

Fair, innovative & transformative work the FITwork Project



Personal Assistants working under SDS Option One: experiences of fair work

Report to the Fair Work Convention

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Contents

1. Introduction.....	3
1.1. Fair Work dimensions: summary of PA experiences	5
1.2. A framework for exploring Fair, Innovative and Transformative Work	6
2. Introducing the PA workforce.....	8
3. Accessing and setting up SDS Option 1	13
3.1. Social Work	14
3.2. Well-informed PAs and employers.....	18
3.3. Unequal experiences: PAs' pre-existing skills, and employers' socio-economic status	21
3.4. Training.....	26
4. Personalisation	32
4.1. Personalisation improves job quality and can foster innovation	32
4.2. Personalisation and possible job insecurities.....	42
4.3. Positives and challenges of a close working relationship	45
4.4. Introducing Supervisions?	51
5. Recruitment and retention	54
5.1. Disparity in hourly rates across SDS Options	56
6. The 'regulation' debate	59
7. Summary of Recommendations	65

Table of Figures

Figure 2.1: Age of respondents	9
Figure 2.2: Ethnicity of respondents	10
Figure 2.3: Are your day-to-day activities limited because of a health problem or disability?	11
Figure 2.4: Which of the following qualifications do you have?	11
Figure 2.5: Hourly rate of pay	12
Figure 2.6: How many years in total have you been in your current PA role?	13
Figure 3.1: Do PAs experience a sense of isolation in their work?	23
Figure 3.2: Do you get enough hours of work as a PA to meet your basic income requirements?	25
Figure 3.3: Employee-arranged training to support or develop work as a PA	26
Figure 3.4: Training	27
Figure 3.5: Employers support training to encourage PAs to come up with new ways of working	28
Figure 3.6: As a PA I have opportunities for progression in my work	29
Figure 4.1: I would recommend being a PA as a good job	33
Figure 4.2: Introducing new products/services or ways of doing things	33
Figure 4.3: PAs go above and beyond what is required of them in their jobs	34
Figure 4.4: Agreement with statements	35
Figure 4.5: Overall, how satisfied are you with your job as a PA?	36
Figure 4.6: Overall, how fairly do you get treated at work?	36
Figure 4.7: Involvement in decision-making	38
Figure 4.8: Agreement with various statements	38
Figure 4.9: Agreement with various statements	40
Figure 4.10: Agreement with various statements	41
Figure 4.11: Employers' approaches to personalisation makes PA jobs more demanding	43
Figure 4.12: PAs see employers' expectations as reasonable and manageable	43
Figure 4.13: Interaction with other PAs	48
Figure 4.14: Resolving conflicts	49
Figure 4.15: Security	51
Figure 4.16: Improving processes	52
Figure 5.1: Reward and compensation	57
Figure 6.1: Have you had an Enhanced Disclosure (ED) check for your	60

1. Introduction

Working as a Personal Assistant (PA) for an employer who is accessing Self-Directed Support (SDS) via Option 1¹ is a '[unique employment relationship](#)' (ACAS, 2013). There are few comparable roles, and relatively little is known about the PA workforce – there are 'no reliable estimates for the number of PAs employed' in Scotland ([SSSC](#), 2016: 15). Small amounts of existing evidence suggest tensions between the personalisation agenda and Scottish Government policies relating to skills, social protection and active labour market approaches (such as the [Fair Work Convention](#)), as well as a lack of clarity on the part of PAs and employers as to their mutual rights and responsibilities (e.g. [TUC](#), 2009: 35; [ACAS](#), 2013).

A PA's and employer's relationship as individuals is a key determinant of dimensions associated with Fair Work, and this relationship is shaped by available support, resources and information. This relationship is typically characterised by lone working outside of any context of wider organisational support, with terms and conditions set by the employer and shaped by a local authorities' initial needs assessment and resource provision. PAs typically spend much longer periods of time working with their employer than an agency-employed care at home worker would. This work often takes place within the employer's home, the homes of employer's friends or family, or in spaces that are part of an employer's day to day life, such as their workplace. Mutual trust is key – PAs sometimes have knowledge of and involvement in their employers' personal circumstances, such as family situations, finances, working and social lives.

Taking this context into account, the dimensions of the Fair Work Convention remain a relevant and useful way of understanding and shaping PAs' job quality. The 'Fair, Innovative and Transformative Work' (FITwork) [online survey tool](#), through which these dimensions can be analysed, has to date been answered by staff working in organisations, with most questions referring to workplaces, colleagues, organisation structure. For the purposes of surveying PAs, the FITwork framework's online tool was adapted to reflect working situations associated with PAs – this included removing references to organisations, and including questions focusing on lone working, training and self-directed support. The revised survey tool can be accessed via the [Innovating Works](#) website. This PA-adapted survey tool was distributed to PAs via 10 gatekeeper organisations who have access to, contact with and/or provide support to PAs' and/or employers. This resulted in 76 completed surveys². 12 employees of these gatekeeper organisations involved in a range of management, advisor and support staff roles were interviewed - one employee also works as a PA. Separately, two focus groups were conducted with a total of 13 PAs (10 participants) and employers (3 participants); one of these took place in an urban area, one in a rural area. All respondents consented to being quoted anonymously.

¹ Option 1 is when someone receives a direct payment to purchase support themselves. Under Option 2, the service user chooses their own support with budgets managed by a local authority or a third party organisation; Option 3 involves the local authority more directly arranging and managing budget on a user's behalf; Option 4 may involve a tailored combination of Options 1-3. Further information is available via [SDSS](#).

² Not all questions were answered by all respondents; % throughout this report may not total 100 due to rounding. We were not able to access directly gatekeeper organisations' contact lists, and so are unable to estimate a response rate.

This approach to researching PAs differs from that taken to collect the small amount of existing data on PA job quality and employment rights (e.g. [ACAS](#), 2013). To date, most research on PAs has accessed participants and analysed their experiences through the use of a helpline, designed to support PAs facing problems in their work or wishing to raise complaints. This may have offered a disproportionately negative view of the PA workforce's experiences. Recent research on SDS and personalisation of social care within Scotland has focused on issues of implementation at policy level and from the perspective of local authorities and support organisations, rather than on PAs' and employers' experiences (e.g. [Pearson, Watson & Manji](#), 2017; [Audit Scotland](#), 2017).

The involvement of PA employers' has been a priority for this research, in order to better understand the relational dynamics that many participants report as being fundamental to the PA- employer working relationship (as demonstrated by [GCIL's recent report](#), and the [PA Network's case studies](#)). Whilst the FITwork survey was only completed by PAs – the survey's questions focus on the employee experience – individuals from employers' support organisations were interviewed, and one of the focus groups included a team of PAs and their employer. A focus group with employers was scheduled but was not completed as the hosting organisation was experiencing ongoing technical difficulties.

This report begins with a brief introduction to the PA workforce, as depicted by the survey data produced through this research. It goes on to a discussion of the set up SDS Option 1, identified by many participants as a crucial stage which could determine the job quality experienced by PAs. This includes the role of local authorities and social workers, access to information and resources - particularly with regards to workplace rights and entitlements – and the potentially unequal experiences of Option 1 which PAs and employers from different backgrounds and with different resources could experience. Issues around access to training are then discussed, both at set-up stage and training required to meet a PAs' ongoing developmental needs, which may be in response to an employers' developing/changing condition.

This report then considers personalisation, focusing first on the ways in which the design of the PA role appears to result in good quality personalised support through the provision of good quality jobs, which offer autonomy, flexibility, variety, skills development, opportunities for innovation, and high levels of job satisfaction. The second part of this section discusses issues of insecurity that can accompany personalisation and this job design. The positives and challenges offered by the close working relationship that PAs and employers often have are discussed, with a suggestion for developing Option 1 appropriate resources with which to conduct optional Supervisions.

Issues of recruitment and retention are then considered, highlighting the somewhat different experience under Option 1 when compared to these issues as experienced across the wider social care workforce.

This report concludes with a discussion of the potential benefits of expanding the remit and resources of the PA Network, and more broadly the resources provided to

employers using SDS Option 1. The latter will be particularly challenging to realise, as local authority budgets have been under pressure for several years. Together, these two approaches could assist in the resolution of a number of issues discussed throughout this report, which sometimes prevent the PA role from reaching its best iteration - a good quality job in which people provide excellent, personalised support to their employers. This includes tensions with regards to the levels of regulation experienced by PAs and employers. This report does not offer specific recommendations on the debate surrounding regulation, but acknowledges its significance to many PAs and some employers, and suggests that developing a set of practices co-produced between PAs and employers - perhaps mediated by bodies like the PA Network - would be constructive.

The PA role offers great potential for both employee and employer, and does so in ways which the wider social care sector can learn and benefit from. Where there are problems, these can be resolved without jeopardising fundamentally positive attributes of the role.

1.1. Fair Work dimensions: summary of PA experiences

Respect: PAs reported high levels of mutual trust and appreciation of their work by employers. Where respect may be lacking in the working relationship, this tended to occur at the technical level e.g. contracts, terms & conditions, job security.

Security: Job security was a key issue for many PAs who participated in this research. On one hand, providing personalised support in a context of changing needs by definition involved a degree of job insecurity. However, there are ways to support PAs in these situations, and these should be explored in order to improve PA retention.

Opportunity: Skills development opportunities can be strong – several PAs spoke about their role providing personalised support in a context of changing needs as inherently developmental, offering variety, autonomy and new experiences which help them professionally develop. However, many PAs face barriers to accessing necessary, relevant and developmental training, and this needs to be addressed.

Fulfilment: Many PAs reported high levels of job satisfaction, and a strong sense that their work was meaningful and fun. This is especially this case when compared to other social care roles, in which measures of meaningful work are also strong – PAs reported having relatively more time and autonomy to co-produce excellent and innovative support, in the context of an often close working relationship.

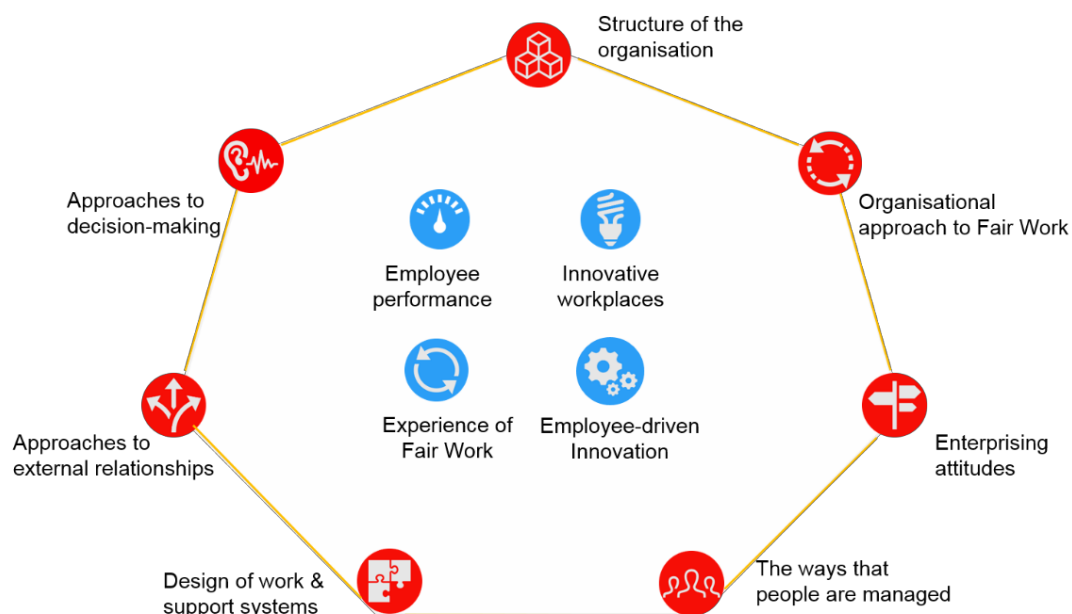
Effective Voice: Many PAs reported some issues here. Whilst the close working relationship with employers could greatly facilitate communication, many PAs also found this made raising problems difficult, citing fears of creating tension or of possible job loss (see again job security issues). There are resources available to support PAs and employers working well together, and these need wider dissemination and accessibility.

1.2. A framework for exploring Fair, Innovative and Transformative Work

‘Fair, innovative and transformative work’ is about getting the best from an organisation’s key resources (people, processes, and relationships) to deliver on organisational objectives and improve the quality of work for employees. Even in sectors where resources are tight, changes in how work is organised can create opportunities for employees to innovate and collaborate, resulting in better jobs for employees, benefits for organisations, and (crucially) positive outcomes for service users.

The social care sector is a key employer and is a crucial component of Scotland’s health and social services infrastructure. It is also a sector which currently faces a number of challenges. The importance of the invaluable support the social care sector provides to an ageing population with often complex needs has not always been matched by available resources, presenting problems for capacity, recruitment and staff turnover. The introduction of the Scottish Living Wage and the development of Health and Social Care Partnerships are part of a changing landscape which social care providers and workforces are navigating. Audit Scotland’s recent analysis of health and social care integration says that the social care workforce has yet to see itself and be widely regarded as ‘valued, stable, skilled and motivated’.

We know that Scotland’s social care employers and employees want to build a sector that delivers better jobs for the people working there, and that fully accesses the skills and innovative potential of all stakeholders. The ‘Towards Fair, Innovative and Transformative Work in Social Care’ project seeks to share lessons on how we can empower people working in care settings to innovate, improve their job quality, and make the case for social care work to be fully valued by government, the public sector and society.



Our approach to exploring these issues is based on the best international research evidence that identifies the importance of a range of practices, policies, strategies and ways of working (see [Scottish Centre for Employment Research](#), 2016).

- ***How organisations are structured*** – International evidence suggests that networked organisational structures can support internal communication and facilitate the cross- fertilisation of ideas. Flexibility within and across work roles can also encourage innovation.
- ***Approaches to decision-making*** – The way that decision-making and power are distributed through an organisation can play a role in empowering and engaging the workforce.
- ***How work and jobs are designed*** – The way jobs are designed and organised can encourage creativity and problem-solving or discourage it. There is extensive evidence that jobs associated with high levels of autonomy, task variety and feedback can support and foster innovation.
- ***How people are managed*** – An organisation's capacity to identify, make sense of and exploit knowledge about its environment and the organisation's ability to learn are important conditions for innovation. Well-designed HR policies which support performance and skills development can be important in contributing to innovation.
- ***Organisational support for enterprising behaviours*** – There is evidence that an organisation's routines, the way it learns from past experiences, and how individuals think about taking calculated risks can all be critical for supporting enterprising attitudes among employees. The extent to which an organisation is willing to take risks or try new things and support workers in doing so matters for innovation.
- ***Approaches to external relationships*** – Environment scanning and extra-organisational relationships can contribute to new ideas and ways of working. Evidence suggests that innovative organisations are more likely to involve their employees in the exchange of information within and across their sector.
- ***Approaches to fair work*** – A clear evidence base points to a relationship between job quality and the extent to which employees feel fairly treated, on the one hand, and their levels of engagement and potential to innovate, on the other. Good jobs can bring organisational benefits in terms of individual and organisational performance.

Our framework for understanding fair, innovative and transformative work also scopes out the potential benefits for organisations and employees. As a starting point, we begin by thinking about the extent to which the organisation has done something new or has been innovative. ***Innovative workplaces*** make changes that lead to new processes, services or ways of working. We also reflect on the impact of these practices for ***employee performance***. There is a consistent evidence base that there is a relationship between workplace practices and employees'

discretionary effort in helping each other to resolve problems and identify better ways of working. Organisations and employees can benefit from **employee-driven innovation**, where employees make changes to ways of working, promote new ideas, or drive the development of new products and services. Finally, experiences of **fair work** underpin employees' willingness and motivation to engage at work.

These seven areas of workplace practice and four individual and organisational outcomes provide the structure for the FITwork tool – the online survey that was circulated to PAs via gatekeeping organisations.

In the chapters that follow we describe some of the findings from specific survey questions probing these workplace practices and employee experiences, analysed alongside qualitative data from interviews and focus groups.

2. Introducing the PA workforce

Some local and/or anecdotal observations exist about the composition of the PA workforce, and various inferences have been made through data which exists for the wider social work workforce (e.g. the prevalence of women). In this section, an overview of the demographic information gathered from the FITwork survey is provided, including details on length of service and locations of work. It should be noted that the sample size is relatively small – this survey data should be regarded as a starting point if any further research in this area is to be conducted.

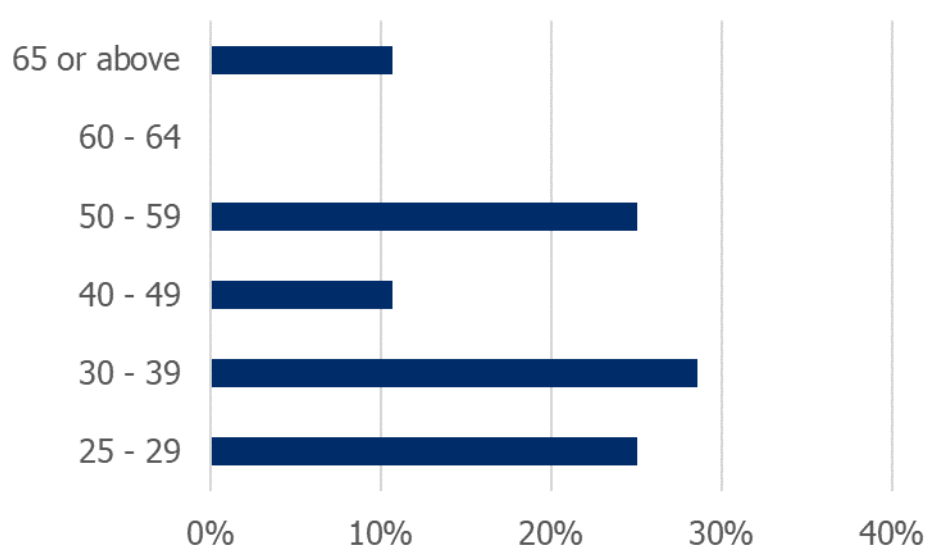
As discussed in the introduction of this report, relatively little is known about the PA workforce - there are 'no reliable estimates for the number of PAs employed' in Scotland ([SSSC](#), 2016: 15). Much of this lack of data could be attributed to the ideas which have shaped the development and implementation of SDS in Scotland. The importance of control and oversight being held by the disabled person/employer, and associated resistance to external monitoring, have contributed to the fact that the SSSC and Care Inspectorate do not collect data on the PA workforce. This report discusses the ongoing 'regulation' debate in its final section. The collection of data on the PA workforce on which this report is based on should not be interpreted as a call for expanded regulation or monitoring of the PA-employer relationship, but there may be value in considering the relevance to Option 1 of Audit Scotland's recommendation that 'more reliable data is needed on the number of people choosing each of the SDS options... in order to measure the progress and impact of the strategy and legislation' ([Audit Scotland](#), 2017: 5).

The SSSC ([2017](#): 33) identifies the social work sector's workforce is having a very high proportion of female staff with only around one sixth being male. In the most comparable sub-sectors for the PA workforce – adult day care, and housing support/care at home – 85% and 82%, respectively, of the workforce is female. The PA survey respondents included a slightly higher percentage of men – 79% of respondents identified as women, 21% identified as men.

The SSSC (2017: 30) identifies the social work sector's workforce as on average older than would be expected given the age profile of Scotland's working age population, with a median age of 44, compared to a wider median age of 41. In the most comparable sub-sectors for the PA workforce – adult day care, and housing support/care at home – the median ages are, respectively, 48 and 46.

Survey respondents identified their ages based on ranges rather than specific numbers, so the data is not easily comparable to that held by the SSSC. The largest cluster of PAs was in the 30 -39 years age range (29%), closely followed by 25 – 29 years and 50 – 59 years, both at 25%. This implies a diversity of ages that may not be as present in the wider social work workforce.

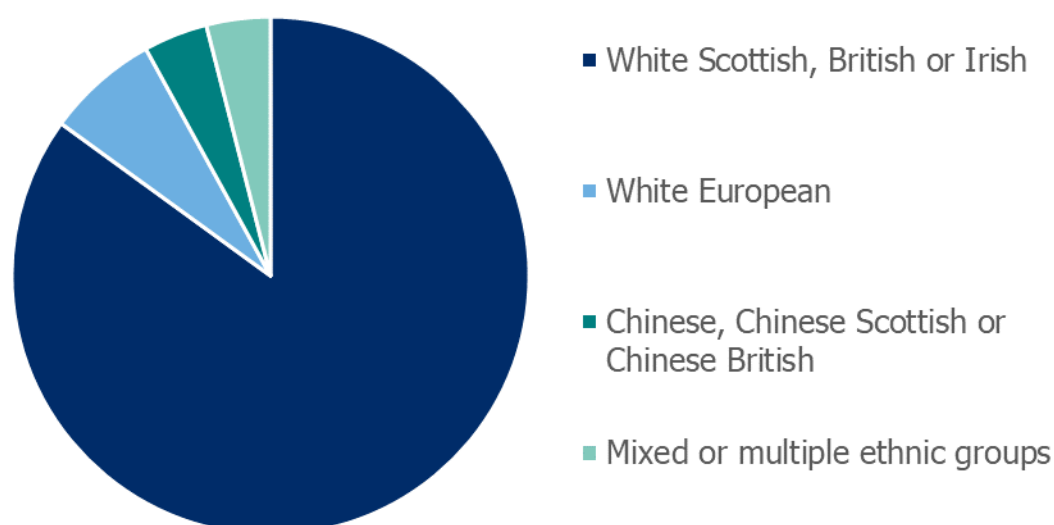
Figure 2.1: Age of respondents



The SSSC (2017: 34 – 35) identifies 80% of Scotland's social work workforce as White, 1% as Asian, 1% as Black, with 17% 'unknown'. In the most comparable sub-sectors for the PA workforce – adult day care, and housing support/care at home – 87% and 77%, respectively, were identified as White; 1% as Asian; 1% as Black; with 11% and 21%, respectively, of staff's ethnicity 'unknown'. The FITwork survey asks more specific questions about ethnic background, and in doing so highlights the possibility that the PA workforce – and potentially the wider social work workforce - is somewhat more diverse in terms of ethnicity and nationality than SSSC data accommodates³. 85% of survey respondents identified as 'White Scottish, British or Irish'; 7% identified as 'White European'; 4% identified as 'Chinese, Chinese Scottish or Chinese British'; and 4% identified as 'Mixed or multiple ethnic groups'.

³ (SSSC, 2017: 33): 'The Scottish Government produces a detailed classification of ethnicity which is used to underpin data collections. This is incorporated into the CMDS and has been used in both the local authority census and the Care Inspectorate annual returns. For the purposes of presentation, we show the aggregated high-level categories (for example White and Asian) in this report.' The Core Minimum Data Set (CMDS) – which is listed in Appendix B of the SSSC's 2017 report - does not ask about workforce in terms of nationality or migration.

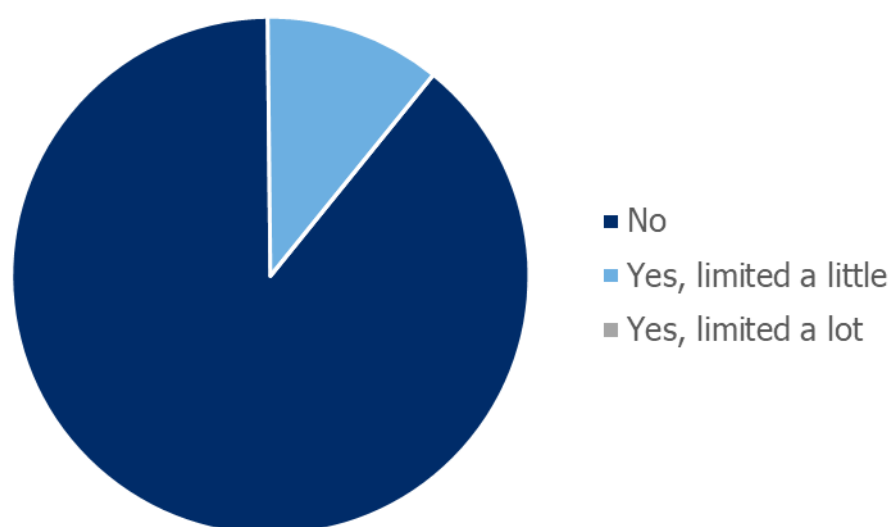
Figure 2.2: Ethnicity of respondents



Anecdotally, European Economic Area (EEA) migrants are likely to be a percentage of the social work and PA workforce worth noting – further research on the possible impact on the social work workforce of changes to immigration in the UK and Scotland associated with the UK's withdrawal from the European Union would be of value.

The SSSC ([2017](#): 35 – 36) identifies the proportion of the social work workforce reported as having a disability is low in all sub-sectors, ranging from 0 to 4%. In the most comparable sub-sectors for the PA workforce – adult day care, and housing support/care at home – the percentage of staff identified as disabled is 3% and 2% respectively. The SSSC highlights a large proportion of 'unknown' responses – in these two sectors, 7% and 15% respectively. FITwork survey data indicates some challenges around disability – or activity limiting health problems – among a minority of the PA workforce. When asked 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Including problems related to old age)', 89% of respondents said no, and 11% of respondent said 'yes, limited a little'.

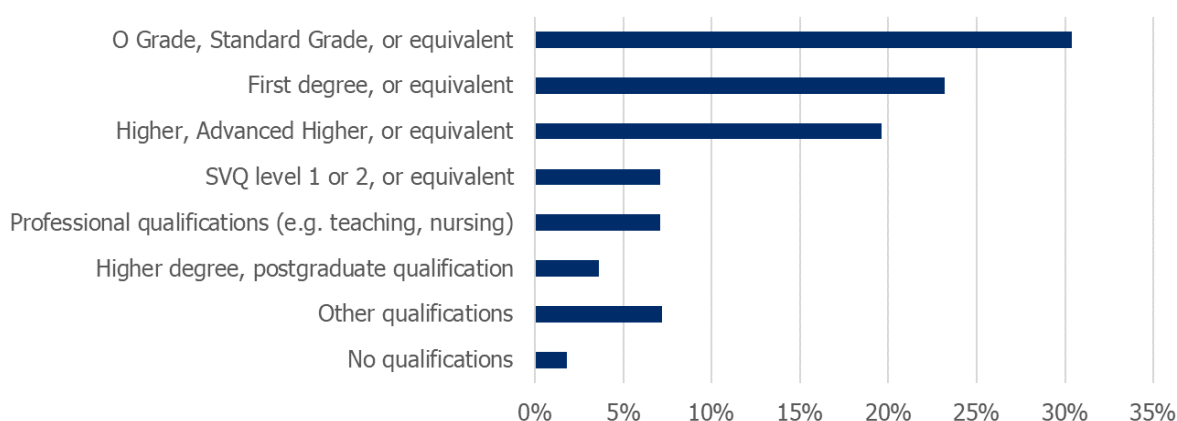
Figure 2.3: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Including problems related to old age)



48% of survey respondents reported that, in general, their health was 'very good'; 29% said 'good'; and 22% said 'fair'.

Levels of qualification amongst survey respondents were varied, but generally relatively high.

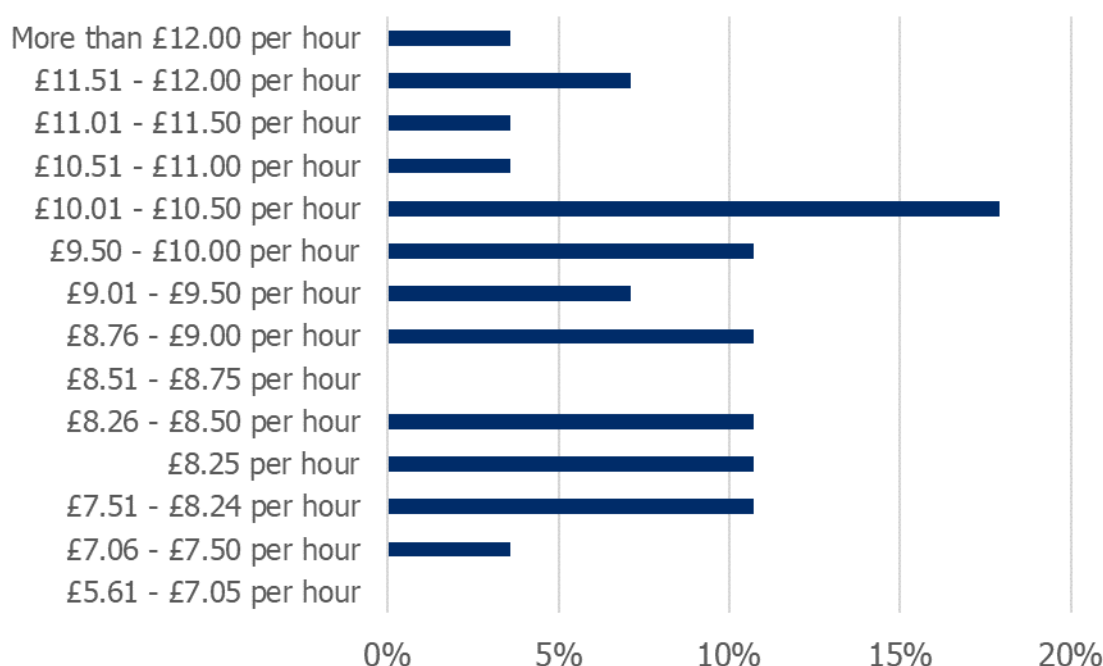
Figure 2.4: Which of the following qualifications do you have?



No survey respondent reported being paid less than the National Living Wage for individuals aged 21-24 years (which currently stands at £7.05 per hour). As of May 2017, the National Living Wage to be paid to all social care staff – including PAs – was uprated to £8.45 per hour⁴. 36% of respondents reported being paid less than £8.45 per hour. Of these, 14% of respondents reported being paid less than £8.25 per hour, the National Living Wage up until May 2017. The majority of respondents reported being paid more than £8.75 per hour, with the largest cluster (18%) earning £10 - £10.50 per hour.

⁴ <http://www.sdsscotland.org.uk/implementation-scottish-national-living-wage-care-workers-pas/>

Figure 2.5: Hourly rate of pay



The vast majority of PAs surveyed reported being employed on permanent contracts – 82% of respondents were in this situation. 14% of respondents reported being employed on temporary contracts that had no agreed end date, and 4% reported being on temporary contracts that had an agreed end date.

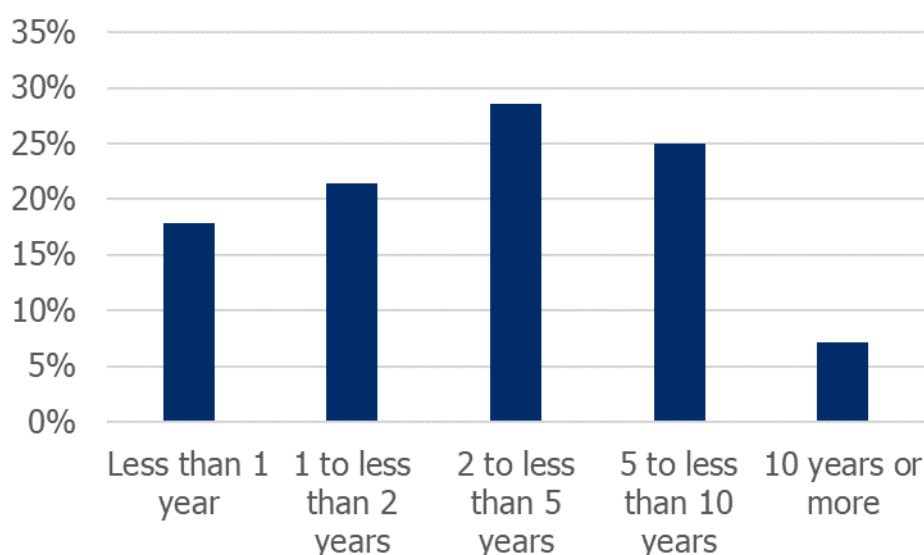
The largest cluster of survey respondents (22%) are based in the City of Edinburgh; 14% of respondents live in Fife; 10% in Dumfries and Galloway; 6% in North Lanarkshire; 4% in East Lothian, Glasgow City, Moray, Perth and Kinross, Renfrewshire and West Lothian; and 2% in Aberdeen City, Dundee City, East Renfrewshire, Inverclyde, Midlothian and South Lanarkshire.

19% of survey respondents lived in different local authorities to that which their employer (or the majority of their employers) lived. There was less diversity in the locations in which survey respondents' employers are based. 38% of survey respondents' employers live in the City of Edinburgh; 25% in Midlothian; and 12.5% in Dundee City, East Renfrewshire, and South Lanarkshire.

The survey asked respondents if they worked for more than one employer, if they had another job alongside their PA role, and if so in which sector they worked. 86% of respondents only worked for one employer, and the majority of respondents (63%) were not working in any other role in addition to their PA job(s). Small numbers of respondents worked for 2 different employers (7%) and 3 or more employers (7%). 22% of respondents were currently working in another social care role, with 4% employed by a local authority and 19% employed in the charity/voluntary sector – a further 15% had previously, but were not currently, working in another role in social care. 4% of respondents were working in another role in the hospitality and tourism sector, 7% in childcare and early years, and 11% in health.

The length of service of PAs was mixed – whilst the smallest cluster of respondents (7%) had been in their current PA role for 10 years or more, clusters of PAs with different lengths of service were quite similar. 18% had been in the role for less than 1 year; 21% had been in the role for 1 – 2 years; 29% for 2 to less than 5 years; and 25% for 5 to less than 10 years.

Figure 2.6: How many years in total have you been in your current PA role?



Current SSSC ([2017](#): 25 – 26) stability index data provides an overview of the proportion of social work staff who have been retained from the previous year. Adult day care and housing support/care at home (the most comparable sub-sectors for the PA workforce) have stability indexes of 80.3% and 79% respectively, meaning that those percentages of staff in post in 2015 were in post in 2016.

Across the public, private and voluntary sectors, the stability indexes are – respectively – 83.6%, 72.5% and 80%. This is the first time the SSSC has included data on the stability index, and it may be useful to consider how future comparisons with regards to PA workforce retention can be made.

3. Accessing and setting up SDS Option 1

The first stage of becoming a PA employer involves an assessment conducted by a local authority's social work department, which should result in a co-produced support plan. This support plan is to be based on mutually agreed outcomes, is accompanied by a direct payment (or personal budget) for the employer to spend and through which these outcomes are to be realised. It is from this budget that all costs associated with the employment of PAs are drawn⁵; including wages, employer

⁵ This report goes on to discuss issues relating to self-funding costs associated with the employment of PAs

contributions⁶, one-off set up costs, training, and a contingency fund. Many employers access support via Independent Living Centres, or organisations like SPAEN, to assist in the management of their direct payment e.g. payroll, contracts, tax returns – the costs of this support will also be taken from their direct payment.

Focus group and interview participants talked about this early stage of becoming an employer, and how this informed the subsequent employment of PAs, as crucial to the PA's job quality and experiences of fair work. This included:

- the ways in which Option 1 were presented to an employer by social work;
- social workers' knowledge and understanding of SDS and Option 1;
- how informed both employers and PAs were about their rights and entitlements;
- sufficient resources to provide PAs with access to suitable training;
- the value of an organisation like the PA Network or Independent Living Centres in providing support to PAs.

As one interview participant, working for a Support Organisation, said:

'Speaking to individual PAs and employers, we don't hear many bad stories. They all say that the hassle of getting it all set up can be quite stressful for a small period of time, but once it's done and the funding is in place, and the PA is in place, we've never met anybody I don't think, that would say I would go back to those days. You know, they all think it's better.'

Positive experiences of Option 1 appeared to be the norm for participants in this research – but there remain issues which many felt could be resolved if set-up and induction, specifically as overseen by local authorities, was improved.

3.1. Social Work

The role played by social work at early stages of set-up, and subsequently, could be significant in determining that a PA was employed under Option 1 in a properly resourced and fair way. Focus group and interview participants all talked about problems they had experienced as a result of social workers' misunderstanding or lack of understanding around SDS; the aversion some social workers' had to SDS Option 1; inconsistent practice and approaches across different local authorities; and general resource shortages which meant that social workers were overstretched and ill-equipped to conduct proper assessments, resulting in support plans with insufficient budgets for set up and training.

When discussing how a service user may begin the process of accessing Option 1, an interview participant who worked for a support organisation referred to **the crucial gatekeeping role occupied by social workers:**

"For some people, it's not their choice – for some people, they have made the

⁶ Within current HMRC rules, it is apparently not technically legitimate for PAs to have self-employed status – this is an ongoing discussion amongst employers, PAs and organisations.

deliberate choice that it's not for them and that's absolutely fine. However there's a lot of evidence to suggest that social workers, care managers, are not meeting their legal responsibility, which is to give people informed choice about the four options. To explain the four options, to explain the pros and cons of the four options, so that the person can make an informed choice. It's kind of 'well there's direct payments, but you don't want to be bothered with that'."

The general backdrop to these issues was resource shortages, as one focus group participant said:

'I think the biggest problem with social work is that their caseloads are so big, that they just don't have the time to find out everything that's going on... from time to time we speak to social workers sometimes, and sometimes I feel sorry for them because they've got a lot on their plate some of them, and then when the government introduced Self-Directed Support they just assumed, 'oh the social worker will do that as well'. So, some people have got huge caseloads and it's difficult for them.'

As highlighted by Audit Scotland, local authorities are 'experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have' ([Audit Scotland](#), 2017: 5).

Many focus group and interview participants felt that resource constraints and overwork were associated with and exacerbated by a lack of understanding of SDS amongst social workers, and limited capacity to both undertake relevant training and re-organise well-established ways of working. Frustration was expressed by several participants at the slow pace at which SDS was being adopted as standard practice by social work departments. For example, one participant working for a support organisation said:

'It's not the legislation that's at fault, it's the way local authorities are implementing it... We come across social workers daily who are woefully uninformed about SDS. It's through no fault of their own, because they're not getting any training... I'm astounded by that, because SDS – it's almost as if it's being seen as something 'over there'. But this is default practice, this is it now!'

This misinformation was viewed as a problem for both social workers who had been in the profession for several years, and newer recruits whose roles had commenced after the introduction of the Self-Directed Support (Scotland) Act in 2013 – several participants referred to SDS's absence from both workplace training and the course content of social work degrees.

Another participant who worked for a support organisation said that this **widespread misunderstanding about SDS amongst social workers was limiting the emancipatory potential of Option 1 for employers, and the job quality and fair work dimensions as experienced by PAs, because it included a misunderstanding of PA's role and needs, and the resources and support**

required to facilitate that. When talking about the extent to which personal budgets provided for PAs' training, they said:

'It's the same as anything else. We wouldn't ask you to climb scaffolding until you've been trained in how to climb scaffolding. And I think this is sometimes where our members get frustrated. People don't look at it as being a similar employment situation. We maybe expect individuals using a direct payment to do things that other employers would not expect of their employees. So that kind of duty of care, we tend to think about a duty of care to the PA employer and not necessarily extend that to the PA. So again social work are coming at it from the perspective of 'my duty of care is to the individual'. We've taken care of that duty, does that duty of care then extend to the employee? No. But vicariously, we have then put somebody in that position where they're liable for it. And we want people to consider it as an eco-system. Social work are part of that eco-system, but the individual and the employees are too, and we need to support each other and think about it in the round - rather than saying 'you've got a direct payment, my obligations are finished'.'

Some participants said that in their experience, when social workers became better informed about SDS, they 'bought in' to the idea – that **social workers' improved understanding of SDS led to their support for SDS, and in particular for Option 1.** During an interview, a local authority employee discussed how witnessing first-hand the difference Option 1 had made to an employers' life had been necessary to convince some social workers:

'I think when workers actually see it...the difference it can make to a person's life, thinking differently... now she's [employer] looking at actually moving somewhere where she can be near her horse and her PA as well, so she's actually now kind of seeing herself away from this totally supported environment, which to me is great, and it's been great for the worker, it's really good, and there's loads of ones like that where workers have...they've known the person and it's become personalised. They've seen the difference, somebody having control and being able to make the choices has made... I think in our team you get to see it a lot, because we cover all the teams and work across health as well, so we see a lot of good examples, and we'll tell workers and they're just going, aye, aye, aye, but when they actually see it happening to somebody they've worked with and somebody they're care managing, it's a huge difference.'

Audit Scotland's 2017 SDS progress report highlighted 'there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy' ([Audit Scotland](#), 2017: 5) – whilst this research has also seen local authority SDS practice falling short of the 'transformation' required, there are pockets of evidence demonstrating progress and routes for improvement. **Sharing good stories, and mainstreaming an improved understanding of and endorsement of the principles SDS** across all relevant local authority staff may help address associated issues of resourcing. For example, as described by one focus group participant, **SDS 'buy in' across all relevant local authority staff may remove some barriers to authorising direct payments sufficient for the provision of good quality support and fair work:**

'I know one local authority, who will remain nameless, who the social worker goes out and does the assessment, following the local authority's own formula for working out hours, and money, and things like that. They come back and say, I assessed that person, he's needing care, and their package is £30,000 a year. That then goes to a finance committee, who have never met the person, they don't know the first thing about them. And the first thing they try and do is cut that.'

Providing suitable resources to set up as a PA employer was identified by participants as key, with many saying that the amount provided by local authorities (out of which initial broker, payroll set-up and training costs came) was simply insufficient, as summarised by one PA:

'Well, they get £300... to set up. Which is not really enough. Because out of that, they then have to set up their broker, if they're using a broker. Which I think, the initial outlay, I don't know, but I think, the initial outlay, they can be quite costly, depending on how many PAs they're employing.'

This mainstreaming could also be useful in terms of facilitating joined up practice across different local authorities. Several participants talked about experiencing confusion and uncertainty when they first became PAs, because different local authorities approached SDS differently. PAs working for several employers, who may be receiving direct payments from different local authorities, were navigating alternative approaches to SDS taken by different local authorities, or even by individual social workers within the same local authority. As one focus group participant said:

'It's all Highland Council, but then each different social work department will work differently. Every social worker will have a different perception of what SDS is.'

This also led to confusion for employers, and a post-code lottery as to the support and resources they received, as one interviewee from a support organisation described:

'What we're finding is, in some local authorities, it's just swept under the carpet, it's not done at all. But in other local authorities, they actually put some training money into the care packages, and say to the employer, you have to make sure that gets done. Now, most people who are becoming employers for the first time, they don't know where to go... you happen to be an employer who lives in a fairly affluent local authority, they have a fairly substantial... I know of contingency funds that are up to 20 per cent of the actual funding package, and there for emergencies, and things like that, and training, and that. Other ones don't have any, they have no contingency fund, you know. So it varies, it's a bit of a postcode lottery.'

19% of survey respondents lived in different local authorities to that which their employer (or the majority of their employers) lived. As discussed in this report, a small number of PAs worked for more than one employer, and may find themselves at the nexus of different local authority practices.

Recommendations:

- Improved and extended SDS training for current and future social workers, ensuring all relevant staff have capacity to engage and update their knowledge
- SDS training for local authority staff who work indirectly with SDS e.g. approving budgets
- Mainstreaming 'good stories' about SDS Option 1 across local authorities
- Resource shortages – which are also associated with capacity shortages amongst social workers – need to be addressed if SDS is to become successfully practiced and embedded across local authorities

3.2. Well-informed PAs and employers

Many participants in this research identified the set-up stage - at which an employer's needs were assessed and budgeted for, and the PA recruitment process was undertaken - as a key moment for positive intervention that could assist in resolving issues experienced by PAs. This intervention was imagined by participants as most constructively focusing on the provision of information to PAs and employers regarding their mutual rights and entitlements. Social workers that were well-informed about SDS Option 1 could provide this information. But **because so many social workers were not well-informed about SDS Option 1, many PAs who participated in this research were still unsure as to their rights as workers, their employers' rights, and mutual duties and entitlements – and some were experiencing problems in these areas.**

During one focus group, a PA discussed their work with an employer whose son they had been supporting for several years, and their recent realisation at a training session that they were not receiving information from their employer which they were entitled to:

'I have to say, to be fair, it wasn't something that I was aware of until a few months ago when I was doing the training with the parents, and Karen was talking about...and talking to the parents about self-directed support and what it would entail, and about the insurances and about doing their own account, you know, an accountant, and things like that. I was sitting listening and I'm thinking, I didn't know that. She was talking about you have to, if you go to the accountant then they will make sure that your member, your employer, the person you employ will get their payslips and things like that. I'm thinking... so that's when I started to read it and that is, I have to be honest and say, that is just recently that we done that. It wasn't until then I'm sitting thinking I've not actually got that.'

This PA did not have a contract of employment with their employer – they were working cash in hand, in an arrangement which otherwise suited them, but were not receiving sick pay or holiday pay, and it was not clear to this PA whether their employer was making appropriate Income Tax or National Insurance (NI)

contributions. A very small number reported working on a 'zero hours' or 'no guaranteed hours' contract, or not having a formal contract of employment with their employer for some time, or that no broker, account or payroll support organisation was overseeing their salary:

'No, my payslip was just typed out on a bit of paper that the parent did.'

17% of survey respondents reported that their employer manages 'payroll, tax, etc' themselves, without seeking support from a third party (e.g. an Inclusive Living Centre). 54% of respondents said that they never work any unpaid overtime, although 38% of respondents said that in an average week they work 5 hours or less of unpaid overtime. Two respondents reported working more than 6 hours of unpaid overtime in an average week. A majority (59%) of respondents agreed (45%) or strongly agreed (14%) that informal or unwritten working practices disadvantaged specific groups of PAs – these situations may be an example of this.

Casualised payment arrangements can make pay progression unlikely, as observed by another PA at this focus group:

'When I was at my old job I was still £7.10 an hour and I did for ten years, I never got a pay rise.'

The majority (75%) of survey respondents agreed (67%) or strongly agreed (8%) that any barriers to development and progression faced by specific groups of PAs are identified and addressed by employers – although 25% of respondents disagreed that this was the case. Survey respondents were asked about their hourly rates of pay. No one reported being paid less than the National Living Wage for individuals aged 21 – 24 years (which currently stands at £7.05 per hour). As of May 2017, the National Living Wage to be paid to all social care staff – including PAs - was uprated to £8.45 per hour⁷. 36% of respondents reported being paid less than £8.45 per hour. Of these, 14% of respondents reported being paid less than £8.25 per hour, the National Living Wage up until May 2017. The majority of respondents reported being paid more than £8.75 per hour, with the largest cluster (18%) earning between £10 - £10.50 per hour. As advised by SDSS, **Local Authorities should support PA employers to pay PAs at the rate of £8.45 per hour, and should ensure that all employers and PAs are aware of their rights and entitlements in this area.**

It is not reasonable to expect PAs to be the sole enforcers of their own workplace rights. As self-employed status for PAs is (according to HMRC) currently not legitimate, each employer in the aforementioned situations may be liable for tax evasion. The acceptance of cash payments, in the event that Income Tax and NI have not been deducted and paid by an employer, may also make individual PAs liable for backdated tax and NI contributions. Both parties are made vulnerable here.

Individual awareness cannot be a substitute for universally established practice and procedure to ensure that all employees – regardless of status, knowledge,

⁷ <http://www.sdsscotland.org.uk/implementation-scottish-national-living-wage-care-workers-pas/>

confidence, or resources – are treated fairly in good quality jobs. Possible ways to establish these practices are discussed at the end of this report. But amongst PAs who participated in this research, there was a lack of awareness about what their rights and entitlements were, and this had sometimes led to their employer (whether by design or mistake) not treating them fairly or legally. In some cases, PAs' increased awareness of their rights and entitlements could have been a useful preventative of exploitative situations, or at least provided a route to address these issues. **There are online ([Future Learn](#)) resources⁸ to support PAs and employers in developing an understanding of the role of PAs, how to recruit, and how to manage personal, practical and process difficulties, and conflict, in order to get the most from a PA-employer relationship.** Ensuring that PAs and employers are aware of these resources, that they are widely disseminated and that all parties can easily access them, may be a useful opportunity to engage PAs and employers on these issues. Our research with stakeholders also pointed to the important support and advice provided for PA employers (on issues of training, recruitment and other aspects of the employment relationship) by user-led organisations such as Glasgow Centre for Inclusive Living. Yet, [policymakers' acknowledgement](#) of the value of such user-led provision has arguably not been matched with consistent funding across local authority areas. There is evidence gathered by the [Glasgow Centre for Inclusive Living](#) and others that where PA employers have access to peer networks and practical support, they report a higher level of satisfaction with services, to the benefit of both employers and PAs. In short, supporting and empowering PA employers – and helping them to co-operate and build support networks – may have an important role to play in delivering fair work for PAs.

Recommendations:

- Improvements in social workers' knowledge and understanding of SDS needs to be accompanied by improved communication with and information provision to PAs and employers about their mutual rights and entitlements
- Local authorities should take seriously the possibility that PA salaries from some direct payments are not always accompanied by appropriate tax and NI contributions – it is in no one's interest for these practices to continue. Provision of information and support at set-up stage, and useful regular monitoring, could be helpful here
- Policy stakeholders and local funders should consider how best to improve support for Inclusive Living Centres, which can provide invaluable support for PA employers
- Ensure that PAs and employers are aware of and can easily access online ([Future Learn](#)) resources that can enhance their understanding of mutual rights and entitlements, and that can provide each party with resources to best manage the PA-employer relationship

⁸ Developed by Professor Tom Shakespeare

3.3. Unequal experiences: PAs' pre-existing skills, and employers' socio-economic status

Focus group participants also discussed how a lack of clear information regarding rights and entitlements could make it difficult for people to imagine and pursue becoming employers under Option 1:

'That's because no one, people who have maybe led everyday lives and maybe they're just getting old or maybe they've got a disability or something like that, they're not used to being employers. So, to suddenly have that thrust upon you, you can put people off.'

This lack of information was connected to broader issues of unequal access to job quality and quality of support via SDS Option 1, which negatively affected both PAs and employers. PAs who are not familiar with and/or able to assert their rights are at risk of being treated unfairly at work. Employers who are not already well-informed about SDS Option 1, and are not confident in navigating working relationships with social work, are at risk of simply never becoming aware of Option 1. They may be given partial information that leads them to conclude Option 1 is not suitable for them, even if they are unhappy with their support via another Option. From discussions at interviews and during focus groups, it appeared that for a large number of employers who had been able to make Option 1 work well for them, this had been achievable due to external resources, in the form of money and/or support networks.

For PAs, knowledge from previous roles in health and social care could be a useful antidote to sometimes poor induction and introductory training on offer. The significance of this different starting point, in a context where training and induction could be difficult to access, was discussed during a focus group:

PA 1: 'Because if you worked for many years in the care sector and you've done all the training you don't need to do all that, you come ready to rock and roll, because you've got all the experience. But, usually a lot of people starting as PAs they don't have the experience... And, if nobody is sitting down and doing a kind of induction with them and saying, well here's what you should be doing, and here's what you shouldn't be doing and avoid this and do this. People just don't know.'

PA 2: 'They will just come in and do whatever the parents are asking them.'

PAs who are new to the role, and who do have experience working elsewhere in the health and social care sector, should not be placed at a disadvantage or in potentially risky situations – **all PAs, regardless of professional background, should have access to the training and induction that they require in order to provide excellent support.**

Working in a team of PAs could also be a useful route to ensure a more level playing field for all PAs, in which workplace concerns and lack of information could be collectively articulated and addressed between more or less

experienced PAs. This also had the potential to minimise fear of creating tension with an employer (discussed later in this report). Some PAs who worked together to support the same employer, providing two-to-one support, spoke about the value of working alongside their colleagues:

PA 1: 'I think we're lucky that we have, well obviously, it's a caring environment. But in terms of feeling like we're part of the family.'

PA 2: 'Yeah, definitely.'

PA 3: 'Which is something you don't get if you work in an organisation. And that's nice, because I think, as much as we need to set our own boundaries, and our employers need to set their boundaries, you do feel that you're part of something.'

This support was understood by these PAs as different from working with colleagues in an organisation, and involved being integrated into the family to whom they provided support. This speaks to the closeness and highly personalised support that the PA role can offer employers.

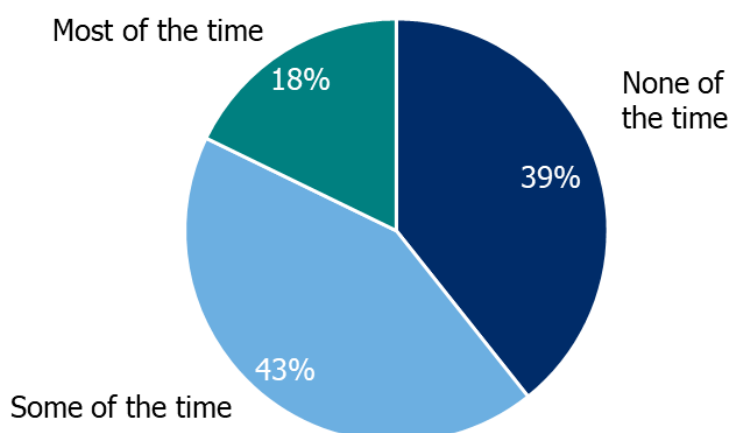
Whilst their employers may employ other PAs, unless two-to-one support has been included in a personal budget, it is likely that many PAs will spend large periods of time working alone with their employer. A member of staff at a support organisation described the negative effect they had seen extensive lone-working having on PAs:

'I've had quite a few conversations where literally I have 20 minutes of somebody not even taking a breath almost, and then I give them some advice and then I follow up with them the next week and they're like 'Oh that? That was all fine, I just needed to vent, you know'. It's because you're working on your own, and the person, you know, we work together and if we're having, you know, if I'm having a bad day or so and so is having a bad day, you can have a bit of a moan and that's it over.'

Survey respondents had a diverse range of working patterns and 'teams'. The largest cluster of respondents (29%) spent 5 hours or less per week working alone with their employer – this was followed by 21% of respondents who work alone with their employer for between 11 and 16 hours per week. Another 29% of respondents spent more than 21 hours per week working alone with their employer.

Equal numbers of respondents (37%) were either the only PA who worked for their employer, or were one of 4 or more PAs working for their employer. The majority of respondents (54%) always worked alone with their employer. 21% spend 5 hours or less per week working alongside another PA to support their employer; 11% spend 11 – 16 hours doing this; and 7% spend either 6 – 10 hours or 32 – 37 hours working with another PA. When asked whether PAs experience a sense of isolation in their work, 43% of respondents said this was the case some of the time, and 18% said PAs felt a sense of isolation most of the time.

Figure 3.1: To what extent do you agree with the statement: 'PAs experience a sense of isolation in their work'?



The PA Network is a useful resource for PAs, providing information, training and networking opportunities across the whole of Scotland. This report concludes with a discussion of the ways in which expanding the remit and resources of the PA Network could resolve a number of issues facing PAs – **lone working, isolation, and a possible lack of support network, is one of the areas in which the PA Network can be of particular help.**

Resources also appeared to be a key determining factor in whether someone would become an employer, and would also subsequently shape their ability to maintain their employer role in a way which best met their needs, especially as local authority resources were sometimes insufficient.

Anecdotal information gathered from interviews and focus groups suggests that a lot of people currently accessing support via Option 1 are from more affluent backgrounds, have previous experience working in health and social care, and/or have access to resources (financial, confidence, knowledge) which facilitate their access to Option 1. These employers are familiar with the policy and provision landscape which they are navigating – barriers to accessing information at set up stage are less crucial here – and some had resources to plug gaps in the budgets provided to them by local authorities. As observed by one member of staff in a support organisation:

'There's a very high percentage of older people in East Dunbartonshire who are getting SDS, partly because we're talking about ex doctors and ex lawyers – they know exactly how to work the system. Fair dos to them. Now given the kind of social structure there, there might be some self-funders.'

A support network of family and friends could be a useful addition which provided those with fewer financial resources to more easily access Option 1 – however, more typically, resources in the form of finance, confidence, and existing knowledge were more decisive:

'[If] they have a greater network of support that they can lean on and within that

network of support they do have resources where they can, you know, maybe bank some hours, you know, and make up for it that way. But no, I don't think it is a sweeping generalisation, particularly in this local authority, and from what we hear and our partners in other local authorities as well is that, yes, Option 1 tends to work a lot better if the person is more academic, from a more professional background or more affluent.'

This theme was explored in further discussions with support organisations and PAs, highlighting a potential inequality of access to Option 1:

'Certainly, I think if you were to take a snapshot of our database and all the people we support... most of the people that manage an Option 1 budget well are from a more affluent background. It's not to say that there aren't people in less advantaged backgrounds that do manage it, but as you say, I think people that do generally tend to have a bit of a buffer can make it work a lot better within their financial means particularly, and unfortunately if they have to top up, if they have to cover the cost of rising service provider cost or living wage and stuff like that, costs do need to be covered somewhere. So, somebody that has maybe got savings or does have a good job or a better job and has a more affluent background can make it work. They have a wee bit more flexibility, they are afforded a wee bit more flexibility than somebody from a more disadvantaged background. Primarily a lot of the people that we support with an option one budget are from the more affluent side of this authority. We do support people in the less affluent side and there are people, there are examples there of people who make it and make it work well, but I think a lot of that is through sheer determination.'

The value of having access to additional financial resources to 'top-up' insufficiencies in local authority funding was made clear during a focus group discussion between PAs and their employer. A re-assessment of needs resulted in support which was provided to an employer and their child increasing to 'two-to-one' - there was a 6 month delay in the increased direct payment reaching the employer:

PA 1: 'And before [employer] got her two to one care, or for [employer's child], before the budget was increased, they were having to pay out of their own pocket, each month.'

Employer: 'If we, for example, if we had staff on holiday, and you were having, obviously, you were paying your holiday pay, but you were also having to pay for somebody to cover the shift. That was very tight.'

PA 2: 'Or if you were doing anything that you needed two people. Because [employer's child] could never be in the car with just one, she would have to have two, and things like that.'

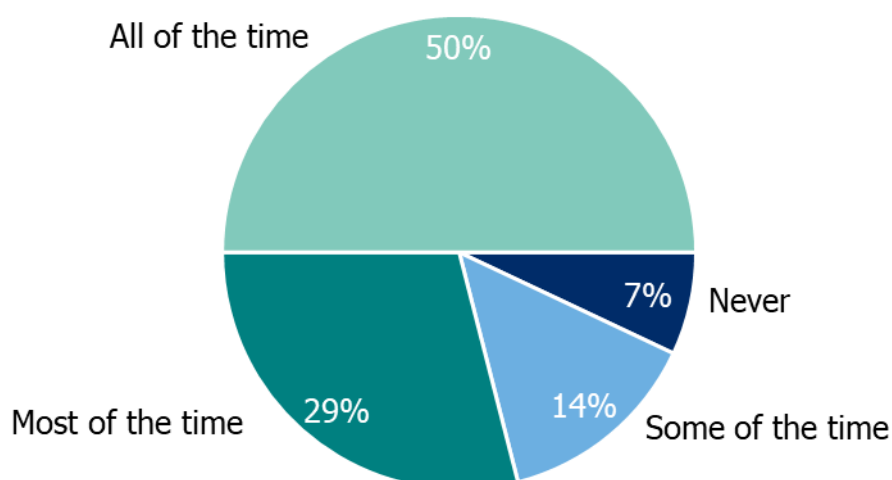
This employer has still not been reimbursed by the local authority. Support organisations highlighted that **employers who lacked the resources to make up shortfalls in local authority payments were being forced to lower their hours of support below those which they had been assessed as needing:**

'The other thing you come across as well is people having to erode their hours to make up for the cost. So, somebody might have an assessed need of maybe ten hours support a week, and with the rising cost of inflation and start-up costs and stuff like that, they might have to erode that down to seven and a half hours just to cover the costs. So, they have been assessed at ten, but in reality they're maybe only getting six, seven or eight.'

This is not in-keeping with the statutory guidance which accompanies the Social Care (Self- Directed Support) (Scotland) Act 2013, in which local authorities monitoring 'should be sufficient for the authority to satisfy itself that the direct payment is meeting the supported person's needs' ([Scottish Government](#)).

As well as jeopardising the needs of the employer, these constrained financial circumstances were affecting some PAs' abilities to make ends meet. The majority of survey respondents said that they always (50%) or most of the time (29%) had enough hours of work (outside of paid overtime) to meet their basic income requirements. However, this leaves 14% saying that this is only the case some of the time, and 7% saying they never have enough hours to meet their income requirements.

Figure 3.2: Do you get enough hours of work as a PA to meet your basic income requirements, excluding paid overtime?



The majority of survey respondents (68%) said that their employer receives a direct payment from the Local Authority, with 29% aware of their employer supplementing this with money from other sources. In addition, the majority of survey respondents (59%) said that their employer has the financial resources to continue as they are – only 33% said that their employers' financial resources were sufficient to try new things (activities, products, services). The PA role appears to offer significant potential for innovation, and there appear to be clear benefits to quality of support and job quality following from this innovation – a key area of strength and value associated with Option 1 may be being jeopardised by a lack of financial resources.

Even more concerning, 8% of survey respondents said that their employer finds it difficult with the financial resources they have to simply keep going.

Many support organisations referred to the 'battle' that employers faced to get re-assessed and potentially have sufficient resources to meet their support needs - this was to the extent that many employers did not pursue this to completion. **Socio-economic status, previous professional experience and associated knowledge, and access to financial resources and/or a personal support network should not be determining factors in someone's ability to access Option 1.** Whilst local authority budgets remain constrained, and direct payments are insufficient to meet an employer's needs, this inequality of access will continue.

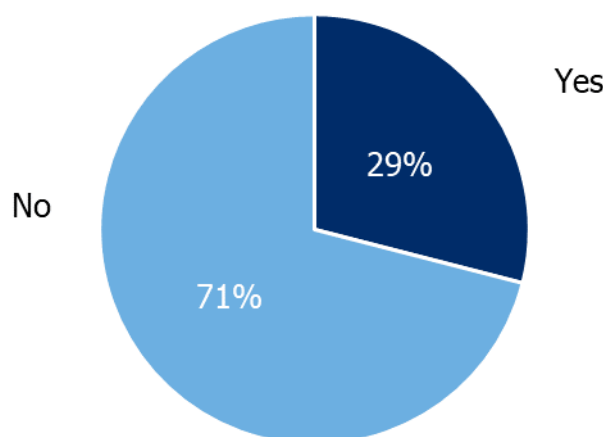
Recommendations:

- Steps to ensure better dissemination of information about Option 1 could facilitate greater uptake by individuals from less affluent backgrounds
- Resource constraints affecting local authority budgets need to be addressed, in order to ensure sufficient direct payments to meet needs, to ensure equality of access to Option 1 for any individual regardless of socio-economic status, and to create a context in which innovative ideas and practices can be explored and implemented by PAs and employers

3.4. Training

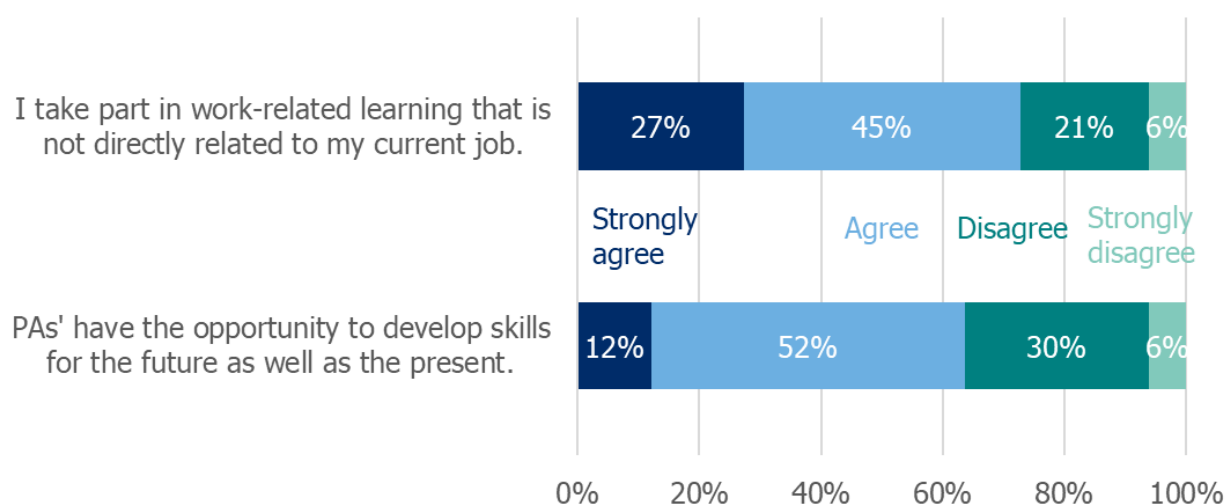
A consistent issue reported by all participants was the difficulty many PAs experienced accessing training. This included training required in order to begin providing support to an employer (i.e. at set up stage), refresher training (for example, in the case of an expired first aid certificate) and training that became necessary as an employer's needs changed. 71% of survey respondents said that their employer had not arranged for them to do training to support or develop their work as a PA (e.g. first aid, moving and handling).

Figure 3.3: Has your employer arranged for you to do training to support or develop your work as a PA? (e.g. first aid, moving and handling)



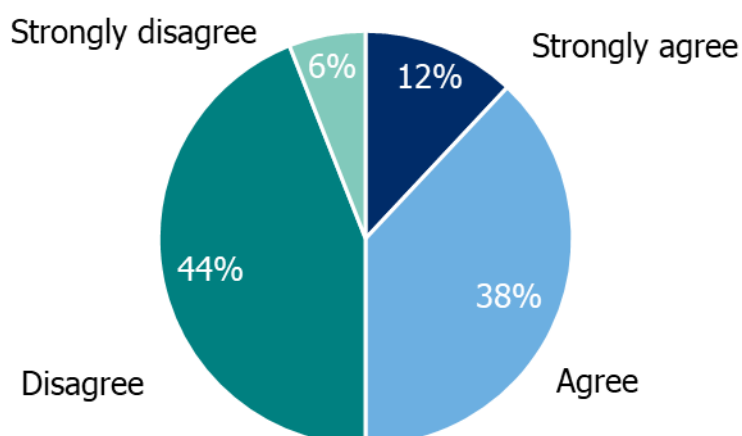
64% of survey respondents said that PAs never (12%) or only sometimes (52%) had the opportunity to develop skills for the future as well as the present. A larger majority (73%) said that they never (27%) or only sometimes (45%) take part in work-related learning that is not directly related to their current job.

Figure 3.4: Training



PAs participating in focus groups perceived all this training as required to ensure they provided good quality, personalised and safe support to their employer. As such, **this training is a key part of ensuring PAs' fulfilment at work, ensuring that PAs have access to professional development opportunities, and could offer PAs job security** – a PA would feel able to remain in their role if an employer's needs changed, because they would be able to acquire the skills to provide appropriate support. This was broadly reflected in survey results, with 50% of respondents agreeing (38%) or strongly agreeing (12%) that employer support training specifically to encourage PAs to come up with new ways of working. 44% of respondents disagreed, and 6% strongly disagreed, that this was the case – these findings may reflect barriers to accessing training, as opposed to an employer's attitude and approach to training.

Figure 3.5: Employers support training specifically to encourage PAs to come up with new ways of working



The main barrier to accessing training was the limited resources provided for this in the personal budget. Within the money provided for an employers' set-up, a one-off amount is provided for training PAs. In the event of recruiting replacement or additional PAs, no additional resources are provided for training new employees. There are also no additional resources for training in the event of an employers' support needs change, or if skills updates are required – money for training or re-certifying PAs has to be found from elsewhere in the personal budget. This was discussed by a PA during a focus group:

'But what worries me is, when that £300 is gone, you're then left with this £12.99 an hour, which has got to pay your staff, plus any additional training that they need. Where do you find the money for that training, because there isn't enough in there. And with all health and social care roles, there is a high turnover of staff. So, if you have a turnover of staff, which is inevitable in health and social care, you do find that you then don't have the ability to do the training for your new member of staff, there just isn't the funds there.'

Although the PA Network offers free training courses, a PA's attendance on these courses often incurred additional costs – cover during the PA's absence from work, and/or the cost of a PA's time spent on the training course. 50% of survey respondents said that their employer paid for training in addition to their hours of work (e.g. via the contingency fund); 25% of respondents said that training was included in their hours of work; 25% accessed training for free. This was discussed by an interview participant working for a support organisation:

'What we were hearing from our members was: if I want my PA to do training, then I've got to pay them for the time it takes them to do the training, but my care needs don't stop – so I then need to backfill, so it's costing me twice as much.'

These barriers to access resulted in the PA Network struggling to fill training sessions for which they were knew there was demand. When asked about training, PAs who participated in focus groups were cynical about their ability to access this:

'Well I would imagine that in most people's circumstances, they would need to go back to social work and say that they need training... social work will ultimately

turn round and say, well we don't know where to get training.'

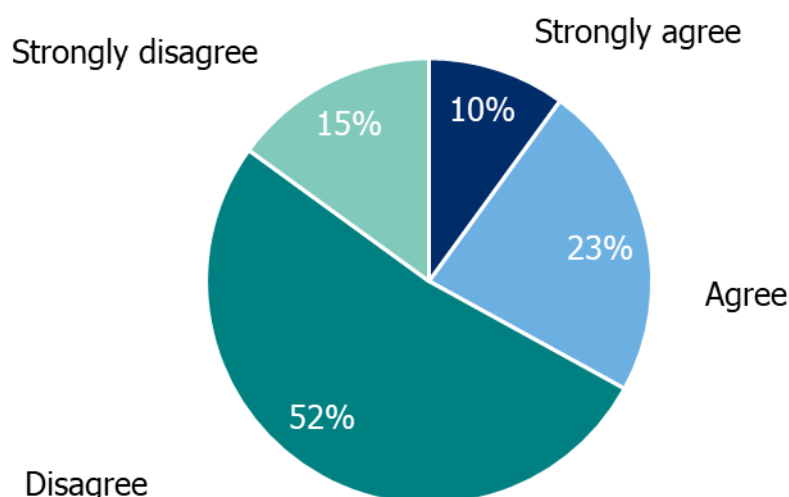
'Or we don't have the money.'

Barriers to accessing training were identified by PAs, employers, and support organisations as a key limiting factor for PAs' opportunities for development – as one interview participant working for a support organisation said:

'When somebody is employed with a PA, there's no opportunities for development, there's nothing in the budget for that training and development element.'

As discussed later in this report, **many PAs felt that their role was inherently developmental, requiring changing ways of working and the acquisition of new skills in order to provide personalised care as their employers' needs develop.** However, the majority of survey respondents (67%) disagreed (52%) or strongly disagreed (15%) that as a PA they had opportunities for progression in their work.

Figure 3.6: As a PA I have opportunities for progression in my work



Opportunities for PA development play a fundamental role in providing good quality support, and could provide PAs with job security – this is being jeopardised by financial barriers to accessing training.

One PA said that additional training needs were often met using money taken from the employer's personal budget which had been allocated to provide sufficient hours of support as outlined in their assessment by social work:

'I think if you were to have somebody with, you know, profound and multiple learning disabilities they would have more care needs, then I think there's the expectation from a local authority point of view that you would kind of front the costs for any training... If you have somebody that maybe requires training for PEG feeding, for you know, rescue medication, for you know, insulin dependent diabetics having to get their injections and stuff like that, that's very specialist training that somebody has to go on, and probably almost always a cost attached to it, and people have to erode their budget, if they want the good staff that are going to come in and be trained to effectively support that person then they're

having to eat into their budget... You're pretty much just kind of writing off hours of support to basically come up with a sum of money to be able to meet the needs of the training.'

This was a source of considerable frustration for PAs and employers, and led some to compare Option 1 to the wider health and social care workforce, concluding that PAs and employers were a 'poor relation':

'I can't get my head round, like, they'll take on auxiliary nurses in the NHS, right, and they'll pay for their training, from scratch, not knowing anything. But then, when people come into, like this, like a personal assistant job, they get nothing. Whereas, we're the ones that are, like, there, 24/7, caring for somebody, but yet, people that have no experience can go in and be an auxiliary nurse, and get everything paid for them.'

As discussed elsewhere in this report, many PAs compared their role favourably to working for a social care provider, but training was one of the few areas where it was felt PA job quality was lower:

'They [PAs] don't have all the rights that if you went to work for an agency, that an agency has to do under the care commission regulations, you know, like continuous training and all that, so they don't have any of those benefits either.'

This may account for aspects of survey results, in which 44% of respondents disagreed (32%) or strongly disagreed (12%) that PAs have good terms and conditions (e.g. pensions, holiday pay) compared to people doing the same job elsewhere.

One interview participant working for a support organisation said that the integration of health and social care should in theory provide opportunities for PAs to access low-cost or free training:

'One of the things that I don't understand is that most of the authorities are now a combined health and social care partnership. So, I think, my perception is that, well there is health, there is health officials within the partnership that can offer the training on the job, if you like, and why isn't that part of a sort of if a person is intending to employ a PA, you don't disadvantage somebody because they need to have an epipen, they need to have bowel management, they need to have this. Don't disadvantage them, because they want to employ privately.'

Another solution suggested was, where appropriate, providing online training resources that a PA could undertake at work. This was also highlighted by one interview participant as aligning the PA workforce's training with commonplace practices and expectations for employees in other settings:

'So we were kind of going, well if you can do the training online you could do it from the employer's house, at times that suit both of you, and you're at work – you're being paid for it – and you're also at hand if the employer needs you. Online training was a big advantage. Obviously there's some things like moving and handling where you would need a practical element. But we thought if we can do as much as we can while you're at your place of work – because that's how you and I train.'

Finally, our research with PA employers and stakeholders again highlighted the potential for inclusive living centres to provide advice and support for employers in identifying training opportunities for PAs. While this valuable guidance is available in some areas, such as Glasgow, there would be benefit in considering how best to resource the user-led organisations to provide such support more broadly. Elsewhere in the EU, for example in Sweden, co-operative networks of PA employers have proved effective in supporting the employer-PA employment relationship, by pooling resources and knowledge on recruiting, terms and conditions of employment and training ([Roulstone and Hwang, 2015](#)). There may be value in exploring how independent living centres and other user-led organisations can be supported to develop similarly effective co-operative networks to the benefit of both employers and PAs.

Recommendations:

- Provide sufficient (i.e. increased) and ringfenced resources within personal budgets to update training as an employers' needs require, and to train newly recruited PAs
- Develop easily accessible online training resources for training appropriate for completion via distance learning (e.g. FutureLearn)
- Consider how best to support an extended role for user-led organisations in helping employers to identify and support training for PAs
- Work with Integration Joint Boards to give PAs' access to internal training available to the wider health and social care workforce, exploring the potential offered by Integration

4. Personalisation

All of the PAs that participated in the focus groups and interviews said that they found their work rewarding, fun, and meaningful. They said that the highly personalised support they were able to provide was a source of pride for them; that their work offered them autonomy and flexibility; that their role was inherently developmental, with their skills developing in response to their employers' changing needs. Many – but not all – PAs reported being engaged in innovative behaviours and overseeing innovative outcomes. Their direct relationship with their employer was often cited as a way to ensure positive flexibility for the PA. Several PAs who participated in the focus groups had previously been employed as care workers in agencies, and they talked about how much they preferred their role as a PA.

For some PAs, personalisation and their direct relationship with their employer could feature elements of uncertainty or tension. The possibility that an employers' changing needs may ultimately result in a PAs' redundancy, or at least reduced hours, was a concern for some PAs. Some PAs talked about finding it difficult to raise problems with their employer, for fear of creating tension at work.

4.1. Personalisation improves job quality and can foster innovation

The PAs who participated in the focus groups and interviews were very clear about the positive aspects of their work:

'I just find it so rewarding. You just don't realise the little things that you do, that completely changes somebody else's life.'

All survey respondents agreed (73%) or strongly agreed (27%) that they would recommend being a PA as a good job. Innovative practices associated with higher job quality were also present in survey responses – 88% said that in their work they have introduced one or more new ways of doing things in the past 12 months, and 78% said that in their work they have introduced one or more new products or services in the past 12 months.

Figure 4.1: I would recommend being a PA as a good job

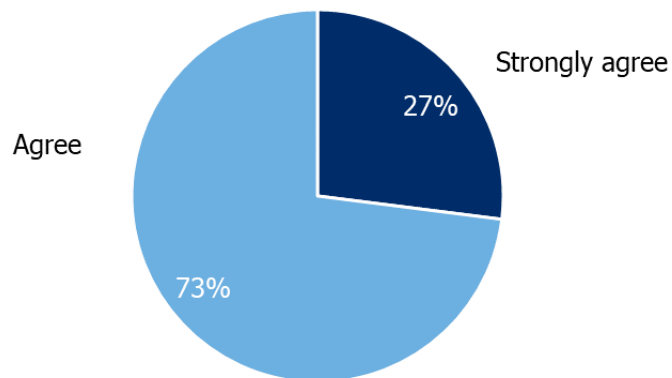
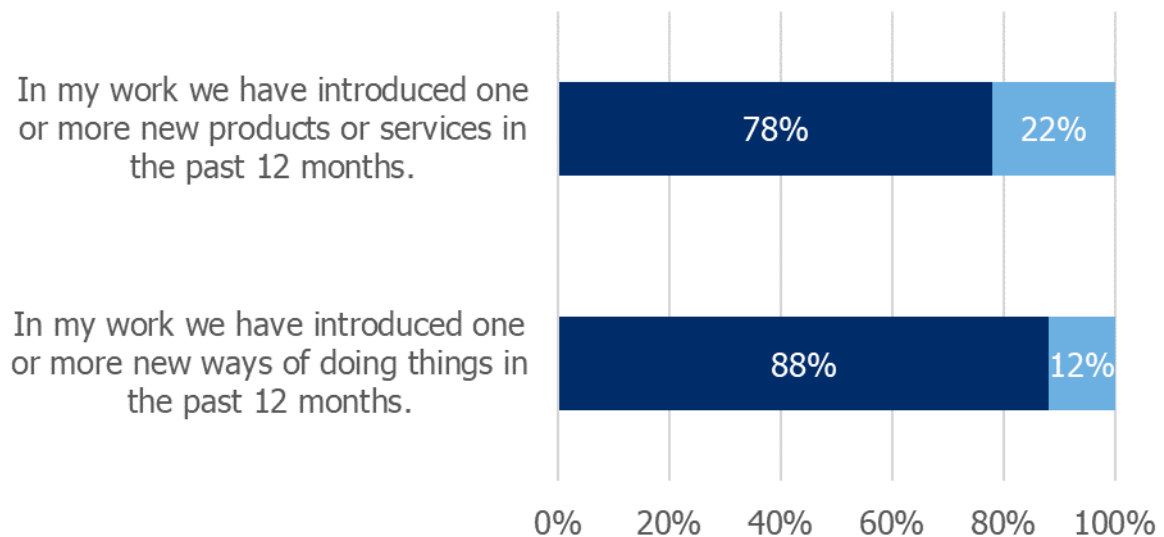
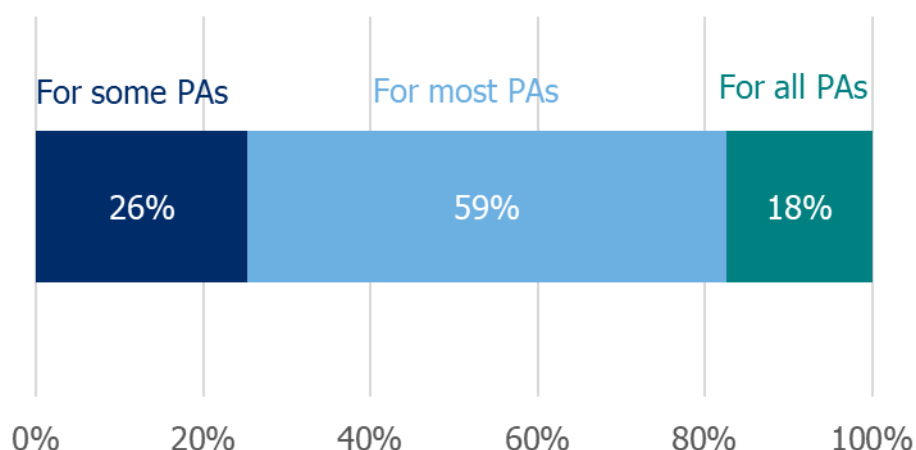


Figure 4.2: Introducing new products/services or ways of doing things



The majority of survey respondents (74%) said that all (15%) or most (59%) PAs go above and beyond what is required of them in their jobs.

Figure 4.3: PAs go above and beyond what is required of them in their jobs



Several PAs described how enjoyable they found much of their role, and that the highly personalised nature of their role – supporting their employers to do activities of their choice, enabling them to pursue their interests and preferences – produced a rewarding job.

Two PAs at a focus group discussed the fun aspects of their work:

PA 1: So, like, we'll go swimming, or we'll go to the park, or we'll go to the whatever, it's always something different. And it's really enjoyable for us, as well, it's not...

PA 2: It's not a chore.

PA 1: No, it's not a chore.

PA 2: We get to be kids.

This was also present in survey results. The vast majority of respondents agreed (56%) or strongly agreed (41%) that their personally held values were a reason they worked as a PA. 46% agreed, and 31% strongly agreed, that the values of Self-Directed Support (SDS) were a reason they worked as a PA – although 19% disagreed with this statement.

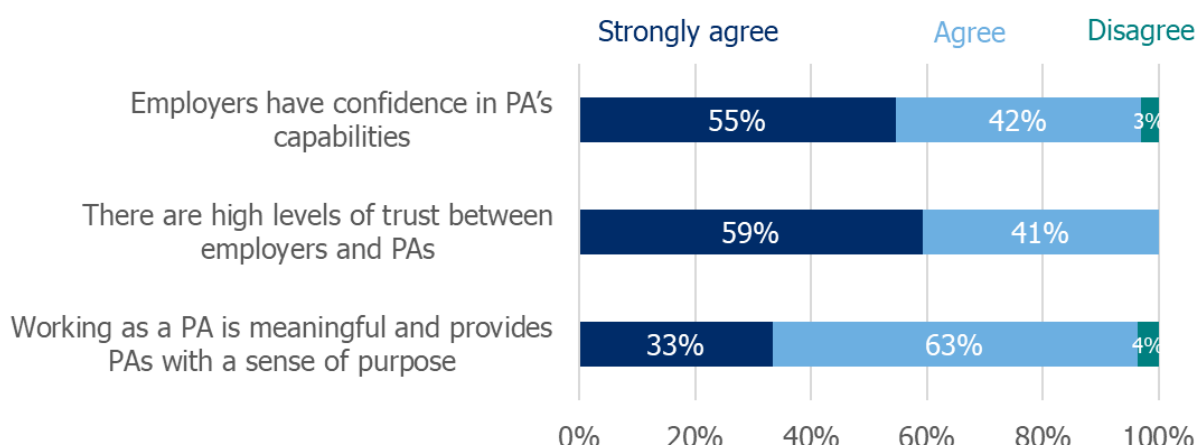
PAs' descriptions of what made their jobs good were also descriptions of providing good quality support, highlighting an interrelationship between perceptions of job quality and quality of support provided. For example, as one PA said:

'I also find that, in doing a job like this, you get more time to give... individual care and attention, as opposed to if you're in, working in, like the NHS, or something, and you only have a limited amount of time.'

Survey results reflected these feelings - the vast majority of respondents (96%) agreed (63%) or strongly agreed (33%) that working as a PA is meaningful and provides PAs with a sense of purpose. All survey respondents agreed (41%) or

strongly agreed (59%) that there are high levels of trust between PAs and their employers. This trust appeared to be further understood as mutual – almost all (97%) survey respondents agreed (42%) or strongly agreed (55%) that employers have confidence in PAs' abilities.

Figure 4.4: Agreement with statements



These accounts of trust – and how fundamental this is to understanding the PA-employer relationship - were also talked about by interview participants, as summarised by a member of staff at a Support Organisation:

'With PAs, it's all about the relationship. Even with the really good work [organisations] have done around personalisation, it's just a completely different mindset and approach and ethos and values. And that will affect the workforce in some ways. There's obviously going to be pros and cons – and you're going to dig around and find them – and there will be challenges for PAs around maybe not having that support if you're not employed by a wider organisation, peer support, and there's loads of things around that. But there's also that relationship which is completely different from working in an organisation, even when it's a very personalised organisation.'

The vast majority of survey respondents (96%) reported being satisfied (43%) or very satisfied (54%) with their job as a PA, and 100% of respondents said they were treated fairly (29%) or very fairly (71%) at work.

Figure 4.5: Overall, how satisfied are you with your job as a PA?

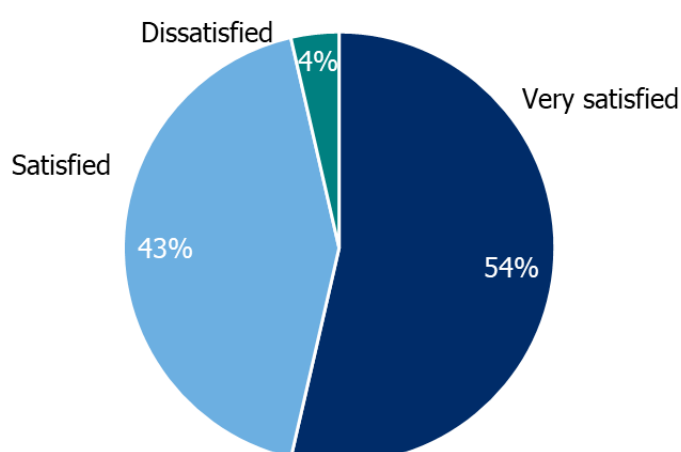
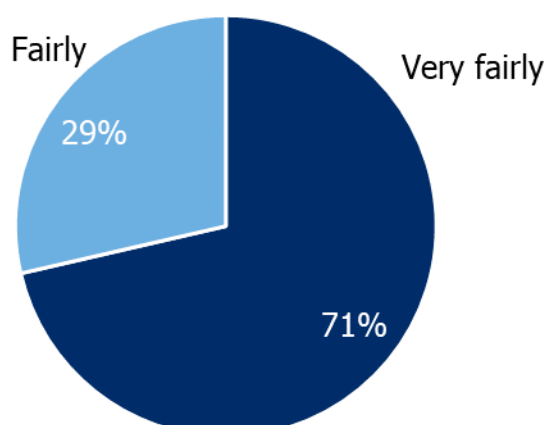


Figure 4.6: Overall, how fairly do you get treated at work?



Several PAs who participated in the focus groups had previously worked for care agencies. Dissatisfaction with their previous roles informed their positive accounts of being a PA, with a focus on the ways in which the PA role enabled them to provide high quality personalised support. For example:

'I've been doing care for seven years, now. I did used to work in a care home, and I just found it difficult because I didn't feel like you had enough time to work with the clients, and stuff. And so I started taking on private work, doing, you know, one client at a time, and I found that better. It's a lot more rewarding. It's nice, it's interesting, you get to meet interesting people, and sometimes you do interesting things.'

'You've got the freedom, getting to know one another, their habits, the relationship, the psyche, everything that goes when we all.'

This dissatisfaction with the wider social care sector was present in some survey results – with regards to the factors motivating someone to become a PA, whilst 46% agreed and 23% strongly agreed that the values of the social care sector had

influenced their decision, 19% disagreed and 12% strongly disagreed that this was the case. Similarly, 31% agreed and 42% strongly agreed that working as a PA was better than working for an organisation.

The suitability of the PA role to providing personalised support was such that some PAs felt it extended to family members of their employers:

'It's like, I couldn't tell you anything about personalities, or what type of people, the people were that I used to care for. Whereas now, I could tell you about the whole family, and what they like doing, and what they don't like doing.'

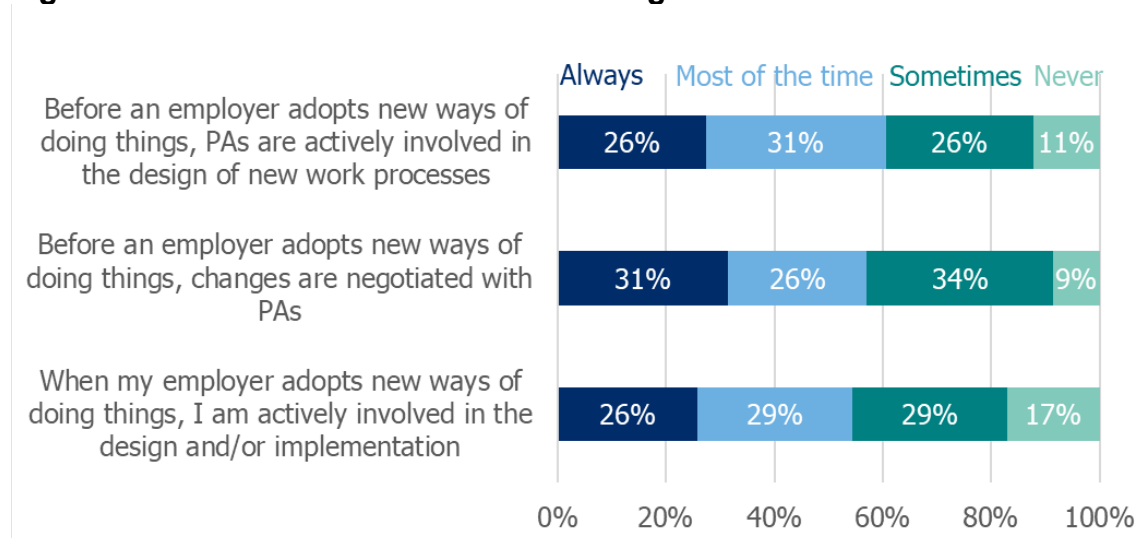
A key feature of PAs' positive descriptions of their work was ways in which their job design enabled autonomy and innovation, which in turn enabled the provision of better quality support to their employers:

'I think that all care now is meant to be person centred care, the person should be at the centre of what happens to them. And I think when you employ your own PAs, it's easier to create that, as opposed to, if somebody's coming in to see you four times a day, they have tasks to do – get you up, get you to bed, feed you. They come in, they do that, and they leave. Whereas, when you're working with your PA, if there's something that you fancy doing that day, if you mention it to the PA, and the PA has got more flexibility to do that with you.'

The majority of survey respondents (89%) agreed (78%) or strongly agreed (11%) that PAs' approaches to personalisation help employers make choices. 81% of respondents said that employers' approaches to personalisation supports PAs to deliver excellent care most of the time (56%) or all of the time (26%).

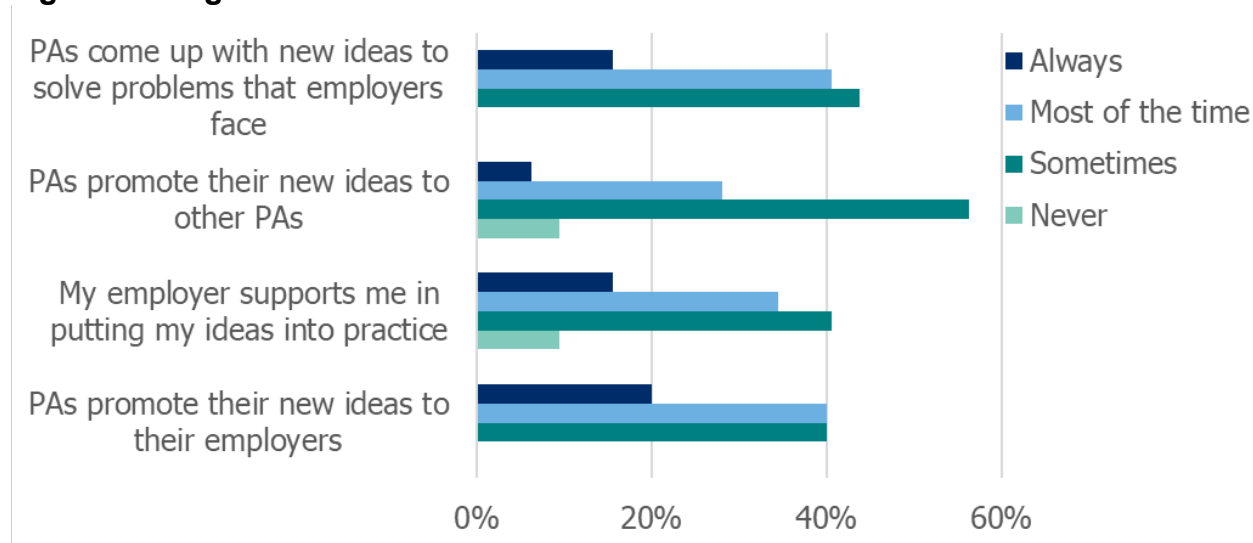
Other aspects of the value of a close working relationship in the context of personalisation were present in survey results – 42% of survey respondents said that they had lots of good ideas and were good at implementing them; a further 42% said that whilst they didn't generate many new ideas, when they did they were good at implementing them. When asked about the process by which new ideas and practices were developed and adopted by employers, the majority of survey respondents reported being 'always' or 'sometimes' involved in the design, implementation, and negotiation of these changes:

Figure 4.7: Involvement in decision-making



Some survey results relating to innovative practices were, however, somewhat mixed – this may reflect barriers to development and implementation of new ideas that resource constraints can represent. A slight majority (56%) of respondents said that most of the time (41%) or all of the time (16%) did PAs come up with new ideas to help solve problems that employers face, leaving a significant minority (44%) saying that this was only the case sometimes. The majority (66%) of respondents said that PAs only sometimes (56%) or never (9%) promoted their new ideas to other PAs, perhaps highlighting the effects of limited networking and information sharing opportunities for PAs. When asked whether their employer supports them putting new ideas into practice, opinion was divided down the middle – 50% said this only happened sometimes (41%) or never (9%), 34% said this was the case most of the time, and 16% said always. Divisions were also present when respondents were asked if PAs promote their new ideas to their employers – 40% said this only happened sometimes, 40% said most of the time, and 20% said all of the time.

Figure 4.8: Agreement with various statements



The subtext of many PAs' views in this area was the significant improvements that needed to be made to job design in the wider social care sector, and what could be learned from the autonomy and good quality support that tended to characterise their view of the PA role. As one PA said:

'Somebody coming from a home care background into PA work it must be like the Holy Grail in terms of having a relationship with the person you're working with, being able to talk to them, having more autonomy and freedom to make more decisions... and actually effectively involving people in their support, because when you come from home, care background you don't have that.'

Flexibility was also identified by both PAs and support organisations as a positive aspect of the role, and a consequence of PAs' and employers' direct relationships:

'The best thing about being a PA is being more flexible. So, it's encouraging Heather to then lead the life that she wants to lead, and not be dictated by how the agency, or what staff they can put in. Because we do listen to her'

Survey respondents mirrored this – the majority (81%) agreed (52%) or strongly agreed (30%) that as a PA they could access flexible working to fit personal circumstances. This flexibility could also dovetail with providing good quality support to employers with fluctuating conditions, as described by a member of staff at a support organisation:

'How can someone with fluctuating mental health manage staff? But actually the more flexible options are the ones that are better for them, particularly with fluctuating conditions – like I don't need so much support now, but I do need more support now, and then it stables off again. And the care agencies are not built to do that. You know, they are big structures, they need routines. And they need a consistent flow of income. Whereas for PAs we tend to find that there was quite a high number of PAs were working more than one employer – it's not quite gig economy, but kind of fractured economy for them. So they'd be doing 10 hours here, 5 hours there, another 5 hours there, in order to try and make up a full time job.'

Whilst, as discussed elsewhere in this report, the PA role could in some instances be associated with insecurity and 'cash in hand' practices, other aspects of poor job quality associated with the 'gig economy' ([CIPD, 2017](#)) – lack of relationship, low job satisfaction, minimal employee voice – was not otherwise in evidence.

Focus group conversations about flexibility and variety led several PAs to talk the ways in which their roles were inherently developmental – that the process of offering good quality, personalised care, which responded to their employers' needs, was one which required the development and expansion of their own skills. Speaking about their work supporting a mother and a child in the same family, on PA said:

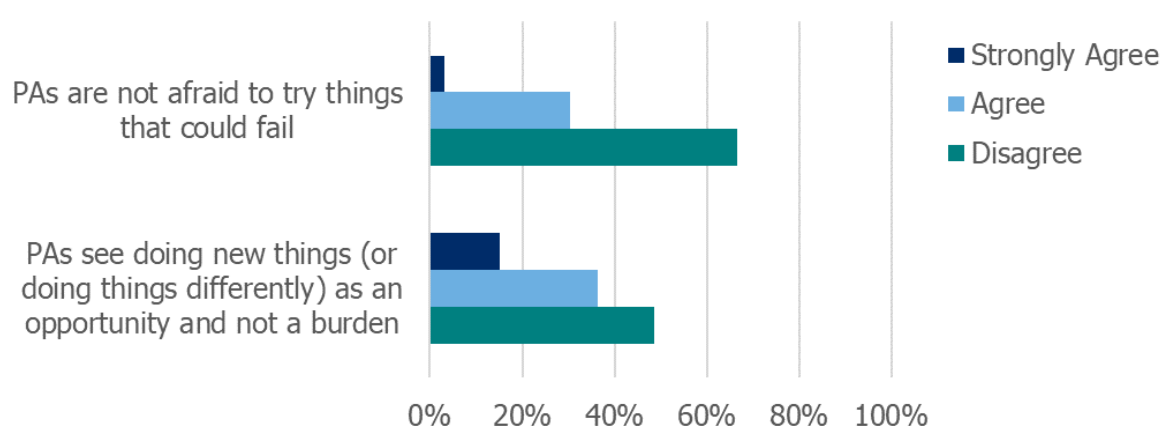
'I think there's more flexibility, now. I think our role with [employer] is very unique because we have two very different people to support. If you work in a hospital, you're working predominantly in a children's ward, or you're working in a rehab ward. But we're doing everything, we're doing both. So your skills, you do, your skills adapt, and you need to be very open-minded. We like to give [employer] an

opportunity to find what she wants to do, and make sure that she gets to do that.'

This was reflected in survey results, in which the vast majority of respondents (92%) either agreed (78%) or strongly agreed (14%) that the way they work with their employer encourages each to learn from the other. These views may not be shared by all PAs, or PAs may be experiencing barriers to the developmental nature of the PA role coming to the fore (e.g. access to training) – in terms of innovative practices, survey responses were mixed.

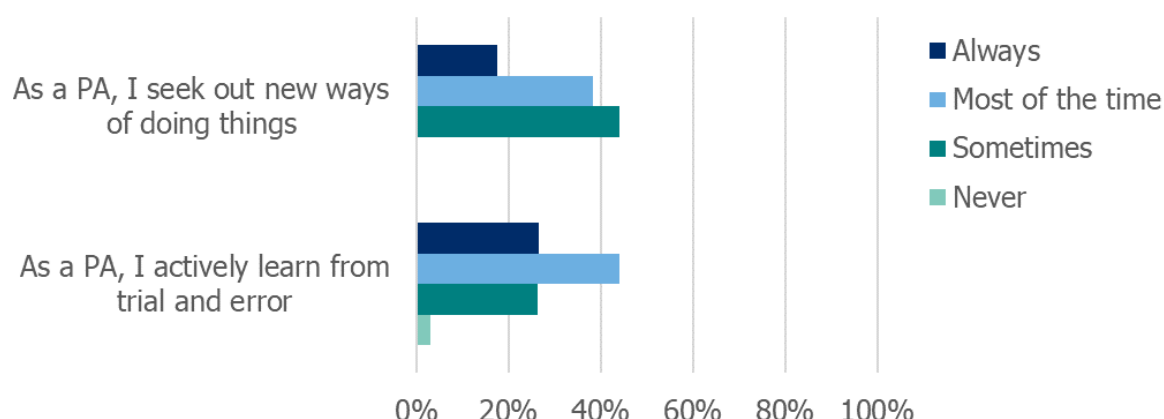
The majority (67%) said that only some PAs were not afraid to try things that could fail; and only a slight majority (52%) said that most (36%) or all (15%) PAs see doing new things (or doing things differently) as an opportunity and not a burden.

Figure 4.9: Agreement with various statements



Similarly, the largest cluster of survey respondents (44%) said that only 'sometimes' do they, as a PA, seek out new ways of doing things, with a slight majority (56%) saying that this was the case 'most of the time' (38%) or 'always' (18%). **Training could be a way to encourage more PAs to feel confident about and able to try new things where helpful.** There appear to be practices in place through which these innovative behaviours could be easily developed - the majority of PAs (71%) said that as a PA, they actively learn from trial and error 'most of the time' (44%) or 'always' (26%).

Figure 4.10: Agreement with various statements



Many of these PAs had previously worked as care workers in organisations, and positively compared their PA work to that role. Others used comparisons with office-based jobs to express their satisfaction with the level of variety on offer:

PA: 'It's very much a job that I think, it's not going into an office every day and doing the same thing, so it's something different every single day.'

Employer: 'That's one thing I can guarantee the ladies. It's very hard to guarantee a lot of things, but no day is ever the same.'

PA: 'Yes, and the attraction is perhaps is that you gain whilst you're doing the job, you gain a first aid or you gain who is going to handle it, or you gain the knowledge into dementia'

PAs suggested that opportunities for a broad range of skills development in their work, and the potential for progression into higher skilled and paid jobs later in their careers, meant that some of the incentives to leave the sector experienced by other care workers were less prevalent among the PA community. Task variety, and opportunities for skills development, were framed by some PAs as offering an antidote to the 'supermarket effect' - the risk that a social care provider will lose staff to the retail sector because of equivalent wages but lower job demands. When asked about the 'supermarket effect', some PAs responded that this was not something they had observed amongst many other PAs, because the skills development and training pathways that many PAs were on would lead to higher paying work in health and social care:

PA: 'I don't know, no, not, the majority of people that we've had working for us, I think, have had a good positive experience, and have gone on to work, have gone on to become nurses.'

Employer: 'I've had girls working with me who have been absolutely fantastic, and I say to them, you should go into nursing. And we've done everything in our power to support them while they're studying, but also, take what we need as well.'

PA: 'And it's something that people can recognise their own progression.'

Employer: 'It makes them much more confident, and they're giving a better standard of care, because they know what they're doing. They're knowledgeable, they're trained. Why anybody wouldn't want that from a PA, I really don't understand.'

This was reflected in survey responses – when asked whether PAs were fairly rewarded compared to other local available jobs (e.g. retail, hospitality), the vast majority (80%) agreed (60%) or strongly agreed (20%) that this was the case.

Recommendations:

- Through co-production with PAs and employers, consider methods to understand the most effective ways for each party to raise, discuss and implement new ideas
- Consider how enhanced networking and information sharing opportunities for PAs could be useful in encouraging and developing innovative practices

4.2. Personalisation and possible job insecurities

The skills development described by PAs involved elements of specialisation, often in order to best support an employer as a particular condition or symptom might develop. Whilst this was valued by PAs and employers, and seen as offering good job quality and good quality of support, **the particularly personalised role that PAs had and the adaptable, changing forms of support that they needed to provide, were also seen by some as difficult to maintain in a context of scarce resources, a potential route to their own redundancy.** Survey respondents' opinions on issues relevant to this were somewhat divided – a slight majority (54%) disagreed (42%) or strongly disagreed (12%) that employers' approaches to personalisation made PA jobs more demanding, with 42% agreeing that this was the case. When asked whether PAs see employers' expectations as reasonable and manageable, a slight majority (52%) said this was only the case for some PAs, with 39% saying this was the case for most PAs.

Figure 4.11: Employers' approaches to personalisation makes PA jobs more demanding

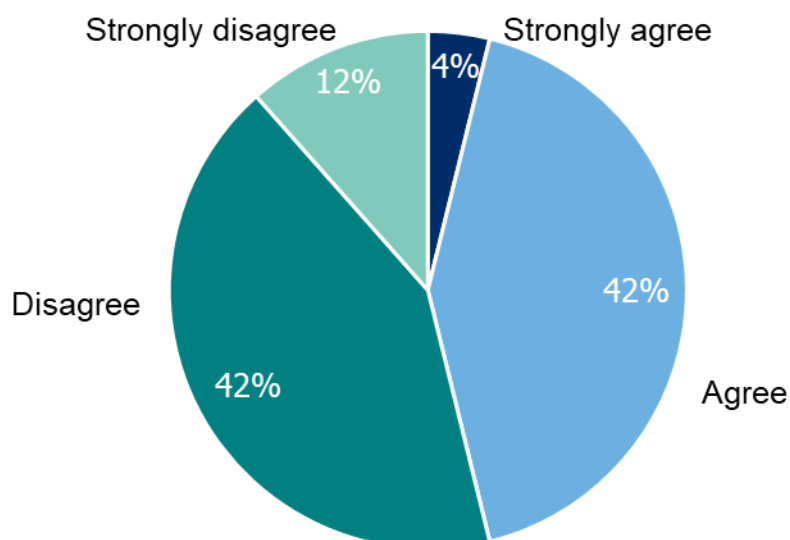
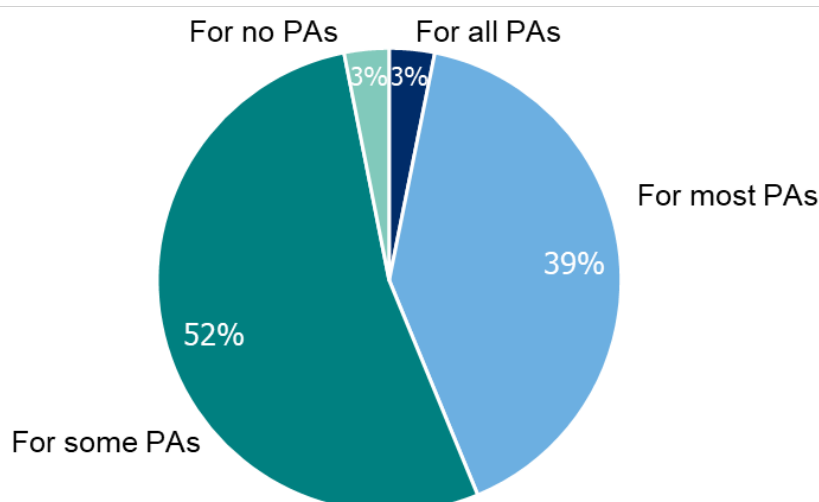


Figure 4.12: PAs see employers' expectations as reasonable and manageable



With regards to the wider social care sector, Audit Scotland has highlighted 'tensions for service providers between offering flexible services and making extra demands on their staff' ([Audit Scotland](#), 2017: 5).

One PA described the support she had been providing to a young boy who was now becoming a teenager. This PA's own son had additional support needs - she reflected on how his needs and preferences had changed as he had gotten older, and what this might mean for her role as a PA:

'Progression has to happen and, you know, I also realise with myself... his needs might change. And we had respite, not overnight respite for my son, but we had respite for my son and he grew out of it. But, he's a different kettle of fish and my son is quite high achieving and he lives slightly independent. But, he out grew it as well, he said one day, mum why am I leaving this house to go to another house? I

think that's a challenge for PAs. My son was actually leaving our house to go to somebody else's house to sit and watch television, so why? I think for PAs the challenge is finding things to do, to find out what's out there and what's to do. That concerns me because again we've come from...I mean we only just finished working for a council this year, so we've still have got a big knowledge base of the agencies out there, what's available, etcetera, etcetera. But, what about people that get these jobs and have no idea.'

This PA felt that her experience working in health and social care put her in a stronger position to navigate the potential loss of a job that might accompany her employers' changing needs – but was concerned that PAs with less experience or less awareness about available options may be more likely to experience unemployment or at least more significant job insecurity. As discussed earlier, limited access to training could prevent PAs from developing skills that could meet their employers' changing needs. Some PAs were concerned that if an employer's health and wellbeing changed, some PAs may struggle to access external support to assist them in navigating this:

'The other thing that's happening more and more I think, is that people might be looking after people who at the start they've got some kind of capacity, it might be somebody with dementia, for example, and although it's supposed to be monitored if somebody's condition starts to deteriorate, it's not always monitored. So, if the PA is noticing that their employers getting really erratic or something like that, who do they turn to?'

Making it easier for all PAs to identify and access local forms of support for specific conditions, and having established pathways to maintain PA job security in the event of an employer's needs changing significantly, appears to be an area requiring some work. This could assist in maintaining the balance between job quality and personalisation, so that meeting changing needs does not jeopardise a PA's security of income or position. A slight majority (54%) of survey respondents reported that PAs worry about job security.

Establishing pathways to greater PA job security could also assist in resolving retention issues discussed later on in this report. As one PA discussed the possibility that their current position could end due to their employer's changing needs, they indicated that they wanted to continue being a PA but implied that this would not necessarily be the case – they appeared to view the end of their current position as the end of their PA role:

'I think it's really, I don't know, again please intervene, I think it is really a rewarding job. I absolutely love it. But, in terms of me, you know, ours is a family thing, it's my responsibility, he is my responsibility, I get paid for doing it, but he integrates into our family. He loves going...my mum absolutely loves him, my husband, so he's part of our family, but also I do realise it is a job and that could end at any point, and as much as we would be devastated, it could end at any point, and I'm realist about that.'

Possible shared experiences between PAs and those in other sectors experiencing precarity, for example via the so-called 'gig economy', should be

taken seriously. Whilst HMRC currently does not permit PAs to have self-employed status⁹, this is an ongoing debate amongst employers, PAs and support organisations. Some have highlighted the potential risks to employers posed by PA self-employment, citing examples of employers being faced with large HMRC bills for unpaid National Insurance (NI) contributions which they had assumed a PA was paying. The additional precarity that could be experienced by a PA with self-employed status has also been highlighted, for example the possible absence of a contingency fund or paid maternity leave. Alternatively, others have pointed to the opportunity self-employment might offer to PAs for greater control and oversight of their working hours, as well as the financial benefit to employers of no employer contributions and to PAs of paying a single – rather than multiple – NI contribution each month. Fluctuations in working time, and thus pay levels, could be experienced positively or negatively by either employer or PA, depending on their changing needs and preferences. It is not within the scope of this report to recommend an approach to self-employment of PAs – but all parties should be mindful of complexities in this area, as summarised by the [Institute for Employment Studies](#):

'Many self-employed and gig economy workers are happy with their working lives, many welcome the autonomy, flexibility and independence of these kinds of work, and many have a decent degree of financial security. Of course, many do not and the difficulty for policymaking is accurately unpacking the aggregate concepts of 'self-employed' or 'gig economy' to identify which groups are which and which should be regulated, protected or indeed reclassified as employees with all the rights and obligations of dependent employment.'

Issues of 'regulation', and the possible value of a co-produced set of practices in this area, are discussed at the end of this report.

Recommendations:

- Facilitate PA identification of and access to local forms of support for specific conditions, with a view to establishing pathways to maintain PA job security in the event of an employer's needs changing significantly
- Consider ways to establish job security pathways to assist PAs looking to continue in the role after a position ends

4.3. Positives and challenges of a close working relationship

As will also be discussed towards the end of this report, the PA Network's existing connections and support could be usefully expanded to address the issue of job insecurity. The PA Network also has a mediator role, and can provide advice to PAs who might be uncertain about an area of their work, or require some support. PAs at a focus group talked about the **difficulties of raising problems with employers – this discussion would generally have to take place at work, one on one, and could create awkwardness and a negative atmosphere that some PAs felt was**

⁹ Self-employed status and working in the 'gig-economy' are not the same thing – but in the context of the PA workforce, possible risks associated with the 'gig-economy' (e.g. fluctuations in working time and income, short notice changes) have been described as possible risks associated with self-employment.

significant enough to lead them avoid raising issues. When asked about any aspects of their role they did not enjoy, this was highlighted as a key area:

PA 1: 'Probably having to speak about something that I maybe would think, aye, it's going to upset mum or maybe have her like...'

PA 2: 'Cause an atmosphere.'

PA 3: 'Aye. Cause an atmosphere. Whereas when I worked for the council it was bigger... You'd be talking to someone who is not directly involved.'

PA 2: 'You would be talking to your line manager.'

PA 3: 'You'd be talking with your manager, whereas this way is now... It is the person that you're maybe just going to be sitting working with on your own the next two weeks.'

PA 1: 'Aye, for the 12 hours or something you're like, oh no. It doesn't really matter that I'll just do it anyway.'

Aspects of the barriers lone-working could pose to communicating about problems could be mitigated for PAs by working as part of a team, or at least having access to colleagues/other PAs/external support with whom they could discuss and work to resolve problems:

PA 1: 'We are quite lucky in that way as well because we work two to one.'

PA 2: 'So, you've got another person.'

PA 3: 'Somebody else there.'

PA 4: 'So, you've got other staff that you can talk things through with and try and work things around that.'

PA 2: 'Yes, and the person that's causing your frustration is also your employer.'

PA 4: 'Yes.'

PA 2: 'It can be difficult...'

PA 4: 'I think, I think that PAs are just expected to get in there and get on with it. You're a PA, but I think it's a more complicated and more vulnerable position to be a PA than it is if you work for an agency.'

For those PAs working alone with their employers, comparisons were drawn between the support provided through working in an organisation:

PA: 'Because there is always times when I think the PAs will come out, an agency worker would go to their line manager and they go, oh, oh, and I've had a really

bad time. Well, where do these people go?’

Support Organisation: ‘Do you think that sometimes because an individual is employed that they’re quite afraid to say how they feel?’

PA: ‘Yes, absolutely.’

Social Worker: ‘They feel that they would lose their job or if they went in they would get a hard time.’

Again, the role of the PA Network in putting PAs in touch with others working in their local area has potential to alleviate some of these difficulties. Frustration at limited access to and communication with external support and local organisations was voiced by PAs during focus groups, highlighting the possible value of expanding the PA Network’s reach to better connect PAs with institutions and organisations that are significant in their employers’ lives. A PA described how a lack of communication from the family of a young boy they were supporting had led to conflict with a classroom assistant, and created tension and uncertainty in their work:

PA: ‘He came across to hug me and smell, and he’s got sensory, so likes tight squeezes, and she [classroom assistant] goes, ‘no, no, you’re not allowed to do that now. Have you asked for that hug, and is it side on?’. Because you know, he’s touched somebody. I thought, well... actually in the setting that we’re in that’s what we do and you’re confusing him. But, yet I feel it’s really difficult to have a conversation with mum, because is that something they have set down in targets? I felt like the classroom assistant is giving me trouble and she’s expecting me to know exactly what she’s talking about, and I’m thinking no, and I’m also thinking, this is confusing him, because when I’m with him once a month, I haven’t been told it’s got to be a side on hug. I haven’t been told that he has got to ask permission. I haven’t... so that’s confusing. They are targets that should be shared with us.’

Potentially, a lack of familiarity and regular communication between PAs and the school had also contributed to this incident. This PA highlighted that poor communication as to agreed outcomes in other areas of this boy’s life were creating circumstances in which they could inadvertently be creating confusion and providing support which they viewed as below standard:

PA 1: ‘Maybe you should be sharing them with me. Why are you setting them targets in school and I’m not involved in that? ... So, I’m trying to figure out how I’m going to say to her. So, I’m just going to say to her, is there something about hugging and that now, because I’ve went in the school and the classroom assistant said to me a couple of times and gave me into trouble, and I don’t want to confuse him, because we allow that at home, well with us. So, is it something I should be implementing?’

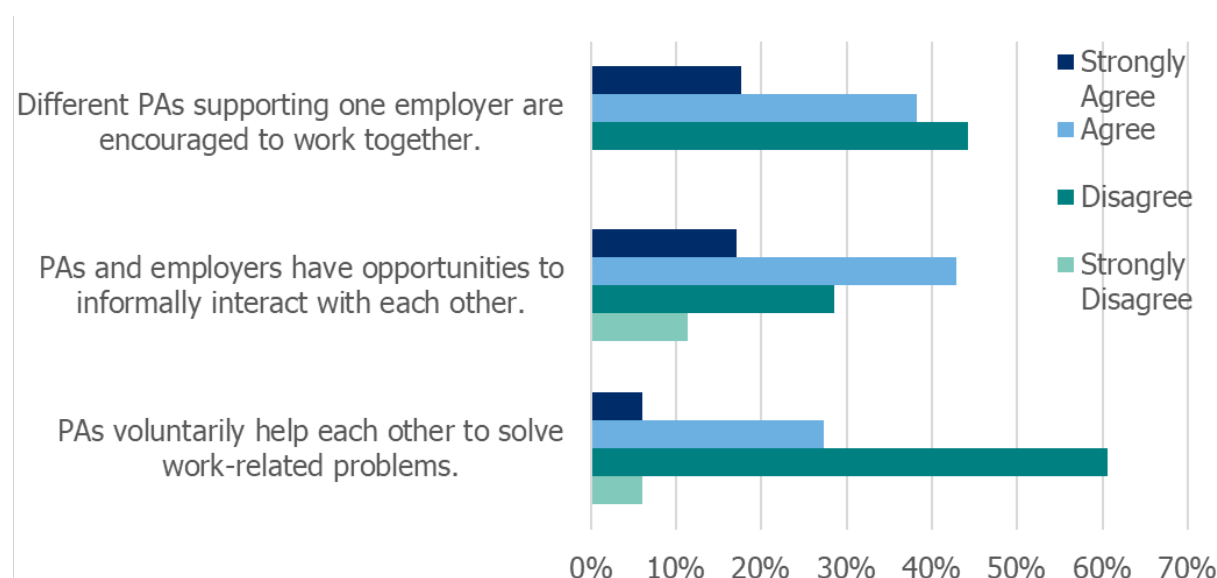
PA 2: ‘This is the time if you try and have a serious conversation sometimes if the employer just kind of backs you away kind of thing, where do you go then?’

PA 1: ‘Aye, because I just feel like if they’re putting strategies in place at school, so they’re having their IP meeting and they’re discussing strategies. So, this little boy, we’ve decided that now he’s getting older, which I absolutely understand, because

it is about age appropriateness, and it's about females, and it might be he's in a situation where he touches a female that's not accepting and all the rest of it. But, why not share that with me and the other... I don't know if she shares it with other PAs, because there are other PAs.'

In this instance, poor communication extended to the working relationships of other PAs involved in supporting this boy. The employer had not brought all the PAs involved in their child's support together to discuss changes in support and agreed outcomes, **creating confusion and the potential for a lower quality of support**. There is evidence from the survey that issues preventing good communication and collaborative working between PAs supporting one employer may be more widespread. Whilst 43% of respondents agreed, and 17% strongly agreed, that different PAs supporting one employer are encouraged to work together, 29% of respondents disagreed, and 11% strongly disagreed, that this was the case. Opportunities for informal interaction between PAs and employers may go some way to explaining these results – 20% of respondents disagreed (17%) or strongly disagreed (3%) that PAs and employers have opportunities for informal interaction. But this does not fully account for the 40% of respondents who felt that PAs supporting one employer were not encouraged to work collaboratively.

Figure 4.13: Interaction with other PAs



Similarly, the majority (67%) of survey respondents said that no (6%) or only some (61%) PAs voluntarily helped each other to solve work-related problems.

Other PAs provided alternative **examples of ways in which the closeness of the PA-employer relationship facilitated, rather than hindered, good communication**. This was to the extent that an employer's brain injury and occasional difficulties communicating was understood in detail by their PAs, who were not always reliant on verbal communications:

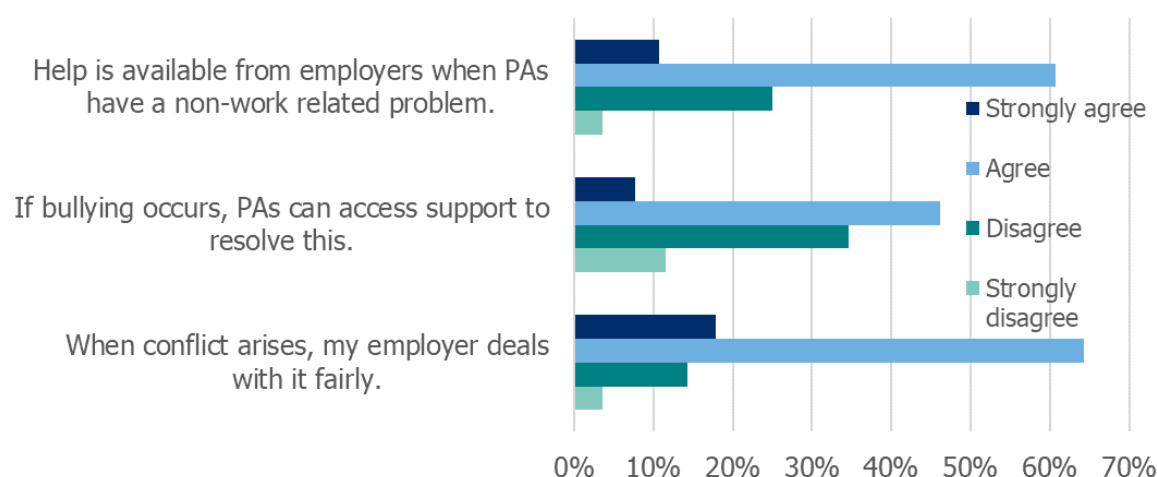
PA 1: 'So there is the benefit of doing the job that we do, is that we can go straight to [employer]. And with another family that I support, I would then go straight to the

lady's husband and say, this was an issue that we had today.'

PA 2: 'Well I think it will vary very much with every situation. The different situation that we're in is that because of [employer's] brain injury, there is more to consider than just having that direct conversation. We have to consider how she is on the day, memory is also an issue, she can have a bit of brain fog. And sometimes, she will give us words that we have absolutely no idea what they mean.'

Resolving communication issues between PAs and employers is important, and cannot be pursued solely by PAs – an understanding of how to communicate with and appropriately manage staff also needs to come from the employer, who can provide assurances to a PA that raising problems is acceptable and will not lead to negative consequences. Survey results suggest that improvement in this area was something that may be needed across the wider PA workforce.

Figure 4.14 : Resolving conflicts



The majority of respondents agreed (64%) or strongly agreed (18%) that employers dealt with conflict fairly; agreed (46%) or strongly agreed (8%) that PAs could access support to resolve bullying; and agreed (61%) or strongly agreed (11%) that help is available from employers when PAs have a non-work problem. However, some sizeable minorities reported less positive experiences. 35% of respondents disagreed, and 12% strongly disagreed, that if bullying occurs PAs could access support to resolve this. 25% disagreed, and 4% strongly disagreed, that employers provided PAs with help for non-work related problems. 14% of respondents disagreed, and 4% strongly disagreed, that conflict was dealt with fairly by employers.

As previously discussed, there are online ([Future Learn](#)) resources which specifically address understanding and resolving conflict in the context of the PA-employer relationship, and understanding and managing other potential difficulties. These resources are designed to be accessible, and encouraging

PAs and employers to engage with them may be useful in assisting each party in feeling better equipped to navigate some of the complexities that can be associated with the PA-employer relationship.

The potentially close nature of the PA-employer relationship can be useful here. The importance of employers pro-actively pursuing clear methods of communication and dispute resolution with their staff can be seen in one PA's account of how their dependence on their PA wage affected their ability to lead on addressing these issues:

PA 1: 'I'm kind of quite articulate and I'm quite like, but yet I'm thinking, how do I approach this? How do I say it in a nice way? How do I say in a like what is it?'

PA 2: 'It's very stressful.'

PA 1: 'It is because you don't want to offend and as you said earlier, you know, I get a lot of money for him once a month, and I've gave up a full time job and I've picked up part time hours and I've got two children at Uni, so I still could do, you know, for him to go that's a lot of money a month.'

This was one of the only mentions of stress at work that PAs made during focus group discussions. Survey results were quite evenly divided on the issue of workplace stress: a slight majority (56%) agreed (48%) or strongly agreed (7%) that PAs find their jobs stressful, with 41% disagreeing and 4% strongly disagreeing that this was the case.

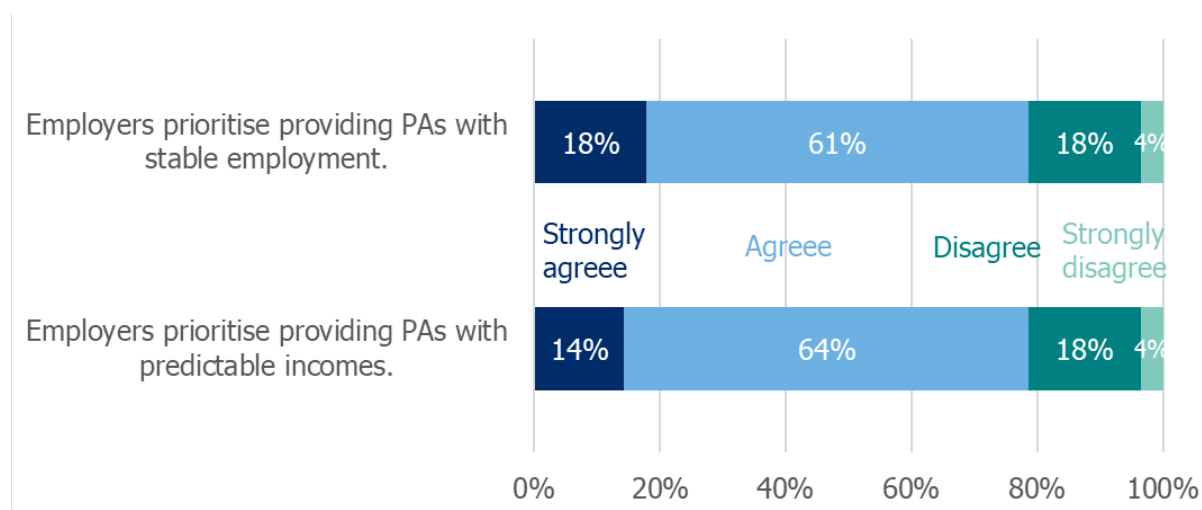
The different situations these PAs discuss, and accompanying survey results, reflect research that highlights the significance of individual circumstance and context within the 'gig economy', and the subsequent diversity of experience across individuals employed in 'precarious' roles. Individuals who have multiple income sources are more likely to appreciate the flexibility and autonomy that can accompany work of this nature, whilst those with greater dependence on a single source of income are much more vulnerable to the insecurity and lack of rights associated with 'precarious' work ([IES, 2018](#)). The survey data suggests that the majority of PAs are reliant on their income from a single PA job, potentially placing them in this latter category.

The survey asked respondents if they worked for more than one employer, if they had another job alongside their PA role, and if so in which sector they worked. 86% of respondents only worked for one employer, and the majority of respondents (63%) were not working in any other role in addition to their PA job(s). Small numbers of respondents worked for 2 different employers (7%) and 4 or more employers (7%). 22% of respondents were currently working in another social care role, with 4% employed by a local authority and 19% employed in the charity/voluntary sector – a further 15% had previously, but were not currently, working in another role in social care. 4% of respondents were working in another role in the hospitality and tourism sector, 7% in childcare and early years, and 11% in health.

It is also possible to draw initial inferences from survey data levels of precarity experienced by PAs, and that could follow from these employment situations. The

majority of respondents agreed (64%) or strongly agreed (14%) that employers prioritise providing PAs with predictable incomes, with similar majorities agreeing (61%) and strongly agreeing (18%) that employers prioritise providing PAs with stable employment. However, in both instances, 21% of respondents disagreed (18%) or strongly disagreed (4%) that this was the case.

Figure 4.15 : Security



A co-produced solution to address concerns of job insecurity across the PA workforce is potentially already built on good foundations – the individual approach to personalised care that is inherent in SDS Option 1 may provide useful terms of reference to consider and support the variety of situations that different PAs work in.

Recommendations:

- Support the PA Network to offer more comprehensive assistance to PAs in a diversity of working situations, especially those who work predominantly or exclusively alone with their employer
- Ensure that PAs and employers are aware of and can easily access online (Future Learn) resources that can enhance their understanding of resolving conflict in the context of the PA-employer relationship, and understanding and management of other potential difficulties, to provide each party with resources to best manage the PA-employer relationship

4.4. Introducing Supervisions?

When discussing these issues, parallels were drawn with Supervisions that occurred elsewhere in the social care sector, which some PAs felt offered an example of where workplace practices within social care providers could be transferred or adapted into the context of Option 1:

PA 1: 'Most people don't know how to broach the subject with someone, because what you want to do is you don't want to rock the boat, you don't want to say the wrong thing, you might upset somebody, so what do I say, how do I say it?'

PA 2: 'Whereas if you had a line manager you would be saying to your line

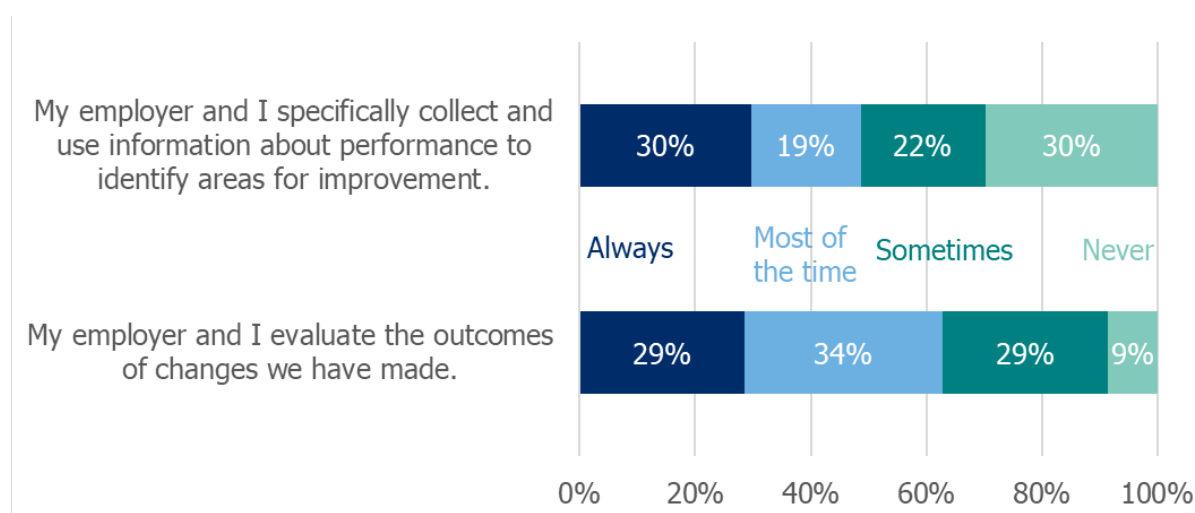
manager listen...'

PA 3: 'This is supervision.'

PA 2: 'Aye, in supervision you would be raising it and then they would raise it, you know.'

86% of survey respondents said that they do not have Supervision sessions with their employers. Of the small number of respondents who do, 50% have Supervision every 6 months, 25% have Supervision every 6 weeks, and 25% have Supervision more often than every 6 weeks. In terms of associated practices of evaluation, the majority (63%) of survey respondents said that most of the time (34%), or always (29%), the outcome of changes they have made are evaluated by themselves and their employer. In terms of specifically collecting and using information about performance to identify areas for improvement, whilst 49% of respondents said this happened always (30%) or most of the time (19%), 30% of respondents said that this was never the case.

Figure 4.16 : Improving processes



The value of Supervisions within the social care sector is well documented. Although the sample size of PAs responding to this survey who have Supervisions is very small, this was somewhat reflected in their responses – 75% somewhat agreed (50%) or strongly agreed (25%) that Supervision sessions provide them with opportunities to reflect critically on care practices. 75% agreed that Supervision sessions support PAs to cope with the demands of work. **It may be useful to consider providing employers with information and resources with which to conduct Supervisions, should they or their PAs feel this is valuable.** Several focus group participants talked about how more established processes of goal monitoring had been useful in supporting their employers' changing needs better – this was particularly referred to for PAs supporting young people without capacity:

PA: 'We have learnt certain things and I would like to think that we have met certain milestones and we've moved on. I mean don't get me wrong, he will always, for this particular young boy, he will always need some kind of care package because of the severity of his autism. But, he's certainly in a different place. However, getting somebody that doesn't have that background experience you could potentially be sitting with somebody that's a PA that's no making any progression.'

Social Worker: 'If perhaps a parent is holding back the child's progression or in an older person, they're fiddling the finances, or how do we help the PA say, actually this isn't on.'

Recommendations:

- Consider providing employers with information and resources with which to conduct Supervisions, should they or their PAs feel this is valuable

5. Recruitment and retention

The social care sector faces significant issues recruiting and retaining staff – for those employing PAs via SDS Option 1, this could also be the case, albeit for some different reasons and with some different consequences. Support organisations and social workers reported some confusion amongst employers as to how to locate PAs, or how to effectively advertise a PA vacancy:

Social Worker: 'But, what parents are saying to me in my job out with this, is that okay, that's an option for me, but where do I get the PA? How do I get them? There's nowhere that says... it's like you can go and get a list of child minders, you can go to the Scottish Association or whatever, or social work use some of the child minders for respite for some of the children and families, they have got a list for that. But, where is there a list of PAs?'

Support organisations reported having discussed the possibility of establishing a national PA recruitment database, but had come against problems when it came to administrative responsibility, ensuring information was up to date, and possible costs:

'We've had this conversation in many different areas of Scotland and everybody agrees it would be a good thing. I've even spoken to someone from the Scottish Government who says that's a good idea. But, then who administers it? Like who takes someone's name off it once they have found a job, or if an employer wants to advertise within it, if the employer finds somebody, who takes his details or her details off the system?'

Balancing the possible establishment of a PA recruitment database with the autonomy and control that Option 1 is supposed to offer employers may also be challenging. For example, some employers may prefer to use alternative or more trusted routes to recruit PAs. As with wider issues of regulation and oversight (discussed at the end of this report), bringing together employers and PAs to co-produce the design of an optional recruitment database may be a useful response here. This could be facilitated by support organisations, such as the PA Network, SPEAN, and Independent Living Centres.

Several PAs mentioned their impression that it was increasingly difficult to recruit PAs, especially those that were considered 'good'. As one PA said:

'I think part of the reason why the pool is shrinking is that if somebody gets a good PA they do everything they can to hang on to it, because it's like gold dust, it literally is like gold dust. If somebody knows somebody that's a good PA they will have three or four phone calls asking people in a similar circumstance. You know, but purely by word of mouth, because this is a small local authority and most of the people that are in a similar situation, network at similar events and stuff like that and they get to know, you know, if it's children and families in particular, it's picking people up from school and stuff like that, it's parents networks, it's coffee mornings. All the kind of usual social gatherings that you would expect. If they recommend a PA is good from their experience somebody will be like that, oh, what's their phone number? Have they got available in this night, such and such?'

In this instance, as more people took up SDS Option 1 in a particular local authority, the availability of PAs was not sufficient to meet demand. This PA attributed this shortage in part to recruitment and retention issues facing social care more generally, and the fact that care workers considering leaving the sector - or who were at least dissatisfied with their roles within a social care provider - were not then choosing to become PAs because it is perceived as a less secure role:

'So, the pool of PAs is shrinking because their attention level is desperate. It's basically if you get a PA that's good and does the job and is very happy to do what you required of them, they would do anything to hang on to them. From that point of view anybody new coming in to looking to recruit a PA is already facing an uphill battle. Alongside that as well is that you just can't compete with service providers, although they have got a high turnover of staff, there isn't a lot of people leaving service providers to go onto PA work because of the security.'

A PA participating in a focus group expressed this same anxiety. Whilst this PA described how much they loved their work, they talked about the possibility of their PA role with an employer coming to an end, concluding that they may ultimately end up taking a more secure position with a service provider:

'We've worked in disability a very, very, long time, and I think for me if this was to go...which I really, really, really, like it and I would like to have more kids, you know, I would like to work with a couple of more kids to do this, because I think the progression and the things, and all the things that we have learned over the years about not creating dependencies and developing and all that kind of stuff was fantastic, but see if this didn't work for me, I just think, do you know what, go back to an organisation, because I've got a safeguard. I've got a safeguard there, you know, go in, get paid, nine to five.'

For this PA to leave their role and to leave Option 1 more broadly represents a significant loss of skills and experience. As discussed in the previous section, a more negative aspect of the PA role that appears to currently accompany the many positive attributes – such as good quality personalised support, flexibility, opportunities for development, high levels of fulfilment – is insecurity. **Improving job security for PAs could attract people to becoming PAs, especially as this appears to be typically viewed as a rewarding and good quality role, and could go some way to resolving a recruitment problem.**

Retaining PAs was also described a challenge, again from a different angle to the retention issues experienced in the wider social care sector. One PA said that, in their experience, many 'good' PAs worked with their employer up until their employer's death, but subsequently left the sector, or at least did not take on another PA job:

'The other thing, the other side of the coin we've been told about on many occasions as well is that you have really good PAs who have been doing a job for quite a number of years and then sadly the person they're looking after dies and those PAs just disappear.'

A co-produced recruitment database may assist in addressing these issues, for example by providing advice and access to bridging or short-term PA positions whilst

a PA whose employer has died makes decisions about their longer term career plans. Improving the retention of PAs in these circumstances could also be achieved by measures to improve PA job security.

Recommendations:

- Investigate, using co-production between employers and PAs, the extent of support for a PA recruitment database, what form this might take, and what resources would be required

5.1. Disparity in hourly rates across SDS Options

Perceptions of insecurity were accompanied by many PAs' view that they were a 'cheap' labour force, and that the amount of money allocated per hour for Option 1 was lower than that for other Options. This view was discussed by several different PAs, for example at one focus group, at which a social worker was also present:

Social Worker: '[social care provider] charge £16 something an hour and that worker gets a minimum wage. So, they're recharging social work £16.68, I think it is, an hour... in that £16.68 they are actually, if you looked at all the costs and everything it's not even £10 for that member of staff. I know they've got the overheads of the building, they've got clerical they've got...but if you are doing three hours for one child at £16.68 [per hour], and you are getting that, the clerical is not going to cost that.'

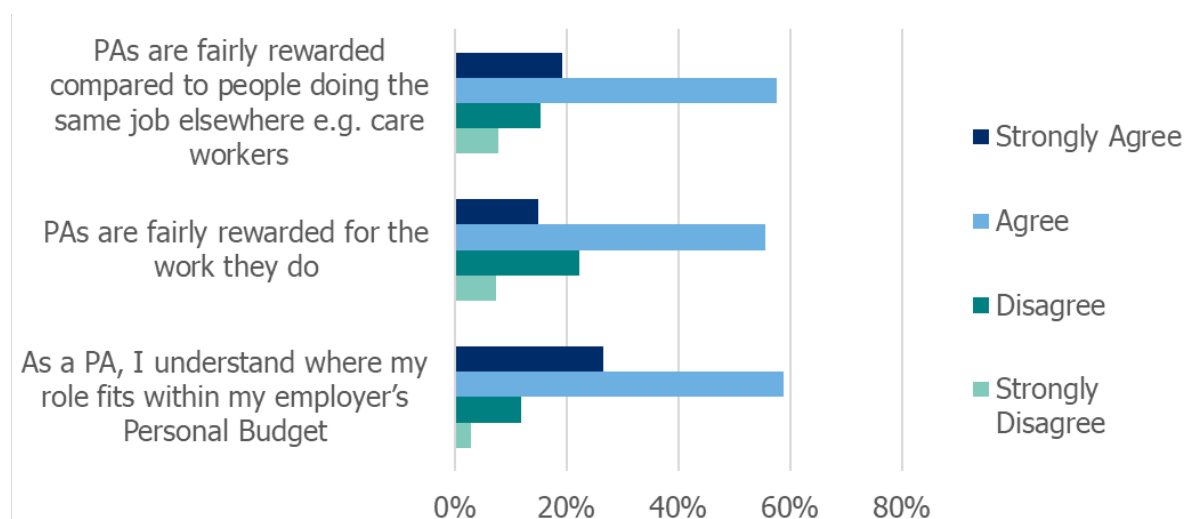
PA 1: 'No, exactly, but even just looking at what the local authority are paying, if they local authority are paying [social care provider] for ten hours at £16 and paying a PA at whatever, £12, £10, whatever.'

PA 2: 'They're still making massive savings.'

Social Worker: 'There's still a saving, yes, absolutely.'

Survey results were mixed on this issues. The majority (77%) of respondents agreed (58%) or strongly agreed (19%) that PA work is fairly rewarded compared to people doing the same job elsewhere (e.g. care workers). A smaller majority (70%) of respondents, agreed (56%) or strongly agreed (15%) that PAs are fairly rewarded for the work they do – 22% of respondents disagreed, and 7% strongly disagreed, that this was the case. The majority of survey respondents (85%) agreed (59%) or strongly agreed (26%) that as a PA, they understood where their role fits within their employers' Personal Budget.

Figure 5.1: Reward and compensation



The idea that SDS (and in particular, Option 1) is primarily, if not solely, about saving money has been circulating for some time – **as recommended by [Audit Scotland \(2014: 21\)](#), there remains work to be done by local authorities to ensure that communities understand and agree that the ways in which SDS is being practiced focus on improving lives, and not on reducing costs.** Doing so could usefully contribute towards improving PA recruitment and retention rates. Some PAs, employers, and support organisations framed the PA role as entailing a higher level of responsibility than most front line care worker roles within social care providers, and felt this justified a higher wage:

Employer: 'The other thing is, you get this £300, as your start-up money, but they're only giving you £12.99 an hour, for your care. Now, PAs are, your role is different to what you would do with an organisation in the community. And so, I think they deserve more money. They take on a lot of responsibility that you wouldn't normally, in any other environment. But that money, that £12.99 has to pay tax, national insurance.'

Interviewer: 'So the actual take home pay is a lot less?'

Employer: 'A lot less.'

PA: 'It is less.'

Employer: 'Because you're taking on, like, someone in my position... taking on sole responsibility for that person, and their care, and everything. It all comes back onto you. It does, at the end of the day.'

Employers who had moved between Options had some overview of the different costs associated with each Option. One employer participating in a focus group described the poor value they felt they had been getting from Option 3 when they compared what care workers were earning to the amount they were paying per hour of support. However, this employer found that their level of control over PA rates of pay was limited - they were not able to simply transfer the cost of care via Option 3 to PA wages under Option 1:

Employer: 'When the authority was doing our care, the lady was saying what they were earning. But we also knew what we were getting charged, for the care company to come in. And it was just over half, was the difference - which was ridiculous. And when we got offered to go into self-directed support [Option 1], we grabbed at the chance. But then, we also, knowing the numbers, then got told how much we would offer to pay the, you know, it was all calculated by somebody else, of a neutral body. So it wasn't someone saying, you will only do that. And again, there was a huge deficit between what we were allowed to pay, as to what they were already paying the care company. And it was ludicrous, it was really, really not good numbers.'

SDS, and in particular Option 1, is about improving lives through enabling people to control and evaluate their own support. For employers to find themselves paying what they view as ethically unsustainable wages to their PAs is not in keeping with these ideals.

Whatever the reality of the situation with pay parity between PAs and care workers employed by organisations – and it appears likely that this at least varies across local authorities – there is a strong perception amongst employers and PAs that their labour is being devalued by local authority costings which are lower for Option 1.

Recommendations:

- As suggested by Audit Scotland, work remains to be done to ensure that communities agree with authorities about the practice of SDS at a local level, and that this is in keeping with their ideals and principles
- Where direct payments assume that PAs are to be paid at a lower hourly rate than other roles within the wider social care sector, re-evaluation will need to take place to ensure legality and pay parity across 'like work', equivalent work, or work of equal value (in terms of skill, effort or decision making).

6. The 'regulation' debate

Many of the issues discussed in this report could in theory be resolved by some kind of regulatory approach or oversight. This was the direction in which much conversation during focus groups and interviews went – some PAs and employers were confused as to why regulation appeared to be so absent from their working relationship, but few were certain that a regulatory approach mirroring that taken elsewhere in the social care sector would be suitable for their work.

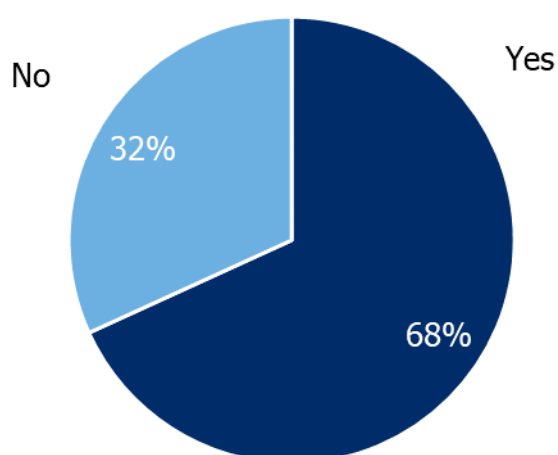
The background to the current approach to 'regulation' taken within Option 1 was summarised by a member of staff at a Support Organisation:

'The disabled peoples movement, the independent living movement, it's about people being in charge and in control of their own set of circumstances. It's about saying it is not for the state to tell me who I can and can't employ, it is not for the state to keep a record and check – I don't need the SSSC to check that the person who is working for me is doing what I want them to do, because it's my job as their manager and employer to check that they are doing things the way I want them to. So I don't need them to be working to a set of criteria that is coming from someone else. The point of me taking it into my own hands and doing it myself is that I'm directing what support I want and need. That's kind of the ethos – it's very much about ethos and principles.'

Upholding the principles of self-directed support, in which the employer has control over their own support – and is trusted by external parties and institutions to have this control – is a core priority of this research. This report has made a number of recommendations that may assist in the resolution of issues experienced by PAs (and employers), but which do not rely on a regulatory approach. This research did however find that for many PAs and employers, the possibility of some form of regulation or external oversight remains an open question. It is not within this report's remit to recommend a specific approach here, or even to advocate for regulation of any form – in keeping with the core principles of SDS, this has to be a discussion and practice co-produced and co- implemented by employers and PAs.

At present, local authorities have a statutory duty to 'develop effective arrangements to ensure that all prospective personal employers are aware of and able to discharge their responsibilities in relation to safe and effective recruitment under the PVG scheme' ([Scottish Government](#)). The survey asked PAs whether they had an Enhanced Disclosure check for their work as a PA – 68% said yes, 32% said no.

Figure 6.1: Have you had an Enhanced Disclosure (ED) check for your



There was a feeling amongst PAs, employers and support organisations that it was not impossible to carefully balance the ideals and priorities of SDS, and in particular Option 1, with a more established system of support and recourse for PAs which many felt could resolve issues experienced by some in the PA workforce. This was discussed during a focus group:

Support organisation: 'They [social work] always hide behind this: well if we start interfering and regulating, it means you're taking choice away from people. The two can go hand in hand, you can have choice and also regulation, just depending on the amount of regulation.'

PA 1: 'I'd definitely like to see there being better legislation, and just to make sure we're all supported, including our employers.'

PA 2: 'Yeah, I agree with that.'

Employer: 'I think if we're regulated, then it works in favour of both of us.'

Whilst the term 'regulation' was used here, further discussion highlighted that this did not necessarily mean legislative oversight by the Care Inspectorate, SSSC or an equivalent body. To a certain extent, the debate around 'regulation' was often about forms of support discussed earlier in this report, which many PAs and employers sought but had struggled to access – for example, information and a proper induction from the local authority and social work; or a sufficient training budget:

PA: 'I mean, I don't see why PAs, for example, can't have the same support that a home care company has. Because they're bound by the law, they have to train their staff. So why can't the same rules apply to a personal assistant who's doing almost the same job. And they tend, sometimes, to hide behind, they say, well the legislation is written in such a way, we don't want to regulate, because it takes away some of the choice from someone. But it's got to be informed choice. I'm quite sure if you asked all the PA employers in Scotland, would you like your PA to

have some sort of basic training so they can do this, they'd all say, yes.'

In addition, whilst some PAs and employers felt that there should be parity in forms of oversight across the whole social care sector, **they also recognised that the PA role featured different characteristics and intentions which may not make this oversight appropriate, or which could mean any oversight should take specific forms that are sensitive to the nature of the PA role.** These tensions were in evidence during a focus group discussion between PAs and their employer, drawing on a bad experience with a former employee in which the employer had been taken advantage of:

PA: 'And everybody should be working to the same bible, if you like, whatever. But every agency, every company, everywhere you work, it's all care, it should all be the same. So you should be able to go to one place, go to another place, and know that it's the same. But it's not. There's so little care in some places, and then there's great care. Like, we've got great care in our place.'

Employer: 'But I do mirror what [PA] is saying about fairness, between employer and employee, for rules and regulations, and everybody is kept safe. Within that, as an offshoot, I do feel there should be a regulating body for PAs, because our own particular incident, that happened within our own home, very insidious, to the top point. Where someone was manipulating, and had incredible control that they should never have been given. Do I go and say...I'd like, I would like that person never to be in contact with another human being, ever. Let alone, giving care.'

PA: 'But there should be somebody who you can be held accountable to. And like, if things like that happen, you can report it, and so, that person can then be watched, or whatever, with their next employer, or stuff, you know, that kind of a thing. There's nothing like that.'

During this focus group, participants were asked about whether a regulatory body of some form might disrupt aspects of the PA-employer relationship which, as discussed elsewhere in this report, have led PAs and employers to speak so highly of Option 1 when compared to forms of support available via other Options. **There was concern amongst PAs and support organisations that a regulatory body or process might jeopardise the core ideals outlined in SDS** and in particular Option 1:

Support Organisation: 'I have a kind of an issue with it because, and I'm not one way or the other, I'm kind of undecided. But there's a family who employ PAs for their son, and their son has got really specific needs. And well, you know, has specific interests, and so they employ PAs who have similar interests. And I suppose, they think anything that he needs from a care point of view, they can teach someone, but they can't teach, they can't instil a love of music, or arts, or skateboarding, or whatever it may be. And that's where I fear, that if we go down too much regulation...'

PA 1: 'And that also sort of plays on me, actually, because it does, not in a bad way, but then you kind of think, well, is there then going to be extra things that breaks that relationship down completely, or is it going to be helpful. But it's kind of a thing, I don't know, a toss-up. And you kind of have to, it's protecting yourself as well.'

PA 2: 'I can understand totally why they want it to run without regulation, because it gives people more freedom of choice.'

Employer: 'No, you can have, regulation is one thing, but they still have freedom of choice. It's about doing, morally, doing the right thing.'

Support organisations offered examples of how a focus on values, interpersonal compatibility had been key in producing excellent quality support and good working relationships, with the suggestion that a recruitment process focused on specific training requirements could erode this:

'[Employer], he's got no sight at all, and he'd taken on a PA. She seemed good at interview, and she did the tasks no problem, but she never spoke to him. He would say 'oh that was an interesting feature on the news last night' and she would say 'I'm not really interested in that'. They had nothing in common. And he found it really disconcerting, because obviously verbal communication is really important for him. So when she moved on, he had a think and made a decision that he wanted someone around about his own age group. So now he's got [PA], who's really chatty, they get on like a house on fire – she gets on with the tasks, they have a lot in common, great conversations. It's these things. Obviously skills and experience are important, but skills can be taught. A number of people in there said, in the interview we hit it off right away – we shared values, we shared interests, and other things come from that.'

As is clear from these discussions, the issue of regulation – its extent, form, or whether it should exist at all for PAs – remains a contentious issue, with perspectives not following PA, employer or support organisation lines. **A 'one size fits all' approach was not seen as useful for the PA workforce or their employers, with an employers' own agreed outcomes and preferences remaining a priority.** However, the value of further discussion between PAs and employers on this issue was clear from the focus groups, with ideas and nuances emerging as the conversation developed:

PA 1: 'I kind of have two thoughts. I agree with the regulation side of things, but I don't necessarily agree with the minimum training requirements. I think the induction idea is good. I don't necessarily think that every single PA needs first aid maybe... because you could have a PA that will never ever do any kind of first aid, they would never have to deal with any kind of emergency. We've got people who are employed as PAs who are supporting young adults or older teenagers as a kind of... because they have got similar interests. So, they might, you know, go and play football together and they are just there because they've got an SDS package because they have got learning difficulties or whatever. I just think if you're suddenly going to regulate it too much...'

PA 2: 'That's a much bigger outcome for that person than having somebody who has come from a care background who might be able to, yes, take him to the football, but...'

PA 3: 'Yes, I think, I don't know, I'm just kind of I get both sides of it and I think...and I know the parents of those people say, you know, I can't get somebody with those interests, but I can teach them stuff that I need them to know. They can

teach them first aid, they can teach them any specifics, but to get the PA in the first place who has got the same interests or hobby or whatever - that's the thing.'

Employer: 'I think you can still have regulation, and have that relationship. There's no reason why you can't.'

Throughout focus group discussions and interviews, the possibility of expanding the remit, reach and resources of the PA Network was raised. Those PAs and employers who had accessed support via the PA Network spoke about how significant a difference it had made to their work:

Employer: 'Until the PA Network came into our lives through [PA] I had been asking, that would have been eight years, by then, I think, somewhere there. That I could get first aid training for children, i.e. [employer]. No one would do it, without us paying out, I think it was £1,000 something, we got told. I was asking for training, basic moving and handling for the ladies, and this was what I got every single time. Training for medication, I spoke to community nurses, to ask for them to come out. Because it just gave an air of professionalism. So it's something I've been asking for years, and years, and years, until you guys came along, and the PA Network, through [PA].'

PA 1: 'Yeah, through training.'

Employer: 'Yeah. We've had phenomenal training from them.'

In this instance, an employer was only able to access training they deemed necessary for appropriate support once they had been put in touch with the PA Network via a newly recruited PA who was aware of the organisation. Various participants expressed a desire for greater access to the PA Network and their resources, alongside concern that the PA Network did not currently have the capacity to respond to demand:

Social Worker: 'I think for me to be here at this forum [PA Network], I think it's really important for me to go back and promote to the PAs that this is a good place to be, however, what do we put in place for the PAs so that they can come no matter what time it is? So, I guess I'm here sort of hoping that there's like a hot line that they can use if something terrible has happened for them.'

The PA Network was seen as potentially offering a range of solutions to issues of recruitment and retention, levels of information and awareness available to PAs on commencing their position, providing support and a possible job search database for PAs whose roles were ending (for example due to changing needs of their employer, or their employer's death). The PA Network currently offers training and advice to PAs, but often struggles to meet PAs' needs due to resourcing issues. **An expanded remit and/or additionally resourced role for the PA Network would clearly be valuable**, and could also be to mediate and facilitate – along with other support networks, such as SPAEN and Independent Living Centres – discussion around oversight practices, or 'regulation'.

Recommendations:

- Support further discussion with employers and PAs about more established forms of recourse and support within Option 1 that can offer value to both parties, with a view to co- producing ideas about the direction (if any) this could take in the future
- Bring PAs and employers together to co-produce ideas about expanding the PA Network's remit and reach, including ways to access additional resources to support this

7. Summary of Recommendations

The recommendations identified throughout this report, and summarised below, arguably cut across all dimensions of fair work. That said, some general findings can be identified as connecting with the Fair Work Framework's dimensions of fair work.

Respect: PAs reported high levels of mutual trust and appreciation of their work by employers. Where respect may be lacking in the working relationship, this tended to occur at the technical level e.g. contracts, terms & conditions, job security.

Security: Job security was a key issue for many PAs who participated in this research. On one hand, providing personalised support in a context of changing needs by definition involved a degree of job insecurity. However, there are ways to support PAs in these situations, and these should be explored in order to improve PA retention.

Opportunity: Skills development opportunities can be strong – several PAs spoke about their role providing personalised support in a context of changing needs as inherently developmental, offering variety, autonomy and new experiences which help them professionally develop. However, many PAs face barriers to accessing necessary, relevant and developmental training, and this needs to be addressed.

Fulfilment: Many PAs reported high levels of job satisfaction, and a strong sense that their work was meaningful and fun. This is especially the case when compared to other social care roles, in which measures of meaningful work are also strong – PAs reported having relatively more time and autonomy to co-produce excellent and innovative support, in the context of an often close working relationship.

Effective Voice: Many PAs reported some issues here. Whilst the close working relationship with employers could greatly facilitate communication, many PAs also found this made raising problems difficult, citing fears of creating tension or of possible job loss (see again job security issues). There are resources available to support PAs and employers working well together, and these need wider dissemination and accessibility.

Finally, we reiterate the cross-cutting recommendations highlighted above.

Recommendations on assessing and setting up SDS Option 1

Recommendations and key priorities for consideration include:

Improved and extended SDS training for current and future social workers, ensuring all relevant staff have capacity to engage and update their knowledge

SDS training for local authority staff who work indirectly with SDS e.g. approving budgets

Mainstreaming 'good stories' about SDS Option 1 across local authorities

Resource shortages – which are also associated with capacity shortages amongst social workers – need to be addressed if SDS is to become successfully practiced and embedded across local authorities

Improvements in social workers' knowledge and understanding of SDS needs to be accompanied by improved communication with and information provision to PAs and employers about their mutual rights and entitlements

Local authorities should take seriously the possibility that PA salaries from some direct payments are not always accompanied by appropriate tax and NI contributions – it is in no one's interest for these practices to continue. Provision of information and support at set-up stage, and useful regular monitoring, could be helpful here

Policy stakeholders and local funders should consider how best to improve support for Inclusive Living Centres, which can provide invaluable support for PA employers.

Ensure that PAs and employers are aware of and can easily access online ([Future Learn](#)) resources that can enhance their understanding of mutual rights and entitlements, and that can provide each party with resources to best manage the PA-employer relationship

Steps to ensure better dissemination of information about Option 1 could facilitate greater uptake by individuals from less affluent backgrounds

Resource constraints affecting local authority budgets need to be addressed, in order to ensure sufficient direct payments to meet needs, to ensure equality of access to Option 1 for any individual regardless of socio- economic status, and to create a context in which innovative ideas and practices can be explored and implemented by PAs and employers

Provide sufficient (i.e. increased) and ringfenced resources within personal budgets to update training as an employers' needs require, and to train newly recruited PAs

Recommendations on personalisation

Recommendations and key priorities for consideration include:

Develop easily accessible online training resources for training appropriate for completion via distance learning (e.g. [Future Learn](#))

Consider how best to support an extended role for user-led organisations in helping employers to identify and support training for PAs

Work with Integration Joint Boards to give PAs' access to internal training available to the wider health and social care workforce, exploring the potential offered by Integration

Through co-production with PAs and employers, consider methods to understand the most effective ways for each party to raise, discuss and implement new ideas

Consider how enhanced networking and information sharing opportunities for PAs could be useful in encouraging and developing innovative practices

Facilitate PA identification of and access to local forms of support for specific conditions, with a view to establishing pathways to maintain PA job security in the event of an employer's needs changing significantly

Consider ways to establish job security pathways to assist PAs looking to continue in the role after a position ends

Support the PA Network to offer more comprehensive assistance to PAs in a diversity of working situations, especially those who work predominantly or exclusively alone with their employer

Ensure that PAs and employers are aware of and can easily access online ([Future Learn](#)) resources that can enhance their understanding of resolving conflict in the context of the PA-employer relationship, and understanding and management of other potential difficulties, to provide each party with resources to best manage the PA-employer relationship

Consider providing employers with information and resources with which to conduct Supervisions, should they or their PAs feel this is valuable

Recommendations on recruitment and retention

Recommendations and key priorities for consideration include:

Investigate, using co-production between employers and PAs, the extent of support for a PA recruitment database, what form this might take, and what resources would be required

As suggested by Audit Scotland, work remains to be done to ensure that communities agree with authorities about the practice of SDS at a local level, and that this is in keeping with their ideals and principles

Where direct payments assume that PAs are to be paid at a lower hourly rate than other roles within the wider social care sector, re-evaluation will need to take place to ensure legality and pay parity across 'like work', equivalent work, or work of equal value (in terms of skill, effort or decision making)

Recommendations on the 'regulation' debate

Recommendations and key priorities for consideration include:

Support further discussion with employers and PAs about more established forms of recourse and support within Option 1 that can offer value to both parties, with a view to co-producing ideas about the direction (if any) this could take in the future

Bring PAs and employers together to co-produce ideas about expanding the PA Network's remit and reach, including ways to access additional resources to support this



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