Research into the needs of frontline adult social care support workers in meeting the needs of people with mental ill health (in non-mental health specialist settings)

Report

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Executive Summary

Introduction

This is a report of findings from an independent research study commissioned by Skills for Care. The study was designed to gather new and up to date evidence on:

- The approximate prevalence of mental health needs amongst people drawing on care and support which is not focused on specialist mental health provision.
- How those mental health needs impact on the delivery of care and support by frontline workers.
- The specific knowledge, skills or support that frontline workers might need in order to respond appropriately to those mental health needs.

The research was undertaken between February and May 2023 via a series of one-to-one and group consultations. It obtained input from 27 care workers and seven managers from five different adult social care organisations: two supported living providers (one in Kent and one in Norfolk), a day care and community support provider in Suffolk, a domiciliary care provider in East Yorkshire and a residential care provider in Essex. Each organisation agreed to take part following an invitation from their Skills for Care locality manager.

The study was intended to be exploratory and to provide a starting point for considering what (if any) future research or support for the sector may be valuable. It was designed based on feedback from employer representatives which advocated an in-depth study focused on a small snapshot of employers, rather than a large-scale survey exercise. This approach generated depth and insight, but the findings may not necessarily be representative of the sector as a whole.

Skills for Care offered a £500 ‘wellbeing thank you’ to each organisation that took part in the research. The payments were to be used for activities or resources that could have a positive impact on staff wellbeing.

Prevalence and types of mental health issues

Across the sample of 27 care workers, at least half the people for whom they were providing care and support had (at the time of the research and in the opinion of the care workers) mental ill health. Perceptions at an individual care worker level ranged from “all” or “almost all” of the people for they were providing care and support, to “only a few”, but the overriding message was that it tends to be a common occurrence.

Whilst views were mixed on whether the prevalence of mental ill health amongst people drawing on care and support had increased in recent years, there was unanimous

agreement across the sample that it had not reduced. Care workers also said that mental health support services – both statutory and voluntary – appear very stretched. This is frustrating and saddening for the care workers who dislike seeing individuals suffering and becoming worse due to lack of access to support. It can also make the job feel more demanding, especially where the people for whom they provide care and support have limited social networks or family interaction.

Anxiety and depression were by far the most regularly cited mental ill health: every care worker said that at least one (and often the majority) of the individuals for whom they currently provide care and support demonstrates behaviours associated with anxiety and/or depression. These can include listlessness, social withdrawal, mood swings, reluctance, or refusal to accept care, and a lack of interest in self-care.

Other mental health conditions/illnesses – including hoarding, bipolar disorder, psychosis, and schizophrenia – were also cited, although far less regularly and only by those providing supported living services.

Some individuals drawing on care and support have received a formal mental health diagnosis, although they seem to be in the minority. The more severe the mental health condition, the more likely it is to have been formally diagnosed.

Care workers and managers agreed that the introduction of a care package can trigger a deterioration in an individual's mental health. Linked to this is often a loss of independence, which can impact upon their pride and feelings of self-worth.

Impacts on care and support workers

Whilst there can evidently be emotional impacts on the care workers of caring for people with mental ill health, the general view across the research sample is that these tend not to be especially serious or debilitating.

Some care workers spoke of feeling nervous when they are about to visit an individual with mental ill health, of feeling tired after having undertaken those visits, and of worrying about individuals with mental ill health when they are not at work. These feelings tend to be exaggerated when the individuals concerned are struggling and, despite their best efforts, the care workers feel they are not having a positive effect on their mental health.

Despite this, none of the care workers in the sample said there had been a marked negative impact on their own mental health or wellbeing, nor that they were considering leaving either their current employer or the care sector. In fact, they often spoke of how rewarding it can be to support people with mental ill health and the satisfaction they derive from being a consistent source of support and calmness for them. Rather than being put off a career in care, they recognise the importance of their role and appear absolutely committed to doing the best they can for those in their care.

Coping strategies used by the care workers included discussing their experiences and concerns with colleagues and managers, and socialising with family and friends. Reminding themselves that they are not there to cure or provide solutions to the mental ill health is also important for many of the care workers.

Training and support

The general view across the care workers in the sample – echoed by the managers – was that the skills they use to support people with mental ill health are largely commensurate with the expectations of their roles. No significant skills gaps or high priority/unmet training needs were identified.

Examples of training previously undertaken include:

- A supported living provider organising a session for all care staff, delivered by a psychologist, focusing on how to spot the signs and triggers of mental health amongst people receiving care and support.
- A different supported living provider organising a two-day training course from the mental health charity, Mind, to raise staff's awareness of the signs, symptoms and consequences of different mental health conditions.
- A care worker recently completing a Level 2 Certificate in Mental Health Awareness. Other care workers also spoke of having undertaken "general mental health training", by which they meant Standard 9 of the Care Certificate[1].
- A day care and community support provider working with a mental health nurse to explore whether traumatic episodes in the life of an individual receiving care and support may have influenced or triggered their mental health challenges.

Many of the care workers have approached their manager to discuss the care and support of individuals with mental ill health. They reported an open channel of communication and said that they felt listened to. Whilst none reported significant adverse effects on their own mental health or wellbeing, they appeared confident that they would be well supported by their managers were that to occur.

All of the managers said they make efforts to be open and honest with potential recruits about the likelihood of providing care and support for people with mental ill health. Scenario-based interviewing is common and may involve scenarios where an individual refuses care or becomes aggressive, potentially as a consequence of mental health.

[1] Awareness of Mental Health, Dementia and Learning Disability.

Considerations

Despite the research not uncovering any major skills issues, a number of suggestions were made which, in the view of the care workers who made them, could have positive impacts both for themselves and for people drawing on care and support:

Repository of trusted resources: there is a huge number of websites, articles and documents providing information and guidance about different mental health conditions. If anything, there is too much information for care workers to explore, especially given they are often time-poor. This led several care workers to say they would benefit from a repository or list of trusted websites/resources that have been endorsed or approved by a recognised body. Potentially this could follow a similar model to Skills for Care's Workforce Wellbeing Finder, but with the search and filtering criteria based around different mental health conditions.

Support groups or peer networks: care workers often share experiences with their colleagues as a means of managing their own stress levels. They find this helpful, although the extent to which it is taking place across the sector is not clear. It is also different from having a cross-organisation peer support group dedicated to discussing how best to care for people with mental health issues. Several care workers said such a group would be useful and could operate on WhatsApp.

Sharing information on mental health: managers in the sample are frustrated that when taking cases via local authority referrals, mental health issues don't always seem to be fully or accurately conveyed. It may be worth Skills for Care engaging with local authorities (or representative bodies such as ADASS or the Local Government Association) on this topic, as it can introduce problems for the care organisations, especially if the mental ill health turn out to be severe. That said, it should also be acknowledged that local authority staff may only have limited contact with an individual before making a referral, during which time the mental ill health may not be evident.

Conveying the boundaries of the care worker role: with mental ill health amongst people drawing on care support seemingly prominent and potentially increasing, it is important that care and support workers have an accurate and consistent understanding of their role. Increased awareness raising and training on mental health could result in an implicit assumption that care workers have a greater obligation to provide mental health support than is actually the case. This research suggests that care workers cope better with the demands of the job when they accept they are not there to provide a solution or a cure.

Preference for face-to-face training: care workers and managers often said that mental health training is more effective, in their view, when delivered face-to-face than online. They see mental health training as being practical and participatory, not didactic, and argue that this works best in a face-to-face setting. There was also some sense of 'online

learning fatigue’ and an appetite to return, where possible, to face-to-face delivery. This does not translate into a recommendation per se for Skills for Care, but it is worth being aware of, especially if it represents views more widely across the sector.

1 About this report

Introduction

This is a report of findings from an independent research study undertaken by York Consulting LLP on behalf of Skills for Care. Delivered between February and May 2023, the research was commissioned to gather new and up to date evidence on:

- The approximate prevalence of mental health needs amongst people drawing on care and support which is not focused on specialist mental health provision.
- How those mental health needs impact on the delivery of care and support by frontline workers.
- The specific knowledge, skills or support that frontline workers might need in order to respond appropriately to those mental health needs.

Skills for Care offered a £500 'wellbeing thank you' to each organisation that took part in the research. The payments were to be used for activities or resources that could have a positive impact on staff wellbeing.

It was explained to all those who contributed to the study that neurodegenerative conditions such as dementia and Alzheimer's were out of scope, unless individuals with these conditions were also experiencing mental ill health.

Research method

The study was based on a programme of qualitative research with managers and frontline workers in five adult social care organisations in England. A sample of this size was chosen for the following reasons:

- Feedback provided to Skills for Care by employer representatives advised against a widescale survey on the grounds that frontline staff would be unlikely to complete it. Instead, they recommended a more in-depth study focused on a small snapshot of employers.
- This was the first research study on this topic to be commissioned by Skills for Care. As such, it was intended to be exploratory and to provide a starting point for considering what (if any) future research or support for the sector may be valuable.

Each organisation offered to take part following an invitation from their Skills for Care locality manager and was given the choice of meeting with the researchers face-to-face or contributing via Teams/telephone. They all chose the latter, saying it was easier and more

convenient than co-ordinating face-to-face meetings. A range of services are represented in the sample, including supported living care, domiciliary care and residential care (Table 1.1).

Most of the managers and frontline workers were consulted on a one-to-one basis (at their request). Small group consultations took place with staff at one care organisation.

All research participants were given the option of seeing the consultation questions in advance. It was also explained that they would not be named in this report, nor would any personal details or identifying characteristics be included.

At the request of one care organisation, the researchers developed an online survey that could be circulated to frontline staff. The survey included equivalent questions to those contained with the qualitative script, thus allowing the responses from both channels to be combined into one evidence base.

A total of 34 individuals contributed to the research: seven managers and 27 frontline care staff (Table 1.1).

The average length of time that the frontline staff had been working in care was approximately nine years. However, this masks a very broad spectrum. At one end of that spectrum are staff with only a few months' experience in the sector, while at the other are staff that had been in caregiving roles for more than 25 years.

None of the consultees considered themselves to be a mental health specialist, although three care workers had previously worked on psychiatric wards within NHS facilities.

Table 1.1: Research sample

ID	Type(s) of service	Location	No. manager consultations	No. care worker consultations	No. online survey responses from care workers
1	**Supported living**	**Kent**	**1**	**5**	**0**
	Summary: supported living service for up to 12 people with a learning disability. Some people live in flats while others share a house and amenities such as kitchens, bathrooms and lounges. No. employees: 32. No. care workers: 26				
2	**Supported living**	**Norfolk**	**3**	**9**	**0**
	Summary: Norfolk-wide service providing support opportunities in the home and the community for adults with learning disabilities, young people in transition and those living with dementia. No. employees: 543. No. care workers: 411				
3	**Day care and community support**	**Suffolk**	**1**	**5**	**3**
	Summary: supported living service providing care and support to autistic people and/or people with a learning disability living in their own homes. Affiliated with the service is a community hub providing tailored activities, access to resources and assistance with daily living skills. No. employees: 85. No. care workers: 73				
4	**Domiciliary care**	**East Yorkshire**	**1**	**3**	**0**
	Summary: a domiciliary care agency providing personal care and support to approximately 50 people living in their own homes. The service is part of a large company provide domiciliary and residential care across Yorkshire, the North East and the Midlands. No. employees (in the service that took part in the research): 43. No. care workers: 39				
5	**Residential**	**Essex**	**1**	**2**	**0**
	Summary: a residential care home without nursing providing accommodation and personal care for up to 40 older people who are blind or visually impaired, or who have a physical disability. No. employees: 58. No. care workers: 30				
		Total consultations	**7**	**24**	**3**

Interpretation and limitations

The scale of this study was, by design, relatively small. This offered some advantages, namely that it could be completed quickly and did not require a large (and therefore potentially costly or resource-heavy) promotional campaign to engage care organisations. However, it is also important to note the following:

- Given the vast size of the adult social care sector, a study such as this can only claim to provide individual or organisation-level perspectives. It cannot be assumed that the views conveyed in this report are necessarily representative of any larger cohort of frontline care staff or adult social care organisations. This is reinforced by the fact that the sample was self-selecting.

- The study is able to convey the approximate prevalence of mental health needs amongst people drawing on care and support, but only within the participating organisations. It is not possible to extrapolate these findings or use them as the basis for any sector-wide assumptions on prevalence.

- It is possible that some care workers have left the adult social care sector as a result of the challenges involved in supporting people with mental ill health. This study has not sought to gather views from any of those workers.

Readers are encouraged to keep the above in mind when considering the findings in the chapters that follow.

2 Prevalence and types of mental health issues

Prevalence

A clear finding from the research is that staff in the participating organisations regularly provide care and support for people with mental ill health, where those mental health conditions are not the primary reason for their care package. The composite view across the sample of 27 care workers was that at least half of their caseload (at the time of the research) were in this category. At an individual care worker level, this ranged from “all” or “almost all”, to “only a few” individuals, but the overriding message, echoed by the managers in the sample, was that it tends to be a common occurrence.

To some extent, the design and focus of the study means this is to be expected, as it was aimed at organisations whose staff can relay their experiences of providing care and support for people with mental ill health. This adds to the challenge of objectively answering the ‘prevalence’ question, although in the researchers’ (subjective) view, there is nothing evidently atypical about the organisations in the sample that would lead them to be supporting an unusually high proportion of people with mental ill health.

Views were mixed – and at times opposing – on whether the proportion of people drawing on care and support with mental health needs had increased in recent years. The most experienced care worker in the sample had been in post for over 30 years and said she had seen no recent increase. Other staff, including colleagues in the same organisation, challenged this and were adamant that the COVID-19 pandemic had either caused or exacerbated mental ill health amongst people drawing on care and support.

These differences of opinion aside, there were three points relating to the prevalence of mental ill health on which views across the research sample were unanimous:

- The prevalence is not reducing. It is either remaining constant or increasing.

- Mental health support services – be they statutory or voluntary – appear more stretched than at any time in the care workers’ careers. This is frustrating and saddening for the care workers. They dislike seeing individuals (toward whom they often have a real fondness and compassion) suffering and becoming worse. It can also make the job of providing care and support feel more demanding, especially where the people for whom they provide care and support have limited social networks or family interaction.

- It can sometimes be difficult for care workers and managers to differentiate between the behaviours/symptoms associated with mental ill health and those associated

with dementia. This is particularly the case where the symptoms include mood changes, irritability and anxiousness.

> *"For a lot of them [individuals drawing on care and support], we are the only people they see. We build relationships with them, we get to know them and they tell us everything. But because they have no-one else, our role can get much bigger than just providing care."*
>
> Care worker

Managers and care workers were also keen to stress that they are not always made aware of an individual's mental health when they accept the case from their local authority. Whilst frustrating, this is usually resolved through the initial relationship building between the care worker(s) and the individual. However, there are examples where undocumented mental health issues have been more serious and could have jeopardised care worker safety. It is therefore understandable that managers and care workers from each organisation in the sample asked that local authorities be urged, where it is possible, to fully document the mental ill health (suspected or otherwise) of the people they are referring.

Types of mental health issues and presenting symptoms

Anxiety and depression were by far the most regularly cited mental health illnesses during the research:

- Every care worker said that at least one (and often the majority) of the people in their current caseload demonstrates behaviours associated with anxiety and/or depression.

- Managers said this was common across their full team of care staff, i.e., it was not just limited to, nor disproportionately present amongst, the care workers in the research sample.

Other mental health conditions/illnesses – namely hoarding, bipolar disorder, psychosis and schizophrenia – were also cited, although in each case by no more than five care workers (i.e., just over one fifth of the sample) and only by those providing supported living services.

Care workers will often begin to suspect there is mental ill health because an individual's behaviour or demeanour has changed (the care workers are confident they would not miss or overlook any such changes). Some have received a formal mental health diagnosis, although they seem to be in the minority. The more severe the issue, the more likely it is to

have been formally diagnosed. For those with less severe conditions, the presence of a diagnosis appears to have been influenced by:

- The willingness (and in some cases capacity) of people receiving care and support to recognise and acknowledge the issue.

- Related to this, their willingness to attend GP/other medical appointments.

- The decisions and opinions of GPs. It should be noted that this is an uncorroborated view, but care workers repeatedly said that some GPs seem to focus on the reason(s) for an individual's care package – especially where it includes a learning disability – rather than exploring or acknowledging the presence of mental ill health. As explained under 'Views on causes and triggers' below, there often appears to be a direct link between the two, but that does not mean they should be conflated.

Care workers were asked to explain the symptoms and behaviours demonstrated by people drawing on care and support with mental ill health. Their responses reflect the fact that anxiety and depression are by far the most common conditions they observe:

- Listlessness or seeming fed up.
- Social withdrawal, e.g., not wanting to leave the house or engage in positive activities.
- Mood swings.
- Not wanting to make eye contact.
- Spending more time in bed.
- Reluctance or refusal to accept care.
- Less interest in self-care.
- Loss of appetite/not eating.

Explained in more detail in Chapter 3, the bottom three on this list can be particularly challenging for care workers, both from a duty of care perspective and an emotional one.

> *"It gets very difficult when it becomes so severe that they don't want to wash or eat anymore."*
>
> Care worker

"It can be very hard as a care worker…you love your job and wholeheartedly want to help people, but sometimes they just don't want help, or they just don't want you."

Care worker

Care workers also provided more extreme examples of behaviour which, in their view, were linked to underlying mental ill health, although these were very much the exception. They included having been threatened with weapons (e.g., kitchen knives), having household items thrown at them and attempts to lock them in a house and prevent them from leaving.

"I get scared sometimes, thinking of how it might end…whether they will throw something at me."

Care worker

"I was attacked once and it affected me a lot. I felt violated."

Care worker

Views on causes and triggers

Care workers and managers were asked for their views on the factors that cause or accelerate the onset of mental ill health amongst people drawing on care and support. Their responses routinely included three interrelated issues:

- **Loss of independence:** people can become despondent at their inability to lead independent daily lives free of care and support. They can no longer (easily) do the things they used to and their pride and feelings of self-worth can suffer considerably as a result.

- **Presence of a care package:** for many people, the very fact they need care can be both a shock and a demoralising realisation. This tends to be more pronounced if their care package involves personal care, with heightened feelings of embarrassment often evident.

- **Access to services and activities:** the general view amongst the care workers in the sample is that fewer local services and activities are available following, and as

a consequence of, the COVID-19 pandemic. Examples include library closures and small/local charities either dissolving, scaling back their operations or moving online. This, the care workers say, constrains the opportunities that some people have for socialising and remaining active. However, this was not a unanimous view: other care workers argued that local services and activities have returned to pre-pandemic levels, but the habits of some people drawing on care and support have not. In their view, it is not an issue of supply, but one of social anxiety and a reluctance (for a range of reasons) to take part in social activities.

"I have people who say, "I never thought this [needing care] would happen to me". When it does, it can come as a crushing blow."

Care worker

"Someone I care for has severe epilepsy and is suffering from depression. He is afraid to leave the house because he thinks he could have a seizure, fall and die. As a result, he doesn't want to see his physio and keeps saying, "what is the point?""

Care worker

"Lots of people [who receive care and support] have fallen out of the habit of doing social things [because of the COVID-19 pandemic]. It can be really hard for them to re-engage…some of them feel really nervous about it."

Care worker

3 Impacts on care and support workers

Job satisfaction

It would be wrong to assume that the impacts on frontline staff of providing care and support for people with mental ill health are entirely negative. As explained in the sub-sections below, it can definitely be challenging, but it can also be very rewarding. During the consultations undertaken for this research, care workers often spoke of the satisfaction they derive from:

- Doing what they can to give people the best chance of recovery.
- Being a consistent source of support and calmness.
- Encouraging people to engage with GP and/or mental health services.

> *"Seeing them [people drawing on care and support] calm and settled and smiling – that makes me feel good about my job."*
>
> Care worker

> *"Working with people with mental health problems is only a positive for me. I treat them how I would want my relatives to be treated. I comfort and support them."*
>
> Care worker

> *"I feel privileged that I've found a job I enjoy."*
>
> Care worker

A strong sense of compassion and empathy was evident amongst the care workers from whom the above quotes were taken, as it was amongst others in the research sample. Rather than being put off a career in care by their regular exposure to some of the challenges associated with support people with mental ill health, they recognise the importance of their role and appear absolutely committed to doing the best they can for those in their care.

Emotional impacts

Looking across the research sample as a whole, the headline message is that there can be emotional impacts of caring for people with mental ill health, but (in the view of the care workers themselves) these tend not to be especially serious or debilitating.

In making this point, care workers spoke of:

- Feeling nervous when they are about to visit an individual with mental ill health because, to quote one care worker, “you don’t know what you’re going to get when you arrive”.

- Feeling physically and emotionally tired following those visits, especially if there have been several of them in one shift/day.

- Worrying about people with mental ill health when they are not at work. This is particularly the case if they have become unwilling to eat regularly or healthily, and/or where they have only limited interaction with other adults. In these scenarios, the sense of responsibility felt by care workers can seem greater than normal.

> *“We’re supposed to separate our work life from our personal life, but you can’t just go home and not think about it. It can be really hard to switch off.”*
>
> Care worker

Understandably, the emotional impacts described above can feel more significant when the people for whom they provide care and support are struggling and, despite their best efforts, the care workers feel they are not having a positive effect.

> *“Some days you feel like a hero, other days a zero. It can really lower your confidence when they [people drawing on care and support] start to struggle and you don’t feel like you’re helping.”*
>
> Care worker

> *"This job comes with a lot of emotion and compassion. It gets you down when people stop progressing towards their goals due to mental health."*
>
> Care worker

Despite this, none of the care workers in the sample said there had been a marked negative impact on their own mental health or wellbeing, nor that they were considering leaving either their current employer or the care sector. It would be simplistic to suggest they see it as "just part of the job", but there was certainly an element of that in their feedback.

Predictably, their coping strategies vary, although there were some common themes:

- **Sharing experiences and concerns with colleagues and managers:** care workers would often describe this as "letting off steam" or "having a bit of a rant", but it emphasises the importance of a supportive organisational culture. As explained in Chapter 4, the managers consulted for the research consistently said they make themselves available to staff to discuss the practicalities and challenges of supporting people with mental ill health. Importantly, the care workers (who were typically consulted separately from their managers) agreed this was the case.

- **Family and friends as a positive distraction:** almost all the care workers said that spending time with family and friends helps them to maintain manageable workplace stress levels. For some, having a social network that includes other carers is very helpful (as one care worker said, "they don't just listen, they understand"), while others prefer to keep their professional and personal lives entirely separate.

- **Recognising the boundaries of their remit:** the care workers in the sample evidently feel a deep sense of responsibility towards people drawing on care and support and can find it difficult when they struggle with mental health. But they also recognise that, in their role as care workers, they do not have either a solution or a cure. They are not mental health specialists and cannot prescribe or advise on medication or treatment. That does not mean the care workers can detach themselves from the mental ill health – the points above demonstrate that – but being conscious of the limitations of their role can help prevent them becoming overinvested from an emotional perspective.

> *"It can be challenging when you can't do more to help them, but that is the nature of the job. We aren't here to solve their [mental health] conditions."*
>
> Care worker

Longer lasting effects

While none of the care workers consulted for the research declared any significant impacts on their own mental health or wellbeing, two of the managers provided examples, in both cases relating to workers that did not participate in the study.

One involved a care worker who had entered an individual's home to find that the individual – who was suffering with mental ill health – had turned on a gas hob but had not ignited it. The smell of gas in the house suggested it had been on for some time. The individual was trying to light a match, which understandably frightened the care worker. Whilst she was able to de-escalate the situation and avoid anyone coming to harm, the incident had a lasting psychological impact. She was supported by her employer with talking therapies, but ultimately chose to leave the sector.

The other example concerned a care worker who was the victim of physical aggression from an individual with mental ill health who was receiving care and support. For some months following the incident, the care worker deliberated over whether she wanted to continue working in care. Ultimately she chose to continue, but she remained fearful of similar incidents occurring in the future.

Self-preservation

One manager explained how a care worker in her team suffers with an anxiety-related mental ill health. The care worker has – in their normal caseload – an individual with a similar condition. When that individual is having bad days or a difficult episode, this can act as a trigger for the care worker's own challenges. There are also days when the care worker feels uncomfortable visiting the individual because they (the care worker) are themselves having a difficult episode.

Over time, the care worker has become better at spotting these triggers and has explained them to the manager. The care worker feels a sense of responsibility towards the individual and wants them in their caseload. However, there have been occasions when they have asked if the individual can be temporarily re-assigned to another care worker in order to avoid exacerbating their own mental ill health. To date, the manager has been able to accommodate these requests.

4 Training and support

Skills and confidence

The general view across the sample of care workers in the study was that their skills and confidence in supporting people with mental ill health are largely commensurate with the expectations of their roles. Several care workers said (unprompted) that they consider themselves good at de-escalating difficult and potentially dangerous situations. Several also said that friends or family members had experienced mental ill health. Exposure to these issues has contributed to the empathy that the workers feel towards the people for whom they provide care and support.

None of the care workers or managers identified a significant skills gap or high priority training need with specific regard to supporting people with mental ill health. Here though, as elsewhere in the report, it is important to note the sampling approach. Organisations were self-selecting, i.e., they put themselves forward based on information provided by a Skills for Care locality manager. Managers in each participating organisation then enlisted a sample of their care workers to take part. As such, the researchers had no direct influence over who contributed and didn't capture the perspectives of care workers who left the sector because of the challenges involved in supporting people with mental ill health.

This approach was necessary given the timing and parameters of the study, but it does limit the validity of any claims about wider workforce development needs. This is revisited in Chapter 5, in advance of which the sub-sections below look at the support and training that is, or has been, available to those in the research sample.

The importance of an open and supportive culture

All of the care workers said they would approach their manager (and in many cases have already done so) to discuss the care and support of individuals with mental ill health. These conversations can cover specific situations that have arisen during a shift, concerns over an individual's worsening mental health, or their care and support package more generally. They may occur as part of a scheduled check-in between care worker and manager, although if there have been specific incidents or sudden/significant changes in an individual's behaviour, then the care worker would notify the manager as a matter of priority.

Importantly, the care workers reported an open channel of communication with their managers and said that they felt listened to. Whilst none reported significant adverse effects on their own mental health or wellbeing, they appeared confident that they would be well supported by their managers were that to occur.

"The managers have all been care workers themselves so they understand the challenges we face day-to-day."

Care worker

In terms of more specific examples:

- Managers at three of the organisations in the sample (including both providing supported living services) have weekly check-ins with frontline care staff. These check-ins cover all aspects of the workers' roles and will often involve conversations about mental health, including the care workers' own wellbeing.

- All of the managers said they make efforts to be "very open" with potential recruits about the realities of a frontline caregiving role, including the likelihood of providing care and support for people with mental ill health. Scenario-based interviewing is common and may involve scenarios where an individual refuses care or becomes aggressive, potentially as a consequence of a mental ill health.

- One manager explained that if someone has complex needs and/or can be demanding or difficult (potentially because of mental ill health), they try not to over-expose care workers to that person. In general that works well, although some people drawing on care and support can become unsettled by a change in care worker.

"People can start to develop a dependency on a specific care worker. They only want to see that care worker and don't respond well when they [the care worker] isn't available."

Care worker

Training

Provided below are examples of training/support activities that were cited during the research. There is no consistent approach, although that is not surprising given the differing characteristics of the people served by the organisations in the sample. One organisation, for example, provides supported living services for people with learning disabilities. Another offers residential provision for people with physical restrictions or visual impairments, while another provides domiciliary care.

Furthermore, the characteristics and needs of people drawing on care and support will also vary and change over time. It is therefore difficult to envisage a training programme or course specific to mental health that would be relevant to a large cross-section of care staff, especially if they work in different parts of the sector.

A supported living provider organised a presentation and discussion session for all care staff, delivered by a psychologist from their local NHS Mental Health Trust. The session focused on how to spot the signs and triggers of mental health and was well received.

"It was very good as we could discuss issues and work through examples of situations and behaviours we may experience. It helped us not to feel alone in our jobs."

Care worker

A supported living provider (different from the one above) organised a two-day training course from the mental health charity, Mind. This was in response to the organisation taking on more people with mental health issues and was designed to raise staff's awareness of the signs, symptoms and consequences of different mental health conditions. In the same organisation, staff have recently asked for training to help them better understand hoarding.

A day care and community support provider is working with a mental health nurse who is looking at whether traumatic episodes in the life of an individual receiving care and support may have influenced or triggered their mental health challenges. They also commissioned an external provider to deliver staff training on perception and self-awareness, i.e., coaching them on how to project the messages they want to convey to clients.

One of the care workers in the sample recently completed a Level 2 Certificate in Awareness of Mental Health Problems. Others spoke of having undertaken "general mental health training", by which they meant Standard 9 of the Care Certificate (Awareness of Mental Health, Dementia and Learning Disability). Half said they had used the internet to research mental health issues.

A care worker employed by a residential provider received training on diffusing difficult situations. She actually received this training when working on a psychiatric ward, but she

regularly applies the skills and techniques from the training in the residential setting in which she now works.

"In care, you don't really get taught how to deal with these situations. I think it's a skill that everyone working in care should have."

Care worker

5 Considerations

Mental ill health is heterogeneous and covers a wide range of conditions, symptoms, behaviours and effects. These can present differently from individual to individual and can have their roots in an array of underlying causes. Combine that with the small sample for this research and it is unsurprising that no common themes emerged regarding future skills development needs.

A related factor is that planning mental health training for care workers in a way that meets immediate need and derives maximum benefit, is not straightforward. Unlike the residential care workers in the sample, who know they will be supporting people with physical limitations, or those working in supported living, whose clients all have a learning disability, there is far less certainty regarding the mental health of people in non-specialist settings. This study has indicated, at least for those that have contributed, that some of the individuals in an average caseload will have a mental health illness, but a care worker may only need a base level of mental health awareness (such as that provided through the Care Certificate) to work effectively with them. Of course, that can quickly change, either because an individual's mental health suddenly worsens, or because another individual with different mental health illness is introduced to the caseload.

That is not to suggest that care workers do not need information or support in order to work effectively with people experiencing mental ill health. A number of factors need to be considered and can have an influence, such as the experience of the care workers, their own personal circumstances and their understanding of mental ill health and support services.

With that in mind, a number of considerations and pointers emerge from the research:

- **Repository of trusted resources:** there is a huge number of websites, articles and documents providing information and guidance about different mental health conditions, how to spot them and how to support people experiencing them. While the researchers have not found any that are tailored specifically to the target group for this study, a great deal of relevant information is easily accessible via simple web searches. If anything, there is too much information for care workers to explore, especially given they are often time-poor. This led several care workers to say they would benefit from a repository or list of trusted websites/resources that have been endorsed or approved by a recognised body. Potentially this could follow a similar model to Skills for Care's Workforce Wellbeing Finder, but with the search and filtering criteria based around different mental health conditions.

- **Support groups or peer networks:** it was reported in Chapter 3 that care workers often share experiences with their colleagues as a means of managing their own stress levels. They find this helpful, although the extent to which it is taking place across the sector is not clear. It is also different from having a cross-organisation peer support group dedicated to discussing how best to care for people who experience mental ill health. Several of the care workers in the sample said such a group would be useful and could operate on WhatsApp.

- **Sharing information on mental health:** managers in the sample are frustrated that when taking cases via local authority referrals, mental ill health doesn't always seem to be fully or accurately conveyed. It may be worth engaging with local authorities (or representative bodies such as ADASS or the Local Government Association) on this topic, as it can introduce problems for the care organisations, especially if the mental ill health turn out to be severe. That said, it should also be acknowledged that local authority staff may only have limited contact with an individual before making a referral, during which time the mental health illness(s) may not be evident. This research has also shown that the introduction of a care package can itself be a trigger for worsening mental health.

- **Conveying the boundaries of the care worker role:** with mental health issues amongst people drawing on care support seemingly prominent and potentially increasing, it is important that care and support workers have an accurate and consistent understanding of their role. Increased awareness raising and training on mental health could result in an implicit assumption that care workers have a greater obligation to provide mental health support than is actually the case. This research suggests that care workers cope better with the demands of the job when the expectations and limitations of their role is clear and when they should raise or escalate concerns.

- **Preference for face-to-face training:** unprompted, care workers and managers often said that mental health training is more effective, in their view, when delivered face-to-face than online. There appear to be two main reasons for this. First, they see mental health training as being practical and participatory, not didactic, and argue that this works best in a face-to-face setting. Second, there was some sense of 'online learning fatigue' and an appetite to return, where possible, to face-to-face delivery. This does not translate into a recommendation, but it is worth being aware, especially if it represents views more widely across the sector.

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