



Individual employers and the personal assistant workforce

2026

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Acknowledgments

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

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

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

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Foreword from our CEO

Personal Assistants – or PAs for short – are one of the biggest parts of our adult social care workforce, and they play an essential role in enabling people to live the lives they choose. Their work with Individual Employers is unique: deeply personal, flexible, and rooted in relationships built on trust, respect and autonomy.

These are the foundations of truly person-centred care, and Personal Assistants and Individual Employers show us every day what is possible when people have real choice and control.



We also know from our ongoing research that Personal Assistants often feel more satisfied in their roles – and less likely to leave them – than many others across the sector. This speaks to the meaningful connections they build and the difference they make.

At the same time, because these arrangements vary so much from person to person, this part of the workforce can be harder to see in national data. That is why our Workforce Intelligence team carries out an annual survey with thousands of Individual Employers and Personal Assistants. Your insight helps us understand the realities of these roles and ensure that PAs receive the recognition, support and development they deserve.

This understanding is vital. The [Workforce Strategy for Adult Social Care in England](#) highlights that we will need many more Personal Assistants in the coming years as more people expect genuine choice over their care. To meet this demand, we must continue to champion PAs – ensuring they can access high-quality learning and development.

PAs are also a key part of the Care Workforce Pathway, which provides a clear, sector-wide structure for skills, values and career progression. It is therefore crucial that they are included in national initiatives such as the Fair Pay Agreement for adult social care.

I want to thank every Personal Assistant and Individual Employer who gave their time to share their experiences with us. Your voices guide our work and help shape a future where personalised, dignified care continues to thrive.

Professor Oonagh Smyth CBE
Chief Executive, Skills for Care

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Key findings

Individual employers



There were an estimated **70,000** direct payment recipients **employing their own staff**

Individual employers employed an average of

1.87
personal assistants



Employers reported a **personal assistant turnover rate of 17.7%**

What is an individual employer?

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

- The latest figures available from NHS England show that in 2024/25, around 220,000 adults, older people and carers were [receiving direct payments](#). However, not all direct payment recipients use this payment to employ PAs. We estimate that around one third (32%) of direct payment recipients directly employed their own staff, meaning there were an estimated 70,000 individual employers in 2024/25.
- Individual employers employed an average of 1.87 PAs, creating an estimated 131,000 PA filled posts. This is an increase of 1.5% since 2023/24 but remains lower than the 141,000 estimated filled posts in 2019/20.
- The information shown in this section was collected using an IE survey. There were 2,577 individual employers included in the analysis in this report.
- The most common care and support needs reported by responding employers included physical support (56%), social care activities (49%), and learning disability support (48%).
- The **turnover rate of PAs was 17.7%**. This was considerably lower than the turnover rate for care workers in the independent sector (30.2%).
- **PAs who were a friend or family member were less likely to leave** (12.4% turnover rate) than PAs who did not know the employer before employment (22.9% turnover rate). This may be influenced by the relationship between PAs and their employer.
- The **vacancy rate of PAs was 7.8%**. This was slightly lower than the vacancy rate for care workers in the independent sector (8.6%).
- The majority (59%) of responding individual employers were satisfied with the level of information and support they receive to help them in their role as an employer.

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

Personal assistants

54% of PAs were a family member or friend of their employer

46% of PAs did not know their employer before accepting the role

On average, PAs filled

1.26

PA posts each



Median hourly rate

£13.00

What is a personal assistant (PA)?

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

The following information is derived from the 2026 Skills for Care survey data and is compared to care workers in the independent sector, as at March 2025.

- There are an estimated 131,000 filled posts working for direct payment recipients in 2024/25, this accounted for 8.2% of the [overall adult social care workforce](#).
- PAs held an average of 1.26 PA posts each, meaning that around 104,000 people were filling the 131,000 posts working for direct payment recipients in 2024/25.
- The information shown in this section was collected using a PA survey, distributed via the PA's employer. There were 1,319 PAs included in the analysis in this report.
- Around 54% of PAs were family or a friend of the individual employer. The other 46% did not know their employer before accepting their PA role.
- The most common areas of support that PAs provided were support with household duties (70%), closely followed by attending appointments (66%) and personal care (64%).
- **Around 24% of responding PAs were on zero-hours contracts.** This was lower than care workers in the independent sector (29%).
- PAs, on average, had more experience in their role (6.1 years), compared to care workers (3.8 years). Also, **PAs had considerably more experience in the sector (10.1 years)** compared to care workers (7.4 years).
- The **median hourly pay rate for PAs was £13.00** (as at February 2026). This was higher than the median hourly rate for care workers in the independent sector (£12.60 as at December 2025).
- The proportion of PAs that **held a relevant social care qualification** was higher than (48%) to care workers (43%).

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

Introduction

This report provides information about individual employers, including their funding sources, care and support needs, and recent experiences of recruiting and retaining personal assistants. The report also provides information about those personal assistants, such as their demographics, pay, and qualifications and training.

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

About Skills for Care

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, now and in the future. For further information, please see our [website](#).

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.

Skills for Care has led the development of '[A workforce strategy for adult social care in England](#)', working in collaboration with a wide range of organisations and people with a stake in the future of the adult social care sector. It combines data from our workforce intelligence reports along with in-depth insights and experience of the sector to address the issues facing the workforce.

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.

Up to 2017, individual employers and their personal assistants were included in the National Minimum Data Set for Social Care (NMDS-SC). This was Skills for Care's flagship data collection service prior to the introduction of the ASC-WDS in 2019. Response rates of individual employers and personal assistants in the NMDS-SC were very low and individual employers told us that the incentives to provide their data and the benefits for them after

doing so were not applicable for them (for example, benchmarking workforce information, using it as a free HR system, or getting training alerts). Therefore in 2017, we began collecting individual employer and personal assistant data using this separate annual survey and removed this from the NMDS-SC.

In 2023, Skills for Care was added to the [Official Statistics Order](#) and became an official statistics producer. This means that all official statistics produced by Skills for Care's Workforce Intelligence team will include oversight from the [Office for Statistics Regulation](#) (OSR), ensuring that we follow the Code of Practice for Statistics. Our Workforce Intelligence Analysts are committed to the three pillars of trustworthiness, quality and value, and to the principles of the Code of Practice for Statistics. See our website for our full [statement](#).

In February 2025, our '[The workforce employed by adult social services departments in England](#)' report was badged as an [accredited official statistic](#) following an assessment by OSR.

Personal budgets and direct payments in social care

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

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

What is a social care personal budget?

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

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

You can ask the council to:

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

You can also choose a combination of these options.

What is a personal health budget?

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

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

Direct payments

A direct payment is one way of managing social care personal budgets and personal health budgets. It means individuals get the money directly to buy the agreed care and support they need rather than the council or the NHS arranging it for them. Direct payments offer more flexibility over how an individual's care and support is arranged and provided. For example, they could choose to employ personal assistants or pay an agency for support. For the context of this report, a person that received a direct payment is known as a direct payment recipient (DPR).

Skills for Care's survey research

Skills for Care completed a data collection in January 2026 with individual employers (IEs) and personal assistants (PAs), building on the success of previous IE and PA surveys conducted between 2017 and 2025.

For the 2026 study, Skills for Care issued surveys to approximately 47,790 IEs and their PAs. This included around 23,000 paper surveys and 24,790 email invitations to complete an online survey. In total, there were 2,577 responses from individual employers and 1,319 responses from personal assistants, representing people with a wide range of care needs, ages, and from every region of England.

It is not possible to fully assess the representativeness of the sample, as there are no comprehensive statistics covering all people who employ their own PAs. However, the geographic distribution of responses, alongside variation by care needs and age, suggests there are no clear coverage gaps in the survey responses. Comparisons between respondents to this survey and all direct payment recipients (shown in Chart 4. Age band of responding employers, 2026) indicate a similar age profile.

There is no single national data collection in England that records the total number of individuals employing their own personal assistants. Skills for Care therefore produces estimates for the overall size of this part of the adult social care sector, and the IE and PA surveys provide a valuable sample to understand the characteristics of this workforce.

In 2024/25, there were an estimated 220,000 direct payment recipients (DPRs) in England, of whom Skills for Care estimated that around 70,000 directly employed their own staff. The

2,577 respondents to the IE survey in 2026 therefore represent approximately 4% of all DPRs employing staff in 2024/25. Skills for Care also estimated that there were around 131,000 filled personal assistant posts. The 1,319 respondents to the PA survey in 2026 represent approximately 1% of the PA workforce in 2024/25.

Although the surveys represent a relatively small proportion of the estimated workforce, the achieved sample sizes are sufficient to produce precise estimates of the characteristics of individual employers and personal assistants. When interpreting trends over time, however, it is important to note that small differences between years may reflect changes in sample composition rather than real changes within the sector.

Skills for Care has undertaken statistical testing to assess differences between survey years, and this analysis is used to guide the interpretation of trends in this report. Small differences that are not statistically significant are described as being similar to the previous year, while larger differences that are statistically significant are described as increases or decreases.

An example of the precision of the figures presented in this report is provided below. In the PA survey, 1,304 of the 1,319 respondents answered the question on gender. Of these, 1,041 identified as female, resulting in a reported proportion of 80%. The confidence interval for this estimate ranges from 78% to 82%, indicating a relatively precise estimate of the gender distribution. As a result, small changes between years (for example, a one percentage point difference) should not be interpreted as evidence of a real change in the sector.

Table 1. Confidence intervals for proportion staff that are female*, 2026

	PA survey 2026
Sample size	1,304
Percentage (gender = female)	80%
Upper bound	82%
Lower bound	78%

* Confidence intervals account for potential error associated with sample size only.

This report has been produced using the results of the 2026 IE and PA surveys and data from Adult Social Care Workforce Data Set (ASC-WDS). 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 acknowledge that care workers and PAs have different roles and ways of working.

Throughout this report, charts and tables will display rounded whole numbers and percentages. Therefore, it should be noted that charts and tables may not always total to 100%.

Reasons for this report

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

The information collected is used, in England, by the Department of Health and Social Care, NHS England, Skills for Care and others to help understand how the PA workforce operates, how best to support both employers and PAs, and to help make decisions about the adult social care sector and workforce. Skills for Care asks both employers and PAs to complete a survey to gain insight from both viewpoints.

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

1. Individual employers

An estimated **70,000** individuals directly employed their own staff in 2024/25

Individual employers, on average, employed **1.87** PAs each in 2024/25

There was a **17.7%** PA turnover rate and a **7.8%** PA vacancy rate in 2024/25

1.1 Individual employer estimates

Since their introduction in 1997, social care direct payments have offered people more flexibility with their care and support arrangements, including the ability to choose to employ personal assistants. Data on the number of social care direct payment recipients comes from the NHS Digital'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 2019-2024 (formerly known as the Budget Survey), with sample size of 145 (out of 152 LAs) in 2024, and previous Skills for Care research.

The information from NHS England shows that around 220,000 adults, older people and carers were receiving social care direct payments from local authorities in England. Skills for Care estimates that in 2024/25, 70,000 (32%) directly employed their own staff. Social care direct payment funded employers employed, on average, 1.87 PAs each, creating an estimated 131,000 filled posts in 2024/25. [‘The size and structure of the adult social care sector and workforce in England’](#) data visualisation includes information about social care direct payment recipients and personal assistants.

1.2 Funding, care and support need, and age of employer

We recognise that some people also employ PAs solely using their own funds or via other funding streams, but there is no available information on this part of the sector. However, the evidence from this survey suggests it is much less common for individual employers to solely self-fund.

Table 2 below shows that the number of individual employers ‘exclusively using their own money to fund a personal assistant’ was lower than those in receipt of a social care direct payment from the local authority or a personal health budget from the NHS.

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 2. Funding source of responding employers, 2026

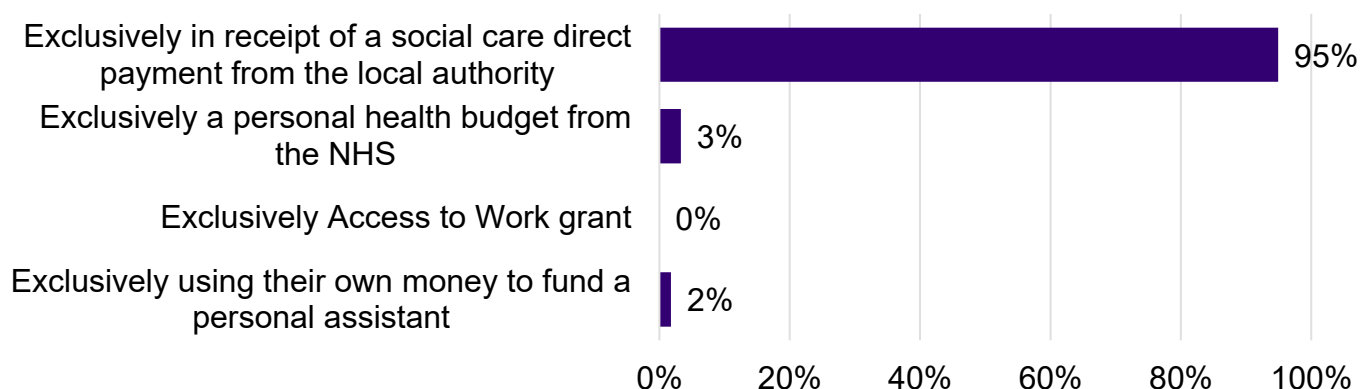
Source: Skills for Care survey

	In receipt of a social care direct payment from the local authority	A personal health budget from the NHS	Access to Work grant	Using their own money to fund a personal assistant
Total responding employees	2,379	118	14	161
Exclusively	93%	65%	0%	26%
With another funding stream	7%	35%	100%	74%

Of the 2,501 employers who responded to this question, 2,337 were funded from exclusively one source. 95% of these were exclusively in receipt of a social care direct payment from their local authority, 3% exclusively in receipt of a personal health budget from the NHS, and 2% who exclusively funded their own care. The remaining responding employers received a combination of direct payments from the local authority, an NHS personal health budget, an Access to Work grant, or their own funding. This has created a strong foundation for producing statistics about this part of the sector within this report.

Chart 1. Proportion of responding employers exclusively funded by one source by funding source, 2026

Source: Skills for Care survey



It should be noted that further analysis in this report does not cover those who have a personal health budget, but only those with a social care direct payment. All of the 47,790 employers who were sent a survey were registered with Mark Bates Ltd as having a social care direct payment.

Chart 2 below shows the care and support needs of responding employers. Respondents could select their main/primary care and support need as well as any other care and support needs. As a result, percentages will sum to more than 100%. Physical support (56%), social care activities (49%) and learning disability support (48%) ranked highest among care and support needs.

Chart 2. Care and support needs of responding employers, 2026

Source: Skills for Care survey

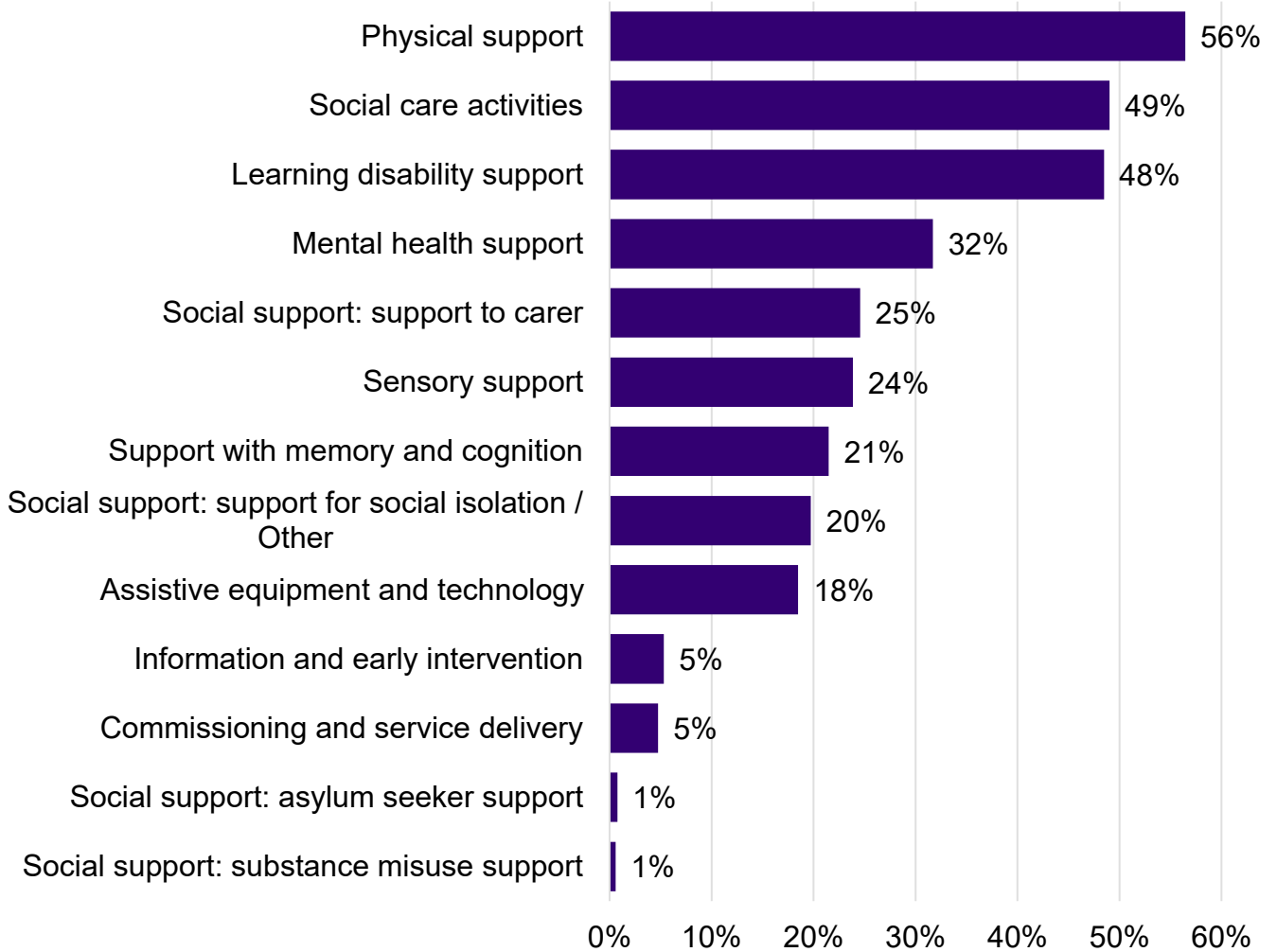


Chart 3 below shows what responding employers reported spending their direct payment on. Respondents could select more than one option, so percentages will sum to more than 100%. Employers most frequently reported spending their money on employing staff (85%) or engaging self-employed PAs (18%); almost all respondents were employing staff or engaging self-employed PAs.

Chart 3. Direct payment expenditure of responding employers, 2026

Source: Skills for Care survey

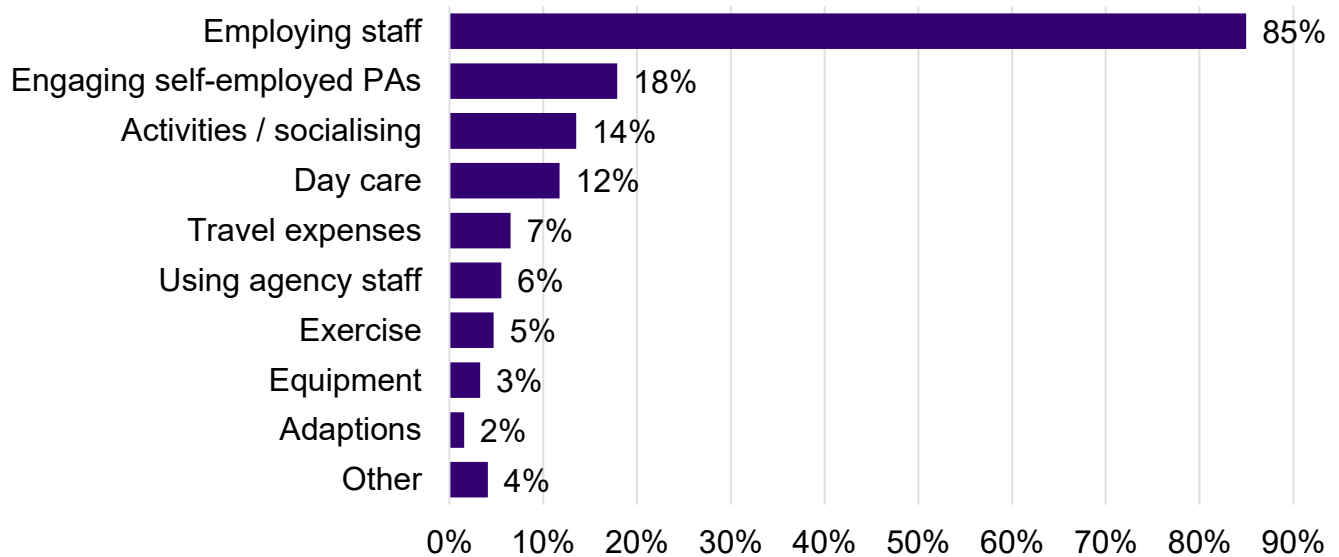
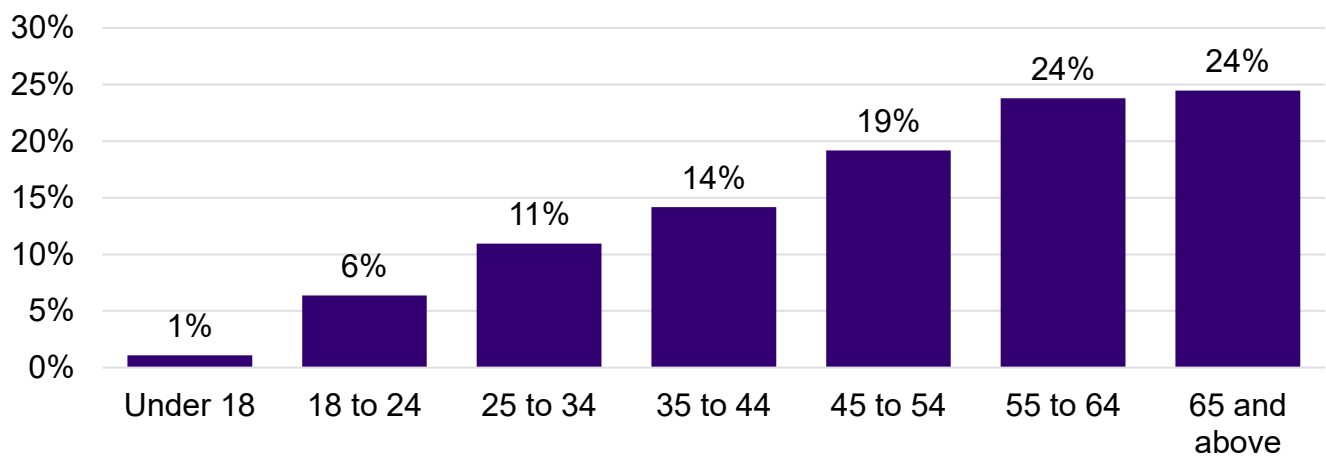


Chart 4 shows the age bands of employers who responded to the survey. Nearly one quarter (24%) of responding employers were aged 65 and above.

Chart 4. Age band of responding employers, 2026

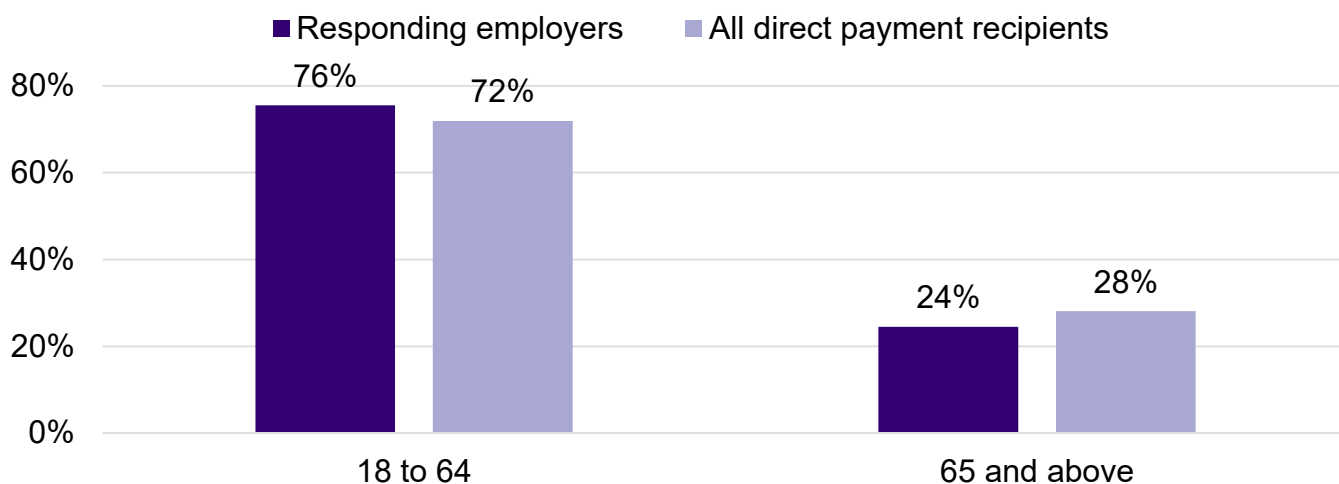
Source: Skills for Care survey



The proportion of responding individual employers who were aged 65 and above (24%) was slightly lower than the overall proportion of direct payment recipients (28%).

Chart 5. Age band of responding employers and all direct payment recipients

Source: Skills for Care survey, 2026 and Department of Health and Social Care's Adult Social Care Activity Report, 2024 to 2025



1.3 Recruitment and retention rates and challenges

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

Skills for Care encourages employers to take a [values-based approach](#) to recruitment. This approach is a way of recruiting people with values, behaviours and attitudes that align with those of the workplace. See our [recruitment support](#) for further information about recruiting for values and more of our research into staff retention.

Individuals may use their direct payment to employ family members or friends, people they did not know prior to employment, or a mix of these. Chart 18 (Section 2.3.1) shows that of responding personal assistants, around 54% were employed by a family member or friend while 46% were employed by someone who was not a family member or friend prior to employment.

The relationship between the individual employer and their PA likely contributes to the differences in turnover rates, vacancy rates, qualifications (Section 2.8.3), and experience (Section 2.4.1) seen between these types of PAs. As such, much of recruitment and retention rate analysis splits results by the relationship between IEs and PAs.

1.3.1 Turnover rates

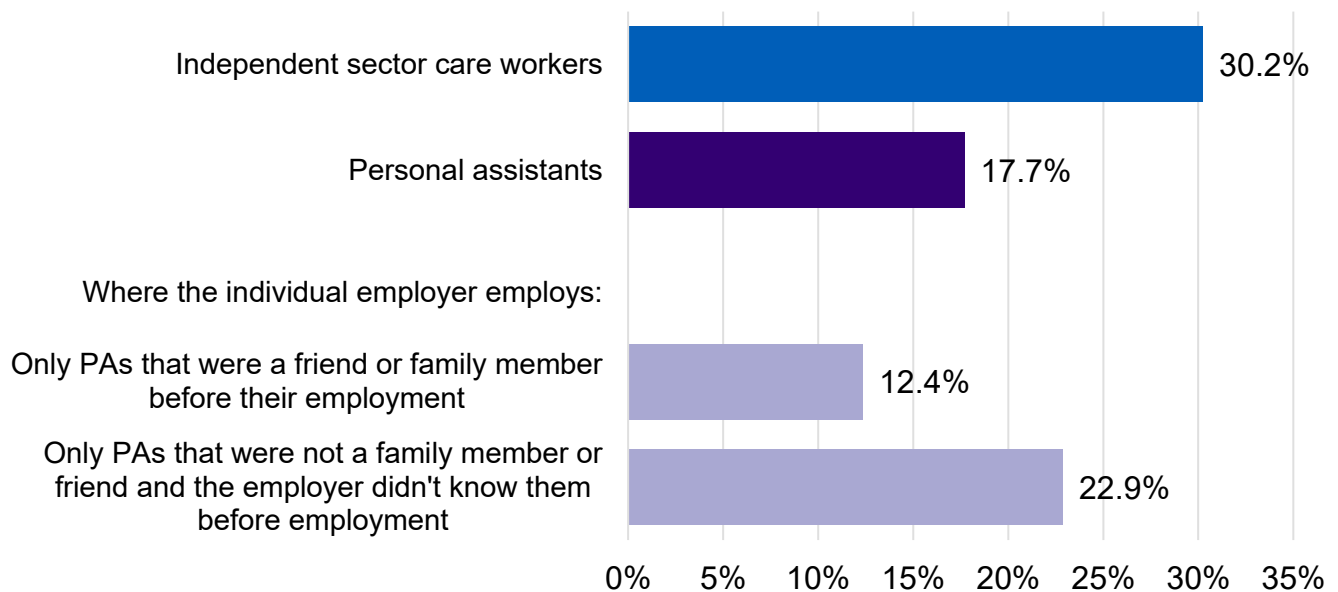
Chart 6 shows that the overall turnover rate of personal assistants (PAs) was 17.7%, though the rate for employers that employed only friends and family members was much lower (12.4%)

than those that employ only PAs who did not know them prior to accepting the role (22.9%). This suggests the relationship between PAs and their employer has an influence on retention.

The overall PA turnover rate being considerably lower than the turnover rate for care workers in the independent sector (30.2%) in 2024/25 may be influenced by several factors, including differences in the work carried out by the two roles, and better terms and conditions for PAs. For example, PAs had higher pay rates (see Table 6) and a lower reliance on zero-hours contracts (see Chart 21) than care workers, which could result in better retention.

Chart 6. Turnover rates of personal assistants by employer type and independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



1.3.2 Retention challenges

Employers were asked how they found retaining PAs compared to the previous year. Chart 7 below shows that the majority (62%) of responding employers said that they found it about as challenging to retain personal assistants as the previous year.

The turnover rate for responding employers (see Chart 6 above) was 17.7%, which was similar to the previous year's survey, at 16.8%.

Chart 7. Reported level of challenge retaining personal assistants compared to the previous year, 2026

Source: Skills for Care survey

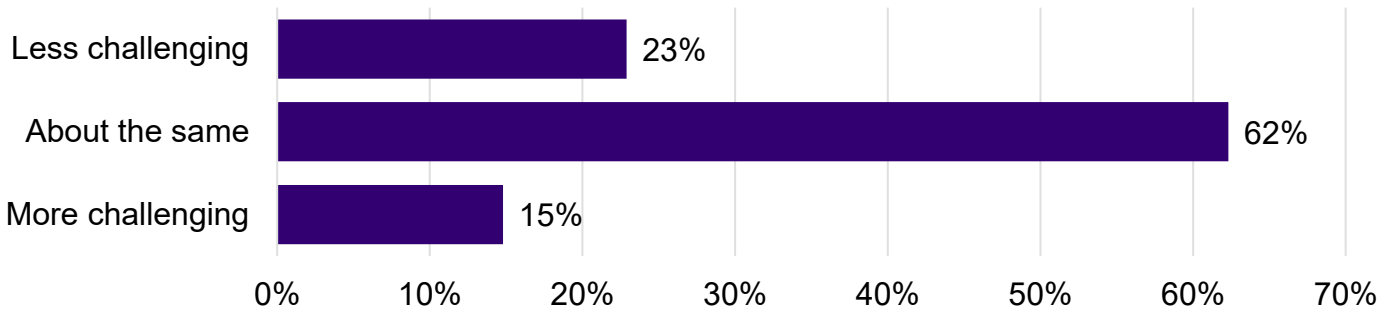
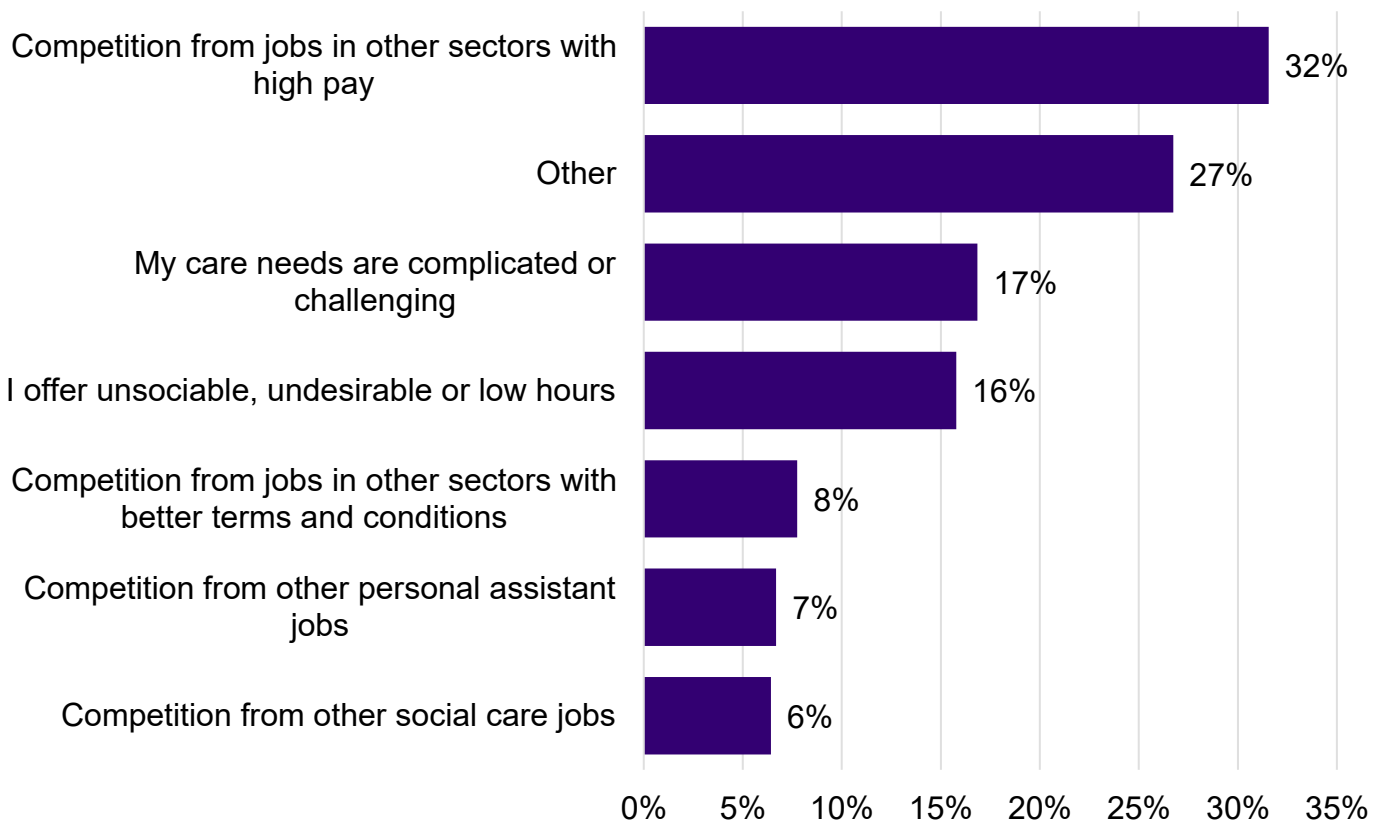


Chart 8 shows that of those employers who reported that retention was more challenging, 32% said it was due to competition from job in other sectors with high.

Chart 8. Main reason for retention being more challenging than the previous year, 2026

Source: Skills for Care survey



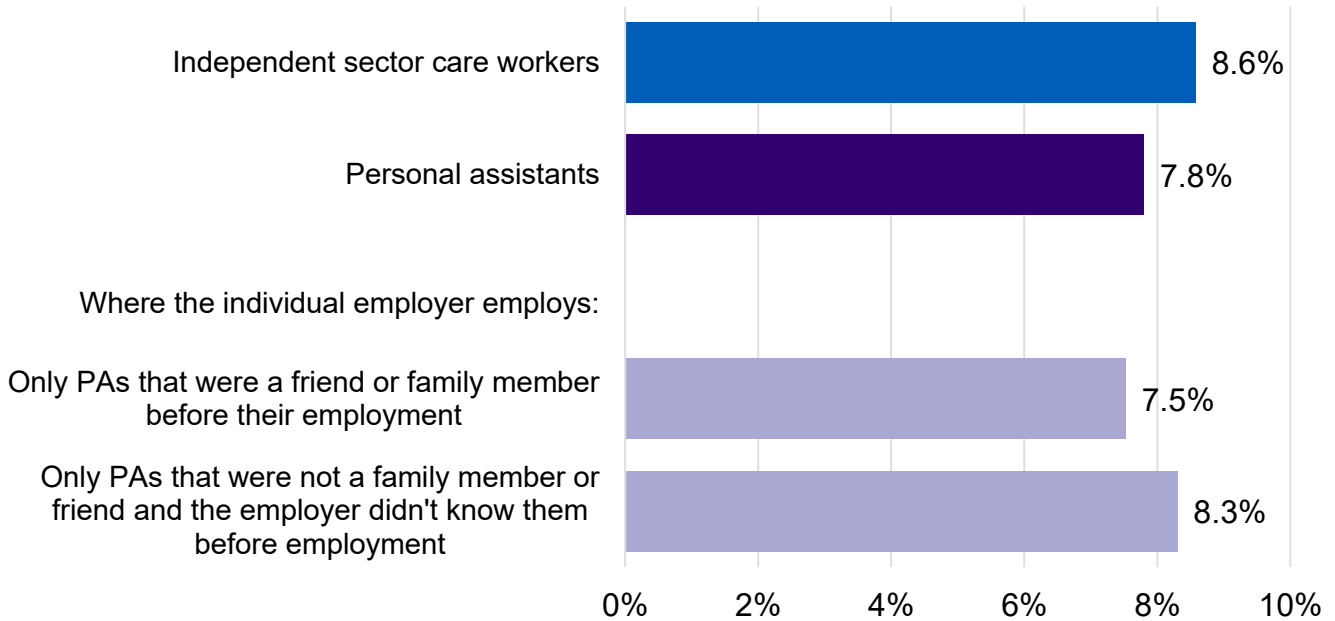
1.3.3 Vacancy rates

Chart 9 shows that the vacancy rate for personal assistants was 7.8%, which was slightly lower than the vacancy rate for care workers in the independent sector (8.6%) in 2024/25. The PA vacancy rate for employers who employed only friends and family members was slightly lower

(7.5%) than the vacancy rate for employers who employed only PAs who did not know them prior to accepting the role (8.3%).

Chart 9. Vacancy rates of personal assistants by employer type and independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



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

1.3.4 Recruitment challenges

Employers were asked how they found recruiting PAs in comparison to previous years. Chart 10 shows that just under half (45%) of responding employers said it was more challenging than the previous year, while 12% thought it was less challenging.

Chart 10. Reported level of challenge recruiting personal assistants compared to the previous year, 2026

Source: Skills for Care survey

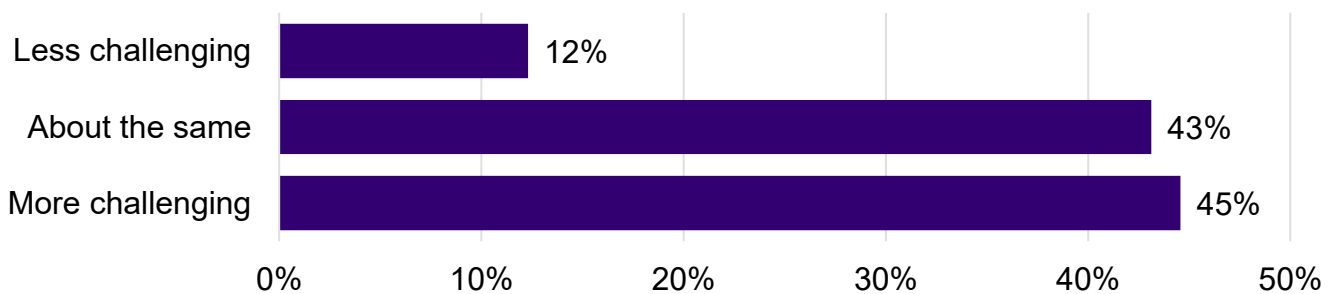
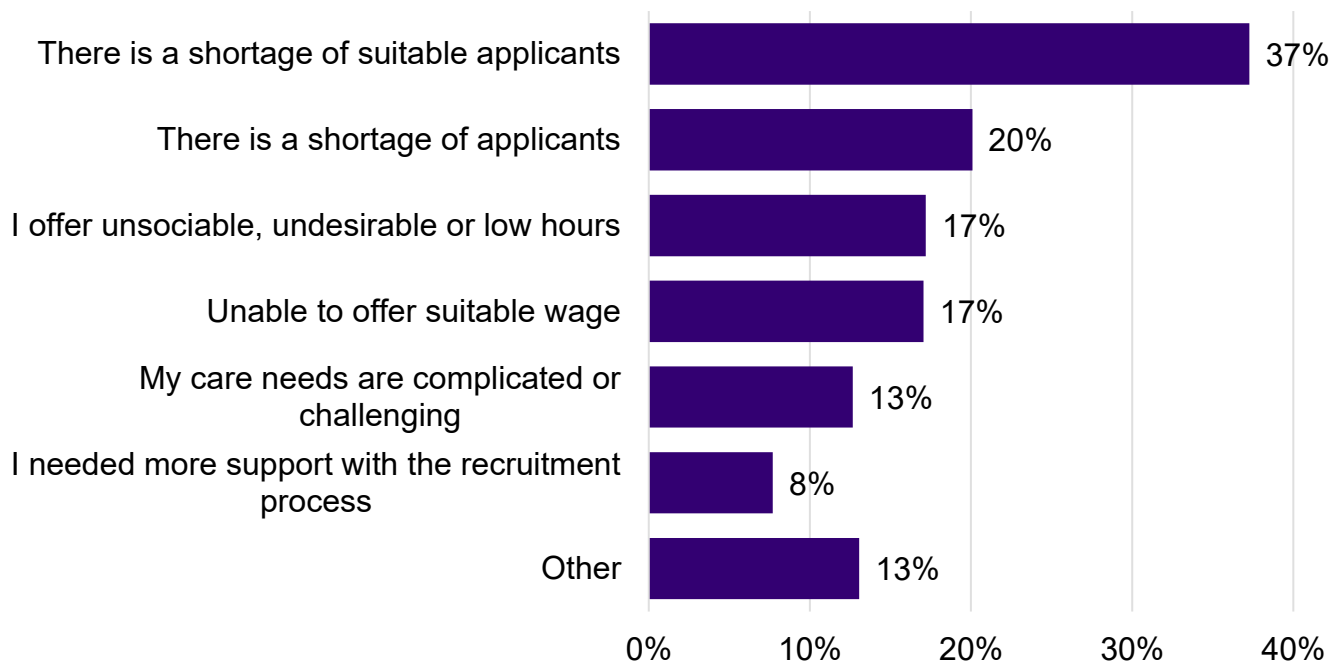


Chart 11 shows that of the employers who said that recruitment was more challenging than the previous year, 37% said it was due to a shortage of suitable applicants while 20% said there was a shortage of any applicants.

Chart 11. Main reason reported for recruitment being more challenging than the previous year, 2026

Source: Skills for Care survey



1.4 Information about training, development, and support

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

Employers were asked how they access information and support to help in their role as an employer. Respondents could select more than one option so percentages will sum to more than 100%. Chart 12 shows that almost half (44%) of responding employers accessed information and support from their local authority while information from a 'direct payment support / user-led / voluntary sector organisation' and a payroll company was accessed by 36% of responding employers.

Chart 12. Reported methods of employers accessing information and support in their role as an employer, 2026

Source: Skills for Care survey

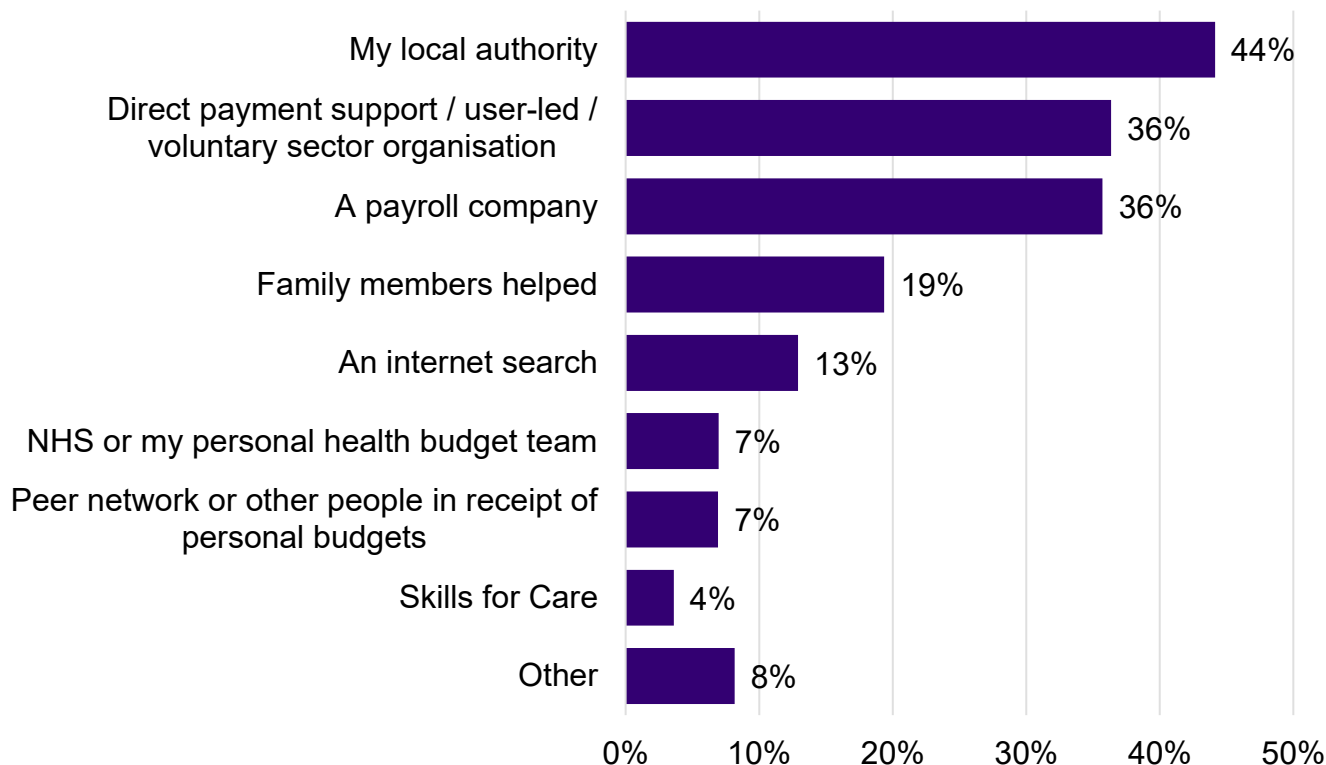
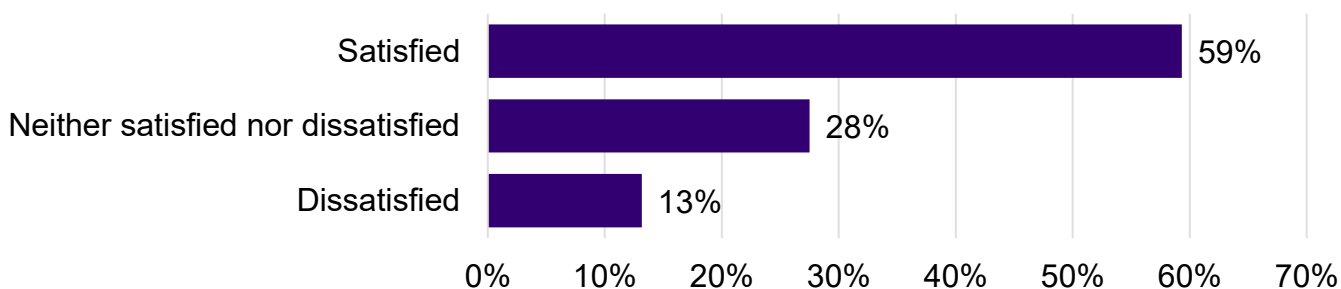


Chart 13 shows how satisfied employers were with the level of information and support they received. Nearly three fifths (59%) of responding employers said that they were satisfied with the information and support they received, over a quarter (28%) said they were neither satisfied nor dissatisfied, and 13% were dissatisfied.

Chart 13. Reported satisfaction with the level of information and support employers receive to help in their role as an employer, 2026

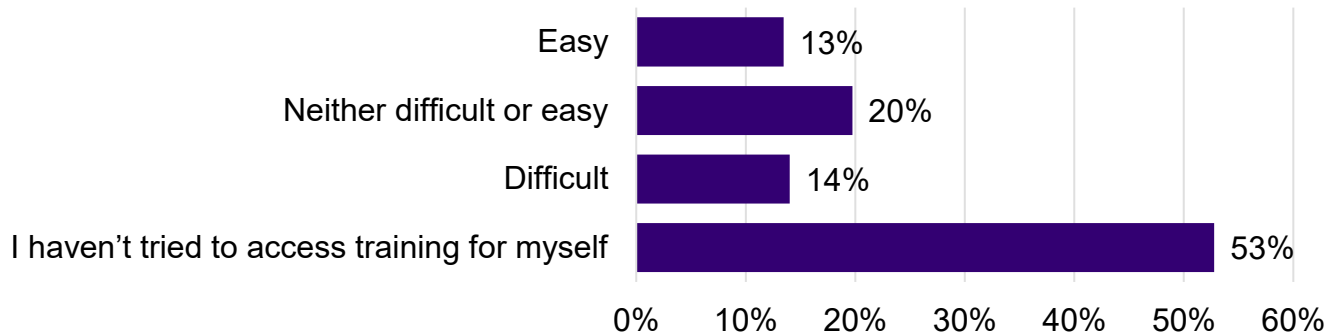
Source: Skills for Care survey



Employers were asked how easy they found arranging training and development opportunities for themselves as an employer. Chart 14 below shows that the over half (53%) of employers had not accessed training. A similar proportion of employers reported finding it easy (13%) to arrange training and development opportunities for themselves as those who reported finding it difficult (14%).

Chart 14. Reported ease of arranging training and development opportunities for themselves as an employer, 2026

Source: Skills for Care survey

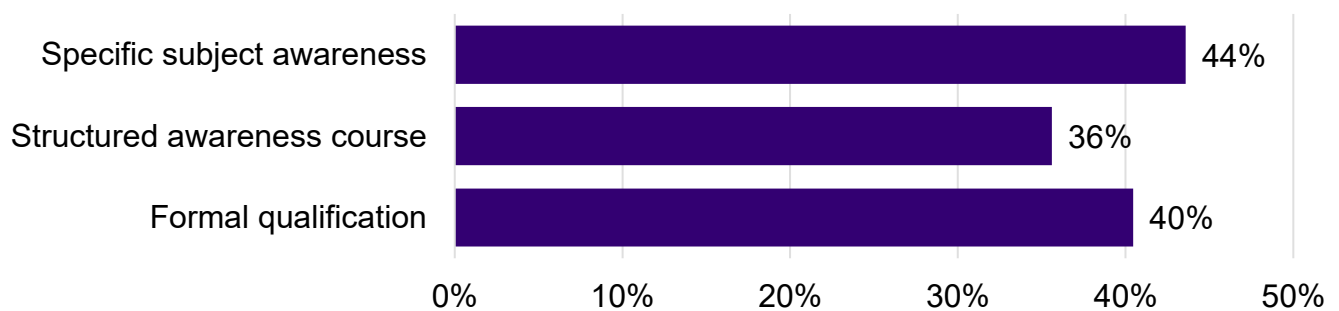


Employers were asked to report the type of training they had completed to help in their role as an employer, with only 15% of employers reported having completed training.

Chart 15 shows the type of training employers reported completing to support in their role as an employer. Employers could select more than one type of training, so percentages sum to more than 100%. Of those employers who reported having completed training, over two fifths (44%) had specific subject awareness, such as employment law, payroll, and managing and supervision. Two fifths (40%) have completed a formal qualification and over one third (36%) reported completing structured awareness courses, such as being a good employer.

Chart 15. Reported training type completed by employers to support in their role as an employer, 2026

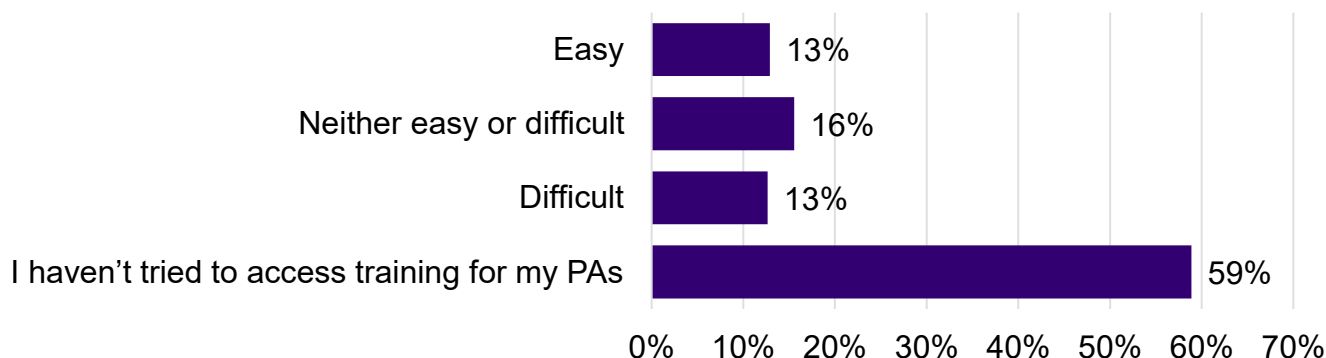
Source: Skills for Care survey



Employers were asked how easy they found it to arrange training and development opportunities for their PAs. Chart 16 shows that nearly three fifths (59%) of employers said they had not accessed any training for their PAs, which highlights an opportunity for further improvements.

Chart 16. Reported ease of arranging training and development opportunities for PAs, 2026

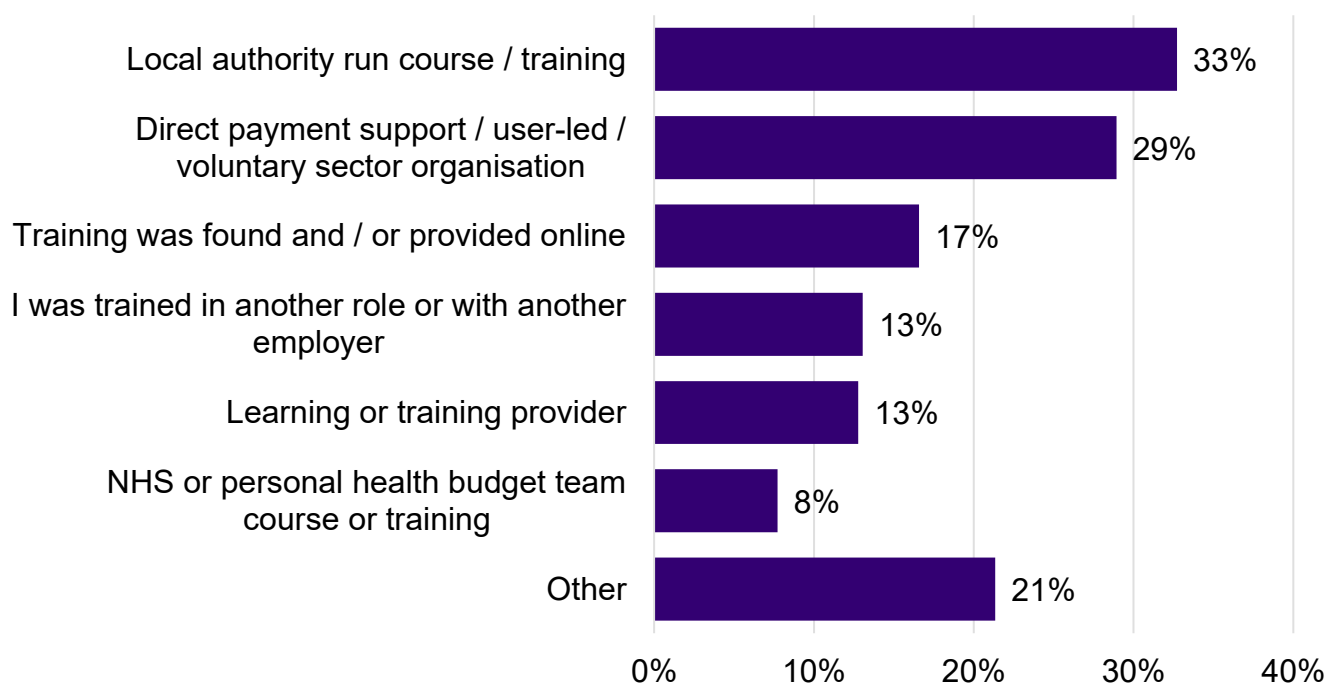
Source: Skills for Care survey



When asked how respondents had accessed training and development opportunities for themselves or their PAs, almost three quarters (71%) had not accessed any. Of those who had accessed training and development opportunities, 33% were from their local authority, and 29% were from 'direct payment support / user-led / voluntary sector organisation'.

Chart 17. Reported providers of training and development opportunities for employers or PAs, 2026

Source: Skills for Care survey



2. Personal assistants

There were an estimated **131,000** personal assistant filled posts in England

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

Personal assistants worked on average **17.9** hours per week

Skills for Care estimates that there were approximately 131,000 Personal Assistant (PA) filled posts for social care direct payment recipients across England in 2024/25. The Personal Assistant role is the second most widespread role in adult social care in England, accounting for around 8% of the workforce, behind 'care worker and support worker', at 58% of the workforce. The number of PA filled posts has remained relatively stable since 2021/22 at around 130,000. Between 2019/20 and 2021/22 the number of filled posts decreased by around 10,000.

Please note, personal assistants employed by people solely only using their own funds or solely through funding streams other than direct payments are not included in this estimate. There are not any national collections on these employers and therefore their PAs cannot be included in this estimate. There is evidence to suggest however that using direct payments is the most common funding source for employing PAs, as is highlighted in Table 2.

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

2.1 Personal assistant workforce estimates

Skills for Care estimates show that:

- Individual employers, on average, employed 1.87 PAs each in 2024/25, and there were an estimated 131,000 filled posts working for direct payment recipients.
- PAs held an average of 1.26 PA posts each, meaning that around 104,000 people were filling the 131,000 posts working for direct payment recipients in 2024/25.

2.2 Personal assistant survey data

The following information about PAs is derived from the 2026 Skills for Care survey data and is compared to workforce estimates of care workers in the independent sector, as at March 2025.

Skills for Care sent surveys to 47,790 individual employers and their PAs via 23,000 paper surveys and 24,790 email invitations to an online survey. There were 1,319 PAs included in the analysis in this chapter.

Although the sample size is not sufficient to produce robust estimates of personal assistants at a local level, responses were received from across all regions of England. This provides confidence that the survey data provides a robust basis for understanding the characteristics of personal assistants in England.

2.3 Employment overview

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

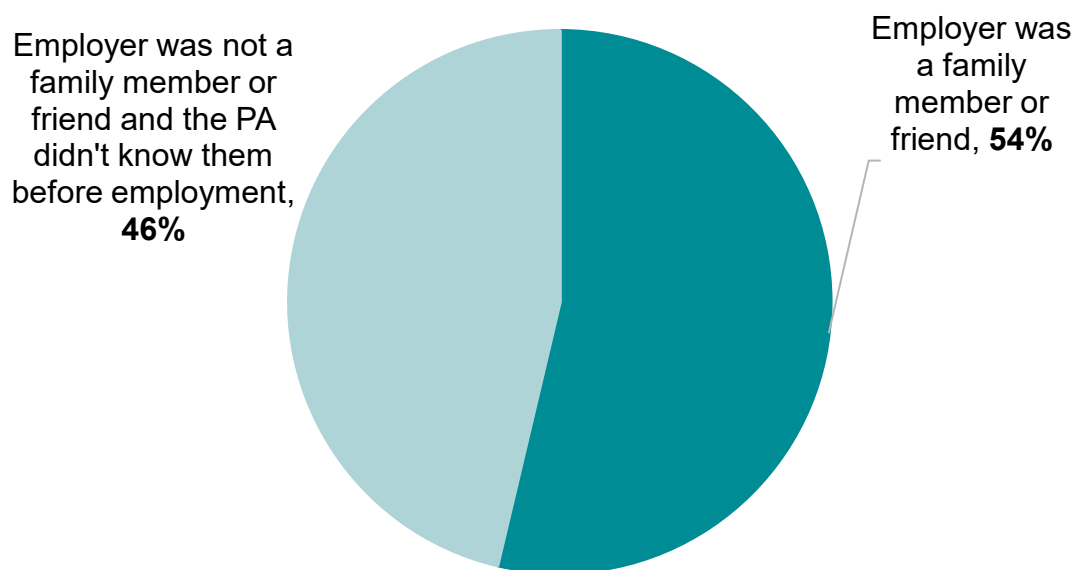
2.3.1 PAs relationship with the individual employer

Personal assistants can be employed by someone they already know, such as a family member or friend, or by an individual employer they did not previously know. This distinction is an important feature of the personal assistant workforce and can influence the nature of the role, including working patterns, motivations for entering the role and employment arrangements. Where relevant, this chapter compares these two groups to help illustrate how the characteristics of personal assistants vary depending on their relationship with their employer.

Of all PAs responding to this question, 54% were family or a friend to their employer, and the other 46% were not a family member or friend, or the PA didn't know them before employment.

Chart 18. Responding personal assistants' relationship with the employer, 2026

Source: Skills for Care survey

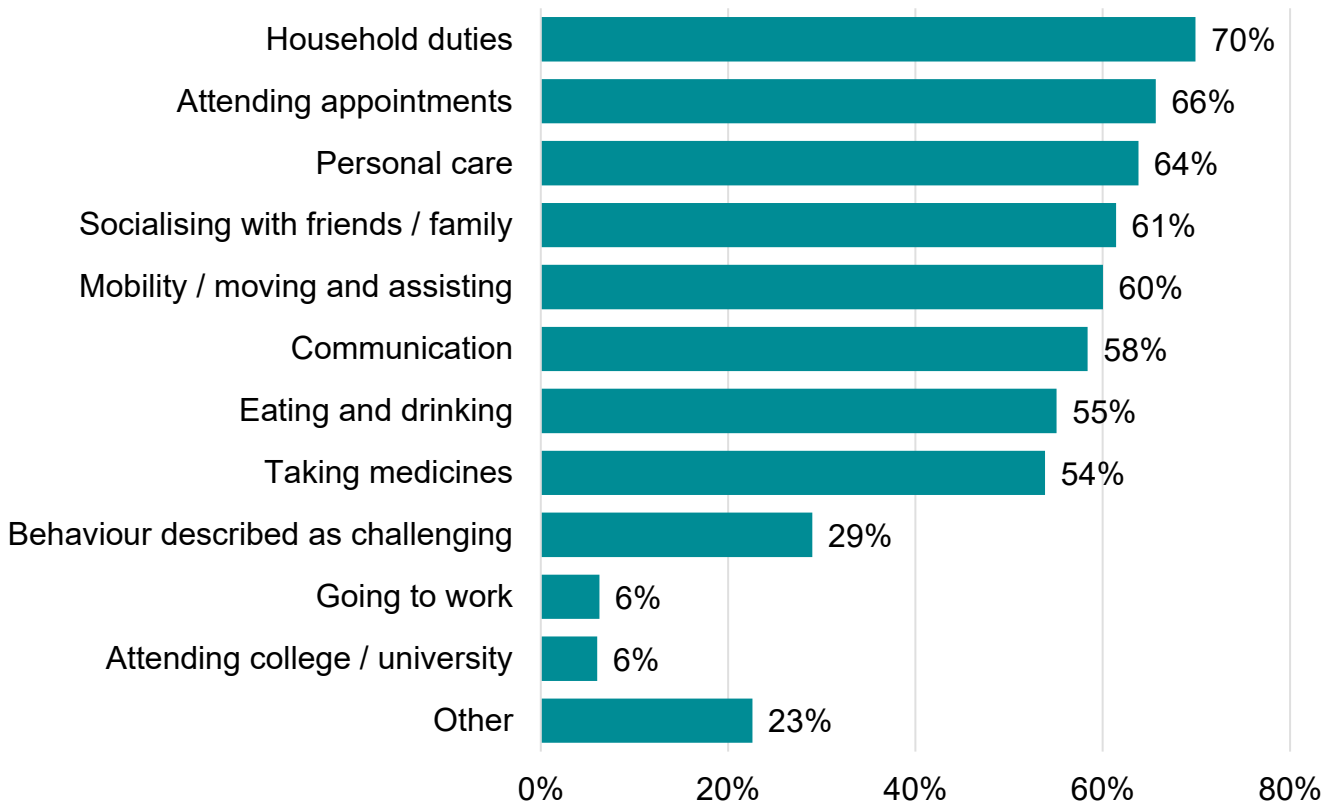


2.3.2 Support provided to employer

We asked PAs about the support that they provide to their employer. PAs could select more than one response, so the total in the chart below is more than 100%. As is shown in Chart 19, PAs most commonly supported their employers with 'household duties' (70%), 'attending appointments' (66%), and providing 'personal care' (64%).

Chart 19. Support personal assistants provided to their employer, 2026

Source: Skills for Care survey

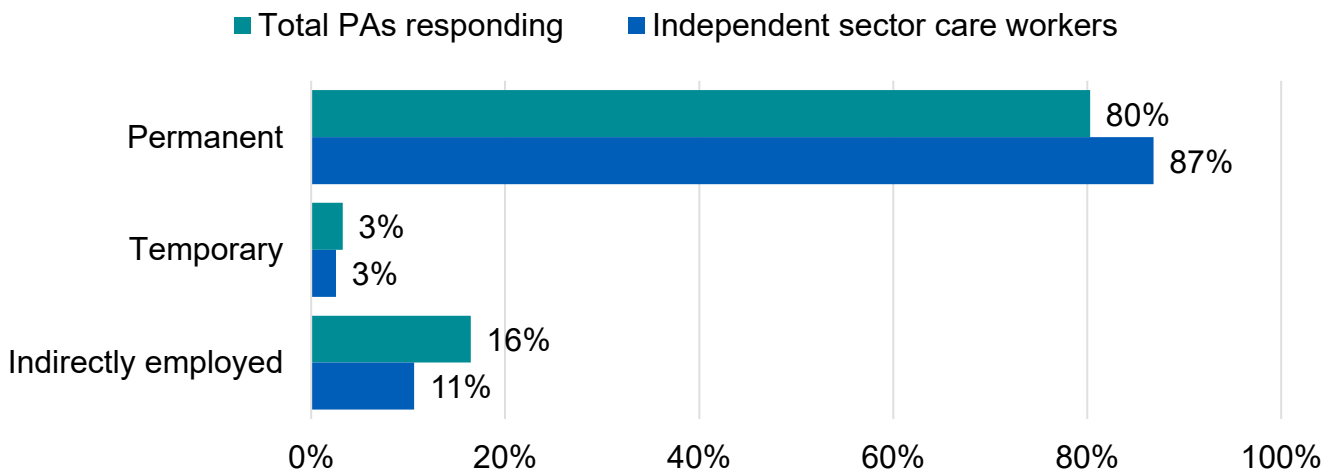


2.3.3 Employment status

As is shown in Chart 20, most PAs (80%) were employed on permanent contracts, which was lower than care workers in the independent sector (87%). Please note that no agency PAs are included in this report. ‘Indirectly employed’ PAs includes self-employed PAs and ‘other’.

Chart 20. Employment status of responding personal assistants and estimated employment status of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



2.3.4 Zero-hours contracts

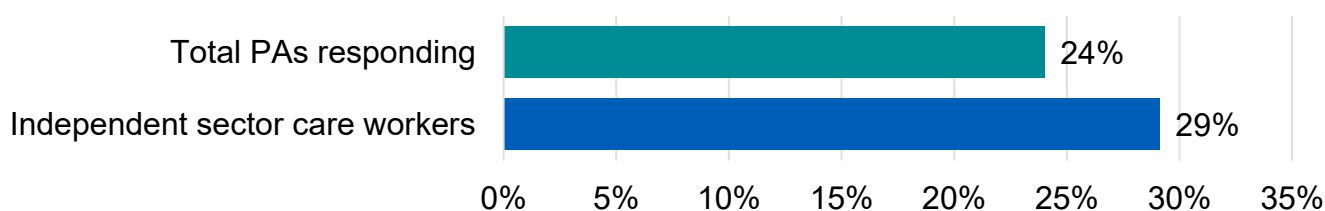
A zero-hours contract is a contract type in which the employer isn't obliged to provide any minimum working hours. Individual employers may use this contract type where their care and support needs can change, for example due to health fluctuations, hospital appointments, or support from family members. It can help them manage periods where more or fewer hours of support are needed or provide short-term cover when a PA is unavailable due to turnover or sickness.

A zero-hours contract can be 'insecure work' and prove negative in terms of financial planning and uncertainty for an individual. However, a zero-hours contract can be beneficial for some workers because it can offer work/life balance and a flexibility that may suit family or other commitments. For example, some staff study as well as work or may be caring for others.

Chart 21 shows that almost a quarter (24%) of all responding PAs reported that they were employed on zero-hours contracts. This is lower than the proportion of independent sector care workers on zero-hours contracts (29%).

Chart 21. Proportion of responding personal assistants employed on a zero-hours contract and estimated proportion of independent sector care workers employed on a zero-hours contract, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



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

Given that individual employers have lower turnover rates and use zero-hours contracts less frequently, they are likely to benefit from a better continuity of support than people receiving care and support via the independent sector.

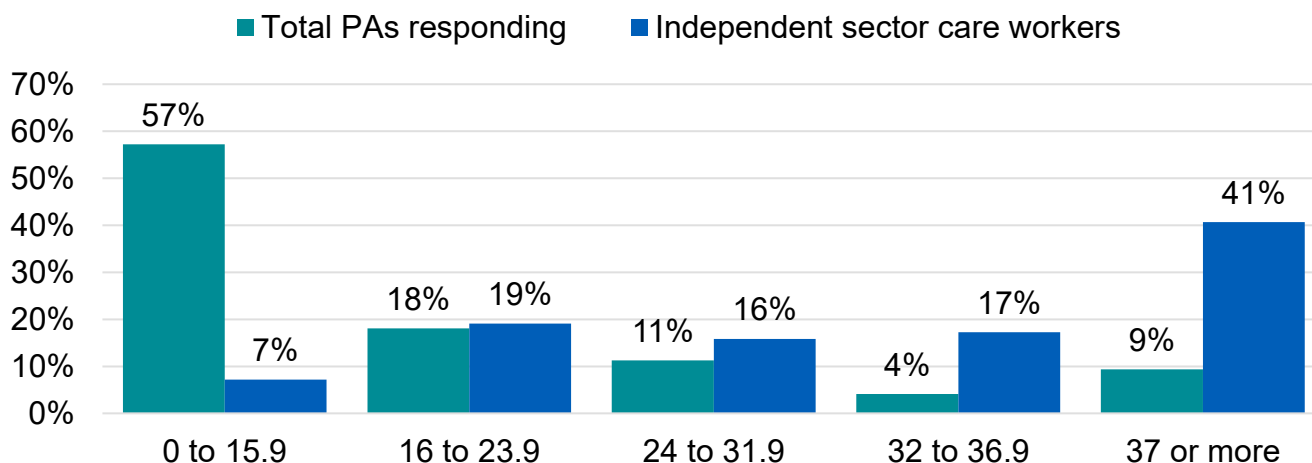
2.3.5 Usual hours worked

The mean 'usual hours worked' per week for each PA post was 17.9 hours. This was lower than the mean usual hours worked per week by care workers in the independent sector, which was 31.8 hours. Chart 21 below shows average hours grouped into bands. Three quarters of PA

posts (75%) were for fewer than 24 hours per week, compared to 26% of care worker posts in the independent sector. As these figures relate to each PA post rather than individuals, some PAs may work more hours in total if they hold more than one PA role.

Chart 22. Usual hours worked group of responding personal assistants and independent sector care workers, 2026

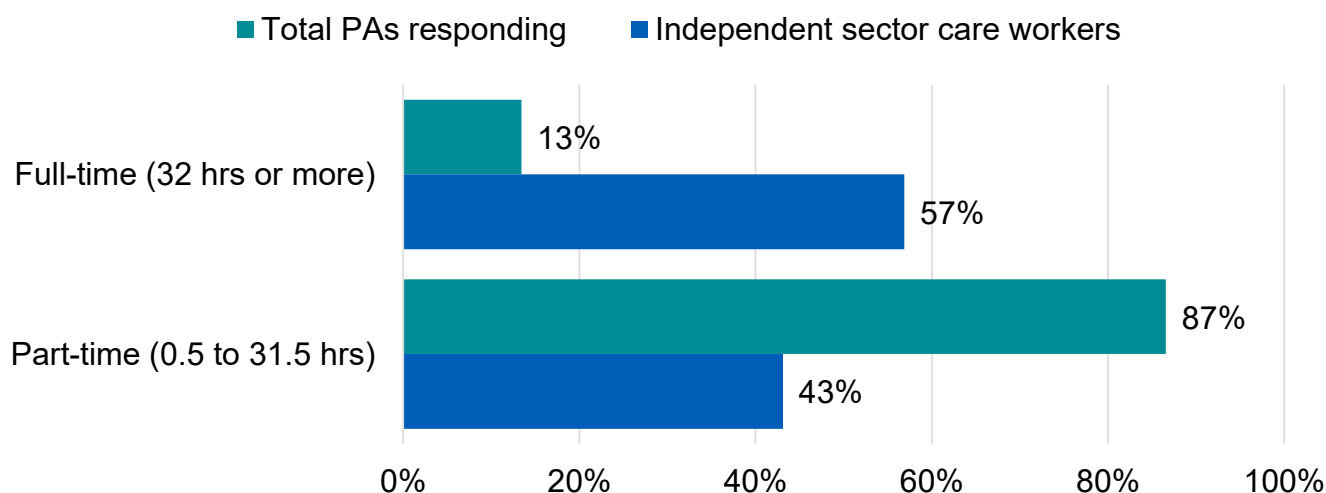
Source: Skills for Care survey and Skills for Care unweighted data, March 2025



Most PA posts (87%) were for part-time hours (0.5 to 31.5 hours per week) and 13% were for full-time hours (32 hours or more per week). In comparison, 43% of care worker posts in the independent sector were part-time and 57% were full-time.

Chart 23. Full-time/part-time status of responding personal assistants and estimated full-time/part-time status of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



Individual employers may rely more on part-time PAs because support is often required at specific times of day or for a limited number of weekly hours. Funding through direct payments and the need for flexible, personalised support can also lead employers to recruit several PAs working shorter shifts rather than a smaller number of full-time staff.

2.4 PA experience, source of recruitment and sickness rates

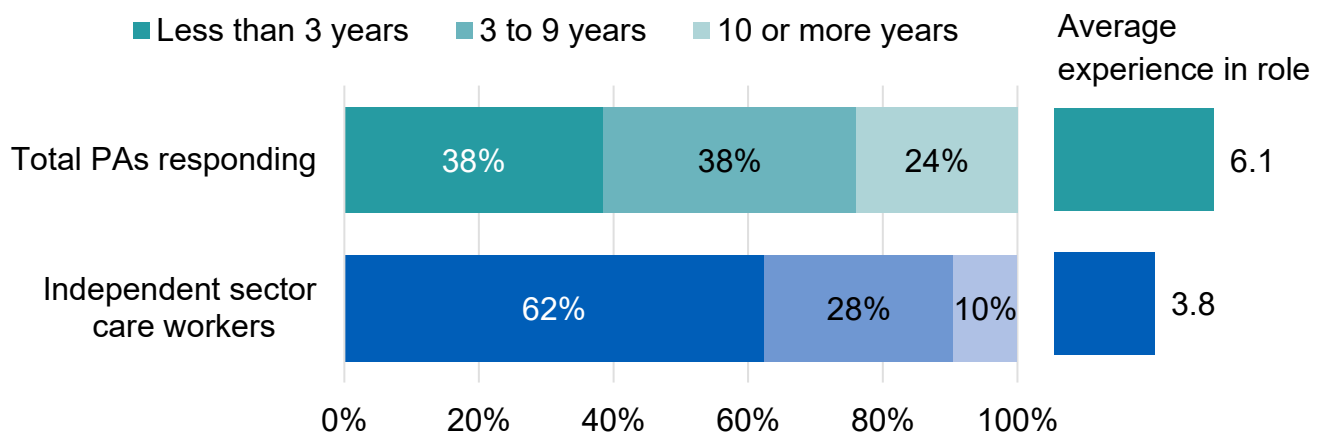
This section looks at the experience, recruitment and sickness rates of PAs. In other parts of the adult social care workforce these factors are often considered alongside rates of recruitment and retention such as starter rates, turnover rates and vacancy rates.

2.4.1 Experience in role

As is shown in Chart 24, PAs had an average of 6.1 years of experience in their current role. This was higher than care workers in the independent sector, at an average of 3.8 years.

Chart 24. Experience in role and average number of years' experience of personal assistants and estimated experience in role and average number of years' experience of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



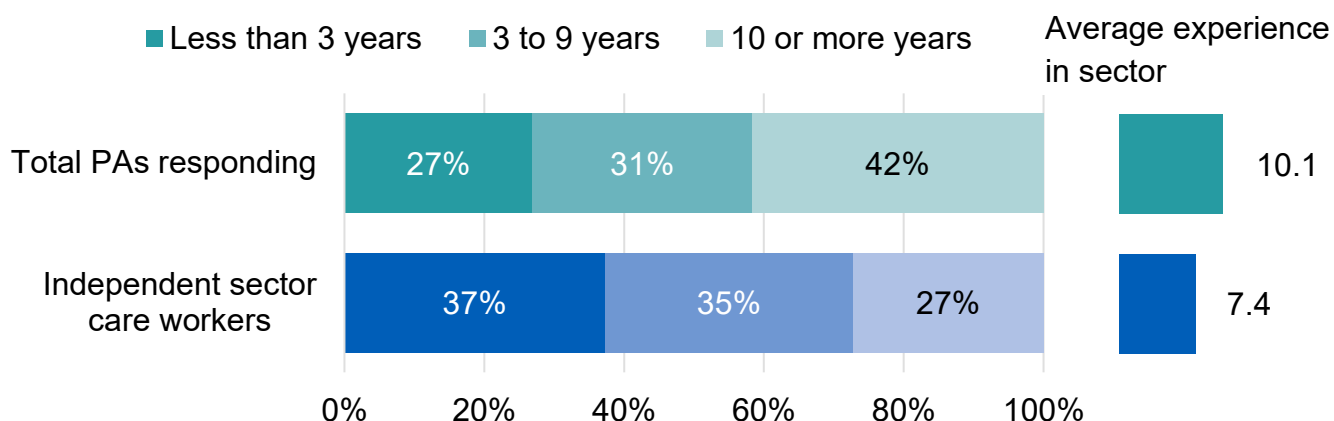
PAs that were employed by a family member or friend had, on average, more years of experience in their role (6.9 years) than PAs employed by an individual employer that was not a family member or friend, or that they did not know before they accepted their role (5.3 years).

2.4.2 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 working within the adult social care sector, as shown in Chart 25 below. PAs had an average of 10.1 years of experience in the adult social care sector, compared to 7.4 years for independent sector care workers.

Chart 25. Experience in sector and average number of years' experience of personal assistants and estimated experience in sector and average number of years' experience of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



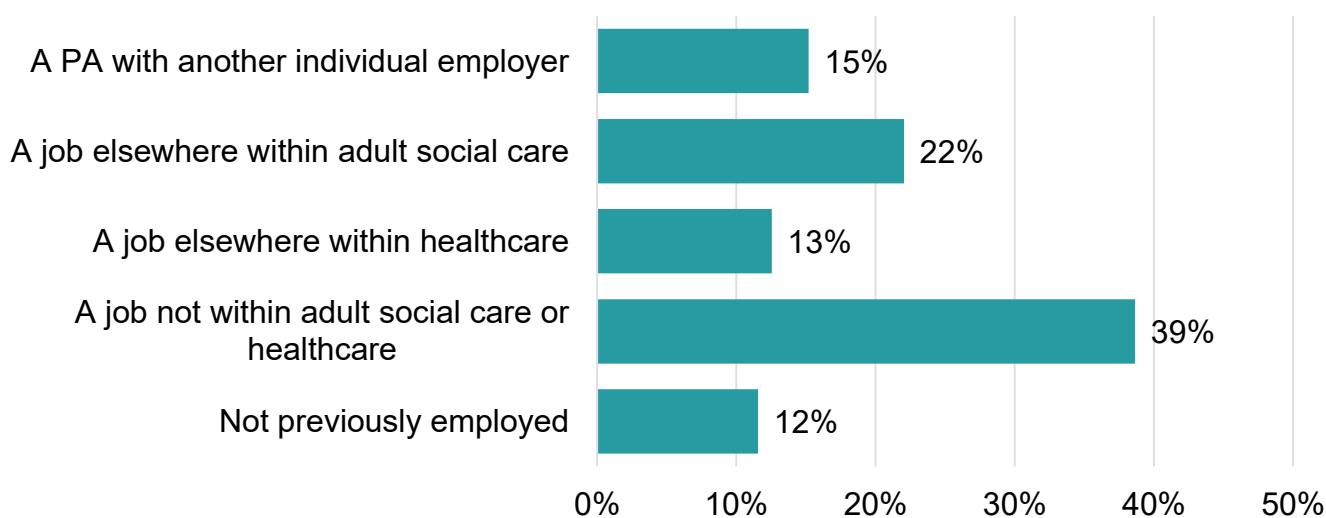
PAs that were employed by a family member or friend had, on average, fewer years of experience in the sector (9.3 years) than PAs employed by an individual employer that was not a family member or friend, or that they did not know before they accepted their role (10.5 years). This suggests that although non-family/friend PAs had a higher turnover rate, many of them move between adult social care roles. Therefore, their experience, qualifications and skills have been retained by the sector.

2.4.3 Source of recruitment

Information is collected about the source of recruitment of PAs. Chart 26 shows that 39% of PA's did not have a job within health or social care before this role. Just over a tenth (12%) were not previously employed before this role.

Chart 26. Source of recruitment of responding personal assistants, 2026

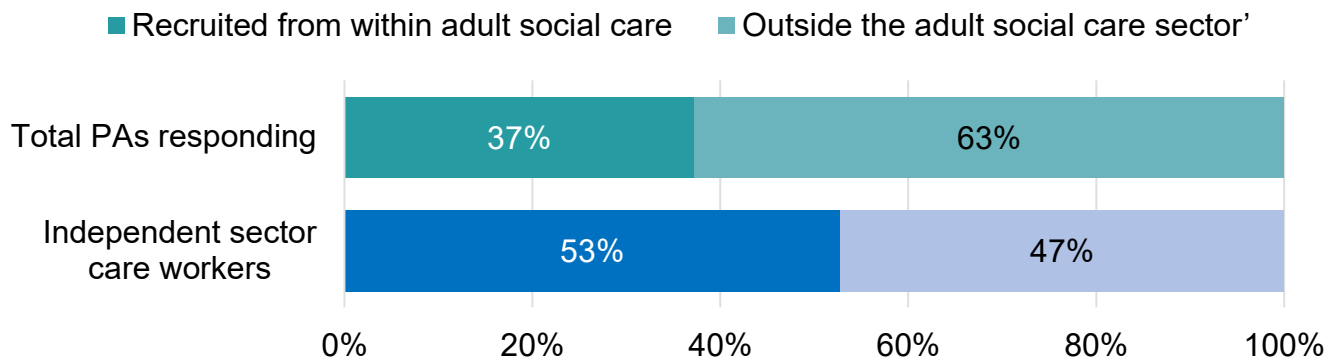
Source: Skills for Care survey



These sources can be grouped into ‘within the adult social care sector’, including a PA role with another individual employer and a role elsewhere within adult social care, and ‘outside the adult social care sector’, including the health sector, any other role and people not previously employed.

Chart 27. Source of recruitment group, for personal assistants and care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



Along with experience in sector (as shown in Chart 25), 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 23), favourable terms and conditions or better pay (section 2.7). It could also be that if a family/friend requires support, people could be moving jobs to support them.

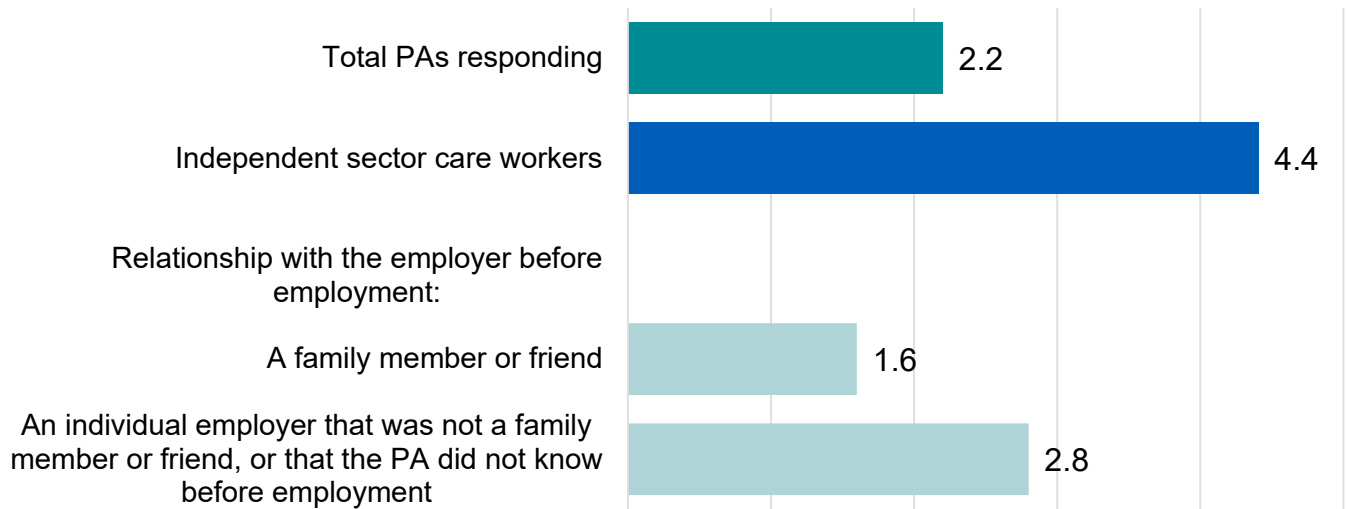
Many PAs stated that they either found their roles through knowing the employer already (family/friend) (48%), through a social care organisation (such as the local authority) (9%), through directly approaching potential employers (9%) or through word of mouth (8%). Only 4% reported using specific job sites and 1% recruitment agencies.

2.4.4 Sickness

Chart 28 highlights the different average sickness days for PAs (both family/friend and non-family/friend) and care workers. On average, PAs took 2.2 sickness days in the previous 12 months. This was much lower than the average for care workers in the independent sector, at 4.4 days.

Chart 28. Average sickness days in the last 12 months for responding personal assistants by relationship with employer, and estimated average sickness days in the last 12 months of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



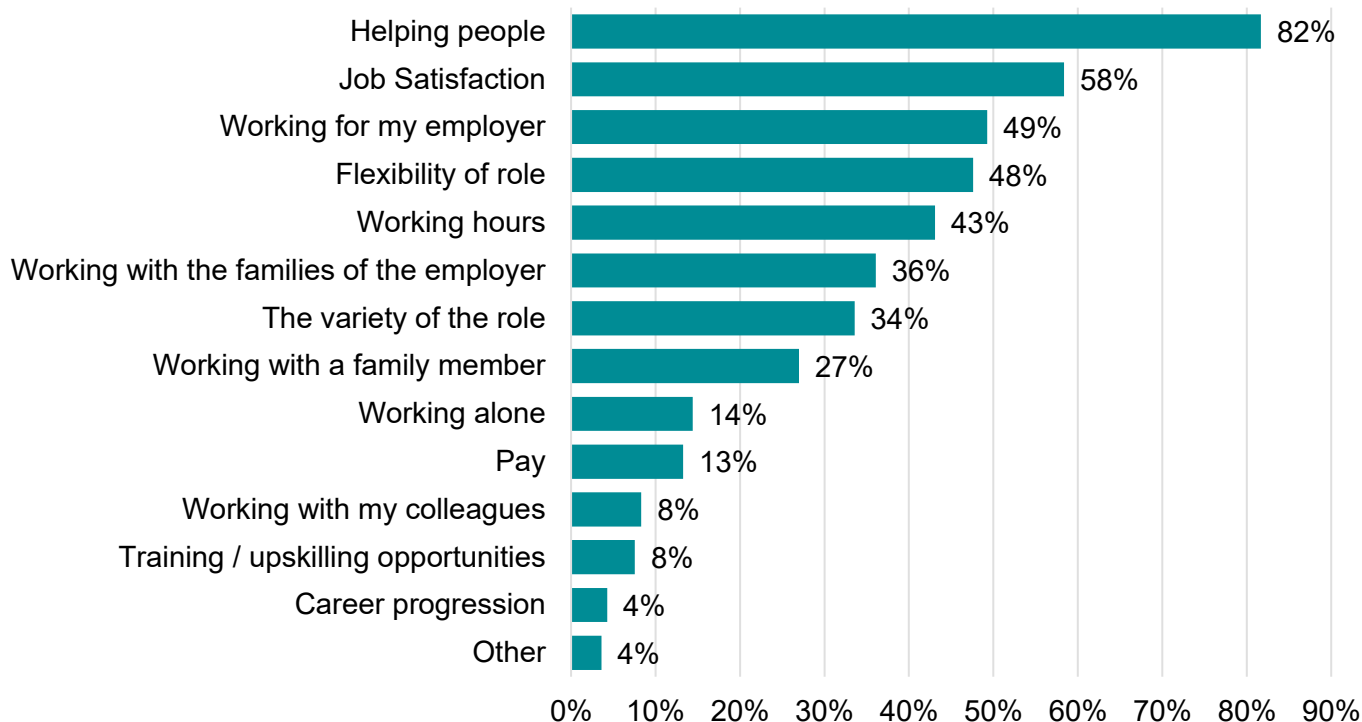
Analysis also showed that PAs employed by a family or friend had lower sickness levels (1.6 sickness days) compared to those who did not know their employer before employment (2.8 sickness days).

2.5 Rewarding aspects of being a PA

We asked PAs what they find rewarding about their role. People could select more than one option so percentages sum to more than 100%. Across all PAs 82% said they found helping people rewarding. Other top factors included ‘job satisfaction’ (58%), ‘working for my employer’ (49%), and ‘flexibility of the role’ (48%).

Chart 29. Factors responding personal assistants find most rewarding about being a personal assistant

Source: Skills for Care survey, 2026



2.6 Demographics

This section shows the demographic information of PAs in 2026, including their age, gender, ethnicity, nationality, disability status, and citizenship. Where appropriate the survey results have been compared to care workers in the independent sector as at 2024/25.

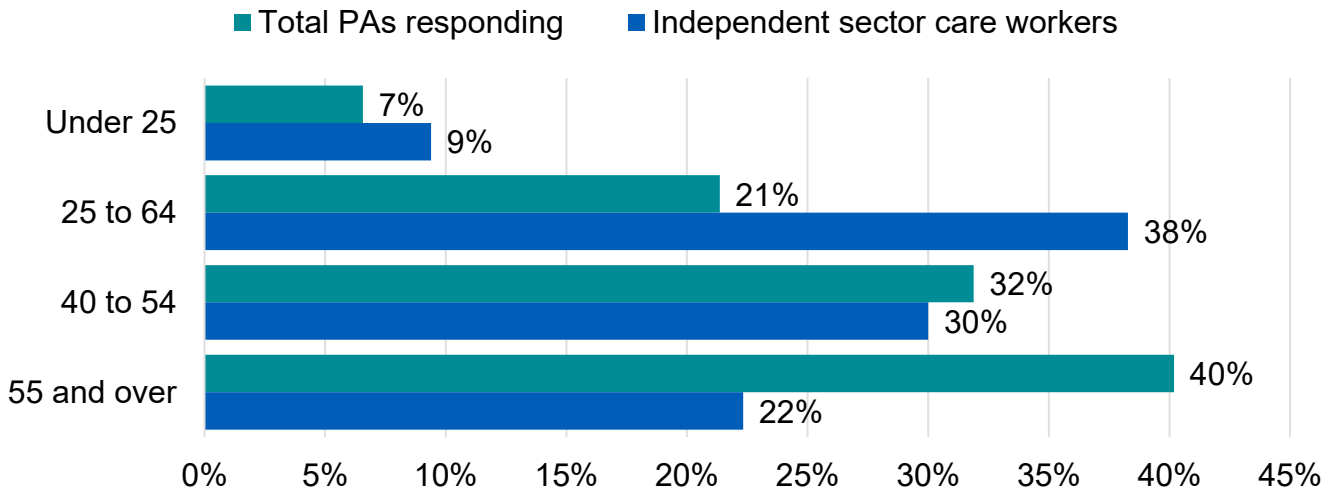
Additional demographic information, such as sexual orientation, can be found in results of the [Adult Social Care \(ASC\) Workforce Survey](#) which was conducted in 2023/24. For more information, see the [Adult social care \(ASC\) workforce and work-related quality of life](#) section of the Further resources chapter of this report.

2.6.1 Age

The average age of a PA was 48.7 years. As shown in Chart 30, 40% of the PAs responding were aged 55 and over. The average age of a care worker in the social care independent sector was younger, at an average of 42 years old.

Chart 30. Age bands of responding personal assistants and estimated age bands of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25

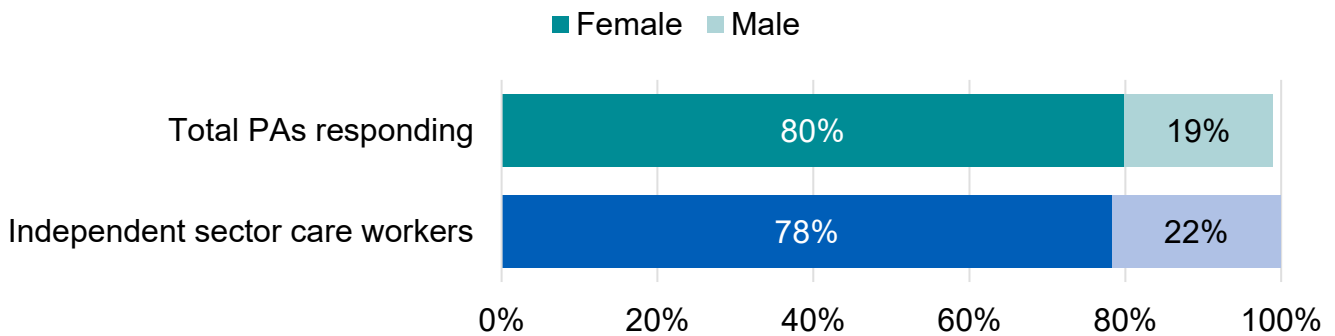


2.6.2 Gender

The 2021 Census showed that 48% of the population in England were male and 52% female. There has always been a higher proportion of females working in adult social care. In 2024/25, 78% of care workers in the independent sector were female, and this was similar in the PA workforce, with 80% female. Males constituted 19% of responding PAs and the remaining 1% preferred not to provide their gender or reported that it was other than male or female.

Chart 31. Gender of responding personal assistants and estimated gender of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



Of those PAs that were a family member or friend to their employer, 21% were male. This was four percentage points higher than those PAs who were not a family member or friend, or that did not know their employer before accepting their role (17% male).

2.6.3 Ethnicity

PAs were given a list of 18 ethnicity options to select from, shown below in Table 3. The ethnicities are then grouped into five categories for a comparison with estimates of independent sector care workers, shown in Chart 32.

82% of responding PAs were of White ethnicities, 17% were of Black, Asian or minority ethnicities, and the remaining 2% preferred not to say.

Table 3. Ethnicity of responding personal assistants, 2026

Source: Skills for Care survey

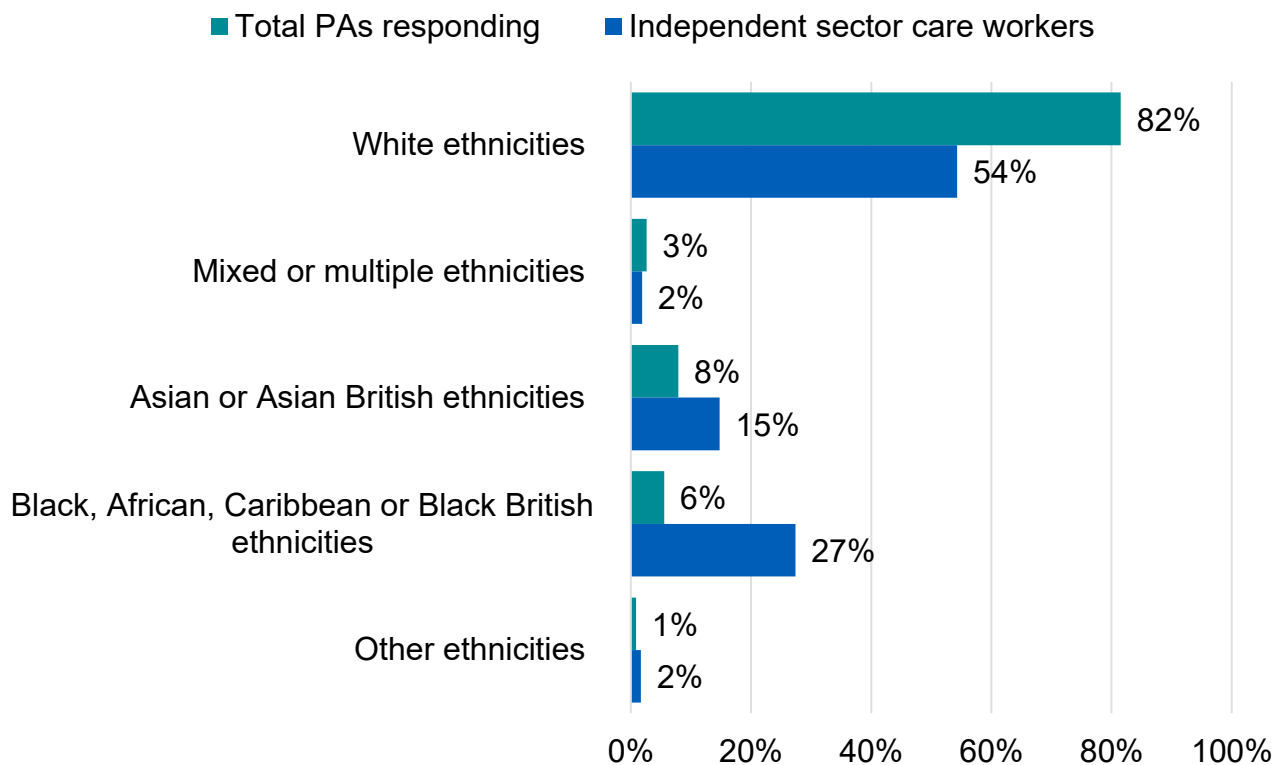
White ethnicities	82%
White British (English, Welsh, Scottish, Northern Irish)	78%
Irish	1%
Gypsy or Irish Traveller	0%
Other White ethnicities	3%
Mixed or multiple ethnicities	3%
White and Asian	1%
White and Black African	<1%
White and Black Caribbean	1%
Other mixed or multiple ethnicities	1%
Asian or Asian British ethnicities	8%
Bangladeshi	1%
Chinese	1%
Indian	2%
Pakistani	3%
Other Asian ethnicities	1%
Black, African, Caribbean or Black British ethnicities	6%
African	4%
Caribbean	1%
Other Black ethnicities	<1%
Other ethnicities	1%
Arab	<1%
Any other ethnicities	<1%
I prefer not to say	2%

Please note that prior to 2025, we analysed ethnicity each year using the five ethnicity groups. For our analysis of data from September 2025, we will analyse both the groups and the individual ethnicities to better describe the full ethnic diversity of the workforce, social care independent sector care workers will be published in October 2026.

Chart 32 shows that the ethnic diversity of PAs was lower than for care workers.

Chart 32. Ethnicity group of responding personal assistants and estimated ethnicity groups of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



At a regional level, London had the most diverse workforce, where 34% of the PAs responding were of White ethnicities and 66% were of Black, Asian or minority ethnicities. Across all regions, there was more ethnic diversity for independent sector care workers. Table 4 below shows ethnicity by the nine regions of England.

Table 4. Proportion of responding personal assistants of a White ethnicity and estimated proportion of independent sector care workers of a White ethnicity by region, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25

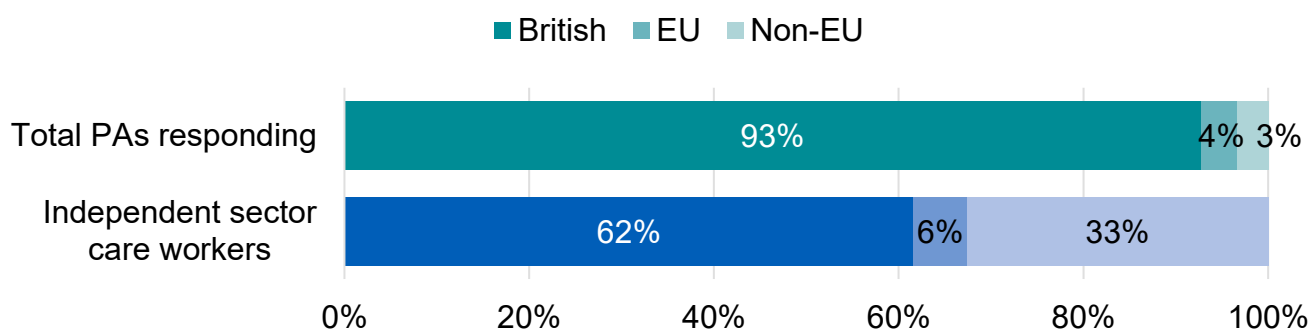
	Total PAs responding		Independent sector care workers	
	White ethnicities	Black, Asian or minority ethnicities	White ethnicities	Black, Asian or minority ethnicities
Eastern	79%	21%	56%	44%
East Midlands	92%	8%	57%	43%
London	34%	66%	14%	86%
North East	88%	12%	79%	21%
North West	87%	13%	68%	32%
South East	92%	8%	52%	48%
South West	94%	6%	68%	32%
West Midlands	83%	17%	52%	48%
Yorkshire and the Humber	86%	14%	68%	32%

2.6.4 Nationality

A total of 93% of responding PAs had British nationality and 7% had a non-British nationality (4% with an EU nationality and 3% with a non-EU nationality). The independent sector had a higher reliance on non-British care workers (38%), as shown in Chart 33.

Chart 33. Nationality of responding personal assistants and estimated nationality of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



It should be noted that in recent years there has been a large amount of international recruitment into care worker roles, increasing the numbers of non-British workers in the social care independent sector. Personal assistant roles were not part of the Health and Care Worker visa route when it was open, which may also contribute to the lower proportion of non-British workers among PAs.

There were slight regional differences in nationality across England. London had the lowest proportion of British PAs (69%) compared to the West Midlands, which had the highest proportion (99%). The greatest contrast was in the South East, which had a much larger proportion of personal assistants with British nationality (97%), compared to care workers with British nationality (53%).

Table 5. Proportion of responding British personal assistants and estimated proportion of British care workers by region, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25

	Total PAs responding	Independent sector care workers
England	93%	62%
Eastern	91%	58%
East Midlands	98%	62%
London	69%	42%
North East	96%	81%
North West	94%	73%
South East	97%	53%
South West	96%	66%
West Midlands	99%	63%
Yorkshire and the Humber	94%	75%

2.6.5 Disability

Results of the PA survey showed that 10% of the PA workforce recorded that they had a disability. This was higher than care workers, at 1% with a disability.

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

2.6.6 Citizenship

We asked PAs if they held British citizenship, if their nationality was not British. Just over a quarter (13%) of PAs with a non-British nationality reported that they held British citizenship, and 87% said that they were not British and not holding British citizenship.

2.7 Pay

The median hourly pay rate for PAs in England was £13.00 (as at February 2026). This was higher than the median hourly rate for care workers in the independent sector, £12.60 (as at December 2025).

Table 6 shows these rates and a comparison to the National Living Wage (NLW), which was £12.21 at the time. Based on median hourly pay, PAs earned 79 pence more per hour than the NLW, compared to 39 pence more per hour for care workers.

Table 6. Basic hourly rate of pay for responding personal assistants and estimated basic hourly rate for independent sector care workers, 2026

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

	Mean hourly pay	Median hourly pay
National living wage	£12.21	£12.21
PAs who responded to survey	£13.79	£13.00
Social care independent sector care workers	Not available	£12.60
PA of a family member / friend	£13.38	£12.87
PA of an employer that was not known before starting the role	£14.11	£13.30
PA with relevant to social care qualifications	£13.94	£13.00
PA with no relevant to social care qualifications	£13.67	£13.00
PA working full-time	£14.28	£13.50
PA working part-time	£13.73	£13.00

The table above also shows that PAs who did not know their employer before starting the role were paid a median hourly rate of £13.30, this was 43 pence more than those working for a friend or family member. This could be a result of employers with more complex needs requiring a PA with more experience or specialist skills and therefore demanding a higher rate of pay.

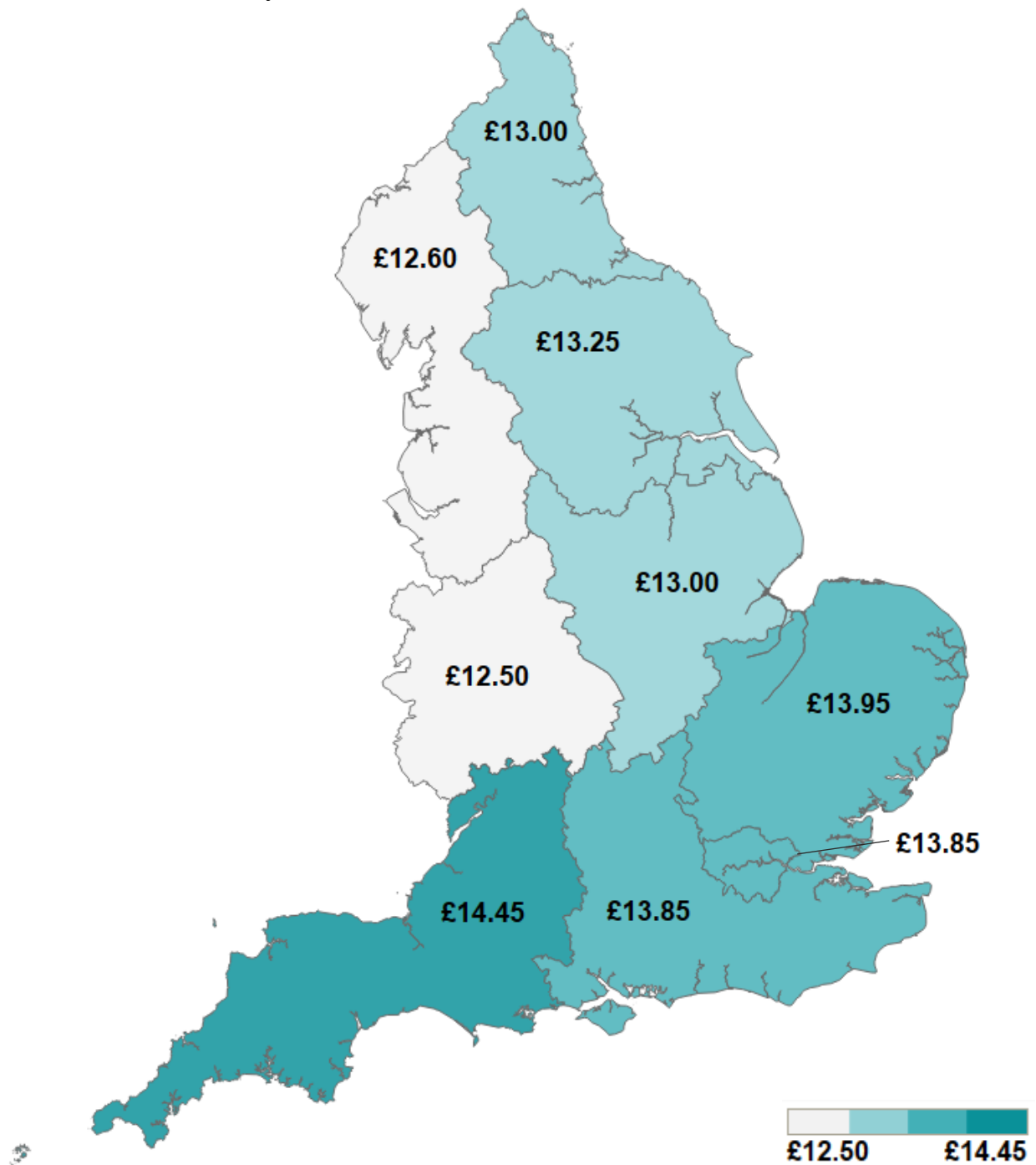
There was no difference in *median* pay rates linked to social care qualifications. PAs who held a social care qualification earned, a *mean* rate of 27 pence more than those who did not hold a social care qualification.

Although, as was noted in section 2.3.5, PAs worked on average 17.9 hours per week, those who worked full-time hours (over 32 hours per week) earned 50 pence more than those working part-time hours.

Map 1 displays the regional pay rates for PAs across England. It shows that South West (£14.45) and Eastern (£13.95) regions had the highest rates of pay. Regions with the lowest pay included West Midlands (£12.50) and North West (£12.60).

Map 1. Median hourly pay rate of PAs by region, 2026

Source: Skills for Care survey



2.8 Qualifications and training

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

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

The [Care Workforce Pathway \(CWP\)](#) for adult social care is a comprehensive framework designed to clearly define careers within the sector, detailing the knowledge, skills, values, and behaviours which are essential for delivering high-quality, personalised care and support. The job role categories, developed in partnership between Skills for Care and the Department of Health and Social Care (DHSC), include the '[Personal assistant](#)' role category. This provides [guidance](#) regarding approaching training, including continuing professional development to adapt to changing needs of their employer.

2.8.1 Care Certificate standards

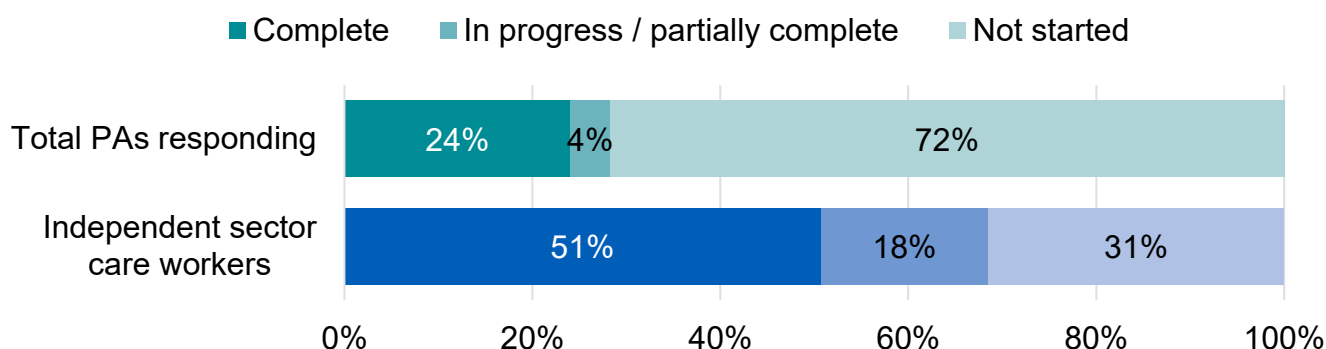
The Care Certificate standards are an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They are made up of the 16 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. For further information about the Care Certificate standards, visit [our website](#).

Chart 34 shows engagement with the Care Certificate standards by PAs compared to care workers. Overall, care workers had a higher proportion of engagement at 69% (51% completed and 18% in progress/partially completed), compared to PAs who had around 28% engagement.

PAs who worked for a family member or friend were less likely to have completed the Care Certificate standards than those who did not work for a family member or friend (20% completed compared to 36% completed).

Chart 34. Care Certificate standards engagement of responding personal assistants estimated Care Certificate standards of independent sector care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25



The Care Certificate standards were introduced in 2015 and are different to the new Level 2 Care Certificate qualification, which launched in June 2024. We will be reporting on engagement with it in next year's report, when the data is available.

2.8.2 Training

Regular learning and development will help ensure PAs can remain up to date with best practice to provide the best care and support.

Statutory and mandatory training are key aspects of an overarching induction process which helps to prepare PAs for their role and requirements. Please see [our website](#) for more about the 'statutory and mandatory training guide for adult social care employers'.

This year we are showing only the non-statutory training categories because. We have excluded the following statutory training categories because they are training required by all workers in the adult social care sector, including PAs:

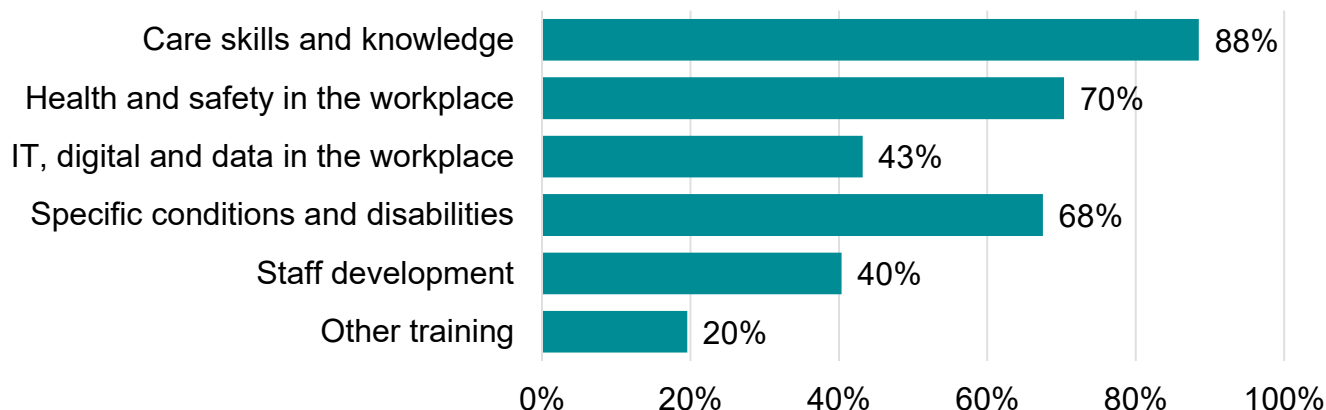
- Health and safety awareness
- Fire safety
- Moving and handling objects
- Infection prevention and control
- Adult safeguarding
- Learning disability and autism awareness (including Oliver McGowan training)

Of the 1,319 PAs responding to the survey 48% recorded training within non-statutory categories.

When PAs complete the survey the 47 training categories were organised into six broader lists. The charts below show the proportion of PAs with training recorded in the non-statutory categories, presented according to these six groups. Chart 35 shows 88% of PAs had training with the group of 'care skills and knowledge', 70% within the group 'health and safety in the workplace' and 68% within the group 'specific conditions and disabilities'.

Chart 35. Proportion of responding PAs with non-statutory training recorded, by category groups, 2026

Source: Skills for Care survey



The following charts (Chart 36 to Chart 40), show the training categories within the groups above.

Across all six groups the top three training categories, recorded by responding PAs were 'personal care' with 64%, 'assisting and moving people' with 62% and 'duty of care' with 62%.

Chart 36 below shows the training categories within the 'care skills and knowledge' group. Overall, 88% of PAs with any training recorded within non-statutory categories had at least one instance of training recorded within this group.

Chart 36. Proportion of responding PAs with non-statutory training recorded within the 'care skills and knowledge' categories group, 2026

Source: Skills for Care survey

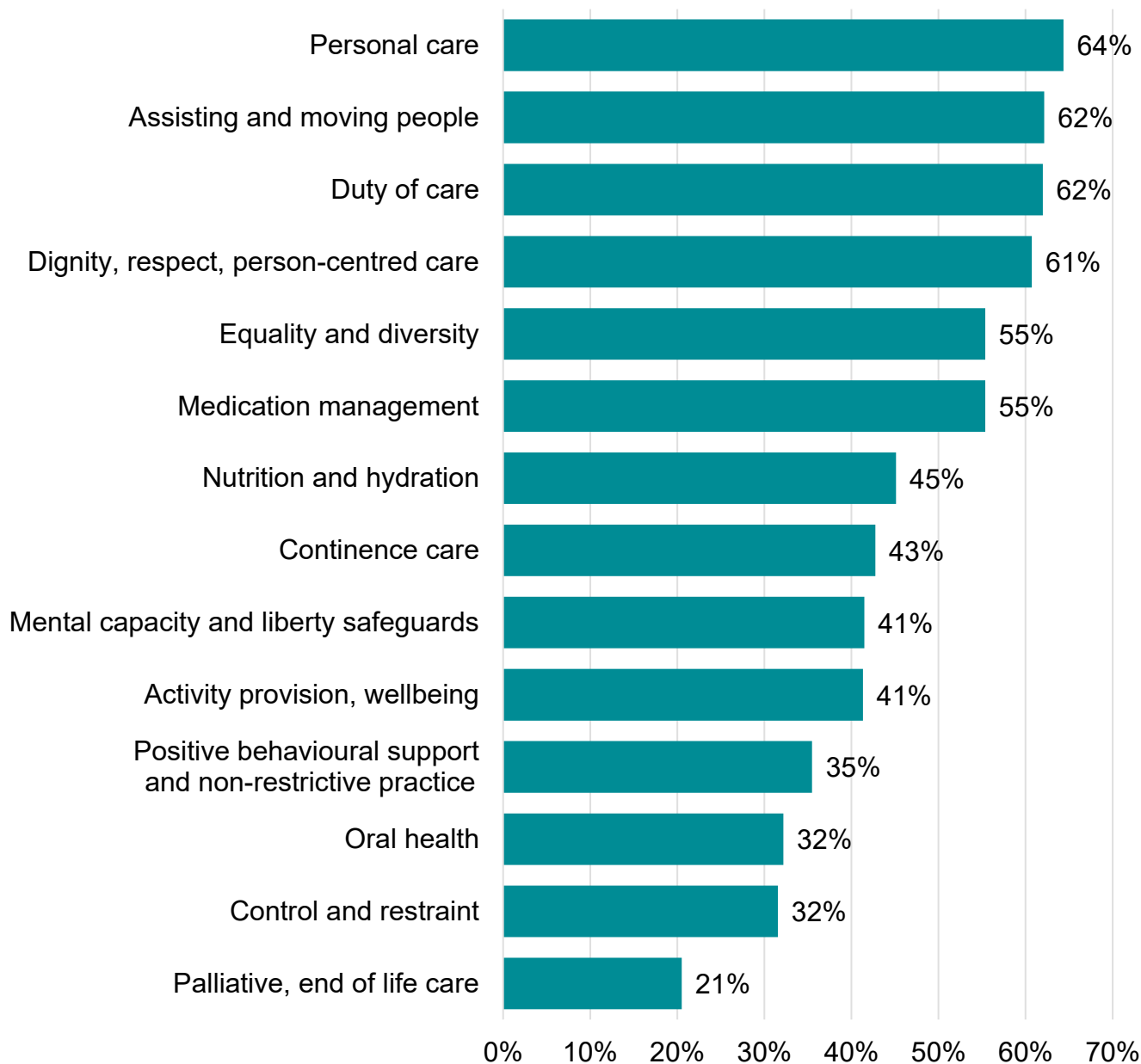


Chart 37 below shows the training categories within the 'health and safety in the workplace' group. Overall, 70% of PAs with any training recorded within non-statutory categories had at least one instance of training recorded within this group.

Chart 37. Proportion of responding PAs with non-statutory training recorded within the 'health and safety in the workplace' categories group, 2026

Source: Skills for Care survey

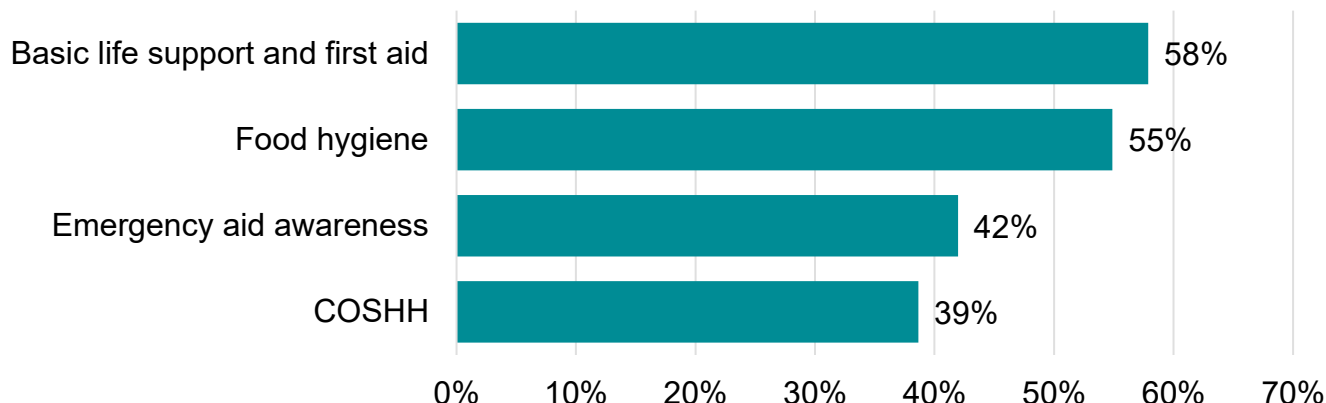


Chart 38 below shows the training categories within the 'IT, digital and data in the workplace' group. Overall, 43% of PAs with any training recorded within non-statutory categories had at least one instance of training recorded within this group.

Chart 38. Proportion of responding PAs with non-statutory training recorded within the 'IT, digital and data in the workplace' categories group, 2026

Source: Skills for Care survey

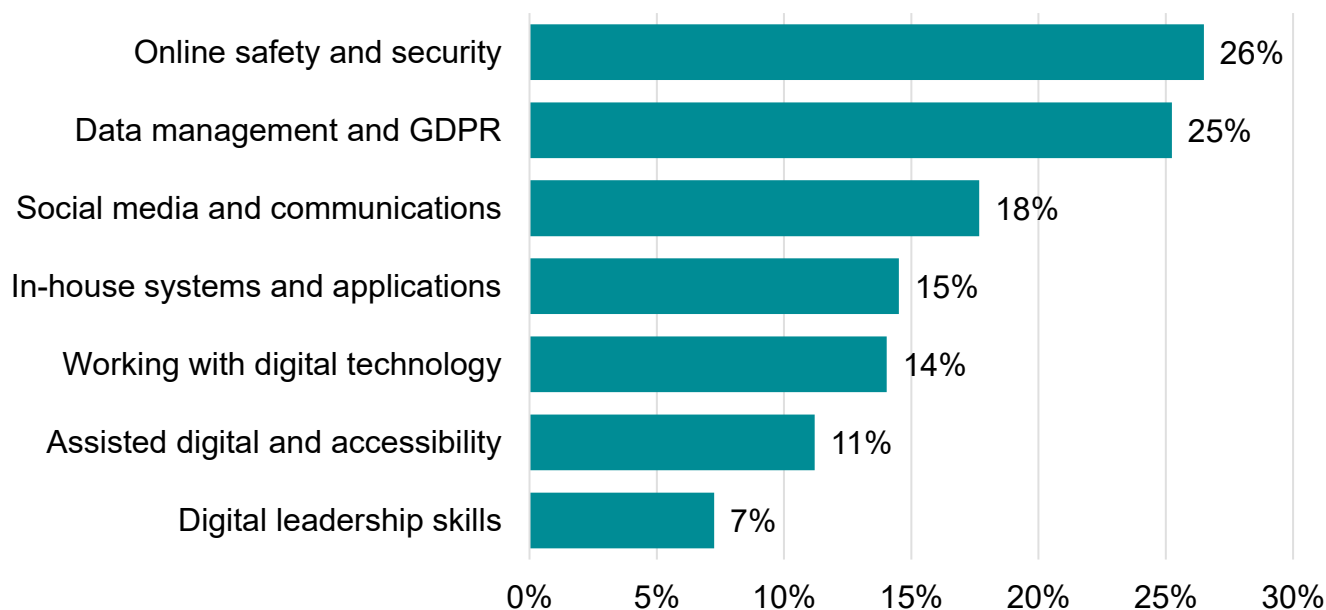


Chart 39 below shows the training categories within the 'specific conditions and disabilities' group. Overall, 68% of PAs with any training recorded within non-statutory categories had at least one instance of training recorded within this group.

Chart 39. Proportion of responding PAs with non-statutory training recorded within the 'specific conditions and disabilities' categories group, 2026

Source: Skills for Care survey

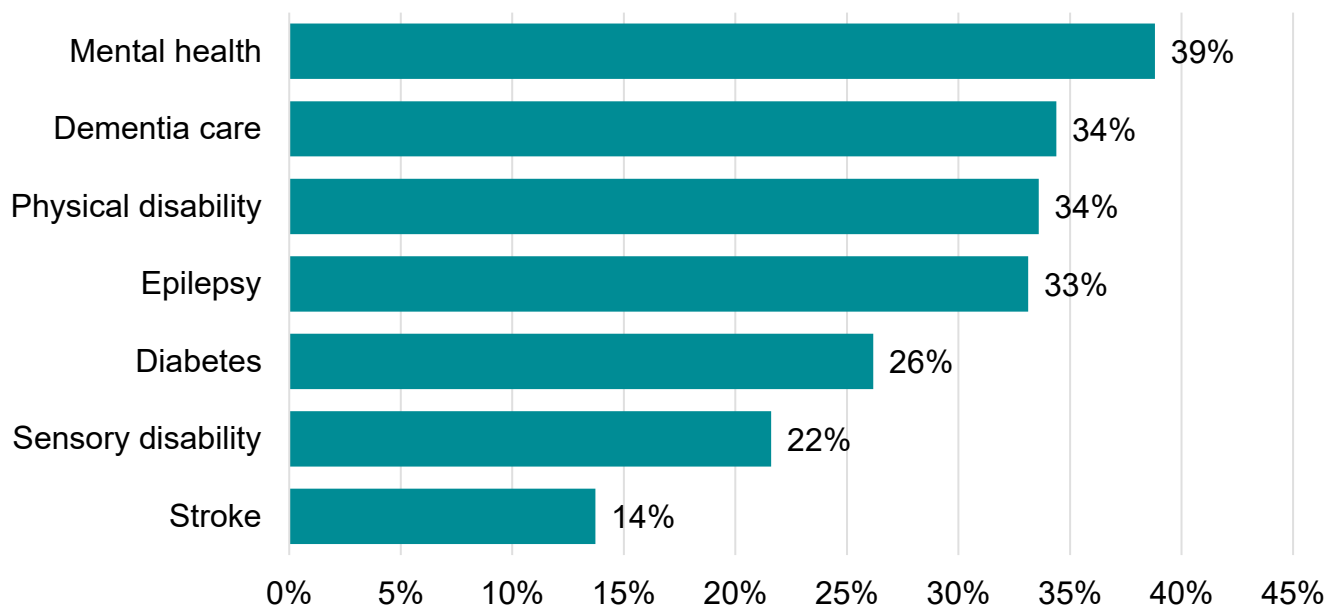
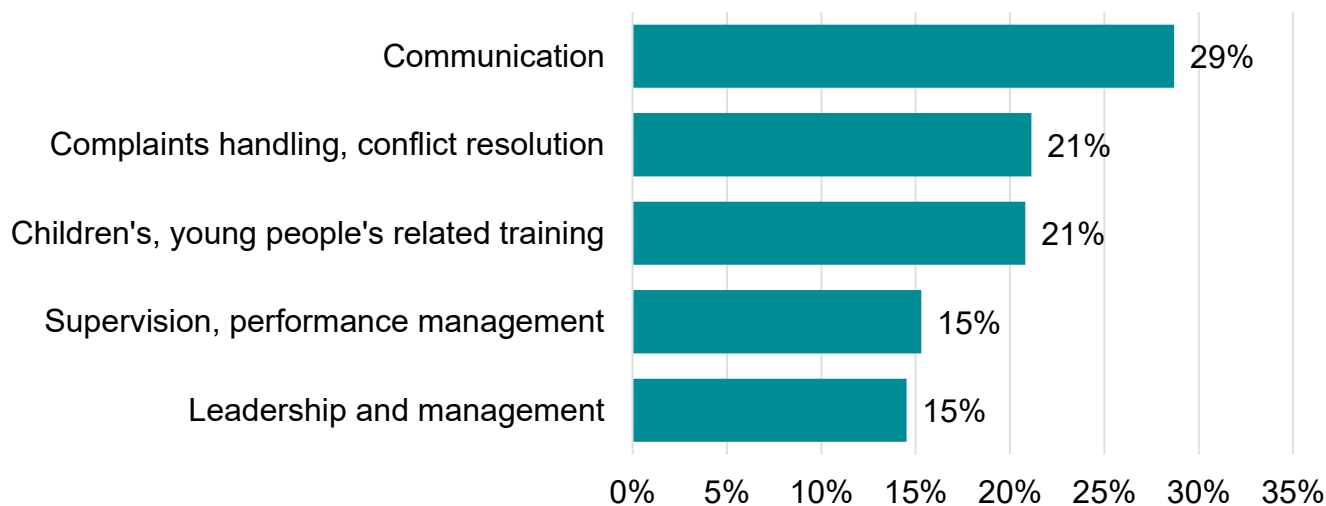


Chart 40 below shows the training categories within the 'staff development' group. Overall, 40% of PAs with any training recorded within non-statutory categories had at least one instance of training recorded within this group.

Chart 40. Proportion of responding PAs with non-statutory training recorded within the 'staff development' categories group, 2026

Source: Skills for Care survey



2.8.3 Social care qualifications held

Chart 41 shows the highest level of social care qualification held by PAs and care workers.

Overall, 48% of PAs do hold a relevant social care qualification, which was slightly higher than the percentage of care workers (43%).

Chart 41. Social care qualification held by personal assistants and care workers, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25

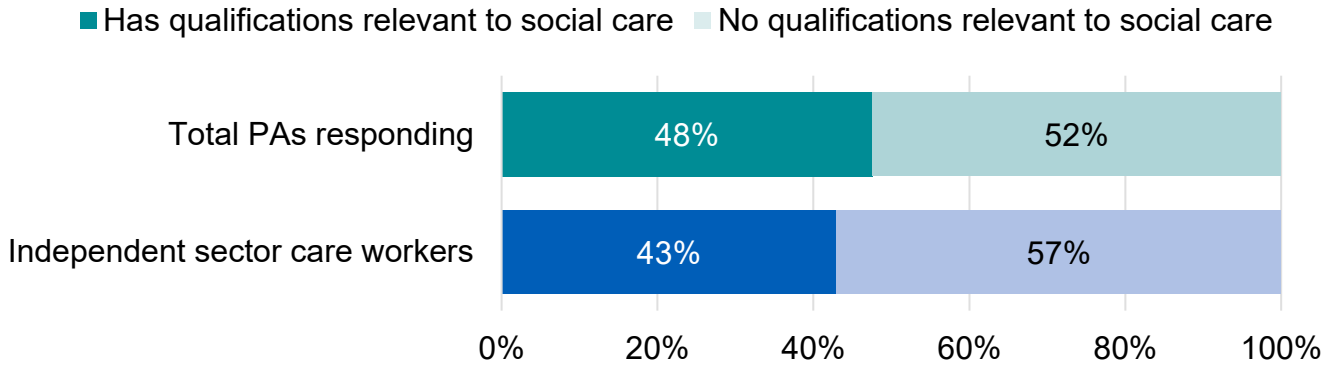


Chart 42 shows that of those that held a social care qualification around 21% of PAs had a level 5 and above qualification, which was a higher proportion than care workers (2%). This could suggest that some PAs move from other roles, where they have been highly qualified, into PA roles, potentially as 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 42. Level of social care qualification held by personal assistants and care workers, of those with social care qualifications, 2026

Source: Skills for Care survey and Skills for Care estimates, 2024/25

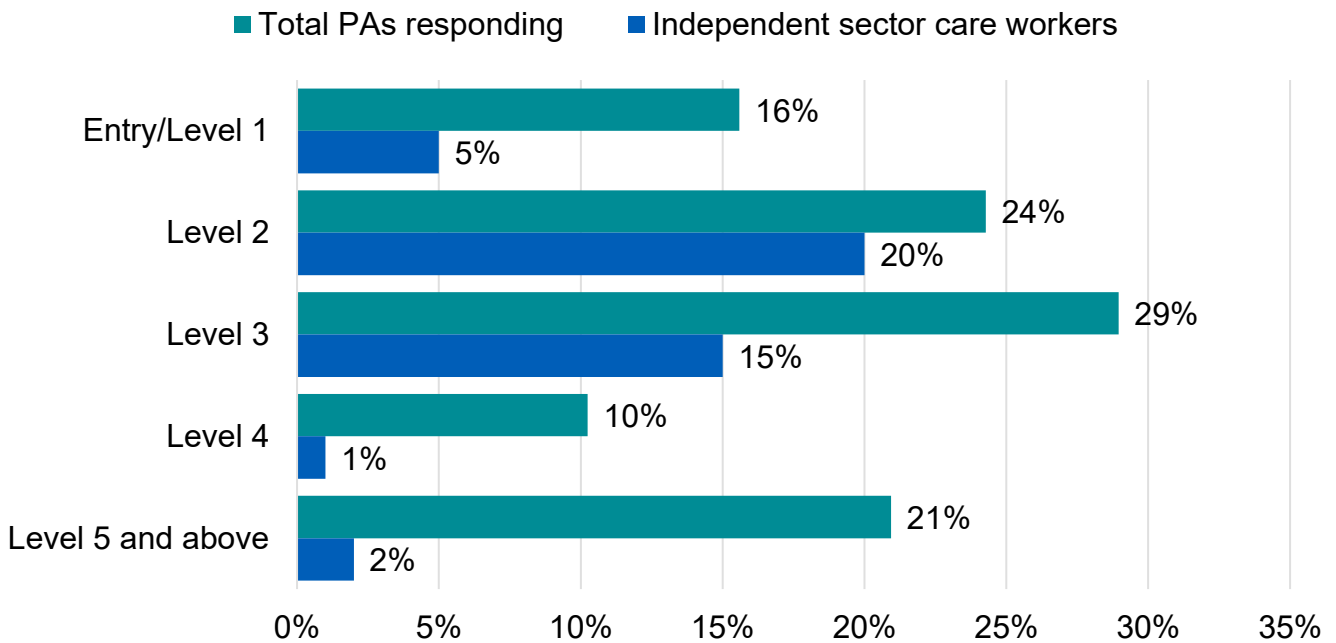
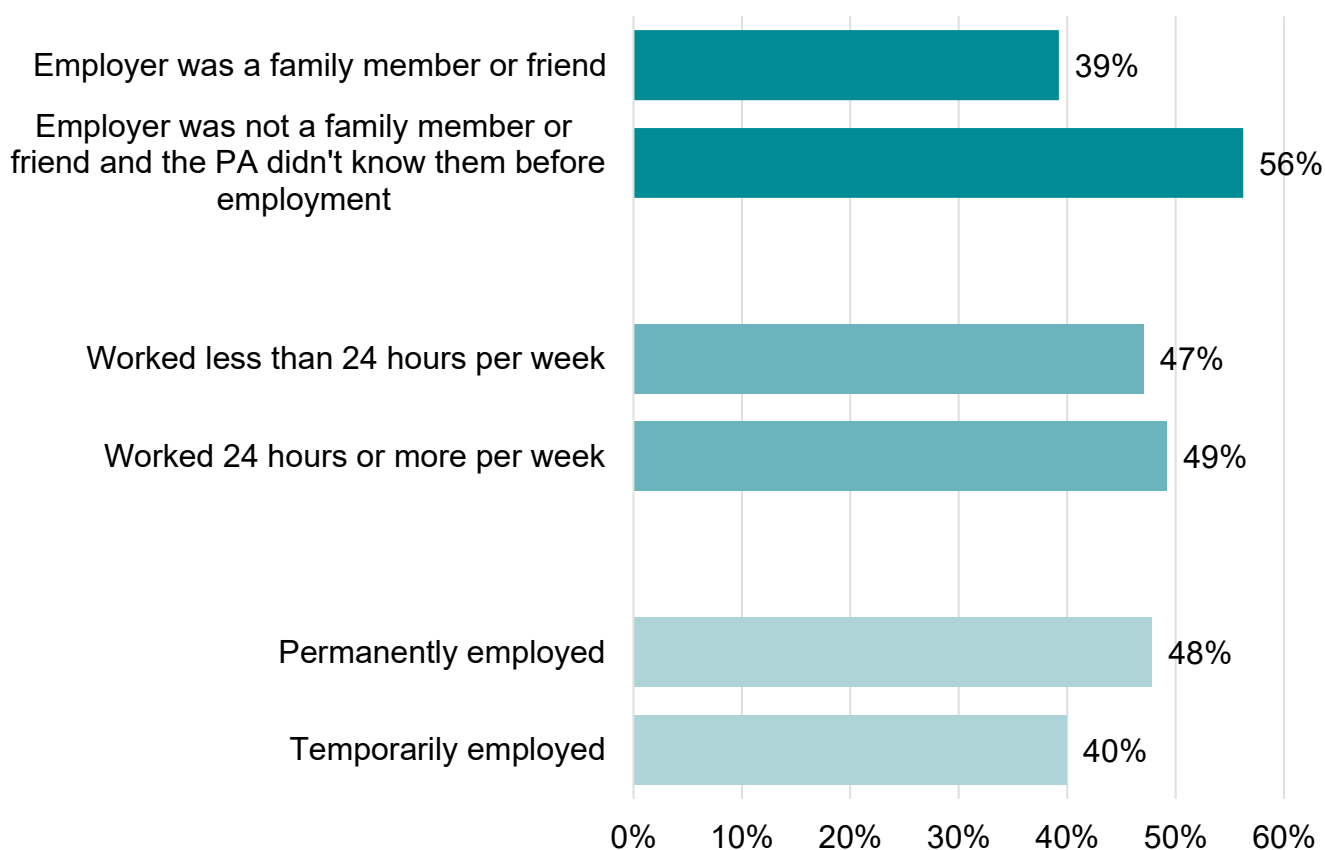


Chart 43 shows the proportion of PAs responding, who held a social care qualification, by various factors. 'Non-family/friend' PAs were more likely to have a social care qualification (56%) compared to family/friend PAs (39%).

More PAs who were permanently employed held a social care qualification (48%) than those who were temporarily employed (40%). There was a small difference between PAs who worked less than 24 hours (47% had a qualification) and those that worked 24 or more hours (49%).

Chart 43. Proportion of responding personal assistants that held a relevant social care qualification, 2026

Source: Skills for Care survey



2.8.4 Non-social care qualifications held

It is worth noting that 69% of PAs reported that they held a non-social care qualification. Of these, 44% held a qualification at level 5 or above, with 34% holding a level 6 qualification (undergraduate degree level) or higher.

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

Further resources

Our workforce intelligence publications

As a producer of official statistics, we provide robust workforce intelligence that 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. This section provides an overview of some of the reports and resources published by our Workforce Intelligence team. To access these reports and visualisations, please refer to the relevant pages on our [Workforce Intelligence website](#).

The state of the adult social care sector and workforce in England

This report and accompanying documents provides estimates from 'The size and structure of the adult social care sector and workforce in England' report, as well as detailed estimates of workforce characteristics including: employment overview, recruitment and retention, workforce demographics, pay, qualification and training, future projections and international recruitment. We also analyse the factors affecting staff turnover across the sector.

To access this information, visit www.skillsforcare.org.uk/stateof

The size and structure of the adult social care sector and workforce in England

This report provides estimates of the number of organisations and establishments involved in providing or organising adult social care, as well as the size and structure of the workforce, including people and filled posts estimates, trend data, and future projections.

To access this information, visit [our website](#).

Regional information

There are three pages of [regional information](#) on our website, providing an annual overview of adult social care services and the workforce in each region:

- a visualisation looking at the workforce in each region area, one at a time
- our comparison report comparing key variables across the nine regions
- individual regional written summary reports, summarising the workforce statistics.

Local area information

There are various pages on our website showing [local area information](#). These are split by either local authority area or NHS Integrated Care Board (ICB) geographical area.

- individual local authority or ICB area pages: looking at the workforce in each area, one at a time
- our comparison reports comparing key variables across local authority or ICB areas
- individual area written summary reports, summarising the workforce statistics
- our 'My ICB area (MH and LD&A)' report showing the latest information from the ASC-WDS for the mental health and learning disability and/or autism workforces, split into ICB areas.

Key topic areas

We also produce information on popular topic areas. Each topic includes a summary of the workforce information available, and signposts to other relevant resources.

- workforce tracking of key metrics
- learning disability and/or autism workforce
- apprenticeships
- pay rates
- nurses in social care
- recruitment and retention
- registered managers
- social work
- workforce nationality and international recruitment
- factors affecting staff turnover.

To access these topic pages, visit [our website](#).

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.

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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 ratings, turnover or vacancy rates can be improved.
- We can produce bespoke reports and analysis to 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.
- You can request a feed of data to enhance or improve a product or service.

In addition to the information on our website, we also have a dedicated Workforce Intelligence LinkedIn showcase page. The page will help you to discover the latest insights into the data, reports and visualisations we publish throughout the year. We share how that data is being used by the Government, think tanks, the media and other organisations we work with to inform

debate and support decision-making. To learn more, visit our [Adult Social Care Data LinkedIn page](#).

Our values as producers of official statistics

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, visit [our website](#).

All analysts leading on the production of this report 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.

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.

In 2023, Skills for Care became an official statistics provider, having been added to the [Official Statistics Order 2023](#). We, Skills for Care's Workforce Intelligence team, are committed to the three pillars of trustworthiness, quality and value, as well as to the principles of the Code of Practice for Statistics. Visit our website for our full [statement](#).



User engagement is important to us and we welcome any feedback on the collection of this data and the findings of this report, as well as the accompanying reference tables and data visualisation on our website. To contact us, please use one of the options below.

Email: analysis@skillsforcare.org.uk

Website: <http://www.skillsforcare.org.uk/WorkforceIntelligenceContactUs>

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 train PAs, and has sections for PAs and supporting organisations. For more information, visit www.skillsforcare.org.uk/iepahub

Skills for Care also disburses funding for individuals employers to pay for training for them and their PAs. Find out more at www.skillsforcare.org.uk/iefunding

Adult social care (ASC) workforce and work-related quality of life

Between August and October 2023, Skills for Care along with the University of Kent and Ipsos, conducted the [Adult Social Care \(ASC\) Workforce Survey](#). The survey was designed to collect information on a wide range of workforce conditions and how they affect work-related quality of life. Over 7,000 responses were collected and results from the ASC Workforce Survey can be found on the UK government website.

The ASC Workforce Survey is separate and distinct from both the Individual Employers and Personal Assistants surveys and the ASC-WDS. Readers of this report may however find results of the ASC Workforce Survey a useful and interesting accompaniment to the results shown here. In particular relating to additional PA demographic information and the rewarding aspects of being a PA. However it should be noted that the ASC Workforce Survey contains data from 2023/24 while the results in this report relate to the IE and PA surveys in 2026.



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