PA

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Personal Assistant Programme Board:

The Personal Assistant Workforce Survey

2023 Report

Self Directed Support Scotland
the organisation of choice

The Personal Assistant Workforce Survey

2023 Report

Contents

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1. Foreword from the PA Programme Board Chairs

As Chairs of the Personal Assistant Programme Board, our main objective is to raise the profile of Personal Assistance as a profession to ensure that Personal Assistants (PAs) are treated with equity alongside the rest of Scotland's social care workforce. Our extensive co-produced workplan has continued to drive this agenda forward through 84 actions and seven subgroups in collaboration with 30 organisations across Scotland's social care landscape.

We welcome the publication of the 2023 Personal Assistant Workforce survey report. This is the second survey targeting the social care Personal Assistant (PA) population (16 years and over) residing in Scotland. PAs in a social care context are contracted to provide support by people accessing Direct Payments, and other funding sources[1], to help them live an independent life.

We would like to extend our thanks to the almost 800 people who responded to this second survey. For the first time, we have comparative data to measure progress and further inform how we might improve supports for PAs in Scotland. The findings give us some clear direction for improving the recruitment, retention, and training of PAs. The report also provides wellbeing comparative data for the first time as well as greater insight into potential improvements.

The first PA workforce survey (2022) of 912 PAs identified a significant degree of job satisfaction and this continues, however this survey shows us that more improvements are required in terms of training and support. This survey also showed 6% of respondents have heard of the Board and 10% have heard about the *Make an ImPAct* campaign, demonstrating our work is just beginning to gain traction with the workforce.

Of interest to the reader will be the findings around low pay, especially given the commitment from the First Minister to improve this. Also of note is the two-fold increase in self-employed PAs responding. There are a number of findings which may potentially be related to pressures across social care and deficits in other areas of the system, such as a significant rise in a younger generation of PAs and the recruitment crisis which, although general to social care, is of particular interest here, given the special nature of the PA/Employer relationship and the supports required in order to manage individual budgets. The rise in figures of PAs undertaking unpaid support also indicates a wider issue about the capacity of the social care workforce and the cost of care in general.

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[1] The Scottish Government and the PA Programme Board define a *Personal Assistant as "any person directly contracted by someone in receipt of SDS Option 1 and/or Independent Living Fund Scotland in order to help them live independently. This latter person may contract one or more PAs to meet their support needs. We are aware that some people contract with PAs via other funding streams such as the Disabled Student Allowance of Student Awards Agency Scotland; the daily living component of the Adult Disability Payment or by using their personal funds."*

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The PA Programme Board and its subgroups have been driving forward improvements through some of the following outputs:

- Co-production of National Training resource for PAs and PA employers and new online future proofed training modules by April 2024
- Growing awareness of PA role with one single location for all PA jobs on on https://www.myjobscotland.gov.uk/personal-assistant-jobs
- IMPACT Coaches as part of a UK wide collaboration between universities working on PA wellbeing evidence review
- Pilot a discount card with 30 PAs
- The PA and PA Employer Handbook with growing readership and diligent content management to ensure articles relevant to Scottish audience
- PA led quarterly newsletter
- Collaborative work to calculate the size of the workforce in order to support workforce planning, support and training
- The PA Network Scotland transformation into a national membership organisation
- Collaborative work with Local Authorities to agree a common direct payment agreement
- Inclusion of the voices of PAs and those with lived experience of social care delivery and support in the development of the National Care Service.

The overall remit of the PA Programme Board is to advise Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport on how to best support the PA workforce. The Board is chaired by the Scottish Government and Self-Directed Support Scotland, with a range of cross sector membership representatives including PAs, Employers, Independent Support Organisations, Social Work Scotland as well as other public and third sector organisations.

All of this will be hugely useful in informing the improvements in 2024-25 we undertake via our workplan, to help us to further raise awareness of the role of PA and the work of the PA Programme Board. We trust that this data and its analysis will be useful to many of the readers.

Donald Macleod
CEO
Self Directed Support Scotland

Christina McLaren
Policy Lead, Adult Social Care Workforce and Fair Work Division
Scottish Government

Co-chairs, Personal Assistant Programme Board

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2. 2023 Key findings

There is a continued need for better data on PAs working in Scotland, particularly to estimate the size of the workforce along with future demand such that resources can be allocated appropriately to their support, but also to better understand the impact of their work in our communities. The PA Programme Board intends to explore and disseminate the key findings and emerging themes from this report and use them to set ongoing priorities for the development and recognition of the PA workforce in Scotland. Wider stakeholders are encouraged to review their strategic and operational processes particularly regarding funding, recruitment, retention and support of Personal Assistants, but most pertinently in relation to the improvement of support for PA employers.

1. While there were some shifts in the demographics of those who responded to the survey this year compared to last year (with higher numbers of male respondents and an increase in the number of respondents in the 25-34 age range), **the PA workforce who responded to the survey remains largely white, female and over the age of 45**. Further data is needed to understand if these shifts are influenced by survey distribution techniques or due to changes in the wider PA workforce. Nevertheless, the data suggest targeted work is needed to attract a wider diversity of people to the role of PA.

2. The responses around wellbeing and training indicate that **most PAs would like further support to do their job well**, and that this covers a broad spectrum of support including peer support, wellbeing initiatives, help with employment issues and training.

3. **Awareness of initiatives to recognise and support the PA workforce in Scotland is low among PAs themselves**. While many activities of the PA Programme Board remain works in progress, with their impacts not likely to be felt by the wider workforce until they are fully embedded, more needs to be done to ensure PAs have opportunities to learn about the work taking place and to contribute their skills and experience to this work.

4. There was almost a **two-fold increase in the number of self-employed PA respondents this year** (14%, up from 8% in 2022). Further research is needed to understand what may be motivating the PA workforce to move to being self-employed rather than employed, and whether this is influenced by a greater number of PA Employers not wishing or feeling able to take on the responsibilities of being an employer.

5. **Our respondents this year are working more hours** (one in five PAs are working 41 hours or more per week) **and working for more employers** (1.99, up from 1.53 PAs per employer in 2022). This data, when taken alongside free text responses to the survey, indicates that existing PAs may be filling gaps in the workforce by working longer hours (perhaps also due to feeling the pressure of not being able to take time off), and supporting more employers. This will inevitably impact on the long-term wellbeing of the existing PA workforce.

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6. **Unpaid care to support friends and family in addition to their PA role is a significant component of the lives of over half the PA workforce** (57%, up from 48% in 2022). Again, this may be another indication that PAs are providing unpaid care to people who, due to wider challenges in the social care system, would otherwise be supported by other means. More work is also needed to explore the impact of unpaid care on PAs and what measures can be taken to better support PAs both in their paid roles and as unpaid carers.

7. **There is a wide variety of rates of pay for PAs, and low pay has a significant impact on PA wellbeing and feelings toward their role.** Even though our survey responders this year are telling us that, on average, they are earning more than they did in 2022 (70% earned £10.90 or more per hour in 2023 compared with 39% of respondents in 2022), low pay was still highlighted as a problem for many PAs. Further evidence is needed to understand the drivers at play here and ensure the skills, experience and the demands of the PA role are recognised and rewarded appropriately.

8. The survey results show that **PAs clearly value the rewarding aspects of their role and the relationships they build with employers.** This is a valuable insight into what motivates PAs to join and remain in the workforce, and should be taken into account in workforce recruitment campaigns and PA development approaches.

9. Although the data gathered through the first two years' surveys is a valuable addition to the understanding of the PA workforce in Scotland, it also highlights the lack of robust data on PAs and employers and the challenges in gathering it, especially when compared to other sections of the social care workforce. **More work is needed to reach and engage PAs and employers across Scotland to enable a better understanding of the workforce.**

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3. Survey Design, Distribution and Analysis

In April 2023[2], we conducted the second national Annual PA Workforce survey targeting the Personal Assistant (PA) population (16 years and over) residing in Scotland. The annual survey's aim is to help us gain insight into the PA Workforce and to build an evidence base that can track changes over time to provide tangible support to improve the situation of PAs (and by extension PA Employers) in Scotland.

An online survey was developed in collaboration with the PA Programme Board's Data subgroup, Wellbeing subgroup and Communications and Information subgroup. Similar to last year, the survey included questions about demographics, experiences of working as a PA, training and the current mental health of respondents. Additional questions were added this year to explore how the role of being a PA impacts the wellbeing of respondents, and what support services and resources may help improve their wellbeing.

The survey questions were mainly multiple-choice, where respondents were able to choose more than one response. Some questions offered the option to provide a free-text response. Participation in the survey was optional and no questions were compulsory. Thus, the reporting of our results is limited to the questions our survey respondents chose to answer. However, compared with the 2022 survey, some questions this year had the added option to select 'prefer not to answer'. This has created some discrepancies when comparing results for questions asked in both years, as those who preferred not to answer a question in 2022 may have skipped these questions whereas this year, they had the option to select 'prefer not to answer' and be counted. Thus, for some questions, this may create the impression that percentages have dropped for the other response options.

This year the success rate of different distribution methods was tracked using unique web links to the survey. The survey was sent directly to 4,531 PAs on the mailing list managed by Self Directed Support Scotland. This list originated from the Adult Social Care funded PAs who had received the £500 Thank You payment during the Covid-19 pandemic and opted in to receive a quarterly newsletter on the work of the PA Programme Board, as well as new PAs who had since signed up to join the mailing list. Therefore, it is likely our results are biased towards PAs of adults.

Other distribution methods included the PA Programme Board's networks, Independent Support Organisations, Insurance providers, via social media, the Self Directed Support Scotland website and through the PA Network Scotland. Printed flyers promoting the survey with a QR code link were also sent in a physical mailout to PA Employers through their insurance providers and some payroll providers, requesting they pass the flyer to their PAs. Everyone who took part in this survey was offered the opportunity to take part in a prize draw, and five winners were randomly chosen. The prize draw could not be linked to survey responses.

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[2] The 2023 survey opened on 4 April with a planned closure on 30 April but was extended to 7 May.

The following report presents the results of this survey and compares these findings, where appropriate, with data from the 'Scottish Social Services Council Scottish Social Service Sector: Report on 2022 Workforce Data'[a], data from the Scottish Annual Population Survey 2020/21[b] of adults who had been approved for the £500 Thank You Payment[c], data on PA pay rates in England reported in Skills for Care, Individual Employers and the Personal Assistant Workforce: March 2023[d] along with the 2022 PA Workforce Survey[e].

In total, 798 participants responded to the survey (representing 17% of the known adult PA workforce in Scotland)[3]. Therefore, this report does not claim to be representative and any inferences about the PA workforce as a whole should be made with caution.

While responses to this year's survey were slightly down on the previous year (798 compared to 912 respondents in 2022) this was anticipated as respondents are less likely to complete a repeat survey, especially when the format of questions remains largely unchanged. Communication around the survey sought to overcome this by emphasising the wish for PAs to complete the survey again even if they did so last year. Nevertheless, the short time frame since the previous year's survey, and the potential to have been asked to contribute to other surveys, mean questionnaire fatigue may have influenced the overall response rate. A higher response rate may be achieved by running the survey less frequently, e.g. every two years and this is under consideration subject to balancing against any benefit of more closely monitoring areas of variance identified this year.

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[3] Data from 2021 Scottish Government "Thank You" payment shows a total of 4,799 approved applicants across each Local Authority area for a £500 bonus offered for work during the COVID-19 pandemic. The actual number of PAs will be higher as PAs of children and privately funded PAs were ineligible for the payment and some will simply not have applied for any number of reasons. However, this data gives us a minimum known number for which we can benchmark survey uptake.

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4. Our PA survey respondents

The data collected from our second annual PA survey respondents identifies positive areas where the PA workforce appears to be performing strongly, as well as continuing disparities among protected characteristic groups. However, some of these disparities are persistent and not unique to the PA workforce and are mirrored across Scotland's working population. Knowing more about our PA workforce will help us to further understand where groups are under-represented or at a disadvantage in order to develop strategies to improve the inclusion and diversity of those working as PAs. The following section will examine these differences.

4.1 Age

We asked: "How old are you or will you be this year?" Of the 712 respondents who chose to answer this question, the largest age groups continued to be 55-64 years and 45 and 54 years which account for just over half of our survey respondents (53%). This is 8% less than last year.

The median age of our PA survey responders decreased this year to 50 years (53 years in 2022). However, this still places the PA workforce as being older than the age profile of the whole social care workforce which stands at 43 years[a].

Compared with the wider adult social care workforce data in 2022[a], our younger age group is less well represented (with 3% of our survey responders 25 years or under compared with 8.7% in the wider adult social care workforce) and our older age group is overrepresented (with 11% of our survey responders aged 65 or over compared with 3.9% in the wider adult social care workforce) indicating the potential for a sizeable minority of the PA workforce to be beyond retirement age.

PAs nationally are in high demand and future work may consider PA recruitment campaigns for the under 25s to achieve parity at least with the wider adult social care workforce.

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Chart 1: Age profile of survey respondents compared with last year
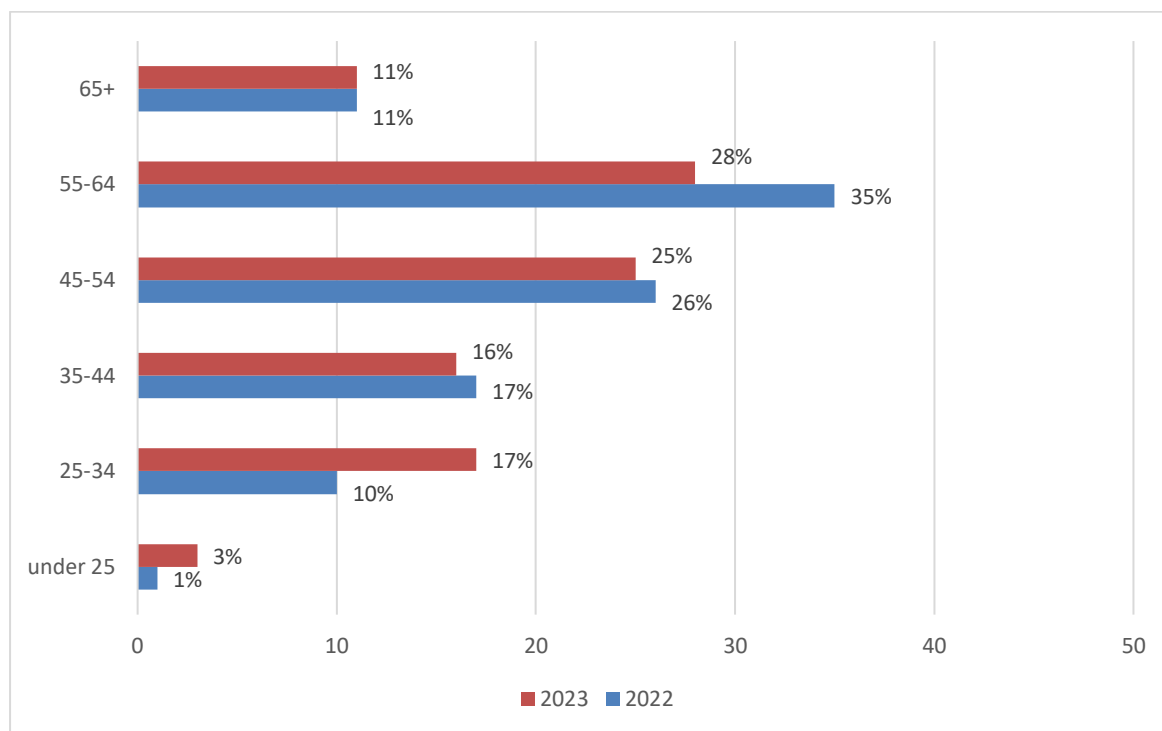
Chart 1 distribution indicates the respondent group with the largest increase from last year is in the age range of 25-34 years. The distribution techniques are unlikely to have particularly targeted this group so this could indicate some degree of success in recruitment of younger people and will be worth monitoring in conjunction with recruitment campaigns.

The majority (77%) of people with support provided or funded by health and social care partnerships in Scotland are older (65+ years)[f]. However, between 2017-18 and 2020-21 the number of people in Scotland receiving social care has increased across all age groups and it is projected there will be a growth in the number of younger adults reporting a disability over the next five years[f]. It should be acknowledged that the support needs of disabled people vary, and one factor that can influence this is age, with younger adults much more likely to report mental health problems, social and behavioural issues, and learning disabilities[g]. Therefore, it may be useful to explore in future research how the age profile (and by extension needs) of people seeking PAs compares with the age profile of the PA workforce.

4.2 Sex

We asked: "What is your sex?" Of the 731 respondents who chose to answer this question, 79% are female, 19% are male and 2% selected 'prefer not to say' their sex.

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While, the majority of our survey respondents remain female, there was a small increase in male survey respondents. However, this still points to approximately four out of five PAs being female which is not in line with the profile of the broader Scottish workforce with women making up just over half (56.5%)[h] of the workforce, but does align with the past ten years of annual workforce data reports by the Scottish Social Service Council which have consistently reported 15% of the social workforce being male[Error! Bookmark not defined.].

Chart 2: Sex profile of survey respondents compared with last year
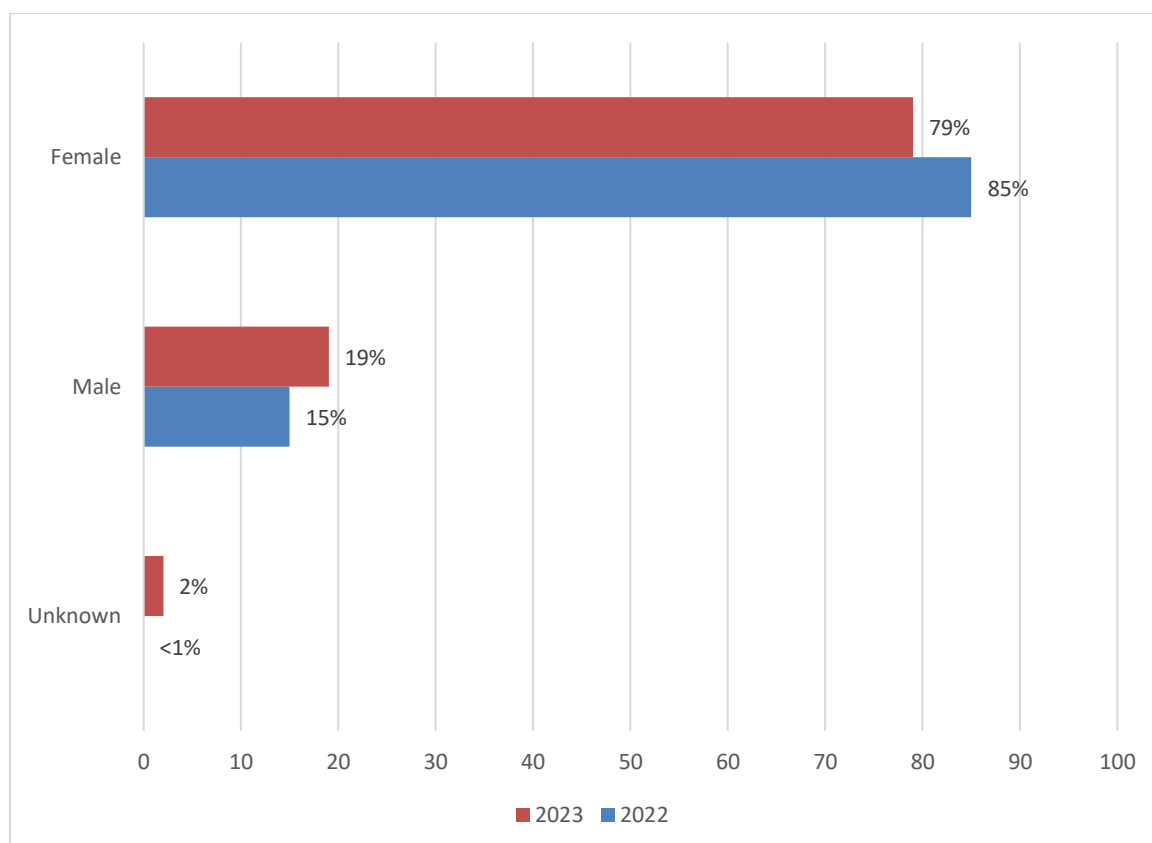
It may be important to consider future recruitment strategies to attract men, which in turn, will offer PA Employers increased choice.

4.3 Sexual Orientation

We asked: "What is your sexual orientation?" Of the 728 respondents who chose to answer this question, 88% identified as straight/heterosexual, followed by Bisexual, Gay Man, Lesbian/gay woman (each with 2%).

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Chart 3: Sexual orientation of survey respondents compared with last year
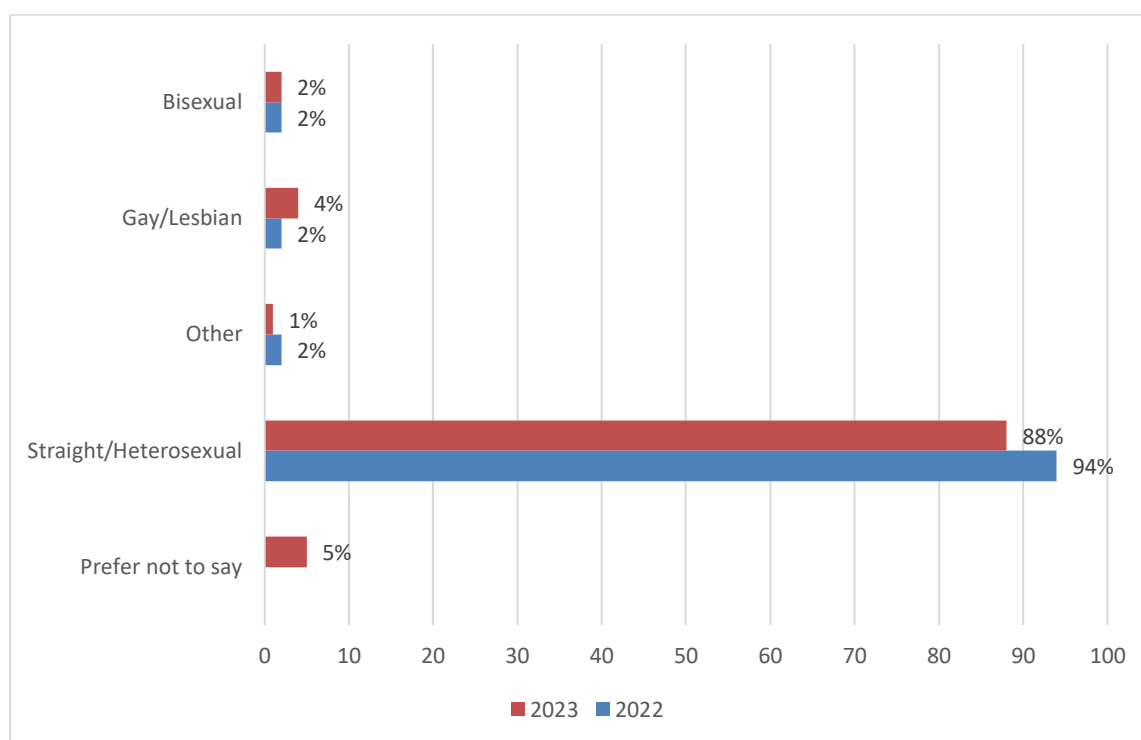
In 2022, 94% of our PA responders selected straight/heterosexual compared with 88% this year. However, this year we added the option 'prefer not to say' which was chosen by 5% of responders. It is possible that this may partly explain the drop of 6% choosing straight/heterosexual compared with last year.

The proportion of respondents identifying as LGB+ has increased slightly with 7% identifying as bisexual, gay/lesbian or self-describing their sexual orientation (up from 6% in 2022). Our survey results may indicate the PA workforce has a higher proportion of respondents who identify as LGB+ compared to an estimated 1.9% of Scotland's population in 2017 according to a UK study by the Office for National Statistics[i]. However, there is currently limited up-to-date official data available about the numbers identifying as Lesbian, Gay, Bisexual or self-describing their sexual orientation (LGB+) in Scotland. We were unable to compare our survey responses with the Scottish Social Services Council Scottish Social Service Sector: Report on 2022 Workforce Data or the 2021 Scottish Annual Population Survey as this data is not collected.

Scotland's Census 2022 (due for publication in Spring 2024) asked about sexual orientation for the first time and will provide welcome and up-to-date data on sexual orientation to consider how our survey respondents compare with the broader Scottish population once this data becomes available.

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4.4 Ethnicity

We asked: "What best describes you? Tell us about your ethnicity." Of the 732 respondents who chose to answer this question 93% identified as being of White ethnicity followed by 3% identified as having Asian ethnicity and 2% identified as having African ethnicity. The remaining 2.5% identified as Arab, Caribbean or Black, mixed, other ethnic group or preferred not to answer.

The respondents to our survey this year indicate that the PA workforce appear to be slightly more diverse than the wider social care workforce and Scottish population more generally. Our survey shows that people from a minority ethnic background make up 6% of respondents, which is up from 3% last year. We will continue to monitor our survey results for trends.

Chart 4: Ethnicity of survey respondents compared with last year
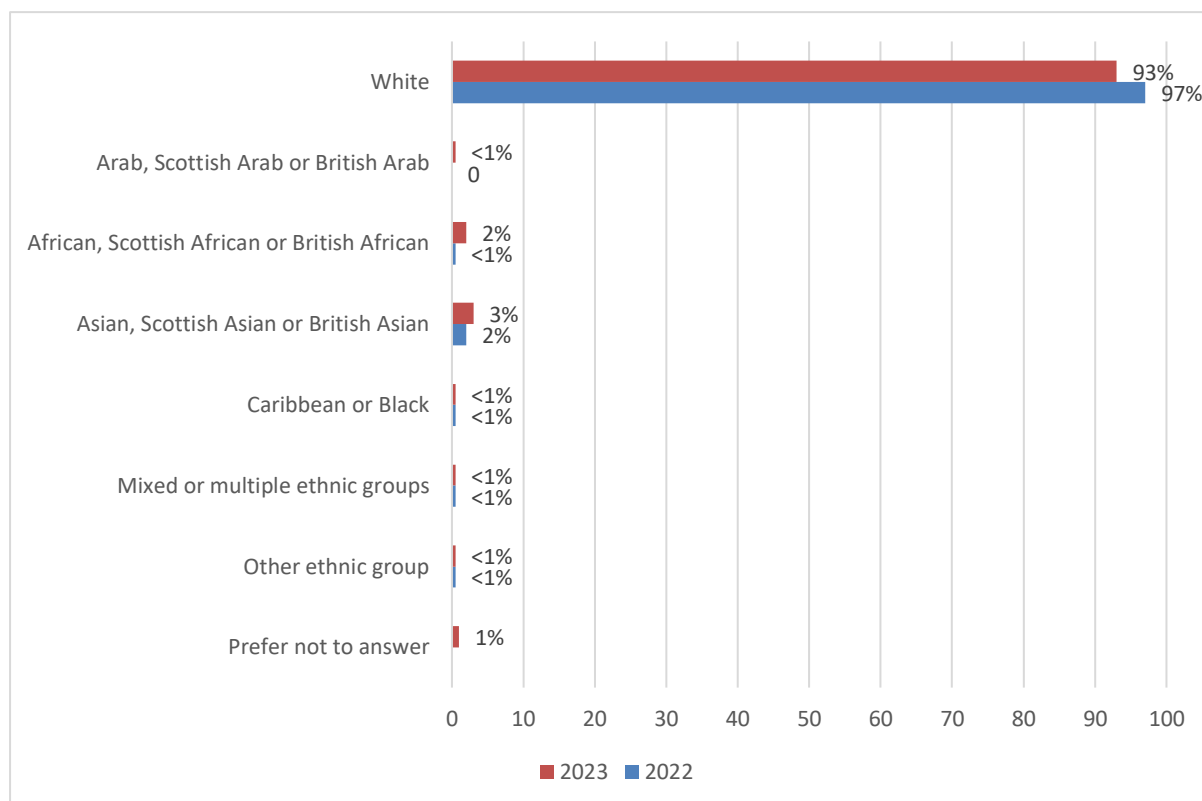
We looked at Scottish Social Service Sector: Report on 2022 Workforce Data[Error! Bookmark not defined.]; however, this data is incomplete, with the ethnicity of nearly one quarter (23%) of this workforce unknown, and therefore, makes a comparison with the wider social care workforce data difficult. Of the available data, most of this workforce identify as White (73%), followed by 2% identifying as Asian and 2% as Black. Similarly, while the majority of the people who accessed social care support in 2020/21 were white (72%), the ethnicity was unknown for over one quarter (26%)[f].

In comparison, Scotland's Census 2011[j] found that Scotland's population was 96% White. More up-to-date Scottish population data collected in 2018[k] also report that 96% of people over the age of 16 in Scotland identified as White. Scotland Census results (due for publication in Spring 2024) will provide updated information on the distribution of non-white ethnic backgrounds in Scotland.

Again, as with the data on age and gender distribution of the PA workforce, understanding how closely the ethnicity of PAs matches the demographics of people requiring support is important.

For employers seeking a PA, being able to recruit someone with an understanding of their cultural and/or religious needs is often desirable[l]. Understanding where gaps are in the PA workforce compared to the demand from employers will enable targeted intervention to address these.

4.5 Disability

We 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?" Of the 735 respondents who chose to answer this question, most did not consider themselves to be disabled or have a long-term health condition (75%).

Similar to last year, 21% of our survey respondents considered themselves to be disabled or have a long-term health condition and this reflects Scotland's population (one fifth of the population define themselves as being disabled[m] as defined by the Equality Act 2010[4]).

It is encouraging that the PA role is accessible to some living with a disability or long-term health condition. We looked at Scottish Social Services Council Scottish Social Service Sector: Report on 2022 Workforce Data; however, this data is incomplete, with the disability status of 18% of this workforce unknown, and therefore, makes a comparison with the wider social care workforce data difficult. Of the recorded data, 81% of the social care workforce did not regard themselves as being disabled[a].

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[4] Disability is defined in the Equality Act 2010 as 'a long-term limiting mental or physical health condition, that has a substantial negative effect on your ability to do normal daily activities that has lasted, or is expected to last, more than 12 months.

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Chart 5: Survey respondents who consider themselves to be disabled or have a long term health condition compared with last year
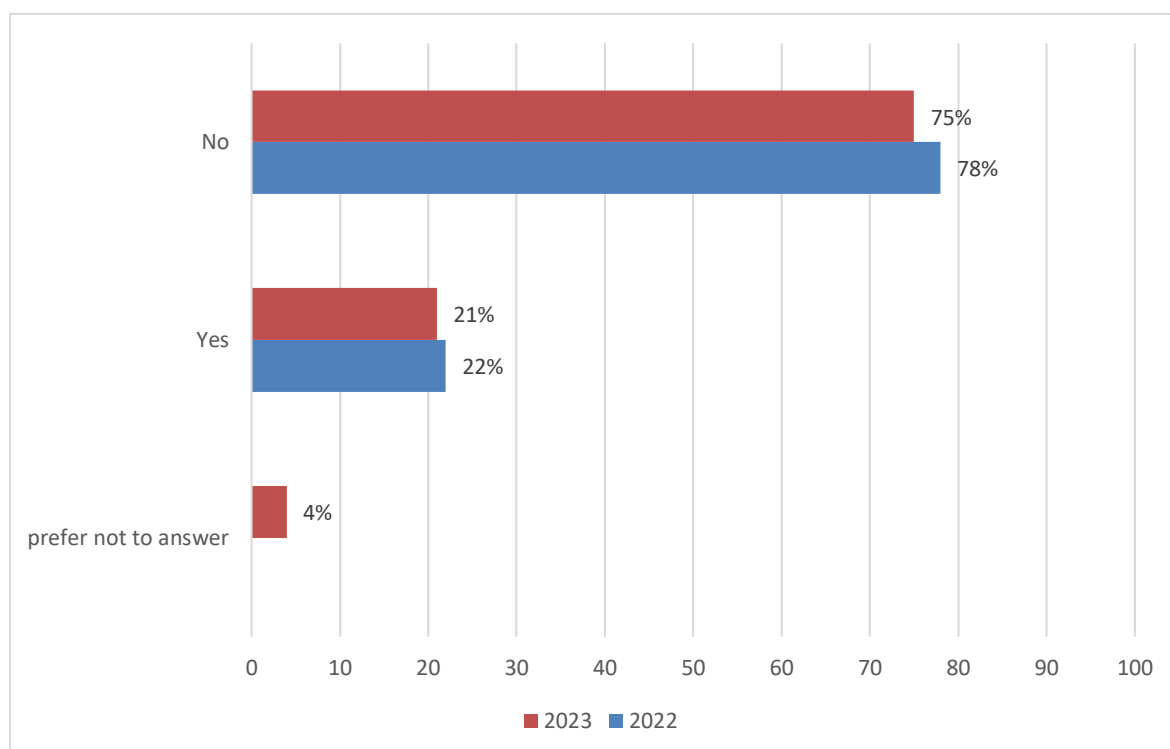
This year we broke down the 'yes' category to allow respondents to tell us how much being disabled limited their day-to-day activities. Of the 156 respondents who told us they were disabled, four out of five (81%) were 'limited a little' and one out of five (19%) were 'limited a lot'.

Respondents who told us they were disabled were also invited to answer about their disability. *We asked: "Does this impact on your ability to carry out your PA role, or do you think it will in the future, and if so in what way? Please write in."* 115 respondents gave a written response, which has been grouped into the following themes:

Chart 6: Impact of disability on PA role, now and in the future categorised into themes

Theme	%
Impact on physical duties as a PA (standing for long periods, bending, lifting and handling)	33%

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None/little change to PA role	23%
Will eventually stop them from being a PA (they expect will need to change jobs or retire early)	13%
Unsure/unpredictable impact on PA role	11%
Impacts hours able to work as a PA	10%
Requires reasonable adjustments at work	5%
Other reasons (e.g. cognitive function) impact on PA role	5%
Total	100%

33% of survey respondents said that there is an impact of their disability on their physical duties as a PA. However, 23% said the impact of their disability has no or little change to their PA role while 13% acknowledge it will eventually stop them from being a PA. 5% of respondents who gave a written response highlighted that they required reasonable adjustments at work, and it was also said, *"but not all employers understand these or are willing to provide them"*. Responses to this question would indicate that more PAs and PA employers may benefit from accessing additional support, such as information and advice on reasonable adjustments for disabled workers in the workplace.

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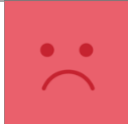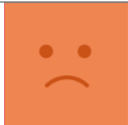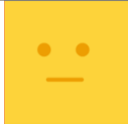
5. Survey respondents' mental health and wellbeing at work

In our 2022 and 2023 surveys, we asked respondents about their mental health[5] over the past seven days in order to make a year-on-year comparison. This year, we also asked respondents to quantify the extent to which their PA work had impacted their mental health and wellbeing, both positively and negatively, and what activities may support mental health and wellbeing.

5.1 Survey respondents and mental health

We asked: "How would you describe your mental health over the past 7 days? a. very poor b. poor c. average d. good e. very good."

Chart 7: Mental Health of survey respondents compared with last year

Mental Health in past 7 days	2023 (%)		2022 (%)
Very poor	5%	↓	6%
Poor	9%	↓	12%
Average	24%	↓	25%
Good	38%	↑	31%
Very good	25%	↓	26%

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[5] In the Scottish Health Survey mental health is defined as a state of wellbeing in which every individual realises their own potential, can cope with the stresses of life, can work productively, and is able to make a contribution to their community[n].

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In 2023, there appears to be an increase in the number of respondents rating their mental health as 'good' (38%, up from 31% in 2022), with those reporting 'very good' dropping by 1% point to 25%. It is too soon to deduce any improving trend but compared to 2022, there is also a slight movement away from responses such as, 'very poor' (down 1%) and 'poor' (down 3%).

While this is encouraging to see, it should be noted that last year our survey was undertaken shortly after the exceptional circumstances of the COVID-19 pandemic, the consequences of which impacted on the general population and especially so among those working in the social care sector, and this may have impacted responses and 2022 is potentially not an appropriate baseline year. Further, mental health is not just a PA issue, with the Scottish Health Survey 2022 showing around one in three Scottish people struggle with mental health problems in any one year[n]. This highlights the importance of ensuring PA Employers and PAs feel confident in their knowledge about mental health and wellbeing and where to signpost for more support.

The Scottish Health Survey 2022[n] showed older adults (55 and over) report higher mental wellbeing compared with adults aged 16-54 years, with similar patterns for both men and women. Analysis of our PA respondents' data indicates that those under 35 years were less likely to report 'very good' mental health but more likely to report 'good' mental health compared to the other age groups, and our over 55 years age group were more likely to report 'poor' mental health.

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Chart 8: Mental Health of survey respondents by age group
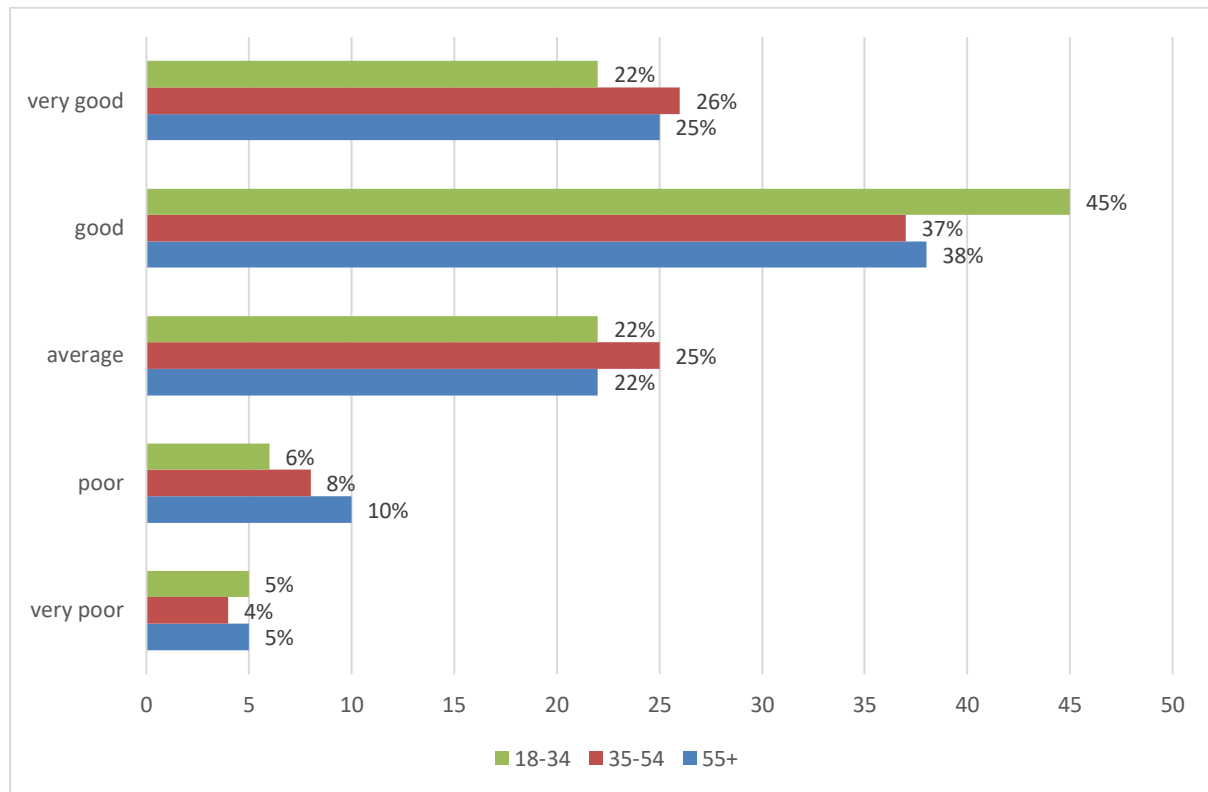
Comparable with the Scottish Health Survey 2022 data, two-thirds (66%) of our male respondents rated their mental health as good or very good, which was similar to the response from female respondents (63%). The proportion of male and female respondents rating their mental health as average was equal (both at 23%). However, women were slightly more likely to rate their mental health as poor or very poor compared to men (14% v 10%).

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Chart 9: Mental Health of survey respondents by gender
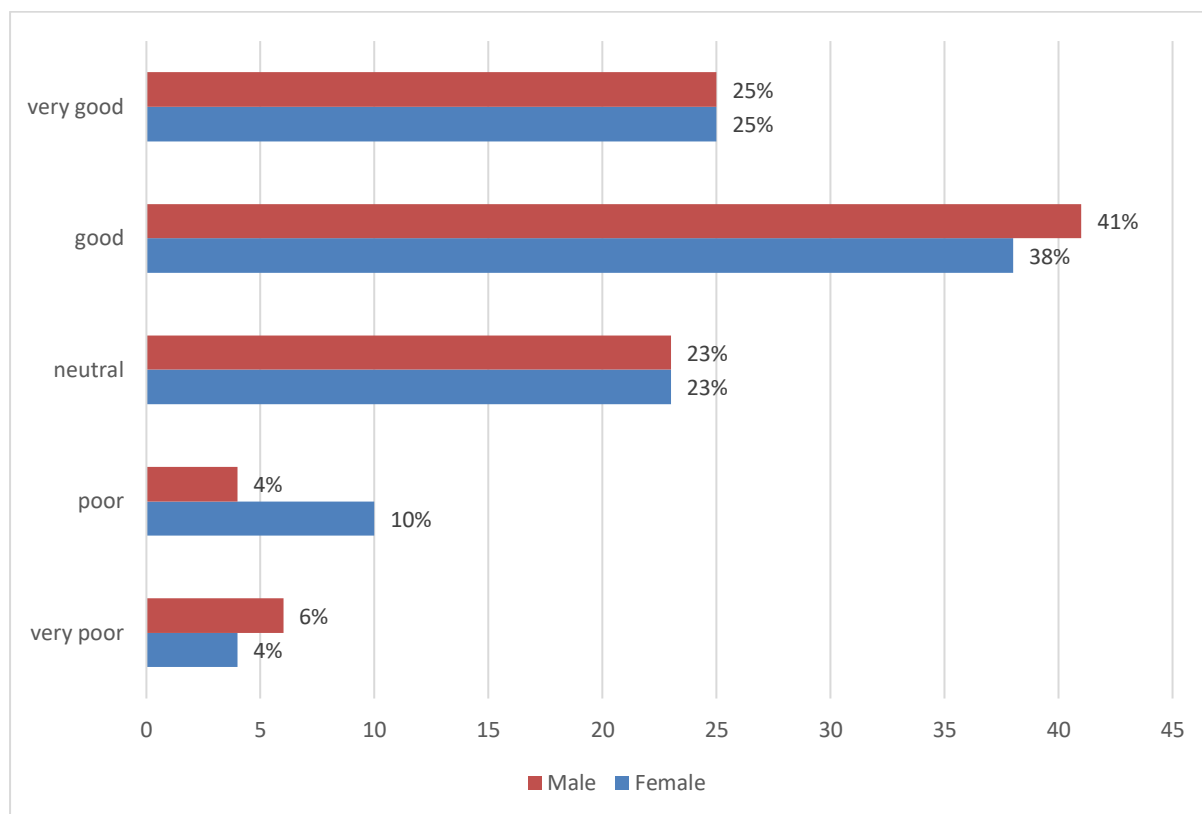
5.2 Survey respondents' impact of PA role on mental health and wellbeing

We asked: "Does being a PA have a generally positive or negative affect on your mental health and wellbeing?" 60% (473) of respondents indicated their PA work had a positive impact on their mental health and wellbeing, compared with 13% (102) who reported their PA work had a negative impact on their mental health and wellbeing. Just over one quarter (219, 27%) of respondents said their PA work had no impact on their mental health and wellbeing.

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Chart 10: Impacts of the PA role on mental health and wellbeing by age
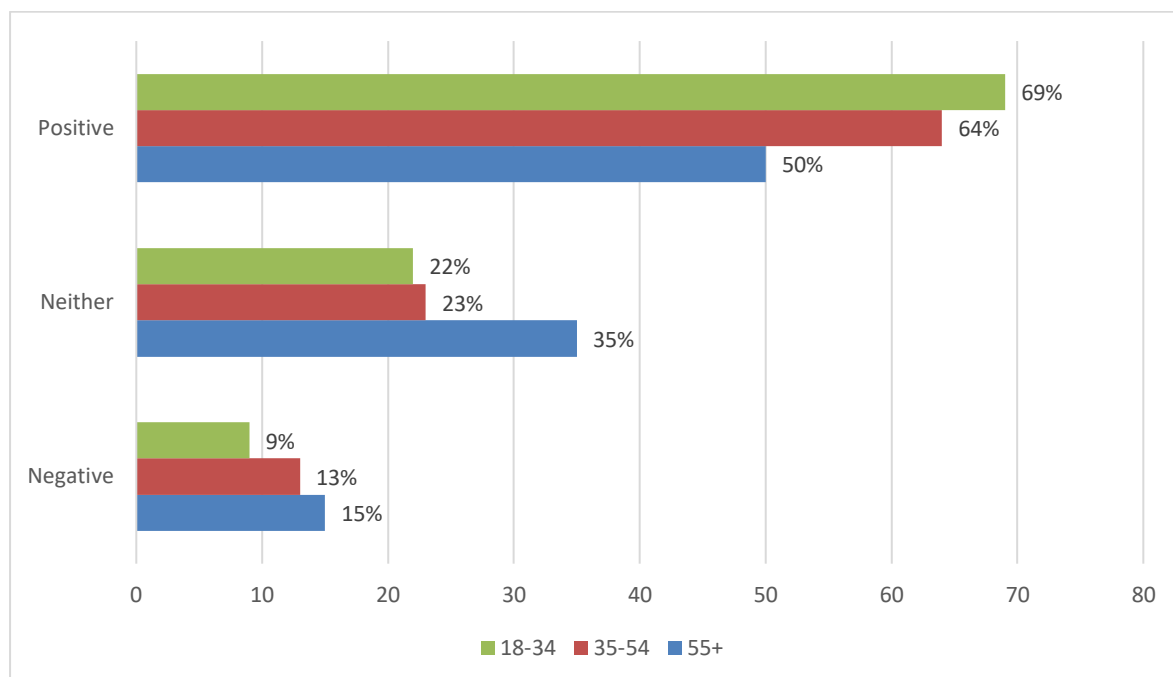
Chart 10 indicates that respondents mostly reported a positive impact of the PA role on mental health and wellbeing, with the 18-34 years (69%) and 35-54 years (64%) age groups both higher than the average for the overall respondents (60%), indicating these age groups gain the most benefit from the PA role. The under 35 years had the lowest proportion of respondents indicating the role of a PA had a negative impact on mental health and wellbeing (9%), which was lower than the average for all respondents (13%). However, it should be noted that a higher proportion of respondents aged 55 and over (35%) stated the role of PA had no impact on their mental health and wellbeing, which was higher than the average for the overall responders (27%). Further, 15% of the 55 and over age group indicated the role of a PA had a negative impact on mental health and wellbeing which was higher than the average for the overall responders (13%). This question aims to capture the impact of the PA role on wellbeing, but we recognise that there are wider life events and determinants of mental health at play that may impact responses among different age groups.

Chart 11 explores the data by sex and suggests that there may be a slightly more positive impact of the role on mental health and wellbeing among male PAs.

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Chart 11: Impacts of the PA role on mental health and wellbeing by sex
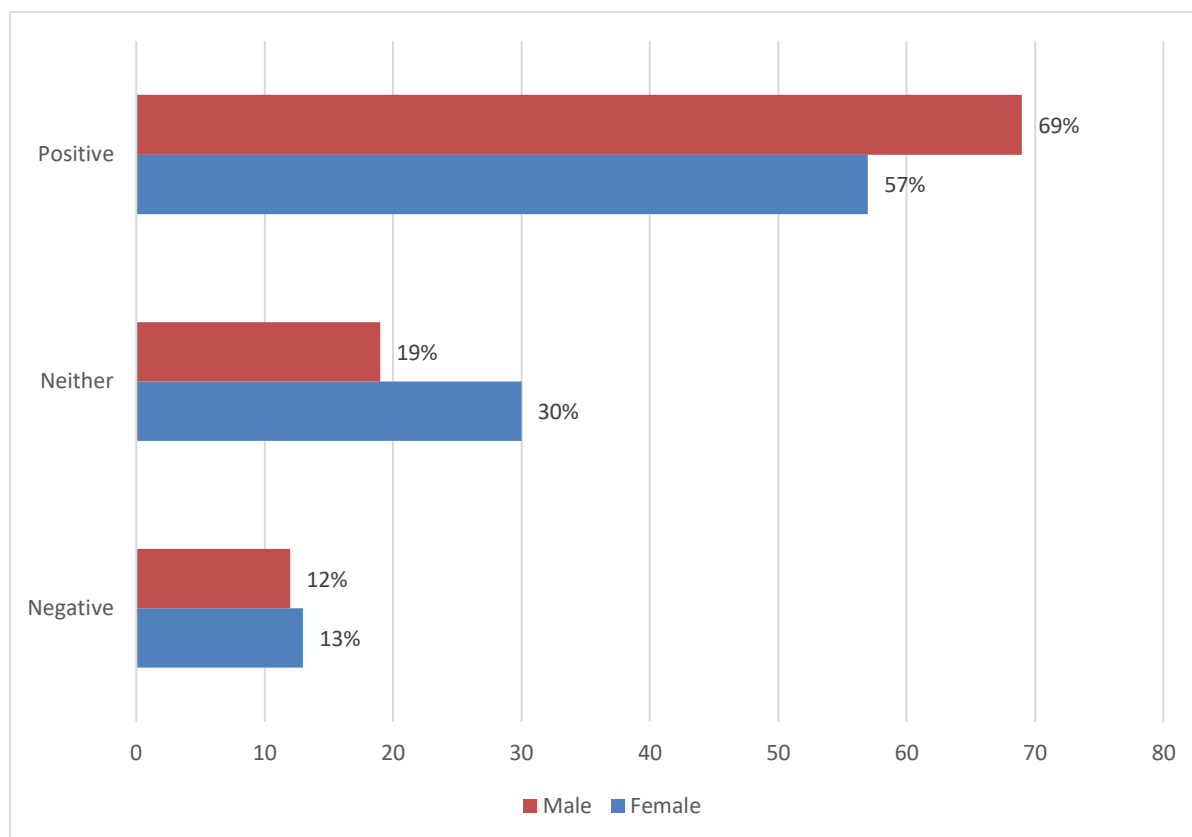
The factors that our survey respondents indicated both positively and negatively impact mental health and wellbeing are explored next.

5.2.1 Positive impacts on mental health and wellbeing

We asked: "My role as a PA impacts positively on my mental health and wellbeing because… Please select all that apply." A list of six potential options were offered. Of the 770 respondents who chose to answer this question, a total of 2,269 responses were recorded. The Chart below highlights the percentage of those responses assigned to each option as having a positive impact on mental health and wellbeing.

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Chart 12: Positive impacts of the PA role on mental health and wellbeing
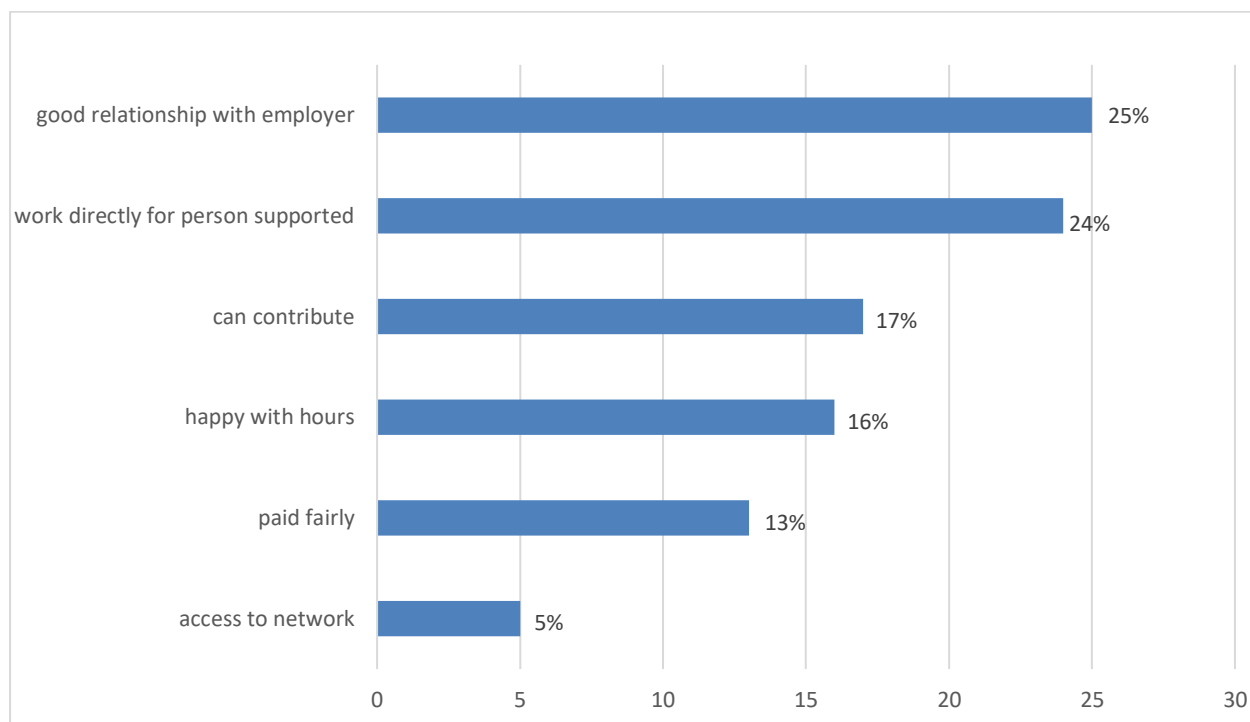
Almost half of the responses indicate that 'I have a good relationship with my employer' (25%) and 'I work directly for the person I support' (24%) as having the most positive impact on respondents' mental health and wellbeing.

There was little response to the statement, 'I have access to a peer support community/network to support my wellbeing'. It is hard to know if the low numbers selecting this response is because this is not considered by most respondents to positively impact PA mental health and wellbeing or if this is because respondents may currently have a lack of access to and/or awareness of peer support. Pilot projects are currently underway (see for example Cornerstone SDS and the national membership organisation, PA Network Scotland (PANS)) to explore the role of peer support for PAs and how to best deliver this (e.g., support groups via social media, face-to-face meetings in local communities or online support groups). Therefore, the findings from these pilot studies will help to discover if there is an appetite for peer support, how PAs would like to access this and whether it has an impact on their wellbeing. We can monitor the impact of this on the wellbeing of PAs as peer group support becomes more widely available.

In addition to the options presented, respondents could select "Other", which allowed them to write their own responses. 119 'other' responses were received; however, 56 were removed because they were not relevant, e.g., "n/a" or "no". A further 12 responses were removed because they were negative impacts of the PA role and have been included in the analysis in the next section *5.2.2 Negative impacts on mental health and wellbeing.*

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This left a total of 51 'other' comments. The key themes from the analysis of responses were that job satisfaction (n=20), enabling independent living (n=11), social relationship (n=9), connecting to the local community (n=4), flexibility (n=5) and being trusted (n=2) contributed to PA work having a positive impact on mental health and wellbeing.

Chart 13: 'Other' positive impacts of the PA role on mental health and wellbeing

Theme	Example quotes
Job satisfaction (n=20)	*"It's an emotionally rewarding job"* *"Job satisfaction in that I am making the person I work for happy"* *"I feel I'm contributing to the wellbeing of the family I work for and they appreciate me"* *"I do get variety in my role and the opportunity to problem solve."* *"The job keeps my brain active as well as being physically active."*
Enabling independent living (n=11)	*"Because my employer gets ILF [Independent Living Fund] I am able to help him to do the important things in his life like family connections, activism, volunteering not just care tasks."* *"Enabling the person I work for to live their life makes me happy. It's all about independent living and not just care thanks to ILF."* *"I feel that I can give the care that each client needs/wants and really make a difference to their lives."*
Social relationship (n=9)	*"Love being part of the family."* *"I've developed a strong relationship with the person I support."* *"I enjoy the company of the person that I work for."*

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Flexibility (n=5)	*"I have choice in whom I work with and how much I charge."* *"I get weekends off."*
Connecting to the local community (n=4)	*"Feeling I am doing a worthwhile job in the community."* *"I am connected to my local community through supporting my employer."* *"It gets me out and about and doing exciting things."*
Being trusted (n=2)	*"Being trusted to do the job."* *"I am trusted to make good decisions."*

5.2.2 Negative impacts on mental health and wellbeing

We asked: "My role as a PA impacts negatively on my mental health and wellbeing because… Please select all that apply." A list of eight potential options were offered. Of the 496 respondents who chose to answer this question, the question on negative impacts of the PA role received (274) less responses than the question on positive impacts, which may suggest greater strength of feeling around the positive impacts of PA work for respondents but may also be down to survey fatigue. It should be noted that 274 fewer respondents chose to answer a question on the negative impacts of the PA role compared with the positive impacts. The chart below highlights the percentage of those responses assigned to each option as having a negative impact on mental health and wellbeing.

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Chart 14: Negative impacts of the PA role on mental health and wellbeing
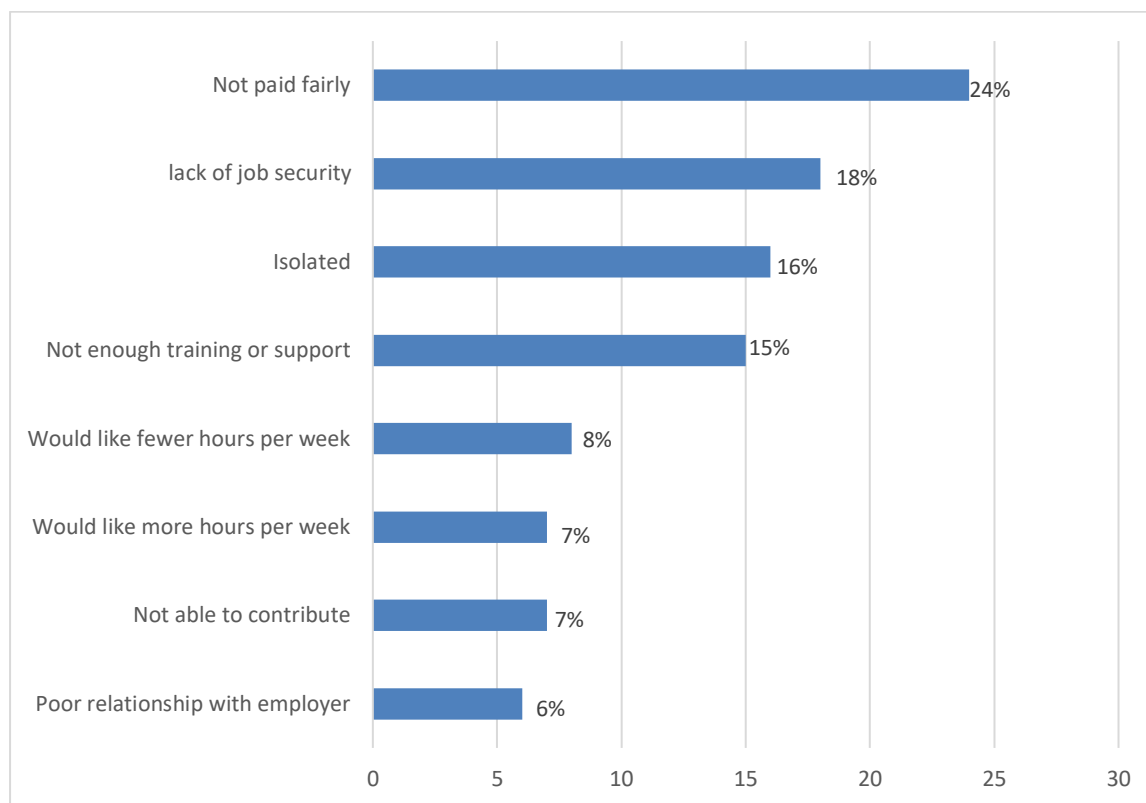
The most chosen option, accounting for one quarter (24%) of responses indicated the opinion 'I am not paid fairly for the work I do' followed by 'I have a lack of job security' (18%) have the most negative impact on PAs' mental health and wellbeing. Because this is the first time we have asked these questions we do not have any comparative data but in future surveys, we will be able to monitor any changes in response to this question.

There has been broad attention given to pay rates within social care over recent years, particularly since the COVID-19 pandemic and in comparison to pay in the health sector, including recognition of the impact of low pay rates in the social care sector in the media, e.g. BBC news article entitled, "Social care: Shop work can pay more than care jobs, staff say"[o]. What our Scottish PA respondents are telling us is reflected in the findings of a survey carried out in England by Think Local, Act Personal, & Local Government Association in 2022[p] with PA Employers on their experiences of recruiting and retaining a PA, which identified low pay and job insecurity to be key factors for PAs leaving the workforce.

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April 2023 (the month that the 2023 PA Workforce Survey was open) saw a pay uplift to a minimum of £10.90 per hour, from the previous rate of £9.90. Further, in April 2023 a commitment was made by the First Minister of Scotland[q] for a further uplift to the minimum hourly rate of social care workers to £12 per hour, although this will not be introduced until April 2024. Therefore, as the survey took place during the same month as the pay uplift to a minimum of £10.90 per hour and with a further pay uplift to at least £12 per hour anticipated, it will be useful to consider if, in future, surveys rates of pay continue to have the largest negative impact on wellbeing. It should further be noted, the Coalition of Care and Support Providers Scotland (CCPS)[r] recognise the impact of low pay on the sector more broadly, and urgently are calling for greater investment in adult social care services, with a fair rate of pay of at least £13 per hour from April 2024 to reflect the skills and experience of social care workers.

There are a number of projects underway which may have an impact on future responses to PAs' feelings of isolation, lack of peer support and help to source good training. The PA Programme Board's recently established PA Networks subgroup aims to grow the number of PA networks in order to improve awareness amongst PAs of where to go for support and advice when things go wrong, or they face challenges in their role. Furthermore, the PA Programme Board's Training subgroup is currently developing a co-produced National PA Training resource that can be accessed by all PAs and PA employers as they choose. Also, the PA Programme Board's Wellbeing subgroup has recently received funding from IMPACT, the UK Centre for Implementing Evidence in Adult Social Care, to develop initiatives to support PA wellbeing. In addition, the PA Network Scotland is currently in the process of becoming a membership organisation (launching in March 2024) with retail and financial services partners offering a range of membership benefits. They will recruit regional advocates to support PAs to access local and national networks of peer support, led by a PA Advisory Board. As more resources become available, future PA surveys will be a useful monitoring resource for changes in wellbeing over time that need to be further analysed and addressed.

It is encouraging to note that only a small minority of responses reported 'I do not have a good relationship with my employer' (6%) and 'I am not able to contribute towards how I carry out my role as a PA' (7%).

In addition to the options presented, respondents could select "Other", which allowed them to write their own responses. 160 'other' responses were received; however, 83 were removed because they were not relevant, e.g., "n/a" or "no". This left 77 'other' comments. The 11 written responses that related to negative wellbeing but had been written under the positive impacts 'other' free text were added, giving a total of 88 'other' comments.

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The key themes from the analysis of responses were that the precariousness of PA contracts, employment rights and support (n=19), toll of emotional labour (e.g. managing feelings and emotions) (n=18), impact of low pay (n=13), lack of PA role visibility/ key worker benefits (n=9), feeling unable to take time off work/working unpaid overtime (n=8), burnout and fatigue (n=8) loneliness in the workplace and lack of support networks (n=8), negative environmental factors (n=7), and feeling undervalued by their employer/employer's family (n=6) contributed to PA work having a negative impact on mental health and wellbeing.

Chart 15: 'Other' negative impacts of the PA role on mental health and wellbeing

Theme	Example quotes
Precariousness of PA contracts, employment rights and support (n=19)	*"As I said previously, I don't know where I can find out about sick pay holiday entitlements and overall someone to talk to."* *"Social Services agreed on a set number of hours over 7 days, then wanted to change the hours after two months."* *"… my boss is my client. Therefore, if client passes, I am no longer paid until I can find a new client."* *"I am not protected in the workplace. I am exposed to violent outbursts, inappropriate comments, bullying in the form of teasing, pictures of a sexual nature."* *"My employer can be abusive at times."*
Toll of emotional labour (n=18)	*"Having to deal with death or illness is quite stressful."* *"It is emotionally draining work"* *"It is mentally draining to be with someone who I don't feel I can help much in terms of her own suffering. Advanced Alzheimer['s]."* *"I'm too hard on myself and need to leave work and be able to forget about it and relax."*
Impact of low pay (n=13)	*"I work for several people for a few hours each a week I don't make enough money in each to make National Insurance contributions which will affect my pension."* *"I'm constantly worried about having to abandon my employer because he can't afford to pay me more.*

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	"The only negative is the pay. It's disgraceful that such an important job is paid so little. I'd be paid more pulling pints in the local pub."
Lack of PA role visibility/ key worker benefits (n=9)	*"I feel my role is misunderstood and under valued in society."* *"We are not recognised the same as other care professions. I was refused a blue light card as they don't recognise PAs the way they do carer's that work for a company."* *"Petrol allowance tax free on top of hourly rate would improve the shortage."* *"I would like regular supervision and to be part of a 'professional body'."*
Feeling unable to take time off work/working unpaid overtime (n=8)	*"Feel pressurised to take on extra shifts due to staff shortages and then feeling guilty if I refuse as I feel I am letting the client down."* *"Exhausting having to cover extra shifts due to illness or lack of staff."* *"There is no back up when I go on holiday."* *"Good carer do care and that mean, to do all what is needed for a client's wellbeing. That mean working extra/unpaid time when it is needed."*
Burnout and fatigue (n=8)	*"My job can feel very tiring at times."* *"I have very little time for myself as I live with a disabled husband and his care needs are increasing."* *"I am trapped in hellish situation due to underfunded broken care system."*
Loneliness in the workplace and lack of support networks (n=8)	*"I have no workmates to share thoughts with."* *"When I say 'isolated' I mean it can be lonely."* *"As my client is non verbal and many group activities are not available since covid it can be a lonely job at 10 hours a day."*
Not feeling recognised by employer or employer's family (n=6)	*"The clients family have an impact on my mental health with decisions being made outwith my control."*

	"It's difficult to voice concerns."
	"Employer tells me what they want me to do and I just do it. No point giving my opinion as my employer is very determined and is used to having servants."

The Office for National Statistics[s] shows that in 2022 the average number of sick days taken per worker in the UK was 5.7 sick days per year; however, data from the recent Skills for Care report on The State of the Adult Social Care Sector and Workforce in England[t] found that the average level of staff sickness in the adult social care sector as a whole to stand higher at 7.8 sickness days per year. When the number of sick days was further broken down by job role, PAs recorded the lowest rate, at 2.2 days, and this was further reduced to 1.4 days for PAs employed by a family member. While this may appear encouraging some of our free text responses indicate that PAs may present at work when feeling unwell and that this is having a negative impact on their mental health and wellbeing.

The findings also highlight there may be an unmet need for the delivery of support for PAs on a range of issues around their employment rights, especially if the precarious nature of the work may lead to PAs feeling that they cannot challenge unfair treatment in the workplace or be unable to take time off work/feel obliged to work unpaid overtime. PA Network Scotland (PANS) is currently in the process of becoming a membership organisation (launching in March 2024) which includes a union membership offer, providing a potential route to further support for PAs. PANS recommend Unite as the 'go to' union for PAs and Unite has indicated that they may create a branch to represent PAs.

5.3 Activities to support mental health and wellbeing

We asked: "If as a PA you could be supported to undertake an activity to improve your wellbeing, what would it be? Please select all that apply." A list of seven potential options were offered[6]. Of the 617 respondents who chose to answer this question, most respondents chose more than one option. The chart below highlights the percentage of those responses assigned to each option as activities to support mental health and wellbeing.

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[6] These seven response options were developed by the Wellbeing Subgroup of the PA Programme Board.

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Chart 16: Activities respondents told us may support mental health and wellbeing

The responses show positive interest by our PA respondents for initiatives to improve wellbeing, with answers spread across the board indicating PAs are interested in different activities, so having a broad offer that meets PAs' needs would be beneficial.

In addition to the options presented, respondents could select "Other", which allowed them to write their own responses. 71 'other' responses were received; however, 40 were removed because they were not relevant, e.g., "n/a" or "no". This left 31 'other' comments. Of these 9 responses related to our pre-selectable options shown in Chart 16 but are useful to consider as highlight specific suggestions within these opportunities (see Chart 17). In addition, while our earlier results suggest that access to a network is less of a priority (see Chart 12), this may be very important to a select few PAs.

Chart 17: Activities to support PA mental health and wellbeing

Activity	Example quotes
PA Peer Support/collaborative wellbeing sessions (n=3)	*"Developing networks of support within the community - other PA's, services etc."* *"Predominantly more collaborative groups for PA's to support each other with queries and concerns."* *"A PA conference."*

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Activity to support physical and mental health (n=3)	*"Free use of gym and pool to use when not accompanying people I work with would help improve physical fitness and mental health."* *"Gym membership."*
Self-compassion and self-care practices (n=3)	*"Massages funded- we're all in desperate need. Not for bad moving and handling but because carers carry a lot of emotional and mental stress within their bodies."*

Three respondents instead told us what activities they already undertook and indicated these to be important to supporting wellbeing:

"I have horses which positively help mental health."

"I do yoga and meditation already - these help."

"I use gardening to support my health, both mentally and physically."

Workplace training and support were identified by a further five respondents as the activity needed to support wellbeing:

"Seriously, a training package."

"Job retraining to leave the sector."

"Regular supervision to ensure good practice."

"Help to find more PAs to fill any vacancies."

However, one-third (12) of the 'other' responses did not indicate an activity and instead used this opportunity to reiterate the negative impact on wellbeing of low pay and the lack of recognition of the PA workforce:

"A fair wage like the council workers and not to have to worry about living on a pittance and being undervalued and ripped off by the Government and Council."

"An improved hourly rate of pay."

"Don't want or need any of these. Better pay would improve my wellbeing. Not this stuff."

"Poor pay is the main factor - if you can't afford to pay the bills/feed the family/be sick then your wellbeing is going to suffer."

"Workshops with Social Services staff to raise awareness of the importance of valuing Personal Assistants."

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This highlights that beyond wellbeing initiatives, being paid an appropriate rate and being recognised as part of the social care workforce are likely to have a positive impact on overall wellbeing.

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6. Where do our PA survey participants work?

6.1 Geographical distribution

We asked: "Where in Scotland do you work right now?" Respondents could select any region(s) that represented their current location or locations of work. Of the 788 respondents who chose to answer this question, a total of 856 responses (regions) were selected. The respondents represented all 32 local authorities in Scotland. By location, we found the largest number of survey responders to be working in the same top five areas as in 2022, which could be expected given the size of populations in these areas, although the distribution had slightly changed: Aberdeenshire (9%, up from 8% in 2022), City of Edinburgh (9%, up from 6% in 2022), Glasgow City (8%, down from 11%), Dumfries and Galloway (6%, down from 7%) and Perth and Kinross (6%, down from 7%). The arrows on Chart 18 indicate where there has been an increase or decrease in the percentage distribution of our survey respondents compared with last year.

Chart 18: Total number of survey responders compared with last year and with PAs who received Thank You Payment (% PAs per capita)

Local Authority	2023 PA survey responses (% PAs per capita)	2022 PA survey responses (% PAs per capita)	PA Thank You Payment (% PAs per capita)	Local Authority total population
Aberdeen City	0.008% ▲	0.007%	0.057%	229,060
Aberdeenshire	0.030% ▲	0.028%	0.135%	260,780
Angus	0.030% ▲	0.016%	0.142%	115,820
Argyll and Bute	0.022% ▼	0.030%	0.130%	85,430
City of Edinburgh	0.014% ▲	0.011%	0.053%	527,620
Clackmannanshire	0.021% ▲	0.010%	0.049%	51,290
Dumfries and Galloway	0.033% ▼	0.041%	0.157%	148,290
Dundee City	0.022% ▲	0.010%	0.075%	148,820
East Ayrshire	0.022% ▼	0.034%	0.090%	121,600
East Dunbartonshire	0.020% ▼	0.029%	0.075%	108,750
East Lothian	0.019% ⬌	0.019%	0.083%	107,900
East Renfrewshire	0.008% ▼	0.016%	0.053%	96,060
Falkirk	0.007% ▲	0.006%	0.040%	160,560
Fife	0.008% ▼	0.013%	0.075%	374,130
Glasgow City	0.011% ▼	0.016%	0.059%	635,640
Highland	0.012% ▼	0.015%	0.101%	235,430
Inverclyde	0.004% ▼	0.006%	0.039%	77,060

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Midlothian	0.015% ▼	0.025%	0.101%	93,150
Moray	0.044% ▲	0.027%	0.145%	95,710
Na h-Eileanan Siar	0.008% ▼	0.026%	0.189%	26,500
North Ayrshire	0.016% ▲	0.013%	0.070%	134,250
North Lanarkshire	0.011% ▼	0.014%	0.093%	341,140
Orkney Islands	0.031% ▼	0.036%	0.254%	22,400
Perth and Kinross	0.035% ▼	0.041%	0.165%	151,910
Renfrewshire	0.006% ▼	0.009%	0.057%	179,390
Scottish Borders	0.032% ▼	0.034%	0.277%	115,240
Shetland Islands	0.061% ▲	0.039%	0.328%	22,870
South Ayrshire	0.013% ▲	0.012%	0.039%	112,140
South Lanarkshire	0.010% ▼	0.015%	0.075%	320,820
Stirling	0.018% ▲	0.014%	0.051%	94,080
West Dunbartonshire	0.010% ▼	0.016%	0.115%	88,340
West Lothian	0.007% ▼	0.008%	0.064%	183,820
Total	0.016%	0.017%	0.088%	5,466,000

We compared the percentage engagement by Local Authority population of our survey responses in 2023 and 2022 with the number of PAs who had received the Scottish Government £500 Thank You Payment[c]. Chart 19 shows a notable variance in the survey respondents with notably more PAs receiving the Thank You Payment per capita in many of the smaller towns and rural areas.

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Chart 19: PA engagement: 2023 and 2022 surveys vs SG "Thank You" Payment as a percentage of Local Authority population
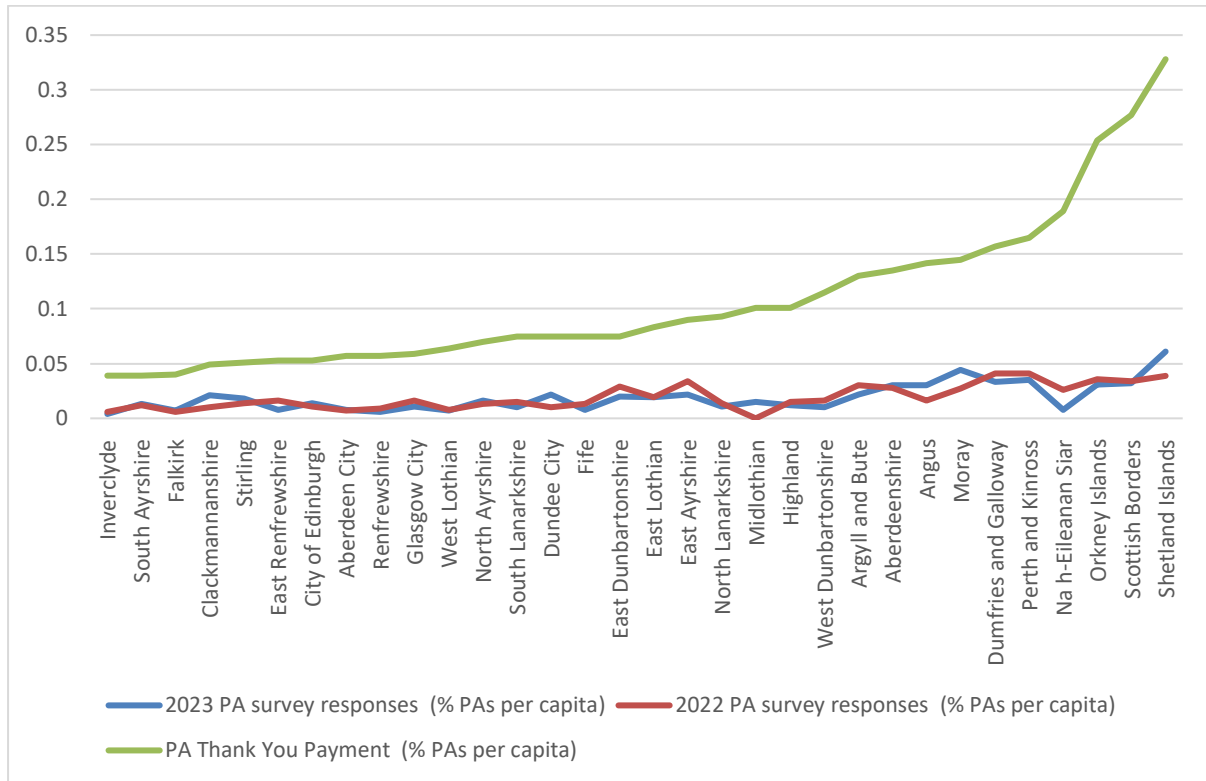
The variance of penetration within Local Authority areas of both the survey and Thank You Payment recipients may not provide the full picture of how evenly PA workforces are distributed in these communities, but it does support the idea that Local Authority area needs could be very different. As such, there is a need for more robust information on the actual number of PAs in Scotland in order to better understand where, for example, recruitment and/or Self-directed Support campaigns are most needed to attract more PAs.

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7. Our survey respondents' experiences of becoming a PA

7.1 How long our survey respondents have worked as a PA

We asked: "How many years have you worked as a PA?" Of the 758 respondents who chose to answer this question, the majority (81%) had worked for over 2 years as a PA, which was slightly lower than in 2022 (86%). Therefore, the experiences and views expressed throughout this survey come from individuals with a significant amount of PA work behind them.

Chart 20: Number of years worked as a PA compared with last year
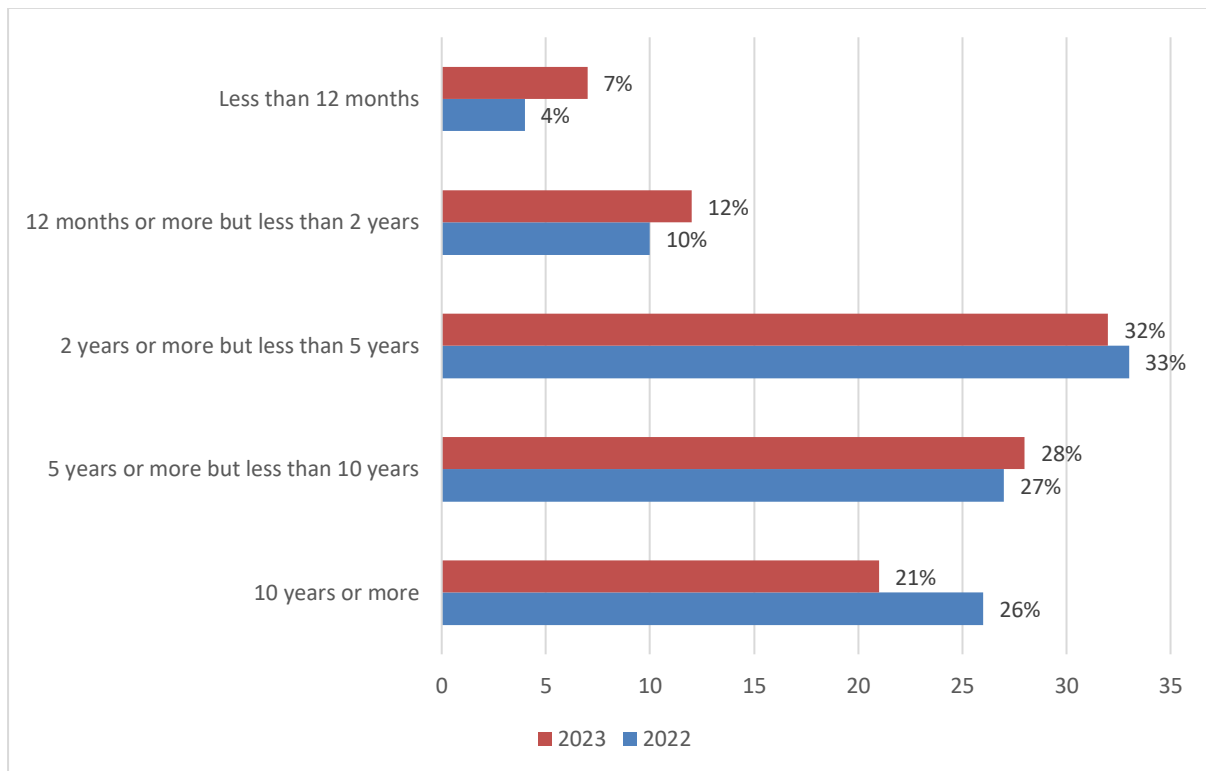
There was a slight increase from last year in the number of new PA respondents (working as a PA for under 2 years), up from 14% to 19%.

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7.2 What survey respondents did before becoming a PA

We asked: "What did you do before becoming a PA?" Responses were free text. 692 respondents chose to write a response to this question; however, 74 were removed because they were not relevant, we were unable to categorise or because they answered how they found their current job rather than what they did before, e.g., "went to LCIL website" or "have done a lot". This left a total of 618 responses. Due to the number of responses, and numerous industries these span across, a word cloud was generated to demonstrate the most commonly used words and phrases.

Chart 21: Word cloud of the most common words used by survey respondents when describing previous work

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One quarter (25%) of our respondents had previously worked in social care roles and 10% had worked in the healthcare sector. This finding, as demonstrated by the word cloud, indicates that many of our survey responders were not new to supporting roles when they moved to becoming a PA. In a study in 2019 by the Scottish Social Services Council (SSSC) of people who had left the SSSC register, of the 1,001 respondents who completed the survey, just under half (47%) indicated that they were still working in the social service sector, despite leaving the register[u]. Although they have moved jobs many may continue to work within the social care sector but in a role that does not require registration, such as PA work.

7.3 How many employers do our survey respondents assist or support

We asked: "How many individuals do you assist or support in your role?" 776 respondents chose to answer this question.

Last year 74% provided assistance to one individual and this has dropped to 64%. The average number of employers per PA was 1.53 and this has increased to 1.99. To compare with the Scottish Government £500 Thank you payment data, it showed 89.9% have one employer and the average number of employers per PA was 1.14[c]. Due to this high degree of change we will monitor this data to ascertain if there is a trend.

Chart 22: How many employers do our survey respondents assist or support compared with last year

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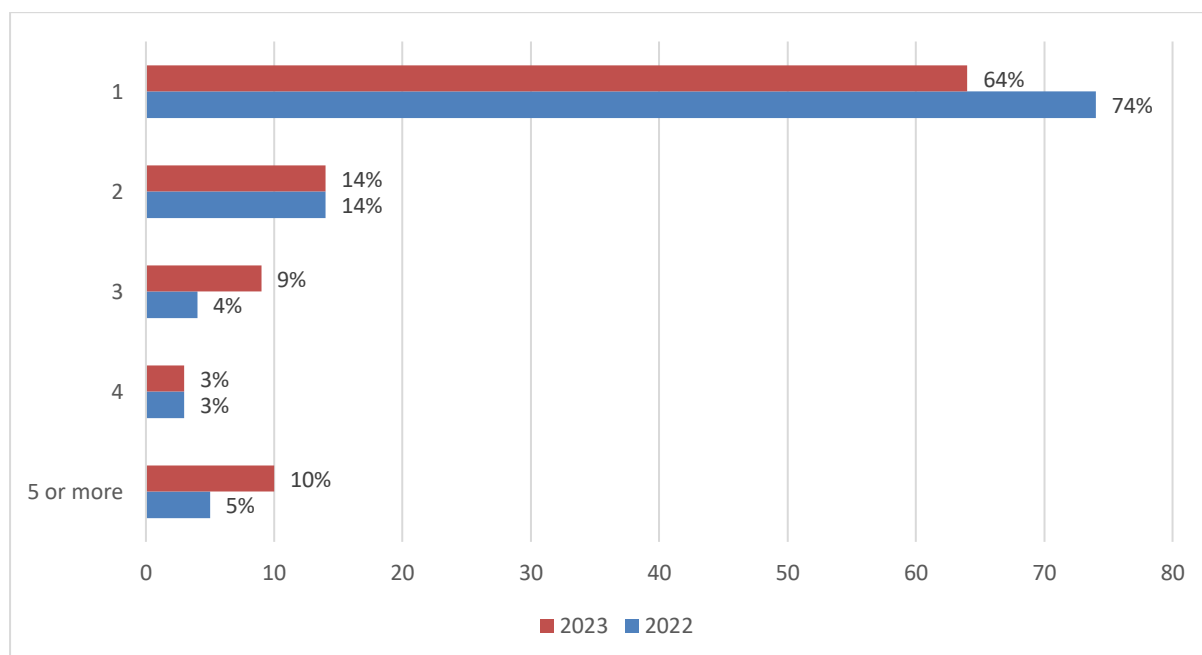
Therefore, some PAs are likely to be employed as part of a team of support. Our survey did not ask about PAs' views on how closely they worked with other PAs supporting the same person. However, a survey carried out by the Scottish Centre for Employment Research in 2018 on behalf of the Fair Work Convention[v] reported that 40% of respondents who worked for employers employing more than one PA 'disagreed' or 'strongly disagreed' that they were encouraged to work collaboratively with the other PAs in the team. Therefore, further research should explore what factors are needed to enable good communication and collaborative working between PAs working for the same employer.

7.4 Who respondents provide PA support to

We asked: "Who do you provide PA support for?" Of the 787 respondents who chose to answer this question, the majority worked with adults aged 16 - 65, which is the same as last year. There was a slight decrease in the proportion of respondents who worked with adults aged over 65 years and a slight increase in the proportion of respondents working with a child or children aged 15 years and under. We will monitor this in future surveys to see whether we are reaching more PAs who support children due to our survey dissemination strategy.

Chart 23: Who respondents provide PA support to compared with last year
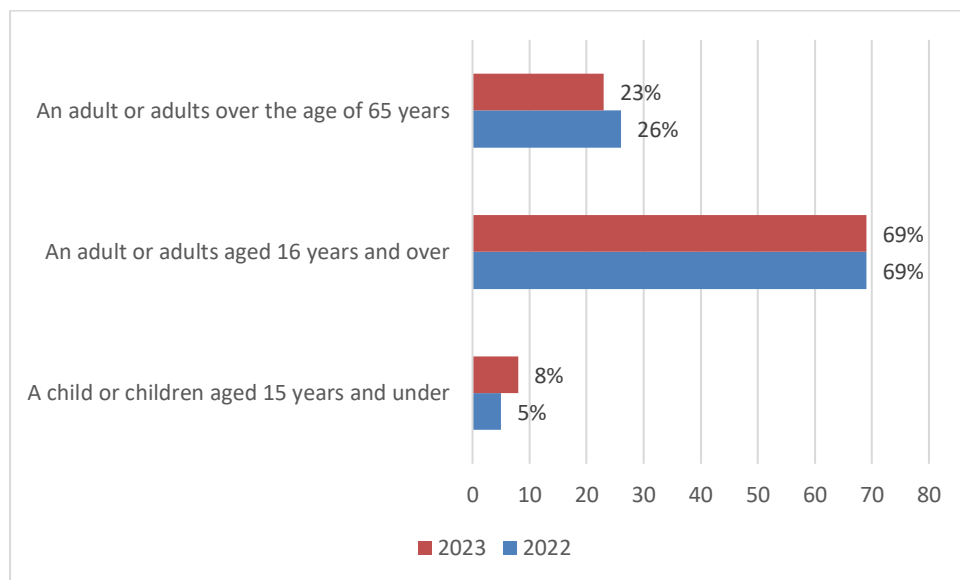
A Scottish Government report[f] on people who accessed social care in 2020/21, showed that 99% of people being supported by social care services were adults aged 18 years or older, with the majority (77%) being 65 years and over. However, this did not include information on the number of individuals under the age of 18 in receipt of a direct payment package.

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8. Survey respondents on continuing working as a PA

8.1 Survey respondents' feelings about continuing their role as a PA

We asked: "How much do you agree with these statements? a. strongly disagree b. disagree c. neither d. agree e. strongly agree":

- *I only want to work for the person or people I assist now*
- *I see myself working as a PA for others in the future*
- *I want to stop being a PA*

For those who chose to answer these questions, a summary of the results is given in the chart below. Comparing our findings this year with last year is complicated by the fact that this year respondents rated their agreement with each statement using a 5-point Likert scale compared with last year whereby respondents chose from a 4-point scale: a. Not at all b. Unsure c. A little d. A lot. Therefore, direct comparisons between the data this year and last year are not possible and instead, a comparison indicating general trends is reported.

Chart 24: Responses to "How much do you agree with these statements…?"

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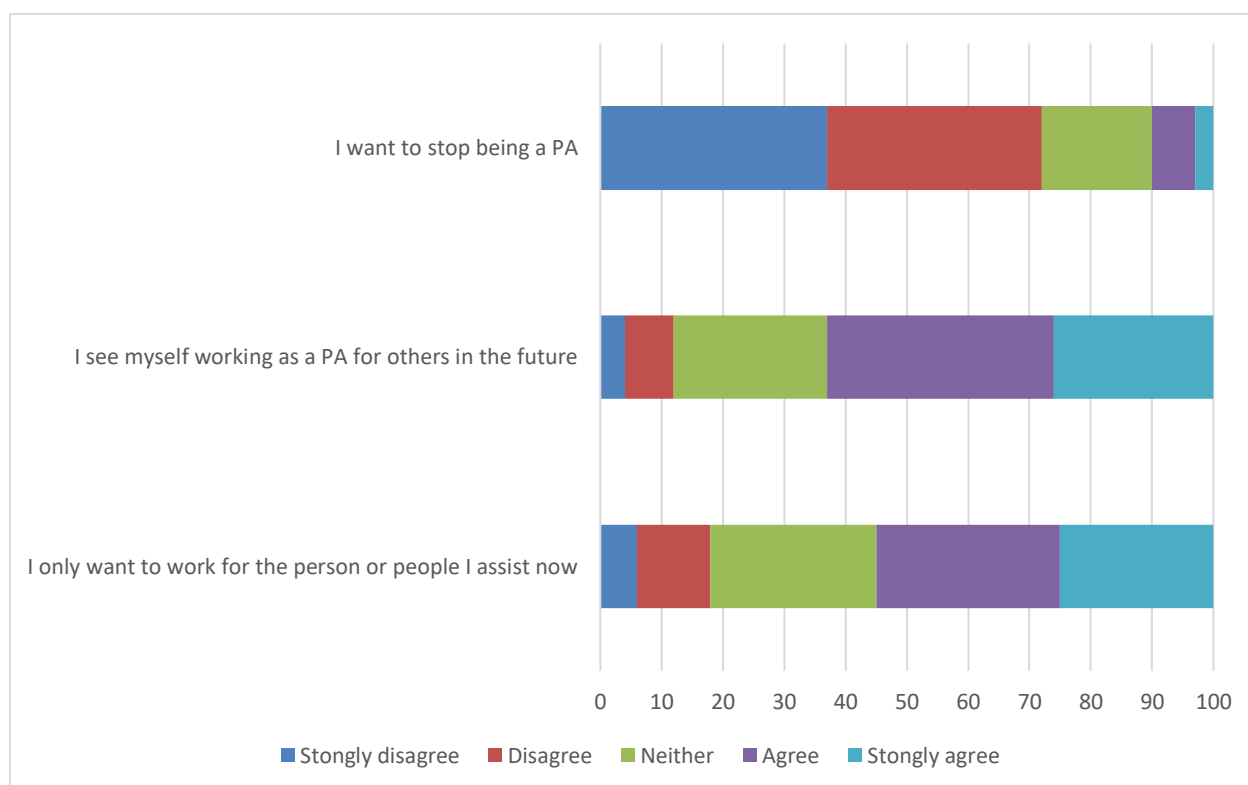
When PAs were asked if they only wanted to work for the person or people they assist now, just over half (54%) of respondents either agreed (29%) or strongly agreed (25%) with this statement. This compares with nearly two thirds (64%) of survey respondents in 2022 who agreed 'a lot' (50%) and 'a little' (14%) that they only wanted to work for the person or people they assist now.

When asked if they see themselves working as a PA for others in the future, nearly two thirds (63%) of survey respondents either agreed (37%) or strongly agreed (26%). This compares with just over half (54%) of respondents in 2022 who agreed 'a lot' or 'a little' that they see themselves working as a PA for others in the future.

While the response categories for these statements changed this year, meaning we cannot compare our results directly, there appears to be a positive shift in responses this year to suggest more of our PA respondents plan to remain in the workforce and are more open to working as a PA for others in the future. Future surveys can monitor these statements for trends. It should also be noted that two in five of our PA respondents (39%, down from 46% in 2022) are in the 55-64 and 65+ years age groups, and therefore are post-retirement or approaching retirement age. Therefore, those who disagree or strongly disagree with these statements could be influenced by their circumstances and not necessarily the PA role.

It is heartening to see that only a small proportion of our survey respondents are contemplating stopping being a PA, with only 3% strongly agreeing and 7% agreeing that they want to stop being a PA. This also indicates a positive shift from 2022, with 6% of respondents agreeing 'a lot' and 13.5% agreeing 'a little'.

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9. Survey respondents PA employment characteristics

9.1 Our survey respondents PA employment status

We asked: "In your role as a PA are you: a. an employee (you get a wage slip)? b. self-employed (you do your own tax and NI)? c. doing work through an agency?" Respondents could select all that apply. Of the 752 respondents who chose to answer this question, some respondents chose more than one option, giving a total of 781 responses recorded. The majority (82%) of our survey respondents carry out their PA work as an employee (down 7 percentage points from 2022). There was almost a two-fold increase in the number of self-employed PAs (14%, up from 8%). Further research is needed to understand what may be motivating the PA workforce to move to being self-employed rather than employed.

Chart 25: How respondents are paid for the PA work they do compared with last year
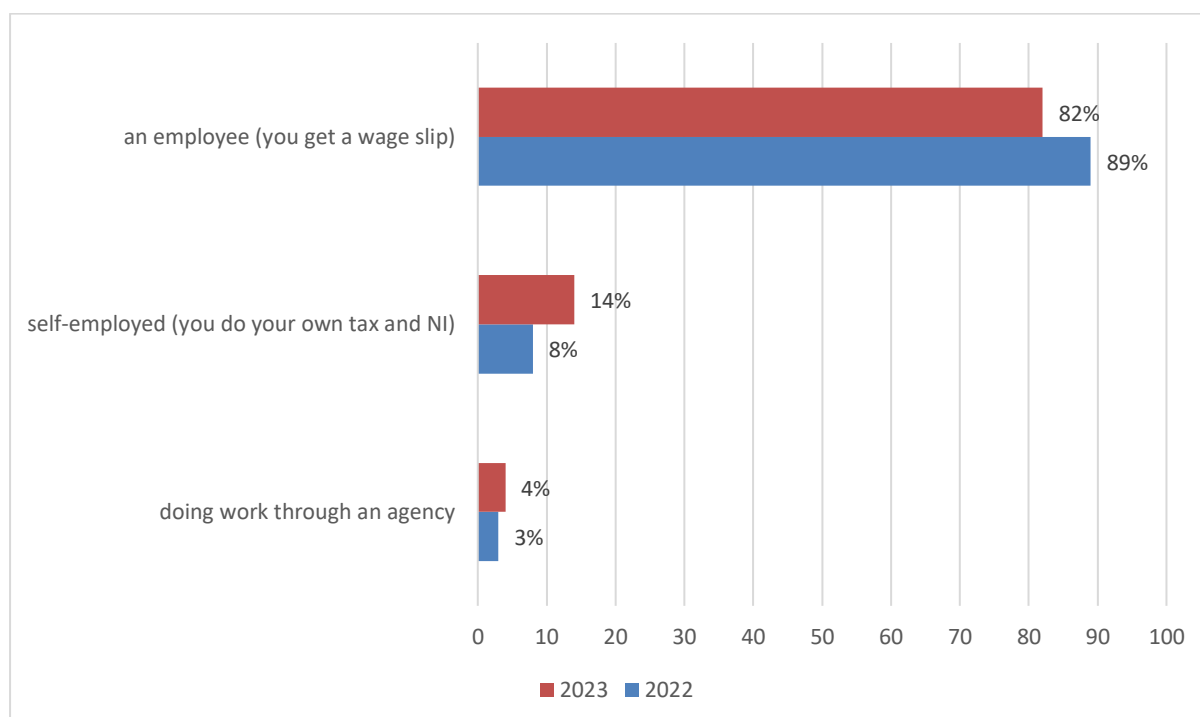
9.2 Our survey respondents PA contract type

We asked: "What type of contract/s do you have? a. Permanent contract b. Fixed-term contract with end date c. Rolling fixed-term contract d. Zero hours contract e. self-employed service contract f. I don't have a contract g. I don't know." Respondents could select all that apply. Of the 648 respondents who chose to answer this question, a total of 698 responses were recorded.

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Chart 26: Respondents' contract type for the PA work they do compared with last year
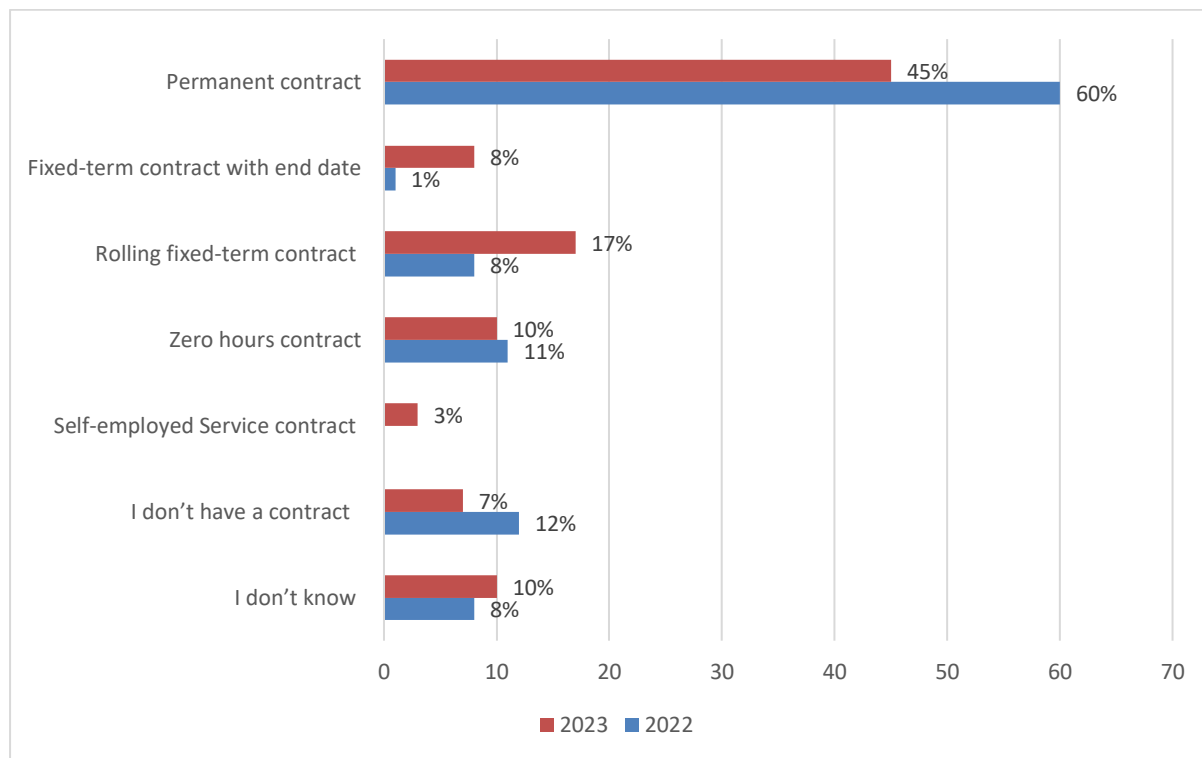
While almost half of respondents (45%) said they have a permanent contract, this had dropped from 60% in 2022[7] and is considerably lower in comparison with the wider social care workforce in Scotland in 2022[a] on a permanent contact, at 82%. In contrast, only 1% of the wider social care workforce in Scotland in 2022[a] hold a fixed-term contract one quarter of our respondents (25%) either reported they have fixed-term contracts with an end date (8%, up from 1% in 2022) or a rolling fixed-term contract with an end date (17%, up from 8% in 2022). There was a slight decrease in the proportion of respondents holding zero hours contracts (10%, down from 11% in 2022), which resembles the wider social care workforce in Scotland in 2022 (also 10%).

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[7] It is acknowledged that this change could be down to sample size fluctuations between our 2023 and 2022 survey respondents and therefore this will be monitored in future PA surveys.

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The percentage of PAs who did not know if they had a contract has marginally increased but PAs with no written contract have almost halved to 7% (down from 12% in 2022). PAs may have been prompted to ask their employers about an employment contract after completing the survey in 2022 or after engaging with awareness campaigns and resources targeted at PAs, such as the PA Employer and PA Handbook[8] which provides a template for drawing a contract. This year we added the option to select a self-employed service contract, however, only 3% of responses indicated this. Given 14% of our respondents indicated in section *9.1 Our survey respondents PA employment status* that they were self-employed we would expect this to be higher, indicating that this group of PAs may be more likely to be reporting they have no written contract or do not know if they have a contract.

9.3 Our PA survey respondents weekly working hours

We asked: "How many hours do you work on average each week as a PA? please don't include anyone you might support unpaid. a. 10 hours or less b. 11-20 hours c. 21-30 hours d. 31-40 hours e. 41-50 hours f. Over 50." 755 respondents chose to answer this question.

Chart 27: Respondents weekly working hours
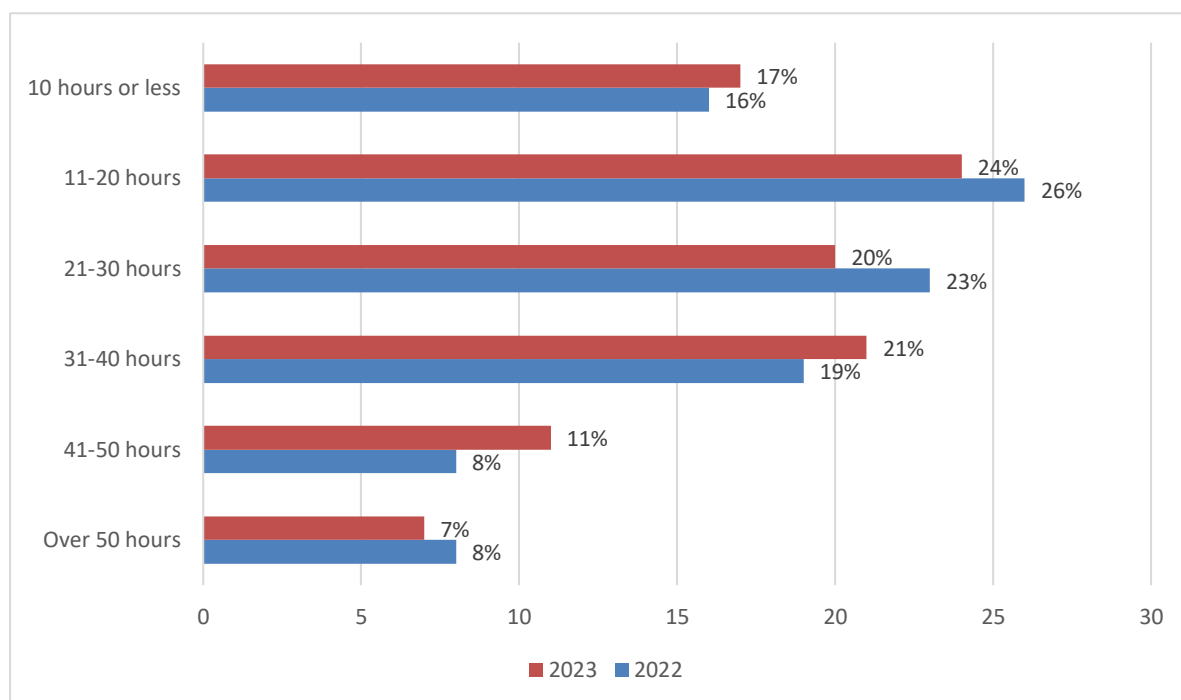
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The overall number of hours worked per week by our PA respondents appears to have risen slightly since last year. Almost two in five of our survey respondents (39%, up from 35% in 2022) worked full-time hours[9], and of this, almost one in five (18%, up from 16% in 2022) told us they worked 41 hours or more per week.

Chart 28: Respondents weekly working hours by sex
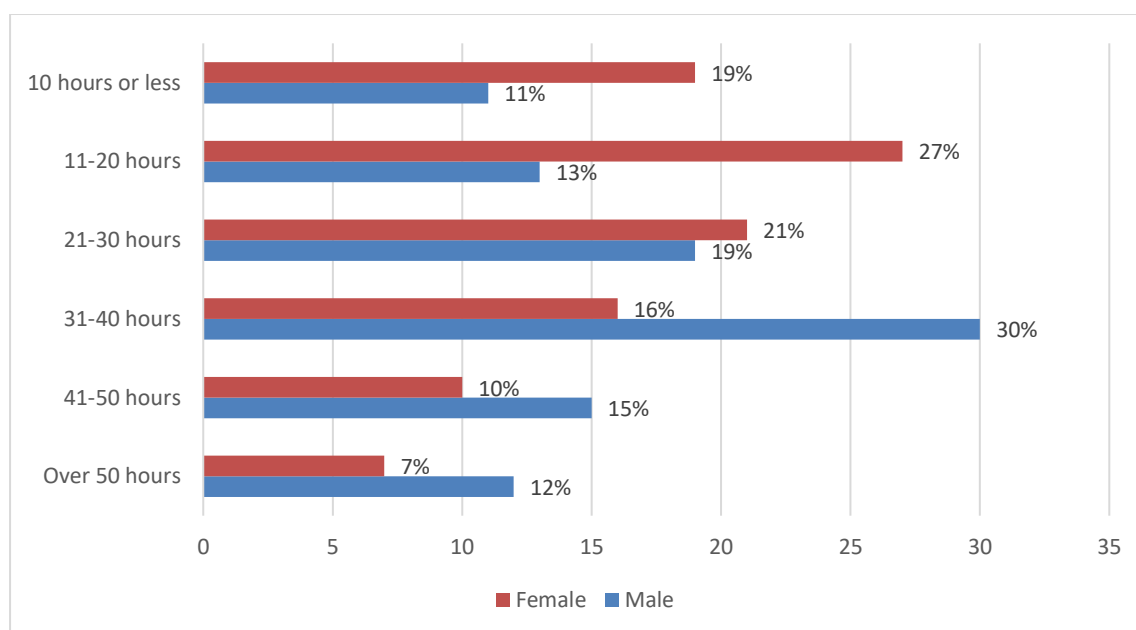
If we split our survey responses by gender, this tells us that less than half of our male survey responders (43%, down from 53% in 2022) worked part-time hours per week compared with two-thirds (67%, also 67% in 2022) of our female survey responders. In Scotland, women are more likely to work part-time than men, with part-time employment accounting for 38.3% of women's employment compared with 13.4% of all men's employment[w]. Our survey responses indicate there are higher numbers of both male and female PAs working part-time compared to their counterparts in the broader Scottish workforce, indicating that PA work may be attractive for both men and women who are looking for part-time work.

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[9] For the PA workforce, we define full-time employment based on working more than 30 hours per week because that is the definition used by the Thank You payment to determine full-time status.

9.4 Our PA survey respondents' rate of pay

A box and whisker plot (Chart 29) allows us to see the distribution of responses to hourly rates of pay among respondents. Data points outside the top and bottom horizontal lines are "outliers" by box and whisker plots standards indicating data that is not representative of most responses. Outliers can have a disproportionate influence on statistical results which can result in misleading interpretations. Therefore, we have calculated the average hourly rates of pay for employed and self-employed PAs in the following sub-sections without including the outliers (although they are plotted as dots in Chart 29). It is possible that some of the outliers may be response errors.

Chart 29: Box and whisker plot showing the distribution of respondents' hourly rates of pay (employed and self-employed)

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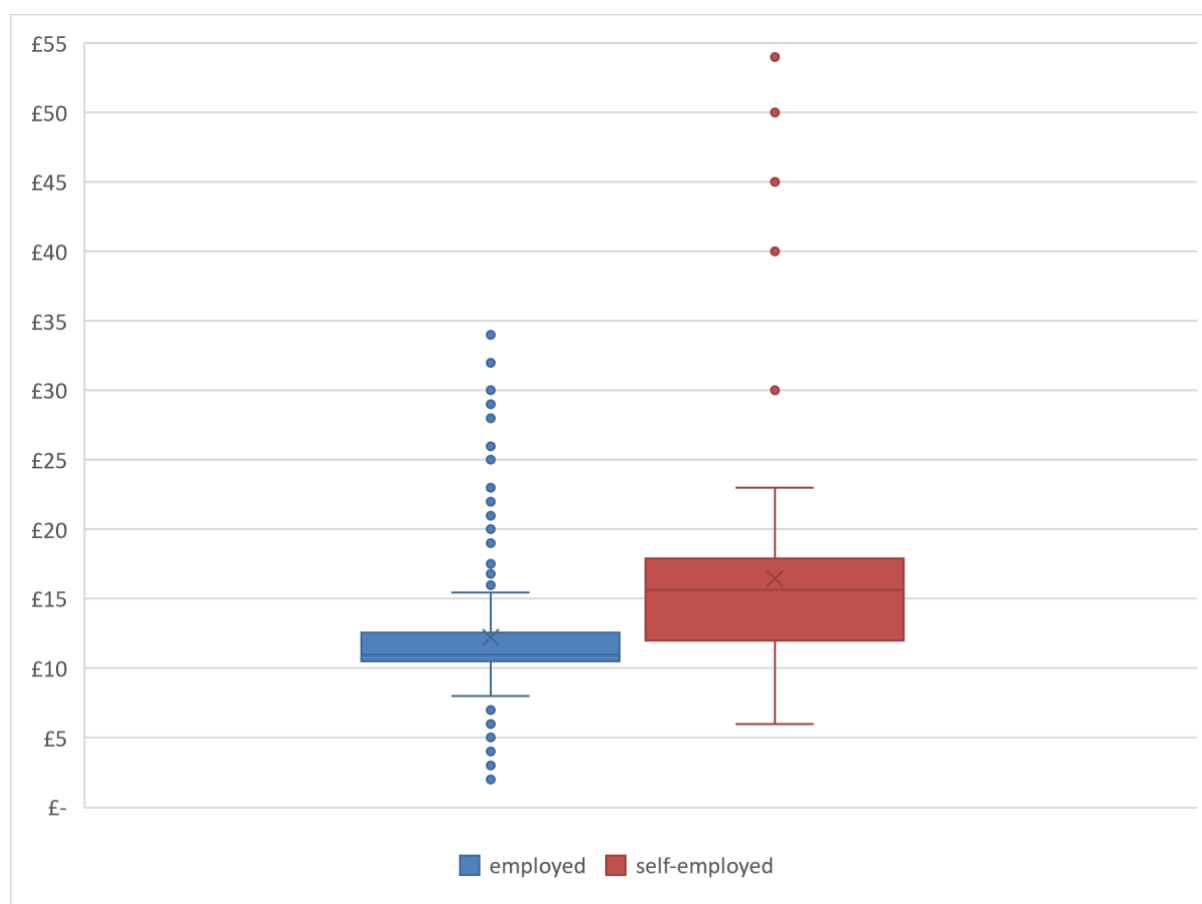
9.4.1 Pay rates of employed PA survey responders

We asked: "As an employee, what is your average hourly rate of pay? (£ per hour before tax)." Of the 616 respondents who chose to answer this question, the majority (88%) were in the range of earning between £8.00 - £15.47 per hour. Chart 29 shows the full range of responses (£2.00 - £34.00)

As per the box plot[10] in Chart 29, hourly pay rates were predominantly observed within the band of £8.00 to £15.47 per hour (average pay £11.54 per hour, median £11 per hour)[11] for 88% of employed PA respondents. This is higher than our employed survey respondents last year who indicated they earned an average of £10.83 (range £8.00-£19.50). Chart 30 shows a comparison of reported hourly pay rate between this year and last year's survey respondents.

Findings from a 2023 survey of Direct Payments with 24 HSCPs and Local Authorities in Scotland estimated PAs, on average, earn £10.50 per hour. Just over half of these areas paid an enhanced rate (e.g., complex support needs, rural communities), with the average rate £15.28, and an exceptional enhanced average hourly rate of £18.43. It is possible that respondents that indicated higher rates of pay, are PAs who are being paid at an enhanced rate.

Furthermore, the findings from the 2023 survey of Direct Payments with 24 HSCPs and Local Authorities in Scotland indicated sleepovers are paid at a nightly rate ranging from £63.50 - £118.75 per night. Therefore, this may, in part, explain some of the outlying lower hourly rates reported by our survey respondents if, for example, respondents had calculated a sleepover shift rate into an hourly rate to answer our survey question format (assuming sleepover shifts are a minimum of 8 hours). Future surveys should allow respondents the opportunity to tell us if they are paid at a nightly rate so we can separate this data from those paid at an hourly rate.

We may also need to take in to account that PAs' hourly rate of pay may relate to the amount the PA Employer is given in their Direct Payments and this may vary across Local Authority areas. Anecdotally Self Directed Support Scotland are aware that some PA employers choose to top up wages for PAs from their personal funds. Therefore, future surveys can add this question.

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[10] In each of the box plots, the "X" denotes the mean (average) hourly rate of pay, while the horizontal line in the box denotes the median (middle) rate of pay with outliers plotted as dots.
[11] If we include outliers in the estimates, average hourly pay for employed PAs rises to £12.22 per hour (range £2.00 - £34.00) although the median remains unchanged at £11 per hour.

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Chart 30: Employed PA respondents' hourly rate of pay compared with last year
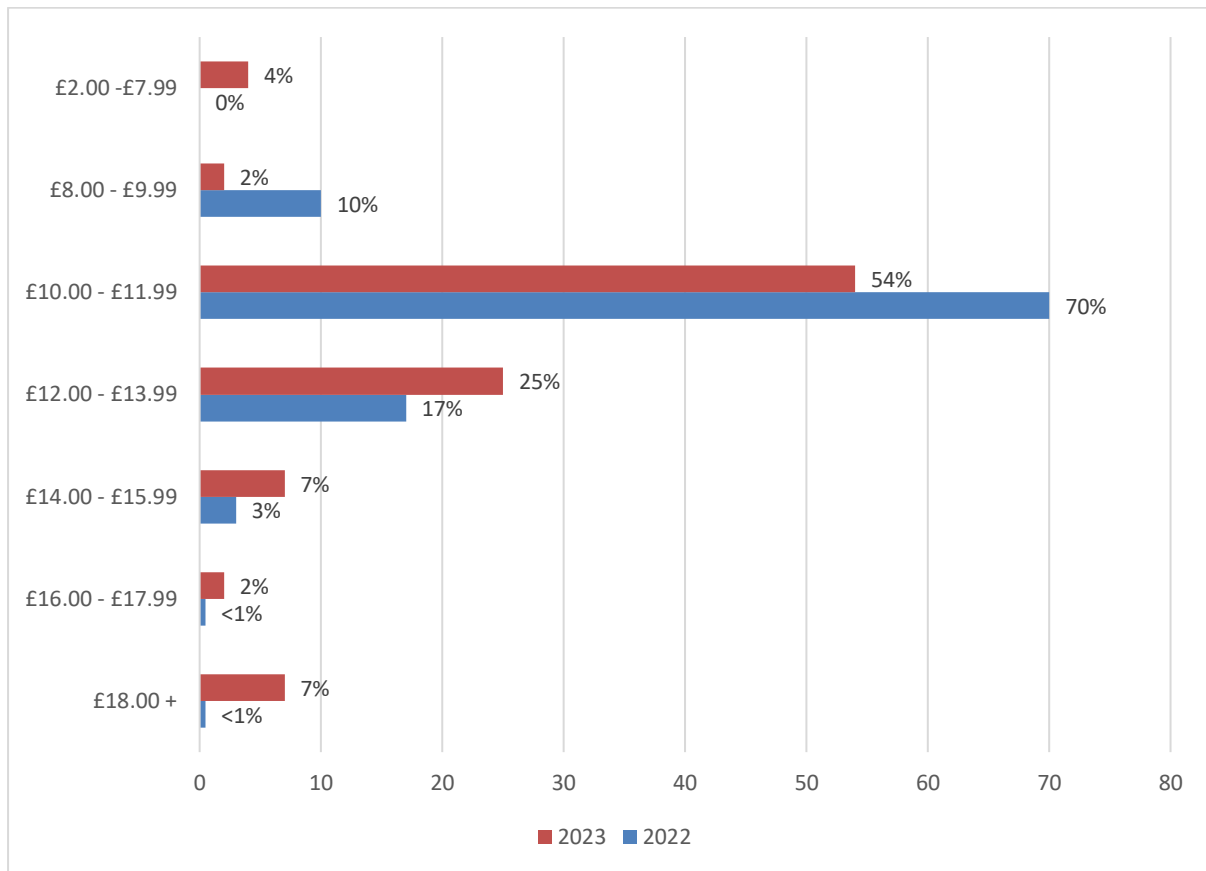
Chart 30 reports on all recorded responses on hourly pay rates provided by employed PAs in 2023 and compares with responses from our 2022 survey. In April 2023 (the same month as our survey was running) a pay uplift was implemented for all social care workers, which should see all PAs earning a minimum rate of £10.90 per hour. Therefore, the rollout of this pay uplift may not yet be fully shown in our 2023 survey responses. However, comparing the proportion of responses from respondents between this year and last year indicates an upward trend to this new minimum hourly rate of pay, with 70% of our employed survey respondents telling us they earned £10.90 or more per hour compared with 39% of respondents in 2022.

Two in five (41%) of our employed survey respondents told us they already earn £12 or more per hour, and this compares with one in five (21%) last year.

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9.4.2 Pay rates of self-employed PA survey responders

We asked survey respondents, "As a self-employed PA, what do you charge per hour? (£ per hour before tax)." Of the 104 respondents who chose to answer this question, the majority (95%) were charging between £6.00 - £23.00 per hour. Chart 29 shows the full range of responses (£6.00 - £54.00).

As per the box plot[12] in Chart 29, hourly charge rates were predominantly observed within the band of £6.00 to £23.00 per hour (charging on average £15.07 per hour, median £15 per hour)[13] for 95% of self-employed PA respondents, which is £3.53 more per hour than our employed PA survey responders. This rate is also higher than last year's self-employed survey respondents who reported they charged an average of £13.86 (range £9.30 - £22.00). Chart 31 shows a comparison of the reported hourly charge rate between this year and last year's survey respondents.

Chart 31: Self-employed PA respondents' hourly rate of pay compared with last year

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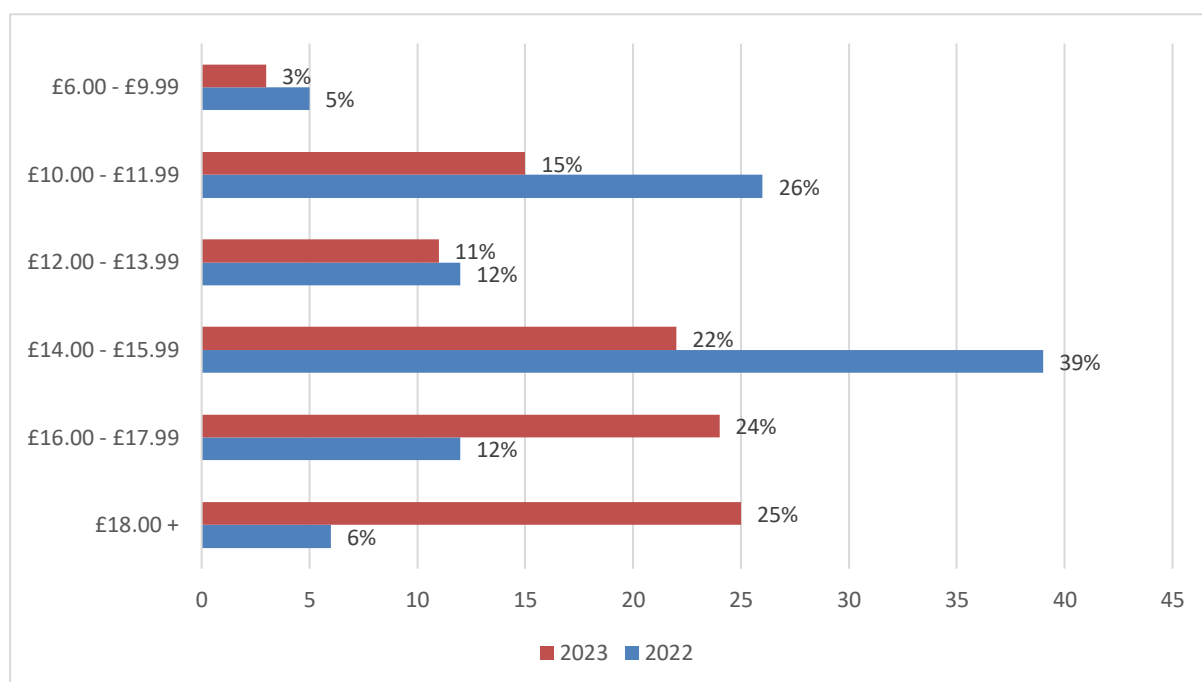
[12] In each of the box plots, the "X" denotes the mean (average) hourly rate of pay, while the horizontal line in the box denotes the median (middle) rate of pay with outliers plotted as dots.

[13] If we include outliers in the estimates, average hourly charge rate for self-employed PAs rises to £16.45 per hour (range £6.00 - £54.00) with a median charge of £15.62 per hour.

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The data indicates that our self-employed PAs are earning a higher hourly rate compared with our employed PA responders. However, self-employed PAs will likely be self-funding any annual leave or sick pay as well as paying their own tax and National Insurance. Yet nearly one in five (18%, down from 31% in 2022) of our self-employed respondents this year told us they charge less than £12 per hour. Potentially, self-employed PAs who do not reach the ceiling on earnings before taxation have not factored in these costs to their hourly charge rate directing them to charge a rate closer to our employed PAs median hourly rate of £11 per hour.

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10. Survey respondents providing unpaid help or support

10.1 How many PA survey respondents provide unpaid help or support

We asked: "Do you give unpaid help or support outside of your PA role? This could be help or support to family members, friends or neighbours or others because of long-term physical illness, mental ill-health, disability or problems related to old age. Please do not count anything you do as part of your paid PA employment. a. Yes b. No." Of the 753 respondents who chose to answer this question, more than half (57%, up from 48% in 2022) are providing unpaid help or support.

If the survey responses are split by gender, the percentage of males (64%, up from 46% in 2022) who responded yes to providing unpaid help or support is higher than the percentage of females who responded yes to providing unpaid help or support (55%, up from 48% in 2022).

Chart 32: Proportion of respondents' providing unpaid help or support

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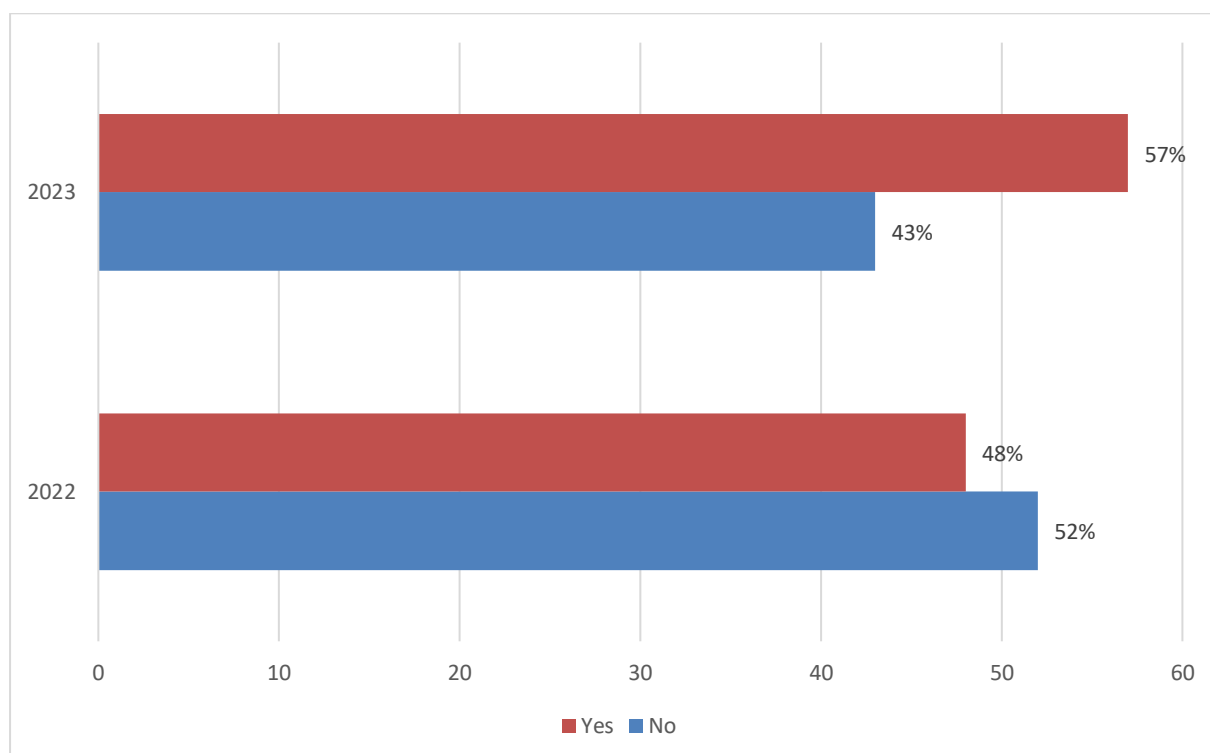
10.2 Weekly hours of unpaid support provided by our PA survey responders

Of the 422 survey responders who told us they provided unpaid help or support, *we asked: "How much unpaid work do you do a week? a. 10 hours or less b. 11-20 hours c. 21-30 hours d. 31-40 hours e. 41-50 hours f. Over 50 hours"*. Similarly to last year nearly half (46%, down from 48% in 2022) of all responders provided 10 hours or less unpaid help or support per week, there is also a small drop in the number of respondents carrying out over 50 hours. However, Chart 33 shows there is a small increase in number of hours of unpaid care reported by our respondents in those middle brackets, from 11-20, 21-30, 31-40 and 41-50 hours. It is necessary to monitor this to see if a trend is developing.

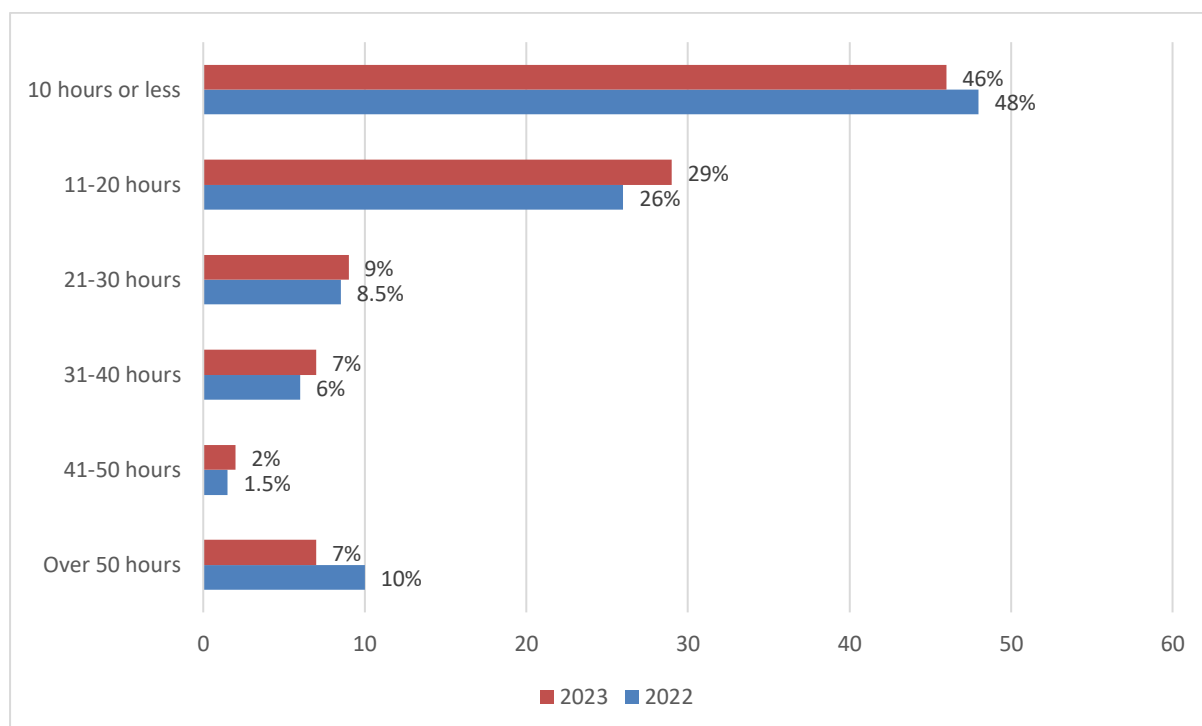### Chart 33: Respondents weekly provision of unpaid help or support

Our survey responses indicate that the community of PAs may be more likely to be providing unpaid care or support compared to the general population. The Carers Week 2023 report[x] revealed that one in five people in Scotland (approximately 900,000 people) give unpaid help or support to family members, friends, neighbours, or others. Further the Carers Week 2022 report[y] defined 20 hours or more unpaid help or support per week as significant amounts of care and warn that in the long term this may impact these individuals' abilities to sustain this alongside paid work which in turn may impact on their chances to cope financially.

The Carers Week 2022 report found 27% of unpaid carers provide significant care (over 20 hours per week). Similarly, a quarter (25%, down from 26% in 2022) of our survey

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respondents provide over 20 hours of unpaid help and support per week in addition to their work as a PA.

Further, comparing the distribution of our survey respondents' responses by sex suggests females are more likely to provide more hours of unpaid support per week compared with men, with 27% of females and 20% of males providing 21 or more hours of support per week. Whilst the number of respondents who report over 50 hours, of these 9% are female (which remains the same as our findings in 2022) and is 7 percentage points higher than in our unpaid carer male survey responders.

The Carers Week 2023 report[v] revealed that 73% of people who are providing unpaid care and support do not identify themselves as a carer. Therefore, it could be that PAs may need more support to identify as an unpaid carer and be signposted on how to access formal support as an unpaid carer.

Chart 34: Respondents weekly provision of unpaid help or support by sex

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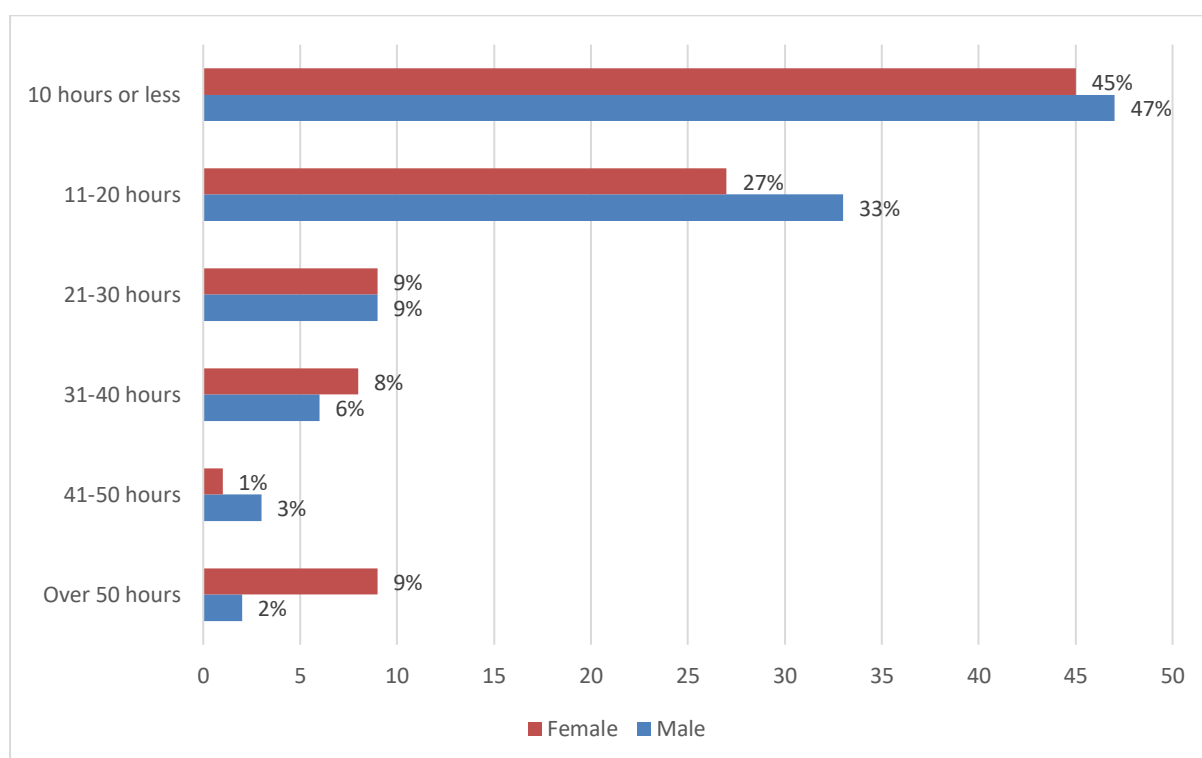
11. Survey respondents' training, development and support as a PA in the last year

Our survey findings suggest that just over a third (36%) of PAs worked for more than one PA Employer. Therefore, PAs who work for more than one employer may have competing demands from different employers and require a range of skills. For those who also work across more than one local authority, there may also be different local authority rules, regulations and practices. PAs should have clear guidance from their employers on places to find available information on training, employment rights, and where to find local support. This also means that employers should also be supported to understand that their PAs might have experience of doing things differently elsewhere.

11.1 Survey respondents' feelings about their role as a PA in the last year

We asked, "For the last year, how much do you agree with these statements…? a. Strongly disagree b. Disagree c. Neither agree or disagree d. Agree e. Strongly agree"

- *I feel I have the support I need to do my job well*
- *I am confident my ideas and suggestions will be listened to*
- *I trust the person I assist and they trust me*
- *I feel proud to be a PA*
- *I have received enough training to do my job well*
- *I have job security*
- *I love my job*

For those who chose to answer these questions, a summary of the results is given in Chart 35 below. Please note that last year we asked respondents how much they agreed with each statement, using a 4-point scale a. Not at all b. Unsure c. A little d. A lot. Therefore, we cannot make direct comparisons with last year's responses but instead will indicate where there are similar patterns in responses. The next time the survey is run we will ensure that the response categories remain the same to allow for a direct comparison.

Proud to be a PA: The responses by majority (86%) of survey respondents suggest that they feel proud to be a PA. In 2022, 80% of respondents indicated that they agreed 'a lot' that they feel proud to be a PA.

PAs love their job: The responses by majority (87%) of survey respondents suggest that they love their job. In 2022, over three quarters (78%) agreed 'a lot' that they love their job.

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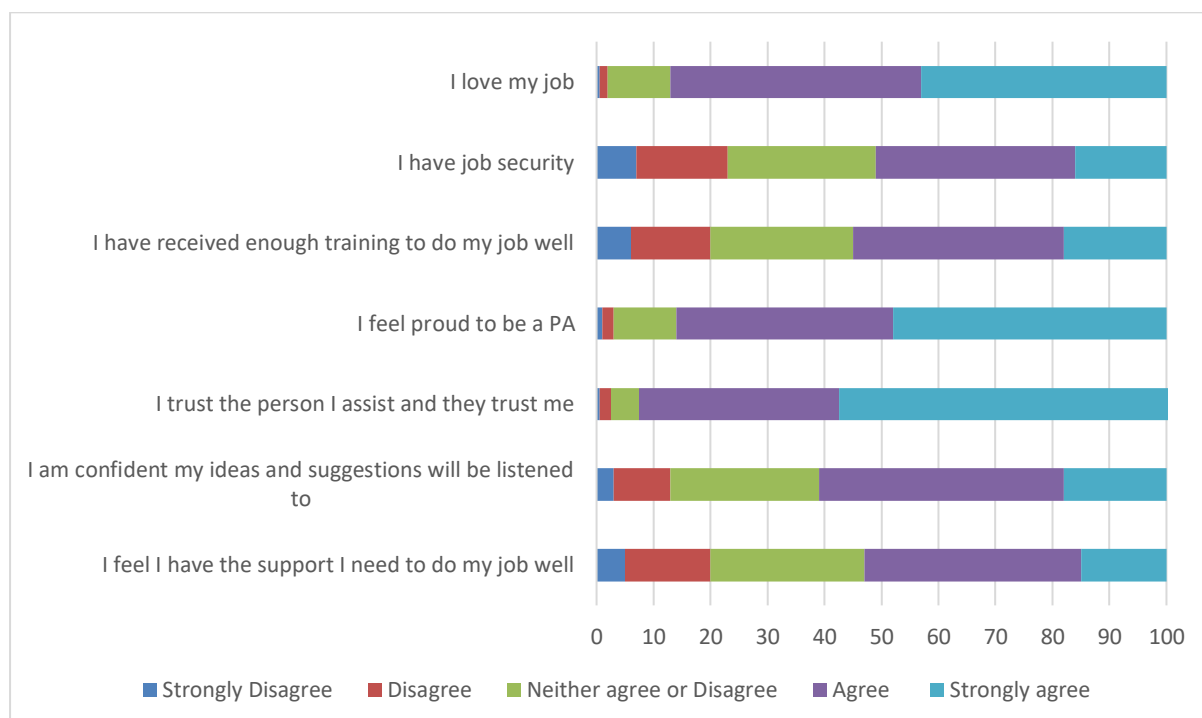
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Trust: Most PAs responses (93%) suggest that they trust the person they assist as a PA and their employer trusts them, which echoes the findings of 92% of survey respondents in 2022 who agreed 'a lot' with this statement.

Sufficient support to do job well: Around half of the respondents agree or strongly agree that they have sufficient support to do their job well This is an increase on 2022, when less than half, agreed 'a lot' they had sufficient support to do their job well. However, importantly, one in five respondents in 2023 indicated a need for additional support (by selecting disagree or strongly disagree with this statement) and this is similar to the responses in 2022 when one in five (19%) said 'not at all' to the option of having sufficient support to do their job well.

Confident my ideas will be listened to: Nearly two-thirds agree or strongly agree that they are confident their ideas and suggestions will be listened to. In 2022, less than half (46%) agreed 'a lot'.

Training: Just over half (55%) agree (37%) or strongly agree (18%) that they have enough training to do their job well. Importantly, one in five respondents (20%) indicated a need for additional or improved training by answering disagree (14%) or strongly disagree (6%) to this statement. If we look at the findings from 2022, less than half (42%) agreed 'a lot' that they had enough training to do their job well and 14% of respondents indicated a need for additional or improved training by answering 'not at all' to this statement.

Chart 35: Responses to "For the last year, how much do you agree with these statements…?"

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Job security: Just over half (51%) of respondents indicated that they have job security by answering agree (35%) or strongly agree (16%) with this statement. In 2022, only two in five respondents (38%) agreed 'a lot' that they have job security.

We compared the responses with the subset of the survey responders who answered this statement and had answered they had a permanent contract (302) in their role as a PA and those who did not have a permanent contract (340) to see if this may influence response agreements. There was higher agreement with the statement 'I have job security' for the subset of responders with a permanent contract and higher disagreement with the statement for those without, indicating that those without permanent contracts may feel they have less job security.

Chart 36: Comparison of responders who have a contract versus those who don't, to the statement, "I have job security"
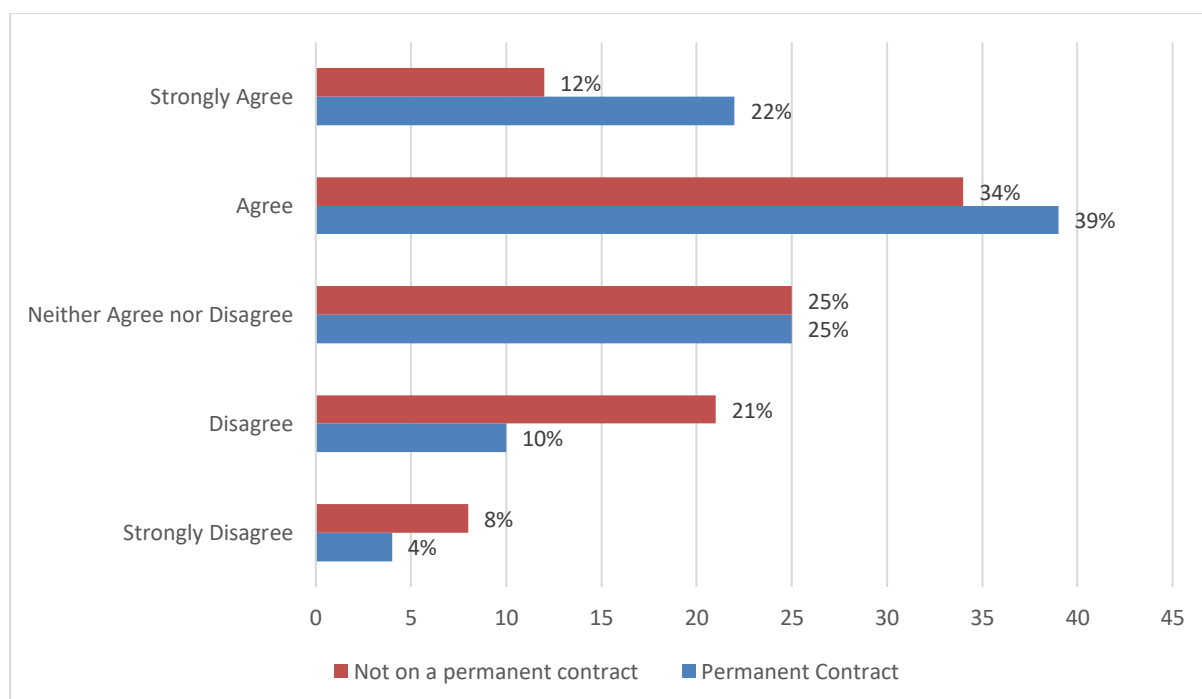
11.2 Do survey respondents feel the role of the PA is better valued and recognised in the last year?

We asked: "Over the past year, do you feel better valued in your role as a PA? a. Yes b. No c. Don't Know." Of the 795 respondents who chose to answer this question, 51% responded 'yes', with 32% responding 'no'.

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We asked: "Over the past year, do you feel the PA workforce is better recognised? a. Yes b. No c. Don't Know." Of the 796 respondents who chose to answer this question, 34% responded 'yes', with 43% responding 'no'.

One third (34%) of respondents indicated that they felt better recognised in the past year and just over half (51%) of respondents indicated that they felt better valued in the PA role in the last year. Future surveys can monitor this question for trends[14].

Chart 37: Do survey respondents feel the role of the PA is better valued and recognised in the last year?

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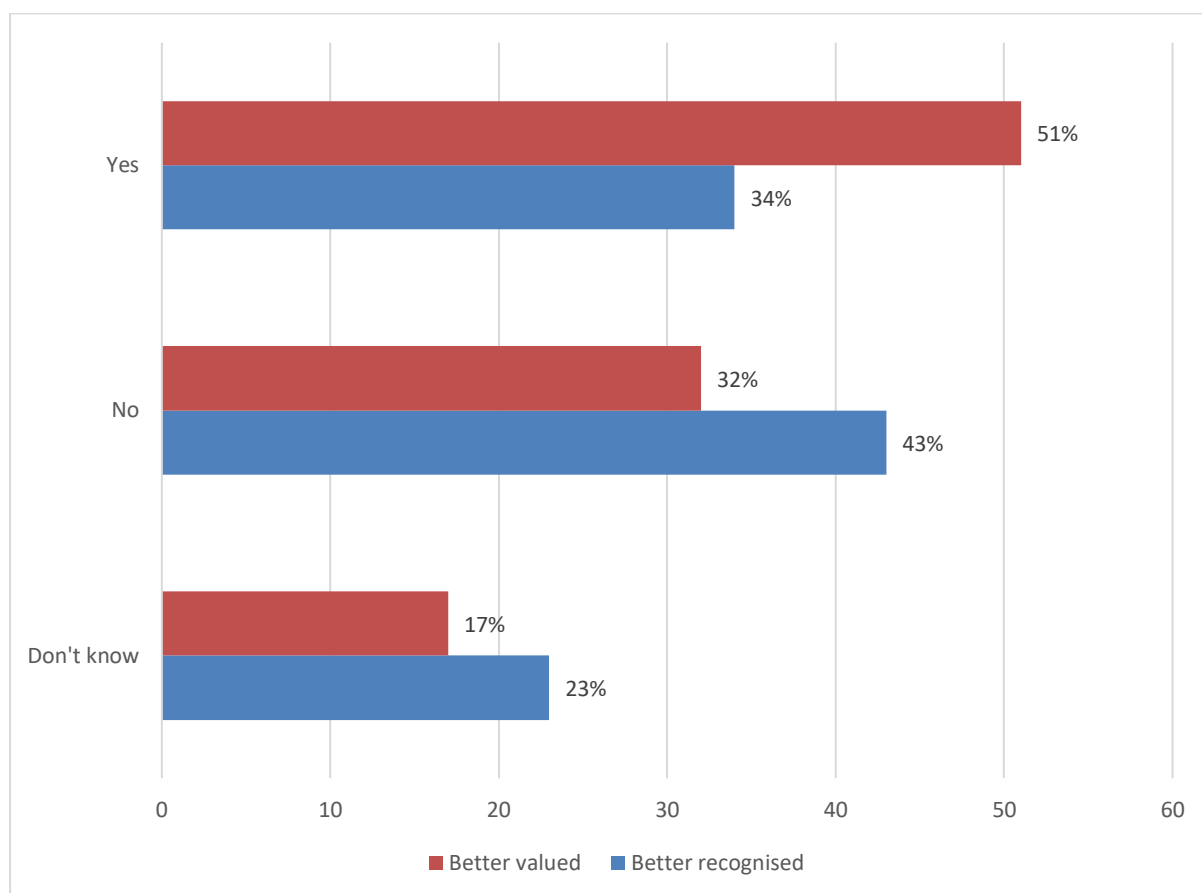
[14] In 2022, we asked had combined this question and asked survey respondents, "Over the past year, do you feel your role as a PA is better recognised and valued as part of the workforce? a. Yes b. No c. Don't Know". Therefore, we are unable to directly compare these results. Going forward it will be useful to compare these questions independently year on year and in response to future support to the PA workforce.

11.3 Respondents' awareness of sources of support and/or work going on to develop the PA role

We asked: "What sources of support and/or work going on to develop the PA role are you aware of in your area? Please select all that apply:
- *a. Independent Support Organisation(s)*
- *b. PA Peer Support*
- *c. PA Programme Board (PAPB)*
- *d. Make an ImPAct campaign*
- *e. The PA and PA Employer handbook*
- *f. PA Network (PANS)*
- *g. PA ID badge*
- *h. Blue light card scheme.*

Of the 538 respondents who chose to answer this question, some respondents chose more than one option, and a total of 1120 responses were recorded.

Chart 38: Survey respondents' awareness of support and/or work going on to develop the PA role

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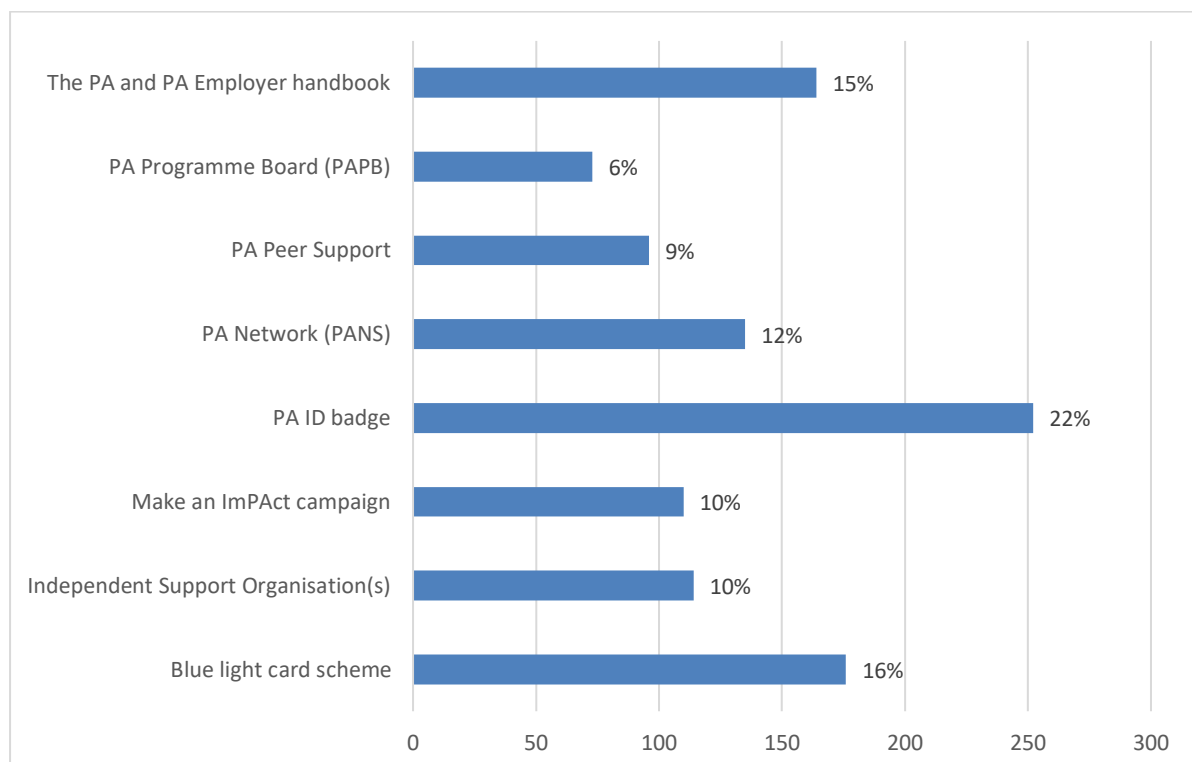
Almost one quarter of all recorded responses show awareness of the PA ID Badge. The PA ID Badge is administered by the PA Network Scotland (PANS), with 12% of responses indicating awareness of this support organisation. While the Blue Light card scheme is not currently available to PAs[15], however, awareness of this card came second highest, accounting for 16% of overall responses. Awareness of Independent Support Organisation(s) [organisations independent from Local Authorities who support people with issues around Self-directed Support] accounted for 10% of overall responses and PA Peer Support for 9% of overall responses.

Only 6% of overall responses indicated an awareness of the PA Programme Board (PAPB). However, responses did indicate awareness of some areas of the PAPB work plan and priorities of the Board, with 15% of overall responses showing awareness of the PA Employer and PA Handbook and 10% of overall responses showing awareness of the Make an ImPAct campaign. The Make an ImPAct campaign was a radio and social media awareness campaign in January 2023 that aimed to raise awareness of PA vacancies on the 'myjobscotland' webpage. There was a 3000% increase in traffic to the 'myjobscotland' webpage during the course of the campaign.

11.4 Who respondents told us they would go to if they had a problem in their PA role

We asked: "If you had problems in your PA role, which of these would you try? Please select all that apply:
- *a. Talking to your PA employer*
- *b. Contacting the SDS Team in your Local Authority/ Health and Social Care Partnership*
- *c. Contacting the PA Network Scotland (PANS)*
- *d. Getting employee support through ACAS*
- *e. Contacting a trade union*
- *f. Your Insurance provider (if self-employed)*
- *g. I would not contact anyone*
- *h. Other."*

Of the 723 respondents who chose to answer this question, some respondents chose more than one option, and a total of 1120 responses were recorded.

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[15] While PAs are not entitled to the Blue Sky Card, we wanted to evidence interest in this kind of resource. This has driven the PA Programme Board Wellbeing Subgroup to pilot the Blue Sky Card, a discount card of which PAs are entitled to apply, by covering the annual cost for 50 PAs.

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Chart 39: Who survey respondents would go to if they had a problem in their PA role
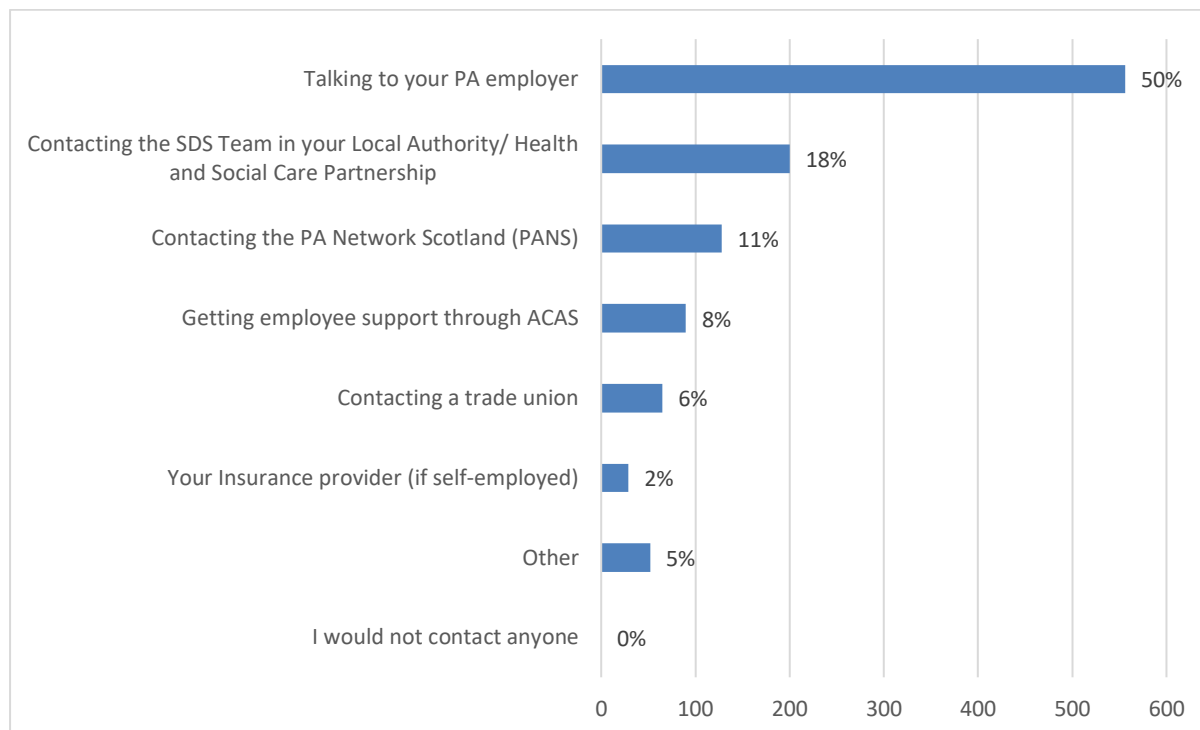
Category	Percentage
Talking to your PA employer	50%
Contacting the SDS Team in your Local Authority/ Health and Social Care Partnership	18%
Contacting the PA Network Scotland (PANS)	11%
Getting employee support through ACAS	8%
Contacting a trade union	6%
Your Insurance provider (if self-employed)	2%
Other	5%
I would not contact anyone	0%

Of those respondents who selected 'other' and gave an example, most indicated this would be from their friends and family or the friends and family of the person they provide support:

"Close friends."

"Engage where possible with parents, friends of [the person I support]."

"I have access to the Welfare Guardian and the Financial Guardian."

"My husband."

"Talking to the company that provided this PA opportunity."

Reassuringly no respondents selected 'I would not contact anyone' and half of the respondents (50%) said they would talk to their PA employer.

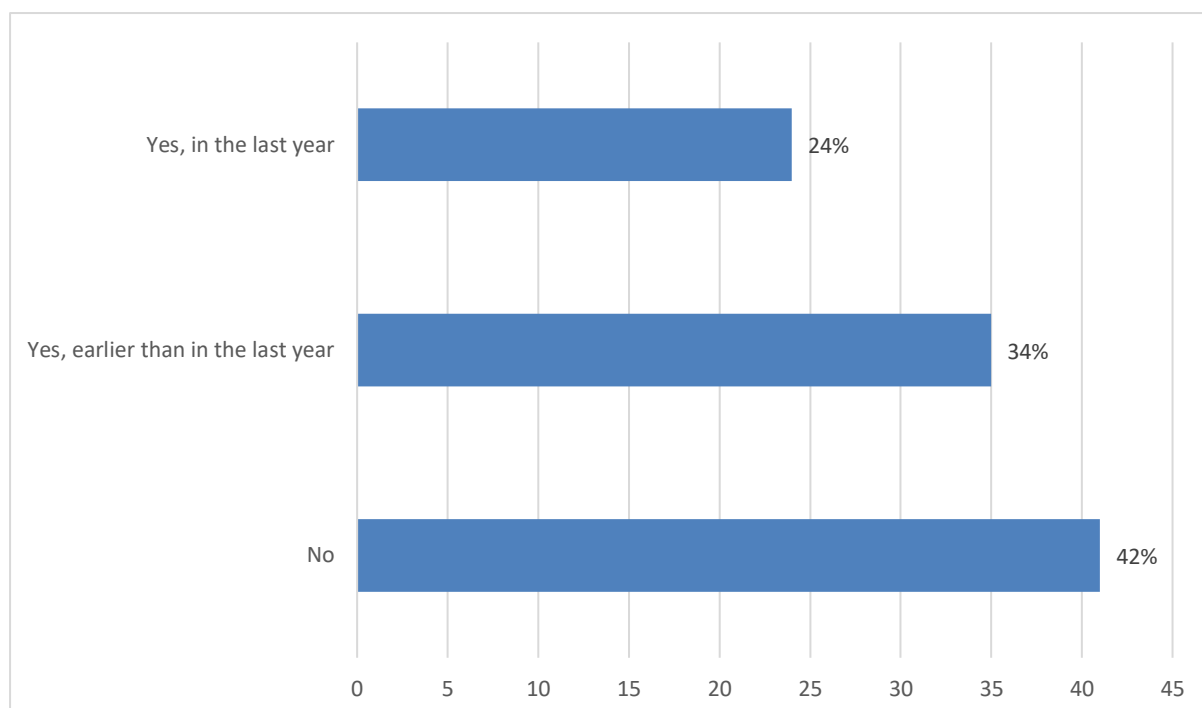## 11.5 Have survey respondents had training in the role of PA

We asked: "Have you had any training related to your role as a PA? a. Yes, in the last year b. Yes, earlier than last year c. No." Of the 743 respondents who chose to answer this question, two in five respondents indicated they had received no training at all in their PA role.

During the last year, one quarter of respondents told us they had received training related to their role as a PA and one-third of respondents told us that they had received training related to their role as a PA earlier than in the last year (down from 40% in 2022). Worryingly, two in five responders reported they had received no training at all in their PA role. However, it is unclear whether other factors need to be considered. For example, over 80% of our survey respondents had been in the PA role for two or more years or had come from a previous health and social care background. Therefore, it could be that they or their employer did not think any more training was required.

It is encouraging to see that this year's survey results show a slight rise in the number of respondents who said they had accessed training in the last year. It is possible that as we move away from the COVID-19 pandemic, more PAs will start to update or access new training opportunities that may have been limited during lockdown restrictions. In addition, the PA Programme Board Training Subgroup have developed a National Training Framework and will develop two modules before April 2024 that can be accessed by all PAs and PA employers as they choose. Future PA surveys will monitor changes in the numbers reporting receiving training in the last year going forward.

Chart 40: Survey respondents training in the last year compared and earlier than last year in support of their role as a PA

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We did not ask our survey respondents questions on how PAs feel about training or if they want to access more training. However, this is an area the PA Programme Board Training Subgroup has started to explore as part of the development of the PA Training resource. They carried out a snapshot survey in September 2023[2] and of the 106 PA employers and 109 PAs who responded, PAs indicated a desire for more induction training, more "how to" guides and practical knowledge about their employment (time sheets, annual leave, how to do X, Y or Z in the house). The survey also found PA employers wanted more support to meet the training needs of their PAs and more budget to cover those costs. Further, the survey indicated PAs were more confident than their employers when identifying their training needs and the key to better trained PAs was better supported Employers. Future PA Workforce surveys can consider the addition of questions that will continue to explore and monitor these areas.

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11.6 Training opportunities accessed by survey respondents

Chart 41: Type of training undertaken by survey respondents in the last year compared to earlier than last year in support of the role as a PA

Type of Training	Accessed in the last year	Accessed earlier than last year
A specific induction into your role	5%	5%
Moving and assisting/handling	6%	7%
Data protection training	6%	5%
First Aid	6%	6%
Disability Equality/ Awareness training	5%	6%
Challenging Behaviour/ Positive Behaviour Support	5%	5%
Communicating Effectively	5%	5%
Dementia Care	4%	5%
Epilepsy	5%	4%
Food Hygiene	5%	6%
Health & Safety	6%	6%
Infection Control	6%	5%
Person Centred Care	5%	5%
Principles of Care and Confidentiality	5%	5%
Safe Administration of Medicine/ Medication Support	5%	5%
Safeguarding of Vulnerable Adults	6%	6%
Safeguarding of Children	5%	4%
Physiotherapy and exercise	3%	3%
SSSC Open badges	3%	3%
Other certification (for example, SVQ)	3%	4%
Total	100%	100%

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11.6.1 Types of training accessed in the last year

If survey responders said, 'yes' to having received training in the last year in their role as a PA, *we asked: "What training in the last year?"* Respondents could select as many responses as possible that applied. Of the 180 respondents who chose to answer this question, a total of 2,022 responses (types of training) were selected.

Of the training received in the past year, we found a fairly even spread of types of training being accessed. For most of the training options selected, more than half of the respondents indicated they had accessed this type of training (>90 of the 180 responders who answered this question), indicating that when PAs access some training, they are likely to access further training. The most common types of training accessed by our survey respondents are moving and assisting/handling, data protection, First Aid, Health & Safety, Infection Control and safeguarding of vulnerable adults. There was less uptake of training for physiotherapy and exercise, and SSSC Open badges.

11.6.2 Types of training accessed earlier than last year

If survey responders said, 'yes' to having received training earlier than last year in their role as a PA, *we asked: "What training earlier than last year?"* Respondents could select as many responses as possible that applied. Of the 253 respondents who chose to answer this question, a total of 3698 responses (types of training) were selected. Those who had accessed training earlier than in the last year mostly mirrored the trend of those who had accessed training in the last year. Those who accessed training earlier than last year (247 or 98%) had carried out moving and assisting/handling, indicating this type of training may be most commonly offered as part of a PA's induction. Similarly, there was less uptake of training for physiotherapy and exercise and SSSC Open badges.

11.7 How respondents PA training opportunities are funded

We asked: "How were costs for any training met? a. My employer funded these costs privately b. My employer funded this via their social care package c. I funded it myself d. There was no cost for the training e. Other." Respondents could select all responses that applied related to funding in the last year or earlier than in the last year.

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Chart 42: Funding sources used by respondents to meet training costs

How costs for training were met	%
My employer funded these costs privately	22%
My employer funded this via their social care package	32%
I funded it myself	18%
There was no cost for the training	25%
Other	3%
Total	100%

Of the 388 respondents who chose to answer this question, a total of 464 responses (funding sources) were selected. The majority of respondents (54%) had their training costs funded by their employer, either privately (22%) or via their social care package (32%). One quarter (25%) of training accessed in the last year had no cost attached to it and around one in five PAs (18%) had funded their training themselves. A small number (3%) chose 'other' funder and of them, two respondents told us this was a grant and funded by PA Network Scotland.

Our finding that 40% of PA employers and PAs are funding training themselves will help inform development work on the PA Training resource in order for them to make recommendations for potential future funding options. Furthermore, the PA Programme Board's Direct Payment National Agreement Subgroup is working to develop a Direct Payment Model Agreement, and this is expected to include a recommendation for a training component.

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12. What worries or concerns do respondents have about being a PA

We asked: "Do you have any worries or concerns about being a Personal Assistant?" This was a free-text answer. Overall, 373 respondents chose to write a free text answer and these highlighted some of the challenges experienced by the PA workforce, namely, workforce shortages, a call for more recognition of the PA role, and not knowing where to look for workplace support. Respondents also talked about the challenges of low pay, as was a running theme through the other parts of the survey.

12.1 Low pay

While it is encouraging that some PAs spoke favourably about their rate of pay and felt this reflected their job level, skills, qualifications and experience:

> *"I have the time to provide a higher standard of care and the pay rate reflects my qualifications and experience."*

> *"It's a better rate of pay than with a care company."*

> *"I enjoy the role and feel it's a better role, I also work for an organisation and have loads more duties to perform, both of [them] pay the same hourly rate."*

It is still very clear that low pay is a reality for many PAs, resulting in stress associated with trying to manage on a low income and the long-term impact on their health and wellbeing:

> *"I am really worried about the poor pay. I have a family and it's getting harder and harder to make ends meet. I hope it doesn't come to it but I may have to leave my PA job for more money. My employer pays me a bit more than the £10.90 government rate."*

> *"Unable to ask for or get a fair pay like other companies who have staff. I work alone and am reliant on the local council to provide more money. I can't 'have a pay demand', and if the council don't give more money, I don't get a raise."*

> *"The cost of living and not earning enough."*

> *"Having to find more work with increased pay due to cost of living crisis."*

For some respondents, while the presence of a fair wage was important, the level of pay appeared to be secondary to other motivating factors. However, without experience of the high rewards the role can bring, new PAs may not be attracted to join the workforce if they see lower pay rates compared with other sectors:

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"I feel sometimes the pay does not match the workload which may turn others away from a truly incredible job."

"I have done 10 years with a single client but have only had two pay rises in that time, and they were over the last 18 months. Nobody understands my client and you could not teach someone all I have learned about them, but I would make more money in a supermarket."

"The low pay makes it difficult to sustain a good level of living even though the work is rewarding it doesn't feel I'm valued for my skills financially."

12.2 PA recruitment crisis

Our respondents highlighted that staff shortages due to recruitment and retention issues put pressure on the existing workforce to fill in the gaps. PAs reported working longer hours, sometimes unpaid, and not taking leave, which impacted mental wellbeing, as well as on the stability of support available to employers:

"Would be nice to have a little more support with staffing issues and funding for extra hours as I know the team of PAs I work in work many unpaid hours."

"Short staff and feeling obliged to always cover."

"Unable to take holidays."

"Not enough private PAs out there to help cover holidays/sickness to enable continuity of care."

"I would like to leave but I know this will be difficult for my employer."

"I worry about having to leave the job later this year, that [my employer] will be harmed by this change."

"The lack of people coming into the job leaves many gaps in care packages. I recently went on holiday and was unable to get full cover for all of my clients. None of my clients have cover at the weekend at all."

What was also demonstrated was that existing PAs do not appear to want to leave the workforce and instead some PAs are working longer hours or taking on second job to top up their earnings. This suggests the role is rewarding and valued among the existing workforce and improving pay may improve the retention and wellbeing of existing PAs as well as attracting new PAs into the workforce:

"[The] rate of pay has meant I've had to take on a second job."

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"It is underpaid and I may have to look for alternative employment as the cost of living crises makes it very difficult financially for me and I have to work more and more hours each week."

"Having to leave and get a new job as wages always only minimum wage which hardly covers basic bills now a days."

"The pay is terrible. I'd get paid more stacking shelves in a supermarket. It may mean I have no option but to leave, which I don't want to do."

"I worry that there are not enough people in the industry and that it is about to implode. The pay is not enough to sustain the workforce."

While recruitment campaigns are already ongoing, and there is a drive to increase overall numbers of the PA workforce, campaigns should also ensure a focus on increasing diversity:

"The only worry is once us older carers leave there's no young ones to do the job."

"Concern for the future of the person I care for when I'm not physically able to care for them anymore."

"Sometimes cultures may clash or be really different to each other."

12.3 Workplace support

There is currently much work underway to support the PA workforce, including the development of a PA Training resource, wellbeing resources, and the PA Network Scotland's development as a membership organisation (launching March 2024). This is in addition to existing resources such as the PA Handbook, quarterly PA newsletter and peer support initiatives through Independent Support Organisations across Scotland. However, it was clear that some PAs were unaware of the support available, and it is important to consider ways to broaden the reach of these resources to all PAs to ensure training needs are met and wellbeing is supported:

"Serious lack of provisions to ensure adequate training. Like there is no guidebook for PAs to start working effectively. I've been doing it 16 years and I'm still a bit grey on taxes and other areas."

"After 18 years I recently left the job due to poor pay and lack of support."

"If I need help I'm unsure where to turn."

"Not enough peer support/support in place to seek guidance or assistance. [Lack of] access to training to keep skills up to date."

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"I'd like more training & more support. In the past I have had concerns about a client living/spending a lot of time alone/having falls and there was no one to turn to for advice."

"Isolation, no peers, no representation in disputes with employer."

"Sometimes feel like I get no support. Would be good to get a review to see how we are coping."

"Sometimes a feeling that there is a lack of emotional/ informational & professional support."

Ensuring access to the right training was also highlighted as a potential risk for the health and safety of the PAs and by extension their employers:

"That it's very physically demanding and lack of training or clients house not allowing safe transfers etc because of clutter, furniture etc."

"Sometimes working on your own you want to be sure you are providing the most appropriate support and if the person you are supporting is unable to communicate with you it can be difficult to know if there is a better way to do something if you don't have [support]".

Support for PA employers to be good employers was also identified as important. Some PAs highlighted they did not have a contract of employment, or information about their employment rights:

"Lack of networking, and lack of employer knowledge/experience in handling situations."

"The people who employ us should get more support to make sure we're all better supported."

"I have no way of finding out about sick pay or holiday entitlement."

"Didn't get a contract when started."

"Scared to be sick as no contract and no sick pay scheme."

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12.4 Improving recognition and understanding of the PA role

In their responses, some PAs highlighted what they felt was a lack of professional recognition of their role, particularly compared with other workers in health and social care:

"The wages do not correspond to the tasks and responsibilities which PAs handle. Still a PA is seen as somebody not educated and not qualified, someone who cannot do any other job. Sometimes I have to not mention that I worked as PA to not be disrespected."

"PAs always seem to be last in the line for consideration, £500 bonus payments, vaccines, etc. I feel we are 3rd class employees in a 3rd class sector."

"Lack of recognition in the sector."

"Sometimes feel looked down upon by professionals such as Social Work or health professionals."

A lack of recognition and understanding of the PA role more generally among the public may partly explain why it is hard to attract new people into the workforce:

"I worry that it is not considered a 'real' job in many walks of life — i.e. I am questioned on what I have been doing between jobs when the answer is full time [work] as a PA. Some places accept it readily, but I have noticed some dismissiveness towards it."

"Low pay, poor perception of what a personal assistant is. Lack of recognition of how important it is."

"Lack of job description."

"We aren't recognised or given the same benefits of careers or the NHS, example - pay and Blue Light Card."

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13. What do respondents like most about their PA role

We asked: "What do you like most about being a Personal Assistant?" This was a free text answer. Overall, 708 respondents chose to write a free text answer, and these showed that, despite the challenges discussed in the previous section, overall PAs have relatively high levels of job satisfaction, enjoy the flexibility of the role and being able to support their employers to live independently. Particularly, PAs highlighted the uniqueness of the PA role and positive benefits of building strong relationships with their employer.

13.1 Relational motivation

Survey respondents enjoyed building strong relationships based on trust and respect and saw this as central to being able to deliver person-centred support. While it was recognised that this was a professional relationship, PAs clearly had strong bonds with their employers, as well as with employers' families and wider networks. The value of providing one-to-one support or being part of a team of regular support allows PAs to learn about the specific support needs of their employer and in turn this may lead to increased confidence and better support:

"Getting to know the person. Their habits lines and dislikes. Developing a relationship."

"Working closely with the one person. Learning all their specific needs."

"It's very personalised to the person you are caring for they get to know you and you know them rather than lots of different staff."

"I am self-employed, I give care to the same individuals daily, they get consistent care with the same person. You get to know them really well and knowing I can help them and give them the care they need is what I love about being a PA."

"I like getting to know the people I support and building a relationship with them."

"Support for all the family not just the [employer]."

"As a Personal assistant you are able to spend more time and do a variety of different tasks to suit your client. Also the family have a choice of assistants with continuity with help."

"I feel so valued by the family I work for."

"The relationship that develops between [employer], family and myself."

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"I love being a PA. After working in Hospitals and Private company I much prefer the more independent and on a one to one personal working relationship. I feel I have more of a say with clients and families than I did before."

"My [employer] appreciates me and my team. I like working as part of a team of four. We work together harmoniously and everything is centred around our [employer's] wellbeing. We get a lot of love back from our [employer], it warms my heart."

13.2 Enabling Independent Living

Survey respondents spoke about the importance of the PA role in promoting their employers to be able to exercise choice and control, both at home and in the community:

"Support individual to access the community."

"Supporting people that have been disabled by society to feel more included and less excluded."

"Helping someone have as independent a life as is possible."

"That I know I'm contributing to my [employer's] wellbeing and enabling him to lead a life and maintain his own tenancy."

"The ability to give people independence without the restraints of care within a residential setting."

"I love the fact that the person can live the life that they choose to and not one dictated by an organisation."

"I like making a difference and helping people become more independent. It's a rewarding job."

"Knowing that I make a difference in enabling others lead a fulfilling and independent life in their own homes and community."

"Ability to support someone to live the life they want, how they want and to remain in local community."

13.3 Flexibility of the PA role

A degree of flexible working arrangements and the benefits of these to the PA and their employer were highlighted as making the role more attractive (especially when other rewards such as pay were low).

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"1 to 1 work, flexibility to do hours that suits [employer] and self not what an organisation can offer."

"It's local and it fits in with my other work."

"The work and the hours are flexible."

"Being able to be flexible with working hrs. More freedom to assist with things the service user likes to do."

"That we [PA and employer] can set up our own Care visit schedule and timing."

"Doing something meaningful, working part-time, flexibility, being on a go rather then trapped behind the desk. Working for one person in my case is also great. I feel there are only benefits to my work [as a PA]."

13.4 Job satisfaction

There was clear evidence of high levels of job satisfaction among our survey responders. There was also an indication that compared with other areas of the social care sector, the PA role could be a less pressurised role that allows for more time with their employer and for the opportunity to build a mutually fulfilling relationship:

"The work with actual people and not a company."

"The satisfaction from the job. I feel it's on a more personal level than working with a company, as I've been welcomed like a member of the family, rather than just an employee."

"The unique role; each day is different and we work together to create enjoyable activities which enrich both of our lives. There's a strong emphasis on having fun!"

"It is a very satisfying job, and I really enjoy working with the same person."

"I enjoy the freedom of being able to work either inside or outside with my [employer]. Each day can be different. Helping my [employer] make their day better is wonderful."

"Spending time...laughing."

"I get great job satisfaction from providing person-centred support which enables people to live the life they want."

"I do the job as I love whom I work for. It was a no brainier to become a Personal Assistant. Best job in the world."

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14. Next steps

The key findings from the 2023 PA Workforce Survey report provides the most recent overview of PA workforce in Scotland. It is the second survey of this workforce with the first survey carried out in 2022. These first two surveys provide a baseline monitoring resource and guide for next steps to:

- track the progress in response to future support to the PA workforce
- measure trends and changes in the PA workforce over time
- inform methods on communicating key message to the workforce
- develop training informed by the responses of the workforce
- monitor impacts of the PA role on mental health and wellbeing
- the impact of projects underway to support the PA workforce
- awareness amongst PAs of where to go for support and advice
- further explore key topics/themes form the survey to inform future activity
- consider the addition of questions that will continue to explore and monitor these areas.

The survey will now be undertaken biennially with the next survey due in early 2025.

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