skillsforcare

The personal assistant (PA) workforce in social care and health Research and recommendations to support PA working across England

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The personal assistant (PA) workforce in social care and health: research and recommendations to support PA working across England

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Executive summary

This report outlines findings from a recent study which set out to establish a picture of personal assistants (PAs) working across social care and health in England. The lines of enquiry for this research were developed in response to the findings from research[1] conducted in 2015. It has looked specifically at:

- the supply and recruitment of PAs
- models of PA employment
- the spectrum of the PA role
- consistency at a local level, between social care and health.

Having conducted research in this area with local authorities since 2012 it has also been possible to consider findings from this research activity in the context of the progress and challenges reported over the last five years.

This report is based on survey responses from both local authorities and NHS organisations. The introduction of personal health budgets (PHBs), the priority of integration as well as the personalisation agenda, have made NHS organisations, including clinical commissioning groups (CCGs) and commissioning support units (CSUs), key stakeholders alongside local authorities in the PA market.

Skills for Care received complete responses to an online survey from 72 local authorities (48% of all local authorities in England) and responses from NHS organisations representing approximately 46 CCG areas (22% of all CCG areas). Follow-up interviews with specific sites were then arranged. What emerges from this research and comparisons over time is an understandably complex picture.

- The PA workforce is unregulated, without clear entry and exit points; reports also suggest that it is heavily reliant on people arriving 'organically' to a role which is incredibly varied.

- Whilst this apparent lack of structure is often cited as a reason for 'supply' issues in relation to this workforce, it is also a key driver in the success of PA working. PAs deliver person-centred care and should be recognised as a true example of an integrated (or potentially integrated) workforce.

- The 'supply' of PAs was talked about as an issue by most sites. Particular problems were noted in relation to recruiting to smaller packages of care, in rural areas and to roles which required PAs to perform more complex care or health tasks.

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[1] *Support for employers and their personal assistants following the introduction of personal health budgets*, Skills for Care, 2016; *Supporting individual employers and their personal assistants research into local authorities' support for people that employer personal assistants*, Skills for Care, 2016

- There is no single solution to increasing the supply of PAs. It is an issue that requires a holistic approach at national and local levels. This research has highlighted suggestions and examples from respondents of what may work in regard to practice, policy and promotion at both levels.

- The shared nature of the PA workforce (between social care and health) is a valuable strength, but is not without (potential) complexity. More still needs to be done to ensure that consistency develops or that the inconsistency is understood where local authorities and NHS organisations are taking different approaches to elements of PA working across the same population.

A series of recommendations based on the findings of this report are reproduced on the next page under the headings

- Recruitment and retention
- PA working across social care and health
- Career progression or a framework for professional development.

Recommendations: Recruitment and retention

1. **Make contact with existing PAs and support them.** Sites should consider how they might support and encourage PAs to look for additional roles – either whilst working for their primary employer or once they have finished working with someone. A first step for many sites is to collate details of existing PAs and establish a degree of regular contact, either via a monthly newsletter or other means.

   Some reports suggest that where a PA is working for a person they knew prior to taking on the role (e.g. a friend or family member) they may leave the role after their time with that individual. Staying in the role will not be right for everyone in this situation, but it is important that those who might consider this know how to seek further work.

2. **Develop PA registers which are used proactively.** Tools such as PA registers need to be used proactively; they have the potential to be more than just recruitment tools and may assist efforts to make the PA workforce more visible or even start to develop a 'community' of PAs at a local level. The case study from Portsmouth City Council on page 29 demonstrates the potential of PA registers.

3. **Take a holistic approach to recruitment including using word-of-mouth.** Word-of-mouth, via peer networks, social media or other means should be identified and actively harnessed as a resource for the promotion of the PA role. Linked to this is the power of hearing from people already in the PA role and those employing PAs.

   Word-of-mouth may also be used to support recruitment. For example linking PA employers via peer groups or Facebook so that they can 'share' PAs, offer additional hours or notify others that their PA is looking for more work.

4. **Maximise the strengths and potential of existing PAs.** Filling emerging gaps, including the need for more PAs who can perform complex tasks, is not just about growing the supply of new PAs. It also requires systems which enable existing PAs to develop their skills. Local authorities and NHS organisations should adopt joined up approaches to training which recognise the journey that PA employers may make between social care and health.

5. **Consider variations in pay and conditions.** Where there are particular challenges in recruiting PAs, consideration needs to be given to how flexibility with regard to working arrangements, training, pay and support might incentivise take-up of the role. It may also be necessary to consider whether anyone within the person's current circle of support could be appropriate for the role.

Recommendations: PA working across social care and health

6. **Local authorities and NHS organisations should develop consistent approaches to PA employment.** The shared nature of the PA workforce across social care and health is a valuable strength, but is not without (potential) complexity. Local authority and NHS leads should identifying local counterparts, initiate regular forums and review existing policies or produce new policies, in partnership.

   This is important with regard to the use of joint or integrated budgets, local market development activity and where individuals employing PAs may move from one source of funding to another.

7. **Establish processes which enable PAs to provide support in hospitals.** Where PAs provide support to an individual during a hospital admission their presence can reduce the distress someone experiences, maintain continuity of care, help hospitals from a capacity perspective and support the hospital discharge process.

   The case study from Staffordshire and Surrounds CCG on page 37 demonstrates a successful approach to enabling PA working in hospitals.

8. **Ensure everyone gets the basics right.** Employing a PA will never be right for everyone, however it is vital that front line staff can present a balanced view based on person centred care, choice and control and enabling risk.

   Use induction and refresher training, as well as positive stories from PAs and their employers, to ensure that front line staff understand and can present a positive (but realistic) account of the benefits of employing PAs to someone receiving a personal budget.

   The case study from Warwickshire County Council on page 34 demonstrates successful approaches to this.

Recommendations: Career progression or a framework for professional development

9. **Develop flexible and person-centred training and career frameworks.** Local training and career frameworks for PAs can help support the delivery of high quality care and the development of the PA workforce. The role of the PA is highly varied from one situation to another and is dependent on the needs of the individual. Systems for support and training, or career progression, will need to be proportionate and responsive to individual requirements. Whilst an apparent lack of structure is often cited as one reason for 'supply' issues in relation to this workforce, it is also a key driver in the success of PA working and a balance needs to be struck in managing this.
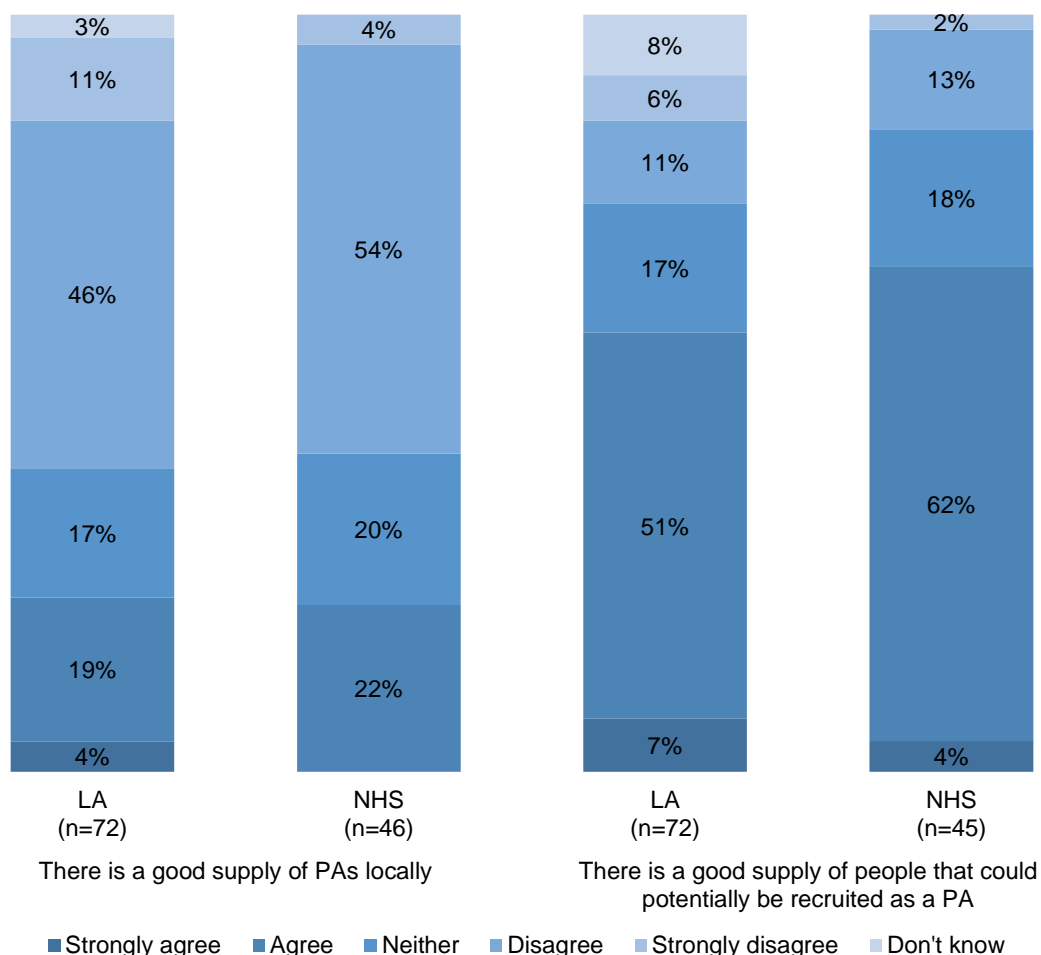
Chapter 1 – supply, recruitment, retention and the spectrum of the PA role

In response to the findings from previous research, the lines of enquiry in 2016 focused on the supply, recruitment and retention of PAs. Linked to this was a desire to develop a greater understanding of the models of employment and range of tasks or support associated with the PA role.

1.1 The supply and recruitment of PAs

When asked if a good supply of PAs existed locally, three-fifths of both local authority respondents and NHS respondents said there wasn't (57% and 58% respectively). However, a majority from both groups of respondents reported that a good supply of people who "could potentially" be recruited as PAs existed (figure 1.1); this demonstrates a disconnect between the actual and potential supply of PAs.

Figure 1.1: does a good supply of PAs exist locally; is a good supply of people who could be recruited as PAs available?

LA (n=72) / NHS (n=46) — There is a good supply of PAs locally
LA (n=72) / NHS (n=45) — There is a good supply of people that could potentially be recruited as a PA

■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree ■ Don't know

Respondents indicated a number of reasons for this disconnect.

- Recruiting to smaller packages of care is difficult; particularly where no mechanism exists for a PA to work with more than one employer.

  Whilst no full model is available as yet, a number of respondents talked about exploring how PAs might make up hours by taking on bank work or similar with a local care agency (it was highlighted that this may also provide a possible solution to the recruitment issues faced by many agencies).

  Routes for those PAs who want to find an additional or new employer should also be actively promoted locally (for instance through the use of robust, well-maintained PA registers).

- The profile of the PA role remains an issue; it can be either misunderstood or insufficient value is attached to it. Respondents to this research felt that understanding of the role amongst those who could become PAs and the wider public often included a misplaced focus on 'tasks' (including personal care) rather than on how PAs can enable those in need of care and support.

  This requires national attention. Representation for PAs and a career framework or matrix were both frequently cited as necessary interventions by respondents from local authorities and the NHS. Similarly, a call for promotional campaigns (including cinema advertising) was highlighted more than once.

- Issues arise in rural areas and those which are more affluent or already have a buoyant employment market

  Being prepared to pay more in rural areas (as some commissioners already do with other care services) and giving consideration to how being rurally based/isolated may influence a decision as to whether someone within the person's existing circle of support could be appropriate to take on the role were both mentioned by respondents.

  Those interviewed also discussed interventions such as linking PA employers via peer groups or Facebook so that they could 'share' PAs, offer additional hours or notify others that their PA was looking for more work.

- Many existing PAs have arrived in the role with a view to supporting someone they already know (for instance a friend or family member); these individuals are sometimes considered less likely to stay in the role beyond their time with that known person.

Potential 'solutions' to this weren't discussed by respondents and it is not an issue in itself. However, a potential workforce (with the right values, skills and experience) exists here if people can be encouraged and supported to use the skills developed supporting one individual, to work for another.

A first step for many sites might be to begin to collate the details of existing PAs and establish a degree of regular contact, either via a monthly newsletter or other means.

- It was reported that it can be difficult to recruit PAs to perform more complex care or health tasks and some respondents articulated a desire for a 'pool' or 'bank' of skilled PAs they can call on.
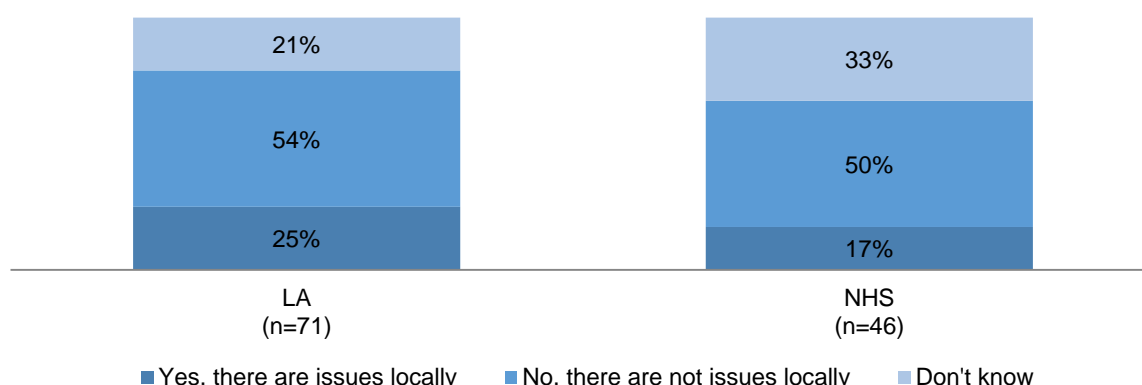
Alongside efforts to grow such pools, it is important that local authorities and NHS organisations recognise the ability of existing PAs to develop new skills and develop mechanisms to pre-empt possible training needs; establish clear approaches to delegation of health care tasks that incorporate appropriate training, assessment of competence and ongoing support and review; maintain a focus on recruiting for values and promoting what a PA enables, rather than the tasks they perform.

1.2 Retention

More encouraging were reports regarding retention. 74% of local authority respondents (n = 72) reported that employers tend to retain the PAs they employ for a long time; with 66% of NHS respondents (n = 46) reporting a similar situation. Some respondents ascribe high levels of retention, in part, to the recruitment of family and friends (13% of 102 free text responses made some reference to this).

However there are conflicting accounts with regard to PAs staying in the role beyond their time with a particular individual (figure 1.2).

Figure 1.2: the existence of issues locally with regard to the retention of PAs and the stability of the workforce

Legend: ■ Yes, there are issues locally ■ No, there are not issues locally ■ Don't know

LA (n=71): 25% Yes, 54% No, 21% Don't know
NHS (n=46): 17% Yes, 50% No, 33% Don't know

Some respondents report that PAs look for new or additional employers, whilst others, citing the employment of known individuals (family or friends) as PAs, consider there to be lower retention within the wider market once a specific role has finished. This poses a key question for all stakeholders: what more can be done to encourage those people who arrive in the role 'organically' to stay in the role?

1.3 Models of PA employment

Respondents reported a mixed number of employment models (figure 1.3). Local authority respondents were more likely to report the existence of self-employed PAs (73% as opposed to 50% of NHS respondents); respondents from NHS organisations were more likely to report that a traditional care agency or an organisation taking employment responsibility existed (74% and 70% respectively vs the 51% and 41% reported by local authorities).

Figure 1.3: which of the following exists in your area (local authority: n=71, NHS: n = 46)?
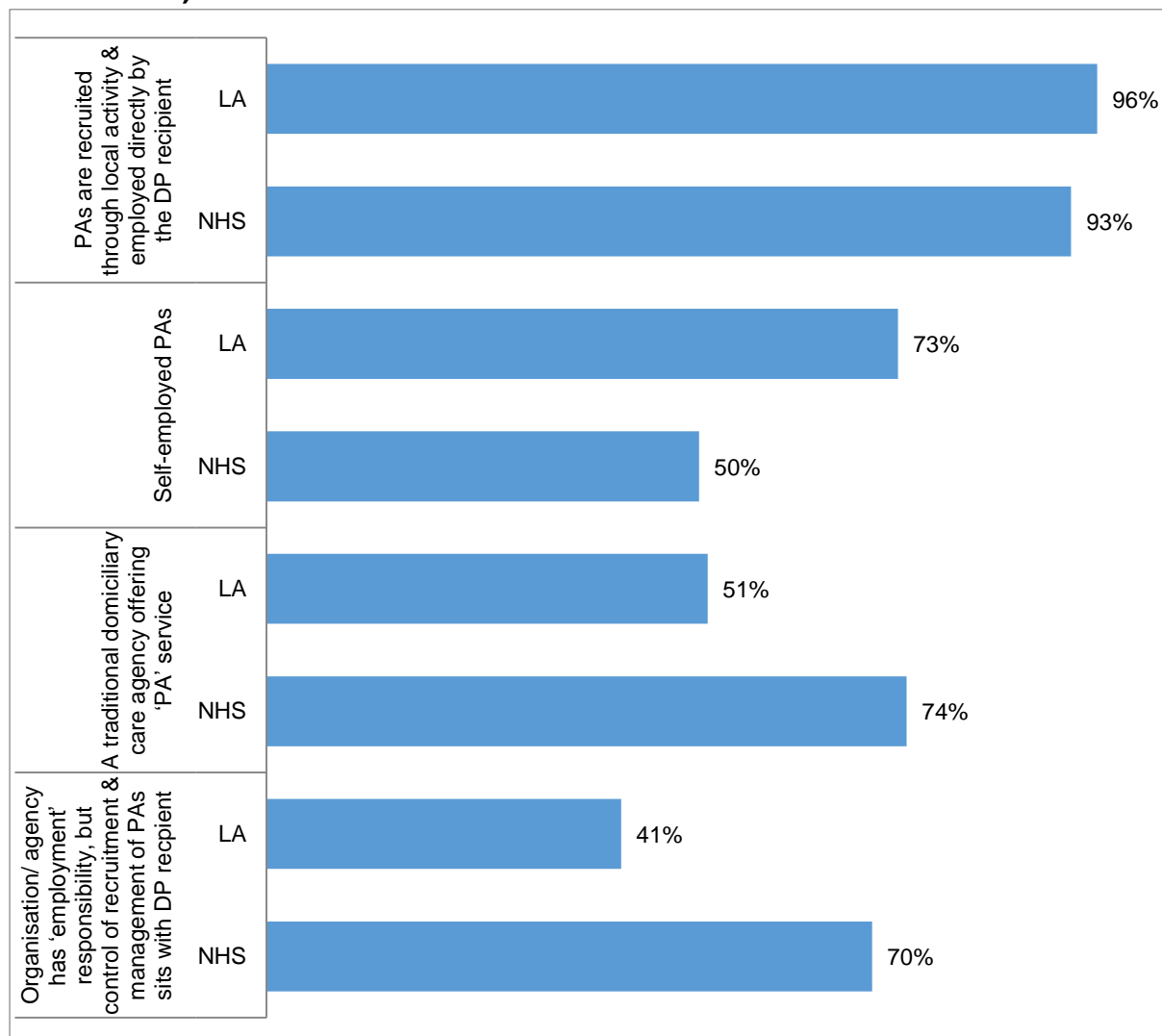
The figures above offer a picture of prevalence but not frequency. When respondents were asked about how often each type of employment was used, directly employed PAs exceeded other models (95% of both local authorities and NHS respondents said this model was used at least occasionally (figure 1.4)). None-the-less, these figures give cause for thought and consideration of each of these 'models of PA employment' in turn.

Figure 1.4: how frequently are the following approaches to PA employment used?
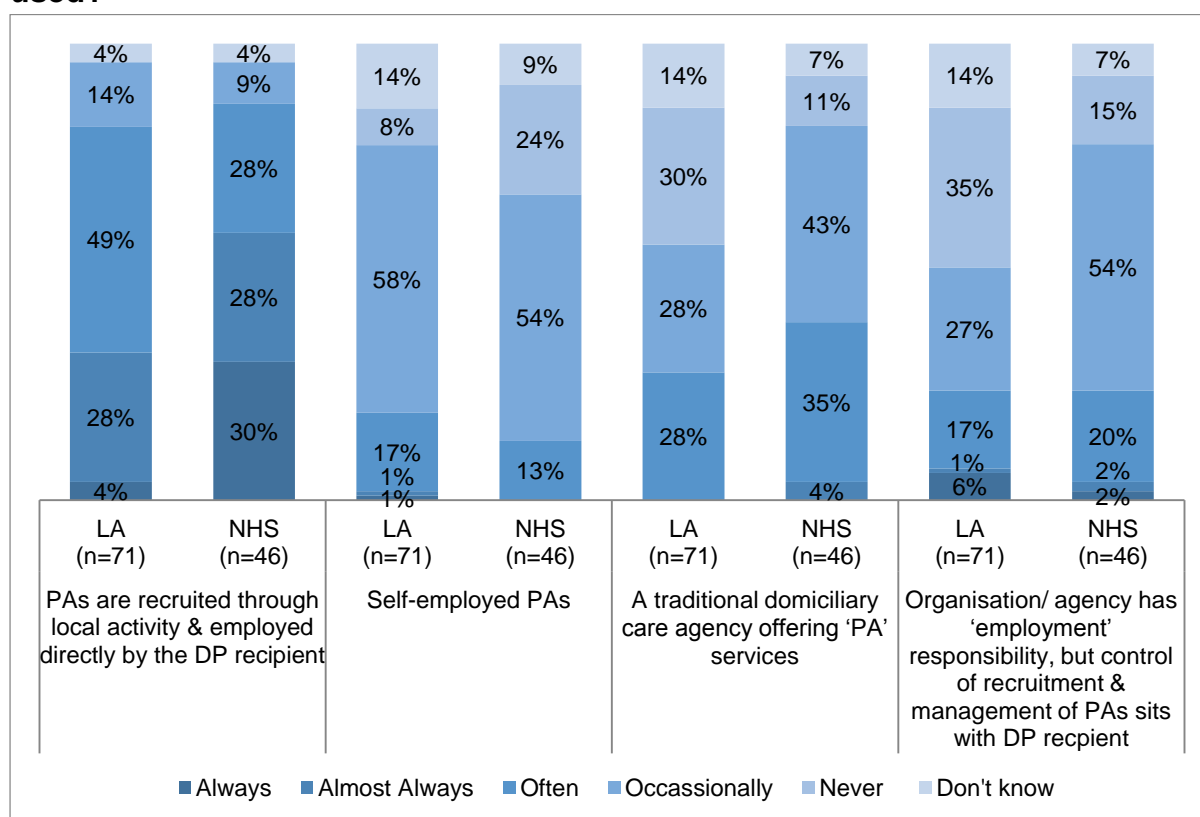
Self-employed PAs

The employment status of PAs (employed vs self-employed) remains a contentious issue, although the qualitative evidence collected as part of this research suggests that it is well-recognised that in most instances a PA's work is unlikely to fulfil the HMRC criteria for self-employed status.

Reported attitudes varied from: "I want us to have a policy that we will not entertain the use of self-employed PAs" to "we have embraced this – they (PAs) have to provide evidence of this".

In practice, the self-employment of individual PAs is (rightly) being considered on a case-by-case basis and sites are providing employers and their PAs with advice and guidance as well as conducting their own checks. These include seeing the results of an employment status indicator check, evidence of registration with HMRC and checking national insurance (NI) numbers, to validate employment status. A number of sites linked this approach to efforts to enable (informed) risk, choice and control.

As already highlighted there is a disparity in the extent to which local authorities and NHS organisations will enable/allow self-employed PA working. Where it is not already happening, local conversations to agree a consistent approach should take place. Examples are emerging where differences in approach are delaying people's ability to transfer with their PAs between social care and health funding.

Domiciliary care agencies offering 'PA' services

The prevalence of a more traditional care agency offering PA services (an average of 63% across local authority and NHS respondents) was a surprising finding. As with the PA role more generally, anecdotally what this looks like in practice sits on a spectrum which can be broadly outlined as running through:

- the use of a domiciliary care agency's services to meet gaps in support; for instance where a PA cannot be recruited to cover a small number of hours

- domiciliary care agencies offering more 'personalised' services; for instance greater insistence on a single named carer per client or care workers undertaking tasks outside of the care plan, at the direction of the client

- agencies or organisations, as described below, taking on the role of the 'employer' but giving control and management of a PA to the person in need of care and support.

A small number of respondents (10% of local authority respondents and 2% of NHS respondents) reporting the existence of pools of PAs selling their services to employers as a group.

In the only specifically identified example of this, a local authority had worked with the PAs in question to review the informal arrangement that was in place. This group subsequently (and successfully) registered with the Care Quality Commission (CQC).

Organisations taking on employment responsibility

It is likely that the high reported instance of these organisations (56%), is linked to the inclusion of case management organisations. However, other models taking this a step further exist.

As detailed in 'Support for employers and their personal assistants following the introduction of personal health budgets'[2] the user-led organisation (ULO) Possibility People (previously The Fed) have established a 'continuing independence agency'. Under this model they take full responsibility for the employment of PAs, but the budget holder retains the choice and control elements of employing a PA; the recruitment and management of the PA is fully driven by the wishes of that person.

Other examples of this approach, emerging from ULOs are available. Most tend to be operating on a relatively small scale at present.

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[2] Support for employers and their personal assistants following the introduction of personal health budgets, Skills for Care, 2016

Whether individual responses referred to such a model or a case management service, the availability of either is indicative of a well-recognised fact: that for many, a scenario which provides the choice and control offered by a PA, without the responsibility of becoming an 'employer' is desirable. The same rationale is also one of the likely drivers behind the continued use of self-employed PAs.

1.4 The spectrum of the PA role

Much like the findings reported with regards to employment models, the response to a question about the role of PAs emphasises the scope that exists and the need not to think of PAs as a homogenous group (figure 1.6).

Figure 1.6: which of the following exists in your local area?
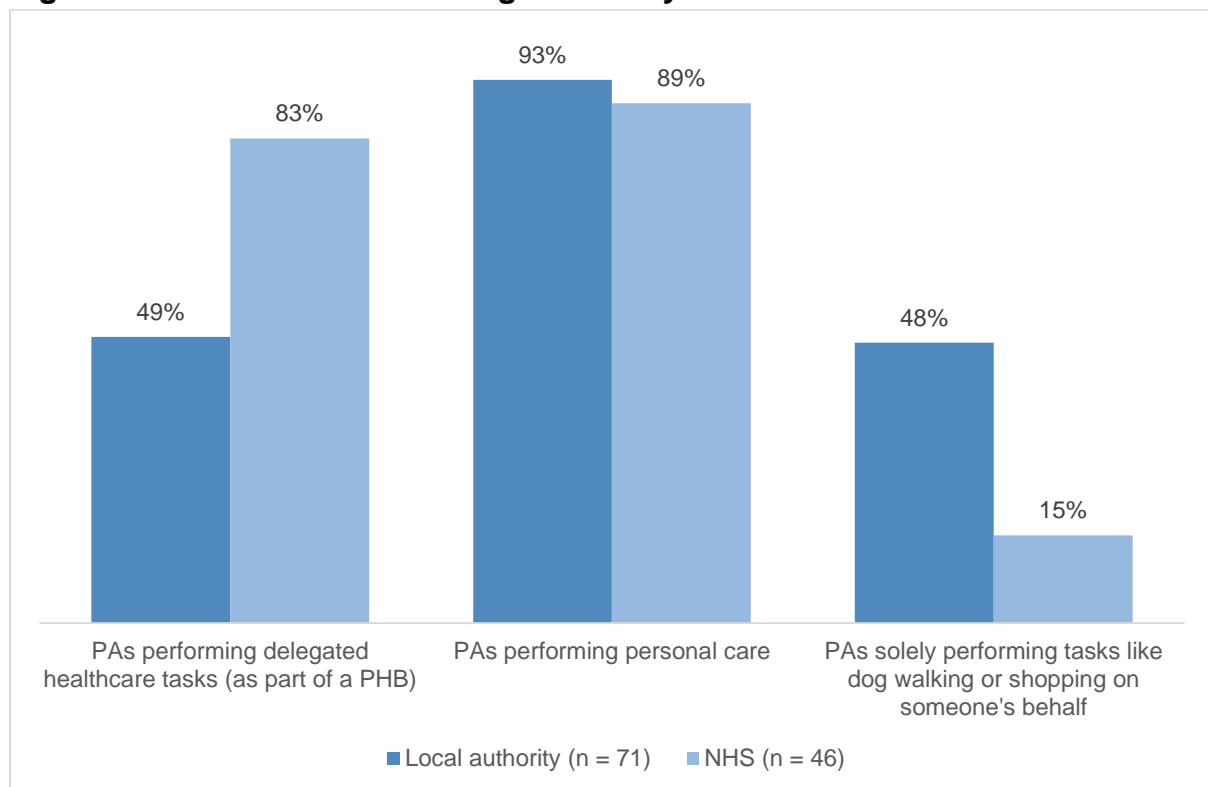
The data shows that whilst the central function of 'personal care' is undertaken by the majority of PAs, the extent to which PAs are undertaking 'healthcare' and 'support' tasks varied depending on the respondent group (NHS vs local authority).

The breadth of the role needs careful consideration in relation to market development activity, which must also take into account employment status, the profile of the role, career pathways and the shared nature of the workforce (PAs are an integrated workforce who bridge the gap between social care and health).

1.5 "We are missing a joined larger voice (for PAs)" – the profile of the PA role

Respondents to this research believed activity to grow the profile of the PA role was essential if the supply of PAs is to increase. A number of specific initiatives or interventions were frequently suggested.

- The need for national representation or a voice for PAs; the value of such organisations for other professionals was discussed. One respondent highlighted that just as health care assistants (HCAs) can join the Royal College of Nursing (RCN) a creative approach to how PAs may be recognised or represented by a professional body needs to be considered.

- The desire for a career framework or matrix for PAs was widely expressed. This intervention was considered vital to recruitment and retention of PAs. Anyone thinking about such a framework should note that respondents almost always linked progression (for example developing new, more complex skills) to increasing pay rates.

- Many respondents highlighted the need to promote the PA role by championing its value, impact and rewards. It was felt that this was one of the interventions needed to drive an increase in the status of the role. Some respondents cited the need for campaigns such as cinema advertising or the success of programmes such as 'Wanted, a very personal assistant'[3] in increasing awareness.

Respondents also reported a number of activities at a local level to try to address the profile of the role:

- moving away from the term 'personal assistant', instead talking about support or care workers

- refocusing the content of job adverts on what a PA enables someone to do – rather than the tasks associated with a role (it is a concern that in some instances personal care was reported as a barrier to recruitment)

- whilst PA registers are primarily a tool for recruitment or finding employment, it was noted that good registers also improve the visibility of the workforce.

> **For more information on the successful development and maintenance of a PA register see the case study on page 29 from Portsmouth City Council – 'The personal assistant jobs noticeboard'**

Perhaps the clearest message with regard to increasing the profile of the PA role (and in turn supply) was the need for people to hear more "PA stories". This was best summed up by one respondent who reported that:

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[3] http://www.bbc.co.uk/programmes/b063j9hx

"The only way to be convinced you should do it (become a PA) is if you hear about it from a PA".

Examples of resources that can be used have been developed by a number of organisations including:

- [West Hampshire CCG](#)

- [Skills for Care](#)

- [Portsmouth City Council](#)

- [The user-led organisation RUILS](#)

- *[I Care…Ambassadors](#)*

The development of greater support for PAs (discussed in Chapter 3) was linked, as it has been in previous year's research, to the profile of the PA role. Support for PAs is a key intervention in both enabling PA working and demonstrating recognition of the role.

1.6 Overview: chapter 1

Looking at the findings reported in this section of the report, it is clear that the supply of PAs available across England does not always meet the demand that exists. This is evidenced in the quantitative information available, as well as anecdotal evidence including long waits on recruitment (three to six months in extreme cases) and reports of "dire" local supply.

There is no sole solution to this, although evidence for what helps to create the conditions to grow supply does exist.

- Statutory and independent sector organisations supporting the recruitment of PAs, should continue to work together using a mix of approaches and initiatives.

- It is important to recognise and enable the autonomy of the workforce and their employers; many people taking on a direct payment from their local authority or PHB for the first time already know who they want to employ.

- Word-of-mouth, via peer networks, social media or other means should be seen and actively harnessed as a resource. Linked to this is the power of hearing from people already in the PA role and those employing PAs.

- PA noticeboards or registers can be valuable tools in growing an identified market of PAs (as demonstrated in Portsmouth). These need to be actively used and recruited to; they cannot be static or passive lists.

- More should be done locally to reach and support existing PAs and consider how they might be encouraged or incentivised to look for additional roles – either whilst working for their primary employer or once they have finished working with someone.

- How the PA role is presented and understood must be considered; there are actions here for national as well as local stakeholders.

- The findings regarding the tasks performed by PAs and the models of employment that exist emphasise the need to understand the individual elements of each PA role.

- Supply issues were (rightly) linked to wider issues with regard to recruitment in social care and health. This link serves as a reminder that PAs must be seen as part of that wider workforce, despite the unique nature of the role.

What cannot be doubted is the contribution and value that PAs have on the quality of outcomes experienced by people in need to care and support. Survey and interview respondents were quick to praise the impact that good PAs could have, as well as the skills and competencies that many PAs demonstrate.

Chapter 2: PAs working across social care and health and as an integrated workforce

The introduction to this report echoes an observation made in research[4] published in March 2016 by Skill for Care; this emphasised that "the PA workforce must be recognised as a market shared by both local authorities and the NHS".

Both statistical and anecdotal evidence demonstrates the extent to which people are moving between local authority and NHS funding whilst retaining their PAs. Similarly, it is clear that whether routinely or on a case-by-case basis, examples exist of individual employers who continue to receive support from their PA(s) during hospital admissions. This can have benefits for both the employer, the hospital and the PA.

More broadly, the importance of national policy regarding personalisation and integration, as well as key initiatives like PHBs and integrated personal commissioning (IPC), provide the conditions for an increase in the use of dual-funded or integrated budgets, as well as the demand for PAs.

It is clear that the PA role is predisposed, via its flexibility and the proximity of the PA to their employer/client, to integration. This chapter of the report looks at the evidence and issues to consider when looking at this shared workforce.

2.1 Movement

Respondents were asked about the extent to which they supported, or had supported, people moving between social care and health funding (figure 2.1). Almost all (93%) NHS respondents said that this happened compared with just over half (54%) of local authority respondents. Amongst the local authority respondents there was a large proportion (39%) who did not know whether this happened or not.

Figure 2.1: Support (now or in the past) for someone employing PAs moving from a local authority to NHS funded personal budget


LA (n=71): Yes 54%, No 7%, Don't know 39%
NHS (n=46): Yes 93%, No 2%, Don't know 4%

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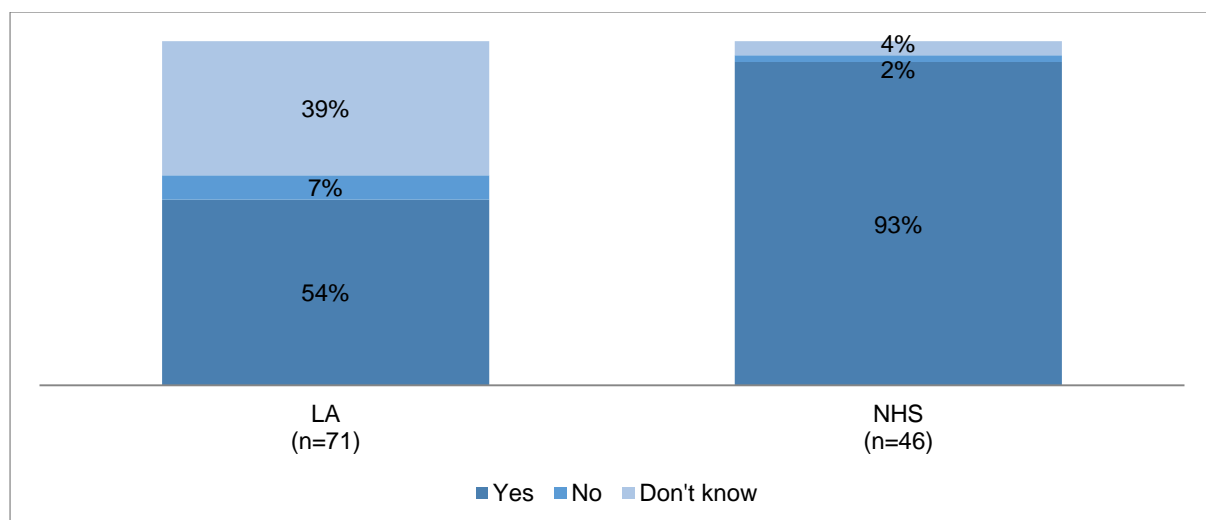
[4] [Support for employers and their personal assistants following the introduction of personal health budgets](#), Skills for Care, 2016

2.2 Consistency

As individuals employing PAs transition between funding streams or receive dual-funded budgets, good quality outcomes and people's positive experience of a personal budget will be maximised by joined-up, streamlined processes.

Although it has not been possible to match the data provided by local authority and NHS respondents geographically, their responses suggest there is a lack of consistency (or at least, the perception of a lack of consistency) between social care and health across a number of areas of PA employment (Figures 2.2).

Figure 2.2: the local authority and NHS take a consistent approach locally to….
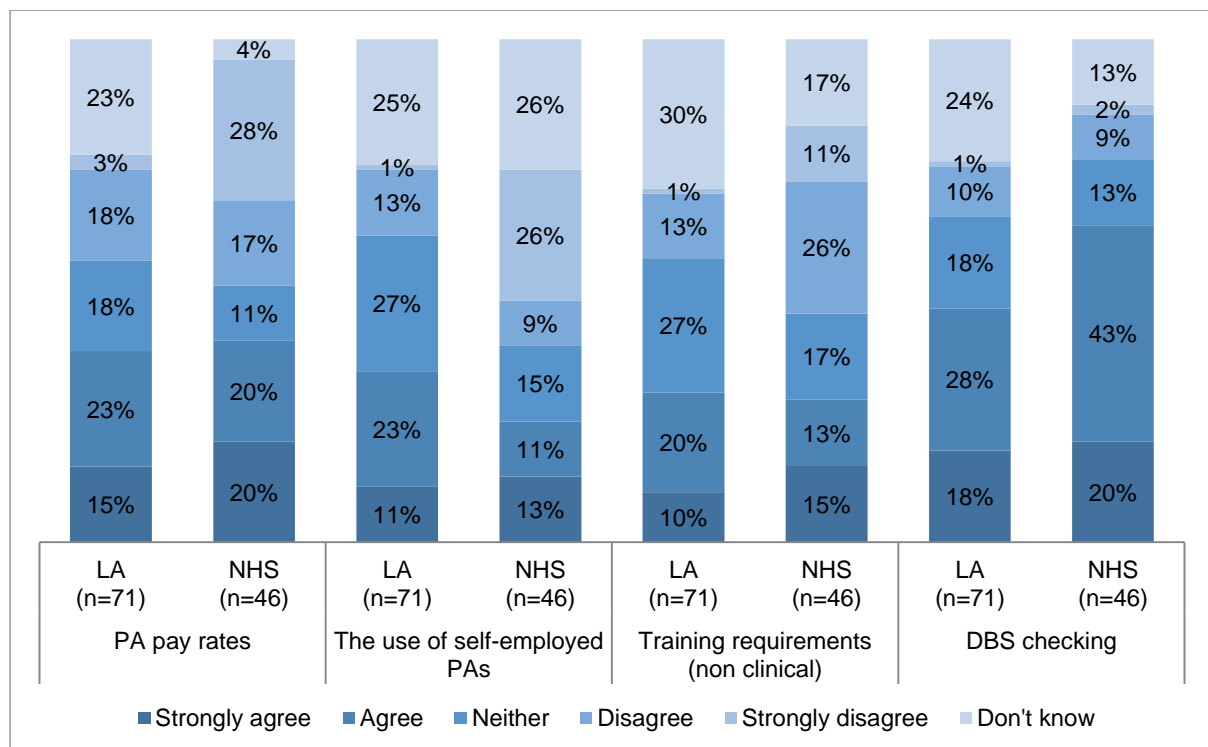
The greatest disparity exists between those reporting that they do not know (local authorities) vs those disagreeing or strongly disagreeing that consistency exists (NHS respondents).

This suggests that rather than the primary issue being the absence of consistency, the most pressing matter is communication. This is embodied by the responses from a small number of participants who highlighted that they did not know who their local counterparts would be.

Whilst it would be overly simplistic to state that consistency is always desirable, and unrealistic to believe that it will always be achievable, local stakeholders must recognise (and understand) where inconsistency exists and consider the benefits and dis-benefits of this.

It is important to emphasise at this point that many good examples of local authorities and CCGs working in partnership were received.

For more information see the case study on page 32 from Herts Valleys CCG – 'Moving between funding streams'

2.3 Redundancy

Some people who employ PAs undergo a change in who funds their care and support (e.g. when they move from social care funding to NHS funding as a result of becoming eligible for NHS continuing healthcare (CHCH)) and wish to continue to employ the same PAs. In these instances it is important that local authorities and NHS organisations have an agreement in place regarding how responsibility for meeting any future PA redundancy costs[5] will be managed.

Qualitative responses to the survey reported scenarios ranging from the situation where one organisation was bearing the whole cost of redundancy, to more balanced arrangements that had seen a pro-rata agreement put in place (as per the case study from Herts Valleys CCG above).

Where an arrangement isn't in place, this may lead to a delay in someone's transition between funding (particularly where they are moving with PAs who have been employed for a significant period of time).

Establishing local arrangements now will set useful precedents as local authorities and CCGs work towards the increased use of integrated or dual-funded budgets.

Similar consideration must be given to circumstances where PAs, remaining with their employers as they move between funding streams, have accrued their entitlement to paid annual leave. This needs to be factored into the new budget if their employment is continuing.

2.4 Hospitals

As the graph below illustrates, a significant proportion of PAs continue to support their employer if they are admitted to hospital (figure 2.3).

Figure 2.3: do PAs continue to support their employer with their usual care needs if the employer is admitted to hospital?

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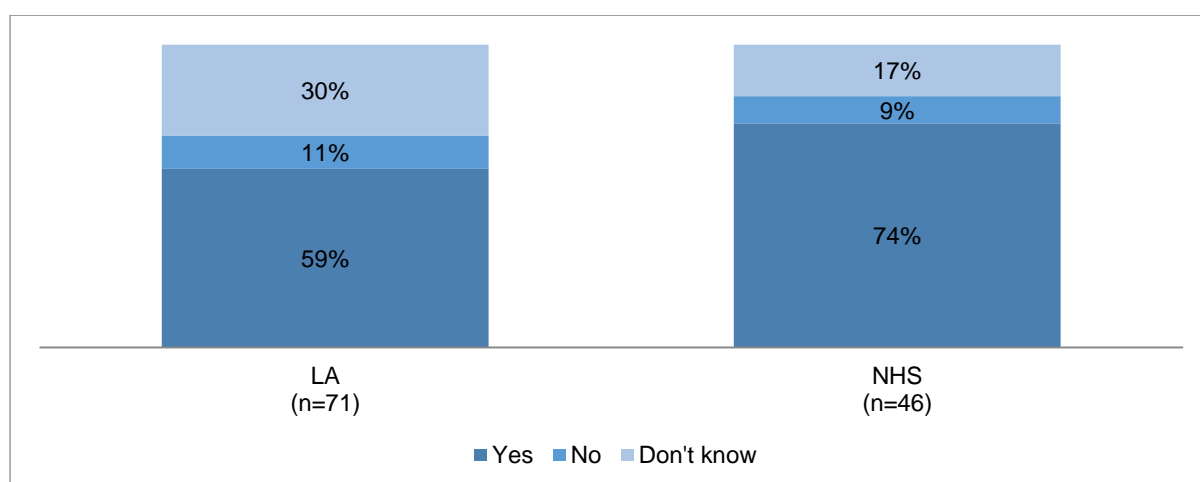
[5] This should cover the scenario where insurance doesn't or won't cover the cost of redundancy and an agreement should be in place even if it is believed that redundancy is covered by an individual's insurance. It is best practice that individual employers are advised to purchase advanced employers liability insurance when taking on a PA. This insurance ordinarily covers the cost of redundancy.

Of those reporting that PAs continue providing care if their employer is in hospital, a third (36%) of local authority respondents said that this happened routinely compared with three-fifths (59%) of NHS respondents. Over half of local authority respondents (55%) said it happened on a one-off basis, compared to two-fifths of NHS respondents (figure 2.4).

Figure 2.4: nature of arrangements for PAs continuing to support their employer in hospital
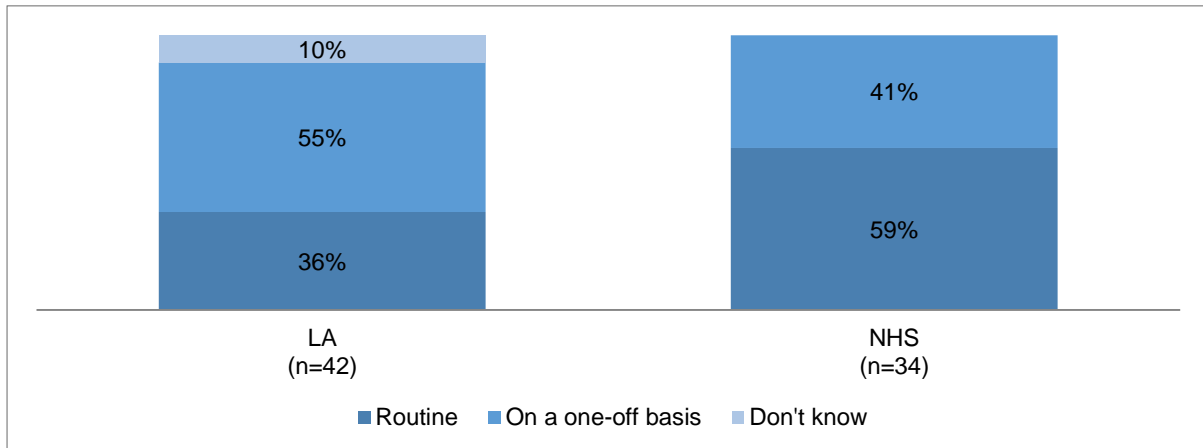
N.B. These responses cover both the scenario where PAs provide support in hospital and instances where PAs retained during a person's stay in hospital, may continue to perform some functions in the home, for instance cleaning or dog walking.

In the discussions that took place around such instances, respondents regularly noted that:

- allowing for PAs to continue to provide support during hospital admission has the potential to reduce the distress experienced by the PHB holder, maintain the continuity of care and may help hospitals from a capacity perspective

- ensuring PAs are retained during hospital stays supports the hospital discharge process; preventing the recreation of an existing care package and further recruitment activity

- thought should be given to how PAs can be retained if their hours are limited or reduced during the time that their employer is in hospital.

A number of respondents also noted that there are parallels and lessons to be drawn from existing arrangements whereby agency staff or family members continue to support someone, following their admission to hospital.

> **For information on a successful approach to PA working in hospitals see the case study from Staffordshire and Surrounds CCG on page 37.**

2.5 Overview – chapter 2

The findings from this section support the statement that PAs represent a shared workforce and prompt a series of observations which are of equal relevance to both local authorities and NHS organisations.

- Many employers are following or will follow a clear journey with the support of PAs; moving between funding streams as their needs change. Local authorities and NHS organisations must recognise their ownership over this and consider how an individual and their PA(s) experience this journey, how they as organisations manage and influence this journey from a process and commissioning perspective – in partnership.

  Recognising this journey also allows both parties to begin to look at how certain interventions can be pre-empted. For instance if it is expected that someone's needs are likely to change, what training could be done by a PA in advance of that change.

- Where it is already taking place, PA working in hospitals has the potential to benefit all stakeholders (the funder, employer, PA and hospital). Embedding processes for this to ensure that routine pathways (which support the delivery of person-centred care) exist will reduce the duplication of effort and improve the experience of people in need of care and support.

- Stakeholders should support the retention of PAs by adopting consistent approaches to PA employment and enabling PA working in different settings.

Chapter 3: Findings in the context of previous research

Skills for Care first conducted research with local authorities into the support available to PAs and their employers in 2012. In 2015 this activity was extended to include respondents working with PHB holders (figure 3.1).

Since 2012, 89% of all local authorities in England have participated in this research at some point, allowing for reflection on the trends and changes that have been observed over time.

Figure 3.1: number of responses to online survey since 2012
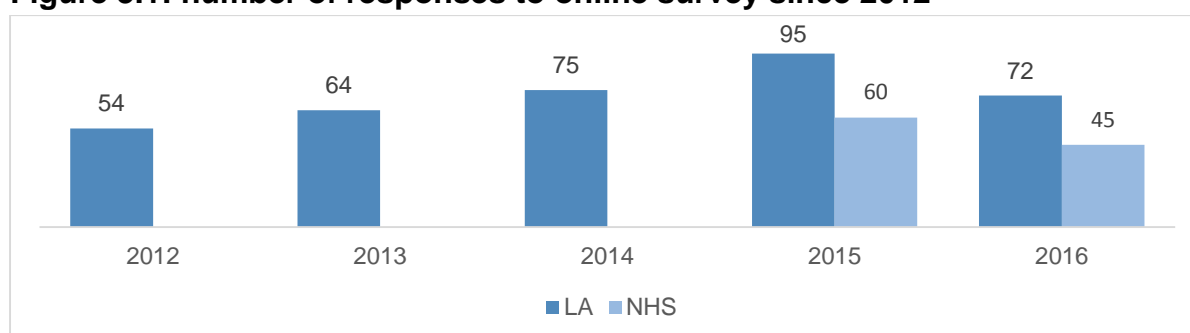
3.1 Trends over time

Whilst a trend towards increased support for employers and (to a lesser degree) their PAs can be identified across the five years that research has taken place – the relevance in 2016 of themes and priorities identified in 2012 and earlier reports is note-worthy.

Commissioning and market shaping

The role of local authorities (and now NHS organisations) in commissioning and market shaping, is as vital today as it was in 2012. Where previously priorities may have been linked to the need for independent sector provision of support, brokerage and advocacy, these have been joined or superseded by the need to grow the supply of PAs and ensure that mixed models of support (and PA employment) exist. Many sites continue to report that employers find their own PAs, however if the number of PA employers is to grow as expected, then more structured approaches to recruitment may be required.

Support for PAs

Research published in 2013 observed: *"[there are] differing views about the relationship that should exist between local authorities and PAs. Some local authorities take very active steps to contact and organise support for PAs either directly or through support organisations. Others believe that it is the responsibility of the employer to arrange support for their PAs".*

The development of support for PAs has typically lagged behind the support developed for employers. Where initiatives have the right support and conditions they can thrive, however, unsurprisingly given the disparate nature of the role and the extent to which PAs have arrived 'organically' in the sector, embedding these takes resource and time.

Career progression or a framework for development

A desire to see the development of a career progression framework or matrix for PAs exists and was strongly reported by respondents from local authorities and NHS organisations in this year's research. Many link this intervention (the norm in more traditional employment settings), to an increase in the profile of the role and in turn efforts to drive-up the supply of PAs. Anyone thinking about such a framework should note:

- Careful consideration must be given to the implications for the existing workforce; for some PAs and their employers, greater formalisation of the role may be seen as an imposition or threat to existing arrangements and may not be welcome.

- The definition of a 'PA' is fluid; the nuances within this term must be recognised. In relation to the observation above a balance must be achieved which provides structured opportunities, whilst recognising the different routes to becoming a PA that people have taken and their motivations for taking on, or staying in, the role.

- Without exception those individuals and teams talking about developing such a framework link progression to pay. This will need to be considered in relation to local authority and NHS budgets.

- The Care Certificate is often cited as a possible baseline or expectation around PA training. This is positive, demonstrating a desire to bring PAs close to the wider workforce, however the identification of 'standards' for PAs must not compromise the founding principles of personalised support; choice and control.

3.2 Maintaining, sharing and learning from existing knowledge

It has been pleasing to see numerous and regular examples of teams across social care and health learning from each other as part of this year's research. In particular, the recognition from PHB teams that by working with their local authorities they can avoid "reinventing the wheel".

Equally important is how organisations maintain knowledge – a number of local authority interviewees reflected this year on the need not to "take your foot of the pedal". Similarly, they cautioned against allowing single points of failure to develop; where a significant degree of an organisations knowledge sits with a single contact.

Presenting employing PAs as an option to someone receiving a personal budget

These observations link to a theme picked up in research with local authorities over the last five years and reported again in this year's responses. In some local authorities examples still exist of front line workers (including social workers) who are reluctant to recommend or fully present the option of using a direct payment or personal budget to employ PAs.

It has been suggested that this can be due to a lack of detailed knowledge on the specifics of how this works or the perception that employing PAs can be burdensome or complex.

Just as teams across social care and health can learn from each other it is important that front line workers have the information and knowledge needed to share positive (but realistic) messages about employing PAs. This links to earlier observations in this report about ensuring people hear from PAs and their employers on their experiences.

Chapter 4: Summary

This report captures a picture of PA working in England across social care and health. Respondents from both settings spoke passionately and frequently about local successes with regards to PA working, including how PAs had positively impacted people's lives and the quality of care and support they can provide. None-the-less they also highlighted the complexities and challenges that exist.

The supply of PAs was an issue highlighted in last year's report and can be quantified this year; a large proportion of respondents (58%) reported that a good supply of PAs did not exist. This was linked to a number of wide ranging issues including:

- particular issues in rural areas

- a need for PAs prepared to perform more complex tasks

- how to provide people with enough guaranteed hours and job security to make being a PA a realistic choice

- the profile of the PA role.

Respondents were quick to suggest and seek solutions, including identifying those groups they think are well placed to become PAs (including parents returning to work, family members of those in the armed forces and students enrolled on nursing/care specific courses) – these challenges are certainly not driving a call to move away from the use of PAs, but rather to redouble efforts and share what is working.

The common theme across the solutions suggested is that they must not be implemented in isolation. A mixed approach which recognises the value of word-of-mouth and people's own stories is required.

The calls to raise the profile of the role, which echo findings in previous years, present a particular challenge for both national and local stakeholders. The PA role can often still be misunderstood or undervalued; it is telling that more than one respondent reported that they don't use the term 'personal assistant' but rather 'care' or 'support' worker.

In addition to these challenges the specifics of employment, including employment status remain contentious in some areas and can be cast into relief as people move between funding streams. The findings of this research further strengthen the case that local authorities and NHS organisations must work together and understand one-another's needs with regards to PAs.

A series of recommendations based on the findings of this report are included on the next page, under the headings:

- Recruitment and retention
- PA working across social care and health
- Career progression or a framework for professional development.

Recommendations: Recruitment and retention

1   **Make contact with existing PAs and support them.** Sites should consider how they might support and encourage PAs to look for additional roles – either whilst working for their primary employer or once they have finished working with someone. A first step for many sites is to collate details of existing PAs and establish a degree of regular contact, either via a monthly newsletter or other means.

   Some reports suggest that where a PA is working for a person they knew prior to taking on the role (e.g. a friend or family member) they may leave the role after their time with that individual. Staying in the role will not be right for everyone in this situation, but it is important that those who might consider this know how to seek further work.

2   **Develop PA registers which are used proactively.** Tools such as PA registers need to be used proactively; they have the potential to be more than just recruitment tools and may assist efforts to make the PA workforce more visible or even start to develop a 'community' of PAs at a local level. The case study from Portsmouth City Council on page 29 demonstrates the potential of PA registers.

3   **Take a holistic approach to recruitment including using word-of-mouth.** Word-of-mouth, via peer networks, social media or other means should be identified and actively harnessed as a resource for the promotion of the PA role. Linked to this is the power of hearing from people already in the PA role and those employing PAs.

   Word-of-mouth may also be used to support recruitment. For example linking PA employers via peer groups or Facebook so that they can 'share' PAs, offer additional hours or notify others that their PA is looking for more work.

4   **Maximise the strengths and potential of existing PAs.** Filling emerging gaps, including the need for more PAs who can perform complex tasks, is not just about growing the supply of new PAs. It also requires systems which enable existing PAs to develop their skills. Local authorities and NHS organisations should adopt joined up approaches to training which recognise the journey that PA employers may make between social care and health.

5   **Consider variations in pay and conditions.** Where there are particular challenges in recruiting PAs, consideration needs to be given to how flexibility with regard to working arrangements, training, pay and support might incentivise take-up of the role. It may also be necessary to consider whether anyone within the person's current circle of support could be appropriate for the role.

Recommendations: PA working across social care and health

6   **Local authorities and NHS organisations should develop consistent approaches to PA employment.** The shared nature of the PA workforce across social care and health is a valuable strength, but is not without (potential) complexity. Local authority and NHS leads should identifying local counterparts, initiate regular forums and review existing policies or produce new policies, in partnership.

   This is important with regard to the use of joint or integrated budgets, local market development activity and where individuals employing PAs may move from one source of funding to another.

7   **Establish processes which enable PAs to provide support in hospitals.** Where PAs provide support to an individual during a hospital admission their presence can reduce the distress someone experiences, maintain continuity of care, help hospitals from a capacity perspective and support the hospital discharge process.

   The case study from Staffordshire and Surrounds CCG on page 37 demonstrates a successful approach to enabling PA working in hospitals.

8   **Ensure everyone gets the basics right.** Employing a PA will never be right for everyone, however it is vital that front line staff can present a balanced view based on person centred care, choice and control and enabling risk.

   Use induction and refresher training, as well as positive stories from PAs and their employers, to ensure that front line staff understand and can present a positive (but realistic) account of the benefits of employing PAs to someone receiving a personal budget.

   The case study from Warwickshire County Council on page 34 demonstrates successful approaches to this.

Recommendations: Career progression or a framework for professional development

9   **Develop flexible and person-centred training and career frameworks.** Local training and career frameworks for PAs can help support the delivery of high quality care and the development of the PA workforce. The role of the PA is highly varied from one situation to another and is dependent on the needs of the individual. Systems for support and training, or career progression, will need to be proportionate and responsive to individual requirements. Whilst an apparent lack of structure is often cited as one reason for 'supply' issues in relation to this workforce, it is also a key driver in the success of PA working and a balance needs to be struck in managing this.

Case studies

1. **The Personal Assistant Noticeboard – Portsmouth City Council**

2. **Moving between funding streams – Herts Valleys Clinical Commissioning Group (CCG)**

3. **Maintaining and sharing knowledge – Warwickshire County Council**

4. **PA Working in Hospitals – Staffordshire & Surrounds Clinical Commissioning Groups (CCGs)**

The Personal Assistant Noticeboard – Portsmouth City Council

Introduction

"*Good PAs are worth their weight in gold*" – Niamh Dalziel, Community Development Worker.

Run by Portsmouth City Council, the Personal Assistant (PA) Noticeboard is a free service that lists PAs looking for work and individual employers looking for PAs.

It is a well-recognised and used resource in Portsmouth and at the time of this case study over 151 PAs have registered on the noticeboard.

Background

Portsmouth City Council took the decision to develop the PA noticeboard in 2012. There was local demand for this. In addition a lack of brokerage options in the city had led to confusion around PA employment and some examples of poor practice.

The success of the noticeboard is built on a person centred approach, which has included

- early consultation and partnership work with service users and Disabled Peoples Organisations (DPOs)

- a willingness to listen to feedback and make changes (flexibility with regard to the latter is helped by hosting and managing the register internally)

- an up-front acknowledgement that it would take time and resource to embed the register; with use and recognition 'snowballing' over time

- a full offer of support to employers and PAs using the register from writing ads and CVs, to interviewing and on-going support, advice and guidance.

What is being done?

Employers and PAs all have the option of contacting the council about the noticeboard, their interest or situation, before registering.

Short descriptions of available jobs are shown on the landing page of the noticeboard, but to see full descriptions a PA has to register, provide their details and upload a completed CV. This approach helps to address safeguarding concerns.

Similarly, employers (or potential employers) must be registered with the noticeboard before they can view the details of available PAs. Registering PAs and employers in this way, has allowed a sense of community to develop.

Maintaining the currency of information available to employers and PAs has been a key element in ensuring people continue to use the register. To this end

- if someone's account remains inactive for six months it is hidden from other users until it is updated

- all users get regular emails with key messages, details of training available and useful information.

What has been achieved?

There are over 151 PAs CVs registered on the noticeboard[6] and it represents an important component in offering personalised services in Portsmouth.

Case studies with an existing employer and PA using the service have been published on the noticeboard as best practice examples for others to learn from.

What has been learnt?

- Making things as accessible as possible and supporting people to use a register is crucial. As well as supporting people to use the register, Portsmouth have a paper-based system which enables those without IT skills or confidence to access the service.

- Listen to feedback. When the register was launched it didn't include self-employed PAs, but this has been changed following feedback. Information and guidance about employment status is shared with employers and PAs; they are also directed to the HMRC employment status indicator tool. The council supports people to make informed choices.

- It takes time, resource and patience to make a register work. In Portsmouth a mix of word-of-mouth and specific recruitment activity (jobs fairs, links to HEIs campaigns targeted at certain groups in the population) have all driven take-up over the last three years.

- Always put the person in need of care and support at the centre of any new service and the steps you will take to get there.

- The importance of working closely with front line staff to raise awareness and support them to build their confidence to discuss the service with service users.

- The value of developing a working relationship with the DPO Possability People who provided the website.

- The importance of maintaining the focus on enabling and empowering individuals which was possible through working with SPECTRUM in Southampton. The involvement of DPOs were fundamental in building the right foundation for the Noticeboard.

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[6] As at September 2016.

Next steps

The register continues to be a key recruitment and employment tool in Portsmouth which anyone in the city can use. This includes employers with 'health' funding.

In addition to the established support provided by Portsmouth, the council are now running drop-in peer support sessions in the city for existing, new and potential employers and PAs.

In partnership with University of Portsmouth the service is going to carry out research with users of the PA Noticeboard. This will deliver a clearer picture of the impact and value of the service and inform future developments. The report is due to be published early 2017.

Moving between funding streams – Herts Valleys Clinical Commissioning Group (CCG)

Introduction

"Half of the PHB recipients have transferred from local authority direct payments to a personal health direct payment. As people have qualified for Continuing Healthcare almost all have retained their staff and recruited more on top". – Jo Reeder, Personal Health Budget Lead.

Background

Almost three quarters of Herts Valleys Clinical Commissioning Group's (CCG's) personal health budget (PHB) holders employ a personal assistant (PA) to meet some of their care needs.

The CCG estimate that that two-thirds of these PHB holders (50% of all PHB holders) have transferred from local authority funding, as their care needs have changed, with an existing care team already in place.

With such a high proportion of PHB holders moving funding streams with existing PAs in place, the CCG has worked closely with partners to minimise the potential disruption caused by this transfer.

What is being done?

The CCG, local authority and other local CCGs are working together to improve the transfer process, not just for employers, but also their staff (PAs). Their approach to this is built on two clear principles:

- communication is key; particularly early communication

- taking the time to do things before they need to be done and getting processes right first time, has significant benefits for all parties – including the local authority and CCG.

This has led to an agreed approach whereby the direct payment team in the local authority alert colleagues in the CCG at the earliest opportunity, to the fact that someone being assessed for continuing health care (CHC) is moving across to health and wishes to retain their existing PA(s).

What has been achieved?

- An agreement is in place where the local authority continue to pay the direct payment for eight weeks (or longer if required) while a PHB is set-up and a person prepares for transfer. Once someone has transferred successfully, a recharge is sent from the CCG to the local authority to cover this period.

  This means that their care continues uninterrupted during the assessment and care planning process. The CCG have sufficient time to set-up the PHB and regularly communicate progress to an agreed timescale back to the local authority.

- An approach to sharing the cost of redundancy between the CCG and local authority is being developed[7]. Where responsibility for meeting the cost of redundancy payments falls to the CCG and local authority, under the proposed local approach the cost will be shared on a pro-rata basis (based on the number of years that an employer has paid for their PA using funding from each party). Having an agreed approach

  - avoids potential delays in the transition to a PHB

  - provides a clear way forward in situations where a redundancy payment is due and at times which are potentially sensitive, for instance when an employer passes away

  - sets a useful precedent as the CCG and local authority work towards the increased use of integrated or duel-funded budgets.

What has been learnt?

- Communication between the CCG and local authority (in both directions) has been vital. By making sure that care managers on both sides understand the differences between what can be done and funded under social care and health funding, the CCG and their colleagues in the local authority can manage the expectations of employers, PAs and each other.

- This understanding allows the CCG and local authority to have early conversations (if required) with employers around potentially difficult subjects like pay-rates, training requirements and employment status. It also means that they can explain why these employment specifics may be different or have changed.

  As important is that this shared understanding ensures that employers and PAs receive consistent messages and information.

- It is important to think through who needs to be engaged when sharing information. For instance it can be just as important to engage finance teams, monitoring payments, as it is frontline teams offering support and advice to employers.

Next steps

The CCG continue to work closely with local authority colleagues and planning is underway to enable greater use of integrated budgets and develop a single system for paying all personal budgets locally.

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[7] People are always advised to purchase advanced employers liability insurance when taking on a PA. This insurance covers the cost of redundancy and in the first instance this is where the CCG will look when redundancy payments are required.

Maintaining and sharing knowledge – Warwickshire County Council

Introduction

Warwickshire's support for direct payments is delivered by a well-established Independent Living Team within the council. Currently the feedback they receive at the direct payment six month review from individual employers is that 99% are very satisfied with their direct payment and personal assistant (PA) support. All employment related support and recruitment is undertaken by the voluntary sector organisation Penderels Trust, who work in partnership with the council internal direct payment team.

The internal Independent Living Team are the go-to source of information and support within the council and lead the strategic development of the scheme. They have recently developed and rolled out mandatory e-learning for direct payments for managers, practitioners and the support service. This is an online resource available from the Council's learning and development Site WILMA. They have also worked closely with local clinical commissioning groups (CCGs) as personal health budgets (PHBs) have been introduced in Warwickshire to develop a seamless service for people transferring from a direct payment to a personal health budget (PHB) direct payment.

More information about Warwickshire Council's flexible and inclusive approach to supporting employers is available in chapter six of last year's research report[8].

What is being done

E-learning

- The full content of the training has been co-produced by members of the independent living team, practitioners, managers and the support service. Customer feedback from the direct payment six month review had informed the structure and content of these modules of learning. The content is fully bespoke to the local authorities' policies and procedures.

- The training is part of the mandatory induction for all new staff in the social care directorate and existing staff will complete the training as part of a cycle of refresher training.

- On the back of the e-learning staff can either choose to attend, or be put forward for, a more in-depth face-to-face session including direct payment shadowing, coaching half day workshop or bespoke training based on staff learning needs. The independent living team design, facilitate and lead the direct payment learning programme for the council.

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[8] *Supporting individual employers and their personal assistants research into local authorities' support for people that employer personal assistants*, Skills for Care, 2016

- Warwickshire have worked in partnership with their local CCG to draw up joint and co-produced escalation guidance for when an individual is preparing to transfer between funding streams (ordinarily from a local authority direct payment to a PHB).

- When the CCG began to pilot PHBs both parties worked together to look at the existing policies, processes and guidance drawn up by the local authority. This means that where possible there is good commonality between the processes and policies that both organisations use.

- The local authority have regular contact with their CCG, including fortnightly meetings. These help to maintain the routine contact that is so important to joint working, as well providing an opportunity to discuss specific issues or challenges.

What has been achieved?

E-learning

- The training sets a baseline of knowledge and awareness across the organisation, which is refreshed annually.

- The team are able to identify training needs and areas for further development via the e-learning results, face-to-face workshops and also their direct engagement with individual employers.

Working with local CCGs

- The joint approach adopted the local authority and CCG ensures that those in need of care and support experience a smoother transition from social care to health funding. The escalation process, which sees the local authority commit to continuing to fund someone's direct payment whilst a PHB is set-up, has ensured that people don't lose their existing PAs.

- That both organisations have shared policies, or that CCG policies have taken existing local authority policies into account (or as a starting point), has further ensured the smooth transition between funding streams. In addition, this has allowed for swifter resolution of issues in contentious areas. For instance, where family members have been employed to deliver care, the local authority have been able to work with the CCG to justify these arrangements; this is helped by the CCG policy having been built on the local authorities.

- Working in partnership has ensured personal assistants are retained and continue in their employment supporting consistency for the direct payment employer.

What has been learnt?

E-learning

- Warwickshire have a successful and well established approach to direct payments, yet they were quick to emphasise that "this is an area where you always have to keep your foot on the pedal".

- Establishing a baseline of information across the organisation avoids the scenario where a lot of specialist information is sat with one person or a small number of people.

- Responding to feedback from direct payment recipients, staff members and the teams own reflections provides a full picture when considering development needs.

Working with local CCGs

- It is important to share existing policies and the rational that exists behind each of these. In Warwickshire the local authority and CCG did this via a series of development workshops.

- Prepare to be challenged and acknowledge that even where different approaches cannot be taken, understanding these is important.

- Clearly identify key contacts, counterparts and those with the responsibility for making decisions across both organisations. Maintain regular and routine contact.

- Improves the customer experience.

Co-production and working with customers and carers

Warwickshire facilitate a customer and carer direct payment peer support network that co-produce and support the council to maintain, review and develop the direct payment scheme across county. The council's independent living team facilitate drop in sessions across the county for customers to develop their direct payment knowledge and skills.

Over the last 12 months the group have developed a Facebook closed group information site where alerts and updates are placed to support people virtually. Customers and carers were engaged with the recent direct payment support service tender, by being active members of an interview and presentation panel.

PA Working in Hospitals – Staffordshire & Surrounds Clinical Commissioning Groups (CCGs)

Background

Through the use of a standard recognised template and liaison with local hospitals on an individual basis, the personal health budget (PHB) team in Staffordshire and Surrounds has embedded PA working in hospitals (supporting PHB holders admitted to hospital) as routine.

The clinical commissioning group (CCG) ensure that as a minimum, PHBs cover the cost of employing PAs for up to four weeks whilst someone is in hospital. After this time, the PHB will be reviewed and a decision will be taken on whether to continue funding the PAs. The CCG recognise that it is cheaper and less stressful for a PHB holder to retain, rather than re-recruit staff where possible.

What is being done?

A standard template is completed when a PHB holder is admitted to hospital which acts as a joint agreement for PA working in hospitals. This template details

- the training that a PA has received and their competences

- the responsibilities of all parties, including

  - PAs will work under the direction of the nursing staff on the hospital ward

  - the hospital will provide a local induction to the care environment for PAs

  - the PHB holder/CCG will provide the hospital with a rota outlining details of PAs shifts including name, designation, start and finish times

  - all PAs delivering care in a hospital setting must have an up-to-date (within three years) Disclosure and Barring Service (DBS) check

  - PAs must carry a copy of the hospital working agreement at all times

- contact details for the PHB holder's on call nurse, so that hospital staff can discuss any concerns they may have.

When putting this template in place

- The PHB holder and PHB lead liaise with the ward sister or clinical matron. In addition the PHB lead and hospital will liaise with the nursing agency which trains PAs in Staffordshire. This agency provide evidence of training and competency to validate the information recorded on the template.

- The template is signed by the ward/unit manager, the PHB lead, the member of staff responsible for induction.

What has been achieved?

- PAs are able to continue to support PHB holders in hospital; this includes instances where PAs perform delegated healthcare tasks (a decision on whether a PA can continue to perform a delegated task is taken in the context of someone's changing health needs – e.g. do they remain medically stable).

- Examples exist of the hospital and local nursing agency jointly training PAs whilst someone is in hospital, in order to ensure that the necessary support, skills and competencies exist in a PHB holders team when they leave hospital.

- By identifying and meeting any additional training needs for PAs whilst they support their PHB holder in hospital, the CCG ensure that gaps in community based support do not delay someone's discharge from hospital.

- Enabling PA working in hospitals ensures that PHB holders continue to receive support from staff they know and trust.

  This continuity of care is of benefit to all patients, but can be particularly crucial where someone displays challenging behaviour or requires types of support that ward staff are unfamiliar with.

- The presence of PAs supporting a PHB holder in hospital provides additional resource for the hospital and has a positive impact on capacity.

What has been learned?

- Liaising with hospitals on an individual level, as well as the PHB holder and the provider of any training for PAs is crucial.

- Where possible, put arrangements in place pre-admission (e.g. ahead of a planned stay in hospital).

- Use a standard template to establish and embed routine processes. This minimises the time required to put agreements in place.

- The presence of PAs in hospitals is not only beneficial to the person in need of care and support, but also the hospital and CCG.

Appendix one

Methodology

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

The electronic survey was circulated to PHB leads via NHS England's existing networks. Responses came from 36 organisations and following the aggregation of commissioning support unit (CSU) responses to account for the CCGs they reported supporting, a total of 46 complete responses where returned.

Responses to the survey were analysed for both statistical information and qualitative responses. A number of sites were selected for follow-up visits to learn more about particular local initiatives.