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Study of the Workforce and Employment Issues Surrounding Self-Directed Support

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STUDY OF THE WORKFORCE AND EMPLOYMENT ISSUES SURROUNDING SELF-DIRECTED SUPPORT

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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EXECUTIVE SUMMARY

This report presents the findings of a study of the workforce and employment issues surrounding Self-Directed Support (SDS) carried out by Reid Howie Associates for the Scottish Government between March and September 2009. Self-Directed Support (SDS) provides funding for people to arrange support to meet some, or all of their assessed community care needs, instead of receiving services directly provided by a public body. Most people use the money to employ a personal assistant (PA) and / or to buy support from a service provider.

The Scottish Government is committed to increasing uptake of SDS. It is likely that use of SDS will increase in the short to medium term with a consequent increase in the demand for workers to take up positions as PAs. The Scottish Government commissioned this research to identify the issues facing SDS clients who employ PAs and to assess their training and support needs. The study set out to identify: workforce issues; ways to support SDS clients as employers; and strategies to develop and support the PA workforce. It was intended that this would contribute to improving the quality and provision of the SDS sector workforce in Scotland.

The research involved a combination of methods, including: a literature review; a postal survey of employers (495 responses); a postal survey of PAs (512 responses); detailed discussions with employers and PAs in 4 study areas (128 participants); interviews with local stakeholders in the study areas (24); interviews with national stakeholders (14); a telephone survey of staff of employer support organisations (29); an assessment of training and support available to PAs; a telephone survey of community care provider agencies in the study areas (14); and a findings workshop with 16 national and local stakeholders.

Findings

The research found overall that most SDS packages were considered to be working smoothly, with few having significant difficulties. Participants of all types stressed the benefits of SDS, and its importance in the context of independent living. There was a general commitment to promoting good practice in the use of SDS.

Recruitment

The survey of employers found that both formal and informal means of recruitment and selection were used, with quite a high level of use of informal methods such as recommendations from friends and family members, as well as hiring staff who had previously worked for agencies. Many employers were found to require work experience and references from their PAs, although relatively few required qualifications. A significant minority never used Disclosure Scotland checks.

Profile of the PA workforce

The survey of PAs found the workforce to be predominantly female and white, with the average age just over 40. Just under 40% of PAs were found to have a qualification in a relevant discipline such as social care or health and many had second jobs, although not always in social care. The average number of hours worked weekly by a PA was 18. Although there was no “typical” PA, the workforce was found to be similar in most respects to the wider social care workforce. There appeared to be a high level of stability in the

workforce and the employment of PAs by individuals did not appear, in the view of both local authorities and care providers, to have had an impact on the recruitment and retention of workers in other areas of social care. However, there was some evidence, particularly in rural areas that there was some reports of a loss of PAs to other employers e.g. national retailers who were able to provide better pay and conditions.

PAs were found to carry out a range of tasks, the most common of which were personal and domestic care. A high number also provided support to enable their employers to participate in leisure and social activities, employment, education and training. The nature of the support provided was found to vary by the nature of the impairment, or the issue facing the employer with, for example, older disabled people receiving more support with personal care, and younger people receiving more support with social activities.

Working conditions

A significant minority of PAs did not have employment contracts (15.4%), terms and conditions (27.3%) or job descriptions (18.9%) in place, and there was a lower level of provision of other protective policies and procedures. The average PA pay was around £8.45 per hour, but there were clear variations between areas. Most PAs received paid holidays, but some did not. There was a low level of provision of sick pay beyond Statutory Sick Pay, little evidence of pension provision and a low level of trade union membership (9.4% of respondents to the survey).

Registration

There were mixed views as to the benefits of registration. PAs were generally more positive about registration than employers. A range of stakeholders could see the of benefits of a registration for the workforce e.g. increased protection for employers, 'professionalisation' of the PA role and possibly more support and development opportunities. Stakeholders not in favour of regulation felt it might undermine the flexibility of SDS and may lead to delays in recruitment with employers being restricted in who they could choose as their PA.

There were also concerns about the costs of introducing registration and some stakeholders preferred development of the workforce through the introduction of codes of practice etc.

Management and supervision of PAs

The employment and management of a PA was found to involve a range of administrative and managerial tasks which have been compared to running a small business. These were generally undertaken by the SDS recipient, although some involved family members and others. Management arrangements were usually informal.

Support for employers

Many employers received help with recruitment and selection, developing contracts and other forms of documentation, and different aspects of the employment and management of PAs, although the level of support varied. Where support was received, it was considered valuable. Most employers used a dedicated payroll service.

Training for PAs and employers

A wide range of skills and attributes were seen to be required in order to be a good employer or a good PA. There was found to be little current provision and take-up of training for employers beyond one to one provision by support services. There were mixed views of the importance and value of training for employers, and there did not appear to be a widespread acceptance of the need for training..

There was little provision of general training for PAs, and patchy availability of specialist training. Just over half of PAs were found to have received some form of training in their role, most commonly provided by their employer and sometimes through other employment.

There was a strong view among employers and PAs that PA work should not require formal qualifications, but most PAs considered access to some form of training to be desirable. Some employers preferred to provide this themselves. While it was difficult to identify the current level of demand for PA training, there was a relatively high level of interest among PAs. Employers and PAs who had received training generally considered it valuable.

Issues and concerns relating to the employment of PAs

The study identified a number of concerns relating to aspects of the process of employing and managing PAs and some gaps in the provision of support and training for both employers and PAs.

Recruitment

A high proportion of employers were found to experience difficulties with recruitment, and some groups may experience particular barriers. The difficulties were found to relate either to labour market issues or aspects of the recruitment process. Labour market-related issues included: a general shortage of labour in some areas (particularly some rural and island areas) which may be exacerbated by transport problems; some types of posts being difficult to fill; and a perceived impact of a range of issues e.g. the nature of the work; number of hours; quality of labour pool; level of pay; and knowledge and perceptions of the PA role.

Difficulties with the recruitment process included: general lack of familiarity with the recruitment process; the length of time taken to appoint someone; concerns about advertising (including, for example, where advertisements could be placed and worries about revealing personal information); problems with recruitment through Jobcentre Plus (including, for example, concerns about how PA vacancies were classified and that staff sent inappropriate clients for interviews); and perceptions of delays and concerns with the currency and value of Disclosure Scotland checks.

Employment of PAs

There were a number of concerns relating to: retention issues; concerns about absence of documentation or regulation; the nature of some tasks; the level of pay (and related concerns such as the rate for sleepovers, lack of increments; lack of expenses and other provisions; and disparities in pay); issues relating to when holidays may be taken and in some cases the condition imposed by employers; and the lack of provision of dedicated support to PAs. There was evidence of variation in the uptake of indemnity insurance.

Employment and management issues

Concerns under this category included: a perception of the overall experience of being an employer as daunting or difficult (with particular issues for some groups); concerns about breaching employment law and whether insurance would provide cover in the event of a claim being made; the volume and nature of administrative work and paperwork; management and supervision issues (e.g. raising issues with PAs, managing effectively, disciplinary actions, directions and boundaries).

Amongst PAs there was a lack of clarity about their employment rights and where to seek information. A feeling of isolation was also an issue for some PAs.

Support

A number of gaps were identified in the support to both employers and PAs. There were variations in the provision and capacity of support services to employers, and gaps in support with particular issues (such as the provision of ongoing support with employment law, paperwork, peer support etc.) and to particular groups. There was found to be no dedicated support for PAs, although some support services provided basic information.

Training

The study identified a number of barriers and gaps in training for both employers and PAs, including: the overall lack of availability of training, geographical gaps and gaps in specific types of training (including management training for employers and skills training for PAs); issues with accessibility, awareness and timing of training; lack of access to training provided by local authorities for their own staff; lack of capacity of providers and viability of training; lack of funding; and aspects of the nature of training. Unpaid carers involved in the management or delivery of a package were also found to face barriers in accessing training (such as a lack of information, a lack of funding and, in some case, through being ineligible for specific courses).

The most common areas for further training for employers were identified as: overall management and administration; general employment law and practice; and some personal skills. Peer training was identified as important. For PAs, particular areas for training included: "core" skills; communication skills; training relating to specific conditions or impairments; and training in independent living and disability rights. Some PAs reported that they would like access to a relevant SVQ.

Recommendations

This research found that overall SDS was seen to be working well, with few significant difficulties. However a number of concerns were highlighted which need to be addressed to ensure that best practice is adopted in employing PAs that the job is seen as an attractive role and to ensure the best outcomes for SDS employers.

The development and promotion of the PA role

In relation to developing and promoting the PA role, the role of a PA should be defined and occupational standards developed to encourage potential employees into the workforce and to promote awareness of the role among, for example, further and higher education staff.

It is also recommended that, building on the CIPFA guidance, funding should be provided and steps taken to ensure that the level of pay, conditions and benefits are adequate to attract and retain staff, and comply with the law and good practice. Work should also be undertaken with organisations with a role in the recruitment of PAs (particularly Jobcentre Plus) to address issues relating to advertising and recruitment processes. New ways of enabling access to temporary staff in emergencies should also be explored e.g. through the provision of funding for pilot projects.

Good employment practice

In relation to promoting good employment practice, local authorities and support services should proactively assist employers to fully comply with employment law, and ensure that good practice is promoted in relation to PAs' employment rights. Guidance should be provided on minimum wage legislation as it applies to sleepovers.

It is also recommended that a definitive "how to" guide covering all aspects of recruitment, employment and management be developed and its use promoted throughout Scotland. This guide should include standard basic employment documentation which is directly relevant to the PA role but can be amended to suit individual employers' requirements.

There is also seen to be a need for ADSW and SDSS to consider how to promote best practice among employers (e.g. promotional / campaigning work to raise awareness of the importance of good practice and the value of training), accepting that this should not be done through regulation and compulsion. The issue of compulsion and regulation should be revisited if there is clear evidence that the proposed approach is unsuccessful. It is also suggested that awareness raising should be undertaken with existing PAs to promote their employment rights.

It is recommended that the issue of indemnity insurance should be considered, as should work to examine legal issues relating to the definition of who is the "employer" of a PA, the implications of this and the issues surrounding redundancy.

Support

In order to continue to develop support for employers, it is recommended that minimum levels and standards of provision for support services should be identified, with clear specification of the types of support which should be included (taking account of the perceived gaps identified and including work to identify the support needs of particular groups). These should be incorporated in Scottish Government or CIPFA guidance, and a detailed audit carried out to compare provision of existing support services to the proposed standards.

Local authorities should be encouraged to provide funding to enable services in their area to meet the standards, and the work being done by SDSS to build capacity within the network of support services should be developed further. Support services should be encouraged to facilitate the development of peer support and to identify ways of meeting the specific needs of groups of employers.

In order to develop support to PAs, it is also recommended that a support service for PAs in some form should be developed and publicised, with additional funding for this which does not reduce the overall level of funding available to employers.

Training

In order to develop the provision of training, it is recommended that new mechanisms for delivering training for employers throughout Scotland should be developed and piloted, guided by the findings of this report and work on best practice. Existing training packages for employers should be brought together to produce a single programme, and consideration given to a post of national training coordinator. It is suggested that the work to develop occupational standards should guide the development of an overall strategy for PA training, which should include the delivery of training to promote the core skills identified. The training being provided for PAs at Coatbridge College should be evaluated, and rolled out to other areas if successful. Input should be provided to training for employers and PAs by specialist organisations of and for SDS client groups.

In order to develop the take-up of training, exploration of training needs should be included in community care assessments, and reviewed regularly. It is also recommended that funding for training for employers and PAs should be provided which is separate from provision for care and support. Mechanisms to improve access for PAs to training should be explored, including opening up provision by others, developing on-line training and promoting access to funding streams such as Individual Learning Accounts. A mechanism should be identified to record PAs' training and work histories. It is also recommended that unpaid carers should be given access to PA or employer training.

Conclusion

This study has identified key workforce issues relating to the use of SDS to employ PAs. It is clear that, in the view of a wide range of participants, most SDS packages were working smoothly. Against this background, the research identified some problems with the recruitment and selection of PAs, relating to labour market issues and aspects of the processes involved in being an employer.

The study has also provided valuable information about employers and the PA workforce, as well as employment practices. Some problems such as gaps in the support available to employers and PAs were highlighted. The research also identified some gaps in the provision and take-up of training for employers and PAs.

The report makes a number of recommendations, focusing on providing the appropriate support and conditions to enable the eligible client group to maximise the benefits of SDS while ensuring that good employment practice is followed.

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1 BACKGROUND TO THE RESEARCH

Introduction

1.1 Self-Directed Support (SDS) provides funding for people to arrange support to meet some, or all of their assessed community care needs. It is:

> *"... part of the mainstream of social care delivery, targeted at empowering people. It is part of creating a healthier nation with stronger and safer communities and is key to achieving a fairer and wealthier Scotland. It puts the principles of independent living into practice and enables people to be active citizens in their communities. Like the social model of disability, it is about reducing or removing the physical, organisational or attitudinal barriers that people may experience in the world around them. It is about flexibility, choice and control and having a decent quality of life." (Scottish Government, 2007a)*

1.2 There are a number of elements to SDS, including: the involvement of the individual in the assessment of their needs; empowering the individual to identify ways of meeting these needs; providing a funding package (through a Direct Payment from a local authority or another funding stream); and enabling the individual to manage this themselves. It also involves providing appropriate support where this is required. Most people use the money to buy support from a service provider and / or to employ a Personal Assistant (PA).

Background to SDS in Scotland

1.3 Direct Payments were introduced by the Community Care (Direct Payments) Act 1996. Although the Act gave local authorities the power to introduce Direct Payments, there was no compulsion on them to do so, leading to patchy growth and uneven implementation. Subsequent legislation has meant that local authorities now have an obligation to offer SDS to any eligible individual. This does not mean, however, that in practice, anyone who wishes to direct their own support would automatically be able to do so.

1.4 SDS is available to those assessed under Section 12A of the Social Work (Scotland) Act 1968 as requiring community care services other than long term residential accommodation. The current National Guidance (Scottish Government, 2007a) sets out the groups who are eligible for SDS. These are:

- Disabled adults assessed as requiring community care services, including housing support services.
- Disabled people with parental responsibility to purchase the services their children have been assessed as needing.
- Parents and people with parental responsibility for a child in need (under the age of 16) who has been assessed as requiring children's services.
- Parents and people with parental responsibility for children whose health or development may be impaired or below a reasonable standard without services from the local authority.
- Disabled adults and 16 and 17 year olds to purchase housing support services.
- Older people aged 65 years and over who are assessed as needing community care services due to infirmity or age.

1.5 Attorneys and guardians can also receive SDS on behalf of individuals who cannot themselves give consent. In some cases, people over 65 can arrange for the free personal care element of their support package to be received as SDS. However, this is, at present, relatively rare (Scottish Government, 2008a). No-one can be compelled to manage their own SDS package. The support needs of the overwhelming majority of both older and disabled people are still met by public bodies (or by charities, often under contract to public bodies).

1.6 The National Guidance (Scottish Government, 2007a) sets out the ways (singly and in combination) in which individuals can purchase services using SDS. These are by:

- Employing staff (i.e. PAs) to provide the services.
- Contracting directly with a service provider.
- Purchasing services from any local authority.
- Other forms of support, for example, those used on a recovery journey after a period of mental ill health.

1.7 Although there is no definitive list of items SDS can be used to pay for, National Guidance (Scottish Government, 2007a) sets out the range of items a care manager should take into account in developing a personal budget to meet the needs identified in a personal care plan. These are:

- Start up costs such as advertising and recruitment expenses.
- Pay, tax and employers' National Insurance (taking account of, for example: maximum working hours; minimum statutory holiday and bank holiday pay; statutory sick pay; statutory maternity, paternity, adoption or dependents' pay; and cover for absence).
- Employer's liability insurance.
- Training costs.
- Emergency cover for staff absence.
- Any required protective clothing for PAs.
- Any payroll and book-keeping fees.

1.8 Additionally, the guidance suggests that provision for an employer's contribution to an employee's pension scheme, and employer's indemnity insurance should be included *wherever possible*.

1.9 It is clear, however, from a variety of studies (e.g. Homer and Gilder, 2008; Skills for Care, 2008; Sense, 2008) that employers are not always aware of what payments can be used for. Homer and Gilder (2008) identified that there are a significant number of aspects within the guidance where local interpretation is required. The recent CIPFA Guidance (CIPFA, 2009) suggests that local authorities should make clear to people using SDS what is expected.

1.10 Over the period of this research, the Scottish Government implemented 3 test sites to examine various ways of both stimulating access to SDS, and simplifying its operation. These test sites are being evaluated separately, and do not form part of the research set out here.

The operation of SDS

1.11 SDS is not a right, and requires that an individual's needs be assessed. In practice, most assessments are carried out by social work departments. Since 2005, the assessment must include a discussion of SDS as a means of delivering assessed support needs (although it is

clear from a number of reviews that this does not necessarily happen in practice). The assessment should also consider the ability of the individual to be able to manage the support package. In recognition both of the importance of the assessment process, and difficulties it may present to an individual, locally based support services can provide information and advice, and can facilitate an initial self-assessment process.

1.12 Once the assessment has been completed, it is the responsibility of the relevant care manager to identify and negotiate a personal budget to pay for the assessed care needs. This is generally calculated on the basis of the number of hours care required, multiplied by a nominal rate per hour (with the addition of any one-off or contingency payments). This can vary both between and within local authority areas (Scottish Government, 2007a). CIPFA Guidance (CIPFA, 2009) suggests that the rate should be set to ensure that "*PAs are sufficiently remunerated to wish to continue in that role*" using local authority pay, other benefits and conditions as a benchmark.

1.13 There is no automatic annual uprating of the level of an SDS support package, nor of most of the benefits which may go to make up the package.

The extent and pattern of SDS in Scotland

1.14 The number of people in receipt of SDS in the year to 31st March 2008 was 2605, an increase of 14% on 2006-07 (Scottish Government, 2008a). 52% of recipients were female. 74% were aged under 65. Although SDS is a national programme, there were very wide variations in the number of people receiving SDS between local authority areas.

1.15 There are significant differences in uptake of SDS between different categories of recipient. The table below (adapted from Scottish Government, 2008a) illustrates this:

Table 1.1 Number of Self-Directed Support clients by category

Category of client	**Number**
People with Physical Disabilities	1304
People with Learning Disabilities	704
People with Mental Health Problems	73
Other	385
Unknown client group	139
Total	**2605**

Source: Scottish Government, 2008a

1.16 The average value of an SDS payment in 2007-08 was around £11,000. Again, there were wide variations in the average level of payment across different categories of recipient, and between local authorities. There were also variations in the average number of hours allowed within SDS packages. The average across all clients was 22 hours.

1.17 A total of 1328 SDS packages were delivered by means of a PA contract in 2007-08. A further 208 were delivered by some form of mixed arrangement, with 678 involving a service provider (which could be a private agency or a local authority). This suggests that 1536 packages included provision for the employment of a PA. There is virtually no published information on the nature of the PA workforce in Scotland.

Providers of support to SDS employers

1.18 At the time of the research there were nominated support services in all 32 local authority areas. Some operated across more than one local authority area. There are four basic types of organisation involved in providing support: local authorities; mainstream voluntary organisations (e.g. Councils for the Voluntary Sector); specialist voluntary organisations whose remit is wider than SDS (e.g. Centres for Integrated Living) and specialist voluntary organisations whose remit is restricted to SDS. In one area, a user-led service was in the process of being established, with, information being provided by the local authority in the interim, with additional assistance provided by the Scottish Personal Assistant Employers Network (SPAEN). The Scottish Government has expressed an intention that all support providers should be user-led (Scottish Government, 2007a). Support providers work with all categories of SDS client.

1.19 Voluntary sector support services are funded by local authorities, using a variety of arrangements. In most cases, a Service Level Agreement (or similar) exists, setting out the range of services organisations are contracted to provide. The nature of support provided varies (Vick et al, 2006), but generally includes advice, guidance, and basic information on employment-related matters such as recruitment, employee rights, supervision and discipline, as well as on the administration of SDS packages.

1.20 Support is free to end users, although services can levy charges in some circumstances (for example, in relation to payroll services or training. These charges would generally be for services which would be included within an overall SDS assessment (and hence the user would have been provided with funding to pay for the service).

1.21 It is clear from a number of evaluations and reviews that the quality of support services available to employers has a significant impact on the effectiveness of the overall package of care (e.g. Homer and Gilder, 2008, CSCI, 2004, Sense, 2008, Vick et al, 2006). In a survey of UK local authorities, Davey et al (2007a) identified that effective support schemes was the factor most often cited as "critical" in the roll out of Direct Payments.

1.22 There are two main networks covering support services. Local authority run services meet regularly, together with relevant lead officers, in a network facilitated by the Association of Directors of Social Work (ADSW). Voluntary sector support providers (whether or not user-led) are members of Self-Directed Support Scotland (SDSS). There is currently no mechanism for joint meetings of the two networks.

1.23 Further details of the issues raised in this section are provided in Annexes 3 and 6.

The research

1.24 The Scottish Government is committed to increasing the uptake of SDS. The number of recipients of SDS is likely to increase in the short to medium term with the consequence of an increased demand for PAs. Reid-Howie Associates was commissioned in March 2009 to identify the issues facing SDS users as employers and their employees and assess their training and support needs. This report presents the findings.

1.25 The report is in 6 sections. The first provides an outline of the methodology and background information to set the findings in context. Section 2 provides information about people who use SDS, assessments and the recruitment and selection of PAs. Section 3

describes the PA workforce and employment provisions. Section 4 provides information about employment and management. Section 5 deals with training for employers and PAs. Section 6 presents the conclusions and recommendations. Annexes 1-8 cover: the methodology; additional tables; support services; training and education; community care provider agencies and recruitment; a literature review; bibliography and abbreviations.

Aim and objectives

1.26 The overall aim of the work was to:

> *"provide evidence to identify workforce issues surrounding people in receipt of SDS. The work is expected to identify ways to support clients as employers and to develop strategies to develop and support the PA workforce."*

1.27 A set of specific objectives (set out in full in Annex 1) included to:

- Provide a profile of the PA workforce across Scotland.
- Identify training and development issues relating to the PA role.
- Explore issues for SDS clients as employers.
- Examine the wider impact of PAs' employment.
- Identify the implications of the findings.

Methodology

1.28 The methodology, set out in detail in Annex 2, contained a number of separate strands.

1.29 Before undertaking fieldwork, a review of literature relating to SDS and the employment of PAs was undertaken (Annex 6). The review informed the development of questions to be included in the various research instruments.

1.30 Two complementary postal surveys were undertaken, one targeted at employers, the other at PAs. Questionnaire packs were distributed to employers (and through employers, to PAs) via support services in all areas. It is impossible to say definitively how many employers or PAs received packs, but a reasonable estimate (Annex 2) would be around 1500 employers and 2500 PAs. A total of 495 responses were received from employers and 512 from PAs suggesting approximate response rates of 33% and 20% respectively.

1.31 Four study areas were selected to allow a more detailed examination of SDS and associated workforce issues in those areas. The areas were selected to ensure the inclusion of different methods of support service delivery, as well as differences in demography and geography. Interviews and group discussions were undertaken with employers and PAs in these areas (68 employers and 60 PAs), as well as both face to face and telephone interviews with local stakeholders (24 interviews). A telephone survey of community care provider agencies was also undertaken (14 interviews).

1.32 Face to face and telephone interviews were undertaken with national stakeholders (14 interviews) and employer support organisations (29 interviews). An assessment of training and support available to PAs was undertaken. After the fieldwork was completed, national and local stakeholders participated in a findings workshop (16 participants).

1.33 The findings in the following chapters are drawn from all strands of the research.

2 A PROFILE OF SDS EMPLOYERS AND THE RECRUITMENT AND SELECTION OF PAS

2.1 This chapter provides a profile of the employers in the study and examines the recruitment and selection of PAs. It also explores patterns of employment of PAs, and the relationships between PA employment and other labour market issues.

Profile of the employers

2.2 Around 1500 self completion questionnaires were distributed, with 495 being returned by, or on behalf of SDS employers. Of these, 59.6% were female and 38.6% male. Where respondents provided details of the age of the SDS recipient, the majority were aged 19-59. A total of 12.7% were aged 19 or under, and 26.8% aged 60 and over. Up to the age of 35, a clear majority were men (61.5%), while a clear majority among older participants (70.1%) were women. About 1% of respondents were from an ethnic minority, or mixed or multiple ethnic group [Tables E1-E4].

2.3 Around half of the employers (47.3%) had used SDS for at least 3 years. A relatively small number (11.7%) had been using SDS for less than 1 year. [Table E5.] Similarly, most participants in the discussion groups had been using SDS for more than a year.

2.4 It is clear from both the employer and PA surveys, as well as the discussions, that many of the people in receipt of SDS face a variety of health-related issues (Table 2.1).

Table 2.1 Employers of PAs by impairment or condition

	Number	Percentage
Deafness or severe hearing impairment	45	9.1
Blindness or severe visual impairment	59	11.9
A physical impairment	283	57.2
A learning disability	161	32.5
A mental health condition	74	14.9
A chronic illness	151	30.5
An emotional / behavioural problem	60	12.1
Another kind of impairment, condition or problem	116	23.4
(Not answered)	22	4.4
Total	495	

n.b. Percentages sum to more than 100 as some employers have more than one impairment or condition.

2.5 The most common additional condition mentioned was autistic spectrum disorder, although a number also mentioned brain injury.

2.6 The findings of both surveys suggest a significant number of SDS employers have more than one condition. For example, 15.1% of employers reported both a physical impairment and learning disability. A total of 71 (14.3%) reported having a mental health condition in addition to another condition (while 10 employers reported having *only* a mental health condition). A total of 41 respondents (8.3%) reported having both a mental health problem and a physical impairment, with 38 (7.7%) reporting both a mental health problem and learning disability. Anecdotal evidence from local authorities and support services suggests that many people in these circumstances were likely to be classified in published statistics as having a physical impairment or learning disability, rather than a mental health problem. This

suggests that, although still relatively small, the reach of SDS among people experiencing mental health problems may be higher than previously thought. In the group discussions and individual interviews, however, there was a perception among many that people experiencing mental health problems were less likely to take up SDS.

The role of unpaid carers

2.7 It was also clear from participants that some unpaid carers (generally family members) may also play a key role in the use of SDS. Evidence from support services also suggests that a significant minority of SDS packages are, in effect, managed by an unpaid carer. In some cases, the unpaid carer is the nominated holder of the SDS package, but this is not generally the case. In practical terms, this appears to work in the same way as if the nominated SDS holder managed the package. Some people with a learning disability indicated that family members participated in the management of their package and this was also evident from participants in other groups. Examples were provided of the provision of different forms and levels of support (both practical and emotional) from unpaid carers.

The assessment process

2.8 Many participants highlighted the crucial role of their community care assessment in determining the adequacy of the package and the overall "success" of their experience. While many were content with their assessment overall, some problems and constraints were identified in many discussions. Some related to perceived variation in knowledge and understanding of individual needs among those involved in assessment, or a narrow conception of these. It was also suggested that some potential SDS users had limited information about the process, their entitlements and the questions they can ask. A number of support services stated that the length of time from application to assessment and receipt can be long.

2.9 Some stated that there can be rigid assessment criteria which may be inappropriate for individual circumstances (which may reflect a "medical model"), and that there can be a lack of involvement of individual recipients in assessments. It was also suggested that assessments may appear to be funding rather than needs-led; there can be a lack of review and reassessment of needs; and reassessment can take a long time. One stakeholder stated that people experiencing mental health problems may be disadvantaged in accessing SDS as a result of their assessments being undertaken by staff lacking knowledge of SDS. A number of participants identified a lack of support with assessment, although those who received this found it to be beneficial.

2.10 Slightly more than a quarter of the employers surveyed indicated that they felt that their package was not adequate to cover the overall costs of employing PAs. A number of participants in the discussions also identified perceived gaps in provision (even where they were satisfied with the overall level of a package in terms of meeting their support needs). Further information about these views is set out at relevant points in chapters 2 – 4.

The recruitment and selection of PAs

2.11 Employers reported using a wide variety of means of recruitment and selection of PAs, in many cases using different methods in combination, or sometimes at different times.

Recruitment processes

2.12 Many employers had experience of using formal methods of recruitment. It was also clear, however, from the survey (see Table 2.2) but particularly from the discussions, that many employers used informal methods of recruitment, including word of mouth and the employment of people known to them.

Table 2.2 Types of recruitment methods used

	Number	**Percentage**
Advertisement in paper, shop window or similar	217	43.8
A staff agency	48	9.7
Jobcentre Plus	125	25.3
The SDS team in a local authority	83	16.8
Local SDS support organisation	92	18.6
Recommendations from other people using PAs	85	17.2
Recommendations from family and friends	190	38.4
Recommendations from other PAs	98	19.8
Not answered	53	10.7
Total	495	

2.13 Although it was not always easy to identify the basis of the relationships, it was clear that many employers had recruited family members, friends and neighbours. Nearly half of those who participated in discussions had recruited people known to them and a number of examples were identified of PAs working for relatives and friends. Several employers who participated in discussions had offered contracts to staff who had worked for agencies, or who had provided relief cover. Some PAs also indicated that their current job had been obtained without a formal recruitment process. A number of employers suggested that they preferred an informal approach, as it meant that the PAs were known and trusted.

What employers require of PAs when recruiting

2.14 Relatively few employers (26.1%) required PAs to have specific qualifications when recruiting [Table E12]. In the discussions, it was clear that some employers *preferred* PAs not to have qualifications. While this was common amongst employers with experience of residential or long-stay hospital care, it was by no means confined to this group. A common view expressed was that employers want to "shape" or train their staff in their own ways, with the belief that staff with qualifications may be too rigid or "institutional" in their thinking. As one participant in a discussion noted:

> *"Quite often PAs come from jobs where there is a traditional 'medical model'. You want to get out there and get on with your life, but it's hard when PAs come with that mindset".*

2.15 Similarly, a small number of PAs indicated that formal qualifications may be seen as a hindrance to gaining employment. Most of the employers and PAs who participated in discussions suggested that PA work should not require formal qualifications. A number noted that it is possible to be an "excellent carer" without these.

2.16 A higher proportion of employers specified that PAs should have relevant work experience (63.4%) and/or references (72.5%), although some employers also had concerns

about recruiting PAs with prior experience, for the same reasons as expressed above. Some employers and national stakeholders, however, viewed relevant experience as preferable to qualifications in some situations. Examples given included work with people with sensory impairments, communication difficulties; learning disabilities, autistic spectrum disorder and dementia. Individual employers also identified experience with a range of health-related conditions as being important in some cases. It was suggested by local and national stakeholders that employers from ethnic minority communities may have specific cultural requirements.

2.17 In terms of other requirements, Disclosure Scotland checks were mandatory in some areas, and strongly advised in others. Some local authorities and support services indicated that they were aiming to have checks undertaken for all posts. Despite this, however, more than 70 employers who completed the survey (14.3%) indicated that they never used Disclosure Scotland checks. This was echoed by some group participants, who also indicated that they had little faith in such checks.

Approaches to selection

2.18 While some employers provided details in the discussions of using a range of formal selection processes (e.g. short listing, interviews etc.) it was also clear that many did not take such a structured approach to selection. A number suggested, for example, that they had followed their gut instincts, or had chosen the candidate they felt that they would be most likely to get on with. Several employers pointed to the unusual situation facing a PA employer in that they were selecting a candidate to come into their home, and sometimes work alongside their families, thus arguing that specific additional considerations applied.

Support provided with recruitment and selection

2.19 Around three quarters of employers (75.4%) in the survey reported receiving some help or support when recruiting and selecting PAs. This was also the case for most employers in the discussions. The nature of the support provided is set out in Table 2.3.

Table 2.3 Assistance received with recruitment

	Number	**Percentage**
Advertising	217	43.8
Short listing candidates	112	22.6
Carrying out interviews	206	41.6
Selecting the best candidate	136	27.5
Equal opportunities issues	71	14.3
Seeking references	153	30.9
Not answered	178	36.0
Total	495	

2.20 Of those in the postal survey who received support, 72.0% received this either from their local SDS support organisation or local authority SDS team [Table E14]. Nearly 30% had received help from another family member and nearly 15% from a PA. A relatively small number (10%) reported that they had received some assistance from SPAEN. Similar patterns of support were found in the discussions. A small number of additional sources of assistance were identified in the postal survey, including a Council for Voluntary Service (CVS) in an area where the CVS is not the support organisation, two specialist units dealing with specific

injuries and family and friends. A small number of employers in the discussion groups identified having had support from the Advisory, Conciliation and Arbitration Service (ACAS) as part of the recruitment process.

2.21 About 6% of employers indicated that they had had no help with recruitment and selection. The most common reason given was that no recruitment "process" had been undertaken, as the PA had been known to them. Other reasons included either that they had had previous experience or, in some cases that no help, or no effective help, was provided. In one case, an employer suggested that the support service had no previous experience in dealing with an employer with complex needs. Two employers suggested that they had tried to obtain employment law information at the recruitment stage from their local support organisation, but that the service had been unable to provide this.

2.22 The type and extent of assistance available with recruitment and selection through support services was found to vary across Scotland, although all of these services provide at least access to standard job descriptions, wording for advertisements and advice on where and how to place advertisements. As one support service manager noted:

> *"People don't have a clue about the recruitment process, but we can support them with that. By making it so formal people have to comply with employment law and it can be daunting, although the service goes out of its way to try to make it work".*

2.23 It was clear from discussions with support services and employers themselves that some employers receive what is, in effect, a full recruitment service. This can include designing job descriptions, placing advertisements, dealing with applications, organising and advising on interviews, taking up references and all correspondence relating to the appointment of a candidate. In some cases, interviews may be held at the offices of the support service, in part to protect the confidentiality of the employer. A small number of support services will provide a member of staff to sit in on, although not take part in interviews. (It was stressed, however, that the decision on the successful candidate would be the employer's.) A very small number of support services indicated that, in some cases, they may recommend PAs to employers, but this is unusual. Some support services were found to provide some, although not all of these forms of assistance, and further details of provision by support services are provided at Annex 3.

2.24 A number of support services have developed "how to" guides covering aspects of recruitment (as well as other matters). Those employers who had seen these believed them to be useful (and others suggested that such "packs" would be useful). Some support services indicated that part of their role was to explain fair recruitment processes, for example, the types of questions which may be used, and the bases on which selection may be legally made.

2.25 Overall, employers were largely satisfied with the support they received with recruitment and selection. Where detailed support had been provided, participants in the discussions often commented upon how valuable this had been. Many employers stressed the need for such recruitment support.

Difficulties in recruiting PAs

2.26 Against this background, two thirds of employers in the survey and many, although by no means all, of the employers who participated in discussions stated that they had faced difficulties in recruiting PAs (Table 2.4).

Table 2.4 Recruitment difficulties experienced

	Number	**Percentage**
Low number of applicants	213	43.0
Only able to offer low wages	80	16.2
Applicants did not have required work experience	107	21.6
Applicants not willing to do tasks required	65	13.1
Applicants did not have required qualifications	55	11.1
Applicants not willing to work hours or times	146	29.5
Applicants had poor attitude or motivation	105	21.2
Applicants did not have right personality	132	26.7
Transport difficulties for the PA in getting to work	126	25.5
Not answered	171	34.5
Total	495	

2.27 The views of support services were varied, with a small number suggesting that employers in their areas faced few difficulties or "systematic" issues, while others suggested that problems were more common. There were few examples of specific groups of employers facing difficulties in recruitment, and there was no general agreement on particular patterns. Some participants suggested, however, that people with learning disabilities, people experiencing mental health problems, parents of children with autistic spectrum disorder and ethnic minority employers may find it more difficult to recruit PAs to meet their requirements, or may experience barriers in the processes. A small number of employers indicated that they had faced difficulties in recruiting staff matched by age and gender. This was particularly (but not exclusively) an issue where the client (or beneficiary) was a young person, and the package was related to allowing them to undertake activities independently.

2.28 Overall, the issues experienced with recruitment and selection were seen to fall into two main areas: those relating to the labour market, and those relating to the actual recruitment and selection processes.

Issues relating to the labour market

Availability of labour

2.29 The survey suggested that a total of 43% of employers had faced difficulties with low numbers of applicants. The availability of labour was identified by virtually all support services, most groups of employers and PAs, local authorities and some national stakeholders as having an impact on recruitment for some employers, although this impact was seen to vary in different areas. Some support services indicated that this can also vary over time, making it difficult to predict whether an individual vacancy will be filled quickly. In some areas, it was suggested by local authorities and support services that vacancies will be filled eventually, but that it may take some time for the right candidate to come forward.

2.30 The main difficulties arising with the overall labour supply appeared to be largely in rural areas (although not all experienced this), with fewer issues identified in urban areas. In some rural areas, the shortages were seen to be general shortages in the available workforce e.g. in some island areas and other rural areas with a relatively low percentage of people of working age. In others, the shortages were considered to be more specific to the care sector. Around a quarter of support services reported variations within their areas, even within areas which were broadly similar in character. It is worth noting that a number of stakeholders, including forums for older and disabled people, also highlighted that it is often difficult for both local authorities and care agencies to deliver services in rural and isolated areas.

2.31 There were mixed views about the impact of recent rises in unemployment upon recruitment, with some support services suggesting that it was now easier to get a PA than was the case a year ago, with others reporting no evident difference. In a small number of areas, it was suggested that the recent review of employment terms and conditions for local authority staff (generally referred to as "single status") had led to a rise in the availability of potential PAs (although one local authority suggested that it had had an opposite impact in their area, as average hourly rates for social care staff had risen).

Transport issues

2.32 In some areas (generally rural, but also some urban areas) transport difficulties were seen to exacerbate labour shortages. The two main transport issues identified were a lack of public transport (or the cost of this transport) and the distances involved (particularly in reaching outlying villages or remote areas). This was identified as a particular difficulty in island areas. One PA working in a rural area identified the pattern of their day in the following way:

> *"My shift is 2 hours, but it takes about an hour and a quarter to drive to his house. It is about as in the middle of nowhere as you can get. That's each way. Even in good weather, I'm travelling 2½ hours for a 2 hour shift. In bad weather it's worse. My husband says why don't I leave and get a job in [town] but I can't do that – he'd be left with no-one."*

2.33 At a more general level, some employers in rural areas suggested that a proportion of PAs applying for posts in these areas could not drive, even though it was a requirement of the job. Linked to this, one employer also indicated that they had had difficulties in recruiting a PA with their own transport.

The nature of PA work

2.34 A further labour market issue identified by a number of participants of all types related to the nature of the work. The survey found that around 30% of employers reported potential PAs not being prepared to work the hours or times required. Many participants in the discussions suggested that it could be difficult to find people prepared to work for small numbers of hours in a week as well as to work a small number of hours each day, split shifts and flexible hours. In some cases, this was also linked to the level of skill required, with some employers and support services indicating that it could be difficult to find skilled staff to fill posts requiring a relatively small number of hours. One participant in a group discussion summarised the issues they face in the following way:

"My problem is basically the number of hours. I find it really hard to get someone to work an hour in the morning and an hour at night. When you spread this over 7 days, it is 14 hours, but who would want to work in that way?"

2.35 Some national stakeholders suggested that the impact of some of these issues was to limit the potential benefit of SDS to some groups (for example, people with learning disabilities, some young people, and people with mental health problems) who may be more likely to have packages with smaller numbers of hours.

2.36 There were also some issues identified with the types of work required, and, in some areas, it was suggested that it can be difficult to find PAs prepared to do domestic work (although it was suggested by some disability and older people's forums that this was also true for private contracts). In others, there could be difficulties finding people prepared to undertake personal care. Some employers also suggested that it may be difficult to recruit PAs prepared to undertake some social activities. In the survey, 13% of employers identified that potential PAs had not been prepared to do the tasks required.

Qualifications and skills

2.37 Of the employers who had set requirements relating to qualifications, nearly half had had difficulties in identifying PAs meeting these standards. While few examples were identified of difficulties in recruiting staff with particular skills, one employer noted difficulties in finding PAs with BSL, and another in recruiting a PA with previous experience of a specific long term condition. Between 20% and 30% of employers identified difficulties with applicants' work experience, attitude and motivation, or having the "right" personality.

Pay and competition from other employers

2.38 The level of PAs' pay was also seen by some to impact upon recruitment although, overall, there were mixed views of this. In some areas, PA pay was seen as competitive with other sectors, and there was some evidence of local authorities increasing the hourly value of packages to be more competitive. In other areas, however, PA pay was seen as less competitive. It is interesting to note that the absolute level of PA pay was not necessarily directly correlated to views of its competitiveness, as some areas in which pay was seen to be competitive were among those where actual hourly rates were lowest.

2.39 In some areas (again largely rural areas), it was identified that competition from national retailers (particularly supermarkets) with the capacity to pay higher wages than those available to PAs had affected recruitment. One support service manager noted:

"When [national retailer] opened here, it took away a good number of the PAs we had. We can't compete against the pay and benefits like pensions and staff discounts [national retailer] offers."

2.40 In some urban areas, some support services and employers identified that there was competition from agencies (where, although pay was generally seen to be lower, staff may be able to access more training opportunities). Generally, however, local authority pay was seen as the benchmark for comparison, with a number of support services, employers and PAs mentioning that the overall pay and benefits available to local authority staff generally appeared better than could be offered by individuals using SDS.

2.41 It was also suggested by some support services and employers that PA work may be seen as low status. Some participants also commented on the attitude of local authorities towards staff working for SDS employers as well as the local authority, with some authorities seen to disapprove, while others appeared more relaxed (provided no issues of confidentiality were raised).

Lack of awareness of the PA role

2.42 A number of PAs (including some who had undertaken relevant social care qualifications at college), and a wide range of stakeholders, identified a low level of awareness of the existence or nature of PA work among the potential labour force. One support service also suggested that inappropriate assumptions about the nature of PA work could be made by potential applicants e.g. that it would be "cash in hand" rather than having a formal employment infrastructure in place.

2.43 The development of a clear specification and definition of the PA role, coupled to a better recognition of its value, as well as challenging the perception of the role as low paid and requiring low skills, was suggested by a number of employers, PAs and support services. Wider promotion of PA work was suggested, in order to raise awareness and attract people who may not otherwise consider this area of work. It was also suggested that colleges could undertake initiatives to promote PA work as a career opportunity for those taking social care courses.

Issues relating to recruitment and selection processes

2.44 A number of issues were identified with the nature of the recruitment and selection process.

Lack of experience of recruitment among employers

2.45 Some employers (supported in the views of some support services) were concerned that they had little or no experience of recruitment or selection processes. Some indicated that although they had carried out a formal process, they had not been content with the outcome. One employer, with no previous experience of interviewing, suggested that they felt they had not gained much insight into potential employees.

2.46 It was also noted that people unfamiliar with recruitment processes may overlook significant "details". An example was noted by an employer who had failed to confirm that their preferred candidate had a current driving license. A small number of stakeholders also expressed concerns that staff recruited through informal means may lack job descriptions or other employment documentation (although a number of employers and PAs indicated that they treated documentation the same way however a PA was recruited.) One support service also expressed some concerns about equalities issues and potential discrimination in the choices made by some employers.

Time taken for recruitment

2.47 One of the main difficulties identified by employers and some support services was that a formal process can be time-consuming, even where it goes smoothly. A number of employers identified that they may be without PA support over this period, or may face significant gaps in coverage. It was also suggested that these issues can be a reason for some

employers recruiting people already known to them, even where "better" staff might be available through a formal recruitment process. Some employers suggested the development of some form of list, database or bank of PAs, which employers could use to find staff. There was a suggestion that the list should be restricted to those who could demonstrate that they were skilled and qualified.

Difficulties with advertising for PAs

2.48 A number of participants in discussions, as well as some support services, indicated that there can be difficulties with both free and 'paid for' advertisements. It was suggested that some community facilities (such as surgeries) may not accept advertisements of this type. It was also noted that the classification system used by some newspapers means that adverts may be carried in what appear to be inappropriate locations. A similar point was made about the classification used in Jobcentres which, it was suggested, could result in vacancies being placed with, for example, domestic servants. It was also suggested that some potential candidates may associate the term "personal assistant" with office work. Some employers were also critical of what was seen as the small size of advertisements their funding allowed them to purchase. It was suggested that small advertisements allow little information to be provided which could attract a candidate to apply for a post (a view shared by a number of PAs).

2.49 A small number of employers in group discussion indicated that they were unwilling to advertise as this would draw attention to their status, or leave them open to being targeted (for example by burglars). It was suggested that ethnic minority employers might have specific concerns. Some support services have recognised these concerns, and will place advertisements using the telephone number and address of the service (sometimes routinely and sometimes on request). One employer indicated that, due to mobility issues, they were unable to meet with Jobcentre staff or physically place advertisements in, for example, newsagents or surgeries. In this particular case, the employer suggested that this, combined with having no access to assistance, had contributed to the fact that they had been unable to fill a vacancy for over a year.

2.50 A number of employers raised concerns about using Jobcentres to recruit PAs. Among these were that staff were not sufficiently aware of the demands of PA work, and sent candidates who were unsuitable, and that job seekers were generally disinterested in the work, apparently making contact or attending interviews to satisfy benefit conditions rather than having a genuine interest in the post.

2.51 A number of PAs suggested that it can be difficult to know where to look for PA jobs. More than three quarters of PAs in the discussions reported that they had never seen advertisements for PA posts. One PA in a group discussion noted:

> *"I've been lucky so far – friends of friends of friends – that sort of thing. I have tried looking for actual vacancies and it's not easy to find them. I know from other PAs they're there – but where do I start looking?".*

2.52 A number stated that the Jobcentre appeared to be the only approach, while others (for example in cities) suggested local evening newspapers. One stated that a small number of jobs were advertised on the internet and it was noted that some support services carry information about vacancies on their websites and in their premises (although few PAs may see these).

2.53 Some PAs believed that advertising was used by employers as a last resort, with only poorer, or hard to fill vacancies being advertised. A small number of PAs obtained their posts by making themselves known to support services, and being prepared to work with clients requiring temporary cover. Some had obtained employment through friends who worked as PAs.

2.54 It was suggested that funding for advertising should be included in packages and that employers should be given more choice in where to advertise. A number of specific suggestions were made to improve and widen the scope of advertising, these included:

- the development of better, more visible ways of advertising vacancies including ways of refining wording to stress, for example, the benefits to the PA of the work and that no previous experience was required;
- work with Jobcentre Plus advisors to make them aware of the nature of PA work;
- the use of adverts in other countries, as well as the use of overseas Community Service Volunteers.

Disclosure Scotland checks

2.55 A number of issues were raised relating to Disclosure Scotland checks. Three employers indicated that, as a result of delays in obtaining disclosure checks, potential PAs had decided not to take up offers of employment. Some also expressed frustration that they were left without support while checks were completed (although there were widely varying views about how long these take). One employer described mandatory Disclosure Scotland checks as "backdoor registration". Some employers expressed frustration that separate Disclosure Scotland checks were required for each post, even where a potential candidate was already working as a PA. Conversely, some employers also expressed concern that checks may be out of date when received, and that they took no account of pending matters.

2.56 A small number of support services, and one national stakeholder, raised issues in relation to information sharing surrounding Disclosure Scotland checks. It was suggested that there was a lack of clarity about the role of local authorities when they act as agents for obtaining disclosures, and when issues arise from a disclosure which give the local authority concern. More specifically, it was suggested that there was a lack of available guidance on situations where the local authority was concerned that the employer may not respect the confidentiality of information in a disclosure. Data protection and client confidentiality issues were also identified in relation to information sharing (with support services and potential PA recruits) about sex offenders.

2.57 One respondent suggested that local authorities could hold a master list of those with checks in place, to reduce the overall cost to the employer.

Gaps in support and additional suggestions

2.58 A small number of employers in group discussions identified variation in support provision and gaps in support. Some stated, for example, that there appear to be few opportunities for peer support. This issue is discussed further in Section 4 in relation to employment and management. A small number of employers suggested that a full recruitment service would be helpful (in areas where the support service currently does not do this).

2.59 Participants (including both employers and support services) made a number of suggestions about the provision of further advice and assistance (as well as basic information) on various aspects of the process. Suggestions included the development of a recruitment pack, as well as specific assistance with: drafting job descriptions; placing advertisements; taking up and checking references; interview techniques; questions; and venues for interviewing; care for relatives and the use of a third party to receive phone calls and applications (some of which are already provided in some areas).

Summary

2.60 Most employers in the study had been receiving SDS for more than one year, a majority were women and the overwhelming majority were white. Many were found to have more than one condition and some groups e.g. people with a learning disability and people experiencing mental health problems were considered to be under-represented although the evidence in relation to the former is mixed. Unpaid carers were found to play a crucial role for many employers in the management of SDS packages.

2.61 Few employers had had any prior experience of recruitment. They used both formal and informal methods of recruitment, with quite a high level of use of informal methods. A majority of employers required PAs to have some work experience and references, but only around a quarter specified qualifications. Around 14% of employers stated that they never undertook Disclosure Scotland checks. Two thirds of employers had experienced difficulties with recruitment, with problems relating to labour market issues and the recruitment process. A large majority of employers had received support with at least some aspects of recruitment (although the nature and extent of this varied). While employers were generally satisfied with the help received, some gaps in this were identified. Some concerns were also expressed about the way in which assessments were carried out.

3 THE PA WORKFORCE AND CONDITIONS OF EMPLOYMENT

3.1 This section provides an insight into the nature of the PA workforce their working patterns and conditions of employment.

3.2 As PA survey forms were distributed via employers, it is impossible to say definitively how many packs were distributed, but 2,500 appears to be a fair estimate (see Annex 2). A total of 512 were returned, giving a response rate of around 20%.

The PA workforce

3.3 The employers who responded to the survey together employed 1183 PAs. This suggests an average of 2.4 PAs per employer, although the actual number employed varies widely [Table E7]. Nearly two thirds of employers in the survey employed either 1 or 2 PAs. Few (6.3%) employed 6 or more. Overall, 20.4% of employers were found to contract with an agency for part of their hours.

3.4 A majority of PA respondents to the survey were female (85.7%) [Table PA1] and the average age of PAs was 42 [Table PA2]. Thirteen PAs (2.5%) were aged 65 or over, of whom 4 were over 70. The oldest PA was 74 (although some support services stated that they were aware of older PAs).

3.5 Respondents were overwhelmingly white (96.7%) [Table PA3]. A total of 29 PAs (5.7%) reported that they had been born outside the United Kingdom, of whom 8 were born in Eastern Europe [Table PA4]. A total of 48 PAs surveyed (9.4%) and very few in the discussions reported being members of a Trade Union. Of these, a large majority worked in local authority, NHS or similar jobs. It seems reasonable to infer that many PAs were members of a union by virtue of other employment (as some stated explicitly).

3.6 A total of 188 PAs (36.7%) were found to have qualifications relevant to this form of work, although not all provided sufficient detail for analysis. The most common qualifications were current SQA or SVQ qualifications in social care, or health and social care (Table 3.1), held by 109 PAs (21.3% of all PAs, or 58.0% of those with relevant qualifications). Additionally, a number of the other qualifications listed by PAs can be assumed to be previous SQA or SVQ awards.

Table 3.1 PA qualifications (where provided)

	Number
Scottish Progression Award in a care-related subject	8
NC Health & Social Care, or Child, Health & Social Care	17
NC Social Care	24
Care, or Health & Social Care (SVQ or NVQ Level 1)	17
Care, or Health & Social Care (SVQ or NVQ Level 2)	43
Care, or Health & Social Care (SVQ or NVQ Level 3)	35
Care, or Health & Social Care (SVQ or NVQ Level 4)	7
Undergraduate or postgraduate degree in Social Work	1
Nursing qualification	26
SVQ (any level) in childcare related area	16
Occupational therapy	2
Another qualification	32

3.7 It was possible to ascertain the SVQ equivalent level for the qualifications of 127 PAs [Table PA6]. Of these, 18% were at level 1, 30% at level 2, 37% at level 3 and 15% at level 4 or above. A number of PAs had qualifications in various aspects of nursing or occupational therapy and other childcare areas. A further 125 PAs (24.4%) indicated that they had other types of qualifications (although not considered "relevant"). Many of these were described too vaguely to be allocated effectively to categories or levels, but 29 were unambiguously at degree level.

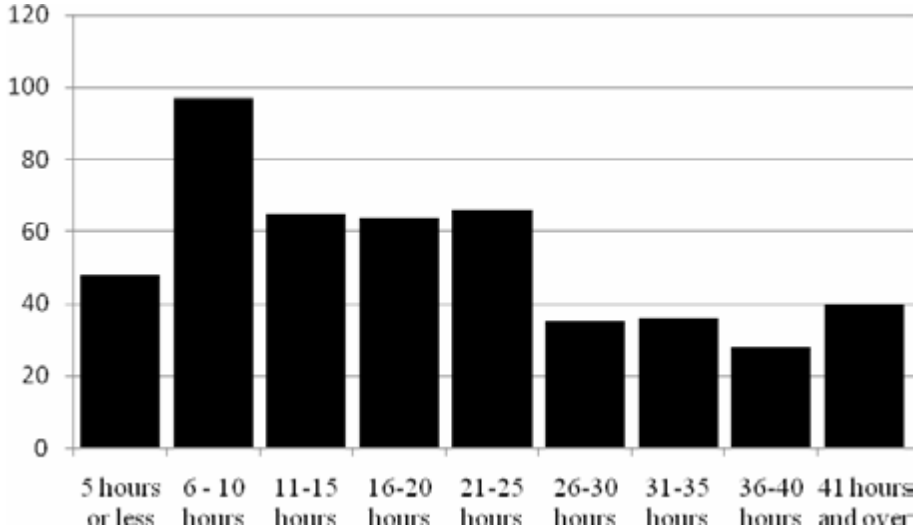
3.8 At present, there is no requirement for PAs to register with the SSSC, and current legislation does not permit their addition to the list of occupations for which this is required.

Working patterns

3.9 A majority of PAs (82.4%) were found to work for only one SDS employer. Very few (3.5%) worked for 3 or more SDS employers [Table PA8]. More than two fifths of respondents (41.5%) had worked as PAs for three or more years, with around a quarter having worked for 5 or more years [Table PA7]. A total of 444 PAs (86.7%) reported that they had, over the course of their careers, worked for the same employers, and a number of employers in discussions also indicated that they had had the same staff for a number of years.

3.10 More than half of all packages (58.4%) involved 30 or fewer hours of PA time. Only a relatively small number (5.9%) involved more than 100 hours [Table E6]. Overall, the average number of weekly PA hours in a package was 34. The average number of weekly hours worked by individual PAs, however, was around 18. The pattern of hours worked by PAs is summarised in Chart 3.2 (below).

Chart 3.2 Number of hours worked by PAs for SDS employers



3.11 A total of 31 PAs (6.1%) reported working paid overtime regularly. The majority of these PAs (77.5%) worked 10 hours or less paid overtime, but one PA reported working 24 hours overtime, in addition to 30 hours under contract [Table PA12]. A small number of PAs (2.9%) reported regularly being asked to work unpaid overtime, although it was also clear from the discussions that more were asked to do this infrequently. There were mixed views

among PAs about undertaking unpaid overtime. Some indicated that did not mind this, while others indicated that they felt they could not refuse the request because of their perception of the consequences of this for their employer.

3.12 A total of 227 PAs (44.3%) reported that they had at least one other job in addition to their work as a PA. While some involved a care role (e.g. with an agency, charity, local authority or NHS body), nearly a third of PAs (30.5%) reported working in other jobs not connected to local authority or NHS care [Table PA10]. Around a fifth (20.3%) reported that they also had unpaid caring responsibilities, with 15 providing care to more than one person. In the majority of cases this was a family member (most commonly a parent). A total of 12 PAs reported that they provided unpaid care to friends or other members of the community. Where respondents were able to estimate this, 42% provided up to 10 hours, 40% provided between 10 and 20 hours, and 18% provided more than 20 hours. A small number of PAs (5) identified that they provided, in effect, full time unpaid care, in addition to working as a PA.

PAs views of their current and future role in social care

3.13 There were mixed views among PAs about whether they viewed their jobs as a "career", but more than 95% of PAs in the survey considered that it was at least quite likely that they would be a PA in one year. Three quarters (74.9%) considered that it was 'quite likely' that they would be a PA in 5 years. These views were broadly supported by the participants in discussions. Among those who considered it 'quite unlikely' that they would remain as a PA, more than half (53.7%) indicated that they would be likely to remain in a care occupation. A number of other PAs in the survey and discussions indicated that, although they expected to remain a PA, other factors could intervene (e.g. changes to their own or their employer's health, retirement or a change of career).

3.14 There were also many positive comments from PAs about the benefits of their employment and these included: flexibility to suit their circumstances; varied and interesting work; a high level of job satisfaction; the development of positive relationships; better conditions than some alternative employers; and opportunities to learn from their employers.

Retention

3.15 Overall, the findings suggest a high level of stability in the workforce, and around a third of support services suggested that retention was not a significant issue in their area. One support service noted that retention was no more an issue for individual employers than for agencies or local authorities drawing from the same pool of labour (see further discussion of this topic in para 3.38). In terms of the general impact on other social care employers, it was clear from evidence provided by local authorities and community care providers themselves that this was not seen to be a major issue. In their view, although PAs were being recruited from the same overall pool, the employment of PAs by individuals using SDS was not seen to have had an impact on the recruitment and retention of workers in other areas of social care (see Annex 5.)

Roles of PAs and tasks undertaken

3.16 The roles of PAs and the tasks undertaken were also explored, and both the employer and PA surveys produced broadly similar findings [summarised in Table E8]. The wider role of SDS is illustrated by the finding that around two thirds of PAs provided some form of support with leisure and social activities, and a similar proportion with practical and financial

tasks (such as shopping and banking). More than half of PAs provided some support with administration of medication or other basic medical tasks, while 6% provided support with more specialist healthcare.

Table 3.3 Tasks carried out by PAs

	Number	Percentage
Personal care	386	75.4
Household / home care	371	72.5
Leisure and social	338	66.0
Practical / financial tasks (e.g. shopping, pets, banking)	317	61.9
Medical / physical (e.g. medication, massage)	268	52.3
Work and education	79	15.4
Administration of an employer's SDS	60	11.7
Specialist health care (e.g. administering injections)	32	6.2
Something else ...	67	13.1
Not answered	1	0.2

3.17 There were found to be some variations in the patterns of support provided by PAs depending on the nature their employer's disability and/or condition [Table PA16]. For example, more PAs working for people with a physical impairment provide personal care, domestic care and the administration of medication than was the case for those working for people with a learning disability. However, a larger number of PAs working with people with a learning disability or an emotional / behavioural problem provide support with leisure and social activities than was the case for PAs working with people with a physical impairment.

3.18 There were also variations in the support provided by the age of the SDS recipient [Table PA17]. Children were found to be less likely to receive personal or domestic care, or support with practical tasks, than older people or disabled people more generally (most likely as this support is provided by parents). Conversely, children were more likely to receive support with leisure or social activities than older people. Less than half of the PAs working with people aged 65 or over were found to provide support with leisure or social activities.

3.19 A range of other forms of support were identified beyond those which might be considered "typical". These included:

- treatments such as physiotherapy, speech therapy, aromatherapy, hydrotherapy, massage and waxing;
- nutritional advice;
- emotional support;
- practical tasks such as D.I.Y, general repairs, maintenance, laundry, gardening, and looking after both pets and non-domestic animals.

3.20 Some PAs working with children also mentioned helping to develop social, life and play skills. One PA indicated that they undertook the management of rotas and oversight of other PAs (although more were found to undertake at least some of the administration of their employer's SDS package). There also appeared to be some variation among PAs in their own perception of the overall purpose of their role, some of whom viewed this as "caring" while others viewed it as "enabling".

3.21 Where PAs identified additional tasks they could carry out, these included: leisure and social activities and appointments; shopping; cooking; respite and overnight care for children; the administration of personal affairs or the SDS package (such as financial advice, letter writing and banking); gardening and cleaning. It is worth noting that most of these tasks are undertaken by at least some PAs in some areas. In some cases, PAs noted that they would wish to spend more time with their employer "just talking and listening" and contributing to their emotional well-being. A small number of PAs with nursing skills (in both the survey and group discussions) suggested that they could provide support similar to that provided by a district nurse.

Employment conditions

3.22 The employment conditions of PAs were explored in the postal surveys and both group and individual discussions.

Documentation

3.23 A significant minority of PAs surveyed stated that they did not have written employment documentation in place. This is summarised in Table 3.4. The same broad finding was also true for PAs in the discussions.

Table 3.4 PA employment documentation

	No. with document in some or all PA posts	**Percentage**
A written contract	433	84.6
A written job description	415	81.1
Written terms and conditions	372	72.7

3.24 In most cases, documentation appeared to have been sourced from a support service, SPAEN or an insurance company, with very few examples identified of employers choosing to develop their own documentation. It was suggested by a number of support services, as well as a number of employers that the use, wherever possible, of standardised and consistent documentation by support services, would be helpful.

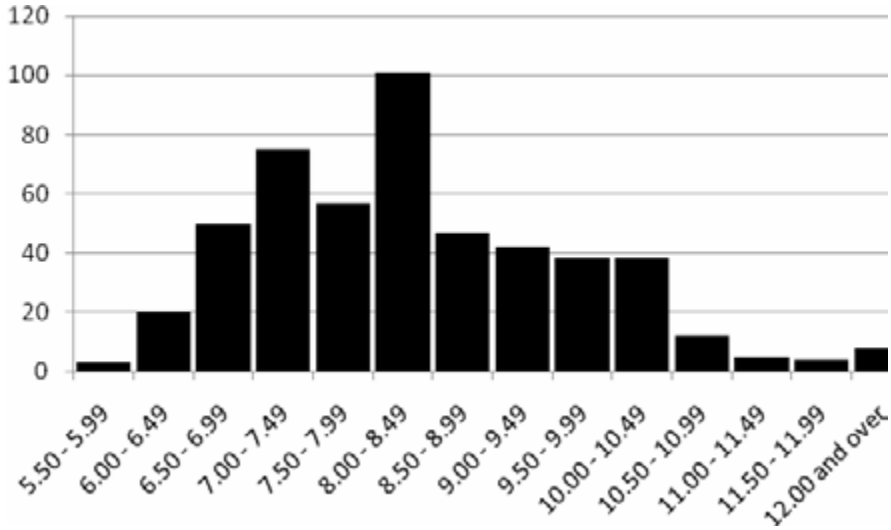
3.25 It was clear from the survey of PAs that many did not have other written protection policies in place. Slightly more than half reported having a health and safety policy (54.7%). Under two thirds (61.1%) reported having a disciplinary policy, and over half (57.0%) stated that they had a grievance procedure [Tables E15 and PA19].

3.26 A large majority of both employers and PAs, however, indicated that they were content with the quality of the documentation in place, and believed that it afforded both parties adequate protection.

Levels of pay

3.27 Information on pay was gathered from both the employer and PA surveys, with the findings of the two largely consistent. A majority of PAs (55.3%) were found to earn between £7.00 and £9.00 per hour (gross), a mean of £8.27 [Table PA21]. The findings from the employers' survey were very similar, with the overall average being £8.45 per hour. The pattern of pay is summarised in the chart below.

Chart 3.5 The pattern of PA pay



3.28 The highest hourly rate reported by a PA was £15.00 (although it is clear from information provided by support services and local authorities that this must include a significant top-up amount from the employer). The lowest amount earned was £5.75 per hour. A small number of PAs (16) reported being paid slightly higher rates for specific shifts (generally at weekends). None of the PAs who provided information on pay rates were being paid below minimum wage. However, in relation to sleepovers, a small number of PAs reported that their *effective* rate per hour was below £5.73. In some cases it was not possible to determine the hourly rate as no indication was given of the number of hours involved. A small number of employers (4) reported paying less than the minimum wage to at least some of their PAs.

3.29 There was evidence from both the employer and PA surveys of disparities in PA pay between local authority areas. Table E9 provides a breakdown of average pay rates for the 16 local authorities for which sufficient data was available from the survey. This shows that while the overall average pay for these local authorities was £8.54, the average levels for individual local authorities varied from £7.14 in Fife, to £10.03 in Perth and Kinross. Findings from the PA survey were very similar.

3.30 Although there were exceptions (for example, Aberdeenshire), both the PA and employer surveys showed pay in rural local authority areas to be generally higher than in other areas. Using a simple four way classification, average pay (identified from the PA survey) was £8.89 in rural areas, compared to £8.42 in the cities, £7.73 in mixed urban and rural areas and £7.51 in largely urban areas. The findings for the employer survey were similar, although the specific averages varied slightly.

3.31 A majority of employers reported that they paid all of their PAs the same rate. Where they did not (22.6%), there was considerable variation in the differences in rates. In more than a third of cases, the difference was £2 or more per hour. In a further third, the difference was between £1 and £2. In the remaining cases (around 30%), the difference was less than £1. The largest difference in rate was £5 per hour. A variety of reasons were given for the payment of different rates including: different responsibilities; the identification of a team leader or senior PA; reward for additional skills or qualifications, or length of employment.

3.32 Most, but not all PAs surveyed (83.2%) and those in the discussions reported having paid holidays, and a similar proportion of employers reported making such provision [Tables E15 and PA20]. Sick leave and pension provision were much less common. Among PAs, only 42% suggested that they had sick leave provision beyond statutory sick pay (SSP), with only 38% of employers stating that they provided this. Few PAs in the discussions reported receiving sick pay. Less than one in six PAs in the survey (15.8%), and a very small number in the discussions, indicated that their employer made a contribution to a pension scheme. Only 5% of employers reported providing this. A small number of PAs in the discussions had been given information about pensions, although no provision was made.

Support provided with workforce issues

3.33 In a majority of areas, assistance was offered by support services to employers either before their package was set up, or in the early stages. This is designed to help the employer understand both the practical aspects of their package, and to set out their responsibilities in relation to employing staff. All support services, either directly or indirectly (e.g. via ACAS or SPAEN) were found to provide, for example, sample contracts, terms and conditions or job descriptions and just over half of employers (54.7%) had received support compiling documents. Support services also provide advice on levels of pay for PAs and, in many cases, some aspects of budgeting. A number of support services have also developed "how to" guides covering aspects of employment.

3.34 Amongst employers, where detailed support had been provided with the establishment of employment conditions, employers often commented upon how valuable this had been, and many again stressed the importance of such support in making appropriate provision. One employer noted that:

> *"It is a complex area, and you take a lot on trust as well as getting a lot of advice. It is important because it is a big responsibility and I have a feeling that couldn't manage without [support service]."*

3.35 As might be expected, some employers who had not had access to support suggested that there was a need for the identification and dissemination of clear information, advice and good practice guidance to employers (discussed further in Section 4). More generally, a number of employers (as well as support services) suggested that there was a need for more access to employment law-related information (again described in more detail later).

3.36 There was no dedicated support for PAs. All the support services were clear that their responsibilities lay with assisting employers, and many pointed to the potential for a conflict of interest to arise. Around a quarter suggested that it would be inappropriate to have any direct contact with a PA. Some, however, reported that they had had some interaction with PAs. Issues raised by PAs with support services included queries about: pay; contracts, terms and conditions and other documentation; insurance for the PAs; Disclosure Scotland checks and employment law. A small number of support services also indicated that they had been approached by people wishing to become PAs, or seeking basic information.

Issues raised in relation to PA workforce and employment conditions

3.37 Issues were raised relating to the PA workforce and employment conditions.

Turnover

3.38 Although the findings suggest a largely stable workforce, most support services and employers who participated in discussions recognised that the retention of PA could be an issue for some employers. Factors which contributed to this included:

- difficulties arising from a failure to set ground rules and boundaries at an early stage;
- a lack of understanding among PAs, or a lack of clarity from employers about the precise nature of the role;
- a failure to ensure that staff have the correct attributes for the role, or that they can, for example, reach their place of employment at the times and days specified;
- issues for PAs working part-time within a large package and consequent issues in relation to communication;
- where students, young people or non-Scottish staff are employed.

One employer noted the impact of turnover:

> *"... because we are dealing with someone that age [young people], the turnaround is quite rapid and they are not in post for a long time. They go on to university, job, marriage, moving on, and I find that quite difficult, although my daughter copes well. When the last one gave up, I was devastated."*

3.39 It was also suggested that turnover may, in some cases, be linked to the management style of the employer, or the demands placed on their PAs, an issue also raised by some PAs. A number of support services (although virtually no PAs) expressed a view that PAs may be attracted towards local authority posts because of the pension provision and job prospects.

3.40 Other factors which contributed to turnover included an actual or proposed change of career on the part of the PA e.g. the intention to go to college or university, an expectation of changing employment on graduation or, in a small number of cases, a move to a job more related to their qualifications. A further common factor related to the planned or potential retirement, of the PA, or changes in their physical health. Some PAs and employers also identified aspects of the job or employment provisions (e.g. pay; number of hours; provisions made; career prospects; lack of posts in their area; lack of security; unsociable hours; isolation; or the physical nature of the work) as contributing to turnover.

Registration

3.41 A further issue raised in relation to the future development of the workforce was registration, and many participants expressed views about whether or not this would be desirable for PAs. The prevalent view among PAs was positive, with a clear majority believing that registration would be a good idea. This view was shared by some of the other participants (for example, some employers, some support services and national stakeholders), and a range of benefits were identified. These included:

- increased levels of protection for employers;
- a mechanism through which to judge the competence, knowledge and understanding of staff; "professionalisation" of the role of PA;
- the provision of codes of conduct and ethics;

- and a means of accessing more support and professional development opportunities.

Some PAs also believed that it would help their prospects, giving them a written record of their training and employment. Others believed that it would help employers (as well as PAs) in leading to the development of a register of accredited PAs who could be called upon in the event of sickness, or other emergencies.

3.42 A number of participants (including employers, some support services, some national stakeholders, as well as some PAs) however, had concerns about this and there were very mixed views overall. It was suggested, for example, that registration could restrict an employer's right to choose their employees, may lead to unacceptable delays in filling posts, and may put some PAs off working in this area. One group of PAs suggested that it may be seen as excessive in order to "weed out" a small number of staff who were unsuited to the role. One support service stated that it may undermine the spirit, as well as the flexibility of SDS, and it was suggested by some respondents that they believed that increased regulation would be contrary to the principles of independent living and would impose requirements upon disabled people which were not required of other employers.

3.43 A number of stakeholders also expressed concern about how registration could be brought about, particularly how any mandatory qualifications would be paid for, and how PAs could be released to undertake these. Some stakeholders cautioned against an "all or nothing" approach to registration, suggesting that a good deal could be done in relation to workforce development, codes of practice etc., without requiring formal or compulsory registration.

The nature of PA tasks

3.44 A small number of PAs (4%) and some in discussions indicated that they were asked to do tasks they felt to be inappropriate. In terms of inappropriate demands, some concerns related to the working environment such as having to work with an employer who smoked, working in a very dirty environment, or in houses with animals. Some related to being asked to do specific tasks e.g. gardening, DIY, decorating, and aspects of house cleaning. In three cases, PAs reported that they believed specialists should be providing support with medical or psychological issues. A small number of PAs in group discussions expressed concern about being asked to do work which would normally be undertaken by two staff if an agency or local authority were to provide the service (for example, the use of hoists and helping clients get in or out of a bath). One PA described the fact that this provision could not be paid for as "deeply distressing". A PA stated that they were asked to be "housekeeper to a whole family" and another that personal care for a male employer should be provided by a male PA.

Documentation

3.45 Lack of documentation (such as contracts, terms and conditions and written job descriptions) or documentation retained by the employer was a key area of concern for support services, some other stakeholders and a small number of PAs in the discussions. There was also some evidence of a lack of clarity about the documentation among a number of PAs. Some were not sure whether they had a contract in place or not, or were unclear about the contents. Some stated that their documentation was not as clear or comprehensive as it would be from a public body. The majority of PAs in discussions indicated that they were unsure about at least some aspects of their employment rights. As will be discussed

further in Section 4, few had a clear idea of how they would find out about their rights, or seek clarification of their documentation.

3.46 Where documentation was in place, it was clear that there were many different forms of contract, job description and terms and conditions both within and between areas (although there was also evidence of support services sharing documentation). While employers are free to choose the documentation they use, some support services indicated that they were seeking to have the same documentation used by all employers in their area

3.47 Other issues raised by a range of participants (although generally not by employers themselves) included: a danger of exploitation on both sides; an increased likelihood that the relationship could break down as a result of the lack of an appropriate framework in place setting out issues such as the PA's agreed role or a lack of grievance procedures; and a concern that a lack of documentation may invalidate any insurance in place. PAs in one discussion group queried whether documentation was generally verified for compliance with employment legislation. Some PAs suggested the need for the development of information, advice and support to PAs relating to their employment conditions (discussed further in Section 4).

Pay and benefits

3.48 Some problems were also identified with aspects of PA's pay. Some of the comments related to the level of pay, with mixed views among PAs in discussions, of whom, around a third indicated that they were dissatisfied overall with the level of pay. Some made it clear that they could not afford to work as PAs without additional work to supplement their income. There was also a widespread view among many other participants that pay tended to be poor. Some employers expressed frustration that they were unable to pay higher wages. One employer noted (in an individual interview):

> *"Where you're the employer, you know what you're looking for – flexibility and adaptability. You're paying a higher rate and that's reflected back in what you get. A higher rate makes a big difference to attitude, so basically it's a means tested thing – if you could afford it you would top it up".*

3.49 A number of PAs compared the pay (either favourably or unfavourably) to other jobs they had had, including work in nursing homes and agencies (with PA pay generally seen to be better) and to the civil service, local authorities and the NHS (with PA pay generally seen to be less good). Some PAs suggested that the pay was poor in absolute terms, but was reasonable for the job (with a few noting that their work did not require qualifications nor specific skills). A number of PAs stressed that they were not motivated by money, or stated that they gained other rewards from their work. Some respondents (although only a small number of PAs themselves) raised concerns about situations in which PAs may be paid below minimum wage, or at what they considered to be a poor level in the circumstances (e.g. sleepovers, unsociable hours or bank holidays). As might be expected, a number of PAs (as well as some employers) suggested that there was a need for improved pay.

3.50 The disparity in PAs' pay between areas was also highlighted as a concern, both in terms of the level and the way this is calculated. For example, some local authorities pay a flat rate for all employers, while others pay 2 or more rates, nominally based on an assessment of the likely skill requirements of staff employed to meet an employer's care needs. It was suggested that there is limited scope for employers in relation to the level of

pay, with local authorities providing the gross amount from which employers have to meet a variety of costs, including pay. It was also clear that there was a wide disparity in how far individual employers would go in "testing" the limits of their package, leading to some employers being able to secure more assistance from the same level of package than others.

3.51 A number of PAs and employers expressed frustration with the lack of annual uprating and increments.

Expenses

3.52 The lack of payment for travelling time, wear and tear on vehicles and lack of travelling expenses (mostly home to work, but also in some cases, where a PA used their own car to take the employer to social activities) was also a common concern. Some PAs working in rural or island stated that their travelling time could be longer than their shift (see para 2.33). It was clear from the discussions that some employers wished to pay such expenses. One employer indicated that they had specified that they would not pay for travelling time, hence ensuring that prospective employees were aware of this from the outset.

3.53 A significant minority of both employers and PAs also expressed frustration about the lack of payment of the full costs associated with a PA accompanying an employer in a social setting. Some PAs had to pay for their own meals or snacks, even where they had no choice about when and where these were eaten. One PA (in a group discussion) noted:

> *"I feel bad about this. My employer wants to lead her life the way she wants to lead it, but I just can't afford to eat in some of the places she wants to eat in. I have to be there for her, and she isn't given any money to pay for my meals. What can I do?"*

3.54 Others noted that they had to pay their own admission charges (although it was acknowledged that some venues allowed "carers" free admission). In a small number of cases, issues were raised about PAs being expected to meet their own expenses when accompanying an employer on holiday. The discussions suggested variations in how these issues would be handled in different local authorities.

Holiday provision

3.55 A number of issues were also raised relating to holiday provision. Some PAs (albeit a relatively small number) did not receive pay (and in some cases stated that they would not expect to be paid) for their holidays. Some employers suggested that they faced difficulties in meeting the costs of both holiday pay and any cover required from their packages (as well as a concern among a small number that their local authority would deem aspects of the expenditure as inappropriate and require it to be clawed back).

3.56 A number of PAs had concerns about when they could take holidays and holiday cover. These concerns included restrictions on when their holidays could be taken (either to fit with their employer or other team members); requirements for notice to be given; a requirement that other PAs in a team would work extra hours when one is on holiday; and a requirement for a PA to find someone to cover for them. One PA indicated that they could be called back from holiday if their employer needed them, while another (in an individual interview) noted:

"I can't book a holiday without asking them first. Basically, if I can't arrange cover, I don't get a holiday."

3.57 Some indicated that they assumed that there would be flexibility in their holiday arrangements, but that they had not yet tested this. A number of PAs had been disappointed to find that they had no right to carry forward unused leave. Individual examples were also provided of a lack of clarity in some contracts about holiday issues (e.g. where a PA is on a minimum hours contract but generally works more than this, or whether holidays would still be paid if taken at a time unsuitable to the employer).

Sick pay and pensions

3.58 Some concerns were also expressed about the lack of sick pay for PAs. Some employers indicated that they found it difficult to meet the costs of both sick pay and necessary cover. A large number of PAs indicated that they were unsure of their rights in relation to sick pay, or the specific details of their arrangements. A small number of PAs indicated that they had been unprepared for the drop in their income when they received Statutory Sick Pay (SSP), or for receiving no sick pay for the first three days of absence. One PA and one employer group suggested that PAs may be tempted come to work when unwell as a result of the lack of income, potentially putting the health of their employer at risk. A number who worked as lone PAs, however, acknowledged the difficulties their absence would cause their employer, with some noting that, in many cases, employers' family members would have to cover this.

3.59 Some employers expressed frustration with the level of their package meaning that they could not make pension contributions for their PAs.

Improvements in terms and conditions of employment

3.60 PAs (as well as some employers) suggested the need for improvements overall in terms and conditions, and the need for the provision of sufficient funding to employers to enable them to meet all of the costs of making appropriate employment provisions. It was also suggested by some employers and some support services that more clarity could be provided by local authorities about the use of contingency funding to meet the costs of fair and effective terms and conditions for PAs.

3.61 A small number of PAs and support services felt there was a need to increase PAs' awareness of their employment rights (and, allied to this, the development of a greater level of understanding among organisations providing advice on employment issues). A small number of participants suggested the need to develop trade union membership among PAs.

Support for PAs

3.62 Many participants identified a gap in support to PAs with employment provisions. Where support services were prepared to respond to requests from PAs, it was clear that this was at a basic level, generally through either the provision of basic information, or through referral to another organisation, such as ACAS or a CAB (although two support services indicated that they had received referrals *from* their CAB on behalf of PAs). Three support services indicated that they may refer PAs to UNISON, and a further three to local carers' organisations (while acknowledging that PAs did not generally meet their criteria). One

suggested a solicitor specialising in employment law. There was little evidence from PAs, however, of their having been referred to such sources.

Legal concerns over who employs a PA

3.63 Although raised directly by only a small number of support services, as well some national stakeholders, there was a concern that support services may have to demonstrate that they are not the employer of individual PAs. This issue stemmed from a concern that solicitors acting for a PA in the event of dispute would seek to demonstrate that the support service was the effective employer, and pursue a claim against the service instead of, or as well as the individual employer. This issue was also raised in relation to local authorities which have, in some cases, already been the subject of cases of this kind.

3.64 It was suggested by a number of participants that these fears were leading to, or could lead to limits being placed on the support given to individual employers. It was also suggested that this runs counter to the ethos of SDS, as set out in the National Guidance. Some participants indicated that this issue should be resolved as a matter of urgency, to prevent a reduction in the quality and breadth of services available to individual employers.

Summary

3.65 In summary, the PA workforce was found to be largely female and overwhelmingly white, with the average age of just over 40 years. More than a third had relevant qualifications, with a further quarter having non-relevant qualifications. A large majority of PAs only worked for one SDS employer, although 44% indicated that they had other employment (with a majority of these jobs outwith social care). There was evidence of a high level of stability in the workforce.

3.66 PAs were found to undertake a wide variety of roles, and few suggested that they were asked to undertake inappropriate tasks. Only a fifth of PAs were found to work more than 30 hours, while nearly 10% worked 5 hours or less. Few were found to work overtime (paid or unpaid). Average PA pay was £8.45 per hour, with large inter-area variations.

3.67 It was found that a significant minority of PAs did not have employment contracts, terms and conditions or job descriptions, and many did not have other protection policies in place. Most PAs reported receiving paid holidays, but a significant minority did not receive paid holidays. Some noted difficulties in taking holidays. A majority of PAs received only SSP and very few received any contribution towards their pension. There was a low level of trade union membership. There was evidence of a lack of awareness among PAs about employment protection, with no dedicated support currently provided to PAs. There were mixed views about the desirability of registration.

4 EMPLOYMENT AND MANAGEMENT OF PAS

4.1 This section focuses on issues relating to the employment and management of PAs, and the experiences of being an employer or an employee.

Employment and management practices

4.2 Overall, the study found that a large majority of participants of all types considered that most SDS packages ran smoothly, and that few encountered significant difficulties. Although few employers reported having previous experience of employing staff, and fewer still of running a small business, a number of stakeholders stated that there were many good employers amongst SDS recipients, and that most aspire to this.

Management and working arrangements

4.3 Most employers and PAs reported informal management and supervision arrangements, and few reported any formal supervision being in place, or any formal assessment of work being undertaken. A number of employers stated specifically that they could not envisage themselves doing this. As one employer (in an individual interview) noted:

> *"I have not had to do anything formal – I just have informal arrangements. It's friendly, just come and go. Everyone is happy with this.*

4.4 Most employers and PAs, however, believed that they were able to raise issues of concern to them. It was noted that some support services may act as a mediator (if this is required), and more generally, the need for a more formal (and independent) mediation service was also suggested.

4.5 Where employers had more than one PA, there was relatively little evidence of PAs working or coming together as a team. Team leader posts were found to be uncommon. A small number of employers (in interviews and discussions) provided examples of structured planning, involving a number of PAs, but these were unusual. Some employers (and PAs) also described the use of an "event diary" or similar for information-sharing. A small number of employers or PAs indicated that there was provision for handover. Most PAs indicated that they did not have any opportunity to meet with their employer's other PAs.

Overall administration of SDS packages

4.6 Employers identified a number of tasks which they undertook in the administration of their SDS package. Following the confirmation of the package, for example, tasks included: setting up bank accounts; identifying and taking out insurance (see below); developing timesheets (although these can usually be sourced from a support service) and providing monitoring information. Once a package is established, the main tasks identified included: submitting a record of hours to a payroll provider to allow PAs to be paid, and completing financial and monitoring returns to the schedule specified by their local authority. Most employers also maintain financial records, detailing income and expenditure. A number of employers also indicated that they deal with correspondence from their local authority on SDS and wider topics (relating, for example, to payment systems).

4.7 In a large majority of cases, the administration of the SDS packages was found to be undertaken by the recipient. In some cases, the administration was carried out by a family

member, and a few examples of other arrangements were identified. These included a small number of cases where:

- a number of people operating as a trust jointly administered a package to support a person with learning disabilities;
- friends or a PA provided the administration;
- or an accountant or lawyer administered the package on behalf of a client.

4.8 There were a few examples of employers who had a designated "team leader" (or similar) from among their PAs. In most cases, such PAs were paid slightly more. Employers who had done this generally had larger packages, and believed that this was an effective means of ensuring that their care ran smoothly. In most cases, it appears that this was done with the support of the local authority. It was identified that the additional funding required may be taken from contingency funds in areas where only one hourly rate is available.

4.9 A large majority of employers used payroll services provided by SDS support services. Others used the services of both private and voluntary sector providers, including CsVS, specialist voluntary organisations and accountants. There are two basic types of payroll service: those which calculate pay, tax and national insurance, but where the employer makes the payment; and those where the payroll service makes the payments. A small number of employers who participated in groups or individual interviews undertook their own payroll. In these cases employers suggested that this was, straightforward for them due to pre-existing skills. One noted that they believed they could save money to use elsewhere in their package by doing payroll themselves. For the most part, payroll appeared to be seen to be a straightforward process for employers and services.

4.10 Variations were found amongst employers in the discussions about whether or not they had indemnity insurance. While liability insurance is mandatory, indemnity insurance (which would, for example, offer protection for an employer in the event that they were sued by a PA) is voluntary.

Support provided – employment, management and administration

4.11 As set out in the previous sections, many employers receive assistance with aspects of employment and management and more detailed information about support services is provided in Annex 3. A large majority of employers in the postal survey (nearly 90%) had received some support with management and administration issues [Table 4.1].

Table 4.1 Assistance received with employment, management and administration

	Number	Percentage
Completing monitoring forms	181	36.6
Setting up a bank account	176	35.6
Tax and national insurance	314	63.4
Payroll (making payments to your PAs)	391	79.0
Employer's liability insurance	324	65.5
Employment law	194	39.2
Compiling contracts and similar documents	271	54.7
Disciplining or dismissing staff	111	22.4
Not answered	53	10.7

4.12 As noted previously, all support services provide at least some assistance with employment. Members of SPAEN could access employment advice through that organisation, and some participants mentioned support being available from ACAS.

4.13 In most areas, assistance was offered to employers to help them understand the practical aspects of their package and their responsibilities. This initial assistance generally included setting up systems to manage, for example, timesheets and rotas. Subsequently, help was provided via telephone consultations or meetings with an employer if required. A drop-in service was provided in a small number of locations. In some areas, the support service proactively undertook a follow up visit after a few weeks (other services responded to requests).

4.14 Employers who had received this early assistance were generally very positive about this, with a number indicating that it was particularly helpful for those who had not employed staff previously. Employers who had seen "how to" guides developed by support services believed them to be useful.

4.15 Around a quarter of those who had received assistance indicated that this had been in relation to disciplining or dismissing staff. In the small number of cases highlighted in discussions where disciplinary issues had arisen, those employers involved had generally sought, and received advice either from their support service or SPAEN. One support service provided an example of a contract which included the opportunity for a third party to become involved in the event of a disagreement between employer and a PA, and a number of support services indicated that they provided an informal "mediation" service.

4.16 The most common source of assistance was the local support organisation or local authority SDS team [Table 4.2].

Table 4.2 Provider of assistance with employment, management and administration

	Number	**Percentage**
A family member	112	22.6
A personal assistant	43	8.7
A friend	19	3.8
Local SDS support organisation	223	45.1
The SDS team in your local authority	142	28.7
SPAEN	60	12.1
A solicitor or accountant	51	10.3
Someone else ...	70	14.1
Not answered	43	8.7

4.17 Only a very small number of additional sources of assistance were identified, including: payroll services (discussed above); government agencies such as HM Revenue and Customs and Jobcentre Plus, and local CABx. Two employers suggested that they had sought assistance from a community care provider agency about management issues pertaining to their own employees. A small number of employers (5) had received assistance from other specialist voluntary organisations (including 3 who had received assistance from organisations of and for carers).

4.18 As with recruitment issues, a number of survey respondents and discussion participants stated that access to this form of assistance was vital, highlighting the crucial role of support

organisations in enabling employers to use SDS to employ PAs. Overall, there was a virtual consensus that, with appropriate levels of support, almost anyone could benefit from, and manage an SDS package.

Issues raised

4.19 Although, as noted, there was a widespread belief that most packages run smoothly, it was clear that many employers, PAs and other stakeholders had concerns about aspects of employment and management. It was also suggested that, where significant difficulties arise, these may have serious implications for either party.

Overall experiences of being an employer

4.20 It was clear from the views of employers in discussions that many found employment matters in general to be difficult, and a significant minority referred to this as a cause of worry or stress. An employer (in an individual interview) suggested:

> *"It is horrendous, onerous, stressful. The problem is that the demands of paperwork are out of my reach. My wife has taken it on and can't cope either. Also if I'm not feeling well, I still have to go and do banking."*

4.21 Some described it as "daunting", or stated that they were scared of making mistakes, being accused of being poor employers, or being taken to court. A small number spoke of their fear of the impact of a large financial settlement. Some employers identified concerns with their lack of understanding of how their package operated, with a fear of "doing the wrong thing", which could leading to money being withheld or clawed back. A small number of employers provided examples of cases where this had happened.

4.22 The lack of preparation for being an employer was a common issue, with some feeling that they had been "thrown into the deep end". One older people's forum stated that becoming an employer was:

> *"... a significant step up from paying someone to clean your house".*

4.23 Related to this, a number of participants noted that employers may not recognise the work involved, nor the issues which they need to consider until they arise. Some also highlighted difficulties with jargon and terminology. The use of peer mentors was suggested as a way of assisting new employers, as well further development of peer support to employers more generally, taking a variety of forms (e.g. face to face, web-based or telephone networking).

4.24 A number of employers (and some PAs) expressed the view that the fact that PAs are working within an employer's home can be an additional cause for concern in terms of the overall employment experience (for example, in relation to ensuring the privacy of personal matters; concerns about breakages, thefts etc; and issues with other family members).

4.25 Difficulties were also identified for unpaid carers, with the suggestion that there is little recognition of their role, or the work involved for them. Only a small number of carers indicated that they had had specific carer assessments when their family member had an assessment for SDS. Additionally, for people with learning disabilities, it was suggested that, while the management of their package by unpaid carers may be preferred by local authorities, it may not necessarily be the choice of the individual or their family.

Employment issues for specific groups

4.26 While there was no consensus about any group finding being an employer difficult (with issues often identified as being individual, rather than group-based), about a third of support services, two groups of employers (one of which was comprised of people with learning disabilities) and some national and local stakeholders indicated that people with learning disabilities may have additional difficulties in relation to some employment matters. This was qualified in some cases by the view that they often have additional support structures in place.

4.27 A small number of support services and employers believed that people with mental health problems, those who exhibit particularly challenging behaviour, people with dementia and those from ethnic minority communities may, for various reasons, face difficulties in being an employer. Some local and national stakeholders (and one group of employers) indicated that people with literacy or numeracy difficulties may find the administration of a package difficult. One national stakeholder noted that many disabled people, particularly those with recent experience of long-term care, may be unused to taking decisions, and may, therefore, find aspects of being an employer difficult.

Employment law and insurance

4.28 Concerns about employment law were raised frequently. This was the most common cause for concern mentioned by employers themselves and was also recognised by support services and other stakeholders. In some cases, the concerns were general, relating to issues, such as: what is and is not legal in relation to basic terms and conditions; approaches to management and particularly disciplinary matters. In other cases, concerns were very specific such as: who pays where a PA is made redundant and whether an employer's family would be left with a significant cost in the event of their death. Both employers and support services suggested that there was a need for additional assistance with employment law matters.

4.29 A variety of views were expressed about indemnity insurance, with both employers and support services recognising that policies were complex. A specific issue was raised about variations in local authority practice in relation to this. While local authorities generally provide for liability insurance either in start-up costs or as an allowable expense within a contingency, some (apparently on the advice of their solicitors) have indicated that they would not allow the cost of indemnity insurance to be paid from a package. The reported reasons varied, but the most common view was that employers would be unable, or unwilling to satisfy all of the conditions of the insurance which could render it invalid, and mean that the insurer would be unlikely to agree to a claim. Among the examples given of this were views that training provided to PAs, day to day supervision or protection policies in place may not meet the standard set by the insurer. Some local authorities and support services indicated that they supported employers in taking out indemnity policies, even though they thought that it was unlikely all claims would be met. Staff in one support service stated that they had been told that they should be making sure that people were good employers, not providing insurance to protect those who were not. Access to indemnity insurance was identified by a number of employers as an issue of concern. As one noted:

> *"... the last time I renewed it (I'm not very up on these things) – my husband, who is, was horrified and stressed the need to be covered fully. He advised me to upgrade, but the social work was happy with the lower level of coverage."*

4.30 There was also a concern among some employers, support services and other stakeholders about whether a local authority, having prevented an employer from paying for indemnity insurance from their package, would then support that employer if they were sued by an employee (for example, to obtain legal representation, or meet the cost of a settlement).

4.31 There was evidence of a lack of clarity amongst PAs about their legal rights and where to access support with these. The most common suggestion made by PAs was that they would seek help from their local SDS support service, but these services are limited in what they provide to PAs. Overall, only a small number of PAs suggested that they would approach ACAS or a CAB, with one also suggesting UNISON, but only as a "last resort". A very small number of PAs also suggested contacting the SDS lead officer within their local authority.

Practical issues, administration and paperwork

4.32 A further common area of concern among employers related to practical issues, including administration and paperwork. Most employers in the discussions, and around half of the support services, stated that at least some employers face difficulties with administration. Some employers indicated that they spend a number of hours each week carrying out administrative tasks, and noted that this is not generally included in their assessment.

4.33 It was clear from discussions with employers and other stakeholders that administration could, in some cases, be a cause of considerable stress to employers. Some believed that the paperwork was unnecessarily complicated, and some stated that it suggested a lack of trust on the part of local authorities. An employer (in a group discussion) noted:

> *"The biggest complaint is the paperwork and that is the Council. It's extra hassle – the volume of it. The council has to monitor the money and it's done monthly. 4 weekly monitoring and sheets to fill up. Sheets each week. Bank forms. Bank statements and paper evidence for everything that they have spent. People who do not live in a town centre also have to get everything copied."*

4.34 A small number of examples were identified of individual cases in which an employer's payment had been suspended as a result of issues which arose from their paperwork, and this was seen to have had a considerable impact on the individuals involved.

4.35 Some employers expressed more general frustration with the level of bureaucracy involved in employing staff, or the need to have each item of expenditure approved by their local authority. (It was noted that this is contrary to the recently published CIPFA guidance and, as this is progressively implemented, these administrative burden may be reduced.)

4.36 As well as a lack of overall understanding of the work required, more specific issues identified included:

- the volume of work required where an employer has a large package;
- difficulties in tracking individual PA hours;
- difficulties in tracking individual expenses;
- difficulties in completing monthly/quarterly returns;
- difficulties in maintaining multiple bank accounts;
- lack of knowledge of what is allowable expenditure;
- dealing with tax and National Insurance;

- difficulties in staying up to date during periods of poorer health.

4.37 Some employers also reported practical difficulties, such being physically unable to do the returns, or, for example, in securing copies of bank statements and receipts. A small number indicated that they were unfamiliar with, or unable to use a computer, and that this made the administration of an SDS package more difficult and time-consuming for them. It was also clear from wider discussions that there was variation in how local authorities treat expenses relating to administrative tasks, and in the extent to which individual employers used their contingency, or their personal money, to meet these. Employers with ILF grants as well as SDS, identified complexities arising from the differing rules and procedures.

4.38 Employers in a number of areas (supported by some support services) also expressed concerns about some aspects of correspondence with their local authority. A number of examples were given of local authority finance teams writing to employers in what was perceived to be a "heavy-handed" manner. A number of employers suggested that such an approach took no account of the circumstances of the recipient, nor of the potential for the letters to cause stress and distress.

4.39 A number of suggestions were made by employers and support services about ways to reduce the burden of administration including: the need for additional help with aspects of administration, including monitoring forms and financial returns, financial management, tax and the use of internet banking; the development of improved systems to record and review expenditure, and to record hours worked by PAs; a wider implementation of pre-paid purchase cards and the work being undertaken in the SDS test areas. It was also suggested that employers could be provided with a number of hours of administration within their package, and in some cases, provision to enable them to employ a "manager". It was also suggested that specific provision should be made for the costs of necessary stationery and postage, and the costs of both electrical equipment and consumables.

Management, working practices and discipline

4.40 Some concerns were also raised in relation to aspects of management, working practices or discipline. In terms of supervision arrangements, some employers and PAs indicated that they would avoid raising issues with each other, or would "put up with" things in the absence of formal mechanisms.

4.41 Some employers noted that they found it difficult to tell their PAs what they expected of them (a finding borne out by a significant minority of PAs who indicated that they did not always get clear direction). Some employers stated that they would avoid such conversations in order not to upset their PA (and, in some cases, risk losing them). One employer (in a group discussion) noted:

> *"It is difficult to communicate your needs without hurting their feelings. How do you get them to understand independent living? Sometimes it is subtle, just a matter of attitudes, so some are easier to challenge than others – sometimes I take the easy way out and do nothing."*

4.42 Some PAs, however, indicated that such an approach could lead to difficulties for both them and their employer in the long term. A small number of PAs and employers (in interviews and discussions) also raised issues about difficulties which may be caused when

PAs receive conflicting direction from their employer and other members of the employer's family.

4.43 A number of discussions with employers and PAs identified that there can be difficulties in maintaining the boundaries between being an employer and being a friend. A number suggested that this could be complicated by the intimacy of the working relationship, and the emotional attachment which can form. One support service, and a small number of employers also stated that there can be difficulties with employing family members or close friends.

4.44 One PA identified that they had a formal appraisal system in place, but their employer had had no support in using this. Other issues highlighted by some employers included: not knowing how to manage staff; lack of awareness of how to undertake supervision of staff; difficulties with rostering PAs; difficulties in getting cover for holidays, sickness and periods between PAs; and dealing with absence.

4.45 In terms of concerns with discipline, the main issue raised was a perceived lack of knowledge among many employers about what is and is not legal. Many employers and PAs believed that a dispute or disciplinary issue would be very stressful, exacerbated by the close working relationship and being in the employer's home (often with other family members). A small number of participants (of various types) suggested that the lack of an effective grievance procedure may cause difficulties for PAs.

4.46 Two support services, and small numbers of PAs and employers stated that employers may behave unreasonably or have unreasonable expectations. For example, a small number of PAs indicated that they felt that they were being asked to undertake tasks which were not appropriate or to work additional hours without pay. Others felt that their employer did not respect their personal time, and some identified concerns about the approach or manner of the employer. A number of PAs stated specifically that they did not mind their employers making such demands upon them.

Team working and information sharing

4.47 A small number of PAs indicated that their employers specifically prevented them from sharing information with other PAs, and some raised concerns about this. PAs working both individually and as part of teams identified benefits and drawbacks in their working arrangements, and one of the main issues which arose amongst many lone PAs was isolation (an issue also raised by a number of other stakeholders). A number of PAs expressed frustration at the lack of opportunity to network with other PAs, or to get peer support. Some employers also stated that they would prefer to have team meetings, but could not afford to pay PAs for their time. One PA summarised these issues as follows:

> *"Lone working is difficult – if I didn't have someone at home to unload to I would have torn my hair out by the roots. There is no support network. It can be a very fraught working week. Isolation is a real problem."*

4.48 A small number of PAs expressed concern about communication and confidentiality difficulties in working alongside council or NHS staff on a regular basis.

Gaps in support to employers

4.49 A number of local and national stakeholders, support organisations and, by extension, employers, indicated that there were variations in provision of support in different areas, and in the capacity of support services. National stakeholders suggested that this was, in part, a result of wide variations in the requirements set by contracting local authorities. A number of national stakeholders also expressed concern that, where there were few SDS users, or where the support service was very small, there may be gaps in the support available. It was also suggested that, as a result of constrained capacity, most support services could not maintain the level of one to one service given to employers at the start of a package. Gaps were also highlighted in relation to particular types of support with specific issues. For example, it was clear that many employers did not get assistance with paperwork, or that this was only provided when a problem was identified (e.g. in a monitoring return).

4.50 Lack of support in relation to employment law was identified as an area of concern by a variety of local and national stakeholders, including support services. While it was found that many support services were prepared to deal with straightforward queries, more detailed issues were generally referred to a third party. Where an employer was not a member of SPAEN, or did not purchase indemnity insurance, it was suggested that the main source of advice was ACAS. Some support services, however, suggested that ACAS could not always provide the support required, or that it did not necessarily have a detailed knowledge of SDS.

4.51 It was also suggested by some participants of all types that there was a gap in relation to peer support to employers, as well as in support to particular groups of employers. The groups identified most commonly were people with learning disabilities, people with mental health problems and people with dementia. A number of support services stated that they were trying to address these issues. It was also suggested that there were gaps in the support available to unpaid carers involved in managing packages.

Gaps in support to PAs

4.52 A large number of PAs identified the lack of opportunities for peer support, or even social contact with other PAs. One PA (in a group discussion) suggested:

> *"In general, support would be helpful. Even peer support – if you are in an organisation you get this, but a lot of PAs are not even in a team of PAs, just sole workers. You can feel isolated and lack of colleagues. Somewhere to ask for advice would be a huge help".*

4.53 Some PAs also indicated that they had never been provided with information about, for example, trade unions, ACAS or their CAB, and a number of national stakeholders stated that it was very difficult to "reach" PAs to provide information.

4.54 The benefits of developing provision were seen to include: providing a source for information about the profession for potential entrants; helping PAs to secure employment protection; giving access to information about rights and other aspects of employment law; "professionalising" the work; representing and promoting the interests of PAs; promoting and sharing information on training and further education; reducing isolation; developing professional standards and a code of practice; developing and disseminating detailed good practice on issues such as client confidentiality; and sharing ideas about PA work-related issues. A small number of employers expressed negative views about the prospect of either a

support service for PAs or opportunities for peer support, while a small number of support services believed that current provision made a dedicated service unnecessary.

4.55 A number of suggestions were made about specific organisations which might provide support, including: an advocacy organisation; a carers organisation; a private agency; a dedicated voluntary organisation; SPAEN or Unison (although some raised concerns about potential conflict of interest or a need for union membership to obtain support). A number of other potential constraints to the development of support were also raised including: concerns about costs, who would pay, and the potential need to divert money away from SDS packages; difficulties of opening hours to suit PA working times and a variety of other practical problems; as well as concerns about the protection of employers' confidentiality;.

Summary

4.56 In summary, in terms of the employment and management of PAs, most SDS packages were seen by a wide range of participants to be working smoothly.. It was also found, however, that many employers found employment matters daunting. There was seen to be a significant amount of administration associated with an SDS package and this was usually undertaken by the recipient. Many employers found this to be a burden, and it was suggested that some needed additional assistance and funding for this. Few employers had previous experience of managing staff, and most received little preparation for this.

4.57 A large majority of employers used third party payroll services, and these appeared to present few difficulties for employers. There were found to be inter-area variations in whether employers could purchase indemnity insurance as part of their package, and some concerns were raised about insurance issues and the implications of legal action being taken by a PA. Where employers had been previously involved in disciplinary situations, they had generally sought advice at an early stage, and the situations had been resolved.

4.58 Most employers received assistance with aspects of employment matters, although the amount of support varied by area. Most management arrangements were found to be informal, and while these worked well in most cases, some issues were raised. Many employers and PAs believed that disciplinary matters could be stressful, and some were concerned about understanding what is and is not legal. Few PAs had access to a grievance process. A gap in advice on employment law was identified in some areas, and the need for peer support was also identified.

4.59 There was also seen to be a lack of a source of information and advice for PAs on employment rights and similar issues. Although some support services were found to provide an informal mediation service, the need for a more formal arrangement was also identified.

5 TRAINING

5.1 This section focuses on the training which is seen to be required by employers and PAs, the training available to both groups, and perceived gaps in training.

5.2 Although it was beyond the scope of this study to carry out a detailed training needs analysis, participants discussed the skills and attributes they considered to be required by employers and PAs, and their perceived training needs.

Skills and attributes required to be a good employer or a good PA

5.3 A wide range of skills and attributes were identified by employers and PAs in the discussions as necessary to be a good employer. It was suggested that the skills and attributes needed were similar to those required by anyone running a small business. There was a common view amongst participants in both employer and PA discussions, as well as support services and other stakeholders, that there was a need for some basic employment skills. It was suggested that a good employer should have skills or awareness in: communication; computing (where relevant); finance and budgeting; basic employment law; the role of a PA; motivation; and listening. Additionally, it was suggested that they required: confidence; assertiveness; reasonableness and fairness; a responsible approach; organisational skills; openness and approachability; patience; honesty; flexibility; an awareness of boundaries; and a commitment to enabling the personal and career development of their PAs.

5.4 It was suggested that a wide range of skills and attributes are required to be a good PA and included "core" skills and knowledge such as first aid; moving and assisting skills; food hygiene; and health and safety. Some respondents believed that these should be considered essential for this type of work. A number suggested a requirement for an understanding of disability issues, specific impairments and conditions experienced by their employer. Other suggestions were that PAs should have skills or awareness in: communication; practical and domestic work; organisation; listening; planning; child protection (where relevant); maintaining confidentiality or boundaries; risk assessment and team working. One PA summarised the necessary personal qualities as follows:

> *"You need patience in abundance, tolerance, flexibility. You need to be completely confidential and know when to bite your tongue."*

5.5 Most employers, however, suggested that they considered particular attributes to be more important than specific skills among their PAs. Examples, many of which were also highlighted by PAs, included: a commitment to independent living and understanding of the social model of disability and disability rights; a commitment to PA work; common sense; reliability; relationship building; honesty and integrity; patience; initiative; flexibility; tolerance; and a sense of humour. Some stakeholders also suggested that PAs need a good understanding of "risk" and the importance of enabling employers to make their own choices.

The need for training for employers

5.6 Although a range of skills and attributes were seen to be needed by employers, there were found to be mixed views about the importance and value of training. Some participants were ambivalent, and there was little evidence of a widespread belief, particularly amongst employers themselves, that there was a need for training. Others, however (including a

number of employers, support services and national stakeholders) recognised an overall need for at least some training.

5.7 A small number of PAs indicated that, in their view, their own employer could benefit from some training. It was suggested that some groups of employers may not require training (e.g. where an individual has previously managed staff, or has operated a business, or where employers have very "straightforward" packages).

5.8 Some employers in the survey (15.2%) believed that they needed more training.[Table E20]. Training relating to the management and administration of an SDS package, employment law and management skills were the topics most frequently mentioned by employers in the survey and discussion groups. A smaller number of employers indicated a requirement for specialist skills (such as moving and assisting), or for training related to personal skills (particularly assertiveness). Some employers in the discussions stressed the value of peer training as those providing the training had themselves been employers, and generally had personal experience of the issues covered.

The need for training for PAs

5.9 In terms of training for PAs, there were mixed views about the desirability and usefulness of this, but most PAs themselves believed that access to some form of training was desirable. Some employers, PAs and both local and national stakeholders indicated that good, regular training was essential. A number of employers and PAs indicated that training in some of the basic skills should be required (particularly the core skills outlined earlier), and that this could include: food hygiene; first aid; moving and assisting; health and safety; and providing personal care with dignity. Others also indicated a need for training in communication skills. One employer (in an individual interview) suggested:

> *"I generally feel that carers should have a good training before they are let loose on the general public –they need to know how to wash, dress, handle, lift etc".*

5.10 Some PAs and employers also indicated that PA training relating to specific conditions or impairments, or the consequences of these may be necessary. Training for conditions such as epilepsy; dementia; autistic spectrum disorder; and challenging behaviours were mentioned most commonly. Some employers also mentioned specific training related to working with young people with behavioural difficulties.

5.11 As well as skills-related training, a significant minority of employers, as well as PAs and other stakeholders, identified that it would be useful for PAs to have training in, and knowledge of independent living, disability rights, or at least disability awareness.

5.12 Some employers, however, were clear that they preferred staff who had not had previous training and indicated that they would not send PAs to external training, or that they would provide training themselves to suit their needs. One employer (in a group discussion) suggested that:

> *"I generally opt to take on non-experienced ones and that way no-one comes with preconceived ideas –I prefer to mould them to the job. I need to access health and safety and moving and handling though – those are the 2 main ones."*

5.13 This was an approach recognised by other stakeholders, although some raised concerns about health and safety and a potential to embed what they considered may be poor practice.

Demand for training

For employers

5.14 There was found to be little training actually provided to employers, and there had been limited take-up. In terms of the current perceived level of demand, there were again mixed views. Some support services indicated that there was little demand for this, and that they rarely received any enquiries. None suggested that demand was large. There was also evidence to suggest that it may be difficult to secure sufficient participants for training programmes, even where these were free and provided in local venues. One national stakeholder felt that there was little motivation for employers to take up training. It was suggested (for example, by some employers, support services and national stakeholders) that there was a need for the explicit inclusion of the identification of training needs (both for employers and PAs) in the community care assessment, together with the provision of specific funding within SDS packages.

5.15 A small number of support services and employers suggested that consideration could be given to the merits (or otherwise) of making at least some employer training compulsory and a condition of receiving an SDS package. Others expressed concerns, however, about the imposition of such compulsion, relating particularly to some of the issues raised previously about the "spirit" of SDS, the principles of independent living and the importance of individual choice. As one support service manager noted:

> *"The idea of mandatory training has been mooted – this does not sit well. Nobody insists that other employers go on training, so why are disabled people different? They should be well equipped and given opportunities, and make training available in other areas, but it should not be mandatory."*

5.16 A small number of support services also stated that the completion of training would be one way for employers to demonstrate that they were seeking to comply with the terms of their indemnity insurance.

For PAs

5.17 It was suggested that there were also variations in demand for training for PAs, but that the demand itself may be tempered by the knowledge (among PAs and employers) that there was very little training available. Among the PAs in the discussion groups, there appeared to be a relatively high level of interest in training, but there was a general view that this was not readily available. More than a quarter of PAs surveyed (27.7%) suggested that they required additional training and many provided details of the nature of the training required [Table PA22]. The most frequently mentioned were: first aid; moving and assisting; a general wish to undertake an SVQ, and training specific to the condition or impairment of their employer.

5.18 A small number of the PAs surveyed (4.3%) indicated specifically that they had asked for, but been refused training. Among those who identified specific courses which were refused, the most common was moving and assisting (variously described). A small number mentioned SVQs (without being specific about subject or level). The remaining training

related to a diverse range of issues such as first aid (in one case, specifically for children), epilepsy and, in some cases "any" training.

5.19 Where PAs were aware of the reasons for refusal of training, the most commonly held view was either that their local authority did not provide funding for this, or that it was too expensive. A small number of support services also indicated that, in their view, local authorities were sometimes reluctant to pay for training for PAs. In a small number of cases, difficulties in securing cover while a PA attended training were identified as the reasons for refusal. In one case, a PA indicated that, in their view, their employer was not happy with the content of the training proposed by the PA.

The provision of training

5.20 Overall, the main training identified as being available to employers was the one-to-one support given by support services at the start of an employer's involvement in a package. The only other training available was that provided by three support services and SPAEN (although one other support service was considering delivering its own training). Some support services had, at various times, contracted with SPAEN to run short courses for employers at local venues (often taster sessions). Most of the support services, however, indicated that these training courses covered largely similar areas to those addressed by the services in their initial meetings with clients.

5.21 Some participants, including representatives from organisations of and for both people with learning disabilities and people experiencing mental health problems identified that training did not generally include specific input about these issues, and it was suggested that there was a general need for specialist organisations to make input to training for employers.

5.22 Given the nature of the training provided to employers to date (i.e. by the support services and through the SPAEN tasters) it was not surprising to find that this has generally been free to employers. Where a charge had been levied, this was generally covered by start-up or contingency costs with some support services and local authorities indicating that they would take a positive view of the use of funding for this purpose. This was supported by the survey finding that only 6 employers had paid for training for themselves using their SDS package, or using their own funds.

5.23 There was found to be little specific training available for PAs. (Further details of relevant training and education provision are given in Annex 4.) Only two of the support services had provided general PA training. In one case, this was suspended at the time of the research due to lack of funding. Most of the other support services stated that they would provide assistance to employers to try to source specific training for their PAs if this was required.

5.24 Four support services suggested that PAs may be able to access local authority training designed for home care or residential care staff. In most areas, it was also indicated that OTs or NHS staff would generally be willing to provide specific training, particularly where an employer was part of their caseload. The other main providers of PA training were identified as being: private sector training companies (although this appeared unusual); care agencies (where PAs could attend with the agencies' own workers); specialist voluntary organisations and colleges. A small number of examples were identified of individual voluntary organisations securing funding to provide training on technical skills to relevant local workers, including PAs.

5.25 During the period of the research, it was noted that Coatbridge College, in association with SPAEN, was planning to provide a 12 week programme for PAs in the Autumn of 2009. It was clear from the discussions with PAs that many had been made aware of this through their payroll, and that this had generated a good deal of interest among both PAs themselves and the support services.

5.26 Some of the training for PAs identified was free, but most appeared to carry a charge albeit at a relatively low rate. Training in specific skills areas was more likely to attract a charge particularly where it was being provided by a college or private sector provider. There was some evidence of cost being a barrier to accessing training for PAs, but most support services and local authorities stressed that, unless there were unusual circumstances, funding could be provided for this. It was less clear that funding would be provided for costs such as the provision of cover for the PA's time attending the training.

Take-up of training

5.27 Around a fifth of employers in the survey (19.8%) indicated that they had attended some form of training. The topics covered by the training are detailed in Table 5.1.

Table 5.1 Training undertaken by employers (%age of those undertaking training)

	Number	**Percentage**
Applying for SDS or carrying out initial assessments	36	40.0
Managing an SDS payment	47	52.2
Recruiting a PA	52	57.8
Employment issues	65	72.2
Confidence building, assertiveness or similar skills	32	35.6
Something else ...	12	13.3

5.28 Most of the training attended was provided by either the local SDS support organisation or the local authority. This was also true for employers in the discussions, many of whom cited their initial contact with the support organisation as having been their only "training". Fewer than 5% of employers in the survey (about a quarter of those who had undertaken training) had attended training by SPAEN [Table E19]. In a very small number of cases, training had been provided by specialist voluntary organisations, although this was related to personal skills rather than SDS specifically.

5.29 Overall, just over half (57%) of PAs had had some form of training while employed as a PA [summarised in Table 5.2].

Table 5.2 Training undertaken by PAs (%age undertaking training)

	Number	**Percentage**
Moving and handling skills	221	74.9
Basic induction	186	63.1
Personal care skills	162	54.9
Health and Safety	152	51.5
Administering medication	151	51.2
Specialist skills relating to your needs	137	46.4
First Aid	129	43.7

Disability awareness or rights	120	40.7
People skills / communication skills	115	39.0
Something else ...	27	9.2

5.30 Among those who identified the source of their training, the most common was their employer. Some indicated receiving training from a PA or a local authority [Table PA24].

5.31 The findings from the discussions also suggested that a number of PAs had received training from other employers which was relevant and applicable to their role as a PA. The provision of such training had been largely by agencies or local authorities (either prior to, or concurrent with their work as a PA) and often covered the types of "core" skills outlined earlier. In some cases, it was suggested that this training had been "comprehensive". Some indicated that they had also received refresher training. Relatively few PAs indicated that they had received training from a local SDS support organisation (which is consistent with the findings from the survey of these organisations).

5.32 Less than half of the PAs who had received training (42.4%) suggested that this had been paid for, either by themselves or by their employer. In most cases where payment was made, PAs indicated that their employer had paid. Only a very small proportion of PAs suggested that they had paid for training themselves.

5.33 In terms of the subjects covered in the training received by PAs, it was found that the most common were moving and assisting and basic induction. Less than half of the PAs surveyed (43%), stated that they had received training in moving and assisting. A similar proportion had received training in various personal care skills, health and safety and administering medication. Just under a quarter (23.4%) indicated that they had received some training in disability awareness or rights.

5.34 A very small number of examples were identified of PAs undertaking SVQ or SQA qualifications while in employment. In one case, a local authority had agreed to pay for two PAs to undertake an SVQ level 2, with the agreement and participation of the employer (as well as the provision of support to the employer in relation to documentation, policies etc). In a small number of cases, PAs were found to be self-funding attendance at college. None specifically mentioned the use of ILA Scotland funding.

5.35 Alongside the training available to PAs, it was noted that both national occupational standards and a continuous learning framework for social care were available, and although neither was specifically focused on PA work, each had significant elements which could be used in this setting. It was also suggested that a means of recording any training undertaken by PAs, to give them a written record of courses undertaken, would be helpful.

Gaps and barriers

5.36 A number of current gaps in training were identified for both employers and PAs, with the overall lack of training highlighted by many respondents. More specifically, there were seen to be geographical barriers for employers, with a general view that there was little relevant training available outwith the central belt other than on a one to one basis. One support service acknowledged the difficulties in providing training, noting:

> *"Getting trainers here is very expensive with accommodation, travel and fees. It can be £1000 a time, even, for example, to get a first aider to do training."*

5.37 Although, as noted, SPAEN has run some taster sessions in local venues, many employers and support services indicated that training was concentrated in Edinburgh and Glasgow and, for those unable to travel to these areas, training was effectively unavailable.

5.38 A number of other barriers to accessing training for employers were also identified including: lack of training to meet the requirements of specific groups; other demands upon employers' time; medical issues facing some employers; lack of available trainers; lack of funding for training and for the payment of expenses; and difficulties for local areas in meeting the viability criteria set by training organisations. It was also suggested that lack of awareness either of the existence of training, or of the potential benefits, may constrain demand, even where provision is available. A number of support services suggested that the label "training" and a perception of formality may be off-putting to employers and one support service had promoted sessions as "briefings" as a way of addressing this.

5.39 There was also a common view that there was limited provision of general training relating to the role of PAs, and that it can be difficult to access other relevant training. It was also suggested frequently that there was a lack of funding for general PA training. As might be expected, there were also seen to be gaps within individual areas in the availability of specific skills training, such as moving and assisting, first aid or food hygiene, as well as training specific to particular conditions.

5.40 Among a range of other constraints identified were: difficulties in releasing PAs for training (including a lack of cover and funding for cover); lack of awareness of the benefits; difficulties in making PAs aware of training courses; transportation difficulties; difficulties in sourcing some training; and difficulties in accessing local authority training. It was also suggested that some training is structured and timed to suit staff employed by larger organisations. A number of PAs also highlighted a range of logistical and timing difficulties which they believed they would face in accessing the proposed training at Coatbridge College (including concerns about whether they would be released by their employers).

5.41 A range of particular difficulties were identified in accessing SVQs. These included: the cost of undertaking qualifications; difficulties in securing the release of PAs over an extended period; a lack of assessors; and various practical and policy difficulties in relation to the employer's workplace being able to satisfy the criteria set by the provider. One college also questioned the appropriateness of carrying out direct observation of a PA's practice in an employer's home and suggested that permission to do this would not always be granted.

5.42 A number of PAs, as well as some national and local stakeholders, believed that the lack of a body addressing workforce issues for PAs had an impact on identifying and accessing training for them. As noted earlier, there is no requirement for registration of PAs, and they do not fall within current workforce development arrangements for the sector.

5.43 As well as the perceived gaps and barriers in training for both employers and PAs, it was suggested in a number of the group discussions that some unpaid carers also have training needs which should be addressed. These were seen to relate to their needs as the de facto employer where they manage the package on behalf of a family member and to their needs as individuals carrying out unpaid work in the absence of support from the PA (e.g. in relation to technical skills such as moving and assisting).

5.44 Both employers and PAs who had participated in training were generally very positive about this. Overall, however, it was suggested by participants of various kinds that there is a

need to improve both the supply of, and access to training (for the reasons identified throughout this section). A specific suggestion was made (by one support service and one national stakeholder) that a national training coordinator could be appointed to oversee these developments.

Summary

5.45 About a fifth of employers had received training relevant to their SDS package and more than half of PAs had received some relevant training, most commonly provided by their employer. Few PAs had undertaken formal qualifications while employed.

5.46 There were mixed views about the value of training for both employers and PAs, although those who had participated were generally positive about this. There were also mixed views about the level of demand, although it was suggested that demand may be tempered by limited availability.

5.47 Little training was available for employers or PAs. Training for employers was in effect, the one to one support provided by support services. The availability of specialist training for PAs was patchy. There was also little recognition of the training needs of unpaid carers.

5.48 A number of barriers and gaps in training were identified and about 15% of employers and 27% of PAs indicated that they required more training.

6 CONCLUSIONS AND RECOMMENDATIONS

Introduction

6.1 This section identifies the key conclusions of the research, discusses the implications for the PA workforce and their employers and makes recommendations to improve employment practices and to enhance the role of PAs.

6.2 Although little is known about the characteristics of this workforce, the demand for PAs has been growing and is likely to continue to grow over the next decade due to increased uptake of SDS and increasing emphasis of care at home. It is important to understand the nature of the current workforce so that planning for training and support can be put in place to develop the workforce. For the same reasons, and to encourage good employment practice, it is important to understand the needs of employers.

6.3 This is the first study on the PA workforce in Scotland which attempts to describe the characteristics of this workforce and identify their support and training needs. It provides an insight into the nature of work undertaken by PAs, their working conditions and their future work intentions.

6.4 The study also contributes to the understanding of individuals' experiences of being employers with control over their own budgets and identifies their training and support needs.

6.5 PAs form an important and growing element of social care workforce. By the nature of their work and employment they are a disparate workforce and are not easy to identify as a group. Every attempt was made in this study to gain the views of all those working as PAs but it is not clear how representative those responding to the survey are of the total PA workforce.

Key findings, implications and recommendations

6.6 Most SDS packages were considered to be working smoothly, with few having significant difficulties. Participants of all types stressed the benefits of SDS, and its importance to the promotion of independent living. Many stakeholders shared a commitment to the promotion of good practice in the use of SDS.

6.7 Employers and PAs, however, expressed a number of concerns. These related not to the concept of SDS, nor to any suggestion of personal "deficit" on the part of SDS users. Instead they related to perceived barriers in implementation of SDS and gaps in provision to enable employers to use SDS most effectively. The conclusions relating both to current practice and emerging concerns are discussed below.

The PA workforce and role

6.8 The survey of the PA workforce found it was predominantly female, white, and the average age was just over 40 years. Although there was no "typical" PA, the workforce was similar in most respects to the wider social care workforce. Just under 40% of PAs had a qualification in a relevant discipline and many had second jobs, although not always in social care. The average number of hours worked weekly was 18 and there appeared to be a high level of stability in the workforce. The employment of PAs by individuals did not appear to have had an impact on the recruitment and retention of workers in other areas of social care

although in some areas, particularly rural areas, there were reports of PAs being lost to other employers e.g. national retailers offering better pay and conditions.

6.9 The most common elements of the PA role were personal and domestic care. However, a high number provided support to enable their employers to participate in leisure and social activities, employment, education and training. PAs also carried out a range of other tasks.

6.10 While a high proportion of PAs had employment documentation in place, in the form of contracts, terms and conditions and job descriptions, a significant minority did not, and there was a lower level of provision of other protective policies and procedures. The average PA pay was around £8.45 per hour, with clear variations. Most PAs received paid holidays, but some did not. There was a low level of provision of sick pay beyond SSP and little evidence of pension provision. Few PAs were members of trade unions. There was a lack of clarity among PAs about their employment rights and of where to seek information.

6.11 Some concerns were identified relating to workforce and employment provisions, including: retention issues for some; concerns about absence of documentation or regulation; the nature of some tasks; issues relating to the level of pay (and other issues such as the sleepover rate, lack of increments, expenses and other provisions; and disparities in pay); issues relating to holidays; and the lack of provision of dedicated support for PAs.

6.12 There were mixed views about the benefits of registration for the PA workforce. PAs were generally more positive about registration than employers. A range of stakeholders could see the benefits of a regulated workforce e.g. increased protection for employers, 'professionalisation' of the PA role and a possibly more support and development opportunities. Stakeholders not in favour of regulation felt it may undermine the flexibility of SDS which may lead to delays in recruitment, with employers being restricted in who they could choose as their PA.

6.13 There were also concerns about the costs of introducing registration and some stakeholders preferred an approach focusing on development of the workforce through the introduction of codes of practice etc.

Implications

6.14 While the nature and composition of the PA workforce is very similar to that of the social care sector generally, there are important differences. Most PA roles are unregulated and, at a wider level, there are no agreed professional standards. This makes it difficult to define the PA role, and may contribute to its lack of recognition and visibility among potential recruits, as well as among further and higher education staff.

6.15 There is a widespread acceptance that, at present, neither registration of PAs, nor tight regulation of PA employment would be desirable. Instead, an approach based on providing PAs with voluntary access to structured career planning and documentation, the development of standards for the PA role and a broadening of the promotion of good practice to employers is suggested. However, the effectiveness of this approach should be kept under review.

It is therefore recommended that:

- **The role of a PA should be defined and occupational standards developed to encourage potential employees into the workforce and to promote awareness of the role among, for example, further and higher education staff**.

6.16 Although local authorities fund virtually all PAs employed in Scotland, there is evidence of wide variations in pay, benefits and particularly in terms and conditions. In some areas, PA pay is comparable to other similar roles in the social care sector but uncompetitive compared to high street retail and office posts. This may make it difficult for people using SDS to recruit, and, at a wider level, it is also likely that the sector is losing skilled and experienced staff.

6.17 While it is acknowledged that many PAs are content with their terms and conditions (including sick pay, holiday entitlements, expenses etc) many are not, and there is evidence that this may contribute to difficulties with retention. In time, it may also be likely to have some impact on recruitment.

6.18 It is therefore recommended that:

- **Building on the CIPFA guidance, steps should be taken to ensure that the level of pay, conditions and benefits are adequate to attract and retain suitable PA staff, and to comply with employment law and good practice.**

6.19 For PAs, there is no clear career structure. There appear to be difficulties for PAs in accessing training, and there appears to be little value placed on this by many employers. There is no obvious means by which training and work experience can be documented. As more social care roles become subject to registration, and more social care workers have access to structured means of documenting their training, development and work experience, PA roles may become less attractive as they may be seen as outside, rather than within social care career structures. This may, in time, have an impact on the ability of people using SDS to recruit skilled, well trained and particularly experienced staff.

Employment practice

6.20 Gaps in the adequacy of SDS packages for some employers were reported, particularly in terms of enabling them to undertake specific aspects of their role as an employer and in promoting good employment practice. Problems with the assessment processes and criteria were identified as well as a range of specific aspects of their employment role for which funding was limited or unavailable.

6.21 Employers of PAs used a wide variety of means of recruitment and selection, both formal and informal. Informal methods such as 'word of mouth' and the employment of people previously known to employers were widely used. While many employers required work experience and references, relatively few required PAs to have qualifications. A significant minority never used Disclosure Scotland checks.

6.22 Employers had access to support with recruitment and many used support organisations, although the level of support varied and some gaps were noted. Where support with recruitment was provided, it was generally seen to be very useful.

6.23 A high proportion of employers reported that they experienced difficulties with recruitment, and some groups experienced particular barriers. Overall, recruitment problems tended to be related either to the labour market or to aspects of the recruitment process.

6.24 Some areas experienced a general shortage of labour particularly in some rural and island areas which could be exacerbated by transport problems. There was also evidence of some posts being difficult to fill, and a perception that issues such as: the nature of the work; number of hours; quality of labour pool; level of pay in competing with other employers in some areas; and knowledge and perceptions of the PA role could all impact on recruitment.

6.25 Reported difficulties with the recruitment process included: general lack of familiarity with the process; the length of time taken to recruit someone; concerns about advertising; problems with recruitment through Jobcentre Plus; and perceptions of delays and other concerns with Disclosure Scotland checks.

6.26 The employment and management of a PA involves a range of administrative and managerial tasks which have been compared to running a small business. These tasks were generally undertaken by the SDS recipient, although sometimes family members and others were involved. Most employers used a payroll service. There was variation in uptake of indemnity insurance. Most employers operated informal management arrangements, with little formal supervision or assessment, and little evidence of team working where there was more than one PA. Most employers received support from support services or other organisations with aspects of employment and management, and this was considered valuable.

6.27 Some employers found the overall experience of being an employer daunting or difficult, and some groups e.g. those with learning difficulties, mental health problems, experienced particular issues with this. There were concerns with employment law generally, or specific aspects of this, and with insurance issues. Some employers had concerns about the volume and nature of administrative work involved in employing a PA.

6.28 Concerns about aspects of management and supervision included how to raise issues for employers and PAs, how to manage effectively and what disciplinary actions could be taken. There were problems for employers and PAs in giving and getting direction and maintaining boundaries. For some, working as a PA was an isolating experience.

6.29 There were also gaps in support to employers and PAs with employment and management. There were variations in the provision and capacity of support services to employers, and in support with particular issues such as ongoing support with employment law, paperwork, peer support etc. and to particular groups (including people with learning disabilities and people experiencing mental health problems).

Implications

6.30 It is clear from the research that most employment relationships are effective, there were few examples of difficulties in relationships. A small number of those using SDS have previous experience of being an employer, and the role of support services is clearly important in providing information, advice and support.

6.31 There is a plethora of information available across Scotland on aspects of being an employer, but its availability is patchy, and, to a large extent, dependent on the awareness of

the support service. Each support service also produces its own standard documentation (although some share examples). While there may be some need for local customisation, the current approach is at least wasteful and repetitive, and runs the risk that the quality of the documents is not consistent, or that, in some cases, issues may be missed.

6.32 It is recommended that consideration be given to :

- **Developing a definitive "how to" guide covering all aspects of recruitment, employment and management, and its use promoted throughout Scotland. This guide should include standard basic employment documentation which is directly relevant to the PA role, but can be amended to suit individual employers' requirements.**

6.33 There is clear evidence of the use of largely informal practices in recruitment. For the most part, the outcome of these processes appears to be successful. However, the lack of an approach to recruitment based in good practice makes it less likely that employers will get the best candidate available, and raises concerns about whether proper practices (for example, in relation to the questions asked of candidates, as well as wider equality issues) would be followed. The fact that only a minority of posts are ever advertised makes it difficult for PAs wishing to enter the sector, as well as for those seeking to move between employers.

6.34 It is recommended that consideration be given to:

- **Undertaking work with organisations which have a role in the recruitment of PAs (particularly Jobcentre Plus) to address issues such as the placement of advertisements, terminology, identification of suitable candidates etc**.

6.35 Although recommended in the guidance, and a de facto requirement of some local authorities, a significant minority of employers do not carry out Disclosure Scotland checks on potential employees. This is a matter of considerable concern and must be addressed.

6.36 Most management and supervision practices are also informal, although most believed this to be adequate and effective. The role of both support services and good practice guidance in supporting employers is clearly important.

6.37 It is therefore recommended that:

- **ADSW and SDSS should consider how to promote best practice among employers e.g. promotional / campaigning work to raise awareness of the importance of good practice and the value of training, accepting that this should not be done through regulation and compulsion. This should be revisited if there is clear evidence that the proposed approach is unsuccessful.**

- **Consideration should be given to examining the legal issues relating to the definition of "employer" and the implications of this for local authorities and support services; and the issues surrounding redundancy.**

6.38 It is clear that a significant minority of PAs do not have written terms and conditions, and this is a matter of concern, as it makes both the PA and the employer vulnerable in the event of a dispute.

6.39 It is therefore recommended that:

- **Awareness raising should be undertaken with existing PAs to promote their employment rights and to emphasise that these are not incompatible with the PA role.**

6.40 There is a clear gap in relation to advice on employment law. The research suggests that this is the area which causes most concern to employers (and many PAs). However, few support services are willing to offer advice on employment law, although some have entered into local arrangements with third party providers. The lack of access to professional advice may leave employers vulnerable in the event of a dispute with their PA, or with an agency where some of their care is provided through this route.

6.41 It is recommended that consideration be given to:

- **Local authorities and support services proactively assisting employers to fully comply with employment law, and ensuring that good practice is promoted in relation to PAs' employment rights. Guidance should be provided on minimum wage legislation as it applies to sleepovers.**

6.42 The issue of indemnity insurance is complex, and is a cause of concern not only to some employers and PAs, but also many staff in local authorities and support services. At a basic level, there is no consistency in whether local authorities will pay for indemnity insurance, and there is widespread doubt whether claims would be met. There would be merit in addressing this issue at a national level, to develop a consistent approach and resolve any concerns about the effectiveness of these policies.

6.43 It is recommended that:

- **The issue of indemnity insurance should be considered, with a view to developing a standard approach for all local authorities, as well as clear guidance for employers about its use and limitations.**

6.44 One of the key difficulties facing employers is finding cover either when a PA is ill, or leaves their employment. This is clearly a cause of stress, and can lead to significant restrictions on SDS employers' lives. In some areas, support services have attempted to find innovative ways of helping address this, and these can be effective, but there is a need both for these to be evaluated and for a more structured approach to be taken to developing models which can work across different types of location.

6.45 It is therefore recommended that:

- **New ways of enabling access to temporary staff in emergencies should be explored. Pilot projects could be established to consider how bank staff or similar schemes, or a PA co-operative might work.**

Support for employers and PAs

6.46 There was a virtual consensus about the value of the support services, not only to employers, but also to care managers.

6.47 There were support services in all areas, although these varied widely in size and in the nature of the support they provided. There was evidence that some support services were struggling to meet the demands placed upon them.

6.48 Some employers, as well as local and national stakeholders, suggested that support services may not adequately address the needs of some groups of employers, particularly those with learning difficulties and those experiencing mental health problems.

6.49 There was no dedicated support for PAs.

Implications

6.50 The value of support services is clear, but the nature of the support which employers may expect to receive depends on provision in their particular area.

6.51 Although the recently published CIPFA guidance provides a detailed summary of the support which should be provided to employers, the extent to which current services can provide this is not clear.

6.52 It is recommended that:

- **Minimum levels and standards of provision for employer support services should be identified, with clear specification of the types of support which should be included. These should be incorporated in Scottish Government or CIPFA guidance. A detailed audit should be carried out to compare provision of existing support services to the proposed standards.**
- **Local authorities should be encouraged to provide funding to enable services in their area to meet these standards, and the work being done by SDSS to build capacity within the network of support services should be developed further, with consideration given to opening this work to local authority as well as voluntary sector support services.**
- **Support services should be encouraged to facilitate the development of peer support for employers, with a pilot established to look at a range of methods such as mentoring, telephone and web networks etc. They should also be encouraged (e.g. through pilot projects) to identify ways of meeting the specific needs of groups of employers**.

6.53 The lack of support to PAs (coupled with low levels of trade union membership) makes it difficult for them to access advice on their employment rights. It also makes it difficult to spread good practice information about the role.

6.54 It is therefore recommended that:

- **A support service for PAs in some form should be developed and publicised, with additional funding for this which does not reduce the overall level of funding available to employers.**

Training

6.55 A wide range of skills and attributes were seen to be required in order to be a good employer or a good PA. For the former, the skills required were akin to a those needed to run

a small business. For PAs the skills required could include communication skills, moving and assisting skills and support with leisure and social activities.

6.56 There was little provision and take-up of training for employers beyond the one to one provision made by support services. There were mixed views of the importance and value of training for employers, and there was no widespread view of need for training, with a low level of current demand from employers. It appears not to be a consideration in many community care assessments, and it is rarely identified in support packages as being required for either PAs or employers.

6.57 There was little provision of general training to PAs, and patchy availability of specialist training. Just over half of PAs had received some form of training in their role, most commonly provided by their employer and sometimes through other employment.

6.58 There was a strong view among employers and PAs that PA work should not require formal qualifications, but most PAs considered access to some form of training desirable. Some employers preferred to provide this themselves. While it is difficult to identify the current level of demand for PA training, there was a relatively high level of interest in this among PAs. Employers and PAs who had received training generally considered it valuable.

6.59 A number of barriers and gaps in training for employers and PAs were identified including: the overall lack of availability of training lack of training in some particular areas of the country and gaps in specific types of training e.g. skills training. There were also issues with accessibility, awareness and timing of training; lack of capacity of providers and viability of training; lack of funding; and aspects of the nature of training.

6.60 The most common areas in which further training was seen to be required for employers were: overall management and administration; general employment law and practice; and some personal skills. Peer training was also seen to be important.

6.61 For PAs, areas identified for further training included: "core" skills; communication skills; training relating to specific conditions or impairments; and training in independent living and disability rights. Some PAs would like access to a Vocational Qualification.

Implications

6.62 Although it is acknowledged that many employers and PAs believe that they do not require training, this view is inconsistent with the experience of others in the social care sector, as well as in the wider economy. This suggests that the benefits of training have not been adequately documented or promoted to both employers and PAs. At a wider level, the lack of training undertaken by employers and PAs suggests that, in some cases, neither the employment relationship, nor the care provided, may be as good, or as beneficial, as it might be.

6.63 Many PAs clearly wish to access structured training but cannot do so. In time, this lack of access to training, particularly certificated training which would support career progression, may have an impact on both recruitment and retention.

6.64 The findings set out above suggest that there is a need for a national approach to training for both employers and PAs, with central coordination and supporting the development of scalable, modular training which can be delivered at local levels or through

distance routes. If occupational standards for PAs are developed, these would provide an obvious framework for a national training strategy

6.65 The research found evidence of concerns among both employers and stakeholders about the levels of awareness among PAs of the issues facing, for example, people with learning difficulties, people experiencing mental health problems or people with sensory impairments. It is likely that the lack of general and specific training has had some impact on this, but it does suggest that any future strategy should ensure that those with various disabilities should be enabled to contribute both to the development of training, and to its delivery in due course.

6.66 A range of recommendations are therefore suggested to develop the provision of training:

- **New mechanisms for delivering training for employers throughout Scotland should be developed and piloted, guided by the findings of this report and work on best practice.**
- **Existing training packages for employers should be brought together to produce a single programme and consideration given to a post of national training coordinator.**
- **The work to develop occupational standards should guide the development of an overall strategy for PA training, which should include the delivery of training to promote the core skills identified.**
- **The training provided for PAs at Coatbridge College should be evaluated, and rolled out to other areas if it shown to be beneficial.**
- **Input should be provided to training for employers and PAs by specialist organisations of and for SDS client groups.**

6.67 In order to promote the take-up of training, it is recommended that:

- **Exploration of training needs should be included in community care assessments, and reviewed regularly. Funding for training for employers and PAs should be provided which is specifically identified, and separate from funding for care and support.**
- **Mechanisms to improve access to training for PAs should be explored, including providing access to local authority and NHS training, developing on-line training and promoting access to funding streams such as Individual Learning Accounts.**
- **A mechanism should be identified to record PAs' training and work histories.**
- **Consideration be given to giving unpaid carers access to PA or employer training**.

Conclusion

6.68 The report makes a number of recommendations, focusing on providing the appropriate support and conditions to enable the eligible client group to maximise the benefits of SDS while ensuring that good employment practice is followed. Some of the recommendations require funding in order to be implemented. It is recognised that, in the current financial climate, this may require existing funding to be used in different ways.

ANNEX 1: METHODOLOGY

This annex provides a summary of the aims, objectives and methodology for the work described in this report.

Aim and objectives

The overall aim of the research was to:

> *"provide evidence to identify workforce issues surrounding people in receipt of Self-Directed Support. The work is expected to identify ways to support SDS clients as employers and to develop strategies to develop and support the PA workforce."*

A number of related objectives were also identified, and these were to:

Literature review

- Review the literature on the growth, development and experience of the PA workforce stemming from equivalent policies in the UK and identify key workforce issues.

Profile of PA workforce

- Describe the distribution of the PA workforce across Scotland and assess whether there are problems in recruitment in some areas in Scotland.
- Describe the PA workforce in terms of key characteristics e.g. age, gender, ethnicity, qualifications, work history, role, skills and competencies, etc.
- Describe the working patterns of PAs, their conditions of employment, career paths to date and career intentions for the future.

Training and development of PA role

- Identify the training and support needs of PAs, and draw out the implications of these needs for the provision and access to training and support for PAs.
- Identify how the role of current/future PAs can be better recognised and supported.
- Assess the need and support for an organisation or representative body to look after and promote the needs of PAs.

SDS clients as employers

- Explore SDS clients' experiences as employers of PAs and assess the level of support and guidance provided to help them undertake this role.
- Explore the impact which support organisations have in supporting SDS clients as employers. (What happens in areas where there are no support organisations?).
- Assess the level of funding provided to SDS clients to enable them to comply with their responsibilities as employers e.g. safer recruitment, in paying for training for PAs, paying the appropriate rate of pay, covering sick leave, pension payments etc.
- Identify examples of best practice in supporting SDS clients to enable them to undertake their responsibilities as an employer and suggest how SDS clients can be made aware of these, including the promotion of training.

Wider impact of PAs' employment

- Examine the impact, if any, of the employment of PAs on the recruitment and retention of care workers in the health and social care sectors.

Implications

- Explore the implications of the research findings for the future demand / supply of PAs.
- Identify the implications for future strategies to provide further support to SDS clients as employers and to develop and support the PA workforce.

The Research Advisory Group

The research was overseen by a Research Advisory Group, with members from the Scottish Government, the research team, the Scottish Personal Assistants Employer Network (SPAEN) and Unison.

Methods used

The research involved a number of stages and a combination of research methods.

Literature review

A literature review of work pertaining to Self-Directed Support and to the employment of PAs was carried out, both to inform and direct the rest of the work and to inform the final report. This is provided as Annex 6 and focuses primarily on UK material, but also includes some material from other countries.

The identification of the material for the literature review involved:

- An internet search and examination of relevant websites.
- A search of British Library Direct.
- A search of the National Library of Scotland database.

As well as using "snowballing" of literature from a number of central documents, and the expertise and suggestions of Research Advisory Group members, a number of key words were used separately and in combination (and as the starting point) in searching for material. These were: Self-Directed Support; Direct Payments; community care; support services; independent living; social work; individual budgets; home care; domestic care; personal care; guardianship; social care; power of attorney; training; personal assistant; carer; payroll; employment; various permutations of "agency"; terms relating to groups of clients (e.g. disability; physical impairment; ethnic minority; mental health; dementia; older people; young people; learning disabilities; learning disability; autism; autistic spectrum disorder; and sensory impairment). Searches for other countries were tailored to relevant local terminology.

Following examination of the literature, in the preparation of the literature review, RHA developed, for internal use, material relating to key issues (particularly good practice in employment), and this helped to inform the work. This was incorporated, along with other relevant material into the final literature review.

Postal surveys

The main methods for identifying the employment issues relevant to SDS were through two complementary surveys, one targeted at PAs, and the other at employers. Both were carried out through making initial contact with employers via SDS support organisations.

An initial approach was made to the support organisations detailing the nature and purpose of the study, and asking them whether they were willing to circulate survey materials on behalf of RHA. All agreed to take part and this meant that there was comprehensive geographical coverage of employers known to support organisations in Scotland.

Relevant organisations were asked to encourage SDS clients they had contact with to take part in the survey. Information about the study was also provided on the Scottish Government website on Self-Directed Support and on RHA's website.

Draft questionnaires were piloted with the assistance of SPAEN and circulated at the start of May 2009. Copies of the questionnaires were requested in Braille and Easyread, and as an audio recording. These were produced and made available.

The support organisations identified the approximate number of employers of PAs in their areas (although the exact number was often unknown). RHA supplied the organisations with the requisite number of stamped packs, to which addresses were applied. Each pack contained:

- A letter to the employer about the research.
- A postal questionnaire to the employer.
- A Freepost return envelope.
- Two sealed envelopes which employers were asked to pass to their PAs, each containing a covering letter to the PA, a postal questionnaire to the PA and a Freepost return envelope.

A total of 2000 packs were distributed to organisations for circulation to employers. While this gives an indication of the number circulated, it is not an exact number and is likely to have been a significant overestimate (and is not a proxy for the number of employers). Some organisations could not identify which of their clients were direct employers of PAs without recourse to individual records. This means that some SDS users who were not themselves employers were likely to have received questionnaires which were not relevant to their situation. Some individual SDS users telephoned to seek clarification of this and were advised not to complete the form. Others are likely to have destroyed the form without seeking clarification. A reasonable working assumption is that the number of packs received by relevant employers was around 1500, equivalent to the number of PA employers reported by local authorities to the Scottish Government and allowing for a number who have no contact with support services.

Each employer's pack included 2 envelopes to be passed onto PAs. It is, however, impossible to know how many employers circulated only one, or both of these questionnaires to their PAs. Based on the initial analysis, around 40% of employers employ one PA, and the remainder more than one. A total of 60 additional packs for PAs were requested. On this basis, this would suggest that around 1.6 PA packs were circulated for each employer pack (assuming that all employers passed these on). Again using the working assumption of 1560

relevant employers having received the pack, this suggests that up to 2,500 PA packs were distributed.

A total of 1007 responses were received, of which 495 were from employers and 512 from PAs. The data was entered into specialised questionnaire software (Pinpoint). Most of the analysis was carried out in Pinpoint, although some analysis was also carried out using Microsoft Excel. High Street Vouchers were provided to respondents as a "thank you" for completing the form.

Detailed study areas

Four detailed study areas were selected to conduct interviews and discussion groups with a range of stakeholders. The areas (which have been anonymised) were selected to reflect the need to avoid areas involved in other pilot projects, while ensuring that the areas selected included contrasting areas, differences in demography and differences in geography.

Employers and PAs

A number of detailed discussions were held with employers and PAs in a range of circumstances. The employer groups included people in a range of age groups, parents / carers of disabled people, people with physical impairments, people with learning disabilities and a small number of participants with mental health problems (although this was not necessarily the main reason for their receipt of SDS). The groups with PAs also included those working for employers in a similar range of circumstances. A small number of other groups focused on specific types of employers or PAs (employers with learning disabilities, ethnic minority employers, parents or carers managing SDS packages and "bank" PAs).

Two methods of recruitment to the discussion groups were used. Firstly, employers and PAs in the study areas were asked to indicate on their postal forms whether they would be willing to take part in a workshop. Secondly, specialist organisations working with the specific groups assisted in the arrangement of these groups in some areas, and thirdly, some of the support organisations assisted in identifying additional participants and encouraging attendance (particularly in the case of the employer groups).

In addition to the arrangement of groups, it was considered important to provide an opportunity for those who had expressed an interest in attending via their forms, but who were unable to do so, to provide their detailed views of the issues explored in the groups. For that reason, all of the employers and PAs who had returned a form to express an interest, or had expressed an interest in other ways, but who did not attend a group, were contacted by letter then telephone. They were offered the option of an individual interview, and almost all of those who had expressed an interest participated either in a group or interview.

A total of 8 groups were held with employers, in which 54 people participated. A further 14 took part in telephone interviews, making a total of 68 employers who took part in detailed discussions. A total of 6 groups took place with PAs, in which 25 took part. A further 35 individual interviews were conducted, making a total of 60 PAs who took part in detailed discussions.

Participants received a further High Street Voucher as a "thank you" for their time and expertise. Travel expenses were also met.

Local stakeholders

Interviews were also held with other local stakeholders in each of the detailed study areas. These generally involved: the relevant commissioning section within the social work service; the support organisation; and relevant organisations of or for the client groups involved (e.g. local elderly forums; local disability forums; and other relevant specific support organisations). A total of 24 interviews were carried out with stakeholders in the local areas, comprising: 4 support services; 6 local authorities (one detailed study area covered more than one local authority); 2 colleges; and 12 organisations working with user groups.

Although it had been envisaged that local groups of people experiencing mental health problems might also be involved, this did not prove feasible, on the advice of key organisations, and this issue was covered at a national level, as well as in discussion with support organisations. Similarly, with colleges, following preliminary discussions in two local areas, it was clear that was little local flexibility, with most delivery being through national courses. For that reason, as with mental health services, further education was treated as a "national", rather than a "local" stakeholder. It had also been envisaged that the NHS commissioning section would be involved at a local level, but, on further exploration, there did not appear to be a locus for this.

National stakeholders

A total of 14 national stakeholders were also interviewed, including organisations of and for disabled people, older people, people with learning disabilities and people experiencing mental health problems; organisations with a particular remit relating to independent living / SDS; a carers' organisation; a trades union; and other representative / professional organisations covering social care and further education.

These interviews focused on wider issues relevant to workforce and employment issues surrounding Self-Directed Support.

Employer support organisations

It was originally intended to carry out a postal survey of employer support organisations, following the circulation of the employer and PA questionnaires. During the discussions with support organisations in preparation for the postal survey, however, it became clear that it would be helpful to carry out more detailed work with them. A series of face to face and telephone interviews was held, using a semi-structured interview schedule. These covered issues such as: their coverage, capacity and role; issues raised frequently by employers; the provision and supply of local training; workforce issues; and perceptions of the way forward.

Interviews were carried out with all of the support services (25) and with SPAEN (although, in some cases, more than one interview was carried out with support services, where separate workers covered separate geographical areas, and a total of 29 interviews were conducted). Most were undertaken by telephone, but face to face interviews were carried out with organisations in the detailed study areas, as well as with a small number of others (either because they requested this, or where discussion of other issues, such as arrangements for meetings, was necessary).

Assessment of training and support services for PAs

An assessment was carried out of courses which are directly or indirectly relevant to training and support for PAs. This was done in a number of ways.

- A list of the most relevant courses was developed to guide the preparation of the postal questionnaires.
- The nature and provision of training in local areas and support to PAs was explored in discussion with the support services.
- The availability of courses was examined through on-line resources.
- A short summary of both the general training available for the potential PA workforce and specific training available for those working as PAs was prepared.
- Interviews with a small number of colleges and with the relevant national organisation were carried out.
- Views of training were sought in interviews with other stakeholders both in the detailed study areas and with national stakeholders.
- Community care provider agencies

Information was also gathered about private sector / agency provision, in order to identify their roles and some of the issues which they face. Providers were identified in contact with the support agencies, via the internet and through the Care Commission. Information was also sought in the interviews with support agencies about the services and role of these organisations in local areas.

A short, anonymised telephone survey was also carried out with a small sample (20) of these organisations drawn from the detailed study areas, of which more than two thirds provided input.

Findings workshop

Prior to the development of the final report, a findings workshop was convened to discuss the emerging findings with some key stakeholders. A total of 16 participants attended, including representatives of: The Scottish Government; support services; organisations of and for disabled people, older people and people with learning disabilities; organisations with a particular remit relating to independent living / SDS; and representative professional organisations. The workshop highlighted some of the key emerging findings, and asked participants to comment on these findings and their implications for the future. The issues raised at the workshop contributed to the material in the final report.

Analysis of the data

The data analysis involved the use of both quantitative and qualitative techniques. Tabular and statistical information was prepared relating to the large scale information drawn from the surveys using Pinpoint (although some of this material was qualitative and was analysed to reflect this). Some of the material was analysed using Microsoft Excel.

Qualitative techniques were used for the analysis of the very large amount of in-depth data. In each case, the information from all of the interviews and sources was summarised in an analysis framework by question, identifying emergent themes and sub-themes, and the range and depth of views expressed at each question. This helped to preserve the richness of the data and to ensure that all of the views expressed in each case were reflected, as well as

highlighting broad patterns of comments. The identification of themes and sub-themes was undertaken for each of the questions in each of the strands of the methodology. They were then drawn together for each of the overarching issues (whilst ensuring that it remained clear which of the strands of the research had generated particular views).

In the presentation of the data, the statistical information is given in numerical and tabular form. Where percentages are used directly in the text, these have been rounded.

The focus in the qualitative material is on drawing out the range of issues raised. A quantitative presentation of this material would be inappropriate, and the terms used with this data identify the broad picture emerging, the common themes and specific issues (using appropriate terms for the purpose, such as “many”, “a number of”, “some” etc.).

ANNEX 2: TABLES

This annex sets out the tables referred to in the main body of the report. The first set are drawn from the survey of employers and are prefixed "Table Ex". The second set are drawn from the survey of PAs and are prefixed "Table PAx".

This is a complete set of tables. Some tables also appear in the main body of the report, and are repeated here for convenience.

Tables from the survey of employers

All tables are based on 495 respondents unless otherwise stated.

Table E1: Age of employer

	Number	Percentage
0 - 9	24	4.8
10 - 19	39	7.9
20 - 29	64	12.9
30 - 39	48	9.7
40 - 49	85	17.2
50 - 59	79	16.0
60 - 69	65	13.1
70 - 79	37	7.5
80 - 89	21	4.2
90 - 99	10	2.0
Not answered	23	4.6

Table E2: Gender of employer

	Number	Percentage
Male	191	38.6
Female	295	59.6
Not answered	9	1.8

Table E3: Ethnicity of employer

	Number	Percentage
White	469	94.7
Mixed or multiple ethnic groups	1	0.2
Asian, Asian Scottish or Asian British	5	1.0
African, Caribbean, Black	0	0.0
Other	0	0.0
I'd prefer not to say	5	1.0
Not answered	15	3.0

Table E4: Employers of PAs by impairment or condition

	Number	Percentage
Deafness or severe hearing impairment	45	9.1
Blindness or severe visual impairment	59	11.9
A physical impairment	283	57.2
A learning disability	161	32.5
A mental health condition	74	14.9
A chronic illness	151	30.5
An emotional / behavioural problem	60	12.1
Another kind of impairment, condition or problem	116	23.4
(Not answered)	22	4.4

n.b. Sums to more than 100 as many employers have more than one impairment or condition.

Table E5: Time using SDS

	Number	Percentage
Up to 1 year	58	11.7
1 to 2 years	61	12.3
2 to 3 years	63	12.7
3 to 5 years	126	25.5
5 or more years	108	21.8
Not answered	79	16.0

Table E6: Total number of PA hours in package

	Number	Percentage
5 or fewer	43	8.7
6 - 10	85	17.2
11 - 20	103	20.8
21 - 30	58	11.7
31 - 50	85	17.2
51 - 75	46	9.3
76 - 100	18	3.6
101 - 200	27	5.5
201 - 300	2	0.4
Not answered	28	5.7

Table E7: Total number of PAs employed

	Number	Percentage
0[1]	5	1.0
1	185	37.4
2	136	27.5
3	67	13.5
4	41	8.3
5	25	5.1
6	14	2.8
7	4	0.8
8	7	1.4
10	3	0.6
12	2	0.4
14	1	0.2
Not answered	5	1.0

Table E8: Tasks undertaken by PAs

	Number	Percentage
Personal care	343	69.3
Medical / physical	226	45.7
Specialist health care	40	8.1
Practical / financial tasks	274	55.4
Leisure and social	342	69.1
Household / home care	308	62.2
Work and education	78	15.8
Administration of SDS	66	13.3
Something else ...	108	21.8
Not answered	3	0.6

n.b. Sums to more than 100 as many employers reported PAs undertaking multiple tasks.

[1] These employers were in the process of recruiting a PA.

Table E9: Average gross rate of pay paid to PAs (areas with more than 10 responses)

	Number of cases	Average rate
Aberdeen City	16	£9.07
Aberdeenshire	36	£7.80
Angus	13	£8.56
Argyll and Bute	19	£8.80
Dumfries and Galloway	24	£9.87
Dundee	19	£8.23
East Ayrshire	14	£7.83
Edinburgh	29	£8.72
Fife	37	£7.14
Glasgow	16	£8.24
Highland	41	£9.18
Moray	10	£9.39
Perth and Kinross	13	£10.03
Scottish Borders	42	£8.96
South Lanarkshire	11	£7.71
West Lothian	14	£7.46
	354	£8.54

Table E10: Types of recruitment methods used

	Number	Percentage
Advertisement in paper, shop window or similar	217	43.8
A staff agency	48	9.7
Jobcentre Plus	125	25.3
The SDS team in a local authority	83	16.8
Local SDS support organisation	92	18.6
Recommendations from other people using PAs	85	17.2
Recommendations from family and friends	190	38.4
Recommendations from other PAs	98	19.8
Not answered	53	10.7

n.b. Sums to more than 100 as many employers used more than one method.

Table E11: Recruitment difficulties experienced

	Number	Percentage
Low number of applicants	213	43.0
Only able to offer low wages	80	16.2
Applicants did not have required work experience	107	21.6
Applicants not willing to do tasks required	65	13.1
Applicants did not have required qualifications	55	11.1
Applicants not willing to work hours or times	146	29.5
Applicants had poor attitude or motivation	105	21.2
Applicants did not have right personality	132	26.7
Transport difficulties for the PA in getting to work	126	25.5
Not answered	171	34.5

n.b. Sums to more than 100 as many employers experienced more than one difficulty.

Table E12: Requirements of PAs

	Number	Percentage
Relevant qualifications	129	26.1
Relevant work experience	314	63.4
References	359	72.5
Not answered	55	11.1

n.b. Sums to more than 100 as some employers reported more than one requirement.

Table E13: Assistance received with recruitment

	Number	Percentage
Advertising	217	43.8
Short listing candidates	112	22.6
Carrying out interviews	206	41.6
Selecting the best candidate	136	27.5
Equal opportunities issues	71	14.3
Seeking references	153	30.9
Not answered	178	36.0

n.b. Sums to more than 100 as some employers reported more than one form of assistance.

Table E14: Provider of assistance with recruitment

	Number	Percentage
A family member	106	21.4
A personal assistant	55	11.1
A friend who also receives SDS	13	2.6
Local SDS support organisation	177	35.8
The SDS team in a local authority	91	18.4
SPAEN	37	7.5
Your local CAB or Money Advice service	2	0.4
Someone else ...	67	13.5
Not answered	123	24.8

n.b. Sums to more than 100 as some employers reported more than one provider of assistance.

Table E15: Number of employers providing documentation

	Number	Percentage
A written contract	409	82.6
A written job description	355	71.7
Written terms and conditions	327	66.1
A written disciplinary policy	282	57.0
A written grievance procedure	274	55.4
A written health and safety policy	237	47.9
A pension scheme / pension contribution	23	4.6
Paid sick leave (not statutory sick pay)	188	38.0
Paid holidays	411	83.0
Not answered	32	6.5

Table E16: Assistance received with management and administration

	Number	Percentage
Completing monitoring forms	181	36.6
Setting up a bank account	176	35.6
Tax and national insurance	314	63.4
Payroll (making payments to your PAs)	391	79.0
Employer's liability insurance	324	65.5
Employment law	194	39.2
Compiling contracts and similar documents	271	54.7
Disciplining or dismissing staff	111	22.4
Not answered	53	10.7

n.b. Sums to more than 100 as some employers reported more than one form of assistance.

Table E17: Provider of assistance with management or administration

	Number	Percentage
A family member	112	22.6
A personal assistant	43	8.7
A friend	19	3.8
Local SDS support organisation	223	45.1
The SDS team in your local authority	142	28.7
SPAEN	60	12.1
A solicitor or accountant	51	10.3
Someone else ...	70	14.1
Not answered	43	8.7

n.b. Sums to more than 100 as some employers reported more than one provider of assistance.

Table E18: Training undertaken by employers (%age of those undertaking training)

	Number	Percentage
Applying for SDS or carrying out initial assessments	36	40.0
Managing your SDS payment	47	52.2
Recruiting a PA	52	57.8
Employment issues	65	72.2
Confidence building, assertiveness or similar skills	32	35.6
Something else ...	12	13.3
Total	90	

Table E19: Providers of training for employers (%age of all providers)

	Number	Percentage
Local SDS support organisation	69	65.7
Local authority	17	16.2
An NHS body	13	12.4
Scottish Personal Assistant Employers Network	24	22.9
Someone else ...	11	10.5
Total	105	

Table E20: Additional training required by employers

	Number
Administration of SDS	22
Management issues	19
Recruitment issues	4
Personal issues (e.g. assertiveness)	13
Computing	1
Specialist areas (e.g. moving and assisting)	14
Any	3

Table E21: Subjects in which PAs have been provided with training

	Number	Percentage
Basic induction	113	22.8
Administering medication	76	15.4
Specialist skills relating to your needs	97	19.6
Disability awareness or rights	53	10.7
First Aid	68	13.7
Health and Safety	78	15.8
Moving and handling skills	135	27.3
People skills / communication skills	40	8.1
Personal care skills	72	14.5
Something else ...	35	7.1
Not answered	265	53.5

n.b. Sums to more than 100 as some employers reported more than one form of training.

Table E22: Provider of training to PAs

	Number	Percentage
SDS employer provided it	95	19.2
Another PA	37	7.5
Local SDS support organisation	58	11.7
Local authority	46	9.3
An NHS body	50	10.1
Scottish Personal Assistant Employers Network	5	1.0
Someone else ...	62	12.5
Not answered	269	54.3

n.b. Sums to more than 100 as some employers reported more than one provider of training.

Tables from the survey of PAs

All tables are based on 512 respondents unless otherwise stated.

Table PA1: Gender of PA

	Number	Percentage
Male	71	13.9
Female	439	85.7
Not answered	2	0.4

Table PA2: Age of PA

	Number	Percentage
16 - 19	14	2.7
20 - 24	49	9.6
25 - 29	40	7.8
30 - 34	38	7.4
35 - 39	54	10.5
40 - 44	54	10.5
45 - 49	85	16.6
50 - 54	78	15.2
55 - 59	43	8.4
60 - 64	28	5.5
65 - 69	9	1.8
70 - 74	4	0.8
Not answered	16	3.1

Table PA3: Ethnicity of PA

	Number	Percentage
White	495	96.7
Mixed or multiple ethnic groups	2	0.4
Asian, Asian Scottish or Asian British	4	0.8
African, Caribbean, Black	1	0.2
Other	0	0.0
I'd prefer not to say	4	0.8
Not answered	6	1.2

Table PA4: Country of birth of PAs

	Number	Percentage
UK	475	92.8
Poland	5	1.0
Germany	4	0.8
Ireland	3	0.6
Greece	2	0.4
Hong Kong	2	0.4
USA	2	0.4
Australia	1	0.2
Bangladesh	1	0.2
Brazil	1	0.2
Canada	1	0.2
China	1	0.2
France	1	0.2
Lithuania	1	0.2
Romania	1	0.2
Singapore	1	0.2
Slovakia	1	0.2
Switzerland	1	0.2
Not answered	8	1.6

Table PA5: PA qualifications (where provided)

	Number
Scottish Progression Award in a care-related subject	8
NC Health & Social Care, or Child, Health & Social Care	17
NC Social Care	24
Care, or Health & Social Care (SVQ or NVQ Level 1)	17
Care, or Health & Social Care (SVQ or NVQ Level 2)	43
Care, or Health & Social Care (SVQ or NVQ Level 3)	35
Care, or Health & Social Care (SVQ or NVQ Level 4)	7
Undergraduate or postgraduate degree in Social Work	1
Nursing qualification	26
SVQ (any level) in childcare related area	16
Occupational therapy	2
Another qualification	32

Table PA6: Level of highest qualification held by PA (where provided)

	Number	Percentage
1	23	18.1%
2	38	29.9%
3	47	37.0%
4	17	13.4%
5	2	1.6%
Total	127	

Table PA7: Years employed as a PA

	Number	Percentage
Less than 1 year	126	24.6
1 – 2 years	84	16.4
2 – 3 years	84	16.4
3 – 4 years	51	10.0
4 – 5	41	8.0
5 – 9	88	17.2
10 and over	32	6.3
Not answered	6	1.2

Table PA8: Number of employers a PA works for

	Number	Percentage
1	422	82.4
2	48	9.4
3	15	2.9
4	2	0.4
6	1	0.2
Not answered	24	4.7

Table PA9: Local authority where PA works

	Number	Percentage
Aberdeen City	18	3.5
Aberdeenshire	33	6.4
Angus	17	3.3
Argyll and Bute	23	4.5
Clackmannanshire	2	0.4
Dumfries and Galloway	42	8.2
Dundee	20	3.9
East Ayrshire	13	2.5
East Dunbartonshire	7	1.4
East Lothian	8	1.6
East Renfrewshire	4	0.8
Edinburgh	45	8.8
Falkirk	8	1.6
Fife	48	9.4
Glasgow	15	2.9
Highland	38	7.4
Inverclyde	1	0.2
Midlothian	8	1.6
Moray	10	2.0
North Ayrshire	10	2.0
North Lanarkshire	14	2.7
Orkney	9	1.8
Perth and Kinross	12	2.3
Renfrewshire	9	1.8
Scottish Borders	40	7.8
Shetland	2	0.4
South Ayrshire	9	1.8
South Lanarkshire	9	1.8
Stirling	5	1.0
West Dunbartonshire	9	1.8
West Lothian	11	2.1
Western Isles	3	0.6
Not answered[2]	12	2.3

[2] Although 7 of the 12 gave home addresses, it is not possible to say definitively in which local authority each worked. The local authority areas associated with these home addresses were Edinburgh (2), Fife (2), Scottish Borders (2) and Dumfries and Galloway (1)

Table PA10: Other employment

	Number[3]	Percentage
Local authority care	77	15.0
NHS care	21	4.1
Non-care sector	156	30.5

Table PA11: Number of hours worked for SDS employer

	Number	Percentage
5 hours or less	48	9.4
6 - 10 hours	97	18.9
11-15 hours	65	12.7
16-20 hours	64	12.5
21-25 hours	66	12.9
26-30 hours	35	6.8
31-35 hours	36	7.0
36-40 hours	28	5.5
41 hours and over	40	7.9
Not answered	33	6.4

Table PA12: Number of overtime hours worked for SDS employer

	Number	Percentage
5 hours or less	14	45.2
6 - 10 hours	10	32.3
11-15 hours	6	19.4
16-20 hours	0	-
21-25 hours	1	3.2

Table PA13: Employers of PAs by age of employer

	Number	Percentage
A child or children (under 18)	79	15.4
An adult or adults (aged 18-64)	339	66.2
An older person or persons (65 or over)	124	24.2
Not answered	7	1.4

n.b. Sums to more than 100% as some PAs are employed by more than one employer.

[3] A total of 27 PAs worked in more than one type of additional job.

Table PA14: Employers of PAs by impairment or condition

	Number	Percentage
Deafness or severe hearing impairment	61	11.9
Blindness or severe visual impairment	66	12.9
A physical impairment	347	67.8
A learning disability	165	32.2
A mental health condition	90	17.6
A chronic illness	151	29.5
An emotional / behavioural problem	78	15.2
Another kind of impairment, condition or problem	82	16.0
Not answered	15	2.9

n.b. Sums to more than 100% as some PAs reported employers with more than one impairment or condition.

Table PA15: Tasks carried out by PAs

	Number	Percentage
Personal care	386	75.4
Household / home care	371	72.5
Leisure and social	338	66.0
Practical / financial tasks (e.g. shopping, pets, banking)	317	61.9
Medical / physical (e.g. medication, massage)	268	52.3
Work and education	79	15.4
Administration of an employer's SDS	60	11.7
Specialist health care (e.g. administering injections)	32	6.2
Something else ...	67	13.1
Not answered	1	0.2

n.b. Sums to more than 100% as some PAs reported carrying out more than one task.

Table PA16: Nature of support given by PAs (by employer's impairment or condition)

	Physical / sensory impairment	A learning disability	A mental health condition	A chronic illness	An emotional / behavioural problem
Personal care	399	111	71	124	62
	84%	*67%*	*79%*	*82%*	*79%*
Medical / physical	287	78	57	94	52
	61%	*47%*	*63%*	*62%*	*67%*
Specialist health care	32	16	7	14	8
	7%	*10%*	*8%*	*9%*	*10%*
Practical / financial tasks	333	77	61	106	50
	70%	*47%*	*68%*	*70%*	*64%*
Leisure and social	309	131	64	89	61
	65%	*79%*	*71%*	*59%*	*78%*
Household / home care	378	89	71	125	56
	80%	*54%*	*79%*	*83%*	*72%*
Work and education	78	42	18	16	23
	16%	*25%*	*20%*	*11%*	*29%*
Administration employer's SDS	67	13	10	21	9
	14%	*8%*	*11%*	*14%*	*12%*

Table PA17: Nature of support giving by PAs (by age of employer)

	A child or children (under 18)	An adult or adults (aged 18-64)	An older person or persons (65 or over)
Personal care	49	260	104
	62%	*77%*	*84%*
Medical / physical	32	183	74
	41%	*54%*	*60%*
Specialist health care	6	24	4
	8%	*7%*	*3%*
Practical / financial tasks	25	242	75
	32%	*71%*	*60%*
Leisure and social	58	249	56
	73%	*73%*	*45%*
Household / home care	34	263	104
	43%	*78%*	*84%*
Work and education	10	71	6
	13%	*21%*	*5%*
Administration employer's SDS	2	46	16
	3%	*14%*	*13%*

Table PA18: PA employment documentation[4]

	No. with document in some or all PA posts	Percentage
A written contract	433	84.6
A written job description	415	81.1
Written terms and conditions	372	72.7

Table PA19: PA employment policies

	No. with document in some or all PA posts	Percentage
A written disciplinary procedure	313	61.1
A written grievance procedure	292	57.0
A written health and safety policy	280	54.7

Table PA20: PA employment benefits

	No. with document in some or all PA posts	Percentage
A pension scheme	81	15.8
Paid sick leave	217	42.4
Paid holidays	426	83.2

Table PA21: PA pay – gross hourly rate (£s)

£s	Number	Percentage	Cumulative Percentage
5.50 - 5.99	3	0.6	0.6
6.00 - 6.49	20	4.0	4.6
6.50 - 6.99	50	10.0	14.6
7.00 - 7.49	75	15.0	29.6
7.50 - 7.99	57	11.4	41.0
8.00 - 8.49	101	20.2	61.2
8.50 - 8.99	47	9.4	70.6
9.00 - 9.49	42	8.4	79.0
9.50 - 9.99	38	7.6	86.6
10.00 - 10.49	38	7.6	94.2
10.50 - 10.99	12	2.4	96.6
11.00 - 11.49	5	1.0	97.6
11.50 - 11.99	4	0.8	98.4
12.00 and over	8	1.6	100.0

[4] It is reasonable to infer that most of those who did not answer the questions underlying tables PA18-PA20 do not have these documents, procedures or benefits in place. For this reason, the percentage displayed is that of the whole sample, rather than those who answered the question.

Table PA22: Summary of training PAs identified as required by PAs

	Number of PAs
First Aid	31
Moving and Assisting	27
Condition specific	27
VQ (general)	21
Health and Safety and related	10
Hygiene (including food)	9
Personal skills	7
Disability rights	7
Administering medication	5
Childcare specific (including CALM)	5
Cooking	3
Working with other profs	2
Admin and computing	2
Counselling	1
"General" training	17

Table PA23: Summary of training received by PAs (%age of those who received training)

	Number	Percentage
Moving and handling skills	221	74.9
Basic induction	186	63.1
Personal care skills	162	54.9
Health and Safety	152	51.5
Administering medication	151	51.2
Specialist skills relating to your needs	137	46.4
First Aid	129	43.7
Disability awareness or rights	120	40.7
People skills / communication skills	115	39.0
Something else ...	27	9.2

Table PA24: Provider of training to PAs (%age of those who received training)

	Number	Percentage
The individual employer	103	35.3
Another PA	63	21.6
Local SDS support organisation	36	12.3
Your local authority	62	21.2
An NHS body	53	18.2
Scottish Personal Assistant Employers Network	6	2.1
Someone else ...	67	22.9
Not answered	29	9.9

Table PA25: Reasons why PAs may leave employment

	Number[5]
Change of career	53
Age or health issues for PA	45
Negative view of being a PA	32
Change in employer circumstances	27
Change in PA circumstances	24
Total	175

[5] (n.b. 175 PAs responded to this question. A small number provided more than one type of reason)

ANNEX 3: SUPPORT SERVICES

This annex provides summary material about support services. This was not an audit of provision. The focus was on identifying patterns of provision, and perceived issues (including gaps) in this.

Support services overall

There were nominated support services in all 32 Scottish local authority areas. Some operated across more than one local authority area. One area (Eilean Siar) had more than one organisation identified as providing support (as a result of the practical difficulties involved in providing support across such a large and dispersed area). In another area, a user-led service was in the process of being established. At present, information is being provided by the local authority, and additional assistance by SPAEN where required. It was expected that the user-led service will be operational before the end of 2009.

There were four basic types of organisation involved in providing support: local authorities; mainstream voluntary organisations (e.g. CsVS); specialist voluntary organisations whose remit is wider that SDS (e.g. Centres for Integrated Living); and specialist voluntary organisations whose remit is restricted to the provision of support to employers using SDS. The Scottish Government has expressed an intention that all support providers should be user-led (Scottish Government, 2007a) although this was not currently the case. Support providers worked with all categories of SDS client.

Voluntary sector support services were funded by local authorities, using a variety of arrangements. In a large majority of cases, the services were provided by mutual agreement, although there was increasing evidence of local authorities either having put services out to tender or that they were considering this. A wide variety of concerns were raised by some current support services about this approach, including issues relating to ethos and commitment to both disability equality and independent living, the impact on current service users and the suggestion that this would increase, rather than diminish variability in levels of service.

In most cases, a Service Level Agreement (or similar) existed, setting out the range of services organisations were contracted to proved. The nature of services provided varied across support services (Vick et al, 2006), but generally included the provision of advice, guidance, and basic information on employment-related matters such as recruitment, employee rights, supervision and discipline, as well as on the administration of SDS packages.

Recent CIPFA guidance (CIPFA, 2009) attempted to set out a minimum level of support which a local authority should either provide itself or commission from an external provider. The guidance suggested the each area should be able to provide the following (p7):

- Assist people to think and plan creatively to make the best use of the resources they have available.
- Navigate the market place and choose goods and services to achieve outcomes.
- Assist people to set up and maintain their support and manage their finances.
- Assist people to fulfil their responsibilities as good employers.
- Assist people to troubleshoot problems and resolve difficulties with managing their support.

- Assist people to participate fully in reviewing and refining their support plans to achieve outcomes.
- Train people to learn new skills to plan and take control of meeting their support need

Support was free to end users, although services could levy charges in some circumstances (for example, in relation to payroll services or training). These charges would generally be for services which would be included within an overall SDS assessment (and hence the user would have been provided with funding to pay for the service) (Scottish Government, 2007a).

Support services were clear that they existed to support employers, not to direct them, and a number indicated that they felt that their influence over some employers was limited. A number also made clear that they subscribed to an independent living philosophy, and provide the service necessary to enable this.

It was not possible for the services to identify what proportion of employers used their provision, but estimates were generally high, although it was accepted that some employers may not have regular contact with the service.

Awareness of support services

It was clear from the research that there was a high level of awareness of support services among people using SDS. Individual interviews and groups with PAs also suggested a high level of awareness. Anecdotal evidence from support services and local authority staff suggested that levels of awareness among social care staff varied, often within local offices as well as across areas.

Referrals

Three main means of referral were identified by support services. In most cases (including all local authority run support services), all clients were referred to the support service as a matter of course. In some cases, referrals were at the discretion of local service managers. The final means of referral was through providing the client with the contact details for the support service. While most support agencies believed the referral processes to be largely effective, some constraints were identified, including:

- A concern that not all clients were being referred, or were not being provided with information about the support service. Social work staff may not always be aware of all the issues, or aware of the support on offer.
- Variations in the rates of referral between social work offices.
- Variation in the stages at which people were referred, with some referrals not being received until a package is underway.
- Variations in the willingness of social work staff to allow support services to have contact with, or advise potential recipients about their assessment.

A number of improvements to referral processes were also identified, including:

- Making referrals automatic. It was suggested that this would decrease the risk of people being left with no support.
- Formalising some referral processes.
- Providing more information about the client at the point of referral, including details of their contact with other services etc.

- Allowing support service to meet with clients at the stage of expressing an interest (assuming the client wishes this).
- Allowing the support service to advise on assessments.

The nature of the support provided

There were found to be large variations in the services provided by individual organisations. The material contained in the following paragraphs are examples of what was provided. They do not represent a definitive list of support provided by any one service.

Written information about SDS

There was a wide variety of written information available about SDS from support services, with most areas having a variation on a basic leaflet, in some cases supported by more detailed literature about aspects of the operation of the programme. Support services also had access to information about SDS (often still branded as "Direct Payments") from both the Scottish Government and specialist voluntary organisations.

Updates and newsletters

Some support services provided regular updates to their clients in the form of newsletters. In some cases, these were stand-alone, in others they were sent along with payroll information. One issue identified with this was that employers who did not use a payroll service provided by their local support organisation may miss out on such updates. This route may also be used, with the consent of the employer, to communicate directly with PAs, although, again, this means that only some PAs in some areas were provided with this information, and this method could not be considered in any way comprehensive or reliable.

Emotional support

Some employers, as well as some support services, believed that a key role for support services was to provide emotional support, including reassurance. A wide variety of examples of this in practice were provided by employers who participated in the research.

Initial support

Around two thirds of support services indicated that they carried out an initial discussion with clients, in some cases prior to the completion of an assessment. Some support services suggested that they were usually called by a social worker at the stage when a client was considering SDS, and asked to meet with them to explain more fully what would be involved. A number of employers indicated that this was helpful, and, conversely, in areas where this does not routinely happen, that it would have been helpful to have had access to this. One support service described it as helping people *"go into a Direct Payment with their eyes open"*. Some support services indicated that they may make "several" visits at this stage, if this is required.

A small number of support services suggested that, in some cases, they would also encourage employers to involve an advocate at an early stage, or where the employer was a member of a user-led organisation, to involve support workers from that organisation.

Support with recruitment

As set out in detail in Section 2 of the main report, all support services provided at least some assistance to employers with recruitment. Among the support provided was:

- General advice.
- Outline job descriptions.
- Advice on advertising.
- Outline advertisements.
- Placing of advertisements.
- Answering of queries.
- Receiving applications and sending out invitation to interview.
- Advice on how to shortlist.
- Advice on questions, and standard lists of questions.
- Template letters to successful and unsuccessful candidates (and sending these out).
- Taking up references.
- Letters of appointment.

The nature and extent of this support varied widely.

Support with administration and employment

As set out in Section 3 of the main report, all support services provided assistance with some aspects of administration and employment. Among the support identified was:

- Disseminating good practice.
- Disseminating updates on, for example, new rules, or new legal issues.
- Advice on completing timesheets and monitoring returns.
- Advice on basic employment law questions (although most indicated that they would refer these to SPAEN, ACAS or an insurance-based provider).
- Advice on insurance (although, as with employment law, in some cases, employers are generally referred on to SPAEN, or provided with contact details for an insurance provider).
- Advice on discipline matters (or onward referral to SPAEN or ACAS).
- In a small number of cases, acting as an intermediary or mediator between employers and PAs in the event of a dispute.

Again, the nature of the support varied.

Promoting SDS and working with other community care professionals

Some support services indicated that they provided advice or information to (largely) social work staff about SDS (although some also mentioned NHS staff). In some cases, this appeared to be reactive, but in a few cases, it included presentations made to groups of staff as part of a planned staff development programme within the relevant service.

In some areas, it was indicated that social work staff (both care managers and front line staff) were encouraged to approach support services directly with queries about SDS.

Onward referral to SPAEN

There were variations in whether or not information was provided to employers about SPAEN. Some support services and social work departments indicated that they encourage employers to be members of SPAEN, while others indicated that they were content to allow employers to fund their membership either from start up or contingency costs. In a small number of cases, it was indicated that a local authority would not permit membership of SPAEN to be paid from an SDS package.

Capacity

Clearly, given the level of workloads facing support services, it would be very difficult to be proactive with all employers and, therefore, with a small number of exceptions, support services tended to be reactive once a package was established and underway. In a small number of cases, however, support services operated a structured programme of visits. A number of services noted specifically that they did not have the capacity to review cases, nor carry out proactive follow-up work. Most support services provided support via the telephone or in person if required. Some also operated a drop in service at designated times.

Support services were mixed in their views about their ability to meet current demands. Around a third believed that they could not meet all current demands. One support service indicated that it had suspended providing a service to new clients as a result of a lack of capacity. Only two support services suggested that demand was "low" and only one suggested that it was falling. A number also noted that, if there was a significant increase in demand for support, this would create operational difficulties.

Even among those services which could meet demand overall, it was indicated that there were aspects of their services (for example, training) which they could not adequately provide. In some cases, it was suggested that the service had been tailored to meet the level of demand which could be satisfied, for example through providing a reactive, rather than proactive service to existing clients. Some also suggested that, while not operating a waiting list per se, it was not always possible to respond to requests for assistance immediately. One support service indicated that it was trying to develop a system which would allow low level requests for information to be managed by a duty social worker, or through re-direction to others (for example SPAEN), thus allowing more time for support service staff to deal with more complex cases.

In a small number of cases, support services indicated that they were supporting many more employers than specified in their SLA, and that this could be limiting, as staffing was set by the SLA, not by the actual number of service users.

A total of 6 support services indicated that a shortage of funding was a constraint, with a further service indicating a lack of staff (which implies a lack of funding). A number tied this to increasing expectations from local authority commissioning managers, as well as increasing demand from clients for support. Some support services in rural areas identified difficulties relating to the nature of their area.

A number of smaller support services indicated that, although there were not gaps per se in their support, they could not provide access to the range of services available through, for example, the CILs in Glasgow or Edinburgh. A number of support services indicated that

they were not always able to meet the specialist support needs of specific groups. This was supported by members of these group both in individual interviews and group discussions.

The main area in which services did not provide support was in relation to most aspects of employment law, other than basic information about rights and entitlements. Other areas mentioned included training, financial planning and assistance with aspects of paperwork.

As set out in the main report, a number of support services identified that a "gap" exists in support to PAs.

Legal concerns over who employs a PA

Although raised directly by only a small number of support services, as well some national stakeholders, an increasing concern was identified with the impact on support services of a perception that they need to be able to demonstrate that they are not the employer of individual PAs. This issue stemed from a concern that solicitors acting for a PA in the event of dispute would seek to demonstrate that the support service was the effective employer, and pursue a claim against the service instead of, or as well as, the individual employer. This issue was also raised in relation to the position of local authorities (which have, in some cases, already been the subject of cases of this kind).

It was suggested by a number of participants in the research that these fears were leading to, or could lead to limits being placed on the support given to individual employers. It was also suggested that this runs counter to the ethos of SDS, as set out in the National Guidance. A number of participants indicated that this issue should be resolved as a matter of urgency, to prevent a reduction in the quality and breadth of services available to individual employers.

Suggested developments

A small number of suggested developments were identified (by support services and others), in addition to those which have been identified previously, including:

- Developments to the payroll service in some areas to include making payments, as well as calculating these.
- Setting up a social enterprise to carry out small repairs, household tasks etc.
- Developing a register of PAs locally who could provide cover.
- Developing a DVD of training which could be used in a home setting.

A number of support services also indicated that they planned to develop leaflets, or provide existing material in other formats.

Overall views of support services

There was a virtual consensus among participants of all kinds about the need for services to support people receiving SDS. A high number of employers who participated through groups or individual interviews were very positive about the impact of support services.

Relationships between local authorities and support services

It appeared that most relationships between local authorities and support services were smooth, and appeared to present few difficulties. However, a small number of stakeholders had less positive views. While some indicated that the relationship between local authorities

and support services was open, and could involve challenging decisions, others were less sure about this. It was suggested, for example, that the relationship was inherently unequal, in that at any time the local authority could withdraw funding, or place the service out to tender. Further, it was suggested that this had had some impact on the issues support services believed they would be able to raise.

Two employers (both in areas with a user-led support service) raised a specific concern about whether the fact that the local authority paid for the service meant that it may not be able to be fully independent, and would not, therefore, always act in the interests of its clients.

National networks

There were two networks representing support services. One, promoted by ADSW covered local authority-run services, and also included all SDS lead officers in areas where there were user-led support services. The other, SDSS, covered independent user-led services.

Both networks served a broadly similar function; to promote good practice and facilitate the sharing of information. Members may communicate with each other directly, or through the network chair (ADSW) or development worker (SDSS). Each met separately, and there was no mechanism for periodic joint meetings, although it was suggested by a number of local and national stakeholders that this would be desirable. It was also recognised, however, that a simple combination of the networks would not be practical, as each has business functions, and, given the nature of the relationship between local authorities and support services in individual areas (i.e. contract, or SLA-based), there would be a need for each to retain its independence. That said, there were a number of positive views expressed about ways to have, for example, joint meetings, or a mechanism through which communications (for example, requests for information, or the sharing of good practice) could be directed to both networks simultaneously.

SDSS received funding from the Scottish Government in 2009 for two projects. The first was designed to develop capacity within independent support services. The second was designed to help promote SDS among other professional groups. Two staff were seconded from CILs to SDSS to work on these projects.

Other organisations involved in providing "support" or promoting SDS

While formal support was provided through the network of independent or local authority-run services (as described in this annex), it is clear from this research that many other organisations were involved in providing information, advice and advocacy to SDS recipients, at least to a limited extent. Some were also involved in the promotion of SDS. Among the types of organisations identified through the research as playing some part in either providing support or promoting SDS were:

- Specialist national organisations with a focus on specific interest groups, for example, those dealing with specific health-related conditions or specific age groups.
- National user-led organisations with a focus on disability, including mental health and learning disabilities.
- Local specialist organisations and local user led organisations, often, but not always, linked to a national organisation with a similar function.
- Local carers' organisations.
- Local advocacy organisations.

- Local area coordinators (where these are in place).
- Trade unions.

At a wider level, it was clear from evidence provided by support services, some employers and PAs, that CABx and ACAS were likely to provide some information and advice to some recipients and some PAs.

In most areas where an independent support service existed, local authority financial monitoring staff provided advice and information to employers. In some cases, local authority and support service staff undertook joint visits, and this was considered to work very well.

ANNEX 4: TRAINING AND EDUCATION

This section deals with two main areas from the perspective of both PAs and employers: further education and training which is certificated; and training (including awareness raising) which is not certificated, such as training delivered by SDS support services.

Further education and training relevant to PAs

As is clear from the surveys of employers and PAs, there were no de facto entry requirements identified for PAs in terms of qualifications. Very few examples were found of employers stipulating qualifications, and, as was set out in the main report, a majority of PAs did not have qualifications relevant to their work.

Certificated further education and training

There were no specific courses designed to prepare an individual to be a PA, although most colleges ran courses which were relevant to gaining employment as a PA. The most obviously relevant subject areas would be either Social Care or Health Care, or Health and Social Care (depending on the specific qualification). There were also a number of other qualifications which may be relevant to work as a PA, for example, an HNC in Early Education and Childcare or an SVQ in Children's Care, Learning and Development, and also some qualifications relating to nursing (although many nursing qualifications are now degree level).

Two main qualification routes were identified. For those currently working in the care sector, SVQs in Health and Social Care were available at Levels 2, 3 and 4, although not all levels were available at all colleges. There were also private and voluntary sector training providers accredited to offer SVQs. Most large employers (including local authorities and larger voluntary and private sector community care providers) were accredited to provide qualifications for their own staff (although some contracted this out, for example, to further education colleges).

For those not necessarily working in the care sector (although they may be), SQA qualifications (National Certificates, Higher National Certificates and Higher National Diplomas) were available. As with SVQs, these qualifications were generally available at colleges across Scotland.

In a small number of colleges, a hybrid qualification was offered, which combined, for example, an HNC in Social Care with an SVQ Level 3 in Health and Social Care. Other colleges offering HNCs structured these in such a way as to allow students to gain modules towards an SVQ at an equivalent level.

There were also a considerable number of courses at lower levels, many of which were designed to serve as either an introduction to the subject areas covered by higher level qualifications, or as a means of enabling those with no prior qualifications or experience to access college. Some courses were described as "Access to ...", "Introduction to ..." or "Foundation ...", and successful completion would provide the entry requirements for a higher level course. Some courses offered National Certificates (NC) or Group Awards.

At some colleges, there were also certificated stand alone courses (at various levels) and SVQ/SQA units in subjects relevant to work as a PA. Examples of these included: learning

disability; autistic spectrum disorder; and mental health. These courses could generally be accessed without requiring registration for a full SVQ/SQA qualification, and, therefore, may be attractive to PAs. There were also a range of other courses which, although directed towards specific roles, may be relevant to employment as a PA, including courses related to children and young people with additional support needs, and older people with dementia. The main issue with any of these courses was that they tended to be available in very small numbers of colleges.

Evidence suggested that people leaving college with qualifications in health and social care tend to get jobs in the sector relatively easily. It was suggested that there has been quite a high level of demand. This demand has been from local authorities and the NHS, as well as voluntary sector community care providers. It was also suggested that a significant minority may go to university to undertake degree courses. It was not clear what impact the current recession (as well as local authority tendering) would have on this. The survey, supported by evidence from a variety of participants in this research, suggested that few people leave college and move directly into work as PAs for individual employers using SDS.

Non-certificated

This section deals with both "general" training and specialist training for PAs.

General PA training

There were only two current examples of a non-certificated general course specifically designed for PAs. These were offered by support services, although one was, at the time of the research, suspended due to lack of funding (although some sessions were provided in 2009 for prospective PAs).

The courses included a wide range of both general and specific issues, including independent living, the social model of disability, and the role of a PA, as well as specific training in moving and assisting and the use of equipment.

In autumn 2009, Coatbridge College, in association with SPAEN, intended to run a 12 week programme for PAs. This was geared towards PAs are already in employment. The subject areas to be covered were broadly similar to those offered by support services. A payment was to be made to participants to attend.

Specialist PA training

There were a large number of potential sources of non-certificated training for PAs in specific subjects.

Most specialist organisations dealing with a sensory or physical impairment, or a health condition, offered some form of training. This may be at a general "awareness" level, or may be more specialised. There were also a wide range of organisations which provided disability equality training, either separately or within a wider equality context (including national and local disability organisations, and some private sector training providers).

There were a wide range of sources of First Aid training, including public bodies, specialist voluntary organisations (such as the Red Cross or St Andrews), colleges and private sector training providers.

As with first aid, there were many sources of food hygiene and health and safety training, including colleges and specialist training providers.

Courses in moving and assisting (or moving and handling) were provided by some colleges, but it is clear from the research that PAs in some areas may be eligible to participate in courses run internally by local authorities, or may purchase places at courses run by agencies for their own staff.

Training relevant to employers

It was clear from this research that there was very little training available for people using SDS to employ PAs.

There were four main programmes available: three run by support services, the other by SPAEN. The SPAEN programmes were generally run in Motherwell, but subject to funding and demand, could be run in individual local authority areas (although it was noted by some support services that it was virtually impossible for them to bring together a viable number of employers to allow a course to be run in their area).

SPAEN offered three programmes. The first programme was entitled "Working in Partnership". It covered six main areas: contracts; discipline; absenteeism; harassment and bullying; appraisals and people management. The modules were a mixture of ½ and full day, and took 3½ days to cover in full. The programme was open to individual employers, and also to people working in support services.

The second was the "Coaching and Development Programme". This was partly personal development, partly employer development, and was specifically geared towards disabled people with little or no experience of management and was designed to be run *before* an SDS or Direct Payment package was established. It encompassed 8 modules: the process of transition; how to begin to change; problem solving; conflict management; listening and communication; interviewing; preparing for recruitment; and people management.

The third was, in effect, a short taster, generally taking between a half and a full day. It could be delivered in local areas.

The programmes offered by support services covered similar areas: health and safety; staff induction; safe recruitment; "being a good boss"; equality and diversity; staff appraisal; admin and payroll.

A number of support services identified that, although they did not provide training per se, they were able to work on a one-to-one basis with both new and established employers to cover similar issues to that covered by training programmes.

Although not aimed at people using SDS to employ PAs, there were a wide range of short, non-certificated courses in management skills available through organisations such as the CVS network, the Business Gateway, ACAS and some colleges.

ANNEX 5: COMMUNITY CARE PROVIDER AGENCIES AND LOCAL AUTHORITIES

This annex deals with two issues: the operation of community care provider agencies, and the recruitment of staff by these agencies and local authorities.

The operation of community care provider agencies

In most areas, private and voluntary sector community care provider agencies were found to be contracted to provide support to individuals through SDS. In these cases, an individual contracted with the agency to supply the service, rather than employing a PA themselves. Generally, individuals could receive support from local support services to negotiate the contract, and to manage its implementation.

Some support services and local authorities recommended that people who employed a number of PAs and who might be at risk, or face discomfort, if one or more PAs were to be absent, purchased part of their package from an agency. In some circumstances, where a local authority or support service believed that an individual could not readily manage PAs using an SDS package, they may have recommended purchasing support from an agency. There were also examples provided of clients requiring specialist support being supported by agencies, particularly where this would require a number of staff with specific skills.

The main difficulty identified for agencies in seeking to undertake work for clients using SDS, and for those using SDS to purchase care, was that the rates paid by local authorities were generally set at levels appropriate for an employer to employ an individual PA. As one national stakeholder noted, these rates did not allow an agency to pay for the training, supervision and management needed as part of its requirement to meet the mandatory standards set by the SSSC. In these cases, people using SDS generally either purchased fewer hours at a higher hourly rate, or, in some cases, the local authority may sanction a higher level of payment. Examples of both approaches were identified during the research.

In practical terms, there appeared to be little difference between support provided by a PA or an agency. The tasks undertaken were similar, and most agencies stated that they were able to provide a service at a time to suit the client. Where the nature of the service differed is that agencies may not be able to provide the same staff each day (although evidence was provided that some were seeking to give clients choice over the staff used, and were providing some guarantees on availability). Some agencies acknowledged that this can be difficult, as providing support to individuals using SDS was only a very small part of their work (in many cases less than 5% of their overall volume of clients) and, in order to meet the demand of large local authority contracts, they had to operate flexible team-based working practices. One agency indicated that it would only use senior carers (with at least 2 years' experience and SVQ 2 or above) in cases where they were contracted by an individual.

At the time of the research, staff employed by community care providers providing support to SDS clients in their own homes did not have to be registered, but this was in the process of being implemented. This would mean that all agency staff would be required to meet a minimum qualification standard, and ensure that their skills and working practices were up to date. In practical terms, it was suggested that most community care providers were already preparing for this, and staff likely to provide support to people using SDS would have, or would be working towards a recognised SVQ as specified by SSSC. Staff would also have had induction training, first aid, food handling, health and safety and, where relevant, moving

and assisting training before being permitted to work with clients. In some cases, staff would also have completed disability rights training and training relating to independent living. Staff working with young people and vulnerable adults would similarly have had specific training in protection issues prior to being permitted to work with clients. Virtually all agencies also indicated that staff have regular refresher training.

Community care providers themselves are subject to registration and inspection, and, therefore, issues such as observation of practice by managers, formal staff supervision and appraisal are subject to inspection.

There was a strong view from some community care provider agencies with experience of working in settings which also involve PAs recruited by individuals that their staff were generally better qualified, better trained and benefited from having line management and supervision.

The recruitment of PAs

It was clear from evidence provided by local authorities and community care provider agencies that, in their view, PAs were being recruited from the same overall pool as staff for other social care jobs. However, some went further in noting that non-specialist staff were also likely to be in the pool from which shops and offices draw. In this sense, local authorities and community care provider agencies faced the same issues as those seeking to employ individual PAs.

None of the local authorities identified difficulties in recruiting staff to comparable social care posts. It was suggested that, at times of rising unemployment, public sector posts appeared to be more attractive to some, as these were seen as more secure (and may be better paid and with higher in-work benefits).

Most of the community care provider agencies reported no specific difficulties in recruiting staff (although some noted that staff with specific skills may be more difficult to obtain). A number identified the impact of the recession as perhaps contributing to this. Some expressed concern that local authority tendering processes, combined with registration requirements, may mean that it may be more difficult to recruit staff in the future, as lower revenues and higher costs may lead to lower overall hourly rates, and potentially to grading restructuring.

None of the participants in the research suggested that the employment of PAs by individuals using SDS had had an impact on the recruitment and retention of workers in other areas of social care.

ANNEX 6: LITERATURE REVIEW

This annex presents a literature review on workforce and employment issues surrounding Self-Directed Support. Most of this material in this review relates to Scotland, England or Wales. However, forms of Self-Directed Support are available in other countries. Material relating to experiences in other countries has also been included within this review, largely in the last section.

Much of the research carried out in relation to Self-Directed Support (and previously on Direct Payments) has focused on implementation, rather than employment issues. The main exception to this is a review commissioned by Skills for Care (Skills for Care, 2007), covering employment issues relevant to Direct Payments in England and Wales.

Some research has touched on employment issues as part of a wider consideration of implementation issues (for example, the Scottish Government funded review of SDS carried out by Homer and Gilder in 2008).

Most research, where it has touched on employment issues, has done so only from the perspective of people receiving Self-Directed Support (or Direct Payments), rather than personal assistants (PAs). To date, there has been relatively little research undertaken which has focused on PAs directly.

Some research, such as the CSCI review of the implementation of Direct Payments in England and Wales (CSCI, 2004) did include evidence from PAs, even though this was not a main focus of the work. A small scale survey of PAs in Scotland was undertaken by UNISON and SPAEN, as well as one in England by Leece (Leece, 2006) in support of a PhD thesis. However, the Skills for Care review remains the only large scale research to address employment issues from the perspective of PAs.

Background to SDS

"Self-Directed Support" is a relatively recent term, although the concept has been in place for some time. Until 2007, the system of support was generally described as "Direct Payments". The use of "Self-Directed Support" reflects a shift in emphasis towards the outcome for the recipient, and a "Direct Payment" is, in effect, the means by which funding is delivered to the individual to allow them to deliver their care plan. The term "Direct Payment" is still in common use, and many use this interchangeably with "Self-Directed Support".

SDS encompasses a number of aspects, including involving the individual in the assessment of their needs, empowering the individual to identify ways of meeting these needs, providing a funding package (through a Direct Payment from a local authority or another funding stream) and enabling the individual to manage this themselves. It also involves providing appropriate support where this is required.

The overwhelming majority of individuals receiving SDS in Scotland have either a physical impairment or a learning disability, although other groups are also eligible (Scottish Executive, 2007a). The pattern of take up of SDS will be discussed in more detail later in this annex.

In some form, Direct Payments have been available in local authority areas in England since as early as 1981 (Davey, 2007a), and in various forms in Scotland since the early 1990s

(Pearson and Riddell, 2006). Nationally, Direct Payments were introduced in the Community Care (Direct Payments) Act 1996, and were implemented progressively from April 1997. Although this report relates to Scotland, the Act implemented Direct Payments throughout the UK. There are some differences between Scotland and the rest of the UK in the way Direct Payments (and now SDS) has been implemented. Where UK examples are used, it should be assumed that these also relate to Scotland unless otherwise stated.

The experience of structured programmes incorporating Direct Payments or "consumer directed" type arrangements in the US and Canada is, however, much longer. For example, the California In-Home Supportive Services (IHSS) programme was established in 1973, although Direct Payments were offered to participants in a predecessor programme as early as 1953 (NRCPDS, 2009). Although the IHSS programme was the first to use Direct Payments in a structured fashion, some states offered small scale payments (both direct and indirect), usually to family members, as a means of preventing the admission of both disabled people and older people to residential care during the 1950s and 1960s (O'Keefe, 2009). At least one current programme in Canada dates from the early 1980s (Wiener et al, 2007).

A number of authors root the development of Self-Directed Support (however described) with the independent living movement or with human rights more generally (e.g. Individualized Funding Coalition for Toronto, 1999). As Kordner (2003) notes:

> *"These consumer movements have not only been successful in demanding the de-medicalisation and de-institutionalisation of services, but also in the development of options fostering greater self-determination, more freedom of choice and less professional and state involvement in the daily lives of people with disabilities."(p4)*

Riddell et al (2005) locate Direct Payments (and, by extension, SDS) within an overall framework of achieving social justice for disabled people. As they note:

> *"The legislation to enable local authorities to make Direct Payments to disabled people was the result of a long struggle by disabled people. As argued in this paper, Direct Payments have the potential to make a major contribution to social justice for disabled people by enabling the principles of independent living to be put into practice, in a way which may result in a reduction in poverty and should mean an increase in respect."(p84)*

This is picked up in the Scottish Government guidance (Scottish Government, 2007a) which states:

> *"It [SDS] puts the principles of independent living into practice and enables people to be active citizens in their communities. Like the social model of disability, it is about reducing or removing the physical, organisational or attitudinal barriers that people may experience in the world around them. It is about flexibility, choice and control and having a decent quality of life. It is ultimately about promoting confidence and wellbeing for those with an assessed need." (p2)*

A wide range of benefits to end users have also been identified for Direct Payments and now for Self-Directed Support. Department of Health guidance for England and Wales

summarises it thus (a fuller exposition of the benefits and drawbacks of Direct Payments / SDS will be set out later in this annex):

> *"Direct Payments are able to bring about improvements in the quality of life of people who would like to manage their own support. They promote independence, and they aid social inclusion by offering opportunities for rehabilitation, for education, leisure and employment for people in need of community care." (p3)*

Griffiths (2005), in a review of Borders Direct Payments Agency (DPA), identified the circumstances which had led people to take up (the then) Direct Payments :

- As an alternative way of organising and paying for services for people who already used public care services.
- As additional financial support to pay for (or increase) services already purchased privately.
- As a means of acquiring help which had not hitherto appeared possible, or in some cases had not been needed.
- As a means of having short periods of care to allow family carers a break, where previously this had not been possible.
- As a means to short break packages better suited to family needs than was possible previously.

The implementation of Direct Payments / SDS in Scotland

The current system of SDS grew out of a wish on the part of the Scottish Government to enable disabled people and others to live independently. Independent living is described as follows:

> *"Independent living means you can have the same freedom, choice, dignity and control as other people at home, at work and in the community. It means a right to the practical help you need to take part in your community and to live an ordinary life. Independent living does not mean living by yourself or looking after yourself." (RHA, 2009a; p3)*

Direct Payments in Scotland were originally available to people aged under 65 with sensory or physical impairments, learning disabilities and mental health problems, but have been extended to include older people, 16 and 17 year olds, and parents of disabled children (Scottish Government, 2007a). In other countries within the UK, different groups (e.g. carers) are also eligible and there are now a range of variations in implementation across the four countries (Pearson and Riddell, 2006).

Although the 1996 Act gave local authorities the *power* to introduce Direct Payments, there was no compulsion on them to do so, leading to patchy growth and uneven implementation. By 2000, only 143 people were recipients of Direct Payments in Scotland (Witcher et al, 2000). The Community Care and Health (Scotland) Act 2002 put in place a duty on local authorities to implement Direct Payments (Pearson and Riddell, 2006), although since then, while the overall rate of growth in numbers of people receiving support has been steady, uptake within individual local authorities has remained uneven (Scottish Government, 2007a).

The current National Guidance on SDS was issued in July 2007 (Scottish Government, 2007a), following an extended period of development and consultation. It put in place a wide variety of changes with the underlying objective of *empowering* people to manage their own care. This has recently been supplemented by guidance issued by CIPFA (CIPFA, 2009). Although this is largely for local authority finance staff, much of it also relates to care managers, and it is clearly intended to be used widely among staff with any role (including support services) relating to SDS.

It is important to bear in mind that no-one can be compelled to direct their own support package. The support needs of the overwhelming majority of both older and disabled people are still met by public bodies (or by charities or private sector community care providers, often operating under contract to public bodies). As will be set out in more detail later, the successful implementation of SDS requires a high level of commitment on the part of the individual, as well as a range of both core and specialist skills. It is clear that many individuals may not wish to assume these responsibilities.

It is worth noting that evidence has been identified of examples of less than total support for Direct Payments or SDS as a means of delivering support to older and disabled people among social work staff (see e.g. Homer and Gilder, 2008). It is interesting to note that there has also been scepticism, and some opposition, to consumer-directed programmes in those areas in the United States and Canada where these operate (see e.g. Wiener, 2007).

The benefits of SDS

Self-Directed Support clients in both Scotland and England and Wales have reported significant benefits to them in moving from a managed care approach. The following list is drawn from a number of sources, including an evaluation of the Borders DPA (Griffiths, 2005), the Scottish Government review of SDS (Homer and Gilder, 2008) and surveys carried out of the implementation of Direct Payments (CSCI, 2004; Davey et al, 2007a and 2007b). Benefits are seen to include:

- Independence.
- Being in control.
- Access to higher quality PAs with specific skills.
- Access to more "joined up" care.
- The nature of personal care/support: choice, responsiveness to individual need, regularity and consistency, reliably high quality.
- Flexibility.
- Ability to resolve funding issues more quickly.
- Ability to get out and about and "have a life", as well as being able to receive support out of a home environment.
- The introduction of variety into a beneficiary's life.
- Flexibility and a wider range of services for families with disabled children.
- Mutual benefits in other caring relationships.
- Financial support.
- Reduced feelings of vulnerability.

It is worth bearing in mind that these are *general* benefits, and may not be experienced by all recipients of SDS. Homer and Gilder (2008) for example, set out a range of ways in which SDS clients in Scotland have faced challenges, and may not always have attained all, or in

some cases, many of these benefits. Some respondents to the Sense survey (Sense, 2008) believed that they had not achieved benefits from (in this case) Direct Payments. The issues faced by SDS recipients will be set out in more detail later.

The evaluation of the first wave of in-Control pilot sites in England identified that number of people who reported that they now were able to exercise some level of self-determination doubled (Poll et al, 2006). Griffiths (2005) also noted that Direct Payments clients reported increases in their feelings of freedom, control, and independence.

A number of evaluations have indicated that Direct Payments / SDS clients report increases in their perceived financial security (e.g. Griffiths, 2005). The issue of financial security is complex, as it is clear from much research that many disabled people experience financial hardship as a result of low incomes and high costs (e.g. NCIL, 2008; Parckar, 2008). The issue is perhaps more one that SDS clients perceive that there is more security in the funding of their care package, rather than any wider financial security covering all aspects of their lives.

Homer and Gilder (2008) reported benefits to families, particularly where an SDS package had allowed a relative to be cared for at home, rather than in an institutional setting. Two thirds of those with experience of both SDS and other forms of social care believed that the former was better, with the remainder considering that there were no, or not many differences. Among the more specific benefits identified by Griffiths (2005) were:

- A more direct relationship between PA and employer.
- A greater feeling of involvement.
- Quicker resolution of problems.
- Timely payments, and payments for overtime.

It is worth noting that a number of research studies in the United States and Canada have also shown both benefits for consumers and high levels of satisfaction with Direct Payment type delivery models (e.g. Wiener, 2007; Rappaport, 1999). Griffiths (2005) also identified a range of benefits to PAs, including expressed satisfaction about the impact of SDS on their employers.

The operation of SDS

Direct Payments were introduced by the Community Care (Direct Payments) Act 1996, initially for a limited range of disabled people. The 1996 Act amended the underpinning Social Work (Scotland) Act 1968 (which provides the legal basis for most services provided by social work services in Scotland) to place a duty on local authorities to make Direct Payments available to designated eligible groups. Further legislation has strengthened this to mean that local authorities now have an obligation to offer SDS to any eligible individual. This does not mean that, in practice, anyone who wishes to direct their own support would automatically be able to do so (although this is outwith the scope of the current research).

In essence, Direct Payments were originally available to those assessed under section 12A of the Social Work (Scotland) Act 1968 as requiring community care services other than long term residential accommodation. The range of eligible groups has, however, been

progressively extended since then[6]. The current National Guidance (Scottish Government, 2007a) sets out the groups who are eligible for SDS. These are:

- Disabled adults assessed as requiring community care services, including housing support services.
- Disabled 16 and 17 year olds assessed as requiring community care services, including housing support services.
- Disabled people with parental responsibility to purchase the children's services their children have been assessed as needing.
- Parents and people with parental responsibility for a child in need (under the age of 16) who has been assessed as requiring children's services.
- Parents and people with parental responsibility for children whose health or development may be impaired or below a reasonable standard without services from the local authority.
- Older people aged 65 years and over who are assessed as needing community care services due to infirmity or age.

Attorneys and guardians can also receive SDS on behalf of individuals who cannot themselves give consent. In some cases, people over 65 can arrange for the free personal care element of their support package to be received as SDS. However, this is, at present, relatively rare (Scottish Government, 2008a). A small number of otherwise eligible individuals are excluded from receipt of SDS by virtue of their falling within the scope of some mental health or criminal justice legislation (Scottish Government, 2007a).

Homer and Gilder (2008), reporting on the implementation of SDS in three local authority areas, noted that, as a result of a variety of national and local pressures, eligibility for community care services, and through this, SDS, has been effectively restricted to the most serious cases. This suggests a significant unmet demand for SDS. This is currently being addressed by the Scottish Government through three pilot projects designed to increase the level of take up of SDS throughout Scotland.

The process

As noted above, SDS is not a right, and requires that an individual's needs be assessed. This assessment is carried out on a shared basis, regardless of the number of services which may be involved. In practice, however, most single shared assessments are carried out by social work departments. The assessment process is standardised, regardless of the means of delivery. Thus, an assessment leading to the development of an SDS package is, to all intents and purposes, the same as might lead to support from, for example, a local authority homecare service.

Since 2005, the assessment must include a discussion of SDS as a means of delivering assessed support needs (although it is clear from a number of reviews in both Scotland and England and Wales that this does not necessarily happen in practice). The assessment should also consider the ability of the individual to manage the support package.

[6] A list of relevant legislation and orders is set out in the National Guidance (Scottish Government, 2007a), and will not be reproduced here.

In recognition both of the importance of the single shared assessment process, and difficulties it may present to an individual, locally-based support services can provide information and advice, and can facilitate an initial *self-assessment* process. The Scottish Government National Guidance (Scottish Government, 2007a), as well as the CIPFA Guidance (CIPFA, 2009), is also clear that assistance should be made available to support individuals through the process where this is necessary. The operation of support services is discussed in more detail later in this annex, and in Annex 3.

Once the assessment has been completed, it is the responsibility of the relevant care manager to identify and negotiate a personal budget to pay for the assessed care needs (as set out in a personal care plan). This is generally calculated on the basis of the number of hours care required, multiplied by a nominal rate per hour with the addition of any one-off or contingency payments (as set out in the national guidance Scottish Government, 2007a). The recent CIPFA guidance, however, suggests that care managers should focus not only on hours, but also on outcomes when assessing the size of a package.

Homer and Gilder (2008) found variations in the rate per hour both between and within local authority areas, as well as different means of calculation. It was suggested that more complex packages generally attracted a higher rate per hour. As will be set out later, a number of pieces of research (largely in England), have suggested that the allocated rate per hour may be one of the most significant difficulties in recruiting effective and well-qualified PAs.

There is no automatic annual uprating of the level of an SDS package, or of most of the benefits which may go to make up the package (Homer and Gilder, 2008). This may present a number of difficulties for recipients, as costs are unlikely to be constrained in the same way.

The Direct Payment provided by the local authority is subject to monitoring and review on the basis of an assessment of risk. The pattern of monitoring is, to a large extent, subject to local discretion, but CIPFA recently sought to provide guidance (which is not mandatory) on both how to assess the level of risk involved to the local authority, and how to put in place a monitoring regime which minimises this. The guidance also provides a number of suggestions to local authorities about what should be expected of employers by way of administrative returns. The guidance has been widely regarded as seeking to develop a "light touch" approach to monitoring, but, in the context of this research, it is too early to identify any specific impacts.

The support which can be purchased through SDS

The Scottish Government National Guidance sets out examples of the ways in which individuals can purchase services using SDS. These are by:

- Contracting directly with a service provider e.g. an agency, private provider or voluntary organisation.
- Employing PAs to provide the services.
- Purchasing services from any local authority.
- Other forms of support, for example, those used on a recovery journey after a period of mental ill health, or
- A combination of some or all of the above.

(Scottish Government, 2008a p 12)

At total of 1328 SDS packages were delivered in Scotland by means of a PA contract in 2007-08. A further 208 were delivered by some form of mixed arrangement, with 678 involving a service provider (which could be a private agency, in-Control or a local authority). This suggests that 1536 SDS packages included provision for the employment of a PA (Scottish Government, 2007a).

Scottish Government guidance (Scottish Government, 2007a) sets out the range of items a care manager should take into account in developing an individual budget to meet the needs identified in a personal care plan. These are (p14):

- Start up costs such as advertising and recruitment expenses.
- Pay rates and maximum working hours legislation for staff.
- Employers' National Insurance.
- The minimum statutory holiday and bank holiday pay.
- Statutory sick pay and cover.
- Statutory maternity, paternity, adoption or dependents' pay and cover.
- Employer's liability insurance.
- Training costs.
- Emergency cover for staff absence.
- Any required protective clothing for PAs.
- Any payroll and book-keeping fees.

Additionally, the guidance suggests that provision for an employer's contribution to a pension scheme, and employers' indemnity insurance should be included *wherever possible*.

It is clear, however, from a variety of studies (e.g. Homer et al, 2008; Skills for Care, 2008; Sense, 2008) that SDS clients are not always aware of what payments can be used for. Each of these reports also suggests (in various ways) that some clients are more likely to be cautious, and not use their payments for an activity about which they have any doubt, while others take a less cautious approach (for example in relation to the use of contingencies).

There is some evidence that users of SDS can be required to use their funding for inappropriate costs, for example, in relation to purchasing translation and interpretation which should be the responsibility of the service provider, not the individual client (e.g. Sense, 2008). A small number of examples were provided of clients having misused their funding, but there was a widespread recognition that this is rare.

Homer and Gilder (2008) suggest that the guidance is not always comprehensive or clear, and identified that there are a significant number of aspects within the guidance where local interpretation is required (for example, in terms of what may constitute "exceptional circumstances" or whether, and how, any contingency within a package should be clawed back in the event of an under-spend). They suggest that this lack of clarity may impact adversely on the actions of clients who are less confident. Conversely, some clients also reported for example, regarding their contingency fund as something they *had* to spend or they would lose it.

Both the Scottish Government (Homer and Gilder, 2008) and Skills for Care (2007) reviews identified examples where SDS or Direct Payment recipients were unclear about the eligibility of specific items and had, in effect, subsidised these from their own funds (separately to any assessed contribution they were required to make). Homer and Gilder

identified day to day consumables (coffee, milk, toilet rolls) as being obvious examples of this, particularly where a large team of PAs was employed. Similarly, issues were identified with, for example, the cost of meals (where a PA was employed to support a recipient in social activities) and sundry items (where a PA was employed to accompany a recipient on holiday, even where their fares and accommodation were being paid). The Sense report (Sense, 2008) gave examples of people paying support workers' travelling and accommodation expenses from their own resources, whereas these should be met as part of their overall package of support.

The recent CIPFA guidance, while not seeking to provide specific direction on the eligibility of items (as this is non-statutory guidance issued by a professional body ostensibly for its members), nonetheless acknowledges this and suggests that local authorities should try to ensure either that people are provided with clear local direction, or that there is a quick and definitive means of addressing any queries.

CIPFA also suggests that local authorities take a light touch approach to dealing with cases where SDS recipients may have incurred spending on items not allowed by that local authority. The guidance notes that the main priority for the council should be the continuation of service, and that it is not appropriate for the same approach to be taken with an SDS recipient as with, for example, a contract holder in another area of business.

In some cases, it is clear that SDS clients may not be aware of the range of support potentially available to them. This was highlighted in the review of Borders DPA as one of the key roles of a support provider (Griffiths, 2005). However, Sense (Sense, 2008) found that many deafblind people (in England and Wales) were unaware, or were never told, about, for example, the availability of one-off payments.

Although now being addressed, it is worth mentioning that the previous restriction on paying for family members through SDS was a source of criticism (e.g. Griffiths 2005, Vick et al, 2006). Conversely, however, Vick et al (2006) also identified concerns among some care managers that family members may be employed even where they were not particularly appropriate or skilled to carry out the tasks expected of them.

Local authorities can also make one-off, as well as, or instead of, on-going payments. These payments can be made for, for example, start up costs associated with setting up a care package, recruitment costs and fees of various kinds (including, in some cases, driving lessons). Davey et al (2007a) in a survey of 125 local authorities across the UK (8 of which were Scottish) found that "few" had used one-off payments to fund training either for recipients of Direct Payments or carers (PAs).

It was suggested by a care manager quoted by Griffiths (2005) that some PAs may be reluctant to feed back issues of concern to care managers out of a feeling of loyalty (although the report was not specific about what these areas of concern could involve).

The extent and pattern of SDS in Scotland

Although SDS (as Direct Payments) has been available in Scotland since 1997, early implementation was relatively slow. However, since 2003, the growth has been more or less constant.

The number of people in receipt of SDS in the year to 31st March 2008 was 2605, an increase of 14% on 2006-07 (Scottish Government, 2008a). 52% of recipients were female. 74% were aged under 65.

Although SDS is a national programme, there were very wide variations in the rates of receipt between different local authority areas. Using data for 2007-08, the rate of receipt per 10,000 population ranged from 15.1 in Orkney, to 1.3 in North Lanarkshire. The average across all 32 local authorities was 5.1 per 10,000. Fife had the highest absolute number of SDS clients (332), while Eilean Siar had the lowest (11).

There were significant differences between different categories of SDS recipients. The table below (adapted from the Scottish Government statistical bulletin) illustrates this.

Table A6/1. Number of SDS clients by category[7]

Category of client	Number
People with Physical Disabilities	1304
People with Learning Disabilities	704
People with Mental Health Problems	73
Other	385
Unknown client group	139
Total	2605

Source: Scottish Government, 2008a

Table A6/1 suggests that 50% of those receiving SDS did so as a result of having some form of physical or sensory impairment. The actual number of clients with some form of physical or sensory impairment is likely to be higher, as the current statistical bulletin only records the *primary* reason given for the assessment.

The average value of an SDS payment in 2007-08 was around £11,000. Again, there were wide variations in the average level of payment across different categories of recipient. Broadly, people with a physical or sensory impairment were likely to receive significantly more than any other category of user.

Table A6/2. Average value of SDS by category

Category of client	£K
People with Physical Disabilities	13.0
People with Learning Disabilities	8.7
People with Mental Health Problems	8.7
Other	9.8
Unknown client group	6.9
Average	10.9

Source: Scottish Government, 2008a

Although these represent average payments, the range of payments was wide, with some payments now totalling more than £20,000 per annum. The scale of some payments gives an

[7] The statistics in this table are gathered from local authorities. Around 5% of returns were unable to list a category of client, including more than 100 returns from the Scottish Borders.

indication of the complexity of care required by some recipients. It also illustrates a commonly stated view that managing an SDS package is similar to managing a small business (e.g. RHA, 2007b).

The average level of SDS payments across local authorities was clearly influenced by the balance of types of recipient. However, there were very wide variations in the average level between local authorities. As Table A6/3 (below) shows, there were also variations in the average number of hours allowed within SDS packages. The average across all clients was 22 hours.

Table A6/3. Number of hours of SDS by category

Category of client	Number
People with Physical Disabilities	25
People with Learning Disabilities	17
People with Mental Health Problems	16
Other	24
Unknown client group	13
Average	22

Source: Scottish Government, 2008a

Table A6/4 (below) sets out the pattern of support provided through SDS.

Table A6/4. Nature of support by type of support

Support provided	Number	%age
Personal care	1614	59
Health care	141	5
Domestic tasks	764	28
Housing support	188	7
Social / educational / recreational activities	879	32
Equipment and temporary adaptations	164	6
Respite	434	16
Other	72	3

Source: Scottish Government, 2008a

The PA workforce

There is virtually no published information on the nature of the PA workforce in Scotland, even on the overall number of PAs employed. The Skills for Care review in England and Wales estimated that there were around 76,000 individual PAs working in around 125,000 posts there.

Most PA posts were part time, with 38% of PAs working less than 8 hours per week, and 65% less than 16 hours. Only a small minority (7%) worked 40 hours or more. Overall, the average number of hours worked was 14 (Skills for Care, 2007). Previous research (Glendinning et al, 2000) had found examples of PAs working unpaid hours, and this was supported by research undertaken by UNISON and SPAEN in Scotland (UNISON / SPAEN, 2007). Among respondents to the Skills for Care survey of PAs, 87% were female.

The Skills for Care review also found that around a third of PAs had never had a paid job before taking up their current employment. Among those who had worked before, around two thirds had had direct experience in health or social care, and overall, 42% had a relevant qualification. Given the nature of PA employment, it was not surprising that around 40% also had non PA jobs (with about 17% having additional jobs outwith the health and social care sector).

Operation of support providers

Note: An examination of the views of support service providers in Scotland was carried out as part of the current research (see Annex 3). The information below repeats some material used Annex 3 (in order to provide a fuller picture of support services and to make the current section easier to read separately) but also provides additional information from the literature about their operation.

There are nominated support providers in all 32 Scottish local authority areas (although in one area, the arrangements reflect the transition to a user-led service likely to be in place later in 2009). Some operate across more than one local authority area. There are four basic types of organisation involved in providing support: local authorities; mainstream voluntary organisations (e.g. CVSs); specialist voluntary organisations whose remit is wider that SDS (e.g. Centres for Integrated Living) and specialist voluntary organisations whose remit is restricted to the provision of support to employers using SDS. The Scottish Government has expressed an intention that all support providers should be user-led (Scottish Government, 2007a). Support providers work with all categories of SDS client.

The pattern of local support provision in Scotland is different to that of the UK as a whole, where around a quarter of all support is provided by national, rather than local organisations (Davey et al, 2007b). Similarly, in Scotland, support providers work with all categories of SDS client, whereas in England, in a third of cases, support is provided only to single types of client (Davey et al, 2007b).

In Scotland, as with the UK as a whole, some support providers exist to provide *only* SDS services, while others (such and Glasgow and Lothian CILs) provide a range of services (Davey et al, 2007b; RHA, 2009b). As will be set out in more detail later, support in Scotland is generally more comprehensive than that available in, for example, Canada or the United States.

Prior to 2005, support providers were locally funded, but from that time, the then Scottish Executive provided partial central funding through local authorities (Davey et al, 2007a; Davey et al 2007b). Voluntary sector support services are currently funded by local authorities, using a variety of arrangements. In most cases, a Service Level Agreement (or similar) exists, setting out the range of services support services are contracted to proved.

Support is, at present, free to end users, although services can levy charges in some circumstances (for example, in relation to payroll services or training). These charges would generally be for services which would be included within an overall SDS assessment (and hence the user would already have been provided with funding to pay for the service) (Scottish Government, 2007a). Davey et al (2007b) found that a majority of Scottish support provider respondents to a national survey levied at least some charges. It is clear from that survey, however, that charges represent only a relatively small income stream for support providers.

Direct Payments Scotland was charged with developing support providers over the period of its operation (to 2005) (Riddell et al, 2006b). In England and Wales, resources were channelled through a Direct Payments Development Fund (Hasler, 2006).

There are two main networks covering support services. Local authority run services meet regularly, together with relevant lead officers, in a network facilitated by the Association of Directors of Social Work (ADSW). Voluntary sector support providers (whether or not user-led) are members of Self-Directed Support Scotland (SDSS). This network currently has employs a development officer and two seconded training officers. There is currently no mechanism for joint meetings of the two networks.

Basic roles of support providers

The basic roles of support providers are set out in the Scottish Government's national guidance, although it is clear that some provide additional services, such as payroll. Although covering only 8 services in Scotland, Davey et al (2007b) found significant differences in the services provided by support providers. The findings are set out below:

Table A6/5. Activities undertaken by support providers

Activity	**%age**
General advice and support	86
Support with applying for Direct Payments	86
Training in undertaking self assessments	14
Support with undertaking self assessments	57
Advocacy for statutory assessments	57
Assistance with inDirect Payments schemes	43
Financial advice (general)	57
Direct Payments awareness raising	100
Campaigning	0
Peer support	100

Edited from Davey et al (2007b) p48

Although not set out here, it is also worth noting that 29% of respondents provided support with payment schemes *other* than (at that time) Direct Payments, albeit on an unfunded basis. The finding on campaigning is perhaps slightly surprising and the responses may reflect what support providers are *permitted* to do within the terms of their contracts with local authorities.

Davey et al (2007b) also identified the nature of accounting and payroll services provided by support providers. Again, there is evidence of significant variation between support providers.

Table A6/6. Accounting activities undertaken by support providers

Activity	**%age**
Help setting up a bank account	57
Issue cheques	29
Assistance with tax	71
Assistance with National Insurance	71
Tax / NI accountancy service	57
Assistance with payroll	57

Payroll service	57
Training in budgeting	14
Completing monitoring forms	86
Help to organise employer's liability insurance	100

Edited from Davey et al (2007b) p50

It is worth noting that, although 14% of Scottish support providers reported providing training in budgeting, the comparable figure for England was 72%.

The survey also provided evidence on the services offered by support providers in relation to recruitment. Again, there was evidence of some variation, but to a much lesser extent than with accountancy services. The table below sets out the relevant data:

Table A6/7. Employment activities undertaken by support providers

Activity	**%age**
Lists of personal assistants	57
Lists of local agencies	86
Bank of emergency staff	14
Assistance with interviews	100
Assistance with training	86
PA training	100
Employment law advice	100
Recruitment support	100
PA management advice	100
Assistance compiling job descriptions	88
Assistance compiling contracts	88
Any other backup service	25

Edited from Davey et al (2007b) p53

The Scotland-specific percentages set out in the table above are very similar to those found for both England and Wales (Davey et al, 2007b).

Homer and Gilder (2008) noted that SDS clients reported that the assistance of support providers had given them "confidence", particularly in the early stages when packages were being assessed and negotiated. Griffiths (2005) noted that the employer support assistance (e.g. the development of contracts, job descriptions etc) was seen as particularly valuable by clients. Views of support services identified in evaluations and reviews have been generally positive (and often very positive indeed). Homer and Gilder (2008) however, identified that, while most SDS recipients had positive views of the support they received, this was not "universal".

It is impossible to assess how many SDS clients *require* support in relation to the assessment, negotiation or management of their care packages. Some reviews of specific services or specific groups have provided estimates, but it is difficult to get a clear overall picture. For example, Sense (Sense, 2008) estimated that 60% of deafblind people needed help to manage their care package. Homer and Gilder (2008) reported that most of the SDS clients they interviewed had had to proactively seek out advice to allow them to apply for, be assessed for and manage a care package.

Both Griffiths (2005) and Browning (2007) note the importance of staff involved in providing support (whether through advice or brokerage) being properly trained, and knowledgeable about both SDS (or Direct Payments at the time both reports were written) and options available locally. Browning also raised the question of registration for support providers, although the way these are structured in Scotland (generally one per local authority, and virtually wholly reliant on public funding) may make this less relevant.

It is clear from a number of evaluations and reviews that the quality of support services available to SDS or Direct Payment clients has a significant impact on the effectiveness of the overall package of care (e.g. Homer et al, 2008, CSCI, 2004, Sense, 2008, Vick et al, 2006). Griffiths (2005) also identified that support providers are viewed as beneficial by care managers, and a source of assistance to them, as well as to SDS clients. In a survey of UK local authorities, Davey et al (2007a) identified that effective support schemes was the factor most often cited as "critical" in the roll out of Direct Payments.

Browning (2007) identified examples of community brokerage services, which appear to go slightly further than the Scottish model in helping to develop new services to meet local needs. Browning also notes the development of group purchasing schemes, bringing economies of scale for Direct Payment clients. A similar approach has been adopted by SPAEN in relation to the purchase of insurance and legal advice in Scotland (RHA, 2009b). Vick et al (2006) identified an example in England of a peer support project set up specifically to assist people with learning disabilities.

While the overall view of support services appears positive, there is some evidence (largely from England, where more research has been undertaken) that there may be gaps in relation to specific groups, such as people with specific impairments, people experiencing mental health problems, people with learning disabilities (Bewley and McCulloch, 2004), older people and people from minority ethnic communities, particularly where their first language is not English (Vick et al, 2006). The Sense review of the use of Direct Payments by deafblind people (Sense, 2008) found a range of gaps in relation to the accessibility and appropriateness of information for this group. This was also linked to a lack of awareness among some service users and their families about how the scheme operated, and what they may be entitled to.

There is also some evidence (again, from England) that there are variations in the perceived effectiveness of support providers (CSCI, 2004). There is no comparable research focusing on Scotland.

Issues faced by employers and PAs

It is clear from a number of reviews that managing an SDS package is not an easy option (e.g. Homer and Gilder, 2008; Skills for Care, 2007; Sense, 2008). As Homer and Gilder note:

> *"what clients sometimes find difficult to convey is the sheer effort and perseverance that is required to be able to end up with the support they need to live independently in the community." (p23)*

This is supported by, for example, recent reviews of independent living in Scotland, which have also identified the complexity of the issues, and the difficulties faced by (in this case) disabled people (RHA 2007a; 2009a). Some of the issues arising are discussed below.

Employing staff

As set out earlier, a significant majority of SDS arrangements in Scotland involve the employment of PAs (Scottish Government, 2008a). Both Skills for Care (2007) and Scottish Government reviews (Homer and Gilder, 2008) found that people who had had no previous experience of either managing a contract or staff faced difficulties when setting up their SDS care package. This was also echoed in other research (e.g., Davey et al, 2007a and CSCI, 2004).

Overall, both the Scottish and England and Wales reviews (Homer and Gilder, 2008; Skills for Care, 2007) found a high level of satisfaction with the service received from PAs. That said, both pieces of research (as well as a number of others), identified issues which face employers and PAs. The Skills for Care review suggested that around 40% of recipients had concerns about some aspect of Direct Payments, with 27% reporting that they found the responsibility of being an employer daunting and 31% reporting that they found it difficult to manage the administrative tasks. These concerns and issues encompass virtually every aspect of the recruitment and employment process[8]. In relation to the extent and nature of the difficulties employers face, Homer and Gilder (2008) note:

> *"For the majority of SDS clients the most immediate and worrying aspect of taking up an SDS package was the prospect of becoming an employer." (p45)*

The issues faced in employing staff can be categorised as follows:

- General issues for employers.
- Engaging staff.
- Making employment provisions.
- Managing staff.
- Discipline and dismissal.

General issues for employers

There are some general employment issues which employers of PAs need to be aware of. At all parts of the employment cycle, all employers need to be aware that it is unlawful to treat someone less favourably on any of the following grounds: sex; racial grounds; disability; religion or belief; sexual orientation; age; gender reassignment. It is also unlawful to treat someone less favourably because they a member of a Trade Union or because they are not a member of a Trade Union or because they are on a part-time or fixed-term contract.[9]

There are exemptions from some equality legislation which may apply to someone employing a PA, where, for example, the sex of the person can be a genuine occupational requirement. This would involve situations where the job involves providing personal services to individuals promoting their welfare or education, or similar personal services, which can

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[8] Although there have been a number of reviews of Direct Payments and Self-Directed Support, only the Skills for Care review (Skills for Care, 2007) focused *specifically* on employment issues. However, the evidence in these sections is drawn from both that review and wider reviews which touched on staffing and employment issues. There is a relative lack of detailed information about the issues facing PAs, and about their views of employment matters. Again, only the Skills for Care review addressed this in any detail. However, where issues facing PAs, or reported views on issues are available, these have been included.

[9] Business Gateway (2009), Employing people, Prevent discrimination and value diversity via internet

most effectively be provided by someone of that sex, or the job is likely to involve the holder of the job doing the work, or living, in a private home and needs to be held by a man or a woman because of: the degree of physical or social contact with a person living in the home, or the knowledge of intimate details of such a person's life.[10]

How such general issues for employers are interpreted, or carried through in practice has been a cause of some concern (see, e.g. Unison and SPAEN, 2007 and 2009; and Skills for Care, 2007). The Unison / SPAEN review (Unison and SPAEN, 2007, Unison and SPAEN, 2009) found a lack of awareness of equality issues among employers. Their survey also identified that few PAs had access to an equal opportunities policy within their workplace.[11]

Engaging staff

As noted earlier, there is perceived to be a general shortage of PAs in England and Wales (see, e.g. Skills for Care, 2007, CSCI, 2004 etc). The situation in Scotland is less clear. In a UK survey (Davey et al, 2007a) , 63% of respondents suggested that a lack of PAs had been a negative factor in the roll-out of Direct Payments. However, it was clear from their findings that there were large differences between local authorities. Homer and Gilder (2008) similarly found variations in the ability of SDS recipients in different areas to recruit staff.

In some cases, recruitment difficulties appeared to relate to the specialist nature of the support required. For example, Sense (Sense, 2008) found that 70% of deafblind users of Direct Payments (in England and Wales) found it difficult to secure specialist experienced or qualified staff. Davey et al (2007a), in a survey of local authorities throughout the UK, identified a lack of PAs as one of three main factors which had hindered the roll out of Direct Payments[12]. A parallel survey of support providers (Davey et al 2007b) identified a similar concern.

It is clear from both reviews that a high proportion of people using Direct Payments or SDS to employ staff had found difficulties. Overall, Skills for Care found that most PA jobs attracted less than 5 applicants (although the review notes that some agencies may pre-screen applicants, only putting forward a limited number for consideration).

Table A6/8. Reasons for difficulty in recruiting most recent PA

Concern	%age
Low number of applicants	44
Language barrier	41
Did not have required work experience	37
Not willing to do tasks required	36
Low wages	31
Poor transport links in area	22
Lack of career / training opportunities in job	21
Not willing to work times of day required	20
Did not have right personality	18

[10] Office for Public Sector Information (2009), Sex Discrimination Act 1975 (c 65) via internet

[11] Perhaps surprisingly, the Skills for Care survey did not focus on equality issues.

[12] The others were concerns among potential recipients about managing their own care package and local authority staff resistance.

Not willing to work hours required	18
Poor attitude or motivation	11
Did not have required qualifications	10

Adapted from: Skills for Care (2007) p57

The literature also indicates that some employers experience worry or stress about void periods where they either have no staff, or where their staff numbers are reduced. Sense (Sense, 2008), for example, identified that around 50% of SDS users worried about cover for sickness or resignation. Contributors to the Fife Care Conference (RHA, 2007b) reported difficulties in securing cover when staff left unexpectedly. This theme was also echoed in consultations undertaken as part of the Independent Living Review (RHA, 2007a). More than 20% of employers surveyed by Skills for Care had taken more than a month to recruit their most recent PA, with 3% having taken more than 6 months (Skills for Care, 2007).

It is clear, again particularly in England and Wales, that there have been issues facing recipients of Direct Payments who wish to purchase services from established providers, rather than employ PAs (e.g. Browning, 2007). This may be a function of the transition from block contracts to individual purchasing, meaning both that service providers are not geared up to "sell" to individual purchasers, and, as a result of legacy contracts, may lack the capacity to provide a service to individual clients. It has been suggested that it is difficult to assess whether the introduction of tendering in Scotland will have any impact on the supply of private or voluntary sector providers, or on their capacity.[13]

In terms of practice in recruiting staff, the literature suggests that the hourly rate provided for the employment of PAs can be an issue (e.g. D'Aboville et al, 2000, Sense, 2008). Davey et al (2007a) identified wide variation in rates allowed by different authorities, and suggested that this may have had an impact on the ease with which PAs could be recruited (although there were too few Scottish respondents to draw conclusions specifically for Scotland). Leece (2006) identified that pay was a factor in the deciding whether or not to work as a PA. Deafblind respondents to a survey by Sense (Sense, 2008) noted that the level of hourly payment they were allowed to offer within their care package was insufficient to attract suitable staff.

Additionally, the Skills for Care review found relatively few examples of employers specifying requirements for PAs. Only 11% specified a requirement for any sort of qualification, and only 20% required any work experience (with 8% specifying healthcare experience, and 4% a specialist area related to the needs of the employer). The Skills for Care review also found that a significant number of PA jobs were not advertised, with nearly half of all employers using either agencies or Jobcentre Plus. There were also many examples of jobs being given to people already known to the employer. Homer and Gilder (2008) also found evidence of PAs being recruited by other means. Among the means identified (by both reviews) were:

- Staff already employed by an agency to provide care.
- Family members (both close and more distant relatives).
- Friends.
- People living in the same street, or local area.
- People introduced by, or recommended by an existing PA.

[13] Contributions from the floor at the launch of the Independent Living in Scotland Project, March 2009.

- People recommended by another SDS employer.

No statistics are available for Scotland, but the Skills for Care review also found that only 64% of employers took up references, 62% carried out a Criminal Records Bureau check and 30% a Protection of Vulnerable Adults check. Overall, a third of employers were found to have carried out no checks on PA applicants.

It is clear that few SDS clients have had previous experience of recruiting staff (e.g. Homer and Gilder, 2008; Sense, 2008; Skills for Care, 2007). The Skills for Care review (directly) and the Unison / SPAEN review (indirectly) identified that the typical recruitment methods used can lead to difficulties for both the employer and PA, particularly if the relationship between them breaks down. There was also evidence that PAs recruited by informal means were less likely to have proper documentation of their employment rights and conditions.

It is clear from, for example, Homer and Gilder (2008) and Griffiths (2005) that SDS recipients tend to rely on support providers to develop job descriptions, and advise on advertisements and recruitment processes. It is not clear whether SDS recipients employing PAs who do not have contact with support service obtain any advice.

Making employment provisions

In most cases, people using SDS become employers. As noted earlier introduction, many employers have more than one PA. The Skills for Care review found that, overall, each Direct Payment recipient had an average of 2.3 PAs, with the breakdown of subgroups being:

Table A6/9. Average number of PAs by type of client

Group	Average
Older people	3.4
People with physical impairments	1.4
Carers	2.6
People with a learning disability	3.4
People experiencing mental health problems	4.1
People with a sensory impairment	2.3

Adapted from: Skills for Care, 2007

One of the main areas where the Unison / SPAEN reviews identified shortcomings in employment practices was in relation to employment rights. Although their survey found that most employers complied with the law in most of these areas:

> *"... there were a significant number of employees who did not enjoy their minimum employment rights and there were a significant number of employers who were at risk of having awards given against them at Employment Tribunal". (p5)*

The Skills for Care review found that only 34% of employers had issued even a job description to all of their staff, with a further 5% having done so for some staff. The review found a direct inverse link between the likelihood of an employer expressing dissatisfaction with a PA and their having issued a job description. The need for a written job description was strongly supported by PAs who contributed to the Skills for Care review.

The Skills for Care survey of PAs identified that around a third believed they were not being paid enough. The Unison / SPAEN review identified that most PAs were not paying into a pension fund. The Unison/SPAEN review also established that respondents to the survey, even where they were receiving rights, were likely to be receiving only a minimum level, for example, in relation to leave entitlements and sick pay.

The lack of available PAs has also been found to have a direct impact on the extent to which SDS users are able to employ an adequate number of PAs to meet their needs. Where they are unable to do so, it has been identified that there may be consequences for other PAs, for example, in terms of the hours they are expected to work (Skills for Care, 2007).

The Unison / SPAEN review found examples of PAs who were not able to exercise a choice over their method of payment, for example, only being paid in cash (which gives rise to concerns about personal security). Leece found that the pay and conditions of PAs she surveyed were "markedly poorer" than that of people employed in comparable jobs in local authorities (Leece, 2006).

Managing staff

A number of issues have been identified about the management of PAs in practice. Ungerson (2004), for example, found that one consequence of a lack of formalisation of employment practices in the sector, and a lack of formal appraisal and review, meant that some PAs found it difficult to have their experience as PAs recognised by other employers.

Research has idnetified that the overall area of management of performance is one of concern to at least some people using SDS to employ PAs. This was identified by the UNISON / SPAEN review, by Homer and Gilder, and is a key theme of the Skills for Care review.

One of the key difficulties for employers identified in the Skills for Care review (Skills for Care, 2007) was the management of rotas where more than one carer is employed. This was also identified as a cause of stress by participants in the CSCI events (CSCI, 2004), particularly where some staff members are less reliable than others. Homer and Gilder (2008) found a small number of examples of situations where one PA had been designated as a team leader and was paid a slightly higher rate (perhaps using contingency funds) to provide some management input. The Skills for Care review (2007) similarly found examples of this, but noted that this practice was not widespread.

Relatively little work has been done to identify either the training needs, or the demand for training among PAs. Griffiths (2005) found a very low demand for additional training, in part put down to the number of PAs who had previously, or who also worked for public services. Among the additional training needs identified were[14]:

- Moving and handling.
- SVQ in care.
- Food hygiene.
- Staff management.
- BSL.
- First aid.

[14] It is worth noting that the numbers expressing these needs was very small.

- MRSA awareness[15].

The Skills for Care review found overall that 44% of PAs had had some training relevant to their employment as a PA. With this group, the most common forms of training undertaken were moving and handling, and health and safety.

Little of this training was found to have been arranged or paid for by an employer using Direct Payments. Overall, only 6% of employers reported arranging, or paying for training for current PAs, with a further 3% having done so previously (7% overall). Overall, 19% of employers had provided training themselves for one or more PAs.

Overall, there was found to be a general unwillingness among employers to pay for training. In relation to this, the Skills for Care review observed:

> *"This unwillingness of employers to invest in training represents a problem in terms of ensuring that Personal Assistant workers get access to development opportunities. ... In addition, this is likely to make it difficult for Personal Assistants to keep up with developments in social care and keep their skills refreshed." (p104)*

Relationships, grievances, discipline and dismissal

As noted above, the overall area of management of performance is one of concern to at least some people using SDS to employ PAs. Griffiths (2005) identified that care managers expressed concerns about some employers understanding of their relationships with PAs, with a perception that the relationship could be seen as "friends" and may potentially lead to carers becoming "too involved". Both the Unison / SPAEN and Skills for Care reviews found concerns among both PAs and employers about bullying and harassment. Both reviews highlighted that, from the perspective of PAs, few have access to any grievance procedures.

The Skills for Care review noted:

> *"One of the most difficult aspects of the Direct Payment system for employers to deal with is likely to be the need for them to take responsibility for asking a Personal Assistant to leave their employment. It is inevitable that relations between employers and employees become strained in these situations and it is therefore particularly important for both parties to protect themselves by following appropriate procedures." (p66)*

Overall, the Skills for Care review found that 8% of employers had, at some time, required a PA to leave their job, largely as a result of either their attitude or motivation, or the standard of their work. In total, 10 employers (out of more than 500 surveyed) had either been threatened with, or been taken to an Employment Tribunal. The operation of dismissal proceedings was a key area for concern noted in the Skills for Care review, with a number of examples of summary dismissals being identified where there appeared to be no valid grounds. The review identified that, where an employer had taken advice, or sought assistance, the process had generally run "more smoothly".

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[15] The Skills for Care review found similar needs, with a small number of additions, including administering medication and more general communication skills. Again, the numbers expressing these needs was small.

Overall, the Unison / SPAEN review concluded that PAs who participated in their survey did not have access to the sorts of employment conditions "common in other sectors". Leece (2006) concludes that:

> *"Overall, the commitment by government to increase the take up of Direct Payments appears to pay no heed to the position of people working for Direct Payments users." (p192)*

Administrative issues

As well as issues relating to employing staff, administrative issues with SDS have also been identified in the literature. Although steps are being taken to simplify the administrative procedures involved in SDS (for example, through three pilot sites established in 2009), it is clear that these are still relatively complex. This has been recognised by the Scottish Government (e.g. in the 2007 National Guidance). It has also been identified as a barrier to take up for example, by the CSCI in England (CSCI, 2004) and by Vick et al (2006). Browning (2007) suggested that designing assessment questionnaires that are "simple and easy for people to use" is a significant challenge. (p13) One participant at a CSCI event noted:

> *"Direct Payments are great, they're fantastic. It's everything that goes with them that is the drawback." (p8)*

Griffiths (2005) identified that a concern for care managers was in relation to ensuring that paperwork was complete, and in the correct order. Homer and Gilder (2008), in a survey of 24 SDS clients, found that 23 used a support service to manage payroll and financial services, in some cases in addition to any support provided by a PA.

Both the CSCI and Sense reports identified a concern among some Direct Payments users about having to deal with money, and with financial issues generally. Both Griffiths (2005) and Browning (2007) identified issues for people in managing different funding streams, particularly the Independent Living Fund, in addition to Direct Payments. It is acknowledged that the Scottish Government is seeking to address this by streamlining administration to create what are, in effect, unified budgets for individuals (Scottish Government, 2007a).

Some idea of the complexity of some SDS packages can be drawn from the bullet points below adapted from Homer and Gilder (2008) identifying the number of funding streams managed by SDS recipients spoken with as part of their research[16]:

- Direct Payment (social care funds): 24
- Free Personal Care: 1
- Supporting People: 2
- Health: 6
- Disabled Living Allowance: 20
- Independent Living Fund: 17
- Access to Work: 2
- Disabled Student Allowance: 1

[16] This is not necessarily representative of all Self-Directed Support recipients in Scotland.

A number of reports (again largely in England and Wales) have highlighted the issues posed for both clients and care managers by the need to balance some flexibility in being able to bank hours (in preparation for needing higher levels of care at specific times) and the need to both account for this money, and prevent excessive amounts being built up (e.g. Browning 2007, Vick et al, 2005).

Issues facing specific groups

It is important to bear in mind that recipients of SDS are not a homogenous group, and that some groups may face specific issues. A small number of these have been identified and are summarised below.

Vick et al (2006) identified a range of specific difficulties facing adults experiencing mental health problems in managing a Direct Payment. The main area of difficulty arises from the fact that the time the recipient of a Direct Payment most requires a package of care generally coincides with the time when they are least able to manage this. This issue was also raised in relation to the review of key issues in independent living (RHA, 2009a).

The number of recipients of SDS with learning disabilities has risen steadily since 1997 (Scottish Government, 2008a). The quality of support schemes has been found to be crucial in the take up of Direct Payments / SDS by people with learning disabilities (Bewley and McCulloch, 2004). They identified that many support services in England and Wales do not provide services to, or do not specialise in services to people with learning disabilities. In Scotland, although all current support services do work with people with learning disabilities, there have been criticisms of the extent to which this engagement has been effective (see e.g. RHA, 2009b). Stalker et al (2007) found that Local Area Coordinators (LACs) in Scotland had a role in promoting and supporting access to Direct Payments. It is worth noting, however, that only a minority of LACs had received training in relation to Direct Payments or wider welfare benefits.

Vick et al (2006) found a number of aspects of good and less positive practice in facilitating access to Direct Payments by adults with learning disabilities. Some authorities had used care trusts[17], independent living trusts and circles of support (or circles of friends) successfully to provide assistance to individuals in managing their care (Williams, 2006). Other authorities, however, were found not to have used these forms of support (Luckhurst, 2006). It has also been suggested that peer support, or support by skilled individuals, could be effective (Bewley and McCulloch, 2004). Laragy (2001) notes that these forms of support (as well as similar initiatives such as microboards in Canada – see below) also provide some level of protection for adults with learning disabilities, and can be one means of ensuring that the service delivered is appropriate. The role of in-Control has been identified as positive in opening up Direct Payments and SDS to people with learning disabilities (Davey et al, 2007a; Browning 2007).

In relation to ethnic minority communities, it is worth noting that a review of the implementation of Direct Payments in England and Wales (Vick et al 2006) was largely positive about the impact on this group, arguing that this delivery method had allowed clients

[17] A care trust is a legal vehicle through which PAs are employed, bills paid etc. Trust membership can include family members, as well as staff from public bodies, voluntary organisations etc.

to obtain culturally sensitive or specific services more easily than would have been possible using other methods.

> *'It's so much more flexible being able to employ people from the mosque, church, you know from your own social group and extended family and being able to have intimate care tasks being undertaken by someone that you trust'. (p64)*

Against this, as noted earlier, it was suggested that support services (again in England) may be unable to meet their specific needs in relation either to language or advice on culturally specific services.

Issues arising from difficulties faced by employers

Just as there benefits can arise from a positive experience of SDS or Direct Payments, the literature suggests that there can also be drawbacks where the experience is negative. A range of examples of actual and potential dis-benefits have been identified, including:

- Needs not being met.
- General disruption to life.
- Increases in feelings of isolation.
- Stress.

It is clear that some of the knock-on effects of, for example, difficulties in recruiting and retaining staff may be felt not only by the SDS client, but also by their families, and by other PAs working with them. In the case of the families, there may be a requirement that they cover the gaps, with consequential impacts on other aspects of their lives. There may also be added stress and an impact on their own mental health (Sense, 2008). There may also be an impact on PAs, in terms of being expected to work longer hours (e.g. Sense, 2008, Skills for Care, 2007). It is clear also from the Skills for Care review that at least some PAs face direct or perceived pressure to do this, and may not be paid for any overtime worked.

In other cases, however, it is clear that the individuals themselves can suffer. For example, a participant in a CSCI event report that they regularly had to go to bed at 6pm as they could not find a PA who would work later than that time. Others provided examples of eating meals at odd hours, or missing meals, as a result of being unable to find suitable PAs (CSCI, 2004).

International experiences

Forms of SDS are available in a number of other English-speaking countries, including the United States, Canada, Australia and New Zealand, as well as in other European countries such as France, The Netherlands, Germany and Austria (Wiener et al, 2007). Lundsgaard (2005) provides an overview of the structure and delivery of longer term care for older people, and in most cases, disabled people, in these and additional countries such as Ireland, Luxembourg, Norway, Sweden and Japan. Lundsgaard notes that consumer-directed support does not generally exist in isolation from other state-funded care, and thus, in countries where there is little state funding of social care (such as, for example, Korea and Spain), there is correspondingly little consumer directed support (with most care responsibilities falling on unpaid family members). The purpose of this final part of the literature review is not to review the operation of these schemes in detail, but to try to identify whether there is any evidence of issues or good practice relevant to the current research. For practical reasons, the review concentrates on English speaking countries.

The support available is described in a variety of ways, including individualised planning, direct funding and consumer-directed support. As Hutchison et al (2006) note, however, these terms, while in common use, are rarely transferrable and "individualised planning" may be quite different across different locations. In general terms, little of the support is available on a national basis. In some cases, particularly in the United States and Canada, initiatives may be focused on a single county, although state or province-wide programmes are perhaps more common. This is likely to reflect the level of government which is responsible for these services, and the extent to which local initiatives are encouraged within state, or province-wide provision. Even within states and provinces, the level of funding and eligible items can vary, with local implementation being common.

Spalding et al (2006), for example, were able to identify 16 self-managed care programmes in Canada[18], of which only 1 (covering a designated group of veterans), was national in coverage. They note:

> *"Programs vary significantly in terms of population served, degree of self determination, and funding mechanism". (p12)*

Another key difference between SDS as implemented in Scotland and the programmes available in other countries is that few encompass such a wide range of potential beneficiaries. Schemes for disabled people or for people with learning disabilities appear more common, but the means of providing support, and in some cases, the administrative procedures, are generally split by client group. The Canadian review carried out by Spalding et al (2006) identified a wide range of eligible groups, with some schemes including children, and some including older people, although most included disabled people (including people with learning disabilities).

Overall, there is a good deal of evidence from other countries that consumer-directed support is popular. In a literature review of evaluations, Wiener at al (2007) identify a significant body of evidence to support this, both where individuals receive a Direct Payment, and also where they are responsible for directing their care but where a third party manages the funding. In their own research in the US state of Washington, Wiener et al identified a high level of satisfaction among recipients of consumer directed support, however it is worth mentioning that concerns were expressed that some recipients may have been worried about losing access to the programme if they expressed negative views.

Some research (e.g. Doty et al, 1999) has argued that, while consumers may be satisfied, the actual quality of care may not necessarily be better than, and may be less good than care delivered by agencies (although in previous research, Doty et al, 1996 identified that user control was a key indicator in identified high levels of satisfaction with a Medicaid funded programme). Laragy (2001) also identified concerns at the potential isolation of individual recipients from developments in approaches to giving care as these are implemented in agency-based, or residential-based settings. Wiener et al (2007) however, argue that it is very difficult to *measure* the quality of care, particularly in a way which is separate to consumers' satisfaction with it.

[18] They note that this may exclude programmes providing equipment or respite only.

Experiences in Canada

Spalding et al (2006) describe a "self-managed care model", which they contrast to a more typical home care model (similar to delivered services in Scotland). They characterise managed home care as a "medical model", in the sense that this *"is dependent on expert knowledge and skills both to assess needs and to deliver services"* (p6). They locate the self-managed care model with the independent living movement, and what would be referred to as the "social model" of disability in Scotland. The other common term in use in Canada is "individualized funding".

The first individualized funding programme in Canada was developed in the early 1980s in British Columbia, originally as a means of supporting adults with learning disabilities moving out of residential care settings. Variants of the British Columbia programme were established in other provinces through the 1980s and, by the early 1990s had become established in all provinces (at least to some extent). Spalding et al (2006) identified, however, that the *extent* of implementation of individualized funding varies considerably, and now in some provinces encompasses only a very small number of people.

Canadian programmes tend to include personal care and what are described as "instrumental activities" such as meals, cleaning, shopping and accompanying to appointments. Respite care generally is not considered an eligible service (Spalding et al, 2006). Two of the most long standing Canadian programmes (Choices for Support in Independent Living, and the Direct Funding Programme) are described later in this section.

Spalding et al and others (including the Ontario Direct Funding programme – see below) tend to refer to beneficiaries of self-managed care programmes as "consumers", making a conscious link to the ability to purchase, rather than simply receive goods and services. National Union Research (2000) however, expressed caution over the benefits of this approach, suggesting that there is a danger that, if centralised or agency-based services are run down, there is a danger that innovation in practice could be stifled.

As in the United States (see below), funding for different groups of disabled people tends to be separated. Similarly, support services tend to be established to cater for specific groups of disabled people (Ontario Federation for Cerebral Palsy, 2000).

Some Canadian programmes working with people with learning disabilities offer (or in some cases, require) the formation of a support group, or the appointment of a guardian. In other cases, a "sponsor", or third party, manages the funds on behalf of the recipient. These can be a family member, or someone independent of the family. In British Columbia, this function is carried out by a "microboard", essentially a not for profit society brought together to provide support for the individual, including negotiating with the state government for funding to meet their needs.

The nature of support services across programmes in Canada does vary, but the most common type of organisation to provide this is an Independent Living Centre. Although the exact nature of their services appears to vary both across and within provinces, Canadian Independent Living Centres are similar in most respects to the CIL model found in both Scotland and England.

Spalding et al (2006) found one example of an organisation specifically established to support adults with learning disabilities on a brokerage basis in applying for, being assessed

for, and managing their direct funding programme. The authors also note criticisms levelled at another programme for adults with learning disabilities which was said to demand too much, and place "heavy responsibilities" on family members. Lord and Hutchison (2008) also identified the development of independent facilitators in British Columbia as a way of providing additional support to families where a member was receiving individualized funding.

A review of a Toronto-based programme for adults with learning disabilities (the Individualized Quality of Life Project) was, however, very positive about the impact of the programme, identifying specific benefits arising from it. Among these was an observed increase in participants' self-worth, and sense of community, as well as a significant improvement in their access to support (Roeher Institute, 2000). Similar benefits were identified by Lord and Hutchison in an evaluation of a subsequent programme aimed at the same client group, which was also based in Toronto (Lord and Hutchison, 2008). Participants in this programme were also assisted to find voluntary work, as well as paid employment.

Feedback from families who participated in the Roeher Institute research also identified that some of the gains in relation to promoting the independent living of participants could be undermined by the inability of services in the community to respond to the demand created by empowering people who had previously largely remained at home. In the specific context of the burden placed on family members of administering the direct funding (including the knock on impacts of the lack of time for other roles and responsibilities), it is interesting to note that, over the life of the programme, this was identified as a potentially serious problem. A new approach was taken as a result, involving the development of a coordinator role. As the report notes:

> *"the concern justifies continued vigilance to ensure that the benefits of the approach put into place are not undermined by responsibilities associated with its implementation".(p2)*

The researchers identified the role of "facilitators" (similar to the coordinators described above, and the Local Area Coordinators in Western Australia – see below) as being important. Facilitators provide a wide variety of support, including planning and developing goals, as well as more practical issues such as advice, information and onward referrals. As Lord and Hutchison (2008) note:

> *"Families understood the importance of having someone independent of the family and services in this journey. Families appreciated that facilitators were more than planners and were very creative in a variety of areas." (p50)*

Despite the success of these programmes, more general concerns have been expressed about the lack of specific support available for those receiving individualized funding in areas such as payroll and the training of attendants (Lord and Hutchison, 2008).

The Health Canada review (Spalding et al, 2006) identified a number of criticisms about the lack of support for consumers using self-managed support programmes. It was noted that some consumers had, as a result of lack of choice, placed their funding with third party agencies, in the view of the authors, undermining the principles of the programme. It was noted that they faced a range of difficulties in even identifying and securing details of a number of self-managed care programmes. They observed that websites were often incomplete, with outdated information and partial details. To some extent, this remains true,

with a number of the web pages covering these schemes clearly not having been updated for some years. It was also suggested that staff in support services did not necessarily know about other services, or where to make onward referrals. As they note:

> *"... the problem of accessing relevant information is likely to pose a significant barrier for consumers, particularly those experiencing cognitive, language, or functional challenges". (p26)*

A number of representatives of agencies surveyed by Spalding et al (2006) identified that there were significant shortages of staff prepared to work as care providers, particularly, but not exclusively in rural areas. The agency covering Quebec also noted that consumers face issues as a result of the lack "education and qualifications" of care providers. Issues were also identified with high staff turnover. Some support providers operate voluntary registration schemes for care providers, which allows their details to be made available through a secure website to potential employers. No published evaluations of this type of brokerage service were found.

The Direct Funding programme in Ontario, Canada[19] is, in many respects similar to SDS in Scotland. The key element of the programme is that it permits consumers to employ their own "consumer attendants". Consumers have essentially the same responsibilities as with SDS in Scotland in relation to compliance with labour, health and safety and human rights legislation, and the management of all employment and payroll functions.

The programme, however, has a number of important limitations which serve to restrict the actual and potential benefits to users. Firstly, although access to the programme is by assessment of needs, there is a cap of (in effect) 6 hours per day in relation to the amount of support available. Secondly, there is a cap on the number of people who can be on the Direct Funding programme at any one time. The most recent information from the Centre for Independent Living in Toronto (which administers the programme) suggests that there are more than 300 people on the waiting list (with around a third already having been assessed and, in effect, waiting for another beneficiary to leave the scheme).

Support to beneficiaries is delivered via Ontario's network of Independent Living Centres, although there is also a centralised helpline, and a short guide and frequently asked questions is available on-line (CILT, 2000). Interestingly, the on-line material is much less detailed and broad-ranging than the recently published Scottish Government guide (Scottish Government, 2009a).

The Choices for Support in Independent Living programme covering British Columbia was one of the first to be established in Canada, and predates the Scottish Direct Payments programme by more than 10 years. Funding is provided by the regional health authority, and can be used only to recruit, train and manage personal attendants. As in Scotland, the level of funding is dependent on an assessment carried out by a care manager, with the input of the recipient. In the case of adults with learning disabilities, a support structure is required to be in place before any grant can be made.

[19] The programme is funded by the Ontario Ministry of Health and Long-Term Care.

Experiences in the United States

As in Canada, there are a variety of individual programmes at state and county level in the United States, with little apparent consistency in implementation (client group, level of funding or means of support). Wiener (2007) identified examples of such programmes in California, Michigan, Oregon, Washington, and Wisconsin. Both Medicare and particularly Medicaid fund extensive in home care programmes, some of which are delivered in a manner similar to SDS. Greene (2007) notes that around half of all states reported that it was likely that they would have some form of programmes in place by the end of 2007.

Benjamin and Matthias (2001) identified variants of "consumer directed" models, where third parties, rather than beneficiaries, control the funding, even though the beneficiary was nominally the employer of the care giver. At a wider level, some Medicare and Medicaid based programmes also permit individuals to use Direct Payment-type models. Tilly and Wiener (2001) identified that the concept of "consumer directed" care was arguably too diverse to be useful, and Kodner (2003) notes that:

> *"consumer-directed care is not a single approach, but constitutes an array of models differing in terms of the level and type of decision-making, autonomy and control vested in the client vs. the home care agency and/or public long-term care system. Moreover, programs vary in key areas such as functional and financial eligibility, covered services, benefit limits, hiring restrictions (e.g. family members), administrative structure, and funding source (i.e. social insurance or general revenues)."(p3)*

O'Keefe (2009) identifies that the main variation in schemes lies in whether participants are given either "employer" control, "budgetary" control, or both. She argues that those providing both (as in Scotland) are more effective, and more likely to lead to positive service outcomes for participants.

Benjamin and Matthias (2004) note that there has been a rise in the number of such schemes, largely as a result of an extension of delivery methods available through Medicaid, Medicare and some state schemes (Rappaport, 1999). As with Direct Payments in the UK, similar services may be delivered through provider-managed and consumer-managed routes. Feldman (1997), however noted that a considerable rise in the role of for-profit agencies in the delivery of home-based care, in some cases within the framework of a consumer-directed programme, suggesting that the dividing lines (as in the UK) may be blurred. Greene (2007), however, notes that take up in some states has been very slow, and in others, the dropout rate has been high.

The forms of support available through programmes in the United States is very varied, ranging from very comprehensive (which would broadly equate to SDS in Scotland) to very specific (for example, long term nursing support in relation to a specific procedure). Interestingly, examination of individual programmes funded by both Medicare and Medicaid suggests that individual strands of the same programme may be administered by different agencies, even within the same county.

It is clear that there are significant variations in the level of support provided to beneficiaries of consumer-directed funding programmes. Twelve states (through Medicaid funding) have introduced "cash and counseling" schemes (Greene, 2007). These schemes, first promoted in 1995, allow for some level of support to be provided to participants in Medicaid programmes

(O'Keefe, 2009). In some states, the "counseling" component is delivered by an independent body (as with SDS support agencies in Scotland), while in others, the support is provided by a programme manager (NRCPDS, 2009). Some states also give programme participants a choice of counsellor, while, in other cases, there is a single service, or participants are allocated to a counsellor by their programme manager. The NRCDPS notes that some states have introduced professional certification for counsellors (who carry out a similar job to staff in support organisations in Scotland), with unqualified staff being restricted in the assistance they can provide to programme participants.

States which have introduced an independent approach have faced some difficulties in, for example, joint working with existing delivery services, but a review of one service in Minnesota (Minnesota Department of Human Services, 2007) identified that it had contributed to increased take up and reducing turnover within the programme, and had also served to increase the capacity of existing services to provide effective information and advice to programme managers. Services which adapted existing programme manager-based services have also faced difficulties, for example, with staff providing timely assistance to potential and current participants. The NRCPDS (2009) also notes that there have been difficulties with existing staff embracing a "consumer directed" ethos. A decision to use programme managers in one state had to be reversed, and an independent agency created, as staff were unwilling to assume the joint role (O'Keefe, 2009).

The nature of support which is available through "cash and counseling" varies, but may include assistance with[20]:

- Defining needs, preferences, and goals.
- Developing the individual budget.
- Managing the individual budget.
- Developing a backup plan if a scheduled worker fails to show.
- Developing a backup plan for emergency situations.
- Identifying and obtaining services, supports, and resources.
- Recruiting, hiring, and managing workers.
- Obtaining training in practical skills related to personnel management or problem solving, including; (1) recruitment strategies; (2) how to interview, select workers, and check references; (3) how to negotiate rates and arrange schedules; (4) how to train workers; and (5) how to manage workers and dismiss/replace them if necessary.
- Making decisions about the purchase of goods and services.
- Assessing the quality of services received.

Boston College has established a "National Resource Center for Participant Directed Services", designed to assist policy makers and programme staff develop, manage and review consumer-led services, including forms of in-home care similar to SDS. The National Resource Center also provides assistance and good practice guidance to cash and counseling schemes.

O'Keefe (2009) in a review of "cash and counseling" programmes, concludes that, to be effective, programmes must include effective counselling (bearing in mind the list of potential functions set out above, suggesting that "counselling" is significantly wider in scope

[20] from NRCPDS, 2009: pp 6-2 and 6-3.

than would be the case in Scotland). She also argues that the process and cost effectiveness of "cash and counseling" has been established by rigorous evaluation.

Overall, however in a large scale review of a Medicaid-funded programme in California, Benjamin and Matthias (2001) found that there was little support provided, and noted that:

> *"... it provides very little in the way of supportive services to clients, workers, or families encountering difficulty in implementing and sustaining consumer direction. Our experience with both older and younger clients suggests that this is the Achilles heel of this program." (p641)*

One consequence of this noted by Benjamin and Matthias (2001) is that consumers surveyed were more likely to employ family members (where this is permitted by the programme) as this was seen to be easier where no assistance with recruitment or management of non-family employees was provided.

A number of research studies have focused on the role of the home care workforce in the United States. In a review, Benjamin and Matthias (2004) identified:

- An overall labour shortage.
- Low status, poor pay, difficult working conditions.
- Little training.
- Heavy workloads.
- Little supervision, or support.
- Higher risk of work-related injury.
- Little work autonomy.

Feldman (1997) also noted the high level of reliance on part-time or short term contract workers. All of these findings were largely confirmed by more recent research (Kemper et al, 2008) which noted that workers in direct home care settings (which include those providing care under Direct Payment-type programmes) identified not just better pay and benefits, but also more training and a need for greater recognition of the work they do.

In some states (for example, California), programmes allow for the hiring of family members and friends, and Howes (2008) notes that this appears generally to be preferred by consumers as the costs to them are generally lower, they have more autonomy and control over the care and lower turnover rates. Howes, in earlier research, had identified that, in one scheme, more than 70% of paid in-home care providers were family members.

Experiences in Western Australia

In Western Australia, as in the United States and Canada, funding for both disabled people and older people is split between federal and state sources. Similarly, this has led to a wide variation in the ways these services have been implemented. "Direct consumer funding" is embedded within the state's approach to the wider inclusion of disabled people. This approach (known as "local area coordination") includes services other than home and medical care, including advocacy, work related support and more general information services (Bartnik, 2000). It was identified as containing:

> *"... elements of case management, personal advocacy, family support, community development and direct consumer funding". (Disability Services Commission, 2003, p12)*

Local Area Co-ordination (LAC) was originally intended to support only people with learning disabilities who may be forced to leave home to seek services. The initial phase of the programme concentrated on this group. Over time, however, it was clear to the government in Western Australia that the approach had wider applicability, and it was extended to include other groups of disabled people.

Each local area coordinator provides support to around 60 disabled people and their families. Their role is, to all intents and purposes, to support the disabled person to live independently, through the provision of advice and information, but also signposting. Enabling access to direct funding is one of the roles of the local area coordinator[21]. The funding itself is only part of the overall approach, which also promotes both family and other community supports. As in Scotland, the funding is provided directly to the disabled people to purchase services through a number of strands (with some of the funding also being available to the *family* to meet wider needs).

A review of LAC (Disability Services Commission, 2003) argued that the approach in Western Australia was effective, and was achieving greater coverage at lower cost that for Australia as a whole. The role of the Local Area Coordinator was viewed very positively by disabled people and by other service providers.

A form of LAC was introduced in Scotland in 2003 to support people with learning disabilities, following recommendations in the Scottish Executive's "Same As You" review (Scottish Executive, 2000). One aspect of the support provided by Local Area Coordinators in Scotland is to identify the need for, and help secure access to SDS, either on a free-standing basis or through an intermediary such as in-Control (Stalker et al, 2007).

[21] Material obtained from the state government of Western Australia.

ANNEX 7: BIBLIOGRAPHY

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ANNEX 8: ABBREVIATIONS

ACAS	Advisory, Conciliation and Arbitration Service
ADSW	Association of Directors of Social Work
BDPA	Borders Direct Payments Agency
BSL	British Sign Language
CAB(x)	Citizens Advice Bureau / Bureaux
CIL	Centre for Integrated Living (UK) or Centre for Independent Living (Canada)
CIPFA	Chartered Institute of Public Finance Accountants
CSCI	Commission for Social Care Inspection
CVS or CsVS	Council of Voluntary Service or Council for the Voluntary Sector
DP	Direct Payment
GCIL	Glasgow Centre for Integrated Living
HNC	Higher National Certificate
HND	Higher National Diploma
IHSS	In-Home Supportive Services (US)
ILC	Independent Living Centre (Canada)
ILF	Independent Living Fund
ILiS	Independent Living In Scotland
LAC	Local area coordinator or local area coordination
LCIL	Lothian Centre for Integrated Living
MRSA	Methicillin-Resistant Staphylococcus Aureus
NC	National Certificate
NHS	National Health Service
OT	Occupational Therapist
PA	Personal Assistant
SDS	Self Directed Support
SDSS	Self-Directed Support Scotland
SLA	Service level agreement
SPAEN	Scottish Personal Assistant Employer Network
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
SVQ	Scottish Vocational Qualification

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