

A large, vibrant background image showing a wide, green grassy field under a clear blue sky. In the distance, there are some trees and a few small structures. The overall scene is bright and open.

Individual employers and the

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.

Individual employers and the personal assistant workforce report, 2024
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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

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

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

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

Chart 2. Care and support need

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 [t o442 841.92 authority](https://www.skillsforcare.org.uk/authority)

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.

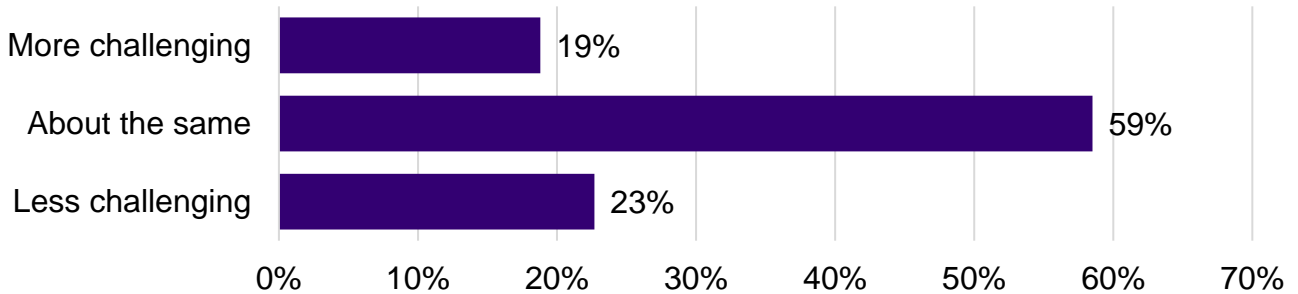
2.2.3. Recruitment and retention challenges

Given the challenges data, 25



Chart 8. Retention challenges compared to last year

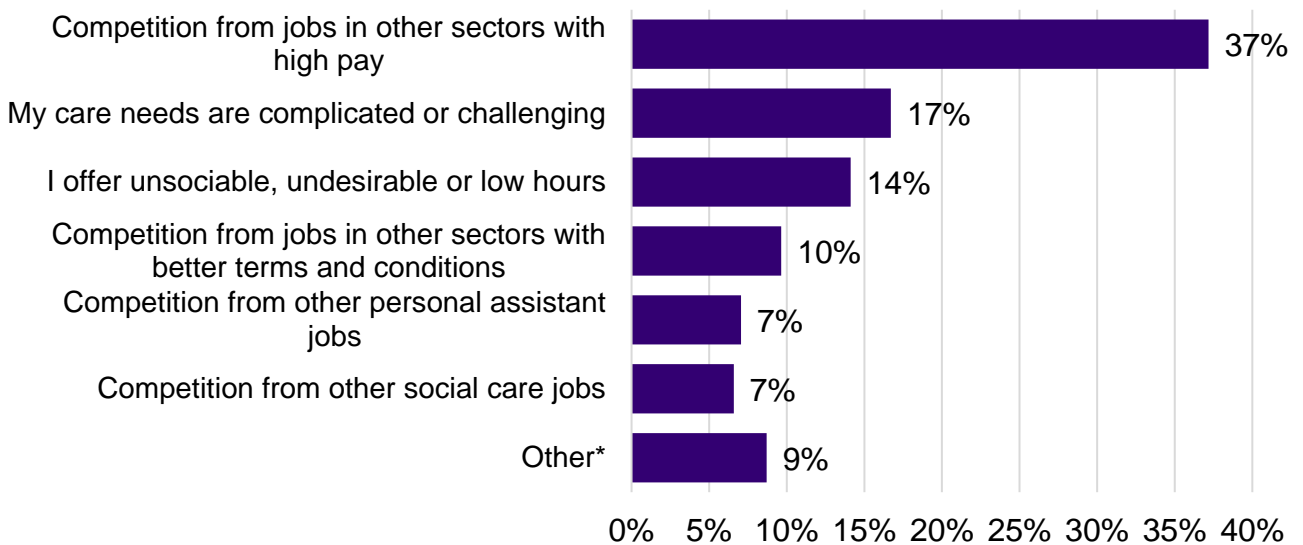
Source: Skills for Care survey, 2024



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

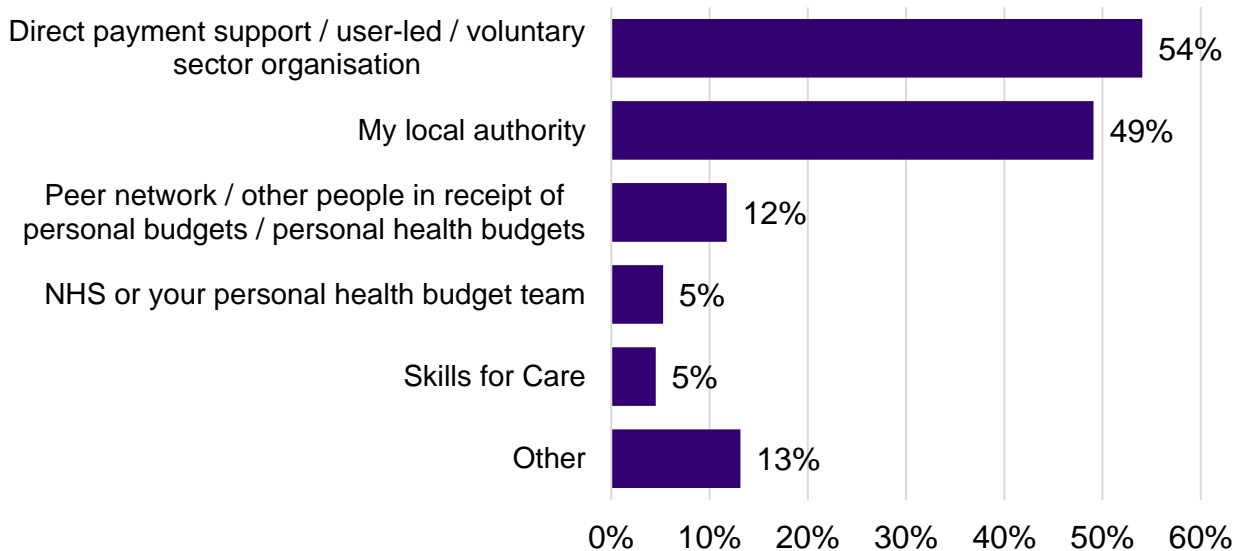
Employers were asked about the training, development and support they have received. These results are used to help target our offer of support. It is also beneficial to know more about how easy it is for employers to access training and development for themselves or their PAs, what training has been 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



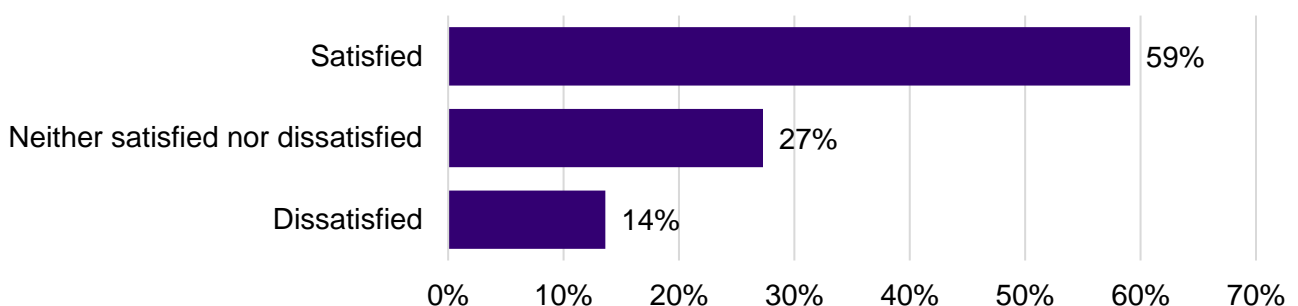
Other places that were listed by employer as accessing information and support was their family, an internet search, their payroll company or just that more support was needed.

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

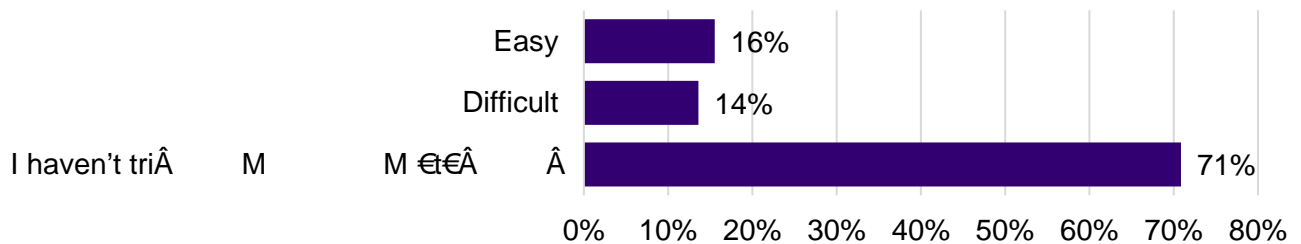


Chart 13 shows that, of the almost 300 employers who reported the type of training done as an employer, almost half (46%) had specific subject awareness, 37% had had a formal qualification and 35% had structured awareness course. Employers could select more than one type of qualification so percentages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

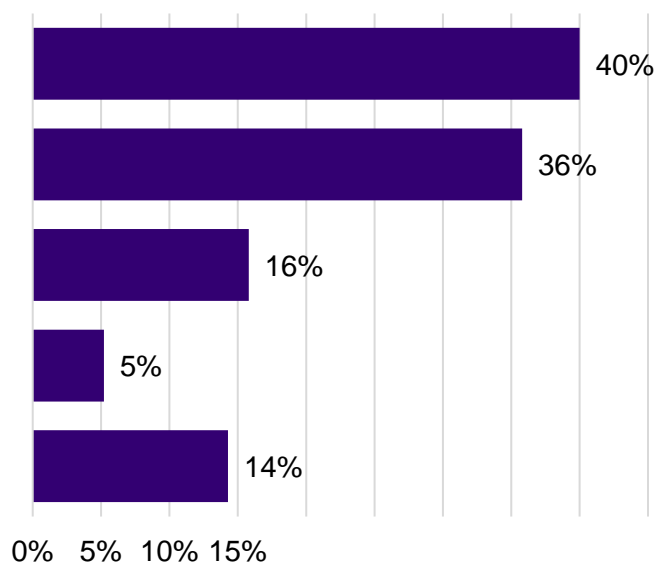
Chart 14. Easy of arranging training and development opportunities for PAs

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.

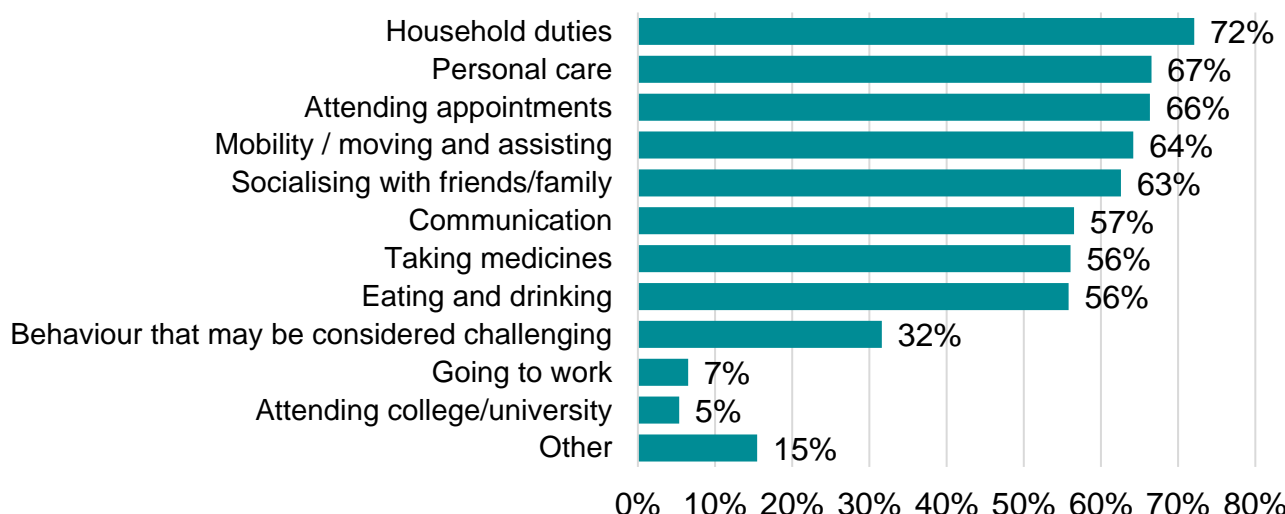
The following section includes information about the support that PAs provide, their employment status and the hours they work.

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

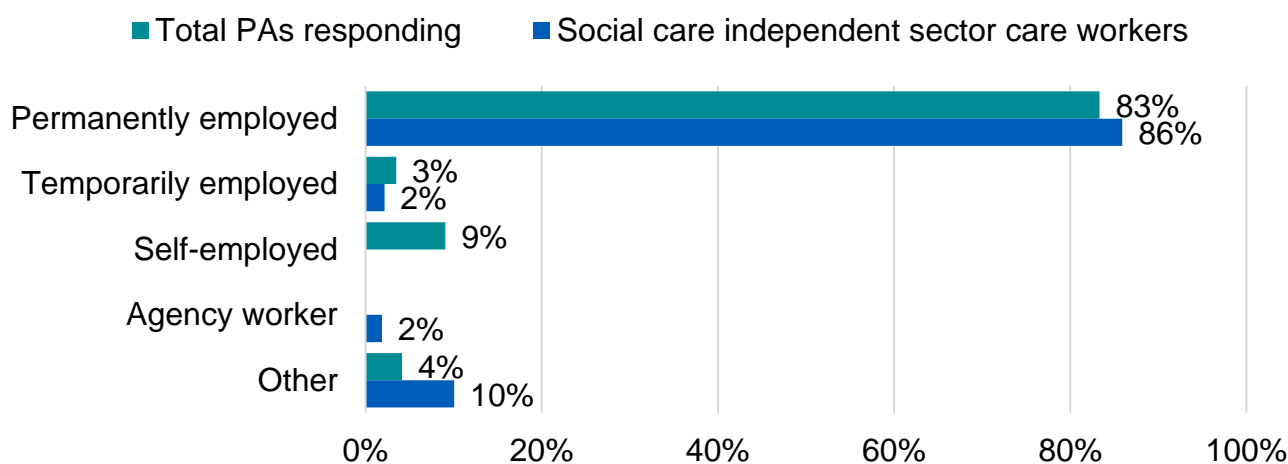


3.1.2. Employment status

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-

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**

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%

3.2.4. Sickness

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

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

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.

Table 4

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



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

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3.5.2.3 Training

Chapter 23 shows the steps to training and registration by PAs (Part 1205030150907078741)

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

