



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

2023

StateOfReport

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Acknowledgements

We're grateful to the many contributors to this report. Particular thanks are due to all 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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Foreword from our CEO

Our vision for social care is of a fair and just society, where people can access the advice, care and support they need to live their lives to the fullest. This annual report offers us rich data and analysis to support that aspiration, which is at the heart of everything we do.

Our previous reports have been used to inform key decisions made by government, employers and our sector partners about the care and support that people in our communities draw on. It was good to see last year's report [described by the Office for National Statistics](#) as 'the most comprehensive publicly available source of workforce statistics for the adult social care sector in England.'



Data provided by thousands of employers to our Adult Social Care Workforce Data Set show that this year we did see some improvements in workforce capacity - largely driven by an increase in international recruitment - including more filled posts, fewer vacant posts and lower turnover.

The report also highlights the ongoing trends and challenges for the sector in terms of workforce capacity which paints a picture of the short and long-term.

We should see this as an opportunity – an opportunity to have more people work in rewarding roles and be developed and supported to remain. We also cannot forget that adult social care adds £55.7 billion per annum to the economy in England - which makes us one of the key drivers in the national economy. That's up by 8.5% from 2021/22, and the economic contribution of employers and people who work in care is more than the accommodation and food service industries. Far from adult social care being a drain on resources, we are key to the economies of local communities and in economically deprived areas.

For us to make the most of the opportunities available to us, there are things that we need to do and that starts with understanding the current state of play.

While the workforce grew by 1% in 2022/23 and vacancy rates reduced from 10.6% to 9.9%, there were still 152,000 vacant posts a day and 390,000 people left their roles last year - with around a third of them leaving social care completely and the rest getting new jobs within social care. If we look over the last decade, we can see that the longer-term trend is that our vacancy rate is significantly higher than that of the wider economy. This highlights today's challenges – not enough people working in adult social care overall, too many people leaving the sector and too many people churning in the sector which disrupts continuity of care and support and uses precious resources.

If we then raise our eyes up and look to tomorrow, if the workforce grows in line with demographic changes, we are going to need an extra 440,000 roles by 2035 and we have 440,000 posts filled by people who will reach retirement age in the next 10 years. What that tells us is that we cannot get enough people today, we are losing a lot of experienced staff, and we are going to need a lot of additional people working in social care in the medium to long-term. And let's not think that 2035 is far away, it will come quickly. 12 years ago, Prince William married Catherine Middleton – to me, that does not feel very long ago.

We are seeing some changes in the supply of the workforce in this year's report, with employers relying more on international recruitment since care workers were placed on the Shortage Occupation List in February 2022. Between March 2022 and March 2023, an estimated 70,000 people arrived in the UK and started direct care providing roles in the independent sector. This is a substantial increase in international recruitment on previous years - 20,000 in 2021/22 - and it has played a part in the increase in filled posts and reduction in vacant posts seen in this report. We do some more analysis of this in the report.

Our report does not just point out the issues though – we try hard to identify and point to the solutions too. Some of these solutions are things that Skills for Care is and can do, and some are solutions for partners including employers. One example is the brand-new insight that we have this year into what works when it comes to keeping people working in social care. We identify five factors that are key to retaining adult social care staff. They are:

- Being paid more than the minimum wage
- Not being on a zero-hours contract
- Being able to work full time
- Being able to access training
- Having a relevant qualification.

Where none of these factors apply, care workers are more than twice as likely to leave their jobs than when all five factors apply – a 48.7% turnover rate compared with 20.6%. Implementing these factors should make it easier for the people who love what they do to stay, by improving terms and conditions and investing in their career development.

That, and other analysis in this report is why, as the strategic workforce development body for adult social care – with over 20 years of experience – Skills for Care will be leading the creation of a new workforce strategy to help tackle the challenges all of us face and to identify the solutions that we can all commit to. This strategy will only work if it's created by the many organisations and people that have a stake in the future of adult social care – so we'll be working with a wide range of partners.

While most of the statistics that people focus on are around workforce capacity, there is a lot more in the report than this. We look at the qualification levels of the workforce which are reducing at the same time as the ambition for qualifications for people working in social care is increasing with the introduction of the Care Certificate as a Level 2 qualification. Apprenticeship numbers are concerning and an area that we need to focus on in the future because this is a key way to develop our teams.

We look at the demographics of the workforce, including the growth for the first time on record of the proportion of men working in social care from 18% to 19% (mostly driven by international recruitment) - and the need to recruit more younger workers with only 8% of the workforce aged under 25 compared to 12% of the economically active population. We're working with the Government and social care employers to develop a number of initiatives to encourage younger people to join, and remain, including apprenticeships and a project to attract new demographics into care.

It's good to see some green shoots this year and, as always, we are grateful to the 20,000 care providing locations that have continued to give us their data, as we know they are working under pressure.

But the long-term trends and ongoing challenges underline the need for a workforce strategy for adult social care, to complement the sector reform agenda and long-term workforce plan for the NHS that was published earlier this year. I hope our new workforce strategy will help make sure that the efforts of all our employers who offer care services, and the people who work in care supporting those who draw on care and support, are properly recognised.

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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 projections.

Top level findings are presented in the executive summary, with more detail on each topic in the subsequent chapters.

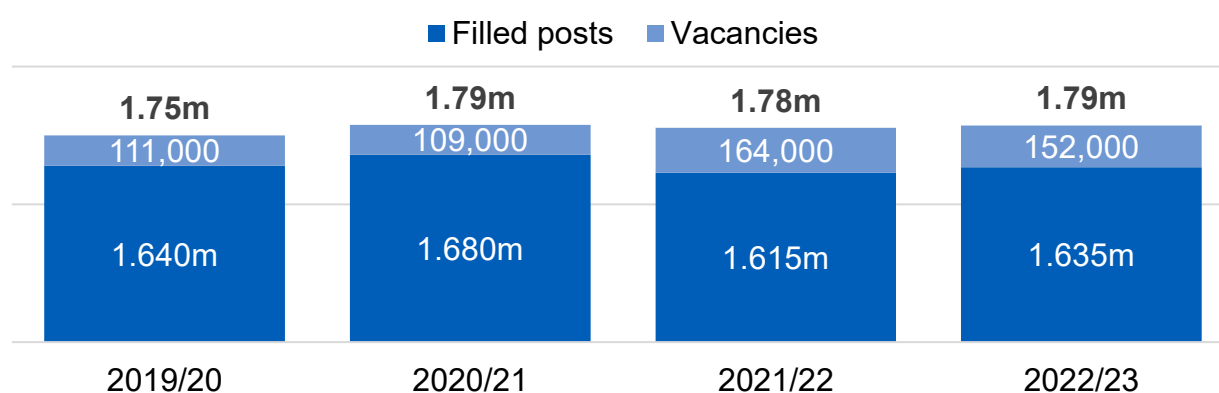
This year, following changes to immigration rules, additional information has been provided regarding the level of international recruitment and its impact on the workforce.

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 17 years.

In 2022/23 the adult social care sector was comprised of around **18,000** organisations across **39,000** care providing locations with 1.635 million filled posts and 152,000 vacant posts. The combined number of total posts (filled posts and vacant posts) in adult social care in England was 1.79m as at 2022/23 (this was 0.5% higher than in 2021/22).

The number of full-time equivalent (FTE) filled posts was estimated at **1.19 million** and the number of people working in adult social care was estimated at **1.52 million** in 2022/23; more than in the NHS (headcount of 1.43 million).



The adult social care sector was estimated to contribute £55.7 billion gross value added (GVA) per annum to the economy in England (up 8.5% from 2021/22)¹. The total wage bill of the sector, calculated using ASC-WDS information, accounted for around half of this amount at £26.6 billion in 2022/23 (up 8.2% from 2021/22). In comparison, this was more than the 'Accommodation and food service activities' industry (£41.8 billion in 2021)².

Between 2021/22 and 2022/23 the number filled posts increased by 1% (20,000 filled posts) and the number of vacant posts decreased to 9.9% from 10.6% (a decrease of 11,000 vacancies and 7%). The number of filled posts in 2022/23 was still below its pre-pandemic peak in 2020/21 (by around 45,000 filled posts).

This trend continued between March 2023 and August 2023 for independent sector employers, monthly tracking data³ (not weighted to represent the whole sector) from ASC-WDS has shown the number of filled posts increase by a further 1.9 percentage points and the vacancy rate decrease by 1.5 percentage points (to around 8.4%).

In residential services, the number of filled posts increased by 7,000 in care only homes (2%) and 8,000 in care homes with nursing (3%) between 2021/22 and 2022/23. For non-residential services, the number of filled posts rose by 5,000 (1%).⁴

In terms of job roles, registered managers saw the highest percentage increase in filled posts (1,700 or 7%) between 2021/22 and 2022/23 followed by senior care workers who saw a 3% or 3,100 increase in filled posts.

Since 2016/17, the number of filled posts in adult social care has increased by 66,000 (4%). The number of filled posts in domiciliary services increased at a faster rate between 2016/17 and 2022/23 (an increase of 46,000 and 7%) than filled posts in residential services.

From here on, the executive summary of this report will refer to the 1.52 million filled posts in the independent sector (84% of filled posts), local authorities (7% 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.⁵ The information in this report was taken from local authorities as of September 2022, from independent sector employers as of March 2023, and from direct payment recipients as of February 2023.

¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>

² <https://www.ons.gov.uk/economy/grossvalueaddedgva/datasets/nominalandrealregionalgrossvalueaddedbalancedbyindustry>

³ Monthly tracking data may be revised throughout the year as more data is submitted to ASC-WDS.

⁴ Full definitions of the terminology used in this report, including main service types, can be found in the Introduction, see 'Terminology used in this report' on page 27.

⁵ Adult social care-related filled posts 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.

International recruitment

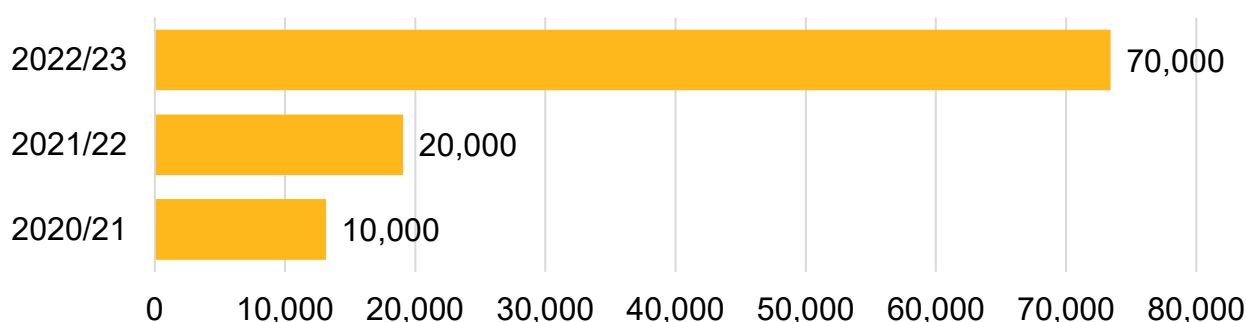
New immigration rules came into place in the UK on 1 January 2021. The new rules effectively meant that people could not come to the UK to take up care worker roles, though people could still arrive to take up some regulated professional roles. People could also arrive to take up senior care worker roles after this role was added to the Shortage Occupation List and Health and Care worker visa route in April 2021.



In February 2022, care workers were added to the Shortage Occupation List and the Health and Care worker visa route. This meant that providing workers met the salary threshold (£20,480 in 2022/23) and had a licenced sponsor, they could come to the UK to take up care worker roles.

Between March 2022 and March 2023, **an estimated 70,000 people started direct care providing roles in the independent sector having arrived in the UK during that period.** This is a substantial increase in international recruitment on previous years (20,000 in 2021/22 and 10,000 in 2020/21). Note that the figures include those arriving via the Health and Care Worker visa and other routes.

Estimated number of people starting direct care providing roles in the adult social care independent sector having arrived in the UK during each year



The number of international recruits during 2022/23 (70,000) was higher than the increase in the number of filled posts over the period (20,000). This difference is largely due to decreases in the number of British workers (-30,000) and workers with an EU nationality (-5,000) in the workforce. In addition, not all international recruits joining during 2022/23 were still in post at the end of the period.

Early indications from ASC-WDS, using unweighted information collected between April 2023 and August 2023, shows international recruitment continuing into 2023/24. An estimated 30,000-40,000 people arrived in the UK and started direct care providing roles in the independent sector during that period. This is more than during the same time period in 2022/23.

The demographics and employments characteristics of international recruits often differ from the wider workforce, and this is highlighted throughout the report. International recruitment has also played a part in the increase in the number of filled posts and decrease in vacant posts since 2022/23 (see Section 4.7 for more information).

Employment overview

In 2022/23 the majority (**88%**) of the workforce were **employed on permanent contracts**. Half of the workforce (52%) usually worked full-time hours and 48% were part-time.



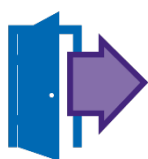
Around a fifth of the workforce were recorded as being employed **on a zero-hours contract** (22%, or 340,000 filled posts), including 32% of all care workers. This compares to 3.4% in the wider economy, according to the Labour Force Survey from January to March 2023.⁶

The proportion of care workers on a zero-hours contract has decreased by 1.7 percentage points since 2021/22. This is likely related to international recruitment as fewer of these posts are zero-hours contracts (see Section 4.7).

Domiciliary care services had the highest proportion of workers employed on zero-hours contracts (42%), especially among care workers (50%).

There were **33,000 registered nurse filled posts** in 2022/23. This is an increase of 2% from 2021/22 and the first increase in filled posts for this role in the reported period (since 2012/23). However, this is still 17,700 fewer filled posts than in 2012/13, a decrease of 35%.

Recruitment and retention



We estimate that the **staff turnover rate** of directly employed staff working in the adult social care sector was **28.3%** in 2022/23. This equates to approximately **390,000 people leaving their posts** over the course of the year.

Not all people leaving their posts leave the sector. **Around 59% of filled posts were recruited from other roles within the sector**.

The turnover rate, for all sectors, decreased from 28.9% in 2021/22 to 28.3% in 2022.23.

For independent sector establishments the turnover rate decreased from 31.7% in 2021/22 to 30.4% 2022/23. This decrease was influenced by an increase in international recruits.

⁶ Rate of people aged 16 and over on zero-hours contracts, January to March 2023.

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

Analysis of ASC-WDS has shown turnover rates decreasing for employers using international recruitment (see Section 4.7).

Care workers had a much higher turnover rate compared to other direct care roles at 35.6%; more than twice that of senior care workers at 15.3%. Senior care worker roles often have higher pay, guaranteed hours and have more training and qualification opportunities than care worker roles. These factors have been shown to be associated with better retention (see Section 8.1 – Factors affecting staff turnover rates).

Registered nurses also had a relatively high turnover rate at 32.6% compared to other regulated professions such as social workers (16.1%) and occupational therapists (14.1%). By comparison, registered nurses and health visitors in the NHS had a turnover rate of 10.9% as at March 2023.

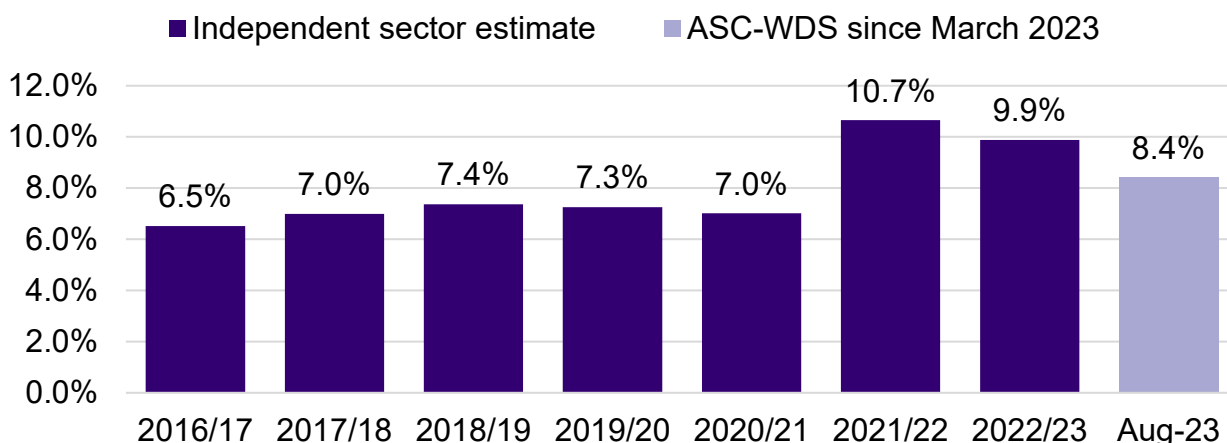
We estimate that, on average, **9.9% of posts in adult social care were vacant in 2022/23**, which is equivalent to **152,000 vacant posts being advertised on an average day**. This represents a decrease from a peak of 164,000 vacant posts in 2021/22. Adding care workers to the Shortage Occupation List in February 2022 has played a part in this change.



The number of vacant posts includes posts that are vacant in the short term due to recent or anticipated staff turnover, posts created by employers who want to expand and grow their businesses, as well as more persistent vacancies where the offer to potential staff is not sufficiently competitive in the local labour market.

Monthly tracking of data from the ASC-WDS (not weighted to represent the whole adult social care sector) has shown that the vacancy rate has continued to decrease since March 2023. Our monthly tracking data, up until the end of August 2023, has shown the vacancy rate decrease to around 8.4% in the independent sector. The rate is still higher than pre-pandemic levels (7.3% in 2019/20) following a peak of 10.7% in 2021/22.

Adult social care vacancy rate trend, independent sector



Our monthly tracking data has shown this decrease was more pronounced in residential services with rates decreasing by 1.7 percentage points between March 2023 and August 2023. Vacancy rates in care homes with and without nursing were below their pre-pandemic levels of 2019/20 (by 0.8 and 0.1 percentage points respectively).

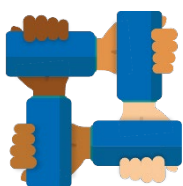
In comparison, for non-residential services the rate has decreased by 0.2 percentage points since March 2023 but is still 3.3 percentage points higher than its pre-pandemic level. Please note that monthly trends are not weighted to represent the whole sector so may not be precise, they do however give a good indication of the general trends.

The vacancy rate in adult social care was relatively high (9.9% in 2022/23) when compared to other sectors such as the NHS (8.0% as at March 2023) and the wider UK economy (3.4%, February-April 2023).

The workforce had an **average of 5.9 sickness days** taken annually per employee in 2022/23, equivalent to approximately **8.1 million days of work lost**. Across the wider economy of the UK, the Labour Force Survey showed an average of 5.7 sickness days per worker in 2022, and therefore similar to adult social care.

Workforce demographics

The adult social care workforce comprised of **81% of female workers**, compared to 47% of the economically active population. The adult social care workforce had previously been comprised of 82% female workers in each year since records began in 2012/13. This increase in male workers (up 15,000 since 2021/22) is related to international recruitment as a higher proportion of people recruited internationally were male (32% of internationally recruited care workers since 2022 were male, while only 14% of domestically recruited care workers were male).



Staff with a white ethnic background made up 74% of the adult social care workforce compared to 83% of the population of England. People with an Asian / Asian British ethnicity made up 9% of the workforce, and the population. People with a Black / African / Caribbean / Black British ethnicity made up 14% of the adult social care workforce compared to 4% of the population. London was the most diverse region (29% of the workforce with a white ethnic background).

Registered nurses remained one of the most diverse job roles, with only 56% of workers with a white ethnic background. Senior managers and occupational therapists were among the least ethnically diverse job roles (both reported 83% of workers with a white ethnic background).

Around 81% of the adult social care workforce were **British**, 6% (99,000 filled posts) had an EU nationality and 13% (192,000 filled posts) had a non-EU nationality. Therefore, on

average, the adult social care sector had a greater reliance on non-EU, rather than EU, workers.

As a result of recent international recruitment, the proportion of the workforce with non-EU nationalities increased by four percentage points in 2022/23, whereas the proportion of EU workers remained the same as it was in 2021/22. The majority of recent international recruits were from non-EU countries with India, Nigeria and Zimbabwe being the most common countries of birth.

Hourly and annual pay rates

For the purposes of this report, the National Living Wage (NLW) of £9.50 per hour is referenced to match the period in which the data was collected. In April 2023, after the data in this report was analysed, the National Living Wage increased to £10.42.

Nominal pay for regulated professions continued to increase. Registered nurses in the independent sector saw a nominal pay increase from £35,100 in 2021/22 to £37,000 in 2022/23, an increase of 5.4% in a year.



In real terms (taking inflation into account), the pay of registered nurses has decreased in 2021/22 and 2022/23 by 4.1%. Since 2016/17 however, registered nurses' real term pay has increased by 6.9%. The staff turnover rate remains relatively high for people in registered nurse roles (32.6%) though it has fallen from 44.1% in 2021/22.

Social workers' annual pay saw a nominal increase between 2021/22 and 2022/23, from £38,000 to £39,100 (2.9%). This increase, however, has not outweighed recent inflation and therefore social worker pay, in real terms, is 6.7% less in 2022/23 than it was in 2016/17.

Care worker pay has increased at a faster rate since the introduction of the NLW. In April 2022, the NLW rose from £8.91 to £9.50 (6.6% in nominal terms). This increase contributed to a 6.4% increase in the median nominal care worker hourly rate from March 2022 to March 2023. This was the highest increase over the recorded period; previously the highest was the 6.0% increase between March 2020 and March 2021.

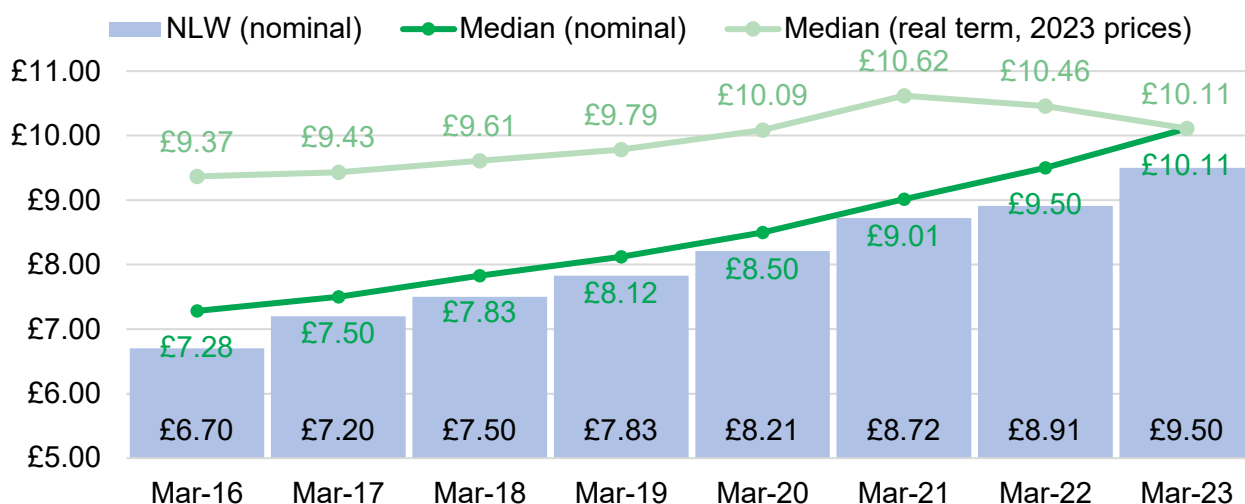
The chart below shows, however, that the median hourly rate decreased, in real terms, by 3.3% between March 2022 and March 2023. This compares to an average increase of 1.1% per year since March 2016. This decrease was driven by the high cost of living in 2021/22 and 2022/23 with inflation rising to 10.1% in the 12 months to March 2023.⁷



7

<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/may2023#consumer-price-inflation-rates>

Care worker nominal and real-term median hourly rate trend (independent sector only), 2016 to 2023



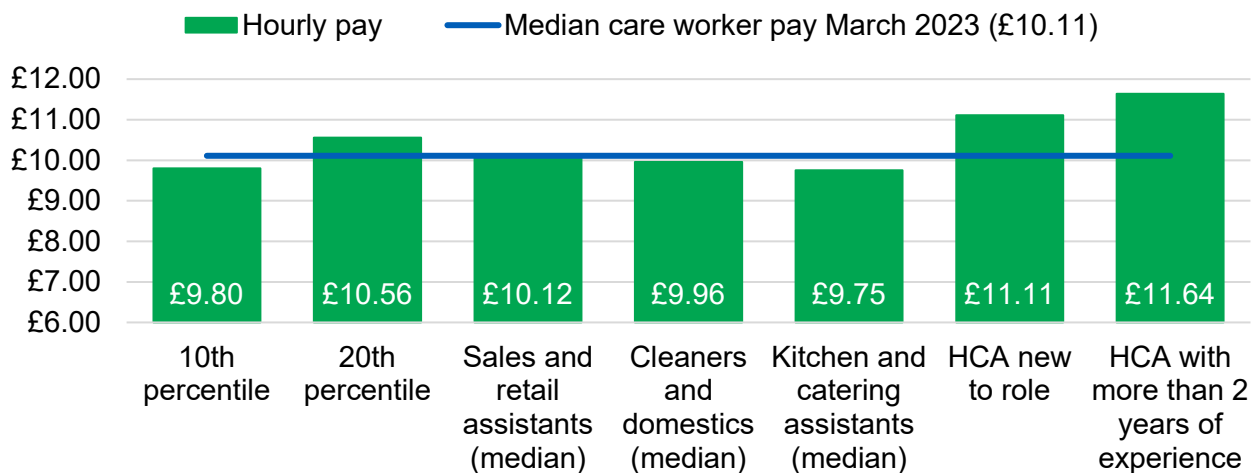
Pay at the lower end of the pay scale has risen at a faster pace than it has at the top due to the National Living Wage. In terms of earnings, the **top 10% (90th percentile) of care workers received a 34.0% pay increase** between March 2016 and March 2023.

Comparatively, the **bottom 10% (10th percentile) received a 41.8% pay increase** in the same period.

The increasing NLW also creates some challenges. The wage bill for many employers will increase, with 55% of independent sector care workers in March 2023 being paid below the April 2023 rate. There are also challenges in terms of 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 six pence (0.6%) more per hour than care workers with less than one year of experience. In March 2016, care workers with five or more years of experience in the sector could expect an hourly rate which was 33 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of 4.4%.

Care worker pay rates are among the lowest in the economy. Care worker median pay (£10.11) is below the rate for the 20th percentile of £10.56 (80% of all jobs in England 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, but it is still 15 pence higher than cleaners and domestics, and 36 pence higher than kitchen and catering assistants.

Median care worker pay compared to other job roles, 2022/23



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.



Two thirds (65%) 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 those direct care workers in domiciliary care services (74%).

Just under half (48%) of direct care providing staff held a relevant adult social care qualification. Around 42% of care workers held a relevant adult social care qualification at Level 2 or above and 72% of senior care workers.

Of those direct care providing workers that did not hold a relevant social care qualification, 61% had engaged with the Care Certificate and 71% had completed training relevant to their role. Some employers rate values and behaviours that are well-suited to the care profession as being of high importance, often more so than formal qualifications. Workers without formal qualifications may continue to add value to the adult social care sector because of their training and experience.

Of all workers with training recorded, the most popular areas were 'Moving and handling' (77%), 'Safeguarding adults' (75%), and 'Infection Control' (69%).



Around 28,700 people started a social care apprenticeship in 2021/22, the most recent academic year that data is available for. This was 15% less than in the previous year, and around 71% 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 8% in 2021/22.

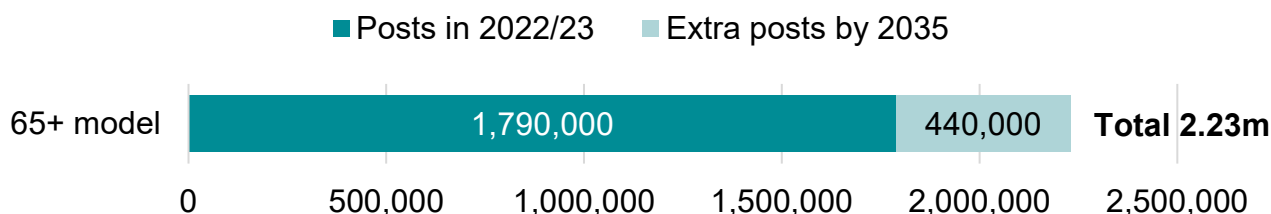
Workforce projections



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 projections 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 2022/23 and 2035, **an increase of 25% (440,000 extra new 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 do not account for any political, economic, technological, or sociological factors that could have an impact on the size of the workforce in the future.

Factors affecting staff turnover and CQC ratings

Factors affecting staff turnover

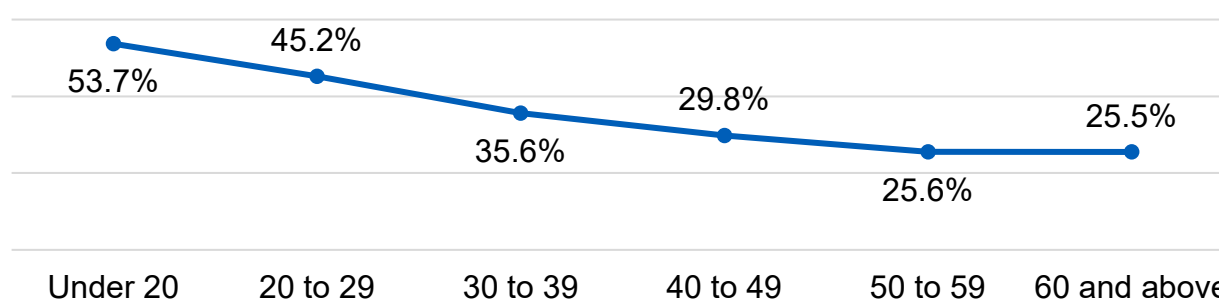
Using ASC-WDS information, we created machine learning models to assess which variables influenced adult social care workers' propensity to leave their posts. From this, key variables were identified that could be compared to turnover rates. The information below shows the relationship between these key variables and turnover between March 2022 and March 2023.

Please note that these figures are not directly comparable to those produced for previous versions of this publication due to advances in the methodology used.

A large proportion of staff turnover arose from workers leaving their posts soon after joining. Care workers with less than one year of experience in role had a much higher turnover rate (45.9%) than those with 20 years or more (14.0%).

The sector has a problem retaining younger staff. Turnover rates amongst those under 20 was 53.7%. 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 social care roles as a stopgap whilst pursuing education, additional training, or working whilst they consider pursuing a career of their choice.

Care worker turnover rate by age bands



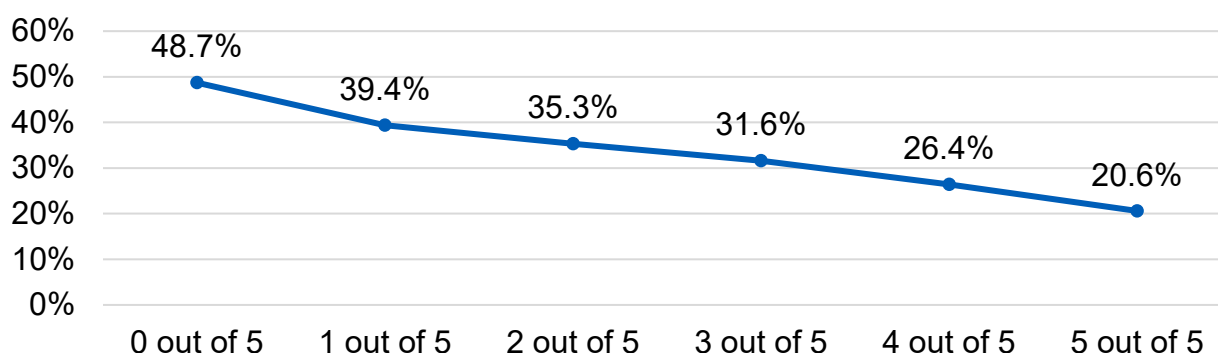
- **Workers were more likely to leave if they were employed on zero-hours contracts** (38.2% turnover rate), compared to those contracted more than 35 hours (30.1%).
- **Turnover rates were higher if the registered manager was new to their role.** The turnover rate of establishments where the registered manager had been in post for less than two years was 31.5%, which was higher than for those establishments with a registered manager in post for 20 years or more (24.3%).
- **Care workers paid above the minimum rate were less likely to leave their roles.** Those paid more than £10 per hour, in March 2022 had a 5.6 percentage point lower turnover rate than those paid around the NLW (£8.91 at that time).
- **Care workers who received regular training were less likely to leave their roles** than those who didn't. There was a 31.6% turnover rate for those workers with training recorded compared to 40.6% for those who did not have training recorded.
- **Care workers with social care qualifications were also less likely to leave their roles** (37% turnover rate for those with no relevant qualification, compared to 26.5% of those that did have a qualification).
- **Care workers recruited internationally were less likely to leave than people recruited domestically.** Internationally recruited care workers had a 16.5% turnover in

the reporting period, compared to 30.7% of domestically recruited workers. Note that this was tracked over a seven-month period (December 2022 to July 2023).

In addition to these areas, it has been found that multiple simultaneous factors can affect a worker's decision to leave their role. **Care workers in a role with several positive employment factors were more likely to remain in post than care workers in a post that did not.** Five of the variables which affect turnover were analysed to observe their combined effect. These variables were: pay above £9.50, not being on a zero-hours contract, receiving training, having a qualification relevant to social care, and working full-time.

Workers scoring favorably on all five metrics had a turnover rate of **20.6%** compared to a turnover rate of **48.7%** for workers without any of these positive employment factors.

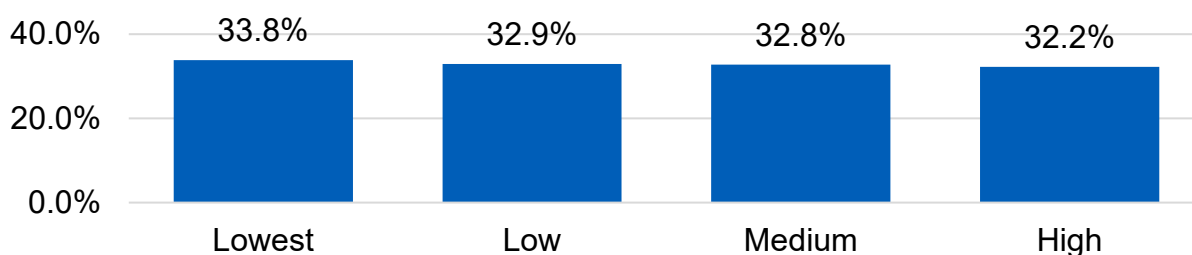
Care worker turnover by number of positive employment factors



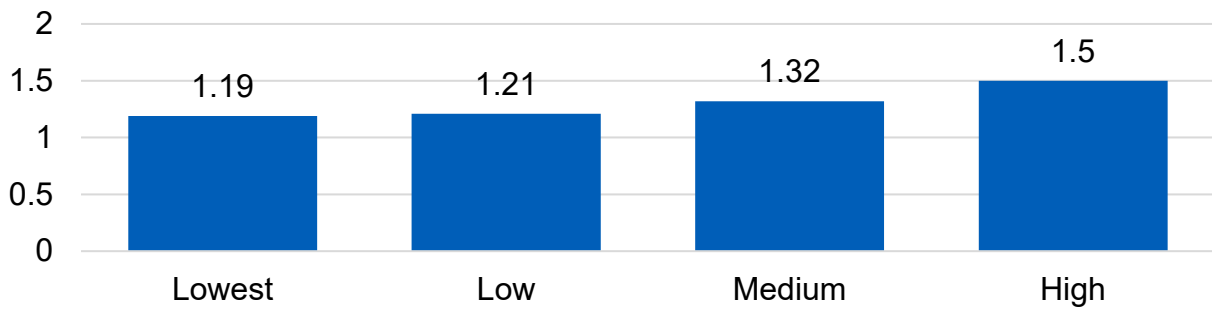
Factors affecting CQC scores

In 2022, Skills for Care also 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 CQC scores had more issues retaining staff (an average turnover rate of 33.8%), compared to those with the highest scores which had an average turnover of 32.2%.



- **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 a median hourly rate of £10.00 compared to £10.45 with the highest score.
- **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 with the registered manager in post, the higher the CQC score was on average. As with turnover rates, this points towards the importance of stable management in delivering a high-quality service.

Introduction

It's crucial that the adult social care sector has clear, robust workforce intelligence about its size and shape; this will help to reinforce its position as a major part of the economy. High-quality information about the workforce is vital in helping to 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), 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, we are working on 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 is evolving as we deliver our strategy, to reflect data and insight, feedback and the changing landscape.

Supporting workforce capabilities



to ensure people working in care have the right skills, knowledge, competencies, values and behaviours to meet current and future needs in our communities. We do this by defining the knowledge, skills and capabilities needed now and in the future, reviewing learning and development to fill the gaps, helping care providers and their staff to access training, and ensuring there is a vibrant learning market.

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. We do this by using evidence to identify the issues - developing frameworks, training, resources and encouraging communities to improve equality, diversity and inclusion.

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. We do this by using our data and insight to identify the issues and help policymakers to understand them, developing best practice solutions and getting them out to the sector through our networks, and promoting careers in social care.

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. We do this by gathering and analysing workforce intelligence data through our Adult Social Care Workforce Data Set, using our intelligence and insight from the sector to support local and national partners in strategy and policy development, and supporting social care within Integrated Care Boards.

For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, visit [skillsforcare.org.uk/Our-strategy](https://www.skillsforcare.org.uk/Our-strategy). For further information about Skills for Care, please see our website.⁸

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. Prior to 2019 it was known as the National Minimum Data Set for Social Care (NMDS-SC) service, which had been collecting information about social care providers and their staff since 2006.

The data collected in the ASC-WDS is 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 17 years.

⁸ www.skillsforcare.org.uk

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. There are currently, in September 2023, 20,900 care providers using the ASC-WDS service and supplying workforce information.

For more information, please visit the ASC-WDS.⁹ For information about how workforce intelligence is used in the adult social care sector, 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.¹⁰

ASC-WDS coverage of the adult social care sector

The independent sector information in this report was collected between April 2022 and March 2023, and local authority information dates from September 2022.

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 2022/23 (including filled posts and staff vacant posts). The number of filled posts was estimated at 1.635 million and the number of vacant posts was 152,000. Around 1.52 million of these filled posts were employed by local authorities and independent sector employers, along with posts working for direct payment recipients.

As at March 2023 just under half of the CQC-regulated workforce were recorded in the ASC-WDS (49%). This coverage varies by care sector, 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. Since 2012 there has been nearly complete coverage from all local authorities, meaning the criteria of a full ASC-WDS return for people working in adult social services departments was met.¹¹

Independent sector

⁹ <https://www.skillsforcare.org/Adult-Social-Care-Workforce-Data/Adult-Social-Care-Workforce-Data-Set/Adult-Social-Care-Workforce-Data-Set.aspx>

¹⁰ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/about-us/Our-Values.aspx>

¹¹ Complete coverage across all local authorities until 2021. In 2022 all local authorities completed an ASC-WDS submission apart from Salford. Workforce estimates have been made for Salford local authority in 2022.

Skills for Care estimates that there were 39,000 care establishments providing, or involved in organising, adult social care in England in 2022/23. In March 2023, there were around 27,000 CQC-regulated locations in the independent sector, and the ASC-WDS held data for 49% of them (13,400 out of 27,000).

These CQC-regulated establishments had completed around 456,500 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, see the 'Quality' section of Our Values webpage.¹²

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.

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.¹³

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

¹³ www.skillsforcare.org.uk/workforceestimates

In this report, independent sector information is derived from the ASC-WDS as at March 2023 and local authority information is correct as at September 2022. 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 2023.

Throughout this report, charts and tables will display rounded whole numbers and percentages. Therefore, it should be noted that charts and tables may not always total to 100%.

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.

In 2022/23 the ASC-WDS collected information on 29 job roles. These were 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 officers’ 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.

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.

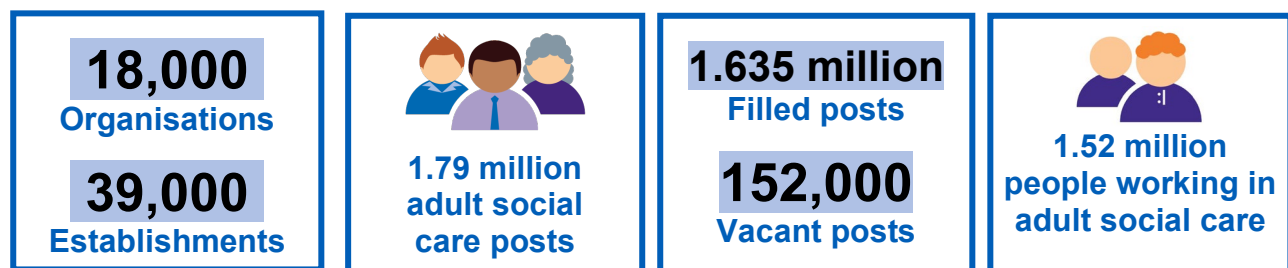
Size and structure

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’ report¹⁴ and interactive data visualisation.¹⁵

Overview of the size and structure of the adult social care sector and workforce in England, as at 2022/23

- An estimated **18,000** organisations were involved in providing or organising adult social care in England as at 2022/23. 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 vacant posts) was **1.79 million** as at 2022/23 (this was 0.5% higher than in 2021/22).
- The number of filled posts was estimated at **1.635 million** and the number of vacant posts was **152,000**.
- The number of filled posts has increased by around 1% (20,000 posts) between 2021/22 and 2022/23.
- Over the same period the number of vacant posts has decreased (by 11,000 or 7%).
- The number of full-time equivalent (FTE) filled posts was estimated at **1.19 million** and the number of people working in adult social care was estimated at **1.52 million**.



1.1. Introduction

Understanding the size and structure of adult social care, in terms of employers and filled posts, 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 decade. 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

¹⁴ www.skillsforcare.org.uk/sizeandstructurereport

¹⁵ www.skillsforcare.org.uk/sizeandstructure

about direct payment recipients, estimates of the number of adult social care 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 2022/23 was estimated at **18,000**.

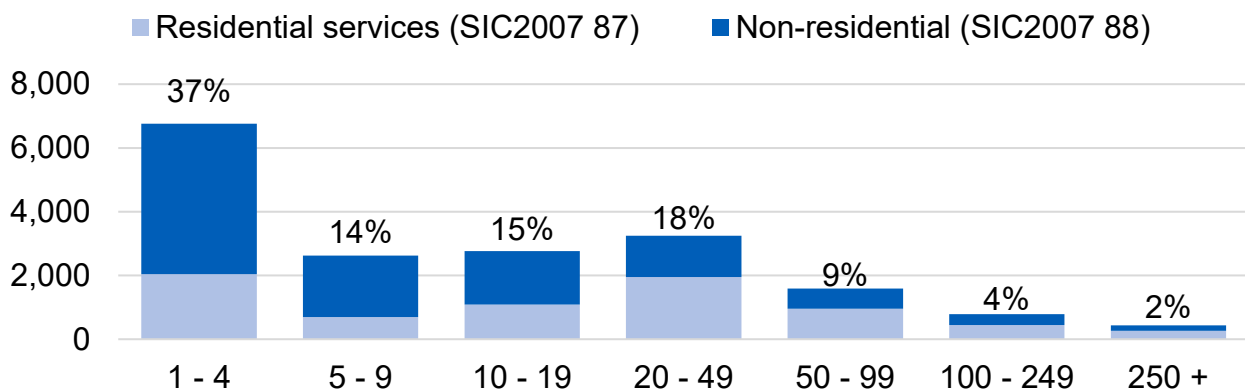
The definition of organisations includes large national employers, large charities, local authority adult social services departments and small independent care services. For example, a large company running multiple care homes would count once in these figures. This estimate doesn't include individuals 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 (41%) adult social care organisations were providing residential services and three in five (59%) were providing non-residential services.

Chart 1 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 (47%) of the total adult social care workforce as at 2022/23.

Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2022/23

Source: Skills for Care estimates based on ONS IDBR data



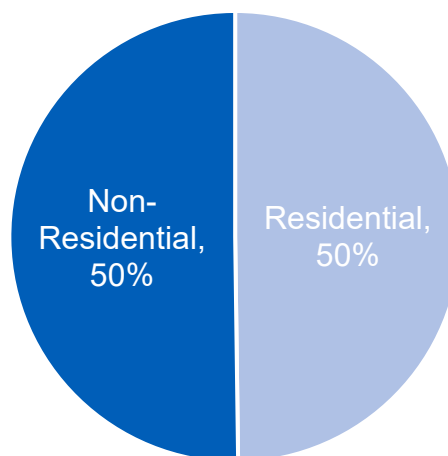
1.3. Number of adult social care establishments

- An estimated **39,000** establishments were involved in providing or organising adult social care in England as at 2022/23.

The definition of ‘establishments’ used in this section includes all local units of employment, as opposed to only the whole organisations which were counted in the previous section. For example, each individual care home within a large care providing organisation will have been counted in this section, whereas only the care providing organisation as a whole was counted in the previous section. Chart 2 shows that 50% of adult social care establishments were providing residential services, and 50% were providing non-residential services.

Chart 2. Estimated proportion of adult social care establishments in England, by service type, 2022/23

Source: Skills for Care estimates based on ONS IDBR data



Over two thirds of establishments (71%) were regulated by the Care Quality Commission (CQC). Chart 3 shows the change in the number of CQC-regulated adult social care establishments by service type.¹⁶ It illustrates how there’s been an overall increase of around 2,600 establishments (an increase of 10.2%) between 2016/17 and 2022/23. Between 2021/22 and 2022/23 there was an increase of 2.8%.

The chart reveals that the number of non-residential CQC-regulated establishments increased by 4,100 over the period (an increase of 46.7%), whereas the number of residential CQC-regulated establishments decreased by 1,500 establishments (a decrease

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

of 9.2%). The reasons behind this shift may be related to the Government's policy of promoting independence for people who have care and support needs.

Chart 3. Number of CQC-regulated adult social care establishments, 2016/17 to 2022/23

Source: Skills for Care estimates and CQC data

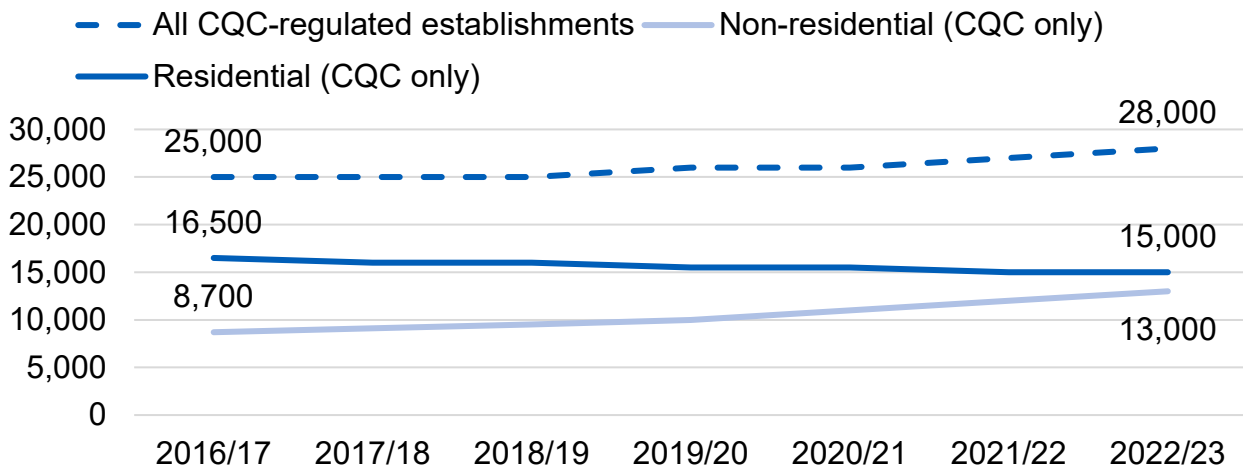
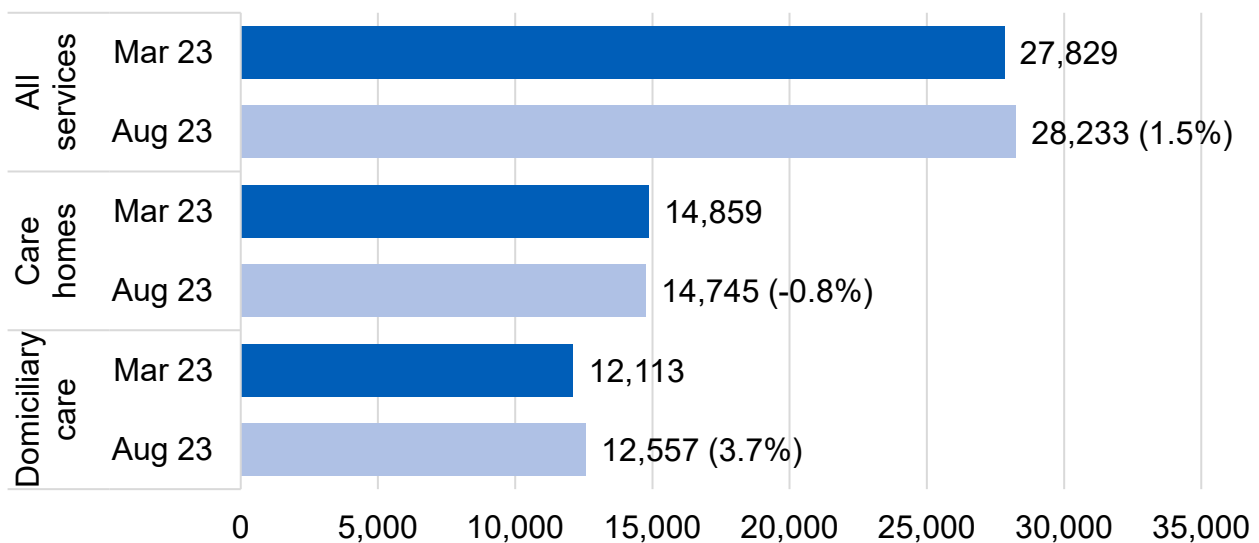


Chart 4 shows the number of adult social care locations regulated by CQC across England and the percentage change between March 2023 and August 2023. This data was taken from the CQC register in each period. The overall increase in establishments was 1.5% over the period, from 27,829 to 28,233. In domiciliary care services there was a 3.7% increase in CQC locations whereas in care homes there was a 0.8% decrease in locations.

Chart 4. Change in the overall number of CQC locations since March 2023

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



Skills for Care has created monthly tracking information, which shows the number of CQC-regulated locations each month.¹⁷

1.4. Economic contribution

The adult social care sector was estimated to contribute £55.7 billion gross value added (GVA) per annum to the economy in England (up 8.5% from 2021/22). The total wage bill of the sector, calculated using ASC-WDS information, accounted for around half of this amount at £26.6 billion in 2022/23 (up 8.2% from 2021/22). 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).

In comparison, this was more than the 'Accommodation and food service activities' industry according to data collected by the ONS (£41.8 billion in 2021).¹⁸

Chart 5. Adult social care wage bill and GVA between 2016/17 and 2022/23 (£ billion)

Source: Skills for Care estimates

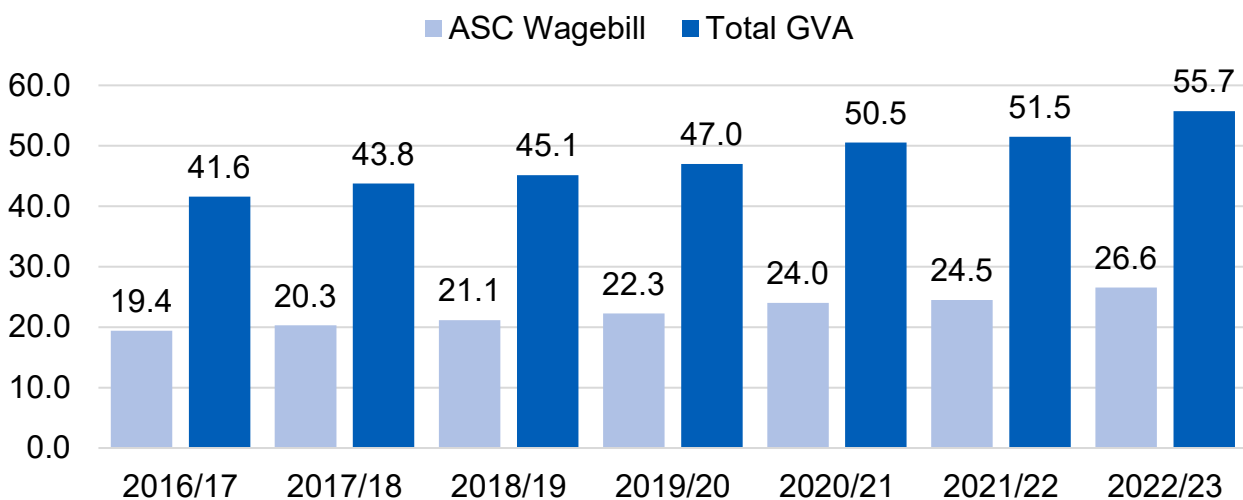


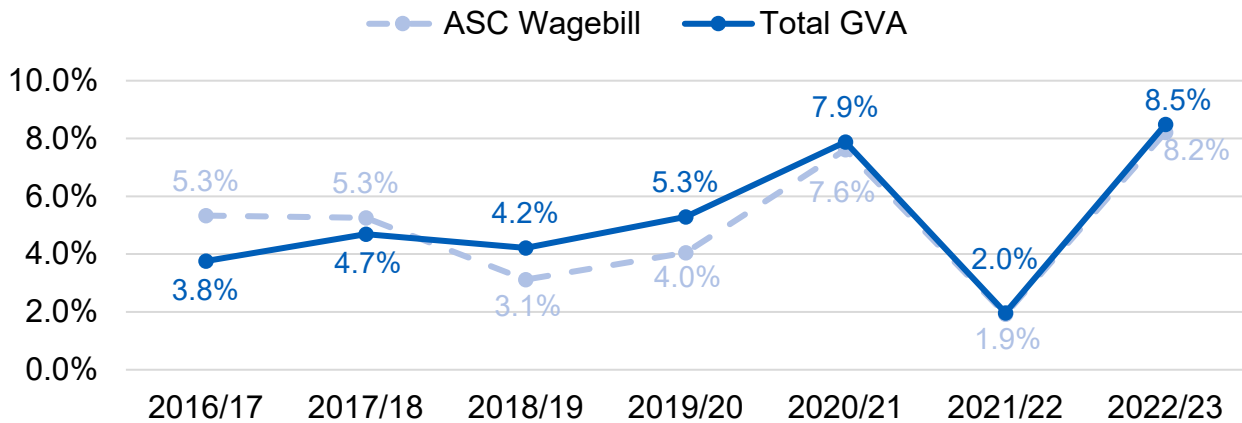
Chart 6 below shows the year-on-year percentage change in wage bill and GVA between 2016/17 and 2022/23. Between 2021/22 and 2022/23 saw the biggest increase in both wage bill (8.5%) and GVA (8.2%). This increase was driven by the increase in pay in 2022/23 (see Chapter 5 - Pay) and the increase in filled posts.

¹⁷ www.skillsforcare.org.uk/Monthlytracking

¹⁸ <https://www.ons.gov.uk/economy/grossvalueaddedgva/datasets/nominalandrealregionalgrossvalueaddedbyindustry>

Chart 6. Change in adult social care wage bill and GVA between 2016/17 and 2022/23

Source: Skills for Care estimates



Skills for Care's 2021 report¹⁹ "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 values.

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 215,000 adults, older people and carers were receiving direct payments as at 2021/22.²⁰ We estimate that around 69,000 (32%) of these direct payment recipients were directly employing their own staff in 2022/23.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014/15 and 2022/23. 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 130,000 filled posts working for direct payment recipients in 2022/23.

¹⁹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>

²⁰ NHS Digital - Adult social care activity and finance report, England 2021-22
<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>

- PAs held an average of 1.29 PA posts each, meaning that around 100,000 people were carrying out 130,000 filled posts in 2022/23.

‘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, 2023’ report.²¹

1.6. The adult social care workforce

- The total number of posts in adult social care in England (including filled posts and vacant posts) was **1.79 million** as at 2022/23 (this was 0.5% higher than in 2021/22).
- The number of filled posts was estimated at **1.635 million** and the number of vacant posts was 152,000. See chapter three for more details.
- The number of filled posts increased by around 1% (20,000 filled posts) between 2021/22 and 2022/23.
- Over the same period the number of vacant posts decreased (by 11,000 or 7%).
- The number of full-time equivalent (FTE) filled posts was estimated at 1.19 million and the number of people working in adult social care was estimated at 1.52 million.

We use data collected by the ASC-WDS to create workforce models which, in turn, allow for estimates of the whole adult social care workforce, and for workforce characteristics to be produced. For a methodology of how these estimates are produced, visit our website.²²

1.6.1. Sector/type of employer

Chart 7 shows that over three quarters (78%) 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 8% of all filled posts.

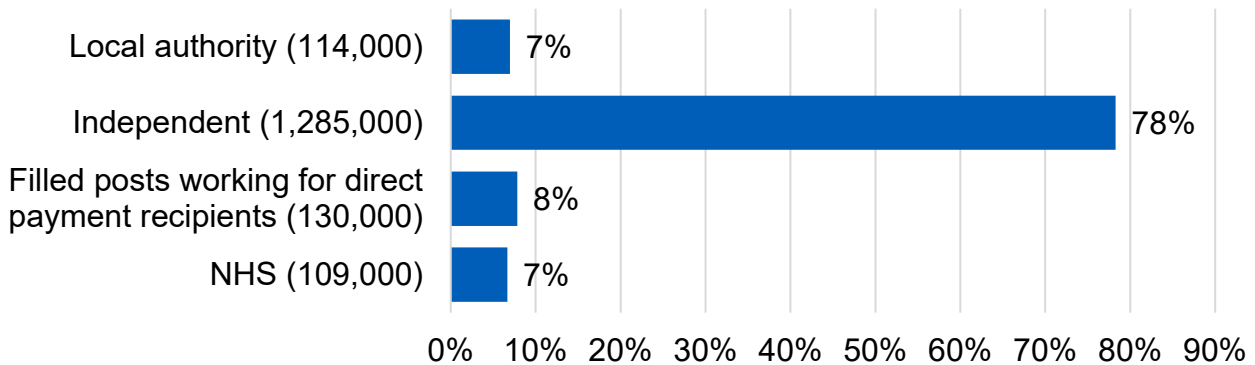
Since 2016/17, the distribution by type of employer has remained similar.

²¹ www.skillsforcare.org.uk/IEPAreport

²² www.skillsforcare.org.uk/weightingmethodology

Chart 7. Estimated number of adult social care filled posts by employer type in England, 2022/23

Source: Skills for Care estimates



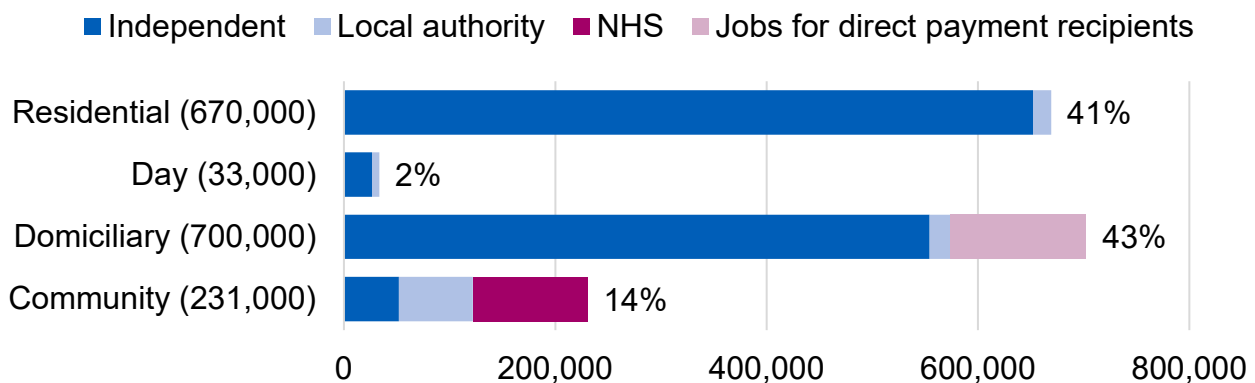
Filled posts working for independent sector employers could not be accurately split into 'private' and 'voluntary' as this information is not reported by the Care Quality Commission (CQC). Estimates from the ASC-WDS suggest that approximately 73% (940,000) of the filled posts working for independent sector employers were in private sector establishments (around 58% of all posts), and 27% (340,000) were filled posts in voluntary/charity sector establishments (around 21% of all posts).

1.6.2. Main care service

Chart 8 shows a breakdown of adult social care filled posts by main service group. It illustrates that most filled posts were split between residential (41%) and domiciliary employers (43%), 2% of filled posts were in day care services, and 14% were community-based. The chart also shows the breakdown by type of employer.

Chart 8. Adult social care workforce estimates by employing care service and type of employer, 2022/23

Source: Skills for Care estimates



The majority of filled posts employed by residential services were within CQC-regulated care only homes (305,000 filled posts) and CQC-regulated care homes with nursing (275,000 filled posts), as well as 7,900 filled posts in Shared Lives services²³. There were also around 80,000 filled posts for non-CQC-regulated residential services, e.g., residential mental health services.

For information about care homes with nursing, without nursing, and for domiciliary care services, see our service summaries.²⁴ 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, 2023' data visualisation and report.²⁵

1.6.3. Job role groups

Table 1 shows that three quarters of adult social care filled posts were direct care providing roles (76%). 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, 2022/23

Source: Skills for Care estimates

Job role group	Total filled posts	Percentage of posts
All job roles	1,635,000	
Direct care	1,235,000	76%
Managerial	113,000	7%
Regulated professional	81,000	5%
Other	206,000	13%

1.6.4. Individual job roles

Chart 9 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).

²³ 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/>

²⁴ www.skillsforcare.org.uk/stateof

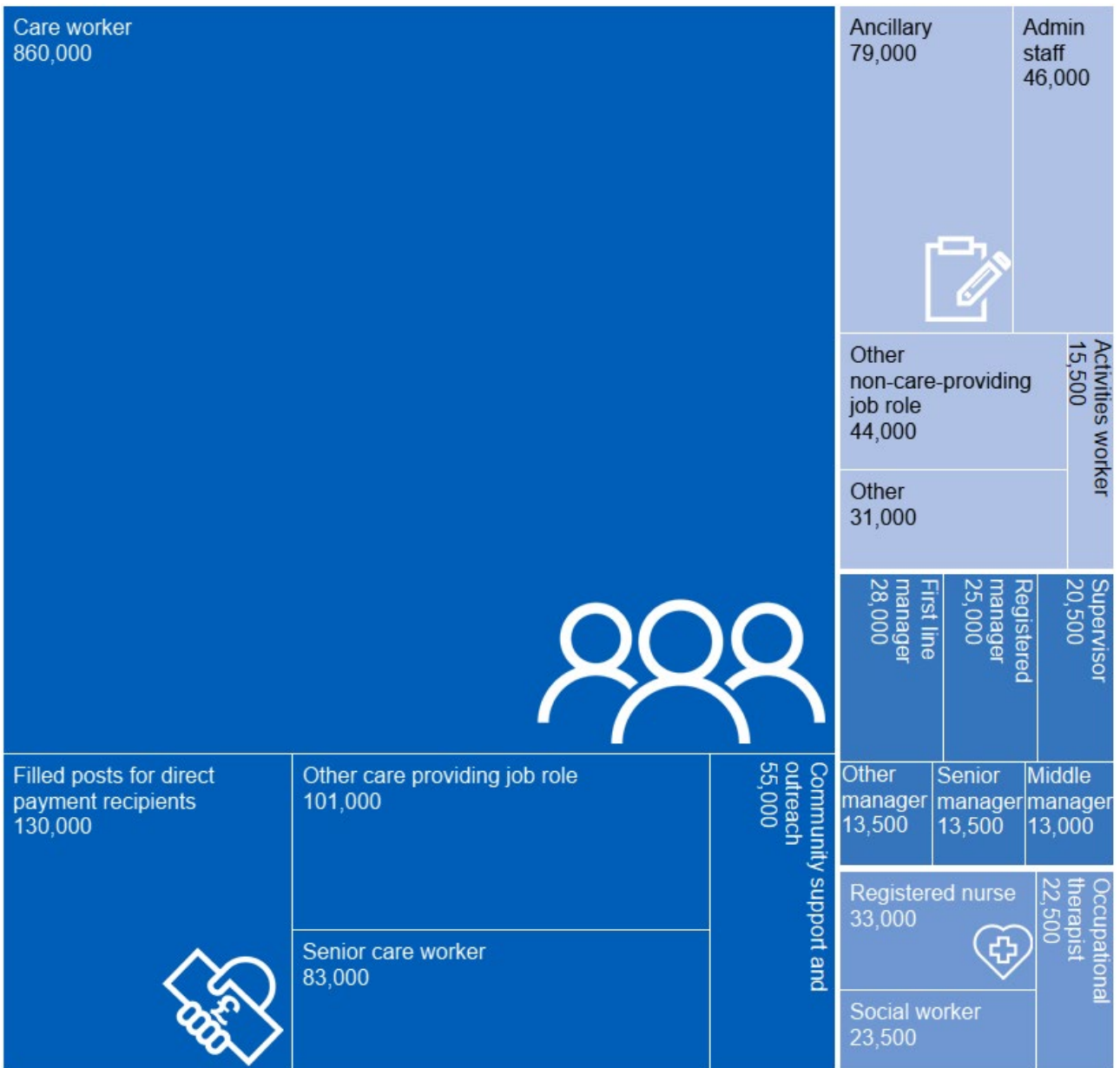
²⁵ www.skillsforcare.org.uk/sizeandstructure

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 2022/23. Care workers accounted for over half (53%) of all filled posts in the adult social care sector.

Chart 9 also shows that personal assistants (130,000) were the second most common job role, and 'Ancillary' posts were the third most common (79,000).

Chart 9. Estimated number of adult social care filled posts by individual job roles

Source: Skills for Care estimates



* 'Other' includes 12 job roles which were estimated to include fewer than 11,000 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 2022/23, there were an estimated 33,000 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 1,700 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, see Section 1.9.1.

Occupational therapists



There were 3,800 occupational therapist filled posts working in adult social care (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 2022/23, 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 2,200 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 webpage²⁶ 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

²⁶ <https://www.skillsforcare.org.uk/Regulated-professions/Regulated-professions.aspx>

a person-centred culture that delivers great, high-quality care – and that their staff are supported, recognised and valued. There are around 27,800 CQC-regulated establishments or care providing locations in adult social care in England. In 2022/23 there were around 25,000 registered managers in post. The registered manager vacancy rate was 10.6%, equivalent to an average of 2,900 in 2022/23. Please see Chart 17 for more details.

The Workforce Intelligence website has a dedicated report page showing registered manager workforce information via an interactive data visualisation.²⁷ This enables you to see and better understand this job role by looking at the workforce characteristics and key metrics, such as turnover and vacancy rates.

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. These include information to support managers preparing for, or responding to, CQC inspection. More information about how to become a member of our community of registered managers, [visit our website](#).

Deputy managers

Deputy managers play an important role in the adult social care sector by supporting the registered manager of the service. With 7,900 registered managers (32%) reaching retirement age 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. The deputy manager role was added as a job role to the ASC-WDS in August 2023.

Skills for Care offers regional deputy manager networks²⁸ to help deputies meet the challenges they face in their day-to-day work. For more information and to [find a local network](#), visit our website.

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 2022/23 was estimated at 1.19 million.

²⁷ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Registered-managers.aspx>

²⁸

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 one ‘full-time equivalent’ post²⁹.

Table 2 shows the total number of filled posts and the number of FTE filled posts by employer type. It shows that, as at 2022/23, there were an estimated 1.19 million FTE adult social care filled posts. This estimate was considerably smaller than the total number of filled posts (1.635 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 (8%).

Table 2. Estimated adult social care filled posts and FTE filled posts in England, 2022/23

Source: Skills for Care estimates

Employer type	Filled posts	Percentage of filled posts	FTE filled posts	Percentage of FTE filled posts
Total	1,635,000		1,190,000	
Local authority	113,900	7%	93,900	8%
Independent	1,285,000	78%	945,000	79%
Direct payment recipients	130,000	8%	59,000	5%
NHS	109,000	7%	95,000	8%

1.8. Number of people

- The number of people working in adult social care in England as at 2022/23 was estimated at **1.52 million**.

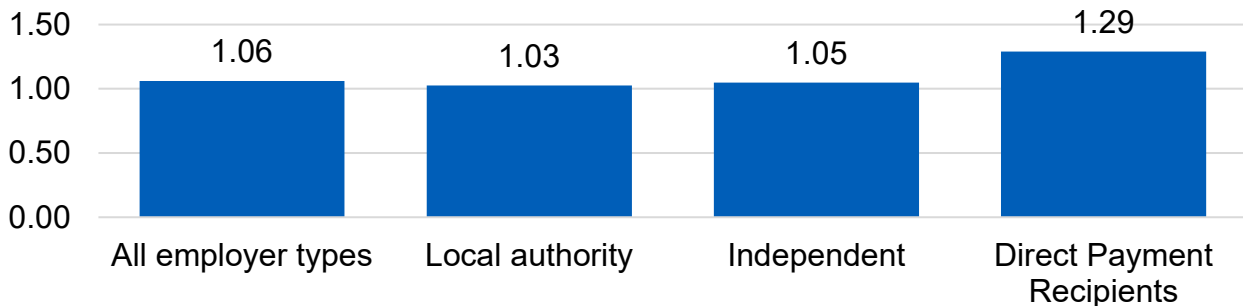
This section distinguishes between the number of filled posts and the number of people doing those filled posts. The purpose of this analysis is to take into account those people doing more than one job in adult social care.

Chart 10 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 (106 filled posts per 100 people). This is likely due to the part-time nature of many of these roles.

²⁹ On average, full-time hours in adult social care is 37-37.5 hours per week.

Chart 10. Estimated number of adult social care filled posts per person by type of employer, 2022/23

Source: Skills for Care estimates



According to the Labour Force Survey (LFS), England had an economically active population of 28.9 million people in 2022/23. Therefore, because the adult social care sector employed an estimated 1.52 million people, it's estimated that 5.3% of the economically active population worked within adult social care.

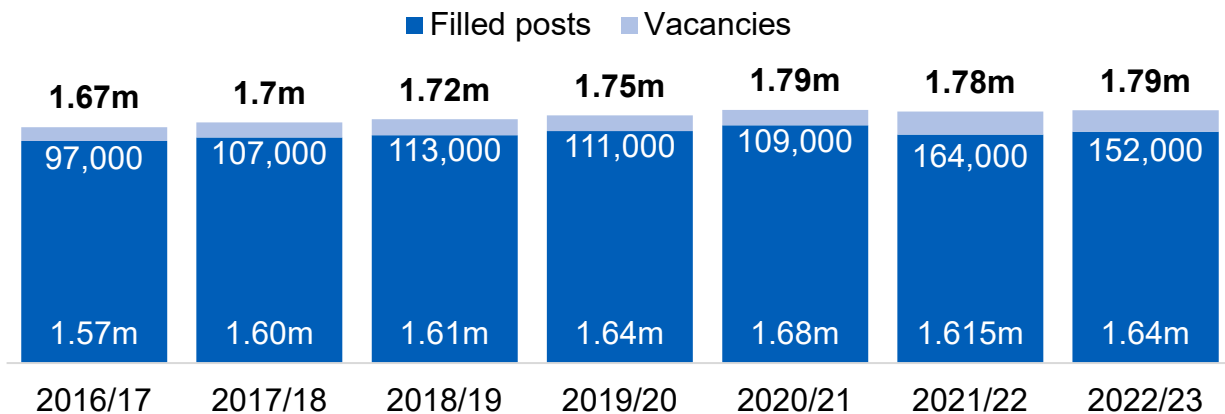
1.9. Trends in the number of posts and filled posts

- The total number of posts in adult social care in England (including filled posts and vacant posts) was **1.79 million** as at 2022/23 (this was 0.5% higher than in 2021/22).
- The number of filled posts was estimated at **1.635 million** and the number of vacant posts was 152,000.
- The number of filled posts has increased by around 1% (20,000) between 2021/22 and 2022/23.
- Over the same period the number of vacant posts has decreased (by 11,000 or 7%).
- This trend continued between March 2023 and August 2023 for independent sector employers, monthly tracking data³⁰ (not weighted to represent the whole sector) from ASC-WDS has shown the number of filled posts increase by a further 1.9 percentage points and the vacancy rate decrease by 1.5 percentage points.
- The number of filled posts in 2022/23 was still below its pre-pandemic peak in 2020/21 (by around 45,000 filled posts).

³⁰ Monthly tracking data may be revised throughout the year as more data is submitted to ASC-WDS.

Chart 11. Estimated number of adult social care posts (including filled posts and vacant posts) and percentage change, in England, 2016/17 to 2022/23

Source: Skills for Care estimates



Changes between 2021/22 and 2022/23

- For independent sector care homes, the number of filled posts increased by 3% (16,000).
- In independent sector domiciliary care services, the number of filled posts increased by 2% (10,000).
- There was a small drop in the number of personal assistants and posts employed by Local Authorities.
- In terms of job roles, registered managers saw the highest percentage increase in filled posts (1,700 or 7%) between 2021/22 and 2022/23 followed by senior care workers who saw a 3% or 3,100 increase in filled posts.

Longer term trends (since 2016/17)

- Since 2016/17, the demand for social care staff has increased substantially. The **total number of posts** in adult social care has increased by 120,000 (7%).
- Since 2016/17, the **number of filled posts** in adult social care has increased by 66,000 (4%) with the number of vacant posts also increasing by around 55,000.
- Over the same period, the number of filled posts within the local authority sector has remained similar (1,100 increase) whereas the independent sector has increased by around 62,000 filled posts (5%).
- The number of filled posts in domiciliary services increased at a faster rate between 2016/17 and 2022/23 (an increase of 46,000 and 7%) than filled posts in residential services.
- Filled posts in residential services are now at a similar level to 2016/17 after increasing by 3% in 2022/23.
- Registered nurses were one of the only job roles in adult social care to see a significant decrease over the period (down 6,500 filled posts or 16% since 2016/17). However,

between 2021/22 and 2022/23 they saw a 2% increase or 550 filled posts. For more information see Section 1.9.1.

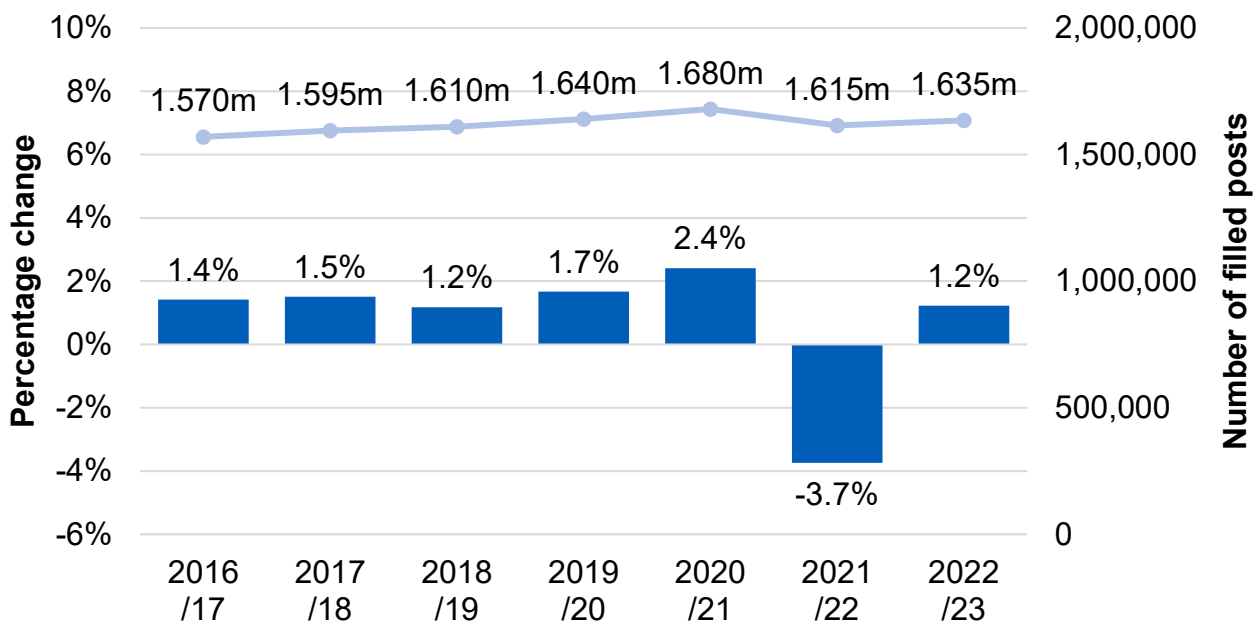
- Social workers saw a significant increase in filled posts over the period (up 3,900 filled posts or 20%) since 2016/17.

Chart 12 shows that the number of filled posts had been increasing between 2016/17 and 2020/21 at an average rate of 1.6% per year, and by a total of around 66,000 filled posts. In 2021/22, the number of filled posts decreased by 3.7%, equivalent to a decrease of around 65,000 posts. as the economy opened back up following the pandemic. Between 2021/22 and 2022/23 filled posts increased by 1% or 20,000 posts.

This upward trend continued between March 2023 and August 2023 for independent sector, monthly tracking data (not weighted to represent the whole sector) from ASC-WDS has shown the number of filled posts increase by a further 1.9 percentage points during this period.

Chart 12. Estimated number of adult social care filled posts and percentage change in the number of filled posts in England, 2016/17-2022/23

Source: Skills for Care estimates



1.9.1. Trends in the number of registered nurse filled posts

The number of registered nurse filled posts decreased between 2016/17 and 2022/23 (from 40,000 to 33,000). This could be related to recruitment and retention problems for registered nurses, with a vacancy rate of 11.3% or 3,600 vacant posts which is relatively high compared to a rate of 7.7% in 2016/17) (see Chapter 3 –Recruitment and retention).

Despite the overall decrease in filled posts since 2016/17, in 2022/23 the number of registered nurse filled posts increased over the reported period, an increase of 2%, or 500 filled posts.

Registered nurses 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 11.3% (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.³¹

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.³²

In addition to registered nurses, in 2022/23 there were 750 registered nursing associate filled posts (up from 475 in 2021/22). Registered nursing associates are a standalone regulated role and part of the nursing workforce. They have a vast scope of practice and like registered nurses, can enhance their role through appropriate learning and development. They do not always work alongside registered nurses, though there are often other registered nurses in the organisation. As well as a highly valued role in its own right, the registered nursing associate role can be seen as a steppingstone role to becoming a registered nurse, giving a clear career progression for nursing in the sector.

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 multiple services for people with different 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.

³¹ www.gov.uk/government/publications/full-review-of-the-shortage-occupation-list-may-2019 (Pages 95-99 for nurse information)

³² <https://www.skillsforcare.org.uk/Learning-development/Regulated-professionals/Nursing/Nursing.aspx>

Table 3 shows the estimated number of filled posts within dementia, learning disabilities and/or autism and mental health needs services by sector and Table 4 shows by service.

Table 3. Estimated filled posts by care and support need and sector, 2022/23

Source: Skills for Care workforce estimates

		Dementia	Learning disabilities and/or autism	Mental health needs
All sectors	Total	880,000	695,000	610,000
	Specialist	2%	17%	5%
	Generalist	98%	83%	95%
Local authority	Total	67,900	61,600	57,600
	Specialist	6%	9%	2%
	Generalist	94%	91%	98%
Independent	Total	810,000	590,000	540,000
	Specialist	1%	12%	4%
	Generalist	99%	88%	96%
Direct payment recipients	Total (Specialist)	4,600	44,000	9,800

Table 4. Estimated filled posts by care and support need and service group, 2022/23

Source: Skills for Care workforce estimates

		Dementia	Learning disabilities and/or autism	Mental health needs
All services	Total	880,000	695,000	610,000
	Specialist	2%	17%	5%
	Generalist	98%	83%	95%
Adult residential	Total	420,000	158,000	190,000
	Specialist	2%	20%	9%
	Generalist	98%	80%	91%
Adult day care	Total	10,000	29,000	10,500
	Specialist	2%	32%	3%
	Generalist	98%	68%	97%
Adult domiciliary	Total	400,000	440,000	355,000
	Specialist	1%	15%	3%
	Generalist	99%	85%	97%
Adult community	Total	53,000	67,000	55,000
	Specialist	1%	17%	6%
	Generalist	99%	83%	94%

Employment overview

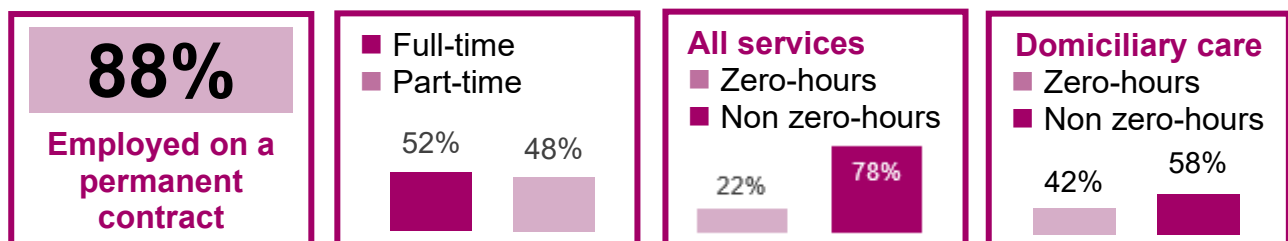
02

Important note about the data

The following information refers to the adult social care workforce as the 1.52 million filled posts working for **independent sector** care providers (84% of filled posts), **local authorities** (7% 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 is not available. Adult social care related posts in the NHS (109,000) are not included.³²

Overview of employment information of the adult social care workforce in England, as at 2022/23

- The majority (88%) of the adult social care workforce were employed on permanent contracts.
- Half of the workforce (52%) usually worked full-time hours and 48% worked part-time.
- Around a fifth of the workforce (22%) were employed on zero-hours contracts (340,000 filled posts).
- Just under half (42%) of the domiciliary care workforce were employed on zero-hours contracts. This proportion was even higher for care workers in domiciliary care (50%).
- The percentage of workers employed on zero-hours contracts (**in the independent and local authority sector only**) between 2016/17 and 2022/23 has remained relatively stable, decreasing 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.

³³ Detailed workforce information about posts involving working in the NHS was not available and therefore could not be included in our estimates by characteristics.

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

2.2. Employment status

The majority (88%) 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. 'Indirectly employed staff include those on bank, pool, agency and/or other contracts. Employers showed a higher reliance on indirectly employed registered nurses (14%), as well as care workers and support and outreach workers (12% each), compared to other job roles.

Table 5. Estimated employment status of the adult social care workforce, by selected job roles, 2022/23

Source: Skills for Care estimates

	Permanent	Temporary	Indirectly employed
All job roles	88%	2%	9%
Senior management	96%	1%	3%
Registered manager	98%	<1%	1%
Social worker	83%	6%	10%
Occupational therapist	90%	3%	7%
Registered nurse	85%	<1%	14%
Senior care worker	95%	<1%	4%
Care worker	86%	2%	12%
Support and outreach worker	84%	3%	12%
Personal assistant	91%	4%	5%

It should be noted that when the ASC-WDS is completed, it reflects a snapshot in time; these estimates should be interpreted as an indication of the average number of the above types of worker being utilised at any one time. The total number of workers used throughout the year that are indirectly 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 submission.

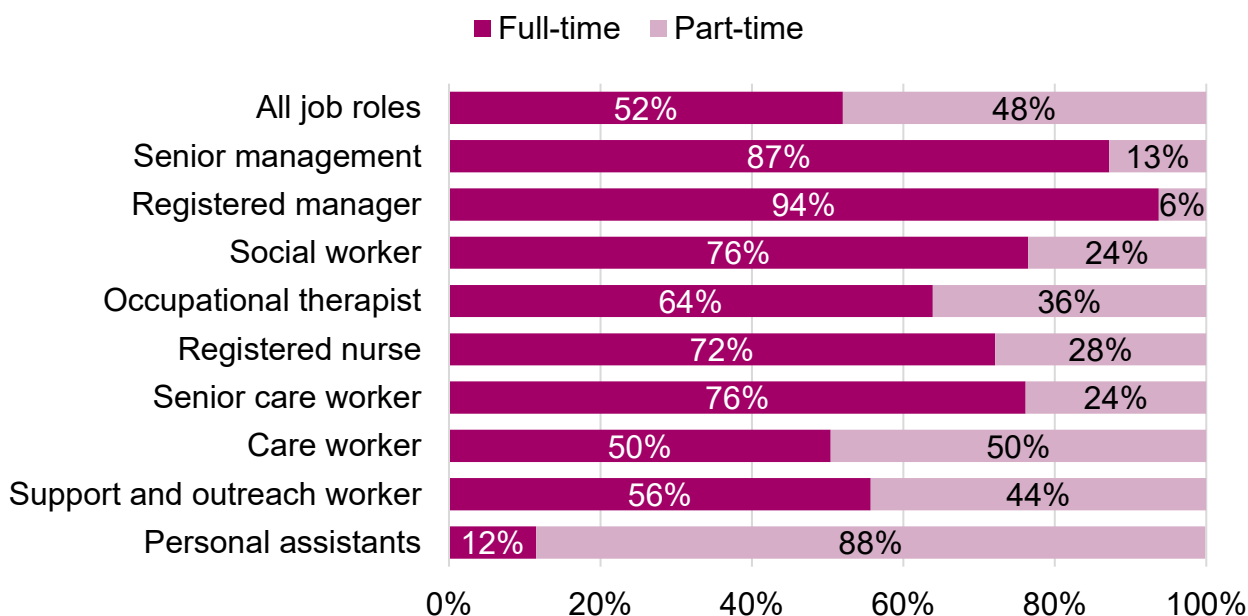
2.3. Full-time or part-time status

Half of the adult social care workforce (52%) usually worked full-time hours, with 48% working part-time.³⁴ Chart 13 shows that, as with employment status, full-time or part-time status varied by job role. Most registered managers (94%) and senior managers (87%) worked full-time. This was also true for social workers and senior care workers (76% each). Meanwhile, care workers (who made up 56% of filled posts in the workforce), and support and outreach workers had considerably lower proportions of full-time staff (50% and 56% respectively).

Comparatively, personal assistants had the lowest proportion of full-time roles (12%), with 88% of workers in part-time positions. Again, this is likely due to the nature of the work involved in these roles. Results of a survey we conducted found that around 56% of personal assistants were employed by a family member or friend, and 19% held more than one personal assistant post. For more information, please see the 'Individual employers and the personal assistant workforce, 2023' report.³⁵

Chart 13. Estimated full-time or part-time status of the adult social care workforce, by selected job roles, 2022/23

Source: Skills for Care estimates



³⁴ 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.

³⁵ www.skillsforcare.org.uk/IEPAREport

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.

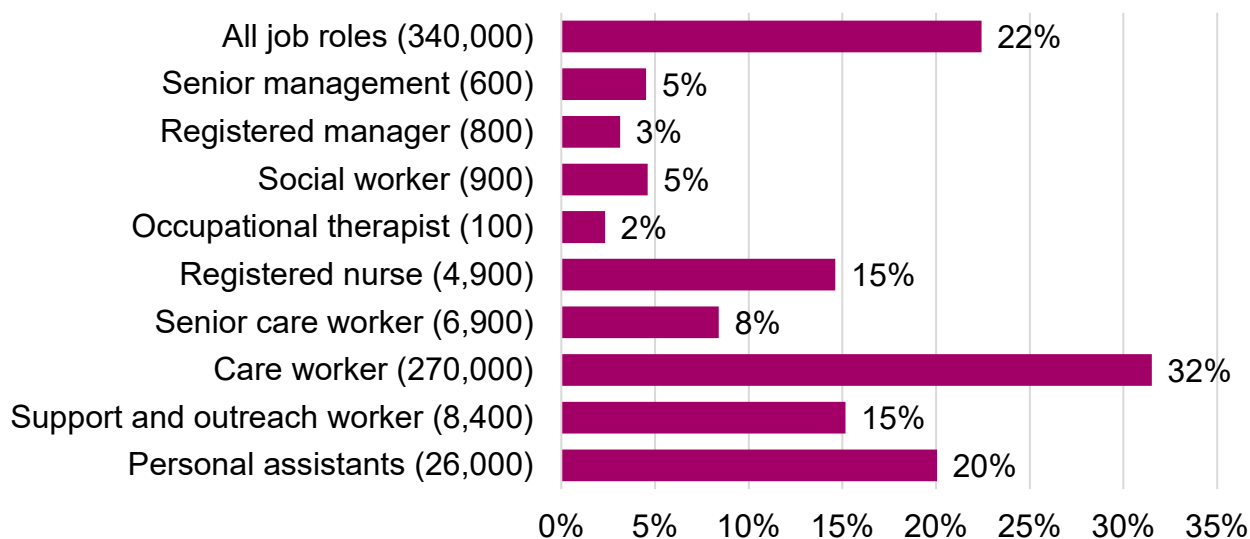
Around a quarter of the adult social care workforce (22%, or 340,000 filled posts) were employed on zero-hours contracts. This compares to 3.4% in the wider economy, according to the Labour Force Survey from January to March 2023.³⁶ The proportion of the adult social care workforce on zero-hours contracts varied by job role, with managerial staff, social workers and occupational therapists having the lowest rates across the sector, as shown in Chart 14 below. Care workers had the highest proportion of workers on zero-hours contracts (32%), followed by personal assistants (20%), registered nurses and support and outreach workers (15% each).

Chart 14 shows the proportion of zero-hours contracts, with the estimated number of zero-hours contract filled posts in brackets.

³⁶ Rate of people aged 16 and over on zero-hours contracts, January to March 2023.
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/emp17peopleinemploymentonzerohourscontracts>

Chart 14. Estimated number and proportion of workers in the adult social care sector on a zero-hours contract, by selected job roles, 2022/23

Source: Skills for Care estimates

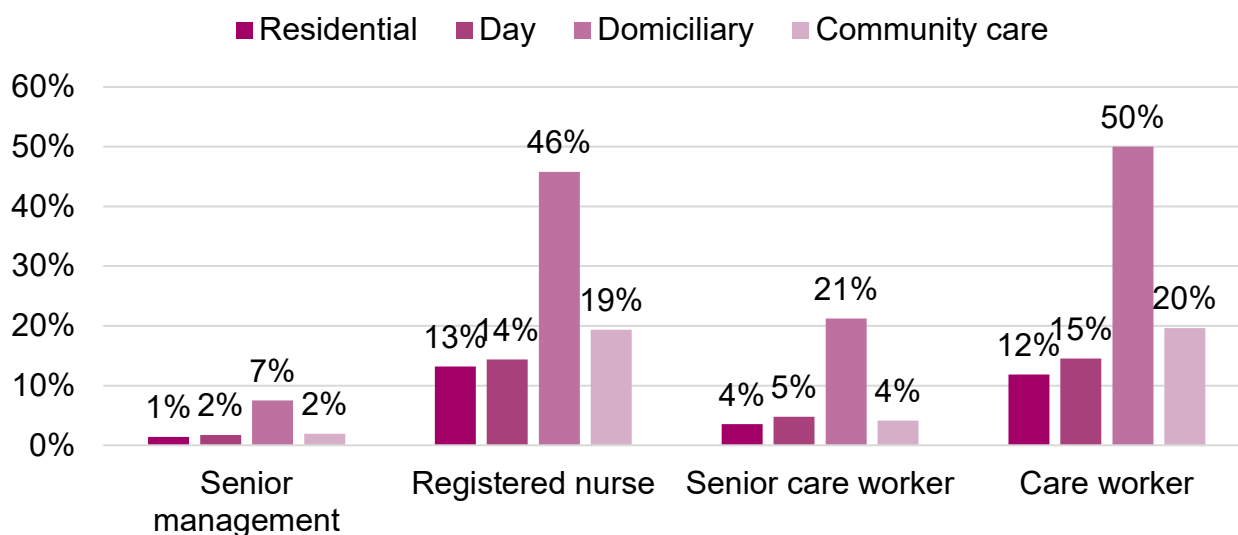


As well as variation in the proportion of workers employed on zero-hours contracts by job role, there were also wide variations between different care service types.

Chart 15 shows senior management, 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. 50% of care workers and 46% of registered nurses in domiciliary care services were recorded with this contract type. In general, residential, day care, and community care services had lower proportions of zero-hours staff compared to domiciliary care services.

Chart 15. Estimated proportion of workers in the adult social care sector on a zero-hours contract, by service type and selected job roles, 2022/23

Source: Skills for Care estimates



When drawing conclusions based on Chart 15, it should be noted that the majority of registered nurses work within residential care services (31,000, or 95%) and fewer work within domiciliary care (1,400, or 4%), community care (400, 1%), and day care services (25, <1%).

The Living Wage Foundation launched a campaign targeted at 'living hours' work with the aim of tackling work insecurity.³⁷ 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 28% 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 on a zero-hours contract or with fewer contracted hours were more likely to leave their role. For further information, 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 within the local authority and independent sector remained relatively stable, decreasing by one percentage point between 2016/17 and 2022/23. Please note that trends *do not* include personal assistants as historical data is unavailable.

³⁷ www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity

Table 6. Estimated zero-hours contract trend of selected job roles within the adult social care workforce (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates

	16/17	17/18	18/19	19/20	20/21	21/22	22/23
All job roles	24%	24%	24%	24%	25%	24%	23%
Senior management	4%	4%	4%	4%	4%	4%	5%
Registered manager	1%	2%	2%	2%	2%	3%	3%
Social worker	4%	3%	3%	4%	5%	4%	5%
Occupational therapist	2%	2%	2%	3%	2%	1%	2%
Registered nurse	18%	17%	17%	16%	15%	13%	15%
Senior care worker	10%	10%	10%	10%	9%	9%	8%
Care worker	33%	34%	34%	34%	34%	33%	32%
Support and outreach	14%	14%	14%	16%	15%	15%	15%

* Rows may not sum due to rounding

Recruitment and retention

03

Important note about the data

For the fifth 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 years cannot be produced.

* Figures marked with an asterisk include NHS data.

Overview of recruitment and retention of the adult social care workforce, 2022/23

- The vacancy rate reached a peak of 10.6% in 2021/22, having increased from 7.0% in the previous year. In 2022/23, the vacancy rate decreased by around 0.8 percentage points to 9.9%, and there were around 152,000 vacant posts.
- Adding care workers to the Shortage Occupation List in February 2022 has contributed to the reduction in vacancies in 2022/23.
- We estimate that the turnover rate of directly employed staff working in the adult social care sector was 28.3%, equivalent to approximately 390,000 leavers over the year. Many of those that leave their roles remain within the sector, as 59% of recruitment is from within adult social care.
- The average number of sickness days lost was 5.9 per employee; this equates to approximately 8.1 million days lost due to sickness in 2022/23.

28.3%

Turnover rate
in the past 12
months

59%

of recruitment
was from within
adult social care

9.6 years

Average
experience in
the sector

9.9%

Vacancy rate
(152,000 vacant
posts)

3.1. Introduction

This chapter shares workforce intelligence about recruitment and retention in the adult social care workforce, including vacancy rates, leavers information, starter rates, experience levels, 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 develop resources to support recruitment within the sector.³⁸

Employers who sign up to the ASC-WDS can compare their workforce turnover rate, pay, sickness and qualifications against other employers in their local area using our benchmark tools.

3.2. Vacancy rates

The total number of posts in adult social care in England (including filled posts and vacant posts) across all sectors was 1.79 million as at 2022/23 (this was 0.5% higher than in 2021/22). The number of filled posts was estimated at 1.635 million and the number of vacant posts was 152,000.

The number of vacant posts includes posts that are vacant in the short term due to recent or anticipated staff turnover, posts created by employers who want to expand and grow their businesses, as well as more persistent vacancies where the offer to potential staff is not sufficiently competitive in the local labour market.

The number of filled posts across all sectors in adult social care reached a peak of 1.68 million in 2020/21 but then decreased by around 65,000 in 2021/22. This was the first decrease in filled posts since records began in 2012/13. During the same period, the number of vacant posts increased by around 55,000, reaching a peak of 164,000 in 2021/22, an increase of around 50%. This increase in vacant posts demonstrated that the decrease in filled posts was a result of recruitment and retention difficulties, rather than a decrease in demand for care staff.

Between 2021/22 and 2022/23 the number of filled posts across all sectors increased by around 20,000 and the number of vacant posts decreased by around 11,000. Adding care workers to the Shortage Occupation List in February 2022 has contributed to this change in direction.

Monthly tracking of data from the ASC-WDS has shown that the vacancy rate has continued to decrease since March 2023. This information has not been weighted to represent the whole sector, so may not be precise, but it does however give a good indication of the general trends. The monthly tracking data, up until the end of August 2023, has shown the vacancy rate decrease to 8.4% in the independent sector. The rate is

³⁸ <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-support.aspx>

still higher than pre-pandemic levels (7.3% in 2019/20) following a peak of 10.7% in 2021/22.

Those 152,000 vacant posts equate to a vacancy rate of 9.9% in the adult social care sector across England in 2022/23. This was higher than that of the NHS (8.0% as at March 2023)³⁹ and the wider UK economy, which had an estimated vacancy rate of 3.4% (as at February-April 2023)⁴⁰.

Chart 16 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.

Chart 16. Estimated vacancy rate by sector, 2022/23

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

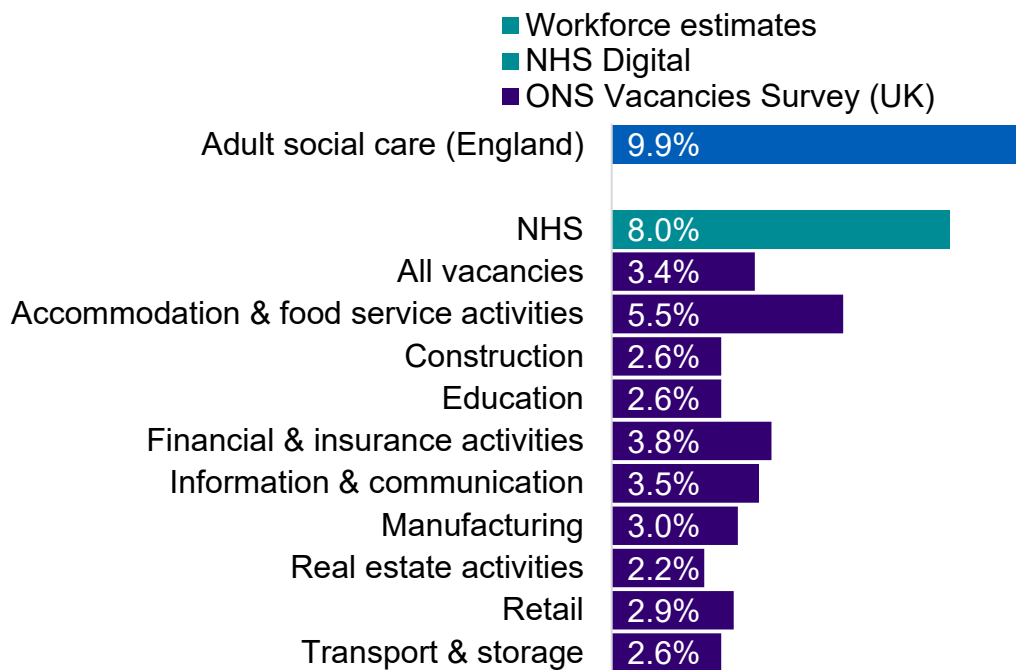


Chart 17 below compares the vacancy rate of selected job roles in adult social care. Care workers had the highest vacancy rate at 11.8% in 2022/23, which was similar to personal assistants employed by direct payment recipients (11.4%), and much higher than senior care workers (5.6%).

³⁹ NHS Vacancy Statistics England April 2015 – March 2023 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---march-2023-experimental-statistics>

⁴⁰ ONS - Vacancies and jobs in the UK: July 2023 - <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/vacanciesbyindustryvacs02>

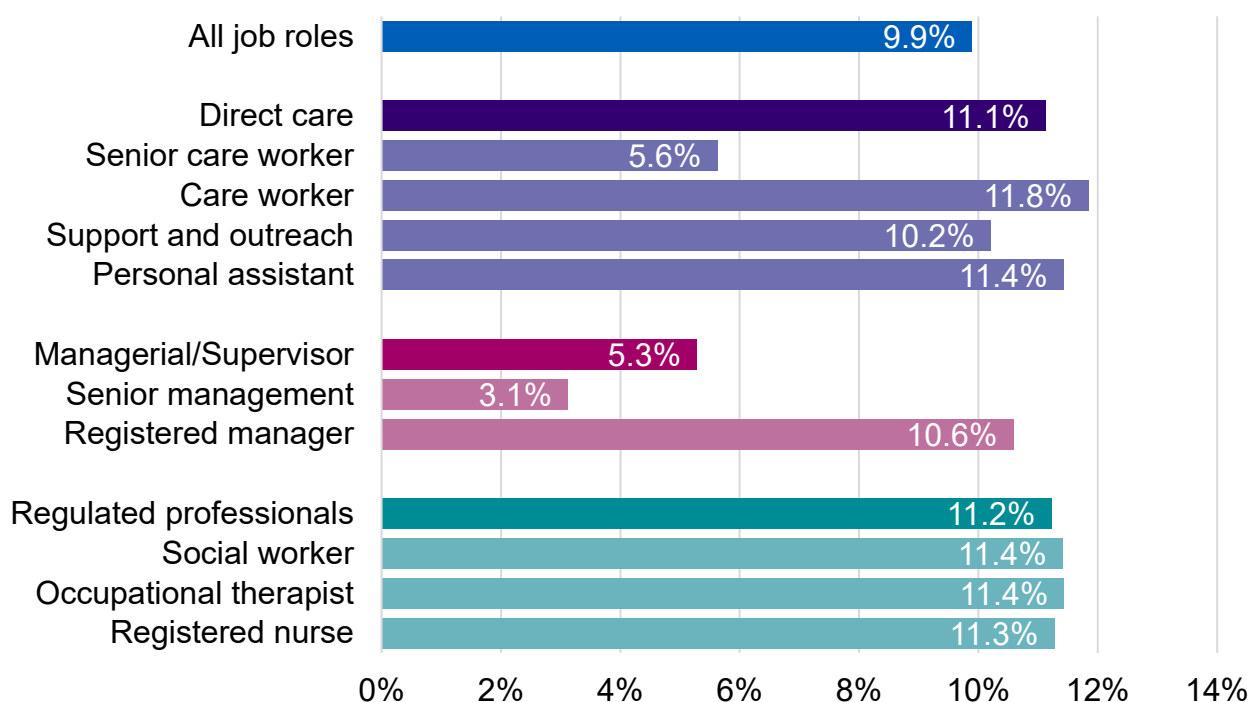
Registered managers had a vacancy rate of 10.6%, which was much higher than other managerial roles (5.3%), and equivalent to around 2,900 vacant posts.

The vacancy rate of regulated professions did not vary much between roles as registered nurses had a rate of 11.3% and social worker and occupational therapists had a rate of 11.4% each. Registered nurses also had relatively high turnover and starter rates, which is a contributory factor to high vacancy rates.

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, with points 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 interactive data visualisation on workforce nationality.⁴¹

Chart 17. Estimated vacancy rate by selected job role, 2022/23

Source: Skills for Care estimates



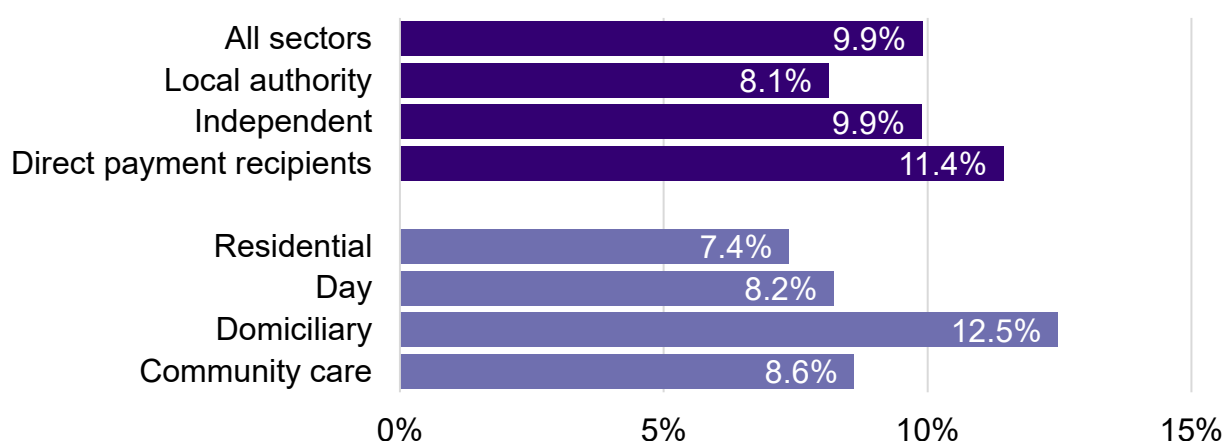
⁴¹ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx>

Vacancy rates were slightly lower in the local authority sector (8.1%) overall, compared to the independent sector (9.9%). Direct payment recipients employing staff had the highest vacancy rate by sector (11.4%). 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.⁴²

The chart below shows that there is also variation based on the service provided. Domiciliary care services had the highest vacancy rates at 12.5% whereas residential care was lower at 7.4%.

Chart 18. Estimated vacancy rate by sector and service provided, 2022/23

Source: Skills for Care estimates



Skills for Care encourages employers to take a values-based approach to recruitment. This approach is a way of recruiting people with values, behaviours and attitudes that align with those of the workplace. Our values-based recruitment toolkit demonstrates how employers can:

- [Articulate](#) their workplace's values
- [Attract](#) suitable candidates through advertising
- design an application process that helps candidates [Apply](#) for the role in a way that demonstrates their values
- choose suitable selection tools to [Assess](#) the candidate's values
- and induct new recruits in a way that smoothly [Assimilates](#) them into the organisation.

⁴² www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-hub.aspx

The toolkit also includes checklists for each stage of the process and guidance on how to make recruitment processes inclusive of neurodiverse candidates. For more information please visit www.skillsforcare.org.uk/values.

Skills for Care can provide additional support programmes to your organisation with regards to values-based recruitment. For more information on the services available, visit <https://www.skillsforcare.org.uk/Recruitment-support/Workshops-and-seminars/Values-based-recruitment-support-programmes.aspx> or contact services@skillsforcare.org.uk.

We have also worked in partnership with Care Friends to develop an employee referral app. Care Friends allows your staff to refer their friends for job opportunities and share job opportunities through social media. Staff attracted through this process had a 50% lower year-one attrition rate compared to the sector average. For more information, visit <https://carefriends.co.uk/>.

3.2.1. Vacancy rate trends

Overall, the vacancy rate decreased from 10.6% in 2021/22 to 9.9% in 2022/23.

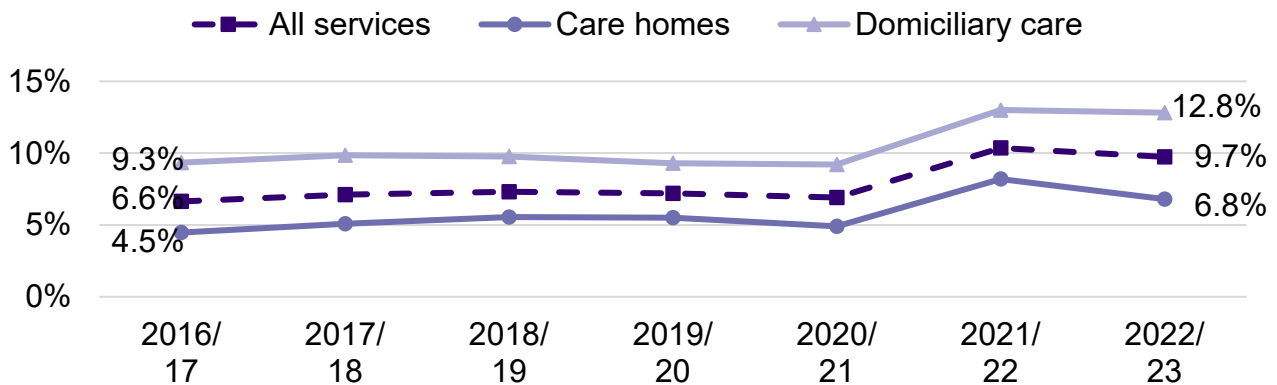
Please note, from this point, the trends in this section refer to data from the independent sector and local authorities only, unless otherwise stated. They do not include data from the direct payment sector (due to a lack of historical data) or adult social care roles in the NHS (due to availability of the data). Therefore, the figures here may differ from other chapters.

In 2022/23 the vacancy rate was 9.7% in the local authority and independent sectors, which was a decrease from a peak of 10.4% in 2021/22, the highest rate since records began in 2012/13. The decrease in the vacancy rate corresponds to an increase in the number of filled posts, however the rate remains relatively high compared to historical levels and other sectors. This shows that recruitment and retention difficulties in the sector persist despite improvements this year.

Chart 19 below compares the overall vacancy rate trend to that of care homes and domiciliary care services between 2016/17 and 2022/23. The decrease in vacancy rates between 2021/22 and 2022/23 was larger in care homes (down from 8.2% to 6.8%) than it was in domiciliary care (down from 13.0% to 12.8%).

Chart 19. Vacancy rate trends by main service (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates



Monthly tracking of data in the ASC-WDS from independent sector employers since March 2023 (not weighted to represent the whole sector) has shown the vacancy trend continuing to decrease by a further 1.5 percentage points.

Our monthly tracking data has shown this decrease was more pronounced in residential services with rates decreasing by 1.7 percentage points between March 2023 and August 23. Vacancy rates in care homes with and without nursing were below their pre-pandemic levels of 2019/20 (by 0.8 and 0.1 percentage points respectively).

In comparison, for non-residential services the rate has decreased by 0.2 percentage points since March 23 but is still 3.3 percentage points higher than its pre-pandemic level. Please note that monthly trends are not weighted to represent the whole sector so may not be precise, they do however give a good indication of the general trends.

For the most up-to-date information, see our vacancy rates monthly tracker.⁴³

⁴³ <https://www.skillsforcare.org.uk/monthlytracking>

Chart 20. Vacancy rate trend (independent sector only)

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

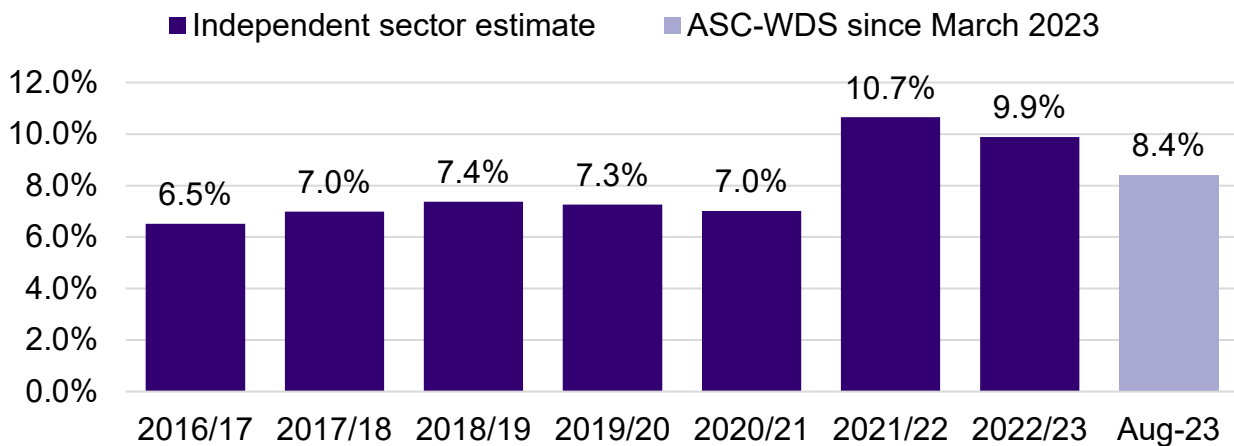
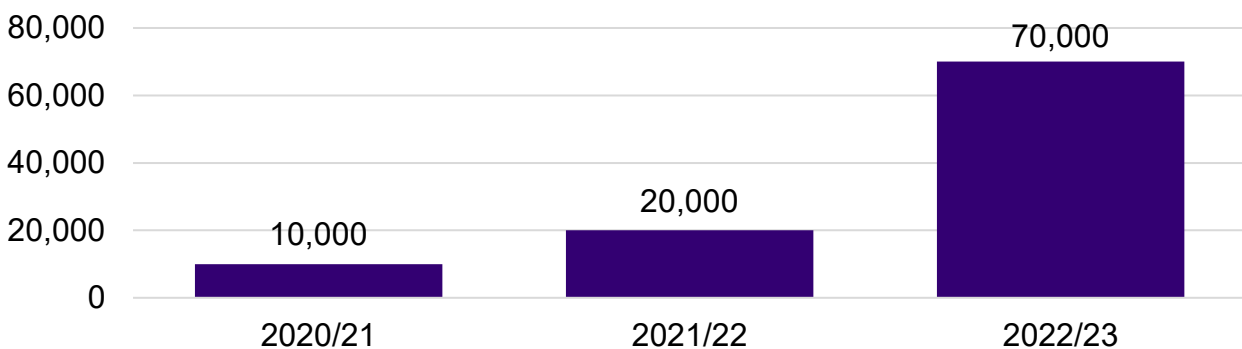


Chart 21 shows the number of people starting in direct care providing roles having arrived in the UK during each year in the independent sector. In 2022/23, there was a substantial increase in international recruits which has contributed to the reduction in vacant posts and increase in filled posts in this period.

Chart 21. Estimated number of people starting direct care providing roles in the adult social care independent sector having arrived in the UK during each year

Source: Skills for Care estimates



Early indications from ASC-WDS using information collected between April 2023 and August 2023 shows this trend continuing. An estimated 30,000-40,000 people arrived in the UK and started direct care providing roles in the independent sector during that period.

Data from the ASC-WDS has shown that international recruits were less likely to leave their role, between December 2022 and March 2023, with a turnover rate of 16.5% compared to 30.7% from domestically recruited workers. Skills for Care will continue to monitor this trend. Our website provides advice on international recruitment for employers,

including the process involved and how to support international recruits as they start in their roles.⁴⁴

Employers should always undertake international recruitment in a legal and ethical way. This can be done by following the code of practice provided by Government available at <https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel>.

Chart 22 below compares the independent sector adult social care vacancy rate to that of the NHS and the wider UK economy. The trend shows that adult social care has consistently had a higher vacancy rate than the wider UK economy and has been higher than the NHS vacancy rate since 2019/20.

Chart 22. Comparison of vacancy rate in adult social care (independent sector), NHS and wider UK economy

Source: Skills for care estimates, NHS England, ONS

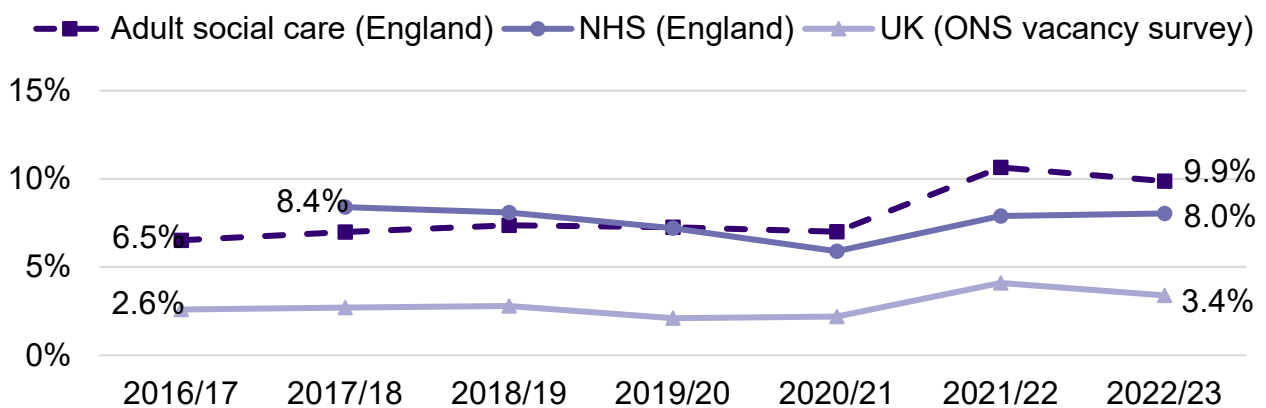


Chart 23 below compares the vacancy rate trend of senior managers and registered managers between 2016/17 and 2022/23. Both roles show a similar trend, though the rate of senior managers was considerably lower than registered managers. Our analysis of CQC ratings data shows that services without a registered 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, see Section 8.2.

⁴⁴ <https://www.skillsforcare.org.uk/Recruitment-support/International-recruitment/International-recruitment.aspx>

Chart 23. Vacancy rate trends for all job roles and selected managerial roles (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates

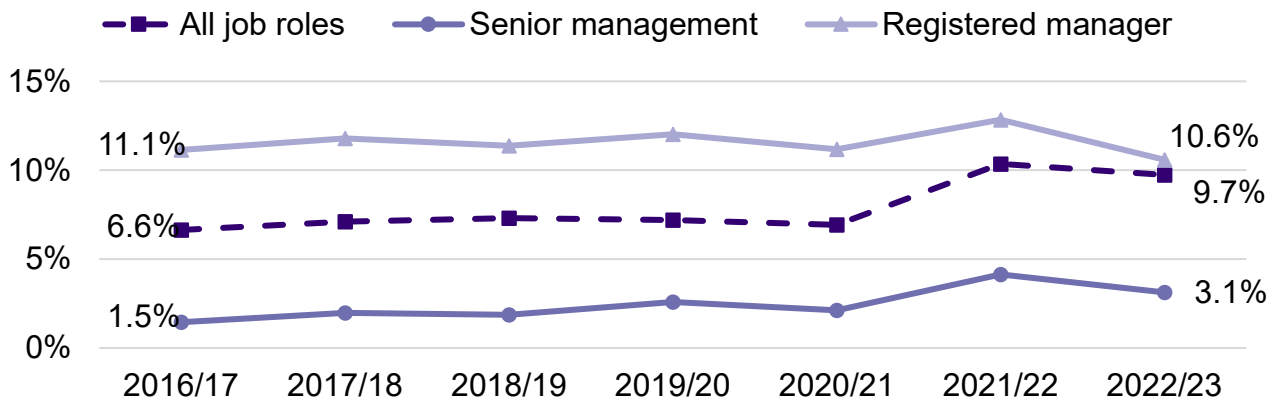


Chart 24 compares the vacancy rate trend for regulated professions. Each of these roles showed a higher vacancy rate in 2022/23 compared with 2016/17. Registered nurses showed the largest change, increasing by 3.5 percentage points over the period. However, the registered nurse vacancy rate decreased to 11.3% in 2022/23 from a peak of 14.6% in 2021/22. There were 3,600 registered nurse vacant posts in 2022/23.

Social worker vacancy rates decreased each year from 2016/17 to 2020/21 (10.7% to 7.6%). Their rates then increased in the following periods, increasing to 9.4% in 2021/22 and then to 11.4% in 2022/23.

Occupational therapists mirrored this pattern, with their lowest vacancy rate of 6.8% in 2020/21. This then increased to 9.3% in 2021/22, and then to 11.4% in 2022/23. There were 2,200 and 450 vacant posts in 2022/23 for social workers and occupational therapists respectively.

Chart 24. Vacancy rate trends for selected regulated professional roles between 2016/17 and 2022/23 (independent and local authority sectors only)

Source: Skills for Care estimates

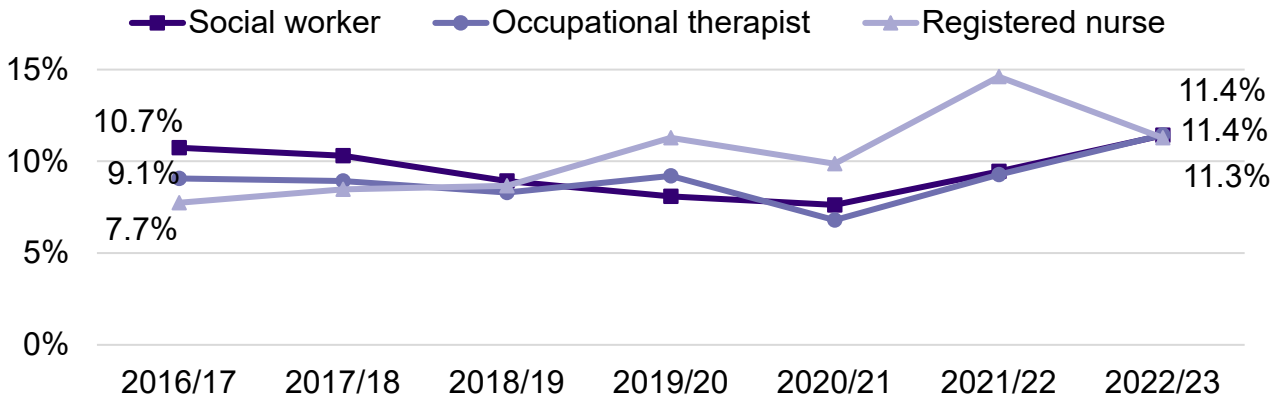


Chart 25 compares the vacancy rate trend for direct care providing job roles. Each of these roles showed a higher vacancy rate in 2022/23 compared to 2016/17 but each of these roles were at a lower rate in 2022/23 than their 2021/22 peak.

Between 2021/22 and 2022/23, the vacancy rate of senior care workers decreased by 1.4 percentage points and the rate of care workers fell by 0.4 percentage points. Some of gains made from internationally recruitment have been offset by a reduction in British and EU workers employed over the period (there were 20,000 fewer British care workers and 5,000 fewer care workers employed in 2022/23 compared to the previous year).

Monthly tracking between March 2023 and August 2023 (not weighted to represent the whole sector) has shown a more substantial decrease for care workers, however, with the rate falling a further 2.2 percentage points to 9.6%.

Chart 25. Vacancy rate trends for selected direct care providing roles between 2016/17 and 2022/23 (independent and local authority sectors only)

Source: Skills for Care estimates

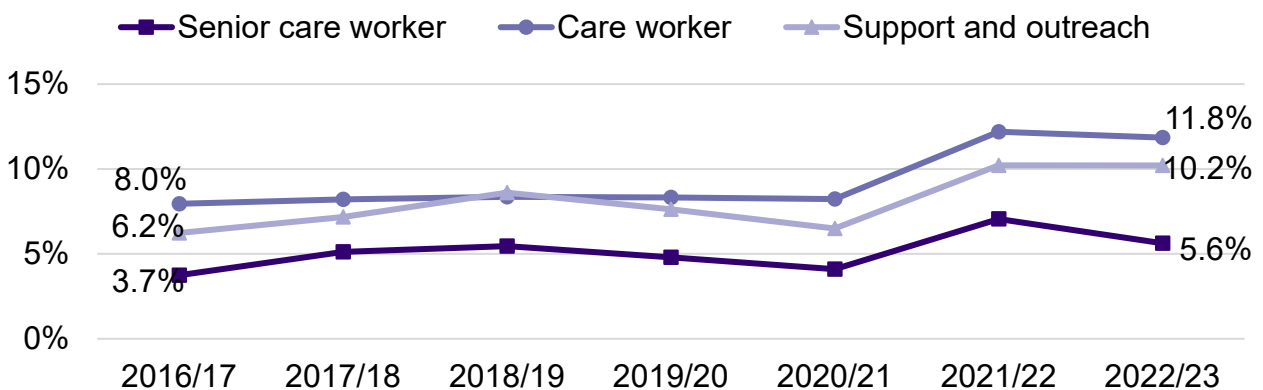
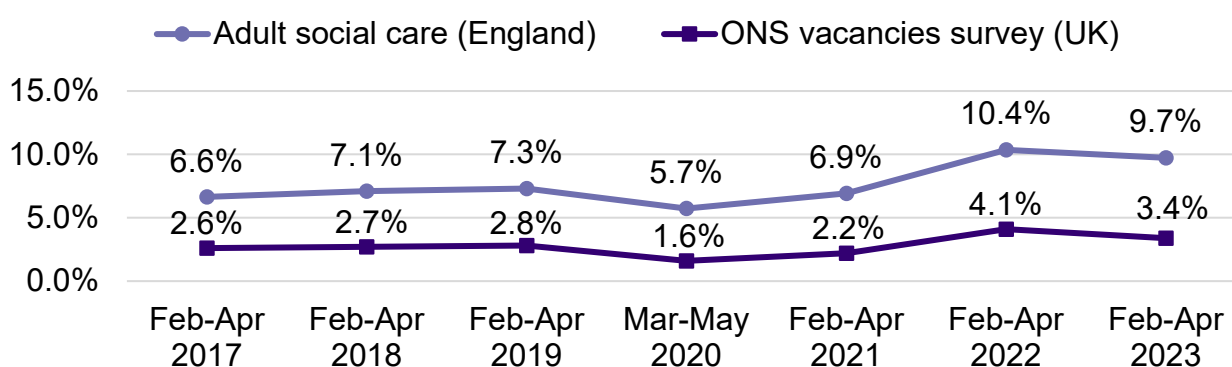


Chart 26 below compares the vacancy rate in adult social care to that of the whole economy of the UK. The chart shows how the adult social care vacancy rate is correlated with the number of jobs available in the wider economy⁴⁵. Although there are other factors influencing these figures, in general, when there are more jobs available in other sectors, fewer adult social care posts get filled.

Chart 26. Adult social care vacancy rate and wider economy vacancy rate

Source: Skills for Care estimates, ONS Vacancies Survey



Over the same period, the proportion of people that were economically inactive but seeking a job had decreased from 23.7% in 2016/17 to 17.8% in 2022/23. In absolute terms, this was a decrease from 1.78 million people to 1.33 million people looking for work.⁴⁶ These jobseekers represent a considerable pool of prospective workers that may have been available to work in adult social care at this time.

Another influencing factor in the increasing vacancy rates in adult social care, particularly in the care worker vacancy rate, is the rate of pay. The median hourly rate for a care worker in adult social care was £10.11 in March 2023. This was a nominal increase of 39% since March 2016 but, when adjusted for inflation, was a real-term increase of 8%. For more information, see Section 5.35.3 - Median care worker hourly pay. Data from the Annual Survey of Hours and Earnings⁴⁷ showed that real term pay decreased by 6% across the whole economy in England between April 2016 and April 2022, therefore this issue is not unique to adult social care.

Although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. Chart 27 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

⁴⁵ <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/vacanciesbyindustryvacs02>

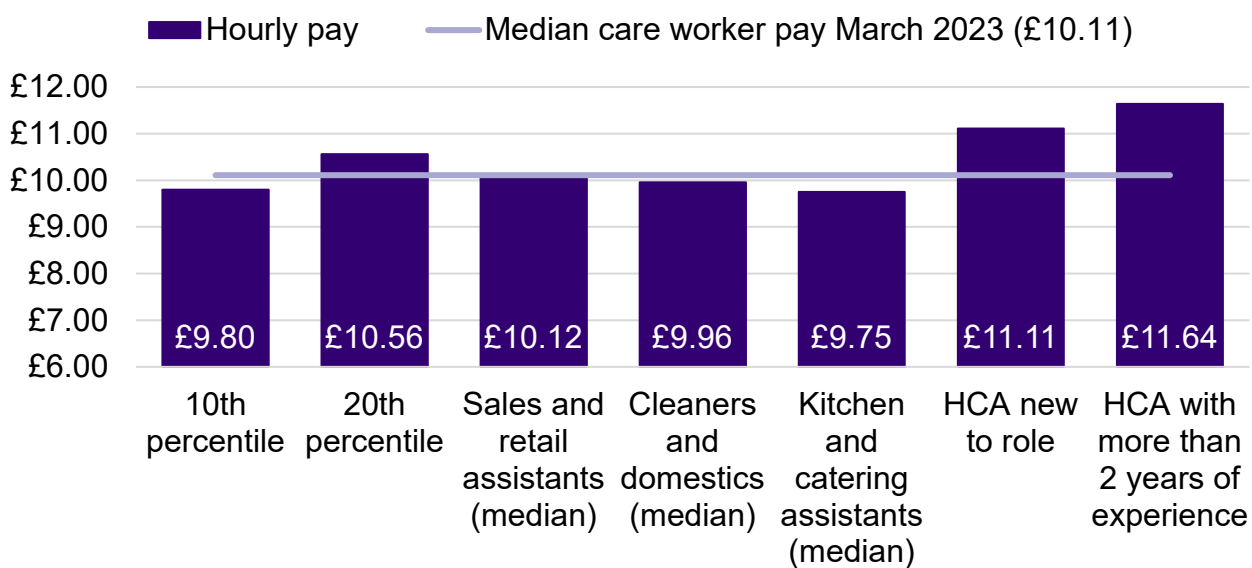
⁴⁶ ONS Labour Force Survey, 2023

⁴⁷ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/placeofworkbylocalauthorityashetable7>

healthcare assistants (HCA) in the NHS. As stated above, as at March 2023 care workers had a median hourly rate of £10.11. This was a lower hourly rate than 80% of all UK jobs and less than healthcare assistants who are new to the role receive in the NHS (£11.11).

Chart 27. 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.⁴⁸

⁴⁸ www.skillsforcare.org.uk/Recruitment-support

3.4. Leavers and staff turnover rates

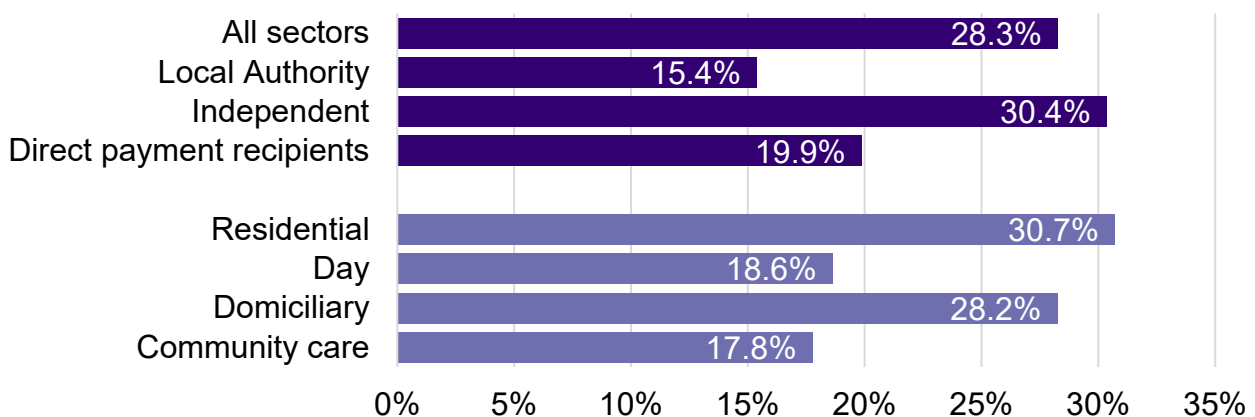
The information in this section refers to directly employed staff (permanent and temporary staff). Leavers from agency roles, for example, aren't included. This section also refers only to leavers from establishments which are still operational; leavers as a result of establishments closing down aren't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

We estimate that the turnover rate of staff working in the adult social care sector was 28.3% in 2022/23. This equates to approximately 390,000 leavers in the previous 12 months. However, many leavers remain within the sector, as 59% of recruitment comes from within adult social care, and 41% come from outside of the sector.

Turnover rates varied between sector, service and job role. Chart 28 shows that employees working for local authorities (15.4%) and employees working for direct payment recipients (19.9%) had much lower turnover rates than those in the independent sector (30.4%).

Chart 28. Estimated staff turnover rate, by sector and care service, 2022/23

Source: Skills for Care estimates



The turnover rate was higher for residential care (30.7%) and domiciliary care providers (28.2%) than for other service types.

The increase in the cost of living during 2023 may be influencing staff turnover. A particular issue for domiciliary care services is the price of fuel, as staff are required to travel between people's homes. Our website has further information on employee benefits and working conditions that can help with retention.⁴⁹

⁴⁹ <https://www.skillsforcare.org.uk/Recruitment-support/Retaining-your-workforce/Top-tips-for-adult-social-care-workforce-retention/Positive-benefits.aspx>

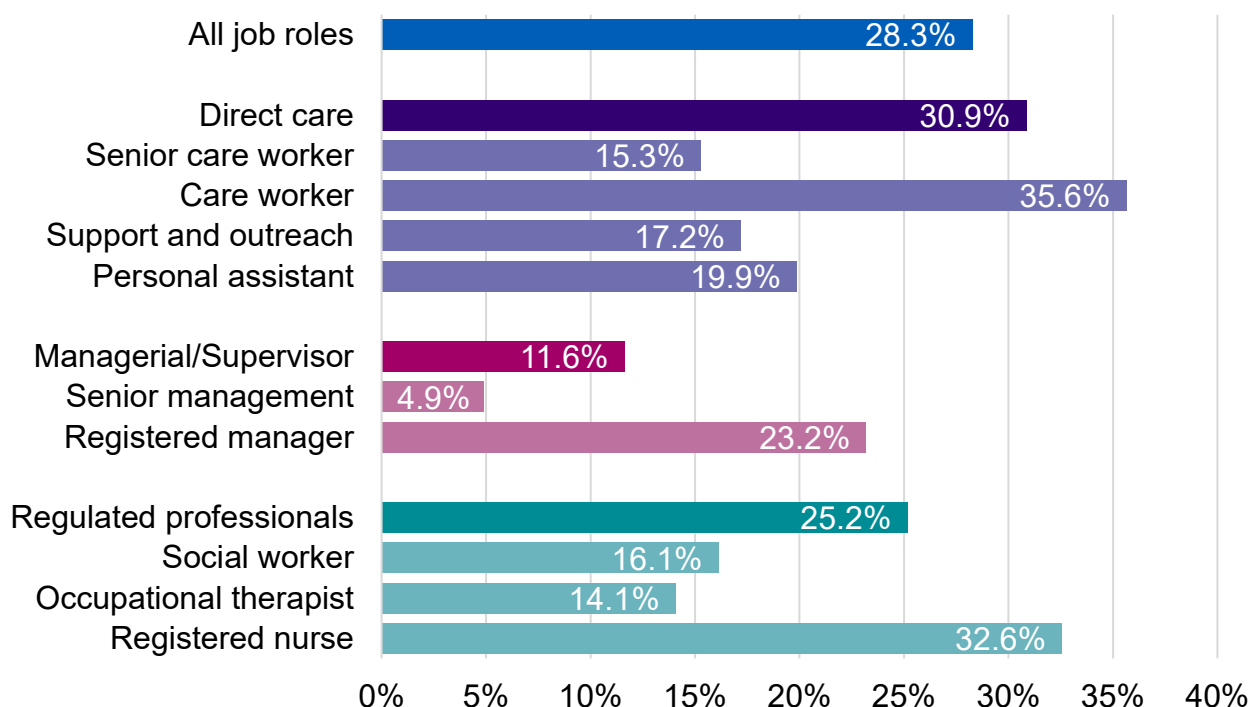
Chart 29 shows care workers had a much higher turnover rate compared to other direct care providing roles at 35.6%; more than twice that of senior care workers at 15.3%. Senior care worker roles often have higher pay, guaranteed hours and have more training and qualification opportunities than care worker roles. These factors have been shown to be associated with better retention (see Section 8.1 – Factors affecting staff turnover rates).

Registered nurses also had a relatively high turnover rate (32.6%), equivalent to around 9,300 leavers, compared to other regulated professions such as social workers (16.1%) and occupational therapists (14.1%). Most registered nurse roles were employed by independent social care providers, where turnover rates are known to be higher (see Chart 28 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 10.4% as at March 2023.⁵⁰

Registered managers had a turnover rate of 23.2%, equivalent to around 5,700 leavers during 2022/23. This rate was much higher than other managerial roles.

Chart 29. Estimated staff turnover rates by selected job roles, 2022/23

Source: Skills for Care estimates



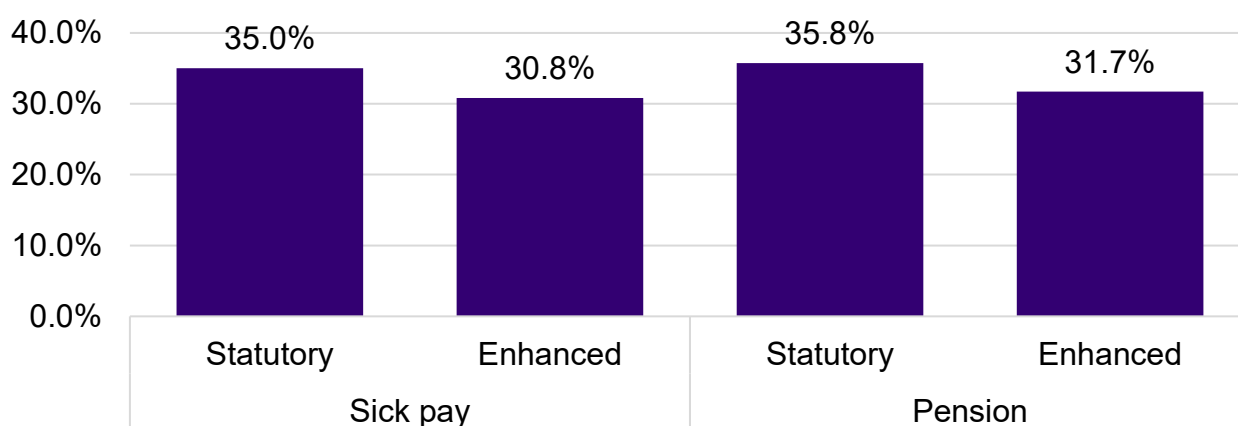
⁵⁰ NHS Workforce Statistics – March 2023 Available at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2023>

Recently, the ASC-WDS began to collect information on the benefits offered to staff working in adult social care. This included whether employers offered enhanced sick pay and pensions, on top of the statutory requirements. Chart 30 shows that turnover rates were around 4 percentage points lower at establishments that offered these benefits.

Chart 30. Effect of employment benefits on turnover rates

Source: ASC-WDS unweighted data, March 2023



3.4.1. Turnover rate trends

The turnover rate, for all sectors, decreased from 28.9% in 2021/22 to 28.3% in 2022/23.

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 2016/17 and 2022/23. Please note the trends in this section, from this point, refer to data from the independent sector and local authorities only, unless otherwise stated. They do not include data from the direct payment sector or adult social care roles in the NHS. Therefore, the figures may differ from other chapters.

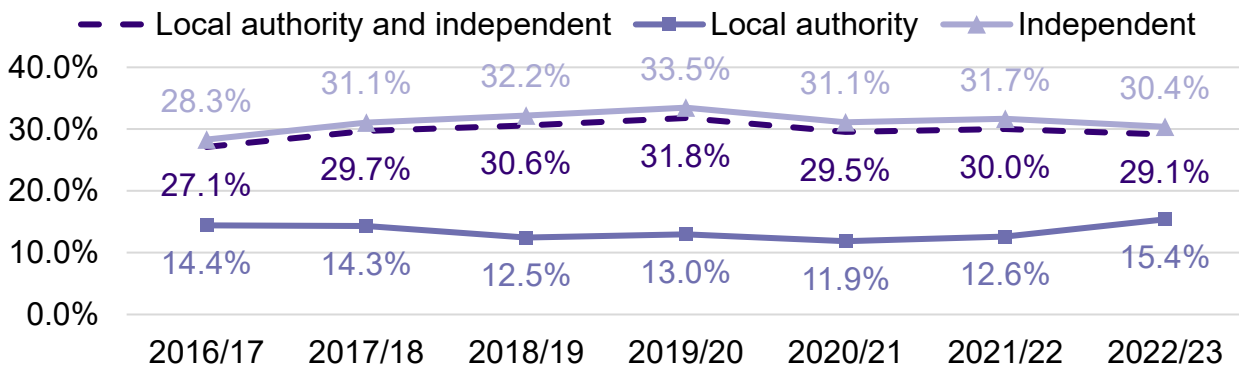
Chart 31 shows that the turnover rate, in the local authority and independent sectors, increased each year from 27.1% in 2016/17 to a peak of 31.8% in 2019/20. In 2022/23 the rate had decreased to 29.1%.

This decrease in turnover rate was influenced by an increase in international recruitment. Data from the ASC-WDS has shown that international recruits have around half the turnover rate of people recruited from within the UK.

In 2022/23, the independent sector turnover rate was 30.4%, a decrease from 31.7% in 2021/22. The turnover rate in the local authority sector has always been lower than the independent sector but the rate in local authorities has increased in recent years.

Chart 31. Turnover rate trend of all job roles by sector (independent and local authority sectors only), 2016/17 to 2022/23

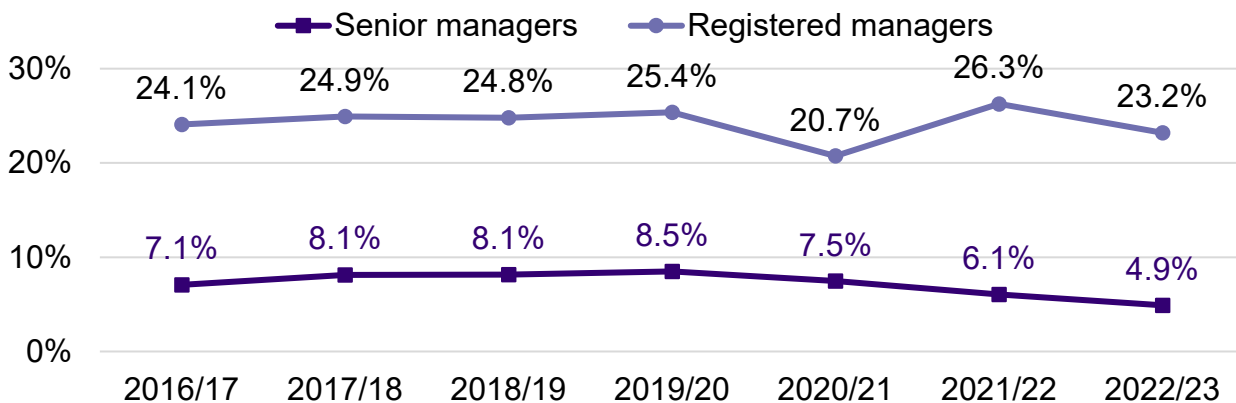
Source: Skills for Care estimates



The turnover rate for registered managers decreased in 2022/23 (from 26.3% in 2021/22 to 23.2%). This rate is lower than its pre-pandemic level of around 25%. The only time the rate was lower over the reported period was during the pandemic in 2020/21.

Chart 32. Turnover rate of selected managerial roles (independent and local authority sectors only), 2016/17 to 2022/23

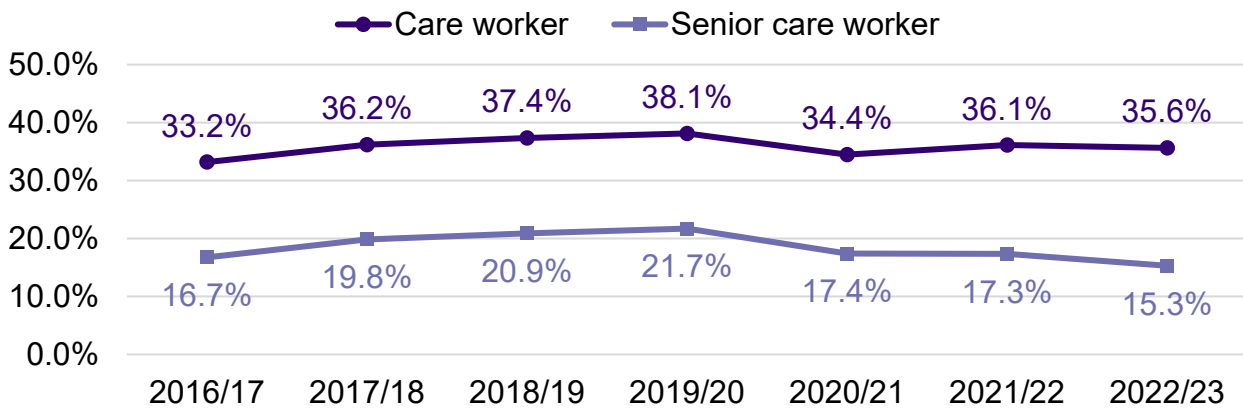
Source: Skills for Care estimates



The pattern was similar for care workers and senior care workers as both roles saw a decrease in their turnover rates in 2020/21. This is likely due to fewer opportunities available in the wider economy during the pandemic. Care workers have consistently had much higher turnover rates than senior care workers, usually around double their rate.

Chart 33. Turnover rate of selected direct care providing roles (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates



3.5. Retaining your workforce

Turnover rates are not universally high in the sector. Around 16% 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 research⁵¹ 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. The 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.⁵² 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.

⁵¹ <https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Retaining-your-staff/Secrets-of-Success/Recruitment-and-retention-secrets-of-success-report.pdf>

⁵² www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Recruiting-the-right-people-section/Key-findings-infographic-2019.pdf

For further information, visit the recruitment support section of our website.⁵³

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 posts. Several factors were identified, including a worker's contract type, distance travelled to work, qualification level and pay. This was in addition to variables at the establishment level, such as how long a registered manager had been in post.

We have 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 inspection information and analysing the relationships between them. For further information, see Chapter 8 – 'Factors affecting staff turnover and CQC ratings'.

3.7. Starters in the past 12 months

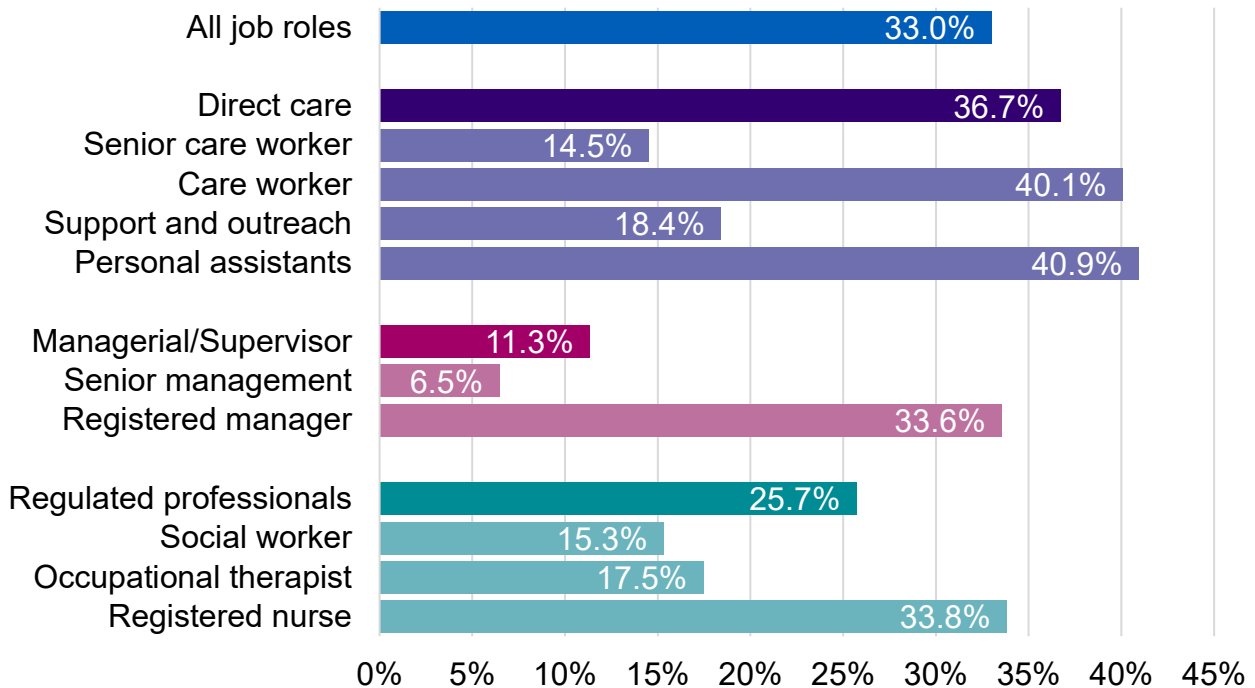
The information in this section refers to directly employed staff (permanent and temporary staff). We estimate that the starter rate in 2022/23 was 33.0%, which equates to approximately 460,000 new starters the given 12-month period.

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 (41%), and 'churn' within the adult social care sector (59%), i.e., people moving from different employers or within the same organisation. See Section 3.8 for further information.

⁵³ <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-support.aspx>

Chart 34. Estimated starter rate of directly employed workers by job role, 2022/23

Source: Skills for Care estimates



Personal assistants had the highest starter rate, at 40.9%, followed by care workers (40.1%) and registered nurses (33.8%).

3.7.1. Starter rate trends

The starters rate, in all sectors, increased from 31.2% in 2021/22 to 33.0% in 2022/23.

Chart 35 below shows the starter rate trend between 2016/17 and 2022/23 and includes the local authority and independent sectors only. Data for direct payment recipients is not included.

The trend shows that starter rates increased consecutively between 2016/17 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.

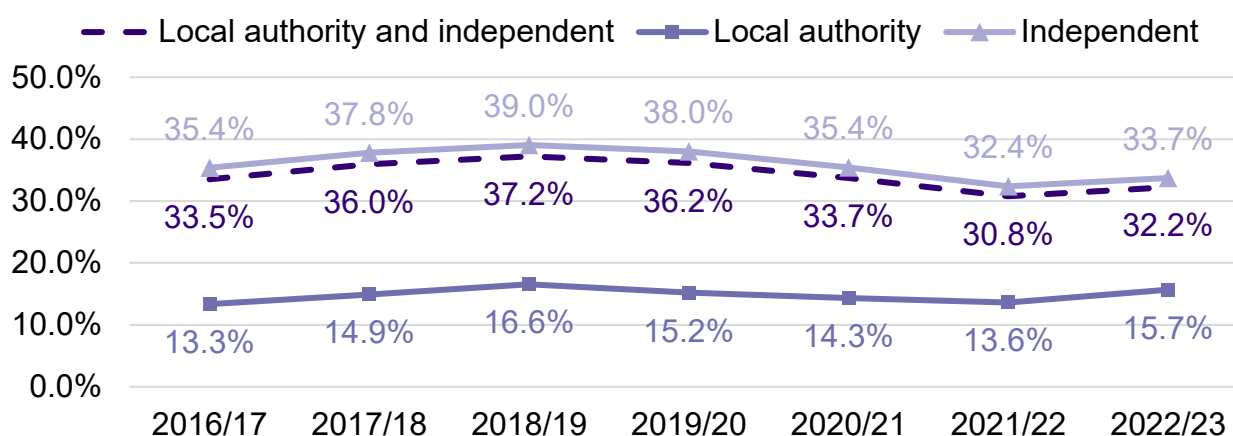
The starter rate in the independent and local authority sectors peaked in 2018/19 at 37.2% but then fell to 30.8% in 2021/22, a decrease of 6.4 percentage points. This low point was at the time of easing of restrictions after the pandemic and when the wider economy re-opened. This partially explains why the overall number of filled posts in adult social care

fell for the first time in 2021/22. This trend also highlights that recruitment is a key issue in the adult social care sector, just as much as retaining staff.

The starter rate increased in again 2022/23 by 1.4 percentage points and this was in part due to international recruitment. In February 2022, care workers were added the shortage occupation list, allowing people to immigrate to the UK into this role. For more information on international recruitment see Section 4.7.

Chart 35. Starter rate trend of all job roles by sector (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates



3.8. Source of recruitment

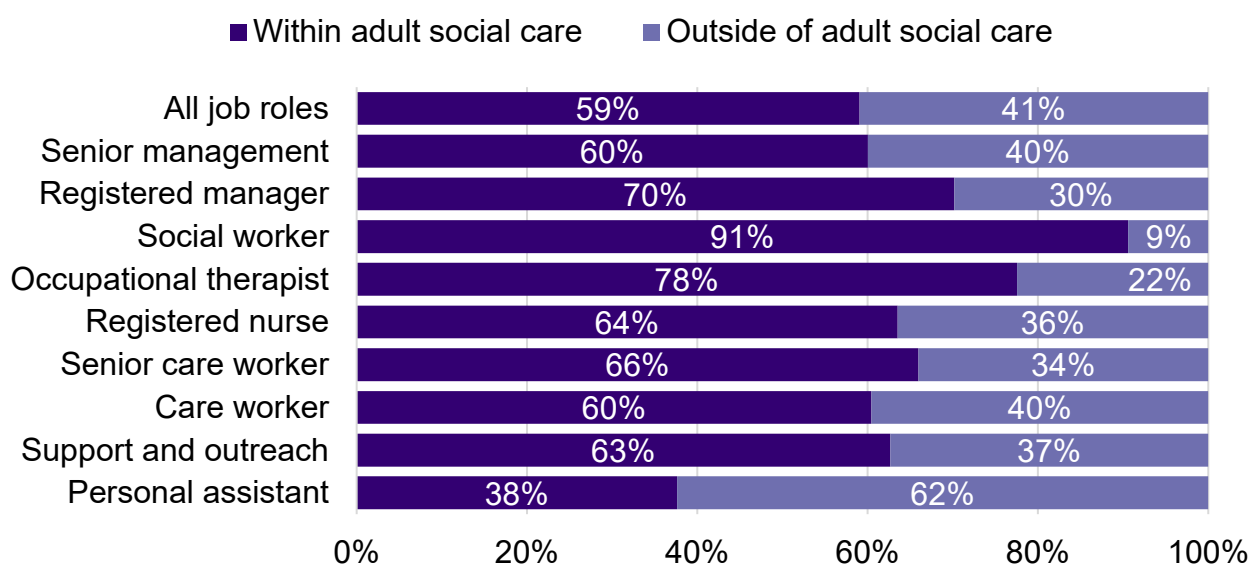
Information is collected about the source of recruitment of adult social care workers. These sources can be grouped into 'within the adult social care sector', including the independent or local authority sectors, agencies or internal promotions, and 'outside the adult social care sector', including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

Although in 2022/23 the turnover rate (28.3%) was relatively high, 59% 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 41% recruited from outside adult social care, around 6% were recruited from the health sector and 35% were recruited from other sources which includes international recruits and workers from other sectors, such as retail and hospitality, as well those returning to work or entering work after education.

Skills for Care's website has information about a range of sources of recruitment for employers, including international recruitment⁵⁴ and widening your talent pool to remove unfair and unnecessary barriers for people previously underrepresented in the care workforce.⁵⁵

Chart 36. Estimated source of recruitment from within, and outside of, the adult social care sector, by selected job roles, 2022/23

Source: Skills for Care estimates



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.

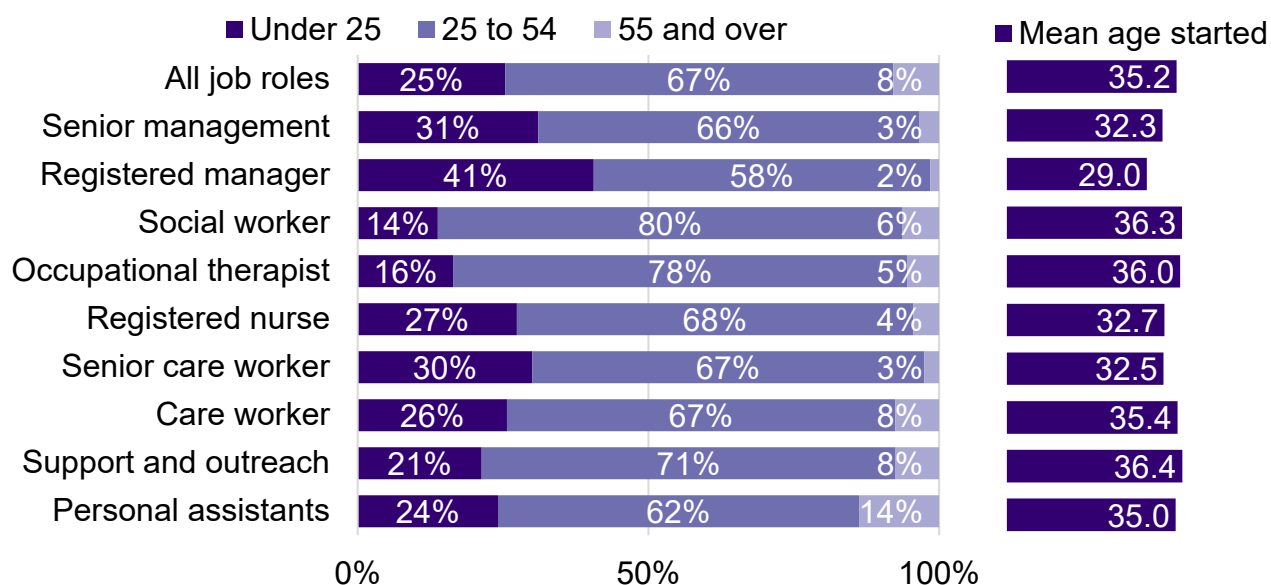
The average age of a person joining the adult social care workforce was 35.2 years old in 2022/23. Managers tended to join the sector at an earlier age; registered managers in particular had an average starting age of 29.0 years old. This shows that there is career progression within the sector, as younger people can start out 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).

⁵⁴ <https://www.skillsforcare.org.uk/Recruitment-support/International-recruitment/International-recruitment.aspx>

⁵⁵ <https://www.skillsforcare.org.uk/Recruitment-support/Attracting-people/Widen-your-talent-pool.aspx>

Chart 37. Age bands and average age started working in the adult social care sector, 2022/23

Source: Skills for Care estimates



A significant increase in demand for labour in the sector is forecast (see Chapter 7 – Workforce projections). 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

Promoting opportunities for career development can help with retaining experienced staff. Our website has tips on how to promote career development within your organisation⁵⁶, and how to develop your leaders and managers to maintain the highest standards of quality care⁵⁷.

3.10.1. Experience in sector

On average, workers had 9.6 years of experience in the adult social care sector and 76% of the workforce had been working in the sector for at least three years. Chart 38 shows that managers had the most experience in the sector, with an average of 19.6 years for registered managers and 17.1 years for senior management.

⁵⁶ <https://www.skillsforcare.org.uk/Recruitment-support/Retaining-your-workforce/Top-tips-for-adult-social-care-workforce-retention/Promoting-career-development.aspx>

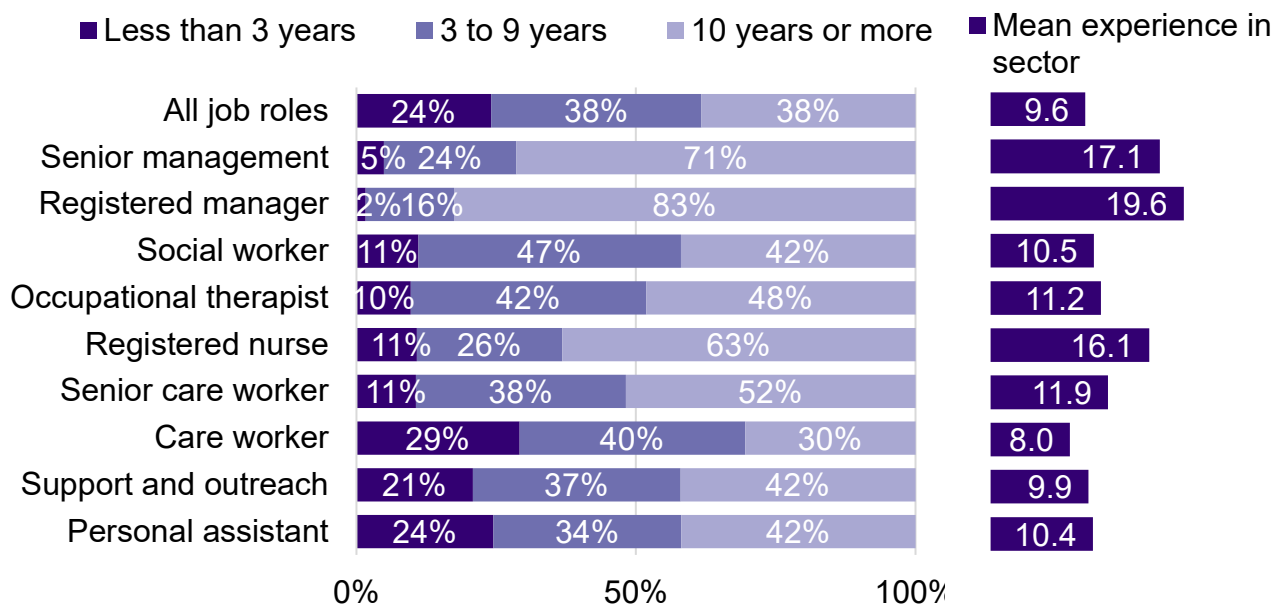
⁵⁷ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Developing-leaders-and-managers.aspx>

Within regulated professional roles, registered nurses had the most experience in the sector with 16.1 years, compared to 10.5 years for social workers and 11.2 years for occupational therapists. Care workers had the lowest average number of years of experience at 8 years. Senior care workers and personal assistants had slightly higher averages (11.9 years, and 10.4 years respectively).

Around 24% 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 (29%). In contrast, 83% of registered managers had been in the sector for 10 years or more.

Chart 38. Estimated year bands and average number of years of experience working in the adult social care sector by selected job role, 2022/23

Source: Skills for Care estimates



3.10.2. Experience in role

On average, workers had 5 years of experience in their current role (4.6 years less than the average experience in sector). Chart 39 shows information on workers' experience in their current role in years. The average number of years of experience in role for a care worker was 4.3 years; similar to personal assistants, which had an average of 4.4 years. In contrast, senior managers (9.1 years) and registered managers (8.8 years) had more experience in their current role.

Registered nurses had an average of 4.9 years of experience in role; this was amongst the lowest levels of all the job roles shown in Chart 39. However, registered nurses' average

years of experience of working in the adult social care sector were amongst the highest (16.1 years). This is likely a result of the relatively high turnover rate for registered nurses (32.6%) and indicates that many nurses have moved between employers in the social care sector.

Chart 39. Estimated year bands and average number of years of experience in current role by selected job role, 2022/23

Source: Skills for Care estimates

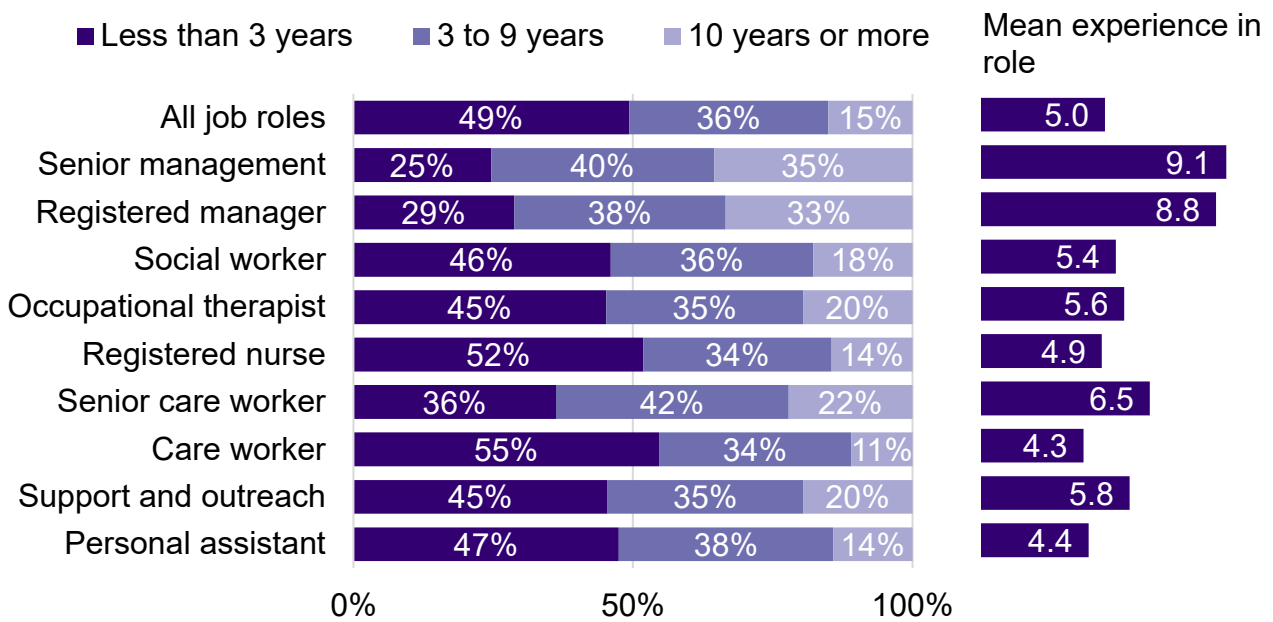
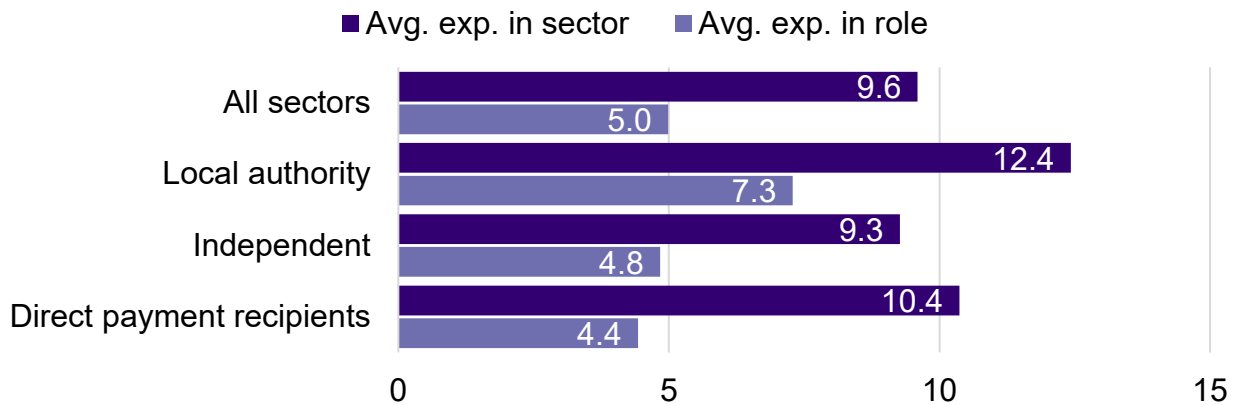


Chart 40 below shows that workers in the local authority sector had the most experience in the sector and remained in their role for longer. Workers employed in the independent sector had less experience on average, which reflects the higher turnover rates in this part of the sector.

Chart 40. Comparison of average number of years of experience in current role and adult social care by sector, 2022/23

Source: Skills for Care estimates



Although the turnover rate was 28.3% in 2022/23, the workforce average experience in the sector (9.6 years) shows there are an experienced core of workers that have chosen adult social care as a career.

3.11. 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 workforce wellbeing is paramount.

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.

Our website has many resources to support managers to improve staff wellbeing.⁵⁸ We've launched a wellbeing tool to support managers and staff called 'creating a positive workplace culture'.⁵⁹ This guide helps to understand positive workplace culture and how to achieve it.

There was an estimated workforce of 1.385 million directly employed staff (permanent and temporary only) within local authorities, independent sector providers and posts working for direct payment recipients in 2022/23. These workers had an average of 5.9 sickness days per employee, meaning a total of approximately 8.1 million days were lost to sickness over the year.

⁵⁸ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-people/Wellbeing/Wellbeing.aspx>

⁵⁹ www.skillsforcare.org.uk/culture

Across the wider economy of the UK, data from the Labour Force Survey⁶⁰ showed there were an average of 5.7 sickness days per worker in 2022, which was very similar to adult social care.

The average number of sickness days varied by job role, with social workers and support and outreach workers having the highest number of sickness days at 10.8 and 9.1 days per year on average, respectively.

However, those in personal assistant roles had a much lower sickness rate, at 2 days. Personal assistants employed by a friend or family member had, on average, 1.7 sickness days. Those employed by a non-friend or family member had an average of 2.7 days. More evidence on this is presented in the 'Individual employers and the personal assistant workforce, 2023' report which can be found on our Workforce Intelligence website.⁶¹

Registered nurses also had lower sickness rates, at an average of 4.1 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.

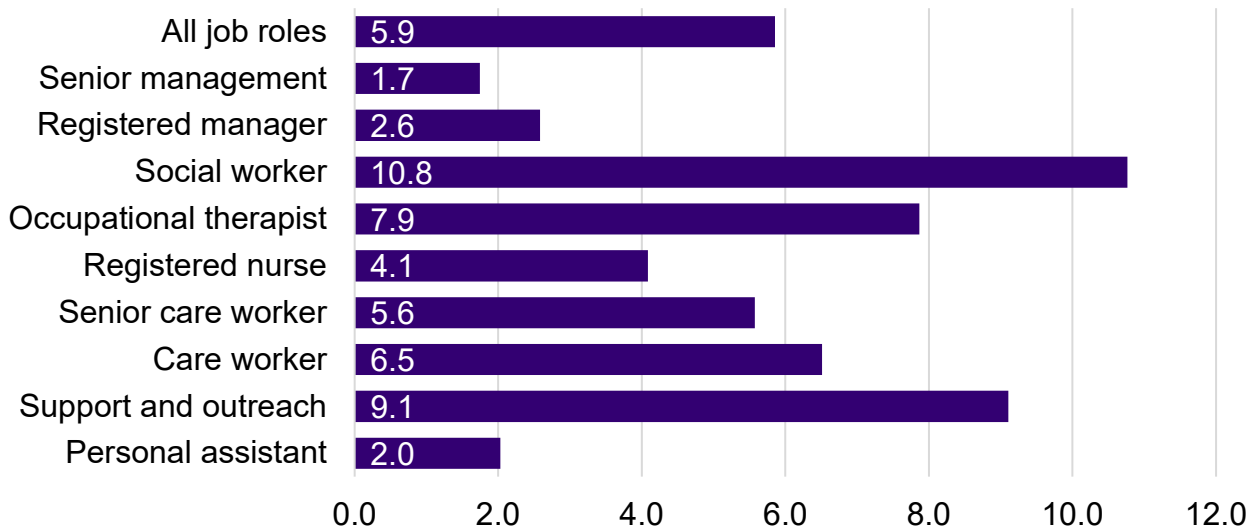
On average, sickness rates were higher within local authorities (11.8 days for all job roles and 15.3 for care workers) than in independent sector providers (5.7 days for all job roles and 6.2 for care workers). This may reflect differing terms and conditions. Data from the ASC-WDS showed that over 90% of local authorities offered enhanced sick pay to their care workers, whereas around half of independent sector employers offered this benefit.

⁶⁰<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/latest>

⁶¹www.skillsforcare.org.uk/IEPareport

Chart 41. Estimated average sickness days taken by selected job roles, 2022/23

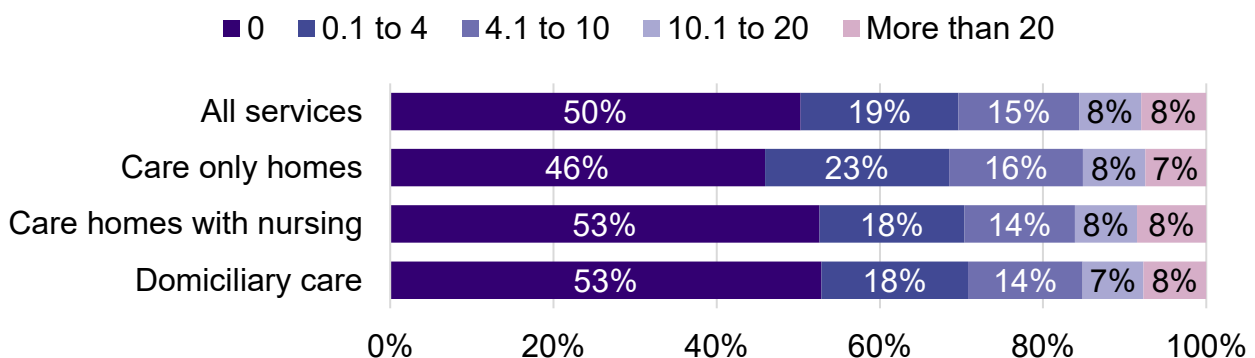
Source: Skills for Care estimates



Although the average number of sickness days was 5.9, unweighted data from the ASC-WDS showed that around half of workers in the independent sector had zero sickness days in the previous 12 months (50%). Chart 42 below shows that care only homes had more workers absent through sickness, whereas care homes with nursing and domiciliary care showed similar distributions.

Chart 42. Sickness distribution by service type

Source: Independent sector unweighted ASC-WDS data



3.11.1. 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 7.6 days were lost to sickness in 2020/21 in the independent sector compared to 4.2 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.

After 2020/21, following the relaxation of rules regarding testing and isolation, sickness rates began to decrease but are still higher than before the pandemic.

Chart 43. Average number of sickness days, 2019/20 to 2022/23 and April to July 2023

Source: Skills for Care estimates (independent sector only)

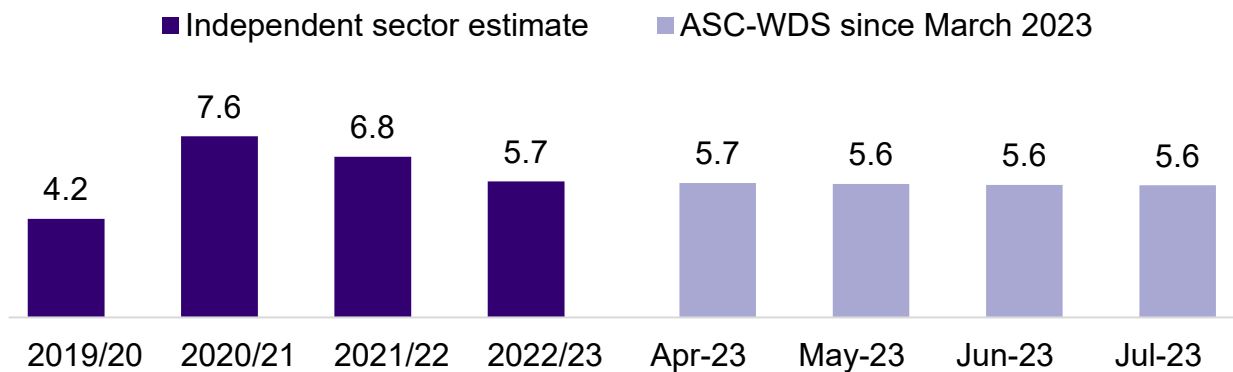
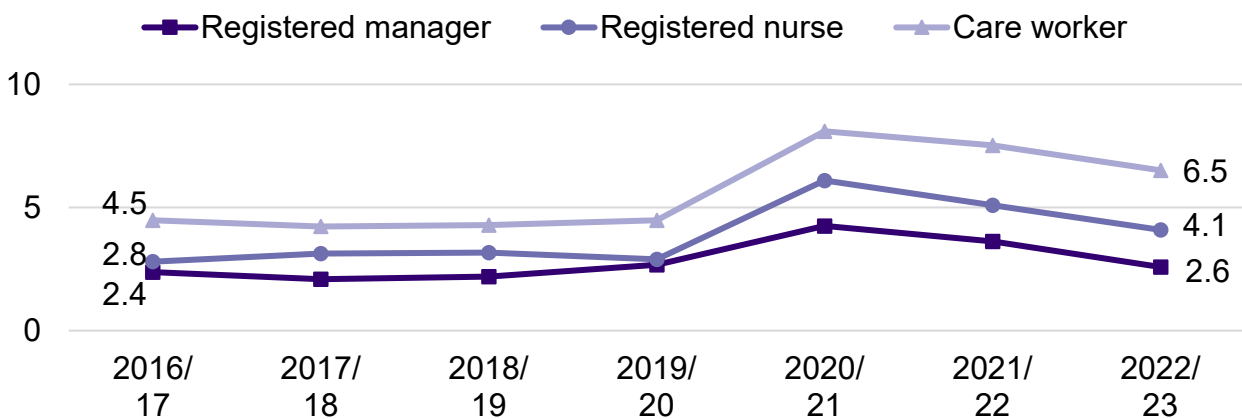


Chart 44 below shows the sickness trend for selected jobs roles. Registered managers, nurses and care workers all experienced similar increases in sickness rates while COVID-19 restrictions were in place.

Chart 44. Estimated average sickness days taken by selected job roles, 2022/23

Source: Skills for Care estimates



Some employers informed Skills for Care that their employees and registered managers were at risk of ‘burnout’ during 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, with a vacancy rate of 9.9% in 2022/23, sickness rates returning to normal levels should alleviate some pressure.

We're continuing to analyse ASC-WDS data every month to monitor sickness rates in the workforce. The outputs from this analysis can be found on the monthly tracking section of our Workforce Intelligence website.⁶²

3.12. 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, [visit our website](#).

The Government also recognises the recruitment and retention challenges in adult social care and introduced a Health and Care Levy in April 2022. This levy was expected to raise approximately £13 billion a year to fund health and social care and, although the levy was cancelled from November 2022, the Government has stated that funding for health and social care services will be maintained at the same level as if the levy was in place. The 'Made with Care' campaign advertises careers in adult social care and directs job seekers to www.adultsocialcare.co.uk where people can research a career in adult social care and find jobs in their area.

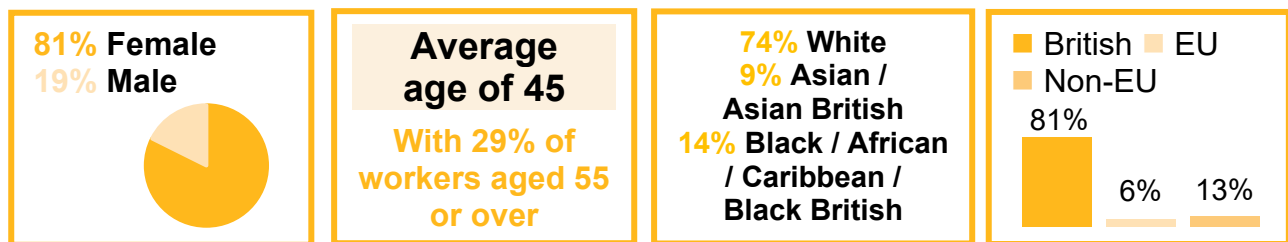
⁶² <https://www.skillsforcare.org.uk/monthlytracking>

Workforce demographics

04

Overview of adult social care workforce demographics, 2022/23

- The adult social care workforce in 2022/23 comprised 81% female and 19% male workers.
- The average age of a worker was 45 years old, 29% of workers (440,000 filled posts) were over 55 years old.
- Staff with a white ethnic background made up 74% of the adult social care workforce compared to 83% of the population of England. People with an Asian / Asian British ethnicity made up 9% of the workforce, and the population. People with a Black / African / Caribbean / Black British ethnicity made up 14% of the adult social care workforce compared to 4% of the population.
- The majority of the adult social care workforce had a British nationality (81%), 6% (99,000 filled posts) had an EU nationality and 13% (192,000 filled posts) had a non-EU nationality.
- The proportion of workers with a non-EU nationality, in the independent and local authority sectors, increased from 9% in 2016/17 to 14% in 2022/23.



4.1. Introduction

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

4.2. Gender

In 2021/22 the gender question was changed in ASC-WDS from 'gender' to 'gender identity' and the option of 'other' was added alongside 'male', 'female' and 'I don't know'. In 2022/23, around 0.02% of workers were recorded as having 'other' gender identity by their employer in ASC-WDS. 'Not known' responses are removed prior to weighting, as with our other variables.

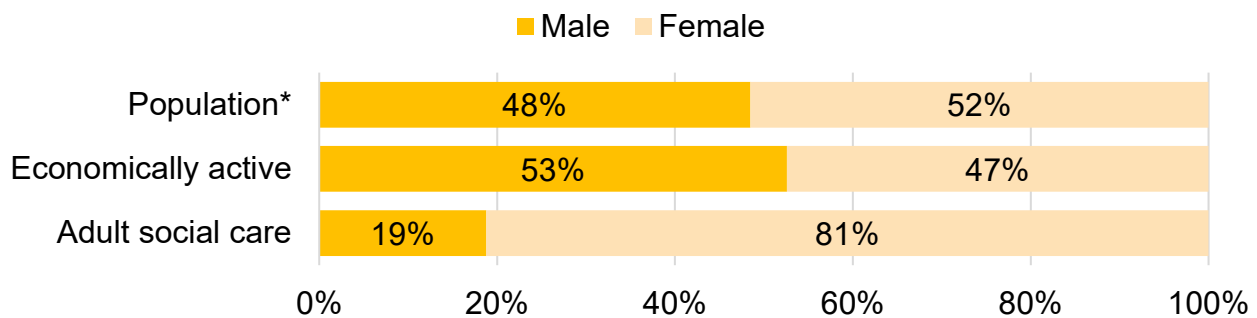
The following detailed analysis includes 'male' and 'female' gender identities. The 'other' gender identity responses are not included in the detailed analysis because the national base is very low, and we are still understanding its representativeness.

It is important to note that our data is reported by employers, not the workers themselves and this may result in an underestimation of people with a gender identity other than male and female recorded. Skills for Care is continuing to monitor the results of the gender identity question and will review the question wording with employers.

Chart 45 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 was made up of around 81% female workers. Male workers remained in the minority at 19%.

Chart 45. Estimated gender of the adult social care workforce, the population, and the economically active population

Source: Skills for Care estimates 2022/23, Labour Force Survey 2022/23, Census 2021



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

Since 2012/13, the proportion of female workers in adult social care has remained consistent at 82%. Table 7 shows that in 2022/23 this decreased to 81%, this change is related to recent international recruitment, these staff we more likely to male (32%).

Chart 46 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 (80%), especially senior management roles (69%), compared to other roles. Occupational therapists had the lowest proportion of male workers with 10%.

Since 2012/13, the proportion of female workers in adult social care has remained consistent at 82%. Table 7 shows that in 2022/23 this decreased to 81%, this change is related to recent international recruitment, these staff we more likely to male (32%).

Chart 46. Estimated proportional gender split in the adult social care workforce by selected job roles

Source: Skills for Care estimates, 2022/23

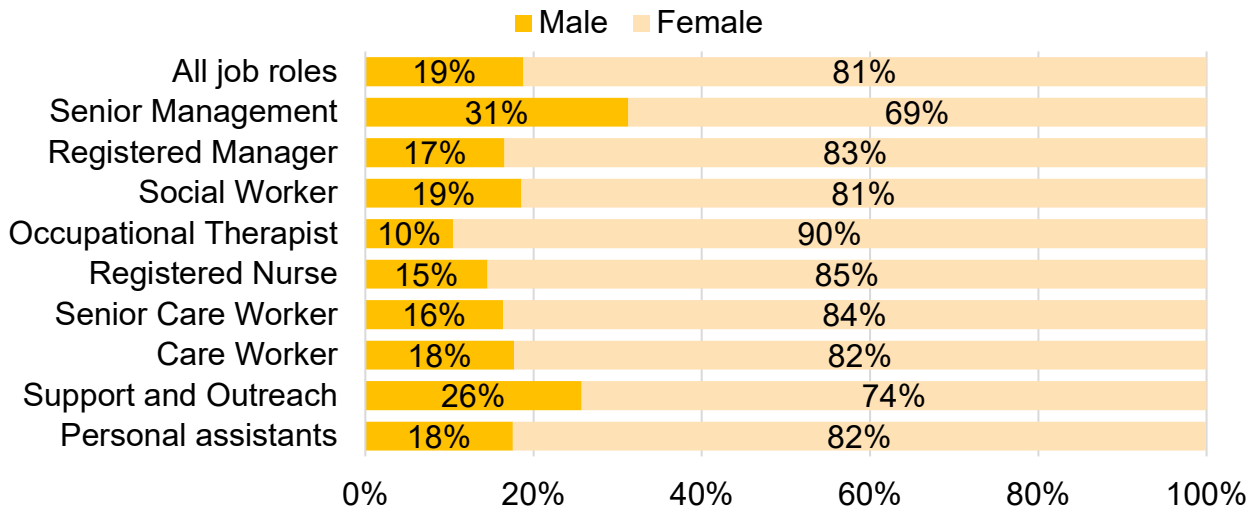


Table 7. Estimated proportion of female workers in the adult social care workforce

Source: Skills for Care estimates

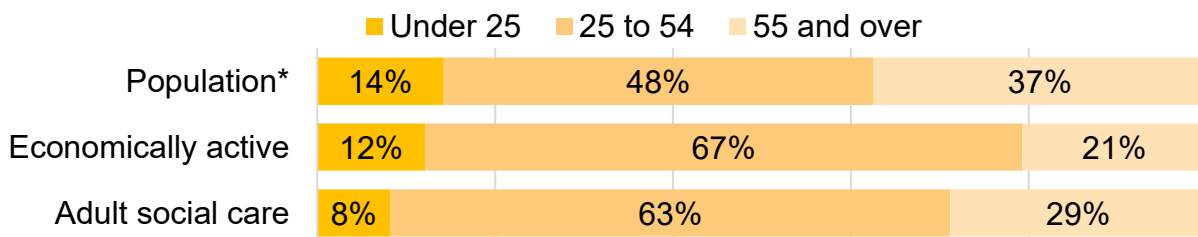
	2016/17	2017/18	2018/19	2020/21	2021/22	2022/23
All job roles	82%	82%	82%	82%	82%	81%

4.3. Age

Chart 47 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 29% of workers (440,000 filled posts) aged 55 and over, compared to 21% of workers in the economically active population. From a workforce planning point of view, workers aged 55 and over may retire within the next ten years.

Chart 47. Estimated age distribution of the adult social care workforce compared with the population and economically active population

Source: Skills for Care estimates 2022/23, Labour Force Survey 2022/23, Census 2021

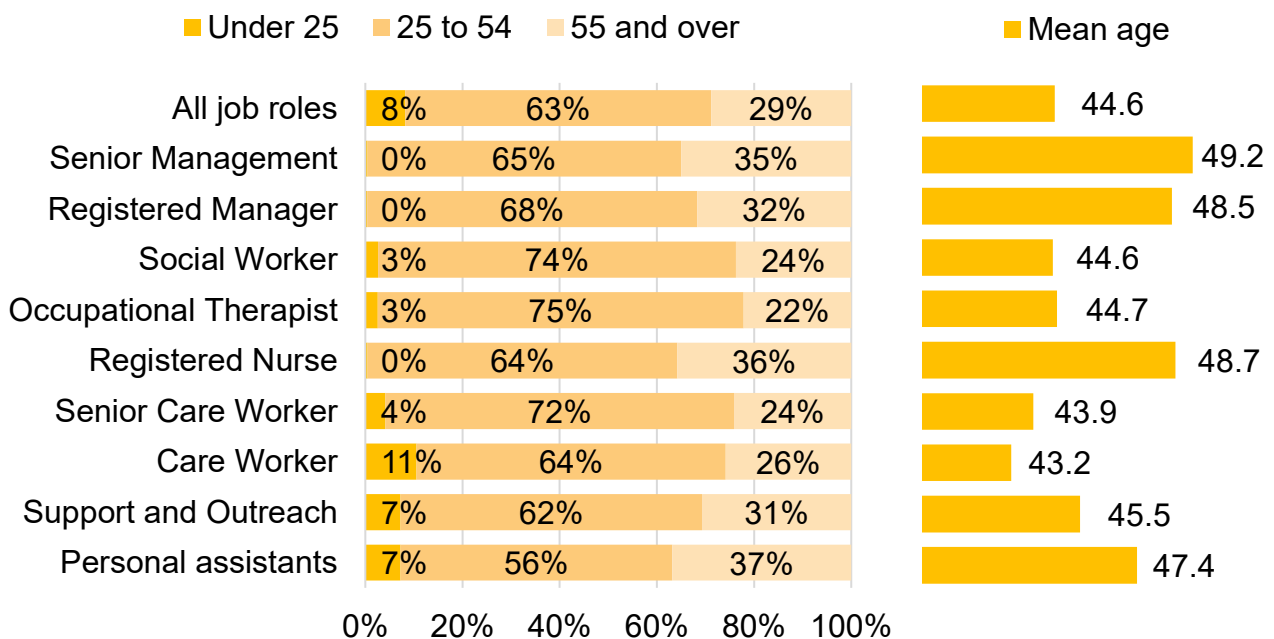


*Population under 25 includes those aged 15 to 24

Chart 48 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. Care workers had the youngest age profile, with 11% being under 25 years old. Over a third (36%) of registered nurses were aged 55 or over, with an average age of 48.7 years old.

Chart 48. Estimated age bands and mean ages of the adult social care workforce by selected job roles

Source: Skills for Care estimates 2022/23



We are working in conjunction with the Government and social care employers to develop initiatives to encourage younger people to join, and remain, in the adult social care sector – including through the ‘I Care... Ambassadors’⁶³ project, apprenticeships and the New Demographics into Care project. For further information, see Chapter 3 – Recruitment and Retention.

4.3.1. Age trends

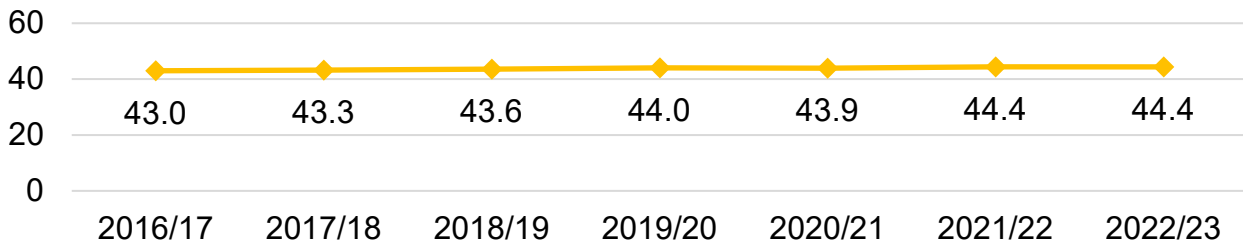
Chart 49 shows the average age of the adult social care workforce employed by local authorities and the independent sector over time. The average age of the workforce rose marginally over a six-year period, from 43.0 years in 2016/17 to 44.4 years in 2022/23. Over the same period, the average age of the economically active population had

⁶³ www.skillsforcare.org.uk/iCare

increased from 40 years to 42 years.⁶⁴ This highlights that the marginally rising age of the workforce is not exclusive to the adult social care sector.

Chart 49. Average age trends of the adult social care workforce (independent and local authority sectors only), 2016/17 to 2022/23

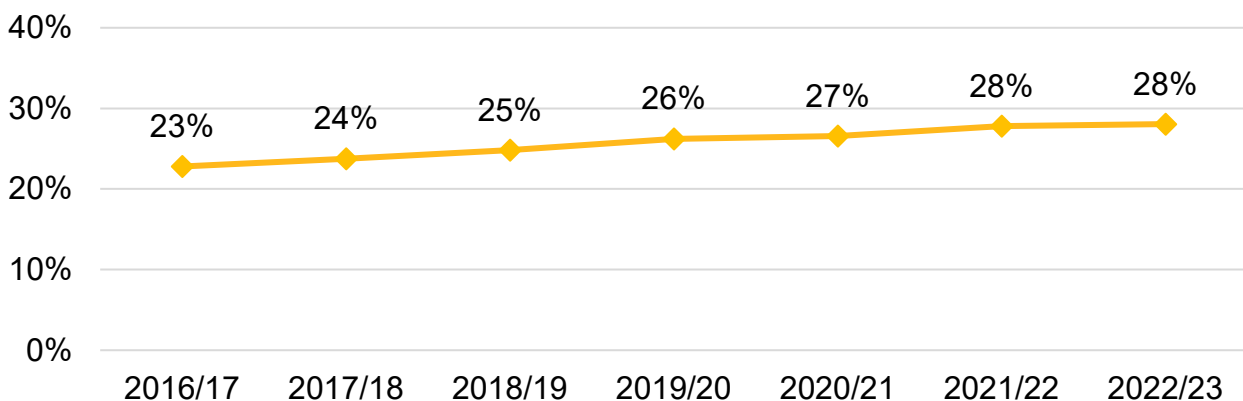
Source: Skills for Care estimates



The chart below shows the proportion of adult social care staff (in the local authority and independent sector) that were aged 55 and over, and how that group has changed since 2016/17. The proportion of the overall workforce that is 55 and over has been steadily increasing since 2016/17, from 23% of the workforce to 28% of the workforce. Some roles, such as social worker and care worker also saw a steady increase over the period. The proportion of registered managers and registered nurses who were 55 and over has remained constant since 2019/20.

Chart 50. Proportion of the social care workforce who are aged 55 and over (independent and local authority sectors only), 2016/17 to 2022/23

Source: Skills for Care estimates



4.4. Ethnicity

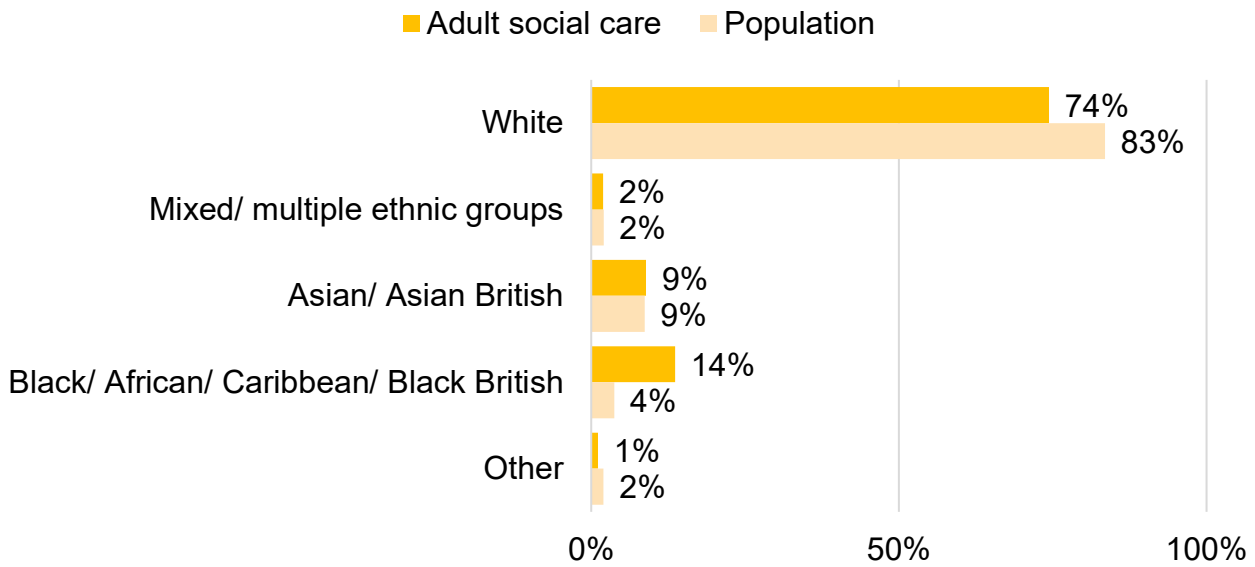
Chart 51 shows that the ethnic profile of the adult social care workforce was more diverse than the population of England. There was a notably higher proportion of people with a

⁶⁴ ONS - Labour Force Survey

Black/ African/ Caribbean/ Black British ethnicity within adult social care (14% of the total workforce) compared to the population (4% of the population).

Chart 51. Estimated proportion of the adult social care workforce and the population of England by ethnicity

Source: Skills for Care workforce estimates 2022/23, Census 2021



The NHS Workforce Race Equality Standard⁶⁵ shows people from ethnic minority backgrounds make up almost a quarter of the NHS workforce (24.2%) this as an increase of 27,500 people since 2021 (22.4% of staff).

Chart 52 and Table 8 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 (29% with a white ethnic background) and the North East the least diverse workforce (93% with a white ethnic background). In general, the proportions of adult social care workforce within each ethnicity group reflects the local population in each area (from the Census 2021). Please note that this information only includes workforce data for local authorities and the independent sector. Ethnicity data for personal assistants working for direct payment recipients was not available at a regional level.

⁶⁵ <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/>

Chart 52. Estimated proportion of the adult social care workforce by ethnicity, England and London (independent and local authority sectors only)

Source: Skills for Care estimates 2022/23

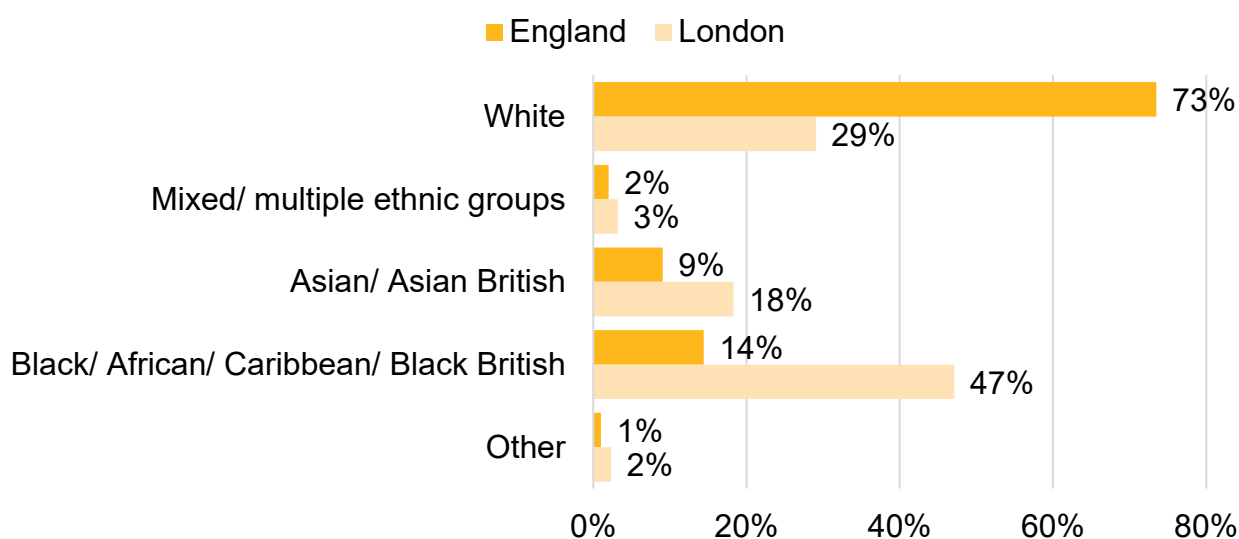


Table 8. Estimated proportion of the adult social care workforce by ethnicity by region (independent and local authority sectors only)

Source: Skills for Care estimates 2022/23

	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other
England	73%	2%	9%	14%	1%
Eastern	77%	2%	8%	12%	1%
East Midlands	77%	2%	8%	12%	1%
London	29%	3%	18%	47%	2%
North East	93%	1%	2%	4%	<1%
North West	86%	2%	6%	6%	1%
South East	75%	2%	10%	11%	1%
South West	87%	1%	6%	5%	1%
West Midlands	71%	3%	10%	15%	1%
Yorkshire and the Humber	85%	2%	6%	7%	1%

Chart 53 and Table 9 shows ethnicity group by selected adult social care job roles. Registered nurses had the lowest proportion of workers with a white ethnicity (56%), whereas occupational therapists had the highest (83%). Registered managers and senior managers also had a relatively high proportion of those with a white ethnicity (83% and 81% respectively) compared to the overall workforce.

The proportion of people with an Asian/ Asian British and a Black/ African/ Caribbean/ Black British ethnicity background differed between job roles.

Chart 53. Estimated proportion of the adult social care workforce by ethnic group for all job roles and registered nurses

Source: Skills for Care estimates, 2022/23

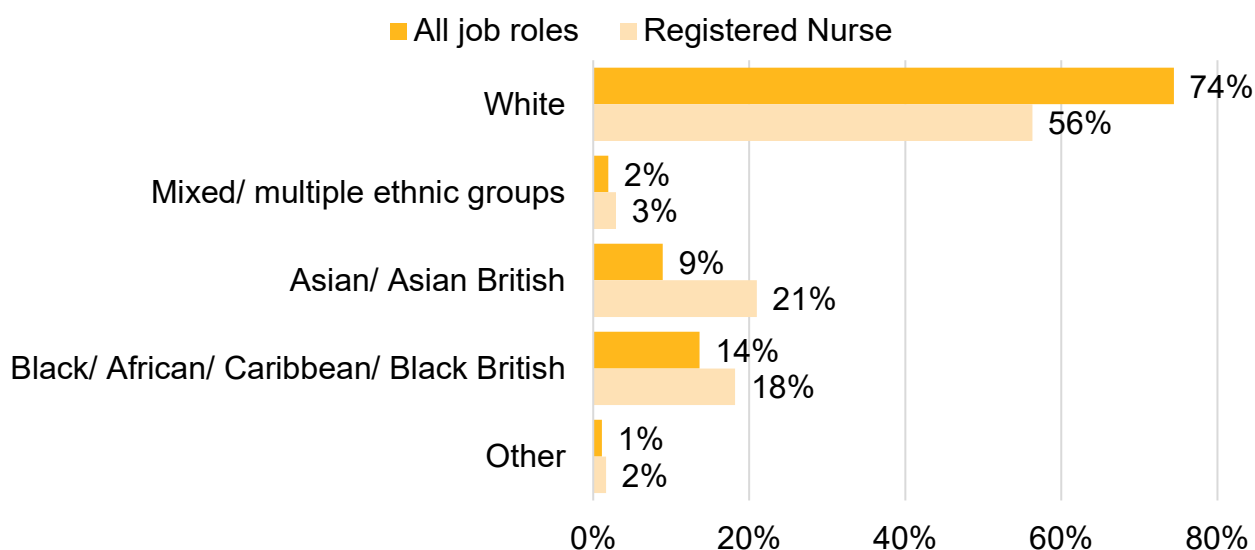


Table 9. Estimated proportion of the adult social care workforce by ethnic group for selected job roles

Source: Skills for Care estimates, 2022/23

	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other
All job roles	73%	2%	9%	14%	1%
Senior Management	83%	2%	7%	8%	<1%
Registered Manager	81%	1%	7%	11%	1%
Social Worker	72%	3%	6%	18%	1%
Occupational Therapist	83%	1%	4%	11%	1%
Registered Nurse	56%	3%	21%	18%	2%
Senior Care Worker	75%	2%	12%	11%	1%
Care Worker	70%	2%	10%	17%	1%
Support and Outreach	75%	2%	5%	18%	1%
Personal assistants	84%	1%	7%	5%	2%

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 the development of competencies and behaviours focused on the implementation of the Social Care 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 identifying 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 minority ethnic backgrounds account for one in four 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 minority ethnic groups; COVID-19 has highlighted and brought these challenges to the forefront for many communities.

Analysis of workforce data from the ASC-WDS in 2021/22 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 8.1.5) and training and qualifications (see Chapter 6). 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. 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. See Chart 46 and Table 9.

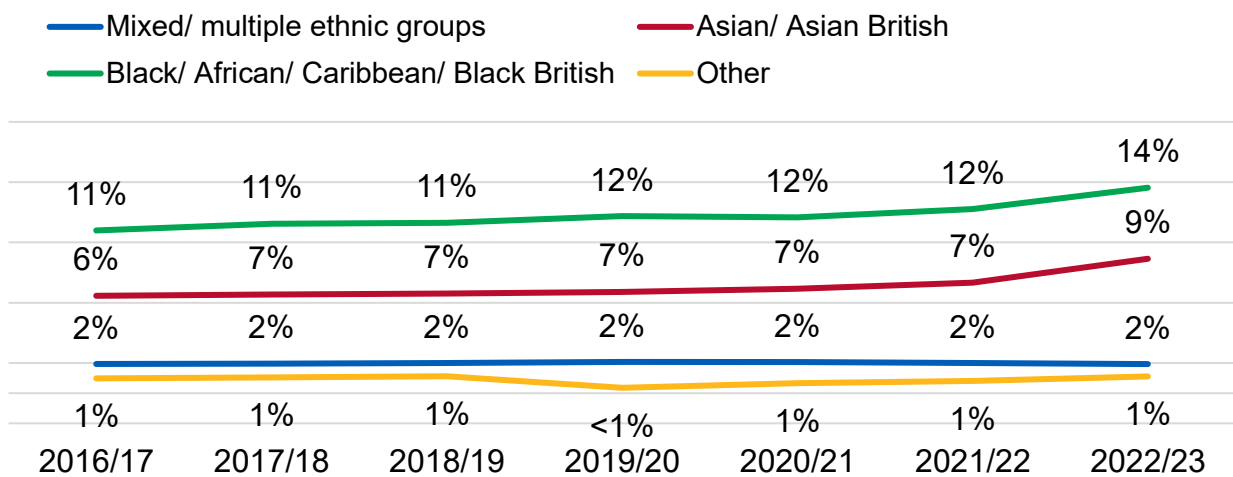
Overall gender balance has also remained heavily skewed towards female workers, which remained at 82% female from 2016/17 to 2012/22 before going down one percentage point, to 81% in 2022/23.

Chart 71 in Section 4.7 below shows that the proportion of male care workers who were recruited internationally was higher, at 32% male, than the overall estimate of care workers in the adult social care sector (18% male). International recruitment therefore contributed to the small increase in the proportion of male workers in the sector.

The proportion of workers with a Black/ African/ Caribbean/ Black British ethnicity background has slowly increased from 11% in 2016/17 to 14% in 2022/23. The number of people with an Asian/ Asian British ethnicity background has also slowly increased from 6% in 2016/17 to 9% in 2022/23.

Chart 54. Estimated proportion of all job roles by ethnic group, from 2016/17 to 2022/23

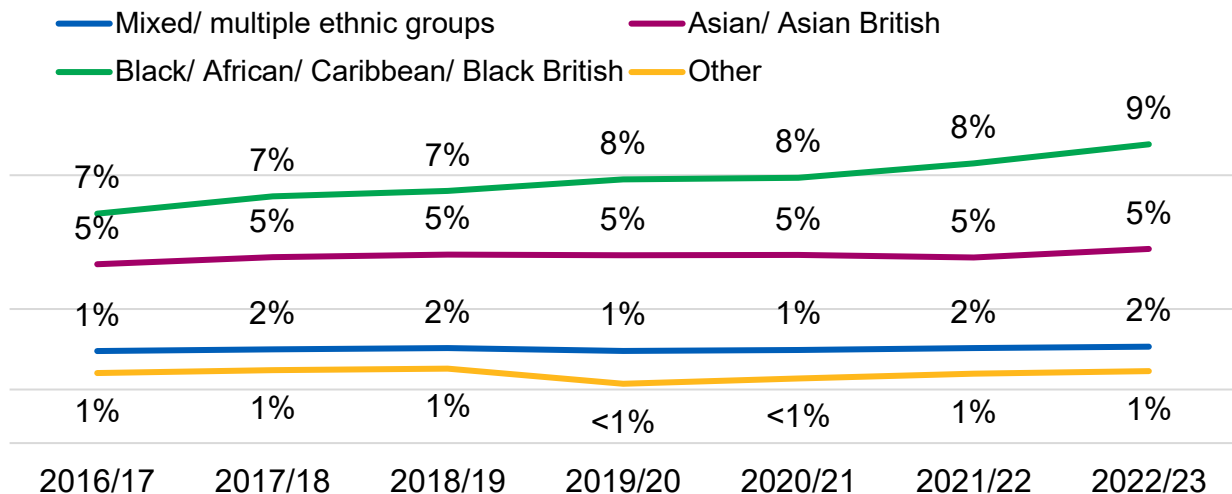
Source: Skills for Care estimates



Managerial roles have seen a slight increase in the number of people with a Black/ African/ Caribbean/ Black British ethnicity background, rising from 7% in 2016/17 to 9% in 2022/23. The chart below shows the proportion of people with other ethnicities has remained consistent.

Chart 55. Estimated proportion of managerial roles by ethnic group, from 2016/17 to 2022/23

Source: Skills for Care estimates



Skills for Care promotes diverse and compassionate leadership across all services to ensure the workforce feels equal, valued, and included. We use a combination of tools, resources, and our platform (and voice) to raise awareness of the importance of inclusive and positive workplace cultures to leaders. We also promote leadership styles that model compassion with a culture that encourages wellbeing and progression.

We continued to support leaders and managers from diverse backgrounds 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 the LGBTQ+ learning framework⁶⁶ and 'Supporting the diverse workforce within adult social care' webpages for information⁶⁷, opportunities to get involved, webinars and blogs such as 'Discrimination and care workers' rights' and 'How to become an anti-racist organisation'⁶⁸.

Skills for Care has also developed two programmes to support leaders and managers and a diverse workforce. Forefront⁶⁹, a programme being supported by Skills for Care, is aimed at those people from diverse backgrounds from who work directly with people drawing on

⁶⁶ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/LGBTQ-learning-framework.aspx>

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

⁶⁸ <https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Supporting-a-diverse-workforce-Understanding-racism.pdf>

⁶⁹ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Forefront.aspx>

care and support. The 'Moving Up programme'⁷⁰ supports workers from diverse backgrounds to develop the leadership skills needed to move into more senior leadership roles in social care. More than ever before, it's important to offer opportunities and support to those from ethnically 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, but there is still more to be done to increase the diversity of senior leadership roles. Trend analysis of the adult social care workforce shows that people with an Asian/ Asian British ethnic background made up 5% of all managerial roles, which the same proportion since 2016/17. People with a Black/ African/ Caribbean/ Black British ethnic background made up 9% of all managerial roles, up from 7% in 2016/17. The Social Care Workforce Race Equality Standard (SC-WRES) project aims to identify where more needs to be done and action taken.

The SC-WRES is a quality improvement and data collection programme that supports organisations to address evidence and make progress towards race equality. It asks local authorities to collect and submit data on an annual basis in key areas, which highlight differences in experiences of people from ethnic minority backgrounds. It's both a set of metrics and an improvement approach which holds up a mirror, supports change and strengthens the accountability of organisations.⁷¹ Skills for Care is planning to publish a 'SC-WRES, equality, diversity and inclusion' report in February 2024, showing the results of the 2023 SC-WRES, trends from the 2021 SC-WRES, workforce analysis of the ASC-WDS and reflections from the wider social care sector.

4.6. Nationality

In 2022/23 around 81% of the adult social care workforce had a British nationality, 6% (99,000 filled posts) had an EU nationality and 13% (192,000 filled posts) had 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 was more diverse than the population of England in terms of nationality with 19% being non-British. This compares with 9.7% of the overall population having a non-UK identity, which is an increase from 8.0% of the population in 2011.

⁷⁰ www.skillsforcare.org.uk/moving-up

⁷¹ www.skillsforcare.org.uk/SCWRES

Chart 56. Estimated proportion of the adult social care workforce and population of England by nationality

Source: Skills for Care workforce estimates 2022/23, Census 2021

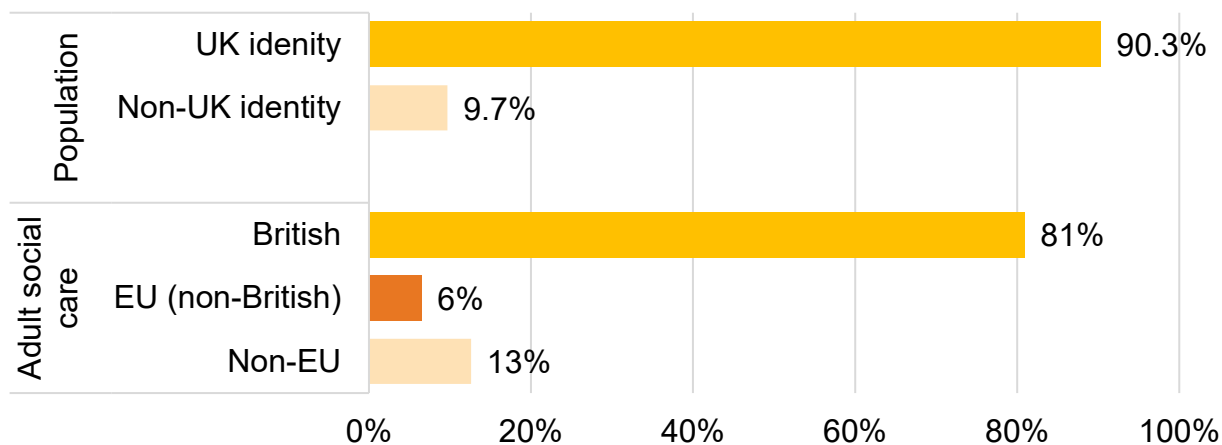


Table 10 and Chart 57 show nationality by selected job group and role. There was a lower proportion of non-British workers in managerial roles and a higher proportion in regulated professional roles, which was largely due to registered nurses.

Table 10. Estimated number of filled posts in the adult social care sector by nationality and job role group

Source: Skills for Care estimates, 2022/23

	British	EU (non-British)	Non-EU
All job roles	1,232,000	99,000	192,000
Managerial	102,000	5,000	5,000
Regulated professions	42,000	6,000	11,000
Direct care	912,000	75,000	164,000
Other	176,000	13,000	12,000

Chart 57. Estimated proportions of the adult social care workforce by nationality and job role

Source: Skills for Care estimates, 2022/23

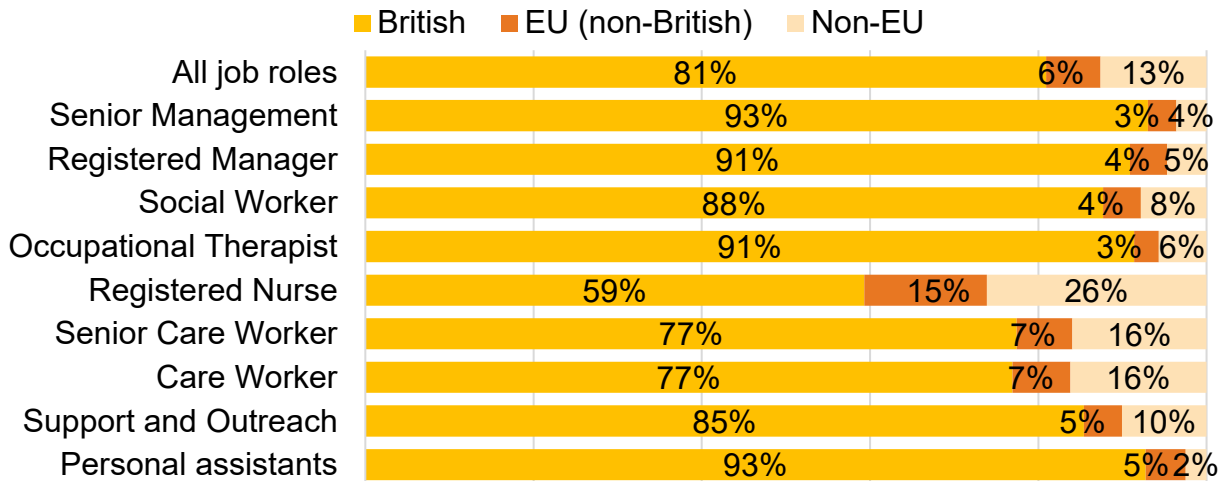
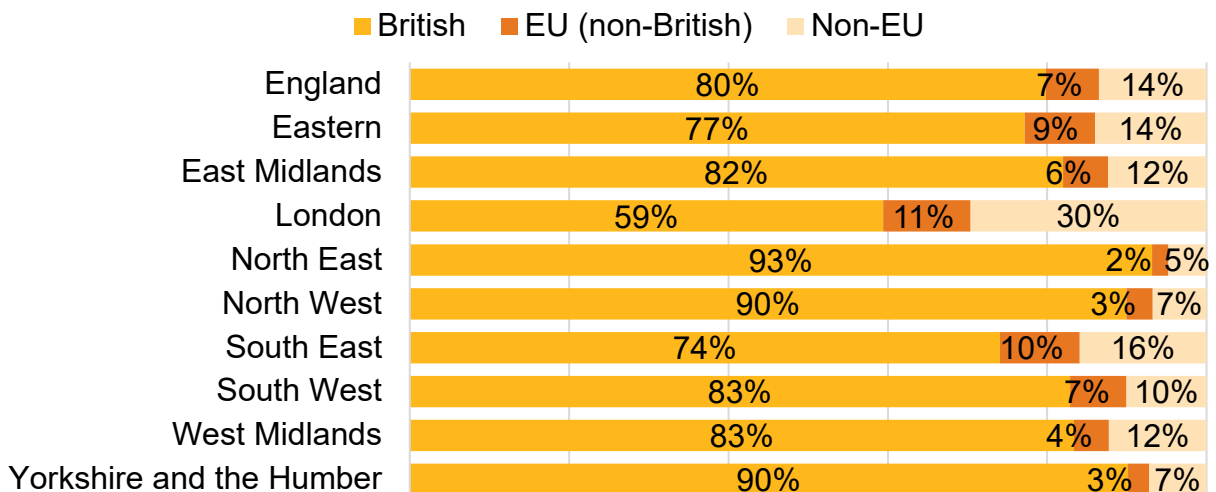


Chart 58 shows that there were regional variations in workforce nationality. The North East, North West, and Yorkshire and the Humber had a relatively low percentage of non-British workers, with similar proportions of EU and non-EU nationalities. London had the highest proportion of non-British workers, followed by the South East. The map also highlights a north/south divide in terms of workforce nationality. Please note that Chart 58 and Map 1 only contain local authority and independent sector information. Nationality information about filled posts working for direct payment recipients was not available at regional level.

Chart 58. Estimated proportions of the adult social care workforce by nationality and region (independent and local authority sectors only)

Source: Skills for Care estimates, 2022/23



Map 1. Estimated proportion of the adult social care workforce with a British nationality, by region (independent and local authority sectors only)

Source: Skills for Care estimates, 2022/23

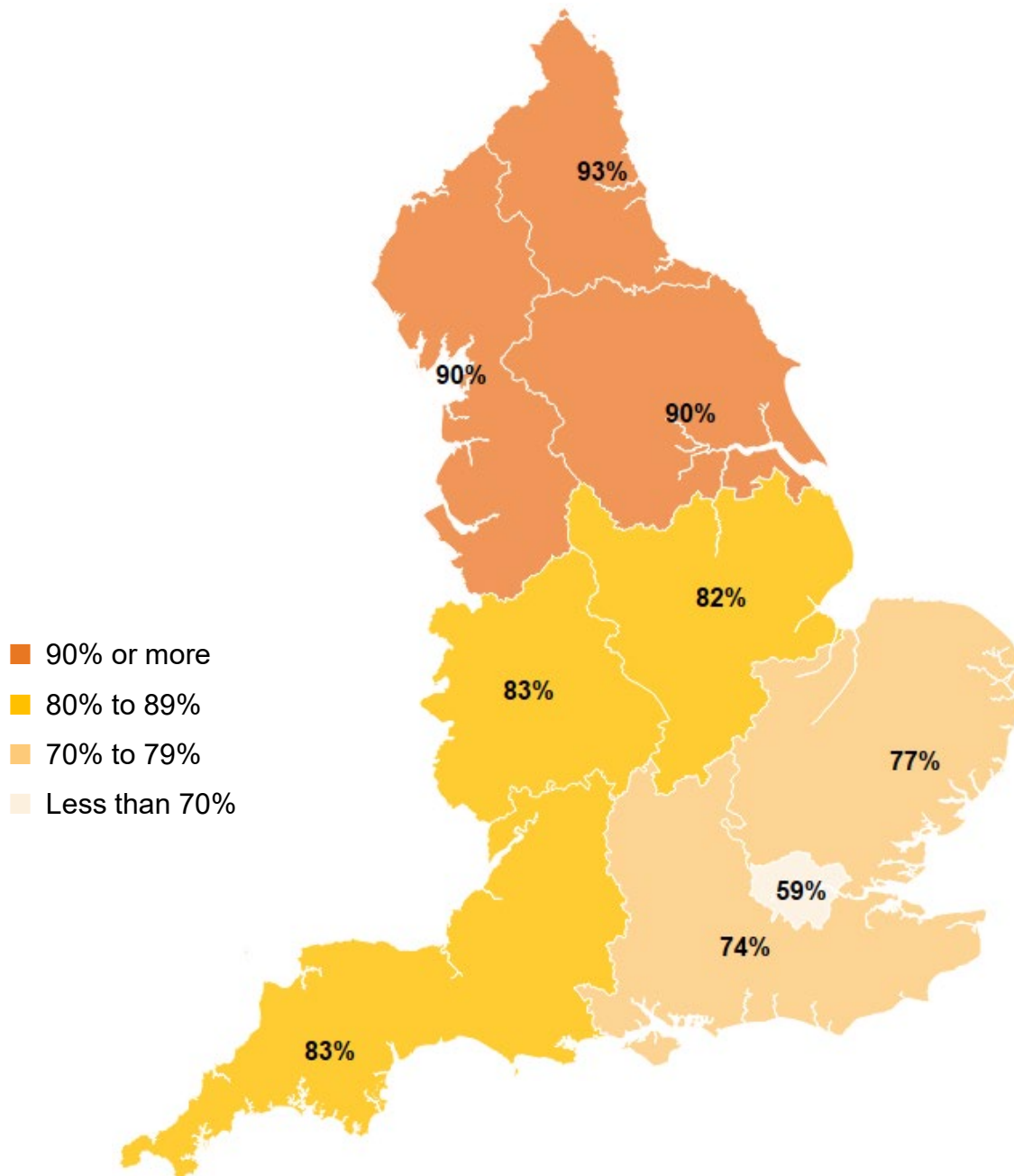
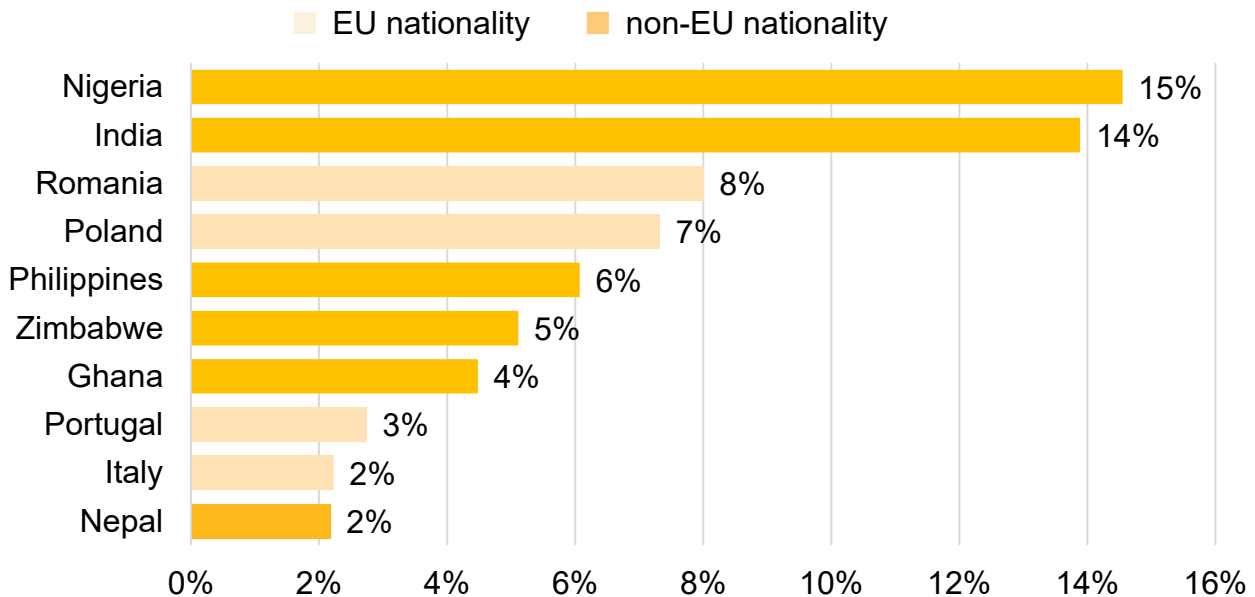


Chart 59 shows data for the ten most common nationalities of non-British workers. Six of the ten most common nationalities were non-EU countries. The most common nationalities of recent international recruits in show in Section 4.7.

Chart 59. Ten most common nationalities of the non-British adult social care workforce

Source: ASC-WDS unweighted data 2022/23



The NHS has a slightly lower proportion of EU nationals than the adult social care sector, with 16.6% of NHS staff holding nationalities of a country other than the UK in 2023.⁷² This includes 5.3% (70,000) that were nationals of EU countries.

Skills for Care has many resources on our website to help employers to support a diverse workforce⁷³ and useful information can also be found in the Care Quality Commission's Culturally appropriate care guide.⁷⁴

4.6.1. Nationality trends

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

The proportion of the adult social care workforce with a British nationality had remained consistent from 2016/17 to 2021/22, varying by one percentage point however it decreased by three percentage points in 2022/23, down to 80%.

⁷² <https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>

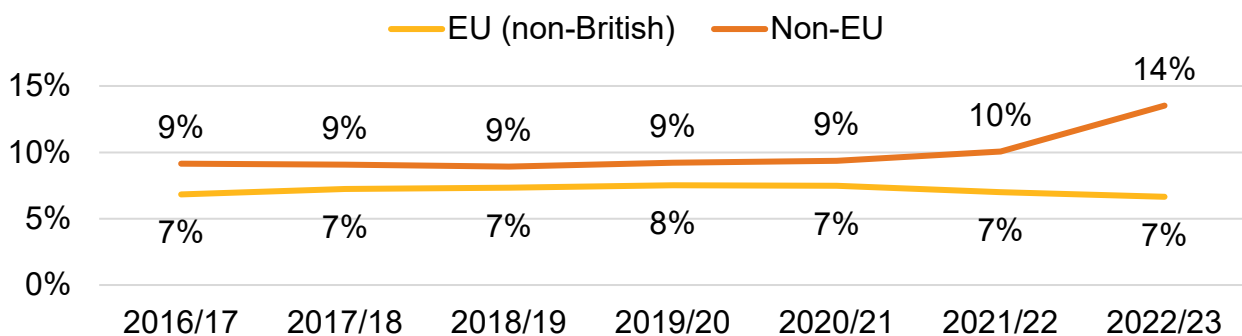
⁷³ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Supporting-a-diverse-workforce.aspx>

⁷⁴ <https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

The composition of the non-British workforce has changed. Chart 60 shows that people with an EU (non-British) nationality has remained stable at 7%, from 2016/17 to 2022/23. People with a non-EU nationality had increased from 9% to 10% from 2016/17 to 2021/22 and increased to 14% in 2022/23. This change driven largely by the increase in international recruitment in 2022/23 (see Section 4.7 for more information).

Chart 60. Estimated proportion of the adult social care workforce with an EU (non-British) and non-EU nationality

Source: Skills for Care estimates, 2016/17 to 2022/23



The nationality trend for registered nurses within the adult social care sector, as shown in Chart 61, was similar to the general trend although more pronounced. The proportion of registered nurses with a British nationality decreased by five percentage points from 64% in 2016/17 to 59% in 2022/23. The proportion of registered nurses of a non-EU nationality increased six percentage points over the period, from 20% in 2016/17 to 26% in 2022/23.

The chart below shows a different trend from 2012/13 to 2017/18, which may have arisen because of changes to immigration rules. From 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 involved 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.⁷⁵ The proportion of registered nurses with an EU nationality rose by nine percentage points during this period and the proportion of registered nurses with a non-EU nationality decreased (from 31% to 19%).

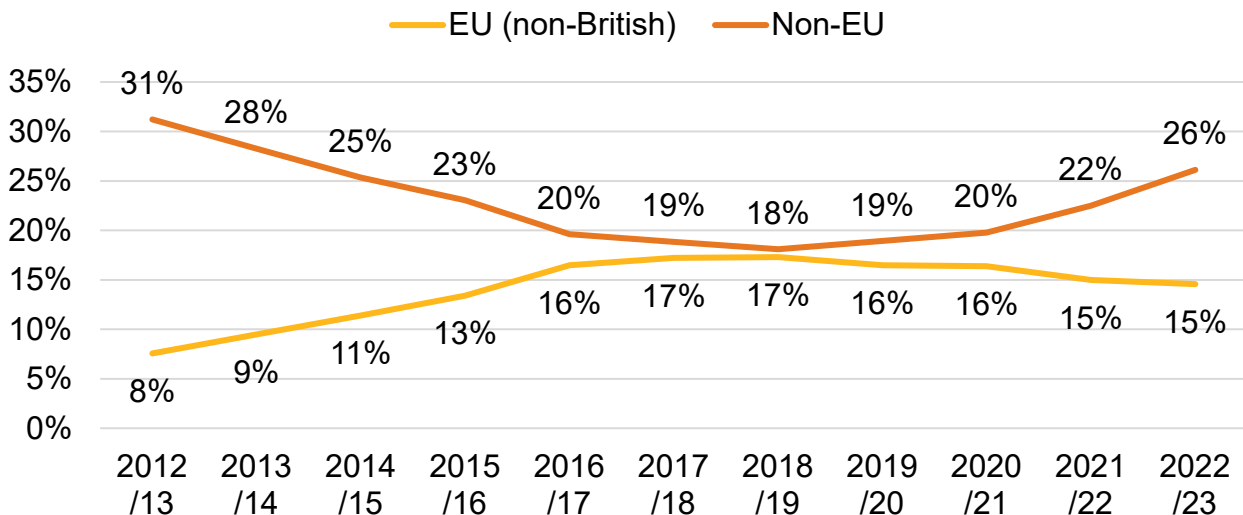
Since the introduction of the new immigration rules on 1 January 2021, nurses from EU and non-EU countries can immigrate to the UK providing that they have a job offer from a licenced sponsor, meet the salary criteria, and can speak English to the required standard.

⁷⁵ www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/immigration-rules-and-the-points-based-system/overseas-nurses-and-midwives

Following this change, the proportion of registered nurses with a non-EU nationality has increased from 20% in 2020/21 to 26% in 2022/23.

Chart 61. Estimated proportion of registered nurses with EU (non-British) and non-EU nationalities

Source: Skills for Care estimates, 2012/13 to 2022/23



4.7. International recruitment

New immigration rules came into effect in the UK on 1 January 2021⁷⁶. The new rules effectively meant that people could not come to the UK to take up care worker roles, though people could still arrive to take up some regulated professional roles and to take up senior care worker roles after this role was added to the Shortage Occupation List and Health and Care worker visa route in April 2021.

However, in February 2022, care workers were added to the Shortage Occupation List and the Health and Care worker visa route. This meant that providing workers met the salary threshold of £20,480 (£20,480 in 2022/23) and had a licenced sponsor, they could come to the UK to take up care worker roles.

Between March 2022 and March 2023, an estimated 70,000 people started direct care providing roles in the independent sector having arrived in the UK during that period.

This estimate is higher than figures from the Home Office⁷⁷ for the same time period which showed 58,000 Skilled Worker out-of-country visas issued to care workers and senior care

⁷⁶ <https://www.gov.uk/guidance/new-immigration-system-what-you-need-to-know>

⁷⁷ <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2023/why-do-people-come-to-the-uk-to-work>

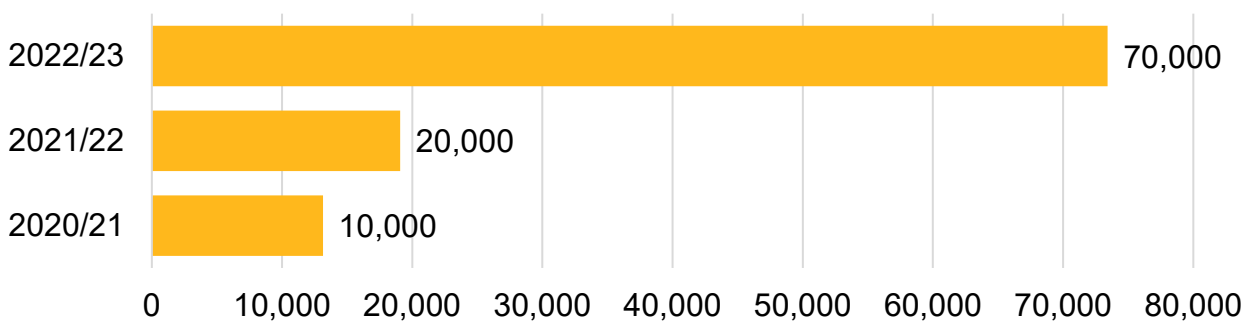
workers. The estimate of 70,000 in this report includes people arriving in the UK via other routes such as in-country applications and family permits in addition to the 58,000 receiving Skilled Worker out-of-country visas.⁷⁸

This is a substantial increase in international recruitment on previous years (20,000 in 2021/22) and it has played a part in the increase in filled posts and reduction in vacant posts seen over the period.

Early indications from ASC-WDS using information collected between April 2023 and August 2023 shows this trend continuing. An estimated 30,000-40,000 people arrived in the UK and started direct care providing roles in the independent sector during that period.

Chart 62. Estimated number of people starting direct care providing roles in the adult social care independent sector having arrived in the UK during each year

Source: Skills for Care estimates, 2020/21 to 2022/23



International recruitment provides an additional option for employers to bring in care workers and it has contributed to an increase in filled posts and decrease in vacant posts since the introduction of care workers to the Shortage Occupation List in February 2022.

However, Skills for Care has received varied feedback from employers about their experience of recruiting internationally. Whilst many have found success with international recruitment, others have told us they are still not recruiting internationally due to the perceived costs, risks and paper work associated with doing so.

Skills for Care is also aware of instances of non-ethical recruitment. One of the key risks that Skills for Care hears anecdotally is ensuring the wellbeing and pastoral care of international recruits and their families. Some employers have told us they are fearful of this risk, and some have even reported hearing of, or witnessing, exploitation by other

⁷⁸ Please note that these figures are not as precise as others in the report as employers do not always record year of arrival to the UK data in ASC-WDS.

employers and agencies, and of agencies arranging for international recruits to come to the UK even though there is not enough work for these recruits.

Skills for Care has a number of resources on recognising exploitation/modern slavery⁷⁹ and on providing pastoral support⁸⁰.

The following information is analysis of raw data held in the ASC-WDS in July 2023. This information has not been weighted to represent the whole sector but should be indicative of recent changes and developments. This information is included to explore the characteristics of care workers who are recruited internationally, their employment, and to compare against all care workers in the adult social care sector as well as to care workers who were recruited domestically.

This analysis shows care workers who have started their role during 2022 or 2023, those new starters have been split into two groups.

1. **People who have been recruited domestically** - Care workers, who have a British nationality and started their role within 2022 and 2023.
2. **People who have been recruited internationally** - Care workers, with a non-British nationality who have arrived in the UK in 2022 or 2023 and have started their role within 2022 and 2023.

Please note that not all people within this group will have arrived in the UK via the Health and Care Worker visa, some people may be arriving in the UK via other routes such as family permits or with a spouse.

An organisation that has used international recruitment has been defined in this section as having one or more care workers starting a role within the criteria described above. It should be noted that in order to identify international recruitment, this required employers to complete 'year of arrival in the UK' data in the ASC-WDS. Therefore, some international recruits may not have been identified. In addition, the data has not been weighted so not be representative of the whole sector. The information presented should be treated as a general indication of patterns, rather than precise estimates.

Chart 63 below shows medium and large organisations were more likely to use international recruitment for care workers (36% and 40% respectively recording international recruits in ASC-WDS) than smaller organisations. However, international

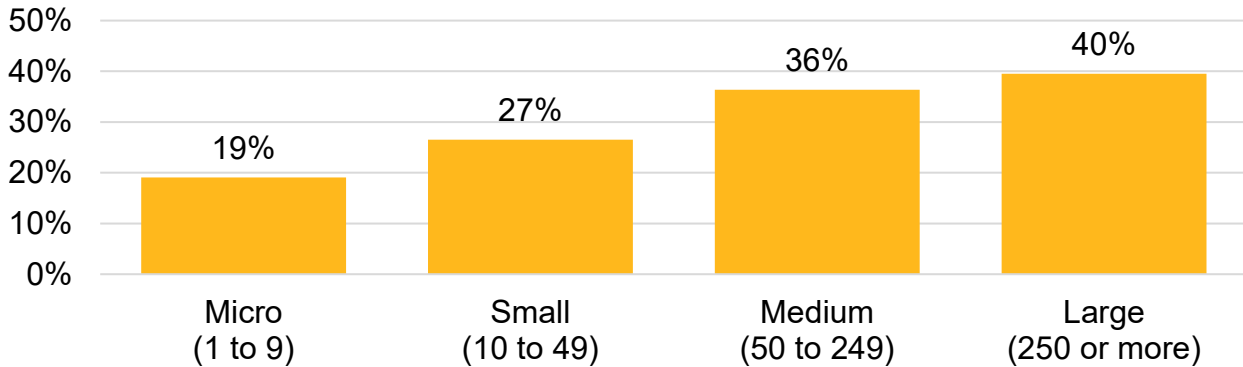
⁷⁹ <https://www.skillsforcare.org.uk/Recruitment-support/International-recruitment/Modern-slavery.aspx>

⁸⁰ <https://www.skillsforcare.org.uk/Recruitment-support/International-recruitment/International-recruitment.aspx#Pastoralsupport>

recruitment was used by all sizes of organisations with 27% of small organisations and 19% of micro-organisations having international recruits recorded in ASC-WDS.

Chart 63. Proportion of independent sector organisations, in ASC-WDS, recording international recruits for care workers by organisation size

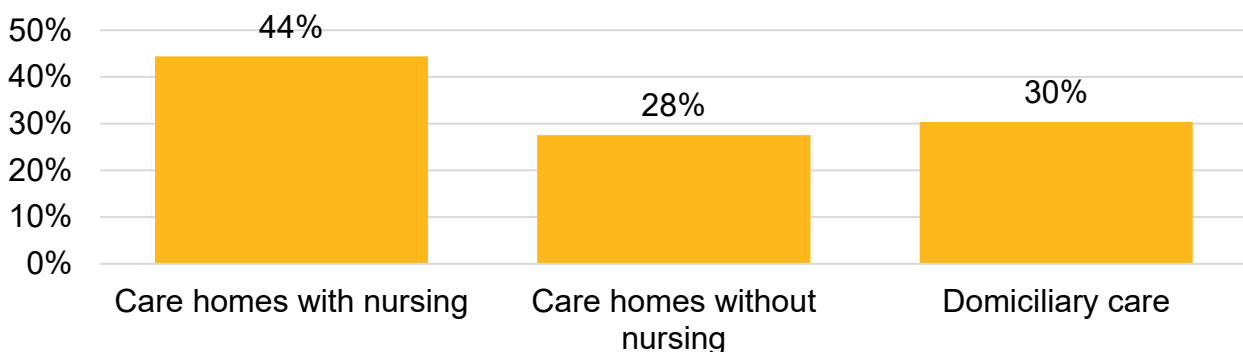
Source: ASC-WDS unweighted data July 2023



The chart below shows organisations offering care home with nursing services were most likely to be using international recruitment for care workers (44% recording using international recruits in ASC-WDS). Around 30% of organisations offering domiciliary care and 28% of organisations offering care home without nursing services recorded using international recruitment for care workers.

Chart 64. Proportion of independent sector organisations, in ASC-WDS, recording international recruitment for care workers by organisation type

Source: ASC-WDS unweighted data July 2023



Analysis of care worker starters, leavers and vacant posts can be seen in the three charts below. This longitudinal analysis shows providers who have saved or updated their starters, leavers and vacancy information before care workers were added to the shortage occupation list in February 2022 (between July 2021 and January 2022) and those that

have saved or updated information in recent months (between January 2023 and July 2023).

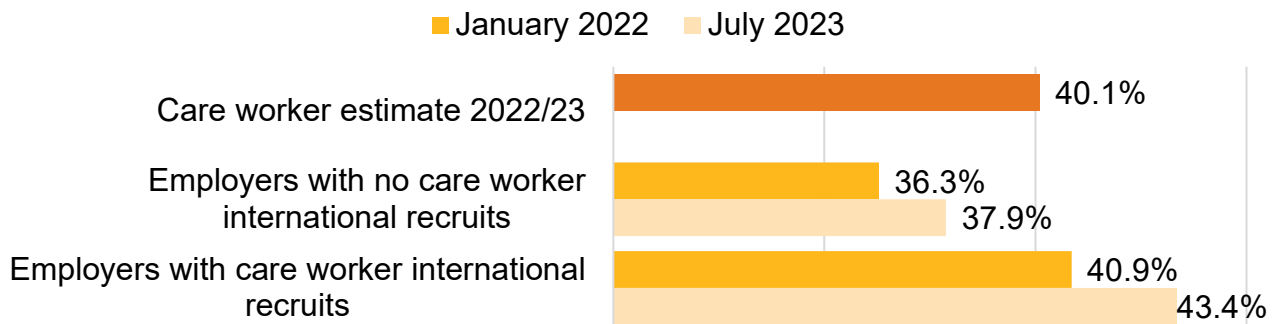
Employers with care worker international recruits have been defined as all those with one or more people, recorded in ASC-WDS, arriving in the UK in 2022 or 2023 with a non-British nationality.

‘Employers with no care workers international recruits’ refer to those where no international recruits, in 2022 or 2023, were recorded in ASC-WDS. It should be noted that some of these employers may have recruited internationally and not recorded nationality or year of arrival in the UK data in ASC-WDS.

The chart below shows that employers that recruited care workers internationally saw a larger increase in their starters rate over the period (40.9% up to 43.4%) than employers who did not.

Chart 65. Starters rate: comparing employers with international recruits recorded in ASC-WDS with those that do not

Source: ASC-WDS unweighted data July 2023

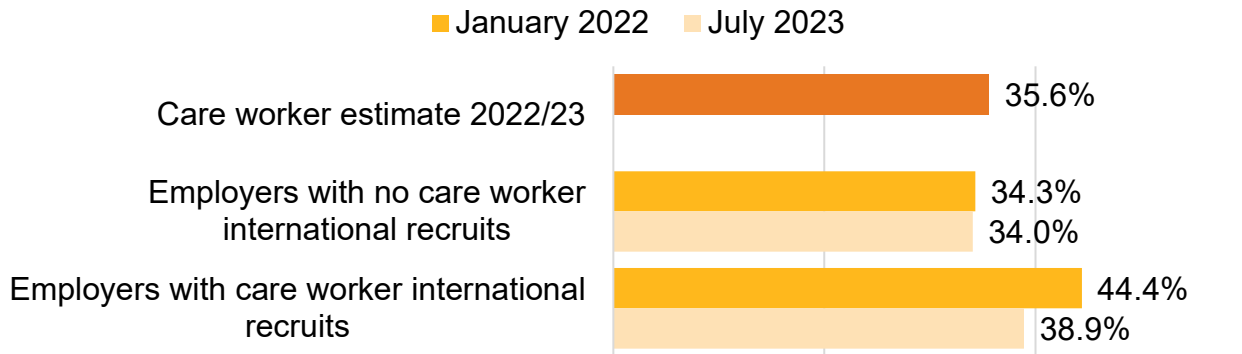


The chart below shows that care worker turnover rates decreased from 44.4% to 38.9% for employers with international recruits. The turnover rate for those without international recruits remained relatively stable.

Turnover rates decreasing is consistent with the information shown in Section 8.1.15 factors affecting turnover, which shows that people recruited internationally were less likely to leave than people recruited domestically.

Chart 66. Turnover rate: comparing employers with international recruits recorded in ASC-WDS with those that do not

Source: ASC-WDS unweighted data July 2023

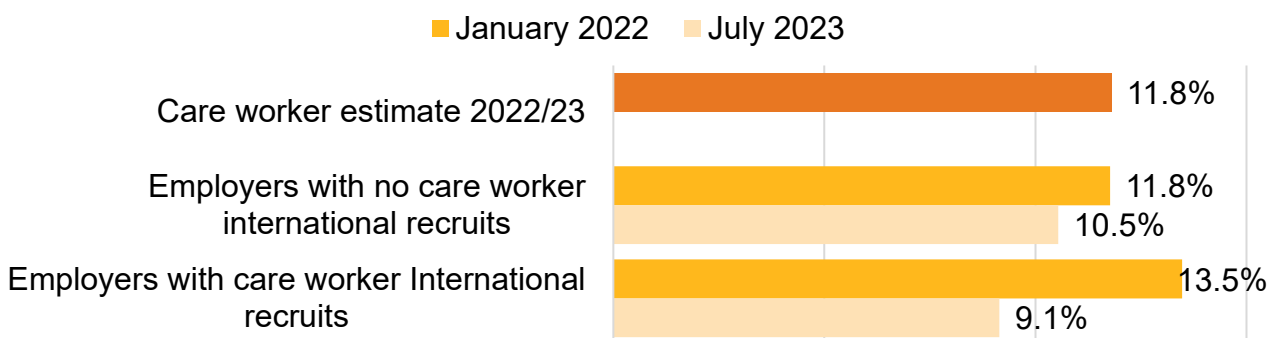


The chart below shows that employers recruiting internationally saw a larger decrease in their care worker vacancy rate (from 13.5% to 9.1%) than those not employing international recruits.

It also shows that employers that went on to use international recruitment had higher vacancy rates (and turnover rates) in January 2022 than those that did not. This suggests that employers who had existing recruitment and retention difficulties were more likely to use this new route of worker supply.

Chart 67. Vacancy rate: comparing employers with international recruits recorded in ASC-WDS with those that do not

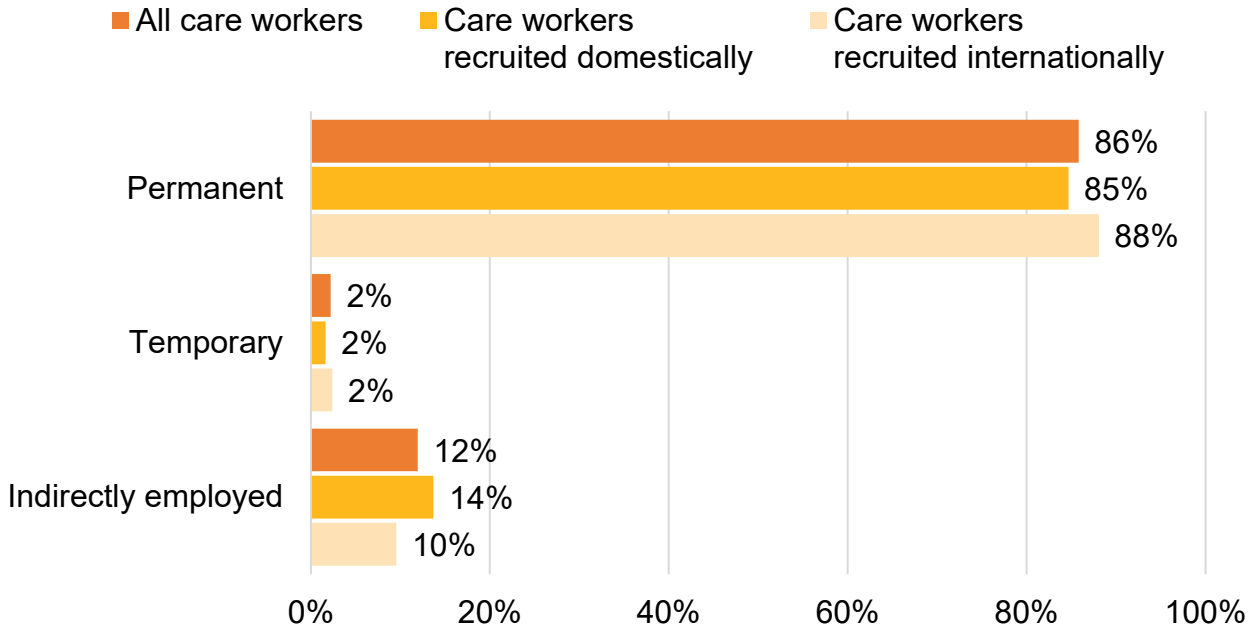
Source: ASC-WDS unweighted data July 2023



The majority (86%) of care workers in the adult social care workforce were employed on permanent contracts and there was little difference between the employment status of care workers recruited domestically and care workers recruited internationally.

Chart 68. Employment status: comparing international and domestic recruits.

Source: ASC-WDS unweighted data July 2023

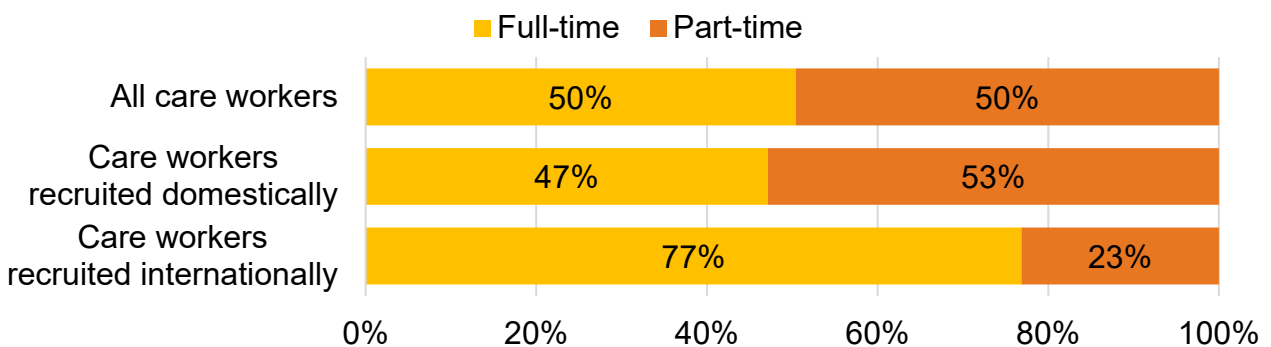


Half of care workers in the adult social care workforce (50%) usually worked full-time hours and half worked part-time, this was similar for care workers who were recruited domestically. A much higher proportion of care workers who were recruited internationally had full-time hours (77%), which is expected given that, for most care workers on the visa, full-time hours would be required to meet the salary threshold.

Please note that workers who are on part-time hours, or on a zero-hours contract (see charts below) may not be employed on a visa and therefore not subject to the salary threshold. Also, some workers who have a visa may also have a second job which is not subject to the salary threshold.

Chart 69. Full-time or part-time status: comparing international and domestic recruits.

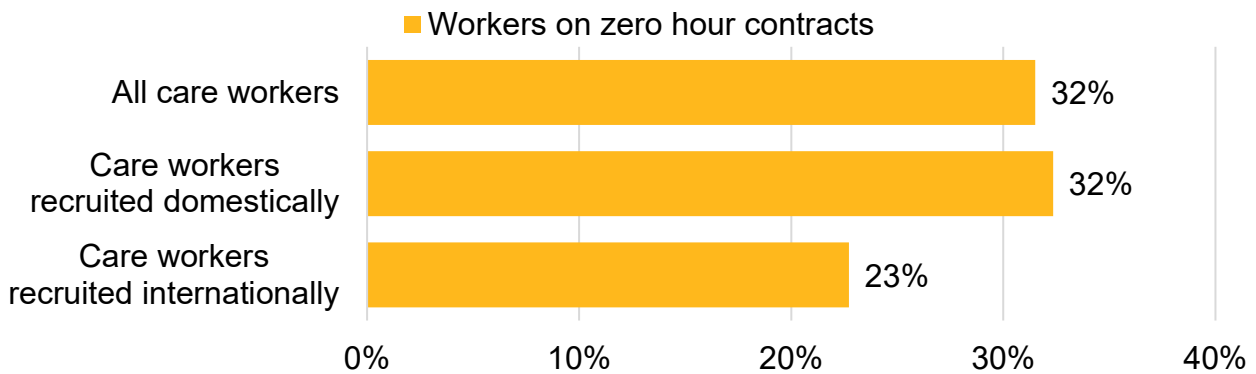
Source: ASC-WDS unweighted data July 2023



Of all adult social care roles, care workers had the highest proportion of workers on zero-hours contracts (32%). Care workers who were recruited domestically had the same proportion (32%) on zero-hours contracts and care workers who were recruited internationally had a lower proportion (23%). This is to be expected due to the minimum salary threshold for those on a visa, similar to full-time or part-time status. For more information about zero-hours contracts for the whole of adult social care workforce, see Section 2.4.

Chart 70. Proportion of care workers on a zero-hours contract: comparing international and domestic recruits.

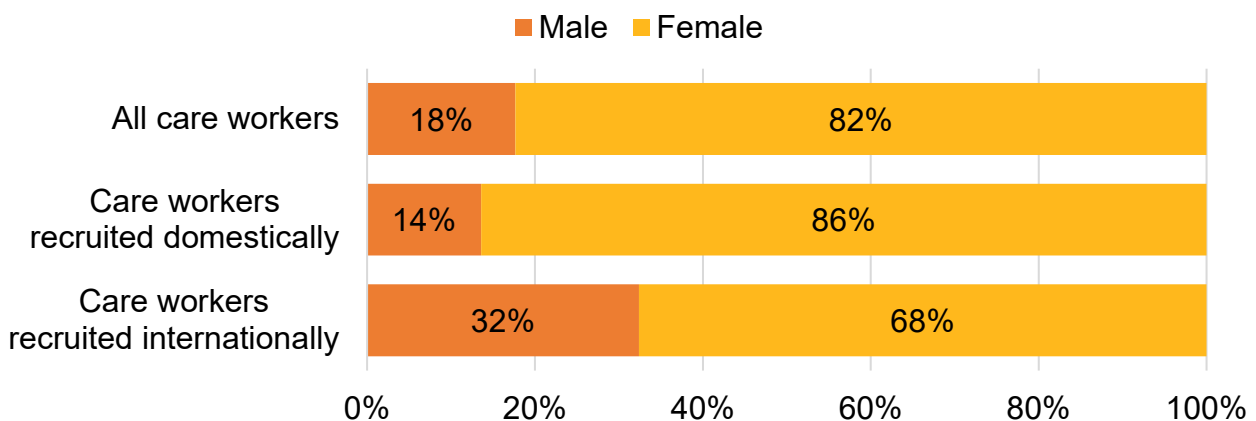
Source: ASC-WDS unweighted data July 2023



As shown in Chart 45, just over half of the economically active population are male (53%) and a much smaller proportion of the adult social care workforce (19%) and care workers (18%) were male. The proportion male care workers who were recruited domestically was slightly lower, at 14% and the proportion male care workers who were recruited internationally was higher at 32%.

Chart 71. Gender: comparing international and domestic recruits.

Source: ASC-WDS unweighted data July 2023

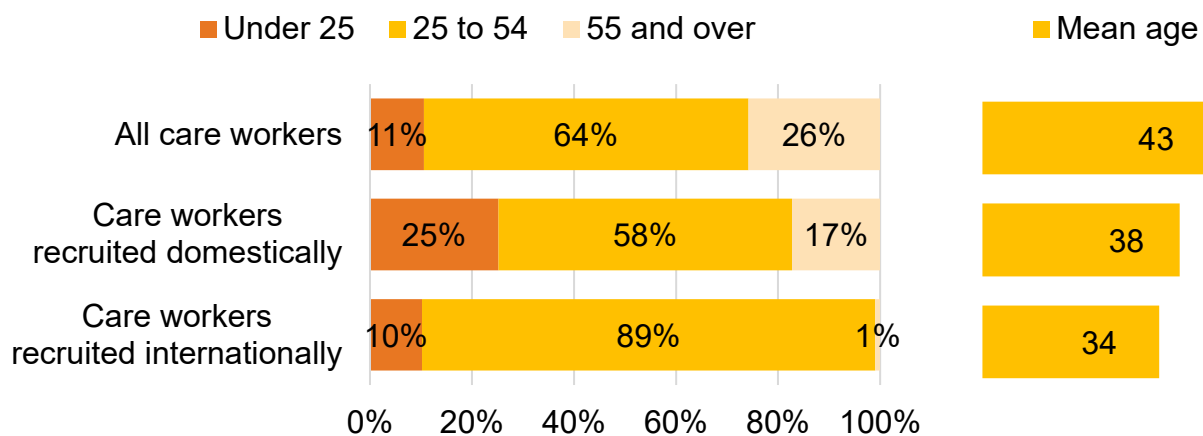


The average age of care workers recruited domestically (38) and internationally (34) was lower than all care workers working in the adult social care sector (43). Care workers who were recruited domestically had a higher proportion of workers in the 'under 25' group (25%) than all care workers (11%) and a slightly lower proportion of people aged 55 and over (17% compared to 26% for all care workers).

Care workers who were recruited internationally had a slightly lower proportion of workers aged under 25 (10% compared to 11% for all care workers) but had a much lower proportion of workers aged 55 and over, at just 1%.

Chart 72. Age: comparing international and domestic recruits.

Source: ASC-WDS unweighted data July 2023

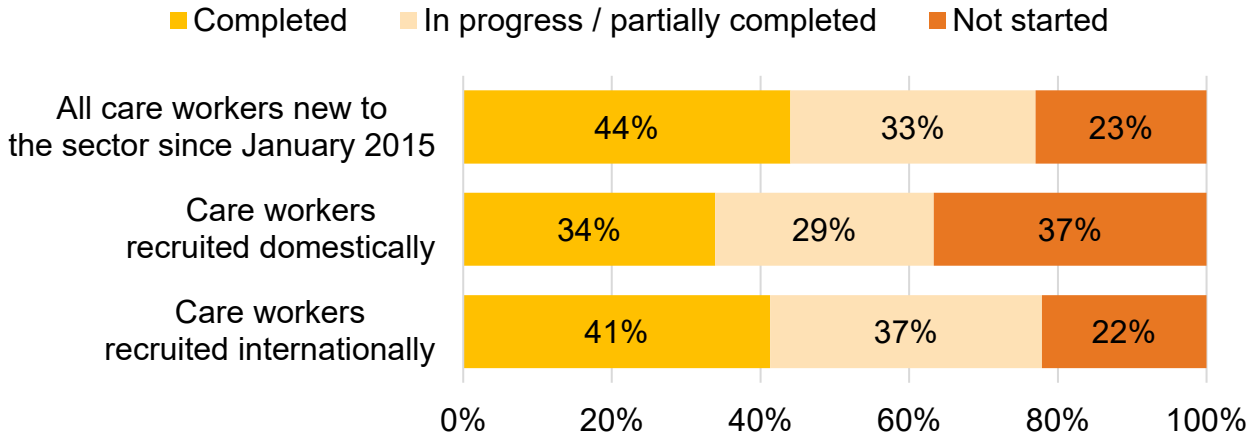


The top three nationalities of care workers recruited internationally were Nigerian, Indian and Zimbabwean. In 2019, before Britain left the EU, and in 2021, before care workers were added to the Shortage Occupation List, the top three nationalities of non-British people working in the adult social care sector were Romanian, Polish, and Nigerian.

Care Certificate information below shows analysis of care workers that had started work in the sector since January 2015 compared to those recruited domestically and internationally. 'Engagement' with the Care Certificate is defined as those workers that have completed or are in progress / partially completed. Over three quarters (77%) of all care workers and 78% of care workers recruited internationally had engaged with the Care Certificate. Engagement was lowest for care workers recruited domestically, at 63%. For more information about the Care Certificate please see Section 6.2.

Chart 73. Care Certificate: comparing international and domestic recruits.

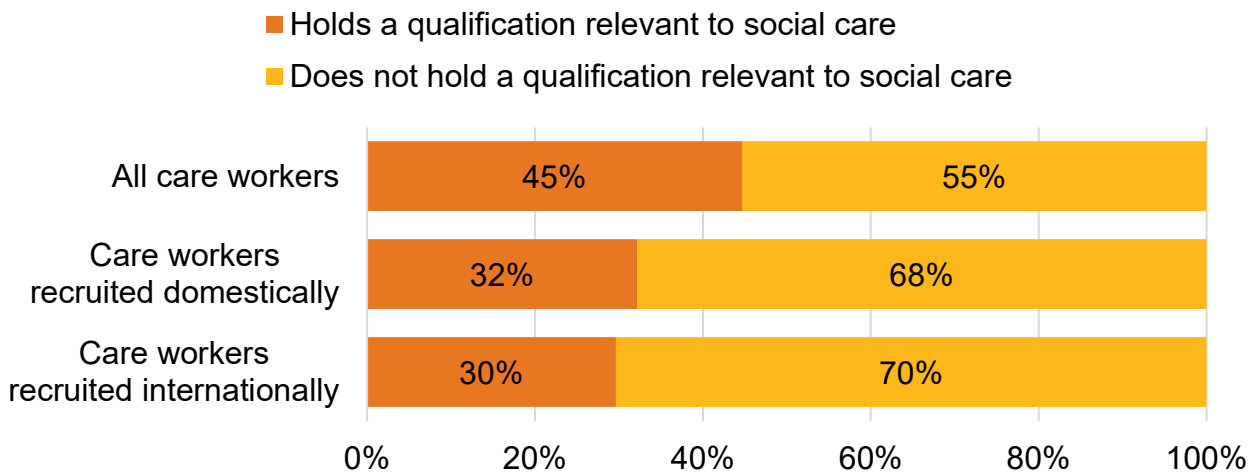
Source: ASC-WDS unweighted data July 2023



Almost half of all care workers in the adult social care workforce held a relevant social care qualification (45%), while 55% had no relevant social care qualifications recorded. The proportion of care workers recruited domestically and internationally, who held a qualification relevant to social care was lower (32% and 30% respectively).

Chart 74. Relevant social care qualifications: comparing international and domestic recruits.

Source: ASC-WDS unweighted data July 2023



The chart below shows the highest qualification level of those care workers who have got a relevant social care qualification. The proportion of all adult social care workers and those who were recruited domestically was very similar. A different pattern can be seen for care workers who were recruited internationally, with a higher proportion having an entry level qualification, fewer having levels two and three and a slightly higher proportion having levels four, five and levels 6 and above.

Chart 75. Highest social care qualification level held

Source: ASC-WDS unweighted data July 2023

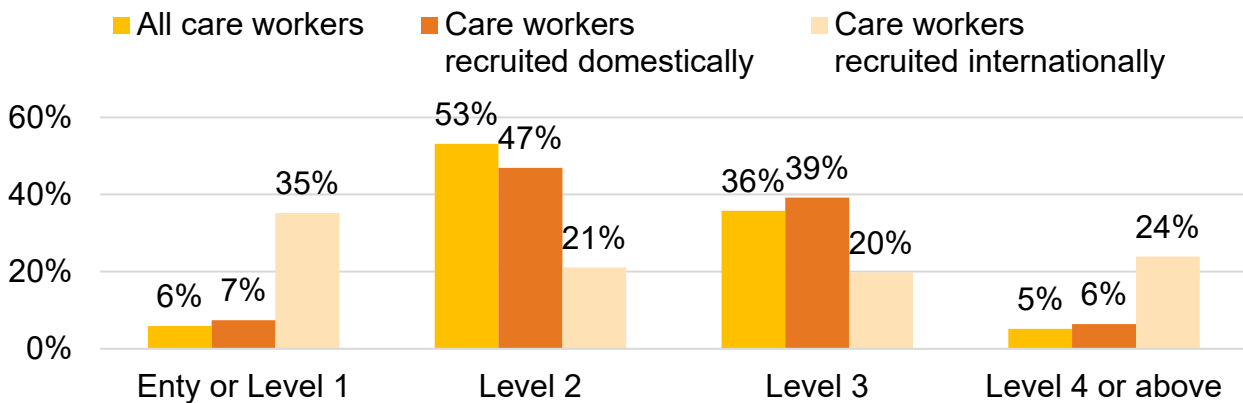
**4.8. People with a disability**

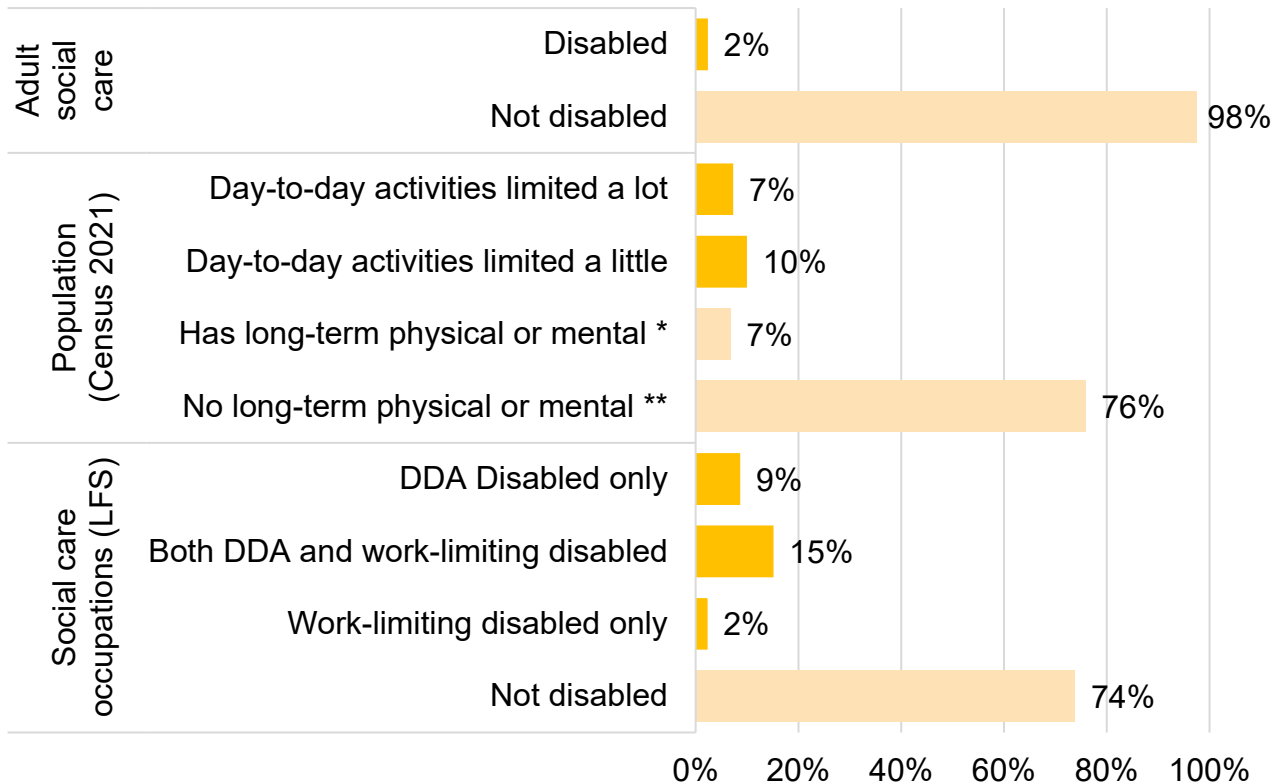
Chart 76 looks at the breakdown of people with a disability from three data sources: the population of England (2021 UK census), workers in social care occupations (Labour Force Survey (LFS 2022/23)), and Skills for Care workforce estimates for 2022/23.

The 2021 UK census reported that in 2021 in England, 17.7% of people were disabled. Within social care occupations, the LFS identified 24% of workers as disabled according to the Disability Discrimination Act 1995 (DDA) definition. The ASC-WDS 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 ASC-WDS likely only captured the LFS equivalent of 'work-limiting' disability (which is also 2%).

The LFS and ASC-WDS also use different definitions of disability; this may also account for some of the variation in results.

Chart 76. Estimated proportion of the adult social care workforce, population of England and economically active population by disability status

Source: Skills for Care workforce estimates, 2022/23; UK census, 2021; Labour Force Survey, 2022/23



* Has long-term physical or mental health condition but day-to-day activities are not limited

** No long-term physical or mental health conditions

We are continually supporting employers to be able to make practical steps to support disabled workers. Further information is available in our 'Recruitment and retention of disabled people in adult social care report'.⁸¹

⁸¹ <https://www.dimensions-uk.org/wp-content/uploads/Recruitment-and-retention-of-disabled-people.pdf>

Pay

05

Overview of pay rates in England, as at 2022/23

The information in this chapter was gathered from local authorities as at September 2022, and from independent sector employers between April 2022 and March 2023. Personal assistants working for direct payment recipients returned information in February 2023 as part of a survey we conducted.

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

- The median hourly rate for care workers in March 2023 was £10.11, which is 61p higher than the national living wage. The median hourly rate for care workers has nominally increased by 61p since March 2022, however this has not kept up with the high rate of inflation leading to a 35p drop in real terms.
- Care workers with five or more years' experience are, on average, earning around 6p more per hour than care workers with less than one years' experience. This has dropped from 33p per hour in March 2016.
- Seventy percent of care workers outside of London are earning the same or more than the real living wage (£9.90). However, only 39% of care workers in London are earning the same or more than the real living wage for London (£11.05).
- Care workers in the bottom 10% of the pay distribution gained the most benefit from the introduction of the National Living Wage (an increase of 41.8% since March 2016), whereas the pay for the top 10% of earners increased by 34.0%.

<p>£37,000</p> <p>Registered nurse independent sector mean FTE pay</p>	<p>£39,100</p> <p>Social worker local authority sector mean FTE pay</p>	<p>Personal assistant for direct payment recipients mean hourly pay</p> <p>£10.92</p>	<p>Care worker independent sector mean hourly pay</p> <p>£10.34</p>
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5.1. Introduction

The ASC-WDS collects pay data as 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 National Living Wage (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, and by April 2022 it had increased to £9.50. The Government has set a target for it to reach two thirds of median earnings by 2024 (estimated by the Low Pay Commission (LPC) in November 2022⁸² to be £11.08 per hour in April 2024). 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.⁸³ The NLW increased on 1 April 2023 to £10.42 per hour.

Data for this report is correct as at 2022/23 so the NLW used for a comparison is £9.50.

The Real Living Wage (RLW) is separate to the National Living Wage (NLW); this is set by the Living Wage Foundation charity⁸⁴ 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.

Table 11. Timescale of the National Living Wage and Real Living Wage

Source: UK Government (2023) and Living Wage Foundation (2023)

Time period	Referred to as	National Living Wage ⁸⁵	Real Living Wage - UK/London ⁸⁶ (announced each November)
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
Apr 23 to Mar 24**	2023 NLW	£10.42	£10.90 / £11.95

* Data in this section gathered March 2023

** 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 makes comparisons between nominal and real term pay rates.

⁸² <https://www.gov.uk/government/publications/minimum-wage-rates-for-2023/low-pay-commission-summary-of-findings-2022>

⁸³ <https://minimumwage.blog.gov.uk/2023/04/12/reducing-the-age-of-entitlement-for-the-nlw/>

⁸⁴ www.livingwage.org.uk/what-real-living-wage

⁸⁵ <https://www.gov.uk/national-minimum-wage-rates>

⁸⁶ <https://www.livingwage.org.uk/what-real-living-wage>

'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 2023.

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

As an example, a worker's wage may have increased by 2% in a year. However, if inflation also rises by 2% then the worker will be no better off because 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

Chart 77 shows mean hourly pay rates for selected direct 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 £10.34 (median £10.11) in the independent sector and a mean hourly rate of £11.35 in the local authority sector. Senior care workers were paid a mean hourly rate of £11.09 in the independent sector and £14.23 in the local authority sector. Personal assistants were paid a mean of £10.92 an hour.

Chart 77. Estimated mean hourly pay rate by selected job roles, 2022/23

Source: Skills for Care estimates

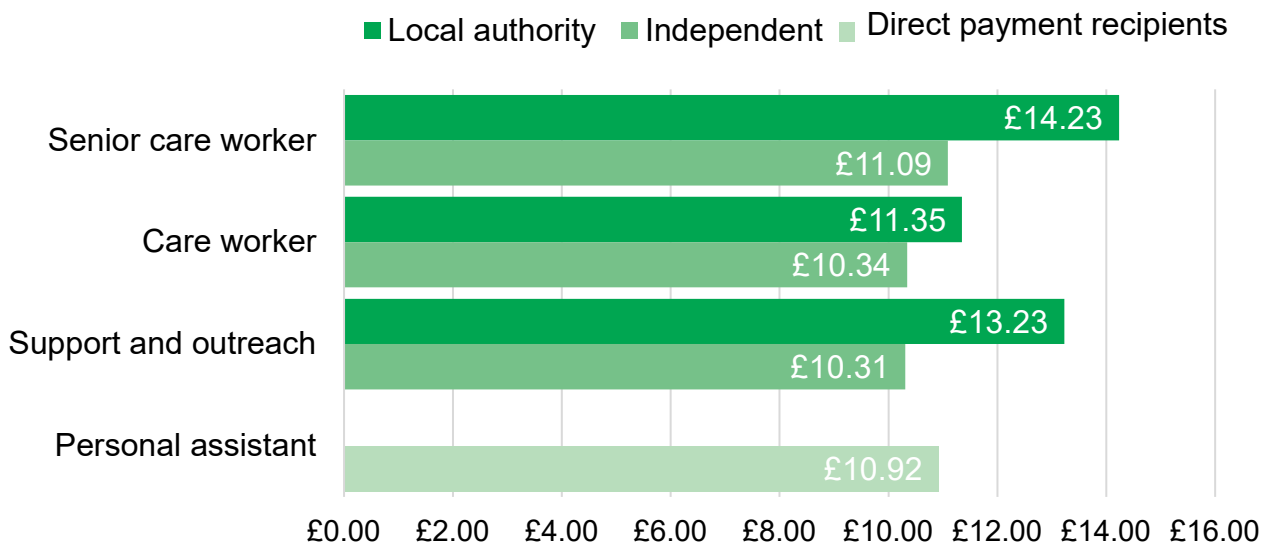
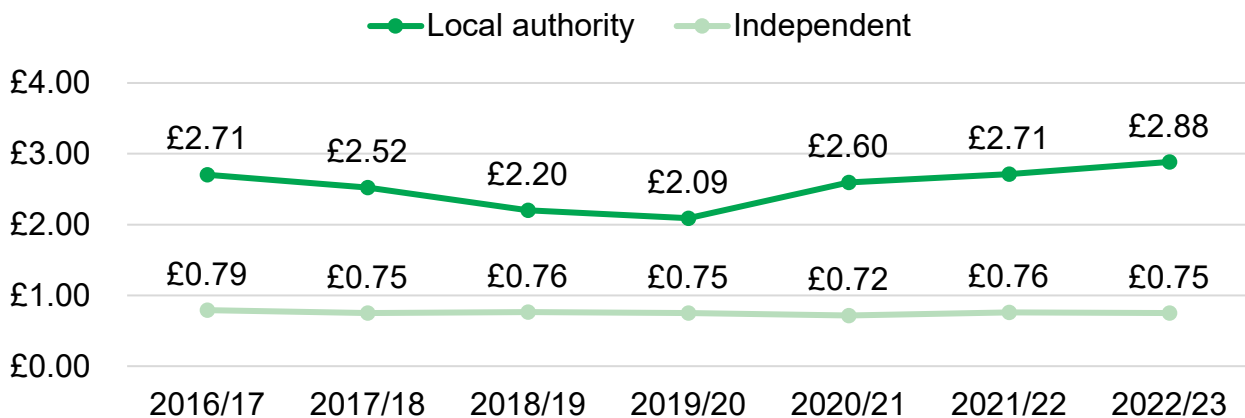


Chart 78 shows difference in the mean pay rate between care workers and senior care workers by sector from 2016/17 to 2022/23. The pay gap between the care worker and senior care worker job roles is much smaller in the independent sector. Employers have been able to maintain the difference in pay rates. This is despite the national living wage increases, with the difference only changing from 79p in 2016/17 to 75p in 2022/23. The

pay gap between care worker and senior care worker roles in the local authority sector decreased from £2.71 in 2016/17 to £2.09 in 2019/20, before increasing again to £2.88 in 2022/23. This is the largest difference in the local authority sector since the introduction of the NLW.

Chart 78. Difference in nominal (not adjusted) mean hourly pay between care worker and senior care worker job roles in the local authority and independent sectors, 2016/17 to 2022/23

Source: Skills for Care estimates



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 2022/23 was £10.11.

Chart 79 looks at the trend of care worker median hourly pay rates since March 2016, in both nominal and real terms. 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 2023 prices.

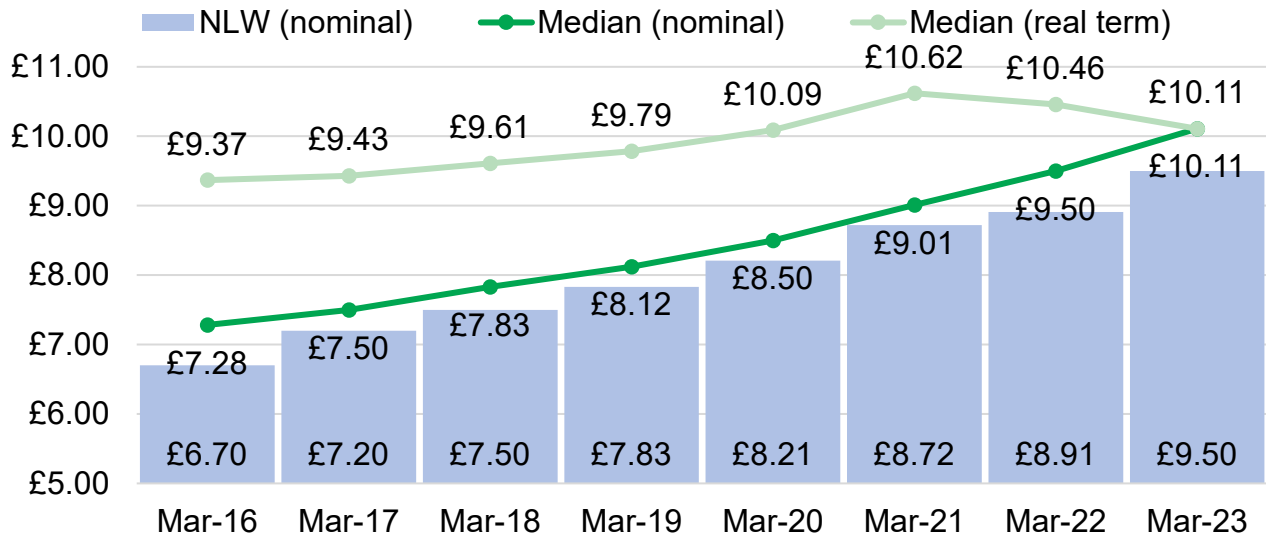
The nominal (not adjusted) median care worker hourly rate increased steadily from £7.28 in March 2016 to £10.11 in March 2023, a nominal increase of £2.83 per hour (39%). In real terms (adjusted for inflation), **the average care worker is 74p per hour (8%) better off in March 2023 than they were in March 2016.**

The median hourly rate for care workers in March 2023 was 61 pence higher than the NLW. Between March 2016 and March 2023, the nominal median hourly rate increased by an average of 40 pence per year. During this period the NLW also increased by an

average of 40 pence per year. This suggests that care worker pay is keeping pace with increases to the NLW.

Chart 79. Care worker nominal and real-term median hourly rate trend (independent sector only), 2016 to 2023

Source: Skills for Care estimates



In April 2022, the NLW rose from £8.91 to £9.50 (7% in nominal terms). This increase contributed to a 6.4% increase in the median nominal care worker hourly rate from March 2022 to March 2023. This was the highest increase in care worker median pay over the recorded period; a 6.0% increase between March 2020 and March 2021 was the second highest.

The rate of inflation was high at 10.1% in the 12 months to March 2023.⁸⁷ Chart 80 below shows that this led to the median hourly rate for care workers in England decreasing, in real terms, by 3.3% between March 2022 and March 2023. This compares to a real term decrease in median pay in the UK of 3.9% between April 2021 and April 2022⁸⁸. This suggests that care worker independent sector pay in England decreased less in real terms than the median pay in the UK.

⁸⁷

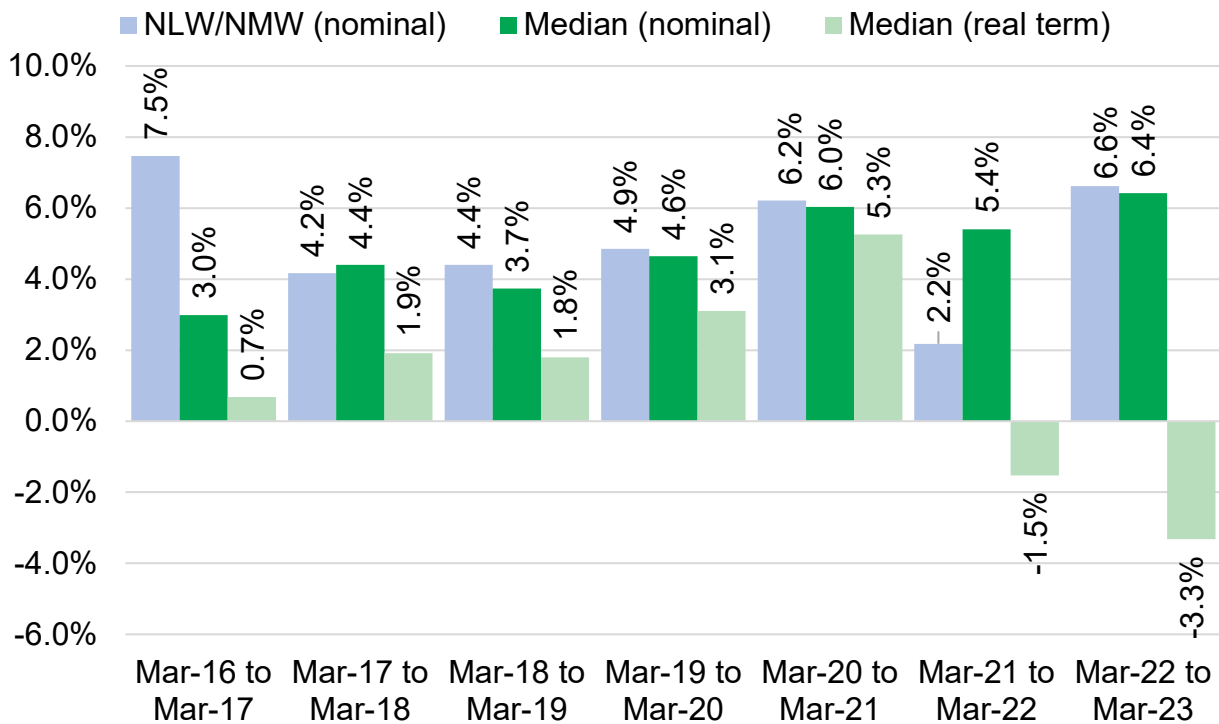
<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/may2023#consumer-price-inflation-rates>

⁸⁸

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/ashe1997to2015selectedestimates>

Chart 80. Percentage change in median care worker hourly rate and NLW (independent sector only), 2016 to 2023

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 was reported to Skills for Care that some employers had been responding to rising vacant posts by increasing wages to attract and retain more staff. Some had also reported giving bonuses, golden hellos, and incentive payments. This appears to not have continued in the period between March 2022 and March 2023, as nominal pay increased at a similar rate (6.4%) to the NLW (6.6%) as in previous years.

Chart 81 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 2023), a similar proportion (17%) 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.

The median hourly rate for a care worker in the independent sector was £10.11 as at March 2023. The hourly rate difference between a top 10% earner (£11.46) and a bottom

10% earner (£9.50) was £1.96 (19%). This was less than in 2016 when the difference between a top 10% earner and a bottom 10% earner was £1.85 (24%).

Chart 81. Care worker nominal median hourly rate distribution (independent sector only), as at March 2016 and March 2023

Source: Skills for Care estimates

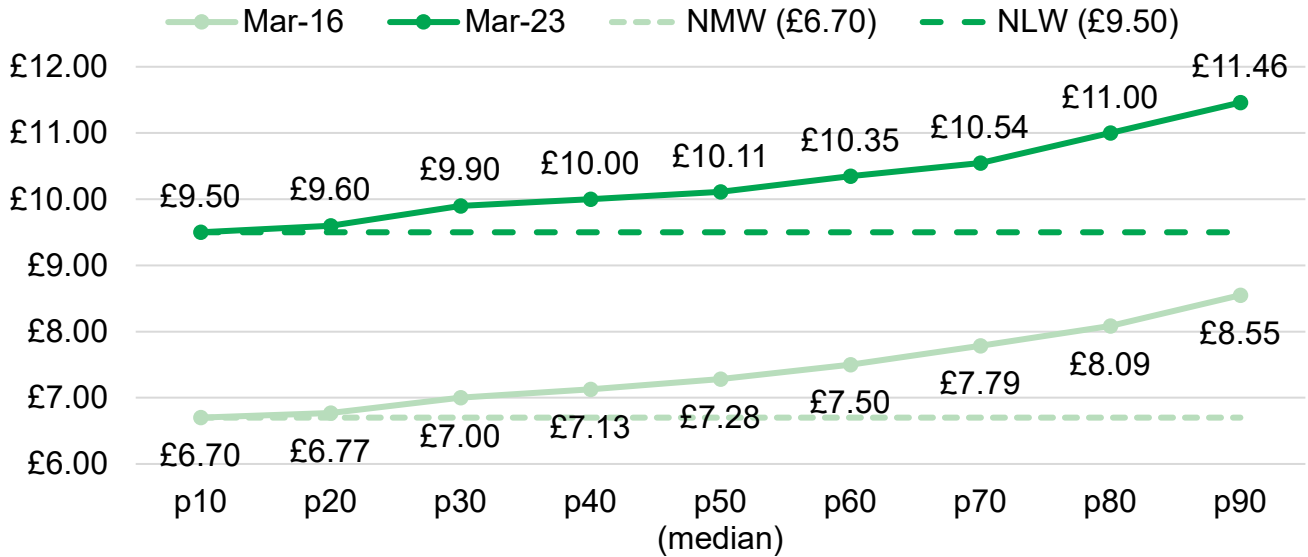


Chart 82 shows that, since the introduction of the NLW, care workers in the bottom 10% of the pay scale benefitted the most, from the introduction of the NLW (an increase of 41.8%). This was a larger increase than for those at the top of the pay scale, with care workers in the top 10% of earners seeing a 34.0% increase in pay over the period.

Chart 82. Nominal care worker median hourly rate change by percentile (independent sector only), March 2016 to March 2023

Source: Skills for Care estimates

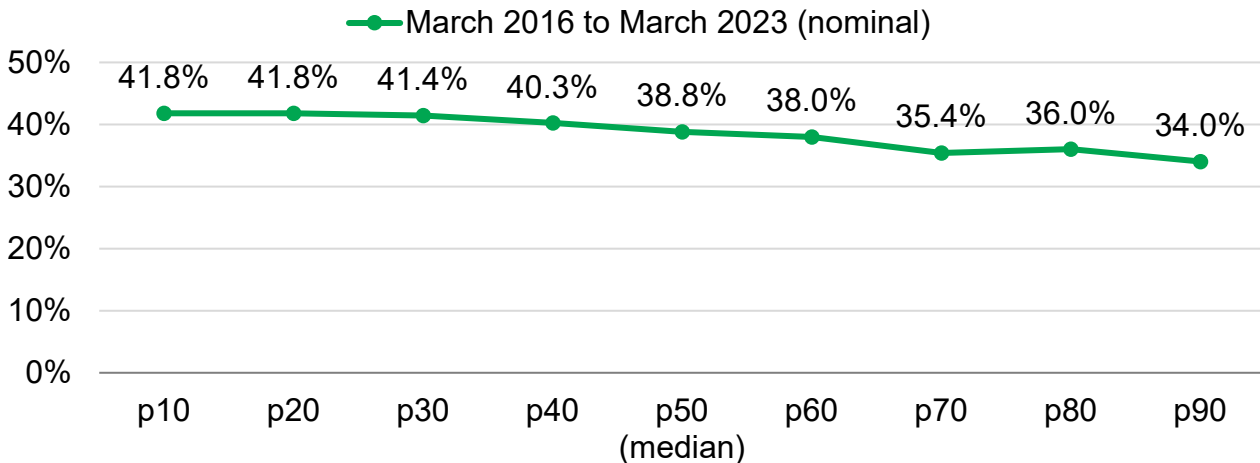
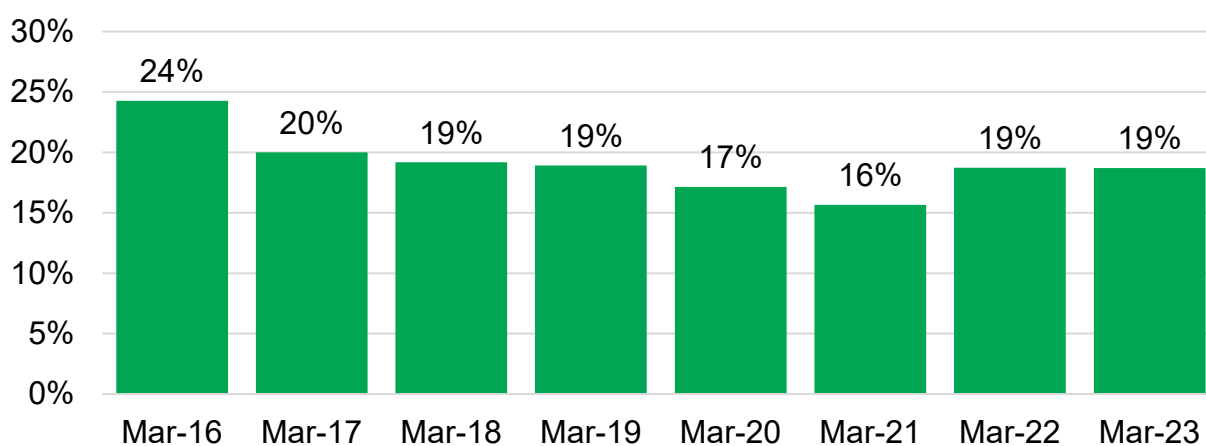


Chart 83 shows the percentage difference between care workers at the bottom (10th percentile) and top of the pay scale (90th percentile). Between March 2016 and March 2021, the difference between the top and bottom earners narrowed from 24% to 16%. However, in March 2022 this trend reversed, with the gap increasing to 19%. This gap has remained stable, at 19%, as at March 2023.

Chart 83. Percentage difference between the lowest and highest paid care workers (independent sector only), March 2016 to March 2023

Source: Skills for Care estimates

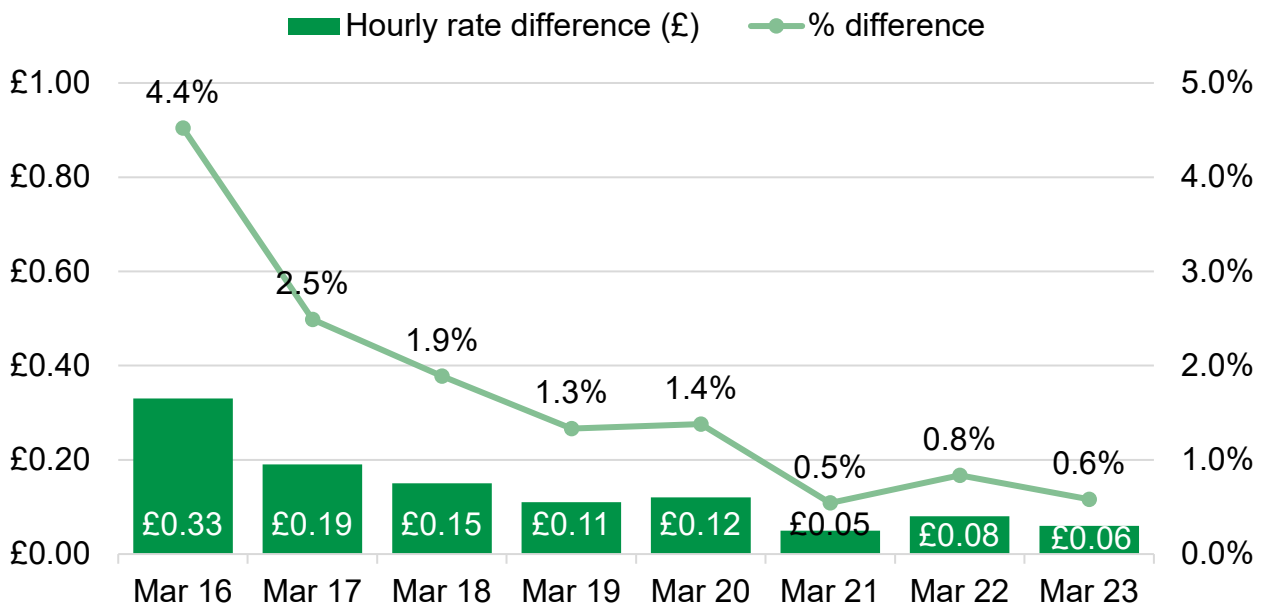


After the introduction of the NLW, some social care organisations couldn't maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth. However, it seems that this trend may be beginning to change with pay differentials for the past two years now back at the level they were in 2018 and 2019 (around 19%).

Chart 84 compares care worker pay based on their experience in the adult social care sector. In March 2016, care workers with five or more years of experience in the sector could expect an hourly rate which was 33 pence higher, on average, than a care worker with less than a year of experience. This was equivalent to an increase of 4.4%. However, since March 2016, the experience pay gap had shrunk to just six pence (or 0.6%) per hour as at March 2023.

Chart 84. Mean care worker pay by experience in the sector (less than one year vs. five years or more) independent sector only, March 2016 to March 2023

Source: ASC-WDS unweighted data



In contrast, healthcare assistants (HCAs) in the NHS with two or more years' experience are paid 53p more per hour than HCAs with no experience. This is a pay rise of approximately 5%. Without additional funding, it will continue to be challenging for some employers to reward workers with higher levels of experience, greater responsibilities, or more relevant qualifications.

5.4. The impact of the National Living Wage from April 2023 (£10.42)

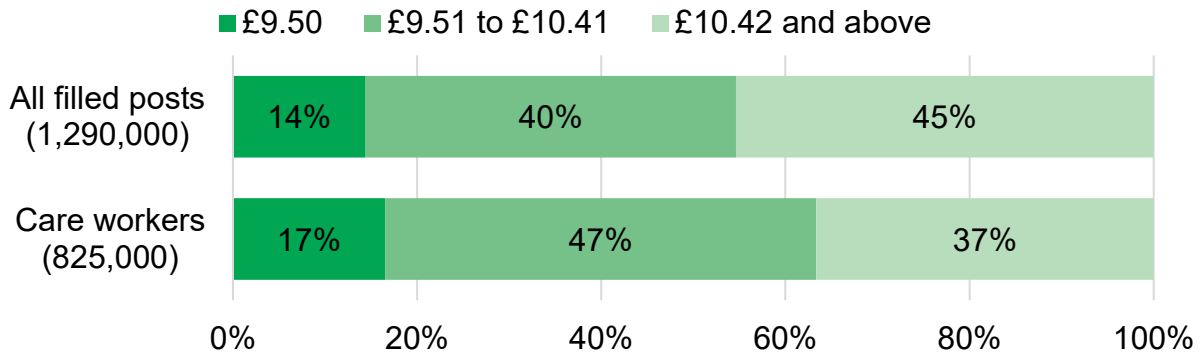
On 1 April 2023, the mandatory NLW for workers aged 23 and above increased by 92p to £10.42. This is the largest increase in the NLW since its introduction in 2016. Chart 85 shows that, as at March 2023, over half (55%) of independent sector workers were paid less than the upcoming mandatory NLW rate (£10.42). This equates to around 700,000 filled posts directly affected by the subsequent increase in the NLW.

Many of the 45% of workers that were already paid on or above the 2023 NLW rate prior to its introduction may also receive a pay rise if pay differentials are to be maintained.

For care workers, the impact of the new living wage will be greater. 63% of independent sector care workers (around 525,000 filled posts) were paid less than the new NLW rate (£10.42) as at March 2023.

Chart 85. Hourly pay distribution of workers prior to the 2023 NLW (independent sector only), as at March 2023

Source: Skills for Care estimates



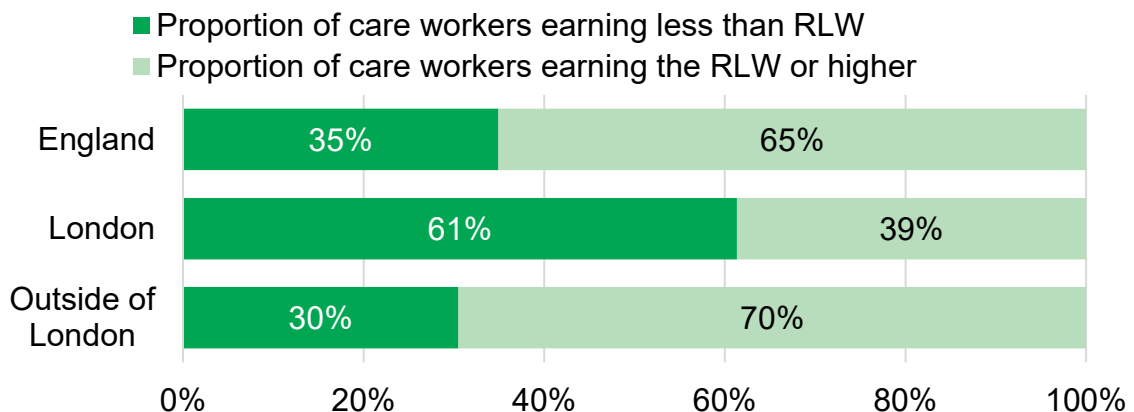
5.4.1. The Real Living Wage

The Real Living Wage (RLW) is calculated and set by the Living Wage Foundation each year. It is calculated based on the cost of living and there are separate rates for London and the rest of the UK, as the cost of living in London is substantially higher. To be a RLW accredited employer, organisations must pay the RLW to all employees by May each year. The rate that was required as at May 2022 to be a RLW accredited employer was £11.05 in London and £9.90 for the rest of the UK.

As at March 2023, 30% of care workers outside of London were earning less than £9.90 and 61% of care workers in London were earning less than £11.05 (the highest percentage of any region). Whilst the median care worker pay is higher in London (£10.71), this is still 34 pence below the RLW in London. Overall, in England, just over a third (35%) of care workers were earning less than the RLW.

Chart 86. Proportion of care workers receiving the Real Living wage (independent sector only), as at March 2023

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 2022'⁸⁹ (using results provided by Annual Survey of Hours and Earnings (ASHE)).

The introduction of, and subsequent increase in, the NLW has 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 clustering 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 historically lower pay will grow closer in pay to social care jobs than they were before, generating additional competition for workers.

Chart 87 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.⁹⁰

Although care worker pay has increased in adult social care, it's still amongst the lowest of the economy in general. Chart 87 shows that care worker median pay (£10.11) is below the rate for the 20th percentile of £10.56 (80% of jobs pay more than this).

Average care worker pay is £1 per hour less than healthcare assistants (HCAs) in the NHS that are new to their roles, and 1 pence below sales and retail assistants. However, it is still 15 pence higher than cleaners and domestics, and 36 pence higher than kitchen and catering assistants.

⁸⁹ <https://www.gov.uk/government/publications/low-pay-commission-report-2022>

⁹⁰ ASHE data is as at April 2022 and ASC-WDS is updated between April 2022-March 2023. 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 87. Median care worker pay compared to other job roles, 2022/23

Source: Skills for Care estimates (March 2023), ONS Annual Survey of Hours and Earning (October 2022, all UK) and NHS agenda for change pay data (2022/23)

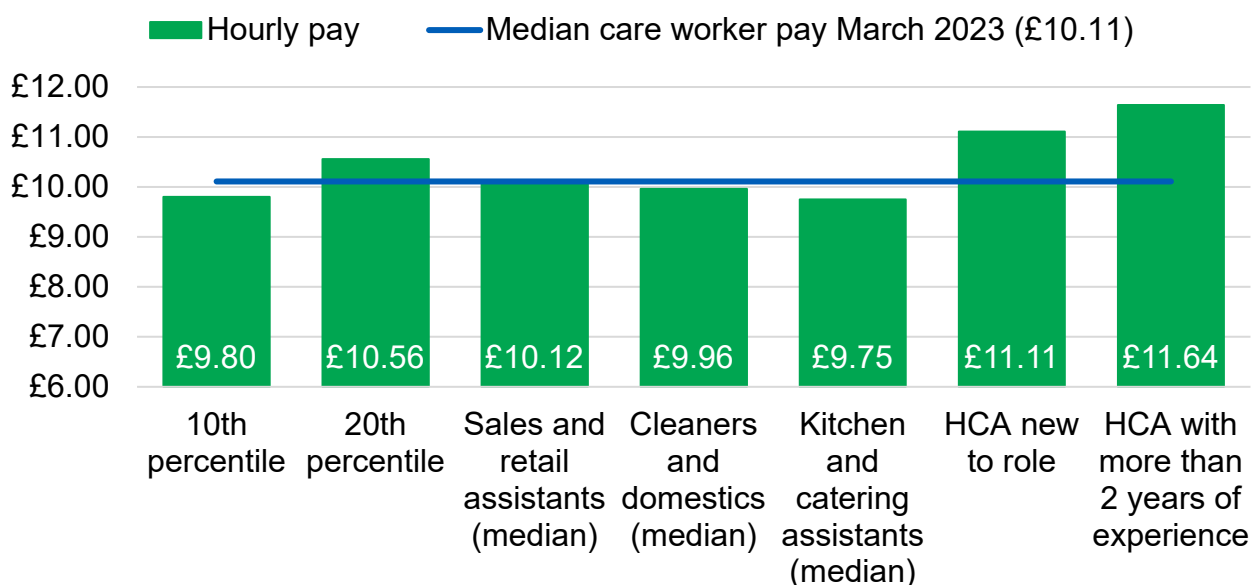
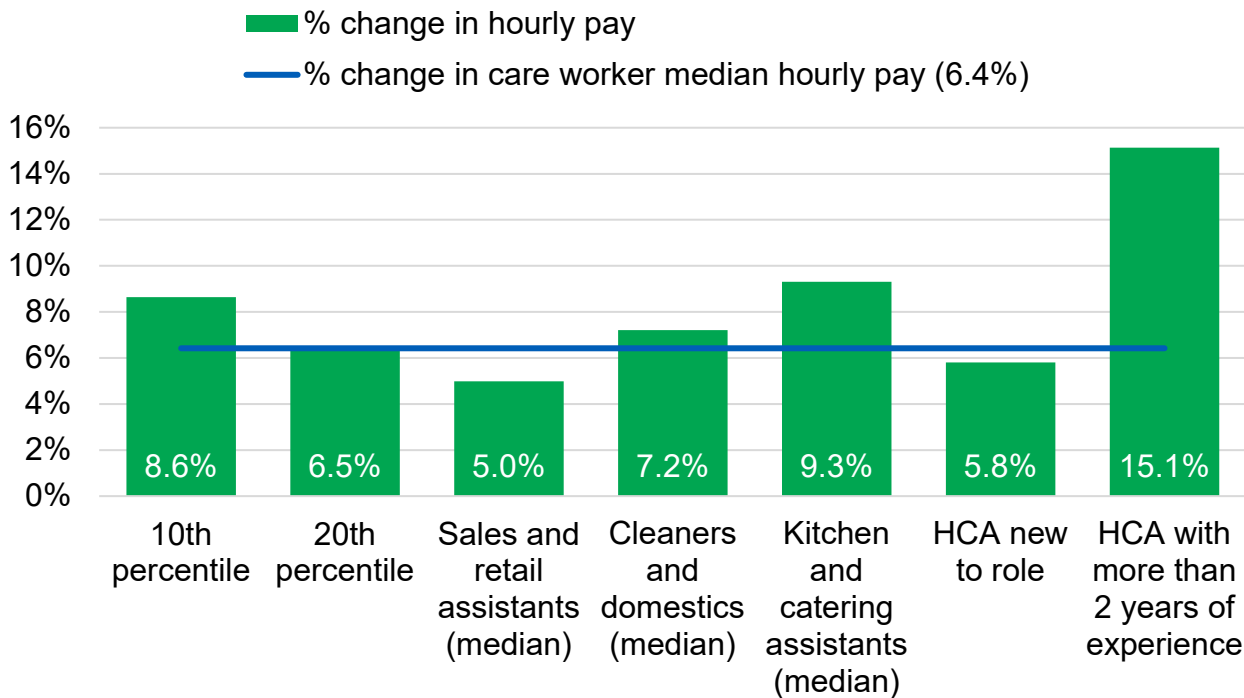


Chart 88 shows the percentage increase in nominal pay between 2021/22 and 2022/23 for each of the same job roles as Chart 87. Care worker median pay increased approximately in line with rate of the twentieth percentile (6.5%) and below the rate of the tenth percentile (8.6%). Whilst care worker median pay in 2022/23 is higher than cleaners and domestics and kitchen and catering assistants, the growth in median pay between 2021/22 and 2022/23 is lower for care workers at 6.4% than cleaners and domestics (7.2%) and kitchen and catering roles (9.3%). However, it is higher than the rate of growth for sales and retail assistants (5.0%) and HCAs new to their role (5.8%).

Chart 88. Percentage change in nominal median care worker pay compared to other job roles, 2021/22 to 2022/23

Source: Skills for Care estimates (March 2023), ONS Annual Survey of Hours and Earning (October 2022, all UK) and NHS agenda for change pay data (2022/23)



5.6. Full-time equivalent annual pay

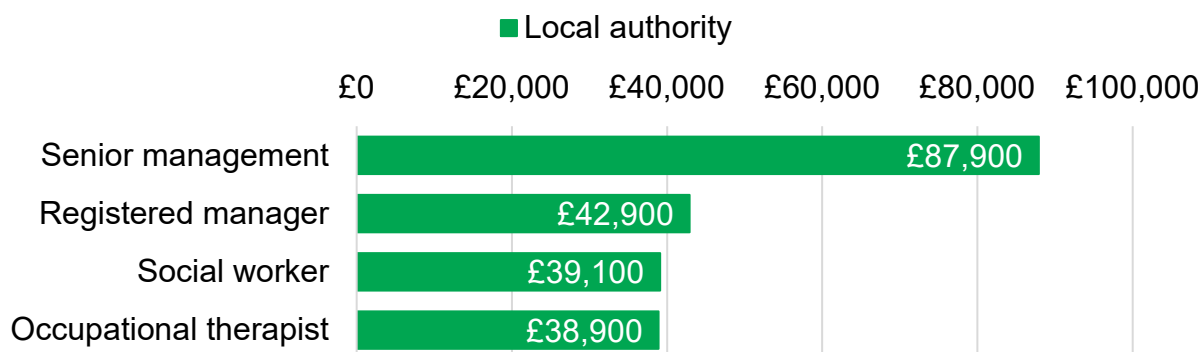
Managerial and regulated professional roles vary in frequency and responsibility between the local authority independent sectors. For example, most social workers are employed in the local authority sector, whereas most registered nurses are employed in the independent sector. Similarly, the role of a senior manager in the local authority sector may have more responsibilities and need different skills and experience compared to a senior manager at a smaller, independent organisation. Because of this, we have analysed annual pay across the sectors separately.

5.6.1. Annual pay trends in the local authority sector

Chart 89 shows mean FTE annual pay rates by selected adult social care job roles in the local authority sector. Generally, pay rates were higher in local authorities compared to independent sector employers. Senior managers received the highest salaries (£87,900), Registered managers received higher salaries than the regulated professional roles, earning on average £42,900 per year. Social workers and occupational therapist both earned an average of £39,000 per year (£39,100 and £38,900 respectively).

Chart 89. Estimated full-time equivalent mean annual pay rate by selected job roles (local authority sector), 2022/23

Source: Skills for Care estimates



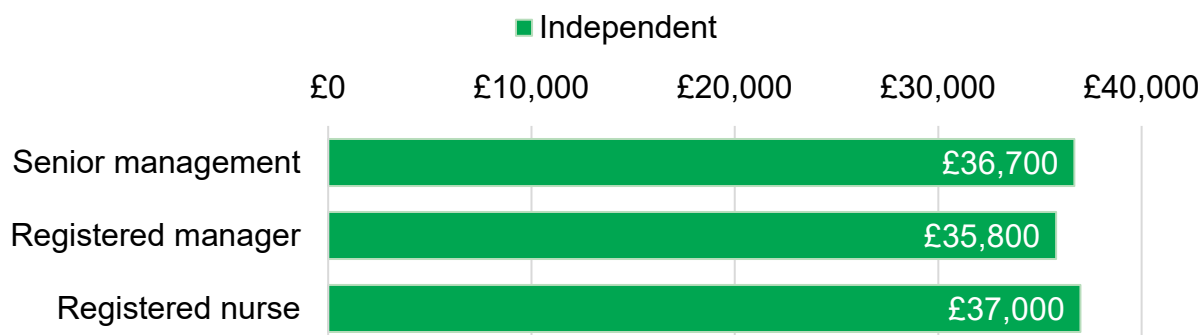
5.6.2. Annual pay in the independent sector

Chart 90 shows mean FTE annual pay rates by selected salaried adult social care job roles in the independent sector. Generally, pay rates were higher in local authorities compared to independent sector employers.

In the independent sector, registered nurses had the highest salaries on average, at £37,000. Senior managers earned slightly less than this (£36,700) and registered managers less still (£35,800).

Chart 90. Estimated full-time equivalent mean annual pay rate by selected job roles independent sector, 2022/23

Source: Skills for Care estimates



Registered nurses were paid a mean annual salary of £37,000 in the independent sector. This average was slightly higher than the 2022/23 NHS Band 5 rates (£27,055 to £32,934) at which newly qualified nurses start in the NHS, and within 2022/23 NHS Band 6 rates

(£33,706 to £40,588).⁹¹ In independent sector care homes with nursing, registered managers earned more than registered nurses (£40,000 and £37,000 respectively).

5.6.3. Annual pay trends for regulated professionals

Chart 91 shows that the nominal (not adjusted) average pay for each selected regulated professional job role increased steadily from 2016/17 to 2022/23 (in 2023 prices).

Registered nurses in the independent sector saw a nominal pay increase from £35,100 in 2021/22 to £37,000 in 2022/23, an increase of 5.4% in a year. Between 2016/17 and 2022/23, there was an 34.5% increase in annual pay.

In local authorities, pay for occupational therapists increased by 2.6% in the past year, from £37,900 in 2021/22 to £38,900 in 2022/23. Since 2016/17 it has risen by 13.7%.

Social workers' pay increased by 2.9% in the past year, from £38,000 in 2021/22 to £39,100 in 2022/23. Since 2016/17 it has risen by 14.3%.

Chart 91. Nominal (not adjusted) mean annual pay trends of selected professional roles, 2016/17 to 2022/23

Source: Skills for Care estimates

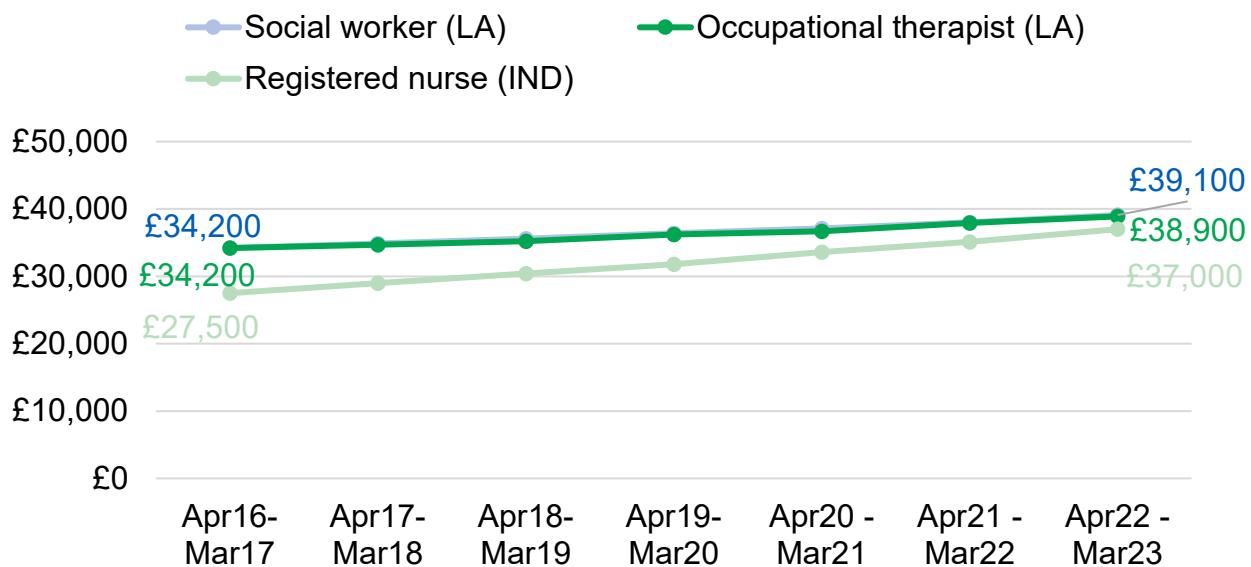


Chart 92 shows the real term (adjusted) annual pay rates of selected regulated professionals between 2016/17 and 2022/23. In real terms, social workers in the local authority sector were paid 6.7% less in 2022/23 (£39,100) than they were in 2016/17 (£41,900). Occupational therapists also saw an overall decrease in real term pay of 6.9%

⁹¹ <https://www.nhsemployers.org/articles/pay-scales-202223>

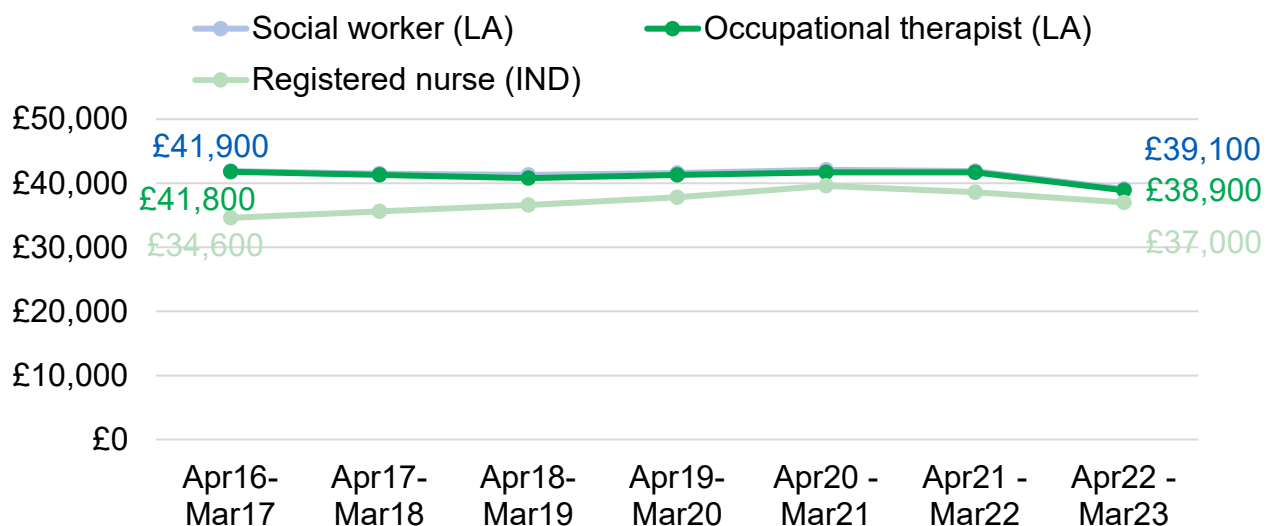
over the same period. This means that the nominal increases shown in Chart 91 above weren't enough to outweigh the rise in inflation over this period.

However, registered nurses' real term pay in the independent sector increased each year between 2016/17 until it peaked in 2020/21 at £39,600. Since then, it has decreased each year to £37,000 in 2022/23. Since 2016/17, registered nurses' real term pay increased by 6.9%. This means that the nominal increases shown in Chart 91 above outweighed the rise in inflation over this period.

Overall, on average, regulated professionals across both sectors saw a real term decrease in pay in 2022/23. In the local authority sector regulated professionals saw an average 6.7% decrease in real term pay, despite a nominal increase of 2.8%. In contrast, regulated professionals in the independent sector experienced, on average, a 4.6% decrease in real term pay, despite a 5.0% increase in nominal pay. This suggests that regulated professionals in the independent sector experienced a smaller real term reduction in pay than in the local authority sector.

Chart 92. Real term (adjusted) mean annual pay trends of selected professional roles, 2016/17 to 2022/23

Source: Skills for Care estimates



Qualifications and training

6

Overview of qualification and training information, 2022/23

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.

- Almost two-thirds (65%) 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 (45%) held a qualification at Level 2 or higher in 2022/23.
- The most popular areas of training received were within the categories of 'Moving and handling' (77%), 'Safeguarding adults' (75%), and 'Infection Control' (69%).

65%

of new care workers have engaged with the Care Certificate

67%

of new senior care workers have engaged with the Care Certificate

45%

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

74%

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. It 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, [visit our website](#).

Although the Care Certificate is available to all, the main demographic it's aimed at is workers that are new to social care. Chart 93 shows engagement with the Care Certificate for direct care providing workers that had started work in the sector since January 2015. 'Engagement' is defined those workers who have completed or are in progress / partially completed the Care Certificate. Two thirds (65%) of these direct care providing staff have engaged with the Care Certificate and engagement was highest in domiciliary care services (74% of care workers had engaged with the Care Certificate).

Chart 93. Care Certificate status of direct care providing workers new to the sector since January 2015, by job role and main service

Source: ASC-WDS unweighted data 2022/23

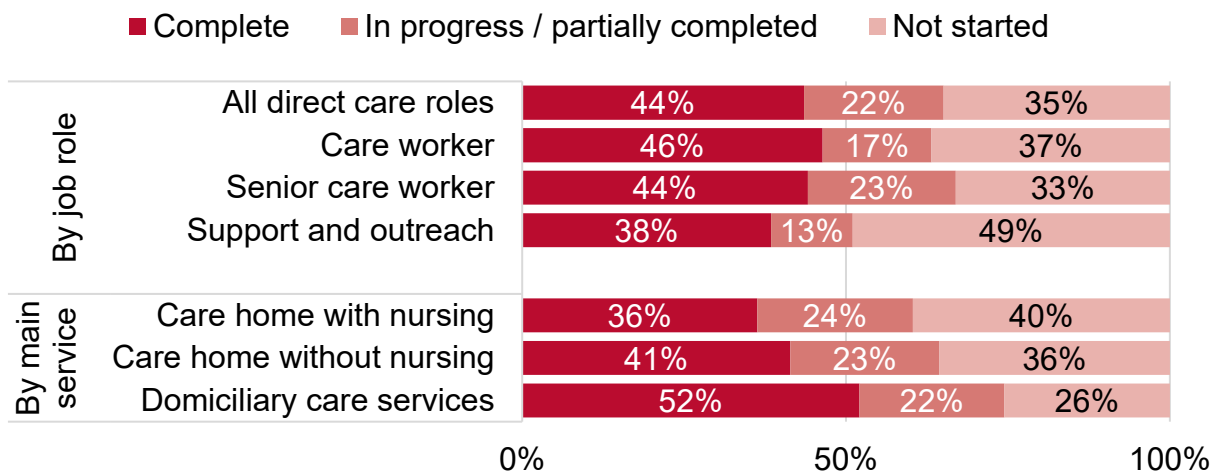
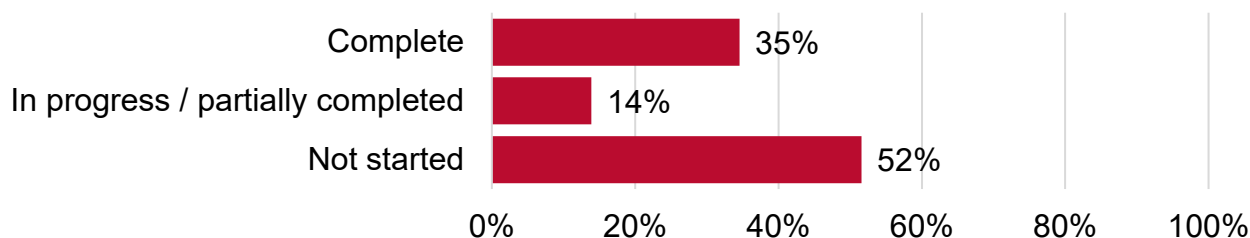


Chart 94 shows that workers in 48% of all filled posts had achieved or were working towards achievement of the Care Certificate. Around half (52%) of workers in all filled posts hadn't started or weren't engaged with the certificate.

Chart 94. Estimated proportion of the adult social care workforce by Care Certificate status, 2022/23

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 (46%), while 54% 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 95. Estimated highest social care qualification level of the adult social care workforce (excluding regulated professionals), 2022/23

Source: Skills for Care estimates

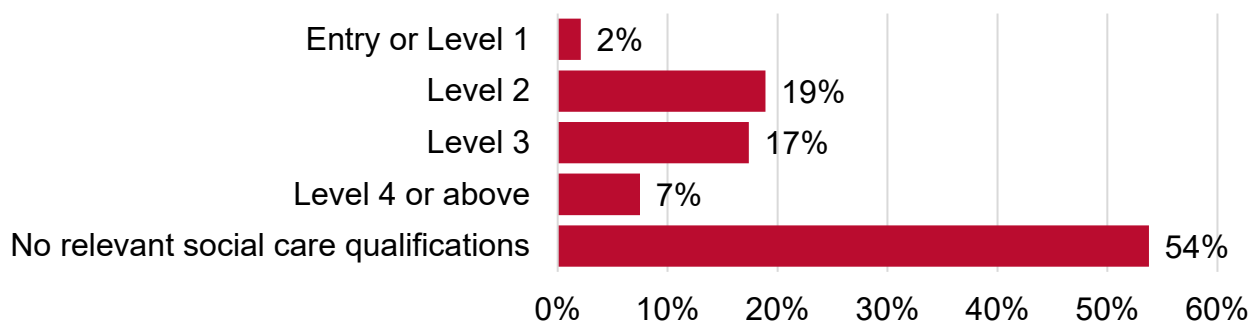


Chart 96 shows the highest qualification level held by job role group. As might be expected, direct care providing staff were more likely to be qualified at Level 2 and Level 3 (40%), while those in managerial roles were more likely to be qualified at Level 3 and Level 4 (67%).

Chart 96. Estimated highest social care qualification level of the adult social care workforce by job role group, 2022/23

Source: Skills for Care estimates

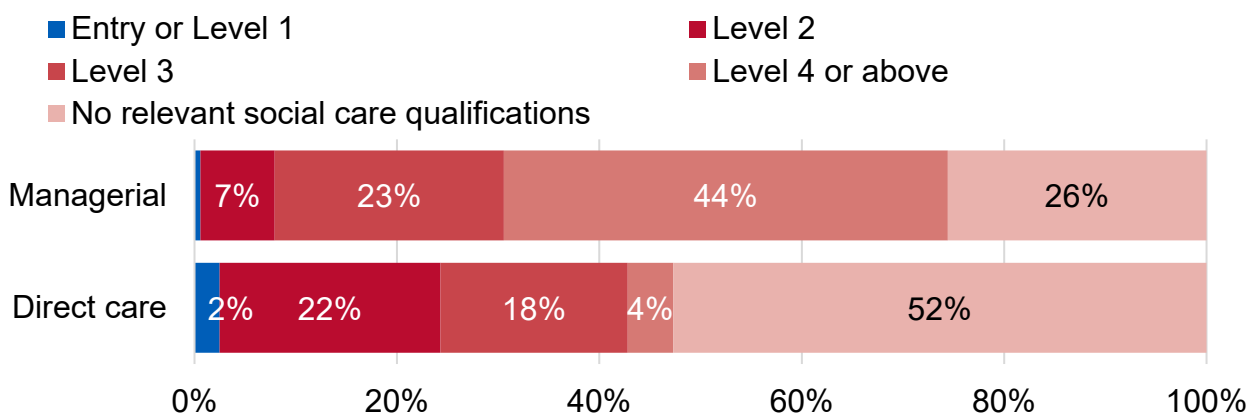


Chart 97 shows the proportion of selected managerial and direct care roles that had achieved a social care qualification at Level 5 or above and Level 2 or above respectively, split by sector. Around three quarters (72%) of senior care workers were recorded as having a social care qualification at Level 2 or above, as were 42% of care workers. This proportion was slightly lower for personal assistants (40%). It is important to note that 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 97. 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, 2022/23

Source: Skills for Care estimates

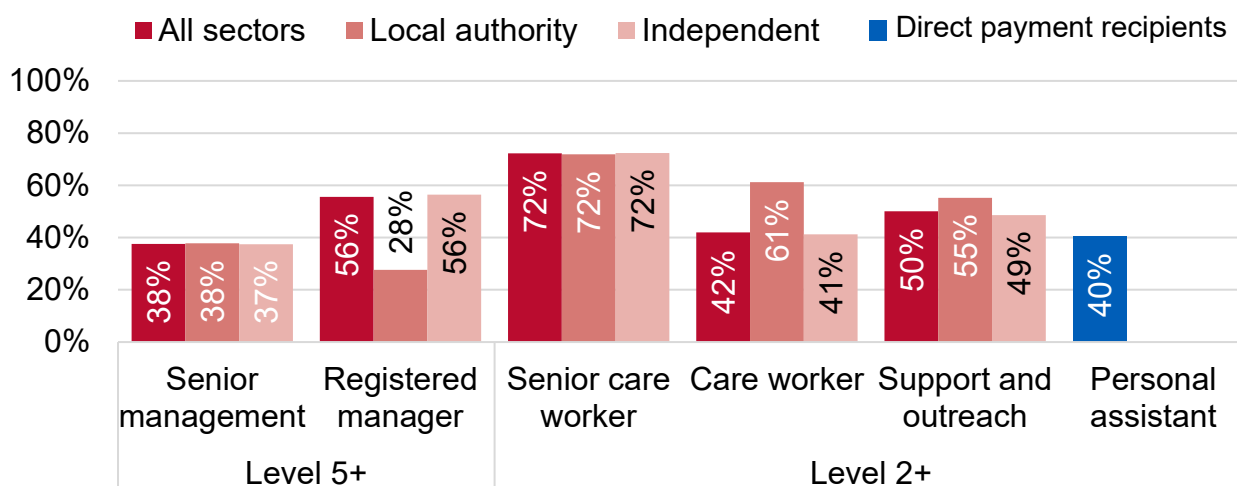
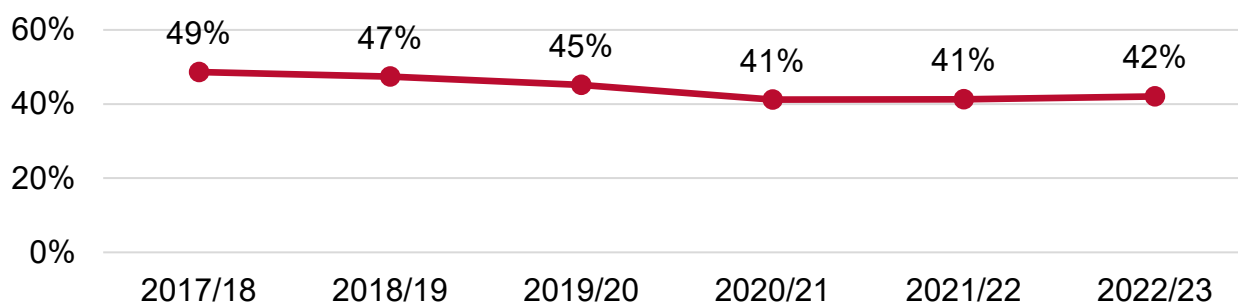


Chart 98 shows the trend of the estimated proportion of care workers with a Level 2 qualification or higher. From 2017/18, when this question was first included in the ASC-WDS, to 2022/23 the proportion of care workers with a Level 2 qualification or higher has decreased by 7 percentage points.

Chart 98. Trend of estimated proportion of care workers at Level 2 of above

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 121 (Section 8.1.10) 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, 26.5% had left within the 12-month period, compared to 37.0% of those that didn't hold a relevant qualification. Section 8.1.7 shows 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 8 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. Further information can be found in our [guide to safe staffing](#). 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.

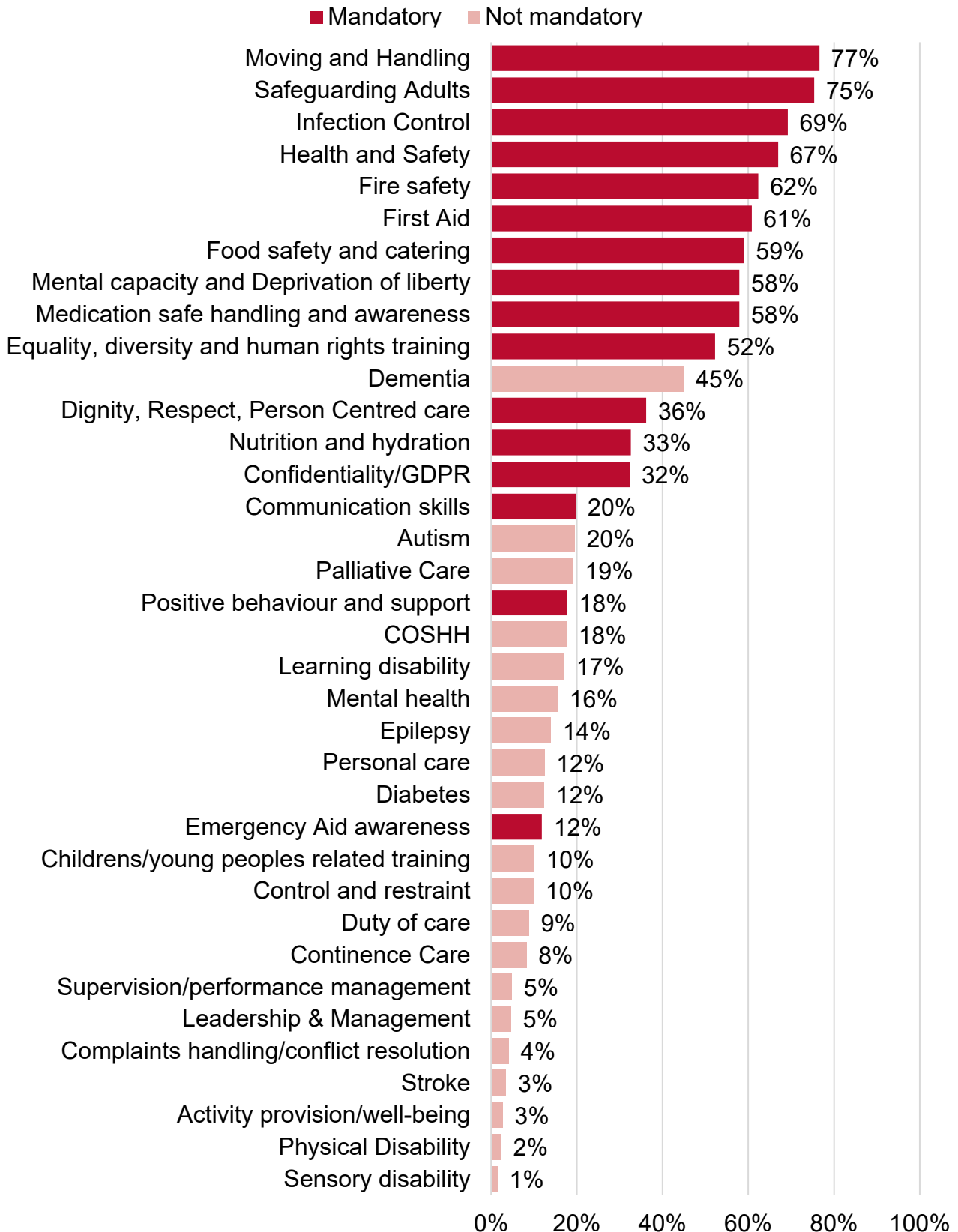
In the ASC-WDS, employers can record training data in addition to accredited qualifications. At the time of writing, there were 39 training categories under which any training can be recorded. For more information, please see our website.⁹²

Chart 99 is based on all workers at establishments with training data recorded. The most common areas of training were 'Moving and handling' (77%), 'Safeguarding adults' (75%) and 'Infection control' (69%).

⁹² <https://www.skillsforcare.org.uk/Developing-your-workforce/Developing-your-workforce.aspx>

Chart 99. Categories of training recorded in ASC-WDS by mandatory/not mandatory

Source: ASC-WDS unweighted data 2022/23



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.

In Chapter 3 - Recruitment and retention, Chart 29 shows that the turnover rate for managerial staff is 11.6% and they have a vacancy rate of 5.3% (Chart 17). The vacancy rate of the role of registered manager is higher, at 10.6% (3,000 vacant posts). In Chapter 4 - Workforce demographics, Chart 48 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 97 shows that an estimated 56% of all registered managers have a qualification at Level 5 or above. Skills for Care supports [leaders and managers](#) in 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. There is also information for [nominated individuals](#) and the important role they play in the workforce.

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 2023. Chart 100 shows the most common job roles a worker may progress through over time and the median salary ranges of those roles.

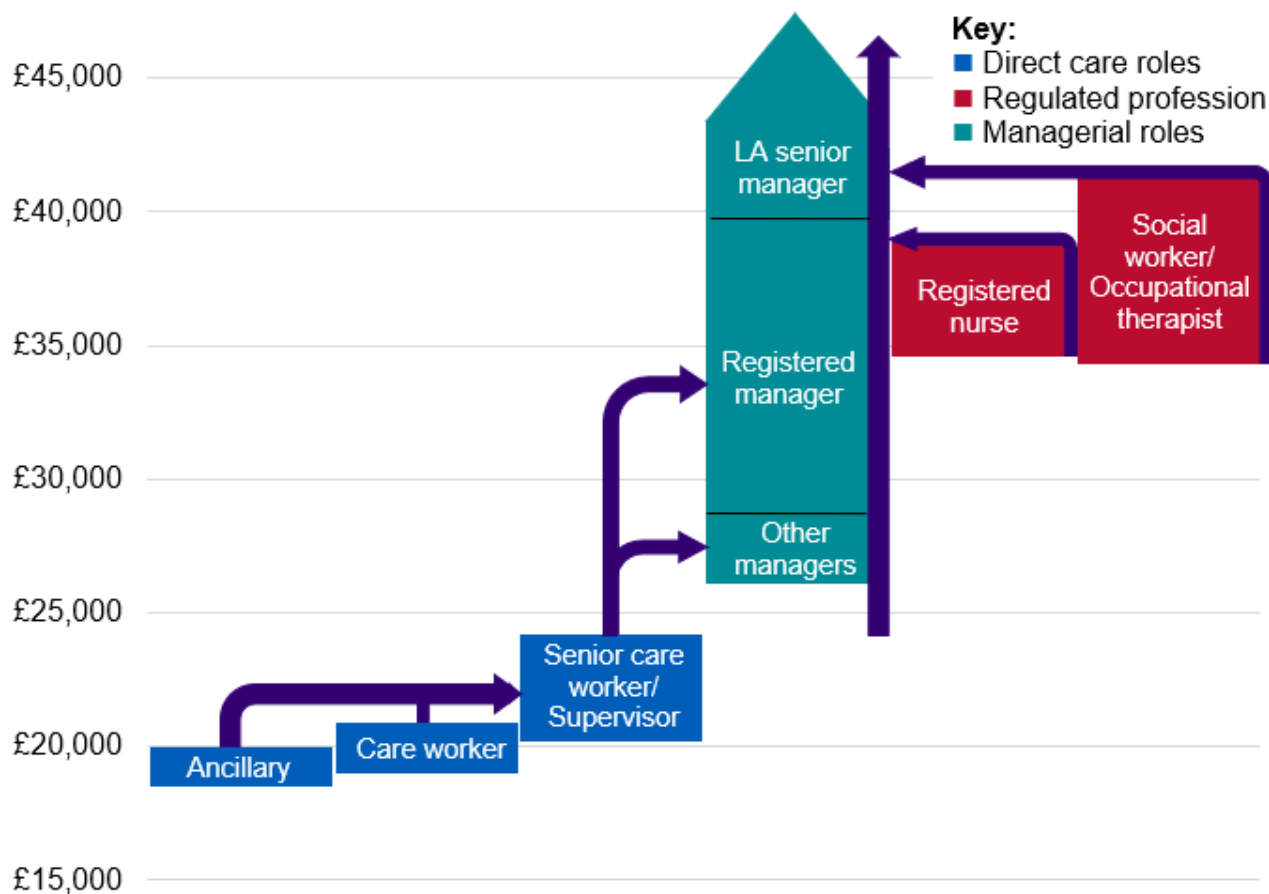
For ancillary staff, the most common career pathway was to progress to care worker, and then to senior care worker, or supervisory roles. Senior care workers or supervisors were most likely to move into first-line managerial or registered manager roles. Regulated professional workers can progress up 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 Managers Network](#). As mentioned above, Registered managers have one of the highest age profiles of any adult social care roles so there will

be increasing demand to train new managers to fill the vacant posts created by those retiring in the coming years.

Chart 100. Career progression in adult social care using median salary

Source: ASC-WDS unweighted data 2022/23



* 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

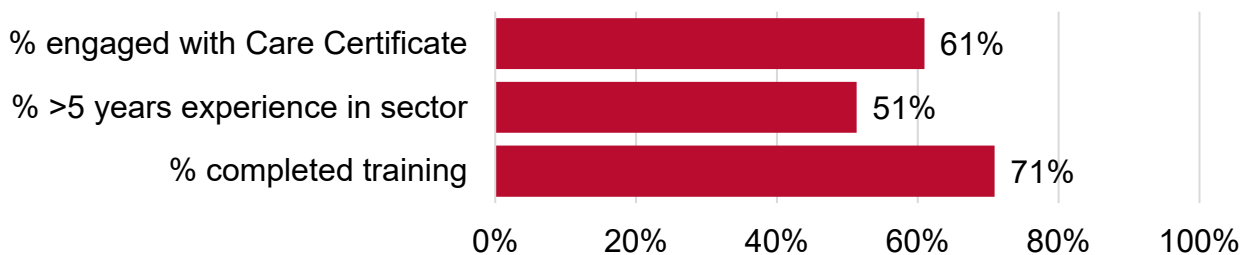
Approximately half of the direct care workforce (48%) held a relevant social care qualification in 2022/23. This section looks at the skills, training and experience of the 52% of direct care workers that did not hold a relevant qualification at the time of data collection. This includes care workers, senior care workers, support and outreach workers as well as other job roles where workers directly provide care.

Chart 101 shows that, of direct care workers without a relevant social care qualification, 61% had engaged with the Care Certificate (either completed it or were working towards it), 51% had five years or more experience in the adult social care sector, and 71% had

completed training. As found in the 'Secrets of success' report,⁹³ employers tend to rate values and behaviours that are well-suited to the care profession as being of high importance, often more so than formal qualifications. Workers without formal qualifications may continue to add value to the adult social care sector as a result of their training and experience.

Chart 101. Skills, training, and experience of direct care providing workers without a relevant social care qualification

Source: ASC-WDS unweighted data 2022/23



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)

⁹³ <https://www.skillsforcare.org.uk/Recruitment-support/Recruitment-planning/Recruitment-planning.aspx>

- 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).

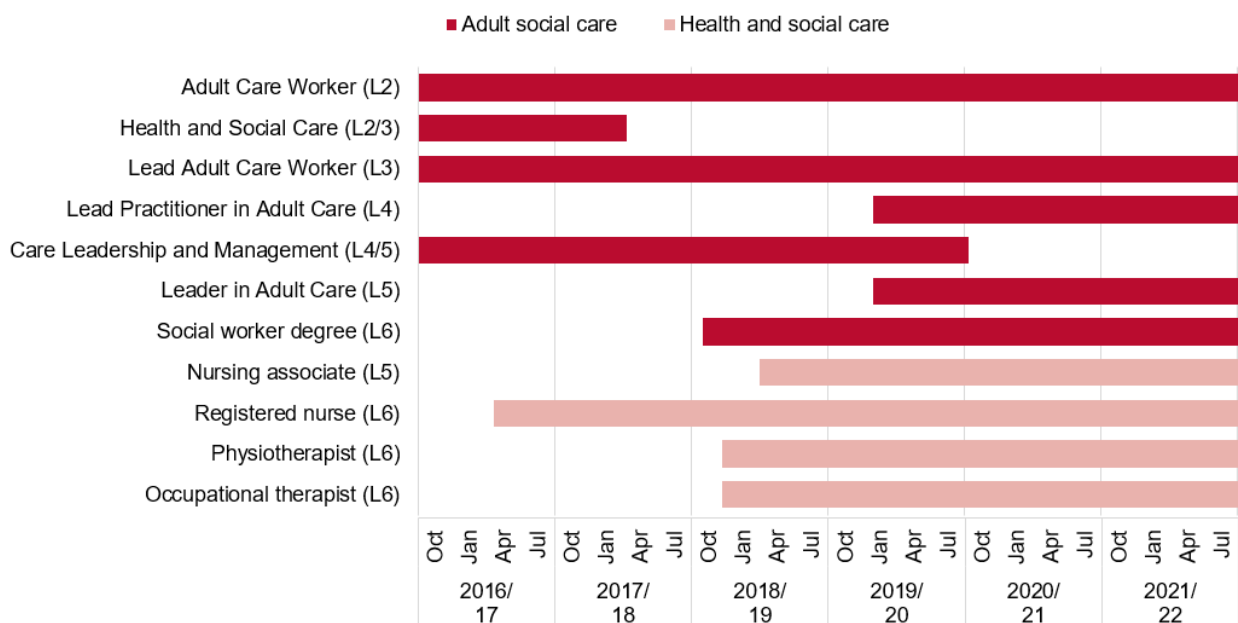
The Adult Care Worker and Lead Adult Care Worker standards were launched in July 2016 and have since replaced the social care pathways of the Health and Social Care framework, for which enrolments closed at the end of December 2017.

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 102. Transition from apprenticeship frameworks to standards, 2016/17 onwards

Source: Institute for apprenticeships

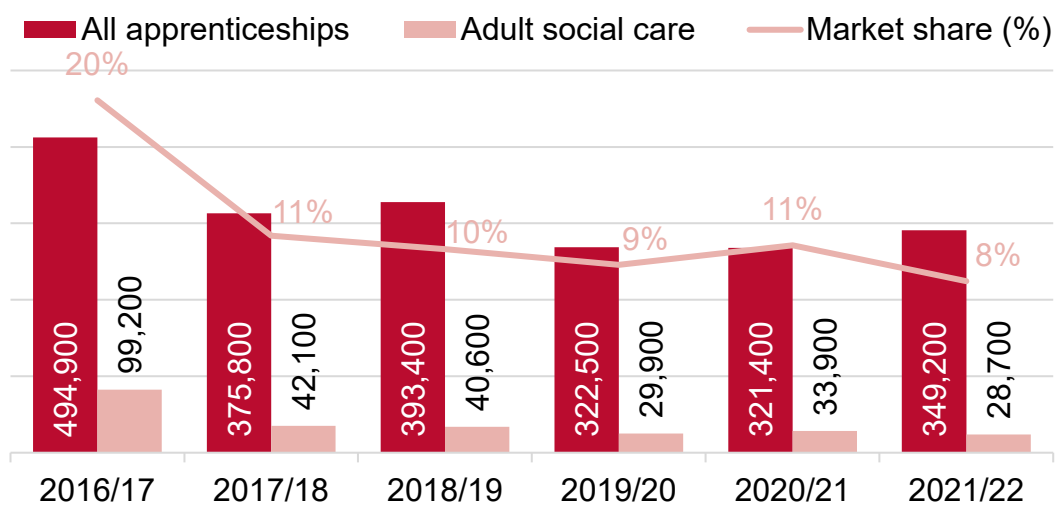


The Social Worker and Occupational Therapist degree apprenticeships launched in November 2018 and December 2018, respectively. Successful apprentices will be able to acquire an honours degree awarded by a partner university and will be eligible to apply to the register of their respective regulator: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

Around 28,700 people started a social care apprenticeship in 2021/22, which was 15% less than the previous year, and around 71% less than in 2016/17. Information for the 2022/23 academic year is not yet available. 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 20% in 2016/17 to 8% in 2021/22.

Chart 103. Number of apprenticeships starts and market share

Source: Education and Skills Funding Agency



For further information about apprenticeships in adult social care, visit our website.⁹⁴ For a detailed report on apprenticeships in adult social care, please see the focused report on the Workforce Intelligence website.⁹⁵

⁹⁴ <https://www.skillsforcare.org.uk/Developing-your-workforce/Apprenticeships/Apprenticeships.aspx>

⁹⁵ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Apprenticeships.aspx>

Workforce projections

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 2022/23 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.

The population aged 65 and above is projected to grow from 10.5 million to 13.8 million between 2020 and 2035

One adult social care post is required for every six people aged 65 and over

Based on growth of the population aged 65 and above, by 2035 the sector may need 440,000 extra new posts (25% growth)

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)⁹⁶ 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.

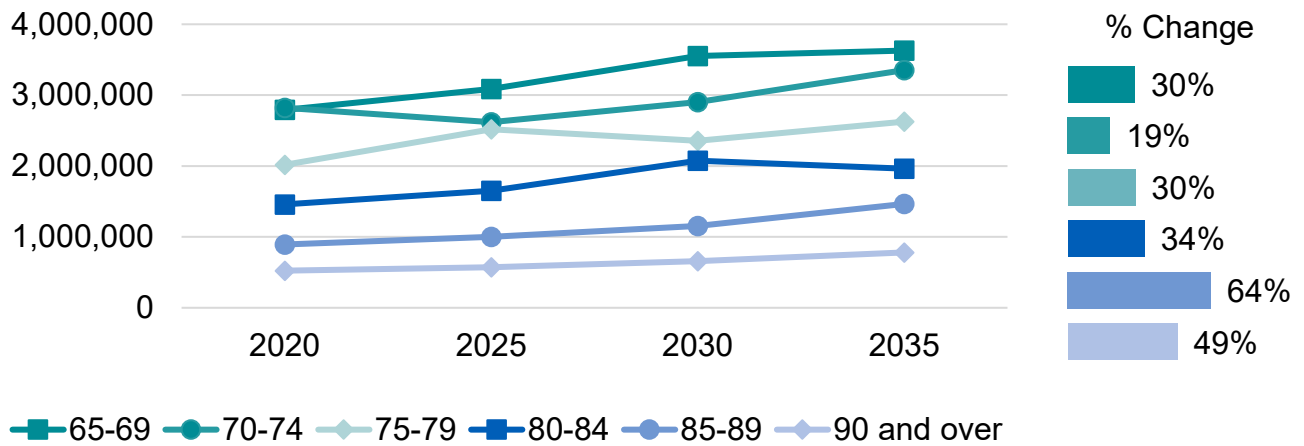
POPPI shows that the number of people aged 65 and above is projected to increase between 2020 and 2035, from 10.5 million to 13.8 million people in England, an increase of around 32%. The number of people aged 18-64 with a learning disability, mental health need, or a physical disability is also projected to increase over the period.⁹⁷

⁹⁶ Projecting Older People Population Information, www.POPPI.org.uk

⁹⁷ Projecting Adult Needs and Service Information, www.PANSI.org.uk

Chart 104. Estimated population aged 65 and above in England, 2020 to 2035

Source: Projecting Older People Population Information



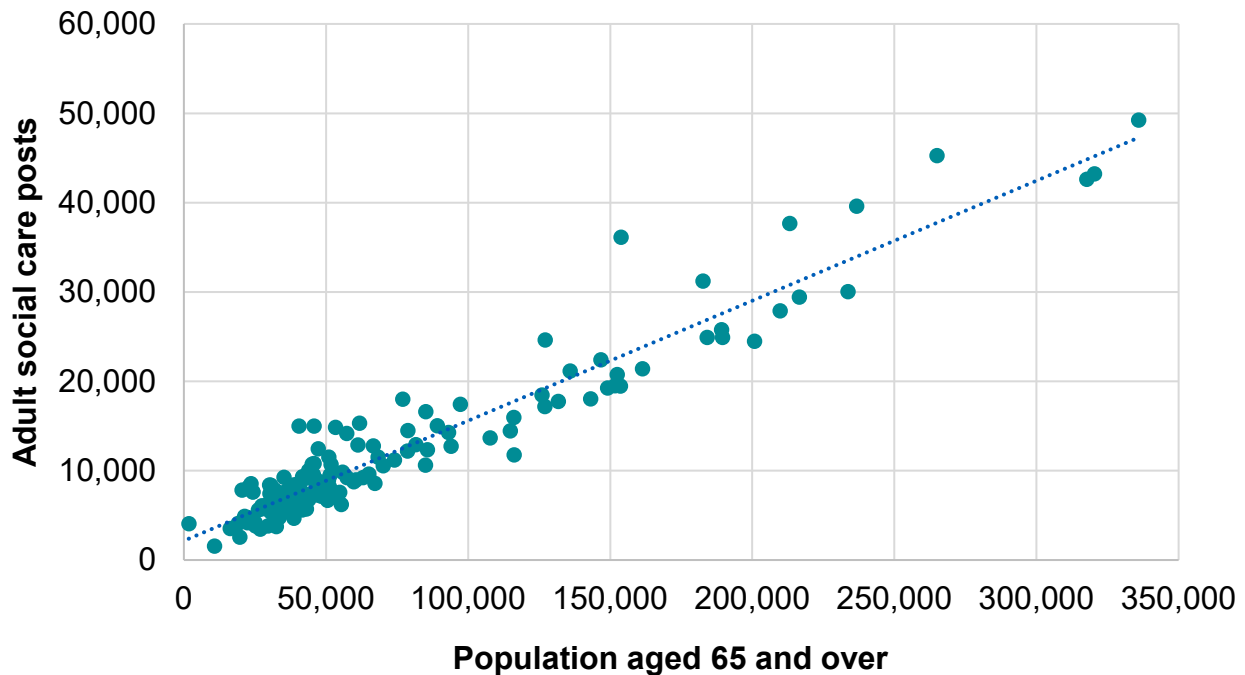
7.2. Relationship between population projections and posts

This section presents demand-based projections for the size of the adult social care workforce between 2022/23 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.

These projections use models that compare the total number of posts in adult social care (including filled posts and vacant posts) 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 2022/23, for every six people aged 65 and over in the population, one adult social care post is required.

Chart 105. Relationship between adult social care workforce size and population aged 65 and over in each local authority area, 2022/23

Source: Skills for Care estimates, POPPI information



7.3. Workforce projections between 2022/23 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 projection for the number of adult social care posts required going forward.

Table 12 and Chart 106 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 25% increase (440,000 new posts) will be required by 2035.

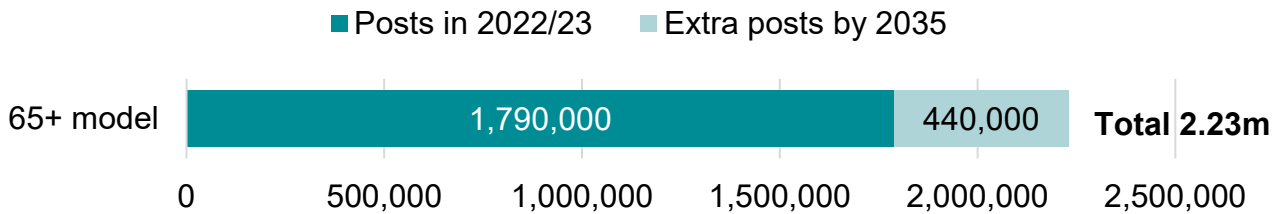
Table 12. Adult social care posts projections between 2022/23 and 2035, based on the number of people in the population aged 65 and over

Source: Skills for Care estimates

Model	2022/23	2025	2030	2035	% increase in posts 2021/22 to 2035
65+ model	1,790,000	1,870,000	2,060,000	2,230,000	25%

Chart 106. Adult social care posts projections between 2022/23 and 2035

Source: Skills for Care estimates



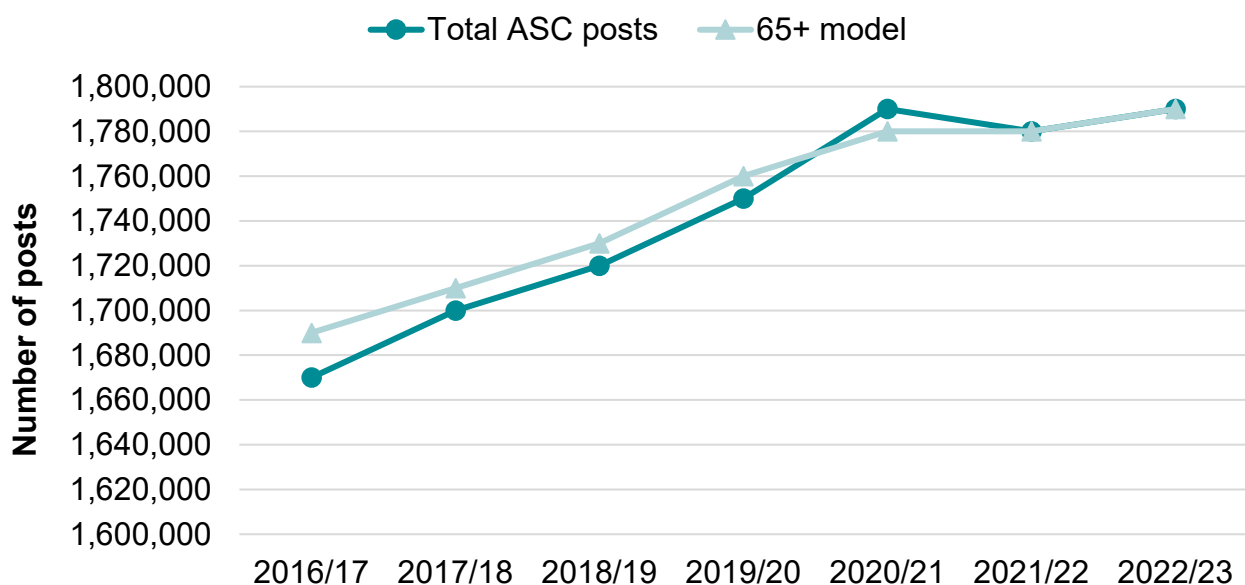
7.3.1. Retrospective testing of models

A retrospective analysis of the model was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012/13 to 2022/23, 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 107, the number of posts growth was the similar to the projections between 2016/17 and 2022/23. 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 107. Adult social care job projections, 2016/17 to 2022/23, 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.

For information about regional projections, please refer to the [regional information](#) pages of our Workforce Intelligence website.

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 have estimated the most influential factors on workers' propensity to leave their jobs, from ASC-WDS data primarily between March 2022 and March 2023, and some factors, including international recruitment, between December 2022 and July 2023.

- The sector has difficulty retaining younger staff. The turnover rate amongst those under 20 years old was 53.7%.
- People are more likely to leave soon after starting a new role. Turnover rates were 45.9% for those with less than one year of experience in their role.
- Workers are more likely to leave if they are on zero-hours contracts (38.2% turnover rate), compared to those with 35 or more contracted hours (30.1%).
- Workers recruited internationally were less likely to leave (16.5% turnover rate), compared to domestically recruited workers over the seven-month period observed (30.7%).
- Worker with multiple positive employment factors (paid above the national living wage, guaranteed hours, full time hours, training, and qualifications) were more likely to stay (20.6% turnover) than workers without any of these factors in place (48.7% turnover for workers without any of these benefits).

Factors affecting CQC ratings

Using ASC-WDS and CQC-provider information from March 2022 we have looked at which workforce factors are associated with higher/lower CQC scores. We also used ASC-WDS and CQC-provider information from between August 2017 and March 2021 for vacancy figures.

- Turnover rates were lower in establishments with high CQC 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 more likely to receive higher CQC scores.

8.1 percentage points

higher turnover when on zero-hours contracts compared more than 35 contracted hours

28.2 percentage points

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

31.9 percentage points

higher turnover rate for those new to their roles compared to the most experienced

1.6 percentage points

higher turnover rate for 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 machine learning techniques, it has been possible to provide information regarding factors which may influence turnover rates. Skills for Care has also included some analysis of 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. 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 used in this section took a longitudinal approach, analysing data held in the ASC-WDS in March 2022, and again in March 2023 (see Table 13), or December 2022 and July 2023 for specific variables (see Table 14), 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 are not directly comparable.

Using machine learning methods (Random Forests), models were built to analyse the relative importance of each variable 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.

Note that the methodology has improved for this section in 2023 and these results should not be compared to those from previous reports. We plan to continue working on these models with a view to providing tailored insights at both local and employer levels in the future.

In addition to the machine learning modelling, we analysed three new variables and also looked at the combined effect of workers having several positive employment metrics. We plan to build this into the modelling in future.

8.1.1. Variables that influence turnover rates

The most influential variables are listed in Table 13 and Table 14 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 though it is 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 2022 and March 2023

Variable	Influence on likelihood of turnover
Distance travelled to work	Workers that travelled further were more likely to leave.
Age	Those under 25 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 on zero-hours contracts were more likely to leave their post.
Historic turnover rate	Likelihood of high turnover rates increased if the establishment had historically high turnover

For these sections 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.

In addition to the above variables, further influential factors that we analysed this year for the first time are listed in Table 14.

Table 14. Additional variables which influence the likelihood of a worker leaving their role

Source: ASC-WDS unweighted data between December 2022 and July 2023

Variable	Influence on likelihood of turnover
Enhanced pension	Care workers were less likely to leave if their employers contributed more than minimum 3% into workplace pensions.
Enhanced sick pay	Care workers were less likely to leave if their employers offered more than Statutory Sick Pay if they cannot work due to illness.

International recruitment	Internationally recruited workers were less likely to leave than domestically recruited workers.
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The pension and sick pay variables were added to the ASC-WDS after March 2022 to provide more detail about the rewards packages employees receive in addition to their basic pay.

International recruitment information has been analysed between December 2022 and July 2023 following the addition of care workers to the Shortage Occupation List in February 2022 (see Section 4.7). This reporting period allows us to observe changes within the sector.

The simple relationship between each variable and 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. This model does not include the three additional variables included in our analysis for the most recent year.

8.1.2. Distance travelled to work

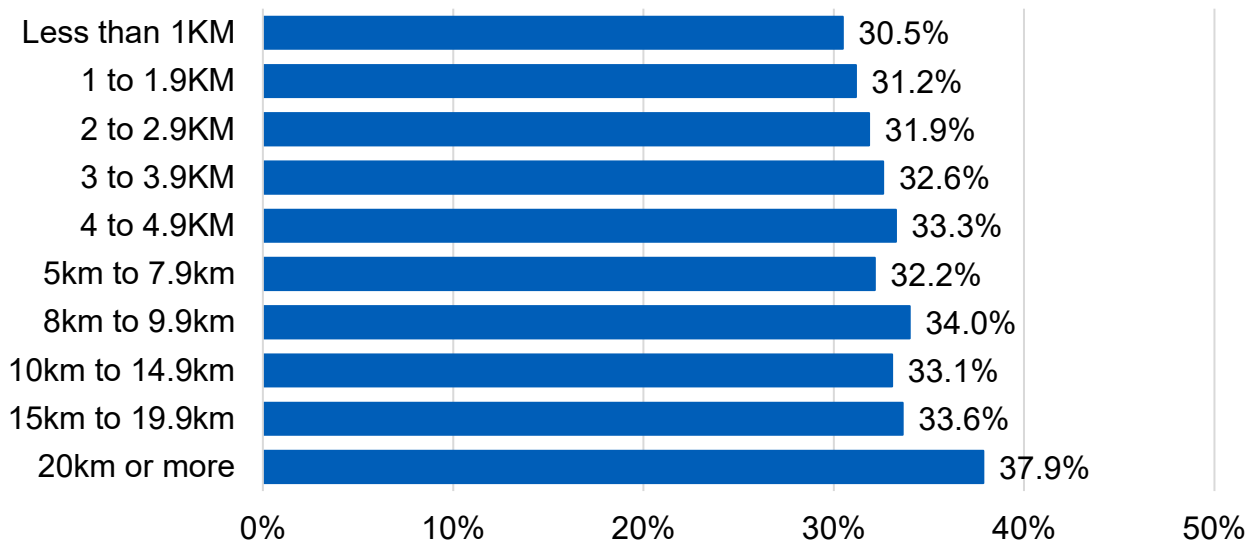
Workers that travelled further were more likely to leave their role

Chart 108 shows that turnover rates were higher amongst care workers who travelled further to work. Workers who travelled less than 1km had an average turnover rate of 30.5%, compared to 37.9% 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. For domiciliary care services, it was not possible to consider the travel distances required to move between the individual locations of people who need care and support.

Chart 108. Care worker turnover rate by distance travelled to work (excluding domiciliary care)

Source: ASC-WDS unweighted data between March 2022 and March 2023



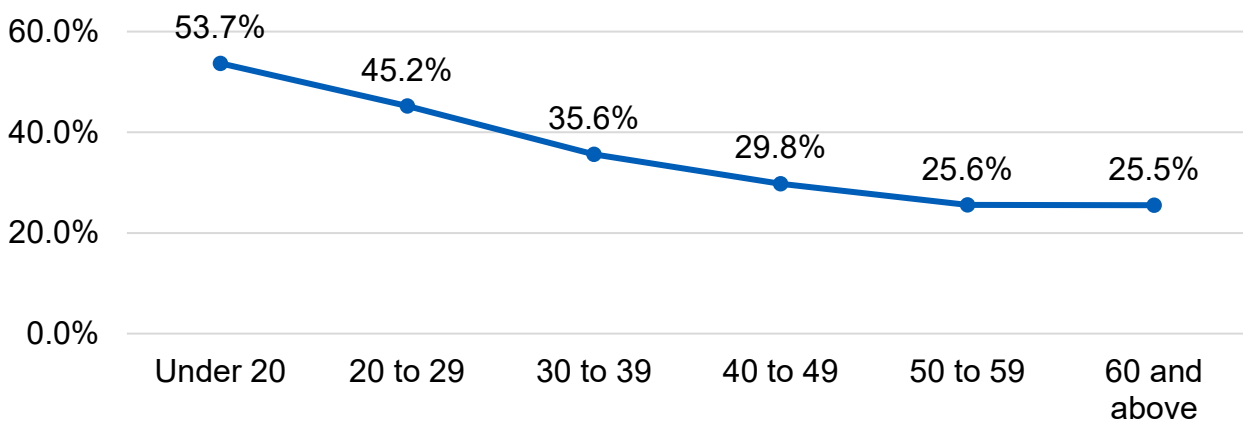
8.1.3. Age

The adult social care sector has found it difficult to retain younger workers.

Chart 109 shows that care workers under 20 years old had the highest turnover rate (53.7%). The turnover rate decreased as the age of the worker increased. This trend plateaus as workers approached retirement.

Chart 109. Care worker turnover rate by age bands

Source: ASC-WDS unweighted data between March 2022 and March 2023



The reasons for this trend are not clear, although anecdotal evidence suggests that this trend is seen in other sectors, so it is not unique to adult social care. It may be that some younger workers took social care jobs as stopgaps whilst studying or searching for a vacancy in their preferred sector. Typically, younger workers were more likely to be in lower-paid roles, which is also an influencing factor of higher turnover rates. Some younger people could also take adult social care jobs due to a lack of employment options, and subsequently do not remain in the sector long-term.

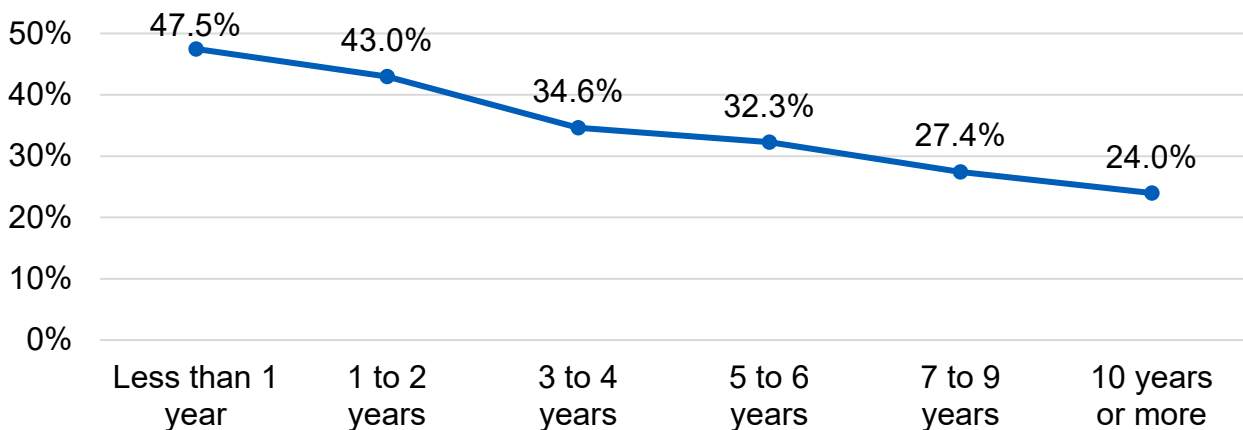
Skills for Care advocate adopting values-based recruitment wherever possible, as a way for employers to target, attract, and recruit suitable candidates that are more likely to stay and progress in the adult social care sector.⁹⁸

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 within adult social care for ten years or more had more than half the turnover rate (24.0%) of worker with less than one year of experience (47.5%).

Chart 110. Care worker turnover rate by experience in sector

Source: ASC-WDS unweighted data between March 2022 and March 2023

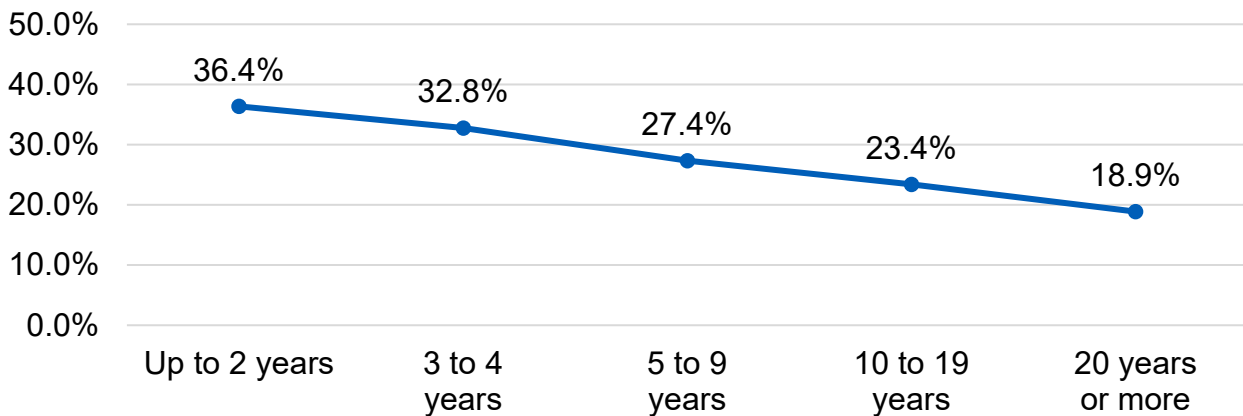


This falling turnover rate was also present amongst registered managers. Those who had worked in the adult social care sector for 20 years or more (whether as a registered manager or in other roles) had a far lower turnover (18.9%) than those new to the sector (36.4% for those with up to two years of experience).

⁹⁸ www.skillsforcare.org.uk/values

Chart 111. Registered manager turnover rate by years of experience in sector

Source: ASC-WDS unweighted data between March 2022 and March 2023



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 into management roles within the sector.

Registered managers also showed lower turnover rates as their experience in the role increased. The turnover rate was highest amongst registered managers that had been in role for less than 1 year (43.1%). This fell sharply as greater experience was gained, with the turnover rate at its lowest (13.4%) amongst registered managers with 20 or more years of experience in role.

Skills for Care has developed a range of resources to support registered managers including networks and communities to create connections and share best practice.⁹⁹

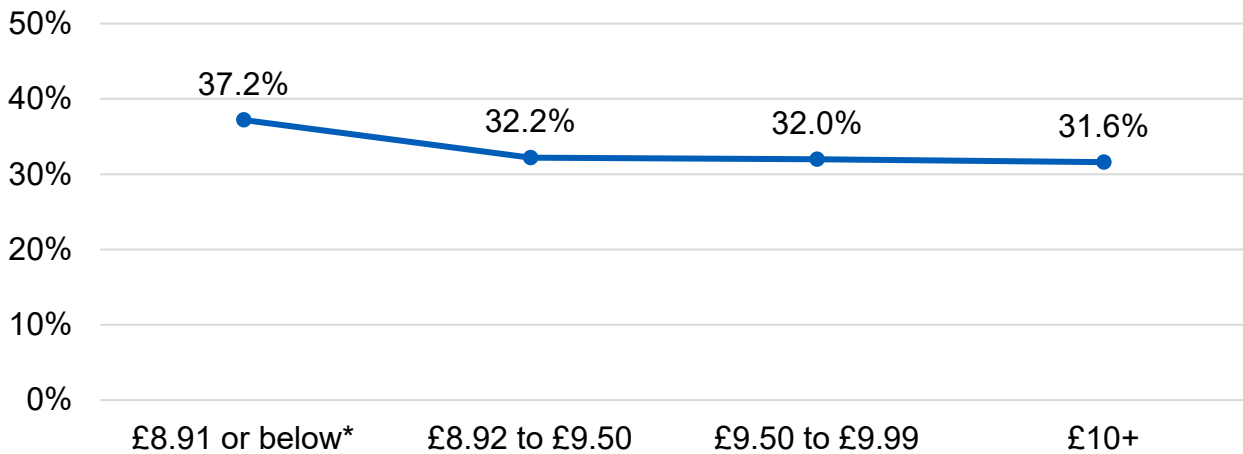
8.1.5. Pay

Those paid more were less likely to leave their roles. Chart 112 shows the turnover rate of care workers at different rates of pay. As at March 2022, the National Living Wage (NLW) was £8.91. In that period, those paid more than £10 per hour had a lower turnover rate than those paid around the NLW (by 5.6 percentage points).

⁹⁹ www.skillsforcare.org.uk/registeredmanagers

Chart 112. Care worker turnover rate by average hourly pay bands

Source: ASC-WDS unweighted data between March 2022 and March 2023



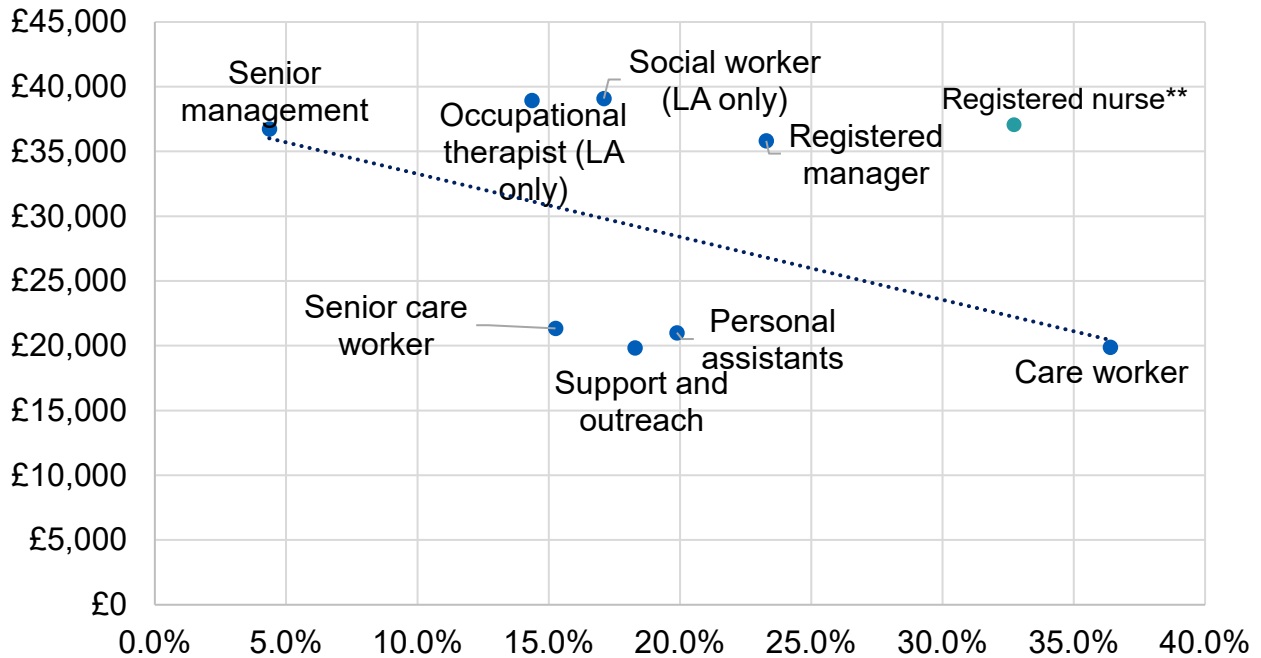
* Those below £8.91 include under 23s and apprentices

It was also evident that higher pay rates resulted in significantly lower turnover rates further up the pay scale in different job roles. Chart 113 shows average turnover rate by average FTE annual pay for selected job roles in the independent sector (unless otherwise stated). The trend shows that, in general, turnover rates increase as pay decreases. Regulated professional and managerial roles had lower turnover rates and higher pay rates compared to direct care providing roles.

Registered nurses did not fit this trend especially well as they had one of the higher pay rates but a higher turnover rate than average. High pay rates and career progression opportunities for NHS nurses due to registered nurse pay bandings may influence turnover rates of nurses in adult social care.

Chart 113. Average turnover rate and average FTE annual pay by job role*

Source: Skills for Care's weighted workforce estimates, 2022/23



* Independent sector only, unless otherwise stated

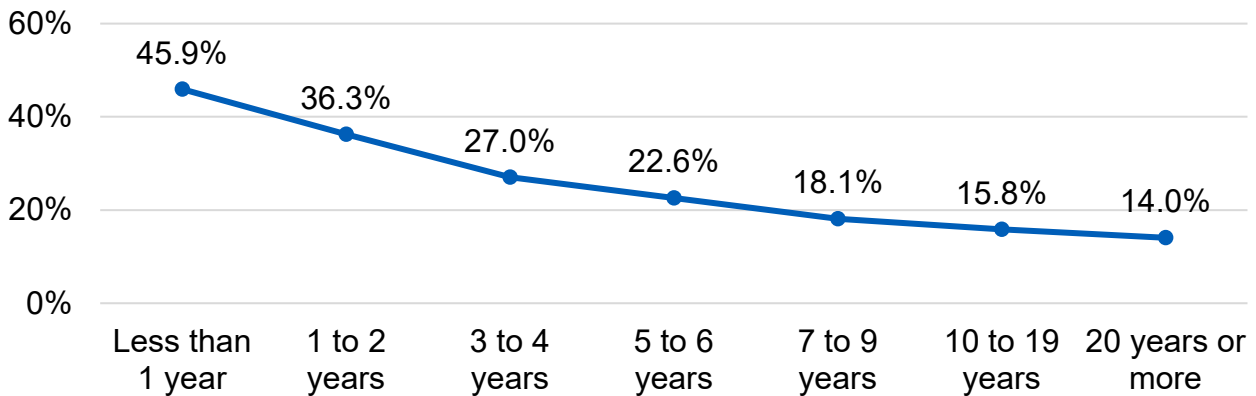
** Registered nurse data does not contribute to trend line

8.1.6. Experience in role

Staff were more likely to leave their posts soon after entering their role. Chart 114 shows care worker turnover rates by length of time in role. The longer a care worker had been in role, the less likely they were to leave. Over two fifths (45.9%) of workers in post for less than a year left during the same year. This rate dropped substantially for more experienced workers to 14.0% for those with 20 years of experience or more.

Chart 114. Care worker turnover rate by years of experience in role

Source: ASC-WDS unweighted data between March 2022 and March 2023



This trend may be even more pronounced as some care workers may have left their role even before their employer had the opportunity to record them in the ASC-WDS.

These findings highlight the importance of well-planned recruitment and induction practices in staff retention. It is clear that some employers struggle to find and recruit people who are likely to stay and progress within the adult social care sector. Skills for Care advocates that employers adopt values-based recruitment¹⁰⁰ to target, attract and onboard people with suitable skills and values as they are more likely to stay long-term and progress within the sector.

Employers may also explore new and innovative ways to widen their talent pool¹⁰¹ 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 who promote career opportunities in adult social care by 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.¹⁰² This helps those recruited into adult social care to understand the job better and increases the chance of them remaining in their posts.

Turnover rates also increased if the registered manager was new to their role. The duration the registered manager had been in post also affected the turnover rate at an establishment. If a registered manager had been in their role for less than a year, the

¹⁰⁰ www.skillsforcare.org.uk/values

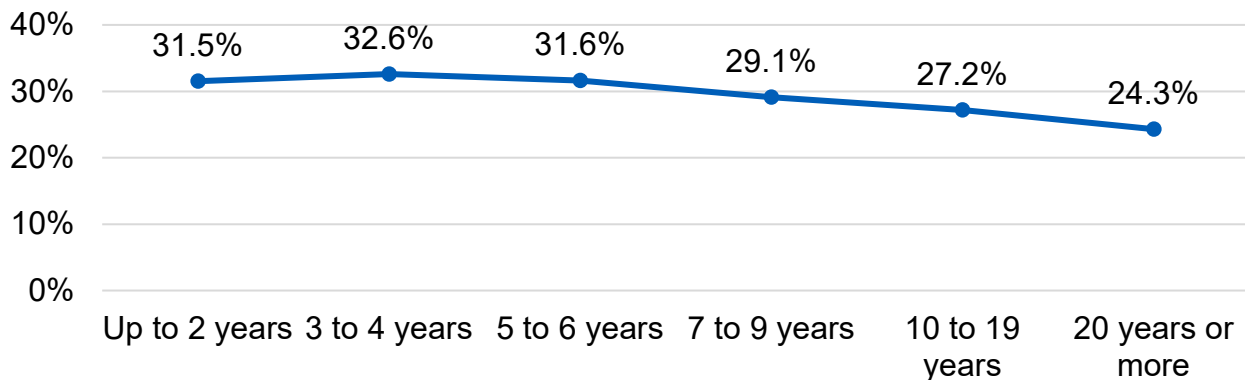
¹⁰¹ www.skillsforcare.org.uk/seeingpotential

¹⁰² <https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Attracting-people/I-Care-Ambassador/I-Care...Ambassadors-bringing-a-career-in-care-to-life.pdf>

turnover rate at that establishment was higher (31.5%) than if the registered manager was more experienced in their role (24.3% when the registered manager had 20 years of experience or more).

Chart 115. Average turnover rate of establishments by experience of the registered manager

Source: ASC-WDS unweighted data between March 2022 and March 2023



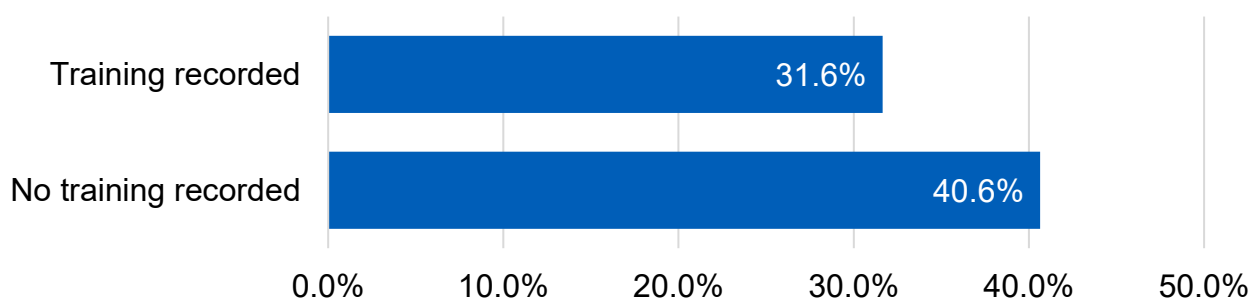
The chart above highlights the important role that stable leadership can have on improving retention rates. We've developed a range of resources to support new registered managers in their roles and to encourage their long-term development.¹⁰³

8.1.7. Training

Retention was better for employers whose staff received training. The average turnover rate was 9.0 percentage points lower amongst care workers who had received some form of training (31.6%), compared to those who had not (40.6%). Some of the most common training types recorded included 'Moving and handling', 'Safeguarding adults' and 'Infection control'.

Chart 116. Care worker turnover rate by training records

Source: ASC-WDS unweighted data between March 2022 and March 2023

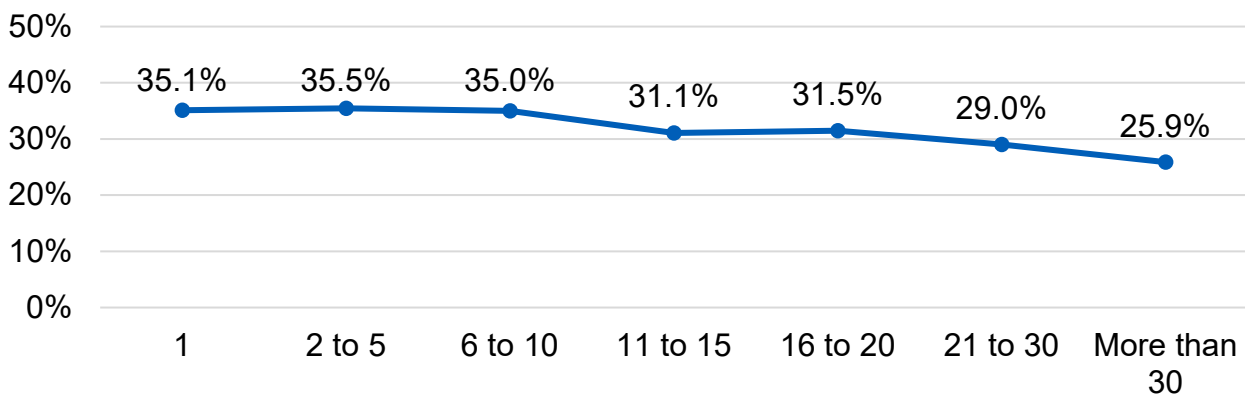


¹⁰³ www.skillsforcare.org.uk/registeredmanagers

The care workers who received more training opportunities also had lower turnover rates. The average turnover rate amongst care workers with one instance of training recorded was 35.1%. This decreased by 9.2 percentage points to 25.9% for those with more than 30 instances of training. This shows that continued investment in staff training can positively impact retention rates. For more information on training, see Section 6.4.

Chart 117. Care worker turnover rate by number of training instances recorded

Source: ASC-WDS unweighted data between March 2022 and March 2023



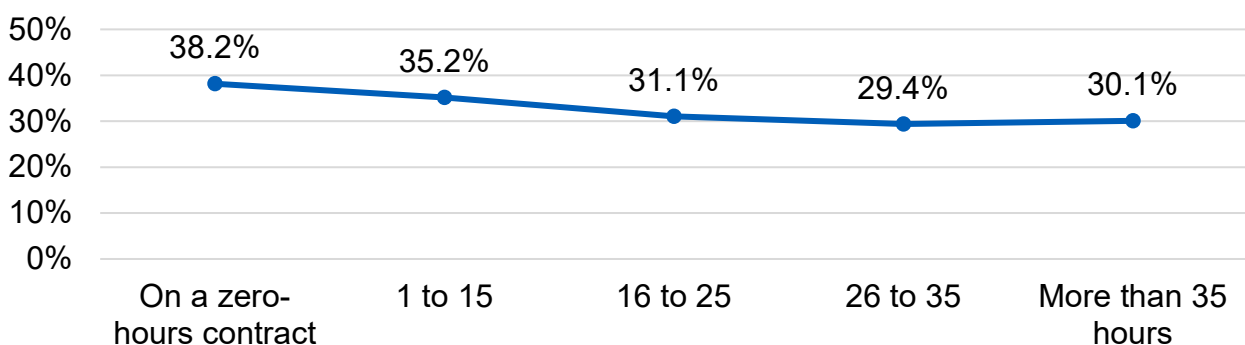
8.1.8. Contracted hours and zero-hours contracts

Workers with fewer contracted hours were more likely to leave.

Chart 118 below shows that turnover rates were 8.1 percentage points higher for care workers on zero-hours contracts compared to those with more than 35 contracted hours per week.

Chart 118. Care worker turnover rate by contracted hours

Source: ASC-WDS unweighted data between March 2022 and March 2023



The Living Wage Foundation launched a campaign targeted at 'Living hours' with the aim of tackling work insecurity.¹⁰⁴ Their 2019 research found that one in six workers were

¹⁰⁴ www.livingwage.org.uk/news/living-hours-campaign-launched-tackle-work-insecurity

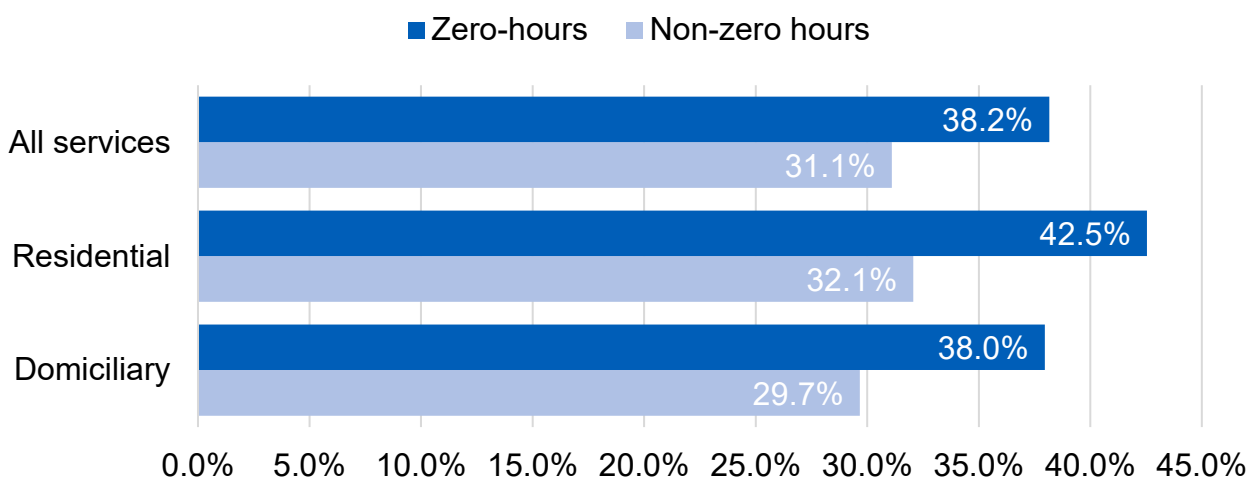
employed in insecure, low-paid work (with fewer than 16 hours per week of paid work being considered ‘insecure’ in this research). The lower turnover rates amongst workers with more than 16 hours of work compared to zero-hours contracts suggests that some workers were looking for more stable employment.

Some workers will prefer part time hours, or a zero-hours contract may suit them. However, these findings suggest that some people in ‘insecure work’ would prefer more hours or guaranteed hours and this is increasing their likelihood of leaving.

Chart 119 shows that zero-hours contracts were shown to have an impact across service types, including in domiciliary care where zero-hours contracts are more prevalent.

Chart 119. Care worker turnover rate by zero-hours contract status

Source: ASC-WDS unweighted data between March 2022 and March 2023



8.1.9. Sickness days

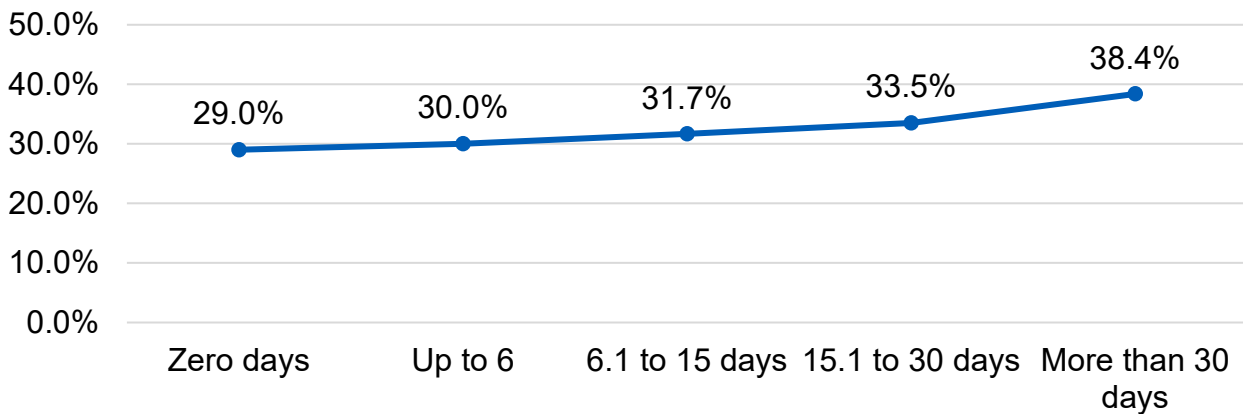
Workers with high sickness rates were more likely to leave. Chart 120 shows turnover rates were lower for those with fewer sickness days within a year compared to those with a higher number of sickness days. Turnover rates were lowest for those with zero sickness days (29.0%) and highest for those with more than 30 days (38.4%).

Successful performance management contributes to a more valued, supported, and engaged workforce who can deliver outstanding services. We have developed the People Performance Management Toolkit as a resource for managers to understand the driving forces behind improving performance.¹⁰⁵

¹⁰⁵ <https://www.skillsforcare.org.uk/ppmt>

Chart 120. Care worker turnover by sickness group

Source: ASC-WDS unweighted data between March 2022 and March 2023

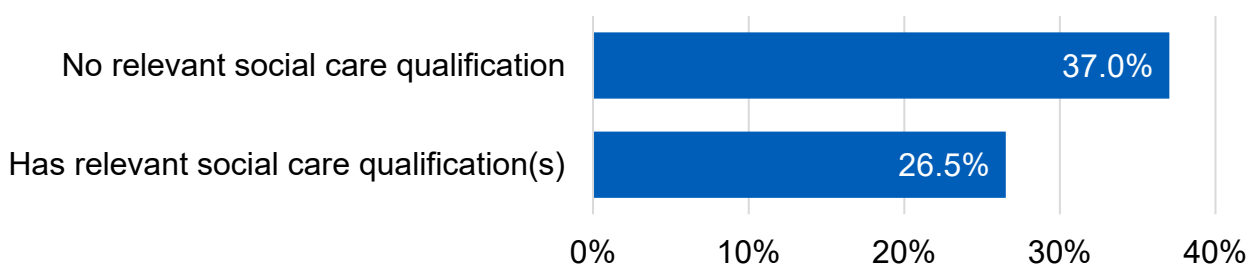


8.1.10. Social care qualifications

Those with a relevant social care qualification were less likely to leave. Chart 121 shows the probability of workers leaving their posts and compares those with relevant social care qualifications to those without. Of care workers who held a relevant social care qualification, 26.5% left within the 12-month period, compared to 37.0% of those who did not hold a relevant qualification. A similar trend is evident for care workers that had undertaken a higher number of training courses, which suggests that employers who put greater investment in the training and development of their staff experienced lower turnover rates on average.

Chart 121. Care worker turnover by social care qualification

Source: ASC-WDS unweighted data between March 2022 and March 2023



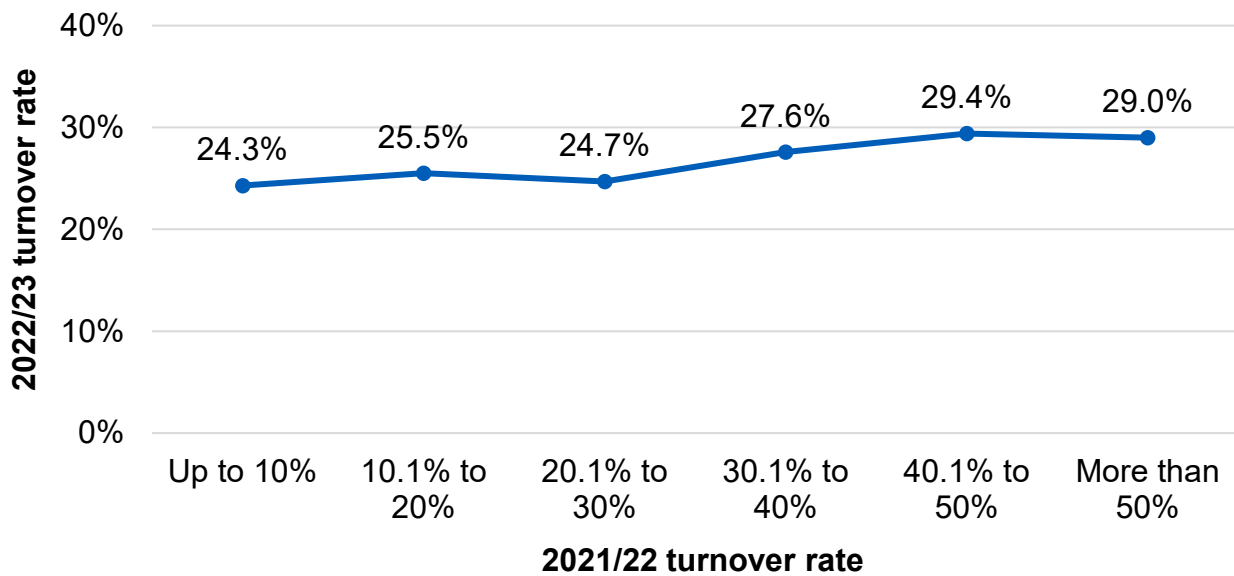
8.1.11. Historical turnover rate

Establishments with a higher turnover rate in the preceding 12 months were likely to continue to have higher turnover rates going forward. Establishments with the lowest turnover rates in 2021/22 had, on average, a turnover rate of 24.3% between 2022 and

2023; this was 4.7 percentage points lower than establishments with the highest turnover rates in 2021/22 (29.0%).

Chart 122. Comparison of historical turnover rate in establishments

Source: Previous turnover rate (ASC-WDS unweighted data as at March 2022) and current turnover rate (ASC-WDS unweighted data between March 2022 and March 2023)



This finding held true even after accounting for the other variables mentioned in this chapter, which suggests that there are other, 'softer' factors influencing turnover rates. Skills for Care's research has found examples of these factors including 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.¹⁰⁶

It was also noted that large establishments where people work in well-functioning teams may achieve better staff retention and improved levels of care. The Affina Organisation Development (AOD) website highlights key research findings including that good team working is associated with lower levels of stress, sickness absence, intention to resign, and turnover among other positive wellbeing indicators.¹⁰⁷

8.1.12. Combined effect of variables affecting turnover

Care workers in a post with several positive employment factors were more likely to remain in post than care workers in posts without these factors in place. Five of the variables which affect turnover were analysed to observe their combined effect. These

¹⁰⁶ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Support-for-leaders-and-managers.aspx>

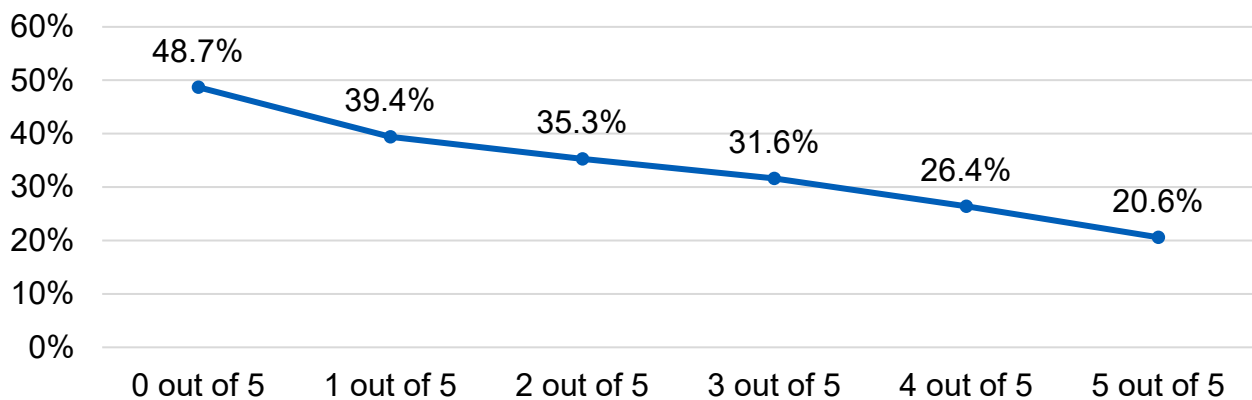
¹⁰⁷ www.affinaod.com/library/key-research-findings

variables were: pay above £9.50, not being on a zero-hours contract, receiving training, having a qualification relevant to social care, and working full-time. Each of these variables were given a score of 1 and combined to give a total score for job quality.

Chart 123 shows that care workers who were paid over £9.50, worked full-time hours, were not on a zero-hours contract, received training, and had a qualification relevant to social care were 28.1 percentage points less likely to leave (20.6%) than care workers whose role did not fit any of the criteria (48.7%). This suggests that care workers are more likely to remain in their role as the number of positive employment factors increased, and employers may see a lower turnover rate if they offer more of these benefits.

Chart 123. Care worker turnover by number of positive employment factors

Source: ASC-WDS unweighted data between March 2022 and March 2023

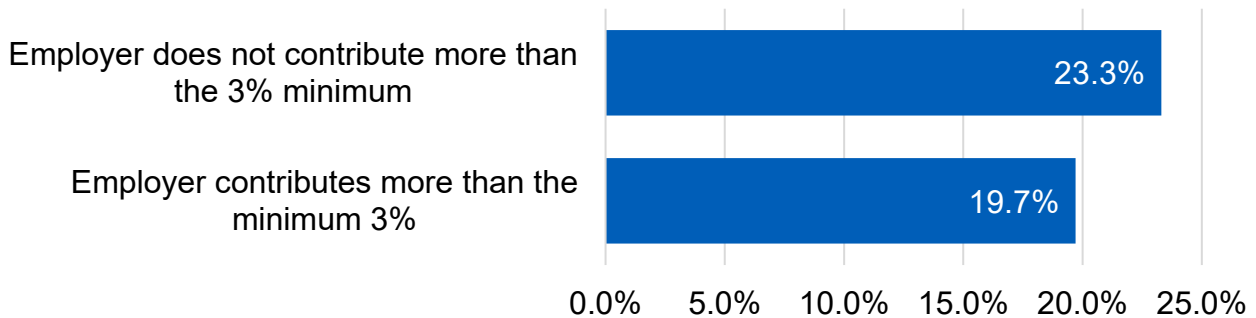


8.1.13. Enhanced pension

Care workers whose employers contributed more than the minimum 3% into the workplace pension were less likely to leave. Chart 124 compares the turnover rate for care workers by whether their employer offered more than the minimum pension contribution. Of care workers who were in a workplace which offered above the minimum pension contribution, 19.7% had left within the reporting period, compared to 23.3% of those whose workplace did not contribute above the minimum. This suggests that employers who offer a greater pension contribution and long-term investment in their care workers experienced lower turnover rates on average.

Chart 124. Care worker turnover by whether employer contributes more than the 3% minimum into workplace pensions

Source: ASC-WDS unweighted data between December 2022 and July 2023



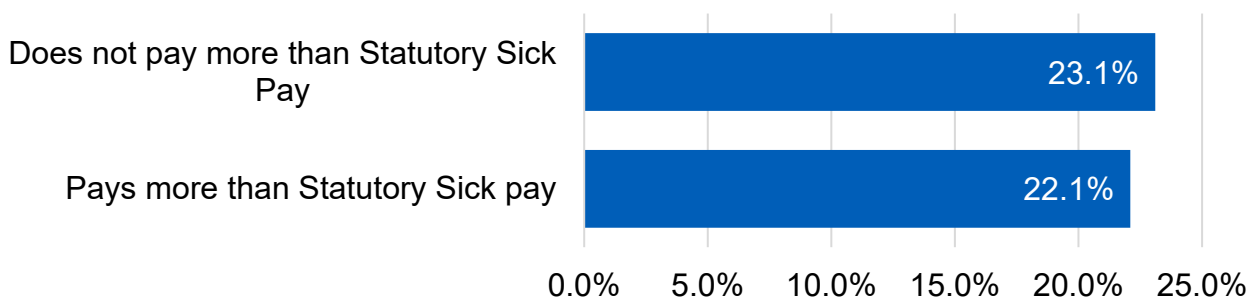
8.1.14. Enhanced sick pay

Care workers whose employers paid more than Statutory Sick Pay if they cannot work due to illness were slightly less likely to leave. Chart 125 compares the turnover rate for care workers by whether their employer paid more than Statutory Sick Pay if they could not work due to illness. Care workers that were in a workplace which paid more than Statutory Sick Pay had a 20.8% turnover rate compared to 21.6% of those whose workplace did not pay more than this. This shows that employers who were more generous with sick pay for their care workers experienced lower turnover rates on average.

The sick pay and pension contributions questions are relatively new to ASC-WDS so bases are relatively low compared to other questions in the chapter. Skills for Care will continue to monitor the impact of the wider rewards package on turnover rates.

Chart 125. Care worker turnover by whether employer pays care workers more than Statutory Sick Pay if they cannot work because of illness

Source: ASC-WDS unweighted data between December 2022 and July 2023

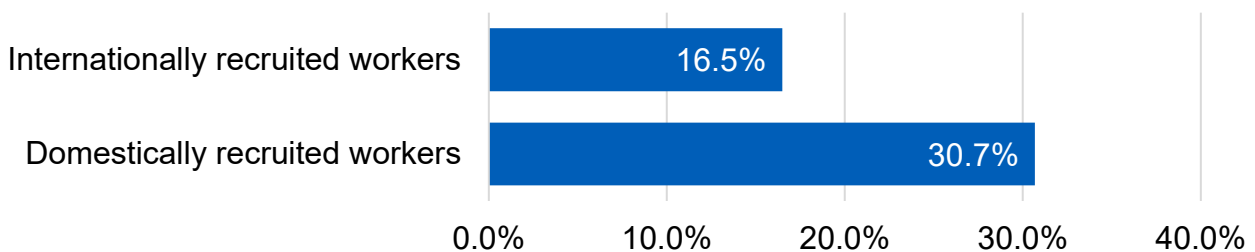


8.1.15. International recruitment

Those recruited internationally were less likely to leave than people recruited domestically. Chart 126 compares the turnover rate for internationally and domestically recruited workers. Internationally recruited workers had a 16.5% turnover in the reporting period, compared to 30.7% of domestically recruited workers. Note that this was tracked over a seven-month period (December 2022 to July 2023), to increase the available base. Turnover rates would likely be higher over a 12-month period.

Chart 126. Comparison of turnover rate by whether the worker was recruited internationally or domestically

Source: ASC-WDS unweighted data between December 2022 and July 2023



Workers recruited internationally typically have their visa status connected to their employers, meaning they would be more likely to remain with the same employer for a longer period. See Section 4.7 – International recruitment for more information.

8.2. Factors affecting CQC ratings

In 2022, Skills for Care analysed ASC-WDS workforce data compared with CQC scores to identify workforce metrics associated with higher CQC scores. This included around 9,300 regulated locations across England. This followed analysis completed by Skills for Care in 2021 which included around 8,000 regulated locations across England. The analysis below use the work conducted in 2022 unless otherwise stated.

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 15 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 for 2022: Lowest (12 or below), Low (13 to 14), Medium (15) and High (16 or above). Location scores were distributed across the categories with 8% in the Lowest category, 17% in Low, 64% in Medium, and 11% in High. More than three quarters

of locations had a Medium or High score. In 2021, the score categories were slightly different: Lowest (12 or below), Low (13), Medium (14) and High (15 or above).

Table 15. Inspection rating and score

Source: CQC inspection ratings

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.¹⁰⁸

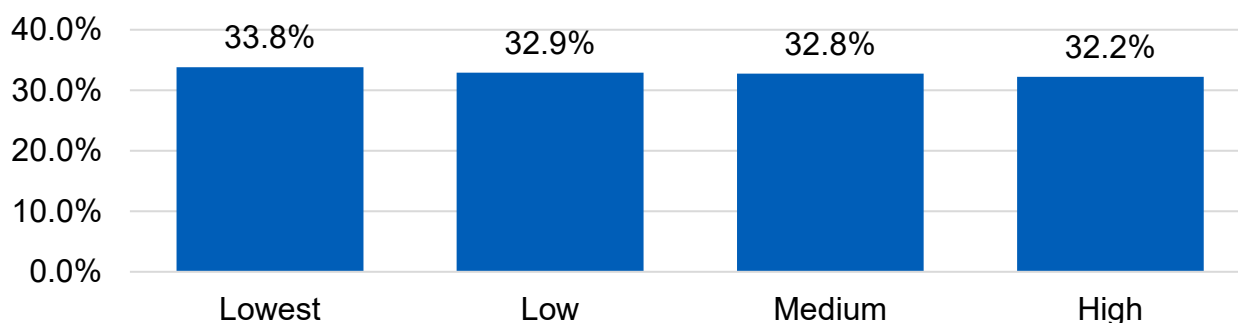
8.2.1. Turnover rates

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 33.8%), compared to those with the highest scores which had an average turnover of 32.2%.

Chart 127. Turnover rates by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



8.2.2. Ratio of staff per bed

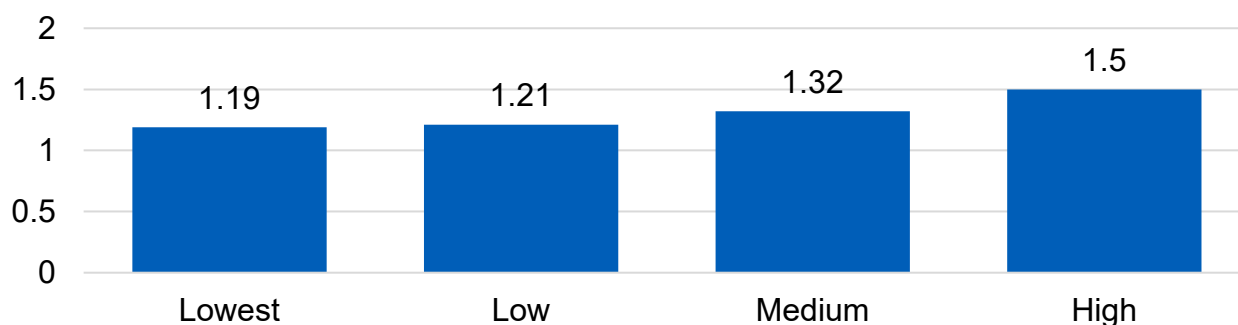
Care homes with more staff in post per bed received better CQC scores on average than those with lower staffing ratios. There are no prescribed staffing levels in adult social

¹⁰⁸ <https://www.skillsforcare.org.uk/CQC-provider-support/CQC-provider-support.aspx>

care, however this finding demonstrates that those services that manage to maintain higher staffing ratios generally achieve better outcomes.

Chart 128. Median ratio of staff per bed by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



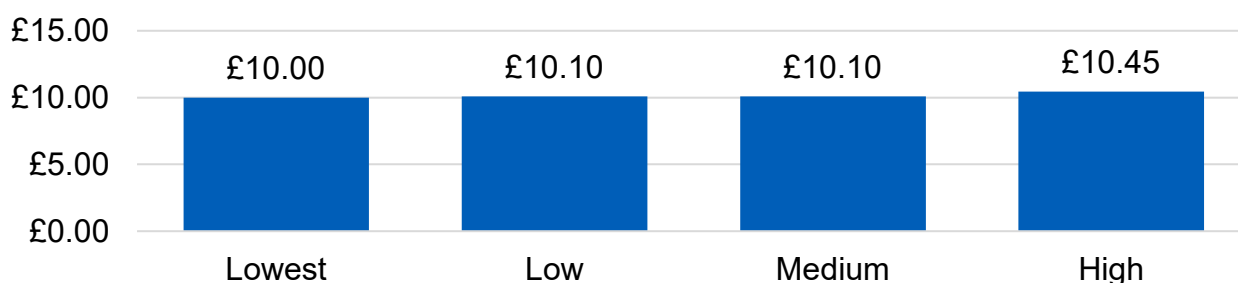
Skills for Care has a guide to support employers to get the right quantity and quality of staff to meet the needs of services and meet the regulatory standards of the Care Quality Commission (CQC). The guide includes tips about deciding how many staff are required to provide a safe service, contingency planning for short-term staff shortages, doing the right recruitment checks, and how to effectively use bank and agency staff.¹⁰⁹

8.2.3. Care worker pay

Higher care worker pay was associated with better CQC scores. Care workers at the lowest scoring establishments had a median hourly rate of £10.00 compared to £10.45 with the highest score.

Chart 129. Median care worker hourly rate by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



¹⁰⁹ <https://www.skillsforcare.org.uk/CQC-provider-support/Delivering-good-and-outstanding-care/Safe-staffing.aspx>

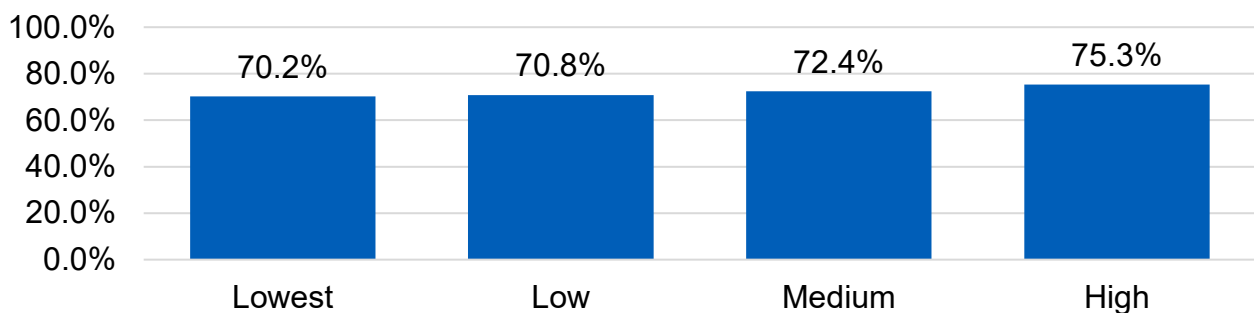
Pay was not the only worker incentive influencing scores. For example, those with higher levels of take up of the Care Certificate, more training, and qualifications relevant to social care among their staff were more likely to receive better CQC scores.

8.2.4. Care worker uptake of the Care Certificate

Greater care worker uptake of the Care Certificate was associated with better CQC scores. Chart 130 shows that the high scoring establishments had a 5.1 percentage point increased proportion of care workers who has begun or completed the Care Certificate (75.3%) compared with the lowest scoring establishments (70.2%).

Chart 130. Proportion of care workers who had begun or completed the Care Certificate by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



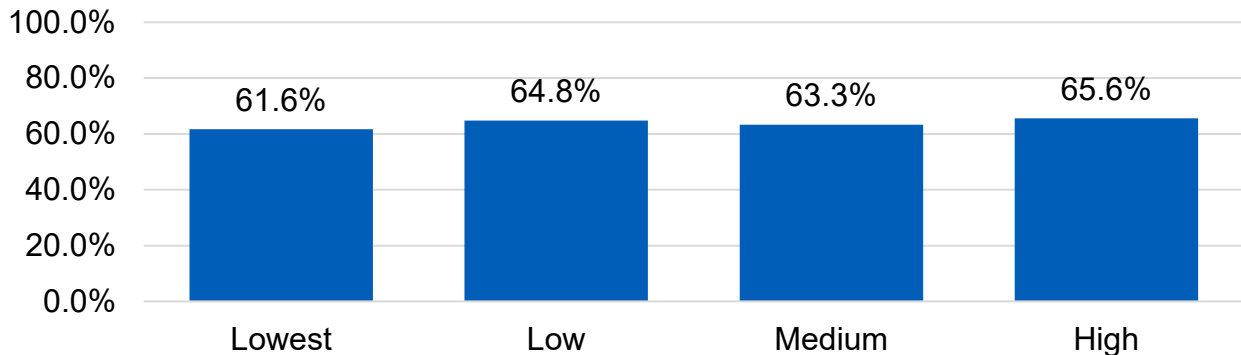
8.2.5. Care worker training

Care worker training was associated with better CQC scores.

Chart 131 shows that establishments with higher CQC scores had a larger proportion of care workers who had undertaken training. 65.6% of care workers at the highest scoring establishments had training records on the ASC-WDS compared with 61.6% of those at the lowest scoring establishments.

Chart 131. Proportion of care workers who had training recorded by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings

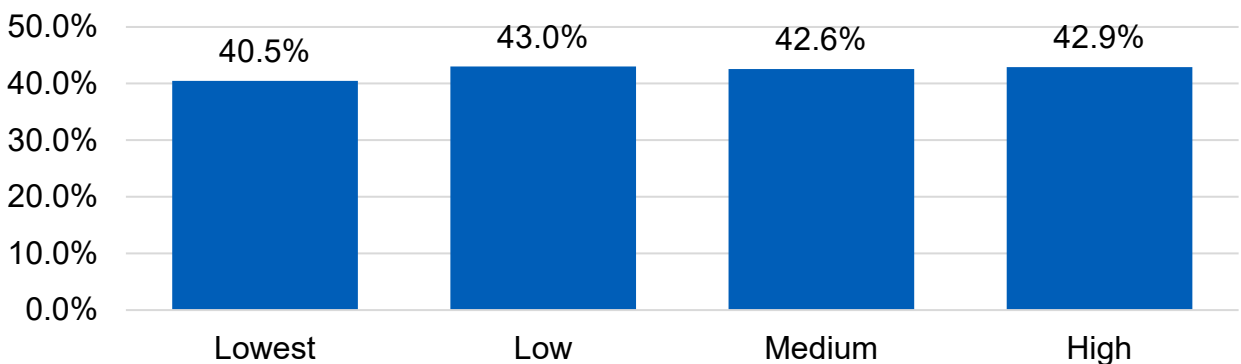


8.2.6. Care worker qualifications

Care workers having qualifications relevant to social care was associated with better CQC scores. Chart 132 below compares the proportion of care workers with qualifications relevant to social care by CQC score and shows that high scoring establishments had a greater proportion (42.9%) than with the lowest scoring (40.5%).

Chart 132. Proportion of care workers who had a qualification relevant to social care by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



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 as 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 the care workforce pathway, finding learning providers, qualifications and more.¹¹⁰

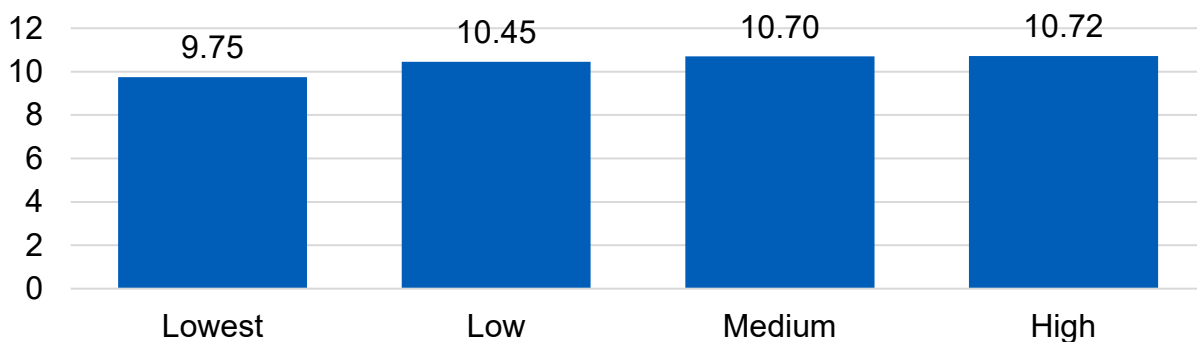
¹¹⁰ <https://www.skillsforcare.org.uk/Learning-development/Learning-and-development.aspx>

8.2.7. Registered manager months in post

Establishments with a stable registered manager were more likely to receive higher CQC scores. The more time across the previous year an establishment spent with the registered manager in post, the higher the CQC score was on average. As with turnover rates, this points towards the importance of stable management in delivering a high-quality service.

Chart 133. Number of months registered manager was in post in previous 12 months by CQC score

Source: ASC-WDS unweighted data October 2022 and CQC inspection ratings



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 reported in 2022.¹¹¹

8.2.8. Vacant posts

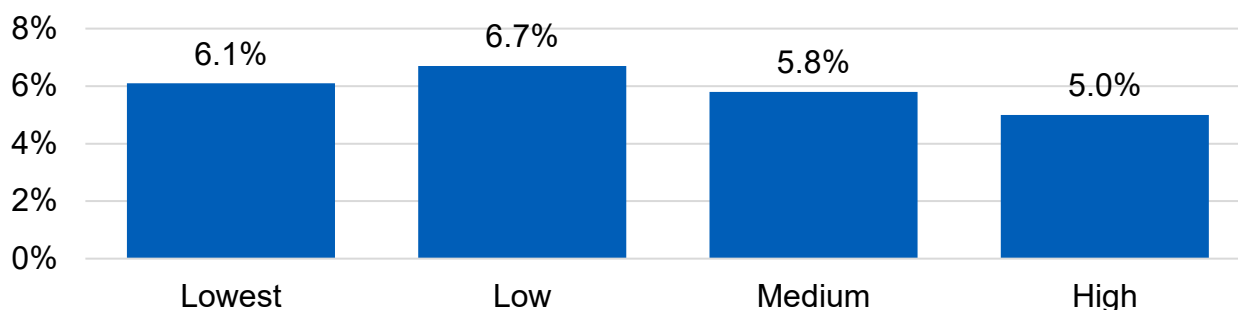
For analysis of vacancies by CQC score, we used the 2021 analysis because vacant posts have been increasingly impacted by external supply and demand factors in recent years, making quantification of the impact on ratings more difficult.

In 2021, establishments with lower vacancy rates, on average, received better scores. Establishments receiving high CQC scores had an average vacancy rate of 5.0% compared to a rate of 6.1% for those with the lowest scores. This suggests that those employers who managed to fill their vacant posts were, on average, able to deliver a high-quality service.

¹¹¹ <https://www.sciencedirect.com/science/article/abs/pii/S0020748921000377>

Chart 134. Vacancy rates by CQC score

Source: ASC-WDS unweighted data 2021 and CQC inspection ratings



Further information about the key lines of enquiry and the CQC inspections can be found on the CQC website.¹¹² 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.¹¹³

¹¹² www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask

¹¹³ www.skillsforcare.org.uk/improve

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.

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.

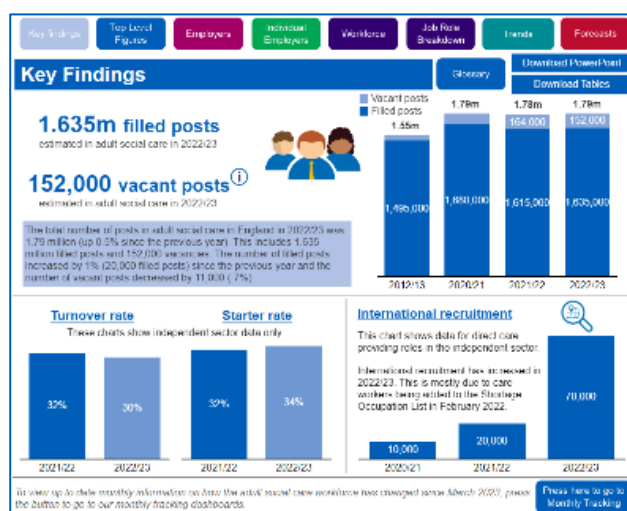
Users have been involved in the design of these visualisations to ensure that they're both simple to use and full of useful information. To access the visualisations, please refer to the relevant pages within www.skillsforcare.org.uk/WIpublications.

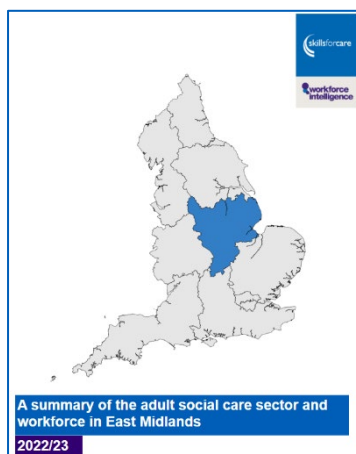
Key workforce intelligence publications

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 filled posts estimates, trend data, and future projections.

To access this webpage, please visit www.skillsforcare.org.uk/sizeandstructure
Latest version, July 2023. Updated information is due in July 2024





Regional information

We have published a data visualisation showing regional level information, one region at a time. This report provides an annual overview of adult social care services and the workforce in each region. Also available is a regional comparison data visualisation, comparing key variables. Alongside these data visualisation are nine regional written summaries.

To access these, please visit

www.skillsforcare.org.uk/regionalreports

Latest version, October 2023. Updated information is due October 2024

Local area information

There are six pages of local area information:

- 'My local area' page is a detailed interactive visualisation showing local areas in England one at a time.
- 'Local area comparison', is where you'll find the local authority comparison interactive visualisation which allows you to compare multiple local areas in England.
- 'Local area summary reports' page contains written summary reports for each area.
- 'My ICB area', showing the latest information from ASC-WDS split into Integrated Care Board (ICB) areas.
- 'ICB comparison area' page is where you can compare multiple ICB areas in England.
- 'My ICB area (MH and LD&A)', showing the latest information from ASC-WDS for the mental health and learning disability and/or autism workforces split into Integrated Care Board (ICB) areas.

To access these data visualisations and reports, please visit

www.skillsforcare.org.uk/local-information

Latest versions, October 2023. Updated information is due in October 2024.

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:

- Monthly tracking of key metrics
- 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, visit 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, visit: 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 to 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 skillsforcare.org.uk/Our-strategy.

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 analysts leading on the production of this report 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 visit www.skillsforcare.org.uk/WI-values.

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

Keeping informed



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

You can also follow us on Twitter: [@SfC_Data](https://twitter.com/SfC_Data) or [@skillsforcare](https://twitter.com/skillsforcare)

Or visit www.skillsforcare.org.uk/contactWI

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