**PA Training Framework survey September 2023**

**Analysis**

**Background**

The National Training Framework for personal assistants (PAs) was an initiative in response to recommendation 48 in the Independent Review of Adult Social Care. It followed acknowledgement that Personal Assistants did not have the same opportunities as social care workers.

The PA Programme Board subgroup on training secured funding to develop a National Training Framework (NTF) for PAs. From the outset the subgroup expressed the intention to prevent turning the PA role into a social care worker role to extend the social care workforce. They agreed the value of PAs goes unrecognised and that training opportunities and available funding was variable across the country since many Centres for Inclusive Living had training budgets significantly reduced over previous years.

**Introduction**

The development of the NTF focuses on the two strands of training which require consideration from the PA Programme Board training subgroup. The first relates to PA employers and PAs focusing on the uniqueness of the employer/PA relationship and the training required for the PA to support their employer and vice versa.

The second is the training opportunities PAs may access if they chose to widen their employment options should they wish to take up a different role in social care or health.

Likewise, PA training should be available to social care workers who may wish to move into a PA role. To explore these strands a project plan was developed that included consultation with a full range of stakeholders, followed by a training survey for Employers and PAs.

The consultation involved 34 online meetings with relevant stakeholders. The stakeholders included PA employers, Centres for Inclusive Living, Independent Support Organisations in receipt of SiRD (Support in the Right Direction) funding, SSSC, Local Authorities, Social Work Scotland, Skills for Care, Highland peer support group, Mark Bates Insurance, Independent Living Fund Scotland, PAMIS, In Control Scotland, Inclusion Scotland, Partners in Personalisation and PA employers. A template was used to give consistency to the type of information gathered and keep the focus of conversation on topic. The semi structured conversations gathered information relating to the following areas:

* What should be in the framework
* Hurdles/barriers (current & potential),
* What was working well
* Pathways for PAs
* Foundational levels of training
* Advice
* Contacts
* Other information.

The themes generated from collating this data along with the information from the PA Programme Board training subgroup were used to design the training survey questions and the optional responses plus free text opportunities offered within it. The survey was to gather a snapshot of views from PA employers and, with their support, the views of the staff they employed.

**Who answered the Survey?**

***Context***

The aim was to glean snapshot information directly from Employers and PAs to assist in consolidating the themes emerging from the consultations and other considerations for the framework. To ensure there was no undermining of the employer role and support employer autonomy the survey link was circulated to employers who were invited to email it to their PAs should they wish their participation.

***Results***

215 people responded to the survey between 1st and 24th September 2023.  They were made up of 106 Employers and 109 PAs.

***What does it mean?***

We have the views of those that responded which can assist in the development of the framework. We anticipated a higher number of PAs to Employer responses as 64% of the respondents employ more than one PA, however this is not our main line of enquiry at this stage and reasons are speculative.

**Employment of PAs & hours**

***Context***

Within the consultation the number of hours a PA worked was highlighted as an important factor. It stated that there is such a wide variety of contracts and hours worked in the PA population that designing a framework which would equally suit someone who works 5hrs/week and someone who works full-time is difficult. Their priorities will be very different. Additionally, the smaller the PA team, the harder it can be to release that person for training. It was also identified that some employers have many PAs and provide a 24/7 service. We wanted to try and capture this variance and diversity in employment relationships by asking about how many PAs were employed and for how many hours. This would then provide a context for interpreting the rest of the results.

***Results***

45% employ 3 or more PAs; 19% 2 PAs; 31% 1 PA; 5% 0 PAs

21% work 10 hours or less, 34% 11-20 hrs; so 45% more than 20 hours.

***What does it mean?***

These statistics inform us of two characteristics of the Employer and PA contracts and consolidate the theme from the consultation that a National Training Framework must take account of the diversity in these relationships.  The variation of people having 0 PAs to more than 10 PAs, shows a spectrum from those potential employers being stuck at the recruitment stage to others who employ and manage 10+ staff. Therefore, there will be different amounts of time spent on management and training of PAs depending on how many you employ and for how long.

The framework must include guidance for all the types of contracts, varying levels of skill and knowledge on both sides and appreciate motivations for training will vary. PAs may also have other jobs where they are accessing training. We need to cater for the full spectrum of employment relationships and provide a menu of learning opportunities. It also highlights the staff management role of employers and the need to support this particularly with larger numbers.

**What training would be most useful?**

***Context***

This question and its closed responses were designed from what was discussed in the consultations as methods that were working well or from the hurdles encountered. It captures views on training delivery and participants could tick all the boxes they agreed with. It also allows us to obtain views regarding the PA training subgroup supported principle that:

“*PA and PA employer should train and learn together as much as is possible in flexible and supportive ways.”*

The consultation and the PA training subgroup also highlighted the use of specific training from a specialist worker, so, it was also included as a response option. Reflective practice is a tool used widely within SSSC so it seemed useful to explore this option.

***Results***

Answers from employers were (in order of popularity):

41.50% Employer & PA training together,

40.56% online self-directed learning,

28.30% shadowing and

25.47% F2F in a group

Specialist in employers home was given 22.64%

Employer and specialist together 22.64%

Reflective practice 11.32%

Answers from PAs were:

49.54% online self-directed,

40.36% F2F in a group,

31.19% Employer & PA train together and

28.30% shadowing.

Specialist in employers home 27.52%

Employer and specialist together 16.51%

Reflective practice 13.76%

***What does it mean?***

The Framework must include guidance on how to access training **in all the formats** with a particular focus on the top answers and to meet the needs and provide a person-centred approach consistent with the Scottish Approach to Service Design.

Further work and resources are required for exploring, identifying and creating opportunities for Employer and PA training together and preparing for delivery.  Employers training together ensures the autonomy, relevance, and transference of the training. It is healthy, can build the communication within the relationship and it is transparent if doing it together.

It is important to recognise where specialist training is needed and to provide guidance on how this can be delivered. Delegation of Health-Related Tasks needs to be certified for competence and insurance. Currently it is not straight forward who provides this, who is responsible overall and how it is certified and reviewed. The popularity of self-directed learning supports the PA training subgroup’s position that:

*“Learning can be done on a flexible basis with participants working at their own pace at a time and place that suits them.”*

**When is it best to do training?**

***Context***

Through the consultation it was apparent that support and training traditionally occurs at the beginning stages and that there should be training considerations to maintain and develop the relationship. It is important that training does not interfere with the employer living their full life.

Over 70% of Employers and PAs chose “ad hoc” as their preferred option for when training should take place.

***What does it mean?***

It demonstrates the importance of being able to access training as and when you need it.  It requires a flexible training framework providing a menu of stand-alone topics which can be accessed depending on what is currently relevant in their relationship and then training on it together, through online study or any other chosen format. It also highlights the importance of being able to identify training needs for Employer and PA, to have communication structures to discuss such matters and a budget to pay for it.

Doing training **at start** of the role **-** over 50% or Employers and PAs chose this next.

**What does it mean?**

This confirms the importance of an Employer being equipped to provide such induction training or know how to access support if needed. It also confirms that PAs report to need training at this time.

 **What training topics would be useful?**

***Context***

The list of 13 topics for the survey was generated from the recommendations from the PA training subgroup and the consultations. The PA training subgroup had highlighted the following:

“*Key principles of Human Rights and Citizenship must be embedded within the foundation training; the PA learns what a good relationship looks like and what the characteristics of that are when it works well. Understanding boundaries is integral to good support and must feature in the training. Trainers must have knowledge of disability equality, the history and philosophy of the Independent Living Movement and personal assistance. As much as possible trainers should have lived/living experience of independent living and managing personal assistants. Training for PAs and PA employers must include diversity and anti-discrimination training to ensure good practice is developed.”*

Other topics came from the consultations.

*Results*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref**  | **Topic**  | **% DON’T KNOW**  | **% NO**  | **% YES**  |
| **1**  | Adult & Child Protection – keeping people safe from harm  | 6.05%  | 6.97%  | 86.98%  |
| **2**  | Confidentiality – how to protect your employer’s privacy  | 5.58%  | 9.30%  | 85.11%  |
| **3**  | History of Independent Living Movement  | 22.33%  | 27.90%  | 49.77%  |
| **4**  | How to have a healthy employer/PA relationship – good communication  | 3.25%  | 6.51%  | 90.23%  |
| **5**  | Induction into the role of PA - what is a PA, difference with a care worker etc   | 1.86%  | 5.58%  | 92.55%  |
| **6**  | Information and resources – accessing support and other services  | 7.44%  | 8.83%  | 83.72%  |
| **7**  | Managing conflict – how best to prevent and resolve issues between employer and PA | 7.90%  | 5.58%  | 86.51%  |
| **8**  | Managing endings and transitions – leaving a job, bereavement, etc  | 9.77%  | 15.35%  | 74.88%  |
| **9**  | Person centred practice – assisting individuals according to their preferences  | 5.11%  | 3.72%  | 91.16%  |
| **10**  | Professionalism & Boundaries  | 6.51%  | 7.90%  | 85.58%  |
| **11**  | Risk Enablement – supporting people to take risks safely  | 6.97%  | 5.12%  | 87.90%  |
| **12**  | Values & Principles (eg. dignity, respect, inclusion, citizenship, independence) | 4.19%  | 5.12%  | 90.70%  |
| **13**  | Working in a Home Environment – what does it mean to come to work in someone’s home  | 5.12%  | 10.23%  | 84.65%  |

12 topics received a Yes to being useful at 74% or above, 5 topics 90% or more said Yes, in the following order:

1. Induction into the role of PA,
2. Person centred practice – assisting individuals according to their preferences
3. How to have a healthy employer/PA relationship
4. Values & Principles

The only different response was to the History of the Independent Living Movement. 49.77% said Yes and 22.33 % Don’t Know and 27.90% said No.

***What does this mean?***

It provides confirmation that the PA training subgroup and the consultations have provided topics that PA Employers and PA would find useful to learn about. Therefore, the framework should include all the topics and provide a link on where to access them or develop content if it doesn’t exist.

Consideration will need to be given to the quality of the training, updating and relevance, reviewing and how it is accessed and delivered. It would be good to have the opportunity to share training experiences with other employers and PAs through social media or as part of where they are signposted to get it.

It is interesting that whether you are one PA working for one employer or employing a team, there is agreement that these topics are useful and therefore should be included.

One thing we have should have perhaps included in hindsight is the learning about outcomes, how people express them and how their role can help people achieve them.

 **Confidence on training needs**

***Context***

Our stakeholder consultation had a strong theme of employer support throughout. By definition this is biased, given that most interviewees were working in independent support organisations. However, it does show that within the population they support, they felt the key to better trained PAs was better supported Employers.

Many stakeholders were worried about the employer responsibilities given to individuals without the necessary support or assessment of knowledge and skills to manage them. There was a question of experience and capacity for people who hadn’t necessarily chosen Option 1 but received it by default through a lack of alternative options. This led us to ask the following questions:

*“How confident are you in identifying your/your PA’s training needs” and “do you feel you require further support to be a good employer?”*

***Results***

58.3% of employers are very or mostly confident in identifying their training needs, compared with 71.55% of PAs. Almost a quarter (22.6%) of employers said they were not confident in this area, where only 3.66% of PAs felt the same.

When employers were asked if they needed further training to be an employer, 54% said yes and 46% said no.

***What does it mean?***

It seems that overall PAs are more confident than employers when it comes to identifying PAs’ training needs. It raises the question of whether this discussion takes place between them and what they could learn together.

In terms of the employer role, identifying and meeting training needs is a useful skill to have, particularly when employing more than one member of staff. The lower confidence of the employer on this topic seems to confirm the need to support some employers in their role as manager.

In a separate question one comment was “how to be a good employer” (in answer to “is there any other type of training you would find useful”?). Ensuring support is on offer for those who want it seems to be the best way to meet everybody’s needs. This could take the form of an online toolkit as well as increasing capacity of Disabled People’s Organisations to provide local support and training. It also consolidates the PA Training subgroup principle that support for PA employers should be an inherent part of the experience especially support for those lacking confidence in their role.

**Training that could be done together (employer and PA)**

***Context***

This question was influenced by two factors: first that the issue of cover when sending staff on courses was a major hurdle often cited during the initial consultation, and second that one of the actions from the PA Programme Board states:

*“Produce guidance about training that could be experienced by both PA and PAe together”*

Additionally, experiencing training together gives employers agency, and the opportunity to tailor content to their situation and specific personal needs in discussion with PAs. We therefore asked:

*“What kind of training could employer and PA do together?”*

***Results***

The survey asked an open question about what training the employer and PA could attend together. There were 66 PA suggestions and 71 employer suggestions. By grouping the answers together we were able to identify three broad sections that responses fell under:

* medical/condition specific training
* soft skills
* induction type training.

With regards to the latter two, soft skills encompassed communication, boundaries and conflict, whereas induction training referred to roles and expectations, in-house procedures and “getting to know you” knowledge.

A few PAs and employers mentioned risk assessments/managing risks and a few employers mentioned the history of the Independent Living Movement.

***What does it mean?***

The medical/condition specific training being the biggest section suggests a strong desire to undertake those kinds of courses as a team (PA and PAE together) – this means it can be specific and tailored and would not incur staff cover issues. Courses like First Aid, moving and assisting or medication management already exist therefore the best help might be to **signpost employers** towards those resources.

PAs desired more induction training, more “how tos” and practical knowledge about their employment (time sheets, annual leave, how to do X, Y or Z in the house). Supporting employers to create a **handbook/manual** (terminology to be chosen by employer)and to have those discussions with PAs early on would meet that need.

On the employer side, issues of confidentiality, respect and values came up and could form part of a “**what a good relationship looks like**” type module. This could be something an employer creates, something that the training developers write for employers’ use or for local support organisations to deliver. From the PA’s perspective, managing conflict seemed more of a priority, but could also come under the relationship umbrella, together with communication and boundaries.

**Budget**

***Context***

Budget was another major theme that came up in our initial consultation. Issues of pay rates, lack of flexibility in spending, and lack of funds for training were common. This compounded the issues with recruitment. Given that the Direct Payment agreement survey (carried out by Social Work Scotland) had already asked about budgets in general, we decided to concentrate on training budgets, by asking:

*“Is your training budget sufficient to meet your PA’s training needs?” and “what should a training budget cover?”*

***Results***

59% of employers said they did not have a training budget and another 14% said it was not sufficient. That’s almost **73% of respondents lacking funds to train** their staff.

When asked what the budget should cover, 96% of employers said it should cover the fees. 66% felt it should also pay for staff cover and 65% and transport.

In the comments, it was mentioned how time-consuming it is to source and organise training and that this time should be rewarded financially as a management task, whether done by an employer or a senior PA for example. Train the trainer was also mentioned as an efficient way of conducting in-house training for a bigger team/staff turnover.

***What does it mean?***

The problems are multi-layered:

* Having enough money to pay for your staff’s training
* Disparities between Local Authorities as to what is allocated and what it can be spent on
* Resources often being limited to medical type training (i.e moving and assisting)

The agency of the employer as a manager, and the person most equipped to determine what training their staff needs, is undermined. If employers are to provide training for their staff, they need the resources to do so. This includes, but is not limited to, a budget. There seems to be gap in assessments around this, which ties in with the **overall support offered to employers to ensure they have the management skills required**.

It is also worth noting that training is not a one-off scenario and that budgets should be flexible enough to include future learning and development.

It is hoped that the training framework can provide suggestions for training that PAs would benefit from, which employers can use to help them determine resources required. It will also provide resources for employers to create their own training, however it is not clear how that might be recognised financially. Skills for Care in England offers a centralised system where employers and organisations apply for their training budget. Might this alleviate some of the issues with local disparities?

The results also support the PA training subgroup proposal that actively encouraging PA learning would require additional funding. It could also be included within the Direct Payment as well as replacement support costs.

**Recognition of learning**

***Context***

A major outcome of the PA Training Framework project is to explore pathways for PAs in and out of social care, looking at qualification routes and options to build portfolios.

Many ideas were explored in our initial consultation, such as:

* Difficulties with transferability of any training received in one environment or workplace.
* Signposting PA training to show how it transfers to social care - so can count as prior learning
* How to maintain non-regulation for PAs but achieving recognised certification
* Need for a menu/options for PAs to build portfolio which has currency
* Should there be a different supporting organisation for PAs to maintain the optional participation in training required within their role? Who would host, support, assess and validate?
* Would PA learning sit on the Scottish Qualifications Framework and at what level?
* Career progression for PAs – to move to experienced PA, assistant team lead/manager, manager/team leader of 24/7 service?

For the survey we decided to ask employers and PAs how best to recognise PA learning in order to gauge the appetite for more formal training or qualifications.

The PA training subgroup also stated that access to training opportunities through a recognised pathway is required so that PAs can build their skills and learning portfolios using existing mechanisms and accreditation routes.

***Results***

Respondents (both PAs and employers) were asked how best to recognise PA learning – with four options: certificates, employer recognition of learning, SQA qualifications or Open Badges.

There were some similarities and differences between the answers:

* 68% of both employers and PAs chose the SQA qualification as an option
* 50% of employers compared with 39% of PAs chose the employer recognition
* Approximately 60% of both employers and PAs chose certificates
* 28% of employers and 36% of PAs chose Open Badges.

***What does this mean*?**

It was interesting to see the SQA qualification being chosen by the highest number of people and equally by employers and PAs. We did not specify a particular SVQ award, so, it is not possible to know what people had in mind, but it is clear that formal qualifications featured strongly. In a separate question one comment was “being able to put staff through their SVQ 3 would be useful”.

In the comments section, a “specific PA qualification” was mentioned.

Several employers mentioned “transferable” in relation to skills or certificates, which seems to indicate that they are keen for PAs to be able to use their knowledge elsewhere or potentially for PAs coming to be a PA from elsewhere.

Pay was mentioned several times as one of the best ways to value PAs’ efforts, knowledge and skills - taking the issue back to budgets.

The low rate around Open Badges, specifically on the employer’s side, could reflect a lack of knowledge of this medium or a wariness based on them being issued by SSSC. PAs were keener on this than employers.

There seems to be a contrast between **a strong desire for training to be bespoke,** made/delivered by the employer **and a desire for formal qualifications** which would give the PA workforce more value and transferable knowledge.

As long as any learning opportunities remain optional and offered as choices to be taken if possible/desired, there is no reason why the two could not co-exist depending on each employer’s situation and preferences. It may also be useful to explore reflective practice as a method of overlap between formal and informal learning.

Acknowledging that the health and social care training offered by SQA is not catering for PA employer's needs, could a new unit be introduced to redress that balance?

**Is there anything else about PA training you would like to tell us?**

***Results (themes only)***

**Themes found in comments (62 comments in total):**

**Topics**

Specialist training needed (medical) - 9 comments

Soft skills/ need to have the right attitude -3 comments

**General comments about accessing training**

Lack of availability of training - No training received or offered - 5 comments

Training is essential – 9 comments

Lack of knowledge about training. Don't know what is available/needs done – 5 comments

**Practicalities/barriers**

Cover – 3 comments

Budget – 3 comments

Recruitment - 1 comment

**Support**

Support for employers – 6 comments

Support and supervision for PAs - 2 comments

**How/values to be held**

Collaboration/training together – 3 comments

Employer choice and autonomy is paramount - 4 comments

**Professionalisation of PAs**

No regulation = more risk – 1 comment

Qualification would be good – 3 comments

***What does it mean?***

There are themes around topics (medical, soft skills...) and there are themes around wanting to know where to get training, what training is to be done and support to upskill employers in this area. There are also barriers such as budgets and cover for staff, which are more structural issues.

It seems that some employers/PAs want or need formal training, and some would prefer carrying out everything in-house. As long as all resources are offered on an optional basis, there should be room for everybody’s needs to be met. Modules on soft skills and relationships can be developed for local Disabled People’s Organisations to deliver to groups or for employers themselves to use at home.

In relation to medical training, the most helpful action seems to develop a directory to signpost people to what is available locally.

There appears to be quite a significant proportion of people who have never been offered any training, whether they are an employer or a PA. This indicates that more information is needed, more support for employers to work out how to meet training needs and more budget to cover those costs.

**Summary**

While this survey was a snapshot, 106 PA employers and 109 PAs responded. The results provided very useful information which consolidated much of what came up in the semi-structured conversations with stakeholders and many of the views held by those participating in the PA Programme Board training subgroup.

Due to the diversity in the employment relationships and contracts there needs to be a flexible framework which supports training at the start of employment and on an ad hoc basis as required. Relevant Employer/PA skills and knowledge are needed to make this possible. The topics outlined in the survey are all relevant to both PA and Employer and should be included in the framework, providing a menu of modules which can be delivered to them both together and through self-directed learning.

What currently exists in this format needs to be explored with advice on how to access them. PAs would also like the training face to face in a group. Support to maximise the use of all preferred types of training should also be included as each response reflects what is important to them to develop their relationship.

The issue of accessing qualifications needs further exploring as the survey indicates an appetite for this. Some PAs have never been offered any kind of training and expressed a desire for more. Some employers would also like to know more about their responsibilities and options in this area.

Sustainable and well-funded Centres for Inclusive Living and Disabled People’s Organisations have a crucial role to play in the delivery of any training for PA employers and PAs. The route to having a strong and competent PA workforce echoed by many stakeholders with whom we have engaged is to have well supported employers with access to the kind of support and funds needed to support their staff.