Staying, leaving, or progressing? A snapshot of the social care workforce

Summer 2026

Table of contents

Introduction

We hear a lot about the recruitment and retention challenges in the social care sector, but not enough from those on the frontline. That's why we decided to directly explore how those working in a range of different roles are feeling when it comes to career progression opportunities, professional development, and whether they see a long-term future in care.

The value of specialist skills in social care is well known within the sector, as well as anyone who has directly or indirectly been supported by this essential service. While that recognition hasn't always been felt from other areas of society, it's pleasing to see that over half of respondents (55%) would recommend care work to others.

This love for the job, however, should not be taken for granted. With 53% of respondents having considered or actively pursued a career change, it's clear that hard work, dedication, and altruism have a limit, and that other factors are needed for people to remain in social care roles.

While pay and working conditions continue to underpin much of the dissatisfaction within the sector, a significant number of care workers also pointed to a lack of career progression opportunities. Interestingly, when asked what would help them to progress, the most common answer was regulated qualifications, followed closely by better pay and conditions.

In 2025, the Immigration White Paper outlined the requirement for a homegrown social care workforce. This direction of travel puts even more focus on the need for clear career pathways, as well as ensuring everyone entering the sector has the required skills and competencies to support some of the most vulnerable people in society.

While only a snapshot, the findings in this report show that there is work to be done to recruit and retain the numbers required to deliver social care to an increasingly aging population. However, it also shows the appetite for education and development.

We now need to harness this desire to learn and create a system that makes entering employment both easier as well as providing the recognition care roles deserve. With significant changes ahead through the Post-16 Education and Skills White Paper – including the introduction of new T Levels and V Levels – it feels like a pivotal time for the future of this sector.

Michael Lemin
Head of Policy at NCFE

Summary of key findings

We reached out to people in the social care sector through our extensive CACHE Alumni member network. The survey received 107 responses from people currently working, or having previously worked, in a range of care-based roles and settings.

1

Recruitment and retention pressures remain high

Over half of current care workers (53%) have considered leaving the sector in the last year, with one in four actively looking for a new career. The main drivers are poor pay, difficult working conditions, and limited career progression.

2

Career progression pathways are unclear and undervalued

Almost half of respondents (46%) feel unsure or believe there are no clear career pathways in social care. The most-requested support for progression is regulated qualifications (81%), followed by better pay and conditions.

3

The workforce experiences stereotyping and prejudice

Gender stereotypes are a significant barrier, with 66% of respondents naming them as a reason that men may not enter the profession. Nearly a third (31%) of respondents have personally experienced gender-based stereotypes, and some highlighted experiences of racism toward care workers.

4

Wellbeing is mixed, despite high confidence in support access

While two-thirds (67%) report good or very good wellbeing, 1 in 10 rate their wellbeing as poor, highlighting the impact of emotional strain, understaffing, and burnout. Despite this, 87% feel confident that they can access wellbeing support if needed.

5

Despite challenges, many workers still find the role meaningful

The majority (55%) would recommend a career in care, emphasising the rewarding, fulfilling nature of the work, and the strong sense of purpose it provides. Respondents shared powerful stories of personal connection and positive impact on service users.

Respondent demographics

The demographic profile of the survey respondents is typical of that observed in the wider sector. Age and gender distribution of respondents in this survey are relatively consistent to those identified in Skills for Care workforce data[1].

The respondents were predominantly female, making up 73% of all participants. The survey revealed that most respondents were in the middle to latter stages of their careers, with those 45 years or older making up for over half (58%) of all respondents. The younger age groups were less represented, with just 14% being 18-34 years old.

We wanted to hear from both current and former care workers to build a fuller picture of the challenges facing the sector. This included understanding the experiences of those actively working in care, as well as insights from those who have left – particularly in relation to recruitment and retention.

Just over three quarters (77%) of the survey respondents are currently working as a care worker, with the remaining 23% having previously worked in the role.

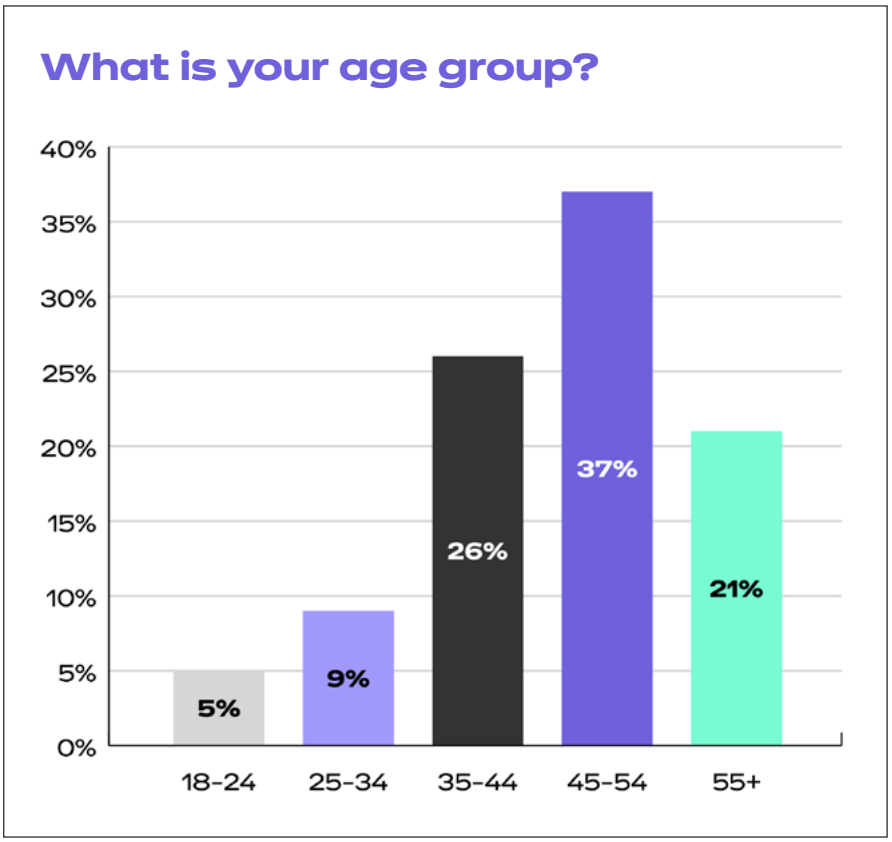

Figure 1: Age group (n = 107)

Current working settings

Adult social care provides tailored specialist support that responds to individual needs while aligning with national and local priorities. Services are largely means-tested, locally administered, and delivered through a mixed and vibrant market of public, private, and voluntary providers.

The sector is central in promoting independence, wellbeing, and safeguarding across communities. Its diversity – across providers, service models workforce, and approaches – enables the delivery of personalised, responsive, and inclusive support for adults with wide ranging needs.

Of the 82 respondents who are currently working in a care worker role, residential care is the single largest setting, accounting for 37%. The second largest proportion (28%) is the 'Other' category, where there were a mix of other settings including community care, mental health services, emergency response, drug and alcohol support, and hospitals – representing the true diversity of the sector.

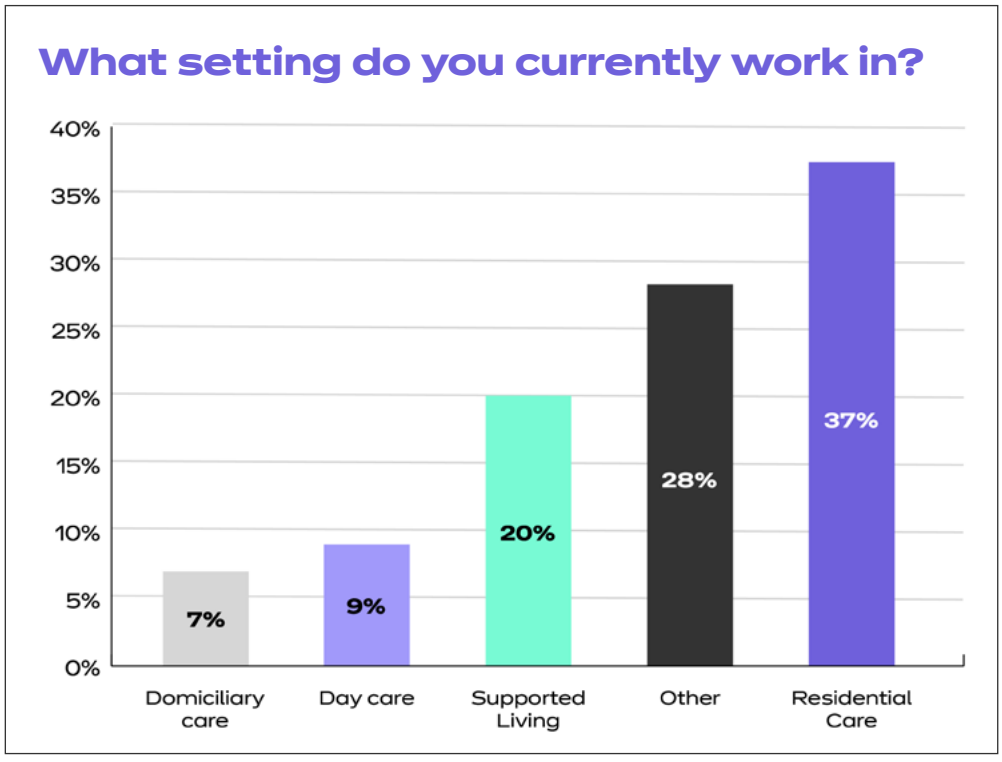

Figure 2: Setting (n = 82)

Setting of former workers

Of those 25 respondents that have previously worked in the sector, the 'Other' category represented the highest number of responses and included settings such as nursing homes, caring for someone within their own home, and the NHS.

[1] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Reports-and-visualisations/National-information/The-State-of-report.aspx

Reasons for leaving the care sector

We asked the former care workers **why** they chose to leave their role in care, to help identify the key drivers behind this decision.

Pay and conditions

- Pay is poor and not representative of the hard work put in or the unsociable hours demanded by the sector.
- Some perceived the workplace environment to be negative, stating their colleagues were not "in it for the right reasons", leading to difficult working conditions.
- It was felt the care sector is not respected generally.
- Participants reported widespread mental health concerns among staff and that burnout was prevalent.

Progression to managerial positions or out of the sector

- Participants felt there were few career progression opportunities within the sector.
- There was a broad sentiment that, in order to progress, you had to leave the sector.

Redundancy

- Several respondents reported having faced redundancies recently, or the use of volunteers in the sector:
  - *"Major decline in my mental health".*
  - *"No respect. I hold a master's in commerce. I shifted to this field, and I was advised to pursue CACHE Level 2 programme. Whatever I was taught and told, my role turned out to be different. It was that of a nanny, janitor, and cleaner."*

Retention

We asked whether respondents currently working in the sector have considered moving careers within the last year. Over half (53%) said that they were either looking or had thought about it and, significantly, a quarter of respondents are actively looking to leave the sector and change career.

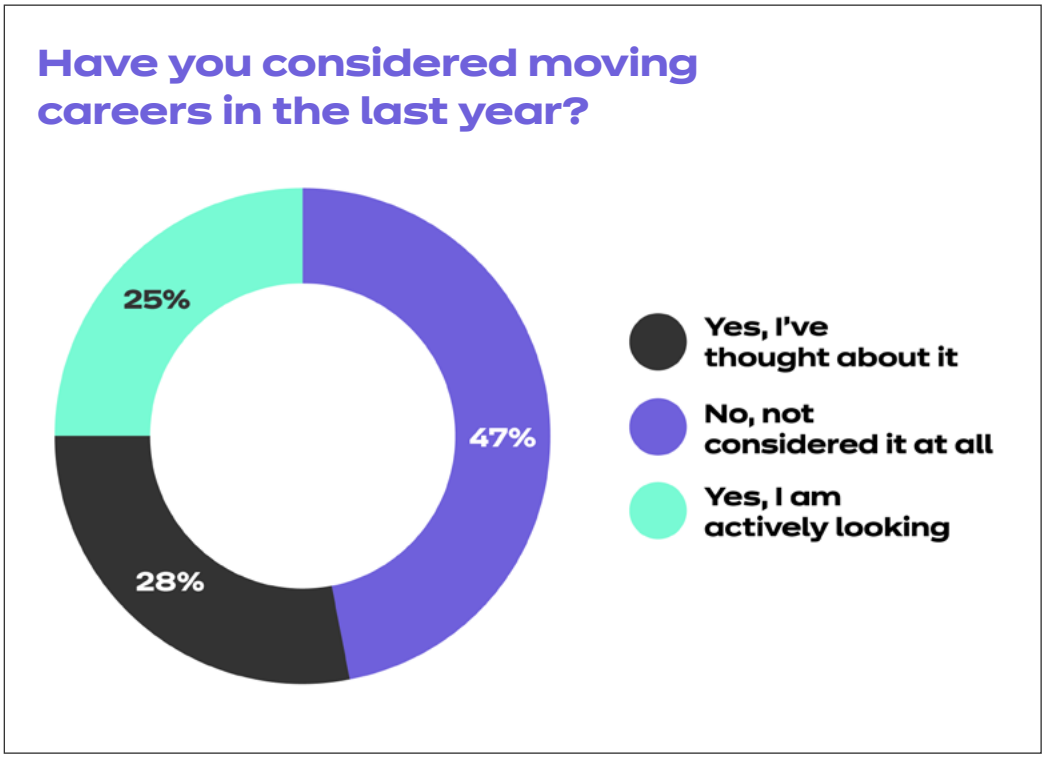

Figure 3: Considerations of moving career (n = 81)

Pay and conditions

Similar to former care workers, pay and conditions were one of the main reasons that current workers are currently looking to leave the sector.

- Respondents reported issues with understaffing, feeling stretched, and scapegoated for issues beyond their control.
- They feel there is a lack of progression and that pay is poor.
- Privatisation of the sector has shifted priorities to profit and not the care of service users.
  - *"High workload. Staffing shortages and low morale. Patient and relative expectations can be hard to deal with at times."*
  - *"Over the past two years, working within the Health and Social Care industry has been a journey of growth, discovery, and purpose for me. I wanted to pursue roles that offer clearer progression pathways within healthcare, whether in leadership, training, or specialist practice."*
  - *"I have I'm actively looking for another position as staffing is bad, I'm med trained care coordinator and at times have to run two units. The staff morale is bad. Staff are blamed for everything. As carers we get hit, thumped, kicked, spat at and get racially abused. For minimum wage."*

Professional recognition and career progression

To understand challenges with professionalism in the sector, we asked the current care workers whether they think the role of a carer is recognised as a professional career.

Findings show that the perception of the care worker role is significantly mixed. The majority of respondents (52.5%) feel the role is recognised professionally; however, a large and critical minority (40%) disagree, suggesting a divided experience of value in the sector.

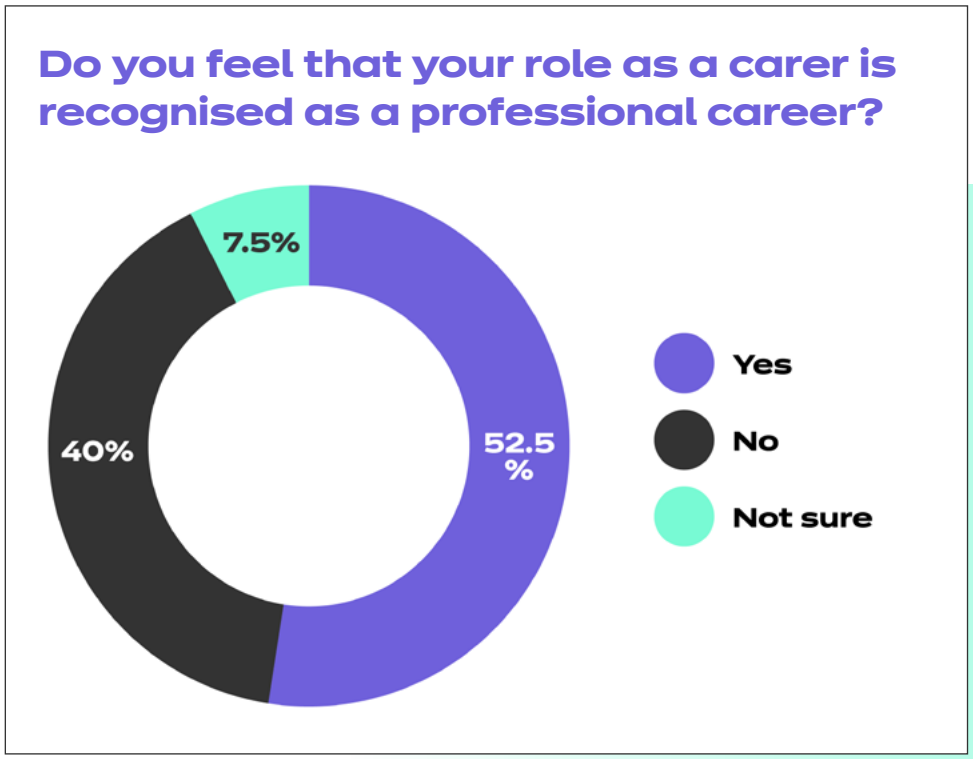

Figure 4: Professional recognition (n=80)

The survey asked respondents about career progression and pathways to gain insight on what would help care workers to progress. When asked if they feel there are clear career pathways, almost half of respondents were either unsure or disagreed (45.7% combined) – indicating a need for clearer visibility of progression opportunities in the sector.

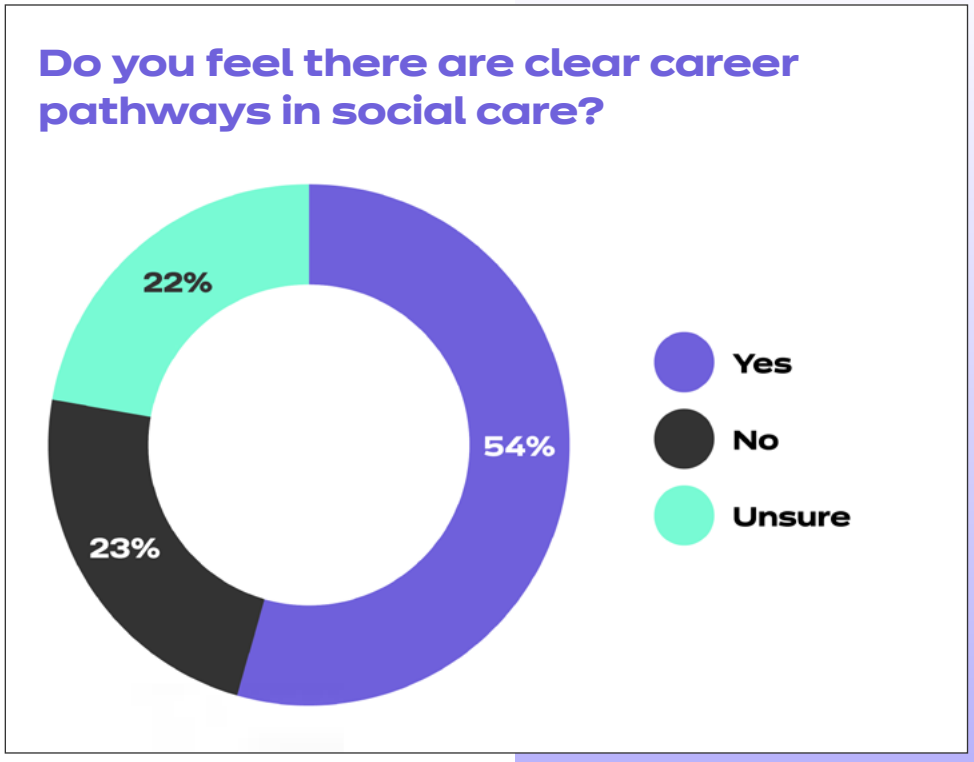

Figure 5: Career pathways (n = 81)

Respondents were also asked what would help them to progress in their careers and were able to select multiple options. The most frequently chosen factor was regulated qualifications, with 81% of respondents identifying this as a route to progression.

This was followed closely by better pay and conditions, recognising the importance of financial reward and employment conditions as important for progression and retention in the sector. Skill development is also key to progression, with many respondents selecting options around training.

Training is a key driver of career progression and professional recognition in social care. Almost all respondents currently working in the sector (96%) reported receiving training for their role, compared with three quarters of former care workers. However, respondents emphasised that progression depends not just on access to training, but on training that is recognised and linked to clear career routes. This aligns with **the Care Workforce Pathway**, which sets out defined roles, skills and qualifications to support progression and professionalisation across the sector.

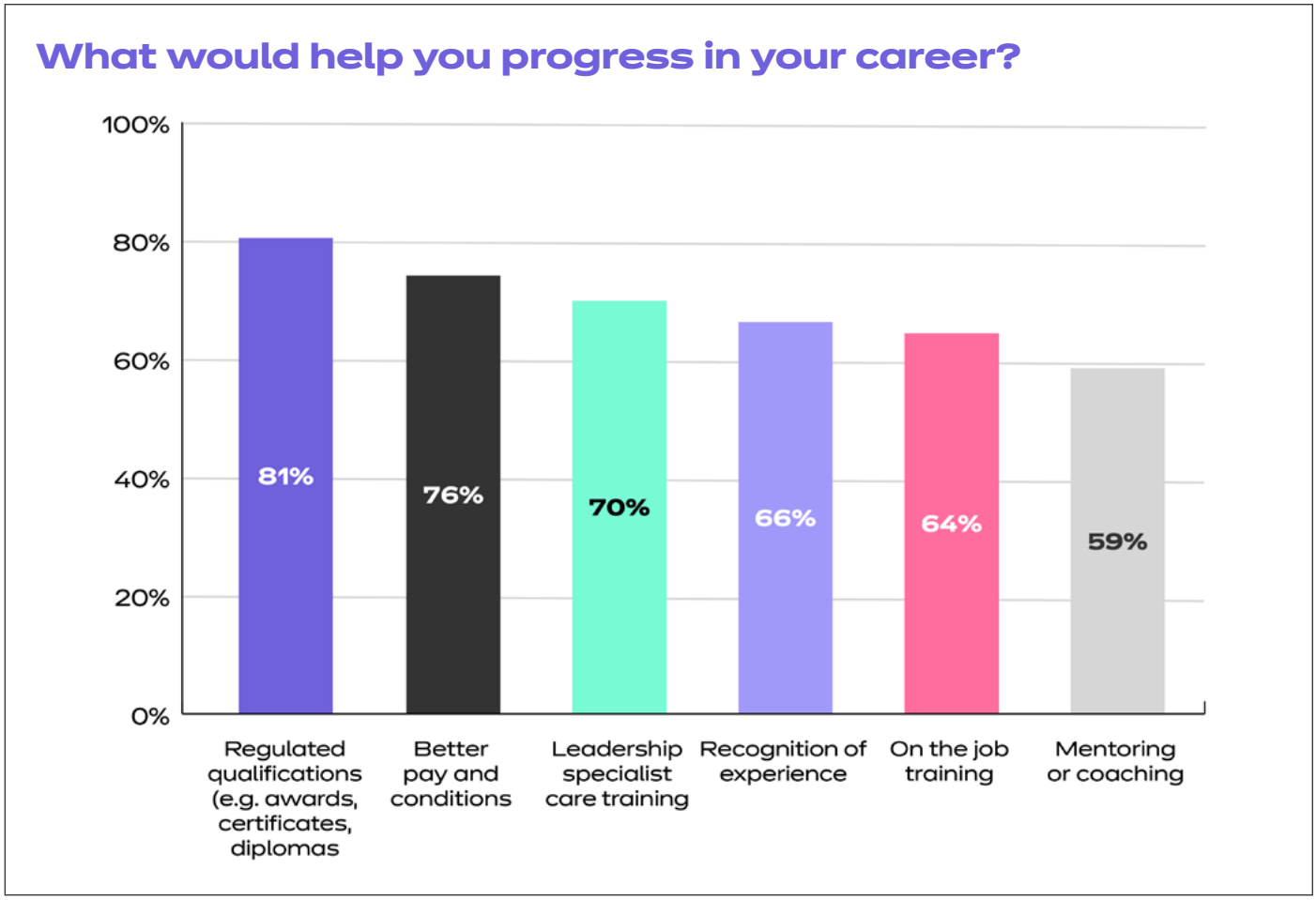

Figure 6: Progression (n = 81)

Stereotypes and prejudice in the sector

- Respondents all felt male workers were negatively stereotyped in the sector and this could hamper recruitment and retention. Respondents stated both service users and their families preferred female care workers.
  - *"Many residents, male and female, chose a female carer over male as they feel they are better at their job."*
  - *"Families not wanting the male carers to attend to their parents."*
  - *"Both male and female clients prefer female carers due to preconceived idea that female carers are more empathetic and caring. The general belief that women are better at nurturing than men made clients of both sex refuse to be cared for by male carers."*

The survey also aimed to explore current care worker's perceptions of gender diversity in the workforce. There is a commonly held conception that it is a female dominated workforce, with official statistics reporting that 78% of the adult social care workforce are female[2].

When asked about gender diversity, over three-quarters of respondents (77%) viewed the sector as positive in this regard, stating that it was either "very diverse" (43%) or "somewhat diverse" (33%). Conversely, a smaller proportion were either not sure or felt that the sector was not diverse (24% combined).

This perception may reflect recent changes in the workforce, including an increase in international recruitment. Skills for Care data show that the proportion of male workers rose from 18 per cent to 22 per cent between 2021/22 and 2024/25, driven largely by internationally recruited staff, who are significantly more likely to be male than domestic recruits. Respondents' experiences may therefore reflect local or service level workforce composition rather than wider public perceptions of the sector.

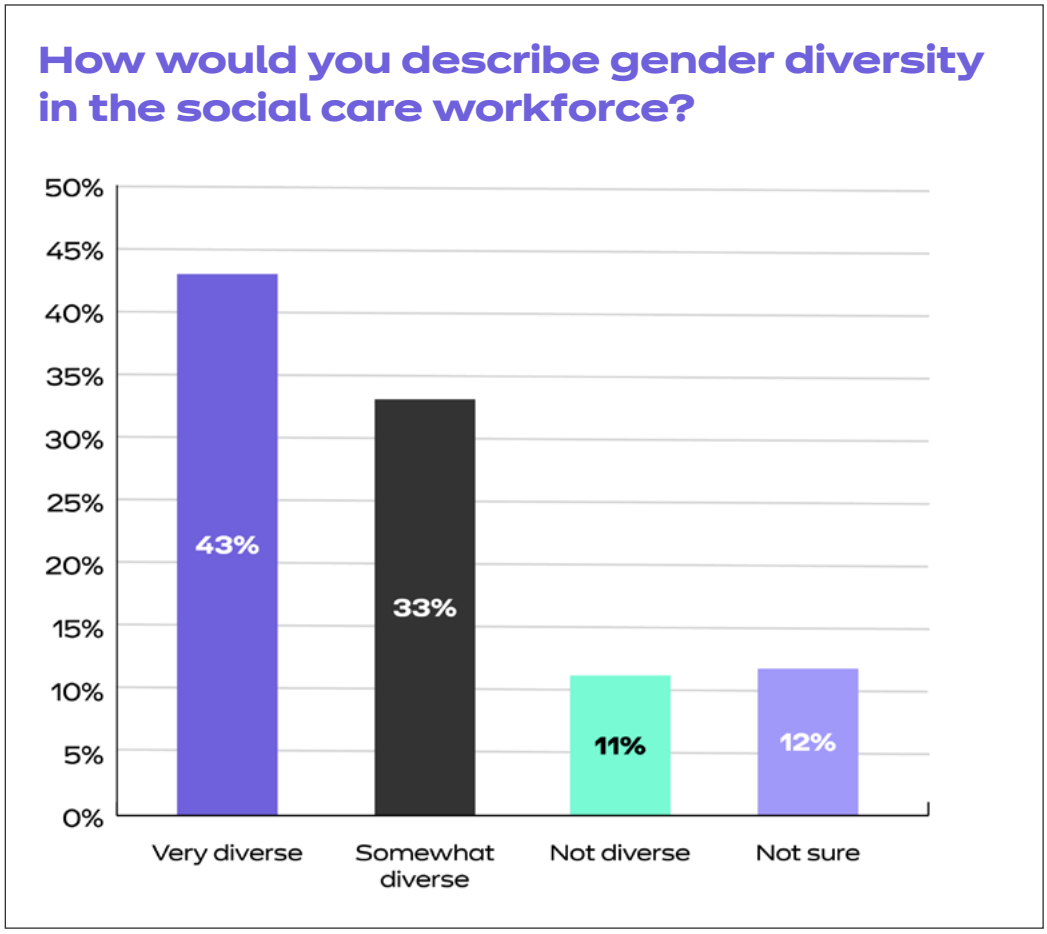

Figure 7: Gender diversity (n = 81)

[2] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Reports-and-visualisations/National-information/The-State-of-report.aspx?utm_source=newsletter&utm_medium=email&utm_campaign=social_work&utm_term=latest_updates&utm_c#

We sought to interrogate the challenges to recruiting men into a career in social care by asking respondents to select potential barriers from a range of options. The top-cited barrier was gender stereotypes, selected by 66% of respondents, closely followed by public perception of men in social care (58%). Less prominent barriers included a lack of career development opportunities and recruitment campaigns.

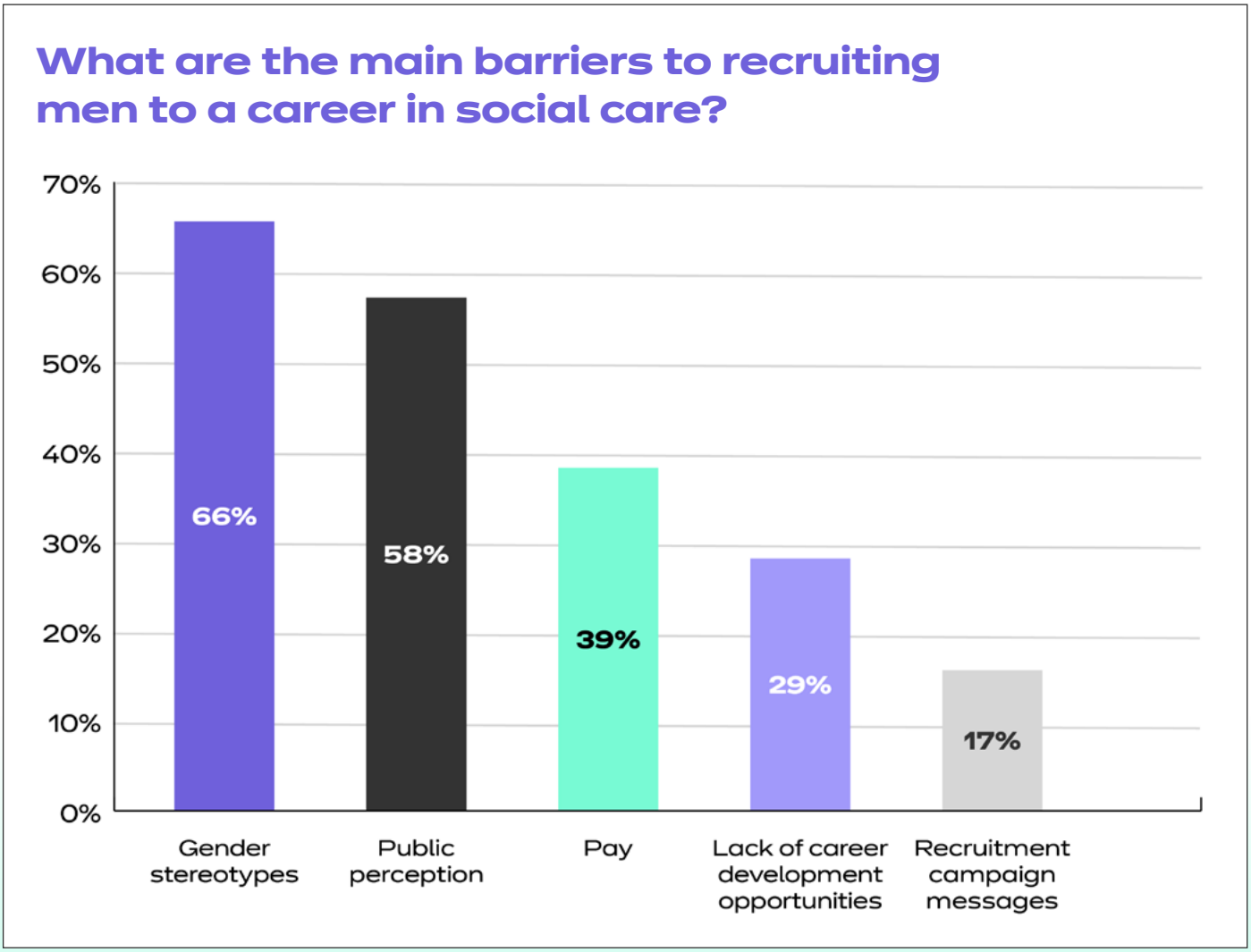

Figure 8: Barriers to recruiting men (n = 81)

When asked whether respondents had personally encountered gender-based stereotypes in the workplace, over half (59%) reported that they had not; however, a significant minority (31%) had. Whilst it may not be felt throughout the whole workforce, having almost a third of the workforce encounter such stereotypes suggests that this remains a persistent issue within the sector.

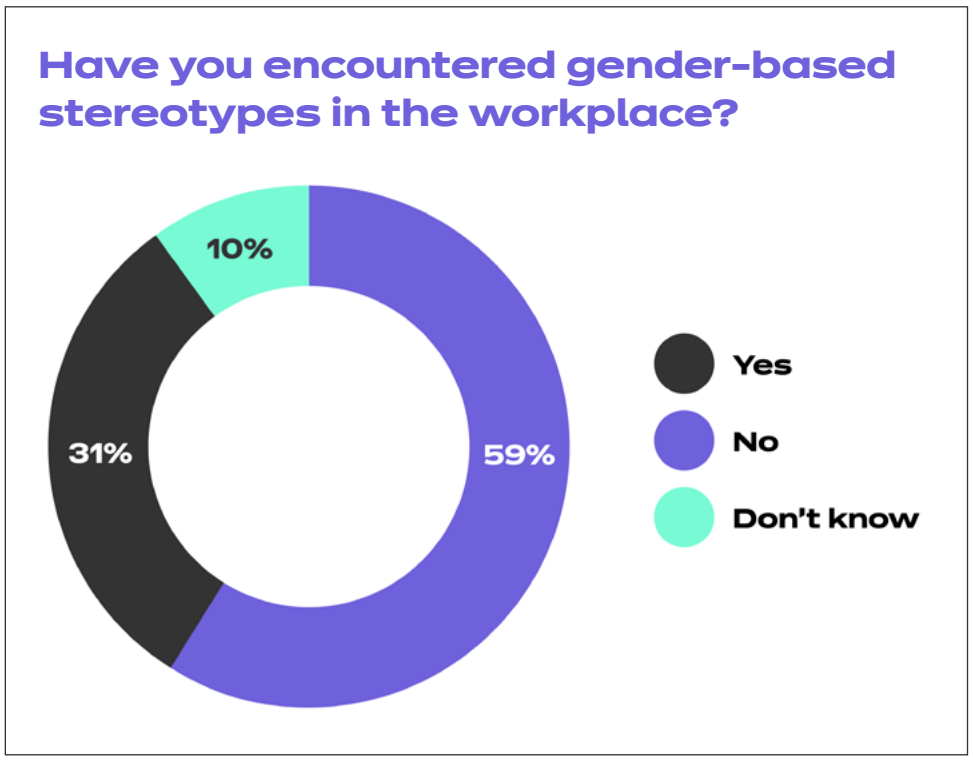

Figure 9: Gender-based stereotypes (n = 80)

We asked those that identify as male to state the factors that influenced their decision to work in social care. The top factor influencing the decision was "personal interest" (48%), followed by "job availability" (37%).

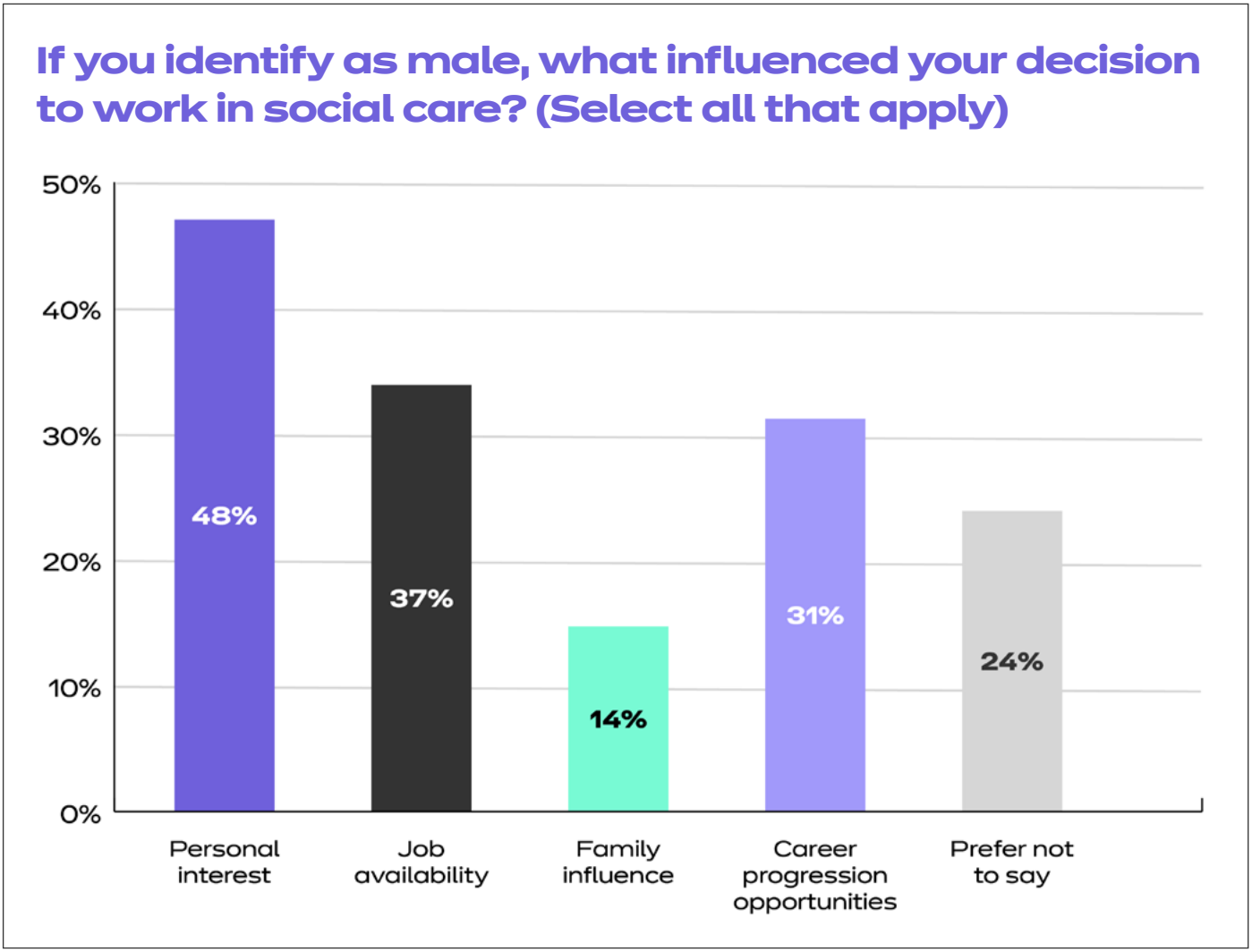

Figure 10: Decision to work in social care

Some respondents shared with us more detail on some stereotypes or prejudices they had experienced or witnessed at work.

- Respondents all felt that male workers were negatively stereotyped in the sector, and this could hamper recruitment and retention. This ties in with previous findings above on retention where respondents expressed stereotypes and prejudice as potential factors for leaving the sector and changing careers.

- Respondents stated both service users and their families preferred female care workers:

  - *"Many residents male and female chose a female carer over male as they feel they are better at their job."*

  - *"Families not wanting the male carers to attend to their parents."*

  - *"Both male and female clients prefer female carers due to preconceived idea that female carers are more empathetic and caring. The general belief that women are better at nurturing than men made clients of both sex refuse to be cared for by male carers."*

- Respondents also highlighted how racist attitudes towards carers is an issue in the sector.

Wellbeing at work

The survey sought to look at overall wellbeing in the workplace of current practitioners. The findings show that two thirds of respondents (67%) reported positive wellbeing at work, rating this as either good or very good. However, a notable amount reported poor or neutral wellbeing, with 1 in 10 care workers reporting poor wellbeing.

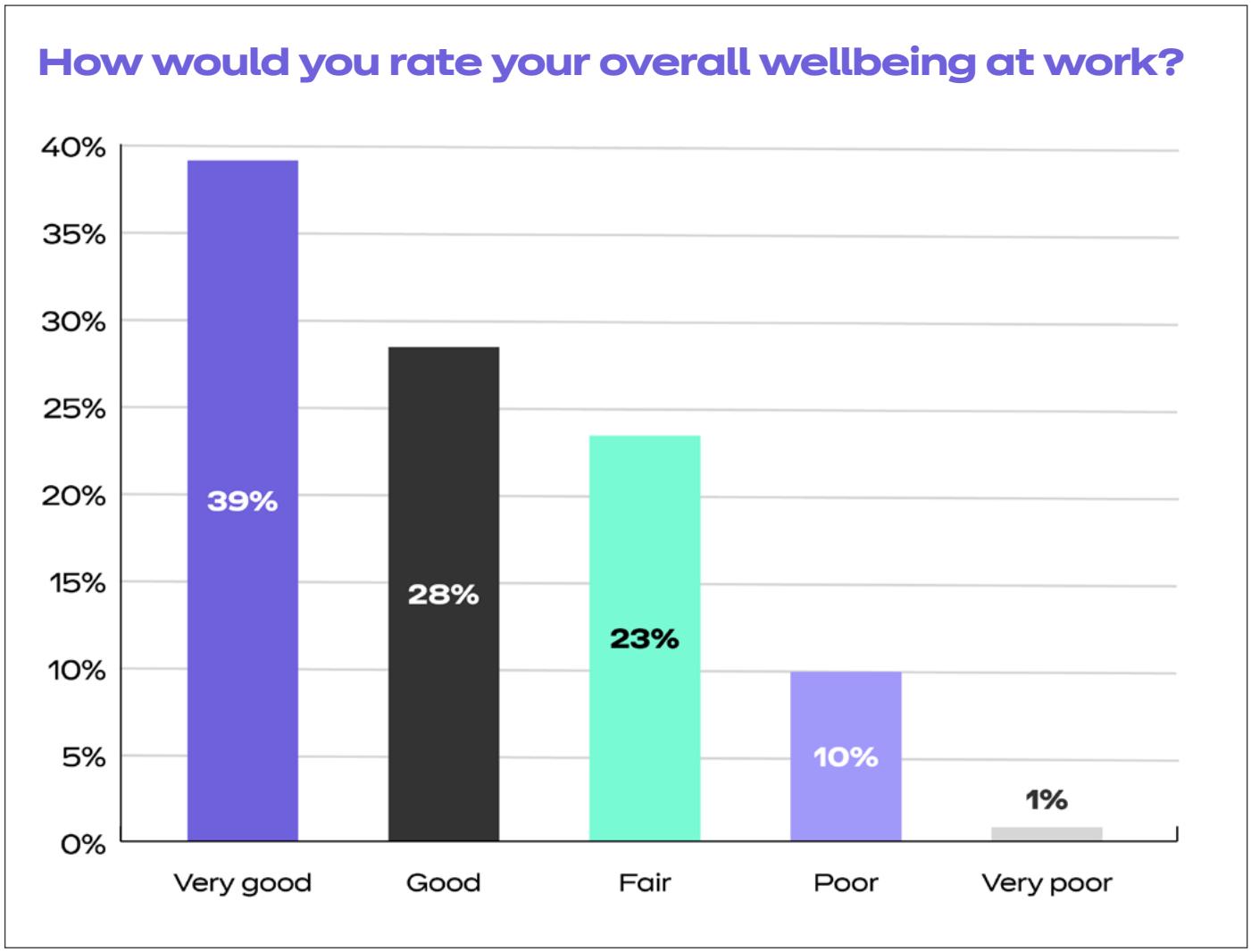

Figure 11: Wellbeing at work (n = 80)

Despite some concern about wellbeing, 87% said that they feel confident on accessing wellbeing support if needed (44% were very confident, and 43% were somewhat confident).

Recommending care work

To better understand some of the motivators for working in care, respondents were asked whether they would recommend being a care worker as a career. Respondents who said that they would recommend the role were then asked to explain their reasons.

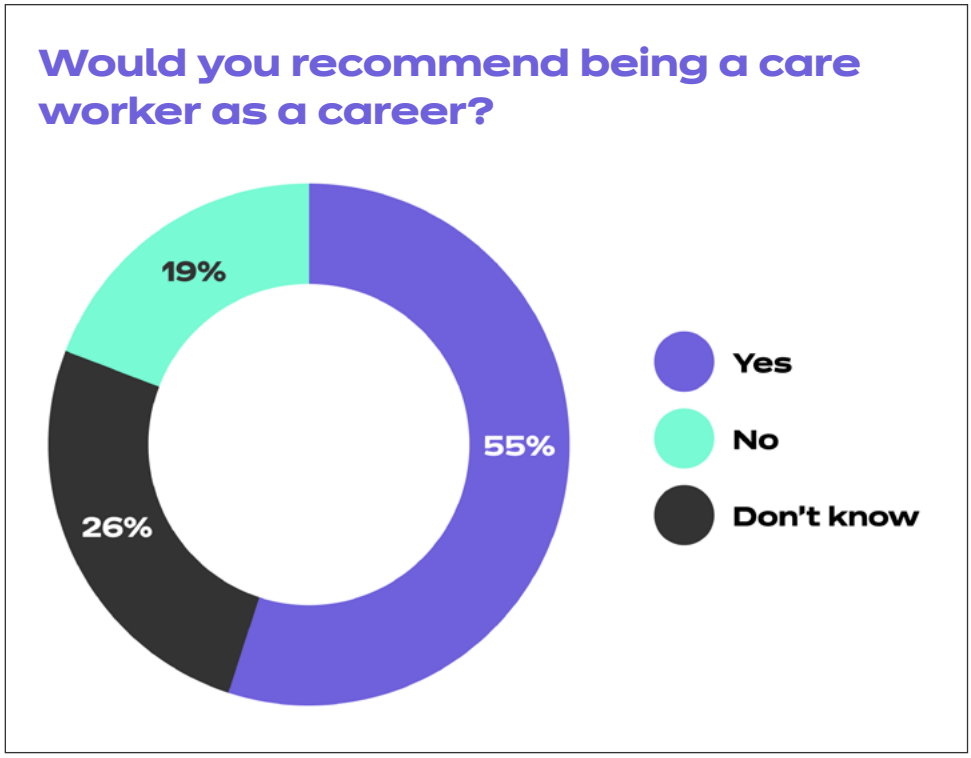

Figure 12: Recommending care work (n = 105)

- Care work is seen as rewarding, personally fulfilling, a way to give back and an essential service provided to those who need it:
  - *"I would recommend being a care worker because it's a deeply rewarding career where you can make a real difference in people's lives every day. It gives you the opportunity to support individuals who truly need help - whether that's with daily tasks, emotional support, or simply providing companionship. Care work also offers a strong sense of purpose and job satisfaction that many other roles don't provide. It helps you develop valuable skills like empathy, communication, patience, and resilience, which are useful both professionally and personally. In addition, the care sector is growing, with good job security and opportunities for training and career progression. For anyone who is compassionate, reliable, and wants to work in a meaningful and people-focused role, I believe care work is an excellent and fulfilling career choice."*

Career experiences: Proudest and toughest moments

To add context to the quantitative data collected throughout the survey, we asked respondents to share their personal experiences of working in care, including both their proudest and toughest moments.

Proudest moments

Respondents' moments of pride often revolved around witnessing a service user achieve a personal breakthrough or experience improvement in their quality of life.

- *"We had a lady who came into the home, who didn't sleep, was very, very confused. She was with us for approximately 9 months and the team looked after her, engaged with her. Over time the confusion diminished, and she went home a different person than when she came in. It was wonderful to be a part of."*
- *"My proudest moment as a carer would be when I realised it isn't just a job, you grow bonds and you're somewhat a type of family to the clients. They depend on you, more than you will ever know, and not just physical dependency. Mental dependency, someone they look forward to talking to as you may be the only person they have anymore."*
- *"I have assisted a woman when I started as a carer to feed every day. She could not lift a spoon, and she basically used to stare at her meal, especially breakfast, every day. That joy in her face every morning is unrivalled."*

Toughest moments

Toughest moments provided by respondents often highlighted the key areas of concern, including safety, staffing pressures, and the emotional burden that comes with a career in care.

- *"The toughest moment is when you don't have enough staff and feel like you're letting the service users down."*
- *"Having nose broken during a messy restraint when I worked on inpatient acute ward."*
- *"When I had to make the relatives, who had just lost their teenage son, get a taxi to their home which was 50 miles away as they had travelled in the ambulance with their son to the hospital. I felt this was cruel."*
- *"Self-neglect, where a person [has] been left at home without any care [or] any support. When they get that support, often it's too late. They've gone past that point where you still could help them. Where [despite] all your attempts, just it's too much for them to cope with, they just want to die."*

Recommendations

The findings of this survey paint a vivid picture of a committed but strained social care workforce. While the majority of respondents continue to find deep purpose and fulfilment in their roles, persistent issues around pay, working conditions, and limited career progression threaten the sector's long-term stability.

Crucially, the survey highlights a strong appetite for structured learning and development. Regulated qualifications are viewed as the single most important enabler of career progression, followed closely by better conditions and opportunities for specialist training. There is also a clear desire for more transparent and accessible career pathways, aligning with recent efforts to establish clearer role structures within the sector, such as the Care Workforce Pathway.

As an awarding organisation committed to shaping a fair, inclusive, and high-quality education and skills system, we recognise both the challenges and the opportunities revealed by this data. With reforms on the horizon, further education has a pivotal role in ensuring that qualifications, training routes, and professional recognition evolve in ways that genuinely meet the needs of care workers, employers, and society.

The insights in this report make one thing clear: the future of social care depends not only on attracting new talent, but on ensuring existing staff feel valued, supported, and able to thrive. Education and professionalisation are key levers for achieving this.

1

Strengthen and formalise clear, flexible career pathways underpinned by regulated qualifications

With nearly half of respondents unsure whether clear pathways exist, and 81% selecting regulated qualifications as the most important progression tool, we must work with employers, government, and sector bodies to co-design transparent routes from entry-level roles to advanced practice, leadership, and specialist positions.

This includes mapping progression into new qualification reforms such as V Levels, ensuring that learners and employers understand how to access and navigate these pathways.

2

Expand access to high-quality training, specialist upskilling, and recognition of prior experience

Survey responses show strong demand for leadership training, specialist care modules, and greater recognition of experience. We can support this by increasing the availability of modular, stackable learning – particularly in areas such as dementia care, mental health, and complex needs – and by promoting robust RPL (Recognition of Prior Learning) frameworks.

Making training more accessible, flexible, and aligned to real progression opportunities will help retain skilled staff who may otherwise leave the sector.

3

Champion workforce professionalism and challenge stereotypes through national awareness and employer-focused initiatives

This survey highlights persistent gender stereotypes, limited public understanding of the profession, and a divided perception of whether care roles are recognised as professional careers. There is a need for campaigns and partnerships that elevate the status of care work, showcase diverse role models, and highlight the technical skill, emotional resilience, and expertise required.

This should be supported by employer-facing guidance on inclusive recruitment, workplace culture, and the creation of psychologically safe environments where staff feel respected and valued.

Appendix

Notes on data aggregation and presentation:

This section provides some further information on the presentation of data in the report's figures and charts.

- Sample size variation: The total sample size (n) presented under each figure reflects the number of respondents who answered that specific question, therefore base sizes may vary.
- Percentages and Rounding: Percentages displayed in the figures have been rounded to the nearest whole number meaning that occasionally the sum of percentages may be slightly less or more than 100%.
- Data Aggregation: Categories with minimal response counts (such as, 'Prefer not to say' category) have been excluded from charts for clarity and to simplify presentation of the findings. This primarily applies to demographic data including Figure 1 (Full data available below).

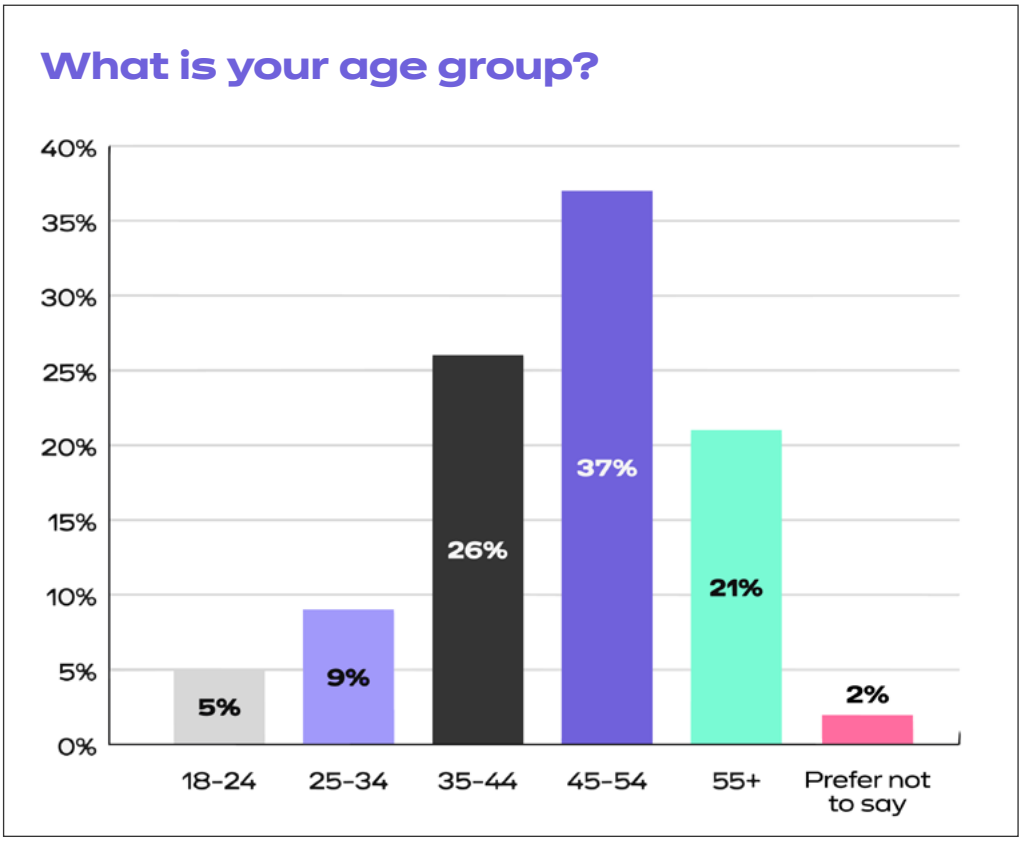

Figure 1: Age group (including full sample).