



## Personnel Statistics 2011

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### A Survey of NCF Member Organisations

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#### Highlights

- The findings for 2011 cover a total of **48,037** staff.
- Organisations in the survey range in size from **77** to **4730** employees with **42.1%** employing more than 1000 workers, **28.9%** 501-1000 and **21.1%** less than 300 workers.
- Qualification rates continue to rise for care staff NVQ 2 at **65.2%** and managers achieving NVQ 4 similar to last year at **84.8%**
- As in previous years the largest groups of staff are aged 36-55 **47.7%** but with the 46-55 group larger than the 36-45 group for the first time. **43.3%** of staff are aged over 46 years and **15.6%** aged below 25.
- **53.1%** of staff are care workers and senior carers in residential settings and **16%** in domiciliary care which is broadly in line with last year.
- The average vacancy rate is down at **5.02%** compared with 7% for the last two years.
- Average turnover rates have risen against the last three years with **17.8%** staff turnover in residential homes for older people and **23.9%** in domiciliary care for older people. Turnover in residential homes for adults averaged **13.8%**. The downward trend of recent years has been reversed.
- Leavers results show slight improvement with **33.7%** of workers (in care settings) leaving within 12 months and **54.2%** within two years (compared to 40.8% and 59.6% in 2010).
- The data for domiciliary care leavers shows slightly better results than last year but is still high with some **44.9%** leaving in the first 12 months and **64.3%** leaving within two years (it was 48.9% and 65.3% respectively in 2010).
- Sickness absence has risen to show an average of **5.4%** (4.9% in 2010).
- Around **60%** of participants reported agency costs to be lower than last year.
- Results show **79.4%** of participants completed NMDS-SC data for their organisation and **67.6%** for individual services (both results are down on the results for 2010).

## Introduction

This is the eighth year that the NCF has undertaken this survey with members. A total of 38 member organisations returned the questionnaire – the largest number of participants so far, representing 54% of NCF membership. This may be attributed in part to the new design of the survey and guidance notes. The data requested remains constant with earlier years. It is encouraging that the wording of questions, guidance and ease of navigation this year received compliments from several participants.

The information on which these findings are based covers a total of 48,037 staff and therefore represents a considerable workforce survey and one of the largest in the care sector.

It has proved difficult for some organisations to provide all the information requested by the survey, either because it was not available, or was not available in a compatible form. However, we are pleased to note that over 70% of participants provided data in every section of the survey.

(Please note: in the report 'N' indicates the number of participating organisations in each section.)

## Staff employed

In this section, responses from 38 organisations cover a total of 46,192 staff employed. Table 1 shows the breakdown by size of organisation and the distribution of staff is shown in Table 2.

**Table 1: Staff employed by size of organisation**

Number of staff in organisation	2011	2010	2009	2008	2007
Up to 300	8	7	5	11	6
301 – 500	3	1	0	2	3
501 – 1000	11	7	7	8	5
1001 – 2000	10	9	7	10	9
2001+	6	4	4	4	4
NCF Members N =	<b>38</b>	28	23	35	27

As reported previously, a significant proportion of NCF member organisations are large employers with 71% of those responding to the survey employing in excess of 500 staff.

Skills for Care defines small organisations as those employing 10-49 staff (of which there were none in this survey), medium as 50-249 staff (5 in this survey) and more than 249 staff as large – the majority of the organisations participating in this survey (33 organisations).

The range of staff employed by member organisations responding to this survey was between 77 and 4730.

The results appear to be broadly in line with previous years and no obvious trends are discernible. Once again the largest category of workers is care workers in residential homes for older people with 39.9% followed by domiciliary care for older people showing 12.6% of the workforce.

Residential care for adults and domiciliary care for older people show the greatest increase of care workers, which may indicate the representation of services provided by participants this year.

**Table 2: Staff employed by group**

		number	%	%	%	%	%
		2011	2011	2010	2009	2008	2007
Head Office	Head Office/Admin	1,797	3.9	3.9	3.8	5.0	1.1
	Training	254	0.5	0.7	0.6	0.4	

N = 32

Residential OP	Care Worker	18,409	39.9	42.0	43.2		
	Senior Care Worker	2,187	4.7	6.0	5.4	7.3	6.8
	Registered Nurse	1,490	3.2	2.4	2.8	2.6	2.9
	Supervisor	1,383	3.0	3.8	4.5	5.0	5.5
	Registered Manager	541	1.2	1.3	1.3	1.7	1.7
	Admin/office staff	788	1.7	1.6	1.9	2.0	1.9
	Other	5,571	12.1	15.8	17.7	17.9	21.2

N = 31

Domiciliary OP	Care Worker	5,833	12.6	9.3	10.3		
	Senior Care Worker	360	0.8	0.4	0.4	0.4	0.4
	Registered Nurse	47	0.1				
	Supervisor	255	0.6	0.4	0.5	0.5	0.3
	Registered Manager	111	0.2	0.1	0.2	0.2	0.1
	Admin/office staff	397	0.9	0.3	0.5	0.1	0.2
	Other	609	1.3	0.4	0.6	0.3	0.6

N = 18

Residential Ad	Care Workers	3,604	7.8	3.9	4.2		
	Senior Care Worker	328	0.7	0.5	0.7	0.6	0.4
	Registered Nurse	40	0.1				
	Supervisor	215	0.5	0.1	0.2	0.2	0.09
	Registered Manager	241	0.5	0.3	0.2	0.2	0.1
	Admin/office	63	0.1	0.1	0.1	0.1	0.02
	Other	315	0.7	0.7	0.3	0.3	0.1

N = 11

Domiciliary Ad	Care Worker	1,137	2.5	4.8	0.6	1.9	
	Senior Care Worker	41	0.1	0.2	0.0		
	Registered Nurse	0	0.0				
	Supervisor	88	0.2	0.4	0.0	0.1	
	Registered Manager	31	0.1	0.2	0.0		
	Admin/office staff	8	0.0	0.1	0.0		
	Other	49	0.1	0.1	0.0		

N = 6

[Please note the total includes temporary staff]

## Qualification rates

This question was reworded to eliminate ambiguous responses and so this year we are able to report on care staff qualified/working towards NVQ levels 2 and 3 as well as management staff to level 4.

A total of 34 organisations supplied details on NVQ qualifications, most of which relates to residential care for older people. 30 organisations supplied details for management qualified to NVQ4, which again showed residential care for older people as the most represented group.

The percentage of staff qualified to NVQ2 ranges from 13% through to 100% with the mean average showing higher than previous years at 65.2% (2010: 63.9% 2009: 61.3%).

The distribution of results for NVQ qualifications across the care settings is shown in table 5.

**Table 5: Qualifications**

	%	N =	%	N =	%	N =	%	N =	%
Care staff	Res OP		Dom OP		Res Ad		Dom Ad		average
NVQ2	63.6	34	60.7	20	73.6	11	63.0	6	65.2
NVQ3	30.6	30	34.7	18	54.2	10	48.2	5	41.9
Management	Res OP		Dom OP		Res Ad		Dom Ad		average
NVQ4	78.3	30	78.7	18	88.9	14	93.3	6	84.8

The mean average for management qualifications shows 84.8% which includes a total of 19 (or 50% of the organisations responding) reporting 100%.

The comparison for NVQ 2 rates with previous years is shown in table 6.

**Table 6: Number of organisations for care staff with NVQ2**

	2011	2010	2009	2008	2007
More than 50%	26	23	14	23	20
40 – 50%	2	1	1	6	2
30 – 40%	3	1	2	1	2
below 30%	3				1
	N=33	N=25	N=17	N=30	N=25

Qualification rates overall appear to be showing continuing improvement (as consistent with the data contained in the Skills for Care state of the social care workforce report).

## Age profile of care staff and managers

A total of 35 organisations completed this section of the survey providing the number of staff (according to the age groups shown in table 7) for 37,837 employees within residential and domiciliary care settings. Residential care settings make up the largest share of the total with 25,375 staff.

The largest groups, as in previous years, are those aged 36-45 and 46-55 but notably the latter is now the larger of the two for the first time since we started collecting this data.

**Table 7: Age profile of care staff and managers**

Age Groups:	16-17	18-21	22-25	26-35	36-45	46-55	56-65	65+
Total number of staff in age group	169	2415	3301	7148	8412	9640	5806	946
	%	%	%	%	%	%	%	%
Total staff 2011	0.4	6.4	8.7	18.9	22.2	25.5	15.3	2.5
2010	0.4	6.6	9.0	19.3	23.0	22.8	15.6	3.3
2009	0.3	6.8	8.6	20.4	25.1	23.8	13.1	2
Managers 2011	0.0	0.8	2.7	12.5	24.7	37.5	19.7	2.1
2010	0.0	0.3	2.3	16.8	24.7	35.1	19.1	1.7
2009		0.1	2.2	13.7	26.8	35.7	19.8	1.6

Continuing the pattern from previous years as shown in the table below, 43.3% of staff are aged 46 and above; managers over 46 shows a slight increase to 59.3%; staff under 25 remains at 15.6% and managers under 25 has slightly increased to 3.5%.

**Table 8: Percentage of staff in upper and lower age groups**

%	staff over 46	managers over 46	staff under 25	Managers under 25
2011	43.3	59.3	15.6	3.5
2010	41.7	55.9	15.6	2.6
2009	38.9	61	15.7	2.4
2008	41.6	58	13.9	

Table 9 shows the percentage of staff in these age groups according to their work setting. In a similar pattern to last year a larger proportion of younger staff are shown in domiciliary settings compared to residential settings.

**Table 9: Percentage of care staff working in each sector**

%	Residential staff over 46	Domiciliary staff over 46	Residential staff under 25	Domiciliary staff under 25
2011	42.2	33.2	16.3	21.5
2010	41.1	35.9	16.5	18.1

## Vacancy and turnover rates

A total of 27 organisations provided vacancy rates (almost double last year's response) with a mean average of 5.02%. This appears to continue the downward trend reported last year:

	2011	2010	2009	2008	2007
Average vacancy rate %	5.02	7.1	7.0	8.7	9.1

We asked members to provide turnover information for permanent employees in their head office and each care setting. This year 30 organisations (79% of participants) completed turnover information for both this year and last. The ranges were again very wide and the mean average results show an overall increase in staff turnover. The range of responses and average turnover for each setting are shown in Table 10.

As greater numbers participated this year the figures provided this year for 2009-10 turnover are also shown below. Please note this will not match figures from the smaller sample reported last year.

**Table 10: Staff turnover**

		% 2010-11	% 2009-10	% last year	% 2008-09
Head Office	Range min (3 reported zero)	0	0	0	9.0
	<b>Mean average</b>	<b>10.6</b>	<b>6.4</b>	5.5	16.6
	Range max	20.0	29.0	17.4	25.0
		N = 29	N = 26		
Res OP	Range min	1.6	2.0	7.0	8.0
	<b>Mean average</b>	<b>17.8</b>	<b>15.9</b>	17.5	22.4
	Range max	31.6	30.2	35.0	35.6
		N = 30	N = 24		
Dom OP	Range min	3.3	3.8	0.0	11.0
	<b>Mean average</b>	<b>23.9</b>	<b>21.2</b>	23.5	31.0
	Range max	53.0	39.0	53.0	88.0
		N = 16	N = 13		
Res Ad	Range min	7.1	0.0	0.8	12.0
	<b>Mean average</b>	<b>13.8</b>	<b>11.9</b>	12.8	23.7
	Range max	26.0	29.0	18.0	35.0
		N = 11	N = 10		
Dom Ad	Range min	8.6	4.7	4.7	5.0
	<b>Mean average</b>	<b>18.2</b>	<b>14.7</b>	10.6	20.3
	Range max	26.1	26.9	24.0	50.0
		N = 6	N = 5		

As in previous years we have found that turnover in domiciliary care shows the widest range and the highest average.

Although there is no direct relationship between the size of the organisation and the level of staff turnover there appears to be a tendency for the larger providers to have higher than average turnover. However, the data on turnover is only part of the picture as the 'churn' is also an important factor and this is considered in the next section.

## Analysis of leavers

33 organisations completed this section as compared to 22 last year. A total of 8296 leavers were recorded. The percentage breakdown of leavers is shown in Table 11.

**Table 11: Care staff leavers**

% of total staff in	2011	2010	2009	2008	2007
non-starters	1.6	1.1	2.0	0.5	0.6
0-3 months	12.1	13.3	14.0	16.3	11.9
3-6 months	9.0	10.6	11.0	12.1	9.4
6-12 months	12.6	15.9	13.0	13.9	13.2
1-2 years	20.5	18.7	17.0	19.2	19.4
2-5 years	24.3	21.7	25.0	23.1	25.0
5-10 years	13.5	10.7	11.0	9.7	11.2
10+	6.5	8.1	7.0	5.1	9.3

N = 33

N = 22

The findings this year appear to show a marked improvement on the last few years.

Once again, the largest proportion of leavers are those with between 2-5 years of experience at 24.3% (2010: 21.7%).

Excluding non-starters 33.7% of staff are reported to leave within 12 months (2010: 39.8%) and 54.2% within two years of joining (2010: 58.5%).

There is a broadly consistent pattern for leavers over the last five years.

For domiciliary care workers those leaving within 12 months remains high at 44.9% (2010: 48.9%) and 64.3% leaving within two years (2010: 65.3%). This appears, however, to be a slight improvement on recent years.

At the other end of the experience range 20% of care workers have more than 5 years of experience (slightly up on last year's findings of 18.9%). Presumably this is the effect of reducing the number of earlier leavers. Clearly the retention of staff remains a key management priority and an on-going challenge to improving quality while containing costs.

## Reasons for leaving

The reasons for leaving section was completed by 29 organisations detailing 6198 leavers.

Table 12 shows the main reasons given for leaving by care workers (ranked in order with comparisons to previous years where possible). As a large proportion of the results fall into the 'other' category it highlights the difficulty of collecting meaningful benchmarking data on the reasons for leaving. Some organisations wished us to note they were unable to differentiate between some of the categories or recorded combined reasons and so this data should be treated with some caution for the purposes of benchmarking.

'Personal reasons' and 'dismissal' are, as last year, recorded as the top two categories. 'career development' and 'retirement' remain high in the rankings, although 'nature of work', 'conditions of employment' and 'pay' all appear to have fallen. Notably 'ill health' has risen significantly to place in the top five.

The fall to 2.6% (from 8% in 2010) for 'competition from other employers' is intriguing. It may be attributed to the recession and associated uncertainty in the employment market.

**Table 12: Reasons for leaving as percentage of total leavers**

	number	%	%	%	%	%
	2011	2011	2010	2009	2008	2007
Personal reasons	669	10.8	28.0	29.0	15.8	24.7
Dismissal	537	8.7	10.9	14.0	8.5	10.1
Career development	291	4.7	6.3	12.0	6.5	10.2
Retirement	256	4.1	5.9	5.0	3.6	5.9
Ill health	231	3.7	1.6			
Nature of work	182	2.9	6.3	6.0	4.5	6.4
Redundancy	175	2.8	3.3			
Relocation	173	2.8	0.8			
Competition from other employers	163	2.6	8.0	8.0	5.5	
Pay	109	1.8	5.1	2.0	1.4	1.6
Conditions of employment	88	1.4	5.8	4.0	2.7	1.8
Death	26	0.4	0.4			
Unknown/other	3298	53.2	20.4	20.0	50.0	15.2

6198 N = 29

'Other' reasons for leaving were detailed by 19 organisations. The reasons given, along with their percentage of total leavers, are shown below:

	%		%
removed/left bank register	8.4	domestic responsibilities/childcare	0.4
job dissatisfaction	2.0	travel issues	0.3
TUPE/transfer to another employer	1.9	further education	0.3
end of fixed/flexi contract	1.2	visa issues/work permit expired	0.3
maternity - non returner	0.8	no reason given/collected	2.4
shift pattern/hours	0.7	other*	2.6

\*other includes the reasons given below, these make up 2.6% of the total leavers:

career break; termination by default; poor performance; not turning up for work; unsuccessful probation; disagreement with manager; non-return from holiday leave; voluntary redundancy; pregnancy and mutual agreement.

Although the numbers/proportions are small, the quality of the information being collected seems to be improving and this is likely to become more helpful in determining the most appropriate strategies for employers to improve staff retention.

## Cost of staff sickness

33 organisations provided details of sickness absence (as % of the total days) for 2010-11 representing 86.8% of participants (2010: 85.7%). The rates provided range from 0.25% to 11%. (2010: 2% to 19%).

The 5.38% mean average continues the upwards trend of previous years (2010: 4.95%; 2009: 3.9%) although less than a fifth of organisations report sickness absence above the average.

Once again there appears to be no obviously discernable correlation between aspects of the organisation (such as size) and the reported level of sickness absence.

## The use and cost of agency

This question was reworded in the survey this year to reduce the data requested for earlier years and to allow tick-box response to the comparison of agency costs this year with last.

32 organisations completed this section (84.2%).

28 organisations completed annual agency spend for residential care settings and 8 provided annual agency spend for domiciliary care. The breakdown of agency spend totalled £15.6m (2010: £11.6m) with the lions share (£15.46m) recorded under residential care.

Once again a huge range was recorded – from £2347 through to £1.9m.

This year six organisations declared an agency spend above £1m for care staff in residential settings (compared to 4 last year). Four of these organisations operate in the south of England, one in the north and one has national coverage.

Agency spend, as a percentage of the total staff costs, ranged from 0.02% to 14.65% with a mean average of 5.3% for residential settings and 1.3% for domiciliary care.

In both settings around 60% of participants reported the overall 2010-11 spend was lower than the previous year.

## Developments since the 2010 NCF Personnel Statistics survey

This brief summary seeks to highlight some key developments in the last year.

### NCF/Skills for Care working together

In June 2009 the NCF signed an agreement with Skills for Care which forms the basis of an on-going partnership between both organisations. The agreement sets out an action plan to support high quality workforce development. It also includes the promotion of the National Minimum Date Set for Social Care (NMDS-SC).

### NMDS-SC

Some years ago we decided to include an additional question to the survey in order to gain a better understanding of engagement with NMDS-SC. The findings this year show good levels of engagement although they are slightly down on last year at 79.4% for organisations (2010: 88.4%) and 67.6% for individual data (2010: 69.8%).

NMDS-SC is now available online for all establishments in the social care sector. For further information see: [www.nmds-sc-online.org.uk/](http://www.nmds-sc-online.org.uk/)

### Qualifications and Credit Framework (QCF)

In January 2011 the National Qualifications Framework (NQF) was replaced by the new Qualification Credit Framework (QCF). The QCF is a new way of recognising skills and qualifications, by awarding credit for qualifications and units (small steps of learning). It enables people to gain qualifications at their own pace along flexible routes. The QCF is

designed to make sure future qualifications allow a flexible, 'mix and match' approach to meeting the different development needs of the workforce.

For further information see:

[www.skillsforcare.org.uk/qualifications\\_and\\_training/qualificationsandcreditframeworkQCF/qualificationsandcreditframeworkQCF.aspx](http://www.skillsforcare.org.uk/qualifications_and_training/qualificationsandcreditframeworkQCF/qualificationsandcreditframeworkQCF.aspx)

### **The National Skills Academy for Social Care**

The NCF has been actively involved in supporting the establishment of the National Skills Academy for Social Care (NSASC) which was formally launched in October 2009. The employer-led Skills Academy is being designed to complement the existing organisations within the sector, identifying gaps, transforming provision and promoting excellence in skills development, learning support and training practice in social care. Good progress has been made in the last year on the endorsement of training organisations and a leadership strategy is expected to be published shortly.

For further details: <http://www.nsasocialcare.co.uk/endorsement/>

<http://www.nsasocialcare.co.uk/leadership-and-management/>

### **'Capable, Confident, Skilled: a workforce development strategy for people working, supporting and caring in adult social care'**

The completion of the survey coincided with the publication of a workforce development strategy by Skills for Care launched by Paul Burstow, Minister of State for Care Services. The Government vision for adult social care and the workforce strategy both emphasise the demands for "an even more capable, responsive, skilled, well-trained and empowered workforce." The strategy acknowledges the rapid change occurring in adult social care driven by a desire to ensure personalised services become the norm. The skills agenda which results from changes in the workforce are also noted along with proposed changes to the structure and provision of health care services.

The strategy highlights the implications for the adult social care workforce of the following underlying principles:

- **Personalisation** – development of outcome-based tools supporting self-directed care and personal assistants
- **Prevention** – supporting independence, re-ablement and the development of community skills
- **Protection** – understanding risk in ways that balance choice and control with protection
- **Plurality** – diversity of care and support to deliver more integrated services with a flexible range of knowledge and skills
- **Partnership** – new skills including community organising and working across service boundary interfaces
- **Productivity** – new roles and new ways of working by empowering frontline workers.

There is a strong emphasis in the strategy on the value (and contribution) of communities and the challenges of building a 'big society' with a particular focus on community skills development. The strategy considers the essential 'assets', including the paid workforce, carers, volunteers, user-led and carer-led organisations and the role of assistive technology. In addition it sets out the skills required to meet the new agenda and demands whilst identifying an ambitious set of 'deliverables' against which the strategy can be measured and evaluated. In the conclusion to the strategy document Skills for Care indicate that a more detailed action plan will follow.

Alongside the workforce strategy Skills for Care also published a recruitment and retention strategy developed with employers to offer practical guidance to help in attracting and retaining the right staff. It includes information on Skills for Care resources and case examples.

Both documents can be found at: [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

## **Concluding comments**

My concluding comments to the survey a year ago included the following statement:

*"The care sector continues, in a period of immense change, to transform services in ways which offer greater choice and control to people receiving services. In the context of the uncertainty that results from such change attention to workforce needs are paramount. There is an added dimension with the fiscal pressures ... Furthermore managers will need to be able to manage change effectively to support and motivate workers if we are to avoid the risk of adding to the difficulties of staff turnover. The care sector has barely begun to consider what these changes will actually mean for service delivery and, in turn, for the workforce. It will not be possible to deliver the change that personalisation and transformation demands by more of the same – even if it were possible to do this at less cost. Nor will it be possible to deliver the change by tinkering with existing structures and ways of operating. New relationships, new partnerships and alliances will bring a need for radically new ways of working."*

Last year I made reference to the leadership imperative for providers and the implications for commissioning and regulation. I also acknowledged the particular challenge of managing the transition whilst delivering outcome-focused services to the standard expected. All these factors seem as true and relevant now as they were a year ago! Of course the main purpose of collecting such information is to be able to make sense of it and, in so doing, to be able to utilise the information it yields in order to minimise operational difficulties and improve services quality.

There are clearly some positive trends evident within this survey: staff turnover remains broadly at the level of last year following several years of improvement and there appears to be signs of improvement in the number of leavers in the first 12 months after appointment. Arguably we are seeing signs that these improvements have resulted in a reduction in sickness absence rates, agency spend and in qualification rates rising. Half of the organisations responding have 100% qualified managers. The age of staff appears to be getting older as those aged 46-55 become the largest group in our survey for the first time. By the same token the proportion of staff under the age of 35 has fallen to 34.4%.

I hope that members find the information in this report to be helpful. Several members reported difficulties with the timing of the survey, particularly in providing agency costs information. We will run the survey a month later next year to avoid any possibility of getting in the way of year-end workloads.

I would like to thank those members who participated in the survey and say a special thanks to all those who made suggestions for ways in which the survey could be improved. I would like to record once again my thanks to Claire Silvester for her efforts in developing and distributing the questionnaire as well as the collation of the responses – I continue to be impressed by her skill with spreadsheets and her commitment to improving the response to our survey.

**Des Kelly OBE**  
**Executive Director**  
**June 2011**

Please send any comments to [des.kelly@nationalcareforum.org.uk](mailto:des.kelly@nationalcareforum.org.uk).

**Survey results tables follow**

## NCF HR Forum Personnel Statistics 2010-11 Results

**N** = denotes the number of organisations which completed each section

**OP** = services for Older People    **Ad** = services for Adults

**1**    **38**    Organisations took part in this survey

		perm	casual	total
<b>2</b>	Total number of staff (at 31 March 2011)	41,595	6,442	<b>48,037</b>

**3**    Number of staff employed and average staff turnover    p = perm    c = casual

Head Office	p + c	% total staff			
Senior Management	204	0.4	<b>Turnover range:</b>		
Middle Management	382	0.8			
First Line Management	182	0.4	min: 0.0		
Admin/Office Staff	799	1.7	max: 20.0		
Training Staff	254	0.5			
Other	231	0.5			
N = 36	2051	4.44	turnover average	2009-10 6.4%	2010-11 10.6%
			N =	26	29

Residential/nursing OP					
Registered Manager	541	1.17	<b>Turnover range:</b>		
Supervisor	1383	2.99			
Senior Care Worker	2187	4.73	min: 1.6		
Care Worker	18409	39.85	max: 31.6		
Registered Nurse	1490	3.23			
Admin/Office Staff	788	1.71			
Other	5571	12.06			
N = 35	30369	65.75	turnover average	2009-10 15.9%	2010-11 17.8%
			N =	24	30

Domiciliary care OP					
Registered Manager	111	0.24	<b>Turnover range:</b>		
Supervisor	255	0.55			
Senior Care Worker	360	0.78	min: 3.3		
Care Worker	5833	12.63	max: 53.0		
Registered Nurse	47	0.10			
Admin/Office Staff	397	0.86			
Other	609	1.32			
N = 21	7612	16.48	turnover average	2009-10 21.2%	2010-11 23.9%
			N =	13	16

Residential/nursing Ad					
Registered Manager	241	0.52	<b>Turnover range:</b>		
Supervisor	215	0.47			
Senior Care Worker	328	0.71	min: 7.1		
Care Worker	3604	7.80	max: 26.0		
Registered Nurse	40	0.09			
Admin/Office Staff	63	0.14			
Other	315	0.68			
N = 12	4806	10.40	turnover average	2009-10 11.9%	2010-11 13.8%
			N =	10	11

Domiciliary care for Adults					
Registered Manager	31	0.07	<b>Turnover range:</b>		
Supervisor	88	0.19			
Senior Care Worker	41	0.09	min: 8.6		
Care Worker	1137	2.46	max: 26.1		
Registered Nurse	0	0.00			
Admin/Office Staff	8	0.02			
Other	49	0.11			
N = 6	1354	2.93	turnover average	2009-10 14.7%	2010-11 18.2%
			N =	5	6

#### 4 Qualifications

##### 4.1 % Care staff attained/working towards:

	Res OP	Dom OP	Res Ad	Dom Ad
NVQ2	63.6	60.7	73.6	63.0
N =	34	20	11	6
NVQ3	30.6	34.7	54.2	48.2
N =	30	18	10	5

##### 4.2 % Managers attained/working towards:

	Res OP	Dom OP	Res Ad	Dom Ad
NVQ 4	78.3	78.7	88.9	93.3
N =	30	18	14	6

#### 5 Age Profile of Staff % of staff in each age group

N = 35

Age range	16-17	18-21	22-25	26-35	36-45	46-55	56-65	66+	
Res care staff	Res OP	0.4	3.7	4.8	10.4	12.0	13.5	8.4	1.5
	Res Ad	0.0	0.7	1.3	2.6	2.8	2.9	1.8	0.2
	Dom	0.0	1.2	1.5	3.0	2.8	2.7	1.4	0.2
Managers care staff	Res OP	0.0	0.0	0.1	0.3	0.6	0.9	0.5	0.1
	Res Ad	0.0	0.0	0.1	0.0	0.6	1.0	0.5	0.0
	Dom	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0
other	0.1	0.7	0.9	2.2	3.3	4.4	2.7	0.5	
%	0.4	6.4	8.7	18.6	22.2	25.5	15.3	2.5	

#### 6 Vacancy rate and leavers

##### 6.1 Vacancy rate

5.02%

N = 27

##### 6.2 Leavers % care staff

N = 33

length of service	Res OP	Res Ad	Dom
Non-starters	1.3	0.0	0.3
0-3 months	6.0	1.3	4.8
3-6 months	4.8	0.8	3.4
6-12 months	6.7	1.7	4.3
1-2 years	12.5	2.7	5.4
2-5 years	14.9	3.5	5.9
5-10 years	9.0	2.1	2.4
10+ years	4.2	1.0	1.2

##### 6.4 Leaver reasons %

N = 29

Personal reasons	10.8
Dismissal	8.7
Career development	4.7
Retirement	4.1
Ill health	3.7
Nature of work	2.9
Redundancy	2.8
Relocation	2.8
Competition other employers	2.6
Pay	1.8
Conditions of employment	1.4
Death	0.4
Unknown/other	53.2
Other reasons for leaving	22.2

##### 6.3 Destinations

N = 13

% recorded staff (800) who left for another job

Care Sector - local authority	0.9
Care Sector - private	14.3
Care Sector - not-for-profit	1.0
Health Sector	3.8
Other/not another job/not known	80.1

#### 7 Sickness absence average as % of the total days

2009-10	2010-11
4.2	5.4

N = 29 33

#### 8 Agency Costs

	Residential £	Domiciliary £
Total annual spend: care staff N = 28	13,447,988	91,922
Management N = 4	175,593	0
Catering Staff N = 12	428,742	0
Other N = 10	1,405,672	104,537
	15,457,995	196,459

##### 8.2 Agency cost as % of total staff cost

5.3

1.3

N = 29

N = 8

greater less greater less

##### 8.3 % of organisations reporting how agency spend differs from previous year

40.6

59.4

37.5

62.5

N = 32

N = 8

#### 9 NMDS

N = 34

##### 9.1 Completed for organisation

27

##### 9.2 for individual services

23