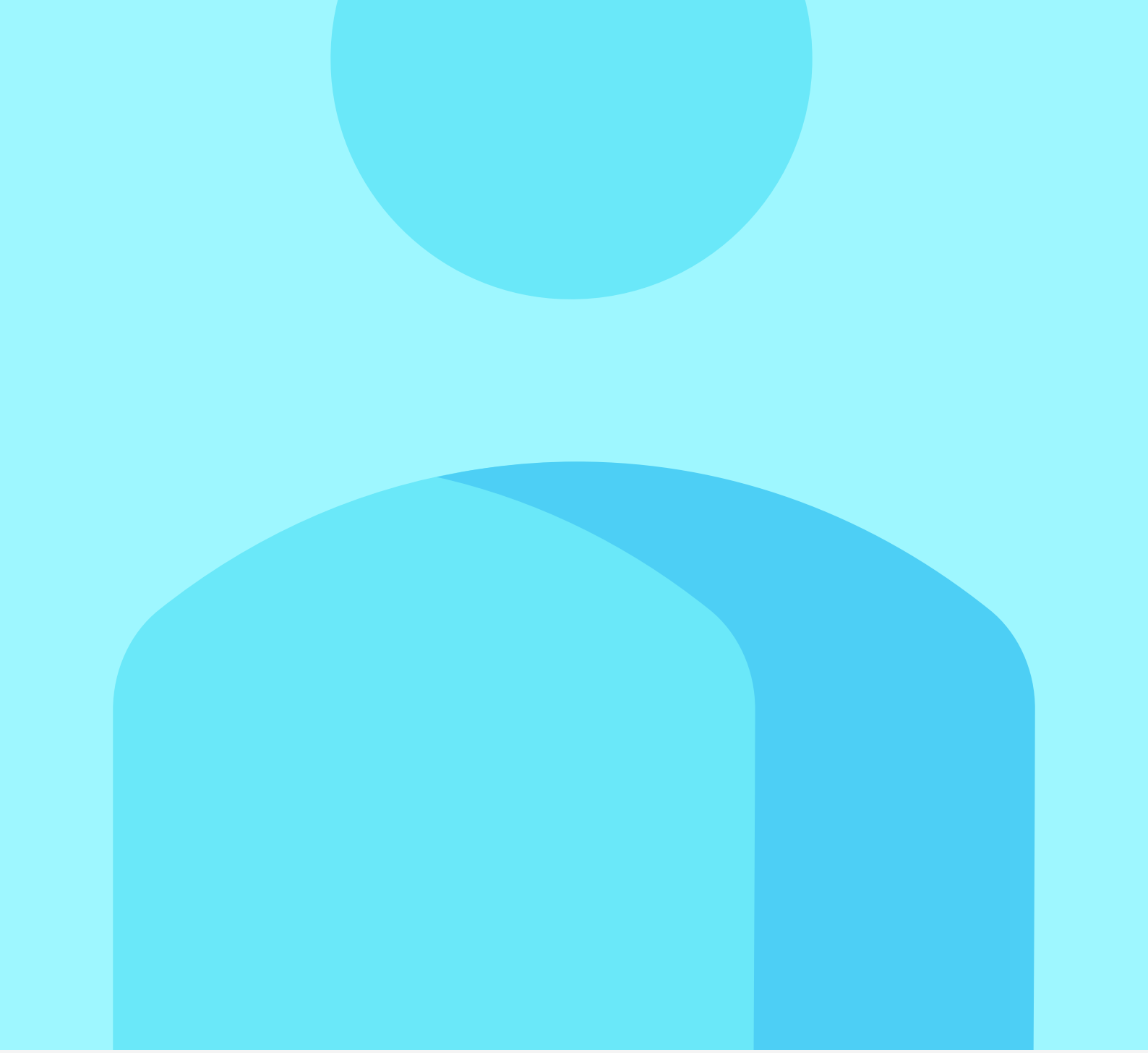


Research report August 2021

Untapped?

Understanding the mental health clinical support workforce

William Palmer, Lucina Rolewicz,
Nina Hemmings and John Appleby

nuffieldtrust

About the report

The NHS clinical support workforce are frontline staff who – while typically not registered professionals – deliver the bulk of hands-on care. They are particularly important to mental health services, which are severely understaffed and underresourced while demand grows at a worrying rate: the NHS in England has committed to improving mental health provision by providing services to two million more people in need of care by 2023/24, and policy documents show there is an estimated need for more than 6,000 more mental health clinical support staff by the same point in time.

This report explores the roles, responsibilities and diversity of mental health clinical support staff, looks at the number and distribution of this vital workforce and discusses how their recruitment, career progression and retention might be improved. Fieldwork for this project was undertaken between November 2020 and January 2021.

The report was commissioned to inform the project "Building on the mental health support workforce to meet service needs" led by the National Workforce Skills Development Unit and commissioned and funded by Health Education England.

Acknowledgements

We are grateful to Health Education England and the National Workforce Skills Development Unit for supporting this research and, in particular, Hannah Poupart for her advice and insights throughout the project. We are also grateful to the various experts we spoke to who were generous in sharing their wisdom. NHS Digital's workforce team provided us with novel summary data, which was greatly appreciated. Professor Ian Kessler from King's College London very kindly provided helpful comments on an early draft of this report.

Key statistics

Nearly **340,000** full-time equivalent clinical support staff – larger than the nursing and midwifery workforce – are based in hospital and community health settings.

Just over **41,000** of this group work in mental health services.

There was an **8%** fall in the number of mental health clinical support staff between January 2010 and January 2020.

There are **96** unique job titles within the electronic staff records of mental health clinical support staff.

27% of mental health clinical support staff are 45- to 54-years-olds, compared with 21% for the working-age population as a whole.

27% of support staff working in mental health services are male, compared with just 17% of non-mental health support staff.

There is **twice** the level of Black/Black British representation in the mental health support workforce (14%) compared with non-mental health support staff (6%) and all NHS staff (6%).

£23,189 was the average gross salary for full-time clinical support staff in the 12-month period ending June 2020.

There was a **6%** level of reported sickness absence across the clinical support workforce in hospital and community services in June 2020, compared with 5% for nurses.

93% of those who were mental health support workers or health care assistants in June 2019 and who were employed in the NHS the following year remained in the same role, with just 1% moving into trainee nursing associate roles.

Contents

Key findings

The NHS clinical support workforce are frontline staff who – while typically not registered professionals – deliver the bulk of hands-on care. They are particularly important to mental health services where there is an ambition to, for example, provide high-quality mental health services to an additional two million people by 2023/24 (NHS England & NHS Improvement, 2019c). This report explores the roles, responsibilities and diversity of mental health clinical support staff. Our aim is to draw out, for example, the number and distribution of this workforce and issues around their recruitment, career progression and retention.

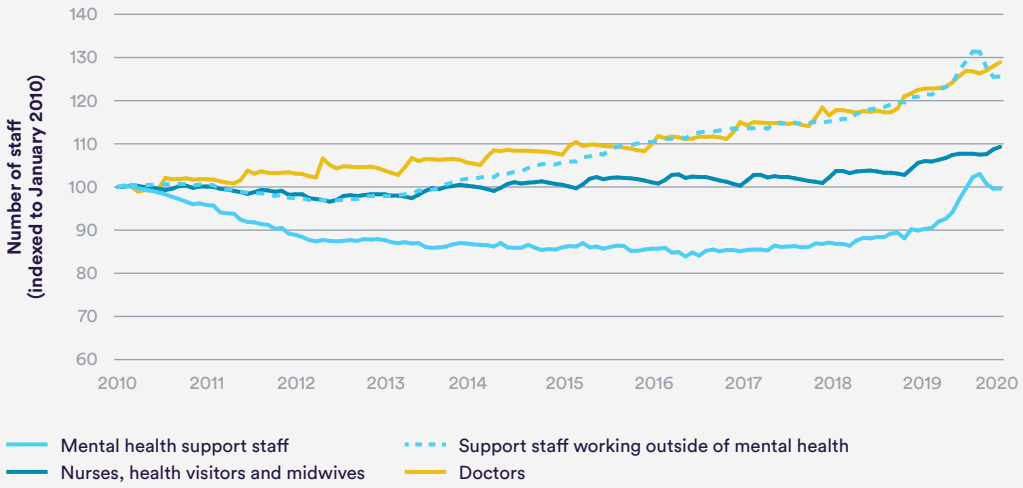
About the mental health clinical support workforce

The clinical support staff in mental health services make up a large proportion of the overall NHS workforce. There are nearly 340,000 full-time equivalent clinical support staff across all NHS hospital and community health settings, which is larger than the nursing and midwifery workforce. Around one in eight of these (just over 41,000) work in mental health services. They account for more than a third of clinical staff working in mental health.

There had been a decrease in the number of mental health clinical support staff over the previous decade. While there was a significant increase between January and July 2020, it then started to fall; this fall could be partly due to staff in short-term positions recruited during the early stages of the Covid-19 pandemic reaching the end of their contracts. A similar pattern was seen for clinical support staff in other hospital and community services during those months of 2020; however, unlike the mental health support workforce, before 2020 there was fairly consistent growth in this group (see Figure 1). The precise reasons for the fall in the number of mental health clinical support staff during the 2010s are unclear, although we previously highlighted a similar finding for

the number of mental health nurses during the decade (Palmer and others, 2020a). There is an expectation that the mental health clinical support workforce will grow with, for example, the *NHS Mental Health Implementation Plan 2019/20 – 2023/24* suggesting an indicative need for more than 6,000 more clinical support staff by 2023/24 (NHS England & NHS Improvement, 2019c).

Figure 1: Trends in the number of support staff in mental health and other hospital and community services and in the number of staff in other key staff groups



Notes: The data for each staff group represent the number of full-time equivalent staff and have been indexed to January 2010.

Source: NHS Digital.

Mental health clinical support work encompasses a variety of different roles and staff can work with a huge range of people and services and in a wide variety of settings. In fact, we found that within the electronic staff records of mental health clinical support staff there are some 96 unique job titles. While there is certainly an array of different roles and therefore a high number of job titles is not unexpected, some of these appear to describe the same role. A lack of clarity and consistency in role titles is a longstanding issue but also potentially problematic, given titles can help indicate to both fellow workers and patients where responsibilities lie.

There is no consensus on role hierarchy across the mental health clinical support workforce or the categories of similar roles. However, for the purpose of interpreting the findings presented in this report, it is worth considering the workforce as three somewhat broad categories:

- **health care assistants and those in similar positions** who work within defined parameters and boundaries, typically under the supervision of a registered professional

- **those in 'professional' roles**, which typically require advanced or further education – some, such as nursing associates, are registered

- **those in training posts**, such as trainee psychological wellbeing practitioners, who are employed as clinical support workers while seeking to become part of the qualified workforce.

Roles, requirements and responsibilities

There are published standards for some – but not all – health care support workers and, in reality, there appears to be substantial variation in the stated responsibilities of individual support workers. There seems to be some similarities in the responsibilities of mental health support workers, which typically span clinical duties, information responsibilities and ensuring a safe environment for patients. However, the degree to which these staff are expected to supervise other staff appears to be inconsistent, even for those on the same pay level (banding). The Code of Conduct for health care support workers in England (Skills for Care and Skills for Health, 2013) outlines their key responsibilities but it is a voluntary set of standards, which only formally applies to those who report to a registered nurse or midwife in the NHS.

While there is currently no universal, mandatory standard for the education and training of clinical support workers in England, many NHS trusts have adopted the voluntary Care Certificate, which has been designed primarily for those new to care, to reduce inconsistencies in their training. The situation in the other nations of the UK is different. Northern Ireland and Scotland have gone further to introduce *mandatory* induction standards and a Code of Conduct for health care support workers (Royal College of Nursing, n.d.-b).

Scotland and Wales have also introduced a Code of Practice for employers (NHS Scotland, Welsh Assembly Government). In addition, Wales introduced a Skills and Career Development Framework for all support workers in 2016 (NHS Wales, 2015). Meanwhile, the Francis Inquiry report recommended the compulsory registration of health care assistants (2013) – an idea supported by support workers at the time (Wöpking, 2016) – however, this is largely still not the case across Europe.

There is marked, unexplained variation in the experience, knowledge, qualifications, skills and values that NHS organisations seek when employing mental health clinical support staff. These requirements often also differ compared with what is indicated on the Health Careers website. For example, from the mental health support worker job adverts we reviewed, qualifications listed as essential ranged from basic literacy and numeracy to a National Vocational Qualification (NVQ) level 3[1] in a relevant subject. While some variation might be reasonable given the different requirements of individual roles across specific settings, this warrants further investigation.

Clinical support staff are some of the lowest paid in the NHS. Staff in NHS hospital and community settings are typically employed on the Agenda for Change pay framework, which covers around 88% of NHS staff in England. The support staff we focus on in this report are paid between band 2, which starts at £18,005 (in 2020/21), and band 4, which goes up to £24,157.[2] The mean pay of clinical support staff increased by 13% over the nine-year period between 2011 and 2020 – broadly in line with inflation – with the minimum salary increasing by almost a third (31%). However, there appears to be unexplained variation in the level of pay for similar roles. Previous research – backed up by our own review of job adverts for this report – suggested that mental health support worker roles were particularly varied in terms of banding (that is, pay level), even after excluding 'senior', 'specialist' or 'advanced' positions (National Collaborating Centre for Mental Health, 2019).

1 NVQs are work-based qualifications, which full-time employees or students on work placements can complete while working. They are based on national occupational standards, covering the key competencies of an occupation.

2 These figures exclude high-cost-area supplements, which can be up to 20% of basic salary for staff in Inner London, for example.

Participation

Mental health clinical support workers typically work full time. Within mental health services, clinical support staff are contracted to work, on average, an equivalent of four-and-a-half days a week – representing 0.91 full-time equivalents. This is higher than for support staff in other hospital and community services (0.86) and for nurses and midwives (0.89).

There is a striking difference between the stated intention to provide flexibility to NHS workers and the reality of flexibility advertised for mental health support roles. For example, the NHS's *People Plan 2020/21* outlined the benefits of flexible working for NHS staff. However, at least half of the job adverts for mental health support workers we analysed stated that flexibility was expected from the successful candidate rather than offering a flexible working pattern, with many setting out expectations for them to work unsociable hours over a seven-day week. While it is important that some services can provide 24/7 care, this contrasts with the stated intentions around flexibility. The proportion of staff reporting being satisfied with opportunities for flexible working patterns is lower for clinical support staff working in mental health (56%) and other settings (53%) compared with that of all mental health staff (62%). From September 2021, NHS staff will have the contractual right to request flexible working from day one; it is important that this benefit is applied consistently (NHS Employers, 2021).

There will always be times when staff become unwell and are unable to attend work. However, the reported levels of sickness absence across the clinical support workforce in hospital and community services[3] are high (6%) compared with other staff groups such as nurses (5%). While it is important to note that data on sickness absence need to be treated with caution due, for example, to different ways in which sickness is reported across staff groups, the relatively high rates among clinical support workers suggest that more could be done to address workplace issues that can lead to, cause and sustain absence.

Retaining existing staff is important to the NHS, not only to ensure there are sufficient numbers of staff but also to retain the skills that staff have gained

3 No data are available for those just working in mental health services.

during their service. There is little information on the lengths of career of mental health clinical support staff. However, across all clinical support staff, 'health, adult dependants or child dependants' accounted for a greater proportion of voluntary resignations (13%) than for all staff (8%). Dismissal accounted for 5% of staff leaving their clinical support job, compared with 2% of all staff.

Supervision, training and career progression

The role of the first line manager is critical to ensuring that clinical support workers are appropriately valued, supervised and held to account (Cavendish, 2013). Historically, there have been issues concerning inadequate supervision of support workers (Baldwin and others, 2003). Of those responding to the NHS Staff Survey in 2019, the proportion of mental health support staff who were satisfied with the support they received from their immediate manager (75%) was similar to that for all staff in mental health trusts (76%), but higher than that for support staff working in other settings (70%).

One of the stated intentions is to support the career progression of NHS workers. The *People Plan 2020/21* committed to a 'continued focus on upskilling – developing skills and expanding capabilities – to … support career progression' (NHS England & NHS Improvement, 2020c, p. 34). However, the development of many clinical support staff groups does not appear to be a priority. There have been longstanding issues around fragmented and variable educational opportunities for clinical support staff (Council of Deans of Health, 2013). Health care assistants, for example, are likely to spend the most time out of all mental health roles providing direct care to patients, but are likely to receive the least training and supervision (Kantaris and others, 2020).

Efforts have been made to develop a training and development framework for unregistered workers, namely the introduction of the Talent for Care programme in 2014 and the subsequent report The Talent for Care, which sets out the Talent for Care national strategic framework (Health Education England, 2014). This programme aims to support NHS organisations with their workforce supply through, for example, work experience, apprenticeships

and access to higher education and the registered professions. It also seeks to aid the sharing of best practice. Although the Talent for Care report presents a breadth of evidence of work being done, in particular for developing apprenticeship strategies, work still remains to highlight what can be done for the mental health workforce specifically.

While many job adverts we reviewed referred to 'excellent training facilities' and 'a range of development opportunities', the specific job descriptions rarely went beyond 'training appropriate to the role', including induction, mandatory minimum training and the supervision process supporting development. In some cases, there was no mention of training in the adverts. These training issues are important; a 'lack of education, training and development opportunities contributes to poor quality care' (Council of Deans of Health, 2013, p.3).

Patterns of actual progression require further investigation. Analysing experimental data provided by NHS Digital, we found that in hospital and community services other than mental health, the probability of progressing from the different clinical support workforce pay bands is consistent – at around 9% over the course of a year. However, in mental health services, the probabilities vary: around one in five members of staff on band 2 as at June 2019, who stayed in the NHS, had progressed to band 3 (or above) by the following year; while only one in 16 members of staff on band 3 who remained in the NHS moved onto a higher band. This may, however, reflect the number of training roles in mental health.

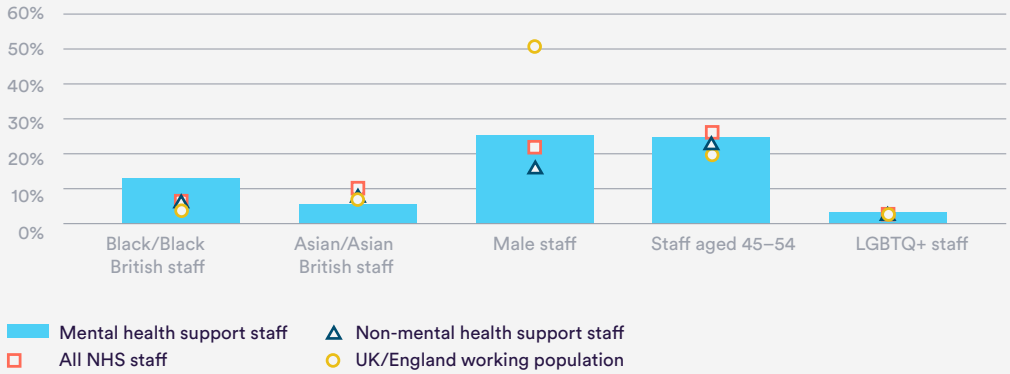
For those not in training posts, there is limited movement between roles. More than nine in 10 (93%) of those who were mental health support workers or health care assistants in June 2019 and who were employed in the NHS the following year remained in the same role, with just 1% moving into trainee nursing associate roles. It is positive that there are now some complete pathways into professions through apprenticeships, such as from health care assistant to nursing associate, to nurse degree apprentice and, even then, to advanced clinical practitioner (NHS Pay Review Body, 2020). However, the apprenticeship scheme is not specifically designed for the NHS and, while some changes have been made to incentivise NHS trusts to provide certain courses, there remain challenges (Beech and others, 2019). In particular, while recent funding will incentivise the provision of nurse degree apprenticeships,

a question remains as to how much of employers' apprenticeship levy will be invested in the clinical support workforce and indeed whether other continuing professional development efforts and funding will be directed at this staff group.

Equality and diversity

The current demographics of the mental health support workforce are quite distinct from the NHS as a whole. Compared with all NHS staff, the workforce have a greater number of both Black/Black British staff and male staff (see Figure 2). Little is known about some other protected characteristics such as pregnancy, maternity and gender reassignment status or other demographic factors such as socioeconomic status. Promoting a more diverse workforce can help ensure a sufficient and sustainable supply of clinical support staff. A diverse workforce also means it is likely to be representative of communities that are 'particularly disadvantaged within the present system' (1988 Independent Review of the Mental Health Act 1983, p. 24, cited in Palmer and others, 2020a, p. 8).

Figure 2: Characteristics of the mental health support workforce in comparison with support staff working outside of mental health, all NHS staff and the UK (or English) working-age population



Notes: LGBTQ+ = lesbian, gay, bisexual, transgender, queer and others. All data for mental health support staff and non-mental health support staff are as at June 2020. The data representing all NHS staff are from data sources reported between September 2018 and March 2019. The data on the UK working-age population (or English working-age population, depending on the geographical breakdown of the source data) are from 2011, with the exception of sexual orientation, which was reported in 2018. Comparisons should therefore be treated with caution.

Sources: NHS Digital, NHS Employers and the Office for National Statistics (ONS).

The picture on ethnicity and gender pay gaps is complex. There were no obvious differences in career progression – that is, the probability of moving up pay bands – between different ethnicities in our analysis of experimental data. However, previous novel analysis has suggested that across staff working in a support role to doctors, nurses and midwives (in mental health and other settings), there is an ethnicity pay gap in favour of white staff (Appleby and others, 2021). Unusually, the gender pay gap in support roles is apparently in favour of women (NHS Pay Review Body, 2020).

1 Overview

The NHS clinical support workforce are frontline staff who – while typically not registered professionals – deliver the bulk of hands-on care in hospitals, care homes and the homes of individuals (Cavendish, 2013). In this chapter we outline the nature of this workforce, including the trend in the numbers of staff and their distribution.

Policy importance

Clinical support workforce

The clinical support workforce have the scope to help the NHS provide greater access to high-quality, cost-effective care. It has long been established that the NHS should see the clinical support workforce as 'a critical, strategic resource' (Cavendish, 2013). However, while they can contribute to the delivery of a range of public policy objectives, historically they have not been used strategically (Kessler and others, 2010).

The clinical support workforce represent not just an opportunity to reduce the burden on the qualified, registered workforce; they can also enhance care quality through their capabilities and experience (Kessler and others, 2010). Indeed, a previous survey on 'assistant practitioners' specifically highlighted that their increased use in a diverse range of clinical settings was driven more by their apparent value in addressing issues of service design and quality rather than cost reduction (Kessler and Nath, 2018).

Many clinical support workers will be members of a trade union. However, it has been noted that the clinical support workforce have typically lacked an effective collective voice to help them promote the opportunities they bring and the challenges they face (Kessler and others, 2010). This is even evident in the lack of commentary on this group in the annual NHS Pay Review Body reports (NHS Pay Review Body, 2020), and little is known about the functions and efficacy of the mental health support worker role (Ranui and others, 2018).

Mental health services

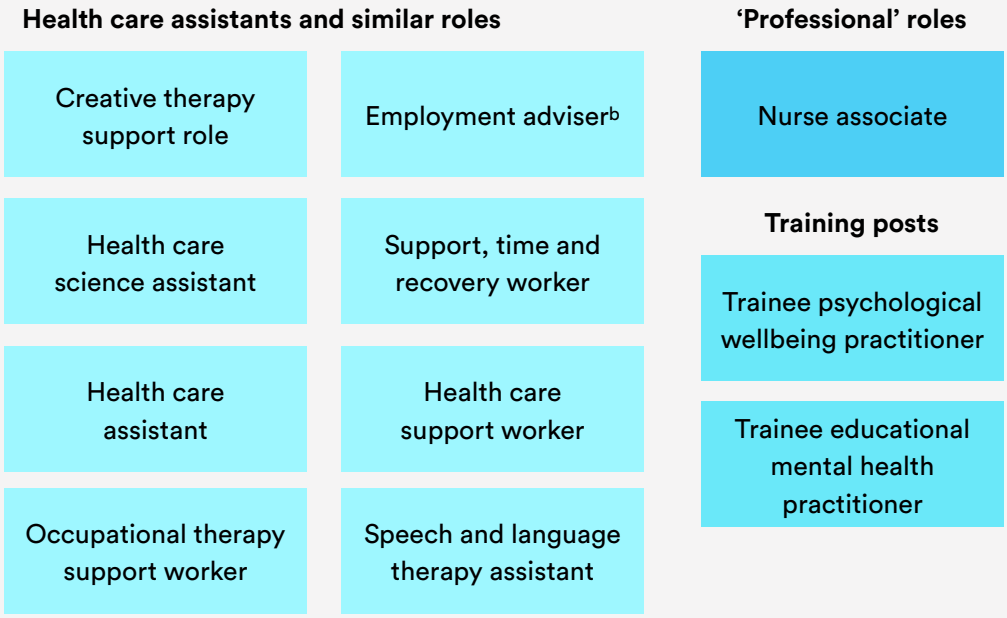
There is a strong case that the use of clinical support staff in mental health services is particularly important. Certainly, the demand for mental health services is increasing rapidly. Even before the Covid-19 pandemic, a ringfenced fund worth at least £2.3 billion a year in real terms by 2023/24 was announced, with the intention of ensuring the NHS provides high-quality mental health services to an additional two million people (NHS England & NHS Improvement, 2019c). However, recent modelling suggests that new demands around mental health could create an additional £3.5 billion in costs for NHS trusts between 2021/22 and 2023/24 (Thomas, 2020).

To meet the additional demand, clinical support workers are likely to have to play a key role. In particular, given the consistent problems in terms of increasing the numbers of nurses and doctors in mental health services, clinical support staff will likely be needed to provide much of the expected additional care. Clinical support roles also play an important part for people training to become qualified clinicians. For example, a recent report suggested that more than half (57%) of clinical psychology trainees had previously worked in a health care assistant/support worker role and more than two-thirds (68%) had worked in an assistant psychologist role in the NHS (National Workforce Skills Development Unit, 2020a). An older study also found that half of all health care assistants surveyed started their jobs aspiring to be nurses (Clover, 2010).

Types of role

The mental health clinical support workforce include a large array of roles, including health care assistants, occupational therapy assistants and support, time and recovery workers (see Figure 3). The largest of these groups are those sitting under the 'health care assistants and similar roles' category, with, for example, 20,200 members of staff recorded as working in the role of 'health care assistant' or 'nursing assistant/auxiliary' as at June 2020. In comparison, the data include 150 nursing associates, 750 trainee nursing associates and 2,550 trainees/students in the mental health support workforce.

Figure 3: Examples of clinical support roles in mental health settings[a]



Notes:

a Some job titles are used interchangeably and the categorisation is not intended to be precise but rather to broadly demonstrate the type of roles.

b Employment advisers, while providing support, would not be considered 'clinical' but we have included them in our work as they may face some similar issues and opportunities as other support workers.

Source: Health Careers website.

There is no consensus on role hierarchy across this workforce or the categories of similar roles. However, for the purpose of interpreting the findings of this research, it is worth considering the workforce as three somewhat broad categories, which we have defined in this report as:

- **health care assistants and those in similar positions** who work within defined parameters and boundaries, typically under the supervision of a registered professional – this is the largest group of staff

- **those in 'professional' roles** who typically require advanced or further education and training as part of their work, and as such are qualified to take on more responsibility for unsupervised clinical work that was previously under the remit of registered professionals (National Workforce

Skills Development Unit, 2020c, Royal College of Nursing, n.d.-a, NHS Health Careers, n.d.-b)[4] – some roles, such as nursing associates, are registered professionals.

- **those in training posts**, such as trainee psychological wellbeing practitioners, who are employed as clinical support workers while training and become part of the qualified workforce on completion of their course.

Job titles can vary widely and perhaps unhelpfully so. Even for a particular role, for example creative therapy support worker, an array of different job titles can be used across the NHS such as – for that example – creative assistant, activities coordinator, activities facilitator or activities worker. In fact, we found that within the electronic staff records of mental health clinical support staff there are some 96 unique job titles. While there is certainly a wide range of different roles and therefore a high number of job titles is not unexpected, some of these appear to describe the same role. A lack of clarity and consistency in role titles is a longstanding issue (Council of Deans of Health, 2013, Herber and Johnston, 2013), which also affects frontline care workers in the social care sector. It is also potentially problematic given that titles can help indicate to both fellow workers and patients where responsibilities lie.

4 The Health Careers website describes: *professional clinical support workers* as clinical support staff who are fully qualified and registered with a professional organisation, including nutritionists; and *specialist clinical support workers* as clinical support workers with experience and further qualifications who take on more responsibility in a clinical or technical area, including assistant practitioners and health care science associates.

Settings

Mental health clinical support staff can work with a huge range of people and services and in a wide variety of settings. This can be shown by just looking at individual roles; support, time and recovery workers, for instance, can work in mental health units, probation service offices, clinics, courts, hospitals or police headquarters (NHS Health Careers, n.d.-c). Other settings in which support staff work include clients' own homes, forensic settings, psychiatric intensive care units, maternal and perinatal mental health services and electroconvulsive therapy services.

Within the plans to increase the number of clinical support staff by more than 6,000 in the four years to 2023/24 (NHS England & NHS Improvement, 2019b),[5] the forecast was that more than half of these would be required for community care for adults with severe mental health problems, although growth was expected across a range of other settings as well, including perinatal services, services for children and young people, adult crisis provision, ambulance mental health services, suicide reduction and bereavement support (NHS England & NHS Improvement, 2019c).

Scale of the workforce

Estimating the size of the clinical support workforce is surprisingly difficult. First, as described above, it is a diverse workforce encompassing a vast array of roles. In this report, we primarily focus on those employed in frontline roles at grades below that of the registered workforce.[6] However, we also draw out findings for specific sub-groups of staff, such as those employed specifically as health care assistants. Second, it is also difficult to identify which staff work in mental health care, as this can either be defined as those who support the provision of mental health services, or just include staff working in mental health trusts. We have used both definitions for this report as we were limited

5 This includes other therapists not categorised elsewhere in the plans.

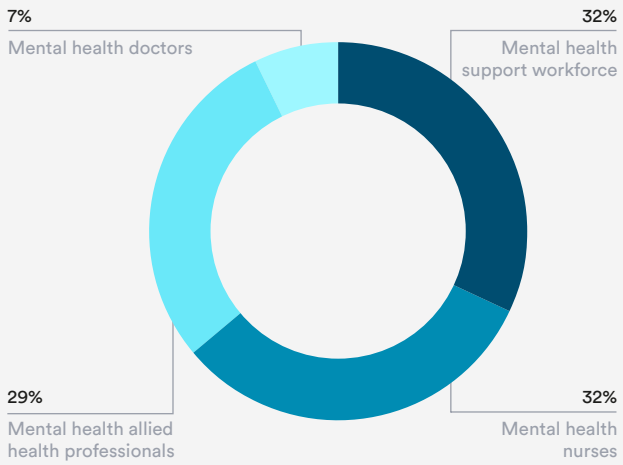
6 Specifically, much of our data is based on those employed at Agenda for Change bands 2, 3 and 4, with mental health workers identified as those working in mental health, learning disability, occupational therapy or speech and language care settings.

to the detail provided in the data sources. More information on the definitions of the mental health workforce and how we sought to identify the clinical support workforce and those specifically working in mental health settings can be found in Appendix 1.

Number and proportions of clinical support workers

Clinical support workers are an integral part of the mental health workforce. The data that are available suggest that there are nearly 340,000 full-time equivalent clinical support staff – larger than the nursing and midwifery workforce – based in NHS hospital and community health settings. Just over 41,000 of this group work in mental health services, representing just over one in eight (12%) of the clinical workforce (see Figure 4). To put this in perspective, this is considerably more than the total number of general practitioners (35,416) in primary care (NHS Digital, 2020a).

Figure 4: Breakdown of the mental health hospital and community full-time equivalent workforce for clinical roles, June 2020



Note: The data show the proportion of the number of full-time equivalent staff working in mental health services.

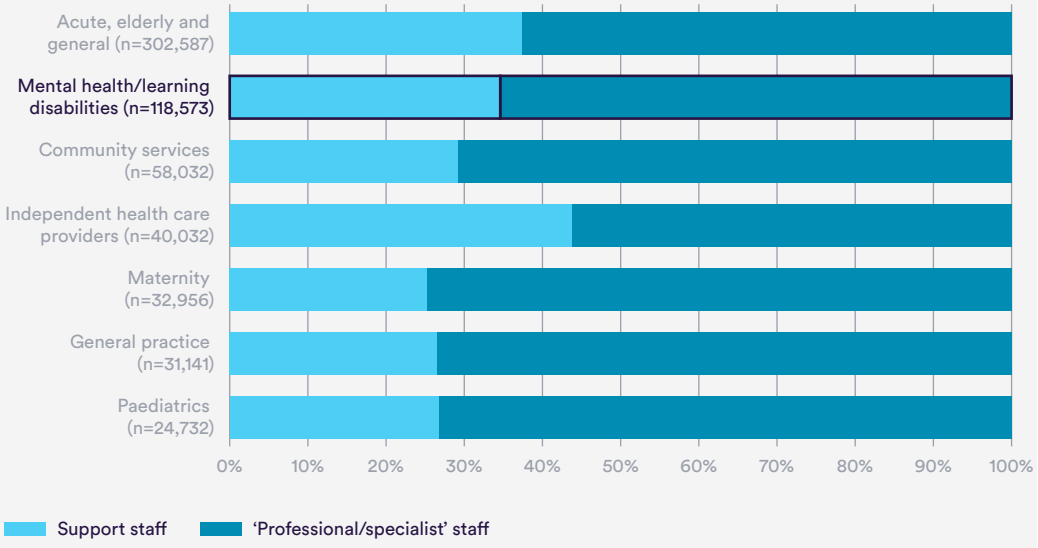
Source: NHS Digital.

National policy-makers have made the point that the mental health sector is already using innovative workforce solutions. In particular, The *NHS Long Term Plan* highlighted the use of new roles, including nursing and allied

health practitioner associates, in mental health services (NHS England & NHS Improvement, 2019b).

The use of support staff in mental health services is higher than in some other specialties. Excluding doctors, there is broadly one mental health clinical support worker for every two registered professionals. This proportion is similar to that in acute, elderly and general services, but support staff are used much less in some other settings such as paediatrics and maternity services (see Figure 5). Similarly, data collected to ensure safe staffing levels suggest that, in relative terms, support staff provide more hours of care per day than nurses and midwives in mental health trusts compared with all other trusts (see Figure 6). Some level of variation is expected given the different nature of services; however, a better understanding of skill-mix would help inform improvements in the skill-mix of teams.

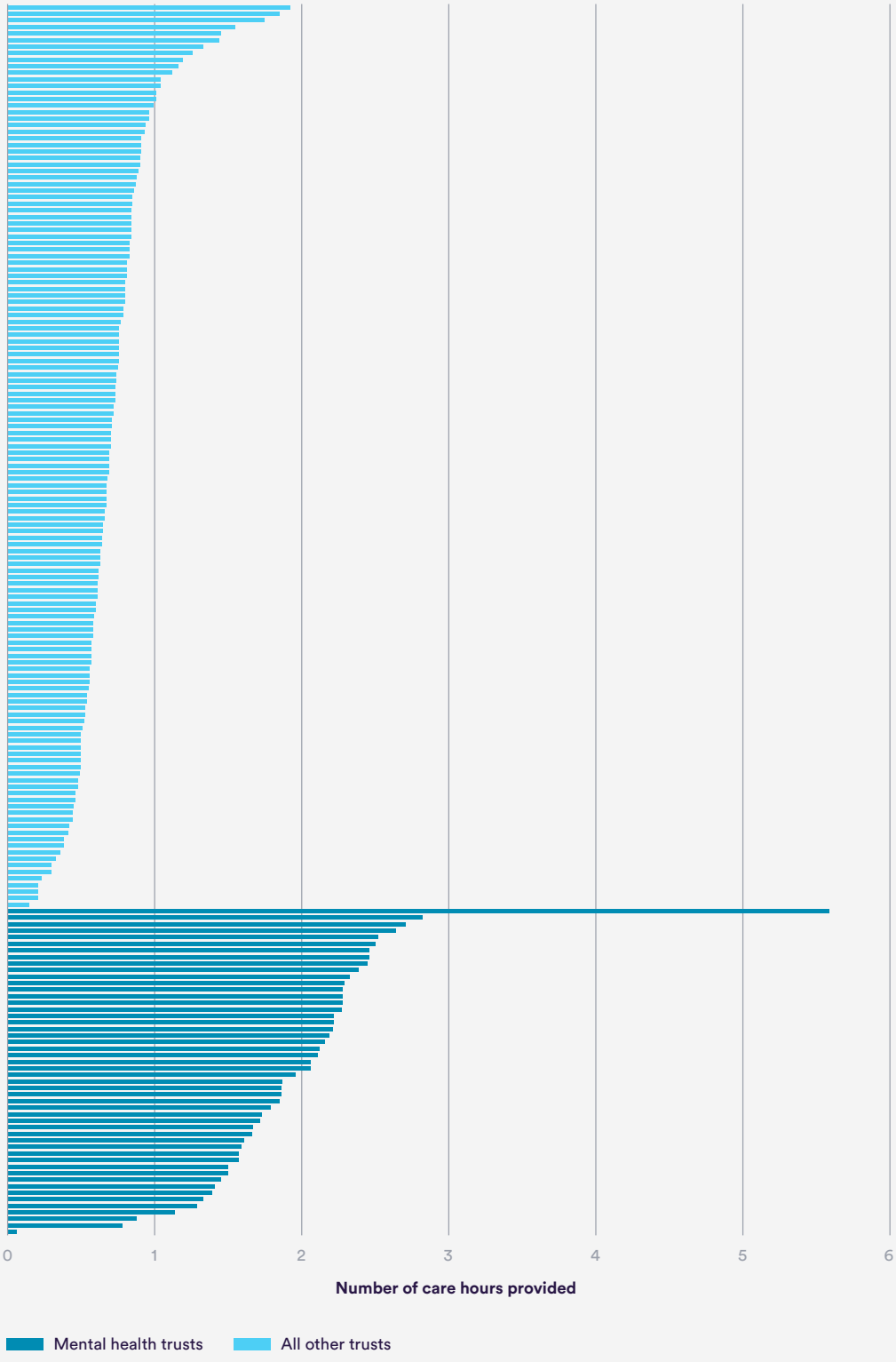
Figure 5: Support staff as a proportion of all non-medical staff working within the specified care setting, June 2020



Notes: The data show the numbers of full-time equivalent staff as at June 2020. Some registered professionals have been counted in the support staff group (for example, nursing associates).

Source: NHS Digital.

Figure 6: Number of care hours that support workers provide per day as a proportion of the number of care hours that nurses/midwives provide, by NHS trust



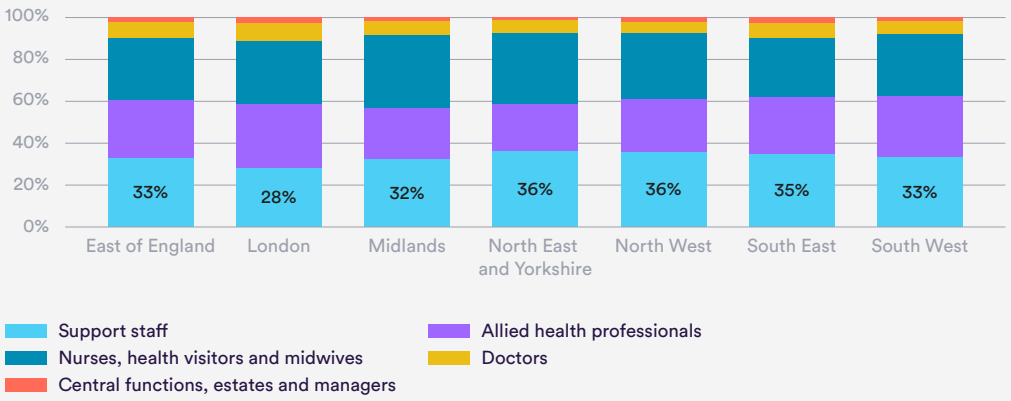
Source: NHS England and NHS Improvement.

Regional distribution

Across the UK, the distribution of clinical support workers is variable. Analysis by the NHS Pay Review Body suggests that 'England and Wales have a relatively high proportion of nursing and health care assistants' compared with the other nations of the UK (NHS Pay Review Body, 2020, p. 99). Even within England, there is some variation regionally. More than a third (36%) of the total mental health clinical workforce in the North East and Yorkshire are support staff, compared with 32% in the Midlands (see Figure 7).

Although London has the lowest proportion of mental health support staff (28%), the make-up of the workforce in the capital is atypical, with a higher proportion of registered professionals due to having many more specialist trusts and training opportunities. This may also explain the regional variation in terms of the support workforce compared with the entire qualified workforce – from 0.49 support staff for every qualified professional in London, to 0.66 support staff for every qualified professional in the Midlands.

Figure 7: Breakdown of the mental health hospital and community workforce, by staff group and by English region, June 2020



Source: NHS Digital.

Mental health support staff account for a high proportion of the workforce in rural areas, although the extent to which this is unwarranted is unclear. We found that there were 0.62 support staff in rural trusts for every professionally qualified member of staff, compared with 0.59 support staff for every professionally qualified member of staff in trusts in more urban areas. Some variation in the composition of the workforce between regions is, of course, expected, to suit local needs and service design.

Trend over time

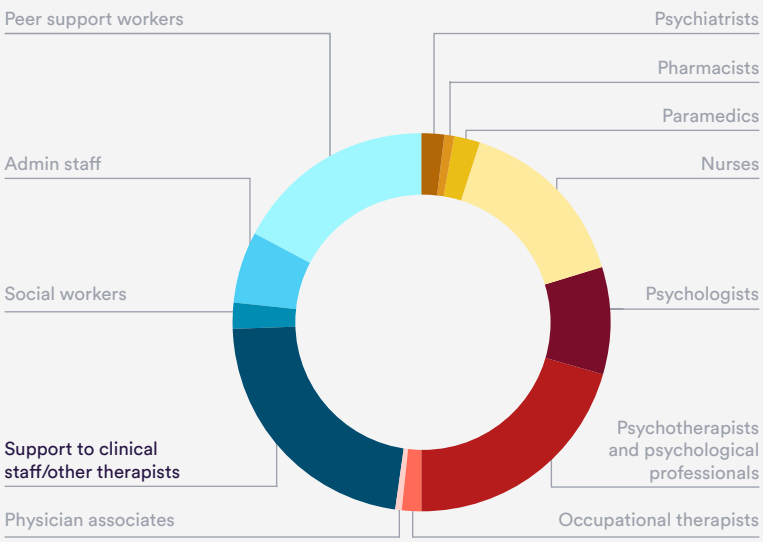
There has been a sustained decrease in the number of mental health clinical support staff over the past decade. The precise reasons for the fall are unclear, although we previously highlighted a similar finding in terms of the number of mental health nurse in the 2010s (Palmer and others, 2020a). While the number increased significantly between January and July 2020, it then started to fall again; this could be partly due to staff being recruited on short-term contracts during the early stages of the Covid-19 pandemic and then reaching the end of their contracts (see Figure 1 in the 'Key findings' section).

Despite the above, between October 2019 and October 2020, the mental health support workforce grew by 11%, which was faster than the 3% increase in the number of support workers based in non-mental health settings and the 4% increase in all staff over the same period. A number of innovative staffing solutions were used to bring in frontline staff during the pandemic and it will be important to see how these numbers change over time and, importantly, whether increases can be sustained.

There is an expectation that the mental health clinical support workforce will grow. The *NHS Mental Health Implementation Plan 2019/20 – 2023/24* outlined an indicative need for some 6,090 more clinical support staff by 2023/24 (NHS England & NHS Improvement, 2019c),[7] making clinical support staff one of the largest staff groups in terms of predicted growth (see Figure 8). Local systems have been asked to develop local 'people plans', to help build a more detailed picture of workforce demand and supply.

7 This includes other therapists not categorised elsewhere in the plan.

Figure 8: Indicative workforce profile of additional staff outlined in the *NHS Mental Health Implementation Plan 2019/20–2023/24*



Source: NHS England and NHS Improvement.

2 Roles and responsibilities

In this chapter we describe the roles, responsibilities, pay and conditions of clinical support workers.

Responsibilities

There are published standards for some – but not all – health care support workers. Introduced in 2015, the Code of Conduct for health care support workers in England (Skills for Care and Skills for Health, 2013) outlines key responsibilities but it is a voluntary set of standards, which only formally applies to those who report to a registered nurse or midwife in the NHS and not those reporting to other health care professionals (see Box 1).[8]

Box 1: Code of Conduct for health care support workers in England

1. Be accountable by making sure you can answer for your actions or omissions.
2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times.
3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.
4. Communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers.
5. Respect a person's right to confidentiality.
6. Strive to improve the quality of healthcare, care and support through continuing professional development.
7. Uphold and promote equality, diversity and inclusion

Source: Skills for Care and Skills for Health, 2013, p. 2.

8 The Code of Conduct also applies to adult social care workers in England who work in an independent capacity (for example, as a personal assistant), or for a residential care provider or as a supported living, day support or domiciliary care worker. The Code does not apply to social work assistants.

In reality, there appears to be substantial variation in the stated responsibilities of individual support workers. Job descriptions are determined locally, and vary from employer to employer (Cavendish, 2013). Our review of mental health clinical support worker job adverts suggests that there are some similarities in the responsibilities of such workers, typically spanning:

- clinical duties
- policy and service development
- information and data responsibilities
- ensuring a safe environment for patients.

Staff at all pay bands are expected to work under the direction of qualified staff, while also planning and organising their own work. As might be expected, band 4 staff typically have greater responsibility for managing, appraising, mentoring and training other staff (such as new joiners) than those in lower pay bands, and are often expected to maintain a specific caseload and work with greater autonomy. However, some band 3 staff are also expected to supervise staff on a day-to-day basis, and help with their development.

Our review suggests, as have others (Jasper and others, 2019), that there is a remarkable array of job roles, titles, responsibilities and duties and that without clearly prescribed duties, role ambiguity may be common. Meanwhile, a lack of statutory regulation may give rise to 'little standardization of roles and responsibilities, of education and competence, and of title and pay' (Griffiths and Robinson, 2010, p.10). This seems true across various settings, including forensic wards where health care assistants report a lack of role clarity (Boardman and others, 2018).

Previous research on assistant practitioners specifically highlighted 'a lack of role clarity and blurring of boundaries between the roles of assistant practitioners and registered nurses, with many tasks undertaken by both' (Henshall and others, 2018, p. 1). However, this is not necessarily an intractable problem. For example, in Australia, efforts have been made to develop a set of direct care activities for nursing assistants working in mental health settings (Cowan and others, 2015).

Delegation by a regulated, qualified professional is the process that demarcates the activities that support workers can safely undertake within

their sphere of competence, and be accountable for (Nursing Times, 2018). However, Wilberforce and others (2017, p. 1658) note that while support workers are 'clear what tasks they should not be doing, there [is] much negotiation over what they should do', and it is not always clear whether support workers are intended to complement or substitute for nursing skills. Research suggests that, in some settings, these roles are viewed markedly differently by support workers themselves (who consider their practical work similar to that of nurses) and by registered nurses (who recognise boundary-blurring but consider themselves to have greater technical and theoretical knowledge) (Kessler and others, 2015, Baldwin and others, 2003).

However, in some instances, longer-serving support workers often have experience and capabilities that allow them to mentor or support student nurses or recently qualified nurses (Kessler and others, 2015). A pilot conducted in 2015 suggests that this has been particularly effective among mental health nursing teams where the role is clearly defined as an adjunct to nurse mentorship (Padfield and Knowles, 2015). Certainly, clear responsibilities can help team working and, for some time, there has been 'overwhelming evidence that care outcomes improve when all staff feel valued as part of strong, self-reinforcing teams' (Cavendish, 2013).

Registration and standards

There is currently no universal, mandatory standard for the education and training of health care support workers in England (Boardman and others, 2018). However, following the Francis Inquiry, which published in 2013 (Francis, 2013), government sought to introduce mandatory minimum training standards for health care assistants in England, focusing on 10 areas of knowledge, including 'effective communication', 'understanding the role' and 'personal development' (Nursing Times, 2013). These were later incorporated into the voluntary Care Certificate (implemented in April 2015), which health care support workers and other support staff are expected to achieve within 12 weeks, and includes a total of 15 standards.

The Care Certificate seeks to reduce inconsistencies in training and accompanies the Code of Conduct (Skills for Health). An evaluation of the Care Certificate found that the training standards were positively

received. However, some employers tended to implement the Care Certificate inconsistently, leading to the duplication of training in some instances (see 'Training and career progression' section in Chapter 3, p. 39) (Thomson and others, 2018).

In the devolved nations of the UK, Northern Ireland has gone further by introducing mandatory standards (Department of Health NI, 2018b) and an induction and development pathway for nursing assistants specifically (Department of Health NI, 2018a). Scotland has introduced mandatory standards and a Code of Conduct for all health care support workers (Healthcare Support Workers Toolkit, Royal College of Nursing, n.d.-b). Wales, meanwhile, has introduced a Skills and Career Development Framework for all health care support workers, which has been mandatory since 2018. This seeks to ensure that all health care support workers 'are trained and developed in a consistent way relevant to their individual roles', by setting out Learning Pathways (which also form the route to progression) (NHS Wales, 2015, p.11). It is notable that Scotland and Wales also have a Code of Practice for employers, which stipulates that employers must provide education, training and development opportunities to support workers 'to progress to new and extended roles in the future' (NHS Scotland, 2009, Welsh Assembly Government, p. 2).

Most clinical support staff in England are not registered with a professional body. Instead, they are accountable to their employer who must ensure they only work within the bounds of their competency. In 2013, the Francis Report critiqued the absence of a compulsory registration scheme for health care assistants (Francis, 2013), an initiative that was supported by support workers themselves at the time (Wöpking, 2016). It is worth noting that this issue has been explored outside the UK, such as in New Zealand where consideration has been given to the development of the role and education of support workers, within the contemporary mental health workforce specifically (Tudor and others, 2018). While important, we have not sought to evaluate the aims, advantages, risks and feasibility of registration and regulation within the scope of this report.[9]

9 For an exploration of these issues, see Tudor and others (2018).

Supervision and management

The role of the first line manager is critical to ensuring that clinical support workers are appropriately valued, supervised and held to account (Cavendish, 2013). Historically, there have been issues around the inadequate supervision of support workers (Baldwin and others, 2003). Of the respondents to the NHS Staff Survey in 2019, more support staff working in mental health and learning disability trusts were satisfied with the support they received from their immediate manager (75%) compared with support staff working in non-mental health settings (70%). However, satisfaction among mental health support staff was similar to satisfaction among all staff working in mental health trusts (76%).[10]

Our review of mental health clinical support workforce job adverts found that many of them referred to the post being supervised by a qualified member of staff and, in most cases, this was explicitly stated as being a nurse. However, there were differences between adverts, with some indicating that the line manager and the clinical supervisor were the same, while others mentioned that a member of staff other than the listed supervisor (such as the ward manager) was their line manager. Previous work on making better use of allied health and social care assistants in community-based rehabilitation services has noted the importance of clear communication structures between qualified and assistant staff (Moran and others, 2015).

Pay

Clinical support staff in NHS hospital and community settings are employed on the Agenda for Change pay framework, which covers the majority of NHS staff in England. The support staff we are focusing on in this report are on band 2, which starts at £18,005 a year (in 2020/21), to band 4, which goes up to £24,157 a year.[11] Within each of the bands, there is an increase of pay for those with a certain number of years of experience (NHS Health Careers,

10 The difference is not statistically significant.

11 These figures exclude high-cost-area supplements, which can be up to 20% of basic salary for staff in Inner London, for example.

n.d.-a). Average annual salaries for clinical support staff in the 12-month period ending June 2020 were, on average, equivalent to £23,189 for a full-time employee[12] (NHS Digital, 2020b). This is similar to the average full-time earnings of a garment maker [13] and below the average UK salary of £38,600 for a full-time employee. However, comparing across sectors is challenging with, for example, NHS employees also benefiting from generous pensions.

The clinical support workforce are some of the lowest paid in the NHS. The mean pay of clinical support staff increased by 13% over the nine-year period from 2011 to 2020 – broadly in line with inflation – with the minimum salary increasing by almost a third (31%). While the percentage increases for nurses and consultants were lower (10% and 5% respectively), in absolute terms these professions' pay increases were higher.[14] For similar take-home pay of a nurse for one day's work, a clinical support worker would typically have to work one-and-a-half days; for consultants the equivalent figure would be four days.[15] Dissatisfaction with pay has been previously noted among nursing and health care assistants (NHS Pay Review Body, 2020), and this is the case for support workers across all settings – with only one in four (25%) reporting being satisfied with their pay. This compares to 41% of all staff working in mental health and learning disability trusts who are happy with their level of pay.

There appears to be unexplained variation in the level of pay for similar roles. The aims of the Agenda for Change pay framework included paying staff fairly and equitably for work done (Fisher and others, 2009). But previous research suggested that mental health support worker roles were particularly varied in terms of pay banding; even after excluding 'senior', 'specialist' or 'advanced' positions, these roles were advertised at anything from band 2 to band 4 (National Collaborating Centre for Mental Health, 2019). Indeed, this

12 Specifically, this relates to 'support to doctors, nurses and midwives'.

13 This was defined in Office for National Statistics (ONS) data on annual gross mean pay, by profession, as 'manufacture of wearing apparel'.

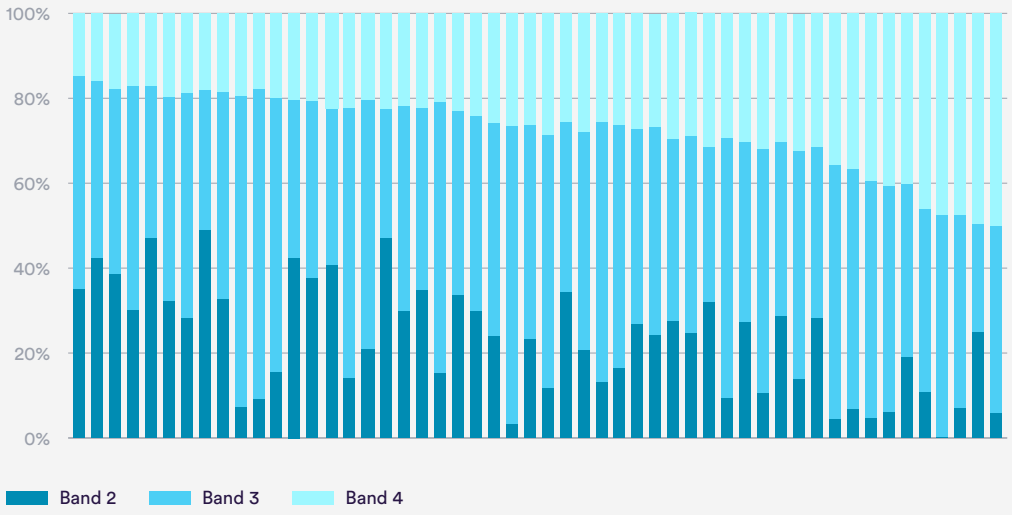
14 Absolute mean pay increases from 2011 to 2020 were £2,666 for clinical support workers (support to doctors, nurses and midwives) compared with £3,553 for nurses and health visitors and £6,293 for consultants.

15 The calculation for take-home pay was adjusted for typical tax deductions.

is a longstanding problem, with a 2013 report noting a lack of consistency in grading (Council of Deans of Health, 2013).

We found that the proportion of support staff at bands 2, 3 and 4 varied significantly between mental health trusts, from 50% of support staff at band 4 in South West London and St George's Mental Health NHS Trust, to just 15% of support staff at band 4 in Cornwall Partnership NHS Foundation Trust (see Figure 9). There was also variation between types of trust. We found a smaller proportion of clinical support staff holding a band 4 post in mental health trusts (27%) compared with acute trusts (37%). The reverse was true for band 2 staff in mental health trusts (24%) versus those in acute trusts (14%).

Figure 9: Percentage of support staff in mental health trusts in a band 2, 3 or 4 role, June 2020



Notes: The data represent full-time equivalent support staff on bands 2 to 4 who work in mental health and learning disability trusts. Each bar represents a trust.

Source: NHS Digital.

There appears to be some variation between public sector clinical support workers and those working for private providers. Outside the NHS, as might be expected, a greater range of benefits appears to be offered. In one case, this included more days of annual leave compared with newly recruited NHS staff (33 days, including the employee's birthday), life insurance and free massages.

Requirements

Experience and knowledge

Employer expectations around experience and knowledge vary significantly. According to the Health Careers website, to enter clinical support roles 'some experience of health care is useful when applying for these roles. This can be from paid work, volunteering or caring for a family member.' Previous research has noted that many of the same or similar roles differ in terms of what experience is classed as essential or desirable (National Collaborating Centre for Mental Health, 2019).

Our own analysis of mental health support worker job adverts suggests that some NHS trusts expected band 2 applicants to simply show a 'desire to work within the mental health field', whereas at band 4, some required the length of previous experience to be 'substantial', with at least one to three years' experience working in mental health settings. In some cases, previous experience in a certain setting was specified. Generally, applicants at band 3 and above were expected to demonstrate knowledge of mental health legislation and guidance and experience of working in multidisciplinary teams, with lived experience or a second language being desirable. While some variation might be reasonable given the different requirements of individual roles across specific settings, this warrants further investigation.

Qualifications

There is marked variation in the qualifications that employers state as being essential and desirable within each band. According to the Health Careers website, people can enter most clinical support roles with General Certificates of Secondary Education (GCSEs). However, our job advert review found that:

- The majority of band 2 roles required basic literacy and numeracy skills, with an NVQ level 2 (or a willingness to achieve this) listed as desirable. Yet, in some instances, no essential criteria were mentioned.

- At band 3, employers listed an NVQ level 2 or 3, or an advanced apprenticeship, as essential. However, some employers listed no essential

criteria but simply expected a 'good all-round education' and willingness to train.

- The majority of band 4 posts stipulated an NVQ level 3, or equivalent experience, as essential. However, some NHS trusts required more advanced qualifications beyond this, while others were satisfied with GCSEs and a commitment to ongoing continuing professional development.

It is important to note that the benefits of qualifications for this particular workforce are contested, with some arguing that 'the particular advantages of mental health support workers come from their position outside traditional workforce structures' (Wilberforce and others, 2017, p. 1659). However, the discrepancy in entry requirements within bands warrants further attention by employers to ensure that potential candidates know what is expected of them, both at the point of application but also once in post. This tallies with previous research, which found that, for comparable[16] mental health support workforce roles, there were apparent inconsistencies about whether academic criteria/qualification requirements included an NVQ (National Collaborating Centre for Mental Health, 2019).

Skills and values

According to the Health Careers website, to enter clinical support roles, people need 'a caring nature and the ability to follow procedures and instructions carefully'. A report published in 2013 recommended that: 'Employers should be supported to test values, attitudes and aptitude for caring at recruitment stage. NHS Employers, HEE [Health Education England] and the National Skills Academy for social care should report on progress, best practice and further action on their recruitment tool by summer 2014' (Cavendish, 2013, p. 9).

Our own analysis of job adverts suggests that there was some variation in the skills required between different job adverts, but there were no discernible differences between bands. Commonalities included 'hard' skills, such as literacy, numeracy and information technology (IT), and 'softer' skills, such as

16 Roles prefaced with 'senior', 'specialist' or 'advanced' were excluded.

communication, planning and organisation (in a couple of cases, even being 'well presented' was requested). Many job adverts also requested the ability either to work well in a team or to work independently, or a mix of the two. However, there were instances where more specific skills and knowledge were required, such as completion of a course in managing aggressive behaviours – for example, Prevention and Management of Violence and Aggression (PMVA) training. Knowledge of national NHS legislation and policy and the benefits system were occasionally mentioned as desirable knowledge. One advert asked for a more local understanding of the cultural and religious nature of the community they would be serving.

3 Participation, progression and retention

In this chapter we look at the pipeline of the mental health clinical support workforce, from recruitment through to leaving the workforce.

Supply of people into the profession

There were more than 27,000 advertised jobs in NHS hospital and community health services in September 2020, including more than 2,900 support staff vacancies (see Figure 10). Around 82% of clinical support vacancies are filled day-to-day by temporary staff from an agency or providers' own staff 'banks' (the NHS equivalent of in-house agencies).[17] The trend in advertised jobs for support staff largely follows the pattern for all staff, with noticeable drops in the number of vacancies advertised between April and June 2020, where the response to the Covid-19 pandemic meant a pause on some recruitment.

17 Based on NHS trusts served by NHS Professionals (an organisation that supplies temporary staff to the NHS) for the period from September 2018 to August 2020.

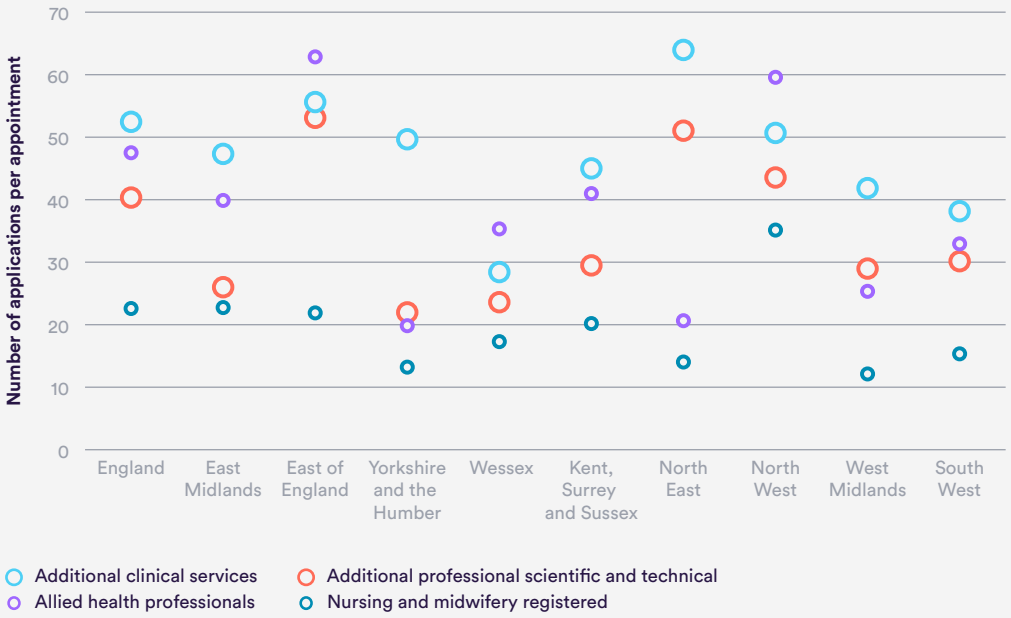
Figure 10: Number of advertised vacancies for support staff roles and for all staff, January 2018 to November 2020

Notes: The data represent full-time equivalent advertised vacancies and include data up to September 2020 for all staff job adverts and up to November 2020 for all support staff job adverts. Advertised vacancies cover all settings, not just those based in mental health. The data do not demonstrate the shortfall in staff (that is, the difference between the potential and actual number of staff in post overall).

Sources: NHS Digital and NHS Business Services Authority.

There appears to be considerable variation in people's interest in applying for clinical support roles. The only readily available data on the number of applications for such posts are not specific to mental health services and are a few years old. Based on these experimental statistics, in 2017 there were some 52 applications per appointment for 'additional clinical services' roles, with 40 applications per 'additional professional scientific and technical' appointment. This number was lower than for administrative and clerical roles (96) but higher than for nursing and midwifery roles (23). There were notable regional differences, with apparent higher demand for the roles in the North East and East of England (see Figure 11).

Figure 11: Experimental data on the number of applications per appointment in England listed on the NHS Jobs website, 2017



Notes: London regions were excluded from this analysis as their statistics within the experimental data appeared inconsistent. Support staff can be included in 'nursing and midwifery registered', 'allied health professionals' and 'additional professional scientific and technical' staff groups (and not just in the 'additional clinical services' group) and so the data must be interpreted with caution.

Source: NHS Digital.

Participation

Part-time working

Mental health clinical support workers typically work full time. Within mental health services, they are contracted to work – on average – the equivalent of four-and-a-half days a week (equating to 0.91 full-time equivalents). This is higher than for support staff in other hospital and community services (0.86) and for nurses and midwives (0.89).

Flexible work patterns

Levels of participation – the degree to which people work full time – are not only important given their influence on the overall capacity of the NHS to provide care but, from the worker's perspective, they also reflect what flexibility is being offered to staff. There is a clear ambition for the NHS to provide flexible working opportunities to help, for example, retain talent. Perhaps tellingly, from 2011 to 2018, more than 56,000 people left NHS employment citing work–life balance as the reason (NHS England & NHS Improvement, 2020c).

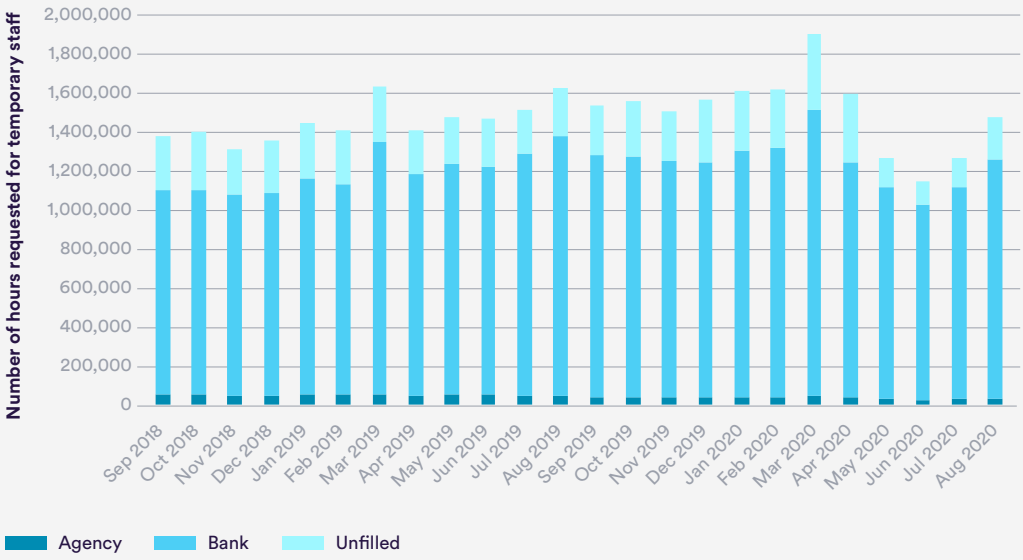
The NHS's *People Plan 2020/21* noted the benefits of flexible working to its staff, such as increased productivity, stating that 'line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements' (NHS England & NHS Improvement, 2020c, p. 19). The plan also mentions that line managers should consider it good practice to offer the option of flexible working from day one. However, at least half of the job adverts we analysed for mental health support workers on pay bands 2 to 4 stated that flexibility was expected from the successful candidate rather than offering a flexible working pattern, with many setting out expectations for them to work unsociable hours over a seven-day week. From September 2021, NHS staff will have the contractual right to request flexible working from day one; it is important that this benefit is applied consistently (NHS Employers, 2021).

While it is important that some services can provide 24/7 care, the contrast between the People Plan highlighting the importance of the NHS offering flexibility to its employees and support worker job adverts demanding flexibility from the potential employee is quite striking. It raises the question as to whether flexible working patterns are not being offered as widely to those taking on more 'junior' roles. In fact, according to the 2019 NHS Staff Survey, the percentage of mental health support staff who were satisfied with the opportunities for flexible working patterns (56%) was lower than that of all mental health staff (62%); and the percentage was even lower for support staff working outside of mental health trusts (53%). Of the support staff who handed in their resignation voluntarily between June 2019 and June 2020, around a fifth (19%) left due to work–life balance.

Temporary working

NHS trusts are often unable to fill gaps in their clinical support workforce with temporary staff. Data from NHS Professionals suggest that the number of hours requested for temporary staff for clinical support worker roles[18] (not limited to mental health services) was similar in the 12 months to August 2020 compared to a year earlier (see Figure 12). In the two years to August 2020, more than one in six (18%) of the temporary staffing hours requested went unfilled; the corresponding figure was higher for qualified nursing and midwifery staff (24%), the same for doctors (18%) but much lower for allied health professionals (7%).

Figure 12: Use of agency and bank staff for clinical support roles in selected NHS trusts, September 2018 to August 2020



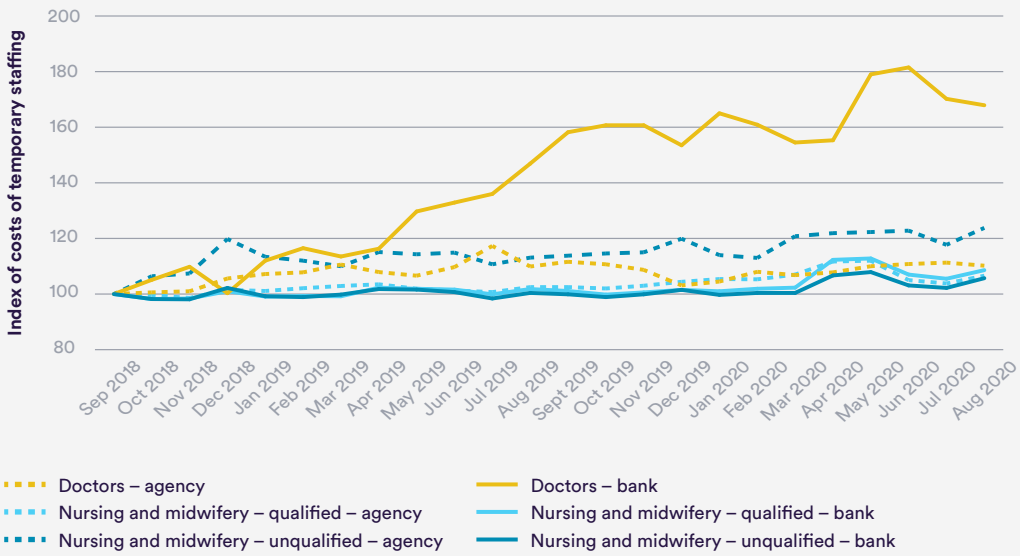
Notes: The graph is based primarily on 50 NHS trusts; a small number of providers started using NHS Professionals' services after September 2018 but they account for a very marginal level of requests and so would not affect the trend. The data are for unqualified staff in the nursing and midwifery category, which, it should be noted, is not an exact match for the clinical support workforce.

Source: NHS Professionals.

18 Due to the way the data are categorised, the NHS Professionals' analysis is based on 'unqualified' staff in the nursing and midwifery staff group, which include some above band 4.

The majority of temporary staffing requests are filled using providers' own staff banks. In August 2020, 83% of hours for temporary clinical support workers were met using bank staff, with the remainder either unfilled (15%) or, more rarely, filled by commercial agencies (2%). The cost of filling posts temporarily through bank staff has been fairly constant at, on average, £15 to £16 an hour over the past two years. There was an increase in the cost of agency-filled temporary positions around May 2020; however, this was small in comparison to the corresponding increase in the cost of temporary bank doctors (see Figure 13).

Figure 13: Trends in the cost of temporary staffing, September 2018 to August 2020



Notes: Indexed to September 2018 = 100. The data are based on those NHS trusts that have temporary staffing solutions managed by NHS Professionals. Unqualified nursing and midwifery includes many key clinical support workforce groups.

Source: NHS Professionals.

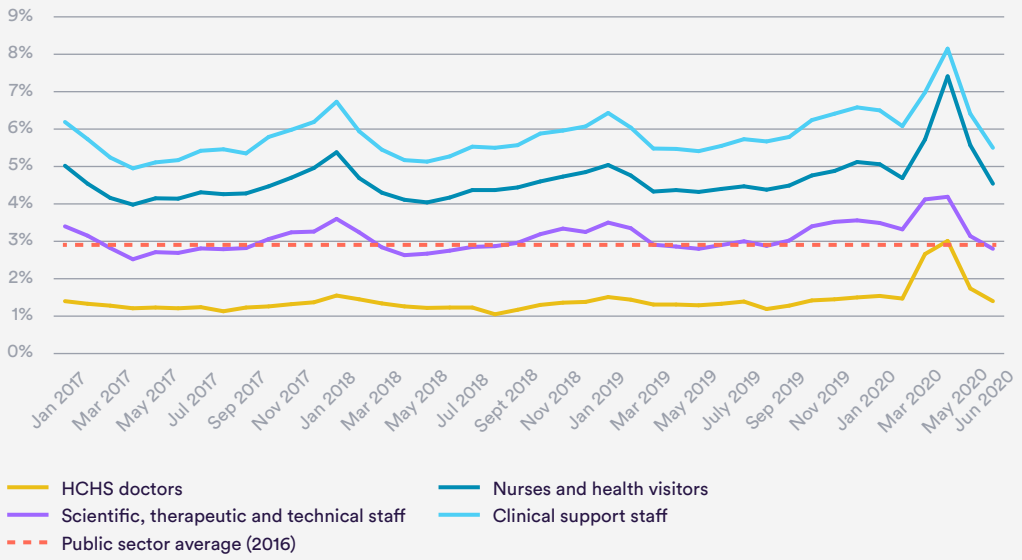
Sickness absence

The reported levels of sickness absence across the clinical support workforce in hospital and community services are high (8% in April 2020) compared with other staff groups such as scientific, therapeutic and technical workers (4%) (see Figure 14). *The NHS Long Term Plan* outlined the ambition to reduce sickness absence rates in the NHS to that of the public sector average (3% in 2016) (NHS England & NHS Improvement, 2019b). However, it is important to

note that data on sickness absence need to be treated with caution due to, for example, different ways in which sickness is reported across staff groups.

There will always be times when staff become unwell and are unable to attend work, but the relatively high rates among the clinical support workforce suggest that more could be done to address workplace issues that can lead to, cause and sustain absence. However, we appreciate that during the Covid-19 outbreak, many staff who were experiencing symptoms were told to stay at home and self-isolate, which is likely to have contributed to the highest levels of sickness absence, seen in April 2020, since records began. The latest data from June 2020 show that the dominant reasons for absence across all staff groups were psychological illness, cold/cough/flu and respiratory problems, and back/musculoskeletal problems.

Figure 14: Trends in sickness absence for doctors, nurses and health visitors, scientific, therapeutic and technical staff and support staff in hospital and community services, January 2017 to June 2020



Notes: HCHS = Hospital and Community Health Services. The average sickness absence rate in the public sector in 2016 has been included as the ambition stated in The NHS Long Term Plan was to reduce sickness absence in the NHS to that of the public sector. Public sector sickness data are derived from the Office for National Statistics (ONS) and may be calculated differently from NHS sickness absence, so comparisons must be treated with caution. The data include staff across all settings, not just those working in mental health.

Sources: NHS Digital and the Office for National Statistics (ONS).

Training and career progression

Intentions of continuing professional development

One of the stated intentions of the NHS is to support career progression. Indeed, the *People Plan 2020/2*1 committed to a 'continued focus on upskilling – developing skills and expanding capabilities – to … support career progression' (NHS England & NHS Improvement, 2020c, p. 34). In particular, it noted the importance of access to continuing professional development, supportive supervision and protected time for training. Going further back, the NHS Constitution commits the NHS to 'provide all staff with personal development, access to appropriate education and training for their jobs' (Department of Health and Social Care, 2012). More specifically, the ongoing development of those in support roles is important to upskill staff, to help in 'solidifying the mental health workforce supply pipeline' (National Workforce Skills Development Unit, 2020a, p. 4).

However, currently the progression of many clinical support roles appears to be less of a priority. Shortcomings in their training are longstanding. A 2013 working paper noted that, for health care support workers, 'access to education opportunities can be fragmented and of variable quality and duration' (Council of Deans of Health, 2013, p. 3). Commenting specifically on assistant practitioners, more recent research noted that 'NHS trusts retain considerable discretion on how they manage [these roles], with their approaches often indicative of how they view and use the role' (Kessler and Nath, 2018, p. 5). This is despite evidence recognising the benefits of assistant practitioners, such as how they enhance quality of care and support improvements in patient experience and satisfaction (Morris and Donovan, 2019). While £1,000 per person has been provided for the continuing professional development of nurses, midwives and allied health professionals over three years, clinical support staff are not included in this initiative (NHS England & NHS Improvement, 2020c).

Our review of job adverts suggests that it is staff themselves who sometimes bear the cost of their development. We identified one instance where applicants without the required level 3 qualification in NHS Security Training were advised that they would need to complete this within 12 months

'at a reduced salary'. It is therefore not surprising that a recent report recommended that Health Education England 'further consider opportunities for upskilling the support worker workforce', including through trained support worker roles and raising awareness of the benefits of these roles (National Workforce Skills Development Unit, 2020a, p. 5). Local initiatives may prove promising: a charity providing specialist mental health care has developed a programme providing health care assistants with financial and pastoral support, to help them overcome caring and financial barriers to training as registered nurses (Parton, 2019).

Training opportunities for the mental health support workforce

Beyond a mandatory employer induction and training to fulfil the role, there appears to be limited commitment to the ongoing training of many within the mental health support workforce. Some roles, particularly training posts such as trainee psychological wellbeing practitioners, have regular, structured training as might be expected. However, this is not the case for others. Health care assistants, for example, are likely to spend the most time out of all mental health roles providing direct care to patients, but they are likely to receive the least training and supervision, despite also being 'expected to be proactive in preventing and responding to "untoward" incidents quickly and efficiently' (Kantaris and others, 2020, p.742).

The level of training appears to vary by setting, with some job adverts mentioning specific training required for the role, such as Prevention and Management of Violence and Aggression (PMVA) training. While many adverts referred to 'excellent training facilities' and 'a range of development opportunities', the specific job descriptions rarely went beyond 'training appropriate to the role', including induction, mandatory minimum training and the supervision process supporting development. In some cases, there was no mention of training in the job adverts at all. However, in a small number of cases there was a more explicit commitment around training, with the successful applicant receiving support to achieve NVQ level 2 or 3 if they did not already have it and, in one case, there was an explicit commitment to the successful candidate being 'offered training opportunities to meet [their] Personal Development Plan'.

We also found that fewer support staff undertook training or learning and development opportunities (excluding mandatory training) compared with professionally qualified staff. According to the 2019 NHS Staff Survey, 70% of staff in support roles working in mental health trusts and two-thirds (66%) of support staff working outside of mental health settings reported receiving training in the last 12 months, compared with 72% of all mental health staff. These issues around training are important. A 'lack of education, training and development opportunities contributes to poor quality care' (Council of Deans of Health, 2013). One paper noted that fears around delegation by registered professionals may be contributing to missed opportunities to support the development of health care assistants (Pringle, 2017). The picture also varies across the support workforce, with the issues above relating primarily to health care assistants and similar roles rather than, say, explicit training roles such as trainee psychological wellbeing practitioners.

That said, there are pockets of good practice and positive outcomes (Kantaris and others, 2020, Kemp and others, 2016). For instance, a partnership between an NHS trust and a higher education institution to develop opportunities for mental health support workers appears to be promising (Griggs and others, 2015). Another example includes the introduction of the 'Ward Stars' scheme, which provides a structure for the professional development of health care assistants working on mental health inpatient wards (Higham, 2014). Elsewhere, a work-based learning approach has proven effective for creating opportunities for learning and reflection on mental health inpatient wards (Kemp and others, 2016).

Following the recommendations set out in the 2013 Cavendish Review on focusing on improving training for health care assistants (Cavendish, 2013), the Talent for Care national framework was developed in 2014, recognising that more needs to be done to improve the education, training and development opportunities available to those in the support workforce. The framework intends to focus on widening participation from disadvantaged and underrepresented groups by supporting employers with their workforce supply, through programmes such as work experience, apprenticeships and access to higher education and registered professions. While a promising amount of work around the support workforce has been commissioned following the introduction of the *Talent for Care* framework and subsequent publication of The Talent for Care report (Health Education England, 2014),

there are no strands within this framework that focus on mental health support staff specifically.

Progression of the mental health support workforce

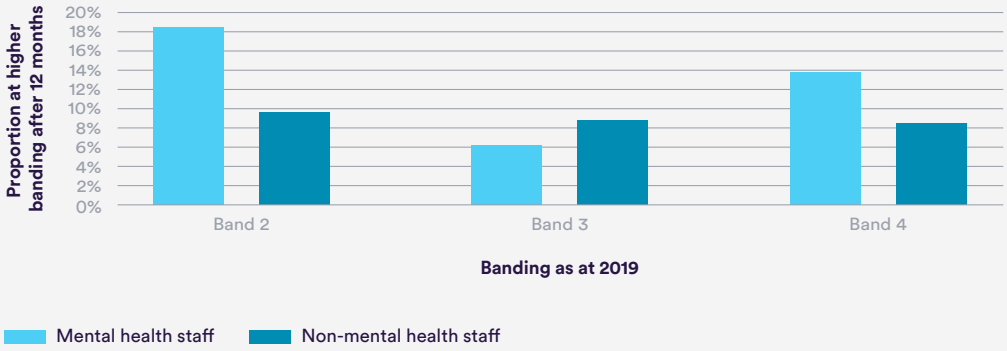
Some NHS trusts appear keen to support the career progression of their clinical support staff. However, this is not consistent, with some employers appearing to demonstrate limited commitment to the career progression of some within the mental health support workforce. Based on our review of mental health support worker job adverts, NHS employers appeared to want to promote themselves as organisations committed to their employees' career development. Often the job advert would note that they sought candidates who, for example, 'are looking to develop in their career' and that the trust has 'dedicated career pathways'. Yet while the job adverts sometimes explained the process for agreeing career development goals – typically through the supervision process – they rarely gave an indication of specific career outcomes. In some instances, however, employers provided tangible examples such as funded qualifications, study leave and a secondment opportunity. One independent provider offered 'a clearly defined career path if you want it' but provided no details, and a significant minority of the adverts did not mention career development at all. This tallies with previous research highlighting limited knowledge of career progression opportunities in the psychological professions, including among assistant psychologists and support workers (National Workforce Skills Development Unit, 2020c, National Collaborating Centre for Mental Health, 2019).[19]

Analysing experimental data provided by NHS Digital for this research, we can see that, in hospital and community services other than mental health, the probability of progressing from the different clinical support workforce pay bands is consistent – at around 9%. However, in mental health services, the probabilities vary: around one in five members of staff on band 2 as at June 2019 who stayed in the NHS had progressed to band 3 (or above) by the following year, while only one in 16 members of staff on band 3 who remained in the NHS went on to a higher band (see Figure 15). This may well, in part,

19 For further, wider discussion on career progression, see National Workforce Skills Development Unit (2020a).

reflect a large number of training roles at band 4, which would typically result in progression on completion of the course in mental health settings.[20]

Figure 15: Progression for clinical support workers in mental health and other services, June 2019 to June 2020



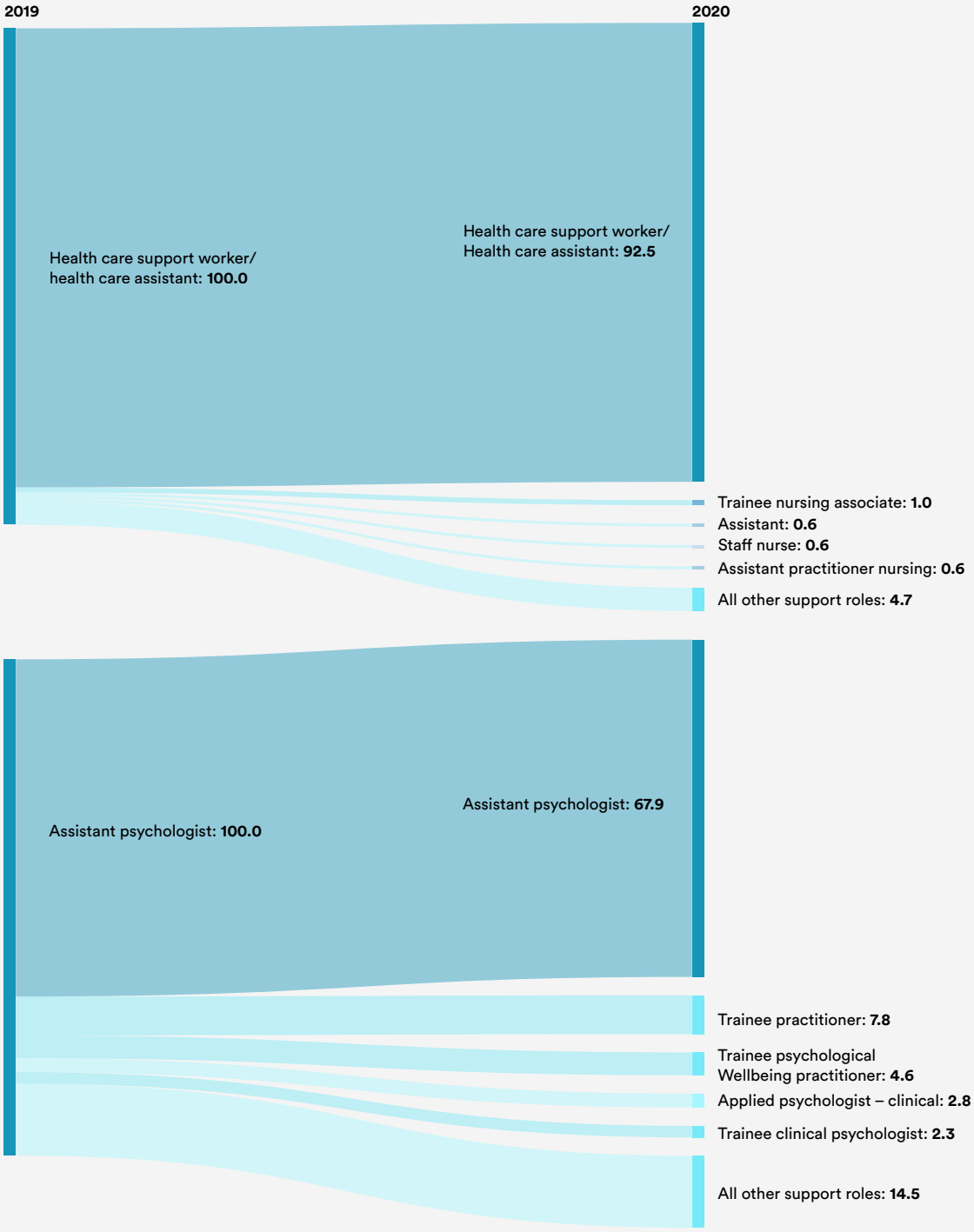
Source: NHS Digital.

More than nine in 10 (92.5%) of those who were mental health support workers or health care assistants in June 2019, and who were employed in the NHS the following year, remained in the same role. According to the data, just 1% had moved into trainee nursing associate roles (see Figure 16). The rate of clinical support staff working outside of mental health settings staying in the same role after a year was identical to the rate for mental health support staff, suggesting difficulties in progression for support worker and health care assistant roles across all settings.

Assistant psychologists have far greater role mobility. Around one in seven (15%) moved into a 'trainee' role within a year, with only two-thirds of those who stayed in the NHS remaining in an assistant psychologist role. For those who held a trainee nursing associate post in June 2019, more than seven in 10 (72%) remained in the same post the following year – with 13% qualifying as nursing associates and 10% working as support workers or health care assistants.

20 Analysis in Chapter 4 shows that progression from band 4 is particularly high, compared with those in non-mental health services, among younger clinical support workers (aged under 30), who are more likely to be in such training roles.

Figure 16: Progression to job roles held in June 2020 by mental health support staff who were health care support workers or health care assistants in June 2019



Note: The data represent the proportion of the headcount of mental health staff in roles as at June 2020, who held roles as a support worker or a health care assistant in the preceding year.

Source: NHS Digital.

Addressing the apparent lack of progression opportunities is not easy. At a local and personal level, careful consideration is needed – including by managers – to ensure benefits are fully realised (Baldwin and others, 2003). Also, a number of organisations – including Health Education England, Skills for Health and Skills for Care – will need to be involved to ensure that there are assurances that training is sufficiently high quality, so that money is not wasted on ineffective courses (Cavendish, 2013). A previous survey highlighted 'major institutional and personal barriers' to health care assistants achieving ambitions to become nurses (Clover, 2010). However, 'there could be significant lessons to be learned from the introduction of nursing associates to inform the development of other roles for support staff' (NHS Pay Review Body, 2020, p. 119).

Apprenticeships

Apprenticeships, which offer a mixture of on-the-job training and classroom learning, are a key route for potential applicants from diverse backgrounds to begin a career in the NHS, and for existing NHS staff to develop their careers. NHS trusts intend to spend 80% of their apprenticeship levy on internal staff (BPP University, 2018). It is positive that there are now some complete pathways into professions through apprenticeships, such as from health care support worker (Institute for Apprenticeships) to nursing associate, to nurse degree apprentice and, even then, on to advanced clinical practitioner (NHS Pay Review Body, 2020).

Some NHS trusts appear to have had success in using this route. For example, Leeds Teaching Hospitals NHS Trust has been previously spotlighted for exceeding the public sector apprenticeship target. Opportunities at the trust include a six-week traineeship with a guaranteed interview for a level 1 apprentice clinical support worker role through to nurse degree apprenticeships (NHS England & NHS Improvement, 2019b). At the trust, clinical support workers are deployed across wards working under the supervision of, for example, operating department practitioners, midwives and radiographers, and typically stay on in these areas. Elsewhere, Weston College in Somerset has developed a Foundation Degree in Integrated Mental Health and Social Care, enabling graduates to progress onto a shortened, two-year university degree in mental health nursing (Merrifield, 2017).

However, the apprenticeship scheme is designed for use by businesses across various industries, and so, while some changes have been made to incentivise NHS trusts to provide certain courses, there remain challenges for the uptake of the scheme by NHS trusts specifically as levy-paying employers, for example around their ability to use the funds to backfill staff time (Beech and others, 2019). In August 2020, the government announced that it would provide NHS and other health care employers with £8,300 per placement per year for both new and existing nurse degree apprenticeships. However, a question remains as to how much of employers' apprenticeship levy will be invested in the clinical support workforce.

Recent data (Department for Education, 2019) suggests that levy-paying employers supported 2,120 health care support worker apprentices to start in 2018/19, and 670 successfully achieved their apprenticeship in that year. There were also 2,740 senior health care support worker apprentices, and 200 successfully achieved their apprenticeship that year. It is important that the latest data is made available on the use of apprenticeships for those entering, developing in and progressing from the clinical support workforce, including the demographic details of those on these courses. The limited data that are available on the demographics of those in apprenticeships are discussed in the next chapter.

Retention

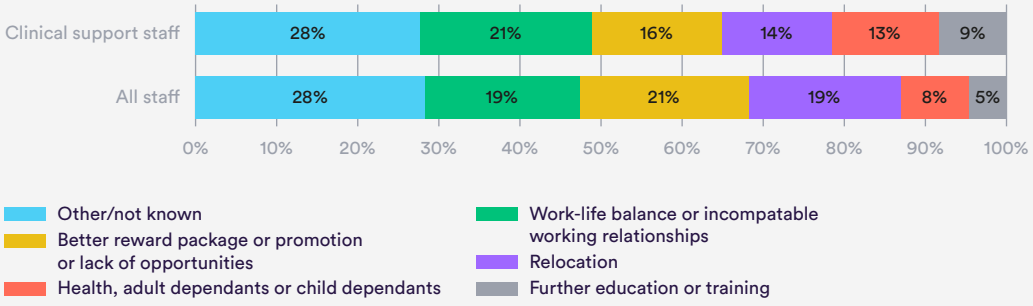
Retaining existing staff is important to the NHS, not only to ensure there are sufficient numbers of staff but also to retain the skills that staff have gained during their service. There are no readily available data on retention rates among mental health clinical support staff specifically. However, across all support staff in hospital and community services, a broadly similar proportion leaving the NHS retired compared with all staff (16% versus 13%) in the year to June 2020, whereas a much smaller proportion of those leaving did so because their fixed-term contract had come to an end (5% versus 20%).

Dismissal accounted for 5% of staff leaving their clinical support job, compared with 2% of all staff. One of the recommendations in the 2013 Cavendish Review was for the Professional Standards Authority for Health and Social Care to advise on how employers can be better in managing

the dismissal of staff who are not caring or competent (Cavendish, 2013). However, it also suggests that there is a need to review whether processes for recruitment, and subsequent performance management and training, require better calibrating to reduce the need to dismiss staff.

Two-thirds (66%) of support staff handed in their resignation voluntarily (compared with 56% of all staff) in the year to June 2020, which was the most frequently cited reason for leaving. When looking at more specific reasons within this group, more than a fifth (21%) were due to 'work–life balance or incompatible working relationships'. 'Better reward package or promotion or lack of opportunities' accounted for a greater proportion of staff resigning among all staff compared with support staff only. However, higher proportions of support staff reported that their reason for resigning voluntarily was due to 'health or adult dependants or child dependants' (13% compared with 8% of all staff) and 'further education or training' (9% compared with 5% of all staff) (see Figure 17). A previous survey has suggested that health care assistants are more likely to have child care commitments than nurses (Clover, 2010).

Figure 17: Reasons for leaving among staff who resigned voluntarily, June 2019 to June 2020



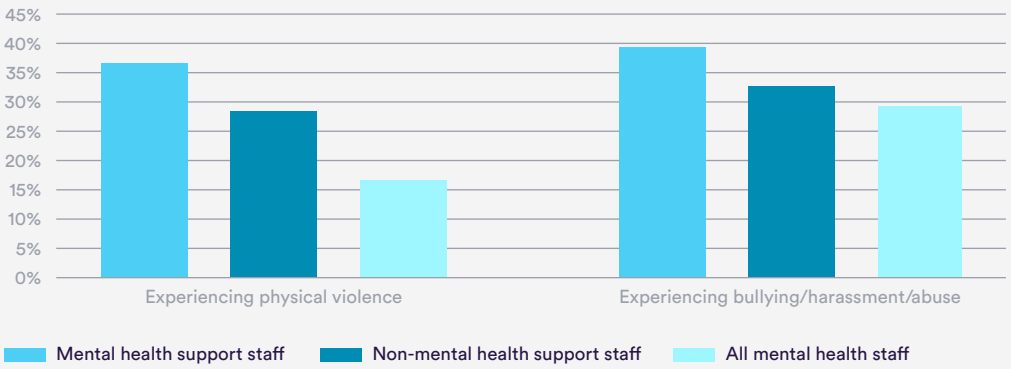
Notes: The data include support staff working across all settings, not just those working in mental health. They cover the first few months of the Covid-19 pandemic, which may have changed people's reasons for leaving their role. The percentages for clinical support staff do not sum to 100 due to rounding.

Source: NHS Digital.

In terms of working conditions, which may have an impact on retention, data from the 2019 NHS Staff Survey show that support staff working in mental health and learning disability NHS trusts experience disproportionate levels of physical violence and bullying compared with support staff working in all

other trusts and all mental health and learning disability staff (see Figure 18). It may be that support staff experience these behaviours from patients more so than other mental health staff as they spend more time in direct contact with patients and, therefore, being exposed to distressing events 'can be part of the daily routine' (Boardman and others, 2018, Torjesen, 2009).

Figure 18: Percentage of staff who experienced at least one instance of physical violence or bullying/harassment/abuse from patients, their relatives or members of the public



Note: The data categorise mental health staff as those working in mental health and learning disability NHS trusts.

Source: NHS Staff Survey 2019.

Despite this, recent research suggests that support workers in community mental health teams may be more satisfied with their jobs than their registered practitioner colleagues, with a smaller proportion stating an intention to quit (Jasper and others, 2019). Some have suggested that this may be due to having less responsibility, reasonable levels of autonomy and potentially more opportunity to develop meaningful relationships with service users. However, there remains a risk that support workers continue to feel undervalued and overlooked (Cavendish, 2013). And retention is likely to be a problem in particular sectors; while there are no current data, the 2013 Cavendish Review suggested that, for health care assistants and support workers, there was staff turnover of 14% in health care and 20% in social care (Cavendish, 2013).

4 Equality and diversity

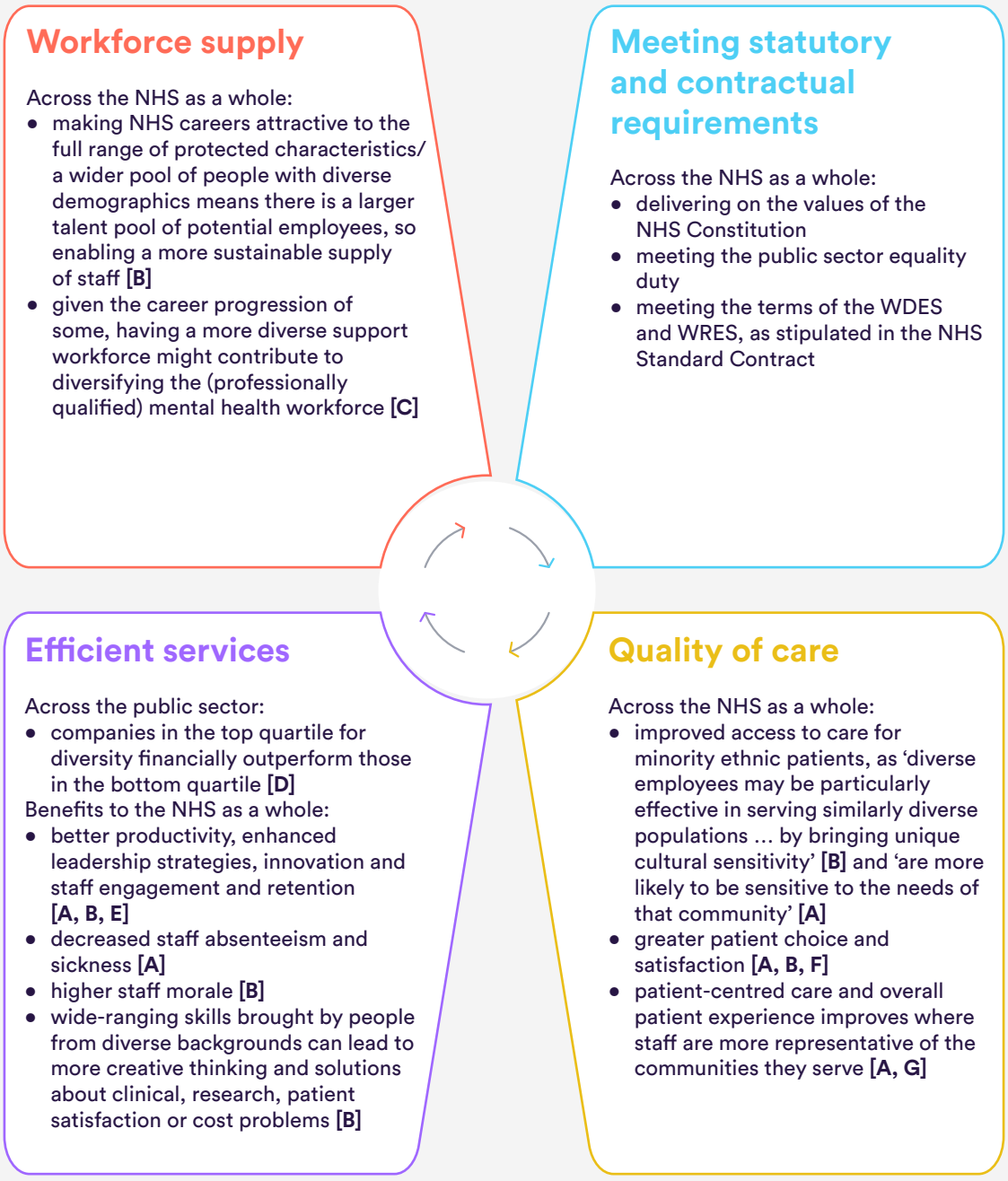
In this chapter we look at the diversity of the mental health clinical support workforce and explore issues around inclusion and inequalities.

Importance of equality and diversity

Equality and diversity appear to have been central elements of the NHS workforce strategy for a number of years, and indeed the NHS is the country's biggest minority ethnicity employer. Leaders have also recognised the systemic inequalities that certain demographic groups face, particularly in light of the Covid-19 pandemic. The NHS has committed to being an inclusive employer, with the *People Plan 2020/21* setting out a vision to be an employer that reflects the diversity of the communities it serves (NHS England & NHS Improvement, 2020c).

Promoting a more diverse workforce can help ensure a sufficient and sustainable supply of clinical staff (among many other benefits; see Figure 19). Our previous research on non-medical clinical careers and, separately, mental health nursing (Palmer and others, 2020b, 2020a) shows that there is scope for broader participation in health and mental health services, which would not only increase supply, but also ensure a workforce that is representative of communities that are 'particularly disadvantaged within the present system'. There appears to be limited existing research on the scope to expand the participation of clinical support workers in mental health settings specifically and we therefore suggest further primary research to explore this in greater detail. While some data on age, gender and ethnicity exist (as discussed below), at the time of writing, little analysis has been published on wider protected characteristics (such as those in relation to religion, maternity, pregnancy and gender reassignment), socioeconomic status and the mental health support workforce in particular.

Figure 19: Some of the benefits of greater diversity



Notes: WDES = Workforce Disability Equality Standard; WRES = Workforce Race Equality Standard. This graphic shows benefits to the NHS as a whole unless otherwise stated. Note that the graphic is a simplification of the benefits and does not intend to be comprehensive.

Sources: **A**: NHS Employers, 2015; **B**: Fanshawe, 2018; **C**: National Workforce Skills Development Unit, 2020b; **D**: Hunt, 2018; **E**: WRES Implementation Team, 2020; **F**: Dawson, 2009, Dawson, 2018; **G**: NHS England and Health Education England, 2020.

NHS trusts must comply with equality and diversity commitments set out in legislation and guidance. The NHS Constitution states: 'Everyone counts. We must… make sure nobody is excluded, discriminated against or left behind' (Department of Health and Social Care, 2012). Demonstrating and ensuring a diverse workforce is a statutory requirement under the public sector equality duty, and trusts are required to implement and comply with the national Workforce Race Equality Standard (WRES) and the national Workforce Disability Equality Standard (WDES), as stipulated in the NHS Standard Contract. They are also expected to meet the equality objectives for 2016–20 (NHS England & NHS Improvement).

There is evidence to suggest that a more diverse workforce results in improved staff outcomes, staff retention and a more efficient and effective running of the NHS. By reducing discrimination, bullying and harassment from colleagues, patients and families, the NHS can improve its staff absences and turnover rate, which was estimated as costing some £2.4 billion a year in total (NHS England & NHS Improvement, 2011).

There is also evidence that a more diverse workforce can contribute to better patient outcomes. For example, the Care Quality Commission has recognised evidence on the link between workforce equality and inclusion, and the quality of care for patients (Care Quality Commission, 2018). The correlation between diversity and quality of care is also suggested in the 2019 WRES, with better-performing trusts reporting a greater percentage of staff recommending care at their trust as part of the Staff Friends and Family Test (NHS England & NHS Improvement, 2020b). Dawson (2018) reiterates the link between staff experience and patient satisfaction with their care: in organisations where staff experience discrimination or harassment from colleagues, or perceive unequal opportunities for career progression or promotion, patients are less likely to be satisfied.

Current demographics

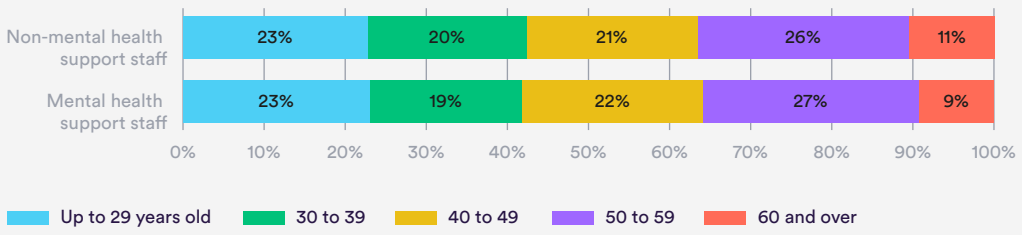
A recent review on the diversity of the mental health workforce suggests that staff in many support roles are likely to be from more diverse backgrounds, given that many of these roles do not require a degree (National Workforce Skills Development Unit, 2020b). Demographic data on the NHS workforce

are not fully complete, particularly regarding protected characteristics such as religion, disability and sexual orientation. There is no obligation for staff to disclose this information so we may expect gaps in the data and a possible underrepresentation of some groups. Monitoring and improving this information will help the NHS in achieving its aim of having a diverse staff group, and help to identify existing gaps that can be appropriately targeted to attract and retain a more diverse pool of candidates.

Age

As at June 2020, more than a quarter (27%) of the mental health support workforce were aged 50–59, similarly for support staff working outside of mental health provision (26%) (see Figure 20). That being said, there were still a large proportion of people aged up to 29 years old in both mental health support staff groups and those in other settings (both 23%). This age group also saw the biggest increase in staff in the year to June 2020 (+37% for the mental health support workforce and +26% for support staff working outside of mental health). In part, this may be due to a recent increase in training routes (such as apprenticeships), which may be appealing to younger people.

Figure 20: Age structure of support staff working in mental health and non-mental health settings, June 2020



Notes: The data show the proportion of full-time equivalent staff. The percentages for non-mental health support staff do not sum to 100 due to rounding.

Source: NHS Digital.

Gender

While still underrepresented, male members of staff account for a higher proportion of clinical support staff in mental health services compared with other hospital and community services. More than a quarter (27%) of support

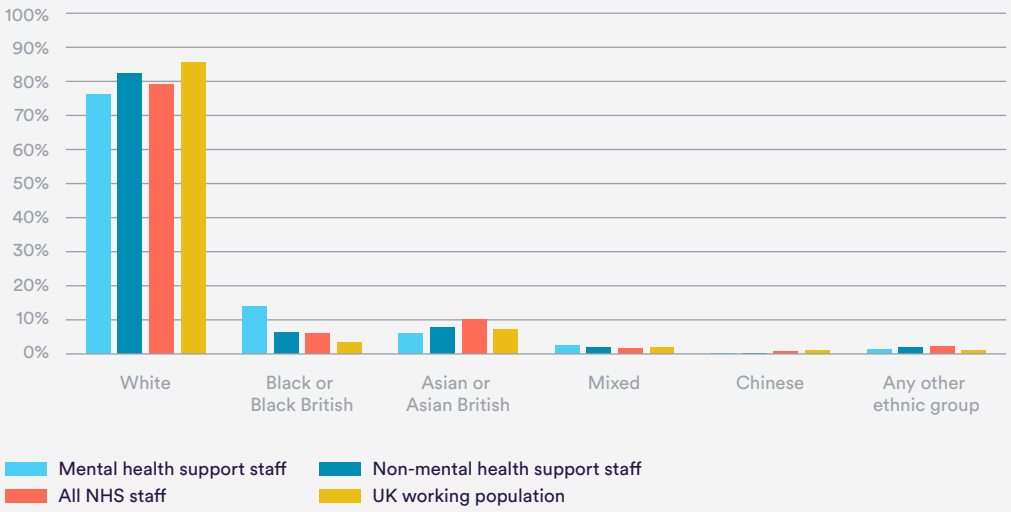
staff working in mental health services are male, compared with just 17% of non-mental health support staff. This is consistent with the findings for other staff groups; there is a higher proportion of male mental health nurses compared with the proportion of male adult nurses (Palmer and others, 2020a). This may partly be due to perceptions around the nature of the work, for example that it requires restraint, involving physical force that can put staff at risk. That being said, the mental health workforce are still predominantly female and the reasons for this are varied. As noted above, mental health clinical support workers may particularly suffer from less established career paths, and indeed, research has shown that it is not uncommon for roles that do not have clear career paths to be filled more by women than men (National Workforce Skills Development Unit, 2020a).

Ethnicity

There is also some variation in ethnicity between support staff working in mental health settings compared with those in other settings. There is more than twice the level of Black/Black British representation in mental health (14%) compared with the demographics of non-mental health staff (6%) and the whole NHS workforce (6%). However, more Asian/Asian British staff make up the support workforce in non-mental health settings (8%) compared with the proportion working in mental health (6%) (see Figure 21).

It is important to note that there is no comprehensive, readily available data on the ethnicity breakdown of the regulated roles and training posts within the clinical support workforce. This should be addressed to ensure a greater understanding of participation in these roles, which typically offer greater seniority.

Figure 21: Ethnicity breakdown of mental health support staff, non-mental health support staff, all NHS staff and the UK working-age population



Notes: The data represent the proportion of the headcount of staff. Ethnicity data for the working-age population are from 2011, data for all NHS staff are from March 2019 and data for the support workforce are as at June 2020, so any comparisons should be interpreted with caution.

Sources: NHS Digital and Office for National Statistics (ONS).

Support staff reported proportionally more cases of discrimination from patients, patients' relatives or colleagues on the grounds of ethnic background. In the 2019 NHS Staff Survey, 48% of mental health support staff and 51% of other support staff reported these forms of discrimination, compared with 43% of all NHS staff working in mental health services. This proportion has increased from 2015 for all three groups. However, this may be because more staff are able to recognise discrimination and feel comfortable reporting instances of it. Even so, there is still work to be done to protect NHS staff from unacceptable behaviours, and to increase staff safety and satisfaction at work.

The outcomes of the 2019 WRES suggest that the NHS mental health sector performs slightly worse than the NHS as a whole in terms of the treatment of ethnic minority staff, including in relation to the likelihood of being appointed from shortlisting, entering disciplinary action, opportunities for development, and harassment by the public (NHS England & NHS Improvement, 2020b). However, positively, across the NHS mental health sector the proportion of minority ethnic board members has increased to 11.9%, the highest proportion of all NHS sectors.

Disability

As at June 2020, around one in 18 mental health support staff (6%) declared a disability, which is slightly higher than for those working outside of mental health (4%). These levels are much lower than the overall proportion of employed working-age adults in the UK with a disability (19%) (Powell, 2020), although it is not clear how comparable these figures are, given differences in how the data are collected.

Looking across the mental health workforce in general, mental health trusts have the highest disability declaration rates in pay bands 1–4 compared with other trust types (NHS England & NHS Improvement, 2020a). Recent analyses suggest that there is currently parity between disabled and non-disabled staff in terms of the likelihood of both being appointed from shortlisting and being able to access non-mandatory training and continued professional development in mental health trusts (NHS England & NHS Improvement, 2020a). Mental health trusts also reported the highest proportion (77%) of disabled staff who felt their employer made adequate adjustments to enable them to carry out their work. They also had the highest overall percentage of disabled board members, although this remains at just 3%.

Other demographic factors

While more than a quarter (28%) of mental health support staff did not explicitly disclose a belief for the June 2020 reporting period, Christianity was the biggest faith, declared by 43% of this group, and atheism was the second largest group (14%). These proportions were almost identical to support staff working in non-mental health settings.

Just over 70% of both these staff groups classified themselves as heterosexual. Meanwhile, 4% of mental health support staff and 3% of non-mental health support staff described their sexual orientation as LGBTQ+, which suggests greater LGBTQ+ representation in the mental health support workforce (compared with 3% in the NHS overall and 3% nationally).

As noted earlier, there are no readily available data on the socioeconomic status of the NHS workforce.

Supporting participation

Within the NHS mental health sector, there is scope to 'consider the different entry points into mental health careers to diversify the supply pipeline and work with professional bodies and higher education institutions to ensure new entrants to professions are more representative' (National Workforce Skills Development Unit, 2020b, p. 5). Positively, the NHS Long Term Plan includes significant expansion of the peer support worker role in the NHS, with an additional 4,730 peer support workers planned over the next five years (Health Education England, 2020). It is expected that a substantial number of these could move on to clinical support worker roles, having gained the appropriate experience and training.

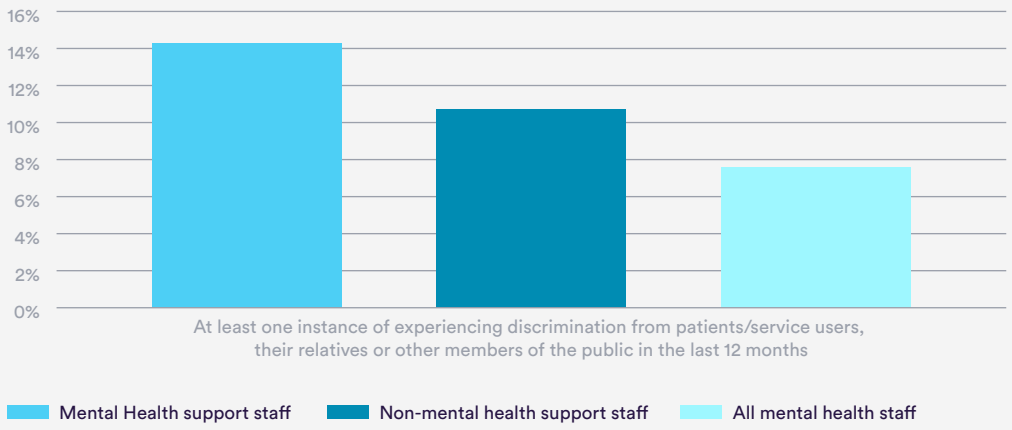
Efforts are being made to improve minority ethnic representation across the workforce pipeline, with trusts each setting their own targets and timeframes. Policy attention in recent years has focused on setting and achieving targets for representation at senior levels (NHS England & NHS Improvement, 2019a), and on ways to ensure that the workforce (at all bands) are representative of the local communities they serve. Recent research suggests that further analysis should be conducted on diversity by role/profession in the mental health sector (National Workforce Skills Development Unit, 2020b). Providers may wish to consider ways to improve workforce diversity, equality and inclusion, not only at trust level but also in regional/system-wide workforce planning, advancing equality 'beyond provider boundaries' (Care Quality Commission, 2018).

Apprenticeships were designed to be a key route for widening participation from underrepresented groups. However, progress against this aim is unclear, with the House of Commons Education Committee (2018) noting that the focus to date has been on quantity over quality. While data are limited (Department for Education, 2019), the latest available data on levy-paying employers suggest that, in 2018/19, around a quarter of new starters on health care support worker apprenticeships identified as black, Asian and minority ethnic (24%) and 17% identified as disabled. Of those starting senior health care support worker apprenticeships, a smaller proportion identified as black, Asian and minority ethnic (14%) or as disabled (14%).

Inequalities in working experience

The 2019 NHS Staff Survey results show how support staff working in mental health and learning disability trusts experience disproportionate levels of discrimination (14%) compared with support staff working in all other trusts (11%) and all mental health and learning disability staff (8%) (see Figure 22). It is not clear why support staff experience discrimination from patients more so than other mental health staff, although it could, in part, be explained by the fact that they are a diverse workforce who have a lot of patient contact. A higher proportion of support staff also experience different types of discrimination (based on ethnicity, religion and sexual orientation) compared with all mental health staff.

Figure 22: Reported levels of discrimination among mental and non-mental health support staff and all mental health staff



Notes: The data categorise mental health staff as those working in mental health and learning disability NHS trusts.

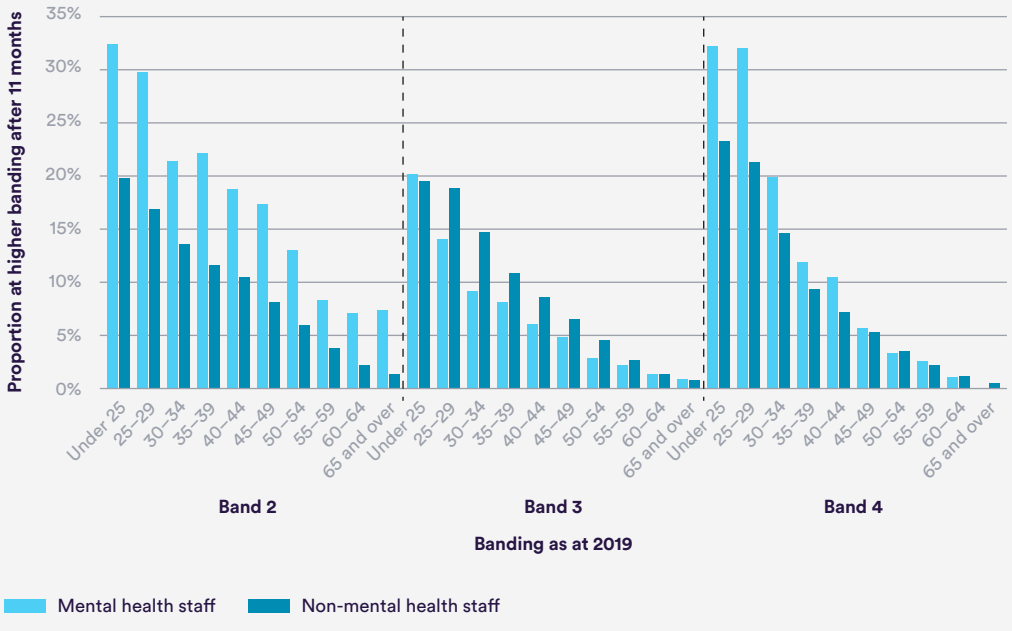
Source: NHS Staff Survey 2019.

Inequalities in pay and progression

Age

As noted in Chapter 3, compared with those in other hospital and community services, mental health clinical support workers have higher levels of progression at bands 2 and 4 but lower levels at band 3. Meanwhile, progression is far higher in younger age groups than older age groups with, for example, mental health clinical support workers who are on band 2 and under the age of 25 some four times as likely to progress bands than those aged 50–54 (see Figure 23). This pattern is fairly consistent across the bands and also outside of mental health settings, with the exception of particularly high progression rates for younger band 4 mental health clinical support workers, which is perhaps reflective of the larger number of training posts at that level that are available in this setting. A previous survey suggested that while health care assistants often demonstrated 'tenacity' in ambitions to become a nurse, this waned significantly once they had been in post for 10 or more years (Clover, 2010).

Figure 23: Progression of clinical support workers in mental health and other services, by age group

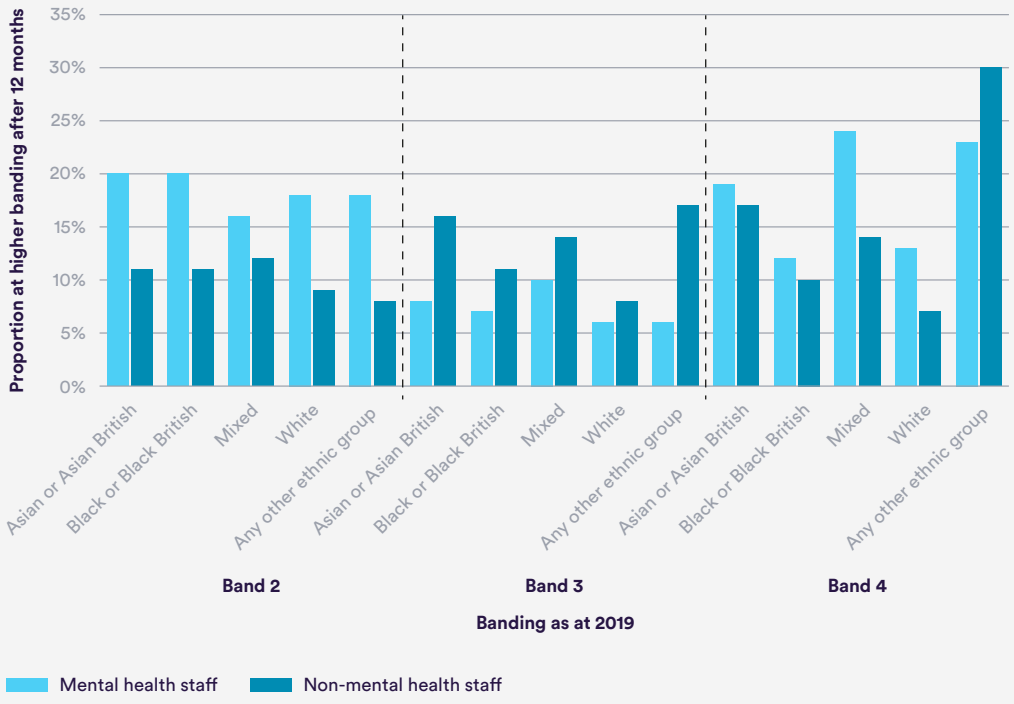


Source: NHS Digital.

Ethnicity

There were no obvious differences in progression – that is, the probability of moving up pay bands – between different ethnicities. Specifically, across the broad categories of ethnicity in the experimental data we looked at, no one group was consistently more or less likely to progress across either mental health services or other hospital and community settings (see Figure 24).

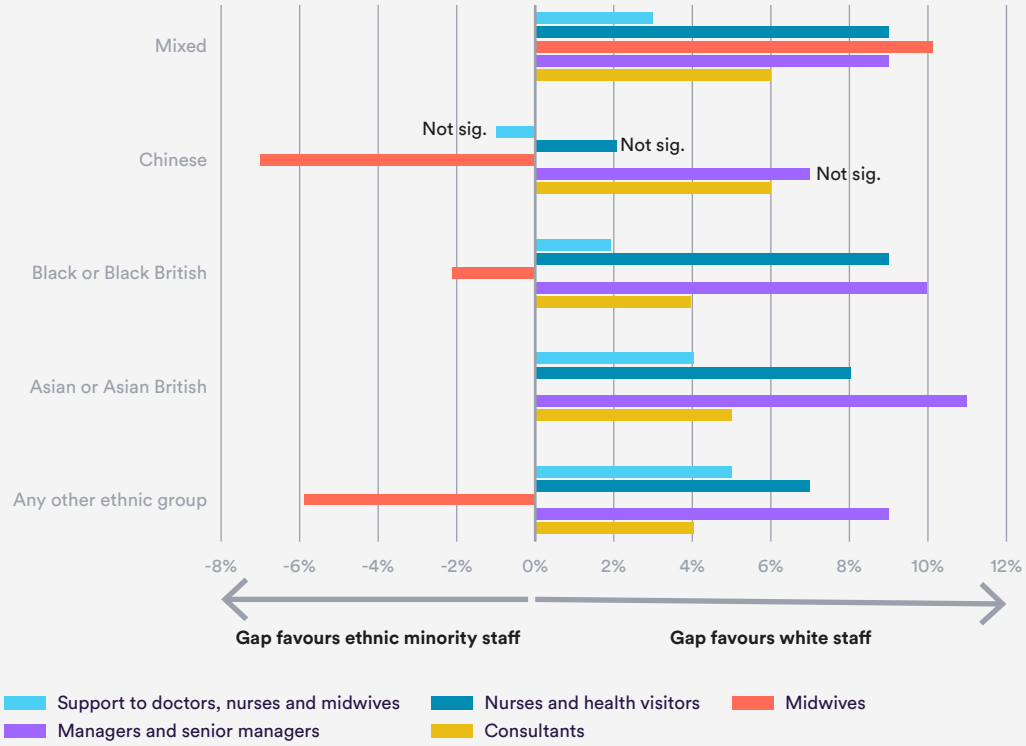
Figure 24: Progression of clinical support workers in mental health and other services, by ethnicity



Source: NHS Digital.

However, previous novel analysis has suggested that across staff working in a supporting role to doctors, nurses and midwives (in mental health and other settings), there is an ethnicity pay gap in favour of white staff (see Figure 25). The discrepancies are less than seen in nursing, and among managers/senior managers; however, the reverse appears to be true for midwives (Appleby and Schlepper, 2019).

Figure 25: Ethnicity pay gap for support to doctors, nurses and midwives and selected other staff groups



Note: The data are based on median basic pay per full-time equivalent member of staff.

Source: Appleby and others, 2021.

Gender

Unusually, the gender pay gap in support roles is apparently in favour of women (NHS Pay Review Body, 2020). Across all 22 main staff groups, median basic pay per full-time equivalent was higher for women than for men in support to doctors, nurses and midwives (2%) and support to scientific, therapeutic and technical staff (4%). In comparison, the equivalent figure for senior managers was 14% in favour of men (Appleby and others, 2021).

Inequalities in retention

While we have presented some insights in this chapter on inequalities in working experience, pay and progression, little is known about the effect of inequalities on retention. There would be value in further work looking at lengths of career by staff characteristics, including people's reasons for leaving their role.

5 Conclusion and recommendations

The clinical support workforce have the scope to help the NHS provide greater access to high-quality, cost-effective care, particularly within mental health services. The mental health clinical support workforce are a relatively diverse group in terms of demographics and they have an array of different roles. This suggests that they can contribute to different aspects of people's care and are likely to bring different knowledge, experience and perspectives. While some roles have more structured support, training and career pathways – such as training or registered posts – this does not appear to be the case for most. In addition, there is a particularly stark difference between the stated intentions of flexibility over working patterns, training and career development and what is offered to mental health support workers. That one of the lowest-paid, most diverse workforce groups in the NHS are not consistently receiving the promise of better working conditions being made to other NHS staff needs to be addressed.

Tapping into the benefits of this group and ensuring they are appropriately valued and supported would be likely to lead to greater participation and retention. All of this would require concerted action from the wider health and care system. Some possible actions implied by our findings – such as reviewing pay bands – would require collaboration between organisations and across the NHS. Other potential actions – such as ensuring consistent and sufficient professional development opportunities – would require investment.

Our report was commissioned to inform the project "Building on the mental health support workforce to meet service needs" led by the National Workforce Skills Development Unit as commissioned and funded by Health Education England. In that context, we recommend their forthcoming work and their subsequent recommendations focus on the following:

- clarifying and simplifying the role names and descriptions within the clinical support workforce
- highlighting existing level of investment, nationally and locally, in continued professional development for clinical support staff, disaggregating the data by setting and, where possible, role
- local variation in investment in continued professional development for different roles within the clinical support workforce
- mapping out the career development and progression pathways for the clinical support workforce
- encouraging all employers to offer a flexible working pattern to mental health support workers, in line with the ambition in the People Plan 2020/21 and the new contractual offer regarding flexible working
- assessing the scope for research involving the direct engagement of the clinical support workforce to explore the issues around their working conditions and development opportunities
- considering what further work is needed to explore whether development opportunities are being allocated in a fair way, including by further investigating associations between progression and staff demographics, with particular attention to the protected characteristics and socioeconomic status of the clinical support workforce
- sharing learning on best practice regarding support and career development for the clinical support workforce through the Talent for Care programme, with a particular focus on roles based in mental health settings. This should include examples from all devolved nations of the UK
- considering what further action is required to ensure that mental health support workers have the training, confidence and support to mitigate, manage and recover from any harassment and violence they experience in their work.

Appendix: Methodology

Defining the mental health clinical support workforce

In defining the mental health clinical support workforce, it is important to note that there is not one, consistent definition of the mental health workforce, particularly as it can be defined differently across different datasets.

The NHS Staff Survey, for example, defines the mental health workforce as any member of staff employed by a mental health and/or learning disability trust. However, this discounts a large number of mental health professionals who work in other trusts, and excludes a number of staff working across two or more roles in the NHS.

NHS Digital recently changed its definition of the mental health workforce to reflect staff providing, or supporting the provision of, mental health services (as opposed to all staff employed by mental health and learning disability trusts). Categorising staff in this way accounts for occupation group and area of work and data can be obtained from the Electronic Staff Record (ESR) Data Warehouse.

In this report we have used both definitions: for the NHS Staff Survey data, we categorised mental health staff as those working in mental health and learning disability trusts, and for data on the demographics, participation, retention and progression of the mental health clinical support workforce, we used the definition that includes staff providing or supporting provision of mental health services.[21]

21 More information on this definition can be found at: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/mental-health-and-learning-disabilities-workforce-in-the-nhs.

Quantitative methods

Equality and diversity data

We requested bespoke demographic data from NHS Digital on the staff group 'Support to clinical staff' (Agenda for Change pay bands 1–4), including data on age, gender, ethnicity, religion, disability and sexual orientation. These data allowed us to compare the characteristics of the mental health support workforce with those of support staff who do not work in mental health services, across two time periods (June 2019 and June 2020).

Career pathways

We also received data on advertised vacancies and applications in relation to the NHS Jobs service, through a Freedom of Information request to the NHS Business Services Authority.

In addition, we analysed data on the reasons why support staff leave their role, and compared them with the reasons for leaving for all staff.

To explore career progression, we requested data from NHS Digital on the job role and Agenda for Change band of support staff in June 2019 and compared these data with data on the role and band these staff held in June 2020.

We also used data on the basic pay and average earnings of staff, split by staff group, pay band, area of work, gender and ethnicity, to establish whether there are any differences in the average pay of certain demographic groups within the support workforce.

Staff experience

We extracted data from the 2019 NHS Staff Survey. We used the following staff groups to define the support workforce:

- arts therapists
- support to allied health professionals
- support to health care scientists

- nursing auxiliaries/nursing assistants/health care assistants.

For the mental health support workforce, this includes those who are working in mental health or learning disability trusts or combined mental health and learning disability trusts.

We compared results for each research question to two comparator groups:

- support staff working across all settings
- all staff working in mental health and learning disability trusts.

We report on results where there were substantial differences between staff groups and/or where results were particularly relevant to the project (for example, continuing professional development or training opportunities).

Qualitative methods

Literature review

We conducted a pragmatic rapid review of the literature between November and December 2020. We developed search terms in collaboration with the Health Services Management Centre, a specialist centre based at the University of Birmingham. We then ran the terms across a number of academic and 'grey' literature databases, including the Health Management Information Consortium (HMIC), MEDLINE, PsycINFO, ABI/INFORM and Scopus. The search strategy is provided in full below.

We also manually conducted a pragmatic review of published information on the diversity of the mental health clinical support workforce, and evidence on the benefits of this workforce. Discussions with key stakeholder informed this review.

Search strategy

The inclusion criteria for the rapid review of the literature were as follows:

- the papers were on England

- the papers were published from 2015 onwards
- the papers were in the English language only
- they were policy papers, 'grey' papers or academic papers.

The search terms were as follows:

1 [clinical support work* OR clinical support staff OR clinical support role*] + [activit* coordinator OR activit* co-ordinator OR activit* support worker OR activit* facilitator OR activit* assistant OR creative assistant OR activit* worker OR employment advisor OR healthcare science assistant OR health care science assistant OR healthcare science associate OR health care science associate OR healthcare assistant OR health care assistant OR healthcare support worker OR health care support worker OR support worker OR occupational therapy support worker OR occupational therapy assistant OR occupational therap* OR occupational therapy technician OR rehabilitation assistant OR speech and language therapy assistant]

2 [mental health OR psych*]

3 [OR community]

4 [recruit* OR supply OR retention OR retain OR leav* OR progress* OR career* OR profession* OR train* OR education OR develop* OR participation OR experience OR satisfaction OR working conditions]

5 [pathway OR impact OR contribution OR diversity]

Review of mental health support worker job adverts

We reviewed a sample of mental health support worker job descriptions to understand the titles, responsibilities and expectations of these support workers – including opportunities for professional development and career progression. We excluded training posts and registered roles for the purposes of this scoping review. We adopted an iterative approach for the sampling and data extraction processes. First, we reviewed existing job titles and overviews of support staff roles, using the Health Careers webpages. We then developed an extraction framework, including criteria on:

- alternative/commonly used job titles
- setting
- employer
- role overview
- key responsibilities
- entry requirements
- prior experience and knowledge
- skills needed
- personal characteristics and attributes
- clinical supervisors/manager
- training and support for the role
- career development pathways
- travel
- pay and benefits, including Agenda for Change band
- working patterns (for example, flexibility over hours).

We reviewed 35 jobs adverts and person specifications available on the NHS Jobs website in November 2020. We also reviewed 10 non-NHS mental health support workforce job adverts that were advertised by independent providers on the website Indeed in January 2021.

Stakeholder discussions

We conducted calls with key stakeholders, including Health Education England, Leeds Teaching Hospitals NHS Trust, Southern Health NHS Foundation Trust, NHS Employers, Unison and The King's Fund.

References

Appleby, J, Schlepper L and Keeble E. 2021. *The ethnicity pay gap in the English NHS*. Research report, Nuffield Trust.

Baldwin, J., Roberts, J. D., Fitzpatrick, J. I., While, A. & Cowan, D. T. 2003. The role of the support worker in nursing homes: a consideration of key issues. *J Nurs Manag*, 11, 410-20.

Beech, J., Bottery, S., Charlesworth, A., Evans, H., Gershlick, B., Hemmings, N., Imison, C., Kahtan, P., Mckenna, H., Murray, R. & Palmer, B. 2019. Closing the gap: Key areas for action on the health and care workforce. Nuffield Trust, The Health Foundation and The King's Fund.

Boardman, S., Clarbour, J. & Rayner, K. 2018. Healthcare assistants' experiences on forensic mental health wards. *Journal of Forensic Practice*, 20, 179-190.

BPP University 2018. The apprenticeship levy study: NHS trusts. Research conducted by trendence UK.

Care Quality Commission 2018. Equally outstanding: Equality and human rights – good practice resource.

Cavendish, C. 2013. The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings.

Clover, B. 2010. Major training barriers prevent HCA career progression.

Council of Deans of Health 2013. Healthcare support workers in England: Five proposals for investing in education and development to deliver high quality, effective and compassionate care.

Cowan, D., Brunero, S., Lamont, S. & Joyce, M. 2015. Direct care activities for assistants in nursing in inpatient mental health settings in Australia: A modified Delphi study. *Collegian*, 22, 53-60.

Dawson, J. 2009. Does the experience of staff working in the NHS link to the patient experience of care? An analysis of links between the 2007 acute trust inpatient and NHS staff surveys.: Institute for Health Services Effectiveness, Aston Business School.

Dawson, J. 2018. Links between NHS staff experience and patient satisfaction:

Analysis of surveys from 2014 and 2015. NHS England.

Department for Education 2019. Apprenticeship and traineeships: annual data.

Department of Health and Social Care 2012. The NHS Constitution. *In:* Department of Health and Social Care (ed.).

Department of Health NI 2018a. Induction and Development Pathway for Nursing Assistants.

Department of Health NI 2018b. Standards for Nursing Assistants Employed by HSC Trusts in Northern Ireland. Department of Health NI.

Fisher, A., Payne, T., Henderson, C. & Cook, S. 2009. NHS Pay Modernisation in England: Agenda for Change. National Audit Office.

Francis, R. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Griffiths, P. & Robinson, S. 2010. Moving forward with healthcare support workforce regulation. A Scoping Review: Evidence, Questions, Risks and Options. National Nursing Research Unit, King's College London.

Griggs, C., Hunt, L. & Reeman, S. 2015. Education and progression for support workers in mental health. *The Journal of Mental Health Training, Education, and Practice*, 10, 117-123.

Health Education England 2020. National Workforce Stocktake of Mental Health Peer Support Workers in NHS Trusts. Health Education England.

Healthcare Support Workers Toolkit. *Supporting induction and safe working for all healthcare support workers* [Online]. NHS Scotland. [Accessed 11 February 2021].

Henshall, C., Doherty, A., Green, H., Westcott, L. & Aveyard, H. 2018. The role of the assistant practitioner in the clinical setting: a focus group study. *BMC Health Services Research*, 18, N.PAG-N.PAG.

Herber, O. R. & Johnston, B. M. 2013. The role of healthcare support workers in providing palliative and end-of-life care in the community: a systematic literature review. *Health Soc Care Community*, 21, 225-35.

Higham, N. 2014. Ward Stars-applauding HCAs working in mental health wards. *British Journal of Healthcare Assistants*, 8, 180-184.

Hunt, V., Prince, S., Dixon-Fyle, S. & Yee, L. 2018. Delivering through Diversity McKinsey&Company.

Institute for Apprenticeships. *Healthcare Support Worker* [Online]. Available: www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-support-worker-v1-0 [Accessed 11 February 2021].

Jasper, R., Wilberforce, M., Abendstern, M., Tucker, S. & D., C. 2019. Support Workers in Community Mental Health Teams for Older People: Exploring Sources of Satisfaction and Stress. *Journal of Long-Term Care*, 111-118.

Kantaris, X., Radcliffe, M., Acott, K., Hughes, P. & Chambers, M. 2020. Training healthcare assistants working in adult acute inpatient wards in Psychological First Aid: An implementation and evaluation study. *Journal of Psychiatric Mental Health Nursing* 27, 742-751.

Kemp, P., Gilding, M., Seewooruttun, K. & Walsh, H. 2016. A work-based learning approach for clinical support workers on mental health inpatient wards. *Nursing Standard*, 31, 48-55.

Kessler, I., Heron, P. & Dopson, S. 2015. Professionalization and expertise in care work: the hoarding and discarding of tasks in nursing. *Human Resource Management*, 54, 737-752.

Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D. & Askham, J. 2010. Nature and Consequences of Support Workers in a Hospital Setting. Final report. NIHR Service Delivery and Organisation programme.

Kessler, I. & Nath, V. 2018. Re-evaluating the assistant practitioner role in NHS England: Survey Findings. *Journal of Nursing Management (Wiley-Blackwell)*.

Merrifield, N. 2017. 'Unique' assistant practitioner apprenticeship launched to plug mental health skills gap. *Nursing Times*, 113, 1-3.

Moran, A., Nancarrow, S. A. & Enderby, P. 2015. Mechanisms to enhance the effectiveness of allied health and social care assistants in community-based rehabilitation services: a qualitative study. *Health & social care in the community*, 23, 389-98.

Morris, A. & Donovan, P. 2019. Bridging the skills gap: apprentice assistant practitioners having an impact in mental healthcare services. *British Journal of Healthcare Assistants*, 13, 452-457.

National Collaborating Centre for Mental Health 2019. Mental Health Careers and Psychology Graduate Career Pathways: Methods, findings and recommendations.

National Workforce Skills Development Unit 2020a. Analysis and recommendations on career progression in the mental health workforce.

National Workforce Skills Development Unit 2020b. Analysis and recommendations on diversity of the mental health workforce.

National Workforce Skills Development Unit 2020c. Attitudes towards mental health careers in the NHS.

NHS Digital 2020a. General Practice Workforce 31 October 2020. *In:* NHS DIGITAL (ed.).

NHS Digital 2020b. NHS Staff Earnings Estimates June 2020, Provisional Statistics (Including supplementary analysis on pay by ethnicity). *In:* NHS DIGITAL (ed.).

NHS Employers 2021. *Flexible working in the NHS* [Online]. www.nhsemployers.org/news/flexible-working-nhs [accessed 15 July 2021].

NHS England & NHS Improvement. *Equality objectives 2016-2020* [Online]. Available: www.england.nhs.uk/about/equality/objectives-16-20 [Accessed 11 February 2021].

NHS England & NHS Improvement 2011. The Equality Delivery System for the NHS: Statement on Costs and Benefits.

NHS England & NHS Improvement 2019a. A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS NHS England & NHS Improvement.

NHS England & NHS Improvement 2019b. The NHS Long Term Plan.

NHS England & NHS Improvement 2019c. NHS Mental Health Implementation Plan 2019/20 – 2023/24.

NHS England & NHS Improvement 2020a. NHS Workforce Disability Equality Standard (WDES) Annual Report 2019. NHS England & NHS Improvement.

NHS England & NHS Improvement 2020b. NHS Workforce Race Equality Standard: 2019 Data Analysis Report for NHS Trusts.

NHS England & NHS Improvement 2020c. People Plan for 2020/21 – action for us all.

NHS Health Careers. n.d.-a. *Agenda for change – pay rates* [Online]. Available: www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates [Accessed 11 February 2021].

NHS Health Careers. n.d.-b. *Assistant Practitioner* [Online]. Available: www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/assistant-practitioner [Accessed 11 February 2021].

NHS Health Careers. n.d.-c. *Support, time and recovery worker* [Online]. Available: www.healthcareers.nhs.uk/explore-roles/wider-healthcare-team/roles-wider-healthcare-team/clinical-support-staff/support-time-and-recovery-worker [Accessed 11 February 2021].

NHS Pay Review Body 2020. Thirty-Third Report 2020.

NHS Scotland 2009. Code of Practice for Employers of Healthcare Support Workers in Scotland. The Scottish Government.

NHS Wales 2015. Developing Excellence in Healthcare An NHS Wales Skills and Career Framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions.

Nursing Times. 2013. *Minimum training standards for HCAs* [Online]. Available: www.nursingtimes.net/news/reviews-and-reports/minimum-training-standards-for-hcas-05-04-2013 [Accessed 11 February 2021].

Nursing Times. 2018. *How new nursing roles affect accountability and delegation* [Online]. Available: www.nursingtimes.net/roles/district-and-community-nurses/how-new-nursing-roles-affect-accountability-and-delegation-26-03-2018 [Accessed 11 February 2021].

Padfield, B. & Knowles, R. 2015. Development of learning facilitation roles for unregistered practitioners. *Nursing Standard*, 29, 35-40.

Palmer, W., Hutchings, R. & Leone, C. 2020a. Laying foundations: Attitudes and access to mental health nurse education. Nuffield Trust.

Palmer, W., Leone, C. & Hutchings, R. 2020b. Review of attitudes towards non-medical careers in the NHS. Nuffield Trust.

Parton, D. 2019. *Making progress: from healthcare assistant to qualified mental health nurse* [Online]. RCNi. Available: https://rcni.com/mental-health-practice/features/making-progress-healthcare-assistant-to-qualified-mental-health-nurse-145156 [Accessed 11 March 2021].

Powell, A. 2020. People with disabilities in employment. House of Commons Library: UK Parliament.

Pringle, S. A. 2017. The challenges of upskilling health care assistants in community nursing. *British journal of community nursing*, 22, 284-288.

Ranui, A., Kelly, S. & Haggerty, C. 2018. Understanding the Mental Health Support Worker Role in Aotearoa New Zealand: A Literature Review. *Whitireia Nursing & Health Journal*, 25, 74-81.

Royal College of Nursing. n.d.-a. *Become an Assistant Practitioner* [Online]. Available: www.rcn.org.uk/professional-development/become-a-healthcare-assistant-or-ap/become-an-assistant-practitioner [Accessed 11 February 2021].

Royal College of Nursing. n.d.-b. *UK wide information for HCAs, APs and TNAs | Royal College of Nursing* [Online]. Available: www.rcn.org.uk/professional-development/uk-wide-information-for-hcas-and-aps [Accessed 28 January 2021].

Skills For Care & Skills For Health 2013. Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.

Skills For Health. *Code of Conduct* [Online]. Available: https://skillsforhealth.org.uk/info-hub/category/code-of-conduct/ [Accessed 11 February 2021].

Thomas, R. 2020. Mental Health Matters: The desperate need for a major settlement. *Health Service Journal*, 17 November 2020.

Thomson, L., Argyle, E., Khan, Z., Schneider, J., Arthur, A., Maben, J., Wharrad, H., Guo, B. & Eve, J. 2018. Evaluating the Care Certificate (ECCert): a Cross-Sector Solution to Assuring Fundamental Skills in Caring. The Institute of Mental Health.

Torjesen, I. 2009. Working as an HCA in mental health

Tudor, K., Cowan, C., Hennessy, J., Macewan, I. & Warriner, R. 2018. Mental health support workers: Profession and professionalization. *International Journal of Mental Health*, 47, 74-89.

Welsh Assembly Government Code of Practice for NHS Wales Employers.

Wilberforce, M., Abendstern, M., Tucker, S., Ahmed, S., Jasper, R. & Challis, D. 2017. Support workers in community mental health teams for older people: roles, boundaries, supervision and training. *Journal of advanced nursing*, 73, 1657-1666.

Wöpking, M. 2016. The education, training and qualifications of nursing and care assistants across Europe. Eurodiaconia.

Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.

59 New Cavendish Street
London W1G 7LP
Telephone: 020 7631 8450
www.nuffieldtrust.org.uk
Email: info@nuffieldtrust.org.uk

Published by the Nuffield Trust.

ISBN: 978-1-910953-85-3

Design by Soapbox: soapbox.co.uk

nuffieldtrust