

Working for personalised care:

A framework for supporting personal assistants working in adult social care



Social Care

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning/Performance Clinical	Estates Commissioning IM&T Finance Social Care/Partnership Working
Document purpose	Best Practice Guidance
Gateway reference	16363
Title	A framework for supporting personal assistants working in adult social care
Author	Social Care Workforce Policy, DH
Publication date	27 July 2011
Target audience	Local Authority CEs, Directors of Adult SSs, Skills for Care, SCIE, ADASS
Circulation list	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Directors of Children's SSs, Voluntary Organisations/NDPBs, Direct Payments support organisations, independent living organisations, charitable, disabled peoples, community and faith organisations, Trade Unions
Description	'Working for Personalised Care' the Personal Assistants (PAs) framework, sets out an approach to enable support for an evolving PA workforce and their employers over the coming years. It has been produced jointly with people who use services, their PAs and sector partner organisations.
Cross reference	Vision for Adult Social Care: Capable Communities and Active Citizens
Superseded documents	n/a
Action required	n/a
Timing	n/a
Contact details	Stuart Perry Department of Health Adult social care workforce development Rm 2N14, Quarry House Quarry Hill, Leeds LS2 7UE
For recipient's use	

Working for personalised care:

A framework for supporting personal assistants working in adult social care

Contents

Foreword	4
Summary of action in the framework supporting personal assistants working in adult social care	6
1. Introduction	8
2. Context	9
3. Better understanding of personal assistant working	13
4. Recruitment and retention	17
5. Learning and development	22
6. Supporting personal assistants and employers	26
7. Enabling risk management	31
8. Next steps	36
References	37

Foreword

The Government is committed to personalising social care services and is determined that all those eligible for support will have the opportunity to receive a personal budget by 2013. The employment of personal assistants (PAs) is a critical part of this transformation. To achieve this, a major shift towards supporting PAs, and those who employ them, is required.

As *A Vision for Adult Social Care: Capable Communities and Active Citizens* made clear: 'The provision of personal budgets for all eligible people will mean personal assistants, directly employed by people who use care and support services, working in new, creative and person-centred ways to play an increasingly important role in providing tailored support to meet individual needs.'¹

This document provides a framework for supporting the development of the PA workforce and their employers over the next five years and beyond.

The framework concentrates on a localised approach to supporting PAs and employers and recognises that they are best placed to develop their own solutions. It acknowledges the role of active citizens using services, working in partnership with their families, friends, communities and organisations to develop the Big Society theme and empower individuals and communities to exercise control over provision of local services.

The framework explores the roles of national and local government, communities and individuals. The framework does not prescribe

solutions but identifies potential obstacles and barriers and provides good practice examples for overcoming them. Decision-making and further actions need to be initiated at the lowest possible level with the support of national government.

A Vision for Adult Social Care, published in November 2010, sets out the principles underpinning a modern, 21st century system of social care. The PA framework draws on these principles, focusing on:

- **personalised** care and support, delivered through **partnership**, with increasing **plurality** of provision;
- **prevention**, with people who use services empowered to maintain their own independence;
- **productivity** through innovation, to deliver higher-quality care and support services;
- **protection** via sensible handling of risk management; and
- **people**, with a workforce that uses skill, compassion and imagination to provide care and support for those who use services.

The energy and creativity of local authorities and voluntary, community and faith organisations, together with capacity-building through social enterprises and mutual organisations, are putting individuals in control of their care and support, enabling more flexible, effective and responsive services. We now need to put in place a framework that will accelerate and support a rapid growth in PA employment.

I recognise that within the adult social care community there is a wide, and often competing, range of opinions on the framework's key themes. These have contributed to a debate on the development of the PA workforce. The framework aims to provide a balanced representation of these positions. It recognises that support for an evolving workforce of PAs, and their employers, will require the partnerships and networks that the care sector is so experienced in developing, to help people to design personal solutions for their individual needs.

The Government's overarching goal is to promote strong and sustainable growth. In local communities, this means that everyone has access to the opportunities that growth brings and is able to fulfil their potential.

These are the central themes running through the framework.

A handwritten signature in black ink, appearing to read 'Paul Burstow'.

Paul Burstow MP
Minister of State for Care Services

Summary of action in the framework supporting personal assistants working in adult social care

Working together with our sector partners, we will:	
Better understanding of PA working <i>Page 13</i>	<ul style="list-style-type: none">• promote a wider understanding of PA working;• help PA employers to better understand their needs by determining the qualities they want from employees, in order to build strong and positive working relationships;• ensure that employers and PAs are aware of their roles and responsibilities and have adequate access to appropriate advisory and support services; and• identify and commission research to build an evidence base and good practice examples about the PA workforce and their employers.
Recruitment and retention <i>Page 17</i>	<ul style="list-style-type: none">• ensure that frontline Jobcentre Plus staff are well informed about PA working;• ensure that the Skills for Care sector route-way accurately reflects PA working;• develop better ways to address recruitment and retention issues; and• develop an information strategy, parts of which will include a review of the PA employer toolkit and signposting of information and key documents to support simplified recruitment and employment of PAs.

Working together with our sector partners, we will:	
<p>Learning and development</p> <p><i>Page 22</i></p>	<ul style="list-style-type: none"> • consult with the Association of Directors of Adult Social Services (ADASS) and other sector partners on consistency of support and funding for learning and development for employers and PAs; • commission Skills for Care to ensure that PA working is reflected in Qualifications and Credit Framework (QCF) qualifications and review Common Induction Standards to provide introduction guidelines for PAs; • examine how technology can support learning and development for the PA workforce and employers; and • encourage creative and innovative community-based learning and development solutions.
<p>Supporting PAs and employers</p> <p><i>Page 26</i></p>	<ul style="list-style-type: none"> • consult with ADASS and support organisations on standards of support that all PA employers should expect and what employers can do if they do not feel supported; • signpost best practice advice, information, forms and templates to support the employment process; • work with support organisations to ensure that employers have appropriate advice and information about their responsibilities, including technical matters, and that they benefit from peer support; and • ensure that PAs have access to information and support through local PA networks.
<p>Enabling risk management</p> <p><i>Page 31</i></p>	<ul style="list-style-type: none"> • ensure that employers are supported and enabled to manage their risks; • support employers of PAs in safe recruitment practices, including offering background and reference checks where requested; • support PAs and employers with appropriate training and leadership, and promote a positive, informed approach to risk-taking and management; and • continue to explore the scope for a voluntary register for social care workers, including PAs, by 2013.

1. Introduction

1.1 Purpose

The framework sets out a strategy to enable support for the PA workforce and their employers. It is a starting point for further work. It does not, and cannot, give all the answers, but it does bring together many of the issues in one place for the first time. There are challenges to developing PAs as employees, for their employers, and to promoting personal assistance as a career. This strategy addresses these challenges and presents good practice examples that show how these issues are being managed effectively in different parts of the country, while recognising that actions will be needed locally and must be affordable within existing resources.

The framework has three broad aims:

- to support future growth of the PA workforce and their employers;
- to address challenges to the development of PA working; and
- to share best practice examples of personalised care provision by PAs and of support for employers.

The framework has been co-produced by the Department of Health (DH) with national partner organisations, people who use services and their PAs. These include Skills for Care, ADASS, UNISON, the National Centre for Independent Living, user-led organisations, local authorities and the Transforming Adult Social Care Co-Production Group, as well as regional services users groups and individual PAs and PA employers.

Research has been conducted on PA working and direct employment. This included a series of focus groups with direct employers and their PAs and informal consultation at a PA summit in December 2010.

A framework to develop PA working over the short, medium and longer term is an important tool for future progress and will provide an outline for a delivery plan, which will be developed over the coming months.

2. Context

2.1 Background – a changing context for social care

PAs are now increasingly important within the workforce that provides personalised care. Whether state-funded or privately resourced, personalised care enables people to meet their individual needs. It allows them to maintain independence and achieve personal outcomes, and enables the fullest participation in local communities. People welcome control and choice over when, how and by whom their care is provided. Personal budgets are an important means of delivering this, and direct payments enable individuals to employ their own PAs.

2.2 Social care context

A *Vision for Adult Social Care* recommended further growth in personal budgets, with councils providing access by 2013 to all those eligible for ongoing care.² Self-directed care is now becoming the norm, with personal budgets widely available to those eligible and direct payments made in increasing numbers.

2.2.1 Demographic change

The UK has an ageing population, and the percentage of older people is set to grow. The numbers of older people with disability will continue to increase. For example, the number of people with dementia (although not exclusively limited to older people) is expected

to double in the next 30 years, and direct costs of dementia to the NHS and social care are currently in the region of £8.2 billion annually.³ Most people with dementia live in their own homes and, in common with disabled people generally, want to remain there for as long as possible. But they may need more assistance. The right support at the right time and in the right place is important for all disabled people, to give them choice and control over the decisions that affect them.

2.2.2 Disability

There are more than 10 million disabled people in the UK, of whom 5.1 million are over state pension age. Many disabled people do not get the same chances to be independent or make choices about their own lives. Disabled people are less likely to be in employment or engaged in the wider community.⁴ For example, less than one in five people with a learning disability are in employment but at least 65% want to work, and only one in three people with a learning disability take part in education and training.⁵ Clearly, there are high levels of unmet need. This framework recognises that all disabled people need support to live independently and to have the same life chances as others, including the right to a personal budget, which will give them control of the resources for their care.

2.3 Market for PAs

People who use services, and their carers, are increasingly seeking the services of PAs, as direct employers. Some are recipients of personal budgets in the form of direct payments and some fund their care from other sources. Volumes of direct payments and self-funding are expected to increase over time. Although this framework concentrates on PAs and direct employers in receipt of direct payments, the approach will be relevant to those who fund care from other sources.

PAs may also be employed indirectly via agencies, service providers or organisations that provide a staff bank or pool services. Much of the framework will be relevant to other forms of PA employment. It should be equally applicable to other employment structures and there is scope for co-operative approaches by service users and PAs, providing better use of pooled resources, more potential to be innovative and solutions for some of the support needs of employers and PAs.

Some PAs are self-employed and have 'clients' to whom they provide services and charge fees, working via mutual enterprises or micro-organisations. Where PAs gather together into micro-enterprises or mutuals, these groups and organisations can provide important advantages such as back-up for absences or clarity about the legal status of workers (self-employed or employees of an organisation rather than employees of a direct employer).

Good practice example: Plurality in provision – Choice, Support and Transport micro-enterprise

Choice, Support and Transport is run by Mark and Keith, who worked in roles connected with day centres for people with learning disabilities, which have now closed. Mark and Keith talked to people who used services and their families, with support from the charity, NAAPS, and found concerns that people would be left with little to do after the closure of day centres. They set up a small support and transport service for adults with support needs, which is now at capacity, with 15 people using it. Everybody meets at a community venue for a short time before being supported to undertake a variety of community-based activities using public transport.

2.4 Employment status of PAs working for direct employers

There are some concerns over the employment status of PAs working for direct employers. In some cases, employers who are in receipt of direct payments have decided that their PA is self-employed and have neglected to pay National Insurance (NI) contributions and deduct income tax. This has resulted in arrears owed by the employers and loss of benefits to PAs. Ultimately, it is for Her Majesty's Revenue and Customs (HMRC) to decide a PA's employment status on an individual basis using case law tests. These tests can include whether the PA personally provides the contracted service, whether the PA has a right to send a replacement or who controls how the service

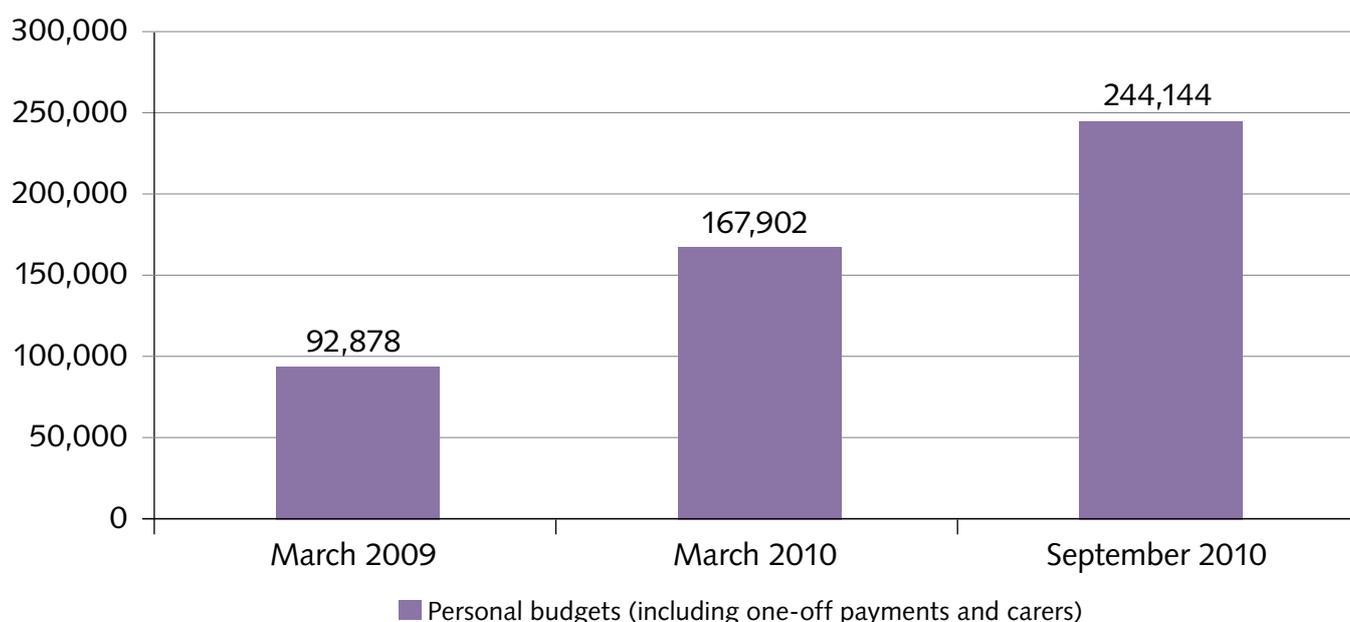
is performed. In the majority of cases, PAs are not eligible to be treated as self-employed, as the nature of their work does not meet criteria set by HMRC. Local authorities should support recipients of direct payments who employ PAs and provide information about being an employer and their responsibilities to their PAs and to HMRC. Employers in receipt of direct payments need to understand that PAs are employees and that, as the employer, they are responsible for ensuring that all tax and NI contributions are paid. HMRC, working with DH and local authority colleagues, is developing training and information materials to support councils, PA employers and PAs. Service users can assess employment status by visiting www.hmrc.gov.uk/calcs/esi.htm

2.5 Increasing take-up of personal budgets and growing demand for PAs

As more people using services opt for self-directed care, the number of PA jobs will increase rapidly. Figure 1 shows that there were 244,144 personal budget holders in September 2010.

Provisional DH data⁶ suggests that around £830 million was spent by local authorities on direct payments in 2009/10, an increase of around 37% per annum over the last ten years, compared with growth of around 6% per annum in total spend on adult social care services. Skills for Care's report *The State of the Adult Social Care Workforce in England, 2010* states that population trends 'dictate that the demand for social care services for adults

Figure 1: Growth in take-up of personal budgets – March 2009 to September 2010

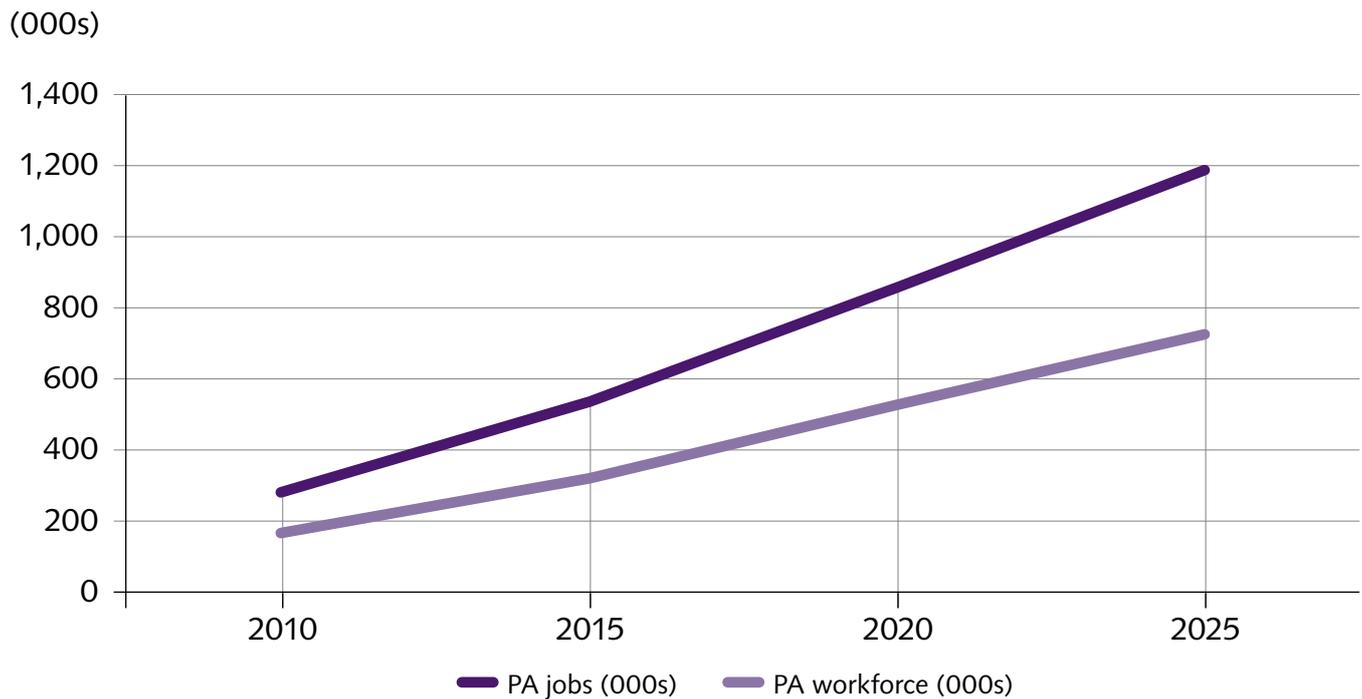


Source: ADASS/Putting People First Consortium surveys, March 2009, March 2010 and September 2010

and older people will increase steadily in the coming years'.⁷ This, and increasing personalisation, suggests employment of growing numbers of PAs. The think-tank Demos⁸ found that 44% of respondents to its survey would spend resources on a PA, while the Individual Budgets Evaluation Network (IBSEN) study⁹ suggested that 59% of those receiving personal budgets spent part or all of their budgets on PAs.

Figure 2 sets out Skills for Care projections for the future adult social care workforce that will be needed to meet demand.¹⁰ Growth in PAs is for those employed by recipients of direct payments only, while the higher numbers for PA jobs are due to PAs undertaking more than one job for employers. The overall picture suggests that demand for personalised care and support services via direct employment will continue to increase steadily.

Figure 2: Projected growth in demand for PAs – 2010 to 2025



Source: Skills for Care (2010) *The State of the Adult Social Care Workforce in England, 2010*

3. Better understanding of personal assistant working

3.1 Background – challenges to better understanding

A recognisable PA workforce has been evolving since the introduction of direct payments in England in 1996. A study on new and emerging roles identified that the 'work of personal assistance is about people skills, common sense, experiential knowledge, and the right disposition'.¹¹ However, there are challenges to fully appreciating how PAs help people using services to exercise control in their daily lives. These include a need for:

- understanding the impact of the role;
- understanding the unique and wide range of tasks undertaken by PAs;
- understanding successful relationship-building; and
- research to address a lack of information in key areas.

3.2 Addressing the challenges to better understanding

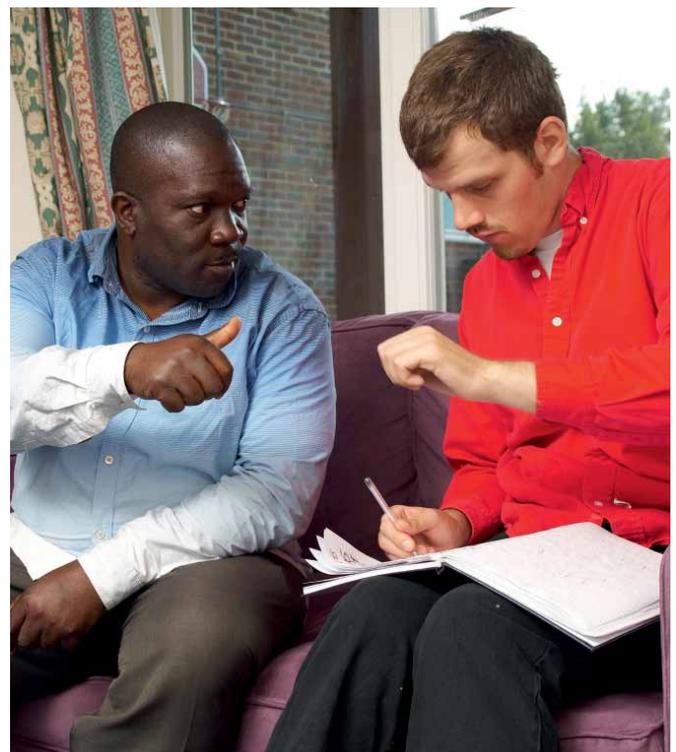
3.2.1 Raising awareness

PAs increase autonomy, enabling and sustaining the rights of individuals to make choices about how they live their lives. PAs at their best have the potential to improve the quality of life of people using services. There is a need to raise awareness of the impact the role can have in promoting the positive benefits of personalised care among:

- people using services and potential PAs;
- the wider social care workforce;
- those considering working in care; and
- the wider community.

3.2.2 Wide range of tasks

PAs undertake a very wide range of care and support tasks for a single employer, rather than personal care tasks for a larger number of people. They tend to work in isolation rather than as part of a team, unlike most residential or domiciliary care staff. Their role requires a wider range of skills and is harder to define than other social care roles. Tasks performed as part of the PA role are listed in Table 1. Future personal health budgets will allow more control over the health services and care that people receive and there may be scope to employ PAs to act as 'bridges' working in partnership with colleagues in health and social care, developing a more health-related focus, where this is appropriate.



Good practice example: How one employer used his personal budget to improve his standard of care

One personal health budget recipient in the North West has led the way, becoming an employer of two PAs. He has accessed specific healthcare training for his PAs, including tracheotomy care and diabetes awareness training. The training was designed by him and tailored to his individual needs, to ensure a high standard of care from the PAs.



Table 1: Tasks performed as part of the PA role

Task	Percentage of employers who requested this task	Percentage of PAs who reported undertaking this task
Personal care, washing and bathing	72	69
Getting dressed	69	70
Leisure activities	68	71
Cooking and preparing food	64	73
Assisting with meeting people and socialising	63	57
Cleaning and housework	63	71
Driving/getting around/visiting friends	62	64
Shopping	61	66
Getting into and out of bed and chairs	57*	64*
Getting to and using the toilet	52*	64*
Assisting with medical visits	49	52
Taking or injecting medicine, and other medical tasks	48	53
Eating and drinking	45	48
Providing massage/exercises to improve mobility and comfort	40*	53*
Assisting with going on holiday	29	18

Task	Percentage of employers who requested this task	Percentage of PAs who reported undertaking this task
Checking and looking after equipment, e.g. a catheter	28*	46*
Banking/paying bills/collecting pension or benefits	26	31
Assisting with work or education	24	24
Planning finances (savings, pensions and wills)	15	16
Caring for pets/walking dog	14*	31*
Childcare	8	7
Other	4	2

* = significant difference in employer and PA perceptions of tasks undertaken

Source: Skills for Care/IFF Research (2008) *Employment Aspects and Workforce Implications of Direct Payments*

3.2.3 Relationship-building

Maintaining healthy and open relationships between employer and employee can improve service delivery, enhance the perceptions of the PA role and potentially assist future recruitment and retention. Skills for Care's research found that the relationship between a PA and a service user is a unique one, based on trust, effective communication and mutual respect and operating along clear boundaries. One service user said: 'A PA is there to assist, not to take over, there to make the person using services life more independent, needs to have a clear job description in order to forge better relationships linked to clear outcomes.'

Ultimately, the relationship is an economic arrangement and an employer–employee partnership, with both working together with respect and equality. Both parties benefit from support to help them understand their roles and responsibilities, and they need access to advisory and support services where difficulties arise.

Good practice example: Personalisation and Partnership (Skills for Care)

Recent work by Skills for Care identified factors that contribute to an effective working relationship between direct employers and PAs, including:

- the importance of getting the right relationship from the start;
- addressing any problems quickly;
- the importance of management skills for new employers;
- providing the right support, including peer support; and
- enabling employers to think clearly about what they want from their PA.

Disseminating these themes will support new employers and help to build positive relationships.¹²

3.2.4 Further research

There are limited reliable statistics about numbers of PAs and PA jobs, and a recent review of the available research found limited information about employment of PAs.¹³ A major survey into employing direct and indirect care and support workers is due to report in 2011, but greater insight is required into why some people recruit care and support

from within the family and into the experience and support requirements of PAs from minority ethnic communities. There is a shortage of research and information on disabled people's needs and their experiences of personalisation, including employers in receipt of direct payments. We need to continue to improve our understanding of the evolving PA workforce and their employers.

Working together with our sector partners, we will:

Better understanding of PA working

- promote a wider understanding of PA working;
- help PA employers to better understand their needs by determining the qualities they want from employees, in order to build strong and positive working relationships;
- ensure that employers and PAs are aware of their roles and responsibilities and have adequate access to appropriate advisory and support services; and
- identify and commission research to build an evidence base and good practice examples about the PA workforce and their employers.

4. Recruitment and retention

4.1 Background – barriers to recruitment

PA working is about individuals, and it is hard to imagine many other employment relationships that are so personal. Trust is critical. Recruitment can be difficult for new employers, and there can be serious consequences if the process is not undertaken properly. However, recruiting the right person makes a real difference to a direct employer's life. This framework considers practical approaches to overcoming barriers to recruitment and retention. Common obstacles include:

- limited supply and low levels of applicants;
- poor access to information on opportunities and poor advertising opportunities for employers;
- poor attitudes, values or motivation;
- poor pay and terms and conditions; and
- local issues, such as lack of public transport.

4.2 Profile of PAs

Research has identified a broad profile of those currently in the workplace. This is outlined in Table 2.

Table 2: Summary profile of the PA workforce

Demographics	Predominantly female, white and spread across a range of ages.
Time in the PA workforce	Fairly new. Seven in ten PAs reported that their current employer is the first to have employed them directly to provide personal support services.
Previous experience	Majority (67%) have experience of health and social care (paid or unpaid).
Sourcing other care workforces	Some switching, mainly from domiciliary care. Direct payments bringing new workers into adult social care. This may be relatively transient.
PA hours and pay	Mainly part time, with hours quite short, allowing the opportunity for other jobs. Majority (78%) work less than 24 hours per week. Average hourly wage under direct payments is £7.60, higher than average for care workers. One in ten are paid more than £10 per hour, but a significant proportion (8%) are receiving less than £6 per hour.
PA qualifications	Two in five have relevant qualifications in health and social care.
Recruitment of PAs	Just under half employed by recipients of direct payments were known personally to the employer before they were employed. Those employing PAs for longer are less likely to know their PAs in advance, and use usual recruitment processes.
Contracts of employment	Low proportion (39%) of employers issue their PAs with formal contractual job descriptions. Pay, hours and tasks are key components.

Source: Skills for Care/IFF Research (2008) *Employment Aspects and Workforce Implications of Direct Payments*

4.3 Addressing recruitment challenges

4.3.1 Sufficiency of supply

Research by ADASS has raised questions over the supply of PAs. Shortages have been reported in both rural and inner-city communities. Some local authorities found that direct employers with specific needs had difficulties finding the right PA support. Anecdotal evidence suggested that employers from minority ethnic backgrounds were unable to find compatible employees. Insight from the PA summit suggests that this is also the case among other groups, including lesbian, gay, bisexual and transgender communities. The question is whether this is due to preference and can be resolved by communities, or whether it is something that needs to be addressed through co-ordinated local action and market management. Either way, more information is required locally and nationally on these issues.

4.3.2 Advertising and partnership with Jobcentre Plus

PAs are recruited in a variety of ways, including through family, friends, the local press, Jobcentre Plus, community centres or the internet. Each method has advantages, and employers suggest that better local guidance and information are needed. The relationship with Jobcentre Plus is important when recruiting PAs. Jobcentre Plus assists people looking for work and helps them to find a job that is suitable for them. It is vital that Jobcentre Plus frontline workers, especially career advisers and disability employment officers, have a good understanding of PA roles. Employers' experiences are varied, but they say they would use Jobcentre Plus more often if the service met their needs and they had better awareness of how Jobcentre Plus supports recruitment. Issues over the handling of PA vacancies, including insisting that potential employees are checked by the Criminal Records Bureau, can be overcome where local Centres for Independent Living or disabled people's



organisations work with local Jobcentre Plus offices. When Jobcentre Plus staff are supported to understand job roles in adult social care using the sector route-way, volumes and quality of referrals meet employers' requirements. The sector route-way has been designed specifically for Jobcentre Plus staff to help them support people who want to work in social care. Skills for Care will work with employers to ensure that the sector route-way accurately reflects PA working.

4.3.3 Career progression for PAs

Career progression routes in adult social care are important to many workers and are a tool in retention. As the sector continues to develop, many people will have a 'portfolio' of employment, working in many different roles for several employers. This working pattern is already being seen. The QCF is supporting this process and starting to map out career development for PAs.

4.3.4 Support for employers during recruitment

Support services can help PA employers with the practical aspects of recruiting a PA, including advertising, preparing job descriptions, help with interviewing and take-up of references. Practical support will also include the review of the employer toolkit, available at www.skillsforcare.org.uk/entry_to_social_care/recruitment/PAtoolkit.aspx. Skills for Care, working with other delivery partners, will be commissioned to develop a signposting system as part of an information strategy, to support employers to access information and to make employing PAs straightforward. The establishment of local networks of employers who can support each other with the recruitment process should be considered, if they are not already available. Many local authorities already support employers in recruiting staff. This works well

when other people who are using services and employing their own staff provide the support, either via user-led organisations or through other voluntary or charitable organisations.

4.3.5 Local works best

Employers believe that 'local works best' when it comes to recruiting PAs. It is essential to have local systems of support and key points of local contact. Recruitment systems must take account of local conditions such as pay, labour supply and transport, and be supported by clearly signposted and adequate information, advice and guidance. An information strategy developed with national partnership organisations will ensure that there is an understanding of what really works by including employers' views.

Good practice example: North West Personal Assistant Register – Age UK and Cheshire Centre for Independent Living

The North West Personal Assistant Register is an easy-access, secure online recruitment tool, which enables individual employers and PAs to search for the right person or the right job, in one place. Facilitated by a partnership between Age UK Cheshire and Cheshire Centre for Independent Living (CCIL), it aims to create a simpler and more effective way to recruit staff. The online register of PAs provides greater choice for employers and enables a more personalised recruitment provision, while generating a more flexible and responsive market that attracts a growing number of people to join the social care sector as a PA. As a result, an increasing number of individual employers and PAs across the North West are enjoying success in finding either the right person or the right job through the site.

One employer describes their experience:

'I had previously arranged for a care agency to provide support to my elderly parents but they decided this wasn't meeting their particular needs. We decided to employ a PA directly and found out about the North West Personal Assistant Register through a friend. I registered with the site for one month and posted our job description. I instantly had a vast range of PA applications at my fingertips to view. I used the communication tool to liaise with some of the PAs registered and subsequently interviewed. I had great success and we now have a fantastic PA who offers a personalised service to my parents. I am already seeing improvements in their mental health and general wellbeing as a result of directing their own care. I found the site to be very professional and it made finding a quality PA with the right skills and attributes to suit my family a simple and stress-free process.'

4.4 Addressing challenges to retaining PAs

One approach to reducing the impact of recruitment barriers is to improve the retention of PAs. Research suggests that the majority find their work rewarding and enjoyable and like the variety and flexibility, the one-to-one working, receiving positive feedback and seeing the difference made to people's lives. Despite this, being a PA can be perceived as transient: four in ten PAs are unlikely to be in the role in five years' time,¹⁴ although this compares well with other care workers – over 40% of whom are in their current job for less than three years.

PAs say that the reasons they leave the role include the lack of training and learning opportunities and the lack of career progression. These are explored in the next section.

Direct employers have identified other reasons for staff leaving, including poor or overly intense relationships, the changing needs of employers, and boredom. Where employers are fully engaged with the local community, exercising choice and control and encouraging PAs to undertake training, they are more likely to retain staff than those offering less rewarding roles with fewer development opportunities. Given the highly personal nature of PA working it is important to recognise that sometimes the relationship simply does not work out, which may be due to the personalities involved.

A further retention challenge is the perception that the public undervalues the role of care workers. There is a need to promote social care as a career of choice. As part of the Thinking Business project and sectoral growth review, DH and the Department for Business, Innovation and Skills have been working with Skills for Care to identify barriers to the development and expansion of a skilled workforce in social care, including PAs. This will provide ways to support the growth of the workforce within the context of the social care vision. It is important to promote awareness and understanding of the 'value' of the workforce and for PA roles to be seen as satisfying careers, as they have the potential to become the largest component of the adult social care workforce. As the PA market develops over time, direct employers will influence the values, behaviours and attitudes of their staff and will determine the skills they require from them. Being able to

offer better than minimum wages may help to raise the status of PAs and aid recruitment. Where possible, there needs to be support

for employers to offer the best terms and conditions in order to maximise retention.

Working together with our sector partners, we will:

Recruitment and retention

- ensure that frontline Jobcentre Plus staff are well informed about PA working;
- ensure that the Skills for Care sector route-way accurately reflects PA working;
- develop better ways to address recruitment and retention issues; and
- develop an information strategy, part of which will include a review of the PA employer toolkit and signposting of information and key documents to support simplified recruitment and employment of PAs.

5. Learning and development

5.1 Background – exploring learning and development

Opportunities for learning and development should be available for both PAs and direct employers. This is important for building relationships between them. However, evidence suggests that employers can fail in their responsibility in relation to training. This can make it difficult for staff to keep skills fresh and, in the longer term, compromise standards of care. Research shows that a quarter of PAs cite lack of learning and development opportunities as a key reason for leaving the role. If PAs are to be attracted and retained, this needs to be addressed. If not, PA working will be perceived as casual, transient, low skilled and part time, rather than as a challenging and rewarding career choice.

5.2 Barriers to learning and development

Employers have different viewpoints when it comes to learning opportunities for their PAs. Some do not have access to the funding to support PA learning and development, however committed to the principle they might be. Previously, there have been tensions between the nationally recognised qualifications and the personalised nature of PA work. A lack of flexibility in the components of certain qualifications has made it difficult for some PAs to obtain them. The new QCF will address this. PAs will have access to more qualifications made up of flexible components. Local authorities have different systems and this can make accessing learning and development difficult for PAs. Some support learning and development for PAs through user-led organisations. Research

by ADASS suggests that where this works well, it is extremely valuable. However, it can be patchy and inconsistent across England. There is a need to strive for consistency wherever possible, to provide a fair system of support, accessible to both employers and PAs.

5.3 Addressing learning and development barriers

5.3.1 Induction

PAs' experiences of induction vary and there needs to be consistency in this area. For many years, induction has been an important part of working in adult social care. Induction standards for new workers in residential and domiciliary services already exist. They expect the worker to have a basic understanding of the principles of providing care and support, such as promoting dignity and independence, health and safety, and protection from abuse. Work to adapt the Common Induction Standards will provide an induction framework for PAs. The framework is intended to cover working in social care, the role of the PA and the needs of the employer.

5.3.2 Support for training and learning activities

Research by ADASS suggests that user-led organisations offer good introductions to being an employer. Most local authorities offer access to generic training but few offer ongoing training tailored to PA and employer roles. The QCF qualifications include standards and information to support the PA role. Employers welcome the technical skills, but above all they value accurate local information about resources, expert help and local networks

for peer support. PA roles are unique and employers like to provide on-the-job training. There is also a need for learning opportunities on entry and specialist training on conditions and illnesses.

5.3.3 Learning and development framework for PAs

Some PA employers who were consulted felt that it would be useful to have a learning and development framework designed especially for the PA workforce. The PA summit outlined the importance of choice, making it optional for employers to decide whether to engage with guidelines, but also recognised the benefit of core modules and built-in flexibility to the framework. Such a framework would identify the nature and depth of learning and recognise the skills that PAs have developed and can take to future employers. It could result in a simple pathway for PAs which meets the flexibility that employers require. It could also provide clearer integration between health and social care routes for PA development.



5.3.4 Creative solutions

Supporting workers through learning and development will take them away from their work as a PA. This can be difficult in terms of continuity of service and adds the cost of employing a second PA to provide backfill. There is a need to be more imaginative, bolder and more creative in the approach to the delivery of learning and development, in particular in how technology can be used more effectively. E-learning works effectively in other industries. In social care it would be difficult to rely solely on e-learning, but it can form part of a package of 'blended learning'. This may include use of DVDs, interactive internet learning programmes, and one-to-one discussion and assessment in addition to actual training events, which continue to be important.

5.3.5 Funding for learning and development

A main barrier to learning and development for the PA workforce is the availability of resources. Employers suggest the funding of learning and development is patchy and inconsistent and restricts take-up. Consultation with ADASS and other partner organisations is needed to explore ways to enhance consistency of support and funding for PAs. This is a time of challenging economic conditions and research should look at the benefit of training PAs in relation to care outcomes. Creative solutions can deliver learning and development that cost little to produce and roll out. There is a need to look at materials and other solutions used by the independent living movement, disabled people's organisations and direct employers themselves, to ensure that there is no duplication of what is already available. A co-ordinated approach will promote consistency and maximise limited resources.

Good practice example: PA Apprenticeships Pilot Project (CCIL)

CCIL has developed an innovative, award-winning PA training service, enabling individual employers to access tailor-made training for their PAs. Some individual employers wanted a more structured approach to training and development so CCIL, in partnership with Skills for Care, developed the PA Apprenticeships Pilot Project for 11 PAs to access the Health and Social Care Apprenticeship framework. This innovative pilot project is paving the way for more employers to access a nationally recognised, structured programme of accredited training for their PAs. PA Apprenticeships represent a commitment to the development of the PA workforce and recognition of the importance of the PA role as an integral part of the social care workforce.

'I think it's great that my PA can now access a proper qualification which truly reflects and supports the good work that they do for me. I think every PA should have the opportunity to do an Apprenticeship.'

– Employer

'At last the value of being a PA is being properly recognised. Having a formal Health and Social Care qualification is definitely going to help my career.'

– PA

One PA describes their experience:

'I have been working for my employer for three years now without any formal qualifications in care or anything on my CV to demonstrate the knowledge and skills that I possess. I really love working as a PA but it has never really seemed like a career that is going anywhere. My employer told me about the PA Apprenticeship and we went along to an information session hosted by CCIL with a local training provider. I have now signed up for an Advanced Apprenticeship, which has been fully funded. All of my assessments and observations are completed on the job in my employer's home and I fit in my assignments around my home life. The course is great and the assessor has helped me to apply the units of study to my role, which is very specific as I only support one individual employer. I can't wait to complete the framework and get my certificate – I have already thought about what I would like to study next. I would recommend the Apprenticeship to anyone working as a PA.'

Working together with our sector partners, we will:**Learning and development**

- consult with ADASS and other sector partners on consistency of support and funding for learning and development for employers and PAs;
- commission Skills for Care to ensure that PA working is reflected in QCF qualifications and review Common Induction Standards to provide introduction guidelines for PAs;
- examine how technology can support learning and development for the PA workforce and employers; and
- encourage creative and innovative community-based learning and development solutions.

6. Supporting personal assistants and employers

6.1 Background – becoming an employer

Opportunities for people who use services to become employers are a positive effect of personalisation. However, with this comes the responsibility to adopt the behaviours and practices of good employers. There is much that employers need to know, from employment law to the information requirements of external organisations, including health and safety, unfair dismissal and anti-discrimination legislation, and working time and national minimum wage regulations. This can be difficult for those without experience of employing staff. Evidence suggests that the longer they spend employing PA staff, the more confident people become. Support services can reduce the time it takes to develop this confidence.

6.2 Setting up local support services

Factors assisting implementation of direct payments were set out in a UK survey of schemes supporting recipients.¹⁵ The survey focused on the local organisational infrastructure and identified variation in the support infrastructure for direct payments across the UK. Variable quality and availability of support services were also a key finding of the ADASS survey conducted for this framework. Action to help organisations establish local support services, such as the examples mentioned throughout this PA framework, must be encouraged. A *Vision for Adult Social Care* states that for real choice, people need information and advice.¹⁶ It recognises the role for councils working with local organisations and experts in user- and carer-led organisations to ensure that people using services get the information, advice and support

they need. 'Think Local, Act Personal', a sector-wide commitment, will engage action by councils and partners in building a community-based approach and will:

- encourage local communities to provide networks of support to help people improve health and wellbeing; and
- ensure that all people have the information and advice they need to make the care and support decisions which work for them.

6.3 Support needed to enable good employers

Essex Coalition of Disabled People (ecdP) is an organisation run by and for disabled people. It provides a wide range of support, information, advice and guidance services, including direct payment/personal budget support services. ecdP has outlined the types of support that enable disabled people to manage the employer–employee relationship.



Good practice example: Key types of support (ecd p)

Independent information, advice and guidance, including advocacy: This is fundamental as the right advice can head off concerns. Specialist formal support is needed, providing legal and practical help on issues including contracts and employers' liability insurance.

Peer support: Opportunities to learn from others who manage their own PAs, as well as share their own experience, are vital.

A supportive payroll service: A flexible payroll service provides a safety net for employers as many may not be inclined to calculate tax, NI or Statutory Sick Pay, while others may lack the knowledge or capacity to do so.

Dealing with the practicalities: Support services are needed on the practicalities of recruiting PAs, especially where they offer take-up of Criminal Records Bureau checks.

Training: Guidance on how to manage staff, or an overview on employment law, or practical training for PAs on areas such as food preparation or health and safety can improve the employer–employee relationship.

their workers, from recruitment through to supporting learning and development, and managing disciplinary and grievance procedures. Early support in relation to financial, legal and insurance advice is critical and makes a big difference to a new employer's peace of mind. Central to this is ensuring that employers have in place a contract and job description, which sets out the details and boundaries of the role, as well as employers' liability insurance. These are legal requirements and need to be in place before recruiting a PA.

A flexible, easy-to-use toolkit for employers is required. A toolkit should be accessible in a variety of ways to accommodate employers' needs. It will need to be easily maintained and frequently updated. The internet is an effective way of sharing information, although not necessarily the only way. Currently there are several toolkits available from local authorities and support organisations. There needs to be clear signposting to regularly updated sources of information. Employers also need access to a range of templates and forms. Again, one centrally held online toolkit with regularly updated templates and forms would be helpful for employers. Employers can make choices about what toolkit they want to use. Where such toolkits are already available through local authorities and support organisations, guidance on what should be included within support documentation may be helpful to ensure a full suite of information.

6.4 Tools to support employers

Local authorities are working with employers, either directly or through user-led organisations and other local support agencies, to provide information, advice and guidance on PA employment. During research undertaken when developing this framework, direct employers asked for training to enable them to manage

6.5 A standard of support for PA employers

A review of support services, offered either directly from their local authority or from a local user-led organisation, and an agreement to a minimum level of support that all direct payment employers will receive would give

new employers a standard against which they can judge the support they receive. ADASS conducted a short survey of members in September 2010 examining how local authorities are supporting employers, directly or indirectly, through user-led organisations and independent or voluntary sector agencies, to manage their direct employer responsibilities. A total of 76 local authorities took part in the survey. It found variation in the availability of PA support services. A standard that allows employers to judge whether or not they are receiving the support they need and should be entitled to, plus a route to follow if they are not, will address variability of support services. Developing a standard that applies to services from all organisations involved in supporting direct employers would be welcome progress.

Good practice example: Support that works well (ADASS survey)

Research identified activities that local authorities/support organisations provide to make employers and PAs feel supported.

Providing good information about employer and PA rights and responsibilities: Local authority advisers provide information and most hold contracts with independent organisations in the private or voluntary sector (user-led organisations, Centres for Independent Living) to provide advice and guidance.

Support employers with aspects of performance management: Some employers have encountered difficulty when things have gone wrong and have said there is not enough support for them in such situations.

Ensuring that support for employers and PAs is provided by peers with real understanding: Advice and support must be credible, and people who employ PAs or work as PAs are well placed to deliver such support. A network of peer support can reassure new employers and PAs that they are not the only ones in challenging positions. Easily accessible advice on mediation and employment law can be especially helpful.

Support opportunities for employers to maximise their resources through joint commissioning: As the market develops, joint commissioning activity may introduce benefits of economies of scale by reducing prices, and provide personal and quality assurance protection.

Technical support, including payroll services and supporting continuity of care: Payroll and finance are concerns for new employers. Payroll services are available, although anecdotal evidence suggests that there are variable costs for such services. Guidance on the costs and benefits may be helpful, so employers can make informed choices. Employers have concerns over staff cover and continuity of care. These are significant barriers to engaging employers in training, and to best practice for terms and conditions for PAs. There is a need for local authorities and support organisations working with employers to develop arrangements for staff cover and continuity of care.

Offering to provide staff checks: Most local authorities enable and fund Criminal Records Bureau checks. Some offer new employers a start-up grant to enable them to check potential employees and get independent professional advice. User-led organisations also offer this service. Most local authorities do recommend a Criminal Records Bureau check where potential employees are not known to the employer.

PA register: A PA register for potential employers exists in some localities so they can determine who meets their criteria without having to find the person themselves.

Good practice example: A payroll service (ecdP)

ecdP Pass is a payroll service, which provides support to nearly 2,600 disabled and older people and their families with managing the recruitment and employment of carers or PAs through direct payments and personal budgets. According to service users, ecdP Pass helps to remove many of the sources of stress and worry associated with being an employer, especially if a service user has no prior experience of managing relationships with HMRC:

'They keep you in line: it stops any tax problems or overpaying carers. The service also stops you using too much of the budget too quickly.'

– Service user

Users also highlight ecdP Pass's role in being a useful go-between for employers and employees, particularly as it is a charity and is perceived as independent.

'They are like a third party safety net; if there's any query from the employee, you can refer them to ecdP.'

– Service user

Overall, ecdP Pass enables people to have choice and control over their care and support without being unduly intrusive. Some service users have gone so far as to say they would be reluctant to receive a cash payment if the service was not available:

'I probably wouldn't have direct payments if I had to do payroll. I wouldn't want to be involved; there are tax returns and goodness knows what to do. A lot of people wouldn't be able to access direct payments if they had to do payroll.'

– Service user

6.6 Support for PAs

The PA role often involves working in isolation and there can be a danger of PAs experiencing a lack of a support, having no contact with case managers or social workers, and lacking independent advice or information. Where there are poorly defined boundaries in their role, the result can be a burden of responsibility, and PAs can end up working more hours and feeling emotionally trapped.

In the same way that direct employers benefit from peer support and advocacy, PAs need to benefit from establishing local PA networks

to provide them with information, advice and support for employees. PAs operating alone need to be part of a peer group or community of practitioners, and this needs to be considered by those supporting PA working at the local level. PAs gathering together to establish micro-enterprises and partnerships can benefit from a number of important advantages associated with group activity rather than going it alone. Such benefits can include greater potential for peer support and learning, a service that provides more continuity and back-up for sick leave/absence and when things go wrong, and greater clarity about their legal employment status. The availability of research is an important factor, and establishing local baseline information, with plans for follow-up actions, will provide effective local support for PAs.

Good practice example: Support for PAs (UNISON)

UNISON is setting up a project to look at organising the PA workforce, and how the union can provide workers with the support they need. The pilot project aims to identify models and address the barriers around how the union can recruit, organise and support PAs. This will include increasing understanding about how PAs are employed and the issues they face, and developing an employment framework. UNISON will offer advice, support and information about benefits. UNISON is planning to employ a campaign worker to run a 12-month pilot working in four local authority areas in the South East region.

Working together with our sector partners, we will:

Supporting PAs and employers

- consult with ADASS and support organisations on standards of support that all PA employers should expect and what employers can do if they do not feel supported;
- signpost best practice advice, information, forms and templates to support the employment process;
- work with support organisations to ensure that employers have appropriate advice and information about their responsibilities, including technical matters, and that they benefit from peer support; and
- ensure that PAs have access to information and support through local PA networks.

7. Enabling risk management

7.1 Background – personalisation and risk management

Personalisation of social care means that we move away from a standardised menu of services carried out by regulated providers to a scenario where individuals enter arrangements with others to have their social care needs met. An important part of this change is a shift in who manages the risk. Personalisation brings with it the necessity for individuals to manage risks. Such risks can include making choices about whom to employ, what information

negotiated, managed and enabled is a key part of changing practice, particularly regarding the self-directed support and personal budget process. Moving to risk enablement empowers the individual, making it possible for them to have choice and control of their lives while staying safe.

7.2 Risk enablement

Risk enablement means having an understanding of the person and how they view the risks they face. There may be risks the person using services welcomes because they

Table 3: Personalisation and risk management

<p>Client A took the opportunity to hold an interview at CCIL's office. They did not want to interview the PA at their own home because the PA might not have been suitable. The interview was successful and the PA has been employed for over a year. Client A was very pleased that CCIL was able to offer this support to them.</p>
<p>Client B wanted to employ a PA. The Direct Payments Adviser informed Client B of the importance of Criminal Records Bureau checks and carried out enhanced disclosure on the potential PA before employment commenced.</p>
<p>Client C received technical advice and guidance on how to vary their PA's contracted hours of employment, received template letters to use to ensure adherence with employment law, and made use of their Direct Payments Adviser to take minutes of the meeting and offer support.</p>
<p>Client D had struggled in the past with financial matters. They requested that CCIL manage their direct payments account on their behalf in order to enable them to concentrate on getting the best care for themselves, and to retain control and choice without encountering further difficulties with possible financial mismanagement of their direct payments.</p>

to request, how to check the validity of information and what services to purchase. There is a clear need to balance empowerment and protection, self-determination, independent living, and safeguarding. How risk is recognised,

enhance their quality of life; risks the person is prepared to tolerate; and risks they want to eliminate. Risk enablement supports people to manage risk and find solutions, and is a fundamental aspect of prevention

in safeguarding. A person-centred approach enables the person to identify what is important to them and to find appropriate solutions. To work in a person-centred way, the approach must include:

- keeping the person at the centre;
- maximising the ability to make decisions, and to make best interest decisions where the individual lacks mental capacity;
- treating the family and friends as partners;
- focusing on what is important to the person;
- an intent to build connections with the community;
- being prepared to go beyond conventional service options;
- assisting people to understand and manage risks; and
- continuing to listen and learn with the person.¹⁷

Table 3 shows examples of risk management in action.

DH expects self-directed support and personal budgets to have risk and safeguarding ('living safely and taking risks') as part of the framework for reviewing how well personal support plans are working. The self-directed support framework gives the practitioner and person using the service, along with their family, friends or carers, the opportunity to discuss and identify any issues of risk or safeguarding.

Many practitioners and organisations have an aversion to risk as they have genuine concern for the safety of the individual or groups that they deem 'vulnerable'. Local authorities and service providers are concerned about how their duty of care and safeguarding responsibilities can sit within an approach to social care

provision designed to increase individual choice and control for the person using the services.

Where a person has capacity to make the relevant decision, the duty of care must be seen as supporting the individual to achieve their chosen outcomes while staying safe.

Developing strong relationships with the individual enables frontline practitioners to share concerns and give advice on how to manage risk and safeguarding issues. Person-centred support enables practitioners to understand the individual, their support networks and socio-economic circumstances, and is an effective way of understanding risk. The consultation on adult safeguarding policy in England showed that for people using services, 'understanding what made them safe required understanding them as people – understanding their personalities, their experiences, their family relationships, their wishes for the future and their past histories of choices'.¹⁸

7.3 Positive approaches to risk management

Local authorities and social care providers must ensure that they have appropriate and rigorous policies, alongside training and leadership, which explicitly promote a positive, informed approach to risk-taking and risk management. Within all organisations, and with each individual, there will be different perspectives on risks and risk management and these must be explored in order to create a climate where people who use social care services are aware of risks, and can make choices about the degree of risk they are carrying and want to carry. Evidence shows that practitioners are often more concerned about corporate risk and protecting organisations from fraud from the use of direct payments, and this prevents them from being risk-enabling.¹⁹

A number of flexible approaches are being taken to reduce the risks associated with employing trustworthy and professional PAs.²⁰ These include:

- recruitment through an agency or third party;
- other people's personal recommendations;
- using individuals already known and trusted, such as family and friends; and
- employing PAs from the same minority group or cultural background.

PA employers often require support and understanding to ensure safe recruitment and management practices. Ensuring that people in receipt of personal budgets are supported to understand the principles of safe practice as an employer may support individuals in keeping themselves safe. This includes:

- ensuring that everyone involved in local safeguarding is aware of their roles and responsibilities;
- local authorities assisting in reference checking and background checks;
- providing individuals with information about agencies and PAs working in the local area so that if they choose they can access support in this way;
- allowing access to local council training;
- local authorities and community groups providing facilities to enable interviews to take place away from the individual's home;
- local user-led organisations supporting employers of PAs to access peer support in their local area; and
- citizens and communities playing a part in preventing, detecting and reporting abuse and neglect.

Good practice example: Training service for individual employers and PAs (CCIL)

CCIL co-ordinates an innovative, independent, tailor-made training service designed by disabled people directing their own care, for themselves and their PAs, often delivered in an employer's own home or the PA's workplace. This promotes greater choice and control and enhances the skills of both individual employers and their PAs, thus supporting workforce development for the sector, in line with the personalisation agenda. An increasing number of individual employers in Cheshire have accessed tailor-made training, which has provided them with the knowledge, understanding and skills required to better recruit, manage and supervise their PAs and ensured a more personalised approach to managing risk.

'I am constantly risk assessing in my head now when I am supervising my PA – the training has definitely given me more confidence.'

– Comment from an individual employer

The Social Care Institute for Excellence (SCIE) report *Enabling Risk, Ensuring Safety* examines the concept of risk-enabling panels. These are a way of helping with challenging or complex decisions that may occur as part of the support plan validation process. The emphasis is on supporting positive risk-taking while maintaining a duty of care and ensuring that decisions are made in an informed way, with transparent, shared responsibility.

SCIE's resource is at:

www.scie.org.uk/publications/reports/report36/files/report36.pdf

DH has produced guidance on dementia care and managing risk. *Nothing ventured Nothing Gained: Risk Guidance for People with Dementia* is at:

www.dementia.dh.gov.uk/_library/RiskGuidanceDementia_ACC.pdf

7.4 Active citizens and community engagement

A Vision for Adult Social Care states that:

'Local councils should work to enable people, their carers, families and communities to support and maintain full and independent lives. This means unlocking the potential of local support networks to reduce isolation and vulnerability.'²¹

To achieve this, ensuring the safety of those people who use PAs must not only be the responsibility of professionals and families – it needs to be the responsibility of the community as a whole. Offering support and advice to local citizens, such as shopkeepers, neighbours, user-led organisations and local key figures such as community leaders, enables people to become more active citizens, who can contribute to



their neighbourhoods. This means that communities are more able to identify opportunities for exploitation and abuse and to help protect citizens.

7.5 Regulation of the workforce

Delivering a safe, respectful, respected and effective workforce should be the driving principle behind regulation. The Government believes that the primary objective of workforce regulation should be to secure the safety of service users and assure public confidence in the workforce in a way that is both proportionate and targeted.

A Vision for Adult Social Care sets out the Government's commitment to provide direction and leadership, ensuring that the law is clear, proportionate and effective.²² There is a particular responsibility for national government in relation to those who lack mental capacity, and their welfare and safety must be a priority. However, the state's role is to strike a balance – allowing people to make decisions about risk without becoming intrusive or overbearing. A modern social care system needs to balance freedom and choice with risk and protection. The vast majority of those who work in health and social care are committed individuals who aspire to deliver the highest standards. However, where there is poor practice or behaviour that presents a risk to the public, it is vital that swift action is taken, whether by employers or by national regulatory bodies.

Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers,²³ which was published in February 2011, sets out the Government's commitment to ensure that professional and occupational regulation are

proportionate, securing safety and confidence for people using services, carers and the wider public while imposing the minimum cost and complexity required to achieve this. It proposes a system of assured voluntary registration for adult social care workers, including PAs, in England as a proportionate way of improving

the quality of the workforce. DH will also explore the scope for the Health Professions Council (to become the Health and Care Professions Council) to establish a voluntary register of social care workers, including PAs, by 2013.

Working together with our sector partners, we will:

Enabling risk management

- ensure that employers are supported and enabled to manage their risks;
- support employers of PAs in safe recruitment practices, including offering background and reference checks where requested;
- support PAs and employers with appropriate training and leadership, and promote a positive, informed approach to risk-taking and management; and
- continue to explore the scope for a voluntary register for social care workers, including PAs, by 2013.

8. Next steps

As *A Vision for Adult Social Care* demonstrates, the focus on a truly person-centred care and support service entails 'shifting power from central to local, from state to citizen, from provider to people who use services'.²⁴ Each individual service user is best placed to make decisions about their own life, and social care provision should be designed to help people meet their needs. The widening provision of personal budgets will facilitate more directly employed PAs, working for people using care and support services in person-centred ways.

DH, working together with our sector partners, is committed to supporting the development of the PA workforce and their employers over the coming years. We recognise that in order to deliver a personalised care and support service, the workforce will need support to respond to the challenges of new ways of meeting individuals' needs, and that people who use services will need more information and advice in order to exercise their responsibility to be good employers.

We will work together with other government departments, national partner organisations, local authorities, user-led, voluntary and charitable organisations, local community groups, PA employers and PAs to take further the approach outlined in this framework.

We will work jointly with Skills for Care, as our lead delivery partner, asking them to develop a comprehensive delivery plan to manage and progress implementation of the PA framework over the coming months.

We will engage with those working under the sector-wide partnership agreement 'Think Local, Act Personal', launched in January 2011, that sets out a framework of actions for local authorities, focusing on personalisation and a community-based approach to developing services locally.

We will establish governance arrangements to oversee taking the PA framework forward.

Together we will aim to ensure that the PA framework is taken forward at the most appropriate level within individual communities.

References

- ¹ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, p34.
- ² Ibid, p19.
- ³ Department of Health (2010) *Living Well with Dementia: A National Dementia Strategy*.
- ⁴ Office for Disability Issues facts and figures. See <http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.php#gd>
- ⁵ Facts about learning disability. See www.mencap.org.uk/all-about-learning-disability/about-learning-disability/facts-about-learning-disability
- ⁶ Department of Health PSS EX1 data.
- ⁷ Skills for Care (2010) *The State of the Adult Social Care Workforce in England, 2010*, p13.
- ⁸ Bartlett, J (2009) *At Your Service: Navigating the Future Market in Health and Social Care*. London: Demos.
- ⁹ Glendinning, C, Challis, D, Fernández, J-L et al (2008) *Evaluation of the Individual Budgets Pilot Programme: Final Report*. Social Policy Research Unit, University of York.
- ¹⁰ Skills for Care (2010) *The State of the Adult Social Care Workforce in England, 2010*, p160.
- ¹¹ Flynn, M (2005) *Developing the Role of Personal Assistants*. London: Skills for Care.
- ¹² Skills for Care (2010) *Personalisation and Partnership – A Successful Working Relationship: What Factors Disabled People Feel are Important in their Relationships with their Personal Assistants, Carers and Support Workers*.
- ¹³ Manthorpe, J and Hinds, J (2010) *Employing Direct Care Workers through Public and Private Funding: A Scoping Review of the Literature*. Social Care Workforce Research Unit, King's College London.
- ¹⁴ Skills for Care and IFF Research (2008) *Employment Aspects and Workforce Implications of Direct Payments*, p98.
- ¹⁵ Davey, V, Snell, T, Fernández, J-L et al (2007) *Schemes Providing Support to People Using Direct Payments: A UK Survey*. London: Personal Social Services Research Unit and London School of Economics and Political Science.
- ¹⁶ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, p18.
- ¹⁷ Neill, M, Allen, J, Woodhead, N et al (2009) A positive approach to risk requires person-centred thinking, *Tizard Learning Disability Review*, 14(4):17–24.
- ¹⁸ Foster, M, Harris, J, Jackson, K et al (2006) Personalised social care for adults with disabilities: a problematic concept for frontline practice, *Health and Social Care in the Community*, 14(2):125–135.

¹⁹ Department of Health (2009) *Government Response to the Consultation on Safeguarding Adults: The Review of the No Secrets Guidance*.

²⁰ Social Care Institute for Excellence (2010) *Enabling Risk, Ensuring Safety: Self-directed Support and Personal Budgets*, Report 36, p17.

²¹ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, p10.

²² *Ibid*, p25.

²³ Department of Health (2011) *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*.

²⁴ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, p38.



© Crown copyright 2011

406973 1p 0k July 11 (web only)

Produced by COI for the Department of Health

www.dh.gov.uk/publications