This report focuses on a job role that, until now, little has been known about within the adult social care sector - personal assistants.

It is crucial that the sector has clear and robust workforce intelligence about the characteristics and issues faced by individual employers and personal assistants (PAs) in the adult social care sector. Better quality information will help Skills for Care, local authorities, direct payment support organisations and other stakeholders to improve the planning and support of the PA workforce. This knowledge will improve outcomes for people employing their own staff - both now and in the future.

1. Introduction

Direct payments were the main mechanism to deliver the personalisation agenda for adult social care in England. Personalisation was a step change from the traditional service-led approach of care, to offering choice and control to people, with an increased emphasis put on wellbeing and lifestyle.

Direct payments were first introduced for adults in 1997 and for older people in 2000. With the introduction of the Care Act in 2014, it became mandatory for local authorities to provide direct payments to individuals who needed, and were eligible, to receive them.

In the 2015 the ‘Department of Health\(^1\) defined a direct payment as;

“A payment of money from the local authority to either the person needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. This ensures the adult can take full control over their own care.”

After a fairly slow start the number of people receiving direct payments increased rapidly between 2008 and 2014 (from 65k to 235k). Many of these people were choosing to directly employ their own staff rather than using traditional adult social care services.

Skills for Care estimates that, by 2016, around 70,000 of the 235,000 adults and older people receiving a direct payment directly employed their own staff (creating 145,000 PA jobs between them). And until this point, very little was known about this relatively new and large part of the adult social care sector and workforce. Skills for Care, as the leading source of social care workforce intelligence, has recently completed a new research study in this field to replicate the success it has had collecting and producing statistics via the NMDS-SC about the wider adult social care sector and workforce.

This report outlines the results of this project. The survey was designed to mirror the NMDS-SC allowing for PA workforce characteristics to be compared to care workers and the wider adult social care workforce.

Skills for Care surveyed approximately 10,400 individual employers and their PAs via two national organisations that provide support to people that employ their own staff; as well as an online survey. There were 968 individual employer and 1,218 PA responses from people with varying care needs, ages and from each region of England. For the first time we have a solid basis for producing statistics about this part of the sector.

In order to provide some context to this new PA workforce intelligence, as well as offer a comparison, information about PAs at times has been presented alongside that of care workers working in the adult social care sector. It is acknowledged that care workers and PAs have different roles and ways of working.

2. Summary of key findings

Individual employers

What is an individual employer? An individual employer is someone who needs care and support and who directly employs one or more personal assistants (PAs) to meet their needs.

The estimates below, on the total number of individual employers and PAs, only include those using direct payments to employ staff, and their PAs. It is acknowledged that some people also employ PAs via other funding streams or by using their own funds.

- Around 235,000 adults, older people and carers were receiving direct payments in 2015/16 (NHS Digital), of which, Skills for Care estimates that around 70,000 (29%) directly employed their own staff.
- The total number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014 and 2016. Between 2008 and 2013 this figure increased by around 35,000, in line with the take up of direct payments over the same period.
- Individual employers, on average, employed 2.1 PAs each and there were an estimated 145,000 jobs for direct payment recipients in 2016.
- PAs held an average of 1.27 PA jobs each which means around 115,000 people were carrying out the 145,000 jobs in 2016.
- The PA turnover rate reported by individual employers was 18.9%. This was considerably lower than the sector-wide rate for care workers (33.8%).
- The PA vacancy rate reported by individual employers was 7%. This was similar to the sector-wide rate for care workers (7.7%).

---

2 For more information about the methodology and a representativeness review please see the appendix
3 2016/17 care worker workforce estimates were based on independent sector information derived from the NMDS-SC as at March 2017 and local authority information as at September 2016.
Personal assistants

What is a personal assistant? A personal assistant (PA), for the purpose of this report, is someone who is employed directly by a person who needs care and support. They can also be employed by a family member or representative when the person they're supporting doesn’t have the physical or mental capacity to be the employer. A PA always works directly with the individual they're 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 new Skills for Care survey data. This survey includes personal assistants employed using direct payments (95%), those employed by self-funders (2%) and those employed using a mix of both sources (2%).

- PA jobs were less likely to be full-time (31%) than care worker jobs (46%).
- Zero-hours contracts were much less common amongst PAs (17%) than care workers (34%).
- The mean hourly pay rate for PAs in England was £9.10. This pay rate was considerably higher than the rate for care workers employed in the independent sector (£7.71).
- Almost half (45%) of PAs held a relevant adult social care qualification. This was similar to care workers (46%). PAs, however, were more likely to be qualified to level 3 and above (25%) than care workers (17%).
- Just over half (52%) of the responding PAs were a family or friend of their employer and just under half (48%) did not know their employer before accepting their current role.
- Across most workforce areas, differences can be seen between those PAs who support a friend or family member and those that did not know their employer before they accepted their role as a PA. For example non-family/friend PAs were:
  - More experienced, on average, with 10.2 years working in the adult social care sector compared to 9.2 years for family/friend PAs.
  - More likely to have held a role within social care before working in their current role (56%) than family/friend PAs (35%).
  - Paid, on average, a higher rate of pay than family/friend PAs (39p more per hour).
  - A greater proportion of non-family friend PAs held relevant adult social care qualifications (56% compared to 32%) and they also reported more training than family/friend PAs in almost all training categories.
3. Individual employers

Information from NHS Digital shows that there were around 235,000 adults, older people and carers receiving direct payments from councils’ social services departments in 2015/2016. Skills for Care estimates, published in ‘The size and structure of the adult social care sector and workforce report 2017’⁴ state that approximately 29% of these individuals were employers, this equates to 70,000 people employing their own staff.

**Individual employers employed 2.1 PAs each** (on average) and therefore there were an estimated 145,000 jobs for direct payment recipients.

The ‘size and structure’ report also includes information about direct payment recipients and PA job trends over an eight year period. The estimated number of direct payment recipients employing staff has remained stable (at around 70,000) between 2014 and 2016. This figure, between 2008 and 2013, increased by around 35,000, in line with the take up of direct payments over the period. The number of PAs employed by direct payment recipients has followed the same trend.

It is acknowledged that some people also employ PAs via other funding streams or by using their own funds.

3.1. Recruitment and retention

**Finding and retaining personal assistants**

Employers were asked about the ease of finding and retaining PAs and also for tips and issues faced. These results formed part of a separate report, looking specifically at recruitment and retention in the adult social care sector: secrets of success⁵, a summary of the individual employer findings are presented here:

Employers were asked if they find it easy to retain (keep) their PAs. 75% said yes, they did not experience any problems, 19% said they experienced some difficulties and 6% said they did not find retaining staff easy. One of the recommendations (p59) was that “values and behaviours based recruitment is generally more effective than recruitment solely focussed on qualifications or past experience.” For information about PAs training and qualifications please see section 4.5.

In terms of recruiting, a lower proportion of individual employers generally found it easy to recruit PAs (45% found it easy). Over half (55%) either experienced some difficulties (27%) or did not find it easy (27%).

The secrets of success report found often individual employers found it difficult to find somebody to meet their specific needs (in terms of hours, type of care, location or qualities).

---

⁴ [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure)

⁵ Please see [http://www.skillsforcare.org.uk/NMDS-SC-intelligence/Research-evidence/Our-research-reports/Our-research-reports.aspx](http://www.skillsforcare.org.uk/NMDS-SC-intelligence/Research-evidence/Our-research-reports/Our-research-reports.aspx) for the full report and individual employer infographic
Leavers and staff turnover rates

The staff turnover rate reported by individual employers was 18.9%. This was considerably lower than directly employed care workers working for local authorities and independent sector employers, at 33.8%.

One possible reason that the PA turnover rate could be lower than care workers is the close relationships between PA and employer, and also differences in the nature of the work between the two roles. Terms of conditions were also generally better for PAs; for example they had higher pay rates (see chart 18) and lower reliance on zero-hours contracts (see chart 8), which could result in better retention.

Turnover rates of PAs employed by family or friends was found to be lower (at around 14%) than those who did not know their employer before starting their role (at around 21%). The ‘secrets of success’ report found that many employers who had not experienced problems retaining PAs would recommend employing people that they already know.

Chart 3. Turnover rate of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Personal assistants</th>
<th>Care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.9%</td>
<td>33.8%</td>
</tr>
</tbody>
</table>

For information about experience in role and sector and source of recruitment please see Charts 9-11.

Vacancy rates

Chart 4 shows the vacancy rate for individual employers was 7.0%. This rate was similar to the rate for care workers (7.7%) in the wider sector where recruitment is a well-established issue.

The secrets of success report found there were some similarities in terms of the recruitment difficulties experienced by individual employers and independent sector employers with funding and pay being towards the top of both lists.

Individual employers did face some unique issues however, with those who only required a few hours support each day (possibly at unsocial times) finding it difficult to find people willing and able to take on the work. The other main difficulty noted was related to finding suitable staff to meet their needs, either because they had specific care or medical needs, or because they were looking for someone with specific qualities.

Chart 4. Vacancy rate of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Personal assistants</th>
<th>Care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.0%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>
4. Personal assistants

Skills for Care estimates that there were approximately **145,000 personal assistant jobs for direct payment recipients** in 2016. Please note that there will be more PAs than the 145,000 working in the adult social care sector. Those that are funded entirely privately will not be captured in this estimate. The workforce statistics in the rest of this section do include information from self-funders that completed Skills for Care’s survey.

Just over half (52%) of the PAs responding to the survey were a family or friend of their employer and just under half (48%) did not know their employer before accepting their current role. For the purposes of this report, those that did not know their employer before starting work are called ‘non-family/friend’.

4.1. Employment overview

**PAs hold an average of 1.27 PA jobs per person.** This means that the 145,000 personal assistant jobs were carried out by around 115,000 people.

The following section includes information on employment status, full/part-time status and zero-hour contracts.

**Employment status**

The majority of PAs (89%) that responded to this survey were permanently employed, this was the same proportion as care workers. Of the remaining 11% of PAs, 7% were temporarily employed and 4% had other employment statuses.

**Chart 5. Employment status of personal assistants and care workers in the adult social care sector, 2016/17**

<table>
<thead>
<tr>
<th></th>
<th>Personal assistants</th>
<th>Care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Temporary</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Non-family/friend PAs were slightly more likely to be employed on a permanent contract (91%) than a family/friend PA (87%), and were less likely to be on a temporary contract (non-family/friend at 5% and family/friend at 10%).

**Full/part-time**

PA jobs were more likely to be part-time than care worker jobs, and had fewer ‘usual hours worked per week’.

Almost three fifths (59%) of PAs recorded themselves as being on a part-time contract, and a third (31%) on a full-time contract. This differs from care workers, where 46% were full-time and 38% were part-time.
Chart 6. Full/part time status of personal assistants and care workers in the adult social care sector, 2016/17

Non-family/friend PAs were more likely to be working full-time than family/friend PAs (36% compared to 25%).

Chart 7 below shows the ‘usual hours worked in a week’ of PAs grouped into bands. One to ten hours was the most frequently reported group, with lower proportions as hours increased.

Chart 7. Personal assistants usual hours worked in a week, grouped

Care workers, with contracted hours above zero, had an almost opposite picture, with 2% on one to ten hours, 15% on 11 to 20 hours, 54% on 21 to 36 hours and 29% on 37 or more hours.

Zero-hours contracts

Zero-hours contracts were much less common amongst PAs (17%) than care workers (34%). Some social care employers, especially domiciliary care providers, use zero-hours contracts to deal with fluctuating demand. This is likely to be less of a problem for individual employers and could contribute to the lower usage of these contracts.

Chart 8. Zero-hours contract of personal assistants and care workers in the adult social care sector, 2016/17

Given individual employers have lower turnover rates and use zero-hours contracts less frequently; they are likely to benefit from more continuity of care than people receiving care via the independent sector. Continuity of care is a highly valued commodity by people receiving care.6

---

4.2. Experience, source of recruitment and sickness rates

Experience in role

Personal assistants had an average of 3.5 years of experience in their current role, this is similar to care workers, who had an average of 3.3 years.

Non-family/friend PAs had, on average, less experience in role than family/friend PA, 3.2 years compared to 3.9 years.

Family and friend PAs have a lower turnover rate (15%) than non-family and friend PAs (21%) and these results could be a reflection of family and friend PAs being less likely to move jobs due to their relationship with their employer.

Experience in sector

Despite care workers and PAs having a similar amount of experience in their current roles; PAs did have, on average, more experience working in the social care sector (9.7 years for PAs and 6.4 years for care workers).

In contrast to experience in role, non-family/friend PAs had more experience in the sector than family/friend PAs (10.2 years compared to 9.1 years).

This finding suggests that although non-family and friend PAs had a higher turnover rate, many will be moving between adult social care roles and therefore their experience, qualifications and skills are retained by the sector (more information below).

Source of recruitment

PAs were asked about their last role/source of recruitment. Chart 11 shows sources of recruitment grouped into ‘from within social care’, ‘not from within social care’ and ‘both’.

Although PAs were asked to select one source of recruitment many selected multiple (perhaps due to them having more than one previous job). For the purposes of interpretation those selecting ‘both’ have been classified as ‘from within the sector’.

Overall, PAs were less likely than care workers to have previously been employed in a social care role (47% compared to 68%). A fifth (20%) of PAs reported their previous role was as a PA, 12% worked for an independent sector provider and 13% for a local authority provider.

A contributory factor for this difference is that family/friend PAs were much less likely to have held a role within social care before working in their current role (35%).
PAs who were previously employed within local authority services had the most years of experience in the sector (an average of 18 years). PAs recruited from an independent sector provider had an average of 13.6 years and those who had previously worked as a PA had an average of 12.6 years.

This analysis shows that some very experienced workers are being attracted from the wider adult social care sector to work as PAs. Possible reasons for this could be the availability of part-time hours (chart 7) or favourable pay and terms and conditions (charts 18 and 8) compared to some independent sector employers.

**Sickness rate**

PAs took an average of two days sickness days in the past 12 months, this was fewer than the average days taken by care workers (5.1 days).

Sickness rates are often associated with job satisfaction and staff wellbeing. These findings could be a reflection of high job satisfaction for people in PA roles. Previous Skills for Care research (2008 and 2013) found high job satisfaction for PAs.

The close relationship between PAs and their employers could also be a contributory factor. For family/friend PAs the sickness rate was even lower at 1.1 days.

**Chart 12. Personal assistants and care workers average sickness days in the past 12 months, 2016/17**

<table>
<thead>
<tr>
<th></th>
<th>Personal assistants</th>
<th>Care workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-family/friend PAs</td>
<td>49%</td>
<td>44%</td>
</tr>
<tr>
<td>Family/friend PAs</td>
<td>30%</td>
<td>65%</td>
</tr>
</tbody>
</table>

*Please note that individual sources of recruitment may add to more than the group total due to those who selected multiple sources of recruitment.
4.3. Demographics

Overall, the demographics of PAs is similar to that of care workers, with high proportions of female workers, and similar splits of ethnicity across geographical regions. There were some differences, however, which are outlined below.

Age

PAs were slightly older than care workers on average (44.4 years for PAs and 41.3 for care workers). This difference can also been seen when comparing the age bands of PAs and care workers (chart 13), where more PAs were in the 55 and over age band (28% compared to 20% for care workers) and fewer PAs were in the under 25 group (8% compared to 13%).

Chart 13. Age bands of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Under 25</th>
<th>25 to 54</th>
<th>55 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>8%</td>
<td>64%</td>
<td>28%</td>
</tr>
<tr>
<td>Care workers</td>
<td>13%</td>
<td>67%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Gender

The gender split of the economically active population\(^8\) is 53% males and 47% females. The picture of the adult social care workforce was very different, with the care worker split being 84% female and 16% male. The PA workforce mirrors this with 83% females and 17% males.

One difference that could be seen was family/friend PAs were more likely to be male (21%) compared to non-family friend PAs (13%).

Chart 14. Gender of personal assistants by relationship to employer and nationality

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Non-family/friend PAs</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Family/friend PAs</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>British</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>Non-British</td>
<td>77%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Disability

Results of the PA survey shows that 4% of the PA workforce recorded a disability, this was higher than is seen for care workers, at 1%. However it should be noted that it is hard to tell if the difference is due to higher levels of disability amongst PAs or if the difference is due to the way the information was collected. The NMDS-SC 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.

\(^8\) The population of England that is either in employment or actively seeking employment
Ethnicity

Chart 15 shows that the ethnicity group split between ‘White’ and ‘Black, Asian and Minority Ethnic’ (BAME) of PAs and care workers was very similar.

Chart 15. Ethnicity group of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>BAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Care workers</td>
<td>77%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Ethnicity group of PAs differs by region, with London having the most ethnically diverse workforce (32% White: 68% BAME), and the North East had the least diverse (97% White: 3% BAME). This pattern is similar across the wider adult social care workforce and population of England.

Nationality

According to the Census 2011, the British/non-British split of the population of England was 92% British and 8% non-British, this is very similar to the split of PAs (91%:9%) as seen below. Independent sector employers were more reliant on non-British workers with 18% of care workers having a non-British nationality.

Chart 16. Nationality group of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>British</th>
<th>Non-British</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>Care workers</td>
<td>82%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Like ethnicity, nationality also differs by region. With London and the South East being the most diverse and the north of England being the least.

Chart 17. Nationality group of personal assistants, by region

<table>
<thead>
<tr>
<th>Region</th>
<th>British</th>
<th>Non-British</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Eastern</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>London</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>North East</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>North West</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>South East</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>South West</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>97%</td>
<td>3%</td>
</tr>
</tbody>
</table>
4.4. Pay rates

The mean hourly pay rate for PAs in England was £9.10. This pay rate was considerably higher than the rate for care workers employed in the independent sector (£7.71). PAs were paid closer to the rate for local authority care workers (£9.73).

Chart 18. Mean hourly pay rates of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>£0.00</th>
<th>£2.00</th>
<th>£4.00</th>
<th>£6.00</th>
<th>£8.00</th>
<th>£10.00</th>
<th>£12.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£9.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authority care workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£9.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent sector care workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£7.71</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pay rates for PAs follow the same regional pattern as the rest of the adult social care sector, with a general north/south divide. PAs in London, the South and the Midlands were paid more than those working in the North and Yorkshire and Humber regions.

Non-family/friend PAs were paid, on average, 39p more than family/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. Alternatively, some employers may be partially self-funding to provide better rates of pay to some PAs.

Employers with a higher average number of PAs (four or more), and therefore possibly a higher dependency level and more complex needs, paid 28p more, on average, than those with a lower number of PAs (one to three).

PAs that held a relevant adult social care qualification were paid slightly more than those that did not have a qualification (19p more on average).

4.5. Training and qualifications

This section looks at the training and qualifications of PAs. Learning and development enable people to carry out their roles effectively, and with the right skills and knowledge people can provide a higher quality of care and support.

However, 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 adopting a holistic approach to values and behaviours⁹.

Care Certificate

The Care Certificate is a set of standards that social care and health workers stick to in their daily working lives. The Care Certificate is designed for all new staff within a CQC regulated setting, and aims to provide learning of the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A PA, employed by a direct payment recipient, does not have to complete the Care Certificate – it is up to their employer to judge if they think some, or all, of the standards within the Care Certificate would be beneficial.

Chart 19 shows that 27% of PAs have been engaged with the Care Certificate, which is lower than care workers engagement, at 36%.

⁹ [www.skillsforcare.org.uk/vba](http://www.skillsforcare.org.uk/vba)
Chart 19. Care certificate status of personal assistants and care workers in the adult social care sector, 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Engaged with the Care Certificate</th>
<th>Not engaged with the Care Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Care workers</td>
<td>36%</td>
<td>64%</td>
</tr>
</tbody>
</table>

The chart below shows that 5% of responding PAs were working towards or had partially completed the Care Certificate, 22% had completed it and 73% had not engaged with it.

Chart 20. Personal assistants engagement with the Care Certificate

- Working towards/ partially complete: 5%
- Complete: 22%
- Not engaged with the Care Certificate: 73%

A greater proportion of non-family/friend PAs had engaged with the Care Certificate (32%) than family/friend PAs (20%). This could be due to a higher proportion of non-family/friend PAs taking part in the Care Certificate, or some standards from it, as part of a ‘Support with Confidence scheme’ or as a pre-requisite for being listed on a PA register. Please note that PAs could have engaged with the Care Certificate when with a previous employer.

For more information about the Care Certificate for PAs please see the employing your own staff section of the Skills for Care website.¹⁰

Training

Chart 21 shows the top 12 categories of training by frequency of training held. The top training category selected by PAs was ‘first aid’ (77% selected), shortly followed by ‘health and safety’ and ‘moving and handling’ (both 73%).

Chart 21. Top 12 categories of training amongst personal assistants

- First aid: 77%
- Health and safety: 73%
- Moving and handling: 73%
- Safeguarding adults: 60%
- Food safety and catering: 59%
- Fire safety: 59%
- Dignity, respect, person centred care: 56%
- Infection control: 55%
- Equality, diversity and human rights: 54%
- Medication safe handling and awareness: 54%
- Emergency aid awareness: 53%
- Learning disability: 44%

The top five training categories amongst care workers were similar to that of PAs, with four of five categories appearing in both lists. The training category most frequently selected by PAs was ‘first aid’, however this was the eighth most popular for care workers.

Non-family/friend PAs reported more training than family/friend PAs in almost all training categories. Notably 20% more non-family/friend PAs had received safeguarding adults training (69% vs. 49%) compared to family/friend PAs. Similarly, 19% more had completed ‘Dignity, respect, person-centred care’ and ‘Mental capacity and deprivation of liberty’. Please note that this training could have been with a previous employer.

**Qualifications held**

Chart 22 shows the highest relevant adult social care qualification, by level, of PAs and care workers. Overall the proportion of PAs and care workers holding a relevant social care qualification was almost the same (45% of PAs and 46% of care workers).

Just under two fifths (39%) of PAs held a qualification at level two or above, this was a slightly lower proportion than care workers, at 43%. A greater proportion of PAs held qualifications at levels three and ‘four or above’ than care workers.

**Chart 22. Highest relevant adult social care qualification, by level, of personal assistants and care workers in the adult social care sector, 2016/17**

<table>
<thead>
<tr>
<th></th>
<th>Entry level or 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Other relevant social care qualifications</th>
<th>No relevant social care qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistants</td>
<td>2%</td>
<td>14%</td>
<td>16%</td>
<td>9%</td>
<td>55%</td>
</tr>
<tr>
<td>Care workers</td>
<td>1%</td>
<td>26%</td>
<td>14%</td>
<td>3%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Chart 23 shows that the proportion of PAs who held any relevant social care qualifications differed by several factors. As with training, a higher proportion of non-family/friend PAs held relevant qualifications (56%) than family/friends (32%). Individuals employing family/friend PAs may have provided on the job training and the PAs may have been providing their care informally for a long time prior to being employed.

**Chart 23. Summary of personal assistants qualification held rates**

<table>
<thead>
<tr>
<th></th>
<th>Non-family/friend PAs</th>
<th>Family/friend PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanently employed</td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td>Temporarily employed</td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
<td>64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without set hours</td>
<td>29%</td>
</tr>
<tr>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>
5. Further workforce intelligence and bespoke analytical service

Skills for Care provides robust workforce intelligence relied upon by government, strategic bodies, employers and individuals to make decisions that will improve outcomes for people who use services. NMDS-SC is recognised as the leading source of workforce intelligence for adult social care. For more workforce intelligence reports please see www.skillsforcare.org.uk/WIpublications.

For a bespoke analysis of workforce information or to answer any questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk. Example topics include; workforce size, employment information, provision of care towards people with learning disabilities or other types of people who use social care services, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts.

To support individual employer and PAs to understand their roles better, including information about training and develop, Skills for Care has developed an information hub that brings together useful information and resources from lots of different places. Please visit www.skillsforcare.org.uk/iepahub.

Skills for Care also distributes funding to help employers to support the training and development needs of their PAs, for more information about this please visit www.skillsforcare.org.uk/iefunding.

Acknowledgments

Skills for Care would like to thank all of the people who took the time to complete this survey, as without their efforts this report and subsequent workforce intelligence would not be possible. Skills for Care would like to thank Caroline Clay at Penderels Trust and Caroline Tomlinson at My Life for their help in distributing the surveys to employers.