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THE SIZE, ROLES AND STABILITY OF THE SOCIAL CARE WORKFORCE IN ENGLAND

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August 2009
Preface

The Social Care Workforce Periodical aims to provide timely and up-to-date information on the social care workforce in England. In each issue, one aspect of the workforce is investigated through analysis of emerging quantitative workforce data to provide evidence-based information relating specifically to the social care workforce in England. The purpose is to share emerging findings with the social care sector to help improve workforce intelligence. Such updates are useful in highlighting specific issues for further analysis and for informing workforce policy. The first few issues of Social Care Workforce Periodical will provide in-depth analyses of the latest versions of the National Minimum Data Set in Social Care (NMDS-SC); however, other sources of data may be used in further issues. We would welcome any suggestions on topics for inclusion in future issues.

Acknowledgments

We are most grateful to Skills for Care for providing the latest NMDS-SC data files. Particular thanks go to David Griffiths, Christine Eborall and Sarah Woodrow for their support and assistance and to colleagues at the Social Care Workforce Research Unit. This work is funded under the Department of Health Policy Research Programme support for the Social Care Workforce Research Unit at King’s College London. The views expressed in this report are those of the author alone and should not necessarily be interpreted as those of the Department of Health or Skills for Care.
Introduction

About NMDS-SC

The NMDS-SC is the first attempt to gather standardized workforce information for the social care sector. It is developed, run and supported by Skills for Care and aims to gather a ‘minimum’ set of information about services and staff across all service user groups and sectors within the social care sector in England. The NMDS-SC was launched in October 2005, and the online version in July 2007; since then there has been a remarkable increase in the number of employers completing the national dataset.

Two data sets are collected from employers. The first gives information on the establishment and service(s) provided as well as total numbers of staff working in different job roles. The second data set is also completed by employers; however, it collects information about individual staff members. Skills for Care recommends that employers advise their staff they will be providing data through the completion of the NMDS-SC questionnaires. No written consent from individual members of staff is required; however, ethnicity and disability are considered under the Data Protection Act to be ‘sensitive personal data’, thus it is recommended that consent for passing on these two items should be explicit. For further details on NMDS-SC please visit http://www.nmds-sc-online.org.uk/

The NMDS-SC has provided the sector with a unique data set, providing information on a number of workforce characteristics. However, it is important to highlight the emerging nature of the NMDS-SC, mainly due to the fact that data have not at this stage been completed by ‘all’ adult social care employers in England. Therefore, some of the findings may be under or over-represented. It is also equally important to bear in mind that data are completed by employers and not employees: this may prompt some technical considerations when interpreting the findings. SCWP will address such issues in relevant discussions of findings.

The term ‘social care’ encompasses a wide range of activities, provided by a diverse workforce. The Department of Health (2007) defines social care as:

Cover[ing] a wide range of services, which are provided by local authorities and the independent sector. Social care comes in many forms, such as care at home, in day centres or by way of residential or nursing homes. The term
also covers services such as providing meals on wheels to the elderly, home help for people with disabilities and fostering services.

Social care thus includes several occupations including professional staff, such as social workers, care workers, (allied) health professional staff who are employed in social care, managers, administrative staff and ancillary staff not providing care, among others.

Over the last decade there have been many difficulties in estimating the size and distribution of the social care workforce by different job roles. This has been mainly due to the lack of specific, standardized data that relate specifically to the social care sector. Prior to the establishment of the National Minimum Data Set for Social Care (NMDS-SC), all estimates relied on the use of the Standardized Occupation Classifications (SOC) or Local Government Association Surveys to identify people working in social care through national surveys such as the Labour Force Survey. However, there are many limitations in this approach, which hinder the accuracy of its estimates: such limitations include changes in the definition of occupations related to the care sector (for example, see Simon and Own, 2007).

In recent years there has been growing concern about high vacancy rates in the social care sector among certain job roles in particular, such as social work (Learning and Skills Council, 2006; Eborall and Griffith, 2008). Partly as a consequence of this anxiety, a number of policies and governmental campaigns have been developed to improve the status and attraction of social care work. The Department for Health launched its first media campaign in 2001 (Department for Health, 2001), followed by a number of other campaigns; there are plans for more (Improvement and Development Agency, 2009). These campaigns aim to attract new recruits, possibly reaching people who might not otherwise consider working in the sector. Meanwhile, Options for Excellence (Department of Health/Department for Education and Skills, 2006) acknowledged the expected increase in demand for social care due to a number of factors, including demographic changes, and confirmed that it remained difficult for the sector to attract enough workers. The Learning and Skills Council (2008) estimated that vacancy rates in the social care sector are double the average for all types of industrial, commercial and public employment and that the situation has changed little since 2004.

In this report NMDS-SC establishment files (released May 2009) are used to examine the current volume of staff working in different job roles in different sectors. The analysis also examines vacancy rates and turnover rates by job role and sector. Net-flow rates are calculated and compared between different job roles and types of establishments. These combined statistics allow for better understanding of the flow and movement of workers in relation to specific job roles in different types of establishments, taking into account the presence of new recruits as well as loss of existing staff during the past 12 months. This is an important time for social care work in the wider context of the economic downturn. This may be affecting social care work in a number of ways, invoking possible desires to stay in stable employment or new perceptions that social care
work might be one option for those facing job insecurity or loss of work (Manthorpe, 2009). This context is also important in relation to the growing interest in migrant workers in the social care sector and whether this will be sustained (Hussein et al., advance access).

Establishments’ numbers and types

The NMDS-SC establishment file released in May 2009 contained information on 24,662 establishments providing social care. Table 1 identifies the distribution of these establishments by their type. Just over half (57% N=14,107) of the establishments which completed the NMDS-SC are in the private (commercial) sector, followed by 22 percent (N=5,434) from the voluntary or ‘third sector’. A total of 4,141 establishments are in the statutory sector with the majority from local authority adult services (formerly social services departments). Less than one percent of all establishments did not record their type or sector, while only three percent were recorded under ‘other’ types.

Table 1 Distribution of establishments completing NMDS-SC by type, release May 2009

<table>
<thead>
<tr>
<th>Type of the establishment/ sector</th>
<th>Number of establishments</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority - adult services</td>
<td>3246</td>
<td>13.2%</td>
</tr>
<tr>
<td>Local authority - children’s services</td>
<td>374</td>
<td>1.5%</td>
</tr>
<tr>
<td>Local authority - generic or other services</td>
<td>107</td>
<td>0.4%</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>261</td>
<td>1.1%</td>
</tr>
<tr>
<td>Statutory health</td>
<td>153</td>
<td>0.6%</td>
</tr>
<tr>
<td>Private sector</td>
<td>14107</td>
<td>57.2%</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>5434</td>
<td>22.0%</td>
</tr>
<tr>
<td>Other</td>
<td>815</td>
<td>3.3%</td>
</tr>
<tr>
<td>Not recorded</td>
<td>165</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24662</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Establishments were geographically distributed across England. Figure 1 shows that the lowest proportions, of 5 and 7 percent, are from the North East and Yorkshire and Humberside regions respectively. Nearly equal proportions of 10 and 11 percent are from the East Midlands, West Midlands and Eastern regions. Relatively larger proportions of 15 and 16 percent are from the North West, London and the South East: this is a reflection of the relative distribution of the whole social care workforce by region, and the concentration of social care provision in London and the South East (Eborall and Griffiths, 2008).

In relation to the number of staff employed, most returns to the NMDS-SC, 53 percent (N=13,148), are ‘small’ organizations employing between 11-49 staff members; around a quarter (23.4%, N=5,761) are ‘micro’ organizations, employing 1-11 staff members; 13.3 percent (N=3,287) are ‘medium’ organizations, employing between 50-299 staff; while only 0.5 percent (N=122)

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1 For full definition of establishments’ types please see Appendix A
are ‘large’ employers, employing 200 staff or more. These figures differ from estimated distribution provided by Eborall and Griffiths (2008), particularly in relation to the contribution of ‘micro’ and ‘small’ establishments. Eborall and Griffiths estimate that 58 percent of social care establishments are micro (1-9 employees) and 29 percent are small (10-49 employees). These differences may relate to the fact that, to date, no NMDS-SC data have been collected from individuals who employ care and support staff on their own behalf or on behalf of others, using public funds such as the Independent Living Fund or Direct Payments, or their own resources. This group is anticipated to increase rapidly in number (IFF, 2008). Skills for Care is currently consulting on ways of reaching and including this group of employers (for further details see: http://www.nmds-sc-online.org.uk/content/view.aspx?id=Changes%20to%20the%20NMDS-SC).

Figure 1 Distribution of establishments by region, NMDS-SC May 2009

Types of Service provided

Table 2 presents the distribution of establishments by main service category. It is worth noting, however, that many establishments provide services for more than one client group and that the distribution presented refers to the ‘main’ service category. By far the largest group, representing just under two thirds of establishments (61%, N=15,079), reports adult residential care as their main activity, followed by 15 percent providing adult domiciliary services (home care); five percent or less provide ‘other’ services as their main activity, as shown in Table 2. It is likely that some establishments providing adult residential services, for example, as their main activity offer other types of services as well, such as day care or short breaks (respite). It is also important to highlight that the NMDS-SC has not focused on collecting data from children’s services;
therefore Table 2 should not be interpreted as a reflection of the actual distribution of adults’ and children’s services in England.

### Table 2 Distribution of establishments by main service category, NMDS-SC May 2009

<table>
<thead>
<tr>
<th>Main service category</th>
<th>Number of establishments</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult residential</td>
<td>15079</td>
<td>61.1%</td>
</tr>
<tr>
<td>Adult day care</td>
<td>1209</td>
<td>4.9%</td>
</tr>
<tr>
<td>Adult domiciliary</td>
<td>3660</td>
<td>14.8%</td>
</tr>
<tr>
<td>Adult community care</td>
<td>1768</td>
<td>7.2%</td>
</tr>
<tr>
<td>Children's residential</td>
<td>678</td>
<td>2.7%</td>
</tr>
<tr>
<td>Children's day care</td>
<td>116</td>
<td>0.5%</td>
</tr>
<tr>
<td>Children's domiciliary</td>
<td>31</td>
<td>0.1%</td>
</tr>
<tr>
<td>Children's community</td>
<td>506</td>
<td>2.1%</td>
</tr>
<tr>
<td>Healthcare - NHS</td>
<td>120</td>
<td>0.5%</td>
</tr>
<tr>
<td>Healthcare - independent</td>
<td>180</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1315</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24662</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

### Workforce size and stability

These 24,662 establishments report that they employ a total of 668,667 permanent and temporary staff members, with temporary staff forming only 5 percent of the total employed. A total of 96,390 staff members had been employed in the last 12 months while 98,643 ceased work during the same period; these figures result in a total net-flow rate\(^2\) of -3.4 per 1000, which means that the sector has lost an average of 3.4 more people than it gained per 1000 employees. They report a total of 22,799 vacant positions, resulting in a vacancy rate of 33 per 1000. These statistics vary significantly by type of establishment and job role, as will be shown later in this report.

Table 3 presents data on the total number of employed staff, percentage of temporary staff, vacancy and net flow rates by establishment type. As over half of the establishments are in the private sector, the majority of staff members, 424,101, are employed in this sector.

Overall, 82 percent of returns relate to employees in the independent sector (private and voluntary): this is an over representation of the 70 percent of employees estimated to work in this sector. On the other hand, returns on employees in local authorities comprise 13.2 percent of the total, a slight under-representation of the 16.6 percent estimated by Eborall and Griffiths (2008; p.9). Similarly returns from health make up only 0.7 percent, under-representing the

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\(^2\) Net-flow rate is calculated as the difference between in-flow and out-flow rates.  
In-flow rate = number of full time staff who started employment during the previous 12 months, divided by an estimate of the total number of staff at mid year, multiplied by 1000.  
Out-flow rate = number of full time staff who ceased employment during the previous 12 months, divided by an estimate of the total number of staff at mid year, multiplied by 1000.
4.6 percent estimate of the proportion of social care employees in this sector (Eborall and Griffiths, 2008).

Returns for NMDS-SC, as presented in Table 3, indicate that the highest level of temporary staff is 8.6% of total staff, found among establishments in the statutory health sector (such as a Primary Care Trust (PCT) employing social care staff); however, this should be interpreted with caution due to the under-representation of employees in this sector. Temporary staff levels stand at around six percent in local authority (generic) services, private sector and ‘other’ sectors. The lowest proportion of temporary staff was 2.8 percent among local authority owned establishments (such as day care centres).

The highest vacancy rate was 74.7 per 1000 (7.5%) within the local authority (generic or other services) sector, followed by 59.4 per 1000 (5.9%) among local authority-owned establishments. On the other hand, vacancy rates were lowest among the private sector, at 30 per 1000 (3%), and the voluntary sector, at 32 per 1000 (3.2%).

Table 3 Workforce statistics by type of establishment, NMDS-SC May 2009

<table>
<thead>
<tr>
<th>Establishments’ type</th>
<th>Total number of employees</th>
<th>% Temporary employees</th>
<th>Vacancy rate (per 1000)</th>
<th>Net-flow rate (per 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority - adults’</td>
<td>70339</td>
<td>3.7%</td>
<td>42.6</td>
<td>10.7</td>
</tr>
<tr>
<td>Local authority - children’s</td>
<td>6646</td>
<td>4.9%</td>
<td>43.7</td>
<td>6.6</td>
</tr>
<tr>
<td>Local authority - generic or other</td>
<td>5373</td>
<td>6.1%</td>
<td>74.7</td>
<td>-16.9</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>6038</td>
<td>2.8%</td>
<td>59.4</td>
<td>5.6</td>
</tr>
<tr>
<td>Statutory health</td>
<td>4801</td>
<td>8.6%</td>
<td>35.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Private sector</td>
<td>424101</td>
<td>5.7%</td>
<td>30.0</td>
<td>-9.8</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>124157</td>
<td>4.6%</td>
<td>32.6</td>
<td>13.9</td>
</tr>
<tr>
<td>Other</td>
<td>24803</td>
<td>6.1%</td>
<td>38.6</td>
<td>-24.1</td>
</tr>
<tr>
<td>Not recorded</td>
<td>2409</td>
<td>3.2%</td>
<td>27.1</td>
<td>11.6</td>
</tr>
<tr>
<td>Total</td>
<td>668667</td>
<td>5.3%</td>
<td>33.0</td>
<td>-3.4</td>
</tr>
</tbody>
</table>

In relation to the flow of workers, which is the difference between the rate of new employees joining the workforce during the last 12 months and the rate of those ceasing employment during the same period of time, the voluntary sector appears to be gaining most staff, at a net flow rate of 13.9 per 1000 (1.4%). Local authority adult services have had the next largest gain, at a net flow rate of 10.7 per 1000 (1.1%) during the 12 months prior to the data collection point for each establishment. At the other end of the spectrum, ‘other’ types of establishments reported the highest net loss of staff, at -24.1 per 1000 (-2.4%), followed by local authorities (generic or other services) with a net flow rate of -16.9 per 1000 (-1.7%) staff members.
Staff turnover

Turnover rate\(^3\) is an important workforce measure of ‘stability’, although it is not a very accurate measure of workforce stability on its own. This is because it only provides information on the rate of certain groups ‘ceasing’ work for a particular employer in the past 12 months, and does not provide information on whether or not these workers go on to take up a similar job in the same sector. Nevertheless, turnover rates, combined with in-flow rates, provide good insight into the stability of certain jobs among different types of establishments.

Figure 2 presents turnover rates by type of establishment. On average, turnover is 15 percent; it is lowest among workers in local authority children’s and generic services, and highest in the private sector, at 17 percent. These variations may relate to the different types of staff and job roles between the sectors; issues that are explored further later in this report. It should also be noted that turnover rate is related to specific employers, meaning that some workers who stop work with a specific employer may well remain in the sector, even doing the same job, but for a different employer. Although the NMDS-SC retains employees’ identifiers, the current available data do not allow us to track where, if anywhere, specific individuals go after leaving an employer. However, such analyses may be possible in the future, when data becomes available over a longer period of time.

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\(^3\) Turnover rate is calculated as the total number of full-time members of staff (or equivalent) who terminated employment during the last 12 months (regardless of length of time employed) divided by the sum of the number of full-time staff (or equivalent) at time of data collection (to include all those who started during the past 12 months)
Size and variety of job roles

The NMDS-SC data include information on 27 different job roles; these are presented in Table 4, with the number of staff employed in temporary and permanent positions and their totals. Job roles are presented in order, with the largest staff group at the top of the table.

Table 4 Number of permanent and temporary employees in different job roles, NMDS-SC May 2009

<table>
<thead>
<tr>
<th>Job role</th>
<th>Permanent employees</th>
<th>Temporary employees</th>
<th>Total number of employees</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Worker</td>
<td>339713</td>
<td>23655</td>
<td>363368</td>
<td>54.3%</td>
</tr>
<tr>
<td>Ancillary staff not care-providing</td>
<td>63670</td>
<td>1371</td>
<td>65041</td>
<td>9.7%</td>
</tr>
<tr>
<td>Senior Care Worker</td>
<td>49756</td>
<td>1318</td>
<td>51074</td>
<td>7.6%</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>29966</td>
<td>2903</td>
<td>32869</td>
<td>4.9%</td>
</tr>
<tr>
<td>Administrative or office staff not care-providing</td>
<td>23299</td>
<td>817</td>
<td>24116</td>
<td>3.6%</td>
</tr>
<tr>
<td>Community Support and Outreach Work</td>
<td>22373</td>
<td>1739</td>
<td>24112</td>
<td>3.6%</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>16152</td>
<td>104</td>
<td>16256</td>
<td>2.4%</td>
</tr>
<tr>
<td>Supervisor</td>
<td>13788</td>
<td>233</td>
<td>14021</td>
<td>2.1%</td>
</tr>
<tr>
<td>First Line Manager</td>
<td>12565</td>
<td>210</td>
<td>12775</td>
<td>1.9%</td>
</tr>
</tbody>
</table>
The figures show that, among returns to NMDS-SC, just over half of employed staff, N=363,368, are care workers (working in care homes and in people’s own homes); followed by ancillary staff (not care providing, such as cooks or cleaning staff) at 10 percent of the workforce, N=65,041. Closely after this at eight percent, 51,074 of the workforce, come senior care workers (mainly working in care homes). Nearly equal proportions of four to five percent are registered nurses (working in care homes in the main), administrative staff and community support workers (see Manthorpe and Martineau, 2008). Registered managers, supervisors, first line managers and senior managers each constitute two percent of the workforce. However, we should bear in mind the under-representation of workers from local authorities, particularly in children’s services (13.2% vs. estimated 16.6%) and over-representation of the independent sector (82% vs. estimated 70%).

The above job roles are grouped by Skills for Care into four main categories for ease of comparison:

1. **Manager/supervisor**
   - Senior Management
   - Middle Management
   - First Line Manager
• Registered Manager
• Supervisor
• Social Worker⁴
• Managers and staff in care-related but not care-providing role

2. Direct care
• Senior Care Worker
• Care Worker
• Community, Support and Outreach Work
• Employment Support
• Advice, Guidance and Advocacy
• Educational Support
• Youth Offending Support
• Counsellor
• Nursery Nurse
• Childcare Worker or Childcare Assistant
• Educational Assistant
• Technician
• Other job role directly involved in providing care

3. Professional
• Occupational Therapist
• Registered Nurse
• Allied Health Professional (other than Occupational Therapist)
• Teacher (qualified)

4. Other
• Administrative / office staff not care-providing
• Ancillary staff not care-providing
• Other job role not directly involved in providing care
• Not Recorded

Table 5 Distribution of permanent and temporary staff by job category, NMDS_SC May 2009

<table>
<thead>
<tr>
<th>Job category</th>
<th>Total number of staff</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care</td>
<td>454866</td>
<td>68.0%</td>
</tr>
<tr>
<td>Manager/Supervisor</td>
<td>78079</td>
<td>11.7%</td>
</tr>
<tr>
<td>Professional</td>
<td>38004</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other</td>
<td>97718</td>
<td>14.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>668667</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

It is clear from Table 5 that ‘direct care’ workers form the majority of the social care workforce (68%); followed by managers/supervisors at 12 percent and professional staff at six percent. The remainder of the workforce is formed of administrative and ancillary staff, such as cooks and cleaners, who do not officially provide direct personal care but, of course, are a substantial part of any establishment and its services. In this issue we will focus on examining different

⁴ Note that SfC includes social workers in the ‘manager/supervisor’ and not the ‘professional’ category.
workforce statistics related to the first three groups: direct care workers, managers/supervisors and professionals.

**Direct Care Workers**

According to the Skills for Care categories, direct care workers comprise: care workers, senior care workers, community support workers and other roles (for a full list see previous section). Table 6 presents workforce statistics related to the direct care workforce by type of establishment. The majority of direct care workers are employed in the private sector, followed by the voluntary and then the local authority sectors (adults services).

**Table 6 Direct care workforce by type of establishment, NMDS-SC May 2009**

<table>
<thead>
<tr>
<th>Type of establishment</th>
<th>Total number of employees</th>
<th>% Temporary employees</th>
<th>Vacancy rate per 1000</th>
<th>Net-flow rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority - adults</td>
<td>45178</td>
<td>3.6%</td>
<td>45.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Local authority - children's</td>
<td>3183</td>
<td>8.3%</td>
<td>48.4</td>
<td>14.1</td>
</tr>
<tr>
<td>Local authority - generic or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td>2662</td>
<td>7.4%</td>
<td>75.1</td>
<td>-13.9</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>4171</td>
<td>2.8%</td>
<td>51.2</td>
<td>-2.9</td>
</tr>
<tr>
<td>Statutory health</td>
<td>2219</td>
<td>13.2%</td>
<td>63.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Private sector</td>
<td>295280</td>
<td>6.6%</td>
<td>35.3</td>
<td>-13.6</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>83649</td>
<td>5.6%</td>
<td>38.9</td>
<td>17.0</td>
</tr>
<tr>
<td>Other</td>
<td>16731</td>
<td>7.4%</td>
<td>46.8</td>
<td>-27.6</td>
</tr>
<tr>
<td>Not recorded</td>
<td>1793</td>
<td>3.6%</td>
<td>30.3</td>
<td>16.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>454866</strong></td>
<td><strong>6.2%</strong></td>
<td><strong>38.0</strong></td>
<td><strong>-5.9</strong></td>
</tr>
</tbody>
</table>

Overall, only six percent of the direct care workers are temporary workers. The vacancy rate stands at 38 per 1000 (3.8%), which is higher than for the sector as whole. The net-flow rate during the last 12 months was -5.9 per 1000 (-0.6%), meaning that the sector has lost more staff in this group than it gained. However, as indicated earlier, these statistics vary markedly by the type of establishment where direct care workers are employed. Local authority-owned establishments, such as day centres or local authorities' own domiciliary care provision, have the lowest proportion of temporary staff, at three percent, while the statutory health sector has the highest level of temporary direct care workers, at 13 percent.

Vacancy rates are highest, at 75 per 1000 (7.5%), among local authorities (generic or other services); they are lowest, at 35 per 1000 (3.5%), for the private sector. The voluntary sector gained most direct care workers during the past 12 months, with a 17 per 1000 (1.7%) net-flow rate, while the private sector and local authority (generic or other services) lost 13 and 14 per 1000 (1.3% and 1.4%). While both the local authority adults’ and children’s sectors gained more direct care staff during the last 12 months, children’s services’ in-flow rate of direct care staff was double that of adults’ services’, at 14 per 1000 (1.4%).

In relation to specific job roles within this larger group of ‘direct care workers’, senior care workers have a higher negative net flow rate of -11.6 per 1000 (-1.2%) compared with care workers at -6.8 per 1000 (-0.7%) (see
Appendix B for details). However, vacancy rates are higher among care workers, at 39.3 per 1000 (3.9%), than among senior care workers, at 23.9 per 1000 (2.4%).

**Managers and supervisors**

In total 12 percent of the social care workforce, represented in the NMDS_SC returns by May 2009, are managers and supervisors. Using the Skills for Care classification, social workers are included in this category; however, this report presents data on them separately later. Table 7 shows that managers and supervisors, unlike the direct care workforce, include a lower proportion of temporary staff, have a lower vacancy rate and positive net flow rate. Such figures indicate a higher level of workforce stability for this group than for direct care workers, possibly a consequence of the professional status of these staff.

The highest vacancy rate is among local authority owned services, at 84 per 1000 (8.4%); it is considerably lower among the statutory health sector, at only eight per 1000 (0.8%). Although the overall net-flow rate was positive in respect of all managers and supervisors, this was only as a result of positive gains among the local authority (adults’ services) and minor gains among the private sector. All other establishment types (except those not recorded) saw losses in this group of staff during the past 12 months. However it is worth remembering that NMDS-SC returns derive from information provided by employers, and that some employees may cease employment with one employer but gain employment with another in the same sector. The dynamics of employee mobility within the sector will be investigated further when the span of NMDS data is long enough to allow tracking of individual employees.

**Table 7 Workforce statistics for managers and supervisors in the social care workforce, NMDS-SC May 2009**

<table>
<thead>
<tr>
<th>Type of establishment</th>
<th>Total number of employees</th>
<th>% Temporary employees</th>
<th>Vacancy rate per 1000</th>
<th>Net-flow rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority - adults’</td>
<td>12319</td>
<td>3.4%</td>
<td>36.2</td>
<td>23.9</td>
</tr>
<tr>
<td>Local authority - children’s</td>
<td>2051</td>
<td>2.0%</td>
<td>42.9</td>
<td>-10.7</td>
</tr>
<tr>
<td>Local authority - generic or other</td>
<td>1512</td>
<td>3.6%</td>
<td>84.2</td>
<td>-30.4</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>685</td>
<td>1.6%</td>
<td>32.5</td>
<td>-26.3</td>
</tr>
<tr>
<td>Statutory health</td>
<td>1154</td>
<td>0.1%</td>
<td>7.7</td>
<td>-0.9</td>
</tr>
<tr>
<td>Private sector</td>
<td>40677</td>
<td>2.1%</td>
<td>16.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>16755</td>
<td>1.2%</td>
<td>20.7</td>
<td>-10.3</td>
</tr>
<tr>
<td>Other</td>
<td>2727</td>
<td>1.0%</td>
<td>21.5</td>
<td>-15.8</td>
</tr>
<tr>
<td>Not recorded</td>
<td>199</td>
<td>1.0%</td>
<td>10.0</td>
<td>35.2</td>
</tr>
<tr>
<td>Total</td>
<td>78079</td>
<td>2.1%</td>
<td>22.9</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Among managers and supervisors, the highest vacancy rate was for social workers, at 62.6 per 1000 (6.3%), while the lowest was among registered managers (typically of care homes) (16 per 1000; 1.6%) and middle managers
(17.6 per 1000; 1.8%). This is as might be expected; it is very difficult to run a care home without a manager, in terms of day-to-day business and in terms of satisfying regulatory requirements. Only frontline managers and registered managers had negative net-flow rates, of -2 and -10.5 per 1000 (-0.2% and -1.1%) respectively, and middle managers had the highest positive net-flow rate, of 9.7 per 1000 (1%; see Appendix B for detailed figures).

**Professional staff**

Skills for Care classify occupational therapists, allied health professionals, registered nurses and teachers as ‘professional’ social care staff. Many of them work in care homes or specialist facilities. There is a total of 38,004 staff in this group at the latest NMDS-SC return of May 2009, forming around six percent of the total social care workforce. As Table 8 shows, the sector has made clear gains in this group of workers during the past 12 months, with a net-flow rate of 4.7 per 1000 (0.5%); however, the percentage of temporary staff among this group is higher than that among both direct care workers and managers/supervisors (8% compared to 6% and 2% respectively). The overall vacancy rate among this group is nearly the same as that among managers/supervisors, at 25 per 1000 (2.5%), while the net-flow rate is the highest among the three groups of workers.

The highest percentage of temporary staff is in the local authority (generic or other services) sector; however, the same sector reported nil vacancy rates. On the other hand, local authority services reported a staggering vacancy rate of 183 per 1000 for professional workers. However, all sectors reported growing numbers of professional staff in their workforces; the highest were observed among the voluntary and local authority sectors, with the exception of the ‘other’ sector (see Appendix A for definition of other establishment types) where small losses of -2.7 per 1000 (-0.3%) were reported.
Table 8 Workforce statistics for ‘professional’ staff in the social care sector, NMDS-SC May 2009

<table>
<thead>
<tr>
<th>Type of establishment</th>
<th>Total number of employees</th>
<th>% Temporary employees</th>
<th>Vacancy rate per 1000</th>
<th>Net-flow rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority - adults</td>
<td>1664</td>
<td>3.4%</td>
<td>25.8</td>
<td>11.4</td>
</tr>
<tr>
<td>Local authority - children's</td>
<td>242</td>
<td>0.4%</td>
<td>32</td>
<td>12.4</td>
</tr>
<tr>
<td>Local authority - generic or other</td>
<td>183</td>
<td>17.5%</td>
<td>0</td>
<td>16.4</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>205</td>
<td>9.3%</td>
<td>183.3</td>
<td>29.3</td>
</tr>
<tr>
<td>Statutory health</td>
<td>730</td>
<td>11%</td>
<td>22.8</td>
<td>2.7</td>
</tr>
<tr>
<td>Private sector</td>
<td>29232</td>
<td>8.9%</td>
<td>24.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>4540</td>
<td>6.3%</td>
<td>23.9</td>
<td>23.8</td>
</tr>
<tr>
<td>Other</td>
<td>1097</td>
<td>9.4%</td>
<td>24.9</td>
<td>-2.7</td>
</tr>
<tr>
<td>Not recorded</td>
<td>111</td>
<td>6.3%</td>
<td>26.3</td>
<td>126.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38004</strong></td>
<td><strong>8.4%</strong></td>
<td><strong>25.5</strong></td>
<td><strong>4.7</strong></td>
</tr>
</tbody>
</table>

There are wide differences among professional staff. Occupational therapists were reported to have a negative net-flow rate at -17.9 per 1000 (-1.8%) and a vacancy rate of 35.8 per 1000 (3.6%). On the other hand, registered nurses have the lowest net-flow rate of 6.4 per 1000 (0.6%); and allied health professionals\(^5\) (such as play therapists and prosthetics staff) were reported to have the highest vacancy rate of 109 per 1000 (10.9%; see Appendix B).

**Turnover rates among different groups of employees**

Figure 3 shows that the overall turnover rate is lowest among managers and supervisors, at only 8 percent, and highest among direct care workers, at 16.8 percent. The highest turnover rate among direct care workers is in the private sector, and the lowest in local authority generic and children's services. Relatively high turnover rates among managers/supervisors occur in the private and voluntary sectors, at nine percent, but these are negligible among the statutory health sector. Professional workers’ turnover was in the middle of the two other groups, at 11 percent. The highest turnover rate among professionals is in the local authority owned sector, at 18 percent, and the lowest is among local authority children’s services and statutory health sector, at nearly two percent.

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\(^5\) Other than occupational therapists
Figure 3 Turnover rates among different groups of employees by type of establishment, NMDS-SC May 2009

Among ‘direct care’ employees turnover rates are higher among care employees than senior care employees (18.5 vs. 9.3 percent). Among managers/supervisors, registered managers have the highest turnover rate of 10.1 percent while senior managers have the lowest at 4.6 percent. Among the ‘professional’ group, occupational therapists and registered nurses have very similar turnover rates of 10.1 and 11.6 percent respectively, while allied health professionals have a lower turnover rate of 5.1 percent (see Appendix B for detailed figures).
Conclusion

In this issue, using NMDS-SC data at the end of May 2009, data were analysed relating to 24,662 social care establishments, providing information about 668,667 members of their staff. At this stage of the NMDS-SC, the returns over-represent employees in the independent sector and slightly under-represent employees in local authorities. Nearly two thirds of the NMDS-SC returns related to ‘direct care’ employees. During the last 12 months, for each employer, the analysis indicates that the sector may have lost slightly more employees than it gained, with a net-flow rate of -3.4 per 1000 (-0.3%). However, some of these employees may have moved to other jobs within the social care sector; therefore ‘gains’ and ‘loses’ of employees are calculated on the employer level rather than the whole sector level. Further analysis will be possible when the NMDS provides coverage for a longer period of time, which will permit tracking of individual employees to establish in and out sector mobility.

The current analysis indicates that in-flow rates varied considerably by employers’ establishment type and job role. Employers in local authorities (generic or other services), private and ‘other’ sectors reported the largest ‘losses’ of staff while employers in the voluntary and local authorities (adult services) made most gains at the employer level. Employers reported positive net-flow rates among both managers/supervisors and professional staff groups; this may relate to employing new staff, or the possibility that employees have gained promotion or further qualifications during the past 12 months. At the same time, employers reported a decrease in the number of direct care employees during the past 12 months, with a net-flow rate of -5.9 per 1000 (0.6%).

Overall vacancy rates stood at 33 per 1000 (3.3%), with the highest figures reported by employers in local authorities (generic or other services) at 74.7 per 1000 (7.5%) and the lowest by employers in the private sector, at 30 per 1000 (3%). In relation to job role, employers indicated that vacancy rates were lowest among managers/supervisors at 22.9 per 1000 (2.3%) but highest among direct care workers at 38 per 1000 (3.8%). However, within these groups, allied health professionals were reported to have the highest vacancy rate of 109 per 1000 (10.9%), followed by social workers at 62.6 per 1000 (6.3%).

An average 14.8 percent turnover rate was reported for all employers who provided data for the NMDS-SC; this rate was 5 percent or less among employers in local authority children’s services, local authorities (generic or other services) and statutory health. On the other hand, turnover rate was 13 percent or higher among establishments in the voluntary and private sectors. In relation to job roles, employers indicated that turnover rate was highest among direct care employees, at 16.8 percent, followed by professional employees at 11.1 percent; and lowest among managers/supervisors at 7.9 percent. For
specific job roles, turnover rate was highest among care workers at 18.5 percent and lowest among senior managers at 4.6 percent.

This report highlights how the volume and flow of different groups of the care workforce varies by sector and specific job roles, as indicated by social care employers who completed the NMDS-SC by May 2009. In terms of establishment type, the majority of care establishments are run by the private and voluntary sectors and therefore the majority of the workforce is employed in these sectors. The analysis indicates that, according to the current returns to NMDS, during the last year employers in the private sector appear to have lost more employees than they gained, while the opposite was observed among employers in the voluntary sector. Both the private and voluntary sectors have higher than average turnover rates, and vacancy rates were higher among the private sector suggesting a lower stability level for the workforce employed in this sector.

Among NMDS-SC returns, care workers comprise more than half the whole workforce. Turnover rates are highest among this group and their net flow rate is negative, suggesting again a high level of employment mobility. Such movement may be within the social care sector; and this hypothesis will be explored in another issue of Social Care Workforce Periodical, when further data becomes available.
References


## Appendix A
Details of establishment types as defined by Skills for Care.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority adult services</td>
<td>The central support staff teams and social work teams of the local authority adult social care services, i.e. non-direct care for older people and adults aged 18+</td>
</tr>
<tr>
<td>Local authority children's services</td>
<td>The central support staff teams and social work teams of the local authority children's social care services, i.e. non-direct care for children and young people aged under 18.</td>
</tr>
<tr>
<td>Local authority generic/other services</td>
<td>The central support staff teams and social work teams of the local authority social care services, i.e. non-direct care for people of all ages, not specifically for adults or children.</td>
</tr>
<tr>
<td>Local authority owned provision</td>
<td>A local authority employing organisation where the care setting is owned and operated by a local authority with local authority-employed staff, e.g. day care centre, care home, domiciliary care etc.</td>
</tr>
<tr>
<td>Statutory health</td>
<td>An NHS employing organisation, e.g. Primary Care Trust, a Health or Care Trust, a Special Health Authority or a GP Practice, or another public sector health service organisation</td>
</tr>
<tr>
<td>Private</td>
<td>Private sector, generally operating for profit, even if all the services provided are purchased by one or more local authorities.</td>
</tr>
<tr>
<td>Voluntary</td>
<td>Includes a range of organisations: voluntary and community sector organisations, registered charities, non-charitable non-profit organisations, associations, self-help groups, community groups, social enterprises, mutual and co-operatives, generally operating as ‘not for profit’ or non-profit distributing.</td>
</tr>
<tr>
<td>Other</td>
<td>None of the above</td>
</tr>
</tbody>
</table>
### Appendix B

#### Detailed workforce statistics for separate job roles

<table>
<thead>
<tr>
<th>Job role</th>
<th>Establishment type</th>
<th>Permanent staff</th>
<th>Temporary staff</th>
<th>Vacancy rate per 1000</th>
<th>Net-flow rate per 1000</th>
<th>Turnover rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
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<td>31</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Local authority - adults</td>
<td></td>
<td>395</td>
<td>9</td>
<td>17</td>
<td>17.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Local authority - children's</td>
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<td>62</td>
<td>0</td>
<td>0</td>
<td>-177.4</td>
<td>19.4</td>
</tr>
<tr>
<td>Local authority - generic or other</td>
<td></td>
<td>61</td>
<td>0</td>
<td>16.1</td>
<td>-82</td>
<td>8.2</td>
</tr>
<tr>
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<td>28</td>
<td>0</td>
<td>0</td>
<td>-71.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Statutory health</td>
<td></td>
<td>473</td>
<td>0</td>
<td>2.1</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Private sector</td>
<td></td>
<td>7672</td>
<td>554</td>
<td>12.4</td>
<td>9.1</td>
<td>3.9</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
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<td>1968</td>
<td>23</td>
<td>16.3</td>
<td>-17.1</td>
<td>7.7</td>
</tr>
<tr>
<td>Other</td>
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<td>370</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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<td>588</td>
<td>12.7</td>
<td>1.6</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Middle Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not recorded</td>
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<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Local authority - adults</td>
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<td>899</td>
<td>45</td>
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<td>3.3</td>
</tr>
<tr>
<td>Local authority - children's</td>
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<td>230</td>
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</tr>
<tr>
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<td>112</td>
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</tr>
<tr>
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<td>1</td>
<td>0</td>
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</tr>
<tr>
<td>Statutory health</td>
<td></td>
<td>312</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Private sector</td>
<td></td>
<td>3858</td>
<td>33</td>
<td>17.9</td>
<td>8.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td></td>
<td>2585</td>
<td>36</td>
<td>17.2</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td>384</td>
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<td>-10.4</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8435</td>
<td>124</td>
<td>17.6</td>
<td>9.7</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>First Line Manager</strong></td>
<td></td>
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<td></td>
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<td></td>
</tr>
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</tr>
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<td>100</td>
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<td>5.7</td>
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<td>9</td>
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<td>Local authority - generic or other</td>
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<td>3.9</td>
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<td>Local authority owned</td>
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<td>264</td>
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<td>7.5</td>
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<td>17</td>
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<td>9.7</td>
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<td>17.4</td>
<td>-15.6</td>
<td>9.6</td>
</tr>
<tr>
<td>Other</td>
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<td>5</td>
<td>17.2</td>
<td>-19.2</td>
<td>10.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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<td>210</td>
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<td>-2</td>
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</tr>
<tr>
<td><strong>Registered Manager</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>35.1</td>
<td>3.5</td>
</tr>
<tr>
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<td>16</td>
<td>13</td>
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<tr>
<td>Local authority - children's</td>
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<td>0</td>
<td>12.3</td>
<td>-62.5</td>
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<td>Local authority - generic or other</td>
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<td>69</td>
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<td>3</td>
<td>30.8</td>
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<td>27.8</td>
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</tr>
<tr>
<td>Job role</td>
<td>Establishment type</td>
<td>Permanent staff</td>
<td>Temporary staff</td>
<td>Vacancy rate per 1000</td>
<td>Net-flow rate per 1000</td>
<td>Turnover rate (%)</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------</td>
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<td>-----------------</td>
<td>------------------------</td>
<td>------------------------</td>
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| Not recorded                     |                                     | 3              | 1              | 0                    | 0                      | 0.0               |
| Local authority - adults         |                                     | 187            | 17             | 51.2                 | 9.8                    | 5.9               |
| Local authority - children's     |                                     | 20             | 1              | 0                    | -47.6                  | 14.3              |
| Local authority - generic or other|                                     | 59             | 2              | 46.9                 | 0                      | 0.0               |
| Local authority owned            |                                     | 4              | 0              | 0                    | 0                      | 0.0               |
| Statutory health                 |                                     | 11             | 0              | 153.8                | 0                      | 0.0               |
| Private sector                   |                                     | 50             | 8              | 16.9                 | -51.7                  | 27.6              |
| Voluntary or third sector        |                                     | 636            | 37             | 11.7                 | 32.7                   | 8.2               |
| Other                            |                                     | 44             | 0              | 43.5                 | 22.7                   | 4.5               |
| **Total**                        |                                     | **1014**       | **66**         | **24.4**             | **19.4**               | **8.1**           |

| Educational Support              |                                     |                |                |                      |                        |                  |
| Not recorded                     |                                     | 5              | 0              | 0                    | -200                   | 20.0              |
| Local authority - adults         |                                     | 22             | 2              | 0                    | 0                      | 0.0               |
| Local authority - children's     |                                     | 71             | 0              | 40.5                 | 28.2                   | 1.4               |
| Local authority - generic or other|                                     | 3              | 1              | 333.3                | -250                   | 25.0              |
| Local authority owned            |                                     | 0              | 0              | NA                   | NA                     | NA                |
| Statutory health                 |                                     | 2              | 0              | 0                    | 0                      | 0.0               |
| Private sector                   |                                     | 583            | 73             | 22.4                 | 25.9                   | 7.8               |
| Voluntary or third sector        |                                     | 477            | 41             | 24.5                 | 13.5                   | 7.3               |
| Other                            |                                     | 75             | 11             | 11.5                 | -11.6                  | 1.2               |
| **Total**                        |                                     | **1238**       | **128**        | **24.3**             | **16.8**               | **6.8**           |

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| Local authority - adults'        |                                     | 3              | 0              | 0                    | 0                      | 0.0               |
| Local authority - children's     |                                     | 54             | 0              | 0                    | 37                     | 5.6               |
| Local authority - generic or other|                                     | 162            | 7              | 199.1                | 0                      | 1.2               |
| Local authority owned            |                                     | 0              | 0              | NA                   | NA                     | NA                |
| Statutory health                 |                                     | 0              | 0              | NA                   | NA                     | NA                |
| Private sector                   |                                     | 7              | 29             | 0                    | 166.7                  | 0.0               |</p>
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