**RCOT response on Health Education England's Allied Health Professions' Support Worker Competency, Education, and Career Development Framework – July 2021**

Response to survey completed via Survey on HEE consultation website. Initial question relating responding organisation.

**Question 5**

**Will the Allied Health Professions’ Support Worker Competency, Education, and Career Development Framework help to achieve the following aims? (ICS = Integrated Care System)**

|  |  |
| --- | --- |
| Improve recognition of AHP support workers and their roles |  |
| Improve access to training and education for AHP support workers |  |
| Develop clearer career pathways for the AHP support workers |  |
| Improve consistency of roles and job descriptions across an ICS |  |
| Improve consistency of local competency frameworks across an ICS |  |
| Support delegation of tasks and activities |  |

**Question 6: If you answered 'No' or 'Not sure' to any of the questions above, what changes to the framework would help to achieve these aims?**

The idea of a digital passport is a good one, but we would like to see more detail about this in order that it is a workable and practical solution.

It would have been good to see more consultation with social care to establish what training and skills are needed with their support worker workforce.

The Framework lays the groundwork for a lot of possibilities. However, the uptake of, or engagement with, the Framework across the health and social care system will dictate whether the potential it offers is realised. It is not yet possible to say that it will improve access to training, or consistency of roles and JDs or improve the consistency of local competency frameworks. Evidence of that will emerge further downstream. Had the questions been posed differently, for example along the lines of whether the Framework has potential to influence these things, we would have responded differently.

**Question 7: How can the Framework be improved to better support equality, diversity and inclusion for AHP support workers?**

There is scope to improve on equality, diversity and inclusion, but also making reference to improving equity within the system. This would enhance recognition of the fact that different people, communities and underrepresented groups will require different levels and types of support to aid diverse recruitment.

We therefore recommend reference to improving equity, equality, diversity and inclusion within recruitment and progression and within Domain 5 of the Framework.

**Q.8: What additions or changes should be made to Part 1 of the Framework document (pages 4-6)?**

In ‘How to use this framework’:

- Within the registered professional and clinical staff (point 3) reference could be made to including use of the framework within regular supervision to support personal and continuing professional development of support workers (e.g. helping to structure and focus discussions, identify developmental opportunities, etc.).

- Consideration could also be given to outlining how people who access services can use this Framework to help them understand the difference between registered and support worker professionals who provide services to them.

P5 – typo - This Framework allows employers, networks, integrated care systems (ICSs) and services to effectively plan, develop, and deploy their AHP support workforce

P6 – Education Providers section – No2 is out of kilter with the language used elsewhere - To support progression through support worker careers, including into pre-registration.

**Q.9: What additions or changes should be made to Part 2 of the Framework document (pages 7-10)?**

The figure at the bottom of p7 describes: ‘Assisting occupational therapists in supporting people to carry out everyday tasks’. This might be perceived to indicate ‘doing for’ rather than the enabling, empowering approach that occupational therapy takes. In this case, we would suggest that it risks selling occupational therapists support workers a bit short, compared to some of the descriptors used for other AHPs. Along similar lines, the language used to illustrate the occupational therapy support worker role on p8 might also be usefully revised, replacing ‘helping’ with words such as enabling, empowering, supporting, facilitating, encouraging.

Also on p8 – providing a little more detail on what kind of strategies an OT support worker might be supporting someone living with dementia to develop would be helpful. For example, strategies to aid their memory more broadly? Strategies to remember when to take medication? P10–Improving equality, diversity and inclusion–typo-'educational'.

**Q.10: What additions or changes should be made to Part 3 of the Framework document (pages 11-12)?**

The introduction seems to have an implicit assumption of progression. It’s important to recognise that some will wish to progress, and have the opportunity, but this will not be the case for all. Others may be happy to remain at support worker level and make valuable contributions. It would be unfortunate if this inadvertently left some feeling ‘lesser’ because they have not chosen to, or were not able to, progress.

P12 – intermediate level: suggest rephrasing to ‘pre-registration pathways’ (inclusive of apprenticeship). Also, explicit clarification that all intermediate level support workers complete L3 qualification, regardless of whether or not they wish to progress to becoming an assistant practitioner.

There’s an opportunity to recognise support workers role in supporting the practice-based learning of the future registered workforce. Despite featuring in Domain 7, it could be aligned to the intermediate and assistant practitioner level here.

P11 –entry level: Suggest re-phrasing ‘For some professions, and in other service provider contexts, the first point …’

**Q.11: What additions or changes should be made to Part 4 of the Framework document (pages 13-15)?**

Skills passport. As mentioned above there is a need for closer collaboration with social care in order to ensure the skills passport is a practical and workable solution. In addition, what can be put in place for support workers moving from other UK nations who have transferable skills. RCOT suggests that when further work is done on this area to ensure it is fully inclusive of other sectors and discussion takes placed with the devolved nations leads.

**Part 5 of the Framework document (domains)**

**Q.12: What should be added to, amended in, or removed from, Domain 1 of the framework (formal knowledge and experience - page 18)?**

In the 1.2. Experience section there is no mention of personal experience gained by caring for a family member, i.e, elderly parent or disabled child for example. This feels like a missing opportunity to get people with relevant experience and insight into importance of personalised approach into support work. It could also encourage those who have not previously worked in the area who might have greater insight into the challenges and rewards of doing this work.

**Q.13: What should be added to, amended in, or removed from, Domain 2 of the framework (supporting patients and service users) pages 19-20)?**

There is a missed opportunity here to talk about strengths based approaches, utilised within social care and by occupational therapists https://www.scie.org.uk/strengths-based-approaches. Adopting some of the language and approaches used in social care would support this framework being used across health and care and in ICS structures.

2.4 Health and social care system – When the text says ‘social care system’ does this means charity and voluntary sector. It is important that support workers, at all levels have awareness where people can get support that might not not be statutory service n order to enable a personalised approach.

In section 2.5 in entry level, Is it missing ‘health’ as in other levels?

Although families are mentioned, the support workers role can involve paid and unpaid carers and it would be good to acknowledge this more here and in other parts of the framework. In social care for example support workers might be giving support to reablement carers.

**Q.14: What should be added to, amended in, or removed from, Domain 3 of the framework (clinical, technical and scientific roles - page 21 - 23)?**

Domain 3 – ‘Directs queries in respect of signposting to appropriate MDT colleagues’ this feels very clunky language.

3.9 Reporting, referring and escalating concerns – Is this in relation to people in receipt of service only? Should this be expanded to family, paid and unpaid carers or person and indeed colleagues.

3.11 this should also include important role in supporting peoples’ carers in the use of equipment for the cared for person.

**Q.15: That should be added to, amended in, or removed from, Domain 4 of the framework (communication and information - page 24)?**

Domain 4 – ‘Exchanges information with service user and families using tact or persuasion.’ The use of ‘Persuasion’ makes it sounds like the default position is bringing service users and families around to the support worker’s way of thinking. We would suggest re-phrased more appropriately – something around active listening, compassion, empathy, even negotiation might be preferable to persuasion. And why is it ‘or’?

**Q.16: What should be added to, amended in, or removed from, Domain 5 of the framework (safe and inclusive environments - page 25 - 26)?**

There should be inclusion of equity within this section and perhaps explanation of what this means with context of inclusive environments.

Domain 5.7 – Should this include explicit reference to whistle-blowing?

**Q.17: What should be added to, amended in, or removed from, Domain 6 of the framework (research and service improvement - page 27)?**

The important role of carers should be acknowledged here. ‘Service user’, or whatever consistent term you decide on, should also include carer.

**Q.18: What should be added to, amended in, or removed from, Domain 7 of the framework (leadership - page 28)?**

Domain 7.1 – suggest ‘Understanding the importance of and acts as a role models, for example to assist the development of others.’ If the entry level support worker is expected to ‘act as a role model’ this must also be explicit in the Intermediate level.

7.1 - The NHS Constitution values are highlighted, could an equivalent in social care also be mentioned to make it truly health and social care applicable. Refer to Skills for Care for best reference.

**Q.19: What should be added to, amended in, or removed from, Domain 8 of the framework (values and behaviours - page 29)?**

Domain 8.5 – suggest ‘Prepares for and participates actively in appraisals and agrees a Personal Development Plan.’

**Q.20: Please use this box to add any additional comments or suggestions on the content of the framework document:**

We suggest word ‘competency’ is replaced with capabilities. Consistent use of terminology across the full range of HEE Frameworks will align with clear career pathways entering and progressing within the regulated professions. It will therefore be more effective in underpinning the ‘end-to-end workforce strategies’ that HEE seeks to develop.

We suggest consistency of language related to patient, service users etc. We suggest one term throughout the document, such as ‘People’. A definition would be good. For example, in the RCOT Career Development Framework on P.59; “People who access services: The term ‘people who access services’ has been used for those to whom occupational therapists provide intervention. This may be an individual, families and carers, a group or a community.”

On Page 32 acknowledgement should read ‘Royal College of Occupational Therapists’

**Q.21: How can implementation of the new framework be supported alongside existing single profession frameworks and/or competency frameworks developed by individual employers?**

**Q:22: What additional support from HEE would help employers to implement the framework?**

* **Webinars**
* **Supplementary briefings/quick guides**
* **Case studies of best practice**
* **Masterclasses**
* **Top tips**
* **Twitter chats**

**Q.23: Do you have any other comments on how the framework, once finalised, might be used and implemented?**

The four pillars of practice utilised within the RCOT Career Development Framework and other HEE frameworks, seem to be recognised within the domains. We would suggest however that the identification of these pillars is more explicit in order to guide support workers should they wish to work toward an AHP qualification, and again, to align with the existing HEE career progression frameworks already published and in development.

The only time ‘grow your own’ is referred to is in the glossary, which suggests it maybe isn’t required

**Submission time:** 2021-07-01 22:58:12 BST

**Completion receipt:** 752061-752052-80543343