



nmds-scTM
national minimum
data set for social care

organisational questionnaire
version one 2005



Welcome to the NMDS-SC Organisational Questionnaire

Welcome to the NMDS-SC Organisation questionnaire. This questionnaire is designed to gather information about providers of social care activity whether they conduct their business as part of the statutory, voluntary or private sector.

The questionnaire is separated into a number of 'sections' to assist you in completing the necessary information. Once you have completed the questionnaire and returned it to Skills for Care you will only need to update your details if they change in the future.

The NMDS-SC is a workforce tool that will streamline the collection of robust information for the social care sector. For employers and key stakeholders in the sector the benefits of the NMDS-SC are numerous. The NMDS-SC will:

- Benchmark your services with other organisations in your locality or region.
- Identify staff skills, needs and achievements.
- Enable you to create a staff development and training plan that meets the needs of the organisation and which reflects the National Minimum Standards.
- Plan effectively for your current and future social care workforce.
- Enable personal development planning for individual staff.
- Identify recruitment and retention issues and enable you to develop succession-planning strategies.
- Enable you to develop staff skills and competence in line with regulation and good social care practice.
- Identify skill shortages.
- Provide information for Skills for Care to represent the social care sector and to attract resources to support the social care skills agenda.
- Enable your business/organisation to be recognised by the different strategic and funding agencies in your region when they consider the economic and educational support available in your locality.

Contents

SECTION ONE	
Establishment details	02
SECTION TWO	
About the business/organisation at this establishment	04
SECTION THREE	
About the staff at the establishment	11
SECTION FOUR	
About staff leaving and vacancies	15
NOTES	
Blank note pages	18

The information collected in the NMDS-SC is collected in compliance with the Data Protection Act. Hence the need for the following information sharing permissions.

QUESTION	ANSWER
<p>Do you agree to a copy of the establishment's Skills and Training Profile derived from data in this questionnaire and accompanying employee questionnaires being passed to the relevant Skills for Care Regional Office and Learning Resource Network(s)? <i>(tick one only)</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If the establishment is registered with the Commission for Social Care Inspection (CSCI), do you agree to the establishment's Workforce Profile derived from data in this questionnaire and accompanying employee questionnaires being accessed by the CSCI? <i>(tick one only)</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Not registered <input type="checkbox"/></p>

--	--	--	--	--	--	--	--

Section One - Establishment details

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER
1.	Name of the business/ organisation at this establishment	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px;"></div> </div>
2.	Parent organisation name <i>(if none, leave blank)</i>	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px;"></div> </div>
3.	Address of this establishment: Building name <i>(if none, leave blank)</i> Number of building, if any, and name of road <i>(do not use commas)</i> Locality name <i>(if none, leave blank)</i> Post town Postcode	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px;"></div> </div>
4.	Telephone no. of this establishment	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px dashed black; height: 15px;"></div> </div>
5.	Email address for this establishment <i>(if none, leave blank)</i>	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px dashed black; height: 15px;"></div> </div>
6.	Is the business/organisation at this establishment registered with the Commission for Social Care Inspection (CSCI) for any of the care services it provides? <i>(tick one only)</i> If yes, write in the CSCI registration number applicable to this establishment/service, and the date at which registration was approved	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Registration No. Date approved</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 45%; height: 15px;"></div> <div style="border: 1px solid black; padding: 2px; width: 45%; height: 15px;"></div> </div>



This information will indicate the number of employers in the social care sector. This may have a direct influence on attracting resources to support the skills agenda in social care.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER																																																	
12.	Which of the following best describes the nature of the business/organisation at this establishment? (tick one only)	Statutory: a local authority (adult services) <input type="checkbox"/> Statutory: a local authority (children's services) <input type="checkbox"/> Statutory: a local authority (generic/other services) <input type="checkbox"/> Statutory: local authority owned <input type="checkbox"/> Statutory: health <input type="checkbox"/> Private sector <input type="checkbox"/> Voluntary or 'third' sector <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> _____																																																	
13/14.	13. In the 1st column, please tick all the care services provided or offered by the business/organisation operating at this establishment. (tick all that apply) 14. In the 2nd column, tick the main care service provided or offered by the business/organisation operating at this establishment. (tick one only)	<table border="1"> <thead> <tr> <th>Type of care</th> <th>Service provided/offered</th> <th>Service is provided/offered</th> <th>Main service provided/offered</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Adult residential</td> <td>Care home with nursing provision</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Care home without nursing provision/care only</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Adult placement home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sheltered housing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other adult residential care service (describe) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3">Adult day</td> <td>Day care or day services</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other adult day care service (describe) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td rowspan="5">Adult domiciliary</td> <td>Domiciliary care/home care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home nursing care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Domestic services and home help</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Meals on wheels</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other adult domiciliary care service (describe) _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </tbody> </table>	Type of care	Service provided/offered	Service is provided/offered	Main service provided/offered	Adult residential	Care home with nursing provision	<input type="checkbox"/>	<input type="checkbox"/>	Care home without nursing provision/care only	<input type="checkbox"/>	<input type="checkbox"/>	Adult placement home	<input type="checkbox"/>	<input type="checkbox"/>	Sheltered housing	<input type="checkbox"/>	<input type="checkbox"/>	Other adult residential care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Adult day	Day care or day services	<input type="checkbox"/>	<input type="checkbox"/>	Other adult day care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____			Adult domiciliary	Domiciliary care/home care	<input type="checkbox"/>	<input type="checkbox"/>	Home nursing care	<input type="checkbox"/>	<input type="checkbox"/>	Domestic services and home help	<input type="checkbox"/>	<input type="checkbox"/>	Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	Other adult domiciliary care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Type of care	Service provided/offered	Service is provided/offered	Main service provided/offered																																																
Adult residential	Care home with nursing provision	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Care home without nursing provision/care only	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Adult placement home	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Sheltered housing	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Other adult residential care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>																																																
Adult day	Day care or day services	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Other adult day care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>																																																

Adult domiciliary	Domiciliary care/home care	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Home nursing care	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Domestic services and home help	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>																																																
	Other adult domiciliary care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>																																																

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER			
13/14 CONTINUED.	13. In the 1st column, please tick all the care services provided or offered by the business/organisation operating at this establishment. <i>(tick all that apply)</i>	Type of care	Service provided/offered	Service is provided/offered	Main service provided/offered
	14. In the 2nd column, tick the main care service provided or offered by the business/organisation operating at this establishment. <i>(tick one only)</i>	Adult community care	Carers' support	<input type="checkbox"/>	<input type="checkbox"/>
			Short breaks / respite care	<input type="checkbox"/>	<input type="checkbox"/>
			Community support and outreach	<input type="checkbox"/>	<input type="checkbox"/>
			Social work and care management	<input type="checkbox"/>	<input type="checkbox"/>
			Adult placement service	<input type="checkbox"/>	<input type="checkbox"/>
			Disability adaptations/ assistive technology services	<input type="checkbox"/>	<input type="checkbox"/>
			Occupational/ employment-related services	<input type="checkbox"/>	<input type="checkbox"/>
			Information and advice services	<input type="checkbox"/>	<input type="checkbox"/>
			Other adult community care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
		Children's residential	Care home / hostel	<input type="checkbox"/>	<input type="checkbox"/>
			Family centre (residential)	<input type="checkbox"/>	<input type="checkbox"/>
			Residential school	<input type="checkbox"/>	<input type="checkbox"/>
			Other children's residential care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
		Children's day	Full day care, e.g. day nursery	<input type="checkbox"/>	<input type="checkbox"/>
			Sessional day care e.g. play group/preschool	<input type="checkbox"/>	<input type="checkbox"/>
			Out of school club	<input type="checkbox"/>	<input type="checkbox"/>
			Holiday club	<input type="checkbox"/>	<input type="checkbox"/>
			Crèche	<input type="checkbox"/>	<input type="checkbox"/>
			Childminder	<input type="checkbox"/>	<input type="checkbox"/>
			Other children's day care service (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER			
13/14 CONTINUED.	13. In the 1st column, please tick all the care services provided or offered by the business/organisation operating at this establishment. <i>(tick all that apply)</i>	Type of care	Service provided/offered	Service is provided/offered	Main service provided/offered
		Children's domiciliary	Any children's domiciliary care service (describe) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
	14. In the 2nd column, tick the main care service provided or offered by the business/organisation operating at this establishment. <i>(tick one only)</i>	Children's community	Fostering or adoption service / agency	<input type="checkbox"/>	<input type="checkbox"/>
			Child protection	<input type="checkbox"/>	<input type="checkbox"/>
			Family centre	<input type="checkbox"/>	<input type="checkbox"/>
			Social work and care management	<input type="checkbox"/>	<input type="checkbox"/>
			Family support	<input type="checkbox"/>	<input type="checkbox"/>
			Information and advice services	<input type="checkbox"/>	<input type="checkbox"/>
			Mental health	<input type="checkbox"/>	<input type="checkbox"/>
			Other children's community care service (describe) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
		Healthcare	NHS Primary Care Trust	<input type="checkbox"/>	<input type="checkbox"/>
			Social Care NHS Trust	<input type="checkbox"/>	<input type="checkbox"/>
			Mental Health NHS Trust	<input type="checkbox"/>	<input type="checkbox"/>
			Other NHS Trust or NHS Foundation Trust	<input type="checkbox"/>	<input type="checkbox"/>
			Any other part of NHS Hospital & Community Health Services (HCHS)	<input type="checkbox"/>	<input type="checkbox"/>
			Any other part of the NHS (describe) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER			
13/14 CONTINUED.	<p>13. In the 1st column, please tick all the care services provided or offered by the business/organisation operating at this establishment. <i>(tick all that apply)</i></p> <p>14. In the 2nd column, tick the main care service provided or offered by the business/organisation operating at this establishment. <i>(tick one only)</i></p>	<p>Type of care</p> <p>Healthcare</p> <p>Other</p>	<p>Service provided/offered</p> <p>Independent acute or mental health hospital</p> <p>Independent hospice</p> <p>Independent out-patient service, day service, clinic</p> <p>Other independent healthcare setting (describe) _____</p> <p>Are any other care service(s) not included in the above (describe) _____</p> <p>_____</p> <p>_____</p>	<p>Service is provided/offered</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Main service provided/offered</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
15.	<p>Which of the following types of people are the care services provided or offered at this establishment for? <i>(tick all that apply)</i></p>	<p>Older people</p> <p>Adults</p>	<p>Older people with dementia</p> <p>Older people with mental disorders or infirmities, excluding learning disability or dementia</p> <p>Older people not in above categories</p> <p>Adults with physical disabilities</p> <p>Adults with learning disabilities</p> <p>Adults with mental health needs</p> <p>Adults with sensory impairments</p> <p>Adults who misuse alcohol/drugs</p> <p>Other adults (describe) _____</p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER																																				
15 CONTINUED.	Which of the following types of people are the care services provided or offered at this establishment for? <i>(tick all that apply)</i>	<table border="0"> <tr> <td>Children and young people</td> <td>Children and young people with emotional or behavioural difficulties</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Children and young people with physical disabilities</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Children and young people with learning disabilities</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Children and young people with mental health needs</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Children and young people with sensory impairments</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Children and young people misuse alcohol/drugs</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Other children and young people (describe) _____ _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Families</td> <td>Families</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Carers</td> <td>Carers of older people</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Carers of adults</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Carers of children and young people</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td>Other service users (describe) _____ _____</td> <td><input type="checkbox"/></td> </tr> </table>	Children and young people	Children and young people with emotional or behavioural difficulties	<input type="checkbox"/>		Children and young people with physical disabilities	<input type="checkbox"/>		Children and young people with learning disabilities	<input type="checkbox"/>		Children and young people with mental health needs	<input type="checkbox"/>		Children and young people with sensory impairments	<input type="checkbox"/>		Children and young people misuse alcohol/drugs	<input type="checkbox"/>		Other children and young people (describe) _____ _____	<input type="checkbox"/>	Families	Families	<input type="checkbox"/>	Carers	Carers of older people	<input type="checkbox"/>		Carers of adults	<input type="checkbox"/>		Carers of children and young people	<input type="checkbox"/>	Other	Other service users (describe) _____ _____	<input type="checkbox"/>
Children and young people	Children and young people with emotional or behavioural difficulties	<input type="checkbox"/>																																				
	Children and young people with physical disabilities	<input type="checkbox"/>																																				
	Children and young people with learning disabilities	<input type="checkbox"/>																																				
	Children and young people with mental health needs	<input type="checkbox"/>																																				
	Children and young people with sensory impairments	<input type="checkbox"/>																																				
	Children and young people misuse alcohol/drugs	<input type="checkbox"/>																																				
	Other children and young people (describe) _____ _____	<input type="checkbox"/>																																				
Families	Families	<input type="checkbox"/>																																				
Carers	Carers of older people	<input type="checkbox"/>																																				
	Carers of adults	<input type="checkbox"/>																																				
	Carers of children and young people	<input type="checkbox"/>																																				
Other	Other service users (describe) _____ _____	<input type="checkbox"/>																																				
16/17.	For each of the following care services, if provided or offered by the business/organisation operating at this establishment (at Q.13), please state: 16. Total service provision capacity, in 1st column. 17. Service provision on completion date, in 2nd column.	<table border="0"> <thead> <tr> <th>Type of care</th> <th>Service provided /offered</th> <th>Total service provision capacity</th> <th>Service provision on completion date</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Adult residential</td> <td>Care home with nursing provision</td> <td>places <input type="text" value=""/></td> <td>beds <input type="text" value=""/></td> </tr> <tr> <td>Care home without nursing provision /care only</td> <td>places <input type="text" value=""/></td> <td>beds <input type="text" value=""/></td> </tr> <tr> <td>Adult placement home</td> <td>places <input type="text" value=""/></td> <td>beds <input type="text" value=""/></td> </tr> <tr> <td>Sheltered housing</td> <td>hours <input type="text" value=""/></td> <td>service users <input type="text" value=""/></td> </tr> <tr> <td>Other adult residential care service</td> <td>places <input type="text" value=""/></td> <td>beds <input type="text" value=""/></td> </tr> </tbody> </table>	Type of care	Service provided /offered	Total service provision capacity	Service provision on completion date	Adult residential	Care home with nursing provision	places <input type="text" value=""/>	beds <input type="text" value=""/>	Care home without nursing provision /care only	places <input type="text" value=""/>	beds <input type="text" value=""/>	Adult placement home	places <input type="text" value=""/>	beds <input type="text" value=""/>	Sheltered housing	hours <input type="text" value=""/>	service users <input type="text" value=""/>	Other adult residential care service	places <input type="text" value=""/>	beds <input type="text" value=""/>																
Type of care	Service provided /offered	Total service provision capacity	Service provision on completion date																																			
Adult residential	Care home with nursing provision	places <input type="text" value=""/>	beds <input type="text" value=""/>																																			
	Care home without nursing provision /care only	places <input type="text" value=""/>	beds <input type="text" value=""/>																																			
	Adult placement home	places <input type="text" value=""/>	beds <input type="text" value=""/>																																			
	Sheltered housing	hours <input type="text" value=""/>	service users <input type="text" value=""/>																																			
	Other adult residential care service	places <input type="text" value=""/>	beds <input type="text" value=""/>																																			

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER - PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN			
16/17 CONTINUED.	<p>For each of the following care services, if provided or offered by the business/organisation operating at this establishment (at Q.13), please state:</p> <p>16. Total service provision capacity, in 1st column.</p> <p>17. Service provision on completion date, in 2nd column.</p>	Type of care	Service provided	Total service provision capacity	Service /offered provision on completion date
		Adult day	Day care and day services	places <input type="text"/>	service users <input type="text"/>
			Other adult day care service	places <input type="text"/>	service users <input type="text"/>
		Adult domiciliary	Domiciliary care / home care	hours <input type="text"/>	service users <input type="text"/>
			Home nursing care	hours <input type="text"/>	service users <input type="text"/>
			Domestic services and home help	hours <input type="text"/>	service users <input type="text"/>
			Meals on wheels	meals <input type="text"/>	service users <input type="text"/>
			Other adult domiciliary care service	hours <input type="text"/>	service users <input type="text"/>
		Adult community	Adult placement service	places <input type="text"/>	places <input type="text"/>
		Children's residential	Care home / hostel	places <input type="text"/>	beds <input type="text"/>
			Family centre (residential)	family places <input type="text"/>	places <input type="text"/>
			Residential school	places <input type="text"/>	beds <input type="text"/>
			Other children's residential care service	places <input type="text"/>	beds <input type="text"/>

CONTINUES ON NEXT PAGE



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Two - About the business/organisation at this establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER																																												
16/17 CONTINUED.	For each of the following care services, if provided or offered by the business/organisation operating at this establishment (at Q.13), please state: 16. Total service provision capacity, in 1st column. 17. Service provision on completion date, in 2nd column.	<table border="1"> <thead> <tr> <th>Type of care</th> <th>Service provided /offered</th> <th colspan="2">Total service provision capacity</th> <th>Service provision on completion date</th> </tr> </thead> <tbody> <tr> <td rowspan="7">Children's day</td> <td>Full day care, e.g. day nursery</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Sessional day care e.g. play group /preschool</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Out of school club</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Holiday club</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Crèche</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Childminder</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Other children's day care service</td> <td>places</td> <td><input type="text"/></td> <td>enrolled <input type="text"/></td> </tr> <tr> <td>Children's domiciliary</td> <td>Any children's domiciliary care service</td> <td>hours</td> <td><input type="text"/></td> <td>service users <input type="text"/></td> </tr> <tr> <td>Children's community</td> <td>Fostering or adoption services / agency</td> <td>places</td> <td><input type="text"/></td> <td>places <input type="text"/></td> </tr> </tbody> </table>	Type of care	Service provided /offered	Total service provision capacity		Service provision on completion date	Children's day	Full day care, e.g. day nursery	places	<input type="text"/>	enrolled <input type="text"/>	Sessional day care e.g. play group /preschool	places	<input type="text"/>	enrolled <input type="text"/>	Out of school club	places	<input type="text"/>	enrolled <input type="text"/>	Holiday club	places	<input type="text"/>	enrolled <input type="text"/>	Crèche	places	<input type="text"/>	enrolled <input type="text"/>	Childminder	places	<input type="text"/>	enrolled <input type="text"/>	Other children's day care service	places	<input type="text"/>	enrolled <input type="text"/>	Children's domiciliary	Any children's domiciliary care service	hours	<input type="text"/>	service users <input type="text"/>	Children's community	Fostering or adoption services / agency	places	<input type="text"/>	places <input type="text"/>
Type of care	Service provided /offered	Total service provision capacity		Service provision on completion date																																										
Children's day	Full day care, e.g. day nursery	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Sessional day care e.g. play group /preschool	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Out of school club	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Holiday club	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Crèche	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Childminder	places	<input type="text"/>	enrolled <input type="text"/>																																										
	Other children's day care service	places	<input type="text"/>	enrolled <input type="text"/>																																										
Children's domiciliary	Any children's domiciliary care service	hours	<input type="text"/>	service users <input type="text"/>																																										
Children's community	Fostering or adoption services / agency	places	<input type="text"/>	places <input type="text"/>																																										



This information will indicate how services are provided across a range of employers within the social care sector. This will enable us to know how the sector is positioned within the national and regional economies.

Section Three - About the staff at the establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER																																																																								
18.	18. Please state the total number of staff employed by the business /organisation operating at this establishment on the completion date.	Total Number of Staff <input type="text"/>																																																																								
19/20/21.	19. In the 1st column please state how many staff in each job role were permanently employed by the business/organisation operating at this establishment on the completion date. <i>(if none, leave blank)</i> 20. In the 2nd column, please state how many staff in each job role were employed on a temporary or casual basis by the business/organisation operating at this establishment on the completion date. <i>(if none, leave blank)</i> 21. In the 3rd column, please state how many of the staff in each job role started this permanent or temporary employment within the 12 months preceding the completion date. <i>(if none, leave blank)</i>	<table border="1"> <thead> <tr> <th>Job roles</th> <th>Q19. Permanently employed</th> <th>Q20. Temporarily or casually employed</th> <th>Q21. Started in past 12 months</th> </tr> </thead> <tbody> <tr><td>1. Senior Management</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2. Middle Management</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3. First Line Manager</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4. Registered Manager</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>5. Supervisor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>6. Social Worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>7. Senior Care Worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>8. Care Worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>9. Community, Support and Outreach Work</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>10. Employment Support</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>11. Advice, Guidance and Advocacy</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>12. Educational Support</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>13. Youth Offending Support</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>14. Counsellor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>15. Occupational Therapist</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>16. Registered Nurse</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>17. Allied Health Professional (other than Occupational Therapist)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Job roles	Q19. Permanently employed	Q20. Temporarily or casually employed	Q21. Started in past 12 months	1. Senior Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	2. Middle Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	3. First Line Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	4. Registered Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	5. Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	6. Social Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	7. Senior Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	8. Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Community, Support and Outreach Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Employment Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Advice, Guidance and Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Educational Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Youth Offending Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	14. Counsellor	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Occupational Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>	16. Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	17. Allied Health Professional (other than Occupational Therapist)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job roles	Q19. Permanently employed	Q20. Temporarily or casually employed	Q21. Started in past 12 months																																																																							
1. Senior Management	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
2. Middle Management	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
3. First Line Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
4. Registered Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
5. Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
6. Social Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
7. Senior Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
8. Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
9. Community, Support and Outreach Work	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
10. Employment Support	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
11. Advice, Guidance and Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
12. Educational Support	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
13. Youth Offending Support	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
14. Counsellor	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
15. Occupational Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
16. Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							
17. Allied Health Professional (other than Occupational Therapist)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																							

CONTINUES ON NEXT PAGE



This will enable us to determine how many people work in the social care sector.
This may help to encourage resources to support recruitment & staff development.

Section Three - About the staff at the establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER			
19/20/21. CONTINUED	<p>19. In the 1st column please state how many staff in each job role were permanently employed by the business/organisation operating at this establishment on the completion date. <i>(if none, leave blank)</i></p> <p>20. In the 2nd column, please state how many staff in each job role were employed on a temporary or casual basis by the business/organisation operating at this establishment on the completion date. <i>(if none, leave blank)</i></p> <p>21. In the 3rd column, please state how many of the staff in each job role started this permanent or temporary employment within the 12 months preceding the completion date. <i>(if none, leave blank)</i></p>	Job roles	Permanently employed	Temporarily or casually employed	Started in past 12 months
		18. Nursery Nurse	_ _ _ _	_ _ _ _	_ _ _
		19. Childcare Worker or Childcare Assistant	_ _ _ _	_ _ _ _	_ _ _
		20. Teacher (qualified)	_ _ _ _	_ _ _ _	_ _ _
		21. Educational Assistant	_ _ _ _	_ _ _ _	_ _ _
		22. Technician	_ _ _ _	_ _ _ _	_ _ _
		23. Other job roles directly involved in providing care (please describe)	_ _ _ _	_ _ _ _	_ _ _
		24. Managers and staff in care-related but not care-providing roles	_ _ _ _	_ _ _ _	_ _ _
		25. Administrative/ office staff not care-providing	_ _ _ _	_ _ _ _	_ _ _
		26. Ancillary staff not care-providing	_ _ _ _	_ _ _ _	_ _ _
		27. Other job roles not directly involved in providing care (please describe)	_ _ _ _	_ _ _ _	_ _ _



This will enable us to determine how many people work in the social care sector. This may help to encourage resources to support recruitment & staff development.

Section Three - About the staff at the establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER					
		Job roles	Bank or pool	Agency	Students	Voluntary	Other workers
22.	<p>In the appropriate columns, please state the number of each of the following types of staff who were working in each job role for the business/organisation operating at this establishment on the completion date. (if none, leave blank):</p> <ul style="list-style-type: none"> • Bank or pool staff • Agency staff • Practice learning or work experience students • Volunteers or voluntary workers • Any other workers 	1. Senior Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		2. Middle Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		3. First Line Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		4. Registered Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		5. Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		6. Social Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		7. Senior Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		8. Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		9. Community, Support and Outreach Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		10. Employment Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		11. Advice, Guidance and Advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		12. Educational Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		13. Youth Offending Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		14. Counsellor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		15. Occupational Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		16. Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINUES ON NEXT PAGE



This will enable us to determine how many people work in the social care sector.
This may help to encourage resources to support recruitment & staff development.

Section Three - About the staff at the establishment

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER					
22 CONTINUED	<p>In the appropriate columns, please state the number of each of the following types of staff who were working in each job role for the business/organisation operating at this establishment on the completion date. <i>(if none, leave blank):</i></p> <ul style="list-style-type: none"> • Bank or pool staff • Agency staff • Practice learning or work experience students • Volunteers or voluntary workers • Any other workers 	Job roles	Bank or pool	Agency	Students	Voluntary	Other workers
		17. Allied Health Professional (other than Occupational Therapist)	□□	□□	□□	□□	□□
		18. Nursery Nurse	□□	□□	□□	□□	□□
		19. Childcare Worker or Childcare Assistant	□□	□□	□□	□□	□□
		20. Teacher (qualified)	□□	□□	□□	□□	□□
		21. Educational Assistant	□□	□□	□□	□□	□□
		22. Technician	□□	□□	□□	□□	□□
		23. Other job roles directly involved in providing care (please state number in box & describe below)	□□	□□	□□	□□	□□
		Bank or pool	_____				
		Agency	_____				
		Students	_____				
		Voluntary	_____				
		Other workers	_____				
		24. Managers and staff in care-related but not care-providing roles	□□	□□	□□	□□	□□
		25. Administrative/ office staff not care-providing	□□	□□	□□	□□	□□
		26. Ancillary staff not care-providing	□□	□□	□□	□□	□□
		27. Other job roles not directly involved in providing care (please describe)	□□	□□	□□	□□	□□
		Bank or pool	_____				
		Agency	_____				
		Students	_____				
		Voluntary	_____				
		Other workers	_____				



This will enable us to determine how many people work in the social care sector. This may help to encourage resources to support recruitment & staff development.

Section Four - About staff leaving and vacancies

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER		
23/24.	<p>23. In the 1st column, please state how many staff in each job role ceased permanent or temporary employment with the business/organisation operating at this establishment in the 12 months preceding the completion date. <i>(if none, leave blank)</i></p> <p>24. In the 2nd column, please state how many vacancies in each job role there were on the completion date. <i>(if none, leave blank)</i></p>	Job roles	Ceased employment in past 12 months	Vacancies
		1. Senior Management	_ _ _	_ _
		2. Middle Management	_ _ _	_ _
		3. First Line Manager	_ _ _	_ _
		4. Registered Manager	_ _ _	_ _
		5. Supervisor	_ _ _	_ _
		6. Social Worker	_ _ _	_ _
		7. Senior Care Worker	_ _ _	_ _
		8. Care Worker	_ _ _	_ _
		9. Community, Support and Outreach Work	_ _ _	_ _
		10. Employment Support	_ _ _	_ _
		11. Advice, Guidance and Advocacy	_ _ _	_ _
		12. Educational Support	_ _ _	_ _
		13. Youth Offending Support	_ _ _	_ _
		14. Counsellor	_ _ _	_ _
		15. Occupational Therapist	_ _ _	_ _
		16. Registered Nurse	_ _ _	_ _
		17. Allied Health Professional (other than Occupational Therapist)	_ _ _	_ _
		18. Nursery Nurse	_ _ _	_ _
		19. Childcare Worker or Childcare Assistant	_ _ _	_ _
		20. Teacher (qualified)	_ _ _	_ _
		21. Educational Assistant	_ _ _	_ _

CONTINUES ON NEXT PAGE



This important information will enable us to look at recruitment, retention and staffing trends.

Section Four - About staff leaving and vacancies

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER		
23/24 CONTINUED	<p>23. In the 1st column, please state how many staff in each job role ceased permanent or temporary employment with the business/organisation operating at this establishment in the 12 months preceding the completion date. <i>(if none, leave blank)</i></p> <p>24. In the 2nd column, please state how many vacancies in each job role there were on the completion date. <i>(if none, leave blank)</i></p>	<p>Job roles</p> <p>22. Technician <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>23. Other job roles directly involved in providing care (please describe) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>24. Managers and staff in care-related but not care-providing roles <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>25. Administrative/ office staff not care-providing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>26. Ancillary staff not care-providing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>27. Other job roles not directly involved in providing care (please describe) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Ceased employment in past 12 months</p>	<p>Vacancies</p>
25.	<p>How many of the staff (at Q.23) who ceased permanent or temporary employment with the business/organisation operating at this establishment in the 12 months preceding the completion date left for each of the reasons shown below? <i>(if none, leave blank)</i></p>	<p>Reasons</p> <p>Pay <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Conditions of employment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Nature of the work <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Competition from other employers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Transferred to another employer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Career development <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Personal reasons <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Resignation for other or undisclosed reasons <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Retirement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Dismissal <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Redundancy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>End of contract term <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		

CONTINUES ON NEXT PAGE



This important information will enable us to look at recruitment, retention and the staffing crisis in parts of the social care sector.

Section Four - About staff leaving and vacancies

PLEASE WRITE CLEARLY IN BLACK BALL POINT PEN AND IN CAPITAL LETTERS

QUESTION NUMBER	QUESTION	ANSWER
25. CONTINUED	How many of the staff (at Q.23) who ceased permanent or temporary employment with the business/organisation operating at this establishment in the 12 months preceding the completion date left for each of the reasons shown below? <i>(if none, leave blank)</i>	<p>Other reason(s) (please describe) _____ [] [] [] []</p> <p>Reason not known [] [] [] []</p>
26.	How many of the staff (at Q.23) who ceased permanent or temporary employment with the business/organisation operating at this establishment in the 12 months preceding the completion date went to each of the destinations shown below? <i>(if none, leave blank)</i>	<p>Destinations</p> <p>Adult care sector: local authority [] [] [] []</p> <p>Adult care sector: private or voluntary sector [] [] [] []</p> <p>Children's sector: local authority [] [] [] []</p> <p>Children's sector: private or voluntary sector [] [] [] []</p> <p>Health sector [] [] [] []</p> <p>Retail sector [] [] [] []</p> <p>Other sector [] [] [] []</p> <p>Elsewhere within the organisation [] [] [] []</p> <p>Abroad [] [] [] []</p> <p>Other destination(s) (please describe) _____ [] [] [] []</p> <p>_____</p> <p>Not to another job (straight away) [] [] [] []</p> <p>Destination not known [] [] [] []</p>

THANK YOU VERY MUCH FOR COMPLETING
THIS QUESTIONNAIRE

Please return this questionnaire and accompanying
employee questionnaires to:

NMDS-SC
Freepost NEA8174
Skills for Care
Albion Court
5 Albion Place
Leeds
LS1 1YY



This important information will enable us to look at recruitment, retention and the staffing crisis in parts of the social care sector.

Notes

