

Individual employers in receipt  
of Personal Health Budgets  
employing personal assistants  
report

March 2022

## 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. Thanks also to Alex Wade at Mark Bates Ltd, who assisted in distributing this survey.

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

Individual employers and the personal assistant workforce report, 2022  
Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP

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This work was researched and compiled by Skills for Care' Workforce Intelligence team.

Bibliographical reference data for Harvard-style author/data referencing system:

Short: Skills for Care 2022

Long: Skills for Care, Individual employers in receipt of Personal Health Budgets employing personal assistants report, 2022 (Leeds, 2022). Available at

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

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## COVID-19

The majority of the information in this report was collected in January/February 2022 and therefore refers to the situation at that point in time, during the pandemic.

Staff turnover rates and sickness rates are completed 'over the 12 months prior to completion' so contains information from the start of the pandemic. Skills for Care will continue to monitor the impact of COVID-19 and Brexit on a monthly basis on dedicated webpages.

<https://www.skillsforcare.org.uk/topics>

## Reason for the report

This report is intended to provide more information about the personal assistant workforce and the experiences of the Personal Health Budget holders who employ them.

Throughout the report, where there are significant differences, comparisons have been made with survey data from individual employers that receive adult social care direct payments or self-fund their care, and PAs employed by them.

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 through personal health budgets.

Information gathered through this survey will help inform approaches to supporting both individual employers and their personal assistants and developing this important workforce.

## Key findings

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### Personal Health Budget recipients employing staff

**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 personal budget to directly employ one or more personal assistants (PAs) to meet their needs.

- It is estimated that 25,000 people in receipt of Personal Health Budgets (PHBs) were individual employers and they were employing around 75,000 personal assistants.
- A total of 101,100 people were in receipt of PHBs as at December 2021.<sup>1</sup> Of this number, 90,900 are adults and 10,150 are children and young people, including 19,100 adults eligible for NHS Continuing Healthcare (CHC).
- Individual employers in receipt of a PHB had on average, 3.21 PAs each.
- The **average turnover rate of PAs employed by people in receipt of PHBs was 23.1%**. This was considerably lower than the turnover rate for care workers in the independent sector (35.3%) and higher than adult social care PAs, at 18.3%.
- The **average vacancy rate of PAs employed by people in receipt of PHBs was 12.2%**. This was lower than the rate amongst adult social care PAs, which was 13.1%, but both were higher than the vacancy rate amongst care workers (9.8%)<sup>2</sup>.

### Personal assistants

**What is a personal assistant (PA)?** A PA, for this report, is employed directly by a person who draws on health and care 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 2022 Skills for Care survey data collected from PHB individual employers and PAs employed by people in receipt of a PHB. Comparisons have been made with care workers in the independent sector as at March 2021. Where relevant, information about PAs employed by adult social care direct payment recipients and self-funders, that contributed to a similar survey, have been included. The full PA report can be found here<sup>3</sup>.

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<sup>1</sup> NHS Digital – Personal health budgets: Quarter 3 2021-22 <https://digital.nhs.uk/data-and-information/publications/statistical/personal-health-budgets/2021-22-q3/personal-health-budgets-q3-2021-22>

<sup>2</sup> Care worker vacancy information is unweighted ASC-WDS data as February 2022 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

<sup>3</sup> <http://www.skillsforcare.org.uk/IEPAREport>

- Around 38% of PAs employed by people in receipt of PHBs knew their employer before accepting the role (i.e. they were a member of their family or a friend of the individual employer). The other 68% did not know their employer before accepting their PA role.
- PAs that were employed by people in receipt of PHBs had, on average, 1.22 PA jobs (22% of PAs employed by people in receipt of PHBs held more than 1 PA job).
- The most common areas PAs employed by people in receipt of PHBs, supported their employer with, was mobility/moving and assisting (89%), followed by household duties (84%) and eating and drinking (82%).
- **Around 15% of PAs employed by people in receipt of PHBs were on zero-hours contracts.** This was much lower than PAs working with social care funded employers (21%) and care workers in the independent sector (35%).
- PAs employed by people in receipt of PHBs, on average, had more experience in their role (3.9 years), compared to care workers (3.2 years). Also, **PAs employed by people in receipt of PHBs had considerably more experience in health and social care (10.1 years)** compared to care workers (7.7 years).
- On average, **PAs employed by people in receipt of PHBs took fewer sickness days** (2.6 days) in the previous 12 months than care workers in the independent sector (8.5 days)<sup>4</sup>.
- The **mean hourly pay rate for PAs employed by people in receipt of PHBs was £10.20** (as at February 2022). This was higher than the mean hourly rate for care workers in the independent sector (£9.56 as at December 2021).
- PAs employed by people in receipt of PHBs were **more likely to hold a relevant health or social care qualification** (45%) compared to PAs employed to support social care direct payment recipients or self-funders (40%) or care workers (42%).

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<sup>4</sup> Care worker sickness information is unweighted ASC-WDS data as at February 2022  
<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/COVID-19/COVID-19.aspx>

## 1. Introduction

### Personal health budgets and PAs

For many people with personal health budgets (PHBs), employing a personal assistant (PA) or a team of PAs is a central part of creating care and support arrangements that are personalised and responsive to their individual needs and circumstances, enabling them to lead their lives on their own terms.

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

### 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. 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](#).

### Skills for Care survey research

Skills for Care, as the leading source of social care workforce intelligence has completed a research study in this field to replicate the success of the other previous individual employer and PA surveys (in 2017, 2019, 2020 and 2021) which focuses on individual employers in receipt of direct payments from the local authority and/or self-funding, and their PAs.

We have used the results of this new 2022 survey undertaken with PHB individual employers and PAs employed by people in receipt of PHBs to produce this report.

Care worker comparison data has been taken from Adult Social Care Workforce Data Set (ASC-WDS).

The surveys undertaken with individual employers and PAs was designed to mirror data in the ASC-WDS, so we could compare the PA workforce employed by people in receipt of PHBs to care workers, as well as PAs employed by people in receipt of adult social care direct payments and/or self-funding.

We acknowledge that care workers and PAs employed by individual employers (in receipt of PHBs, direct payments from their local authority and/or self-funding) have different roles and ways of working.

Skills for Care surveyed approximately 20,500 individual employers and their PAs, via one national organisation that supports them, as well as an online survey. There were 1,910 individual employer and 2,228 PA responses from people with varying care needs, ages and from each region of England. This included 284 employers solely in receipt of PHBs from their CCG. The remainder received a combination of direct payments from the local authority and/or self-funding. This has created a strong foundation for producing statistics about this part of the sector.



## 2. Individual employers

Information from NHS Digital shows that 90,900 adults, older people and carers were receiving NHS personal health budgets (PHBs), in England, in 2021.<sup>5</sup>

**Individual employers in receipt of PHBs that completed the survey, on average, employed 3.21 personal assistants (PAs) each.** This compares to 1.85 PA each for social care individual employers.

### 2.1. Recruitment and retention

It is vital that PHB individual employers can attract and retain PAs with the appropriate skills, values and behaviours to ensure they receive the care and support that is personalised and responsive to their individual needs and circumstances, enabling them to lead their lives on their own terms.

Skills for Care's 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.<sup>6</sup>

#### 2.1.1. Leavers and staff turnover rates

The turnover rate of PAs employed by people in receipt of PHBs was 21.3%. This was considerably lower than care workers in the independent sector, which was 35.3% but higher than for PAs employed by individual employers in the social care sector (18.3%).

There could be several reasons that PHB and social care PA turnover rates are lower than care workers, 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 17) and a lower reliance on zero-hours contracts (see Chart 6), which could result in better retention.

Although lower than care workers, the turnover rate for PHB PAs was higher than social care PA. This could be due to PHB employers have larger teams or may be working with individuals with more complex needs.

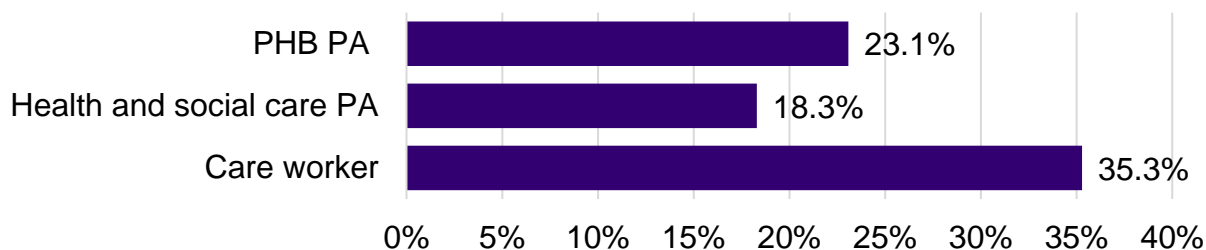
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<sup>5</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/personal-health-budgets/2021-22-q3/personal-health-budgets-q3-2021-22>

<sup>6</sup> [www.skillsforcare.org.uk/vba](http://www.skillsforcare.org.uk/vba)

### Chart 1. Turnover rate of personal assistants employed by individual employers in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



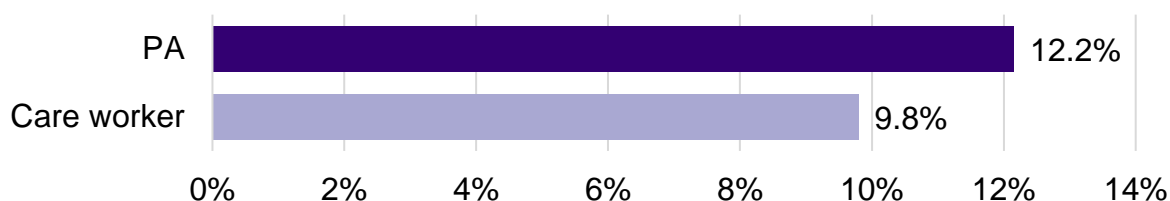
#### 2.1.2. Vacancy rates

Chart 2 shows that the vacancy rate for individual employers was 12.2%. This rate was lower than for PAs employed by individual employers in adult social care (13.1%) but higher than the rate for care workers (9.8%) in the independent sector as at February 2022<sup>7</sup>, where recruitment is an ongoing issue.

It should be noted that vacancy rates for PAs were gathered in February 2022, as the economy began to reopen after COVID-19 lockdowns. The care worker information is as at March 2021 when parts of the economy remained closed due to lockdowns.

### Chart 2. Vacancy rate of personal assistants employed by individual employers in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



## 2.2. Training, development and support

### 2.2.1. Finding and arranging training

We asked employers in receipt of PHBs about the ease of finding and arranging training for their PAs, and who provided this learning. **Most of individual employers in receipt of PHBs (95%) said they found it difficult to find and arrange training for their PAs.**

<sup>7</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

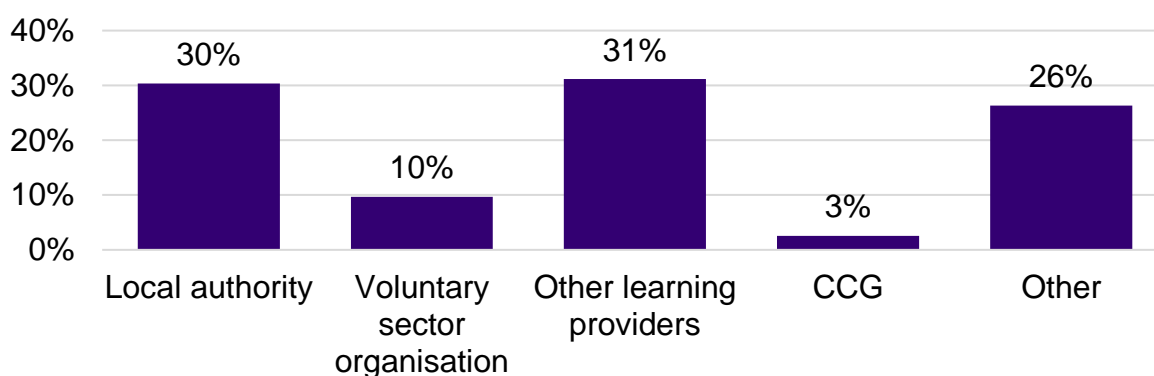
**Almost a half of respondents (48%) showed they had not accessed training or that training was not applicable to them.**

Chart 3 shows how those employers that did arrange training for their PAs accessed it. Around a third (30%) said they used their local authority, 10% said they used 'voluntary sector organisations' and 31% used 'Other learning providers'.

The most common responses in the 'other' category were accessing training through family or simply that their staff were already trained when they joined. The latter suggests that the skills and experience of workers are retained within the health and social care sector, despite the high independent sector turnover outlined above. For more information on the experience in sector of PAs, as a comparison, please see chart 9.

### **Chart 3. How Personal Health Budget individual employers accessed training**

Source: Skills for Care survey, 2022



Employers in receipt of PHBs can apply to Skills for Care for funding to pay for training for themselves and their PAs<sup>8</sup>. And user led organisations can apply to Skills for Care for a grant to deliver training to individual employers and PAs, including those in receipt of PHBs<sup>9</sup>.

#### **2.2.2. Accessing information and support as an employer**

We asked employers in receipt of PHBs about how they accessed information and support as an employer. Employers could select more than one option, so percentages add up to more than 100%.

Around half (48%) had accessed information via their CCG/NHS or local authority. Almost two fifths (38%) from 'direct payment, user led or voluntary sector organisation' and 17% from a peer network. Nearly half (46%) of PHB individual employers said that they were satisfied with the level of information and support that they could access. A further 28%

<sup>8</sup> <http://www.skillsforcare.org.uk/iefunding>

<sup>9</sup> <http://www.skillsforcare.org.uk/ulofunding>

were 'neither satisfied nor dissatisfied', which highlights an opportunity for further improvements.

### **2.2.3. Personal health budget employer training**

We also asked employers in receipt of PHBs if they had undergone any training to help them in their role as an employer. The majority of employers that responded to the survey said no (79%). Of those that did, 36% had specific subject awareness training, 19% had a structured awareness training and 14% had a formal qualification.

## 3. Personal assistants

**Around 62% of the PAs who responded to the survey and were employed by people in receipt of PHBs were family or a friend of their employer, and the other 38% 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 or friend’ PA.

Skills for Care has a range of resources to support PAs on its information hub<sup>10</sup>, including information on being a PA, your local PA register or support organisation, statutory rights and entitlements as a PA and a practical guide to learning and development.

### 3.1. Employment overview

**Of the PAs that responded to the survey, on average they held 1.22 PA jobs each.**

The following section includes information about the support that PAs employed by people in receipt of PHBs provide, their employment status and the hours they work.

#### 3.1.1. Support provided to employer

We asked PAs about the support that they provided. They could select more than one response and, as such, the total in Chart 4 exceeds 100%. The most common support provided was with mobility/moving and assisting (89%), closely followed by household duties (84%) and eating and drinking (82%).

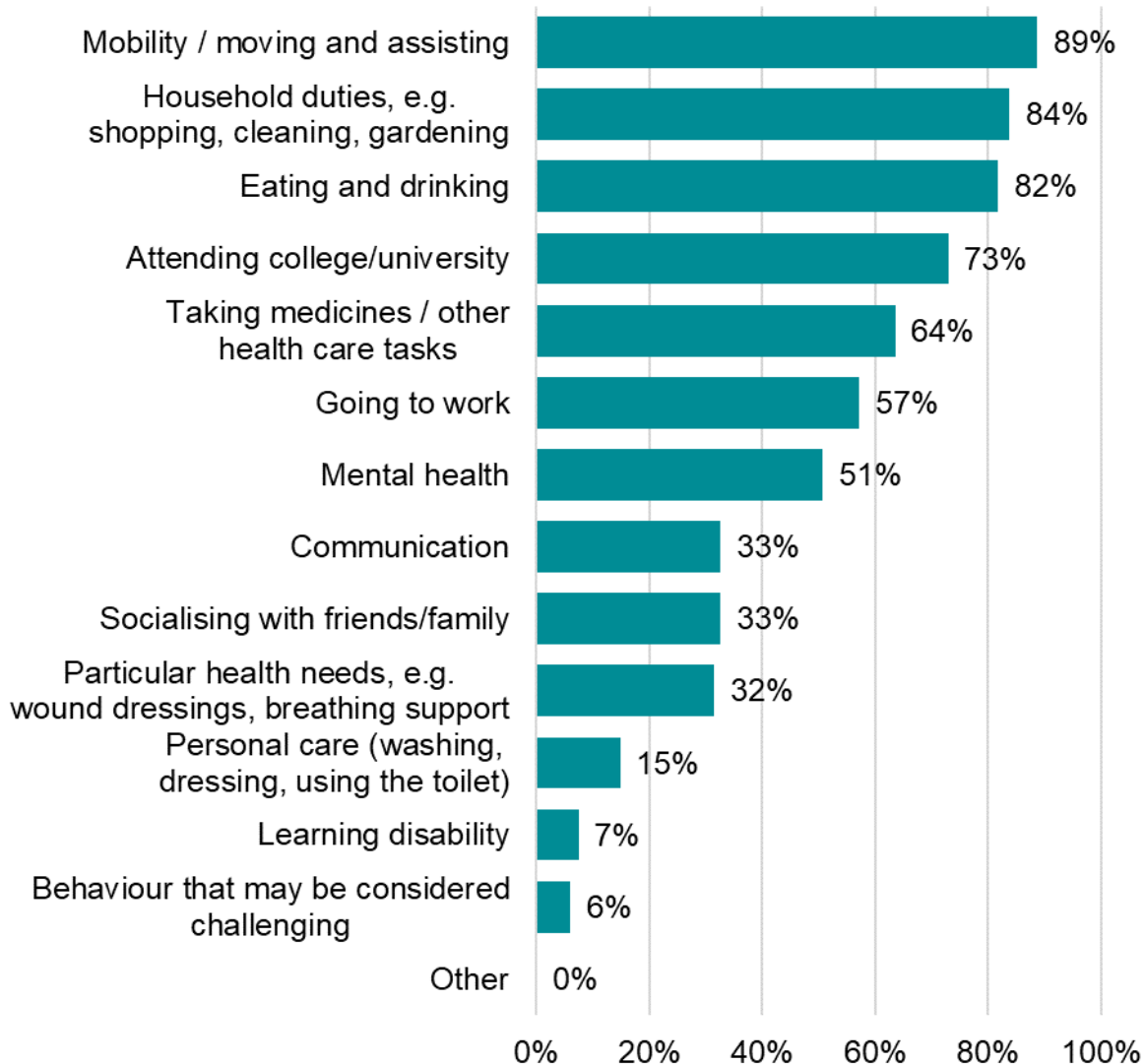
Non-family or friend PAs overall reported that they did more training and supporting than family or friend PAs in almost all areas. Notably, more non-family or friend PAs provided support with ‘eating and drinking’ (86% compared to 78% family or friend PAs) and ‘household duties, e.g. shopping, cleaning, gardening’ (76% compared to 68% family or friend PAs). Conversely there were some categories where family or friend PAs provided 9% more support than non-family or friend PAs: ‘intellectual disability’, behaviour that may be considered challenging’ and ‘socialising with friends or family’

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<sup>10</sup> <http://www.skillsforcare.org.uk/iepahub>

#### Chart 4. Support personal assistants provided their employer with

Source: Skills for Care survey, 2022

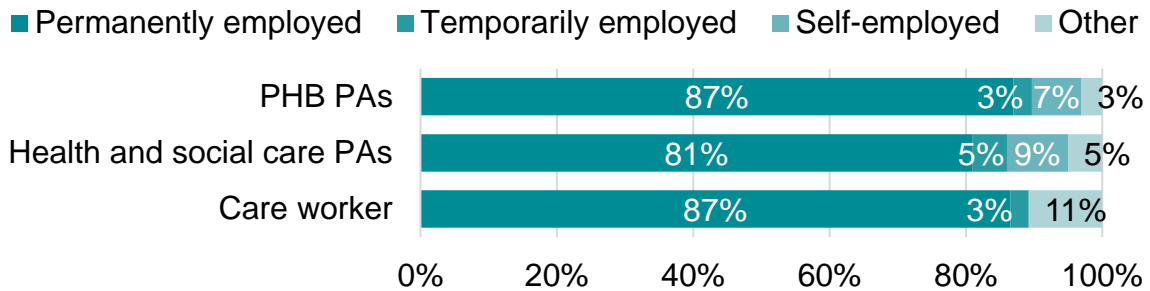


#### 3.1.2. Employment status

The majority of PAs (90%) employed by people in receipt of PHBs were employed on a permanent basis, higher than for care workers in the independent sector (87%). This was also higher than for PAs employed by individual employers in adult social care (81%). Chart 5 shows the proportion of PAs employed with each status type, compared to care workers.

### Chart 5. Employment status of personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020

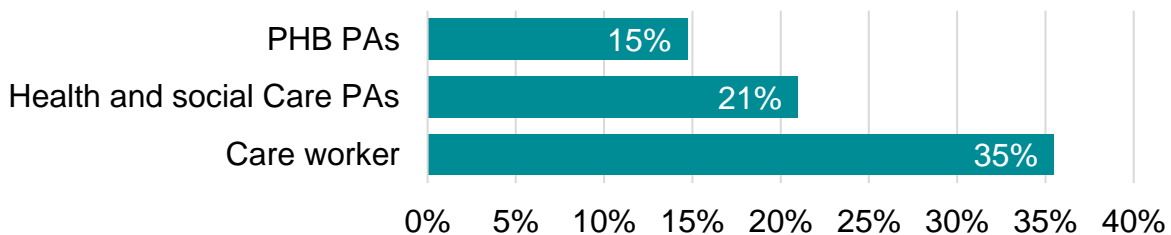


#### 3.1.3. Zero-hours contracts

15% of PAs employed by people in receipt of PHBs reported that they were on zero-hours contracts (also known as no guaranteed hours). This is lower than the proportion of care workers on zero-hours contracts (35%) and PAs working for individual employers in the adult social care sector (21%), as shown in Chart 6.

### Chart 6. Zero-hours contracts for personal assistants and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



Some care employers, especially domiciliary care providers, use zero-hours contracts to deal with fluctuating demand. 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 improved continuity of support than people receiving support via the independent sector.

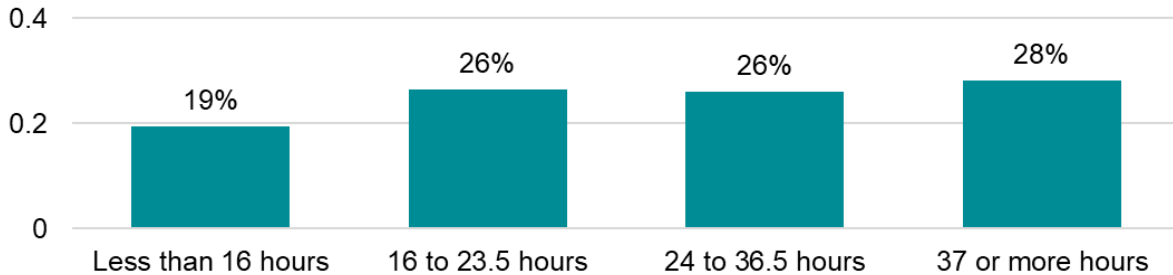
#### 3.1.4. Usual hours worked

Chart 7 shows the usual hours worked in a week by PAs employed by people in receipt of PHBs and is grouped into bands. A fifth (19%) worked for less than 16 hours per week, and 28% worked more than 37 hours per week. This was very different from PAs working for individual employers in adult social care where 52% usually worked 16 hours or less a week. Typically nearly half (46%) of care workers in the independent sector, worked 24 or more hours, compared to 54% for PHB PAs.

It could be that the more complex needs of many PHB holders, where the need for support can sometimes be 24/7, the PAs may be required to work more hours for one person than may be the case in social care.

### Chart 7. Usual hours worked by a personal assistant employed by people in receipt of PHBs

Source: Skills for Care survey, 2022



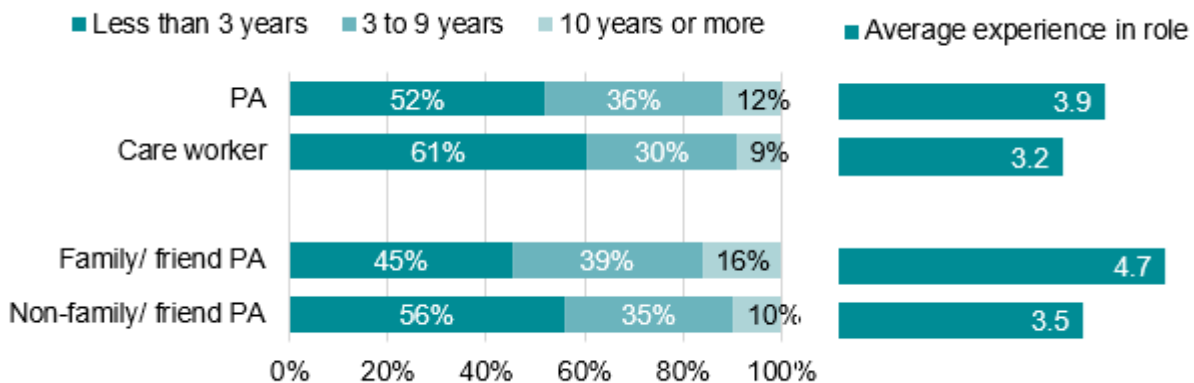
## 3.2. Recruitment and retention

### 3.2.1. Experience in role

PAs employed by people in receipt of PHBs had an average experience in role of 3.9 years. This is slightly more than care workers in the independent sector (3.2 years).

### Chart 8. Experience in role by specified job role

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



### 3.2.2. Experience in health and care sector

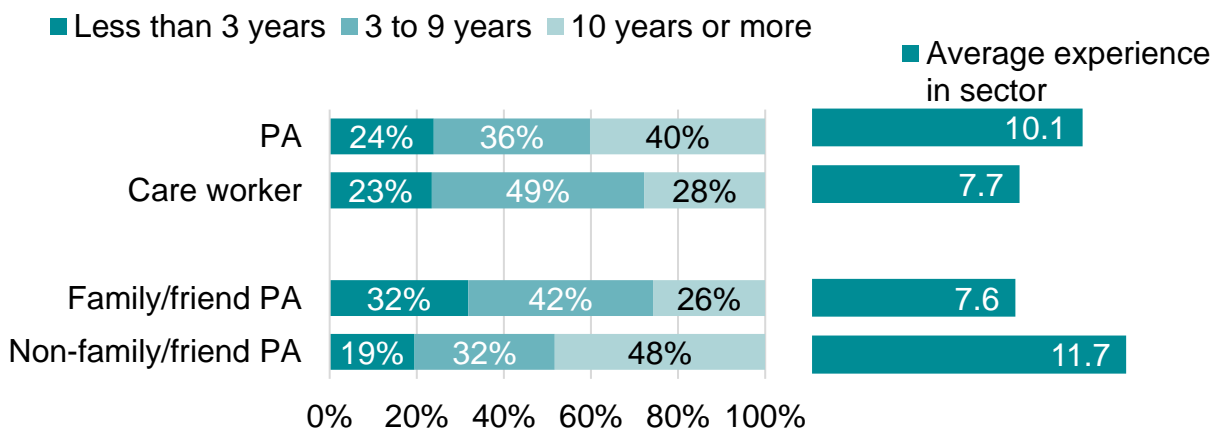
Despite the relatively similar amount of experience in role between PAs and care workers, there were more noticeable differences in the experience in the health and care sector of PAs and care workers, as shown in chart 9.



PAs had an average of 10.1 years of experience in the health and social care sector, compared to 7.7 years for care workers. Non-family or friend PAs had around 11.7 years of experience, compared to 7.6 years for family or friend PAs.

### Chart 9. Experience in health and care sector by specified job role

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020



This suggests that non-family or friend PAs move between health or social care roles and, therefore, their experience, qualifications and skills have been retained by the sector.

#### 3.2.3. Source of recruitment

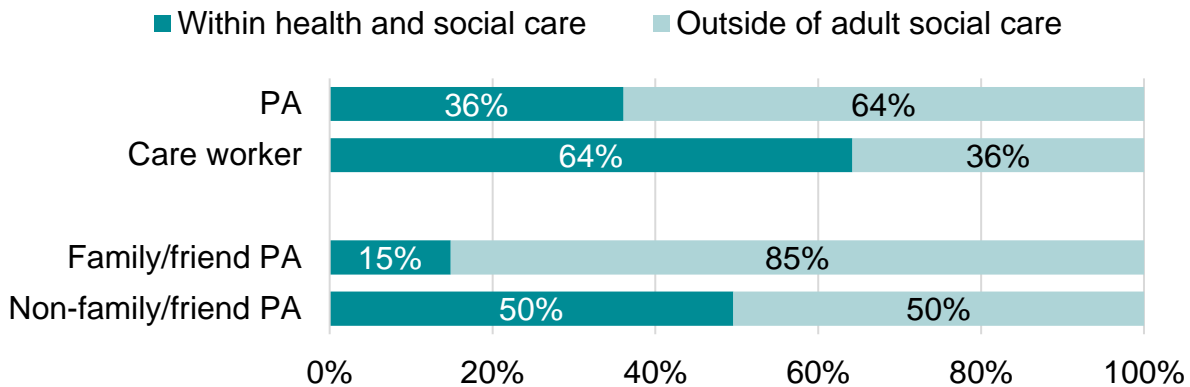
We asked PAs what their last role was and how they found their current role. Chart 10 shows these sources of recruitment grouped into 'from within health and social care' or 'outside of health and social care'.

Overall, PAs that completed the survey and who were employed by people in receipt of PHBs were less likely to have previously been employed within health and social care compared to care workers. Around 36% were recruited from within the sector compared to 64% of care workers.

However, there were even greater differences between family or friend and non-family or friend PAs. Only 15% of family or friend PAs employed by people with PHBs reported that they had previously worked in health and social care, compared to around 50% of non-family or friend PAs. This is likely due to some family or friend PAs deciding to become a PA to care for somebody they know.

### Chart 10. Source of recruitment for specified job role

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



Along with experience in sector (as shown in chart 9), this highlights that some experienced workers are being attracted from the wider health and social care sector into PA roles. Possible reasons for this could be availability of part-time hours (Chart 7), favourable terms and conditions (Chart 6) or better pay (chart 17). It could also be that if a family or friend requires support, people are likely to move jobs to support them.

Many PAs employed by people in receipt of PHBs stated that they either found their roles by being approached directly by the potential employer (4%), knowing the employer already (as a family or friend) (58%), through a social care organisation (such as the local authority) (7%) or an NHS organisation (1%). Only 10% reported using specific job sites and 2% recruitment agencies.

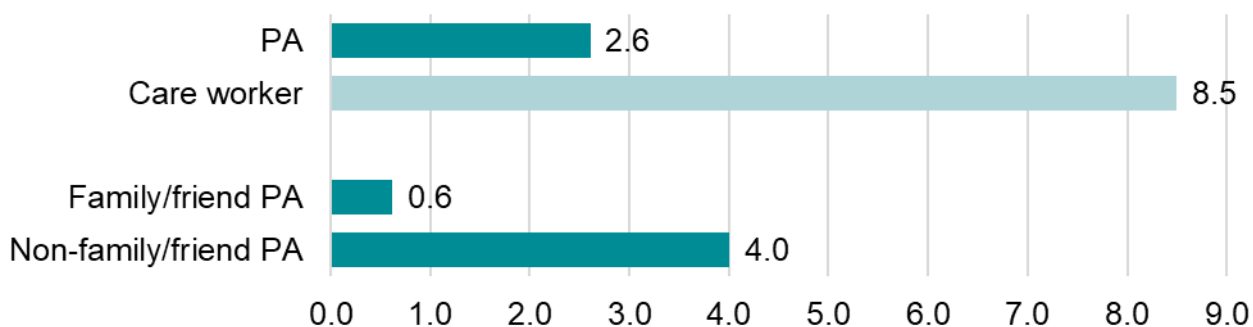
#### 3.2.4. Sickness

Chart 11 highlights the different average sickness days for PAs employed by people in receipt of PHBs (both family or friend and non-family or friend) and care workers. On average, PAs employed by people with PHBs took 2.6 sickness days in the previous 12 months. This was slightly higher than previous years. Skills for Care have monitored the impact of the COVID-19 pandemic on sickness rates across adult social care employers and found rates almost doubled over the period, therefore this rise is likely impacted by COVID-19. Sickness rates were much lower than the average for care workers in the independent sector (8.5 days). Sickness is not universally high amongst PAs – around 61% had zero sickness days.

Sickness rates are often associated with job satisfaction and staff wellbeing. These findings could suggest higher job satisfaction for PAs employed by people in receipt of PHBs. However, they may also reflect the close relationship between PAs and their employers, particularly for family or friend PAs.

### Chart 11. Average sickness days by specified job role in the last 12 months

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



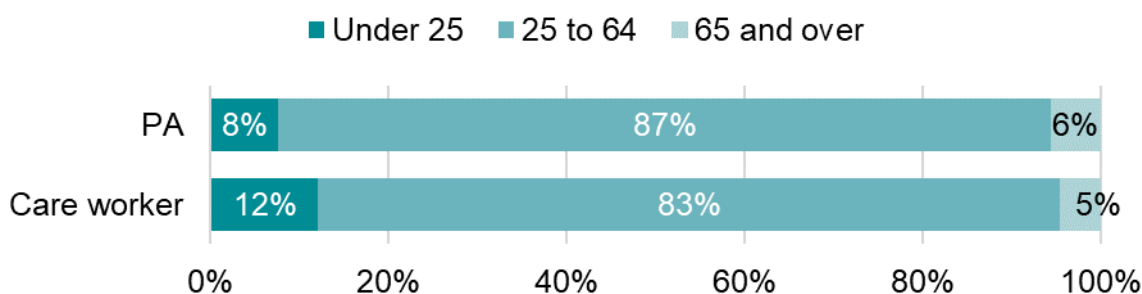
## 3.3. Demographics

### 3.3.1. Age

The average age of PAs that completed the survey and was employed by people in receipt of PHBs was 45 years old, with 6% of the workforce being aged 65 and over. The average age of a care worker was slightly younger at 42 years old, with a larger proportion being under 25 years old (12% compared to 8% for PAs employed by people in receipt of PHBs).

### Chart 12. Age bands of personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



### 3.3.2. Gender

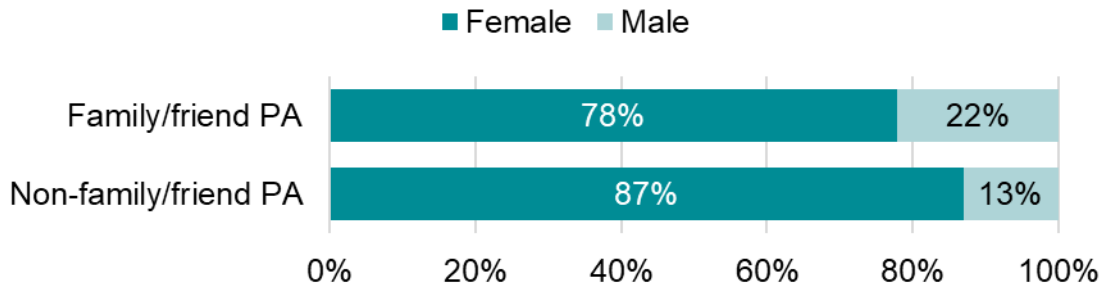
Of the economically active population in England, 53% identified as male and 47% as female<sup>11</sup>. Across the health and social care workforce, there has historically been a larger proportion of females than males. Around 86% of care workers in the independent sector were female, and this is mirrored in the PA workforce working for people in receipt of PHBs, with 84% identifying as female.

<sup>11</sup> Office for National Statistics (September 2018) Annual population survey

However, there is some variance between family or friend PAs and non-family or friend PAs. Family or friend PAs were more likely to be male (22%) compared to non-family or friend PAs (13%).

### Chart 13. Gender of personal assistants employed by people in receipt of PHBs by relationship to employer

Source: Skills for Care survey, 2022

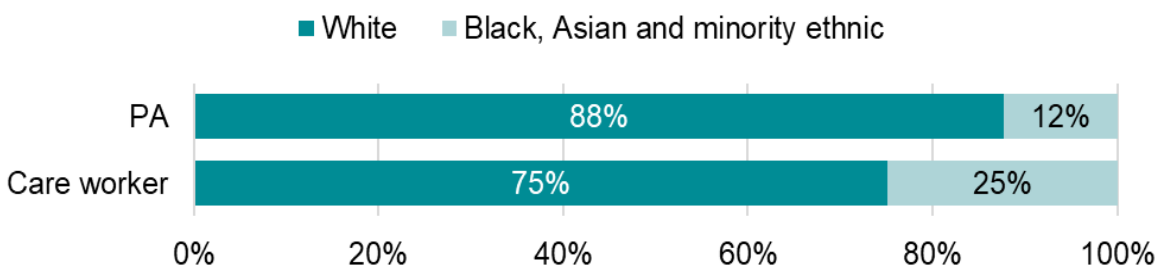


#### 3.3.3. Ethnicity

Around 88% of the PAs that completed the survey and were employed by people in receipt of PHBs identified as being of white ethnicity and 12% of workers identified as being of Black, Asian and minority ethnicity. Chart 14 shows that the ethnic diversity of PAs working for people in receipt of PHBs was lower than for care workers, where 25% of workers identified as being of Black, Asian and minority ethnicity.

### Chart 14. Ethnicity of personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21

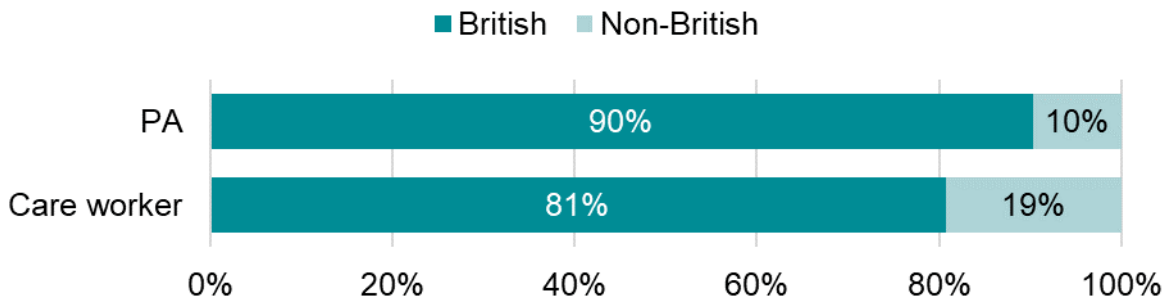


#### 3.3.4. Nationality

Around 90% of the PAs that completed this survey and working for people in receipt of PHBs had British nationality and 10% non-British nationality. However, the independent sector had a higher reliance on non-British care workers (19%) as shown in Chart 15.

### Chart 15. Nationality of personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



This survey found that approximately 5% of PAs employed by people in receipt of PHBs were from the EU, compared to 8% of care workers. Around 5% were from non-EU countries, compared to 11% of care workers.

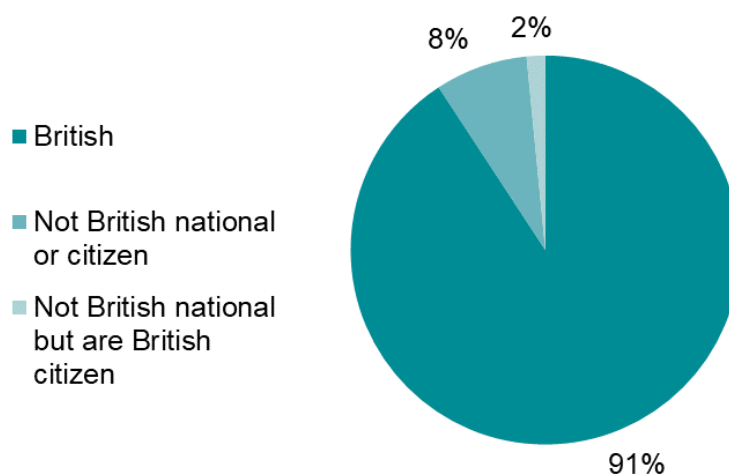
At the time of writing, 'personal assistant' was not listed as an eligible occupation on the 'Skilled Workers' route of the new points-based immigration system. Therefore, PAs have not been able to immigrate into the UK to take up these roles since 1 January 2021. Even if the occupation was eligible for the 'Skilled Workers' route, virtually none of these jobs meet the salary threshold and the occupation would therefore need to be listed on the shortage occupation list to allow for immigration into these roles (or for an alternative route to be made available).

#### 3.3.5. Citizenship

We asked PAs employed by people in receipt of PHBs if they held British citizenship if their nationality was not British. Around 8% of PAs that completed the survey reported that they were not British but held British citizenship, and 2% said that they were not British and not holding British citizenship.

### Chart 16. British citizenship status of personal assistants employed by people in receipt of PHBs

Source: Skills for Care survey, 2022



#### 3.3.6. Disability

Results of the PA survey showed that 3% of the PA workforce employed by people in receipt of PHBs recorded that they had a disability. This was higher than care workers, at 1% with a disability. PAs were also given the opportunity to select 'prefer not to say' – 2% of respondents gave this response.

However, 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 PA themselves.

### 3.4. Pay rates

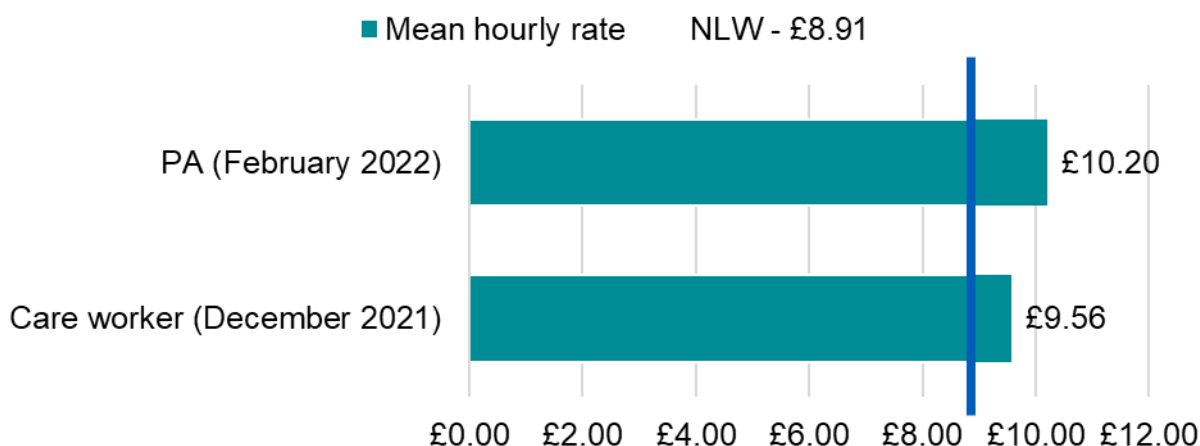
#### 3.4.1. Basic hourly rate

The mean hourly pay rate for all PAs in England was £10.20 (as at February 2022), this includes those PAs employed by people in receipt of PHBs and those PAs funded by other independent employer income. The mean hourly pay rate for personal assistants employed by people in receipt of PHBs was £10.20. This was higher than the mean hourly rate for care workers in the independent sector, £9.56 (as at December 2021).

Chart 17 highlights the differences between these rates in comparison to the National Living Wage (NLW), which was £8.91 at the time. Based on mean hourly pay, PAs earned £1.29p more per hour than the NLW, compared to just 65 pence more per hour for care workers.

### Chart 17. Basic hourly rate of pay for personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



Pay rates for PAs follow the same regional patterns as the rest of the health and 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.

Non-family or friend PAs were paid, on average, £1.13 more than family or friend PAs. 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.

## 3.5. Qualifications and training

This section looks at the qualifications and training levels of PAs employed by people in receipt of PHBs. 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 qualifications<sup>12</sup>.

### 3.5.1. Care Certificate

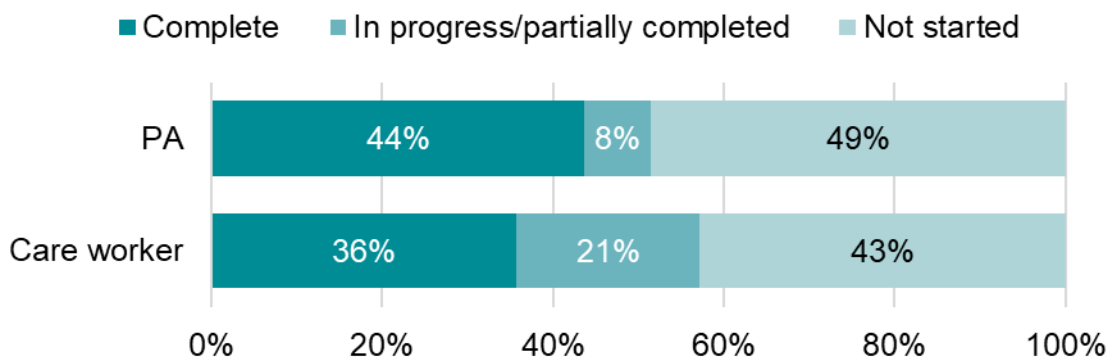
The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of health and social care workers. The Care Certificate is designed for workers who are new to health or social care, within CQC regulated providers. Therefore, PAs, employed by people in receipt of PHBs, 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.

<sup>12</sup> [www.skillsforcare.org.uk/vba](http://www.skillsforcare.org.uk/vba)

Chart 18 shows engagement with the Care Certificate by PAs employed by people in receipt of PHBs compared to care workers. Overall, more PAs (44%) had completed their Care Certificate than Care Workers (36%) however when looking at engagement (Care Certificate completed **and** in progress/partially completed), then care workers had more engagement because there was a higher proportion 'in progress/partially completed'.

### Chart 18. Care Certificate engagement by personal assistants and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21



The proportion of PAs working for people in receipt of PHBs who had engaged with a care certificate was higher than for those employed by individual employers in adult social care (52% compared to 35% respectively).

For PAs working for someone in receipt of PHBs, a much larger proportion of non-family or friend PAs had engaged with the Care Certificate (58%) compared to family or friend PAs (37%). 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'<sup>13</sup>.

### 3.5.2. Training

Chart 19 shows the top 10 training categories reported by PAs that completed the survey and worked for people in receipt of PHBs. PAs could select more than one training area, hence the categories sum to more than 100%.

The top training category reported was 'moving and handling' (88%), followed by 'first aid training' (75%) and 'medication safe handling and awareness training' (72%). 'Moving and handling' and 'first aid training' were also in the top 3 training categories selected by adult

<sup>13</sup> <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>

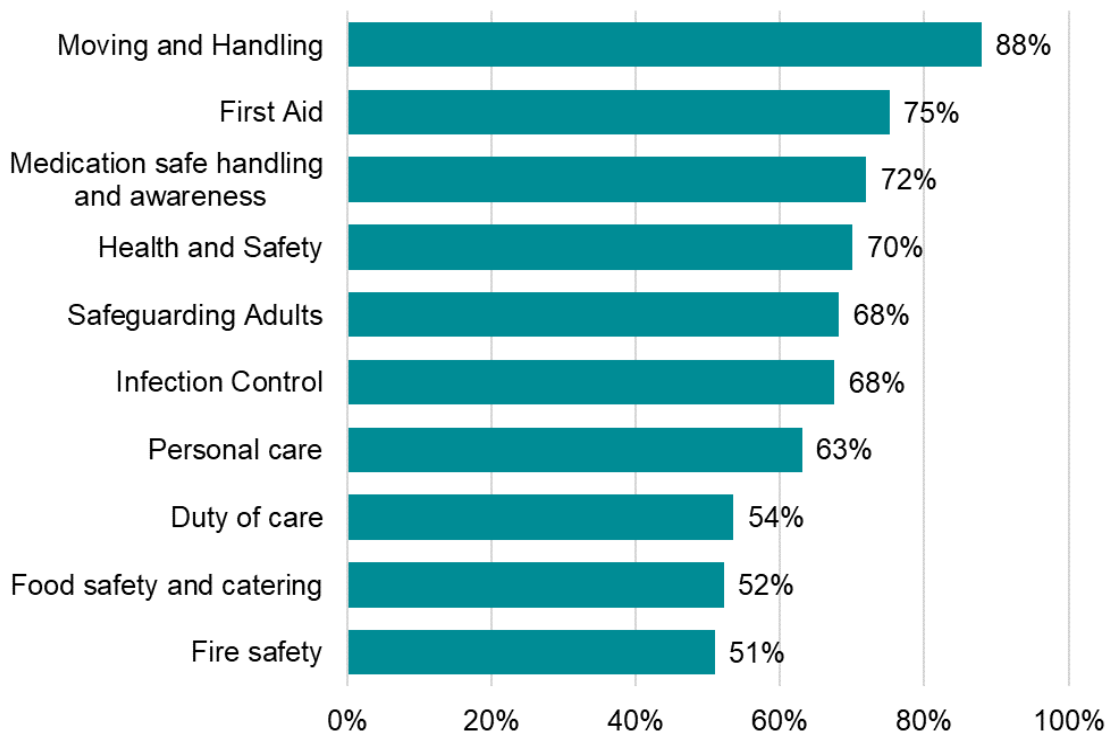


social care PAs as well as care workers, highlighting their importance across the health and social care sector. Please note that this training could have been with a previous employer.

Many PHB holders who employ PAs have complex health needs and require support with medication which may explain the higher numbers of who received medication safe handling and awareness training.

### Chart 19. Top 10 training categories reported by personal assistants

Source: Skills for Care survey, 2022



### 3.5.3. Health or social care qualifications held

Chart 20 shows the highest level of health or social care qualification held by PAs employed by people in receipt of PHBs and care workers. Overall, 54% of PAs, did not have a relevant health or social care qualification, which is less than the percentage of care workers (58%) and PAs employed by individual employers in adult social care (60%).

### Chart 20. Health or social care qualification held by personal assistants employed by people in receipt of PHBs and care workers

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21

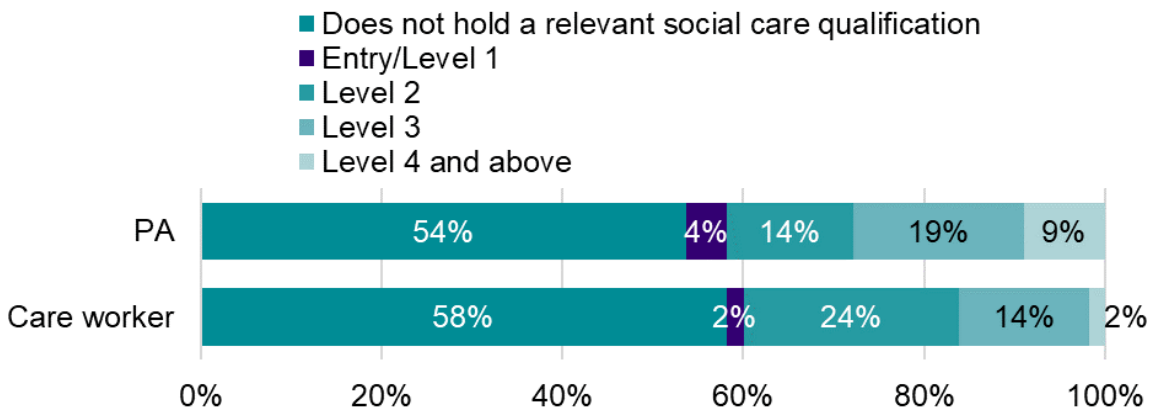


Chart 21 shows that of those that held a health or social qualification around 19% of PAs working with people in receipt of PHBs, had a Level 4 and above qualification, which was a higher proportion than care workers (4%). This is lower than for PAs employed by individual employers in adult social care where 26% of PAs held a Level 4 or above health or social care qualification.

The higher level of qualifications for PAs 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 21. Level of health or social care qualification held by personal assistants employed by people in receipt of PHBs and care workers, of those with social care qualifications

Source: Skills for Care survey, 2022 and Skills for Care workforce estimates, 2020/21

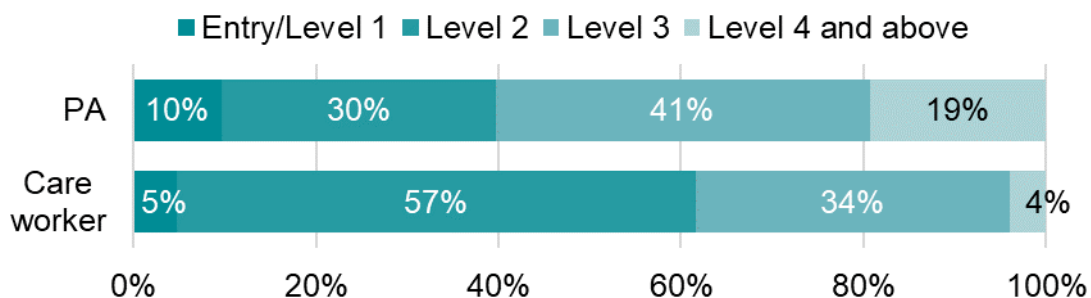
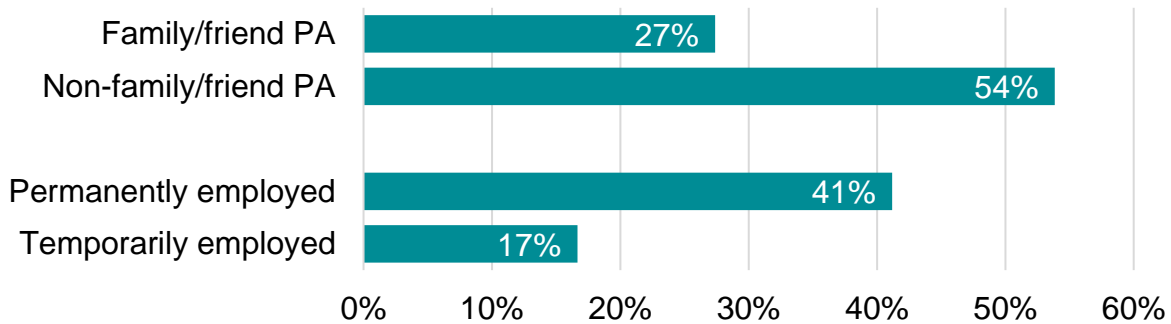


Chart 22 shows the proportion of PAs employed by people in receipt of PHBs who held a social care qualification by various factors. Non-family or friend PAs were more likely to have a social care qualification (54%) compared to family or friend PAs (27%).

PAs who were permanently employed by a PHB individual employer were more likely to hold a health or social care qualification (41%) than those that were temporarily employed (17%).

**Chart 22. Proportion of personal assistants working with people in receipt of PHBs that held a relevant health or social care qualification**

Source: Skills for Care survey, 2022



**3.5.4. Non-health or social care qualifications held**

It is worth noting that 63% of PAs employed by people in receipt of PHBs and responded to the survey, reported that they held a non-health or social care qualification. Of these, 38% held a qualification at Level 4 or above, with 28% holding a Level 6 qualification (degree level) or higher. This proportion was slightly higher for non-family or friend PAs (33%) compared to family or friend PAs (21%).

Many of the skills required to be a PA may overlap with other career paths, and so family or friend PAs working for people with PHBs 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 19, can help them to develop their skills once they start work.



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