

# The size and structure

of the adult social care sector  
and workforce in England, 2015

September 2015

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- Will Fenton and Adam Andrew of the Skills for Care workforce intelligence team for researching, compiling and analysing the data for the report
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Feedback on any aspect of the report will be very welcome and will help to improve future editions. Please contact Skills for Care's analysis team: [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk)

The size and structure of the adult social care sector and workforce in England, 2015

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The size and structure of the adult social care sector and workforce in England, 2015

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# Introduction

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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 2014.

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 managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and their staff since 2006. For more information about the NMDS-SC please see appendix 2.

## Summary of key findings

### Adult social care employers

- An estimated 18,000 **organisations**<sup>1</sup> were involved in providing or organising adult social care in England as at 2014 (an increase of 4% from 2013).
- An estimated 39,500 **establishments**<sup>2</sup> were involved in providing or organising adult social care in England as at 2014 (an increase of 1% from 2013).
- Around 234,000 adults, older people and carers received **direct payments** from councils' social services departments as at 2014. It is estimated that approximately 70,000 of these recipients were employing their own staff.<sup>3</sup>
- Almost all of these employers were receiving direct payments for their own care and support needs. The majority of direct payments for carers were 'one-off' and not used for employing staff.
- The total number of direct payment recipients continued to increase (by 10% between 2013 and 2014). The total number of direct payment recipients employing their own staff was also estimated to have increased since 2013 (by 1%).

### Adult social care workforce

- The number of adult social care **jobs** in England as at 2014 was estimated at 1.55 million.
- The number of **people** doing these jobs was estimated at 1.48 million.
- The number of **full-time equivalent** jobs was estimated at 1.18 million.
- The number of adult social care jobs was estimated to have increased by around 3% (40,000 jobs) between 2013 and 2014 and by 17% (230,000 jobs) since 2009.
- Since 2009 the workforce continued to shift away from local authority jobs (-27% and -50,000 jobs) and towards independent sector jobs (+23% and 225,000 jobs), the personalisation of adult social care is also apparent with a large increase in the number of jobs for direct payment recipients since 2009 (estimated at +36% and 35,000 jobs).
- In terms of service types, the majority of the increase in adult social care jobs since 2009 came from an increase in jobs for CQC regulated non-residential establishments (up by 140,000 or 40%) and jobs in care homes with nursing (up by 50,000 or 20%).
- The proportion of jobs that were direct care providing increased from 74% in 2011 to 76% in 2014 (an increase of 130,000 jobs).

<sup>1</sup> The total number of PAYE- or VAT-registered whole organisations (i.e. enterprises). See Section 2 for definitions.

<sup>2</sup> The total number of PAYE- or VAT-registered establishments (i.e. local units). See Section 3 for definitions.

<sup>3</sup> 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

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## Estimated 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 2014 was estimated at **18,000**.

The definition of organisations ranges from large national employers, large charities and councils with social services responsibilities (CSSRs) to small independent care homes. For example, a large company running multiple care homes would count once in these figures.

This section does not include individuals employing their own care and support staff (see Section 4 for details about these employers).

These estimates provide an accurate reflection of the number of organisations in adult social care. It should be noted, however, that they do not include social care operations that are recorded in non-social care specific 'Standard Industrial Classification' (SIC) codes in the Office for National Statistics (ONS's) Inter-Departmental Business Register data (IDBR). They also required some assumptions and estimations to remove children's organisations and some non-social care organisations incorrectly coded under social care SIC codes (see Appendix 1 for more detail about the methodology).

Table 2.1 shows a breakdown of the number of organisations by service type and organisation size.

**Table 2.1: Estimated number of adult social care organisations in England by service type and size, 2014**

Source: Skills for Care estimates based on ONS IDBR data

Service type	Size group (employees)							
	Total	0 - 4	5 - 9	10 - 19	20 - 49	50 - 99	100 - 249	250 +
Residential services (SIC2007 87)	7,700	1,600	700	1,400	2,400	1,000	400	200
Non-residential (SIC2007 88)	10,300	4,700	1,900	1,400	1,300	500	300	100
<b>Total adult social care</b>	<b>18,000</b>	<b>6,300</b>	<b>2,600</b>	<b>2,800</b>	<b>3,800</b>	<b>1,500</b>	<b>700</b>	<b>400</b>
<b>Total adult social care (%)</b>		35%	14%	16%	21%	8%	4%	2%

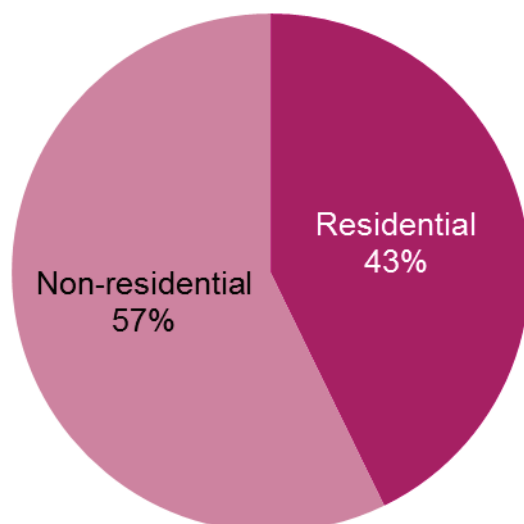
Columns may not sum to totals due to rounding



Chart 2.1 shows that 57% of adult social care organisations were providing non-residential services and 43% were providing residential services.

**Chart 2.1: Estimated proportion of adult social care organisations in England by service type, 2014**

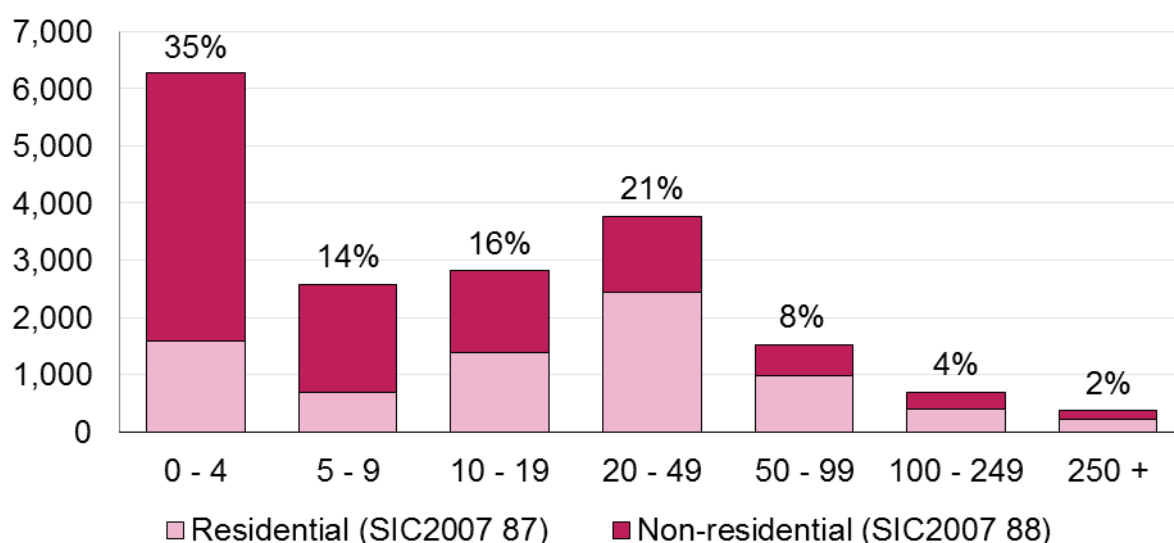
Source: Skills for Care estimates based on ONS IDBR data



In terms of size, Chart 2.2 shows that the majority of adult social care organisations were micro (1 to 9 employees) or small (10 to 49 employees). Over a third of organisations had 1 to 4 employees and around 85% had fewer than 50 employees.

**Chart 2.2: Estimated number of adult social care organisations in England by size group (number of employees), 2014**

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 around 2,000 and some organisations employed up to 20,000 members of staff. It is estimated that large organisations (250+) employed almost half (approximately 45%) of the total adult social care workforce as at 2014.

## Trend data – adult social care organisations

The total number of adult social care organisations was estimated to have increased by 4% between 2013 and 2014 and by 11% since 2009 (1,700 organisations).

This trend has been driven by a large increase in non-residential organisations (up 26% or 2,100 organisations since 2009). The number of residential organisations has decreased by 5% over the same period (by around 400 organisations).

Table 2.2 shows that the number of adult social care organisations has increased year-on-year between 2009 and 2014. The increase between 2013 and 2014 (4% and 700 organisations) was the largest increase seen over the period.

**Table 2.2: Estimated number of adult social care organisations, 2009–2014**

Source: Skills for Care estimates based on ONS IDBR data

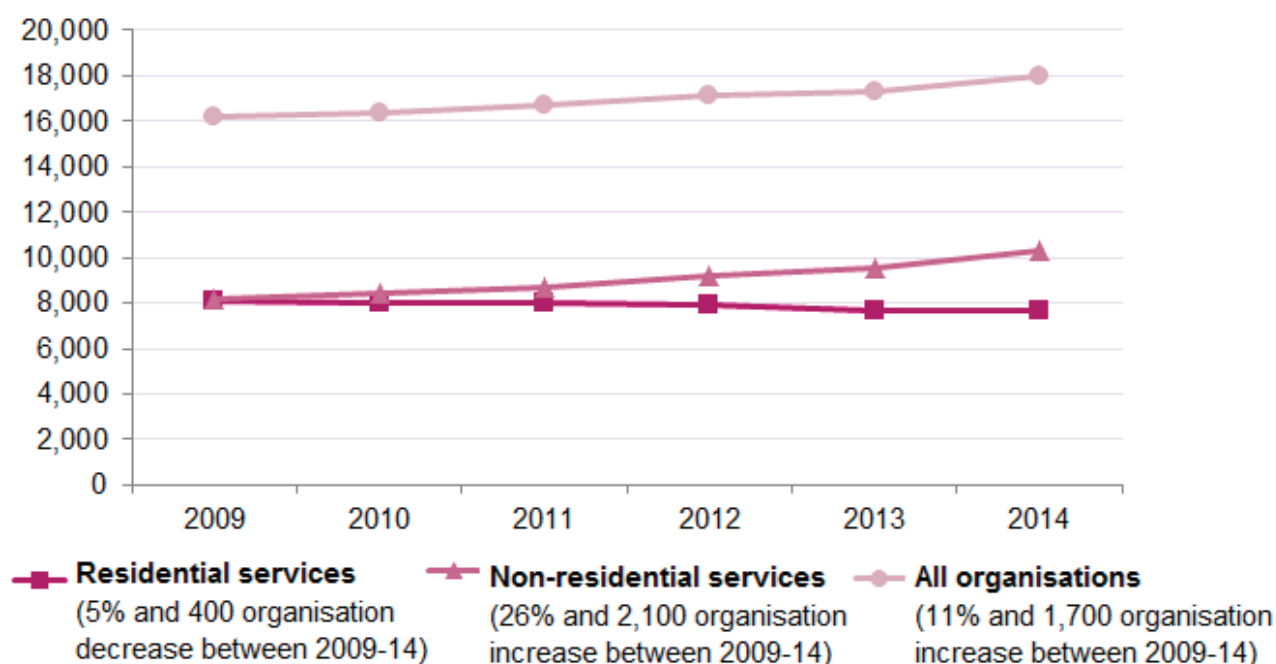
Service type	2009	2010	2011	2012	2013	2014
<b>Residential services</b>	8,100	8,000	8,000	7,900	7,700	7,700
% change from previous year		-1%	0%	-1%	-3%	-1%
<b>Non-residential services</b>	8,200	8,400	8,700	9,200	9,500	10,300
% change from previous year		2%	4%	6%	4%	8%
<b>All organisations</b>	<b>16,200</b>	<b>16,400</b>	<b>16,700</b>	<b>17,100</b>	<b>17,300</b>	<b>18,000</b>
% change from previous year		1%	2%	3%	1%	4%

Columns may not sum to totals due to rounding

Chart 2.3 shows that this trend was driven by non-residential organisations which have increased in number by around 26% since 2009. The number of residential organisations decreased over the same period by around 5%. The possible reasons for this shift are discussed in Section 3 (Establishments).

**Chart 2.3: Estimated number of adult social care organisations by service type, 2009-2014**

Source: Skills for Care estimates based on ONS IDBR data



# Establishments

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## Estimated 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 2014 was estimated at **39,500**.

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

Table 3.1 shows a breakdown of the 39,500 adult social care establishments in England as at 2014. It shows that around 17,100 of these establishments were Care Quality Commission (CQC) regulated and offering residential services. The service types included in this category were care homes with nursing (4,600), care only homes (12,700) and shared lives services (120)<sup>4</sup>

Approximately 3,300 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 8,200 CQC regulated non-residential establishments. The service types included in this category were domiciliary care services (7,900), supported living services (1,700), extra care housing services (550) and nursing agencies (250).<sup>4</sup>

Approximately 11,000 non-CQC regulated establishments were also offering non-residential services. This category includes day care, carers' support and a wide range of community support and outreach services for vulnerable people.

**Table 3.1: Estimated number of adult social care establishments in England by service type, 2014**

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

Service type		Count	Percentage
Residential	CQC regulated	17,100	43%
	Non-CQC regulated	3,300	8%
	Total	20,400	52%
Non-residential	CQC regulated	8,200	21%
	Non-CQC regulated	11,000	28%
	Total	19,100	48%
<b>Total - Estimated PAYE/VAT-registered establishments</b>		<b>39,500</b>	

<sup>4</sup> Establishments can offer multiple services, therefore the sum of the individual services may not add up to the total number of establishments.

Chart 3.1 shows that there was roughly a 50/50 split between residential and non-residential establishments.

**Chart 3.1: Estimated proportion of adult social care establishments in England by service type, 2014**

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

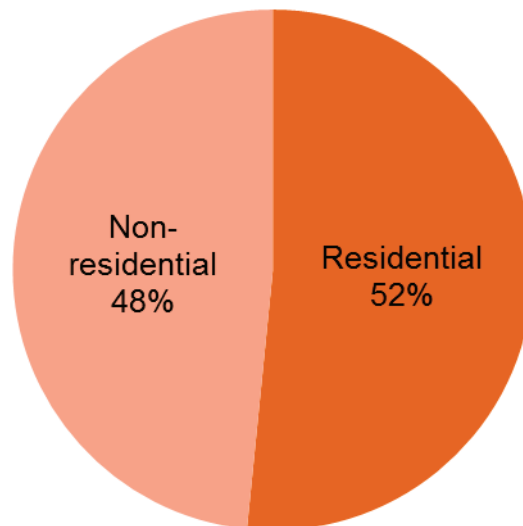
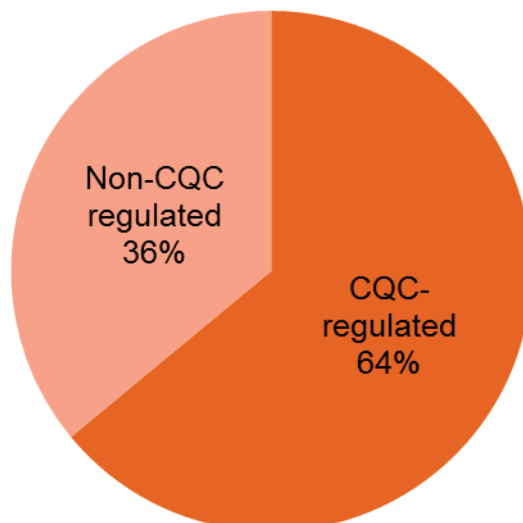


Chart 3.2 shows that around one-third of the adult social care establishments were non-CQC regulated. The majority of these non-regulated establishments offered non-residential services (see Table 3.1).

**Chart 3.2: Estimated proportion of adult social care establishments in England by regulation status, 2014**

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



## Trend data – adult social care establishments

The number of adult social care establishments was estimated to have increased by 1% (600 establishments) between 2013 and 2014.

The number of adult social care establishments increased steadily between 2009 and 2014 with the exception of 2012-2013 which saw a 1% decrease. In total, the number of establishments increased by around 2,200 (6%) between 2009 and 2014.

**Table 3.2: Estimated number of adult social care establishments, 2009-2014**

Source: Skills for Care estimates based on ONS IDBR data

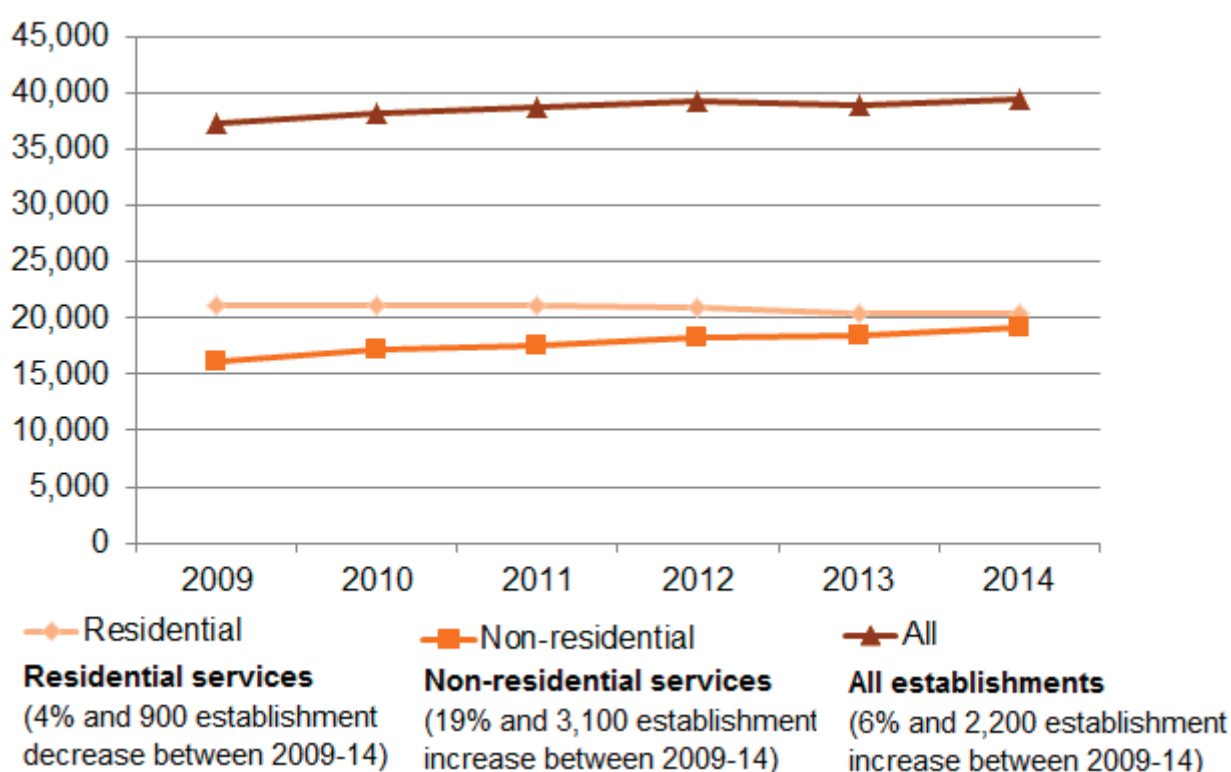
Service type	2009	2010	2011	2012	2013	2014
<b>Residential services</b>	21,200	21,100	21,100	20,900	20,400	20,400
% change from previous year		-1%	0%	-1%	-3%	0%
<b>Non-residential services</b>	16,100	17,200	17,600	18,300	18,500	19,100
% change from previous year		7%	3%	4%	1%	3%
<b>All organisations</b>	<b>37,300</b>	<b>38,300</b>	<b>38,700</b>	<b>39,300</b>	<b>38,900</b>	<b>39,500</b>
% change from previous year		3%	1%	2%	-1%	1%

Columns may not sum to totals due to rounding

Chart 3.3 shows the change in the number of adult social care establishments between 2009 and 2014 by service type. The number of non-residential establishments increased by around 3,100 between 2009 and 2014 (19%), whereas the number of residential establishments decreased by 900 and 4% over the period.

**Chart 3.3: Estimated number of adult social care establishments by service type, 2009-2014**

Source: Skills for Care estimates based on ONS IDBR data



The reasons behind this shift may be related to 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 CSCI<sup>5</sup> data going back to 2009 show that the total capacity for residential care homes remained fairly stable over the period despite the decrease in the number of establishments. This suggests that the decrease in residential establishments may just be a consolidation in this part of the sector whereby care is provided to a similar number of people, but by a smaller number of establishments.

In addition to this, NMDS-SC data suggest 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). Again this points towards a consolidation in this part of the sector rather than a genuine decrease in activity.

#### **Notes on organisations and establishments**

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

Skills for Care is confident in the quality of these estimates. It should be noted however that, for organisations and establishments, these estimates only include those establishments categorised under social care specific SIC codes in ONS's IDBR. Also some assumptions and estimations are required to remove children's establishments and some non-social care establishments incorrectly coded under social care SIC codes (see Appendix 1 more detail about the methodology).

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<sup>5</sup> CQC replaced CSCI (Commission for Social Care Inspection) in 2009.





# Individual employers

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## Direct payment recipients

Around 234,000 adults, older people and carers received direct payments from councils' social services departments in 2013/2014.

**It is estimated that, as at 2014, approximately 70,000 (29%) of these individuals were employing their own staff.** Almost all of these employers were receiving direct payments for their own care and support needs. The majority of direct payments for carers were 'one-off' and not used for employing staff.

Please note that the figures in this section should be treated with some caution as, despite advances in this area, there is still a shortage of data about individual employers and their workforce.

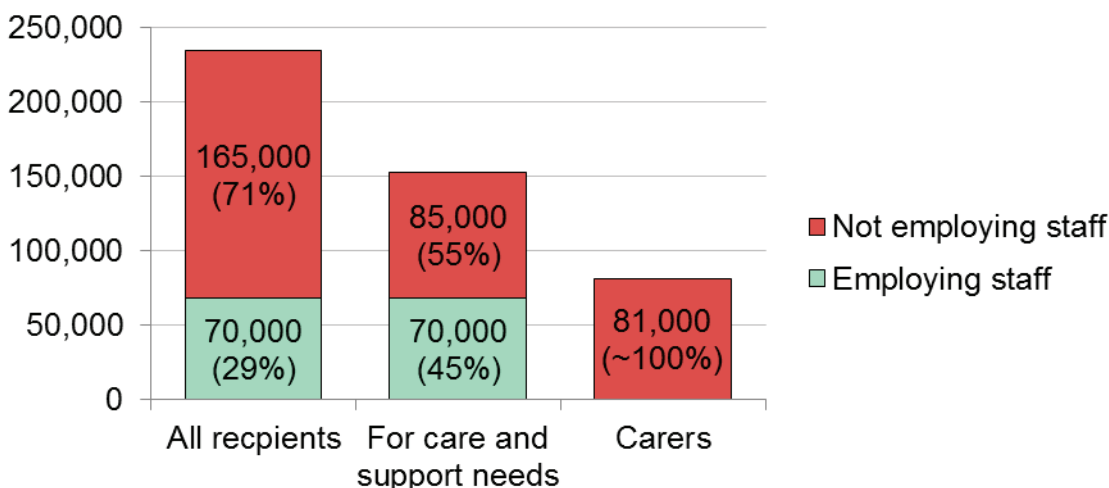
The direct payment recipient market is still relatively new and has continued to evolve over recent years. Evidence suggests that increasingly people in receipt of direct payments are moving away from the model of becoming employers themselves, to a model of buying in the services they require. While the wider behaviour of this new and very sizeable market is of interest - for the purposes of this report the focus is on what proportion of people in receipt of a direct payment employ workers themselves. The answer to this question is used by Skills for Care to estimate the number of jobs for direct payment recipients and, in turn, to estimate the total size of the adult social care workforce.

For this year's report, Skills for Care carried out some additional research to improve the estimates of the proportion of direct payment recipients that were employing staff. Local authorities were asked to provide the proportion of direct payment recipients that employed staff in their area. Overall, 47 of the 152 councils in England responded. Many did not collect the information and of those that did respond.

Using this information, Chart 4.1 shows that as at 2014 an estimated 29 per cent 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 45% of the 153,000 people receiving a direct payment for their own care and support needs were employing staff). Around 81,000 carers also received a direct payment in 2014. The majority of these payments were 'one-off' and used for short breaks and respite services and not for employing staff.

**Chart 4.1: Estimated percentage of direct payment recipients employing staff, 2014**

Source: Health and Social Care Information Centre (HSCIC) data and Skills for Care estimates



Despite the additional data collected this year, there is still some uncertainty regarding the proportion of direct payment recipients that were employers in 2014.

**Skills for Care estimate that the true proportion of direct payment recipients employing staff is likely to be between 25% and 33% (60,000 to 80,000 employing staff in total).**

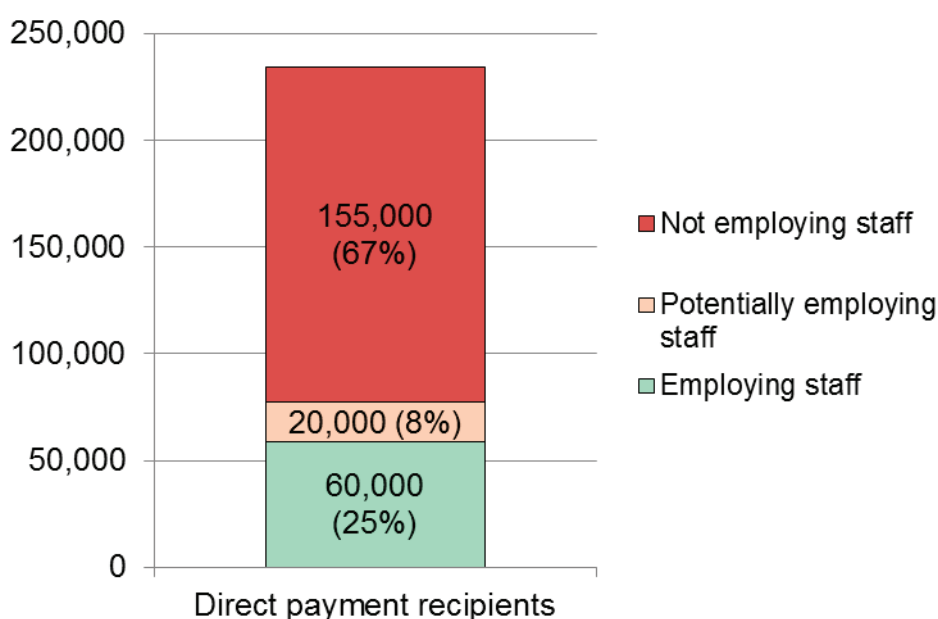
Data were not received from all councils (47 out of 152 responded) and some of the councils that did respond were only able to provide estimated figures with regard to this question. As such there is a degree of uncertainty attached to the estimate of 29% of direct payment recipients being employers. This section attempts to quantify this uncertainty and should be considered when interpreting these estimates.

Chart 4.2 shows an estimated range for the proportion of direct payment recipients that employed staff as at 2014 (see Appendix 1 for the methodology). It shows that, given the data received, Skills for Care estimate that the proportion of direct payment recipients that employed staff in 2014 was likely to be between 25% and 33%. This provides a range of 60,000 to 80,000 direct payment recipients employing staff.

The estimate of 29% (and 70,000 overall) will be used throughout this report, however the uncertainty shown in this chart should be taken into account when interpreting individual employer and jobs for direct payment recipients estimates throughout this report.

**Chart 4.2: Estimated number and percentage of direct payment recipients employing staff, with estimated ranges, 2014**

Source: HSCIC data and Skills for Care estimates



As a result of the additional research carried out this year the estimates of the number of direct payment recipients employing staff in this report are considerably more accurate than those provided in previous years.

Skills for Care is continuing to explore ways to collect more information about direct payment recipients to continue to provide more precise estimates in the future.

## Direct payment recipients trends

The total number of direct payment recipients continues to increase. As at 2014 the total number had reached 234,000 (up 10% between 2013 and 2014).

**The total number of direct payment recipients employing their own staff was also estimated to have increased between 2013 and 2014 (by an estimated 1%).**

After a fairly slow start, the total number of direct payment recipients has increased rapidly since 2008. This trend continued between 2013 and 2014 with the total number increasing by over 20,000 (see Chart 4.3).

### Chart 4.3: Number of direct payment recipients 2008-2014

Source: CSCI data (2008 and 2009) and The Health and Social Care Information Centre (2010 onwards)

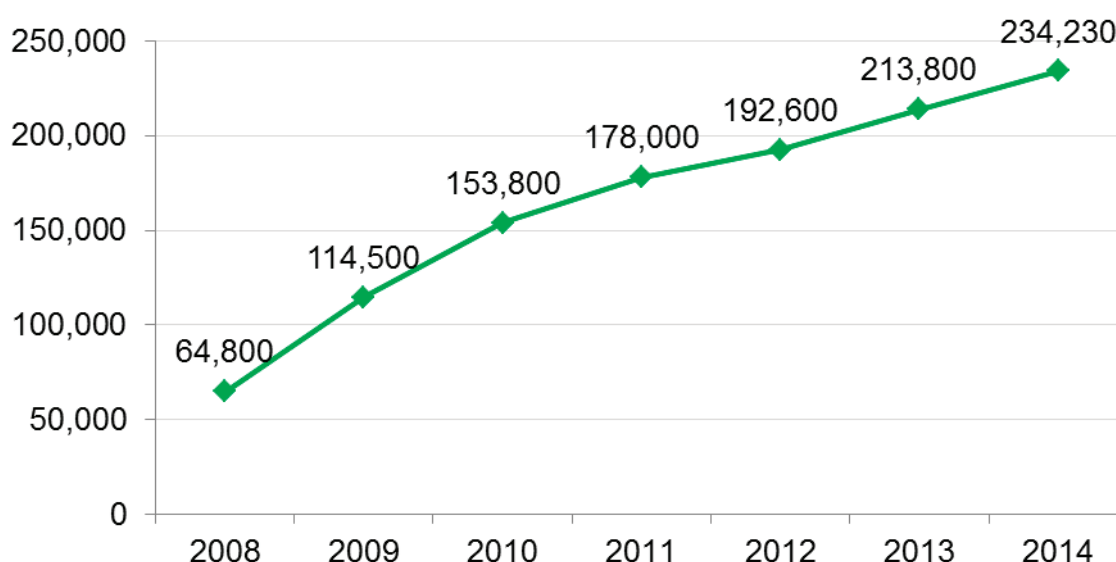


Chart 4.4 provides an estimated trend of the proportion of these direct payment recipients that were employing staff between 2008 and 2014. The figure for 2014 (29%) is taken from the aforementioned Skills for Care survey of local authorities. The figure for 2008 (45%) is a Skills for Care analysis of a survey carried out by the Social Policy Research Unit in 2008 (The 2008 figure also comes with a degree of uncertainty, Skills for Care estimate a range of between 37% and 52%).

The difference between the 2008 and 2014 estimates provides evidence that the proportion of direct payment recipients employing staff has decreased over the 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 2013 this year given the extra data collected (31%). This further corroborates and adds confidence to the findings in this section.

Chart 4.4 provides estimates for the years 2008-2013 by assuming the decrease in the proportion of direct payment recipients employing staff occurred proportionally to the growth in the total number of direct payment recipients over the period (see Appendix 1 for more details).

These estimates will be used throughout this report to allow for trends to be produced, however they should be treated with caution due to the uncertainty with regard to the two estimates used (for 2008 and 2014) and due to the hypothetical nature of the trend between these points.

**Chart 4.4: Estimated proportion of direct payment recipients employing staff, 2008-2014**

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

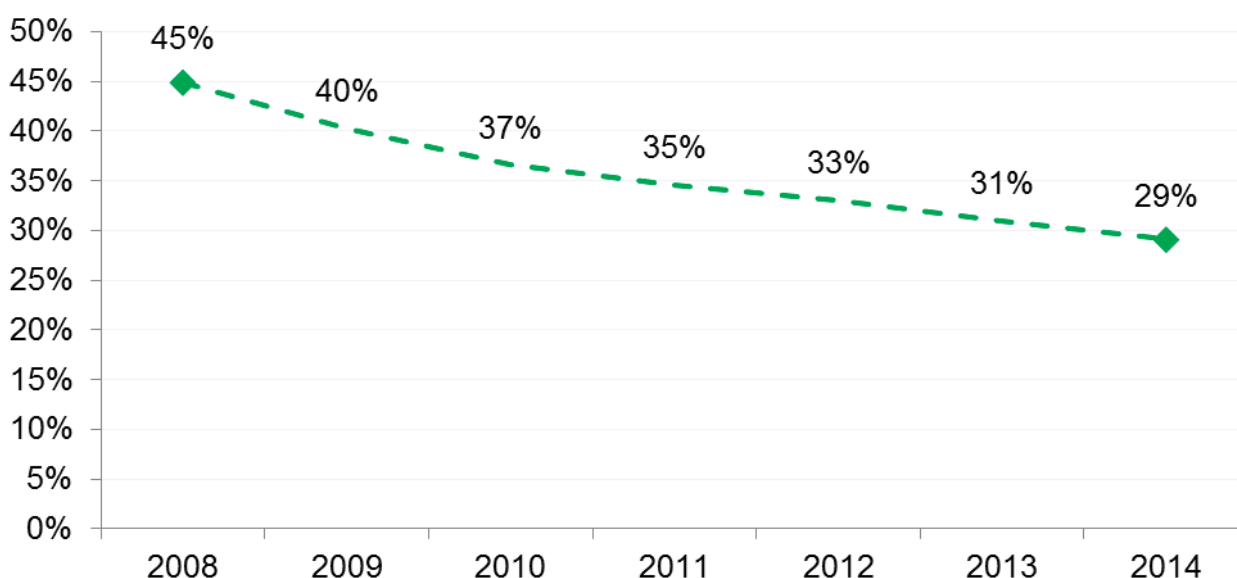
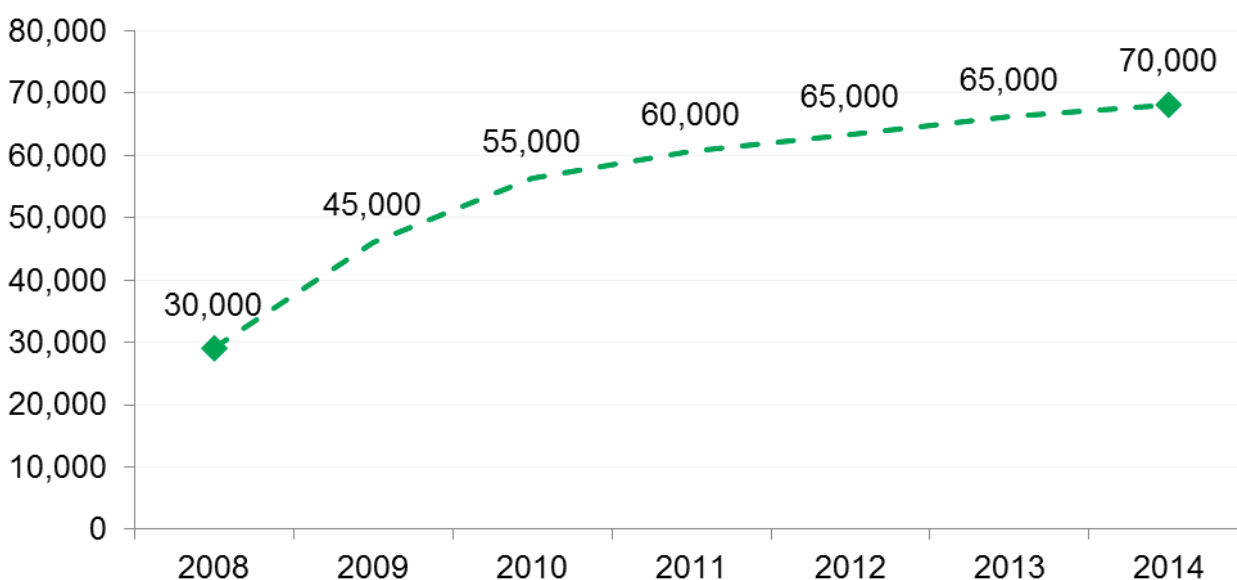


Chart 4.5 shows that the total number of direct payment recipients employing staff is estimated to have increased between 2008 and 2014. This increase occurred at a slower rate than for the total number of direct payment recipients due to the estimated decreasing proportion that employ staff. The total number employing staff may be beginning to reach a plateau with increases since 2012 estimated to be much smaller than in previous years.

**Chart 4.5: Estimated number of direct payment recipients employing staff, England 2008-2014**

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



## **Other individuals employing their own staff**

### **Personal budget holders not receiving direct payments**

As at 2014, HSCIC data show that there were around 759,000 people receiving a personal budget or direct payment (up from around 715,000 in 2013, 605,000 in 2012 and 450,000 in 2011). Of these, around 234,000 (31%) were receiving direct payments and have been covered in the previous section. The remaining 525,000 (69%) were not receiving direct payments.

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

The large increase in the number of people receiving personal budgets 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 that personal budget holders not receiving a direct payment were employing using their own funds, as opposed to workers provided by an agency, will not be covered by this report (this figure is assumed to be relatively small however).

### **Self-employed personal assistants**

Using the data collected from local authorities this year, 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.<sup>6</sup>

### **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 by this report.

As with personal budget holders not receiving a direct payment however, those purchasing care from agencies (via other funding streams or as self-funders) will have their care and support workers captured within other parts of the workforce within this report.

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<sup>6</sup> Under most circumstances HMRC consider personal assistants to be employees and not self-employed.



# Workforce

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05

## Introduction

This section provides estimates of the number of jobs, full-time equivalent jobs and people in the adult social care workforce in England as at 2014.

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 jobs for independent employers were made using the National Minimum Data Set for Social Care (NMDS-SC). NMDS-SC data were 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). In 2012, 2013 and 2014 all 152 local authorities completed the NMDS-SC allowing for very precise figures to be produced.<sup>7</sup>

### Direct payment recipients

Estimates of the number of workers employed by direct payment recipients were calculated using various data sources including the NMDS-SC, The Health and Social Care Information Centre (HSCIC) data and additional pieces of Skills for Care research. Please see Appendix 1 for a detailed description of the methodology.

### NHS

The number of social care related jobs employed within the NHS (for example Occupational Therapists) have been included using the NHS non-medical workforce census (September 2014) published by the HSCIC.

### 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. As at 2011 there were an estimated 5.4 million people who were carers in England<sup>8</sup> and this figure is projected, by Carers UK, to increase by 40% by 2037.<sup>9</sup>

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<sup>7</sup> A detailed report using NMDS-SC data on staff employed by adult social services departments published by the HSCIC can be found at <http://www.hscic.gov.uk>

<sup>8</sup> Census (2011)

<sup>9</sup> Carers UK's "facts about carers 2014" report can be found at <http://www.carersuk.org>

## Number of adult social care jobs

The number of adult social care jobs in England as at 2014 was estimated at **1.55 million**.

## Type of employer

Table 5.1 shows that around three quarters (77%) of jobs in adult social care were with independent employers. Jobs in local authorities accounted for 8% of all jobs, and adult social jobs in the NHS<sup>10</sup> accounted for 6% of the total.

The direct payment recipients' workforce accounted for 9% of all jobs. This estimate should be treated with some caution given the uncertainty surrounding the estimates of the number of direct payment recipients that employ staff (see Section 4 – individual employers). In addition to this, there is also some uncertainty around the average number of workers employed by each of these direct payment recipients (estimated at approximately 2 jobs per individual employer).

Given this uncertainty, Skills for Care estimate that the number of jobs for direct payment recipients is likely to be between 120,000 and 160,000 and therefore 8% to 10% of the total number of jobs (see Appendix 1 for more details).

Skills for Care is continuing to explore ways to collect more information about direct payment recipients and their workforce in order to provide more precise estimates in the future.

**Table 5.1: Estimated number of adult social care jobs by employer type in England, 2014**

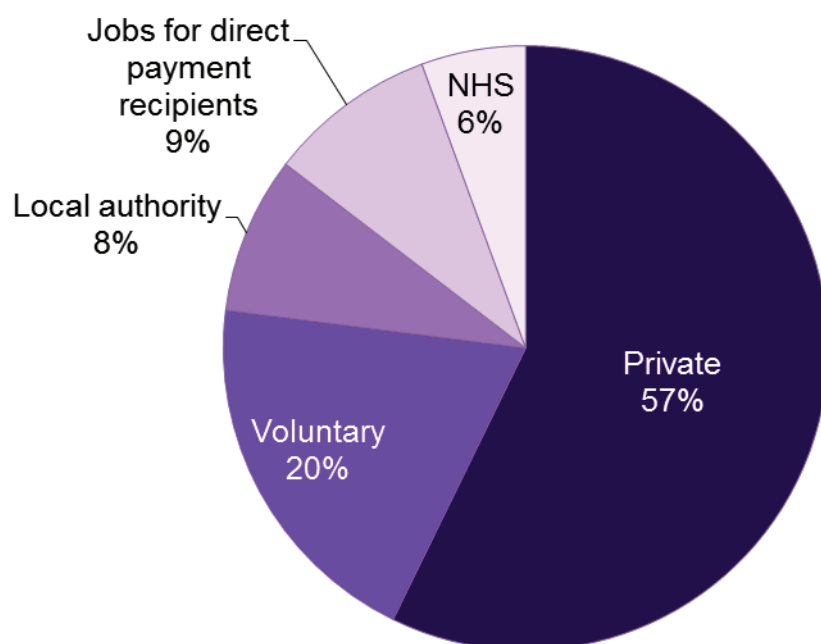
Employer type	Number of jobs	Percentage of jobs
Independent	1,190,000	77%
Local authority	130,000	8%
Jobs for direct payment recipients	140,000	9%
NHS	86,000	6%
<b>Total</b>	<b>1,550,000</b>	

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

<sup>10</sup> 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).

Jobs for independent employers could not be accurately split into 'private' and 'voluntary' as they were in previous years as this information is not collected by the Care Quality Commission (CQC). Estimates from the NMDS-SC suggest that approximately 75% (890,000) of the jobs for independent employers were in private establishments (around 57% of all jobs) and 25% (305,000) were in voluntary establishments (around 20% of all jobs), see Chart 5.1.

**Chart 5.1: Percentage of adult social care jobs in England by employer type, 2014**



## Main service

Table 5.2 shows a breakdown of adult social care jobs by main service group. It shows that the majority of jobs were split between residential and domiciliary employers (just over 40% each), 2% of jobs were in day care services and 13% were community based.

**Table 5.2: Estimated number of adult social care jobs by main service in England, 2014**

Main service group	Number of jobs	Percentage of jobs
Residential	655,000	42%
Domiciliary	650,000	42%
Day	35,000	2%
Community	205,000	13%
<b>Total</b>	<b>1,550,000</b>	

**Chart 5.2: Percentage of adult social care jobs in England by main service, 2014**

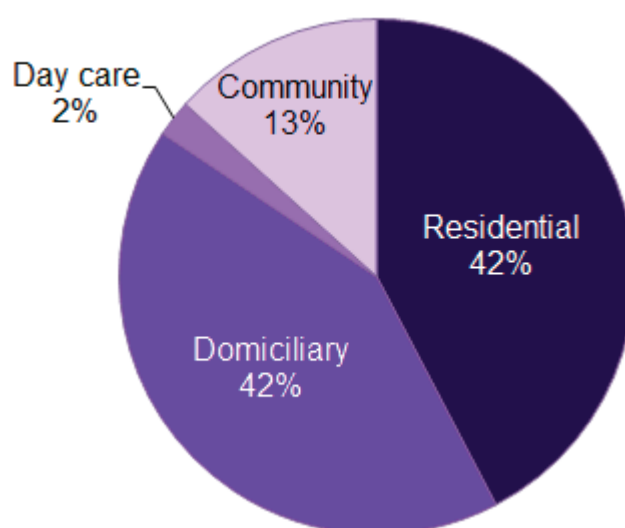
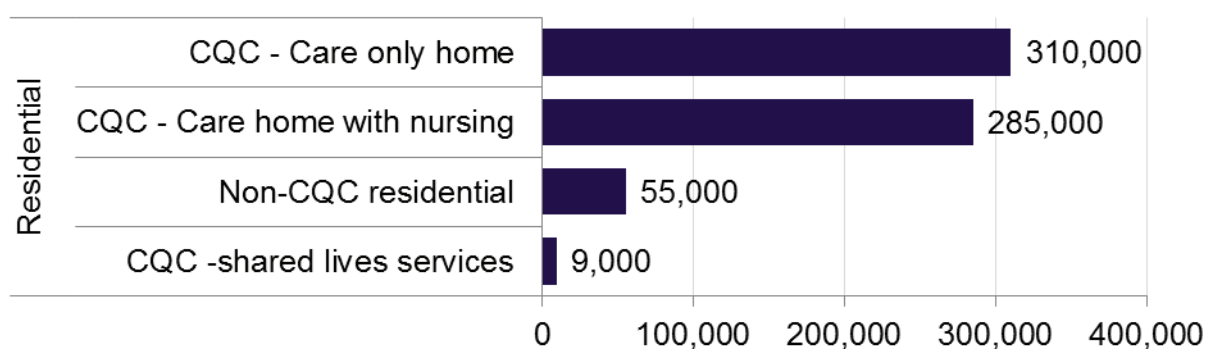


Chart 5.3 provides a more detailed split of the 655,000 residential adult social care jobs. This category includes CQC regulated care only homes (310,000 jobs), CQC regulated care homes with nursing (285,000 jobs) and 9,000 jobs for CQC regulated shared lives services.<sup>11</sup> There were also around 55,000 jobs for non-CQC regulated residential services.

**Chart 5.3 - Estimated number of adult social care jobs, residential care, England 2014**



<sup>11</sup> This estimate includes self-employed carers, see Appendix 1 for more details

Chart 5.4 shows a breakdown of the 650,000 domiciliary adult social care jobs. It shows that 495,000 of these jobs were in CQC regulated locations. This included 480,000 jobs in locations offering the CQC regulated service 'domiciliary care', 115,000 in locations offering 'supported living services', 35,000 in locations offering 'extra care housing services' and 25,000 in locations operating a nursing agency.<sup>12</sup> Around 15,000 jobs were in non-CQC regulated services such as domestic services, home-help and meals on wheels services and around 140,000 were jobs for direct payment recipients.

**Chart 5.4 - Estimated number of adult social care jobs, domiciliary care, England 2014**

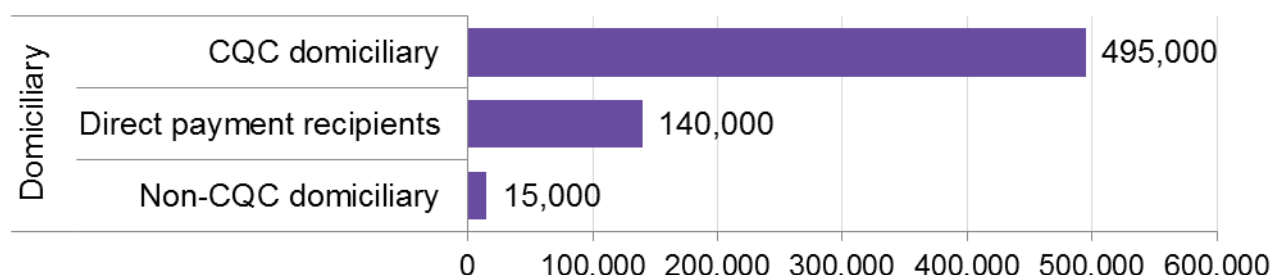
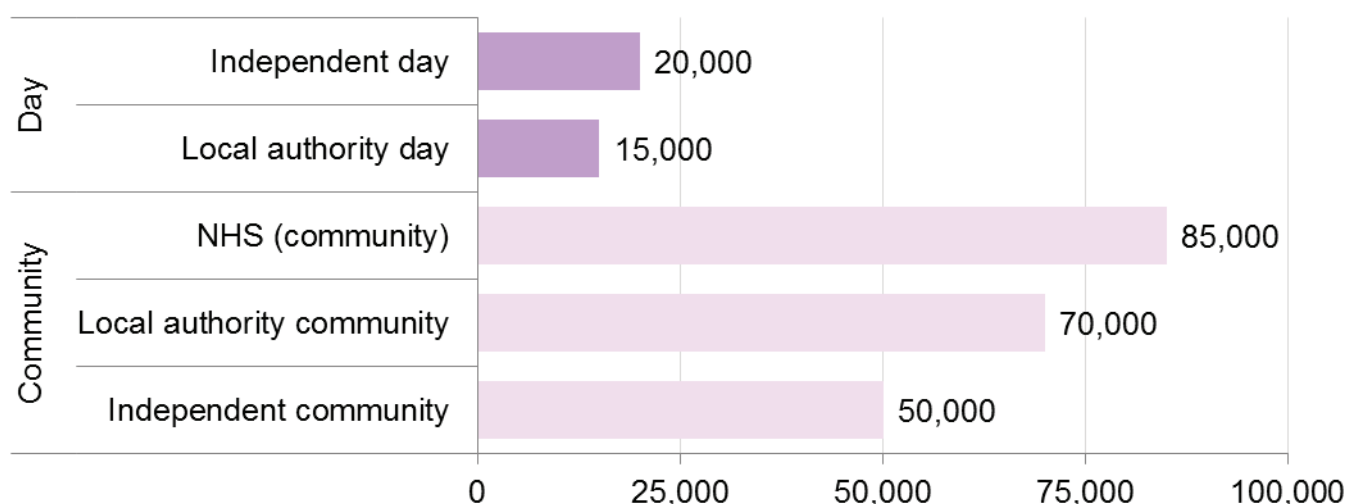


Chart 5.5 shows that of the 35,000 adult social care jobs in day care services, approximately 20,000 (63%) were for independent employers and 15,000 (37%) were in local authorities.

The chart also provides a breakdown of the 205,000 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 (25%) of these jobs were for independent employers, 70,000 (33%) were in councils and 85,000 (42%) were in the NHS.

**Chart 5.5 - Estimated number of adult social care jobs, day and community care, England 2014**



<sup>12</sup> CQC regulated locations can offer more than one service therefore individual services may sum to more than the total.

## Job role groups

Table 5.3 shows that around three-quarters of adult social care jobs were direct care providing (76%). This group includes care workers, senior care workers, support workers, jobs for direct payment recipients and a range of other jobs involved in providing care and support directly.

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.

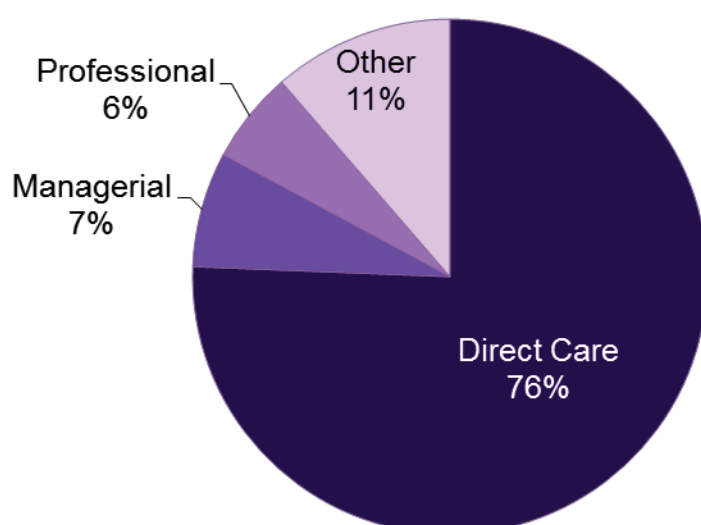
Regulated professions accounted for 6% of jobs. This group includes several rather different jobs, which have in common the requirement for a professional qualification. The jobs included in this category are social workers, occupational therapists, registered nurses, allied health professionals and teachers.

Jobs that fell into the 'other' category accounted for 11% of jobs. This category includes administrative jobs, ancillary jobs including catering, cleaning, transport and maintenance roles, and other jobs not directly involved in providing care.

**Table 5.3: Estimated number of adult social care jobs by job role in England, 2014**

Job role group	Total jobs	Percentage of jobs
Direct care	1,170,000	76%
Managerial	110,000	7%
Professional	90,000	6%
Other	175,000	11%
<b>Total</b>	<b>1,550,000</b>	

**Chart 5.6: Percentage of adult social care jobs in England by job role, 2014**



Since 2011 this distribution has seen a shift towards direct care providing roles (up from 74% in 2011) and away from managerial and 'other' roles (8% and 12% respectively in 2011). See Section 6 (Trends) for more details.



## 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 5.7 on the next 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 each role corresponds to (direct care, managerial, a 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 810,000 of these roles being carried out as at 2014. Care workers accounted for over half (52%) of all jobs in the adult social care sector. It also shows that 'jobs for direct payment recipients' (140,000) was the second most common job role and 'ancillary' jobs were the third most common (100,000).

In Chart 5.7, the 'others' category includes 14 job roles that were estimated to have fewer than 5,000 jobs. This includes roles such as activities workers, occupational therapy assistants and advice, guidance and advocacy roles. A full list of NMDS-SC job roles and descriptions can be found on the NMDS-SC website.<sup>13</sup>

## 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 2014 there were an estimated 49,500 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 (42,000) and around 5,000 were for independent sector non-residential care providers. This figure does not include registered nurse jobs in the NHS.

### Occupational therapists

There were an estimated 21,500 occupational therapist jobs in the adult social care sector as at 2014. This estimate includes 18,000 occupational therapist jobs in the NHS, these roles are considered to be 'social care' related and have therefore been included as part of the adult social care workforce. The majority of the remaining occupational therapist jobs were for local authorities (2,600).

### Social workers

As at 2014 there were an estimated 16,500 social worker jobs in the adult social care sector. The majority of these jobs (15,700) were for local authorities. The remaining jobs (around 1,000) were in the independent sector. Social workers employed by the NHS have not been included in this total as there is not currently a published source of this information. Analysis performed by the HSCIC suggests that, as at 2014, there were around 1,500 FTE social worker jobs in the NHS.

Please see Section 6 for trend information on the number of these job roles.

<sup>13</sup> <https://www.nmds-sc-online.org.uk/help/Article>

**Chart 5.7: Estimated number of adult social care jobs by individual job roles in England, 2014**



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

## Employment type

Table 5.4 shows that 92% of adult social care jobs were filled by directly employed workers (permanent or temporary). Around 8% of jobs were filled by not-directly employed workers including bank and pool workers, agency staff, volunteers and students.

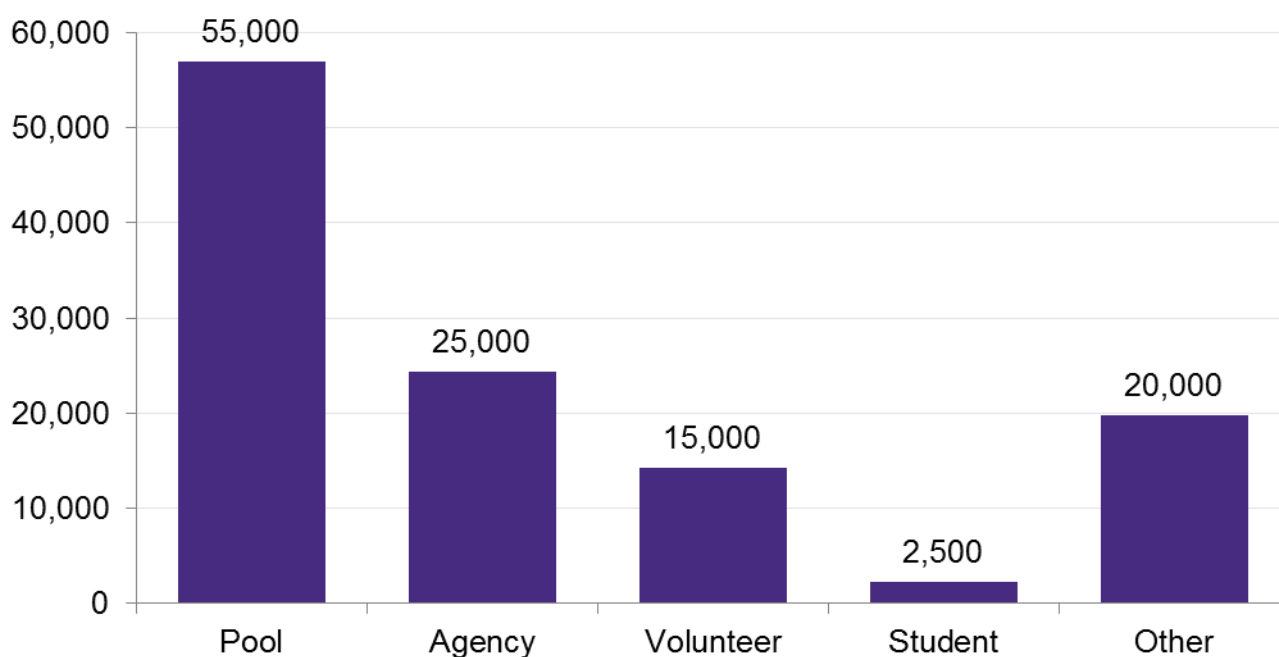
**Table 5.4: Estimated number of adult social care jobs by employment type in England, 2014**

Employment type	Number of jobs	Percentage of jobs
Directly employed	1,430,000	92%
<i>Permanent</i>	1,370,000	88%
<i>Temporary</i>	65,000	4%
Not-directly employed	115,000	8%
<b>Total</b>	<b>1,550,000</b>	

Chart 5.8 shows an estimated breakdown of the not-directly employed jobs. It shows that of the 115,000 jobs filled by not-directly employed workers, 20% were agency staff, around 50% were bank or pool staff and around 13% were volunteers.

It should be noted that the NMDS-SC is completed as a snapshot and therefore these estimates should be interpreted as an indication of the average number of these types of worker that are being utilised at any one time. The total number of these types of workers used throughout the year will be much larger.

**Chart 5.8: Estimated number of jobs in not-directly employed roles in England, 2014**



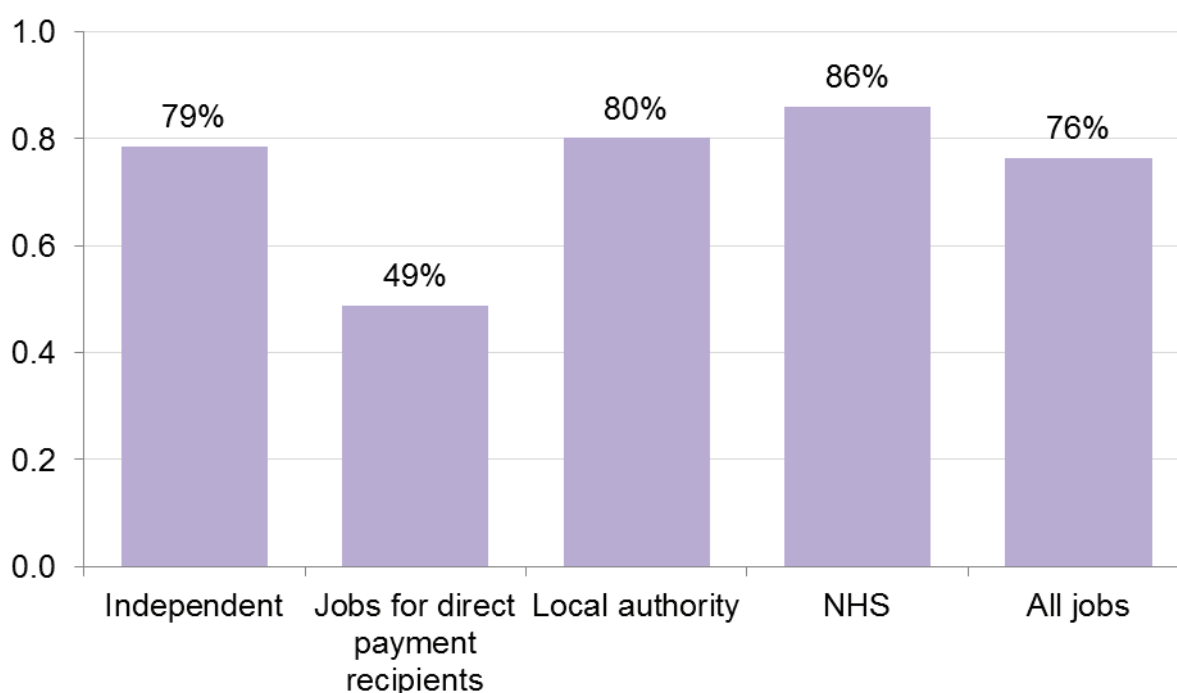
## Number of full-time equivalent (FTE) adult social care jobs

The number of full-time equivalent (FTE) adult social care jobs in England as at 2014 was estimated at **1.18 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 5.9 shows that the overall ratio of jobs to FTE jobs was around 0.76 (i.e. on average 100 jobs equates to 76 full time jobs). This ratio is fairly similar across employer types with the exception of direct payment recipient jobs where the ratio was around 0.5 and NHS jobs where the ratio was 0.86.

**Chart 5.9: Estimated adult social care jobs: FTE jobs ratio by employer type in England, 2014**



These ratios have remained stable between 2009 and 2014. See Section 6 (Trends) for more details.

Table 5.5 shows the total number of jobs and the number of FTE jobs by employer type. It shows that, as at 2014, there were an estimated 1.18 million FTE adult social care jobs.

This estimate is considerably smaller than the total number of jobs (1.55 million), which 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 5.5: Estimated adult social care jobs and FTE jobs by employer type in England, 2014**

Employer type	Jobs	Percentage of jobs	FTE jobs	Percentage of FTE jobs
Independent	1,190,000	77%	935,000	79%
Local authority	130,000	8%	105,000	9%
Direct payment recipients	140,000	9%	70,000	6%
NHS	86,000	6%	75,000	6%
<b>Total</b>	<b>1,550,000</b>		<b>1,180,000</b>	

## Number of people working in adult social care

The number of people working in adult social care in England as at 2014 was estimated at **1.48 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 doing more than one job in adult social care.

This is achieved by creating a unique reference number for each worker, 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 it indicates that the same person has more than one adult social care job.<sup>14</sup>

Skills for Care also carried out some additional research in 2014 to estimate the average number of jobs held by people working for direct payment recipients. These data were also used to estimate the number of people with jobs in more than one type of social care employer. Although this research allowed for more detailed estimates than in previous years, the sample sizes were relatively small and therefore the results should be treated with some caution.

Chart 5.10 shows the estimated number of jobs per worker by type of employer. It shows that people working for direct payment recipients were much more likely to hold more than one adult social care job (135 jobs per 100 people) than those working for other types of employer (105 jobs per 100 people). This is not surprising given the part-time nature of many of these roles.

**Chart 5.10: Estimated number of adult social care jobs per person by type of employer, 2014**

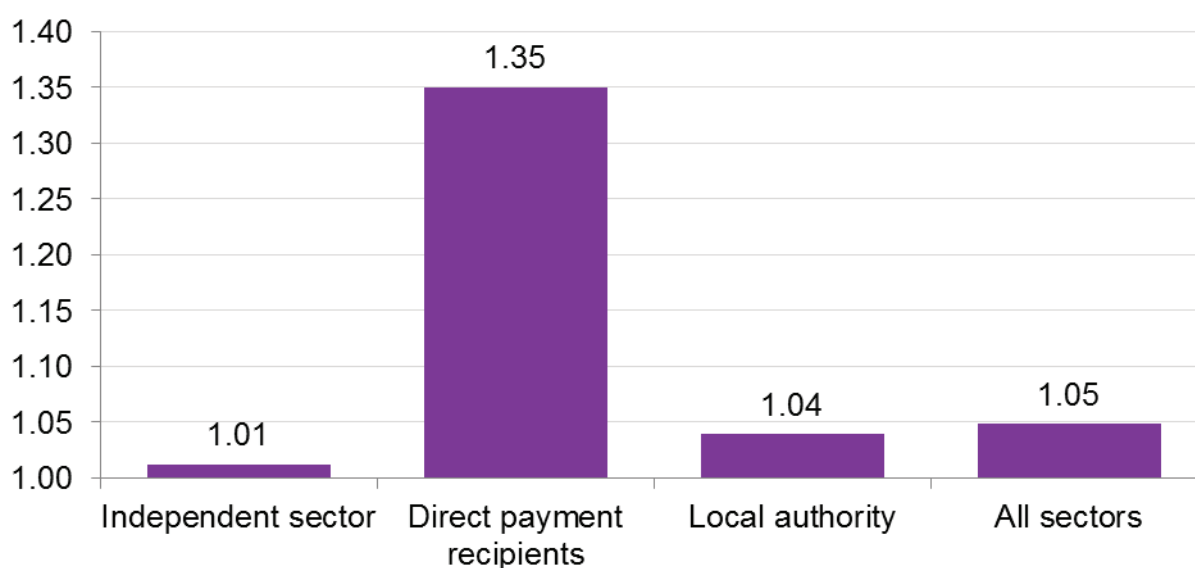


Table 5.6 shows a breakdown by type of employer of the estimated 1.48 million people working in adult social care. It shows that the majority (80%) of people worked for

<sup>14</sup> Unique reference numbers are used to ensure individuals remain anonymous and NINOs are not disclosed.

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 5.6: Estimated number of people working in adult social care jobs by type of employer in England, 2014**

Employer type	Number of people	Percentage of people
Independent	1,180,000	80%
Local authority	125,000	8%
Direct payment recipients	115,000	8%
NHS*	86,000	6%
<b>Total**</b>	<b>1,480,000</b>	

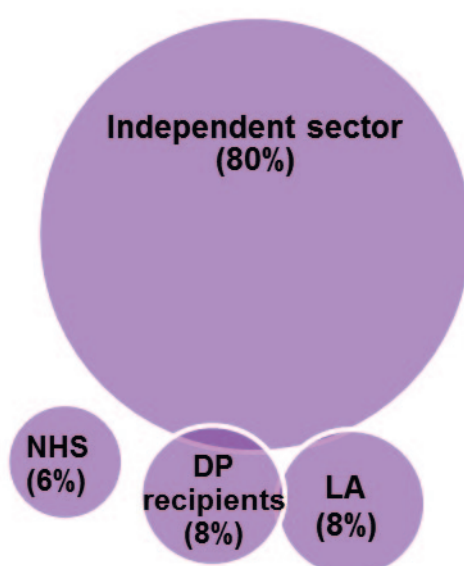
\* NHS data are only available at job level.

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

Chart 5.11 provides an illustration of the number of people working in adult social care by employer type. The size of each circle is proportional to the number of people working in each employer type and the intersections represent the people working for more than one type of employer.

Initial Skills for Care estimates show that approximately 5,000 people had both independent and local authority jobs and approximately 25,000 people were working for direct payment recipients and for independent or local authority employers.

**Chart 5.11: Estimated employer type breakdown of people working in adult social care jobs in England, 2014**



NHS data were only available at job level therefore estimates of the cross-over were not possible

For more information about workforce by region and CSSR please see appendix 3 and appendix 4. Appendix 3 provides a cross tabulation by sector, service type and job role group at a regional level for both the number of jobs and the number of people doing those jobs. And Appendix 4 provides a CSSR level breakdown of the number of adult social care jobs by sector.



# Trends

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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 3% (40,000 jobs) between 2013 and 2014 from 1.51 million to 1.55 million.

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

- (1) The increasing size of the workforce (up 17% between 2009 and 2014)
- (2) The shift away from local authority services to independent employers
- (3) The continued increase in the personalisation of adult social care services
- (4) The increase in the number and percentage of jobs in domiciliary care
- (5) The increase in jobs for care homes with nursing
- (6) The shift towards direct care providing job roles.

### Changes between 2013 and 2014

The number of adult social care jobs in England increased by around 3% (40,000 jobs) between 2013 and 2014 from 1.51 million to 1.55 million.

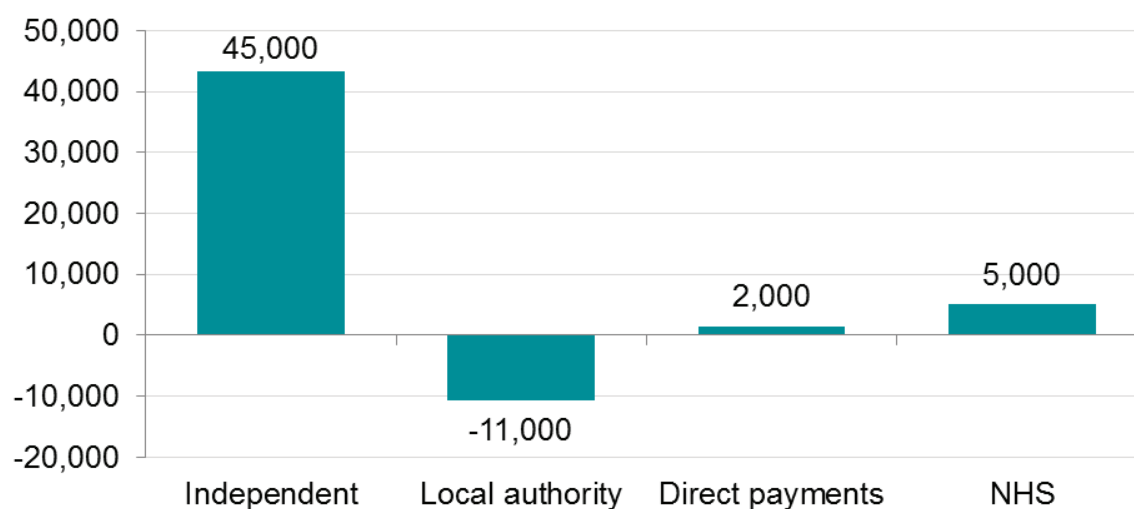
The number of adult social care jobs increased between 2013 and 2014 for independent employers by around 4% (45,000 new jobs) and the number of adult social care jobs in the NHS also increased by around 7% (5,000 new jobs). The number of jobs for direct payment recipients was estimated to have increased slightly between 2013 and 2014 (by 1 per cent).

**Table 6.1: Estimated change in adult social care jobs by employer type in England, 2013–2014**

Employer type	2013	2014	2013-2014 change
Independent	1,150,000	1,190,000	4%
Local authority	141,000	130,000	-8%
Jobs for direct payment recipients	140,000	140,000	1%
NHS	81,000	86,000	6%
<b>All Sectors</b>	<b>1,510,000</b>	<b>1,550,000</b>	<b>3%</b>

The number of local authority jobs decreased by 8% (11,000 jobs) over the same period. Reasons were provided by 76 councils (of 101 that saw a decrease in jobs) for these reductions in staff numbers. The most common reasons cited by these councils were budget cuts, restructures and the outsourcing of services (see Table 6.1 and Chart 6.1).

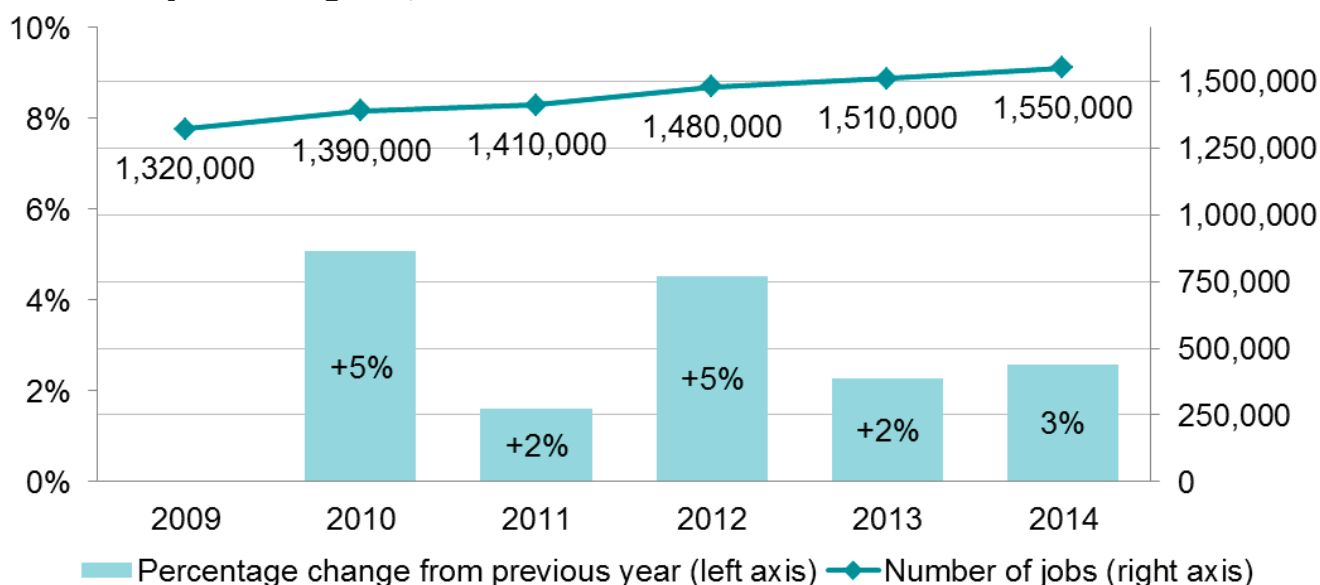
**Chart 6.1: Change in adult social care jobs by employer type in England, 2013–2014**



### Changes between 2009 and 2014

Chart 6.2 shows the change in the number of adult social care jobs in England since 2009. It shows the workforce has been increasing steadily since 2009 at an average of 3% per year. The overall increase in the number of jobs between 2009 and 2014 was estimated at around 230,000 (a 17% increase).

**Chart 6.2: Estimated number of adult social care jobs and percentage change in the number of jobs in England, 2009–2014**

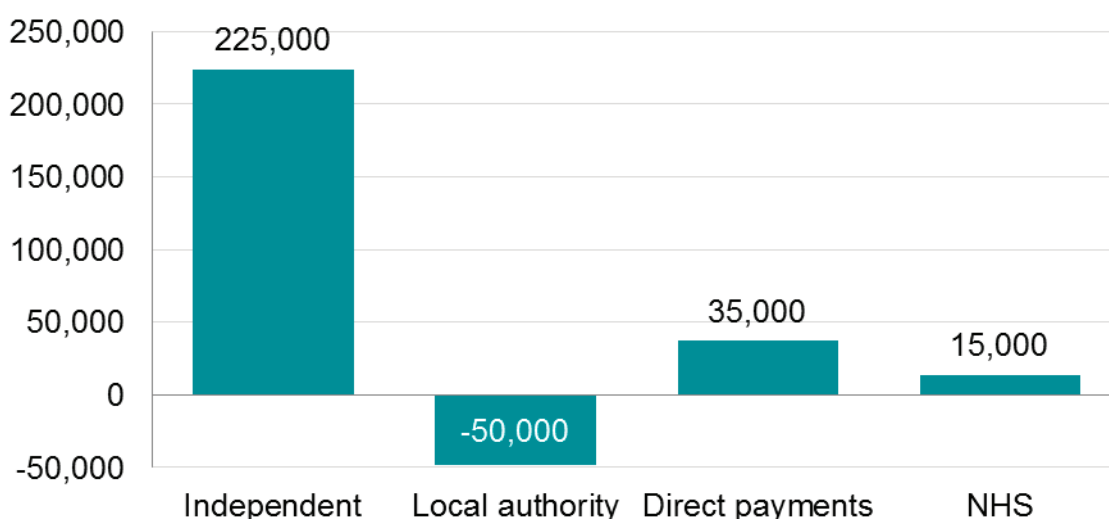


## Employer type trends

Chart 6.3 shows the change in the number of jobs between 2009 and 2014 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 came from new jobs for independent employers which increased by around 23% (225,000 new jobs). Jobs for direct payment recipients were the fastest growing part of the sector, increasing by around 36% (35,000 new jobs). The number of local authority jobs decreased over the period by around 27% (-50,000 jobs). Charts 6.4 to 6.7 look at these changes in more detail.

**Chart 6.3: Estimated change in number of adult social care jobs by employer type in England, 2009-2014**



The number of adult social care jobs for independent employers has increased year on year since 2009 by roughly 4% per year. The growth in this part of the sector is mainly down to an increase in domiciliary care jobs (see Chart 6.8).

The percentage of all adult social care jobs that are in the independent sector has also increased since 2009 (from 73% to 77%).

**Chart 6.4: Estimated trend for independent sector jobs, 2009-2014**

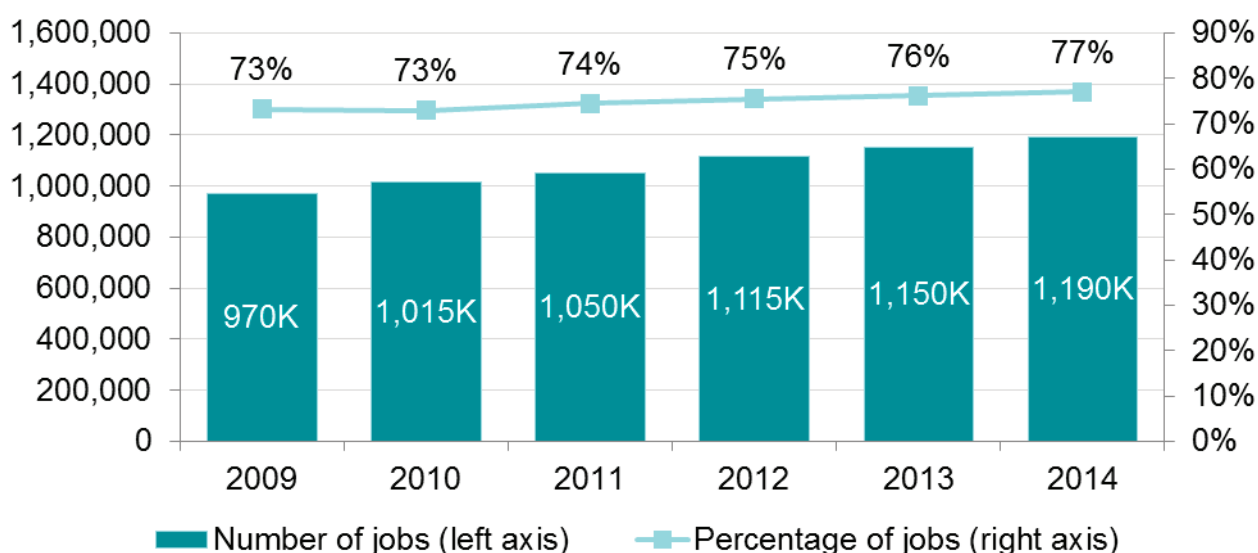


Chart 6.5 highlights the decrease in the number of adult social care jobs in local authorities over the period. The percentage of all jobs that were in local authorities, as at 2014, was 8%. This is significantly lower than in 2009 when local authority jobs accounted for around 14% of all adult social care jobs.

Information collected from councils in 2013 and 2014 suggested that outsourcing, restructures, budget cuts and redundancies were amongst the reasons for the decrease in jobs between 2011 and 2014.<sup>15</sup>

**Chart 6.5: Estimated trend for local authority jobs, 2009-2014**

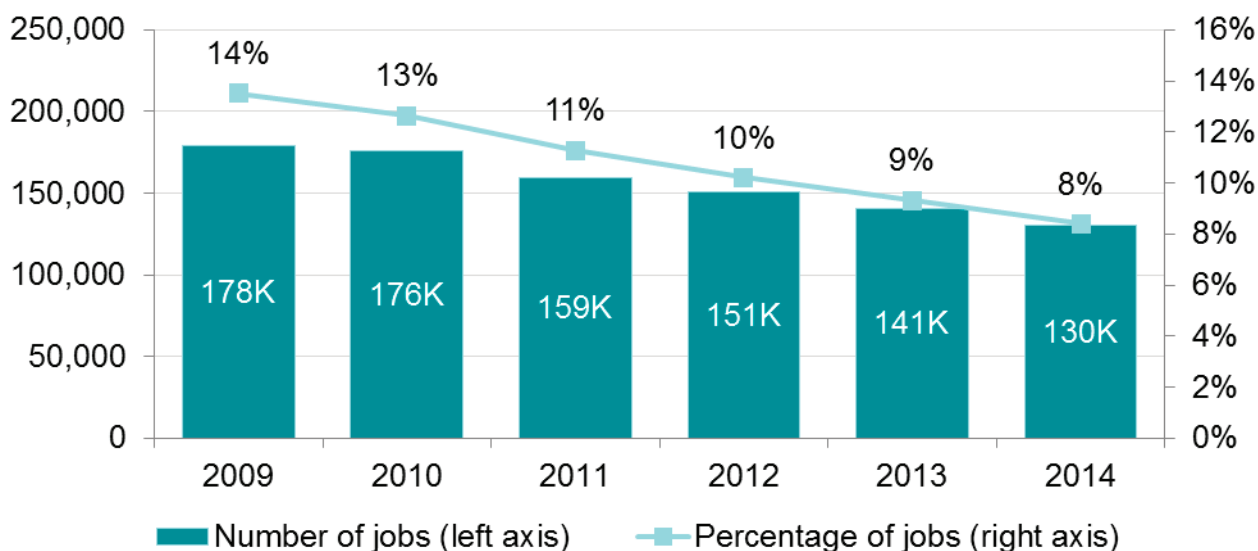
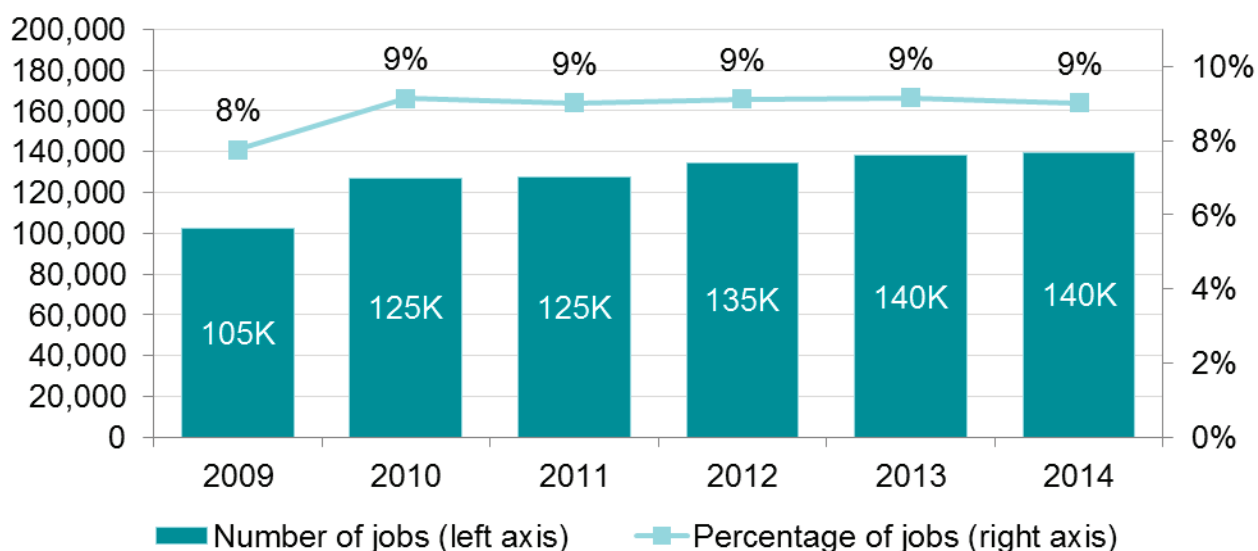


Chart 6.6 shows the trend of the number of jobs for direct payment recipients since 2009. These estimates should be treated with caution (see Section 4 – individual employers) as there is still limited information available about this part of the sector.

The chart shows that jobs for direct payment recipients accounted for an estimated 9% of the whole workforce in 2014, up from around 8% in 2009. The proportion of all jobs that are in this part of the sector appears to have plateaued in recent years after increasing between 2009 and 2010.

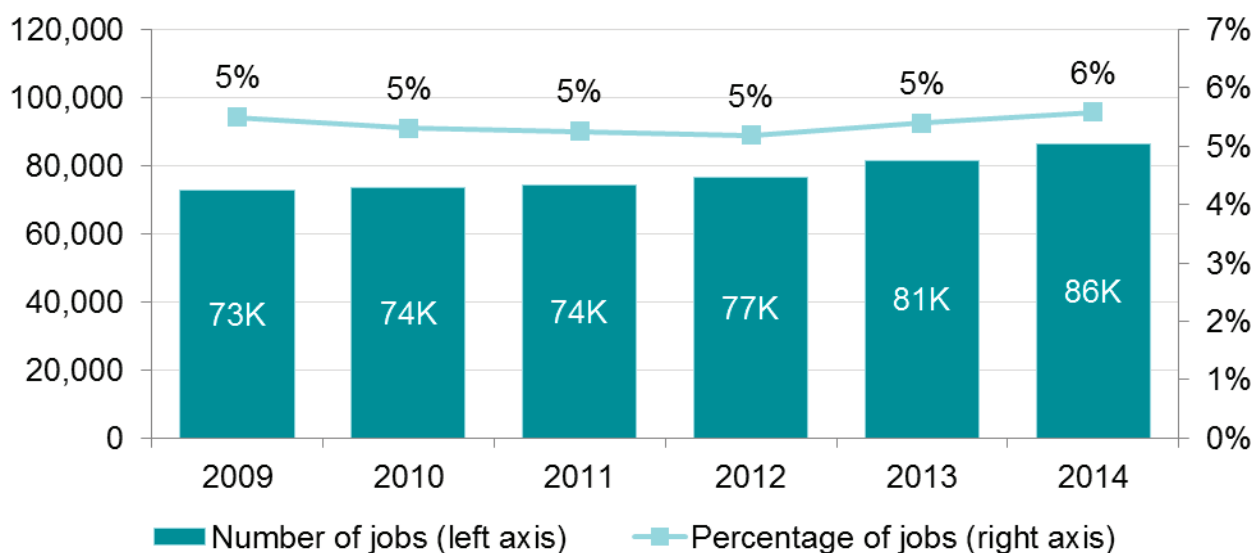
**Chart 6.6: Estimated trend of jobs for direct payment recipients, 2009-2014**



<sup>15</sup> More information on the adult social services workforce can be found here: <http://www.hscic.gov.uk>

The number of adult social care jobs in the NHS<sup>16</sup> remained fairly stable between 2009 and 2011 before increasing by around 12,000 jobs between 2011 and 2014. The increase between 2013 and 2014 (5,000 jobs) was larger than in previous years. This trend could be a reflection of increased health and social care integration.

**Chart 6.7: Estimated trend for adult social care jobs in the NHS, 2009-2014**



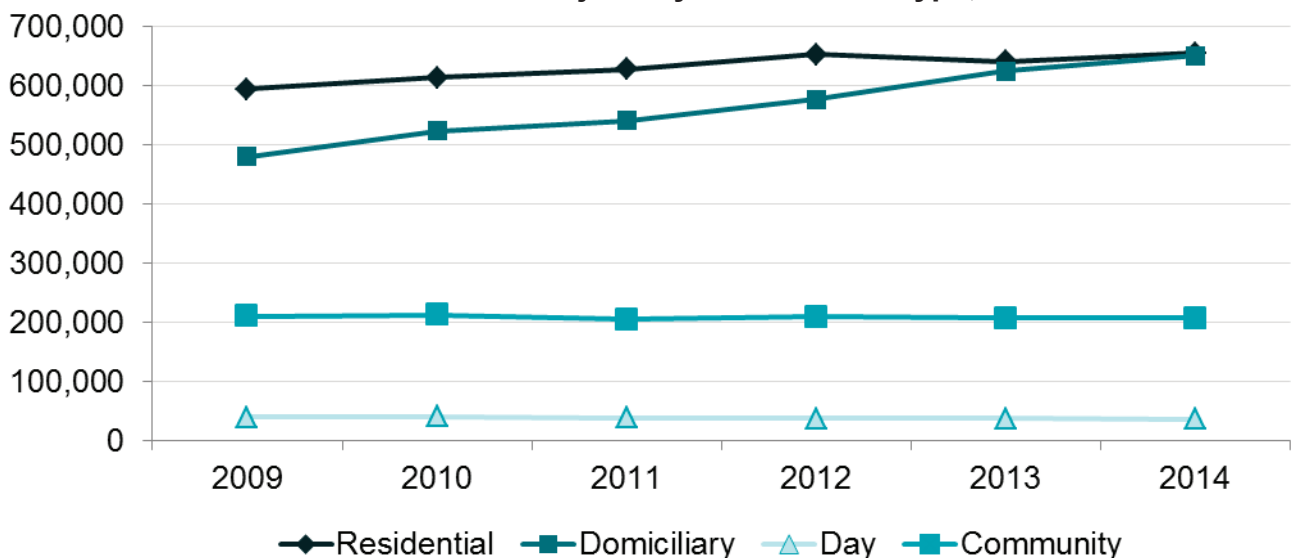
<sup>16</sup> See Appendix 1 for definitions

## Main service group trends

Chart 6.8 shows the change in the number of adult social care jobs by main service type. The chart highlights the large increase in the number of domiciliary care jobs between 2009 and 2014 (up by 170,000 or 36%). This increase included 140,000 new jobs in independent sector CQC regulated non-residential services and 35,000 new jobs for direct payment recipients. The number of domiciliary jobs now almost matches the number of jobs in residential services (both at around 650,000).

Jobs in residential services increased between 2009 and 2012 (by 60,000 or 10%) before plateauing between 2012 and 2014. The number of jobs in day care and community services remained broadly the same over the period.

**Chart 6.8: Estimated adult social care jobs by main service type, 2009 to 2014**



The sub-sections below look in detail at care homes with and without nursing.

### Care homes without nursing

The number of independent sector CQC regulated care homes without nursing has decreased since 2009 by almost 10% (from 13,000 to 11,800). Over the same period, however, the number of jobs at these establishments has increased slightly from 275,000 in 2009 to 285,000 in 2014 (up an estimated 3%). As mentioned in Section 3 (Establishments) this suggests a consolidation in this part of the sector whereby a similar amount of care is being delivered at fewer locations.

### Care homes with nursing

In contrast, the number of jobs for independent sector CQC regulated care homes with nursing increased significantly between 2009 and 2014 by around 50,000 jobs to 280,000 (a 20% increase). The number of independent sector care homes with nursing also increased over the period (by 8% from 4,300 to 4,600).

These findings demonstrate that, since 2009, there has been a substantial shift in the proportion of residential care that includes nursing. The number of jobs at care homes with nursing is now similar to the number jobs at care homes without nursing. In 2009 care homes with nursing had 40,000 fewer jobs than care homes without nursing.

## Job role trends

This section looks at the change in the number and distribution of job roles in the adult social care sector between 2011 and 2014. The trends in this section do not go back to 2009 because the necessarily level of detail was not available in 2009 and 2010. From 2011 onwards high levels of coverage and data quality in the NMDS-SC allow for these estimates to be made.

Table 6.2 shows that the proportion of jobs that were direct care providing has increased between 2011 and 2014 from 74% to 76% (130,000 more jobs in total). The proportion of jobs that were managerial and 'other' both decreased by 1% over the period (in absolute terms the number of these jobs actually increased slightly). The number and proportion of regulated profession jobs remained broadly the same between 2011 and 2014.

**Table 6.2: Estimated job role group breakdown of adult social care jobs in England**

Job role group	2011	2012	2013	2014
Direct care	74%	74%	75%	76%
Managerial	8%	8%	7%	7%
Professional	6%	6%	6%	6%
Other	12%	12%	11%	11%
<b>Total</b>	<b>1,410,000</b>	<b>1,480,000</b>	<b>1,510,000</b>	<b>1,550,000</b>

The total increase in the number of jobs between 2011 and 2014 was estimated at 135,000. Almost all of this (97%) was a result of the increase in the number of direct care providing jobs (130,000). 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 are direct care providing) to independent sector jobs (where 75% are direct care providing).
- The increase in CQC regulated domiciliary jobs where 88% of jobs are direct care providing
- The increase in jobs for direct payment recipients (where, excluding administration from councils, all jobs are direct care providing)
- The increase in the average size of residential establishments has allowed for economies of scale in terms of managerial and support staff.

## Individual job roles

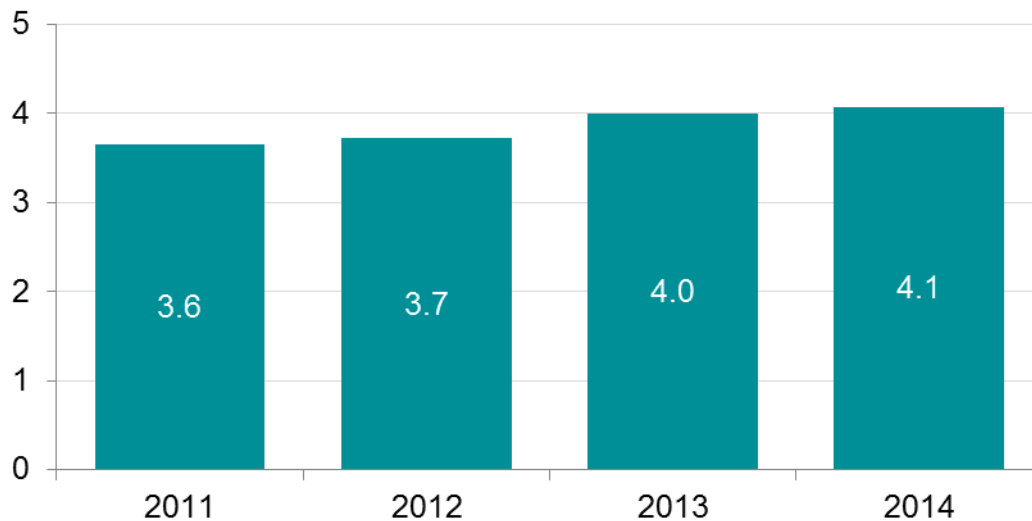
This subsection looks at the change in the number of jobs for individual job roles between 2011 and 2014. The number of jobs for the regulated professions only saw small changes over the period (the number of registered nurse jobs increased by 1%, social worker jobs decreased by 2% and occupational therapist jobs increased by 3%).

In terms of direct care providing roles, care worker jobs saw the largest increase (up 15% and 105,000 jobs between 2011 and 2014). Jobs for direct payment recipients and senior care workers also saw increases (up 10% and 6% respectively since 2011). The number of managerial roles remained broadly the same over the period and the number of 'other' roles (administrative and ancillary) increased slightly (by 2 per cent).



Overall these findings demonstrate a change in the job role distribution of the sector whereby, proportionally, there are more front-line roles compared with managerial and support roles. This is demonstrated in Chart 6.9 which shows that the ratio of direct care providing roles to managerial and support (other) roles has increased from 3.6 to 4.1 between 2011 and 2014 (i.e. in 2014 there were 4.1 direct care roles for every 1 managerial or support role).

**Chart 6.9: Ratio of direct care to managerial and support roles**



## Full-time equivalent (FTE) trends

Table 6.3 shows the trend of the number of full-time equivalent (FTE) adult social care jobs between 2011 and 2014.

The table shows that as well as the number of jobs increasing, the number of FTE jobs also increased since 2011. This finding is important because it highlights that the number of hours of care delivered has increased over the period (an increase in the number of jobs alone does not necessarily indicate this).

**Table 6.3 – Estimated number of full-time equivalent (FTE) adult social care jobs, 2011-2014**

Year	Jobs	FTE jobs	Jobs : FTE Ratio
2011	1,410,000	1,070,000	76%
2012	1,480,000	1,130,000	76%
2013	1,510,000	1,150,000	76%
2014	1,550,000	1,180,000	76%

Skills for Care will continue to monitor this trend. If more adult social care jobs were to become part-time, which seems a possibility with the continued personalisation of adult social care, this measure will perform better than the total number of jobs in terms of monitoring the amount of care provided by the workforce.

# Workforce forecasts

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07

## Projections of the adult social care workforce

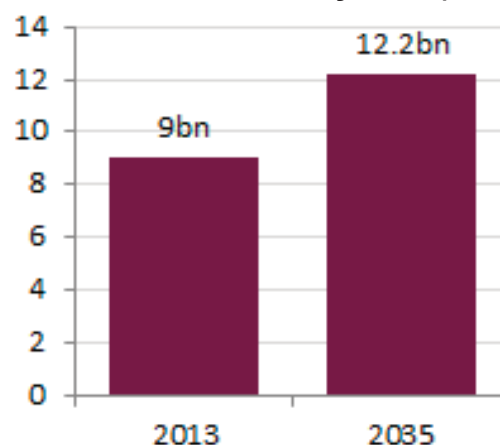
Previously published Skills for Care forecasts of the size of adult social care workforce between 2010 and 2025 have not been presented in this report. These forecasts are now considered out of date and the scenarios used would require updating to reflect changes in the sector, government policy and economy over the past 5 years.

In the absence of up to date adult social care workforce forecasts this section summarises interim findings from The Centre for Workforce Intelligence (CfWI) 'Horizon 2035' project.

The main findings from the CfWI report 'Horizon 2035 - Future demand for skills: initial results' have been provided below.<sup>17</sup> It should be noted that these findings relate to the whole health and social care system (covering health, social care, and public health as well as voluntary and unpaid workforces). CfWI plan to publish more detailed forecasts that specifically cover the adult social care workforce in the near future.

Chart 7.1 shows the projected total change in hours delivered by the whole health and social care system from 2013 to 2035. The total hours required by the system in 2035 is projected to increase by a median of 3.2bn hours (36 per cent) from 9.0bn to 12.2bn.

**Chart 7.1: Project total number of hours delivered by the health and social care system (CfWI)**



### Key messages from the CfWI report:

- **Demand for workforce time is growing faster than population growth.** CfWI project that demand for health and care workforce time could grow more than twice as fast (+1.3 per cent as an annual average growth rate) as the rate of overall population growth (+0.6 per cent as an annual average growth rate) to 2035.
- **The significance of long-term conditions:** Over 80 per cent of additional demand is driven by increasing healthcare and support needs which are associated with long-term conditions. This relates both to the ageing population and a projected increase in prevalence across age groups.
- **A different skill profile in 2035:** The initial Horizon 2035 results suggest that the future profile of demand may be profoundly different to the picture of demand today. For example, growth in demand for lower 'levels' of skill – such as those associated with unpaid care, support carers and NHS bands 1-4 – are projected to substantially outstrip growth in demand for higher skill levels associated with medical and dental professionals.

<sup>17</sup> The full report can be found here: <http://www.horizonsscanning.org.uk/publications/horizon-2035-future-demand-for-skills-initial-results/>

# Appendix 1

## Methodology

### (1) Adult social care employers

#### (a) Number of adult social care organisations

The number of adult social organisations was estimated using ONS annual analysis of UK Business Activity, Size and Location data.

Organisations in the following SIC codes (See Table 8.1) were classed as adult social care organisations (although it is acknowledged that some social care operations may fall under other categories).

**Table 8.1: SIC2007 codes used to estimate the number of adult social care organisations and establishments**

SIC2007	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

These data are provided at regional level and for England only.

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 adults, children's, 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 to estimate how many of these employers were delivering adult services.

## **(b) Number of adult social care establishments**

The estimates of the number of adult social care establishments were done at 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 direct from the CQC register as at September 2014. 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 Inter Departmental Business Register (IDBR) under SIC2007 codes 87100, 87200, 87300 and 87900. Then children's and non-social care providing establishments were removed using the Companies House data research described on the previous page.

### **Non-residential segment**

The numbers of domiciliary care agencies, nursing agencies, supported living services, extra care housing services and other CQC regulated non-residential services were taken direct from the CQC register as at September 2014. 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 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 The Health and Social Care Information Centre.

This figure was adjusted to only include those that were directly employing their own staff using separate research conducted by Skills for Care. Local authorities were asked to provide or estimate the proportion of direct payments recipients that directly employ staff in their area. Overall, 47 of the 152 councils in England provided information about direct payment recipients employing their own staff. Many councils did not collect the information, although those that did were found to sufficiently represent the population and could therefore be used to calculate estimates.

## **(2) Adult social care workforce**

### **(a) Number of adult social care jobs**

#### ***Independent employers***

##### **CQC regulated establishments**

CQC's register provides accurate and up to date information on numbers 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.

Skills for Care was therefore 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<sup>18</sup> in 2014 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 these types of service were then inflated to reflect the estimated total number of non-regulated services. The data were 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 were used for this part of the workforce with very little estimating required.

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<sup>18</sup> <http://sharedlivesplus.invisionzone.com/index.php?/files/file/321-the-state-of-shared-lives-in-england-2015-full-report/>

**NHS**

These numbers were taken from NHS census data published by The Health and Social Care Information Centre for Health and Social Care. Skills for Care identified job roles that were considered to be 'adult social care' 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 a Skills for Care survey (2014) of 1,100 recipients collected via direct payment support organisations (DPSOs). This figure (2.05) 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 had 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 can have jobs in non-participating adult social care establishments
- participating establishments update their records at different intervals and, in the interim, workers can change jobs and be recorded in the NMDS-SC in jobs they have left.

***Local authorities***

In 2014, 105 out of the 152 councils provided national insurance numbers and dates of birth for all their workers in the NMDS-SC. 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***

As at 2014 the NMDS-SC did not contain enough data about direct payments recipients to make reliable estimates of the number people with more than one job in this type of employment.



The Skills for Care survey of DPSOs (2014) was used to make this estimate. This survey collected data on 1,900 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.

### ***Cross-over between types of employer***

Estimates were also made for the number of people with adult social care jobs in 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 were re-visited for this report and therefore 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 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 the 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. Skills for Care is confident, however, 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 changed the format of its data. Previously each establishment was given a 'main service' whereas now all services establishments offer are listed without an indication of the 'main' service.

Methodological changes were therefore required for this report to account for this change; unfortunately it was not possible to replicate this new methodology for non-residential services and as such the results are not directly comparable.

Skills for Care is confident, however, that the results are reliable and from 2011 onwards the trends are directly comparable.

### **Direct payment recipients**

For this year's report Skills for Care estimated a trend of the proportion of direct payments recipients (for people receiving a direct payment for their own care and support needs) that were employing staff using two estimates, one from 2014 (42%) and another from 2008 (64%).

Both these estimates came with a degree of uncertainty (although current estimates are the most robust to date) and therefore the trend produced should not be treated as exact. Skills for Care is confident that the findings of these two surveys together with anecdotal evidence from sector experts that this decrease is 'real', however the exact scale of this decrease is estimated.

Also the trend line produced between these years should be treated with caution as separate data were not available for these years. Skills for Care hypothesised that the decrease was most likely to have happened in proportion with 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) although there is no firm evidence to confirm this hypothesis.

The trend data for direct payment recipients were re-estimated in this year's report and therefore figures do not match previously published numbers. Skills for Care was able to collect data from more local authorities this year (47 as opposed to 35 in 2013) and also data quality issues were discovered with previously collected data. Some local authorities had provided the percentage of 'on-going direct payment recipients employing staff' rather than the percentage of 'all direct payment recipients employing staff'. This data quality issue caused some over-estimating in previous years and has been rectified retrospectively in this report.

Improvements were also made to the methodology, whereby personal assistants employed by people receiving a direct payment for their own care and support needs were estimated separately to a relatively small number of those employed by carers who receive direct payments and those personal assistants who were categorised as being 'self-employed'.

In future Skills for Care plan to routinely collect this data in order to provide more accurate and robust trends for this part of the sector.

### **(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 8.2 provides a summary of this section.

#### **CQC regulated independent sector employers**

CQC collect a comprehensive list of all regulated employers. Therefore the figures about the number of employers for this part of the sector are very accurate and timely.

In terms of the number of jobs estimates, CQC collect capacity for Care only homes and Care homes with nursing which allows for 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 CQC does not collect a capacity measure. Without this useful predictor the estimated number of jobs is not as robust as those for care homes. Skills for Care has created proxy measures for the capacity of these establishments, however the estimates do still rely on 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 are 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 there was no evidence found to suggest 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 as recorded by the IDBR. Children's and other non-adult social care establishments were removed using proportions Skills for Care estimated via searching the internet for a sample of Companies House data.

Not all establishments could be found via these internet searches and therefore the quality of these estimates relies on the assumption that establishments that couldn't 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.

The proportions used (residential 40% and non-residential 35%) were based on random samples of 500 employers. A 95% confidence intervals for these proportions show that given the data collected, there is only a 5% chance that the true values for these proportions falls more than 5% away from the proportions observed (35-45% for residential and 30%-40% for non-residential)

Skills for Care will continue to work on improving these estimates, which will include a full review of which employers from these categories should be categorised as adult social care.

In terms of the number of jobs for these employers, the NMDS-SC holds data on a relatively small number of these employers (1,100 residential and 1,600 non-residential). Therefore the number of jobs estimates were not as robust as for CQC regulated establishments where coverage is much higher. The estimates were however stratified by size using the IDBR and therefore should be of relatively good quality.

### **Local authority**

In 2014 the NMDS-SC received a full return from all 152 local authorities. As such the estimates for this part of the sector will be very accurate and robust.

### **Direct Payments recipients employing staff and their workforce**

The estimated range of direct payments recipients employing staff (25% to 33%) was calculated by creating a 95% confidence interval from the data received. This range should, however, only be interpreted as an 'estimated likely range' because the local authorities were not randomly sampled (they chose to respond) and therefore there is the potential that the data received were skewed. However, it should be noted that these upper and lower estimated bounds are within those reported previously – estimates do not differ significantly from those previously reported. Skills for Care deem it unlikely that that the data received were significantly skewed.

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 payments recipient. The average found from the Skills for Care Survey of DPSOs was 2.05; however Skills for Care estimated a likely range of between 1.97 and 2.14 jobs per recipient (95% confidence interval). In order to account for both areas of uncertainty Skills for Care created 1,000 simulations for both figures to estimate the range of 120,000 to 160,000 jobs for direct payments recipients (again these were calculated as 95% confidence intervals but were not presented as such due to the non-random nature of the samples). The same simulation technique was used to estimate the likely range of people doing these jobs (100,000 to 135,000).


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 non-medical workforce census (September 2014) published by the HSCIC and are therefore of very high quality. The only source of uncertainty would be around definitions of which job roles can be classified as adult social care. It is not possible to be precise about the number 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 identify 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 8.2 summarises the findings of this section regarding the quality of the estimates provided in this report.

**Table 8.2: Data quality overview, 2014**

Type of employer	Main service group	Number of employers quality	Number of jobs quality	Key	
<b>CQC Independent</b>	Care only home	*****	*****	***** *	<div>Complete data available</div>  <div>Very little data available</div>
	Care homes with nursing	*****	*****	*****	
	Shared lives + other	*****	*****	****	
	Non-residential	*****	****	***	
<b>Non-CQC Independent</b>	Residential	****	****	**	
	Non-Residential	****	****	*	
<b>Local authority</b>		N/A	*****		
<b>Direct payments recipients</b>		***	***		
<b>NHS</b>		N/A	*****		

## Appendix 2

### Further workforce intelligence publications and analysis tools

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

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

This report uses data from the NMDS-SC to explore characteristics of the adult social care sector, including demographic information, recruitment and retention issues, pay rates, and qualifications and training information. This report also includes a chapter about recent research that has been conducted, the economic contribution of the sector and a review of how policy changes may affect it. To access to this report please visit [www.skillsforcare.org.uk/stateof2014](http://www.skillsforcare.org.uk/stateof2014)

#### Regional reports

Skills for Care has published nine regional reports which provide an overview of adult social care services and the workforce in each region and have been generated using data from NMDS-SC. Each of these nine reports provides a regional look at much of the England level information provide in this report. To access any of these reports please visit [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports)

#### Local authority area reports

There are also two page summary reports for each of the 152 local authority areas in England. To access any of these reports please visit [https://www.nmds-sc-online.org.uk/workforce reports](https://www.nmds-sc-online.org.uk/workforce%20reports)

#### NMDS-SC briefings and trend briefings

Skills for Care published four to five short reports each year which highlight specific issues in the adult social care sector. Examples of briefing topics that have been covered in 2014/2015 include;

- Experience of the adult social care workforce
- Social workers in the adult social care sector
- Diversity of the adult social care sector
- Registered nurses in the adult social care sector
- Care worker pay trends

To access these briefings please visit [www.skillsforcare.org.uk/briefings](http://www.skillsforcare.org.uk/briefings).

## NMDS-SC Dashboards

Dashboards act as a diagnostic tool to shine light on issues affecting the adult social care sector and workforce. NMDS-SC data is graphically presented in an easy to understand format with tailored interpretation, simple guidance and links to related resources. Dashboards allow you to explore the following areas:

- |                              |                                  |
|------------------------------|----------------------------------|
| 1. Recruitment and retention | 4. Pay                           |
| 2. Staff overviews           | 5. Qualifications and training   |
| 3. Workforce demographics    | 6. Local demand and intelligence |

There are two sets of Dashboard available;

- **My NMDS-SC Dashboards-** available to social care providers registered with the NMDS-SC.
- **Open Access NMDS-SC Dashboards-** These are available to anyone with an interest in the social care sector, workforce planning, service commissioning or labour market intelligence.

To access the NMDS-SC Dashboards and supporting materials please visit [www.skillsforcare.org.uk/nmds-scdashboards](http://www.skillsforcare.org.uk/nmds-scdashboards)

## Analytical service

The Skills for Care analysis team can provide an external analysis services and produce a range of in-depth reports depending on your specific requirements.

Skills for Care's highly experienced analysts can work with you to identify your requirements, and design and deliver bespoke workforce intelligence reports. They use NMDS-SC to provide essential data in the form of reports or within a broader consultancy package to inform business decision making.

Examples of projects that may benefit from this service include:

- Benchmarking social care organisations/the workforce
- Extrapolating data
- Health and social care workforce integration
- Hypothesis testing/correlation/ regression
- Social care workforce planning and development
- Understanding current social care workforce issues
- Workforce and service commissioning
- 'What if' future planning

For more information about this service please email [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk)

## Keeping informed

To be kept up to date with news from Skills for Care please join our mailing list by visiting [myaccount.skillsforcare.org.uk](http://myaccount.skillsforcare.org.uk) and select your areas of interest. You can select "workforce intelligence publications" to receive alerts for all our workforce publications.

To be kept up to date with the latest reports, briefings and infographics from the NMDS-SC please follow us on twitter @SfC\_NMDS\_SC.

## Appendix 3

### **Cross tabulations and regional estimates**

This appendix is available as an Excel document and can be downloaded at [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

## Appendix 4

### **Local authority level estimates**

This appendix is available as an Excel document and can be downloaded at [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)



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