

Supporting individual employers and their personal assistants

Research into local authorities' support for people that employ personal assistants

in partnership with:

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Prefaces

This is the fourth year this research has been carried out. Over that time, it has significantly enhanced our understanding of the support available to people who employ their own care and support staff (individual employers) and their personal assistants (PAs).

With 95 local authorities contributing information to this research in 2015, we have the clearest picture yet of the support local authorities are providing and I'd like to thank all of those who took the time to contribute.

As in previous reports, this research confirms there is a continued and improving core offer in place across most local authorities for individual employers and PAs.

This is commendable given the many challenges placed upon local authorities over the past year. Challenges which include the implementation of the Care Act 2014 and increased imperative for the integration of social care and health, all within the midst of significant budget pressures.

The report also highlights the pivotal role private and voluntary organisations play in the provision of support.

Despite this, there is still work to do, particularly to raise the profile of the PA role and encourage more people to consider this as a career option. This will make it easier for people who want to arrange their own care and support to find the right staff in their local area.

It is encouraging to see this report cites that learning and development plays an important role in preparing people to either employ a PA or work as a PA, and encourages ongoing personal and professional development. Also key is the availability of local and sustainable peer support, and the recognition that this can play a significant role in the lives of both PAs and their employers.

Skills for Care will continue to work with our partners, including local authorities and the PA Framework steering group, to share the findings of this report and support responses at both a local and national level. The most important aspect is to ensure everyone who needs care and support is able to achieve person-centred co-ordinated care. A skilled, knowledgeable and confident workforce, whoever the employer, is an essential part of achieving this.

Sharon Allen
CEO, Skills for Care



I'm very pleased to be asked to write a foreword to this very important report on behalf of Learn to Care.

This is the fourth year this research has been carried out, and it continues to give us a picture of individual employers, the personal assistants they employ, and the support they can draw on. This is achieved both through collecting the same data each year and by looking at new areas to update and add richness to the information we have.

This year we can begin to see the impact of The Care Act 2014 and the Care Certificate on this section of the social care workforce and also look at the connections between direct payments from local authorities and personal health budgets.

I welcome the fact that 95 local authorities have submitted a complete return. As well as comparison of data from all of these returns, the case studies have added further to our knowledge and understanding of particular aspects of the PA workforce.

I am very pleased to see support to individual employers has improved compared to previous years; definitely a move in the right direction. PAs are a part of the adult social care workforce and workforce development managers should be, and are, engaged with them. I want to emphasise the importance of this continuing, no matter which particular model of training, learning, development and support is in place locally.

Kim Holmes
National Committee Chair, Learn to Care

On behalf of the ADASS Workforce Development Network, I welcome the findings of this fourth annual report which has been informed by two thirds of local authorities in England. I am pleased this response rate also represents a good geographical split and a range of types of authority.

Following the implementation of the Care Act in 2014, the report demonstrates that local authorities have been working hard over the past year, notwithstanding constraints to budgets, to ensure people have access to advice or information about employing a PA to meet their care and support needs. It is good to see the improvement of availability of support for both PAs and their employers, whether that is directly from their local authority or from other local organisations. Work will continue to expand that support and to those people funding their own care.

This report has highlighted there are a number of issues that remain. It is still a really important challenge that local authorities continue to recognise the importance of choice when people are making a decision about their care as well as working in partnership to develop the PA market. I am encouraged, however, to read that respondents considered these issues a challenge that needed to be overcome rather than immovable.

With integration high on the agenda, I'm delighted the report and case studies demonstrate some excellent examples of local authorities sharing the knowledge they have gained over the years in delivering direct payments with health colleagues implementing personal health budgets (PHB). It is likely this will bring about some additional challenges for colleagues in terms of new ways of working, but with that there will also be wider opportunities for whole person integrated support.

I welcome the recommendations made in this report and would encourage discussions within local authorities and their networks to implement them.

Phil Porter

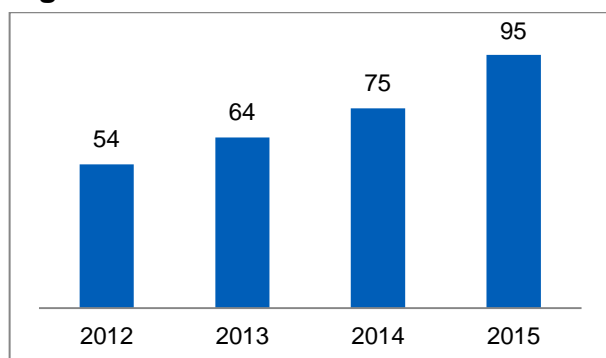
Joint Chair, ADASS Workforce Development Network and Director of Adult Social Services for the London Borough of Brent

Executive summary

This report outlines the most recent findings from an ongoing study which sets out to understand the support available to people employing personal assistants (PAs) in England. Commissioned by the Department of Health and researched and written by Skills for Care, in partnership with Learn to Care, this report and the accompanying case studies (chapter 6) demonstrate the successes and challenges reported by local authorities in 2015.

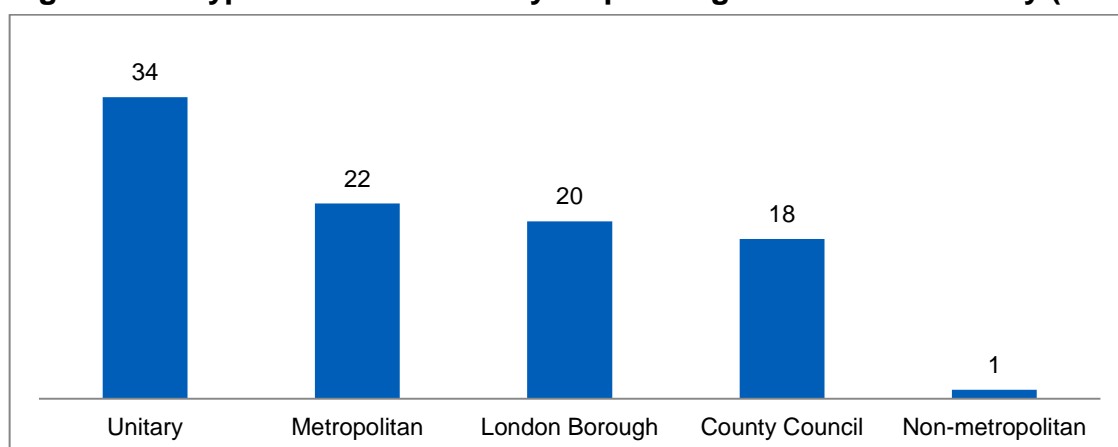
The response rate to the survey continues to increase year-on-year. In 2015, 95 full responses were returned from local authorities in England¹ (compared with 75 in 2014, 64 in 2013 and 54 in 2012) (see figure 0.1). This means 63% of local authorities in England engaged with the research project.²

Figure 0.1 – number of local authorities responding to the online survey 2012-2015



There was a good geographical split of respondents, representing a range of types of local authorities in England (see figure 0.2).

Figure 0.2 – types of local authority responding to the online survey (n=95)



¹ For the purposes of this research the total number of local authorities in England is 151 (this excludes States of Guernsey, Falkland Islands, Isle of Man and Isles of Scilly). The response rate was therefore 63% [$95/151 \times 100$].

² A separate, complementary survey collected responses from 40 organisations (predominantly NHS) representing approximately 50 clinical commissioning group (CCG) areas in England.

Research findings

Support available to employers

- The research has shown there continues to be a strong core offer in place for employers, and this has improved again this year, perhaps as a result of the implementation of the Care Act 2014.
- There has been an improvement in the availability of support, including pre-employment employer training, access to registers of PAs, peer support or mentoring and support with relationship building.
- There are some interesting approaches being considered to support employers with the assessment element of the Care Certificate.
- Local authorities are starting to make plans for engaging with self-funding employers.
- Information and training on quality assurance and safeguarding are becoming more prevalent but this is usually considered voluntary.
- Information in relation to workplace pensions and automatic enrolment is also becoming more commonly available.

Support available to PAs

- There is good, and continually improving, support available for PAs, but not to the same extent as for employers. It is more likely support will be provided by support and other community or voluntary organisations than local authorities.
- In relation to peer support or mentoring; pre-employment training and advice about or introduction to relationship building support is not being provided consistently.
- PAs are starting to be given opportunities to complete the Care Certificate (or equivalent training). However, often this was an initiative under consideration, with firm plans still to be agreed.

Overcoming barriers to PA working

- Complexities and concerns over the responsibilities of becoming an employer are still a deterrent for some people who would normally take a direct payment.
- Front line staff working in local authorities must be challenged to ensure a more positive and encouraging attitude towards using direct payments to employ care and support staff.
- Further work needs to be done by local authorities to ensure a clear understanding of the implications of workplace pensions.
- Local authorities need to continue the work they have started with clinical commissioning groups (CCGs) to share existing systems and information to support people who receive both social care and health funding or who are transferring to a Personal Health Budget (PHB). This must also give consideration to the change in the PA's role and training requirements.

The PA market

- One of most significant concerns raised this year relates to the 'supply' of new PAs available, as well as the need to raise the profile and visibility of the role.
- There is strong evidence the PA role is (ordinarily) better remunerated than similar roles in some more traditional care settings and this should help to raise the profile of the role.
- There are some emerging models of PA working from agencies and shared lives schemes which will be of interest, at both a local and national level, as this may change the way people decide to organise their care.

Other findings

Some significant staffing changes appear to have taken place within the Adult Social Services Departments over the past year:

- over a third of the directors invited to take part in the survey in 2015 were different to those contacted in 2014.
- of the 51 local authorities that participated in the research in both 2014 and 2015, less than half of the responses were provided by the same person each time.

The implementation of the Care Act, which has been the catalyst in the introduction of new ways of working, along with the impact the economy has had on staff availability, are likely to be the chief causes of these staffing changes.

It is not known what the impact of these changes may have had on the consistency of responses received in 2014 and 2015 and institutional knowledge.

Conclusions

The research has found there continues to be a strong core offer in place for both employers and PAs and this has seen an improvement again this year. It is clear the private and voluntary sector plays a pivotal role in the provision of that support and information, particularly for PAs through support and other community or voluntary organisations.

Local authorities are increasingly recognising the importance of peer support. However, the evidence suggests employers and PAs initially struggle to engage with it and once they have become involved, find it difficult to maintain.

A number of persistent challenges and priorities remain. One which was more pronounced this year than in previous reports relates to the 'supply' of new PAs, as well as the need to raise the profile and visibility of the role. The strong evidence documented in this report that the PA role is (ordinarily) better remunerated than similar roles in some more traditional care settings may help to address this.

Another concern reported was a reluctance amongst some front line workers carrying out assessments to encourage the employment of PAs, choosing instead to recommend residential or domiciliary care provision. However, respondents did recognise this was a challenge that should be addressed to enable people to make informed choices about their care.

Finally, the budgetary constraints many local authorities are facing is clearly a key issue in the provision and availability of support. One way in which this may be overcome is by working in an inclusive way with local community and health colleagues to improve the experience people have of employing PAs.

Recommendations

Recruitment and retention

1. Local authorities, NHS organisations, user-led and other community or voluntary organisations, as well as national stakeholders, need to work in partnership to address issues relating to the recruitment of PAs. This should include raising the profile and changing perceptions of the PA role.
2. Local authorities should continue to either develop or encourage the development of PA registers as both a place where employers can advertise vacancies and where PAs can promote their services and look for work. Consideration should be given to offering pre-employment training (potentially mapped to the knowledge elements of the 15 standards of the Care Certificate) as a pre-requisite for PAs being included on a register. This will help ensure they understand the nature of the role and give employers confidence when selecting potential PAs.
3. Local authorities need to put in place processes that help employers understand the implications of a negative DBS report. This should include encouraging an open and honest discussion with the prospective PA before any recruitment decisions are made.

Information and support

4. Local authorities must ensure front line workers offer the full range of adult social care options available and share positive (but realistic) messages about direct payments and how individuals can use them to employ their own staff. This could be achieved by knowledge transfer sessions or by regularly spending time within the Direct Payment Support team.
5. Efforts to offer and maintain peer support or mentoring, as well as other forms of networking for employers and PAs should continue to be developed and ways to maintain them need to be explored.
6. Local authorities need to explore the implications of the implementation of workplace pensions on both budgets and someone's decision to become an employer.

Training

7. Local authorities, working in partnership with local providers, should consider making pre-employment training essential for those individuals recruiting a PA for the first time. Pre-employment training prepares people for the 'employer' role and will aid PA retention in the longer term.

8. Employers, where possible, should be supported with the assessment element of the Care Certificate, using local authority trained assessors.
9. Employers, where necessary, should be supported to access training funding for themselves and their PAs. This could include help with finding suitable and flexible learning providers that can deliver within the employer's home and/or outside of the traditional 9-5, Monday to Friday timetable.
10. Learning providers should be encouraged to become endorsed by Skills for Care.

Integration

11. Local authorities need to work with other organisations to improve the experiences of individual employers moving from adult social care provision to an integrated budget or transferring to a PHB, provided by the NHS. This will include CCGs, support and other community and voluntary organisations and should include sharing information and systems.

Context and aims

The individual employer and PA workforce comprise a considerable part of the adult social care sector. In 2013/14 around 234,000 adults, older people and carers received direct payments from council social services departments.³ Of these it is estimated approximately 70,000 were employing their own staff. Based on these figures, Skills for Care estimates there are currently 115,000 PAs in England. There is currently a lack of data regarding 'self-funders' (people who do not receive a direct payment) who employ PAs and who currently have limited contact with any local authorities.

During 2015, local authorities experienced significant pressure on resources, while working to deliver the integration agenda and continuing to implement the Care Act. This may have meant a restructuring of services, which in turn brought about many staffing changes.

The aim of this ongoing research was to involve all local authorities in England in establishing a stronger knowledge base and understanding of the support offered locally to individual employers and PAs.

In 2015 we also took the opportunity to explore a number of key themes, including:

- the impact of the implementation of the Care Act
- the use of the Care Certificate
- quality assurance and safeguarding
- integration between health and social care.

By gathering and sharing examples of current best practice, all local authorities can learn from and adopt practices that will:

- increase cost efficiencies
- improve the quality of care
- enhance safeguarding practices
- improve an individual's wellbeing
- expand the availability of self-directed support.

³ An increase of c. 20,000 since 2012/13. Skills for Care, *The size and structure of the adult social care sector and workforce in England* (Leeds, 2015).

Methodology

The 2015 research was based on the methodologies used in 2012, 2013 and 2014 with a set of core, general support questions being repeated each year to build a strong evidence base for changing levels of support.

The remainder of the survey focussed on the collation of qualitative information from a local authority perspective across the four main themes mentioned in the previous section (context and aims).

Additionally, this year a short section was included to support the collation of information for Skills for Care's annual report on the 'Size and structure of the adult social care sector and workforce in England, 2015'.⁴

Following research approval from ADASS, an electronic letter was sent to every director of adult social services (DASS) in England. This letter came from the chief executive of Skills for Care, joint-chair of the ADASS Workforce Development Network, and the chair of Learn to Care and asked them to nominate an appropriate person to respond to the questionnaire.

The nominated person was then sent an email which included a letter introducing and explaining the rationale for the survey, the timescale for completion and a link to the online questionnaire.

95 responses were received. These were analysed, for both statistical information and qualitative responses. 13 sites were then selected for follow-up visits to learn more about particular local initiatives. From these have emerged a set of case studies.

To reflect the widening remit of the PA Framework to include individuals using a PHB to employ one or more PAs; a separate, but complementary piece of research was conducted with PHB leads within CCGs in England. This is an emerging part of the individual employer or PA market, with significant overlaps with the existing workforce in adult social care.⁵

⁴ Skills for Care, *The size and structure of the adult social care sector and workforce in England* (Leeds, 2015).

⁵ Skills for Care, *Support for employers and their personal assistants (PAs) following the introduction of personal health budgets*, Skills for Care (Leeds, 2016)

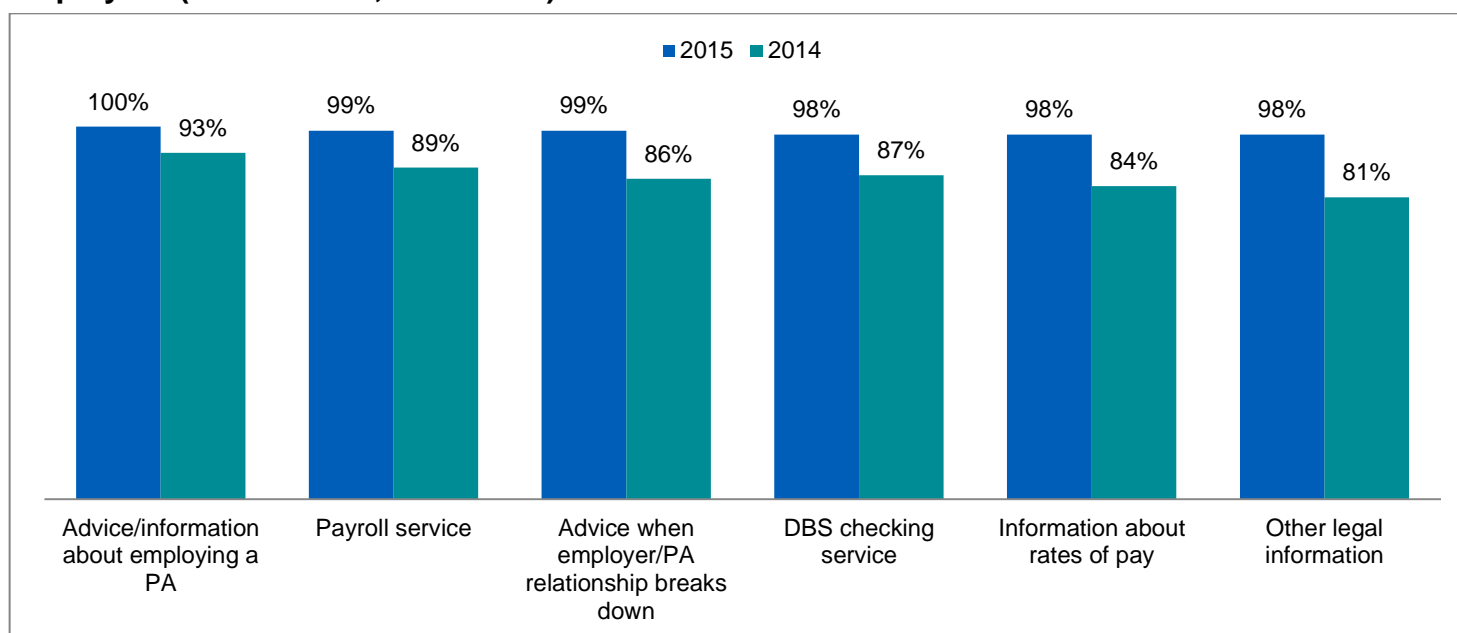
1. Support available to employers

The individual employer and personal assistant (PA) workforce comprise a considerable part of the adult social care sector. In 2013/14 around 234,000 adults, older people and carers received direct payments from council social services departments.⁶ Of these, Skills for Care estimated approximately 70,000 were employing their own staff.⁷

The 2014 report suggested a strong core offer was being made to employers in terms of support. This still appears to be the case in 2015 (see figures 1.1 and 1.2) with all respondents (100%) indicating that advice on, or an introduction to, a full range of information about employing a PA was available or in development.

This may be as a result of the implementation of the Care Act 2014 which introduced major reforms to the legal framework for adult care and support in England. These changes included the duties of local authorities, the rights of those in need of care and support, their carers' and to the funding system for care and support.

Figure 1.1 – percentage of local authorities reporting support was available to individual employers (2014 n=100⁸, 2015 n=95)



⁶ 2012/13 = 214,000, Skills for Care, *The size and structure of the adult social care sector and workforce in England* (Leeds, 2015).

⁷ 2014 = 70,000 employers, Skills for Care, *The size and structure of the adult social care sector and workforce in England* (Leeds, 2015).

⁸ 75 full responses and 25 partial.

It is encouraging to see that across all areas, the core offer has been strengthened over the past year and over the years since the publication and implementation of ‘*Working for personalised care: a framework for supporting personal assistants working in adult social care*’.⁹ As the graph above shows, the majority of local authorities say support is now available in the following areas:

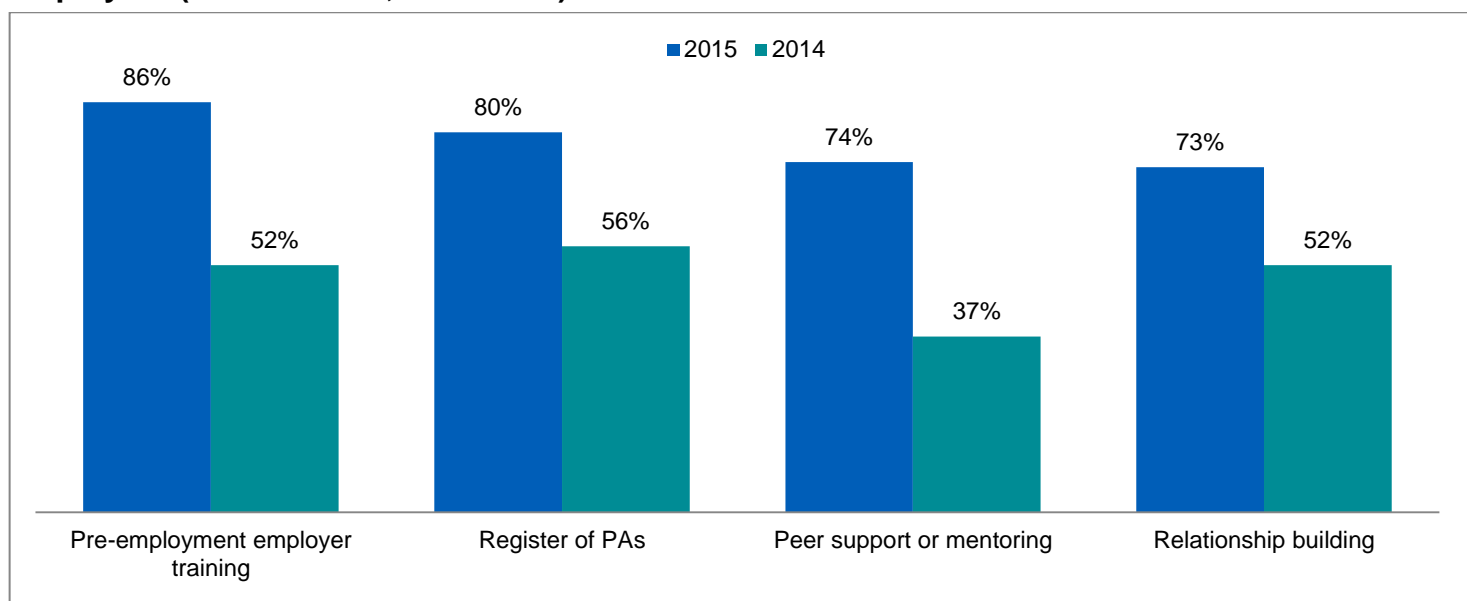
- information about employing a PA
- what to do when an employer and PA working relationship breaks down
- payroll services
- legal information
- rates of pay
- help with DBS checking.

There has also been significant growth in peer support or mentoring (up 37% since 2014), pre-employment training (up 34%), PA registers (up 24%), and relationship building (up 21%), suggesting these elements of support are being seen as increasingly important by local authorities (see figure 1.2).

“We have a Peer Support set up that will ring people thinking of taking up a DP [direct payment] and explain the benefits and some of the issues they may face.”

A good employer and PA working relationship is important and may help with staff retention. This also seems to be recognised by respondents with 73% saying support to developing this was available.

Figure 1.2 – percentage of local authorities reporting support was available to individual employers (2014 n=100¹⁰, 2015 n=95)



⁹ Department of Health, [Working for personalised care: a framework for supporting personal assistants working in adult social care](#), (2011)

¹⁰ 75 full responses and 25 partial.

The **Warwickshire County Council** case study talks about the support they provide to employers through quarterly meetings which include topical issues relevant for employers as well as facilitating peer support. See page 58.

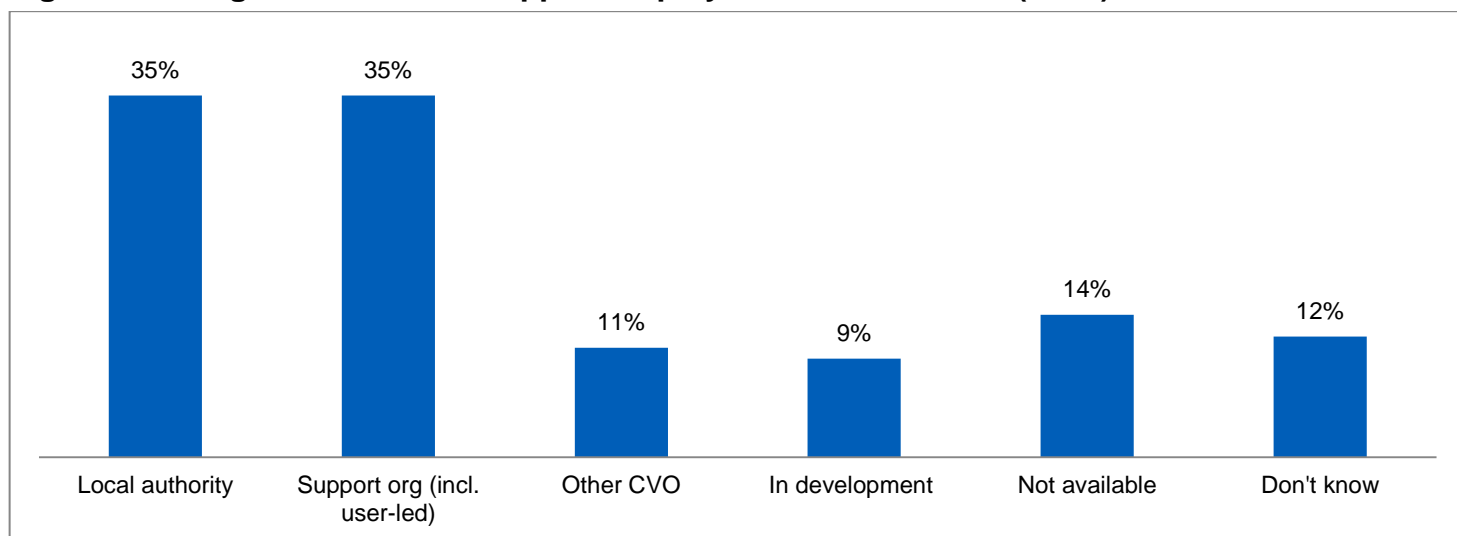
PA registers are becoming increasingly popular as a way to enable those who want to recruit a PA to find them or list vacancies. Four-fifths of respondents indicated a register was available (65%) or in development (15%), compared with just over half in 2014.¹¹ It was likely the PA registers would be an online database or part of a portal, marketplace or service directory.

We also asked local authorities if employers were supported to access funding to pay for training for themselves or their PAs. It is good to see 75% of respondents said they did.¹²

Where support to access the Workforce Development Fund (WDF) was available, it was commonly provided by local authorities (35%) or support organisations (35%). One in ten (9%) said it was in development (see figure 1.3).

“The LA raises the profile for the fund via newsletters and peer support events.”

Figure 1.3 – organisations that support employers to access WDF (n=95)



“Employers can attend training at any time, many choose to attend after having a poor experience with a PA or after they have got used to having a DP and PA so we do not limit it to 'pre-employment'.”

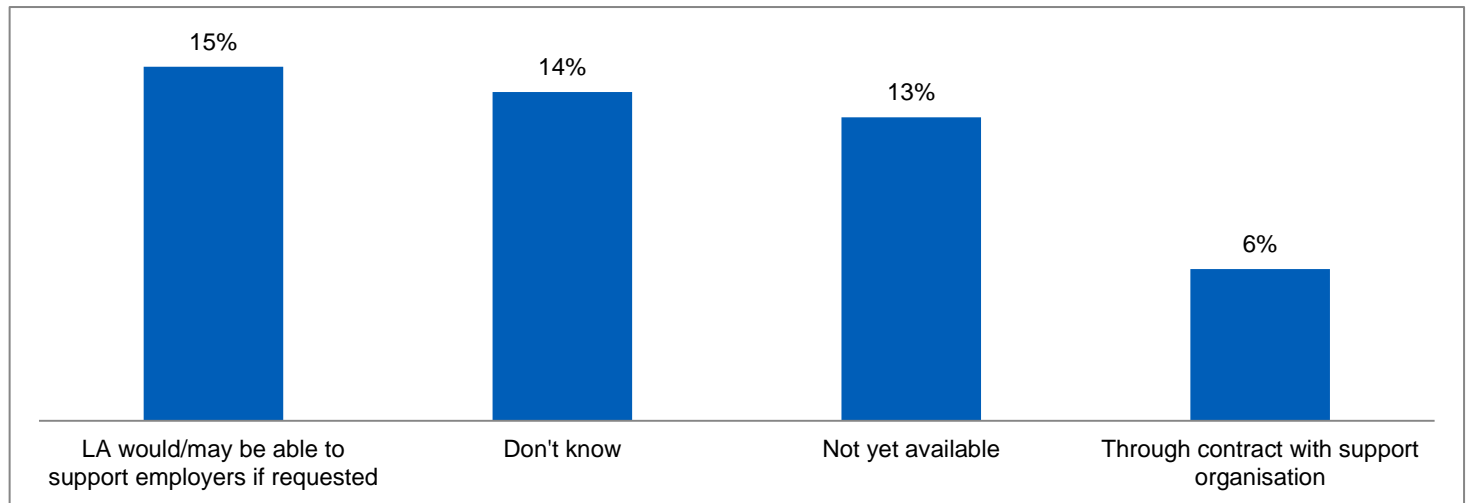
Should employers wish to have their PAs complete the Care Certificate, it is likely they will need support with the workplace assessment element. This is therefore a potential area for development as

¹¹ Skills for Care published guidance on developing a PA register available on the information hub for individual employers and personal assistants (www.skillsforcare.org.uk/iepahub).

¹² Workforce Development Fund disbursed by Skills for Care on behalf of the Department of Health (individual employer funding www.skillsforcare.org.uk/individualemployerfunding).

a quarter of respondents said support was not yet available or they didn't know.¹³ Respondents on the whole said this was an area they would need to explore further and it is encouraging that 15% indicated they would help an employer to understand the process and access suitable resources, but this would have to be requested (see figure 1.4). Given the relative newness of the Care Certificate, this should be seen as positive.

Figure 1.4 – percentage of local authorities reporting support available with workplace assessment of the Care Certificate (n=95)



There are a few examples of interesting approaches being considered by respondents. This includes:

- an assessor support group for employers
- offering support to access assessor training using the individual employer funding
- teaming up with a home care agency or a local college.

The case study from **North Somerset Council** discusses working with an independent provider to provide training on the knowledge elements of the Care Certificate. See page 52.

Source of support

This research shows there is considerable variation in the sources of support available to employers. It is clear that in addition to local authorities, private and voluntary organisations have an important role in providing that support. This is mirrored in this year's research with PHB leads within CCGs in England.¹⁴

¹³ www.skillsforcare.org.uk/carecertificate

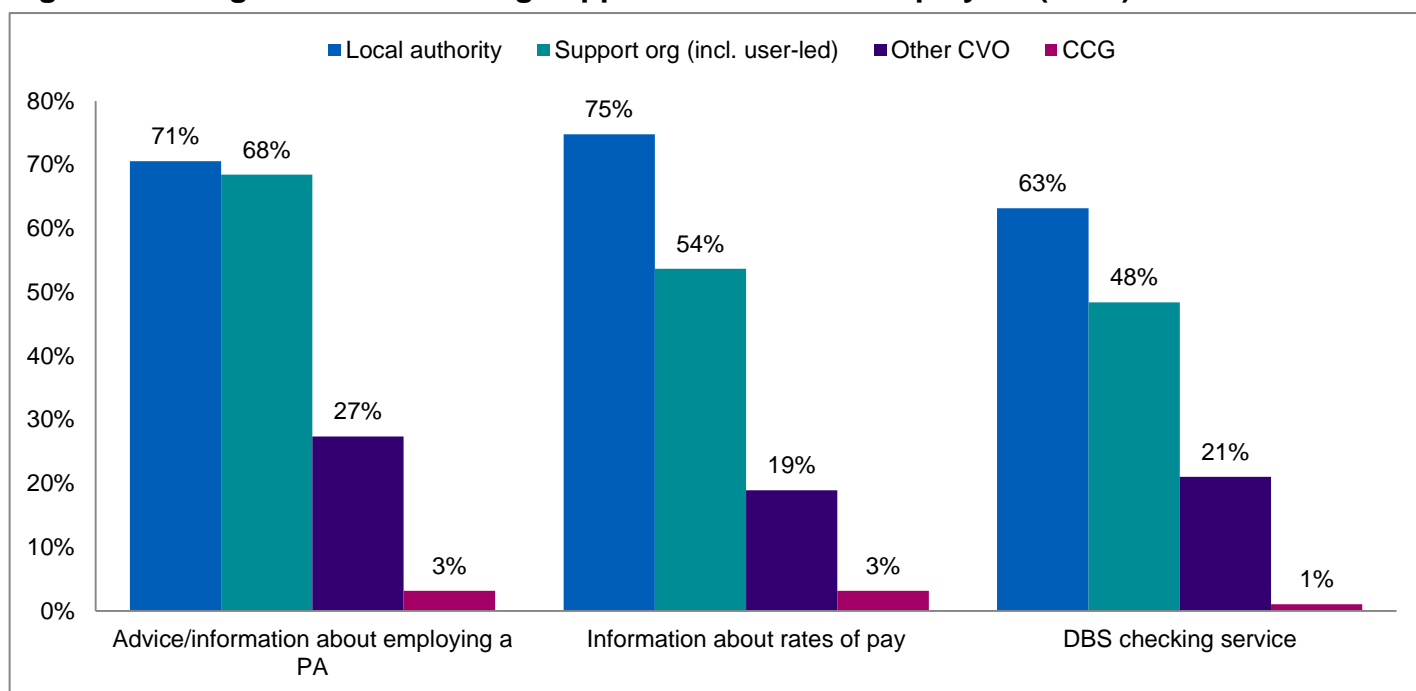
¹⁴ Skills for Care, *Support for employers and their personal assistants (PAs) following the introduction of personal health budgets*, (Leeds, 2016)

Increasingly, as integration between health and social care progresses, CCGs and health organisations will also be likely to provide support to employers.

Local authorities

Local authorities are more likely to be providing support with information about rates of pay (75%), employing a PA (71%) and a DBS checking service (63%). But, they will not be the only place people will be able to get that support (see figure 1.5).

Figure 1.5 – organisations offering support to individual employers (n=95)



Support and community or voluntary organisations

Support organisations (including user-led) and other community or voluntary organisations provide effective, flexible and consistent support for employers. These are either commissioned or independent services.

“We have a memorandum of understanding with five payroll companies that people using DP’s [direct payments] can contract with to provide payroll support.”

Services such as payroll, advice about relationship building and what to do if that relationship breaks down, pre-employment employer training and other legal information are all more likely to be provided by one of these organisations than by the local authority (see figures 1.6 and 1.7).

Figure 1.6 – organisations offering support to employers (n=95)

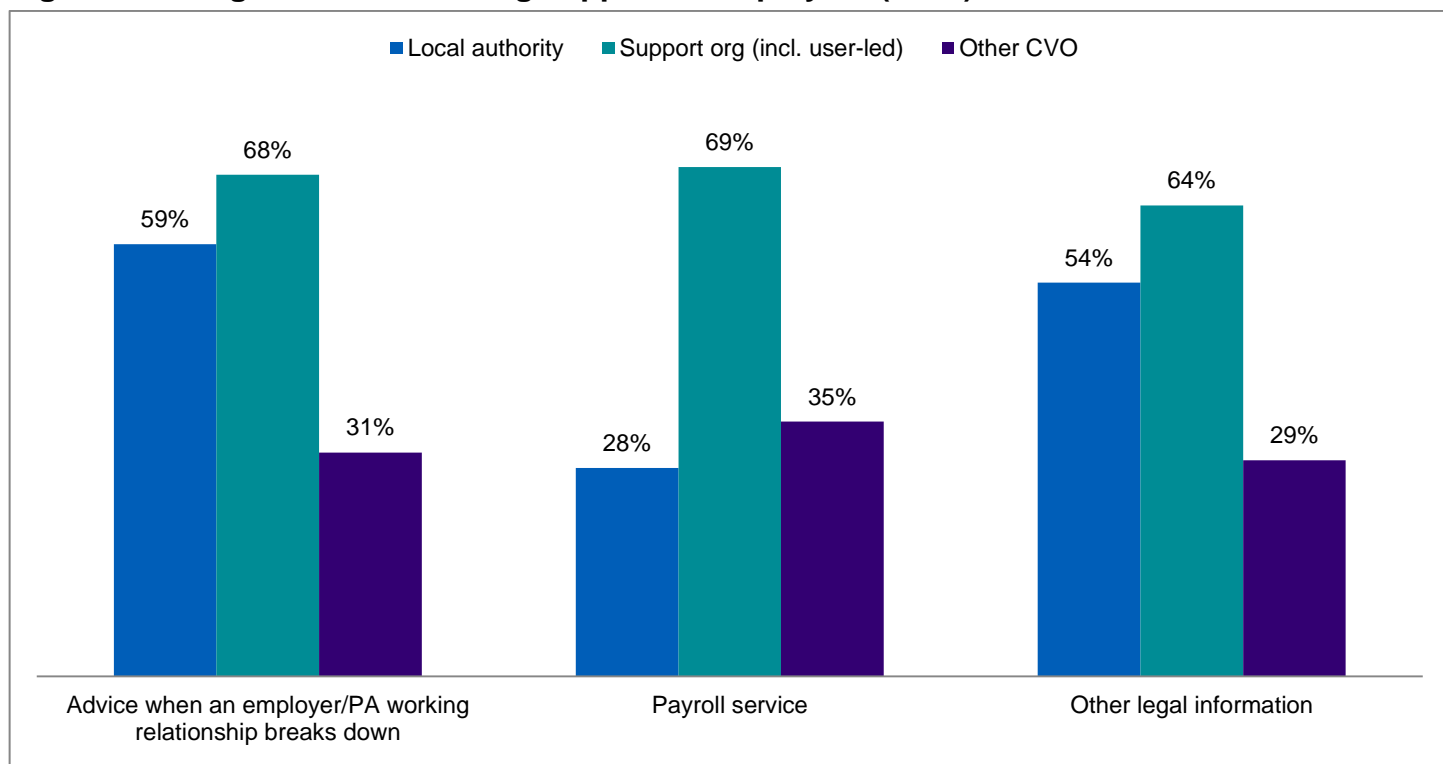
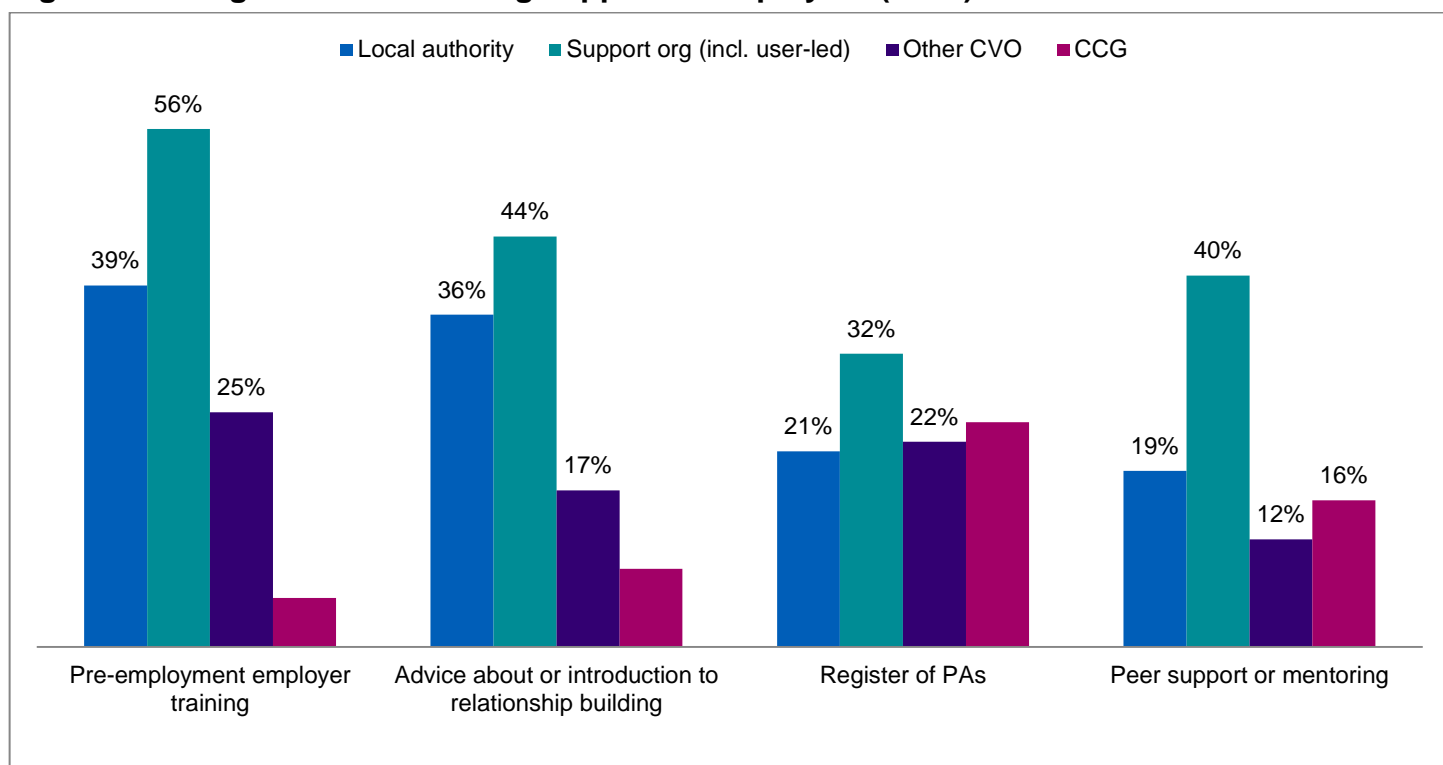


Figure 1.7 – organisations offering support to employers (n=95)



Care Act – self-funders

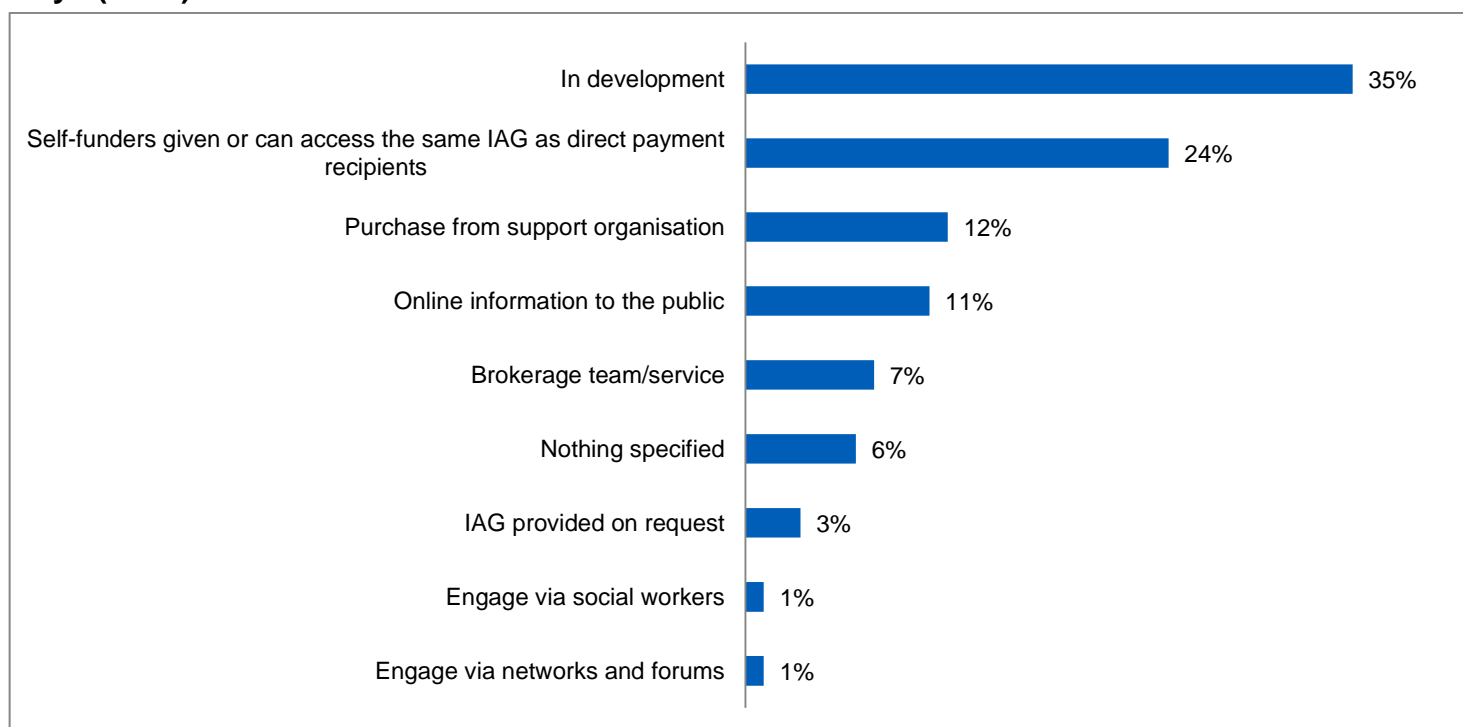
The implementation of the Care Act also includes the provision of information for people who do not receive a personal budget (self-funders). Self-funders can often be the hidden part of the care system. Unless they are in residential care or have a contract with a domiciliary agency, they will not necessarily appear on any records.

There is little understanding of numbers of self-funders or the extent of their need for services. The implementation of the Care Act may see an increase in awareness of self-funders making themselves known to local authorities over the coming years.

A third (35%) of respondents said their plans for engaging with self-funders were still in development. A quarter (24%) indicated self-funders would be given or would have access to the same information, advice and guidance (and sometimes support) as those entitled to a direct payment. One in ten (12%) said self-funders would be directed to a support organisation where they could purchase a range of services or receive support to employ a PA, or they would be making information available to the public online (11%) (see figure 1.8).

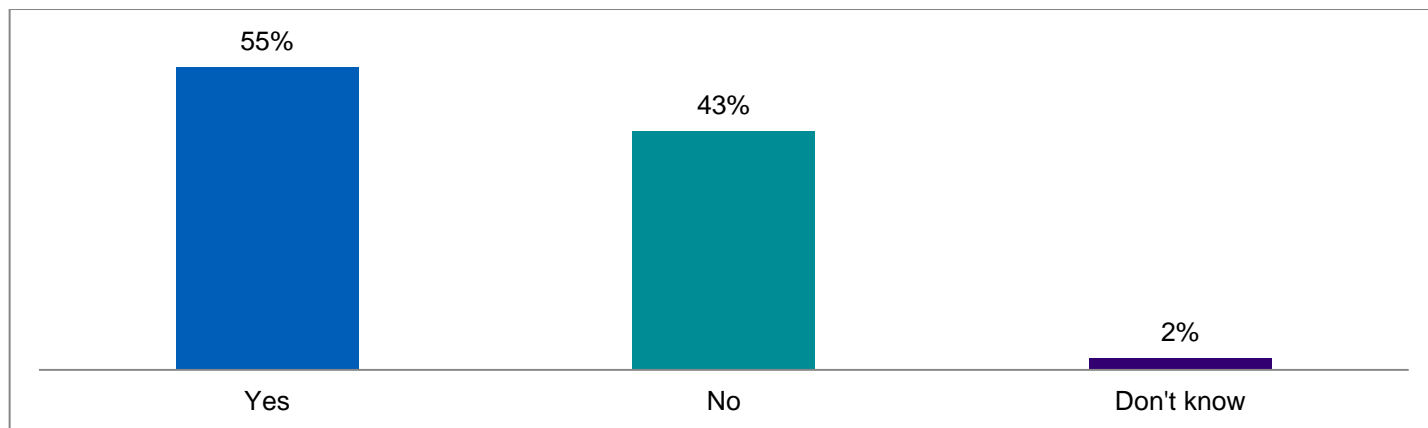
In their case study, **Halton Borough Council** explains the processes involved in providing support for people who fund their own care. See page 48.

Figure 1.8 – percentage of local authorities who are engaging with self-funders in different ways (n=95)



When we asked whether the implementation of the Care Act had changed the information, advice and guidance (IAG) offered to people, over half (55%) said it had (see figure 1.9). It is significant 43% respondents said they had made no changes as a result of the Act, however this may be because they felt their existing IAG was fit for purpose for all, irrespective of how their care was funded.

Figure 1.9 – percentage of local authorities reporting that the Care Act had changed IAG for self-funders (n=95)



Of those who said they *had* made changes, two thirds (66%) said it was to ensure compliance with the Care Act (including providing information through an online service portal). Some respondents mentioned providing information for carers assessments and making adjustments to their systems to prepare for the introduction of the deferred payments and capping of care costs.¹⁵

Peer support

The availability of peer support or mentoring has increased over the past year, with 74% of respondents reporting that employers would be able to access this kind of support, compared with 37% in 2014. This was more than twice as likely to be available through a support organisation (40%) or other community or voluntary organisation (12%) than a local authority (19%) (see figure 1.7).

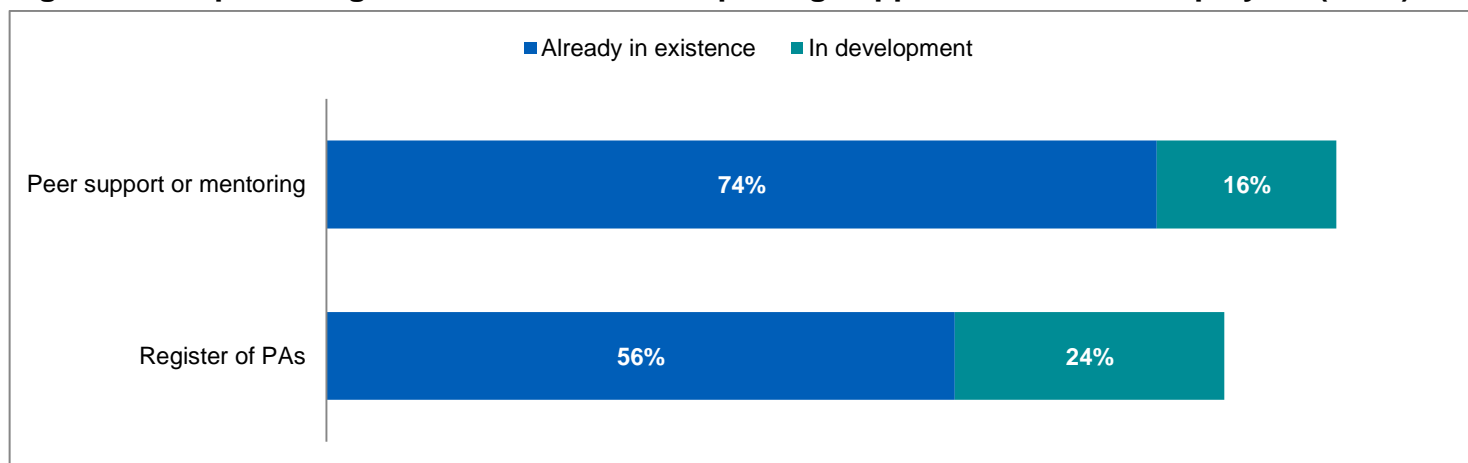
This information should be treated with cautious optimism as the survey asked for *availability* of peer support. Encouraging take-up and establishing continued engagement were both often reported as challenges.

It may also be possible that in a number of instances the *availability* of peer support was understood by respondents to mean the existence of a local ULO, rather than specific knowledge of a structured programme or forum.

The case study from **North Yorkshire County Council** talks about an initiative where experienced employers act as mentors to people who are considering a direct payment. See page 54.

¹⁵ The cap on care costs has been deferred and is expected to be introduced in 2020.

Figure 1.10 – percentage of local authorities reporting support available to employers (n=95)

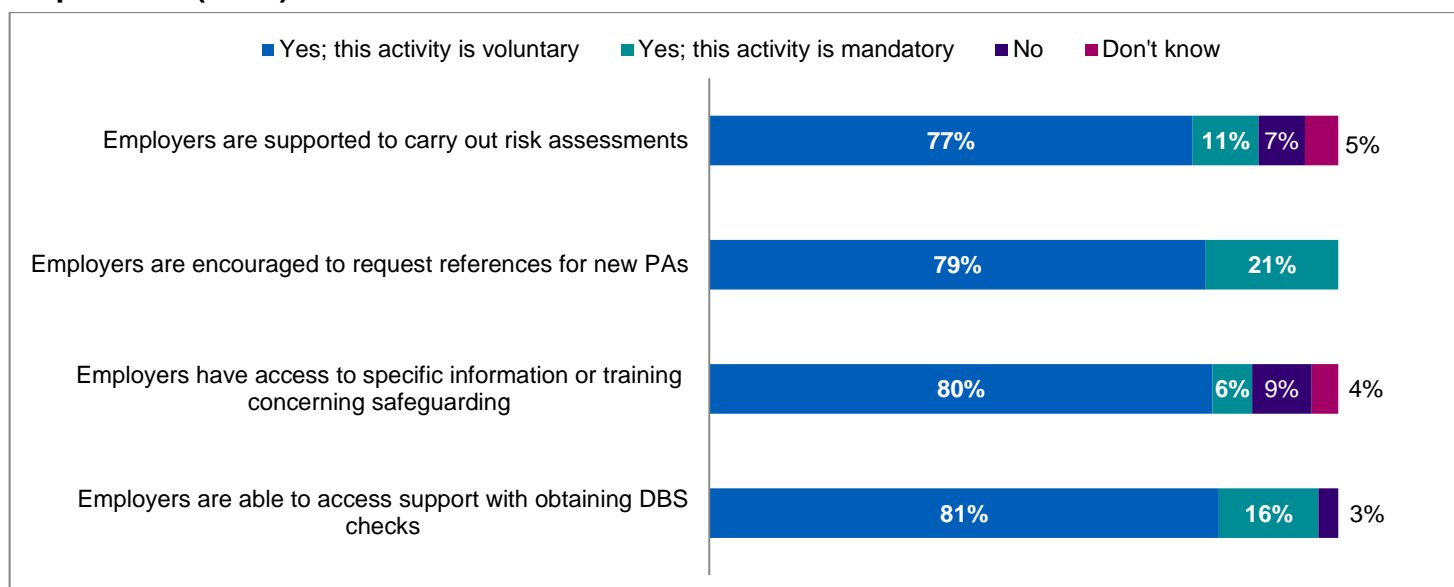


However, 16% of respondents did say peer support was in development (see figure 1.10). There is still work to be done as a quarter of respondents indicated it was not available or they didn't know.

Quality assurance and safeguarding (incl. DBS checks)

When asked about the types of quality assurance and safeguarding that took place locally, four-fifths said employers would be supported or would have access to specific information or training, but this would usually be considered voluntary (see figure 1.11). The exception to this was when children would be in the house, in which case a DBS check would be mandatory.

Figure 1.11 – percentage of local authorities reporting quality assurance and safeguarding steps taken (n=95)



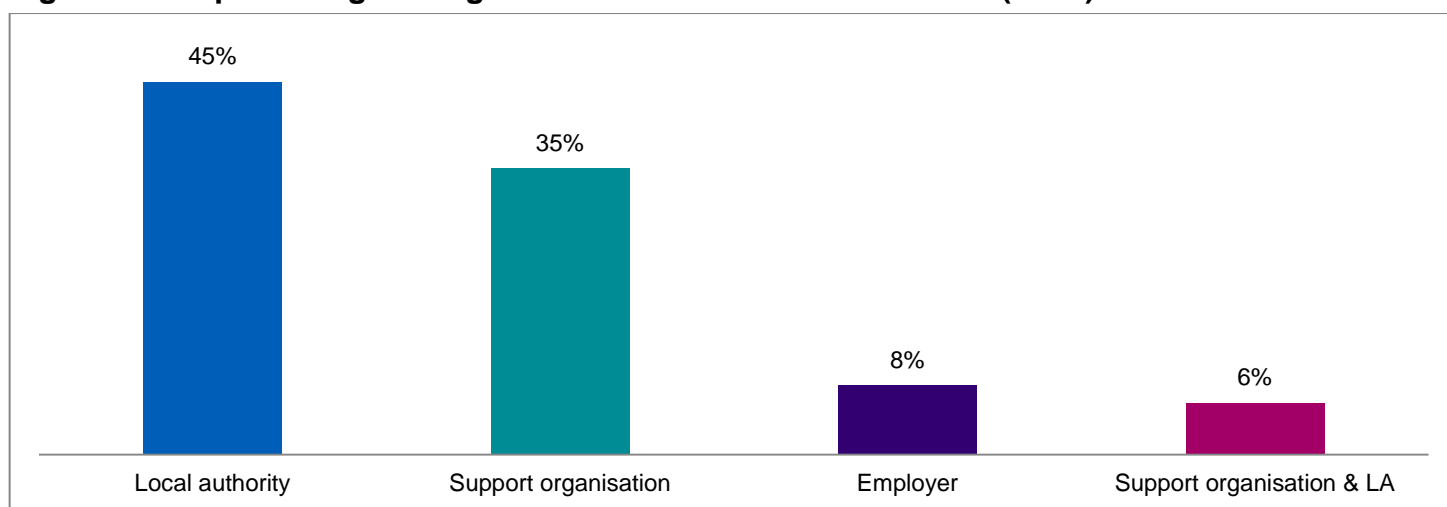
As well as ensuring protocols are in place within Safeguarding Adults Teams or Boards and carrying out regular reviews of care and support arrangements; respondents said information and advice was provided about safeguarding and managing risk to employers. This may take the form of an information pack, ensuring appropriate insurances are in place, carrying out risk assessments and

support with the employment process (for example, obtaining references and carrying out checks). In addition, safeguarding training was often made available.

Disclosure and Barring Checks

Nearly all respondents (98%) said a DBS checking service was provided (94%) or in development (4%), compared with 87% in 2014. Almost half (45%) of respondents said they obtained the DBS check on behalf of the employer, while a third (35%) indicated it would be done by a support organisation (see figure 1.12).

Figure 1.12 – percentage of organisations that obtain DBS check (n=95)



In most instances, respondents said the way in which a DBS would be obtained is that the employer would request the check from the local authority who would send forms to the PA and carry out ID checks before submitting them. A similar process is in place in situations where a support organisation was involved. The local authority usually provides the money to pay for the DBS check either directly or by ensuring funds allocated within a direct payment.

There was a lack of information about what would happen if there was an issue with the DBS report and the process that would be followed to support the employer. Only a couple of references were made to ensuring that the employer and prospective PA had an open and honest discussion about the results of the DBS check.

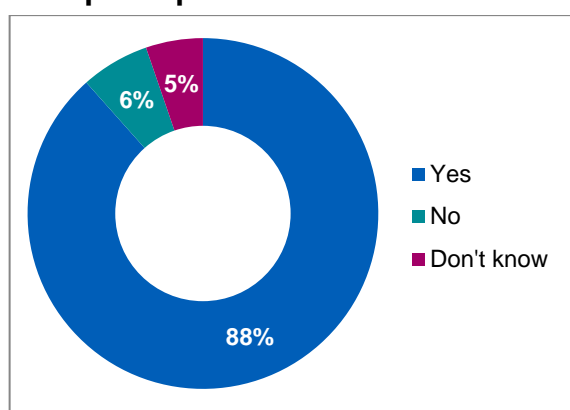
In their case study **North Somerset Council** explains their approach when a negative DBS check is returned. See page 52.

Pensions

As a result of the Pensions Act 2008, anyone in the UK who employs at least one person has responsibilities in relation to workplace pensions.¹⁶ This includes putting staff who meet certain criteria into a pension scheme and contributing to it (automatic enrolment). This applies to people who employ one or more personal assistants as well as other types of employees.

When local authorities were responding to this survey, many IEs (with a staging date of 1 January 2016) would have been contacted about their duties in relation to automatic enrolment. It is encouraging to see the majority of respondents (88%) said employers were given information about workplace pensions (see figure 1.13). This would be from a combination of support organisations (64%), local authorities (47%), or The Pensions Regulator (38%).

Figure 1.13 – percentage of local authorities indicating that employers were given advice about workplace pensions and automatic enrolment (n=95)



The **London Borough of Camden** has carried out a mapping and modelling exercise to understand the effect of automatic enrolment on people employing PAs in its area. See page 41.

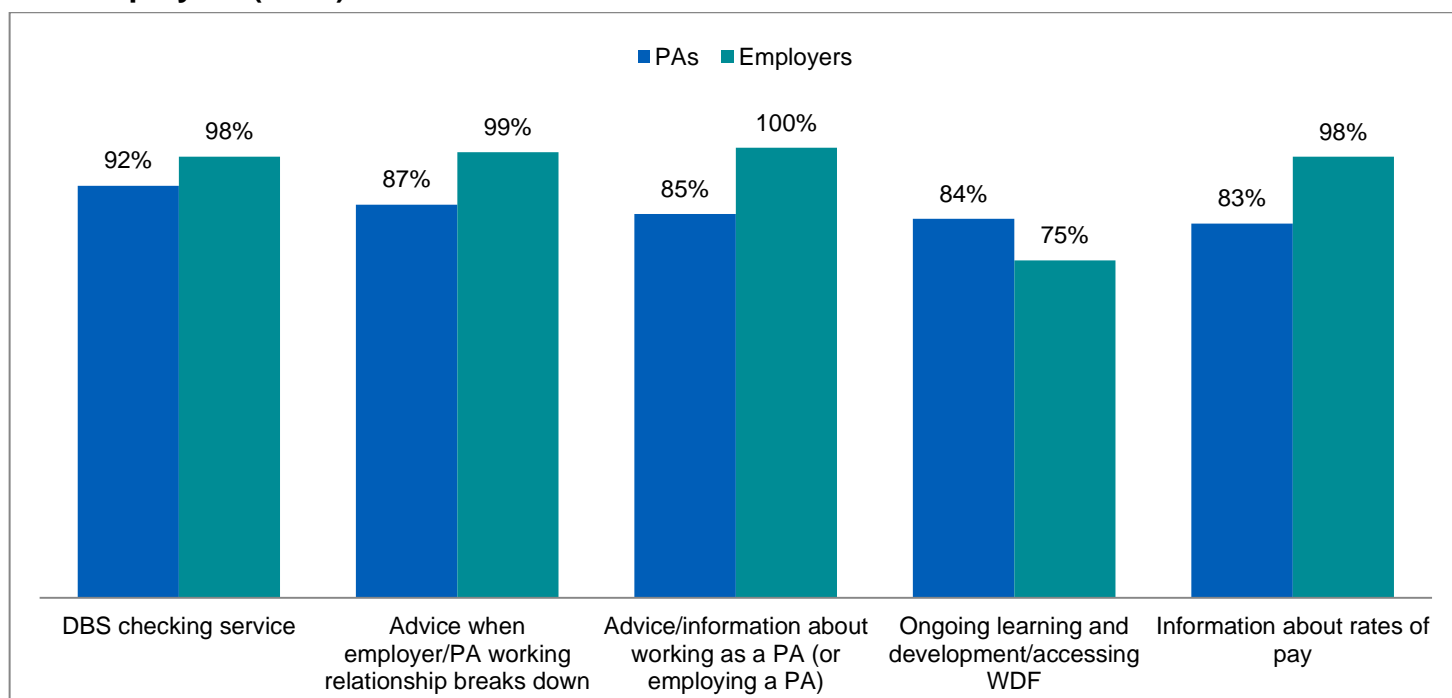
¹⁶ www.thepensionsregulator.gov.uk

2. Support available to PAs

Skills for Care estimates there are currently 115,000 PAs in England.¹⁷ These are an unregistered and unregulated part of the workforce, who often work alone and may not always have access to the same training opportunities or support as others who work in social care.

When looking at the type of support available for PAs, although respondents indicated there is a good core offer, it is not at the level available for employers (see figures 1.2 and 2.2). This is because typically, infrastructure and support has grown around the employer (person in need of care and support) rather than the PA.

Figure 2.1 – percentage of local authorities reporting availability of support to PAs compared with employers (n=95)



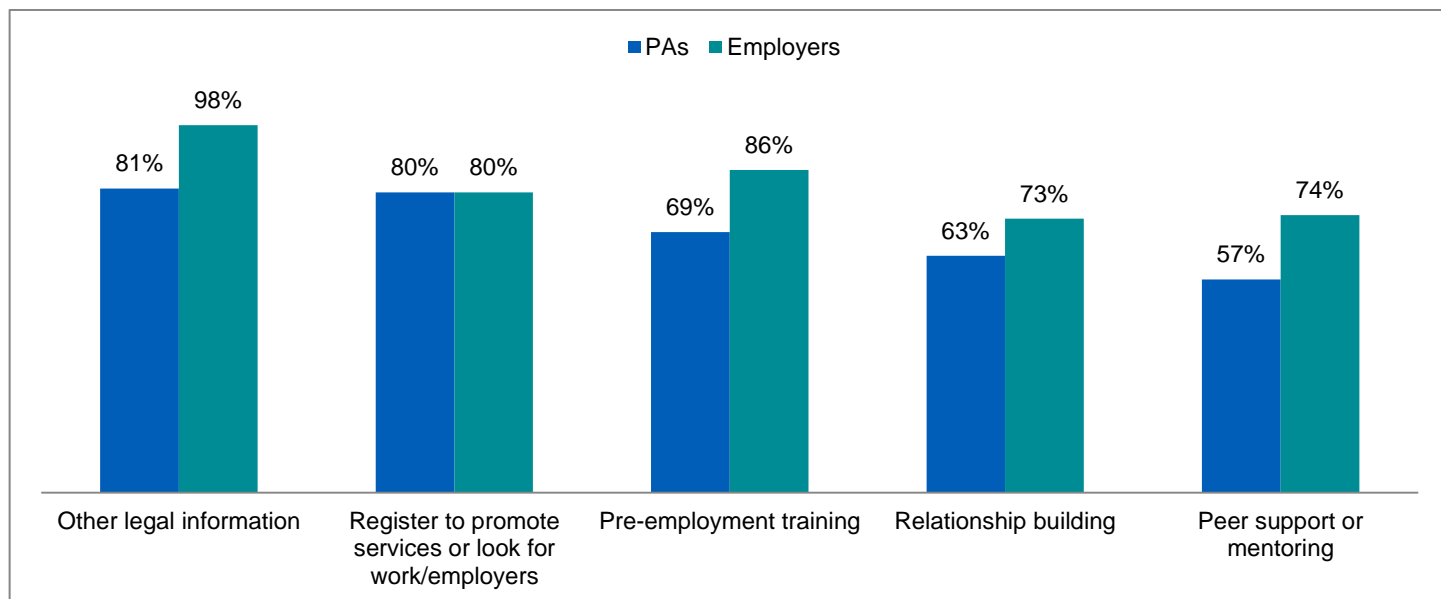
“Although there is still work to be done in this area, certain initiatives have helped in engaging with PAs, for example, through training that has been funded by Skills for Care.”

The improvement in support available to PAs evidenced in this report may, in part, be attributable to the implementation of ‘*Working for personalised care: a framework for supporting personal assistants working in adult social care*’.¹⁸

¹⁷ Skills for Care, *The size and structure of the adult social care sector and workforce in England* (Leeds, 2015).

¹⁸ Department for Health, [Working for personalised care: a framework for supporting personal assistants working in adult social care](#) (2011).

Figure 2.2 – percentage of local authorities reporting availability of support to PAs compared with employers (n=95)



“More support for our local PAs has been identified and will be part of our commissioned service support going forward and a peer support group for PAs is being set up to help with this. The find-a-pa.org website run by user-led organisation ULO Ruils offers excellent information and advice to PAs and employers about their rights and responsibilities.”

In its case study, **Dudley Metropolitan Borough Council** describes involving both PAs and their employers in peer support. See page 45.

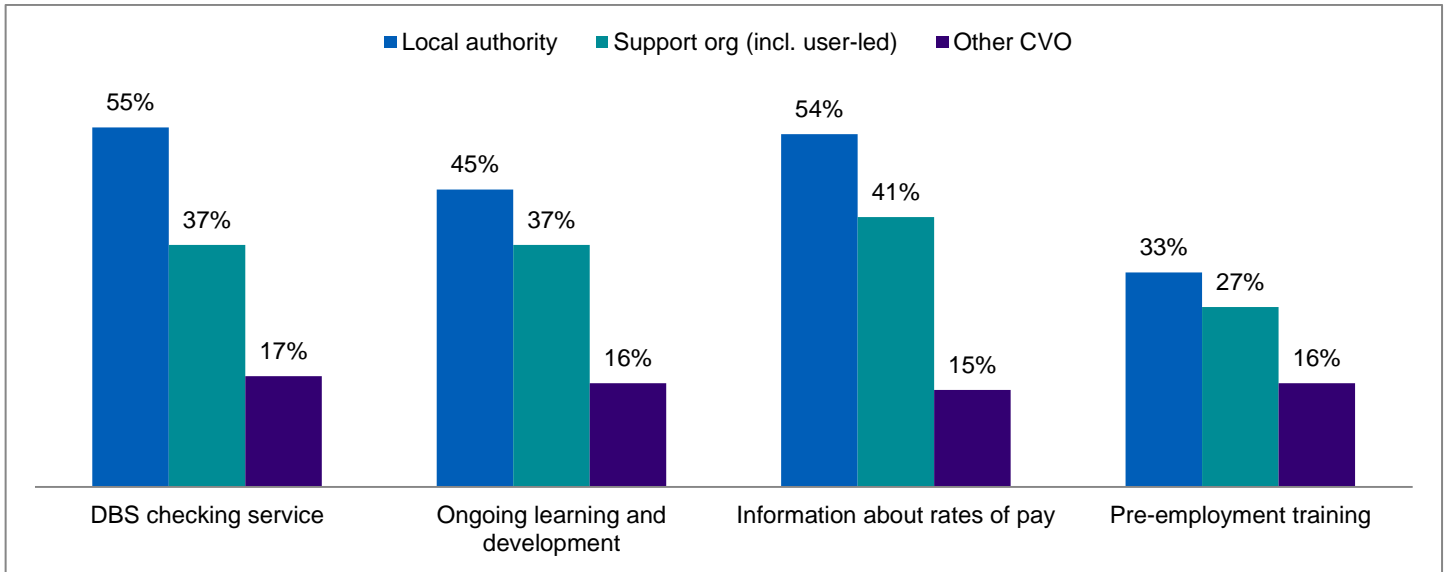
Source of support

PAs will be able to find support from either a local authority, support organisation or other community or voluntary organisation.

Local authorities were most likely to provide support to PAs with DBS checks (55%), information about rates of pay (54%), ongoing learning and development (45%), and pre-employment training (33%) (see figure 2.3).

Because PAs cannot request a DBS check on themselves, the local authority has a role in processing in response to an employer requesting a DBS check.

Figure 2.3 – organisations offering support to PAs (n=95)

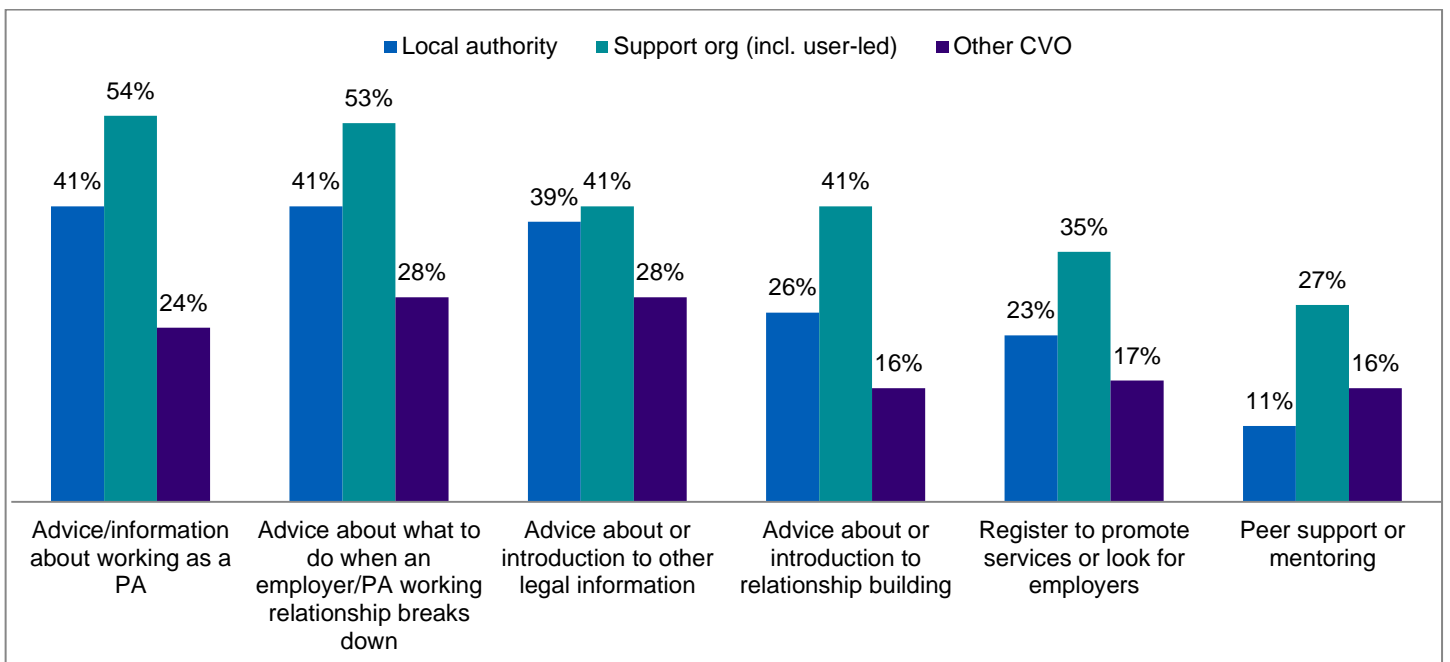


Support in the following areas is most likely to come from a support organisation:

- advice or information about working as a PA (54%)
- what to do when the employer and PA working relationship breaks down (53%)
- legal information (41%)
- relationship building (41%)
- where to promote their services as a PA or find work (35%)
- peer support or mentoring (27%).

PAs can also find support in these areas from local authorities and other community or voluntary organisations, but not to the same extent (see figure 2.4).

Figure 2.4 – organisations offering support to PAs (n=95)



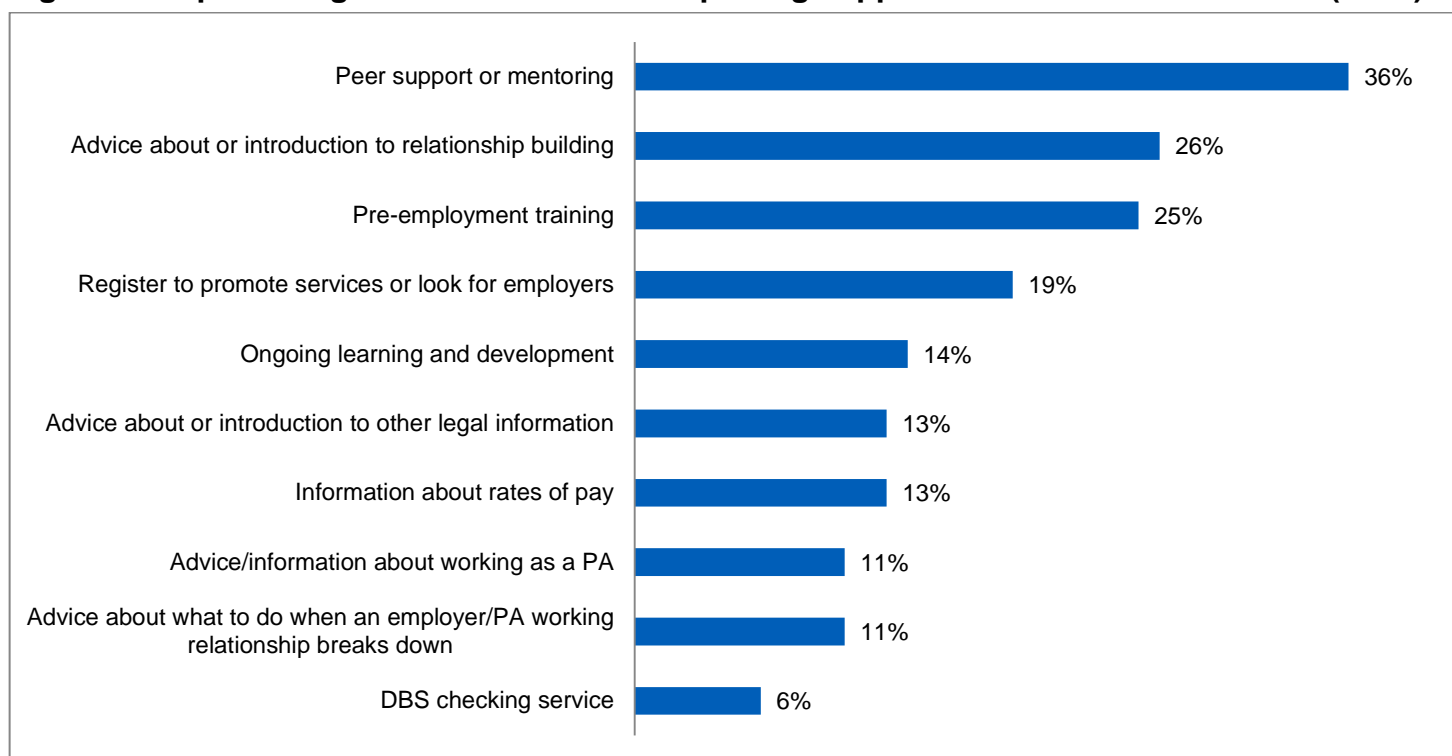
“Peer support for PAs in **Halton** is done through the local ULO who hold a monthly meeting where PAs can air their views, network and access training. Halton’s Direct Payment team sits in on some of the meetings from time to time to answer specific questions. The meetings are generally well attended.”

Variations in support offer to PAs

There are several areas where support is not provided consistently for PAs. In particular a significant number of respondents said there was no help with peer support or mentoring (36%), advice about relationship building (26%), or pre-employment training (25%) (see figure 2.5).

Peer support or mentoring for PAs is seen as important, but the lack of it in some areas may mean there is further work to be done to support PAs to network with other PAs.

Figure 2.5 – percentage of local authorities reporting support was not available to PAs (n=95)



Preparing to work and working as a PA, including training¹⁹

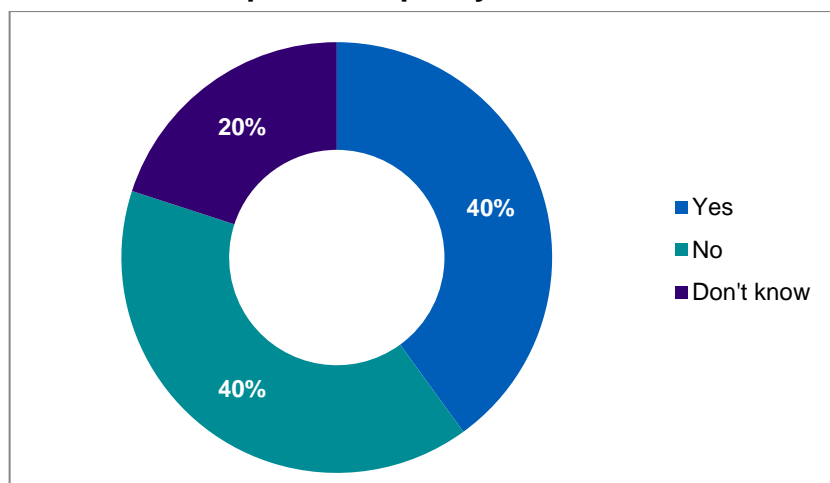
Support to become a PA or advice while carrying out that role, would most likely be from a local support organisation (54%). This includes access to a PA register (a third of respondents said that is where PAs would be able to promote their services or look for vacancies), support with relationship building (41%) and advice about what to do when an employer and PA relationship breaks down (53%).

¹⁹ Skills for Care works and supports employers who want their PAs to complete an Apprenticeship and has developed initiatives such as the *I Care...Ambassador* service which aims to inspire people to work in social care.

When it came to pre-employment training, respondents said this was not always available for PAs, but employers were asked to consider their PA's training needs. Where this was available, it was equally likely to be provided by a local authority (33%) or a support organisation (27%). Pre-employment training may include completing the knowledge sections of the Care Certificate (or elements of it mapped to the Care Certificate standards).²⁰

It should be noted that PAs are not required to complete the Care Certificate but it is intended to give workers the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. With this in mind, we asked whether the Care Certificate was being considered as a potential quality assurance and learning and development benchmark for PAs and 40% of respondents indicated it was (see figure 2.6).

Figure 2.6 – percentage of local authorities reporting they had considered using the Care Certificate as a potential quality assurance and learning and development benchmark? (n=95)



Two-fifths of those who answered positively to this question said discussions were taking place locally, but no firm plans had yet been agreed. A further 16% indicated that completion of the Care Certificate or equivalent training (mapped to Care Certificate standards) was being considered as a requirement for joining a PA register or as part of a Support with Confidence scheme.²¹

18% of respondents who were already offering Care Certificate training within their workforce development (or learning and development) programmes, said they would offer places to PAs.

In terms of the supply of suitable learning and development, it is essential organisations supporting employers work with support organisations and other community and voluntary groups to help people to access funding, and find suitable learning and development. Finding suitable training, however, still remains a challenge.

²⁰ www.skillsforcare.org.uk/carecertificate

²¹ Support with Confidence is a Local Authority scheme which provides a list of approved care and/or support services that have been vetted on the grounds of quality, safety and training. <http://www.supportwithconfidence.gov.uk/>

Employers find it difficult to source a wide range of learning providers who can deliver learning and development in a way they need. It is essential those who provide training understand the individual employer and PA market so they can deliver appropriate training in a flexible manner; for example, within the employer’s home or outside of the 9-5, Monday to Friday timetable. The same providers need to explore how they might offer bespoke packages based on the needs of the individual and recognise that training formats developed for more traditional care settings may not always be suitable.

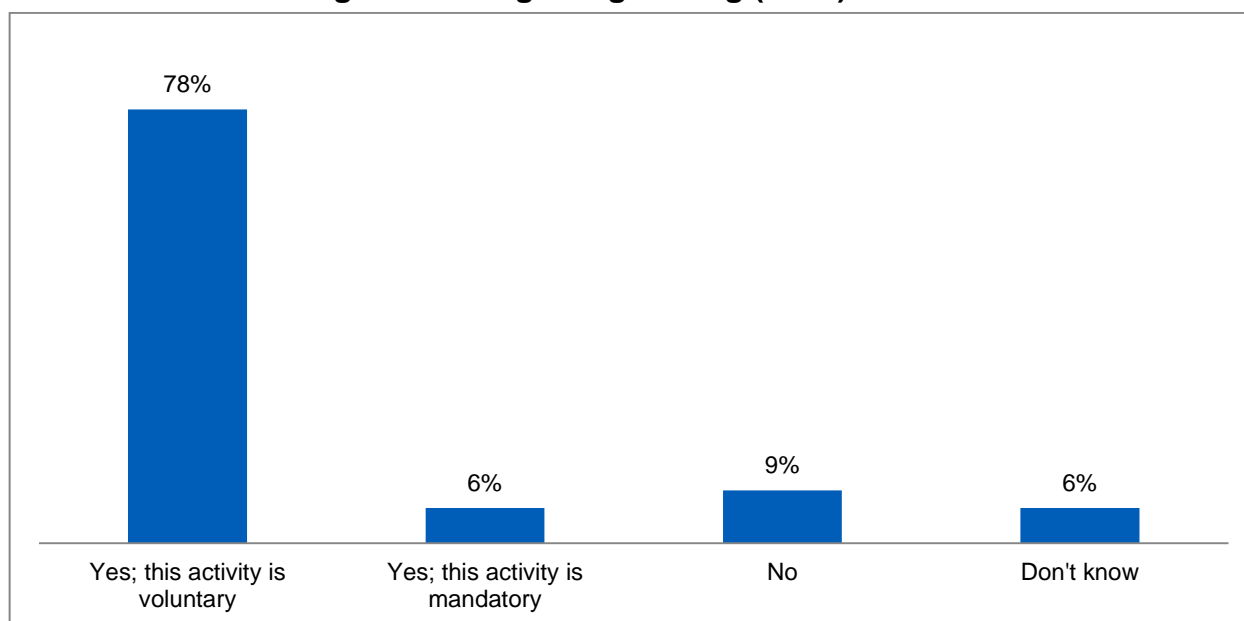
To support employers, and benefit themselves, learning providers should consider becoming endorsed by Skills for Care.²²

Quality assurance and safeguarding

Use of the Support with Confidence model and other types of vetting processes prior to being listed on a register was referenced as a way to quality-assure PAs.²³

Access to specific information or training around safeguarding for PAs was common. As with similar training for employers, this was predominantly available on a voluntary basis (78%) (see figure 2.7).

Figure 2.7 – percentage of local authorities reporting that PAs would have access to specific information or training concerning safeguarding (n=95)



²² www.skillsforcare.org.uk/Standards/Endorsement-framework

²³ Support with Confidence is a Local Authority scheme which provides a list of approved care and/or support services that have been vetted on the grounds of quality, safety and training. <http://www.supportwithconfidence.gov.uk/>

3. Overcoming barriers to PA working

Although there are a number of existing issues and challenges, respondents to this survey said there were areas that needed to be overcome and were considering ways in which they could be, rather than indicating that they were immovable.

Encouraging people to employ personal assistants

Employing a PA will not be right for everyone and using a direct payment to employ a personal assistant is still relatively low when compared to take-up of other care provision (care homes and domiciliary care agencies). It was reported that there were a number of factors which contribute to this:

- Although more support is being provided, pre-employment employer advice is seen as an issue as it is not always available, to the extent and time people need it.
- The complexities in setting up a direct payment recipient, all the responsibilities that entails and the difficulty for some employers to understand their responsibilities. This includes dealing with and keeping up-to-date with employment legislation, which may be seen as a deterrent for some people who would have normally taken a direct payment.
- Beliefs and cultural attitudes within some front line teams focus too much on the negatives instead of the positive aspects of direct payments, making them reluctant to promote the use of PAs because they are making a judgment on people's abilities rather than giving people a choice. It was also reported that in some instances, a negative stigma has been attached to direct payments ("people will steal the council's money", although there is very little evidence of fraudulent use of direct payments).
- The need to improve opportunities for sharing the good stories and the innovative ways people choose to support themselves.

Local authorities should consider ways in which front line staff and social workers have access to the right information during the assessment process to enable people to make an informed choice about their care and support. As embedded in the Care Act, receiving a direct payment and using this to employ PAs must be one of these options. This could include the Direct Payment team holding a drop-in session with social work teams.

We should remember, however, while issues are reported, this is not always the norm. Further, through the Care Act and training, people's attitudes are changing within those teams. But there is a frustration with the lack of available PAs for those who want to employ them. The issue of 'supply' of PAs and the need to develop the market is discussed in chapter 4.

Pensions

In chapter 1 we discussed the support employers were receiving in relation to workplace pensions and automatic enrolment. Although people are being given advice, the provision of a workplace pension is often a big issue and worry for individual employers and an added cost for local authorities. For some, this is seen as a step too far in responsibility and may be seen as a reason people decide not go down the employer route.

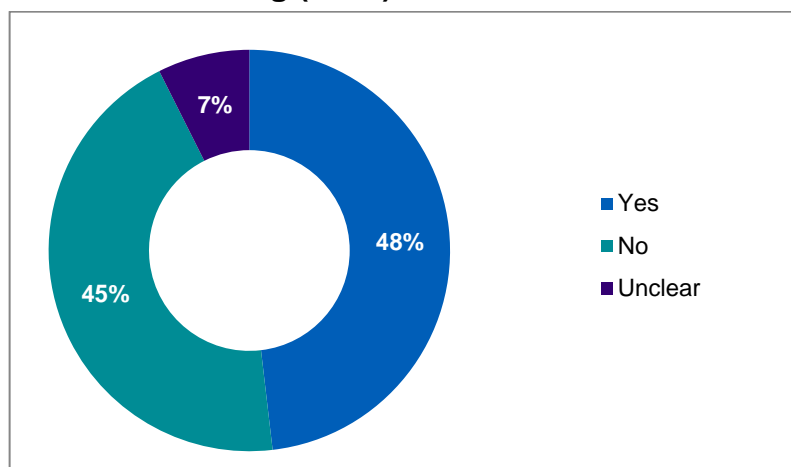
The sites visited as part of this research indicated there is no universal approach within local authorities about the financial implication for the local authority and direct payment recipients. At the time of writing, in some instances, discussions had yet to take place. However, it was reported that local authorities are already having discussions with employers who will have legal duties. In these instances, they have made the necessary arrangements to ensure that it doesn't have a negative impact on people's care and support needs.

Moving from social care to health personal budgets

With the introduction of personal health budgets (PHBs), local authorities are increasingly likely to be supporting people who receive both health and social care funding to employ PAs. Three-fifths (58%) of respondents said they were supporting people who receive dual funding.

As employers' needs change over time, it is likely the skills of the PA will also need to change, and this is clearly indicated in the parallel study carried out in relation to PHBs.²⁴ However, local authority respondents to this survey were not as sure with half (48%) saying the dual funding would have no implications for the PA role or their training requirements (see figure 3.1).

Figure 3.1 – percentage of local authorities indicating dual funding would have implications to PA role or training (n=95)



²⁴ Skills for Care, *Support for employers and their personal assistants (PAs) following the introduction of personal health budgets* (Leeds, 2016).

The majority (88%) of those that had indicated this, said these would be around ensuring appropriate training is undertaken for health related tasks. The rest said insurance and PA rates of pay for those carrying out health care related duties would be affected.

When people are moving from social care to health funding, local support varies. It was clear from the responses respondents were not always aware any change was necessary or were not sure and cited this was because it would be up to the CCG to determine any change in role or training requirements.

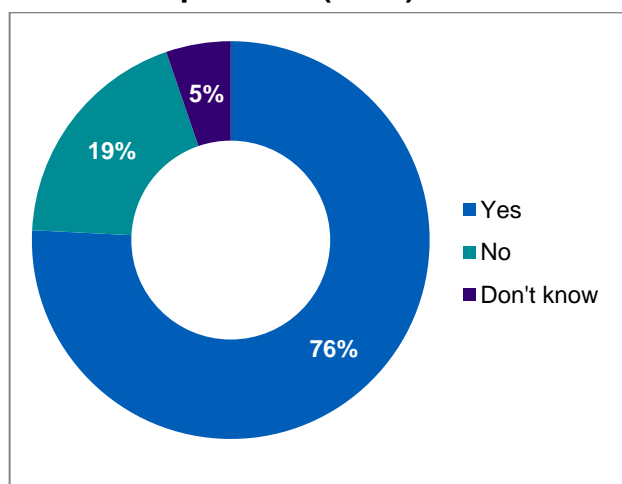
Where support was offered to employers, this would be to carry out appropriate risk assessments, involve social workers and individual teams working with health colleagues, or support organisations to ensure needs were being met.

Local authorities have been supporting people to employ a PA for some time now and have considerable experience in doing so. It would therefore make sense for local authorities to share that experience, knowledge and systems and for colleagues within CCGs to capitalise on that. There are opportunities for a two-way relationship which recognises the employer and their PAs as a population which spans the social care and health system and find ways to work together to avoid unnecessary duplication. This will achieve a better outcome for the individual employer and their PAs, just as the Care Act aims to achieve.

The **London Borough of Ealing** has established a network and forum to ensure a co-ordinated approach to supporting employers and their PAs. It recognises that care needs do not necessarily fall within the area of responsibility of one agency. See case study page 46.

Three-quarters (76%) of respondents said they were working with colleagues in CCGs to share existing support resources and information (see figure 3.2). A fifth (19%) said they were not and 5% said they didn't know. This shows there is still some way to go to ensure services are fully integrated from the point of view of the employer.

Figure 3.2 – percentage of local authorities reporting they were working with health colleagues to avoid duplication (n=95)



For those who said they were either already working with, or exploring working arrangements with CCGs they were doing this in a number of different ways, for example:

- CCGs using the local authority's or support service's systems or payroll functions and PA databases
- as part of a pilot site for integrated personal commissioning (IPC)
- CCG commissioned the local authority to provide the service or were funding posts within the local authority to manage and process PHBs
- CHC nurses based with the team and managed within the Care Management team.

The case study in chapter 6 (see page 43) 'Working with health colleagues to share expertise, knowledge and systems' describes how **Derby City Council** is embracing integration.¹

4. Shaping the PA market

The research has clearly shown there is real concern across the country over the supply of PAs and a recognition that there needs to be more direct contact with PAs, not just with employers.

The shape of the PA market will become increasingly important as the number of people using a PHB to employ PAs will drive the creation of a large number of new PA roles. Already respondents were reporting they had an increase in requests for PAs and that even social care providers were struggling to find enough of the right staff with the right values.

With this in mind, local authorities and the NHS need to consider, in partnership, how they will ensure a sufficient number of PAs are recruited and retained to meet that increasing demand.

In their case study, **Sheffield City Council** and Disability Sheffield Centre for Independent Living explain the importance of working with local support, community and voluntary organisations. See page 56.

Recruitment

As well as the concerns raised in this report over the supply of new PAs, there is a need to raise the profile and visibility of the role. Respondents felt the PA role should be promoted nationally and recognised as a career, rather than a stepping stone into other social care or health roles.

Difficulties encountered by people who want to recruit may be because of the geographical nature (particularly, although not exclusively in rural areas) or the social-economic mix of some areas. Surrey, for example, is an area of high skills, education and employment.²⁵ This all means it is becoming increasingly difficult to recruit and retain PAs.

In addition to this, the lack of availability and flexibility of quality PAs in general, as well as those with specific skills, for example British Sign Language, may be compounding this.

Local PA registers or matching services do go some way to addressing the issues, but the quality of these varies around the country and work still needs to be done to improve them. Where possible these should be online and include other relevant and useful information, rather than in paper or spreadsheet form.

Respondents were quick to highlight the profile of PA working and misconceptions about the role as barriers to recruitment, or the cause of supply issues. The emerging sense is not that the role needs to change, but rather perceptions of it.

²⁵ Because of lack of suitable transport (both private and public) to enable PAs to be able to get to work (or support their employers to get to where they need to be).

Local authorities and support organisations could work locally with Jobcentre Plus to go some way to address the perception and supply issues as well as promoting the role within schools and colleges.

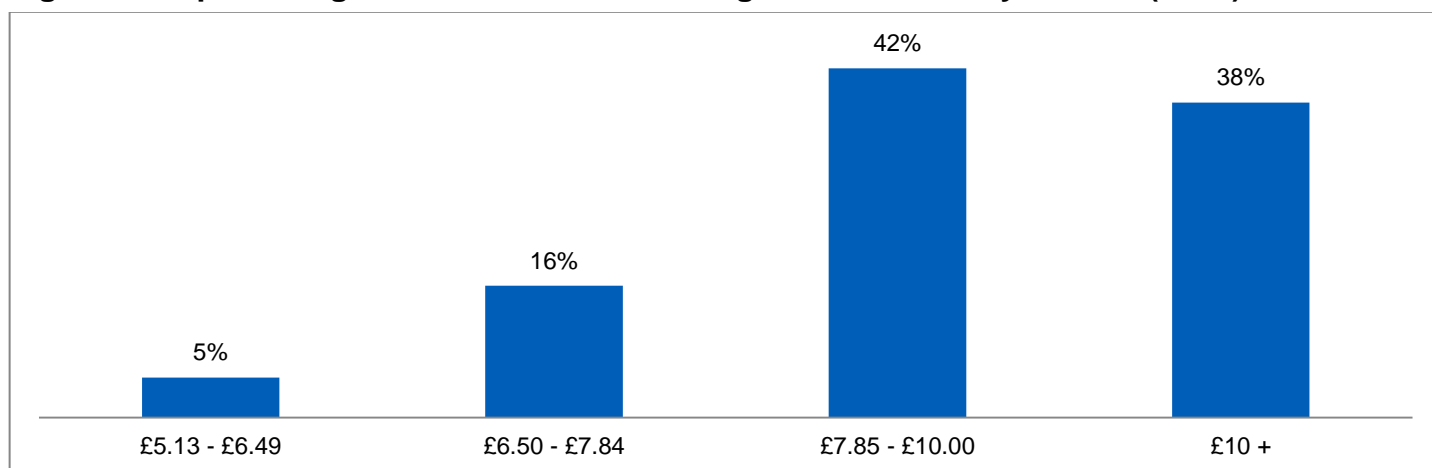
The case study from **North Lincolnshire Council** discusses using population profiles and training to ensure the right people are recruited to work as PAs. See page 50.

Pay

The responses provide strong evidence that the PA role is (ordinarily) better remunerated than similar roles in some more traditional care settings. When considering the profile of the PA role, this evidence could help to promote the incentives of working as a PA.

Two-fifths (42%) of respondents said they use an hourly rate of £7.85-£10 and 38% said they use an hourly rate of £10 or more (see figure 4.1). This means a significant proportion of PAs are being paid at a rate higher than the national minimum wage and more in line with or above the national living wage.²⁶ This is mirrored in the research carried out with PHB leads within CCGs in England.²⁷

Figure 4.1 – percentage of local authorities using indicative hourly PA rate (n=95)



NB. Respondents were able to select more than one answer to this question in order to account for:

- different rates being paid for weekday, overnight or weekend work
- different jobs requiring different rates
- different support complexities and skills required.

²⁶ From October 2015, the national minimum wage was £6.70 per hour for people aged 21 and over. From April 2016 the national living wage will be £7.20 an hour for workers aged 25 and older.

²⁷ Skills for Care, *Support for employers and their personal assistants(PAs) following the introduction of personal health budgets*, (Leeds, 2016).

New models of PA working

As discussed earlier in this report, being an employer can be a challenge and it is not right for everyone. People often like the idea of being able to choose who they employ, but they do not like the responsibilities of being an employer.

It is not for this research to make a judgment on the 'correct' model of PA working, but it should be noted that a number of different emerging models of PA employment can be identified. Typically, these retain a focus on choice and control, while removing some of the 'burdens' associated with directly employing staff. Examples include support from agencies and shared lives schemes employing PAs on an individual's behalf, while maintaining a person-centred approach. These developments should be watched with interest at both a local and national level.²⁸

While considering new or emerging models of PA working, we must not lose sight of the need for clarity on the employment status of PAs working directly for people in need of care and support. Assumptions around employment status, and the issue of PAs as employees or self-employed workers, remain.

²⁸ A case study can be found in *Support for employers and their personal assistants (PAs) following the introduction of personal health budgets*, Skills for Care, 2016.

Conclusion and recommendations

The research has found there continues to be a strong core offer in place for both employers and PAs and this has seen an improvement again this year. It is clear the private and voluntary sector plays a pivotal role in the provision of that support and information, particularly for PAs through support and other community or voluntary organisations.

Local authorities are increasingly recognising the importance of peer support. However, the evidence suggests employers and PAs initially struggle to engage with it and once they have become involved, find it difficult to maintain.

A number of persistent challenges and priorities remain. One which was more pronounced this year than in previous reports relates to the 'supply' of new PAs, as well as the need to raise the profile and visibility of the role. The strong evidence documented in this report that the PA role is (ordinarily) better remunerated than similar roles in some more traditional care settings may help to address this.

Another concern reported was a reluctance amongst some front line workers carrying out assessments to encourage the employment of PAs, choosing instead to recommend residential or domiciliary care provision. However, respondents did recognise this was a challenge that should be addressed to enable people to make informed choices about their care.

Finally, the budgetary constraints many local authorities are facing is clearly a key issue in the provision and availability of support. One way in which this may be overcome is by working in an inclusive way with local community and health colleagues to improve the experience people have of employing PAs.

A series of recommendations has been based on the findings of this report and this is detailed on the next page.

Recommendations

Recruitment and retention

1. Local authorities, NHS organisations, user-led and other community or voluntary organisations, as well as national stakeholders, need to work in partnership to address issues relating to the recruitment of PAs. This should include raising the profile and changing perceptions of the PA role.
2. Local authorities should continue to either develop or encourage the development of PA registers as both a place where employers can advertise vacancies and where PAs can promote their services and look for work. Consideration should be given to offering pre-employment training (potentially mapped to the knowledge elements of the 15 standards of the Care Certificate) as a pre-requisite for PAs being included on a register. This will help ensure they understand the nature of the role and give employers confidence when selecting potential PAs.
3. Local authorities need to put in place processes that help employers understand the implications of a negative DBS report. This should include encouraging an open and honest discussion with the prospective PA before any recruitment decisions are made.

Information and support

4. Local authorities must ensure front line workers offer the full range of adult social care options available and share positive (but realistic) messages about direct payments and how individuals can use them to employ their own staff. This could be achieved by knowledge transfer sessions or by regularly spending time within the Direct Payment Support team.
5. Efforts to offer and maintain peer support or mentoring, as well as other forms of networking for employers and PAs should continue to be developed and ways to maintain them need to be explored.
6. Local authorities need to explore the implications of the implementation of workplace pensions on both budgets and someone's decision to become an employer.

Training

7. Local authorities, working in partnership with local providers, should consider making pre-employment training essential for those individuals recruiting a PA for the first time. Pre-employment training prepares people for the 'employer' role and will aid PA retention in the longer term.

8. Employers, where possible, should be supported with the assessment element of the Care Certificate, using local authority trained assessors.
9. Employers, where necessary, should be supported to access training funding for themselves and their PAs. This could include help with finding suitable and flexible learning providers that can deliver within the employer's home and/or outside of the traditional 9-5, Monday to Friday timetable.
10. Learning providers should be encouraged to become endorsed by Skills for Care.

Integration

11. Local authorities need to work with other organisations to improve the experiences of individual employers moving from adult social care provision to an integrated budget or transferring to a PHB, provided by the NHS. This will include CCGs, support and other community and voluntary organisations and should include sharing information and systems.

Case studies

Engaging with people who fund their own care (self-funders) and ensuring employers are able to meet their pension automatic enrolment duties



London Borough of Camden

In common with all other local authorities, last year Camden Council began to put into place measures to enable it to meet its Care Act responsibilities towards those who fund their own care.

In addition to improving the information, advice and guidance which is published on its website, the Council also provides it in hard copy in a number of formats. It also made its Personal Assistant Register available to all who wanted to access it.

The register is held and maintained by one of the commissioned support organisations, The Holy Cross Centre Trust (www.hcct.org.uk). It is an online register which enables both potential PAs to advertise their availability and allows those who wish to employ a PA to specify their requirements. Camden PAs has been set up to make employing a PA as straightforward as possible (www.camdenpas.org.uk). This enables self-funders to have exactly the same choice of a PA as someone receiving a direct payment from the council.

Camden's Training and Development Service has developed a PA offer of both face-to-face training and e-learning which is either free of charge or provided at a subsidised rate, as long as the PA is working within Camden.

However, it has to be acknowledged that as the introduction of the 'care cap' has been postponed until 2020, the interest from self-funders in working with the council has significantly declined, although the offer is still in place. It remains to be seen if interest increases over the coming years.

The other area in which Camden is making significant progress is around support for the implementation of workplace pensions.

A mapping and modelling exercise has been undertaken to obtain reliable information about the effect this will have on people employing PAs. As a result of the feedback received from payroll providers it is believed very few PAs will come into the compulsory bracket but that a much larger number will fall into the 'optional' category.

All direct payment recipients are being written to, advising them of the forthcoming changes and the responsibilities which they will have in respect of pensions (automatic enrolment).

The support organisations, Age UK Camden for those aged 65 and over and The Holy Cross Care Trust have also been engaged to ensure accurate information, advice and support is provided.

Personalisation Support in Camden (PSiC) provides support for direct payment recipients aged under 65. This is being done in conjunction with those who provide payroll services.

The council is signed up to implement the London Living Wage, and direct payment recipients are asked to consider this when they recruit their PAs.

In Camden, the direct payment already provided in nearly every case is thought to be sufficient to ensure employers can make their pension contribution if it is necessary. However, this will be kept under review to ensure no-one is penalised as a result of the new requirements.

Working with health colleagues to share expertise, knowledge and systems

Derby City Council



It is good to find a local authority that is embracing health and social care integration and proactively working with their local clinical commissioning group (CCG) to support the implementation of personal health budgets (PHBs).

As with all local authorities in England, Derby City Council has extensive knowledge, experience and established working systems in place to support people with direct payments. So it was logical that they would be in a position to offer support to their local CCG in relation to personal health budgets (PHBs).

Derby City Council made an early decision to work closely with the CCG. The council and CCG already had a good relationship, including joint funding on carers' services, and that really helped.

Having an open conversation in the early days was certainly beneficial. Derby City Council was very honest about what has and hasn't worked in terms of personal budgets as well as the good systems they have in place. They were clear that if they "were to meet people's needs holistically, then we [they] should work together". There is no point looking at it separately between health and social care because there would be a lot of similarities. But they were quick to say they recognised there would be differences as well.

Because of their experience with personal budgets, Derby City Council has been involved with Southern Derbyshire clinical commissioning group (CCG) on various task and finish groups to implement PHBs since 2014. This included being part of the panel to recruit the CCG commissioning manager for PHBs at the end of 2014.

One of the ways in which they could ensure a close working relationship with health was to give the commissioning manager a base in the Council House once a week. This helped with the commissioning manager's induction. During that time Derby City Council helped with local knowledge, and made introductions with various organisations throughout the city, such as organisations that support individuals to employ PAs. The commissioning manager was also included in a network that had been developed, from East Midlands local authority representatives, that met regularly to share learning and best practice in the development of the PA market in the area.

This close working relationship meant Southern Derbyshire CCG didn't need to set up a separate payment system to process PHBs. They agreed the local authority would process them on their behalf as they already had the tried and tested systems in place. The CCG currently pays a fee per customer for this service, but that may change over time if the volume of PHBs increases.

They are just starting to have the conversation about how to provide a seamless service for people moving from direct payments to a PHB.

In November 2014, South Derbyshire CCG held a launch event for PHBs in the city. The local authority was invited to attend and one of their directors asked to give a presentation about how personal budgets had worked in the city. The event was aimed at helping social care and health providers understand how PHBs would be rolled out in the city and inform them how Derby City Council and South Derbyshire CCG would be working together.

Derby City Council don't think they would have done anything differently in developing a close working relationship with health colleagues and feel it is working very well at the moment.

Peer support for PAs and employers

Dudley Metropolitan Borough Council



The IMPACT group (Black Country Partnership for Care), in partnership with Dudley Metropolitan Borough Council and a range of organisations, enables peer support for PAs and their employers.

Black Country Partnership for Care is a partnership organisation comprising care sector providers in the independent, voluntary and statutory sectors, as well as a number of learning providers. Its aim is to enhance the provision of health and social care services across the four local authority areas within the Black Country and gain maximum benefit from working in collaboration with other partners at a sub-regional and regional level.

Organisations in the IMPACT group include four direct payments support service providers, representatives from two user-led groups, Jobcentre Plus, Skills for Care, the direct payments co-ordinator at DMBC, representatives from DMBC's Learning and Development team and the Community Information Directory.

It was realised that it was not possible to devise a support mechanism for PAs without the involvement of their employers. This was because some employers objected to their staff being contacted other than through themselves and historically PA details were not recorded on local authority systems (but this will be done in the future).

Dudley MBC organised separate events for PAs and employers. This was done via the three direct payments support organisations, two of which are voluntary organisations and the other a commercial company. There was a significant amount of work involved to make it attractive for both PAs and their employers and the recurring question was: "What's in it for me?"

Attempts to contact PAs via their employers did not have a high degree of success. They also found one of the barriers to PAs engaging with peer support events was that they were not paid to attend. It was much easier to engage with a few PAs who were paid to support their employers at the peer support events.

Feedback from those who attended events were positive; PAs liked the opportunity to network in a group separately from their employers.

Using a co-ordinated approach to supporting employers and their PAs

London Borough of Ealing



In order to meet its Care Act obligations, Ealing has ensured its website provides clear and straightforward information for all who are in need of support, whether they are likely to receive a direct payment or are more likely to fund their own care.

People use the Adult Social Care Contact Centre in Ealing which is run by their knowledgeable staff. For anyone who needs it, there is always a social worker available to provide a professional view, particularly if more complex needs present themselves.

Before the assessment process begins, if it is clear someone has difficulty in engaging with the formal assessment, support planning and review processes, and there is no-one willing or able to support the client, an independent advocate is brought into the process,. This offer is also available to self-funders who are using the council's assessment and support planning functions. This fulfils the council's duty under the Care Act to help clients who have substantial difficulty in understanding the process and have no-one to support them.

Ealing is also proactive in the area of safeguarding. Rather than adhere to the timescale of statutory review; four weeks after a personal assistant is in place, a call back is made and specific questions asked which cover potential areas of concern particularly around safeguarding.

This call is recorded and is available to the support planners and Social Work team. The questions are mainly aimed at capturing experiences and satisfaction with the service received. Any concerns identified by council staff relating to care or conduct issues in respect of the services commissioned, are then acted upon by alerting the Safeguarding team. This process is said to work well and provides an early warning system to avoid potential difficulties later on.

Ealing has an established Support Brokerage Network, comprising of leads from the local authority direct payment, CCG personal health budget, and voluntary sector where information and intelligence is shared. The network meets quarterly.

The network benefits direct payment users by ensuring a co-ordinated approach across children's and adults' health by the use of standard documents and agreement forms as well as possible joint funding agreed between adult service and health. It ensures support planners have consistent up-to-date information on services and guidance.

There is also an established 'communities of practice' forum where support planners from the local authority, CCG and voluntary sector meet and share practice and service development ideas. It is recognised the care needs of an individual are multi-faceted and do not necessarily fall within the area of responsibility of any one agency.

This inter-agency working is made easier because of the co-location of health colleagues in the same office building. This means liaison with CCG colleagues is made much easier as they are both members of various management and project groups that support the personalisation agenda. As a result, the CCG has adopted the same paperwork and systems.

The CCG staff are part of the Support Brokerage Network which meets quarterly to review what is happening locally. For example, when an employer's condition has deteriorated and they become eligible to receive NHS funding, it has been recognised there is a need to ease that transition. The London Borough of Ealing has a number of people who are moving from social care to health funding and they are taking a joint approach to enable this. This includes ensuring PAs receive any necessary additional training for health-related tasks from NHS staff, which means employers in this situation have been able to retain their existing PAs.

Additionally, the communities of interest groups, which have a wider membership can share good practice across the whole area of adult social care and the breadth of NHS provision. In addition, they can identify areas for improvement to which all parties can contribute their own area of professional expertise.

Providing support for self-funders

Halton Borough Council



From April 2016, following the implementation of the Care Act, all local authorities will have a duty to provide information and advice to self-funders.

Self-funders are people who pay for their care and support without using any funding from their local authority or are not eligible at the time of assessment to receive funding.

Self-funders will be able to ask for a social care assessment and their own independent personal budget and care account.

In anticipation of this, Halton Borough Council has put systems in place so people who are able to afford to pay for their own care receive the same kind of support as those who need financial support from the local authority.

When approaching Halton Borough Council, self-funders would be identified through their contact centre for adult social care. Using Care First, (an adult social care system with an assessment built in that acts as a screening and referral or signposting tool), they would be able to identify the support someone might need. This tool flags up this need to the relevant team within the council or identifies whether people can be referred to the local community, for example, Sure Start to Later Life.²⁹ This way, they are ensuring people are signposted to the right services.

Four weeks after this initial assessment, a follow up is required to ensure things have progressed for that individual as they should have done.

Once someone has gone through this process, they can, of course, choose to have their care needs met by the council. However, if they are a self-funder they would pay for that care using their own money.

If they choose not to go down this route, then Halton Borough Council will provide the same support, advice and guidance for anyone who may choose to employ a personal assistant. They would discuss their support needs and provide them with a guide which includes information on being a good employer, the employment process, insurance and how to access support from local payroll providers or manage account providers.

The council also contacts Halton Disability Partnership,³⁰ a local user-led organisation, and tells them the individual is a self-funder to ensure they receive dedicated support. Obviously, self-funders are told the cost of the services as they will need to pay for them themselves.

²⁹ Sure Start to Later Life is a free service that work to ensure the over 55s in Halton live as active and independent a life as possible <http://www.ss2ll.co.uk/>

³⁰ <http://www.haltondisability.org.uk/>

Essentially, a self-funder would receive the same service as a direct payment recipient, the only exception being that they pay for the care.

Halton Borough Council has already supported self-funders to employ their own staff. Although the individual employers haven't kept in touch with the council, they have been given details and advised to contact the council if they have any concerns.

"It is important to tell people to come back to the council at any time, not only whether they have any concerns, but in the future as they might need financial support from the council".

Halton Borough Council believes it is important the information and advice is consistent across the whole community to ensure everyone has access to all the information they need, whether they are a self-funder or a direct payment recipient.

Using population profiles and training to ensure the right people are recruited to work as PAs

North Lincolnshire Council



North Lincolnshire is changing the way assessments are documented, so it's easier to find out how many people employ a PA.

However, finding the right PAs to work with the individuals who need care and support can be a challenge. The local authority has identified a number of gaps that may need to be filled in terms of recruiting to the health and social care sector, now and in the future.

North Lincolnshire has a diverse population where 72 different languages are spoken. They have a large Bangladeshi community and a high number of Eastern European people working locally in other sectors. In an attempt to understand how they can access these types of communities better and offer support, they are looking at the BME profile of pupils in the local authority.

It is also very important to encourage the recruitment of PAs who understand specific cultural and religious beliefs to support their diverse local population and also to ensure they know the PA role is right for them.

A number of initiatives are taking place to help encourage people to become a PA and to match them to employers.

One of these is working with a local Jobcentre Plus to advertise vacancies and then carry out an initial interview before they are sent to the potential employer. This interview helps to ensure the applicant is right for the job. North Lincolnshire feels this may be a way to also access and develop an underutilised resource – unemployed males.

As an incentive for potential PAs, North Lincolnshire is considering offering a pre-employment training package. Part of this will be supporting people to complete the underpinning knowledge of the Care Certificate. Once they are in work, PAs would then be able to have their competence assessed and complete the Care Certificate.

They have however recognised that there is currently a gap in their processes in how that assessment will be done. To overcome this, North Lincolnshire is looking into working with a local college to find out whether their internal assessors would be able to link with the individual employers.

It was important to the local authority that completion of the Care Certificate wasn't seen as a barrier to recruitment and they feel they now have an offer that allows them to support potential PAs. When someone completes the underpinning knowledge elements it might help them to decide whether it is the kind of job they want to do.

North Lincolnshire Council is pooling many of its services together with other organisations. As part of this, they recognise a need for them to find out what other bordering local authorities are doing in terms of recruiting PAs.

Ensuring employers and PAs are safe and skilled

North Somerset Council



North Somerset Unitary Authority is located south of Bristol and has its main office in Weston-Super-Mare. The population is just over 200,000, the largest proportion of which live in or around Weston-Super-Mare. However, because of its mixed urban and quite rural areas, there are challenges in recruiting to the social care workforce and in the availability of people willing to undertake the role of being a personal assistant.

North Somerset Council has put in place a number of measures to ensure PAs and those whom they work for, receive the best possible support to enable them both to feel confident in providing care and support in accordance with a care plan.

One of these is in relation to safeguarding. North Somerset uses a very clear multi-agency policy agreed by Bristol City, North Somerset, South Gloucestershire and Somerset County, and used in conjunction with the relevant local authority areas. It includes policies and procedures in relation to patterns and types of abuse and neglect, safeguarding adults boards and reviews, information sharing, roles and responsibilities, as well as information for staff, people who use care and support, carers and the general public.

The self-directed support advisors (SDSAs) also give information about 'safe recruitment' and will support employers throughout the process. This includes facilitating a DBS check on a PA whom someone is thinking of employing.

If a DBS check is requested via the direct payments advisor (and this is not a compulsory requirement) and there is a 'negative return', the council encourages the employer and applicant to have an honest discussion about the result of the DBS check. The LA would suggest the applicant agrees to share their disclosure and decide on the next steps in conjunction with the care manager.

If the council subsequently became aware of an issue, it would ask the employer if such a discussion, as mentioned above, had taken place. If that had not been the case, the council would encourage a full and open discussion as a result of which a 'safe' decision could be made. This is supported by the SDSAs with recourse to senior managers as required.

The council reserves the right to refuse a direct payment if the risk, both to the employer as well as to the council, particularly as the result of a DBS check, is deemed to be too great. In practice this has never happened although it is commendable to see a clear policy in place in case it arises.

Once a PA is in post, another way both PAs and employers can feel confident is by ensuring they have the right knowledge and skills.

In North Somerset an independent provider, Access Your Care, can be given permission by the individual employer, to access on their behalf Skills for Care funding for the training of their staff. Access Your Care has a range of training opportunities available which they showcase below.

One of their adverts reads, “North Somerset Council will let you use your direct payment money to make sure your PAs have the essential training to do their job. This may include:

- manual handling
- First Aid basics
- medicine awareness
- food hygiene
- safeguarding
- promoting independence.”

These are essential skills for a PA. In addition, the organisation provides training on the knowledge elements of the Care Certificate so that PAs are prepared for the tasks they will undertake in their jobs. Currently assessment is not in place but the knowledge acquired will ensure PAs have a real understanding of their roles.

There are also five PAs who are actively working towards an Intermediate Apprenticeship in Health and Social Care, funded by Skills for Care through Weston College.

Valuing the benefit of peer support; experienced employers acting as mentors to new direct payment recipients

North Yorkshire County Council



The in-house Direct Payment Support team at North Yorkshire County Council has a directory of experienced employers of personal assistants (PAs) who act as mentors to new direct payment recipients. The purpose of this is for them to share their experiences so that people can make an informed decision about whether or not they wish to use their direct payment to employ a PA.

North Yorkshire County Council understands employing PAs is a challenge and people require a lot of support. Their Direct Payment Support team aims to do that by ensuring people are able to speak to them face-to-face initially and then by telephone as needed. However, with the implementation of the Care Act, there has been a lot of change within the local authority and the economy has impacted on the number of staff available, but they are implementing new ways of working and processes to meet the growing demand for support.

One of the areas they recognise needs development is peer support. It is generally reported in the area that this is beneficial for people who want to, or are already employing staff. However, they find accessing peer support is difficult for people, particularly if there is a lack of suitable transport.

Peer support activity has been set as a project task within North Yorkshire County Council's Direct Payment Support team and there are discussions taking place about how that can be managed. Part of this was to ask their Stronger Communities team to become involved with signposting and helping people to source funding to set up peer support groups. They will review demand and look into how such groups can be sustained in the longer term. One way to do this may be to set up a social enterprise.

In 2014, the Direct Payment Support team was set an appraisal target to find out, during the course of their regular reviews, if individual employers would be prepared and confident to become a direct payment mentor and have their details included on a directory.

Because the prospect of becoming an employer can be daunting, people feel they need to know all the details before they go ahead. And so, the direct payment mentor, as part of the initial information and advice giving process, speaks with individuals about employing PAs.

As a result of those discussions, they now have a directory of people (mentors) who are quite happy for North Yorkshire County Council to refer new direct payment recipients to them. This is now included as part of the local authority's generic offer and people use it as and when they need to.

The referral process works like this:

- The local authority Direct Payment Support team will tell people about the mentor programme and ask if they would like them to pass on their contact details to one of the mentors. This keeps the personal details of the mentors safe and protects them as individuals.
- The details of the new direct payment recipient are then given to the mentor, who will arrange to speak with them. It really helps people to speak to someone with actual experience, both good and bad, before making a decision about employing their own staff.

Although the local authority doesn't get involved in the discussions between the mentors and mentees, they report all those who have been referred and spoken with mentors have gone ahead and employed PAs. They consider this to be a successful programme.

The mentors themselves, when speaking with North Yorkshire Council's Direct Payment team as part of their normal review of their direct payment, do comment that they have spoken with someone, but it is not expected for people to report back on their conversations (unless there are any concerns). Mentors, so far, are quite happy to continue with the role.

As a local authority, North Yorkshire County Council tries to infer to people that employing staff is a learning process and they will make mistakes along the way. However, they always say if they are really stuck, "they should come back to us, give us a call".

In addition to the mentor programme, they also direct people to employer training and advise they can receive funding from Skills for Care³¹ to pay for it.

North Yorkshire County Council recognises people with assessed needs know what is best for them and actively encourages their employees to become a listening authority rather than a dictatorial authority.

³¹ www.skillsforcare.org.uk/individualemployerfunding

Partnership working with local support, community and voluntary organisations

Sheffield City Council and Disability Sheffield Centre for Independent Living



Sheffield City Council formed their responses to the survey after speaking with their individual employer and PA development group. This group and the co-produced approach they take influences what support is available locally.

Much of the support provided locally resides with Disability Sheffield and the local authority believes this provides a much more responsive and appropriate service based around the needs of the individual employers and personal assistants.

Sheffield City Council and Disability Sheffield recognise that while it is necessary to ensure high-quality information is available, it is also important to ensure people know how to access that information and use it to improve their experiences.

This is why the front line adult social care support is so important as it enables people who are moving on to a direct payment to manage it well and make use of the information available. People may not need support all the time, but they need to know they can pick up the phone to speak to someone.

Sheffield City Council believes that local authorities should work with the external community and allow them (subject to appropriate protocols), to access their information. Working together is the answer to ensuring a fit for purpose service for the people who need it.

They also think that to some extent, local authorities need to stop being the owner or taking control and instead share control and work together differently. It is essential all different departments within local authorities also buy into that way of working.

One of the ways in which Sheffield City Council is working with the wider community is through a PA Register. The register is being developed by Disability Sheffield, who has secured lottery funding, and is based on a specification developed with the local authority's individual employer and PA development group. They also included learning gathered from other support organisations that had developed PA registers.

Sheffield City Council recognises the PA register will have many benefits, not only in terms of supporting people with recruitment and finding work, but also for themselves. It will help them get their messages out to individual employers and personal assistants as well as benefiting local authority front line staff. This approach takes the sole responsibility for ensuring messages get to the right people away from the local authority.

The PA register will also include a link to the local authority's information about learning and development. Attempts are being made to ensure access is joined up; so people will get the same messages whether it is from the local authority or their support organisation.

Flexible and inclusive approach to supporting employers

Warwickshire Council



Warwickshire's support is based on a well-established structure with its Independent Living Team. This is well-known throughout both the council and the wider community through its close involvement both with care management teams and in community awareness events. The director of Adult Social Care is very proactive in respect of personalisation. This is mirrored by the support of elected members and the willingness of the portfolio holder, the councillor responsible for Adult Social Care, to attend events to encourage and support the use of direct payments.

What is good about the inclusive practices within Warwickshire is that employers are encouraged to be involved in the support service. For example, being involved in the tender panel for support services as well as in the production of information, undertaking and responding to surveys and training for council staff responsible for direct payments.

When someone is awarded a direct payment and wishes to employ a personal assistant, the contracted support service meets with them to discuss what it means to be an employer. It will place an advert on the potential employer's behalf, assist in shortlisting and preparing for interviewing. It will provide someone to be present at the interview to support and to make notes. After the interview, it will send out the appropriate letters. The service is available to help with the induction of the new personal assistant as well as introducing the employer to a payroll provider.

Individual employers are supported by the provision of quarterly meetings which cover topical issues relevant to the employer and their PA.

Topics have included:

- good employer workshops
- Pension Regulator changes and the impact for direct payment employers
- managing sickness
- staff induction
- maintaining boundaries
- how to access learning and development opportunities for employers and personal assistants and how to access Skills for Care funding.

The workshops are run jointly by the support service and the Independent Living team. These take place at various venues across the county and around 20-30 employers attend each event.

Customers asked for alternative ways to link with others and develop as employers. To support this, employers who do not wish to or cannot attend a workshop or peer group are able to access the council's online training. A Facebook group has also been developed by the council to enable them to communicate with each other for peer support.

The council's aim is to work closely with direct payment recipients, treating them as individuals rather than making them fit into an overall system. It ensures support is available whether delivered internally or externally. Its Key Facts Sheet about direct payments has been adopted as a standard of good practice by West Midlands ADASS.

The Independent Living team is responsible for the development and monitoring of all the guidance and processes around the provision of direct payments and for carrying out the direct payment reviews on an annual basis.

The team works closely with the council's finance department with the result that those involved in finance understand there is more to direct payments than the financial figures. The finance team's strong customer engagement means it has a good relationship with the recipients of direct payments.

Social workers also know the team well and value the advice and training provided from induction through to ongoing workforce development training. This ensures:

- practitioners are knowledgeable and skilled in delivering direct payments
- a consistent approach is taken
- access to learning and development topic workshops
- well-informed customers
- practitioners are supported with complex direct payment cases.

The Independent Living team (ILT) is a countywide team within social care and support who will support the council to:

- increase and improve take-up and understanding of direct payments and their benefits, so they become the principal method of using a personal budget
- support operational teams in providing robust information that actively promotes the take-up of direct payments
- ensure customers are supported to learn how to use their personal budgets or direct payments in more imaginative and cost-effective ways (e.g. pooling resources, using non-traditional type approaches)
- ensure operational teams actively reach and meet council direct payment targets
- ensure customers have access to appropriate advice, support and information to manage their direct payments successfully.

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