



# Individual employers and the personal assistant workforce

2025

## Acknowledgments

Skills for Care would like to thank all the individual employers and personal assistants that engaged with this survey. The success of this survey, and the impact that the results can make, are dependent on these responses, and this year there was another excellent response rate. Thanks also to all at Mark Bates Ltd who assisted in producing and distributing this survey.

This report has been researched and compiled by Skills for Care's Workforce Intelligence Analysis team.

Feedback on any aspect of this report is welcomed as it will help to improve future editions. Please contact our analysis team: [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk).

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## Foreword from our CEO

The Personal Assistant role is the second most widespread role in adult social care in England. The people in these roles support their Individual Employers in highly personalised, flexible and often deeply meaningful care arrangements.

Working together, Individual Employers and Personal Assistants are at the forefront of innovative, person-centred care, delivered in the community.

Yet, given the individual and personal nature of these working relationships, it can be harder to gather data on these people than the wider workforce. That's why, every year, our team behind the Adult Social Care Workforce Data Set (ASC-WDS) carries out a survey of thousands of Individual Employers and Personal Assistants to help us better understand this important part of the sector.

This understanding is important because the Workforce Strategy for Adult Social Care in England identifies the need for more Personal Assistants over the next 15 years, as we expect people to continue to have choice and control over the care they draw on.

We therefore need to ensure we're doing everything we can to attract, keep and support Personal Assistants. This includes making sure Individual Employers can access high-quality learning and development for Personal Assistants – and funding for it – in the same way that other employers can.

Personal Assistants are one of the role categories in the Care Workforce Pathway – the much-needed universal career structure for the sector, setting out the knowledge, skills, values and behaviours needed to deliver high-quality, personalised care and support. It's important that they're also considered as part of the new Fair Pay Agreement for adult social care.

We're grateful to all the Individual Employers and Personal Assistants who completed our survey. Your contributions are invaluable in helping us shape the future of this important part of the adult social care system.

**Professor Oonagh Smyth**  
Chief Executive, Skills for Care



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# Key findings

## Individual employers

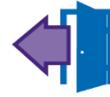


There were an estimated **67,000** direct payment recipients **employing their own staff**

Individual employers, on average, **employed**

**1.85**

**Personal assistants**



Employers reported an **average PA turnover rate of 16.8%**

### What is an individual employer?

The term individual employer is used in this report to refer to someone who uses their social care personal budget to directly employ one or more personal assistants (PAs) to meet their needs.

- Skills for Care estimates that around 67,000 direct payment recipients were directly employing their own staff in 2023/24 (about 32% of all direct payment recipients).
- In 2018/19, the total number of direct payment recipients employing staff was at its highest, at around 75,000. After this, the number has decreased down to 67,000 by 2023/24, with the largest decrease coming between 2022/23 and 2023/24 (down 4,000 or 5.6%).
- Individual employers had, on average, 1.85 PAs each, creating around 123,000 PA filled posts.
- The **average turnover rate of PAs was 16.8%**. This was considerably lower than the turnover rate for care workers in the independent sector (30.5%).
- **Family/friend PAs were less likely to leave** (10.7% turnover rate) than PAs that did not know the employer before employment (23.3% turnover rate). This may be influenced by the relationship between PAs and their employer.
- The **average vacancy rate of PAs was 9.2%**. This was the lower than the vacancy rate amongst care workers in the independent sector (10.0%).

Skills for Care has a range of [resources](#) to support people employing their own care and support staff.

## Personal assistants



### What is a personal assistant (PA)?

A PA, for this report, is employed directly by a person who needs support. They can also be employed by a family member or representative when the person they are supporting does not have the physical or mental capacity to be the employer. A PA works directly with the individual they are supporting, in a person-centred way, to enable them to live their life according to their wishes and interests.

The following information is derived from the 2025 Skills for Care survey data and is compared to care workers in the independent sector, as at March 2024.

- Around 54% of PAs were family or a friend of the individual employer. The other 46% did not know their employer before accepting their PA role.
- PAs had, on average, 1.26 PA jobs (21% of PAs held more than 1 PA job).
- The most common areas of support that PAs provided were support with household duties (71%), closely followed by attending appointments (66%) and personal care (66%).
- **Around 21% of PAs were on zero-hours contracts.** This was much lower than care workers in the independent sector (30%).
- PAs, on average, had more experience in their role (5.4 years), compared to care workers (4.0 years). Also, **PAs had considerably more experience in the sector (11.3 years)** compared to care workers (7.7 years).
- The **median hourly pay rate for PAs was £12.21** (as at February 2025). This was higher than the median hourly rate for care workers in the independent sector (£12.00 as at December 2024).
- The proportion of PAs that **held a relevant social care qualification** was similar (48%) to care workers (44%).

Skills for Care has a range of [resources](#) to support personal assistants, including an information hub.

# Introduction

It's crucial that the adult social care sector has robust workforce intelligence about its size and shape; this helps to reinforce its position as a major part of the economy. High-quality information about the workforce is vital in helping to create a fair and just society, where people can access the advice, care, and support they need to live life to the fullest.

## About Skills for Care

Skills for Care is the strategic workforce development body for adult social care in England. Everything we do is about making sure the sector has enough people with the right skills and values to provide the best possible care and support.

We work across the health and social care system to understand the key drivers of change in social care - and the capacity, characteristics and skills that are needed in our workforce to meet people's future needs.

We've led the development of a much-needed Workforce Strategy for adult social care – working with a wide range of organisations and people who have a stake in the future of the sector.

## Skills for Care is the leading source of adult social care workforce intelligence

Our expertise comes from the workforce intelligence that we collect in the Adult Social Care Workforce Data Set (ASC-WDS), from our experience of analysing and interpreting social care data, from our network of locality managers based throughout England, and from talking with, and learning from, employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

For more information about the ASC-WDS and our workforce intelligence please see the Further resources section of this report.

Up to 2017 individual employers and their personal assistants were included in Skills for Care's flagship data collection ASC-WDS (named NMDS-SC at the time), however response rates were very low. Individual employers told us that the incentives to provide their data, and the benefits for them after doing so, were not applicable for them, for example, benchmarking workforce information, using it as a free HR system or getting training alerts. Therefore, they were removed from the ASC-WDS, and we started collecting their data using this annual survey in 2017.

## Personal budgets and direct payments in social care

Personalised care means people have more choice and control over the way their care is planned and delivered. It is based on what matters to them and tailored to their individual strengths and needs.

Personalisation is a step change from the traditional service-led approach of care, to offering choice and control to people, with an increased emphasis put on wellbeing and lifestyle. Where personal budgets and personal health budgets are delivered via a direct payment, people can directly employ personal assistants to meet their needs.

### **What is a social care personal budget?**

A personal budget is the amount of money your local council will pay towards any social care and support you need. The amount of money in your personal health budget is decided by your local council after a needs assessment and resource allocation exercise works out:

- what kind of care and support you need
- how much it will cost
- how much you're able to afford yourself

You can ask the council to either:

- manage your personal health budget for you
- pay the money to another organisation – such as a care provider
- pay the money directly to you, or someone you choose to manage it – this is known as a direct payment

You can also choose a combination of these options.

As published in the size and structure of the adult social care sector and workforce in England 2024, In 2018/19, the total number of direct payment recipients employing staff was at its highest, at around 75,000. After this, the number has decreased down to 65,000 by 2023/24, with the largest decrease coming between 2022/23 and 2023/24 (down 4,000 or 5.6%).

The latest figures available from NHS England show that in 2022/23, around 210,000 adults, older people and carers were receiving direct payments. However, not all direct payment recipients will use this payment to employ PAs. We estimate that 32% of direct payment recipients were directly employing their own staff in 2023/24.

Individual employers, on average, employed 1.85 PAs each in 2023/24, and there were an estimated 123,000 filled posts working for direct payment recipients. PAs held an average of 1.26 PA posts each, meaning that around 100,000 people were filling the 123,000 posts working for direct payment recipients.

### **What is a personal health budget?**

A personal health budget uses NHS funding to create an individually agreed plan that offers people of all ages greater choice and flexibility over how their assessed health and wellbeing needs are met.

**This report does not cover those who have a personal health budget – it only includes data about people with a social care direct payment.**

## Direct payments

A direct payment is one way of managing these budgets. It's when you get the money directly to buy the agreed care and support you need rather than the council or the NHS arranging it for you. Direct payments give you more flexibility over how your care and support is arranged and provided. For example, you could choose to employ personal assistants or pay an agency for support.

## Skills for Care survey research

Skills for Care, as the leading source of social care workforce intelligence has again completed a research study in January 2025 with individual employers and personal assistants to replicate the success of the previous individual employer and PA surveys between 2017 and 2024. We have used the results of this survey and data from Adult Social Care Workforce Data Set (ASC-WDS) to produce this report. The survey was designed to mirror data in the ASC-WDS, so we could compare the PA workforce to care workers and the wider adult social care workforce. However, we do acknowledge that care workers and PAs have different roles and ways of working.

Skills for Care sent surveys to approximately 46,300 individual employers and their PAs via 21,000 paper surveys and 25,300 email invitations to an online survey. There were 2,356 individual employer and 1,268 PA responses from people with varying care needs, ages and from each region of England. This included 94% exclusively in receipt of a direct payment from a social care local authority, 4% exclusively in receipt of a personal health budget from the NHS and 2% who exclusively fund their own care. The remainder received a combination of direct payments from the local authority, an NHS personal health budget or an Access to Work grant. This has created a strong foundation for producing statistics about this part of the sector within this report.

## Reasons for this report

This survey is intended to help us understand more about this workforce and the experiences of the direct payment and personal budget holders who employ them. Information gathered through this survey will help inform approaches to supporting both individual employers and their PAs and developing this important workforce.

Skills for Care has a range of resources to support people employing their own care and support in a dedicated section of our [website](#). We provide [funding](#) for training of individual employers and their personal assistants, as well as [funding](#) for training delivered by user led organisations.

# 1. Individual employers

It is estimated **67,000** individuals directly employed their own staff in 2023/24

Individual employers, on average, employed **1.85** PAs each in 2023/24

There was a **16.8%** PA turnover rate and a **9.2%** PA vacancy rate in 2025

Data on the number of social care direct payment recipients comes from the NHS England's Short and Long Term Support (SALT) return. Estimates of those employing staff are calculated by Skills for Care and are based on data from the Association of Directors of Adult Social Services (ADASS) Spring Survey 2019-23 (formerly known as the Budget Survey), with sample size of 144 (out of 152 LAs) in 2023, and previous Skills for Care research.

The information from NHS England shows that around 211,000 adults, older people and carers were receiving social care direct payments from local authorities, in England, in 2024 Skills for Care estimates that approximately 32% of these, or 67,000 individuals, directly employed their own staff.

Social care direct payment funded employers employed, on average, 1.85 PAs each, creating an estimated 123,000 filled posts in 2023/24.

'The size and structure of the adult social care sector and workforce' data visualisation includes information about social care direct payment recipients and PA job trends over a ten-year period. This information can also be found in the 'The state of the adult social care sector and workforce' data visualisation.

Since their introduction in 1997 (or 28 years ago), social care direct payments have offered people more flexibility with their care and support arrangements, including the ability to choose to employ personal assistants. The estimated proportion of individual employers, using social care direct payments, has remained stable between 2014 and 2024 (at around 30%). The number of social care direct payment recipients employing staff increased by around 35,000 from 2008 to 2013, in line with the increased take up of direct payments over the same period. The number of PAs employed by direct payment recipients has followed the same trend.

We recognise that some people also employ PAs solely using their own funds or via other funding streams. However, there is no available information on this part of the sector. However, the evidence from this survey suggests it is much less prevalent to solely self-fund, please see Table 1 below, where 'exclusively using their own money to fund a personal assistant' numbers were lower than those in receipt of a social care direct payment from the local authority or a personal health budget from the NHS.

# 1.1 Funding, care and support need and age of employer

Employers responding to the survey could select more than one funding source. The table below shows those that were funded ‘exclusively’ or ‘with another funding stream’ by each funding source within the survey.

**Table 1. Funding source of responding employers**

Source: Skills for Care survey, 2025

	Total responding employers	Exclusively	With another funding stream
In receipt of a social care direct payment from the local authority	2,181	2,044	137
A personal health budget from the NHS	121	92	29
Access to Work grant	14	2	12
Using their own money to fund a personal assistant	149	48	101

It should be noted that this research and report does not cover those who have a personal health budget – it only includes data about people with a social care direct payment. All of the 46,300 employers who were sent a survey were registered with Mark Bates Ltd as having a social care direct payment.

Chart 1 shows the age bands of employers responding to the survey. It shows that, on average, the number employers responding increased with each age band.

**Chart 1. Age band of employer by funding source**

Source: Skills for Care survey, 2025

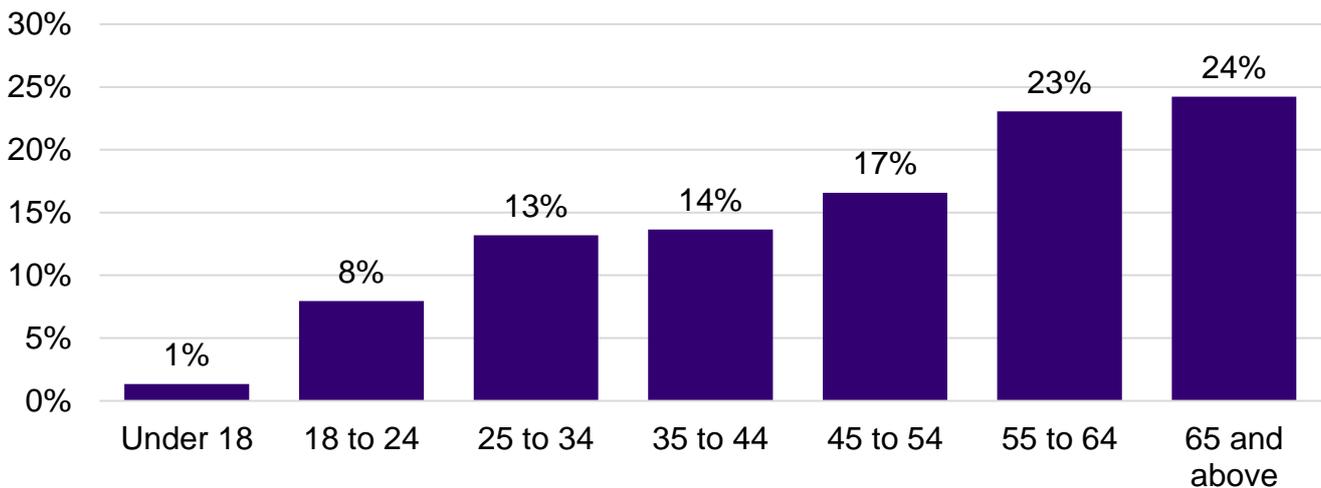


Chart 2 below shows the care and support needs of responding employers. Respondents could select their main/primary care and support need as well as any other care and support needs because of this percentages will sum to more than 100%. Physical support relating to access

and mobility (60%) and learning disabilities and/or autism support (53%) ranked highest among their care and support needs.

**Chart 2. Care and support need**

Source: Skills for Care survey, 2025

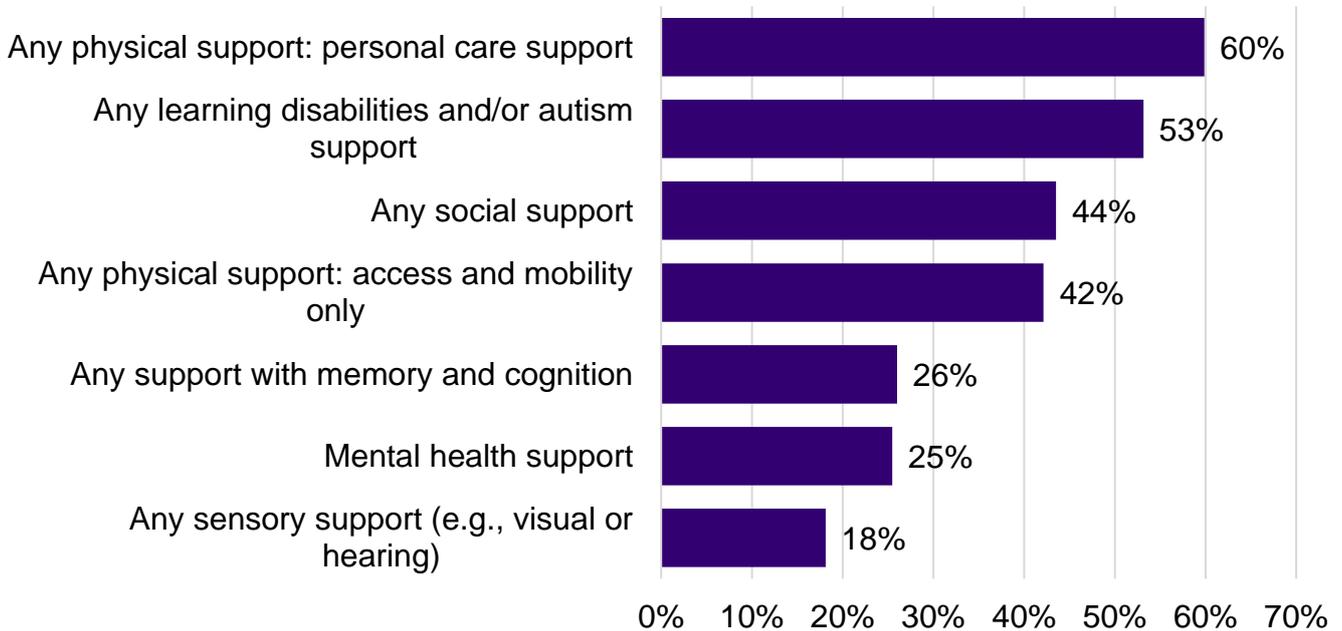
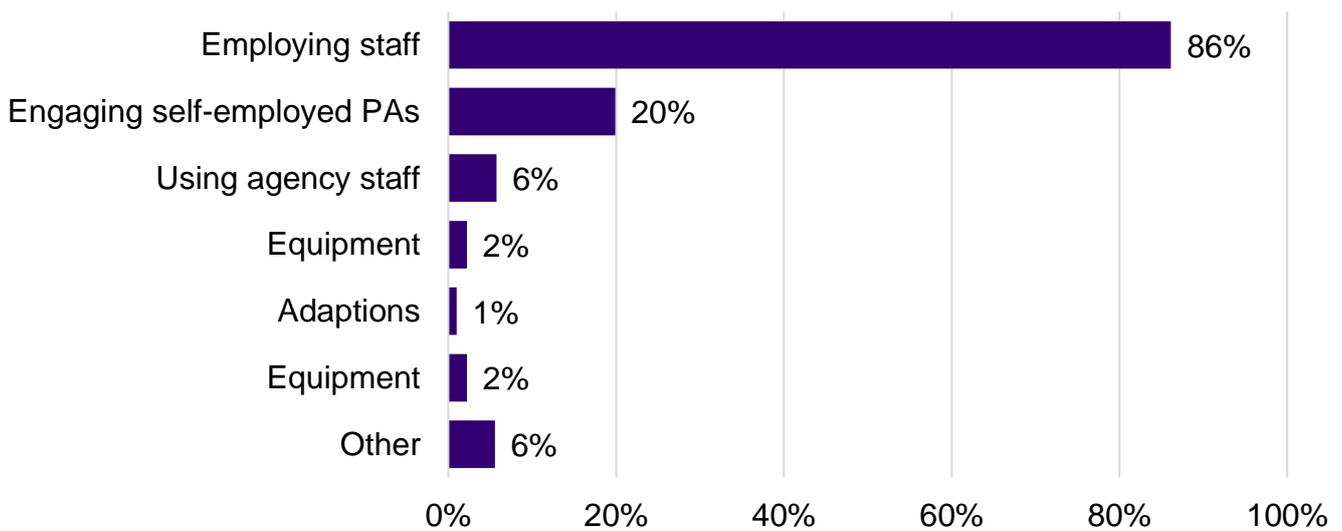


Chart 3 below shows what employers completing the survey spend their money on. Respondents could select more than one option. Employers most frequently reported spending their money on employing staff (86%) or engaging with self-employed PAs (20%).

**Chart 3. Direct payment expenditure**

Source: Skills for Care survey, 2025



Amongst the most frequently reported ‘other’ comments included: day care (32%), activities (24%), travel expenses (11%), socialising (10%), exercise (7%) and respite care (6%).

## 1.2 Recruitment and retention

Workforce supply and demand is a key issue for the adult social care sector and in recent years workforce supply has experienced significant fluctuations due to policy changes and external factors. The high-quality workforce intelligence that we collect and analyse is key to understanding recruitment and retention issues. This workforce intelligence helps to keep recruitment and retention at the forefront of social care debates, providing statistical, rather than just anecdotal, evidence.

Skills for Care research found that independent sector and local authority employers using values-based recruitment can attract staff who perform better, with lower sickness rates, and greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. For further information on recruiting for values please visit the Skills for Care [website](#).

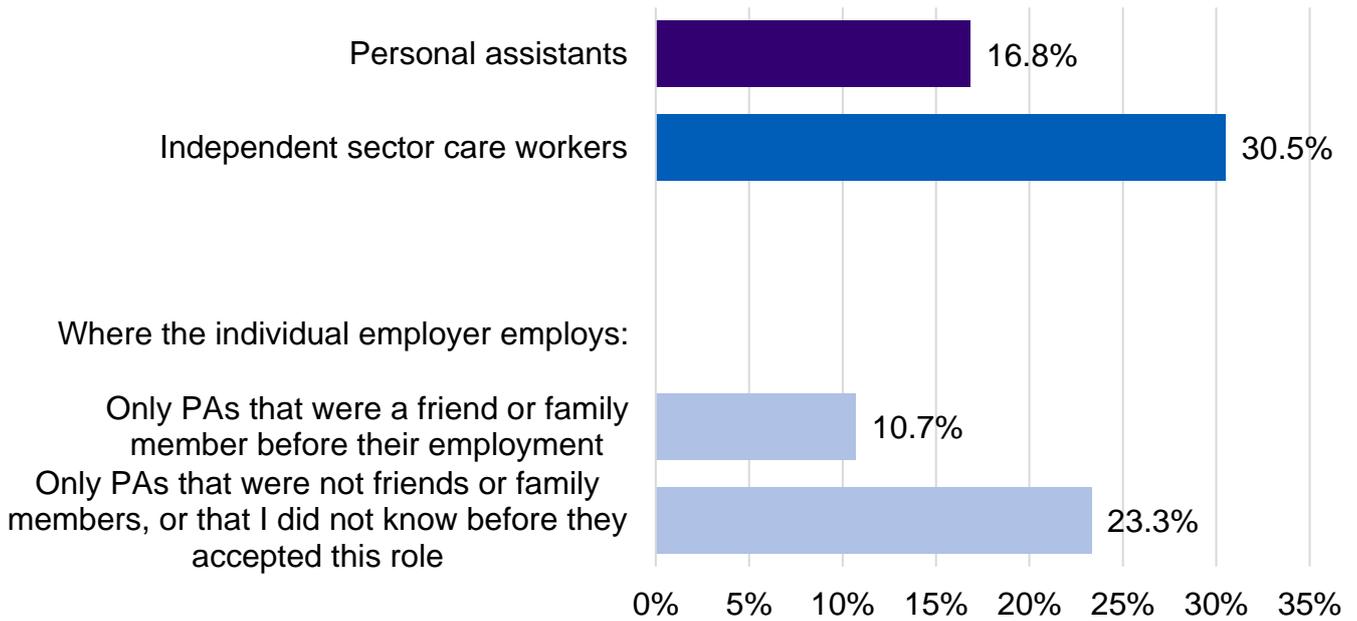
### 1.2.1 Leavers and staff turnover rates

The turnover rate of PAs was 16.8%. This was considerably lower than care workers in the independent sector, which was 30.5%, according to Skills for Care workforce estimates, 2023/24. There could be several reasons for this, including the close relationship between PAs and their employers, differences in the work carried out by the two roles, and better terms and conditions for PAs. For example, PAs had higher pay rates (see table 6) and a lower reliance on zero-hours contracts (see chart 19), which could result in better retention.

Chart 4 shows that turnover rates were lower for employers that employ only friends and family members than those that employ only those that did not know the employer before employment.

### Chart 4. Turnover rate of personal assistants and care workers

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



### 1.2.2 Vacancy rates

Chart 5 shows that the vacancy rate for all responding individual employers, in relation to personal assistants, was 9.2% and that this was slightly lower than the rate for care workers in the independent sector (10.0%), according to Skills for Care workforce estimates, 2023/24.

### Chart 5. Vacancy rate of personal assistants and care workers

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

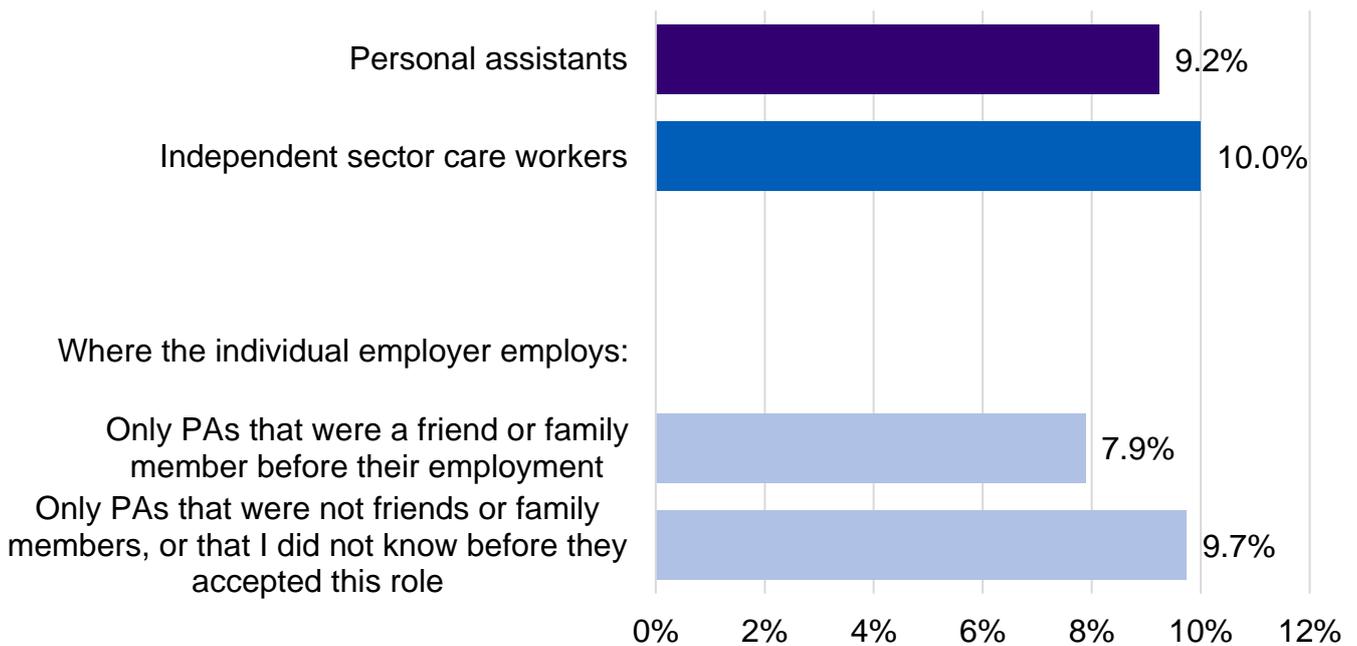


Chart 5 also shows that vacancy rates were lower for employers that employ only friends and family members than those that employ only those that did not know the employer before employment.

Skills for Care has published a [toolkit](#) to support individual employers, this includes [information](#) about recruiting PAs, writing a job description, advertising and interviewing for the role.

### 1.2.3 Recruitment and retention challenges

Given the challenges with workforce supply and demand in adult social care it was decided to ask employers more about recruitment and retention challenges. It should be noted that the vacancy rate for responding employers (see chart 5 above) was 9.7% and that this was less than the previous year's survey, at 11.0%. This is not necessarily a representative trend, as a different selection of employers respond to the survey year-to-year.

We asked, when comparing the current situation to last year how have you found recruiting PAs. Chart 6 shows that just under half of responding (47%) employers said it was more challenging than the previous year. Only one tenth (10%) thought it was less challenging.

#### Chart 6. Recruitment challenges compared to last year

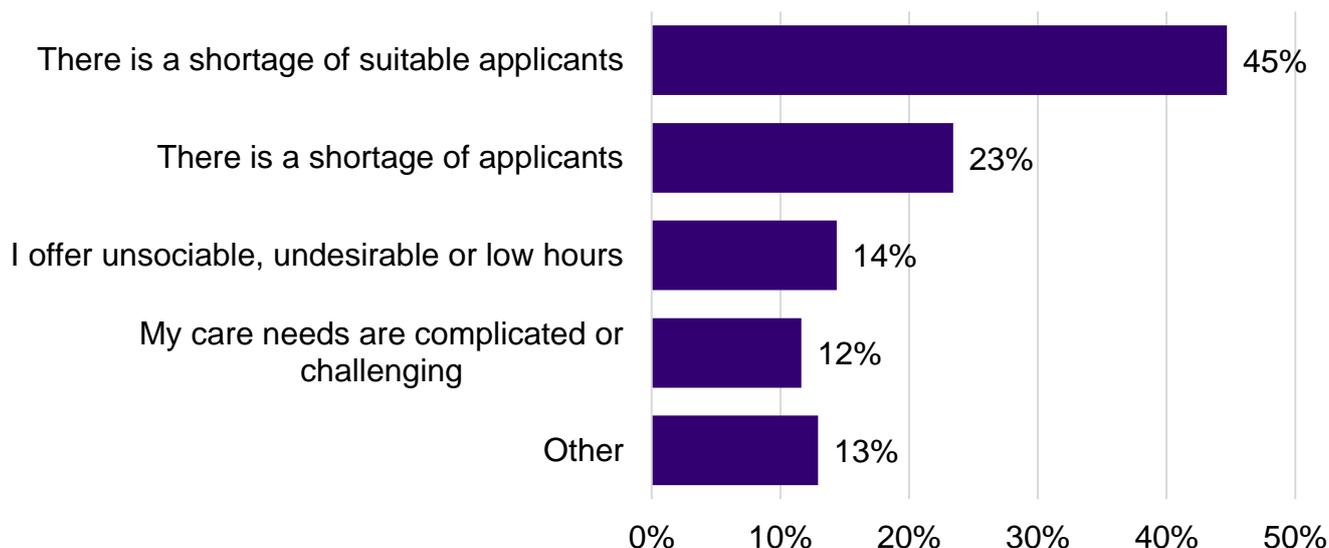
Source: Skills for Care survey, 2025



Of those employers who said that recruitment was more challenging, 45% said it was due to a shortage of suitable applicants and 23% said there was a shortage of any applicants (see chart 7 below).

### Chart 7. Main reason for recruitment being more challenging than the previous year

Source: Skills for Care survey, 2025



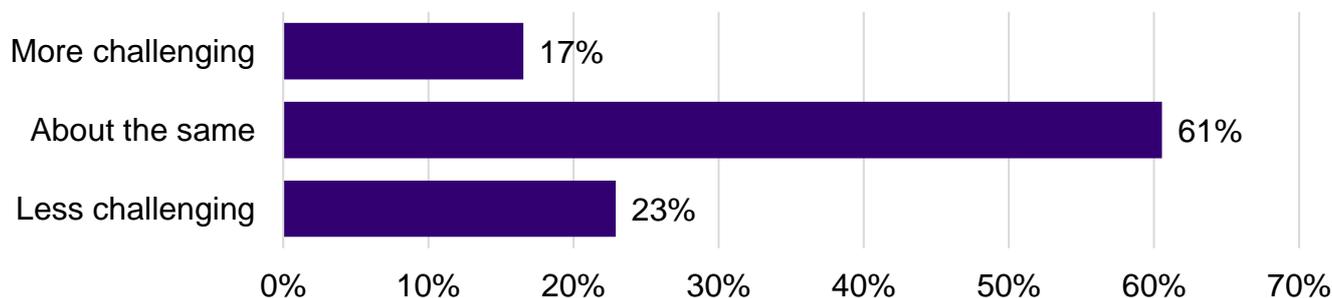
'Other' responses included people who said the wages offered were too low to attract PAs, that there were issues with trust in relation to PAs or that they needed more support with their recruitment.

Employers were also asked, compared to the previous year, how they found retaining PAs. Chart 8 below shows that 61% of responding employers said that they found challenges about the same.

It should be noted that the turnover rate for responding employers (see chart 4 above) was 16.8% and that this slightly lower than the previous year's survey, at 18.2%.

### Chart 8. Retention challenges compared to last year

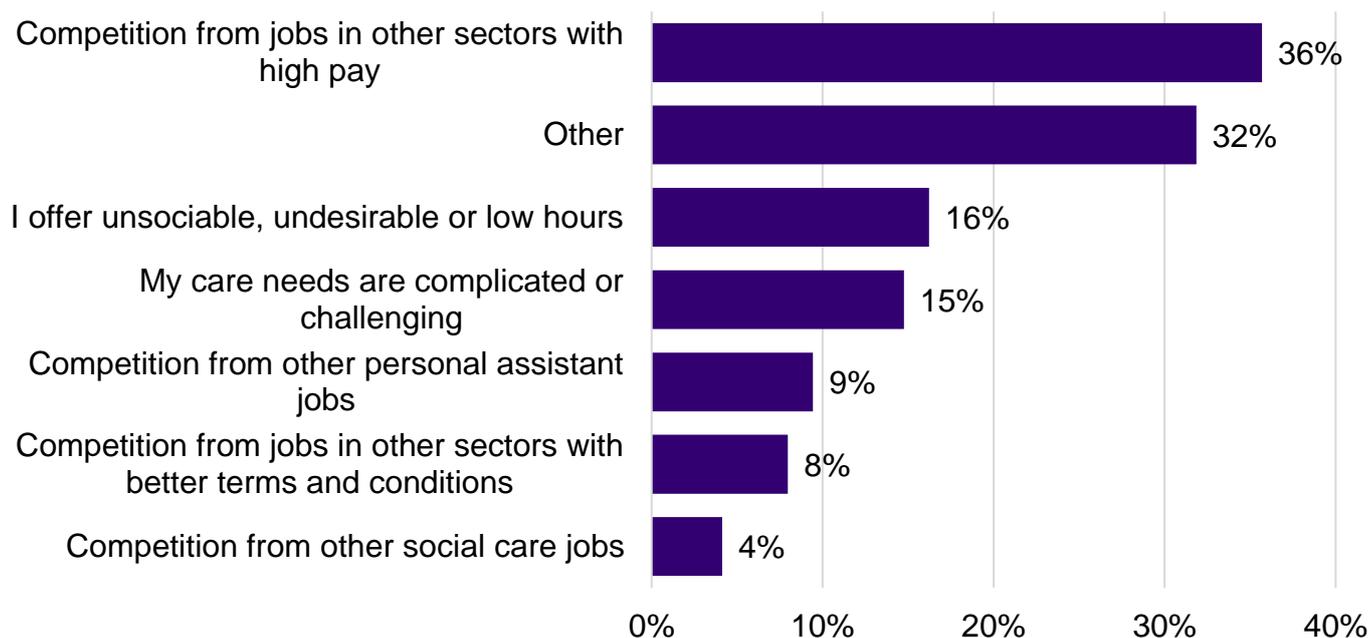
Source: Skills for Care survey, 2025



Of those employers who said that retention was more challenging, 36% said it was due to competition from job in other sectors with high pay (see Chart 9 below). Low wages was also the most frequently quoted 'other' reason.

### Chart 9. Main reason for retention being more challenging than the previous year

Source: Skills for Care survey, 2025



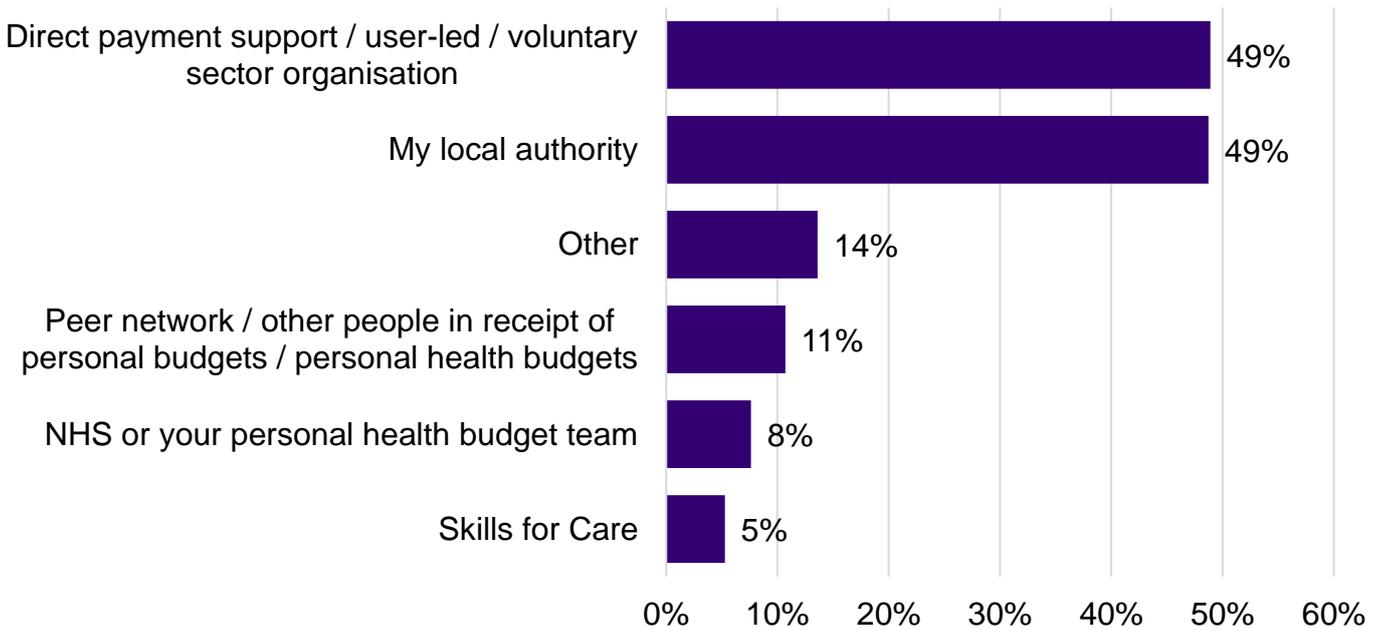
## 1.3 Information about training, development and support

Employers were asked about the training, development and support they have received. These results are used to help target our offer of support. It is also beneficial to know more about how easy it is for employers to access training and development for themselves or their PAs, what training has been undertaken and what challenges they may face so that their experiences can be made better/improved.

Employers were asked how they access information and support to help in their role as an employer. Employers could select more than one option so the numbers in the chart below will add to more than 100%. Chart 10 shows that almost half of employers accessed information and support from a 'direct payment support / user-led / voluntary sector organisation' (49%) and almost half (49%) via their local authority.

### Chart 10. Accessing information and support

Source: Skills for Care survey, 2025

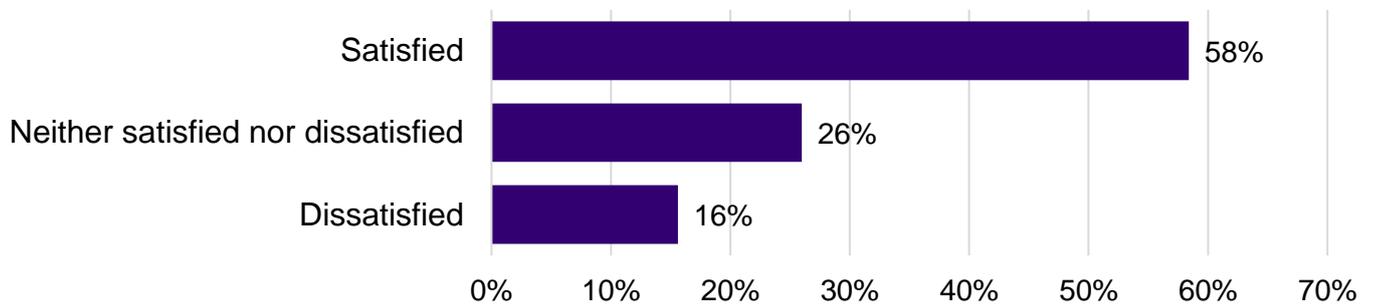


Other sources that were listed by employers, used for accessing information and support, included: their family, an internet search, their payroll company or many employers just noted that more support was needed.

Chart 11 shows how satisfied they were with the level of information and support they received. Overall, of all employers, three fifths (58%) said that they were satisfied with the information and support they received, a just over a quarter (26%) said they were neither satisfied nor dissatisfied and 16% were dissatisfied.

### Chart 11. Satisfaction with the level of information and support you receive to help you in your role as an employer?

Source: Skills for Care survey, 2025



Employers were asked how easy they found arranging training and development opportunities as an employer. Chart 12 below shows that the majority (58%) had not accessed training. Of those that had accessed training, just over half (51%) found it easy and just under half (49%) found it difficult.

### Chart 12. Ease of arranging training and development opportunities as an employer.

Source: Skills for Care survey, 2025

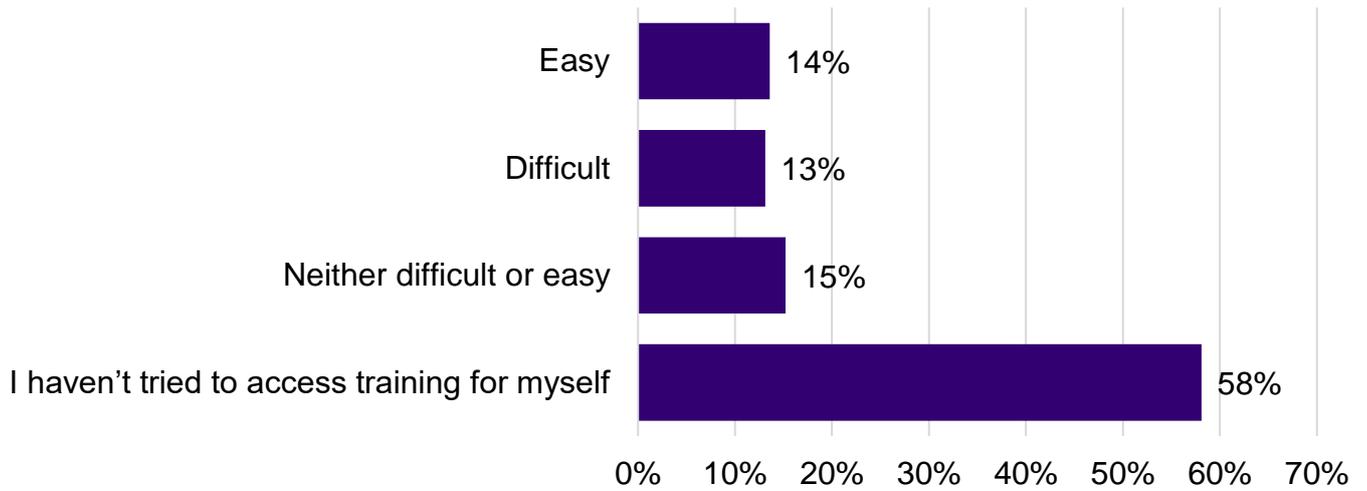
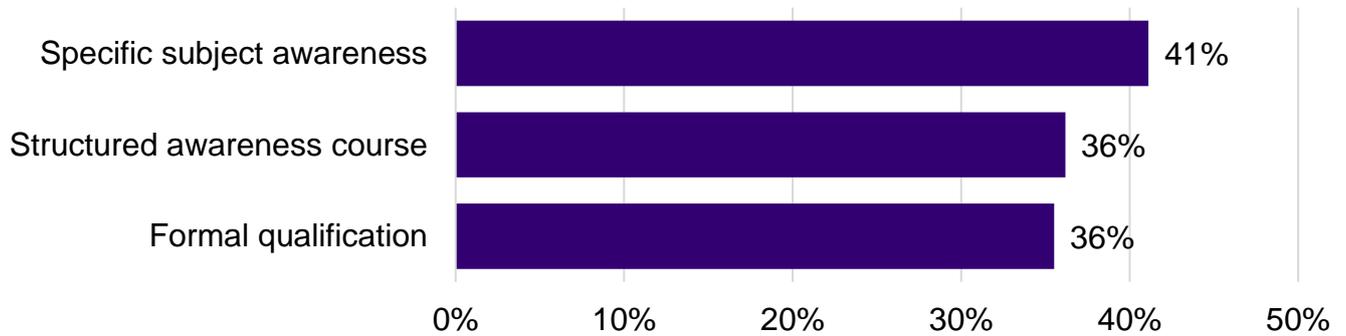


Chart 13 shows that, of over 300 employers who reported the type of training done as an employer, 41% had specific subject awareness, 36% had had a formal qualification and 36% had a structured awareness course. Employers could select more than one type of qualification so percentages sum to more than 100%.

### Chart 13. Type of training completed as an employer

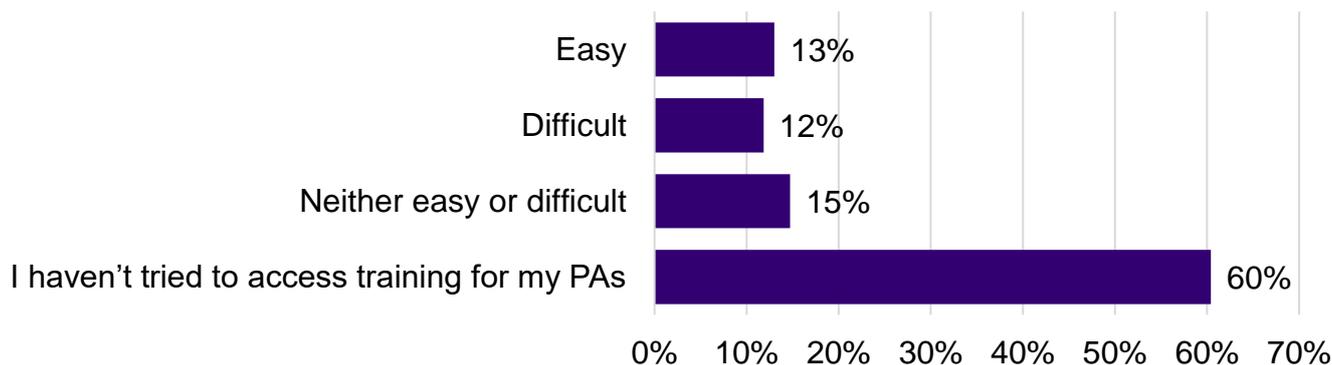
Source: Skills for Care survey, 2025



Employers were asked how easy they found it to arrange training and development opportunities for their PAs. Nearly two thirds (60%) of employers said they had not accessed any training for their PA, which highlights an opportunity for further improvements.

### Chart 14. Ease of arranging training and development opportunities for PAs

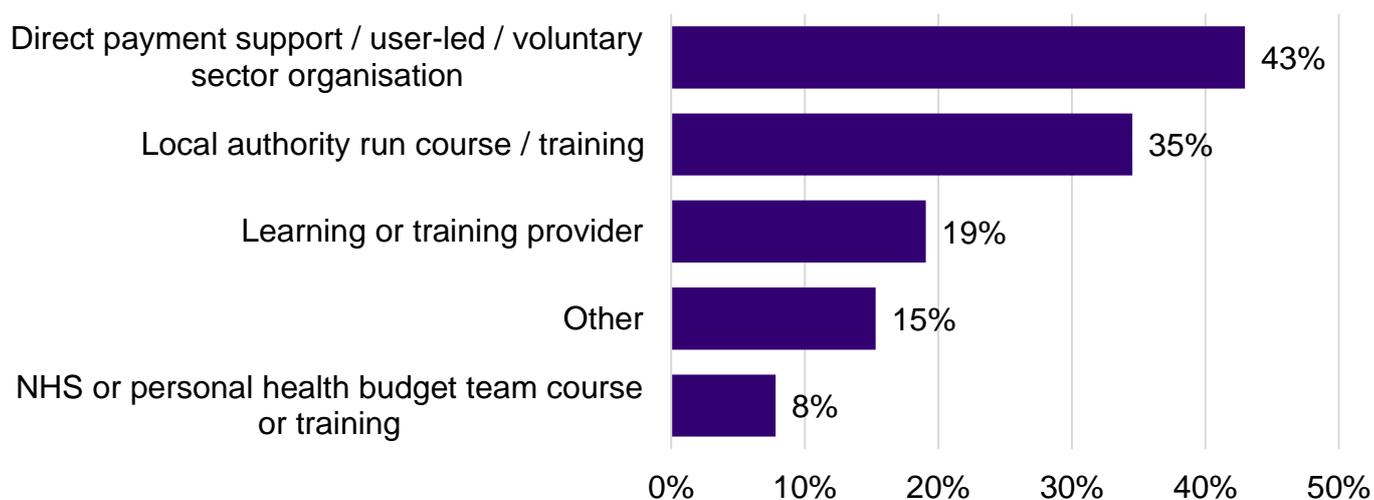
Source: Skills for Care survey, 2025



When asked how respondents had accessed training and development opportunities for themselves or their staff, almost three quarters (73%) had not accessed any. Of those that had accessed training and development opportunities 43% were from 'direct payment support / user-led / voluntary sector organisation', and 35% from their local authority. See chart 15 below.

### Chart 15. Provider used to access training and development opportunities for employers and PAs

Source: Skills for Care survey, 2025



The most frequently reported 'other' comments included: that the PA was trained in an existing role or with another employer, that training was found and/or provided online, or that they were self-trained.

## 2. Personal assistants

There were an estimated **123,000** personal assistant filled posts in England

**54%** of personal assistants were employed by a family member or friend

Personal assistants worked on average **17.5** hours per week

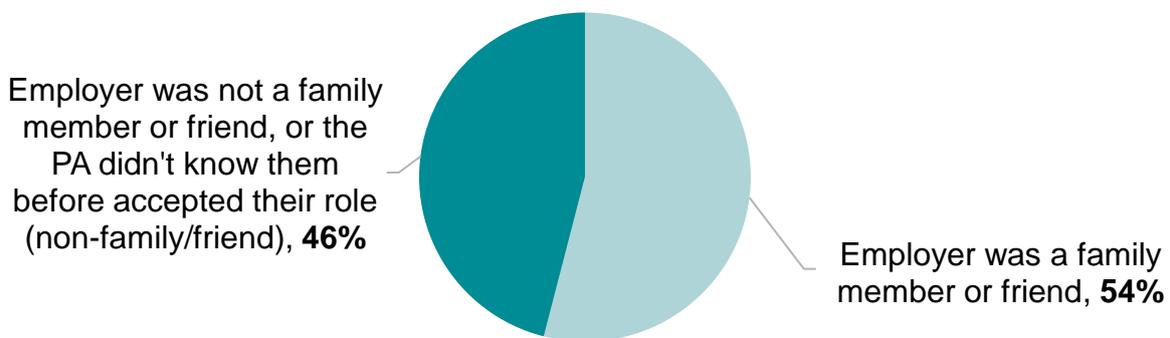
Skills for Care estimates that there were approximately 123,000 Personal Assistant (PA) filled posts for social care direct payment recipients across England in 2023/24.

Please note, personal assistants employed by people solely only using their own funds or solely through funding streams other than direct payments are not included in this estimate. There are not any national collections on these employers and therefore their PAs cannot be included in this estimate. There is evidence to suggest however that using direct payments is the most common funding source for employing PAs, as is highlighted in Table 1.

Of all PAs responding to this question, 54% were family or a friend to their employer, and the other 46% were not a family member or friend, or the PA didn't know them before accepted their role. For the purposes of this report, those that did not know their employer before starting work are called 'non-family/friend'.

### Chart 16. PA relationship with the employer

Source: Skills for Care survey, 2025



Skills for Care has a range of [resources](#) to support personal assistants on its information hub, including information on being a PA, statutory rights and entitlements as a PA and a practical guide to learning and development.

## 2.1 Employment overview

Skills for Care estimates show that:

- Individual employers, on average, employed 1.85 PAs each in 2023/24, and there were an estimated 123,000 filled posts working for direct payment recipients.
- PAs held an average of 1.26 PA posts each, meaning that around 100,000 people were filling the 123,000 posts working for direct payment recipients in 2023/24.

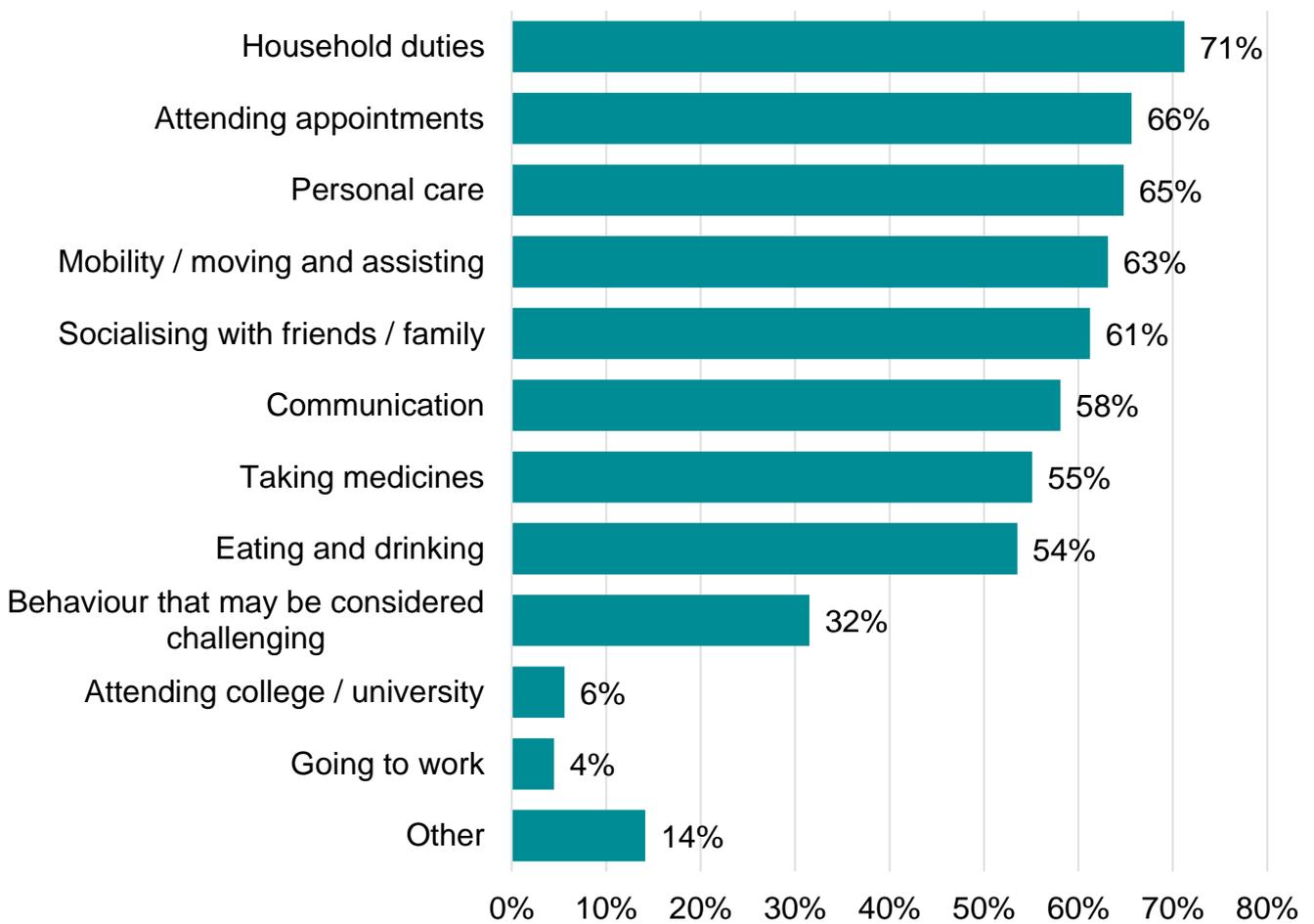
The following section includes information about the support that PAs provide, their employment status and the hours they work.

### 2.1.1 Support provided to employer

We asked PAs about the support that they provide. They could select more than one response and, as such, the total in the chart below exceeds 100%. As is shown in Chart 17, PAs most commonly supported their employers with household duties (71%) and attending appointments (66%), closely followed by personal care (65%).

**Chart 17. Support personal assistants provided their employer with**

Source: Skills for Care survey, 2025



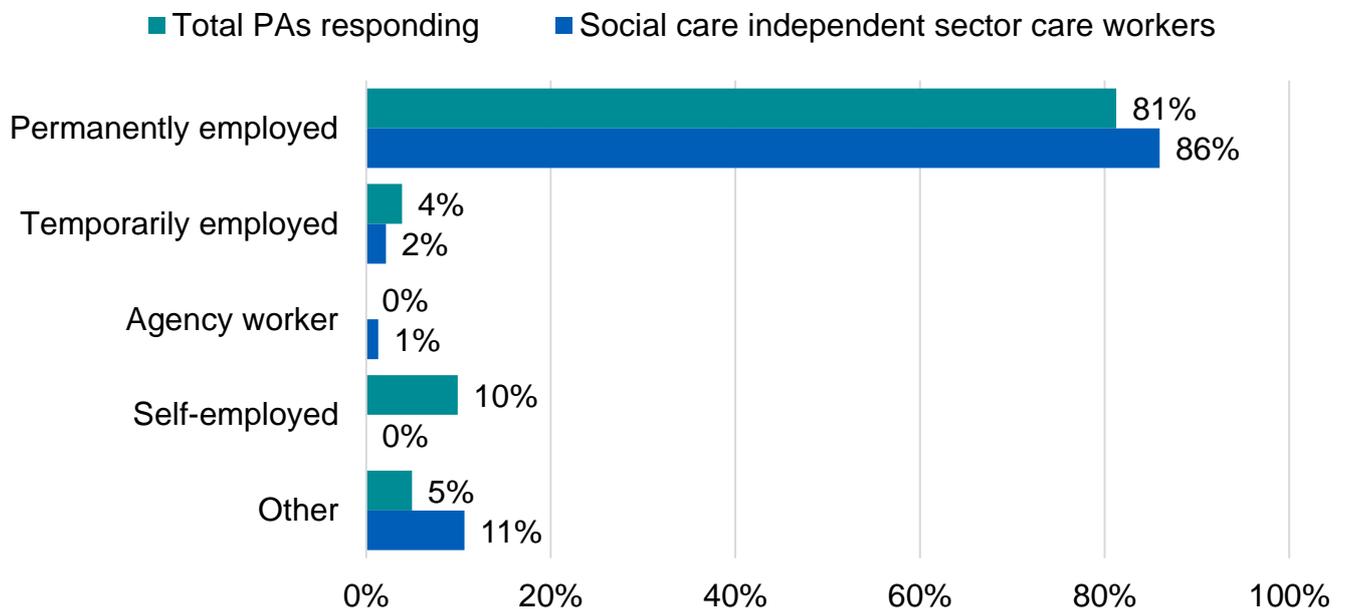
### 2.1.2 Employment status

As is shown in Chart 18, the majority of PAs (81%) were employed on a permanent basis, which was lower than care workers in the independent sector (86%). Please note that only those directly employed are included as PAs in this report (and therefore there are no agency PAs) and ‘self-employed’ is not an option in ASC-WDS for care workers, some self-employed care

workers may be included in the 'other category'. These categories are therefore not included in the chart below.

### Chart 18. Employment status of personal assistants and care workers

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



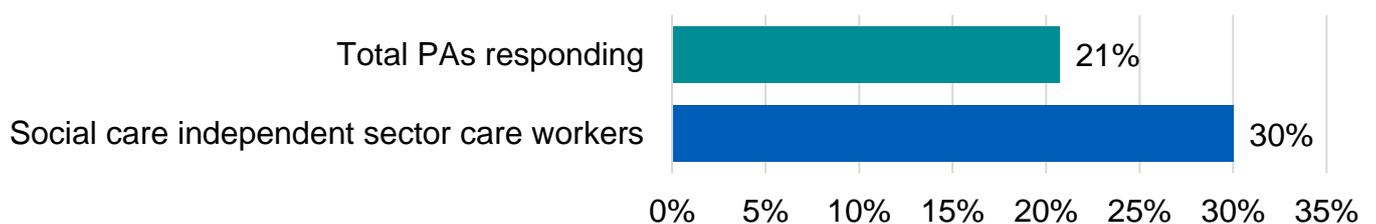
### 2.1.3 Zero hours contracts

A zero-hours contract is a contract type in which the employer isn't obliged to provide any minimum working hours. This contract type is used by employers to help them to manage fluctuating demand for services, or as a temporary solution to staff shortages due to turnover or sickness. This contract type can also offer an opportunity for some employees because it can offer work/life balance and a flexibility that may suit family or other commitments. However, for other employees, it can be 'insecure work' and prove negative in terms of financial planning and uncertainty.

Chart 19 shows that over a fifth (21%) of all PAs responding reported that they were on zero-hours contracts. This is lower than the proportion of care workers on zero-hours contracts (30%).

### Chart 19. Zero-hours contracts for personal assistants and care workers

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



This contract type is often used by adult social care employers (especially domiciliary care providers) to help them to manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness. This is less likely to be a problem for individual employers, which could contribute to the lower usage of these contracts.

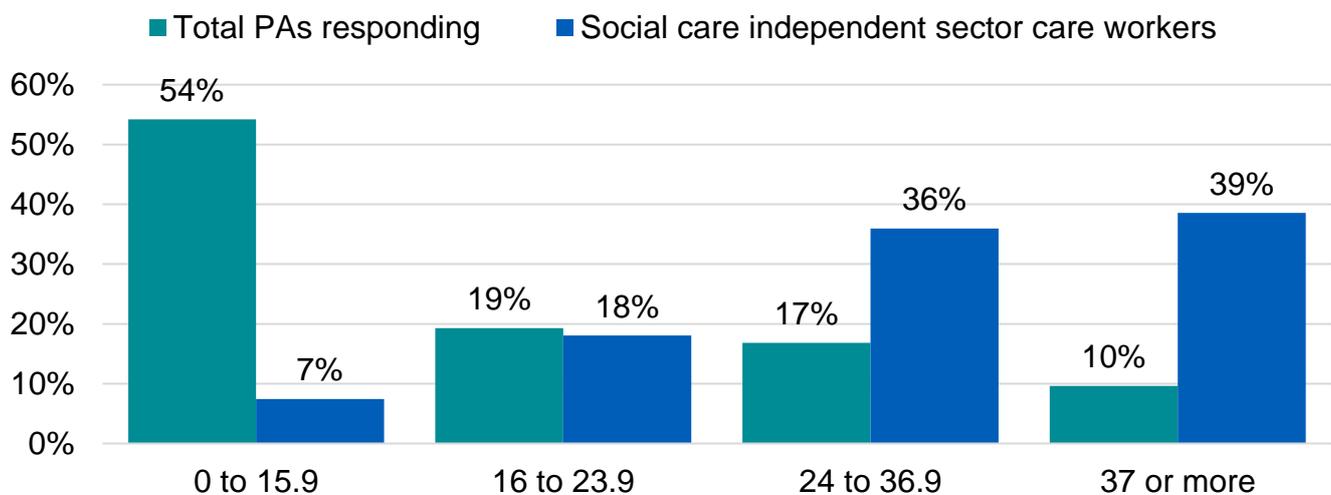
Given that individual employers have lower turnover rates and use zero-hours contracts less frequently, they are likely to benefit from a better continuity of support than people receiving support via the independent sector. Continuity of support is [highly valued](#) by people receiving care.

### 2.1.4 Usual hours worked

The mean 'usual hours worked' in a week by PAs was 17.5, this was lower than the usual hours worked in a week by care workers in the independent sector, at 31.6 hours. Chart 20 below shows average hours grouped into bands. Almost three quarters of PAs of (73%) worked for less than 24 hours per week compared to 25% of care workers in the independent sector.

**Chart 20. Usual hours worked group, by employer funding**

Source: Skills for Care survey, 2025 and Skills for Care workforce unweighted data, March 2024



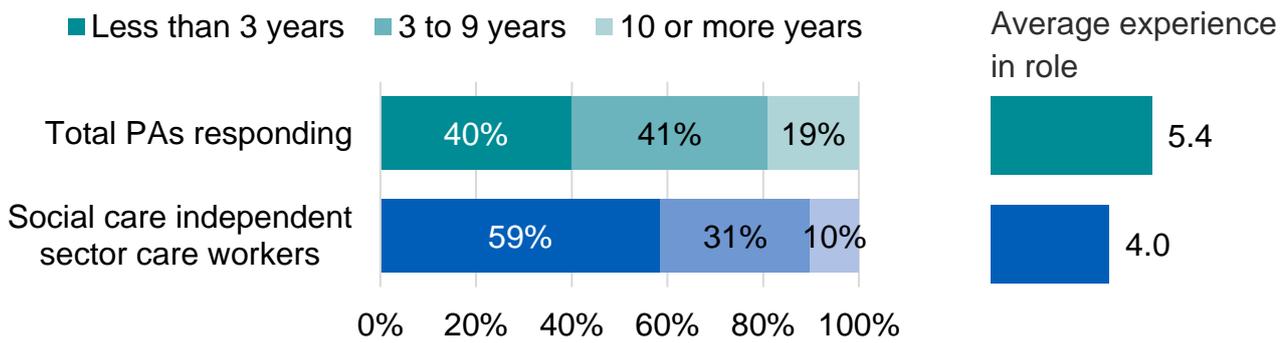
## 2.2 Recruitment and retention

### 2.2.1 Experience in role

As is shown in Chart 21, PAs had an average experience in role of 5.4 years. This is more than care workers in the independent sector (4.0 years).

### Chart 21. Experience in role by specified job role

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



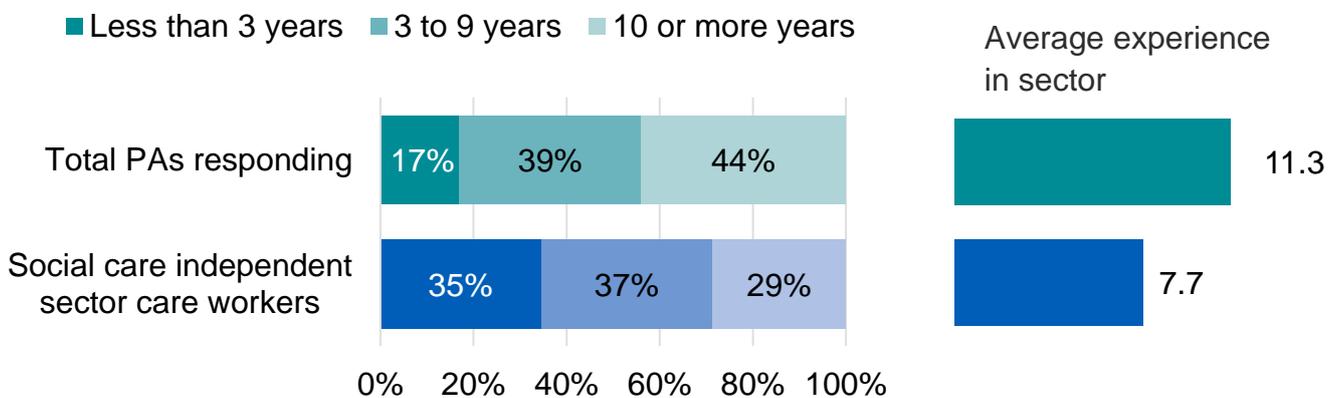
### 2.2.2 Experience in sector

Despite the relatively similar amount of experience in role between PAs and care workers, there were more noticeable differences in the experience in sector of PAs and care workers, as shown in chart 22.

PAs had an average of 11.3 years of experience in the adult social care sector, compared to 7.7 years for care workers.

### Chart 22. Experience in sector by specified job role

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



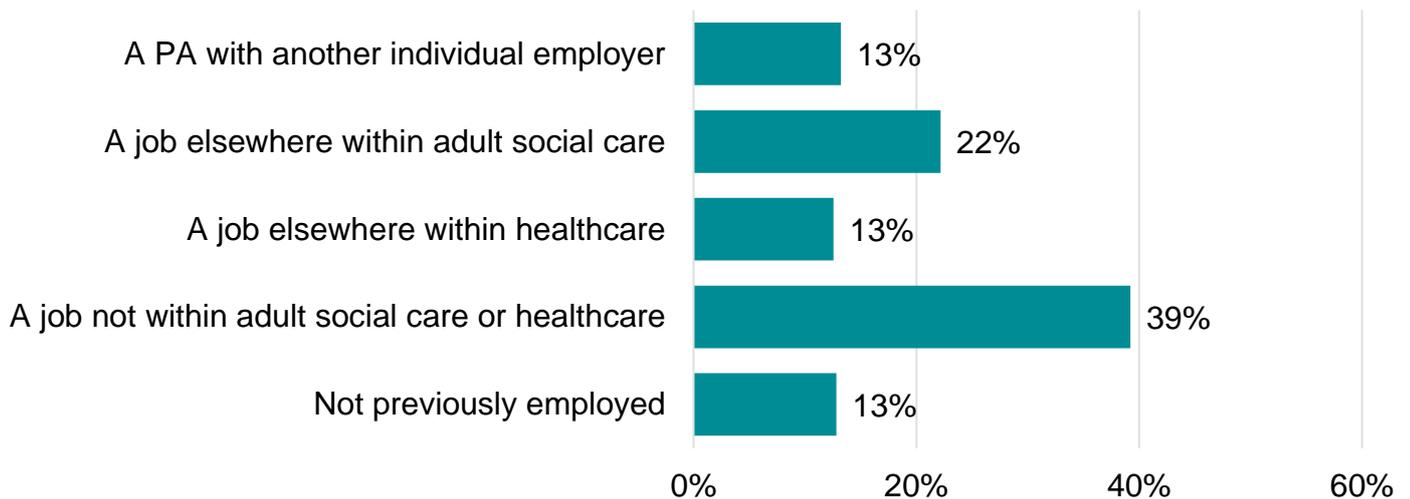
Non-family/friend PAs had around 12.3 years of experience in the sector, compared to 10.2 years for family/friend PAs. This suggests that although non-family/friend PAs had a higher turnover rate, many of them move between adult social care roles. Therefore, their experience, qualifications and skills have been retained by the sector.

### 2.2.3 Source of recruitment

We asked PAs what their last role was and how they found their current role. Chart 23 shows that 39% of PA's did not have a job within health or social care before this role. Just over a tenth (13%) were not previously employed before this role.

**Chart 23. Source of recruitment for specified job role**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



Along with experience in sector (as shown in chart 22), this highlights that some experienced workers are being attracted from the wider adult social care sector into PA roles. Possible reasons for this could be availability of part-time hours (chart 20), favourable terms and conditions (chart 25) or better pay (table 6). It could also be that if a family/friend requires support, people are likely to move jobs to support them.

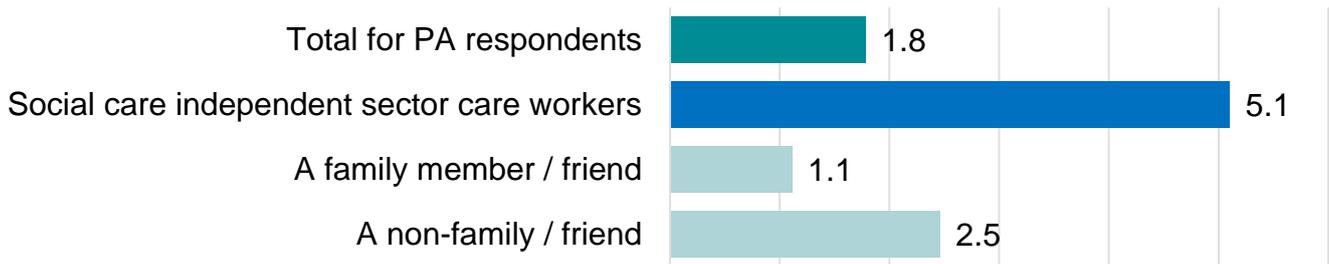
Many PAs stated that they either found their roles through knowing the employer already (family/friend) (49%), through a social care organisation (such as the local authority) (11%) or through word of mouth (9%). Only 4% reported using specific job sites and 1% recruitment agencies.

### 2.2.4 Sickness

Chart 24 highlights the different average sickness days for PAs (both family/friend and non-family/friend) and care workers. On average, PAs took 1.8 sickness days in the previous 12 months. This was much lower than the average for care workers in the independent sector, at 5.1 days.

**Chart 24. Average sickness days by specified job role in the last 12 months**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



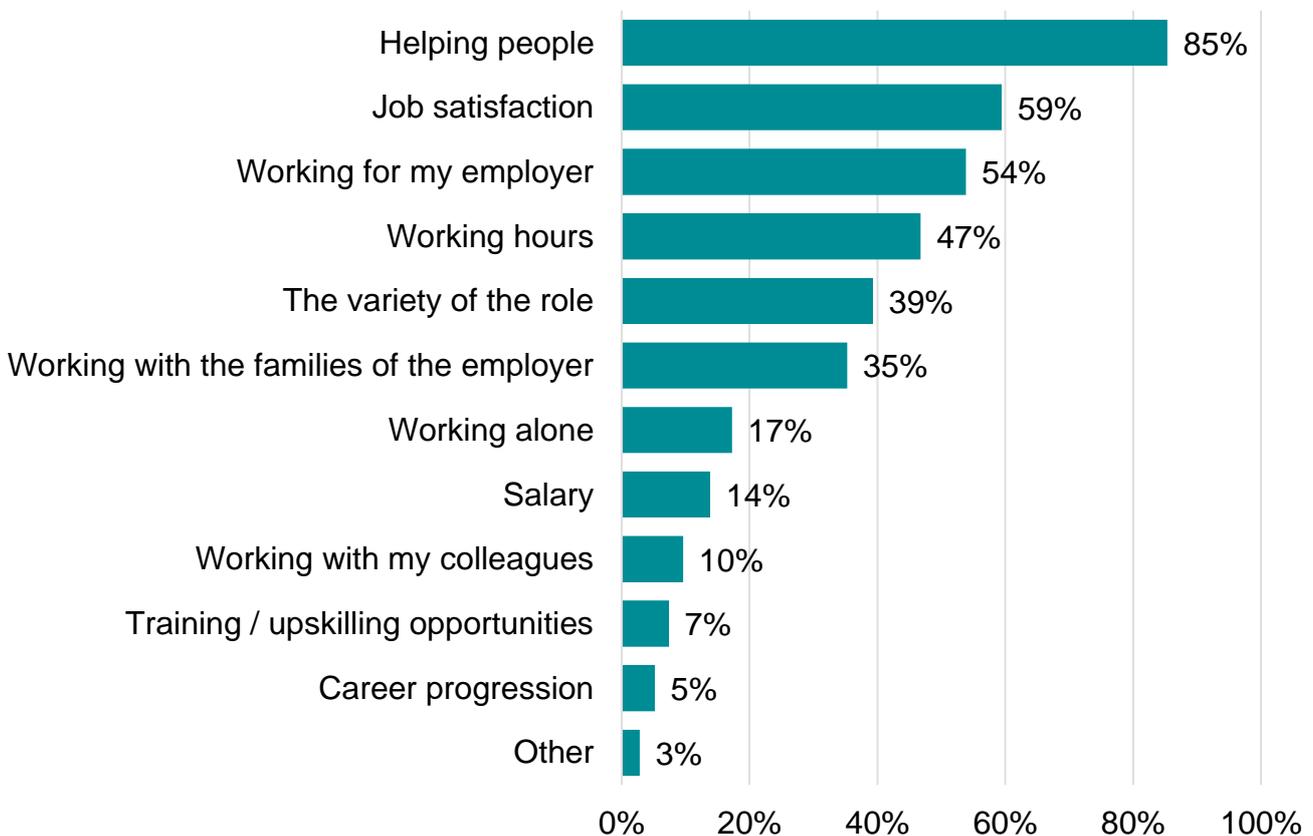
Analysis also showed that PAs employed by a family or friend had lower sickness levels (1.1 sickness days) compared to those who did not know their employer before employment (2.5 sickness days).

**2.3 Rewarding aspects of being a PA**

We asked PAs what they find rewarding about being a PA. People could select more than one option so percentages sum to more than 100%. Across all PAs 85% said they found helping people rewarding. Other top factors included ‘job satisfaction’ (59%), ‘working for my employer’ (54%), and ‘working hours’ (47%).

**Chart 25. Factors that people find most rewarding about being a PA**

Source: Skills for Care survey, 2025



Of the 'other' comments listed most fell within two categories, 'working for a family member' and 'flexibility of the role'.

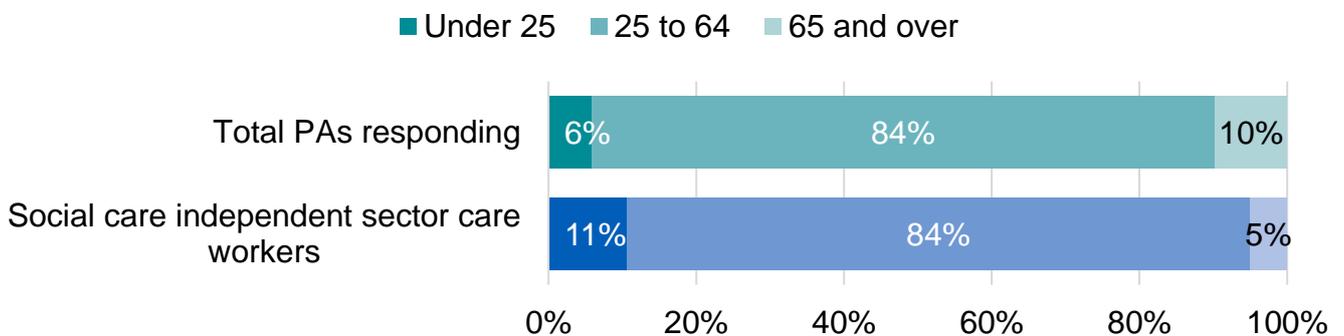
## 2.4 Demographics

### 2.4.1 Age

The average age of a PA was 48 years. As is shown in chart 26, 10% of the workforce are aged 65 and over. The average age of a care worker was younger at an average of 42 years old, with a larger proportion being under 25 years old (11% compared to 6% for PAs).

**Chart 26. Age bands of personal assistants and care workers**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

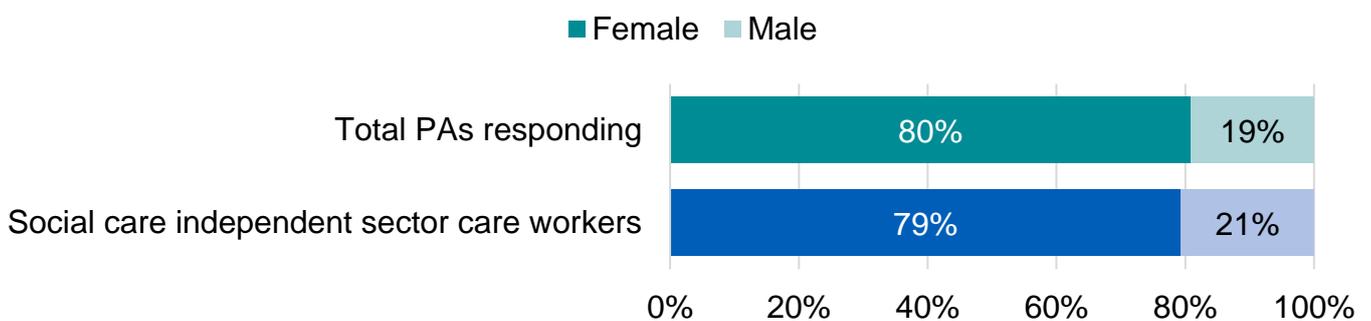


### 2.4.2 Gender

The 2021 Census showed that 48% of the population in England were male and 52% female. There has always been a higher proportion of females working in adult social care, where 79% of care workers in the independent sector were female, and this was similar in the PA workforce, with 80% female (see chart 27). Males made up 19% of the workforce and the remaining 1% of PAs responded that they prefer not to provide their gender or that it was other than male or female.

**Chart 27. Gender of personal assistants and care workers**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



Of those PAs that were a family member / friend to their employer 24% were male, this was ten percentage points higher than those PAs that was not a family member or friend, or that did not know their employer before accepted their role (14% male).

### 2.4.3 Disability

Results of the PA survey showed that 7% of the PA workforce recorded that they had a disability. This was higher than care workers, at 1% with a disability.

It should be noted that it is hard to tell if the difference in proportions of staff with a disability is due to higher levels of disability amongst PAs or due to the way the information was collected. The ASC-WDS is completed by the employer on behalf of the care workers (who may not always know their workers' disabilities), whereas the PA survey was completed by the PAs themselves.

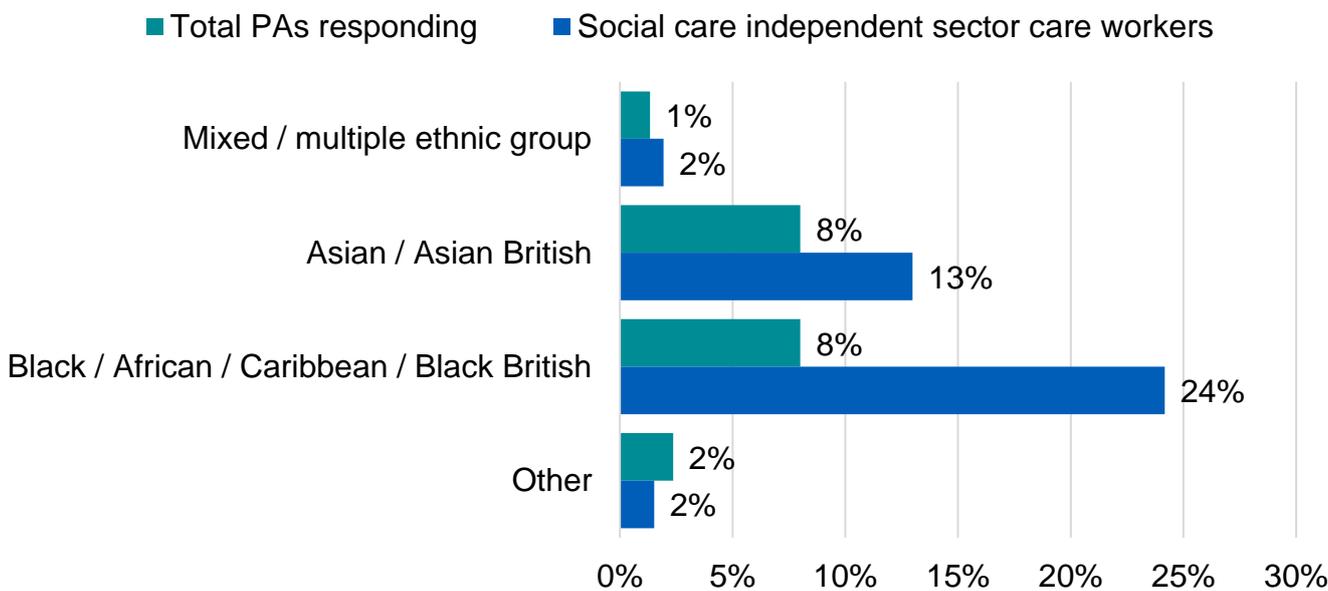
### 2.4.4 Ethnicity

Around 81% of the PA workforce had a white ethnic background and 19% of PAs had a Black, Asian or minority ethnic background. Chart 28 shows that the ethnic diversity of PAs was lower than for care workers.

Chart 28 shows the ethnicities of the staff within the 'Black, Asian or minority ethnic background' group. It shows that there is a higher proportion of people from a Black / African / Caribbean / Black British background working as care workers in the independent adult social care sector (24%) in comparison to personal assistants (8%).

**Chart 28. Ethnicities of personal assistants and care workers from a minority ethnic background**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



At a regional level, London had the most diverse workforce, with 40% of PAs having a white ethnicity background and 60% having a Black, Asian and minority ethnic background. Across all regions, there was more ethnic diversity for independent sector care workers. Table 3 highlights the different proportions of PAs with a white ethnicity across the regions of England.

**Table 3. Proportion of PAs and care workers with a white ethnicity, by region**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

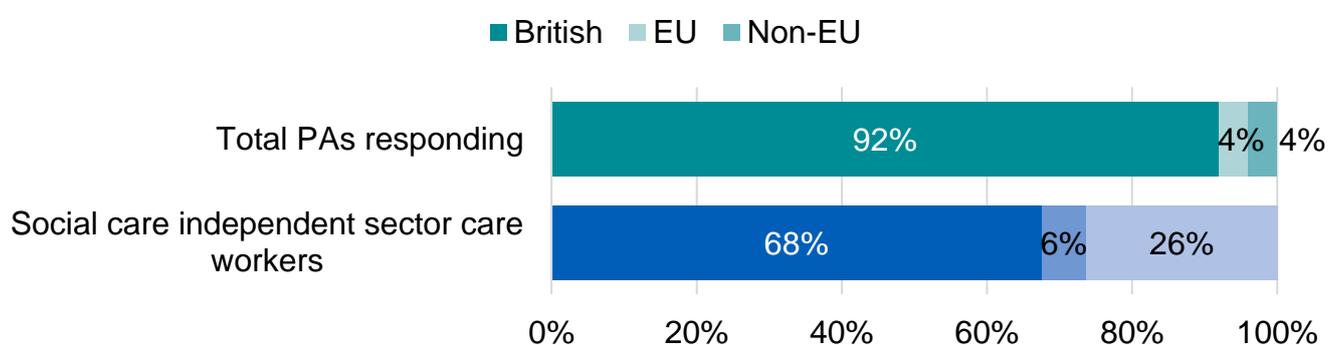
Proportion of people with a white ethnicity		
	Total PAs responding	Social care independent sector care workers
<b>England</b>	<b>81%</b>	<b>59%</b>
Eastern	69%	63%
East Midlands	84%	62%
London	40%	17%
North East	95%	84%
North West	91%	73%
South East	88%	59%
South West	91%	75%
West Midlands	77%	55%
Yorkshire and the Humber	84%	73%

## 2.4.5 Nationality

Around 92% of PAs had British nationality and 8% a non-British nationality (4% with an EU nationality and 4% with a non-EU nationality). The independent sector had a higher reliance on non-British care workers (32%) as shown in Chart 29.

**Chart 29. Nationality of personal assistants and care workers**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



At the time of writing, 'personal assistant' had not been listed as an eligible occupation on the 'Skilled Workers' route of the new points-based immigration system, unlike care workers, who are eligible. It should be noted that in recent years there has been a large amount of

international recruitment into care worker roles, which has increased the numbers of non-British workers in the social care independent sector.

There were slight regional differences in nationality across England. London had the lowest proportion of British PAs (78%) compared to Yorkshire and Humber, which had the highest proportion (97%). The greatest contrast was in London, which had a much larger proportion of personal assistants with British nationality (78%), compared to care workers with British nationality (47%).

**Table 4. Proportion of British personal assistants and care workers by region**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

Proportion of people with a British nationality		
	Total PAs responding	Social care independent sector care workers
<b>England</b>	92%	68%
Eastern	92%	64%
East Midlands	91%	66%
London	78%	47%
North East	96%	88%
North West	96%	79%
South East	92%	60%
South West	95%	73%
West Midlands	89%	69%
Yorkshire and the Humber	97%	80%

## 2.4.6 Citizenship

We asked PAs if they held British citizenship, if their nationality was not British. Just over a quarter (26%) of PAs with a non-British nationality reported that they held British citizenship, and 74% said that they were not British and not holding British citizenship.

## 2.5 Pay

The median hourly pay rate for PAs in England was £12.21 (as at February 2025). This was higher than the median hourly rate for care workers in the independent sector, £12.00 (as at December 2024).

Table 6 highlights the differences between these rates in comparison to the National Living Wage (NLW), which was £11.44 at the time. Based on median hourly pay, PAs earned 77 pence more per hour than the NLW, compared to 56 pence more per hour for care workers.

**Table 6. Basic hourly rate of pay for personal assistants and care workers**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, December 2024

	Mean hourly pay	Median hourly pay
National living wage	£11.44	£11.44
<b>PAs who responded to survey</b>	£12.89	£12.21
Social care independent sector care workers	Not available	£12.00
PA of a family member / friend	£12.61	£12.00
PA of an employer that was not known before starting the role	£13.18	£12.50
PA with relevant to social care qualifications	£12.96	£12.26
PA with no relevant to social care qualifications	£12.88	£12.23
PA working full-time	£13.52	£13.00
PA working part-time	£12.80	£12.10

The table above also shows that PAs who did not know their employer before starting the role were paid a median hourly rate of £12.50, this was 50 pence more than those working for a friend or family member. This could be a result of employers with more complex needs requiring a PA with more experience or specialist skills and therefore demanding a higher rate of pay.

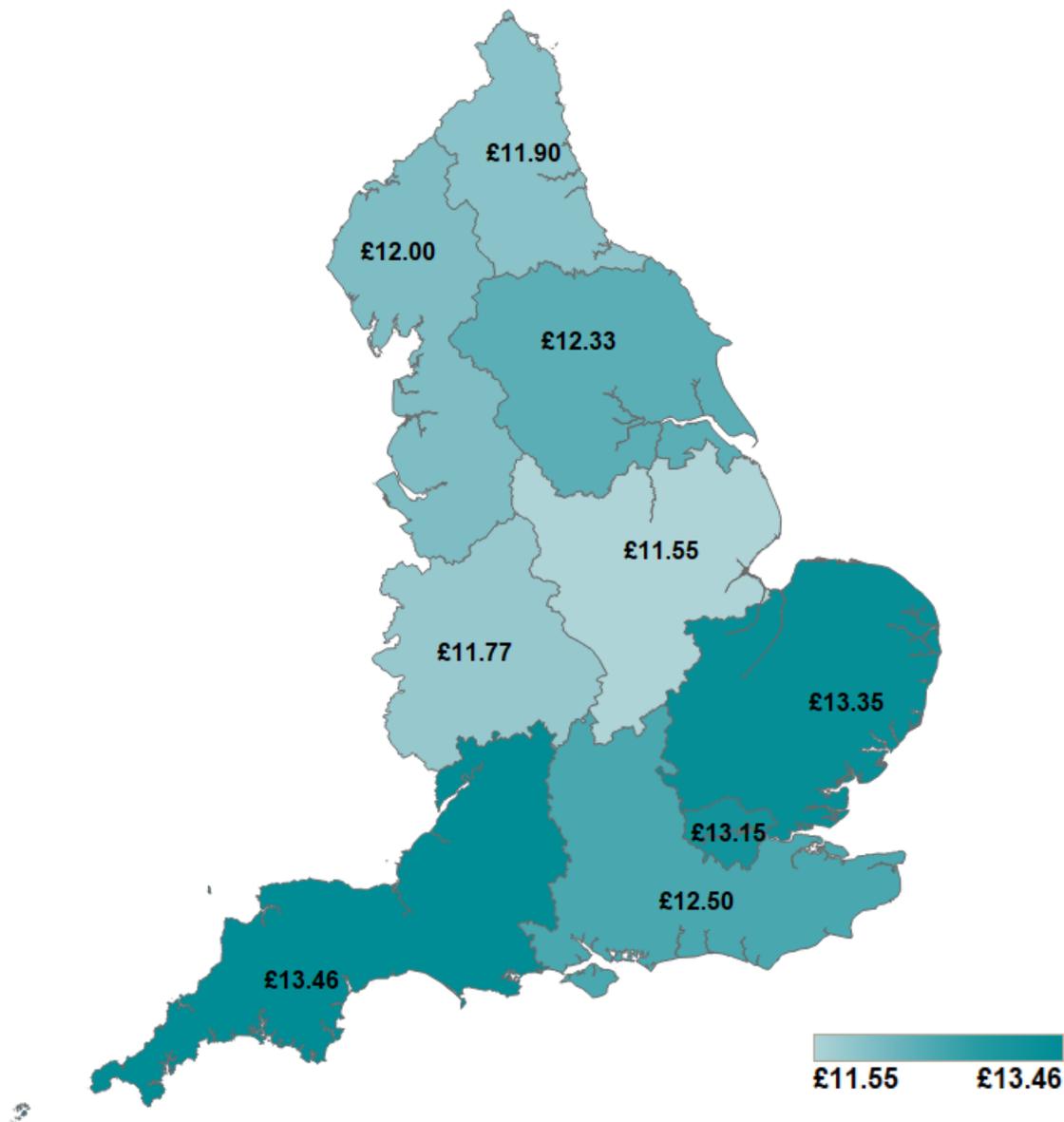
There was little difference in median pay rates linked to social care qualifications. PAs who held a social care qualification earned, on average (median), 3 pence more than those who did not hold a social care qualification.

Although, as was noted in section 3.2.4, PAs worked on average 17.5 hours per week, those who worked full-time hours (over 32 hours per week) earned 90 pence more than those working part-time hours.

Map 1 displays the regional pay rates for PAs across England. It shows that South West (£13.46) and Eastern (£13.35) regions had the highest rates of pay. Regions with the lowest pay included East Midlands (£11.55) and West Midlands (£11.77).

## Map 1. Median hourly pay rate of PAs by region

Source: Skills for Care survey, 2025



## 2.6 Qualifications and training

This section looks at the qualifications and training levels of PAs. Learning and development ensures that PAs have the right skills and knowledge to carry out their role effectively and can better support their employers.

It is not always necessary for PAs to hold formal qualifications before starting employment. [Research](#) with independent sector and local authority employers has shown that they are increasingly seeing positive improvements to recruitment and retention rates when they recruit people based on their values and behaviours, rather than just their experience and qualifications.

## 2.6.1 Care Certificate Standards

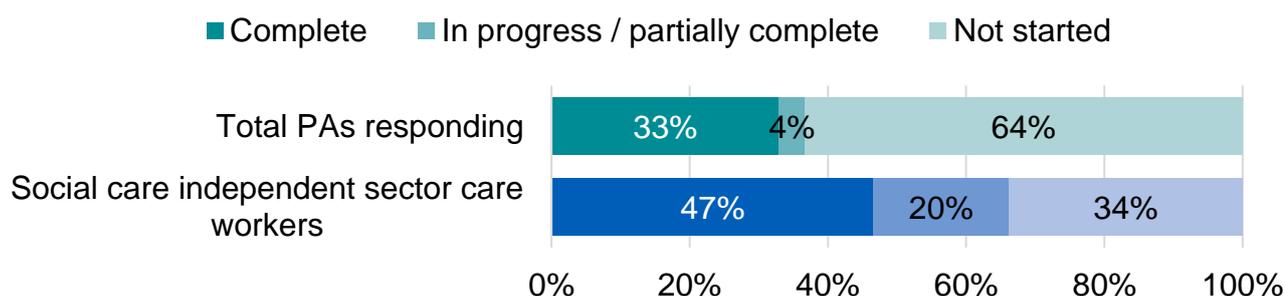
The Care Certificate Standards are an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The Care Certificate Standards are made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The Care Certificate Standards were introduced in 2015 and are different to the new Level 2 Care Certificate qualification, which launched in June 2024.

Chart 30 shows engagement with the Care Certificate by PAs compared to care workers. Overall, care workers had a higher proportion of engagement at 66% (47% completed and 20% in progress/partially completed), compared to PAs who had around 36% engagement.

PAs who worked for a family member or friend were less likely to have completed the Care Certificate than those who did not work for a family member or friend (25% completed compared to 48% completed).

### Chart 30. Care Certificate engagement by personal assistants and care workers

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24



The new Level 2 Adult Social Care Certificate was launched in June 2024 and we will be reporting on engagement with it in next year's report, when the data is available.

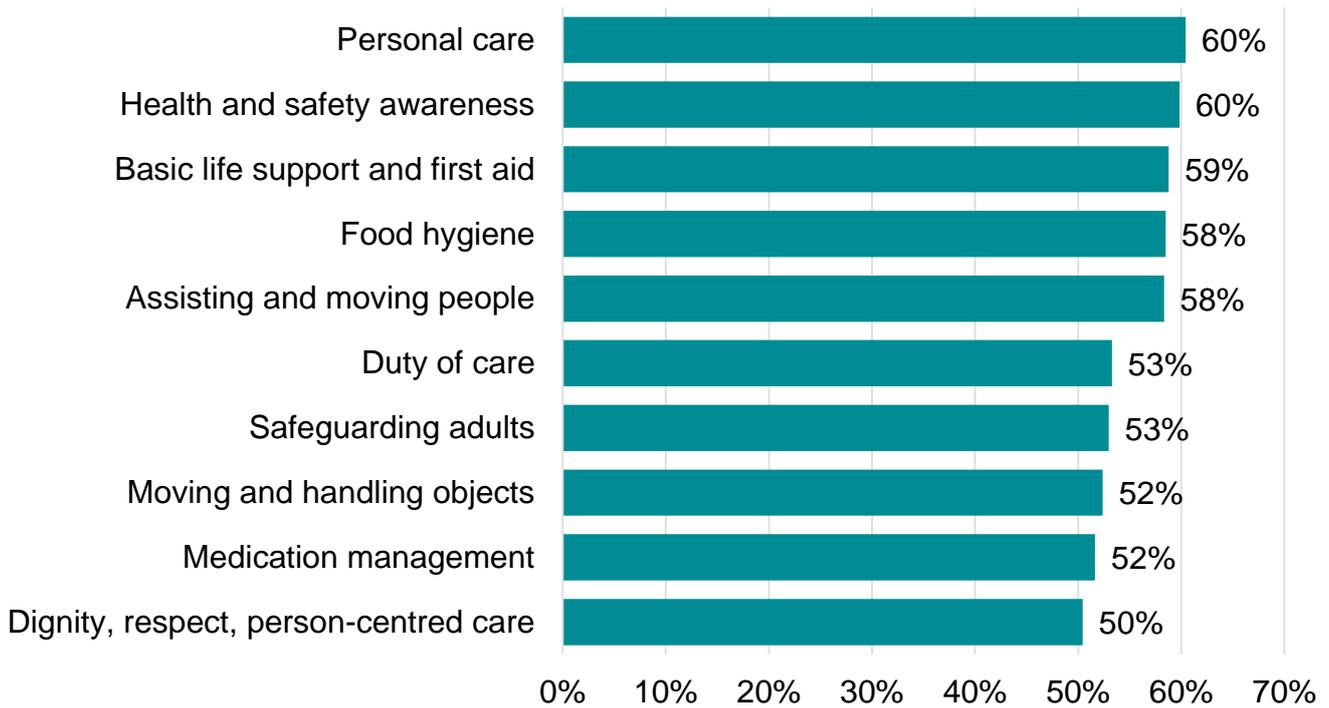
## 2.6.2 Training

Chart 31 shows the top 10 training categories reported by PAs. PAs could select more than one training area, hence the categories sum to more than 100%.

The top training categories reported were 'health and safety awareness' (60%) and 'personal care' (60%), followed by 'Basic life support and first aid (59%)'. The top training categories for independent sector care workers were 'moving and handling' (50%), 'safeguarding adults' (49%) and 'infection control' (46%). A full list of the training categories completed by PAs can be found in the appendix.

**Chart 31. Top 10 training categories reported by personal assistants**

Source: Skills for Care survey, 2025



**2.6.3 Social care qualifications held**

Chart 32 shows the highest level of social care qualification held by PAs and care workers. Overall 48% of PAs do hold a relevant social care qualification, which was similar, but slightly higher than the percentage of care workers (44%).

**Chart 32. Social care qualification held by personal assistants and care workers**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

■ Has qualifications relevant to social care ■ No qualifications relevant to social care

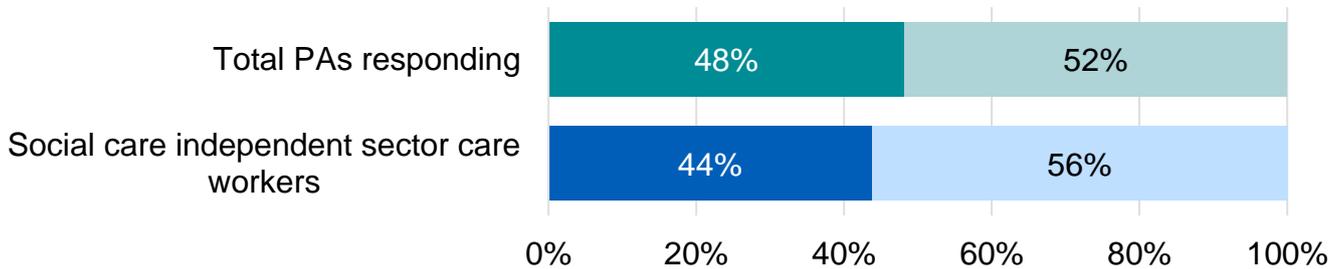


Chart 33 shows that of those that held a social care qualification around 14% of PAs had a level 5 and above qualification, which was a higher proportion than care workers (4%). This could suggest that some PAs move from other roles, where they have been highly qualified, into PA roles, potentially as a career change or to care for a relative or friend. These PAs could also be supporting their employer by taking on some of the responsibilities of a manager/supervisor in managing larger teams of PAs.

**Chart 33. Level of social care qualification held by personal assistants and care workers, of those with social care qualifications**

Source: Skills for Care survey, 2025 and Skills for Care workforce estimates, 2023/24

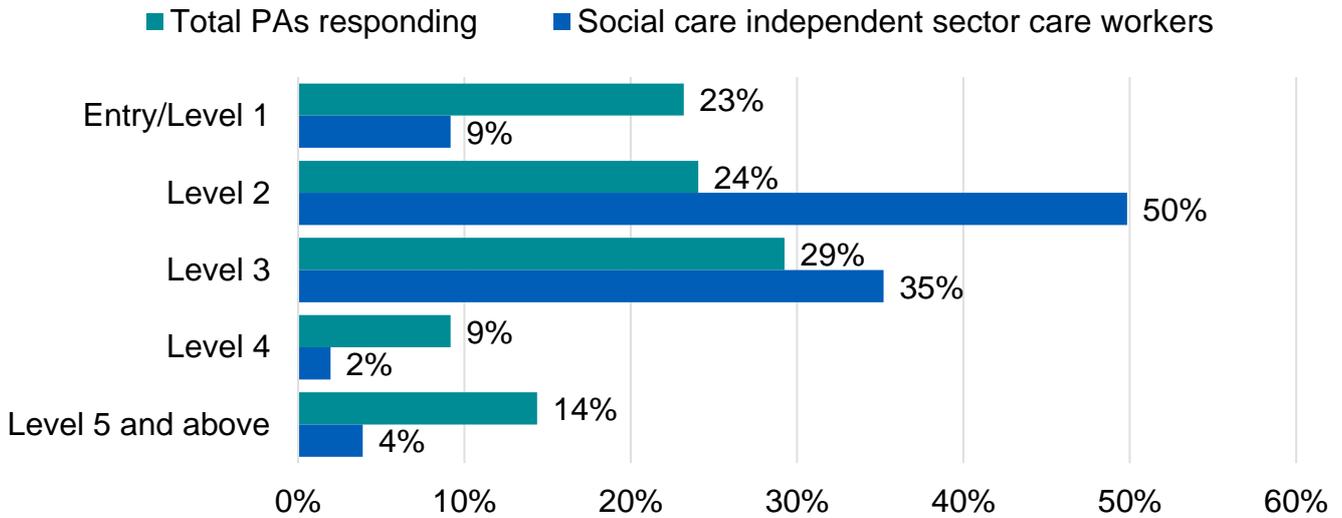
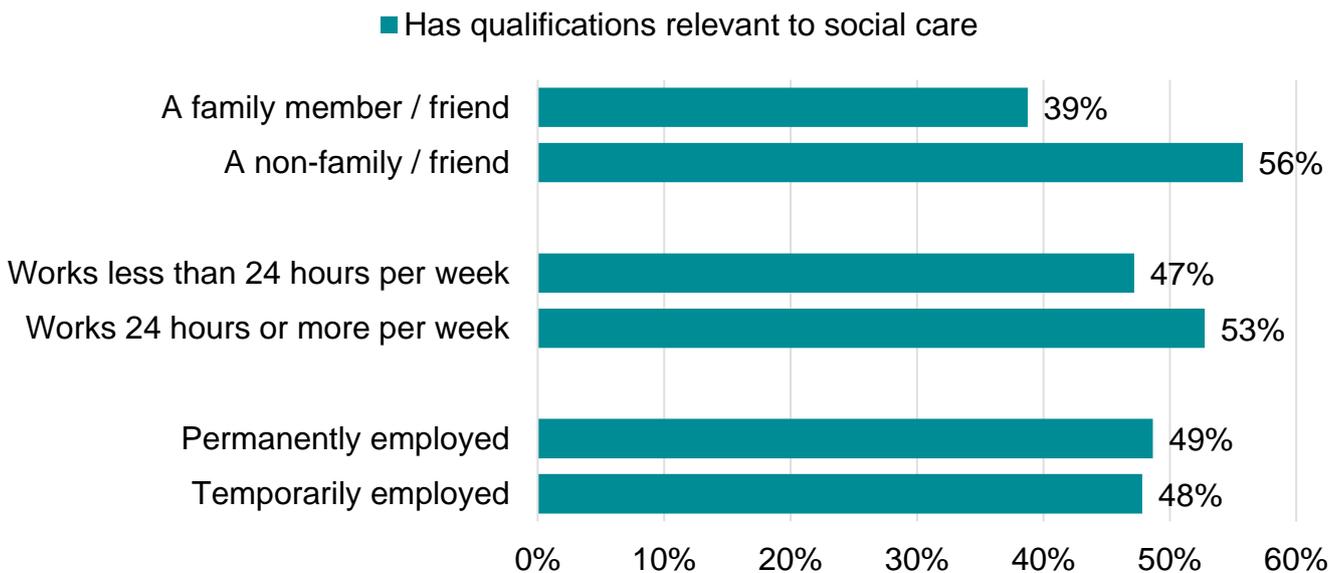


Chart 34 shows the proportion of PAs responding, who held a social care qualification, by various factors. Non-family/friend PAs were more likely to have a social care qualification (56%) compared to family/friend PAs (39%).

There was little difference between PAs who were permanently employed (49%) than those that were temporarily employed (48%). There was a small difference between PAs who worked less than 24 hours (47% had a qualification) and those that worked 24 or more hours (53%).

**Chart 34. Proportion of personal assistants that held a relevant social care qualification**

Source: Skills for Care survey, 2025



## 2.6.4 Non-social care qualifications held

It is worth noting that 66% of PAs reported that they held a non-social care qualification. Of these, 36% held a qualification at level 5 or above, with 28% holding a level 6 qualification (undergraduate degree level) or higher.

Many of the skills required to be a PA may overlap with other career paths, and so family/friend PAs who do not have a social care qualification, could still have the right skills and knowledge to support their employer. Additional training, as outlined in Chart 32, can help them to develop their skills once they start work.

# Further resources

We provide outstanding workforce intelligence which the Government, strategic bodies, employers, and individuals rely upon to help them make decisions that will improve outcomes for the people who use care services. We add insight and interpretation via our workforce intelligence reports, data visualisations and other outputs.

[www.skillsforcare.org.uk/workforceintelligence](http://www.skillsforcare.org.uk/workforceintelligence).

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They have been designed with users, to ensure that they are simple to use, but full of useful information. To access the visualisation about individual employers and personal assistants please see our relevant topic website <http://www.skillsforcare.org.uk/IEPareport>.

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Beyond the wealth of information already available publicly on our website you can commission the services of the Workforce Intelligence team to produce bespoke reports and analysis for your organisation or area.

### **How we can help you**

- We can partner with you or form part of your project team on tenders and bids. By using our expertise and sector knowledge we can add value to your research or project.
- We can use advanced analytics techniques to help you understand how key outcomes such as CQC scores, turnover and vacancy rates can be improved.
- We can produce bespoke reports and analysis and help you solve problems and provide data solutions to help you improve your services.
- We can provide a detailed analysis into the adult social care workforce in your local area or look at performance in comparison to other areas.
- Request a feed of data to enhance or improve a product or service.

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Skills for Care is guided by core values. Throughout everything we do, we're inclusive, motivated, passionate, ambitious, collaborative and trustworthy. For more information about the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit

<https://www.skillsforcare.org.uk/About-us/Our-strategy/Our-strategy.aspx>

As a Workforce Intelligence team we:

- help people to understand what's already available without commissioning our services and what options are available
- aren't selling the data, we're selling our analysis and sector expertise
- carry out bespoke work in particular areas that we can't cover in general outputs
- have a 'good for the sector' aim on all projects we work on
- channel any money we earn straight back into the sector.

All our analysts are certified statisticians, meaning we work to the standard of the 'five safes'. We always make sure that our research and outputs are appropriate and trustworthy, and that there's no risk of misuse or confidentially breach. When creating outputs, we always adhere to statistical disclosure controls.

The Skills for Care Workforce Intelligence team are committed to the three pillars of trustworthiness, quality and value, and principles of the Code of Practice for Statistics. To learn more about our values and read our full statement please visit [www.skillsforcare.org.uk/WI-values](http://www.skillsforcare.org.uk/WI-values).

For more information about these services, please email [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk).

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### Support for individual employers and PAs

Our 'Information hub for individual employers and PAs brings useful information and resources from lots of different places. It can help individual employers to recruit, manage and develop PAs, and also has sections for PAs and supporting organisations. Visit: [www.skillsforcare.org.uk/iepahub](http://www.skillsforcare.org.uk/iepahub)

Skills for Care also disburses funding for individuals, to pay for training for them and their PAs. Find out more at: [www.skillsforcare.org.uk/iefunding](http://www.skillsforcare.org.uk/iefunding)



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