

Adult Social Care

Annex A: Detailed Information on Skills Needs Assessment



Adult Social Care

The National Picture

Social Care is a foundational pillar of the North East economy. It is essential not just for the vulnerable, but for enabling the wider workforce to participate in the economy by providing care for dependents. The sector functions as a critical economic anchor, supporting family structures and regional health outcomes while providing significant employment opportunities, it is also directly correlated with the broader productivity and economic resilience of the North East.

The sector faces a national crisis of recruitment and retention, driven by low pay and perceived low status. Nationally, the number of apprenticeships starts in adult social care has fallen by 76% since 2016/17, falling from nearly 100,000 to just 23,420 in 2023/24. This decline reflects a systemic withdrawal of domestic labour from the sector, necessitating a heavy reliance on international recruitment to fill critical gaps.

The specific sector in the North East

Social Care is a foundational pillar of the North East economy, it is critical for supporting the region's ageing population and those with long-term health condition, but also for enabling the wider workforce to participate in the economy by providing care for dependents. New Deal for Workers emphasises the need to professionalise and support this workforce to ensure the foundational economy can function. This strategy aims to transform social care from a "low-skill" perceived role into a recognised professional career path with clear progression and fair compensation. Adult social care employers across residential care, domiciliary care, supported living and charitable provision report sustained workforce pressures shaped by geography, funding constraints and rising complexity of need. Workforces typically include large proportions of support workers and care assistants, with smaller numbers of senior care staff, nurses, team leaders and registered managers.

Currently, the sector employs 61,196 people across 1,455 employers. It is a sector that directly supports the region's ageing population and those with long-term health conditions. However, broader workforce estimates suggest the total number of posts in the region may be as high as 95,000 when including local authority and NHS-related social care roles. Of these, approximately 90,000 posts are currently filled, leaving a vacancy gap of roughly 5,100 roles, representing a vacancy rate of 8.7%. Several employers highlight ageing workforces, particularly in rural Northumberland, where long-serving staff are approaching retirement and succession planning is increasingly difficult. Detailed regional data indicates that 29% of workers are aged 55 and over, creating a looming "retirement cliff" that necessitates urgent replacement demand. In the North East, 81% of the workforce is female, and 39% of all staff work part-time. Furthermore, the sector counts the highest level of female leadership among all key industries, with 35% of director positions held by women. Despite this, the workforce structure is heavily weighted toward entry-level roles (71.4%) and only 0.86% in management.

To keep pace with rising demand, the sector is projected to grow by 3.5% per year, forecasting a workforce of 75,532 roles by 2030. Longer-term forecasts suggest that if the workforce grows proportionally to the population aged 65 and over, the North East will require an additional 21,500 posts by 2040, bringing the total workforce to approximately 116,000.

Priority SIC Codes: Residential care activities (87), Social work activities without accommodation (88).

RTIC: 86102 Medical nursing home activities, 87100 Residential nursing care facilities, 87200 Residential care activities for learning difficulties mental health and substance abuse, 87300 residential care activities for the elderly and disabled, 87900 Other residential care activities, 88100 Social work activities without accommodation for the elderly and disabled, 88990 Other social work activities without accommodation.

| SOC20 unit code | NELSIP 26/29 Occupation name SOC20 unit label | 2021-25 monthly average actual job posting | monthly average job posting forecast by 2029 | Forecasted change by 2029 in monthly job postings | Forecasted % change by 2029 in average monthly job postings |
|-----------------|--|--|--|---|---|
| 6136 | Care Workers and Home Carers | 1294 | 1082 | -0.2 | -16.38% |
| 2461 | Social Workers | 154.4 | 176.6 | 16 | 14.38% |
| 1232 | Residential, day and domiciliary care managers and proprietors | 79.4 | 95.4 | 22.2 | 20.15% |
| 6135 | Senior Care Workers and Home Carers | 36.4 | 26 | 62.3 | -28.57% |
| 1172 | Social services managers and directors | 10.7 | 10.5 | -10.4 | -1.87% |

Real-world challenges for the specific sector

- Sector attractiveness and Recruitment Crisis: Difficulty in recruiting and retaining staff due drive by low pay, low sector attractiveness and the competition from other sectors (e.g., retail, hospitality) that offer higher wages for less demanding work. Recruitment is a persistent challenge across all subsectors. Residential care providers report very high turnover, with some services replacing over 70% of staff within a

year. Domiciliary care providers experience continuous recruitment demand due to rising commissioned hours and attrition linked to pay, working pressures including long days, and travel pressures. Employers report high applicant volumes but low interview attendance, alongside shortages of candidates with the right communication skills, values and understanding of care work. Rural travel, such as in Northumberland, reduces candidate willingness to take roles, while urban areas such as Newcastle are highly competitive, with frequent movement between providers. International recruitment plays a significant role for some employers, with visa-sponsored staff often demonstrating stronger reliability and work ethic. However, recent tightening of immigration rules has led to a sharp decline in international recruitment starts nationally in early 2024/25, creating an urgent need to re-engage domestic talent. The rising cost of childcare is a barrier to workforce entry, particularly for women.

- Funding pressures linked to local authority hourly rates, wage inflation and pension costs constrain growth and limit the capacity to cover staff during onboarding or release staff for training.
- Skills Gaps and Workforce Capability: The sector is often viewed as low skill, despite the complex needs of service users. Soft skills are consistently identified as critical, Employers report significant variation in digital capability, particularly among older staff, as services transition to paperless systems.
- Poverty: High rates of child poverty place additional strain on social care services.

Skill needs, current provision and demand

Soft skills are consistently identified as critical, including communication (verbal and non-verbal), relationship-building, resilience and the ability to support individuals with complex needs or challenging behaviour.

Employers report significant variation in digital capability, particularly among older staff, as services transition to paperless systems.

Qualification gaps are common, applicants frequently claim Care Certificate or Level 2/3 qualifications without evidence or practical competence, particularly in medication administration. Senior care roles are difficult to fill due to limited domiciliary care experience, reluctance to take on responsibility and the increasing complexity of community-based care. Leadership and management capability is a growing pinch point, with many staff hesitant to progress into roles with regulatory accountability and 24/7 responsibility.

Training models vary but typically combine classroom learning, simulation, on the job coaching and e learning. Some providers deliver enhanced multiday training modules (e.g., three days moving and handling, five day medication).

Employers emphasise the importance of competency-based assessment—particularly for medication, moving and handling, and safeguarding—over rapid onboarding.

Training accessibility is generally strong, though adaptations are required for staff with dyslexia, hearing impairment, autism or visual needs.

Training costs are rising sharply, particularly for mental health and trauma informed care.

Digital transformation has improved efficiency, though some employers remain cautious about AI generated notes due to accuracy concerns.

Engagement with education providers and talent pipelines is generally strong, with employers delivering talks, mock interviews, job clubs and community projects to improve perceptions of social care careers. However, engagement with training providers is inconsistent, with several employers reporting that repeated outreach did not lead to meaningful progress. Many noted that successful collaboration often depends more on personal relationships than on formal channels. T Level placements are used by some providers, although placement quality and supervision requirements can create operational pressures. University engagement is also variable, with some providers supporting student nurses and paramedics, while others experience fluctuations in placement availability.

Medium term skills demand will centre on support workers capable of delivering increasingly complex care, alongside stronger pipelines into team leader and registered manager roles. Digital confidence will remain essential as services continue to modernise. Employers anticipate a rising need for clinical-adjacent skills in domiciliary care, including pressure care, sample collection and medication management. Leadership capability is expected to be the most significant future pinch point, driven by regulatory scrutiny and reluctance among staff to assume accountability.

Education pathway: focus on health and social care training at levels 2 and 3. Higher-level pathways (level 6+) are essential for nursing and social work to meet the complexity of modern care needs.

Current provision –apprenticeship starts by Level and standard/framework

In the academic year 24/25 it had been recorded 3,440 starts in the Health, Public Services and Care area, 47% Advanced apprenticeship (1,660), followed by 39% of Higher apprenticeship (1,330) the remaining 14% are Intermediate Apprenticeship (2,970) while the overall achievements had been 2,310.

| Standard/framework | ST Code | Level | NE Starts |
|-----------------------------|---------|-------|-----------|
| Adult Care Worker | ST0005 | 2 | 260 |
| Pharmacy Services Assistant | ST0299 | 2 | 110 |
| Early Years Practitioner | ST0888 | 2 | 80 |

| | | | |
|---|---|---|-------|
| Lead Traffic Management Operative | ST0816 | 2 | 80 |
| Healthcare Support Worker | ST0216 | 2 | 50 |
| Healthcare Science Assistant | ST0218 | 2 | 10 |
| Housing and Property Management Assistant | ST0233 | 2 | 10 |
| Early Years Educator | ST0135 | 3 | 500 |
| Lead Adult Care Worker | ST0006 | 3 | 430 |
| Dental Nurse (GDC 2023) | ST1431 | 3 | 140 |
| Senior Healthcare Support Worker | ST0217 | 3 | 110 |
| Pharmacy Technician (Integrated) | ST0300 | 3 | 100 |
| Ambulance Support Worker (Emergency, Urgent and Non-Urgent) | ST0489 | 3 | 80 |
| Dental Nurse (Integrated) | ST0113 | 3 | 60 |
| Operational Firefighter | ST0208 | 3 | 60 |
| Housing and Property Management | ST0234 | 3 | 30 |
| Emergency Contact Handler | ST0472 | 3 | 20 |
| Community Fire Safety Advisor | ST0207 | 3 | 10 |
| Community Health and Wellbeing Worker | ST0948 | 3 | 10 |
| Public Service Operational Delivery Officer | ST0244 | 3 | 10 |
| Youth Support Worker | ST0979 | 3 | 10 |
| Children, Young People and Families Practitioner | ST0052 | 4 | 310 |
| Lead Practitioner in Adult Care | ST0007 | 4 | 70 |
| Senior Housing and Property Management | ST0235 | 4 | 30 |
| Counter Fraud Investigator | ST0613 | 4 | 20 |
| Healthcare Science Associate | ST0219 | 4 | 10 |
| Intelligence Analyst | ST0246 | 4 | 10 |
| Oral Health Practitioner | ST0383 | 4 | 10 |
| Police Community Support Officer | ST0303 | 4 | 10 |
| Regulatory Compliance Officer | ST0427 | 4 | 10 |
| Leader in Adult Care | ST0008 | 5 | 140 |
| Nursing Associate (NMC 2018) | ST0827 | 5 | 140 |
| Children, Young People and Families Manager | ST0053 | 5 | 70 |
| Early Years Lead Practitioner | ST0869 | 5 | 40 |
| Assistant Practitioner (Health) | ST0215 | 5 | 10 |
| Police Constable (Integrated Degree) | ST0304 | 6 | 120 |
| Registered Nurse Degree (NMC 2018) | ST0781 | 6 | 110 |
| Social Worker (Integrated Degree) | ST0510 | 6 | 40 |
| Enhanced Clinical Practitioner | ST0895 | 6 | 20 |
| Diagnostic Radiographer | ST0619 | 6 | 10 |
| Dispensing Optician | ST0774 | 6 | 10 |
| Healthcare Science Practitioner (Integrated Degree) | ST0220 | 6 | 10 |
| Non Home Office Police Officer | ST0304 | 6 | 10 |
| Occupational Therapist | ST0517 | 6 | 10 |
| Operating Department Practitioner | ST0583 | 6 | 10 |
| Paramedic | ST0518 | 6 | 10 |
| Youth Worker | ST0980 | 6 | 10 |
| Advanced Clinical Practitioner (Integrated Degree) | ST0539 | 7 | 50 |
| Community Nurse Specialist Practitioner (NMC 2022) | ST1310 | 7 | 20 |
| Specialist Community Public Health Nurse (NMC 2022) | ST1311 | 7 | 10 |
| Adjustment | Small Volume Suppressed Standards | | 50 |
| Total | | | 3,550 |

What's currently happening in the region

- 40% of the regional workforce has 10+ years of experience, serving as a vital "anchor" knowledge base for mentoring.

- **New Deal for Workers:** The Mayor's plan pledges to ensure workers in the foundational economy can develop skills and build careers with good prospects, focusing on fair pay and secure terms. This involves establishing an oversight board to oversee strategic planning and integrated pathways.
- **Child Poverty Reduction:** Integrated approaches to reducing child poverty are being implemented, recognising the link between family stability and economic participation. Required new reform to improve outcomes for families and communities, aiming to lift children out of poverty and reduce costs for residents entering the workforce.

What needs to be retained

- **Integrated Support:** The joined-up approach between skills, health, and employment support services must be maintained to support vulnerable residents. Regional collaboration through the "Colleges for North East England" alliance is vital, ensuring that FE colleges work strategically with the Combined Authority to align their curriculum with the foundational economy.
- **North East SHINE framework:** The high standard established by Shine is a fundamental part of the North East Strategy to create "Good Work" empowering employers to improve job quality and fairness through five main points: employee health and wellbeing, community responsibility, employee voice, opportunity for all and fair pay. Sustaining this people-focus standard is essential to make the North East a Home of Real Opportunity and tackle the structural barriers to recruitment within the care sector.

What changes are needed

- **Clear pathway:** Clear career pathways and progression will improve retention.
- **Digital Skills:** Upskilling care workers in digital technologies is required to support tele-care and efficient service delivery.
- **Fair Work Charter:** Implementing the "North East Shine" good employment standards to improve pay and conditions in the sector is critical to making it an attractive career choice.

Potential benefit

A robust social care sector unlocks the economic potential of the wider population by removing barriers to work. When care is reliable, more residents, particularly women, can participate fully in the labour market. It ensures that growth is inclusive and directly supporting the mission to make the North East the "Home of Real Opportunity". An investment in social care skills is an investment in regional health outcomes and long-term. By addressing recruitment barriers through the SHINE standard and strengthening the management pipeline, the region can transform social care into a resilient pillar of the foundational economy.