



Supporting social care employers to prevent and manage abuse and violence toward staff

Report

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This work was researched and compiled by the Institute of Public Care.

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Skills for Care is focused on supporting the workforce provide high quality care. Making sure they have the right skills, knowledge, values and experience to work alongside people who may challenge, leading to violence or abuse of staff is an important part of our remit. We commissioned this research as the evidence base in this area is limited and we are keen to focus our resources in areas that will result in the biggest impact for people using care and support services as well as staff.

This research forms part of the broader package of Skills for Care work. We are acutely aware of the need to support social care employers in this area. Our

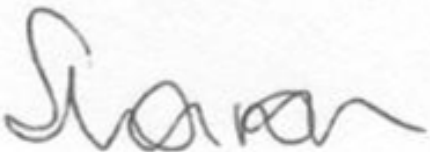
resources range from formal qualifications through to practical support and guidance for employers to build in appropriate learning and development for staff and procedures for minimising the number of incidents of this nature that occur.

Details of this work can be found in Appendix 2 but to give an example, we have recently worked with the National Development Team for Inclusion to produce guidance for employers to develop skilled and competent staff to work with people whose behaviour challenges based on the most recent evidence:

- *Supporting staff working with challenging behaviour (Guide for Employers)* – a guide to promote workforce development solutions
- that enable workers and the people they support to have confidence in each other and reduce the likelihood of challenging behaviour
- *People whose behaviour challenges case studies* – case studies of best practice used by individuals, care organisations and families across England to respond to challenging behaviour by people in need of care and support

- *A positive and proactive workforce* – a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health. Skills for Care have produced this in partnership with the Department of Health and Skills for Health.

The focus of the work now is to make sure these resources are well known and promoted to employers and support the implementation of the guidance to help reduce the number of incidents staff are experiencing.



Sharon Allen
CEO Skills for Care and National Skills
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Executive summary

This study by the Institute of Public Care for Skills for Care was conducted to throw more light on two key questions, in the absence of a large body of research in this area:

1. To what extent the social care workforce experience different levels of abuse and violence across groups of people who receive care and support services.
2. To ascertain whether the nature of the type of violence experienced by social care staff varies across groups of people who receive care and support services.

While there are ongoing concerns about abuse and violence against people who receive care and support, the purpose of this study was to identify staff most likely to be exposed to abuse or violence in order to target resources and support in this area and promote safe working.

Skills for Care have been working to help social care employers tackle this issue. Support ranges from formal qualifications through to practical support and guidance for employers to build in appropriate learning and development for staff and procedures for minimising the number of incidents of this nature that occur. Further information of resources available can be found in Appendix 2.

Over 1,300 social care staff working across the public and independent sectors in a variety of settings and working with a wide range of people who receive care and support services responded to the survey. This is a good response for this kind of survey. Although local authority staff and day care and community-based staff were over-represented in responses, survey responses were reasonably representative in terms of the groups with which staff worked.

The NHS Direct definition of violence as: *“Any incident in which a person working in the [social] care sector is verbally abused, threatened or assaulted by a [person who receives care and support], member of the public or a member of staff arising out of the course of their work”*, was used.

More than half of all respondents had experienced verbal abuse in the past year, and 25% experienced verbal abuse on a daily or weekly basis. A quarter had experienced a physical assault, and nearly 6% of all respondents had experienced a physical assault requiring medical assistance (including first aid) in the last year. Although abuse and violence against staff comes mainly from people receiving care and support, 19% of recent incidents are attributed to family and friends, and 5% to other staff members.

The survey results indicate that there are important differences across groups of people who receive care and support services in terms of the exposure of staff to abuse or violence; and in terms of the types of incidents that occur.

Looking at recent incidents of abuse or violence, verbal abuse was the most widely mentioned type of incident in relation to people with a physical disability, older people, people with a mental illness and people with a learning disability. Physical assaults (not requiring medical assistance) were more frequently mentioned in relation to people with autism, older people with dementia (often linked to personal care tasks), and people with a learning disability. This finding is likely, in part, to reflect a lack of mental capacity among some of those receiving care and support in these groups.

It appears there is a lower likelihood of exposure to physical assaults against staff working with people with a mental illness, compared with people with autism, dementia or a learning disability. These results indicate the nature and level of likely exposure which will contribute to the development of appropriate resources and support for staff.

Misunderstandings and frustration were frequently mentioned as a trigger for an incident of abuse or violence. Other triggers included personal care activities (particularly in relation to people with dementia) and being refused a service, or the person receiving care and support not getting what they wanted (e.g. cigarettes). Mental health and learning disability also figured as relevant factors, as well as alcohol and money related matters.

Many incidents appear to go unreported for a variety of reasons. Less than 30% of respondents said that they had reported or discussed the most recent incident of abuse or violence with their manager. This may reflect the wide range of type of incident covered.

While some staff reported strong support from colleagues and managers, many respondents said they would have liked more support from managers, along with training and counselling to help prevent or manage incidents of abuse or violence and to support them when something occurs.

Although most employers have policies in place on abuse and violence of staff, and many provide help and support for staff who have been abused or subjected to violent behaviour, there were also reports of employers failing to implement or apply their policies, with limited use of sanctions, such as warnings or withdrawal of services. This is a difficult area which highlights the tension between wanting to provide care and support to vulnerable people who may lack mental capacity to understand the consequences of their actions, and wanting to protect staff from abuse and violence. Clearly, sanctions will not always be either appropriate or meaningful.

It is important to emphasise that these results are about identifying the likelihood of exposure to abuse or violence in order to help target support for staff and to promote safe working with vulnerable people. While preventing and managing abuse and violence towards social care staff presents some practical challenges, the survey results

indicate that there is a lot of work which could be done to improve the safety and well-being of staff providing care and support, and that some staff are more likely to be exposed to particular types of abuse and violence than others.

To prevent and manage abuse and violence towards social care staff, employers need to ensure that they have a range of mechanisms to support staff, including:

- Effective management support and supervision.
- Structured and sustained learning and development programmes – especially for those working with people with autism, people with dementia and people with a learning disability.
- Clear systems for reporting and recording incidents which are well publicised to staff and monitored regularly.
- Practical help when an incident occurs - from time out or a break to recover, to counselling and further training.
- Development and implementation of policies on abuse and violence at work.

1. Introduction

This report explores to what extent the social care workforce is at risk of different levels of abuse or violence across the groups of people who receive care and support services, and whether the type of abuse or violence differs across groups. Research evidence indicates that there is little existing evidence about these differences.

1.1 Introduction

This report presents the results of an electronic survey of union members by the Institute of Public Care at Oxford Brookes University commissioned by Skills for Care and conducted with co-operation from UNISON, Unite the Union and the GMB.

The purpose of the research was to identify staff most likely to be exposed to abuse or violence in order to target resources and support effectively and to promote safe working. Following on from a study of violence against the social care workforce by IPC which was commissioned by Skills for Care in 2012-13, it was recognised that there is limited evidence about the extent to which some parts of the social care workforce experience greater or more severe incidents of abuse or violence than others. The review of the available literature indicated that levels of violence differ across areas of social care work, with some evidence that those working with people with a learning disability, autism and dementia are more likely to be exposed to abuse or violence. Other groups of staff working in the fields of mental health and drugs or alcohol abuse were also identified as potentially more likely to be exposed to abuse or violence, than others in the social care workforce.

The previous study concluded that there is a need for a more thorough exploration of to what extent experiences differ across groups of people who receive care and support services in terms of the level and nature of the problem. This study was therefore designed to address this gap in the research. It aimed to find out:

- to what extent the social care workforce experiences different levels of violence across groups of people who receive care and support services, and
- whether the nature or type of violence experienced by social care staff varies across groups of people who receive care and support services.

This study sought to identify any more recent relevant research evidence and to obtain the views and experiences of front-line staff directly, as it was considered important to obtain information directly about individuals' own experiences and perceptions.

1.2 Definition

For the purpose of this study, the definition of violence is taken from the Health and Safety Executive cited in the NHS Direct's Violence in the workplace policy (NHS Direct) but substituting social care for health care:

“Any incident in which a person working in the [social] care sector is verbally abused, threatened or assaulted by a [person who receives care and support], member of the public or a member of staff arising out of the course of their work”

As some people who receive care and support services may lack mental capacity, some incidents which are perceived as violent by staff do not reflect an intention to cause hurt or harm, but may rather indicate confusion, pain, or other factors. This study has focused how incidents are experienced and perceived by staff providing care and support.

1.3 Research evidence

Summary of earlier research

The earlier evidence review by IPC (2013a) found that any study of the extent and nature of abuse and violence towards social care staff was hampered by the range of definitions that exist, both subjective and objective. Categorisation of staff and work areas also limited the possibility of reliably analysing and comparing data. Although no clear picture emerged, the authors concluded that the available data suggested that staff working with people with learning disabilities and autism, older people with dementia, and to some degree people with mental health or substance abuse issues are the ones most likely to be exposed to abuse or violence.

There was a wide range of reported rates of abuse and violence against social care and support staff. The table below summarises the key data from the studies identified in the 2013 evidence review on violence against social care and support staff (IPC, 2013a).

Table 1: Summary of prevalence data

Author & Year	Prevalence	Sample details
Brockman and McLean, 2000	37% physically attacked in current job.	1,031 social services managers, field, residential & home care workers in England, Scotland & N.Ireland
Emerson and Hatton, 2000	70% experienced a violent incident 64% insulted or shouted at	Social care and support staff in England (LD & MH). Sample size not stated.

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Author & Year	Prevalence	Sample details
	40% threatened with violence 38% physically attacked in past year.	
McGregor, Community Care, 2010	90% experienced abuse, assaults and threats One-third physically assaulted, 90% verbally abused while on duty. 80% experienced more than one ' <i>abusive incident</i> ' in past year.	114 social workers (Children and adult services)
UNISON, 2011	75% verbally attacked, 44% threatened at least once, 16% physically attacked, 3% cyber-attacked (in current job).	Support workers and assistants in social work services. Sample size not stated
Harris and Leather, 2012	93% verbally abused at some point in their employment 71% threatened or intimidated 56% physically assaulted	363 social care staff in a UK Shire County Department
IPC, 2013b	55% of sample reported verbal abuse and 52% reported physical abuse against staff in last 12 months.	67 responses from online survey

These studies appear to indicate an increase in violence against social care and support staff. The qualitative work with employers (IPC, 2013b) suggested that the incidence of violence against staff is increasing due to changes in the profile of people using care and support services: in particular, more advanced levels of dementia and people with autism. However, there is also some evidence that violence against social care and support staff has been declining since 2007/8, British Crime Survey data indicate that violent incidents are reducing in line with national trends across all occupations (IPC, 2013a).

Verbal abuse and aggression by relatives and carers is perceived to have increased, possibly due to: a weakening of respect for care and support staff; tensions between what individuals using care and support services want and what families want for them; the impact of budget constraints and the greater likelihood that staff will have to refuse requests for some services (IPC, 2013c).

The following sections summarise more recent research found concerning the extent of violence against the social care workforce across different groups who receive care and support services and differences between professional groups.

Violence by different groups who receive care and support services

Although the threat or reality of violence of one form or another from people who receive care and support services is an ever present danger in the work experience of many social care staff (Harris and Leather, 2012), some staff are more likely to be exposed to violence than others (IPC, 2013a). As mentioned earlier, the evidence suggests that staff working with older people with dementia, people with learning disabilities and autism, and to some extent people with mental health or substance abuse issues are the ones most likely to be exposed to violence (IPC, 2013c).

Recent articles on violence against staff working with older people with dementia confirm that it is an area of concern, although there is little new information about prevalence or risk factors. Duxbury et al (2013) investigated aggressive behaviour among people with dementia in four UK care homes in the North West of England, interviewing a number of nursing staff and relatives. They noted three sub-themes in relation to causation: internal, external and interpersonal factors, but did not explore prevalence or range of behaviours.

A study by Clausen et al (2013) of employees working in eldercare services in Denmark looked at the relationship between offensive behaviour and staff turnover. The authors found that frequent and occasional experiences of bullying and threats, and occasional experiences of unwanted sexual attention at baseline entailed a significantly increased risk of turnover. They noted previous research on care of older people which indicated that the main people responsible for bullying are colleagues and superiors, whereas care recipients are the main people responsible for threats, violence, and unwanted sexual attention.

Zeller et al (2012) undertook a retrospective cross-sectional survey with 814 caregivers from 21 nursing homes in Switzerland. They suggested that aggressive behaviour of residents towards their caregivers is multi-faceted and emphasised the characteristics of caregiver, environment and resident. They found that 82% of care-givers in nursing homes had experienced aggressive behaviour in the previous 12 months, most commonly in the form of verbal aggression.

There is also some new research of relevance to violence against social care staff working with people with learning disabilities. Research in the UK undertaken by Rose et al (2012) found that the influence of challenging behaviour on emotional exhaustion is fully mediated by the fear of assault. Similarly, Vassos and Nankervis (2012) found that

challenging (or violent) behaviour was the only significant predictor across three facets of burnout among disability support workers in an Australian study.

An American study of resident assaults toward direct care/nursing staff at an intermediate care facility for individuals with learning disabilities (West et al, 2014) found that most staff interviewed reported having been injured during the physical restraint of a resident. Foley and Rauser (2012) looked at Washington State workers' compensation claims rates over a 10 year period and found that violence-related claims rates among some psychiatric hospitals and facilities caring for people with learning disabilities were particularly high. Incidents where workers were injured by people who receive care and support services or patients predominated.

Summary

The updated review of the literature found very limited new research concerned with violence against the social care workforce across different groups who receive care and support services. As with the earlier review, much of the evidence found was related to staff working in the NHS, not social care, and there has been little research undertaken in the UK.

The lack of research evidence and the contradictory findings of some of the studies mean that this project on the extent to which staff exposure to abuse or violence differs across groups in social care in terms of people who receive care, and across settings, will provide a useful contribution to the development of our understanding of an under-researched area, and help Skills for Care to identify those groups of staff most likely to be exposed to abuse or violence, and in need of training resources and support.

2. Overview of research methods

An electronic survey to UNISON members obtained responses from 1,351 social care workers across a wide range of settings and people who receive care and support services.

2.1 Method

An electronic survey using Survey Monkey was used to obtain information about the extent of abuse and violence against social care staff working with different groups of people who receive care and support services.

The survey covered:

- Basic profile information about the respondent: gender, age, ethnic origin, length of service.
- Current work details: group of people who receive care and support services, type of service.
- Frequency and type of abuse or violence experienced.
- Profile of those abusive or violent towards staff: group/family/staff/other.
- Any action taken and outcomes of any action taken.
- What might help to prevent further incidents occurring.

The survey was done in partnership with UNISON, Unite the Union and the GMB representing social care staff were invited to take part. The rationale for this approach was that:

- They are able to communicate directly with front-line care and support staff who are union members.
- They are able to provide national coverage.
- Their members providing care to a range of people in need of care and support.
- They are able to communicate with a range of care staff: care managers, home care assistants etc.
- UNISON have a strong interest in this subject and have contributed to the development of thinking in this area through an earlier survey.

We are aware of potential limitations to this approach (e.g. covers only union members). However, a number of other approaches were considered, but rejected as unable to meet the objectives of the research:

- A case study approach within one or more local authorities has been used in the past. However, this would have required considerable commitment from the local authority to ensure that it was thoroughly disseminated to staff and that staff were encouraged to complete and return the questionnaire. In addition, many authorities have a limited range of in-house adult care services. This means it would be difficult to capture responses from the full range of adult care workers.
- A case study approach with one or more care providers was also considered. However, this was considered to be unrepresentative in a number of ways: firstly, it depends on the kinds of services delivered by the provider; secondly, there is a risk that providers self-select with 'good' providers agreeing to act as case studies, while 'poor' providers do not volunteer. These factors might make it difficult to assess the extent to which levels vary across groups of people who receive care and support services.

We therefore developed an electronic survey for distribution to all UNISON members and to networks of the other union members working in social care. UNISON disseminated the link to the survey with an email explaining the rationale and purpose of the survey. Reminders were sent to boost the response. Support from ADASS was also obtained prior to dissemination of the survey.

Appendix 1 provides additional profile information on the survey respondents to that presented below.

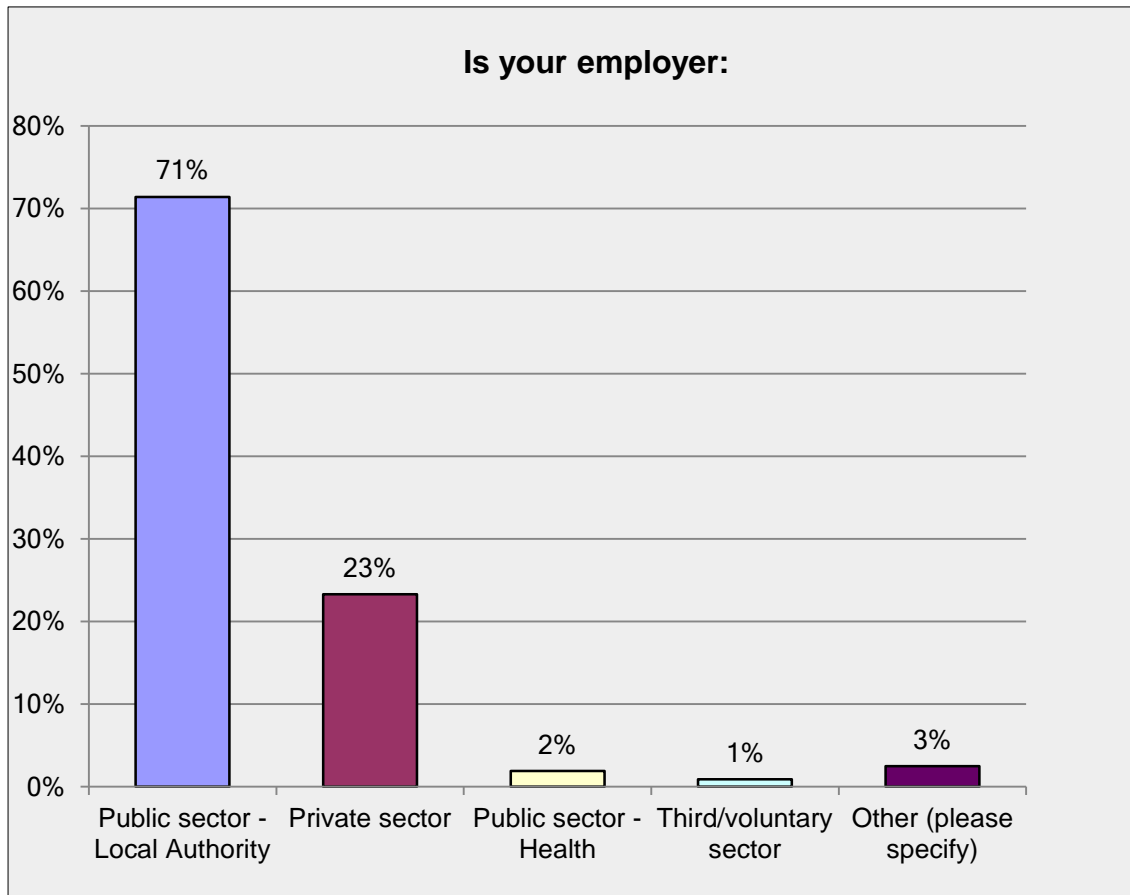
2.1 Types of service where respondents worked

The survey obtained responses from 1,351 respondents from across a wide range of social care settings and groups of people who receive care and support services. This is considered a good response for this kind of survey.

The majority of respondents (71%) were working for a local authority (reflecting the method of dissemination and the greater membership of UNISON among the public sector social care workforce). However, nearly one quarter (23%) were working for private sector organisations (Chart 1). Nationally, according to the National Minimum Data Set for Social Care (NMDS-SC), an estimated 77% of the adult social care workforce is in the independent sector, with 10% working for local authorities and 10% working for recipients of Direct Payments, indicating that public sector social care workers were over-represented in the survey response (Skills for Care, 2013).

Nearly two-thirds of the private sector respondents were working in care homes (65%) compared with 35% of the local authority respondents; and while 6% of private sector respondents worked in adult day care, more than a quarter of local authority respondents worked in day care (27%).

Chart 1 – Type of employer

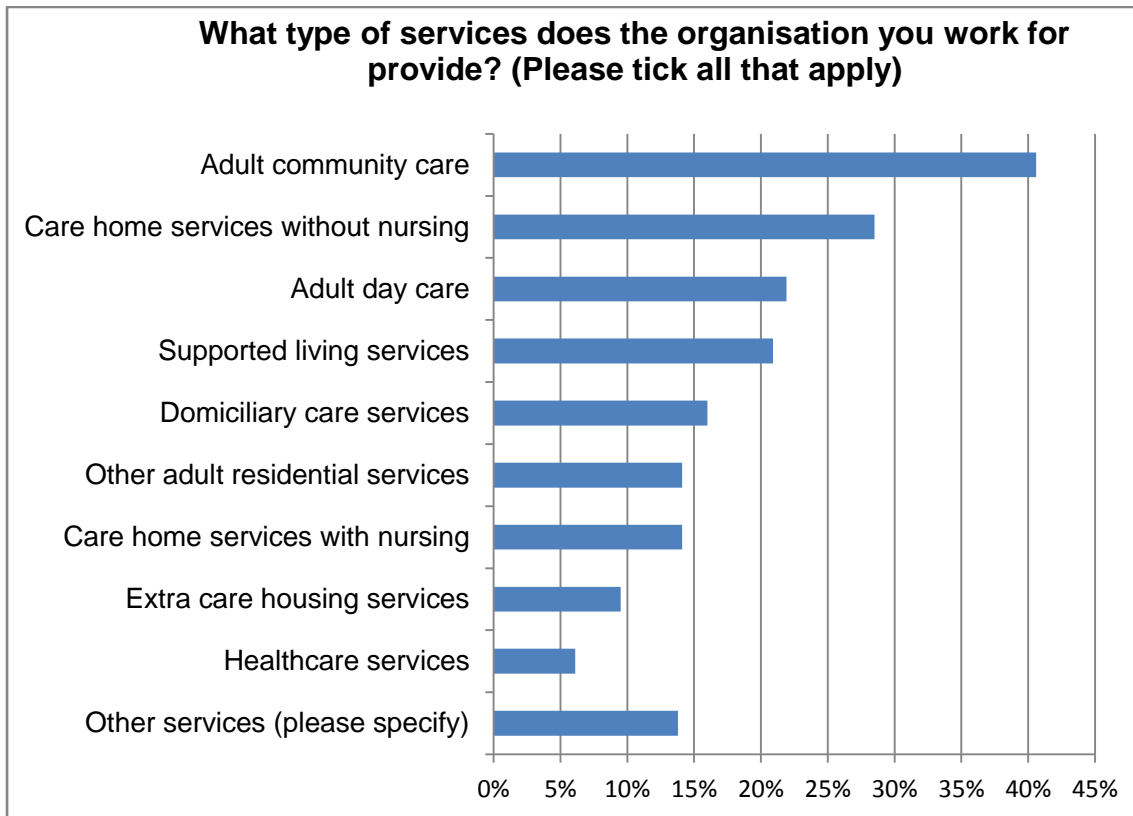


N=1319

The main services represented by respondents were: adult community care (41%), care homes without nursing (29%), adult day care (22%), and supported living services (21%). Other services covered by responses included people working in assessment, intermediate care and reablement, occupational therapy, community mental health (Chart 2).

Nationally, the majority of jobs are split between residential and domiciliary employers (40% and 42% respectively) with 4% of jobs in day care services and 14% community based, indicating that care staff in day care and community based services were over-represented in the survey response (Skills for Care, 2013).

Chart 2 – Type of services provided



N=1325

Respondents were also asked about which groups of people they currently worked with (Table 1). The groups that respondents were most likely to work with were: Older people with dementia (60%), Adults with physical disabilities (50%), Adults with learning disabilities (50%), Older people with physical disabilities (48%), Adults with dementia (43%), and Adults with mental health problems, excluding learning disability or dementia (42%). Clearly, many respondents worked with a number of the groups in Table 1, for example, with older people with a range of needs and conditions requiring care and support.

By comparison, the NMDS-SC dashboard shows that the highest number of adult social care jobs involve working with older people with dementia, adults with learning disabilities, and adults with physical disabilities. This indicates that the survey response is reasonably representative in terms of the groups with which staff worked.

Table 1

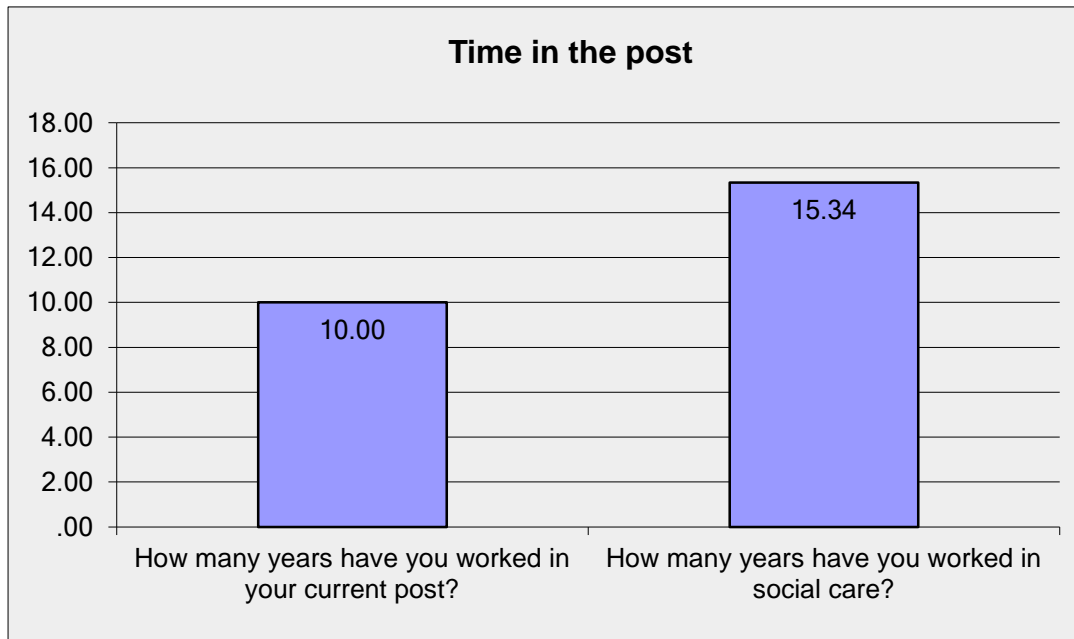
Which people who receive care and support do you currently work with? (Please tick all that apply)		
N=1306	Response Percent	Response Count
Older people with dementia	60%	777
Older people with physical disabilities	48%	626
Older people with mental health problems, excluding learning disability or dementia	40%	526
Older people with sensory impairment(s)	40%	520
Older people with learning disabilities	35%	456
Older people who misuse alcohol/drugs	31%	404
Older people with autistic spectrum disorder	22%	284
Older people detained under the Mental Health Act	14%	181
Adults with dementia	43%	561
Adults with physical disabilities	50%	648
Adults with mental health problems, excluding learning disability or dementia	42%	551
Adults with sensory impairments	37%	480
Adults with learning disabilities	50%	657
Adults who misuse alcohol or drugs	34%	443
Adults with autistic spectrum disorder	35%	459
Adults detained under the Mental Health Act	16%	213
Adults with an eating disorder	18%	239
Other (please specify)	6%	79

Skipped question=45

2.2 Length of service

In terms of social care experience, respondents' average length of service in their current post was 10 years, with an average of 15 years' experience working in social care (Chart 3). By comparison, nationally 82% of social care staff have been in their current role for less than 10 years, indicating that survey respondents represent a relatively stable workforce group.

Chart 3 - Average length of service



N=933

3. Key findings from the research

More than half of all respondents had experienced verbal abuse in the past year and a quarter had experienced a physical assault. Incidents of abuse or violence were most frequently mentioned in relation to people with a learning disability, dementia, or mental illness. Verbal abuse was the most widely mentioned type of incident in relation to people with a physical disability, older people, people with a mental illness and people with a learning disability. Physical assaults (not requiring medical assistance) were more frequently mentioned in relation to people with autism and older people with dementia.

3.1 Experience of abuse and violence in the last year

Abuse

More than half (54%) of *all* respondents had experienced verbal abuse in the last year, and 25% of *all* respondents had experienced verbal abuse at least weekly in the last year. The other most commonly experienced forms of abuse against staff in the last year were threats (30% of *all* respondents) and harassment (17% of *all* respondents) (Table 2).

Violence

Violent behaviour towards staff, although less frequent, is not uncommon. The most commonly experienced forms of violent behaviour towards staff in the last year were physical assaults not requiring medical assistance (25% of *all* respondents). Around one in twenty (5.8%) of *all* survey participants had experienced physical assault requiring medical assistance (including first aid) in the previous year; and 1.7% had experienced a sexual assault.

Table 2 – Types of abuse or violence experienced in the last year

In the last year, have you suffered any of the following in relation to your work? Please indicate approximately how many times in the last year, if any, you have experienced each type of abuse.

	Daily %	Weekly %	Monthly %	Less than monthly %	Not in the last year %
Verbal abuse	20.4	23.1	17.2	33.3	6.0
Threats	7.1	9.7	7.8	27.4	47.9
Physical assault not requiring medical assistance	6.4	9.6	7.6	19.2	57.2
Harassment	4.9	7.2	4.0	12.7	71.3
Racist abuse	1.7	2.3	2.7	6.4	86.9
Sexist abuse	1.7	4.2	3.2	11.9	79.0
Other type of abuse	3.2	3.1	3.2	7.6	82.9
Physical assault requiring medical assistance	0.4	0.5	1.9	7.2	90.0
Deliberate damage to your property	0.4	1.2	1.0	5.6	91.8
Homophobic abuse	0.5	0.4	0.8	4.7	93.6
Internet abuse	0.0	0.3	0.4	2.9	96.4
Sexual assault	0.1	0.5	0.6	1.7	97.1

N=780 Skipped question = 571

3.2 Most recent incident of abuse or violence

Respondents were also asked for more detailed information about the most recent incident of abuse or violence they had experienced in the past year (Table 3). The responses revealed a similar pattern in terms of the most common forms of abuse or violence. Just over half (57%) of those taking part in the survey provided more detailed information about the most recent incident of abuse or violence which they had experienced.

Table 3 – Type of abuse or violence of most recent incident (in the past year)

What type of abuse or violence did the incident involve?		
	Response Percent	Response Count
Verbal abuse	52.1%	398
Physical assault not requiring medical assistance	21.2%	162
Threats	8.8%	67
Harassment	4.2%	32
Physical assault requiring medical assistance	3.7%	28
Racist abuse	1.8%	14
Sexist abuse	0.8%	6
Deliberate damage to your property	0.7%	5
Homophobic abuse	0.5%	4
Sexual assault	0.5%	4
Internet abuse	0.1%	1
Other type of abuse	5.6%	43

N=764 Missing=587

Abuse

Verbal abuse was much more commonly cited than other types of abuse such as threats and harassment. Staff described the impact of abuse and the skill needed to defuse potentially dangerous situations:

- *It has left me feeling very unsupported in my workplace, feeling I have to put up with verbal abuse as part of my job which has made me want to leave social work.*
- *Verbal abuse from relatives is regarded as part of the job and not taken seriously by line managers or employers, despite the fact it is abuse and can be distressing.*
- *This episode of verbal abuse and threatening behaviour was not rare – it is something that happens every day. So far, I have a broken tooth, deep bite wounds to my arms and cuts to my face. This incident escalated to a dangerous level but was dealt with because staff are skilled in intervention work.*

Violence

In terms of violence, physical assaults not requiring medical assistance were most commonly mentioned, with much lower numbers reporting a recent incident of assault requiring medical assistance or sexual assault. Other types of abuse mentioned included spitting, false imprisonment and being urinated on.

Some staff described regular incidents involving violence, requiring skill and courage, and taking a toll on their well-being:

- *It isn't just an isolated incident. This is happening all the time, not just in the care home I work in and obviously not just to me. I sometimes work in other homes that belong to my employers. I have on occasion been hit by service users in those homes.*
- *Emotionally very upsetting when on the end of physical abuse. Management seems to completely ignore the consequences.*

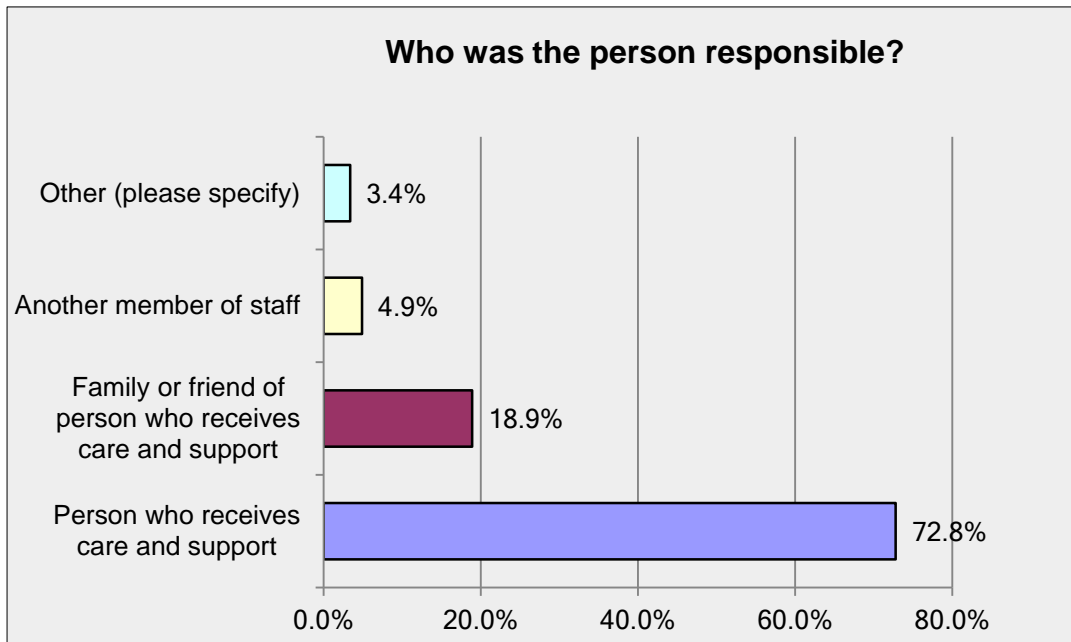
3.3 Person responsible

In terms of the most recent instance of abuse or violence, the most frequently mentioned person responsible was the person receiving care and support (73%), followed by family members or friends (19%). In 5% of cases, the incident involved another member of staff or manager (Chart 4). Where someone receiving care and support was abusive or behaved violently, this did not necessarily reflect an intention to cause hurt or harm, as they may have lacked mental capacity.

In terms of people receiving care and support, verbal abuse was the most commonly cited type of incident (45%), but physical assaults which did not require medical assistance were also relatively widely mentioned (29%), followed by threats (9%) and physical assaults requiring medical assistance (5%).

More than three-quarters (78%) of recent incidents involving family or friends of a person receiving care and support involved verbal abuse. Other incidents involved threats (11%) and harassment (6%). Family members or friends were more likely to be responsible for abuse or violence where the person receiving care and support was a person with a physical disability or an older person (without dementia).

Chart 4 – Person responsible for most recent incident involving abuse or abuse



N=760

3.4 Care and support groups

Where the person responsible for a recent incident of abuse or violence was someone receiving care and support, the most widely mentioned care group categories were learning disability, older people with dementia and people with a mental illness (Table 4) corresponding with much of the previous research. This response was also analysed in terms of the total numbers of respondents working with these groups and generated similar results, indicating that staff are more likely to be exposed to abuse or violence if they work with people with a learning disability, dementia, or who are mentally ill. This finding is likely, in part, to reflect a lack of mental capacity among some of those receiving care and support in these groups.

Table 4 – Type of person responsible where receiving care and support

If they were a person who receives care and support, which type best describes them?		
	Response Percent	Response Count
Person with learning disability	21.2%	132
Older person with dementia	20.7%	129
Person with mental illness	15.8%	98
Older person	11.9%	74
Adult with complex needs	10.1%	63
Person with physical disability	8.5%	53
Person with autism	5.0%	31
Other (please specify)	6.8%	42

N=622 Skipped question=729

In terms of the most recent incident, verbal abuse was the most frequently mentioned form of abuse or violence in relation to people with a physical disability, older people, people with a mental illness and people with a learning disability (Table 5). Of the most recent incidents involving someone with a physical disability, more than two-thirds (69%) involved verbal abuse; and of those involving an older person (without dementia) 68% involved verbal abuse.

However, physical assaults (not requiring medical assistance) were more frequently mentioned in relation to people with autism and older people with dementia. The low ratio of more serious physical assaults by people with dementia to assaults requiring medical assistance probably reflects their physical frailty. Incidents frequently involved personal care tasks.

More than two-thirds (68%) of recent incidents involving people with autism involved a physical assault: and physical assaults requiring medical assistance were most frequently mentioned in relation to people with autism. Thus although people with autism appear to be less likely to abuse or be violent to social care staff than other groups (Table 4), there is a greater risk that when an incident occurs, it will involve a physical assault, than for other groups (Table 5).

In contrast, while there is a greater likelihood of abuse or violence to staff working with people who are mentally ill than most other groups (Table 4), it is striking that the most recent incidents involving a person with a mental illness appear mainly to involve some form of abuse or threat, rather than assaults (Table 5).

Table 5 - Type of abuse or violence by type of person responsible

What type of abuse or violence did the most recent incident involve?						
	If they were a person who receives care and support, which type best describes them?					
	Person with physical disability %	Older person %	Person with mental illness %	Person with learning disability %	Older person with dementia %	Person with autism %
Verbal abuse	69	68	53	45	37	19
Racist abuse	2	7	3	1	2	0
Homophobic abuse	0	0	3	0	0	0
Sexist abuse	0	4	1	0	0	0
Internet abuse	0	0	1	0	0	0
Threats	12	5	15	8	5	0
Harassment	10	1	2	1	2	3
Deliberate damage to your property	0	0	2	1	0	0
Physical assault requiring medical assistance	0	0	3	8	3	10
Physical assault not requiring medical assistance	2	8	11	34	43	58
Sexual assault	0	0	0	1	1	0
Other type of abuse (please specify)	6	7	5	2	6	10
	100	100	100	100	100	100

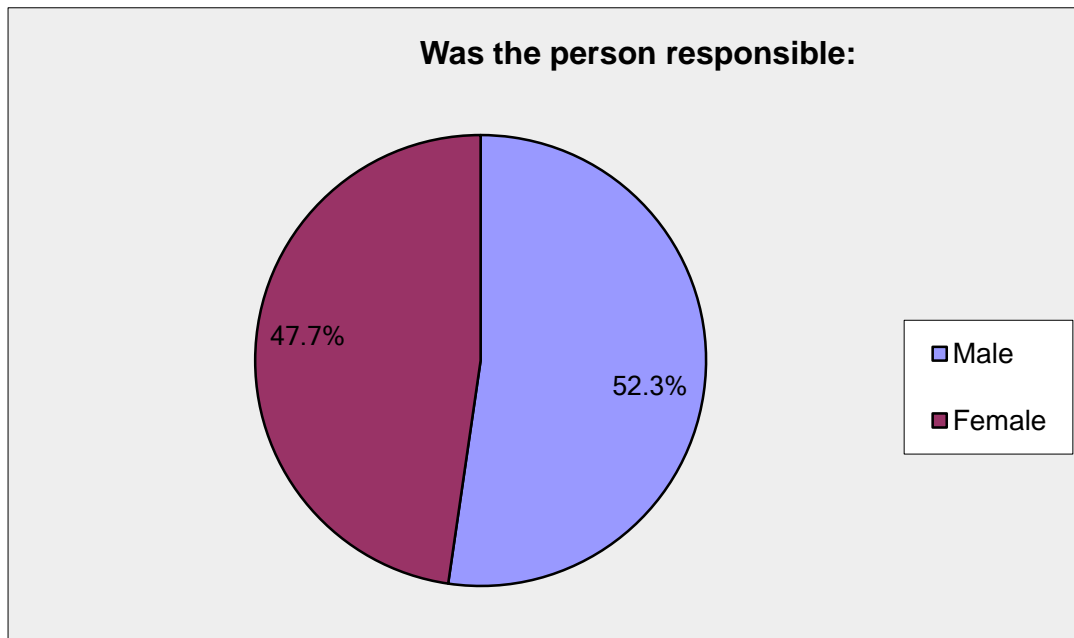
N=516 Subject to rounding

3.5 Gender and age

Other characteristics which were explored included the gender and age of people responsible in relation to the most recent incident of abuse or violence (Chart 5 and Table 6). A slight majority (52%) were male. However, it is not known to what extent this reflects the gender profile of the people with whom respondents worked.

In terms of different types of abuse and violence, 64% of physical assaults requiring medical assistance were carried out by men receiving care and support, while 54% of other physical assaults were carried out by women. The greater proportion of men involved in the more serious physical assaults may in part reflect differences in capacity to cause physical injury. Men also appear more likely to threaten (63%) or harass (56%) care staff than women receiving care and support.

Chart 5 – Gender of person responsible



N=758

In terms of age, more than a fifth (21%) of recent incidents of abuse or violence involved people receiving care and support aged 75 and above (Table 6), and 35% of these instances involved physical assault. Instances involving physical assault were also higher among those aged under 35 (38% of instances). Again without information about the age profile of the people to whom respondents provide care and support, it is uncertain to what extent exposure to abuse or violence varies across the age cohorts. However, it is striking that one-third of the most recent incidents involved people aged 65 and above.

Table 6 – Age of person responsible of most recent incident

Approximately what age was the person responsible?		
	Response Percent	Response Count
Under 18	0.9%	7
18 - 24	5.3%	40
25 - 34	11.9%	90
35 - 44	15.5%	117
45 - 54	18.1%	137
55 - 64	14.3%	108
65 - 74	12.6%	95
75 and over	21.3%	161
	100%	755

N=755 Skipped question=596

3.6 Setting

When thinking about the most recent incident of abuse or violence, residential services were the most frequently mentioned settings (35%), followed by the person’s home (26%) (Table 7). Telephone conversations were also mentioned as a setting for abuse, threats or harassment.

Table 7 – Setting of most recent incident

Where did the incident take place?		
	Response Percent	Response Count
Residential service	34.6%	261
Person's home	25.5%	192
In the community	8.9%	67
Health-care setting	8.4%	63
Day care service	8.0%	60
Other	14.7%	111

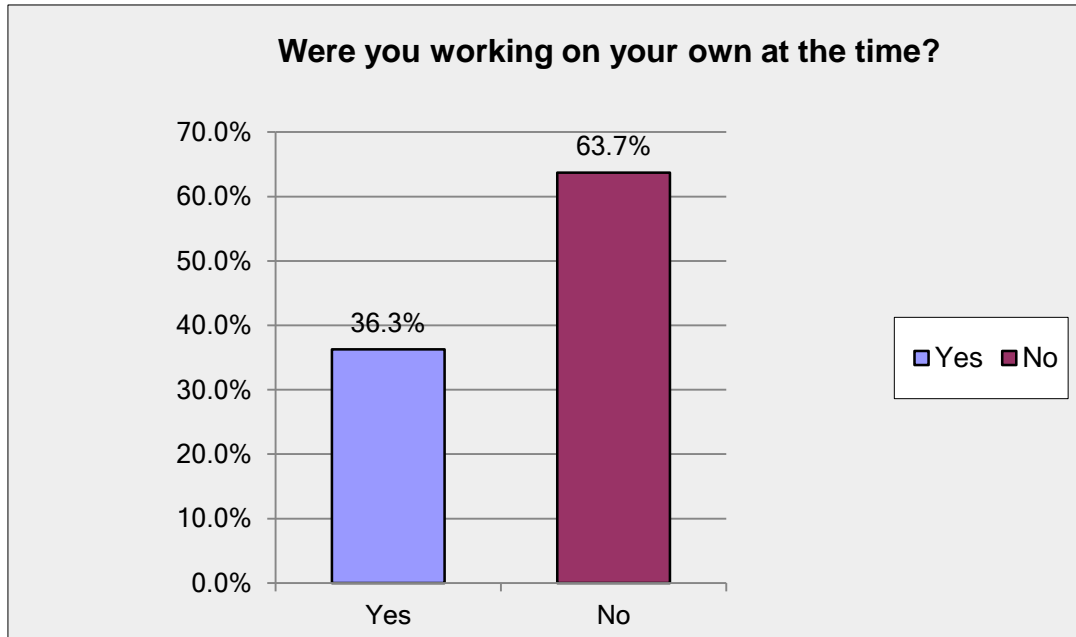
N=754 Skipped question=597

Both categories of: physical assault against care staff, and racist abuse, were most frequently mentioned in relation to residential services. The homes of people receiving care and support appear to be quite frequently the site of various forms of abuse of social care staff, while care workers in day care and community settings appear less likely to be exposed to abuse or violence.

The majority of recent incidents of abuse or violence occurred while people were working with other staff (64%), however more than one-third were working on their own

at the time of the incident (Chart 6). In just over a quarter of instances of physical assault, people were working on their own.

Chart 6 – Working alone or with others at time of most recent incident of abuse or violence



N=751

3.7 Causes or trigger of the most recent incident of abuse or violence

Survey participants were asked what they thought was the immediate cause or trigger for the most recent incident of abuse or violence. The cloud diagram below (Figure 1) indicates the words that recurred most frequently in their responses.

Figure 1

Alcohol Behaviour Care Client Council Face
Family Member Frustration Illness Individual Known
Learning Disability Mental Health Met MHA
Misunderstanding Not Allowed Not Getting
Resident Service Staff Think Trigger
Unknown Upset Verbal Abuse Wanted Wrong Place

Respondents indicated that misunderstandings and frustration were frequently a trigger for an incident of abuse or violence. Other triggers included personal care activities (frequently mentioned in relation to people with dementia) and being refused a service, or the person receiving care and support not getting what they wanted (eg cigarettes). Mental health and learning disability were also mentioned as relevant factors, as well as alcohol and money related matters. Mental Health Act (MHA) assessments were triggers for abuse and/or violence in a number of cases.

Examples of responses are provided below:

- *Service user was frustrated by living situation.*
- *Misunderstanding and being refused a service.*
- *Deteriorating mental health condition.*
- *Person had been drinking heavily.*
- *She physically assaults everyone around her. She is blind, and has a severe learning disability.*
- *I needed to change his incontinence pad which the service user doesn't like and usually shows verbal and physical aggression several times a day when this task is required.*
- *Due to dementia – it can cause frustration which the service user shows by being aggressive. It's nothing serious, just scratches, pinches and sometimes punches.*
- *Did not want to be assessed under the MHA.*

Sometimes, there was no obvious trigger:

- *She just walked past me and hit me. I didn't say anything to her.*

- *There were also triggers associated with family members and colleagues:*
- *Social worker identified financial abuse, coercion, psychological abuse, omission of care and domestic violence from two members of the supported person's family.*
- *I have experienced a lot of verbal abuse mainly from family members of clients I work with and it's usually around money: either families do not want to pay or they want inappropriate access to vulnerable person's cash.*
- *Refusing to do what my manager asked as it conflicted with my professional responsibilities.*

3.8 Responses to the most recent incident of abuse or violence

Respondents were asked what steps they took following the most recent incident of abuse or violence. Less than 30% of respondents said that they had reported or discussed the incident with their manager. This may reflect the wide range of abuse and violence that the question referred to. For example, just over half of the recent incidents involved verbal abuse (see Table 3) which care staff may not have felt the need to report.

Respondents described a range of steps taken by themselves or their employer:

- *None, client has a history of abuse and I did not need any further support.*
- *Left the person in the room to calm down, removed myself and other service users from the situation.*
- *I reported it to my manager who gave me the opportunity to discuss the incident, I chose not to take any further action, but did not wish to have any communication with that person for the rest of the day, this was agreed by my manager and they informed the access team should this person contact them.*
- *I contacted my manager during the incident for help, I attempted to fill in forms about the incident, the manager helped me to complete forms as I was in a lot of pain. I was given a lift to my home and my daughter took me to the doctors.*
- *Support from my organisation in immediate supervision with my line manager*
- *Ended up having to take sick leave as could no longer cope – managers did nothing to support me.*

In just over 5% of incidents, respondents reported completing incident forms and/or contacting the police: *Working for Local authority I have a duty to complete an incident form and this is entered into the computer system. I rang senior office staff twice to make them aware of the situation.*

Survey participants were asked about what help they were offered by their employer following the most recent incident of abuse or violence. The most commonly

mentioned help was time out, or a break to recover (Table 8), followed by training and counselling in a much smaller number of cases. More than half said that no help was offered by their employer, although in some instances, this may have been because it was not necessary.

Table 8 – Type of help offered by employer following most recent incident of abuse or violence

Did your employer offer you any help?		
	Response Percent	Response Count
Time out or a break to recover	19.1%	84
Training	5.0%	22
Counselling	4.5%	20
Paid-time off work	3.0%	13
Temporary move to different duties away from the public	2.5%	11

N=440 Skipped question=911

Although local authorities were almost twice as likely to have offered time out or a break to recover than private sector employers (23% compared with 12%); they were slightly less likely to offer paid time off work (2.4% compared with 3.9%); or training (4.5% compared with 6.2%).

3.9 Help or support respondents would have liked to have received but was not available

Respondents were asked whether there was any help or support which they would have liked to receive which was not available to them. Two-fifths (40%) said that there was no support which they would have liked but found unavailable.

Respondents most frequently mentioned that they would have liked more support from their manager, but counselling and training were also mentioned by respondents (Figure 2).

Figure 2

Break Care Case Client Counselling Deal Discuss
Employer Extra Help Incident Job Liked
Manager Needs Nice Not on this Occasion Phone Call Place
Problem Residents Role Service User Situation Staff
Support Think Training Unison

Some responses are presented here:

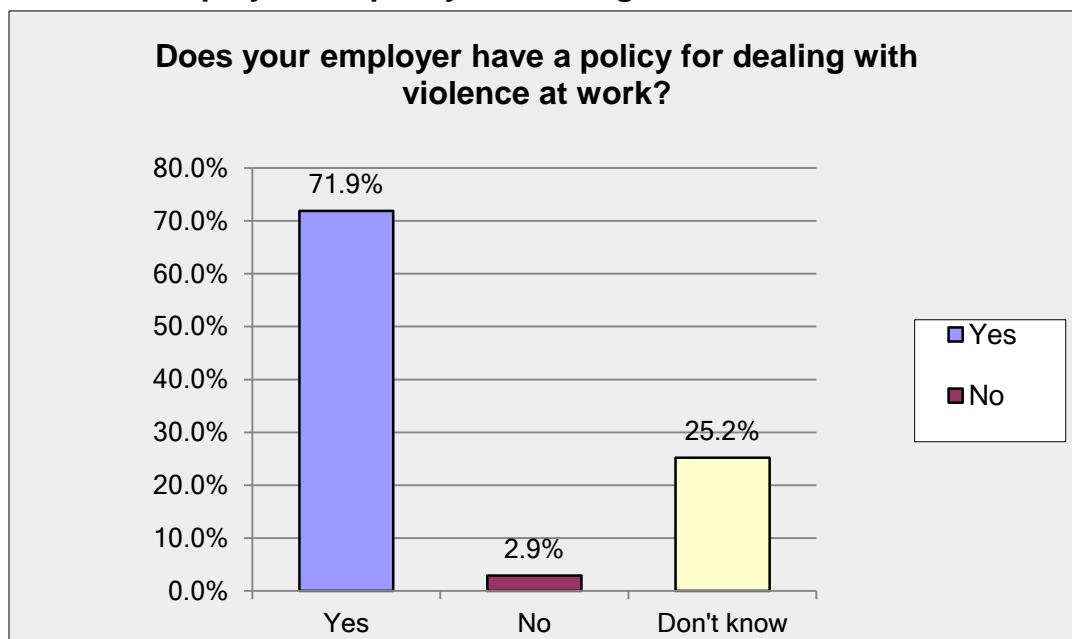
- *Support from Manager to move this customer to a more suitable home.*
- *Not really. Staff are used to being physically and verbally assaulted so it comes as part and parcel of the job we do.*
- *Two staff would be better, but no funding.*
- *Lack of support from line manager – no supervision and not easily available to discuss.*
- *None, because of my colour, it's what I have to deal with myself by ignoring it.*
- *Dementia training would be helpful.*
- *I would have liked an investigation or some sort of training about working with threatening people to be available.*
- *I have asked for training around challenging behaviour, stress management and even counselling. It's not possible usually for members of staff to have a break as the individuals in our care needs us and there is a lot for us to do.*

More generally, a number of staff mentioned reduced resources placing greater pressure on the service they were providing: *My company try their best, but due to cuts in services by local government, it's harder to get any more support due to funding that's not enough to work within a safer environment.*

3.10 Employer policy and practice

Survey participants were asked if their employer had a policy for dealing with violence at work. Of those, responding to the question, 72% said their employer had a policy, and a quarter (25%) did not know whether or not they had a policy. It is likely that the proportion of all respondents whose employer did not have a policy was higher (assuming that some of the 'don't knows' related to employers without a policy).

Chart 7 – Employer has policy for dealing with violence at work



N=990

Those working for local authorities were most likely to say their employer had a policy for dealing with violence at work (75%), compared with those working in the private sector (59%). Although the numbers are small, 94% of those with public sector health employers said their employer had a policy for dealing with violence at work.

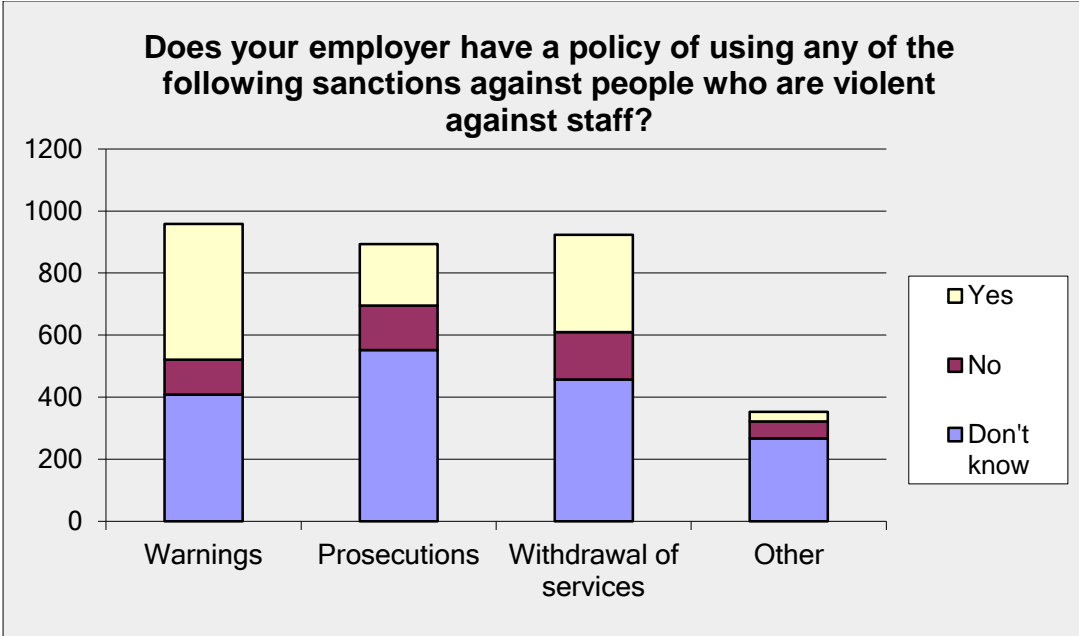
In terms of type of person responsible for abuse or violence, it seems that the employers of those working with people with a physical disability, and older people with dementia were markedly less likely to have a policy than those working with people with a mental illness, or learning disability. This is a cause for concern in relation to those caring for people with dementia as they appear to be more likely to be involved in a physical assault than some other groups who receive care and support services.

Sanctions are neither meaningful nor appropriate for some people who receive care and support. However, the survey explored whether participants knew if their employer had a policy of using sanctions against people who were violent against staff (Chart 8). According to survey participants, a minority of employers had a sanctions policy for people who were violent against their staff. The most commonly mentioned sanction were warnings (46%), followed by withdrawal of services (34%).

Just over one-fifth of respondents mentioned prosecutions, although it was recognised that this depended on the mental capacity of the person who was violent: *...not really appropriate within the service that I work in. It is a challenging behaviour residential unit. We receive a great deal of support to reduce challenging incidents but staff will*

always get scratched, bitten, something thrown at them or have their hair pulled at some point in time.

Chart 8 – Employers’ sanctions policy for people who are violent against staff



N=988

Some respondents also reported that although policies existed, they were not always applied: *They don't really follow the policies.*

Those taking part in the survey were asked what measures their employers used when staff were providing care and support to someone known to have been violent (Table 9). The most widely cited measure was double-handed visits (64%), followed by more support in the setting (53%). About one-third of employers issued personal alarms (34%).

Table 9 – Employers’ control measures after incidents of violence of abuse

Does your employer use any of the following control measures once people who receive care and support are known to have been violent?				
	Yes %	No %	Don't know %	Response Count
Double-handed visits	64	17	19	913
More support in the setting	53	19	28	919
Issuing of personal alarms	34	41	25	861
Deployment of security back-up	15	46	39	825
Other	16	29	55	312

N=994 Skipped question=357

Mobile phones were an issue for some respondents:

- *We don't even have mobile phones to protect us and our lone working policy is poor. I can be out of the office for hours and no one will check I am ok.*
- *My team are lone workers normally and about 3 years ago we had our works mobile phones removed as a cost cutting exercise. We have complained and even presented a business case to have them reinstated without success. Higher Management are aware of this and say that they are addressing it but nothing has been forthcoming for 3 years. I feel that it is very, very important for us to have work phones.*

3.11 Training and prevention

As mentioned earlier, a number of respondents mentioned that they would like to have received training following an incident of abuse or violence. When asked about what training they had received, just over two-thirds of all respondents (67%) indicated that they had received some kind of training to help them prevent or manage violent situations (Table 10). This suggests that as many as one-third of respondents' employers provide no training to prevent or avoid violent situations.

Less than half of all survey participants indicated that they had received training in risk assessment (48%) or health and safety procedures (48%). One third of all respondents had received lone worker training (34%), and less than a quarter had received training in gentle restraint and breakaway (24%) and conflict resolution (23%). Some types of training mentioned are relevant to specific groups of people who receive care and support, or to particular settings, such as positive behaviour management or lone working. It is therefore to be expected that provision of these types of training is less common.

Table 10 – Training in how to prevent or manage violent situations

Have you been given any of the following training on how to prevent or manage violent situations? (Please tick all that apply)		
	Response Percent	Response Count
Risk assessment	48%	651
Health and safety procedures	48%	646
Lone working	34%	453
Working with people whose behaviour challenges	28%	379
Gentle restraint and breakaway	24%	326
Conflict resolution	23%	311
Positive behaviour management	18%	237

N=912

Of those who answered the question, more than four-fifths of respondents had been told how to report incidents involving actual injury (83%), and around three-quarters had been told how to report threats (77%) and harassment (72%) (Table 11). However, this indicates that there were still a substantial proportion of people who had not been told how to report incidents of abuse or violence.

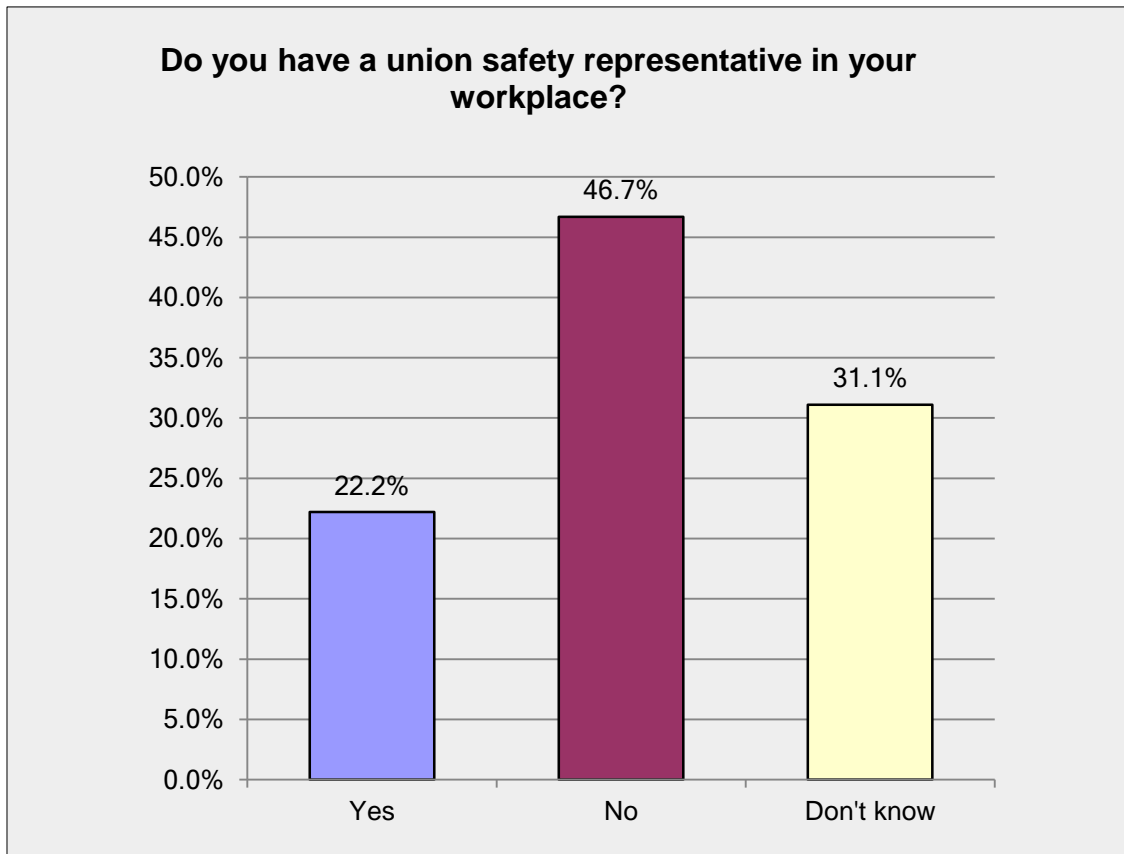
Table 11 – Knowledge of how to report incidents involving abuse or violence

Have you been told how to report incidents involving?			
	Yes %	No %	Response Count
Actual injuries	83%	17%	992
Threats or abuse	77%	23%	975
Harassment	72%	28%	957

N=1000 Skipped question=351

Although all respondents were UNISON members, less than a quarter (22%) knew if they had a UNISON safety representative in their workplace, and nearly half (47%) reported that they did not have one (Chart 9).

Chart 9 – Workplace union safety representatives



N=994

4. Conclusions and recommendations

Many social care staff are exposed to abuse and violence in the course of their work. Staff working with people with autism and older people with dementia appear to be more at risk than others of physical assault, while those caring for people with a physical disability, other older people and people with a mental illness appear more at risk of verbal abuse than others. Misunderstandings and frustration were frequent triggers for abuse and violence, and personal care activities were often mentioned in relation to people with dementia.

Although most employers have policies in place on abuse and violence towards staff, and many provide support to staff, there is still room for improvement in terms of managerial support, training and counselling.

Employers need to ensure that they have a range of mechanisms to support staff, including:

- Effective management support and supervision.
- Structured and sustained training programmes – especially for those working with people with autism, people with dementia and people with a learning disability.
- Clear systems for reporting and recording incidents which are well publicised to staff and monitored regularly.
- Practical help when an incident occurs - from time out or a break to recover, to counselling and further training.
- Development and implementation of policies on abuse and violence at

4.1 Conclusions

This study was conducted to throw more light on two key questions, in the absence of a large body of research in this area:

- To what extent the social care workforce experiences different levels of violence across groups of people who receive care and support services, and
- Whether the nature of the type of violence experienced by social care staff varies across groups of people who receive care and support services.

While there are ongoing concerns about abuse and violence against people who receive care and support, the purpose of this study was to identify the staff who are most likely to be exposed to abuse and violence in order to target resources and support in this area, and promote safe working.

This research forms part of the broader work of Skills for Care to help social care employers tackle this issue. Support ranges from formal qualifications through to

practical support and guidance for employers to build in appropriate learning and development for staff and procedures for minimising the number of incidents of this nature that occur.

Further information of resources available can be found in Appendix 2 but one example of current developments is the work to identify gaps in workforce development and produce guidance for employers to develop skilled and competent staff to work with people whose behaviour challenges based on the most recent evidence. Skills for Care have produced a guide for employers (*Supporting staff working with challenging behaviour*), case studies highlighting best practice and a guide for commissioners and employers seeking to minimise the use of restrictive practices (*A positive and proactive workforce*) all available from their website.

Having obtained a large number of responses from staff working across the public and independent sectors in a variety of settings and with a wide range of people who receive care and support services, the survey found that there are important differences across groups of people who receive care and support services, as well as highlighting more general concerns about the likelihood of exposure of social care staff to abuse and violence, and the responses of some employers to this situation.

More than half of all respondents had experienced verbal abuse in the past year, and 25% experienced verbal abuse on a daily or weekly basis. A quarter had experienced a physical assault, and nearly 6% of all respondents had experienced a physical assault requiring medical assistance (including first aid) in the last year. Although abuse and violence against staff comes mainly from people receiving care and support, a significant proportion of recent incidents are attributed to family and friends, and even other staff members.

Looking at recent incidents of abuse or violence, it appears that the likelihood of exposure to abuse or violence is greatest for staff working with people with a learning disability, dementia, or mental illness. This finding is likely, in part, to reflect a lack of mental capacity among some of those receiving care and support in these groups.

There were also differences between groups of people who receive care and support services in terms of the nature and type of abuse or violence against staff. Verbal abuse was the most widely mentioned type of incident in relation to people with a physical disability, older people, people with a mental illness and people with a learning disability. Physical assaults (not requiring medical assistance) were more frequently mentioned in relation to people with autism and older people with dementia. About two-fifths of recent incidents involving a person with a learning disability were physical assaults against staff. Nearly three-fifths of recent incidents involving a person with a

mental illness involved verbal, racist or homophobic abuse, with a relatively lower proportion of physical assaults against staff working with people with a mental illness, compared with people with autism, dementia or a learning disability.

Misunderstandings and frustration were frequently mentioned as a trigger for an incident of abuse or violence. Other triggers included personal care activities (particularly in relation to people with dementia) and being refused a service, or the person receiving care and support not getting what they wanted (eg cigarettes). Mental health and learning disability also figured as relevant factors, as well as alcohol and money related matters.

Many incidents appear to go unreported for a variety of factors. Less than 30% of respondents said that they had reported or discussed the most recent incident of abuse or violence with their manager. This may reflect the wide range of type of incident covered.

While some staff reported strong support from colleagues and managers, many respondents said they would have liked more support from managers, along with training and counselling to help prevent or manage incidents of abuse or violence and to support them when something occurs.

Although most employers have policies in place on abuse and violence towards staff, and many provide help and support for staff who have been abused or subject to violent behaviour, there were also reports of employers failing to implement or apply their policies, with limited use of sanctions, such as warnings or withdrawal of services. This is a difficult area which highlights the tension between wanting to provide care and support to vulnerable people who may lack mental capacity to understand the consequences of their actions, and wanting to protect staff from abuse and violence. Clearly, sanctions will not always be appropriate or meaningful.

It is important to emphasise that these results are about identifying the likelihood of exposure to abuse or violence in order to help target support more effectively and promote safe working. While preventing and managing abuse and violence towards social care staff presents some practical challenges, the survey results indicate that there is a lot of work which could be done to improve the safety and well-being of staff providing care and support, and that some staff are more likely to be exposed to particular types of abuse and violence than others.

4.2 Recommendations

These findings lead us to make a number of recommendations for employers in order to target resources appropriately, and promote safe working among the social care workforce.

Employers need to ensure that they provide a range of mechanisms to support staff to help them prevent and manage abuse and violence when it occurs, particularly those working with people with autism, older people with dementia and people with a learning disability; and those working in residential settings and in people's homes. This includes:

- Effective management support and supervision.
- Structured and sustained learning and development programmes – especially for those working with people with autism, people with dementia and people with a learning disability on how to prevent or manage situations when they occur.
- Clear systems for reporting and recording incidents which are well publicised to staff and monitored regularly.
- Practical help when an incident occurs - from time out or a break to recover, to counselling and further training.

The minority of employers that do not have a policy for dealing with abuse and violence at work (often those providing services to people with dementia and people with physical disabilities) need to develop one, particularly in relation to lone workers and those working in residential settings.

More widely, employers need to ensure that their policies are implemented and understood by staff, people who receive care and support (where they have mental capacity), and the family and friends of people who receive care and support. This will require regular monitoring.

In reducing the extent of abuse and violence towards the social care workforce, it is expected that this will also reduce staff turnover and burnout, while improving the everyday experience of those working in social care, and those receiving care and support.

Appendix 2 highlights Skills for Care resources that will be useful for employers when considering the recommendations outlined above.

5. Appendix 1

Respondent profile

Are you male or female?			
N=924	Response Percent	Response Count	National Percent nmds-sc
Male	23.1%	213	18%
Female	76.9%	711	81%

Skipped question=427

How old are you?			
N=933	Response Percent	Response Count	National Percent nmds-sc
18 to 24	2.3%	21	10%
25 to 34	11.1%	104	20%
35 to 44	20.8%	194	48%
45 to 54	38.3%	357	22%
55 to 64	26.0%	243	
65 or older	1.5%	14	

Skipped question=418

Which of the following best describes your ethnic origin? Please tick as appropriate.			
N=932	Response Percent	Response Count	National Percent nmds-sc
White	90.2%	841	70%
Mixed Ethnicity	1.6%	15	1%
Asian or Asian British	2.5%	23	5%
Black or Black British	4.9%	46	7%
Chinese or Other Ethnic Group	0.8%	7	1%

Skipped question=419

Nmds-sc – 16% not known

6. Appendix 2 Useful SfC resources for employers

The Skills for Care website is full of useful resources for employers to access and download when thinking about how they can help reduce the incidence of violence and abuse in their workplace. This listing is not exhaustive but will give examples of some products that will help achieve this goal.

Useful resources to support effective management and supervision

The National Skills Academy has merged with Skills for Care and provide a wide range of leadership (e.g. Leadership Qualities Framework) and management programmes to support the sector. This includes the Registered Managers' Programme which aims to help managers meet daily challenges and offers access to over 200 electronic resources. For more information on this work visit the [NSA website](#).

The [Managers Induction Standards](#) set out core standards of practice including communication, leadership and person-centred practice. The standards are supported by workbooks and downloads. These standards are complemented by the [Common Induction Standards](#) for staff.

Positive workplace culture

Visit [this page](#) for more information on workplace culture and quality improvement:

- The business case for culture
- Culture of care toolkit and activity sheets

For more information on the Social Care Commitment click [here](#).

Structured learning and development opportunities

Dementia

This section of the website will provide more information and access to materials for employers providing services to people living with [dementia](#):

- Common core principles for supporting people with dementia
- Supporting dementia workers
- Supporting people in the advanced stages of dementia
- Resources to support workers and carers of people with dementia
- Dementia and carers – Worker's resource

Autism

Click [here](#) for more resources for employers who work with autism:

- Autism skills and knowledge list
- Implementing the autism skills and knowledge list through staff training and

- development
- Getting it right for people with autism

Mental Health

Visit [here](#) to access:

- Common core principles to support good mental health and wellbeing in adult social care
- Principles to practice The Mental Capacity Act

People whose behaviour challenges

Visit [our website](#) to access:

- Supporting staff working with challenging behaviour (guidance for employers)
- A review of the evidence
- A positive and proactive workforce
- People whose behaviour challenges case studies

Dignity

Visit the [Skills for Care website](#) for more information on dignity including:

- The common core principles for dignity guide
- Dignity training pack and case studies

Violence against social care staff

Click [here](#) and visit the research section of the Skills for Care website for more information on violence against the social care workforce.

- Work smart, work safe can be found [here](#)

Useful units and qualifications

Visit the [Skills for Care](#) website for more information on useful units and qualifications. The skills selector is a good way of honing in on the appropriate learning for your needs.

Some examples include:

- Communicate with individuals on the autistic spectrum
- Principles of communication in adult social care settings
- Principles of safeguarding and protection in health and social care
- Use and develop systems that promote communication
- Manage health and social care practice to ensure positive outcomes for individuals
- Support individuals on the autistic spectrum to manage their sensory and environmental needs
- Numerous units on communication in a range of adult social care settings [skills selector](#))

- Range of units supporting with everyday needs and physical care ([skills selector](#))

Other examples of qualifications that might be useful include:

- Level 2 Certificate in Assisting and Moving Individuals for Social Care Settings
- Level 2 Award and Level 2/3 Certificate in Awareness of Dementia
- Level 2 Award and Level 2/3 Certificate in Supporting Individuals with Learning Disability
- Level 3 Award in Awareness of the Mental Capacity Act 2005

Skills for Care also produce a listing of training materials that are available for employers and trainers to purchase. Visit [training materials](#) for more information.

Policy development and guidance

Skills for Care have developed two [guides](#) for employers and employees

- Work smart, work safe can be found [here](#)
- Domiciliary care lone worker safety guide [here](#)

These guides will help employers and employees consider the issue of abuse and violence in the workplace and establish working policies.

Click [here](#) and visit the research section of the Skills for Care website for more information on violence against the social care workforce.

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