

A black and white photograph of a man and a woman sitting on a dark leather couch. The man, on the left, is wearing a light-colored tank top with a graphic and is gesturing with his right hand near his face while looking upwards. The woman, on the right, is wearing glasses and a long-sleeved button-down shirt, smiling at the camera.

The size and structure

of the adult social care sector
and workforce in England, 2019

Acknowledgements

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Introduction

01

Introduction

This report has been produced by Skills for Care and provides a comprehensive overview of the size and structure of the adult social care sector and workforce in England as at 2018.

The report draws on several data sources to produce these estimates. The majority of the detail comes from the National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC is an online data collection service that gathers information about the adult social care workforce in England. The service is being updated and will be known as the Adult Social Care Workforce Data Set (ASC-WDS) in the future. For more information about the NMDS-SC please visit the Workforce Intelligence website¹.

Summary of key findings

Employers

- An estimated 18,500 **organisations**² were involved in providing or organising adult social care in England as at 2018.
- An estimated 39,000 **establishments**³ were involved in providing or organising adult social care in England as at 2018.
- Around 237,000 adults, older people and carers received **direct payments**⁴ from councils' social services departments in 2017/2018. It is estimated that approximately 75,000 (31%) of these recipients were employing their own staff.

Workforce size

- The number of adult social care **jobs** in England as at 2018 was estimated at 1.62 million.
- The number of adult social care **jobs** was estimated to have increased by around 1.2% (19,000 jobs) between 2017 and 2018.
- Since 2009, the number of adult social care **jobs** has increased by 22% (290,000 jobs).
- The rate of increase for adult social care **jobs** has slowed – between 2014 and 2018, the workforce grew by around 16,000 jobs per year compared to an average increase of 45,000 per year between 2010 and 2014.
- The number of **full-time equivalent (FTE)** jobs was estimated at 1.13 million.
- The number of **people** working in adult social care was estimated at 1.48 million.

Workforce structure

- Since 2009, the workforce has continued to shift away from local authority **jobs** (a decrease of 37%, or 65,000 jobs) and towards independent sector jobs (an increase of 30%, or 290,000 jobs).
- The number of **jobs** in care homes with nursing increased between 2017 and 2018 (by 10,000 to around 295,000 jobs). This figure increased by 60,000 jobs between 2009 and 2018 (from 235,000 to 295,000 jobs).
- Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 10,500 or 20% since 2012).

Workforce forecasts

If the adult social care workforce grows proportional to the projected number of people aged 65 and over in the population, then the number of adult social care **jobs** will increase by 36% (an increase of 580,000 jobs) to around 2.2 million jobs by 2035.

¹ www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence

² The total number of PAYE or VAT-registered whole organisations (i.e. enterprises). See Section 2 for definitions.

³ The total number of PAYE or VAT-registered establishments (i.e. local units). See Section 3 for definitions.

⁴ Estimates of the number of direct payment recipients employing staff and estimates of the number of jobs in this area should be treated with caution. See Section 4.

Organisations

02

Number of adult social care organisations (enterprises)

The total number of PAYE or VAT-registered whole organisations (enterprises) involved in providing or organising adult social care in England as at 2018 was estimated at **18,500**.

The definition of organisations ranges from large national employers, large charities and local authority adult social services departments to small independent care homes. For example, a large company running multiple care homes would count once in these figures.

The estimates do not include individuals employing their own care and support staff (see Section 4 – Individual employers) or non-CQC establishments that are not registered for PAYE or VAT, such as some sole traders and individuals who are self-employed.

Skills for Care is confident in the quality of these estimates. However, it should be noted that non-CQC establishments were only included if they were coded under social care-specific SIC codes in ONS's IDBR. Also, some assumptions and estimations made it necessary to remove any children's establishments and non-social care establishments incorrectly coded under social care SIC codes (see Appendix 1 for more detail about the methodology).

Table 1 shows a breakdown of the number of organisations by service type and organisation size.

Table 1. Number of adult social care organisations in England by service type and size, 2018

Source: Skills for Care estimates based on ONS IDBR data

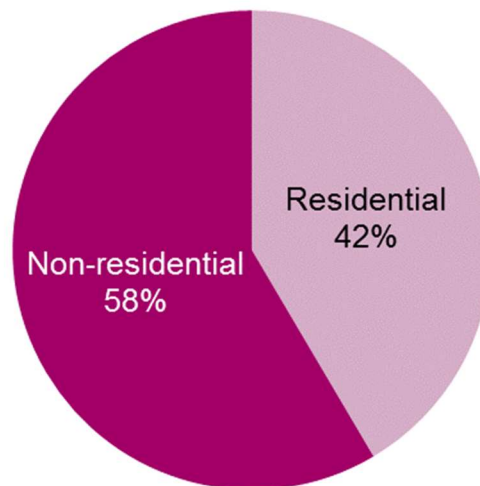
| Service type | Size group (employees) | | | | | | | |
|------------------------------------|------------------------|--------------|--------------|--------------|--------------|--------------|------------|------------|
| | Total | 1 - 4 | 5 - 9 | 10 - 19 | 20 - 49 | 50 - 99 | 100 - 249 | 250 + |
| Residential services (SIC2007 87) | 7,800 | 2,300 | 650 | 1,200 | 2,000 | 1,000 | 425 | 275 |
| Non-residential (SIC2007 88) | 11,000 | 5,200 | 1,900 | 1,700 | 1,200 | 550 | 325 | 150 |
| Total adult social care | 18,500 | 7,400 | 2,500 | 2,800 | 3,200 | 1,600 | 750 | 425 |
| Total adult social care (%) | | 40% | 13% | 15% | 17% | 8% | 4% | 2% |

Columns may not sum to totals due to rounding

Chart 1 shows that 58% of adult social care organisations were providing non-residential services and 42% were providing residential services.

Chart 1. Proportion of adult social care organisations in England by service type, 2018

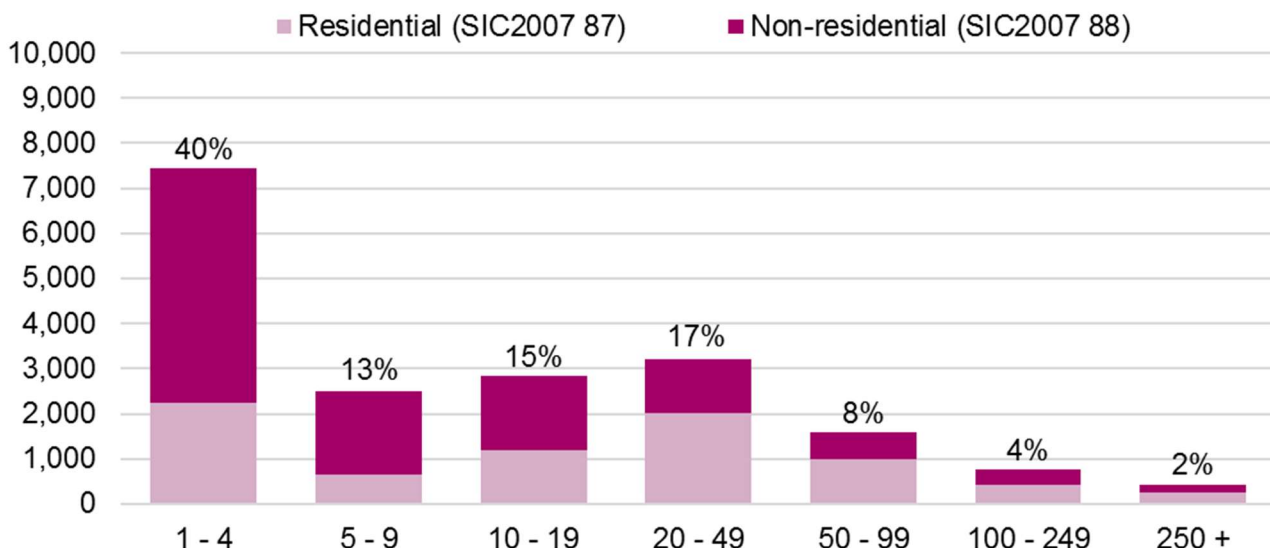
Source: Skills for Care estimates based on ONS IDBR data



In terms of size, Chart 2 shows that the majority of adult social care organisations were micro (1 to 9 employees) or small (10 to 49 employees). Around 40% of organisations had 1 to 4 employees and around 85% had fewer than 50 employees.

Chart 2. Estimated number of adult social care organisations in England by size group (number of employees), 2018

Source: Skills for Care estimates based on ONS IDBR data



Organisations that were large (250+ employees) made up just 2% of the total. The average number of jobs at these organisations was over 1,000 and some organisations employed up to 20,000 members of staff. It is estimated that large organisations (250+ employees) employed almost half (approximately 45%) of the total adult social care workforce as at 2018.

Trend data – adult social care organisations

The coverage of the IDBR was extended in 2015 to include more micro organisations (with 1- 4 employees) than were included in previous years. As such, a precise trend between 2014 and 2018 was not available.

This section focusses specifically on those organisations with 5 or more employees (60% of the total) to allow for trends to be examined.

Table 2 shows that the number of adult social care organisations (with 5 or more employees) increased steadily between 2009 and 2015, from 10,250 to 11,850 organisations (a 15% increase). However, between 2015 and 2018 the number of adult social care organisations (with 5 or more employees) decreased by 5%. Between 2017 and 2018, this decrease was 1% (150 organisations).

Table 2. Number of adult social care organisations (with 5 or more employees)

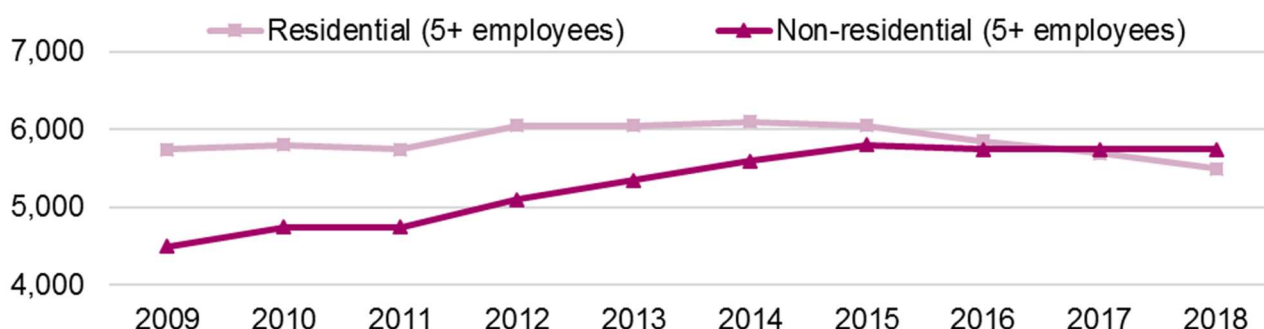
Source: Skills for Care estimates based on ONS IDBR data

| Year | Residential | % change | Non-residential | % change | All organisations (5+) | % change |
|------------------|-------------|------------|-----------------|------------|------------------------|------------|
| 2009 | 5,750 | | 4,500 | | 10,250 | |
| 2010 | 5,800 | 1% | 4,750 | 5% | 10,550 | 3% |
| 2011 | 5,750 | -0.4% | 4,750 | 0.2% | 10,500 | -0.2% |
| 2012 | 6,050 | 5% | 5,100 | 7% | 11,150 | 6% |
| 2013 | 6,050 | 0.3% | 5,350 | 4% | 11,400 | 2% |
| 2014 | 6,100 | 1% | 5,600 | 6% | 11,700 | 3% |
| 2015 | 6,050 | -1% | 5,800 | 3% | 11,850 | 1% |
| 2016 | 5,850 | -3% | 5,750 | -1% | 11,600 | -2% |
| 2017 | 5,700 | -2% | 5,750 | -0.4% | 11,450 | -1% |
| 2018 | 5,500 | -3% | 5,750 | 0.7% | 11,300 | -1% |
| 2009-2018 | -250 | -4% | 1,250 | 28% | 1,050 | 10% |

The decrease in organisations between 2015 and 2018 was largely driven by a reduction in the number of residential organisations (a decrease of 550). The number of non-residential organisations decreased by 50 over the same period. The number of residential organisations is now below 2009 levels at around 5,500, compared to 5,750, after increasing to 6,100 by 2014. In contrast, the number of non-residential organisations has increased substantially over the period by 1,250 organisations (an increase of 28%).

Chart 3. Number of adult social care organisations (with 5 or more employees)

Source: Skills for Care estimates based on ONS IDBR data



Establishments

03

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

The total number of PAYE or VAT-registered establishments (i.e. local units) involved in providing or organising adult social care in England as at 2018 was estimated at **39,000**.

The definition of establishments used in this section includes *all* local units of employment as opposed to including *only* those whole organisations 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.

Table 3 shows a breakdown of the 39,000 adult social care establishments in England as at 2018. It shows that around 16,000 of these establishments were Care Quality Commission (CQC) regulated and were offering residential services. The service types included in this category were: care homes with nursing (4,400), care-only homes (11,400) and Shared Lives services (135).⁵

Approximately 3,900 non-CQC regulated establishments were also offering residential services. This category includes: homeless shelters, women's refuges, drug and alcohol support centres and a diverse range of other residential services.

There were around 9,500 CQC regulated non-residential establishments. The service types included in this category were: domiciliary care services (8,750), Supported Living services (1,775), Extra Care housing services (500) and nursing agencies (200).⁶

Approximately 9,800 non-CQC regulated establishments were also offering non-residential services. This category includes: day care, carers' support services and a wide range of community support and outreach services for vulnerable people.

Table 3. Estimated number of adult social care establishments in England by service type, 2018

Source: Skills for Care estimates based on CQC and IDBR data

| Service type | | Count | Percentage |
|---|-------------------|---------------|------------|
| Residential | CQC regulated | 16,000 | 41% |
| | Non-CQC regulated | 3,900 | 10% |
| | Total | 20,000 | 51% |
| Non-residential | CQC regulated | 9,500 | 24% |
| | Non-CQC regulated | 9,800 | 25% |
| | Total | 19,500 | 49% |
| Total - Estimated PAYE/VAT-registered establishments | | 39,000 | |

⁵ Establishments may have been offering multiple services; therefore, the sum of the individual services may not add up to the total number of establishments.

⁶ Establishments may have been offering multiple services; therefore, the sum of the individual services may not add up to the total number of establishments.

Chart 4 shows that there is a relatively even split between residential and non-residential establishments.

Chart 4. Estimated proportion of adult social care establishments in England by service type, 2018

Source: Skills for Care estimates based on CQC and IDBR data

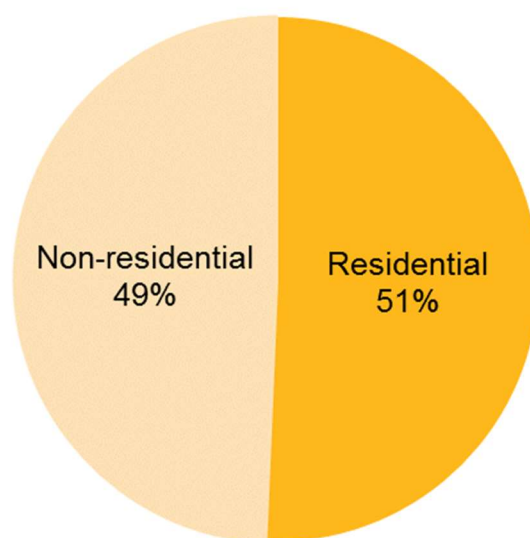
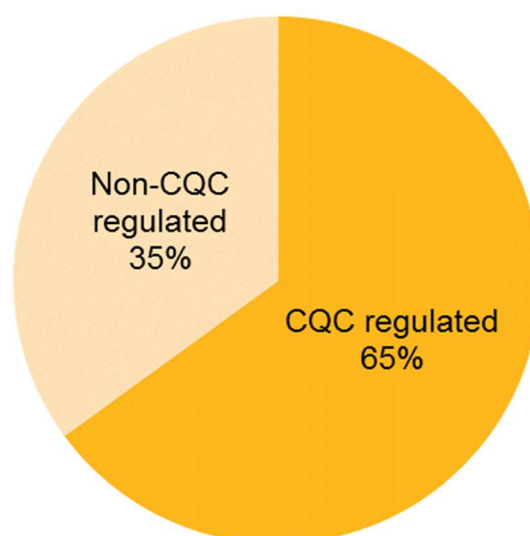


Chart 5 shows that around two-fifths of adult social care establishments were non-CQC regulated. The majority of these non-regulated establishments offered non-residential services (see Table 3).

Chart 5. Estimated proportion of adult social care establishments in England by regulation status, 2018

Source: Skills for Care estimates based on CQC and IDBR data



Trend data – adult social care establishments

The coverage of the IDBR was extended in 2015 to include more micro establishments (with 1-4 employees) than were included in previous years. As such, a precise trend between 2014 and 2018 was not available.

This section focuses on CQC regulated establishments only (65% of the total), to allow for trends to be examined.

The number of CQC regulated adult social care establishments increased by around 750 (a 3% increase) between 2009 and 2018, despite only a small increase (of 100 establishments, or 0.4%) from 2017 to 2018.

Table 4. Number of CQC regulated adult social care establishments, 2009-2018

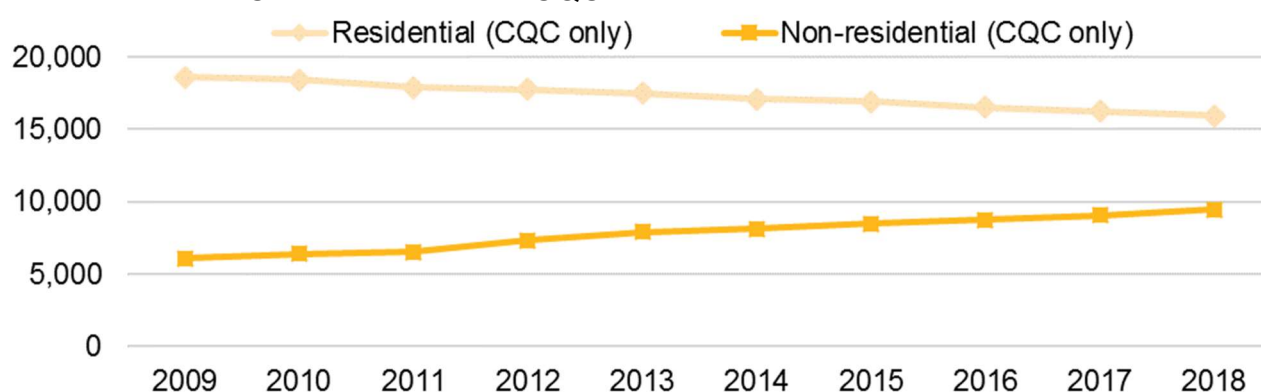
Source: Skills for Care estimates and CQC data

| Year | Residential | % change | Non-residential | % change | All establishments | % change |
|------------------|---------------|-------------|-----------------|------------|--------------------|-----------|
| 2009 | 18,600 | | 6,100 | | 24,650 | |
| 2010 | 18,450 | -1% | 6,400 | 6% | 24,850 | 1% |
| 2011 | 17,900 | -3% | 6,550 | 2% | 24,450 | -2% |
| 2012 | 17,750 | -1% | 7,350 | 13% | 25,100 | 3% |
| 2013 | 17,500 | -1% | 7,900 | 7% | 25,400 | 1% |
| 2014 | 17,100 | -2% | 8,150 | 3% | 25,250 | -1% |
| 2015 | 16,900 | -1% | 8,500 | 4% | 25,400 | 0.5% |
| 2016 | 16,500 | -2% | 8,750 | 3% | 25,250 | -1% |
| 2017 | 16,250 | -2% | 9,050 | 4% | 25,300 | 0.2% |
| 2018 | 15,950 | -2% | 9,450 | 4% | 25,400 | 0.4% |
| 2009-2018 | -2,650 | -14% | 3,400 | 56% | 750 | 3% |

Chart 6 shows the change in the number of CQC regulated adult social care establishments between 2009 and 2018 by service type. The chart shows that the number of non-residential CQC regulated establishments increased by 3,400 over the period (an increase of 56%), whereas the number of residential CQC regulated establishments decreased by 2,650 establishments (a decrease of 14%). This trend continued between 2017 and 2018.

Chart 6. Number of CQC regulated adult social care establishments, 2009-2018

Source: Skills for Care estimates and CQC data



The reasons behind this shift may be related to the government policy of promoting independence for people who have care and support needs. For example, the increase in non-residential care establishments may be a result of the flexibility offered by personal budgets, with more people choosing care options that support them to continue to live at home.

Analysis of CQC and CSCI⁷ data going back to 2009 shows that the total capacity for residential care homes remained fairly stable over the period, despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may just have been a consolidation in this part of the sector, whereby a similar amount of care was being provided, but by a smaller number of establishments.

In addition to this, NMDS-SC data shows that the average number of staff employed per residential care home has increased since 2009 and that the total number of jobs for residential services has increased over the period (see Section 6 - Trends). The average number of jobs per bed has also increased over the period, suggesting a higher level of dependency of those using these services. Again, this points to a consolidation in this part of the sector, rather than a genuine decrease in activity.

Notes on establishment estimates

The preceding estimates for establishments include all CQC regulated locations registered as 'social care' by the CQC. Also included are Skills for Care estimates, created using the Inter-Departmental Business Register (IDBR), of the number of non-CQC regulated establishments.

These estimates do not include individuals employing their own care and support staff (see Section 4 – Individual employers) or non-CQC establishments that are not registered for PAYE or VAT, such as some sole traders and individuals who are self-employed.

Skills for Care is confident in the quality of these estimates. However, it should be noted that non-CQC establishments were only included if they were coded under social care-specific SIC codes in the ONS's IDBR. Also, some assumptions and estimations made it necessary to remove any children's establishments and non-social care establishments incorrectly coded under social care SIC codes (see Appendix 1 more detail about the methodology).

⁷ CQC replaced CSCI (Commission for Social Care Inspection) in 2009.

Individual employers

(Direct payment recipients employing their own staff)

Direct payment recipients employing their own staff

Around 237,000 adults, older people and carers received direct payments from local authority social services departments in 2017/2018.

It is estimated that approximately 75,000 (31%) of these individuals were employing their own staff.

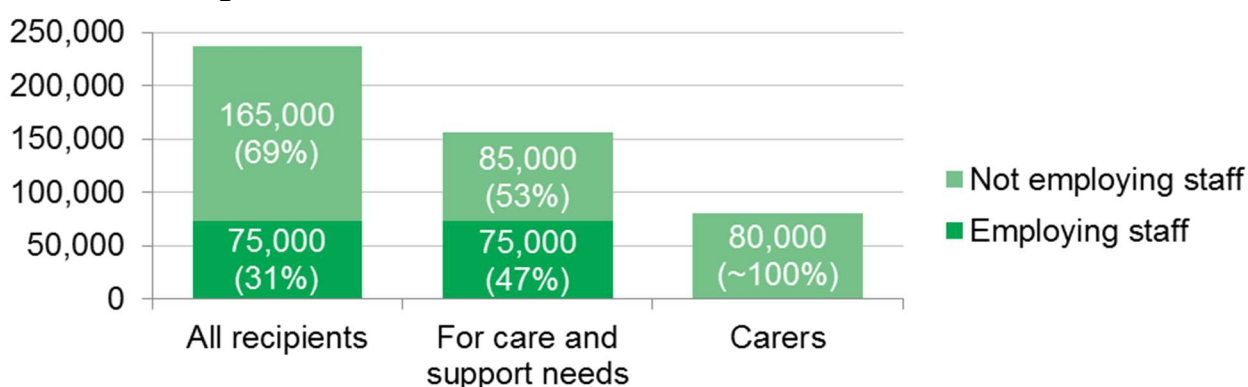
The direct payment recipient market is still relatively new and has continued to evolve over recent years. Evidence suggests that the total number of people using their direct payments to employ staff has plateaued since 2013 (at around 30%), having previously increased substantially since 2008. Many direct payment recipients are buying in the services they require rather than directly employing staff.

The focus of this section is on the proportion of people in receipt of a direct payment that employs workers themselves. The answer to this question was used by Skills for Care to estimate the number of jobs working for direct payment recipients and, in turn, to estimate the total size of the adult social care workforce. Skills for Care also collected detailed workforce statistics about individual employers and their personal assistants. These findings can be found on the Workforce Intelligence website⁸.

Chart 7 shows that, as at 2018, an estimated 31% of direct payment recipients were employing their own staff. Almost all of these employers were receiving direct payments for their own care and support needs (around 47% of the 160,000 people receiving a direct payment for their own care and support needs were employing staff). Around 80,000 carers also received a direct payment in 2018. The majority of these payments were 'one-off' and used for short breaks and respite services, not for employing staff.

Chart 7. Estimated percentage of direct payment recipients employing staff, 2018

Source: NHS Digital data and Skills for Care estimates



These estimates are based on Skills for Care surveys of local authorities from 2014 and 2015 and the data from the Association of Directors of Adult Social Services (ADASS) Annual Budget survey in 2018 (sample sizes 47, 33, and 92, out of 152 local authorities) which asked what proportion of direct payment recipients were employing staff in their

⁸ www.skillsforcare.org.uk/IEPAreport

area. Skills for Care also worked with the ADASS, who carried out another survey in 2017 on the same subject. This survey was anonymous, so the findings could not be directly used in this report. However, the results from the 77 local authorities that completed data were in line with the previous Skills for Care surveys.

Given that these samples are not complete, there is still some uncertainty attached to these figures. The estimate of 31% (and 75,000 overall) is used throughout this report. However, the uncertainty shown in this section should be taken into account when interpreting estimates of individual employers and jobs for direct payment recipients throughout this report. Using a 95% confidence interval, the range has been estimated at 28% to 34%.

Skills for Care is confident in these estimates and will continue to collect further information about the proportion of direct payment recipients employing staff, to continue to provide increasingly precise estimates in the future.

Trends in direct payment recipients employing their own staff

NHS Digital data shows that the number of direct payment recipients decreased slightly between 2017 and 2018 from 239,000 to 237,000.

The total number of direct payment recipients employing their own staff was estimated, by Skills for Care, to have remained stable between 2014 and 2018 at around 70,000.

After a fairly slow start, the total number of direct payment recipients increased rapidly between 2008 and 2014. A directly comparable trend for between 2014 and 2015 is not available because NHS Digital changed the data source in 2015 for collecting this information and the two are not directly comparable. Between 2017 and 2018, the number of direct payment recipients decreased slightly from 239,000 to 237,000.

Chart 8. Number of direct payment recipients 2008-2018

Source: CSCI data (2008 and 2009) and NHS Digital (2010 onwards)

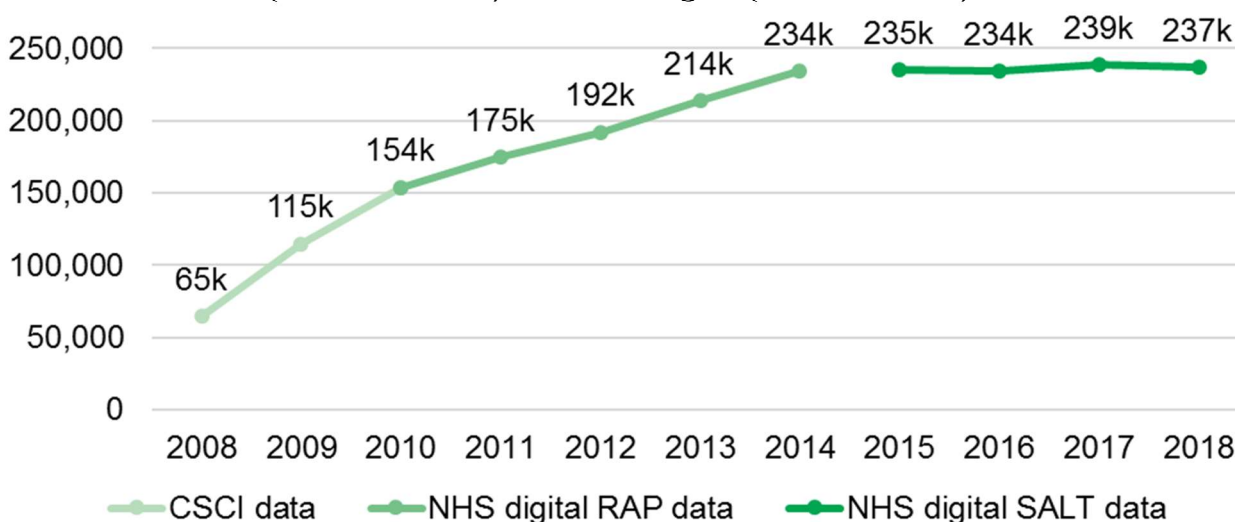


Chart 9 provides an estimated trend of the proportion of direct payment recipients that were employing staff between 2008 and 2018. This trend should still be valid between 2014 and 2015 onwards. One of the main reasons identified for lack of comparability between years was the absence of people receiving 'one-off' payments for their care and support needs in 2015. This group were unlikely to have employed staff (only 2% of this group were employing staff in Skills for Care's survey of local authorities).

Survey results from 2014, 2015 and 2018 were used to model the proportion of direct payment recipients employing staff. The figure for 2008 (49%) is the result of a Skills for Care analysis of a survey carried out by the Social Policy Research Unit in 2008 (the 2008 figure also comes with a degree of uncertainty; taking into account the confidence interval, Skills for Care estimates a range of between 41% and 57%).

The difference between the 2008 and 2015 estimates provide compelling evidence that the proportion of direct payment recipients employing staff has decreased throughout this period. Skills for Care research in 2013 found that the proportion of direct payment recipients employing staff was around 33%. Although this figure has not been used for this report due to a relatively small sample size, it is very similar to the figure estimated for this year given the extra data collected (also 31%). This further corroborates and adds confidence to the findings in this section.

Using the results of all three surveys (2014, 2015 and 2018), updated models were created to estimate the proportion of direct payment recipients employing staff from 2009-2018. This assumes that the change in the proportion of direct payment recipients employing staff occurred proportional to the total number of direct payment recipients over the period. Chart 9 highlights these trends.

Chart 9. Estimated proportion of direct payment recipients employing their own staff

Source: Skills for Care estimates and Social Policy Research Unit data

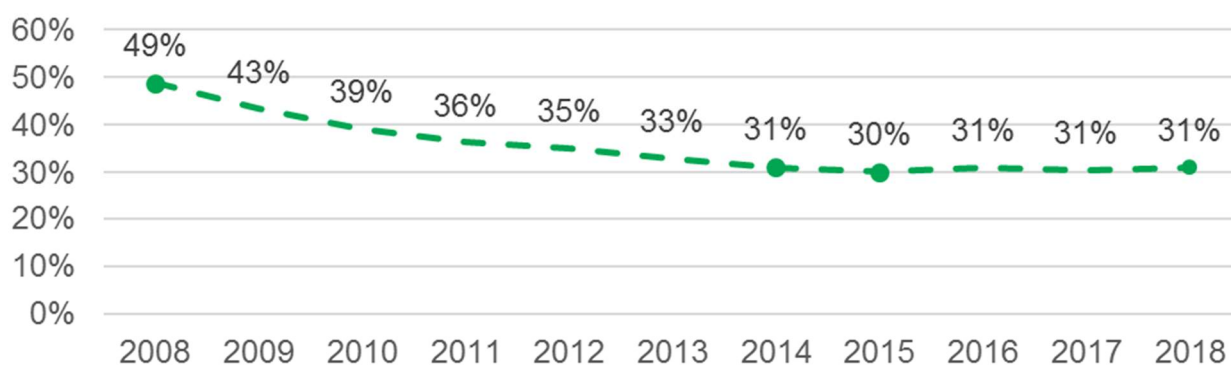
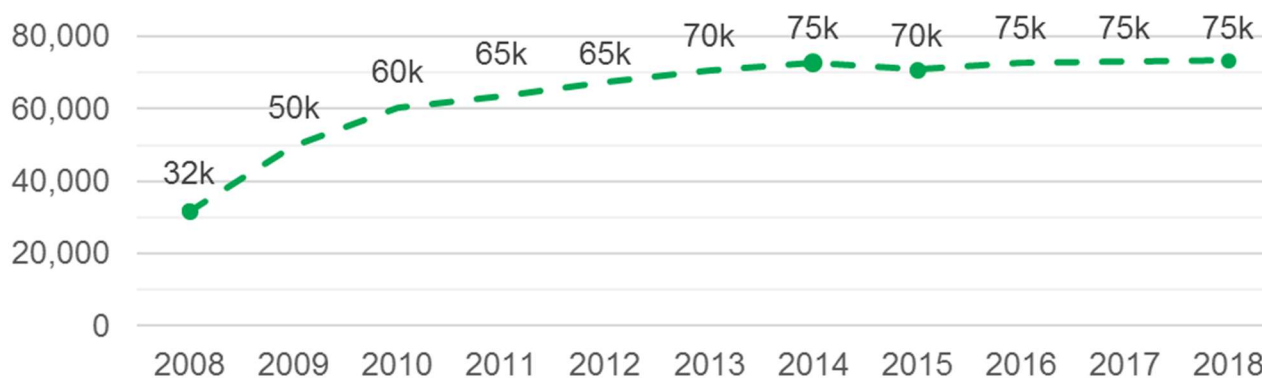


Chart 10 shows that the total number of direct payment recipients employing staff is estimated to have increased between 2008 and 2018. The total number of direct payment recipients employing their own staff appears to have reached a plateau, with the total number remaining at a similar level (between 70,000 and 75,000) between 2014 and 2018.

Chart 10. Estimated number of direct payment recipients employing staff, England

Source: CSCI data (2008/09), NHS Digital (2010 onwards) and Skills for Care estimates



Skills for Care plan to continue carrying out research in this area to inform next year's report.

Other individuals employing their own staff

Personal budget holders who do not receive direct payments

In 2018, NHS Digital data showed that there were around 515,000 people receiving long-term support via a personal budget or direct payment. Of these, around 155,000 (30%) were receiving direct payments, as covered in the previous section⁹. The remaining 360,000 (70%) were not receiving direct payments.

The majority of those personal budget holders who did not receive direct payments will have had the costs of their care and support workers included in other parts of the workforce in this report, as many purchase their care from domiciliary care providers.

The number of people receiving personal budgets has increased in recent years. This could be linked to the growth in the number of non-residential services in the sector. It could be the case that more people are choosing care options that support them to continue to live at home (see Section 3 - Establishments).

Any workers employed by personal budget holders not in receipt of a direct payment and using their own funds (as opposed to workers provided by an agency) are not covered in this report. However, it is assumed that this figure is relatively small.

Self-employed personal assistants

Using the data collected from local authorities in 2015, several hundred direct payment recipients were recorded as using 'self-employed' personal assistants. These direct payment recipients have been included as 'employing staff' for the purposes of this report.¹⁰

Self-funders and other funding streams

There is very little information available about the number of individuals employing care and support staff via other funding streams or as self-funders and therefore this part of the workforce is not covered in this report.

However, as with personal budget holders who are not in receipt of direct payments, those purchasing care from agencies (via other funding streams or as self-funders) will have had their care and support workers captured within other parts of the workforce within this report.

⁹ These figures do not include people receiving 'one-off' payments or carers.

¹⁰ Under most circumstances HMRC consider personal assistants to be employees and not self-employed.

Workforce

05

Overview of data sources

This section provides estimates of the number of jobs, full-time equivalent jobs and people employed in the adult social care workforce in England as at 2018.

Below is a brief overview of the data sources used to create these estimates. For a detailed description of the methodologies used and for a review of the data quality, see Appendix 1.

Independent employers (i.e. all commercial and not-for-profit employers)

Estimates of the total number of available jobs working for independent employers were made using the National Minimum Data Set for Social Care (NMDS-SC). NMDS-SC data was used to model the number of jobs offered by different types, sizes and locations of establishments. These models were then used to estimate the total number of jobs in all independent adult social care operations in England.

Local authorities

Since 2011, the NMDS-SC has been used to provide figures on the size of this part of the workforce (in 2011, the NMDS-SC replaced the SSDS001 as the adult workforce data return for local authorities). From 2012 to 2018 all 152 local authorities completed the NMDS-SC, allowing for very precise figures to be produced¹¹.

Direct payment recipients

Estimates of the number of workers employed by direct payment recipients were calculated using various data sources including NHS Digital data and additional pieces of Skills for Care research. Please see Appendix 1 for a detailed description of the methodology.

NHS

The number of adult social care related jobs employed within the NHS (for example, occupational therapists) have been included using NHS workforce statistics (September 2018) published by NHS Digital.

Unpaid carers

Unpaid carers play a major role in adult social care but are not usually included in employment statistics and are therefore not included in the workforce estimates in this report. Latest figures, as at 2017, found there were an estimated 7 million carers in the UK and this figure is projected, by Carers UK, to increase by 3.4 million (a 60% increase) by 2030¹².

¹¹ A detailed report using NMDS-SC data on staff employed by adult social services departments published by the NHS Digital can be found at <https://digital.nhs.uk>

¹² <https://carers.org/key-facts-about-carers-and-people-they-care>

Number of adult social care jobs

The number of adult social care jobs in England as at 2018 was estimated at **1.62 million**.

Type of employer

Table 5 shows that over three quarters (78%) of jobs in adult social care were with independent employers. Jobs in local authorities accounted for 7% of all jobs and adult social care jobs in the NHS¹³ accounted for 6% of the total.

The workforce employed by direct payment recipients accounted for 9% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimated number of direct payment recipients employing their own staff (see Section 4 – Individual employers). In addition, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately 2.0 jobs per individual employer).

Given this uncertainty, using confidence intervals, Skills for Care estimate that the number of jobs for direct payment recipients is likely to be between 130,000 and 160,000 and therefore 8% to 10% of the total number of jobs (see Appendix 1 for further details).

Table 5. Estimated number of adult social care jobs by employer type in England, 2018

Source: Skills for Care estimates

| Employer type | Number of jobs | Percentage of jobs |
|---------------------------|------------------|--------------------|
| Independent | 1,265,000 | 78% |
| Local authority | 112,200 | 7% |
| Direct payment recipients | 145,000 | 9% |
| NHS | 96,000 | 6% |
| Total | 1,620,000 | |

Since 2009, the employer type distribution has changed considerably. The sector has seen a shift away from local authority jobs (14% of the workforce in 2009) and towards jobs for independent employers and direct payment recipients (73% and 8% respectively in 2009). For more detail see Section 6 - Trends.

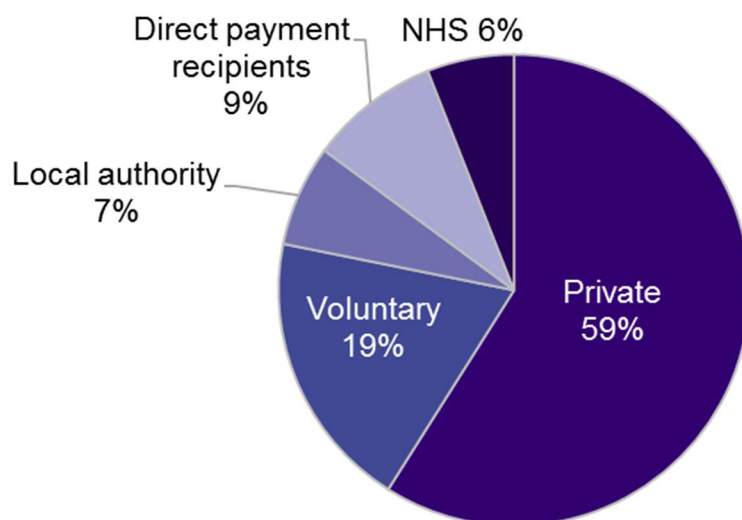
Jobs working for independent employers could not be accurately split into 'private' and 'voluntary' as they were in previous years as this information is not reported by the Care Quality Commission (CQC). Estimates from the NMDS-SC suggest that approximately 75% (955,000) of the jobs working for independent employers were in private

¹³ The following NHS jobs were classified as 'adult social care' for the purposes of this report: occupational therapists, occupational therapy support staff, healthcare assistants and social service staff (qualified and support).

establishments (around 59% of all jobs) and 25% (310,000) were in voluntary establishments (around 19% of all jobs), as shown in Chart 11.

Chart 11. Percentage of adult social care jobs in England by employer type, 2018

Source: Skills for Care estimates



Main service

Table 6 and Chart 12 show a breakdown of adult social care jobs by main service group. The majority of jobs were split between residential and domiciliary employers (just over 40% each), 2% of jobs were in day care services and 13% were community based.

Table 6. Estimated number of adult social care jobs by service in England, 2018

Source: Skills for Care estimates

| Main service group | Number of jobs | Percentage of jobs |
|--------------------|------------------|--------------------|
| Residential | 685,000 | 42% |
| Domiciliary | 685,000 | 42% |
| Day | 36,000 | 2% |
| Community | 210,000 | 13% |
| Total | 1,620,000 | |

Chart 12. Percentage of adult social care jobs in England by main service, 2018

Source: Skills for Care estimates

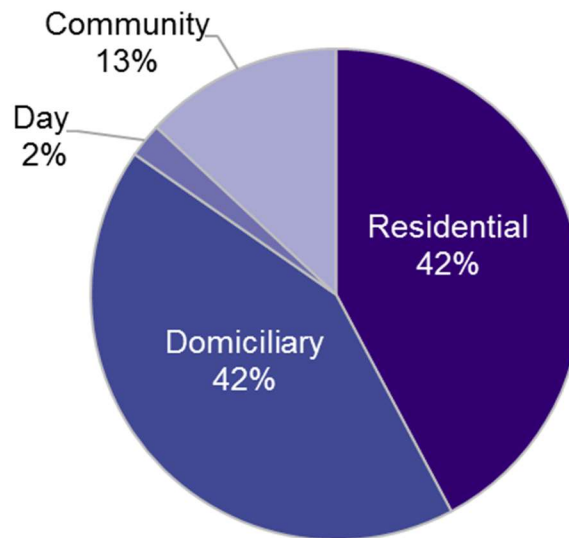


Chart 13 provides a more detailed split of the 685,000 residential adult social care jobs. This category includes CQC regulated care-only homes (305,000 jobs), CQC regulated care homes with nursing (295,000 jobs) and 10,200 jobs for CQC regulated Shared Lives services¹⁴. There were also around 70,000 jobs for non-CQC regulated residential services.

Chart 13. Estimated number of adult social care jobs, residential, England, 2018

Source: Skills for Care estimates

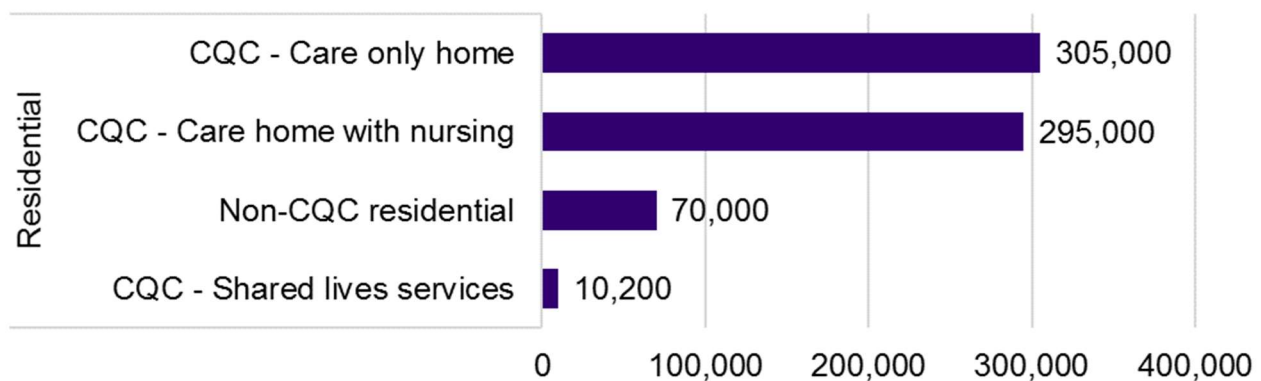


Chart 14 shows a breakdown of the 685,000 domiciliary adult social care jobs. It highlights that 525,000 of these jobs were in CQC regulated locations. This included 490,000 jobs in locations offering the CQC regulated 'domiciliary care' service, 110,000 in locations offering 'Supported Living services', 27,500 in locations offering 'Extra Care housing

¹⁴ This estimate includes self-employed carers and draws on data published by Shared Lives Plus.

services' and 15,000 in locations operating a nursing agency.¹⁵ Around 16,500 jobs were in non-CQC regulated services, such as domestic services, home-help and meals on wheels services, and around 145,000 involved jobs working for direct payment recipients.

Chart 14. Estimated number of adult social care jobs, domiciliary care, England, 2018

Source: Skills for Care estimates

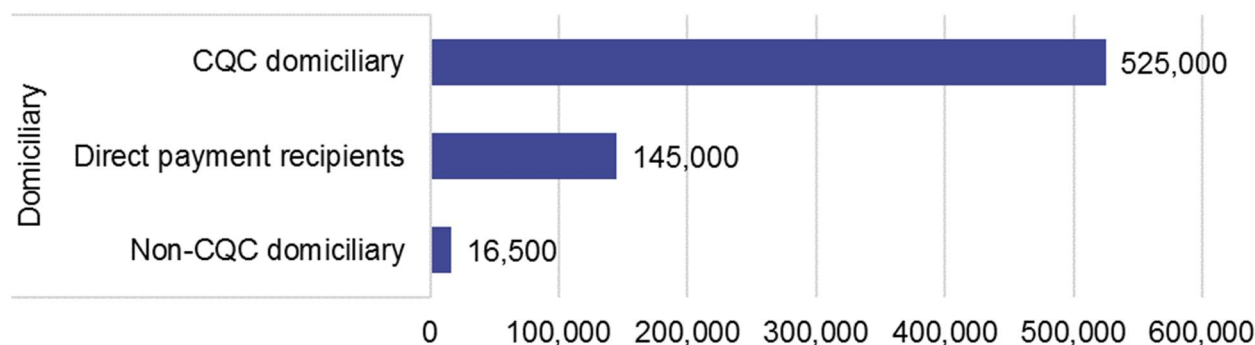
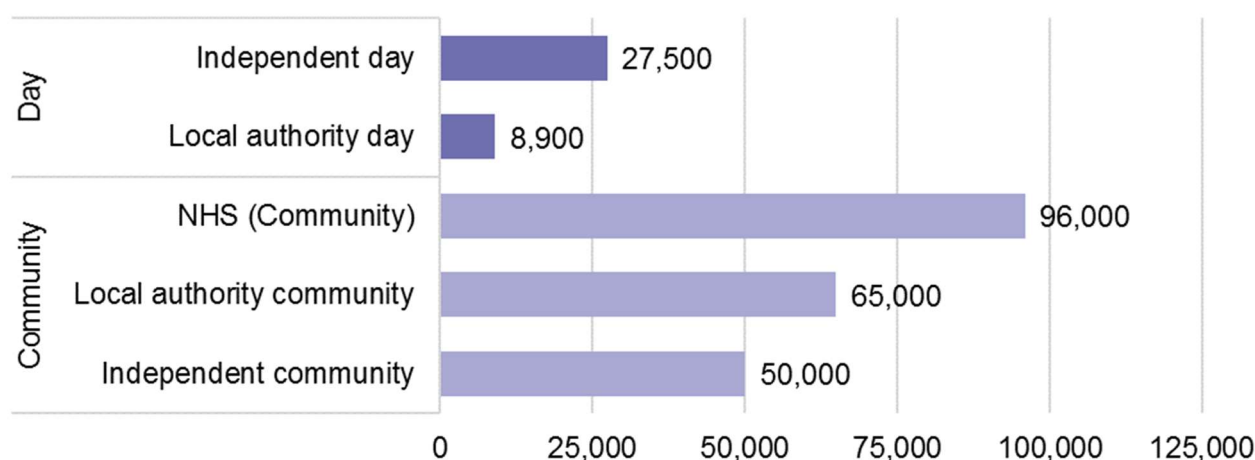


Chart 15 shows that of the 36,000 adult social care jobs in day care services, approximately 27,500 workers (75%) were employed by independent employers and 8,900 (25%) by local authorities.

The chart also provides a breakdown of the 210,000 community-based adult social care jobs. This category includes a wide range of services, such as carers' support services, the organisation of short breaks and respite care, community support and outreach services, disability adaptations and assistive technology services, occupational and employment-related services and information and advice services. An estimated 50,000 (24%) of these workers were employed by independent employers, 65,000 (31%) by local authorities and 96,000 (46%) in the NHS.

Chart 15. Estimated number of adult social care jobs, day and community care, England, 2018

Source: Skills for Care estimates



¹⁵ CQC regulated locations can offer more than one service therefore individual services may sum to more than the total.

Job role groups

Table 7 shows that around three-quarters of adult social care jobs were providers of direct care (76%). This group includes care workers, senior care workers, support workers, those working for direct payment recipients and a range of other jobs involved in providing direct care and support.

Managerial and supervisory roles accounted for 7% of jobs. This group includes: senior managers, middle managers, line managers, registered managers and other managerial roles not directly involved in providing care.

Regulated professions accounted for 5% of jobs. This group includes several rather different jobs which have in common the requirement for a professional qualification. The jobs included in this category are: social workers, occupational therapists, registered nurses, safeguarding and review officers and allied health professionals.

Jobs that fell into the 'Other' category accounted for 12% of jobs. This category includes: administrative jobs, ancillary jobs (for example, catering, cleaning, transport and maintenance roles) and other jobs not directly involved in providing care.

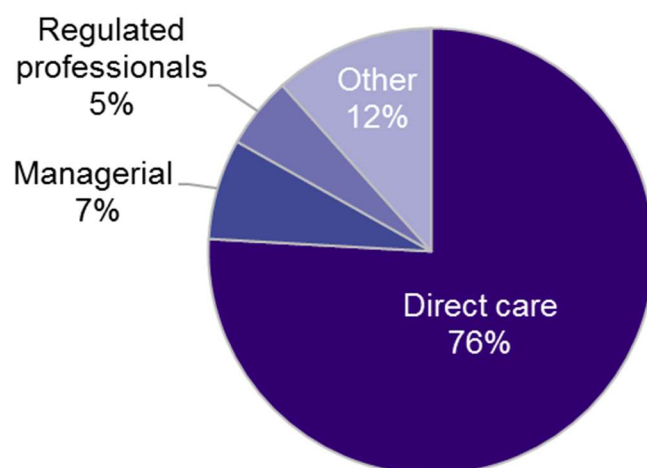
Table 7. Estimated number of adult social care jobs by job role in England, 2018

Source: Skills for Care estimates

| Job role group | Total jobs | Percentage of jobs |
|-------------------------|------------------|--------------------|
| Direct care | 1,225,000 | 76% |
| Managerial | 118,000 | 7% |
| Regulated professionals | 84,000 | 5% |
| Other | 188,000 | 12% |
| Total | 1,620,000 | |

Chart 16. Percentage of adult social care jobs in England by job role, 2018

Source: Skills for Care estimates



Individual job roles

This section provides a more detailed breakdown of the adult social care workforce in terms of the types of job roles involved.

Chart 17, on the following page, shows a breakdown of the number of jobs in the sector by job role. The size of each rectangle is proportional to the number of jobs for each particular role and the rectangles are shaded according to the job role group that each role corresponds to (■ direct care, ■ managerial, ■ regulated profession or ■ other).

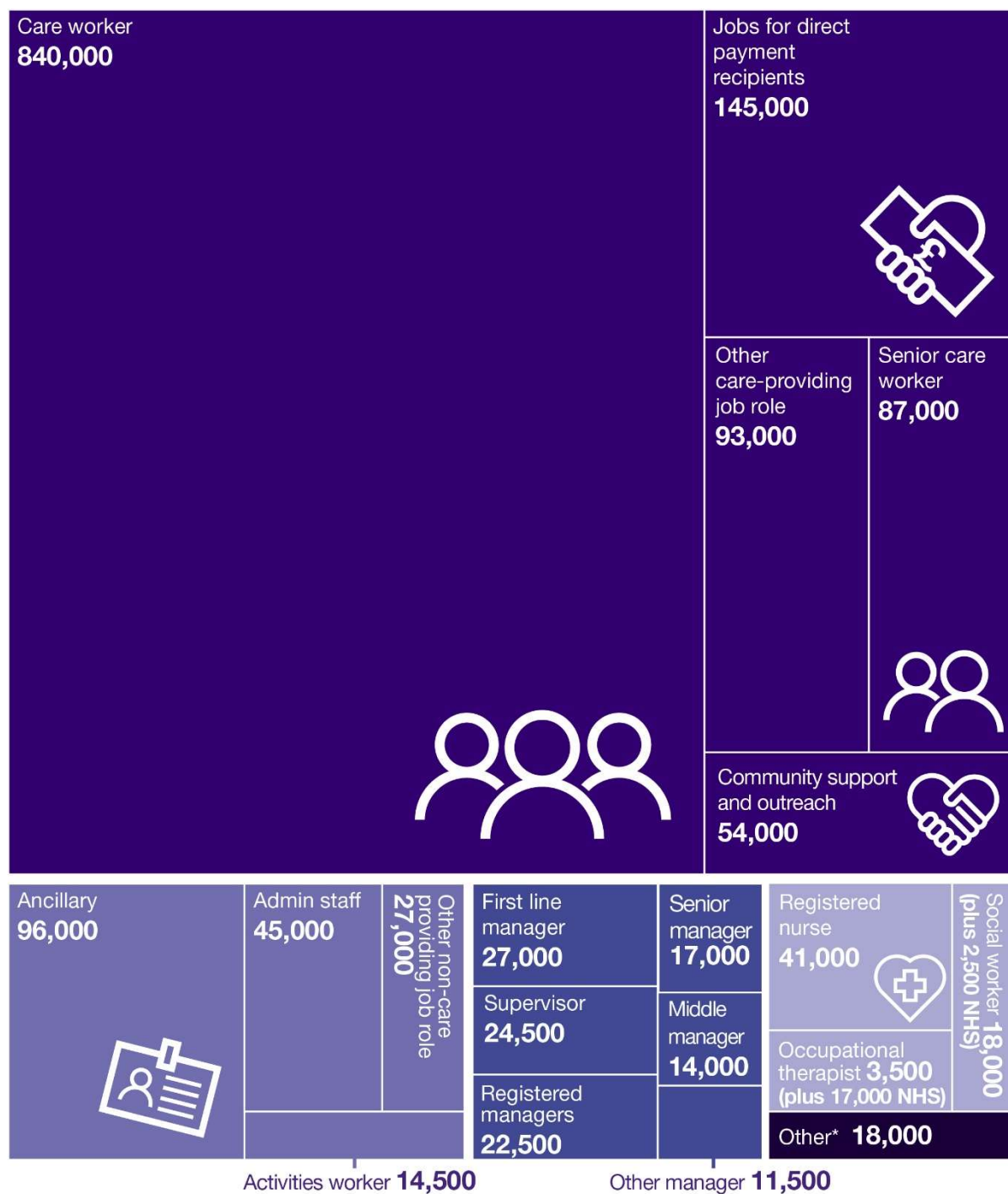
The chart shows that 'Care worker' was by far the most common job role in the adult social care sector, with an estimated 840,000 of these roles being carried out as at 2018. Care workers accounted for over half (52%) of all jobs in the adult social care sector. It also shows that 'Jobs working for direct payment recipients' (145,000) was the second most common job role and 'Ancillary' jobs were the third most common (96,000).

In Chart 17, the 'Other' category includes 14 job roles that were estimated to have fewer than 5,000 jobs. This includes roles such as allied health professionals, occupational therapy assistants and advice, guidance and advocacy roles.

For job role trends, please see Section 6 – Trends.

Chart 17. Estimated number of adult social care jobs by individual job roles in England, 2018

Source: Skills for Care estimates



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

Regulated professions

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

Registered nurses

As at 2018, there were an estimated 41,000 registered nurse jobs in the adult social care sector. The vast majority of these jobs were in care homes with nursing in the independent sector (36,500) and around 2,500 involved working for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS.

Occupational therapists

There were 3,500 occupational therapists identified as working in adult social care settings (2,500 of which were employed by local authorities), with at least a further 900 qualified occupational therapists working in a range of other practitioner or management roles (other than designated occupational therapist posts). Although the majority of occupational therapists work within adult social care, they will also be assessing the needs of disabled children. There are 17,000 occupational therapist roles identified in the NHS.

Social workers

As at 2018, there were an estimated 20,500 social worker jobs in the adult social care sector. The majority of these jobs (17,000) involved working for local authorities and around 1,000 were in the independent sector. Data from NHS Digital shows that there were around 2,600 social worker jobs in the NHS. As with occupational therapists, these jobs have been included as they are considered to be related to the delivery of social care.

Employment type

Table 8 shows that 94% of adult social care jobs were filled by directly employed workers (permanent or temporary). Around 6% of jobs were not filled by directly employed workers. This includes bank and pool workers, agency staff, volunteers and students.

Table 8. Estimated number of adult social care jobs by employment type in England, 2018

Source: Skills for Care estimates

| | Number of jobs | Percentage of jobs |
|-----------------------|------------------|--------------------|
| Directly employed | 1,510,000 | 94% |
| <i>Permanent</i> | 1,460,000 | 90% |
| <i>Temporary</i> | 50,000 | 3% |
| Not directly employed | 105,000 | 6% |
| Total | 1,620,000 | |

It should be noted that the NMDS-SC is completed as a 'snapshot in time' and therefore these estimates should be interpreted as an indication of the average number of each type of worker being utilised at any one time. The total number of workers not directly employed used throughout the year will be much larger. For example, an establishment may have used several agency staff throughout the year, but it is possible that none of these were in post on the date that the NMDS-SC was completed.

Number of full-time equivalent adult social care jobs

The number of full-time equivalent (FTE) adult social care jobs in England, as at 2018, was estimated at **1.13 million**.

In this section, Skills for Care has produced full-time equivalent (FTE) estimates of the size of the adult social care workforce. These estimates have been created by applying contracted and additional hours data collected by the NMDS-SC to estimates of the total number of jobs presented previously in this section (37 hours per week has been classed as 'full-time').

Chart 18 shows that the overall ratio of jobs to FTE jobs was around 0.70 (i.e. on average, 100 jobs equates to 70 full-time jobs). This ranged from 0.46 for direct payment recipients to 0.87 for NHS jobs. In local authorities, the ratio of jobs to FTE jobs was 0.80.

Chart 18. Estimated adult social care jobs: FTE jobs ratio by employer type in England, 2018

Source: Skills for Care estimates

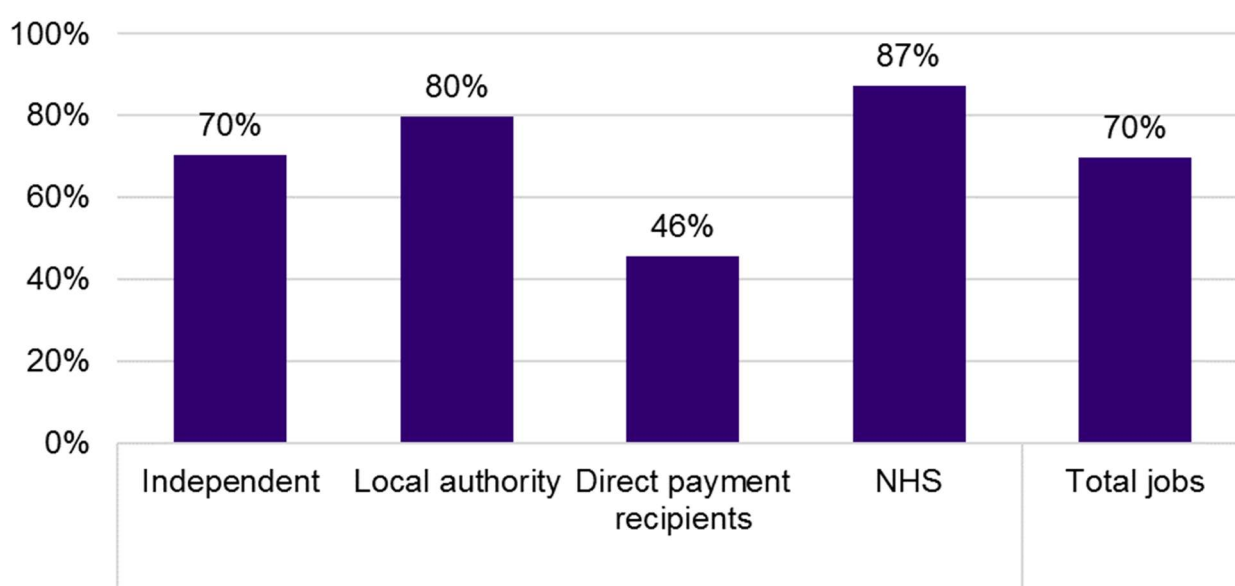


Table 9 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2018, there were an estimated 1.13 million FTE adult social care jobs.

This estimate is considerably smaller than the total number of jobs (1.62 million), and this reflects the part-time nature of many adult social care jobs. This is especially true of jobs for direct payment recipients which make up a significantly smaller percentage of FTE jobs (6%) than all jobs (9%).

Table 9. Estimated adult social care jobs and FTE jobs by employer type in England, 2018

Source: Skills for Care estimates

| Employer type | Jobs | Percentage of jobs | FTE jobs | Percentage of FTE jobs |
|---------------------------|------------------|--------------------|------------------|------------------------|
| Independent | 1,260,000 | 78% | 890,000 | 79% |
| Local authority | 112,200 | 7% | 90,000 | 8% |
| Direct payment recipients | 145,000 | 9% | 65,000 | 6% |
| NHS | 100,000 | 6% | 85,000 | 7% |
| Total jobs | 1,620,000 | | 1,130,000 | |

Number of people working in adult social care

The number of people working in adult social care in England, as at 2018, was estimated at **1.49 million**.

In this section, Skills for Care has made the distinction between the number of jobs and the number of people doing those jobs. The purpose of this is to take into account people carrying out more than one job in adult social care.

This is achieved by creating a unique reference number for each worker in the NMDS-SC, using the workers' National Insurance Number (NINO) and their date of birth. If the same NINO and date of birth combination appears more than once in the dataset, this indicates that the same person has more than one adult social care job.¹⁶

Skills for Care also carried out some additional research in early 2019 to estimate the average number of jobs held by people working for direct payment recipients. This data was also used to estimate the number of people employed by more than one type of social care employer.

Chart 19 shows the estimated number of jobs per worker by type of employer. It shows that people employed by direct payment recipients were much more likely to hold more than one adult social care job (129 jobs per 100 people) than the overall average (109 jobs per 100 people). This is not surprising given the part-time nature of many of these roles.¹⁷

Chart 19. Estimated number of adult social care jobs per person by type of employer, 2018

Source: Skills for Care estimates

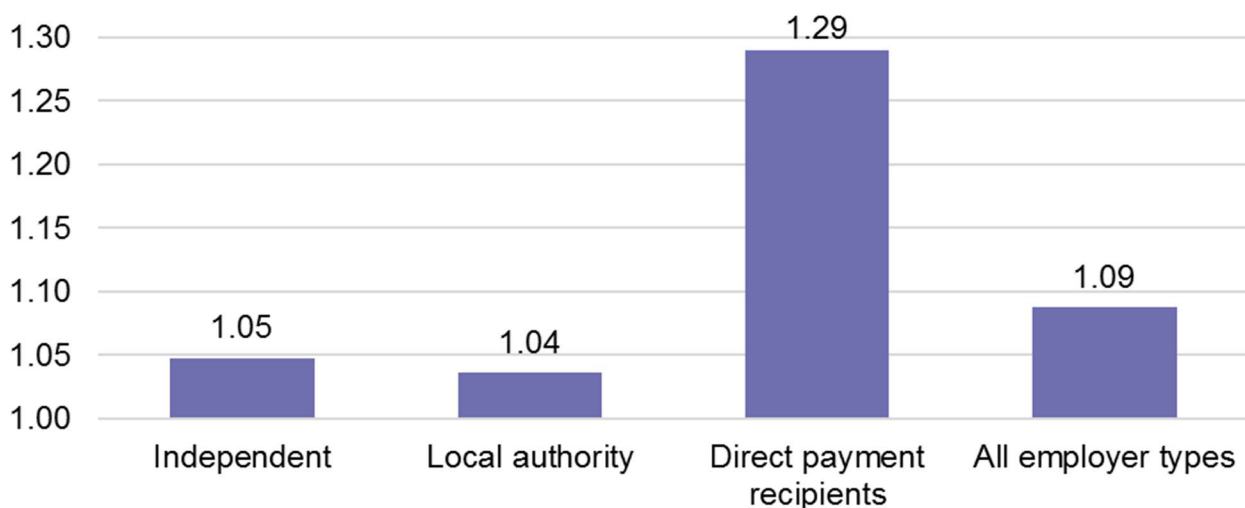


Table 10 shows a breakdown by type of employer of the estimated 1.49 million people working in adult social care. It shows that the majority (81%) of people worked for

¹⁶ Unique reference numbers are used to ensure that individuals remain anonymous and NINOs are not disclosed.

¹⁷ Skills for Care has collected detailed workforce statistics about individual employers and their personal assistants in 2019. These findings can be found here: www.skillsforcare.org.uk/IEPAreport.

independent employers. The percentage working for direct payment recipients was around 8%. This proportion was smaller than for the number of jobs (9%) due to the relatively large number of these workers holding more than one job.

Table 10. Estimated number of people working in adult social care jobs by type of employer in England, 2018

Source: Skills for Care estimates

| Employer type | Number of people | Percentage of people |
|---------------------------|------------------|----------------------|
| Independent | 1,205,000 | 81% |
| Local authority | 108,000 | 7% |
| Direct payment recipients | 110,000 | 8% |
| NHS* | 96,000 | 6% |
| Total** | 1,490,000 | |

* NHS data is only available at job level, jobs per person estimates are not available.

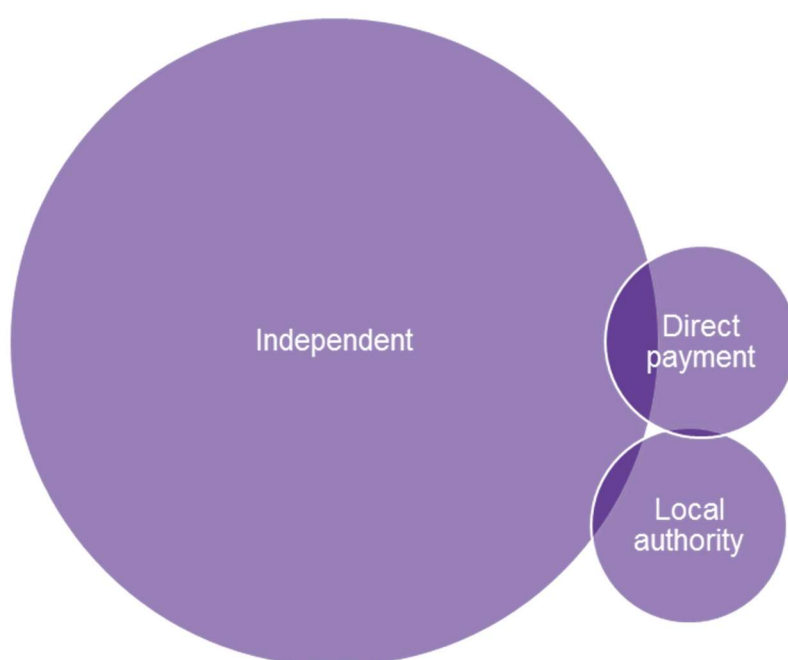
**Employer type counts do not sum to the total due to people with jobs in more than one type of employer.

Chart 20 provides a graphical illustration of the number of people working in adult social care by employer type. The crossover between circles approximately represents people working in more than one sector.

Skills for Care estimates show that approximately 7,500 people held both independent and local authority jobs, while approximately 30,000 people were working for direct payment recipients and for independent or local authority employers.

Chart 20. Illustration of employer type breakdown of people working in adult social care jobs in England, 2018

Source: Skills for Care estimates



Trends

06

Trend data – the number of adult social care jobs and FTE jobs

The number of adult social care jobs in England increased by around 1.2% (an increase of 19,000 jobs) between 2017 and 2018 from 1.60 million to 1.62 million.

The main changes in the adult social care sector since 2009 highlighted in this section are:

- (1) An increase in the size of the workforce (up 22% between 2009 and 2018)
- (2) An increase in independent sector jobs (up 30%, or 290,000 jobs)
- (3) A decrease in local authority jobs (down 37%, or 65,000 jobs)
- (4) An increase in jobs within independent sector care homes with nursing (up 26%, or 60,000 jobs).
- (5) An increase in the number of jobs in domiciliary care (up 205,000, or 43%) although the rate of increase has been slower in recent years (up by 27,000 jobs, or 4%, since 2014).

Changes between 2017 and 2018

The number of adult social care jobs in England increased by around 1.2% (19,000 jobs) between 2017 and 2018 from 1.60 million to 1.62 million.

The number of adult social care jobs increased between 2017 and 2018 for independent employers by around 1.1% (an increase of 14,000 new jobs). The number of adult social care jobs in the NHS also increased (by 2%, or 2,000 jobs) over the period. Jobs in the local authority sector increased for the first time since these estimates began in 2009 (by 3,000 jobs, or 3%).

The number of jobs working for direct payment recipients remained broadly the same between 2017 and 2018. It should be noted that estimates for this part of the sector are not precise and therefore small changes cannot be detected.

Table 11. Estimated change in adult social care jobs by employer type in England, 2017-2018

Source: Skills for Care estimates

| Employer type | 2017 | 2018 | 2017-2018 change | |
|---------------------------|------------------|------------------|------------------|-------------|
| Independent | 1,250,000 | 1,265,000 | 14,000 | 1.1% |
| Local authority | 109,300 | 112,200 | 3,000 | 3% |
| Direct payment recipients | 145,000 | 145,000 | - | - |
| NHS | 95,000 | 96,000 | 2,000 | 2% |
| All sectors | 1,600,000 | 1,620,000 | 19,000 | 1.2% |

Despite the overall increase in local authority jobs, some councils did experience a decrease in job numbers. The most frequently cited reasons for these decreases were restructures (28 councils), service closures (28 councils), outsourcing of services (12

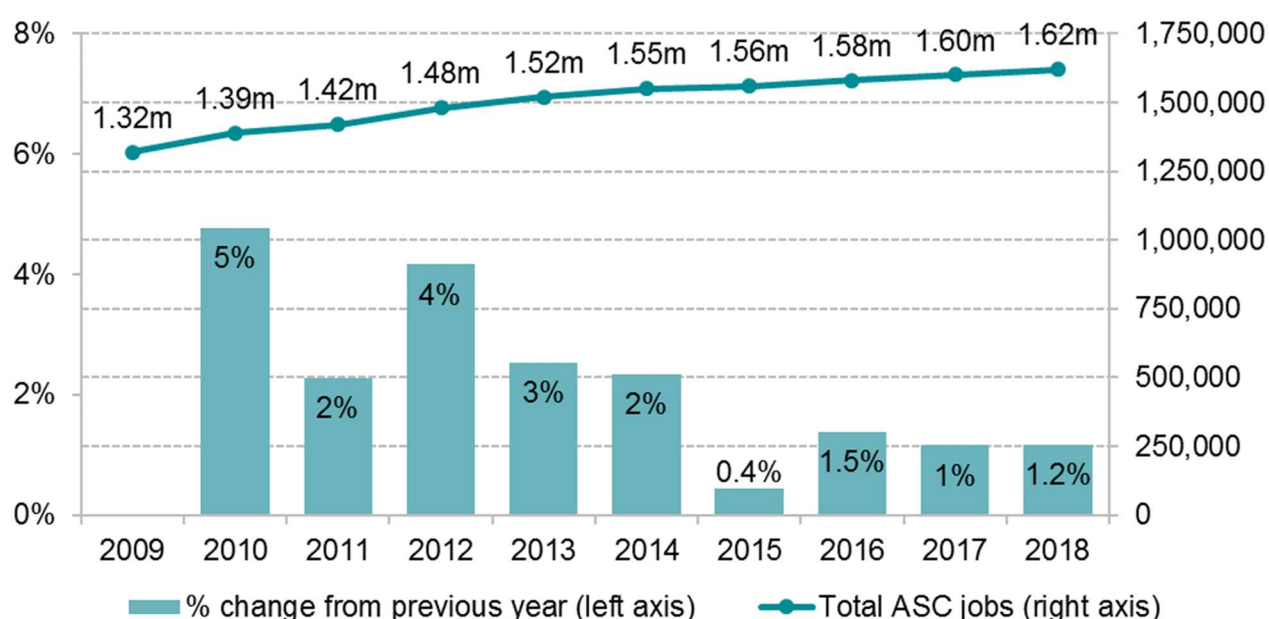
councils), and redundancy (5 councils). The most frequently cited reasons for increases were recruitment (32 councils), restructures (24 councils) and insourcing (9 councils).

Changes between 2009 and 2018

Chart 21 shows the change in the number of adult social care jobs in England since 2009. It shows that the workforce has been increasing since 2009, at an average of rate 2.3% per year. The overall increase in the number of jobs between 2009 and 2018 was estimated at around 290,000 (a 22% increase).

Chart 21. Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009-2018

Source: Skills for Care estimates



The rate of increase for adult social care jobs has slowed; between 2014 and 2018, the workforce grew by around 16,000 jobs per year compared to an average increase of 45,000 per year between 2009 and 2014.

Chart 22. Estimated annual increase in adult social care jobs in England, 2009-2018

Source: Skills for Care estimates

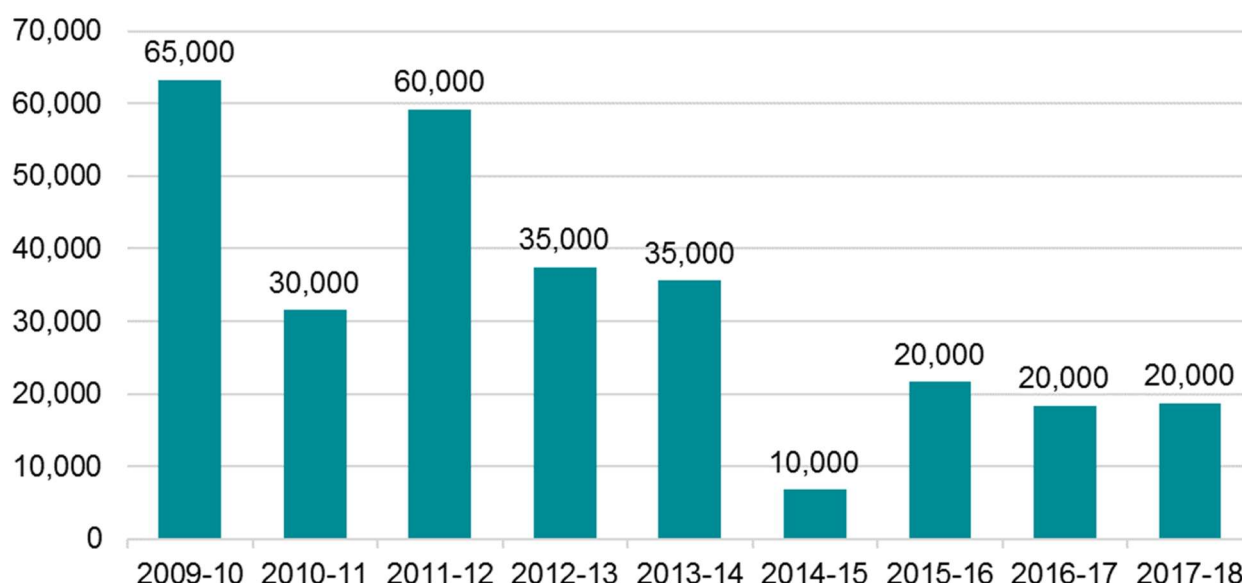
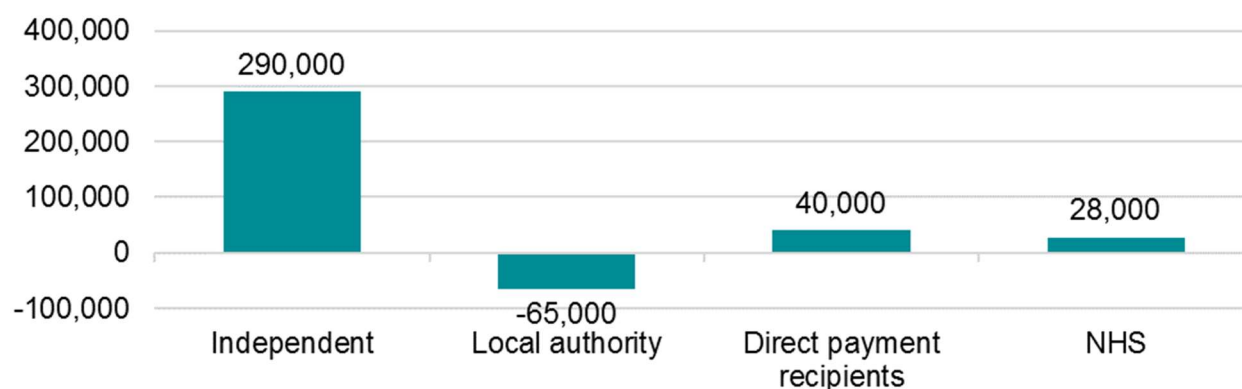
**Employer type trends**

Chart 23 shows the change in the number of jobs between 2009 and 2018 by employer type. It shows that jobs for all employer types (except for local authorities) have grown since 2009.

The majority of the total increase arose from new jobs for independent employers; these increased by around 30% (an increase of 290,000 new jobs). Jobs working for direct payment recipients also increased by around 39% (an increase of 40,000 new jobs). The number of local authority jobs decreased over the period by around 37% (a decrease of 65,000 jobs). Chart 24 to Chart 27 look at these changes in further detail.

Chart 23. Estimated change in number of adult social care jobs by employer type in England, 2009-2018

Source: Skills for Care estimates



The number of adult social care jobs for independent employers has increased year-on-year since 2009, by roughly 3% per year. As with the overall trend, 2014 to 2018 saw the smallest increases over the period. This was largely as a result of a small increase in

domiciliary care jobs which had been the fastest growing service type between 2009 and 2014 (see Chart 28 for further detail).

The percentage of all adult social care jobs in the independent sector has increased since 2009 (from 73% to 78%).

Chart 24. Estimated trend for independent sector jobs, 2009-2018

Source: Skills for Care estimates

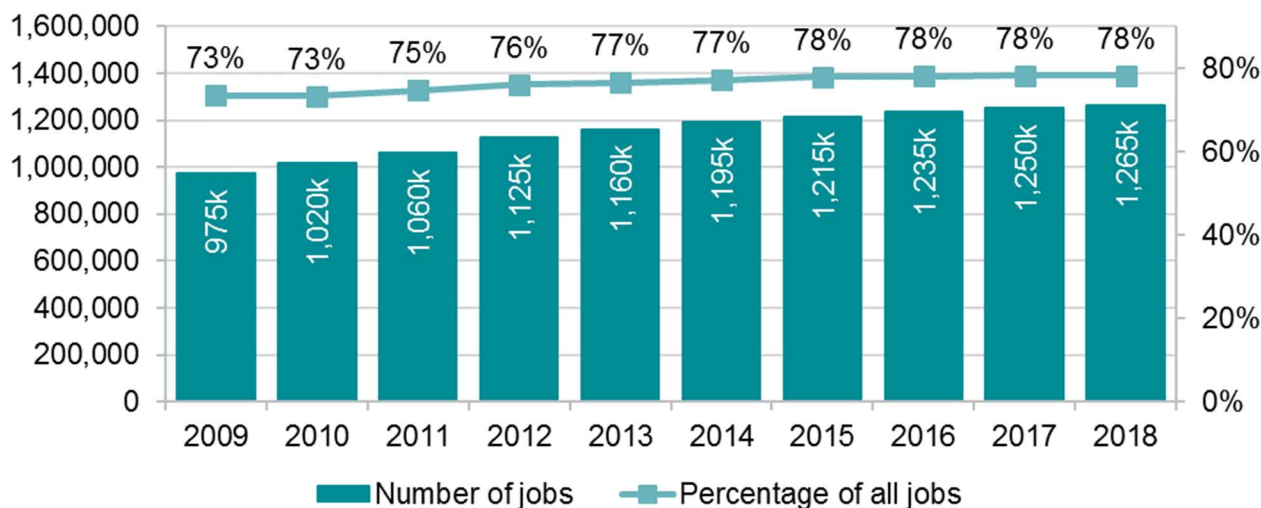


Chart 25 highlights the decrease in the number of adult social care jobs in local authorities over the period. From 2009 to 2017, there was an average decrease of 9,000 jobs each year. However, from 2017 to 2018, jobs increased by 3,000. The percentage of all jobs in local authorities was 7% in 2018. This is significantly lower than in 2009, when local authority jobs accounted for around 14% of all adult social care jobs.

Information collected from councils between 2013 and 2018 suggested that outsourcing, restructures, service closures, budget cuts and redundancies were amongst the reasons for the decrease in jobs.

Chart 25. Estimated trend for local authority jobs, 2009-2018

Source: Skills for Care estimates

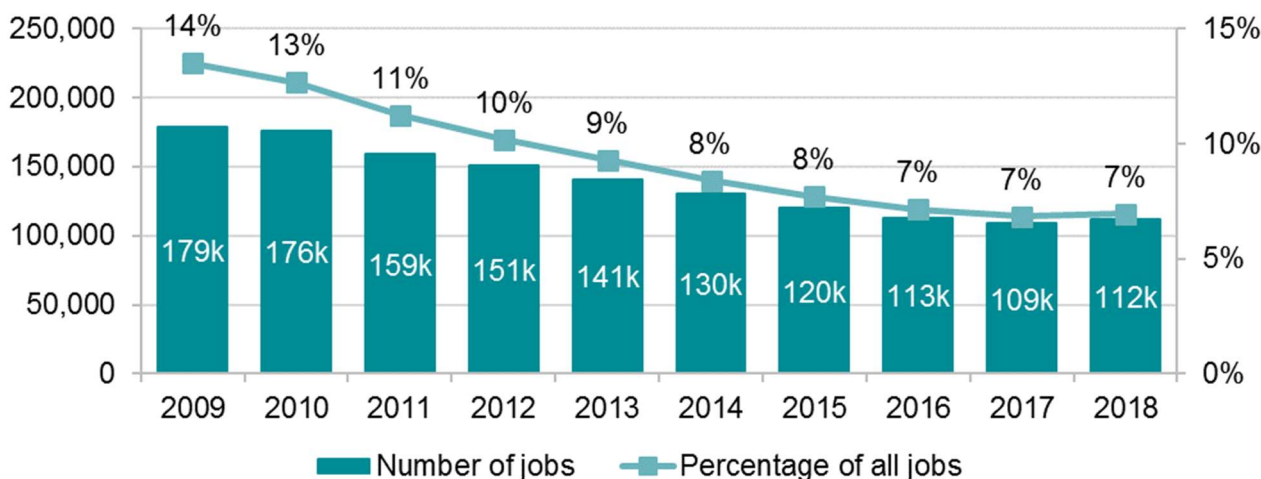
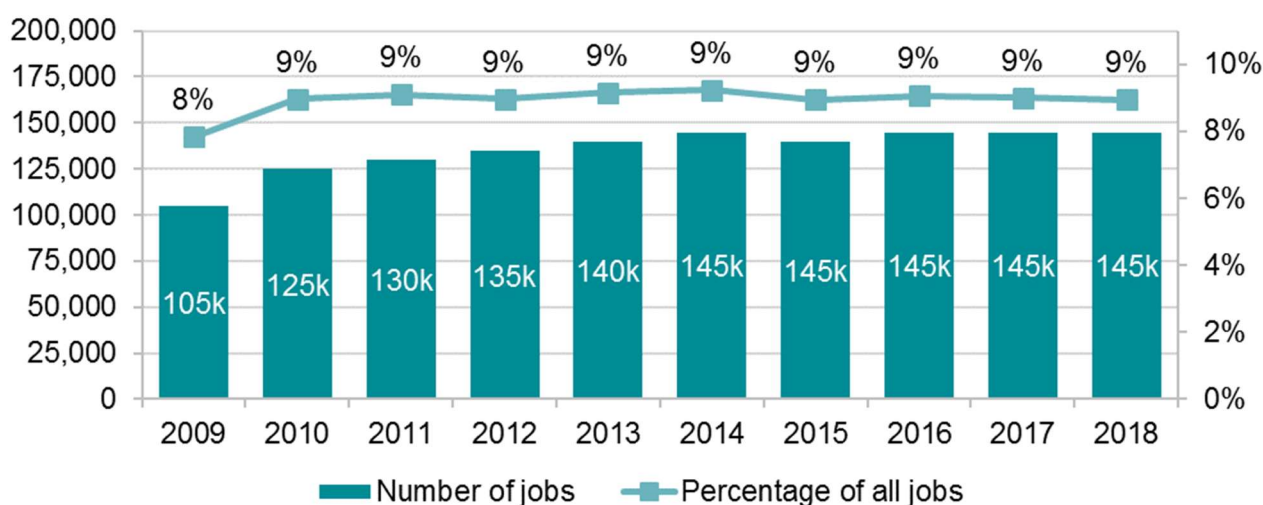


Chart 26 shows the trend of the number of jobs working for direct payment recipients since 2009. These estimates should be treated with caution, as explained in Section 4 – Individual employers.

The chart shows that jobs working for direct payment recipients accounted for an estimated 9% of the whole workforce in 2018, up from around 8% in 2009. It should be noted that small changes cannot be detected in this part of the sector due to a lack of data.

Chart 26. Estimated trend of jobs working for direct payment recipients, 2009-2018

Source: Skills for Care estimates



The number of adult social care jobs in the NHS¹⁸ remained fairly stable between 2009 and 2012, before increasing by over 25,000 jobs between 2012 and 2018. This overall trend could be a reflection of increased health and social care integration, with higher numbers of healthcare assistants and social workers being employed by the NHS.

¹⁸ This includes qualified occupational therapy jobs, qualified social services jobs, healthcare assistants (excluding maternity jobs), support for occupational therapy jobs, and support for social services jobs.

Chart 27. Estimated trend for adult social care jobs in the NHS, 2009-2018

Source: Skills for Care estimates

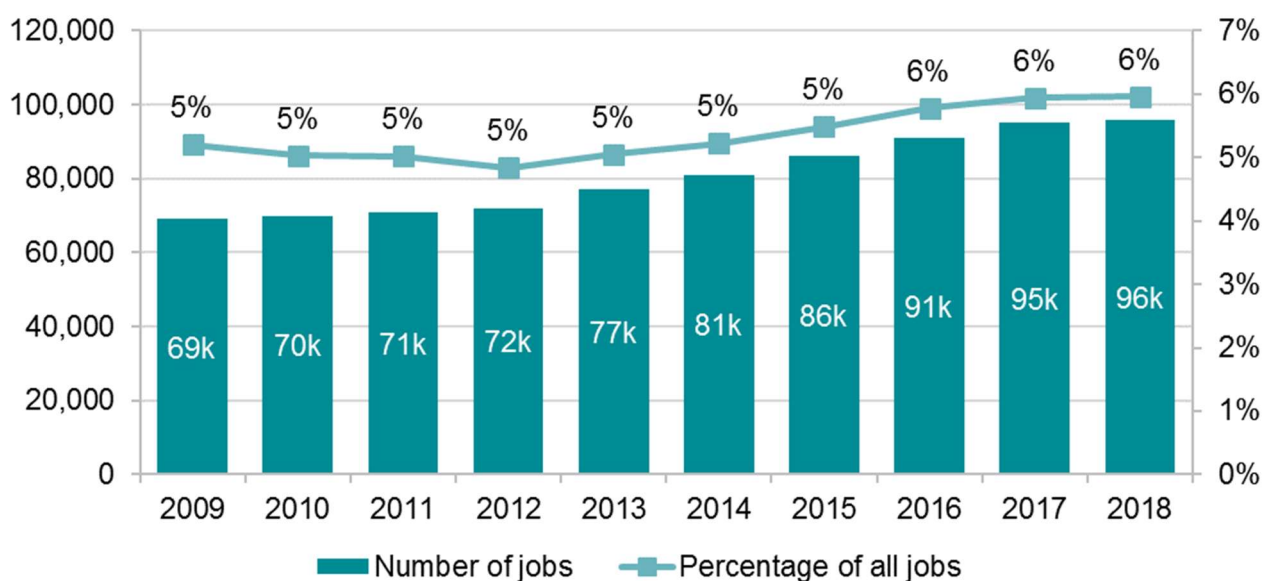
**Main service group trends**

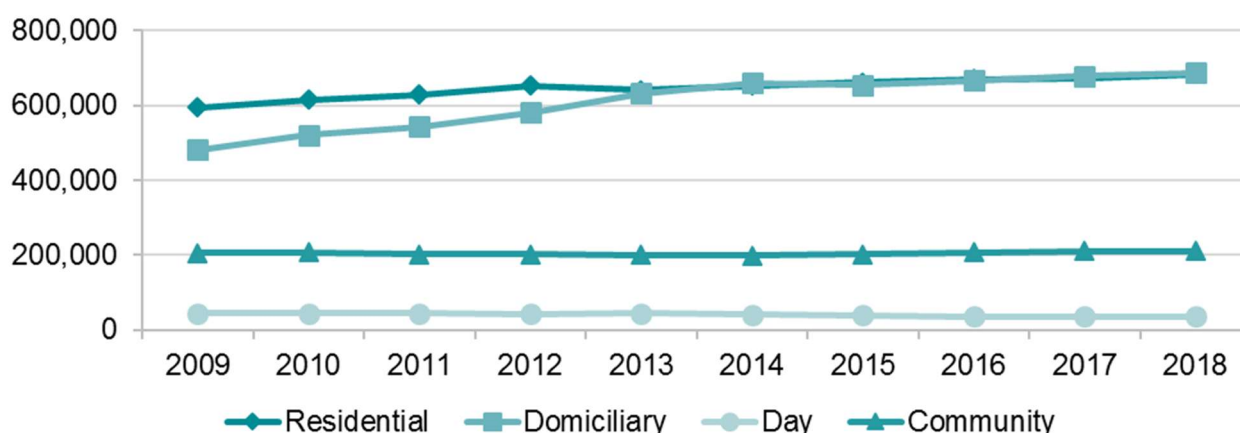
Chart 28 highlights the large increase in the number of domiciliary care jobs between 2009 and 2014 (an increase of 180,000, or 37%). This increase included 140,000 new jobs in independent sector, CQC regulated non-residential services and 40,000 new jobs working for direct payment recipients.

The rate of increase slowed between 2014 and 2016, with the number of domiciliary jobs increasing by around 5,000 jobs over the period. However, from 2016 to 2017, there was an increase of around 15,000 jobs. This was the largest contributing factor to independent sector growth, and this, in turn, led to an increase in adult social care jobs over this period. Between 2017 and 2018, the rate of increase slowed slightly again, up 10,000 jobs.

Jobs in residential services increased steadily between 2009 and 2018, by around 2% per year (an increase of 88,000 jobs, or 15% overall) despite a decrease in 2013 (see the following pages for a breakdown between care homes with and without nursing). The number of jobs in day care and community services remained broadly the same throughout the period.

Chart 28. Estimated adult social care jobs by main service type, 2009 to 2018

Source: Skills for Care estimates

**Care homes without nursing**

The number of independent sector care homes *without nursing* has decreased since 2009, by around 15% (from 12,950 to 11,025). However, over the same period, the number of jobs at these establishments increased from 275,000 in 2009 to 290,000 in 2018 (an increase of an estimated 6%). The number of jobs in independent sector care homes *without nursing* did not change between 2016 and 2018.

Table 12. Number of independent sector care homes *without nursing* and jobs at these establishments, 2009-2018

Source: Skills for Care estimates

| Year | Establishments | % change | Jobs | % change |
|--------------|----------------|----------|---------|----------|
| 2009 | 12,950 | | 275,000 | |
| 2010 | 12,800 | -1% | 285,000 | 2% |
| 2011 | 12,300 | -4% | 275,000 | -3% |
| 2012 | 12,175 | -1% | 290,000 | 6% |
| 2013 | 12,075 | -1% | 285,000 | -1% |
| 2014 | 11,775 | -2% | 285,000 | -1% |
| 2015 | 11,600 | -1% | 285,000 | 0% |
| 2016 | 11,425 | -1% | 290,000 | 2% |
| 2017 | 11,225 | -2% | 290,000 | 0% |
| 2018 | 11,025 | -2% | 290,000 | 0% |
| 2009 to 2018 | -1,950 | -15% | 16,000 | 6% |

Care homes *with nursing*

The number of jobs for independent sector care homes *with nursing* increased significantly between 2009 and 2016 by around 55,000 jobs (an increase of 24%) to 290,000. However, between 2016 and 2017, the number of such jobs fell by 1% to 285,000. This was the first decrease since 2013. Between 2017 and 2018, the number of jobs increased again to 295,000, a 2% increase on the previous year.

The number of independent sector care homes *with nursing* also increased between 2009 and 2014 (an increase of 8% from 4,275 to 4,600). However, the number began to decrease from 2014 onwards. Between 2014 and 2018, the number of care homes *with nursing* decreased by around 250 (to 4,350).

As mentioned in Section 3 – Establishments, this suggests a consolidation in the sector, for both care homes *with and without nursing*, whereby a similar amount of care was being delivered at fewer locations.

The number of registered nurse jobs in care homes *with nursing* decreased by around 7,000 (a decrease of 16%) between 2012 and 2018. This could be related to recruitment and retention issues for this job role and also to the increasing numbers of nursing assistants employed. For more information see page 47.

Table 13. Number of independent sector care homes *with nursing* and jobs at these establishments, 2009-2018

Source: Skills for Care estimates

| Year | Establishments | % change | Jobs | % change |
|--------------|----------------|----------|---------|----------|
| 2009 | 4,275 | | 235,000 | |
| 2010 | 4,325 | 1% | 245,000 | 6% |
| 2011 | 4,525 | 5% | 265,000 | 7% |
| 2012 | 4,600 | 2% | 275,000 | 5% |
| 2013 | 4,600 | 0% | 270,000 | -2% |
| 2014 | 4,600 | 0% | 280,000 | 4% |
| 2015 | 4,575 | 0% | 290,000 | 3% |
| 2016 | 4,425 | -4% | 290,000 | 0% |
| 2017 | 4,400 | 0% | 285,000 | -1% |
| 2018 | 4,350 | -1% | 295,000 | 2% |
| 2009 to 2018 | 100 | 2% | 60,000 | 26% |

Job role trends

This section looks at the change in the number and distribution of job roles in the adult social care sector between 2012 and 2018. The trends in this section do not go back to 2009 because the necessary level of detail was not available. From 2012 onwards, high levels of coverage and data quality in the NMDS-SC allow for estimates to be made.

Table 14 shows that the proportion of jobs that were providing direct care increased between 2012 and 2018 from 74% to 76%. The proportion of all jobs that were managerial or regulated professions decreased by one percentage point over the period.

In absolute terms, the number of direct care jobs increased by around 135,000. The number of managerial jobs increased by 2,500 and 'Other' job roles increased by around 9,000. Regulated professional roles decreased by around 8,000 (the majority of which were a result of decreasing registered nurse numbers, see page 47).

Table 14. Estimated job role group breakdown of adult social care jobs in England, 2012-18

Source: Skills for Care estimates

| | Direct care | Managerial | Regulated professions | Other | Total |
|------|-------------|------------|-----------------------|-------|------------------|
| 2012 | 74% | 8% | 6% | 12% | 1,480,000 |
| 2013 | 75% | 8% | 6% | 11% | 1,520,000 |
| 2014 | 76% | 7% | 6% | 11% | 1,550,000 |
| 2015 | 76% | 7% | 6% | 11% | 1,560,000 |
| 2016 | 76% | 7% | 5% | 11% | 1,580,000 |
| 2017 | 76% | 7% | 5% | 11% | 1,600,000 |
| 2018 | 76% | 7% | 5% | 12% | 1,620,000 |

The total increase in the number of jobs between 2012 and 2018 was estimated at 140,000. Almost all of this increase came as a result of the increase in the number of jobs providing direct care. Several changes to the composition of the sector over the period are responsible for this trend, including:

- The shift from local authority jobs (where around 50% of jobs were providing direct care) to independent sector jobs (where 75% were providing direct care).
- The increase in the average size of residential establishments allowed for economies of scale in terms of managerial and support staff.
- The increase in domiciliary care jobs (where 89% of jobs were providing direct care) and jobs working for direct payment recipients (where all jobs were providing direct care).

Individual job roles

Table 15 shows that, in terms of roles providing direct care, the number of care worker jobs increased by around 10,000 (an increase of 1%) between 2017 and 2018, whereas the number of senior care worker roles decreased by 1,000 (a decrease of 1%).

In regulated professional roles, the number of local authority social worker jobs increased (an increase of 5%), whilst occupational therapist job numbers increased by 10%. In contrast, registered nurse jobs decreased by 1,000 (a decrease of 3%).

Table 15. Change in the adult social care jobs by job role in England, 2017-2018

Source: Skills for Care estimates

| Job role | Number of jobs (2018) | Change in number of jobs (2017 to 2018) | Percentage change in jobs (2017 to 2018) |
|-----------------------------|-----------------------|---|--|
| All job roles | 1,620,000 | 20,000 | 1% |
| Care worker | 840,000 | 10,000 | 1% |
| Senior care worker | 87,000 | -1,000 | -1% |
| Registered manager | 23,000 | 0 | 0% |
| Social worker (LA) | 17,000 | 750 | 5% |
| Occupational therapist (LA) | 2,500 | 250 | 10% |
| Registered nurse | 41,000 | -1,000 | -3% |

Since 2012, the number of care worker jobs increased by 15% (an increase of 105,000 jobs). Senior care worker jobs grew at a slower rate (up 7%, or 5,000 jobs). The number of social worker and occupational therapist roles¹⁹ in local authorities remained relatively stable (social worker jobs decreased by 400 and occupational therapist jobs decreased by 100).

Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period (down 10,500, or 20% since 2012). The number of registered nurse jobs increased between 2012 and 2013 (from 51,100 to 51,500), before decreasing in every subsequent year. This could be related to recruitment and retention issues, but also may be a result of some organisations creating 'nursing assistant' roles to take on some tasks previously carried out by nurses. Skills for Care are now collecting information about nursing assistants and associates and will monitor changes in the number of these roles.

Table 16. Change in adult social care jobs by job role in England, 2012-2018

Source: Skills for Care estimates

| Job role | Number of jobs (2018) | Change in number of jobs (2012 to 2018) | Percentage change in jobs (2012 to 2018) |
|-----------------------------|-----------------------|---|--|
| All job roles | 1,620,000 | 140,000 | 9% |
| Care worker | 840,000 | 105,000 | 15% |
| Senior care worker | 87,000 | 5,000 | 7% |
| Registered manager | 23,000 | 1,000 | 7% |
| Social worker (LA) | 17,000 | 400 | 3% |
| Occupational therapist (LA) | 2,500 | 100 | 5% |
| Registered nurse | 41,000 | -10,500 | -20% |

Full-time equivalent trends

Table 17 shows the trend of the number of full-time equivalent (FTE) adult social care jobs between 2012 and 2018. The table shows that, in addition to the number of jobs increasing (by 9% over the period), the number of FTE jobs also increased since 2012 (by 11%).

This finding is important because it highlights that the number of hours worked in the sector has increased over the period (an increase in the number of jobs alone does not necessarily indicate this).

¹⁹ The trend for occupational therapists goes back to 2014 due to changes in the data collection.

Table 17. Estimated number of full-time equivalent (FTE) adult social care jobs, 2012-2018

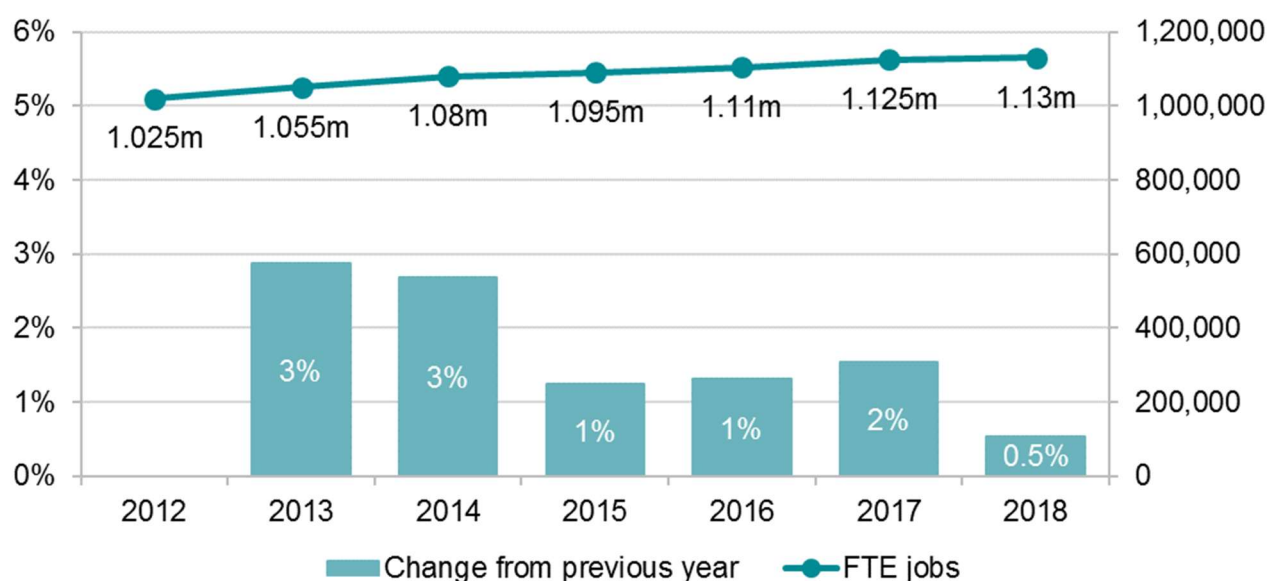
Source: Skills for Care estimates

| Year | Jobs | FTE jobs | Jobs:FTE ratio |
|------|-----------|-----------|----------------|
| 2012 | 1,480,000 | 1,020,000 | 0.69 |
| 2013 | 1,520,000 | 1,050,000 | 0.69 |
| 2014 | 1,550,000 | 1,080,000 | 0.69 |
| 2015 | 1,560,000 | 1,090,000 | 0.70 |
| 2016 | 1,580,000 | 1,105,000 | 0.70 |
| 2017 | 1,600,000 | 1,125,000 | 0.70 |
| 2018 | 1,620,000 | 1,130,000 | 0.70 |

Chart 29 shows that the number of FTE jobs increased year-on-year between 2012 and 2018. As with the number of jobs, the increases were larger in 2013 and 2014 (3%) than in 2015 and 2016 (1%), 2017 (2%) and 2018 (1%).

Chart 29. Estimated number of adult social care FTE jobs and percentage change in the number of FTE jobs in England, 2012-2018

Source: Skills for Care estimates



Workforce forecasts

07

Projections of the adult social care workforce

If the adult social care workforce grows proportional to the projected number of people aged 65 and over in the population, then the number of adult social care jobs will increase by 36% (580,000 jobs) to around 2.20 million jobs by 2035.

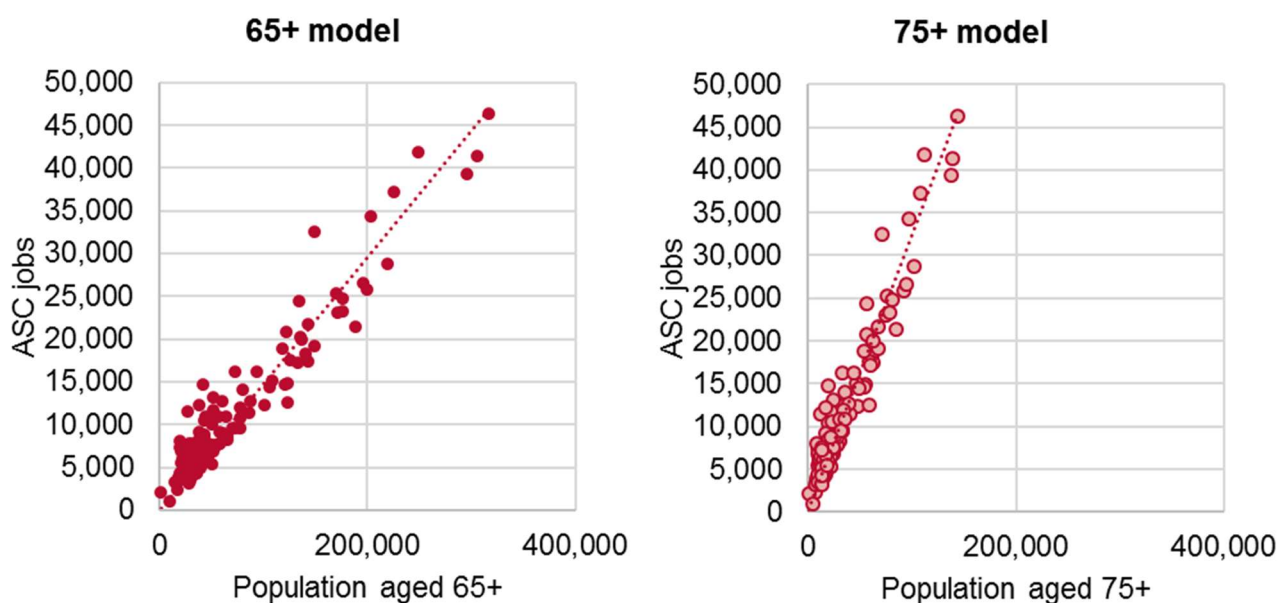
This section presents demand-based projections for the size of the adult social care workforce between 2018 and 2035. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

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

The 65+ model shows that, on average in 2018, for every seven people aged 65 and over in the population, one adult social care job is required. The 75+ model shows that, on average in 2018, for every three people aged 75 and over in the population, one adult social care job is required.

Chart 30. Relationship between adult social care workforce size and population aged 65 and over, or 75 and over, in each local authority area, 2018

Source: Skills for Care estimates



These models were then applied to Projecting Older People Population Information (POPPI) estimates of the number of people aged 65 or 75 and over in 2018, 2020, 2025, 2030 and 2035 to create forecasts for the number of adult social care jobs over the period. Table 18 and Chart 31 below show the results of the models. The models project that if the adult social care workforce grows proportional to the projected number of people aged 65 and over in the population, then a 36% increase (580,000 new jobs) will be required by 2035. If the workforce grows proportional to the number of people aged 75 and over in the population, then a 50% increase (800,000 new jobs) will be required by 2035.

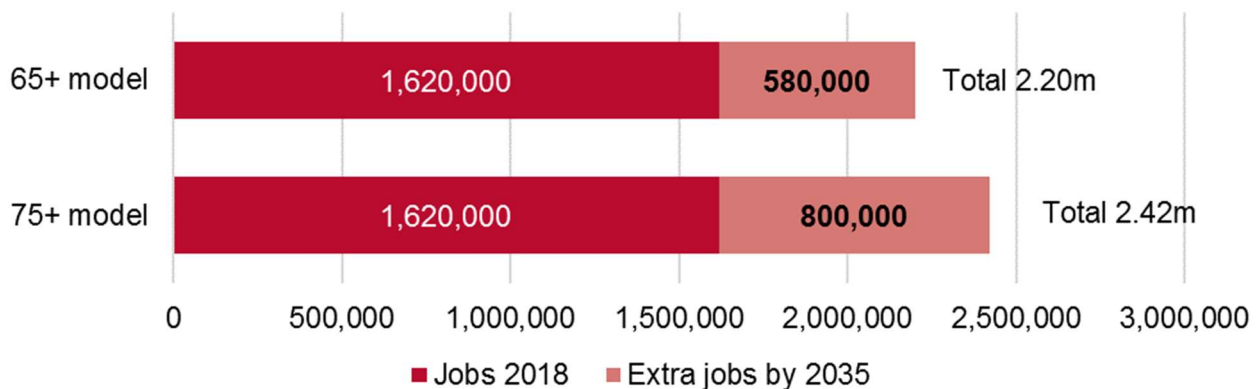
Table 18. Adult social care jobs projections between 2018 and 2035, based on the number of people in the population aged 65 or 75 and over

Source: Skills for Care estimates

| Model | 2018 | 2020 | 2025 | 2030 | 2035 | % increase in jobs 2018-2035 |
|-----------|-----------|-----------|-----------|-----------|-----------|------------------------------|
| 65+ model | 1,620,000 | 1,670,000 | 1,820,000 | 2,020,000 | 2,200,000 | 36% |
| 75+ model | 1,620,000 | 1,700,000 | 2,000,000 | 2,200,000 | 2,420,000 | 50% |

Chart 31. Adult social care jobs demand-based projections between 2018 and 2035

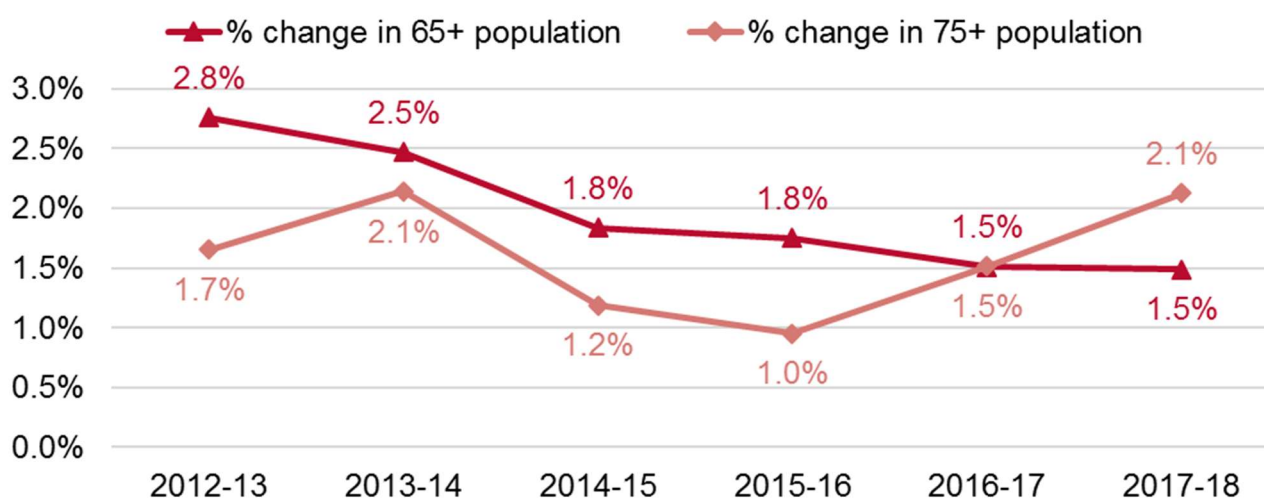
Source: Skills for Care estimates



Between 2012 and 2017, the population aged 65 and over grew at a faster rate (an increase of 2.1% per year on average) than the population aged 75 and over (an increase of 1.5% per year on average). However, between 2017 and 2018, the population aged 75 and over grew at a faster rate (an increase of 2.1%, compared to 1.5%) for the first time. Chart 32 (below) highlights how these populations grew over the period.

Chart 32. Percentage change in aged 65 and over, and 75 and over populations, 2012-2018

Source: Skills for Care estimates



Both the aged 65 and over and 75 and over populations were equally correlated with the size of the workforce. It is therefore difficult, at this stage, to predict which of the two models will be most accurate when the aged 75 and over population continues to grow faster than the 65 and over population between 2018 and 2035, as it is projected to.

A retrospective analysis of the models was conducted to test the accuracy of these projections. Using Office for National Statistics (ONS) population data from 2012 to 2018, and jobs as at 2012 from Skills for Care estimates, the same models were built to project jobs between 2012 and 2018. The results from these models were then compared to the actual jobs trends as shown in this report (see Chapter 6 – Changes between 2009 and 2018).

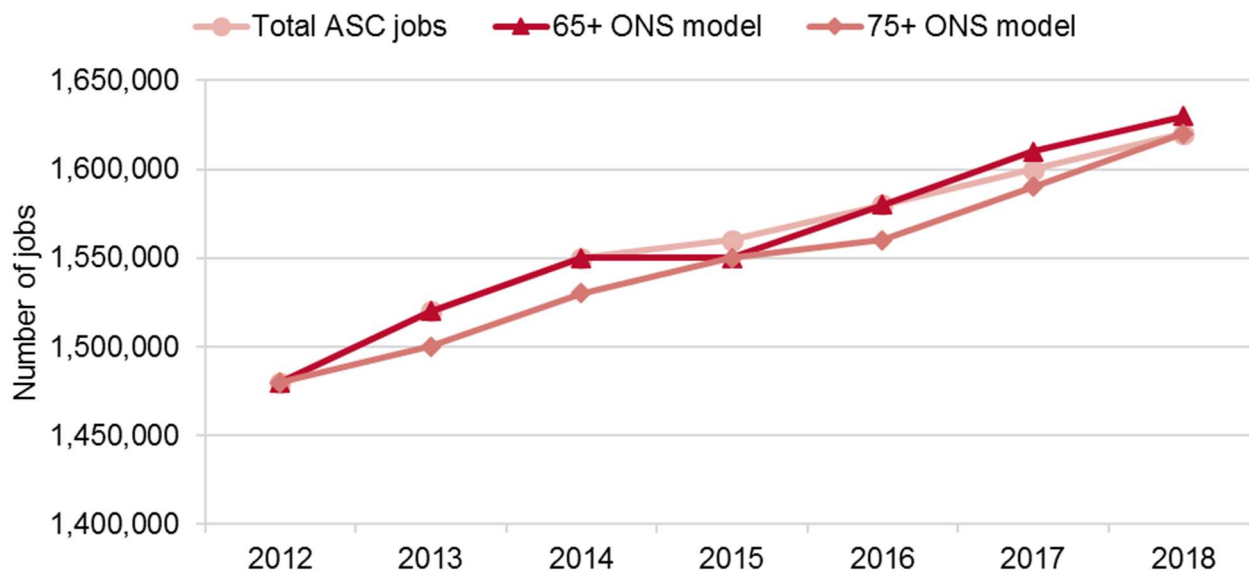
As shown in Chart 33, the aged 65 and over model projected the number of adult social care jobs from 2012 to 2018 to within 1% of the actual jobs figures. The aged 75 and over model also projected this number to within 1%. The largest differential between actual jobs and projected jobs in the aged 65 and over model occurred in 2015. The aged 65 and over and aged 75 and over models were both close to the actual number of jobs, and hence support the validity of these projections.

The growth in the workforce appears to be tracking the growth in the number of people aged 65 and over most closely at present. This may change as the population aged 75 and over begins to grow at a faster rate from 2018 onwards. Skills for Care will continue to

monitor the accuracy of these models as the population and landscape of adult social care continues to change.

Chart 33. Adult social care job projections 2012 to 2018, based on the population aged 65 and over or aged 75 and over, compared to actual job trends for the same period.

Source: Skills for Care estimates



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

Appendix 1

Methodology

(1) Adult social care employers

(a) Number of adult social care organisations

The number of adult social organisations was estimated using Office for National Statistics (ONS's) Inter-Departmental Business Register (IDBR) data.

Organisations in the following Standard Industrial Classification (SIC) codes (See Table 19) were classed as adult social care organisations (although it is acknowledged that some social care operations may fall under other categories).

Table 19. SIC codes used to estimate the number of adult social care organisations and establishments

Source: Standard Industrial Classification (SIC) codes

| SIC | Description | Adult / children split |
|-------|---|-------------------------|
| 87100 | Residential nursing care activities | Assumed 100% adults |
| 87200 | Residential care activities for mental retardation, mental health and substance abuse | Assumed 100% adults |
| 87300 | Residential care activities for the elderly and disabled | Assumed 100% adults |
| 87900 | Other residential social work activities | Mixed adults & children |
| 88100 | Social work activities without accommodation for the elderly and disabled | Assumed 100% adults |
| 88990 | Other social work activities without accommodation n.e.c | Mixed adults & children |

The proportion of categories 87900 (Other residential social work activities) and 88990 (Other social work activities without accommodation) that were for adults were estimated using data from Companies House. A random 500 employers were sampled from each of these categories and, via internet searches, Skills for Care was able to categorise each employer as providing social care for adults, for children, or not providing social care.

The proportions of employers that were providing adult social care found from these samples were then applied to the whole categories (87900 and 88990) to estimate how many of these employers were delivering adult social care services.

(b) Number of adult social care establishments

The estimates of the number of adult social care establishments were made with a greater degree of detail than the organisational estimates because they were used as the framework for estimating the size of the workforce.

Residential segment

The numbers of care homes with nursing, care-only homes, Shared Lives services and other CQC regulated residential activities were taken from the Care Quality Commission (CQC) register as at September 2018. This made up the CQC regulated portion.

The number of non-CQC regulated establishments was estimated by subtracting the number of CQC regulated residential establishments from the total number of establishments (local units) reported by the IDBR under SIC codes 87100, 87200, 87300 and 87900. Children's and non-social care providing establishments were then removed using the Companies House data research described on the previous page.

Non-residential segment

The numbers of domiciliary care services, nursing agencies, supported living services, Extra Care housing services and other CQC regulated non-residential services were taken directly from the CQC register as at September 2018. This made up the CQC regulated portion.

The number of non CQC-regulated establishments was estimated by subtracting the number of CQC regulated non-residential establishments from SIC2007 category 88100. This was then added to the number of establishments in SIC2007 category 88900 (with children's and non-social care establishments excluded using the method described on the previous page).

Direct payment recipients employing staff

The total number of direct payments recipients was taken from data published by NHS Digital.

This figure was adjusted to only include those that were directly employing their own staff. These estimates are based on Skills for Care surveys of local authorities from 2014 and 2015 and the data from the Association of Directors of Adult Social Services (ADASS) Annual Budget survey in 2018 (sample sizes 47, 33 and 92 out of 152 local authorities) which asked what proportion of direct payment recipients were employing staff in their area. Skills for Care also worked with the ADASS who carried out another survey in 2017 on the same subject. This survey was anonymous, so the findings could not be directly used in this report. However, the results from the 77 local authorities that completed data were in line with the previous Skills for Care surveys. Skills for Care are confident in the estimates produced from this information.

(2) Adult social care workforce

(a) Number of adult social care jobs

Independent employers

CQC regulated establishments

The CQC's register provides accurate and up-to-date information on the number of registered adult social care establishments, by type, geography and capacity (for care homes). In addition, NMDS-SC records can be matched with the CQC data to show precisely the proportion of each segment the NMDS-SC covers.

Therefore, Skills for Care was able to use this combined data to produce workforce models that were, in turn, used to estimate the number of jobs at all CQC regulated establishments, based on their capacity (for care homes), location, service types and activities.

The CQC list did not contain information on the 'type of employer' (e.g. private, voluntary or local authority). Skills for Care manually removed local authority establishments via their 'provider name' from the CQC register (local authority figures were estimated separately).

Estimates of the number of jobs for 'Shared Lives' services were made using a different methodology. Shared Lives Plus published a comprehensive report in 2018 on the Shared Lives workforce. The average number of self-employed carers and support staff from this report were applied to the total number of CQC regulated Shared Lives services from the CQC list.

Non-CQC regulated establishments

The estimates of the number of non-CQC regulated establishments were split using IDBR data to remove local authority establishments (local authority figures were estimated separately).

NMDS-SC establishments offering this type of service were then extrapolated to reflect the estimated total number of non-regulated services. The data was stratified by size and location, using the IDBR to account for any skew in the NMDS-SC.

Local authorities

Following an open National Statistics consultation, it was decided that the NMDS-SC would replace the SSDS001 from September 2011 as the adult workforce data return for local authorities.

Since 2012, all local authorities have provided an NMDS-SC return and therefore NMDS-SC data was used for this part of the workforce with very little estimating required.

NHS

These numbers were taken from data published by NHS Digital. Skills for Care identified job roles that were considered to be 'adult social care'-related jobs roles, see below.

Job role

Qualified occupational therapy jobs
 Qualified social services jobs
 Healthcare assistants (excluding maternity jobs)
 Support for occupational therapy jobs
 Support for social services jobs

Jobs for direct payment recipients

The average number of jobs per direct payment recipient employing staff was estimated using Skills for Care surveys (2014, 2017 and 2019) of around 2,000 recipients, collected via direct payment support organisations (DPSOs). This figure (2.0 jobs per employer) was multiplied by the estimated total number of direct payments recipients employing staff in order to estimate the total number of jobs for direct payment recipients.

(b) Number of people working in adult social care

The NMDS-SC contains a unique global identification number based on each employee's National Insurance number and date of birth (in coded format) which indexes individual workers anonymously. This allows Skills for Care to count the number of jobs held by each individual person recorded in the NMDS-SC.

Independent employers

The number of people employed by independent bodies who held more than one job was calculated using data collected by the NMDS-SC.

Adjustments were then made to these figures to account for the following:

- Workers recorded in the NMDS-SC having jobs in non-participating adult social care establishments
- Participating establishments updating their records at different intervals and, in the interim, workers changing jobs and being recorded in the NMDS-SC in jobs they have left.

Local authorities

In 2018, 102 out of the 152 councils provided National Insurance numbers and dates of birth for all of their workers in the NMDS-SC based on 95% of their workers. The incidences of people with more than one council job were counted and it was assumed that the rate was the same for the remaining councils.

Direct payments recipients

The Skills for Care surveys of DPSOs (2014, 2017 and 2019) were used to make this estimate. These surveys collected data on over 4,000 personal assistants (PAs). These PAs were asked how many PA jobs they held and how many adult social care jobs they held in total. These data were used to estimate the number of jobs held by personal assistants (an average of 1.29).

Cross over between types of employer

Estimates were also made for the number of people with adult social care jobs with more than one type of employer.

The number of people with jobs in local authorities and independent bodies was estimated using the NMDS-SC. Estimates of the number of people with jobs for direct payments recipients and in the independent or local authority employers was estimated using data from the DPSO survey mentioned above.

These estimates should be treated as preliminary and Skills for Care will continue to refine and improve them in the future.

(c) Trend data

Skills for Care has ensured that, wherever possible, the trend data presented in this report are comparable across years and that consistent methods have been used. To achieve this, some previously published data was reviewed for this report and therefore this may not match previously published numbers.

Data not in the trend sections in this report may not be directly comparable with previously published numbers and therefore should not be directly compared. Please contact Skills for Care if you are interested in additional trend data not provided in this report.

For the following areas consistent methods could not be used. However, great care was taken to ensure that they were as comparable as possible:

- **Local authorities** – as previously mentioned, the NMDS-SC replaced the SSDS001 as the adult workforce data return for local authorities in 2011. Although the two data sources are not directly comparable, steps were taken to ensure that trends produced were as reliable as possible.

Due to the lack of comparability, it is acknowledged that the true change in the number of jobs between 2010 and 2011 may not have been exactly as quoted in this report. However, Skills for Care is confident in the conclusion that there was a relatively large decrease in the number of these jobs between 2010 and 2011.

Figures from 2011 onwards are directly comparable.

- **CQC regulated establishments** – in 2011, CQC data changed format. Previously, each establishment was given a ‘main service’ whereas now all services establishments offer are listed without an indication of their ‘main’ service. Hence methodological changes were required to account for this change. Unfortunately, it was not possible to replicate this new methodology for non-residential services and, as such, results are not directly comparable.

Delays in registrations at the CQC may also have affected the trend of CQC regulated establishments and jobs trends between 2011 and 2012.

- **NHS** – Accurate trends for the number of adult social care-related jobs in the NHS were provided by the HSCIC from 2011 onwards; whilst the data for 2009 and 2010 is not directly comparable, the differences are small, and Skills for Care deem this unlikely to impact the overall trends presented.

Direct payment recipients

For this year’s report, Skills for Care estimated a trend in the proportion of direct payments recipients (people receiving a direct payment for their own care and support needs) that were employing staff using four estimates, from 2008, 2014, 2015 and 2018, making this year’s estimates the most comprehensive to date.

However, these estimates do include a degree of uncertainty (despite current estimates being the most robust to date) and the trend produced should not therefore be treated as exact. Skills for Care is confident that the findings of these surveys, together with anecdotal evidence from sector experts, that this decrease is ‘real’. However, the exact scale of this decrease is estimated.

The trend line produced between these years should also be treated with caution as separate data was not available for these years. Skills for Care hypothesised that the decrease was most likely to have happened in proportion to the increase in the total number of direct payments recipients (i.e. that the majority of the change was likely to have come from new direct payments recipients, rather than existing recipients changing from employing staff to not employing staff). However, there is no firm evidence to confirm this hypothesis.

Skills for Care also worked with the Association of Directors of Adult Social Services (ADASS) who carried out a survey in 2017 on the same subject. This survey was anonymous, so the findings could not be directly used in this report. However, the results from the 77 local authorities that completed data was in-line with the previous Skills for Care surveys.

(3) Data quality overview

This section provides an overview of the quality of the workforce estimates in this report. Due to the fragmented nature of adult social care and the various data sources required to produce this report, there is some variation in the quality of the estimates for different parts of the sector.

These differing levels of confidence should be taken into account when interpreting the estimates throughout the report. Table 20 provides a summary of this section.

CQC regulated independent sector employers

The CQC collects a comprehensive list of all regulated employers. Therefore, figures for the number of employers in this part of the sector are very accurate and timely.

In terms of the number of jobs estimates, the CQC collects capacity data for 'care-only homes' and 'care homes with nursing'; this allows very robust workforce models to be created and accurate estimates of the number of jobs for these employers to be made.

For other residential and non-residential establishments, the CQC does not collect a capacity measure. Without this useful predictor the estimated number of jobs is not as robust as are those for care homes. Skills for Care has created proxy measures for the capacity of these establishments; however, the estimates continue to rely upon the assumption that the NMDS-SC is representative in terms of establishment size.

This assumption has been tested for residential establishments (which was possible because capacity data is available for these employers) and only a very slight skew towards larger establishments was found. Given these results, it seems reasonable that the same is true for non-residential establishments and that the estimates produced are not significantly skewed.

Skills for Care was also able to cross-check these estimates against employer size proportions from the IDBR. Although this comparison is not 100% like-for-like, no evidence was found to suggest that the NMDS-SC was significantly skewed for non-residential establishments.

Non-CQC regulated independent sector employers

These estimates were created by subtracting the number of CQC regulated employers from the total number of employers in social care SIC codes as recorded by the IDBR. Skills for Care removed children's and other non-adult social care establishments with the use of proportional estimates sourced by searching the internet for a sample of Companies House data.

Not all establishments could be found via these internet searches. Therefore, the quality of these estimates relies on the assumption that establishments that could not be found were 'missing at random' (i.e. those not found followed similar proportions to those that *were*

found). Skills for Care believe this to be a reasonable assumption and is exploring ways to check this assumption in future.

In terms of the number of jobs for these employers, the NMDS-SC holds data on a relatively small number of these employers (around 700 residential and 1,700 non-residential employers). Therefore, the number of jobs estimates is not as robust as for CQC regulated establishments where coverage is much higher. However, these estimates were stratified by size using the IDBR and should therefore be of good quality.

Local authority

In 2018 the NMDS-SC received a full return from all 152 local authorities. As such, the estimates for this part of the sector were very accurate and robust.

Direct Payments recipients employing staff and their workforce

The estimated range of direct payments recipients employing staff (28% to 34%) was calculated by creating a 95% confidence interval from the data received over the past two years. However, this range should only be interpreted as an 'estimated likely range' because the local authorities were not randomly sampled (they chose to respond). Hence there is the potential that the data received was skewed, although it should be noted that these upper and lower estimated bounds are within those reported previously. Skills for Care deem it unlikely that the data received was significantly skewed and this assumption is supported by the survey carried out by ADASS in 2018, as previously mentioned.

In terms of the number of jobs, the uncertainty above is compounded with the additional uncertainty around the average number of jobs for each direct payment recipient. The average found in Skills for Care surveys on this subject was 2.0. However, Skills for Care estimated a likely range of between 1.93 and 2.07 jobs per recipient (95% confidence interval). In order to account for both areas of uncertainty, Skills for Care created 10,000 simulations for both figures to estimate the range of 135,000 to 155,000 jobs for direct payments recipients (again these were calculated with 95% confidence intervals but were not presented as such due to the non-random nature of the samples).

This area of the report carries the most uncertainty and Skills for Care is currently exploring ways of collecting more data and increasing the confidence around these estimates in the future.

NHS

These figures are taken from the NHS workforce statistics (September 2018) published by NHS Digital and were therefore of high quality. The only source of uncertainty lay in the definitions of which job roles could be classified as adult social care jobs. It is not possible to be precise about the numbers of staff working in adult social care roles employed in the NHS. This is because many NHS jobs include elements of social care work and also because NHS-wide job classification does not lend itself to identifying those involved in social care work for adults. For this report, healthcare assistants (excluding maternity services), occupational therapists, social service staff and their assistants were all counted as adult social care staff.

Table 20 summarises the findings of this section regarding the quality of the estimates provided in this report.

Table 20. Data quality overview, 2018

Source: Skills for Care estimates

| Type of employer | Main service group | Number of employers quality | Number of jobs quality | Key |
|---------------------------|------------------------|-----------------------------|------------------------|-------|
| CQC independent | Care only home | ★★★★★ | ★★★★★ | ★★★★★ |
| CQC independent | Care home with nursing | ★★★★★ | ★★★★★ | ★★★★★ |
| CQC independent | Shared lives + other | ★★★★★ | ★★★★★ | ★★★★★ |
| CQC independent | Non-residential | ★★★★★ | ★★★★ | ★★★★ |
| Non-CQC independent | Residential | ★★★★ | ★★★★ | ★★★★ |
| Non-CQC independent | Non-residential | ★★★★ | ★★★★ | ★★★★ |
| Local authority | | | ★★★★★ | ★★★★★ |
| Direct payment recipients | | ★★★★ | ★★★★ | ★★★★ |
| NHS | | | ★★★★★ | ★★★★★ |

Complete data

↕

Incomplete data

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