# **What works in PA wellbeing? Short summary**

## **Introduction**

Personal Assistants (PA) for disabled people emerged from the disabled peoples’ and independent living movements of the 1970s and 1980s. Distinct from the care and support workforce, PAs are directly employed by the disabled person or their family and support disabled people to live their lives in the way they choose. There are over 5000 PAs in Scotland. In 2023-24, Scotland’s PA Programme Board Wellbeing Subgroup applied to IMPACT for a twelve-month Demonstrator project to understand the evidence of how to improve PA wellbeing.

IMPACT conducted an international evidence review. This found limited evidence on tested interventions to improve PA wellbeing and found six themes that affect PA wellbeing. Richard Brunner and Rhiann McLean from IMPACT recruited two expert groups of PA employers and PAs from across Scotland to review the emerging themes and refine recommendations on how to improve PA wellbeing in Scotland.

## **Six themes that affect PA wellbeing**

**a. Job satisfaction and perceptions of PA work** - PAs consistently report high levels of job satisfaction. But the PA role has low public recognition and has low professional status, likely associated with discriminatory attitudes faced by disabled people and weak public understanding of the PA role.

**b. Employment conditions and insecurity** - PAs often have poor employment conditions, including insecure work, low pay, lack of promotion structures, and poor access to pensions, sickness leave, maternity leave, holiday leave and redundancy pay. Funding made available to PA employers through local authorities commonly constrains how much employers can pay their PAs.

**c. Access to training and support** - PAs often lack access to adequate training and support. The evidence suggests that access to training programs is likely to support the wellbeing of PAs, though it could also risk undermining PA employer choice and control.

**d. Isolation** - PAs typically work on their own. Lone working restricts access to networks of peer support among PAs, especially when they are not part of a wider PA team.

**e. Relationships and blurred boundaries** - Relationships between PAs and their employers do not usually follow a traditional employer/employee dynamic. There is strength in the closeness between PAs and their employers – intimacy, trust, reciprocity. But there is also evidence that the blurred boundaries and close relationships can lead to frustration, dissatisfaction, even control and abuse. PAs must also navigate relationships with other professionals and with family carers or partners of supported people.

**f. The nature of the work** - PA work can be highly specialised, medically complex, physically challenging, and emotionally demanding.

## **Recommendations to improve PA wellbeing in Scotland**

The UK and international evidence, grounded by the PA and PA employer expert group discussions, suggests that improving and sustaining higher wellbeing for PAs requires a combined strategy which addresses the material, relational and societal drivers of wellbeing for this workforce. The evidence highlights the relational aspect of the PA-PA employer dynamic, and so it follows that interventions to support PA wellbeing must also seek to improve PA employer wellbeing. These include:

* Recognising the value of the PA role with better wages, higher public awareness and stronger enforceable employment rights.
* Offering access to tailored emotional support and connecting PAs to other PAs to reduce isolation.
* Guaranteed funded access to training for both PAs and their employers, including pathways for PAs to pursue formal qualifications with the support of their employers.
* Support for PA employers to be the best employers they can be, with accessible information, training and support available to help them uphold their legal obligations, as well as training on the softer skills of people management.
* Nurturing and supporting the PA/PA employer relationship through access to mediation and brokering, and shared investment in both PA employers and PAs.

Because of the lack of clear evidence on ‘what works’, any intervention should be evaluated to understand its impact and any unintended consequences, including effects on PA employers and groups with protected characteristics.

**Conclusions**

There is limited previous evidence as to what precise combination of interventions would improve PA wellbeing, although it does tell us the themes that affect PA wellbeing. The recommendations for Scotland are founded on this previous evidence, combined with the sensemaking work of the expert groups, and collaboration with the PA Programme Board Wellbeing Subgroup. A co-productive or codesign approach, involving PAs and PA employers, will maximise the potential for interventions working, and for accurately evaluating their impacts. There is already a strong web of organisations, networks and bodies working to improve outcomes in the PA/PA employer ‘space’ in Scotland, with a strategic overview from the PA Programme Board.

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See full evidence at the [IMPACT PA Wellbeing Demonstrator project homepage](https://impact.bham.ac.uk/our-projects/demonstrators/pa-health-wellbeing/)