



Individual employers and the
personal assistant workforce
March 2024



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 Alex Wade 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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Key findings

Individual employers



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

- Skills for Care estimates that around 69,000 direct payment recipients were directly employing their own staff, (about 30% of all direct payment recipients)¹.
- The estimated **number direct payment recipients employing PAs has remained stable** at around 70,000 between 2014 and 2023. This figure had increased by around 35,000 from 2008 to 2013, in line with the increased take up of direct payments over the same period. The number of PAs employed by direct payment recipients has followed the same trend.
- Individual employers had, on average, 1.85 PAs each, creating around 130,000 PA filled posts.
- The **average turnover rate of PAs was 18.2%**. This was considerably lower than the turnover rate for care workers in the independent sector (36.4%).
- **Family/friend PAs were less likely to leave** (13.6%) than non-family/friend PAs (22.3%). This may be influenced by the relationship between PAs and their employer.
- The **average vacancy rate of PAs was 11.0%**. This was the higher than the vacancy rate amongst care workers (9.7%) as at February 2024².

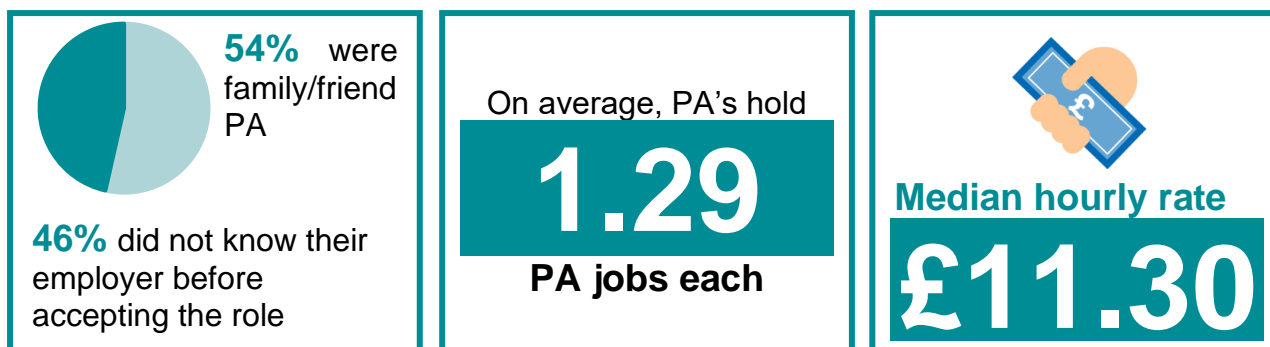
Skills for Care has a range of resources to support people employing their own care and support staff.³

¹ The estimates on the *total* number of individual employers and PAs, only include those in receipt of social care direct payments from a local authority to employ PAs. We recognise that some people also employ PAs via other funding streams, such as personal health budgets, or by using their own funds – this data is not collected anywhere so we're unable to include them in these estimates.

² Care worker vacancy information is unweighted ASC-WDS data as February 2024, see our monthly trackers <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

³ <https://www.skillsforcare.org.uk/Recruitment-retention/Employing-your-own-care-and-support/Employing-your-own-care-and-support.aspx>

Personal assistants



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

The following information is derived from the 2024 Skills for Care survey data and is compared to care workers in the independent sector as at March 2023.

- Around 54% of PAs were family or a friend of the individual employer. The other 46% did not know their employer before accepting their PA role.
- PAs had, on average, 1.29 PA jobs (21% of PAs held more than 1 PA job).
- The most common areas of support that PAs provided were support with household duties (72%), closely followed by personal care (67%) and attending appointments (66%).
- **Around 19% of PAs were on zero-hours contracts.** This was much lower than care workers in the independent sector (32%).
- PAs, on average, had more experience in their role (4.7 years), compared to care workers (4.1 years). Also, **PAs had considerably more experience in the sector (10.2 years)** compared to care workers (7.9 years).
- The **median hourly pay rate for PAs was £11.30** (as at February 2024). This was higher than the median hourly rate for care workers in the independent sector (£11.00 as at December 2023).
- The proportion of PAs that **held a relevant social care qualification** was similar (41%) to care workers (44%).

Skills for Care has a range of resources to support personal assistants, including an information hub⁴.

⁴ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Working-as-a-personal-assistant/Working-as-a-personal-assistant.aspx>

1. Introduction

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

1.1 About Skills for Care

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

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

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

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

For more information about the ASC-WDS and our workforce intelligence please see chapter four of this report.

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

1.3 Personal budgets and direct payments in social care

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

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

What is a social care personal budget?

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

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

You can ask the council to either:

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

You can also choose a combination of these options.

As published in the size and structure of the adult social care sector and workforce in England 2023, the number of direct payment recipients increased rapidly, from around 65,000 in 2008, to around 215,000 by 2022. Skills for Care estimates that around 69,000 of these people are directly employing their own staff, creating around 130,000 PA jobs in 2023.

What is a personal health budget?

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

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

Direct payments

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

1.4 Skills for Care survey research

Skills for Care, as the leading source of social care workforce intelligence has again completed a research study in winter 2023/24 with individual employers and personal assistants to replicate the success of the previous individual employer and PA surveys between 2017 and 2022. We have used the results of this survey and data from Adult Social Care Workforce Data Set (ASC-WDS) to produce this report. The survey was designed to mirror data in the ASC-WDS, so we could compare the PA workforce to care workers and the wider adult social care workforce. However, we do acknowledge that care workers and PAs have different roles and ways of working.

Skills for Care sent surveys to approximately 44,600 individual employers and their PAs via 24,000 paper surveys and 20,600 emails invitations to an online survey. There were 2,982 individual employer and 1,646 PA responses from people with varying care needs, ages and from each region of England. This included 93% exclusively in receipt of a direct payment from a social care local authority, 4% exclusively in receipt of a personal health budget from the NHS and 2% who fund their own care. The remainder received a combination of direct payments from the local authority, an NHS personal health budget or an Access to Work grant. This has created a strong foundation for producing statistics about this part of the sector within this report.

1.5 Reason for the report

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

Skills for Care has a range of resources to support people employing their own care and support in a dedicated section of our website⁵, funding for training of individual employers and their personal assistants⁶, and funded training for them too⁷.

⁵ <https://www.skillsforcare.org.uk/Recruitment-support/Support-individual-employers-PAs/Support-for-individual-employers-and-PAs.aspx>

⁶ www.skillsforcare.org.uk/ie funding and www.skillsforcare.org.uk/ulofunding

⁷ <https://www.skillsforcare.org.uk/Funding/User-Led-Funding/User-Led-Organisation-Funding.aspx>

2. Individual employers

Data on the number of social care direct payment recipients comes from the NHS England's Short- and Long-Term Support (SALT) return. Estimates of those employing staff are calculated by Skills for Care and are based on data from the Association of Directors of Adult Social Services (ADASS) Spring Survey 2019-22 (formerly known as the Budget Survey), with sample size of 144 (out of 152 LAs) in 2022, and previous Skills for Care research.⁸

The information from NHS England shows that around 215,000 adults, older people and carers were receiving social care direct payments from local authorities, in England, in 2023 Skills for Care estimates that approximately 32% of these, or 69,000 individuals, directly employed their own staff.

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

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

Since their introduction in 1997 (or 27 years ago), social care direct payments have offered people more flexibility with their care and support arrangements, including the ability to choose to employ personal assistants. The estimated proportion of individual employers, using social care direct payments, has remained stable between 2014 and 2023 (at around 30%). The number of social care direct payment recipients employing staff increased by around 35,000 from 2008 to 2013, in line with the increased take up of direct payments over the same period. The number of PAs employed by direct payment recipients has followed the same trend.

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

2.1. Funding, care and support need and age of employer

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

⁸ www.skillsforcare.org.uk/sizeandstructure

Table 1. Funding source of responding employers

Source: Skills for Care survey, 2024

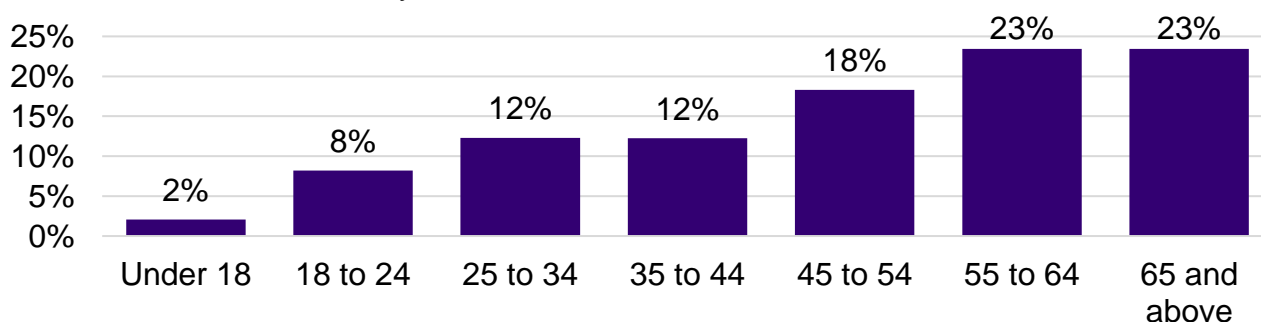
	Total responding employers	Exclusively	With another funding stream
In receipt of a social care direct payment from the local authority	2,679	2,495	184
A personal health budget from the NHS	165	120	45
Access to Work grant	17	1	16
Using their own money to fund a personal assistant	205	66	139

This year, unlike last year, this research and report does not cover those who have a personal health budget – it only includes data about people with a social care direct payment. All of the 44,600 employers who were sent a survey were registered with Mark Bates Ltd as having a social care direct payment.

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

Chart 1. Age of employer by funding source

Source: Skills for Care survey, 2024

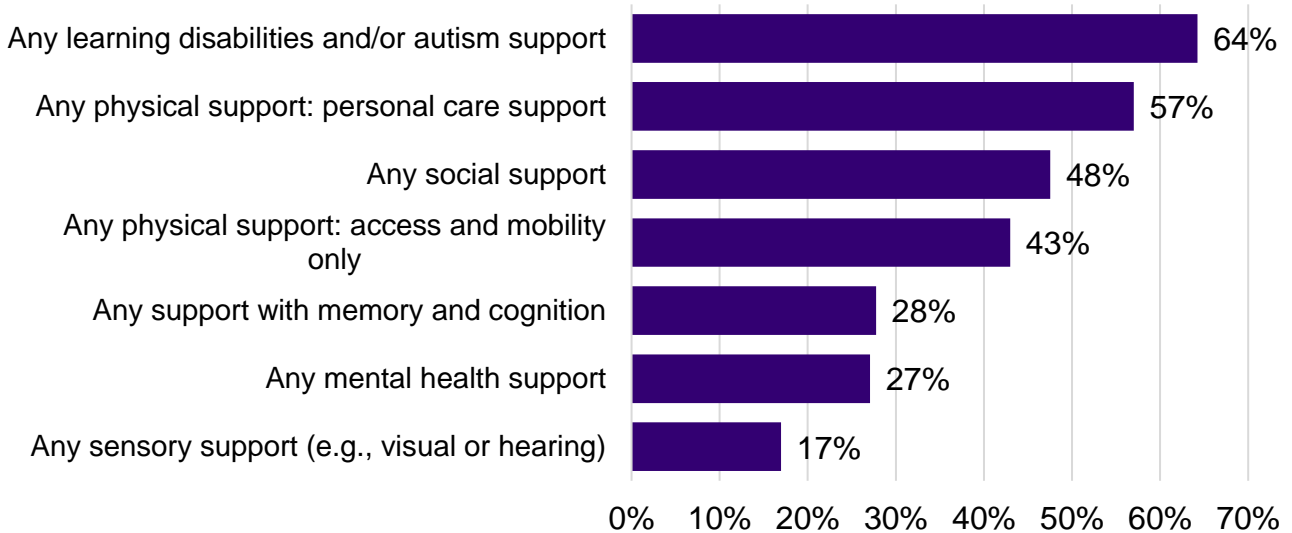


Analysis of NHS England SALT data shows that 63% of people accessing direct payments were 18 to 64 years old and 37% were 65 and over, please note that this is all direct payment recipients and not just those who use their direct payment to employ a PA. This survey found that 77% of responding employers were aged 16 to 64 and 23% were aged 65 and over. Our sample is a good representation of the population of England, especially given that those ages 18 to 64 are more likely to use their personal budget to employ staff than those aged 65 and over.

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

Chart 2. Care and support need

Source: Skills for Care survey, 2024

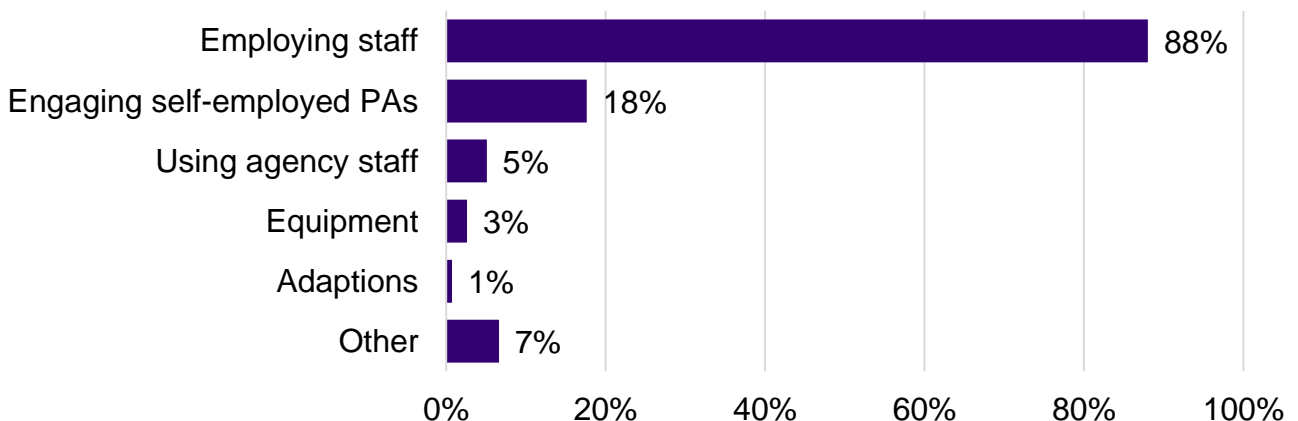


Analysis of NHS England SALT data shows that results of this survey were representative of the primary care needs of people accessing direct payments.

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

Chart 3. Direct payment expenditure

Source: Skills for Care survey, 2024



Amongst the most frequently reported 'other' comments included 'day care and respite care', 'activities, socialising and exercise', travel expenses and costs associated with being an employer.

2.2. Recruitment and retention

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

Skills for Care research found that independent sector and local authority employers using values-based recruitment can attract staff who perform better, with lower sickness rates, and greater levels of success in developing the skills needed in their roles. This approach may also result in reducing the cost of recruitment and training, as well as reducing turnover. For further information on recruiting for values please visit the Skills for Care website.⁹

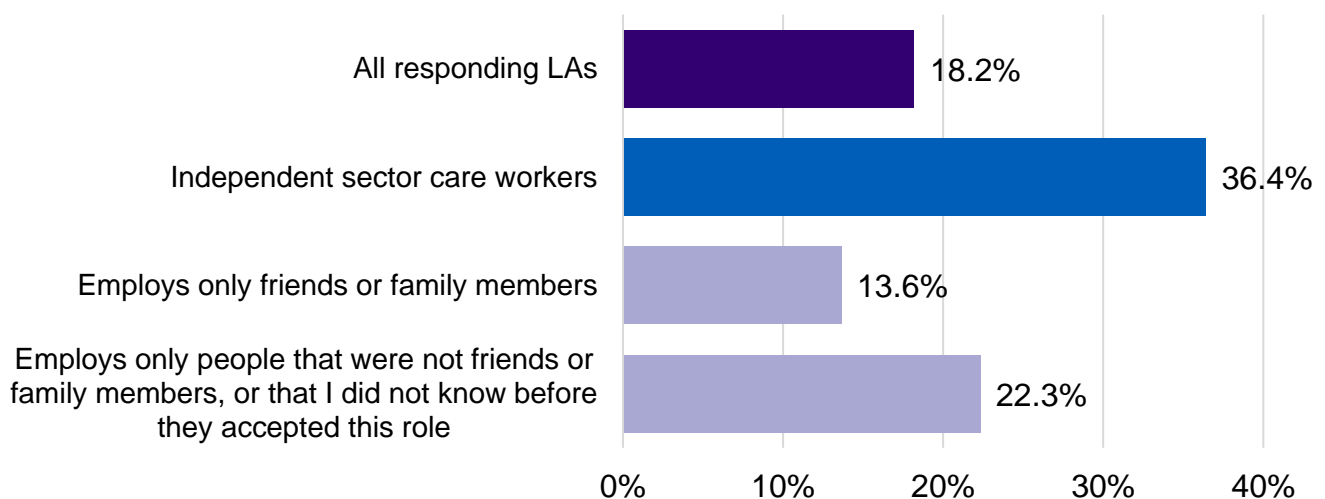
2.2.1. Leavers and staff turnover rates

The turnover rate of PAs was 18.2%. This was considerably lower than care workers in the independent sector, which was 36.4%. There could be several reasons for this, including the close relationship between PAs and their employers, differences in the work carried out by the two roles, and better terms and conditions for PAs. For example, PAs had higher pay rates (see table 9) and a lower reliance on zero-hours contracts (see chart 19), which could result in better retention.

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

Chart 4. Turnover rate of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



⁹ www.skillsforcare.org.uk/vba

2.2.2. Vacancy rates

Chart 5 shows that the vacancy rate for all responding individual employers was 11.0% and that this was higher than the rate for care workers in the independent sector as at February 2024 (9.7%)¹⁰.

Chart 5. Vacancy rate of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care's unweighted ASC-WDS data, February 2024.

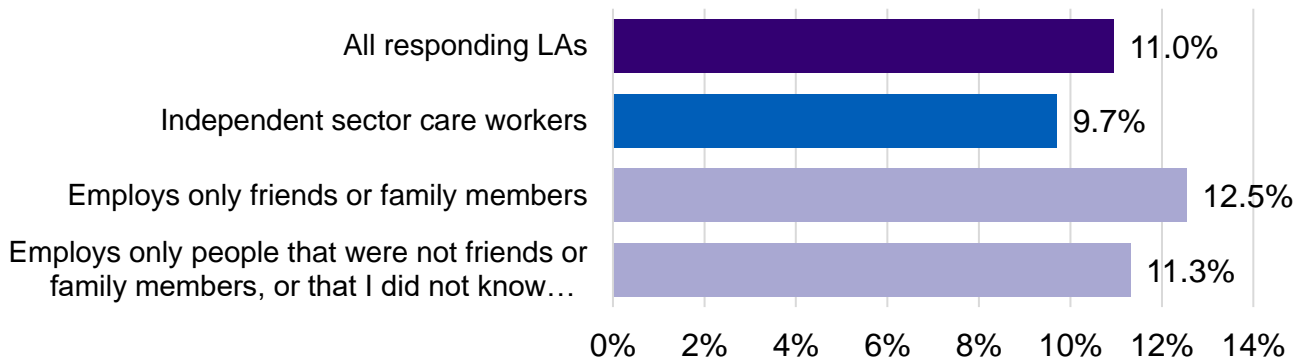


Chart 5 also shows that vacancy rates were higher for employers that employ only friends and family members than those that employ only those that did not know the employer before employment.

Skills for Care has published a toolkit¹¹ to support individual employers, this includes information about recruiting PAs¹², writing a job description, advertising and interviewing for the role.

2.2.3. Recruitment and retention challenges

Given the challenges with workforce supply and demand in 2022 and 2023 it was decided to ask employers more about recruitment and retention challenges. It should be noted that the vacancy rate for responding employers (see chart 5 above) was 11.0% and that this was similar to the previous years survey, at 11.4%.

We asked, when comparing the current situation to last year how have you found recruiting PAs. Of the employers who responded to this survey 51% responded to this question. Chart

¹⁰ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

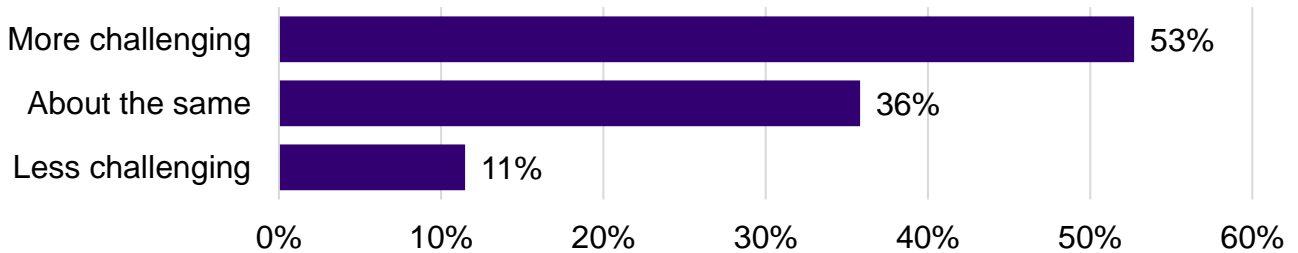
¹¹ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-for-individual-employers/Information-for-individual-employers.aspx>

¹² <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-for-individual-employers/Recruiting-a-PA.aspx>

6 shows that just over half of responding employers said it was more challenging than the previous year.

Chart 6. Recruitment challenges compared to last year

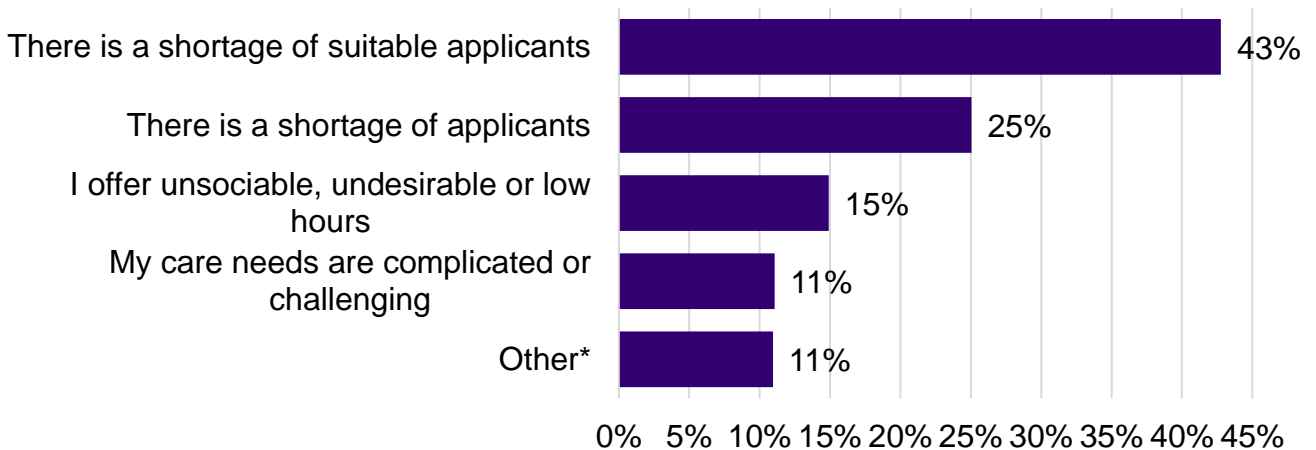
Source: Skills for Care survey, 2024



Of those employers who said that recruitment was more challenging, 43% said it was due to a shortage of suitable applicants and 25% said there was a shortage of any applicants.

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

Source: Skills for Care survey, 2024



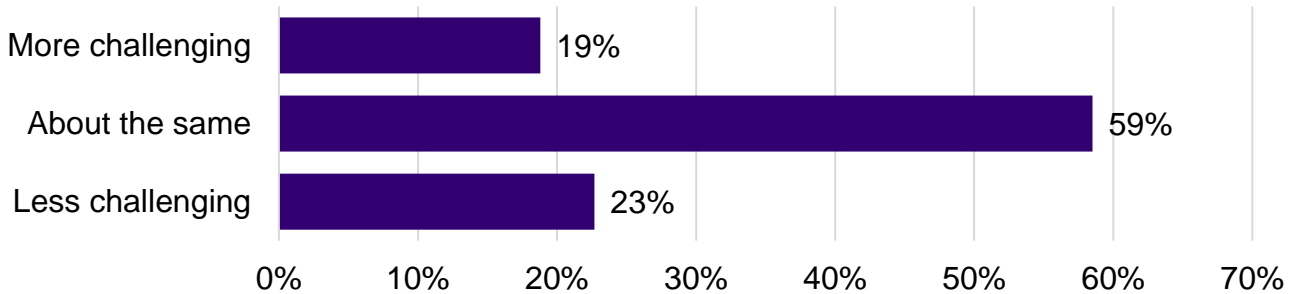
'Other' responses included people who said the wages offered were too low to attract PAs, that they needed support with their recruitment or that their location was a barrier to recruitment.

Employers were also asked, compared to the previous year, how they found retaining PAs. Of the employers who responded to this survey 58% responded to this question. Chart 8 below shows that 59% of responding employers said that they found challenges about the same.

It should be noted that the turnover rate for responding employers (see chart 4 above) was 18.2% and that this slightly lower than the previous years survey, at 19.9%.

Chart 8. Retention challenges compared to last year

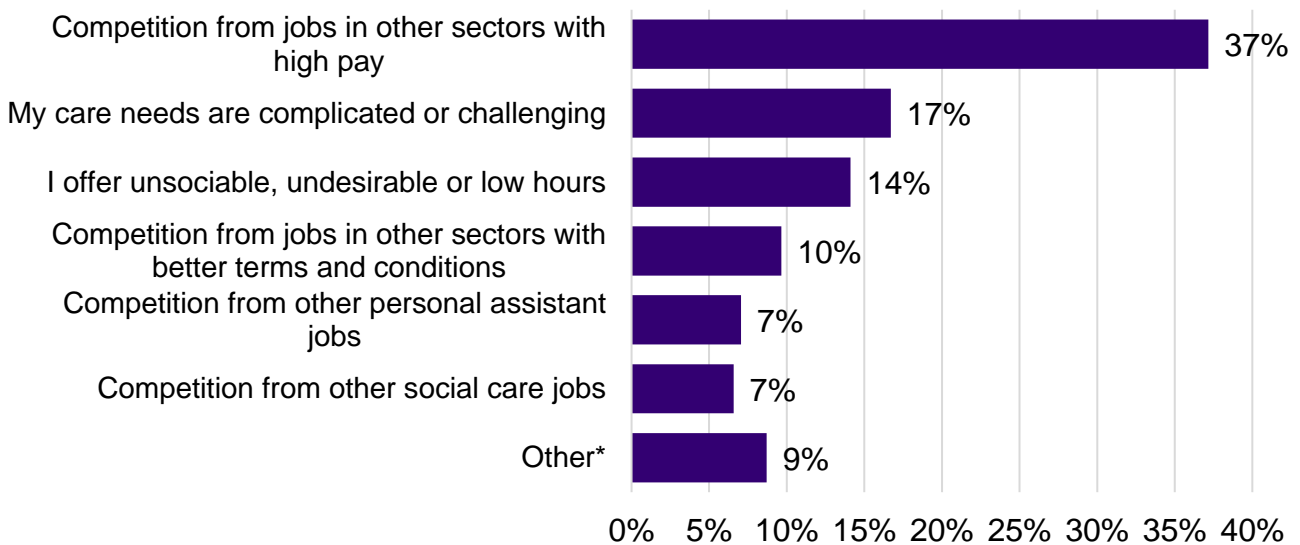
Source: Skills for Care survey, 2024



Of those employers who said that retention was more challenging, 37% said it was due to competition from job in other sectors with high pay. Low wages was also the most frequently quoted 'other' reason.

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

Source: Skills for Care survey, 2024



2.3. Information about training, development, and support

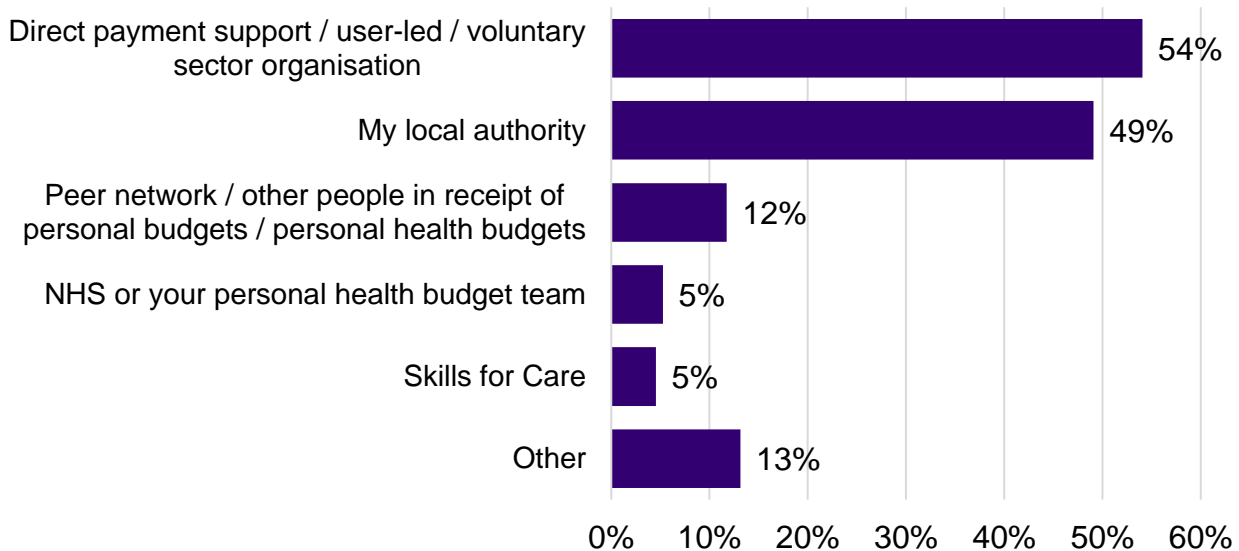
Employers were asked about the training, development and support they have received. These results are used to help target our offer of support. It is also beneficial to know more about how easy it is for employers to access training and development for themselves or their PAs, what training has been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

Employers were asked how they access information and support to help in their role as an employer. Employers could select more than one option so the numbers in the chart below will add to more than 100%. Chart 10 shows that over half of employers accessed

information and support from a 'direct payment support / user-led / voluntary sector organisation' (54%) and almost half (49%) via their local authority.

Chart 10. Accessing information and support

Source: Skills for Care survey, 2024



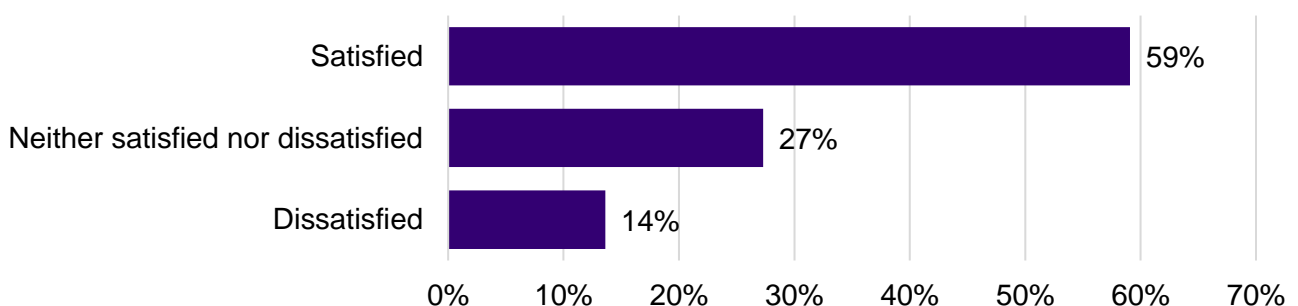
Other places that were listed by employer as accessing information and support was their family, an internet search, their payroll company or just that more support was needed.

Chart 11 shows how satisfied they were with the level of information and support they received.

Overall, of all employers, three fifths (59%) said that they were satisfied with the information and support they received, a quarter (27%) said they were neither satisfied nor dissatisfied and 14% were dissatisfied.

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

Source: Skills for Care survey, 2024



Employers were asked how easy they found arranging training and development opportunities as an employer. Chart 12 below shows that most (71%) had not accessed training, and of those that had, just over half found it easy and just under half difficult.

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

Source: Skills for Care survey, 2024

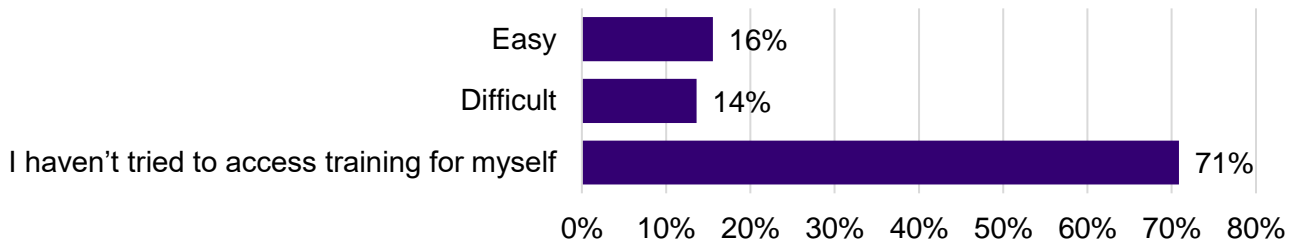
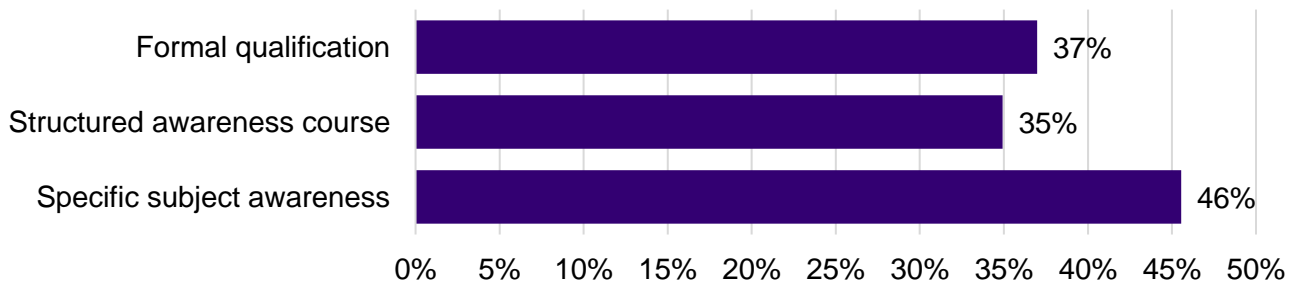


Chart 13 shows that, of the almost 300 employers who reported the type of training done as an employer, almost half (46%) had specific subject awareness, 37% had had a formal qualification and 35% had structured awareness course. Employers could select more than one type of qualification so percentages sum to more than 100%.

Chart 13. Type of training completed as an employer

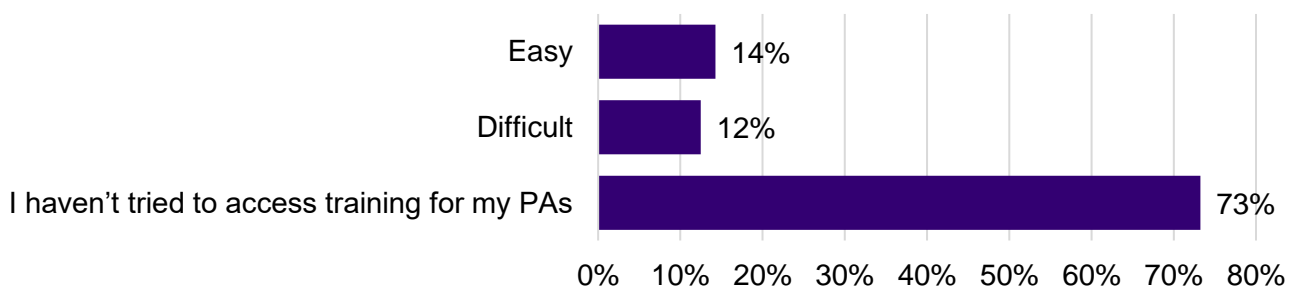
Source: Skills for Care survey, 2024



Employers were asked how easy they found it to arrange training and development opportunities for their PAs. Almost three quarters (73%) of employers said they had not accessed any training for their PA, which highlights an opportunity for further improvements.

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

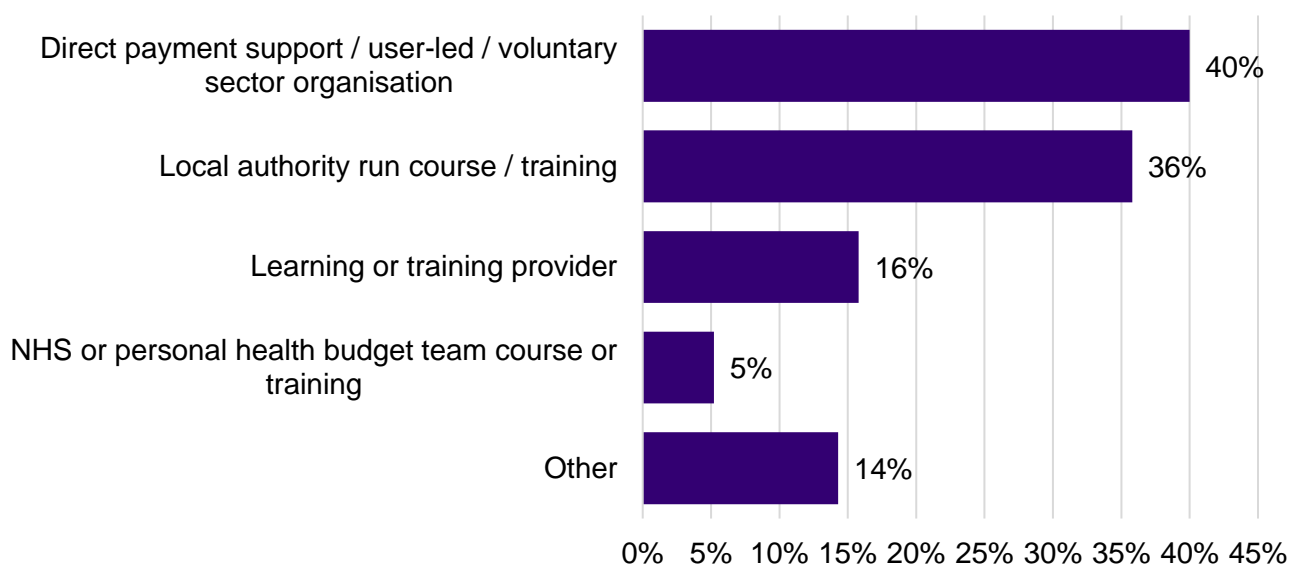
Source: Skills for Care survey, 2024



When asked how respondents had accessed training and development opportunities for themselves or their staff, around three quarters (77%) had not accessed any. Of those that had accessed training and development opportunities 40% were from 'direct payment support / user-led / voluntary sector organisation', and 36% from their local authority. See Chart 15 below.

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

Source: Skills for Care survey, 2024



Amongst the most frequently reported 'other' comments included many individual training companies, that the PA was trained in an existing role or with another employer and that training was found and/or provided online.

3. Personal assistants

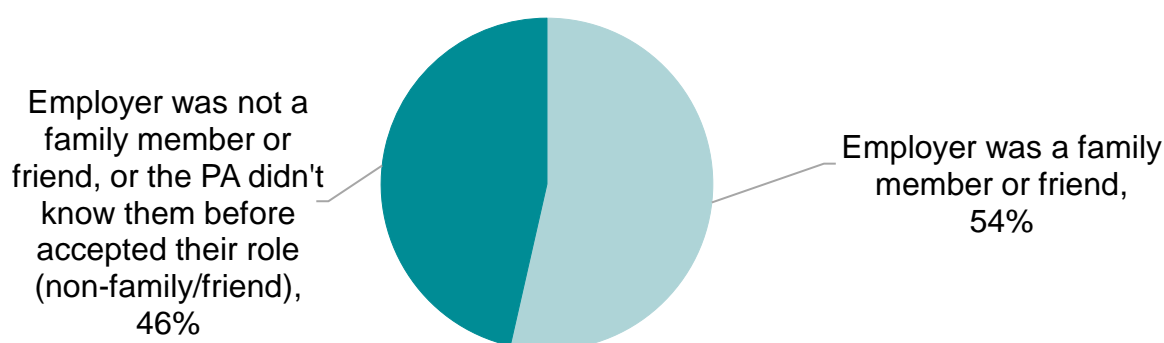
Skills for Care estimates that there were approximately **130,000 PA jobs for social care direct payment recipients across England** in 2022/23¹³.

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

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

Chart 16. PA relationship with the employer

Source: Skills for Care survey, 2024



Skills for Care has a range of resources to support personal assistants on its information hub¹⁴, including information on being a PA, statutory rights and entitlements as a PA and a practical guide to learning and development.

3.1. Employment overview

- Social care direct payment funded individual employers, on average, employed 1.87 PAs each, and there were an estimated 130,000 filled posts in 2022/23.
- PAs of social care direct payment funded individual employers held an average of 1.29 PA posts each, meaning that around 100,000 people were carrying out 130,000 filled posts in 2022/23.

¹³ www.skillsforcare.org.uk/stateof

¹⁴ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Working-as-a-personal-assistant/Working-as-a-personal-assistant.aspx>

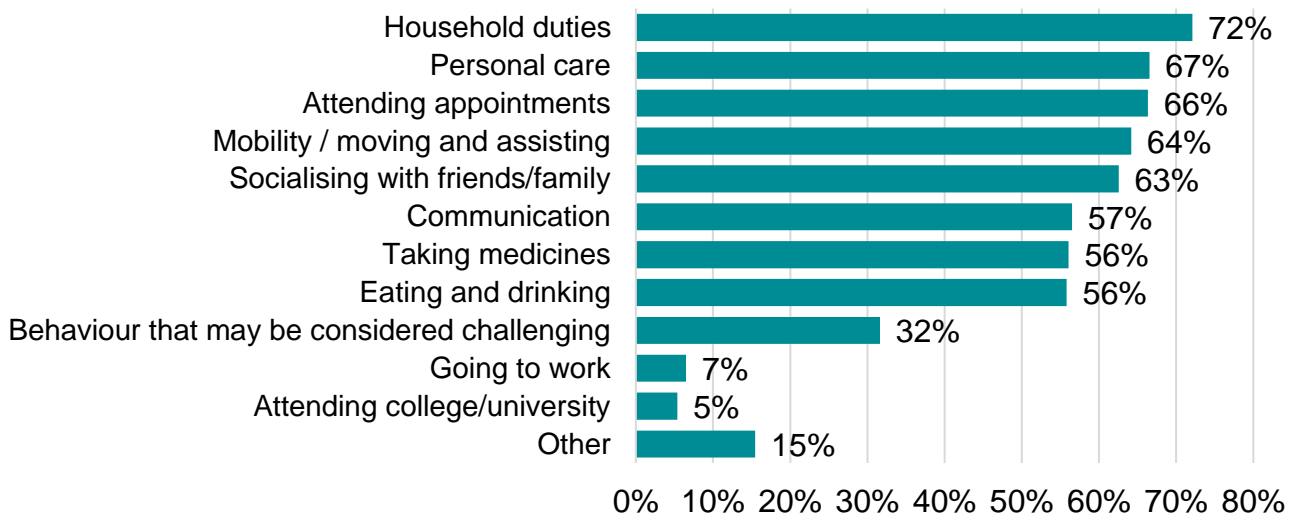
The following section includes information about the support that PAs provide, their employment status and the hours they work.

3.1.1. Support provided to employer

We asked PAs about the support that they provide. They could select more than one response and, as such, the total in the chart below exceeds 100%. PAs most commonly supported their employers with household duties (72%) and personal care (67%), closely followed by attending appointments (66%).

Chart 17. Support personal assistants provided their employer with

Source: Skills for Care survey, 2024

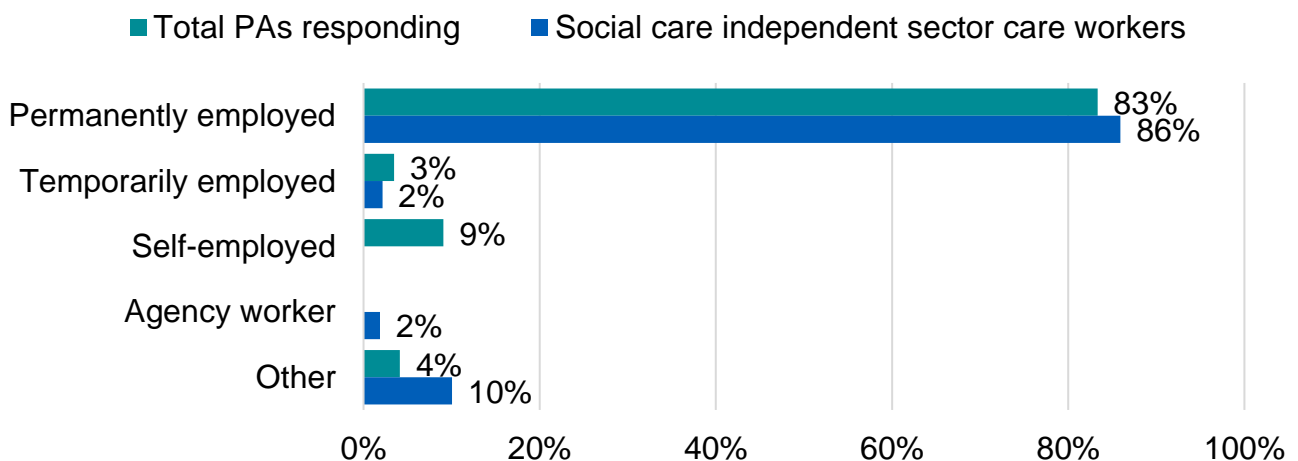


3.1.2. Employment status

The majority of PAs (83%) were employed on a permanent basis, which was lower than care workers in the independent sector (86%).

Chart 18. Employment status of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



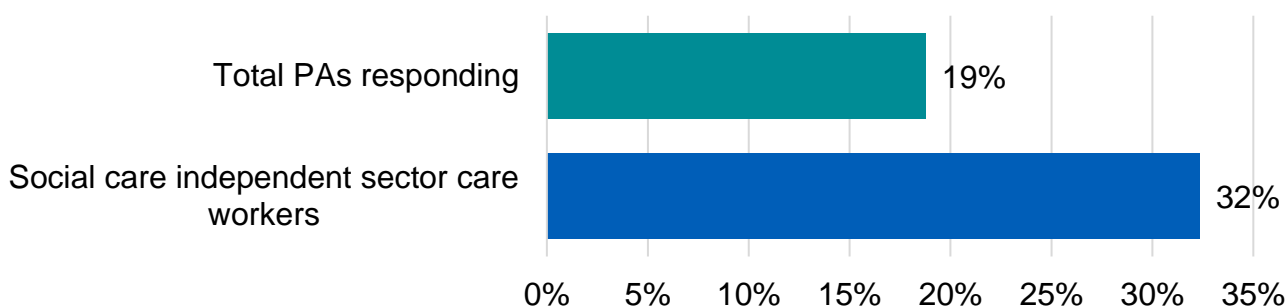
3.1.3. Zero-hours contracts

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

A fifth (19%) of all PAs responding reported that they were on zero-hours contracts. This is lower than the proportion of care workers on zero-hours contracts (32%).

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



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

Given that individual employers have lower turnover rates and use zero-hours contracts less frequently, they are likely to benefit from a better continuity of support than people receiving support via the independent sector. Continuity of support is highly valued by people receiving care¹⁵.

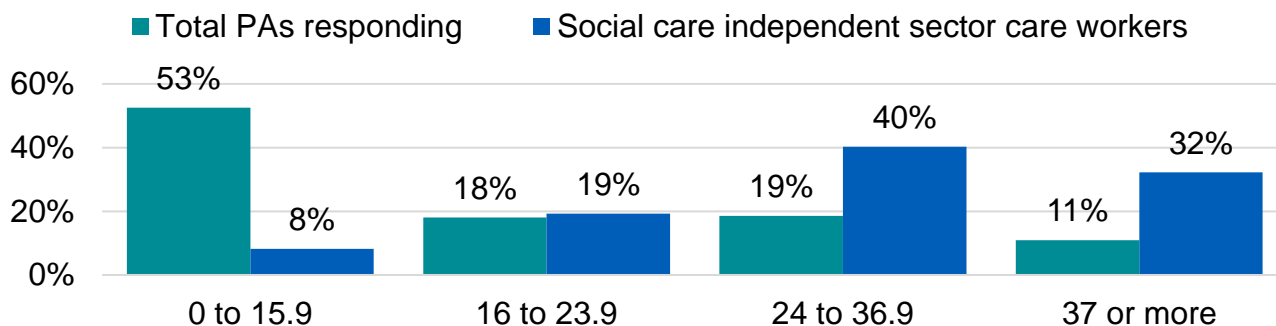
3.1.4. Usual hours worked

The mean 'usual hours worked' in a week by PAs was 18.5, this was lower than the usual hours worked in a week by care workers in the independent sector, at 30.6 hours. Chart 20 below shows average hours grouped into bands. Almost three quarters of PAs of (71%) worked for less than 24 hours per week compared to 27% of care workers in the independent sector.

¹⁵ <https://www.skillsforcare.org.uk/Recruitment-support/Retaining-your-workforce/Retaining-your-workforce.aspx>

Chart 20. Usual hours worked group, by employer funding

Source: Skills for Care survey, 2024 and Skills for Care workforce unweighted data, March 2023



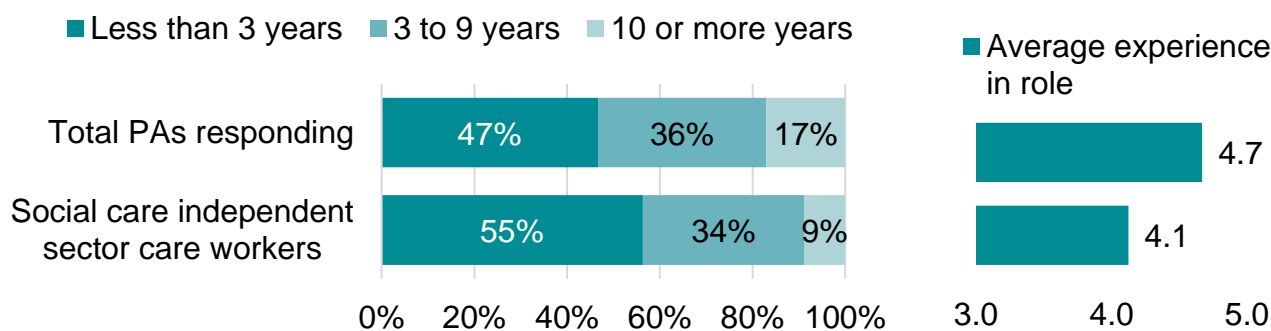
3.2. Recruitment and retention

3.2.1. Experience in role

PAs had an average experience in role of 4.7 years. This is slightly more than care workers in the independent sector (4.1 years).

Chart 21. Experience in role by specified job role

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



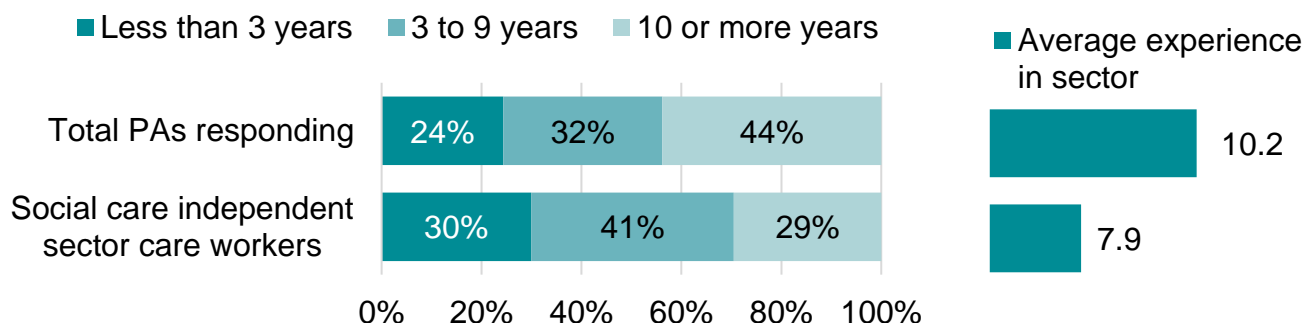
3.2.2. Experience in sector

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

PAs had an average of 10.2 years of experience in the adult social care sector, compared to 7.9 years for care workers.

Chart 22. Experience in sector by specified job role

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



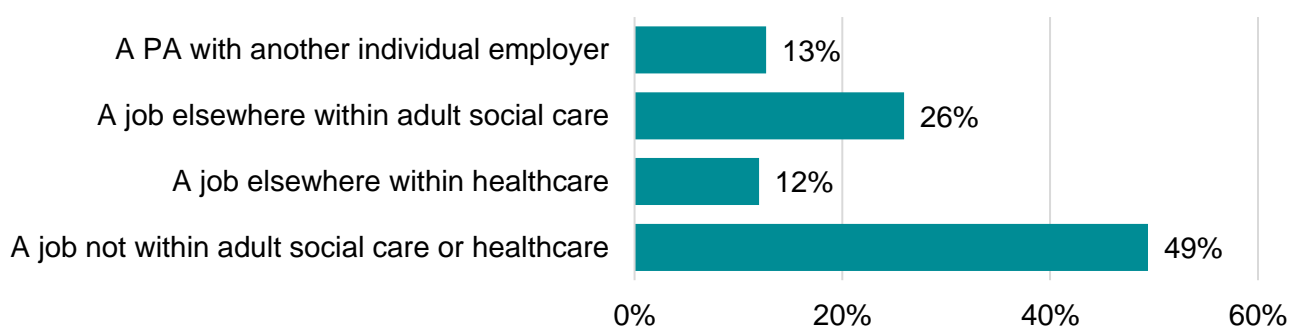
Non-family/friend PAs had around 11.3 years of experience in the sector, compared to 9.0 years for family/friend PAs. This suggests that although non-family/friend PAs had a higher turnover rate, many of them move between adult social care roles. Therefore, their experience, qualifications and skills have been retained by the sector.

3.2.3. Source of recruitment

We asked PAs what their last role was and how they found their current role. Chart 23 shows that for all PAs, half (49%) did not have a job within health or social care before this role.

Chart 23. Source of recruitment for specified job role

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



Along with experience in sector (as shown in chart 22), this highlights that some experienced workers are being attracted from the wider adult social care sector into PA roles. Possible reasons for this could be availability of part-time hours (chart 20), favourable terms and conditions (chart 25) or better pay (chart 30). It could also be that if a family/friend requires support, people are likely to move jobs to support them.

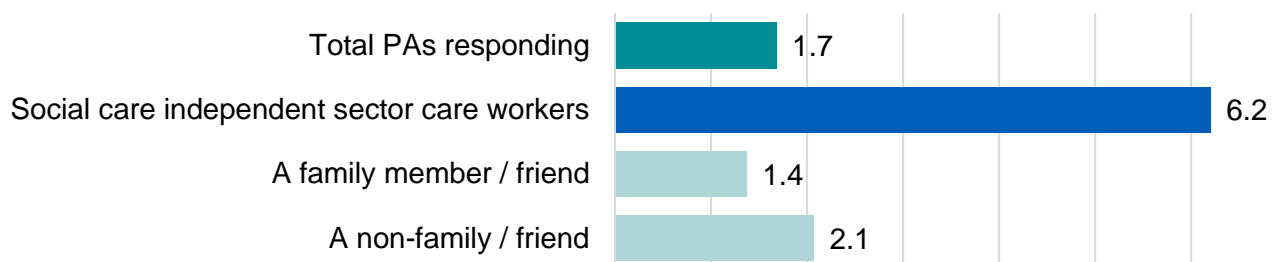
Many PAs stated that they either found their roles by being approached directly by the potential employer, knowing the employer already (family/friend) (52%), through a social care organisation (such as the local authority) (13%) or through word of mouth (11%). Only 5% reported using specific job sites and 2% recruitment agencies.

3.2.4. Sickness

Chart 24 highlights the different average sickness days for PAs (both family/friend and non-family/friend) and care workers. On average, PAs took 1.7 sickness days in the previous 12 months. This was much lower than the average for care workers in the independent sector, at 6.2 days.

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



Analysis also showed that PAs employed by a family or friend had lower sickness days, an average of 1.4 a year, compared to those who did not know their employer before employment, an average of 2.1 days. This could be a reflection of the close relationship between PAs and their employers, particularly for family/friend PAs.

3.2.5. Rewarding aspects of being a PA

Sickness rates are also often associated with job satisfaction and staff wellbeing and for the first-time last year we asked PAs what they find rewarding about being a PA. People could select more than one option so percentages sum to more than 100%. Across all PAs 86% said they found helping people rewarding. Other top factors included 'working for my employer', 'working hours' and 'the variety of the role'.

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

Source: Skills for Care survey, 2024



Of the 'other' comments listed most fell within three categories, 'working with my family member', 'Job satisfaction and being able to help' and 'being able to improve someone's quality of life'.

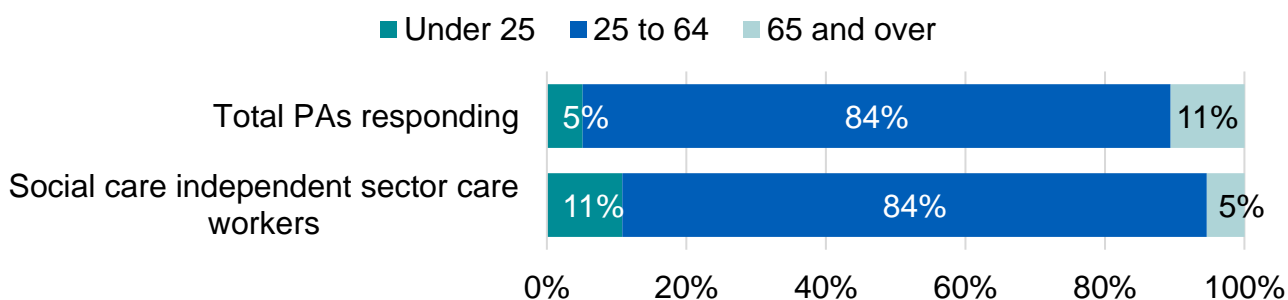
3.3. Demographics

3.3.1. Age

The average age of a PA was 49.0 years old, with 11% of the workforce being aged 65 and over. The average age of a care worker was slightly younger at 42.9 years old, with a larger proportion being under 25 years old (11% compared to 5% for PAs).

Chart 26. Age bands of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

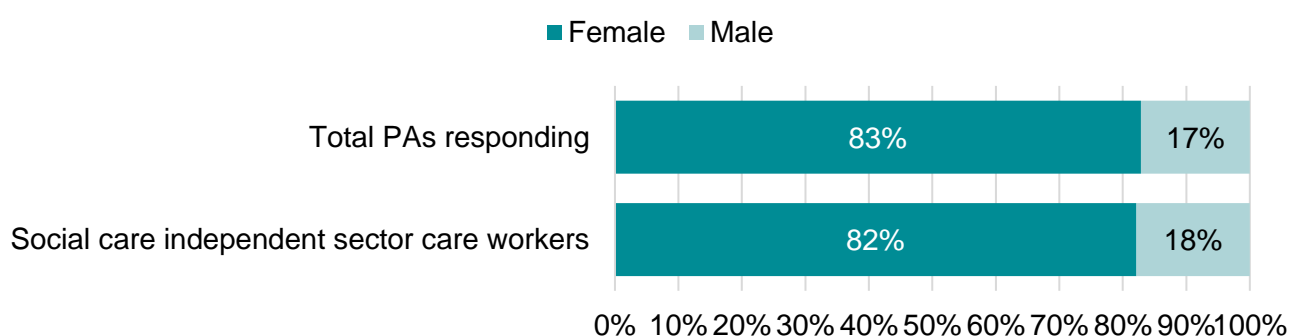


3.3.2. Gender

The 2021 Census showed that 48% of the population in England were male and 52% female. Of the economically active population in England, 53% identified as male and 47% as female¹⁶. There has always been a higher proportion of females working in adult social care, where 82% of care workers in the independent sector were female, and this was similar in the PA workforce, with 83% female.

Chart 27. Gender of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



Of those PAs that were a family member / friend to their employer 19% were male, this was four percentage points higher than those PAs that was not a family member or friend, or that did not know their employer before accepted their role (15% male).

3.3.3. Disability

Results of the PA survey showed that 7% of the PA workforce recorded that they had a disability. This was higher than care workers, at 2% with a disability.

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

3.3.4. Ethnicity

Around 84% of the PA workforce had a white ethnic background and 16% of PAs had a Black, Asian and minority ethnic background. Chart 28 shows that the ethnic diversity of PAs was lower than for care workers, where 31% of care workers had a Black, Asian and minority ethnic background.

¹⁶ Office for National Statistics (September 2018) Annual population survey

Chart 28. Ethnicity of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

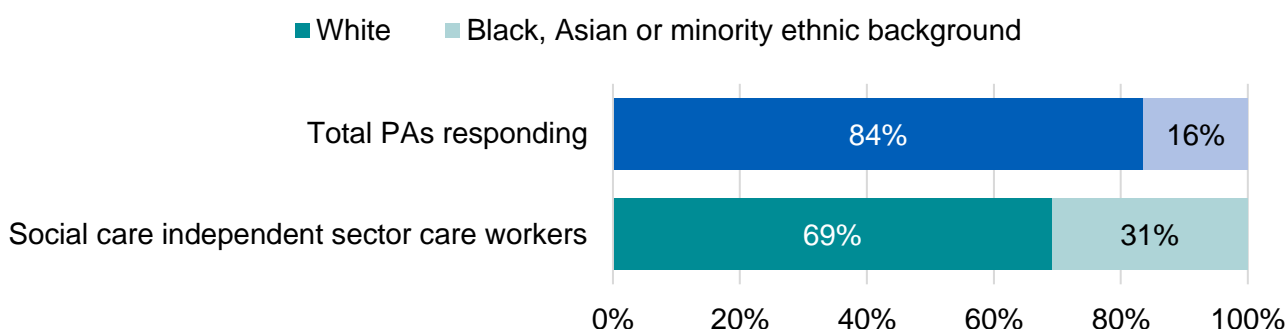
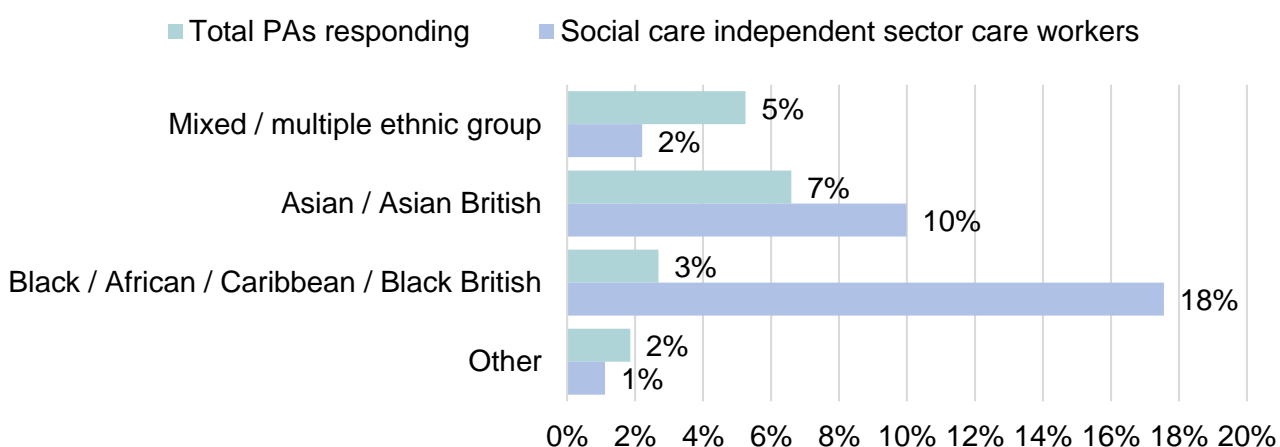


Chart 29 shows the ethnicities of the staff within the 'Black, Asian or minority ethnic background' group of chart 28 above. It shows that there is a higher proportion of people from a Black / African / Caribbean / Black British background working in the independent adult social care sector.

Chart 29. Ethnicities of personal assistants and care workers from a minority ethnic background

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



At a regional level, there was more variation. London had the most diverse workforce, with 51% of PAs having a white ethnicity background and 49% having a Black, Asian and minority ethnic background. Table 3 highlights the different proportions of PAs with a white ethnicity across the regions of England.

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

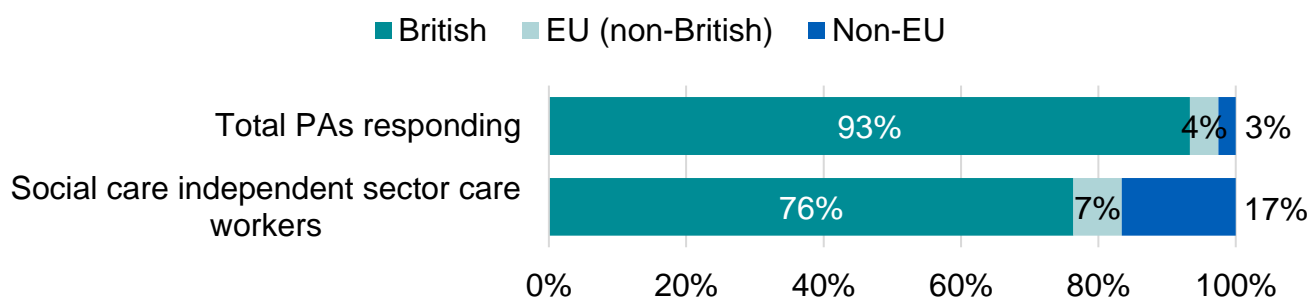
	Proportion of people with a white ethnicity	
	Total PAs responding	Social care independent sector care workers
England	84%	69%
Eastern	79%	74%
East Midlands	85%	73%
London	51%	22%
North East	89%	91%
North West	87%	83%
South East	89%	72%
South West	95%	85%
West Midlands	84%	66%
Yorkshire and the Humber	89%	81%

3.3.5. Nationality

Around 93% of PAs had British nationality and 7% a non-British nationality (4% with an EU nationality and 3% with a non-EU nationality). However, the independent sector had a higher reliance on non-British care workers (24%) as shown in Chart 30.

Chart 30. Nationality of personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



At the time of writing, 'personal assistant' had not been listed as an eligible occupation on the 'Skilled Workers' route of the new points-based immigration system, unlike care workers, who are eligible.

Much like ethnicity, there were regional differences in nationality across England. London had the lowest proportion of British PAs (83%) compared to Yorkshire and the Humber which each had the highest proportion (98%). Similar regional differences were observed for care workers in the independent sector.

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

	Proportion of people with a British nationality	
	Total PAs responding	Social care independent sector care workers
England	93%	76%
Eastern	93%	74%
East Midlands	92%	78%
London	83%	54%
North East	97%	92%
North West	93%	88%
South East	94%	71%
South West	95%	81%
West Midlands	95%	80%
Yorkshire and the Humber	98%	88%

3.3.6. Citizenship

We asked PAs if they held British citizenship, if their nationality was not British. Around 12% of PAs with a non-British nationality reported that they held British citizenship, and 88% said that they were not British and not holding British citizenship.

3.4. Pay rates

The median hourly pay rate for PAs in England was £11.30 (as at February 2024). This was higher than the median hourly rate for care workers in the independent sector, £11.00 (as at December 2023).

Table 6 highlights the differences between these rates in comparison to the National Living Wage (NLW), which was £10.42 at the time. Based on median hourly pay, PAs earned 88 pence more per hour than the NLW, compared to 58 pence more per hour for care workers.

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, December 2023

	Mean hourly pay	Median hourly pay
National living wage	£10.42	£10.42
Total PAs responding	£11.87	£11.30
Social care independent sector care workers	Not available	£11.00
PA of a family member / friend	£11.53	£12.26
PA of an employer that was not known before starting the role	£11.00	£11.75
PA with relevant to social care qualifications	£12.01	£11.37
PA with no relevant to social care qualifications	£11.77	£11.25

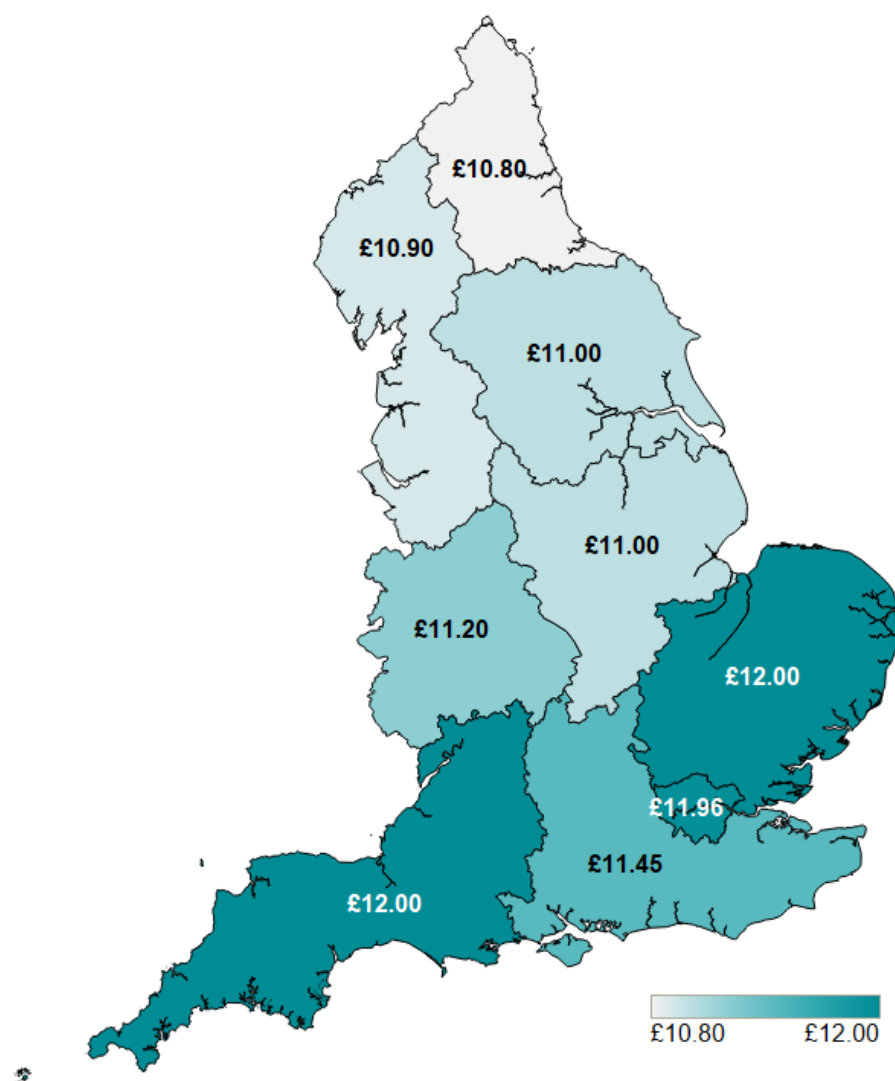
The table above also shows that PAs who did not know their employer before starting the role were paid a median hourly rate of £11.75, this was 75p more than those working for a friend or family member. This could be a result of employers with more complex needs requiring a PA with more experience or specialist skills, and therefore demanding a higher rate of pay.

PAs who held a social care qualification earned, on average (median), 12p more than those who did not hold a social care qualification. This reiterates that some employers with complex needs may be paying PAs more, to ensure that they employ people who can meet those needs.

Pay rates for PAs follow the same regional patterns as the rest of the adult social care sector, with a general north/south divide. PAs in London and the southern regions were paid more than those working in the northern regions, as seen in map 1 below.

Map 1. Median hourly pay rate of PAs by region

Source: Skills for Care survey, 2024



3.5. Qualifications and training

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

It is not always necessary for PAs to hold formal qualifications before starting employment. Research with independent sector and local authority employer 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 qualifications¹⁷.

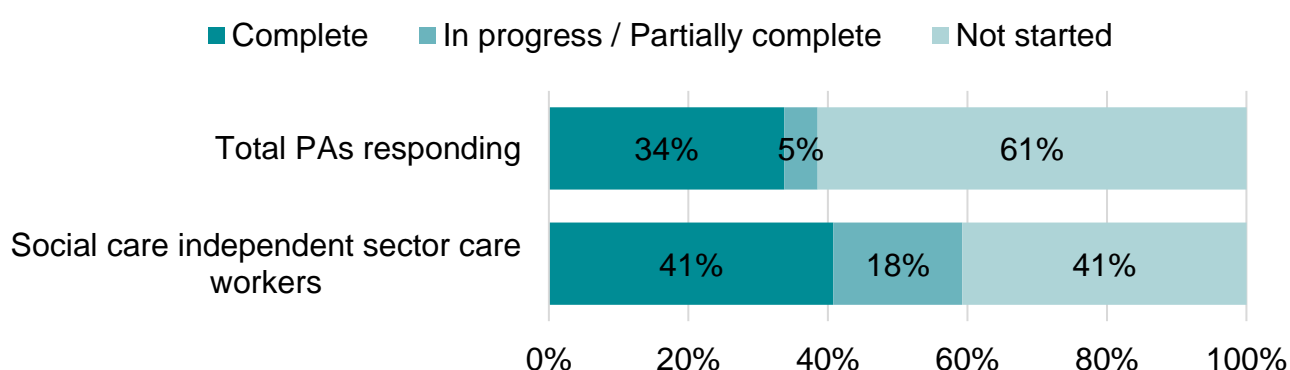
3.5.1. Care Certificate

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

Chart 31 shows engagement with the Care Certificate by PAs compared to care workers. Overall, care workers had a higher proportion of engagement at 59% (41% completed and 18% in progress/partially completed), compared to PAs who had around 39% engagement.

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

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23



A larger proportion of PAs who 'were not a family member or friend, or that did not know their employer before accepted their role' had engaged with the Care Certificate (48%) compared to family/friend PAs (30%). Please note that PAs could have also engaged with the Care Certificate with a previous employer.

¹⁷ <https://www.skillsforcare.org.uk/Recruitment-support/Values-based-recruitment/Values-based-recruitment.aspx>

For more information about the Care Certificate for PAs, read our 'FAQ's about PAs doing the Care Certificate'¹⁸.

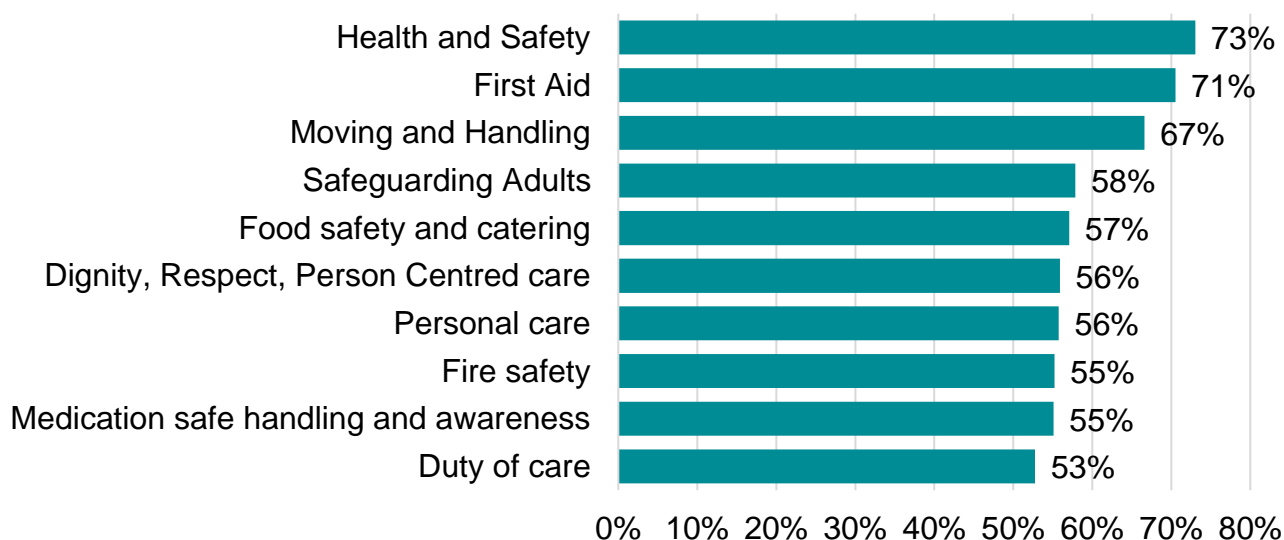
3.5.2. Training

Chart 32 shows the top 10 training categories reported by PAs. PAs could select more than one training area, hence the categories sum to more than 100%.

The top training category reported was 'health and safety' (73%), followed by 'first aid' (71%) and 'moving and handling' (67%). 'Health and safety' and 'Moving and handling' were also the top two training categories selected by care workers, highlighting their importance across the sector.

Chart 32. Top 10 training categories reported by personal assistants

Source: Skills for Care survey, 2024



3.5.3. Social care qualifications held

Chart 33 shows the highest level of social care qualification held by PAs and care workers. Overall 41% of PAs **do** hold a relevant social care qualification, which was similar, but slight lower than the percentage of care workers (44%).

¹⁸ <https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/Information-for-individual-employers/4-Managing-your-PA/Induction/FAQs-for-PAs-about-doing-the-Care-Certificate-as-part-of-induction.pdf>

Chart 33. Social care qualification held by personal assistants and care workers

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

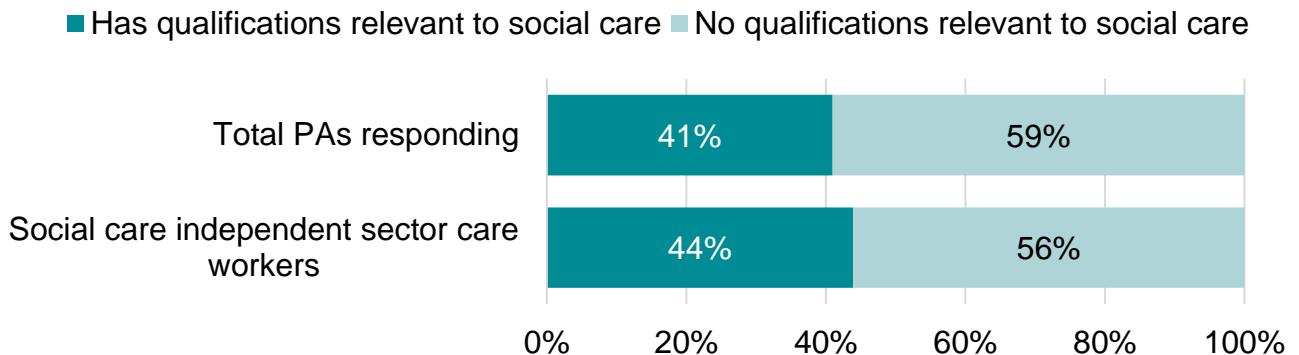


Chart 34 shows that of those that held a social care qualification around 29% of PAs had a level 4 and above qualification, which was a higher proportion than care workers (5%). This could suggest that some PAs move from other roles, where they have been highly qualified, into PA roles, potentially as a career change or to care for a relative or friend. These PAs could also be supporting their employer by taking on some of the responsibilities of a manager/supervisor in managing larger teams of PAs.

Chart 34. Level of social care qualification held by personal assistants and care workers, of those with social care qualifications

Source: Skills for Care survey, 2024 and Skills for Care workforce estimates, 2022/23

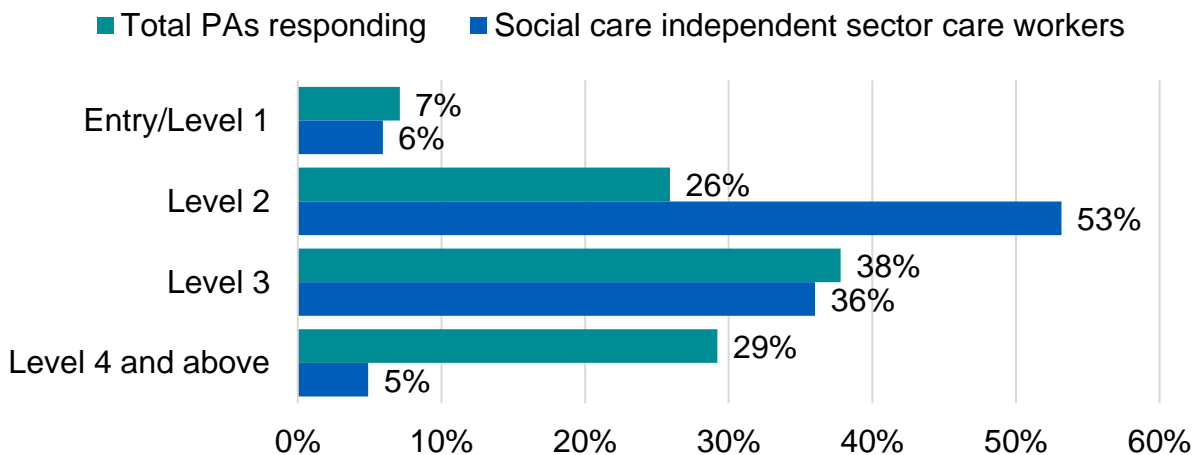
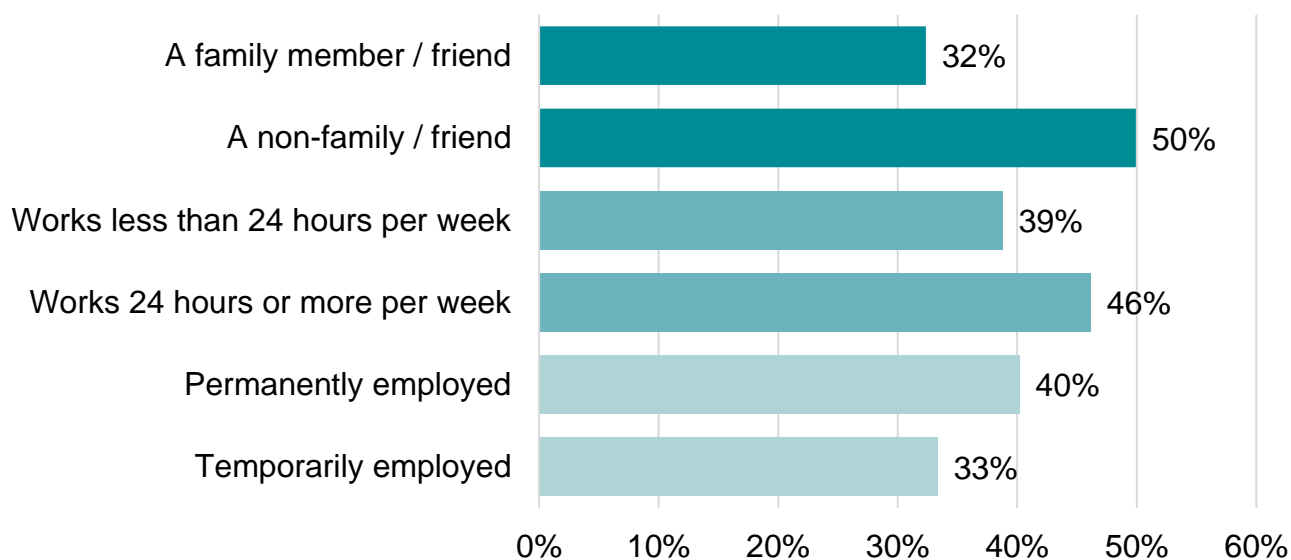


Chart 35 shows the proportion of PAs responding, who held a social care qualification, by various factors. Non-family/friend PAs were more likely to have a social care qualification (50%) compared to family/friend PAs (32%).

PAs who were permanently employed were more likely to hold a social care qualification (40%) than those that were temporarily employed (33%). There was also a difference between PAs who worked less than 24 hours (39% had a qualification) and those that worked 24 or more hours (46%).

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

Source: Skills for Care survey, 2024



3.5.4. Non-social care qualifications held

It is worth noting that 61% of PAs reported that they held a non-social care qualification. Of these, 30% held a qualification at level 4 or above, with 20% holding a level 6 qualification (undergraduate degree level) or higher.

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

4. Further resources

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

www.skillsforcare.org.uk/workforceintelligence.

4.1. Interactive visualisations

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

They have been designed with users, to ensure that they are simple to use, but full of useful information. To access the visualisation about individual employers and personal assistants please see our relevant topic website

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

4.2. Commission our services

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

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

How we can help you

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

Our values

Skills for Care is guided by core values. Throughout everything we do, we're inclusive, motivated, passionate, ambitious, collaborative and trustworthy. For more information about

the Skills for Care strategy, our vision, mission, values and plan to achieve our mission, please visit strategy.skillsforcare.org.uk.

As a Workforce Intelligence team we:

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

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

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

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

4.3. Keeping informed



To sign up to our workforce intelligence quarterly newsletter or to be kept up to date with our work for 'employing your own care & support', please register on the Skills for Care website¹⁹ and tick your areas of interest. You can also follow us on twitter @SfC_Data or visit:

www.skillsforcare.org.uk/contactWI

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

4.4. Support for individual employers and PAs

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

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

¹⁹ <https://id.skillsforcare.org.uk/Account/Register>



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