

We allocated a score to each of these ratings, as shown in Table 14 below, to derive an overall score between 5 and 20 for each inspected location. For example, a location rated as Inadequate under each of the 5 KLOE's received a score of 5. These scores were then grouped into categories: Lowest (12 or below), Low (13), Medium (14) and High (15 or above).

**Table 14. Inspection rating and score**

| Inspection rating    | Score |
|----------------------|-------|
| Outstanding          | 4     |
| Good                 | 3     |
| Requires improvement | 2     |
| Inadequate           | 1     |

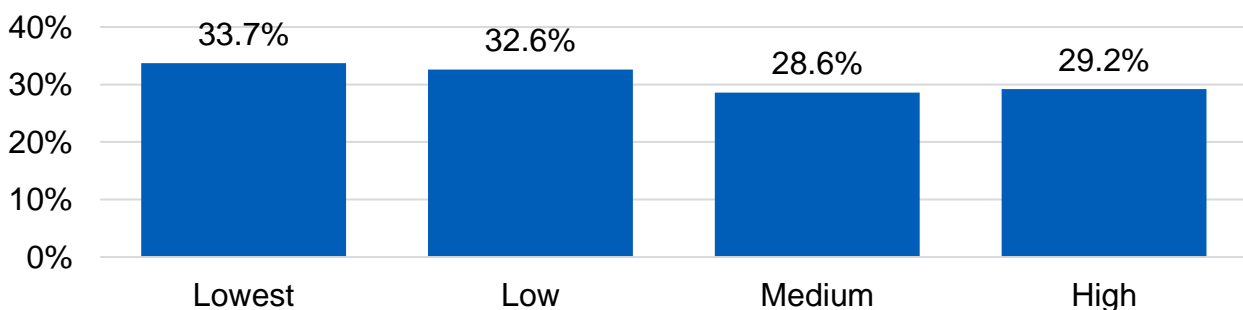
We have lots of information on our website about CQC provider support, including 'delivering 'good' and 'outstanding' care' resources and information about consultancy and tailored support.<sup>98</sup>

### Turnover rates were lower in establishments receiving high CQC scores.

Establishments with the lowest CQC scores had more issues retaining staff (an average turnover rate of 33.7%), compared to those with the highest scores which had an average turnover of 29.2%.

**Chart 113. Turnover rates by CQC score**

Source. ASC-WDS unweighted data and CQC

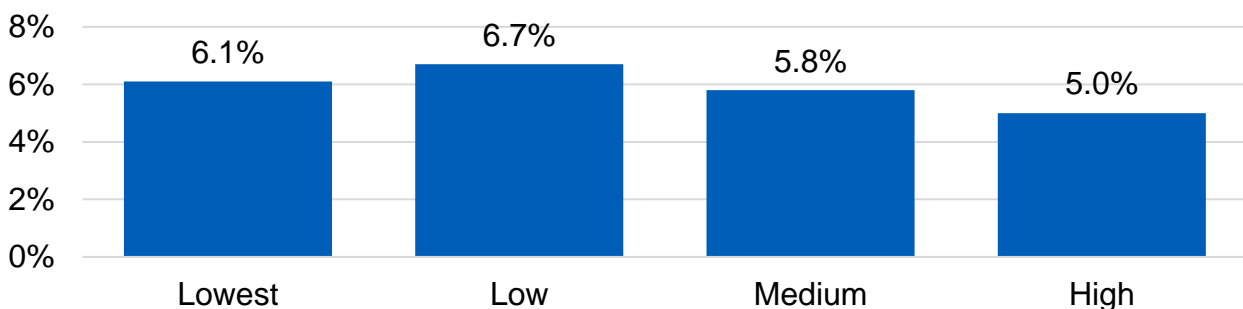


<sup>98</sup> <https://www.skillsforcare.org.uk/CQC-provider-support/CQC-provider-support.aspx>

**Establishments with lower vacancy rates, on average, received better scores.** Those receiving high CQC scores had an average vacancy rate of 5.0% compared to a rate of 6.1% for those with lower scores. This suggests that those employers who struggle to find all the staff they need, and therefore carry vacancies, find it harder to deliver a high-quality service.

#### Chart 114. Vacancy rates by CQC score

Source. ASC-WDS unweighted data and CQC

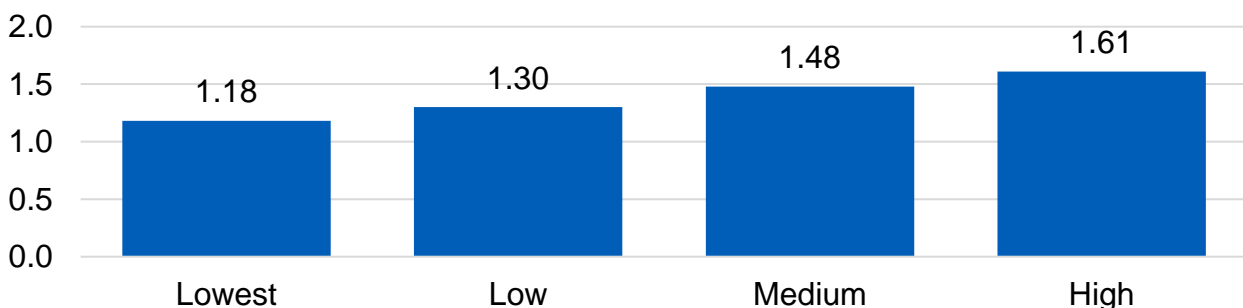


**Care homes with more staff in post per bed, on average, received better CQC scores** than those with lower staffing ratios. There are no prescribed staffing levels in adults social care, however this finding demonstrates that those services that manage to maintain higher staffing ratios, generally have better outcomes.

Skills for Care has a guide to help employers get the right quantity and quality of staff to meet the needs of services and meet the regulatory standards of the Care Quality Commission (CQC). The guide includes tips about deciding how many staff are needed to provide a safe service, contingency planning for short-term staff shortages, doing the right recruitment checks and how to effectively use bank and agency staff.<sup>99</sup>

#### Chart 115. Average ratio of staff per bed by CQC score

Source. ASC-WDS unweighted data and CQC



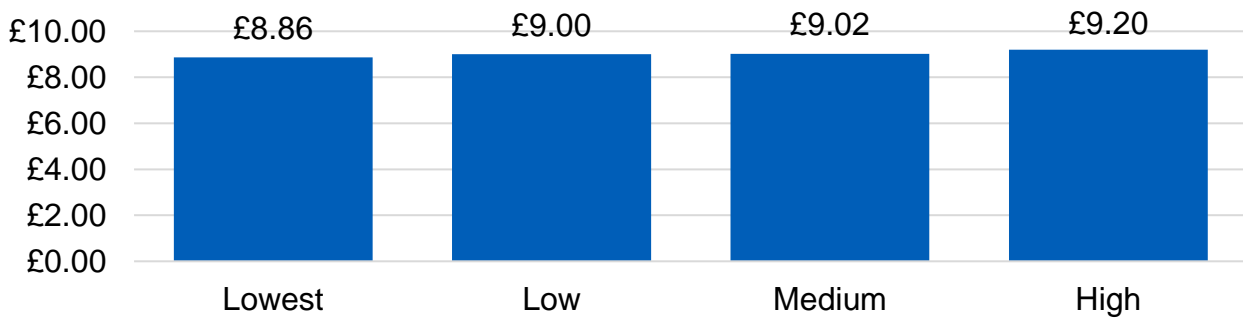
**Higher care worker pay was associated with higher CQC scores.** Care workers at the lowest scoring establishments had a median hourly rate of £8.86 compared to £9.20 with

<sup>99</sup> <https://www.skillsforcare.org.uk/CQC-provider-support/Delivering-good-and-outstanding-care/Safe-staffing.aspx>

the highest score. This was also true when comparing care worker pay to the average in the wider economy in the local area. Employers paying closer to the average for their area were more likely to receive high scores.

### Chart 116. Average care worker hourly rate by CQC score

Source. ASC-WDS unweighted data and CQC



For example, those with higher levels of take up of the care certificate, more frequent training, and higher levels of qualifications among their staff were more likely to receive better CQC scores.

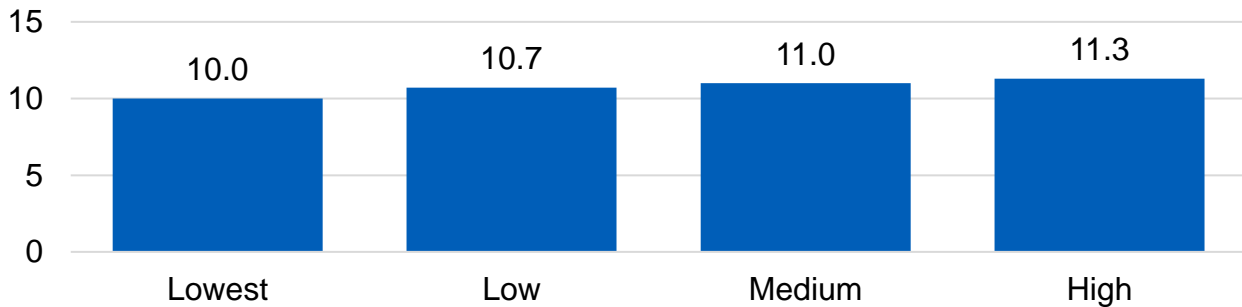
We have lots of information on our website about learning and development, including pre-employment training, i.e., offering a traineeship, apprenticeship, or work experience. This is especially useful for employers because we know that a large proportion of staff turnover arose from workers leaving their posts soon after joining (see section 8.1.6). We also know that retention was better when staff received training (see section 8.1.7). We have a guide to developing staff, information about funding for training, ongoing learning and development, qualifications and more.<sup>100</sup>

**Establishments with a stable registered manager were likely to receive higher CQC scores.** The more time across the previous year an establishment spent without a registered manager in post, the lower the CQC score was on average. As with turnover rates, this points towards the importance of stable management in delivering a high-quality service.

<sup>100</sup> <https://www.skillsforcare.org.uk/Learning-development/Learning-and-development.aspx>

**Chart 117. Number of months registered manager was in post in previous 12 months by CQC score**

Source. ASC-WDS unweighted data and CQC



Skills for Care has been a partner on a project led by the University of Leeds to establish how staffing is related to quality in care homes. This study is due to report in 2022. As part of this project, a synthesis of available literature has been compiled and is published here.<sup>101</sup>

Further information on the key lines of enquiry and the CQC inspections can be found on the CQC website.<sup>102</sup> We've developed guides to help organisations to achieve a positive rating, to offer support in preparation for an inspection, and to develop plans which support them to respond to any issues with their workforce, staffing, or leadership as identified by the CQC.<sup>103</sup>

<sup>101</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0020748921000377>

<sup>102</sup> [www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask](http://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask)

<sup>103</sup> [www.skillsforcare.org.uk/cqc](http://www.skillsforcare.org.uk/cqc)

## Further resources

We provide outstanding workforce intelligence which the Government, strategic bodies, employers, and individuals rely upon to help them make decisions that will improve outcomes for the people who use care services. This chapter provides an overview of some of the reports and resources published by our Workforce Intelligence team.

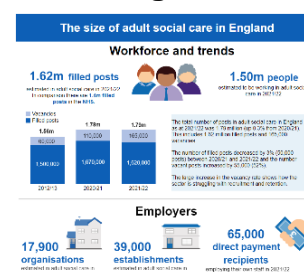
The ASC-WDS is recognised as the leading source of workforce intelligence for adult social care. We're grateful to all the employers who have completed ASC-WDS data. Without their contributions, our workforce intelligence wouldn't be possible.

### Workforce intelligence publications

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

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

*Latest version, July 2022. Updated information is due in July 2023.*



#### Regional information



We have published nine data visualisations which provide an annual overview of adult social care services and the workforce in each region. Each page contains key findings, the interactive visualisation, and a short summary report. Also available is a regional comparison data visualisation. To access these, please visit [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports).

*Latest version, October 2022. Updated information is due October 2023.*

#### Local area information

There are five pages of local area information:

- 'Local area comparison', where you'll find the local authority comparison interactive visualisation which allows you to compare two or more local areas in England.
- 'My local area' page is a detailed interactive visualisation showing local areas in England one at a time, and summary reports for each area.
- 'My ICS area', showing the latest information from ASC-WDS split into Integrated Care System (ICS) areas.
- 'ICS comparison area' a page where you can compare two or more ICS areas in England.
- 'My TCP area' showing information for the mental health and learning disability and/or autism workforces split by Transforming Care Partnership (TCP) area.

To access these data visualisations and reports, please visit

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

*Latest version, October 2022. Updated information is due in October 2023.*

### Interactive visualisations

We've created interactive visualisations to enable you to see and understand our publications and workforce intelligence in a more visual and interactive way. By clicking on and moving around the visualisations, you can discover and compare the characteristics of the adult social care workforce in applicable topic areas.

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

### Key topic areas

The Workforce Intelligence website includes information on the following popular topic areas. Each topic includes a summary of the workforce information available, and signposts to the latest publications and relevant resources. Many of the topic areas include an interactive visualisation:

- Impact of the COVID-19 pandemic
- Learning disability and/or autism workforce
- Apprenticeships
- Pay rates
- Personal assistants
- Nurses in social care
- Recruitment and retention
- Registered managers
- Social work
- Workforce nationality.

To access these topics, please visit [www.skillsforcare.org.uk/topics](http://www.skillsforcare.org.uk/topics).

### Adult social care workforce estimates Excel file

To support workforce intelligence publications, we've published an 'Adult social care workforce estimates' spreadsheet. This file includes the size and structure of the workforce, recruitment and retention information, employment information, demographics, pay rates, qualification levels, and training information for England listed by region, sector, service, and job role. To access the spreadsheet, please visit:

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

### Commission our services

Our Workforce Intelligence team are the experts in adult social care workforce insight. The data we collect in the ASC-WDS gives an unrivalled overview of the adult social care workforce in England. We have over 15 years of experience in analysing and interpreting social care data - it's what we do.

Beyond the wealth of information already available publicly on our website you can commission the services of the Workforce Intelligence team to produce bespoke reports and analysis for your organisation or area.

## How we can help you

- We can partner with you or form part of your project team on tenders and bids. By using our expertise and sector knowledge we can add value to your research or project.
- We can use advanced analytics techniques to help you understand how key outcomes such as CQC scores, turnover and vacancy rates can be improved.
- We can produce bespoke reports and analysis and help you solve problems and provide data solutions to help you improve your services.
- We can provide a detailed analysis into the adult social care workforce in your local area or look at performance in comparison to other areas.
- Request a feed of data to enhance or improve a product or service.

## Our values

Skills for Care is guided by core values. Throughout everything we do, we're inclusive, motivated, passionate, ambitious, collaborative and trustworthy. For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit [strategy.skillsforcare.org.uk](https://strategy.skillsforcare.org.uk).

As a Workforce Intelligence team we:

- help people to understand what's already available without commissioning our services and what options are available
- aren't selling the data, we're selling our analysis and sector expertise
- carry out bespoke work in particular areas that we can't cover in general outputs
- have a 'good for the sector' aim on all projects we work on
- channel any money we earn straight back into the sector.

All our analysts are certified statisticians, meaning we work to the standard of the 'five safes'. We always make sure that our research and outputs are appropriate and trustworthy, and that there's no risk of misuse or confidentially breach. When creating outputs, we always adhere to statistical disclosure controls.

The Skills for Care Workforce Intelligence team are committed to the three pillars of trustworthiness, quality and value, and principles of the Code of Practice for Statistics. To learn more about our values and read our full statement please visit [www.skillsforcare.org.uk/WI-values](https://www.skillsforcare.org.uk/WI-values).

For more information about these services, please email [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk).

## Keeping informed



To be kept up to date with Workforce Intelligence news, please join our mailing list by registering with us and selecting 'Workforce Intelligence publications'. You can also follow us on Twitter @ASCWDS or @skillsforcare or visit [www.skillsforcare.org.uk/contactWI](https://www.skillsforcare.org.uk/contactWI).



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