



The adult social care workforce supporting people with learning disabilities and/or autism

Source. Skills for Care analysis of the National Minimum Dataset for Social Care (NMDS-SC)

December 2018

Contents

	<i>Key findings</i>	3
1	Introduction	4
2	Size and structure	7
3	Employment overview	10
4	Recruitment and retention	15
5	Workforce demographics	20
6	Pay	23
7	Qualifications and training	26

Some establishments provide care and support for people with learning disabilities and/or autism,

2. Size and structure

Overview of the estimated size and structure

Please note, the data in this section refers to workforce estimates that are based on data from the NMDS-SC, and that have been '*weighted*' to produce a whole sector estimate. They're based on:

local authority estimates as at September 2017
independent sector estimates as at March 2018.

2.1. Number of adult social care jobs providing care and support for people with learning disabilities and/or autism

Table 1 shows that there were an estimated 1.5 million jobs in the whole adult social care workforce in England, of which around 41% (665,000 jobs) were involved in providing care and support for people with learning disabilities and/or autism.

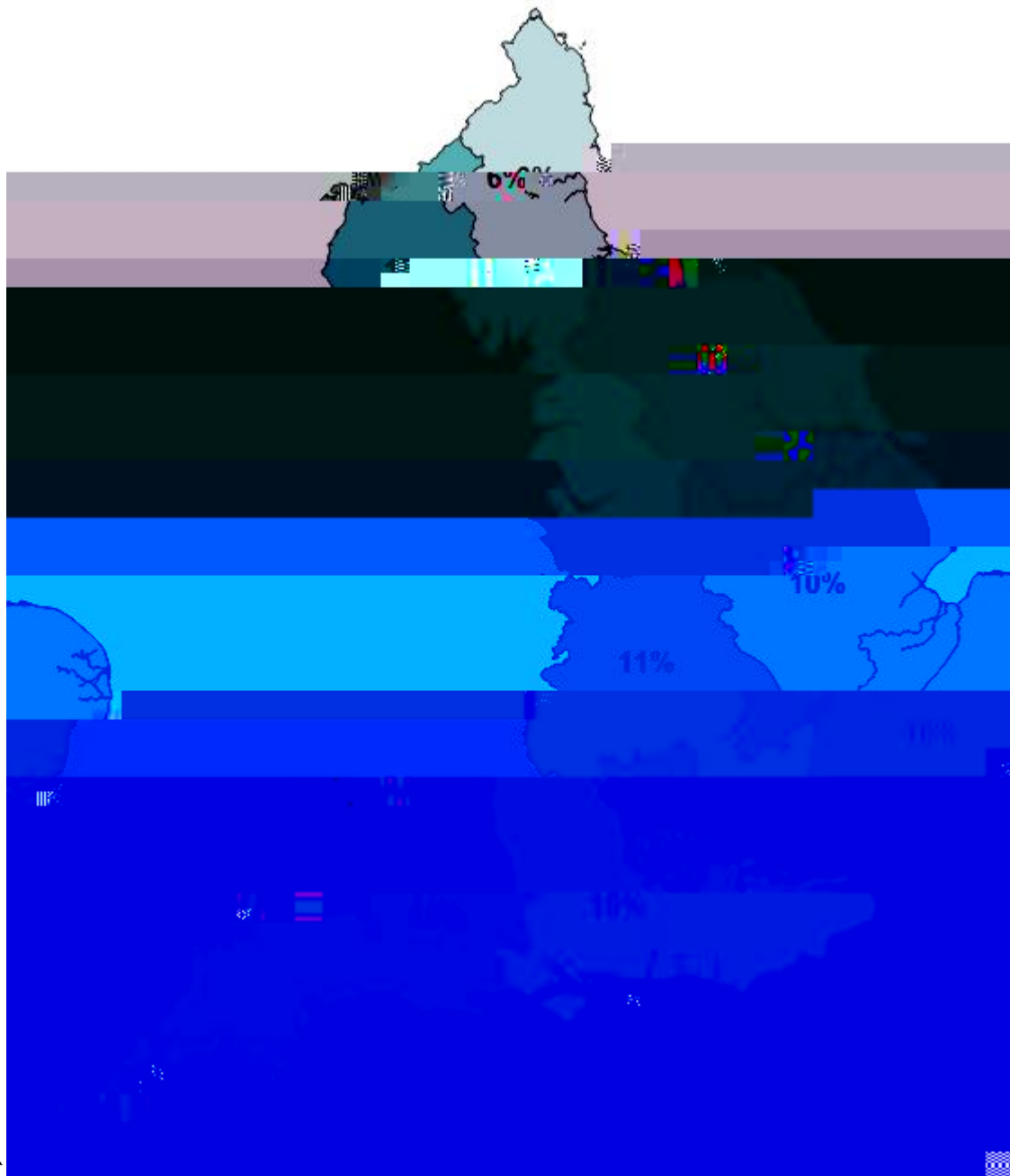
Of these jobs, approximately a fifth (136,000 jobs) were held by people working in establishments providing services only for people with learning disabilities and/or autism (specialist services) and around 530,000 jobs were held by people working in establishments providing services for people with learning disabilities and/or autism as well as other client groups (generalist services).

Around 405,000 learning disabilities and/or autism jobs were provided by domiciliary care services (60%), and a quarter (25%, 168,000 jobs) were provided by residential care services. This service breakdown was different to the adult social care sector as a whole, at 45% and 44% respectively.

Please note that for generalist services, the proportion of time spent with people with other care and support needs is not known, i.e. workers may spend a large or a small proportion of their time supporting people with learning disabilities and/or autism.

Map 1: Estimated adult social care learning disabilities and/or autism workforce by region

Source: Skills for Care workforce estimates 2017/18



3. Employment overview

Please note, the data in this section is based on the number of adult social care establishments recorded in the NMDS-SC as at March 2018 for the independent sector, and September 2017 for local authorities.

3.1. The establishments providing care and support for people with learning disabilities and/or autism

Table 2 shows that there were 10,700 services recorded in the NMDS-SC that provided care and support for people with learning disabilities and/or autism. Just under a third (3,350 services) were specialist services and 7,350 services were generalist services.

Table 2: Adult social care services providing care for and support people with learning disabilities and/or autism

Source: Unweighted NMDS-SC data 2017/18

	Services	%
All learning disability and/or autism services	10,700	
Specialist learning disability and/or autism services	3,350	31%
Generalist learning disability and/or autism services	7,350	69%

Table 3 shows the proportion of all learning disabilities and/or autism services that were providing care and support for adults or older people. The percentages sum to more than 100% as services often

Table 3: Adult social care services providing care and support for people with learning disabilities and/or autism by adults or older people

Source: Unweighted NMDS-SC data 2017/18

	Services	%
All learning disability and/or autism services	10,700	
Learning disability services	10,450	97%
Adults with learning disabilities	9,650	90%
Older people with learning disabilities	4,650	43%
Autism services	4,650	43%
Adults with autistic spectrum disorder	4,250	40%
Older people with autistic spectrum disorder	2,750	26%

3.2. Employment status

Table 4 shows that the majority (89%) of the adult social care learning disability and/or autism workforce were employed on a permanent contract, although this varied by job role. This was similar to the overall adult social care workforce, at 90%. Managerial staff and senior care workers were more likely to be on permanent contracts than other roles. Employers had a higher reliance on bank/pool registered nurses (8%) and agency social workers (7%) compared to other roles.

It should be noted that the NMDS-SC is completed as a snapshot in time and usage of non-permanent employees may fluctuate throughout the year. Also, within the independent sector and particularly domiciliary care, zero-hours contracts were more commonly used to deal with fluctuating demand (see section 3.4).

Table 4. Employment status of the adult social care learning disabilities and/or autism workforce by selected job roles, 2017/18

Source: Unweighted NMDS-SC data 2017/18

	Permanent	Temporary	Bank or pool	Agency	Other
All job roles	89%	4%	5%	2%	1%
Senior management	95%	2%	0%	0%	2%
Registered manager	99%	1%	0%	0%	0%

Chart 2. Full/part-time status of the adult social care learning disabilities and/or autism workforce, 2017/18

Source: Unweighted NMDS-SC data 2017/18

3.4. Zero-hours contracts

A zero-hours contract is a contract type where the employer is not obliged to provide any minimum working hours. This contract type could be particularly attractive to adult social care employers (especially in domiciliary care) to help manage fluctuating demand for services, or as a temporary solution to staffing shortages due to turnover or sickness (see Chapter 4: Recruitment and retention). It's also often more cost-effective than using agency staff.

This contract type could be a positive for some workers because it offers a good work-life balance, and flexibility to suit family or other commitments. However, it can also be seen as 'insecure work' and negative in terms of financial planning and uncertainty for others.

Around 28% of the adult social care learning disabilities and/or autism workforce were on a zero-hours contract, which was slightly higher than the whole adult social care workforce, at 25%.

Chart 3. Proportion of the adult social care learning disabilities and/or autism workforce on a zero-hours contract, 2017/18

Source: Unweighted NMDS-SC data 2017/18

The proportion of zero-hours contracts also varied greatly by service. Around 46% of domiciliary care workers were on a zero-hours contract, compared to 8% in care home services. This was similar to the whole adult social care workforce, at 49% and 9% respectively.

Chart 4. Proportion of the adult social care learning disabilities and/or autism workforce on zero-hours contract

4. Recruitment and retention



Please note, the data in this section is based on the number of adult social care establishments recorded in the NMDS-SC as at March 2018 for the independent sector, and September 2017 for local authorities.

4.1. Leavers and staff turnover rates

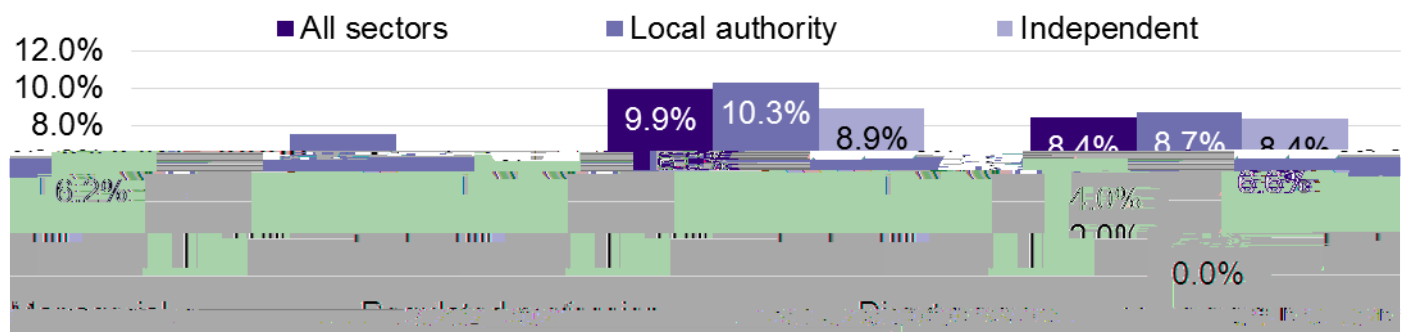
Turnover rates in this section refer to directly employed workers only (permanent and temporary workers). For example, leavers from agency roles, were not included. This section also refers to leavers from establishments that were still operational. Leavers from establishments that have closed were not captured.

The turnover rate of directly employed workers in the adult social care learning disabilities and/or autism workforce was 29.3%, which was slightly lower than the turnover rate of the whole adult social care workforce (30.7%). However, many leavers remained within the sector, as 70% of recruitment was from within the adult social care sector.

Chart 5 shows that the turnover rate varied by sector and service. Local authorities had a much lower turnover rate (13.4%) than the independent sector (33.5%), and the turnover rate was higher for domiciliary care providers (36.1%) than for care homes (27.2%) and other services (16.7%). This was a similar pattern to the whole adult social care workforce.

Chart 7. Average years of experience in role of the adult social care learning disabilities and/or autism workforce by selected job roles and sector, 2017/18

Source: Unweighted NMDS-SC data 2017/18



Individuals in managerial roles in the learning disabilities and autism workforce had an average of 13.6 years of experience in the sector, whilst direct care roles had an average of 7.1 years. When comparing experience in sector against experience in role, workers in local authorities had more experience in both measures than the independent sector, this follows the same pattern as the whole of the adult social care workforce.

4.3. Source of recruitment

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

Although the turnover rate (29.3%) was relatively high, 70% of starters were recruited from within adult social care. This means that the sector has largely retained the skills and experience of its workforce. However, it also means that there’s a large amount of movement of workers between employers in the sector, and that employers are regularly recruiting, which can be costly.

Chart 8. Source of recruitment from within and outside of the adult social care sector in the adult social care learning disabilities and/or autism workforce by selected job roles, 2017/18

Source: Unweighted NMDS-SC data 2017/18

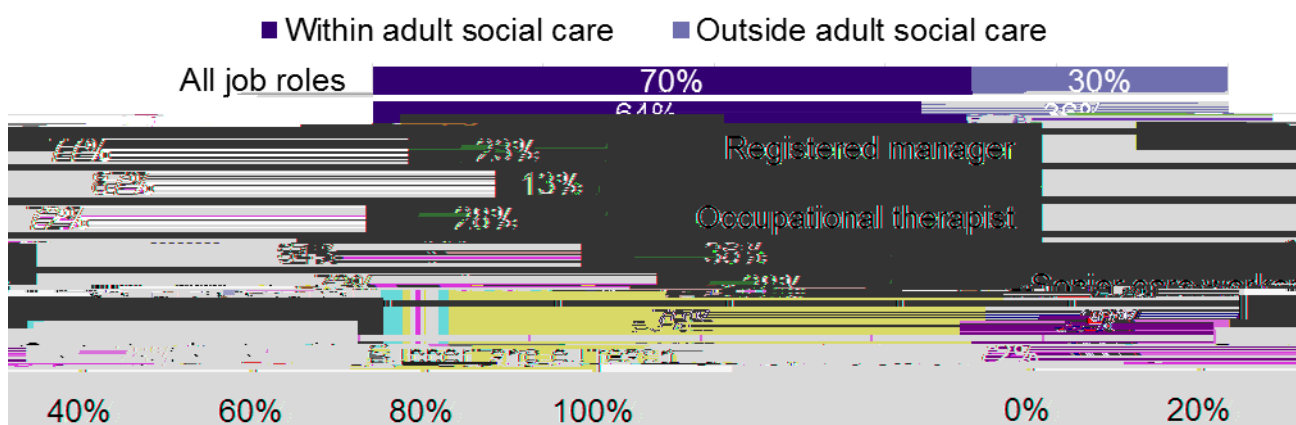


Chart 10. Vacancy rate of the adult social care learning disabilities and/or autism workforce by job role group and sectors, 2017/18

Source: Unweighted NMDS-SC data 2017/18

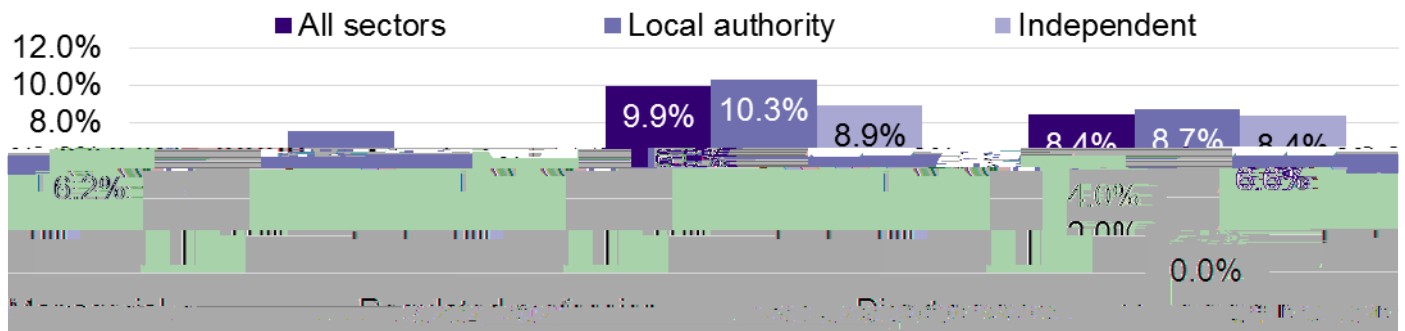


Chart 11 shows that vacancy rates varied by job role. Registered managers and social workers had the highest vacancy rates (10.7% and 10.3% respectively). The lowest vacancy rates were found in senior management roles (2.8%). It should be noted that most social workers were employed within the local authority sector which had lower vacancy rates overall compared to the independent sector, as outlined above.

Chart 11. Vacancy rates of the adult social care learning disabilities and/or autism workforce by selected job roles, 2017/18

Source: Unweighted NMDS-SC data 2017/18

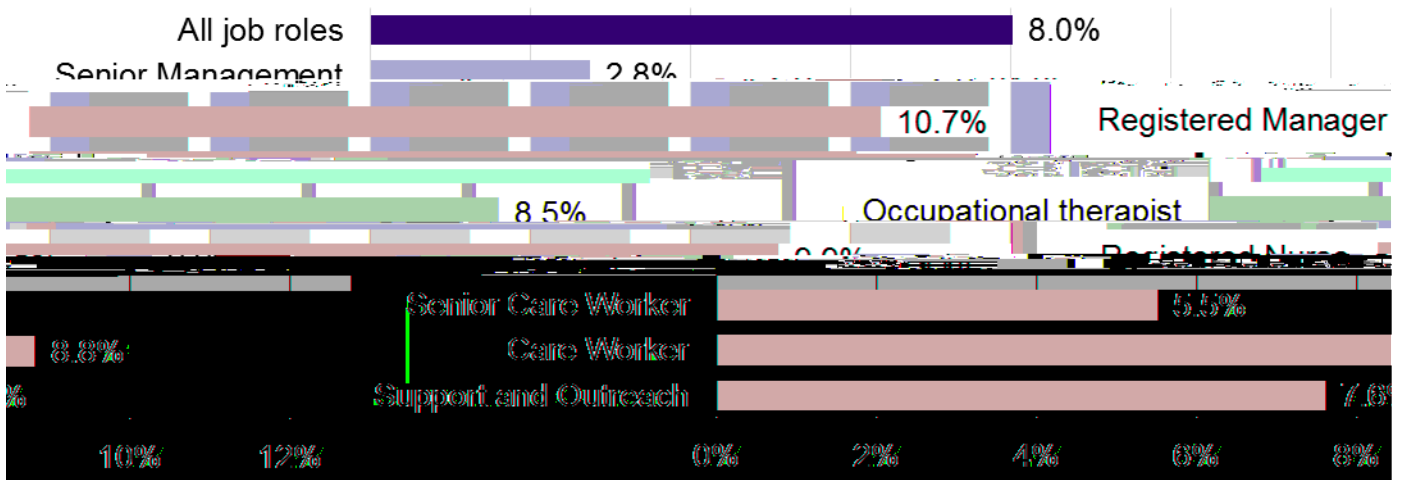
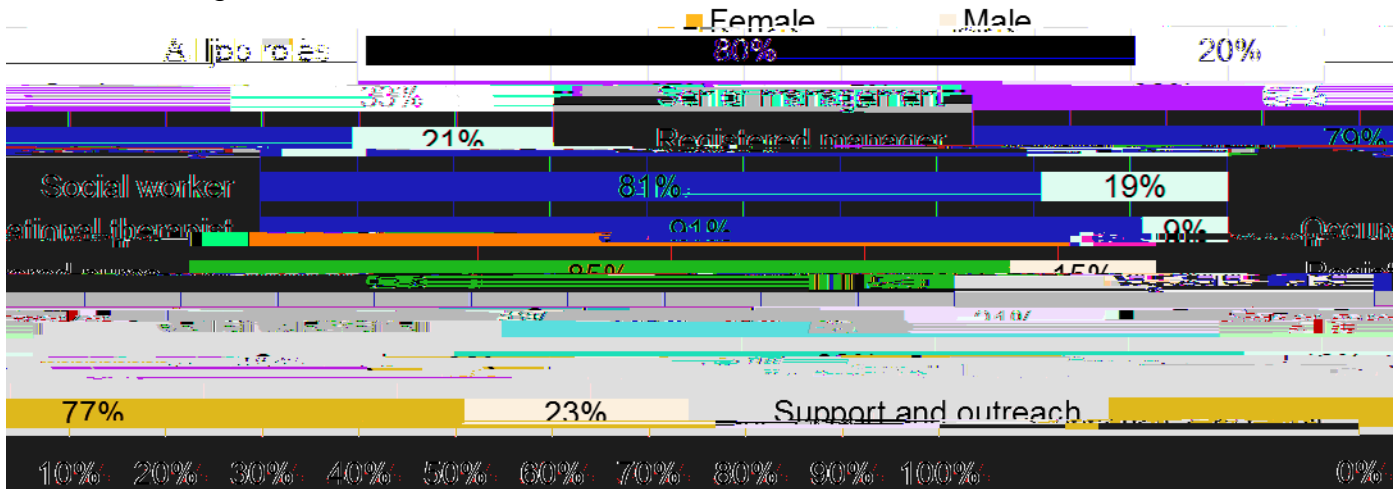


Chart 12. Gender of the adult social care learning disabilities and/or autism workforce by selected job role, 2017/18

Source: Unweighted NMDS-SC data 2017/18



5.2. Age

The average age of the workforce was 43 years old, which was similar to the whole adult social care workforce (43.3 years old).

Almost a quarter (23%) of the learning disability and/or autism workforce were aged 55 years old. This could have workforce planning implications, as these workers could retire within the next ten years.

Chart 13 shows that care workers had the highest proportion of under 25 year olds (12%) and the lowest average age (41.9 years old). Managerial and regulated professional roles had an older age profile, which is expected as these roles require more qualifications and experience. Senior management and registered nurses were the job roles with the highest proportion of workers aged 55 or over (32% and 33% respectively).

Chart 13. Age bands and average age of the adult social care learning disabilities and/or autism workforce by selected job role, 2017/18

Source: Unweighted NMDS-SC data 2017/18



Chart 15. Nationality of the adult social care learning disabilities and/or autism workforce by selected job role, 2017/18

Source. Unweighted NMDS-SC data 2017/18

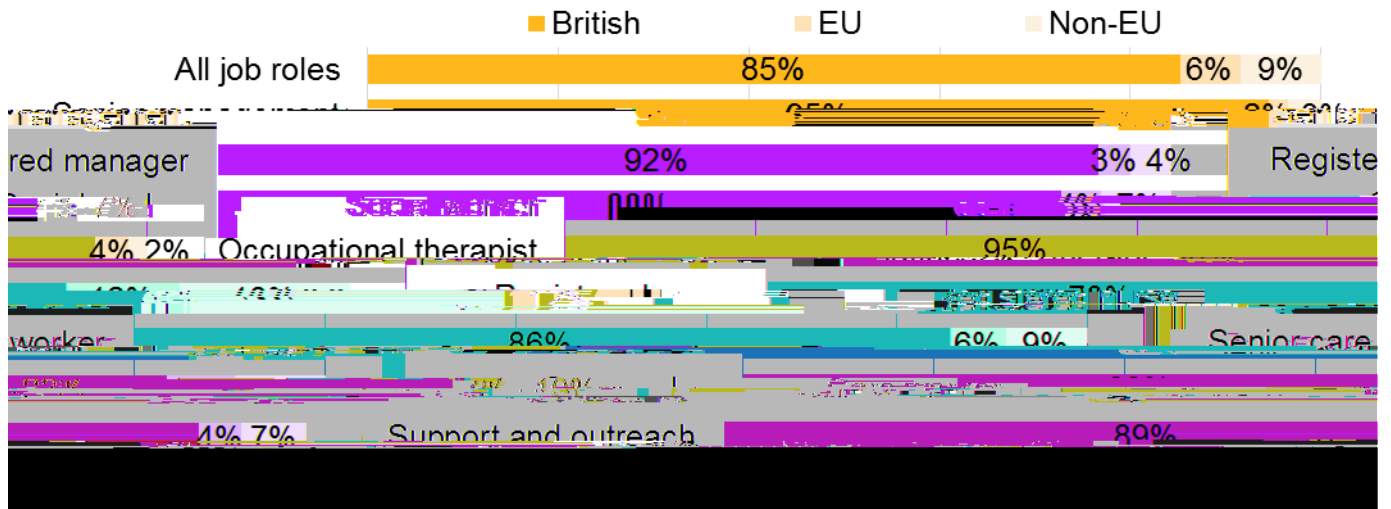
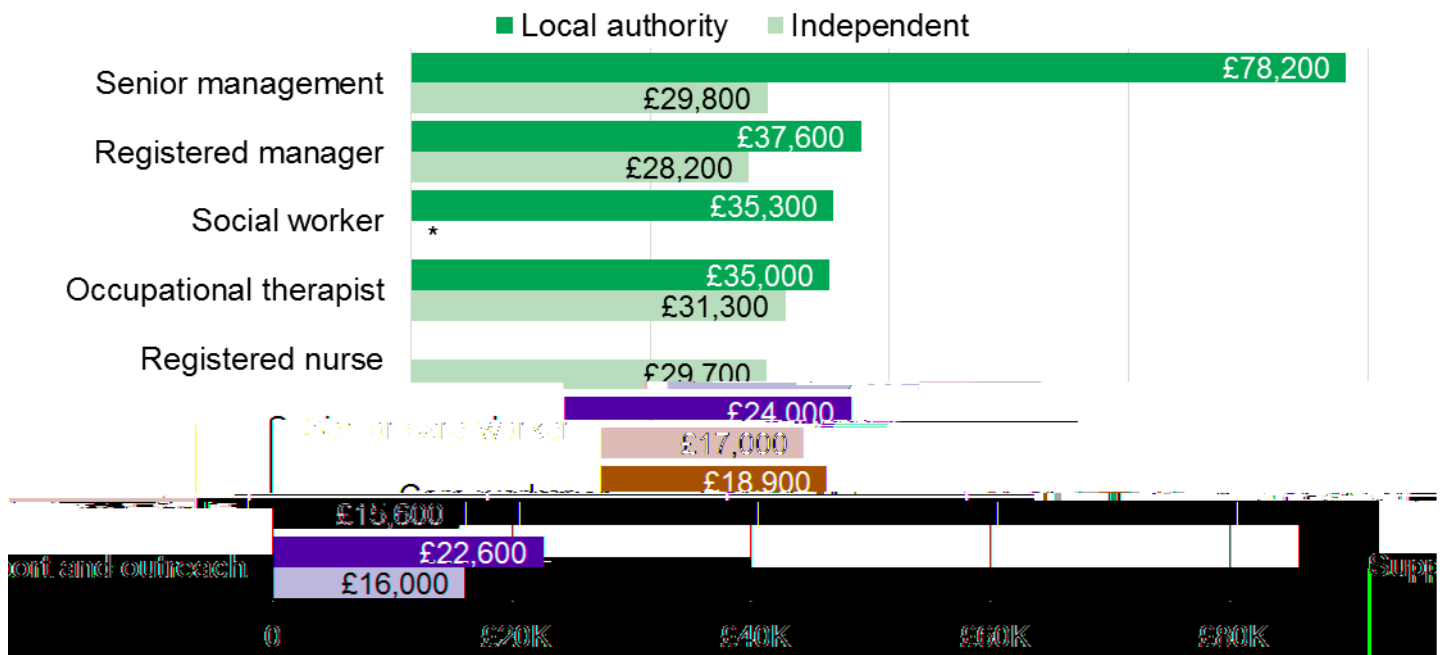


Chart 16. FTE annual pay of the adult social care learning disabilities and/or autism workforce by selected job role, 2017/18

Source. Unweighted NMDS-SC data 2017/18



6.2. Hourly pay

On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW) of £7.20 per hour for all workers aged 25 or over. This increased to £7.50 in April 2017, and current projections from HM Treasury put the NLW at £8.62 in 2020. Prior to the introduction of the NLW, the statutory National Minimum Wage (NMW) for workers aged 21 or over was £6.70, set in October 2015.

Please note that this report is based on data from independent sector employers between April 2017 and March 2018 and local authority sector employers as at September 2017. For the purposes of this report, the NLW of £7.50 will be quoted to match the timescale in which the data was collected. In April 2018, after the data in this report was analysed, the NLW increased to £7.83.

There's also the UK Living Wage, an independently calculated hourly rate which reflects the basic cost of living in the UK, and is completely separate to the Government-set NLW. In 2017 the UK Living Wage in London was £10.20 and £8.75 for the rest of the UK.

This section will focus on direct care roles, (compared to section 6.1 which focused on managerial and regulated professions).

As with the FTE annual salaries shown in section 6.1, the average hourly pay for direct care roles in local authorities (£10.64) was higher than the independent sector (£8.16).

Chart 17 shows that the

7. Qualifications and training

Please note, the data in this section is based on the number of adult social care establishments recorded in the NMDS-SC as at March 2018 for the independent sector, and September 2017 for local authorities.

7.1. Care Certificate

The Care Certificate was launched in April 2015 and replaced the Common Induction Standards (CIS). The Care Certificate outlines the minimum set of standards that health and social care workers need to meet. For more information about the Care Certificate please visit www.skillsforcare.org.uk/CareCertificate.

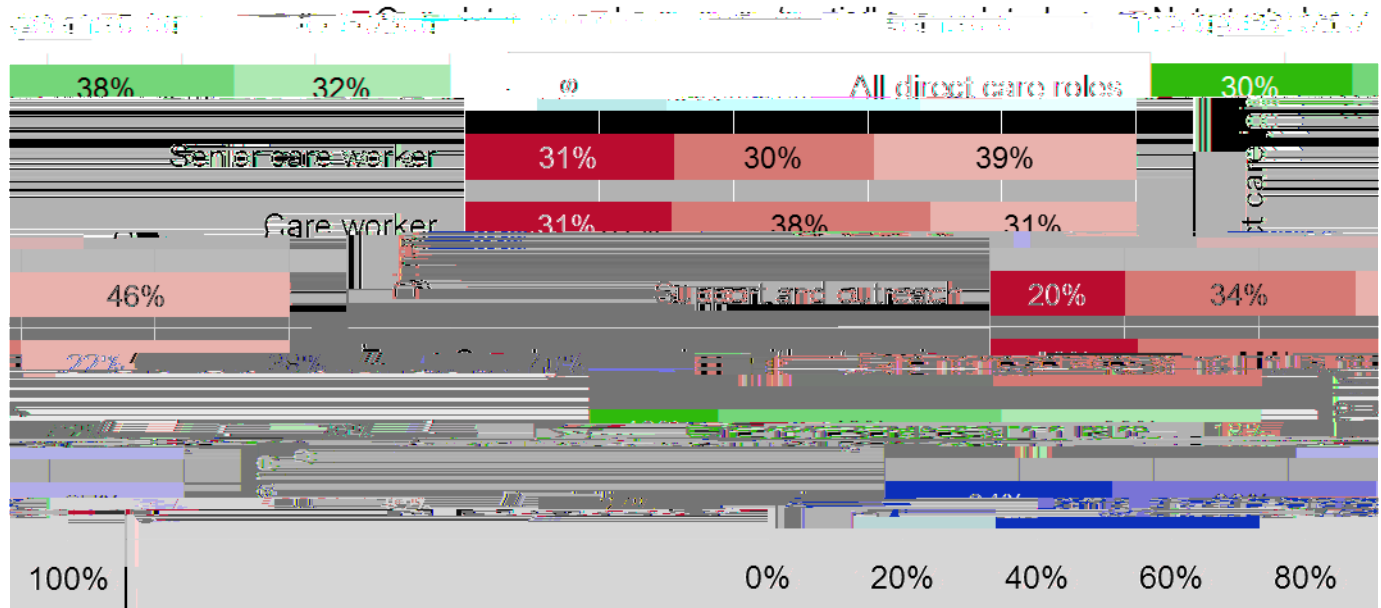
The NMDS-SC has been collecting information about the number of workers who have achieved or were working towards the Care Certificate since April 2015.

The Care Certificate is available to everyone, but the main target is workers who are new to the adult social care sector, and it's most common amongst direct care workers. The data in this section refers to 'unweighted' NMDS-SC data, and focuses on workers in direct care roles who were new to the sector since 2015.

Around 68% of the adult

Chart 18. Care Certificate status of direct care workers new to the sector since January 2015 by job role and service in the adult social care learning disabilities and/or autism workforce, 2017/18

Source. Unweighted NMDS-SC data 2017/18



Care Certificate engagement was highest for workers in domiciliary care services, where 73% of workers were engaged with the Care Certificate, compared to care home services without nursing (60%) and care home services with nursing (61%).

7.2. Qualifications held

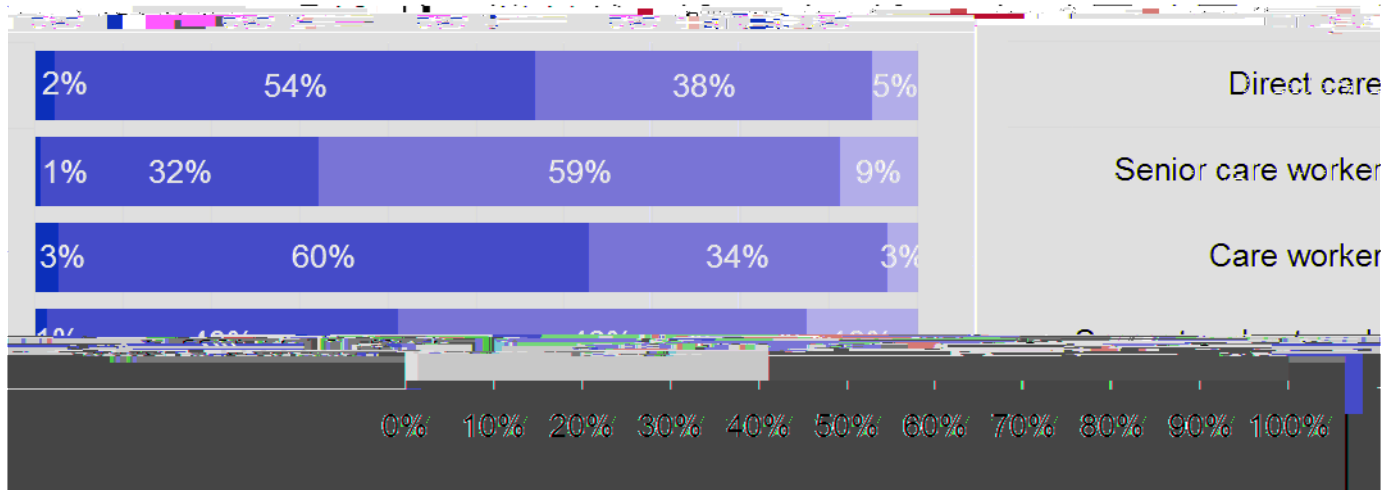
This section looks at the highest level of social care qualification held by adult social care workers. Please note that professional roles are not included in the analysis below because they must be qualified to perform their roles, e.g. social worker, registered nurse or occupational therapist.

Around 55% of direct care workers in the adult social care learning disabilities and/or autism workforce held a relevant social care qualification. This was higher than for direct care workers in the whole adult social care workforce (53%).

Chart 19 shows that of those who held a relevant social care qualification, 54% held a level 2 qualification, and this was highest amongst care workers (60%). As might be expected, those in senior care worker roles were more likely to be qualified at level 3 and above (68%).

Chart 19. Highest relevant social care qualification level of the adult social care learning disabilities and/or autism workforce, 2017/18

Source. Unweighted NMDS-SC data 2017/18



7.3. Training

The NMDS-SC gives employers the option of recording training data, in addition to accredited qualifications. The NMDS-SC has 22 training categories under which any training can be recorded.

Chart 20 is based on all workers at establishments that provide care and support for people with learning disabilities and/or autism, that have recorded training in their NMDS-SC account.

Moving and handling (74%), safeguarding adults (72%) and medication safe handling and awareness (66%) were the top training categories for the adult social care learning disabilities and/or autism workforce. Moving and handling and safeguarding adults were also the top two training categories for the whole adult social care workforce, but the rest of the top ten training categories vary.

Chart 20. Top 10 categories of training recorded in the NMDS-SC of the adult social care learning disabilities and/or autism workforce, 2017/18

Source. Unweighted NMDS-SC data 2017/18



8. Further resources

Skills for Care's NMDS-SC is recognised as the leading source of workforce intelligence for adult social care in England. Our workforce intelligence is relied upon by the Government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who need care and support.

Here's a testimony from Ben Hartley, Director at Carterwood, who used our analysis service in 2017.

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