

A black and white photograph of two women walking on a paved promenade by a waterfront. One woman is in a wheelchair, and the other is walking behind her. The background shows modern city buildings and a body of water with a boat.

Individual employers and the
personal assistant workforce
March 2023

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 Carol Reeves at Skills for Care, Bernadette Simpson at NHS England, and also Alex Wade and Greg Morris 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: Sarah Davison, Will Fenton, Natalie Fleming, Tanya Fozzard, Marion Holloway, Jonathan Miller, Gary Polzin and Roy Price.

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.

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Key findings

Terminology used in this report

For the first time Skills for Care is publishing data from adult social care direct payments, personal health budget holders and other funding sources in one report.

The following explains what is included within each group:

1. People in receipt of an adult **social care direct payment** from their local authority.
2. People in receipt of a **personal health budget** from the NHS.
3. **Total**. This is a total of those in groups one and two above, and also those who are funded via an Access to Work grant and are using their own money to fund a personal assistant.

Comparisons have also been made to care workers in the independent adult social care sector, to demonstrate differences between more traditionally commissioned arrangements and direct employment of PAs.

Individual employers

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

Social care direct payment funded employers

- Information from NHS England (formerly NHS Digital) SALT data return shows that around 215,000 adults, older people and carers were receiving social care direct payments from local authorities, in England, in 2022.¹
- Skills for Care estimates that approximately 32% of social care direct payment recipients, or **69,000 individuals, directly employed their own staff**.²
- The estimated proportion of direct payment recipients employing PAs has remained stable at around 30% between 2014 and 2022. This figure had 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.
- Social care direct payment funded employers employed, on average, 1.87 PAs each, creating an estimated **130,000 filled posts** in 2022/23.

¹ www.skillsforcare.org.uk/sizeandstructure

² The estimates on the *total* number of individual employers and PAs, only include those in receipt of social care direct payments from a local authority to employ PAs. We recognise that some people also employ PAs via other funding streams, such as personal health budgets, or by using their own funds – this data is not collected anywhere so we're unable to include them in these estimates.

Personal health budget funded employers

- A total of 144,682 people received personal health budgets by the end of Quarter three 2022-23³. This included 128,067 adults and 16,615 children and young people.
- Almost a fifth (19%) of all Personal Health Budgets were delivered as direct payments (27,343). And a significant number were used to directly employ PAs.
- Currently no data is collected, at a national level, on numbers of personal health budget holders employing PAs or numbers of PAs employed. *This means that creating an estimate of PAs working for personal health budget funded employers is not possible.*

Turnover and vacancy rates

- The average turnover rate of PAs working for social care direct payment funded employers was 19.9% and was 23.0% for PAs working for personal health budget funded employers. Both were considerably lower than the turnover rate for care workers in the independent sector (37.0%).
- The average vacancy rate of PAs working for social care direct payment funded employers was 11.4% and was 13.4% for PAs working for personal health budget funded employers. The vacancy rate amongst care workers in the independent sector was 13.1% as at January 2023⁴.

Skills for Care has a range of resources to support people employing their own care and support staff.⁵

Personal assistants

What is a personal assistant (PA)? A PA, for this report, is employed directly by a person (or their representative) who is in receipt of a personal budget from health or social care. A PA works directly with the individual to support their assessed health, care and wellbeing needs, in a personalised way, to enable them to live their life according to their wishes and interests.

The following information is derived from the 2023 Skills for Care survey data and is compared to care workers in the independent sector as at March 2022. Sickness data is unweighted ASC-WDS data as at January 2023, taken from our monthly tracking data visualisations⁶

³ <https://digital.nhs.uk/data-and-information/publications/statistical/personal-health-budgets/2022-23-q3/personal-health-budgets-q3-2022-23#>

⁴ Care worker vacancy information is unweighted ASC-WDS data as January 2023, see our monthly COVID trackers for more information <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

⁵ www.skillsforcare.org.uk/iepahub

⁶ Care worker sickness information is unweighted ASC-WDS data as at January 2023, see our monthly trackers for more information <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/COVID-19/COVID-19.aspx>

- PAs of social care direct payment funded individual employers held an average of 1.29 PA filled posts each, meaning that around 100,000 people were carrying out 130,000 filled posts in 2022/23.
- PAs of personal health budget funded employers worked for more than one employer, having, on average, 1.20 jobs each.
- Around 57% of PAs of social care direct payment funded employers were a friend or family member before their employment, the other 43% did not know their employer before accepting their role. This was the reverse for PAs of personal health budget funded employers, where 42% were a friend or family member before their employment and 58% did not know the employer before accepting their role.
- The most common areas of support that all PAs responding to this survey provided were support with household duties (69%), closely followed by personal care (69%) and mobility/moving and assisting (67%).
- Around 20% of PAs of social care direct payment funded employers were on zero-hour contracts and 22% of PAs of personal health budget funded employers. This was lower than care workers in the independent sector (35%).
- PAs, on average, had more experience in their role (4.4 years for PAs of social care direct payment funded individual employers and 4.1 years for PAs of personal health budget funded employers) compared to care workers (3.9 years). Also, PAs had considerably more experience in the sector (10.4 years for PAs of social care direct payment funded individual employers and 10.6 years for PAs of personal health budget funded employers) compared to care workers (7.5 years).
- On average, PAs took fewer sickness days (2.0 days for PAs of social care direct payment funded individual employers and 2.9 days for PAs of personal health budget funded employers) in the previous 12 months than care workers in the independent sector (5.8 days) as at January 2023.
- The median hourly pay rate for PAs of social care direct payment funded individual employers was £10.50 (as at February 2023). The median hourly pay rate for PAs of personal health budget funded employers was £11.10. Both were higher than the median hourly rate for care workers in the independent sector (£10.03 as at December 2022).
- The proportion of PAs of social care direct payment funded individual employers that held a relevant health or social care qualification was similar (47%) to care workers (42%). The proportion of PAs of personal health budget funded employers was higher at 63%.

Skills for Care has a range of resources to support personal assistants, including an information hub⁷.

⁷ www.skillsforcare.org.uk/iepahub

1. Introduction

It's crucial that the health services and adult social care sector both have clear, robust workforce intelligence about their size and shape; this will help to reinforce their 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.

1.1 About Skills for Care

Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. We work with employers, Government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future.

Our role is to work across the whole system to understand the key drivers of workforce change using insight, data, and evidence. We provide managers and those involved in the delivery of social care with guidance on best practice, tools, resources, and intelligence to support workforce recruitment, capabilities, and culture. This combination of strategic and operational activity is the cornerstone of our reach and insight into the sector.

1.2 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 chapter four of this report.

Historically (pre-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 of their inclusion), however response rates were very low. Feedback from individual employers found that the incentives to encourage employers to provide their data, and the benefits for them after doing so, were not applicable for an individual employer employing one or few staff, 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 data collection was started via this annual paper and online survey in 2017.

1.3 Personal budgets and direct payments in health and social care

Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and 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.

What is a social care personal budget?

A personal health 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 getting a needs assessment to work 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 – 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 2022, the number of direct payment recipients increased rapidly, from around 65,000 in 2008, to around 215,000 by 2022. Skills for Care estimates that around 69,000 of these people are directly employing their own staff, creating around 130,000 PA jobs.

What is a personal health budget?

A personal health budget (PHB) 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.

Through a personalised care and support planning conversation the care, support, and services the PHB will be spent on are identified. This can include a range of things to give people access to care, support and services that are holistic, innovative and build on their strengths.

PHBs are flexible and can be used in a variety of ways:

- For ongoing care and support to meet people's assessed health and wellbeing needs e.g., NHS continuing healthcare, children and young people's continuing care, section 117 after-care and personal wheelchair budgets.
- For one-off budgets to enable people to reach specific goals or outcomes enabling supported self-management e.g., hospital discharge, mental health recovery.

They can be:

- Pooled, to support individuals to come together with an overarching health and wellbeing goal e.g., health weight management programme for people with a learning disability and or autism.
- Integrated with social care and/or education personal budgets.
- Used to target and address wider system priorities such as identified health inequalities.

The following groups currently have a legal right to have a PHB – adults in receipt of NHS Continuing Healthcare, children and young people eligible for continuing care, people eligible for after-care services under section 117 of the Mental Health Act and people eligible for an NHS wheelchair. The roll-out of PHBs is not confined to these 'right to have' groups, people also have the 'right to ask' for a PHB.

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.

Ensuring more people can benefit from personalised care is one of the key aims of the [NHS Long Term Plan](#). This includes the ambition to increase the uptake of PHBs to 200,000 people by 2023/24 which is outlined further in [Universal Personalised Care](#). As at the end of Quarter 3 2022/23 144,682 people received Personal Health Budgets of which 19% (27,490) were delivered as direct payments.

1.4 Skills for Care survey research

Skills for Care, as the leading source of social care workforce intelligence has continued to complete a research study in this field to replicate the success of the previous individual employer and PA surveys (in 2017, 2019, 2020, 2021 and 2022). 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 37,500 individual employers and their PAs via paper 20,500 paper surveys and 17,000 emails invitations to an online survey. There were 2,464 individual employer and 1,947 PA responses from people with varying care needs, ages and from each region of England. This included 86% exclusively in receipt of a direct payment from a social care local authority, 10% exclusively in receipt of a personal health budget from the NHS. The remainder received a combination of direct payments from the local authority, self-funding, 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.

1.5 Reason for the report

This survey is intended to help us understand more about this workforce and the experiences of the direct payment and PHB 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.

1.6 Terminology used in this report

For the first time Skills for Care is publishing data from adult social care direct payments, personal health budget holders and other funding sources in one report.

The following explains what is included within each group.

1. People in receipt of an adult **social care direct payment** from their local authority.
2. People in receipt of a **personal health budget** from the NHS.
- 3. Total.** This is a total of those in groups one and two above, and also those who are funded via an Access to Work grant and are using their own money to fund a personal assistant.

Comparisons have been made to care workers in the independent adult social care sector, to demonstrate differences between more traditionally commissioned arrangements and direct employment of PAs.

1.7 Impact of this research and report

The information collected in, and insight derived from, this research is used by the Department of Health and Social Care and Skills for Care and the NHS to help inform decisions, better support, and help plan for the future of this valuable part of the health and social care workforce. Results for this report help us to better understand how the PA workforce operates and how best to support both employers and PAs in the sector.

In previous years we asked academic and policymaking colleagues how this report has had an impact on their work and the sector.

Liz Greer and Simon Williams from the Local Government Association said:

“We have found Skills for Care intelligence, and their material designed to support people employing a Personal Assistant, an invaluable resource in helping us develop our recent co-produced survey about the effects of the pandemic period on PA recruitment and retention.”

Kate Buffery, Head of personalised care from NHS England said:

“Employing PAs is one of the main ways in which people benefit from the choice and control a PHB can offer. Having a better understanding of the PA marketplace through the findings of this report will enable systems to identify what they need to do to support employers and their PAs, and ensure this crucial workforce continues to grow. A well-developed and supported PA marketplace will in turn impact on the number of people choosing to use their a PHB to directly employ care workers, helping them to achieve life-changing outcomes.”

Renee Jasper-Griffith, Adult Social Care Training and Development Consultant (PAs), from East Sussex County Council said:

“We use this data to determine if we are providing the right basic training for PAs and to get an overview of potential future requirements that may require specialist training.”

Kritika Samsi & Monica Leverton, researchers from NIHR Health & Social Care Workforce Research Unit, KCL

“We have used reports by Skills for Care as a robust starting point for most of our research into the Personal Assistant workforce. We have found them to be a credible, authoritative source of information in estimates about a workforce that otherwise tends to get ignored from much of the research on adult social care workforce.”

Skills for Care has a range of resources to support people employing their own care and support, including an information hub⁸ and funding for training of individual employers and their personal assistants⁹.

⁸ www.skillsforcare.org.uk/iepahub

⁹ www.skillsforcare.org.uk/ie funding and www.skillsforcare.org.uk/ulofunding

2. Individual employers

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 2019-22 (formerly known as the Budget Survey), with sample size of 107 (out of 152 LAs) in 2022, and previous Skills for Care research.¹⁰

The information from NHS England shows that around 215,000 adults, older people and carers were receiving social care direct payments from local authorities, in England, in 2022. Skills for Care estimates that approximately 32% of these, or 69,000 individuals, directly employed their own staff.

A total of 144,682 people received Personal Health Budgets. This included 128,067 adults and 16,615 children and young people received Personal Health Budgets by the end of Quarter 3¹¹ 2022-23. 19% of all Personal Health Budgets were delivered as direct payments (27,343). And a significant number are used to directly employ PAs. *Currently no data is collected nationally on numbers of personal health budget holders employing PAs or numbers of PAs employed but this may be collected at a local level. This means that creating an estimate of PAs working for personal health budget funded employers is not possible.*

Social care direct payment funded employers employed, on average, 1.87 PAs each, creating an estimated 130,000 filled posts in 2022/23.

'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 25 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 2022 (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.

Whilst the numbers of personal health budgets have increased in the last year, most of this increase is in areas such as wheelchair budgets which would not impact on numbers of PAs being employed.

¹⁰ www.skillsforcare.org.uk/sizeandstructure

¹¹ <https://digital.nhs.uk/data-and-information/publications/statistical/personal-health-budgets/2022-23-q3/personal-health-budgets-q3-2022-23#>

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.

2.1. 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, 2023

	Total responding employers	Exclusively	With another funding stream
In receipt of a social care direct payment from the local authority	2,179	2,003	176
A personal health budget from the NHS	290	235	55
Access to Work grant	7	0	7
Using their own money to fund a personal assistant	179	44	135

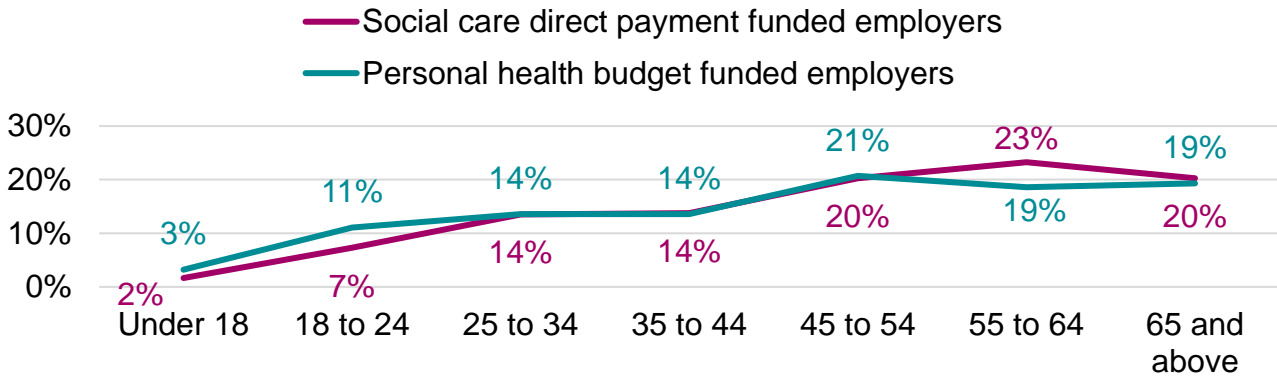
For the purposes of this report data will be split into three categories

- Total responding employers (2,464). This is a total of any employers in receipt of a social care direct payment from the local authority, a personal health budget from the NHS, and also those who are funded via an Access to Work grant and are using their own money to fund a personal assistant. This group will count each responding employer once, even if they have multiple funding streams.
- Any employer who is funded via a social care direct payment (2,179). This is a sum of those that are funded exclusively and with other funding streams.
- Any employers funded via a personal health budget from the NHS (290). This is a sum of those that are funded exclusively and with other funding streams.
 - Please note that employers in these bottom two groups can appear in both if they are funded via both funding streams.
 - Those funded via an Access to Work grant or using their own money are included in the total but not shown as a group in their own due to small bases.

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 and that there is not a large difference in age bands by funding source.

Chart 1. Age of employer by funding source

Source: Skills for Care survey, 2023

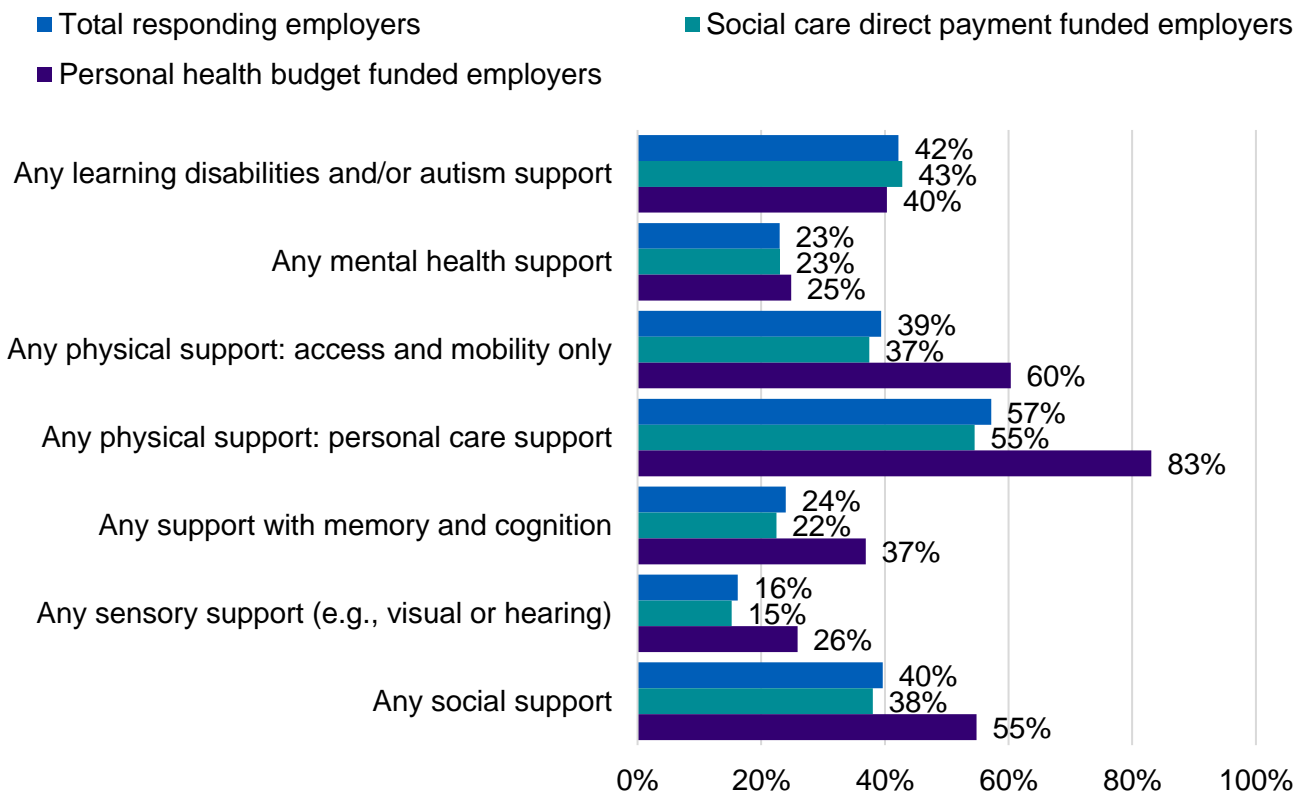


Analysis of NHS England SALT data shows that 66% of people accessing direct payments were 18 to 64 years old and 34% were 65 and over, please note that this is all direct payment recipients and not just those who use their direct payment to employ a PA. This survey found that 80% of responding employers were aged 16 to 64 and 20% were aged 65 and over.

Chart 2 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%.

Chart 2. Care and support need

Source: Skills for Care survey, 2023

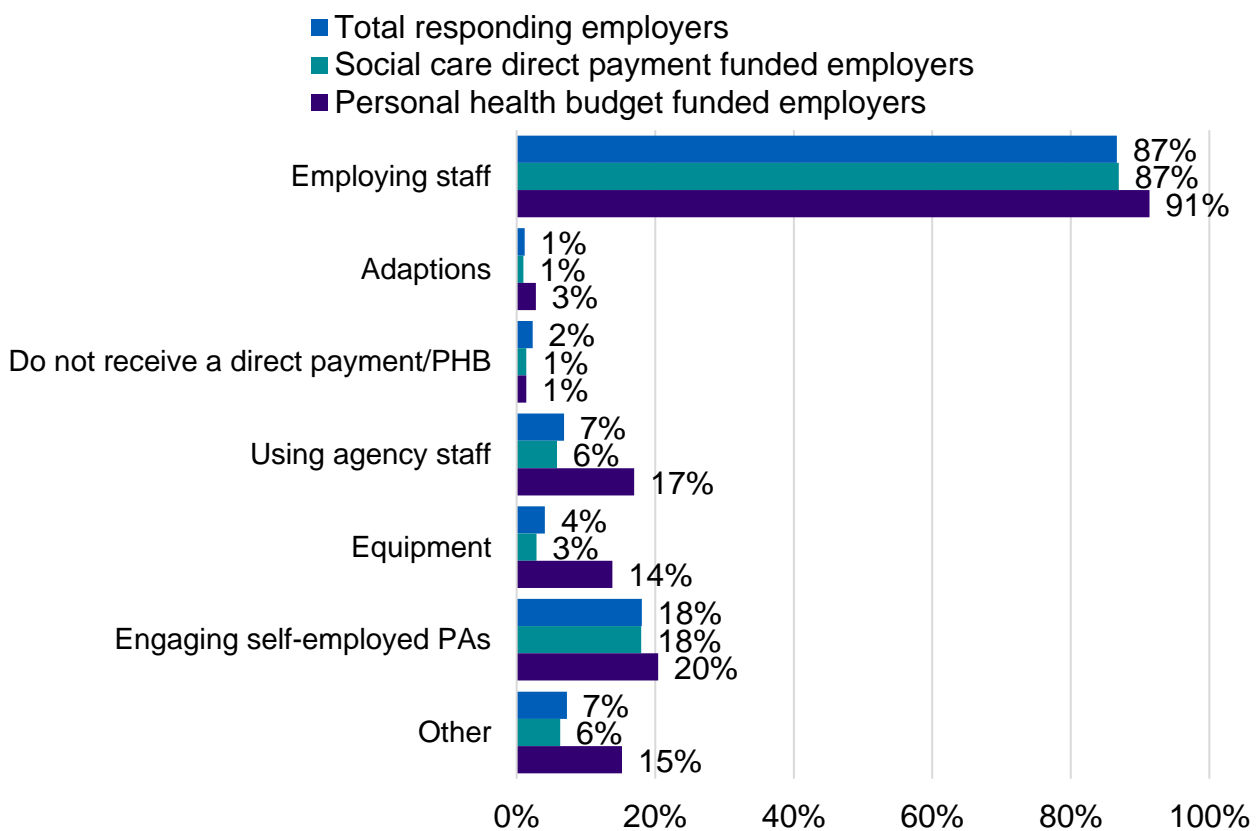


Analysis of NHS England SALT data shows that results of this survey were representative of the primary care needs of people accessing direct payments.

Chart 3 below shows what employers completing the survey spend their money on. Respondents could select more than one option. All employers reported spending their money on employing staff or engaging with self-employed PAs, which is to be expected given that is the criteria of completing the survey.

Chart 3. Spend of direct payment or personal health budget (PHB)

Source: Skills for Care survey, 2023



2.2. Recruitment and retention

The adult social care sector and workforce report 2021/22¹² showed that the sector was facing unprecedented challenges in workforce supply and demand and that the number of vacant posts in adult social care had increased by 52% in one year and it was the highest rate since records began in 2012/13.

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

¹² www.skillsforcare.org.uk/stateof

retention at the forefront of health and social care debates, providing statistical, rather than just anecdotal, evidence.

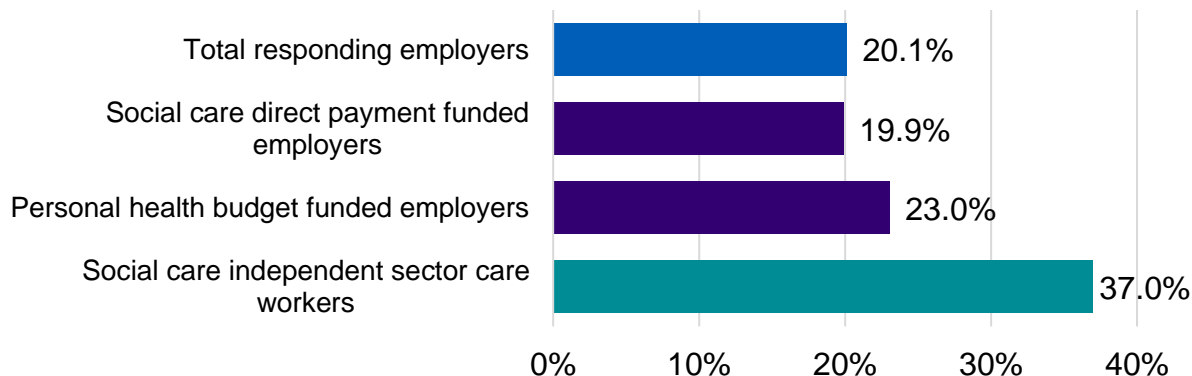
Skills for Care research found that employers using values-based recruitment can attract staff who perform better, with lower sickness rates, and greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. For further information on recruiting for values please visit the Skills for Care website.¹³

2.2.1. Leavers and staff turnover rates

The turnover rate of PAs was 20.1%. This was considerably lower than care workers in the independent sector, which was 37.0%. 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 chart 30) and a lower reliance on zero-hours contracts (see chart 18), which could result in better retention.

Chart 4. Turnover rate of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



2.2.2. Vacancy rates

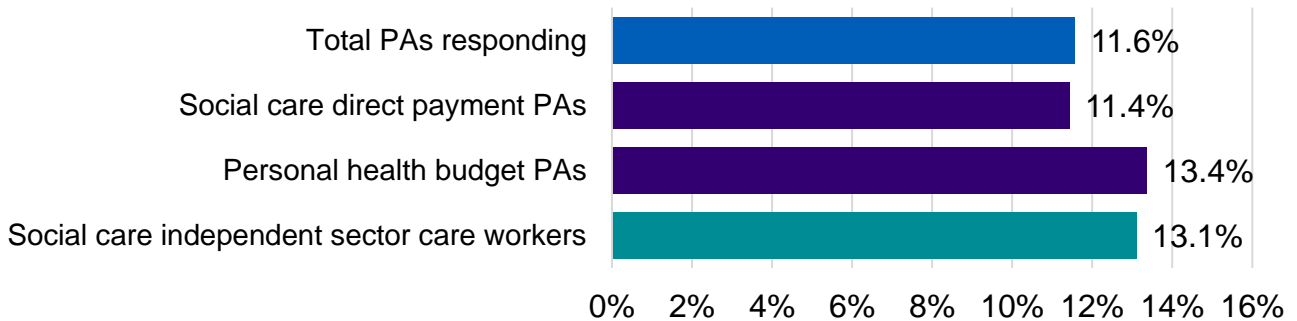
Chart 5 shows that the vacancy rate for all responding individual employers was 11.6%. Social care direct payment PAs had a lower vacancy rate (at 11.4%) than Personal health budget PAs (at 13.4%). The total rate was lower than the rate for care workers in the independent sector as at January 2023 (13.1%)¹⁴, where recruitment is an ongoing issue.

¹³ www.skillsforcare.org.uk/vba

¹⁴ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

Chart 5. Vacancy rate of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care's unweighted ASC-WDS data, January 2023.



Skills for Care has published a toolkit¹⁵ to support individual employers, this includes information about recruiting PAs¹⁶, writing a job description, advertising and interviewing for the role.

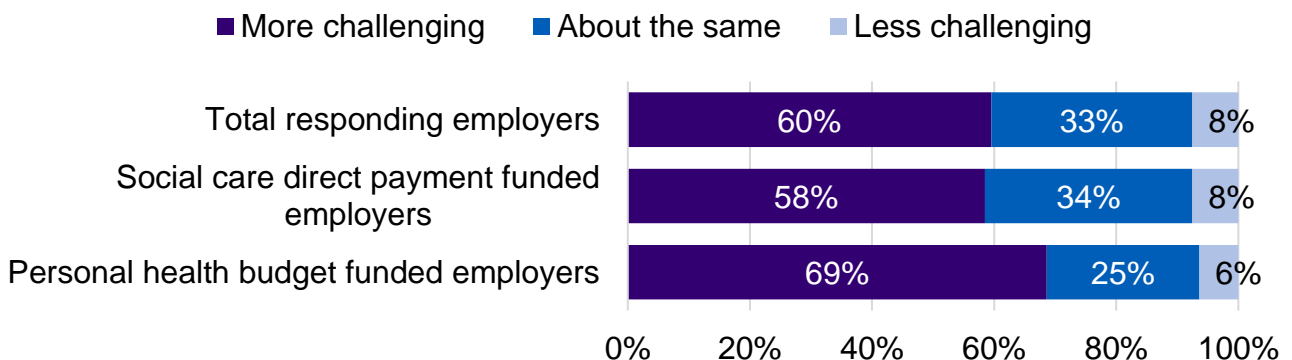
2.2.3. Recruitment and retention challenges

Given the unprecedented challenges in workforce supply and demand this year it was decided to ask employers more about recruitment and retention challenges.

We asked, when comparing the current situation to last year how have you found recruiting PAs. Of the 1,300 employers who responded to this question 60% said that it was more challenging, this number was higher for personal health budget funded employers (69%).

Chart 6. Recruitment challenges compared to last year

Source: Skills for Care survey, 2023



Of those employers who said that recruitment was more challenging, two fifths said that their main challenge was 'competition from jobs in other sectors with high pay'. Some of the 'other' comments that people specified included; 'no interest in the application or shortage of

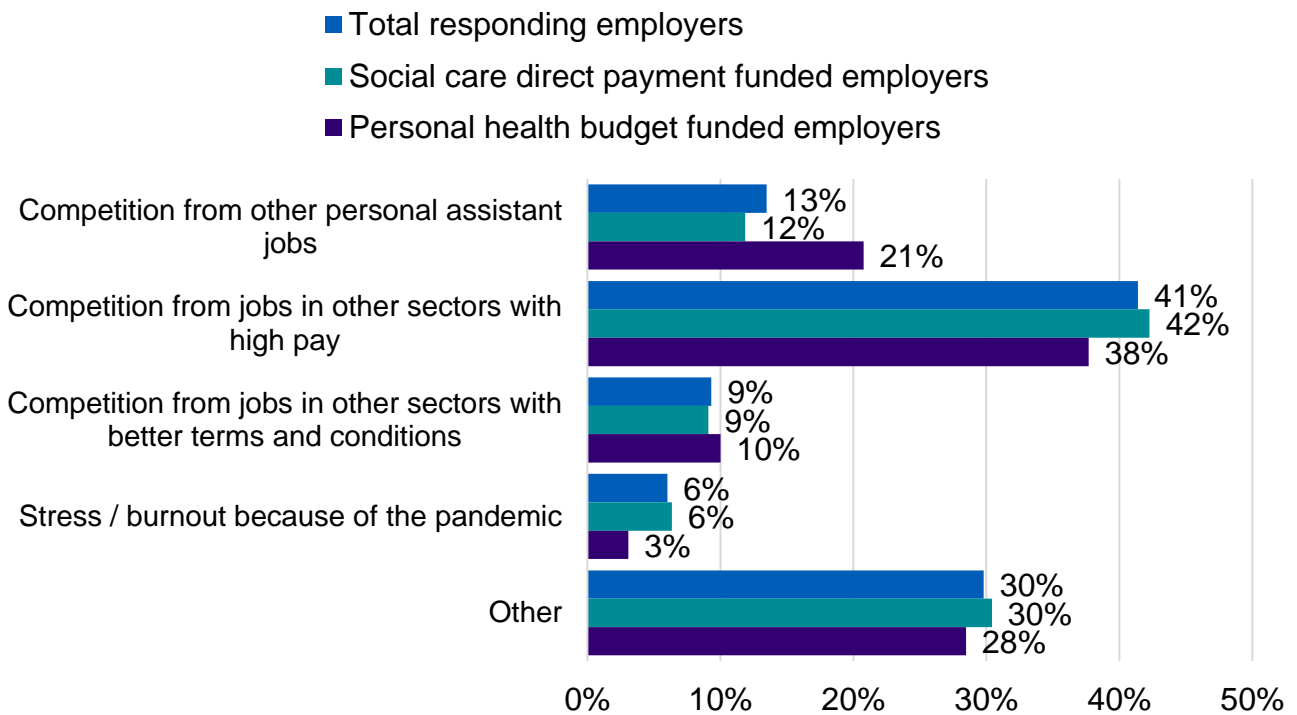
¹⁵ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-for-individual-employers/Information-for-individual-employers.aspx>

¹⁶ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-for-individual-employers/Recruiting-a-PA.aspx>

applications locally’, ‘the care needs of the employer making it harder to find suitable applicants or people leaving very quickly’, ‘wages are too low’ or ‘hours are too few for people’.

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

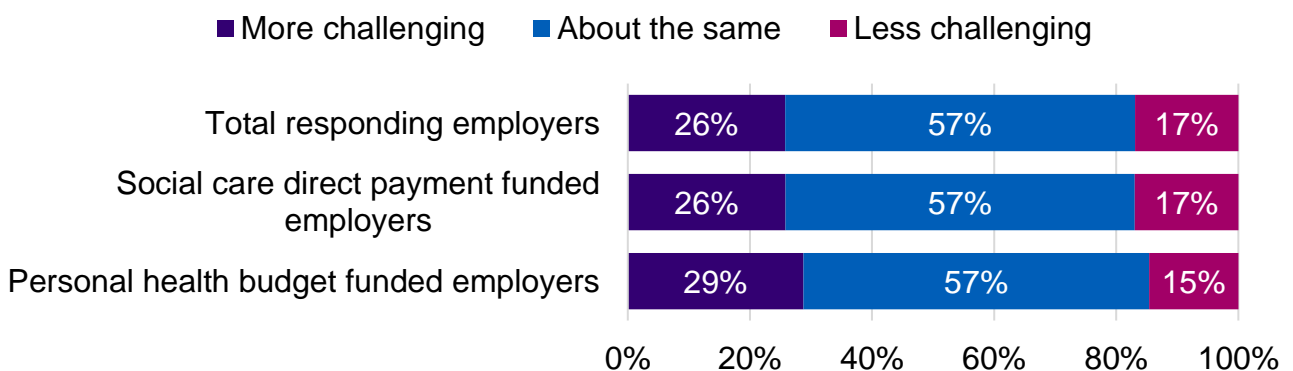
Source: Skills for Care survey, 2023



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

Chart 8. Retention challenges compared to last year

Source: Skills for Care survey, 2023

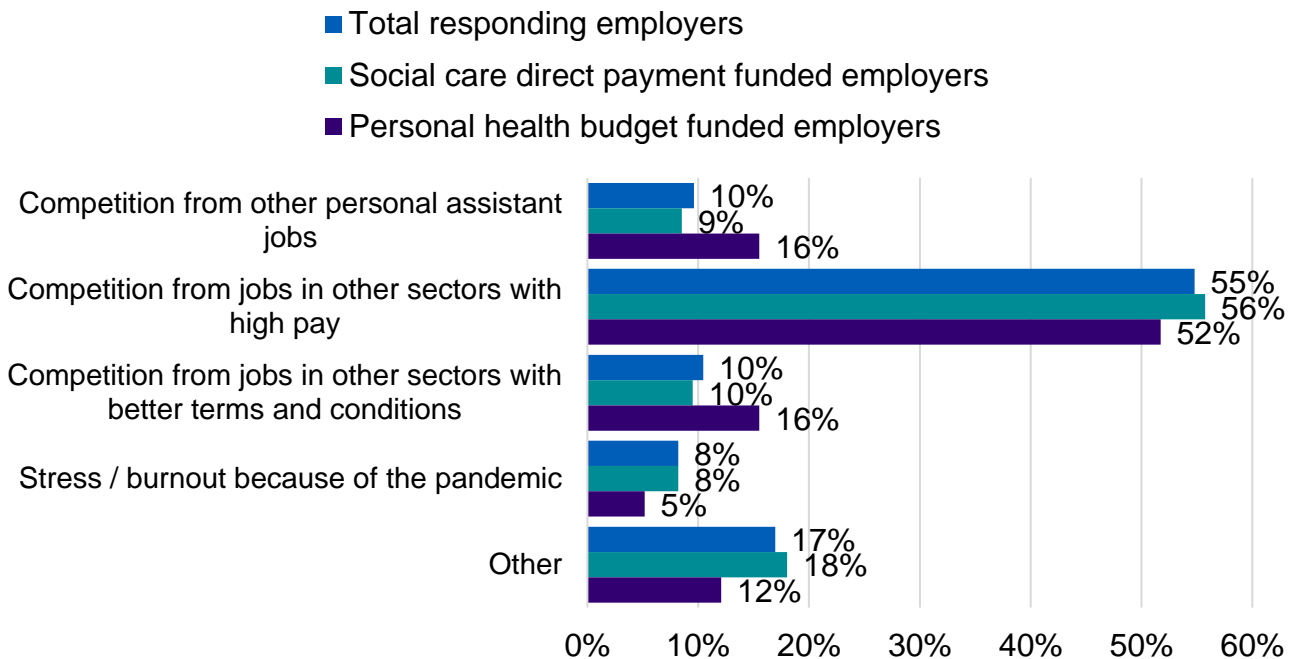


Of those employers who said that retention was more challenging, over half said that their main challenge was ‘competition from jobs in other sectors with high pay’. Some of the ‘other’

comments that people specified included; 'low pay', 'hours were too low', 'care needs were too complex', 'PA leaving for health or childcare reasons', 'people leaving soon after joining due to low job satisfaction', or 'leaving to further their career e.g. nurse training.' One employer says "difficult job with low pay!" and these themes were repeated a lot.

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

Source: Skills for Care survey, 2023



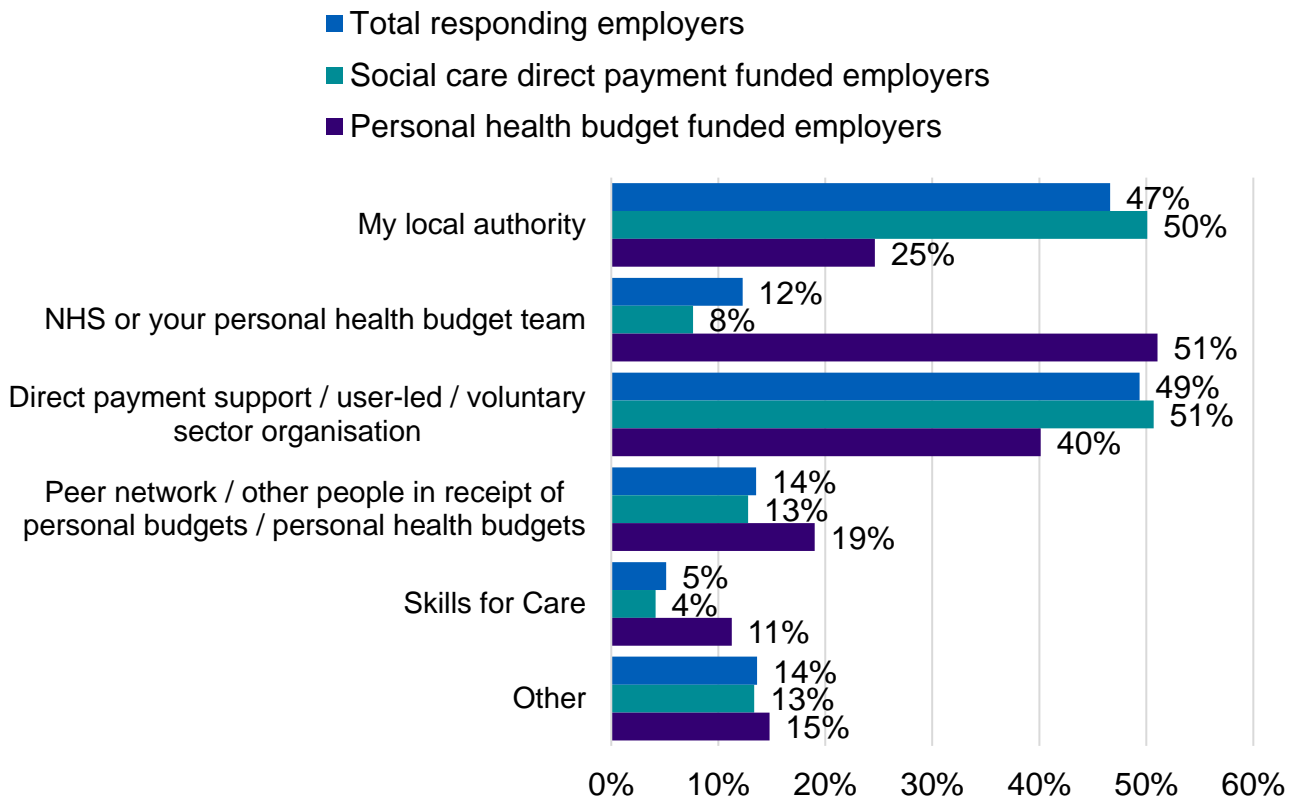
2.3. Information about training, development, and support

Employers were asked about training, development and support they have received to help understand where individual employers go for information and support. This information is helpful to target our offer and also pass on information where this can support improvements. 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 half of social care direct payment funded employers responding to the survey accessed this via their local authority, and half of personal health budget funded employers accessed via the NHS or their personal health budget team. All employers also accessed information and support via 'Direct payment support / user-led / voluntary sector organisation'.

Chart 10. Accessing information and support

Source: Skills for Care survey, 2023

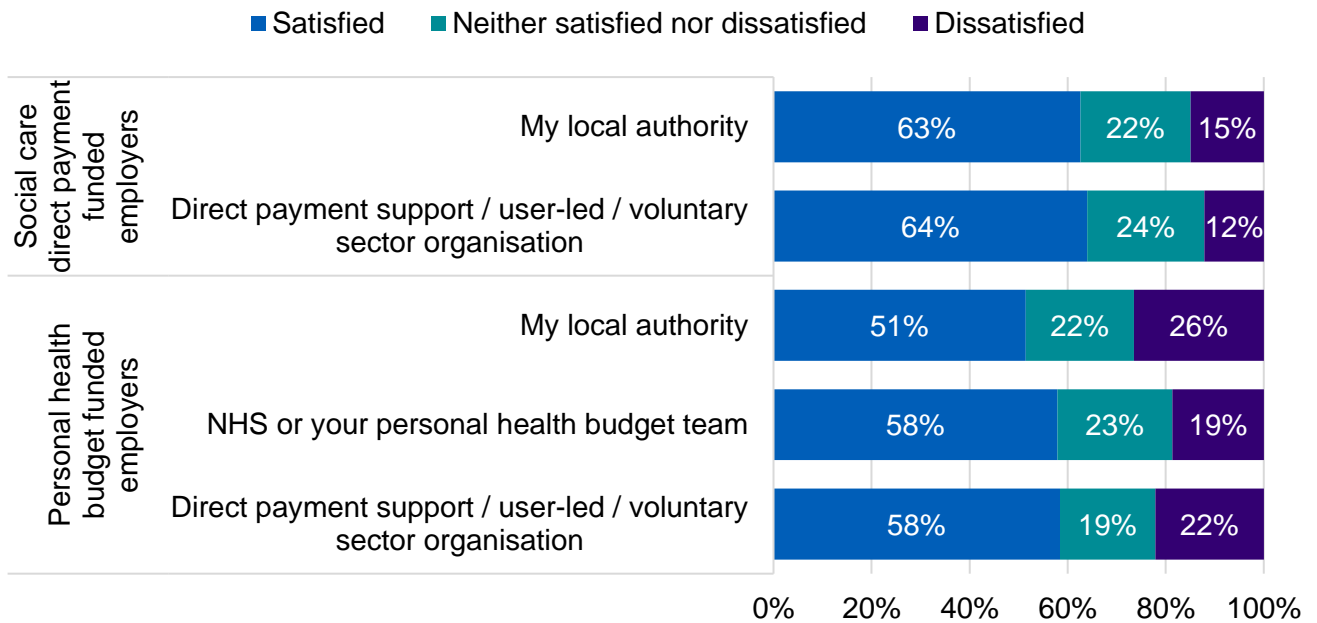


Employers were asked to rate how satisfied they were with the level of information and support they received. Chart 11 shows how satisfied social care direct payment funded employers and personal health budget funded employers were with the level of information and support they received from various sources.

Overall, of all employers, three fifths (59%) said that they were satisfied with the information and support they received, a quarter (25%) said they were neither satisfied nor dissatisfied and 17% were dissatisfied. Across all providers of information and support levels of dissatisfaction were higher among personal health budget funded employers than social care funded employers.

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, 2023



Employers were asked how easy they found arranging training and development opportunities as an employer. Chart 12 below shows that most had not accessed training, and of those that had, around half found it easy and half difficult.

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

Source: Skills for Care survey, 2023

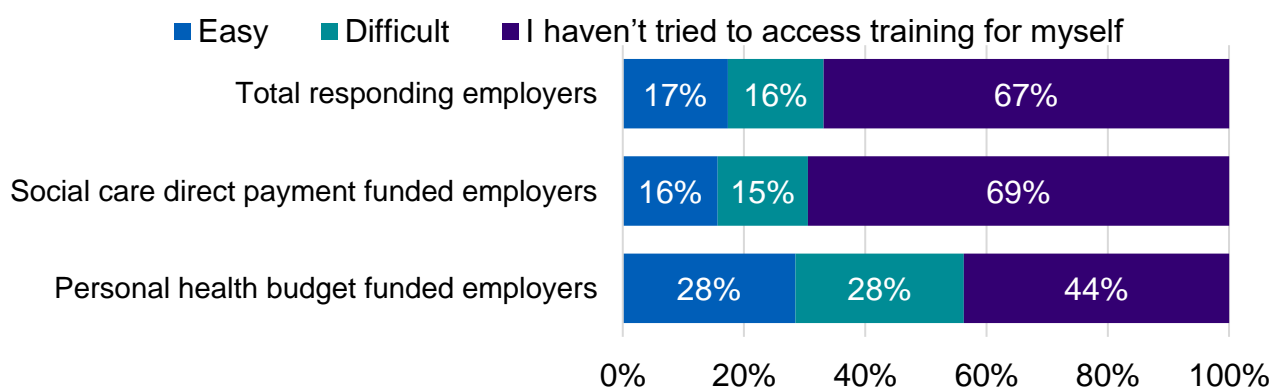
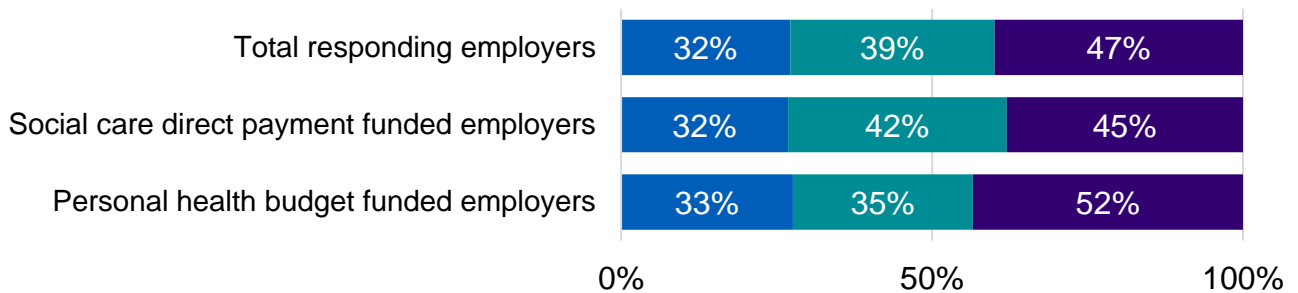


Chart 13 shows, that of the almost 300 employers who reported the type of training done as an employer, almost half (47%) had specific subject awareness, two thirds (39%) had structured awareness course and a third (32%) had had a formal qualification. Employers could select more than one type of qualification so percentages sum to more than 100%.

Chart 13. Type of training competed as an employer

Source: Skills for Care survey, 2023

- Formal qualification
- Structured awareness course. E.g. being a good employer
- Specific subject awareness. E.g. employment law / payroll / managing & supervision etc.

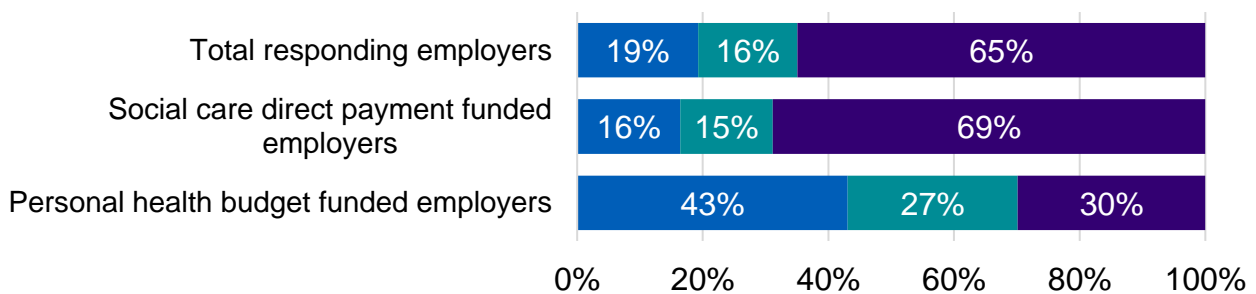


Employers were asked how easy they found it to arrange training and development opportunities for their PAs. Over two thirds (69%) of social care direct payment funded employers said they had not accessed any training for their PA, which highlights an opportunity for further improvements. Fewer personal health budget funded employers (30%) reported not having accessed training for their PAs, and 43% found it arranging training and development easy.

Chart 14. Easy of arranging training and development opportunities for PAs

Source: Skills for Care survey, 2023

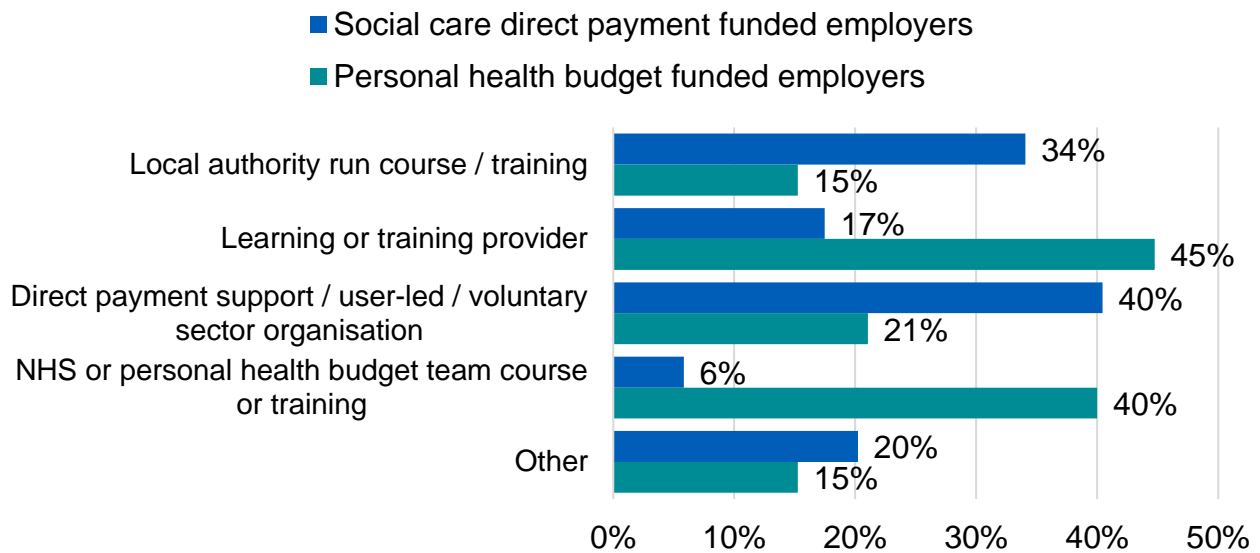
- Easy
- Difficult
- I haven't tried to access training for my PAs



When asked how respondents had accessed training and development opportunities for themselves or their staff. Around 550 social care direct payment funded employers reported the top two providers were 'direct payment support / user-led / voluntary sector organisation' and 'local Authority run course or training'. 190 personal health budget funded employers reported that the top two providers were 'learning or training provider' and 'NHS or personal health budget team course or training'. See Chart 15 below.

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

Source: Skills for Care survey, 2023



3. Personal assistants

Skills for Care estimates that there were approximately **130,000 PA jobs for social care direct payment recipients across England** in 2022/23¹⁷.

Currently no data is collected nationally on numbers of personal health budget holders employing PAs or numbers of PAs employed. *This means that creating an estimate of PAs working for personal health budget funded employers is not possible.*

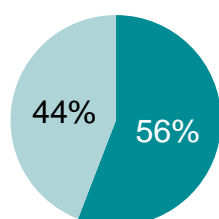
Please note, personal assistants employed by people solely only using their own funds or solely through funding streams other than direct payments are not included in this estimate. There are not any national collections on these employers and therefore their PAs cannot be included in this estimate.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

Of all PAs responding, 56% were family or a friend of their employer, and the other 44% did not know their employer before accepting their PA role. For the purposes of this report, those that did not know their employer before starting work are called ‘non-family/friend’. The charts below show that personal health budget holders were more likely to employ someone they didn’t know as their PA.

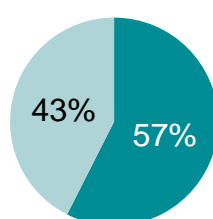
Chart 16. PA relationship with the employer

Source: Skills for Care survey, 2023

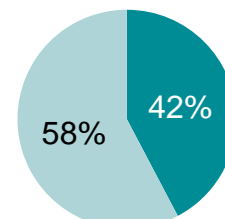
Total PAs responding



PAs of social care direct payment funded employers.



PAs of personal health budget funded employers



■ A family member / friend
 ■ An individual employer that was not a family member or friend, or that the PA did not know before they accepted this role.

Skills for Care has a range of resources to support personal assistants on its information hub¹⁸, including information on being a PA, statutory rights and entitlements as a PA and a practical guide to learning and development.

¹⁷ www.skillsforcare.org.uk/stateof

¹⁸ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Working-as-a-personal-assistant/Working-as-a-personal-assistant.aspx>

3.1. Employment overview

- Social care direct payment funded individual employers, on average, employed 1.87 PAs each, and there were an estimated 130,000 filled posts in 2022/23.
- PAs of social care direct payment funded individual employers held an average of 1.29 PA posts each, meaning that around 100,000 people were carrying out 130,000 filled posts in 2022/23.
- PAs of personal health budget funded employers worked for more than one employer, having, on average, 1.20 jobs each.

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

3.1.1. 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 table 2 exceeds 100%. PAs most commonly supported their employers with household duties (69%) and personal care (69%), closely followed by mobility/moving and assisting (67%). Table 2 below shows support by employer funding.

Table 2. Support personal assistants provided their employer with

Source: Skills for Care survey, 2023

	Total PAs responding	PAs of social care direct payment funded employers	PAs of personal health budget funded employers
Household duties	69%	69%	73%
Personal care	69%	66%	92%
Mobility / moving and assisting	67%	65%	87%
Attending appointments	63%	63%	71%
Socialising with friends/family	62%	62%	64%
Taking medicines	57%	54%	85%
Eating and drinking	57%	54%	82%
Communication	53%	53%	59%
Behaviour	30%	30%	31%
Particular health needs	24%	20%	53%
Other	11%	11%	7%
Attending college/university	5%	5%	9%
Going to work	4%	5%	4%

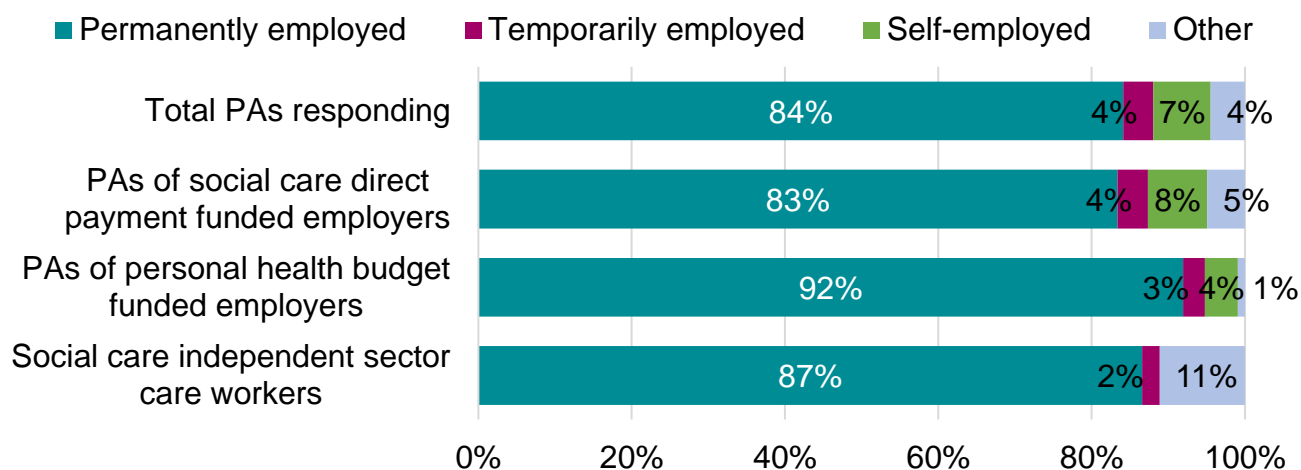
3.1.2. Employment status

The majority of PAs (84%) were employed on a permanent basis, which was lower than care workers in the independent sector (87%). PAs of personal health budget funded employers

had the higher proportion of workers on a permanent contact, at 92%. Chart 17 shows the proportion of PAs employed with each status type, compared to care workers.

Chart 17. Employment status of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2022/212



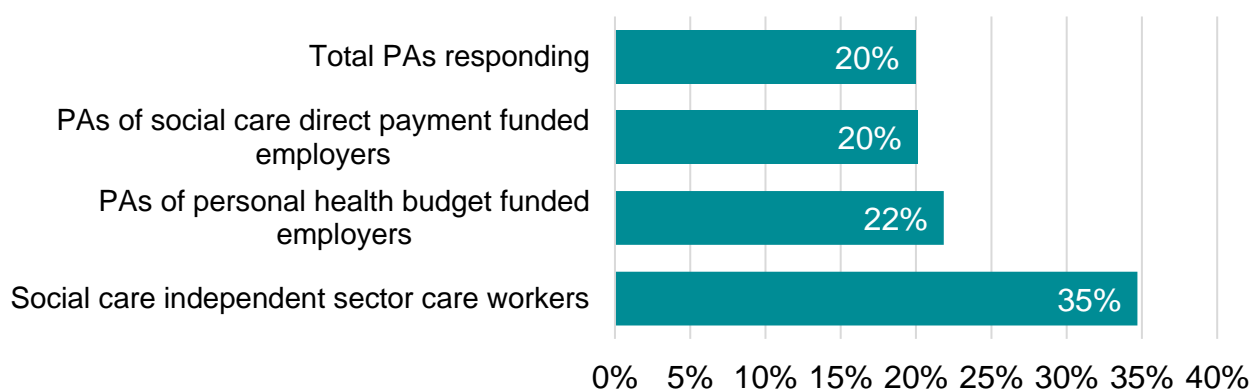
3.1.3. Zero-hours contracts

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.

A fifth (20%) 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 (35%), as shown in chart 18.

Chart 18. Zero-hours contracts for personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



This contract type is often used by health and 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 care¹⁹.

3.1.4. Usual hours worked

Chart 19 shows the usual hours worked in a week by PAs. The chart shows that PAs of social care direct payment funded employers worked fewer average hours (17.0) a week less than PAs of personal health budget funded employers (26.7).

Chart 19. Usual hours worked by personal assistants

Source: Skills for Care survey, 2023

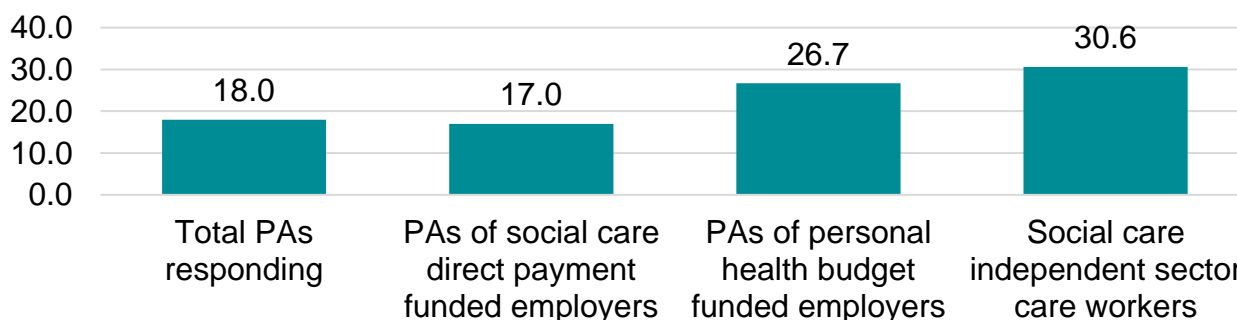
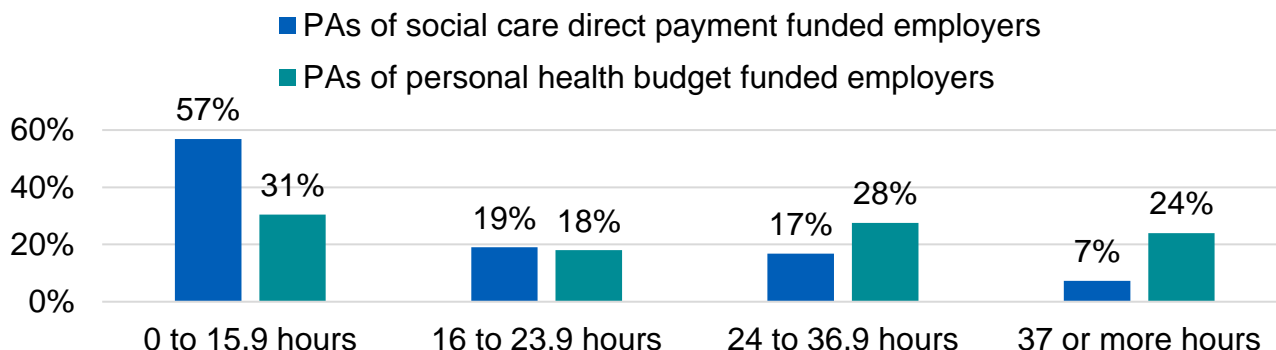


Chart 20 below shows average hours grouped into bands. Over half of PAs of social care direct payment funded employers (57%) worked for less than 16 hours per week compared to 31% of PAs for personal health budget funded employers. There was a higher proportion of PAs for personal health budget funded employers working more average hours, with 52% working 24 or more hours a week compared to 24% of PAs for social care direct payment funded employers.

¹⁹ <https://www.skillsforcare.org.uk/Recruitment-support/Retaining-your-workforce/Retaining-your-workforce.aspx>

Chart 20. Usual hours worked group, by employer funding

Source: Skills for Care survey, 2023



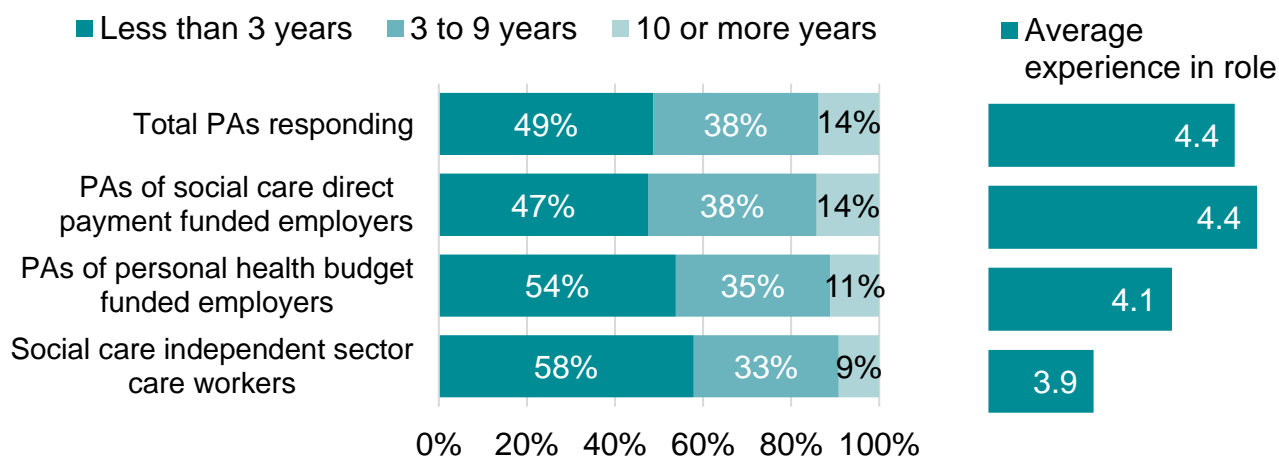
3.2. Recruitment and retention

3.2.1. Experience in role

PAs had an average experience in role of 4.4 years. This is slightly more than care workers in the independent sector (3.9 years).

Chart 21. Experience in role by specified job role

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



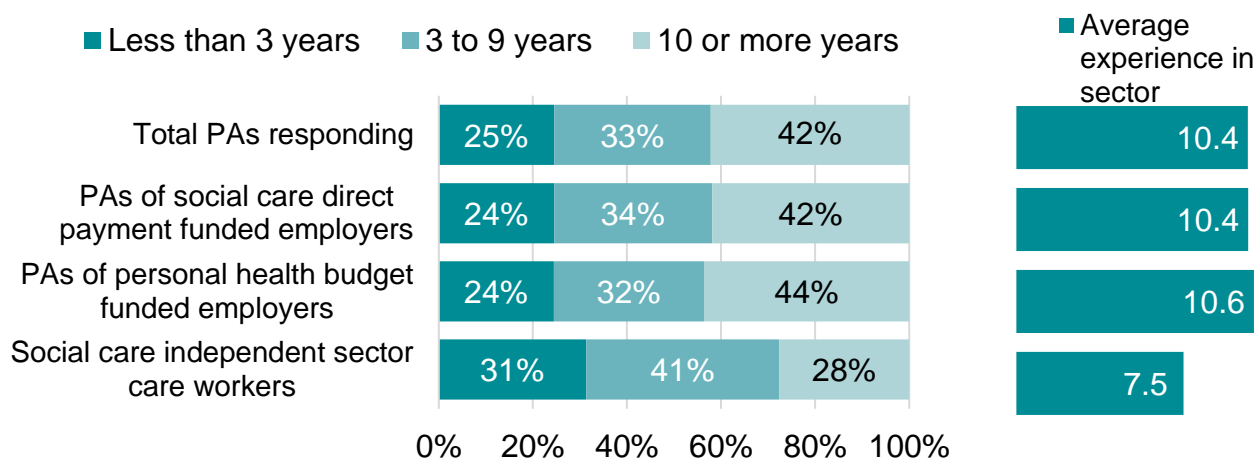
3.2.2. Experience in sector

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 10.4 years of experience in the adult social care sector, compared to 7.5 years for care workers. Non-family/friend PAs had around 11.1 years of experience in the sector, compared to 9.2 years for family/friend PAs.

Chart 22. Experience in sector by specified job role

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



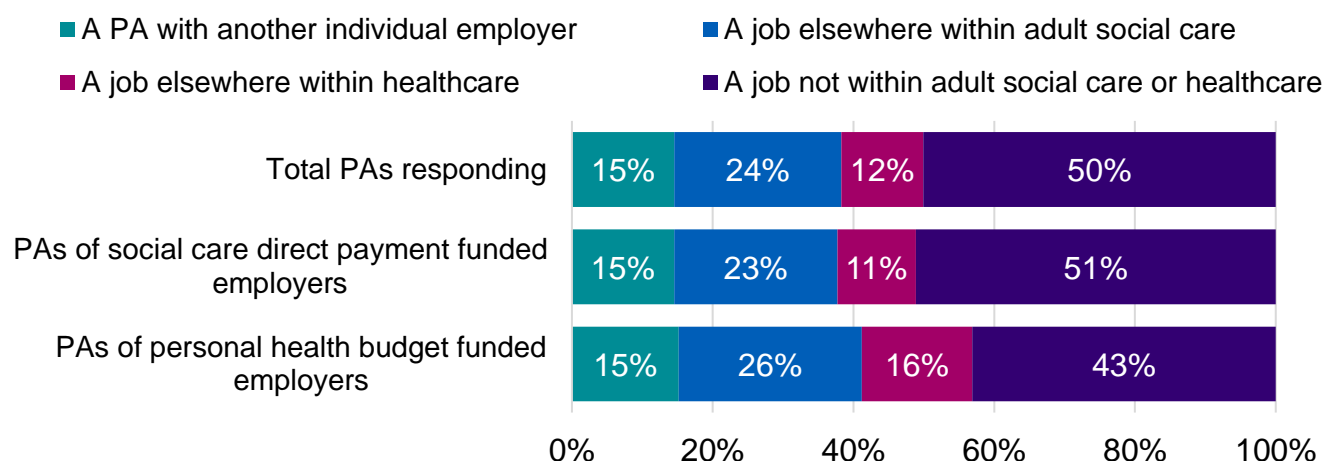
This suggests that although non-family/friend PAs had a higher turnover rate, many of them move between health and adult social care roles. Therefore, their experience, qualifications and skills have been retained by the sector.

3.2.3. Source of recruitment

We asked PAs what their last role was and how they found their current role. Chart 23 shows that for all PAs, half (50%) did not have a job within health or social care before this role.

Chart 23. Source of recruitment for specified job role

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



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 (chart 30). It could also be that if a family/friend requires support, people are likely to move jobs to support them.

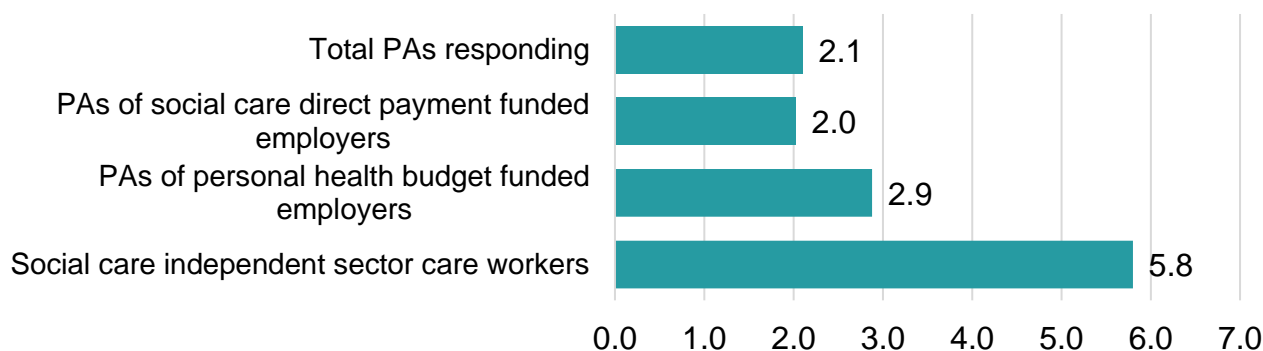
Many PAs stated that they either found their roles by being approached directly by the potential employer, knowing the employer already (family/friend) (54%), through word of mouth (13%) or through a social care organisation (such as the local authority) (13%). Only 4% reported using specific job sites and 1% recruitment agencies.

3.2.4. 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 2.1 sickness days in the previous 12 months. This was slightly lower than previous years, likely still impacted by COVID-19 in 2022, but was much lower than the average for care workers in the independent sector (5.8 days) as at January 2023²⁰.

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

Source: Skills for Care survey, 2023 and Skills for Care unweighted ASC-WDS data, January 2023



Analysis also showed that PAs employed by a family or friend had lower sickness days, an average of 1.7 a year, compared to those who did not know their employer before employment, an average of 2.7 days. This could be a reflection of the close relationship between PAs and their employers, particularly for family/friend PAs.

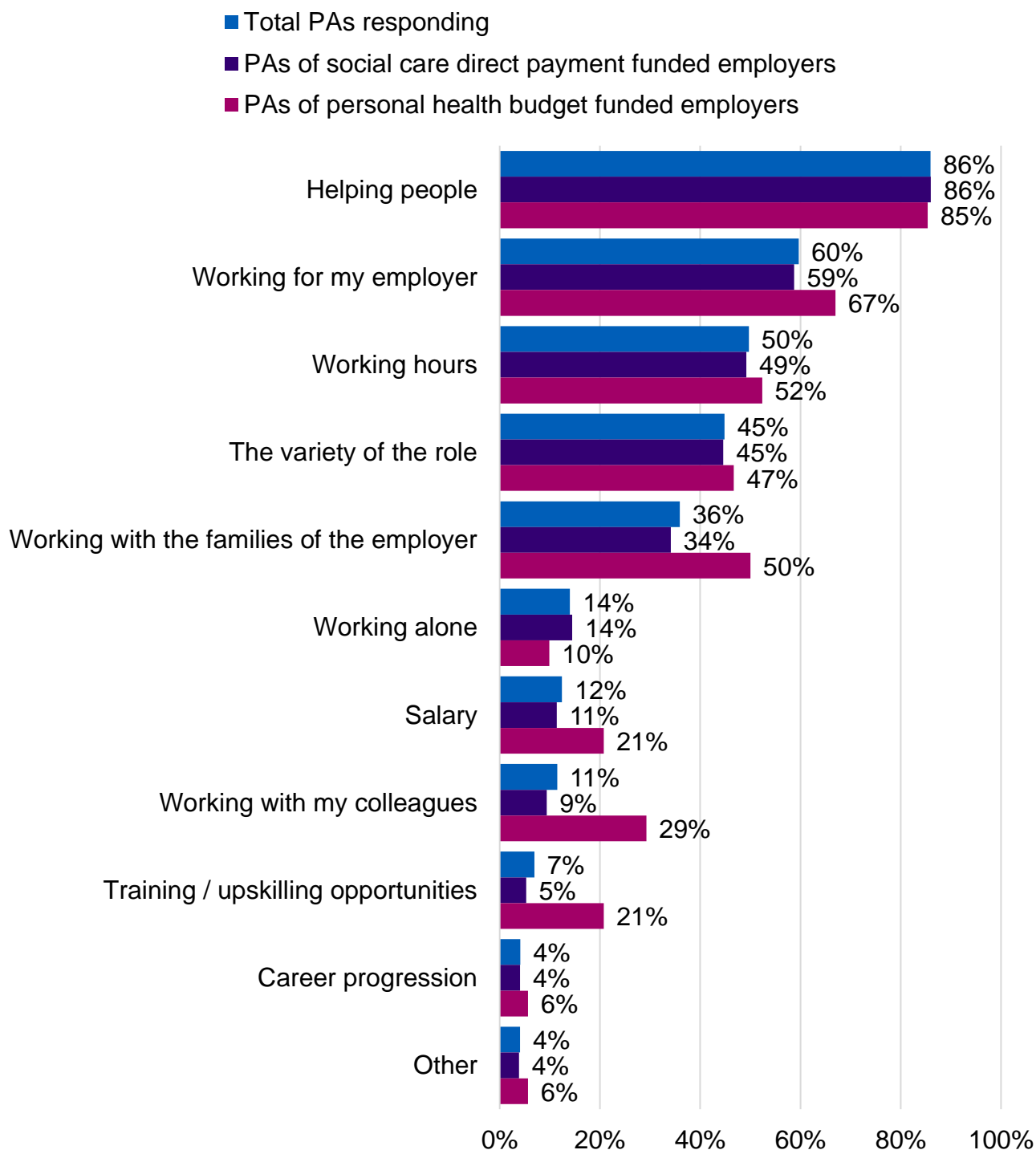
3.2.5. Rewarding aspects of being a PA

Sickness rates are also often associated with job satisfaction and staff wellbeing and for the first time this year 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 86% said they found helping people rewarding. Other top factors included 'working for my employer', 'working hours' and 'the variety of the role'. Overall PAs of personal health budget employers had higher percentages across almost all factor, which means, on average, each PA selected more factors each than PAs working for social care direct payment employers.

²⁰ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/days-lost-due-to-sickness.aspx>

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

Source: Skills for Care survey, 2023



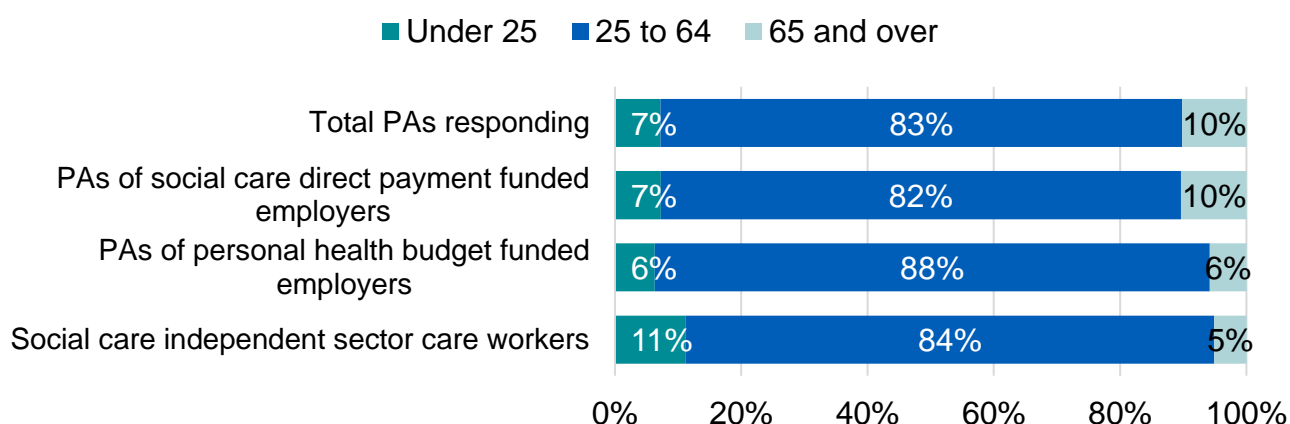
3.3. Demographics

3.3.1. Age

The average age of a PA was 47.0 years old, with 10% of the workforce being aged 65 and over. The average age of a care worker was slightly younger at 42.9 years old, with a larger proportion being under 25 years old (11% compared to 7% for PAs).

Chart 26. Age bands of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22

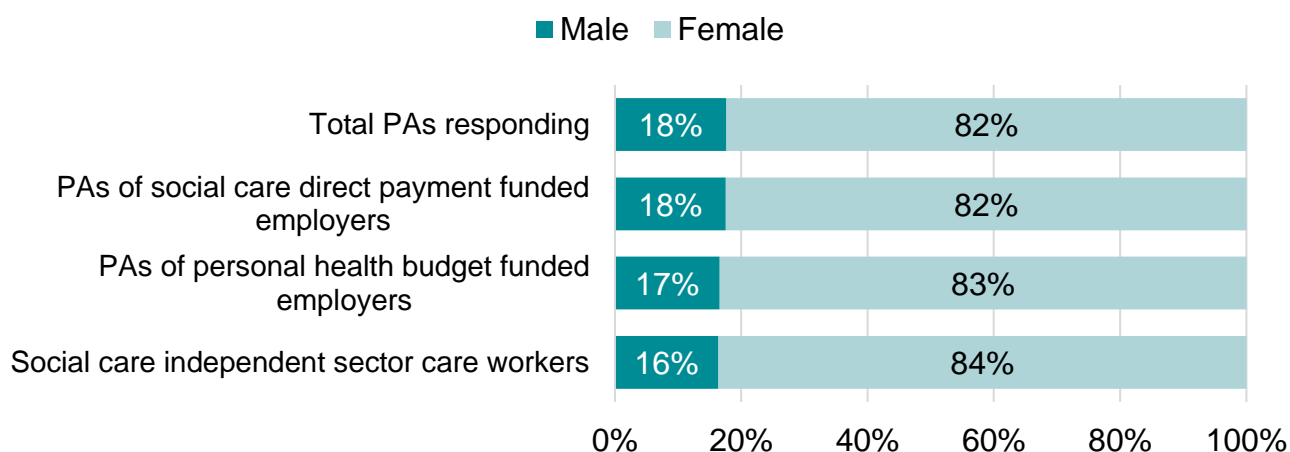


3.3.2. Gender

The 2021 Census showed that 48% of the population in England were male and 52% female. Of the economically active population in England, 53% identified as male and 48% as female²¹. Across the adult social care workforce, there has historically been a larger proportion of females than males. Around 84% of care workers in the independent sector were female, and this is mirrored in the PA workforce, with 82% identifying as female.

Chart 27. Gender of personal assistants

Source: Skills for Care survey, 2023



However, there is some variance between family/friend PAs and non-family/friend PAs. Family/friend PAs were more likely to be male (20%) compared to non-family/friend PAs (15%).

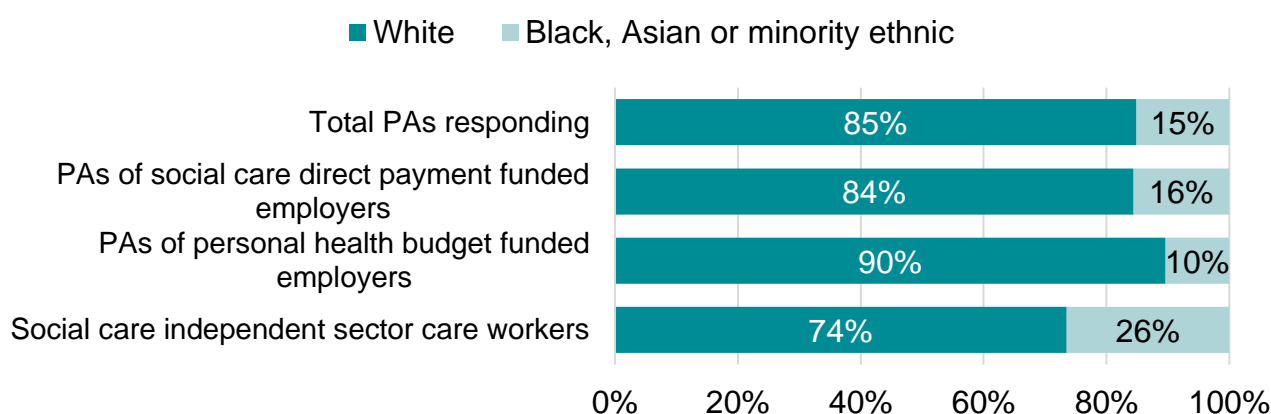
²¹ Office for National Statistics (September 2018) Annual population survey

3.3.3. Ethnicity

Around 85% of the PA workforce identified as being of white ethnicity and 15% of workers identified as having a black, Asian or ethnic minority background. Chart 28 shows that the ethnic diversity of PAs was lower than for care workers, were just over a quarter of care workers identified as having a black, Asian or ethnic minority background.

Chart 28. Ethnicity of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



At a regional level, there was much more variation. London had the highest level of ethnic diversity, with 37% of PAs identifying as white and 63% identifying as having a black, Asian or ethnic minority background. Table 3 highlights the different proportions of PAs with white ethnicity across the regions of England.

Table 3. Proportion of white ethnicity personal assistants and care workers by region

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/212

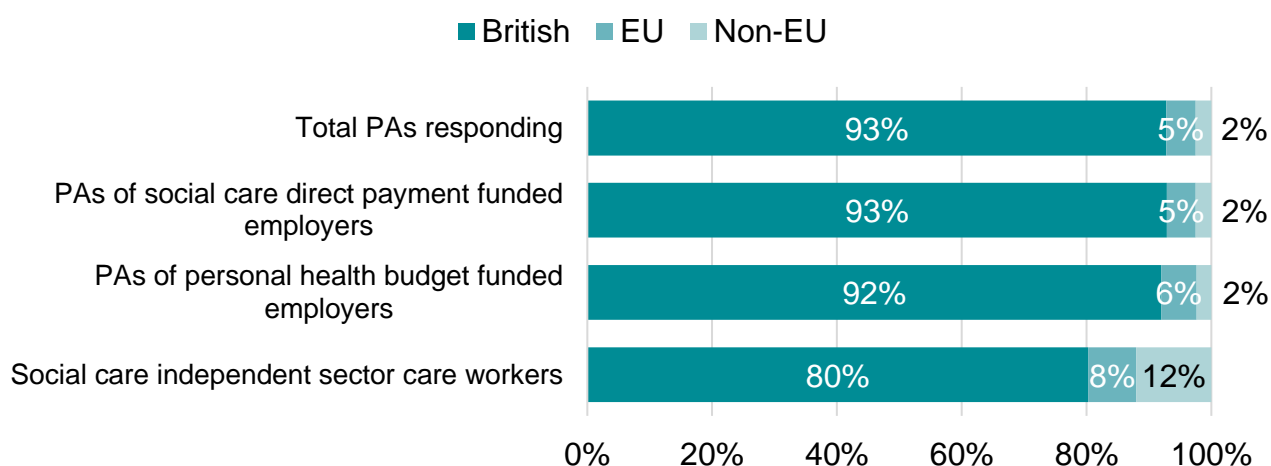
	Proportion of people identifying as having a white ethnicity	
	Total PAs responding	Social care independent sector care workers
England	85%	74%
Eastern	89%	78%
East Midlands	90%	79%
London	37%	26%
North East	94%	95%
North West	89%	88%
South East	87%	76%
South West	96%	90%
West Midlands	79%	71%
Yorkshire and the Humber	84%	85%

3.3.4. Nationality

Around 93% of PAs had British nationality and 7% a non-British nationality (5% with an EU nationality and 2% with a non-EU nationality). However, the independent sector had a higher reliance on non-British care workers (20%) as shown in Chart 29.

Chart 29. Nationality of personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



Skills for Care is continuing to monitor the impact of the UK's departure from the EU on the number of EU and non-EU workers in adult social care. This survey found that approximately 5% of PAs were from the EU, compared to 8% of care workers. Around 2% of PAs were from non-EU countries, compared to 12% of care workers.

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.

Much like ethnicity, there were regional differences in nationality across England. London had the lowest proportion of British PAs (79%) compared to Yorkshire and the Humber which each had the highest proportion (97%). Similar regional differences were observed for care workers in the independent sector.

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

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22

	Proportion of people with a British nationality	
	Total PAs responding	Social care independent sector care workers
England	93%	80%
Eastern	95%	78%
East Midlands	93%	84%
London	79%	59%
North East	94%	95%
North West	96%	91%
South East	89%	74%
South West	96%	85%
West Midlands	92%	83%
Yorkshire and the Humber	97%	92%

3.3.5. Citizenship

We asked PAs if they held British citizenship, if their nationality was not British. Around 21% of PAs with a non-British nationality reported that they held British citizenship, and 79% said that they were not British and not holding British citizenship.

Table 5. British citizenship status of non-British nationality personal assistants

Source: Skills for Care survey, 2023

		Total PAs responding	PAs of social care direct payment funded employers	PAs of personal health budget funded employers
All non-British	Has British Citizenship	21%	21%	13%
	Does not have British Citizenship	79%	79%	88%
EU	Has British Citizenship	21%	20%	17%
	Does not have British Citizenship	79%	80%	83%
Non-EU	Has British Citizenship	20%	22%	0%
	Does not have British Citizenship	80%	78%	100%

3.3.6. Disability

Results of the PA survey showed that 6% 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.

3.4. Pay rates

The median hourly pay rate for PAs in England was £10.50 (as at February 2023). This was much higher than the median hourly rate for care workers in the independent sector, £10.03 (as at December 2022).

Table 6 highlights the differences between these rates in comparison to the National Living Wage (NLW), which was £9.50 at the time. Based on median hourly pay, PAs earned £1.00 more per hour than the NLW, compared to just 53 pence more per hour for care workers.

PAs working for personal health budget funded employers were paid 90p more than PAs of social care direct payment funded employers, this could be evidence of the more complex needs of many PHB holders, where the need for support can sometimes be 24/7 and more medical in nature.

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

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, December 2022

	Mean hourly pay	Median hourly pay
National living wage	£9.50	£9.50
Total PAs responding	£10.99	£10.50
PAs of social care direct payment funded employers	£10.92	£10.50
PAs of personal health budget funded employers	£11.55	£11.40
Social care independent sector care workers	Not available	£10.03
PA of a family member / friend	£10.74	£10.50
PA of an individual employer that was not known before starting this role	£11.25	£10.93
PAs with a social care qualification	£11.10	10.52

The table above also shows that PAs who did not know their employer before starting the role were paid a median hourly rate of £10.93, this was 43p 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.

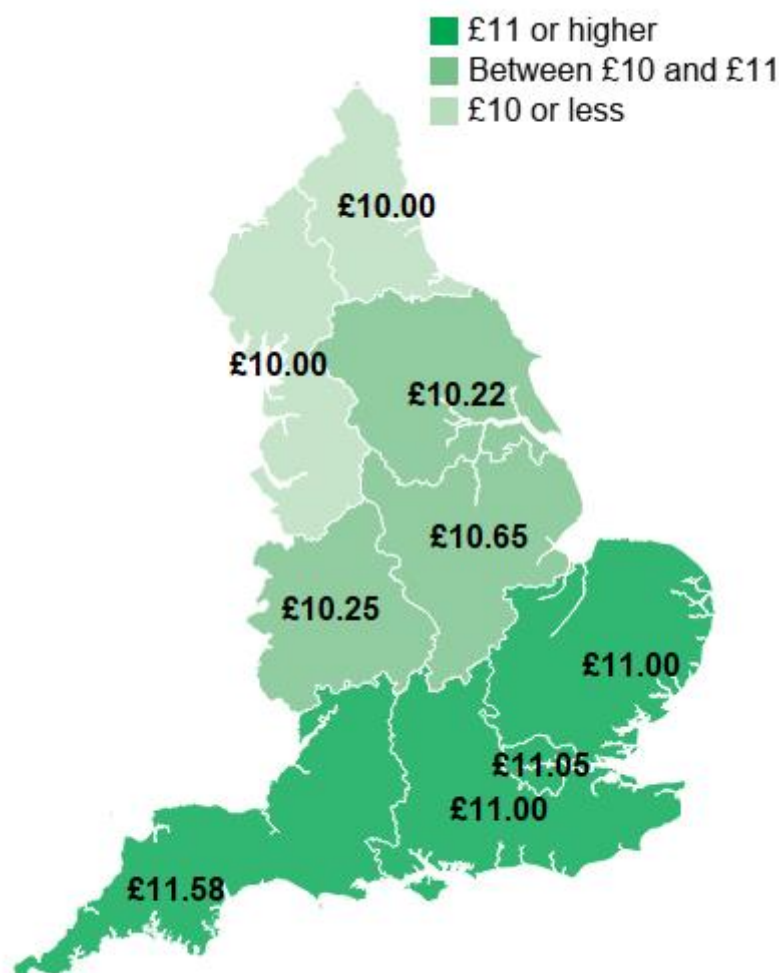
Pay rates for PAs follow the same regional patterns as the rest of the adult social care sector, with a general north/south divide. PAs in London and the southern regions were paid more than those working in the northern regions, as seen in chart 30 below.

PAs who held a social care qualification earned, on average (mean), 11p more than those who did not hold a social care qualification. This reiterates that some employers with complex

needs may be paying PAs more, to ensure that they employ people who can meet those needs.

Map 1. Median hourly pay rate of PAs by region

Source: Skills for Care survey, 2023



3.5. 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. Increasingly, employers are seeing positive improvements to recruitment and retention rates when they recruit people based on their values and behaviours, rather than just their experience and qualifications²².

²² <https://www.skillsforcare.org.uk/Recruitment-support/Values-based-recruitment/Values-based-recruitment.aspx>

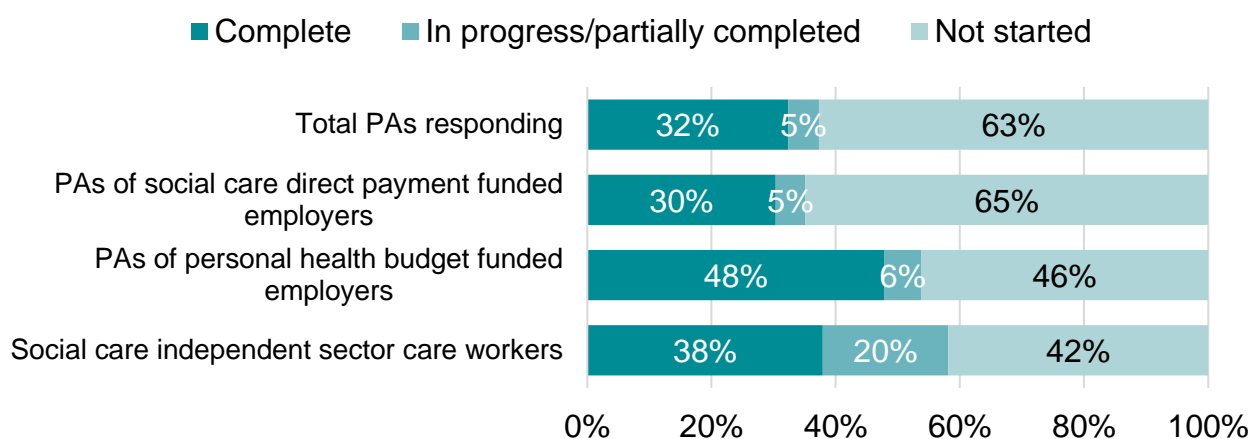
3.5.1. Care Certificate

The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of social care and health workers. The Care Certificate is designed for workers who are new to social care or health, within CQC regulated providers. Therefore, PAs do not need to complete the Care Certificate – it is up to their employer to judge if they think some, or all, of the standards within the Care Certificate would be beneficial.

Chart 31 shows engagement with the Care Certificate by PAs compared to care workers. Overall, care workers had a higher proportion of engagement at 58% (38% completed and 20% in progress/partially completed), compared to PAs who had around 37% engagement.

Chart 31. Care Certificate engagement by personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22



A much larger proportion of non-family/friend PAs had engaged with the Care Certificate (43%) compared to family/friend PAs (31%). Please note that PAs could have also engaged with the Care Certificate with a previous employer.

For more information about the Care Certificate for PAs, read our 'FAQ's about PAs doing the Care Certificate'²³.

3.5.2. Training

Chart 32 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%.

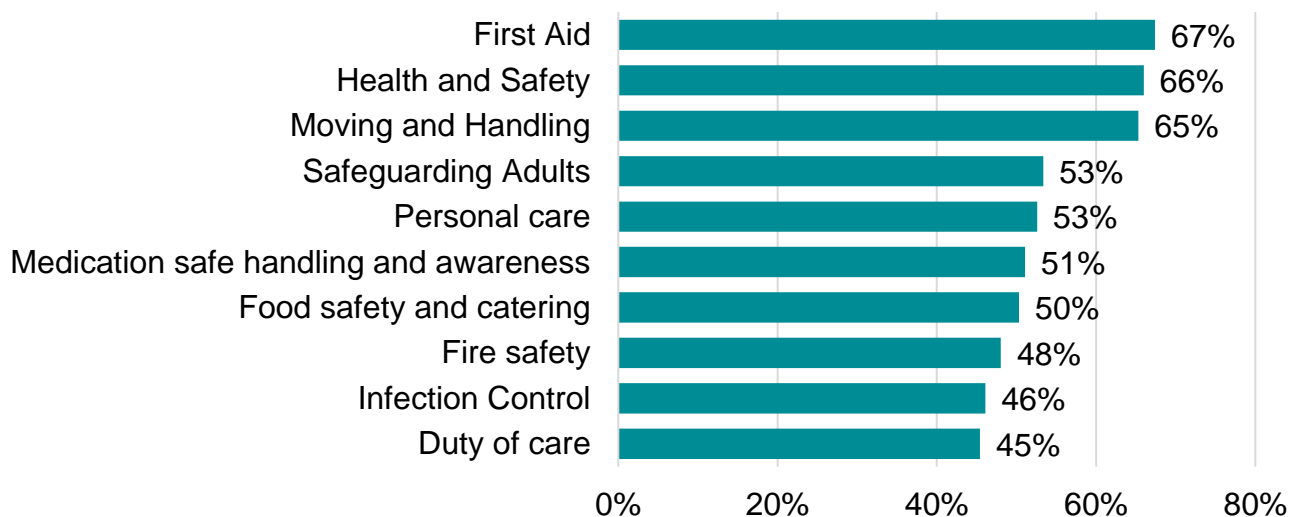
The top training category reported was 'first aid training' (67%), followed by 'health and safety' (66%) and 'moving and handling' (65%). 'Moving and handling' and 'health and safety'

²³ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/Information-for-individual-employers/4-Managing-your-PA/Induction/FAQs-for-PAs-about-doing-the-Care-Certificate-as-part-of-induction.pdf>

were also in the top 3 training categories selected by care workers, highlighting their importance across the sector.

Chart 32. Top 10 training categories reported by personal assistants

Source: Skills for Care survey, 2023



The top three highest recorded categories of training were the same for PAs working for employers funded via a social care direct payment or by a personal health budget, however those PAs working for a person on a personal health budget recorded higher levels of training, 'Moving and Handling 85% compared to 61%, Health and Safety 74% compared to 64% and First Aid 73% compared to 66%.

3.5.3. Health and social care qualifications held

Chart 33 shows the highest level of social care qualification held by PAs and care workers. Overall 49% of PAs **do** hold a relevant health and social care qualification, which is more than the percentage of care workers (42%).

Chart 33. Health and social care qualification held by personal assistants and care workers

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22

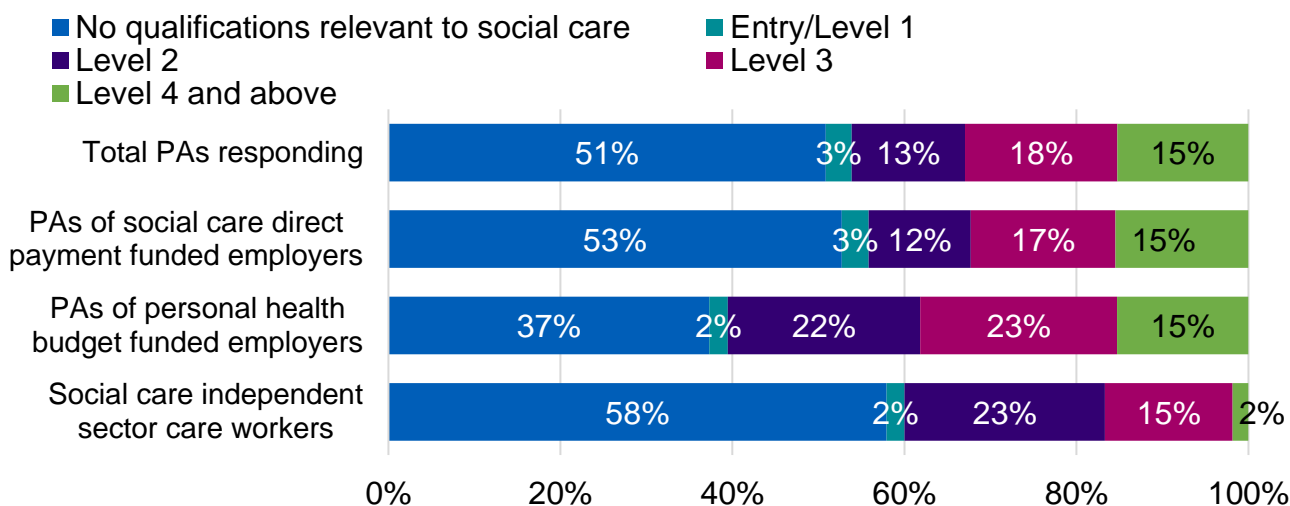


Chart 34 shows that of those that held a health and social qualification around 31% of PAs had a level 4 and above qualification, which was a higher proportion than care workers (4%). This could suggest that some PAs move from other roles, where they have been highly qualified, into PA roles, potentially 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 34. Level of health and social care qualification held by personal assistants and care workers, of those with health and social care qualifications

Source: Skills for Care survey, 2023 and Skills for Care workforce estimates, 2021/22

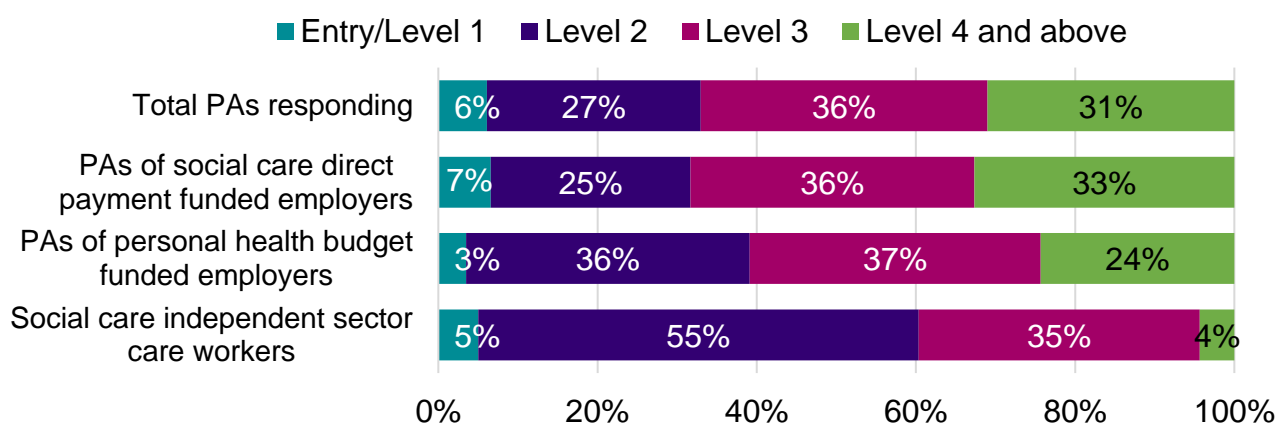


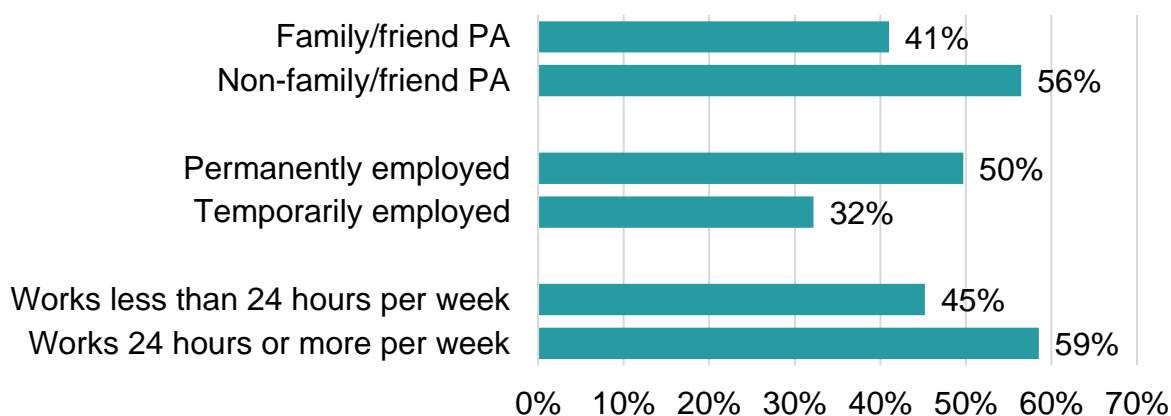
Chart 35 shows the proportion of PAs responding, who held a health and social care qualification, by various factors. Non-family/friend PAs were more likely to have a health and social care qualification (56%) compared to family/friend PAs (41%).

PAs who were permanently employed were more likely to hold a health and social care qualification (50%) than those that were temporarily employed (32%). There was also a

difference between PAs who worked less than 24 hours (45% had a qualification) and those that worked 24 or more hours (59%).

Chart 35. Proportion of personal assistants that held a relevant health and social care qualification

Source: Skills for Care survey, 2023



3.5.4. Non-health and social care qualifications held

It is worth noting that 64% of PAs reported that they held a non-health and social care qualification. Of these, 47% held a qualification at level 4 or above, with 30% 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 health and social care qualification, could still have the right skills and knowledge to support their employer. Additional training, as outlined in Chart, can help them to develop their skills once they start work.

4. 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.

4.1. Interactive visualisations

Interactive visualisations have been created to enable you to see and understand our publications and workforce intelligence in a more visual and interactive way. By clicking on and moving around the visualisations you can discover and compare the characteristics of the adult social care workforce in the applicable topic areas.

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>.

4.2. Commission our services

Our Workforce Intelligence team are the experts in adult social care workforce insight. The data we collect in the ASC-WDS gives an unrivalled overview of the adult social care workforce in England. We have over 15 years of experience in analysing and interpreting social care data - it's what we do.

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.

Our values

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 strategy.skillsforcare.org.uk.

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.

For more information about these services, please email analysis@skillsforcare.org.uk.

4.3. Keeping informed



To sign up to our workforce intelligence quarterly newsletter or to be kept up to date with our work for 'employing your own care & support', please register on the Skills for Care website²⁴ and tick your areas of interest. You can also follow us on twitter @SfC_Data or visit:

www.skillsforcare.org.uk/contactWI

Keep up to date with new resources, events and news from the sector by signing up to our quarterly newsletter. [Create an account](#) and select the 'Newsletter for individual employers and those who support them' option under 'Contact preferences'.

4.4. 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

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

²⁴ <https://id.skillsforcare.org.uk/Account/Register>



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