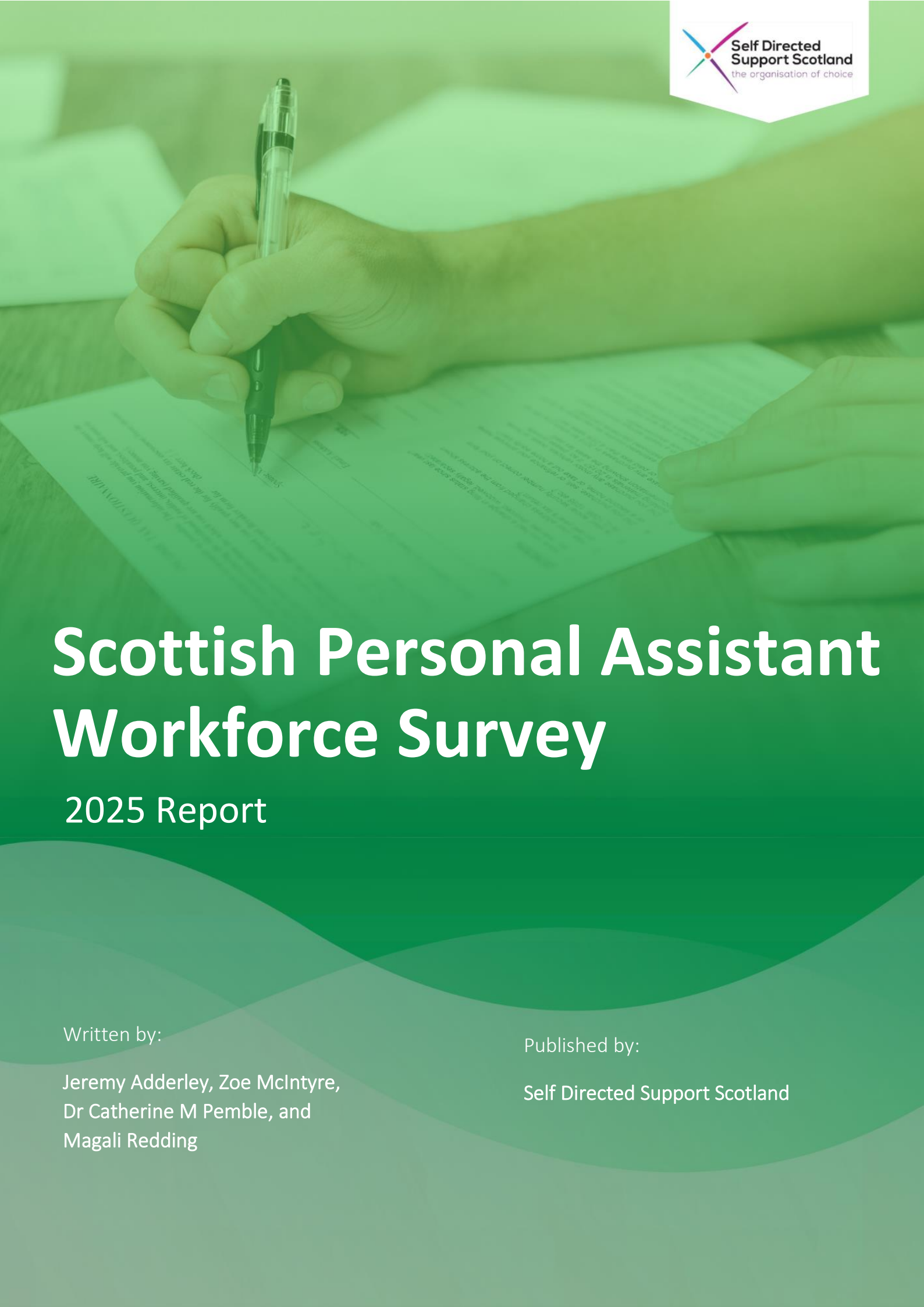




Scottish Personal Assistant Workforce Survey

2025 Report

Written by:

Jeremy Adderley, Zoe McIntyre,
Dr Catherine M Pemble, and
Magali Redding

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Foreword from Christina McLaren, Unit Head for Ethical Commissioning and Personal Assistant (PA) Policy, Scottish Government Co-Chair, PA Programme Board

The PA Programme Board continues to make significant progress since its establishment by Ministers in response to Recommendation 48 of the Independent Review of Adult Social Care in Scotland (IRASC): to recognise PAs as a vital part of Scotland's social care workforce. The Minister for Social Care and Mental Wellbeing, Tom Arthur MSP, values the work of the Programme Board, recognising the essential role PAs play in delivering bespoke, personalised, and flexible care. Their support enables disabled people to live healthier lives at home and within their communities for longer.

Under the strong leadership of my Co-Chair, Donald Macleod, Chief Executive of Self Directed Support Scotland, the Board has refreshed its workplan to focus on areas which will ensure further recognition and support for PAs. Key developments include the introduction of the Direct Payment Model Agreement, now adopted as Self-Directed Support (SDS) Framework Standard 13, and the creation of accessible training modules for both PAs and their employers.

The Board remains committed to addressing the challenges that affect the rights and autonomy of disabled people as employers of PAs. Our subgroups have made notable progress in areas such as PA Training, Research and Data, Wellbeing, and PA Recruitment.

This survey is now a cornerstone of our evidence-based approach. It helps us understand the lived experiences of PAs and informs our ongoing efforts to improve recognition, support, and working conditions. We are grateful to all who contribute to this work and look forward to continuing our journey.

About the PA Workforce Survey

PAs are a vital component in Scotland's social care system, providing disabled people with the flexible, person-centred support they need to live the lives they choose. The 2025 PA Workforce Survey, conducted between 1st April and 5th May 2025, builds on information gathered in the 2022^[1] and 2023^[2] reports, focusing on critical themes such as pay, recruitment, wellbeing, and job satisfaction.

This report draws together quantitative data on workforce demographics, pay, and working conditions with qualitative insights from PAs themselves, to provide a nuanced and comprehensive insight into the challenges and opportunities facing the PA workforce in Scotland. This report forms a key component of ongoing efforts to create evidence-based policy, training, and support for PAs and the disabled people they support.

Key Findings for 2025

The 2025 PA Workforce Survey provides a detailed snapshot of the experiences, demographics, and working conditions of Scotland's PAs. The findings highlight both areas of continued strength within the workforce and ongoing challenges that continue to affect recruitment, retention, and job satisfaction.

Demographics of the PA Workforce

- PAs continue to predominantly be white (92%) women (81.7%), who were nearing or at retirement age (45%).
- PAs in Scotland have a diverse range of skills and experience—over half of PAs (53%) moved into a PA role after working in health or social care, almost a quarter (24%) from customer-facing sectors like retail and hospitality, and a further 14% having a background in education.

How PAs feel about their role

- A clear majority of PAs (94%) feel proud to be a PA, an increase from 86% in 2023.
- The majority of PAs (57%) said their role had a positive impact on their mental health.
- Although most PAs year on year have agreed that they feel better valued (51%), fewer PAs feel that their work is better recognised (31%).
- PAs expressed concerns over low pay, a perceived lack of benefits when compared to other social care roles, and wider cuts to funding.

PA Working Conditions

- Most PAs have job security, with 51% of PAs on permanent contracts. However, a significant lack of contractual clarity persisted for over a quarter (26%) of the workforce. This included PAs with no contract, uncertain terms, or on zero-hours arrangements.
- Most PAs work part time, with 71% of PAs working fewer than 30 hours per week.
- PAs were paid an average of £13.13 per hour in April 2025.
- A significant number (40%) of PAs provide unpaid support to their employer outside of paid hours.
- Some PAs had accessed training (24%) and/or support for their role (15%) in the last year.

Survey Design and Participation

The survey was developed in collaboration with the PA Programme Board Data and Research subgroup. This version of the survey sought to keep core questions from previous years to ensure consistency while introducing new questions to reflect recent developments, including the introduction of PVG Registration for PAs in Scotland in April 2025, and ongoing efforts to determine the size and support needs of the PA workforce.

The survey used a mix methods approach to maximise data collection, without placing an undue burden on PA respondents. Participation was strictly voluntary, with no compulsory questions. All survey participants were offered the opportunity to enter a prize draw to win one of five £100 gift cards as a thank you, with prize draw entries being stored separately from survey responses and winners chosen by random number generation to ensure fairness and transparency.

The survey was advertised through multiple channels, including:

- **Direct outreach:** Invitations were sent to 5,274 PAs via Self Directed Support Scotland (SDSS) communication channels, including social media, email signatures, and a PA-specific mailing list. Over 4,500 PAs of these PAs were identified from the administration of the £500 Covid “Thank You” payment (representing Scotland’s largest known PA cohort).
- **Stakeholder networks:** Distributed through SDSS member networks, including 16 payroll providers, 15 carers’ centres, and the PA Network Scotland (PANS) to broaden reach.

This approach enabled the survey to gather responses from 964 PAs from across Scotland, providing a robust dataset for further analysis. Despite this success, it is important to recognise that some groups of PAs may be underrepresented in the survey data, including PAs primarily supporting children and young people, those based in rural communities, those funded via the Independent Living Fund (ILF) and individuals less comfortable completing surveys in English. Response rates may also have reflected broader contextual factors, including survey fatigue following the 2022 and 2023 iterations, and economic pressures (e.g., cost-of-living crisis), limiting available time for participation.

Survey Analysis

The data collected was analysed using a combination of complementary quantitative and qualitative methods. Numerical data detailing workforce characteristics, pay, and working conditions was initially examined using descriptive statistics such as frequencies, percentages, and measures of central tendency. This identified broad trends and changes between survey waves, with additional analysis being conducted where the data was particularly relevant to policy or practice.

Open-text responses were analysed using reflexive thematic analysis, a systematic, transparent, and flexible method developed by Braun and Clarke^[5] for interpreting qualitative data. This process involved multiple stages:

- Familiarisation
 - Repeated close readings of all responses to understand the depth and diversity of participant responses.
- Coding
 - Generating initial codes to capture important features, themes, patterns, and concepts appearing in the data.
- Theme Development
 - Condensing codes into overarching themes to capture key patterns in the experiences and responses of PAs.
- Refinement
 - Reviewing and refining themes to ensure they accurately and fairly represent the range of perspectives in the dataset.

This iterative process produced rich insights that both deepen the understanding of statistical findings in Sections 1 and 2 and underpin the detailed examination of PA experiences in Section 3.

The findings within this report form one part of a critical, ongoing conversation. To build a complete picture of the PA workforce, these findings should be read in concert with wider sector analysis, such as the Workforce Skills Report^[3] and the Skills for Care Dataset^[4]. Together, this growing body of evidence provides the level of insight necessary to inform effective policy and drive meaningful change and improvements for Scotland's PAs and the disabled people they support.

Section 1: Describing the PA Workforce

Understanding the demographics of the PA workforce is a critical first step in uncovering its needs. Overall, results from the 2025 survey indicate progress in some areas while highlighting disparities and potential barriers for PAs from minoritised groups. A lack of diversity within the PA workforce has potentially significant implications for disabled people seeking to locate, recruit, and work with PAs capable of providing person-centred, empowering, and/or culturally sensitive support.

Workforce Demographics

Age

The survey reveals an ageing workforce, mirroring the UK’s ageing population^[6]. 34% of responding PAs now fall within the 55–64 age bracket, a 5% increase from 2023, while a further eleven percent are aged 65 or older. Taken together, this means nearly half (45%) of Scotland's PAs are at or approaching traditional retirement age.

Age	2022	2023	2025
< 24	1%	3%	3%
25 - 34	10%	17%	14%
35 - 44	17%	16%	17%
45 - 54	26%	24%	22%
55 - 64	35%	29%	34%
65 - 74	9%	10%	9%
75 >	1%	1%	2%
Total Responses	875	706	510

Table 1: Age of Respondents Compared to Previous Years

This shift requires careful consideration, as firstly, some PA roles may involve physically strenuous tasks which may create barriers for older and/or disabled workers (explored in Section 3). Secondly, there is a relatively low proportion of younger workers entering the profession— only 3% of survey respondents were aged between 16 and 24, and 14% aged 25-34.

When compared to Scotland's wider social care workforce data from the Scottish Social Services Council, where 21.7% are under 30^[7], it becomes evident that the PA workforce faces greater age-related challenges than the broader social care sector, with heightened implications for the continuity of personalised support^[8]. Should this trend continue, it may create significant recruitment difficulties for disabled people seeking to employ PAs.

Gender

The survey revealed persistent, though slightly narrowing, gender disparities in Scotland’s PA workforce. Women remain substantially overrepresented, accounting for 81.7% of respondents, compared to 51.4% of Scotland’s general population. By contrast, men continue to be underrepresented (17.7% vs 48.6% nationally). Trans and non-binary PAs constituted 0.6% of respondents, closely matching the proportion of trans adults in the Scottish population (0.44%, according to 2022 Census data).

	2022	2023	2025
Male	14.7%	19%	17.7%
Female	84.7%	79%	81.7%
Trans/Non-binary	0.6%	-	0.6%
Prefer not to answer	-	2%	-
Total Responses	875	706	514

Table 2: Gender of Respondents Compared to Previous Years

The persistence of these disparities suggests that care work continues to be perceived as traditionally feminine — a view that is reinforced by structural and cultural barriers which may deter male applicants, despite a modest 3% rise in male PAs since 2022. This trend aligns with national and sectoral patterns, where men make up around 16–17% of Scotland's formal social care workforce^[3].

The gradually increasing proportion of men suggests that the recent “imPAct” PA recruitment campaign, which featured real-life images of men working as PAs, may be having some effect in challenging gender norms within care work, though the number of male PAs remains low. Further targeted efforts to promote the role of a PA as a viable option for people of all genders may help narrow the gap.

Methodological note: Direct year-to-year comparisons require caution, as the 2023 survey measured *sex* while 2025 captured *gender identity* (adding ‘Trans/Non-binary/Own-term’ options).

Disability

Survey responses from 520 PAs indicate that 24% are disabled or living with a long-term health condition which affects their daily activities, a figure broadly matching national levels (21.4% in Scotland’s 2022 Census^[11]) and consistent with previous survey waves (22% in 2022, 21% in 2023). This contrasts sharply with the wider health and social care workforce, where only 5.4% report being disabled^[7], suggesting the PA role may offer comparatively greater workplace accessibility and/or flexibility for disabled people.

While previous surveys collected binary data on whether PAs were disabled or living with a long term health condition, the 2025 question was reframed to allow for a more detailed insight into the impact of these conditions. When asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?”, 19% reported that their activities were “a little” limited (vs 10.6% in the general population), while 5% reported being “limited a lot” (vs 10.2% in the general population)^[11].

Sexuality

Table 3 shows that sexual orientation in Scotland’s PA workforce has remained broadly stable over the period 2022–2025, with over 90% of respondents each year identifying as straight/heterosexual. The combined proportion of respondents identifying as lesbian, gay, bisexual, or with another minority sexual orientation has risen modestly from 6% in 2022 to 8% in 2025.

	2022	2023	2025
Straight / Heterosexual	94%	93%	92%
Lesbian / Gay	2%	4%	4%
Bisexual	2%	2%	3%
Other	2%	1%	1%
Total Responses	865	694	505

Table 3: Sexuality of Respondents Compared to Previous Years

Although direct sectoral comparisons are limited, it is notable that the proportion of PA respondents identifying as LGB+ (8% in 2025) is approximately double that observed in the general Scottish population (4% LGB+ in the 2022 Census). This suggests that some PA roles may offer a comparatively inclusive and welcoming employment context for queer people.

Methodological note: The term “LGB+” here refers specifically to sexual orientation and does not capture gender identity. The category ‘Other’ (1% in 2025) includes respondents whose orientation did not fit the main categories offered in the survey.

Ethnicity

The 2025 survey indicates 92% of responding PAs identified as White, and 8% from minority ethnic backgrounds. This includes:

- 3% Asian (Scottish/British Asian)
- 2% African (Scottish/British African)
- 2% Caribbean or Black
- 1% Mixed/Multiple ethnic groups
- 1% Other ethnicities

While robust direct comparison across Scottish health and social care is complicated by differing data sources and sampling, these proportions differ notably from the most recent Scottish Social Services Council data, which reports 84.2% of the workforce as White. Notably, 7.1% of SSSC-registered care workers identified as African, Scottish African, or British African- almost four times the proportion found in this PA sample^[7]. These discrepancies suggest the PA workforce remains less ethnically diverse than the wider social care sector, raising questions around how key changes in policy, such as changing immigration requirements, may impact the PA workforce.

Although precise figures are limited by small numbers in some categories and ongoing data limitations, the consistently low representation of Black and Minority Ethnic (BME) PAs over time points to potential structural barriers impeding recruitment from marginalised communities. These may include limited awareness of PA opportunities, challenges with informal recruitment networks, or a perception that roles are not accessible or welcoming to minority groups^[9]. Underrepresentation of minority-ethnic PAs may also create practical difficulties for those seeking culturally competent support delivered in other languages^[9,10].

Methodological note: The 2025 survey replaced the 'Arab' category with 'Asian', reflecting a shift from a linguistic-cultural to a geographic-racial classification

framework. This affects direct year-to-year comparisons, as respondents who previously selected 'Arab' may now choose 'Asian', 'Other', or 'White' for this survey depending on how they identify.

Geographic Distribution

The survey received responses from PAs based in 31 of Scotland’s 32 local authority areas. To better understand geographic trends, response data were analysed using Scotland’s 2022 Census and the fourfold RESAS (Rural and Environment Science and Analytical Services) Classification framework^[12]. This framework groups localities into four categories based on factors such as population density, infrastructure, demographics, and access to services. Adopting this approach allows additional insight into the diversity of communities represented by PA respondents in 2025.

	% Scotland Pop	% Disabled Pop	% PA Answers
Islands & Remote	3%	3%	5.7%
Mainly Rural	28%	27%	50.4%
Urban with Substantial Rural Areas	42%	43%	24.9%
Larger Cities	27%	27%	19%

Table 4: 2025 survey responses by RESAS area compared to population and disability prevalence

Three features stand out— mainly Rural areas account for half of all responses despite representing just 28% of Scotland’s population, while Larger Cities contribute under 20% of responses relative to their 27% population share. This pattern indicates that PA responding to the survey were more likely to live and work in rural or remote parts of Scotland than in major cities, raising questions around the extent to which this might reflect either the spread of PA work or the impact of different recruitment strategies used during the 2025 survey itself.

The wider geographic distribution of responses is also illustrated in Figure 1. While these response patterns do not precisely mirror the general distribution of Scotland's population, the number of responses collected from each area category allow this report to highlight both the unique challenges of remote and rural PA work (such as transport and service access) and those commonly faced in urban contexts (such as housing costs). The presence of substantial rural responses helps ensure these perspectives are not underrepresented in national analysis.

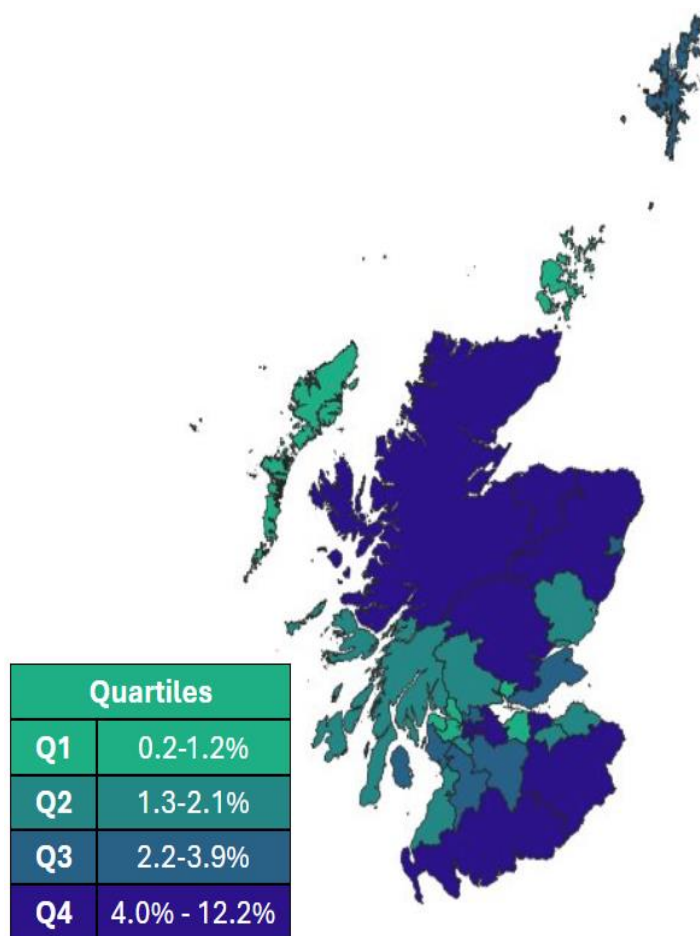


Figure 1: Geographic Distribution of 2025

Methodological Note: Table 4 benchmarks PA survey response rates against Scotland's general population and disabled population as recorded in the 2022 Census, as well as RESAS area types^[12]. While alignment between PA responses and the proportion of disabled residents is informative, two important caveats apply.

First, census disability figures include all self-identified disabled people, regardless of support need or receipt of social care, whereas PA data reflect a subset of individuals meeting both disability and eligibility criteria for PA support. Second, local response rates may be influenced by variable outreach capacity (such as the activity of local PA networks, support groups, or organisations helping distribute the survey) rather than simply reflecting underlying service user need. The figures reported here should therefore be interpreted as suggestive of broad regional response patterns and lived experience rather than as precise measures of PA coverage or demand.

Career Pathways into PA Work in Scotland

The survey asked PAs about their employment history prior to becoming a PA, along with details of any additional roles they currently hold. For previous positions, respondents could select from predefined categories. The most common pathways reported were: social care (40%), other (39%), healthcare (17%), and education (14%). For those who selected 'other,' and for all additional (concurrent) job roles, responses were further categorised using the UK Standard Industrial Classification (SIC) 2007 system. This ensures that economic activities are classified consistently, enabling robust comparisons with national workforce data and providing a richer picture of the PA workforce across Scotland.

The resulting data highlights two particularly prominent career pathways into PA work:

- **Transition from Care Sector:**
56% of closed responses and 20% of open-text answers reported previous health or social care experience, with a further 15% of PAs currently working in another care role alongside their PA position. This pattern matches external data indicating that PAs frequently come from registered health or care backgrounds. Nearly half of professionals leaving such roles in Scotland reportedly move into unregistered positions, potentially including PA work. ^[3].
- **Shift from Customer-Facing Sectors:**
Retail and hospitality account for 23% of prior roles, suggesting that the interpersonal nature of PA work attracts individuals with person-facing experience and service skills, even when they have not previously worked in health or care.

IC Code	Primary SIC job division	Prior Role	%	Other Role	%
Q	Health & Social Care	369	56	52	30
Qa	Health	114	17	5	3
Qb	Social Care	255	40	46	27
P	Education	91	14	22	13
G	Retail, Wholesale, & Vehicle Trade	32	5	15	9
I	Hospitality	32	5	7	4
N	Administration & Support	21	3	28	16
O	Public Administration	17	3	6	3
R	Arts, Entertainment & Recreation	12	2	9	5
M	Professional, Scientific & Technical	13	2	3	2
C	Manufacturing	11	2	3	2
K	Finance & Insurance	6	1	4	2
X*	Unpaid household work	5	1	5	3
S	Other Service Activities	3	0	6	3
A	Agriculture, Forestry & Fishing	1	0	4	2
J	Information & Communication	2	0	3	2
F	Construction	2	0	2	1
T	Domestic Staff		0	4	2
H	Transport & Storage	3	0	0	0
B	Mining & Quarrying	1	0	0	0
n=		654	-	173	-

Table 5: Previous and Current Professional Backgrounds of Personal Assistants (by SIC Code)

Methodological Note: The X* category in Table 5 has been created to capture the number of PAs who answered questions about their previous or concurrent roles with examples of unpaid care or familial childcare, which are not traditionally captured by the SIC framework.

How PAs found their role

PAs reported a wide variety of pathways into their roles. The 2025 survey asked PAs to select the primary route by which they found their position. The most common response was ‘friends and family’ (45%), reflecting the strong influence of informal networks in PA recruitment. A further 36% of respondents identified ‘other’ means, prompting closer analysis of open-text responses for additional insight.

A closer analysis of open-text responses from those who selected ‘other’ or ‘other website’ revealed further detail about common recruitment pathways for PAs. Among those who found their role online, 38 PAs (16%) used general job search websites such as Indeed or Totaljobs, while 16 (7%) used websites specifically targeting health and social care roles. A further 30 PAs (13%) were recruited through social media, and 12 (5%) responded to adverts on informal platforms such as Gumtree.

Offline channels also played a crucial role in PA recruitment. 35 PAs (15%) were directed to the role by statutory or specialist services, including social work teams and carers’ centres, while 28 (12%) heard about the opportunity through another individual, such as a former employer or a fellow PA. In addition, 26 PAs (11%) were contacted by the family of the person they support, and 37 (16%) were recruited directly by the individual they assist. Finally, 13 PAs (6%) found their role through general advertising methods, such as flyers or newspaper adverts.

These findings highlight the blended nature of PA recruitment in Scotland: long-standing, informal referral routes remain prominent, alongside more modern digital and platform-based methods. The prevalence of well-established routes such as word-of-mouth or general job sites likely reflects their long-standing use, predating dedicated PA recruitment platforms. While newer pathways like the My Job Scotland PA page offer targeted opportunities, efforts to improve recruitment may benefit from raising awareness of these formal portals among both existing networks and potential candidates from external sectors who may default to traditional methods or lack familiarity with PA-specific recruitment avenues.

Response to PVG Requirements for PAs

On 1 April 2025, new legislation came into force requiring the majority of PAs to register with the Protecting Vulnerable Groups (PVG) scheme^[13,14]. When asked about their awareness of this requirement, 63% of PAs reported they were already PVG members, while 12% had an application in progress. A further 8% planned to apply, but 12% had no knowledge of the requirement. Of the small proportion (5%) who stated they had no plans to apply, most were exempt (44%, typically family members), though 25% believed they did not need a PVG, raising questions around how well understood current requirements and exceptions are.

When asked how the PVG requirement would impact their work, most PAs (59%) viewed it positively; 20% were unsure; 14% felt it would have no impact; and 7% anticipated negative effects. Reflexive thematic analysis of their open-text responses revealed three key themes shaping these perspectives:

- **Value & Expectations:** Opinions around the value offered by PVG registration diverged, with some seeing PVG membership as a marker of professionalism and a tool for workforce tracking, with many indicating they had already assumed PVGs were already required for working as a PA. Others questioned its effectiveness in practice or the extent to which having a PVG would change knowledge or practice on a daily level.
- **Safety and transparency:** Respondents repeatedly emphasised the PVG scheme's role in fostering employer confidence and safeguarding vulnerable people, with many stating it "keeps everyone safe" and that it "[assures] both PA and client [...that] they are eligible to do the job". However, others pointed to significant limitations within the system, noting that PVG checks are restricted to offences on record at the time of application and do not provide a comprehensive guarantee. There were also concerns that requiring PVG clearance may unfairly exclude individuals with historical convictions that do not necessarily affect the applicant's suitability for the PA role, thereby potentially reducing the diversity and inclusivity of the workforce without guaranteeing additional safety for those supported.

- **Logistics:** Practical concerns included the costs and administrative burden of obtaining a PVG, particularly for low-hour or multi-role PAs. Some worried that added costs or process complexity could deter applicants, especially in the context of the of living crisis, and create additional barriers to those seeking to enter the workforce.

These findings highlight the nuanced challenges of regulating PA roles. While schemes like PVG membership are intended to enhance safety, recognition, and accountability, they also risk introducing new obstacles that may unintentionally reduce workforce diversity and limit access to support. Striking an effective balance will require sustained attention to the lived experiences of both PAs and their employers, ensuring that protective measures do not inadvertently become barriers to recruitment or retention, while still providing meaningful reassurances to disabled people seeking support.

As the main concerns raised by PAs regarding the PVG scheme centred on the costs and process of application, efforts to address these anxieties might best begin by alleviating the administrative and financial burden of the application itself. Currently, the fee stands at £59 for new applicants and £18 for a Membership Statement or subsequent updates, which typically falls to the PA, though employers may be able to reimburse the PA in some cases^[15,16]. Efforts to address barriers could therefore include taking steps to create clear, well advertised, guidance and tailored financial support to ensure that regulatory requirements do not become barriers to inclusion or workforce stability.

Section 2: Understanding the PA Role

This section analyses the core activities, employment structures, contractual arrangements, pay, and working hours of Scotland’s Personal Assistant (PA) workforce, using 2025 survey data compared against previous years.

Who PAs Support

Survey data confirms that the majority of PAs in Scotland (69%) continue to support adults of working age (16–64), a trend that has remained strikingly stable over the last three survey years. Support for older adults (65+) has risen marginally to 26%, aligning with demographic shifts as Scotland’s population ages. Only a small proportion (5%) of PAs provide support primarily for children under 16, a slight decline from previous years. This enduring age distribution suggests the PA model is especially central for enabling independent living for disabled adults, while support for children appears more limited.

Response	2022	2023	2025
Child <16	8%	7%	5%
Adult 16-64	69%	67%	69%
Adult >64	23%	26%	26%
Total Responses	787	655	911

Table 6: Distribution of PA Support by PA Employer Age Group, 2023–2025

While the respondent base for this question dropped in 2025 (n=655 vs. 787 in 2023) the consistent pattern across successive years underlines the reliability of these findings. This enduring pattern suggests further work is required across a range of stakeholders to ensure that SDS in the context of children and families is well understood and promoted.

Employment Structures and Relationships

In 2025, PAs reported supporting an average of 1.91 individuals, indicating that though many work on a one-to-one basis, a substantial share work with more

than one employer at a time. This complements SDSS collated Payroll Provider Survey data in April 2025, supplied to Scottish Government to support ongoing work to calculate the size of the PA workforce in Scotland, which shows the ratio of PAs per PA employer is 1.88. The majority (74%) described themselves as being directly employed by the person they support, a structure that reflects Scotland’s policy commitment to personalisation and user control through SDS.

However, nearly a fifth (19%) stated that they were employed by someone other than the individual they support, such as a family member or other third party. A further 7% were unsure who officially employed them. This ambiguity in employment relationships should be carefully noted, as lack of clarity in employment arrangements can significantly impact both the PA and those they support as they risk obfuscating workers’ legal entitlements (including sick pay, leave, and job security), risking continuity of support for disabled people, while potentially blurring of accountability for both employers and employees^[1].

Employment Status, Contract Type, and Hours Worked

Most PAs reported being formal employees (87%), with self-employed PAs now accounting for 10% of the workforce, and the remaining 3% made up of agency workers. Over half (51%) of PAs now have permanent contracts (up from 47% in 2023), and a further 17% work on rolling fixed-term contracts. Another 4% are engaged on a self-employed service contract, meaning they are taken on as independent providers rather than as employees, bringing different implications for tax, and workplace rights. Critically, while there appears to be a growing opportunity for PAs to gain secure employment almost 1 in 5 have either no contract or are uncertain of their terms.

	2022	2023	2025
Permanent contract	61%	47%	51%
Rolling fixed-term contract	8%	17%	17%
Fixed-term contract	1%	8%	3%
Self-employed Service contract*	-	2%	4%
Zero hours contract	10%	9%	9%
I don’t have a contract	11%	7%	9%
I don’t know	8%	9%	8%
Total Responses	785	648	583

Table 7: PA Contract Types, 2023-2025

This continuing shift may indicate greater job clarity for some, but more than one quarter of the workforce (26%) reported working on a zero-hours contract, lacking any contract, or being uncertain about their specific terms. This absence of contractual clarity exposes both PAs and their employers to risks under employment law and highlights the need for accessible, reliable, tailored guidance and support for policymakers, local authorities, disabled people and PAs themselves.

The type and clarity of contracts available to PAs have clear implications for working hours and job security. Those with permanent or rolling contracts typically experience more predictable working patterns, while PAs on zero-hours, self-employed, or informal arrangements often face variability and precarity. While the number of PAs reporting zero-hour contracts is low for this survey (9%, compared to 30% in the wider care sector^[17]) this figure should be interpreted cautiously, as an additional 9% of PAs reported having no contract and 8% were unsure, potentially obscuring higher rates of precarious zero-hours employment.

Contractual clarity, therefore, is particularly important given the often bespoke and part-time nature of much PA work as only 17% of PAs reported working approximately full-time hours (here, combining all those reporting between 31 and 40 hours per week; UK “full-time” benchmarks generally range from 35 to 37.5 hours). The majority (71%) worked fewer than 30 hours per week, with almost one in four (23%) reporting that they worked fewer than ten hours a week, up from 17% in 2023. At the same time, a further 11% of PAs reported working over 40 hours weekly, reflecting a small but notable contingent of PAs who are consistently working more than full time hours.

Despite these shifts towards predominantly part-time working, a significant minority of PAs (40%) reported providing unpaid support as part of their role at

	2022	2023	2025
> 50 hours	8%	7%	5%
41 - 50 hours	8%	11%	6%
31 - 40 hours	19%	21%	17%
21 - 30 hours	22%	20%	20%
11 - 20 hours	26%	24%	28%
< 10 hours	17%	17%	23%
Contributed Unpaid Hours	48%	57%	40%

Table 8: Paid and Unpaid Hours Worked by PAs 2023-2025

the time of the survey. Such persistent unpaid labour underlines a need for more precise commissioning to ensure contracts and funding reflect every aspect of support provided. This aligns with calls from Carers Scotland^[18] and SDSS^[19] for commissioning practices and policy that ensure funding and support accurately reflect the actual amount of care and support delivered by PAs, including contributions outside of contracted hours.

While it is possible that this trend towards shorter, more flexible hours and a reduction in unpaid work may indicate greater formalisation and recognition of PAs' time, these results might be best read alongside the qualitative insights from PAs reported in section 3, which highlight the challenges faced by this workforce as one that is at once motivated by the perceived value and meaning of their work and negatively impacted by concerns around job stability, support, and wider recognition.

Methodological Note:

Sample sizes varied by question and year. For Table 7 (employment type), valid responses were 865 (2022), 752 (2023), and 557 (2025); for contract type, 785, 648, and 583 respectively. For Table 8 (hours worked), valid responses for "working hours" were 890 (2022), 755 (2023), and 557 (2025); for "unpaid hours," 886, 753, and 540. Percentages are calculated using the number of respondents to each specific question in each year.

Pay and Remuneration for the PA Workforce

Recent years have seen a striking shift in how PAs in Scotland are paid for their work. Local authorities funded over two-thirds (71%) of all support provided by PAs in 2025, a rise from 55% the previous year. “Private” and “family” arrangements remain uncommon, and 12% of respondents were unsure about how their role was funded, suggesting a level of uncertainty that parallels ambiguity observed in employment status across the workforce.

Year	LA	ILFS	Private	Family	ATW	Not Known	Other	Total responses
2022	58%	23%	3%	3%	-	11%	1%	857
2023	55%	15%	8%	7%	-	12%	2%	743
2025	71%	6%	4%	3%	2%	12%	1%	537

Table 9: Funding Sources for PA Posts 2022-2025

However, the data should be examined carefully— this round of the survey saw a significant decrease in the number of PAs reporting their role was funded by the Independent Living Fund Scotland (ILFS). Examined alone, this pattern could be seen as indicative of SDS users losing access to the ILF itself— though this seems unlikely when considered in the wider context of the Independent Living Fund reopening in April 2024.

This raises key questions about the root of the discrepancy between PA reporting and wider policy. On one hand, PA respondents might be accurately reporting how their posts were funded, indicating a weakness in how the survey was shared with PAs funded by ILFS. On the other hand, however, the 12% who reported being uncertain of their contracts may be an indication of PAs potentially misunderstanding how their roles are funded, leading them to select other sources of funding due to a general assumption that PAs are funded through local authorities, when the actual funding environment is significantly more complex. The potential for confusion over pay sources could signal a continued need for clearer, more accessible information for both employers and the workforce.

Methodological Note: For table 9 ATW (*Access to Work*) not included as an option in previous surveys.

Rates of Pay: Progress and Persistent Gaps

2025 was the first year the survey systematically gathered data on hourly rates for different types of PA shifts. Results reveal considerable variation, even when regarding the survey data was collected during a time of transition to uplift PA pay rates from a Scottish Government-set minimum of £12 per hour in 2024 to £12.60 per hour in 2025 ^[21]. The average and median day and night rates now cluster just above the minimum rate of £12.60 per hour as introduced by the Scottish Government in April 2025. It is notable, however, that the minimum rates reported were as low as £8.00 for day shifts and £6.99 for sleepover shifts in some cases, suggesting that a portion of the workforce continues to be paid below the minimum Scottish Government PA pay rate and the National Living

Shift Type	Average	Median	Min	Max
Day	£13.29	£12.60	£8.00	£30.00
Night	£13.55	£12.60	£8.50	£25.00
Sleep over	£12.06	£12.00	£6.99	£15.35
Combined	£13.13	£12.50	£6.99	£30.00

Table 10: PA Pay Rates by Shift Type, 2025

Wage.

Notably, 5% of PAs reported pay rates below £12 per hour, which is lower than Scottish Government's 2024 adult PA pay rate. The persistence of sub-minimum rates is concerning because the £12.60 threshold is intended to provide both a living wage and a meaningful boost to recruitment and retention of PAs. That rates beneath this floor are still reported may indicate:

- There are delays or gaps in the implementation of the uplift at the local or employer level.
- PA employers are not consistently and/or effectively being supported to ensure they meet their legal obligations in paying the National Minimum Wage from a local authority and/or Independent Support Organisation.
- Some PAs may be paid by 'cash in hand', and therefore there is less potential oversight from, for example a payroll provider or accountant,

who should be able to advise an employer about their legal responsibilities in paying at least the National Minimum Wage.

- There are barriers for PA employers and PAs in accessing information and advice about the National Minimum Wage and/or social care budgets.
- The potential for under-reporting or misclassification of pay rates.

Successfully addressing this challenge will require; clearer, ongoing communication of legal entitlements and sector standards; and targeted support for both employers and PAs to resolve underpayment.

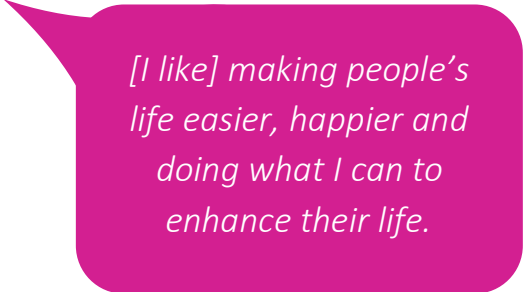
Section 3: Understanding the Experience of PAs

This section explores the “real world” experience of PA work by drawing together both quantitative survey findings and the voices of respondents who shared their perspectives through open-text questions. Rather than separating positive and negative themes, the analysis highlights some of the critical tensions highlighted by PAs as they seek to balance the positive aspects of a role they find meaningful and valuable with key challenges around pay, support, and recognition.

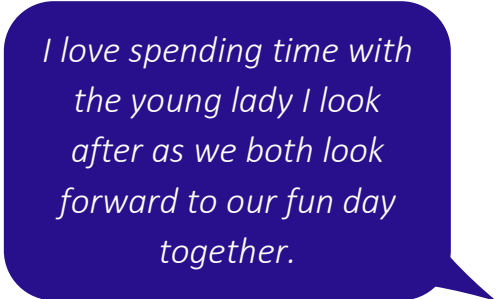
The Balance Between Meaningful Work and Financial Strain

Qualitative responses from across the survey highlight one of the core challenges for many PA respondents: the need to balance the personal rewards of making a meaningful difference in others’ lives against persistent worries about low pay and financial stress. This theme appeared across hundreds of open-text answers and remains as much of a central feature of the PA experience in 2025 as it did in previous reports.

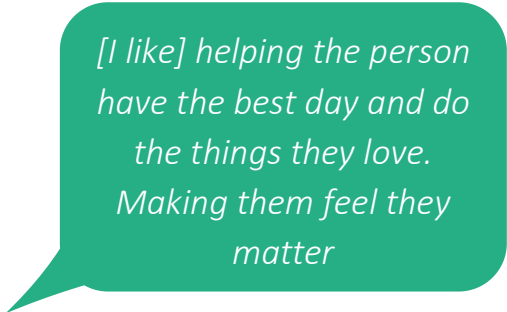
Many PAs described their work as uniquely enjoyable, often emphasising the direct human connection, the everyday variety, and, above all, the sense of pride they felt came from empowering people to live more independently. The one-to-one aspect of many PA roles emerged as particularly meaningful, with PAs sharing that the opportunity to work intensively with a small number of disabled people over time offered more opportunity for genuine partnership and support than traditional caring roles. This echoes extensive academic research on intrinsic motivation in care, which



[I like] making people's life easier, happier and doing what I can to enhance their life.



I love spending time with the young lady I look after as we both look forward to our fun day together.



[I like] helping the person have the best day and do the things they love. Making them feel they matter

finds that care workers are frequently driven by a desire to help and to see tangible positive results in people's lives, even when work is emotionally and physically demanding ^[22,23].

Some PAs specifically highlighted the privilege of participating in important milestones, whether by "assisting parents with strategies" or "helping introduce a client to new experiences in the community," while others expressed satisfaction in "feeling useful," "seeing someone's face light up," or knowing they were "making a positive difference, no matter how small, every day." Comments like these point to the way many PAs view their role as far more than a job, they often describe it as a vocation, linked to fulfilment and two-way respect for both PA and employer. This finding is strongly supported by past years' survey data, which highlights intrinsic satisfaction as a major draw to the profession ^[2].

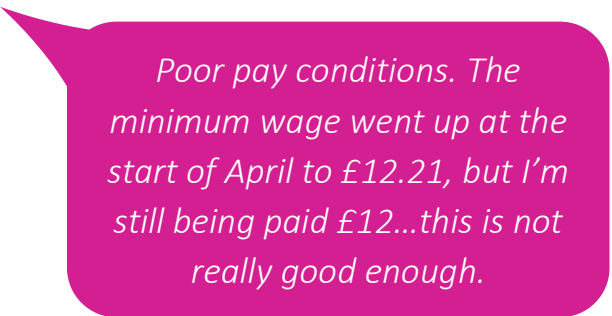
The quantitative survey responses reinforce these patterns. In 2025, 63% of PAs agreed or strongly agreed that they want to work in the role long term, compared to 54% in 2023— a clear sign of enduring professional commitment.

However, these positive experiences are firmly situated within a context of significant and ongoing financial pressure. Many PAs articulated dissatisfaction not just with their wage level, but also with broader issues such as delays in pay uplifts, lack of paid sick leave or pension provision, and a wider awareness of the impacts of austerity policies and local funding pressures. Academic research often details similar dynamics across both formal and informal care and support provision, where care workers' willingness to work under difficult conditions because of intrinsic motivation can be exploited by employers or systems, leaving them vulnerable and sometimes accepting poorer terms than workers in comparable roles ^[22,23,24].

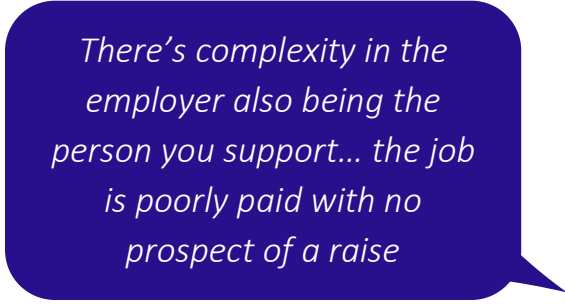
PAs frequently recognised that while the job may bring meaning, it also carries great responsibility and can involve significant physical and emotional demands. The challenges of being “poorly paid, with no prospect of a raise even as you become more indispensable,” or concerns about the “lack of value of care work as reflected in pay and terms and conditions,” were common. Several respondents highlighted how national or local policy changes, reimbursement delays, and shifts in commissioning

created chronic uncertainty— an experience mirrored in recent sector-wide analyses, which have documented persistent pay gaps between care and other sectors, especially for low-income and self-employed roles ^[17].

For many PAs, the meaningfulness of their work is not enough to offset financial anxiety. This is consistent with national and international findings: intrinsic rewards may sustain motivation in the short term, but long-term stability and care quality depend on adequate pay and secure terms^[23,25]. These issues are by no means isolated. They reflect a system where, despite repeated policy commitments to “value care,” actual wage increases and improvements in conditions remain patchy and slow, particularly for those outside larger institutions or agencies ^[17].



Poor pay conditions. The minimum wage went up at the start of April to £12.21, but I'm still being paid £12...this is not really good enough.



There's complexity in the employer also being the person you support... the job is poorly paid with no prospect of a raise

This tension is visible in intentions to stay in the sector. While a clear majority (63%) of PAs in 2025 agreed or strongly agreed that they wanted to work as a PA in the long term, a slight rise from the previous year, almost a quarter (23%) neither agreed nor disagreed, expressing ambivalence or uncertainty about their future. A further one in seven (14%) disagreed or strongly disagreed, highlighting doubts or possible intentions to leave. Qualitative answers showed that many who enjoy and value their work nonetheless see the ongoing mismatch between responsibility, recognition, and remuneration as unsustainable, especially in light of mounting cost-of-living pressures and shifting national policy.

	2023	2025
Strongly Agree	25%	28%
Agree	29%	35%
Neither Agree nor Disagree	27%	23%
Disagree	12%	9%
Strongly Disagree	6%	5%
Total Responses	789	791

Table 11: Desire to remain as a PA, 2023-2025

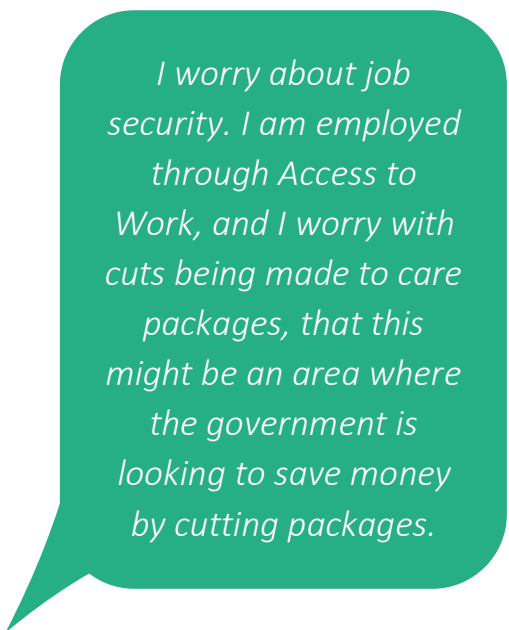
Such findings mirror broader research evidence that connects dissatisfaction around pay and benefits not only with lower retention, but also with a growing sense among care workers that their contribution is undervalued by both policymakers and wider society ^[17,24].

These realities set the stage for a deeper exploration of job security and flexibility in the PA workforce. While PAs routinely report high levels of professional pride, fulfilment and motivation, their answers also provide a clear warning: meaning alone cannot reliably insulate against economic vulnerability. The following section addresses how issues of pay intersect with concerns about contract security, autonomy, and the practical risks faced by those delivering personalised support at the front line of Scotland’s social care system.

Navigating Autonomy and Job Insecurity

Qualitative responses in the 2025 survey show that job security and flexibility are both deeply intertwined and frequently in conflict for many of Scotland's PAs. While many respondents expressed appreciation for autonomy, an equally strong pattern emerged of anxiety and instability, with many linking such feelings not to immediate employers, but the overarching policy and funding environment.

A considerable portion of respondents cited wider funding cuts and policy uncertainty as primary sources of job insecurity. PAs described fears that benefit changes or reduced social care budgets could abruptly cut their hours or livelihoods, often irrespective of their performance or relationships with employers. These themes are echoed in the 2023 Scottish PA Workforce Survey report, which documented rising concern among PAs about having “contracts which can be terminated or changed at short notice”, creating persistent anxiety about the sustainability of their roles ^[2].



I worry about job security. I am employed through Access to Work, and I worry with cuts being made to care packages, that this might be an area where the government is looking to save money by cutting packages.

This focus on the impact of working in precarious positions closely aligns with academic research showing that care workers' sense of security is profoundly shaped by commissioning practices, austerity policies, and short-term public funding in the UK and internationally ^[26,27]. Studies highlight that routine exposure to budget cycles and eligibility reassessments leaves many PAs facing “precarious employment,” even when day-to-day workplace relationships are positive ^[27]. The implication is that even the most well-motivated or skilled PA cannot fully insulate themselves from the wider policy environment ^[26].

This context also drives administrative and logistical difficulties, with lone-working PAs describing the challenge of unstable shifts, responsibility for self-managed admin (tax, insurance, compliance), and a perceived lack of support— issues strongly confirmed by international studies of direct payment systems ^[28]. Both the 2025 and 2023 Scottish PA Workforce Survey findings reveal how

administrative responsibilities add “stress and uncertainty,” as PAs often lack institutional support for routine HR or crisis management tasks^[2].

My biggest concern is juggling multiple high-priority tasks and urgent requests without burning out, so I stay vigilant about setting clear priorities and healthy boundaries.

While many insecurities come from policy and funding, some relate to the structure of PA work itself— particularly for those supporting only one or two employers, or those who may lose their position if their employer is hospitalised, moves, or passes away. These themes mirror findings from comparative home care and PA workforce studies, which document elevated job loss risk for those working outside large organisations^[29].

Balanced against these pressures, many PAs cited the intrinsic advantages of autonomy and flexibility. They described setting their own hours, tailoring support to employers’ evolving circumstances, and avoiding some of the “rigid” scheduling of agency-based or institutional roles. The 2025 findings

consistently echo those reported in 2023, where “control over working conditions” was identified as a defining and highly valued aspect of PA work ^[2]. Academic research offers robust evidence that autonomy is critical to job satisfaction in care roles. Studies indicate that PAs and other care workers value the independence to deliver personalised, person-centred care, and that this autonomy supports retention and morale, even when material terms may be

I like the flexibility as I can work around my other commitments. I have a voice and I am asked for ideas and suggestions. Freedom of personal risk assessments. Honestly the best job I’ve done.

weaker than in larger organisational settings ^[22,30]. However, these same studies caution that flexibility must not be confused with security; workers may enjoy control over day-to-day tasks without protection from broader systemic volatility^[27].

Typical comments noted “flexibility as I can work around my other commitments” and “having more freedom and not being constrained by a company's policies” as making the PA role uniquely attractive compared to mainstream social care work. Survey data further highlight that about half of

	2023	2025
Agree	35%	28%
Disagree	16%	14%
Neither Agree nor Disagree	26%	28%
Strongly Agree	16%	22%
Strongly Disagree	7%	8%
Total Responses	790	807

Table 12: PA responses to the statement “I have job security” 2023-2025

respondents agreed or strongly agreed they felt secure in their roles, while the other half were neutral or disagreed, indicating a workforce split between enjoying flexibility and feeling exposed to instability.

Taken together, the qualitative and quantitative findings illustrate that PA work is defined by its dual nature— valued for flexibility and individual empowerment, but structurally exposed to funding, policy, and logistical risks. This ‘double-edged sword’ is described within both academic literature on Self-directed Support^[31] and personal assistance, and in the 2023 Scottish PA Workforce Survey report, which called attention to this enduring tension^[2].

Policymakers and commissioners are therefore cautioned that while PA work fosters autonomy and meaning, it is also at risk of unsustainable turnover if insecurity and instability are not actively addressed^[22,26,28]. The challenge for future reform is to safeguard the flexibility at the heart of the role while building structures that offer proper job security and support, both at the policy and individual level.

The PA Support Paradox: Strong Relationships, Weak Systems

Another key tension emerging from the 2025 survey lies in the deeply relational nature of the PA role as a position that can simultaneously foster deep, genuine, trusting relationships with the people they support and those around them, while leaving the PAs themselves isolated from peers, supervision, and sources of professional support.

Qualitative responses to the 2025 survey emphasise how important the opportunity to build relationships is to PAs, with many framing it as a core benefit of the role. Respondents consistently highlighted the “luxury” they had a PA, as working intensively one person, or a small number of employers. PAs argued this allowed them to engage in reflective, person-centred ways that worked for the person they supported. Many directly contrasted this against with more traditional forms of care, which they described as restrictive or rushed, allowing less time for genuine care and connection.

“I love that you can genuinely build relationships with the people you work for. You can make trusting friendships. I like that each individual’s needs are so different to one another so you can also start with those you’re comfortable with in your own skills.”

Such insights are reflected in a strong tendency for PAs to prefer working with their existing employers over seeking new contracts, with 53% of PAs in 2025 agreeing or strongly agreeing with the statement “only want to work for the person or people I assist now”, while only 21% disagreed or strongly disagreed with the statement. PAs themselves may value the stability of working with a

single person over a long-term career pathway which may involve seeking out a working with a larger number of disabled people over time^[2].

	2023	2025
Strongly Agree	15%	22%
Agree	38%	31%
Neither Agree nor Disagree	27%	25%
Disagree	15%	13%
Strongly Disagree	5%	8%
Total Responses	791	806

Table 13: PA responses to the statement “I only want to work for the person or people I assist now” 2023-2025

It is important to note, however, that while these insights emphasise the strong working relationships built between PAs and those they support, they also raise key questions around how to attract and maintain a sustainable PA workforce. The impact on both the PA and their employer may be experienced more intensely if the PA or the PA employer are no longer to fulfil their roles.

Indeed, for some PAs it may be the very intensity of these working relationships that serves to underpin wider patterns of professional isolation and support, with only 103 of 688 PAs (15%) indicating that they had accessed support in the last 12 months in the 2025 survey. When asked to think more broadly about the support available to them, only 53% of PAs agreed or strongly agreed that they had the “support [they] need to do [the] job well”, while almost half (47%) of respondents chose a neutral or negative response.

When asked who they would turn to if they needed support, 76% of PAs in 2025 cited their employer, with just 11% naming a local authority SDS team and only a small proportion naming dedicated support organisations. In some cases, reliance on employers for support becomes particularly problematic where PAs both need support and

	2022	2023	2025
Employer	75%	75%	76%
LA/HASCP SDS Team	8%	10%	11%
PA Network Scotland	3%	6%	5%
Other	11%	4%	4%
ACAS	2%	3%	3%
Trade Union	1%	2%	2%
Insurance Provider	1%	1%	1%
Total Responses	886	723	626

Table 14: Summary of sources of support PAs would use when seeking support, 2022-2025

provide support, with one noting “I feel responsible for the people in my care as I’m the only person they have”, while another shared that they felt they were often “left to my own devices and just do what I think is right. The different clients I work for and their families don’t have a clue”.

Such experiences do not necessarily indicate a lack of available support however. When asked to provide more detail about the different resources they had accessed or were aware of, over two-thirds of respondents indicated they were unaware of major sector resources, many of which were introduced in the months prior to survey distribution, such as the National Wellbeing Hub, PA Network Scotland, or the SDSS Learning Hub. Even among those aware, utilisation remained low, with just 23% reporting accessing the Personal

Assistant Handbook online and 21% accessing the PA Network Scotland Membership Application Portal.

	Accessed	Not accessed	Not aware	Total
Discounted Unite the Union	8%	24%	68%	650
PA Wellbeing Page on the National Wellbeing Hub (online)	9%	22%	69%	650
Social Work Scotland's SDS Standard 13: Direct Payments for Employing PAs	15%	24%	61%	651
The My Job Scotland Personal Assistant Vacancies Page	17%	29%	54%	652
The PA Network Scotland Membership Application Portal	21%	27%	52%	649
The Personal Assistants Handbook (online)	23%	22%	56%	650
The SDSS Learning Hub with e-learning modules for PAs to use with their employer	12%	27%	61%	648

Table 15: PA awareness of and access to support resources, 2025.

Such low rates of awareness and engagement raise critical questions around how PAs can and should be supported in their roles, as the individualised nature PA roles creates challenges to effective dissemination and use of critical resources which might be more easily shared in traditional care organisations with developed support structures. This highlights need to maintain and grow efforts which support the development and creation of more formal channels of support. While close relationships with employers and families can be a vital source of motivation, they cannot fully compensate for the absence of wider support, particularly if the issues facing PAs are related to the employer themselves^[28].

Aspirations for Professional Growth and the Current Training Landscape

Another fundamental tension emerging from the 2025 survey centres on professional development, where PA work simultaneously enables significant personal growth and skill acquisition whilst systematically excluding practitioners from formal training pathways and structured professional support.

This paradox creates a workforce that develops substantial expertise through daily practice yet remains largely disconnected from recognised qualifications, systematic training provision, and professional oversight mechanisms that could validate and enhance their capabilities.

While many PAs report that they acquire valuable skills through daily practice, access to structured training remains limited with less than a quarter (24%) undertaking work-related training in the past year versus 31% who had last accessed training over a year ago, and 45% who reported receiving no formal training for their roles whatsoever. Importantly, responses from the 2025 survey strongly suggest this lack of engagement with training reflects the presence of persistent barriers to the training itself rather than disengagement on the part of PAs. When asked about specific training areas, PAs demonstrated extensive engagement across a range of relevant areas, with 74% having accessed First Aid training, 71% Health and Safety, and 66% Moving and Assisting/Handling, alongside substantial uptake in areas such as Safeguarding of Vulnerable Adults (60%) and Data Protection (59%), as shown in Table 16. Many respondents also indicated broader qualifications relevant to their role obtained through other employment or educational pathways, including SVQs and HNCs in Health and Social Care, degrees in psychology and nursing, and specialised training in areas such as Makaton, medication provision, and safeguarding frameworks like Getting It Right for Every Child (GIRFEC).

	2023	2025
No	42%	45%
Yes, more than a year ago	34%	31%
Yes, in the last year	24%	24%
Total Responses	743	546

Table 16: PA engagement with training over time, 2023-2025.

	2023	2025
First Aid	71%	74%
Health & Safety	68%	71%
Food Hygiene	66%	66%
Moving and assisting/handling	74%	66%
Disability Equality/Awareness training	61%	60%
Infection Control	61%	60%
Safeguarding of Vulnerable Adults	63%	60%
Data protection training	58%	59%
Safe Administration of Medicine/ Medication Support	58%	58%
A specific induction into your role	61%	57%
Communicating Effectively	55%	56%
Person Centred Care	58%	56%
Principles of Care and Confidentiality	57%	53%
Epilepsy with Emergency Medication Administration	48%	52%
Safeguarding of Children	50%	45%
Other certification (for example, SVQ)	41%	35%
Physiotherapy and exercise	35%	30%
SSSC Open badges	32%	24%
Total Responses	440	510

Table 17: Rates of engagement with specific training courses by PAs, 2023-2025.

Indeed, PAs taking part in the 2025 survey indicated not only a previous willingness to engage with training, but a consistent desire for ongoing development. When asked about the type of training they would like to access if it was available, responses included reflected a profound need for a range of support, from training designed to support the PA as an worker (including training around finances and self-assessment tax), to wider care issues like sexuality and trauma informed support, to targeted issue-focused training around specific conditions or support needs. Reliable access to recertification and updated training across the board was also identified by PAs.

Despite this drive, however, respondents frequently noted that their aspirations were limited in practice by practical, often financial barriers noting: “the good beneficial training comes at a cost” but there was “no funding available to enable first aid training or any training for that matter. We have to fund it personally”. Some did not access training because “I cannot afford it. I just get on with things on my own.” Indeed, the fragmented and changing nature of funding for training highlights the importance of considering this data in the context of wider policy changes or social challenges like the cost-of-living crisis which can help to contextualise significant shifts, like the significant drop in employer-supported training (from 44% in 2022 to 24% in

2025) and increased reliance on Health and Social Care Partnership funding which increased from 11% to 28% over the same period. These funding constraints and unclear training pathways have implications that extend beyond individual professional development, directly affecting the quality and scope of support that PAs can provide to their

	2022	2023	2025
By employer	44%	24%	24%
By HSCP	11%	30%	28%
Myself	16%	18%	11%
No cost		24%	29%
Other	29%	4%	8%
Total Responses	560	388	265

Table 18: Funding sources used by PAs to access training, 2022-2025

employers. When PAs lack access to specialised training in areas such as specific conditions, assistive technologies, first aid or trauma informed support, their capacity to respond effectively to complex or evolving support needs is compromised, which may negatively impact the disabled people they support in turn. The current fragmented funding landscape therefore creates a paradox, where the personalised, flexible care model that Self-directed Support aims to deliver, is at risk of being undermined by the absence of significant investment in the learning and development of the PA workforce.

Yet, despite these challenges, many PAs offered compelling examples of the personal and professional growth that the work enables. Respondents highlighted “opportunity to develop skills and flexibility,” “constant challenge,” “resilience, emotional intelligence, and creativity needed for daily challenges,” “learning every day,” and even gaining “exposure to high-level professionals and industries.”

Some explicitly noted how the role required them to adapt quickly, solve new problems, and stay up to date on medical and social care developments. Others credited their work as a PA with “opening my eyes to new challenges,” “teaching the vital importance of self-care,” and developing valued traits such as “multitasking” or “rapid problem-solving.” These accounts reflect strong intrinsic motivation, in line with the wider body of research literature suggesting that PAs and similar care roles often develop deep expertise and adaptability through their experience of direct service even in the absence of structured formal learning^[22].

Nevertheless, even those describing significant personal or skill growth often coupled it with a desire for more formal training, professional supervision, or opportunities to learn from peers. Such points highlight a workforce that is both capable and motivated, but often left to navigate complex, legal, or emotional demands without readily available options for professional development. Recent UK studies have cautioned that, while independence and experiential learning can foster resilience among PAs, the absence of systematic training and professional oversight may increase risks for both employers and workers, particularly in complex care scenarios^[17,28,33].

Policymakers and commissioners should therefore take seriously both the widespread calls among PAs for better, more accessible training and the evidence that robust skills development frameworks directly support recruitment, retention, and care quality. Such support might include, for example, championing the Personal Assistant National Training Framework to support PA development^[34] while taking steps to fully realise Self-directed Support Standard 13^[32] to ensure equitable access to direct payment options for disabled people across Scotland.

Pride, Identity, and the Struggle for Recognition

A consistent tension emerges in the survey findings between the strong pride PAs express in their work and a persistent sense of invisibility or marginalisation within wider institutional and societal frameworks. This duality surfaces across both open-text and scaled responses, shaping perceptions of value and recognition in contrast to alternative care models and within the broader social care context.

It is more personal, and you get to know the family and service user...not being tied to agency requirements at strict times, and the knowledge that we truly make a difference for our clients

Survey responses from 2025 highlight that pride in the PA role is both widespread and growing: 94% of respondents agreed or strongly agreed that they “feel proud to be a PA,” an increase from 86% in 2023. Respondents credited the one-to-one nature of the work, its flexibility, and the opportunities for genuine person-centred care as distinctive strengths not easily replicated in agency, residential, or council-based roles. This aligns with international research and earlier SDSS survey findings, which highlight that direct employment and the PA model enable independence, dignity, and responsiveness that are often difficult to achieve in more rigid care arrangements^[2,28,38].

	2023	2025
Strongly Agree	48%	66%
Agree	38%	28%
Neither Agree nor Disagree	11%	4%
Disagree	2%	1%
Strongly Disagree	1%	1%
Total Responses	785	781

Table 19: Summary of PA responses to the statement “I feel proud to be a PA” by year, 2025

Yet, despite these high levels of individual pride and reported job satisfaction, a substantial number of PAs feel insufficiently recognised or valued. While over half of respondents in 2025 (51%) felt the PA role was better valued, fewer than one in three (30%) believed it was better recognised in society, in line with the 2023 results.

Respondents were particularly vocal about the challenges of being excluded from benefits, resources, and official status enjoyed by council or NHS-employed care staff. Examples included difficulties accessing key worker benefits, a lack of ID badges or sectoral recognition, or having to “argue over several emails to receive a Blue Light Card because they wouldn’t accept my ID.” Concerns were also raised about how the PA title is understood, with some arguing that their work should be more explicitly recognised as professional care: “I worry that we are not recognised as support workers because of our title, as the work role demands are exactly the same.” Others commented on being seen as “unskilled” or not treated as “real” members of the wider care workforce, casting light on frustrations with how job status and sector boundaries are set both administratively and socially.

	2023	2025
Yes	51%	51%
No	32%	30%
Don’t know	16%	19%
Total Responses	789	789

Table 20: Summary of PA responses to the question “Over the past year, do you feel better valued in your role as a PA?” by year, 2025

This perception gap is further complicated by the very features that make PA work rewarding. Close relational bonds and flexible, tailored support are highly valued, but also contribute to the risk of “going under the radar,” both in terms of public awareness and in access to protections, career progression, or sector advocacy. This mirrors findings in previous SDSS reports and wider academic work, which note that individually tailored support arrangements, while highly effective, can suffer from “professional invisibility”^[2,26,38].

Yet despite these institutional and social status gaps, PAs characterised their relationships with the people they support as being marked by exceptionally high levels of trust and respect. In 2025, 94% of respondents agreed or strongly agreed that “I trust the person I assist, and they trust me”, while over 60% reported their ideas and suggestions were listened to by their employer. These findings highlight a distinctive form of empowerment and

	2023	2025
Strongly Agree	58%	66%
Agree	35%	28%
Neither Agree nor Disagree	5%	4%
Disagree	2%	1%
Strongly Disagree	1%	1%
Total Responses	786	781

Table 21: Summary of PA responses to the statement “I trust the person I assist, and they trust me” by year, 2023-2025

mutual respect within the employer-employee relationship that stands in contrast to wider societal perceptions. Indeed, the person receiving direct support from the PA champions and values their efforts, whereas the PAs themselves report being dismissed by colleagues from local authorities, health, and social care. This creates a conflict between a PA’s sense of pride and value in their own work despite wider narratives to the contrary^[26,27,39].

Addressing this tension is essential, as the ongoing lack of institutional or public recognition risks undermining both workforce sustainability and the broader aims of personalisation within social care. For PAs, intrinsic motivation and strong relational bonds may support resilience in the face of undervaluation, but meaningful progress will require that policy makers, commissioners, and sector leaders engage directly with the factors that perpetuate professional invisibility and status inequity.

As such, ongoing efforts to raise the profile and recognition of PAs as vital components of the wider health and social care system should be seen as critical to the ongoing growth and maintenance of the PA workforce as a whole.

	2023	2025
Strongly Agree	18%	25%
Agree	43%	35%
Neither Agree nor Disagree	26%	24%
Disagree	10%	10%
Strongly Disagree	4%	6%
Total Responses	791	785

Table 22: Summary of PA responses to the statement “I am confident that my ideas and suggestions are listened to” by year, 2023-2025

Sustaining Wellbeing in PA Work

The final tension for PAs in Scotland lies in the interplay between the practical benefits and flexibility of the role and the mental, physical, and emotional demands it places on those delivering care. Survey and qualitative responses from 2025 underscore how PAs navigate these dynamics daily, shaping both their own wellbeing and the continued viability of the workforce as a whole.

Physical Health

Physical health remains a central concern for PAs, shaped not only by some of the potentially physically demanding tasks the role may entail (such as lifting, handling, and sustained periods of activity) but also by the personal health profiles of the workforce itself. The demographic data reported in Section 1 highlighted both the significant proportion of disabled PAs and/or PAs living with long-term health conditions, and the overall ageing profile of the workforce overall, raising important questions about how PAs can be supported to remain in post as they age. While the flexibility inherent in PA roles can support workplace adaptation for some, this is not a universal solution—the persistent demands of care, combined with personal health challenges, pose ongoing risks to both worker wellbeing and the continuity of support for those they serve.

This reality is underscored by national and international research, which consistently finds elevated rates of musculoskeletal disorders among care workers, with prevalence reported between 71–88% for roles similar to that of PAs^[40,41]. Survey respondents themselves spoke candidly about how pre-existing conditions impact their professional lives: “I have multiple disabilities that impact me. I am already struggling in my role as it is,” and “I have RA [rheumatoid arthritis] which affects my work role, not sure how long will continue in this role.” Additional concerns were raised around other factors like “sleepless nights and lots of lifting,” as well as concerns about how the PA could balance their health with the demands of their role as they got older. This aligns with existing research detailing the barriers faced by care workers with long term conditions especially where the physical demands of their role increases or their conditions progress^[42].

Many PAs talked about the practical and attitudinal changes they’d made in order to remain in their roles. Examples include deliberately seeking less strenuous tasks (“I deliberately get the lighter jobs”), cutting back working hours in response to changes in their health, and pacing daily activities to mitigate fatigue (“[I] Get tired, so need to plan”). Several highlighted the importance of supportive employers who enable flexible adjustments, sharing reflections like “My employer is very understanding. I’m very lucky.” While such individual strategies, supportive relationships, and flexibility can support workers in similar positions to adapt to their changing needs^[28], they can only go so far. Some PAs expressed concerns that changes in their health would ultimately force them to leave the workforce despite their commitment to the people they support.

The impact of these challenges reaches beyond individual PAs. Systemic issues, such as barriers to employment support or limited access to training and equipment, threaten not only the personal wellbeing of PAs experiencing challenges with their health, but wider workforce retention. Efforts to address these issues should therefore go beyond advocacy for training to include championing reliable, accessible resources capable of not only supporting the health of PAs within their roles but supporting them to explore ways in which they can adapt their role should their health require it.

Mental Health

Mental health remains a complex and significant aspect of the PA experience in Scotland, with PA experiences often being shaped by both the intrinsic rewards and the ongoing pressures inherent to their support roles. Of the 810 responses, the majority of PAs (57%) reported that their role had

a positive impact on their mental health with a further 29% reporting their role did not impact their wellbeing positively or negative, and 14% describing it as having a negative effect. More broadly, factors outside the workplace also weigh heavily: 42% of respondents cited personal life events as the most

	Response
Things in my personal life	42%
My current PA role	24%
Things in the lives of others	19%
Other	15%
Total Responses	768

Table 23: Summary of PA responses to the question “What most impacted how you rated your mental health?” 2025

significant influence on their mental health, while 24% identified their current PA role, and 19% pointed to issues in the lives of those they support.

Self-reported mental health for PAs in 2025 showed modest improvement on previous years, with 66% describing their mental health as “good” or “very good” in the last week, though 22% rated it “average” and 12% “poor” or “very poor”. These figures, while encouraging for some, still indicate that substantial numbers face mental health challenges in the context of their work.

	2022	2023	2025
Very Good	26%	25%	29%
Good	31%	38%	37%
Average	25%	24%	22%
Poor	12%	9%	9%
Very poor	6%	5%	3%
Total Responses	902	780	774

Table 24: Summary of PA responses about their mental health in the last 7 days by year by year, 2023-2025

Qualitative responses provided further insight into these experiences. PAs described the unique emotional complexity of their roles, balancing deep personal fulfilment with the psychological demands of “being fully responsible for that person”, managing emergencies, and providing support through difficult times. Feelings of being “stretched thin” or “emotionally drained” were not uncommon, with one respondent explaining: “I am looking to leave my employment due to my mental health. I feel stretched thin having three kids to look after. There is never enough energy left for me.”

	2023	2025
Not paid fairly	24%	26%
lack of job security	25%	26%
Isolated	14%	15%
Not enough training or support	11%	9%
Would like fewer hours per week	6%	8%
Not able to contribute	10%	7%
Would like more hours per week	6%	5%
Poor relationship with employer	4%	4%
Total Responses	496	439

Table 25: Summary of factors with a negative impact on PA mental health, by year 2023-2025

Such accounts mirror a wider body of research showing that while care work can offer deep satisfaction and meaning, it also involves significant emotional labour, and carries a heightened risk for anxiety, depression, and burnout,

particularly in the absence of adequate organisational support or when working in isolation^[43].

Examining the underlying factors influencing PA mental health reveals clear areas for policy and practice intervention. Positive impacts were most strongly linked to supportive employer relationships (38%), the ability to contribute meaningfully (36%), and working directly for the person supported (16%). Negative drivers were dominated by concerns over unfair pay (26%), job insecurity (26%), and feelings of isolation (15%), with issues such as inadequate training and support underscoring the extent to which mental health outcomes are shaped by wider structural and organisational contexts that are, crucially, amenable to intervention.

	2023	2025
Good relationship with employer	39%	38%
Can contribute	35%	36%
Work directly for person supported	17%	16%
Happy with hours	5%	5%
Paid fairly	2%	2%
Access to network	2%	2%
Total Responses	770	747

Table 26: Summary of factors with a positive impact on PA mental health, by year 2023-2025

In navigating these challenges, PAs described the personal steps they take to protect their own wellbeing, including taking time off, seeking medication, and establishing boundaries where possible. However, several respondents acknowledged the difficulty of prioritising their own health- particularly for those who are self-employed, who described a tendency to “still go to work when I really should be taking time to recover” or to “try [their] best not to let it impact [their] day-to-day life.” This pattern raises concerns about the potential for harmful practices within the workforce which expose them to risk especially where they are not adequately supported by systems which recognise not only the value of the PA as an individual, but of the service they provide.

Recommendations and Next Steps

The data collected for the 2025 survey make it clear that while the PA workforce is defined by strong intrinsic motivation and a deep-seated sense of pride, a shared aspiration to “deliver a service that [they] would want delivered to [them] if [they] needed it”— goodwill alone cannot sustain the system. Supporting PAs requires investment not only in the role and the systems that uphold it, but in PAs themselves. These insights point to a clear need: not just for greater resources, but for active recognition and support from policymakers, practitioners, and the wider community. It is only through such commitment that Scotland can build a sustainable, respected PA workforce— and with it, a more vibrant and equitable future for the disabled people they support.

The following recommendations are categorised by theme to allow for tailored discussion around specific suggested initiatives. Continued support and funding for organisations able to deliver support to the PA workforce will be integral to seeing these recommendations implemented, and ultimately better support for the PA workforce.

Direct Payment Agreements

- **Support efforts to ensure SDS budgets provide are sufficient to provide fair wages and good working conditions for PAs.**

Following the publication of Social Work Scotland’s Standard 13, “Direct Payments for Employing Personal Assistants” in Spring 2025^[32], further work is required to embed this standard in practice. PA employers should be empowered and resourced to pay their PAs rates that recognise their skills and contributions while supporting them to live independently.

- **Establish a national PA training fund alongside regional partners.**

Establishing a national training fund could help address inequities in PA learning and development by: providing additional, dedicated support for PA training as part of SDS packages, working alongside regional networks to commission high-quality training in a cost-effective way, and expanding online training options to ensure access for PAs in rural areas. Such measures could help address the risks and challenges associated with limited access to training, including lack of career development and potential negative impacts to the disabled person receiving support.

Recruitment

- **Launch coordinated youth recruitment initiatives with pathways to qualification.**

Further research is urgently required to better understand barriers to PA recruitment and inform efforts to build a more diverse workforce in the medium to long term. This need for long term insight should not delay immediate action, however. Short-term initiatives could include targeted strategies to raise awareness of PA work as a respected, viable, and autonomous career option for students in schools, colleges, and universities; the development of mentorship programmes; and the creation of materials to challenge stereotypes around care work.

Employment Conditions

- **Advocate for contract clarity and fair terms**

There is an ongoing need for PA employers to be able to access information, including from stakeholder organisations, to ensure PA employers fully understand and can meet their legal responsibilities in regard to contracts. PA employers should also be made aware of appropriate support to navigate legal responsibilities at the earliest possible opportunity. At the time of writing, work is underway to produce an online contract builder tool tailored specifically toward PA employers. PA employers should be empowered and supported through their funding to offer fair terms and conditions to their PAs.

- **Develop comprehensive health and adaptation support services.**

Targeted action to support the ongoing health of the PA workforce would help mitigate challenges to the sustainability of the PA workforce due to age and/or disability. Awareness raising of rights as a disabled PA may be of benefit, alongside wider efforts to upskill PA employers to support disabled and/or ageing staff.

- Improve PA recognition within statutory organisations and services.**
 Improving recognition could involve ensuring PAs receive equivalent benefits available to NHS and local authority care staff, ensuring PA perspectives are represented within local and national policy development processes, and proactively including PAs in events and communications targeting the wider health and social care workforce in their locality. Such measures could help address the gap between PAs' professional identity and societal recognition of their essential contribution to Scotland's care system.
- Increase awareness within local authorities of the ability to pool SDS budgets**
 Raising awareness of underutilised mechanisms, such as the ability for multiple employers in an area to pool their SDS budgets in collaboration with their local authority. Such pathways have the potential to improve working conditions for PAs by granting access to key benefits like Statutory Sick Pay and pension contributions^[44], while supporting the rights of SDS users to access the support they need.
- Increased provision of dedicated PVG scheme application support**
 Creating a dedicated support system could address these challenges by subsidising application fees for PAs, supporting PAs during the application process by providing accessible, high-quality resources in multiple languages, and signposting prospective PAs and their employers to sources of support should they require further guidance.

Communications

- Encourage cross sector communication about the role of a PA**
 Working together to raise awareness of the complexity and skills involved in PA work could help challenge misconceptions about the work of PAs across Scotland. This might include engaging with media, policymakers, and professional bodies to ensure PA voices are heard in social care policy development.

- **Actively raise awareness of and engage with sector resources and support networks**

Stakeholders from different backgrounds could work collectively to ensure frontline staff in contact with PAs are consistently and proactively signposting towards the following resources, to raise awareness within the workforce. This would help ensure PAs are aware of and can engage with supports that reduce isolation and build professional connections within the wider health and social care community.

Some resources that PAs can access includes:

- **Finding local independent support organisations through the SDSS Find Help tool** (<https://www.sdsscotland.org.uk/get-help-with-sds/find-local-information-and-support/>) that can provide advice and support with SDS for both PAs and disabled people.
- **Accessing wellbeing support via the National Wellbeing Hub** (<https://wellbeinghub.scot>) which offers dedicated resources for PAs and employers of PAs, including practical guidance on staying well and tools for financial difficulties.
- **Using the PA recruitment toolkit** (<https://www.sdsscotland.org.uk/news/pa-recruitment-toolkit-published/>) designed to help PA employers and supporting organisations with recruiting PAs with proven methods and practical tips.
- **Access free e-learning through the SDSS Learning Hub** (<https://learning.handbook.scot/>) which provides modules for PAs and employers to complete together, including “Understanding the Value of a Personal Assistant” and “Healthy Working Relationships”.
- **Engaging with the Personal Assistant Programme Board** (<https://www.sdsscotland.org.uk/projects/personal-assistant-programme-board/>) to contribute to ongoing policy and practice development affecting the PA workforce.
- **Reading the comprehensive PA and PA Employer Handbooks** (<https://handbook.scot>) which provides step-by-step guidance through the employment journey, from deciding to become an employer or PA, through to ongoing responsibilities and ending employment relationships.

Wellbeing

- **Support further implementation of PA wellbeing resources**

PA responses to the 2025 survey expose complex mental health challenges affecting the PA workforce, with key negative factors including concerns about unfair pay (26%), job insecurity (26%), and feelings of isolation (15%), alongside broader influences from personal life events (42%) and current role demands (24%). These challenges reflect the unique emotional complexity PAs experience when balancing personal fulfilment with the psychological demands of being fully responsible for another person's wellbeing. Although work has commenced to make wellbeing resources available to PAs, such as via the introduction of an online Wellbeing Hub, further work is required to promote and embed this resource within the PA workforce. Additionally, PA employers may benefit from support to support their PAs to access wellbeing resources and supports.

Data

- **Consider distributing an equivalent survey for PA employers**

This is now the third year where PA workforce survey data has been collated. The ability to compare data across years is crucial in gaining meaningful insight into the PA workforce in Scotland. However, there is limited data regarding the views of PA employers and what support they feel they need to support their PAs. Given the unique and inter-related nature of the PA and PA employer relationship, gathering this data may support with gaining a broader understanding of ongoing issues as they impact the PA workforce across Scotland.

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About Self Directed Support Scotland

Self Directed Support Scotland (SDSS) is a membership organisation that links national policy and local experience to improve the implementation of Self-directed Support in Scotland. They champion the values of choice, control, and flexibility in social care support, working collaboratively with the Scottish Government, Local Authorities, third sector organisations, and their members to drive meaningful change and improve access to SDS for disabled people across Scotland.

About the Authors

Jeremy Adderley is the Operations Manager at SDSS and continues to increase the effectiveness of the organisation, including around how SDSS can support the PA workforce.

Zoe McIntyre is the Communications and Policy Manager at SDSS, who coordinates the development of communications and policy that supports the better implementation of SDS, including supporting the PA workforce. Zoe also has extensive experience working as a PA herself, as well as for an SDS Independent Support and Advice service.

Dr Catherine M Pemble is a social scientist and Research Fellow at the University of Stirling. Her work focuses on understanding how social structures, physical spaces, and interpersonal relationships can create barriers for disabled people and people living with dementia, and uncovering opportunities for people to work together to create more vibrant and inclusive communities.

Magali Redding is the Research and Training Coordinator at SDSS, who develops SDS training and research outputs. Magali also has extensive experience delivering family support services and tackling health inequalities in the voluntary sector in front-line and management roles.

Self Directed Support Scotland.
www.sdsscotland.org.uk

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Norton Park, 57 Albion Road, Edinburgh. EH7 5QY